I am pleased to congratulate Project Axshya on completing four years towards better TB care and control in India. The project’s strategy of civil society participation combined with its focus on active case finding in Phase II has been invaluable in improving health services and outcomes among most vulnerable and marginalised communities across the country. As a key partner of the RNTCP and its mission of universal coverage, I wish the project every success in the years to come.

**Dr R S Gupta**
Deputy Director General, Central TB Division
Ministry of Health and Family Welfare, Govt. of India

Despite the progress made, more than a third of the estimated TB cases in India are still unable to avail of services provided through the Revised National Tuberculosis Control Programme (RNTCP) – the so-called “missing” cases. Project Axshya is highly relevant in supporting RNTCP efforts to find these cases, particularly among vulnerable and marginalized populations, so they get the TB care that they need and deserve. In its fourth year, the project continues working to enhance access to quality TB services and I hope this annual activity report will inspire many more to join the fight against TB.

**Dr Jamhoih Tonsing, Regional Director**
The Union South-East Asia Office

Completing four years in Project Axshya has been an invigorating achievement for our team – it brought an opportunity to adapt strategies based on the experiences of the first three years, and witnessed the impact of prioritising interventions to enhance access to health services for the most vulnerable and marginalised sections of society.

Efforts at sputum collection and transportation, engaging rural healthcare providers to refer TB symptomatics and serve as DOT providers, empowering patients through District TB Forums, continued with in all 300 project districts to increase awareness of TB, expand the reach of RNTCP services, reduce stigma and ultimately increase community ownership in TB care and control. Axshya SAMVAD, an intensified outreach activity innovated in Phase II, saw Axshya Mitras going house-to-house over the last year to ensure that patients from communities at the peripheries are not missed, and do not turn into the “missing cases” who go undiagnosed and untreated. Finally, we send out a heartfelt vote of thanks to all our partners and stakeholders – the Government of India, the Global Fund, our partner NGOs, and to the thousands of Axshya Mitras who work tirelessly at the grassroots and keep alive our vision of a TB-free India.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACSM</td>
<td>Advocacy, communication and social mobilisation</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune-deficiency syndrome</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary nurse midwife</td>
</tr>
<tr>
<td>APM</td>
<td>Assistant programme manager</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited social health activist</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi worker</td>
</tr>
<tr>
<td>CBCI-CARD</td>
<td>Catholic Bishops’ Conference of India - Coalition for AIDS and Related Diseases</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-Based Organisation</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention (USA)</td>
</tr>
<tr>
<td>CHAI</td>
<td>Catholic Health Association of India</td>
</tr>
<tr>
<td>CMAI</td>
<td>Christian Medical Association of India</td>
</tr>
<tr>
<td>CNA</td>
<td>Communication needs assessment</td>
</tr>
<tr>
<td>CTD</td>
<td>Central TB Division (India)</td>
</tr>
<tr>
<td>DC</td>
<td>District coordinator</td>
</tr>
<tr>
<td>DDG (TB)</td>
<td>Deputy Director General (TB) / National TB Programme Manager</td>
</tr>
<tr>
<td>DLN</td>
<td>District-level network</td>
</tr>
<tr>
<td>DMC</td>
<td>Designated microscopy centre</td>
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<tr>
<td>DOT</td>
<td>Directly observed treatment</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly-observed therapy (Short Course)</td>
</tr>
<tr>
<td>DTC</td>
<td>District TB cell</td>
</tr>
<tr>
<td>DTO</td>
<td>District TB officer</td>
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<tr>
<td>EAG</td>
<td>Ethics advisory group</td>
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<tr>
<td>EHA</td>
<td>Emmanuel Hospital Association (India)</td>
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<tr>
<td>GKS</td>
<td>Gaon Kalyan Samiti (Village Health and Sanitation Committee)</td>
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<tr>
<td>GoI</td>
<td>Government of India</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>ICTC</td>
<td>Integrated counselling and testing centre</td>
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<tr>
<td>IEC</td>
<td>Information, education, communication</td>
</tr>
<tr>
<td>IMPF</td>
<td>Indian Medical Parliamentarians Forum</td>
</tr>
<tr>
<td>IPC</td>
<td>Interpersonal communication</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, attitudes and practices</td>
</tr>
<tr>
<td>LHV</td>
<td>Lady health visitor</td>
</tr>
<tr>
<td>LRS</td>
<td>Lala Ram Swarup Institute for TB and Respiratory Diseases</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; evaluation</td>
</tr>
<tr>
<td>MAMTA</td>
<td>Mamta Health Institute for Mother and Child (India)</td>
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<tr>
<td>MDG</td>
<td>Millennium development goal</td>
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<tr>
<td>MDR-TB</td>
<td>Multidrug-Resistant Tuberculosis</td>
</tr>
<tr>
<td>MoHFW</td>
<td>Ministry of Health &amp; Family Welfare, Government of India</td>
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<tr>
<td>MP</td>
<td>Member of Parliament</td>
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<tr>
<td>MPW</td>
<td>Multi-purpose worker</td>
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<tr>
<td>MSS</td>
<td>Mamta Samajik Sanstha (India)</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental organisation</td>
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<tr>
<td>NRHM</td>
<td>National Rural Health Mission (India)</td>
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<tr>
<td>NTI</td>
<td>National Tuberculosis Institute (Bangalore)</td>
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<td>NTP</td>
<td>National tuberculosis programme</td>
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<tr>
<td>OR</td>
<td>Operations research</td>
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<tr>
<td>PHC</td>
<td>Primary health centre</td>
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<tr>
<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
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<tr>
<td>PM</td>
<td>Programme manager</td>
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<tr>
<td>PMU</td>
<td>Project Management Unit (Project Axshya)</td>
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<tr>
<td>PPM</td>
<td>Public-Private Mix</td>
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<tr>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<tr>
<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>REACH</td>
<td>Resource Group for Education and Advocacy for Community Health (India)</td>
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<tr>
<td>RHCP</td>
<td>Rural health care provider</td>
</tr>
<tr>
<td>RMP</td>
<td>Registered medical practitioner</td>
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<tr>
<td>RNTCP</td>
<td>Revised National Tuberculosis Control Programme (India)</td>
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<tr>
<td>SR</td>
<td>Sub-recipient (Project Axshya)</td>
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<tr>
<td>STAG</td>
<td>Strategic and Technical Advisory Group</td>
</tr>
<tr>
<td>STC</td>
<td>State TB Cell</td>
</tr>
<tr>
<td>STO</td>
<td>State TB Officer</td>
</tr>
<tr>
<td>SHG</td>
<td>Self-help group</td>
</tr>
<tr>
<td>SRHCP</td>
<td>State Rural Health Care Provider</td>
</tr>
<tr>
<td>STO</td>
<td>State TB Officer</td>
</tr>
<tr>
<td>TOT</td>
<td>Training-of-trainers</td>
</tr>
<tr>
<td>TRC</td>
<td>Tuberculosis Research Centre (Chennai)</td>
</tr>
<tr>
<td>TU</td>
<td>Tuberculosis unit</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>USEA</td>
<td>The Union South-East Asia Office</td>
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<tr>
<td>VHAI</td>
<td>Voluntary Health Association of India</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WVI</td>
<td>World Vision India</td>
</tr>
<tr>
<td>XDR-TB</td>
<td>Extensively Drug-Resistant Tuberculosis</td>
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</tbody>
</table>
AXSHYA
OVERVIEW AND OBJECTIVES

THE PROBLEM
India bears the highest burden of tuberculosis (TB) globally with an annual incidence of 1.9 million new cases. About 2.6 million people live with HIV and 1.2 million are TB-HIV co-infected. India has one of the highest multidrug-resistant TB (MDR-TB) burdens globally with 99,000 cases annually. In India, MDR-TB in new TB cases is estimated at 3% and in previously treated cases at 12-17%. (Source: TB India 2011 - Annual Status Report, Central TB Division, Directorate General of Health Services, Ministry of Health and Family Welfare). India's highly successful TB programme consistently achieves global targets at a national level – new smear-positive case detection (70%) and treatment success (85%). Nevertheless, India continues to struggle with the world's highest burden of TB.

THE NEED
Successfully addressing TB in India depends not only on dealing with the urgent issues of MDR-TB and TB-HIV co-infection, but also on a nationwide increase in awareness of TB, TB case detection and access to full treatment. It is in this context that a major civil society partnership initiative on ‘Providing Universal Access to Drug-Resistant TB Control Services and Strengthening Civil Society Involvement in TB Care and Control in India’ was envisaged, through which civil society would synergise the efforts against TB with the government, private sector and communities.

THE GRANT
The International Union Against Tuberculosis and Lung Disease (The Union) is among the three principal recipients of a Round 9 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) to India for a major TB control project that envisages a key role for civil society. The other two are the Government of India’s Central TB Division and World Vision India (WVI). The total grant for five years is US$ 199.54 million, with The Union’s share at US$ 57.5 million. As per Global Fund policy, funding is first for two years (Phase-I) and then extended to three more years (Phase II).

THE PROJECT
The project’s civil society component, Project Axshya (meaning “TB Free”), for which the principal recipients are The Union and WVI, is ‘A Civil Society Initiative to Strengthen TB Care and Control in India’. The project combines the forces of The Union, which has played a pivotal role since 1920 in the fight against TB globally; World Vision, a major international NGO; and the Government of India.

Project Axshya is implemented by The Union and WVI through their partners – sub-recipients to the grant – who carry out project activities in their respective states and districts.

THE OBJECTIVE
The project works to improve access to quality TB care and control through a partnership between government and civil society. It supports India’s Revised National TB Control Programme (RNTCP) to expand its reach, visibility and effectiveness; by engaging community-based providers to improve TB services, especially for women, children, marginalised, vulnerable and TB-HIV co-infected populations. Advocacy, communication and social mobilisation (ACSM) is a major focus.

THE PRINCIPLES
The guiding principles for Project Axshya are universal access to quality TB services, community participation in TB care and control, sustainable interventions and equitable distribution of project benefits with social and gender sensitivity. Project Axshya also aligns with the World Health Organization’s (WHO) Stop TB Strategy and supports India’s national TB control programme to achieve the MDGs.

THE COVERAGE
The project covers 374 districts across 23 states of India, with 300 districts managed by The Union and 74 by WVI. 16 states are managed by The Union, two by WVI and five jointly, through their partners. Of The Union’s 300 selected districts, some 200 comprise underperforming (with case notification rates of 50/100,000 or less), poor and backward, difficult, and predominantly tribal districts. Project Axshya seeks to reach an ambitious target of 750 million people, including some 174 million women, 199 million children, 250 million people in poor and backward districts, 50 million people in predominantly tribal districts and 40 million people in urban slums over the five years of the project.
Project Axshya supports India’s national TB control programme to expand its reach, visibility and effectiveness, by engaging community-based providers to improve TB services, especially for women, children, marginalised, vulnerable and TB-HIV co-infected populations.

