

Challenge Facility for Civil Society Round 8

Technical Report (final)

Grantee: Helping Hands Foundation

Project Name:

Combatting TB with the help of Religious leaders & Community health workers using androids

Country: Pakistan

Grant Category:

- ✓ Boosting Demand and Access to TB Services
- ✓ Improving the Quality of TB Service Delivery

#1 Grant Background Please reference literature, include data and graphs

1.1. Please describe the TB burden in your country

Pakistan, with an estimated 510000 new TB cases emerging each year and approximately 15 000 developing drug resistant TB cases every year, is ranked fifth among B high-burden countries worldwide and It accounts for 61% of the TB burden in the WHO Eastern Mediterranean Region.

Pakistan is ranked 5th amongst high tuberculosis (TB) burden countries with an incidence of 255/100,000 in adults and 46/100,000 in children.

1.2. Please describe the major challenges with the TB response to ending TB in your country.

1. Poverty: leads to malnutrition, poor housing, congested livings.
2. Malnutrition: leads to disruption of defense mechanisms of body.
3. Large Families: leads to increased exposure and less care available.
4. Congested Living: opens to more chances of getting infection from others.
5. Females: not taken to hospital and diagnosis is a social stigma. Parents fear, this will adversely affect their chances of marriage and getting good proposal.
The people don't want to marry TB patients.
6. Illiteracy: leads to non-understanding of disease or its consequences.
7. Lack of awareness: about TB, symptoms or facilities for diagnosis & drugs.
8. Religious Beliefs: people don't want to go to western/allopathic facilities or use those drugs for false fear of side effects especially infertility.
9. Social stigma: The TB patients are segregated, disliked and isolated. People want to hide this diagnosis from others and so do not want to come to a facility or take medicines in front of others.

B: Barriers accessing to care:

1. Poverty: it leads to over work, not taking leaves from job for sickness, not having means to go to a health facility for consultation.
2. Lack of desire: People don't have faith in government facilities and so tend not to go there.
3. Long distance to care facilities: either people need to spend money or have to walk on foot for long distances.

C: Barriers to getting a diagnosis:

4. Fear of Enrolling in government programs: People don't have faith in government. They believe that their data/information will be shared/sold to USA and then their lives will be endangered.

1.3. Please describe the problem(s) the grant activities are trying to address?

Same responded in 1.2

.....

#2 Grant activities Please include photos

2.1 Please describe the grant activities?

Intervention objectives (targets) Please be as specific as possible

- ✓ Changing the behavior of People towards disease.
- ✓ Allaying the fears about the contagiousness of the TB.
- ✓ Screening the TB patients at their homes.
- ✓ Motivating for getting diagnosis (providing diagnostic facility at doorstep).
- ✓ Ensuring the compliance to therapy with the help of androids.
- ✓ Monitoring the completion of treatment with the help of community health workers.
- ✓ Alleviating the poverty for better living standard.

Strategies used to implement or promote interventions (e.g. multi-sectoral engagement, community driven etc.)

We planned and implemented following strategies to promote interventions more effectively:

Capacity Building of the key stake holders:

Training workshops for Community Health Workers.

Three Day workshop for CHWs for TB epidemiology & related issues was conducted for the 23 CHWs. They were apprised of the program, its objectives, methodology, reporting and follow up etc.

One day Workshop for 22 CHWs was conducted to enhance their Communication skills with the families in the community.



Two One day workshops were arranged for the CHWs. They were re-trained on the topics covered in the first 3-day Workshop.

One day training on Time Management for the CHWs.

10 monthly meetings were conducted for CHWs.

Training workshops for Religious leaders.

Religious Leader trained about TB epidemiology & for provision of support to LHWs.

We were able to get the support of religious leaders. We successfully conducted four quarterly meetings of 75 Ulma-e-Karaam(Religious leaders). Now they are fully trained about the TB disease and they are supporting the Community Health Workers to motivate refused TB contacts to come to the health facility for screening tests. Twenty (20) CHWs contacted religious leaders to seek their support to convince them to get screened.



Training sessions for the doctors and paramedics.

Three training session for the doctors & paramedics were arranged at seminar hall of the I-I-MACCA.

