



# Private Sector Partnership And Participation For Tuberculosis Notification, Education And Community Awareness Among Urban Population: A Pilot Initiative

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## Abstract

**Background :** Keeping in view, the growing concern of TB as a major public health challenge, Public Health Foundation of India (PHFI) in collaboration with key stake holders viz. the Indian Medical Association (IMA), Meerut Branch, District TB Center, key hospitals, private providers, students, teachers and parents of select schools and madrasas, workers of small factories, residents in urban slums and district administrators initiated a two-year (2016-2018) pilot intervention project in Meerut city, Uttar Pradesh – Project CHETNA (Communications, Health Education and Tuberculosis Notification Awareness).

**Objectives:** Project CHETNA was designed with the key objectives; (i) to increase TB notifications from the private providers treating TB patients; (ii) to enhance community awareness on TB for an improved care seeking behaviour and (iii) to enhance capacity of private providers to deliver services through improved diagnosis, management & adherence to treatment.

**Approach:** Project CHETNA adopted a non-incentivized model with no financial incentives paid to stakeholders associated with the project. During the inception phase, baseline studies were undertaken to identify the gaps in the knowledge levels among the community on prevention and care for TB and knowledge and capacity of the private providers in adherence to standard treatment guidelines on notification, diagnosis, treatment and adherence. A comprehensive mapping of TB providers, schools, madrasas, factories and slums was undertaken to understand the geo-spatial spread of TB case load, point of care and treatment. This analysis served in designing effective communication strategies for the project. Innovative time-saving tools for notification were developed based on the RNTCP format, Capacity building of clinic support staff and doctors and an array of innovative communication activities were undertaken to achieve the objectives of the project.

**Learnings:** The project played a critical role in bridging the gap between the public and private sector players by almost doubling notification on TB cases diagnosed by the private sector. This was mainly attributable to the innovative tools and capacity building of support staff and doctors on TB diagnosis, treatment, case management, counselling and notification protocols. Coupled with an array of innovative communication activities, team CHETNA reached out to patients, caregivers and community members, factory workers etc. and sensitized them on TB. A mnemonic “CHETNA Didi” was developed to carry messages to the community. Posters, Leaflets, Films, Stickers, Banners, Calendars, Situation Cards, Skits and host of other

communication materials were designed with CHETNA Didi as the main character. School children rallies, painting competitions, poetry and essay writing competitions, parent-teacher meetings, involvement of slum elders, informal service providers, and madrasas, house visits, Nauchandi Mela, wall writings at key locations in the slums, etc. have resulted in enhancing public awareness on health promotion with specific focus on TB. Special efforts were made to include various cottage industries, factories and other work places in Meerut city to spread key messages on TB symptoms and its treatment to this largely migrant work force. Based on the success of the pilot intervention, the model may be considered for scale up in districts with low TB notification, higher presence of private sector and high prevalence in order to enhance notification especially from the private sector and enhance public awareness on health promotions.

**Keywords:** Notification, Capacity Building, Awareness generation

## Context

Tuberculosis is a major cause of ill health and one of the leading causes of death worldwide, despite, the fact that there has been a vaccination for TB in place over the last 90 years. An ancient scourge, the disease has been inextricably linked to the history of mankind and its civilisations. Of late, although, it has been overshadowed by illnesses such as COVID-19, HIV/AIDS and Ebola, TB continues to remain a world-wide health threat causing more than a million deaths each year. Worldwide, TB is the 13th leading cause of death and the second leading infectious killer after COVID-19. The World Health Organization (WHO), estimates that there are about 10.4 million new cases and 1.8 million deaths from TB each year., which means that close to 5000 deaths occur each day due to TB. Of the 10 million new cases, about one-third, (roughly 3 million) remain unknown to the health system, and do not receive proper treatment. Globally, although the overall burden of disease remains large, substantial progress has been made in TB control.

India bears a disproportionately large burden of the world's tuberculosis accounting for one fourth of the global TB burden and one in every three TB related deaths. Incidence of TB estimated in India is 188 (129-257) per 100,000 population. Given the country's diversity, considerable state level variation in the disease burden exists. According to the National TB Prevalence Survey, 2019-2021, the prevalence of TB was reported to be the highest in Delhi (534 per lakh population) and the lowest in Kerala (115 per lakh population). With an estimated TB mortality rate of 37 per 100,000 population, death due to the disease is the sixth leading cause of years of life lost. Even with decades of government led public health initiatives to stop TB, it has not only remained one of the largest killers in the country, but also assumed a more alarming contour. 21% of the estimated MDR patients in the world are from India. Despite the massive efforts of the Central and State governments, TB continues to be India's severest health crisis. India has more than a million 'missing' cases every year that are not notified (despite notification being made mandatory since May 2012) and most remain either undiagnosed or unaccountably and inadequately diagnosed and treated in the private sector. The private health care sector is massive, heterogeneous, and growing, with more than half the TB patients in the country seeking care in this sector. Patients seeking care in the public sector have a better chance of treatment but still one third are lost between care-seeking and successful cure. As in other parts of the world, COVID-19 pandemic has severely impacted the reduction in the total number of MDR-TB and XDR -TB patients on treatment, leading to the widening of gap to reach the targets for elimination of Tuberculosis by 2025.

## The Pilot Intervention

Keeping in view, the growing concern of TB as a major public health challenge, Project CHETNA (Communications, Health Education and Tuberculosis Notification Awareness, July 2016- December 2018) was conceptualized by the Public Health Foundation of India (PHFI), New Delhi, with funding support from the HT Parekh foundation. Project CHETNA was designed with the key objectives; (i) to increase TB notifications from the private providers treating TB patients; (ii) to enhance community awareness on TB for an improved care seeking behaviour and (iii) to enhance capacity of private providers to deliver services through improved diagnosis, management & adherence to treatment. The envisaged results of the project, were as follows:

**Project CHETNA: Expected results**

**Outputs**

Communication package on TB for Support staff of the private providers

Communication package on TB for the community

Education and communication package on TB for private practitioners

**Outcomes**

Regular, timely and complete TB case notification by private providers on a periodic basis.

Improved capacities of 'Support staff' for TB notification.

