

OPERATIONAL RESEARCH (Summary Report)

TB REACH PROJECT 2012-13: - Wave3:Year2

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Research Title: -

Identification of factors associated with "Smear Result Not Available" in three months Sputum conversion report of Smear Positive patients in a quarter and their treatment outcome in Jharkhand-India

Background / Rationale:

Despite of having successful national tuberculosis (TB) control programme, TB still stands a major public health problem for India. TB patients are diagnosed and treated freely under the RNTCP. Under RNTCP, every district has Tuberculosis Unit (TU) – a supervisory unit and Designated Microscopy Centres (DMCs) – a diagnostic unit, at sub-district level for quality assured diagnosis & treatment adherence. There is a quarterly programme reporting system on programme management; case finding, sputum conversion and treatment outcome of TB cases.

RNTCP of India notified 632 300 New Smear Positive (NSP) patients in 2012. Though 568 600 (90%) were sputum converted, yet nearly 52 700 (8%) of these were reported to be NA (Smear result Not available) while declaring sputum conversion at the end of 3 months. Smear Positive TB patients are potentially infective, but very little is known about the basic profile of such NAs at the very first and critical follow up sputum examination. Similarly, about 1400 (7.6%) of the 18000 NSP patients registered in 2012 under RNTCP in Jharkhand were reported NA. Sputum conversion Report (SCR) reported 92% as sputum converted, leaving behind 0.4% non-Convertors. This particular subset of NA patients aren't analysed dedicatedly in further reports.

There seemed a Strong correlation in per-cent non-converters with Failures and per-cent NA with Defaults of the same cohort, which demanded further case wise analysis. Survival analysis and dedicated record review of treatment outcomes for these NA patients from Palamu District of Jharkhand showed early deaths and defaults among these patients. More than 80% of all deaths and defaults are from this subset of TB patients.

Objective:

Dedicated study of the correlation and causes behind being "Smear Result Not Available" will help in comprehensive understanding of patient-perceived barriers to adherence and will help to develop effective patient centred programme strategies. This shall improve sputum conversion and ultimately treatment success.

Primary Question:

- What are the patient-reported and provider-perceived determinants relating to non-adherence of NSP patients registered under RNTCP category I treatments who were reported to be NA at the time of sputum conversion at 3 months?

Secondary Questions:

- What were the treatment outcomes of NA patients at the time of declaring outcome of the cohort?
- What are the demographic characteristics and how they differ from patients complying with follow up sputum examination?

Methods:

• Retrospective evaluation:

- Setting: Randomly selected program management units of RNTCP (Districts or TU's)
- Design: Retrospective cohort study of all NSP patients registered under RNTCP Category I treatment & reported to be NA in SCR.
- Data sources: Existing treatment cards and TB registers, Laboratory Registers etc.
- Risk factors - data collection: Sex, age, area of residence, DOTS provider type, recorded occupation, type of DOTS provider, adherence, timing of missed doses, number of interruptions/doses missed, number and timing of documented default retrieval actions.

• Qualitative evaluation:

- Setting: Selected districts
- Design: Focused and in-depth interviews with patients and providers.
- Patients: all NSP patients registered under RNTCP Category I treatment & reported to be NA in SCR, patients in the same DMC area who have had turned for follow up sputum examination at the end of Intensive Phase (IP).
- Issues to explore in interviews: Weaknesses in the system that patients see as contributing to interruptions in other patients; self-perceived reasons for their own treatment interruptions; strengths and weaknesses of attempts by system to adherence of treatment & follow up sputum examination for patients; reactions to possible measures to prevent interruptions; reactions to possible measures to retrieve interrupters and prevent NA; perception of providers regarding reasons for NA and feasible actions to reduce NA.

Impact / Programmatic Significance:

Better understanding of the characteristics and motivations of patients who don't turn up for the very first critical follow up sputum examination may help design interventions to reduce potential un-favourable outcomes (default/ failures etc.)

Specific terms of reference for qualitative component:

- To conduct qualitative research, in the form of focused and in-depth interviews with patients and providers, to describe the range of patient and programme causes of NA.
- To conduct qualitative research to determine patient and provider responses to possible programmatic interventions to reduce NA.

Report prepared by

TB Reach Project Team

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