



*“World Vision is doing good work in early diagnosis, DOT follow up and defaulter retrieval action...” (Dr. Atcham Naidu, MOTC)*

## **EXECUTIVE SUMMARY**

### **SHIFA Objectives**

World Vision’s TB Control and Prevention Program (TCP), SHIFA, seeks to contribute to the cure of over 60,000 patients infected with tuberculosis throughout the state of Andhra Pradesh, India. In addition, SHIFA is committed to providing support to the Indian National Government’s Revised National Tuberculosis Control Program (RNTCP) at all levels; to improve the quality of health for Indians and reduce the public health threat of tuberculosis by implementing its Directly Observed Treatment Short-Course (DOTS) Programs. SHIFA’s main goal is to work towards a 70% case detection rate and an 85% cure rate, and develop a community based support group in each community to build the capacity and sustainability of the program.

The five primary objectives of the SHIFA Program as outlined by World Vision are to mobilize communities against tuberculosis and ensure that all people in each of the eight SHIFA districts have the opportunity to hear about the signs, symptoms and services available to treat TB; build sustainable, community-based DOTS programs by developing a body of trained DOTS providers; link private practitioners and private health facilities to the RNTCP, and HIV/AIDS clinics to the TB program; network and advocate to increase support for the RNTCP DOTS Program; and monitor, evaluate and report on the success of SHIFA and the RNTCP at district levels.

## Mid-term Evaluation Objectives and Process

From February 21<sup>st</sup> to March 4th, 2005, a Mid-term Evaluation (MTE) of World Vision's SHIFA program was conducted. The specific objectives of the MTE were:

- 1) To assess the contribution of World Vision's SHIFA Program to India's Revised National Tuberculosis Control Program (RNTCP) in eight districts of Andhra Pradesh, India.
- 2) To analyze SHIFA's RNTCP Program indicators.
- 3) To explore the strengths and areas for improvement of the present SHIFA Program.
- 4) To recommend strategies that will increase the capacity building and sustainability of all future intervention work.

The Mid-Term Evaluation employed a participatory method and was led by an external evaluator. Out of the eight sites in Andhra Pradesh where the SHIFA program is currently operating, six were randomly selected for the evaluation: East Godavari, Guntur, Mahbubnagar, Nellore, Ranga Reddy, and Vizianagaram. Individual evaluation teams consisting of a team leader, an external technical expert from the regional WHO office, a recorder, and a support member from the local SHIFA program went to one of the designated evaluation sites while the lead evaluator personally visited the following four sites: East Godavari, Mahbubnagar, Ranga Reddy and Vizianagaram. Each evaluation team visited the targeted SHIFA Tuberculosis Unit one Non-SHIFA Unit within the district. The teams also visited three SHIFA Medical Centres (MCs) and two Non-SHIFA MCs. All tuberculosis units and MCs were chosen through random sampling methods. In each target district, data were collected from new smear positive patients, trained DOTS providers, TB care groups and Private Practitioners; from both SHIFA and non-SHIFA programs. The participatory evaluation process involved a series of questionnaires and focus group interviews, in addition to the collection of statistical data regarding disease prevalence.

### General Successes

Three of the six districts visited by the evaluation team had achieved the goal specified by the RNTCP, of a total case detection rate of 70% of 203/Lakh/Year<sup>1</sup>: Guntur (80% and 109%), Nellore (73%), and Vizianagaram (91%). Those that have not reached the goal have case detection rates of over 50%: Mahbubnagar (58%), Rangareddy (53%), and East Godavari (57%).

In all but one of the districts visited, the expected new smear positive case detection rate is above the goal of 70% of 75/Lakh/Year of all smear positive cases. East Godavari is the only district that has not yet met this goal, but its detection rate is still high, at 60%. According to the RNTCP the sputum conversion rate is expected to be greater than 90%. All districts except Ranga Reddy, with a sputum conversion rate of 88%, have achieved this. All districts except for the Rajahmundry TU of East Godavari

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<sup>1</sup> Lakh = 100,000 people. The program aims to detect 70% of the 203/100,000 total new TB cases that occur each year, or roughly 142 people.

