



REACHING THE UNREACHED: INTEGRATED APPROACH FOR COMMUNITY BASED TB CASE FINDING

SUMMARY REPORT



[ZMQ Development](#) is a global 'Technology for Development' social enterprise based in India with its programs Tuberculosis programs being implemented in India, Uganda, Rwanda and Afghanistan. [FreedomTB](#) is ZMQ's pioneering initiative on Tuberculosis which uses an innovative approach called ACTS (Active Case and Treatment Strategy) to tackle Tuberculosis. ACTS is a 6-pronged approach with some of the key approaches being Active Ground Building, Active Case Finding and Active Treatment & Care (using VOT - Video Observed Treatment).

This project was to strengthen the existing system of active case finding by active engagement of the community and find new cases in the community during the project period in Mumbra-Kausa area of Thane Municipal Corporation. With over 4 lakh populations, it has high population density where considerable population being migratory, predominantly from northern and middle of part of the country, mainly from UP and Bihar, with Muslim domination (80-85%) with low literacy levels. The region is categorized as an urban slum and is the biggest contributor to the total TB burden of TMC, with over 900 DS-TB patients and 250 DR-TB patients in 2019 alone.

List of interventions

The project has implemented 3 core interventions for TB case finding using digital tools. The interventions are as follows:

- 1. Active Ground Building:** It is based on Social and Behaviour Change Communication (SBCC) which establishes a strong community engagement and ensures community participation. It effectively uses digital tools like digital stories, mHealth toolkits and social games to create awareness on Tuberculosis among communities. The digital tools are developed in the local language and disseminated through multiple modes like direct to communities, schools campaign, community level meetings health centers etc. The tools are designed in such a manner that they are focused towards less literate communities.
- 2. Active Case Finding at House-to-House Level:** It is based on ground team doing house-to-house visits and conducting Active Case Finding in the community using a customized digital toolkit. The toolkit is localized with icons, audio and connected with regional health centers. Along with the Active Case Finding, Active Ground building is also conducted sometimes to give better picture about TB to the community.
- 3. Hybrid ACF combined with other activities:** This includes ACF not only at house-to-house level but also at the community level by setting up booths at points of traffic like health centers, melas, panchayats, community meeting points, schools, bazaars, schools etc. Alongside, this is supplemented by active ground building through various campaigns. It also uses Self-Screening Toolkit (for ACF) which is a digital toolkit used by communities on their own and is promoted through bill boards, social media and health centres. In the current scenario, there will also be interactive digital tools on COVID-19 embedded in the larger toolkit.

Digital IEC material

The following digital materials were used for the community-based case-finding activities:

1. *TB Learning Zone*: This is a knowledge-based toolkit where essential information is incorporated around TB-related facts.
2. *Digital Stories*: For driving Social and Behavioural Change Communication (SBCC), focusing on critical TB-related topics such as prevention, myths/misconceptions and treatment/care/support.
3. *TB Self-Screening*: an easy-to-use mobile-based questionnaire for self-screening by community members and receiving further guidance regarding the nearest health facility, etc.
4. *Case Finding*: This toolkit was used for screening the target population.
5. *NTEP linkage interface*: This toolkit helps to link identified presumptive TB cases to relevant NTEP staff for conducting diagnostic tests and subsequent treatment initiation.

Project Targets

Process indicator	Targets
Numbers screened	160,000
Number people confirmed TB	216

Targets reached

1. House-House Screening

Process Indicators	Reach
No. of HH screened	38007
No. of people screened	177917
No of presumptive TB cases identified	1148
No. of Presumptive TB cases (PTC) identified and linked to NTEP for test*	1033
No fo CXR tests offered	748
No. of X-ray tests done among those offered CXR	498
No. of confirmed TB cases among those tested**	229
No. of patient diagnosed with DSTB	187
No. of patient diagnosed with DRTB	42
No. of DS and DRTB patients initiated on treatment	229
No. of patient who opt private treatment	40

2. Community-based Screening

Process Indicators	Reach
No of community screening sessions	296
No. of people reached out	10619
No. of people screened	2668
No of presumptive TB cases identified	124
No. of Presumptive TB cases (PTC) identified and linked to NTEP for test*	78
No fo CXR tests offered	62
No. of X-ray tests done among those offered CXR	36
No. of confirmed TB cases among those tested**	19
No. of patient diagnosed with DSTB	16
No. of patient diagnosed with DRTB	2
No. of DS and DRTB patients initiated on treatment	6
No. of patient who opt private treatment	2

Impact

The table below shows the TB notification in Mumbra Kausa from Q1 2021 to Q4 2022. The project's implementation activities began in mid-November 2021. As seen in the table, it has been observed that in the implementation phase of the project, case notification is higher than it was last year when the project was not yet implemented there.

Area	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Mumbra	90	69	88	109	124	126	90	92
Kausa	145	144	140	149	303	226	219	219
Total	235	213	288	258	427	352	309	311

With respect to community awareness, through various awareness-building activities such as community sessions, TB storytelling sessions, and m-learning sessions, the awareness level has increased, which is also one of the reasons for increasing TB notification in the region.

Challenges

- Initial resistance to accessing the community for active case finding.
- Hesitancy for testing is due to stigma and discrimination.
- Unavailability of the EPTB test
- Delay in test reports

- X-ray services were stopped for some administrative reason.
- Error in the Trunat reports
- In comparison to the population, the number of public testing centers is low.
- Temporal drop in activities due to the serial COVID wave

Conclusion

The program was designed to strengthen the existing system of Case Finding by active community engagement and identifying missing TB patients, thus reducing the infectivity rate and burden of the disease. The Community-based case-finding approaches such as Active Ground Building, Active Case Finding, have contributed to an increase in overall case notification in the region. The awareness-raising, stigma reduction, and treatment support activities have also played a vital role in the success of the program. Overall, the project has demonstrated the importance of community involvement in TB control and has achieved significant progress in addressing the challenges of TB in the region.

Submitted by:

ZMQ Development
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