**Guiding principles:**
- Universal access to quality TB services
- Community participation
- Sustainable interventions
- Equitable distribution with social and gender sensitivity

**Reach**
About 750 million people, including some
- 174 million women
- 199 million children
- 250 million people in poor and backward districts
- 50 million people in tribal districts and
- 40 million people in urban slums.

**Coverage**
- 374 districts across
- 23 states of India

300 districts are managed by The Union and 74 districts by World Vision India.
THE ACTIVITIES
Project Axshya focuses on strengthening India’s national TB control programme and TB services through advocacy, communication and social mobilisation (ACSM). Activities include high-level advocacy for political and administrative support, implementation of the RNTCP ACSM strategy at the state and district levels, and social mobilisation to build community demand for TB services. This is expected to strengthen the engagement of non-programme providers in RNTCP schemes, complement programme efforts, improve access to diagnostics, increase commitment to fighting DR-TB and TB-HIV at all levels, trigger some exemplary awareness raising efforts, and broaden the scope of civil society involvement through an enduring national partnership to link the national TB programme to other stakeholders through national and state coordination committees.

THE UNION
The Union began in 1920 as a global response to TB and has played a pivotal role since, pioneering some of the most important measures for TB control. Its mission is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. It has nearly 15,000 members and subscribers from 152 countries, and a host of partners globally. Its scientific departments focus on TB, HIV, lung health and non-communicable diseases, tobacco control and research, and each department provides technical assistance, engages in research, and offers training and other capacity-building activities leading to health solutions for the poor. Headquartered in Paris, it has offices in the Africa, Asia Pacific, Europe, Latin America, North America and South-East Asia regions. The Union South-East Asia Office is the first and largest regional office.

THE PARTNERS
In addition to the local, national and international stakeholders with which The Union works, its eight core sub-recipient partners in Project Axshya are reputed non-governmental organisations (NGOs) with extensive expertise and experience in TB services, have widespread networks and trust in the communities where they work. They are implementing the project through their own sub-networks of NGOs and community-based organisations to reach the farthest corners of the country. They are the Catholic Bishops Conference of India – Coalition for AIDS and Related Diseases (CBCI-CARD), Catholic Health Association of India (CHAI), Christian Medical Association of India (CMAI), Emmanuel Hospital Association (EHA), Mamta Health Institute for Mother and Child (MAMTA), Population Services International (PSI), Resource Group for Education and Advocacy for Community Health (REACH), and Voluntary Health Association of India (VHAI).

THE IMPLEMENTATION
The Union South-East Asia Office (USEA) is managing Project Axshya for The Union through a dedicated Project Management Unit (PMU) housed in its New Delhi office, which is supported by other USEA units. The team is coordinating with RNTCP to implement and sustain activities across districts and states and increase access to quality TB services for all. The Union worked closely with its partners in 90 districts in the first year, expanded to 240 districts in the second, and to 300 in the third year. The project was extended to three years in Phase I period under Single Stream Funding. Phase II of the project commenced from April 1 2013 and will continue up to September 2015.

THE REPORT
This report summarises the activities of The Union and its core partners under Project Axshya during the fourth year (2013-2014).
Axshya entered its fourth year of implementation in April 2013, which marked the beginning of Phase II of the project. In Phase II, the project consolidated the gains made during the last three years (2010-13) in Phase I, while also incorporating a stronger focus on most-at-risk populations in all its activities.

**AXSHYA IN PHASE II**

In Phase II, the Axshya Project Management Unit (PMU) and team revised its strategy in line with the RNTCP National Strategic Plan (2012-2017) and the recommendations of the Joint Monitoring Mission (JMM) 2012 for a greater impact of project activities. Significantly, this included a sharper focus on ‘Most at Risk Populations’ and the affected community. These marginalised and vulnerable groups are the intended beneficiaries of 70% of all project activities in Phase II.

A number of new initiatives have been introduced in Phase II along with modifications in existing activities. The strategic thrust is towards strengthening engagement of community groups, healthcare providers, empowering the affected community, and strengthening health systems. Moreover, new high impact interventions under the project intensify case finding, and spotlight outcome and impact rather than processes alone.

**Updated Project Coverage**

- Coverage of Axshya sub-recipient (SR) Partner PSI was expanded from 30 to 60 districts within 300 districts.
- The Union took over implementation of project activities in 13 districts of Uttarakhand, which was previously managed by MSS in Phase I.

**Global Fund Rating**

The Global Fund grant has a unique monitoring and evaluation system, where project achievements against performance indicators are reported to the Global Fund on a quarterly basis through Progress Update and Disbursement Requests (PUDR).

The Union, with support from its partners, has recorded excellent performance in many of the project activities often exceeding set targets and the Global Fund Rating Tool remained at “A” throughout Phase I of the project.

Similarly, during 2013-14, the project achieved nearly all targets it had set out through the project specific performance framework (summarised in the table below). This includes a combination of process indicators, outcome indicators, and impact indicators, with quarterly, biannual and annual targets assigned for each.

The Global Fund has consistently accorded an “A” rating to the grant in recognition of the project’s superior performance.
NEW STRATEGIES TO FOCUS ON THE MOST-AT-RISK

• **Axshya SAMVAD:** This activity meaning “dialogue” in Hindi has project volunteers conducting door-to-door visits to every household in marginalized and vulnerable areas of project districts. Volunteers disseminate relevant information about tuberculosis, signs and symptoms, diagnosis, treatment and RNTCP services to all household members. In the process, the volunteers identify tuberculosis symptomatics and motivate him/her to get tested at the nearest designated microscopic centers.

• **Counselling of MDR-TB Patients:** In accordance with the National Strategic Plan for RNTCP 2012-2017, MDR-TB patients are being counselled in 60 project districts in Phase II.

• **Toll-free TB helplines:** A toll-free TB helpline was created across 6 states - Karnataka, Maharashtra, Haryana, Rajasthan, Punjab, and Bihar - to provide information on the location of the nearest health facility (designated microscopy centre) for TB diagnosis as well as guidance on treatment adherence to TB patients.

• **TB–HIV co-ordination efforts and integration with NACO treatment centres:** People who are most at risk for HIV are also most at risk of TB and it is necessary that they are reached with TB related messages and with TB control services. Hence, during the Phase II of the project, in addition to sensitizing representatives of district level PLHIV networks, NGOs and CBOs who are engaged with targeted interventions and community care centres are also being sensitized on TB to ensure that awareness reaches target populations.

• **Sensitisation of private laboratories on ‘Ban on serological testing’ for TB:** The project will undertake sensitisation of private laboratories on the ban on serological testing for TB. This will be conducted at total of 3,000 laboratories across project implementation districts in Phase II.

• **Using mobile applications for referral and tracking:** A pilot project was implemented in a project district (Hazaribagh, Jharkhand) where a mobile application with a tracking system was developed to increase TB referrals and case holding among health care providers.
## Achievements of Project Axshya (April 2013 – March 2014)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population with correct knowledge about TB</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>No. of households covered under Axshya SAMVAD (IOA)</td>
<td>2,730,000</td>
<td>2,367,517</td>
</tr>
<tr>
<td>No. of TB patients sensitized on the “Rights and Responsibilities” as per Patient Charter</td>
<td>30,000</td>
<td>31,390</td>
</tr>
<tr>
<td>No. of Axshya Villages formed</td>
<td>3,000</td>
<td>2,814</td>
</tr>
<tr>
<td>No. of RHCP/Ayush trained</td>
<td>7,800</td>
<td>9,003</td>
</tr>
<tr>
<td>No. of trained rural healthcare/Ayush providers successfully engaged with RNTCP</td>
<td>2,340</td>
<td>2,372</td>
</tr>
<tr>
<td>No. of NGOs sensitized on RNTCP schemes</td>
<td>1,200</td>
<td>2,256</td>
</tr>
<tr>
<td>Among those sensitized, no. of NGOs that submitted an application for RNTCP schemes</td>
<td>240</td>
<td>363</td>
</tr>
<tr>
<td>Amongst those submitting an application, no. of NGOs that signed MoU for RNTCP schemes</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>No. of labs sensitized on Ban on serological tests for TB and Notification</td>
<td>1,000</td>
<td>1,088</td>
</tr>
<tr>
<td>No. of sensitized Laboratories engaged in TB notification and the ban on TB serological test</td>
<td>200</td>
<td>1034</td>
</tr>
<tr>
<td>No. of microscopes covered under AMC</td>
<td></td>
<td>3,587</td>
</tr>
<tr>
<td>No. of targeted interventions, CSCs and DLNs sensitized and engaged for TB control</td>
<td>200</td>
<td>227</td>
</tr>
<tr>
<td>No. of new partners signing a Letter of Commitment with the Partnership</td>
<td>70</td>
<td>115</td>
</tr>
<tr>
<td>No. of sputum samples collected and transported through Axshya for diagnosis at DMC</td>
<td></td>
<td>192,929</td>
</tr>
<tr>
<td>No. of chest symptomatics referred through Axshya who underwent smear examination at DMC</td>
<td>86,400</td>
<td>273,492</td>
</tr>
<tr>
<td>No. of sputum smear positive TB patients diagnosed and put on DOTS through Axshya</td>
<td>4,320</td>
<td>22,273</td>
</tr>
</tbody>
</table>
Project Axshya continued its commitment and technical support to the Revised National TB Control Programme of India to expand its reach, visibility, and effectiveness. Through several of its initiatives, the project strengthened the Advocacy, Communication, and Social Mobilisation (ACSM) at the national, state and district levels across India. The project continued to provide expertise and technical support in other key areas such as public-private partnerships and monitoring and evaluation. Some initiatives and outcomes over 2013-14 include:

**CTD consultants at the national level**

Three consultants from The Union provided expert support to the Central TB Division (CTD), Ministry of Health, Govt. of India. They assisted and provided technical support in key areas of the programme such as Public Private Mix (PPM), Advocacy, Communication and Social Mobilisation (ACSM) and Monitoring, Evaluation and training. The consultants also contributed to Central Internal Evaluations, Zonal and State Task Force meetings of medical colleges, and a National Core Group meeting to discuss involvement of community pharmacies in the programme.

**ACSM consultants at the state level**

The Union continued to provide technical assistance to six states of India – Karnataka, Madhya Pradesh, Maharashtra, Punjab, Uttar Pradesh and Uttarakhand – through its ACSM consultants. The consultants in each of these states:

- Supported the State and District TB cells to enhance the quality of decentralized ACSM strategic planning, activities and materials through capacity development activities and field supervision.
- Provided technical support to develop and implement a plan for greater integration of the RNTCP’s ACSM activities with NRHM; and liaise with other relevant government departments.
- Facilitated coordination of RNTCPs ACSM activities with initiatives of other partners and stakeholders.
- Provided technical support to Axshya Sub-Recipient partners in the respective State and districts, on planning, implementation and supervision of the project activities.

