



District ROP

of

**National Viral Hepatitis Control Program
(NVHCP)**

FOR THE FINANCIAL YEAR 2021-22



**NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME
NATIONAL HEALTH MISSION, ASSAM**

New FMR (as per RoP, 2021-22)	Activity/Sub-Activity (including PM activities)	Approved Budget 2021-22		Fund allocated to State		Fund allocated to Districts	
		Quantity/Target	Budget (Rs. Lakhs)	Quantity / Target	Fin. allocation (Rs. in lakh)	Quantity/Target	Fin. allocation (Rs. in lakh)
1.3.1.16	State lab: Meeting Costs/Office expenses/Contingency	1	1.000	1	1.000	0	0.000
1.3.1.17.1	MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed) etc)	6	10.000	0	0.000	6	10.000
1.3.1.17.2	MTC: Management of Hep A & E	6	5.000	0	0.000	6	5.000
1.3.1.18.1	TC: Meeting Costs/Office expenses/Contingency	33	16.500	0	0.000	33	16.500
1.3.1.18.2	TC: Management of Hep A & E	33	16.500		0.000	33	16.500
2.3.1.11	Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc	130	6.500	130	6.500	0	0.000
6.2.23.1	Drugs	1	235.900	1	235.900	0	0.000
6.2.23.2	Kits	1	212.300	1	212.300	0	0.000
9.5.28.1	3 day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)	5	2.500	5	2.500	0	0.000
9.5.28.2	5 day training of the lab technicians (15 Lab Technicians in each batch)	3	1.500	3	1.500	0	0.000
9.5.28.4	1 day training of pharmacist of the Treatment sites (MTC/TCs)	2	1.000	2	1.000	0	0.000
9.5.28.5	1 day training of DEO of the Treatment sites (MTC/TCs)	2	1.000	2	1.000	0	0.000
12.17.4	Printing for formats/registers under NVHCP	1	4.000	1	4.000	0	0.000
14.2.13	Sample transportation cost under NVHCP	33	9.900	0	0.000	33	9.900
16.1.3.1.17	SVHMU: Cost of travel for supervision and monitoring	1	1.000	1	1.000	0	0.000
16.1.4.1.14	SVHMU: Meeting Costs/Office expenses/Contingency	1	2.000	1	2.000	0	0.000
16.1.5.2.6	SVHMU: Non-recurring Equipment- (computer, printer photocopier scanner etc)	4	6.600	4	6.600	0	0.000
	TOTAL:	263	533.200	152	475.300	33	57.900

State and District wise total fund breakup for the FY 2021-22

Sl.No.	District/ State HQ	Allocated Fund including all activity (Rs. In Lakhs)
1	Baksa	44.75
2	Barpeta	51.01
3	Bongaigaon	31.56
4	Cachar	25.65
5	Chirang	17.63
6	Darrang	42.46
7	Dhemaji	32.54
8	Dhubri	34.47
9	South Salmara	13.23
10	Dibrugarh	17.00
11	DimaHasao	25.18
12	Goalpara	48.38
13	Golaghat	45.91
14	Hailakandi	22.83
15	Jorhat	26.50
16	Majuli	18.68
17	Kamrup (M)	50.75
18	Kamrup (R)	37.49
19	Karbi Anglong	14.47
20	West Karbi Anglong	8.16
21	Karimganj	37.47
22	Kokrajhar	38.78
23	Lakhimpur	39.62
24	Morigaon	39.28
25	Nagaon	54.12
26	Hojai	9.84
27	Nalbari	49.34
28	Sivasagar	48.80
29	Chaideo	19.68
30	Sonitpur	39.08
31	Biswanath Chariali	22.52
32	Tinsukia	34.98
33	Udalguri	22.27
District Total		1064.43
State HQ Allocation		1493.01
TOTAL APPROVAL in Lakh		2557.44

State Demographics :-

Area	: 78438 km ²
Population	: 3,12,05,576
No. of Districts	: 33
No. of Govt. Medical Colleges	: 7 (seven)
No. of District Hospital	: 24

No. of Model Treatment Centre (MTC) : 1 – Guwahati Medical College & Hospital, Guwahati, Kamrup (Metro) district.

No. of Treatment Centre (TC) : 27 nos. :

1. Assam Medical College & Hospital, Dibrugarh
2. Silchar Medical College & Hospital, Cachar
3. Jorhat Medical College & Hospital, Jorhat
4. Tezpur Medical College & Hospital, Sonitpur
5. Diphu Medical College and Hospital, Karbi Anglong
6. District Hospital, Baksa
7. District Hospital, Barpeta
8. District Hospital, Bongaigaon
9. District Hospital, Chirang
10. District Hospital, Darrang
11. District Hospital, Dhemaji
12. District Hospital, Dhubri
13. District Hospital, Dima Hasao
14. District Hospital, Goalpara
15. District Hospital, Golaghat
16. District Hospital, Hailakandi
17. District Hospital, Kamrup R
18. District Hospital, Karimganj
19. District Hospital, Kokrajhar
20. District Hospital, Lakhimpur
21. District Hospital, Morigaon
22. District Hospital, Nagaon
23. District Hospital, Nalbari
24. District Hospital, Sivasagar
25. District Hospital, Sonitpur
26. District Hospital, Tinsukia
27. District Hospital, Udalguri

The following are the proposed Model treatment centre and Treatment centres for FY 2021-22

1. Assam Medical College & Hospital, Dibrugarh **proposed Model Treatment Centre (MTC)**
2. Silchar Medical College & Hospital, Cachar **proposed Model Treatment Centre (MTC)**
3. Jorhat Medical College & Hospital, Jorhat **proposed Model Treatment Centre (MTC)**
4. Tezpur Medical College & Hospital, Sonitpur **proposed Model Treatment Centre (MTC)**
5. Fakhruddin Ali Ahmed Medical College, Barpeta **proposed Model Treatment Centre (MTC)**
6. Diphu Medical College and Hospital, Karbi Anglong **proposed Model Treatment Centre (MTC)**
7. Garmur SDCH,, Majuli **proposed Treatment centre**
8. SDCH, Biswanath Chariali **proposed Treatment centre**
9. Hojai FRU **proposed Treatment centre**
10. Charaideu SDCH, Charaideu **proposed Treatment centre**
11. South Salmara **proposed Treatment centre**
12. West Karbi Anglong **proposed Treatment centre**

National Viral Hepatitis Control Program (NVHCP)

The National Viral Hepatitis Control Program has been launched by Ministry of Health and Family Welfare, Government of India on the occasion of the World Hepatitis Day, 28th July 2018. It is an integrated initiative for the prevention and control of viral hepatitis in India to achieve Sustainable Development Goal (SDG) 3.3 which aims to ending viral hepatitis by 2030. This is a comprehensive plan covering the entire gamut from Hepatitis A, B, C, D & E, and the whole range from prevention, detection and treatment to mapping treatment outcomes. Operational Guidelines for National Viral Hepatitis Control Program, National Laboratory Guidelines for Viral Hepatitis Testing and National Guidelines for Diagnosis and Management of Viral Hepatitis were also released.

Aim:

1. Combat hepatitis and achieve country wide elimination of Hepatitis C by 2030;
2. Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer);
3. Reduce the risk, morbidity and mortality due to Hepatitis A and E.

Key Objectives:

1. *Enhance community awareness on hepatitis and lay stress on preventive measures among general population especially high-risk groups and in hot spots.*
2. *Provide early diagnosis and management of viral hepatitis at all levels of healthcare.*
3. Develop standard diagnostic and treatment protocols for management of viral hepatitis and its complications.
4. Strengthen the existing infrastructure facilities, build capacities of existing human resources and raise additional human resources, where required, for providing comprehensive services for management of viral hepatitis and its complications in all districts of the country.
5. Develop linkages with the existing National programs towards awareness, prevention, diagnosis and treatment for viral hepatitis.
6. Develop a web-based “Viral Hepatitis Information and Management System” to maintain a registry of persons affected with viral hepatitis and its sequelae.

