National Guidelines for

Community referral & follow up of TB patients through the engagement of Lady Health Workers in Pakistan

National TB Control Program Pakistan

2022

Message by National Coordinator,

Ministry of National Health Services, Regulations & Coordination

National TB Control Program, working under the Ministry of National Health Services, Regulations and Coordination, Government of Pakistan adapts and implements World Health Organization recommended 'The End TB Strategy' for effective control of TB in Pakistan. The program envisages a TB free Pakistan by year 2035. One of the key steps in this regard is community referrals of presumptive TB cases, implemented through Lady Health Workers (LHWs).

The Government of Pakistan created the post of LHW in 1994 to address growing inequalities between urban and rural areas in accessing health care. LHWs are recruited and trained to provide essential community-based primary health care services in urban slum and rural areas. However, despite TB being part of the LHWs' training and job description, operational research revealed that there was a general tendency to focus on poliomyelitis (polio), immunizations, family planning and mother and child health, and that TB was not being prioritized. Traditionally the contribution of LHWs to TB notification has historically been low. In order to address this important gap, development of national guidelines on community referrals was undertaken.

I am pleased to acknowledge our private partner Mercy Corps, for providing documents related to their pilot project on community referrals. I also acknowledge the efforts made by by members of CMU team and all stakeholders from National / Provincial / Regional TB Control Programs and Private partners for their efforts and contribution in the development of these guidelines.

Mr. Muhammad Bashir Khetran

National Coordinator, CMU, NHSR&C

Message by Deputy National Coordinator (TB),

Ministry of National Health Services, Regulations & Coordination

Pakistan ranks fifth amongst 30 high-burden countries worldwide for Tuberculosis. As per WHO Global TB Report 2021, Pakistan has an estimated incidence of 259 / 100,000 population, thus around 570,000 new TB cases emerging every year.

Given the size of the TB epidemic in Pakistan, and the large number of people left without diagnosis and treatment in the poorest communities, there was a need to find strategies to harness the full potential of LHWs to increase community-based TB notification and bring services closer to affected individuals and households. Pilot projects were conducted in this regard which revealed that communities lack access to TB services, owing to various factors including stigma, a lack of decision-making power among women and the long distances between communities and health facilities. These gaps could only be addressed through community referrals, for which development of national guidelines was considered most important initial step.

I hope that these guidelines will not only ensure uniform implementation of community referrals but also provide opportunity for development of various case studies.

I would like to extend my gratitude to CMU/PTP/RTP teams, stakeholders from private sector and development partners for their meaningful contribution in the development of a comprehensive document.

Dr. Abdul Wali Khan

Deputy National Coordinator TB

Ministry of NHSR&C, Islamabad

Abbreviations / Acronyms

Abbreviation	Full Form
BHU	Basic Health Unit
BMU	Basic Management Unit
CHW	Community Health Worker
CMU	Common Management Unit
CSG	Community Support Group
DHIS2	District Health Information System 2
DTC	District TB Coordinator
DOTS	Directly Observed Treatment (short course)
DR TB	Drug Resistant TB
DS TB	Drug Susceptible TB
GB	Gilgit Baltistan
GF	Global Fund
GP	General Practitioner
HIV	Human Immunodeficiency Syndrome
ICT	Islamabad Capital Territory
IEC	Information, Education & Communication
INH	Isoniazid
IPC	Interpersonal Communication
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
LHS	Lady Health Supervisor
MC	Mercy Corps
M&E	Monitoring and Evaluation
MDR-TB	Multi-drug Resistant Tuberculosis
MoNHSR&C	Ministry of National Health Services Regulations & Coordination
NGOs	Non-government Organizations
NRL	National Reference Laboratory
NTP	National Tuberculosis Control Program
PHC	Primary healthcare
PTB	Pulmonary TB
PPM	Public Private Mix
PRL	Provincial Reference Laboratory
PTP	Provincial Tuberculosis Control Program
RHC	Rural Health Centre
RR-TB	Rifampicin-resistant TB
SR	Sub Recipient
TB	Tuberculosis
THQ	Tehsil Headquarter Hospital
VHC	Village Health Committee

Contents

Introduction

TB is one of the major public health problems in Pakistan, with the country ranking fifth among TB high-burden countries worldwide. The WHO-recommended DOTS strategy was piloted in 1995 in Pakistan.

National TB Control Program (NTP), along with the counterpart provincial/regional TB control programs has treated nearly 4 million people with quality assured drugs since its revival while maintaining the treatment success rate of more than 90%. The program has progressed exponentially in terms of performance since its inception till 2015. However, TB Control Program in Pakistan witnessed a gradual decline since 2016 regarding outcome and impact as envisaged in National /Provincial Strategic Plans (NSPs/PSPs) and the Global Fund Performance framework due to a lot of factors. Although steady progress has been made to improve case detection, TB continues to be a major public health problem.

Every year an estimated 573,000 TB patients develop TB in Pakistan. However less than 50% are notified and enrolled in National TB Control Program. There is a dire need to improve TB case notification. The NTP, working under the Ministry of National Health Services Regulations and Coordination (MoNHSR&C), Government of Pakistan implements community referrals through the engagement of lady health workers. The main aim is to enable LHWs to refer presumptive TB cases and refer them to a nearby healthcare facility. It will lead to enhanced TB cases notification by the program.

The document is a concise effort to enable National TB control program for programmatic implementation of enhanced and systematic community referrals through effective engagement of Lady Health Workers.

Chapter 1: Overview of the project

NTP has involved LHWs to improve TB case notification.

Project Strategies

Following are the strategies of LHWs involvement

- Strategy 1: *Engagement of LHW Program with National TB Control Program*
- Strategy 2: Capacity building of LHWs
- Strategy 3: Identification & referral of presumptive TB cases
- Strategy 4: Raising Awareness

***Strategy 1:* Engagement of LHW Program with National TB Control Program**

Engagement of LHW Program with National TB Control Program at National, Provincial, Regional and district level. Coordinated efforts between the two programs are necessary for TB control in Pakistan. Existing role and responsibilities of LHWs will be considered to ensure better involvement of LHWs. Referral system will also be developed keeping in viewing organizational structure of both the programs. Following are some activities in this regard:

- Notification of national and provincial committee and their meetings
- Quarterly review of the project
- Dissemination of results on project completion

Strategy 2: Capacity building of LHWs

Capacity building of LHWs on identification, referral and follow up of TB presumptive cases. LHWs and members of village health committee will be trained in specific areas. National TB control program will develop training module / desk guide. 1-day trainings will be conducted. These activities will be monitored monthly / quarterly. LHWs will be provided with directory of public and private healthcare units, where LHWs can easily refer presumptive TB cases to nearby facility.

