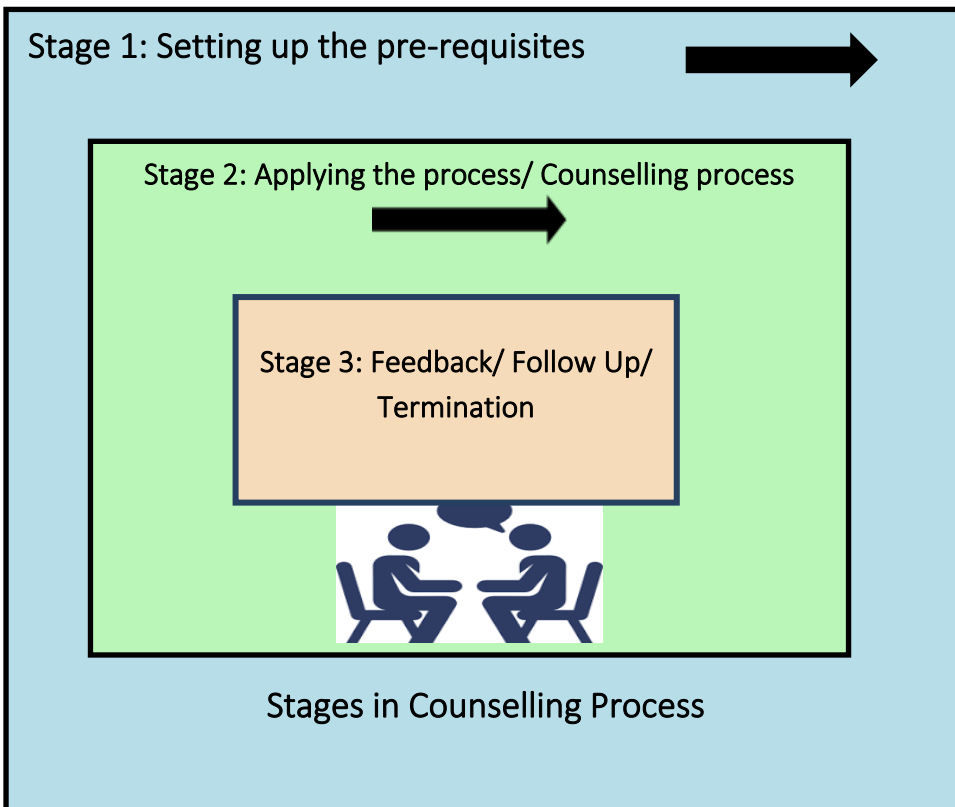


Stages and Process of Counselling

Art of Tea Making and Counselling

	Tea Making	Counselling
Stage 1: Setting up the pre-requisites a) Acquiring the appropriate knowledge and information b) Procuring the material c) Keeping the material ready	<p>You keep the material ready; Tea bags/ leaves, sugar, milk, stove, water, container to make it, induction, gas stove to cook, extra ingredients cups to serve</p> <p>You also consider that for whom you are making it. Your partner may like it strong, but your child prefers it with ginger and Tulsi leaves</p> <p>And the neighbours you invited may like jaggery instead of sugar. Hence, accordingly you keep the material ready</p> <p>Here you may be knowing (first time) or may be knowing (follow up session) that what another person may like.</p>	<p>You keep your set-up ready; pen/pencil; forms to be filled, information brochure to be given, referral contact no's/form,</p> <p>Questions to be asked to collect history of the patient.</p>
Stage2: Applying processes/Counselling process a) Establishing the relationship/ Rapport Building b) Gathering the information c) Giving information d) Setting goal on basis of the information	<p>a) You gather everything together. Keep the container on stove, light it/ Switch on the Induction</p> <p>b) You ask them what type of tea would they like to have</p> <p>c) You tell them what ingredients are available with you, green tea,</p>	<p>a) You make patient comfortable by building rapport with them. So that they are not hesitant in sharing the information with you and you can ask the required questions. To do the same you use some skills and share some information with them so that they trust you such as:</p> <ol style="list-style-type: none"> 1.You give your introduction 2. You ask for their introduction <p>You tell them about confidentiality. You maintain Privacy and explain to them the services available at centre.</p>

