



# icrb consulting

Synopsis- Tuberculosis Care Patient Pathway

Innovate

Disrupt

01

02

03

Accelerate

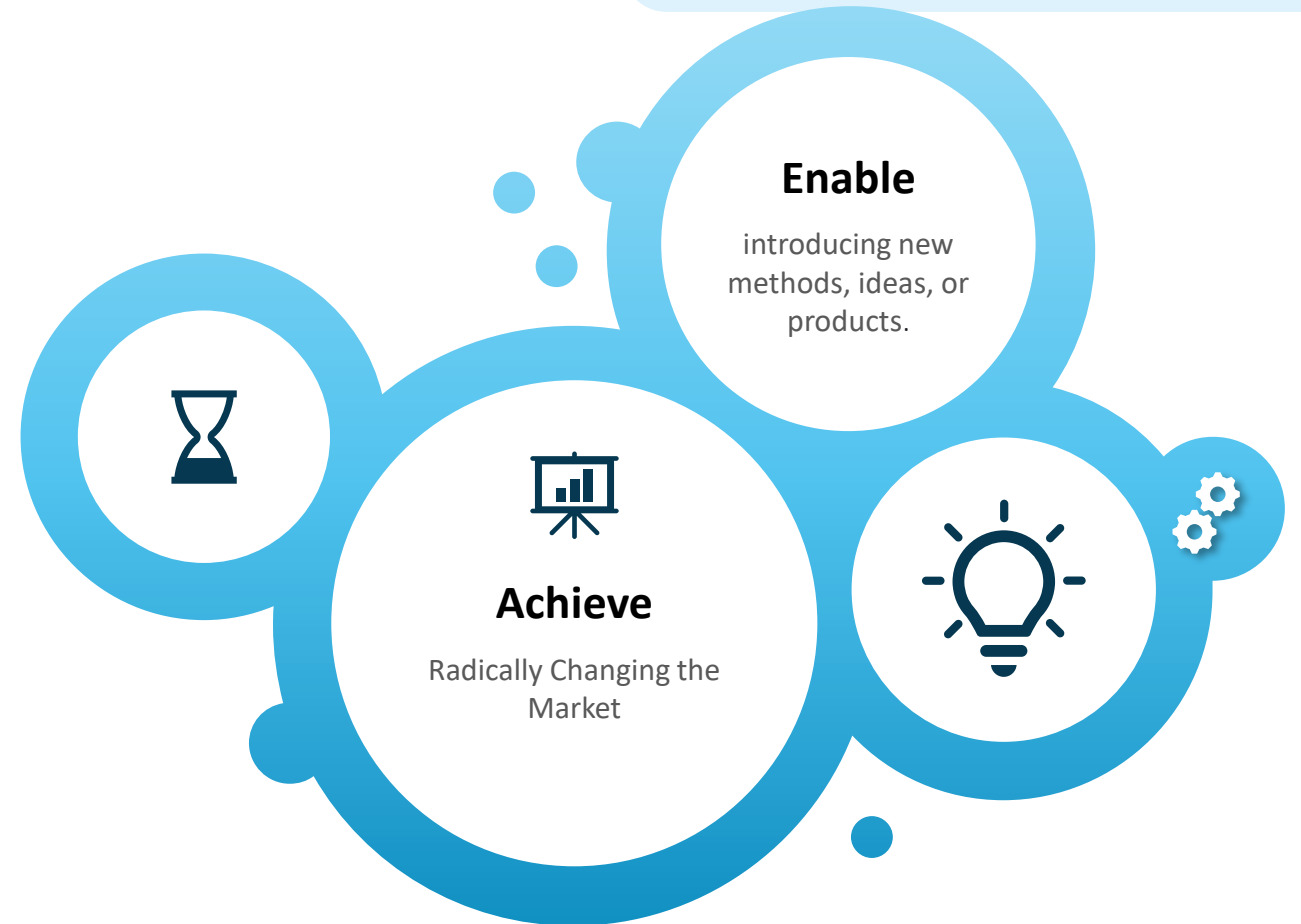


# About Us

ICRB is a leading research and consulting firm that provides data driven pragmatic and cost-effective innovative solutions

Our Design centric Human Connection framework helps Development Sector agencies in project implementation and monitoring, streamlining and scaling up processes, improving visibility and Sharing knowledge.

ICRB's Strong and widespread network of consultants and domain experts enable it to operate in diverse markets and consumer segments



# Synopsis- Pathway to TB treatment

## Objective

The objective of the study was to determine delays that occur from onset of TB symptoms until initiation treatment among TB patients in Patna..

## Impact on Household

Patients dieagnosed wth TB either lost their job or had to swtuch ther profession. The financial impact highly influenced patients care seeking behaviour.

