

IMPACT REPORT

Employer Led Model for TB Care and Prevention

Engaging Industries in the TB Response



The TB Call to Action Project is a four-year initiative by REACH, supported by the United States Agency for International Development (USAID) and implemented in partnership with the Revised National TB Control Programme (RNTCP) at the national, state and district levels. There are six priority states – Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh.



Developing and piloting the Employer Led Model for TB was a key intervention of the project. The concept was adapted from the National AIDS Control Organisation's (NACO) Employer Led Model for HIV and AIDS.

Context

TB kills an estimated 4.1 lakh Indians every year and more than 1100 people every day. India also has many 'missing' cases every year that are not notified to the government – most of them remain either undiagnosed or inadequately diagnosed and treated in the private sector. TB care and prevention faces daunting challenges in India.

Although basic TB services have been scaled up in the public health system, the current rate of decline is too slow to meet the 2030 Sustainable Development Goals and 2035 End TB targets. Innovative and comprehensively- deployed interventions are required to hasten the rate of decline of incidence of TB many-fold, to more than 10-15% annually.

The link between industries and TB



The public and private sectors in India employ **385 million workers**, of which **93% are informal workers**.

It is estimated that there are approximately **100 million domestic migrants** in the country working in various economic sectors, including private and public sector companies.

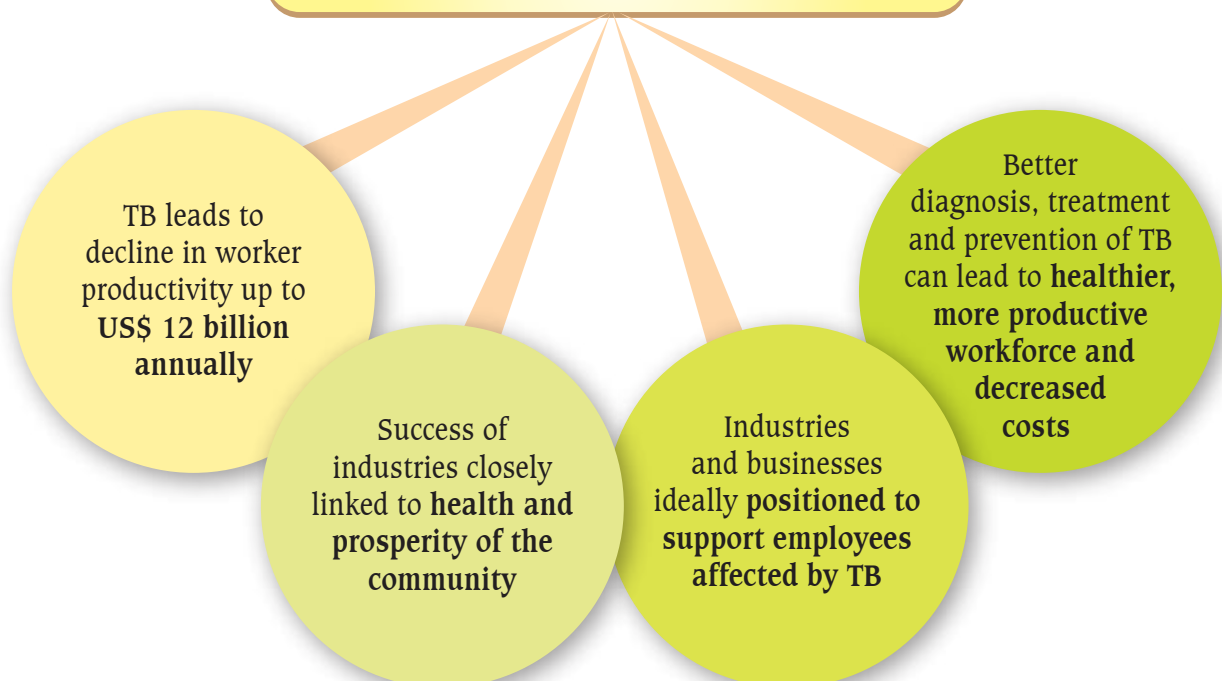
A large number of them are **daily wage earners** and are vulnerable to **developing TB** due to multiple risk factors such as poor living conditions, occupational predispositions, malnutrition etc.

