PROJECT AXSHYA
A Civil Society Initiative to Strengthen TB Care and Control in India
The Global Fund Round 9 TB Project
Activity Report 2012-13
In the three years since it began, Project Axshya has emerged as a key partner in supporting the RNTCP's agenda of TB care and control. The project has successfully and effectively taken TB awareness across the country through its extensive network of partners. In a short while, the numerous Advocacy, Communication and Social Mobilisation activities implemented by the partners in Project Axshya have raised knowledge levels and combatted stigma related to TB. They have also crucially led to greater civil society participation and community ownership in the fight against TB. A focus on reaching vulnerable communities living in hard-to-reach areas has been invaluable in facilitating the RNTCP's mission of universal coverage.

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

I congratulate the Axshya team on completing three years of this landmark project. This year, partners built on experiences and adapted ongoing activities to assure quality TB services for communities on the fringes. With technical support from the Project Management Unit and in close coordination with colleagues from the RNTCP, all project district coordinators led an exercise in geographically mapping areas with marginalised and vulnerable populations. These detailed maps will provide a reference for prioritising interventions to key affected communities, while innovative platforms like the District TB Forums ensured that voices from this crucial group reached providers and policymakers. As the project moves towards its second phase and consolidation, it gives me great pleasure to wish this dedicated team of “TB warriors” every success and thank them for their untiring efforts and their personal passion for people affected by tuberculosis.

Dr Nevin C Wilson
Regional Director
International Union Against Tuberculosis and Lung Disease
A Message from the Axshya Team

As we complete three years and enter the second phase of Project Axshya, we experience a mix of pride over the milestones collectively achieved and anticipation of the road that lies ahead.

This third year of Project Axshya has been one of innovation and also of consolidation - a year in which we sought to solidify the groundwork laid out since the inception of the project. Axshya expanded its coverage to all 300 districts proposed in the project, and partners built on the experiences of the previous two years to strengthen project infrastructure with a focus on enhancing access to TB services for marginalised and vulnerable populations.

Ongoing activities were reviewed and adapted to maximise impact at a population level, especially for communities living at the peripheries. These included:

- referral of chest symptomatics from the community
- supporting vulnerable communities with sputum collection and transport to increase access to diagnostic services
- planning meetings with Village Health and Sanitation Committees
- sensitising and advocating with local NGOs to sign up for collaborative RNTCP schemes
- helping patient communities organise themselves locally through the District TB Forums
- advocating through these forums for special patient support, and
- widespread dissemination of the Patient Charter in all health facilities.

We have also been able to leverage greater interest and community participation in TB care and control through personal visits, counseling, cultural and sporting events, awareness rallies, social media and through calendar events such as World TB Day and World AIDS Day. Bulgam Bhai has continued his journey from last year, winning hearts and accolades while taking the message of TB awareness to new audiences. All of these activities have served to increase visibility, reduce stigma and helped us progress towards our objective of community-driven demand for quality TB services.

It gives us great pleasure to present the Axshya Activity Report for 2012-13. We wish to thank all our partners and stakeholders – the Government of India, the Global Fund, and our partner NGOs. Special thanks is due to the thousands of volunteers and field workers who have joined forces with Axshya in various capacities to improve the quality of and access to TB services for the people of India. Your unstinting support and tireless contributions have made possible this project and its vision of a TB-free India.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACSM</td>
<td>Advocacy, communication and social mobilisation</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune-deficiency syndrome</td>
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<tr>
<td>ANM</td>
<td>Auxiliary nurse midwife</td>
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<tr>
<td>APM</td>
<td>Assistant programme manager</td>
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<td>ASHA</td>
<td>Accredited social health activist</td>
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<tr>
<td>AWW</td>
<td>Anganwadi worker</td>
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<td>CBCI-CARD</td>
<td>Catholic Bishops’ Conference of India - Coalition for AIDS and Related Diseases</td>
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<td>CBO</td>
<td>Community-Based Organisation</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention (USA)</td>
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<td>CHAI</td>
<td>Catholic Health Association of India</td>
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<td>CMAI</td>
<td>Christian Medical Association of India</td>
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<td>CNA</td>
<td>Communication needs assessment</td>
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<td>Central TB Division (India)</td>
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<td>DC</td>
<td>District coordinator</td>
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<tr>
<td>DDG (TB)</td>
<td>Deputy Director General (TB) / National TB Programme Manager</td>
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<tr>
<td>DLN</td>
<td>District-level network</td>
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<tr>
<td>DMC</td>
<td>Designated microscopy centre</td>
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<td>DOT</td>
<td>Directly observed treatment</td>
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<td>DOTS</td>
<td>Directly-observed therapy (Short Course)</td>
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<td>DTC</td>
<td>District TB cell</td>
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<tr>
<td>DTO</td>
<td>District TB officer</td>
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<td>EAG</td>
<td>Ethics advisory group</td>
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<td>EHA</td>
<td>Emmanuel Hospital Association (India)</td>
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<td>GKS</td>
<td>Gaon Kalyan Samiti (Village Health and Sanitation Committee)</td>
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<td>GoI</td>
<td>Government of India</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>ICTC</td>
<td>Integrated counselling and testing centre</td>
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<td>IEC</td>
<td>Information, education, communication</td>
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<td>Indian Medical Parliamentarians Forum</td>
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<td>IPC</td>
<td>Interpersonal communication</td>
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<tr>
<td>KAP</td>
<td>Knowledge, attitudes and practices</td>
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<tr>
<td>LHV</td>
<td>Lady health visitor</td>
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<td>LRS</td>
<td>Lala Ram Swarup Institute for TB and Respiratory Diseases</td>
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<td>M&amp;E</td>
<td>Monitoring &amp; evaluation</td>
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<td>MAMTA</td>
<td>Mamta Health Institute for Mother and Child (India)</td>
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<td>MDG</td>
<td>Millennium development goal</td>
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<td>MDR-TB</td>
<td>Multidrug-Resistant Tuberculosis</td>
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<td>MoHFW</td>
<td>Ministry of Health &amp; Family Welfare, Government of India</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>MPW</td>
<td>Multi-purpose worker</td>
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<td>Mamta Samajik Sanstha (India)</td>
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<td>Nongovernmental organisation</td>
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<td>National Tuberculosis Institute (Bangalore)</td>
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<td>National tuberculosis programme</td>
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<td>OR</td>
<td>Operations research</td>
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<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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<td>PM</td>
<td>Programme manager</td>
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<td>PMU</td>
<td>Project Management Unit (Project Axshya)</td>
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<td>PP</td>
<td>Private practitioner</td>
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<td>PPM</td>
<td>Public-Private Mix</td>
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<td>PR</td>
<td>Principal Recipient (Project Axshya)</td>
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<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>REACH</td>
<td>Resource Group for Education and Advocacy for Community Health (India)</td>
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<td>RHCP</td>
<td>Rural health care provider</td>
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<td>RMP</td>
<td>Registered medical practitioner</td>
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<td>RNTCP</td>
<td>Revised National Tuberculosis Control Programme (India)</td>
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<td>SR</td>
<td>Sub-recipient (Project Axshya)</td>
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<td>Strategic and Technical Advisory Group</td>
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<td>State TB Cell</td>
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<td>State TB Officer</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>The Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>The Union</td>
<td>International Union Against Tuberculosis and Lung Disease</td>
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<tr>
<td>TOT</td>
<td>Training-of-trainers</td>
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<td>TRC</td>
<td>Tuberculosis Research Centre (Chennai)</td>
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<td>TU</td>
<td>Tuberculosis unit</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USEA</td>
<td>The Union South-East Asia Office</td>
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<td>VHAI</td>
<td>Voluntary Health Association of India</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WVI</td>
<td>World Vision India</td>
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<td>XDR-TB</td>
<td>Extensively Drug-Resistant Tuberculosis</td>
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Background

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’ 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.
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 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 WV. 16 states are managed by The Union, two by WV 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.

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 region office.

The Partners
In addition to the local, national and international stakeholders with which The Union works, its nine 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), Mamta Samajik Sanstha (MSS), 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 will commence from April 1, 2013 for a period up to September 2015.

Key Project Activities
- Empower communities to enhance their participation in TB services
- Conduct need-based and gender-sensitive media campaigns
- Advocate with policy-makers and parliamentarians
- Facilitate involvement of all health care providers to increase the reach of TB services and ensure rational use of diagnostics and drugs
- Synergise civil society’s TB care and control services through partnerships
- Conduct research/training on ACSM, public-private mix, MDR-TB, TB epidemiology, programme management and operations research
- Support and complement RNTCP diagnostic and treatment services to increase access
- Strengthen the state and district-level ACSM capacity of programme personnel

The Report
This report summarises the activities of The Union and its core partners under Project Axshya during the third year (2012-2013).
The Union
Overall Achievements: 2012-13

Axshya entered the third year of project implementation in April 2012 and has since expanded its activities to an additional 60 districts, bringing up the total number to 300 districts across 21 states of India.

During 2012-13, the project was able to achieve nearly all the targets set for itself (till the end of March 2013) through the project specific performance framework (summarised in table below). This includes a combination of process indicators, outcome indicators and impact indicators, with quarterly, biannual and annual targets assigned for each.

Most recently, the Global Fund accorded an ‘A’ rating to the grant in recognition of the project’s consistent and superior performance.

The achievements and activities undertaken by The Union in the current report year have been presented under the broad headings of technical assistance; education and research; monitoring and evaluation; and participation at the World Conference on Lung Health.

### Technical Assistance

#### Technical Support to the RNTCP

**Three consultants from The Union provided expert support to the Central TB Division** (CTD), Ministry of Health, in key areas of the programme such as Public Private Mix (PPM), Advocacy, Communication and Social Mobilisation (ACSM), Monitoring and Evaluation (M&E) 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.

**The Union provided technical assistance to six states** – Karnataka, Madhya Pradesh, Maharashtra, Punjab, Uttar Pradesh and Uttarakhand – and expedited the preparation of state ACSM Plans for 2013-14 and the formation of State ACSM Quality Support Groups (SAQSG) to prioritise ACSM as an integral part of the RNTCP.

