News from the partnership...

Partners Speak

PARTNERSHIP FOR TB CARE AND CONTROL India

Vol 2, Issue 2 January - March 2010

From our desk...

It's that time again when we share experiences of the quarter with all of you, and nothing could have been more enriching than hearing from some of our partners on what they did for **World TB Day.** This edition focuses on World TB Day on 24 March, whose theme this year was **"On the move against tuberculosis: Innovate to accelerate action".** The Partnership organised a discussion to strengthen the role of media in India's TB control throughout this 'Year of the Lung' - we feature some coverage after the World TB Day, courtesy our media friends. In **Know Your Partners**....we zoom in on the Christian Medical Association of India who are doing wonderful work in the north-east, in Meghalaya and Mizoram. In our attempt to bring you real-life experiences of **committed** grassroots people making extraordinary contributions to the fight against TB in their own way, we feature the stories of Mr Shekhar from Tamil Nadu and Ms Babita Devi from Bihar sent by REACH and MAMTA respectively. In this issue, we also start a feature on **Good Practice**, and this time we share an experience with self-help groups in Bihar. We remember Wallace Fox whose stellar contributions to TB control were as key as his links with India. And we bring you the usual dose of news and snippets and links... so read on partners and friends.....

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A Warm Welcome To Our New Partners

Four new partners join our fight against TB

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- Nilgiris-Wynaad Tribal Welfare Society (NWTWS)

Know your Partners...

Christian Medical Association of India (CMAI)

CMAI is a national organization established in 1905 for the prevention and relief of human suffering irrespective of caste, creed, community, religion and economic status. It promotes knowledge of the factors governing health; coordinates training for doctors, nurses, allied health professionals and others involved in the ministry of healing; implements schemes for comprehensive health care, family planning and community welfare; and renders health services in calamities and disasters of all kinds. CMAI is a fellowship of healthcare institutions and health professionals - doctors, nurses, administrators, chaplains and allied health professionals - working on various fronts, in diverse sectors, to bring relief from pain and the joy of health among India's poorest and the most deprived. They assist the Church and its healthcare institutions to rededicate themselves to this mission and encourage them to broaden their vision, adopt a wider understanding of the

concept of health, healing and wholeness, and go beyond community health to healing communities. Thus, CMAI is a forum, a gathering place and a fellowship, conceived as a potent instrument for social reform. In Meghalaya, CMAI works to improve access to and utilisation of TB diagnosis and treatment. It engages and empowers the church congregation for a greater role in TB care for the community, through improved knowledge, changed attitudes and participation, and strengthens local political commitment for increased and sustained priority to TB control. The areas where CMAI work have a hilly terrain and are sparsely populated in various small clusters. One has to walk for around 1-2 hours from a village, on an average, to reach the main road and access any form of transport to reach the nearest health centre. CMAI has a village-level volunteer for each cluster of 3-4 villages, identified by the local community, who coordinates project activities in the cluster. Volunteers use existing local mechanisms like community meetings and Sunday services in churches to spread awareness and information on TB. Through these activities, they create awareness, educate the community and identify persons who may be affected with TB. Those thus identified are referred to the nearest microscopy centre for sputum testing and are counseled by the village volunteers to take DOTS and complete the treatment. Volunteers meet the patients on DOTS regularly and discuss their difficulties. These discussions are recorded in the visit diary by the volunteers, and the information is passed to the District Coordinators, who take up any advocacy issues. CMAI's partners in this innovative approach are local churches and their existing structures and related bodies, such as women's groups, youth groups, social fronts, etc who represent the communities and work for the people of their villages. On an average, a Church congregation is present in a cluster of 3-4 villages. The local church congregation is the nodal point for mobilising each community and CMAI members - hospitals and individual health professionals form the resource points for this mobilisation.