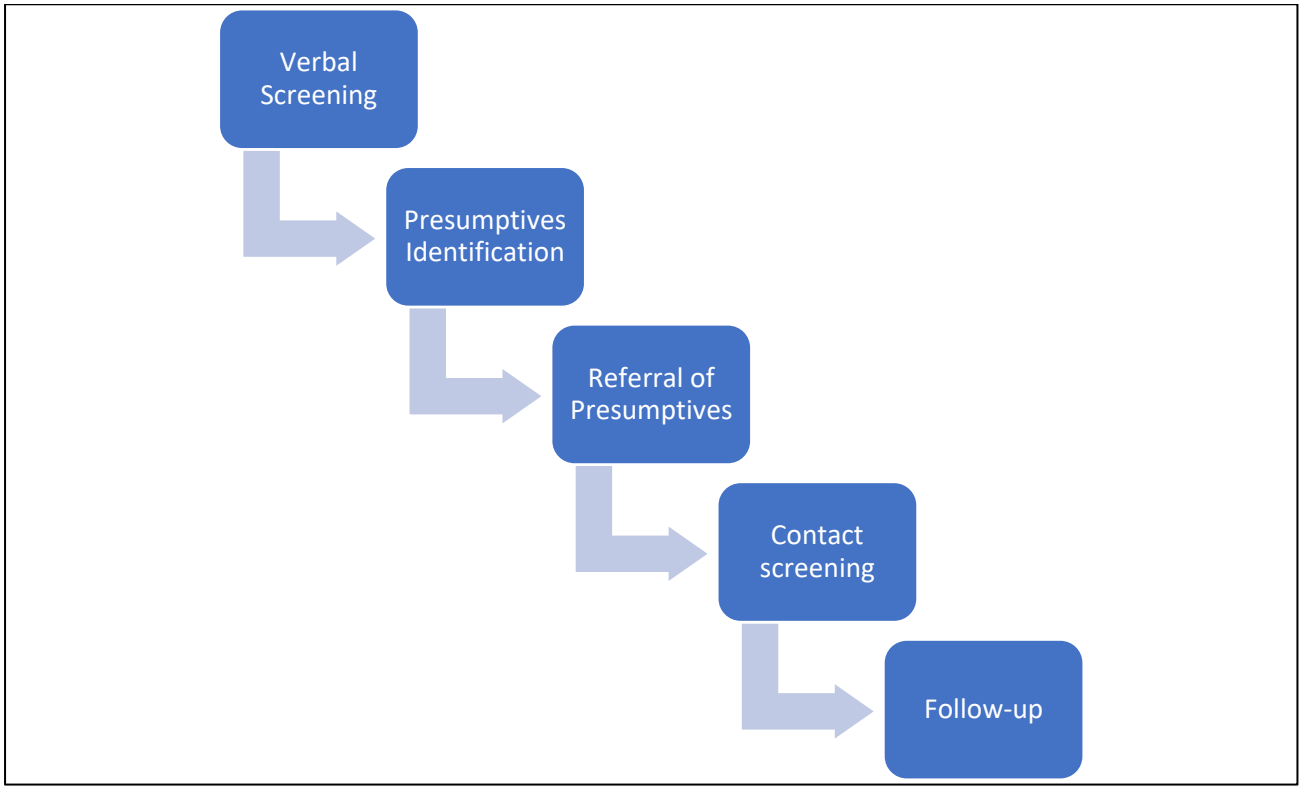
Strategy 3: Identification & referral of presumptive TB cases

This is the core strategy of the project. LHWs will identify presumptive cases and refer them to nearby facilities, where doctor will diagnose TB cases. Besides LHWs will also play their role in follow up of patients and contact screening. This strategy will ultimately lead to increase in TB case notification. LHWs in their existing working responsibilities will identify TB presumptives through verbal screening during their routine household visits.

Strategy 4: Raising Awareness

This activity will indirectly contribute toward increase in TB case notification. This activity will be carried out in parallel during routine household visits of LHWs. Besides awareness during routine household visits, other modalities of mass awareness will also be adopted. This strategy will increase acceptability (in general public) of all services of TB control program with special emphasis on relatively ignored areas such as preventive TB treatment.

Processes Involved



1. **Verbal screening:** Verbal screening by LHWs during household visits
2. **Presumptives Identification:** Identification of persons with TB signs and symptoms
3. **Referral of Presumptives:** Referral of presumptive cases to nearest public or private health facility for diagnosis or sputum transportation where required
4. **Contact Screening:** Contact screening of all household members of registered persons with TB during household visits
5. **Follow-up:** Follow-up of registered persons with TB to ensure treatment adherence

Expected Outcomes

1. The project will help in bridging the gap between the LHW program and the Provincial TB Control Program and in strengthening the relationship between the two programs both at the provincial and district levels.
2. The project will help in mobilizing LHWs for TB prevention and care, during their regular interaction with communities.

3. The project will demonstrate that TB screening, follow up and treatment support can be streamlined in LHWs routine work without causing additional work burden on them, and can help in improving referrals and TB case notification.
4. The project will demonstrate that strengthening the capacity of LHWs, coupled with supportive supervision, can help increase the TB notification and ultimately improve health outcomes.
5. Verbal screening provide LHWs an opportunity to individually talk to each household member, which helped than in identifying people with signs or symptoms of TB who might otherwise be missed.
6. Engagement of LHWs can result in early diagnosis of TB cases.

Chapter 2: Project design, important activities & outcomes

National, provincial and district TB control program will take care of effective engagement of LHWs in TB control activities.

