

Response towards TB Care during COVID 19 Emergency Situation - Assam



Need

Emergence of the Covid-19 pandemic across the world necessitated all the states to take pro-active measures and innovations to overcome the challenges and ensuring un-interrupted service delivery for the TB patients and Assam State was not an exception as the state took some innovative approaches during this hour of crisis

Activities

1. Ensuring un-interrupted drug supply for existing TB patients:

- Ensured un-interrupted drug supplies for the existing 20,000 (approx.) no. of patients adopting various mechanisms such as home delivery of the drugs by NTEP staffs including DTOs and through community volunteers including ASHAs.
- Official vehicles of DTOs/ MOTCs / STS / STLS were engaged for supplying ATT to the patients
- Government pass for staff and vehicles were provided for movement within the district for drug transportation

2. Drug resistant TB service at doorstep:

- District PMDT Coordinators visited the residence of bed-ridden DR-TB patient and conducted bed-side ECG on the patient and collected blood samples for pre-treatment investigations and initiated patient on domiciliary treatment

3. Sample Collection & Transportation for Universal DST and LPA:

- Districts were clubbed for arranging transportation of samples for LPA to Intermediate Reference Laboratory, Guwahati due to shutdown of courier services
- This approach ensured not only sample transportation for LPA to Guwahati but also ensuring drug collection from State Drug Store by same vehicle and delivery to the districts

4. Inclusion of TB Surveillance and testing during Community Surveillance of ILI and SARI:

- As per directive of Government of Assam, districts adopted pro-active measure to club TB surveillance & screening activities along with Community Surveillance for ILI and SARI

5. Telephonic follow-up and counselling of TB Patients:

- Virtual sensitization of district staff conducted, and mechanism were worked out to collect list of TB patients from difficult to reach areas (TB Units / PHIs)
- Telephonic counselling were conducted for the TB patients
- Following telephonic counselling, patients who were facing difficulties in accessing drugs were linked to their respective STS and nearest PHIs for ensuring drug supply for at least a month.

Human Resource involved

- Existing staff of NTEP (STS/STLS/PMDT Coordinators/PPM Coordinators/TB-HV/LTs/Drivers)
- General health system staff (MO/ANM/GNM/LT)
- Partners working with NTEP (Centre for Health Research and Innovation)

Cost

No additional cost were involved as all were part of continuous activities implemented on Mission Mode

Capacity building strategies

- Virtual sensitization and capacity building utilizing "ECHO" platform at State TB Cell
- Fortnightly follow-up on activities and review

Summary of lessons learnt

Adopting various strategies for un-interrupted supply of drugs, 20,000 (Approx) TB patients could be provided anti-TB drugs at home who otherwise were facing issues to reach to the health institutions for collecting drug themselves. More than 5000 TB patients could be provided telephonic counselling for ensuring treatment adherence. By providing door step service delivery to Drug Resistant TB, many precious lives were saved by reducing the treatment delay.

Challenges

- Access and acceptance in the containment Zones
- Fear of contacting Covid infection by staffs



Bed-side service delivery to Drug Resistant TB Patients



Door-step drug delivery by DTO



Virtual review/sensitization of districts from State Level



TB surveillance along with Community Screening for ILI/SARI

Scalability

To mitigate challenges of accessibility to both diagnostic and treatment services, all these innovative approaches are very much scalable upto the most periphery.