

## SUCCESS STORY ABOUT RNTCP

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### Success in Gujarat I Success in Orissa

#### Success in Gujarat

Mansa District is a rural agricultural district with some light industry. In mid-1998, Dr KB Patel, the District Tuberculosis Officer, began preparing to implement the Revised Tuberculosis Control Programme for the 1.5 million people living in the area.

Dr. Patel involved health workers of all levels, from the Chief Medical Officer, to Anganwadi workers, as well as Panchayat institutions and other political bodies, the local Indian Medical Association, and the Rotary Club in the planning.

Funds arrived from the World Bank credit and were placed in an account of the District Tuberculosis Control Society, a body with the District Collector as Chairman. Funds were used to print forms, hire 6 local supervisors to ensure good quality of diagnosis and treatment, and buy materials for microscopic diagnosis of tuberculosis. Doctors, laboratory technicians, multipurpose workers, and others were trained using rigorous modules prepared by the Government of India.

With support from the State TB Office, Dr. Patel provided Gujarati translations of high quality Government of India technical materials in order to train treatment observers in how best to support patients.

Drugs arrived - each packed in a special box containing the full 6 to 9 month course of treatment. After patients are diagnosed using new, state-of-the-art microscopes provided by the programme, their name is written on a medicine box. A health worker watches and helps as patients take their medicine to ensure that they are cured. Drug supply has been consistent and uninterrupted at all health institutions since start of the programme.

In the RNTCP, the health system is responsible and accountable for ensuring that patients are cured. If patients stop taking their medicine, they are visited the **next** day to ensure that they get back on the course for **cure**.

**Every** patient examined is carefully recorded in the monitoring system, as is every patient begun on treatment. The progress and outcome of each and every patient is monitored closely and reported to District,

State, and National authorities on a quarterly basis. State-level staff visits the district to provide guidance and supervision on a regular basis. Every day, Dr. Patel visits two health centres to ensure that treatment is up to the mark, and every evening he writes letters to these centres with his observations and suggestions. District-level staff meet regularly to discuss ways to further improve services for patients.

In the 15 months since the first patient was treated, more than 2,700 patients have been placed on treatment and 87% have been cured. Because outpatient treatment has been so effective, the local TB hospital, which once had a waiting list for admission, closed its doors as a TB hospital and re-opened as a general community health centre. Of the patients treated in the past 18 months in Mansa, 500 would have died without the RNTCP. They are alive today because of the dedicated efforts of Dr. Patel, his staff, and the laboratory workers and treatment observers who are the front-line heroes in the battle against tuberculosis.

#### Success in Orissa

RNTCP is being implemented in 14 tribal districts of Orissa with assistance from the Government of Denmark. Since October 1997, when the first treatment activities using the DOTS strategy started, considerable progress has been made. Three districts with a total population of 5 million are fully covered. Two more started RNTCP in February 2000 and the remaining 9 districts will be covered in 2000-2001.

The experience in the three fully covered districts shows that DOTS is not only feasible but also achieves the desired objectives and outcome even under trying conditions and in difficult areas.

A total of 12,175 TB patients have been put on treatment. At least 2,000 tuberculosis deaths have been prevented. Moreover the 6,418 sputum positive cases detected and put on DOTS have helped in preventing at least 50,000 new infections in a year.

High quality sputum microscopy facilities are available at the peripheral institutions - one for every 50,000 people. Almost 90% of infectious cases became non-infectious within three months of starting treatment,

thus breaking the chain of transmission and reducing the risk of tuberculosis in these tribal communities. The cure rate has been 85-90%.

DOTS providers reside within 2 kilometers of the patient's house and administer observed treatment to the patient. The availability; accessibility and utilization of RNTCP services cuts across gender and social barriers.

The entire staff implementing the RNTCP are from within the system - no contractual staff or any fresh recruitment for RNTCP in Orissa. Wherever formally qualified Laboratory Technicians are not available, pharmacists and multipurpose workers are specially trained for this work.

Patient-DOTS provider interaction workshops are held in each health centre in order to reduce social

distance, solve problems, educate and motivate, review activities and share experiences.

Review, monitoring and supervision is done at Tuberculosis Units.

Health system research is part and parcel of the ongoing programme. Private practitioners and NGOs are being involved in the programme. Jail authorities, the public and private sectors in Rourkela, and in the mining belt of Keonjhar have been taken on board and are working together well.

Many lessons have been learnt and are being used to make the RNTCP in Orissa a success.