TUBERCULOSIS HEALTH ACTION LEARNING INITIATIVE (THALI)

Best Practices and Lessons in TB-HIV Integration from Bagalkot

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Tuberculosis Health Action Learning Initiative (THALI)
Best Practices and Lessons in TB-HIV Integration from Bagalkot

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Figures and Tables

ACRONYMS

ACF	Active Case Finding
ART	Anti-retroviral Therapy
ASHA	Accredited Social Health Activist
CBO	Community-based Organisation
CBNAAT	Cartridge-based Nucleic Acid Amplification Test
CCC	Community Care Coordinator
CME	Continuing Medical Education
CSC	Care and Support Centre
DAPCO	District AIDS Prevention Control Officer
DAPCU	District AIDS Prevention Control Unit
DBT	Direct Benefit Transfer
DMC	Designated Microscopy Centre
DR-TB	Drug-resistant Tuberculosis
DRP	Devadasi Rehabilitation Programme
DS-TB	Drug-sensitive Tuberculosis
DTC	District Tuberculosis Control
DTO	District Tuberculosis Officer
EPTB	Extrapulmonary Tuberculosis
FLW	Frontline Worker
FSW	Female Sex Worker
HRG	High-risk Group
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
IMA	Indian Medical Association
IPT	Isoniazid Preventive Therapy
KHPT	Karnataka Health Promotion Trust
LFU	Lost to Follow-up
LW	Link Worker
MDR-TB	Multi-drug Resistant TB
MO	Medical Officer
MSM	Men Who Have Sex with Men
NGO	Non-government Organisation
NTEP	National Tuberculosis Elimination Programme
ORW	Outreach Worker
PE	Peer Educator
PLHIV	People Living With HIV
PSG	Patient Support Group
SACS	State AIDS Control Society
STO	State Tuberculosis Officer
STS	Senior TB Treatment Supervisor
TB	Tuberculosis
THALI	Tuberculosis Health Action Learning Initiative
THO	Taluka Health Officer
TI	Targeted Intervention
USAID	United States Agency for International Development

CONTEXT

With a daily mortality rate of over 1,400 – about 480,000 people annually — tuberculosis (TB) is India's most pressing public health crisis. India also has over a million missing cases every year – individuals who are not notified and who either go undiagnosed or unaccounted for or inadequately diagnosed and treated in the private sector [1].

In 2016, about 33% of deaths due to TB among HIV-negative people, and 26% of combined TB deaths (HIV-negative and HIV-positive) occurred in India.

In 2016, the United States Agency for International Development (USAID) began funding the Tuberculosis Health Action Learning Initiative (THALI), a four-year patient-centric family-focused TB prevention and care initiative to facilitate vulnerable populations' access to quality TB services by healthcare providers of the patient's choice. THALI was implemented by the Karnataka Health Promotion Trust (KHPT) in Karnataka in collaboration with the National Tuberculosis Elimination Programme (NTEP). TB Alert India, a sub-recipient, implemented the programme in AP and Telangana.

The mortality rate for TB patients with HIV is thrice as high as for those without the risks posed by HIV.

The project focused on behaviour change, primarily among communities of the urban poor. Among the priority populations under THALI were people with comorbidities such as HIV-AIDS, diabetes and undernutrition, which hasten the onset of TB, and complicate, compromise and/ or delay treatment outcomes. In India, the HIV epidemic, estimated at 2.1 million cases, is concentrated among high-risk groups (HRGs). About 87,000 HIV-associated TB infections occur annually. HIV prevalence among incident TB patients is about 4%. People Living with HIV (PLHIV) in India are more vulnerable to TB because of exposure to endemic TB. As districts with persistent HIV prevalence also have high TB-HIV co-infection rates, prevention and care interventions here have greater potential to reduce mortality rates. In the light of this, KHPT piloted TB-HIV integration activities to enable the inclusion of TB within existing HIV programmes, thereby including female sex workers (FSWs), men who have sex with men (MSM), transgender people and PLHIV – core HRGs for HIV – among the vulnerable communities reached for TB screening, detection, treatment and support.