### Indicators – Achievements

(April 2012- March 2013)

<table>
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<tr>
<th>Indicators</th>
<th>Target</th>
<th>Achieved</th>
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<tbody>
<tr>
<td>New partners signing up with the Partnership for TB Care and Control</td>
<td>47</td>
<td>76</td>
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<tr>
<td>People trained at the state-level Training of Trainers for NGOs/CBOs/PPs</td>
<td>499</td>
<td>486</td>
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<tr>
<td>NGOs sensitised at state-level to register under RNTCP schemes</td>
<td>1,452</td>
<td>1,429</td>
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<tr>
<td>Rural Health Care Providers sensitised on referral, DOTS provision and other RNTCP schemes</td>
<td>21,290</td>
<td>20,704</td>
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<tr>
<td>District-Level Networks of people living with HIV sensitised</td>
<td>975</td>
<td>910</td>
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<tr>
<td>Districts where CVs supervise &gt;40% of registered TB patients</td>
<td>183</td>
<td>192</td>
</tr>
<tr>
<td>Districts with new smear positive detection rate of &gt;51%</td>
<td>121</td>
<td>125</td>
</tr>
<tr>
<td>Episodes of programmes/spots broadcast on radio and TV</td>
<td>14,100</td>
<td>15,410</td>
</tr>
</tbody>
</table>
Preparing for Phase II

Based on the exemplary performance in Phase I, the Project Management Unit (PMU) was invited by the Global Fund to submit a proposal for Phase II of the project. Planning for Phase II began with a brainstorming meeting in first week of October 2012. This Phase has been redesigned to complement India’s National Strategic Plan (2012-17) and envisages an enhanced impact of the RNTCP. Recommendations of the Joint Monitoring Mission (JMM) and Global Fund’s New Funding Model have been incorporated with a focus on ‘Most At Risk Populations.’

The thrust in Phase II of the project will be on several key areas that need a more focussed approach. Some of these include greater stress on ‘Most At Risk Populations’, which will be the target of 70% of all activities. These will include intensified outreach activities, spotlighting outcome and impact rather than processes alone, and a fruitful engagement of health staff and workers trained under the project with TB care and control. Activities will focus on strengthening engagement of community groups and RHCPs, and establishing sputum collection and transportation facilities and DOT services in populations with poor access to TB services.

The proposal for Phase II (2013-2015) has been submitted and in principle approved by the Global Fund. The Global Fund has allowed continuation of project activities during the transition quarter April-June 2013 until the signing of the formal agreement.

A Joint Monitoring Mission for the National TB Control Programme was conducted from 20-31 August 2012, in which USEA and Project Axshya were represented by Drs Sarabjit Chadha and Ajay Kumar. The Secretariat of the partnership for TB Care Control was invited to a de-briefing session of the JMM and made some important observations and recommendations for effective implementation of the programme.

Preventive Maintenance of Binocular Microscopes
Axshya provided support for annual maintenance of 3600 binocular microscopes for the states of Bihar, Rajasthan, Uttar Pradesh and Uttarakhand. This was in response to the challenges faced by the four states in ensuring maintenance of their microscopes, which was adversely affecting sputum examinations necessary for diagnosing TB.

Technical Support Missions
Technical Support Missions were conducted in three project states – Kerala, Madhya Pradesh and Uttar Pradesh - to identify the gaps in programme implementation and to assist in the capacity building processes of the SRs. The thematic focus of each mission was improving sputum collection and transportation services, access to TB services among tribal populations, and addressing challenges relating to cross-border issues in TB control in Kerala, Madhya Pradesh and Uttar Pradesh respectively.
Education and Research

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 Clinical Management of DR-TB course, TB epidemiology course, Stop TB Management course, and the National Operational Research training programme. To date, through various programmes, over 46 participants have been trained and 10 studies completed and published. (See the box on page for some key studies of national priority produced through these courses).

National TB course

A National TB course was organised under Project Axshya from 04-15 March 2013, at LRS Institute in New Delhi. Attended by RNTCP officials, WHO RNTCP Consultants and postgraduate students of preventive and social medicine, the course consisted of three components – TB diagnosis, TB epidemiology and TB treatment and care. The course was facilitated by eminent TB epidemiologist Prof Hans Rieder and the training course was inaugurated by Dr Ashok Kumar, DDG (TB), Central TB Division. Dr Rohit Sarin, Director, LRS, remarked that health professionals from across India would greatly benefit from this and similar courses.

National TB OR training programme

Project Axshya organised a two-part Operations Research protocol development workshop, in collaboration with Central TB Division, WHO India, CDC Atlanta and National TB Institute, Bangalore. The objectives of this workshop were to develop study protocols, data collection, analysis and paper writing. Module 1 of the OR workshop was held in March 2012 at NTI, Bangalore while Module 2 was held in March 2013.

Scientific Publications

- Baseline Knowledge, Attitude and Practices (KAP) survey
- From where are tuberculosis patients accessing treatment in India? Results from a cross-sectional community based survey of 30 districts. PLoS One
- HIV prevalence among persons suspected of tuberculosis: Policy implications for India. J Acquir Immune Defic Syndr
- Are all patients diagnosed with tuberculosis in Indian medical colleges referred to the RNTCP? Int J Tuberc Lung Dis
- Sputum smear microscopy at two months into continuation-phase: should it be done in all patients with sputum smear-positive tuberculosis? PLoS One
- Feasibility and effectiveness of provider-initiated HIV testing and counseling of TB suspects in Vizianagaram district, South India. PLoS One
- High diabetes prevalence among tuberculosis cases in Kerala, India. PLoS One
- Factors associated with delays in treatment initiation after tuberculosis diagnosis in two districts of India. PLoS One
- Health care seeking among people with cough of 2 weeks or more in India: Is passive TB case finding sufficient? Public Health Action
Operational Research: Knowledge, Attitudes, and Practices towards Tuberculosis

A midline “Knowledge, Attitudes and Practices (KAP) towards Tuberculosis” survey was planned in early 2012 to measure the changes since the baseline survey conducted in 2011. The cross-sectional community-based survey undertaken in 45 districts across 17 states was initiated in October 2012. 30 of these were project districts in which the baseline was undertaken while the other 15 were non-project districts. Interviews were conducted across five key population groups – general population, persons affected by TB disease, health services providers, opinion leaders and NGO workers.

The specific objectives were to assess changes in:

- TB-related knowledge, attitudes and practices among target groups
- 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 survey was completed in April 2013 and some key findings from the preliminary analysis are:

- Of the 7,225 persons interviewed from the general population, 88% had heard about TB; 74% knew that cough of more than two weeks was its key symptom; 75% believed that TB is completely curable and 26% had heard of DOTS. The proportion with correct knowledge on all four parameters was 33%, up from 18% observed during the baseline KAP survey.
- Of the 644 interviewees affected by TB, 44% knew that TB was caused through germs/microorganisms; 72% heard of free diagnosis and treatment for TB; 79% were diagnosed positive for TB within a month of onset of symptoms; 49% were initiated on treatment within a week and 56% were availing free treatment through DOTS.
- Among the 898 opinion leaders interviewed, 95% heard of TB; 90% knew that cough of over two weeks is the key symptom for TB; 91% were aware TB was completely treatable and 20% were involved in creating awareness on DOTS.
- Of the 122 NGO/CBO representatives interviewed, 98% had heard of TB; 88% knew that cough of over two weeks is the key symptom for TB; 92% considered TB to be completely treatable and 40% were involved in creating awareness on DOTS.
- A total of 767 health service providers were interviewed, including 201 private practitioners, 31 government doctors, 42 nurses, 121 public health paramedical workers, 40 primary health centre workers, 207 Anganwadi workers and 124 chemists or pharmacists. Overall, all of them had heard of TB, 53% knew that cough of two weeks is a symptom of TB, 66% prescribed sputum test for the diagnosis of TB, 76% sent their patients to government health facilities for sputum test. 75% knew that TB is curable, 78% had heard of DOTS, and 43% would refer TB patients for treatment under DOTS.
Monitoring and Evaluation

- Grant monitoring visits were undertaken by the PMU technical and finance teams for each of the SRs on a quarterly basis. These visits not only helped in identifying the gaps in programme implementation, but also assisted in capacity building of the SRs.

- Four update training-cum-review meetings of District Coordinators (DCs) were organised, in which nearly 110 DCs were given a run-through on technical and financial aspects of the project. These meetings also gave DCs a platform to discuss their roles and responsibilities and to share innovations and experiences.

- Induction training of 60 new DCs was conducted by the PMU. In addition to technical sessions, the new DCs were provided training in project activities, ACSM, monitoring and reporting.

- Review meetings for the nine SRs were conducted in each quarter to review progress towards objectives and discuss implementation strategies.

- The use of AxReal software for reporting significantly increased through regular monitoring by the PMU. A new revised version is under development to make it more user-friendly and scale-up its use for real time monitoring of the project activities by the SRs and the PMU.

- A guidance document was prepared to define and map marginalised and vulnerable populations, and list project activities that could effectively address the needs of these groups. This document was shared with the DCs to initiate mapping activities.

Challenges

- Sustaining and consolidating project achievements
- Ensuring uniform implementation of project activities across the districts
- Guiding the sub-recipient partners who have different capacities and management styles
- Documenting best practices and identifying appropriate measures to assess and demonstrate impact
- Improving quality of TB services
- Engaging the huge and largely unregulated private sector in TB control
- Deploying newer diagnostic technologies
- Bridging large gaps in communication and social mobilisation activities to link TB patients to programme services
Axshya at The Union World Conference on Lung Health

More than 10 staff members and consultants from Project Axshya participated in The 43rd Union World Lung Conference on Lung Health at Kuala Lumpur in November 2012, where they showcased their work and project achievements to an international audience.

Drs Sarabjit Chadha and Srinath Satyanarayana facilitated one session each on ‘TB and Prisons’ and ‘Operational Research’ respectively. Dr Nevin Wilson, headed sessions on ‘Right to Healthcare’, ‘Application of MPOWER’, and ‘TB Management’.