Components:

1. Preventive component: This is the cornerstone of the NVHCP. It includes

- a. Awareness generation & behavior change communication
- b. Immunization of Hepatitis B (birth dose, high risk groups, health care workers)
- c. Safety of blood and blood products
- d. Injection safety, safe socio-cultural practices
- e. Safe drinking water, hygiene and sanitary toilets

2. Diagnosis and Treatment:

- a. Screening of pregnant women for HBsAg to be done in areas where institutional deliveries are < 80% to ensure their referral for institutional delivery for birth dose Hepatitis B vaccination.
- b. Free screening, diagnosis and treatment for both hepatitis B and C would be made available at all levels of health care in a phased manner.
- c. Provision of linkages, including with private sector and not for profit institutions, for diagnosis and treatment.
- d. Engagement with community/peer support to enhance and ensure adherence to treatment and demand generation.

3. Monitoring and Evaluation, Surveillance and Research

Effective linkages to the surveillance system would be established and operational research would be undertaken through Department of Health Research (DHR). Standardised monitoring & evaluation framework would be developed and an online web based system is established.

4. Training and Capacity Building:

This will be a continuous process and will be supported by NCDC (National Centre for Disease Control), ILBS (Institute of Liver and Biliary Sciences) and state tertiary care institutes and coordinated by NVHCP. The hepatitis induction and update programs for all level of health care workers would be made available using both, the traditional cascade model of training through master trainers and various platforms available for enabling electronic, e-learning and e-courses.

5. Diagnosis & Treatment**A. Diagnosis:**

- a. Establish State level reference laboratories.
- c. Develop District Diagnostics centres with viral load testing capabilities.
- d. Start first line diagnosis through Rapid Diagnostic Kits at all levels in FY 2021-22.
- e. Start screening people belonging to high-risk groups for Hepatitis B.
- g. Encourage opportunistic screening for HBV and HCV of patients visiting health care facilities

B. Treatment:

- a. Establish Model Hepatitis Treatment Centres at all Medical Colleges.
- b. Establish at least one Treatment Centre at all district level including the newly created districts.
- c. Number of new hepatitis C cases to be treated throughout the State.
- d. Start treatment for Hepatitis B for people needing treatment.

6. Monitoring and Evaluation, Surveillance and Research:**a. To develop and operationalize the Viral Hepatitis Information Management System (VHIMS) for**

- i. Maintaining a registry of patients :
 - ii. Tracking of patients for ensuring treatment adherence and compliance.
 - iii. Developing dashboards and reports for monitoring of the Program.

b. Co-ordinate with the National Viral Hepatitis Surveillance Program

- i. Surveillance of acute viral hepatitis
- ii. Surveillance of chronic viral hepatitis
- iii. Surveillance of sequelae of chronic viral hepatitis
- c. Research: Identify evidence based operational research and implement in collaboration with DHR

Key Coordination programme at State level :-

1. Integrated Disease Surveillance Programme (IDSP)
2. Assam State AIDS Control Society (ASACS).
3. Swachh Bharat Mission
4. Universal Immunization Programme (UIP)
5. National Blood Safety Programme (NBSP)
6. MCH and RCH

Role of a Model Hepatitis Treatment Centre (Tertiary care centres, All Medical Colleges):-

1. To ensure screening/ diagnosis in suspected cases of hepatitis B and hepatitis C infection
2. Treatment & management of complicated and uncomplicated viral hepatitis
3. In referrals for cases screened / diagnosed elsewhere, for the management of hepatitis.
4. Management of complicated cases referred from other treatment centres. Prescription and dispensation for the first month shall be done at the MTC and if the patient is stable, he can be transferred out to the nearest dispensing site for regular follow up. In case of any adverse event, s/he may come back to MTC.
5. Management of cases under special categories as per national guidelines (e.g.: paediatric patients, thalasseemics, patient with treatment failure etc.)
6. Ensure compliance and completion of treatment
7. Training and mentoring of other treatment sites
8. Maintain the data base and ensure timely reporting
9. Operational research

Role of a Treatment Centre (Secondary care centre, All district Hospitals and SDCH in new districts):-

1. To ensure Screening/ Diagnosis in suspected cases of Hepatitis B/C Infection.
2. Treatment and Management of uncomplicated Hepatitis B/C infection
3. In referrals for cases screened / diagnosed elsewhere, for the management of hepatitis and prescription with drugs to be dispensed after first month from site nearest to patient convenience
4. Out referrals to MTC for clinical management as per national treatment guidelines.
5. Ensure compliance and completion of treatment
6. Maintain the data base and ensure timely reporting

Recording tools :-

The following recording tools are to be used under the program:

1. Patient Treatment card.(To be maintained at centre and one for the patient to retain)
2. Hepatitis B Treatment register.
3. Hepatitis C Treatment register.
4. Drug stock and dispensing register
5. Excel based tool for comprehensive record in the documents above



TREATING MEDICAL STAFF

District Nodal Officer

Dr.....

Ph No.:.....

Medical Officer

Dr.....

Ph No.:.....

Nurse

Smt.....

Ph No.:.....

Lab Technician

Shri/Smt.....

Ph No.:.....

SERVICES PROVIDED

- ▶ FREE SCREENING
- ▶ FREE DIAGNOSIS
- ▶ FREE COUNSELLING
- ▶ FREE TREATMENT

SOP: Outdoor and Indoor Patient Management of Viral Hepatitis

1. Purpose: a) To ensure that all new patients, follow up patients and referred patients from other centres either having symptoms/ known case of viral Hepatitis A, B, C, and E are registered and reported so that they get the required care from service providers in the hospital. These patients should get free diagnosis facility, free counseling and free treatment under NVHCP.

b) To respond to the need and expectations of the patients and to enhance patient satisfaction.

2. Scope: a) It covers the persons who visit the OPD facility (new and follow up patients) for treatment, investigation, consultation, checkup, Antenatal care (ANC) and immunization.

b) It covers the persons who donate blood and on routine screening are detected with Viral Hepatitis.

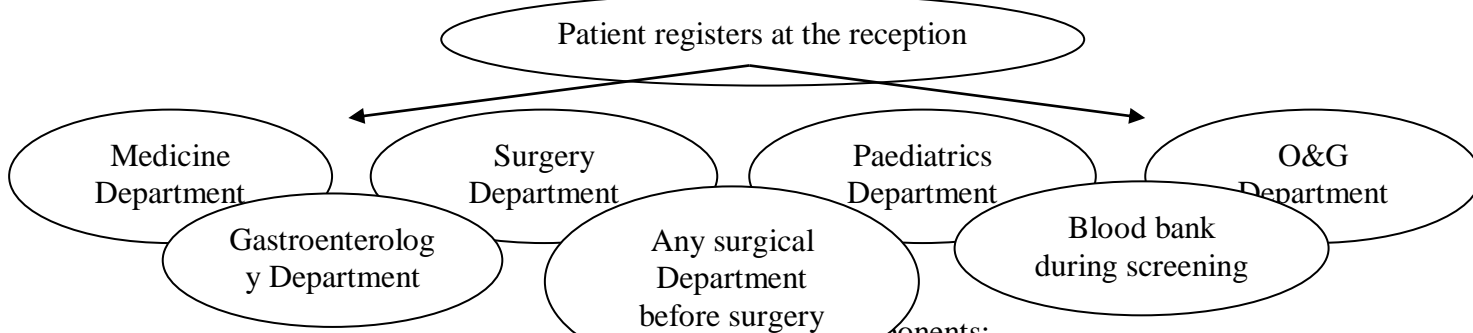
c) It covers patients coming to ICTC centres and ART centres and are diagnosed with Viral Hepatitis.

d) It covers IPD patients who are detected with Viral hepatitis during routine screening before any surgical procedure.

