Stop TB Partnership hosted by UNOPS

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

25 REACH Equitable Health for All

Impact Report

Peer-led, Personalised, and Person-centred Support Model for Migrants with TB in Tamil Nadu, India

About the Project

The dynamic movement and migration of people presents a complex challenge for health systems worldwide. Migration patterns are diverse and vary across settings; migration can also be either temporary or permanent. As a large country, India is characterised by widespread and extensive movement of people between states and districts in the country, primarily in search of viable livelihood options. Based on the 2011 Population Census, it is estimated that over 450 million people have migrated within the country, leaving their place of birth. Of this, an estimated 46 million are believed to have moved in search of work; these numbers are an underestimation in all likelihood, as migration patterns remain challenging to track and document. The impact of migration on the health and well-being of individuals and families is well documented. For migrant

populations, barriers include their 'temporary' status and lack of official documentation which impedes continued access to services from diagnosis to cure, occupational risks and prolonged exposure associated with working in construction, mines etc. that impacts outcomes, the lack of information in their preferred languages, and inadequate tracking or transfer systems for a continuum of care across different locations. This results in health systems that are unfriendly for transitory workers or temporary residents, leading to poor treatment literacy, delayed diagnosis, poor treatment outcomes and rising out-of-pocket expenditure. In addition, migrant populations are both socially and economically vulnerable, often living in overcrowded housing with poor sanitation and experiencing stigma and discrimination.

India's National Strategic Plan for TB Elimination (2020-25) or NSP acknowledges that migration is a significant vulnerability that results in delayed diagnosis in those with symptoms and poor treatment outcomes in those diagnosed with TB. Migration contributes substantially to loss-to-follow-up; while there are several treatment adherence solutions - both human and digital - for various communities, there have been few successful models for migrant populations. Studies in South India have shown that the majority of migrant workers tend to seek care from the private sector and on an outpatient basis. People with TB who are migrants are therefore doubly disadvantaged and require considerable clinical, social and economic support.

To address this challenge, and in keeping with priorities identified in the Tamil Nadu State Specific Strategic Plan for TB Elimination 2.0, REACH, in coordination with the National TB Elimination Programme (NTEP) and with support from the Stop TB Partnership through the TB REACH Mechanism, implemented a pilot intervention in four districts of Tamil Nadu, with a specific focus on TB and Migration.

Project Objective:

To design and demonstrate a comprehensive mechanism at the district and sub-district levels to provide person-centred care to migrant people with tuberculosis seeking services in the public and private sectors.

Implementation sites

The project was implemented in four districts of Tamil Nadu - Chennai, Coimbatore, Kancheepuram, and Vellore - between July 2023 and December 2024.

Defining a Healthcare Seeking Migrant

Migrant Person for Healthcare Seeking of Tuberculosis Services (HS MPwTB)

A healthcare-seeking migrant for TB care services consists of people who move from their native district and seek care for TB diagnosis or treatment in another district that may not be their usual place of residence.

This is further broadly classified into 4 categories which are:

Diagnosed in the implementation districts and transferred out to other districts for treatment initiation/ continuation