The Third Partnership Steering Committee Meeting was held on 5 March 2010, chaired by Dr PC Bhatnagar. Six members and a standing invitee attended. Progress since the previous meeting was discussed and follow-up action taken. Discussion included ideas for the World TB Day and it was agreed to organize a discussion with media to strengthen their engagement in TB control. Other points included improving the Partnership website usage, social networking sites, a proactive Partnership role in funds like the Challenge Fund, TB REACH Fund, and The Global Fund, and making the Partnership an advocacy focal point for the Stop TB Partnership in India.

WORLD TB DAY: 24 MARCH 2010 PARTNER EVENTS

Engaging Indian Media in TB Control

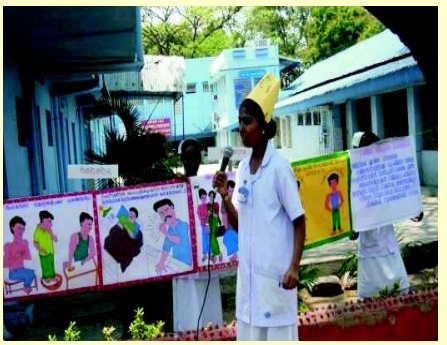
On 22 March 2010, prior to the World TB Day, a consultative discussion to strengthen media involvement in India's TB control efforts was organized by the Partnership. Media representatives brainstormed with civil society members on strategies, steps and story ideas to expand and sustain constructive reporting on TB and allied lung diseases through this Year of the Lung. The event was conceived and conducted by Apurva Narain, Communications Consultant to The Union, and supported by Drs S Srinath and Darivianca Laloo. Unlike more sensational diseases, media 'pegs' for TB are scarce and the emerging challenges of drug-resistant TB and TB-HIV co-infection are huge. TB also faces public apathy, lack of awareness and limited access to services. These factors make support to the national programme from non-programme sectors like civil society, private

organisations and the media critical in the context of a country like India, which bears the highest burden of TB globally and accounts for some 800 deaths a day. While the national programme has been very successful and has made free treatment available for all, there is much ground to be covered. The event sought a 'ripple effect' between the mainstream and regional/vernacular. It was felt that multiple communication channels from technical and online sources to easily locally accessible platforms were needed to sustain a constant stream of reporting. The paradigm for such reporting too had to shift from 'scoops' to coverage that prioritized a real collaborative contribution. The impetus to a civil society role in this, from sources like the recent Global Fund TB grant to India, was indicative of a realisation that a wider social commitment was needed to fight TB. Media was a crucial constituency here and the event sought to locate its long-term role. A full report is available on www.tbpartnershipindia.org.

REACH used this day to create awareness on TB, its diagnosis and treatment, encouraging people from all walks of life to stop TB. Its blog team was active for the past two months on what people could do on the REACH media website www.media4tb.org. Encouraging media to take up the cause of TB too, hard copies of media resource kits were mailed to media houses a week in advance and also sent to the Partnership for their media event. In collaboration with the State TB office and other NGOs, REACH helped organise a public rally and ensured media participation in it. It contributed four kiosks to display information on TB and distribute water and butter milk to rally participants. A segment on TB for the news of Jaya TV was shot at the

REACH office for broadcast on World TB Day. Dr Nalini Krishnan, Director, REACH, spoke on the medical aspects of the disease, Mr Joseph, District Coordinator, talked of how

