

PROJECT AXSHYA – COMMUNITY ENGAGEMENT in TB CARE

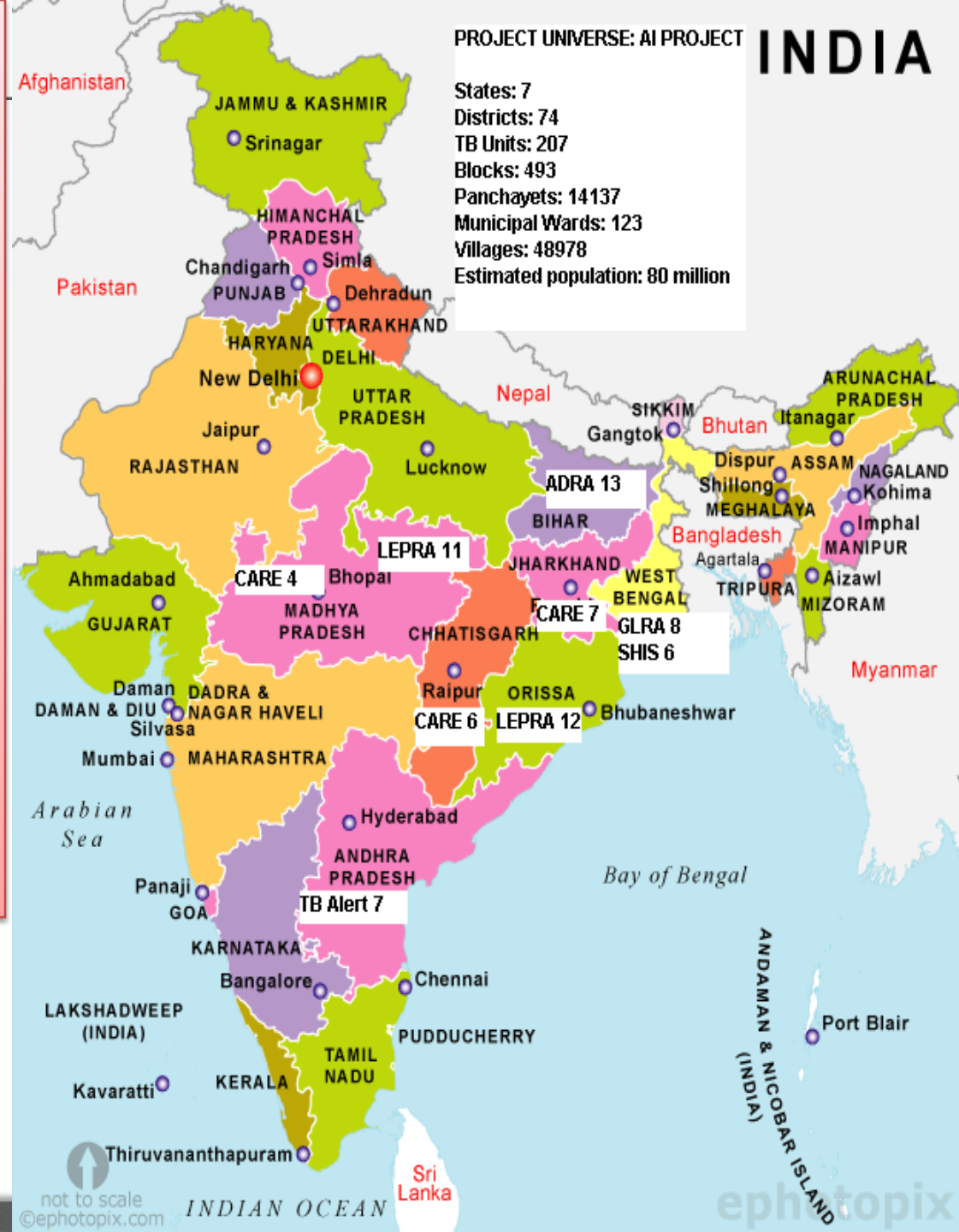
**An NGO-consortium initiative by World Vision
India & Partners**

4th Dec'15



- **CSOs' TB Project supported by The GFATM Round 9 grant**
- **PR: World Vision India**
- **SRs: ADRA, CARE, GLRA, LEPR, SHIS, TB Alert**
- **SSRs: Local NGO partners, around 40**
- **Started: Apr'10; Aligned with SSF Grant: Oct'12; Completed phase 1: Mar'13; Phase 2 of the project started: Apr'13; Phase 2 of the project ended: Sept'15**

Shifted from broad-based 'ACSM Strategy' of Phase 1 to more focussed 'Community Engagement' Strategy in Phase 2 of the Project



The 'Community' in Project Axshya

AFFECTED

TB pts. on treatment
Defaulted/Lost-to-FU
Cured TB pts.

