

## House to house screening to identify individuals with suspected TB among indigenous populations, sputum transport, and treatment initiation and follow up in the community

◆ **India's tribal and indigenous people** often have poor access to TB care services because they live in isolated and insular communities; the Saharia tribes of Madhya Pradesh province are no exception. Many of their villages are only accessible by foot and are more than 40km away from the closest government health facility. As a result of these barriers, TB prevalence in Saharia communities is thought to be many fold higher than India's national prevalence estimate and few TB patients in these communities receive the care they need.

As a model to improve access to care in these settings, project Asha Kalp was launched with a funding from the TB REACH initiative, in the Saharia tribes of Madhya Pradesh province (target population of 487,289) with community health workers (CHWs) implementing active case-finding and treatment adherence monitoring program since July 2014. CHWs verbally screened the tribes people for symptoms of TB and symptomatic individuals were either referred to the closest microscopy centre or a sputum specimen was collected in the community and transported by CHWs to the laboratory. Smear-positive patients were started on treatment in the community. CHWs were initially given a fixed salary, but salaries were later revised downward and an incentive of INR 225 (USD 3.5) was provided for each patient started on treatment.

After 18 months of implementation, 117,755 individuals were verbally screened, resulting in the detection of 13,750 suspected TB patients. 913 (19.2%) individuals were simply referred to the microscopy centre for further evaluation. This strategy was quickly stopped as it became clear zero referred individuals were actually tested. 11,608 (84.4%) people were asked to provide a sputum sample in the community. 9,609 sputum specimens were transported and tested at the nearest laboratory, resulting in the detection of 1,472 (15.3%) smear-positive TB patients. 1,462 (99.3%) of these patients were then started on treatment in the community by CHWs. These activities resulted in a +89.4% increase in the number of people treated compared with the year prior, indicating that the patients detected by this initiative would likely not have been treated without CHWs.



# India

## Asha Kalp

Asha Kalp initiative shows that large numbers of previously missed TB patients can be detected and treated using CHWs as an extension of existing health facilities to target tribal populations. We must move past the clinic-based model of care and strengthen community engagement to achieve our ambitious post-2015 targets. Community interventions which show impact, such as this one, should be prioritized for scale-up and replication in other tribal populations.



# 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**

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