3. Responsibility: a) The registration clerks are responsible for issuing registration slip and providing consultation appointments. Any cases of hepatitis detected will be marked in red in the register book itself and the names of those patients will be handed over to the Data entry operator and Pharmacist dedicated for the NVHCP program. They will provide the patient, testing and treatment card of the three types to these patients.

b) The Doctors will be responsible for examination of the patients and for determining the line of management of the ailment / case thereof. They will also report such cases to the Nodal person for Management and treatment for Viral Hepatitis

Patient Flow at the Model Treatment centre



1. **Enrollment of new patients into care (including referred patients also)**

2. **Follow up visits of the patient**

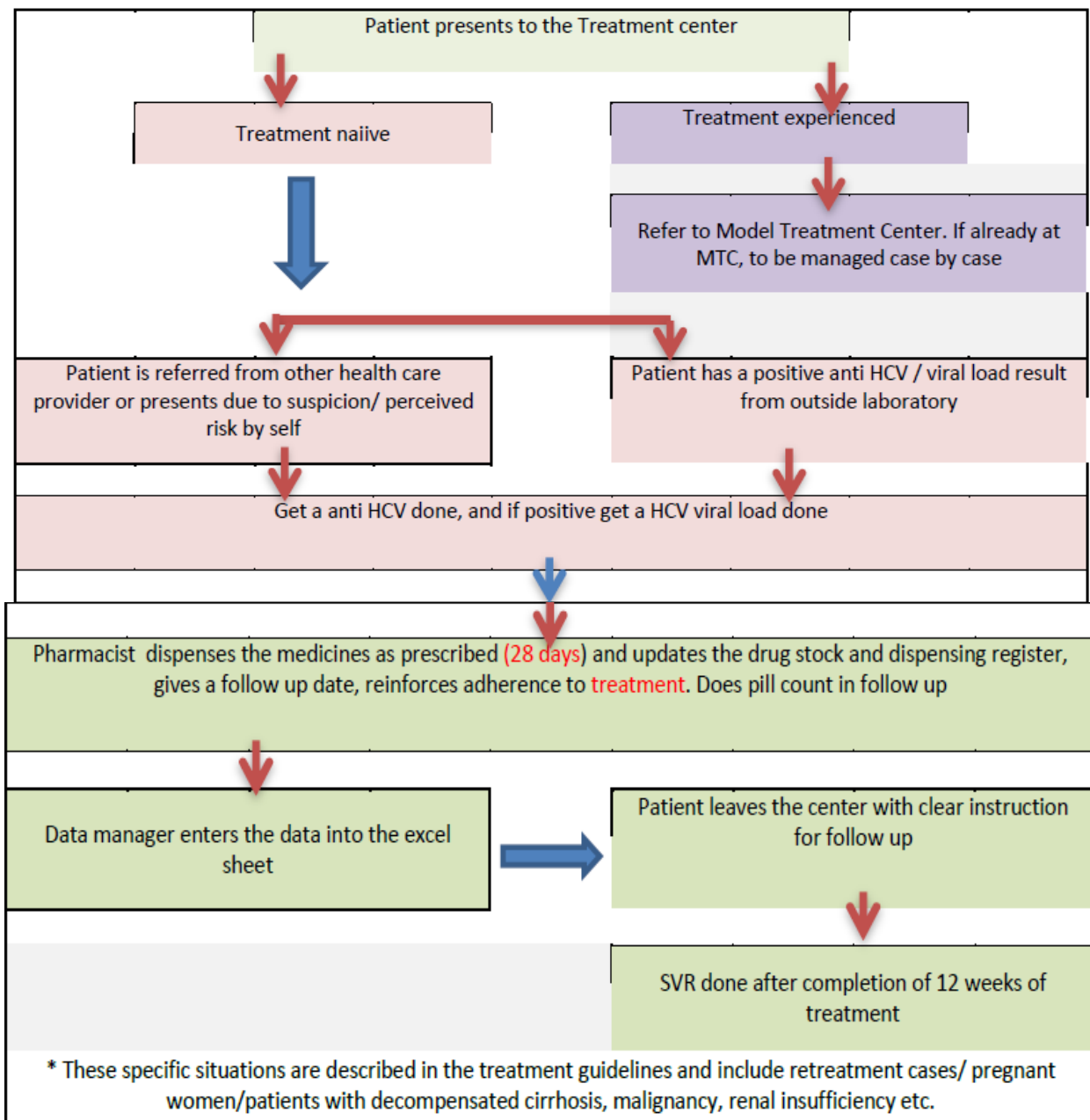
Enrollment of the Patient

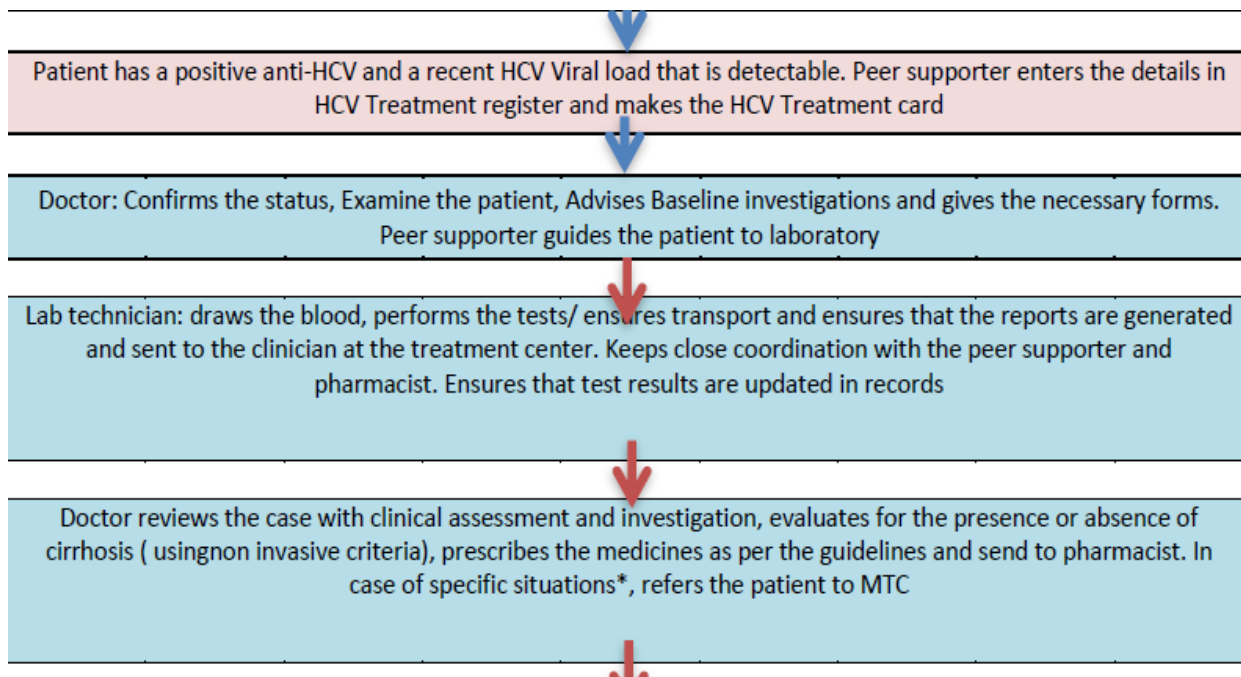
- The patients who present to the center could either have a definite diagnosis or might have suspected infection.
- In case the person is found to have hepatitis C infection by the anti-HCV test (from a government facility), they should be confirmed with HCV RNA as per the diagnosis algorithm in the national guidelines. There are 2 testing algorithms
 - Jaundiced Patient
 - Patient not Jaundiced
- Every person who has a detectable HCV RNA is eligible to receive treatment after taking consent

Enrollment into Care

- Every patient found anti HCV positive is registered in care for onward enrolment and has to be confirmed with a detectable HCV viral load for being eligible for treatment.

- Cases where anti-HCV is positive but no HCV viral RNA is detected do not have an active HCV infection and do not need treatment.
- Sequential entries for all the registration are to be maintained in the hepatitis C Treatment Register.
- Once confirmed, the testing and treatment card for the patient is made. It is made in two sets: one to be kept at the center and other given to the patient.
- The center should take an address proof (Aadhaar card as UID is mandatory) from the patient.
- The confidentiality of the information provided by the patient is to be protected at all cost.
- The testing and treatment card will capture patient demographic information diagnosis and treatment details.