Drawing from past successes of ACSM technical support to states, three additional states - Bihar (population of 103 million), Chhattisgarh (population of 25 million), Jharkhand (population of 32 million) - had requested for similar support from The Union in Phase II of the project. As a result, Axshya has placed three consultants in these states with an aim of supporting the state and district programme managers in planning and implementing ACSM activities. These states are key for they have relatively poor health infrastructure and also because of relatively higher expected impact of ACSM activities on RNTCP performance.
Several states and districts in the country are facing challenges in the annual maintenance of the binocular microscopes needed for to test sputum samples for TB diagnosis. This is due to a variety of reasons such as lack of a suitable agency at the district level, lack of sufficient funds, difficulties in the contracting process.

In Phase I, Axshya had provided support for the maintenance of binocular microscopes to Uttar Pradesh, Rajasthan, and Uttarakhand. Based on the demand from other states, this service has been extended to Chhattisgarh, Bihar, Punjab, Haryana, and Chandigarh. Nearly 5,000 microscopes are currently covered under this service which includes periodic preventive maintenance and on-site repair of microscopes in case of breakdown, within a short response time.

There is a growing demand for this service, which has resulted in ensuring uninterrupted diagnostic services essential for early diagnosis of tuberculosis.

Axshya provides support for capacity building of healthcare professionals, including technical staff and programme managers, working closely with the national programme. As part of its education and training initiatives, the project conducts the following courses:

**Clinical Management of DR-TB course**

To cope with its high MDR-TB burden, one of the vital areas for TB control in India is the training of clinicians managing drug-resistant TB cases based on the newest scientific evidence. The Union conducts courses on ‘Clinical Management of Drug-Resistant TB’ in several countries across the world and in India, through the support of Project Axshya. The courses aim to train Specialist Physicians working closely with RNTCP and providing clinical care to patients with DR-TB, especially in diagnosis and treatment; to ensure that they follow the rules of the RNTCP MDR-TB Guidelines; and to create a pool of master trainers at
the National level who will serve as resource persons for similar capacity building courses for clinicians at the state/district levels.

**TB epidemiology course**

Axshya conducts courses on TB Epidemiology for medical officers, researchers and programme managers. Attended by RNTCP officials, WHO RNTCP consultants and postgraduate students of preventive and social medicine, the course facilitated by eminent TB epidemiologists consists of three components – TB Diagnosis, TB Epidemiology and TB treatment and care.

**Operational Research training programme**

Axshya, in collaboration with Central TB Division, WHO India, CDC Atlanta and National TB Institute, Bangalore, conducts a Operational Research (OR) training course. The objectives are to train participants on identification of OR questions, protocol development, data collection, data analysis, paper writing and publication. The course is conducted in 2 modules - module 1, which focusses on protocol development and data collection and module 2 which focusses on data analysis, manuscript writing and publication. Participants obtain ethics approval from The Union EAG and local ethics committee and publish their studies in peer reviewed journals.

**Leadership and Management course**

Axshya has offered training on leadership and management to enable participants to undertake self-assessment of their leadership and managerial styles, identify strengths and weaknesses and develop skills in strategic leadership and management roles and functions in tuberculosis control programme. This course, styled on The Union’s flagship International Management Development Programme, has been well appreciated by medical officials and managers in the national TB programme alike.

In the reporting year, a Leadership and Management Development training programme was conducted for State and District TB programme managers from 16-20 September 2013 in New Delhi. Over 25 participants attended the course.
To date, through various programmes, over 100 participants have been trained through these courses and several studies completed and published on key thematic areas. Some key studies of national priority produced through Axshya’s research and training initiatives over 2013-14 include:


**Is bleach-sedimented smear microscopy an alternative to direct microscopy under programme conditions in India?** Public Health Action 2013; 3:23-25.

**Efficient, quality-assured data capture in operational research through innovative use of open-access technology.** Public Health Action 2013; 3:60-62.

**The Profile and Treatment Outcomes of the Older (Aged 60 Years and Above) Tuberculosis Patients in Tamilnadu, South India.** PLoS ONE 8(7): e67288.

**Screening of Tuberculosis Patients for Diabetes Mellitus (A training module for staff of Revised National TB Control Programme).** Revised National TB Control Programme, New Delhi, India. March 2013.

**What are the reasons for poor uptake of HIV testing among patients with TB in an Eastern India District?** PLoS ONE 8: e55229.

**India Diabetes Mellitus – Tuberculosis Study Group. Screening of patients with diabetes mellitus for tuberculosis in India.** Tropical Medicine and International Health 2013.

**India Tuberculosis - Diabetes Mellitus Study Group. Screening of patients tuberculosis for diabetes mellitus in India.** Tropical Medicine and International Health 2013.
KAP MIDLINE SURVEY

In order to provide evidence based guidance to the national programme and civil society in implementing ACSM activities for tuberculosis control, project Axshya has extensively researched Knowledge, Attitude and Practice (KAP) towards Tuberculosis in India. Information generated through these surveys to assess communication needs is significant in highlighting the demographic and social characteristics of various communities in project districts and their bearing on TB care.

The complete midline KAP survey report and the midline KAP survey factsheet can be accessed at www.axshya-theunion.org.

KAP Midline Survey

- Attitudes and experiences of stigma and discrimination related to TB
- Attitudes towards TB patients with particular reference to gender
- Relationship between TB health care providers and persons affected with TB
- Role of key community influencers and NGOs in TB control
- Media preferences of the community, including sources of information on TB

The midline “Knowledge, Attitudes and Practices (KAP) towards Tuberculosis” survey measuring changes since the baseline (conducted in 2011) was completed in the reporting period and launched on World TB Day 2014.

Increased knowledge of TB in Axshya districts

The midline survey findings revealed an encouraging trend towards improved knowledge of TB among the general population in Axshya districts. An increase was observed from baseline to midline in proportions of the general population who have heard of TB who knew that cough of over 2 weeks is key symptom for TB, who knew that TB is transmitted through air, who had the knowledge that TB can be diagnosed by sputum examination and who knew that the treatment duration for TB is 6-8 months.

Comparison of Baseline and Midline findings of TB Knowledge among general population

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Midline</th>
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<tbody>
<tr>
<td>Heard of TB</td>
<td></td>
<td>88</td>
</tr>
<tr>
<td>Knowledge that cough of &gt; 2 weeks is key symptom of TB</td>
<td>84</td>
<td>72</td>
</tr>
<tr>
<td>Knowledge that TB is transmitted through air</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>Knowledge that TB can be diagnosed by sputum examination</td>
<td>50</td>
<td>58</td>
</tr>
<tr>
<td>Knowledge that the duration of TB treatment is 6-8 months</td>
<td>43</td>
<td>38</td>
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</tbody>
</table>

The complete midline KAP survey report and the midline KAP survey factsheet can be accessed at www.axshya-theunion.org.
Phase II commenced from April 2013. The Global Fund signed grant agreement with The Union in September 2013 and SR agreements were signed in October/November 2013.

The total approved budget for Phase II period April 2013-March 2014 was US$ 11.70 million. PR budget composition for the said period was 22% and SR’s budget composition was 78%. The grant agreement for one SR based in Uttarakhand was not renewed and The Union is implementing project activities in the said state.

**Financial Management, Review and Audit Process**

In Phase II, some new activities and changes in certain existing activities were introduced from an operational perspective. Review meetings with District Coordinators was held wherein the new activities and requirement of revised documentation was discussed in detail.

- Since April 2013, funds handled by District Coordinators were considerably reduced as activities undertaken by implementing NGOs were directly reimbursed by SRs through bank transfers and this was coupled with some changes in documentation requirement for some activities.

- As in previous years, participatory sessions were held on documentation required to authenticate financial transactions, to bring more transparency and reduce the level of associated risks. Orientation meetings for new staff joining project and capacity building process were continued on the above lines.

- Verification of expenditure from donors for PR and SR along with documentation verification at site, and an Onsite Data Verification Visit (OSDV) was conducted successfully by donors.

- 23 grant monitoring and review visits were conducted to districts and head quarters/ state and regional offices for each SR, focusing on review of financial procedures, systems, project accounts and establishing linkages between financial and technical data. Observations and recommendations from visits were communicated to SRs through management letters and SRs complied on the actions and confirmed through compliance letters.

- Audit firm M/s S Ramanand Aiyar & Co., Chartered Accountants, New Delhi undertook audit for all 8 SRs for year ending 31 March 2014. Audit reports for period ending 31 March 2014 are submitted to The Global Fund.

- Quarterly SR review meetings were conducted, where general issues in financial management as well as practices followed during project implementation by different SRs, were shared. This platform was an opportunity to interact with senior management of SRs on their progress and plan for next quarter. During such meetings the emphasis was also on data validation and verification at SR level.

- For the fiscal year ending 31 March 2014, budget utilisation for all SRs was 67%. This was primarily due to the late signing of the grant agreement.

Break-up of cost category wise expenditure incurred by sub-receipients for fiscal year ending 31 March, 2014
The Union has partnered with some of the most experienced and creditable non-profit organisations dedicated to public health in India. Through this partnership, the Union has been able to tap into the resources and networks wrought together by the partners, building inroads into otherwise difficult-to-reach areas and populations. The various NGOs, CBOs, PRIs, SHGs and other grassroots health workers working with these partners have helped bring access and quality to TB services in the farthest corners of the country.

- Catholic Bishops’ Conference of India – Coalition for AIDS and Related Diseases (CBCI-CARD)
- Catholic Health Association of India (CHAI)
- Christian Medical Association of India (CMAI)
- Emmanuel Hospital Association (EHA)
- Mamta Health Institute for Mother and Child (MAMTA)
- Population Services International (PSI)
- Resource Group for Education and Advocacy for Community Health (REACH)
- Voluntary Health Association of India (VHAI)
CBCI-CARD is an alliance of Catholic organisations working in the health and development sector. Since its constitution in 2009, it has been working with a specific focus on TB, Malaria and HIV/AIDS. The alliance acts as a bridge between health societies run by the Church endeavouring to bring these within the ambit of the National TB Programme. CBCI-CARD has also demonstrated significant assiduity in the fight against HIV/AIDS, in addition to formulating and implementing the National Policy for HIV and AIDS for the Catholic Church in India. Like most healthcare facilities run by the Church, CBCI-CARD operates primarily in remote areas, trying to fulfil its manifesto of reaching the unreached millions in the country.