The pilot was scheduled for June 2019—mid-July 2020 in four high-burden HIV districts in the intervention states. In Karnataka, it was launched in Belgaum and Bagalkot. The latter is a pocket of high HIV prevalence in both rural and urban areas. This document pertains to the intervention there.

Why Bagalkot?

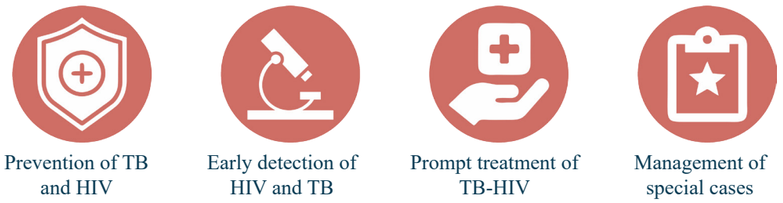
- HIV prevalence in the general population in the district is still high despite sustained efforts in the health sector (NACO – 2017).
- Prevalence among FSWs and MSM is 30% here as opposed to 1% in the general population.
- The death rate among co-infected individuals is 30% as against 8% elsewhere in Karnataka and 6% in the rest of India.

[1] *National Strategic Plan for Tuberculosis Elimination 2017—2025, Central TB Division, Directorate General of Health Services, Ministry of Health with Family Welfare, Government of India (2017)*

THE TB-HIV INTEGRATION MODEL

The National Framework for Joint TB-HIV Collaborative Activities (2015) envisions a four-pronged strategy for collaborative activities to reduce mortality (Figure 1).

Figure 1: The four-pronged strategy of the National Framework for Joint TB-HIV Collaborative Activities



THALI's integrated TB-HIV intervention sought **to establish a community-led prevention and care model to address the dual epidemic of TB-HIV** by addressing the following:

- Gaps in screening and testing for TB amongst HRGs
- Gaps in testing for HIV among TB presumptives
- Gaps in testing for HIV among TB patients
- Gaps in TB screening and testing amongst PLHIV

Goal

To establish a community-led prevention and care model to address the dual epidemic of TB-HIV.

Objectives

- To improve prevention services for TB and HIV among HRGs.
- To improve detection of TB among PLHIV and increase testing for HIV among TB patients.
- To improve prevention services for TB among PLHIV.

Strategy

KHPT intervened to mitigate the gaps between what was stipulated in the National Framework and the ground reality to improve the survival rate of individuals with TB-HIV comorbidity, focusing on PLHIV and HRGs, while facilitating coordination between mainstream health departments for integrated interventions. It also budgeted for Continuing Medical Education (CME) for medical officers (MOs). Having detected the cases, the team linked them with the NTEP for treatment and follow-up with other services such as Direct Benefit Transfer (DBT) and nutrition support.

Home visits for counselling on nutrition, linkages and other support have been instrumental in optimising health outcomes for comorbid people

Activities

- Situational analysis of district-level data to highlight the programmatic, geographic and population gaps in TB screening, detection, treatment initiation and completion.
- Strengthening coordination and data sharing between the TB (NTEP) and HIV (DAPCU) programmes through weekly and monthly meeting.
- Capacitating stakeholders, particularly the Care and Support Centre (CSC) teams, to refer PLHIV, especially Lost to Follow-up (LFU) individuals, among whom there is high TB prevalence, for TB testing (Figures 2 and 3).
- Supporting Isoniazid Preventive Therapy (IPT) coverage and other prevention services, mobilising nutrition support, and facilitating linkages to DBT with other social entitlements for better care.

THALI sought, at the outset, to enhance community engagement in TB-HIV collaboration to reduce mortality and contribute to TB elimination. The programme has built coordination systems that facilitate data exchange, increased the capacities of doctors and other healthcare workers, and provided support to comorbid patients through counselling for emotional well-being, nutrition support and assistance with linkages to DBT.

