



OPERATIONAL GUIDELINE

of

National Viral Hepatitis Control Program

FOR THE FINANCIAL YEAR 2022-24



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

08

State Demographics :-

Area	: 78438 km ²
Population	: 3,12,05,576
No. of Districts	: 34
No. of Govt. Medical Colleges	: 8(eight)
No. of District Hospital	: 34

No. of Model Treatment Centre (MTC) :

1. Guwahati Medical College & Hospital, Guwahati, Kamrup (Metro) district.
2. Assam Medical College & Hospital, Dibrugarh
3. Silchar Medical College & Hospital, Cachar

No. of Treatment Centre (TC) :39nos. :

1. Jorhat Medical College & Hospital, Jorhat
2. Tezpur Medical College & Hospital, Sonitpur
3. Fakhruddin Ali Ahmed Medical College, Barpeta
4. Diphu Medical College & Hospital, Karbi-Anglong
5. Lakhimpur Medical College & Hospital, Lakhimpur
6. District Hospital Barpeta
7. District Hospital, Baksa
8. District Hospital, Bongaigaon
9. District Hospital, Biswanath
10. District Hospital, Chirang
11. District Hospital, Charaideo
12. District Hospital, Darrang
13. District Hospital, Dhemaji
14. District Hospital, Dhubri
15. District Hospital, Dima Hasao
16. District Hospital, Goalpara
17. District Hospital, Golaghat
18. District Hospital, Hojai
19. District Hospital, Hailakandi
20. District Hospital, Kamrup M
21. District Hospital, Kamrup R
22. District Hospital, Karimganj
23. District Hospital, Kokrajhar
24. District Hospital, Lakhimpur
25. District Hospital, Morigaon
26. District Hospital, Majuli
27. District Hospital, Nagaon
28. District Hospital, Nalbari
29. District Hospital, Sibsagar
30. District Hospital, South Salmara
31. District Hospital, Tinsukia
32. District Hospital, Udalguri
33. District Hospital Karbi-Anglong
34. District Hospital Jorhat
35. District Hospital, Dibrugarh
36. District Hospital, Sonitpur
37. District Hospital, Cachar
38. District Hospital, West K-Anglong
39. District Hospital, Bajali

National Viral Hepatitis Control Program (NVHCP)-Key Deliverables										
S.No	Indicator Type	Indicator Statement	Indicator	Unit	Target 2021-22	Progress 2021-22	Likely achievement 2021-22	Target 2022-23	Target 2023-24	Source of Data
78	Output	Management of Hepatitis C -under the program	Percentage of Hepatitis C patients benefited i.e. number who received treatment against target.	Percentage	100%	98.27%	100%	90% (1792)	90% (1792)	NVH CP MIS Portal
79	Output	Management of Hepatitis B -under the program	Percentage of Hepatitis B patients benefited i.e. number who received treatment against target.	Percentage	100%	13.58%	50%	90% (324)	90% (326)	NVH CP MIS Portal
80	Output	Pregnant women screened for hepatitis B	Percentage pregnant women screened for Hepatitis B (HBsAg) against the target (institutional deliveries)	Percentage	100%	20.86%	35%	100% (470650)	100% (470650)	RCH Portal
81	Output	Administration of HBIG to newborns of HBsAg positive pregnant women	Percentage of newborns administered HBIG among newborns delivered to HBsAg positive pregnant women at healthcare facility	Percentage	100%	Issues in capturing the data.	-----	100% (988)	100% (988)	RCH Portal



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, thalassaemics, 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

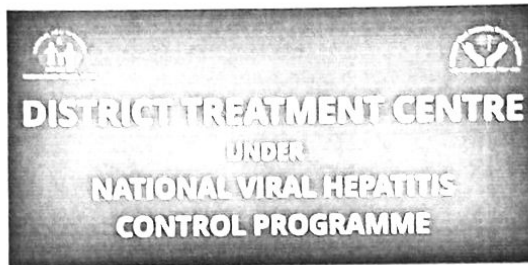
Role of a Treatment Centre (Secondary care centre, All district Hospitals and SDCH in new districts):-

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

600

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.

