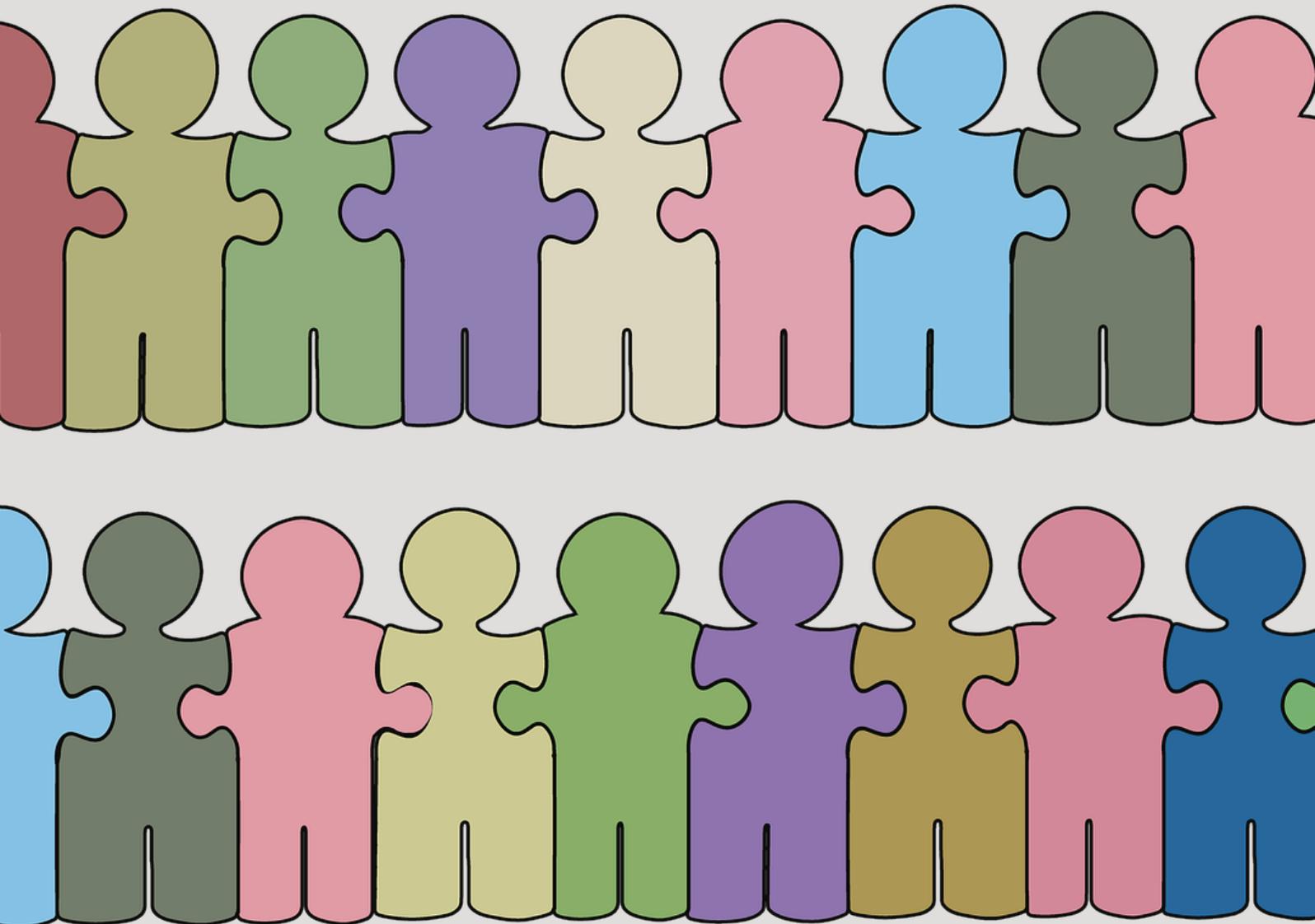




# Facilitator's Guide

Orienting Informal Healthcare  
Providers to TB Prevention  
and Cure



## About **NTEP & TBAI**

**National Tuberculosis Elimination Program (NTEP)** is the public health initiative of government of India and aims for achieving universal access to TB diagnosis and treatment. Over the years, the programme has expanded its service of TB and drug resistant TB across the country with access to free diagnosis and anti-TB drugs.

The National Strategic Plan (NSP) sets out the strategic direction and key initiatives that the Ministry of Health and Family Welfare will undertake from 2017 to 2025 for working towards achieving the goals of eliminating TB by 2025.

**TB Alert India** - aims to prevent morbidity and mortality associated with TB by providing holistic care including addressing psycho-social and economic aspects which affect uptake of testing and treatment.

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Concept & Narration: Ujjwala Jatkar

