ACF Phase-III

Monitoring Visit Report

Rajasthan

15th & 18th December 2017

I. Introduction:

Active Case Finding (ACF) or Intensive case finding activity (ICF) is basically a provider initiated activity with the primary objective of detecting TB cases early by active case finding in targeted groups to reduce the period of infectiousness and therefore transmission and initiate treatment promptly. It can target people who anyway have sought health care with or without symptoms or signs of TB and also people who do not seek care. Increased coverage can be achieved by focusing on clinically, socially and occupationally vulnerable populations.

Considering the above, it is highly imperative to shift from the passive to active case finding. While, more vulnerable target groups have been well defined by other national programmes, it is being done for Tuberculosis and reaching such vulnerable population in a campaign mode is proposed, it will also result in substantial additional case finding and that too which would have remained undiagnosed and unreached by the programme due to various reasons.

In this relevance Central TB Division, MoHFW, Government of India has initiated 3rd round of Active Case Finding Campaign, held from 4th – 18th December 2017 throughout the country in selected states and districts.

Accordingly, Central TB Division planned to undertake strict monitoring from national level to ensure impactful implementation of the programme and to supervise the activities at field level and review the progress during the campaign.

In view of the above, ACF Ph-III Monitoring visit was undertaken to Jaipur & Bikaner Districts of Rajasthan State on 15th & 18th December, 2017.

CTD Official Visited:

Sh. Upendra Singh, Technical Officer (Surveillance)

II. Facilities Visited:

1. STC, Directorate of Health (Swasthya Bhawan), Jaipur
2. DTC, Jaipur-I
3. Jhalana TU- Field Area
4. DTC, Bikaner
5. CHC Gajner, Bikaner

III. Persons with whom met:

1. Dr. Dilip Kumar Kala, STO, Rajasthan
2. Dr. Purshottam Soni, Deputy STO
3. Dr. Vinod Garg, DTO, Jaipur-I
4. Dr. C.S. Modi, DTO, Bikaner
5. Dr. Gunjan Soni, HoD Dept of Chest & TB, SP Medical College, Bikaner
6. Dr. S.K. Sinha, WHO-RNTCP Consultant (Rajasthan-State)
7. Dr. Ajay Srivastav, SMO, DTC, Bikaner
8. Dr. O.P. Suthar, MOTC, DTC, Bikaner
9. Dr. Ved Prakash, CHC-Incharge, Gajner, Bikaner
10. Mr. Kamal Paliwal, ACSM Officer, STC, Jaipur
11. Dr. Rahul, MO, CHC Gajner, Bikaner
12. Dr. Zibraan, MO, CHC Gajner, Bikaner
13. STS/STLS/LT/PPM, TB-HIV Coordinator/Store In-charge/ Accountant of visited DTC
14. ANM/ASHA of visited sites

The said monitoring visit was undertaken by Sh. Upendra Singh, Technical Consultant-Surveillance at CTD during 15th – 18th December, 2017 to monitor the implementation of ACF Ph-III and supportive supervision of programme implementation in visiting districts.

IV. ACF Strategies:

1. It was reported by officials at State headquarters and observed at visited districts to disseminate the strategic information to all DTCs pertaining to successful conduction of Active Case Finding (ACF) activities of Ph-III in planned districts.
2. The identification and mapping of high risk target population was done at field level as per local priorities with following the ACF guidelines for vulnerability mapping and submitted to state authorities.
3. State level action plan were prepared by State, based on District level plans submitted by concerned districts.
4. Field activity and Micro-plans were prepared by concerned districts with involvement of STLS/STS and NGO outreach workers.

5. Earmarking and allocation of area was done by concerned MO-PHC/CHC/UHC in consultation with BMO and DTO to each team comprised of STS/STLS/TB-HV/ Staff of partner organisation/ ANM and ASHAs for conducting the field activities.

V. ACF Activities:

1. The ACF activities were observed in Jaipur-I district where ACF Ph-III was executed during December 2017. The Bikaner district was covered in 2nd round of ACF during July 2017, though CTD allocated to cover Bikaner district in 3rd round.
2. The coverage of targeted population found to be poor during the days of ACF, therefore, State decided to continue the activity for additional five days.
3. Jaipur-I district's projected population in year 2017 was 39.18 lakhs. The target population was 358356 to cover under ACF Ph-III among which 212850 (59.39 %) population covered till 15th December 2017.

   The screening of the targeted population was done by field teams comprising of 2 members. One health worker from RNTCP (STS/STLS/TB-HV) or partner organization (NGO outreach worker) or General health services (ANM/MPW) and one ASHA or community volunteer. The screening was reported to be done in totality by household/site visits for identifying the symptoms of TB among the targeted population. The samples were collected for further diagnosis of the persons found to be symptomatic of TB.

   However, ACF phase –III was extended by state authorities for additional 5 days in view of the less coverage.
4. In Bikaner district the projected population in year 2017 was 26.27 lakhs. The target population for ACF was 317776 and the activity was conducted during 17 July to 3 August 2017. Total 308924 people screened for symptoms of TB and total 54 TB cases diagnosed among which 49 patients initiated on treatment.
5. Daily reporting and data entry found to be poor. There was mismatch of data entered in NIKSHAY and data tabulated and reported to corresponding authorities at TU/District/State/National level.