Table 1: Activities and expected outcomes in the project

Level	Activities	Outcomes
Community	1. Awareness through community support groups and village health committees 2. Verbal screening during routine household visits 3. Contact screening of confirmed TB patients during routine / special household visits 4. Establishment of effective referral mechanisms 5. Treatment support to registered TB patients	1. Improvement in referral of presumptive TB cases 2. Improvement in TB case notification rate 3. Improvement in treatment adherence and treatment outcomes
District	1. Training of LHS, LHWs and members of Village Health committees 2. Rapport building with staff of public and private BMUs in the district	
Provincial	1. Establishment of provincial committees and ensuring their review meetings 2. Development, updating and timely provision of facilities directory 3. Monitoring & evaluation	
National	1. Establishment of national committees and ensuring their review meetings 2. Updates in policy 3. Development of guidelines, training manuals, desk guides and other tools 4. Monitoring and evaluation	

Important Activities and their key deliverables

Coordination committees

Project / Inter-program committees will be established at provincial and national level. The committee at respective level will include members of Health Department, LHW program, national / provincial TB control program staff and representatives from partner organization.

Coordination / review Meetings

Project / Inter-program committees at provincial / national level will conduct quarterly review meetings. In these meetings, the committee will perform following functions:

- Review progress of the project
  - No. of referrals by LHWs
  - No. of contact screenings by LHWs

    - Case notification rate attributed to referrals by LHWs
    - Loss to follow up and loss to follow up prevented (because of follow up services of treatment adherence by LHWs)
- Give recommendations regarding
    - Better implementation
    - Trainings & capacity needs
    - Any change in role of LHWs
    - Functioning of referral system
    - Re-programming (if needed)

On the other hand, LHSs will also conduct coordination meetings with their LHWs as per their existing review meetings mechanism. In those meetings, LHSs will review & approve monthly / quarterly plan of LHWs. Similar strategy will be for coordination between LHSs and their regional / provincial coordinators; and their monthly / quarterly plan will be reviewed / approved. Representatives of LHWs program will also be invited in intra and inter district meetings. In those meetings, loss to follow up will be given special considerations. Meeting minutes as key deliverable will be recorded and shared at the concerned levels.

Development of key documents

Key documents will be developed mainly at national level and distributed as per need. It will contain the following documents:

- Implementation / operational strategy
- Desk guides
- Recording & reporting (including referral) documents

Trainings of LHWs

Trainings of LHWs will be directed at:

- Verbal screening
- Identification of tb presumptives
- Referral of tb presumptives to nearby facility
- Contact screening
- Follow up of registered tb patients (including treatment adherence)
- Infection control measures (especially when approaching MDR cases)
- Counselling techniques
- Methods to ensure patient confidentiality

Trainings will be conducted at following levels:

- Training of master trainers including LHSs
- Training of LHWs
- On-job trainings and other support to LHWs by project staff, DTC, LHS and District Coordinators during weekly / monthly / quarterly supervisory visits.

Establishment of health facilities directory

It will play central role in the referral mechanism. Directory will be developed at district, provincial and national level to facilitate LHWs in identification of facility which best suits referral needs of the patients. The directory will contain information of both public sector and private sector BMUs. At lower levels, the directory will also contain contact numbers, so that LHWs can take follow up of their referred cases.

Establishment of well-functioning referral system

A basic framework for referral mechanism will be developed by national TB control program, which can be amended as per local / special needs. The referral system will ensure following functions:

- Each presumptive case identified by LHWs is effectively tested and registered (if found positive)
- An LHW, who has referred her patient should be able to trace follow up of her patient. LHW will be maintaining a treatment / referral register, whose prime purpose will be to trace / follow referred patients.
- Patients diagnosed directly in health facilities should be able to access LHW in their area (if they want to).
- LHWs / LHSs should be aware of newly diagnosed patients in their area; so that they can follow treatment adherence and ensure contact tracing.
- Channels of communication will be established in such a way, that supervisors (LHSs and Coordinators) at respective level are involved if referred facility is much farther away.
- Referral documents allow easy to understand flow of information.
- Ensure patient confidentiality to the best level possible (by limiting referral documents to contain minimally necessary information), while achieving the above-mentioned functions

In order to strengthen the referral system, special emphasis will also be given during coordination meetings, and separate meetings between LHWs and healthcare facility staff may also be conducted. Referral mechanism will not be limited to drug sensitive TB but will also include DR-TB and TB-HIV.

Work plan

Each LHW will develop her monthly plan which will be approved from respective LHS. Each LHS will develop her monthly / quarterly plan, which will be approved by regional / provincial coordinator. All quarterly plans will be submitted during intra and inter district meetings. Provincial coordinators will submit and review their plans during inter provincial meetings.

Chapter 3: Responsibilities of LHWs

LHWs are central part of this project. They will hold various responsibilities.

Conducting community level meetings

These meetings will be conducted with CSG (Community Support Groups) or VHC (Village Health Committees). During these meetings, LHW will ensure awareness about TB along with awareness about other health problems (as per their routine mechanisms). Special emphasis will be given on following areas:

- TB is curable disease
- Free of cost TB diagnosis and treatment services are available at most of the public and designated private healthcare facilities
- Importance of treatment completion
- Common signs & symptoms of TB
- Prompt referral upon appearance of signs & symptoms
- Identification of presumptive TB cases
- Referral of presumptive TB cases
- Contact screening of contacts of confirmed TB cases

Routine Household visits

During routine household visits, LHW will ensure following activities:

- Verbal screening (through verbal screening tool) of all household members
- If there is a TB patient in a house, she will ensure:
    - Education of all household members about:
        - Hygiene and infection safety
        - Infection prevention measures
        - Signs & symptoms of TB
        - Prompt referral upon appearance of signs & symptoms
        - Importance of treatment completion
    - Contact screening of household members. If some household members are not available at the time of visit; she will note it down. She will conduct contact screening at the time of arrival of the missed contact or upon next planned household visit.
    - Referral of patient to facility convenient for the patient (mostly nearby)
    - Compliance to treatment
    - Compliance to sputum testing at fixed intervals

Record Keeping

LHW will keep all the project record. Record keeping documents include:

