



The ACF Campaign in Karnataka 2018: Highlights and Achievements



Ms Shabhana, ASHA, Vijayapura district during door to door visit

Foreword

Ending tuberculosis (TB) in India is a possibility and a priority of the RNTCP. We have made significant progress over the last couple of years in realizing this vision through addressing gaps in awareness and accessibility to services within communities and quality of service delivery at facilities. It is increasingly clear to us that this requires commitment from and the combined efforts of national and state governments, partners in the private and corporate sectors, nongovernmental organizations, and communities. We are working in alignment with the RNTCP's National Strategic Plan (NSP) 2017-2025, which clearly lays down strategies and key initiatives aimed at eliminating TB in India by 2025.

One of these initiatives, the Active Case Finding (ACF) campaign, was launched in 2017 by the Government of Karnataka, with the aim of finding new cases of TB in vulnerable populations which found it difficult to access health care services offered by the government. The highlight of this year's campaign was multi-sectoral collaboration between various government departments including the Health, Education, Labour, Rural Development and Mining departments, which helped saturate outreach to specific vulnerable pockets within districts and raise awareness among the most at-risk populations about TB. Over four phases of the campaign, we have succeeded in reaching out to a population of over two crore and over 6,000 new TB cases have been diagnosed. This success is credited to the Deputy Commissioners of all districts, District Health Officers, District TB Officers, officers of other state departments, Medical Officers, Senior Treatment Supervisors, and frontline workers including Junior Health Assistants, TB Health Visitors and ASHAs. It is their commitment and coordination which has brought us closer to our goal of eliminating TB in the state.

We still have a momentous task ahead of us, to reach the undiagnosed TB cases and cases that are receiving unstandardized treatment and care within the communities and to ensure that they are initiated on treatment and linked to benefits that will help them complete treatment successfully. With each round of the ACF, we have incorporated our learnings and improved our strategies which have continuously resulted in better outcomes. The success of all of our initiatives has been encouraging and we look forward to a future in which Karnataka, and India, are completely TB-free.

Signature

Dr M. Manjula
State Tuberculosis Officer (STO)
RNTCP, Government of Karnataka

Introduction and Context

In March 2017, the Government of India announced its plan to eliminate tuberculosis (TB) by 2025. The National Strategic Plan (NSP) 2017-2025 of the Revised National Tuberculosis Control Program (RNTCP) aims to make India TB-free through achieving universal access to quality diagnosis and treatment for all TB patients in the community. India accounted for 28 percent of the world's 10.4 million new TB cases in 2016, according to the Global Tuberculosis Report 2017.¹ In 2016, about 33 percent of deaths due to TB among HIV-negative people, and 26 percent of the combined number of TB deaths in HIV-negative and HIV-positive people occurred in India. India also accounts for 16 percent of the estimated 4,80,000 new cases of multidrug-resistant TB globally.

As estimated 1,41,484 cases of TB occur in Karnataka each year. In 2016, Karnataka had 68,462 notified cases of TB and another 73,022 cases, nearly 52 percent, were missing. These missing cases may either be undiagnosed or receiving poor-quality or non-standardized care.

In line with the NSP, the Karnataka Health and Family Welfare Department conducted three rounds of Active Case Finding (ACF) in 2017, during the months of January, July and December. ACF is a special case-finding activity focusing on reaching out to vulnerable and hard-to-reach populations in the state through

intensive two-week campaigns. Phase-I of the campaign succeeded in identifying 98 new TB patients in a targeted population of 16,67,763, covering Bengaluru City, Bengaluru Urban and Bengaluru Rural districts. Phase II covered a targeted population of 40,84,427 in 11 districts through which 1521 TB patients were found. Phase III covered a population of 67,37,167 in 20 districts and 2,474 TB patients were diagnosed.

ACF Campaign 2018

With the aim of finding new cases of TB in vulnerable populations which find it difficult to access health care services offered by the government, the Karnataka Health and Family Welfare Department, initiated the fourth round of the ACF campaign, between July 2 and July 12, 2018.

