



India

Aajeevika Bureau (AB)

Stopping Tuberculosis (TB) among migrants in Ahmedabad city, India

◆ **South Rajasthan** in Northern India is a region of high poverty and few opportunities, forcing many to move from villages (sources) to cities (destination) in search of employment. While young males migrate, their wives, children and elderly are left behind. These migrants are at high risk of developing TB.

Aajeevika Bureau (AB) is a non-profit organization that provides services, security and solutions to migrants and their families. AB is setting up Basic Healthcare Services to provide healthcare services for the migrants and their families. AB and BHS have set up primary care clinics in two remote rural communities with high levels of migration, called AMRIT Clinics. These facilities service a population of about 24,000. Over the first year of operations, AMRIT Clinics received and treated large numbers of patients suffering from TB, many of whom were migrants to Ahmedabad city who had returned home after contracting the illness. Because many migrants had to move constantly between their homes (source) and their work places (destination), they often dropped out of the treatment regime. We realized that in order to break this cycle, the migrants would require support and services at the destination (in Ahmedabad), so as not to disrupt either their treatment or livelihoods.

TB REACH supported Aajeevika Bureau to develop a program to Stop TB among migrants. AB worked closely with Ahmedabad Municipal Corporation (AMC) and the state unit of the National TB program. Key components of the program were:

- Educating migrant workers on signs and symptoms of TB
- Sensitizing factory management on TB among workers and the need for complete treatment
- Conducting screening camps in areas with large number of migrants.
- Engaging community volunteers for referrals of their peers suspected to have TB
- Providing nutritional support to the most vulnerable patients to promote recovery and enhance compliance
- Setting up a Drop-in Center for patients with suspected or confirmed TB

In the year since intervention began, AB has reached out to more than 94,000 migrant workers. About 6,000 patients presented at the 33 health camps organized by AB in areas with large numbers of migrants. Additionally, through a combination of home visits, referrals by volunteers and walk-ins, more than 100 additional migrants with presumptive TB were screened.

The above efforts led to detection of about 70 patients with confirmed TB, all of whom were put on treatment. Fifteen of the most destitute are being provided daily nutritious meals. Many of them have subsequently returned to work.

The program has led to the creation of a community network of peer volunteers with significant understanding of and competence in detecting TB and supporting TB patients. It has also led to an enhanced interest in and understanding the importance of addressing TB among the state's migrant populations. AMRIT Clinics in Ahmedabad will continue to provide services for early detection and management of migrant workers with TB in an area where large numbers of migrants live and work in difficult and hazardous circumstances. It will also expand its services to include prevention and management of other conditions related to working and living conditions of these marginalized workers.

End of Misery for the Migrant: Dinesh Bhai starts a new beginning

Dinesh Bhai migrated to Ahmedabad about ten years ago in search of a job. He started working in a textile processing factory in Narol as an unskilled worker. From the money he earns there, he supports a family of four children. He developed symptoms of TB three years ago and sought treatment from a private practitioner. The treatment was expensive and after three months he had to stop. He suffered from cough and breathlessness and had to stop working.

One of the Shramik Mitras (volunteers), engaged by AB spotted him and escorted him to the AMRIT Clinic at Narol where it was explained to him that he could be treated fully, and for no cost. All he would have to do was get his sputum tested and have a chest X-ray done. He was not aware that treatment in a government health facility is for free. The staff escorted him to the hospital and helped him to get tested. He was diagnosed sputum positive and started on default treatment.

Dinesh Bhai was malnourished and was unable to resume working immediately. He was linked with free Tiffin services. After three months, Dinesh Bhai was recovering well, had gained weight and was able to resume working.



TB REACH

FINDING AND TREATING
PEOPLE WITH TB
IN THE WORLD'S POOREST
COMMUNITIES



**Government
of Canada** **Gouvernement
du Canada**

More than nine and a half million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to these people by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to identify people who have TB, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

TB REACH has supported a total of 142 projects in 46 countries. To date, 33 million people have been screened for TB in project areas, of which, 1.7 million have received TB treatment, accounting for 856,000 lives saved. Some projects have seen increases in TB notifications of more than 100%.

Our partners are providing evidence for new case finding approaches and are working with community and policy leaders as well as donors such as The Global Fund to integrate those approaches into national strategies that improve TB case detection.

TB REACH was launched in 2010 thanks to a CAD\$ 120 million grant from Global Affairs Canada.

TB REACH acts as a pathfinder, providing fast track funding for innovative projects, monitoring effectiveness and leveraging funding for scale up.

Stop TB Partnership

Stop TB Partnership Secretariat
Geneva, Switzerland
Email: tbreach@stoptb.who.int
Phone: + (41) 22 791 46 50
Fax: + (41) 22 791 48 86