<p>received and shared</p> <p>e) working on the Goal</p>	<p>Taj Tea, Tata Tea, Tea bags, ginger, Lemon, cinnamon...</p> <p>d) On basis of what they have told you and what ingredients you decide, put them to use, make the tea</p> <p>e) Finally, the tea is ready, and you serve it. To serve it you use the cup best suited for the one you are giving tea such as for children you would not prefer glass cups. Tea is served and enjoyed.</p>	<p>b) You ask them what their concerns are and if they do not explicitly talk about it you try to assess them using micro skills</p> <p>c) You give them correct and updated knowledge. Tell about the services available in the centre</p> <p>d) On basis of the information received and the available options you ask your patient to choose the one which works best for them. You devise the ways that how they can be implemented, for example; A patient who forgets taking regular medicine gives options that while watching a certain TV series he will fix the medication and in morning when milk is delivered, he would take it. The plan is ready</p> <p>e) The Goal is achieved here as all medicines are taken regularly without missing a single dose with all nutritional supplements and all prevention modes are adopted.</p>
<p>Stage 3:</p> <p>Feedback/Follow up/termination</p> <p>a) Summarisation and Feedback</p> <p>b) Follow up</p> <p>c) Referral to other services/ professionals such as social worker, Doctor, legal services etc.</p> <p>d) Termination if goal is achieved</p>	<p>a) Summarise and ask how the tea was and also you can assess it if they have consumed whole tea or left it. Have they demanded for another cup of tea?</p> <p>b) You invite them again at another time</p> <p>c) You can now talk about other options which you do not have but they can enjoy from other sources like specific type of green tea/ coffee</p> <p>d) They can make the similar tea now on their own</p>	<p>a) You ask briefly talk about the important points in your session so that you can make sure that patient has understood in the same manner as you wanted to convey. Patient shows consistency in following up the plan and showing improvements.</p> <p>b) You decide for follow up session to ensure that the plan is consistently followed</p> <p>c) In case you feel there is another service required by patient such as legal service, nutritional support etc., then you refer patient to that service</p> <p>d) On successful completion of treatment, you close the session as your goal is achieved.</p>



Counselling Micro Skills

Annexure 1: List of skills with Description and Demonstration

Give as Handout to participants (Hard Copy / Soft Copy)

Micro- Skill	Description of the micro-skill	Demonstration of the particular micro-skill
Rapport Building		
Rapport Building	Forming an interpersonal relationship or rapport is the foremost step to initiate any counselling session. Subsequent counselling stages are likely to be more effective if Counsellors/ NTEP Staff first establish a good rapport with the patient. There are certain factors which facilitate establishing the required relationship between the Counsellors/ NTEP Staff and the patient. Following are the detailed description of the skills which help in rapport building:	
Greets patients and Introduces Self	Counsellor/ NTEP Staff tells the patient their name, a brief description about the centre and its functions and the Counsellor's/ NTEP Staff's role in that particular centre.	As the patient enters into the room - <i>"Namaste! I am XXX, appointed as a TB Counsellor/ NTEP Staff in this centre. This centre primarily aims to provide TB prevention and treatment management related counselling and testing services free of cost. Keeping in view the sensitivity of the TB testing and related concerns, all information shared between you and me along with the test results will be kept completely confidential".</i>
Using Silence		
Using Silence	Silence can be used in various situations - In the course of counselling, Counsellor/ NTEP Staff is supposed to show patience until the patient is able to provide additional input and responds further. It is important for the Counsellor/ NTEP Staff to allow the patient to gather thoughts and regain composure.	The Counsellor/ NTEP Staff either pauses or remains quiet for a few minutes, after asking the patient certain questions that require the patient to share their personal experiences, feelings or thoughts. The Counsellor/ NTEP Staff uses statements like <i>"You can take your time"</i> and <i>"I understand you need some time to think about this, before you answer this question."</i> During this time, the Counsellor/ NTEP Staff appears patient and makes eye