A considerable number of **priority groups identified in India's National Strategic Plan** are occupational groups, including miners, workers employed as stone crushers, unorganised labour, tea garden workers, etc.

These groups of workers are at a higher risk of developing TB due to exposure to toxins/materials harmful to the respiratory system and working/living in cramped spaces without adequate ventilation.

These vulnerable populations often **lack access to quality diagnosis and treatment** services for TB.

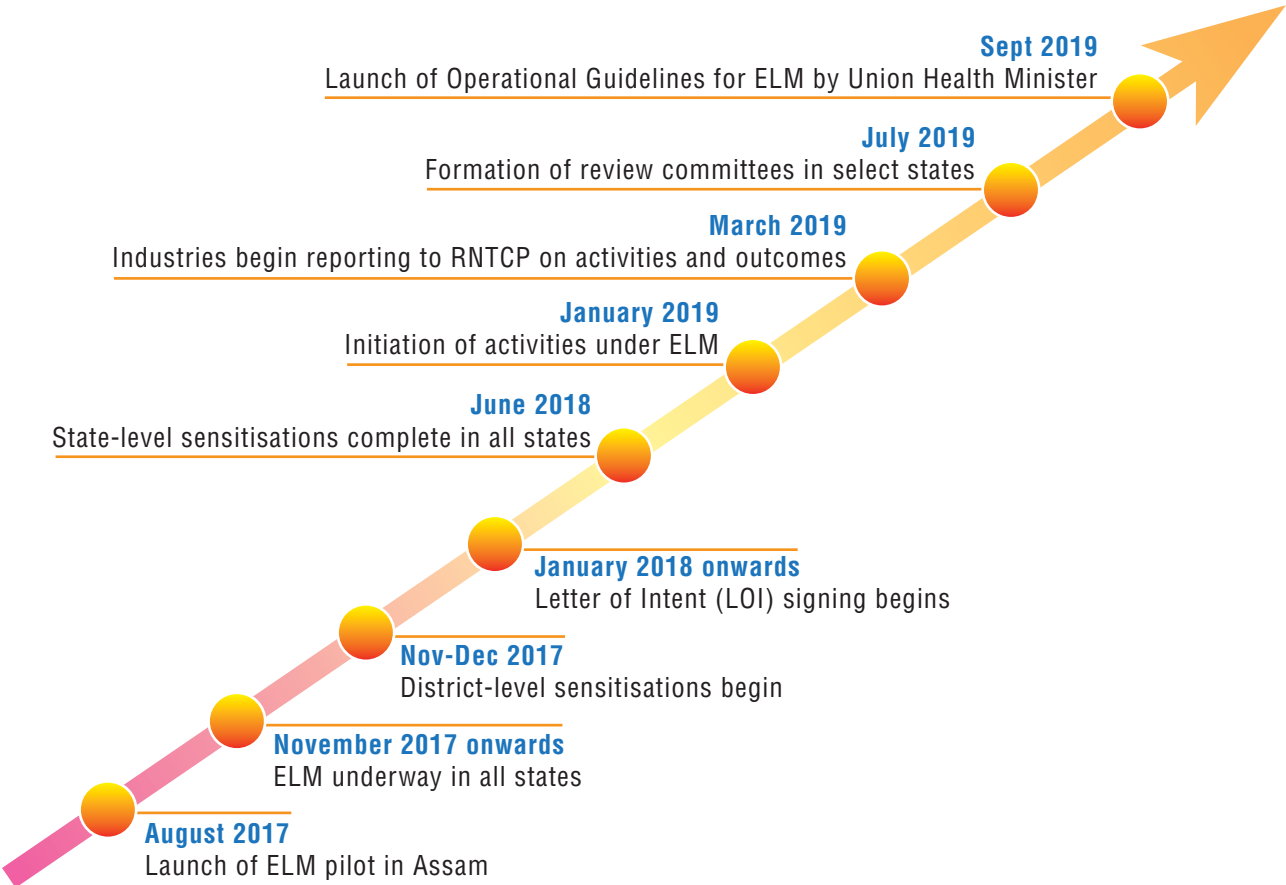
How industries benefit from ELM



The Intervention

The goal of the ELM is to implement a comprehensive programme on TB care and prevention in industries by integrating awareness, health education and service delivery within existing systems, structures and resources, while at the same time taking cognisance of their business agendas.

