IMA-GFATM-RNTCP-PPM-RCC PROJECT

Instruction Manual

For the use of IMA Local and State Branches

Implementing Partners

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New Delhi – 110002

Central TB Division
Directorate General of Health Services
Room No. 522, 'C' Wing
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Technical Support

World Health Organisation

IMA National Working Group (TB)

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PART "A"

(For Circulation among State and local Branches of IMA)

Goal

To assist the efforts of the Revised National Tuberculosis Control Programme (RNTCP) in achieving its goal to bring down the burden of TB in India till it ceases to be a public health problem.

Objective

To improve access to the diagnostic and treatment services of DOTS and thereby improve the quality of care for patients suffering from Tuberculosis in fifteen states and one union territory of India, namely, Uttar Pradesh, Punjab, Haryana, Maharashtra, Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Kerala, Orissa, Rajasthan, Tamilnadu, Uttarakhand, West Bengal and Chandigarh

Project States

1. Group-I Andhra Pradesh, Haryana, Maharashtra, Punjab, Uttar Pradesh and Union Territory of Chandigarh
2. Group-II Kerala, Gujarat, Rajasthan, Tamil Nadu, Uttarakhand, West Bengal, Bihar, Chhattisgarh, Jharkhand, Orissa

Project Scope

The Project will provide impetus to the private health sector to join and participate in RNTCP. It is important that the participation of private sector is fully in accordance with the policies of RNTCP. The programme will run for 6 years (subject to annual review) and consist of the following activities.

1. Annual National Workshop/Review Workshop – to sensitise national and state IMA leaders and RNTCP Programme Officers to RNTCP and PPM and to review the project at the end of each year
2. Annual State Workshops/Review Meetings (in each Unit) – for one (1) day with district IMA and RNTCP representatives of the Unit as participants
3. Branch level CMEs – to sensitise MBBS doctors, especially, members of IMA with an aim to encourage them to refer TB suspects and diagnosed TB patients to RNTCP and to start DOTS centres
4. District Training Programme (DTP) – a 6-hour modular training that enables private medical practitioners to identify, diagnose and categorise TB patients and to contribute to the RNTCP by through the establishment of DOTS Centres or Designated Microscopy Centres (DMC) at their clinics/hospitals.

Note: It is important to note that these programmes shall not be clubbed with any other IMA function or programme

Project Organisation and Responsible Bodies

Responsibilities of the IMA National Working Group (TB)

At the IMA Headquarters (HQ), the National Working Group (NWG) will be the policy making body and will constantly monitor and review the implementation of the project. It will submit periodical reports to the CWC and Central Council. It will also submit the necessary reports and accounts to the Government of India and GFATM through the Central TB Division (CTD). The NWG will interact regularly with key partners including CTD, and WHO. The National President and Hon. Secretary General are ex-officio members of the

NWG. All the funds will be received and dispersed by IMA HQ through a separate account for the project being operated by the Secretary General and Finance Secretary as per IMA Rules.

The activities of the NWG would include:

1. To publish a dedicated newsletter which will be circulated to all members of IMA in the project States and to office bearers and central council members of other states. This newsletter will contain academic and administrative information on RNTCP and the project
2. To insert in JIMA every three (3) months an article to sensitize and educate members of IMA on RNTCP
3. To reproduce Information, Education and Communication (IEC) material for IMA members of the project States using communication material available with RNTCP

At the state level, the State Secretary and Treasurer will receive and operate the funds as per the guidelines through a separate bank account for each Unit in a nationalized bank for this project which has NEFT (electronic funds transfer) facilities.