	<p>Patients get the space to experience feelings during silence.</p> <p>While going through intense emotions patients cannot absorb much information. Silence can be used in such situations.</p>	<p>contact with the patient. The Counsellor/ NTEP Staff does not fidget or appear uncomfortable.</p> <p>The Counsellor/ NTEP Staff does not allow the silence to continue for very long (avoiding discomfort and awkwardness).</p>
Active Listening		
Listening and Active listening	<p>Counsellor/ NTEP Staff need to be excellent listeners.</p> <p>Further, active listening is one of the important skills during counselling.</p> <p>The Counsellor/ NTEP Staff needs to pay full attention to <i>what</i> the patient says (verbal – linguistic communication), <i>how</i> the patient says it (verbal – paralinguistic communication), and what the patient <i>seems</i> to be feeling (based on nonverbal communication).</p> <p>All of these help to convey the patient's total message.</p> <p>The Counsellor/ NTEP Staff listens for total meaning i.e., focuses both on the content and the feeling or attitude underlying the content and responds appropriately and sensitively to the patient.</p> <p>Thus, listening to what is said and also listening to what is not said.</p> <p>The Counsellor/ NTEP Staff is aware that not all communication is verbal</p>	<p>Patient: "I told my FAMILY that I have TB. They are afraid that now I will transmit it to other family members. They are not even giving me a glass of water"</p> <p>Counsellor/ NTEP Staff: "I understand that you felt bad with this behaviour of your family members. We can explain to them in detail about transmission and prevention of TB".</p>

	<p>and that a patient's words alone do not tell us everything he/ she is communicating. As much as 70-80% of our communication is nonverbal, i.e., expressed through body language such as the facial expressions, body posture, hand movements, eye movements, and breathing.</p> <p>In addition, verbal communication is of two types – linguistic and paralinguistic. Linguistic communication is simply – all the words we utter. Paralinguistic communication is <i>the way</i> we speak – including the tone, volume, speed of speech, pause, and sigh while we speak. Thus, any set of words, e.g., "<i>I am okay</i>", or "<i>Yes, I am taking the medicines</i>" may mean different things depending upon the way we say them.</p>	
Questioning		
1. Closed ended 2. Open ended 3. Leading	<p>For effective counselling it is important to use a mix of open and closed ended questions.</p> <p>The Counsellor/ NTEP Staff does not use closed-ended questions in quick succession, as the patient may feel like being interrogated and will become defensive.</p>	<p>Open-ended questions:</p> <ul style="list-style-type: none"> • An open-ended question requires more than a one-word answer, e.g. <ul style="list-style-type: none"> ➤ "<i>What difficulties do you experience in following up regular DOTS?</i>" ➤ "<i>How do you think you would manage your routine so that it ensures complete treatment?</i>" ➤ "<i>When do you think would be a convenient time for you to come to the centre?</i>"