Support staff capacitated to provide patient counselling on adherence and completion of treatment.

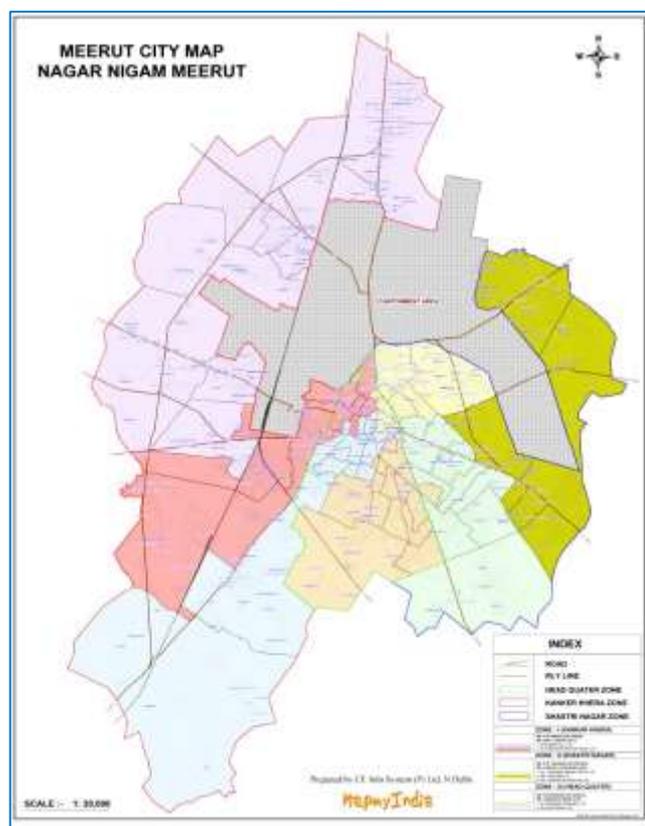
Enhanced capacity of private providers for improved and early TB diagnosis and treatment as per approved RNTCP standard treatment guidelines.

Meerut was considered as an optimally suited location for intervention since the district has a high prevalence of TB; a very vibrant private health care sector and is located close to Public Health Foundation of India, in Gurgaon, which was important to facilitate supportive supervision for the field team.

The population of Meerut district, as per census 2011, was 1,305,429 and its urban population was 752,893. As per the 2011 census, 544,859 persons reside in 102 listed urban slums, recognized by the District Urban Development Authority (DUDA) of Meerut city which is approximately 42 percent of the total population of Meerut. The slum areas are characterized by high population density and extremely poor conditions of hygiene and sanitation.

Majority of the slum population are daily wage earners, with a few engaged in business related activities. Most women who work outside home are domestic maids in the surrounding areas. Living conditions vary

from illegal settlements with kutcha houses, to low rent dwellings, or owned concrete houses (<http://www.census2011.co.in/census/city/101-meerut.html>).



Meerut city has an estimated TB prevalence of 400 per 100,000 population ([www.censusindia.gov.in/vital\\_statistics/AHSBulletins/AHS\\_Factsheets\\_2012-13/FACTSHEET-UTTAR\\_PRADESH.pdf](http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Factsheets_2012-13/FACTSHEET-UTTAR_PRADESH.pdf)). It has numerous private clinics, maternity centers, nursing homes and hospitals catering to the health needs of the general and slum population. As per the District Tuberculosis Unit (DTU), a total of 1992 private practitioners, 221 hospitals and 112 labs are registered under Chief Medical Officer (CMO) in Meerut district (DTU Program data). Majority of the private practitioners reside and practice in Meerut city. Slum residents seek medical care predominantly from private practitioners who are practitioners of indigenous medicine and RMPs, due to ease of access and payment in instalments/ credit, seemingly quick “cures” and personalized treatments.

### Partnerships, Participation & Process

Project CHETNA worked systematically, through proven, evidence-based strategies and with project specific innovations, in Meerut city, from April 2016 till December 2018. It was officially launched on 22<sup>nd</sup> June 2016. A salient feature of project design was its non-incentivized nature. No monetary or non-monetary incentives were provided for the efforts towards notification or awareness generation to any of the stakeholders; i.e., private doctors, Support staff, school teachers, *maulvis* and community volunteers.

Identification of key stakeholders was done keeping in view the objectives of the project. The pool of stakeholders of Project CHETNA comprised of the District TB Unit of Meerut district, members of the Meerut Chapter of the Indian Medical Association (IMA), private practitioners including Chest & TB specialists, pulmonologists, general physicians, Support staff of private practitioners, students and teachers of select schools and *madarsas*, parents of the students, workers of small factories and the residents in urban slums.

A TB Taskforce (TTF) was constituted during the preparatory phase of Project CHETNA. It included senior, reputed private doctors of Meerut, members of the Meerut Chapter of the Indian Medical Association (IMA), national trainers, District TB Officer (DTO) and PPM (Public-Private Mix) Coordinator. The Task force was envisaged to actively support, with review of tools and materials, organizing key events and in strengthening the private sector engagement for TB diagnosis, treatment and notification in Meerut city. The project was executed in close consultation with the DTO Meerut and members of the TB Task Force. A list of 105 private

practitioners was finalized in consultation with the DTO and Task Force members, with whom the notification related work of the project could be initiated.

During the preplanning phase, the project also worked in consultation with the WHO and Central TB Division (CTD) of the RNTCP, to understand the gaps and needs in the national programme and support structures for prevention and control of TB in the community.

### **Situational Analysis and Mapping of Stakeholders**

A situational analysis was undertaken at the start of the project with the objective of developing an understanding of the private healthcare sector in terms of notification practices, patient load, types of diseases treated, awareness of the private practitioners about standard treatment guidelines and practices followed for diagnosis and treatment of Tuberculosis patients. Mapping of the private providers was also done to understand the geo-spatial spread of TB case load and point of care and treatment. The situational analysis served to design effective capacity building and communication strategies for the project.