Qualitative Research techniques:

Awareness sessions for women from community at I-MACCA.

Focus Group Discussions (FGDs) at grass root level to motivate the TB contact to visit the health facility (I-MACCA) for further screening.

Individual in depth interviews (IDIs) to motivate the denying and resistance patients to continue their treatment as per protocol.

Search for the suspected cases in the households with questionnaire.

Screening of the suspected cases.

Community Outreach Mobile Camps for screening in Community.

Initiating the treatment in the diagnosed cases.

Engagement the sectors/ classes of the community to ensure zero TB.

Continues visit of Bricks kilns & nomads to detect TB cases. The nomads and brick-kilns were identified, contacted and screened. These people are usually missed in the routine programs of TB screening, as they don't reside at one place or make houses.

Motivated the A and A+ social economic class to visit the health facility for initial screening.

Intervention design

-Planning,

-Ads for recruitment

-Interviews,

-Workshop module development,

-Brochure designing,

-Printing,

-Model development

-Mobile Androids

Soft ware development and pilot field testing

Inviting Imams of every masjid in the community in a Quarterly Seminar of one Day at a Seminar Hall.

Training of the CHWs by two trained doctors for the health topics relating to TB, its infectiousness, prognosis, BCG vaccination, Gender equality, malnutrition & preventive measures.

Visit of 22 CHWs at Community to discuss:

-Spread TB Awareness

-Malnutrition

-Gender equality

-Family spacing

-Screening the patients

-Referring patients to health facility.

-Informing mobile van about suspected patients and getting them examined/tested.

-Ensuring Compliance to therapy

-Inviting women folk for seminar at I-MACCA

-Have complete data of the community.

-Collaborate with Imam masjid for any problems in performing the job.

A mobile van having a doctor and Lab technician in the community.

Intervention components

Engagement of communities & Key stakeholders.

Persue high quality output against objectives.



Contribution to local marginalised community group issues

Engagement of all possible Stakeholder including facility staff

To enhance the circle of intervention, we published the project intervention in our quarterly newsletter of I-MACCA

The leading newspapers of the country published our stories to combat the TB.

Stakeholder engagement

Community Outreach health camps

Coordination with National Program's Lady Health Workers & Lahy Health Supervisors.