VULNERABLE

Socially: Difficult-to-reach (islands, hills, forests, tribes), slums, prisons
Clinically: PLHIV, TI projects, Occupational Lung Diseases

COMMUNITY CARE-PROVIDERS

SHGs, CBOs, Volunteers, Quacks, RMPs, Traditional Healers, School-children, PRI, ASHA

'Community Engagement' Activities of Project Axshya

Expected outcomes of Community Engagement

- Community has knowledge on TB & RNTCP-services
- Community able to self-screen TB-symptoms
- Community refer Presumptive TB Cases to DMCs for testing and Follow-up
- Community help in retrieval of TB-defaulters/lost-to-follow up
- Community develop TB Action Plan for implementation with their own sources
- Community participate in project planning, monitoring, advocacy, service provision (Community DOT Provider)

- 1) **Train community & its care providers on TB care and control (following RNTCP guidelines & involving RNTCP-staff)**
 - RMPs, Quacks, Community Volunteers, PLHIV networks, TI projects, school-children, SHGs, cured TB pts, etc.
- 2) **Link them to RNTCP for service utilization & advocacy**
 - Referral of Presumptive TB cases (including sputum collection & transportation) to the DMCs & FU
 - Defaulter retrieval in collaboration with ASHA, STS & LT
 - Provision of DOT (Community DOT Provider)
 - TB Forum (Advocacy & awareness generation on TB)
 - TB action plans of the community-groups
 - Home based care & support to MDR-TB patients in AP and TS
 - Patient-provider meetings supported in WB
 - School TB OR (completion of base-line survey)
- 3) **Strengthen Health Systems**
 - Soft-skill/communication training of RNTCP and health-staff



Project Axshya achievement

PHASE 1 (Apr10 - Mar13)

36m

- No of presumptive TB cases referred by the project: **97,314**
- No of referrers who were tested in the Designated Microscopy Centres (DMCs): **73,994**
- No of TB positive cases detected: **8038**
- No of TB positive cases put on DOT within 7 days of diagnosis: **7346**

PHASE 2 (Apr 13 - Sept15)

30m

- No of presumptive TB cases referred by the project: **143,660**
- No of referrers who were tested in the Designated Microscopy Centres (DMCs): **119,791**
- No of TB positive cases detected: **12690**
- No of TB positive cases put on DOT within 7 days of diagnosis: **11829**

- Most of these cases, total **20728** were NSP. Most of these cases detected through community referral, few through active case search

Lessons learnt so far from project:

- Focused intervention with socially & clinically vulnerable community groups helps in TB case detection.
- TB outreach activities can be brought to difficult-to-reach and marginalized population through local NGO/CBOs' involvement.
- Community care-givers (CBOs, SHGs, Community Volunteers etc.) can be potential resources for TB case detection and defaulter retrieval.
- The unqualified healthcare providers or RHCPs (RMP, quacks) can be mobilized effectively for TB case detection through referrals and follow-up
- Soft-skill training of the RNTCP and general health staff can improve their health communication skill and enhance positive attitude.
- Community people including school children can be mobilized as effective TB advocate through sensitization and motivation.



Brief on NFM Project

SSF Phase 2

- **Key focus:** Community engagement in TB care & control
- **Target community:** Key Affected Population; No fixed denominator
- **Urban component:** Negligible
- **TB case detection:** Depends only indirect-kind community referral
- **Private sector engagement:** Only unqualified sector
- **MDR-TB Counselling:** Home-based counselling: AP & TGS
- **Recording & reporting:** Manual

NFM

- **Key focus:** TB case notification on the platform of community engagement
- **Target community:** Key Affected Population; Fixed Denominator
- **Urban component:** Major focus
- **TB case detection:** Depends on intensified door-to-door active case search
- **Private sector engagement:** Both qualified & unqualified sector
- **MDR-TB Counselling** – Home-based counselling replicated across 8 states
- **Recoding & reporting:** Digital technology will be utilized

NFM project - goal, objectives

Project Goal: Universal Access to quality TB diagnosis & treatment in **70** districts of **8** states of India by **2017**.