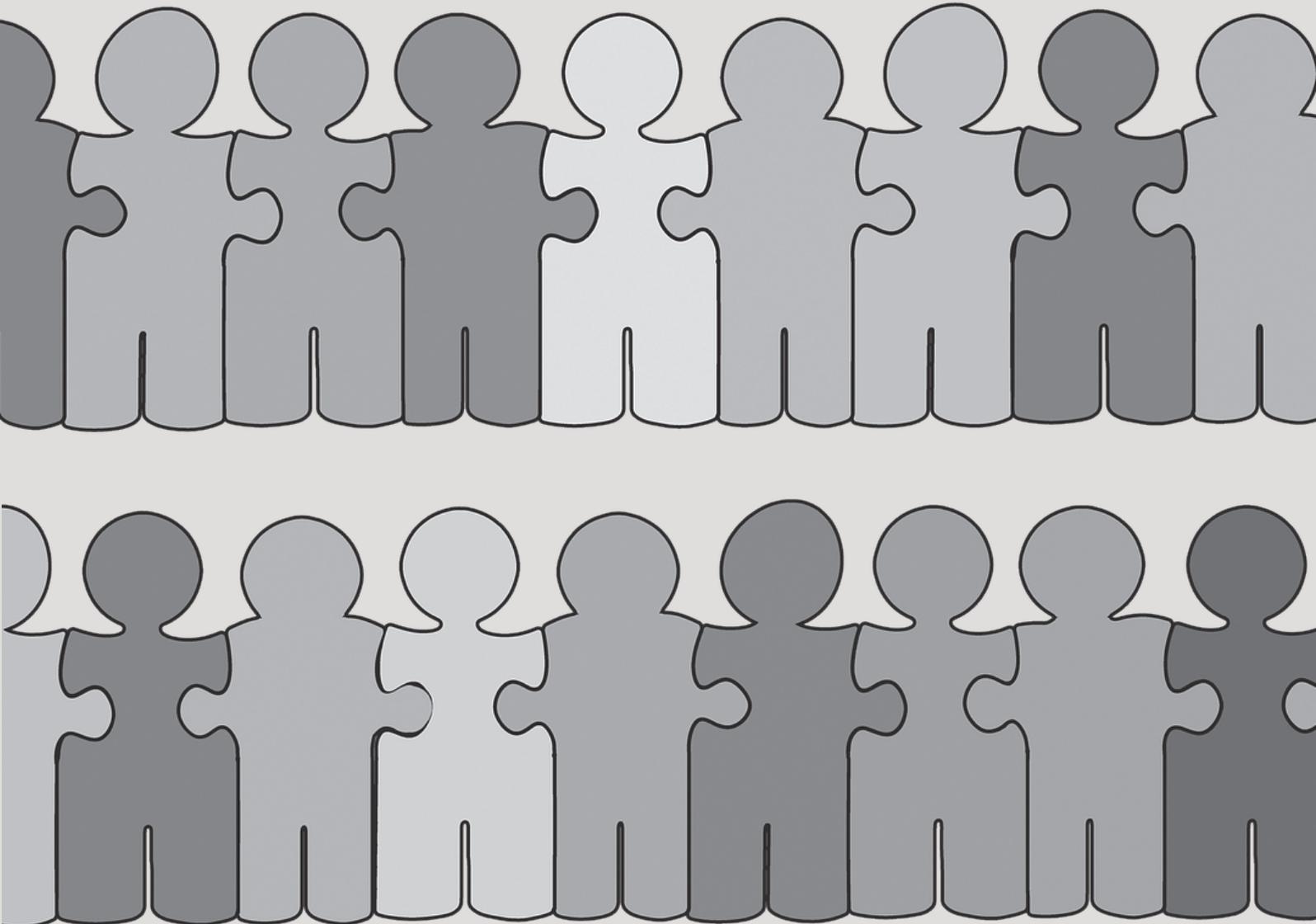
Support: Bharathi Ghanashyam

Design & Layout: The Pen & Mouse



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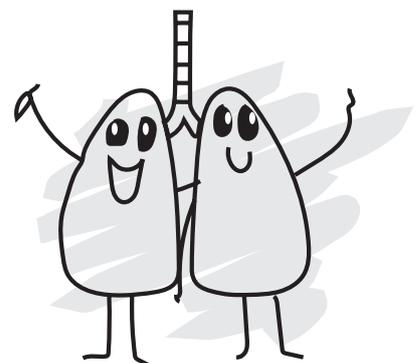
Session	Title	Duration	
Session 1	<b>Setting the context</b> <ul style="list-style-type: none"> <li>Welcome</li> <li>Introduction to objectives</li> </ul>	20 minutes	15
Session 2	<b>Orientation to TB as a disease</b> <ul style="list-style-type: none"> <li>About TB</li> </ul>	45 minutes	17
Session 3	<b>Fight against TB</b> <ul style="list-style-type: none"> <li>About National Tuberculosis Elimination Program (NTEP)</li> </ul>	45 minutes	24
	<b>Tea break</b>	10 minutes	
Session 4	<b>Role of informal healthcare providers</b> <ul style="list-style-type: none"> <li>Significance of the participation of the informal healthcare providers in the fight against TB</li> <li>The key roles informal healthcare providers can play</li> </ul>	70 minutes	27
Session 5	Closing	20 minutes	32
<b>Annexure 1</b>	List of tools used in the orientation		32



# Introduction to the TB scenario in India

**T**uberculosis (TB) is an airborne disease that spreads when a person with active TB disease in their lungs, coughs or sneezes and someone else inhales the expelled droplets, which contain TB bacteria. It is one of the ten major causes of mortality worldwide. But it is a bigger challenge in the developing and underdeveloped countries. In these countries, both prevention and control of TB pose challenges to health workers which are different from those faced in developed countries.

Along with the prevalence of the basic form of TB, there is a high prevalence of various forms of drug resistant tuberculosis i.e., **Drug Resistant TB (DR-TB)**, **Multidrug Resistant Tuberculosis (MDR-TB)** and **extensively drug resistant tuberculosis (XDR-TB)**, as also **co-infection of Human Immunodeficiency Virus (HIV)** and TB co-morbidity. The situation is primarily caused by the local, social and structural factors, economic constrains, poor diagnostic facilities etc. However, the major lacuna is the gaps in active case finding, delay in accessing testing facilities and adherence to treatment.<sup>1</sup>



<sup>1</sup> <https://tinyurl.com/fumff7ef>

# Challenges in providing TB healthcare

India has a very active TB program that is specially designed for eliminating TB and making India TB-Free with zero deaths, disease and poverty due to tuberculosis. Despite it, the TB sector continues to face a variety of challenges while providing adequate healthcare to the communities. Some of the major challenges include

Lack of awareness in the community that prevents them from accessing TB care;

Indifferent or hostile attitude of community owing to fear of stigma;

Lack of ability to convince patients to go for a sputum test;

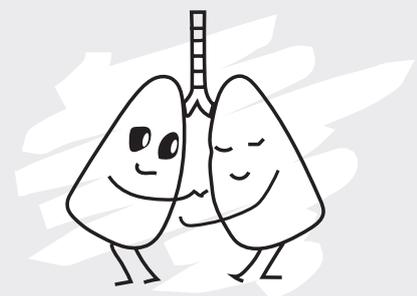
Lack of involvement of general health staff in the case finding of TB;

Lack of identification of presumptive cases;

Lack of awareness in the community on TB diagnostic facilities;

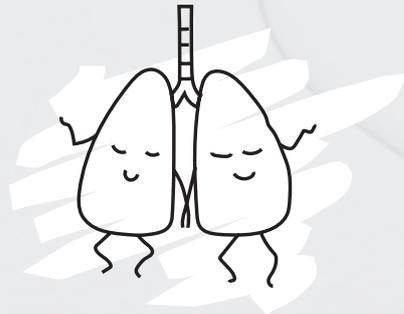
Case finding is largely passive and there is lack of active case finding in high-risk groups;

Lack of engagement with private sector health providers who are normally the first point of contact for majority of patients.



As over 80% of people with TB first seek treatment in the private sector,<sup>2</sup> substantial diagnostic delays occur, and diagnosis and treatment are of variable quality.<sup>3</sup> Local private healthcare providers might not be formally qualified to offer medical treatment and are known to have some knowledge as a result of experience gathered from assisting qualified medical practitioners. This renders them ill-equipped and unable to understand the symptoms of TB in a patient. This also results in delayed or lack of referral of the patient to a government testing facility. Thus, TB in these patients remains undetected and they suffer needless delayed diagnosis and cure, and continue to transmit disease in the members of the community. This situation of delayed diagnosis and inadequate treatment, and unchecked transmission, particularly among patients seeking care from private providers forms a major challenge, causing hardships to the patients, and the risk of unchecked spread of the infection in the community.

The scenario urgently demands enhanced engagement with the largely unorganized and unregulated private sector to reduce the adverse impact and ensure early detection.