Catholic Bishops’ Conference of India covers 29 Axshya districts across Bihar, Madhya Pradesh, Uttar Pradesh and West Bengal.

“

For the first time in the history of TB control in India, AXSHYA SAMVAD has brought services to the threshold of people’s homes. It may be just a baby step as of now, but it heralds the beginning of an era of active surveillance. 50% of the success of a TB free India lies in the medicines TB patients take while 50% lies in the way they take them. Care for the TB affected as you would want to be cared for when you fall ill.”

SR. PRABHA VARGHESE
Executive Director, CBCI – CARD
Catholic Health Association of India (CHAI)

The Catholic Health Association of India (CHAI) has been reaching out to people across the nation with succour and support through its massive network of member institutions, for over 7 decades. It has an expansive base of 3,439 member institutions including large, medium and small hospitals, health centres, and diocesan social service societies operating under 11 regional units. These health care facilities treat over 21 million in a year. CHAI is actively working to improve the reach, visibility and effectiveness of RNTCP through civil society support by engaging communities and community based care providers to improve TB care and control, especially for the marginalized and vulnerable populations including TB-HIV patients through Project Axshya.

"Eradicating TB is a great challenge; eliminating stigma attached to it is a greater challenge. Axshya is a magic tool designed to eliminate stigma as well as create awareness on TB. CHAI has been making effort to address the problem of Tuberculosis through programs, alone and in partnership with Government-State & Central. Axshya Phase II focuses on reaching the vulnerable populations through active case-finding towards initiating early intervention to achieve zero TB deaths."

REV DR TOMI THOMAS
IMS, Director General-CHAI

Catholic Health Association of India covers 96 districts across Chhattisgarh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Nagaland, Punjab, Tamil Nadu and Uttar Pradesh.
CMAI is a not-for-profit association of healthcare professionals and administrators committed to promoting a just and healthy society. Founded in 1905 by a group of missionaries, the organisation was renamed CMAI in 1926, and has since moved from strength to strength, in step with the changing healthcare needs of the country. Through constructive engagement with its target populations, CMAI has been able to establish itself as an instrument of social reform, especially through path-breaking work in areas such as tuberculosis, leprosy, malaria, HIV and AIDS, palliative care and substance abuse. CMAI has actively targeted Gaon Kalyan Samitis (Village Health, Sanitation and Nutrition Committees) constituted under the National Rural Health Mission (NRHM) and informed them about TB with simple messages on identification of TB symptomatic and sputum testing at the nearest RNTCP microscopy centre.

Christian Medical Association of India covers 15 Axshya districts across Meghalaya and Mizoram.

"The efforts of Project Axshya continue to enable access to healthcare services, particularly to the poor and marginalized communities in Tuberculosis. The emphasis on a rights-based approach is one that creates dialogue with the public health providers. The added value to the RNTCP is highly appreciated by CMAI and takes pride in partnering with the Union in this venture. Challenges, however, remain for North-East India, which have to be addressed within the local social and cultural contexts. The project has been able to facilitate this and CMAI is looking forward to more innovations in this regard."

DR BIMAL CHARLES
General Secretary, CMAI
Emmanuel Hospital Association (EHA) is a leading Christian non-government healthcare organisation, serving the poor and marginalised people of India through a network of 20 hospitals and 44 community-based health, development, HIV/AIDS and Tuberculosis projects.

Established in 1969, EHA has a forty-four year history of working in partnership with communities, governments, and community-based organizations and NGOs both nationally and internationally to serve effectively and efficiently. EHA is involved in technical training and capacity building through courses and training programs in harm reduction, clinical management, nursing management, holistic care, behaviour change, home-based care, community-based care, palliative care, counselling, project planning and management, and infection control and waste management. Besides Project Axshya, EHA hospitals have been involved with the RNTCP since late 90s. Most of EHA hospitals have either a Microscopy Centre or DOTS centre under RNTCP.

“It has been a great experience to work with The Union in this project. Reaching out to some of the most challenged districts and most marginalized communities in North and North-East of India, has given EHA an opportunity to come along side many who are in need for support.”

DR SANTHOSH M. THOMAS
Executive Director, EHA

Emmanuel Health Association covers 25 Axshya districts across Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Nagaland and Uttar Pradesh.
Established in 1990, MAMTA is a national level NGO working on issues related to Sexual Reproductive Health (SRH), HIV/AIDS with a special focus on women and children, young people and marginalised groups. MAMTA’s program approaches include networking, capacity building, direct intervention, advocacy and research. Its direct intervention is spread across seven states of country, while it implements programs in partnership with NGOs in about fifteen states. Its capacity building work spreads across India and in about ten countries of South East Asia. MAMTA has a team of some 212 personnel that include medical professionals, social scientists, researchers, development and management professionals, web developers and financial experts.

“...At MAMTA we ensure that the deliverables are ready within the timeline that is of utmost importance to all of us. Furthermore the regular support and guidance from the Union has been very valuable for us to contribute in the TB Control program through our field initiatives and outreach approach.”

DR SUNIL MEHRA
Executive Director, MAMTA

Mamta Health Institute for Mother & Child covers 62 Axshya districts across Bihar, Chhattisgarh, Delhi, Haryana, Maharashtra, Rajasthan and Uttar Pradesh.
Population Services International – India (PSI), is a registered non-profit, non-governmental organisation (NGO) under the Indian Societies Act since 1988. PSI India, is affiliated to Population Services International, a global health organization dedicated to improving the health of people in the developing world with programs across 65 countries.

PSI India complements the efforts of the Government of India in slowing the spread of HIV and tuberculosis, reducing maternal, child and neonatal mortality, and helping couples to avoid unwanted pregnancies. PSI harnesses the power of the private sector to provide life-saving products, services and behaviour change communications that empower India’s most vulnerable populations to lead healthier lives in 22 states and Union Territories. PSI India implements a range of health programs in reproductive and child health, the prevention of HIV/AIDS, tuberculosis (TB) and malaria, lifestyle diseases like diabetes and tobacco control, social marketing of condoms and contraceptives.

“India faces one of the highest TB burdens in the world. Project AXSHYA is contributing to the national goal of improving detection of TB and reducing mortality and morbidity related to TB. PSI is proud to be associated with Project AXSHYA. Under the guidance of the Union, the year 2013-14 had been crucial with PSI scaling up its activities in 10 states, establishing partnerships to enhance reach of the RNTCP programme to the doorstep of marginalized communities, and initiating pilots of a TB-Helpline and DR-TB counselling. I wish the AXSHYA team luck for another productive year.”

MR PRITPAL MARJARA
Managing Director, PSI, India

Population Services International covers 60 Axshya districts across Bihar, Chhattisgarh, Haryana, Jharkhand, Karnataka, Maharashtra, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand.
Resource Group for Education and Advocacy for Community Health (REACH) was established in 1999 in response to the rolling out of the Revised National TB Control Program [RNTCP] in Tamil Nadu. Managed by an executive committee, REACH has been a key partner and leader in the fight against TB. Its mandate is broad and includes support, care and treatment for TB patients as well as research, advocacy, public education and communication. REACH aims to liaise and create lasting and mutually symbiotic partnerships with government officials, private practitioners, TB patients, community volunteers, the media and the general public in order to unite them toward the common goal of curbing the spread of tuberculosis. Although patient care and support continues to be at the heart of its work, over the years REACH has developed a holistic approach to turning its vision for a TB-free world into reality, including advocacy and social mobilization for TB control at the rural grassroots level, training volunteers, and working with the national and local language media to help report responsibly and spread accurate information about TB and break stigma.

“Working as a partner of Project Axshya has helped all of us at REACH understand community engagement in its real sense. We are now beginning to see the emergence of informed and empowered community members who act to create awareness, support patients and to advocate for services. We are also seeing more and more ownership by the community which speaks for the continued sustainability of civil society involvement in TB care and control in the years ahead.”

DRNALINI KRISHNAN
Founder Director – REACH

Resource Group for Education and Advocacy for Community Health covers 14 Axshya districts across Tamil Nadu.
VHAI is a non-profit, registered society formed in the year 1970. It is a federation of 27 State Voluntary Health Associations, linking together 4,500 health and development institutions across the country. VHAI is one of the largest health and development networks in the world. It advocates people-centred policies for dynamic health planning and programme management in India, and initiates and supports innovative health and development programmes at the grassroots with the active participation of the people.

VHAI strives to build a strong health movement in the country and create a cost effective, preventive and rehabilitative health care system. It works towards a responsive public health sector and responsible private sector with accountability and quality service. The humane approach to TB prevention through ACSM has yielded remarkable changes in health seeking behaviour among vulnerable and marginalized populations.

"Since TB disproportionately affects the poor, (vulnerable & marginalized) community, reaching out to them in a systematic manner is the hallmark of Axshya Intervention. Addressing the issues faced TB-HIV patients and the increasing MDR cases are still existing challenges for the health and development professional which need attention of everybody."

MR ALOK MUKHOPADHYAY
Chief Executive, VHAI

Voluntary Health Association of India covers 46 Axshya districts across Bihar, Goa, Jammu and Kashmir, Madhya Pradesh, Manipur, Punjab, Rajasthan and Uttar Pradesh.
The word “samvad” in Hindi or Sanskrit denotes a dialogue or conversation. Under project Axshya, that word takes on the significance of a dialogue on tuberculosis care and control with the active help and participation of community members. As a project acronym, SAMVAD stands for Sensitization and Advocacy in Marginalised and Vulnerable Areas of the District with an objective to make communities aware about tuberculosis, signs and symptoms, diagnosis, treatment and about RNTCP services. Gathering information about tuberculosis patients or symptomatics through household visits and referring him/her to the nearest designated microscopic centre are key to this process.

The outreach activity is being implemented through partners across 300 districts of India. District coordinators identify marginalised or vulnerable areas and assign them to local grassroot level NGOs, who then conduct house-to-house visits. Volunteers from these NGOs, called Axshya Mitras, are sensitised about signs and symptoms of tuberculosis, diagnosis, treatment and RNTCP services, and visit every household in the areas to impart this information. Simultaneously, they identify tuberculosis symptomatics and motivate them to get tested at the nearest designated microscopic centres. Among those who are unable to reach the DMCs, a process of sputum collection and transportation is arranged to ensure early diagnosis and timely treatment. Below are just a few of our inspiring efforts from the field – a testament to the importance of creating awareness of TB.
CMAI’s Messages to raise awareness on TB were broadcast on FM radio in Mizoram’s Lunglei district for a whole month from 25th October to 26th November 2013. Moreover, the Morning News program (audio) was telecast on the local cable TV and has been a favourite of many even in urban areas. During a supervisory and follow-up visit, when asked about TB, around 60 per cent youth, middle aged and old people knew how to identify the signs, symptoms and the nearest DMCs, demonstrating that the outreach had made a quantifiable impact in Lunglei district.