Additionally, over 20 scientific oral and poster presentations were made by staff from the Axshya PMU and SR partner organisations. These covered inquiries and findings from a diverse range of topics such as:

- Engaging non-qualified Rural Healthcare Providers (RHCPs) for TB control services
- Use of mobile telephones for reporting TB referrals
- Health-seeking behaviour among people with cough of two weeks or more
- Empowering TB affected communities through the District TB Forums
- Sputum collection and transportation in TB control
- The role of nutritional supplements in improving adherence to TB treatment
- Involving pharmacists in TB care and control

A civil society march, centred on TB patient rights, was also held at the conference, followed by a civil society declaration. Subrat Mohanty, project co-ordinator of The Union, other project managers and civil society representatives from India participated in the march and presented the declaration during the closing ceremony.
The Partnership for Tuberculosis Care and Control (PTCC) 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.

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

In 2012-2013, the Partnership announced the first annual TB Champion awards to recognise and honour individuals and organisations working for TB control in India. The P D Hinduja Hospital and Medical Research Foundation in Mumbai emerged as the awardee in the institutional category, while Dr Nalini Krishnan, Director of REACH (Resource and Advocacy Group for Community Health) was named the TB Champion in the individual category.

Six thematic groups (TB & HIV, Advocacy, Operations Research, Public-Private Mix, Service Delivery and Women & Childhood TB) were formed with the objective of planning a symposium, development of a workshop on TB care and control, creation of a common protocol for research or programmatic action and preparation of a technical document.

The Partnership, on behalf of CSOs, sent a letter to the Governing Board of the Global Fund, requesting an increase in the fund allocation for TB. This was met with a positive response from the office of the Executive Director.

A memorandum was submitted to state officials to ensure improvement in TB care and control services in Andhra Pradesh after an advocacy meeting of partners in Hyderabad, which drew a wide participation of NGOs.

Owing to an expansion in membership, PTCC was approached by the RNTCP to identify focal points for coordination with the State TB Officer’s office. These focal points will liaise with the State programme and civil society partners to support the RNTCP and to harmonise the efforts of diverse stakeholders.

For more information, please visit www.tbpartnership.org
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.

The Union’s Core Partners in Project Axshya

- 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)
- Mamta Samajik Sanstha (MSS)
- Population Services International (PSI)
- Resource Group for Education and Advocacy for Community Health (REACH)
- Voluntary Health Association of India (VHAI)
Catholic Bishops’ Conference of India
- Coalition for AIDS and Related Diseases

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 fulfill its manifesto of reaching the unreached millions in the country.

CBCI-CARD endeavours to make RNTCP services acceptable and accessible to all and Project Axshya is an important tool to achieve this goal. I thank The Union for supporting us in these endeavours and instituting good systems and procedures for effective implementation of the Project.

Prabha Varghese
Executive Director, CBCI-CARD

Highlights in 2012-13

- CBCI-CARD continued its dialogue with communities, reaching around 80,000 people through 2,915 GKS meetings during the year. In addition to this, it organised 474 SHG meetings, 122 meetings with PRIs and 134 meetings with CBOs.
- Sputum collection and transportation services were offered to 17,339 chest symptomatic cases across 24 districts. Of these, 1,313 were found TB positive and 1,288 patients put on DOTS. Additionally, 12,592 cases were referred for sputum examination, of which 571 were found positive and 541 patients put on DOTS.
- In Ballia district of Uttar Pradesh, 35 RHCPs were provided training in identifying chest symptomatic cases, referral to the DMC, and in providing DOTS. This network of dedicated RHCPs referred 2,217 chest symptomatic cases for sputum examination, of which 264 were found TB positive. 195 of these patients have completed their DOTS treatment and 69 are progressing towards successful completion.
- The District Coordinator in Bihar’s Muzaffarpur district organised a one-month awareness camp to sensitise Kanwariyas, devotees of Lord Shiva who undertake a barefoot pilgrimage to Baidyanath Dham in Deoghar (Jharkhand) every year. Around 100,000 Kanwariyas were sensitised, out of which 325 chest symptomatics were referred for examination.
- 36 NGOs were sensitised on enrollment to the RNTCP schemes (ACSM and Sputum collection & transportation). CBCI-CARD facilitated the signing up of two NGOs in West Medinipur district in West Bengal.
Espousing patient rights

Jhabua district in Madhya Pradesh has a highly motivated District TB Forum working with CBCI-CARD under Project Axshya. Formed in April 2011, the forum has been particularly enthusiastic in its advocacy and patient support efforts, acting as an important bridge between district health authorities and TB patients. On World TB Day, the Forum submitted a memorandum to District Collector demanding provision of nutritional support for patients from economically weaker sections. The memorandum also suggested the linking of TB outreach programmes with other social welfare schemes for the benefit of these patients. Following this, the District Collector personally intervened, instructing the district health authorities to look into the matter.

In another laudable initiative, the forum has finalised the ‘adoption’ of five patients from financially unstable backgrounds, ensuring provision of nutritional support to them, taking care of their day-to-day needs, and counselling their families. Forum members conduct regular field visits and counsel defaulters to adhere to the regimen, despite the initial side effects they experience.

Reaching out to tribals

37-year-old Heeralal is a member of a reclusive Baiga tribe living in Bilasar in Madhya Pradesh. The Baigas have been recognised for their unique culture -- they lead a semi-nomadic life, do not interact with outsiders and practice only shifting cultivation. The Baigas are an especially vulnerable group with no access to (and with no desire to access) mainstream healthcare facilities.

In 2012-13, a partner NGO working with Project Axshya conducted a GKS meeting in Bilasar, with the aim of sensitising these tribals on tuberculosis. After the meeting, one of the villagers informed the Axshya team that Heeralal had been exhibiting symptoms of TB for long. The community volunteer visited Heeralal’s house and found him completely bed-ridden, crippled by a persistent cough. The volunteer gave Heeralal a sputum collection cup which was transported to the nearest DMC. He was finally diagnosed with TB, put on DOTS and is now on the road to recovery.
Dispensing hope

Matridham Ashram, a spiritual retreat centre in Varanasi, UP, is visited by thousands of people hoping to be cured of their ailments. Sensing the potential of such a hub for TB awareness and propagation, CBCI-CARD launched a unique initiative called ‘Abhilasha’ (Hope) at the ashram in September 2012. The objective of this initiative was to sensitise the many thousands of pilgrims and tourists who visit the ancient temple town on TB care and prevention. Despite the limited resources it started out with, ‘Abhilasha’ has already met with considerable success. Community awareness drives and health camps were organised every week and within six months, about 300,000 people were sensitised. Nearly 450 people were identified as chest symptomatics and referred for sputum examination, and over 300 visited the DMC. Nearly 90 were diagnosed with TB, while two were found to be HIV positive. All of them above put on DOTS. To serve the patients better, a DOTS centre was set up at the Ashram, with the help of district RNTCP team. The centre has been named ‘Abhilasha DOTS Centre’, where both medicines and hope are dispensed.

Catholic Bishops’ Conference of India covers 24 districts across Bihar, Madhya Pradesh, Uttar Pradesh and West Bengal

Putting patients first

A good field worker is one who keeps his ear to the ground, sensing the comforts and discomforts of the people whose benefit he is working for. Mr Shami, District Coordinator of project Axshya in Muzaffarpur district (Bihar), is one such worker. He works with dedication at the grassroots level, helping and motivating patients and other stakeholders in the anti-TB campaign, oftentimes going out of his way to look for solutions. He recently learnt of a case in his jurisdiction where a 16-year-old boy, named Mohammad Aurangzeb, was reluctant to take DOTS for fear of being ostracised if the information were leaked. Upon hearing the boy’s predicament, Mr Shami decided to become his DOT provider, ensuring confidentiality about his TB status. He took some time out of his busy schedule to counsel and convince the boy. Aurangzeb, moved by the confidence Mr Shami inspired in him, started the treatment and is now on his way to recovery.

In the past two years, there has been a massive shift in the level of awareness on TB among the rural population of our district. All this became possible because of the good work done by CBCI CARD-Project Axshya.

Dr A. K. Patel,
District TB Officer, Jhabua
Catholic Health Association of India

CHAI is working earnestly to address the TB menace in the country. CHAI believes the goal of ‘a TB-Free India’ is absolutely achievable with the right mix of public-private participation and bureaucratic commitment.

Rev. Dr Tomi Thomas, IMS, Director General, CHAI

Catholic Health Association of India (CHAI) is one of the largest Civil Society Organisations in the world that seeks to provide preventive, promotive and curative health care services to marginalised population groups in the country. It is one of the largest coalition partners of the International Union against Tuberculosis and Lung Disease, working proactively to improve the reach, visibility and efficacy of RNTCP. It engages with communities and community-based healthcare providers to improve TB care and control in the project implementation districts. HIV/AIDS is another key intervention area for CHAI, wherein it has been providing counseling and testing services to its target population. CHAI also works in other critical healthcare areas such as communicable and non-communicable diseases.

Highlights in 2012-13

- Through its community engagement activities, CHAI reached a population of over 300,000 people. 7,434 GKS meetings, 6,018 SHG meetings and 1,424 meetings with CBOs led to an intensive involvement of community members in the TB awareness campaign.
- 3,428 mid-media activities were developed and conducted for the promotion of TB patients’ rights and responsibilities. A total of 438,906 people were reached through these initiatives. Additionally, 926 interventions were successfully conducted in different slum clusters, schools and prison premises.
- Two state-level TOTs witnessed the participation of 44 NGOs, CBOs and private practitioners. 555 NGOs were trained, out of which 266 became engaged in the project. 42 NGOs were sensitised about the various RNTCP schemes and six successfully registered under these, enabling them to render better services.
- Year 2012-13 witnessed increase in referrals, sputum collection and transportation and retrieval of patients lost to follow up. 30,367 samples were collected, of which 2,032 patients tested TB positive and were put on DOTS.
- CHAI facilitated the training of 5,392 RHCPs, out of which 2,417 became proactively engaged in referral, sputum collection and provision of DOT.
- A total of 3,073 members participated in 251 District TB Forum meetings throughout the year. 247 ICTC meetings, 243 CBO meetings and 236 RHCP meetings were held with DTOs in different implementation districts.
- On World TB Day, CHAI organised a workshop titled “Engagement of Media in Tuberculosis Control” to strengthen media engagement in TB control efforts in India. 150 participants comprising Axshya partners and members from the media fraternity participated in the workshop initiating a collaborative process between media and civil society to prioritise TB.
Innovation and localised solutions are critical to the success of Project Axshya. It is heartening to see project partners outdoing each other in the pursuit of a TB-free society.

