"*EVERY LIFE IS IMPORTANT*"

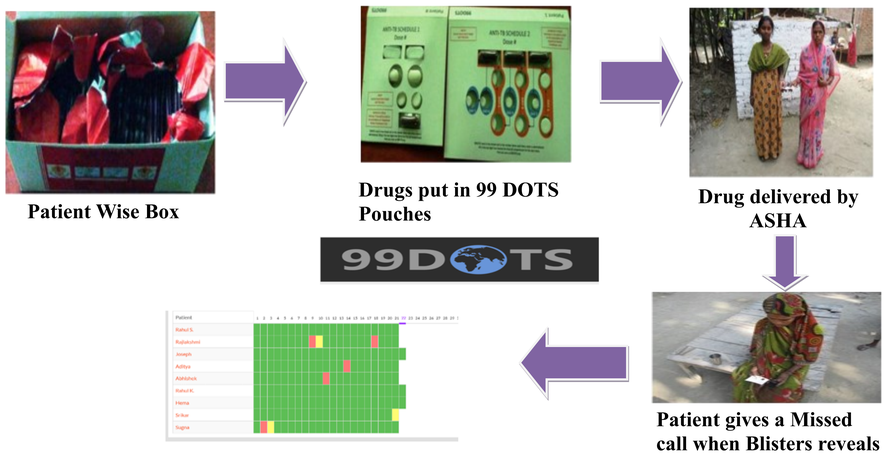
Strengthening 99 DOTS in Dalsinghsarai Block of Samsatipur, Bihar

About Innovators in Health

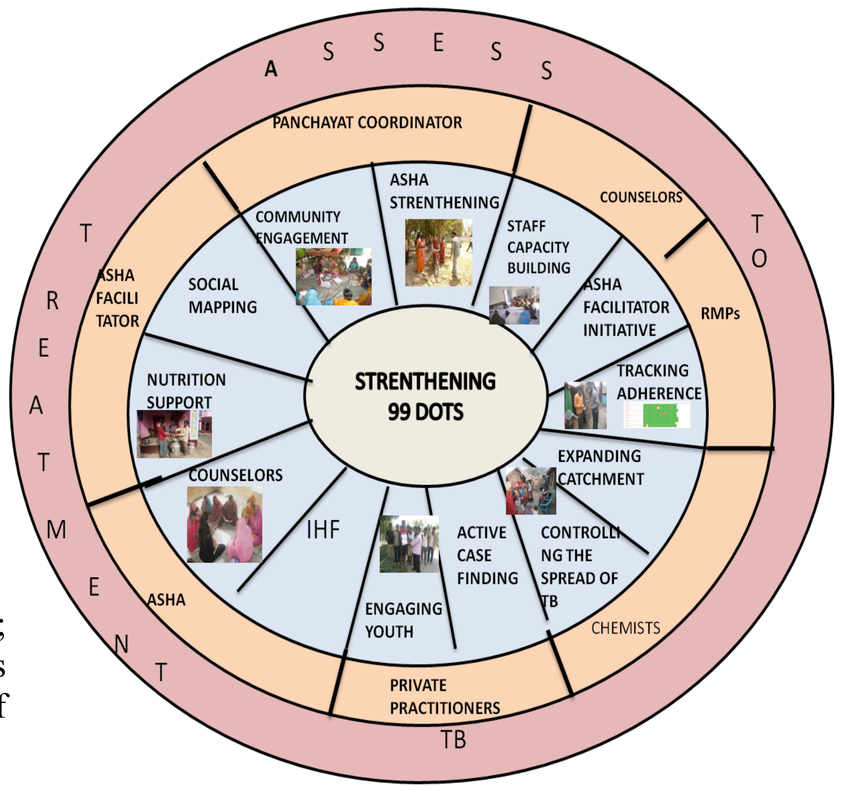
Aahan a TB Control Program at Innovators in Health since June 2010 to improve outcomes by strengthening the execution of the Revised National TB Control program and the local public health system.

99 DOTS (HEALTH CARE FOR ALL)

DOTS is a low –cost approach for monitoring and improving TB medication adherence; utilized either as a supplement to existing DOTS programs, or to enable remote observation of doses administered by patients or their family members; each anti TB blister pack is wrapped in a custom envelope, which includes hidden phone numbers that are visible only when doses are dispensed.; patient make a free call to hidden phone number, yielding high confidence that the dose was in hand and has been taken.; patient receive a series of daily reminders (via sums and automated calls). Missed doses trigger SMS notification to care providers, who follow up with personal, phone based counseling.