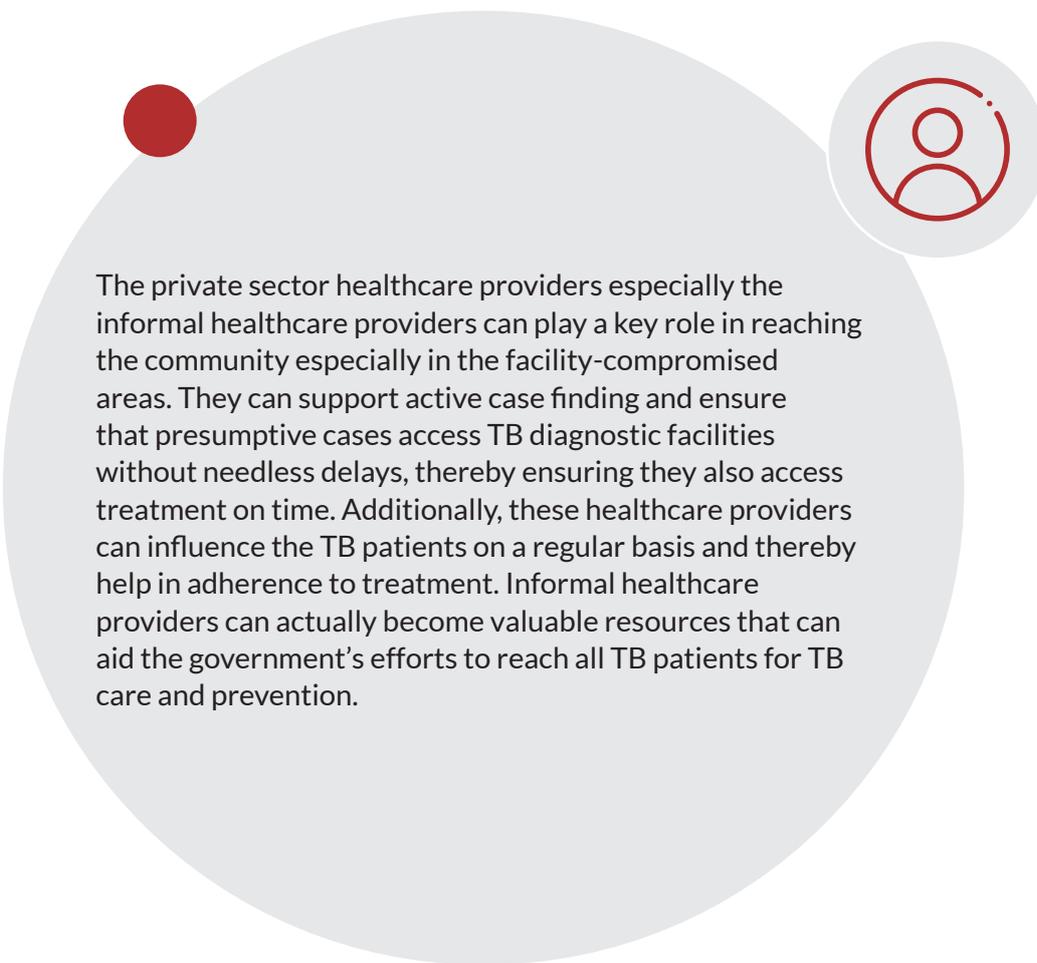


2 Private sector includes all the healthcare providers outside the ambit of the government run public health initiatives

3 atyanarayana S, Nair SA, Chadha SS, et al. From where are tuberculosis patients accessing treatment in India? Results from a cross-sectional community-based survey of 30 districts. PLoS One 2011; 6: e24160

# Role informal healthcare providers can play

Given the access that informal healthcare providers have to communities, and the trust they enjoy, they are actually valuable resources that NTEP can use to gain greater accessibility and deeper penetrability in the community. Engaging this section of healthcare providers, very often the preferred first point of contact for majority of the community members especially from the lower socio-economic strata, can yield major benefits for TB care and prevention in India. The National Strategic Plan (NSP) that aims to achieve a rapid decline in burden of TB, morbidity and mortality while working towards elimination of TB in India by **2025**, has identified private sector engagement as one of its thrust areas.



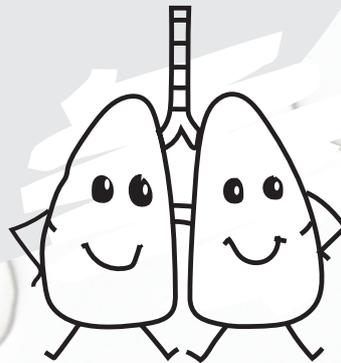
The private sector healthcare providers especially the informal healthcare providers can play a key role in reaching the community especially in the facility-compromised areas. They can support active case finding and ensure that presumptive cases access TB diagnostic facilities without needless delays, thereby ensuring they also access treatment on time. Additionally, these healthcare providers can influence the TB patients on a regular basis and thereby help in adherence to treatment. Informal healthcare providers can actually become valuable resources that can aid the government's efforts to reach all TB patients for TB care and prevention.



# About **TB Alert**

**T**B Alert India is a leading national NGO working for enhancing access to holistic quality health services for Tuberculosis, headquartered at Hyderabad, India.

Vision of TB Alert India is **“A TB Free India”**. TB Alert India works in full alignment with the Indian government’s Revised National Tuberculosis Control Programme (RNTCP) and NTEP. TB Alert India believes in partnership and implements programmes through a wide range of NGO partners and sometimes through its own team.



TB Alert India works with a Mission of ***“Enhanced Access to promotive, preventive and curative quality services free of cost to people at risk to and affected by TB and the community at large through inclusive and responsive action”***

# The need to orient the Informal health providers on TB

Informal healthcare providers, despite their undisputed value to TB care and prevention efforts, are often ill-equipped and under-qualified to handle the responsibility and complexities associated with it. Hence, it is of critical importance to build their capacity through proper orientation about various aspects of TB such as:



- Symptoms of TB and the signals to watch out for TB



- Need to test the presumptive individuals at the government diagnostic facilities



- Need for consistent adherence to treatment



- Risks in multi-drug-resistant TB (MDR-TB) and TB/HIV collaborative activities etc.

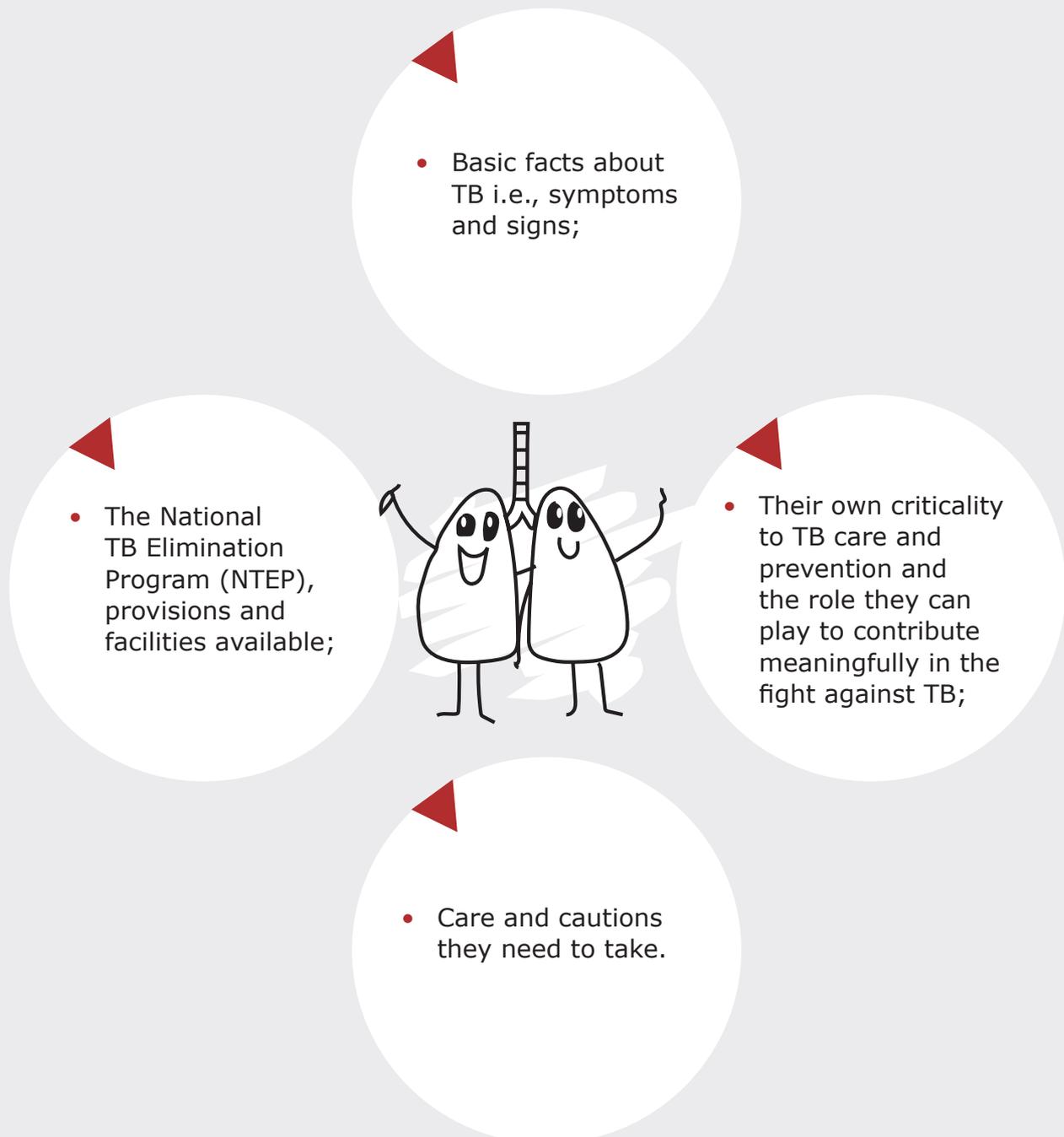


- Need to facilitate private health care providers to refer the patients with TB like symptoms and address delay in diagnosis



# Objectives of the **Orientation** program

Orient the informal healthcare providers to:



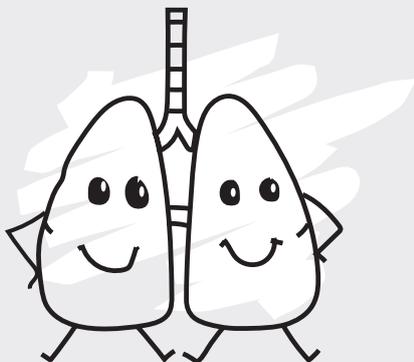
# Overview of the **guide**

This guide is written to help the facilitators to orient the informal healthcare providers in a participatory manner.