#### **(i) Modified tools for TB Notification and treatment adherence**

The existing **notification tool** of the RNTCP of Government of India was simplified and made user friendly by Project CHETNA team, in collaboration with senior private practitioners (Chest & TB Specialists) in Meerut. The simplified tool comprised of two parts; **Part A** for clinical details of the patient to be filled out by the doctor and a **Part B** to be filled up by the Support staff which is a Ledger/Register with space for patient details and also the clinical details provided by the doctor. The tool was piloted with few, purposively selected private practitioners. Based on the learning from the pilot, the minor form was withdrawn and the ledger / register was used.

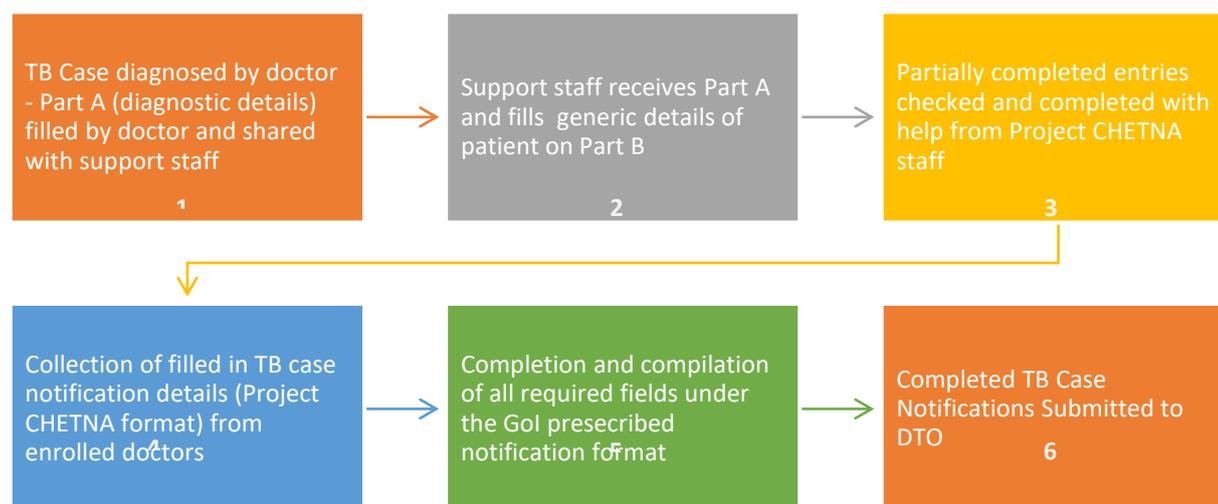
A data entry tool was also developed by the project team where the notification details could be collated on a weekly basis. These details were further compiled, verified to check errors/ double entries and then shared with the DTO on a monthly basis. Visits were made by CHETNA field staff for quality checks and handholding the Support staff for ensuring accuracy and completeness in the notification details.

Printed registers of the notification form were provided to the private practitioners. This was done to ensure continuity in data entry which could have been disrupted in the absence of the required forms. The RNTCP format for recording patient compliance to treatment was also provided to the private doctors as the 'adherence formats'.

Project CHETNA undertook multiple measures to strengthen the process of TB case notification from the private doctors. A strategy of progressive engagement with doctors was formulated. The senior, well established and reputed Chest and TB Physicians were first contacted. There was gradual increase in the number of doctors, who were engaged with the project due to the snowballing effect.

Project CHETNA devised a clear pathway for streamlining the process of (patient specific) data entry in specific formats, at the clinic of a private doctor which yielded positive results. Support staff played a critical role in the process of notification.

The flow diagram given below represents the pathway in the process of notification, at the clinic of a private doctor.



Notification steps in Project CHETNA

It was evident from analysis of TB notification data that majority of the notified cases were those of Pulmonary TB. The overall ratio of Pulmonary to Extra-Pulmonary TB was approximately 60:40. The extra-pulmonary cases were mostly diagnosed and treated by Gynaecologists and Orthopaedic surgeons. Hence, there was a need to expand the universe of private doctors engaged with project CHETNA. Gynaecologists and orthopaedic surgeons were also included for notification of extra pulmonary TB cases. However, it was found that most most gynaecologists refereed cases to TB specialists.

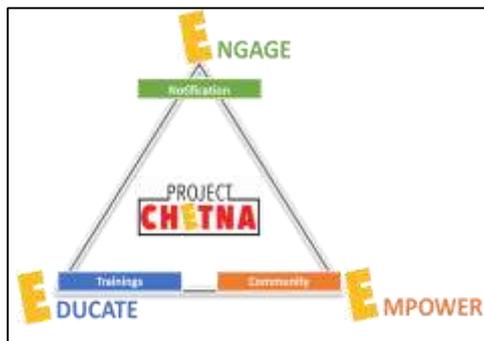
### Challenges Faced & Measures Sought:

The following challenges emerged during the process of facilitating notification by the private doctors: **Incomplete Information:** Patient information for TB notification, obtained from the doctors/Support staff were often incomplete. To ensure completeness of the notification details, CHETNA field team reached out and enquired about the requisite information from the concerned patients (whose information was partially complete), with consent from the treating doctor. The details were completed prior to handing over the forms to the DTO. **Recall lapse:** Doctors with heavy patient load found the process of notification process cumbersome with additional work of documentation for them and their staff. Continuous follow up was done to educate the doctors and their Support staff to initiate the notifications. **Unwillingness:** Despite repeated advocacy by the field team, certain doctors were reluctant to initiate the notification process. To further catalyse the process of notification, CHETNA team facilitated issuance of an order from the CMO and DTO. A positive difference was subsequently evident in the notification numbers. **Counselling:** Lack of counselling of patients persisted given the high patient load at many clinics. To overcome this, the project undertook training of support staff for providing necessary counselling to patients and their care givers. Ready to use reckoners were provided to support staff to counsel patients. **Service provision by AYUSH doctors and Chemists:** Bachelor of Ayurveda, Medicine and Surgery (BAMS) doctors were also found to treat TB cases, however, there is no well-defined strategy by the government. The same holds true in the case of chemists.