Strengthening initiation

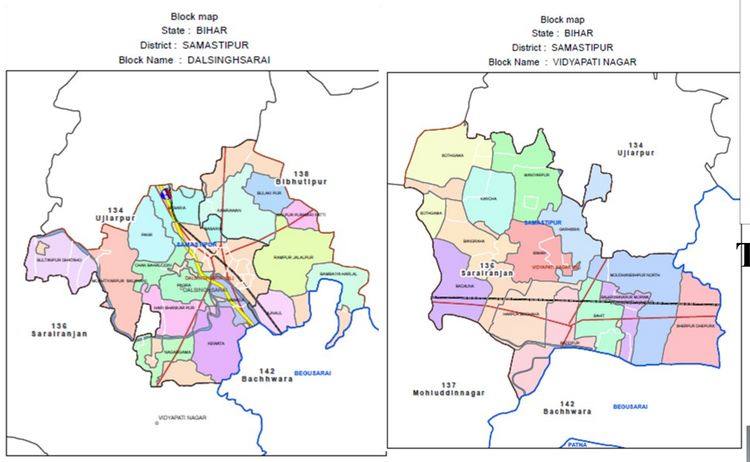


METHODOLOGY

Review of reports and records;
In-depth interview with 25 ASHAs, 18 ASHA Facilitators, 10 Panchayat Coordinators and 8 Opinion leaders; 3 informal group discussions with community; 17awareness sessions with Mahila Mandals; observations of the working of Aahan program

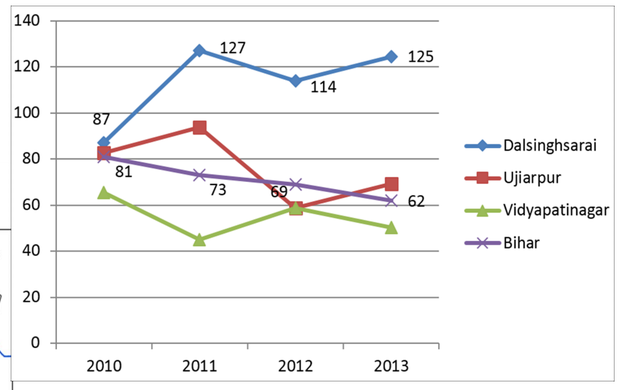
TB SITUATION IN DALSINGHSARAI

Area: 17 panchayats (pop. 208,000) of the Dalsinghsarai block and recently they have started this program in Vidyapati block with 14 panchayat having total population of 40000.



BEFORE AND AFTER AAHAN

Case detection per lakh population



Outcome	DSS	Vidyapatinagar
DEFAULT	91	19
DIED	62	8
TRANSFER	15	2
FAILURE	6	3
TOTAL	174	32

TASKS ASSIGNED

STAKE HOLDER ANALYSIS

STAKEHOLDERS	ROLE	INFLUENCE	INVOLVEMENT	CAPACITY BUILDING	SRATEGY FOR ENGAGING STAKEHOLDERS
ASHA	-Active Case findings - Base line survey -Contact AF, PC in case of emergency.	HIGH	SUPPORT	-Meetings -Regular Training -ASHA Mobility	Incentives without delay act as motivating factor
ASHA FACILITATOR	-Facilitates ASHA -Screening -supervise ASHA -Problem solving related patient when not handled by ASHA -Support patient in full treatment course.	HIGH	SUPERVISION + SUPPORT	-Weekly meetings -Guidance -Problem solving -Training	Feedback meetings every week
PANCHAYAT COORDINATOR	-Supervise ASHA, AF -Data entry -Take care of missed call related issues. -Council patients -Handle emergency	HIGH	-DECISION MAKING -SUPERVISION	-Meeting -Training on regular basis	-Feedback Meeting
PRIVATE PRACTITIONER	Give reference of very few TB patients	VERY LOW	-Not much but sometimes refer the patients who needs counseling	-	Interaction on regular basis
GRAMEEN CHIKTSAK/RMPs		HIGH	REFERENCE	-	-Incentives based on refer patients. -Interaction
ANGANWADISEWIKA	-Take part in Mahilla mandal -Support ASHA	LOW	SUPPORT	MEETINGS + FEEDBACK	-Meetings
COMMUNITY	-Give name of expected TB patient from within the community	MEDIUM	FEEDBACK + REFERENCE + Nutritional Support	-Awareness session -Informal group discussion	Monthly sessions in each panchayat
CHEMIST	Give reference of TB patients who are not able to continue private treatment due to high cost	MEDIUM	SUPPORT	Interaction on regular basis	Interaction on regular basis
COUNSELOR	Do council ling of TB patient time to time	LOW	SUPPORT	Monthly training.	Take part in different sessions within the community -meetings

OBJECTIVES

. To study 99 DOTS Aahan program;
. To analyze role of different stakeholders in active case findings and treatment adherence;
. To find out specific areas for further strengthening.

Key LEARNINGS

. **Appreciates the real life experience in core health.**
. **It is require to fill the different loopholes in current government health care services so that the patients will not suffer.**
. **Learn about the importance of community engagement**
. **Understands the role of different stakeholders in strengthening health care services.**
. **Understands how a program functions with different initiatives from time to time.**

Submitted by-Ekta Bhagat
Guided by-Nutan P. jain