## Case fatality Ratio

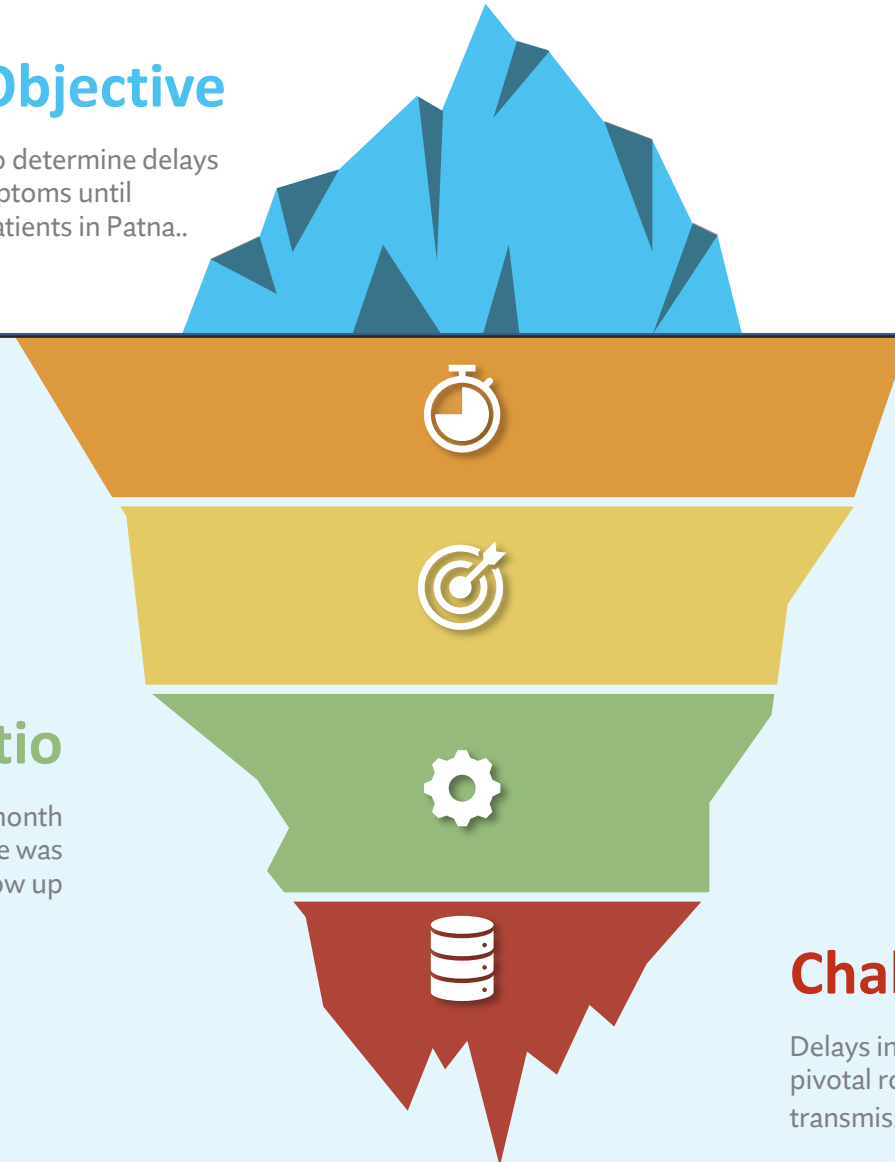
On average, patient underwent 8- 9-month treatment. The minimal treatment adherence was noticed in patients that were lost to follow up

## Healthcare

A weak public health system along with an unregulated private sector for TB care makes access to health care extremelt difficult. Patients on average experienced 2-3 months delay from the onset of symptoms to first care seeking, diagnosis and treatment initiation.

## Challenges

Delays in accessing effective health care plays a pivotal role in increasing Tuberculosis (TB) transmission within the community.



# Field Work



## Bihar, India

Patna, North India, with high levels of poverty and weak public health system, faces huge challenges for achieving effective TB control



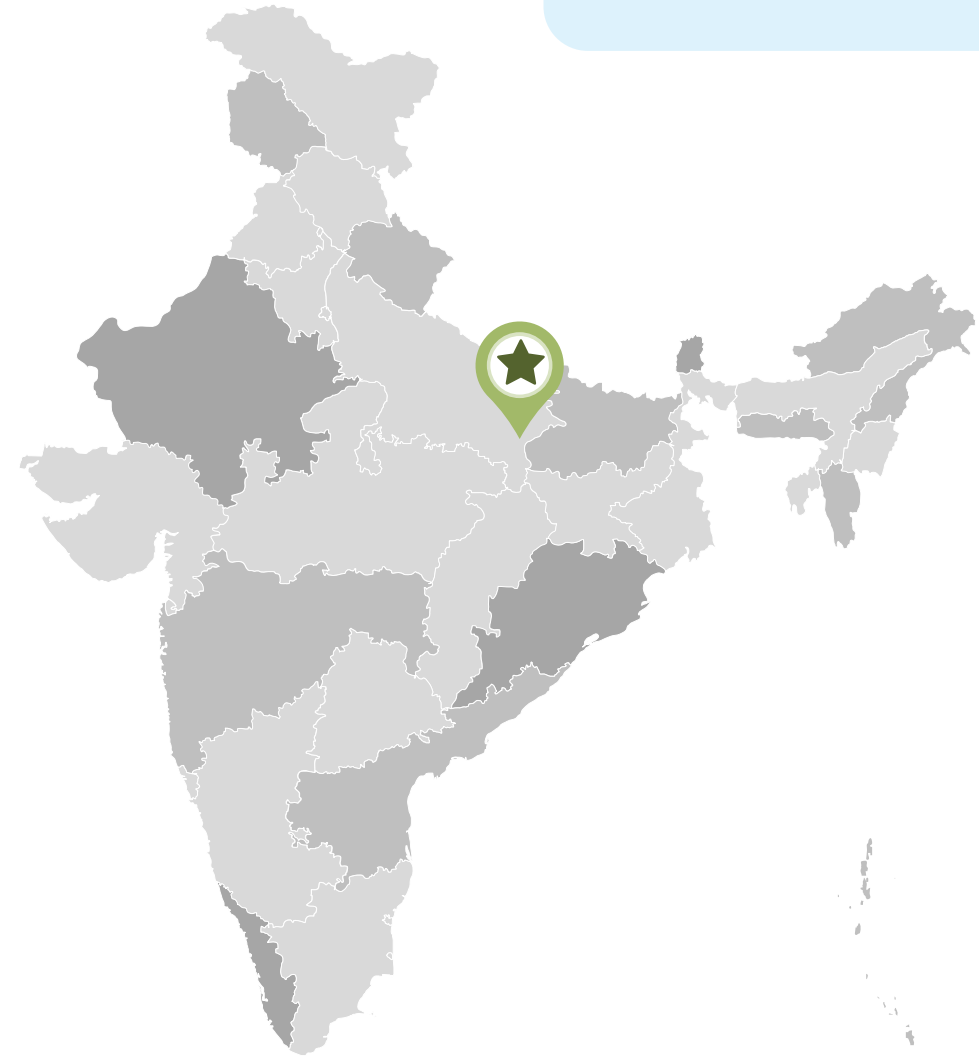
## Sample Size

A household survey (HH) was carried out in 4 municipal corporations in Patna in 2020-2021 identify challenges that TB patients face to get care they need.