Responsibilities of the Unit Coordinator

Each Unit of a project state will have a Unit Coordinator for the project. The Unit Coordinator will report to the NWG through the State Secretaries. (S)he will coordinate all activities of the project within the Unit. The specific responsibilities of the Unit Coordinators are as follows:

1. To maintain close liaison, and good rapport, with the State TB Officer of the respective State Government
2. To organise the annual Unit workshops (or review meetings) in the respective project Unit
3. To organise the DTP in each district of the Unit
4. To allot CME Programmes to the local branches in the Unit in consultation with the State Secretary as per guidelines of the project
5. To work closely with the NWG and State Secretary to attain the goal and objective of the project
6. To collect all the reports and accounts of the CME programmes through the concerned IMA Technical Consultant and forward them to the State Secretary for onward transmission to IMA HQ. for release of payment
7. To be responsible for all the project expenditures in the Unit and submit accounts along with original bills and vouchers to the State Secretary to be forwarded to IMA HQ for release of payment
8. To maintain the records concerning the Project and the Project Indicators e.g. number of members being enrolled as referral doctors, DOTS centres opened and DMCs formed in each district of the Unit
9. To participate in state RNTCP review meetings at least on a quarterly basis
10. To ensure participation of the Unit in the World TB Day (March 24th) celebrations.

IMA Technical Consultant (PPM-DOTS)

Each project Unit will have a full-time medical officer employed by the IMA as a Technical Consultant for PPM-DOTS. (S)he will function under the respective Unit Coordinator and be responsible for organising branch CMEs/DTPs and State Workshops/Review Meetings. (S)he will also be responsible for coordinating the movement of reports to the Unit Coordinator for prompt action on all such documents and payments.

District Coordinator

The State Secretary and respective Unit Coordinator will nominate a District Coordinator (TB) in each district. The responsibilities of the District Coordinators are as follows:

1. They will coordinate with the local branches in organising the branch level CME programmes in that district
2. They will organise the DTP along with Unit Coordinator
3. They will maintain close liaison and good rapport with the District TB Officer (DTO) and establish close cooperation between the private health care facilities and government machinery in the district
4. They will attend the annual Unit Workshop/Review Meeting along with delegates from the district
5. They will utilise the services of the IMA Technical Consultant and coordinate with RNTCP programme officers
6. They will participate in district RNTCP review meetings at least on a quarterly basis
7. They will ensure participation in World TB Day (24th March) RNTCP activities in the district every year and in other advocacy and awareness programmes organised under RNTCP

Branch CMEs

The Unit Coordinator will allot CME programmes to the branches as per the guidelines with an average attendance of 40 members for each session. The objective of the CME programme is to sensitise the IMA members to RNTCP and to the International Standards of TB Care (ISTC) and to enable them to refer TB suspects and patients to RNTCP. The branch CMEs are to be planned and organised by the IMA Technical Consultants along with the local branches and with the cooperation and assistance of District Coordinators, DTO and the WHO Technical Consultants. The State TB Cell may re-allocate the branch CMEs taking into consideration the strength of the branch.

The Success of the sensitization programme in the branch will be measured by

- The number of sensitized Private Practitioners (PP) who attended the CMEs
- The number of PPs who sign up as referral doctors
- The number of PPs who follow the principles of RNTCP/ISTC in managing TB patients

Structure of Branch CMEs

On an average, one CME on RNTCP and ISTC will be conducted in each IMA local branch every year. However, as some branches are very large, they may host more than one CME each year. At the same time, branches with very few members will be clubbed with larger ones. The structure of project CMEs at local branches is as follows:

1. The CME programme will be of 2 hour duration
2. CME should only be based on the resource material for the same and supplied by IMA HQs./ NWG
3. The IMA Technical Consultant and one of the following should be a resource person at the CME
    a. DTO (the MO-DTC or MO-TC may also be deputed by the DTO)
    b. RNTCP/WHO Consultant for the District (deputed by the DTO/STO)
    c. Any other doctor who has undergone the 2-week RNTCP modular training
4. The District Coordinator should be present at the CME

5. The budget for each branch CME is **Rs. 16,340**, distributed as follows:

Head of expense	Unit amount	Total amount
Boarding and Venue rent	Rs. 250 per participant (42)	10,500/-
Honorarium (Resource Persons)*	Rs. 500 per Resource person (2)	1,000/-
Hiring AV Equipment	Rs. 2000 per meeting	2,000/-
Stationery per participant	Rs. 20 per participant (42)	840/-
Miscellaneous**	Rs. 2000 per meeting	2,000/-
Total Unit Cost (Amt in Rs.)		**16,340/-**