- Verbal screening form
    - The form will be used during monthly household visits by LHWs. Single form will be used for each visit. All form fields will be filled including date of visit, family number,

village, district, address, name of LHW, registration no. of health facility, and date of registration.
    - If no one is present during the visit, then separate form will be used for entering information of those specific individuals. This form will help in identification of missed individuals.
- Contact screening form
    - This form will be used for screening of contacts of confirmed positive cases (whose bacteriological status is positive). All form field will be filled just like that of verbal screening form.
    - Details of all households of the index case will be entered including name, age, and gender. If someone is positive for TB symptoms, then it will be marked with a "Tick". If he/she is presumptive TB, then "Y" will be written in next column, else "N" will be written. LHW will also mention name of health facility, where the presumptive case will be probably referred. Any additional information will be entered in "Remarks" column.
- Referral slip
    - It is used for the referral of presumptive TB cases to another health facility.
    - The Green and Yellow slips will be given to the presumptive TB case, while the pink slip will be kept by the LHW.
    - While filling referral slip, the following information will be specifically entered:
        - Mention "LHW Component" on the referral slip
        - Complete address of referred presumptive case
- Monthly report
    - It will be used for reporting of routine work of LHW
    - It will contain the following information
        - Record of all presumptive cases referred to a healthcare facility
        - Record of all TB patients registered for TB treatment
        - Record of all patients who have visited health facility for follow up
        - Record of all TB patients who have completed their treatment
        - Record of household members of index TB case
        - Record of CSGs
        - Record of VHCs
        - Monthly report will be submitted to LHS during monthly coordination meetings
- Treatment Register
    - Record of all presumptive cases, TB diagnosed cases, and counselled cases.
    - The record will be maintained in the form of name, age, and gender
    - The register will contain following information
        - No. of presumptive TB cases
        - No. of registered TB cases
        - No. of those patients who are given treatment support

Chapter 4: Coordination among LHS, LHWs and project staff

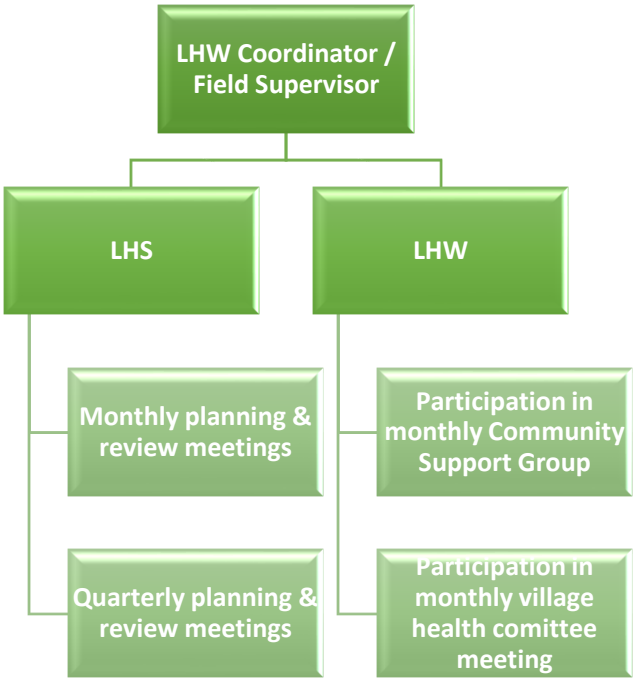
Reporting of LHS and LHW

This reporting will contain verbally screened individuals, presumptive TB cases and referred cases. LHS will also provide all the filled and referral slips to field supervisor. Field supervisor will verify the submitted referral slips with those present in health facility.

Patients referred through LHW will also be verified. LHW will submit her monthly performance report to LHS. This report is the same one, which is submitted to LHS in the routine system. LHW will make sure, that information of referred cases is correctly entered. Besides, information of TB patients and those undergoing treatment should also be correct.

LHW will submit verbal screening forms and referral slip along with monthly report. LHS will submit her monthly report to field supervisor. The monthly report has to be submitted in first week of every month. DTC will verify the submitted slips along with LHS. Payments will be made based on verified reports.

In every district, LHWs will work as community mobilizers, who will work under supervision of LHSs. The LHSs will work under supervision of LHW Coordinator.



Chapter 5: Payment mechanism to LHS and LHW

During quarterly meeting, LHW will be paid based on submitted and verified figures. Payment will be done either through transfer to a bank account or through transfer to microfinance account (e.g., easy paisa, etc.).

LHW will be paid according to TB03. If patient is lost-to-follow up, then payment will not be done. However, if treatment is stopped due to some reason or the death of a patient occurs, then complete payments will be made. For those cases, whose diagnosis couldn't be diagnosed, then payment will be done after verification from the record of the health facility.

LHS will be paid based on supervisory visits to LHW's CSG, VHC, or household visits. Payments will be done after the submission of monthly reports during quarterly review meetings with the field supervisor. Payment will be done either through transfer to a bank account or through transfer to a microfinance account (e.g., easy paisa, etc.).

Annexures

Annex – A: Information about TB

- TB is a curable disease.
- Cough for more than 2 weeks, blood in the sputum, weight loss, fatigue, fever, and night sweats are symptoms of TB.
- TB doesn't spread with touching, hugging, hand shaking, and eating food with TB patients.
- Covering face during coughing and sneezing prevents spread of TB.
- Spreading information about TB is your ethical responsibility
- TB diagnosis and treatment are available free of cost at all government and selected private healthcare facilities.
- We can control TB by early diagnosis of TB. That is why it is important to screen household members of a TB patient, who are having cough for 2 or more weeks.
- 100% treatment of TB is only possible if all the medicine is taken regularly at the fixed intervals for 6 months.

Annex – B: Steps for referral to healthcare facility

During each household visit, LHW will do verbal screening of all household members for presumptive TB cases. For this purpose, LHWs will be provided screening tools and training. LHW will do counselling of household members regarding TB sign & symptoms, referral, and TB treatment. Then LHW will refer presumptive TB cases to nearby public / private BMU. LHWs will use sets of referral slips. LHW will keep one copy for her record, and the remaining two copies will be handed over to the referred case as per the color code of the referral slips.

