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Community Engagement in **Ending TB** Best Practices Compendium

September 2022
Central TB Division
MoHFW
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Acknowledgements

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We would like to thank the participants who shared their best practices from across the country and engaged in spirited discussions across the two-day event.

We are most grateful to the field staff of the NTEP and partner organizations who have made these innovative interventions a success at the grassroots through their ongoing commitment towards TB elimination.

PREFACE

As India continues to move towards fulfilling our goal of a TB Mukt Bharat in 2025, it is now more important than ever to reflect on the approaches we have taken to eliminate TB and highlight the learnings that have emerged from successful interventions across the country. The Central TB Division's sub-national certification process has identified that we are on track in many geographies to achieving the Honourable PM's vision of TB elimination by 2025.

In May 2021, the Central TB division shared the community engagement toolkit for substantiating the efforts of community engagement activities. Subsequent to this, in September 2021, a community engagement guidance document was released by Central TB division for operationalizing TB Champion engagement, TB Forums, community structure engagement and Person Support Groups, in the States/UTs across the country. Now, it is of key importance to bring the 'what' and 'how' of best practices that are improving the identification and notification of persons with TB, enabling persons with TB to avail of benefits offered by the government, mitigating the stigma associated with TB, and creating a supportive environment for persons with TB and their families, resulting in successful outcomes.

This compendium emerges from the 'National Workshop on Best Practices in Community Engagement for Ending TB', held in New Delhi on September 14-15, 2022. The consultation workshop brought together the community, government, and national TB partners to a common platform to share, deliberate, and reflect on what has worked well, and the potential for community-based models in ending TB to be adopted and scaled. The best practices showcased in this document are notable examples of person-centred and community-driven approaches, several of which have achieved results through multisectoral collaboration of stakeholders. The recommendations on their replicability and the potential for scale-up may be especially useful for states and their partners organizations to adapt these innovations at the community level.

As the NTEP aims to accelerate TB elimination efforts through the recently-launched Pradhan Mantri TB Mukt Bharat Abhiyaan, we urge state program representatives and our partners to make the best use of this compendium as they formulate their action plans. We appreciate the ongoing commitment of States/UTs to fulfill the Honourable Prime Minister's vision of a TB-free India, and look forward to learning from and sharing their experiences in the coming months and years.

CONTENTS

GLOSSARY

AB-HWC	Ayushman Bharat Health & Wellness Centre
ACF	Active Case Finding
ACSM	Advocacy Communication and Social Mobilization
ADS	Area Development Society
AI	Artificial Intelligence
ALLIES	Accountability Leadership by Local communities for Inclusive, Enabling Services
ANM	Auxiliary Nurse Midwifes
ARD	Animal Resource Department
BAP	Block Action Plans
BCS	Behaviour Change Solutions
BDC	Block Development Council
CAF	Community Engagement Framework
CCs	Community Coordinators
CDS	Community Development Society
CHO	Community Health Officers
CS	Community Structure
CSG	Care and Support Groups
CSGMs	Care and Support Group meetings
CTD	Central TB Division
DCM	Differentiated Care Model
DDC	District Development Council
DMCs	Designated Microscopy Centres
DRTB	Drug-resistant TB
DSTB	Drug sensitive TB
FHC	Family Health Centre
GP	Gram Panchayat
GPAAA	Graama Panchayath Arogya Amrutha Abhiyaana
HCP	Health Care Providers
JHI	Junior Health Inspector
JPHN	Junior Public Health Nurse
KII	Key Informant Interview

KMK-GP	Kshaya Muktha Gram Panchayat
MDU	Mobile Diagnostic Units
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MLHP	Mid-level healthcare provider
MO	Medical Officer
NCD	Non Communicable Diseases
NHM	National Health Mission
NPY	Nikshay Poshan Yojana
NREGA	National Rural Employment Guarantee Act
NSP	National Strategic Plan
NTEP	National TB Elimination Programme
PBW	Perspective Building Workshop
PHIs	Peripheral Health Institutions
PPSA	Provider Support Agency
PRI	Panchayat Raj Institutions
PwTB	Persons with TB
QAT	Quality Assessment Tool
RBSK	Rashtriya Bal Swasthya Karyakram
RDPR	Rural Development and Panchayat Raj Department
SHG	Self-Help Group
STDC	State TB Training and Demonstration Centre
STEPS	System for TB Elimination in Private Sector
STS	Senior Treatment Supervisors
TBC	TB Champions
TPT	TB Preventive Treatment
TUs	Tuberculosis Units
UDST	Universal Drug Susceptibility Testing
UTs	Union Territories
VCDC	Village Council and Development Committee
VDP	Village Defence Party
VHSNC	Village Health Sanitation and Nutrition Committee
VO	Voluntary Organization
WHV	Women health volunteers

TRACK A:
COMMUNITY ENGAGEMENT IN ENDING TB

BIHAR

Jeevika model: Community Engagement in Ending TB

Sub Track:

Involvement of formal and informal community groups to bridge gaps in TB referrals and testing

Highlights

- Community structures like Jeevika can reach each and every individual in the community.
- They are working to generate awareness in the vulnerable community and refer presumptive persons. They are also supporting the treatment adherence of persons with TB, and offer linkages to non-medical support, e.g. nutrition support.
- 2377 Jeevika members from 1216 Jeevika groups in three districts of Bihar have been trained on TB to conduct community engagement activities

Introduction and rationale

India, with an estimated 2.6 million Persons with TB (PwTB), has the highest burden of TB in the world. The country accounts for 26% of the global TB burden, 27% of drug-resistant TB (DRTB) cases, 36% of TB deaths, and the largest number of TB-HIV co-infected PwTB. Although there has been an increase in TB notification over the years, thereby reducing the missing cases, but the gap remains. There is a need to focus more on vulnerable people through TB elimination efforts.

Poor living conditions of migrants give rise to sub-standard environmental conditions coupled with high population density, making them more vulnerable to lung diseases, including asthma and TB. The proper understanding of health-seeking behaviour among the vulnerable could reduce delay in diagnosis, improve treatment compliance and improve health promotion strategies, particularly for TB.

The National Strategic Plan (NSP) of the National TB Elimination Programme (NTEP) for 2017-25 emphasizes the need for the community's active participation in ending TB. KHPT is implementing 'Breaking the Barriers' project in Bihar funded by USAID for migrants and the urban vulnerable population.

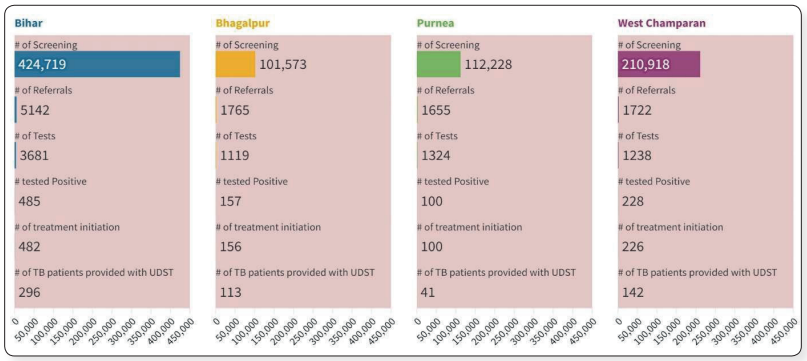
Objectives:

To develop and implement community engagement strategies for vulnerable population groups such as the urban vulnerable and migrants for increased case detection, notification and successful treatment outcomes.

Overall approach and Key Strategies:

The following activities have been undertaken:

- Consultation/key informant interviews and interactions with persons working for TB control in the district
- Validating information through focus area mapping
- Shortlist formal, informal and traditional community networks (Jeevika Groups) that exist within each of the vulnerable groups using a checklist and conduct consultation with shortlisted groups
- Conduct perspective-building workshops with the key leaders from these selected Jeevika Groups on health and TB, the community's role, PwTB needs and vulnerabilities, and linkages, and develop a local action plan
- Regular handholding meetings with Jeevika (cluster meeting, Voluntary Organization meeting & SHG Meetings)



Community engagement by Jeevika groups

Implementation

The project's duration is for four years (March 2020 - March 2024). The table below provides information on the geographies, vulnerable population, and coverage as part of the initiative.

State	Districts	Type of vulnerable population	No. of TUs	No. of Focus Area Mapping sites covered	Total Population in the TUs	Total Vulnerable Population in the TUs
Bihar	Bhagalpur	Urban Vulnerable Population	8	45	462974	86297
	Purnea	Migrants	8	329	2248052	154170
	West Champaran	Migrants	8	249	2837797	318136
		Migrants & Urban Vulnerable	24	623	5548823	558603

Outcomes:

Mapping of Vulnerable Population:

SL#	Indicator	Bhagalpur	Purnea	West Champaran	Bihar
1	No of Jeevika Groups Shortlisted	239	614	537	1390
2	No of Jeevika Groups Selected	189	490	537	1216
3	No of Perspective Building Workshops conducted	22	40	34	96
4	No of Jeevika Groups participated in PBW	172	415	450	1037
5	No of Jeevika members trained	539	983	855	2377

Awareness for General Population:

SL#	Indicator	Bhagalpur	Purnea	West Champaran	Bihar
1	No of Awareness programs conducted by Jeevika groups	1004	1393	1618	4015
2	No of Health Camps conducted by Jeevika Groups	28	44	17	89
3	No of Jeevika groups which support persons with TB with non-medical needs	95	248	104	447

Key Recommendations:

To effectively use the community structures, it is necessary to follow below steps-

- Training of Health staff/Trainers at state/district level
- Identification of villages/sites with a significant vulnerable population
- Listing and training of selected Community Structures/Jeevika Groups working for vulnerable population
- Handholding of CS during weekly/monthly meetings
- Supporting CS in awareness generation, screening and referral
- Data analysis and gap identification
- Documentation of community engagement effort

Potential for replication and scale-up

Community structures like Jeevika reach each and every individual in the community. They are working to generate awareness in the vulnerable community and refer presumptive persons. They are also supporting the treatment adherence of persons with TB, and offer linkages to non-medical support, e.g. nutrition support.

The pilot shows that there is enormous potential with these community structures. Jeevika is a formal structure with saving and lending as their primary function, but this intervention has showed that the Jeevika leaders have the potential to think and act beyond their assigned tasks and are ready to take up health agenda for the community.

CHHATTISGARH

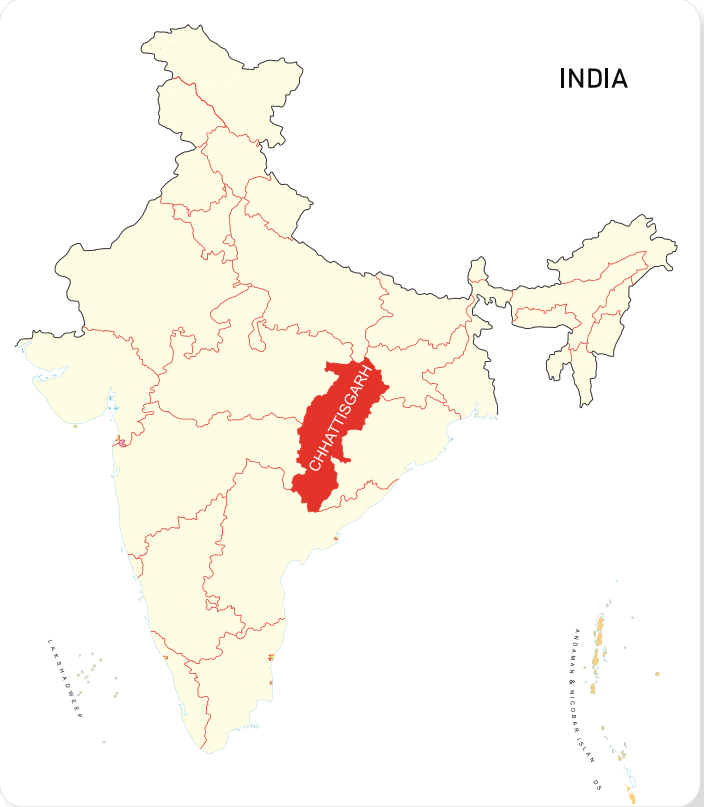
Using a Community Accountability Framework (CAF) for TB stigma reduction

Sub Track:

Role of community networks in TB stigma reduction activities in vulnerable settings

Highlights

- Through a consultative process with the state NTEP, the TB Champions ideate, and generate resources to address identified gaps in the TB response, especially stigma
- CAF is being implemented in three districts, covering a population of approximately 48.26 lakh
- About 9,358 PwTBs were registered on the Ni-kshay Portal in three districts in one year



Introduction and rationale

Stigma and discrimination associated with TB are recognized as the most critical human rights-related barriers hindering the fight against TB. The most common cause of TB stigma is the perceived risk of transmission from TB-infected individuals to susceptible community members. This has an adverse impact on the health and health-seeking behaviour of people with TB. The social impact of stigma associated with TB on vulnerable populations like women, tribals, etc. prevents them from accessing healthcare in a timely manner, prolonging their ill-health further, and leading to adverse consequences on their overall health. The NTEP, in collaboration with REACH's USAID-supported Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project is working to reach the last mile towards realizing the goal of TB elimination.

Objectives

Testing a Community Accountability Framework (CAF) to improve the quality of TB care and services.

Overall approach and Key strategies

Through the implementation of the CAF initiative in Chhattisgarh, TB Champions fill a Quality Assessment Tool (QAT) every month through which they are able to identify gaps, including stigma.

Through a consultative process with the state team, the TB Champions prioritize gaps and begin to ideate and generate resources to address the identified gaps. This work is being done under the guidance of the state NTEP to improve the quality of TB care and services.

TB Champions meet NTEP staff every month to get a list of persons with TB (PwTB) who have been registered for treatment. Once the TB Champions get the list of PwTBs, they contact them to get their consent and availability for field data collection.

Once an agreeable time has been fixed, the TB Champions meet the PwTB and fill up a hard copy of the QAT. The document is then checked and data is entered into the KoboCollect mobile application. The data is then analyzed by the ALLIES district strategists. This is followed by a meeting with the TB Champions to discuss the emerging gaps, which are then prioritized and addressed.

TB Champions have also been trained on rights-based approaches to TB and health to enable them to recognize stigma and discrimination when they interact with PwTB. They reveal their status as a TB survivor during these interactors. These conversations encourage and convince PwTB to speak about themselves.

As part of their work, the TB Champions provide psycho-social support to PwTB, and counselling services to the family members. PwTB who face stigma are counselled and followed up until the fear and discrimination that they face are allayed.

TB Champions also conduct awareness sessions in the community where the PwTB face stigma and discrimination. About 379 TB awareness sessions have been conducted in the past year, covering 5,772 people in the three districts.

The state-level TB Survivor-led network TB Mukt Chhattisgarh Foundation (TBMCGF) has also been actively involved in these initiatives. Recently, the office-bearers of the TBMCGF, along with NTEP staff, were part of a TB awareness drive. Using mics fitted on bikes, TB Champions travelled about 20 km covering eight Gram Panchayats, and spreading messages on TB symptoms, diagnosis, and treatment.

TheHitavada

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People being educated on TB

TB Free Raipur Foundation members carrying out awareness campaign.

■ Staff Reporter
RAIPUR, Apr 28

TUBERCULOSIS Free Raipur Foundation has been carrying out awareness campaign against the rumors in Arang Development Block of Raipur District. The foundation members are dispelling fake news about TB and educating people about symptoms of TB.

Speaking regarding the campaign, TB Free Foundation President Nohari Chandrakar informed that 51 TB Champions are working to eradicate TB from Raipur. In the state, there are 411 TB Champions are working with the foundation with a sense of altruism. Most of the champions are previous TB patients that have suffered the disease for a long time. Now, after getting healthy, they want to protect others with awareness.

He said there is a discrimination against TB patients in people. Information about the disease in society and community is crucial to eradicate it. They're carrying out awareness through public announcements. People are being informed to seek medical assistance in case anyone suffers sustained coughing for over 2 weeks, lack of appetite, weight loss, sweating in night, chest pain and blood in phlegm are all symptoms of TB.

Senior treatment supervisor Tara Sahu informed that government is running many programmes for TB awareness. Many people have emerged victorious against TB through these programmes.

Informer is given a reward of Rs 5,000 for identifying a TB patient. Entire medical treatment is free of cost at Government Hospitals.

Activities under the CAF receiving media coverage

PRI members sensitized on TB have also contributed to TB awareness for stigma reduction. They have utilized public gatherings for TB awareness and IEC distribution. The sensitization of the school children on TB have resulted in creation of community volunteers who discuss TB in their families and identify those with TB symptoms. They inform Mitanins or Auxiliary Nurse Midwifes (ANMs) about family members with symptoms of TB. Spreading awareness among school children about TB promotes reduction in TB-associated stigma in the community.

Implementation

The ALLIES project is currently being implemented across three districts, namely Raipur, Durg, and Balod in Chhattisgarh, covering a population of approximately 48.26 lakh.

Outcomes

About 9,358 PwTB were registered on the Ni-kshay Portal in three districts in one year. TB Champions covered approximately 3,841 PwTBs which is about 41% of the total PwTBs covered.

Key recommendations

From the experience so far, we can say that the CAF has the potential to reach the last mile towards TB Elimination, because it attempts not only to identify gaps but also to address them.

Potential for replication and scale-up

The National Strategic Plan (NSP) in TB elimination (2017–25) recommends identifying and training more TB survivors to TB Champions. TB survivors are first trained using the 'From TB Survivor to TB Champion' curriculum, followed by the training on CAF, which further enhances their skills to work towards improving the quality of TB care and services. The CAF initiative can be replicated among all TB Champions of other districts in Chhattisgarh.

JAMMU & KASHMIR

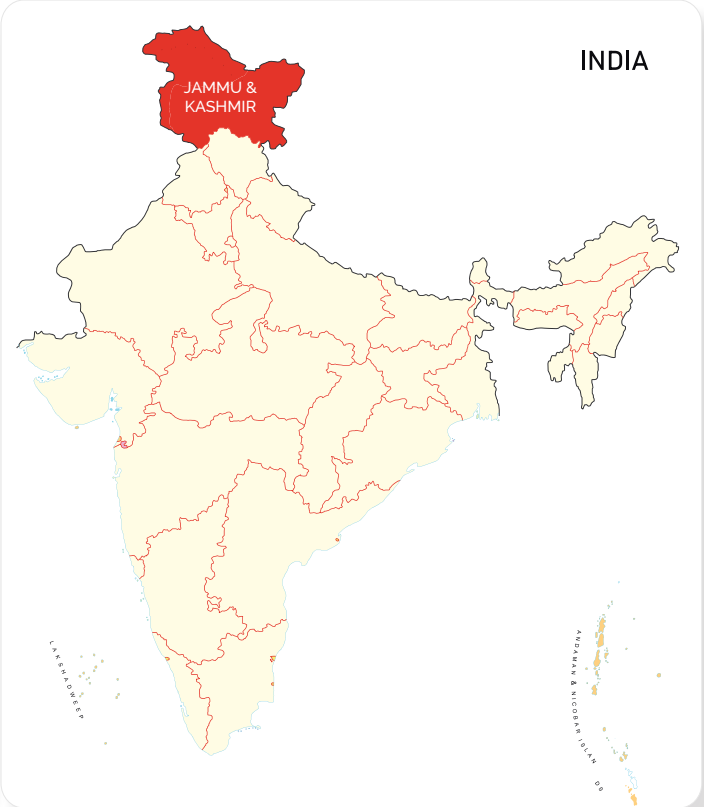
Har Ghar Dastak: A state-level initiative for Active Case Finding

Sub Track:

Involvement of formal and informal community groups to bridge gaps in TB referrals and testing.

Highlights

- Har Ghar Dastak is a state-level initiative for house-to-house intensified active case finding conducted across Kashmir Division
- The initiative particularly focused on rural, urban, and tribal populations, especially in hard-to-reach areas
- A total of 109554 presumptive persons were identified, out of whom 17 persons were detected with TB in a five-month period



Introduction and rationale

"Har Ghar Dastak", a state-level initiative for intensified active case finding (ACF) was initiated on the instructions of the higher authorities to screen the whole population. The primary objective was to find missing cases and move towards TB elimination targets in all districts of Kashmir Division, with the help of ground staff available at Tuberculosis Unit (TU) level.

Objectives

- Screening the whole population to detect active/presumptive TB case, reducing the risk of poor treatment outcomes, and adverse social and economic consequences of TB for the individual, which in turn can reduce the prevalence and deaths from TB.
- Reducing the duration of TB transmission through active case finding.
- Screening to help identify people who are at a particularly high risk of developing active TB in the future and thus may require repeated screening.