***** RNTCP/WHO and IMA Technical Consultants are not eligible for honorarium

** Includes floral bouquets, mementos, banners and backdrops, photographs/photographer, photocopying, standby generator, local conveyance for organizers; Misc. expenses should be supported by original bills, attested by Branch Secretary, verified by Unit Coordinator and should not exceed allocated budget

6. There will be no payment for traveling expenditure to any of the participants
7. The CME report shall be submitted:
    a. In the proforma enclosed along with a statement of account
    b. With original bills and/or vouchers, photographs of the meeting with evidence of the location and date; details of the event should be written on the reverse
    c. With the Attendance Sheet in original

The IMA Technical Consultants will be responsible for collecting the reports and accounts from the branches within 7 days and submission of the same to the Unit Coordinator for verification and for onward transmission to the State Secretary. The Unit Coordinator will verify and forward the reports to the State Secretary for onward transmission to IMA HQ for release of funds. The payment will be made by State Secretary to the Secretary of the Local Branch on receipt of the same from the IMA HQ. A record of the reports and accounts should be retained by the State Secretary/Unit Coordinator.

IMA Technical Consultants will collect the MoUs of sensitised PPs who have signed RNTCP schemes and submit the same to the DTO under information to the Unit Coordinator. Copies of the MoUs submitted shall be made and kept by the Technical Consultant.

District Training Programme

A district level RNTCP training programme (DTP) will be organised annually in each district for those IMA members and PPs who have been sensitized during the Branch CMEs. Training will be planned and organised by the IMA Technical Consultant along with the District Coordinator, supported by the Unit Coordinator for the Unit

1. The number of participants shall average 20 involving only those engaged in active Private Practice, who have been sensitised in branch CMES, who are managing significant numbers of TB patients and who are willing to establish DOTS Centres or Designated Microscopy Centres at their clinics. Those selected for training should be willing to work with RNTCP and most significantly, should strongly advocate DOTS for their TB suspects and patients.
2. The training is for 6 hours duration. The faculty and training material are as per the existing guidelines for training private practitioners under RNTCP
3. The DTO, RNTCP/WHO and IMA Technical Consultants shall form a part of the faculty for the training programme
4. Different participants shall be trained each year

5. The budget of District training session is **Rs. 24,250** distributed as follows:

Head of expense	Unit amount	Total amount
Travel & Conveyance for participants*	Rs. 500 per participant (22)	11,000/-
Boarding and Venue rent	Rs. 250 per participant (22)	5,500/-
Honorarium (Resource Persons)*	Rs. 500 per Resource person (2)	1,000/-
Hiring AV Equipment	Rs. 2000 per meeting	2,000/-
Stationery per participant	Rs. 125 per participant (22)	2,750/-
Miscellaneous**	Rs. 2000 per meeting	2,000/-
Total Unit Cost (Amt in Rs.)		**24,250/-**

*RNTCP/WHO and IMA Technical Consultants are not eligible for honorarium or TA

**Includes floral bouquets, mementos, banners and backdrops, photographs/photographer, photocopying, standby generator, local conveyance for organizers; Misc. expenses should be supported by original bills, attested by the District Coordinator & verified by Unit Coordinator and should not exceed allocated budget

8. The DTP report shall be submitted in the enclosed proforma along with the following documents in original:
    a. Statement of account
    b. Bills and vouchers in original
    c. Photographs of the meeting with evidence of the location and date; details of the event written on the reverse
    d. Attendance Sheet in original

The IMA Technical Consultant will be responsible to collect these documents and forward them on to the Unit Coordinator who will verify and further forward them to the State Secretary for onward transmission to IMA HQs. for release of balance payment. The payment will be made by State Secretary to the Hon. Secretary of the IMA, Local Branch (host Branch).