Figure 2: Service cascade for PLHIV (June 2019 — June 2020)

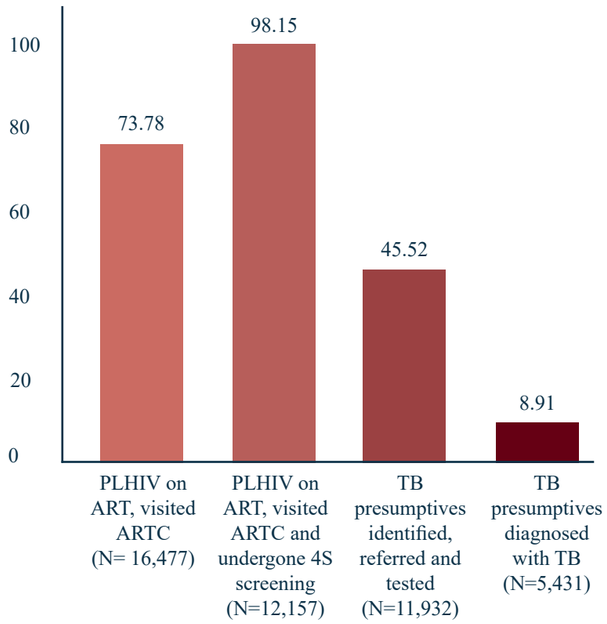
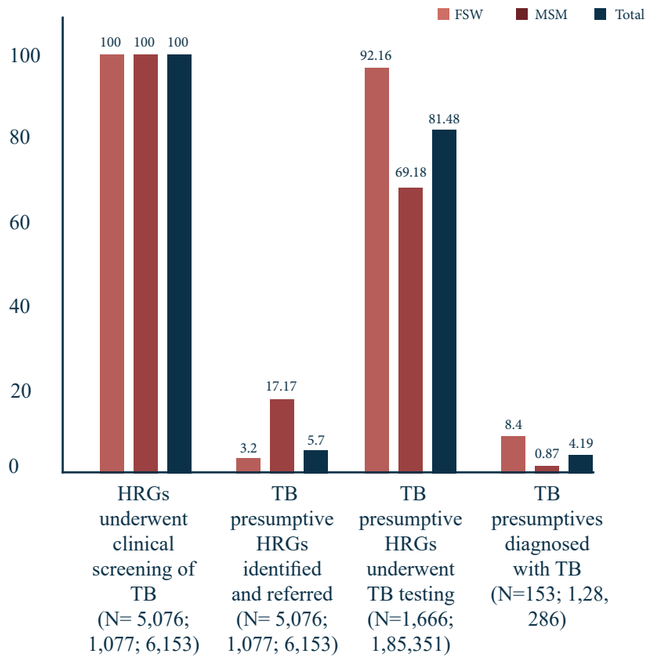


Figure 3: Service cascade for HRGs



BEST PRACTICES

Integrating TB-HIV

Capacitating providers and officials

Joint training and refresher training was conducted for TU and Anti-retroviral Therapy (ART) staff on the updated guidelines for TB- HIV.

THALI primarily advocated and facilitated district and taluka level coordination between NTEP and ART staff, providing NTEP with HIV data acquired from the Integrated Counselling and Testing Centre (ICTC) to update into Nikshay. Team-building sessions and collaboration on follow-up and monitoring of TB-HIV patients based on this data enhanced information sharing, streamlined 4S screening and referrals to the DMC, enabled cross-verification of strategic planning for co-infected individuals in both programmes, and bridged a data gap of 25—30%.

The Targeted Intervention (TI) and CSC teams of Chaithanya FSW Community-based Organisation (CBO) and TI staff of MILANA Sangha MSM CBO were given basic training on TB, TB-HIV co-infection and 4S screening. They were also sensitised on IPT as a prophylactic measure for PLHIV. Demand for IPT has been generated in the community, with CBOs monitoring the treatment of co-infected patients and supporting them with nutritional linkages. Systems have been developed to link FSWs detected with TB and co-infected PLHIV to their DBT entitlements. Vihaan CSC and Chaithanya CBO screened 95% of the PLHIV and FSWs

"The KHPT THALI project has helped us work on TB in the FSW and PLHIV communities. The training helped us develop systems to conduct regular TB screening in the communities, create linkages for TB testing, collect the results and follow up on treatment for those who test positive. Addressing the dual epidemic is important in the FSW and PLHIV communities. This year we have completed one round of TB screening among PLHIV and FSWs and plan to make it a regular practice. We would like more training for frontline workers from THALI."