(71%) and Mahbubnagar district (83%) have achieved a TB cure rate of greater than 85%.

### Strengths

Many aspects of the World Vision SHIFA Program were found to be very successful. SHIFA's strengths in community entry, active community participation, and community support, which are essential to obtaining successful outcomes, were particularly evident. TB care groups and the sensitization of village heads have been essential to community mobilization in TB control and management. In a presentation to the Indian Government, which took place at the end of the evaluation period, World Vision was recognized for their contribution and special achievements in establishing a solid volunteer body at a community level, and in assisting communities to develop TB support groups. Community-based workers are the ambassadors of the DOTS strategy at the village level, and are motivated and committed staff vital to the success of the program; as are the private practitioners who have been trained and oriented to the DOTS program. In general, Non-SHIFA programs began operating significantly earlier than SHIFA programs, with SHIFA functioning in remote and difficult TUs within each district, particularly those in East Godavari and Ranga Reddy, where access to DOTS programs is complicated by the area's remoteness and population, respectively.

### Areas for Improvement

Areas to improve and strengthen the current SHIFA program were also noted during the MTE. Although staff members are extremely dedicated and committed, it was noted that in some cases there was a delay in filling vacant staff positions. More technical staff is also needed at the district level to decrease the amount of time needed to perform scientific tests. Measures to ensure that field staff and DOTS providers adequately document their activities will improve communication between the various levels of organization within SHIFA, and help to ensure better adaptability and accountability. Interruptions in drug supplies and a long referral process have also contributed to delays of one to five weeks in treatment initiation.

Greater emphasis is needed in overall team building between SHIFA and non-SHIFA staff, which will also strengthen communication between the two groups. As mentioned, there is good community advocacy in the SHIFA program, but improved relationships with stakeholders are required to ensure sustainability of the program as a whole. Proactive budgeting, which will also contribute to sustainability, will take time to establish due to the recent expansion of SHIFA in eight districts of Andhra Pradesh.

### Recommendations

Efforts to fill existing employment and volunteer vacancies within one month of their occurrence would help to alleviate staff burdens. Re-examination and enhancement of staff training procedures, including communication skills, could also assist in promoting role clarity. Similarly, mandatory leadership and management training for the

DTCO and refresher-training courses for all the RNTCP staff members would build staff capacity.

Community education efforts should be target-oriented and based on local culture and issues. Non-verbal forms of communication in community education efforts would address the large issue of illiteracy that is present in many rural areas. Behavioral Change Communication: how to help someone change their behaviors rather than simply communicating information to them should also be a priority in future education efforts.

Access to DOTS programs can be improved by an overall expansion of the program throughout each district; ensuring that sputum collection facilities are available at all existing primary health clinics, and through ongoing training of DOTS providers.

Sustainability can also be increased in the SHIFA program by planning and establishing systems approaches, which will spread the control of the program throughout the region, as opposed to having it centralized within World Vision.

Periodic formal meetings and joint technical visits with local government and stakeholders would facilitate open communication and trust with members of the SHIFA program. Ongoing education for district officials and private practitioners would also ensure that they are equipped with the most up-to-date, accurate information. The addition of a physician to the SHIFA team would facilitate communication with all eight districts and help to avoid bridge communication between professional and community-based personnel in the SHIFA and government programs. Strengthened partnerships between SHIFA and government services would allow for greater access to technical facilities, greater resource accessibility, and, overall, a more widespread approach to TB eradication. By strengthening coordination with the government, SHIFA could receive better access to advanced medical personnel allowing for better management and control of TB, and the government could gain access to the improved grassroots mobilization that SHIFA has been able to accomplish.

*“World Vision is doing supplementary and complementary work in Salur TU”*

Dr. Rama Rao, DTCO