The payment for the DTP can be made to the account of the local branch hosting the event. Alternatively, it could be organised directly by the state office through the Unit Coordinator. Payments made by the state office can be made only to the account of the local branch or alternatively handled by the state office itself. Under no circumstances, shall payments be made to individuals in the branch or district.

The success of the DTPs will be measured by:

- The number of participants who were trained
- The number of PPs trained who established DOTS centres or DMCs, or who have signed an RNTCP scheme as a result of the training
- The number of trained PPs who have received accreditation from the DTO/RNTCP, through the issuance of certificates and/or sign boards stating that their clinics were DOTS Centres

Hon. Secretary General
IMA Headquarters and
Project Coordinator at IMA (HQs.)

National Coordinator
IMA Headquarters

Activity Report – Branch CME

(IMA-GFATM-RNTCP-PPM-RCC Project)

Organised by: _____ (Branch)

Unit No.: _____ under State _____

Venue : _____ Date: _____

No. of Participants : _____**(Max.40 delegates+2 Resource persons)**

(No of participants on behalf of whom claim is submitted should match with that in Attendance sheet)

Resource Persons 1. _____

(with designation) 2. _____

Account Statement: Branch CME

S No	Particulars	Budgeted	Actual	Remarks
1	Honorarium for Res. Person* (2)	Rs.1000/-		
2	Audio Visual Equipment	Rs.2000/-		
3	Boarding & Venue Rent 42 x 250	Rs.10,500/-		
4	Stationery for participants 42 x 20	Rs. 840/-		
5	Miscellaneous ** 1. Floral Bouquets 2. Mementoes 3. Banners and Backdrop 4. Photographs/Photographer 5. Photocopying charges 6. Local Conveyance for organisers 7. Standby Generator	Rs.2,000/-		
	Total	**Rs.16,340/-**		

***** RNTCP/WHO and IMA Technical Consultants are not eligible for honorarium

** Miscellaneous expenses should be supported by original bills duly attested by Branch Secretary and verified by State Unit Coordinator and should not exceed allocated budget in any case

Advance Received: _____

Enclosures:

1. Original Bills/Vouchers (Printed, numbered and signed bills)
2. Photographs with evidence of location & date. Details of the event to be written on the back
3. Attendance Sheet proforma of Participants with address, Mobile phone nos., email IDs

	Branch Secretary	Remarks by Unit Coordinator
Name		
Address		
Email		
Mobile		
Date		
Signatures		
Remarks and Signature of State Secretary:		

Activity Report- District Training Programme

(IMA-GFATM-RNTCP-PPM-RCC Project)

Organized by: _____ Branch under _____ District

Unit No.: _____ under State _____

Venue : _____ Date : _____

No. of Participants : _____**(Max.20 delegates + 2 Resource Persons)**
(No of participants on behalf of whom claim is submitted should match with that in Attendance sheet)

Resource Persons 1. _____

(with designation) 2. _____

Account Statement: District Training Programme

S No	Particulars	Budgeted	Actual	Remarks
1	Honorarium for resource person* Rs.500 x 2	Rs. 1,000		
2	Audio Visual Equipment	Rs. 2,000		
3	Boarding and Venue Rent Rs. 250 x 22	Rs. 5,500		
4	Miscellaneous ** 1. Floral Bouquets 2. Mementoes 3. Banners and Backdrop 4. Photographs/Photographer 5. Photocopying charges 6. Local Conveyance for organizers 7. Standby Generator	Rs. 2,000		
5	Stationery for participants Rs. 125 x 22	Rs. 2,750		
6	TA/DA for participants Rs. 500 x 22	Rs. 11,000		
	Total	**Rs. 24,250**		

***** RNTCP/WHO and IMA Technical Consultants are not eligible for honorarium
** Miscellaneous expenses should be supported by original bills duly attested by District Coordinator and verified by Unit Coordinator and should not exceed allocated budget in any case

Advance Received: _____

Enclosures:

1. Original Bills/Vouchers (Printed, numbered and signed bills)
2. Photographs with evidence of location & date. Details of the event to be written on the back
3. Attendance Sheet proforma of Participants with address, Mobile phone nos., email IDs
4. Personal Information Proforma of all the participants and Resource persons.