COMMITMENT IS CARING

Abemo, a trained Axshya Mitra from Merapani village in Nagaland’s Wokha district was on his way to New Tssori village on his motorcycle one day in early October, 2013 when suddenly it started to rain heavily and the steep muddy road became too slippery to ride on. He could neither go any further nor turn back, because the date had been fixed for SAMVAD. There was also no mobile network to communicate his dilemma. He left his scooter on the way and walked 15 km to the village, enduring unpleasant weather and the horrid condition of the road. He stayed in the village for one day and conducted SAMVAD. While conducting the SAMVAD, he realized that many people were ignorant about TB and that stigma seemed to be a major factor in identifying TB symptomatic. After lengthy discussions with each household about the cause and treatment of TB, the activity was conducted smoothly.

“Overcoming these small challenges is a treasure, not a hindrance,” says the community volunteer of Centre for Youth and Social Action (CYSA) under EHA.
Jail inmates are at a major risk of acquiring TB infection, being in a closed environment with several others for prolonged periods. TB rates in prisons are often 5 to 10 times higher than national rates because of overcrowding, poor ventilation, low nutrition, comorbid illnesses and lack of healthcare.

Between February and March 2014 VHAI conducted Axshya SAMVAD in Amritsar Jail. Each inmate was visited by Axshya volunteers during the course of this exercise. On the first day, the DTO, the jail medical officer and members of the TB Forum initiated the programme and motivated the team to conduct Axshya Samvad sincerely. During the visit, it was observed that the jail was filled beyond capacity with an average of 100 inmates placed in a cell with a capacity of 60 people. During this process all the inmates were briefed about Tuberculosis including symptoms, diagnosis and treatment. They were informed that there is nothing to fear as this disease is curable and its treatment is being provided by the government free of cost. Following the interaction it was enquired if any of them had been suffering from cough for 2 weeks or more. Sputum samples were collected from all chest symptomatics and reports were handed over to them after the examination. All the patients whose sputum tests were found to be positive were also examined clinically and put on DOTS. The patients were also told to take their medicines regularly so that the disease can be cured in time. The issue of overcrowding was brought to the notice of the jail authorities who promised to take necessary action.

Sarungbam Rabei Singh from Imphal East is 76 years old. His wife, who passed away at the age of 42 is suspected to have succumbed to TB. When Institution of Rural Development & Training Centre (IRDTC) volunteers found him while conducting SAMVAD for EHA, he was coughing, could not eat, and was losing weight. On enquiry he told them that he was a cured TB patient. But his family members kept him apart and refused to take him to a hospital saying their medicine was no good. He was not allowed to speak to his grandchildren and relatives kept away because of his condition.

His sputum was collected but it tested negative. The family members were then counseled and convinced to have his chest x-ray test done at Imphal. The x-ray revealed that he indeed had TB and was immediately put on a dose of anti-TB treatment. A nearby nurse was also counseled and she agreed to give him his injections. Today, his family members interact with him and take better care of him. He even plays with his grandchildren.
Haseeb is a 40 year old man with a desire to better the lives of people affected by HIV and TB. His own story began as a distressful one. He got the news of being diagnosed with HIV during his work in Mumbai. After being detected he returned to his home in Shrawasti, UP and never went back. He would often fall ill. Located on the frontier with Nepal’s porous border, Shrawasti suffers from social negligence and poverty, and has a highly mobile population forced to move to other parts of the country, especially to the metros, for a livelihood. Haseeb too hails from this poor, migrant community.

Keen on being associated with Axshya he seized the opportunity when the DC organized a sensitisation meeting of TI, CSCs and DLN of PLHIV. His enthusiastic participation in an earlier TI intervention helped him understand the plight of the PLHIVs better. Following training, Haseeb was assisted by the DC to interact with members of his village and make them aware about TB. The very next day he encouraged two persons to set tested for HIV, who were later found to be positive. Perceiving his potential the DC informed him about all that a Axshya Mitra can contribute to project Axshya. He stayed in touch with the DC and informed him about new symptomatic cases of TB and referrals done by him. He also started keeping a record of the referred cases.

The DC then visited his village and gathered that Haseeb had been able to network with local leaders and village heads in his own as well as all surrounding villages within a very short period of time. As a result, in the first meeting alone, a total of 23 new suspected cases of TB were referred with his support to the DMC.

Today, as an Axshya Mitra, Haseeb is thoroughly engaged in Axshya SAMVAD where referrals have gone up. His story has transformed his life from being a petty worker to a more responsible and committed social worker who devotes much of his time spreading awareness on TB-HIV. Knowing the complicated nature of TB-HIV co-infection Haseeb also advocates through the ICTC to screen all patients for TB who come for HIV testing. As he proclaims, “I find inner satisfaction and peace in helping people whose life can be saved. I don’t wish them the same plight that I had undergone after contracting the infection. My understanding about TB-HIV is clearer now, thanks to project Axshya.”
HELP IS ON THE LINE

Project Axshya is piloting a toll free TB helpline called ‘Axshya TB Helpline (18001022248)’ in 24 districts across Punjab, Karnataka and Maharashtra. The helpline was launched on World TB Day, 23 March and is planned to be scaled up during 2014-15. Its objective is to complement the efforts to increase TB case detection and treatment adherence.

The key activities of the helpline include answering inbound calls, SMS to facilitate guidance on the location of the nearest health facility with DMC (designated microscopy centre) and provide additional information about TB symptoms and treatment. The helpline also includes weekly SMS update targeted to AYUSH & Rural health care providers in order to build their capacity and act as a reminder to ensure correct TB diagnosis and treatment. The helpline would also include the outbound facility to counsel TB positive patients in near future.

The helpline is being promoted through outreach to health care providers, pharmacists and through door-to-door visits conducted under Axshya SAMVAD. Apart from this Helpline will be promoted through in-clinic POP material with health care providers (RHCP, AYUSH and Chemists), outdoor (OOH) campaign, local cable TV networks and the print media in the program districts.
In one of the poorest slums of Madurai, without proper housing or sanitation facilities and erratic power supply almost year-round, people are often affected with skin disease and other infections. Despite such hardships the children of this slum go to school and get educated. One resident of this slum, a 32 year old daily wage earner lives in dire conditions with his wife and six month old baby. He stopped going to work after he fell ill. His weakness did not allow him to do any physical activity. Through SAMVAD, the staff working on REACH’s SAMVAD programme collected his sputum and sent it for testing. It was found that he was suffering from TB.

Initially he did not believe that he had TB. The staff educated and motivated him to undergo treatment for his family's sake. His neighbours didn’t think he would survive. Today, he has completed an intensive phase and was also given psycho-social support to improve his mental well-being. Apart from this instance, through IOA, two more TB symptomatic were detected in the same area and were put on DOTS after sputum examination.

In a small village called Bananiya in Madhya Pradesh’s Raigarh district, lives Hariom, a 19 year old student. To earn a livelihood, he also works as a painter in the village. Aware of this skill, Ahimsa Welfare Society under CBCI CARD assigned him with painting wall-signs in two villages for the Axshya project. An enthusiastic Hariom visited Ahimsa’s office several times. During his visits he learnt about symptoms of TB and DOTS treatment. He started painting the message “Do hafto se jakda khasi TB ho sakti hai.......” in the villages. While on the job, he realized that he and his aunt Lila Bai showed symptoms similar to the ones he was painting about.

At the Ahimsa office he was advised to go to go the local DMC along with his aunt. A sputum examination and X-ray revealed that Lila Bai was indeed suffering from TB. A resident of of Guna district she was referred to a centre near her residence for treatment. She recounts how she suffered constantly from her cough for more than a month despite seeking help from a local practitioner. But since beginning her treatment with DOTS, she says she is recovering. And for this, she says, she has Hariom to thank.
Jothi, a Village Information Centre Operator, works with Vayalaga Vanoli, a community radio station based in Madurai district, to disseminate information to the rural poor. She underwent a basic training on TB conducted by the station through REACH, and participated in community meetings organised over the next few months. She referred a young girl to the nearest DMC for testing but unfortunately, since the girl was unmarried and belongs to the minority community, her family members refused to send her to the DMC. Jothi found that there was a death due to TB in the same family and she explained the importance of early diagnosis and treatment to the family members and eventually managed to take the young girl to the DMC where she was diagnosed with pulmonary TB. The girl was put on treatment with Jothi as her DOT provider.

Based on this experience, Vayalaga Vaanoli intends to develop all their 15 knowledge centres into DOT centres, with training on the provision of DOTS provided to all knowledge centre operators by Project Axshya. These committed efforts by the radio station eventually brought them an award from the District Health Society on the occasion of World TB Day 2014 for “Best Supportive Media for TB control”.

Firoja Begum of Howrah, West Bengal lost her husband a few years ago, following which she joined a bidi factory as a bidi worker. She has two young daughters and is the sole earning member of her family. She was detected with TB in 2007 and put on a course of DOTS treatment which cured her. But in 2013 she was once again diagnosed with TB, and after another round of DOTS, she was totally cured. Now she works as a social worker creating awareness among villagers regarding the symptoms, diagnosis and treatment of TB through Project Axshya CBCI-CARD.
People living in hard-to-reach areas are most vulnerable and marginalized in terms of access to services and Tuberculosis infection. CHAI, through Project Axshya, developed a community system by involving civil society and local self-government (LSG) to increase awareness about Tuberculosis care and control, increase availability of services through volunteers, ensure transportation facilities, and so on. This system was established in Kalikavu panchayat with a population of 48,321, in Malappuram District, Kerala.

Around 995 LSG members, NGO and CBO volunteers were trained for sensitization through the intensified outreach activities during the period of October to December 2013. In Kalikavu Panchayat, around 8000 households were reached where 340 new patients were identified through intensified outreach activity. Of these, 266 TB symptomatics were examined for TB, wherein 8 were diagnosed as positive and are on DOTS.

To create awareness of TB through community engagement, Axshya conducted **57,380 meetings** with Gaon Kalyan Samitis, Panchayati Raj Institutions and Self Helf Groups, while Axshya Mitras reached over **2,367,517 households** with information on TB through SAMVAD. Over **10 million people** received accurate information on TB symptoms as well as the freely available diagnostic and treatment services provided by the RNTCP.
TB is curable, but current efforts to find, treat and cure everyone who gets ill with the disease are not sufficient. Of the nine million people a year who get sick with TB, a third are “missed” by public health systems. Many of these people live in the poorest, most vulnerable communities including groups such as migrants, tribal groups, slum dwellers, miners, weavers, quarry workers, drug users and sex workers. Often, they live in difficult-to-reach areas, unable to access available diagnostic treatment and social support services, suffering and dying alone.