A patient with acute or chronic viral hepatitis infection may present at a healthcare setting with or without jaundice. The patient may be referred by a treating doctor/health worker/mid level provider for investigations after taking a written informed consent with a complete test requisition form.

Testing for HBV in pregnant women- Screening of all pregnant women should be carried out for HBsAg detection. Institutional delivery of HBsAg positive pregnant women must be mandated to prevent transmission to the child by giving birth dose Hepatitis B vaccine. A birth dose of HBIG as per requirement will be given to the new born at the district level.

Self-presenting asymptomatic individuals at high risk may be provided access to testing by a defined mechanism in the health care facility.

The algorithms to be followed for diagnosis are as under:

The following groups of people are at high risk for acquiring HCV infection

- People who inject drugs (PWID)
- Men who have sex with men
- Female sex workers
- People who received blood transfusion before routine testing for hepatitis C
- People who need frequent blood transfusion, such as, thalessemic and dialysis patients
- People living with HIV
- Inmates of prisons and other closed settings
- The services will be delivered through designated treatment sites that are located within an existing public health facility, including tertiary care facilities followed by district hospitals.
- The extent of services will depend upon the availability of the expertise and resources in the selected sites.
- The treatment for hepatitis C will also involve management of patients that present with a range of clinical presentations,
 - cirrhotic and non-cirrhotic,

- treatment naïve or treatment experienced,
- Special situations like renal impairment etc.



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Date: 23/11/20

No/NHM/37017/9/2019-NCD-NHM/22383
 (ECF:114407)

From: Dr. Lakshmanan S, IAS
 Mission Director
 National Health Mission, Assam

To : The Joint Director cum Member Secretary District Health Society, DHS,
 All Districts

Sub: Setting up of National Viral Hepatitis Treatment Unit in all District Hospitals

Sir/ Madam

This is in reference to the National Viral Hepatitis Control Program (NVHCP) which was launched by Ministry of Health & Family Welfare, GOI in 2018 with the goal of ending Viral Hepatitis as a public health threat by 2030. This program will provide access to affordable care for the management of viral hepatitis.

It is to be noted that one of the major points in PIP conditionality is setting up of National Viral Hepatitis Treatment Unit (NVHTU) in each District Hospital by 30th Nov 2020. Non fulfillment of this conditionality will result in penalty of -5 points which in turn is related to fund sanction for the state of Assam.

Therefore you are requested to immediately set up the NVHTU in your district hospital within 25th Nov 2020 by performing the following activities:

1. Identification of a room dedicated for National Viral Hepatitis Treatment Unit in the hospital which has to be branded for NVHTU by putting a prominent and uniform colour signage along with the information of the Nodal officer for NVHCP and one more trained doctor, Nodal nurse for NVHCP and the lab technician. The names and phone numbers of each should be prominently displayed. The services provided and timings should also be displayed. Free of cost diagnosis and treatment and referral linkage has to be displayed.
2. The room should contain minimum of a Examination table, hand washing facility and computer accessibility.
3. HR: A NVHCP unit shall comprise of the following **members from the existing human resource** and they should be notified by Jt DHS
 - a. Nodal Officer (Trained doctor preferably from Deptt. Of Medicine)
 - b. One more doctor (who will be trained by the nodal officer)
 - c. One pharmacist
 - d. One lab technician
 - e. One Nodal Nurse (who will be trained by the nodal officer)



OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM



Saikia Commercial Complex, Sri Nagar Path, Near Post office Bus Stand, G. S. Road, Christianbasti, Guwahati - 781005
 Website: <https://nhm.assam.gov.in> :: Phone No: 0361-2340236/39 :: Email id: mdrnhmasm@gmail.com

4. Training: The trained Nodal Officer shall train/orient the other doctors, nurses, counselors and lab technicians regarding the availability of the free diagnosis, counseling and treatment and other services under this program. He shall also make aware and orient all staff about the effects of Hepatitis B and C and practicing safety measures.
5. The Rapid tests for Hep B & C are already being done by HLL Laboratory and ELISA for Hep A & E are being done by DPHL in the District Hospitals.
6. All positive cases have to be sent for viral load in the nearest VRDL centre (Medical Colleges) and appropriate free treatment is to be provided by EDL drugs of the hospitals.
7. One Data entry operator to be identified from existing manpower who will compile the report and send it to SHQ by 5th of every month in the monthly reporting format.

An expenditure of upto Rs 10,000 (Rupees Ten thousand only) can be spent for branding of the room utilizing the funds under ROP approval FMR 11.24.4.3 (for hoarding), the utilization certificate of which is to be submitted after completion of the work


 21/11/2020
 Dr. Lakshmanan S, IAS
 Mission Director
 National Health Mission, Assam

Memo No: No/NHM/37017/9/2019-NCD-NHM/2 2 384 - 338 Date: 23/11/20

Copy to:

1. PS to the Principal Secretary, Health & FW Deptt., Govt. of Assam for kind appraisal to the Principal
2. The Deputy Commissioner (All Districts) for information
3. The Consultant Planning/ Finance Manager/State IEC cell for information
4. The Superintendent /In-charge of the District Hospital for information and necessary action.
5. The DPM, DME, DQC, HA (All Districts) for information and necessary action.


 21/11/2020
 Mission Director
 National Health Mission, Assam

Annexure - I**1: Service Delivery Facility Based**

- Meetings are to be organized at State Lab, MTC and TCs on a regular basis
- Office expenses & contingency for office maintenance
- Management of Hepatitis A and E cases with support of IDSP

Budget approved for 2021-22

New FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/ target	Budget (Rs. Lakhs)	Remarks
1.3	Operating expenses					
1.3.1	Operating expenses for Facilities (e.g. operating cost rent, electricity, stationary, internet, office expense etc.)					
1.3.1.17.1	MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed) etc)	MTC		6	10.00	SMCH@Rs 2.00 lakhs, AMCH @Rs 2.00 lakhs, JMCH@ Rs 1.00 Lakhs, GMCH@Rs 2.00 Lakhs, DMCH@Rs 1.00 Lakh, TMCH@Rs 2.00 lakhs,
1.3.1.17.2	MTC: Management of Hep A & E	MTC		6	5.00	SMCH@Rs 1.00 lakhs, AMCH @Rs 1.00 lakhs, JMCH@ Rs 0.50 Lakhs, GMCH@Rs 1.00 Lakhs, DMCH@Rs 0.50 Lakh, TMCH@Rs 1.00 lakhs,
1.3.1.18.1	TC: Meeting Costs/Office expenses/Contingency	TC	50000	33	16.50	
1.3.1.18.2	TC: Management of Hep A & E	TC	50000	33	16.50	

ACTIVITY 1

FMR Code: 1.3.1.17.1 (Total Approval = Rs 10.00 Lakhs)

FMR Owner & Responsible Person: At District level: DPM/DAM, At facility level: Nodal person for MTC for NVHCP

Level of the Activity: District level at 6 Medical colleges (MTC)

Name of the activity: MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed) etc)

About the activity and justification: This is regarding the meeting costs/office expenses/contingency like photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ data entry related works/ documentation process and any other such expenses related to NVHCP program at the following mentioned Medical Colleges for proper recording keeping, record entry in MIS and implementation of the program. The funds shall be for use in Medical Colleges for one year.