	District Coordinator	Remarks by Unit Coordinator
Name		
Address		
Email		
Mobile		
Date		
Signatures		
Remarks and Signature of State Secretary:		

INDIAN MEDICAL ASSOCIATION (HQs.)

PERSONAL INFORMATION PROFORMA

Only for use in District Training Programmes & Unit Workshops/ Review meetings

(Kindly complete the Form in Capital letters)

Name : Dr. _____ Speciality _____

(Surname) (First name)

Preferred mailing _____

Address : _____ Pin Code _____

Phone No. : _____ Mobile Number (essential) : _____

Email (essential) : _____

(Signature of Delegate) _____

Tear along dotted line and use for 3 participants

INDIAN MEDICAL ASSOCIATION (HQs.)

PERSONAL INFORMATION PROFORMA

Only for use in District Training Programmes & Unit Workshops/ Review meetings

(Kindly complete the Form in Capital letters)

Name : : Dr. _____ Speciality _____

(Surname) (First name)

Preferred mailing _____

Address : _____ Pin Code _____

Phone No. : _____ Mobile Number (essential) : _____

Email (essential) : _____

(Signature of Delegate) _____

Tear along dotted line and use for 3 participants

INDIAN MEDICAL ASSOCIATION (HQs.)

PERSONAL INFORMATION PROFORMA

Only for use in District Training Programmes & Unit Workshops/ Review meetings

(Kindly complete the Form in Capital letters)

Name : : Dr. _____ Speciality _____

(Surname) (First name)

Preferred mailing _____

Address : _____ Pin Code _____

Phone No. : _____ Mobile Number (essential) : _____

Email (essential) : _____

(Signature of Delegate) _____

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

DOTS- sure cure for TB.

INDIAN MEDICAL ASSOCIATION-GFATM-RNTCP-PPM-RCC PROJECT

T.A. BILL FORM

T.A. BILL FOR ATTENDING (Unit Workshop / Dist.Training Prog./ N.W.G. meeting / _____)

Name Dr. _____
(BLOCK LETTERS)

Travelled from _____ To _____and back to _____

Date of meeting / workshop _____ Venue : _____

Representing _____ Branch under Unit No. _____ of _____State

1. BUS/TRAIN FARE (Onward journey)* _____
   BUS/TRAIN FARE (Return journey)* _____
   Local Conveyance at _____* _____
   Local Conveyance at _____* _____

   OR

2. Taxi : Total K.Ms. _____(max. 300 k.ms.(round trip)) X Rs. 8/-* _____
   TOTAL _____
   Vehicle No. (essential) in case of travel by personal vehicle _____

(Rs. _____)

This is to certify that I am not being paid the fare from any other source and the journey is not covered by free pass. I have traveled by the shortest route.

Received a sum of Rs. _____ for attending the above meeting / workshop / conference.
(in words)

Signature_____

Name _____

Address_____

_____

Date_____ _____

* Original/ Photocopies of document(s) of travel (Tickets / Bills) need to be submitted alongwith this T.A. claim at the time of the Workshop / Conference to facilitate reimbursement

Note:
The following documents are enclosed :

1. Original / Photocopy of the Railway ticket
2. Original Bill / Ticket for Road Travel
3. Jacket / E-ticket and inward boarding pass (essential) in case of Air Travel

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FOR USE OF IMA STATE BRANCH OFFICE ONLY :

Verified and paid Rs. _____(Rupees _____) by Cash** / Cheque No. _____

dt. _____ drawn on _____ Branch of _____ Bank

UNIT COORDINATOR STATE SECRETARY STATE FIN.SECRETARY ACCOUNTANT

** - Cash T.A. payment admissible for Dist. Training participants only

Attendance Sheet – Branch CME

(IMA-GFATM-RNTCP-PPM-RCC Project)

Unit No. _____ of _____ State Branch, IMA

Organised by: _____ Branch **Date _____**

S.N0.	Name (in capital letters)	Mobile No.	Email	Signatures

_____
Branch Secretary

_____
Technical Consultant

Attendance Sheet – District Training Programme

(IMA-GFATM-RNTCP-PPM-RCC Project)