#### (ii) Communication strategy, tools and materials

A **communication strategy** was developed, following a 360-degree approach including mass media, mid media, social media and advocacy to reach out to the slums, private doctors, Support staff, schools, colleges, *madarsas*, factories and RMPs. The communication strategy was aimed at mobilization of the community for awareness generation about TB, promoting measures for early detection, counselling and treatment seeking and compliance behaviours and to mitigate any adverse effects of seeking treatment from local healers, non-certified doctors etc. The communication strategy also focussed on engagement with private doctors to encourage them for notification of TB cases to the public health system.

The **communication materials** were developed with support from a communication agency, they were mostly in pictorial form and were made available in Hindi and Urdu languages. The materials included, the project logo, project call sign, posters, project brochure, leaflet etc.



The logo of Project CHETNA was strategically designed to incorporate the three key objectives of the project viz. Increase in TB notification, Training of private practitioners and community mobilization with an emphasis on the tilted ‘E’, indicating engagement with private doctors, education of the private practitioners and their Support staff and empowerment of the community.

**Project Call Sign: TB - अब और नहीं**

The call sign for Project CHETNA; ‘TB - अब और नहीं’ was developed in collaboration with key stakeholders, in vernacular Hindi, to maximise reach in the Hindi speaking population. It reflects the aspiration of the project to halt the TB epidemic. The call sign was displayed on all communication materials developed by Project CHETNA.



Posters were developed which focussed on the symptoms of TB and on ‘Cough Etiquettes.’ Leaflets were also designed with the same content as the posters. Communication materials were also developed on nutrition, treatment adherence, contact tracing. An innovative game and a ‘situation card’ were designed on nutrition, especially for children at schools and madarasas. Besides, reminder cards for doctors not notifying TB cases, recognition cards for doctors who were notifying and pocket reckoners for Support staff were designed on counselling, notification, contact tracing, TB awareness and nutrition.



### ***Community mobilization and awareness generation***

Sensitization programs were organized by Project CHETNA in schools, madaras and industries, after an initial mapping activity. The sensitization programs were organized for students and teachers of schools in slums and non-slum areas of Meerut city, for students and 'Maulvis' of madaras and for workers and owners of small-scale factories and cottage industries. Refresher programs were also undertaken.

The sensitization focussed on the symptoms of TB, its prevention, early diagnosis and treatment. It also included education on cough etiquettes which requires the mouth and nose to be covered with the use of a handkerchief, tissues, or paper masks. Distribution of pamphlets and leaflets was also done.

CHETNA team mapped the schools in slums and non-slums, conducted meetings with concerned school authorities; school managers/principals and sent invitations to parents through the school authorities, to initiate parent-teacher meetings. The meetings were also utilized for conducting orientation of parents and teachers on TB, together with distribution of IEC materials.



Photo Credits: Project CHETNA

### ***Door to door TB awareness generation***

Project CHETNA undertook door to door awareness generation activity in 6 large slums, targeting household members including men, women and children, to raise awareness about basic cough etiquettes, TB symptoms, its prevention and hygiene. The team also distributed leaflets to the household members. During the house-to-house campaign, patients were also counselled on adherence, nutrition and the importance of completion of treatment. TB suspects identified during the door-to-door campaign were referred to the District Tuberculosis Centre for sputum test by the field team. A total of 50 TB suspects identified during home visits and parent teacher meetings have been referred for diagnosis and treatment to the District Tuberculosis Centre, Meerut.



Photo Credits: Project CHETNA

The team also distributed leaflets to the household members. During the house-to-house campaign, patients were also counselled on adherence, nutrition and the importance of completion of treatment. TB suspects identified during the door-to-door campaign were referred to the District Tuberculosis Centre for sputum test by the field team. Till date 50 TB suspects identified during home visits and parent teacher meetings have been referred for diagnosis and treatment to the District Tuberculosis Centre, Meerut.

### *Leveraging established platforms*

The Project leveraged some well-known, ear-marked days such as the Independence Day, World TB Day and established platforms like the locally popular *Nauchandi Mela* for the dissemination of relevant messages for TB prevention, care and treatment, to a large population.

To mark the World TB Day on March 24th, 2017, Project CHETNA organized an intensive, week long communication campaign with the primary objective of raising awareness on TB, with participation of multiple stakeholders. The communication campaign was successful in **raising 'One lakh voices against TB' in Meerut** including those of private practitioners, labs and pharmacies, men, women and children from the community and students. Messages on tuberculosis prevention and awareness were disseminated in Meerut city through CHETNA Rathes and a signature campaign which were flagged off by the District Magistrate of Meerut. *Nukkad nataks* were organized in slums, schools, colleges, factories, madrassas, hospitals, bus stands, railway station etc. The campaign was much acclaimed.

On 15<sup>th</sup> August, 2017, a '**Freedom from TB**' rally was organized in 2 schools with participation of 280 students and 21 teachers. In 2018, on 15<sup>th</sup> August, the rally was organized with participation of 389 school children from 2 schools. The rallies were conducted with much enthusiasm by school children with slogans for TB prevention and elimination.



Photo Credits: Project CHETNA

### (iii) Capacity Building

Training module was developed for the Support staff of private doctors subsequent to an in-depth review of the available modules on TB and consultation with the TB Task Force of Project CHETNA. A 'Handbook on TB' was also developed for private doctors with support and guidance from the TB Task Force. The Handbook was comprehensive and included management protocols for pulmonary and extra-pulmonary TB cases.

#### *Training of Support staff*

Training workshops were organized for multiple batches of Support staff of private doctors treating TB patients, in Meerut City, to enhance their knowledge and awareness about TB, its notification and to improve their skills in counselling. 94 Support staff (of pulmonary specialists and other specialist doctors from the private sector) and 50 district program staff of the RNTCP were trained by the project. RNTCP staff also included the TB Health Visitors and Senior Treatment Supervisors. A certificate was provided to the participants for completing the training on TB awareness, notification and counselling. Refresher Training was also conducted for 53 Support staff of private practitioners. Subsequent to the training, the Support staff were provided onsite support and handholding. CHETNA notification forms were shared with the participants. The Support staff were enthusiastic about notification and ensured support to CHETNA team for initiating the notifications. This training was the first of its kind and was very well received by all participants.