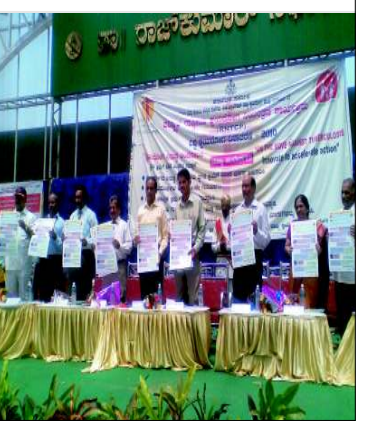
TB is being dealt with at the community-level and a cured patient shared her journey with the motive of breaking the stigma linked to the disease. Ms. Anne Theresa Suresh Kumar took part in the breakfast show for the Asian College of Journalism's campus TV channel as a special guest on World TB Day. She spoke on the role REACH plays as an NGO to control the disease and the importance of diagnosis and treatment. They also put up vital TB facts and the REACH Helpline, with the image of actor Surya in the form of six bus shelters at main points in Chennai, 50 'bus backs', and ads in news papers to create awareness on World TB Day. Community functions were organized in the districts where REACH works through the ACSM project. In collaboration with Omayal Atchi College of Nursing, two community programs to create awareness were carried out in Arukambakkam village, Thiruvallore district, for around 200



people. An orientation program was conducted for college students who agreed to distribute pamphlets and carry the TB message to the community for two days after World TB Day. Besides these, In the Tsunami Housing Board community, Semancheri village, Kancheepuram district, an awareness programme was carried out with the support of the National Human Rights Consumer Rights Production Organization for 500 people and, last but not least, the nursing students of CSI Kalyani Hospital with the support of REACH conducted a TB awareness programme for 100 people in the hospital campus through an innovative chart exhibition. The highlight was a food exhibition displaying protein rich food to maintain a good immune system. The students put up a skit; REACH staff also enacted a skit and Dr. Ezhilan of the hospital delivered a talk. Volunteers and patients were identified through the programme.

KHPT (Karnataka Health Promotion Trust)

World Tuberculosis Day was observed on 24th March and in this regard the State TB team had organized a function at Dr.RajKumar Sabha Bhavan, Corporation, Bangalore. A flow chart in Kannada 'Flow of clients under the Intensified TB-HIV package' was released and distributed to all dignitaries on the dais by Dr Prahlad Kumar, Director, NTI Bangalore. This chart will be displayed across health facilities in the state (PHCs, CHCs, District Hospitals and Medical Colleges) to remind health care providers on the referral of co-infected clients to ART centers and the importance of CPT, ATT and ART to HIV-Infected TB patients. A cultural team from KHPT performed a skit 'To address defaulters on ATT'. KHPT and its partner NGO members were present through the function.



MAMTA

An awareness programme on TB was conducted with women at Fulwaria Panchayat in Begusarai District, Bihar. 35 community members (all women) attended. During the meet, IEC banners and materials were displayed for a visual understanding of the problem of TB, its mode of transmission and prevention.

A street play organized by Jan Vikas Samiti near the railway station at Jhajha block of Jamui district using IEC activities. About 120 people, mostly labourers and their family members, witnessed the activities. The message of TB treatment was acted out in the form of a story. The context of the story was conceptualized from the general health seeking behavior where people sought divine intervention to do away with illnesses, even TB. The message: * TB can be cured not through divine intervention but through DOTS treatment which is available free of cost at every PHCs and DOTS center.

A home visit to a TB patient in Begusarai District, Bihar, where flip charts were used to educate the local communities.

CHAI

Catholic Health Association of India (CHAI) celebrated World TB Day through its member institutions in all 7 districts of Karnataka viz., Bangalore City, Bangalore Urban, Bangalore Rural, Kolar, Mandya, Mysore and Hassan with financial assistance from USAID / UNION. Every year World TB Day is observed to make people aware of the epidemic of TB, as it is still considered so in some parts of the world. TB causes nearly 1.6 million deaths every year around the planet. World TB Day has been celebrated on March 24 each year.

In 1882 Dr Robert Koch thunderstruck the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus, on March 24. World TB Day is about commemorating the lives and stories of people affected by TB, those who took treatment for it; and nurses, doctors, researchers and community workers who put in a global fight against it.