Unit No. _____ of _____ State Branch, IMA

Organized by: _____Branch under _____ District Date _____

S.N0.	Name (in capital letters)	Mobile No.	Email	Signatures

_____
District Coordinator

_____
Technical Consultant

PART "B" of INSTRUCTION MANUAL FOR IMA-GFATM-RNTCP-PPM-RCC PROJECT

(For Use of State Officials under the Project)

The State TB Cell will consist of:

- State President - Chairperson
- State Secretary – Convener
- NWG Member(s) assigned
- Unit Coordinators (TB)
- State TB Officer will be a permanent invitee
- IMA and RNTCP/WHO Technical Consultants will be invitees
- IMA District Coordinators (only in States having single Unit)

Unit TB Cell (for States having more than one Unit)

States having more than 1 Unit will, in addition to the State TB Cell, have a Unit TB Cell

- State President - Chairperson
- State Secretary
- Unit Coordinator - Convenor
- NWG Member assigned
- IMA District Coordinators
- State TB Officer will be a permanent invitee
- IMA and RNTCP/WHO Technical Consultants will be invitees

The NWG member(s) will advise the State TB Cell on behalf of Headquarters.

State/Unit TB Cell meeting

Frequency of meeting:- At least three (3) times in a year. The convener will inform IMA HQ well in advance about the date, time and venue of the meetings to be held. The HQs. may depute an NWG member to attend the meeting.

Finances of the State/Unit TB Cell

Funds will be received by the State Secretary and will be operated through a separate account for each Unit in a Nationalized Bank with a Multi City Cheque Facility. It will be operated by the State Secretary and State Finance Secretary as per IMA Rules. The accounts along with original bills are to be submitted to IMA headquarters by 7th of the following month.

All Project accounts are to be maintained by the State, for each Unit separately by the State Secretary and Finance Secretary.

Reports

The State TB Cell is required to submit:-

1. A quarterly report on the activities latest by the 15th day of the month following each quarter (15th July, 15th October, 15th January and 15th April of each year)
2. A quarterly Statement of Expenditure (SoE)
3. Audited statement of State Accounts every half year for expenditure on CMEs/DTPs/State and Unit offices expenditure

4. The State IMA is expected to maintain the following accounts books:-
   a. Ledger for each Unit separately for CMEs/DTPs/State Workshops/Unit Staff/Unit Travel/Unit Office Expenditure
   b. Ledger for State Office /Travel Expenditure

The Annual Unit Work Shop/Review Meetings

1. A one (1) day Workshop/Review Meeting will be organised annually in each Unit of the project by the Unit Coordinator, preferably in July or August
2. The State TB Officer, DTOs and RNTCP/WHO consultants are to be involved while organising the workshops
3. IMA participants will include all the District Coordinators. Other IMA participants from the districts shall be proportionate to the strength of IMA Members in that district
4. The State TB Cell members and NWG member(s) will participate in the workshops along with 4 resource persons
5. Participant Details
   a. IMA State TB Cell including consultants : 10
   b. IMA Participants from districts : 80
   c. STO, DTOs, RNTCP/WHO Consultants : 10
   d. Resource Persons : 4
6. The State TB Officer, all DTOs and RNTCP/WHO Technical Consultants are to be invited. Their travel expenses are not covered from this project. However, only Government officers will be offered complimentary accommodation under this budget. WHO/RNTCP Technical Consultants shall bear their own accommodation charges.
7. The Budget for each workshop is **Rs. 6,16,800/-**, distributed as follows:

Head of expense	Unit Amount	Total amount
Travel* & Conveyance (104)	Rs. 3000 per participant and Resource person	3,12,000/-
Boarding & Lodging and Venue rent (104)	Rs. 2500 per participant and Resource person	2,60,000/-
Hiring Audio Visual Equipment	Rs. 4000 per meeting	4,000/-
Stationery per participant (104)	Rs. 200 per participant and Resource person	20,800/-
Miscellaneous**	Rs. 20000 per meeting	20,000/-
Total Unit Cost (Amt in Rs.)		**6,16,800/-**

* Participants will be eligible for actual train fare or road travel costs not exceeding 2 A/C train fare. Originals of train tickets/bus tickets should be submitted along with TA forms. However, participants may travel by taxi or own car if the distance is within 300 km (round trip) and submit the taxi bill (not exceeding Rs.8.00 per km) along with the TA Form. Members using own car should certify along with car Registration No.