This guide also offers inputs on different relevant topics related to TB that are required by the informal healthcare providers for playing their expected roles efficiently and effectively.

The guide comprises inputs for the facilitators to conduct various activities encouraging participation of the participants and motivate them by showing how critical their role would be in a national level initiative. Various participatory methodologies such as small group discussion, games and panel discussion etc.

The content is divided in six sessions spread over 3.5 hours. The orientation is designed for conducting in a classroom mode. The step-by-step process outlined in the guide would help facilitators complete the content in the stipulated timeframe.



# Checklist of the materials required for the **orientation**



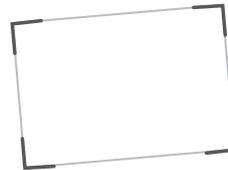
1. Notebooks/ notepads for participants - same as the number of participants + 1 for facilitator;

2. Pens for participants - same as the number of participants + 1 for each facilitator;



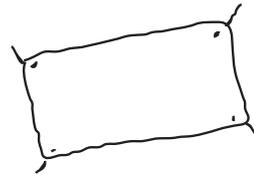
3. Card sheets / Flip Chart with board and clips;

4. White board;



5. White board markers -- Red, green, blue and black - 2 each;

6. Banner for the programme;



7. Laptop, LCD projector with screen and speakers (if required);

8. Tools as mentioned in Annexure 1.



## Tips for **facilitators**

1. Read the guide carefully and understand each activity;
2. Prepare well for the orientation;
3. Create a comfortable and conducive learning environment;
4. Keep the tone of the discussion relaxed, engaging, and informative;
5. Be organized and punctual;
6. Work within the timeframe and ensure that participants are attentive understand the content;
7. Ensure correct body language;
8. Be careful to use gender sensitive language and references;
9. Treat the informal healthcare providers with respect and call them 'Doctor'.





# Session briefs

## Session 1: **Setting the context**

---



### ‣ *Session objectives*

- Help participants to;
  - Understand the objectives of the training;
  - Become less inhibited and actively participate in the activities.
- 



### ‣ *Sub-topics*

- Welcome;
  - Introduction to the objectives of the training.
- 



### ‣ **Suggested duration:** 20 minutes

---



### ‣ **Suggested methodologies**

- Interactive dialogue;
  - PPT.
- 



### ‣ *Training materials*

- Tool 1: Objectives of the Orientation Programme
- 

## Step-by-step process

<b>Sub-topic 1: Welcome</b>		<b>Duration: 5 minutes</b>
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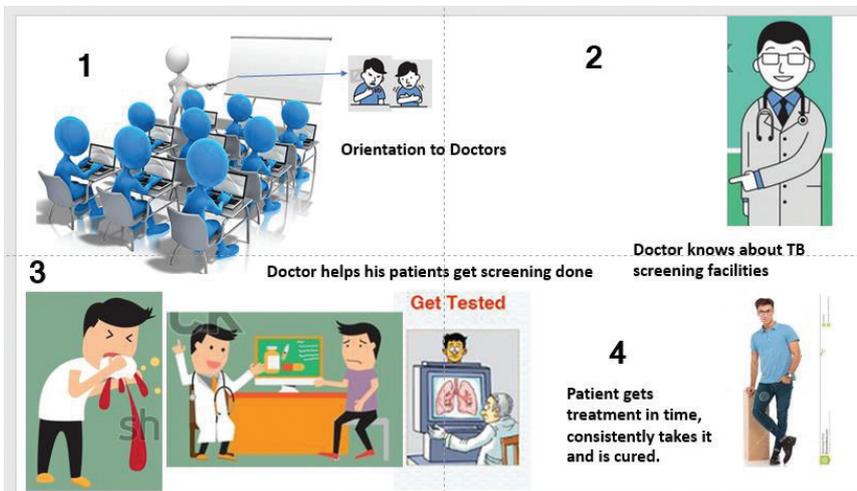
- Welcome the informal healthcare providers warmly to the orientation. Tell them that TB Alert feels honoured to conduct an orientation for them on TB and include them as co-fighters in the fight against TB.
- Explain that TB Alert has a strength of having deep knowledge about TB and working with communities while they have a strength of having good contacts and influence on the communities. Add that as TB is a preventable and curable disease, if both of us can join hands and our respective strengths, we are sure to win.
- Tell them that TB Alert expects them to participate actively in the orientation process and contribute to it by sharing their opinions, experiences and what they already know.

Sub-topic 2: **Objectives of the Orientation Programme**

Duration: **15 minutes**

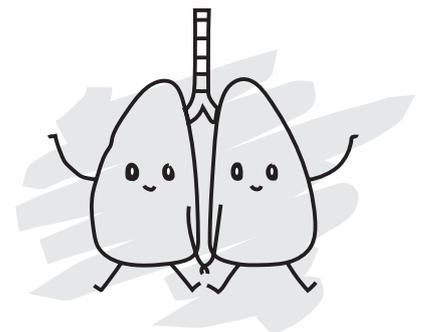
- Share the 1<sup>st</sup> screen of the Tool 1: Objectives of the Orientation Programme with the participants. Then move to the 2<sup>nd</sup> screen.
- Ask one of them to see the first picture and read the caption. Similarly ask participants one by one to read the subsequent pictures and read captions.
- Ask them that if this slide shows the expected change in the community after the orientation is over what could be the objective of the orientation. Ask a couple of them to share what they think and then go the next screen and read/ ask participants to read the objectives.
- Explain the objectives in simple language and tell them that we would try to meet these objectives in the next **3.5** hours.

### **Tool 1 Objectives of Orientation Program**



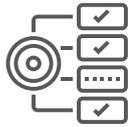
Orient the informal healthcare providers to

- The basic facts on TB such as Symptoms of TB and signals to watch out
- The National TB Elimination Program
- Critical roles they can to play to contribute meaningfully in the fight against TB
- Care and cautions they need to take



## Session 2: **Orientation to TB**

---



### ‣ *Session objectives*

- Create clarity in the informal healthcare providers about TB as a disease



### ‣ *Sub-topics*

- About TB



### ‣ *Suggested duration: 45 minutes*



### ‣ *Suggested methodologies*

- Small group discussion on a case and debriefing



### ‣ *Training materials*

- Tool 2: Case brief – Nandini's case;
- Tool 3: About TB.

## Step-by-step process

<i>Sub-topic 1: About TB</i>	<i>Duration: 45 minutes</i>
------------------------------	-----------------------------

- Divide the participants in small groups of 5-6 participants.
- Give the case brief and ask them to read it. Tell them that this case brief contains the symptoms Nandini has. Ask them to make a list and share their diagnosis of Nandini.
- Ask them to share what would they prescribe for Nandini. Give them 7 minutes to discuss and comeback to plenary.
- Ask the representative of the first group to share the list of symptoms.
- Ask the representatives of other groups to add the ones the first group would have left.
- Ensure that the list should include the following
  - Persistent cough for more than three weeks
  - Feeling of weakness
  - Fever.
  - Loss of appetite
  - Loss of weight
  - Chills and night sweats
  - Blood coming out through cough

- Difficulty in breathing
- Chest pain
- Ask the second group to share their diagnosis and prescription
- Ask other groups if they agree with the diagnosis.
- If they guess correctly congratulate them and reiterate the TB symptoms. If they are not in a position to guess, explain to them that these are the symptoms of TB and it is important to recognise the signals and take immediate action.
- Explain that even though they can prescribe usual medicines for the patients having these symptoms, they should act on the signal and insist that the patient gets the test done.
- Now show them the ppt on 'About TB'. Discuss each picture and ensure that they have clarity on the causes, spread and symptoms of TB and Tests that need to be done.