Overall approach and Key strategies

- House to house intensified ACF to cover the whole population in Kashmir Division
- NTEP Staff were deputed in a group of three members, including the concerned Senior Treatment Supervisor, Community Health Officer and ASHA
- A sputum sample was collected on the spot if any presumptive TB case was identified; it was later transported to the nearest Designated Microscopy Centre/Lab for testing
- If any positive case was detected, contact tracing was immediately initiated
- All basic TB services were provided to the concerned person with TB (PwTB)
- Awareness and sensitization sessions were conducted within the vicinity
- Ni-kshay IDs were created for the concerned PwTB to keep track of progress
- All symptomatic contacts were made to undergo further assessment

Implementation

The Har Ghar Dastak initiative was started on December 6, 2021, and continued until the end of April 2022, covering all districts of Kashmir division and a target population of rural, urban, tribal, and hard-to-reach areas. Through this initiative, a total of 109554 presumptive person were identified, out of which 17 persons with confirmed TB were detected.

Outcomes

Initially, 56513 presumptive persons were identified, of which 7 with TB were detected in December 2021. There was an increasing trend of identification and detection, and by the end of April 2022, 109554 presumptive persons had been identified, and 17 persons had been detected with TB.

Key Recommendations

All basic facilities should be made available across all health facilities for scaling up of initiatives like this to achieve targets.

Potential for replication and scale-up

For TB elimination in Kashmir Division and to achieve our vision of a TB-Free Kashmir ahead of 2025, these initiatives play a vital role and can be replicated in any part of the country which can scale up the process of finding more TB cases and provide better services at the nearest health facility.

KARNATAKA

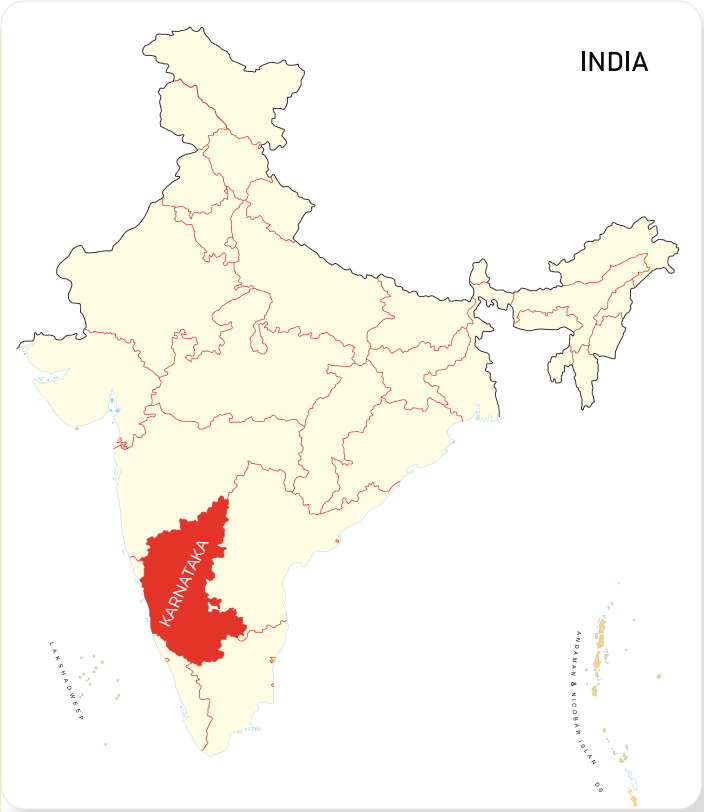
Approaching TB elimination through community engagement

Sub Track:

Involvement of formal and informal community groups to bridge gaps in TB referrals and testing.

Highlights

- The primary objective of the community engagement approach is to empower persons with TB and caregivers among the vulnerable population and to create an enabling and non-stigmatizing environment that can support their treatment journey
- The model actively engages with issues of those diagnosed with TB, links them to available services through frontline workers and state-mandated structures, and addresses gender barriers and stigma to create an enabling environment among communities for PwTB
- Using the health management kit Gram Panchayats conducted 11,116 non - communicable disease screening camps and screened 4,92,951 persons; 12,50,816 individuals were screened under the Kshaya Nirvana program for TB and referred for testing



Introduction and rationale

Community engagement is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impacts and outcomes. Community engagement aids in strengthening the trust between the community and national programmes by providing a platform for the community to have their voices heard, and their views considered and acknowledged. Community engagement also helps in

enhancing the accountability of health services and improving the quality of care. It plays a critical role in the mission to end TB by supporting early case identification, treatment completion, and scale-up of TB preventive interventions, while reducing/preventing stigma and discrimination associated with TB, and addressing the social determinants of TB.

Objectives

The objective of community engagement activities is to empower persons with TB and caregivers among the vulnerable population and to create an enabling and non-stigmatizing environment that can support their treatment journey.

Overall approach and Key strategies

The state has adopted the strategies of engaging TB champions, Self-Help Groups (SHG), and NGOs working in the respective geographical areas by training them on TB. They engage in activities providing person-centric care, social and vocational support, and gender-sensitive approaches to TB. Under the Government of Karnataka's Graama Panchayath Arogya Amrutha Abhiyaana (GPAAA) and through the Breaking the Barriers project of KHPT and USAID, the state is implementing community-based approaches across five districts of Karnataka.

Implementation

Formal SHGs in districts have been enlisted and sensitized through the TB programme, and they are actively involved in symptom screening and referral activities. Similarly, under the Breaking the Barriers project they have created a pool of individuals called community structures, which include SHGs, youth groups, informal groups, unions etc.

TB Champions are capacitated and sensitized on TB and their perspective on TB is built. They are equipped with communication and advocacy skills, and mentored to carry out these activities. Increased involvement of TB Champions in in-person care and support and advocacy initiatives, working with Care Support Groups, community structures, and health officials at different levels to support. This leads to the creation of an enabling environment at the community level. The Champions facilitate interactions with key stakeholders such as the healthcare providers and NTEP staff, using community-friendly tools for advocacy at the local level.

Care and Support Groups (CSG) or PwTB-provider meetings also serve as a platform for TB and their caregivers to support and motivate one another to complete their treatment by sharing their experiences regarding treatment, consumption of nutritious food, and other concerns like stigma and discrimination. Persons with TB may also be provided nutrition support and linked to social welfare schemes for which they are eligible, such as the Ni-kshay Poshan Yojana. The CSGs help staff identify persons with TB (PwTB), and caregivers as TB Champions actively play a role in addressing systemic issues by providing feedback to local stakeholders on the quality and availability of drugs and services, and whether or not they meet person-specific needs.

The Kshaya Muktha Karnataka (TB free Gram Panchayat) programme has conducted IEC activities, verbal screening for TB in the villages, and linked PwTB to other social welfare schemes.

All these community engagement models actively engage with issues of those diagnosed with TB, link them to available services through frontline workers and state-mandated structures, and address gender barriers and stigma to create an enabling environment among communities for PwTB.

Outcomes

- About 657 TB champions have been identified, 377 trained and 473 engaged in various community engagement activities. About 200-250 SHGs have been trained in the districts of Mandya and Gadag and have actively involved in TB screening and referral activities, as well as awareness generation activities.
- A minimum of two person-provider meetings are held every month in each taluk at every district.
- Gram Panchayats have started linking PwTB to various social welfare programs, including nutrition support, employment, or livelihood under the Kshaya Asare program.
- TB sollisi GP gellisi, (TB Haarega Desh Jeetega) is in campaign mode, through which all GPs have planned various IEC activities like street plays, essays and quiz competitions in school, colleges.
- Using the health management kit Gram Panchayats conducted 11,116 non-communicable disease screening camps and screened 4,92,951 persons;12,50,816 individuals were screened under the Kshaya Nirvana program for TB and referred for testing.

Key recommendations

All these community engagement activities will lead to the active participation of the community and make them take the responsibility of TB elimination into their own hands.

Conclusion

Community engagement activities will in turn lead to a people's movement or Jan Andolan in real terms. Such activities will improve the coverage of specific vulnerable populations, such as urban vulnerable groups, tribal communities, migrants, and mining/industrial workers, and will contribute to increased case notification, and improved successful treatment outcomes in drug-sensitive TB and drug-resistant TB.

ODISHA

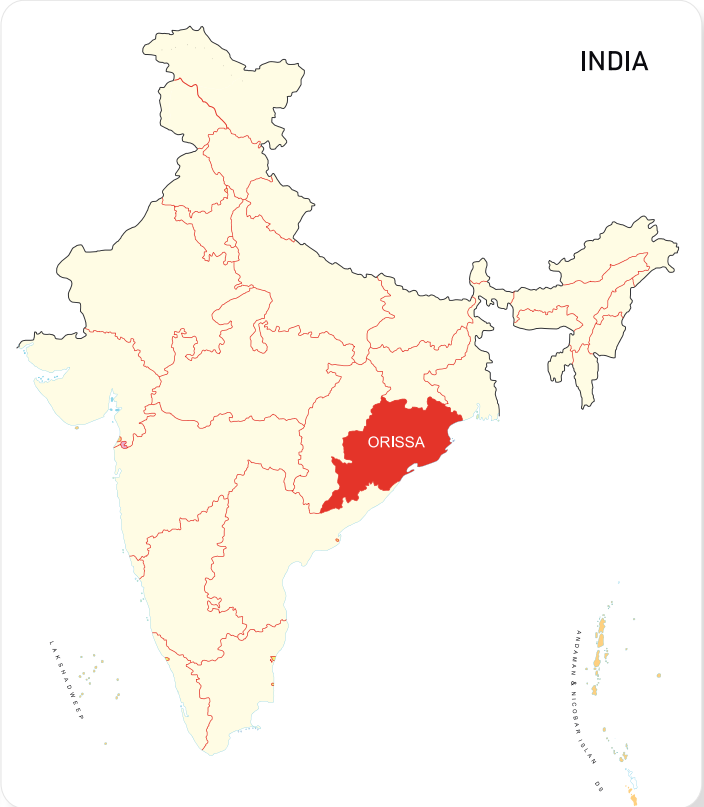
The Community Accountability Framework (CAF): An approach to strengthen community ownership to improve the quality of care in TB services

Sub Track:

Promoting partnership between Healthcare Providers and TB communities to strengthen person-centred care.

Highlights

- The Community Accountability Framework aims improve the environment for TB elimination by promoting community action for accountability.
- CAF processes are being implemented in 28 Tuberculosis Unit (TUs) in three districts of Odisha keeping high burden TUs a priority.
- The approach has shown improvements in Ni-kshay Poshan Yojana bank linkages, timely treatment initiation, and treatment adherence.



Introduction and rationale:

The Community Accountability Framework (CAF) is an approach where the TB Champions act as a bridge between the community and the healthcare system to draw attention of the health care systems to community-based issues concerning health care. In doing so, communities work in coordination with healthcare providers through a consultative process to improve outcomes of TB treatment and care. Thus, it attempts to bring in the persons with TB (PwTB) their caregivers and the TB champions as ALLIES to the TB program. CAF as an approach recognizes the rights and responsibilities of both PwTB and healthcare systems. Hence, the role of TB Champions is pivotal, as they play the role of community advocates in a consultative process with the healthcare providers to improve the quality of TB care services for their communities.

Objectives:

To improve the environment for TB elimination by promoting community action for accountability.

Overall approach and Key Strategies:

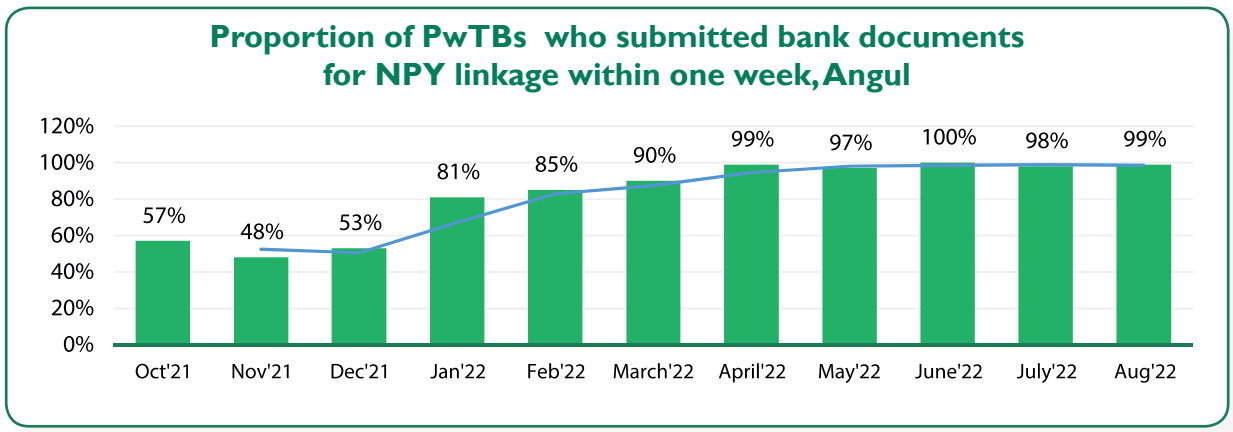
A comprehensive tool, specially designed for the purpose, has defined parameters of 'Timeliness', 'Accessibility', 'Quality of information', and the existence of stigma associated with TB at different levels. These parameters that are part of the CAF assessment are in line with the priority quality indicators under the National TB Elimination Programme (NTEP). This CAF tool is used with the PwTB to assess the gaps. Based on the identification of gaps, TB Champions themselves generate their Block Action Plans (BAP) for addressing those prioritized gaps. TB Champions implement their BAP based on locally available resources and local solutions, thus making the solutions community-centred and community-led. This in turn ensures that the community can hold health systems accountable for TB care services. Thus, this is a cyclical approach to redress the identified gaps in each cycle to bring quality to the TB care program.

Implementation

These CAF processes are being implemented in three districts of Odisha, namely, Angul, Bhubaneshwar, and Mayurbhanj, keeping high burden TUs a priority. These include eight TB units (TUs) in Angul, a district of the industrial belt; three TUs in Bhubaneswar, an urban belt, and 17 TUs in Mayurbhanj, a district in the tribal belt. The implementation of CAF was initiated in April 2021 and is continuing. Through this process, the following are the major activities that are undertaken: local level advocacy with Health Care Providers (HCP), Panchayati Raj Institution members, and other community-based stakeholders; community level awareness programs; addressing TB relating stigma; supporting family visits, and contact tracing in coordination with HCPs. This project (ALLIES) is being implemented by REACH with support from the United States Agency for International Development (USAID).

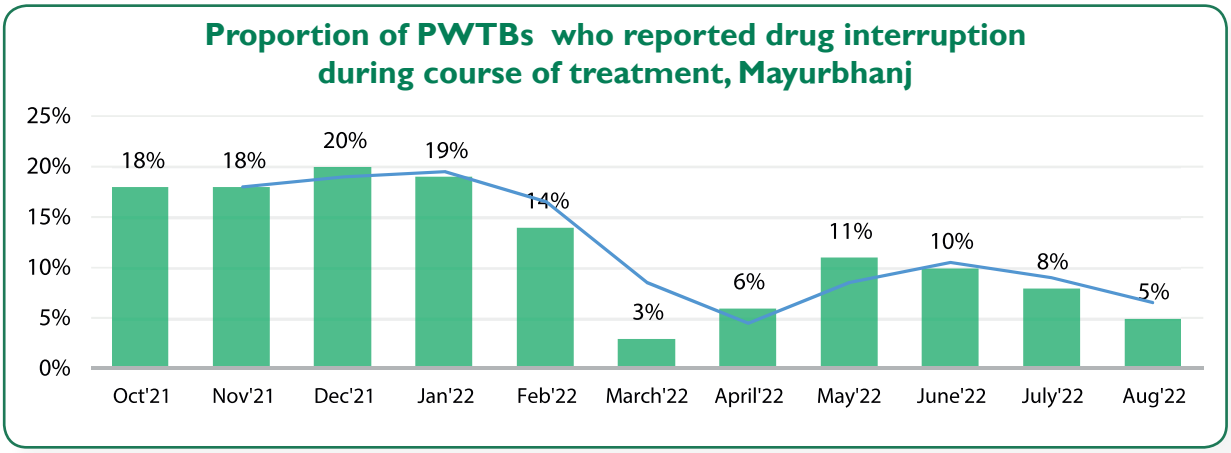
Outcomes

There have been significant improvements over this period with the active support of the TB care program in the areas of Ni-kshay Poshan Yojana, treatment adherence, psychosocial support, family visits, counselling, and so on. The following graphs highlight the trends.



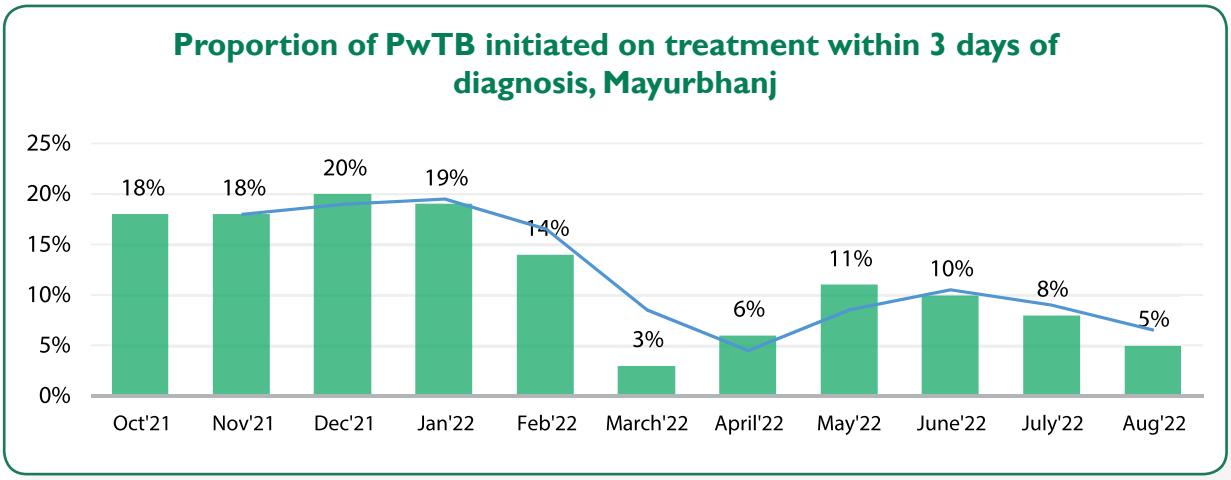
Graph-01: Proportion of PwTBs who submitted bank documents for NPY linkage within one week, Angul

Graph-01 shows the trend of bank seeding within a week of treatment registration. The graph shows how coordination and consultation at the field level contributed to the improvement of this indicator over a period of time. During the CAF implementation process, hand-holding support towards bank linkages under NPY and coordination at the community level is evident in the positive trends of this indicator.



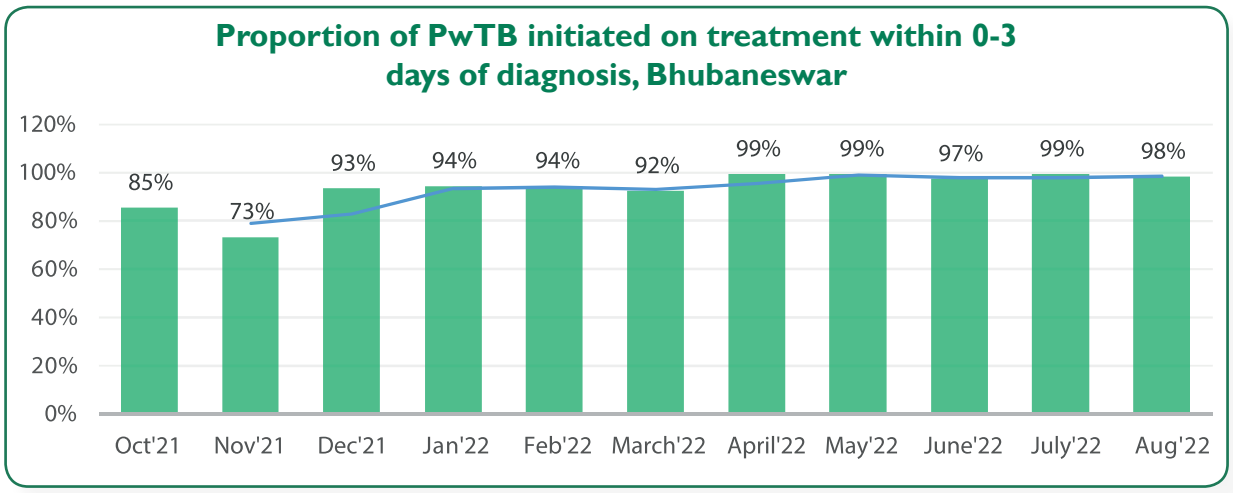
Graph-02: Proportion of PWTBs who reported drug interruption during course of treatment, Mayurbhanj

Graph-02 shows the trends in responses of PwTB from the TUs of Mayurbhanj who were assessed under CAF on their drug interruption over the months from October 2021. The dip in data on drug interruption depicts a significant impact on treatment adherence due to the regular coordination and consultation between the treatment supporters, PwTB, and health staff.