From nutritional support for one...

A recent editorial in the journal *Public Health Action* observed that “the prevalence of under-nutrition is often very high in people diagnosed with TB.” Several District TB Forums in Kerala have been making concerted efforts to address this problem, ensuring that nutritional support can be availed by patients who bear the double burden of TB and malnutrition.

The District TB Forum in Kasargode, Kerala organised a meeting with the Muliyar Panchayat to alert village officials on TB and DR-TB. The district DOTS+ supervisor also informed them about Hassan, an MDR-TB patient living in the area. The Panchayat, now well aware of the dangers of DR-TB if not treated properly, were moved to inquire after Hassan’s living conditions. A visit to his home by a Panchayat member revealed that Hassan’s family were reeling under immense financial strain, in addition to having to deal with his long and arduous MDR-TB treatment regimen. Seeing this, the Panchayat decided to make him a beneficiary of Ashraya, a social welfare scheme, so that he could be entitled to regular and nutritious food until he was fully cured. In fact, the Panchayat went on to pledge Rs 200,000 for a Food and Nutrition Support Program for all Drug Resistant Tuberculosis (DR TB) Patients. Similarly, in Kollam, the District TB Forum stepped in to support MDR-TB patients who were in need of nutritional support but cannot afford it. These Forums have been able to underscore the fact that patients from poor households lack the resources to avail the nutrition essential for a complete cure. And, they have been successful in inspiring greater community involvement for patient welfare.

Catholic Health Association of India covers 96 districts across Chhattisgarh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Nagaland, Punjab, Tamil Nadu and Uttar Pradesh

Before I received training on TB prevention and care under Project Axshya, I used to dole out medicines haphazardly to all the sick people who came to see me, including TB patients. However, the training at CHAI made me understand that people coming in with a persistent cough should be sent to DMC for referral. I wish the campaign best of success.

Iswar Chandra Mahto, Rural Health Care Provider
Recognising food insecurity as a serious problem in combating TB, the District TB Forum in Kollam submitted a petition highlighting this concern to the District TB Officer and the District Collector. This was received favourably by both offices, encouraging the forum to initiate a dialogue among affected communities and TB advocates throughout the state. The aim of this dialogue was to look for ways to support TB patients for whom food security is a pressing problem.

The petitioners collectively created a memorandum urging the inclusion of TB patients in India’s Public Distribution System (PDS) for easy access to nutritional supplements. A policy note based on this memo was also developed and submitted to the Union Minister for Food and Civil Supplies Prof K.V. Thomas, who accepted the proposal.

If the bill is passed in Parliament, every TB patient in India will have a right to subsidised food grains for the duration of their treatment.

Ayurveda joins hands with Axshya

Kerala has always had a strong tradition of Ayurveda. In Kollam district alone, there are upward of 1,500 Ayurveda doctors practising in the government and private sectors, addressing issues critical to health care.

Project Axshya identified a critical space for collaboration with this resourceful group of healthcare providers and initiated a dialogue between Ayurveda practitioners and RNTCP health staff in the district. Initially, the team found it difficult to convince both schools to work together but eventually, the idea took hold. Practitioners from both camps made suggestions about the possibility of a joint initiative for TB control and a meeting was convened, where an action plan was drawn.

In July 2012, the State TB Officer declared 15 Ayurveda hospitals as RNTCP Service Delivery Centres. The District Medical Officer (Ayurveda) approved the exhibition of IEC material on TB and RNTCP in Ayurveda hospitals in the district. The officer also sends quarterly reports of suspect referrals made by Ayurveda practitioners to the DTO regularly. More than 300 TB suspects have been referred to DMC by Ayurveda practitioners so far, out of which 12 have been identified as TB positive. The significant success of the Kollam model has caught the attention of the state health officials, who are now keen on emulating the Ayurveda-RNTCP partnership throughout the state.
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/AIDS, palliative care and substance abuse. With a membership of over 9,000 health care professionals and over 330 health care institutions, CMAI adopts a multi-pronged approach to providing total healthcare solutions.

Highlights in 2012-13

- During 2012-13, CMAI conducted 1,268 GKS meetings, 41 SHG meetings and 674 CBO review meetings in its districts to monitor the programme and to ensure timely progress of project objectives.
- A total of 286 members participated in 31 District TB Forum meetings. Encouraged by communities and Tuberculosis patients, these TB Forums have been increasingly taking up issues like patient care and local health systems with health authorities and officials in the districts.
- In an innovative effort, local taxi drivers were sensitised and roped in to help in the transportation of sputum to nearest DMCs for examination. Through this effort, 1,332 samples were collected and transported, of which 108 tested positive.
- In addition to 66 interventions in slums, prisons and schools, CMAI successfully organised 312 mid-media activities, spotlighting the issue of TB care and control through hoardings on highways and in local health centres. A follow-up to this was done by displaying TB posters in ATMs, taxis and newspapers and on TB book marks, ensuring high visibility.
- The project area is largely hilly and tribal and RHCPs play a great role in the people’s health seeking behaviour. CMAI works in close cooperation with these workers. 23 meetings were organised between RHCPs and DTOs, with a total number of 266 RHCPs participating in the meetings.
- CMAI is continually engaged in sensitising local leaders, Church representatives and organisations working in allied health services towards TB care and control. As a result of these mobilisation efforts, the State TB cell and district level administration have extended their unwavering support to implementation of Project Axshya.

The State TB Cell is very appreciative of the efforts of CMAI-Project Axshya in Meghalaya. The government will soon be increasing the number of districts in the state and we would like Project Axshya to expand with us into the new districts.

Dr Julia V. Shullai,
STO, Meghalaya
Living with dignity

Brothers Sylvester and Elvin Sangma live in Bordup, a small village near the Bangladesh border in Mawsynram block, Meghalaya. The duo was diagnosed with MDR-TB after their parents died of the disease two years ago. Originally from a village named Dangar, they were chased away by the village folk for fear of transmission of TB. They decided to move to Bordup but here too, as word of their condition spread, people asked them to leave. The brothers felt so stigmatised that they began living in the jungle, shunning human company, barring their aunt, who ferried food to and from their isolated hut. When Axshya Mitra Franky Thabah heard their story during a community meeting in Bordup, he informed the District Co-ordinator, Iadalin Warbah, and together they went to alert the DTO. The DTO in turn sent TB/HIV intermediary Mr Richard and Mr Thabah to visit the Sangma brothers and convince them to register for DOT. Mr Thabah himself became their DOTS provider and the two brothers are now on their way to recovery. They have returned to their village and have resumed their lives in a dignified manner.

In the absence of a dedicated Medical Officer – TB Control (MOTC) in Khliehriat TB Unit, patients were left with no choice but to visit private clinics, which are expensive and ineffective in containing TB. Following an intervention by the District TB Forum, an MOTC was stationed there and patients were able to benefit from the officer’s expertise.

Joshua Rynjah, Secretary, TB Forum, Jaintia Hills

Christian Medical Association of India covers 19 districts across Meghalaya and Mizoram

CMAI is privileged to partner with The Union in Project Axshya, one of the largest public health initiatives in India envisaging community participation and ownership. Under Axshya, we are continuously reaching out to the remotest districts, establishing sputum collection centres, empowering communities and ensuring patient rights. The continuous interactions with communities and empowering of patients through TB forums, has promoted quality diagnosis and complete treatment at every level of the health system. I am grateful to all the State TB Officers, Department of Health and Family Welfare, Churches of Meghalaya and Mizoram and to the Union for their constant support and encouragement.

Dr Bimal Charles, General Secretary, CMAI
Axshya saves lives

Everyone who knew Lehthiangi thought her chances of survival were dangerously slim. The 50-year old resident of Rengtekawn-Bawktlang (a remote village in Mizoram) was bed-ridden for several weeks, plagued by a persistent cough and fever. As her weight plummeted from 35 kg to a meagre 23 kg, Lehthiangi’s family prepared itself for the worst. But soon an Axshya Mitra (a community volunteer trained under Project Axshya) Mr Lalruatsanga came to the rescue. He learned of her condition and convinced her family to take Lehthiangi to the nearby Kolasib DTC, where her sputum tested positive upon examination. Lehthiangi was immediately put on DOTs, but her weight loss was so severe that for one month she was given a paediatric dose. She, however, took her medication regularly and in little over a month, another sputum examination revealed that she was responding to treatment. Lehthiangi gave up smoking, continued taking DOTs and by the end of two and a half months, tested negative for TB. She went on to finish her full course and is now back to her healthy self, with her weight back to normal. Everyone in the village is amazed at her full and speedy recovery for which she thanks Axshya.

