

Impact Report

Peer-led, Personalised and Person-centred support model for people with Drug-resistant Tuberculosis in Bihar, India





About the Project

For a person with drug-resistant TB(PwDRTB), the pathway between diagnosis and treatment initiation is complex. A person diagnosed with drug-resistant TB (DRTB) must undergo a comprehensive pre-treatment evaluation (PTE), to determine the most suitable treatment regimen. This is usually a multistep process over several days, involving multiple diagnostic tests and several specialist

providers at different facilities. For someone who is inevitably coming to terms with a new diagnosis, this becomes an overwhelming process.

This project was implemented by REACH, with support from the Stop TB Partnership through the TB REACH Wave 9 mechanism, between January 2022 and December 2024.

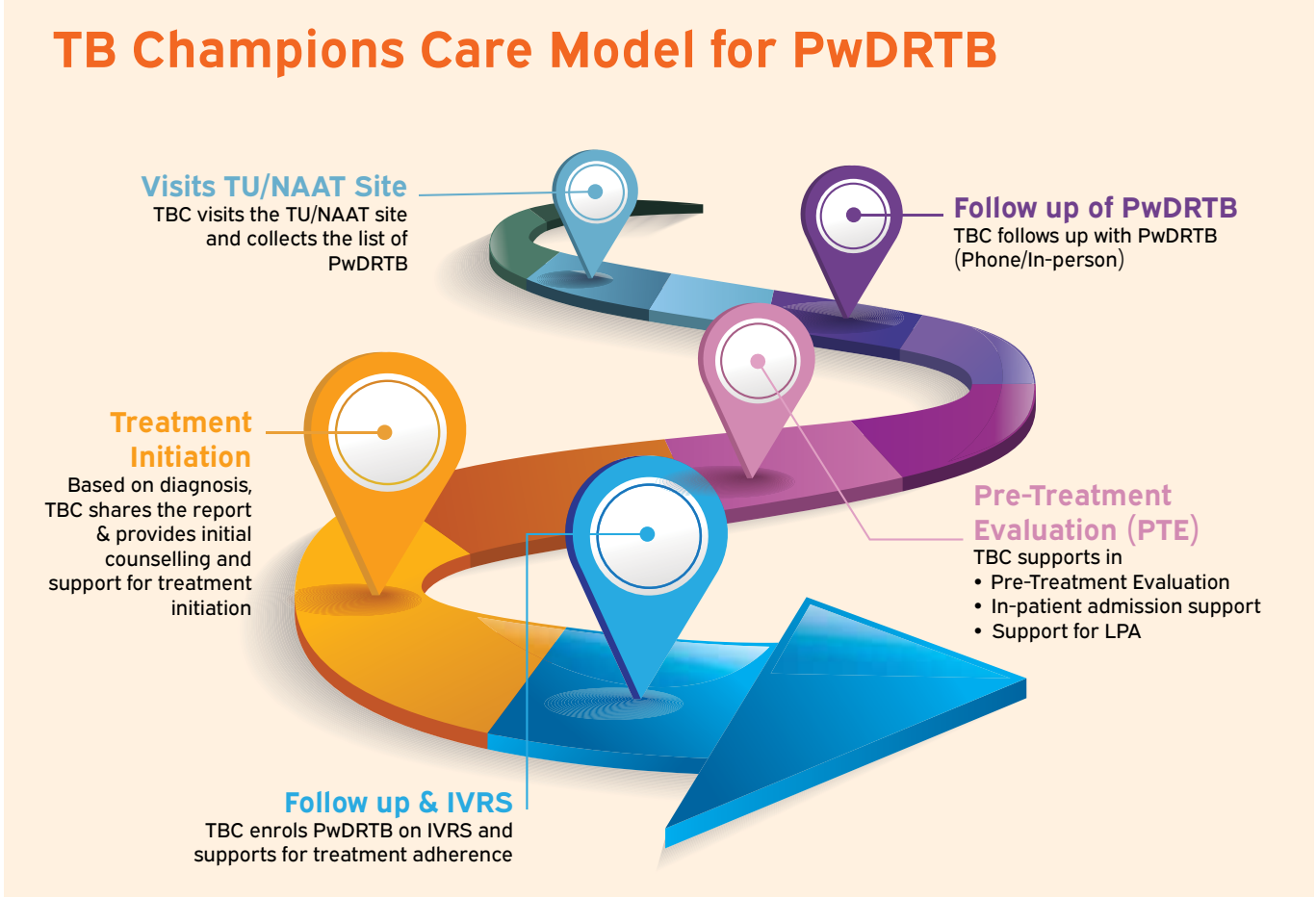
Project Objective

To reduce pretreatment loss to follow-up (PTLFU) among PwDRTB by developing an innovative peer-led, personalised and guided support model for PwDRTB in eight selected districts of Bihar.

Implementation sites

REACH implemented the project in eight districts of Bihar: Bhagalpur, Darbhanga, Gaya, Muzaffarpur, Patna, Saran, Sitamarhi, and Vaishali. Six other districts were chosen as control districts.

■ Evaluation Population
■ Control Population





Key Activities



Building Capacity and training on DRTB care

30 TB Champions were identified from the eight project districts. They were trained extensively on DRTB, including the complex care cascade, pre-treatment evaluation, follow-up after treatment adherence and their specific roles and responsibilities. The TB Champions were

also sensitised on self-care and self-protection measures to be followed while counseling PwDRTB. Senior health officials including Dr B.K.Mishra, State TB Officer, Bihar, participated in the training and motivated the TB Champions.

Following the training, each TB Champion was assigned to specific NAAT sites and health facilities in their respective districts, based on the case load.

Periodic Capacity Building:

Through the project period, TB Champions received continuous refresher training and technical capacity-building on DRTB, through in-person and virtual sessions. These helped further strengthen their ability to provide accurate and timely information to people diagnosed with the disease.



Step 1: Completing the diagnostic cascade

