2014 -15 AT A GLANCE

Consistent high performance of the project, which has achieved more than 100% on almost every target and received an “A1” rating from The Global Fund.

300,000 sputum tests

Axshya reached 16 million people from vulnerable and marginalised groups creating awareness about TB and linking them with TB services.

Sensitised and empowered 37,695 TB patients (including 10,000 women patients) on their rights and responsibilities.

Collection and transportation of nearly 250,000 sputum samples resulting in the diagnosis of nearly 25,000 TB patients who have since been initiated on treatment.

Trained nearly 13,000 Rural Health Care Providers (RHCPs), who serve as first point of contact for over seventy percent of the rural population to identify and refer patients with symptoms of TB for sputum examination and also serve as DOT providers.

Extensive network – including eight national NGOs (sub-recipient partners), over 1000 local NGOs and nearly 15,000 community volunteers.

A1 rating from The Global Fund.

13,000 healthcare providers trained.

TB diagnosis and treatment services across 300 districts in 21 States of India.

Axshya facilitated the identification and sputum testing of nearly 300,000 presumptive TB patients, primarily from vulnerable and marginalised communities with limited access to TB services.

16 million people reached.

16 million people reached.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messages</td>
<td>01</td>
</tr>
<tr>
<td>The Union Axshya Team</td>
<td>03</td>
</tr>
<tr>
<td>Project Axshya</td>
<td>04</td>
</tr>
<tr>
<td>Axshya Coverage</td>
<td>05</td>
</tr>
<tr>
<td>Tuberculosis Control in India</td>
<td>06</td>
</tr>
<tr>
<td>Key Project Achievements 2014-15</td>
<td>12</td>
</tr>
<tr>
<td>Technical Support</td>
<td>13</td>
</tr>
<tr>
<td>New Strategy</td>
<td>14</td>
</tr>
<tr>
<td>Training - Research &amp; Courses</td>
<td>15</td>
</tr>
<tr>
<td>Continuing Medical Education</td>
<td>18</td>
</tr>
<tr>
<td>Research</td>
<td>19</td>
</tr>
<tr>
<td>Global Fund Rating</td>
<td>21</td>
</tr>
<tr>
<td>Project Achievement</td>
<td>22</td>
</tr>
<tr>
<td>Finance</td>
<td>23</td>
</tr>
<tr>
<td>Partners - Project Axshya</td>
<td>24</td>
</tr>
<tr>
<td>Impactful Stories</td>
<td>33</td>
</tr>
<tr>
<td>Axshya Village</td>
<td>41</td>
</tr>
<tr>
<td>Partnership - for TB Care and Control</td>
<td>42</td>
</tr>
<tr>
<td>Abbreviations and Acronyms</td>
<td>44</td>
</tr>
<tr>
<td>What the STOs say</td>
<td>45</td>
</tr>
<tr>
<td>The Union and USEA office</td>
<td>47</td>
</tr>
<tr>
<td>Lives Changed - Selfies with Cured Patients</td>
<td>48</td>
</tr>
</tbody>
</table>
I would like to congratulate the Project Axshya team for their efforts in enhancing access to Tuberculosis (TB) care and control services to vulnerable and marginalised populations.

It is encouraging to note that the Axshya project through a variety of measures and innovative interventions has successfully reached nearly 25 million people with greatest difficulty in accessing TB diagnosis and treatment services across 300 districts in 21 States of India.

The project team deserves appreciation for being accorded “A1” rating for performance by The Global Fund.

I wish the Axshya project team every success in their multiple endeavours aimed at improving and facilitating access to TB care services to patients.

Dr. Sunil D. Khaparde
Deputy Director General
Central Tuberculosis Division
Directorate General of Health Services
Government of India
It is my immense pleasure to congratulate the Axshya project team - an extensive network including 8 national NGOs (sub-recipient partners), over 1000 local NGOs and nearly 15,000 community volunteers - for completing a highly successful and impactful four years.

The project has reached nearly 4 million households of vulnerable and marginalised population groups, located in some of the most difficult to reach areas, through an innovative intervention “Axshya SAMVAD” through which trained community volunteers (called Axshya Mitras) conduct house-to-house visits and identify and link people with presumptive TB to TB services while simultaneously increasing public awareness about the disease.

As the project moves towards the third phase of implementation, it gives me great pleasure to thank the national programme (RNTCP), implementing partner NGOs, consultants and staffs, the Global Fund and many other stakeholders for the collaborative work.