Madhu, President, Chaithanya CBO

"The coordination meetings initiated by the THALI team between the DAPCU and NTEP teams at the taluka level have been very useful. Before we would refer FSWs with TB-like symptoms to the Designated Microscopy Centre (DMC), and that was it. The training by THALI, regular coordination meetings and data sharing has enabled us to conduct proper follow-up for TB testing and treatment. IPT for FSW with HIV was not prioritised before. We are now tracking it seriously to make sure that all of them avail it."

Shrikant Kadam, Project Manager, Mudhol Chaithanya FSW TI

"THALI training has helped us understand more about the critical issues of comorbidities, 4S screening, IPT, treatment follow-up and DBT. We have developed systems in our CSC to ensure regular screening and referrals for TB. We used to have very few positive cases among those referred. THALI training has helped us make more effective referrals and identify more cases. Effective cases have increased from an average of three to 15 per month. During the THALI intervention period, we identified 199 TB cases in the PLHIV community here."

Vasanth, Coordinator, Mudhol CSC

"The major challenges we faced were ensuring regular screening for TB among PLHIV, and extending DBT services to co-infected patients. The training helped us address both. For DBT, we collect the patients' bank account details and ensure that these are updated in Nikshay so that they can get proper nutrition while on treatment. Another breakthrough has been in IPT coverage. The THALI team has helped us understand the importance of IPT. About 69% of PLHIV in the district received it this year. We are trying to ensure that all eligible PLHIV receive it."

Pradeep, Coordinator, Bagalkot CSC

"The monitoring and review initiatives of the District Health Officer (DHO), District Tuberculosis Office (DTO) and Taluka Health Officers (THOs) on TB and HIV have accelerated cross-referrals and identification of comorbidities from both sides. The CBOs are now seriously involved in case finding and case holding of TB among the PLHIV, MSM and FSW populations in the district. I strongly believe that this will be a sustainable model to address the dual epidemic among the communities by the communities themselves."

Dr Basavaraddi, Programme Officer, TSU KSAPS

Advocacy

THALI advocated with the DHO, District Commissioner, and the Zila Parishad Chief Executive Officer to review the progress of both programmes with regard to comorbid patients, to prioritise HRGs and PLHIV for IPT and social welfare schemes, and to create a forum where data analysis and issues such as facilities for early TB detection among PLHIV can be discussed.

THALI advocated with the Devadasi Rehabilitation Programme (DRP), raising awareness and collaborating with them as an entry point to working with local FSWs who were difficult to reach.

Linkages to DBT and nutritional support

THALI raised awareness about DBT and how to acquire it. An 83% increase in bank account linkage for DBT for comorbid patients was reported in 2019 as compared to 66.2% in 2018. DBT linkages for other TB patients increased by about 16% in the same period. THALI also campaigned with the district administration for priority to HRGs and PLHIVs for social welfare schemes such as Ayushman Bharat and Dhanashree.

Nutrition support is essential for treatment adherence and positive outcomes

Sridevi Teli, 37, has been a regular at the ART centre in Jamkhandi since testing positive for HIV 10 years ago. She was diagnosed with TB in 2019. Seeing no improvement after three months of treatment, she sought out a private practitioner in Miraj, Maharashtra. Since she had been Lost to Follow-up (LFU) for TB treatment at the ART centre, our Community Care Coordinator (CCC) Padmavati went in search of her. When she discovered that Sridevi was struggling with the side effects of treatment, she offered nutrition and psychological counselling, and linked her with the Dhanashree team for a government subsidy of INR 50,000 even though Sridevi was not availing public healthcare at the time. Padmavati also referred her for TB Champion training. "I explain to people that I went to a private practitioner because I thought the side effects were caused by sub-standard government treatment. I found out only later, after paying a lot, that both treatments are the same and side effects are common to both. I tell people that good nutrition helps you cope with the treatment and side effects. The THALI staff give good counselling. They visit you at home, which is very helpful", Sridevi said.