- In all the project districts, TB Champions coordinated with NAAT centres to initiate contact with people with drug-resistant TB to ensure that they returned to collect their results, and initiate the treatment process. This often required multiple phone-calls, and in some cases, visits, to convince those reluctant to accept the diagnosis.
- To complete the diagnostic cascade, TB Champions also coordinated with laboratories to ensure that samples for Line Probe Assay (LPA) testing were collected and reached the correct testing centre. They also followed-up to convey the results back to PwDRTB and health staff. This multi-stakeholder coordination was essential to reduce delays in treatment initiation and must be incorporated into the routine health system, which has inadequate coordination mechanisms between multiple stakeholders.



Step 2: Personalised support for early treatment initiation for PwDRTB

TB Champions ensured that all PwDRTB could begin and complete the pre-treatment evaluation process. This included:

- Supporting people and their families to navigate health facilities
- Facilitating out-patient initiation of treatment
- Coordinating for in-patient initiation of treatment
- Coordinating with private facilities for PTE where necessary
- Providing linkages to additional socio-economic support of 1500/- through project

Once a person was initiated on treatment, after completing the PTE, the TB Champion:

- Provided education and counseling on the treatment process
- Guided PwDRTB from other districts or states, or those who lived closer to other facilities, through the transfer process
- Coordinated with peripheral health facility staff for continuity of care
- Transferred risk profiling and other details to the concerned NTEP staff



Step 3: Digital treatment literacy and community awareness on DRTB

The treatment literacy programme was delivered through an Interactive Voice Response System (IVRS). IVRS modules were created based on a needs assessment and included short episodes explaining the DRTB care cascade, cough hygiene, tests done during pretreatment evaluation, treatment regimen, managing side effects, nutrition etc. These modules were accessed by giving a missed call to a specified number, from which PwDRTB would receive a callback. The modules were simple to navigate and PwDRTB could listen to the information multiple times from the comfort of their homes.

