

DIFFERENTIATED CARE MODEL

STORIES FROM THE FIELD



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Counselling brings hope to a family struggling with an alcohol addiction



Murali, in early days of his treatment



Murali, a few months into his recovery

Azmath, a Community Health Worker with the THALI program in Telangana, first met Murali at a hospital in Hanamkonda, a city in the Warangal district. Murali, 43 years old at the time, had been previously treated for TB, but had taken his medicine infrequently due to heavy alcohol consumption. His drinking habit, coupled with his illness, had sapped him of his strength, and he lay in hospital, unable to move and becoming weaker every day. His family had tried to support him, but they had lost all hope that he would recover. Health facility staff were reluctant to let Azmath conduct a risk assessment and provide counselling for Murali, because they felt that he would not survive the week. Azmath persisted, and once Murali was discharged from hospital, he began to visit him once a week to counsel him on the importance of treatment adherence and giving up alcohol while on treatment. He reminded Murali that he was the sole breadwinner of the family, and would need to get back to work fully recovered to be able to provide for his family. It was a difficult process since Murali would crave alcohol, but Azmath continued to visit him, speak with him over the phone and conduct surprise visits to the house to ensure that he was taking his medication.

Azmath also counselled Murali's wife and daughter on the importance of eating healthy for TB patients, and the need for family support to ensure that he took his medication. He made sure that they understood that the disease was curable, using a set of behaviour change communication materials to tackle specific issues such as the effect of alcohol on treatment and the need to continue treatment, even if he felt better. The family had no income, so Azmath helped arrange rations for them. With continuous counselling and support from his family, Murali began to put on weight and his condition began to improve. Unlike many families, who do not want health staff to visit them at home for the fear of stigma, Murali's family would call Azmath to come over frequently and motivate him. Azmath's regular interactions helped boost the family's morale, and together, they got through the treatment period. Murali is now back to work as a daily wage labourer and has been cured.



Azmath brought my husband back to life. His service will never be forgotten. He was very confident when all of us had lost hope. He made my husband brave.

- Murli's Wife

Care, support and peer learning helps a diabetic TB patient overcome self-stigma



Krishnamurthy found that attending TB patient support group meetings helped him overcome stigma

Krishnamurthy, 45, is a construction labourer living in the Abbigere locality of Bengaluru. A diabetes patient, Krishnamurthy takes daily medications to manage his condition. When he was diagnosed with pulmonary TB, he found taking a large number of tablets for both conditions daunting. He started to neglect his course of diabetes medication, and became very weak. He could not go out to work anymore, and stopped going out of the house entirely, fearing stigma from his family and the community. His isolation from his family was stressful, and his family did not know how to help him. The THALI community health worker (CHW) first had to counsel his family members, making sure that they understood the disease and how they could support him to take his medication on time and ensure that he was eating regular healthy meals and exercising.

The CHW helped arrange for a health insurance card for Krishnamurthy and fixed up a regular monthly test to monitor his blood sugar levels at the nearby government hospital. He was also linked to the Nikshay Poshan Yojana, a government scheme which provides TB patients Rs 500 per month for nutrition support for the duration of their treatment. When Krishnamurthy was feeling better, the CHW brought him to a patient support group meeting facilitated by THALI at the local community health centre, where he listened to other patients' experiences with stigma and disclosure and overcame his fear of being isolated by his family. Krishnamurthy was encouraged by the positive environment at the patient support group meetings, and even expressed a wish to become a TB Champion to help other patients on their treatment journeys!