- A **detailed report** shall have to be submitted to the State cell after the completion of the activities along **with the UC and SOE**

State and District wise fund breakup under FMR Code- 1.3.1.17.1

Sl.No.	District/ State HQ	Name of the facility	Phy. Target	Allocated Fund In Rupees)
1	Baksa			
2	Barpeta			
3	Bongaigaon			
4	Cachar	Silchar Medical College and Hospital	12 months	2,00,000
5	Chirang			0
6	Darrang			0
7	Dhemaji			0
8	Dhubri			0
9	South Salmara			0
10	Dibrugarh	Assam Medical College and Hospital	12 months	2,00,000
11	DimaHasao			0
12	Goalpara			0
13	Golaghat			0
14	Hailakandi			0
15	Jorhat	Jorhat Medical College and Hospital	12 months	1,00,000
16	Majuli			0
17	Kamrup (M)	Guwahati Medical College and Hospital	12 months	2,00,000
18	Kamrup (R)			0
19	Karbi Anglong	Diphu Medical College and Hospital	12 months	1,00,000
20	West Karbi Anglong			0
21	Karimganj			0
22	Kokrajhar			0
23	Lakhimpur			0
24	Morigaon			0
25	Nagaon			0
26	Hojai			0
27	Nalbari			0
28	Sivasagar			0
29	Chaideo			
30	Sonitpur	Tezpur Medical College and Hospital	12 months	2,00,000
31	Biswanath Chariali			
32	Tinsukia			
33	Udalguri			
		District Total		10,00,000
		State HQ Allocation		0
		Total (In Rupees)		10,00,000
		Total (In Lakhs)		10.00

ACTIVITY 2**FMR Code: 1.3.1.17.2 (Total Approval = Rs 5.00 Lakhs)****FMR Owner & Responsible Person: At District level: DPM/DAM, At facility level: Nodal person for MTC for NVHCP****Level of the Activity: District level at 6 Medical colleges (MTC)****Name of the activity: MTC: Management of Hep A & E**

About the activity and justification: This is regarding the management of Hepatitis A and E at the Model treatment centres. The funds shall be for use in the following Medical Colleges for one year. These funds shall be utilized for drug procurement, kits procurement, record maintenance, or any emergency

requirement for management of any type of Hepatitis with special focus to A and E. Drugs and kits for Hepatitis B and C shall be provided separately.

- A **detailed report** shall have to be submitted to the State cell after the completion of the activities along **with the UC and SOE**

State and District wise fund breakup under FMR Code- 1.3.1.17.2

<u>Sl.No.</u>	<u>District/ State HQ</u>	<u>Name of the facility</u>	<u>Phy. Target</u>	<u>Allocated Fund In Rupees)</u>
1	Baksa			
2	Barpeta			
3	Bongaigaon			
4	Cachar	Silchar Medical College and Hospital	12 months	1,00,000
5	Chirang			0
6	Darrang			0
7	Dhemaji			0
8	Dhubri			0
9	South Salmara			0
10	Dibrugarh	Assam Medical College and Hospital	12 months	1,00,000
11	DimaHasao			0
12	Goalpara			0
13	Golaghat			0
14	Hailakandi			0
15	Jorhat	Jorhat Medical College and Hospital	12 months	50,000
16	Majuli			0
17	Kamrup (M)	Guwahati Medical College and Hospital	12 months	1,00,000
18	Kamrup (R)			0
19	Karbi Anglong	Diphu Medical College and Hospital	12 months	50,000
20	West Karbi Anglong			0
21	Karimganj			0
22	Kokrajhar			0
23	Lakhimpur			0
24	Morigaon			0
25	Nagaon			0
26	Hojai			0
27	Nalbari			0
28	Sivasagar			0
29	Chaideo			
30	Sonitpur	Tezpur Medical College and Hospital	12 months	1,00,000
31	Biswanath Chariali			
32	Tinsukia			
33	Udalguri			
		District Total		5,00,000
		State HQ Allocation		0
		Total (In Rupees)		5,00,000
		Total (In Lakhs)		5.00

1

ACTIVITY 3

FMR Code: 1.3.1.18.1 (Total Approval = Rs 16.50 Lakhs)

FMR Owner & Responsible Person: At District level: DPM/DAM, At facility level: Nodal person for TC for NVHCP

Level of the Activity: District level at all treatment centres (TC)

Name of the activity: TC: Meeting Costs/Office expenses/Contingency

About the activity and justification: This is regarding the meeting costs/office expenses/contingency/signages outside the NVHCP room/ Registers/ photocopy, internet/communication/ data entry related works/ documentation process and any other such expenses related to NVHCP program at the following mentioned treatment centres for proper recording keeping, record entry in MIS and implementation of the program. The funds shall be for use in district hospitals/ Treatment centre for one year.

- A **detailed report** shall have to be submitted to the State cell after the completion of the activities along **with the UC and SOE**

State and District wise fund breakup under FMR Code- 1.3.1.18.1

Sl.No.	District/ State HQ	Name of the facility	Phy. Target	Allocated Fund In Rupees)
1	Baksa	Raviram Boro District Hospital, Baksa	12 months	50,000
2	Barpeta	Barpeta Civil Hospital, Kalgachia	12 months	50,000
3	Bongaigaon	Bongaigaon Civil Hospital	12 months	50,000
4	Cachar	Satyendra Mohan Dev Civil Hospital,	12 months	50,000
5	Chirang	Chirang Civil Hospital	12 months	50,000
6	Darrang	Mangaldai Civil Hospital	12 months	50,000
7	Dhemaji	Dhemaji Civil Hospital	12 months	50,000
8	Dhubri	Dhubri Civil Hospital	12 months	50,000
9	South Salmara	Hatsingimari SDCH	12 months	50,000
10	Dibrugarh	Naharani CHC	12 months	50,000
11	DimaHasao	Haflong Civil Hospital	12 months	50,000
12	Goalpara	Goalpara Civil Hospital, Goalpara	12 months	50,000
13	Golaghat	Swahid Kushal Konwar Civil Hospital	12 months	50,000
14	Hailakandi	Sontosh Kumar Roy Civil Hospital	12 months	50,000
15	Jorhat	Titabor SDCH	12 months	50,000
16	Majuli	Garmur SDCH	12 months	50,000
17	Kamrup (M)	Sonapur District Hospital	12 months	50,000
18	Kamrup (R)	TRB Civil Hospital	12 months	50,000
19	Karbi Anglong	Bokajan CHC	12 months	50,000
20	West Karbi Anglong	Hamren SDCH	12 months	50,000
21	Karimganj	Karimganj Civil Hospital	12 months	50,000
22	Kokrajhar	Rupnath Brahma Civil Hospital, Kokrajhar	12 months	50,000
23	Lakhimpur	Lakhimpur Medical college and Hospital	12 months	50,000
24	Morigaon	Morigaon Civil Hospital	12 months	50,000
25	Nagaon	Bhogeswari Phukanani Civil Hospital, Nagaon	12 months	50,000
26	Hojai	Hojai FRU	12 months	50,000
27	Nalbari	Swahid Mukunda Kakati Civil Hospital, Nalbari	12 months	50,000
28	Sivasagar	Sivasagar Civil Hospital	12 months	50,000
29	Charaideo	Sonari SDCH	12 months	50,000
30	Sonitpur	Kanaklata Civil Hospital	12 months	50,000
31	Biswanath Chariali	Biswanath Chariali SDCH	12 months	50,000
32	Tinsukia	Lokpriya Gopinath Bordoloi Civil Hospital	12 months	50,000
33	Udalguri	Civil Hospital, Udalguri	12 months	50,000
		District Total		16,50,000
		State HQ Allocation		0
		Total (In Rupees)		16,50,000
		Total (In Lakhs)		16.50

ACTIVITY 4

FMR Code: 1.3.1.18.2 (Total Approval = Rs 16.50 Lakhs)

FMR Owner & Responsible Person: At District level: DPM/DAM, At facility level: Nodal person for MTC for NVHCP

Level of the Activity: District level at all treatment centres (TC)

Name of the activity: TC: Management of Hep A & E

About the activity and justification: This is regarding the management of Hepatitis A and E at the treatment centres. The funds shall be for use in the following treatment centres for one year. These funds shall be utilized for drug procurement, kits procurement, record maintenance, or any emergency requirement for management of any type of Hepatitis with special focus to A and E. Drugs and kits for Hepatitis B and C shall be provided separately.