Together, we are moving towards a ‘TB-Free India’.

Axshya has successfully completed another year furthering the objective of reaching the vulnerable and marginalised populations and enhancing their access to TB care and control services. The project, implemented in 300 districts and 21 states of India, reached out to nearly 16 million people creating awareness about TB in the last year. Through the various innovative interventions, the Axshya team identified and facilitated testing of nearly 300,000 presumptive TB patients resulting in diagnosis of nearly 25,000 TB patients who have since been initiated on treatment.

This has been made possible through the collaborative efforts of the Axshya team and RNTCP. On behalf of the Axshya team I take this opportunity to thank the Central TB Division, State and District TB Officers and the Global Fund for their unrelenting support and encouragement.

I also thank the NGOs and community workers who have enthusiastically participated and contributed immensely to the success of the project.

Dr. Jamie Tonsing  
Regional Director, The UNION  
South East Asia Regional Office,  
New Delhi, India

Dr. Sarabjit Chadha  
Project Director, Axshya  
The Union South East Asia Office,  
New Delhi, India
THE UNION AXSHYA TEAM

(FROM LEFT TO RIGHT)
BACK : HARSH BHARTI, MANOJ KUMAR, TUSHAR PALORKAR, MANAS R ROUT, BADRI THAPA, E R BABU, U S RANA, ANAND DAS, RANJITH BABU, HEMANT THAKKAR, GOPAL KUMAR

FRONT : B M PRASAD, SRIPRIYA PANDURANGAN, PRACHI SHARMA, JAMIE TONSING, ANNU SHARMA, SUNEETA BHATIA, ANIL GUPTA, SARABJIT S CHADHA, SUBRAT MOHANTY, DEEPAK TAMANG
PROJECT AXSHYA

Axshya (meaning ‘free of TB’) was launched in April 2010 as the civil society component of a five-year project funded through a Round 9 grant from the Global Fund to Fight AIDS, TB and Malaria (The Global Fund).

The principal recipients of the overall US$199.54 million grant are the Government of India, The Union and World Vision India (WVI).

While the government is focusing on scaling up access to MDR-TB diagnosis and treatment, The Union and WVI are leading the civil society component ‘Project Axshya’ engaging all sectors to strengthen TB care and control in 374 districts across 23 states of India, reaching over 750 million people by 2015.

The Union is implementing the project in 300 districts, across 21 states, through 8 sub-recipient partners.
AXSHYA COVERAGE

Through its various interventions, Axshya has reached nearly 16 million people from vulnerable and marginalised populations through visits to 3.9 million households by trained Axshya Mitras (Volunteers) creating awareness about TB, actively identifying people with symptoms of TB and linking them with diagnostic and treatment services under RNTCP.

Result

Over 360,000 presumptive TB patients identified and tested.

Nearly 250,000 sputum samples collected and transported to diagnostic centres by Axshya Mitras.

Nearly 25,000 patients diagnosed with TB and initiated on treatment.
TUBERCULOSIS CONTROL IN INDIA

With over 2 million new cases of TB yearly, India bears the highest burden of TB globally. It also has the highest number of MDR-TB and TB-HIV co-infected cases.

India’s Revised National Tuberculosis Control Programme (RNTCP) has made commendable efforts in reducing the prevalence and mortality due to TB significantly. It is well recognised that the spread and complexity of TB in the country requires a concerted effort from multiple stakeholders across all sectors working together to tackle it and not just the government. This would expand access to TB information and services, increase the accountability of service providers and empower communities – objectives crucial to TB care and control in an Indian setting.
Helpline Launch by Hon. Health Minister of Bihar

TB Forum with Vini Mahajan, Health Sec., Punjab

Meeting with cured TB patients in Chandauli
FOCUS ON UNIVERSAL ACCESS TO TB CARE

The focus of Project Axshya is to facilitate universal access to TB care especially for the vulnerable and marginalised communities. It aims to improve access to quality TB care and control through a partnership between government and civil society, and is supporting RNTCP to expand its reach, visibility and effectiveness.

It is covering a range of activities to empower communities on TB control; advocate for political and administrative support; involve all health care providers to increase the reach of TB services, ensure the rational use of drugs and diagnostics, and train on areas of national priority. Its guiding principles are universal access to quality TB services, community participation, sustainable interventions and equitable distribution with social and gender sensitivity.