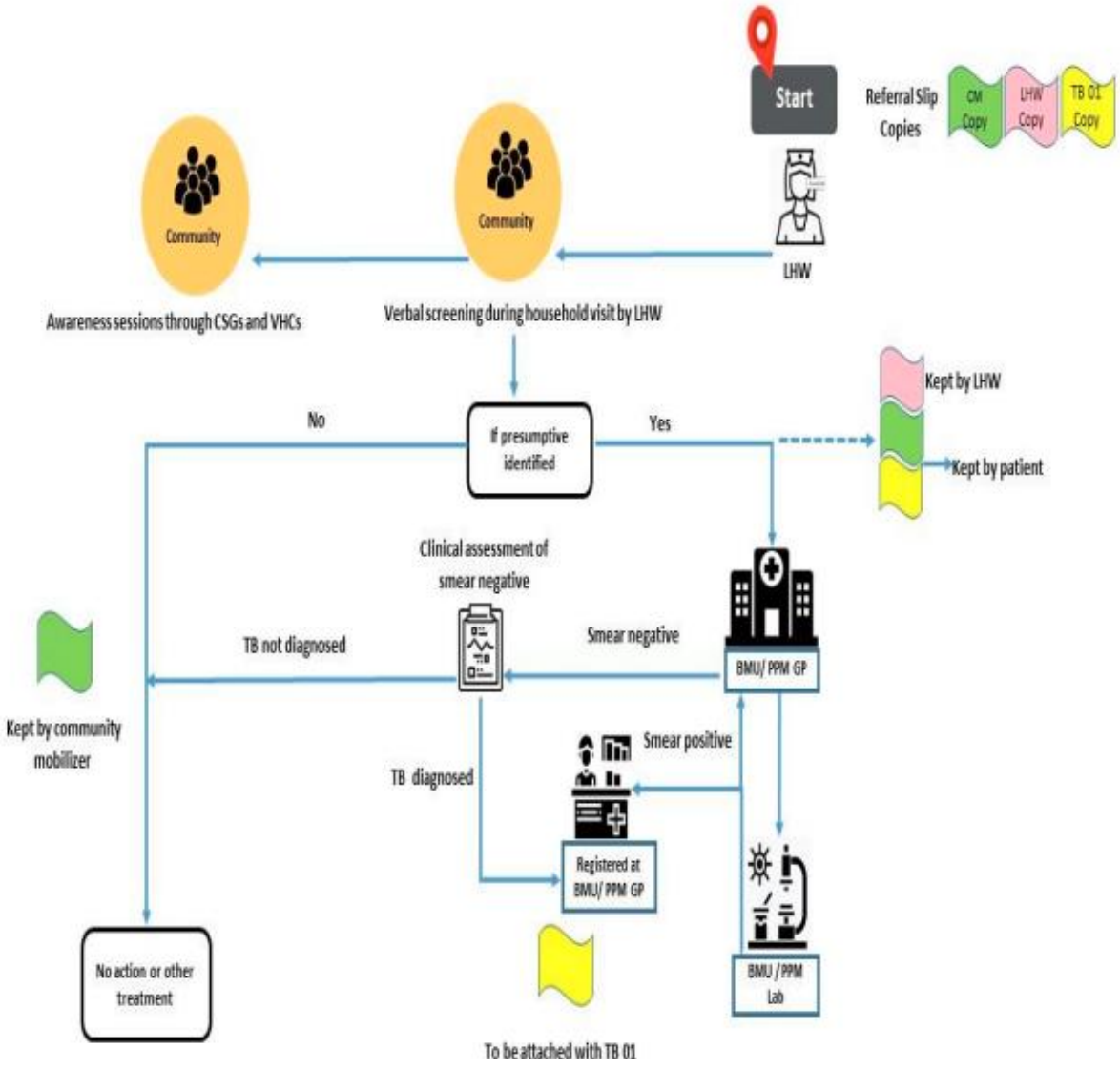
- Pink copy for LHW record
- Yellow copy for the healthcare facility to be stapled with TB01
- Green copy for record of community mobilizer

Patient will go to healthcare center along with the referral slips. Healthcare center will issue TB05 form (both pink and yellow carbon copies) and send him/her to a laboratory. The white copy of TB05 will remain at BMU. The laboratory will keep the pink copy of TB05. The yellow copy of TB05 will be given to the patient as per routine recording and reporting. The patient will give the yellow copy of TB05 (which also contains the test result) to the healthcare center. Upon registration of the patient, yellow copies of TB05 and referral slip will be stapled with TB01 in the healthcare center. Staff at the healthcare center will "Tick" referral through LHW in TB01 card for record purposes.

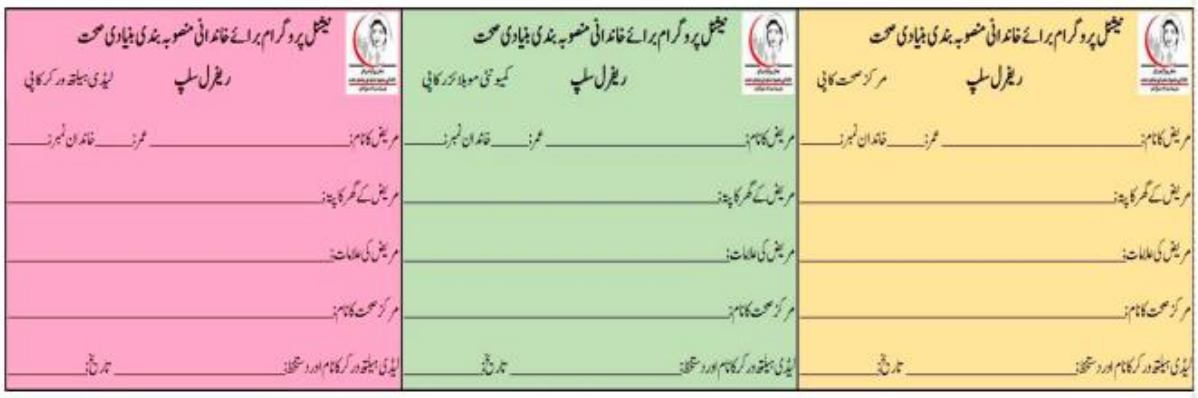
If referred patient doesn't report to a health facility, then LHW will inform the community mobilizer, who will take a sputum sample. Community mobilizer will take sputum sample along with the two copies of referral slips. He/she will also fill TB05 form and directly transfer the sample to a laboratory. Once results are received, he/she will provide yellow copies of the referral slip and TB05 to the patient. The patient will be referred to a nearby facility for further assessment and treatment. The patient will go to healthcare center along with the yellow copies of the referral slip and TB05. Both those yellow slips will be stapled with TB01.