** Miscellaneous expenses should be supported by original bills duly verified by State Unit Coordinator and attested by the State Secretary and should not exceed allocated budget in any case

All expenditures (barring misc. expenditure), including travel, should be made by a/c payee cheques only.

Outcome of the Workshop

In the first year the outcome of the workshop would be to:

1. Motivate, educate and give direction to IMA branch leaders about RNTCP
2. Identify district level Resource Persons
3. Develop district wise action plans with timelines
4. Develop rapport and good working relationships between government functionaries and district IMA leaders

In subsequent years the annual review meetings in each Unit will be used to:

1. Review the progress of the project, outline barriers and identify solutions
2. Provide mid-course correction
3. Update IMA leaders on RNTCP & DOTS

The Unit Coordinators will routinely submit a report on each Unit Workshop/Review Meeting within a week after the end of the workshop to IMA Headquarters. This should include:

1. Written descriptive report with statement of account.
2. TA bills of participants with original tickets and personal information proformas
3. Original bills of venue, accommodation, refreshments, audio visual equipment, etc.
4. Photographs of the workshop, some having evidence of the date and venue with details on reverse
5. Attendance sheet of the participants bearing essentially their individual names, mobile nos., email addresses and signatures.

The disbursement of funds will be made by the State Secretary and could be through the host local branch or directly by the State Office, but not through any individual.

The State office bearers and Unit Coordinators are expected to work together for the success of the programme and organise all the events in the state. However, in extreme circumstances, where for various reasons (financial, political or otherwise), the functioning of the State/District TB Cell is impaired, the Secretary General of IMA would intervene and organise the programme in the local, district or State levels directly through the NWG. The decision of the Hon. Secretary General in this matter is final and binding on all. This would be an extreme step taken by the Secretary General to facilitate the success of the project and in view of the accountability and answerability of IMA HQs to partners like the Government of India, GFATM, WHO etc. and also to ensure the credibility of IMA with National & International bodies.

Unit TB Cell

The Unit TB Cell will be provided with the following technical and administrative machinery.

A. An IMA Technical Consultant for each Unit who is a medical graduate and will be recruited under NWG guidelines with an annual renewable contract

1. They will be provided with a computer each. This will be the property of IMA and is to be used solely for the purpose of the project and returned in working order at the end of the individual's contract or, of the project, whichever is earlier. The annual maintenance contract of computers and insurance will be paid by IMA
2. The IMA Technical Consultants are expected to travel extensively to help in planning and organising the State Workshops, branch CME's and DTPs. They should also expend considerable effort and time to meet with individual PPs to:
    i. Encourage PPs to participate in CMEs
    ii. Identify from among those who have been sensitised, PPs who are suitable for training
    iii. Facilitate the recognition, as DOTS Centres, of PPs who have been trained
    iv. Mentor PPs who have been trained, trouble shooting issues with district RNTCP officials and ensuring continued compliance with RNTCP/ISTC
3. The consultants should submit their advance tour programme (ATP) to the Unit Coordinator and to Project Director by the 1st of each month. They should also maintain a log book of their work and travel and report this to the Unit Coordinator and to the Project Director by the 7th of each (following) month
4. The primary responsibility of IMA Technical Consultants is to enroll IMA members into the existing schemes of RNTCP and keep records. They shall also assist the Unit Coordinators in preparing reports and maintaining project accounts
5. Consultants will be eligible for reimbursement of expenses on the basis of actuals, subject to an overall monthly limit (or prorated annual limit) on submission of original bills. Their eligibility details are as follows:
    i. Per Diem of Rs.500/- per day for outstation overnight stay
    ii. IMA Guest House or hotel stay (where necessary) not exceeding Rs.1,000/- per day
    iii. Telephone and communication expenses as per actual
    iv. Travel and conveyance expenses as per actuals, subject to submission of all relevant documents in original
    v. Personal accident Insurance policy at the beginning of each year of contract
    vi. These expenses for each consultant, when compiled, will not exceed the allotted maximum limit as mentioned in their letters of appointment. The consultant will submit the bills to the respective Unit Coordinator, who after scrutiny will forward them to IMA HQ for reimbursement on a monthly basis

