



Satellite-based training on Tuberculosis for ASHAs

A collaborative initiative by RNTCP and THALI

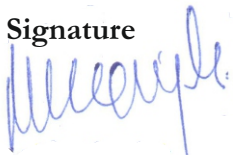
Foreword

Tuberculosis (TB) is an infectious disease which is estimated to affect over 100,000 patients each year in Karnataka. It is both preventable and curable if patients get the right treatment at the right time. India has pledged to eliminate TB by 2025, and has laid out a clear strategy in the RNTCP's National Strategic Plan (NSP) 2017-2025. We have supported that vision through the commitment of significant efforts and resources for the provision of quality diagnostic and treatment services, as well as awareness about the disease. As we move forward, it is clear that the commitment and efforts of multiple stakeholders are required to make our vision a possibility. The national and state governments, nongovernmental organizations and communities must join hands to win the fight against TB.

A recent initiative in this right direction was the Satellite training of ASHAs across Karnataka on TB. Frontline workers such as the ASHAs have enormous potential to find cases of TB in the community, link patients with treatment services and benefits, and follow-up to ensure treatment adherence. This year, we partnered with Abdul Nazeer Sab State Institute of Rural Development & Panchayat Raj (ANSSIRD & PR) and Karnataka Health Promotion Trust (KHPT) through the Tuberculosis Health Action Learning Initiative (THALI) to include TB as a knowledge component of the satellite training program for ASHAs across the state. Through this program, we built the awareness of ASHAs on TB to enhance their efforts during the ACF Campaign and beyond. Over 35,000 ASHAs were trained across the state in a one-week period.

We are pleased to acknowledge the contribution of KHPT and other partners who helped with their inputs to shape the TB section of the training curriculum. They also supported the development of effective IEC materials for the ASHAs to help build their basic knowledge of TB and available services for patients. This initiative would not have been successful without the coordination of officials from each district to organize the sessions and mobilize the ASHAs. We are encouraged by the collaboration of partners across sectors to empower an entire cadre of frontline workers to take our TB control efforts forward into the heart of the community. We hope to strengthen each other's capabilities through partnerships as we move forward to realize the vision of a TB-free Karnataka, and a TB-free India.

Signature



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



Satellite Training Program held at Davangere district

Background

Tuberculosis (TB) is a major global health problem, ranking as the second leading cause of death from an infectious disease worldwide, after the human immunodeficiency virus (HIV). An estimated 10.4 million cases of TB occurred in 2016¹. In India, an estimated 2.79 million cases of TB occurred in 2016, of which an estimated 423,000 people died. The state of Karnataka, with a population of 65 million, has an estimated 141,484 cases of TB annually². Less than half of that number, about 68462 cases, are estimated, to have been notified to the national registry of TB patients. About 73022 cases, nearly 52 percent, are missing; these patients may be undiagnosed, or possibly receiving poor-quality or non-standardized care. The Government of Karnataka launched an intensive campaign in phases to find these 'missing' cases and initiate them on treatment

ACF Campaign

The Active Case Finding (ACF) campaign was first launched in 2017, 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 campaign employed a house-to-house screening approach, with the goal of 'reaching the unreached', and bringing awareness of TB symptoms, diagnosis and available services to communities at risk of developing the disease. Teams of frontline workers from government and non-government health programs, including Junior Health Assistants, TB Health Visitors

(TBHVs) and Accredited Social Health Activists (ASHAs) were deployed in communities, screening individuals and getting their sputum tested if they showed symptoms of TB.

Over three phases of the campaign in 2017, the frontline workers screened a population of over 12 million people in the state. About 4000 people tested positive for TB.

The success of the campaign highlighted the need to train frontline workers, especially ASHAs, extensively on TB. This would help ensure that they could routinely identify TB symptomatic persons in the course of their work within communities and link them to the RNTCP field staff such as the TBHVs, even beyond the ACF campaign



ACF Campaign: Door to door visit by ASHAs

1. Global TB Report 2017

http://www.who.int/tb/publications/global_report/en/

2. India TB Report 2017

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



Satellite Training Program held at Samarthya Soudha, Chitradurga District

The satellite training for ASHAs

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 Revised National Tuberculosis Control Programme (RNTCP) tied up with the Department of Health and Family Welfare (DoHFW) 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, 2018, covering all 30 districts of Karnataka.

The Karnataka Health Promotion Trust (KHPT), in collaboration with the RNTCP, developed content specifically on TB for the training curriculum. KHPT also developed Information Education and Communication (IEC) materials for the ASHAs with key messages on TB prevention, testing, treatment, and patient care and support. KHPT implements 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).

THALI, which was operating in three districts in Karnataka, also leveraged the satellite training platform

as an opportunity to launch the initiative into expanded geographies which includes 12 additional districts of Karnataka. During the course of the training, KHPT's community health workers (CHWs) briefly introduced ASHAs to THALI and distributed IEC materials for their use during outreach activities in the community. This initiative facilitated the launch of THALI in the expanded geographies and emphasized the importance of collaboration and co-ownership of TB control activities with the state and district level machinery of the RNTCP and DoHFW.

Objectives of the satellite training

1. To build awareness of ASHAs on TB and TB-related services and patient benefits provided by the RNTCP.
2. To help ASHAs understand the need for their involvement in TB control and their role in TB case finding efforts.
3. To initiate collaboration and linkages between ASHA workers, RNCTP staff and THALI CHWs to coordinate efforts towards TB elimination.

The satellite training was facilitated by the Abdul Nazir Sab State Institute of Rural Development (SIRD) in Mysore, which allows for a one-way video and two-way audio communication between SIRD and receiving stations in all 174 taluks and district headquarters, These receiving centres are usually District Training Institutes and District Institutes of Education and Training.