or

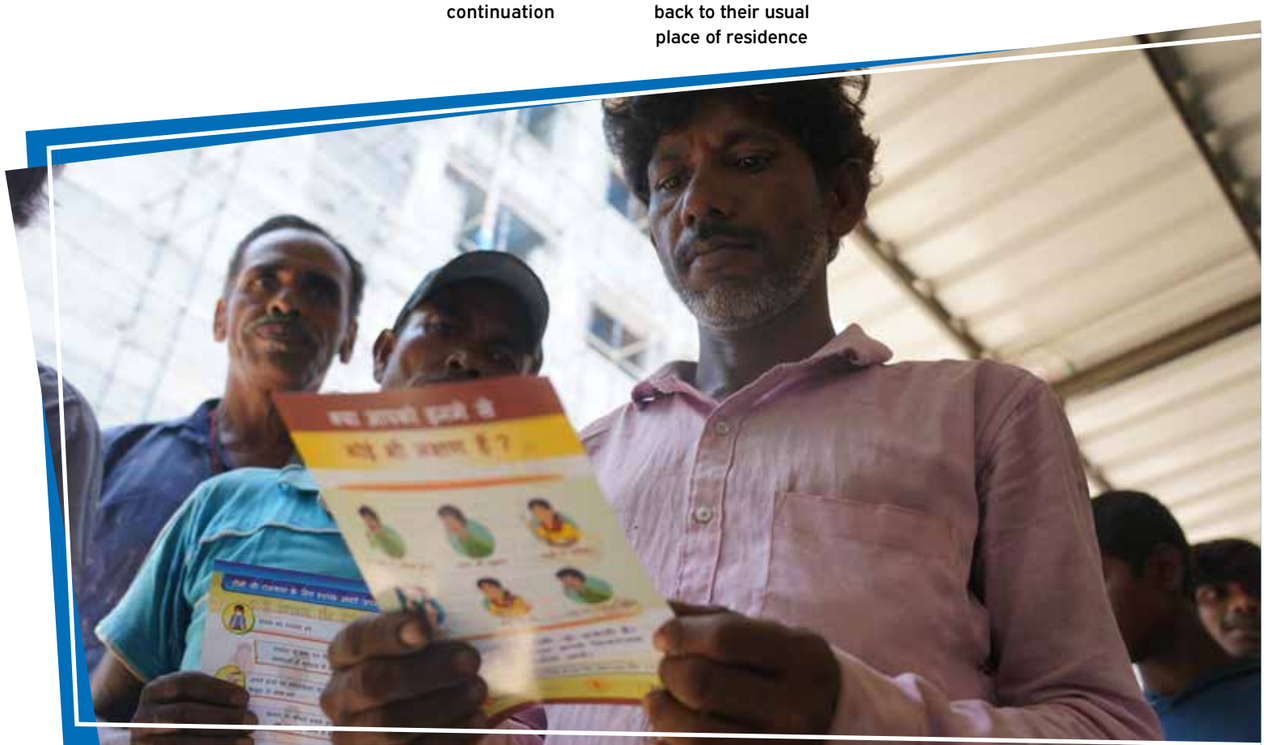
Diagnosed from other districts and transferred-in to the project implementation districts for treatment initiation/ continuation

or

Currently living in another district and come to the intervention districts only to get medicines on a fixed frequency and move back to their usual place of residence

or

Been currently living in and getting TB services in a place that is not their usual place of residence (within the last 5 years)



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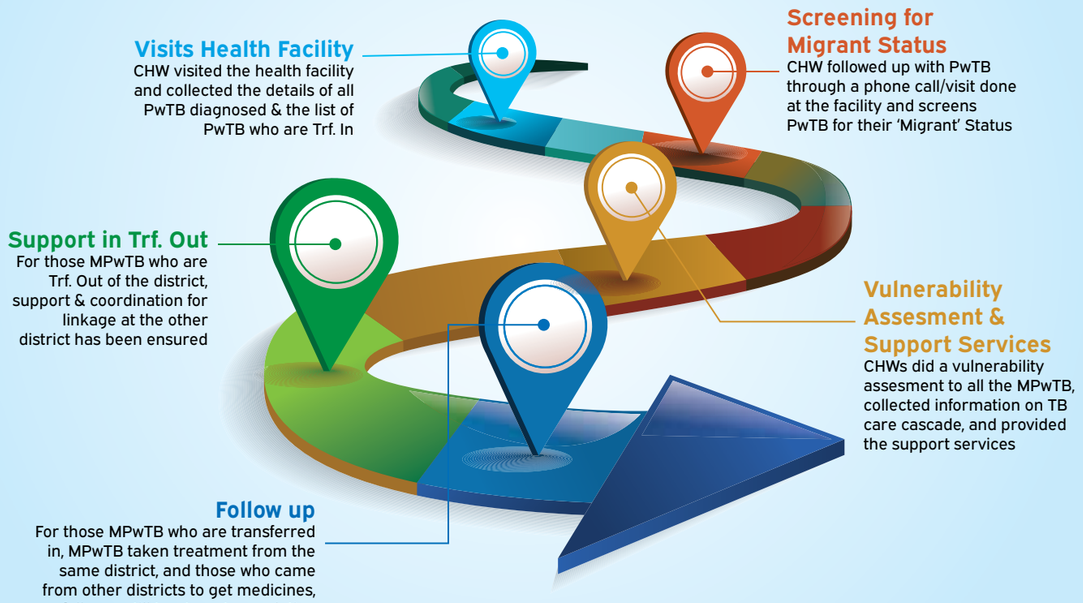
Key Activities