Coordination with Ulma e Karaam

Coordination with Private Clinics staff

Capacity/building mentorship

Training of Community Health Worker

Time Management

Communication Skill

Training of Facility Staff

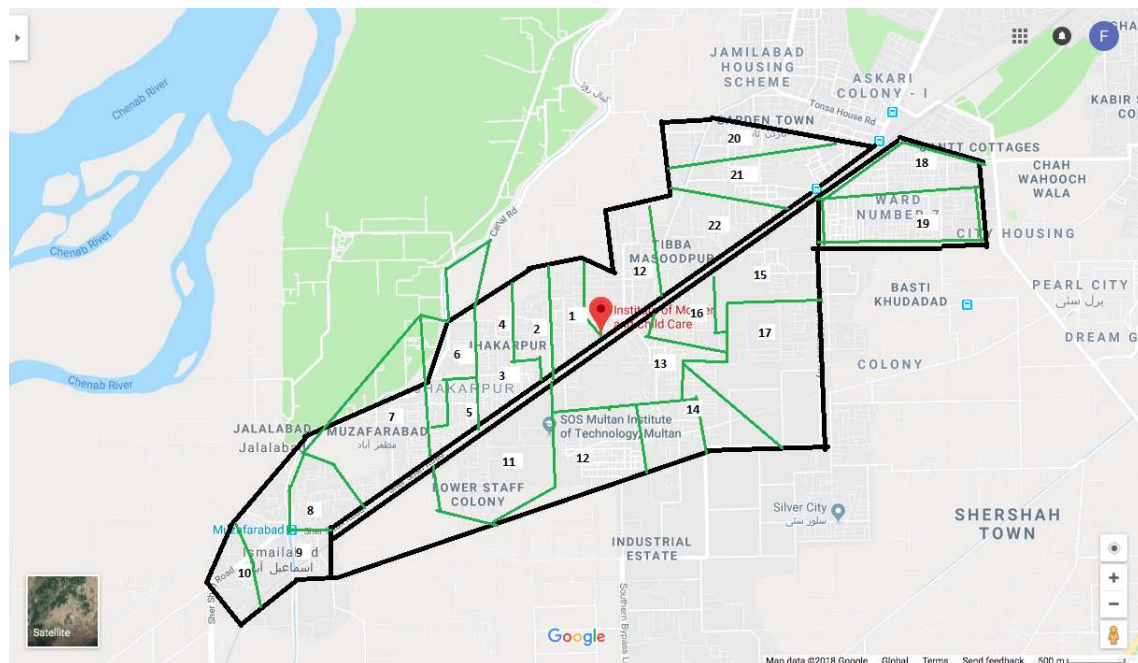
Training of Ulma e Karaam

M&E Plan

To monitor the progress, indicators were set by the project Coordinator Dr. Irfan. Frequent field monitoring visits were arranged time by time. 22 CHWs were monitored once in a month. Their process of screening was keenly observed by field monitors on the spot.

2.2 Intervention site? If possible, please include map and photos

Geographical sites



Criteria for selection

No. of administration zone implicated

We implicated the 22 administration zone

No. of health facilities implicated

In 22 administrations zone there are 5 Private & 5 government health facilities.

Target population

Criteria for selection

The target area is an urban slum of Multan having very dense population and income less than \$1/day.

The target community consists of around 200,000 people living in approximately 12,000-13,000 houses i.e. 15 persons/house on average. Usually the whole

family lives, cooks and eats in a single room. The child labor is rampant. Approximately 20% parents are addict and send their children to work and earn money for them. The city utilities are inadequate. The water supply and sewerage disposal system is poor at the best.

We expect more than 700 cases of tuberculosis due to the congested area and poverty. The people don't have a time, money and desire to leave their daily

wages and go to a health facility. The Institute of Mother & Child Care is the only facility in a radius of 4 kilometers that provides free of cost, diagnostic & therapeutic facility.

#3Challenges

Challenges faced & Solved

1. The people were scary initially and were reluctant to provide any information. They thought it is some sort of intelligence or taxation agency. So we provided our CHWs with identification cards with CFCs introduction. This solved the problem.
2. The people practicing the Islam, were reluctant to give access to their females. They didn't want the non-practicing women to mingle with their women. The religious leaders helped the CHWs to engage with such families.
3. Some patients declined to take medicines. They argue, for cultural reasons, that taking medicine with empty stomach is hazardous for health. The doctors had to motivate them.
4. The CHWs were having communication problem with the mothers. A communication skill development workshop by the psychologist helped to remove this barrier.
5. The CHWs were not able to use software on the androids. There was issue of connectivity due to poor internet services here. We are trying to solve this problem with a new software and new androids. We purchased new androids but still software not in process.
6. The manual data entry was taking too much time. We lagged behind on this aspect. The whole population data is yet to be entered in the computer, though we are trying to catch it up. 80 % data has been entered till now.
7. Before the coordination meeting with District Health Department, the Community Health Workers of our project were threatening by the National Program for Primary Health & Family Planning. Coordination meeting with district health Department was held to control the situation.
8. The CHWs were unable to meet the time line in the beginning, So a session on 'Time Management Skills' was arranged for them. It really boosted their performance.
9. Once the TB diagnosed, the people disappear from the site, So the follow up visits helped us to compel them to come back to the facility and later they started their treatment.
10. Most of the detected patients started complaining after taking medicine of TB, They reported, we are not feeling good after taking the medicine, it contains side effects. So, effective counseling sessions were arranged to address the issue.

Lessons learnt

We can end TB by integrated health programs by involving all the key stakeholders.

Proper counselling sessions can help us to find latent TB cases.

We should involve all the social economic classes for screen and door to door survey is best tool to collect the data. Mean while we should not overlook most marginalized group of the community.

Because when we contacted brick kilns & nomads for initial verbal screening. We found no one never contacted them for screening and they have no idea of any health facility working on TB.