Organising patient support groups

Patient support groups (PSGs) for TB-HIV comorbid patients attended also by CSC ORWs are a regular feature at the ART centre in Bagalkot. With a goal to improve TB treatment experiences within government TB facilities, PSGs provide a peer support approach to help patients overcome unpleasant side-effects and stigma, follow healthy nutritional practices and adhere to treatment. They also promote communication between healthcare providers, patients and caregivers, and strive to standardise and sustain these groups. The facilitators provide information and counselling about the importance of drug adherence, side effect management, nutrition, cough hygiene, shared confidentiality, DBT and other linkages. During the project period, 852 co-infected patients participated in 47 PSG meetings.

PSG meetings are monitored for patient participation, topics of discussion, and the health status of the members. Those who develop side effects are linked to medical support, where they can consult a doctor and get further referrals and treatment if necessary. Nutrition powder is provided to those in need at the meetings.

Lakshmi*, 36, from Navanagar, was an ART LFU for about six months when she tested positive for TB. She began treatment and received nutrition powder and tonics but started experiencing unpleasant side effects shortly after. Our CCC Arjun stayed in close contact with her over the phone as she was reluctant to have programme staff visit her at home. Arjun advised her on her nutritional intake and medication. He helped mobilise nutritional supplements for her and introduced her to the local PSG, where her "fear and depression was replaced by *dharia* (resolve)".

Lakshmi received a DBT of INR 3,000 two months into treatment. Now only two weeks from completion, she credits the physical, psychological and financial support she received from the team with helping her overcome the challenges she has faced during this time.

**Name changed*

Training TB Champions

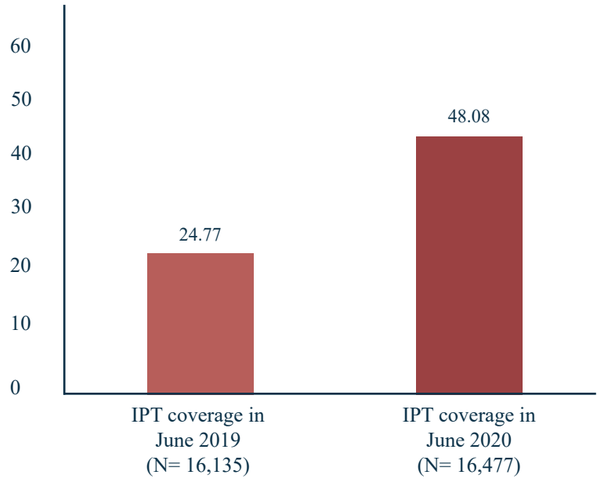
THALI has capacitated 25 TB Champions among PLHIV who have recovered from TB. The Champions receive basic training on TB and HIV. They raise awareness about TB in the community, inform patients about the importance of nutrition and treatment adherence, advise on side-effect management and social entitlements, and play an important role in helping maintain the morale of patients.

Raising awareness and demand for IPT

IPT coverage in Bagalkot district was very low due to lack of awareness and inadequate supply (Figure 4). THALI partnered with the CSC teams to conduct awareness raising meetings for PLHIV at the ART centres, and advocated with the DHO, DTO and State TB Office to increase IPT supply. The Bagalkot DTC subsequently received a supply worth INR 1,000,000 and IPT initiation rose from 27% to 45%. At the Hundgund ART, all PLHIV eligible for IPT have been covered.

The data pertaining to FSWs with HIV indicated that most were excluded from IPT coverage. THALI worked with the ART and TI teams to coordinate follow-up with FSWs awaiting IPT and to prioritise them for treatment. This coordination, now monitored by the Taluka Health Officer (THO), has proven to be an effective and sustainable way forward.