Building Capacity of Community Health Workers

The migrant-friendly services were delivered by a trained cadre of Community Health Workers (CHWs) in all four districts. The CHWs were trained on the basics of TB, services available for TB diagnosis and treatment as per the NTEP, the operational definition of migrant persons with TB (MPwTB), support services for MPwTB, digital data entry, and follow-up activities. The respective District TB Officers (DTOs) were sensitized on the project and led the training programmes.

In all, 25 CHWs were trained and assigned to 30 health facilities in the four districts.

Work flow of CHWs

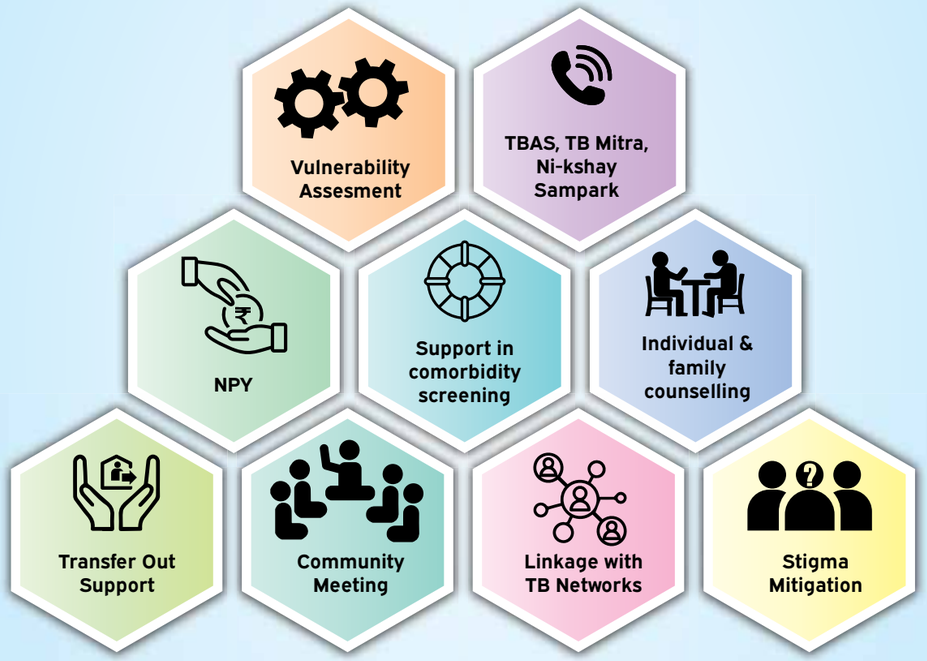


Counselling & Education

As a first step, all people with TB in the selected health facilities are screened to identify if they were migrants, based on the project definition. CHWs undertook this screening using a comprehensive tool designed through the project and using specific parameters to understand movement patterns, and reasons for the movement. Based on the migrant status, CHWs provided specific person-centred services. This was done through a combination of house visits, in-person counselling sessions at the facility, and multiple contacts via the phone.

All people with TB who were migrants were followed-up every month, to support the treatment process and ensure adherence to the treatment regimen, as well as for management of any side effects. They were encouraged to contact the CHWs for any support they required. Treatment outcomes were recorded at the end of the treatment period.