Graph-03: Proportion of PwTB initiated on treatment within 3 days of diagnosis, Mayurbhanj

Graph-03 shows the trends in the timeliness of the treatment initiation. The data covered here are of responses from persons with Drug sensitive TB (DSTB) in Mayurbhanj. There have been positive trends over this period in the treatment initiation within an ideal time frame, i.e. 3 days of diagnosis. With the active involvement of TB Champions in coordination with the health staff in Mayurbhanj, this margin of delay in treatment initiation has been addressed, and by end of August 2022, 99% of PwTB reported that they had initiated their treatment not later than 3 days from the time of their diagnosis.



Graph- 04: Proportion of PwTB initiated on treatment within 0-3 days of diagnosis, Bhubaneswar

Graph-04 shows the trends of timeliness in initiating the treatment. The data covered here is of responses from people with DSTB who are currently on treatment. It shows the positive trend over these periods in the treatment initiation in an ideal time frame, i.e. 3 days of diagnosis, through regular consultation by the TB Champions in Bhubaneshwar with the Senior TB Supervisors and TB Health Visitors. It has addressed this margin of delay in treatment initiation, and by end of August 2022, 98% of PwTB reported that they had initiated their treatment within 3 days of their diagnosis and not later than that.

Key recommendations

- Handholding support and coordination between HCPs and TB Champions can strengthen the TB elimination programme.
- Utilizing the expertise of TB Champions as community mobilizers and advocates can strengthen the TB response.
- TB Forum Meeting are opportunities for TB Champions to share their best practices and enable a consultative process to help improve the quality of care and services in TB.
- Cross-learning visits between districts are an opportunity to highlight the innovations of district programs for a positive impact on TB elimination in the state.

Potential for replication and scale-up

CAF is a participatory approach that can bring accountability in TB care services. Since presently it is being implemented in three districts in Odisha, and there are TB Champions in every district, this could be an ideal approach to replicate and roll out across the districts/state.

TELANGANA

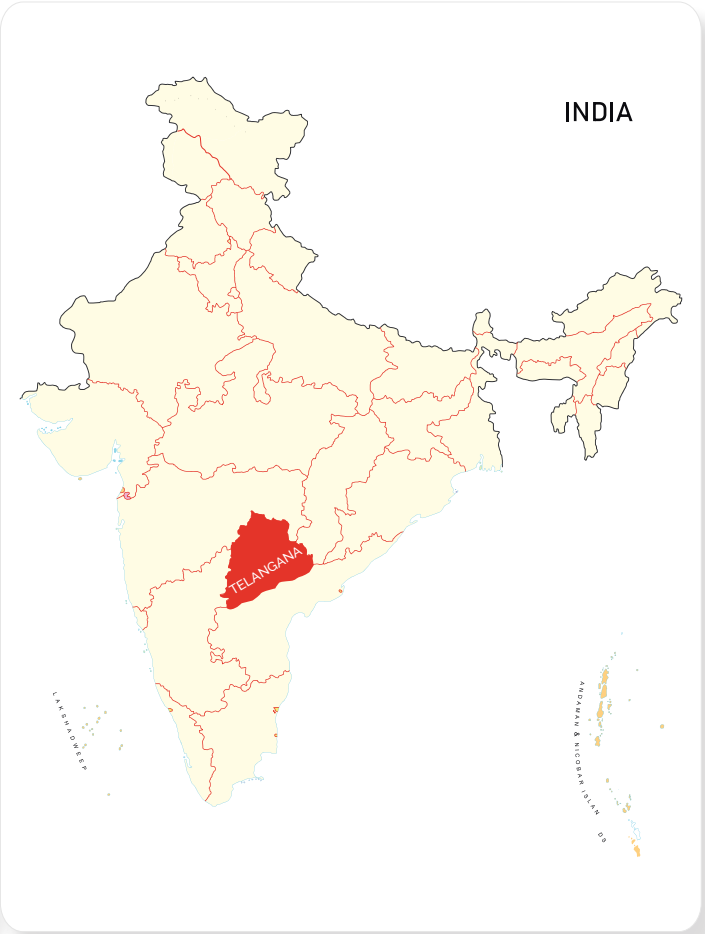
Mapping of priority vulnerable populations to bridge the gaps in the delivery of TB prevention and care services

Sub Track:

Involvement of formal and informal community groups to bridge gaps in TB referrals and testing

Highlights

- Mapping was conducted in 23 Tuberculosis Units (TUs) in four districts of Telangana, with a population of 6.9 million.
- The mapping exercise was one of the foundational activities that systematically collected and collated information on the spread of the vulnerable population, their socio-demographic details, and also information on affordability and availability of health care services, as well as socio-cultural barriers.
- The learnings from this mapping exercise can potentially help in the identification of the clusters of specific key priority populations in the context of TB.



Introduction and rationale

The National Strategic Plan for Elimination of Tuberculosis has recommended that vulnerable populations be the focus of TB prevention and control activities. Identifying these populations and the geographic pockets is crucial to devise population-specific strategies. Under the USAID-funded Breaking the Barriers (BTB) project, supported by KHPT in association with TB Alert India, we adopted a robust mapping process in 2020 in selected districts of Telangana.

Objectives

The mapping exercise was one of the key foundational activities that systematically collected and collated information on the spread of the vulnerable population, their socio-demographic details, and also information on affordability and availability of health care services, socio-cultural barriers etc. The core objectives of mapping were:

- Identification and prioritization of localities/sites where vulnerable populations are concentrated
- Identification and listing of community structures - informal groups including Self-Help Groups, labour unions, and youth associations - working in these localities, which can support sustainable behaviour change for the prevention of TB, improved case detection, and successful treatment outcomes

Overall approach and Key strategies

The districts for intervention were selected through due deliberations with the state project teams and NTEP officials. In Telangana, the focus in Hyderabad and Warangal districts was on the urban vulnerable, while in Mahabubabad and Sangareddy districts, tribal and industrial workers, respectively, were considered as priority populations. We conducted mapping in 23 Tuberculosis Units (TUs) in the selected four districts of Telangana, with a population of 6.9 million.

The TUs were finalized based on the proportion of the vulnerable populations from the key informant interviews against the town population, as well as the 2019 TB notification rate. In Step 1, we conducted interviews with key informants involved in the National TB Elimination Programme (NTEP) to list specific vulnerable populations and the hotspots. Step 2 involved collation and prioritization of population groups after consolidating the findings from Step-1 and a review of Ni-kshay data. Finally, in Step-3, the information collated was validated by visiting each geographic location/area and conducting group discussions with members of the vulnerable population, local health workers, and not-for-profit agencies.

Implementation

The mapping exercise was conducted in Telangana during September 2020-March 2021. Data was collected by the Community Coordinators (CCs) employed by the BTB project for implementation of the project activities. Involvement in data collection provided them with the opportunity to get familiar with the community, as well as build a rapport with the NTEP staff and community leaders. In each of the states, a two-day orientation was organized to train the CCs on the tools, selection of key informants, and ethics of data collection. Following the orientation, practice sessions were conducted.

Outcomes

Overall, 97 key informant interviews (KII) were conducted in Step-1 in Telangana over six months. We identified 770 population clusters, which included a vulnerable population size of 2.1 million with 55% men and 45% women. Out of these, the urban population majorly residing in slums was the dominant vulnerable group contributing to 72% of the total estimated population size; this was because mapping was carried out mostly in urban TU clusters. Apart from this population, 11% were factory or industrial workers, 13% tribal, 3% construction site workers, and another 2% belonged to various other vulnerable

groups. Additionally, it was found that around 40% of the sites reported the presence of persons with TB, over 60% of the were situated within 1-2 km distance from the nearest public health institution. Around 43% of the sites reported the presence of community structures who work with vulnerable groups, out of which nearly 70% were self-help groups (SHGs).

Key recommendations

There are no proven models/approaches that demonstrate success in addressing TB in the unique socio-cultural and economic contexts of these population groups which are identified as 'vulnerable' as per the national guidelines. The learnings from this mapping exercise can potentially help in identification of the clusters of specific key priority populations in the context of TB.

The mapping process adopted helped in identifying priority populations and to understand their geographic spread, which are essential to devise relevant TB response strategies that will help to detect TB and improve treatment outcomes among these groups, thereby accelerating TB response at the national level. It is recommended that this approach be implemented across all TUs of NTEP districts.

Potential for replication and scale-up

Keeping in mind the importance of identifying clusters of specific priority populations to develop relevant TB response strategies, there is potential for replication and scale-up of this activity.

TRACK B:
PERSON CENTRED MODELS FOR TB CARE

ASSAM

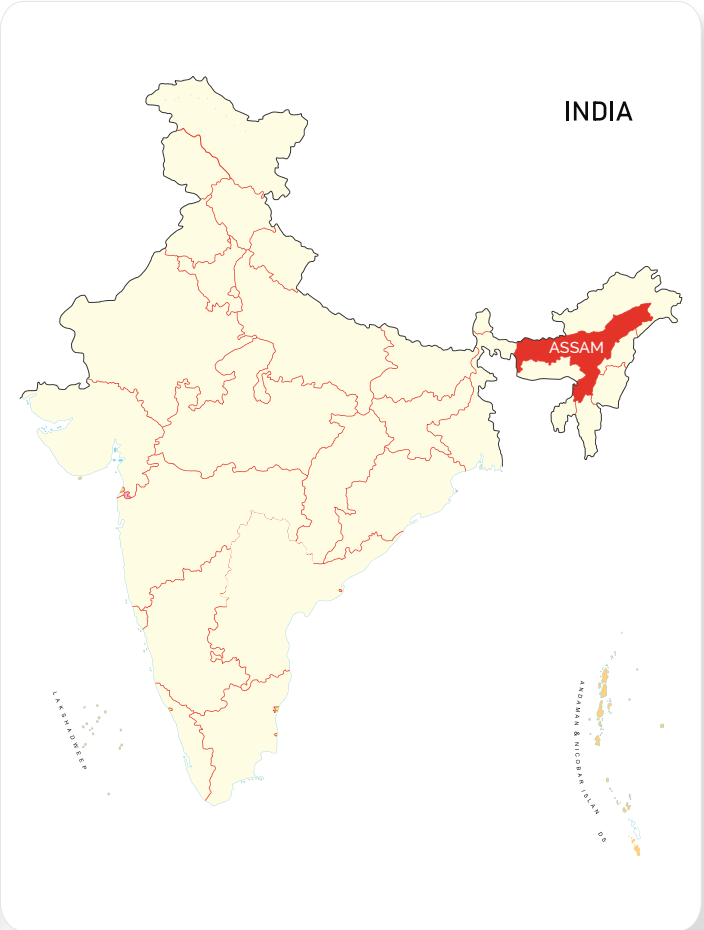
Behaviour Change Solutions triggering health-seeking behaviour towards greater case finding and treatment adherence of TB in 9 TUs of Baksa, Dibrugarh & Kamrup(M) Districts

Sub Track:

Psychosocial approaches for treatment adherence interventions

Highlights

- Develop and scale up effective behaviour change operational models that improve coverage of vulnerable populations (4,88,488) across the 9 TUs.
- Use of existing community structures through capacity building trainings and handholding activities in strengthening the TB response among vulnerable populations.
- Behaviour Change Solutions are supporting faster TB notification and better treatment adherence among the vulnerable



Introduction

The government of India aims to eliminate TB by 2025. In order to identify and treat persons with TB, including those who are not diagnosed, there is a need for diverse approaches. Vulnerable populations like urban vulnerable, mining, migrants, tribal, industrial, and tea garden workers have a higher risk of developing TB compared to others due to occupational hazards, geographical limitations, socio-economic inequalities, stigma, and gender discrimination.

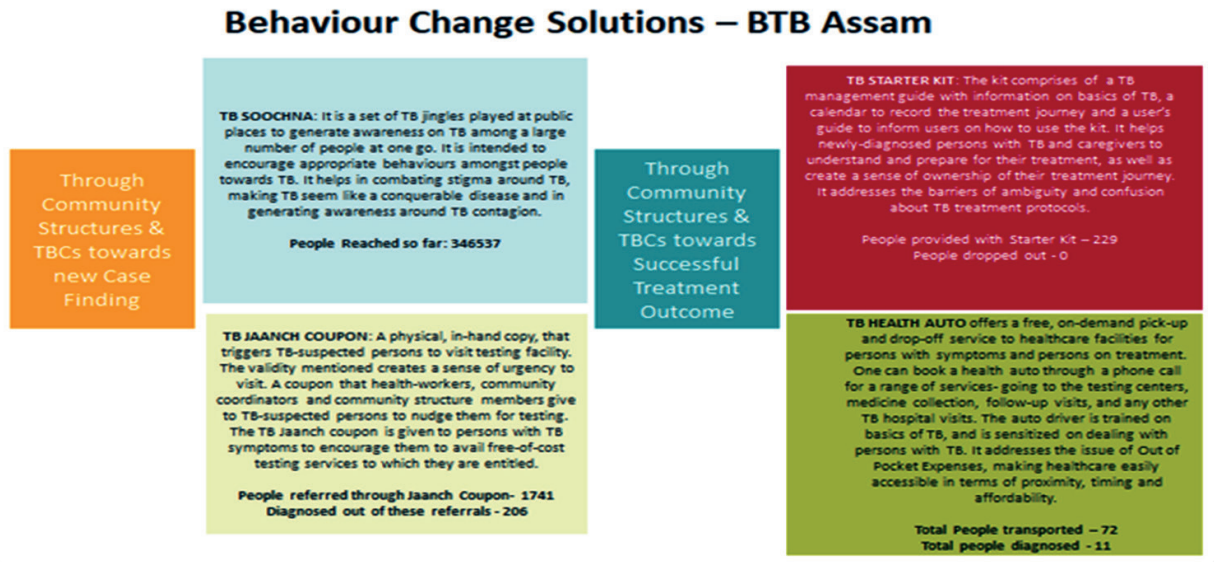
In order to ensure they are reached out to a behavioural change intervention guided by behavioural economics approach that has considered the unique sociocultural contexts of individual vulnerable groups was piloted in the three districts of Baksa, Dibrugrah and Kamrup (M). Implementation of these innovative behavioural change solutions (BCS) has resulted in faster TB notification and better treatment adherence among vulnerable populations.

OBJECTIVES:

- Develop and scale up effective behaviour change operational models that improve coverage of vulnerable populations (4,88,488) across the 9 TUs.
- Increased case notification, and improved successful treatment outcomes in DS TB and DR TB.

Approach

- Existing Community Structures (SHGs, VHSNCs, VDP, Unions, Mothers/Youth Clubs, other local associations, etc.) from the vulnerable communities were identified, trained and engaged in TB response activities.
- The selected community structure leaders undergo capacity-building training on the basics of TB, followed by regular handholding and guidance on organizing local activities that can influence health-seeking behaviours among the larger community.
- Active involvement of community structures in leading these local activities in support of TB Elimination, demonstrates high ownership and stake of the communities.



Key Activities

- Promote positive messaging & awareness (IEC) around TB in communities.
- Refer TB symptomatic for testing.
- Support in DSTB & DRTB notification.
- Mobilise support for PwTB & families (nutrition, counselling, social schemes), while facilitating treatment adherence.
- Increase demand for services areas.

Outcomes

- Behaviour change solutions are supporting faster TB notification and better treatment adherence among the vulnerable.
- Greater ownership from communities due to the ease of usage of the solutions.
- District & State NTEP find these very promising.

Name of the BCS	Achievement till 31st August 2022	Person reached/ Diagnosed	BCS outcomes
TB Soochna	43 sites coverage	346537 reached	Increased footfall for TB related services
TB Jaanch Coupon	1741 coupons distributed	206 diagnosed with TB	Conversion rate of 11.83%
Starter Kit	Provided to 229 PwTB	228 used starter kit	100% adherence. 1 expired
Health Auto	72 Persons benefited	11 diagnosed	Conversion rate of 15.27%

Key Recommendations

- Scientific approaches like behavioural economics can be leveraged successfully to address the needs of communities.
- Use of such approaches can help policymakers and health care service providers to better understand the needs of the vulnerable communities and design policies accordingly.
- Several of the BCS may be piloted as Best Practices in wider geographies.

Potential for Replication & Scale up

- BCSs offer scientific tools to trigger health-seeking behaviour among the vulnerable populace.
- These offer a range of innovative solutions with most requiring bare minimum additional cost or costs which may be borne from existing state/district budgets.
- Leveraging on the existing capacities of the Community Structures offers sustainability and high ownership by the communities
- Greater "Demand" generation and higher participation of the communities in the "Care & Cure" continuum.
- Ease of implementation in alignment with the CTD Guidance Document.

KARNATAKA

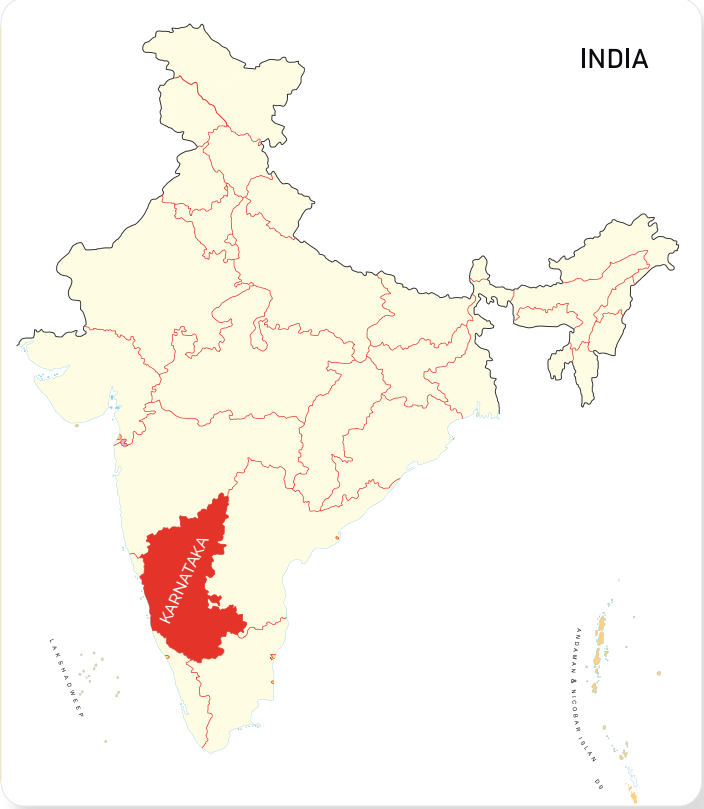
Differentiated TB care model

Sub Track:

Novel approaches to address difficult psychosocial attributes (such as alcoholism, living alone, elderly, etc)

Highlights

- Introduce differentiated PwTB care based on the assessment of clinical parameters and institutionalize a comprehensive service delivery package for rapid reduction of preventable mortality among Persons with TB.



Introduction

India has 37% of the global mortality of TB, however, most of us are looking at TB incidence. There is a need to look at mortality. Co-morbid conditions contribute to morbidity and mortality. The CTD has given 18 parameters to assess persons with TB, but they are difficult to learn and apply. Karnataka simplified the document from the CTD as an SOP with criteria for hospitalization.