	<p>The Counsellor/ NTEP Staff combines open ended questions with a few closed-ended questions to allow the Counsellor/ NTEP Staff to decide in what direction they want to take the conversation.</p> <p>The Counsellor/ NTEP Staff uses adequate closed-ended questions to collect facts pertaining to the patient's problem as well as the basic details like the patients name, age, and marital status, where patient resides and information about patient's family members.</p> <p>As the session progresses, the Counsellor/ NTEP Staff begins to use more open-ended questions. These questions seek out patient's thoughts, emotions, and experiences and invite the patient to continue talking and sharing emotions and thoughts.</p> <p>Leading questions by the Counsellor/ NTEP Staff unwittingly suggest answers to the patient. These questions will not give the Counsellor/ NTEP Staff a correct picture of the situation. Therefore, avoid using leading questions.</p>	<ul style="list-style-type: none"> • These cannot be answered by a simple 'Yes' or 'No' or any other one or two words. • These questions invite the patient to continue talking and help the Counsellor/ NTEP Staff decide the direction of the conversation. <p>Closed-ended questions:</p> <ul style="list-style-type: none"> • A closed-ended question limits the response of the patient to one/ few word answers, e.g. <ul style="list-style-type: none"> ➤ <i>"Do you practice behaviour necessary for preventing TB transmission to others?"</i> ➤ <i>"Who all are there in your family?"</i> ➤ <i>"Have you taken the medicines today?"</i> ➤ <i>"Have you eaten breakfast?"</i> • Closed-ended questions do not give much opportunity to a patient to think about what they are saying. • Answers to such questions can be very brief, hence non-informative. This often necessitates further questioning. • However please note that closed ended questions are not bad in themselves and will have to be used in certain situations, e.g. <ul style="list-style-type: none"> ➤ <i>'Are you experiencing any side effects of the medicines?'</i> ➤ <i>'Does your family know that you have TB?'</i> <p>Leading</p> <p><i>'You have taken the medicines as prescribed, haven't you?'</i></p> <p><i>'Do you agree that you should always adhere to the treatment?'</i></p> <p><i>"You don't have any ADR, right?"</i></p>
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Reflection		
Reflection	<p>The Counsellor/ NTEP Staff is accurate in recognising the emotions that lie beneath the patient's verbal and non-verbal communication.</p> <p>The Counsellor/ NTEP Staff reflects back to the patient with the use of a different set of words, the emotions that the patient seems to be feeling. In the column at the right, the feeling words have been underlined, to illustrate that the Counsellor/ NTEP Staff needs to accurately identify what the patient is feeling.</p>	<p>Patient: <i>"Is my wife all right? Are there any complications? I just don't know what is going to happen?"</i></p> <p>Counsellor/ NTEP Staff: <i>"It seems like you are <u>anxious</u> about your wife's health...!"</i></p>
Clarification		
Clarification	<p>It is very important to clarify and not assume on behalf of the patients. The Counsellor/ NTEP Staff asks the patient appropriate questions about the information shared by the patient. Questions to seek clarification are often worded differently than the opening question asked by the Counsellor/ NTEP Staff.</p>	<p>Patient: <i>"I am taking medicine regularly for three weeks, but I think it is of no use."</i></p> <p>Counsellor/ NTEP Staff: <i>"OK. Can you please elaborate more on 'it did not work...' as I did not get what you mean?"</i></p>
Paraphrasing		
Paraphrasing	<p>The Counsellor/ NTEP Staff restates or repeats the patient's words in a shortened and clarified form. While doing so, the Counsellor/ NTEP Staff ensure that their words are in congruence with the patient's verbal and non-</p>	<p>Patient: <i>"My wife irritates me. She picks on me for no reason at all. We do not like each other."</i></p> <p>Counsellor/ NTEP Staff: <i>"So, what you are saying is that you are having problems getting along with your wife. You are concerned about your relationship with her. "</i></p>

	<p>verbal language. This is called Paraphrasing. It is important to note that Paraphrasing is not repetition.</p> <p>Also, the Counsellor/ NTEP Staff can use some of own words to convey the real meaning of what the patient may be saying.</p>	
Summarizing	<p>Summarizing lets the patient know that the counsellor/ NTEP Staff has heard and understood, and also enables the patient to clarify thoughts, identifying what is most important. It is not sufficient just to notice what the patient has said; it is also important to notice what is missing. Using summaries is different from using paraphrasing, as a summary usually covers a longer time period than a paraphrase. Thus, summarising may be used after some time: perhaps halfway through – or near the end of – a counselling session.</p>	<p>Counsellor/ NTEP staff: At the end of our session, I would like to summarize that your TB treatment will go on for 18 months.....</p> <p>Or</p> <p>Counsellor/ NTEP staff can also ask the patient to summarize by saying – “Can you tell me what we have discussed today?”</p>
Communication		
<p>Body language (movements)</p> <p>Grooming and appearance</p> <p>Use of touch</p>	<p>Non-verbal communication is equally important in counselling and one needs to be aware of our own body language during the counselling process.</p>	<p>Body language is very important part of the session and requires Counsellor/ NTEP Staff to be seating in appropriate posture i.e., not sitting too close or too far from the patient.</p> <p>Also, Counsellor/ NTEP Staff should be seating straight but slightly leaned to demonstrate interest. Should be wearing</p>