Figure 4: IPT coverage at programme commencement and end



All values are in percentage

CHALLENGES: WHAT DID AND DID NOT WORK

Over-burdened field staff

Shortage of diagnostic and testing facilities for Extrapulmonary Tuberculosis (EPTB), and a high client load for ART staff hampered delivery. There are currently about 16,500 active PLHIV on ART in the district, with only 13 counsellors and four Community Care Coordinators (CCCs) available to them at 13 facilities. The monthly number of patients in need of follow-up counselling and TB screening is over 1,000.

Data gaps

The situational analysis indicated that only 66% of TB patients had their HIV status updated to Nikshay. As there was no other data available, a complete analysis was not possible. Further intervention was contingent on HIV status data being updated. This point was also raised by the NTEP team while evaluating the Bagalkot programme. The THALI team coordinated with the ICTCs to acquire the data and supported the NTEP team to update it, thereby increasing the percentage of TB patients who had their HIV status updated to 95%. The NTEP team has subsequently begun coordinating with the HIV team to share data across programmes and ensure that the data in Nikshay remains up-to-date.

Inadequate involvement from private practitioners

Although THALI organised Indian Medical Association (IMA) meetings and invited the DTO to sensitise private healthcare professionals on their role in prevention and detection, case reporting and sputum collection from them remains a challenge that THALI has been unable to resolve. This not only widens the data gaps but also impacts the amount of counselling that comorbid patients who opt for private healthcare receive, which in turn impacts their adherence to treatment.

Lack of IEC material

There was a shortage of Information, Education and Communication (IEC) material such as posters, handouts and flipcharts on treatment adherence, nutrition support, and benefits for TB-HIV patients. These messages had to be repeated at each of the approximately 300 team meetings conducted. This issue has been shared with the concerned authorities.

The DTO and his team at the DTC

ACHIEVEMENTS

Stronger prevention measures

Capacity building of the State AIDS Control Society (SACS) and NTEP staff to streamline prevention measures

Weekly and monthly sensitisation and capacity building meetings have streamlined IPT initiation, 4S screening and referrals to DMC at the ART centres.

Between June 2018 and May 2020, there were 199 meetings held. Advocacy with the state and district administration has resulted in monitoring progress and requirements by the DHOs and THOs.

A taluka coordination meeting in Mudhol

TI CBOs trained by THALI have begun referring HIV positive FSWs, resulting in 100% screening for this group. Accredited Social Health Activists (ASHAs) were trained on contact screening among PLHIV (Table 1). All HIV positive FSWs have been profiled and a line list of those who are not on IPT compiled for linkage.

Updated lists to maintain the health of high-risk individuals

Data analysis of the TB programme by KHPT has led to updating master lists of PLHIV at the ART centres. The profiles of high-risk individuals are monitored from the day they are diagnosed as HIV positive onwards to optimise their health outcomes.

Table 1: Contact screening by THALI and Senior TB Treatment Supervisors (STS)

Families who were contact screened	265
Family members contact screened	976
Individuals < 6 years	73
Individuals < 6 years referred	7
Individuals < 6 years tested	4
Individuals < 6 years tested positive	0
Individuals > 6 years	903
Individuals > 6 years referred	17
Individuals > 6 years tested	12
Individuals > 6 years tested positive	0
Individuals > 6 years given IPT	6

System to sustain IPT coverage of all HIV positive FSWs

THALI has implemented a system to ensure that **all FSWs with HIV are covered for IPT**. This involves discussions among ART and TI staff on HIV positive HRG members, their health status after acquiring HIV, TB treatment history, and whether IPT has been initiated for those who are eligible according to the Guidelines. These discussions must be planned at least once per quarter to prioritise IPT initiation for HIV positive HRG members. As the ARTs have found this system feasible and sustainable, they will take the lead in meeting with TI staff, going forward. The District AIDS Prevention Control Unit (DAPCU) has been informed about these discussions and an order from the District AIDS Prevention Control Officer (DAPCO) conveyed to the ART centres and TI to continue these meetings at the ART centres.