Teams of frontline workers of government and non-government health programs including Accredited Social Health Activists (ASHAs), Junior Health Assistants (JHAs), TB Health Volunteers (TBHVs) and Senior Treatment Supervisors (STs) were deployed in communities, screening individuals and getting their sputum tested if they showed symptoms of TB.

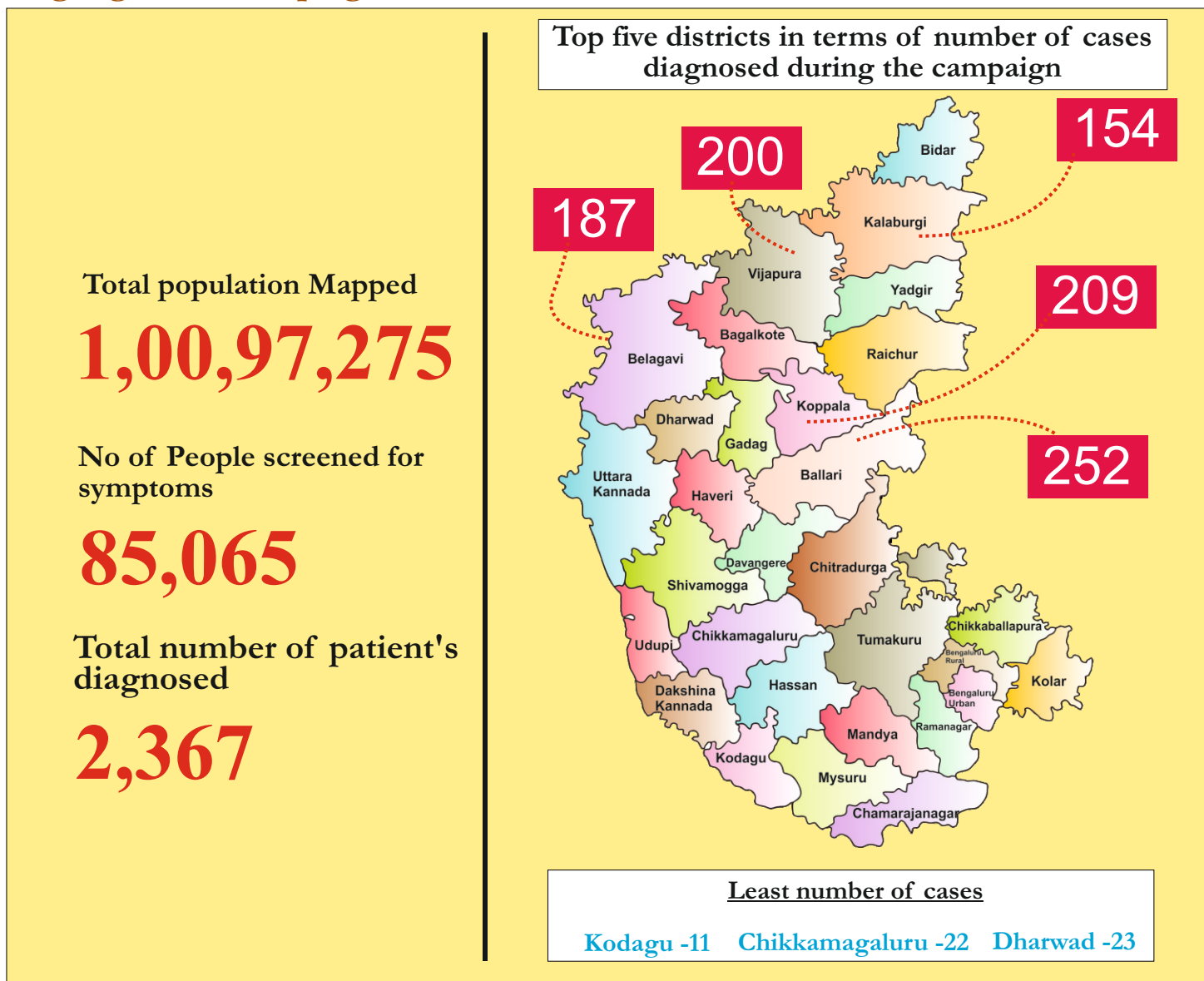
¹ <http://apps.who.int/iris/bitstream/handle/10665/259366/9789241565516-eng.pdf?sequence=1>