Community meetings

In addition, TB Champions conducted community awareness programs regularly in various settings including outpatient departments in hospitals, panchayats, health camps etc. Awareness programs mainly focused on early diagnosis, stigma reduction, symptoms and treatment, services available for TB and the prevention of TB.



Special Activities



Supporting the NTEP

The project supported the Bihar NTEP with several training efforts, designed to build the capacity of different cadres of health staff, including Senior Treatment Supervisors, Counsellors, DoTs Plus Supervisors, and other healthcare workers. The trainings focused on equipping professionals with the knowledge and skills necessary for effective TB and DRTB management.

A key component of the training was the Gender Responsive TB Approach, to ensure that TB interventions are sensitive to the unique needs of different genders, promoting more equitable healthcare. Additionally, the training addressed the importance of community engagement and ACSM (Advocacy, Communication, and Social Mobilization) activities, highlighting the role of family caregivers in supporting people with TB.



Awareness rally marched by District TB Officer of Bhagalpur in observance of World TB Day



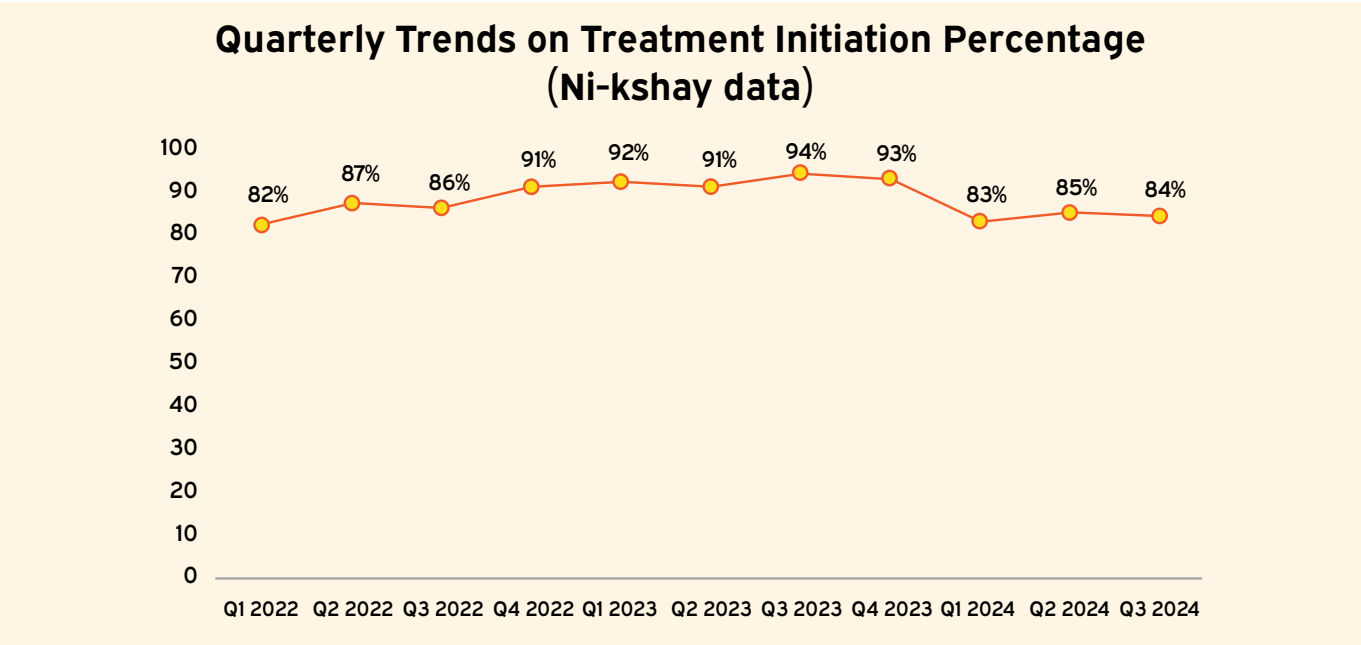
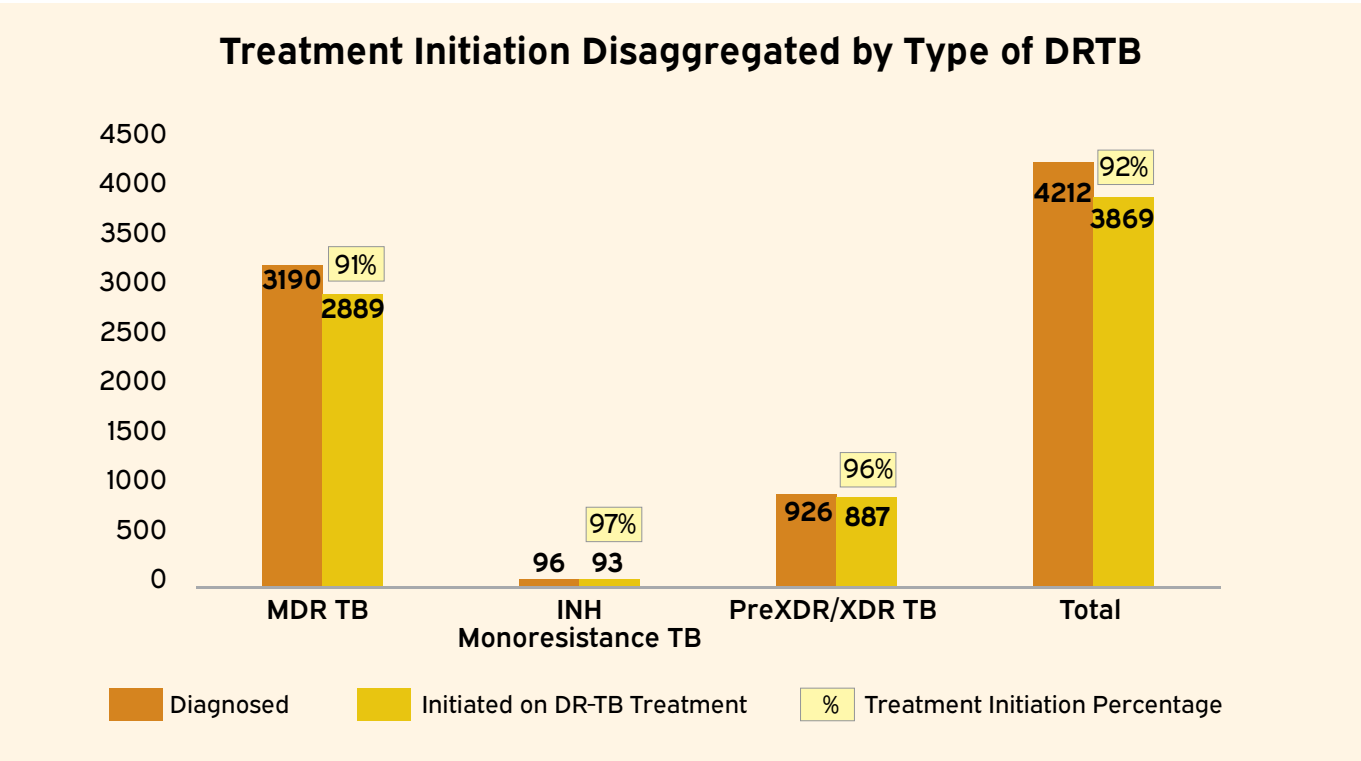
Community awareness program during World TB Day



Sensitisation of private practitioners on DRTB

Key Results

DRTB Treatment Initiation- Jan 2022 - Sep 2024				
Profile of PwDRTB		Diagnosed with DRTB	Initiated on DR-TB Treatment (n)	Initiated on DRTB Treatment (%)
Age Group (in years)	0-14	169	151	89
	15 & Above	4,043	3,718	92
	Total	4,212	3,869	92
Gender	Male	2,437	2,224	91
	Female	1,775	1,645	93
	Total	4,212	3,869	92



706
Additional support for PwDRTB

565
Community meetings
10,332
people sensitized

876
Number of registered users in the digital literacy (IVRS) platform

129 Private practioners sensitised on availbilty of DRTB services in public sector





Key Learnings

Single Window System for DRTB Treatment Initiation and Adherence

The implementation of a Single Window System, facilitated by TB Champions, proved effective in streamlining timely initiation of treatment for people diagnosed with DRTB.