TB Forums stand up for patients

TB District forums have emerged as the nodal mobilisation and advocacy agents in CMAI-Project Axshya districts. Following are among the notable advocacy efforts undertaken by TB District Forums under CMAI’s catchment area during 2012-13:

- District TB Forum of Jaintia Hills reported the subpar condition of the DTC to the Deputy Commissioner, whose intervention helped in restoration of staff and facilities at the centre.
- District TB Forum of West Khasi Hills motivated the village head of Langtor to facilitate the rehabilitation of ostracised TB patients.
- Jaintia Hills District TB Forum, along with Axshya staff and Additional District Medical and Health Officer, petitioned with Meghalaya’s Health Minister A. L. Hek to fast track the opening of three DMCs in Jaintia Hills district. These DMCs, in Rymbai, Lumshnong and Sutnga villages, are slated to open very soon.
- On World TB Day, Jaintia Hills District TB Forum, in association with DTC organised a rally in Jowai. Consisting of motorcycle riders and school children, the rally was occasioned by district health officers and workers. Children went around distributing TB pamphlets to people on the streets. Additional Deputy Commissioner F Basan, who was the Chief Guest, appealed to the people to eschew the stigmatisation of TB and HIV/AIDS.
Emmanuel Health Association (EHA) is a non-profit healthcare provider with a dedicated network of hospitals and community-based projects in rural and semi-urban areas. Operating in 14 states across India, its health programme integrates clinical services with primary health care and public engagement to facilitate the development of healthy societies. EHA has been recognised for its interventions in HIV/AIDS care and prevention and its commitment to disaster relief programmes, which it conducts in close partnership with communities, governments, CBOs and NGOs, at district, state, and national levels. EHA remains committed to social, medical and economic development of communities, endeavouring to build an empowered society through adult and child literacy, vocational training, economic development, livelihood and sustainability.

Emmanuel Health Association

It has been a privilege for EHA to be involved in Axshya, and contribute to TB control in some of the most deprived districts of our country. We want to thank The Union for their support and encouragement to our teams.

Dr Mathew Santhosh Thomas, Executive Director, EHA

Highlights in 2012-13

- Through 2,764 GKS meetings and 251 PRI meetings, EHA reached out to village communities in several districts, disseminating key messages on TB care and prevention and ensuring community engagement in project implementation.
- EHA successfully continued capacity building efforts under Project Axshya, training healthcare workers on the key issues concerning TB care and control. Several NGOs, CBOs and private practitioners were invited to participate in a state-level TOT, creating a pool of master trainers who could become resource persons for district-level training.
- 58 NGOs were trained and sensitised on RNTCP schemes and 11 of them were enrolled as signatories.
- 228 TB awareness and propagation activities were conducted in various slums, prisons and schools. 937 mid-media activities were organised in the form of street plays, rallies and exhibition of IEC material.
- EHA helped conduct 52 District TB Forum meetings, 61 ICTC-DTO meetings and 55 Rural Health Care Provider meetings with health officials in its implementation districts to ensure progress of project objectives through continuing consultation and evaluation.
- A total of 7,412 sputum samples were collected and transported for diagnosis, of which 745 tested TB positive. Of these, 708 patients were put on DOTS. Of the 2,090 referrals made under Axshya, sputum examination of 1,026 was completed. 136 patients were found TB positive and 123 of those diagnosed with TB were put on DOTS.
Fighting fear with knowledge

Konjengbam Tombisana, a school teacher from Tronglaubiarea of Bishnupur, had TB of the intestines but was unfortunately given to believe that her ailment couldn’t be cured. One of EHA-Project Axshya’s partners, MUGA, learnt of her condition and dispelled her doubts, encouraging her to register for DOTS. After starting medication, Konjengbam began experiencing nausea and other side effects. Owing to the discomfort the treatment was causing, she began to doubt the efficacy of the medicines and wanted to quit. But a worker from MUGA, who was also her DOT provider, encouraged her to continue and monitored her progress till she was completely cured. Says Bimol Kumar, former DOT provider, now STS Bishnupur, “Konjengbam was afraid that she would infect her children with TB. We did our best to convince her that as her TB was extra-pulmonary, she couldn’t infect others, not even her children. We had to constantly motivate her to take her medication, in spite of the side-effects.” Relieved and grateful, Konjengbam actively participated in WTB Day 2013 celebrations in Bishnupur, sharing her experience so others could benefit from it.

Emmanuel Health Association covers 25 districts across Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Nagaland and Uttar Pradesh

It was only after my mother contracted TB I realised that everyone in the community, especially the poor, are vulnerable to the disease. The experience of seeing her through the disease filled me with a desire to fight TB and I was motivated to become involved as an Axshya Mitra.

Kh. Leimatombi, Axshya Mitra
Persistence pays

Mr Mandai is a 50 year old farmer living with his wife and six children in Karkapal village in Bastar district of Chattisgarh. The sole breadwinner in his family, his life became even more difficult when he couldn’t work the fields due to deteriorating health. He had been coughing for the past 10 months and didn’t know what the matter was. Soon, he began to cough blood. The local doctor or traditional healer had prescribed medicines but they brought him no relief. One day, some members of his family happened to attend a TB sensitization programme under Project Axshya. Hearing the NGO volunteer describe the signs and symptoms of TB, they quickly realised this could be Mr Mandai’s problem. They asked him to go for a sputum test to the DMC but he refused saying he had no faith in the government system! The Axshya Mitra began to visit him regularly to persuade him to get tested. He finally relented and his sputum was diagnosed positive for TB at the Lohandiguda DMC. Mr Mandai was then counselled and put on DOTS. His health has now improved significantly but a bigger relief to his family is the smile, which is back on his face.

A positive chain of transmission

Following a sensitisation drive by a community volunteer in his village, TB symptomatic Kanhu Murmu of Jojotola Sahibganj district, Jharkhand, decided to get his sputum examined for TB. Since he was too weak to walk, the Axshya Mitra, Mr Raphael, transported his sputum cup to the DMC. Kanhu tested positive, was put on DOTS and was fully cured after completing the six-month course.

Kanhu now wanted to share his life-altering experience with others and began using different platforms to tell people his story. One day, while interacting with a co-villager, Budhan Murmu, Kanhu learnt that he too was exhibiting the same symptoms and advised him to visit the DMC for a sputum test. When the result was pronounced ‘positive’, Budhan was immediately put on DOTS and he too was cured of TB in six months’ time.

Soon after, Budhan learnt that another villager, Som Murmu, had been coughing for over two weeks and asked him to get himself tested. In this third case too, the sputum examination revealed a TB positive. Som was very anxious but Budhan allayed his fears, counselling him to register for DOTS, as a result of which Som is today free of TB. The three Axshya Mitras now voluntarily spread the message of TB control to others, carrying forward the chain of information to counter and break the chain of transmission!
Project Axshya has been able to take firm roots primarily because of the enthusiasm shown by communities in the fight against TB. Not only have they been receptive of Axshya’s efforts to spread awareness about TB, they often take it upon themselves to fight for the rights of patients and to care for them. This, in turn, spurs Axshya partners to constantly look for innovative and local solutions to communicate with these groups, making them equal stakeholders in the vision of a TB-free India.
Mamta Health Institute for Mother & Child

MAMTA is a national organisation working on issues related to Sexual Reproductive Health (SRH) and HIV/AIDS, with a special focus on women, children, youth and marginalised groups. Since its establishment in 1990, MAMTA's methods of operation have included capacity building, direct intervention, networking, advocacy and research. It operates directly in the states of Bihar, Chhattisgarh, Delhi, Haryana, Maharashtra, Rajasthan and Uttar Pradesh and through programme partners in about fifteen states. Another key area of intervention for MAMTA is its capacity-building operations, which are spread across South East Asia.

Highlights in 2012-13

- During 2012-13, a total of 11,347 GKS and community meetings were held while 10 CBOs in 12 districts of Rajasthan and Maharashtra were roped in for capacity building efforts. Additionally, 136 quarterly CBOs meetings were held in order to review status and to pinpoint evident gaps in project implementation.
- MAMTA organised orientation trainings for 96 community volunteers, readying them in the effective use of IEC and BCC tool kits. Axshya Mitras were also trained in conducting community meetings, sputum collection and transportation, retrieval of patients and so on. They also became involved in sputum collection and transportation efforts in their respective communities.
- Two state-level TOTs were conducted in the Patna and Sitamarhi districts of Bihar to engage with government health workers. Additionally, 120 health workers were given soft skills training to improve their interaction with patients ensuring greater satisfaction.
- Sputum collection and transportation figures registered a massive jump during 2012-13, closing at 29,670 samples delivered to DMCs across project area for examination. 1,616 patients interrupting treatment were traced and put on DOTS.
- As part of community TB care programme, 117 TB Forum meetings were organised. Since all project districts now have their own District TB Forums, the focus this year

Dr Sunil Mehra,
Executive Director, MAMTA-HIMC
The seemingly routine can sometimes become great opportunities. Stories from MAMTA this year are a good example of how odds can be overcome with a little patience and persistence.

Rintu Devi’s life took a downward turn after the death of her husband three years ago. With the sole breadwinner of the family no more, the responsibility of providing for her two children and aging parents-in-law fell on Rintu. About five months ago, she developed severe chest pains, which were accompanied by a prolonged cough. When the symptoms refused to abate, Rintu decided to visit a private practitioner, who asked her to visit the PHC in Fatuha (Bihar). After initial tests at the PHC, Rintu was asked to visit the DMC where she was diagnosed with TB. Faced with the dual misfortune of deteriorating health and increasing financial strain, Rintu soon found herself sinking into depression.

Around this time, she came in contact with officials from the Pulse Polio programme and, hoping to earn a livelihood, enlisted herself as a pulse polio worker. Rintu began working as an outreach worker and used money from this job to run her household. Just when things began to look up, programme officials learnt of her TB status and pulled her off duty for fear of transmission, leaving her stranded once again. In August 2012, during a JMM visit to Fatuha DMC, MAMTA staff spotted Rintu outside the DOT Centre. When the DC approached her with the offer of assistance, Rintu related her story and expressed her desire of working in a health programme. When asked if she would be comfortable working as a Community Volunteer in the TB programme, she answered in the affirmative. As her health began to improve, Rintu was enlisted under Project Axshya and continues to work as one of the most energetic Axshya Mitras in the district.
An opportunity at the Mahakumbh

The Mahakumbh Mela held in Allahabad, UP, is believed to be the world’s largest religious congregation where over 30 million devotees gathered in February 2013 for a holy dip in the Ganges. From the viewpoint of Project Axshya, Mahakumbh was an unique opportunity to reach a huge number of people with its TB awareness message. During the Mahakumbh, MAMTA set up a Project Axshya stall at the main road running along the Sangam (Confluence of holy rivers, Ganga and Yamuna) for two days. This was a crowded area as it connected the road to the bathing ghats and a huge number of people stopped by the stall. Members from MAMTA team distributed brochures to visitors and mendicants, sensitising them on TB, its cause and symptoms and also the treatment. Bulgam Bhai banners, with their arresting question-cum-slogan ‘Do Hafte Ho Gaye Kya’, proved very effective. The stall became such a hit that the event organisers visited the stall to extend their support and appreciation for the team’s efforts.