For rest of the procedures, below steps will be followed.

- LHW will obtain recent information on visit of TB patient to public/private BMU through telephone, CSG/VHC, and/or household visits. LHW will be responsible for the following:
    - Contact screening of households of confirmed TB patient
    - Ensure follow up of sputum examination or follow up microscopy
    - Record keeping in the treatment register of all cases identified through contact screening
    - Provision of a report to LHS regarding TB activities during the monthly review meeting at a healthcare facility


Start
Referral Slip Copies
CM Copy
LHW Copy
TB 01 Copy
Community
Community
LHW
Awareness sessions through CSGs and VHCs
Verbal screening during household visit by LHW
If presumptive identified
No
Yes
Kept by LHW
Kept by patient
Clinical assessment of smear negative
Smear negative
BMU/ PPM GP
TB not diagnosed
Kept by community mobilizer
Smear positive
TB diagnosed
Registered at BMU/ PPM GP
BMU / PPM Lab
No action or other treatment
To be attached with TB 01

Annex – C: Referral Slip



نیشنل پروگرام برائے خاندانی منصوبہ بندی بنیادی صحت

ریفرل سلپ — مرکز صحت کا نام

مریض کا نام: _____ عمر: _____ خاندان نمبر: _____

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لیڈی ہیلتھ ورکر کا نام اور دستخط: _____ تاریخ: _____

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Annex – D: Verbal Screening Form

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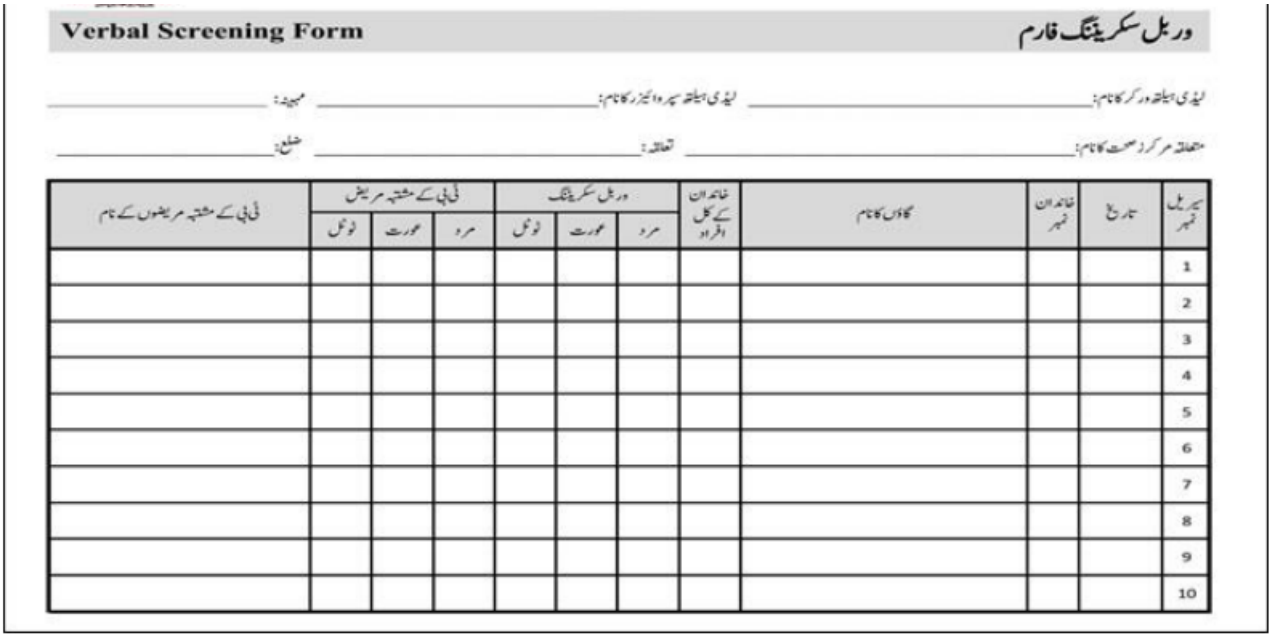