Severe TB and admission status at notification

	Severe TB (Yes)	Severe TB (No)	Total
Admitted (Yes)	87	78	165
Admitted (No)	336	319	655
Total	423	397	820

This would mean, over a 25 day period (15 Oct to 8 Nov = 25 days)

- **336** patients would need systematic referral and pre-treatment evaluation / admission in 16 districts
- 21 (336/16) would need systematic referral and pre-treatment evaluation / admission in one district

TB death Analysis in Karnataka

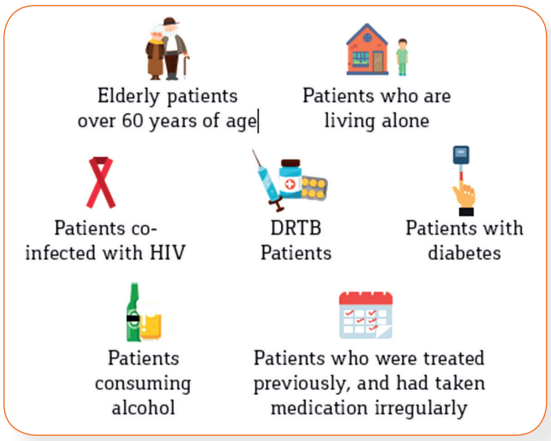
- 6839(8%) Persons with TB (PwTB) have died in 2019
- 33 TB Units out of 267 TB Units constitute 30% of deaths in the state.
- 70% of them are microbiologically confirmed.
- 15% of them are HIV reactive, 10% are TB Diabetic
- 15% of them died even before treatment initiation.
- 82% of the deaths have happened among new PwTB.
- The average duration between TB diagnosis and TB death is 57 days.
- 1052(15%) PwTB have died within 7 days of diagnosis of TB.

Objectives:

Introduce differentiated person care based on the assessment of clinical parameters and institutionalize a comprehensive service delivery package for rapid reduction of preventable mortality among Persons with TB.

Approach

- Not all PwTB are same
- The mortality rate was found to be 3 times higher among PwTB with any one of these risks when compared to PwTB having no risks
- DCM prioritises persons through a Risk And Needs Assessment process to provide personalized need-based care and support services

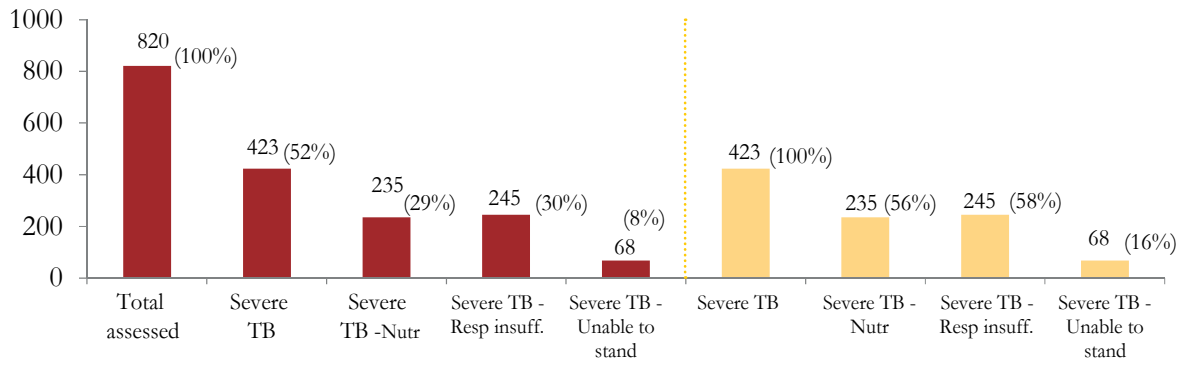


Key Activities

- Assessment of persons with active pulmonary TB
  - Clinical
  - Lab Based
  - Imaging
- Risk Stratification of PwTB for referrals
- Referral for hospitalization
- In-person care package
- Follow-up examinations of PwTB

High-risk TB assessment tool for use by non-medical TB staff

- Assessment by non-medical TB staff at the place of diagnosis
- We have selected indicators from the guidance document that can be assessed by a non-medical TB / general health system staff
- Severe TB, presence of <u>any one</u> (out of six)
  - Body mass index (BMI) ≤ 14 kg/m2
  - BMI ≤ 16 kg/m2 with pedal oedema
  - MUAC ≤19 cm
  - Respiratory rate >24
  - Oxygen saturation on pulse oximetry <94%
  - Unable to stand without support



Note: The proportions will not add up to 100% as there could be overlap of the severe TB indicators in one patient

Outcomes

- Currently a Commissioner order is in place that every Taluka Hospital and District Hospital is to allow 2-4 beds for PwTB
- In Karnataka, Ayushman Bharat covers PwTB with insurance

Key Recommendations

- It is important to offer a person-centric package of care, not just TB services.
- The aim is to prevent death. The simple criteria are doable by the Medical Officer

TELANGANA

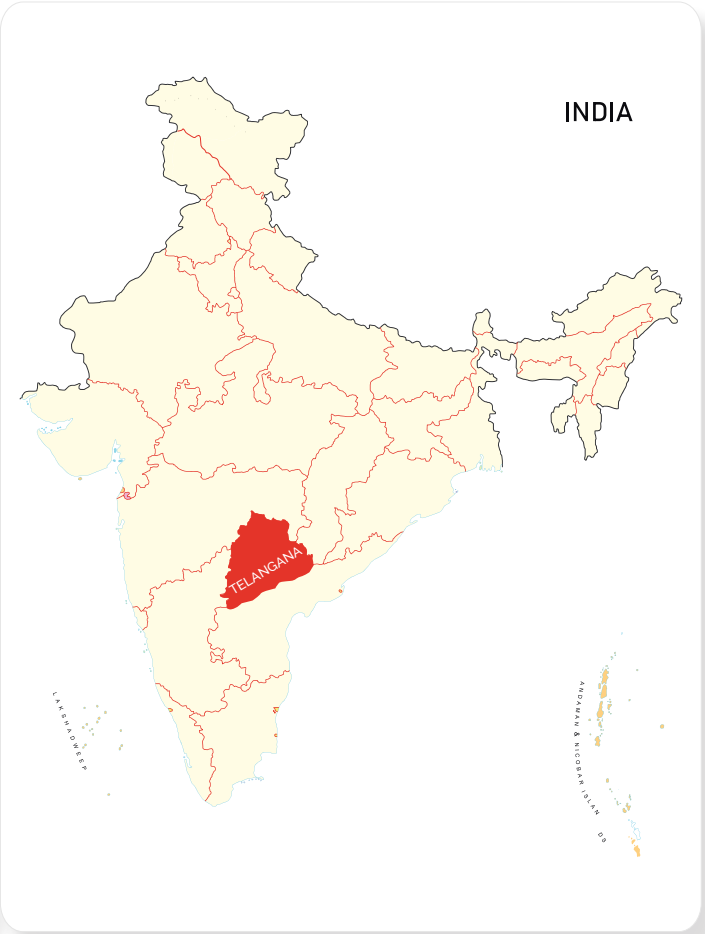
One Family: A TB prevention care and support service

Sub Track:

Psychosocial approaches for treatment adherence interventions

Highlights

- Care and Support Group meetings (CSGMs) aim to empower persons with TB by promoting self-confidence and, and to nurture them into TB Champions/Advocates.
- CSGMs are being conducted in 23 Tuberculosis Units across 5 districts in Telangana since October 2020.
- Between October 2020 - July 2022, about 1355 CSGMs were organized, and 107 Care Support Groups have been formed.
- Around 213 TB champions have provided support through 517 CSGMs



Introduction and rationale

In addition to medical support to persons with TB (PwTB), psychological care and guidance are of paramount importance. In the absence of appropriate care, PwTB are prone to emotional trauma, confusion, and psychological agony. PwTB hailing from economically and socially vulnerable segments face enormous stigma, deal with misconceptions, and other socio-economic challenges. All these factors adversely impact the physical and mental well-being of PwTB; this is turn contributes to poor treatment adherence, and eventually leads to unsuccessful treatment outcomes.

It has been evident through years of public health experience with PwTB that psychosocial counselling, peer support, timely guidance, and building confidence are important drivers for successful treatment outcomes. Addressing these barriers requires a multi-pronged approach that is defined and driven by individual needs and contexts of PwTB.

Bringing PwTB together as 'One Family' to discuss and provide mutual supportive guidance is an important and novel approach. With a vision to eliminate TB, the state of Telangana through the Breaking the Barriers, aims to provide TB prevention care and support services to PwTBs. To achieve this, the program has initiated a model of 'Care and Support Group Meetings' (CSGMs) to address and navigate solutions to ensure successful treatment outcomes.

Objectives

The goal of CSGMs is to empower PwTB by promoting self-confidence, and instilling hope for the future, and nurturing them into TB Champions/Advocates. The core objectives of CSGMs are:

- To enable PwTB-friendly interactions between PwTB and health care providers which help them overcome clinical doubts, psychological issues, and stigma faced by PwTB. Similarly, common concerns related to treatment, nutrition, follow-up tests, infection control, and side effects are raised through a friendly discussion.
- To serve as a platform for PwTB and their caregivers to support and motivate one another by sharing their experiences regarding treatment, consumption of nutritious food, and other concerns of stigma and discrimination faced by PwTB, and also address the supply system at facility level.

Overall approach and Key strategies

The overall approach of the intervention is based on the principle of 'Educate to Empower to Connect to Provide' bringing PwTB as 'One Family' to address both medical and non-medical needs with a human touch.

Strategically, CSGMs are organized on a fixed day once a month at Designated Microscopy Centres (DMCs) under the leadership of the Medical Officer (MO) with DMC staff support. These are organized after outpatient department (OPD) timings to avoid disturbances to the OPD. PwTB are reminded about the CSGM well in advance. At some DMCs, CSGM dates are stamped on the PwTB treatment card. This initiative is part of Breaking the Barriers (BTB) project, a USAID-funded project being implemented by KHPT in collaboration with TB Alert India in vulnerable districts of Telangana.

Implementation

CSGMs have been conducted as part of the BTB project in 23 Tuberculosis Units (TUs) across five districts in Telangana since October 2020. The key target groups are industrial workers, tribal, and urban vulnerable population groups.

The duration of the CSGMs range between 45 minutes to 1 hour, with an average participation of 6-7 PwTB and 3-4 caregivers. The MO of the DMC addresses the medical aspects while Senior Treatment Supervisors (STS) / BTB staff members brainstorm on the non-medical needs. The PwTB present are encouraged to speak and discuss solutions using the behaviour change communication materials developed by the project.

Outcomes

About 1355 CSGMs were organized, and 107 Care Support Groups formed between October 2020 - July 2022. About 5971 individual PwTB and 2953 caregivers participated in these meetings. Similarly, 87% of these meetings (1178/1355) were facilitated by DMC staff. Around 213 TB Champions have been nurtured, who have provided peer support to during 517 CSGMs.

These meetings were not discontinued even during the COVID-19 pandemic. CSGM members formed a WhatsApp group and meetings were held virtually. Mini–CSGM Groups have been formed in tribal areas to hold meetings at local level so that people do not have to travel long distance for CSGMs to DMCs and TUs.

Key recommendations

To sustain the intervention for improved treatment outcomes, this activity should be included as a performance indicator, which can be captured through the Ni-kshay reporting system for review and assessment for betterment. Based on the qualitative feedback and reference checks on the use and effectiveness of Behaviour Change Solutions (BCS), with specific reference to the TB Mukt Certificate (given to PwTBs who successfully complete their treatment), it is recommended for implementation across all TUs of NTEP districts.

Potential for replication and scale-up

This is an activity that can be implemented with limited resources. The CSGM approach balances a social and medical approach to TB response. The NTEP staff is involved and has taken ownership of the initiative across districts of Telangana. This indicates the potential of replication of the initiative across all NTEP facilities.

TRACK C:

CONVERGENCE AND COLLABORATION

(Multi-Sectoral Engagement)

ASSAM

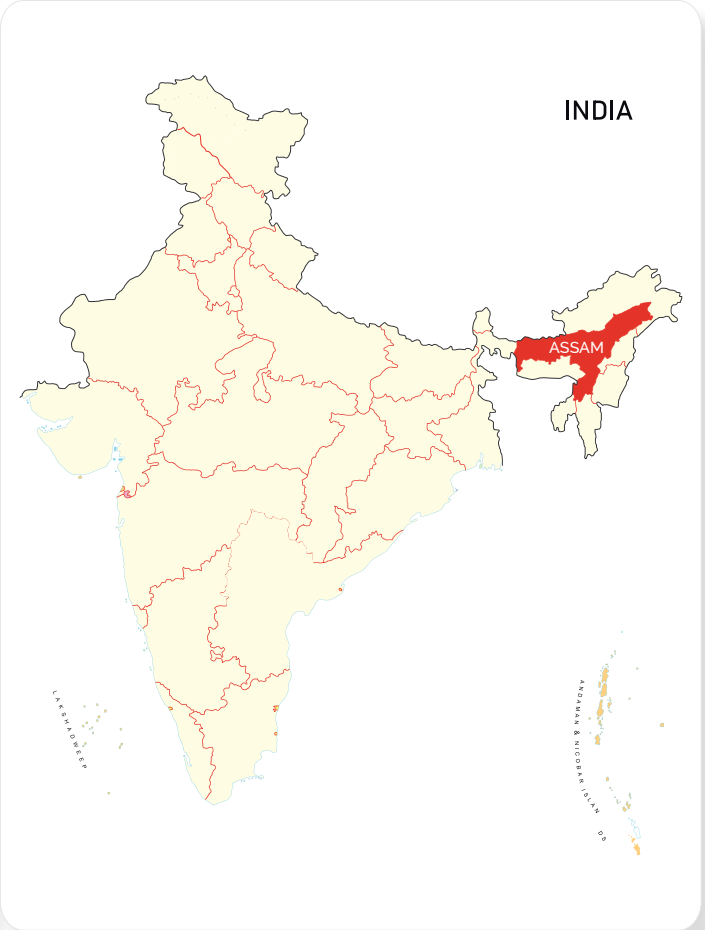
Women-led Community Structures supporting ACSM and Active Case Finding in Baksa District

Sub Track:

Approaches that promote single window platforms for accessing TB and health information and services across all sectors

Highlights

- The community structure engagement approach covers a vulnerable population of 1,54,405 across three blocks in Baksa district.
- CS members are actively referring persons with symptoms for testing, helping in early case detection.
- With almost zero cost implications, community structure engagement can ensure a sustainable TB response at the grassroots.



Introduction & rationale:

To support the vision of ending TB by 2025, certain innovative and effective behaviour change operational models were developed to improve the coverage of specific vulnerable populations, especially the tribal communities from 3 Tuberculosis Units (TUs) of Goreshwar, Jalah and Mushalpur in Baksa district for increased case detection, notification, and improved successful treatment outcomes in drug sensitive TB (DS TB) and drug-resistant TB (DR TB). A socio-behavioural approach has been adopted in engaging the vulnerable communities to lead the TB response in their respective areas. This contributes directly to improved active case finding and better treatment outcomes through greater demand generation of TB related services – mostly owned by the communities.

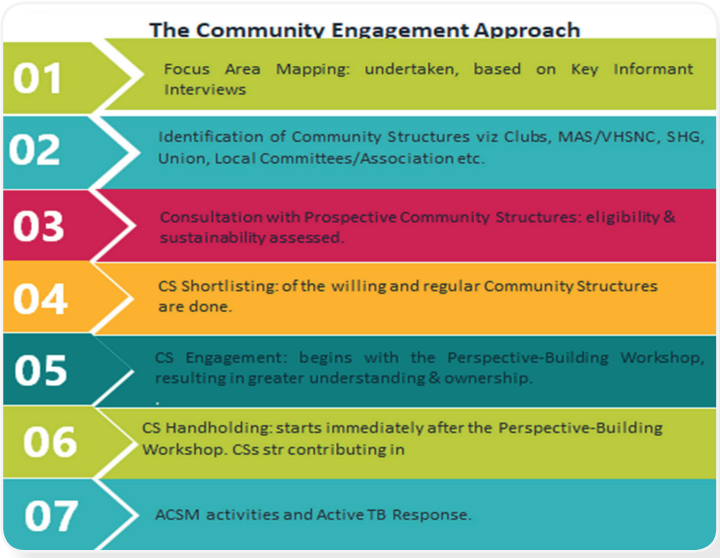
Objectives:

- Develop and scale up effective behaviour change operational models that improve coverage of vulnerable populations (1,54,405) across the 3 TUs of Jalah, Goreshwar and Mushalpur
- Increased case notification and improved successful treatment outcomes in DS TB and DR TB

A community structure meeting in progress

Overall approach & key strategies

Existing Community Structures (CS) such as Self Help Group (SHGs), Village Health Sanitation and Nutrition Committees (VHSNCs), Village Defence Party (VDP), Unions, Mothers/Youth Clubs, and other local associations from the vulnerable communities are identified, trained and engaged in TB response activities. The selected leaders are capacitated on TB responses, followed by regular handholding and guidance on conducting various activities in support of TB Elimination, leading to ownership by the communities.



The key strategies through CS are:

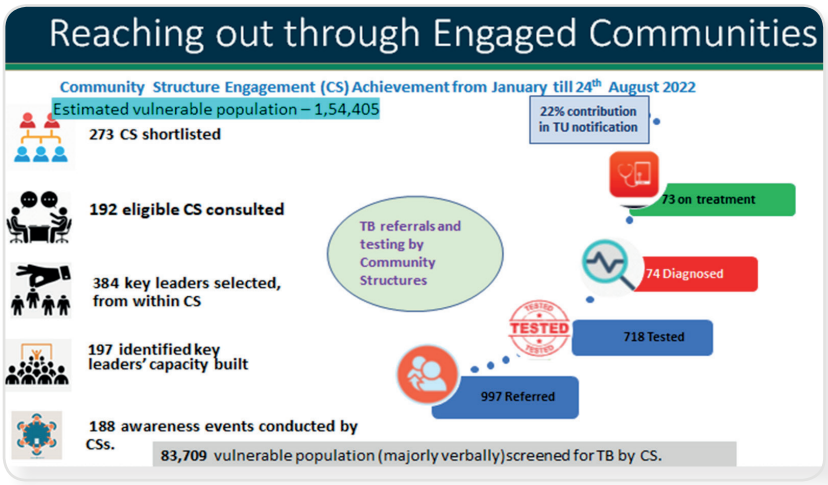
- Engagement with the Village Council and Development Committee (VCDC), equivalent to Panchayati Raj Institution. Non-medical support has started coming in from the VCDC chairpersons to the most-needy population.
- Engagement with the Community Health Officers (CHOs), eventually strengthening the referral pathway.
- Engagement with the TB Champions (TBCs) in meetings and other activities.
- Engagement of NTEP functionaries in CS-led activities.
- Emergence of CS Leaders as Peer Educators in perspective-building workshops.

Implementation

The geography included Goreshwar, Jalah and Mushalpur blocks in Baksa districts covering a total vulnerable population of 1,54,405 under the Breaking the Barriers project implemented by KHPT and supported by USAID . This implementation began in January 2022 and will continue until March 2024.

The key activities include:

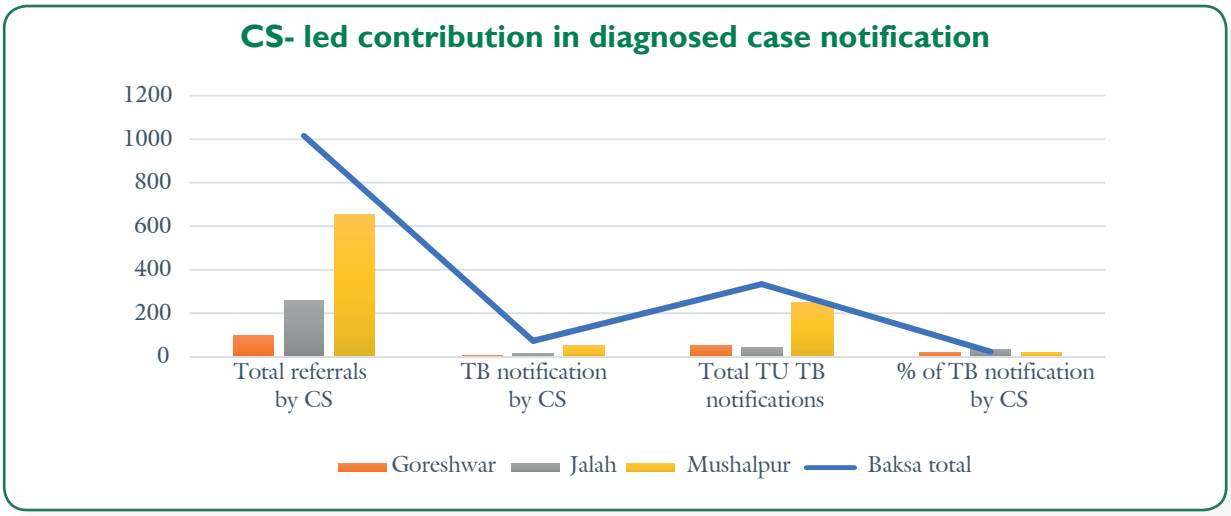
- Promoting positive messaging and awareness on TB in communities
- Referring TB symptomatic persons for testing
- Supporting DSTB & DRTB notification
- Mobilizing support for persons with TB and families (nutrition, counselling, social schemes)



- Addressing diversities within vulnerable communities Increasing demand for services areas

Outcomes

- CS members were offered First Informant Incentive cheques by NTEP, in recognition of their contribution.
- Some CS members actively participate in Active Case Finding, door-to-door screening and sputum collection. In recognition of their support, NTEP has offered them gloves and masks.
- Extension of non-medical support is being provided.
- CS members form an are leading advocacy initiatives.