#### *Training of volunteers*



Evidence shows that community volunteers can play a vital role in raising awareness, counselling, in providing treatment adherence support, reducing stigma through education. It was therefore decided to identify volunteers and train them under Project CHETNA. Training of volunteers was organized with the objective of engaging them in TB awareness generation programs in the community and in early case referral. A total of 233 volunteers were capacitated on cough etiquettes, TB

symptoms and counselling. It was expected that the volunteers would in turn sensitize parents and children in schools, and the community members.

#### *CME in collaboration with National Medicos Organization (NMO)*

Project CHETNA, in collaboration with the National Medicos Organization (NMO) organized an interactive and educative session for doctors, focussed on the diagnosis, treatment protocols and notification of pulmonary and extra pulmonary TB, as part of the conventional 'Continuing Medical Education' (CME). The CME session was organized at the Indian Medical Association (IMA) Hall, Meerut, to mark the World TB Day.



The key speaker for the CME was the Head of the Department, Pulmonary and Critical Care Department, All India Institute for Medical Sciences, Delhi. **103 doctors** including general physicians, chest & TB specialists, orthopaedic surgeons, gynaecologists and paediatricians participated in the CME. The quality of content, its delivery and usefulness were highly appreciated by the doctors. Besides contributing to building capacities, the CME facilitated voluntary inclusion of more doctors for TB notification.

#### *Sensitization workshop for National*

#### *Integrated Medical Association (NIMA) doctors*

In response to the felt need and requests from the TB taskforce, a sensitization workshop was organized by Project CHETNA, in collaboration with RNTCP, Meerut. The workshop was organized for **NIMA doctors on early case detection & referrals**, on the 20th of March, 2018 to mark the World TB Week. **68 doctors** from NIMA were sensitized on signs and symptoms, early diagnosis and prompt referral of TB cases.



*Capacity Building of Medical Colleges in collaboration with All India Institute for Medical Sciences (AIIMS)*



Photo Credits: Project CHETNA

Capacity building of undergraduate and post graduate students of Government (LLRM Medical College, Meerut) and Private Medical College (Subharti Medical College), Meerut on TB diagnosis, treatment and importance of TB as a major public health challenge were undertaken. In all about 670 medical students and faculty were trained on TB diagnosis and case management by Project CHETNA in collaboration with the AIIMS, New Delhi.

### *Capacity Building of District Officials*

An interactive workshop on private sector engagement for Tuberculosis control was organised at Yellow Chilies Banquet Hall, Meerut. The objective was to disseminate the best practices, lesson learnt, challenges faced, experiences from various stakeholders working in the field and way forward from the three-year-old pilot intervention project CHETNA to enhance private sector engagement for Tuberculosis control. The workshop was organized for RNTCP staff including the MO-TCs, Urban Health Medical Officers, STLS, STS, Superintendents and Additional Chief Medical Officers (ACMOs) of Meerut district. In all a total of 100 district level officials participated in the highly interactive half a day workshop.

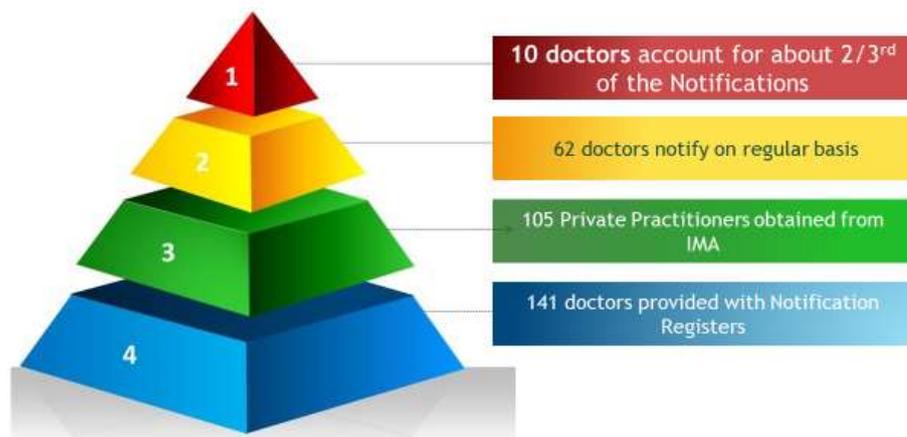
### *CME in collaboration with AIIMS and IMA, Meerut on HIV-TB Linkages*

Project CHETNA in collaboration with IMA Meerut and All India Institute of Medical Sciences (AIIMS), New Delhi organized an interactive and educational session for IMA doctors on HIV-TB linkages at IMA Auditorium, Meerut. The resource person for the CME was faculty from the Department of Pulmonary Medicine and Sleep Disorders, AIIMS, New Delhi. Dissemination of key findings that emerged from the three-year old pilot intervention project, CHETNA was also done with the IMA doctors, the key stakeholders in the implementation of the project. In all about 100 doctors and district officials participated in the CME cum Dissemination Workshop.

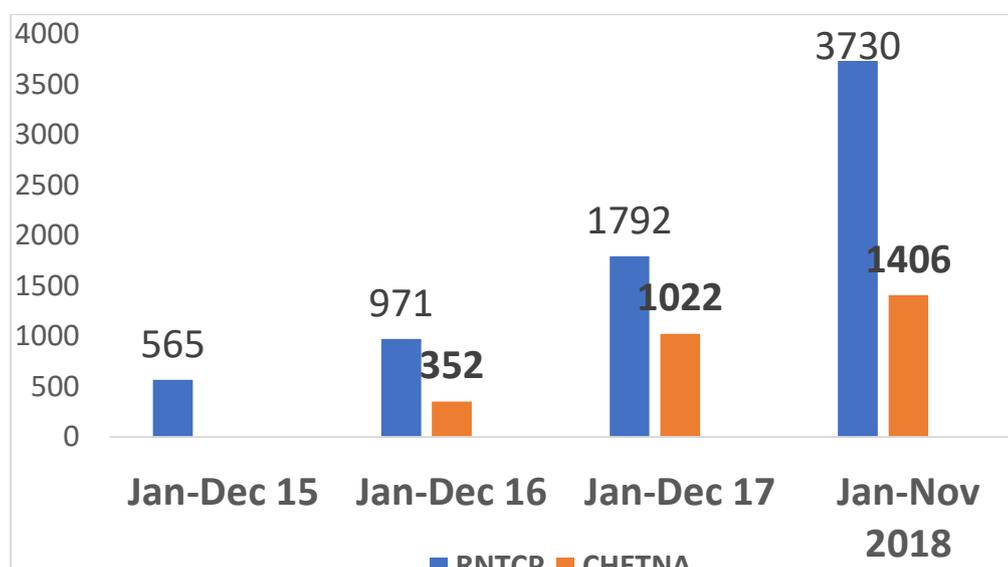
### *Project CHETNA's Key Achievements & Accomplishments*