The intervention by REACH involved identifying and bringing together crucial stakeholders in the six states depending on the state-specific context. This was a collaborative, multi-stakeholder approach involving the Revised National TB Control Programme, the Department of Health and Family Welfare, Industries, Industrial associations, the Department of Mines, the Department of Industries and the TB-affected community.

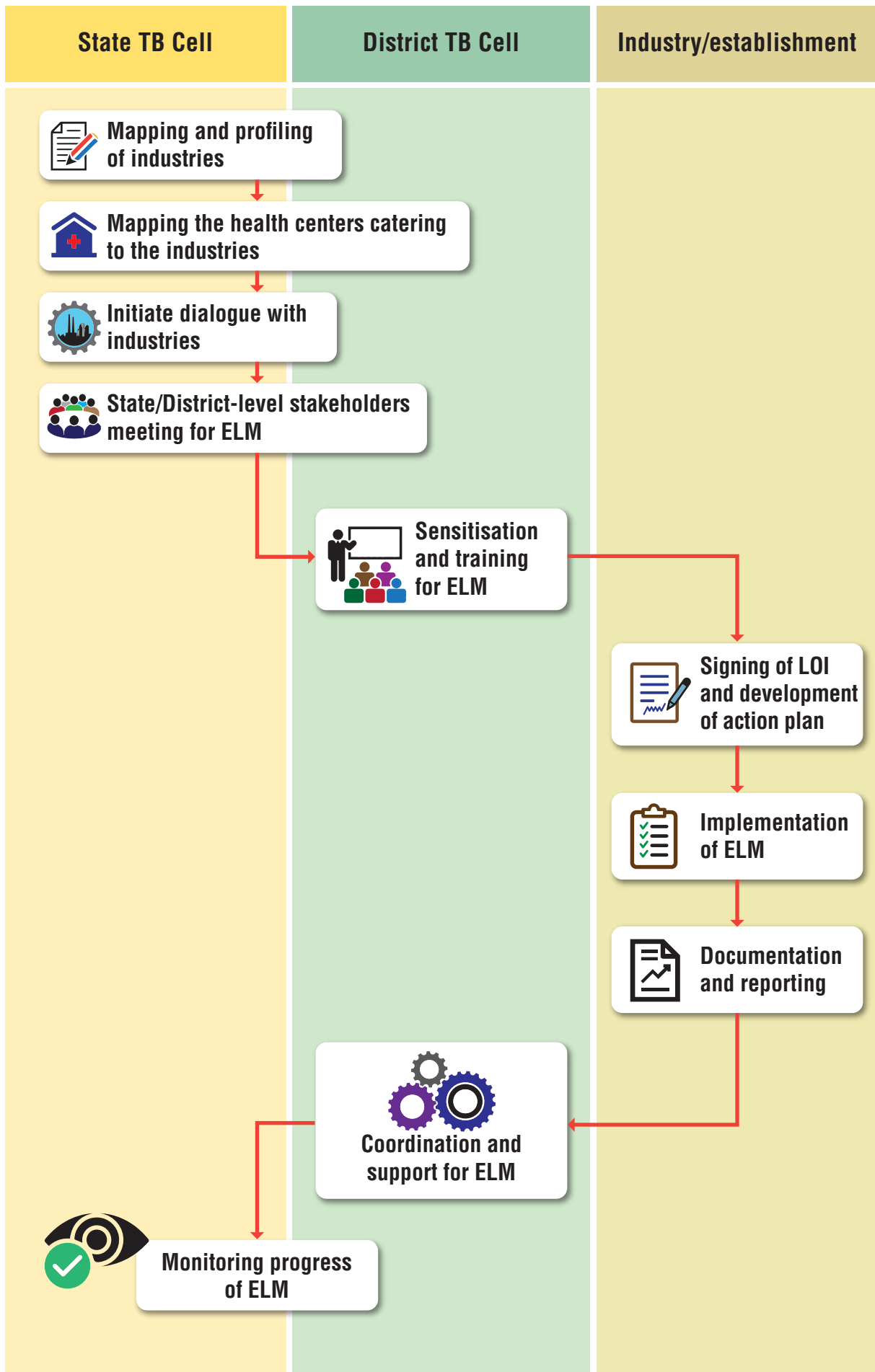


The pilot phase began in Assam, with a focus on tea garden workers in the districts of Dibrugarh and Tinsukia. The initiative was then expanded to other states – In Bihar, the focus of ELM was on Micro, Small and Medium enterprises while in states such as Odisha and Chhattisgarh the model focused on mining industries.

The process involved a systematic mapping of industries and industrial associations; followed by state and district-level consultative and sensitisation meetings for industries under the aegis of the department of health, industries and wherever relevant, the department of mines. At the district level, the meetings were often chaired by Collectors or District Magistrates. The meetings provided a platform for collaboration between the industries and the RNTCP and identified support areas as well as activities to be undertaken under ELM.