## *Nandini's case*

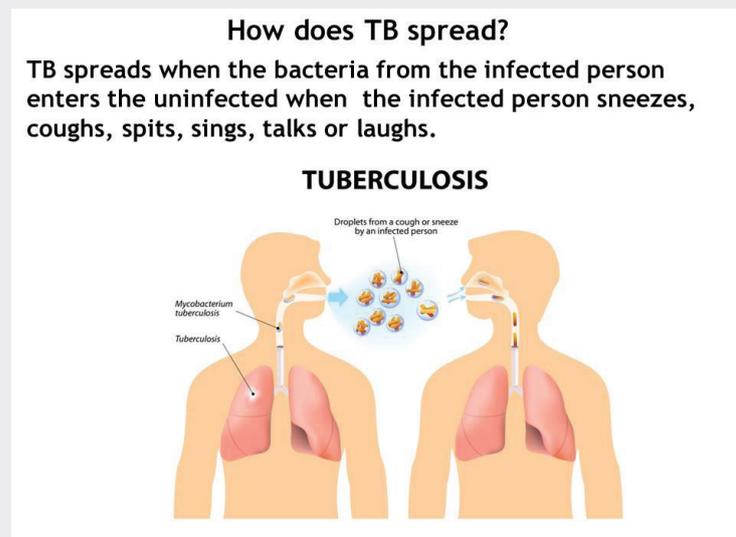
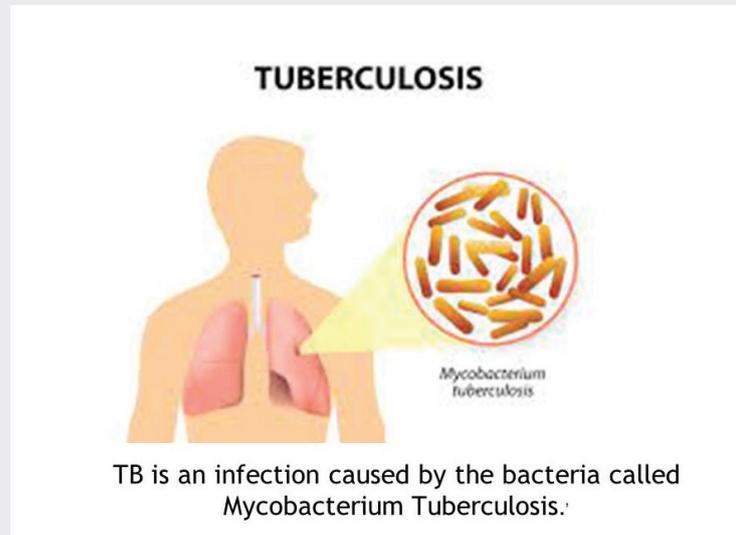
Nandini is a 25-year-old married woman. She lives in a small shack which does not have good ventilation. Nandini works as an agricultural labour in her village. While returning from work she collects firewood and cooks on a wood stove since it does not cost any money. Nandini is weak as she always eats after everyone eats and often sleep without having sufficient food.

Nandini is been coughing since last three weeks but could not take treatment as she neither had money nor time to go to a doctor. She is also feeling very weak and has fever.

She has lost her appetite and has lost a lot of weight. She feels chills now and then. She also has night sweats. She just pulled herself and ignored her health condition but she has approached you as she saw blood coming out when she coughed. She is afraid that she is going to die and pleading you to save her as she has to take care of her small children.



## Tool 3 TB is Preventable and Curable Tool 3 About TB

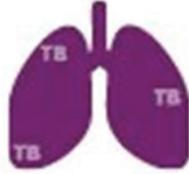


**When does one get TB disease?**

<p style="text-align: center;"><b>1</b></p> <p>TB bacteria enter the person's mouth and nose.</p> <p>This is not a disease and if the person's immunity is good, he/she will not get TB disease.</p>	<p style="text-align: center;"><b>2</b></p> <p>Inside the person's body the bacteria have multiplied and are attacking the person's lungs or other body parts. This is the starting stage of TB disease.</p>	<p style="text-align: center;"><b>3</b></p> <p>TB bacteria are coming out of his/her mouth. He /she has a test result in hand which shows he/she is TB positive. The person is sick with TB disease and can infect others.</p>
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## What are the stages of TB?

### Stage 1 'Latent TB'



- Has TB bacteria but is not sick
- Cannot spread TB
- Has to take treatment to avoid developing active TB

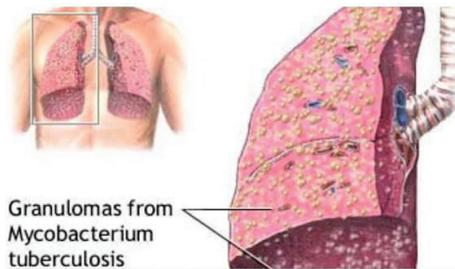
### Stage 2 'Active TB'



- Has TB bacteria and is sick
- Can spread TB
- Has to consistently take treatment to get cured and to avoid getting Drug-resistant TB

## Types of TB

### Pulmonary TB



Granulomas from  
*Mycobacterium tuberculosis*

- **Pulmonary TB** is an infectious bacterial disease that mainly affects lungs
- The symptoms include -
  - Cough/ fever for more than 2 weeks
  - Significant weight loss
  - Coughing of blood (haemoptysis)
  - Abnormality in chest radiograph (X-Ray)

## Types of TB

### Extra-Pulmonary TB

- Extra-pulmonary TB involves organs other than the lungs such as pleura, lymph nodes, abdomen, genitourinary tract, skin, joints and bones, or meninges etc.
- The symptoms include - swelling of lymph node, pain and swelling in joints, neck stiffness, disorientation, and/or significant weight loss, fever for more than 2 weeks and night sweats.

### Main sites of Extrapulmonary tuberculosis

**Central nervous system**  
- Meningitis

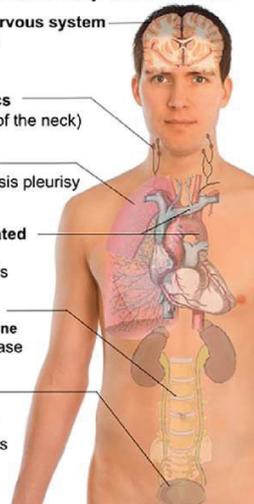
**Lymphatics**  
- Scrofula (of the neck)

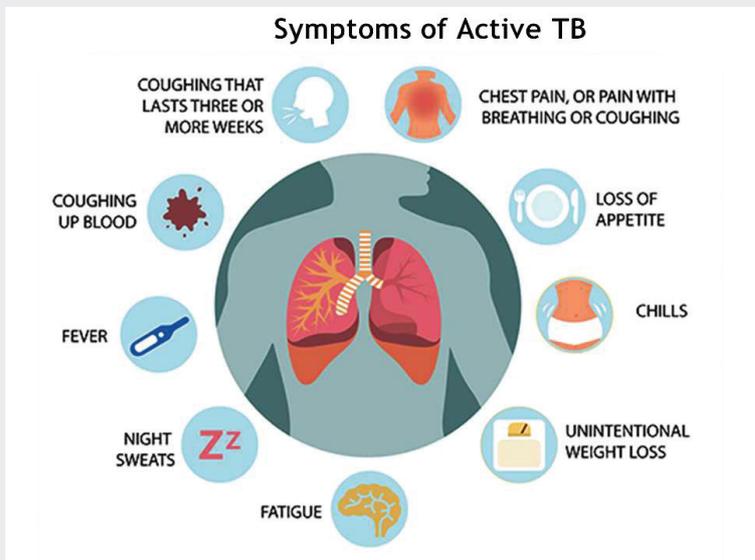
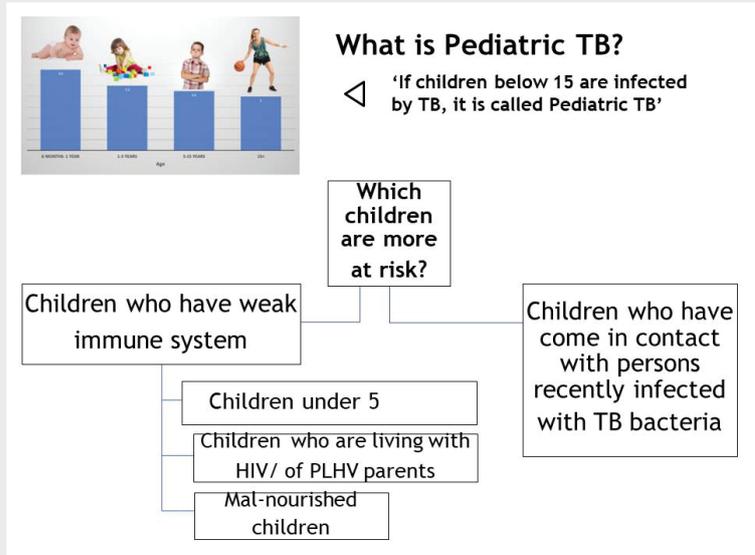
**Pleura**  
- Tuberculosis pleurisy