The project is especially addressing those who have had the greatest difficulty in accessing information and treatment for TB – women, children, slum dwellers, migrants, prisoners, occupationally predisposed tribal populations, communities living in geographically difficult areas, and vulnerable groups such as people co-infected with TB and HIV.

PARTNERSHIPS ARE KEY TO THE PROJECT’S SUCCESS

A key strategy of the project is to involve partners across sectors – government, non-governmental organisations, private healthcare providers, technical agencies, affected communities and the media.

Equal importance has been given to identify and address linkages which make TB an enormous challenge for India, especially the linkages of TB with poverty and malnutrition, with diseases such as diabetes and HIV, and with the use of tobacco.

Axshya also supports the Partnership for TB Care and Control in India that brings together on one platform a range of organisations engaged in TB control.

Please visit www.tbpartnershipindia.org for more details.

Community Volunteer conducting Active Case Finding (Axshya Samvad) at Nagpur (urban)
Some unique project interventions have worked towards:

**STRENGTHENING CIVIL SOCIETY ENGAGEMENT**

The project has successfully engaged over 2,000 NGOs and nearly 15,000 community volunteers (Axshya Mitras) to enhance access to TB care and control services.

The increased civil society involvement under the project complements the programme’s efforts in strengthening human resource development, supervision and monitoring, access to diagnostics and treatment and engagement of private providers and NGOs.

**ENGAGING VILLAGE HEALTH AND NUTRITION COMMITTEES**

The project has systematically targeted the Gaon Kalyan Samitis (Village Health, Sanitation and Nutrition Committees) constituted under the National Rural Health Mission (NRHM).

It has informed them about TB with simple messages on identification of TB symptomatics and sputum testing at the nearest RNTCP microscopy centre. More than 65,000 such meetings have been held.

Over 2,000 NGOs sensitized on RNTCP schemes

More than 65,000 TB sensitization meetings have been held with village Health and Nutrition Committees

National network of 100 TB patients trained as TB advocates

Community Volunteers engaged in Sputum collection and transportation in Sonbhadra, Uttar Pradesh
BROADENING THE SCOPE OF CIVIL SOCIETY INVOLVEMENT IN TB SERVICES

A national network of 100 TB patients trained as TB advocates has been created. Also, one national and four regional consultative meetings of partners was conducted.

(www.tbpartnershipindia.org)

ESTABLISHING SPUTUM COLLECTION AND TRANSPORT MECHANISMS IN DIFFICULT TO REACH AREAS

It ensures that sputum is collected from the presumptive TB patient at her residence and transported to the nearest designated microscopy centre by a trained community volunteer (Axshya Mitra). The result of the test is communicated to the patient. Those diagnosed with TB are initiated on treatment through the programme thus closing the loop.

CREATING DISTRICT TB FORUMS

The TB Forum which is constituted by TB patients (cured and on treatment) and opinion leaders gives a voice to the affected community and advocates with the programme managers for resolution of challenges faced by TB patients in accessing services.

The TB Forum sensitises patients on their rights and responsibilities and also facilitates nutritional and economic support to those in need. There are now more than 200 active District TB Forums.

EMPOWERING TB PATIENTS

The project is empowering TB patients by sensitising them on their rights and responsibilities making the relationship with health care providers a mutually beneficial one. Nearly 38,000 TB patients including 10,000 women have been sensitised.

ENGAGING RURAL HEALTHCARE PROVIDERS (RHCP)

Nearly 13,000 RHCPs have been trained to identify and refer presumptive TB patients for sputum examination and to serve as DOT providers.

SOFT SKILLS TRAINING FOR PUBLIC HEALTH SYSTEM HEALTHCARE WORKERS

Over 5,700 health staff have undergone training focused on inter-personal communication and behaviour change that helps health care workers empathise with patients and address their needs. This has resulted in greater patient satisfaction and improved treatment adherence.

Over 200 districts with an active District TB forum

Meeting with RHCP at Sam in Jaisalmer district, Rajasthan
Project Axshya is an innovative and enormous project designed to improve access to TB diagnosis and treatment in India, supported by The Global Fund.