	<p>The Counsellor/ NTEP Staff makes use of hands, head and overall body posture during session appropriately which makes patient feel comfortable.</p> <p>Appropriate clothing which is not flashy is recommended along with neat and clean look.</p>	<p>appropriate decent clothes so that focus of patient remains on the session and not on the clothes and untidy appearance.</p> <p>Use hand movement wherever applicable, nod your head moderately. Sit with open arms and do not sit with your arms folded. (This will denote an accepting stance.)</p> <p>Don't keep moving your legs or twiddling your fingers (this denotes impatience).</p> <p>As far as possible avoid the touch with patient. Specifically, when patient is of opposite gender and in TB counselling physical distancing is important.</p>
Facial expressions	<p>Our face is the route to the inner feelings and concerns when it comes to counselling as through our facial expressions, we can convey a lot of feeling, emotions and concerns to the patient. We can actually convey that we are listening, we understand, and we require some more information or are unclear through our expressions</p>	<p>Wear a smile on your face whenever patient enters the clinic. Use your hand to indicate towards where the patient must sit.</p> <p>Keep your head towards the patient while talking to the patient</p> <p>If TB patient is sharing something serious reflect the same from your facial expression like lowering your smile curve and slight nod with use of "hmmm", "ok" or silence will work here.</p>
Eye contact	<p>Eye contact helps in observing the patient and also facilitates relationship building. Appropriate eye contact makes patient feel that they are paid attention to and are being listened.</p> <p>Similarly, it also gives important information to the Counsellor/ NTEP Staff if patient is comfortable, interested or</p>	<p>Look at the patient appropriately do not stare. You may lower your eyes on and off to make patient comfortable. But do not look somewhere else.</p>

	understanding the information.	
Empathising		
Empathising	<p>The Counsellor/ NTEP Staff is able to put oneself in the patient's situation and understand what the patient is thinking and feeling. In addition, the Counsellor/ NTEP Staff is able to communicate (verbally and non-verbally) to the patient that the Counsellor/ NTEP Staff has understood what the patient is thinking and feeling.</p>	<p>Patient – I am so worried; how long do I have to take the medicines? I live alone here.</p> <p><i>"I can understand how you must be feeling at this moment...I would like to add that I am here for you and will support you during this process "</i></p> <p>Patient – There are so many medicines, how will I manage this?</p> <p><i>"I can understand your concern I am here for you; I will explain the process for taking the medicines and we can together develop strategies for remembering "</i></p> <p>Similar examples can be given whereby the participants clearly understand empathy.</p>



DR- TB Counselling Checklist **Things to keep in Mind before and during Counselling**

1. As far as possible, sit in a quiet space with audio and verbal privacy, light and adequate ventilation for the counselling session.
2. Seek consent for undertaking counselling, talking to family /household members, making home visits/telephone calls.
3. Maintain and ensure confidentiality of TB patient at all levels. Seek permission to share their TB status if and when required for medical or social protection linkages.
4. Create an enabling environment and establish rapport so that the TB patient feel comfortable to share their personal concerns and problems with you openly without the fear of being judged.
5. Accept TB patient as they are and don't have any pre-conceived notions based on any criterion like background, appearance, sex, religion, caste, education etc.
6. Treat every TB patient as a unique individual and provide counselling accordingly
7. Understand that TB is just one part of the life of the TB patient at the moment and they have an identity and life beyond that.
8. Don't negate, minimise or dismiss TB patient concerns/feelings/emotions and always be empathetic and acknowledge their concern/feelings/emotions. Don't tell them that the concern they are experiencing is no big deal and everybody goes through the same.
9. Use verbal and nonverbal interjections like nodding, saying hmmm and maintaining eye contact throughout the session.
10. Use an appropriate mix of open ended and closed ended questions.
11. Avoid leading questions for e.g. *"you are feeling ok today? You are not suffering from any ADR no?"*
12. Don't use technical words/jargons.
13. Give space to the TB patient to absorb the information shared by you.