Activity	Goreshwar	Jalah	Mushalpur	Baksa total
Total referrals by CS	100	260	655	1015
TB notification by CS	8	14	52	74
Total TU TB notifications	49	39	246	334
% of TB notification by CS	16	36	21	24.33

Key recommendations

- Capacity-building exercises should be scaled up for all the CSs across the whole district, in alignment with the CTD Guidance Document.
- CSs can be more involved in ACSM activities
- A cadre of social advocates from within the communities can be developed.
- The most active CS members can be involved in appropriate platforms like the District TB Forum.
- There can be increasing participation of CSs in the TB response.

Potential for replication & scale-up

- With almost zero cost implications and high potency, there is potential for scale-up in all the districts with the right kind of advocacy and liaising.
- The existing capacities of CSs can be leveraged to offer sustainability and ownership of the communities.
- CSs help in greater demand generation and higher participation in the whole 'Care & Cure' continuum.
- CSs also allow for ease of implementation in alignment with the CTD Guidance Document.
- CS engagement aligns with the NTEP's TB Elimination Strategies and NHM's Ayushman Bharat Program.

A CS Member collecting sputum sample during door to door screening

ASSAM

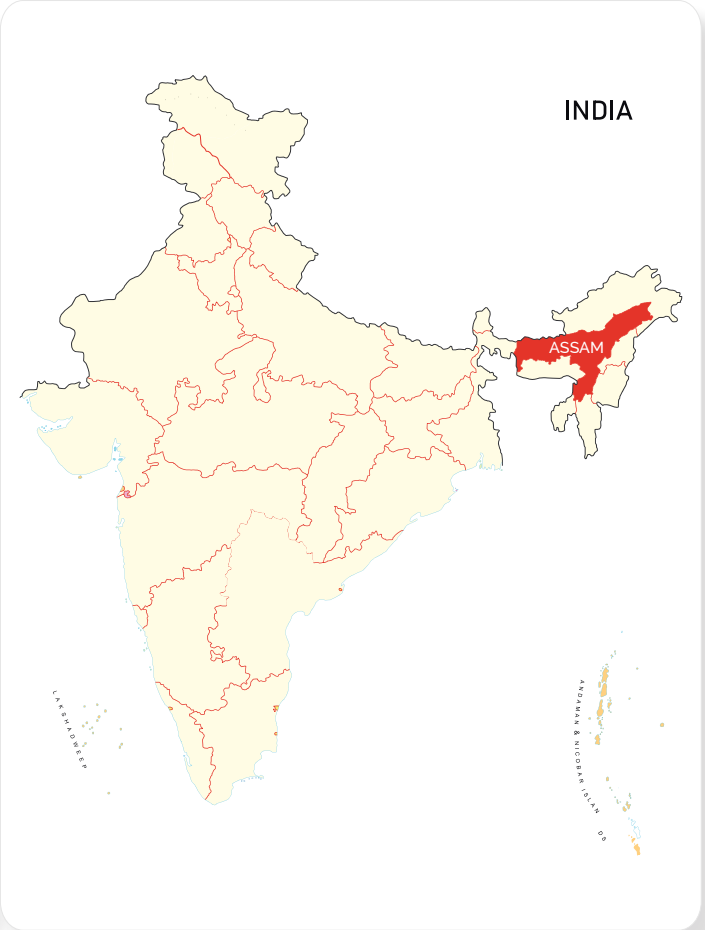
Students contribute to TB awareness and screening in three districts of Assam

Sub Track:

Approaches that promote single window platforms for accessing TB and health information and services across all sectors

Highlights

- Students are trained as Change Agents to raise awareness and screen population to improve coverage of vulnerable populations in nine TUs covering a population of almost 5 lakh.
- There has been support from community structures and TB Champions, as well as the teaching fraternity with 40 schools, 384 teachers and 7705 students actively involved in the piloting phase.
- Other bodies such as the Bodo Territorial Council are keen to replicate the initiative.



Introducion & rationale:

In order to support the goal of "End TB by 2025", certain innovative and effective behaviour change operational models were developed to improve the coverage of specific vulnerable populations, across nine Tuberculosis Units (TUs) in Baksa, Kamrup(M) and Dibrugarh for increased case detection, notification, and improved successful treatment outcomes in Drug Sensitive TB (DS TB) and Drug Resistant (DR TB). A socio-behavioural approach has been adopted in engaging the student communities to lead the TB Response in their respective areas. This contributes directly to sensitizing the vulnerable communities on TB, leading to improved active case finding and better treatment outcomes. Students can be prepared as highly productive change agents to promote positive health-

seeking behaviour among communities. The teaching fraternity has been extremely supportive of the entire initiative.

Objectives

- Training students as Change Agents in developing and scaling up effective behaviour change operational models to improve coverage of vulnerable populations (4,88,488) across nine TUs in Baksa, Kamrup(M) and Dibrugarh.
- Sensitization and symptomatic screening of the vulnerable population by students.
- Increased case notification, and improved successful treatment outcomes in DS TB and DR TB.
- Establish a robust reporting and responsive mechanism to counter TB, and related health issues in the community.

Overall approach & Key strategies

Efforts are continuously made to orient and inform the student community and the teaching fraternity on TB. Regular visits are made to schools and educational institutions to disseminate the relevant information with the students and teachers. The students from the high schools are encouraged to screen their families and neighbourhood through a symptomatic assessment sheet. These sheets are then, collected by the community structure members from the teachers and referrals of presumptive cases are made to the nearest health facility. A sizeable part of the target population is screened through this approach.

The key strategies are:

- Approach the Head Masters / Principals of the schools.
- Share in detail the entire approach with all teachers for their support.
- Orient of the students in the presence of the teachers; orientations are conducted joinrly by community structures/ TB Champions/KHPT team and teachers.
- Collectivize students as a pressure group to sensitize families and neighbours on health-seeking behaviour.
- Engage with the TB Champions in meetings and other fun activities.
- Encourage Community Structures to lead the activity for sustained outcomes.
- Engagement of NTEP functionaries in student-led activities.
- Acknowledging the schools with certificates of appreciation.
- Identification of students and teachers with the most contribution as Empowered Champions.

Awareness session with students in a school

Students gather for a session on TB at a high school

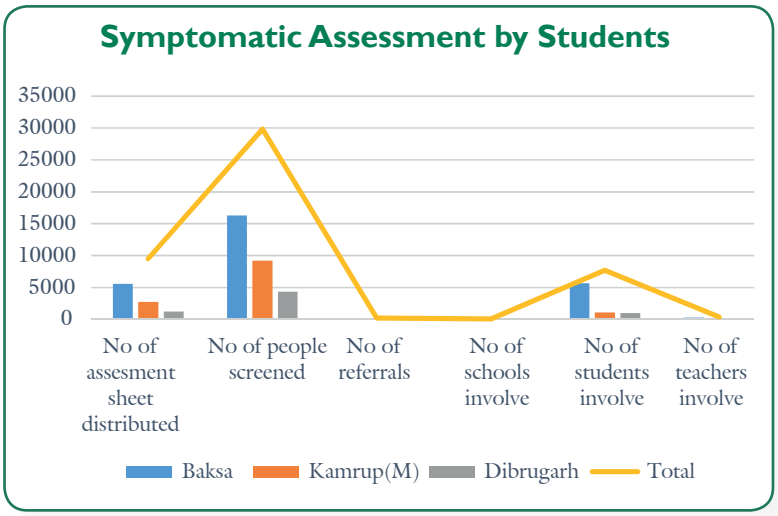
Implementation

Geography covered:

Goreshwar, Jalah, Mushalpur, Pandu, Notboma, MMCH, Dibrugarh DTC, Moran & Naharani TUs.

Total Vulnerable Population: 4,88,488

Time Period: June 2022 till December 2022



Key Activities:

Promoting positive messaging and awareness of TB amongst students.

- Encouraging symptomatic screening of their families and neighbourhood.
- Establishing a reporting mechanism through schools.
- Supporting referrals through Community Structures/TB Champions.
- Sensitizing the families and neighbours on TB, stigma, gender, etc.

Period 20th June to 20th August 2022				
Symptomatic Assessments by Students	Baksa	Kamrup(M)	Dibrugarh	Total
No of assesment sheet distributed	5544	2725	1221	9490
No of people screened	16276	11195	4352	31823
No of referrals	110	110	28	248
No of schools involve	22	8	10	40
No of students involve	5665	1055	985	7705
No of teachers involve	286	59	39	384

Outcomes

- Excellent Support from teaching fraternity.
- 40 schools, 384 teachers and 7705 students supported the pilot phase, resulting in subsequent planning on larger scale.
- Students form an excellent Pressure Group and have the capacity to transform into great advocates.
- They form a potent force in promoting health-seeking behavior among vulnerable populations.
- This move has been supported by the communities as well.
- The concept has been appreciated by officials of the Bodo Territorial Council, with prospects of scaling up the intervention.

Potential for replication & scale up

- With high willingness among schools, it has several advantages of being scaled up in all the districts with the right kind of advocacy.
- Leveraging the existing capacities of the Community Structures to coordinate with the schools offers sustainability and greater involvement of the communities.

- Greater demand generation and higher participation in the 'Care & Cure' Continuum is led mostly by students.
- There is scope for multi-sectoral collaboration with Social Welfare, Education, Health, PRI and other departments and partners.
- NTEP's TB Elimination Strategies and NHM's Ayushman Bharat Program can be better disseminated through this intervention.
- Students can address issues like gender inclusion, stigma mitigation, etc.
- A productive integrated, inclusive and democratic process of Community Health Action can be led by students and teachers.

Key recommendations

- Orientation and screening exercises can be scaled up as part of the School Health Program, in collaboration with the RBSK and other programmes/agencies.
- The most active students and teachers can be identified as Change Agents and engaged in ACSM activities.
- A cadre of Social Advocates from the communities can be developed.
- There is potential for more participation of students in TB Response

BIHAR

Multi-Sectoral Engagement through TB Person Support Groups in Bihar

Sub Track:

Approaches that promote single window platforms for accessing TB and health information and services across all sectors.

Highlights

- The process restored the continuity of diagnosis and treatment which was disrupted due to the COVID-19 pandemic and above all, the confidence of people affected with TB in the health system.
- 19,06,459 people were screened and 40791 with TB symptoms were tested for TB and 3209 people with TB were notified and put on treatment.
- Extensive media coverage influenced the policymakers to decentralize the rapid molecular testing up to the block level, and 207 TrueNat machines are now available for TB testing.
- 34% improvement in TB notification from 80/Lakh in 2020 to 122/Lakh (annualized) from January to July 2022.

Introduction and rationale

TB has been a major public health concern, however, the investment in terms of newer diagnostics and efforts to contain the spread of the disease through the detection of infectious pulmonary cases and treating them effectively has been the cornerstone of the WHO-recommended DOTS programme.

However, services were disrupted due to the COVID-19 pandemic resulting in a decline of about 20% in TB notification. It was a major challenge to identify the missing cases and restore continuity of treatment and support.

A recently published landmark report in Lancet titled 'High-quality health systems in the Sustainable Development Goals era: time for a revolution' reiterated that it is not the medicines and equipment that can make a desirable change in terms of suffering and deaths. The quality of care, health outcomes, people's confidence in the system, system competence, and user experience are equally important aspects.

The health system includes private health care providers to whom people prefer to go first because of the perception of better quality of care, less waiting time, and less wage loss. The State Health Society took the conscious decision in June 2020 to engage private health care providers through contracts with non-profit NGOs as a person Provider Support Agency (PPSA). It was soon realized that it was not sufficient to manage the change without engaging the community at large scale, and specifically at local level.

Objectives

To restore the continuity of diagnosis and treatment which was disrupted due to the COVID-19 pandemic and above all, the confidence of people affected with TB in health system.

Approach and Key strategies

A letter (RNTCP/65/ACF/2019/7006) from Executive Director, State Health Society, Bihar, was sent to Collectors and Chief Medical Officers (Civil Surgeons) of all the 38 districts to carry out Active Case Finding (ACF) under the broader umbrella of the 'TB Haarega, Desh Jeetega' campaign among vulnerable population, with clear outlines of phase wise activities.

Period	Planned Activities
January 4-9, 2021	Screening for TB among persons with diabetes, cancer, chronic renal failure attending dialysis centres, and the elderly. Registration of Private Practitioners on Ni-kshay portal.
January 11-16, 2021	TB screening among prison inmates, reform homes (juvenile), Nari Niketan, Nutritional Rehabilitation Centres.
January 18- 23, 2021	Notification of persons with TB (PwTB) on treatment with private doctors
January 27- 31, 2021	Screening for TB among people living in selected urban slums, construction sites, brickilnin workers, hard-to-reach rural pockets
March 24, 2021	Felicitation of the best three Private Practitioners, three districts teams, and TB Champions, and for media coverage by Hon'ble Minister (Health) at state level World TB Day function.

Implementation

- 38 Districts, 534 blocks.
- During the course of implementation of ACF campaign, the requirement for a platform where local officers, PRI representatives can discuss the needs of people affected with TB was realized.
- The CARE India team, which has been supporting health system strengthening in maternal and child health services, came forward to coordinate at district and block level.

- A communication to Medical Officers in Charge, Child Development Project Officers, District Education Officers, Block Education Officers, and Block Resource Persons was sent to constitute 'PwTB Treatment Support Groups' in each block of all 38 districts.
- Centre For Advocacy & Research (CFAR) was engaged to draft and publish the success stories of cured PwTB, local challenges, and services available from government for PwTB.

Outcomes

- 19,06,459 people were screened and 40791 with TB symptoms were tested for TB and 3209 PwTB were notified and put on treatment.
- In addition, the outstanding support from local level resulted in the involvement of people from diverse backgrounds to unite against TB during the worst of the COVID-19 pandemic.

PRIs	1640	Media Representatives	400
Religious leaders	232	CDPOs & Lady Supervisors	511
TB Champions	1682	BRPs	290
Treatment Supporters	4541	Block Health Officials	1797
BDOs	230	Others Partners/ NGOs	286

- Around 1586 success stories of cured PwTB were published in both the print and electronic media to facilitate public awareness and address the social stigma associated with TB
- Extensive media coverage influenced the policymakers to decentralize the rapid molecular testing up to the block level, and 207 TrueNat machines are now available for TB testing.
- There was 34% improvement in TB notification from 80/Lakh in 2020 to 122/Lakh (annualized) from January to July 2022.

Key recommendations

The experience from the multisectoral approach through PwTB Treatment Support groups may be utilized for community ownership, demand generation, and advocacy for uptake of TB Preventive Treatment.

Potential for replication and scale-up

As the entire activity was carried out with resources already approved under National Health Mission with support from local stakeholders, this process may be replicated in other health programmes also.

JHARKHAND

Integration of TB Services at Ayushman-Bharat Health and Wellness Centres in Jharkhand.

Sub Track:

Approaches that promote single window platforms for accessing TB and health information and services across all sectors.

Highlights

- TB services are now being integrated at Ayushman Bharat Health & Wellness Centre (AB-HWC) in Jharkhand with the aim to improve reach of TB services at primary healthcare level.
- AB-HWCs were integrated with NTEP through creation of their Ni-kshay log-in credentials and capacity building of Community Health Officers and their community engagement activities and role in Active Case Finding were expanded.
- 1536 AB-HWCs have been registered on the with Ni-kshay portal. In last three quarters of 2022, AB-HWCs have notified 2311 PwTB and are providing their TB care and services.

Introduction and rationale

In recent times, Government of India has taken several steps towards TB elimination which has led to remarkable progress in terms of improving the lives of millions of families affected by TB. One such high-priority step is the integration of TB program activities with a wider health delivery mechanism through a collaborative approach to ensure TB elimination. TB services are now being integrated at Ayushman Bharat Health & Wellness Centres (AB-HWCs) with the aim of improving reach of TB services at primary healthcare level. AB-HWCs are to play

a huge role in improving the awareness about TB, early identification, ensuring treatment adherence, providing psychosocial support to PwTB and their families etc. Providing TB services at the doorstep also will help in saving the travel costs out-of-pocket expenditure.

Objective

The AB-HWCs at the grass root level are at the forefront of providing health care in India and engaging these centers for service delivery is vital for the effective implementation of all the health-related programs in the country.

Implementation

The integration of TB services at AB-HWCs was kickstarted by the State TB cell under the guidance of MD NHM and the Additional Chief Secretary (Health) with the support of Jhpiego, during the TB Mukt Bharat Campaign March 24- April 13, 2022. The activities planned for integration of TB services at HWCs were under three heads:

Strengthening of TB services delivery through Health and Wellness Centres –

a. Integration of AB-HWCs with NTEP as Peripheral Health Services (PHIs) with creation of their Ni-kshay log-in credentials,

b. Refresher training to Community Health Officers (CHOs) by NTEP team at district and sub-district levels with handing over of Ni-kshay.

c. Enrolment of the presumptive TB cases and linking them to aligned TB diagnostic centres. Community engagement in TB symptom screening, referrals of presumptive TB cases and their enrollment in the Ni-kshay portal.

d. Notification of all newly-diagnosed cases under the catchment area of HWC, from the HWC login ID and transfer of old cases from the TU login ID to the HWC login ID for follow-up and treatment adherence monitoring.

e. Household contact visits by the HWC team, providing counselling for airborne infection control, cough hygiene, treatment adherence, care of comorbidities, as well as the household contact tracing for TB symptoms and all other public health actions.

f. Installation of self-learning app (Ni-kshay Setu) in the CHOs' tab, and facilitating them to complete the course.

g. Installation of TB Arogya Saathi app in the PwTB's' Android mobile phone.

Community screening camps and awareness sessions

- TB-free pledge at multiple public gatherings, including VHSNC, Mahila Arogya Samithi etc.
- Community engagement sessions at schools, Anganwadis, Self Help Groups, etc.
- TB awareness generation camps at the local Haats in the HWC catering areas.
- Community screening camps for TB and NCDs at HWCs/aligned health sub–centres.
- Person – provider meetings where the attendees were informed about the person's rights, the roles and responsibilities of treatment supporters, etc.
- Identification of one TB Champion at the HWC level, and training of these TB champions by the CHO/Senior Treatment Supervisors/TB Health Visitors.

Active Case Finding:

- Health Care Providers (both public and private)
- Household contacts of all the PwTB in the past five years
- All diabetic persons enrolled in the HWC and other vulnerable groups like People Living with HIV, alcoholics, the malnourished, pregnant women, organ transplants, tobacco users, etc.

Monitoring and Evaluation of the campaign

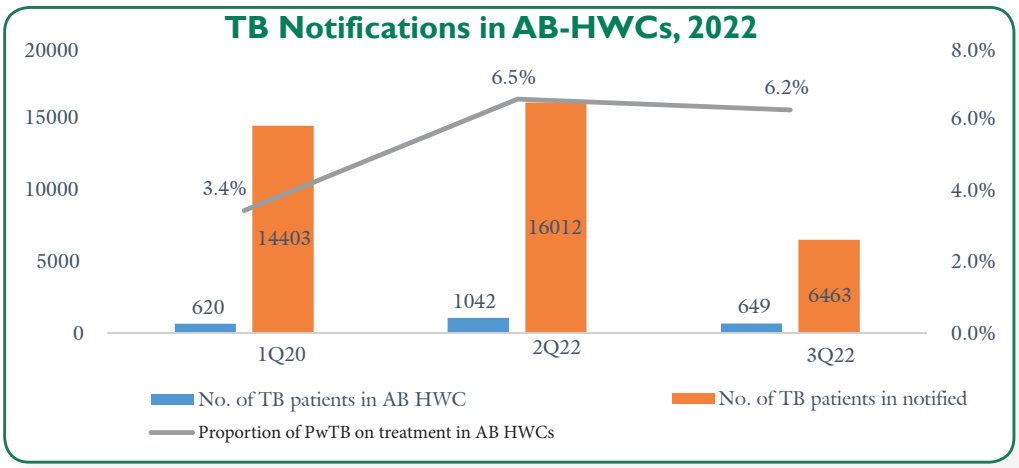
Six teams were built at the state level, including the State TB Cell, State TB Training and Demonstration Centre (STDC) staff, and partner representatives from organizations like WHO, Jhpiego, etc. Each team visited four districts each, thereby covering the 24 districts of the state. Daily data was captured from all the districts through an Excel tool developed with the support of Jhpiego. The districts made teams of Senior TB Supervisor/TB Health Visitor, Senior TB Laboratory Supervisors and one district level staff per block for the monitoring of the activities in the field.