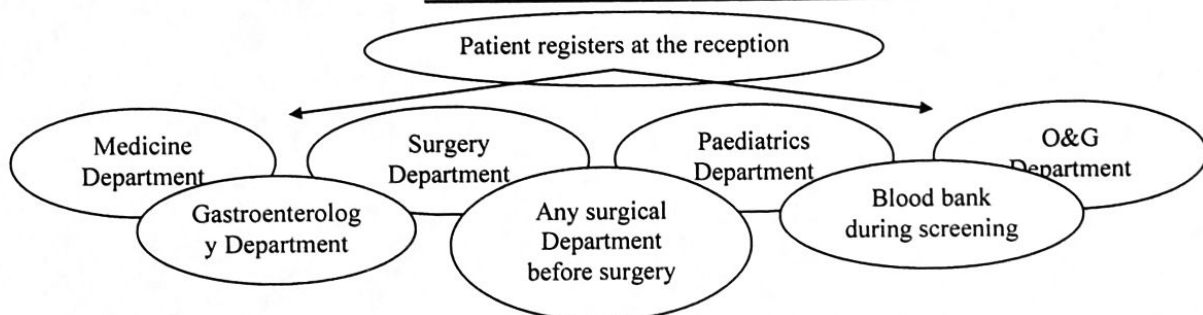
b) It covers the persons who donate blood and on routine screening are detected with Viral Hepatitis.

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

There are two components:

1. Enrollment of new patient into care (including referred patients also)
2. Follow up visits of the patient

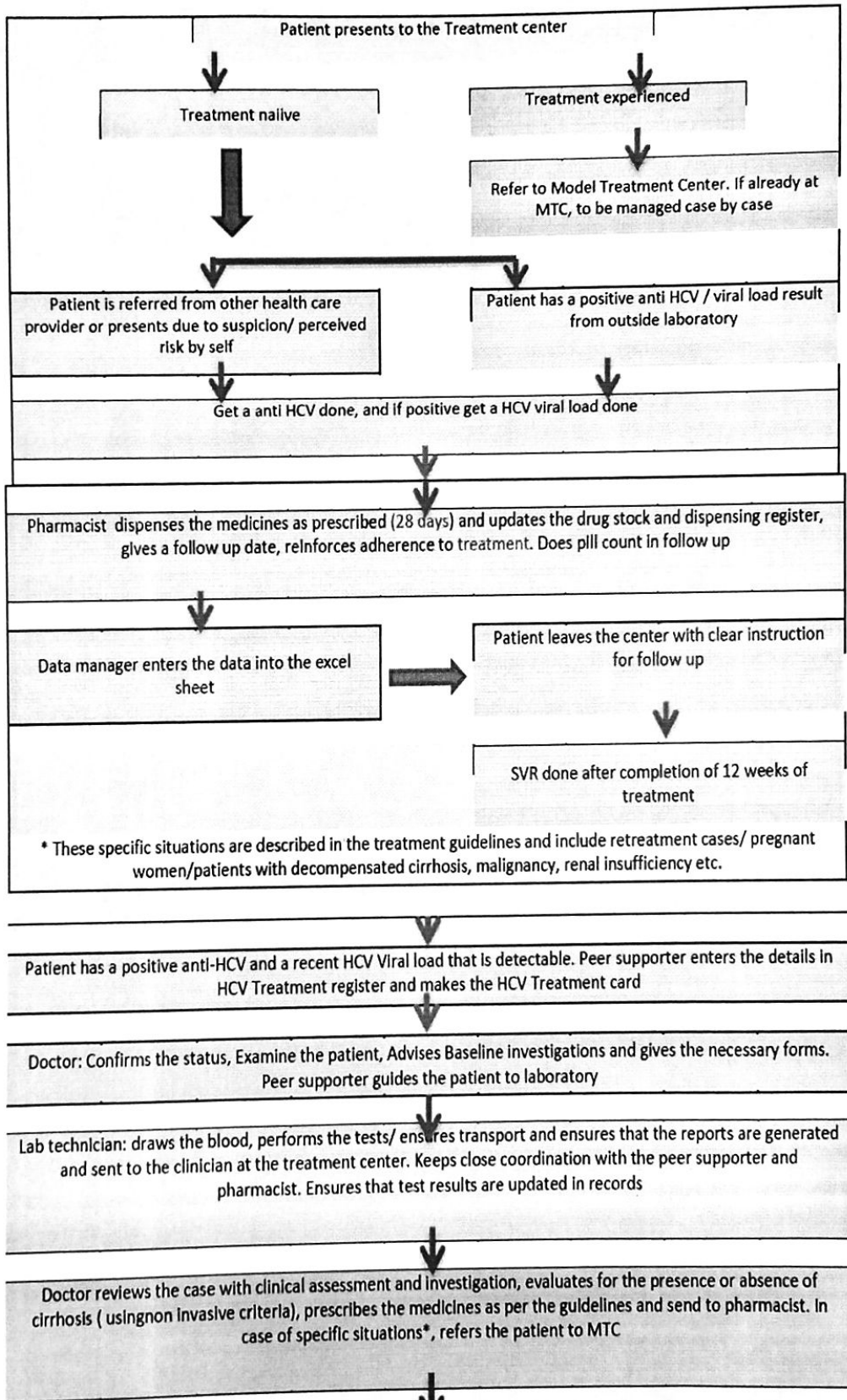
Enrollment of the Patient

- 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.



DB

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:

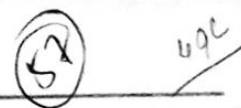
The following groups of people are at high risk for acquiring HCV infection

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

TREATMENT AND MANAGEMENT

All drugs of the following types shall be provided by the State NVHCP cell. Any indent for drugs should be made in advance. The district should bear the cost for transportation of their drugs. Any drugs likely to be expired before consumption shall also be notified to the State cell so that those drugs can be diverted to other districts.

1. Tab Daclatasvir 30mg
2. Tab Ribavirin 200 mg
3. Tab Sofosbuvir 400mg
4. Tab Sofosbuvir 400mg and Valpatasvir 100 mg
5. Tab Tenofovir 300mg
6. Tab Entecavir 0.5 mg and 1mg



Following records shall be maintained by each treatment centre for both Hepatitis B and C patient

1. Drug Dispensation register

Important: Separate page to be maintained for each patient

Date:

Drug Dispensation Register						
Sl. No.	Patient Name/ Age/Sex/Complete Address/ Phone no/ name of Village	Registration No.	Name of drugs and no. of tablets dispensed			Patient Signature
			Regimen 1	Regimen 2	Regimen 3	
1						
Total Tablets dispensed:						

*Specify other drugs used

Signature of the pharmacist/ drug dispenser.....

2. Drug Stock register

Important:	Separate page is to be maintained for each drug									
	Summary should be filled on the last day of the month									
Name of the drug/ regimen.....										
NVHCP Drugs Stock Register										
Date	A	B				C	D	E	F	Remarks
	Open ing stock	Stock received			Stock transfe red out official ly	Stock dispense d (consump tion)	Stock expire d/ discar ded	Bala nce stock		
	Quan tity	Bat ch No.	Expi ry date	Manufact uring date						

Handwritten mark



Monthly summary:									
Stock at the start of the month/ opening stock (A):					Stock dispensed (consumed) during the month (D):				
Stock received during the month (B):					Stock expired/ discarded during the month (E):				
Stock transferred out officially during the month (C):					Stock at the end of the month (F)= (A+B) - (C+D+E) :				

3. Hepatitis C Register

Hepatitis B Treatment Register																							
Sl. No.	Registration No.	Name of patient	Age/ Sex	Address	Contact No.	Guardian/ care giver name & contact no.if any	Prior treatment history (Yes/No)	Date of Anti HCV testing	Date of HCV RNA testing	Pre treatment HCV RNA level	Regimen started (I/ II/ III)	Date of start of treatment	Follow up date & status (Months)										
													1st	2nd	3rd	4th	5th	6th	Date of completion of treatment	Due date of SVR 12	SVR done on	Result on SVR	Remarks if any*

*In the remarks, please mention the status of patient (Died, lost to follow up, stop treatment due to medical reasons, transferred out, referred to higher centre)
 For any of these, also mention date.