The programme began at 11.30 pm at Corporation Hall, Bangalore and was inaugurated by the Municipal Commissioner Dr. Bharat Lal Meena. The guest of honor was Dr. Kumaraswamy Lal Joint Director of TB. Dr. Jayarajan from Delhi, Dr. Dr.Prahalad Kumar from IDI, and Dr.Remana Reddy, Health Minister of Karnataka, were also present. In other districts of the project (Mysore, Mandya, Hassan, Kolar) the World TB Day is celebrated in collaboration with District TB offices and organized rallies, street plays etc. In the programme DOTS workers services were appreciated and acknowledged by dignitaries.

Reported by Dr.Satish Babu Chintalapudi, Programme Manager,CHAI /Union USAID Project,Secunderabad

NWTWS

World TB Day 2010 was celebrated at the Nilgiris Wynaad Tribal Welfare Society, Ambalamoola. In this programme, Dr. P.J. Vasanthan, Deputy Director of Medical Services (TB) Nilgiris, Dr. Krishnaraj, Block Medical Officer, Gudalur, Dr Lokesh, Medical Officer, NWTWS, and Mr. A.K. Soman, Programme Coordinator, NWTWS were present. Among the participants were about 100 cured and under-treatment tribal patients and community DOT providers.

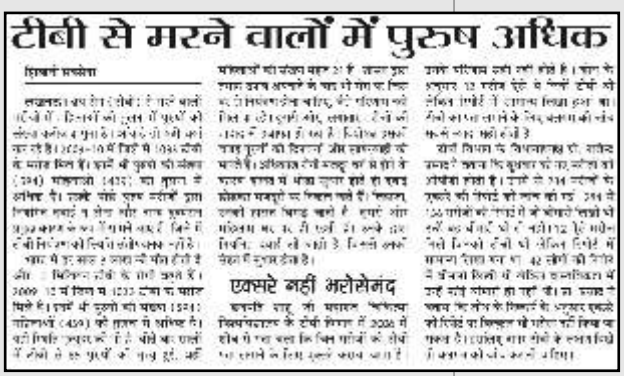
Addressing the gathering, Dr. P.J. Vasanthan told tribals residing in the remote areas of the district not to ignore symptoms of TB. He explained

symptoms of TB such as cough with expectoration for more than 2 weeks, evening temperature, lose of weight, loss of appetite and blood in sputum. He told that people should seek medical attention immediately if they suffer these symptoms. TB can be diagnosed by doing sputum microscopic examination at the designated Microscopic Centers and treatment will be provided free of cost to patients nearest to their home by a community volunteer under direct observation. TB is a curable disease and can be cured by taking medicines regularly for 6-9 months under direct observation.

MEDIA AND THE WORLD TB DAY

TB cure is still a distant reality for these villagers: an extract from a case on the debilitating links between TB, poverty, and access to services.

Around 110 kilometers of state capital of Uttar Pradesh, residence of Ganga Jamuni village are fighting against-tuberculosis (TB) since their three generations. This is the third generation of TB cases in many families of this village. 'My forefathers have also died few years back due to TB. The situation is same in most of the surrounding villages also. However, no step has been taken forward by the district health department and primary health care centre of Visheshwarganj,' says Tirathram a TB patient, who is suffering from TB for the last five years now. In the past two year 8 villagers have lost their lives to TB and about two and half dozen new cases of the disease have come up. Health facilities barely 10 kilometers away yet death has become the fate of TB patients in this village. Their abject poverty forcers them to discontinue their TB treatment, giving away to multi drug resistant TB and the consequential death. "The problem is poverty, despite we providing medicines free of cost for a month of the patients but these people fail to turn up even to collect free medicines and for the necessary and routine medical test," says Mr. Ashok Shukla, Coordinator, DOTS and Sputum collection Centre, Bindra Bazar. These patients not only face TB related problems, they also ruthlessly face stigma and discrimination in their society and family too. Patients have been forced to live in a separate shanty outside the family hut to keep them and the disease he carries, away. Family members fear that he may also be a patient and may pass on to the TB infection to the kids. The youngest TB patient in this village is 3 years old girl. Ministry of Health and Family Welfare shows 100 per cent geographical coverage of DOTS centre in India. However, in most of the rural areas DOTS centres are not functional properly and often they are being closed. Mr. Ashok Shukla further says that "Coordinators of DOTS centre are also not fully committed for patients health, because they are not getting paid any honorarium, remuneration etc. to serve their duty."