#4Results (what was the contribution of the intervention) Please include data, graphs, evidence of change and photos

Quantitative results, e.g. number of people screened, notified, linked to treatment, started on treatment

Total Houses Visited by 22 CHWs	11163
Individuals verbally screened	75129 (25523 Female, 25370 Male, 24236 Children)
Total Families contacted	16241
People with TB symptoms + TB Contact & referred to facility	5586
No sign of TB	69543
People submitting sputum	270
Smear-positive patients detected	4
Xpert MTB/RIF tests performed	55
MTB-positive patients detected	3
Patients resistant to rifampicin	1
All bacteriologically-positive patients detected	8
Patients initiated on treatment	55



CHWs visited 11163 houses, screened 75129 persons and found 5586 contacts.

The CHWs went door to door in the community. They were able to find 5586 (Male, Female & Child) who were suspected to have TB among the population of 75129 (25523 Female, 25370 Male, 24236 Children).

608 people screened in 7 mobile camps in Community.

We conducted 7 outreach mobile camps for TB screening on the mobile van having X-ray, and laboratory facility. The van also had software CAD 4 TB. A total number of $110+66+75+80+90+112+75=608$ patients were screened in the community. And $93+54+61+77+84+99+66=554$ X-rays were done. We registered 12 patients to start medicine at the spot.

We are providing pick & drop service for TB suspected persons (5286 suspected person).

The suspected cases are being confirmed with the Sputum Culture, GenXpert & Microscopy tests. 342 suspected cases have been provided this facility.

Provision of Fast Track Screening services for suspected cases:

The Institute of Mother & Child Care provided fast-track access, examination and laboratory tests for the suspected cases coming to I-MACCA.

Continuous follow up visits are being arranged by CHWs for the suspected persons.

The CFCS management also visited to indicate refusal suspected cases.

There have been 3 tiers to focus:

11163 houses have been visited at thrice by the CHWs.

75 Religious leaders have become our ambassadors of change and now they are speaking these issues in their sermons.

22 CHWs have assimilated our messages and now our CHWs emissaries for public.

30 seminars, involving over 1500 women from the community have been conducted at the I-MACCA.

We have bought 23 new and updated androids.

The Akhuwat our collaborators, are active in the community to provide the interest free loans. The loan facility has been provided to 20 people.

Training workshops for CHWs.

23 CHWs trained in 9 Training workshops+ refreshers and a Communication skill & Time Managemnet workshop.

Training workshops for Religious leaders.

Four workshops, where 75 Religious leaders trained. They helped in the spread of awareness regarding issues surrounding the TB in their sermons.

They also helped the CHWs by motivating the people to get screened.

10 training sessions for the doctors and paramedics.

Two doctors and over 5 paramedics were trained for TB screening, diagnosis, treatment and follow-up.

Awareness sessions for women from community at I-MACCA.

Over 1000 women from community were invited and awareness sessions conducted at I-MACCA seminar room by the doctors and program manager.

Search for the suspected cases in the households with questionnaire.

The CHWs went door to door, filled the questionnaire for every person in the house to screen for the patients and contacts. They visited 11163 houses to interview 16241 families and 75129 persons.

Screening of the suspected cases

The Suspected people and contacts (5586) were invited to the I-MACCA for further screening.

The CHWs motivated the suspected cases to visit I-MACCA for screening.

The supervisor visited the area frequently and helped the CHWs in those cases who were reluctant to come for screening.

They were screened clinically by the doctor and various tests were performed by the laboratory.

The pick and drop facility is provided to the patients free of cost.

To date 2205 suspected cases have been screened.

Mobile Camps for screening in the Community.

Seven mobile camps with a van equipped with staff, X-ray and a software facility were conducted at the doorsteps of the people. This facilitation encouraged a lot of people to get screened.

Initiating the treatment in the diagnosed cases.

The treatment with ATT has been initiated in the diagnosed cases of TB. Around 55 children and adults have started their treatment.

Qualitative, e.g. establishment of coordination group to enhance engagement, policy change

Human right barrier addressed (e.g. lack of information, poor access to new tools and services, poor quality of services, lack of engagement)	Intervention	Results	Contribution to the 90-90-90 target
The people were scary to provide their personal info to CHW during door to door visit.	Provided the CHW identity card & authority letter	It built their confidence.	Target achieved
Conflict with National Program LHW.	Coordination meeting with all stakeholders	Confidence building	Target Achieved
CHWs were not able to understand the software and enter the data within field during field visit	A data entry operator was recruited to see the need.	It helped to enter the data fluently.	Target about to complete.