Improved case detection

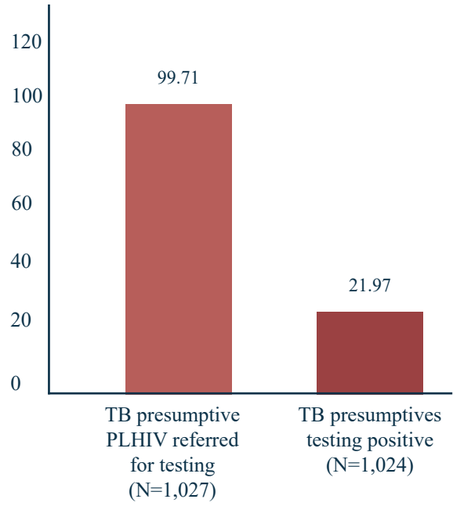
THALI CCCs have played a pivotal role in detection, referrals, and capacity building of ORWs at the CSC and of FSW and MSM peer educators (PEs). This has increased follow-up and referrals of ART LFU persons with TB symptoms – **an average of 30—40 cases were added to Nikshay every month, of which about 30% were detected by THALI staff** (Figure 5). All aspects of TB-HIV programming, such as DBT linkages by the NTEP have improved because of data collected by the HIV field teams.

Capacitating MSM peer educators has increased follow-up and referrals in the community

System to improve and sustain HRG TB referrals from the TI

The capacity building and handholding support of the TI teams has helped increase TB referrals of HRGs from the TI. Monitoring of referrals by the DAPCU at the progress review meetings will help sustain this system. Involving TI teams in planning meetings for ACF should further increase TB referrals among HRGs. ICF conducted through the TI at FSW and MSM community meetings has also helped increase TB referrals.

Figure 5: Impact of coordination with CSC on referrals and testing (July 2018 — June 2019)



System to improve and sustain PLHIV referrals from the CSC

Capacity building and handholding of CSC teams on TB susceptibility, symptoms, screening, service availability and testing has helped improve the quality of TB referrals from the CSC programme (Figure 5). In addition, monitoring of referrals from the PLHIV community by the DAPCU is expected to sustain the TB referrals among PLHIV.

Linkages to social welfare schemes

Extensive advocacy and follow-up with state and district administration, and timely referrals to social welfare schemes and tertiary care based on a line list is helping TB-HIV comorbid patients adhere to treatment.

The THALI team has played a crucial role in informing and supporting comorbid individuals to link with DBT promptly, including in cases where patients do not have nationalised bank accounts or the requisite documents (Figure 6). This is significant because good nutrition is critical to treatment outcomes, particularly in the first two months, but the majority of comorbid patients cannot afford it. THALI facilitated bank account linkages through the coordinated efforts of the HIV and TB programme teams.

Manju* tested positive for TB and HIV during her pregnancy. Her husband tested negative. This created discord between the couple and Manju left for her parents' home, leaving her account details and other documents behind. Since these are required for DBT linkage, and her husband refused to return them to her, the THALI team helped her open an account.

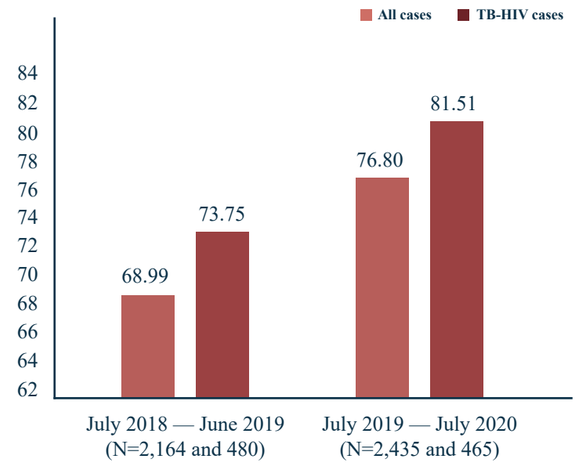
**Name changed*

Krishna*, 45, a resident of a village near Bagalkot, was a widower whose son had migrated elsewhere. When programme CC Arjun met him, Krishna was alone, bedridden, practically penniless and on the verge of starvation. Arjun linked him up to his DBT entitlement, where he found he had a credit of INR 6,000. The sum helped him tide over a critical period in his life.