टीबी से मरने वालों में पुरुष अधिक

एक्सरे नहीं मशीनसेनंद

"We have a unique historic opportunity to stop tuberculosis, but we must act now," said Dr Marcos Espinal, Executive Secretary of the Stop TB Partnership. "The challenge now is for people to work together in putting the plan into action, in order to stop one of the oldest and most lethal diseases known to humanity. This plan tells the world exactly what we need to do in order to defeat this global killer." The 2010 World TB Day campaign with its slogan "On the move against tuberculosis: Innovate to accelerate action" is focused on individuals around the world who have found new ways to stop TB and can serve as an inspiration to others. ...Let us hope that the government and non-governmental organisations will not only raise their voice for TB patients on World TB Day but will go beyond and will become a ray of hope for the un-heard patients too.

बच्चों ने निकाली रैली, दिया रोग से बचाव का संदेश

विश्व क्षय दिवस पर हुए कार्यक्रम, एड्स से बचाव पर कार्यशाला भी आयोजित की गई

हर पांचवां टीबी मरीज भारतीय

केडल मार्च:

Amit Dwivedi is a health and development journalist and public health advocate. The full article is on

www.theseoultimes.com/ST/index.html

The Stop TB Partnership celebrates Innovation:

With the slogan of On the move against tuberculosis: Innovate to accelerate action, World TB Day 2010 focused on the theme of innovation: from new ways of partnering to innovative ways of raising awareness and addressing the problem of TB. As in previous years, a World TB Day blog was set up to give partners all over the world an opportunity to share their activities, stories and materials. Activities included candlelight vigils, rallies, seminars, poster competitions and many others aimed at marking the day by engaging all members of society including health-care providers, TB-affected communities, students and businesses. World TB Day Blog: www.worldtbday.org World TB Day 2010 site:
www.stoptb.org/events/world_tb_day/2010/

British singer Craig David is Stop TB Partnership's new Goodwill Ambassador: This was announced in a news conference at the United Nations Headquarters in New York on World TB Day. In his new role, Craig will use his image and voice to raise awareness on TB among millions of fans worldwide. His first mission will take him to South Africa, where he will participate in events surrounding the 2010 FIFA World Cup. More on
www.stoptb.org/global/people/ambassadors/david/

The national Stop TB Partnership in Pakistan has forged strategic alliances with the country's key media agencies, recognizing the important role media plays in disseminating key TB messages and influencing policy-makers. The Partnership signed a Memorandum of Understanding with TV channels, a medical journal and a media production and event management company and has laid out each partners' roles in a plan of action. See
www.stoptb.org/countries/acsm/action/events.asp.

Submit best country examples: The Stop TB Partnership is looking for best practice examples to showcase in web sites, presentations, and events. Share your stories of success in implementing advocacy, communication and social mobilization activities in your neighborhood, town, city or country. For more information, visit:
www.stoptb.org/countries/acsm/action/bestpractice.asp.