² <https://tbcindia.gov.in/WriteReadData/TB%20India%202017.pdf>



Ms Soubhagya Basavarajan, President, Jilla Panchayat Chitradurga inaugurating ACF Campaign at Chitradurga

Highlights of Campaign



Campaign Process

The campaign reached out to the target groups through house visits. Two-member teams, consisting of ASHAs and JHAs visited each house to educate the entire family on symptoms of TB and identified presumptive TB cases by analyzing symptoms including weakness, chest pain, weight loss, lack of appetite, cough, fever and night sweats. Persons with TB symptoms were provided sputum cups and samples were collected by the same team and sent for testing. If the sample was found positive for TB, the treatment was initiated within two days.

Target Population

To accelerate TB control, especially among high-risk populations, the campaign identified vulnerable populations through a well-designed 'micro plan' at Primary Health Centre (PHC) level. The target groups included people living with HIV/AIDS (PLHIVs), patients with a history of TB, malnourished women and women attending antenatal clinics, prisoners, construction workers, mining labour, inmates of night shelters, de-addiction centres and old age homes, people living in urban slums and hard-to-reach areas, and indigenous and tribal populations

Multisectoral Collaboration



Sputum collection by JHA during ACF campaign

Since the campaign was being implemented for the fourth time, a large number of government officials, including many Deputy Commissioners, had previous experience in implementing ACF activities. This proved useful in the replication of the same in other districts.

Dr Anil Kumar, Deputy Director, Lady Wellington State TB Centre said “Meticulous planning went into ensuring the success of the ACF Campaign in Karnataka in 2018. It meant bringing together government departments at the district, taluk, panchayat level, as well as NGOs, and giving them an opportunity to work together.”

While explaining district level planning, Dr BV Niraj, District Health Officer, Chitradurga, said, “Under the chairpersonship of Deputy Commissioner, several meetings were held in the district, bringing together the efforts of the district administration, NGOs, health and other government sector workers and doctors from private and district hospitals. Micro-level plans were made and supervisors were appointed specially for the ACF Campaign at each PHC. Coordination committees were formed and officials were given specific responsibilities and told to prepare the groundwork.”

“Unlike earlier, the campaign received very good support from departments including Education, Women and Child Development, Urban Development, Labour, Mining, Social Welfare and Backward and Minorities Department, as well as the Slum Board. Their cooperation and coordination allowed the campaign to reach vulnerable populations including people living with HIV/AIDS, people living in slum

areas, labourers at construction sites, mines and cotton mills, destitute women, and other populations; which find it difficult to access treatment at facilities” said Dr Ranganath R, District TB Officer (DTO), Chitradurga.

Satellite Training for ASHAs on TB

ASHAs are community health workers instituted by the National Health Mission to provide healthcare services to under-served rural and urban populations, primarily in the areas of maternal and child health. Because of their reach and standing in communities, ASHAs have the potential to help in the early detection of TB cases and create awareness about the disease during the course of their home visits and community engagement activities.

In order to build an understanding of TB and orient ASHAs on their role in TB elimination efforts, the RNTCP tied up with the Department of Health and Family Welfare to include a TB component in the satellite training planned for ASHAs across the state. The training was held between June 29 and July 7, covering all 30 districts of Karnataka.

Through this training program, ASHAs were oriented on topics including symptoms of TB, types of TB, TB testing, treatment duration, side effects, and the importance of TB treatment adherence. There was a strong emphasis on the role of ASHAs in the ACF campaign.