Verbal Screening Form ورپل سکریننگ فارم

لیڈی ہیلتھ ورکر کا نام: _____ لیڈی ہیلتھ سپروائیزر کا نام: _____ مہینہ: _____

متعلقہ مرکز صحت کا نام: _____ تعلقہ: _____ ضلع: _____

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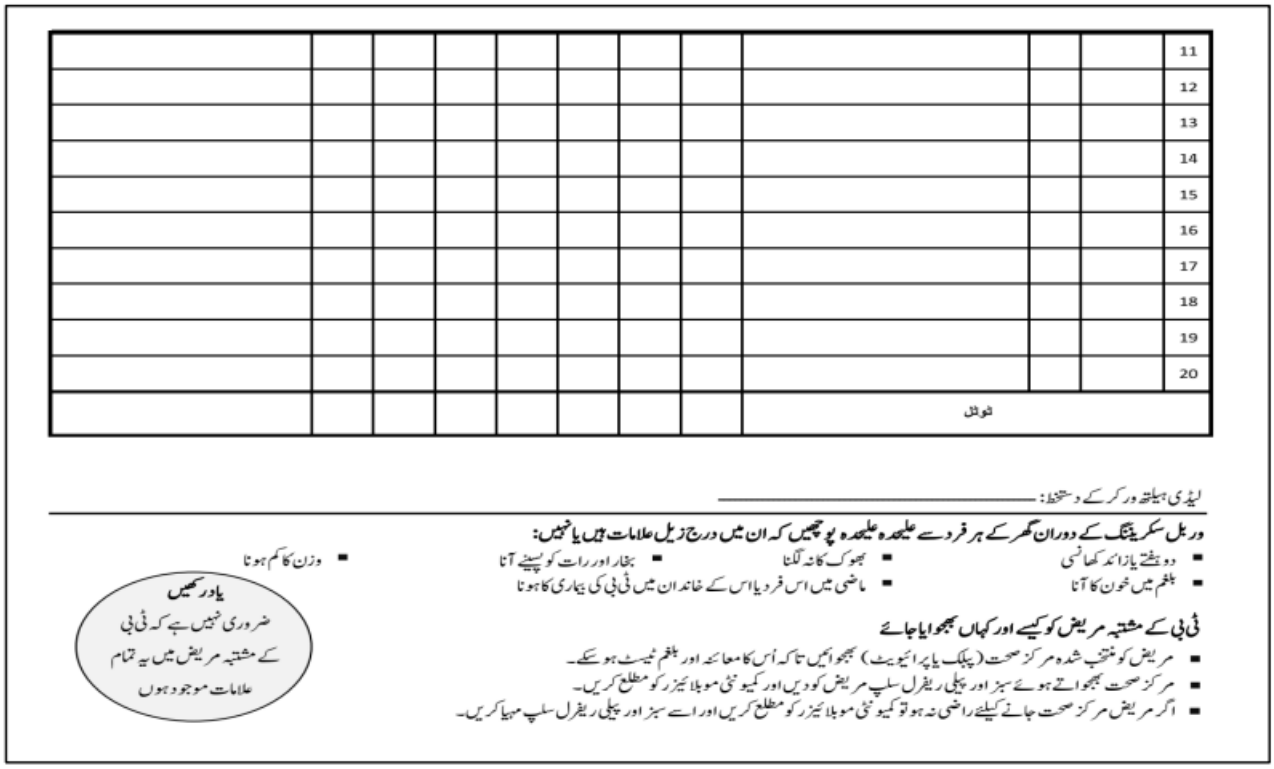

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- دو ہفتے یا زائد کھانسی
- بھوک کا نہ لگنا
- بخار اور رات کو پسینے آنا
- بلغم میں خون کا آنا
- ماضی میں اس فرد یا اس کے خاندان میں ٹی بی کی بیماری کا ہونا
- وزن کا کم ہونا

یاد رکھیں
ضروری نہیں ہے کہ ٹی بی کے مشتبہ مریض میں یہ تمام علامات موجود ہوں

ٹی بی کے مشتبہ مریض کو کیسے اور کہاں بھجوایا جائے

- مریض کو منتخب شدہ مرکز صحت (پبلک یا پرائیویٹ) بھجوائیں تاکہ اُس کا معائنہ اور بلغم ٹیسٹ ہو سکے۔
- مرکز صحت بھجواتے ہوئے سبز اور پیلی ریفرل سلپ مریض کو دیں اور کمیونٹی موبلائیزر کو مطلع کریں۔
- اگر مریض مرکز صحت جانے کیلئے راضی نہ ہو تو کمیونٹی موبلائیزر کو مطلع کریں اور اسے سبز اور پیلی ریفرل سلپ مہیا کریں۔

Annex – E: Contact Screening Form

Contact Screening Form

کانٹیکٹ سکریننگ فارم

لیڈی ہیلتھ ورکر کا نام _____ تاریخ _____

ضلع _____ گاؤں کا نام/علاقہ _____ مریض کا نام _____

پتہ _____

رابطہ نمبر _____

مرکز صحت کا نام جہاں ٹی بی کے مریض کا اندراج ہے _____

فیلڈ سپروائزر پُر کرے: رجسٹریشن نمبر _____ تاریخ رجسٹریشن _____

لیڈی ہیلتھ ورکر پُر کرے:

بیرل نمبر	گھر کے افراد	موجود علامات	علامتی ٹی بی کا کیس (ہاں/نہیں)	کہاں بھیجا گیا: مرکز صحت / چیسٹ کیمپ (مرکز صحت کا نام درج کریں)	دیگر تفصیلات
	نام _____ عمر _____ جنس _____ ٹی بی کے مریض سے رشتہ _____				
	نام _____ عمر _____ جنس _____ ٹی بی کے مریض سے رشتہ _____				
	نام _____ عمر _____ جنس _____ ٹی بی کے مریض سے رشتہ _____				
	نام _____ عمر _____ جنس _____ ٹی بی کے مریض سے رشتہ _____				

Annex – F: Monthly Report for LHS

Front Side

رپورٹ جمع کرانے کی تاریخ: _____ رپورٹ کرنے کا عہدہ: _____ لیڈی ہیلتھ سپروائیزر کا نام اور دستخط: _____

حفاظتی مرکز صحت کا نام: _____ تعلقہ: _____ ضلع: _____

سیریل نمبر	لیڈی ہیلتھ ورکر کا نام	افراد جن کی ٹی بی کے لیے ورچوئل سکریننگ ہوئی			ٹی بی کے تخمینہ مریض جو ورچوئل سکریننگ سے مرکز صحت رجوع ہوئے			ٹی بی کے مریضوں کی تصدیق جن کے گھر کے افراد کی کانٹیکٹ سکریننگ ہوئی			تمام افراد کی تصدیق جن کی کانٹیکٹ سکریننگ ہوئی			ٹی بی کے تخمینہ مریض جو کانٹیکٹ سکریننگ سے مرکز صحت رجوع ہوئے			ٹوٹل ٹی بی کے تخمینہ مریض جو ورچوئل اور کانٹیکٹ سکریننگ سے مرکز صحت رجوع ہوئے			ایل ایچ وی نے ایل ایچ وی/ایڈ کو معاونت فراہم کی (ہاں یا نہیں)	تبصرہ
		مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل		
1																					
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	Sub Total																				