B. Each Unit TB Cell will be provided an amount of Rs. 6,000 per month for Secretarial Assistant cum Accountant for use of the Project only on reimbursement basis

C. Each Unit TB Cell will also be allowed expenditure of Rs. 3,500 per month for telephone, stationery, postage and miscellaneous expenses on production of actual bills

D. The Unit TB Cell members traveling within the Unit for this project are eligible for reimbursement of travel expenditure as per above rules (state workshop guidelines). The total expenditure for communication and travel of the State TB Cell members should not exceed Rs.5,000 per month for each Unit

E. The State Branch, IMA is eligible for reimbursement up to an amount of Rs.6,000/- per month for Travel, Communication, conveyance, etc. of the State TB cell for the project work

Annual Targets for each Unit

These targets feed into the overall project indicators which are submitted to CTD by IMA HQ on a quarterly basis

1. No. of Unit Workshops (or Review Meetings) each year - 1
2. No of PPs reached through branch CME - 40 multiplied by the number of IMA local branches in that Unit
3. No of PPs trained in DOTS using the RNTCP Training Module for Medical Practitioners - 20 multiplied by the number of districts in the Unit
4. Further, an evaluation of the increase in the number of PPs involved in PPM-DOTS, will be done in each Unit ever year
5. The number of TB suspects referred by PPs to RNTCP microscopy centres and the number of diagnosed TB patients receiving DOT from PPs, will also be evaluated

Hon. Secretary General
IMA Headquarters and
Project Coordinator at IMA (HQs.)

National Coordinator
IMA Headquarters

Activity Report – Unit Workshop / Review meeting

(IMA-GFATM-RNTCP-PPM-RCC Project)

Unit No.: _____ under State _____

Venue : _____ Date : _____

No. of Participants : _____**(Max. 100 delegates + 4 Resource Persons)**

(No of participants on behalf of whom claim is submitted should match with that in Attendance sheet)

Faculty Members : 1. _____

(with designation) 2. _____

3. _____

4. _____

Account Statement: Unit Workshop / Review meeting

S.No.	Particulars	Budgeted	Actual	Remarks
1	Travel & Conveyance @ Rs. 3000 per participant (104)	3,12,000/-		
2	Boarding & Lodging and Venue rent @ Rs. 2500 per participant (104)	2,60,000/-		
3	Hiring Audio Visual Equipment	4,000/-		
4	Stationery per participant (104)	20,800/-		
5	Misc. per meeting* 1. Floral Bouquets 2. Mementoes 3. Banners and Backdrop 4. Photographs/Photographer 5. Photocopying charges 6. Local Conveyance for organizers 7. Standby Generator	20,000/-		
	Total	**Rs. 6,16,800/-**		

* Miscellaneous expenses should be supported by original bills duly attested by Unit Coordinator and verified by State Secretary and should not exceed allocated budget in any case.

Advance Received: _____

Enclosures:

1. Original Bills/Vouchers (Printed, numbered and signed bills)
2. Photographs with evidence of location & date. Details of the event to be written on the back
3. Attendance Sheet proforma of Participants with address, Mobile phone nos., email IDs
4. Personal Information Proformas of participants and Resource persons

	Unit Coordinator	Remarks by State Secretary
Name		
Address		
Email		
Mobile		
Date		
Signatures		
Remarks and Signature of NWG member:		