Poor access to reach the Health facility (I-MACCA)	Free pick & drop facility. A vehicle with driver was allocated for the purpose	Numbers of people for screening were increased.	50% referral came to I-MACCA 25 % screened went to private clinics for test. 20 % refused by saying although we are in TB contact, but we are all OK, there is no sign of TB.
<ul style="list-style-type: none"> • Lack of knowledge, poor information • Misperceptions • Stigma 	Awareness raising <ul style="list-style-type: none"> • Mass media • Community engagement • Information and education World TB Day celebrations	Behavioral changing observed at the stage	Target achieved
<ul style="list-style-type: none"> • Inability to give sputum • Delays to give results 	Improved diagnostics <ul style="list-style-type: none"> • Sputum instructions training of Lab staff	Improved technical skills	Target achieved
Distance from health facility <ul style="list-style-type: none"> • Cost of transportation, testing Counseling issues	Expanded coverage <ul style="list-style-type: none"> • Budget Assigning from Helping Hands Foundation Community outreach camps <ul style="list-style-type: none"> • Patients pick & drop facility Training on Communication skills	Flow of refusal TB contact was increased	Target about to achieve
<ul style="list-style-type: none"> • Lack of proper training • Poor index of suspicion for TB • Overburdened • Lack of motivation 	<ul style="list-style-type: none"> • Systematic facility screening • Better training • Improved screening algorithms Better training	Better response from the community Motivation of the field staff	Target achieved
Weak linkages between public/private sectors <ul style="list-style-type: none"> • Poor internal reporting systems 	<ul style="list-style-type: none"> • Engagement of all care providers • Improved information and supply systems 	No more challenge from stakeholders	Target achieved

#5 Stop TB Support

What can STP do to better support grant implementation?

Proper monitoring mechanism

Benefits of the grant to grass root level

Patient Psychological & Social support system



CHW is asking questions from nomads during screening



Finding TB strategy: screening process at brick klin





TB coordinator during exam the abnormalities in X-Ray



Dr. Ghulam Mustafa delivering session on Time management on CHWs monthly meeting



World TB day observed by Helping Hands Foundation during Outreach chest camp

PPM TB DOTS
Request for Sputum Examination (TB05)

Referring Date: 10-5-2019 child care S. No. 30
 Name of Referring TB Care Facility: Institute of mother & child care Code of TB Care Facility: P22-0
 Patient Name: Nasreen bibi/Abdul Aziz Age (year): 56 Sex: Male Female

C#

3	6	3	0	2	-	1	3	8	8	1	3	2	-	6
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 Contact # _____
 Patient address: Shujaabad mohala Sadigabad Multan
 Union Council _____ Tehsil/Taluka Mul District Mul
 Name and Address of Lab: South punjab Hospital Code of Lab: _____

Reason for Examination:
 Diagnosis: If yes
 Presumptive TB case Presumptive MDR-TB Case (Specify reason) _____
Follow-up. If follow-up, month of treatment _____ Patient Identifier Code: _____
Medical History:
 Previously treated for TB? No _____ Yes _____ Unknown _____
 Infection? No _____ Yes _____ Unknown _____
 Health care worker: No _____ Yes _____ Unknown _____
Tests requested:
 Microscopy Xpert-MTB/RIF Xpert-MTB/RIF (if AFB sm +ve on follow up)
 Name of Doctor: Farwa Naser Signature of Doctor: _____

ROTATORY REPORT (to be completed in the laboratory)

MICROSCOPY RESULTS

Date sample collected	Specimen type	Laboratory serial number(s)	Visual appearance (Purulent/Mucopurulent/Mucoid/saliva)	Microscopy Technique use ZN/ FM

MTB/Rif Assay
 Not Requested Report to follow
 Name of Lab Tech: _____ Signature: _____

FOR OFFICE USE
 Received by: _____
 Signature: _____
 A copy to be kept at the Health Facility



CHW during individual indepth interview for TB screening