**Disseminated**  
- Miliary tuberculosis

**Bones and joints of spine**  
- Pott's disease

**Genito-urinary**  
- Urogenital tuberculosis





- Globally, an estimated 10.0 million people developed TB disease in 2019 (WHO)
- India is the highest TB burden country in the world having an estimated incidence of 26.9 lakh cases in 2019 (WHO).

### TB Statistics in India

Estimates of TB Burden (WHO 2019)	Number	Rate per 100,000 Population
Incidence of TB cases (includes HIV + TB)	2.640 million	193
Incidence (HIV+TB only)	71,000	5.2
Incidence (MDR/RR-TB)	124,000	9.1
Mortality (deaths) (excludes HIV+TB)	436,000	32
Mortality (deaths) (HIV+TB only)	9,500	0.69
Proportion of TB cases with MDR/RR-TB New Cases/ Previously Treated Cases	2.8%/14%	

## TB Statistics in Andhra and Telangana

Estimates of TB Burden (WHO 2019)	Number	Rate per 100,000 Population
Incidence of TB cases (includes HIV + TB)		
Incidence (HIV+TB only)		
Incidence (MDR/RR-TB)		
Mortality (deaths) (excludes HIV+TB)		
Mortality (deaths) (HIV+TB only)		
Proportion of TB cases with MDR/RR-TB		
New Cases/ Previously Treated Cases		

**TB is curable**  
if TB medicines are taken consistently without a miss

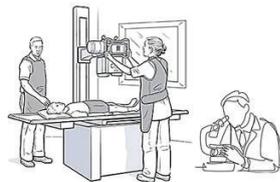


If patient takes medicines consistently complete  
**CURE** is possible

### How to prevent TB?



Neonatal BCG injection



Contact screening



Close contacts of persons living with HIV should be screened for HIV and TB



Individuals in congregate settings and mobile populations should be screened

Person without TB symptoms but contacting index TB patients



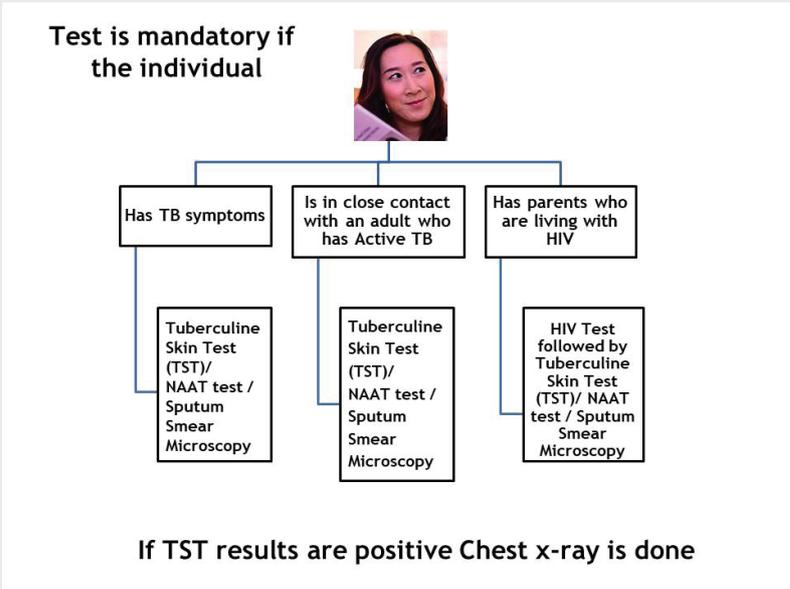
Need IPT

Person with TB symptoms



Will have to undergo TB test and cascade follows



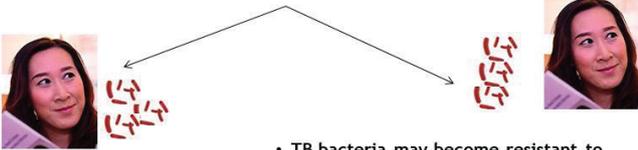


**Treatment for TB is available free of cost at government run NTEP (National TB Elimination Program) centers/ District TB Control office.**



The doctors will prescribe tablets for six to nine months. Complete the prescribed course even if you feel better sooner.

**What happens if the person discontinues his/her medicines after some time**



The TB bacteria start growing again and patient remains sick or gets worse

- TB bacteria may become resistant to Medications. New, different medicine will be needed for longer time and will have more side effects.
- When such patient infects others, the person gets infected with Drug resistant TB

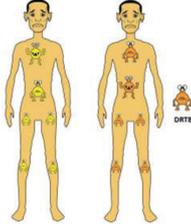
**TB Treatment**

**Drug-Sensitive TB**



TB Treatment is given for minimum 6 month period for DS-TB and is extended based on the medical opinions.

**Drug-Resistant TB**



For DR TB treatment is initiated based on (Drug Susceptibility Test) DST. Based on the type of case it may be for a period of 9 months to 2 years

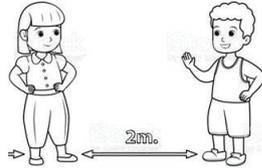
### How should a TB infected person be responsible



Always cover his/her mouth while coughing, sneezing etc.



Safely dispose used tissues to avoid spreading the bacteria



Avoid close contact with others. Maintain social distance



Allow air to move

## Session 3: Fight against TB



### ▸ Session objectives

- Share information about NTEP and services available under it.