- A **detailed report** shall have to be submitted to the State cell after the completion of the activities along **with the UC and SOE**

State and District wise fund breakup under FMR Code- 1.3.1.18.2

Sl.No.	District/ State HQ	Name of the facility	Phy. Target	Allocated Fund In Rupees)
1	Baksa	Raviram Boro District Hospital, Baksa	12 months	50,000
2	Barpeta	Barpeta Civil Hospital, Kalgachia	12 months	50,000
3	Bongaigaon	Bongaigaon Civil Hospital	12 months	50,000
4	Cachar	Satyendra Mohan Dev Civil Hospital,	12 months	50,000
5	Chirang	Chirang Civil Hospital	12 months	50,000
6	Darrang	Mangaldai Civil Hospital	12 months	50,000
7	Dhemaji	Dhemaji Civil Hospital	12 months	50,000
8	Dhubri	Dhubri Civil Hospital	12 months	50,000
9	South Salmara		12 months	50,000
10	Dibrugarh		12 months	50,000
11	DimaHasao	Haflong Civil Hospital	12 months	50,000
12	Goalpara	Goalpara Civil Hospital, Goalpara	12 months	50,000
13	Golaghat	Swahid Kushal Konwar Civil Hospital	12 months	50,000
14	Hailakandi	Sontosh Kumar Roy Civil Hospital	12 months	50,000
15	Jorhat		12 months	50,000
16	Majuli	Garmur SDCH	12 months	50,000
17	Kamrup (M)	Sonapur District Hospital	12 months	50,000
18	Kamrup (R)	TRB Civil Hospital	12 months	50,000
19	Karbi Anglong		12 months	50,000
20	West Karbi Anglong		12 months	50,000
21	Karimganj	Karimganj Civil Hospital	12 months	50,000
22	Kokrajhar	Rupnath Brahma Civil Hospital, Kokrajhar	12 months	50,000
23	Lakhimpur	North Lakhimpur Civil Hospital	12 months	50,000
24	Morigaon	Morigaon Civil Hospital	12 months	50,000
25	Nagaon	Bhogeswari Phukanani Civil Hospital, Nagaon	12 months	50,000
26	Hojai	Hojai FRU	12 months	50,000
27	Nalbari	Swahid Mukunda Kakati Civil Hospital, Nalbari	12 months	50,000
28	Sivasagar	Sivasagar Civil Hospital	12 months	50,000
29	Chaideo		12 months	50,000

30	Sonitpur	Kanaklata Civil Hospital	12 months	50,000
31	Biswanath Chariali		12 months	50,000
32	Tinsukia	Lokpriya Gopinath Bordoloi Civil Hospital	12 months	50,000
33	Udalguri	Civil Hospital, Udalguri	12 months	50,000
District Total				16,50,000
State HQ Allocation				0
Total (In Rupees)				16,50,000
Total (In Lakhs)				16.50

2. Service Delivery Community Based :

Outreach activities through Mobile Medical Unit:

The main objective of outreach activities is to create awareness among public regarding prevention and checking transmission of Hepatitis and provide information about its diagnosis & treatment. Assam has a total of 130 MMUs catering to tea garden areas, vulnerable population, char areas etc. Hence an amount of Rs 5000 per MMU has been proposed for Misc activities like kit testing, awareness generation, camps etc amounting to a total of Rs 6.50 lakhs @ Rs 5000* 130 MMUs

Budget approved for Outreach activities through Mobile Medical Unit

2. Service Delivery Community Based							
New FMR	Old FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/ target	Budget (Rs. Lakhs)	Remarks
2.3.1.11		Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc	No of MMUs	5000	130	6.50	
Total Budget approved						6.50	

At present this fund shall be kept at headquarters and will be sanctioned to districts only after the trainings for MMU have been completed.

ACTIVITY 5

Training

Training: To develop capacities in the state by training of different levels of personnel to operationalize laboratories and Treatment Centres under NVHCP and to implement diagnostic and treatment support protocol appropriate at various levels of healthcare.

Budget approved for Training: 6.00 Lakhs

9. Training							
New FMR	Old FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/ target	Budget (Lakhs)	Remarks
		Training and capacity building					
9.2.3.5	9.5.28.1	3 day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)	Batch	50000	5	2.50	

9.5.28.2	5 day training of the lab technicians (15 Lab Technicians in each batch)	Batch	50000	3	1.50	
9.5.28.4	1 day training of pharmacist of the Treatment sites (MTC/TCs)	batch	50000	2	1.00	
9.5.28.5	1 day training of DEO of the Treatment sites (MTC/TCs)	batch	50000	2	1.00	
Total					6.00	

At present this fund shall be kept at headquarters.

ACTIVITY 6 IEC/BCC

- To develop communication material vis-a-vis the target audiences and deliver effectively.
- Awareness generation regarding prevention and checking transmission of Hepatitis
- To compliment and support the detection and treatment services being provided through the Govt. Health Institutions.

IEC/BCC activities to be done through:

- Mass Media –TV, Radio and press in local languages.
- Outdoor Media - Hoardings, Bus panels, Wall paintings, posters, Rallies including Banners.
- Rural Media - IPC meetings, School talks/quiz, Folk media, Exhibitions and Health Melas.
- Interpersonal Communication (IPC) through the health staff involving communities

World Hepatitis Day is commemorated on 28th July every year for creating public awareness on Hepatitis through various advocacy activities such as:

- Rally, Miking activities in all the blocks of the districts. The content from a radio jingle provided by the centre which has been translated into Assamese is to be played.
- Poster for awareness on hepatitis to be displayed in all the health institutions of the districts
- Half page newspaper ad for awareness on hepatitis to be printed in local newspapers.
- Radio jingle to be played in All India Radio.

Details are provided at District ROP by IEC cell (FMR code: 11.3.6)

ACTIVITY 7 **Drug Warehouse and Logistics**

14. Drug Warehouse and Logistics							
New FMR	Old FMR	Particulars	Unit of measure	Unit cost (Rs.)	Quantity/target	Budget (Rs. Lakhs)	Remarks
14		Drug Warehouse and Logistics					
14.2.13	14.2.13	Sample transportation cost under NVHCP	Per district	30000	33	9.9	A budget of Rs 9.9 lakhs is approved for sample transport for viral load estimation from the TC to their nearest MTC. Even if there is one sample it will be needed to be transported to the nearest MTC through cold chain and triple layer packing for viral load, hence cost per district for 12 months Rs 30,000 has been

							approved per district. If more funds will be required will be proposed in Suppl PIP.
Total						9.9 lakhs	

Each treatment centre will transport the sample to the nearest Medical College for viral load estimation in proper cold chain method. Prior communication shall be done to that Medical college for coordination.

Annexure 2

Sl No	Name of the MTC		

Contact Details of the district NVHCP unit				
Sl No	District	Name of the officials and staff	Contact Details	Email
1	Baksa	Dr. Manuj Mazumder(Nodal officer)		
		Dr. Kishor Mazumder(MO)		
		Mr. Hiren Das(Pharmacist)		
		Mr. Bibekananda Das(DEO)		
		Mr. Bishnu Saheb Basumatary(LT)		
		Mrs Momota Brahma(Staff Nurse)		
2	Barpeta	Dr. Bhaskarcharya Bez(Nodal Officer)		
		Dr. Sharmin Ahmed(MO)		
		Hafiza Khatun(Staff Nurse)		
		Bikash Das(Pharmacist)		
		Sheikh Shah Jamal(LT)		
3	Biswanath Chariali			
4	Bongaigaon	Dr. PK Debnath(SDM & HO)	9435024694	pkdebnath121@gmail.com
		Banajit Chowdhury(Pharmacist)	7002916375	banajit627@gmail.com
		Rahul Baruah(LT)	9365170451	rahulbaruah1979@gmail.com
		Deepjyoti Das(DEO)	8638714180	deepjyotid@gmail.com
5	Cachar	Dr. D J Sharma(Astt. Prof of Medicine, SMCH)	7637004455	dibyasharma@yahoo.com
		Sri. Naresh Baruah(Pharmacist)	7002653968	-
		Sri. Ashit Chanda(LT)	9435461414	-
		Sri. Jahangir Ali Laskar(DEO)	9101602039	
6	Charaideo			
7	Chirang	Dr. Alal Uddin(Nodal Officer)		
		Dr. Kukumani Basumatary(MO & HO)		
		Hiranya Sarkar(Pharmacist)		
		Shantilata Dhan(GNM)		
		Nipun Brahma(LT)		
8	Darrang	Dr. Dharma Kanta Nath(Sr. M & HO)	9435185639	drdknath6@gmail.com
		Biren Deka(LT)	8638971187	
		Nomita Deka(Pharmacist)	7002186615	
		Karuna Sharma(DEO)	8822829383	
9	Dhemaji	Dr. Bipul Ranghang(Pathologist,DCH)	9954694652	
		Bhabesh Mahanta Bora(Pharmacist)	9365513778	
		Khirod Chiring(LT)	9954950066	
		Baharul Islam(DEO)	7002289450	
10	Dhubri	Dr. Zakir Hussain(Nodal Officer)		