The project played a critical role in bridging the gap between the public and private sector players by almost doubling notification on TB cases diagnosed by the private sector. This was mainly attributable to the innovative tools and capacity building of support staff and doctors on TB diagnosis, treatment, case management, counselling and notification protocols. Coupled with an array of innovative communication activities, team CHETNA reached out to patients, caregivers and community members, factory workers etc. and sensitized them on TB. A mnemonic "CHETNA Didi" was developed to carry messages to the community. Posters, Leaflets, Films, Stickers, Banners, Calendars, Situation Cards, Skits and host of other communication materials were designed with CHETNA Didi as the main character. School children rallies, painting competitions, poetry and essay writing competitions, parent-teacher meetings, involvement of slum elders, informal service providers, and madrasas, house visits, Nauchandi Mela, wall writings at key locations in the slums, etc. have resulted in enhancing public awareness on health promotion with specific focus on TB. Special efforts were made to include various cottage industries, factories and other work places in Meerut city to spread key messages on TB symptoms and its treatment to this largely migrant work force.

**Incremental increase in notification of TB cases from the private sector:** There was an incremental increase in TB notification from the private sector from 3 to 141 doctors and a resultant increase in the number of TB notifications supported by the project. About 62 private practitioners notified TB patients on a regular basis. The increase was not only in terms of number of doctors but also in the range of specialities. With an initial empanelment of Chest & TB Specialists only, the project universe later expanded to include Gynaecologists and Orthopaedic surgeons too.



**Project CHETNA’s contribution to private sector notification, Meerut City**

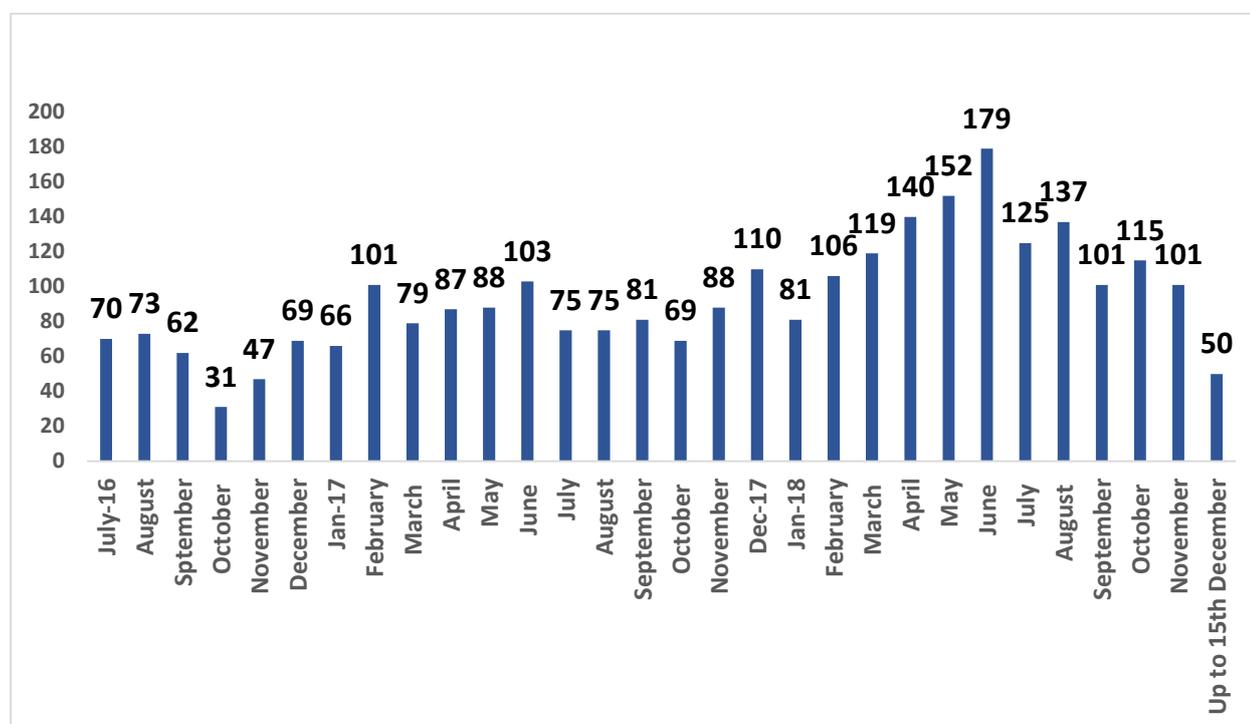


*Source: RNTCP, Meerut & Project CHETNA Reports; July 2016 – 15<sup>th</sup> December 2018*

**Note:** CHETNA’s notification is from Meerut city, while figures for RNTCP are for entire Meerut district. CHETNA support to notifications in 2016 was for the period July-December only. For 2018 CHETNA support to notifications was from Jan 2018 up to 15<sup>th</sup> December 2018 .

Project CHETNA data from July 2016 – December 2018 is evidence of the progressive increase in notification from the private sector. **Project CHETNA submitted a total of 2780 TB case notifications to the DTO, during the period July 2016 up to 15<sup>th</sup> December 2018.** The graph below provides the month-wise numbers for TB notification from identified private practitioners in Meerut city, submitted by Project CHETNA. A few private doctors admitted that there was almost zero reporting prior to the intervention of Project CHETNA.

**Project CHETNA: 2780 TB Notifications from July 2016 15<sup>th</sup> –December, 2018**



*Source: Project CHETNA Reports; July 2016 – December, 2018*

Notifications more than doubled in 2017. CHETNA started assisting the RNTCP for notifications from July 2016 and between July to December 2016, of the total notifications from Meerut district, Project CHETNA contributed to 30 per cent of the total notifications of the district and about 57 per cent of the total notifications during 2017 i.e, from Meerut city alone.