Services Provided by CHWs to Migrant Person with TB



A comprehensive and customised package of person-centred care and support services were provided through this project, primarily at the facility. All those identified as a 'migrant' received the following services:

- A vulnerability assessment was done to identify specific clinical and/or social requirements and migrant status, which could be dynamic. All those identified through this intervention were reassured of support irrespective of their location. All efforts were made to identify the likelihood of movement and to document 'permanent' contact information while respecting their privacy and confidentiality.
- Treatment literacy package through in-person counselling and multilingual print materials on TB in their preferred language
- Support for treatment adherence.
- Support to access Nikshay Poshan Yojana.
- Supplementary nutrition to those MPwTB who are eligible for additional nutrition support based on the criteria.

Comorbidity screening

- Support to download and use TB Aarogya Saathi for real-time information on their TB treatment, NPY status etc.
- Stigma mitigation and support to respond to discrimination at the workplace, among colleagues or families.
- Coordination and handholding support through any transfer-in or transfer-out between locations.
- Access to telephonic counselling if transferred out.

Nutrition Support

For eligible MPwTB – based on a needs assessment which included an understanding of both clinical and social vulnerabilities such as people living with a disability, those living alone, people who had comorbidities such as diabetes and lower BMI – additional nutrition support was provided in the form of dry rations worth Rs. 500/- for people with DSTB and Rs. 800/- people with DRTB.

Community Meetings

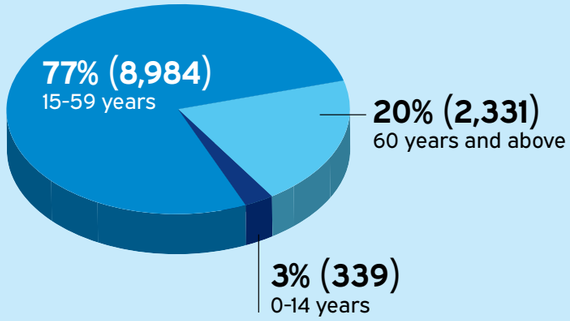
In addition to the facility-based activities, community-level activities were also essential to improve understanding of TB among migrant populations. Targeted awareness campaigns were organised at specific workplaces and in settlements where migrant communities lived. These activities were intended to build trust within the public health system and improve health-seeking behaviour.

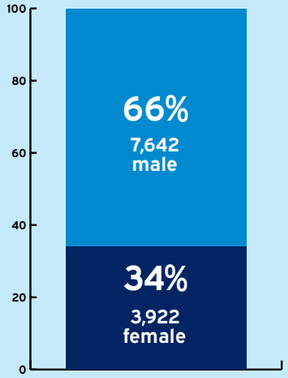
Educational materials on TB were developed and disseminated in Tamil and Hindi. Through the project period, 397 meetings were conducted and 9225 people were sensitised on TB between July 2023 and September 2024.

Key Results

11,564 people with TB were screened to identify their migrant status based on the project definition

