

## **Voices from CARE Canada in India: How to break the cycle of TB transmission through developing sustainable systems for strengthening community participation in TB control efforts?**

CARE Canada implements a focused TB project with CIDA support in India as well as utilizing complementary support for TB projects in Indonesia and Zambia. In addition our home based care HIV programmes in Zambia, Zimbabwe, Cameroon, Ethiopia and Kenya all include supporting the chronically ill to suspect TB and adhere to TB treatment. HIV prevention programmes in many more countries include TB in HIV messaging.

The Community Based DOTS Project, implemented by CARE Canada implements, with CARE India and the Revised National Tuberculosis Control Programme (RNTCP), in the State of West Bengal seeks to break the cycle of TB transmission through developing sustainable systems for strengthening community participation in TB control efforts. The project's strategy is to raise community awareness of TB and TB issues, and promote health seeking and enhance treatment adherence. It works closely with local NGOs, Panchayats (local government) and motivated individuals, family members, cured patients and volunteers. Treatment observation and default retrieval are key aspects of the program. All strategies are driven by the need to increase case detection and treatment success rates.

While the project's first four years were implemented in five entire Districts, the focus since August 2005 has been on specific Treatment Units where TB control has been challenging in two of these and other Districts. We were challenged by our donor to demonstrate the incremental difference that community participation has on detection, as this investment is in addition to investments in the RNTCP and WHO. We did this by selecting control TUs and monitoring detection over a six month trial period which just concluded targets. The results are that:

- in intervention sites, case detection (expressed as a percent of estimated incidence) for new sputum positive (NSPs), increased by 36 CDR points, compared to 12 in the controls, a difference of 24 points.
- case detection for all cases increased by 17 CDR points; it increased by 1 CDR point in the controls, a difference of 16.
- NSP cost per additional success remained below CAD \$200 for both the entire project and the trial period. The former is \$125 and the latter \$138.

The value of community participation is difficult to measure but this contribution does demonstrate that it is an important adjunct to TB control.

Our TB project in Indonesia uses a similar model while in Zambia the focus is more upon HIV co-infection and the need for detecting TB patients through HIV services and linking TB patients with VCT and HIV services.