Since April 2018, the project has been in a transition stage. For the purpose of sustainability, the project initiated mechanisms for hand over of doctors details with regard to notification and collection of notifications directly through RNTCP staff. Besides, some of the private practitioners also started notifying directly to the RNTCP.

**Perceived facilitators for increase in TB notification from the private sector: All doctors and Support staff interviewed during the end line assessment acknowledged a definite increase in TB notification due to the efforts of Project CHETNA.** Few private practitioners mentioned that Project CHETNA was responsible for generating awareness among the doctors about notification and its significance for the government and the patients. The generation of awareness about notification itself propelled a lot of doctors to initiate the process of TB notification. They felt that a ‘momentum was built up for notification’ (Respondent – Private Doctor). In addition to increasing awareness amongst doctors, for notification, mobilizing the Support staff with continuous engagement and training them for filling up the notification details was a critical link in the process. Reminders to the doctors by staff of Project CHETNA and the door-to-door collection of notification relevant data were also considered to be crucial in this endeavor. The project facilitated issuance of a letter through the Chief Medical Officer re-stating that notification is mandatory and that non-compliance would be considered an offence. The notification formats which were simplified by project CHETNA were appreciated by private doctors and were considered to be very helpful.

**Sustaining the gains in TB notification:** While most doctors and their Support staff anticipated a decline in TB notification numbers if the support from Project CHETNA is not available, some felt, that it would continue as before, since the process of notification had become integral to their functioning and they would be able to devise means by which the process would continue. **There was a strong felt need for establishing a mechanism for data collection to sustain the gains in notification from the private sector.**

**Enhanced capacities of Support staff:** The Support staff of private doctors acknowledged an enhancement in their capacities with efforts of Project CHETNA. It was perceived that capacity building of the Support staff was one of the key factors responsible for an increase in notification. **Capacity building of the Support staff was perceived as a highlight of the project which was widely acclaimed and recognized; both by**

**the Support staff and the doctors.** The Support staff were much more confident, with the training provided to them for filling up the notification forms and for counselling the patients. Counselling of patients is seldom done given the high patient load at many clinics. Hence, Support staff of the doctors were also trained on providing the necessary counselling. The project developed ready reckoners for use by Support staff to counsel the patients.

**Improved awareness of doctors:** Private practitioners voiced an enhanced awareness on issues related to TB notification. Some of them also mentioned that they started notifying TB cases since they became aware of the mandate, through Project CHETNA. They were not aware of the requirement earlier, they voiced. 171 doctors including M.B.B.S doctors, pulmonologists, paediatricians, orthopaedic surgeons, interns and doctors from the National Integrated Medical Association were trained on TB diagnosis, treatment, case management, counselling and notification protocols. 650 medical students from private and government medical colleges were capacitated on the importance of TB as a public health issue, TB diagnosis and Case Management. The workshop was well received by both students, resident doctors and faculty. 100 private practitioners from IMA were sensitized on HIV-TB Linkages.

**TB awareness among select vulnerable groups:** School and *madarsa* students, in the age group 10 to 15 years, were aware of the common symptoms of TB. They were also aware of the means of prevention / protection from the disease. They specifically cited use of handkerchief while coughing / sneezing as a means for protection from TB and mentioned having been provided with a handkerchief by Project CHETNA. The students, teachers, *maulvis* acknowledged the usefulness of various activities executed in the schools and *madarsas* for generating awareness on TB. The students also mentioned having shared their learnings about (prevention and symptoms of TB) with their parents and friends and they voiced the need for more of such activities where they are provided with useful information through innovative ways. While the efforts for generating awareness about TB in schools were evident, it was suggested by some teachers and students to increase the frequency of relevant activities to once in every quarter, if not more. Factory workers were also able to share the common symptoms and means of prevention of TB.

**Perceived improvement in engagement of public and private sector:** RNTCP district staff, including the DTO mentioned that engagement of private doctors improved. Most doctors and Support staff explicitly mentioned the bridging of the public-private sector gap to a considerable extent. The private doctors were apprehensive of closure of the project because it would imply 'losing their connectivity with the government.'

### Learnings

The two and a half years of Project CHETNA journey generated multiple learnings and accomplishments. Based on the success stories and the learnings, following are recommendations for future endeavours for TB control and elimination, with a particular focus on patient notification.

**Continuous engagement with and capacity building of Support staff of private practitioners for increasing notification from the private sector:** Continuous engagement with the Support staff of private practitioners, together with their capacity building is essential for increasing the notification from the private sector. While it is difficult for the private doctors to undertake the necessary documentation for notification, the Support staff, if trained and supported, can furnish the requirement of filling up the notification forms. Class room training with precisely designed sessions and onsite handholding contributed significantly to a progressive increase in notification from the private sector over the two-and-a-half years of Project CHETNA. It is therefore recommended to build capacities and engage with the Support staff of private practitioners for increasing TB case notification from the private sector.

**Integration of simplified forms of Project CHETNA in RNTCP and supply of registers to the private practitioners:** Project CHETNA simplified the form developed by the Revised National TB Control Programme of Government of India, for notification of Tuberculosis cases. The simplified version was well accepted and used by the private doctors and their Support staff, in Meerut city. To support and enhance the process of notification, it is essential for the tool/ format to be simple for the doctors and Support staff. It is thus recommended that the notification form modified by Project CHETNA be integrated with RNTCP and used at scale by doctors and Support staff. Additionally, instead of providing multiple sheets of the notification

form separately, it is easier and more manageable if the sheets are put together in the format of a register and supplied to the private practitioners as well as in the public health facilities. One of the Support staff mentioned that if they are provided with loose sheets, there are chances of those getting misplaced.

