

Gramin Samaj Kalyan Vikas Manch (GSKVM) received a TB Reach wave 3 grant to find additional TB cases in the Palamu district of Jharkhand provincial state in India, where the NGO operates. With an annual target of identifying 1,218 new smear positive cases and 1,934 cases of all forms of TB, patients are being registered by RNTCP (NTP-India) in 18 months. As GSKVM's function is to supplement RNTCP's work, the TB REACH project has provided a unique opportunity for the organisation to develop a common and acceptable methodology of work for both RNTCP and GSKVM. The organisation has followed a people's participatory methodology to implement the TB REACH project. In its initial stage, GSKVM conducted orientation workshops for project staff volunteers, members of support groups and village level workers as it prepared the launch of the case finding activities. The objectives have been: (i) generating awareness among various sections of the community regarding TB in Palamu and how it spreads, (ii) motivating those groups to fight against tuberculosis through strong ACSM activities, (iii) finding additional cases, and (iv) conducting operational research.

In close association with RNTCP, GSKVM has done a SWOT (strengths, weaknesses, opportunities, threats) analysis of RNTCP's work in Palamu district and endeavoured to strengthen areas needing support. This was done by scaling up RNTCP's normal work by way of an effective monitoring system through the introduction of Management Information System (MIS) tools and by providing incentives to the village level voluntary health workers for reaching their targets. In order to cover a project area with 0.6 million population people (EP) a network of approximately 600 grass roots-level health workers called Sahiyas was formed, operating under the guidance of 30 group leaders called Sahiya Sathis. The entire team functions under a project coordinator.

A well-designed referral slip has been developed and distributed among Sahiyas, along with a sufficient stock of sputum collection cups for use in referring symptomatic TB patients to RNTCP. Suspected TB patients are issued one referral slip and a cup, and are directed to visit the nearest PHC with early morning sputum while bringing their slip. This system is closely monitored by a chain of MIS. RNTCP doctors and lab technicians have been oriented to work in accordance with this system, which is functioning well. However, there is a high prevalence of alcoholism in the area, and many referred patients with alcoholism have been reluctant to appear for diagnosis. To address this, MIS is tracking these missing patients and providing pick-up vehicles for GSKVM to transport them to receive treatment. GSKVM's case finding activities commenced on June 1, 2013, and had seen a TB case notification increase of nearly 33% additionally by March 2014, when compared to the number of notifications during the same period of the previous year (2012). As of March 2014, GSKVM has referred 5,492 suspected TB patients for testing, of which 502 individuals have been confirmed with SS+ TB, or 9.1% of all patients with suspected TB.



India

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Stop TB Partnership
TB REACH

