

Case study: Chronic Disease Care (Tuberculosis)

Prior to intervention

Ms. Rani Bai [name has been changed], a 59-year-old female, lives in Kurdar village. In August 2024, during the village-level survey of PVTGs, the JSS TB project team found her completely bedridden, undernourished, and unable to breathe properly. She had all the symptoms of the TB. The project team advised her to visit the planned TB camp in the next week (it was organised in the same village but at a different place). The camp team waited for Ms. Rani; however, due to her poor health and financial condition, the patient didn't visit the camp on the scheduled day. Further, due to poor connectivity and road conditions during the rainy season, the doctors from the camp even couldn't visit her home. In subsequent days, when the earthen roads were dried up, Mr. Nilmani from the project team visited her home and witnessed her poor health condition. Mr. Nilmani described her situation, where she struggled to breathe [ref. quotes]. She was almost on her deathbed. Further, as there was no family member, hence without the consent of her family members, the staff couldn't take initiative and mobilise her immediately to Ganiyari hospital. Her house was located in a difficult-to-reach area where no ambulance could reach.

The intervention

The project team was determined to help the patient; despite the geographical limitations to reach her, they revisited her home several times. And in subsequent visits, they convinced her family members to take her to Ganiyari. Resultantly, after 15 days, when the road was completely dried up, her family members with great efforts took her to Baheramuda (on a wooden cot), from there to Semaria centre (JSS), and finally admitted her to Ganiyari hospital [ref. quotes]. Where she was diagnosed with TB, and for the same, she was treated – both with appropriate nutrition and medications for TB for 15 days.

And after receiving treatment and hospital-based care for 15 days, a significant improvement in Ms. Rani's health was noticed. She remembered her situation before she was admitted and expressed gratitude towards the project team [ref. quotes]. In present time, she is on anti-tuberculosis treatment (ATT); she strictly follows the treatment protocol explained to her; she can easily walk; for monthly follow-up, she is on her feet, visits the Semaria centre for her ATT, and does all household chores (Figure 1).

Beneficiary quotes

She was unable to get up off the bed and support herself. As she breathed, a constantly crackling sound was heard... As per her husband, she was seriously ill for many days. Due to mud on the earthen roads, it was impossible to mobilise her to the camp site.

Nilmani [TB project staff]

After waiting for several days, the roads dried up.. Her family members took her to Baheramuda, then to Semaria, and from there she was referred to Ganiyari. There she was admitted for 15 days... There was significant improvement [in her health]; hence she started walking on her feet and went to her home.... After two months of discharge, she took her goats out for grazing.

Nilmani [TB project staff]

Before [admission], I was sceptical about my survival, then you people came, treated me, and thanks to your medicines, I am alive now. I can walk, and I can go to Semaria for medicines [AKT], taking proper treatment there,. My family and I get the supplementary rations regularly [supplied to TB patients by the staff], ...

Rani Bai [beneficiary, after improvement].

Key success factors

This success story highlights the importance of—

1. A commitment to detect and cure the TB patient by providing them care and support at all levels. Starting with the household-level screening by the JSS team.
2. Timely referral and committed action from the patient and their caretakers, which ultimately can prevent mortality even in the case of elderly, bedridden patients.

Infographic

None

Goal Impact

This story is associated with the SDG Target 3.3, which intends to end the epidemics of tuberculosis and other communicable diseases among the most marginalised communities.

Images:



Figure 1. Patient in present day, happily continuing household chores and TB treatment