**Establishment of a mechanism for collection of notification specific data from the private sector:** Most of the private doctors and Support staff expressed the need for establishment of a robust mechanism for collection of the filled formats from their clinics / hospitals on a monthly basis. This is needed for collation and compilation of notification specific data at the district level, at the office of the District Tuberculosis Officer. The process will entail at least one visit to the clinics of the private doctors at a pre-decided date every month and undertaking a door-to-door data collection. Simultaneously, the private doctors may be inducted into sending the notifications to the DTU. With due consideration to the fact that the available web-based mechanism for notification is not accessed by a majority of private practitioners, to strengthen the process of notification, it is recommended that a mechanism is established for manually collecting data from the private practitioners and submitting to the DTO's office on a monthly basis.

**Additional systems for data collection:** To further streamline the process of data collection, an App based system was recommended by most doctors. A lack of awareness and technical challenges in the use of the 'Nikshay' portal for notification make it necessary for alternative means to be initiated and existing ones to be strengthened.

**Involvement of practitioners of alternative medicine to enhance notification:** In view of the large number of practitioners of alternative medicine, in Meerut city, it was recommended by senior private practitioners to involve them for enhancing the notification of TB cases into the government system. This would entail training and capacity building of these practitioners for precise diagnosis, treatment and notification.

**Involvement of Chemists, Labs, Clinics/Nursing Homes and Hospitals:** Meerut has numerous private clinics, maternity centres, nursing homes and hospitals, labs and chemists catering to the health needs of the general and slum population. Often patients seek quick and personalized treatments from chemists. Hence, it is critical to reach out to the chemists, labs and large hospitals to enhance notifications and quality care as per the standard treatment protocols.

**Strengthening counselling for TB patients:** It is critical to address information gaps of TB patients and their family members to enable informed decision making. Counselling should address issues such as healthcare, physical, financial, psycho-social and nutritional needs. During counselling, patients need to be informed about TB, how the disease spreads, the symptoms, why treatment is long, likely adverse events during therapy, cost involved in treatment, why completion of treatment is critical, consequences of not complying to the prescribed treatment, and what free/public services are available to patients. Patients need to be told that TB is a fully curable and treatable disease. The objective is also to support the patient where possible to overcome barriers to successful treatment. Besides doctors, Support staff of doctors play an important role in this, hence, they should be well equipped for the same.

In sum, based on the success of the pilot intervention project, the CHETNA model it is proposed that the model be scaled up to districts with low TB notification, higher presence of private sector and high prevalence in order to enhance notification especially from the private sector and enhance public awareness on health promotions.

## Annexure: Summary of Key Achievements under Project CHETNA:

Area of Engagement	Activity	Achievement
<b>Notification</b>		
	Enhance notification through private providers	2862 TB Notifications to DTO July16 – Dec 18
	Capacity building of support staff and program staff	94 Support staff & 50 RNTCP staff trained
	Refresher training of support staff	75 Support staff trained
<b>Capacity Building and Training</b>		
	Training of doctors on STRC guidelines through CME	171 doctors from IMA, Mrt. & NIMA, Mrt. trained
	Pre-service training in medical colleges on STRC	680 medical students and PG students trained
	Training TB Volunteers on early diagnosis, referrals & nutrition	233 volunteers trained
<b>Community Awareness and Engagement on TB awareness and Nutrition</b>		
	“One lakh voices” campaign launched World TB week launched by District Magistrate	“One lakh voices” against TB raised through signature campaign and social media
	Sensitization of parents in PTA meetings	1686 parents & 398 teachers sensitized through 23 PTMs
	Sensitization of college students & teachers	2613 college students & 268 teachers from 5 colleges sensitized
	Sensitization of informal and formal workers on TB	661 factory workers from 29 factories and cottage industries sensitized
	Sensitization through School Awareness Programs	6786 children, 686 teachers from 52 schools sensitized
	Sensitization through Madrasa Awareness program	3728 madrasa students, 361 Moulvis, in 34 Madrasa reached out to
	Sensitization through door-to-door campaign in slum areas	7290 people: 2721 Males, 2490 females and 1381 children in 1281 households
	Sensitization in Nauchandi Mela - Innovative games, screening of film, distribution of IEC materials	More than 40,000 people visited the stall
<b>Referral of Identified suspects:</b>		
	Follow up and referral of suspected cases	722 patients followed up; 50 suspects identified during home visits & PTM referred to DTC

Press Coverage



Press Coverage for Project CHETNA World TB Week Celebration

**जमानतवा विधायी**

... तो 56 डाक्टर्स में छुपाई मरीजों की सूचना

एनएमटी चलानेवा टीबी के खिलाफ अभियान

एम्बर के विधायक ने बताया छह माह में टीबी हो जाएगी टीबी

**चेतना प्रोजेक्ट से नियंत्रित करेंगे टीबी की बीमारी**

**टीबी के लक्षण**

- दो सप्ताह से अधिक खासी।
- बुखार जो कमरेदार पर कम हो बढ़ता है।
- छाती में दर्द।
- हड्डी का दर्द।
- भूख में कमी।
- श्वास के साथ खून आना।
- केमड़े का रक्तस्राव बहुत ज्यादा होना।
- शरीर से बल कम होना।

**टीबी से बचाव**

- कबो को कम से कम घट के अंदर टीबी का टीका लगावें।
- खाने से साफ पानी पीएं।
- गरीब जगह-जगह नहीं रुकें।
- पूरा इलाज कराएं।
- जलमोचन और धूम्रपान से बचें।

**टीबी जैसी जानलेवा बीमारी के प्रति लोगों को जागरूक होने की जरूरत है।**

संसार पर बीमारी का पता चलने से इलाज पूरी तरह से समाप्त है।

— डॉ. राजकुमार रोएमजी

**नेशनल मेडिकोज ऑर्गेनाइजेशन ने कौसी कमार**

नेशनल मेडिकोज ऑर्गेनाइजेशन ने कहा कि टीबी रोग बचने के लिए खतरा कम है। टीबी रोग को एक खतरनाक रोग माना जाता है। टीबी रोग को एक खतरनाक रोग माना जाता है। टीबी रोग को एक खतरनाक रोग माना जाता है।

**पर जरा सी अनदेखी से जान ले लेती है टीबी**

टीबी जैसी जानलेवा बीमारी के प्रति लोगों को जागरूक होने की जरूरत है। संसार पर बीमारी का पता चलने से इलाज पूरी तरह से समाप्त है।

Press Coverage of Project CHETNA World TB Day, 2018

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