Project Objectives:

- Sustain high-yield interventions of Axshya that have given highest returns on investment in terms of number of cases detected under RNTCP in **70** districts, in order to consolidate and advance the gains made.
- Implement a high-yield package of interventions for urban TB control for improving timely detection and effective management of TB cases in **100** selected 2 tier and 3 tier cities in the **70** targeted districts

Project Duration: Oct'15 - Dec'17

Current Status: Funds disbursed to partners. Volunteer training in progress.



Target Groups of the Project

- **Urban:** Slums, people living with HIV & AIDS and their networks, HIV high risk groups currently being covered under Targeted Intervention projects of NACP (National AIDS Control Program), homeless, migrants, prisons, other co-morbidities (Diabetes, occupational lung diseases), refugees/IDP (Internally Displaced Population), unorganized job sectors, schools.
- **Private sector:**
 - Qualified private physicians: Allopath
 - Other qualified private providers: AYUSH
 - Unqualified: UHCP (Urban unqualified Health Care Provider), RHCP (Rural unqualified Health Care Provider), traditional healers
 - Institutions: Corporate hospitals, labs, pharmacists
- **Rural:** Tribal villages, villages located to difficult-to-reach areas leading to poor access to TB services, villages not reported TB cases in the last 3-5 years.



Active case search in slums & HRGs in urban by the trained CVs of the project

Active case search in targeted villages by the trained CVs of the project

Accompanied referrals,
Sputum C & T

Community referrals by community level care-givers who were mobilized by the project

Referral

Detection of Presumptive TB cases and testing in RNTCP-affiliated labs

Additional tests like CXR, CBNAAT to enhance case detection

Contact tracing

Assist private qualified doctors and corporate hospitals to notify TB cases to RNTCP

Help the newly diagnosed TB cases to know their HIV status

TB case detection and notification



- City-mapping - *External Agency*
- KAP-interventions - *Community Volunteers*
 - Active Case Search & TB case detection from KAP (through accompanied referral/SCT)
 - ICTC-referral and HIV C & T of the TB cases detected by the project
 - Contact tracing & testing of Presumptive TB cases who are detected
 - INH prophylaxis initiation of children-contacts of the detected TB cases
 - Enhance community referral & Follow Up
- Home-based counselling of MDR TB patients - *Hired counsellors, DCs*
- Private sector engagement - *Notification Executives, DCs, PCs*
 - Training of private doctors & institutions on National Guideline of TB-case Notification
 - TB case notification from private sector
 - Operational Research to track treatment outcome of privately treated TB patients