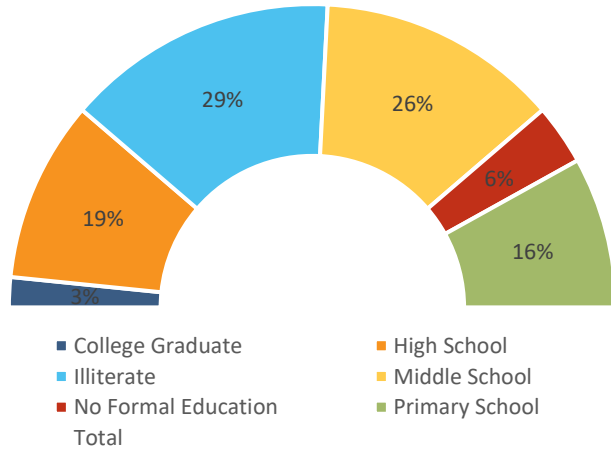
## Methodology

Patients of all ages and genders, diagnosed with pulmonary TB, or receiving anti-TB treatment (ATT) in the 3-6 months period prior to the interviews, were included.

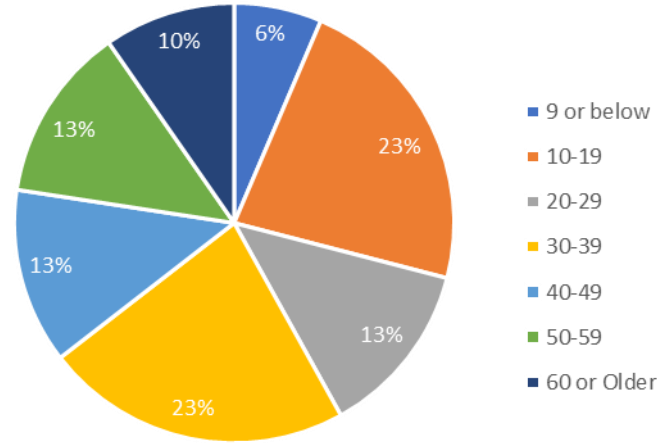


# Respondent Profile

Education- Female



Female Respondent - Age



## EDUCATION

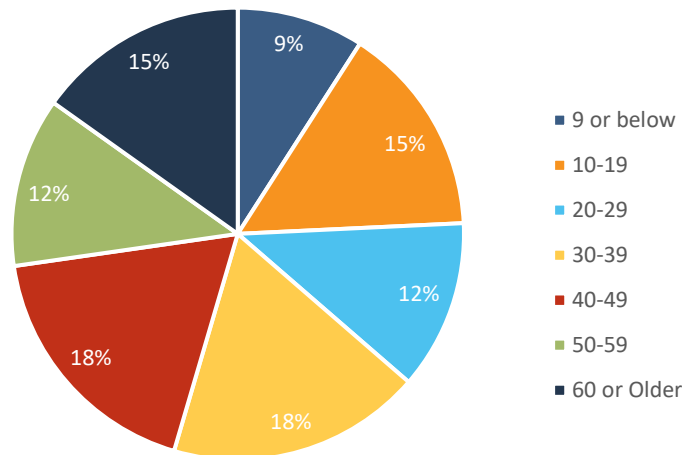
Approx. 35% of the female respondents were either illiterate or did not have any formal education while only 26% were middle school pass outs.



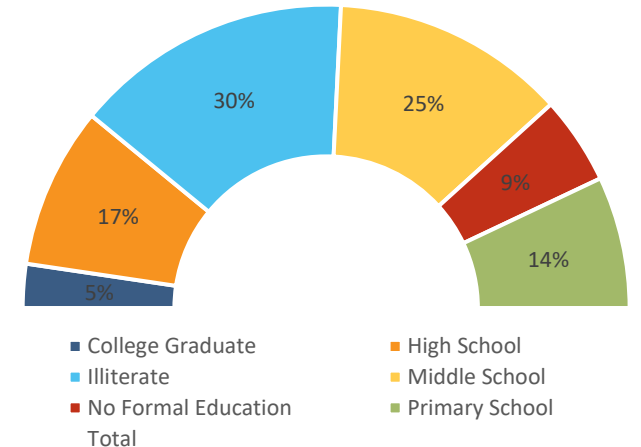
## EDUCATION

Contrary to females, 39% of the males were either illiterate or did not attend any formal education. Lesser number of men were high school pass outs as compared to women.