Axshya works to facilitate increased access to diagnostics for sputum examination for Tuberculosis among such TB symptomatics. In difficult-to-reach areas, volunteers at the grassroots are provided incentives for sputum collection and transportation, which is one of the key activities under the project. District level mapping exercises have been undertaken to identify remote/hard-to-reach areas where access to health services is limited. In these areas, Axshya Mitra are engaged to collect sputum from TB symptomatics and transport them to nearest DMCs, and deliver test results back to symptomatics. Many of these Axshya Mitras also act as DOT providers.
Hathudi Panchayat is one of the largest panchayats at Baheri block of Bihar’s Darbhanga district with 17 villages and approximately 9,000 people. This Panchayat is mostly connected by Kareh river so the only way of communication is by boat. The first time VHAI visited the area in September 2013, they found several TB symptomatics there who had no idea about Government health facilities. Following this, the Axshya team conducted community awareness programmes and wall writing. The team made them aware of the free tests and medicine available in PHC/ DMC level. Local villagers told them it’s very difficult for them to cross the river and go to the DMC. Then, with the help of their local trained RHCP Devendar Yadav they planned to open an sputum collection centre there. They talked to the MOIC, MO & DTO about the matter following which the DTO issued them a letter stating that they could use the premises of Hathudi APHC as a sputum collection centre. Overcoming a few difficulties, they were able to start the centre in December 2013. Axshya-trained RHCP Devendar Yadav collects samples from the centre and transports them to Baheri PHC for tests. The centre has become the life line of TB patients in the area overnight, demonstrating the urgency of such interventions.
BRINGING IMPROVEMENT IN NAWABGANJ

At the beginning of Axshya Phase II, the District TB Officer of Gonda in Uttar Pradesh, requested the Axshya team to improve the performance of the low performing TUs. CBCI CARD's MNGOs and Axshya Mitras began implementing project activities at Nawabganj TU and focused on the most vulnerable and marginalized communities of the area. Villages such as the ones in the Tikri forest are hard to reach. By making constant efforts, partner NGOs and Axshya Mitras conducted all activities like IOA, SCT and GKS wherever needed.

Referrals, sputum collection and transportation were done on a timely basis. Through these activities they were able to reach TB symptomatics who had stayed undiagnosed for the longest time. RNTCP TU-wise performance indicators show significant improvement in Nawabganj. It has come up to second position from sixth in the state.

TAXIS TO THE RESCUE

In hard to reach areas in Nagaland’s Zunheboto district, community volunteers are trained by EHA to collect sputum from TB symptomatics. The volunteers either bring the sputum themselves or send it through the taxis that ply from or pass through their villages. The sputum is then collected from the taxi drivers by the point persons who go to the DMC to get the test done. In Wokha district though, even four wheelers cannot reach most villages. Community volunteers have to travel on two wheelers wherever possible, or walk for a long distance on foot to collect and then transport sputum to Merapani or Bhandari Town DMC. At times when these DMCs do not function properly, the sputum samples are transported to the Wokha DMC through an arrangement with the area's taxi and bus services. On arrival, the sputum is collected by field worker in charge of the Wokha area.
Adityapur village is situated 12 kilometres away from Jamshedpur, a belt prone to high incidence of TB in Jharkhand state. Adityapur itself is an industrial area surrounded by a big slum. As per previous records, TB symptomatic cases were not reported to the Adityapur DMC, despite being a highly vulnerable area. After identification of the need, a unique mechanism of sputum collection and transportation was developed with the collaborative efforts of RNTCP and CHAI under Project Axshya.

The medical officer in charge of the Employee State Insurance Corporation (ESIC) was approached to set up a Sputum Collection and Transportation Centre in the ESIC hospital. After regular follow ups and dialogue with the hospital authorities, in October 2013 a sputum collection centre was established. So far, more than 100 sputum samples have been collected. Axshya Mitras are now actively engaged in sputum collection and sputum cups are directly sent from the DMC. All TB symptomatic patients are directly referred from the OPD to the sputum collection centre. Axshya Mitras are also working as DOT providers and distributing medicines to TB patients. 19 patients have been cured till date, and since June 2014, HIV testing has also begun in the hospital.
A REAL HERO OF REHRA VILLAGE

Life had been hard on Sunjeev Kumar. He worked day and night in a brick kiln to support his family comprising of his parents, two younger brothers and a sister. Kumar was the only earning member in his family as his father was a labourer with a tiny income. He acquired a primary education in a nearby government school but dropped out in the 7th standard due to the poor economic conditions of his family.

Being the elder son of the family all responsibilities fell on his shoulders. He was forced to move to Delhi where he began work as a security guard at a factory at the tender age of sixteen. His father, old and weak with a poor immune system, got infected with TB, which forced Kumar to return. He stayed on for more than a month taking care of his father and eventually lost his job in Delhi. He looked for any kind of work that would secure his family at least two meals a day. But luck was not on his side and he ultimately invested whatever he had in opening a kirana shop (general store) in the village.

Ever willing to help those in need Kumar offered his blood when one of his neighbours got injured in an accident while living in Delhi and was in urgent need of a blood transfusion. Unfortunately, during the procedure, Kumar was infected and was later diagnosed with HIV at the district hospital.

However, hearing of Axshya’s activities and sensitisation of DLN of PLHIV in September 2013, he participated in a sensitisation programme organised by MAMTA DC. After 15 days of sensitization meetings, Kumar, who belongs to Rehra village of Nougarh Block contacted the DC and requested him to start an SCT centre at his facility. Rehra village is situated 11 kilometres from Nougarh CHC which has a number of brick kilns in the area. The labour working there is mostly illiterate largely ignorant about health care and services. Tuberculosis is very common in these areas and has been spreading to others owing to poor living conditions of workers there.

With the initiative of the DC and Kumar’s intense willingness to associate with the Axshya project the SCT centre was opened at his home. To date, he has successfully referred 35 symptomatics and also collected the sputum of 46 symptomatics from his own as well as surrounding villages. 5 TB patients were also put on DOTS with his efforts. Today, Kumar is much happier and fulfilled, engaged as an Axshya Mitra, he is with a cause that allows him to serve his community.
In 2013-14, Axshya Mitras collected and transported 192,929 sputum samples from symptomatics who were residing in difficult-to-reach areas or otherwise unable to travel to the DMC to get tested for TB. Through these efforts, 15,697 patients who would have become “missed cases,” were diagnosed with TB and put on the treatment they needed.
Axshya espouses the rights and responsibilities of TB patients and works to make the patient-provider relationship a mutually beneficial one through various initiatives. Axshya Mitras reach out to TB affected communities to sensitize them about their rights and responsibilities through an illustrative and easy to comprehend version of the Patient Charter developed by the project. New strategies have been devised in Phase II of the project to increase the impact of the Patient Charter.

The project has supported the formation of District TB Forums (DTF) in all project districts to empower TB affected communities. The DTFs have been formed with representation from TB affected patients (cured /on treatment) and interested civil society members such as local journalists, lawyers, NGO representatives, opinion leaders peoples representatives, and so on. The DTFs function as a platform for those affected by TB to interact with District Programme Managers and resolve any challenges in accessing quality diagnostic and treatment services.

Since people affected by HIV are at highest risk of developing TB disease, Axshya also trains representatives of the District Level Networks on early identification of TB symptomatics amongst the People Living with HIV and facilitating access to diagnostic and treatment services without delay.
COMMITMENT AT THE GRASSROOTS

Jhabua, one of the districts covered by CBCI CARD through Project Axshya in western Madhya Pradesh, is predominantly a tribal area with around 87% of its population belonging to scheduled tribe groups, out of which 50% is considered marginalized and vulnerable to communicable diseases.

The Jhabua district TB forum was formed in April 2011 by a group of 11 members coming together from different social and professional backgrounds. The forum has taken up several initiatives like organizing events at the weekly market where it referred more than 200 symptomatics, out of which, 53 reached the DMC and 7 were diagnosed as positive and put on DOTS. In addition to that the forum also visited several TB patients at home and found that many of them had not been taking DOTS regularly due to the side effects of drugs. The forum has since been providing proper counseling on the importance of adherence to DOTS and completing treatment, leaving to more cured patients in the area.

CONVINCING MISHRI LAL

During a field visit to Tardih Block in March 2014 the VHAi DC, Darbhanga met the LT of the DMC at Tardih. The discussions that followed on Axshya and RNTCP implementation brought cases of patients discontinuing their treatment to light. They decided to meet one such patient and reached Mishri Lal’s doorstep. 65 years old and a resident of Kakodrha village in Tardih Block, his TB treatment had started in February 2014. But he took his medication for merely 2 days after which he stopped because of some misinformation from the local doctor. Despite several attempts by the RNTCP team, he was unwilling to restart his course. VHAI visited Mishri Lal’s home to counsel the patient and after many attempts, managed to persuade him to restart his medication. VHAI also talked to the RHCP, briefed him about TB notification, and convinced him to become a DOT provider. Mishri Lal too was on his way to being cured.
GIVING A BOOST IN UJJAIN

DMC, Tarana falls under Maheedpur TU of Ujjain district in Madhya Pradesh. Situated about 150 kilometres away from Ujjain, the area is hard to reach. As per the lab record for the year 2011-2012, this DMC was one of the most low-performing. After a visit and analyses made by TB forum members the issue was brought to the notice of the Axshya District Coordinator that there were hardly 2 or 3 TB symptomatic who were examined in a week. The District Coordinator and members of the TB forum discussed the issue with the District TB Officer. After consultation with the DTO, Project Axshya activities were implemented in this low performing DMC of Tarana under CBCI-CARD in April 2013. NGO volunteers and local RNTCP staff started community meetings, Axshya SAMVAD, referrals and sputum collection and transportation activities.

Through persistent efforts, there was eventually an increase in number of TB symptomatic attending DMC. Axshya volunteers helped 344 TB symptomatic reach the DMC. Out of these, 23 were found positive and 6 of them have completed their DOTS and been cured. Thus the district TB forum has played a big role in providing the unreached communities of Tarana block access to services.

WELL DESERVED SUPPORT

A 22 years old widow’s life was turned upside-down when her husband died last year due to TB. A widow and a mother of three, all below 4 years of age, she was also suffering from MDR TB. With no support from her family, she suffered in silence.

When the VTCT (Villupuram TB care & Control Trust) team under REACH visited the patient’s residence with the District coordinator and STS from Villupuram DTC, they found that she was weak and malnourished. This prompted the team to request a grocery shop owner to supply eggs, dates and health supplements to the lady. A supervisor from another NGO was also appointed to counsel her.