Post campaign Strategy

Jhpiego was assigned as the partner for strengthening the TB services at HWCs and its monitoring and reporting to the state. All the District TB Officers (DTOs) were trained at the state headquarters by the STDC and Jhpiego on integration of TB services at HWCs post the campaign. Jhpiego, during their supportive supervision visits to the districts, also evaluated the status at the districts, and sensitized the DTOs, Civil Surgeons and Deputy Commissioners of the districts on the need for providing TB services through HWCs.

Outcomes

In order to integrate AB-HWCs with NTEP and provide TB health services in the community, 1536 AB-HWCs have been registered to the Ni-kshay portal and provided their login credentials. The integration started from January 2022 onwards and HWCs have started enrolling and notifying PwTB. In last three quarters in 2022, AB-HWCs have notified 2311 PwTB and providing them TB care and services.



Key recommendations:

The AB-HWCs are going to be the future of grassroot-level healthcare in India and engaging these centres for service delivery is vital for effective implementation of all the health-related programs in the country. Engaging and capacity building of a large cadre of CHOs is one of the challenges faced.

HIMACHAL PRADESH

Block TB Forum

Sub Track:

Approaches that promote single window platforms for accessing TB and health information and services across all sectors

Highlights

- Formation and actualization of the Block TB Forum for effective implementation of National Tuberculosis Elimination programme (NTEP).
- Increased awareness among the general public and line departments.
- Platform for Persons with TB to raise their grievances in front of appropriate authorities.
- Improved intersectional coordination between other government departments and state NTEP.

Introduction

A Block TB Forum was notified by the Govt. of Himachal Pradesh on 27th September 2021 for effective implementation of National Tuberculosis Elimination programme (NTEP). A few amendments were made on 16th January 2022 to revise the Block TB Forum composition. Following the amendments, certain terms of references were put down for the TB forum for its better functioning. These included:

- Meeting of the TB forum twice a year
- Taking decisions on appropriate local adaptation of national guidelines for NTEP and state TB elimination strategies and seeking resources beyond the budgeted resources in (NTEP) PIP.

- Focus on inter-sectoral coordination and explore the role and responsibilities for each of department and prepare a roadmap for action for TB elimination in the block and resolve the issues of TB survivors
- Ensure Psychological support/ security will be insured to all TB survivors in the block.
- Review the performance of different stakeholders in TB elimination.
- Take final decisions on procurement of goods and contractual services for TB elimination in the block.
- Guide and take-up the issues with block and district administration and department of Health& Family Welfare, Government of HP on recruitment of regular staff to the key positions of TB control and elimination in the block
- Notice for the block TB form and agenda should be served at least 15 days or a week in advance prior to the meeting by the convener with approval of Chairpersons.
- Meeting minutes should be submitted to Member Secretary and convener of Block TB Forum

Block Wise status of TB Forum Meetings

A.	Total Number of TB Units/ Blocks in the state of Himachal Pradesh	78
B.	Number of TB Units / Blocks Conducted at least one TB Forum meeting in 2021	59
C.	Number of TB Units / Blocks Conducted at least one TB Forum meeting in 2022 as on 13.09.2022	71
D.	Number of TB Units / Blocks documented/ prepared minutes of the meeting	34
E.	Number of TB Units / Blocks shared Attendances and photographs of TB Forum meeting.	46

Outcome of Block TB Forum

- Increased awareness among the general public and line departments.
- Platform for Persons with TB to raise their grievances in front of appropriate authorities.
- Improved intersectional coordination between other government departments and state NTEP.

Way Forward

- Composition of Panchayat TB Forum under the chairmanship of Gram Panchayat Pradhan
- Regular Block TB Forum Strengthen the Panchayat TB Forum meetings

KERALA

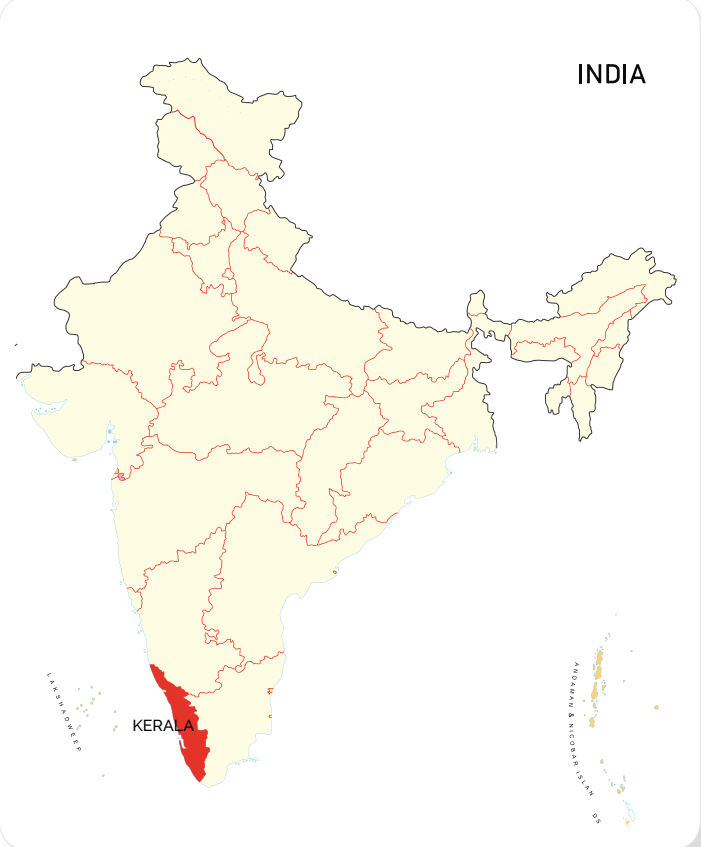
System for TB Elimination in Private Sector (STEPS): Private Participation and Increased TB Notification in Kozhikode District

Sub Track:

Approaches that promote single window platforms for accessing TB and health information and services across all sectors.

Highlights

- Complete participation of private hospitals within the district in TB elimination programme
- Private hospitals trained on TB elimination activities
- AKSHAYA KERALA Catch Up Campaign, an online campaign covering all the STEPS Centres in the district resulted in increased notification rates in the private sector
- A consortium of private hospital owners and management, coalition of specialty doctors' organizations, and private lab owners association joined the TB elimination mission



Introduction

Kerala TB elimination mission activities started in Kozhikode district on November 1, 2017. The second phase of TB elimination gave importance to ensuring private sector participation, and was initiated in the middle of 2018. This was recommended by the State Cell and is essential to achieve the goal of a TB-free Kerala.

District level Inauguration of TB Elimination Mission, Kozhikode. Inaugurated by Hon.Mayor, Sri:Thotthathil Raveendran & Corporation Secretery Mrunmayi Joshi IAS

Objectives

One of the main challenges faced was the dearth and insufficiency of data of TB cases diagnosed and treated in private hospitals. Our aim was to ensure complete participation of private hospitals within the district in the TB elimination programme. A consortium of all private hospitals in the district was formed subsequent to a meeting organized by the District TB Centre with their representatives.

Approaches & Key strategies

Interaction with private hospitals

- A team of key NTEP staff led by the District TB Officer visited all private hospitals and discussed the TB elimination action plan and operational guidelines with the representatives of these institutions.
- They were instructed to undertake stringent steps to ensure all facilities and government aids to Persons with TB (PwTB) treated in private hospitals.

Private pharmacies Intervention

- H1 registers were printed and distributed to the pharmacies for them to list TB medicine sold to PwTBs by the private pharmacies in the district.
- A District level meeting of the Pharmacy Owners' Association of Kozhikode district was convened and training was imparted on TB elimination activities.

STEPS Centres

- After the state-level launch of private sector engagement on February 10, 2019, various training programs and System for TB Elimination in Private Sector (STEPS) Centres were set up in private hospitals.
- Special training programs were organized for the STEPS Centre officials in Kozhikode district.
- In connection with the World TB Day observance on March 24, 2019, district level and private hospital-level STEPS logo release programs were organized.
- NTEP IECs were exhibited at all STEPS Centres.
- Government benefits and facilities became available to PwTB at the STEPS Centres.
- Subsequent review meetings were held to evaluate the performance of the STEPS Centres.
- With the support of the JEET Coordinator, the district under the guidance of the DTO opened about 30 STEPS units across the districts.
- Pulmonologists at District TB Centres were given the charge of centres.
- As a result, the number of TB notifications from private hospitals in the district has increased significantly.
- They are provided with diagnostic request form, sputum cups, falcon tubes and ATT drugs including loose drugs.
- PwTB are given choice to continue treatment at the concerned private hospitals or if required they are referred to their nearby public health institutions (PHIs).

Increased TB notification in the private sector in the COVID-19 era

- During the COVID-19 pandemic, notifications from both government hospitals and private hospitals decreased. To overcome this, over a dozen events were conducted online through the AKSHAYA KERALA Catch Up Campaign, covering all the STEPS Centres in the district. It resulted in an increased notification rate in the private sector, and the highest such number in Kerala.
- While notifications were reduced in all other districts, the same in Kozhikode district were higher in comparison

Coalition and consortium meetings

- A consortium of private hospital owners and management and coalition of specialty doctors' organizations also joined in the TB elimination mission.

Private Lab Owners Association

- A meeting of the Private Lab Owners Association was conducted to ensure notification of TB cases reported in the labs.
- The District TB Centre organized training programs for lab employees on Ni-kshay entry.
- Seminars were organized to create awareness among the entire staff of private hospitals.
- The District TB Centre provided an online training to microbiologists and lab in-charges when some problems related to data entry in private labs arose.

Medical Shop Owners meeting and distribution of H1 Register

TB screening for persons with cancer

- As persons with cancer are more vulnerable to TB, a screening and treatment programme for them started in association with MVR Cancer Centre. Special operations were carried out in some hospitals with low TB notification.

Better service to notified PwTB

- Now, the focus was on ensuring better service to notified PwTB, addressing deficiencies.
- A sustainable system for the sample transportation facility started in the district, which also covered private hospitals.
- The District TB Centre was allotted the post of a PPM Coordinator, who was able to contact all the STEPS Centres by phone at regular intervals and make direct visits to ensure services are available to PwTB.
- TB Health Visitors supplied TB drugs on demand to all private hospitals.
- Presumptive cases of TB were referred to DRTB Centres.

Results/Outcomes:

- STEPS Centres have acquired the ability to stand on their own.
- An online meeting of the private consortium and coalition of private doctors was held on August 12, 2022. The meeting was a great success in terms of the number of participants. Many issues related to private participation in the NTEP were discussed during the meeting. As a result, the issues are getting solved one by one.

STEPS Review meeting at IQRA Hospital, Kozhikode district

TRACK D:
PRI ENGAGEMENT

BIHAR

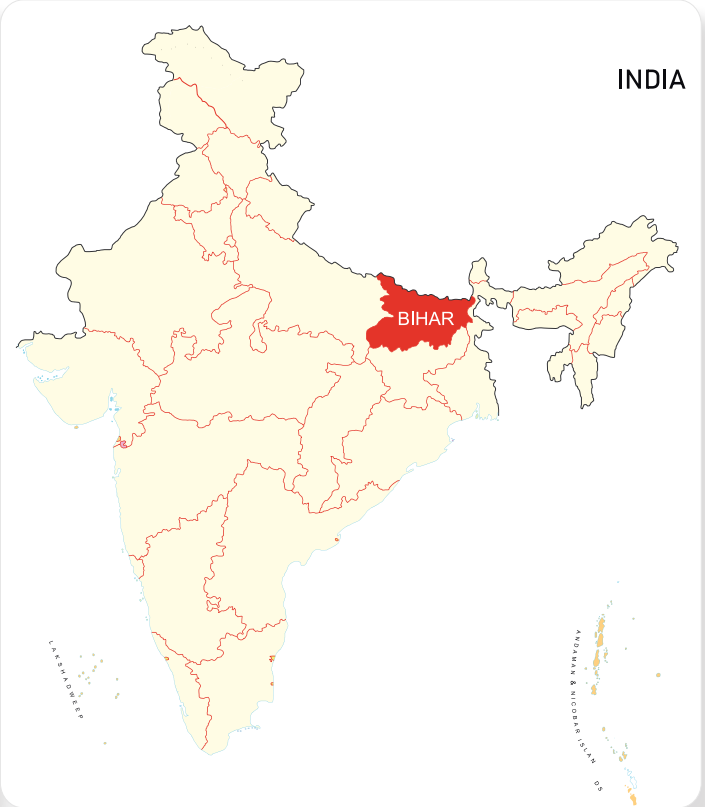
Engagement of members of Panchayat Raj Institutions (PRI) in the National Tuberculosis Elimination Programme (NTEP), Bhojpur District, Bihar

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- The objective was to enhance the case finding, outcome, and quality of TB services with involvement of PRI members in decision making
- 270 PRI members of Bhojpur sensitized through a district-level sensitisation program.
- There has been a consistent increase of 30% in TB case notification in the district post PRI sensitization in comparison to 2021.



Introduction and Rationale:

The Panchayati Raj is a three-tier system – at district, sub-district or block, and village levels – for local self-governance in India. At present, there are 8067 Gram Panchayats (village-level), 533 Panchayat Samitis (block-level) and 38 Zila Parishads (district-level) in the state of Bihar. Panchayat Raj Institutions (PRI) are significantly responsible and involved in the planning, implementation, and monitoring of the health programs and health services, and hence they influence the health outcomes of the population. Therefore, it is important to sensitize and engage the elected members of PRIs in the NTEP to enhance TB case finding and outcomes, and to reduce the stigma in the society.

Objectives

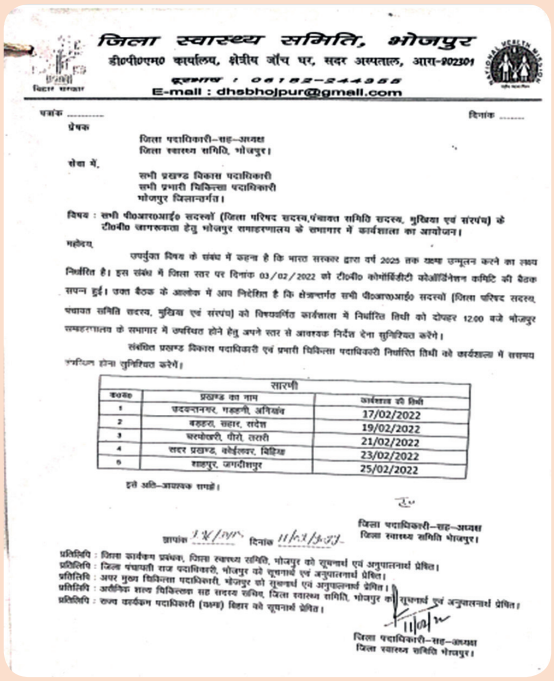
- To orient, inform and sensitize PRI members on NTEP services and provisions in Bhojpur district with the aim of them taking ownership of the persons with TB (PwTB) being notified in their respective area
- To enhance the case finding, outcome, and quality of TB services with involvement of PRI members in decision making
- To help PwTB get treatment support and reduce stigma in the community

Overall approach & Key strategies

The last electoral process for Bihar PRIs was in 2021, after which many new members were elected. Through 2021, the district had Ni-kshay Gram Sabhas conducted in all the Panchayats. Subsequent to the DO letter from Dr Alok Mathur, Central TB Division (CTD) on October 25, 2021, on the pivotal role of community engagement in NTEP, this was advocated for by the WHO NTEP-TSN Consultant to the District Magistrate of Bhojpur during the District TB Forum. Under his initiative and guidance, a sensitization programme was conducted for all the PRI members in the district. The details of the NTEP program and the roles of the PRI members were discussed in this session. The District TB Officer was in charge of the follow up activities through the subsequent period. It was also ensured that District TB forums are conducted regularly, and that PRIs would facilitate private sector health facility sensitization, notification and mop-up. Awareness activities were conducted in schools and colleges involving the PRIs, and a TB pledge was taken. In addition, ASHAs, Community Health Officers and AYUSH doctors were roped in with support of PRIs to mainstream NTEP activities.

The general health system, as well as NTEP staff, were informed about this initiative taken in the district and PwTB are being informed to get in touch for the benefits of the social welfare scheme, as to take supports of PRI representatives from their respective areas.

DHS office letter for the PRI sensitization program and photographs of the inauguration



जिला स्वास्थ्य समिति, भोजपुर
डीपीएम0 कार्यालय, क्षेत्रीय जाँच घर, सदर अस्पताल, आरा-802301
E-mail : dhsbhojpur@gmail.com

पत्रांक ..... दिनांक .....

प्रेषक

जिला पदाधिकारी–सह–अध्यक्ष
जिला स्वास्थ्य समिति, भोजपुर।

सेवा में,

सभी प्रखण्ड विकास पदाधिकारी
सभी प्रभारी विधिसेवा पदाधिकारी
भोजपुर जिलान्तर्गत।

विषय : सभी पी0आर0आई0 सदस्यों (जिला परिषद सदस्य,पंचायत समिति सदस्य, मुखिया एवं सरपंच) के टी0बी0 जागरूकता हेतु भोजपुर सभागारालय के सभागार में कार्यशाला का आयोजन।

महोदय,

उपर्युक्त विषय के संबंध में अवगत है कि भारत सरकार द्वारा वर्ष 2025 तक क्षय उन्मूलन करने का लक्ष्य निर्धारित है। इस संबंध में जिला स्तर पर दिनांक 03/02/2022 को टी0बी0 कोऑर्डिनेशन कमिटि की बैठक सपन्न हुई। उक्त बैठक के आलोक में आप निदेशित है कि सेक्टरगत सभी पी0आर0आई0 सदस्यों (जिला परिषद सदस्य, पंचायत समिति सदस्य, मुखिया एवं सरपंच) को निम्नांकित कार्यशाला में निर्धारित तिथी को दोपहर 12:00 बजे भोजपुर सभागारालय के सभागार में उपस्थित होने हेतु अपने स्तर से आवश्यक निर्देश देना सुनिश्चित करेंगे।

संबंधित प्रखण्ड विकास पदाधिकारी एवं प्रभारी विधिसेवा पदाधिकारी निर्धारित तिथी को कार्यशाला में सशरीर उपस्थित होना सुनिश्चित करेंगे।

सारणी

क्रमांक	प्रखण्ड का नाम	कार्यशाला की तिथी
1	उदवन्तनगर, गड़हनी, अगियांव	17/02/2022
2	बड़हरा, सहार, संदेश	19/02/2022
3	चरपोखरी, पीरो, तरारी	21/02/2022
4	सदर प्रखण्ड, कोईलवर, बिहिया	23/02/2022
5	शाहपुर, जगदीशपुर	25/02/2022

इसे अति–आवश्यक समझें।

जिला पदाधिकारी–सह–अध्यक्ष
जिला स्वास्थ्य समिति भोजपुर।

ज्ञापांक 1X/DPM दिनांक 11/02/2022

प्रतिलिपि : जिला कार्यक्रम प्रबंधक, जिला स्वास्थ्य समिति, भोजपुर को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
प्रतिलिपि : जिला पंचायती राज पदाधिकारी, भोजपुर को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
प्रतिलिपि : अपर मुख्य विधिसेवा पदाधिकारी, भोजपुर को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
प्रतिलिपि : अतिरिक्त सचिव सह सदस्य सचिव, जिला स्वास्थ्य समिति, भोजपुर को सूचनार्थ एवं अनुपालनार्थ प्रेषित।
प्रतिलिपि : सचिव कार्यक्रम पदाधिकारी (सभी) बिहार को सूचनार्थ प्रेषित।

जिला पदाधिकारी–सह–अध्यक्ष
जिला स्वास्थ्य समिति भोजपुर।

Implementation

The district-level sensitisation program for the PRI members of Bhojpur district was conducted on alternate days between February 17-25 , 2022. About 270 PRI members participated and were sensitized. The willingness to initiate processes towards TB-free Panchayats were triggered during the session.

The sensitization workshop was facilitated by the State TB Officer, WHO-NTEP consultant and District TB Officer, and the emphasis was on the roles and responsibilities of PRIs in making TB-free villages and blocks in line with community engagement guidelines received from CTD.