Male Respondent - Age



Male

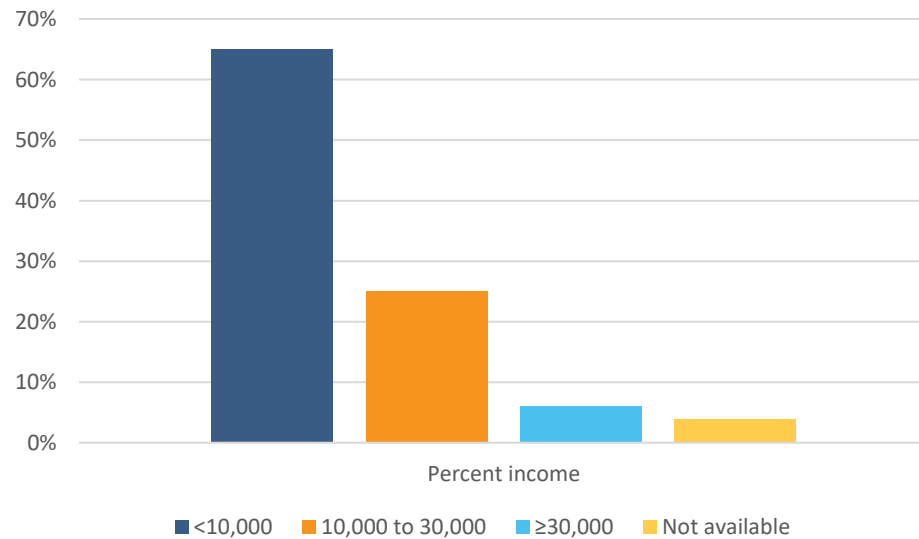


# Respondent Profile



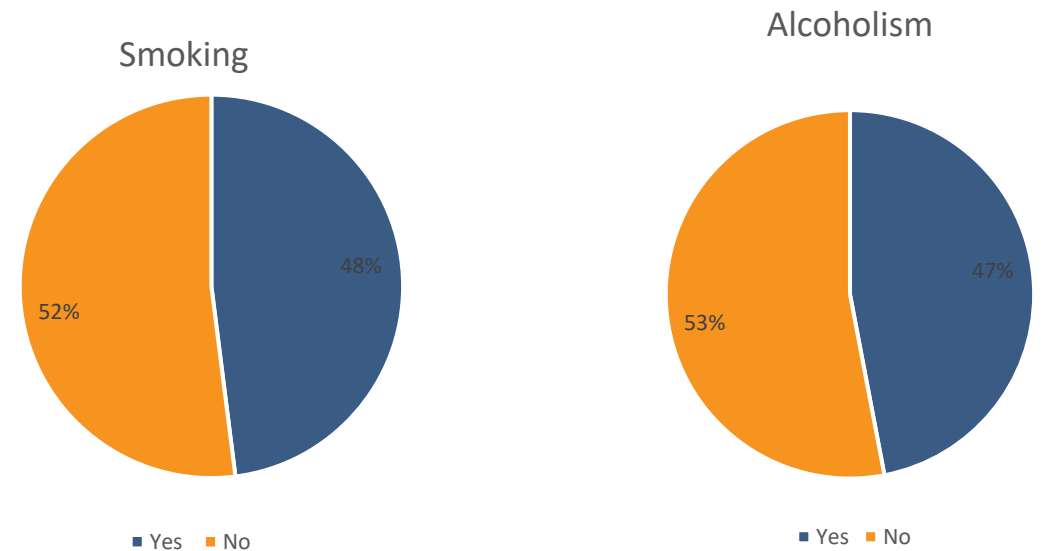
## HOUSEHOLD INCOME

Almost 65 % of respondents belong to households having a total earning of less than rupees 10,000 per month. These families were highly affected by rapid rises in Medical expense

