









# **IMPACT REPORT**









**Mentors for** Community Health

Saadhikka Vaa Penne

A WOMEN-LED INTERVENTION TO END TB'

Mentors for Community Health is a strategic effort to integrate the engagement and empowerment of women in the community with TB care and prevention efforts. The project aimed to empower women in the community through a unique Community Health Mentorship Programme and to create an unique cadre of Women TB Leaders (WTLs), who could fast track facility-based screening for TB. The project was implemented by REACH between January 2020 and December 2021, with support from the Stop TB Partnership through a TB REACH Wave 7 grant.

The project had two key arms - one led by the WTLs who did screening at health facilities for enhanced case detection and treatment initiation with a holistic person-centered approach and the second led by Community Health Mentors (CHMs) who were involved in organising and conducting community meetings to create awareness on TB and reduce stigma.

#### **GOAL**

• To accelerate progress towards TB Elimination in four selected districts of Tamil Nadu.

#### **OBJECTIVES**

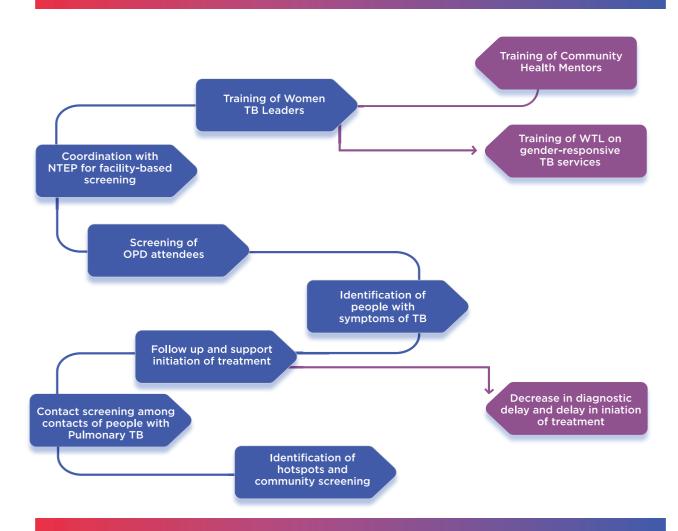
- Train and empower women from among TB survivors, self-help group leaders, nurses, and volunteers from the community - as health mentors through a Community Health Mentorship programme.
- Develop a cadre of women TB leaders from among them who will be engaged in TB outreach, case detection, community mobilisation and advocacy at the district level.
- Increase case finding among the key and vulnerable populations via a cascade of screening from the health facility to contact tracing at the household level and subsequently the community level.
- Demonstrate a Women-led model to improve TB case detection.

#### **REACH AND GENDER**

- Women majority organization at all levels
- Women employees at the forefront of service delivery, strategy development and decision making
- Initiated policy dialogue on TB and Gender in 2017
- Carried out Community, Rights and Gender Assessment in India in 2018-19
- Involved in the development and implementation of the 'National Framework for a Gender-Responsive Approach to TB in India', in collaboration with National TB Elimination Programme (NTEP)

# IMPLEMENTATION DISTRICTS Tiruvallur Vellore Ranipet Vellore Ranchipuram Krishnagiri Tirupatur Tiruvannamalai Chengalpatu Viluppuram Kallakurichi Salem Cuddalore Namakkal Ariyalur Ariyalur Tirupatur Tiru

## **KEY PROCESS**



# **KEY ACTIVITIES**



610 women trained in health and soft skills



Selection of women TB leaders from among them



Facility based screening



Contact screening in the household of people diagnosed with Pulmonary TB



Community screening in hotspots



Linkage to care and treatment adherance support

## **INDUCTION TRAINING**

A two-day induction training was provided in each of the project districts to train the WTLs and prepare them to begin their work.













#### **SCREENING FOR INCREASING TB CASE DETECTION BY WOMEN TB LEADERS**

- Selection of the public health facilities and outpatient departments to institute TB screening in coordination with National TB Elimination programme (NTEP)
- Implementation of facility-based TB screening
- Sputum microscopy, Chest X-ray and/or Nucleic Acid Amplification tests (NAAT) for people with symptoms of TB and linkage to treatment for those diagnosed with TB
- Cascade of screening involving contact screening and community screening undertaken by WTLs



#### TREATMENT ADHERENCE SUPPORT

As a part of treatment adherence support, WTLs undertook house visits along with NTEP staff routinely. They also offered contact tracing support for those eligible.

