The Revised National Tuberculosis Program (RNTCP) works through a multi-tiered structure to make tuberculosis (TB) services accessible throughout India. To achieve RNTCP’s goal of universal access to TB diagnosis, care, and treatment, human resources must be used as efficiently as possible.

**Implementaion**

**Phase 1: Preliminary workload review**

With PATH support, project partner Initiatives Inc. designed and conducted a rapid workload assessment of five contractual staff cadres employed by RNTCP in the states of Andhra Pradesh, Rajasthan, and Gujarat. The assessment found that while certain cadres were overextended, such as senior treatment supervisors (STS) who could not effectively serve the required population of 500,000, other cadres were underutilized. The latter included TB laboratory supervisors and data entry operators, who had the capacity to take on additional tasks.

The Central TB Division (CTD) used the assessment findings to rationalize revised staffing requirements in its new five-year strategic plan and to obtain agreement for budgets to expand the workforce. The plan includes an increased number of STSs to be allocated at the block-level (roughly a population of 250,000).

**Phase 2: Rapid assessment of RNTCP integration and workload implications of universal access**

Phase 2 had two key purposes: to assess opportunities and constraints to further integration of RNTCP with the general health system, and to identify the human resources implications of expanding TB services to achieve universal access. The assessment was carried out in five districts in the states of Karnataka, Haryana, West Bengal, Assam, and Himachal Pradesh.

The assessment found capacity to integrate the RNTCP structure accordingly:

- **District Program Management Units (DPMUs)** established through the National Rural Health Mission have appropriately skilled staff to take on RNTCP administrative tasks related to financial management, human resource contracting, and procurement, which would free district TB officers to spend more time on technical oversight.
- **Block medical officers** could take on selected RNTCP management tasks, including reporting, primary health care supervision, and staff supervision, but cannot provide substantial TB technical support to individuals or follow up on problem cases.
- **Lab technicians** could carry out RNTCP diagnostics and assist with other routine diagnostics.
Other key findings included:

- Achieving universal access for basic TB services would require less than 20 minutes per day per medical officer. A complete assessment of provider workload would be required to determine if this time is available. The data do not account for the additional time MDR-TB services might add to a clinician’s workload.
- Directly Observed Therapy (DOT) requires a provider time investment of 12 minutes per patient contact; a primary health center would require one provider offering DOT services for at least 90 minutes per day to achieve universal access.

With the findings from the Phase 1 and Phase 2 assessments, RNTCP decided to test a system to better integrate RNTCP with the general health system.

**Phase 3: Pilot implementation of an integrated model for TB program administration, management, and supervision**

With PATH support, Initiatives Inc. implemented a four-month pilot that put integration activities to the test in four districts in the states of Haryana, West Bengal, Karnataka, and Himachal Pradesh. Activities included revised job descriptions and tasks lists, systems for managing RNTCP administration and program management at the district and block levels, and decentralization of TB supervision to the block level. With the participation of State and District TB Officers as well as Chief Medical Officers from the general health system, PATH partner Initiatives Inc. oriented state and district staff to revised tasks and the new processes required to transition financial management, HR contracting, and procurement from RNTCP to DPMUs.

**Other human resources support**

In addition, the project supported improvements in HR training. PATH and Initiatives Inc. provided facilitative support for the development of a video-based orientation module for Block Medical Officers (BMOs), a resource of particular importance as RNTCP expands TB management and supervision to the block level.

**RESULTS**

The project identified clear human resources evidence to facilitate planning at the national level. This evidence was used to:

- Establish and test a model for improving RNTCP integration with the general health system.
- Create integration guidelines and case studies to help RNTCP manage the scale-up of the integration process.
- Produce model job descriptions and task lists to facilitate the strengthening of job design in RNTCP and develop and test a model performance review process.

**LESSONS LEARNED/WAY FORWARD**

Elements of the pilot program experienced variable success, and the overarching recommendation was that CTD continue the pilot for 12 months to give districts and blocks adequate time to adopt systems and address issues.

In the short pilot initiation phase, some important lessons were learned. Decentralization of STSs to the block level worked well, with STSs reporting increased time for PHI and patient visits and some STSs increasing their public–private mix and advocacy, communication, and social mobilization activities. Where BMOs took on RNTCP supervision, STSs felt more empowered and medical officers started talking more seriously about TB control. However, BMOs also noted a lack of time to perform RNTCP supervision and few were able to conduct supervision to RNTCP standards.

Task shifting to the DPMUs had variable success. In Karnataka, the state and district officials agreed not to shift administrative tasks. In West Bengal, on the other hand, the DPMU took on administrative management and identified and rectified errors in tax filing. Other states also made the shift, but significant delays in procurements were observed. The performance appraisal tool was suitable, but there were inequities in how it is applied and concerns that the process could be manipulated; these need to be addressed before RNTCP moves forward with performance review.