More than 35,000 ASHAs from across the state were trained over the ten-day period.



Satellite training at Davangere receiving station



ACF Campaign team during door to door visit at Jamakandi, Bagalkot District

Awareness Drive

The campaign used a variety of Information, Education and Communication (IEC) materials, with the objective of spreading awareness on TB symptoms, testing and available services for patients.

At state and district level, print and electronic media were used to sensitize the general population. Banners were put up at strategic points, posters featuring messages on testing at Designated Microscopy Centres, patient care and support and notification of TB cases were plastered all over different districts, and slides were shown on cable television networks. In some districts, local leaders led the campaign in gaining visibility.

Dr Jaibunnisa Begum, DTO, Bijapur, shared an effective method of spreading information on TB she had employed in the district. “With the support of the Block Education Officer, we made arrangements to announce information on the ACF campaign along with information about TB during morning prayers at government schools. We believe that through this we can reach a large number of people through their children”.

Partnership

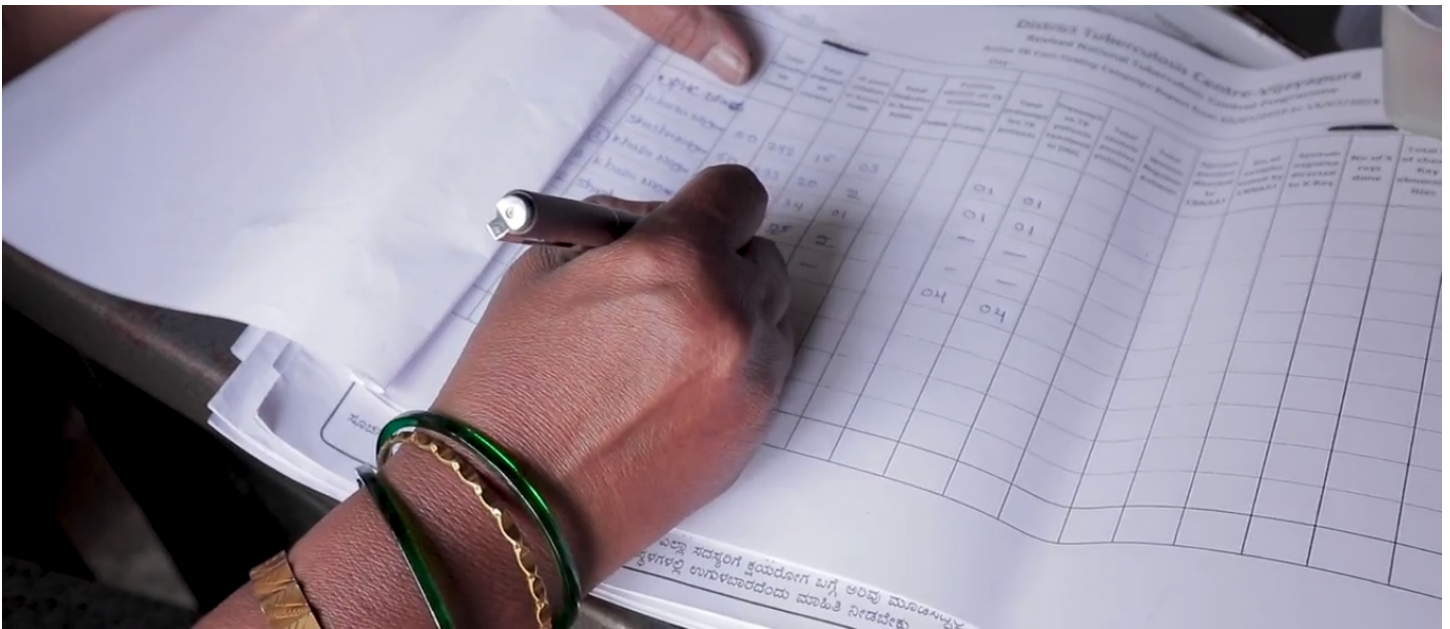
RNTCP partnered with Karnataka Health Promotion Trust (KHPT) and Tata Institute of Social Sciences (TISS), both of which actively supported the implementation of the ACF Campaign. KHPT supporting the campaign in 15 districts, while TISS provided counseling services to TB patients.