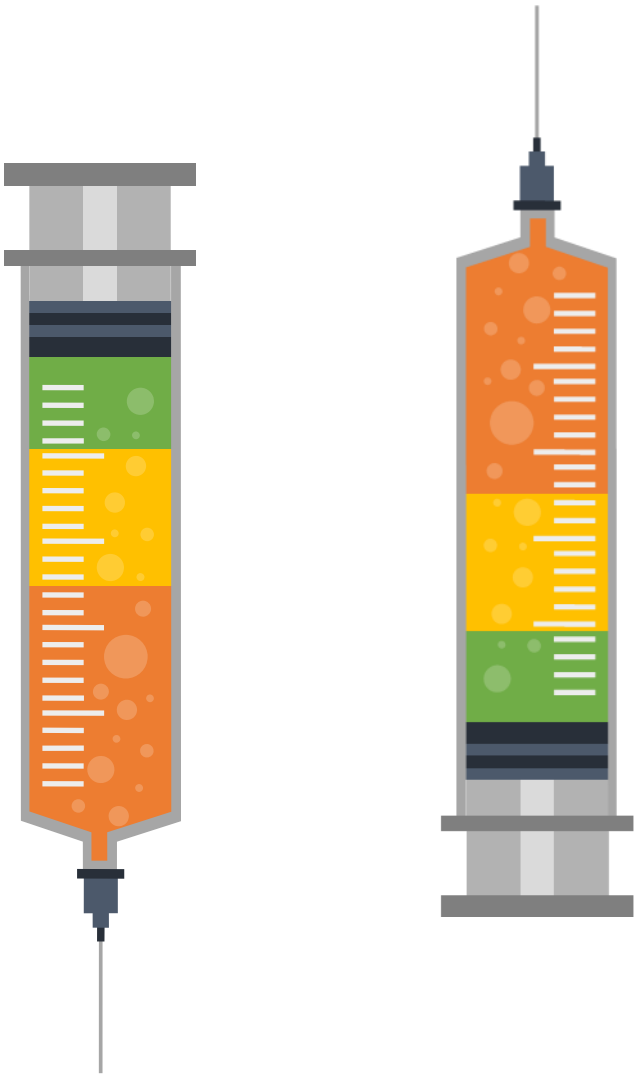


## SMOKING & ALCOHOL HABITS

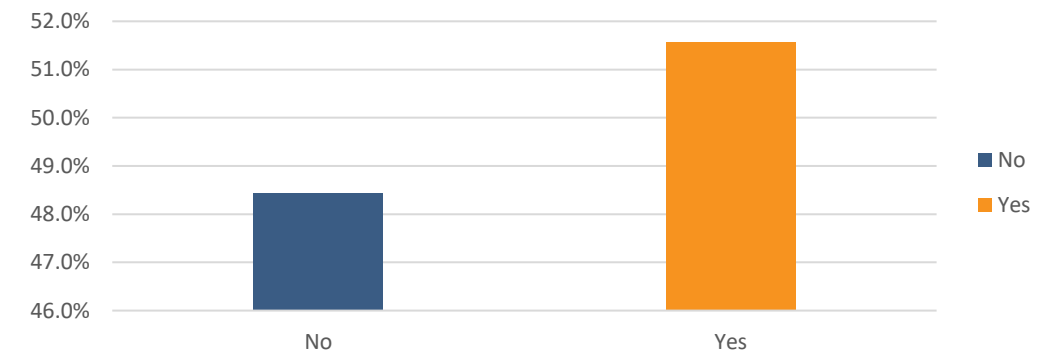
Alcohol Consumption and Smoking habits were found to be more prevalent in patients.