Monthly reports shall have to be submitted by the treatment centres and Model Treatment centres on a regular basis to the State cell and along with MIS portal entry to be done monthly by the identified NVHCP district teams.

Note: Format for monthly report attached as Annexure 3 and Annexure 4




Budget Summary for FY 2022-24 for NVHCP programme

FMR Code/ SL. No.		Activity/Sub-Activity	Whether it is ongoing / new activity	Approved Budget provision - 2022- 2024				
				FY 2022-23			FY 2023-24	
				Phy. Target	Fresh RoP approval	Total	Phy. Target	Budget provision
NDCP.5	80	Prevention	Ongoing	205	56.44	56.44	205	54.79
	81	Screening and Testing through facilities	Ongoing	81	402.10	402.10	81	402.00
	82	Screening and Testing through NGOs		0	0.00	0.00	0	0.00
	83	Treatment	Ongoing	55	231.33	231.33	55	231.33
Sub-Total				341	689.87	689.87	341	688.12



State and District wise total fund allocation breakup for the FY 2022-24

Sl.No.	District/ State HQ	FY 2022-23 (Rs. In Lakhs)	FY 2023-24 (Rs. In Lakhs)
1	Baksa	2.500	2.500
2	Barpeta	3.000	3.000
3	Bongaigaon	2.500	2.500
4	Cachar	8.167	8.167
5	Chirang	2.500	2.500
6	Darrang	2.500	2.500
7	Dhemaji	2.500	2.500
8	Dhubri	2.500	2.500
9	South Salmara	2.500	2.500
10	Dibrugarh	23.845	8.167
11	Dima Hasao	2.500	2.500
12	Goalpara	2.500	2.500
13	Golaghat	2.500	2.500
14	Hailakandi	2.500	2.500
15	Jorhat	3.000	3.000
16	Majuli	2.500	2.500
17	Kamrup (M)	51.167	8.167
18	Kamrup (R)	2.500	2.500
19	KarbiAnglong	3.000	3.000
20	West Karbi Anglong	2.500	2.500
21	Karimganj	2.500	2.500
22	Kokrajhar	2.500	2.500
23	Lakhimpur	3.000	3.000
24	Morigaon	2.500	2.500
25	Nagaon	2.500	2.500
26	Hojai	2.500	2.500
27	Nalbari	2.500	2.500
28	Sivasagar	2.500	2.500
29	Chaideo	2.500	2.500
30	Sonitpur	3.000	3.000
31	Biswanath Chariali	2.500	2.500
32	Tinsukia	2.500	2.500
33	Udalguri	2.500	2.500
34	Bajali	2.500	2.500
District Total		163.178	104.500
State HQ Allocation		526.692	583.620
TOTAL APPROVAL		689.870	688.12


 Joint Director of Health Services
 (Lep) Assam, Pathar Quar
 Narengi, Guwahati - 78

80. Prevention:

- At state level, half yearly meetings for the Steering Committee and SVHMU officers will be held every year with programme funds budgeted at SL No. 80.1.
- Supervisory visits to centers delivering services will be made by the State level officers & experts drawn from other organization as well with programme funds budgeted at SL No. 80.2.
- Office expenses & contingency for office maintenance an amount of 2 lakhs and also amount of Rs. 60,000/- each for FY 2022-23 & 2023-24 is approved for data entry works related to NVHCP such as monthly reporting, drafting of letters, maintenance of other related official works regarding NVHCP at State level. The funds for this activity is budgeted at SI No. 80.3.
- Non recurring equipments to be procured for any technical person under NVHCP with programme funds budgeted at SI No. 80.4.

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.