Following the meetings, industries, and in some cases associations, committed to undertaking activities for TB prevention and care, and signed Letter of Intents with their respective District TB Cells or district administration counterparts.



Post the signing of LOIs, industries drew up annual action plans and began activities. The activities were supported by the RNTCP in the form of provision of training to set up Designated Microscopy Centres, establishing DOTS centres, providing mechanisms for sputum transport, capacity-building, technical guidance and support. The establishments took the initiative in conducting awareness activities for their employees, families and communities.

Companies that signed LOIs were given monthly reporting templates, and required to submit reports to the District TB Cells. Prototypes of educational materials on TB were shared with industries, and displayed at strategic locations both on their premises and within the broader community.

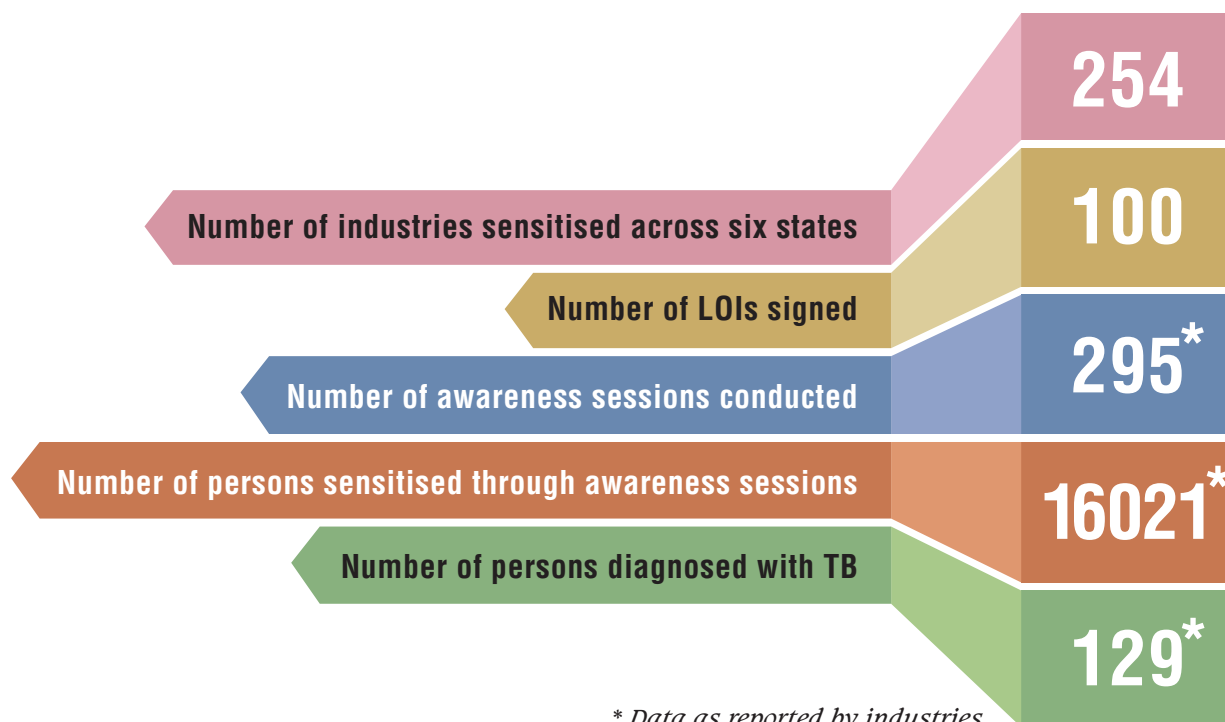
The industries and establishments, in collaboration with the District TB Cells, also conducted Active Case Finding campaigns among their workforce.