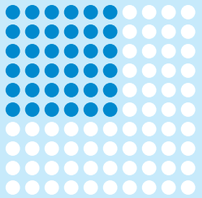
People with TB



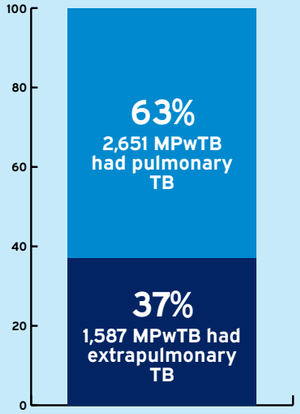


Migrant Persons with TB

36.6% of 11,564 people with TB were identified as Migrant Persons with TB

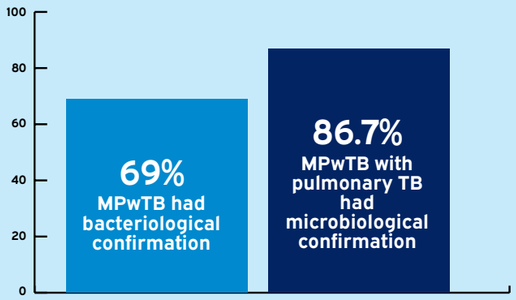


99.7% Migrant Persons with TB were initiated on treatment

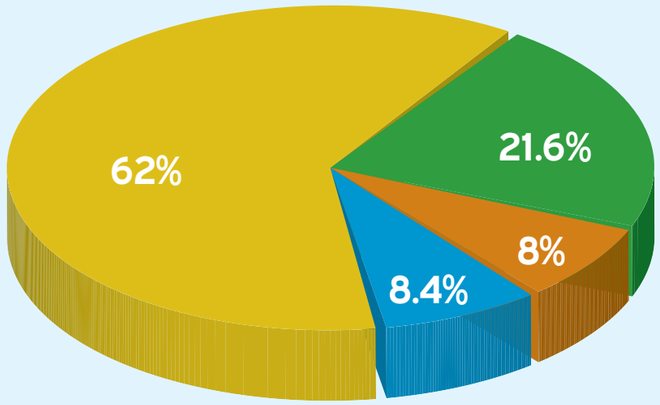


205 MPwTB were supported with additional nutrition support through dry rations

2.2% among the 4,238 MPwTB had DR-TB

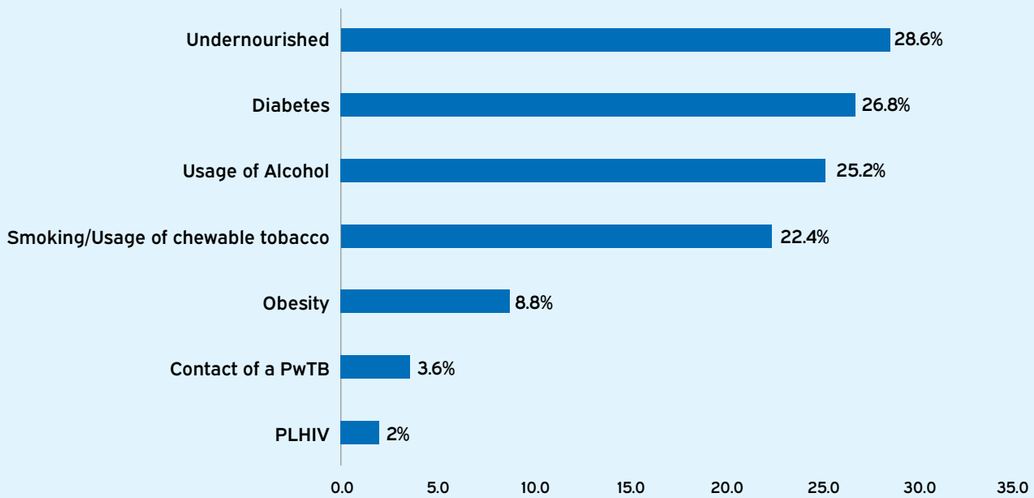


Healthcare Seeking Migrants by Category (n=4,238)