### ▸ Sub-topics

- About NTEP



### ▸ Suggested duration: 45 minutes



### ▸ Suggested methodologies

- Infographics and debriefing



### ▸ Training materials

- Tool 4: Infographics on About NTEP

## Step-by-step process

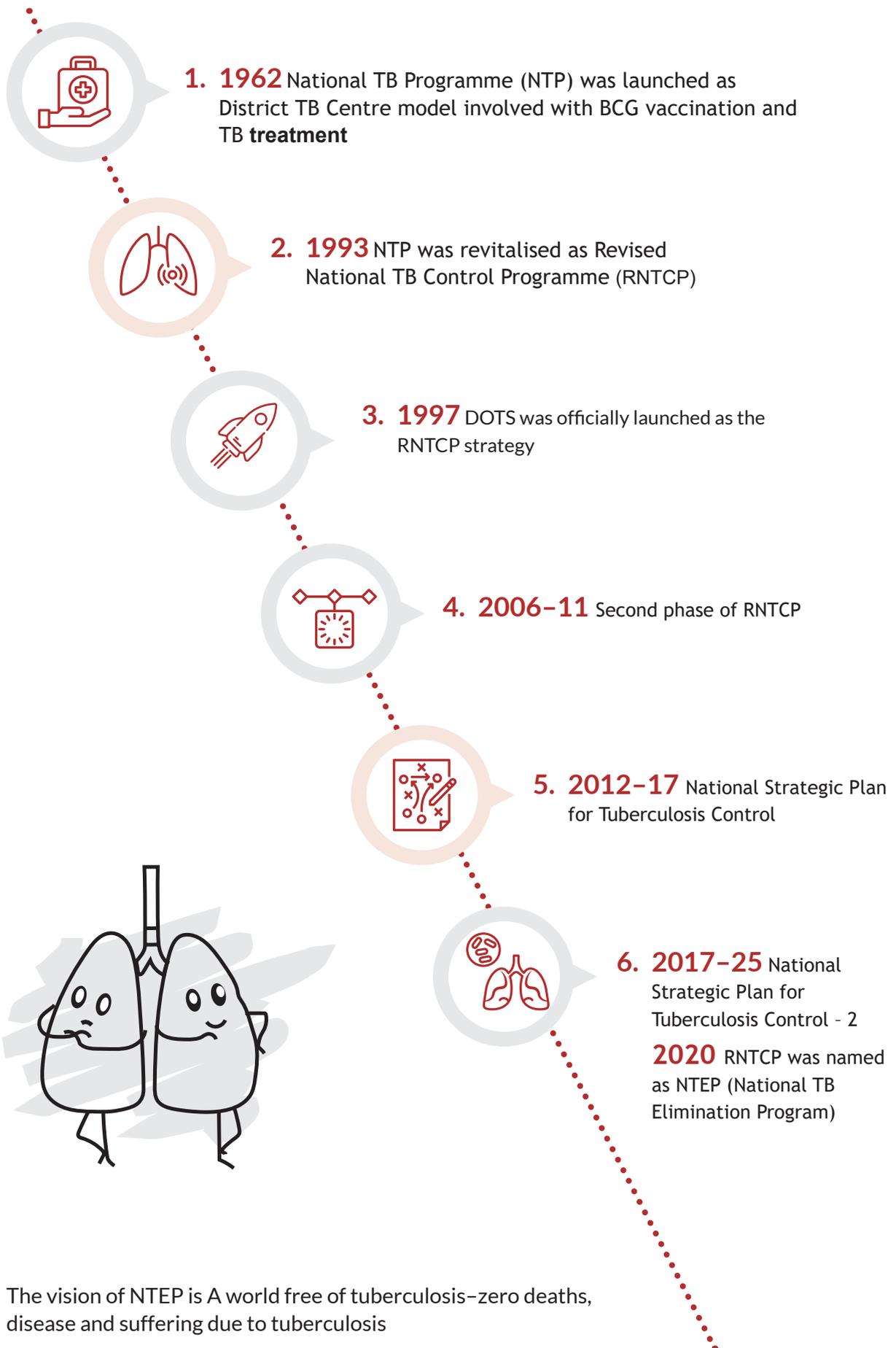
Sub-topic 1: *About NTEP<sup>4</sup>*

Duration: *30 minutes*

Now, tell them that we have just seen the problem of TB, but we are not a part of the problem. Instead, we are and want you to become a part of the solution. Hence, we need to know about the National TB Elimination Program (NTEP) and the services it offers. Show the infographics and ask one by one to read one element each. Ensure that the following points are covered

<sup>4</sup> Please refer the following for clarity [https://www.nhp.gov.in/revised-national-tuberculosis-control-programme\\_pg](https://www.nhp.gov.in/revised-national-tuberculosis-control-programme_pg)





The vision of NTEP is A world free of tuberculosis—zero deaths, disease and suffering due to tuberculosis

## The pillars of National Strategic Plan (NSP) 2017-2025

### Detect, Treat, Prevent and Build

#### Detect

- Find all DS-TB and DRTB cases with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations.
- Mandatory notification of all TB cases
- Public-private partnership with incentive to private healthcare providers
- Free drugs and diagnostic tests to TB patients in Private sector

#### Treat

- Patient friendly system and social support - Provision of free TB drugs - daily fixed dose combinations (FDCs) for all TB cases (new and previously treated) with the support of (DOTS)
- financial incentive of Rs.500/- for nutritional support to each notified TB patient until the treatment is going on under Nikshya poshak yozana
- More options for ICT based treatment adherence support mechanisms
- Intensifying TB control activities in following key populations

#### Prevent

- Scale up air-borne infection control measures at health care facilities
- Treatment for latent TB infection in contacts of bacteriologically-confirmed cases through Isoniazid Preventive Therapy (IPT) -Preventive therapy
- BCG Vaccination at birth or as early as possible till one year of age
- Address social determinants of TB such as poverty, malnutrition, urbanization, indoor air pollution, etc. through inter departmental/ ministerial coordinated activities

#### Build

- Build and strengthen enabling policies, empowering institutions and human resources with enhanced capacities.

- The thrust areas of the NSP are
  - Private sector engagement;
  - Plugging the leak from the TB care cascade;<sup>5</sup>
  - Active TB case-finding among key populations (socially vulnerable and clinically high risk);
  - Specific protection for prevention from development of active TB in high-risk groups.

5 ---- the TB cascade is defined as - including the following patient populations: total prevalent active TB patients in India, TB patients who reach and undergo evaluation at RNTCP diagnostic facilities, patients successfully diagnosed with TB, patients who start treatment, patients retained to treatment completion, and patients who achieve 1-y recurrence-free survival. (Ref: The Tuberculosis Cascade of Care in India's Public Sector: A Systematic Review and Meta-analysis -<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002149>)



## Session 4: Role of informal healthcare providers

### ‣ Session objectives



- Share information about NTEP and services available under it. Share the special position the informal healthcare providers could have in the fight against TB;
- Discuss about the key roles informal healthcare providers can play. Come out of their inhibitions and actively participate in the activities.

### ‣ Sub-topics



- Significance of the participation of informal healthcare providers in the fight against TB;
- Roles informal healthcare providers can play.



### ‣ Suggested duration: 70 minutes



### ‣ Suggested methodologies

- Interactive dialogue;
- Small group discussion and debriefing.



### ‣ Training materials

- Tool 5: Significance of the contribution of private health care providers;
- White board and markers.
- Tool 6: Case studies

## Step-by-step process

Sub-topic 1: Significance of the participation of informal healthcare providers in the fight against TB		Duration: 15 minutes
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Show tool 5: Significance of the contribution of private health care providers and ask one of them to read the first stage. Discuss it and then move to the next. Similarly let them read all the stages and understand the significance.

Sub topic 2: Roles informal healthcare providers can play		Duration: 55 minutes
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Tell the participants that this session will be the focal point of the entire orientation program. We have seen the problems and also the important position they hold in the entire process. We have to now decide about how we can be one of the important contributors of the solution of the problem.

Now divide them into small groups and give one theme from the following themes to each group. Ask them to present a roleplay based on the theme. They can use the case studies as a starting point of their discussion (Tool 6: Case studies.)

Give seven minutes for discussion and role allotments and 3 minutes to present the roleplay.

**Tell them that each role play needs to end with what difference a healthcare provider can make by intervening meaningfully. Caution them using too much time in establishing the theme of the role play and preliminaries since they have only 3 minutes. Ask them to start the roleplays exactly at the time when the story starts.**

### Themes for roleplay

- The delay in accessing TB treatment due to the patient's attitude;
- Delay due to not accessing testing facilities in time;
- Patient's reluctance to continue with the treatment;
- Lack of awareness in family members in proper care of patients taking treatment;
- Effects of stigmatising behaviour of the Community members on the patient.

After the role plays are over, congratulate them for presenting well. Now facilitate a discussion around the following points -

- When individuals with TB like symptoms such as continuous coughing for more than 3 weeks, fever, coughing up blood, loss of weight etc. approach them, what do they generally advise the patient or what kind of treatment they prescribe for the patients.