Ms Janaki, Block Health Education Officer, Chitradurga interacting with ASHAs

Training structure and process

The satellite training for ASHAs involved many subjects, of which TB formed a one-hour session from 3:30 p.m- 4:30 p.m. The training was also attended, in some districts, by Medical Officers, Data Entry Operators, Lady Health Visitors, staff nurses and Junior Health Assistants.

The topics covered included information on TB including symptoms, diagnosis and treatment, the objective of the ACF campaign, the vulnerable population to be reached and the role of ASHAs in ensuring community participation during the campaign. ASHAs were instructed on how to carry out the door-to-door survey, identify suspected TB patients, collect and transport sputum samples and submit daily reports. They were also told about benefits available for TB patients, including a direct benefits transfer payment of Rs 500 per month per patient to support their nutrition during treatment, and about an honorarium for identifying TB patients.

The sessions was conducted by a TB expert, and receiving centres were allowed to phone in to SIRD with their questions. At each centre, the sessions was supervised by ASHA mentors and health education officials.

Q&A session

At the end of the session, officials from the district RNTCP addressed the questions posed by ASHAs.

Replying to the query on Direct Benefit Transfer for patients who are under TB treatment, Dr Anil Kumar, Deputy Director, Lady Wellington State TB Centre said “we have introduced DBT mechanism for transfer of monetary support and incentives to patients. This will ensure the funds reach rightful recipients in a timely manner. Under this scheme, each patient gets 1000 rupees every two months after completion of treatment”

Responding the question on incentives for ASHAs who are involved in the ACF Campaign, Dr Anil said “ASHAs are eligible for honorarium. We have divided this in to two parts, first part, Rs.100 will be given to each member of team for completing 50 house survey in a day . Second part, each team has to complete survey of 500 houses during this campaign and if they identify TB cases, the team will be eligible for an honorarium of Rs. 200” he said.



Ms Shabana, ASHA Mentor responding to a question raised by ASHA at Chitradurga



Ms Shobba, THALI- CHW orienting ASHAs on using IEC materials

Role of the THALI Community Health Worker (CHW)

At the end of the session on TB, the CHWs distributed IEC materials including informational brochures and posters developed by THALI on TB, and talked briefly about project objectives. They spoke about how the ASHAs and CHWs could work together to ensure that chest symptomatics are identified early and referred for testing and treatment, and the importance of TB patients receiving the correct care and support.

“I attended the satellite training program at Davangere receiving station. It was a very good learning experience as it helped the participants to share ideas and insights, and gain a deeper understanding of the issues involved in TB prevention. . The training was also an opportunity for cross-learning, including sharing knowledge, best practices and to work together to improve case detection, notification, adherence to standards for TB care, and treatment completion.”-

Renukamma, Community Health Worker, Davangere District



Ms Shashikala, THALI-CHW distributing IEC materials at Challakere Satellite Receiving Centre, Chitradurga

Learning and experiences

Over 35,000 ASHAs across the state attended the satellite training, which reinforced the commitment of the RNTCP to eliminate TB in India by 2025, and emphasized the role of the ASHA, a well-regarded figure in the community, to help achieve that goal. The training motivated them to play their part in the implementation of the ACF Campaign and in TB control activities even after the campaign. They were encouraged to take ownership of the entire process, including managing door-to-door visits, sample collection and the follow up of TB-positive patients.

Sl No	THALI districts	ASHAs trained
1	Bagalkote	1200
2	Belagavi	3200
3	Bengaluru Urban	900
4	Bengaluru Rural	600
5	Bengaluru City	120
6	Bellary	1600
7	Chitradurga	1200
8	Davangere	1200
9	Dakshina Kannada	1259
10	Dharwad	860
11	Kalburgi	1578
12	Koppal	1250
13	Raichur	1205
14	Tumkur	1800
15	Vijayapura	1300
	Total	19272

Voices from the frontline



“The session on TB helped me to understand how to treat TB patients with care. Even though I work as an ASHA Worker, I had very little knowledge on TB. This training helped me to know how TB spreads, the services available

for TB treatment and also about direct benefit transfer payment. I would say, this training as eye-opener as trainer told us to treat TB patients as our friends.”- **Sumalatha, ASHA, Chitradurga**

“The satellite trainings really helped the ASHAs to refresh their knowledge on TB.”- **Janaki, Block Health Education Officer, Chitradurga**



“My major learnings from the training was to how to maintain the privacy of the TB patient.”- **Usha, ASHA, Vijayapura**

“I have seen that door-to-door visits help us to identify TB cases very effectively. I have already identified eight new TB cases through the ACF campaign. Now I am confident that I can stop new TB cases in my village.”- **Suvarna, ASHA, Vijayapura**



“I have experience of treating TB patients who are discriminated against by their own family. This training helped me understand how to provide moral support to TB patients.”- **Shabana, ASHA, Vijayapura**



“The training helped me to understand the importance of educating the entire family on TB as it can infect 10 to 15 other people through close contact over the course of a year”- **Madhu, ASHA, Vijayapura**

“I learnt that, malnourished tuberculosis patients have delayed recovery. Hence, it is very important to educate the TB patient's on importance of consumption of nutritious food.”- **Rudramma, ASHA, Vijayapura**

“The satellite training program provided me an opportunity to meet the ASHA workers of our focus areas, and during the training program we discussed how CHWs from THALI project can support them in reaching out to vulnerable populations. Now I am confident that we can work together to eliminate TB.”- **Vijayalaxmi, CHW, Vijayapura**



“Coordination is very essential to achieve the goal of elimination of TB by 2025. Hence, I urged ASHAs to work in coordination with CHWs as it is very important to improve the awareness about TB and health seeking behaviour among vulnerable populations.”- **Sunitha, CHW, Davangere**

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