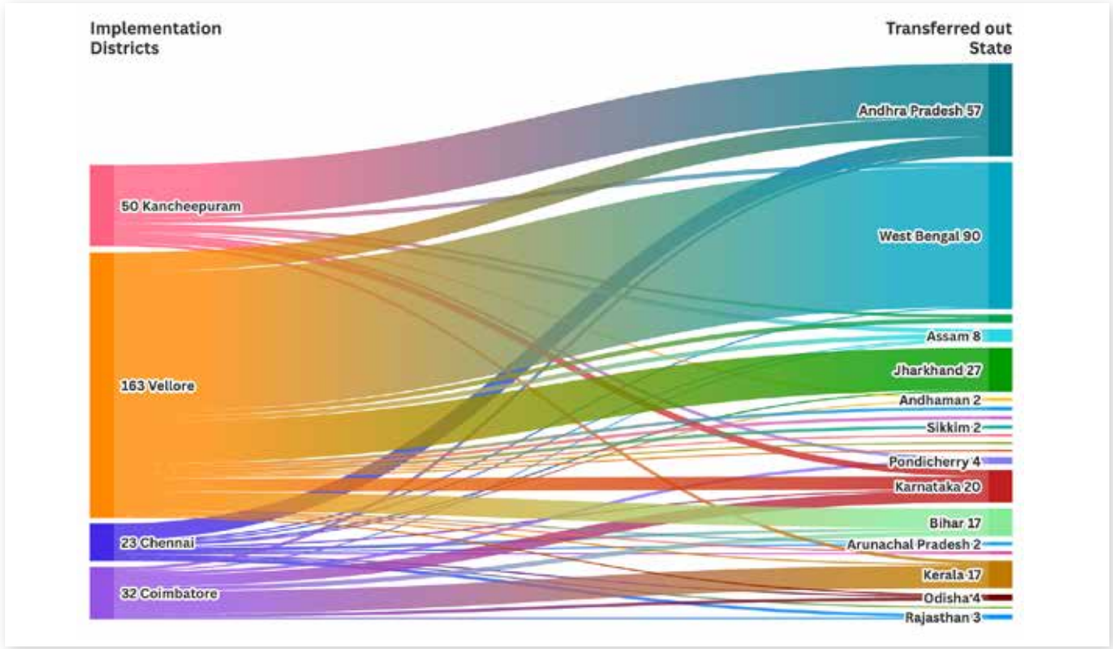


- Currently living in another district and comes to the intervention districts only to get medicines (n=917)
- Been currently living in and getting TB services in place that is not their usual place of residence (within the last 5 years) (n=339)
- Transferred-in to the project implementation district from other districts/states where they diagnosed (n=354)
- Transferred out of the project implementation districts to other districts/states (n=2,628)

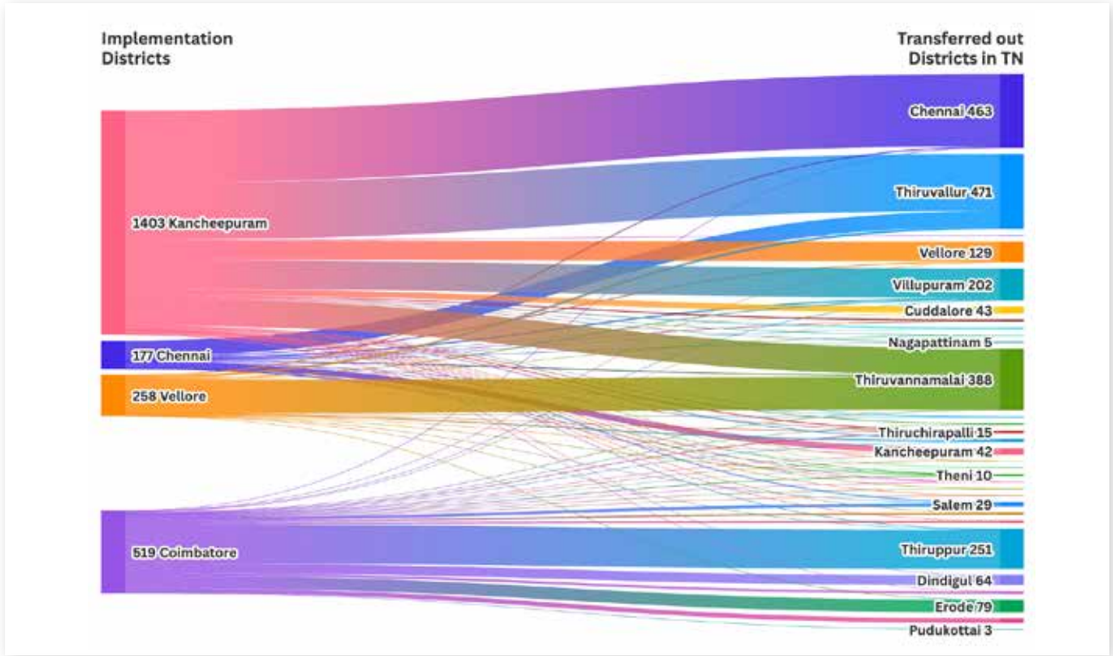
Healthcare Seeking Migrants with Vulnerabilities (n=4,238)