#### LIVELIHOOD SUPPORT TO PEOPLE AFFECTED BY TB

Through the project, NTEP staff and WTLs identified beneficiaries among people with TB and TB survivors for provision of livelihood support. A total of 43 people were supported with sewing machines, farm equipment etc.





# FIRST AID TRAINING TO WOMEN TB LEADERS

Women TB Leaders were trained and certified on providing first aid in collaboration with Alert NGO, India

# IDENTIFICATION AND TRAINING OF A CADRE OF WOMEN COMMUNITY HEALTH MENTORS

- 1230 women mobilised for a Community Health Mentorship programme CALL (Continuing Access
  to Learning Line) for Health aimed to educate and skill them in basic health service delivery.
- Innovative training offered through audio-podcasts and episodes that women can access on their mobile phones in settings and timings convenient to them
- Participation of CHMs in community outreach activities for TB case detection
- A group of about 196 of the Community Health Mentors trained as women TB leaders (WTLs)

#### **COMMUNITY MEETINGS**

WTLs and CHMs organised sensitisation meetings at the community and at hotspots to create awareness on TB and to identify people with TB symptoms. More than 18,000 community members were sensitised through the project and over 1700 people identified with symptoms through community meetings.



#### STRATEGIC INITIATIVES FOR PROGRAM IMPLEMENTATION



Provision of performance based incentives to WTLs



Partnership with private X Ray centers to provide decentralised screening



WTLs trained on electronic data recording and reporting

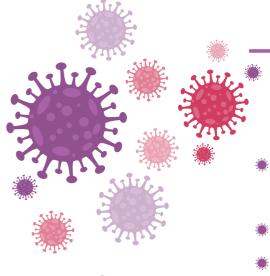


Customised gender-sensitive and gender-responsive health messaging

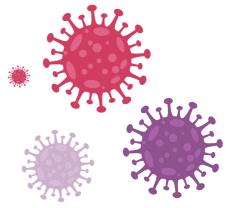


Training of Women TB leaders on smear preparation, sputum collection and transportation to reduce diagnostic delays

#### **ROLE OF WTLS IN COVID-19 AND SCREENING ACTIVITIES**



- Support in active case finding (ACF) efforts of NTEP
- Support in mobile camps for TB case finding
- Specific outreach to Panchayat leaders
- **COVID** vaccination camps
- Bi-directional screening for COVID and TB
- Facilitated livelihood support for PwTB



#### WORLD TB DAY ACTIVITIES

World TB day was observed in all the health facilities where the Women TB leaders were engaged. The Women TB leaders led a pledge to end TB and TB stigma in the health facilities. They also held a signature campaign against stigma in these health facilities.



#### **SOCIAL MEDIA CAMPAIGN - #WOMENTBLEADERS**

A social media campaign featured eight Women TB Leaders and focused on various aspects of the support that they provide to TB-affected communities, including helping people get diagnosed, addressing dual stigma of TB and COVID-19 during case-finding efforts, providing TB care for the elderly, taking TB care to the community through community programmes etc.



# Canada

# HELPING PEOPLE GET DIAGNOSED

During a community awareness programme I met a middle-aged man with symptoms of TB who couldn't afford to spend on transportation to the hospital. So I coordinated with the Village Health Nurse and helped him get tested for TB and Diabetes, ensuring that he received holistic care at his doorstep. Today, he is taking TB medications regularly. His smile motivates me to support people in their journey from diagnosis to cure.

Sivaranjani, Woman TB Leader Salem district, Tamil Nadu

Mentors for Community Health is a women-led TB case-finding intervention in Tamil Nadu supported by the Wave 7 TB REACH grant



#### CALL FOR HEALTH - IVRS-BASED AUDIO TRAINING



For this key intervention of the project, REACH partnered with Gram Vaani to provide training on health and allied aspects to women engaged through the project through Interactive Voice Response System (IVRS). Gram Vaani is an organisation that works on enabling communities to use technologies and share information that can equip them to bring positive changes in their lives. An IVRS-based channel called 'Saadhikka Vaa Penne' (Meaning 'come on women, let's achieve') was developed and rolled out.

**NEEDS ASSESSMENT** - REACH approached community volunteers engaged in various projects to undertake a needs-assessment to identify topics that would be most useful to communities. Based on the topics suggested by the women volunteers, podcast-style content was developed on not just TB but also other topics such as diabetes, hypertension, nutrition, common childhood illness, menstrual hygiene, financial literacy, domestic violence etc.