**Their sharing could include but not limited to the following points -**

- Give symptomatic treatment to fever and cough
- Advise rest
- Give tonic for weight loss

**Now ask them to work in the same groups and discuss on the following points.**

1. The changes they would they like to do in the way they provided the advice and wrote prescriptions.
2. Which attitudes/ practices of the patients, their family members and community members prove to be hurdles in the effective usage of the TB care facilities.
3. What other roles they can perform and contribute to the process of fight against TB



- Encourage participants to think and come up with their own ideas in the same groups. Give them seven minutes to discuss in their groups and then ask them to present the gist of things they can do. Write on the white board as they share. Ensure that the following points are covered.
  - Direct any patient with symptoms of TB to government diagnostic facility so that their patients can benefit from the services;
  - Convince the family members of a patient who is confirmed having active TB to get tested and educate them about TB, how to avoid spread of infection;
  - Act as a DOT provider/treatment supporter, by getting enrolled under the NTEP;
  - Provide counselling support to the patient and family members;
  - Provide guidance to the patient and family members about the criticality of adherence to treatment and avoiding the risk of DR, MDR / XDR TB;
  - Guiding the communities to overcome stigma about TB;
  - Create awareness in the community about TB and getting tested;
  - Advise the patients on the following:
    - » Importance of eating nutritious food, maintaining personal cleanliness and environmental hygiene;
    - » Responsibility of taking care of family & close contacts especially during period of transmissibility;
    - » Ill-effects of smoking and alcohol and importance of staying away from it.
    - » Liaise with TB Alert Field coordinator for patient registration and ongoing support and coordination, from the beginning of a patient's TB journey until completion of treatment.
- Ask probing questions if required and facilitate the discussion to arrive at these points. These questions depend upon what they share and which points they don't. But it is possible that the obvious points they would share would include their role of referring the patients to government diagnostic facilities at the earliest. They might not share their roles about convincing the patient and family members about eating nutritious food or even in convincing them about ill-effects of smoking and alcohol or about reduction of stigma in the community etc. Whichever, they fail to answer. These probing questions could include the following but are not limited to –
  - » Since you have contacts in the community as most of them are your patients, how can you influence the leaders and others with reference to their perspectives about the TB patient and his/her family members.
  - » Through this orientation, we have learnt that apart from the treatment there are several other aspects that affect the patient's health, can you see any role that you can play to improve these aspects so that the patient's condition does not get affected.
- You can also refer to the case studies and ask them in such circumstances, what roles they could play.
- Consolidate the roles they can play and congratulate them for their willingness to contribute to a great cause of fight against TB.

## Tool 6: Case studies

### Case study 1: *Maheshwar*

Maheshwar was a 40-year-old textile worker. He used to work from home on his loom and weave sarees. He had to work late hours to finish the weaving work in time. The contractor who used to provide him the yarn and buy the sarees used to cut the payment if the work was delayed. Maheshwar was suffering from continuous cough since a month. Despite his wife and children insisting on him visiting a doctor for proper treatment, he refused as he felt that if takes the medicines from a chemist, he would be fine. Because he had no money to spend and because his pace of work was further reduced due to illness, he was worried that he would not have enough money to run the house. Ultimately, when he started coughing blood, his wife forcefully took him to the government facility. By that time, due to delay in diagnosis, his health had deteriorated so much that he had to take treatment for a longer period. Moreover, because, it had remained undiagnosed and untreated for such a long time, his infection had spread to everyone in the family, his assistant and even a couple of his neighbours.

### Case study 2: *Sundar*

Sundar had seen a street play on TB and knew that if a cough is not cured for more than two weeks, it could be TB infection. So, despite taking remedial measures at home, when his coughing continued, he approached the local medical healthcare provider. The doctor however had lots of patients from the neighbourhood to examine and hence gave him medication for fever and asked him to come again after three days. When Sundar's condition did not improve, he was given stronger medicines. After a week more Sundar's condition became worse. He could not eat enough as his appetite was lost. His weight reduced drastically and when he coughed, it was so severe that his wife feared that he may not live longer with this condition.

### Case study 3: *Nirmala*

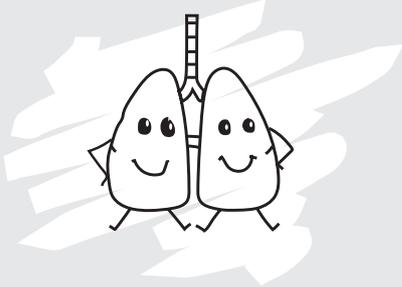
Nirmala was a 35-year-old woman who was lucky to get diagnosis done very early. The treatment started and within a month she improved a lot. Her cough had stopped and so also her fever. She stopped taking medicines because she was convinced that now that her condition had improved, she did not need further medication. She had some tablets remaining with her so, whenever she felt little feverish, she took those tablets. It went on like this for more than a month. But once when she started coughing again, she found out that the tablets were no longer effective. She had to go to the government facility again. But to her dismay, the doctor said that her reluctance in continuing the medication had proved costly to her. She had developed multi-drug-resistance and had to take stronger tablets and for longer period. He warned her that if she left the treatment half-way through this time, it could be fatal. He advised that everyone in the family gets tested and unfortunately, except for her 10-year-old son, everyone had contracted MDR-TB.



#### Case study 4: *Susan*

Susan was a 9-year-old daughter of an agricultural labourer. She had active TB as she had received the infecting bacteria from her school mate. When Susan was diagnosed of TB and her treatment started her parents could not accompany her to the doctor and hence were not aware of the care, she had to be given. They closed all the doors, windows and ventilators thinking that she would feel cold if they were kept open. They gave her light food such as watery porridge (*ganji*) as they thought that her digestion capacity must be compromised. They asked her elder sister to sit with her on the same bed so that she could be always given care.

But the impact was worst that expected, she was not able to get fresh air, which affected her lungs even more. She was not able to sustain the treatment as she lacked nutrition that was much needed to her and moreover, her sister also received the infection and was diagnosed of TB.



#### Case study 5: *Hasina*

Hasina a 19-year-old girl was diagnosed of TB and she was on her treatment. ASHA from the neighbourhood area was her DOTS provider. Once, when she was coming out of ASHA's house, a neighbour saw her and with her detective skills and gossiping hobby found out that Hasina had gone to the ASHA to take TB treatment. Word of mouth spread so quickly that in a couple of days, the entire neighbourhood came to know about Hasina's TB. Everyone added spice to the news and when the news reached her would-be in-laws it had reached unimaginable proportions. Hasina's would be mother-in-law came to their house and instead of coming inside the house, started shouting from outside that they are breaking the marriage as they want to marry of their daughter who is almost on the deathbed to her son. Any effort to pacify her was not enough. Hasina's marriage broke even though her condition was improving.

Hasina's neighbour, Myra who was 17-year-old and was advised to take treatment by going to the DOTS Provider, she refused the treatment and said that not a single individual from the community will ever undergo testing or treatment.

## Session 5: Closing

Duration: 20 minutes

Congratulate the participants of the orientation programme for outlining very meaningful roles for themselves and successfully identifying the care and caution they should take while checking, treating or interacting with the presumptive cases and / or their family members.

Welcome them into the group that is committed to make our nation TB free. Now, ask them if they would like to commit them to the cause and take a pledge. If they say yes, (the assumption is that by this time, they would have been motivated to be a part of the movement.) Ask them to stretch their right hand in front. Ask them to repeat the oath after you.

I, =====(Name) am aware of the dangers posed by the unidentified or untreated TB cases and delay in accessing the diagnostic facilities. I take a pledge to create awareness about prevention of TB, early detection and diagnosis of the presumptive cases and the necessity to overcome stigma against people infected by TB.

I, hereby commit myself to the cause of Prevention and Care of TB, take all preventive measures, care and cautions and be a role model to the community. I will do whatever it takes to eliminate TB from the world and will not stop till we make India free of TB.

Stand quietly for a minute and ask everyone to join hands in solidarity. Close the orientation on a positive note.

## Annexure 1: List of the tools used in the orientation program

Tool 1: Objectives of the Orientation Program

Tool 2: Nandini's case

Tool 3: About TB

Tool 4: Infographics on 'About NTEP'

Tool 5: Significance of the contribution of private health care providers

Tool 6: Case studies

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