Total Budget for IEC/BCC/celebration of World Hepatitis Day:

State level: Rs. 1.00 Lakhs

District level: Rs. 1.00 Lakh each

The fund for this activity is budgeted at SI No. 80.5

- **Printing** :Printing of registers as well as formats, patient testing & treatment cards, posters/banners etc. for special activities instructed by the GoI in due course, etc to be done in the district level as well as State level. The fund for this activity is budgeted at SI No. 80.6. **At present this fund shall be kept at headquarters.**
- **Incentives for Peer Educators** under NVHCP Rs.4.08 lakhs as budget is approved for the program in the year 2022-24.(Incentive as Rs.500/month, for 34 districts). Rs. 2.04 lakhs – 2022-23 & Rs. 2.04 lakhs- 2023-24 . The fund for this activity is budgeted at SI No. 80.7. **At present this fund shall be kept at headquarters.**
- **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 approved for Misc activities like kit testing, awareness generation, camps etc amounting to a total of Rs 6.50 lakhs @ Rs 5000* 130 MMUs
- **Budget required for Outreach activities through Mobile Medical Unit**
- **(Misc. expenditure @Rs.5000/- per district x130 MMUs) = 6.50 Lakhs for one year =13 lakhs for 2022-24.** The fund for this activity is budgeted at SI No. 80.8.



Budget approved Under Prevention i.e SL No. 80 :

FMR Code/ SL. No.	Activity/Sub-Activity	Whether it is on- going / new activity	Approved Budget provision - 2022- 2024					Nature of Expenditure	
			FY 2022-23			FY 2023-24			
			Phy. Target	Fresh RoP approval	Total	Phy. Target	Budget provision		
NDCP.5	80	Prevention							
	80.1	State level review meeting under NVHCP	Ongoing	2	2.00	2.00	2	2.00	Planning & M&E
	80.2	SVHMU: Cost of travel for supervision and monitoring	Ongoing	1	1.00	1.00	1	1.00	OOC
	80.3	SVHMU: Meeting Costs/Office expenses/Contingency/data entry works		1	2.60	2.60	1	2.60	OOC
	80.4	SVHMU/MTC/TC: Non-recurring Equipment- (computer, printer photocopier scanner etc)	Ongoing	1	3.30	3.30	1	1.65	Planning & M&E
	80.5	IEC under NVHCP	Ongoing	35	35.00	35.00	35	35.00	OOC
	80.6	Printing for formats/registers under NVHCP	Ongoing	1	4.00	4.00	1	4.00	OOC
	80.7	Incentives(Allowance, Incentives, staff welfare fund)	New	34	2.04	2.04	34	2.04	OOC
	80.8	Outreach for demand generation, testing and treatment of Viral Hepatitis through Mobile Medical Units/NGOs/CBOs/etc	Ongoing	130	6.50	6.50	130	6.50	OOC

81. Screening and Testing through facilities.

- Kits are to be self-procured by MTCs and TCs. The fund for this activity is budgeted at SI No. 81.1. At present this fund shall be kept at headquarters. A **detailed report** shall have to be submitted by MTCs and TCs to the State cell related to the activities of SI No. 81.1 along **with the UC and SOE.**
- For the **management of Hepatitis A and E** at the Model treatment centres (MTCs) and Treatment Centres (TCs) 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. The fund for this activity is budgeted at SI No. 81.2 for MTCs and SI No. 81.3 for TCs. A **detailed report** shall have to be submitted to the State cell after the completion of the activities along **with the UC and SOE.**
- A budget of Rs 17 lakhs per year 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 24 months Rs 50,000 has been approved per district. The fund for this activity is budgeted at SI No. 81.4. If more funds will be required will be proposed in Suppl PIP.

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.
- **Training of Lab Technicians:** 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. The fund for this activity is budgeted at SI No. 81.5. At present this fund shall be kept at headquarters.

- An amount of Rs. 3 lakhs/year is approved for State Lab 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 for proper recording keeping, record entry in MIS and implementation of the program. The fund for this activity is budgeted at SI No. 81.6 for State Lab of NVHCP, Assam.