(Updates and photos from the March 2010 e-update of the Stop TB Partnership ACSM subgroup)

World Health Organization: In preparation for World TB Day, WHO released its report "Multidrug and Extensively drug-resistant TB (M/XDR-TB): 2010 Global Report on Surveillance and Response". The report, an update of the 2006 Anti-Tuberculosis Drug Resistance in the World Report No. 4: www.ghdonline.org/drtb/resource/anti-tuberculosis-drug-resistance-in-the-world/, states that "New findings presented in this report give reason to be cautiously optimistic that drug-resistant TB can be controlled," but it reinforces that "urgent investments in infrastructure, diagnostics, and provision of care are essential if the target established for 2015 – the diagnosis and treatment of 80% of the estimated M/XDR-TB cases – is to be reached." An interesting discovery was that in two Russian oblasts, the proportions of MDR-TB among new TB cases peaked in 2004 and 2006 and are now in decline, which the report attributes to successful TB control efforts. This is important because it seems to indicate that the burden of MDR-TB can be successfully curbed even in settings with limited resources. Another finding was that contemporary diagnostics for MDR-TB are available in fewer than half of the countries with high MDR-TB burdens. The report states that building of laboratory capacity to diagnose MDR-TB is one of the key challenges facing countries in scaling-up their MDR-TB efforts. The issue of laboratory capacity is addressed in an excellent presentation on Drug Susceptibility Testing by John Ridderhof, DrPH, on www.ghdonline.org/drtb/resource/tb-drug-susceptibility-testing-expert-panel-meeting. And a great new resource of note: the Global Laboratory Initiative Tuberculosis Network with Google has put up an interactive map with contact references, exact locations, and testing capabilities for SRL and NRL on http://sites.google.com/site/glitblabnetwork/home. With regard

to XDR-TB, 5.4% of MDR-TB cases were found to have XDR-TB and eight countries reported XDR-TB in more than 10% of MDR-TB cases. For more, see http://whqlibdoc.who.int/publications/2010/9789241599191_eng.pdf

Medecins Sans Frontieres marked World TB Day by drawing attention to Lesotho's newly-revised life expectancy of between 36 and 40 years, which it attributes to the deadly combination of HIV and TB.

The US Government released its 5-year plan to address the global TB epidemic, the Lantos-Hyde United States Government Tuberculosis Strategy.

Family Health International became a member of the TB Trials Consortium, an international consortium that conducts programmatically relevant research on new TB drugs and treatment strategies to find shorter, more effective, and safer treatment regimens for the cure of TB patients worldwide.

International Union Against Tuberculosis and Lung Disease (The Union), in its World TB Day press release, announced launching a trial of a 9-month MDR-TB treatment regimen that has demonstrated cure rates exceeding 80% in a pilot programme. The Union's evaluation of a standardised treatment regimen of anti-tuberculosis drugs for patients with multiple drug-resistant tuberculosis or STREAM will seek to determine whether a regimen developed and implemented by the Damien Foundation and the Institute of Tropical Medicine, and used with notable success in Bangladesh, can be used in different settings with comparable results. The STREAM study is part of the USAID-funded initiative led by The Union called Technology, Research, Education and Technical Assistance for Tuberculosis – TREAT TB. Consistent with the goals of TREAT TB, the overarching goal of STREAM is to see that research, technology and education are increasingly used to improve the performance of patient management practices in the countries selected for the trial. The outcomes of the study are expected to provide important evidence to inform MDR-TB treatment recommendations from global technical agencies, including the World Health Organization and The Union and national policy and guidelines for MDR-TB treatment in high-burden countries. For more information on TREAT TB, please visit www.treattb.org. For more information on The Union, please see www.theunion.org.

THE YEAR OF THE LUNG 2010 IS A CAMPAIGN LAUNCHED BY THE FORUM OF INTERNATIONAL RESPIRATORY SOCIETIES (FIRS) TO BUILD AWARENESS OF THE ESSENTIAL ROLE THE LUNGS PLAY IN HEALTH AND THE TOLL TAKEN BY LUNG DISEASES.
www.yearofthelung.org

OBITUARY

WALLACE FOX will be remembered as the leader of the British Medical Research Council (BMRC) programme that provided a cure for tuberculosis even in the poorest developing country... His life-long interest in tuberculosis began when he himself caught the disease and was treated with bed rest in a sanatorium. He joined the staff of the BMRC Tuberculosis Research Unit directed by Philip D'Arcy Hart in 1952, at the time when new antibacterial drugs, such as streptomycin and isoniazid, were being introduced to treat tuberculosis. At that time, the main method for tuberculosis control was considered by the World Health Organization (WHO) to be Bacilli Calmette-Guérin (BCG) vaccination, but Wallace took an early decision to concentrate on treatment, thus forecasting by many years the later change in public health attitudes to case finding and treatment as the most effective control measures.