Wherever possible, TB Champions were involved in ELM activities.



In states such as Uttar Pradesh, review mechanisms have been set up to track the performance of ELM and augment activities accordingly.

Key Results



Handbook of Operational Guidelines

A Handbook of Operational Guidelines was developed to introduce readers to the Employer Led Model and present a framework for implementation of the programme. This is intended for use by all stakeholders who could lead or facilitate the roll-out of ELM, including industry associations, District Collectors and Magistrates, District Medical Officers, CEOs/Managing Directors of the establishments, owners, all HR and health staff in the establishments, civil society organisations engaged in implementation etc. The Handbook was formally released by Dr. Harsh Vardhan, the Hon'ble Minister of Health and Family Welfare, Govt. of India, at the launch of the TB Harega Desh Jeetega campaign in September 2019. The document is available on www.tbcindia.nic.in



Key Learnings

- Multi-sectoral coordination at the state and district levels is crucial to bringing key stakeholders together to initiate the implementation of ELM for TB.
- Industries are invested in the health of their employees and show interest in undertaking activities for TB prevention and care.
- Industries are able to integrate TB care services into their existing budgets for employee welfare without too much expansion.
- RTNCP has a critical role to play in stepping up capacity to diagnose and treat people with TB within the industries.
- The district administration can facilitate and support the RNTCP and the industries in the implementation of the ELM.
- Establishment of regular reporting of Industries to RNTCP is vital to document and understand outcomes and to fine-tune activities under ELM

“ELM is a model in which employers – owners of the tea garden – have to take care and cure those affected by TB.”

- *Dr. P. Khound, CMO, Amalgamated Plantations, Assam*

“We are happy to work with the Employer Led Model on behalf of Bhartiya Cha Parishad. This is a much-needed program.”

- *Mr. Mrigendra Jalan, Chairperson, Bhartiya Cha Parishad*

“It is our moral responsibility to support the Government of India’s mission to eliminate TB by 2025. The concept of ELM guides us on our roles and responsibilities and expectations from the TB programme.”

- *Mr. Ramchandra Pattnaik, Manager CSR, Serajuddin Mines, Keonjhar, Odisha*

“With support from the District TB Cell, we have taken a pledge to ensure that all the workers in our industry are aware of TB and receive prompt and quality care if diagnosed with TB.”

- *Mr. Rambabu Prasad, Group Manager (HR and Admin), Bata India Limited, Patna*

Establishments that have signed the Letter of Intent

ASSAM

Dinjan TE
 Dighalturung TE
 Bahadur TE
 Sewpur TE
 Betjan TE
 Panitola TE
 Nelonie TE
 Doisajan TE
 Mahakali TE
 Rangagara TE
 Powai TE
 Chota Tingrai TE
 Budlabeta TE
 Khabong
 Talup TE
 Shankar TE
 Savitri TE
 Hapjan TE
 Hokonguri TE
 Hilika TE
 Maijan TE
 Basmatia TE
 Nudia TE
 Thanai TE
 Naharkotia TE
 Namroop TE
 Hazalbank TE
 Dinjoy TE
 Borboroah TE
 Muttack TE
 Manohari TE
 JN TE
 Ethelo TE
 Chubwa TE
 Nahartoli TE
 Achabam TE
 Dickom TE
 Greenwood TE
 Maud TE