To help her make ends meet, the TB forum mobilized Rs 15,000 and helped her set up an ‘Idly Shop’. By selling idlies, she is now able to sustain herself and also take good care of her health and her children.
Project Axshya brought a unique anomaly to light in the TB care and control programme. Despite early detection of pulmonary TB, it was observed that the frequency of incomplete doses was related to lack of nutritional support, patients frequently missed doses of their medicines, increasing the probability of incomplete treatment.

Kerala was one among the states to introduce financial support scheme for TB patients in 1963. The utilization of scheme was abysmally low due to lack of information. The pension scheme was therefore revised in 2010 to Rs 300 per month, to Rs 525 per month in 2012 and to Rs 800 in 2013. Despite the continuous revisions in the amount of pension, there was no revision in the eligibility criteria for availing the schemes (annual income below Rs 2,400), which was noted by the TB Forums in Kerala. As a result none of the TB patients were able to avail the service.

TB forum members from Kerala advocated through various forums for TB pensions schemes leading to government revisions in the TB pension schemes. The government proposed a decision for revisions in the local assembly proposing for revisions: eligibility on annual income from Rs 2,400 to Rs 100,000; an increase in the amount to Rs 1000. Both the proposals were upheld and about Rs 1,651,000 for the current financial year was earmarked for the same. Thousands of Tuberculosis patients in the state of Kerala will now be supported financially through TB pension’s schemes through continued advocacy by TB forum members and Project Axshya. Other TB forum members across the country are now sensitized and are operating on similar lines for support of TB patients.

So far, 500 TB patients have been provided nutritional support through TB forum efforts – 101 TB patients received this through resources raised from local sponsors) 100 patients received support from private doctors while similar resources originated from women’s self-help groups (80 patients), local representatives (50 patients) and from other TB forum members. In this entirely community-driven process, 45 MDR-TB patients received small contributions from the community.
NO LONGER AN OUTCAST

The patient charter meeting held through REACH in Chennai saw an attendance of many TB patients and their families. However, for a clerk in a private company, this meeting also proved to be a way to re-connect with his wife, besides being an education on TB.

“This camp has opened my eyes”, he stated. His wife had developed TB after delivering a baby. Out of worry he had stopped talking to his wife and isolated her. She was also not allowed to feed the baby and the baby was taken away from her.

After attending the camp, the patient’s husband realised that he should have not listened to his friends and made his wife an ‘untouchable’. He promised to take good care of her and also be a DOTS provider to other patients.

MEDIA COMES TO THE RESCUE

There are 12 DMCs in Lalitpur district of Uttar Pradesh. The population of the district is 12, 21,592, which means it has the appropriate number of DMCs according to its population ratio. But two DMCs (DMC Pura Birdha & DMC Gauna) have been non-functional since the past 2-3 years. Both these areas belong to the marginalized and vulnerable sections of society. Lalitpur has partially hilly terrain with villages scattered about poor connectivity. Symptomatics have to travel more than 30 kilometres to a diagnostic centre.

The matter was taken up by the local TB Forum when its members met during their regular meeting. When they raised the issue with the DTO it proved to be a challenge as he neither denied the matter nor did anything to resolve it. After a couple of futile follow ups the forum approached the media to highlight the situation. This seemed to make an impact as the DTO began to communicate with sub region and state level officers. As result, two non-functional DMCs started functioning by the end of January 2014.
When the TB forum chairman contacted Mrs. Lahlmingchhuangii to invite her for a TB sensitization meeting by CMAI in Lunglei town in Mizoram, she revealed that she had recently been diagnosed with MDR TB and had begun her course of medication which she procured with her own money. She confessed that the medicines were too expensive and feared that she may not be able to complete the course if she had to pay for all of them herself. The TB forum chairman encouraged her to come to the meeting and that they would enquire if any help could be availed from the RNTCP.

On the fringes of the meeting, Lahlmingchhuangii met with the DC and the Chairman of the TB forum to discuss her problem. She explained that she was once diagnosed with non-pulmonary TB and had completed Cat I treatment following which she was declared as cured. But as time passed the illness showed up again and this time, she was given Cat II treatment. Still, her health did not improve. She decide to begin the Cat II treatment again. During that time she also consulted another Doctor. Her Doctor referred her to Aizawl for investigation. In Aizawl, bronchscopy was conducted and her specimen was sent to an SRL lab in Kolkata which revealed MDR TB.

The DC and the chairman of TB forum at Lunglei promptly took Lahlmingchhuangii to the DTO’s office, who immediately contacted the State TB Cell. They confirmed that she could be treated through the RNTCP under which medicines would be provided free of cost. Lahlmingchhuangii is now undergoing treatment at DTC Lunglei and has reported great improvement in her health. On her way to recovery, she has gained 4 kilograms.

All 300 Axshya districts have TB forums that campaign for TB patient rights and resolution of issues faced by patients. Additionally, in 2013-14, Axshya mitras apprised 31,390 TB patients of their rights and responsibilities through the Patient Charter. The illustrated version of the TB Patient Charter developed by Axshya, was disseminated and displayed at 43,260 institutions across the country.
Rural healthcare providers (RHCPs) are informal healthcare providers and include “less-than fully qualified”, traditional healers, tribal doctors etc., who are often the first point of contact for most poor/marginalized communities seeking healthcare. Despite multiple challenges, project Axshya has provided training to more than 9,000 informal health care providers in identifying TB symptomatics and referring them to nearest designated microscopic centers. More than 1,700 AYUSH (Ayurveda, Yoga, Unani, Sidha, and Homeopathy) practitioners, classified under Indian/Alternate System of Medicine have also been trained by the project. On an average, 25% of them are now DOT providers.

The main objective of these trainings is to increase case detection, reduce the diagnostic delay and prevent irrational treatment of TB that would otherwise lead to drug resistance. The Union conducted a cross-sectional study across randomly selected districts under Project Axshya, which informed that trained RHCP’s on an average referred 14 symptomatics in a quarter; out of which 3 were found to be sputum positive. The average amount spent on training of an RHCP provider is approximately USD 20. Given that no incentives were provided to the RHCPs, the intervention demonstrates a strong justification for replicating and scaling up of this cost-effective intervention further.
KK Sharma is a rural health care provider working in Bansdih TU of Ballia district in Uttar Pradesh. He attended a training programme for RHCP in June 2011 which was organized by CBCI CARD, following which he decided to work with Axshya and RNTCP. Sharma noticed that even though every TB symptomatic is referred to the nearest DMC for treatment, many of the referrals do not actually reach the DMC. So he decided to do take up the task of sputum collection and transportation of TB symptomatics.

At present, 40 TB patients are under DOT with him. He is counseling them and informs them about their rights and responsibilities. By June 2014 he had saved the lives of nearly 250 TB patients. At the same time, he has also motivated other RHCPs to become DOT providers and helped them to claim payments through the RNTCP. Today 9 RHCPs in Bansidh TU who service as DOT providers and RNTCP has released payments for the 140 TB patients they cured.

He travels 18 kms almost every day for work! Hailing from a village in Trichy, Dr. Sethuraman, a Rural Health Care Provider has been associated with the Axshya project for few years now. His regular duties are to travel to the interior parts surrounding Trichy city. Before associating with Project Axshya, he used to give his own treatment to patients exhibiting TB symptoms but had not referred them to any of the DMCs or government health facilities. The patients who received treatment from him gradually stopped revisiting him in the middle of their treatment.

He was then trained by the District TB Officer on DOTS through the project. Now his only aim is to ensure that TB patients get treated at the right time. He usually refers the TB patients to the nearby DMC. But for patients who are unable to travel, he collects the sputum samples and transports them to DMC. In the one month since his training, he has transported 20 sputum samples and has also been a DOTS provider for three patients. His kind gesture has saved many lives and his continuous efforts to help the rural people are much appreciated.
A MODEL AXSHYA VILLAGE

Shrawasti is a district of Uttar Pradesh that lies on the porous Indo-Nepal border and is covered by Project Axshya. A MAMTA DC had been visiting the area, especially the village that straddles the two countries named Roshanpurwa in Bhardha Roshangarh Gram Panchayat in Sirsiya block, about 30 kilometres from the district headquarters Bhinga.

MAMTA organised GKS and mid-media activities here to spread awareness about TB. People who used to cross over the border and go to Nepal for treatment — for TB as well as other diseases — due to lack of health services, now turn to the local RHCP Dr Rais Ahmad who has been very active. This has come as a relief for people in need of TB treatment. The local ASHA has also been roped in to follow-up on TB patients.

APM has also visited this village and interacted with the community, RHCP and also the TB patients who have benefited due to the committed work done through project Axshya. This village has been labelled a model Axshya Village at the suggestion of the STS/DTO.

MAKING WAY INTO THE DANGER ZONE

Piparsatti village of Janjgir district of Chhattisgarh was described as a danger zone when the Chhattisgarh State Evaluation team came for a visit in December 2013 because the team found 3 MDR-TB patients in the village. Piparsatti is situated 10 kilometres from Akaltara DMC. Soon after, the DC met Bansi Lal Sahu, the RHCP from the village who seemed devoted to its people. He was trained, following which he and the DC went to the DMC at Akaltara to meet the STS and make a work plan. Tackling TB in Piparsatti village became Sahu’s first priority. EHA conducted sensitization meetings, Axshya SAMVAD and Mid Media through partner NGOs. Sahu set to work and promptly collected sputum from 25 chest symptomatics, and another six were referred to the DMC. Upon examination, nine were found positive. Today, Sahu is a DOT provider for all 9 patients, one of whom has MDR-TB and two children are below the age of thirteen.
**WHERE THE OLD WAYS WON’T DO**

RHCP Kriston Thabah who from Meghalaya has been practicing herbal medicine for the last 30 years which he prepared in his own house and clinic in Pynursla bazaar. Thabah has been treating patients who come to his clinic suffering from stomach pains, diabetes, high BP and ulcers. After being trained on TB care by CMAI through Project Axshya Thabah has referred patients who come to his clinic with TB symptoms regularly to Pynursla DMC and Shillong Civil Hospital. He has also instructed other RHCPs who are in Pynursla not to treat TB by themselves but to refer to the DMC. He even goes so far as to drop TB symptomatic in his own car to the DMC and do follow ups. If a referral tests positive he ensures that he/she start their treatment within 7 days.