TB-HIV patient living alone finds strength in support from frontline staff

The Differentiated Care Model provides prioritized and specialized care for seven categories of TB patients. In the course of their field work, THALI Community Health Workers (CHWs) found that patients were often at risk of unsuccessful treatment outcomes due to multiple factors, such as comorbidities, living alone and having been treated for TB previously. Geetha is one such patient, living in Bengaluru. She is HIV positive, has been previously treated and lives by herself with her young son. Geetha's husband passed away almost a decade ago, and she works as a daily wage labourer to make ends meet. When diagnosed with TB, Geetha struggled to take her antiretroviral therapy (ART), as well as her TB medications. She suffered from side effects like joint pain, tingling in her hands and feet and vomiting, and as a result, decided to give up her medication. Geetha began to sink into depression as she had no one to support her. When the THALI CHW met Geetha, she first emphasized that TB was curable. She helped her understand the disease and visited her once in 15 days, following up weekly over the phone. At every meeting, the CHW would repeat that TB is curable, before talking briefly about subjects such as nutrition and overcoming side effects using a story-telling approach and using flipcharts to help Geetha remember the messages.

Finally, the CHW would tell her that her life, and that of her son, was in her hands. Only she could choose to get better, the CHW could only support and guide her. Geetha took the decision to take treatment regularly and get better for the sake of her son. The CHW also explained her situation to the Senior Treatment Supervisor at the nearby health facility, who visited her every two weeks, alternating with the CHW, so that Geetha had in-person support every week. The THALI CHW also began enquiring with local community leaders to see if someone could check in with Geetha regularly. In the meanwhile, Geetha went back to work, and the CHW was proud to report that after counselling, she took care not to miss a single dose of treatment!



Geetha was counselled during in-person visits by the THALI Community Health Worker and health facility staff



Psychosocial support helps a young girl with MDR TB dream of a TB-free future

At just 19 years old, Mariyam Begum, who lives in Hyderabad, had already suffered through a six-month course of TB medication. Three weeks after being declared cured, her symptoms began again, and her test showed that she had multi-drug resistant TB (MDR TB). Mariyam's diagnosis took a severe emotional toll on her. Barely a month after being declared TB-free, she found herself admitted in the hospital, suffering from the severe side-effects of her new course of medication. Her medications made her vomit, she lost her hearing and could not bring herself to eat. She was admitted to hospital three more times. Tired and drained, Mariyam tried to end her life. The THALI Community Health Worker (CHW) and NTEP staff from the nearby health facility intervened, visiting her mother and siblings to help them understand what was happening to her, and how they could help. They had been unable to assess Mariyam needs using the RANA tool during her first bout of TB, as the family did not deem it necessary for her care. This time, they agreed. The THALI CHW collaborated with NTEP staff to provide that support and care. They visited Mariyam once a week and called her once in three days to ensure that she was taking her medication and maintaining a healthy diet. The CHW helped the family to deal with self-stigma and the fear of the community finding out that there were two TB cases in their home.

Mariyam now attends patient support group meetings as a TB Champion and fearlessly shares her struggle with MDR TB, explaining how she never gave up even when vomiting ten times a day and forcing herself to swallow 11 tablets. "Only if you charge your phone does it work," she says at these meetings. "Only if you eat on time, take your medication and get fresh air, will you be able to work. I just want to tell you all that I am now eating, taking medicine and feeling better, and you can do the same." Mariyam looks forward to a TB-free future in which she has a job and can help support her family.



Mariyam (left) at a Patient Support Group meeting with her mother

“Only if you eat on time, take your medication and get fresh air, will you be able to work. I just want to tell you all that I am now eating, taking medicine and feeling better, and you can do the same.”

- Mariyam Begum

An alcoholic TB patient receives peer support to complete treatment



Ravi developed symptoms of TB while working as a cleaner at a hotel in Bengaluru to support his mother. After his diagnosis, the 32-year-old quit his job and his alcohol consumption increased. THALI's Community Health Worker (CHW) tried to follow up with him several times during the two-month intensive phase of his treatment, but Ravi was never at home. His copious alcohol consumption led to him missing several doses of his medication. Although his treatment period was increased, Ravi showed no signs of treatment adherence. When the CHW was finally able to reach him, two months after he was initiated on treatment, Ravi was too inebriated to listen to what the CHW was saying. His mother wanted to support him, but she did not know what to do. The CHW counselled Ravi and explained to him the hazards of drinking during his treatment period and his risk of developing a form of TB that would be more difficult to treat.