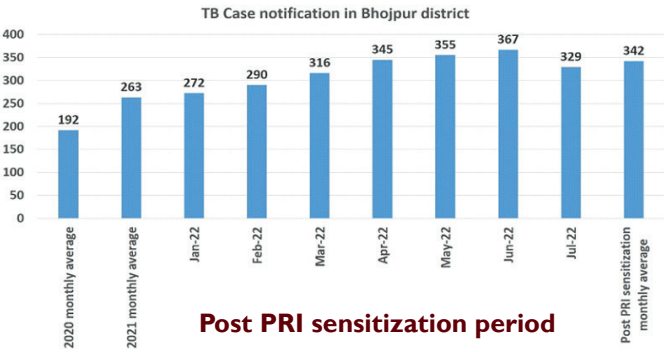
Community engagement activities of the panchayat

Outcomes/Results

While visible outputs are yet to be observed in treatment outcomes and stigma reduction, the initial outputs on TB case finding are encouraging. It has been observed that there has been a consistent increase of 30% in notification in the district post PRI sensitization compared to the status in 2021. A marginal increase has also been observed in the treatment initiation rates among PwTB.

In addition, a commitment has been obtained from one of the Gram Panchayats (Sonpur) for striving to achieve a TB-free status by 2025. Mass advocacy is currently being done in the other PRIs for securing commitments and mainstreaming NTEP activities.

DHS office letter for the PRI sensitization program and photographs of the inauguration



डब्ल्यूएचओ के राज्य यक्ष्मा कंसलटेंट व जिला संचारी रोग पदाधिकारी ने की बैठक

सोनपुरा होगी जिले की पहली टीबी मुक्त पंचायत, तैयारियां जोरों पर

Media coverage of Sonpur Gram Panchayat

Key recommendations

The involvement of PRI members in decision making, and their interaction with the PwTB and healthcare workers seems to be promising in generating community's commitment and ownership on health care matters.

Potential for replication and scale-up

Early outputs from Bhojpur district seem to be promising. Experiences through the rest of the year will inform and guide the scaling up this initiative to the rest of the districts in the state's next Project Implementation Plan .

JAMMU & KASHMIR

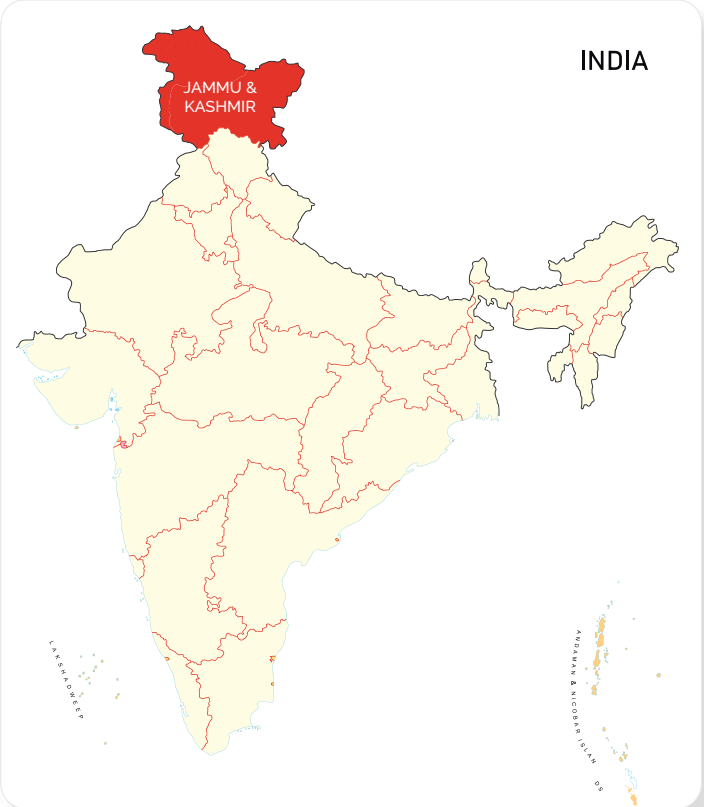
District Level 'TB Mukt Panchayat' Campaign in Kupwara district

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- A 'TB Mukt Panchayat' Campaign was launched in Kupwara district with the support of PRI members
- NTEP staff and health workers led mass awareness activities headed by respective sarpanches and conducted door-to-door screening of one panchayat per block every month for early detection of cases
- 7200 people were screened in the month of August



Introduction & rationale

A district-level Initiative, a 'TB Mukt Panchayat' campaign was launched in the presence of the Chairman, District Development Council (DDC), Kupwara, and Block Development Council (BDC) members. At this event, they were sensitized about the NTEP programmatic indicators for scaling up TB elimination activities in their respective panchayats. A booklet was provided to them that detailed various aspects of the NTEP programme within Kupwara district.

Objectives

- Sensitization of PRI Members
- Involvement of PRI members in various activities of NTEP Programme

- Action Plan for TB Mukt Panchayat.
- Scale up activities to achieve the target of TB-free district ahead of 2025.

Overall approach and Key strategies:

- Under the banner of 'TB Mukt Panchayat', the campaign was kick-started by sarpanches (village heads) and ward members of the respective Panchayats.
- The NTEP staff along with other health workers headed by respective sarpanches led mass awareness activities and conducted door-to-door screening of one panchayat per block every month for early detection of cases.
- House to house Active Case Finding (ACF) in high risk group areas was undertaken jointly by NTEP Staff, HWC Staff and ASHAs for a complete evaluation of presumptive cases.
- All symptomatics were made to undergo molecular testing upfront.
- A Public Health Institution (PHI)-wise Designated Microscopy Centre (DMC) has been established in the district, as well as two NAAT sites for better accessibility and quality diagnosis. All diagnosed persons were linked with all PHIs for treatment.
- Universal Drug Susceptibility Testing (UDST), HIV and diabetes screening was done for all diagnosed people as per programme guidelines.
- During house-to-house screening, IEC activities were also be carried out in the said panchayats to create more awareness about TB and the programme.

Implementation

The campaign was started from August 8, 2022 across the district of Kupwara with support of PRI Members.

Geography covered: The intervention will cover all rural, urban, tribal, and hard-to-reach areas of the entire district of Kupwara.

Target population: 10.7 lacs.

Time period: 2022 - 2025

Key activities: Awareness, Active screening, Screening of Schools, Dar-ul-ulooms, Boarding Schools, Nomads etc.

Outcomes

7200 people were screened in the month of August and no person was diagnosed.

Key recommendations

NAAT facilities should be made available at all DMCs for upfront testing.

Potential for replication and scale-up

All Panchayats will be involved in similar TB elimination activities to achieve the vision of a TB-free Kupwara ahead of 2025.

KERALA

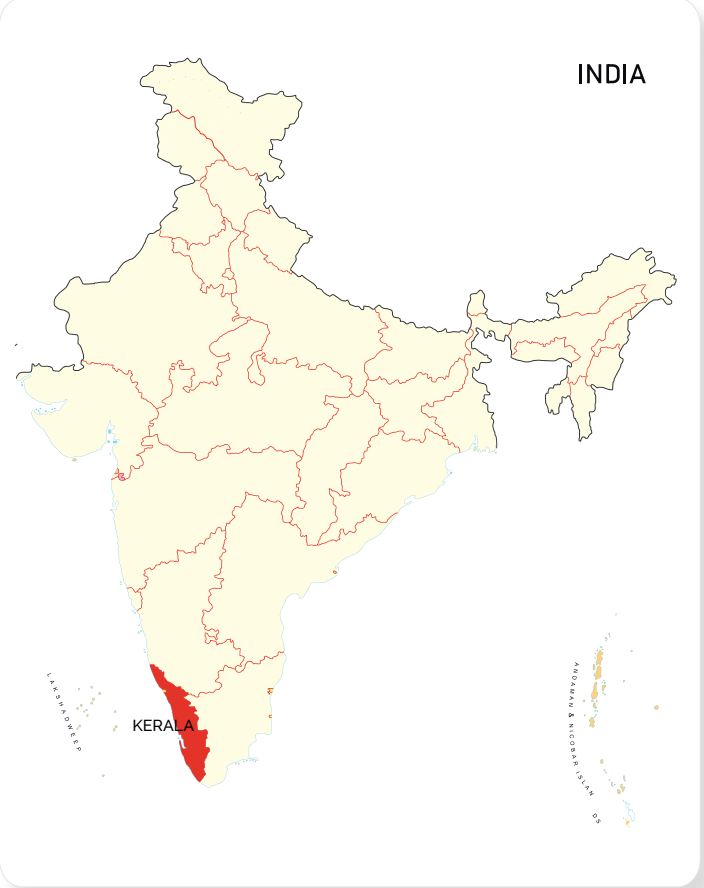
A Comprehensive TB awareness programme at the Kunhimangalam Gram Panchayat, Kannur

Sub Track:

Experiences of engaging with PRI at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- A Panchayat meeting was held on under the chairmanship of the Gram Panchayat President. People's representatives, health workers, volunteer workers, and Kudumbashree workers participated and formed a Panchayat-level committee to plan activities
- Ward level health and nutrition committees met and formed seven squads in each ward under the leadership of people's representatives
- 92 squads were formed at Gram Panchayat level and the squad members were trained on TB.
- Through a comprehensive Tuberculosis awareness program, 86 presumptive persons were found during the squad operation and underwent a sputum test



Introduction

The Kerala TB Elimination Mission is being implemented through local self-government bodies with the theme "My TB-free Panchayat/ Municipality/Corporation". As part of My TB free" Panchayat, an intensive TB awareness program was implemented by the Kunhimangalam Gram Panchayat in Kannur District.

Objectives

The aim of the program was to create awareness among the entire population of the Gram Panchayat about the transmission, treatment, and prevention of TB. Awareness, screening, and monthly review meetings will continue to be organized and symptomatic persons will be screened for further health management.

Approaches & Key strategies

Panchayat-level committee:

- A Panchayat meeting was held on March 15, 2022 under the chairmanship of the Gram Panchayat President. People's representatives, health workers, volunteer workers, Kudumbashree workers, etc. participated and formed a Panchayat-level committee to plan the activities.

Seminar on TB:

- On March 22, an extensive seminar was conducted at the Gram Panchayat level with the cooperation of Payyannur Tuberculosis Unit (TU).
- The Gram Panchayat President presided over the meeting; the TU Medical Officer presented the subject and the Health Inspector explained matters related to the program.
- People's representatives, political and social activists, health workers, Kudumbashree activists, representatives of various departments, religious leaders, volunteer activists, library-club activists and business representatives participated in the seminar.

Squad formation:

- Ward level health and nutrition committees met and formed seven squads in each ward under the leadership of people's representatives.
- 92 squads have been formed at Gram Panchayat level and the squad members were trained by the Medical Officer and Health Inspector at the Family Health Centre.
- The Junior Health Inspector (JHI) and Junior Public Health Nurse (JPHN) were assigned the charge of all 14 wards.

IEC Activities:

- TB Awareness activities were undertaken in 14 Gram Sabhas.
- The seminar and sessions were organized with the help of the National Service Scheme (NSS) Unit of Payyannur and Sanskrit Colleges and Student Police Cadets of Kunhimangalam.
- Awareness sessions were held and a pledge to end TB was recited by the Area Development Society (ADS), CDS (Community Development Society), and 161 Kudumbasree Self-Help Groups.
- Awareness was given to the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) workers.
- Ensured TB awareness through the weekly Non Communicable Diseases (NCD) camps, UPI clinics and COVID-19 vaccination camps
- Special awareness program were conducted for auto drivers, orphanages, colonies, the elderly, and for migrant workers.

- Homeo and Ayurveda Hospitals were also provided sputum cups for testing and ensured IEC. Six people were referred to the Family Health Centre (FHC) .
- Participation was ensured in the private clinic of the Panchayat.
- Sessions on TB were organized in all Anganwadis and schools and questionnaires and notices were distributed.
- Awareness notices were given in all the clubs, reading rooms, workplaces, workshops, and religious places.
- 6000 awareness notices and 15000 questionnaires were printed in collaboration with LSG and distributed to 5210 houses under the leadership of people's representatives, health workers, and volunteers.
- An MLA released the notice and questionnaire during the Panchayat-level Working Group General Body meeting. After that, Gram Panchayat members released and distributed the questionnaires at the ward level.
- The completed questionnaires were collected from 14 wards. Special boxes were prepared for depositing the questionnaires at Gram Panchayat Office, Family Health Centre, and Anganwadi.
- Media/social media engagement was ensured for the promotion of the programme.

Program review

- A Panchayat-level Rapid Response Team conducted a separate review.
- A review was conducted at the ICDS sector meeting.
- A Panchayat-level meeting was held once a week under the leadership of the Gram Panchayat president and a review was conducted.
- A special ASHA review meeting was conducted twice a month.

Result/Outcome

- Through this comprehensive TB awareness program, 86 presumptive persons were found during the squad operation and underwent a sputum test. One of them was diagnosed with TB.
- On June 14, 2022, the Hon'ble MLA Shri. M. Vijin Kallyassery Niyojakamandalam declared Kunhimangalam a complete TB Awareness Panchayat.

Comprehensive Tuberculosis Awareness Program – March, April 2022

• Total houses	5362
• Houses visited	5210
• Total Squads formed	92
• Total Notices issued	6000
• Total distributed questionnaires	15000
• Total awareness classes conducted	304
• Participation	7977
• Sputum test done for symptomatic	86
• Disease confirmed by sputum test	01

Glimpses of Comprehensive Tuberculosis Awareness Program

Payyannur TB unit MOTC Dr Ahammed Nizar and FHC Kunhimangalam led a TB awareness campaign in the houses of Kunhimangalam panchayat

Draw of Questionnaire at Panchayat Level as part of Comprehensive TB Awareness Program

KARNATAKA

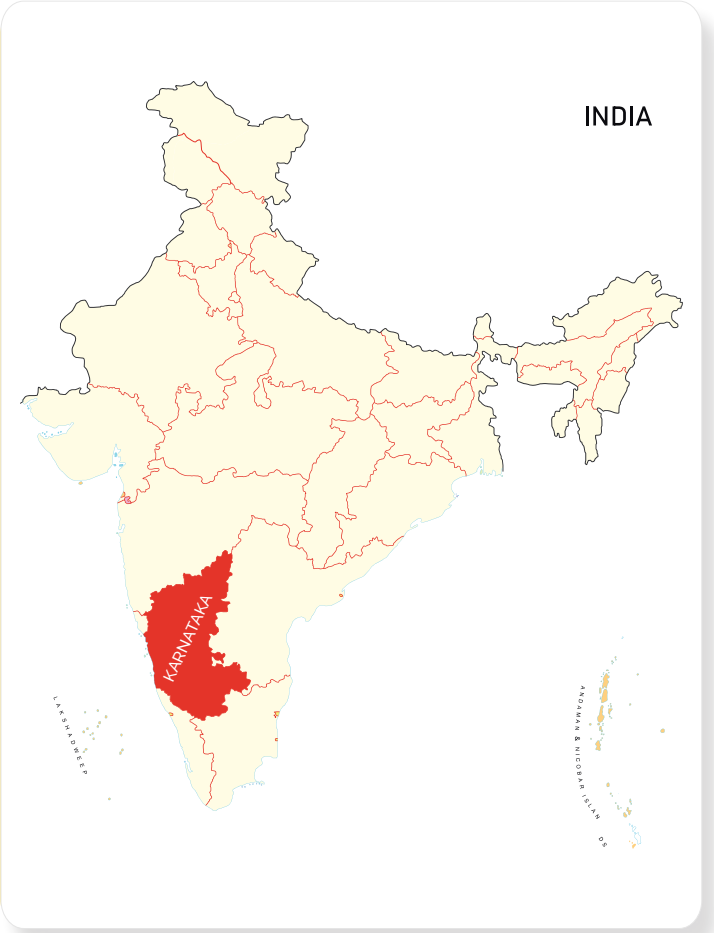
A convergence approach to engage and empower Gram Panchayats to improve public health and build TB-free Gram Panchayats

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- This initiative leveraged the Gram Panchayat to take health services to the doorstep of every household in rural Karnataka
- GPs have started linking PwTB to various social welfare programs.
- From September 2021 till Aug 2022, 2816 GPs organized a total of 23,511 COVID vaccination camps and provided 8,78,088 vaccination doses. Using the health management kit these GPs conducted 11,116 NCD camps and screened 4,92,951 persons, and 12,50,816 individuals were screened under Kshaya Nirvana program for TB and referred for testing.



Introduction & rationale

The Gram Panchayat (GP), as the local -government at the village level, has a crucial role in representing the people at the grass root level. GPs are the centres of village administration, development, with immense potential to provide decentralized services that can improve the health and well-being of villagers by gauging the public health requirements of rural areas, expanding access to healthcare services, and leveraging community networks to meet the needs of the vulnerable and unreached populations. There are important platforms at GP level where the issues of health can be discussed, but there are gaps in convergence and coordination between GP and health functionaries in health service delivery, including TB health services.

Objectives

The aim of this initiative was to take services to the doorstep of every household in rural Karnataka through the close collaboration of panchayat and government health services staff including health and wellness centres (HWC).

The specific objectives include

- Facilitating convergence and coordination between the elected representatives of the gram panchayat, health functionaries and the community structures
- Equipping the panchayats to support the health initiatives both on the creation of demand (through community engagement) and supply (through their support to the health system structures) sides.

Overall approach & Key strategies

The Kshaya Muktha Gram Panchayat (KMK-GP) activity aims to bridge service delivery and knowledge gaps at the community level through a well-structured Task Force.

Implementation

The Health and Family Welfare Department issued a joint circular from PRS-RDPR (**the Rural Development and Panchayat Raj Department**) and PRS-health for the involvement of 500 GPs acrossall the 31 districts through the District TB Offices (one high TB burden and one low TB burden).

Along with this, the Gram Panchayath Arogya Amrutha Abhiyaana (GPAAA), supported by KHPT, has implemented KMK-GP activities in 2816 Gram Panchayats in 14 districts of Karnataka. In these Gram Panchayats, activities addressing TB and other non-communicable diseases (NCD) are being carried out.

The initiative adopted an approach to train, strengthen and equip GPs to facilitate convergence between its elected representatives, local health functionaries from across sectoral programs and the community structures at the village level.

A training module for GP members was developed in the local language in association with KHPT and USAID.

In the KHPT KMKGP districts, Task Force members were trained to screen for TB, NCD and to address child marriage issues in their areas. Health management kits were distributed to GPs to aid in health promotion activities under GPAA.

The Kshaya Muktha Karnataka (TB free GP) program has conducted IEC campaigns, undertaken verbal screening for TB in the villages, and facilitated linkages of persons with TB (PwTB) to other social welfare schemes.

Key results

GPs have started linking PwTB with various social welfare programs, including nutritional support, employment, or livelihoods, such as the Kshaya Asare program.

TB sollisi GP gellisi (TB Harega Desh Jeetega), is being conducted in campaign mode, where all GPs have planned various IEC activities like street plays, essays and quiz competitions in school and colleges.

GPs started using the health management kits and conducted health camps in coordination with the Department of Health in the GPAA districts.

From September 2021 until Aug 2022, 2816 GPs organized a total of 23,511 COVID vaccination camps and provided 8,78,088 vaccination doses. Using the health management kit, these GPs conducted 11,116 NCD camps and screened 4,92,951 persons, and 12,50,816 individuals were screened under Kshaya Mukt Programme for TB and referred for testing.

Key recommendations

It is evident that this holistic approach at the GP level has the potential to reach persons at the grassroots. PRI engagement is perhaps the only existing mechanism to achieve large-scale community participation and reach the marginalized and vulnerable.

Conclusion

Gram Panchayats can leverage community networks to meet the needs of the most vulnerable and unreached populations. By involving the Gram panchayat, it is possible to ensure a viable, accessible, and community-centered programme for TB-free Gram Panchayats.