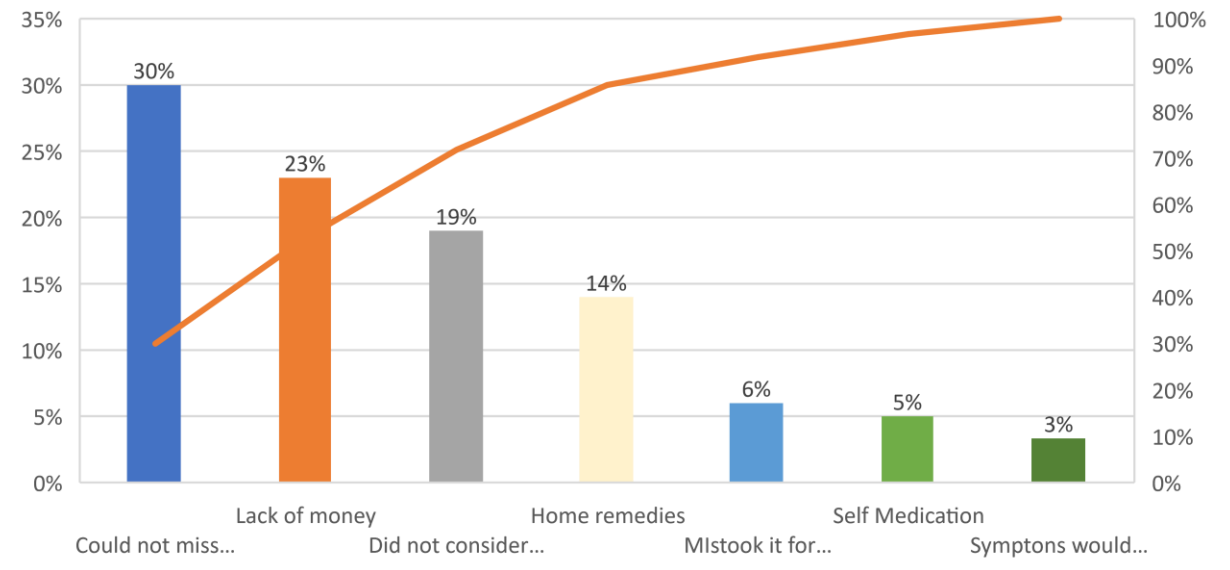
# Healthcare Seeking Behaviour



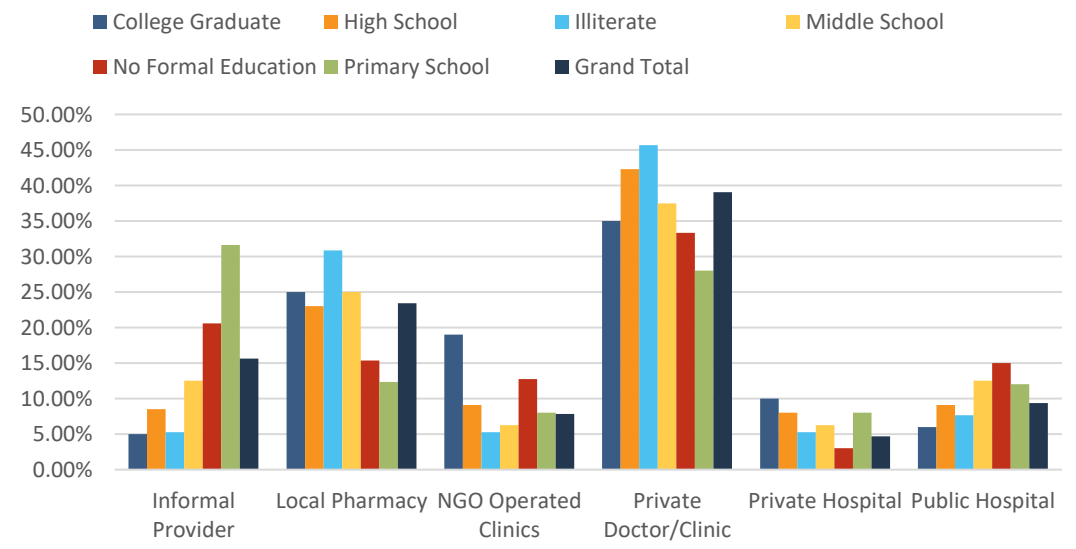
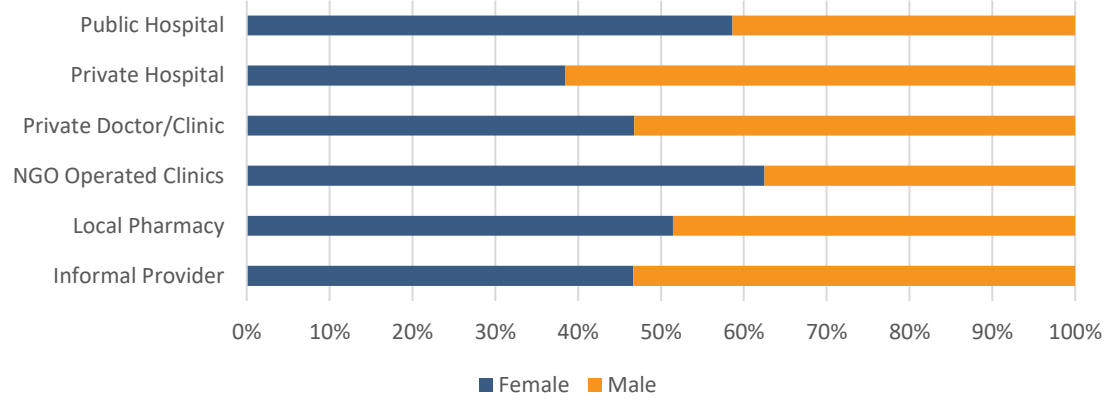
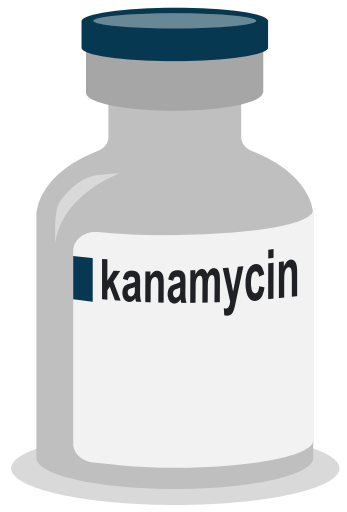
Medical Attention Sought Immediately



Reason- No immediate Medical Attention Sought



# Healthcare Provider





# Healthcare Provider



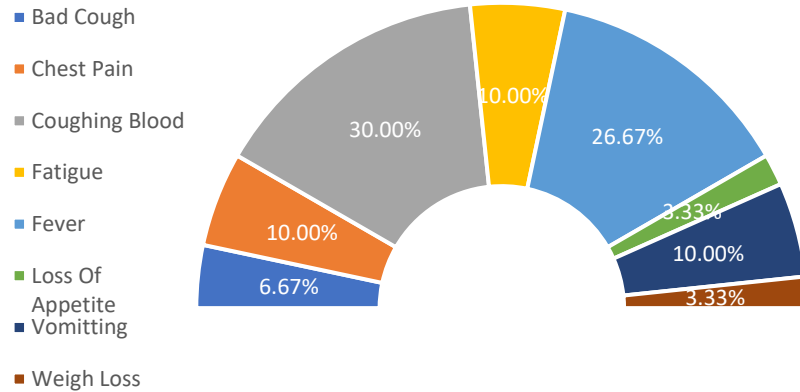
## INITIAL SYMPTOMS

Cough and fever were found to be the most reported initial symptoms, followed by other cardinal symptoms such as vomiting and constant fatigue,. Other symptoms included body pain, loss of appetite etc.

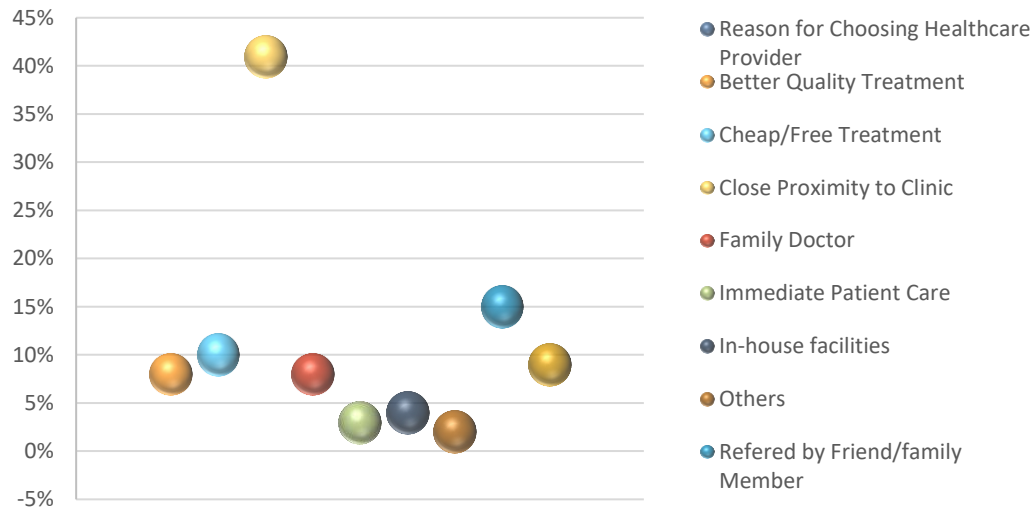
Twenty-six percent patients admitted to a past history of TB, while 37% patients reported having some form of addiction. 92 TB patients (13.5%) reported co-morbidities: diabetes, hypertension and fibroids