Budget approved Under Screening and Testing through facilities. i.e SL No. 81 :

FMR Code/ SL. No.	Activity/Sub-Activity	Whether it is on- going / new activity	Approved Budget provision - 2022- 2024					Nature of Expenditur e
			FY 2022-23			FY 2023-24		
			Phy. Target	Fresh RoP approval	Total	Phy. Target	Budget provision	
81	Screening and Testing through facilities	Ongoing	81	402.10	402.10	81	402.00	
81.1	Kits	Ongoing	1	351.10	351.10	1	351.00	Diagnostics
81.2	MTC: Management of Hep A & E	Ongoing	3	8.00	8.00	3	8.00	Diagnostics
81.3	TC: Management of Hep A & E	Ongoing	34	17.00	17.00	34	17.00	Diagnostics
81.4	Sample transportation cost under NVHCP	Ongoing	34	17.00	17.00	34	17.00	OOO
81.5	5 day training of Lab techs	Ongoing	3	6.00	6.00	3	6.00	Capacity Building
81.6	State lab: Meeting Costs/Office expenses/Contingency	Ongoing	1	3.00	3.00	1	3.00	OOO

82. Screening and Testing through NGOs.

No Budget was proposed Under Screening and Testing through NGOs. i.e SL No. 82 :

83. Treatment

- An amount of Rs. 3 lakhs each/year for 3 MTCs is approved for 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 MTCs(GMCH, SMCH & AMCH) for proper recording keeping, record entry in MIS and implementation of the program. The funds shall be for use in MTCs for 2 year. The fund for this activity is budgeted at SI No. 83.1 for MTCs of NVHCP, Assam.

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

- An amount of Rs. 19.5 lakhs/year for 39 TCs is approved for 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 TCs for proper recording keeping, record entry in MIS and implementation of the program. The funds shall be for use in TCs for 2 year. The fund for this activity is budgeted at SI No. 83.2 for TCs of NVHCP, Assam.

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 SL No 83.2
For 2022-24**

Sl.No.	District/ State HQ	Name of the facility	Phy. Target	Allocated Fund In Rupees) for 2022-23
1	Baksa	RaviramBoro District Hospital, Baksa	12 months	50,000
2	Barpeta	Barpeta Civil Hospital, Kalgachia and Fakhruddin Ali Ahmed Medical College & Hospital.	12 months	50,000*2=100000
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	SwahidKushalKonwar Civil Hospital	12 months	50,000
14	Hailakandi	Sontosh Kumar Roy Civil Hospital	12 months	50,000
15	Jorhat	Titabor SDCH & Jorhat Medical College & Hospital	12 months	50,000*2=100000
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	KarbiAnglong	Bokajan CHC & Diphu Medical College & Hospital.	12 months	50,000*2=100000
20	West KarbiAnglong	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 and North Lakhimpur Civil Hospital.	12 months	50,000*2=100000
24	Morigaon	Morigaon Civil Hospital	12 months	50,000
25	Nagaon	BhogeswariPhukanani Civil Hospital, Nagaon	12 months	50,000
26	Hojai	Hojai FRU	12 months	50,000
27	Nalbari	SwahidMukundaKakati 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 and Tezpur Medical College & Hospital.	12 months	50,000*2=100000
31	BiswanathChariali	BiswanathChariali SDCH	12 months	50,000
32	Tinsukia	LokpriyaGopinathBordoloi Civil Hospital	12 months	50,000
33	Udalguri	Civil Hospital, Udalguri	12 months	50,000
34	Bajali	Civil Hospital, Bajali	12 months	50,000
District Total for FY 2022-23 & FY 2023-24				19,50,000+19,50,000
State HQ Allocation				0
Total (In Rupees)				19,50,000+19,50,000
Total (In Lakhs)				19.50+19.50 = 39.00

- **Training of MOs/Pharmacists/DEOs/Peer Supporters:** 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. The fund for this activity is budgeted at SI No. 83.5 to 83.8. At present this fund shall be kept at headquarters.