14. Give the TB patient opportunity to clear their doubts and ask questions at any given point during the interaction.
15. As a counsellor it is important to answer the “why” of the TB patient – “why is the treatment duration so long?” “Why does this treatment have so many side effects?” “Why me”?
16. Keep in mind the intersectionality of TB with Sex, Gender, Caste, Religion, Education, Financial Aspects and develop appropriate counselling strategies to address the same.
17. Undertake gender specific counselling and develop gender specific strategies for Men, Women and Transgender. One size fits all will not work.
18. Involve the TB patient in the counselling. Don’t just speak to the husband /older brother/son if you are a male and the TB patient is a female and vice versa.
19. For female TB patient ensure that there is someone to accompany them for ADR management services or ensure that the services are available at their doorstep.
20. You will need specific strategies for TB patient who are living alone/at work place/don’t have access to a kitchen viz linking them to tiffin services etc.
21. Be sensitive toward TB patient from marginalised communities. It is important to understand and recognise that there is a range of gender and sexual identities. Be aware of your own biases, prejudices and seek supervision to address some of these issues. Do not try to change/convert/ “cure” sexual behaviour or orientation.
22. Undertake sensitisation for your co-workers as well as staff of other centres before making any referrals to ensure that there is no stigma and discrimination for TB patient from marginalised populations.
23. Use IEC material viz Flipchart /Information Video during counselling for effective information sharing.
24. Summarise the discussions after each section and ask the TB patient to paraphrase the discussion after each section.
25. At the end of each counselling visit, assure the TB patient that they can reach out to you for any issues related to treatment, ADR and any other emotional issues, family issues, concerns about and sharing experiences of stigma.
26. Ongoing follow up and personal attention is important for treatment adherence. Maintain additional follow up with TB patient who has resumed the treatment

27. Always assure the TB patient that they are not alone in this treatment and together you will fight TB and become “Saksham Against TB”.

Counselling Checklist

I TB Treatment Initiation Counselling

- ✓ Introduce yourself and outline your roles and responsibilities as the NTEP Staff/DR TB Counsellor:
- ✓ *“My name is xxxxx and I am a NTEP staff /DR-TB Counsellor. Being a NTEP staff /counsellor means I will support you throughout the TB treatment, not only for the treatment issues but also for any concern/problem regarding your family, finance, emotional problems, etc”.*
- ✓ Assure confidentiality and seek consent for history taking, home visit, sharing with family.
- ✓ Assess TB patients’ knowledge about TB and provide updated information on TB and DR TB.
- ✓ Explain the TB diagnosis.
- ✓ Differentiate between DS and DRTB (if it is DRTB).
- ✓ Provide clear and simple information about treatment duration, IP/CP phases, culture follow up scheduled.
- ✓ Provide ample space for the TB patient to ask questions, clarify doubts and clear any misconceptions they might have about TB and or their treatment.
- ✓ Without alarming, prepare the TB patient for possible ADR and outline pathways of early intervention for ADR.
- ✓ Discuss the importance of adherence to treatment.
- ✓ Identify barriers to adherence and discuss strategies to overcome them.
- ✓ Stress upon the importance of diet and nutrition during treatment.
- ✓ Develop gender specific strategies for men, women and TGs.
- ✓ Stress on importance of nutrition support for everyone in the household.
- ✓ Discuss Cough Hygiene and AIC.
- ✓ Enquire and address any issues of Mental Health/Stigma and Discrimination/Reproductive Health/ Substance abuse.
- ✓ Assess need for any social protection linkages and undertake the required linkages urgently.
- ✓ Assess the need for and urgently undertake de-addiction counselling if required.
- ✓ Inform about DBT and undertake required steps to expedite the disbursement of DBT.