Implemented by The Union South East Asia Office, Project Axshya has used a variety of innovative interventions to reach those with the greatest difficulty in accessing TB diagnosis and treatment services across 300 districts in 21 States of India. The project is carried out through an extensive network – including 8 national NGOs (sub-recipient partners), over 1,000 local NGOs and nearly 15,000 community volunteers.
Key Project Achievements 2014-15

HIGHLIGHTS OF WHAT WAS ACHIEVED BETWEEN APRIL 2014 AND MARCH 2015

- Reached nearly four million households of vulnerable and marginalised population groups through an innovative intervention - “Axshya SAMVAD”, through which trained community volunteers (called Axshya Mitras) conduct house-to-house visits, identifying and linking people with presumptive TB to TB services while simultaneously increasing public awareness about the disease.

- Reached close to 900,000 people through 65,000 community meetings held with various community groups including Village Health, Sanitation and Nutrition Committees (VHSNC); local self government and Self-Help Groups (SHGs).

- Sensitised and empowered 38,000 TB patients (including 10,000 women patients) on their rights and responsibilities.

- Trained nearly 13,000 Rural Health Care Providers (RHCPs), who serve as the first point of contact for more than 70 per cent of the rural population. The training taught them to identify and refer people with presumptive TB for diagnosis and to serve as directly observed treatment (DOT) providers for TB patients.

- Through these interventions, Axshya facilitated the identification and sputum testing of nearly 300,000 presumptive TB patients, primarily from vulnerable and marginalised communities with limited access to TB services. This included collection and transportation of nearly 250,000 sputum samples and has resulted in the diagnosis of nearly 25,000 TB patients who have since been initiated on treatment.
Project Axshya continued its commitment and technical support to the Revised National TB Control Programme of India and in expanding its reach, visibility, and effectiveness. Through several of its initiatives, the project strengthened the Advocacy, Communication, and Social Mobilisation (ACSM) at the national, state and district levels across India. The project also provided expertise and technical support in other key areas such as public-private partnerships and monitoring & evaluation.

SOME INITIATIVES AND OUTCOMES OVER 2014-15 INCLUDE

TECHNICAL SUPPORT TO THE TB PROGRAMME AT THE NATIONAL LEVEL

Three consultants from The Union provided expert support to the Central TB Division (CTD), Ministry of Health, Govt. of India. They assisted and provided technical support in key areas of the programme such as Public Private Mix (PPM), Advocacy, Communication and Social Mobilisation (ACSM), 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 consultants in each of these states:

- Supported the State and District TB cells to enhance the quality of decentralized ACSM strategic planning, activities and materials through capacity development activities and field supervision.

- Provided technical support to develop and implement a plan for greater integration of the RNTCP’s ACSM activities with NRHM; and liaise with other relevant government departments.

- Facilitated coordination of RNTCPs ACSM activities with initiatives of other partners and stakeholders.

- Provided technical support to Axshya Sub-Recipient partners in the respective State and districts on planning, implementation and supervision of the project activities.

Expert support provided to the Central TB Division (CTD) and 9 states of India

A 2 day meeting of the National Coordination Committee (NCC) was held in Jharkhand on 12 and 13 March 2015 attended by ADDG (TB), State TB Officer Bihar, and other partners.
NEW STRATEGY

DRUG RESISTANT TB COUNSELLING

To address the high loss to follow up amongst the drug resistant TB (DR-TB) patients, Axshya has initiated a pilot offering counselling services to facilitate treatment adherence of DR-TB patients (MDR and XDR-TB) across 30 districts.

The counselling which is provided at the DOTS Plus site, DTC and patients residence focuses on treatment adherence, psychosocial support, nutrition and care. Till March 2015, over 5,300 DR-TB patients were counselled. National Review Meeting and National Committee meeting on DR TB Counselling was organised in November 2014 to review the status of counselling services provided to DRTB patients and their family members. During the review meeting, DR TB Counselling proved to be effective in improving treatment adherence and reducing treatment interruptions.

PREVENTIVE MAINTENANCE OF BINOCULAR MICROSCOPES

Axshya is also providing support for maintenance of over 5000 Binocular Microscopes in Bihar, Chhattisgarh, Rajasthan, Uttar Pradesh, Uttarakhand, Karnataka, Haryana, Punjab and Chandigarh to ensure uninterrupted diagnostic services. This includes quarterly preventive maintenance and onsite emergency breakdown service within 72 hrs and has prevented disruption of diagnostic services due to dysfunctional equipment. This service has been highly appreciated by respective states and programme officers. There is now a growing demand for similar services from many states and districts that were previously not covered.