Budget approved Under Screening and Testing through NGOs and Treatment. i.e SL No. 82 & 83 :

FMR Code/ SL. No.	Activity/Sub-Activity	Whether it is on- going / new activity	Approved Budget provision - 2022- 2024					Nature of Expenditu re
			FY 2022-23			FY 2023-24		
			Phy. Target	Fresh RoP approval	Total	Phy. Targe t	Budget provision	
82	Screening and Testing through NGOs		0	0.00	0.00	0	0.00	
83	Treatment	Ongoing	55	231.33	231.33	55	231.33	
83.1	MTC: Meeting Costs/Office expenses/Contingency (photocopy, internet/communication/ Resistance testing in selected cases/ Printing M & E tools/ Tablets for M & E if needed/data entry works) etc)	Ongoing	3	9.00	9.00	3	9.00	OOO
83.2	TC: Meeting Costs/Office expenses/Contingency/data entry works	Ongoing	39	19.50	19.50	39	19.50	OOO
83.3	Drugs	Ongoing	1	153.61	153.61	1	153.61	drugs & Supplies
83.4	Other Consumables	Ongoing	1	43.72	43.72	1	43.72	Diagnostic s
83.5	3 day training of Medical Officer of the Model Treatment Centre (15 Medical officers in each batch)	Ongoing	5	2.50	2.50	5	2.50	Capacity Building
83.6	1 day training of pharmacist of the Treatment sites (MTC/TCs)	Ongoing	2	1.00	1.00	2	1.00	Capacity Building
83.7	1 day training of DEO of the Treatment sites (MTC/TCs)	Ongoing	2	1.00	1.00	2	1.00	Capacity Building
83.8	1 day training of Peer support of the Treatment sites (MTC/TCs)	New	2	1.00	1.00	2	1.00	Capacity Building

Annexure 1

<u>Sl.No.</u>	<u>Name of the districts</u>	<u>Name of the MTC</u>
1	Dibrugarh	Assam Medical College & Hospital
2	Cachar	Silchar Medical College & Hospital
3	Kamrup (M)	Gauhati Medical College & Hospital
<u>Sl.No.</u>	<u>District/ State HQ</u>	<u>Name of the TC</u>
1	Baksa	RaviramBoro District Hospital, Baksa
2	Barpeta	Barpeta Civil Hospital, Kalgachia
		Fakhruddin Ali Ahmed Medical College
3	Bongaigaon	Bongaigaon Civil Hospital
4	Cachar	Satyendra Mohan Dev Civil Hospital,
5	Chirang	Chirang Civil Hospital
6	Darrang	Mangaldai Civil Hospital
7	Dhemaji	Dhemaji Civil Hospital
8	Dhubri	Dhubri Civil Hospital
9	South Salmara	Hatsingimari SDCH
10	Dibrugarh	Naharani CHC
11	DimaHasao	Haflong Civil Hospital
12	Goalpara	Goalpara Civil Hospital, Goalpara
13	Golaghat	SwahidKushalKonwar Civil Hospital
14	Hailakandi	Sontosh Kumar Roy Civil Hospital
15	Jorhat	Jorhat Medical College & Hospital
		Titabor SDCH
16	Majuli	Garmur SDCH
17	Kamrup (M)	Sonapur District Hospital
18	Kamrup (R)	TRB Civil Hospital
19	KarbiAnglong	Diphu Medical College and Hospital
		Bokajan CHC
20	West KarbiAnglong	Hamren SDCH
21	Karimganj	Karimganj Civil Hospital
22	Kokrajhar	Rupnath Brahma Civil Hospital, Kokrajhar
23	Lakhimpur	Lakhimpur Medical College & Hospital
		North Lakhimpur Civil Hospital
24	Morigaon	Morigaon Civil Hospital
25	Nagaon	BhogeswariPhukanani Civil Hospital, Nagaon
26	Hojai	Hojai FRU
27	Nalbari	SwahidMukundaKakati Civil Hospital, Nalbari
28	Sivasagar	Sivasagar Civil Hospital
29	Chaideo	Sonari SDCH
30	Sonitpur	Tezpur Medical College & Hospital
		Kanaklata Civil Hospital
31	Biswanath	BiswanathChariali SDCH
32	Tinsukia	LokpriyaGopinathBordoloi Civil Hospital
33	Udalguri	Civil Hospital, Udalguri
34	Bajali	Civil Hospital, Bajali