JHARKHAND

Adhunik Group
 Jindal Steel & Power Ltd.
 Usha Martin

ODISHA

National Aluminium Company Limited
 National Thermal Power Corporation Limited
 Mahanadi Coalfields Limited
 Jindal Steel and Power Limited
 Odisha Mining Corporation Limited
 Tata Steel Rural Development Society, Kalinganar
 Balasore Alloys
 Kamarda Chromite Mine
 Arya Iron and Steel Company Private Limited
 Odisha Mining Corporation Limited, Suakathi
 Essel Mining & Industries Limited
 Crackers India Limited
 MSP Sponge Iron Limited
 Serajuddin And CO. Private Limited
 Rungta Mines Limited
 TATA Steel
 Mahanadi Coalfields Limited
 TRL Krosaki Coalfields Limited
 Odisha Power Generation Corporation Limited
 Shakti Sugars Limited
 Navabharat Ventures Limited
 Tata Steels

UTTAR PRADESH

Maya Polymer Corporation Ltd
 Lexus Techno Graphics
 Prabhu Kripa Industry
 Kanpur Fertilizer
 Ghadi Detergent
 Namaste India
 Furo Shoes
 Red Chief
 Smark Pharma (P) Ltd
 Mineral Oil Corporation

BIHAR

Riga Sugar Co. Ltd.
 Shree Cement
 Fantasy Drugs
 Britannia Industries Ltd
 Anmol Biscuits
 Sona Biscuits
 Ultratech Cement Ltd
 Bata India
 Emami Cement Ltd

CHHATTISGARH

Bharat Aluminium Company Ltd
 South Eastern Coalfields (SECL) (Gevra)
 South Eastern Coalfields
 National Thermal Power Corporation
 S V Power Plant Ltd.
 Lanco Amarkantak Power Ltd.
 Chhattisgarh State Power Generation Company East
 Chhattisgarh State Power Generation Company - HTPS - Korba west
 Aryan Coal Beneficiary Company (ACBC)
 Himadari Chemicals Chemical Ltd.
 Topworth Steel and Power Ltd
 South Eastern Coalfields Hasdeo
 South Eastern Coalfields Chirimiri
 South Eastern Coalfields Koriya
 Monnet Ispat and Energy Ltd.

“Workforce in industries form a large pool of vulnerable people which remain untapped, and may have limited access to quality TB services. The Employer Led Model demonstrated by REACH will go a long way in improving their access to timely services as well as the quality of TB care in their settings.”

- *Dr. Raghuram Rao, Deputy Director (TB), Central TB Division, Ministry of Health and Family Welfare, Govt. of India*

“A strong partnership is required between the mines and industries and the TB programme to address TB at the workplace. The Employer Led Model guides this collaboration for better awareness, case finding, and optimal care of workers and their families.”

- *Dr. P K Hota, ADHS (TB) cum STO, Odisha*



About REACH

Resource Group for Education and Advocacy for Community Health (REACH) is a Chennai-based non-profit organisation established in 1999 in response to the roll out of the Revised National TB Control Programme (RNTCP) in Tamil Nadu. Through an unrelenting focus on TB for two decades, REACH has engaged various stakeholders for a multi-sectoral and comprehensive response to TB, including the Central TB Division, State and District TB Cells, private health care providers, business leaders, celebrities, the media, people with TB and affected communities. REACH has consistently supported the RNTCP in its efforts to prevent, detect and treat TB, by providing holistic care and support along the care cascade to people affected by TB.

With support from USAID, REACH has implemented the Tuberculosis Call to Action Project since 2016 in six priority states – Assam, Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh. Through this project, REACH has created a cadre of TB survivors and Champions who are actively engaged in the TB response, advocated for the participation of industries through the Employer Led Model, engaged elected representatives for greater attention to TB, facilitated inter-sectoral coordination between various departments (beyond health) and piloted TB Mitra, a unique mobile-based application for use by communities.

Contact REACH:

Chennai Office: 044 45565445 / 044 28132099 • Email: reach4tb@gmail.com

Website: www.reachtbnetwork.org @SpeakTB www.facebook.com/SPEAKTB



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