Source: Hindawi-Ripend Project

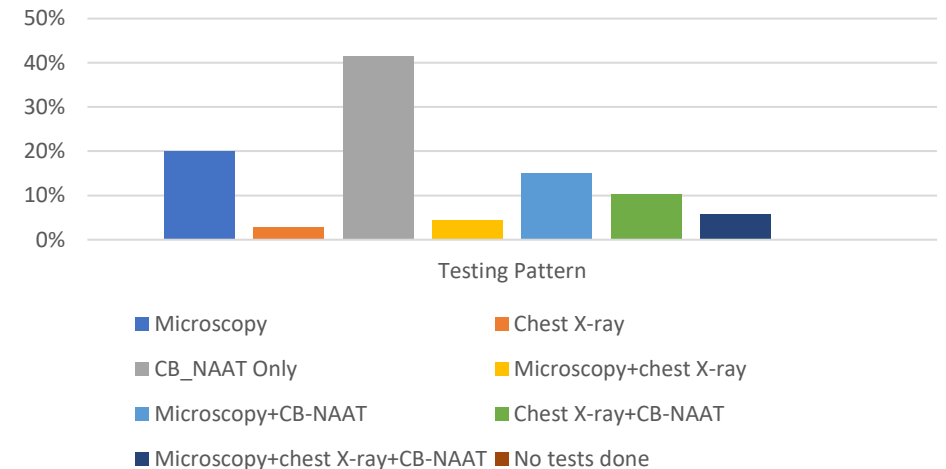
Symptoms that made you Go to Healthcare Practitioner



Reason for choosing Healthcare Provider



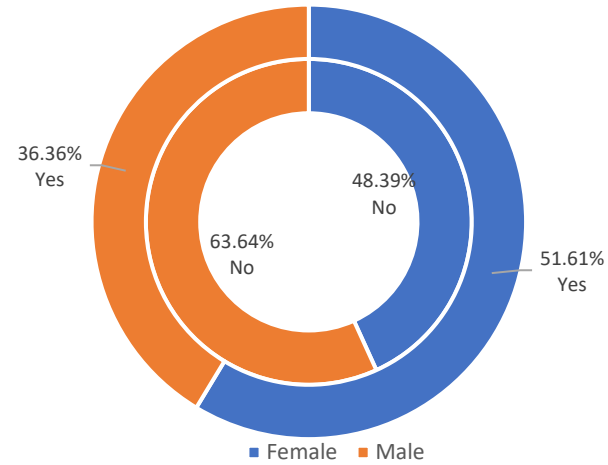
Testing Pattern



# Treatment



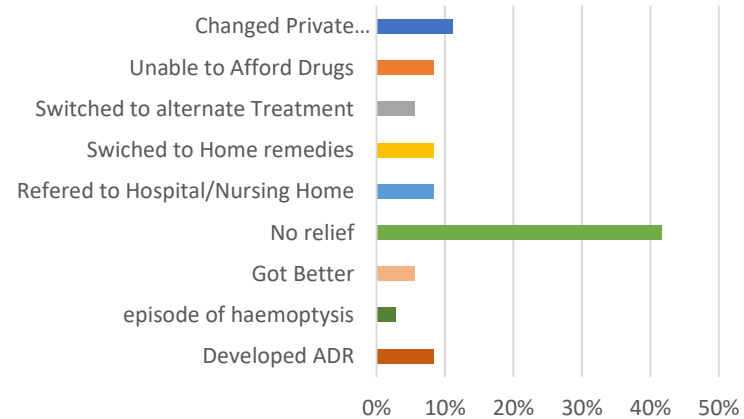
Treatment Completed



## TREATMENT ANALYSIS

Almost 30% of the interviewees comprised of minors where first care seeking delays were lower than adults. Concern for minors coupled with increased awareness of the disease maybe another reason for faster first care seeking among parents for their children. However, despite seeking care early, the diagnostic duration for minors was more than adults and there was a large representation of minors as outliers for diagnostic delay because of overlay of other common respiratory ailments confusing the diagnosis, poor expectation of sputum and the lack of facilities like nebulization and gastric lavages and culture.

Reason Treatment not completed



# Impact on Employment



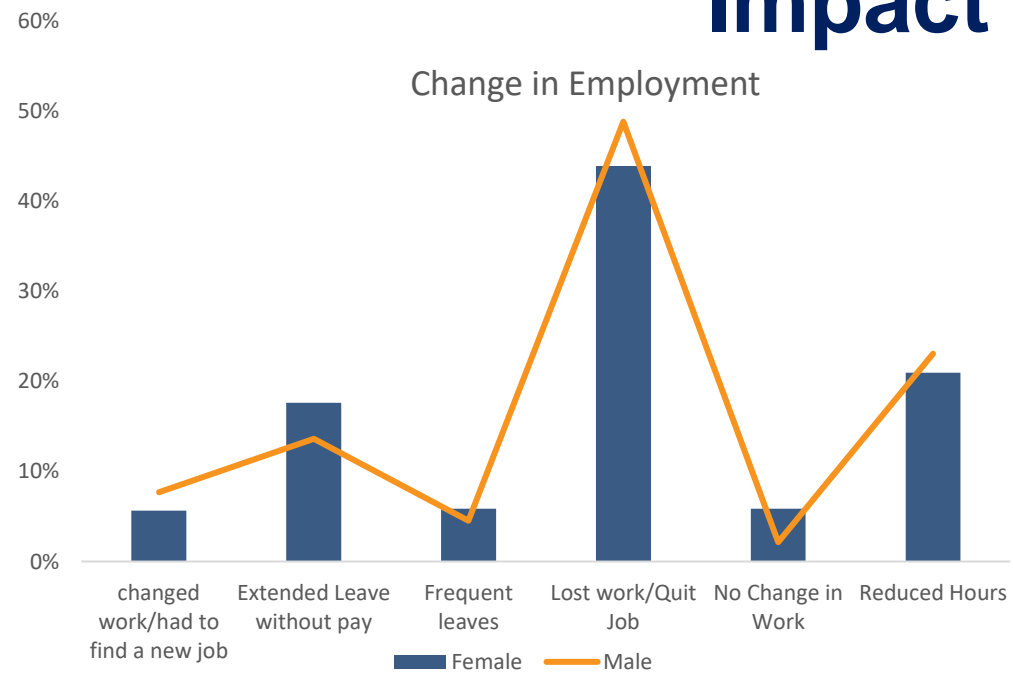
## EDUCATION ATTAINMENT

Education has a significant association with TB. The prevalence of TB varied with educational attainment—people without education had the highest prevalence of TB, while it was lowest among the people had higher education.