ANNEXURE 2

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. Supervise the work of laboratory personnel
5. Verification and signing of the reports generated in the laboratory
6. Ensuring that all job responsibilities are adhered to, by all laboratory personnel
7. Management of funds with relation to laboratory
8. Ensure participation in and review of External Quality Assurance
9. Ensure training and competence of all laboratory
10. Ensure timely reporting of data.
11. 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.
12. Collate all the data from the other departments of the hospital related to diagnosis and screening of the viral hepatitis patient.
13. Ensure that all ethical practices including confidentiality are maintained.
14. Review and monitor the functioning of the centre periodically and in depth and ensure submission of reports as required.
15. Facilitate and coordinate trainings of the lab personnels in the centre.
16. Any other duty assigned by the State Nodal Officer/ Head of the institution.

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 Pharmacist

1. She 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.



3/6

MONTHLY REPORTS ON HEPATITIS B AND C

Table 1(a) - Progress on patients/persons benefitted - Hepatitis B

SI No	Name of the Health Institution	Month	Total number of persons screened for Hepatitis B (including pregnant women)	Total Number of persons found positive for Hep B (out of (4))(including pregnant women)	Number of pregnant women tested for Hep B (Out of Column 4)	Number of pregnant women found positive for Hep B (Out of Column 6)	Total number of patients found eligible for treatment (out of (5))	Total number of patients put on treatment (out of (8))	Immunization of Health care Workers (HCWs)				Total no. of institutional deliveries	No. of newborns received Hepatitis B birthdoses + HBIG	Currently no of patients of Hep B on treatment (cumulative)	No. of Viral Load Testing for Hep B done	Viral Load Testing sent to Which Hospital for Hep B		
									Total no. of HCWs targeted	HWCs given 1st Dose	HWCs given 2nd Dose	HWCs given 3rd Dose							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	

Table 2(b) - Progress on patients/persons benefitted - Hepatitis C

SI No	Name of the Health Institution	Month	Total number of persons screened for Hepatitis C (including pregnant women)	Total Number of persons found positive for Hep C (out of (4))(including pregnant women)	Number of pregnant women tested for Hep C (Out of Column 4)	Number of pregnant women found positive for Hep C (Out of Column 6)	Total number of patients found eligible for treatment (out of (4))	Total number of patients put on treatment (out of (8))	Total Number of Hep C patients completed treatment	Currently no of patients of Hep C on treatment (cumulative)	No. of Viral Load Testing for Hep C done	Viral Load Testing sent to Which Hospital for Hep C
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

Handwritten signature

35

Operational Guideline of NVHCP 2022-24

National Viral Hepatitis Control Program (NVHCP)	
Supplementary Monthly Report	
District :	District Nodal Officer Name with contact No. :
Month :	Date :

S.No.	Indicator	No's
1	Number of Pregnant women screened for Hepatitis B	
2	Number of Pregnant women screened positive for Hepatitis B	
3	Number of patients on dialysis screened for Hepatitis B	
4	Number of patients on dialysis found positive for Hepatitis B	
5	Number of patients on dialysis screened for Hepatitis C	
6	Number of patients on dialysis found positive for Hepatitis C	
7	Number of blood donors screened for Hepatitis B at Blood Bank	
8	Number of blood donors found positive for Hepatitis B at Blood Bank	
9	Number of blood donors screened for Hepatitis C at Blood Bank	
10	Number of blood donors found positive for Hepatitis C at Blood Bank	
11	Number of Ante-Retro Viral Testing (ART) Centres	
12	Number of ART Centres testing for Hepatitis B	
13	Number of ART Centres testing for Hepatitis C	
14	Number of persons screened for Hepatitis B at ART Centre	
15	Number of persons screened positive for Hepatitis B at ART Centre	
16	Number of persons screened for Hepatitis C at ART Centre	
17	Number of persons screened positive for Hepatitis C at ART Centre	

ANNEXURE 4

XXXXX
XXX

an