- ✓ Involve the caregiver identified by the TB patient (family/roommate/friend/partner) in the counselling.
- ✓ Discuss the meaning of a DSTB/DR TB diagnosis, importance of treatment adherence and role of family/household members in treatment completion.
- ✓ Enquire if any household member has symptoms of TB and make necessary referrals if required.
- ✓ Any other TB patient needs based counselling/intervention.
- ✓ Summarise the discussions undertaken in each counselling session.
- ✓ Confirm the date of and plan for the next counselling session/visit.

II Ongoing Follow Up Counselling

- ✓ Seek permission and availability of the TB patient before undertaking counselling /visit.
- ✓ In each session introduce yourself.
- ✓ Involve the caregiver identified by the TB patient (family/roommate/friend/partner) in the counselling.
- ✓ **Assess the status of treatment adherence and reinforce the messages about continuing treatment during each follow up session/home visit.**
- ✓ Without sounding accusatory, enquire if the TB patient is taking the prescribed medicines. (understand the reasons if the medicines have been missed and address those)
- ✓ Ensure that the TB patient has given their sputum for culture follow up during IP/CP phase and have undertaken the routine evaluation tests and if the smear conversion has taken place as desired. (Explain and demonstrate the method to extract the sputum sample if required).
- ✓ **Ask/observe for ADR during each follow up session/home visit.**
- ✓ Make appropriate referrals for ADR management.
- ✓ Assure the TB patient that ADR can be addressed but reiterate that it is best to avoid any breaks in the treatment in order to maximise the effectiveness of treatment.
- ✓ Assure the caregiver/household member as well that the side effects can be managed and stress on the importance on continuing on the treatment.

- ✓ **Inquire about and stress on diet and nutrition during each follow up session/home visit.**
- ✓ Inquire about the last meal consumed and make changes in the menu if required stressing on the importance of smaller meals, protein high diet etc.
- ✓ Make necessary linkages if access/availability to nutritious food is a challenge for the DR-TB patients.
- ✓ Ensure that the entire family/household members are partaking a nutritious diet.
- ✓ **Observe signs of stigma /discrimination if any (ask if they eat alone or with everybody /where do they sleep etc.) during each follow up session/home visit.**
- ✓ Address the same accordingly by providing correct information about how TB spreads (the difference between inhaling and eating from the same plate etc. Importance of converting to CP.
- ✓ Assess if the DR-TB patient is experiencing internalized stigma and address it in the same manner.
- ✓ Observe if there is any gender specific stigma and discrimination and address it accordingly.
- ✓ **Reemphasize cough hygiene and use of handkerchief to cover the mouth at all times during each follow up session/home visit.**
- ✓ Observe Airborne infection control practices followed at home during home visit follow up. (are windows open? / nothing is blocking the windows? etc.)
- ✓ Observe sputum disposal practices at home.
- ✓ During each follow up counselling, enquire if symptoms of TB are observed in family /household members'/care giver.
- ✓ Refer the family /household members/caregivers for sputum testing accordingly.
- ✓ **Ascertain if the TB patient has any reproductive health related concerns during each follow up session/home visit.**
- ✓ Discuss with the TB patient (who are in the reproductive age group) that conceiving during the treatment, might have adverse effects on the fetus. (teratogenicity of drugs on fetus).
- ✓ Don't limit yourself to married couples only, discuss these issues with all TB patient in reproductive age group irrespective of their marital status.
- ✓ Suggest contraceptive measures (barrier methods) during treatment like condoms, diaphragms and IUD (Copper T). It is essential to involve both partners in this discussion and not counsel the woman only.