**Name changed*

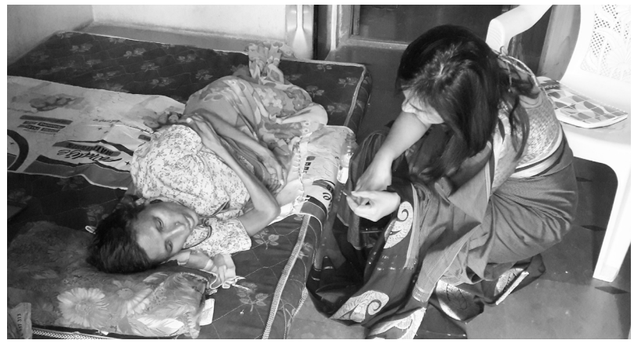
Multi-drug Resistant TB (MDR-TB) patients are attended to by a counsellor who works exclusively with them for document procurement and linkages with NTEP. Although DBT transfers still do not take place during the first month of treatment for reasons beyond the scope of the programme, the support of the HIV team and efforts to speed up document collection have eased the process significantly. Continued coordination between the TB and HIV programme teams and monitoring by the THOs will enable the teams to report, share and sustain progress.

Figure 6: Bank account linkages (July 2019 — June 2020)



Sensitisation of private practitioners on treatment adherence

Training for government and private doctors organised by KHPT's technical experts has provided opportunities for doctors to learn about the National Framework guidelines for TB-HIV patients, the side effects of medication, and the criticality of effective treatment and care services. It is hoped that this learning will reflect in their attitude towards patients, in the treatment they prescribe, and thereby positively impact patient outcomes.



Regular home visits to advise on nutrition, emphasise treatment adherence and boost morale has been reported to help improve outcomes

KEY LESSONS

- The data analysis, death verbal autopsies and field experiences indicate *high TB prevalence among long-term ART LFU patients.*

- Nikshay data indicates that *there is a high mortality rate among TB-HIV patients as compared to patients without this comorbidity.* Verbal death autopsies indicate that *death is more common during the first two months of TB treatment* due to delays in case detection, malnutrition and improper management of side effects.

- *Continuous engagement with TI staff on TB case finding and case holding among HRGs is important* as there is high staff turnover and the field teams are not familiar with the different types of TB or manifestations of EPTB. Discussing these topics at the monthly meetings can enable them to refer more symptomatic cases for testing.

- TB prevalence among FSWs was found to be the same as that in the general female population, possibly because unlike elsewhere, sex work is not stigmatised in Bagalkot, as a result of which their access to healthcare services is similar to that of women in the general population. It has also been suggested to TI staff to conduct 4S screening at the ART centres and make referrals to the DMC and CBNATT. *IPT coverage among HIV positive FSWs, however, was also very low.* THALI has facilitated discussions between the TI and ART on this issue, with similar meetings planned every quarter, with the ART taking the lead.

THALI played a pivotal role in facilitating coordination between the HIV and TB teams

CONCLUSION

While there is still a lot to be done to address the remaining gaps consistently and cohesively, the intervention has been successful in helping the stakeholders recognise the value of an integrated approach and understand the bottlenecks better.

With MSM, FSW and PLHIV CBOs equipped through training and handholding to link with TB service outlets, thereby increasing TB detection and IPT coverage, PLHIV programmes are now capable of sustaining future efforts in collaboration with the district TB and HIV units. Among other HRGs, THALI has made a start with data (there is no screening data from the past) and other activities.

THALI has demonstrated pathways through a collaborative approach involving the NTEP and PLHIV networks that if sustained, will enable the success of future efforts.

"Your team is very good. THALI have achieved better notifications and they've been brought into the system. They also helped with DBT and collecting the account information. This initiative should definitely be scaled all over Karnataka and India, if possible".

Dr Parashuram Hitnalli, District Tuberculosis Officer, Bagalkot

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