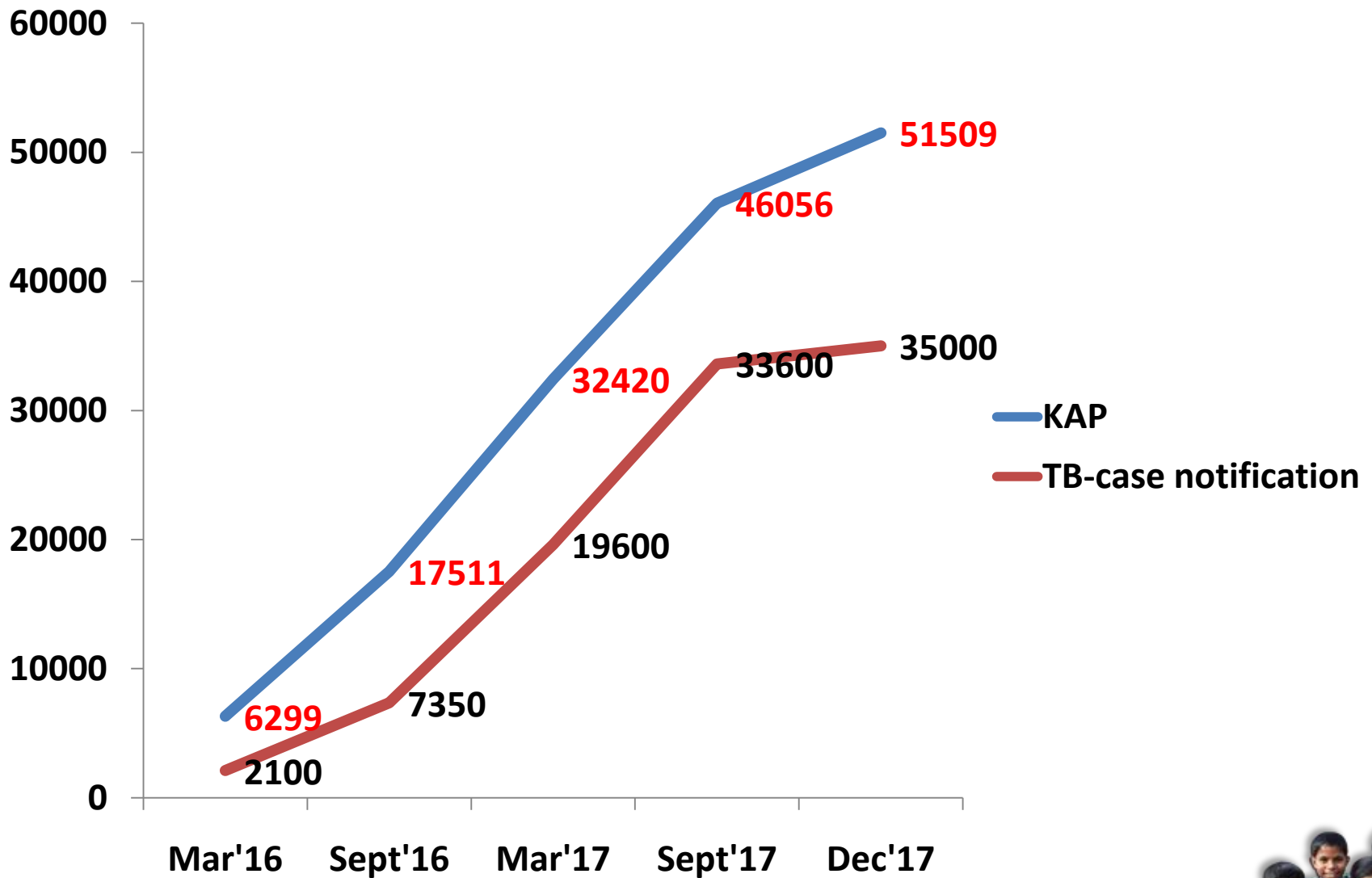


Project target at a glance

Sr No	Name of the activity	Urban targets (all types)	Sources of urban targets	Rural targets (all types)	Sources of rural targets	Total	Timeline
1	Active case search (geographic area-centric)	17913	KAP of 100 cities of 70 districts	18143	21000 villages of 70 districts; Each village should have population of around 1500 on an average	36056	2 years
2	Community Referrals (Community care-giver centric)	7677	Referral from community care-givers of 100 cities	7776	Referral from community care-givers of 70 districts	15453	2 years
	Total	25590		25519		51509	2 years
3	Private sector engagement (PP centric)	35000	7 notification per PP X 5000 PPs of 100 cities			35000	2 years
	Total					86509	2 years



Targets with timeline



GFATM Module 1: TB care & Prevention - Indicators:

1. DOTS-6: Number of TB cases (all forms) notified among key affected populations/high risk groups
2. DOTS-7a: Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities
3. DOTS-5: Number of children <5 in contact with TB patients who began IPT
4. DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals
5. Number of unqualified private healthcare providers (both in urban and rural set-ups) who were engaged with RNTCP by the efforts of the project (**customized**)
6. Number of TB presumptive cases detected after contact tracing and tested at DMC by the project (**customized**)
7. Number of TB presumptive cases with negative sputum results who were supported by the project for getting tested through CXR (Chest X-ray) as per RNTCP protocol (**customized**)



GFATM Module 2: TB/HIV - Indicator:

1. TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register

GFATM Module 3: MDR-TB - Indicator:

1. Total number of DR TB patients who received counselling services from the project (customized)

Total Reporting Indicators: 9

GFATM Indicators: 5

Customized Indicators: 4



Total Project Staff Positions: 101

- PMU-members (World Vision India): 14
- SR-PMs: 08
- SR-FMs: 06
- PCs: 13
- DCs: 37
- FAOs: 23
- Total: 101

PMU-members: Project Director, Technical Consultant, Finance Manager, M/E Managers (2), Data Officer, Advocacy & Documentation Officer, Finance Officers (3), State Consultants (04 – AP, OR, TGS, WB)



Project Budget

- Total budget: US\$ 6,904,827



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Thank You for your attention

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