Celebrating with Axshya

World TB Day was observed in each of the 62 districts under MAMTA-Project Axshya on 24 March 2013. Various kinds of innovative activities were organised to spread awareness about TB and to rally for support for TB patients among communities. Hundreds of health workers, women, school children and self-governance officials participated in anti-TB rallies, awareness meetings, street plays, song and dance events, display of canopies and so on. These were successful in piquing the interest of other community members, who approached the stalls and meetings with queries on TB. Apart from this, several other events like International Women’s Day and World AIDS Day were also used as platforms to celebrate the fight against TB.
MSS is a registered, non-profit organisation based in Uttarakhand. Its fundamental ideas and activities are shaped by the vision of a healthy society, one where all sections of the society, especially women, children and people from marginalised groups, get equal opportunities for growth and better access to essential services. In their own words, “Our mission is to reach the un-reached people with the right message and right service at the right time.”

MSS strives to improve quality of life through interventions in key areas of community health, especially in reproductive and child health, TB and HIV. It has been able to achieve this through relentless engagement with communities, GKS committees, SHGs and CBOS, sensitising thousands of people through meetings, mid-media activities and calendar events through the year.

Project Axshya is increasingly demonstrating how ACSM works through civil society support. This is an important project in India and specifically in the state of Uttarakhand with demonstrated results of reaching vulnerable and marginalised populations.

J. M. Singh, Chief Functionary, MSS

Highlights in 2012-13

- MSS retrieved of 74 patients lost to follow up through continuous monitoring and follow-up by various agencies and stakeholders working under Project Axshya - NGOs, CBOs, faith-based organisations, government departments and agencies, RNTCP and NRHM workers, Rural Health Care Providers and community volunteers.
- MSS identified 252 Axshya Mitra, persons from within the community groups whose proactive interest enables them to become proficient reference persons. These Axshya Mitras were sensitised on TB care and control and subsequently became actively involved in referrals, sputum collection and transportation and providing DOTS.
- The project year also saw the establishment of 66 sputum collection centers. The total number of sputum samples collected and transported for diagnosis was 10,598, of which 993 tested positive upon examination. 989 of these patients were put on treatment under DOTS.
- A total of 64 mid-media activities were organised under Project Axshya, centred primarily around events such as World TB Day and World AIDS Day, reaching out to nearly 12,000 people.
- MSS also organised knowledge-based interventions in two jails in Dehradun and Tehri districts of Uttarakhand, sensitising 400 inmates on issues pertinent to TB prevention and care.
- MSS facilitated the signing of two NGO partners under the various RNTCP schemes. In addition to a TOT aimed at training...
In the case of TB, half the battle is won with the right outlook. Whether it is an individual or an entire village, the success of Project Axshya depends largely on how the target population perceives it.

NGOs, CBOs and private practitioners, MSS organised 372 community meetings, 1,890 GKS meetings, 415 SHG meetings, 91 meetings with PRIs and 180 meetings with CBOs.

- Among the key advocacy measures taken under Project Axshya, MSS released the Axshya Bulletin in Rudraprayag district, which became an important platform for TB patients to voice their problems and concerns. Patients also made suggestions and reaffirmed their commitment to achieving a TB-free society.
- MSS submitted a Memorandum to the District Magistrate in Rudraprayag, urging provision of nutrition to TB patients. The same was accepted favourably by the official, who instructed his subordinates to follow up on the matter.

A model Axshya village

From a sleepy hamlet nestled in the central Himalayas comes an inspiring tale that should serve as a model to others. Magarupahari in Uttarakhand is situated around 10 km away from Bageshwar en route to Kausani. Unlike other villages in this region, the residents of Magarupahari have shown keen interest in the TB awareness programme and activities conducted by MSS. They routinely demand and facilitate the organisation of programmes and activities under Project Axshya and, as a community, are conscious about measures to be taken under the TB care and control programme. Whether it is GKS meetings, sputum testing or door-to-door visits, the community has shown lasting interest, contributing to the overall success of the project in the area. Furthermore, the Gram Pradhan of the village has offered to allocate a part of the NRHM budget to Project Axshya. He even handed over funds to a partner NGO Himala Sanstha to make a display board dedicated specifically to TB awareness and propagation. Magarupahari was awarded the title of ‘Axshya village’ and we hope this will encourage other villages to scale up their efforts in the fight against TB.
Patient speak: How I overcame TB

Soniya, a 28-year-old school teacher from Haridwar, participated actively in a meeting organised by MSS in her village, promptly answering questions posed by the facilitators. At the end of the meeting, she approached the MSS team, asking them to share her experience with all those present. This is what she said: “When I was pregnant with my second child, I felt incredibly weak and threw up continuously. My family did not take my condition very seriously, thinking it was just my pregnancy. After my condition took a turn for the worse, my mother-in-law took me to a private nursing home, where I was put on medication. After a couple of weeks, I got fever and went to see the doctor again. This time it was diagnosed as typhoid and I was put on medication again. I delivered a premature but healthy boy but got fever again. This time, my mother-in-law became really worried and got me admitted to another private hospital. Once again, I was given medicines for fever, but my condition deteriorated. Having spent thousands of rupees on my treatment, my family decided I should be taken to a government hospital. There, I tested positive for TB and was put on DOTS, which I followed religiously. After successfully completing my course, I am now cured of TB and am back to being a school teacher, and also a proud Axshya Mitra.”

Mamta Samajik Sanstha covers 18 districts across Uttar Pradesh and Uttarakhand

The initiatives taken under Project Axshya and the work performed by Mamata Samajik Sanstha (MSS) in Tehri Garhwal district are highly commendable. Due to MSS’ awareness campaign, a lot of people are visiting the government hospital and availing the DOTS services.

Suredra Singh Thalwal, STS, DTC, Terhri Garwal
On this World TB Day 2013, a select delegation with representation from Project Axshya met with the President of India, Shri Pranab Mukherjee, to brief him about the TB scenario in the country. The President exhorted all stakeholders to come together to ensure zero TB deaths.

“On the occasion of World Tuberculosis Day, I commend the important work that has been undertaken by various stakeholders led by the National TB Programme. Since 1998, due to the successful implementation of the DOTS strategy, more than 14.2 million people across India have accessed treatment.

However, it is worrisome that India continues to have the highest burden of TB in the world. One of the greatest challenges facing TB control is the detection and management of drug resistant strains of TB. Such challenges highlight the need for strengthening research and development to urgently introduce new diagnostics, drugs and vaccines.

India has, and will continue to lead the fight against TB. Last year, the Government introduced ground-breaking policies, including a ban on the use of inaccurate blood tests for TB and declared TB a notifiable disease. India’s vision is to provide ‘Universal Access to Quality Diagnosis and Treatment’ over the next 5 years to all, regardless of their economic or social status.

On this occasion, I call upon all stakeholders to come together for this fight against TB and to undertake all the necessary steps to achieve the goal of zero TB deaths. Let us all work together to achieve a TB-free India.”
Population Services International (PSI) is a global NGO, with health programmes in more than 65 countries in Africa, Asia, Latin America and Eastern Europe. Its mission is to improve the health of poor and vulnerable groups, through the targeted distribution of health products and services. Since it first began operations in India in 1988, PSI has steadily increased its network and programmes, addressing priority public health challenges using social marketing, social franchising and behaviour change communication techniques. PSI focuses on priority areas that are critical to community health, such as family planning, reproductive health, HIV/AIDS, maternal and child health, tuberculosis, child survival, diabetes and tobacco control.

**Highlights in 2012-13**

- During 2012-13, PSI successfully trained 1,080 non-allopathic health care providers, specifically focussing on identification of TB symptomatics, referral to DMCs for examination and provision of DOTS.
- PSI, with the support of RNTCP, detected more than 1,000 TB cases in 30 implementation districts. It also roped in the support of the district chapters of NIMA (National Integrated Medical Association) for TB case detection and treatment.
- PSI participated in the 43rd Union World Lung conference in Kuala Lampur and presented three posters. It also participated in the 4th Union Asia Pacific Regional Conference (APRC) in Hanoi, Vietnam, where it was represented by Sanjeev Dham and Dr Daisy Lekharu.
- Advocacy efforts by PSI helped reorient some poor performing DMCs in Punjab, most notably Janta Nagar DMC in Ludhiana, Patti DMC in Tarntaran, Civil Hospital DMC in Hoshiarpur and Adampur DMC in Jalandhar. These DMCs are now functioning smoothly, with the staff and facilities in place for the benefit of patients.
- As a part of World TB day celebrations, sensitisation and advocacy meetings were held with public/private/corporate/public health administrators in the states of Punjab, Haryana, Karnataka, Maharashtra and Rajasthan. A conference on TB awareness was organised in Patna, Bihar, to sensitise the corporate sector and to encourage them to include TB as workplace policy.
- Impressed by the Bulgam Bhai Campaign’s

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Phase I of Project Axshya has been an enriching experience for PSI. It helped us design Phase II innovatively, focussing on continuum of care strategy for higher impact. Phase II would go a long way in supporting RNTCP and contributing towards TB Care and Control in India, which will be made possible by a renewed vigour and indomitable spirit of the team.

*Pritpal Marjara, Managing Director, PSI*
Stories of outliers are often the best scale to measure the success of a project like Axshya. PSI seeks to spotlight these stories and engage with those on the fringes of society.