Even with the cheaper drugs, however, the cost of a year or more in hospital or a sanatorium—very high in Europe—was prohibitive in Africa and Asia. Wallace and Philip Hart then went to India to see whether a trial could be arranged to explore the need for hospitalisation where drugs were given under circumstances of great poverty amongst the patients. This led to the formation of the Tuberculosis Chemotherapy Centre at Madras, with Wallace as director for the next 5 years, to carry out the trial that compared the results of drug treatment given either in a sanatorium with rest and a good diet or at home with neither. The trial showed no advantage for the sanatorium group, and indeed many social problems were caused by the long-term separation of patients from their families—and no added risk of infection was observed for the family contacts of those treated at home. This trial was responsible for closing tuberculosis beds in hospitals and sanatoria throughout the world, and was said to have saved enough money to pay for all medical research for the next 10 years.

Effective tuberculosis treatment could now be given cheaply and effectively—a real revolution. But there still remained a big problem: treatment had to be

given for at least 12 months and after patients had returned to work. Wallace immediately saw the challenge of ensuring that the drugs were taken regularly, and proposed that treatment should always be given supervised, a proposal that gave rise many years later to the WHO DOTS strategy.

Born 7 November 1920, Wallace married Gaye Judith Akker in 1956 and has three sons... He developed Alzheimer's disease during his retirement and died on 22 January 2010.

Extract from a piece by Denis A. Mitchison, Department of Cellular & Molecular Medicine, St George's Hospital Medical School, London, UK.
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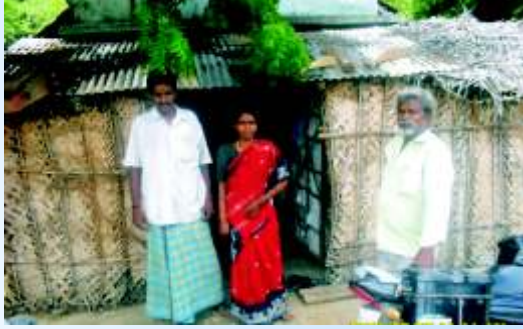

Mr Shekhar, a committed CSG member

Seen here is Mr Muthalen with his wife Jamuna, and Mr Shekhar, a week before Jamuna's death.

'Together we will be in happiness and sorrow, in health and in sickness" is a marriage vow that every couple takes when they tie the knot. How many couples stand by this conviction towards each other is often questionable. So was the case of Mr Muthalen and his wife Jamuna. A call from Mr Shekhar, a CSG member from Semencherry village on a bright July morning to the District Coordinator working on the ACSM project at Thiruvanamallai district, materialised into the duo meeting the couple on the 30 July 2009 at their village Karanai. Here it was learnt that both Muthalen and Jamuna suffered from TB. Muthalen who works as an electrician and is the father of two girls and a son was a severe alcoholic, to the extent that he rendered no support or care to his wife who had been suffering with TB for the past one and a half years. Jamuna had been put on Category I and II drugs but failed to complete both courses of treatment. Neither did she do any follow-up sputum tests. But things were different when Muthalen got the same symptoms. He took care to shop for a diagnosis and treatment, so he finally got in touch with Mr Joseph, the REACH District coordinator through Mr Shekhar. Gauging the condition of the couple, they were immediately sent to the Tambaram Sanatorium, where they were admitted. However, unfortunately, Jamuna died young, at the age of 36, within a week. This incident brings to light the fact that every minute that is ticking is crucial in the life of a TB patient and there is no time to wait. Her death had a shattering effect on her husband, who till then seemed to care less for her. The CSG member Shekhar stood by Muthalen at this point and comforted him through his grief. He then made sure that Muthalen underwent all the necessary tests. He was then started on treatment a week after his wife's demise. Shekhar has taken up the responsibility of being his DOT provider. Today Muthalen is well informed about TB and is taking his treatment seriously, as the responsibility of raising his three children with the support of his aged mother rests solely on his shoulders. The ACSM initiative derives its strength from the committed acts of CSG members like Mr Shekhar whose steps have led to saving at least one life among the two.