		Dr. A Zaman Ahmed(MO)		
		Mostafa Karoal SK(Pharmacist)		
		Sabbir Hussain (DEO)		
		Hemoprova Mahanta(Staff Nurse)		
11	Dibrugarh	Dr. Chakradhar Mili(Nodal Officer)	9435702077	
		Dr. Shekharjyoti Gogoi(M&HO)	8638612169	
		Dwipen Sharma(Pharmacist)	8636080122	
		Debojit Das(LT)	9126755479	
		Ritumoni Chutia(GNM)	9435683054	
		Deepraj Saikia(DEO)	9577777188	
12	Dima Hasao	Dr. Luhamdao Bathari(Nodal Officer)	9435077619	bbbd1111@gmail.com
		Dr. Jimmy Dounge(MO & HO)	9873575954	
		Jacintha Renthlei(Pharmacist)	8638097116	
		Keyipungchul Newme(GNM)	8628945446	
		Janak Kalita(LT)	8133803042	
		Sapna Chetri(DEO)	8638081484	chetrisapna1993@gmail.com
13	Goalpara	Dr. Rahenur Islam(M& HO 1)	8471875212	-
		Jane Alom(Pharmacist)	9435313254	-
		Mazibar Rehman(LT)	9864958244	-
		Jesmin Era Begum	9435643547	
14	Golaghat	Dr. Rekib Hussain(Senior M&HO)	9957299200	
		Jyotirani Kotoky(Pharmacist)	9435515917	
		Srimanta Hazarika(DEO)	6000270498	
		Momi Rajkhowa(LT)	9365088097	
15	Hailakandi	Dr. Manajit Paul(M & HO)	9706167613	
		Dr. Joynal Abedin Laskar(M & HO)	7002968191	
		Shah Alom Barbhuyan(LT)	7002364861	
		Mahmudur Rahman Mazarbhuyan(Pharmacist)	6900245598	
16	Hojai			
17	Jorhat	Dr. Rajiv Baruah(Medicine Specialist,SDCH)		
		Pankaj Rangyong(Pharmacist)		
		Jaganath Buragohain(LT)		
		Suna Buragohain(GNM)		
18	Kamrup (M)	Dr. Subhash Basumatary(Nodal Officer)	8638271028	
		Kailash Baishya(Pharmacist)	9101788499	
		Rakibul Hassan(LT)	9707266940	
		Ranjan Baishya(CA,SNCU)	6003608939	-
19	Kamrup (Ru)	Dr.Gitimala Das(Sen M & HO)		-
		Binoy Chandra Deka(LT)		-
		Ainul Haque(Pharmacist)		-
		Ranjuma Begum(ANM)		-
		Kalyan Bania(ABPM)		
20	Karbi Anglong	Dr. Jessica Engtipi(M & HO)		
		Khonsing Ramhang(Pharmacist)		
		Denim Tisso(DEO)		
		Immanual Lalsiemawi(Staff Nurse)		
21	Karimganj	Dr. Ehsan Ahmed Galib(M & HO)	7019729678	
		Tapendra Das(Pharmacist)	9435374691	
		Sukumar Roy(LT)	7002439586	
		Sanjay Das(DEO)	9954163783	
22	Kokrajhar	Dr. A. S . Sharma(Suptd.)		
		Dr V Pandey(M& HO 1)		
		Dr R Al Amin(Senior M& HO)		
		Dr TK Barman(Med & HO 1)		

		Dr PP Barman(Med & HO)		
		Biswajit Deka(DEO)		
23	Lakhimpur	Dr. Bitai Doley(Sr. Med & HO)	9577162041	
		Dr.Prasanta Neog(Sen Med & HO)	7002496197	
		Vivekananda Sonowal(Pharmacist)	9854631486	
		Ankurima Dutta(LT)	7576863664	
		Barnali Chetia(GNM)	6001578406	
		Mintu Gogoi(DEO)	7002334027	
24	Majuli	Dr Ranuj Pegu(MO)	8134098916	
		Bhaben Bhuyan(Pharmacist)	9707642234	
		Gunakanta Gohain(LT)	7086417854	
		Sazidur Rehman(DEO)	9957373423	
25	Nagaon	Dr. O Zaaman(Sr. Med & HO)	9401827082	
		Jotin Bora(Pharmacist)	9435360981	
		Darpan Mahanta(LT)	6001401897	
		Abhijeet Sharma(DEO)	7002971716	
26	Nalbari	Dr. Ranjan Bhattacharya(Nodal officer)		
		Dr. Utpal Das(M & HO 1)		
		Dr. Khanin Tabildar(Pharmacist)		
		Meenakshi Kalita(Staff Nurse)		
		Rupen Kalita(LT)		
27	Morigaon	Dr. Jyanta Nath(MO)		
		Rabibul Islam(Pharmacist)		
		Sushil Deka(LT)		
		Seema Kalita(DEO)		
28	Sivasagar	Dr. Dhruvajyoti Bora(Nodal Officer)		
		Dr. Kukil Gogoi(SDM & HO 1)		
		Puling Dowarah(Pharmacist)		
		Ananta Sensua(LT)		
		Momi Duwarah(Staff Nurse)		
29	South Salmara			
30	Sonitpur	Dr. Mridurupam Gogoi(Sr. M & HO)		mridurupam.gogoi@gmail.com
		Dipsikha Deka(Pharmacist)	9435182132	
		Chandan Das(LT)		
		Dipankar Mudoi(DEO)		
31	Tinsukia	Dr. Rajdeep Guha(M & HO)	7896064195	salkocha.daktar@gmail.com
		Ranjit Saikia(Pharmacist)	9954419094	ranjusaikia321@gmail.com
		Gautam Dowarah(LT)	9954331357	dbrgautam@gmail.com
		Deep Sutradhar(DEO)	8876033071	sutradhar@gmail.com
32	Udalguri	Dr. Bhagirath Dey(Sr M & HO)	7002846168	-
		Shyam Rai Baruah(Pharmacist)		-
		Prabin Pathak(LT)		-
		Anchai Daimari(Computer Operator)	7086392867	
33	West K- Anglong			

Role and responsibilities of the Nodal Officer of laboratory Diagnostics

1. Overall responsibility of the functioning of the centre, reporting to state / central unit, participation in review meeting, coordinate and develop referral system and linkages with other departments of the hospital.
2. Ensure that patient are not discriminated in the hospital and are not denied admission/ care.
3. Ensure that all ethical practices including confidentiality are maintained.
4. Ensure availability of adequate stock of quality drugs as per defined targets at all times
5. Ensure reporting of any short expiry drug in a timely manner to allow timely relocation and avoid
6. financial loss

7. All administrative matters relating to the centre including sanctioning of leave of contractual staff, annual performance appraisal of the staff etc as per guidelines
8. Ensure adherence to the highest standards of quality and excellence in patient care
9. Ensure that all staff should be entering data electronically
10. Review and monitor the functioning of the centre periodically and in depth and ensure submission of reports as required.
11. Act as Focal point for interaction with central unit/ State program management officials etc
12. MO has to supervise the administrative and medical functions of the centre on a day- to- day basis and provide leadership to staff to work as a cohesive team and deliver the services effectively.
13. S/he should examine the patients, advise required investigations, review the investigations and prescribe the treatment.
14. Refer difficult/ complicated cases to the Nodal Officer or other specialist for further expert opinion and interventions including admission and inpatient care, if required
15. Monitor the consumption and availability of drugs, and alert the concerned authorities in case of impending shortage well in advance so as to enable adequate replenishment without disruption of services.
16. S/he must ensure that all records, registers, cards are updated on a daily basis and reports are sent to the concerned authorities on time. All reports should be checked by the MO before taking approval from the Nodal Officer for sending them to the concerned authorities.
17. S/he has to ensure that the guidelines for running and maintaining the centre are abided by.
18. Facilitate and coordinate trainings in the centre.
19. Ensure that a daily due list is prepared for the patients expected to visit and a follow up action is taken to contact the defaulting patients.
20. Any other duty assigned by Nodal Officer/ Programme.