He realized that Ravi need more intensive care and support, and enlisted the support of Annayappa, a TB patient who lived along the same street. Annayappa, a 62-year-old patient, was able to explain his experience with TB and how he was recovering by taking his treatment regularly. He encouraged him not to give up on his recovery. The power of peer support, counselling and family support helped Ravi to take responsibility for his recovery, and he resumed his treatment. He is now feeling better and has begun working at a hotel in the city.



Ravi was counselled by another TB patient in his locality, who helped him resume treatment

Sensitization and counselling creates a healing environment for TB-HIV patient in children's home

Shanthy (name changed to protect privacy), 18, lived with her older brother and younger sister in a home for orphans in Vijayawada, Andhra Pradesh. They had lost their parents to HIV. Shanthy is HIV-positive, and once diagnosed with multi-drug resistant TB, she found the prospect of taking antiretroviral therapy (ART) and TB drugs overwhelming. Once she started the medication, the side effects were intense. Shanthy stopped her treatment, overcome by feelings of guilt. The management of the home were worried, as they did not want TB to spread to the other children. They began to speak of shifting her out of the home, but Shanthy had nowhere to go and no one to take care of her. The THALI Community Health Worker (CHW) visited her a few days after her treatment was initiated. Realizing that the management was hesitant to take care of her, and that there was no one to support her, he enlisted the help of NTEP staff at the nearby health facility. Over the next few weeks, Shanthy was visited by health officials including the Senior Treatment Supervisor at the nearby facility, the TB Health Visitor and the counsellor from the ART centre. They also reassured the management at the home that Shanthy could be taken care of in the home, and did not need to be moved out.

The CHW convinced them to give Shanthy a separate room for the duration of her recovery, and spoke to her brother about helping her take treatment. It took several sessions of sensitization on TB, HIV, and cough hygiene, before the home's management was confident to take care of Shanthy. The CHW helped Shanthy to get a bank account so that she could receive monthly payments of Rs 500 under a government welfare scheme for nutrition support. The personalized care and counselling that Shanthy received and the sensitization of the home officials were integral to create an enabling stigma-free environment for Shanthy to recover.



The THALI Community Health Worker sensitized management staff at the home to support Shanthy's treatment and create an enabling environment for her recovery

A widowed patient receives support from a community-based organization to complete treatment



Ramalakshmi, 48, lives alone in a small one-bedroom house in Visakhapatnam, Andhra Pradesh. She lost her husband almost 18 years ago and works as a maid in several houses to supplement her widow's pension of Rs 2250 per month. Ramalakshmi has diabetes, and when she was diagnosed with extrapulmonary TB, she was resistant to taking treatment. The THALI Community Health Worker (CHW) who met her was not allowed into her house, and she refused to let her conduct the risk and needs assessment. As her condition worsened, she became confined to her bed. A wound over her ear would not heal, as she had discontinued her diabetes medication as well. The THALI CHW continued to approach her and slowly gained Ramalakshmi's trust. She allowed the CHW to visit her at home once in two weeks and talk to her about the importance of eating healthy and taking her medication.



The THALI CHW and the community rallied to support Ramalakshmi's recovery

Ramalakshmi would not leave the house for fear of being stigmatized by her neighbours. It became difficult for her to get food for herself. The THALI CHW had come in contact with a community-based organization during her activities in the field, and told them about Ramalakshmi's condition. They arranged food for her and began checking up on her regularly. Seeing their support, her neighbours, who had earlier stayed away from her, started to check in on her as well. The combined efforts of the community and the THALI CHW helped Ramalakshmi to resume treatment for both diabetes and TB, and she began to heal.

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