   The above facts found at STO office while visiting at State headquarters and in data sheet extracted from NIKSHAY portal on 18/12/2017 at 4:45 PM. (Details enclosed as Annexure-I & II)

The mismatches of data were found at multiple levels and none of the data were matching with corresponding data for all seven ACF ph-III districts. The matter was brought before the STO office for doing needful.

6. The media coverage of ACF and advocacy of the programme through IEC found to be poor at visited ACF district and State headquarter. The social mobilization activities also found to be poor during the visit and no such plan developed and documented at state/district level.
7. Daily review meetings in district Jaipur-I & Bikaner found to be conducted at physical/virtual platform during ACF days.
8. Apart from TB screening other general check-up like measuring height, weight, B.P was not visible to be done by the field teams in visited area of Jhalana TU, Jaipur-I district.
9. The monitoring of ACF by block/district/state found to be poor and deploying observers for the same was inappropriate.

VI. ACF Logistics & Human Resource:

1. The State reported to be resourceful in implementation of ACF activities in all selected districts, though State officials reported to have scarcity of funds for conducting IEC activities for ACF campaign due to which NO IEC was conducted.
2. There was no shortage of drugs and supplies under RNTCP at State and visited district headquarters.
3. It was felt that there was poor advocacy among RNTCP field staff for conducting the ACF activities with their active involvement and supportive supervision. Though ANM/ASHA found to be conducting household visits in the area identified to cover the target population.
4. The training of field staff for conducting ACF activities reported to be conducted at Jaipur-I and Bikaner districts as per plan.
5. The state level training and meeting of CMOs/DTOs didn't take place as there was continuous strike of medicos throughout the state.
6. It was found that some field teams facing difficulties to conduct the activities in a single visit due to distinct reasons as sometime they don't find the person at home as some are daily wagers, drunken at the time of visit or rejection by the family itself to screen and give samples etc.

7. In Jaipur-I district there are 12 TUs, 41 DMCs, 151 PHIs, 1560 DOT centres and two medical colleges. There is one CBNAAT lab in the district that is situated at SMS medical college hospital.
8. The Bikaner district had 26.27 lakhs of projected population in year 2017. The district had 8 TUs, 42 DMCs, 74 PHIs, 344 DOT centres and one medical college is there at district headquarter. There is one CBNAAT lab functional at DTC, Bikaner.
9. In Bikaner district there was no post reported to be laying vacant under RNTCP. However some posts of MO- PHI, ANMs are laying vacant.
10. The online entry in NIKSHAY/ DVDMS found to be difficult in peripheral areas due to internet connectivity issue and shortage of manpower in some areas.

VII. General Issues Identified:

1. District/s reported to have issues in transportation support for conducting the monitoring activities smoothly, as Bikaner district having very wide geographical area and scattered population in compare to many other districts of the state, the vehicle available was also not in a good condition.
2. Funds from NHM flexipool reported to be poorly sanctioned and utilized in the state for RNTCP and ACF.
3. The district TB drug store was not in good condition and the space allocated was inappropriate to store the medicines safely and orderly. The additional space felt to be given for TB drug store with maintaining their walls, roof and floor. It required being water, termite and rodent proof.
4. The laboratory at DTC found to be functional appropriately. However, Jaipur-I reported to be sending samples for CBNAAT testing to SMS Medical College Hospital, Jaipur and reports takes lot of time to deliver at DTC, thereby it delays the process of initiation of treatment.
5. In Jaipur-I district, all STLS posts are laying vacant and reported due to having less salary compare to other programmes. It was found that against the sanctioned posts, 30% post of LTs and 20% post of DEOs are laying vacant in Jaipur-I district.
6. DTC Bikaner and CHC, Gajner found to get benefitted with increased community participation and societal involvement to fund for the facility and infrastructural development. This practice may be replicated at State level with identifying such donors to support the health care delivery system.

VIII. Key Recommendations:

1. State/District needs to improve the ACF advocacy in campaign mode like pulse polio conducted and Intensified Mission Indradhanush immunization programme being conducted.
2. State/District needs to ensure effective and vigorous monitoring of the ACF before, during and after the activity and shall ensure daily field visits for resolving the bottlenecks and real-time guidance to field staff during the activity days.
3. The IEC need to be improved and should be conducted before and during the ACF rounds with having improved media advocacy for more visibility among the people.
4. State/District should improve their collective efforts to streamlining the release of funds and utilization of the same in time for improved programme delivery.
5. State/District should be more observant to ensure online entry of data in NIKSHAY, timely and appropriately to avoid any mismatch and incompleteness. The data entered and reported through NIKSHAY should always be correct and complete to maintain the high level of accuracy and quality.
6. The State may also involve members of STF & ZTF in monitoring the activities under ACF to have improved supervision and better outcome of the programme.
7. The best practices required to be identified and replicated at State level. The multisectoral approach could be one way in this direction and may be adopted for improved service delivery and programme outcome.

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