Role and responsibilities of the Nodal Officer for Treatment of Viral Hepatitis

1. Overall responsibility of the functioning of the centre, reporting to state / central unit, participation in review meeting, coordinate and develop referral system and linkages with other departments of the hospital.
2. Collate all the data from the other departments of the hospital related to viral hepatitis patient.
3. Ensure that patient are not discriminated in the hospital and are not denied admission/ care.
4. Ensure that all ethical practices including confidentiality are maintained.
5. Ensure availability of adequate stock of quality drugs as per defined targets at all times. Monitor the consumption and availability of drugs, and alert the concerned authorities in case of impending shortage well in advance so as to enable adequate replenishment without disruption of services.
6. Ensure reporting of any short expiry drug in a timely manner to allow timely relocation and avoid financial loss
7. All administrative matters relating to the centre including sanctioning of leave of contractual staff, annual performance appraisal of the staff etc as per guidelines.
8. Ensure adherence to the highest standards of quality and excellence in patient care.
9. Ensure that all staff should be entering data electronically.
10. Review and monitor the functioning of the centre periodically and in depth and ensure submission of reports as required.
11. Act as Focal point for interaction with central unit/ State program management officials etc
12. The Nodal Officer has to supervise the administrative and medical functions of the centre on a day- to- day basis and provide leadership to staff to work as a cohesive team and deliver the services effectively.
13. S/he should examine the patients, advise required investigations, review the investigations and prescribe the treatment.
14. S/he must ensure that all records, registers, cards are updated on a daily basis and reports are sent to the concerned authorities on time. All reports should be checked by the Pharmacist/ data entry operator before taking approval from the Nodal Officer for sending them to the concerned authorities.

15. S/he has to ensure that the guidelines for running and maintaining the centre are abided by.
16. Facilitate and coordinate trainings in the centre.
17. Ensure that a daily due list is prepared by the Pharmacist and data entry operator for the patients expected to visit and a follow up action is taken to contact the defaulting patients.
18. Any other duty assigned by the State Nodal Officer/ Head of the institution.

Role and responsibilities of the Nodal Officer for Laboratory Diagnostics

1. Overall responsibility of the functioning of the centre, reporting to state / central unit, participation in review meeting, coordinate and develop referral system and linkages with other departments of the hospital.
2. Collate all the data from the other departments of the hospital related to diagnosis and screening of the viral hepatitis patient.
3. Ensure that all ethical practices including confidentiality are maintained.
4. Ensure reporting of any short expiry drug in a timely manner to allow timely relocation and avoid financial loss
5. All administrative matters relating to the centre including sanctioning of leave of contractual staff, annual performance appraisal of the staff etc as per guidelines.
6. Ensure adherence to the highest standards of quality and excellence in patient care.
7. Ensure that all staff should be entering data electronically.
8. Review and monitor the functioning of the centre periodically and in depth and ensure submission of reports as required.
9. Act as Focal point for interaction with central unit/ State program management officials etc
10. The Nodal Officer has to supervise the administrative and medical functions of the centre on a day- to- day basis and provide leadership to staff to work as a cohesive team and deliver the services effectively.
11. S/he should examine the patients, advise required investigations, review the investigations and prescribe the treatment.
12. S/he must ensure that all records, registers, cards are updated on a daily basis and reports are sent to the concerned authorities on time. All reports should be checked by the Pharmacist/ data entry operator before taking approval from the Nodal Officer for sending them to the concerned authorities.
13. S/he has to ensure that the guidelines for running and maintaining the centre are abided by.
14. Facilitate and coordinate trainings in the centre.
15. Ensure that a daily due list is prepared by the Pharmacist and data entry operator for the patients expected to visit and a follow up action is taken to contact the defaulting patients.
16. Any other duty assigned by the State Nodal Officer/ Head of the institution.

17. Refer difficult/ complicated cases to the Nodal Officer or other specialist for further expert opinion and interventions including admission and inpatient care, if required

Role and responsibilities of the Pharmacist

1. S/he has to work under the guidance and supervision of nodal officer (Nodal Officer of laboratory diagnostics and Nodal Officer of Treatment of Viral Hepatitis)
2. Dispense drugs with proper counselling / interaction with patient.
3. Advise the patients and family about the importance of adherence during each visit
4. Counsel the patient on possible drug toxicities and report the same, if significant
5. Do pill count and report any adverse effects of drugs. Also, confirm the next visit date and inform the patient
6. Maintenance of the drug stores.

7. Discuss the importance of adherence to treatment and need of viral load at 12 weeks post treatment (SVR) with the patients , Keep track of drug adherence of patients , counselling them on the importance of regularity of visits and timely investigations
8. Maintain and update drug stock and drug dispensing registers regularly every day. Inform the concerned nodal officer in case of any discrepancy. Duly take signature of nodal officer every week in the stock register.
9. Ensure that the centre has enough stock of drugs for at least 3 months and inform the concerned authority (Nodal officer for treatment of Viral Hepatitis) about any near expiry or excess stocks well in time for relocation to other sites and ensure FEFO protocol is followed
10. Physical verification of the drugs under the supervision of the nodal officer.
11. Maintain Hepatitis B and C treatment register and duly take signature of the Nodal officer of Treatment of Viral Hepatitis on weekly basis.
12. Compile monthly reports from the MTC from all the respective departments of Gastroenterology, Medicine, Surgery, Paediatrics, O&G, Blood bank and get it validated by both the Nodal officer of laboratory diagnostics and Nodal Officer of Treatment of Viral Hepatitis)
13. S/he must ensure that all records, registers, cards are updated on a daily basis and reports are sent to the concerned authorities on time. All reports should be checked by the Pharmacist before taking approval from the Nodal Officer for sending them to the concerned authorities.
14. Ensure that a daily due list is prepared by the Pharmacist for the patients expected to visit and a follow up action is taken to contact the defaulting patients.
15. Besides all the above, any other duty assigned by nodal officers.

In case pharmacist is not available/on leave, the nodal officer in consultation with the head of institute will make any alternative arrangement so that the functioning does not suffer and regular staff of the facility must also be integrated for service delivery.

Role and responsibilities of the Data entry operator

1. S/he has to work under the guidance and supervision of the nodal officer.
2. Ensure that all data recording and reporting is updated.
3. Print and share all circulars/information sent by central unit/States to the Nodal Officers and maintain a file for the important orders/communication.
4. Maintain the attendance register for the centre staff and get it verified by the nodal officer everyday and by the Nodal Officer at the end of the month
5. Maintain the HR file including the bio-data of the staff, copies of certificates, appointment letters, contractual service agreement, performance appraisal report, training details, remuneration etc when situation arises.
6. Prepare and send all the monthly reports prescribed by central unit after approval of Nodal Officers
7. Assist in analysis of data under the supervision of the Nodal Officer.
8. S/he must ensure that all records, registers, cards are updated on a daily basis and reports are sent to the concerned authorities on time. All reports should be checked by the Data entry Operator before taking approval from the Nodal Officer for sending them to the concerned authorities.
9. Ensure that a daily due list is prepared by the Data entry operator for the patients expected to visit and a follow up action is taken to contact the defaulting patients.
10. Any other duty assigned by nodal officer.