#### **KEY FEATURES**

- Smartphones not necessary: Given that smartphone penetration is only about 40% in rural Tamil Nadu and even lesser among women, the training was delivered through an Interactive Voice Response System (IVRS), which does not require a smartphone.
- Adapted to the local context: The modules were dramatised to sound colloquial, easy to understand and delivered in a humorous fashion.
- No hidden charges: After the women called a toll-free number, the call would end on its own. They would receive a 'callback' from the IVRS channel.
- Women choose what they listen to: The trainees could choose to listen to any of the five to seven modules that are broadcast at any point in time.
- Interactive interface: The back-end records
  which module the women listened to and for
  what duration. The women could also record
  their questions and feedback on the content.
- Certificate of completion: On completion of the fourteen modules delivered through this platform, the women received certificates for completing this course.



# STEP 3

STEP 2
Listener gets
a call

Listener can listen to any module available at that time

STEP 4

At any point, f

At any point, four to five modules are being broadcast through the channel

# STEP 1

Listener calls a number and call ends on its own Interactive Voice Response System (IVRS)

# STEP 5

The system records which module was listened to and for what duration



## **KEY RESULTS**









More than 77% underwent any one test for TB diagnosis



53000+ PwSTB tested through AFB







	Number of WTLs trained	196
	Number of Tuberculosis Units covered	67
	Total number of Health Facilities Covered	187
	Number of WTLs doing smear fixation	91
T	Number of WTLs engaged in Sputum collection and transport	69
†     † † †	Number of CHMs trained	610
iijii	Number of CHMs conducting Community meetings	91
	Number of audio training module (through IVRS) listeners	1230
PA D	Number of people sensitised on TB through Community Meetings	OVER 18000

#### **KEY LEARNINGS**

- Women TB leaders are highly motivated to work for TB care and prevention
- Close coordination with NTEP and adapting to NTEP needs aided in smooth delivery of TB care services
- Health facilities with no TB specific staff benefited more from the facility based screening
- Contribution of WTLs extended beyond TB to other disease areas such as COVID
- WTLs themselves felt empowered in many dimensions financial literacy, digital literacy, social standing - in addition to increased knowledge on health
- WTLs were empowered and incentivised to own a mobile and to do digital data entry
- Training through the Saadhikka Vaa Penne channel helped CHMs take training in the comfort of their home
- The IVRS training was available to a larger group of women who would otherwise not have had access because of distances, their inability to attend in-person trainings and juggling multiple responsibilities at home
- The training empowered women to not just gain knowledge about health but use the knowledge for action for themselves, their families and their communities.
- CHMs have become the go-to person in their communities for all health related information
- Some of the WTLS have been recruited as health staff by the health system.



Today I know the world outside my house. There was a time when I was only within the house, but today I am able to step out and face the world outside with confidence.

- Aarthi

Women TB Leader

The project showed me what strengths I had and to believe in myself. I used to be afraid to even speak at home, but today I stand up for myself. As women, we are bold and powerful.

- Manimala

Women TB Leader

I never knew how to operate an Android phone. Today I am able to attend phone calls, send messages, Whatsapp people, share location, use applications like KOBO, etc. it has opened a world of communication for me.

- Malliga

Women TB Leader

It is heartening to know that Women TB leaders and Community Health Mentors have not only undertaken TB and COVID related activities during the pandemic, but have also experienced empowerment in several aspects of their lives; social, economic and digital.

- Dr Asha Frederick

Additional Director of Medical and Rural Health Services (TM) and State TB Officer, Tamilnadu





#### ABOUT STOP TB PARTNERSHIP

The Stop TB Partnership is a global, multi-stakeholder partnership that seeks to achieve a world without tuberculosis through facilitating, catalysing and coordinating the work of its partners through a Secretariat based in Geneva, Switzerland. TB REACH is a special initiative of Stop TB which provides funding to partners for testing innovative approaches and technologies aimed at increasing the number of people diagnosed and treated for TB, decreasing the time to appropriate treatment and improving treatment success rates.

#### **ABOUT REACH**

Resource Group For Education and Advocacy for Community Health or REACH is a nonprofit organisation established in 1999. Through an unrelenting focus on TB for the last two decades, REACH has been a key partner in India's efforts to end TB, by developing innovative strategies to engage a range of stakeholders including the public health system, private sector, TB-affected communities, business leaders, celebrities and the media. REACH implemented Mentors for Community Health between 2019 and 2021 in four districts of Tamilnadu, with support from the Stop TB Partnership through a TB REACH Wave 7 grant.

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