ODISHA

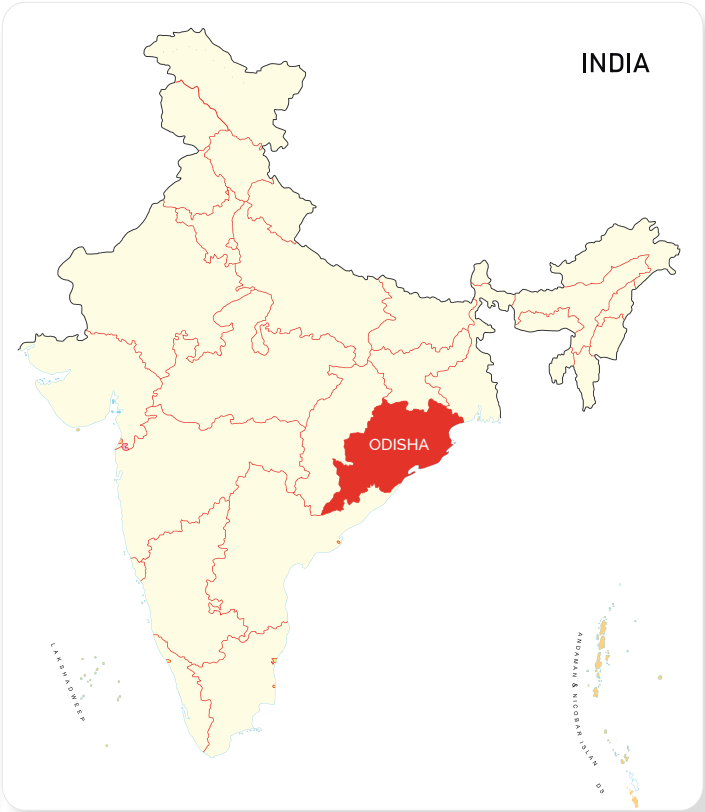
PRI sensitization and their engagement in TB response at Panchayat Level

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- The ALLIES Project interventions intend to create an enabling environment with elected representatives for improved quality of TB care and services.
- TB Champions are instrumental in sensitizing PRI members by sharing with them their own TB journey and seeking the Panchayat's engagement in TB response
- Overall, 33 PRI members are engaged in the program and have supported PwTBs in different ways.



Introduction and rationale

The ALLIES Project interventions intend to create an enabling environment with empowered community advocates for improved quality of care and services in TB treatment; such a mission is only feasible when social, political, and economic forces join hands to realize the objectives of the project. Thus, sensitization and engagement of elected representatives is a crucial step to scale up the addressing of systemic issues by the political leadership in a district or state.

Overall approach & Key strategies

In this context, the ALLIES team have been sensitizing elected representatives at different levels starting from the ward/village level to the constituency.

TB Champions organize sensitization meetings for the elected representatives in coordination with the Tuberculosis Unit (TU) staff, and engage in one-on-one interactions to sensitize them on TB. They areinstrumental in sensitizing PRI members by sharing with them their own TB journey, and seeking the Panchayat's engagement in the TB response.

PRI Sushma providing nutritional support to PWTB with the presence of TBC-Raibudhir at Bijatala of Mayurbhanj

Outcomes

Some PRI members sensitized about the NTEP and ALLIES project by our TB Champions realized the nutritional needs of the persons with TB (PwTB) and provided nutritional support to them. Some of them are:

Sarpanch providing PWTB in Kuliana block of

- Delho Baskey, Sarpanch of Banakati Gram Panchayat (GP), Bijatala Block, Mayurbhanj district
- Basanti Murmu, Chandua GP, Kuliana Block of Mayurbhanj
- Rani Hembrum, Block Chairman of Bijatala Block, Mayurbhanj
- Kabitra Ugrassandi, Sarpanch of Padmapakhari Gp, Kaptipada Block, Mayurbhanj
- Nanda Kishore Hembrum, Sarpanch, Bholagadia GP, Khunta block of Mayurbhanj
- Basanti Singh, Sarpanch, Ambhagadia GP, Betanoti, Mayurbhanj
- Mahi Majhi, Sarpanch of Kohi GP, Kisantandi, Mayurbhanj
- Mangal Hansadah, Sarpanch of Kendudiha GP, Badasi block, Mayurbhanj

Besides them, Hwasi Tudu, Sarpanch of Kujidihi GP, Kosta block, and Mayurbhanj supported a PwTB in buying seeds for developing a kitchen garden.

Ramesh Chandra Hansdah, Sarpanch of Keutunimari GP under Kuliana block, Mayurbhanj; Laxman Marandi, Naeb Sarpanch of Sargachhida GP under Kuliana TU, Kuliana block, Mayurbhanj provided financial support to a TB Champion to do wall painting on TB.

Some of the PRI members participated in a TB awareness campaign, addressing the stigma associated with TB. On World TB Day 2022, many of the Elected Representatives joined different meetings organized by the ALLIES project. Overall, 33 PRI members are engaged in the program and supported PwTBs in different ways.

Sensitized on TB to Sarpanch Terany-GP of Sukruli Block-Mayurbhanj by TBC Jaylaxmi

Sensitized on TB to Sarapanch of Gadadelulia-GP of Betnoti- Mayurbhanj by TBC-Tapas Behera

Sensitization on TB to Sarpanch Morada of Kishantandi of Mayurbhanj by TBC-Madan

Sensitization on TB to Sarpanch Sunamani Singh of Bangiriposhi in Mayurbhanj by TBC Swapna

Gram-Sabha of Morada GP of Mayurbhanj, where TB and Stigma was one of the core agenda to discuss in the meeting with the presence of all PRIs, TBC Basudev had sensitized them on TB.

TBC Shubhrakanta sharing about TB and stigma at Gram-Sabha of Bholgadia of Dukura- Mayurbhanj

RAJASTHAN

TB Mukt Gram Panchayat Abhiyaan

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- The TB Mukt Gram Panchayat aims at creating awareness regarding TB, supporting early diagnosis, as well as supporting persons with TB and their families.
- The initiative is being implemented in five Gram Panchayats / wards in each TB unit.
- TB champions and PRIs have been trained at the panchayat level to realize the goal of TB elimination as part of the 'TB Mukt Gram Panchayat' campaign.

Introduction

The National Tuberculosis Elimination Programme (NTEP), Medical and Health Department, Rajasthan, in collaboration with Panchayati Raj department is organizing a "TB Mukt Gram Panchayat" campaign from August 15, 2022 to April 24, 2023 (Panchayat Diwas) towards achieving the goal of elimination of tuberculosis in the state by the year 2025.

Objective

Community and political participation are critical to realize the goal of TB elimination. Guided by this approach, TB Champions have been identified and sensitized on TB at the Panchayat level through the program. To ensure their participation in the program, awareness activities at the Panchayat level have been organized in the presence of local Panchayat leaders.

Overall Approach and Key strategies

Under the campaign, five Gram panchayats / wards have been identified in each Tuberculosis Unit (TU) with the goal of becoming a "TB-free Gram Panchayat", and a Person Support Group (PSG) of 10-12 members has been formed at the local level, in which Sarpanch, Deputy Sarpanch, Panchayat Secretary, Medical Officers, TB Champions, Community Health Officers, ANMs, ASHA, Anganwadi workers, government teachers, religious groups, voluntary organizations and other influential members are included.

The TB Mukt Gram Panchayat aims at creating awareness regarding TB disease, early diagnosis, and treatment of PwTB, promoting TB detection, and supporting PwTB and their families.

Key Strategies:

- Case finding- Active and Passive (including post TB, post-COVID and other vulnerable groups)
- Community Awareness activities
- Community Support activities (Ni-kshay Sambal Yojana)
- Public health action for current PwTB including TB Preventive Treatment (TPT) to contacts

Timeline: August 15, 2022, to April 24, 2023

S.No.	Activity	Timeline
1	Selection of Gram Panchayats	June 2022
2	Trainings and sensitization of Person Support Groups	July 2022
3	Field activities	15th August, 2022 (Launch of campaign)
4	Evaluation of TB-free status	March 2023
5	Felicitation of Gram Panchayats	24 April, 2023 (National Panchayat Day)

Results/Outcome

The campaign shall be evaluated on process and outcome indicators under the supervision and report of expert committee constituted by the state comprising of five experts from different fields.

Potential for replication and scale-up

The state intends to scale this campaign to all Panchayats of the state by 2025.

TAMILNADU

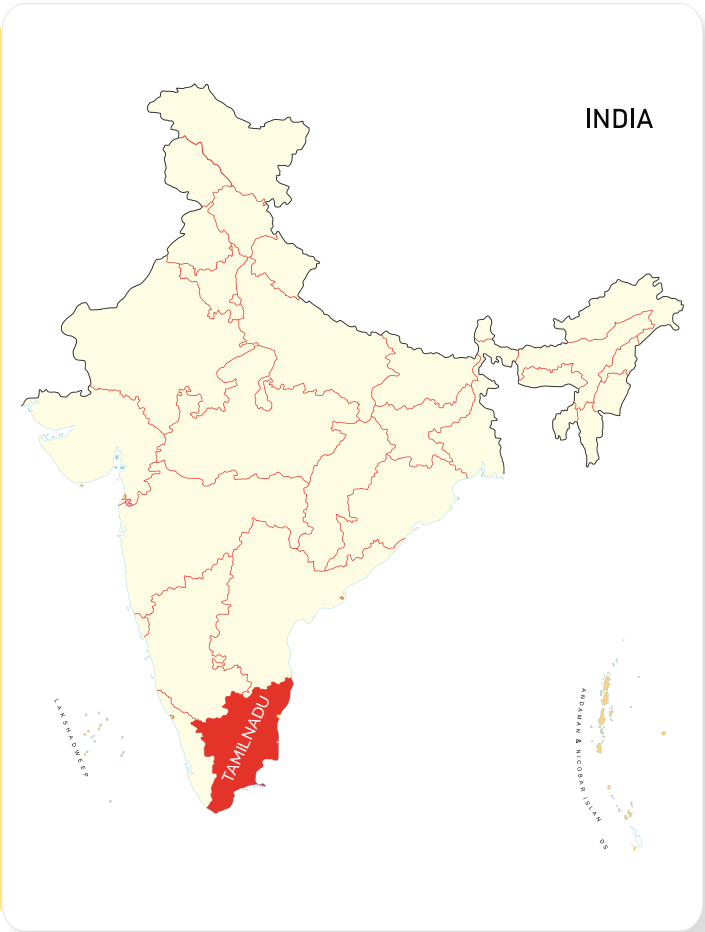
Involving Panchayat Raj members and community for IEC on TB awareness and screening using mobile X rays with AI for early diagnosis in community setting

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- To screen presumptive TB/at-risk individuals using Mobile X-ray with Artificial Intelligence (AI) thereby promoting early diagnosis of TB and cutting down further spread of transmission.
- The mobile diagnostic units van also serves as a platform whereby information on TB can be spread in the community.
- Integration of chest X-ray artificial intelligence in the mobile diagnostic units can rapidly expedite the case findings strategies in the community setting.



Introduction

The common approach to case finding has been detecting TB cases at the facility level for individuals presenting with suggestive symptoms. It has been noticed that this approach leads to an initial delay in diagnosis of 1 to 1.5 months, especially among individuals with poor health-seeking behavior.

The aim of any TB program is to prevent the spread of transmission by early diagnosis and cure for the PwTB, but the very purpose is not achieved in facility-based case findings, and this calls for effective community-based strategies. In order to have an effective approach for early detection of TB, specifically in vulnerable communities, the focus needs to be on scaling up of diagnostic capacities in the community setting.

Objectives

- To screen presumptive TB/at-risk individuals using Mobile X-ray with AI thereby promoting early diagnosis of TB and cutting down further spread of transmission
- To augment community-based activities of NTEP program and state specific health initiatives (eg: Makkalai Thedi Maruthuvam, Varummun Kaapom thittam).
- To improve community awareness on NTEP services – thereby promoting demand among the people.

Approach and Key Strategy

- PRI members in co-ordination with general health system staff, NTEP staff, and TB champions conduct advocacy meetings and screen persons for TB symptoms two-three days in advance for the planned visit of the Mobile Diagnostic Units
- Members of the elected representatives are also informed for visibility of the activity in the community and for the media
- All persons visiting the MDU are screened and referred for further completion of the diagnostic procedure

Key Activities

- The MDU team of six members comprising of 1. Driver,2. Radiographer, 3. Senior Treatment Supervisor (STS), NTEP,4. Health Visitor (HV), NTEP, 5. Women health volunteers (WHV) from the public health side 6. TB champions, 7. Mid-level healthcare provider (MLHP), from the public health side (support in the preparation of the tour plan).

  The MDU provides the following services:

  - Screening and diagnostic services for TB for those in the community setting
  - Carries out IEC/BCC campaign for TB (NTEP) and other health problems involving the PRI
  - Those visiting the MDUs are made to undergo a verbal screening by the STS/HV/WHV for the 4S complex

The population categories covered under the MDU are:

CODE	Category	Risk Group
A	Epidemiology	Geographical areas with a high prevalence of TB (>100/lakh population)
B	Clinical group (both at community and facility)	People having contact with an index PwTB (Pulmonary TB case), People previously treated for TB , People living with HIV / People attending for HIV testing, People with diabetes mellitus, People who smoke / People with chronic respiratory disease, Undernourished people, People with an alcohol-use disorder / Injection drug users, People with chronic renal failure/dialysis, Elderly people (>60 years), People with mental health issues/illness
C	Congregate settings	Prisoners and prison staff, People residing in shelters, and Other congregate institutions (such as orphanages, elderly homes, etc)
D	Migration and refugee related	Migrant workers (without social security and poor access to health care), Refugees/camps

The MDU is monitored at three levels of input, processes and output. These include:

Input	Process	Output
1. Number of individuals screened per week in the community. 2. Number of days vehicle utilized:	1. Number of Chest X-ray taken per month in the community. 2. Proportion of Chest x-ray abnormality detected among persons screened in MDU (by AI). 3. Of the abnormal detected by AI, discordance rate (with HCP interpretation) 4. Of the abnormal (AI/MO), number referred to TB diagnostic centre	1. Number TB cases diagnosed among screened. 2. Proportion of clinically diagnosed/microbiologically confirmed, pulmonary/extra-pulmonary TB cases among the overall screened

Outcome

The following table captures the outcome for the months of July and August 2022.

Total No.of population covered	Total No.of presumptive screened with chest x-ray	Total No.of Abnormal X rays	Total microbiological confirmed TB	No. Clinically diagnosed TB	Total TB diagnosed
1,90,302	40,783 (21%)	3588 (8.6%)	188	96	284 (0.6%)

Key Recommendations

- Integration of chest X-ray artificial intelligence in the mobile diagnostic units can rapidly expedite the case findings strategies in the community setting
- The MDU van also serves as a platform whereby information on TB can be spread in the community.
- PRI involvement in community mobilization prior to the activity increases the coverage and utilization of the X-ray van.
- Such initiative can ensure close coordination with the general health system and integration with the general health system is strengthened.
- Media coverage in newspapers with elected representatives additionally has a greater reach in the community

Replication and scale up

- Mobile X-ray vans can be used to rule out active TB among TPT beneficiaries in the future scale up plan.

Glimpses from Mobile Drug Unit Implementation

கோவில்பட்டி நகராட்சியில்

தூய்மைப்பணியாளர்களுக்கு காசநோய் பரிசோதனை முகாம்!

சரல் மழை தொடர்ந்து பெய்ததால்

சேர்வலாறு அணை நீர்மட்டம் 100 அடியை தாண்டியது!

WEST BENGAL

Institutionalization of social assistance schemes under the leadership of Panchayati Raj Institution in Purba Medinipur district in West Bengal

Sub Track:

Experiences of engaging with the Panchayat Raj Institutions (PRI) at the grassroots level as a nodal body to reach the unreached populations and build effective linkages to health services

Highlights

- The state engaged with PRIs to provide social assistance schemes to PwTBs beyond the scope of the Ni-kshay Poshan Yojana
- The initiative covers two NTEP districts – Purba Medinipur and Nandigram Health districts in West Bengal
- As of July 2022, 12 Tuberculosis Units out of 26 have organized events to benefit around 600 PwTB with livelihood and nutrition support

Introduction and rationale

Beyond the scope of the Ni-kshay Poshan Yojana (NPY), under the National TB Elimination Programme (NTEP), additional benefits rendered through various social support schemes involve no direct cost to the program. However, this creates an enabling environment to empower Persons with TB (PwTB), reduce social stigma through community engagement and ensure social protection like livelihood support, food and shelter security, and other entitlements. Until 2021, this process was an ad-hoc practice in West Bengal; the practice needed institutionalization for sustainability. Recognizing this, the state advocated with the Panchayati Raj Institution (PRI) and the district administration so that PwTB can avail the continued benefits of various social schemes under the leadership of PRI.

The PRI is a powerful community structure in the state. As an awardee of the Gold Medal under the NTEPs Sub-national Certification process last year, Purba Medinipur district institutionalized the social support scheme as a regular and sustained process under the leadership of PRI.

In 2020 and 2021, the state successfully provided social support to 4806 and 5840 PwTB respectively, leveraging resources from around 20 social assistance schemes. The state felt that this should be mainstreamed. While the state is in dialogue with the PRI and other departments at the apex level to extend the Community Support initiative (under Ni-kshay Mitra), Purba Medinipur has already institutionalized it.

Overall Approach & Key Strategies

The district administration of Purba Mednipur issued a letter in March 2022 to include all blocks for the involvement of PRI and block administration to render support to Ni-kshay. It registered 1864 persons with TB currently under treatment. Through organizing community events and sensitization on TB, the district is focusing on socio-economic integration of all Ni-kshay registered PwTB on treatment. The approach was to bring together the community and other stakeholders of various line departments to create a stigma-free environment that is socio-economically conducive for PwTB. It was initiated through a convergence of schemes of chick distribution from the Animal Resource Department (ARD) and the construction of sheds under the National Rural Employment Guarantee Act (NREGA).

Implementation and Key activities

- **Geography covered:** Purba Medinipur revenue district, which covers 2 NTEP districts – Purba Medinipur and Nandigram health districts in West Bengal
- **Target population:** Ni-kshay registered 1864 PwTB on treatment in March 2022
- **Time period:** The initiative launched in May 2022 and it has become a continued process.

Key activities:

- The District Administration oriented stakeholders of all blocks on the involvement of PRI and block administration during their development meeting in the Zila Parishad, the administrative platform of PRI.
- A list of 1864 Ni-kshay registered persons currently on treatment were identified. Among them, PwTB with electronic ration cards were selected as eligible.
- The programme was launched in Kolaghat Tuberculosis Unit (TU) in May 2022, with the involvement and support of departments of Health, Forest, ARD, National Rural Livelihood Mission, and was led by PRI.
- Following the launch, in Purba Mednipur, the Block Sabhapati (Block Head) of the PRI has been leading distribution events along with the Block Development Officer, ARD Officer and other stakeholders of the community. They have distributed materials include chicks, bamboo basket as shelters for chicks, Mehagani saplings, dry ration, clothes etc.
- After the distribution, stakeholders share information on TB with the community to create an enabling environment for early diagnosis and treatment. Each event usually covers a gathering of 100-150 people.

Outcomes

Until July 2022, 12 TUs out of 26 have organized such events to benefit around 600 PwTB who are now continuously getting benefits of dry rations, apart from the initial benefits of chicks and saplings.

Key recommendations

- TB services should be extended through the involvement of all line departments beyond health to disseminate messages on TB, and the services available for treatment, and social assistance to the larger community.
- Community stakeholders should be sensitized to create an enabling environment for PwTB for early detection of presumptive cases . They can also help in overcoming stigma, treatment adherence. An empathetic attitude through such social assistance may help people overcome social hurdles.

Potential for replication and scale-up

- The activity should be scaled up across the state through involvement of PRI, ARD, Forest Department and other line departments, along with Health so that all districts are covered.
- Under Corporate Social Responsibility (CSR), the scheme can also be scaled up.

CRITERIA OF BEST PRACTICES SELECTION

In order to select "best" practices, the criteria used for assessment were grouped into CORE and QUALIFIER criteria. The Core criteria included assessing the effectiveness and efficiency of the practice and how the practice has addressed equity issues.

The Qualifier criteria included assessing whether the practice contains elements that are relevant for its transfer to other settings.

Core Criteria:

1. Effectiveness and efficiency of the intervention: It measured the extent to which the objectives of quantity, quality, and time have been met under real conditions at the lowest possible cost.
2. Equity: The relevant dimensions of equity were adequately and actively considered throughout the process of implementing the practice

Qualifier Criteria:

1. Transferability: This criterion measured the extent to which the implementation results were systematized and documented, making it possible to transfer it to other contexts/settings/countries or to scale it up to a broader target population/geographic context.
2. Sustainability: This criterion assessed the practice's ability to be maintained in the long-term with the available resources, adapting to social, economic, and environmental requirements of the context in which it is developed.
3. Participation: This criterion assessed the inclusion of stakeholders throughout the whole life cycle of the process and the ability of the practice to foster collaboration among the different sectors involved.
4. Intersectoral collaboration: This criterion assessed the ability of the practice to foster collaboration among the different sectors (e.g. health, social, education) involved in the domain of interest (e.g., health promotion, disease prevention and management, etc.).

Central TB Division

Ministry of Health & Family Welfare

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