KHPT has been supporting the RNTCP in the implementation of the ACF campaign since 2017 through the Tuberculosis Health Action Learning Initiative (THALI), a patient-centred, family-focused urban TB intervention supported by the United States Agency for International Development (USAID). KHPT's Community Health Workers (CHWs) accompanied frontline workers during home visits and assisted with TB sensitization activities in the 15 districts in which THALI is being implemented.

KHPT created and disseminated IEC materials to help ASHAs better understand TB, including key messages on TB prevention, testing, treatment, as well as patient care and support. KHPT also created short films on the preparation for the campaign, multisectoral collaboration during the campaign, and community responses to it.



ASHAs with IEC materials at Davangere



Learnings

The ACF campaign contributed to TB control efforts in the state through a collaborative approach. The following stand out as key learning points from the campaign:

- ❑ The ACF campaign helped improve TB notification in both the private and public sector. “TB notification has increased after launching the ACF Campaign”, said Dr Neeraj, DHO, Chitradurga.
- ❑ The campaign helped in overcoming the challenge of reaching TB patients in the private sector. “The ACF campaign helped us reach out to the private hospitals, and as a result of this, the number of notifications from private sector hospitals increased,” said Dr Ranganath R, DTO, Chitradurga.
- ❑ The ACF campaign's strategy for multisectoral collaboration with the Department of Women and Child Development, Social Welfare, Mining and the Slum Development Board worked well in reaching out to vulnerable populations and promoting the spirit of collective ownership.
- ❑ Satellite training for ASHAs helped build their awareness on TB and enhance their involvement in reaching a large number of population in very short period of time. Over 35,000 ASHAs across the state were trained during held from 27 June 2018 to 7th July 2018. The training motivated them

to play their part in the implementation of the ACF Campaign and even after that, and to take ownership of the entire process, including managing the house-to-house visits, sample collection and follow-up of positive patients.

Outcomes

- ❑ The involvement of multiple front line workers, across departments, in the campaign resulted in outreach to a population of 10 lakh people, including 8,28,533 children below six years of age.
- ❑ The campaign succeeded in the identification of 2,367 new cases of TB. The highest number of cases were detected in Bellary (252) followed by Koppal –(209), Vijayapura (200), and Belagavi (187). The districts with the lowest number of cases included Kodagu (11), Chikamagaluru (22), Yadgir (23) and Dharwad (23).
- ❑ During the campaign, a total of 85,065 presumptive cases were examined for TB. Of these, 910 sputum-positive cases were referred for CBNAAT testing. Of the 77,650 sputum-negative cases, a total of 19,589 cases were referred for X-Rays. A total of 9070 X-Rays were done and among them, 1335 cases with chest X-Ray abnormalities were referred to CBNAAT. 228 cases were diagnosed through CBNAAT testing.

Voices from the campaign

Challenges:

“Educating the complete family on TB is the primary role of ASHAs, but we are finding it very difficult to meet all the members of the family in one visit. In many instances, we have had to visit two or three times to complete the survey.”-**Mahendra, Senior Treatment Supervisor, Chitradurga**

“One of the major challenges we faced during the door-to-door visits was that people were not ready to share any information with us due to fear or stigma attached to the disease. It took a lot of time to convince presumptive TB cases for screening.”-**Suvarna Valikar, ASHA, Vijayapura**

“Even though we have the experience of working with high-risk sites like slums, during this campaign, we found it very difficult to convince people as they were very reluctant to receive us. We took this as a challenge and with the support of PHCs, we were able to solve problems at our level”-**Manjula Doddamani, Junior Health Assistant, Vijayapura**