**In 2013-14, Axshya trained over 9,000 Rural Healthcare Providers and of these 2,372 RHCPs are engaged in referrals, sputum collection and transportation, or act as DOT providers in their areas. Their involvement has led to 31,687 sputum examinations, from which 3,073 patients have been diagnosed and put on DOTS. Axshya trained over 6,012 health staff from government health institutions on soft skills to ensure a more conducive patient-provider relationship.**

**REACHING COMMUNITIES**

In 2012, a field level assessment conducted by Madurai Meenakshi Sokkanathar Foundation (MMCF) in Madurai district revealed that 10% of its population was living in slums. Moreover, the people there did not have any awareness of TB and many of them also showed symptoms of the disease. A TB awareness camp was conducted in the district and the REACH DC identified Uma, a traditional medical practitioner to help reach out to more TB patients. A well known face in her district, Uma was instrumental in conducting several camps and awareness programmes. Rice mill workers, brick kiln labourers and several other villagers attended camps conducted by her. This camp helped her identify 21 chest symptomatics and 3 positive TB patients. She became a DOT provider for these three patients. Her continuous motivation has helped them recover completely.
To strengthen community engagement in TB care and control in India, Project Axshya envisioned the need for a platform wherein civil society organisations could come together for the common cause of strengthening TB care and control in India. The Partnership for Tuberculosis Care and Control (PTCC) was born of this vision and is a consortium of organisations from civil society and other sectors, working to support TB care and control in India. Its main objective is to provide increased visibility and a sense of community ownership to the National TB Programme. It works as a platform for partners to work together, jointly apply for grants and execute a joint strategic plan that involves civil society and the private and public sectors. The strength of the partnership has increased significantly in the last two years and it has been instrumental in development of the National Strategic Plan (2012-17) and the on-going revision of NGO-PP schemes.

Sensitizing NGOs and strengthening engagement of non-programme providers in TB control has been another approach within Project Axshya to engage with NGOs and work closely on RNTCP schemes. Axshya sensitizes NGOs on RNTCP schemes, thereby encouraging them to submit proposals towards the same. An association has also been initiated for coordinated care of TB-HIV patients through the VIHAAN Network, linking HIV patients (suspected with TB) with VIHAAN field staff, for testing and treatment.
PARTNERSHIP FOR TB CARE AND CONTROL

The National Partnership for TB care and control supported through Project Axshya has networked with Civil Society Organizations to advance TB control across the country. Through this partnership, the strengths and expertise of diverse partners have been channelized for strengthening community engagement in TB care and control. Besides expanding the partner and stakeholder base in India’s fight against tuberculosis, partners benefit by featuring and sharing their activities through the Partnership newsletter and website, invitations to working group meetings, use of a common logo and a directory to share ideas, best practices and resources, and access to relevant databases. Developing a common understanding and agreement among the key stakeholders for involving partners in TB care and control at state and regional level is crucial to the Partnership’s strategy. Regional meetings for the Southern, Eastern, Central, Northern, North eastern regions were held and have created a visibility of partners and provided a platform to initiate dialogue with the State and District level programme managers for TB care and control.

PTCC has grown to over 150 organisational members, including technical agencies, non-governmental and community-based organisations, affected communities, the corporate sector, professional bodies, the media and academia.

- In June 2013, the Partnership for TB Care and Control (PTCC) was registered as a Non Government Organisation under Societies Registration Act, in New Delhi. It is currently based in New Delhi.
- PTCC’s Partners Directory was officially launched in New Delhi last year during the Regional Consultative and Thematic Group Meeting of Partners on July 29-30, 2013 in New Delhi. The directory includes basic information on each partner, their competencies or expertise in the field of TB care and control or its related issues, areas of operation and contact information.
- A National Consultative Meeting of Partners and a Thematic Group Meeting were held in March 28-29, 2014 in Chennai, Tamil Nadu. The meeting attended by over 90 members, was open to all partners of the PTCC, as well as special invited guests and members of the PTCC Advisory Board. Welcoming all the partners Dr Misra, needs designation,
highlighted the growth of PTCC to 174 members and observed that PTCC could make a tremendous impact on TB care and control, wherein through its partners it could achieve the mission of leading advocacy efforts for the rights of every individual affected by TB, facilitating universal access to quality services of TB care and control by engaging all sectors and all sections of the community. The event was a great success with participants sharing positive feedback on the experience, inspirations and lessons learned through their involvement in TB care and control.

• PTCC members participated at the protest organised by civil society members to protest the stock-out of anti-TB drugs in June 2013, and also participated in follow-up meetings with government officials to resolve the situation.

• In the run-up to the parliamentary elections in India, PTCC prepared a background note on TB and sent out letters to 58 national and regional political parties to prioritize TB as they prepare their political manifestos. A press release was sent out to media houses as well, which garnered responses from local and international dailies.

• A civil society consultation meeting was facilitated by PTCC to discuss the proposals submitted by the Principal Recipients to Global Fund, in July 2014.

• Editions of the quarterly newsletter of the Partnership “Partners Speak” continued to be distributed and well received by readers.
The Partnership instituted an annual award for TB Champion (Individual & Organization) to recognize and acknowledge the efforts of individuals and organization working for TB care and control in India. The individual category awarded was shared by Shri Gautam Roy and Shri Gautam Majumdar, Pachayat Pradhans from West Bengal for their initiatives in providing nutritional support and livelihood for over 100 TB Patients. In the organisational category, Jan Swasthya Sahyog, a grassroots organisation working in Chhattisgarh was awarded for their work in representing patients’ rights to better TB Care Services. Both awards carried a cash prize of Rs 50,000 and a citation.

Working to link civil society with the national TB control programme, in 2013-14, Axshya sensitized 2,256 NGOs on RNTCP schemes and 363 NGOs submitted proposals for various RNTCP schemes. Also indicating the growing interest and participation of civil society in TB care and control, the membership of the Partnership for TB care and control grew to over 150 organisational members.
MDR-TB refers to strains of the bacterium which are proven in a laboratory to be resistant to the two most active anti-TB drugs, isoniazid and rifampicin. Treatment of MDR-TB is extremely expensive, toxic, arduous, and often unsuccessful.

DOTS has been proven to prevent the emergence of MDR-TB, and also to reverse the incidence of MDR-TB where it has emerged. MDR-TB is a tragedy for individual patients and a symptom of poor TB management. The best way to confront this challenge is to improve TB treatment and implement DOTS. MDR-TB is the end result of a number of different failures, each of which, on its own, is solvable with existing tools.

Under Project Axshya, PSI is implementing counselling services for MDR-TB patients in 30 districts including two metropolitan areas of Chennai and Delhi. MDR-TB counsellors prepare the line list of DR-TB patients in collaboration with RNTCP, conduct the facility based and home based one-to-one counselling of MDR-TB patients in a confidential manner. Additionally home visits are conducted for counselling of care givers. Counselling is focused on treatment adherence, psychosocial support, nutrition and care of MDR-TB patients. A total of 27 counsellors have been recruited and trained at the National TB Institute (NTI), Bangalore. The counsellors have started working with DTC in their states for ensuring counselling of all MDR-TB patients.
Serological tests are tests that are carried out on blood samples, which in the case of TB means diagnosing by looking at a blood sample, and specifically looking for antibodies in the blood sample. Some diseases such as HIV can be diagnosed very easily by taking a blood sample, and then doing a procedure that looks for antibodies in the blood sample. But testing for TB by detecting antibodies in the blood is extremely difficult and often unreliable. People can have antibody responses suggesting that they have active TB even when they do not. Antibodies may also develop against other organisms that again could wrongly indicate that they have active TB.

In June 2012 the Indian government Ministry of Health and Family Welfare, banned the manufacture, import, distribution and use of serological test kits for the diagnosis of TB, explaining that this does not mean that there are no tests available for diagnosing TB. This also meant that sputum tests, culture tests and newer molecular tests can be used reliably, and that free diagnosis and treatment for TB is available through the Revised National Tuberculosis Control Program (RNTCP).

Under Project Axshya, PSI is implementing lab sensitization on ban on serological tests for TB and Notification across all 60 districts where it functions. The lab owners are sensitized on the Government order for ban on serological tests for TB through one on one interactions. A pledge is signed by the lab owners as a token of their willingness to participate in the drive and not to use the serological tests for TB diagnosis.

Between April 2013 and March 2014, a total of 1,084 labs were sensitized on the ban on serological tests for TB and Notification. A total of 1,034 laboratories also signed the pledge for following the order and not to use the serological tests for TB diagnosis in the future.
Maharashtra is taking ambitious steps for prevention and control of Tuberculosis with high importance to Drug Resistant TB through organized public and private sector efforts. With the increasing importance of civil society in RNTCP, partners like Project Axshya who are working in marginal and vulnerable communities of 28 districts in Maharashtra has helped immensely in improving case detection and treatment adherence. We hope that Project Axshya will expand to reach out to more districts and contribute significantly in the forthcoming years with the objective of Reaching the Unreached communities of Maharashtra.

Dr. Bhagawan Pawar  
Assistant Director Health Services (TB & BCG), Maharashtra

Role of Project Axshya is important in raising awareness among public in rural areas. It is expected from all the partners to disseminate the knowledge of TB up to remotest villagers and encourage the patients to complete treatment.

Dr. (Major) K.N. Sahai  
State TB Officer, Bihar
Project Axshya interventions through three Sub Recipients (CHAI, EHA, & PSI) of The Union in 15 districts of Jharkhand are of great support to TB Control Programme in Jharkhand. Its strategies such as Axshya SAMVAD (Intensified outreach activity), targeting rural health care providers (RHCPs) and Axshya Village with focus on vulnerable and marginalized populations especially in un reached areas help to create demand for services and contribute to TB case detection. The project has also created a space for increased participation of Civil Societies in TB control initiatives.

Dr Rakesh Dayal
State TB Officer, Jharkhand

Project Axshya is being implemented in 15 districts of the state by the Union in close coordination with the state program. This has strengthened the program implementation in the state with the involvement of private sector and enhanced awareness generation in the community. It has also helped in increasing the TB notification from private sector.

Dr Balbir Singh
State TB Officer, Punjab

Project Axshya’s intervention on advocacy, communication and social mobilization activities by civil society network through four partner organizations in 10 districts extends a meaningful and effective support in improving performance of the Revised National Tuberculosis Control Program in the state of Chhattisgarh. It is reaching out to the most vulnerable & marginalised communities including the women, children and TB-HIV co-infected populations of the intervened districts. I expect, the project to continue its concerted efforts in the manner it has been doing in the past that will support improving performance of the mainstream program in the coming days. Wishing a vibrant Project Axshya.

Dr T K Agrawal
State TB Officer, Chhattisgarh
The mission of the International Union Against Tuberculosis and Lung Disease (The Union) is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. With nearly 15,000 members and subscribers from 152 countries, The Union has its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, North America and South-East Asia regions. Its scientific departments focus on tuberculosis, HIV, lung health and non-communicable diseases, tobacco control and research. Each department engages in research, provides technical assistance and offers training and other capacity building activities leading to health solutions for the poor.

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The Union South-East Asia Office, based in New Delhi, works in India and other countries of the region through a network of consultants and strong partnerships with governments, civil society, corporations and international agencies. Established in 2003 as The Union’s first region office, today it is the largest. It brings global experience and expertise to its work and efficiency and energy to Union services across the region.

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