Mapping of Migrants from other States seeking TB care services from Tamil Nadu



Mapping of Migrants from other districts of Tamil Nadu seeking TB care from the implementation districts



Key Learnings

- People seek care from other districts even if they have services available in their district of residence.
- Trust in healthcare from a particular hospital or facility, largely based on word-of-mouth, has a huge role in care seeking for TB services among migrants.
- People seeking care in the private sector have a stronger pattern of movement from state to state.
- Additional resources – human and therefore, financial – are required to coordinate the movement of people and ensure the smooth transition of care and support for migrant people with TB. During the project period, CHWs played this vital role, ensuring treatment continuity and minimising loss to follow-up
- A majority of migrants tend to prefer seeking care in tertiary facilities, even when these are far from their place of residence.
- TB Services in a person's language of choice is essential, and this may call for the placement of multi-lingual health workers in facilities frequented by migrants. For example, during this project, the presence of a Hindi-speaking health worker in Vellore district played an important role in service provision for migrants with TB.

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No Borders for TB Care

Ramesh, a Nepalese national, had been working as a watchman in Aminjikarai, Chennai, for the last two years. His life took an unexpected turn when he began experiencing persistent coughing and cold symptoms. Concerned about his health, he sought medical attention at the Otteri government TB Hospital.

After undergoing a smear test, Ramesh was diagnosed with TB. The news was undoubtedly distressing, but the support he received from the hospital proved to be a lifeline. The doctor prescribed the necessary TB medication and initiated his treatment.

But there were still a lot of answered questions running through his mind even as he received the free anti-TB medicines from the health volunteer at the hospital. That was when community health worker reached out to him. He provided Ramesh with essential information about TB, addressing his fears and misconceptions about the disease. Maniazhagan also informed about the potential side effects of TB medication and reassured him that he could directly reach out to him for support at any time. He also ensured Ramesh received monthly nutritional supplements, a critical component of his recovery process.

"The support from Maniazhagan has been invaluable," Ramesh shared. "The nutritional supplements, combined with the medication, have helped me regain my strength."

After five months of treatment, he has gained a considerable amount of weight and is nearing the end of his TB treatment. His experience highlights the importance of early diagnosis, proper treatment, and community support in combating TB.

About REACH

REACH, or the Resource Group for Education and Advocacy for Community Health, is an India-based non-profit organisation, established in Chennai in 1999, by a team led by Prof M S Swaminathan (Founder - Chairman) and Dr. Nalini Krishnan (Founder - Director). Over the last 25 years, we have been a key partner and leader in the fight against TB in India, working closely with the TB programme and engaging various stakeholders including the private sector, affected communities, industries, the media, and other important stakeholders in TB elimination.

About StopTB Partnership

The Stop TB Partnership is a hosted entity of the United Nations Office for Project Services (UNOPS), with its Secretariat based in Geneva, Switzerland. Established in 2000, the Partnership aligns 1,600 partner organizations (including international and technical organizations, government programmes, research and funding agencies, foundations, NGOs, civil society and community groups, and the private sector) all over the world, leading global advocacy to end TB. TB REACH is a special initiative of Stop TB which provides funding to partners for testing innovative approaches and technologies aimed at improving the diagnosis and treatment success rates.

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Head Office:
No 194, Avvai Shanmugam Salai Lane,
Lloyds Road, Royapettah, Chennai – 600014
Phone: 044 -45565445/28132099

Patient Helpline: 9962063000

Email: support@reachindia.org.in
Media: media@reachindia.org.in

Website | Twitter/X | Facebook | Youtube