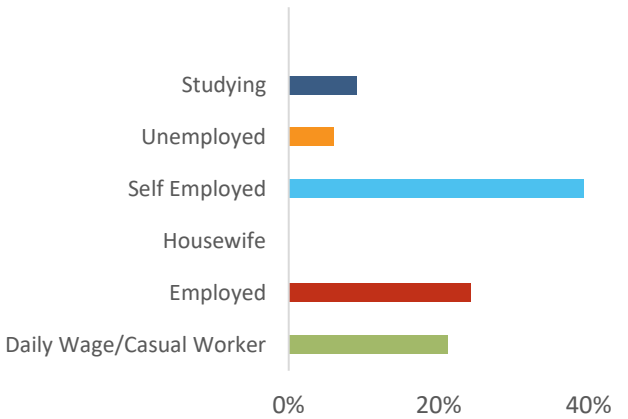


## EMPLOYMENT

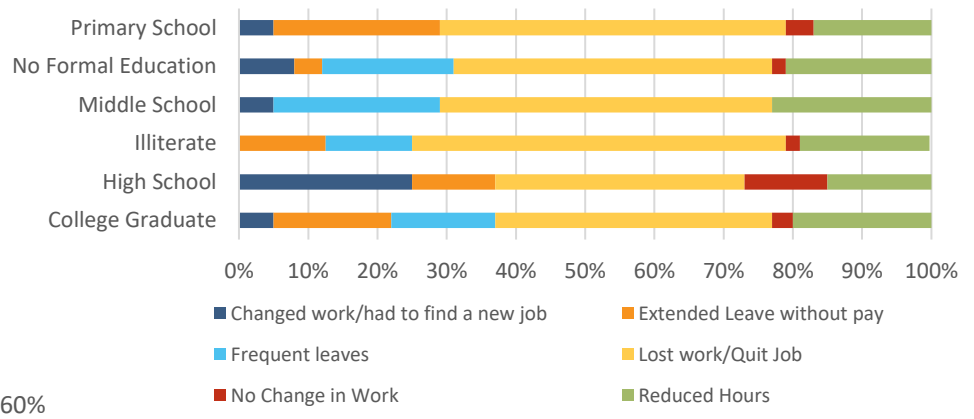
Owing to the living and working conditions, it is the impoverished class which is more vulnerable to the disease. Moreover, TB often results in a vicious circle of poverty and illness. Estimates suggest that on average, 20–30% of annual household income is lost due to TB.



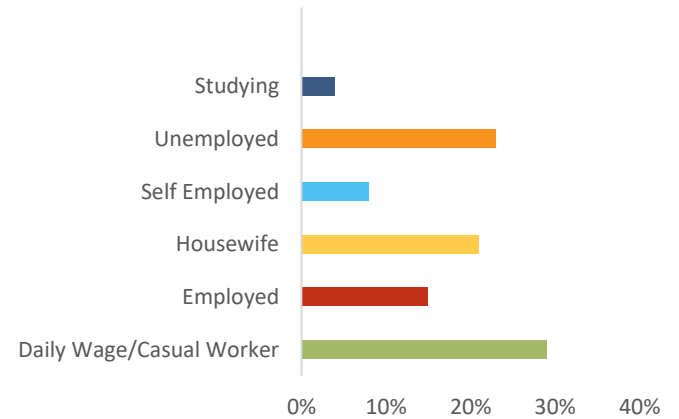
Employment- Male



Change in Work Status



Employment- Females



# Other Findings



## Household Material

It was found that TB was more pervasive in households that had walls (.43), floors (.40), and roofs(.54) made of mud or natural material.



## Smoke

Households in which the family members are exposed to smoke (second-hand smoke) daily are 1.5 times more prone to getting tuberculosis as compared with households where people do not smoke inside the house.



## Smoking

This study found that prevalence of TB was higher in households where there is daily exposure to smoke (0.43).



## Cooking Fuel

Prevalence of TB was found to be higher in households using solid fuel for cooking (34%) and that did not have a separate area for cooking (38%)



## Wealth Index

As anticipated, poor people are 78% more likely to get TB than the people belonging to the richest wealth quintile in India.

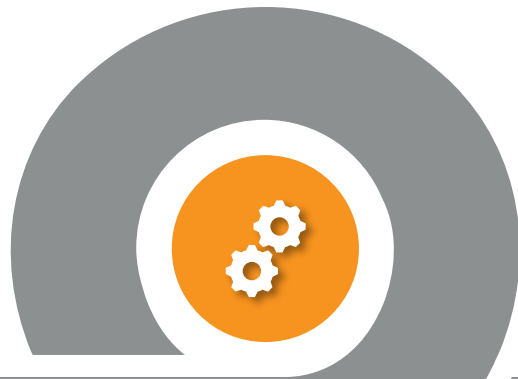


## Household Material

More patients were from Household where biotic and Other natural material was used for wall and roof. Shared toilets and higher number of people in household directly affected likeliness of getting Tuberculosis



Learn



Design



Develop

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