Simplifying DRTB Treatment Initiation

DRTB treatment initiation involves multiple diagnostic tests and consultations with various specialists, making it a complex and time-consuming process. Through peer-led, personalised support, people with DRTB received guided assistance from diagnosis to treatment initiation which simplified the process and significantly reduced the delays in accessing care.

Timely Sample Transportation

For accurate and rapid diagnosis, the timely transportation of sputum and other clinical samples to diagnostic labs is critical. Assigning dedicated personnel for regular sample transport can significantly improve turnaround times, ensuring that patients receive prompt diagnoses and appropriate treatment.

Importance of LPA Testing

Line Probe Assay (LPA) testing plays a crucial role in identifying resistance patterns in tuberculosis, enabling the selection of the most appropriate drug regimen for people with drug-resistant TB. To ensure all PwDRTB receive the right treatment, there is a need to strengthen infrastructure, improve logistics, and expand the workforce to provide universal access to LPA testing.

Strengthening Public-Private Partnerships

Enhancing collaboration between the public and private sectors through the project has improved the referral of people with DRTB to the public system and ensuring they receive the appropriate treatment.

Comprehensive Support for People with DRTB

In addition to medical care, providing nutritional support, travel assistance, and help with pre-treatment evaluations are essential for facilitating the timely initiation of treatment. These services address the various social and logistical challenges that patients may face, ensuring a smoother treatment journey.

Multi-Stakeholder Coordination

Collaboration among various stakeholders in the healthcare system—government, private sector, non-governmental organisations, and community groups—has been vital for ensuring the timely initiation of treatment for PwDRTB. Coordinated efforts help overcome systemic barriers and ensure patients receive comprehensive care.

Disease Literacy and Education

Increasing awareness about drug-resistant TB through individual, family, and community education has been key to reducing fear and improving trust in the healthcare system. Education initiatives help people with DRTB and their families better understand the diagnosis and treatment process, which is critical for successful DRTB treatment completion and better health outcomes.

A New Usha for Rekha

When TB Champion Usha Kumari entered the small, dimly lit house in Hajipur, she was met with an overwhelming sense of despair. She had come to check on Rekha Kumari (name changed), a young woman diagnosed with drug-resistant TB (DR-TB) at the Hajipur District Hospital in December 2023. But to her dismay, Rekha was nowhere to be found.

Upon investigation she found out that Rekha was cast out by her own mother, left to fend for herself with only her elderly grandmother for company. Her father, barely able to keep the family afloat, was struggling to provide the care and nutrition Rekha desperately needed. With no one to turn to, Rekha's health began to deteriorate rapidly.

Usha, who had faced similar struggles during her own battle with TB, couldn't ignore Rekha's plight. She understood all too well the isolation, stigma, and suffering that accompany the disease. Drawing strength from her own experiences, she knew she had to act fast.

The TB Champion escalated Rekha's situation to the National TB Elimination Program (NTEP) team and ensured that Rekha was registered under the Nikshay Mitra scheme. This would guarantee a steady supply of nutritional food baskets for the next six months—an essential lifeline for Rekha. Usha also mobilised additional support from the project to meet Rekha's immediate needs.

However, Usha knew that food and medicine alone wouldn't be enough. Rekha needed something more—she needed someone to listen to her, to understand her fears; she needed hope. Usha made it a point to visit Rekha regularly, sharing her own survival story and offering words of encouragement. She recounted how she had fought not only the disease, but also the circumstances that threatened to overwhelm her.

Today, Rekha is on the path to recovery. With the regular intake of medicines, proper nutrition, and the emotional support provided by Usha, she can finally see a glimmer of hope at the end of the tunnel.



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.



Website



Twitter/X



Facebook



Instagram



Youtube



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