Sent by Mr Joseph, District Coordinator, Thiruvanamallai District. (courtesy REACH)

Ms Babita Devi shows the way!

A Self Help Group (SHG) leader in Ukhrauda, Alauli block, Khagaria district, Bihar

In villages where there is shortage of health care providers, local SHGs or other support groups often act as supplementary health workers and play a crucial role in empowering marginalised sections of the community by running small enterprises on micro credit, etc. A local leader of one such SHG in Alauli block of Khagaria district, Bihar, Babita Devi, extended her support to the TB program. There are 18 such SHGs in Ukhrauda village at a distance of about 13 km from Alauli block. An SHG called HANSWASINI (formed under the Department of Rural Development Agency) for women's empowerment has operated in the village since 2006. The partner NGO Sahitya Kala Manch utilised these SHGs by sensitizing them on TB and its problems. Through the ACSM project, efforts have been steeped up and tremendous changes are happening at the grassroots level. Babita Devi is actively involved in health awareness and promotion activities in the village. From time to time, the district health department has utilised her services during the polio and other health awareness campaigns in the village. Babita is a motivated lady actively involved in ACSM programs, mobilizing other members of the group and discussing TB problems during SHG meetings. Due to the lack of frontline health workers in the block, her motivation has been acknowledged by the health department at the block and very often she attends the training organized by DRDA. Today, after training, she is a designated DOTS provider in her village that has a population of 3500. To date she has been able to refer 20 suspected patients, of which 2 are positive. She now provides DOTS treatment to one of the positive patients.

(Courtesy: MAMTA Institute for Mother and Child, Delhi ACSM for TB Control, Bihar)

GOOD PRACTICE: Linkage of SHGs for TB Control

The same setting has a valuable 'good practice' lesson - SHGs can be an indispensable link in TB care and control. Sahitya Kala Manch, a local partner has been working with SHGs in seven villages of Khagaria district. The project involved forming SHGs and empowering them through income generation activities including sensitization on government schemes under the Women Development Corporation. 85 SHGs were formed in the 3-year project period. After the project, some SHGs continued and of these 14 were sensitised on TB and DOTS. The 14 SHGs operate in 3 villages (there are 5-6 SHGs per village). The sensitisation was done in their monthly meeting in the villages with the help of IEC materials. Once oriented, they in turn oriented other members, neighbors and family members. Today, the 14 SHGs actively support this project by generating awareness in the communities, identifying defaulters and suspected patients and referring them to health facilities. Geographical location has been a constraint in accessing DOTS in these villages. After months of sensitisation, two SHG members from Benhar and Ukhraura villages of Alauli block, who are vibrant and vocal, have been identified as DOTS providers. They have been trained to provide DOTS, collect sputum and transport to PHC for lab testing, and follow up with patients on a continuous basis. As a result, 15 suspected patient sputum samples were collected and transported for testing. 2 patient's sputum tested positive and they have been put on DOTS treatment. This has contributed to improving early diagnosis and treatment, as envisaged under RNTCP, and has empowered the community.

(Courtesy: MAMTA Institute for Mother and Child, Delhi ACSM for TB Control, Bihar)

We would like to thank all our partners for sharing their stories, information and news.

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