Quarrying for support

Following a review meeting of DCs in Bangalore, PSI conducted IPC sessions at quarry and crushing sites in Karnataka, targeting the extremely vulnerable pool of mostly migrant labourers who work these sites. PSI-Project Axshya team identified quarry sites that needed urgent attention and put in place a TB awareness programme most suitable to the needs of the workers. They then identified and trained a pool of dedicated volunteers in these areas, instructing them to identify TB suspects and refer them to the nearest DMC. The PSI team met workers in the Haveri district stone quarry and sensitised them on the need for TB care and prevention. The team also targeted lorry drivers who carry the crush to other sites and are hence equally vulnerable to TB. Mr Uday of implementing partner, IPCC, conducted one-to-one and group sessions in three sites, eventually reaching out to 223 quarry and crush workers. At the end of his campaign, Mr Uday referred ten TB chest symptomatics to the nearest DMC, which is 12-15 km away. Of these, four symptomatics visited the Centre and one tested positive for TB. A similar drive was organised at Zelly mix site and volunteers from this site referred two symptomatics, of which one was found positive for TB.
Battling stigma through counselling

Often, symptomatics are worried about their positive status, and refuse to undergo treatment for fear of shame. 23-year-old Bismilla Vasim Shaikh’s story is a good example of how effective counselling can play a big role in allaying these fears. Originally a resident of Kabnoor (district Kolhapur, Maharashtra), Bismilla had settled in Miraj after marriage. In February 2013, she complained of a persistent cough and was taken to a private practitioner’s clinic where her TB status was confirmed. Fearful of the stigma, Bismilla left for her maternal home immediately. There, her brother Munna grew worried and contacted Mr Krishnath Thombare of IPCC, requesting him for a home visit to counsel his sister. Thombare met Bismilla and convinced her to undergo sputum examination at the nearby DMC in Ichalkarnji. Once again, the patient’s TB was confirmed but Bismilla, along with her in-laws, was unwilling to register for DOTS. Thombare was persistent in his efforts, repeatedly requesting Bismilla to stay on at her mother’s to complete the treatment. The family, assured that no one would be informed of Bismilla’s TB status, finally relented and she was put on DOTS along with her five-month-old baby boy. Today, both mother and child are healthy and recovering, thanks to the efforts of a committed Axshya Mitra.

Axshya’s ‘Bulgam Bhai’ wins prestigious award

The ‘Bulgam Bhai’ (Mr Sputum) mass media campaign under Project Axshya, won a Bronze at India’s premier advertising awards, the Emvies, in September 2012. The unique campaign spotlights self-risk perception and promotes sputum testing for TB diagnosis. It features “superhero” Bulgam Bhai, who greets every coughing person with the query “Do hafte ho gaye kya?” (Has it been two weeks?). The campaign consisting of TV and radio spots, ringtones, street plays, video van activities, and an inter-personal toolkit, was lauded by advertisers particularly for its ‘Coughing Hoardings,’ (hoardings that emitted loud coughing noises in public places) which achieved phenomenal success in reaching its target audience.
REACH is a Tamil Nadu-based organisation working on issues critical to community health, with a special focus on TB. Established in 1998, it has a broad mandate that includes support, care and treatment for TB patients as well as research, advocacy, public education and communication. To this end, it has forged lasting partnerships with various stakeholders in the battle against tuberculosis — government officials, doctors, health care providers, pharmacists, civil societies, community-based organisations, celebrities, media volunteers, cured TB patients, corporates and the community — to create awareness about TB and to put in place more informed supportive care systems for people affected by TB, especially those from low and middle income backgrounds.

**Highlights in 2012-13**

- REACH continued to organise meetings under its community engagement programme to strengthen the role of community-level organisations. It organised and conducted 610 GKS meetings, 1,916 SHG meetings, 60 meetings with PRIs and 103 CBO review meetings, in addition to several review meetings of District TB Forums and RHCPs.
- 22 NGOs were sensitised about various RNTCP schemes, and of the 16 that applied for becoming signatories to the schemes, eight registered.
- A state-level experience sharing and review meeting organised in March 2013, brought together NGO partners, Rural Health Care Practitioners and TB forum members on a single platform to showcase the best practices in the TB control programme. The Tamil Nadu State chapter of the Partnership for TB Care and Control evolved during this meeting and the participants drew up a concrete plan to develop this chapter on the lines of the national Partnership, defining its structure and key roles and responsibilities.
- A major achievement for REACH-Project Axshya has been its increased visibility in the government healthcare system, shifting focus from the state to the district and village levels. Recognising the role of NGO partners, district TB officials are now implementing activities for TB prevention and care in close coordination with these NGOs. As a result, Project Axshya NGOs are being included in the district RNTCP reviews, preparation of district action plans, internal evaluation teams of the districts and other implementation activities.
- The certification of an increasing number of TB Forums as registered societies has led to their veritable strengthening at the district level. The TB Forum in Thanjavur district, for instance, was registered after generous

*We, at REACH, are shifting to more focused activities to serve the most vulnerable populations. It is exciting to set the platform of engagement through Project Axshya, and see partners, communities and patients slowly come into their own. Thanks to Axshya, the government has become more inclusive of the civil society in fight against TB.*

*Dr Nalini Krishnan, Director, REACH*
Innovation is a characteristic of creative thinking. Under Project Axshya REACH has constantly strived to find novel ways in the campaign against TB.

contributions by the townsfolk and now plays a greater role in addressing key issues such as provision of nutritional support and supplements to needy patients and education support to pediatric TB patients. The Forum members also pressed for and successfully installed of a Reverse Osmosis water treatment plant at the District TB Centre in order to ensure the availability of safe drinking water for patients coming to the centre for DOT.

- At a state-level review meeting of the TB Forums, discussions on challenges related to effectively delivering services for TB care and control were carried out. A spontaneous exchange of concerns and ideas culminated into the drafting of a comprehensive memorandum, which was submitted to the State Health Minister, Health Secretary and State TB Officer. The key highlights of this memorandum included filling vacancies at state/district/sub-district level under RNTCP, scaling up the Chief Minister’s TB patients’ pension scheme to all TB patients and an effective implementation of the ban on serological tests.

- Under the ‘Sputum collection and transportation’ programme, a total of 174 new centres were initiated to enhance the accessibility of TB care and services among patients in remote and non-accessible areas. 8,919 sputum samples were collected and transported for diagnosis to the nearby DMC, of which 486 were found positive and put on DOTS.

Making waves through radio

In an effort to improve awareness about TB among local communities, REACH-Project Axshya continued to work closely with a network of community radio stations across India. 14 stations located in seven different states participated in an intensive six-month programming process, producing and broadcasting 12 episodes each. In all, 168 original episodes were broadcast, with over 500 repeat episodes. These stations made special efforts to involve patients and communities directly and indirectly affected by TB as well as local service providers and various stakeholders in the TB programme through studio interactions, field interviews and through broadcast of community meetings. Listeners interacted directly with doctors and clarified specific doubts they had about diagnosis, treatment and care options for TB patients.
A dedicated worker

Unnamalai, an Axshya Mitra and outreach worker from the RSWS-MNGO (Arani block, Navalpakkam), works on mother-to-child HIV transmissions. Since her training under Axshya, she has shown exceptional dedication in identifying HIV positive pregnant women and encouraging them to undertake tests for TB. In the last twelve months, she has managed to convince 140 HIV positive women to test for TB, out of which 11 tested positive. As a woman, she feels empathy towards them and is glad to be of help by getting them to take preventive treatment and keep from passing on the disease to their children. Apart from facilitating their treatment, Unnamalai has gone an extra mile to ensure these patients do not default from treatment, by constantly counseling and guiding these women.

Beyond the counter

Dhanapal is a busy man. Apart from running a pharmacy in Vettanviduthi village in Karambakudi block of Pudukottai, he also functions as Secretary of the District Pharmacists’ Association. Last July, he attended a Project Axshya-RHCP training and became so inspired by the vision of a TB-free society that he offered his fullest cooperation for the same. He began line-listing patients who regularly purchased TB medicines from his pharmacy and motivated them to undertake treatment at the nearby DMC. He managed to convince eight patients who were on private treatment to switch to the standardised DOTS regimen. He has so far referred about 40 cases to the DMC, of which two tested positive. Dhanapal also acts as DOT provider for 12 patients and has gone an extra mile to shelve out space in his pharmacy for a DOT centre. On World TB Day, Dhanapal was handed the Best Volunteer Award from the District collector for his contribution towards TB care and control. He has also motivated other pharmacists to engage more actively in TB care and control.

“I am happy to learn that REACH–Project Axshya is entering its second phase, with a specific focus on marginalised and vulnerable people, helping them gain access to the DMC. Since this phase has an inbuilt multi-level approach, it will target individual households, thereby increasing the project’s reach. I really appreciate the efforts being undertaken in this programme.”

Dr Lakshmi Murali,
State TB Officer and
Joint Director of Medical Services, Tamil Nadu

Resource Group for Education and Advocacy for Community Health covers 14 districts across Tamil Nadu
Voluntary Health Association of India

VHAI is a non-profit, registered society formed with the objective of evolving a sustainable health movement in India. It is a federation of 27 State Voluntary Health Associations, linking more than 4,500 health care institutions and grassroots level community health programmes. VHAI strives to achieve measurable goals in community health, social justice and human rights through campaigns, interventions, advocacy and policy research. For this, it sensitises the public on health and development issues that are key to evolving a sustainable health movement in the country with due emphasis on its rich health and cultural heritage. VHAI has a significant presence on various public forums and the government recognises it as an institution of national importance.

The growing awareness on TB is a reflection of the multiple dimensions that shape the civil society’s contribution to TB prevention. The many instances of saving patients’ lives have made us confident that a TB-free society - right from village and block up to the district - will be a reality in the next financial year.