- ✓ You might need to undertake more in-depth counselling for issues related to RTI/STI, Amenorrhea and Menopause along with the TB treatment. Make required referrals if required.
- ✓ Reiterate the messages about need for contraception during the treatment duration.
- ✓ **Ensure that co-morbid conditions are in control during each follow up session/home visit.**
- ✓ **Enquire about DBT reimbursements** during each follow up session/home visit and address if there are any gaps in the same.
- ✓ **Undertake additional gender specific linkages to social protection if required.**
- ✓ Summarise the discussions undertaken in each counselling session.
- ✓ Confirm the date of and plan for the next counselling session.
- ✓ Please ensure that TB patient has your number and confirm the TB patient and caregiver's number and permanent address during each counselling session.

III Treatment Interruption/LFU Retrieval Counselling

- ✓ Find out the reasons for interruptions /default without accusing the DR-TB patient.
 - ✓ Identify familial/psychological/social reason for the treatment interruption and addressing the same.
 - ✓ Acknowledge the DR-TB patients concerns and empathise about the reasons.
 - ✓ Reemphasize the importance of adhering to the treatment and completing the treatment.
 - ✓ Involve the caregivers/significant other in this process and counsel them about the importance of continuing/re-initiating treatment.
 - ✓ Assure the DR-TB patients that together you will find solutions for the challenges in continuing the treatment.
 - ✓ Facilitate and support to developing solutions/ addressing the challenges, so that treatment can be continued/reinitiated.
 - ✓ Make necessary referrals immediately if the reason for interruption or default is medical-adverse reactions to drugs etc. /Initiate transfer if interruption/default is due to migration.
- /

- ✓ Provide correct and updated information about TB if fear of stigma or internalised stigma is the reason of interruption or default. /Make necessary linkages to social protection schemes if the reason for interruption or default is financial.
- ✓ Assure the DR-TB patient that necessary support will be provided to continue/ re-initiate treatment.
- ✓ Make appointments for the TB patient to visit the DTC if they are willing to start the treatment.
- ✓ Summarise the discussions undertaken in each counselling session.
- ✓ Confirm the date of and plan for the next counselling session/visit.



Criteria	Is patient from rural area?	Does patient have a caste and marriage certificate?	Is patient or caregiver between the age of 18 to 40 years and not a tax payer	Is patient or caregiver between the age of 18 to 50 years	Is patient or caregiver between the age of 18 to 70 years	Is patient or any member of the family widow? (age 18 to 60 years and for BPL families)	Is patient or caregiver pregnant or breastfeeding?	Is there a newborn in the family?	Is there a child between age of 6 months to 6 years	Any TB patient	Is patient or caregiver disabled?
Name of the scheme	Maatma Gandhi Rural Employment Gurantee Scheme	Caste and marriage certificate	Pradhan Mantri Atal Pension Scheme Pradhan Mantri Shramyogi Mandhan pension Yojana (only for unorganised sector)	Pradhan Mantri Jeevan Jyoti Beema Yojana	Pradhan Mantri Suraksha Beema Yojana	Widow Pension scheme	Pradhan Mantri Matru Vandana Scheme	Birth certificate	Take Home Ration (THR)	Bus concession in state transport	Disability certificate and disability benefits
Where will you get the information?	Grampanchayat office	Marriage registration office at district HQ/ Tehsil office	Any nationalised bank	Any nationalised bank	Any nationalised bank	Forms available online	PHC, Anganwadi, civil hospital Forms available online	Vital registry at district HQ or Tehsil	Anganwadi (For THR)	Bus depot	District collector office / State Social Justice Department
Website	http://mrega.nic.in/netreg/home.aspx		http://pmatpensionyojana.co.in/atal-pension-yojana/	http://pmjibyl.gov.in/jyoti-bima-yojana-pmjiibyl	http://pmiandhanvojana.co.in/suraksha-bima-yojana/	https://pradhanmantri-yogana.in/category/widow-pension-scheme/	https://pradhanmantri-yogana.in/pradhan-mantri-matritva-vandana-yojana/				