Successes: Feedback from Community

“I am glad that government of Karnataka has taken very good step to educate the people about TB disease. I was aware of TB but the ASHAs educated me on how to identify the people with TB by assessing symptoms. I believe this campaign will help the general population, especially people living in the slums or rural areas to avail timely medication.”-**Fathima Mulla, house wife, Vijayapura**

“The ASHA visited my house and educated me about the symptoms of TB. I have been suffering from similar symptoms since the last two months. I explained my problems to the ASHA and she provided two cups to collect the sputum. Now, I am waiting for the result.”-**Zakriya, a 19 year girl from Vijayapura**

“I am 70 years old and I had lots of doubts about TB. I had a wrong notion that TB can't be cured completely. Now I learned that, TB is fully curable, as long as the person with TB takes the full course of medication.- **Madvacharya Govindacharya, daily wage labourer, Vijayapura**

“This is the first time I have been part of such an awareness programme, though I have heard about TB from my friends and media. I used to think that TB is a family sickness. After meeting with the ASHA during the ACF Campaign, I came to know that anybody can get TB as TB is an airborne disease. If someone in our family is infected then I am at risk of being infected.”-**Asifa, house wife, Vijayapura**

“I live in a slum and I have seen many people suffering from TB in my locality. I learnt (through the campaign) that the lack of proper healthcare, housing, space and sanitation puts people at risk of contracting TB and infecting those close to them.”-**Shivarudramma, house wife, Chitradurga**

“I am an educated person and I live in a very good colony. I can never catch TB, that was my thinking. The ACF Campaign helped me to know that each and every person is in danger if a full-blown patient of TB coughs, as the bacteria spread out into the air around him. A healthy person nearby, such as a family member, may inhale them during normal breathing and may get infected.”-**Chandrashekar, Agriculture Department employee Vijayapura**

Facts and Figures

Results of the ACF Campaign (by phase)

Sl. No	ACF campaign phase	Number of districts covered	Total mapped target population	Number of population screened	Total population examined	Total number of TB patients diagnosed
1	Phase-I	3	1667733	1620398	5351	98
2	Phase-II	11	4084427	4047363	36772	1521
3	Phase-III	20	6737167	6418567	68787	2474
4	Phase-IV	30	10097275	97185	85065	2367
	Total		22586602	12183513	195975	6460

ACF Campaign Results (by district)

SI. No	Districts	Number of presumptive TB cases screened	Number of presumptive TB cases referred	Number of TB cases diagnosed
1	Bagalkote	2655	2061	131
2	Bengaluru City	3247	2952	67
3	Bengaluru Urban	1721	1616	65
4	Bengaluru Rural	1659	1364	33
5	Belagavi	7142	6954	187
6	Bellary	8702	8484	252
7	Bidar	1745	1662	99
8	Vijayapur	2422	2166	200
9	Chamarajnagar	1748	1486	41
10	Chikaballapur	3363	3363	108
11	Chikamagaluru	1844	1880	22
12	Chitradurga	2720	2288	77
13	Dakshina Kannada	3169	3008	48
14	Davangere	3498	3341	62
15	Dharwad	1078	702	23
16	Gadag	1997	1347	73
17	Kalaburagi	5227	5166	154
18	Hassan	1801	1499	24
19	Haveri	3121	2371	66
20	Kodagu	746	741	11
21	Kolar	575	563	25
22	Koppal	8641	5719	209
23	Mandya	1955	1516	26
24	Mysuru	3858	2287	55
25	Raichur	8487	7793	111
26	Ramanagar	1140	1140	25
27	Shimoga	1788	1780	26
28	Tumkur	2570	2570	45
29	Udupi	4077	3175	38
30	Uttara Kannada	3044	2648	41
31	Yadagir	1405	1263	23
	Total	97185	85065	2367

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