Alok Mukhopadhyay, CEO, VHAI

Highlights in 2012-13

- Through its sub-district level activities (8,146 GKS meetings, 270 SHG meetings, 79 meetings with PRIs, 25 meetings with CBOs and 2,047 mid media events) VHAI’s outreach extended to almost 250,000 families, resulting in the TB education of over 5 million people.
- Out of a total of 7,057 TB symptomatics referred for sputum examination, 408 tested positive and out of which, 314 were put on DOTS. Additionally, of the 23,479 sputum samples collected and sent for examination, 1,922 tested TB positive. 1,882 patients of these were put under treatment on DOTS.
- 89 NGOs were sensitised on different RNTCP schemes. 11 of these applied for registration with the programme.
- Dysfunctional DMCs and low-performing TU/DMCs were specifically targeted during 2012-13, with the VHAI team engaging in a continuous dialogue with RNTCP and NRHM officials, requesting more staff and medicines at these centres. In Samalsar DMC in Moga district (Punjab), water and electricity supply was made functional with the intervention of the District Coordinator and the PRI.
- Soft skill training was imparted to government health staff in several pockets of the project area, explaining to them the need to create a stigma-free atmosphere. DTOs participated in the training of Axshya Mitras, NGOs and DOT providers in remote and marginalised pockets.
- Bachda community in remote Neemuch area of Madhya Pradesh has historically failed to benefit from the TB care and prevention programme. During renewed efforts taken under Project Axshya, TB symptomatics in the community were identified and referred for diagnosis and treatment. The sputum collection initiative that began and was successfully culminated has been replicated in other pockets of Madhya Pradesh, giving a shot in the arm to the project in the state.
- Slum interventions were undertaken in Amritsar in Punjab and Indore in Madhya Pradesh to reach out to urban pockets where TB awareness and treatment is often found challenging. Similarly, in Ludhiana in Punjab, at the DTO’s behest, a blueprint was drawn out for interventions in urban pockets comprising of a largely industrial population of over 1.5 million people, including labourers and factory workers.
A key component of Axshya’s TB awareness programme is the education of healthcare professionals and policy makers. Educating this key pool amplifies Project Axshya’s message many times over.

Reaching out to RHCPs

Dr R P Paroha is a RHCP with a clinic in Rewa, Madhya Pradesh, where he gets around 600 patients a month. He is one of the many RHCPs that Project Axshya identified and trained for better TB control in the region. Following his training, he began to systematically screen chest symptomatics from among the huge number of patients coming to his clinic. He refers these symptomatics to the DMC for sputum examination and follow-up on the referrals, maintaining a record of patients and their diagnoses. Seeing this good work, the Axshya District Coordinator met and further motivated Dr Paroha to enrol as a DOT provider. Today, he is an alert DOT provider treating 4 TB positive patients and is seen as an ideal care-provider for TB symptomatics and a motivator for RHCPs and private clinics.

Sensitising people’s representatives

In March 2013, VHAI conducted an MLA Sensitsation workshop in Goa where TB prevention and advocacy issues were discussed in the presence of the Chief Minister, Deputy Speaker, Chief Executive VHAI and Senior Consultant Dr L. M. Nath and other state dignitaries. This platform was used to bring attention to the day-to-day problems faced by TB patients, their rehabilitation in society and measures to ensure their full treatment. The workshop also endorsed the adoption of a more sympathetic attitude towards TB patients and espoused a proactive patient-benefit approach, irrespective of the patient's socio-medico condition (whether migrant, marginalised or TB positive dropout). This, it was concluded, has been a challenge so far, especially at the patient care level and needed to be recalibrated at the policy level. The participants were hopeful that a step in this direction would be emulated in other states and help in advancing fresh ideas on health policy vis-à-vis TB. The gathering also underlined the need to work in field of community care for TB prevention and to ensure that, in accordance with the Millennium Development Goals, the count of MDR patients in India is brought to minimal or, better still, nil.
It has been a challenge working with TB patients and their peers, helping them veer their lives towards normalcy. Under Project Axshya, they are getting opportunities to interact with people with diseases like HIV and diabetes and those with a history of tobacco use. While we are aiming for a TB-free society, the success of the programme begins with the cure of a single patient and restoring their sense of dignity.

U N Bajpai, Assistant Programme Manager, VHAI

Message through the media

VHAI recently tied up with a leading national daily, Dainik Bhaskar, to amplify the reach of its TB awareness campaign. The initiative was a resounding success, with the District Coordinator receiving as many as 50 inquiries soon after the appearance of these anti-TB messages in the paper. Among the most interesting cases to emerge from this initiative was of Bhagya Shree, a 17-year-old girl who had been diagnosed with TB three years ago by a private doctor. Sensing her inability to afford anti-TB drugs, Bhagya Shree’s doctor advised her to take ‘normal’ medicines but with the passage of time her condition worsened. Just as she began to lose hope, Bhagya Shree saw VHAI’s TB awareness messages in Dainik Bhaskar, which also included the District Coordinator’s mobile number. Desperate for information, Bhagya Shree contacted him immediately, revealing her condition, her concerns and her status (she had stopped treatment for a year and a half). The DC made arrangements for her to be examined in the district TB hospital, following which she was put on DOTS. The VHAI staff have since been keeping a close tab on Bhagya Shree’s progress, ensuring that she takes her pills every day, has access to nutritious food and is regular in her follow-up at the health centre. Bhagya Shree’s story illustrates how mass-media initiatives can save lives of people who have little else to fall back on.

Home visit enlightens a patient

Umesh Saket of Khamahria village in Rewa district (Madhya Pradesh) was a hardened alcoholic who had been suffering symptoms of TB for a long time. Despite this, he was unwilling to undergo sputum examination as he was afraid of being ostracised by members of the village community. Several efforts were made to reach out to him but Saket was vehement in his refusal. Eventually, a very motivated Axshya Mitra named Dheeraj Singh convinced Saket to give him a sputum sample, which was transported to the Semaria DMC situated 10 kilometers away. Though he tested TB positive, Saket was unwilling to take treatment, ignoring repeated requests from his family, STS and community volunteers. The District Coordinator then took up the matter with the DTO, who personally made a home visit to Saket. The officer discussed the matter with the patient, convincing him to undergo treatment to ensure not only his, but his family’s well-being too. Saket is now taking DOTS under the supervision of Dheeraj Singh, becoming a symbol of the success effective teamwork can achieve.
The total approved budget for SSF (single stream funding) for the period April 2012-March 2013 was US$ 12.50 million. Of this, Principal Recipient (PR) budget composition was 22% while Sub Recipient’s (SR) was 78%.

**Financial Management, Review and Audit Process**

Orientation meetings were held for new members of the staff. Capacity building processes focused on adherence to work plans and cost-effective utilisation of budgets. As in the previous year, participatory sessions were used to demonstrate the documentation required to authenticate financial transactions, to bring more transparency and to reduce the level of associated risks. Verification of expenditure from donors for PR and SR, along with documentation verification in the form of onsite data verification visit (OSDV) was conducted successfully by donors.

Since District Coordinators handle approximately 65% of project activities and budget, it is important that they thoroughly understand the documentation requirements of the project and deliver them successfully. During 2012-13, regional review meetings were conducted in which District Coordinators were briefed about the same.

Grant Monitoring visits were carried out in the project districts on a quarterly basis in Headquarters, State Offices, and Regional Offices of each partner. The focus of these visits was review of financial procedures, systems and project accounts, establishment of linkages between financial and technical data, and strengthening the management capacity of SRs. Observations and recommendations from these visits were communicated to SRs through management letters while SRs provided action taken through compliance letters.

Audit firm M/s S Ramanand Aiyar & Co., Chartered Accountants, New Delhi, undertook audit for all SRs for year ending 31 March 2013. Audit reports for period ending 31 March 2012, were submitted to GF and audited statements did not show any variance. Audit firm M/s Subhash Mittal & Associates, New Delhi, was appointed for conducting audit of Principal Recipient.

Quarterly SR review meetings continued wherein achievements and learning were shared. General concerns in financial management as well as practices followed during project implementation were shared during the meeting and discussed for the benefit of all the partners.

Single Stream Funding (SSF) Agreements, and amendments thereof, were signed with all SRs during the year. Phase II budget preparation was initiated and the budget was submitted to Global Fund in December 2012. The Global Fund has in principle approved the Phase II.

For the year ending 31 March 2013, budget utilisation was 70%.

**Break-up of cost category wise expenditure incurred by sub-receipients for fiscal year ending 31 March, 2013**

- **Human Resources**: 71%
- **Technical Assistance**: 74%
- **Training**: 1%
- **Infrastructure and Other Equipment**: 38%
- **Monitoring and Evaluation (M&E)**: 69%
- **Planning and Administration**: 73%
- **Communication Materials**: 75%
- **Overheads**: 105%
Soon after I learnt about Project Axshya, I stopped going to the private doctor. I started taking DOTS and today am completely cured of TB. Thank you, Axshya!

Prabhlul Malviya  
Dewri village, Rajgarh

I was suffering from TB for over a year but did not have the courage to tell my family, and as a result, could not take medicines. Project Axshya team counselled not only me but my family members too and after eight months of treatment, I am cured of TB.

Indradeo Bhuiya, cured TB patient

I knew nothing about TB but the Axshya team motivated me to carry on with my treatment. I am very grateful for the new life they have given me.

Sambhaji Khote  
TB patient

I now know that if I don’t take my medicines properly, I can cause TB to many other people, even to my family. I promise I will take the medication properly, complete my treatment and ensure that no one has to suffer at the hands of this disease because of me.

Nandu Munda, TB patient
Thanks to Axshya, I have been cured of TB. I now counsel TB symptomatics to get their sputum examined. I am ready to fight this disease so it doesn’t spread in my village.

Lidwina Wahlang,
Sohrublei village, Ribhoi district

After being diagnosed with TB, I felt my life was over. There was no way I could overcome the financial and social burden of this dreaded disease. But Axshya saved my life. The staff has been guiding me in everything, from initiation of treatment to helping me avail RNTCP services, ensuring that I get completely cured.

Budhan Murmur, Cured TB patient

Community meetings conducted by the Project Axshya team in my village, through which they educated the youth, men, women and village elders, have been very helpful in reducing the stigma and discrimination I faced before. Today, the people of my village show total acceptance of my TB status and do not have any problems with their children coming to my house for coaching classes.

Nangiohnam Nongkhlaw,
Nongkrem village, East Khasi Hills

I did not know TB could be so dangerous! Project Axshya team explained me my rights and responsibilities as a TB patient. I will now take my medicines regularly.

Parme Sardar, TB patient
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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Compiled by
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The Union
South-East Asia Office

- Extends support
- Empowers communities
- Enables innovations

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