Back Side

سیریل نمبر	لیڈی ہیلتھ ورکر کا نام	افراد جن کی ٹی بی کے لیے ورچوئل سکریننگ ہوئی			ٹی بی کے تخمینہ مریض جو ورچوئل سکریننگ سے مرکز صحت رجوع ہوئے			ٹی بی کے مریضوں کی تصدیق جن کے گھر کے افراد کی کانٹیکٹ سکریننگ ہوئی			تمام افراد کی تصدیق جن کی کانٹیکٹ سکریننگ ہوئی			ٹی بی کے تخمینہ مریض جو کانٹیکٹ سکریننگ سے مرکز صحت رجوع ہوئے			ٹوٹل ٹی بی کے تخمینہ مریض جو ورچوئل اور کانٹیکٹ سکریننگ سے مرکز صحت رجوع ہوئے			ایل ایچ وی نے ایل ایچ وی/ایڈ کو معاونت فراہم کی (ہاں یا نہیں)	تبصرہ
		مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل	مرد	عورتیں	ٹوٹل		
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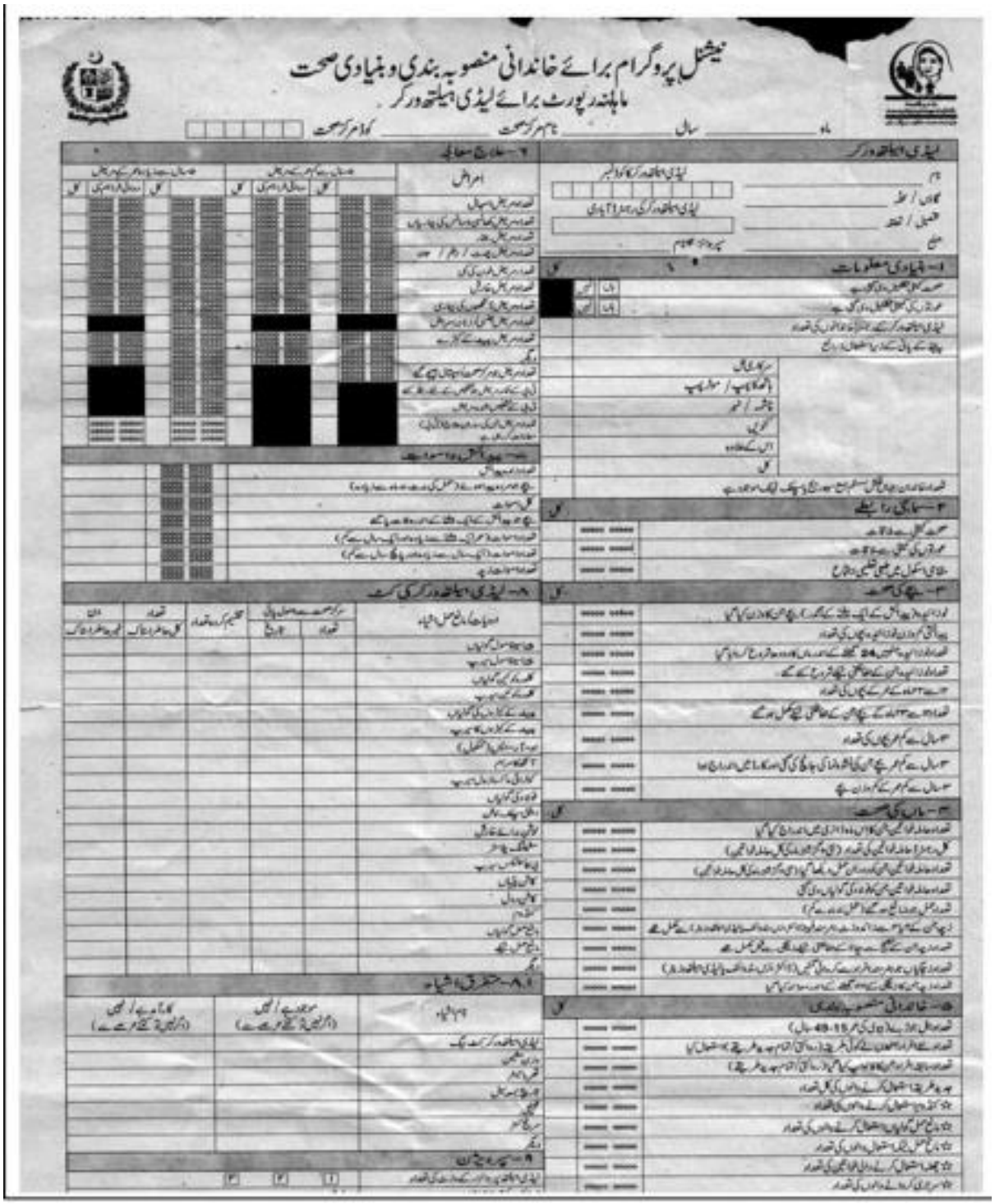
	Sub Total of Page 01																				
	Sub Total of Page 02																				
	Grand Total																				

Annex – F: Monthly Report for LHW



نیشنل پروگرام برائے خاندانی منصوبہ بندی و بنیادی صحت

ماہانہ رپورٹ برائے لیڈی ہیلتھ ورکر

سال _____ ماہ _____ نام مرکز صحت _____ کوڈ مرکز صحت

۱- بنیادی معلومات

۲- علاج معالجہ

۳- ماں کی صحت

۴- بچے کی صحت

۵- خاندانی منصوبہ بندی

۶- سماجی رابطے

۷- لیڈی ہیلتھ ورکر کی کٹ

۸- حفرق اشیاء

۹- تبصرہ

Annex – G: Treatment Register

رجسٹر علاج معالجہ

تاریخ	نام (بمعہ ولدیت / زوجیت)	خاندان نمبر	عمر (سال)	جنس (مرد/عورت لڑکا/لڑکی/خواجہ سرا)	اسہال	گلے اور سانس کی بیماریاں	بخار	چوٹ / زخم / جلا	خون کی کمی	خارش	آنکھوں کی بیماری	جنسی / زنانہ امراض	پیٹ کے کیڑے	مشکوک ملیریا	مشکوک ٹی بی	مشکوک فیسٹولا	مشکوک یرقان	غذائی کمی		دیگر	ریفر	فالواپ کیا	تبصرہ
																		بچے میں	ماں میں				