MOBILE APP TO TRACK REFERRALS AND ENSURE TESTING

A pilot project has been implemented in one of the districts of Project Axshya (Hazaribagh – Jharkhand) where a mobile application developed with support of Dimagi has been provided to Rural Health Care Providers (RHCPs).

The aim was to ensure tracking of referrals made by RHCPs to DMCs and to ensure that all referrals are examined and to increase case holding.

The mobile app which is being currently piloted has shown good initial results. In the first six months of the intervention, the app has facilitated tracking and successful testing of nearly 70 percent of those referred. 25 percent of those tested were diagnosed with TB.

Supporting the maintenance of over 5000 Binocular Microscopes

Over 5,300 DR-TB patients counselled till March 2015

Meeting on counselling of drug resistant TB patients in Pune, Maharashtra with DTOs and CTOs
TRAINING COURSE ON CLINICAL MANAGEMENT OF DRUG RESISTANT TB

To cope with its high MDR-TB burden, one of the vital areas for TB control in India is the training of clinicians managing drug-resistant TB cases based on recent scientific evidence.

The Union conducts international courses on clinical management of Drug-Resistant TB. This course is being replicated in India through Axshya with The Global Fund support. Over 150 physicians have been trained till date.

The courses aim to train Specialist Physicians working closely with RNTCP and providing clinical care to patients with DR-TB, especially in diagnosis and treatment; to ensure that they follow the rules of the RNTCP MDR-TB Guidelines; and to create a pool of master trainers at the National level who will serve as resource persons for similar capacity building courses for clinicians at the state/district levels.
**TB EPIDEMIOLOGY COURSE**

Axshya conducts courses on TB Epidemiology for medical officers, researchers and programme managers.

Attended by RNTCP officials, WHO RNTCP consultants and postgraduate students of preventive and social medicine, the course facilitated by eminent TB epidemiologists consists of three components – TB Diagnosis, TB Epidemiology and TB treatment and care.

A TB course was conducted in LRS Institute from 5-16 May 2014.

The course was facilitated by Prof. Hans Reider and 25 Medical Officers nominated by the Central TB Division participated.

**LEADERSHIP AND MANAGEMENT COURSE**

Management Development Programme training on Leadership and Management for TB control was held from 19-23 January 2015 in Bangalore attended by State and District TB programme managers, Nodal Officers and Axshya Project Managers.

The course has offered participants to undertake self-assessment of their leadership and managerial styles, identify strengths and weaknesses and develop skills in strategic leadership. The course also covered management roles and functions in tuberculosis control programme.

**OPERATIONAL RESEARCH TRAINING PROGRAMME**

Axshya, in collaboration with Central TB Division, WHO India, CDC Atlanta and National TB Institute, Bangalore, conducts Operational Research (OR) training courses annually.
The objectives are to train participants on identification of OR questions, protocol development, data collection, data analysis, paper writing and publication.

The course is conducted in 3 modules: Module 1 focuses on protocol development & data collection while Module 2 focuses on data analysis, manuscript writing and publication.

Participants obtain ethics approval from The Union EAG and local ethics committee and publish their studies in peer reviewed journals.

The OR course was conducted at NTI Bangalore in October 2014 with 15 participants which included programme managers, faculty from medical colleges, RNTCP Consultants and others.

**PARTICIPATION IN WLC**

Project Axshya team participated in the World Lung Conference (WLC) held in Barcelona, Spain from 28 Oct -1 November 2014. 4 oral presentations and 17 poster presentations were made during the WLC.
CONTINUING MEDICAL EDUCATION (CME)

CME on Programmatic Management of Drug Resistant Tuberculosis was organised in coordination with AIIMS, Jodhpur, Government Medical College, Sonepat and Department of Community Medicine, KMC Mangaluru Manipal Hospital. Participants of the CME included senior faculties of Medical colleges, District RNTCP team and Medical Officers.

In collaboration with the Delhi State TB Control Office, a Continuing Medical Education (CME) - ‘TB Diagnosis and Treatment’ was conducted on 26 March 2015 to commemorate World TB Day 2015. The objective was to mitigate the knowledge gap on recent advancement in Tuberculosis (TB) diagnosis and treatment.


**PAPERS IN PIPELINE**

1. Karuna et al Is knowledge about tuberculosis associated with stigmatising and discriminating attitudes of general population towards tuberculosis patients? Findings from a community based survey in 30 districts of India

2. Mahasweta et al Does private health sector in India comply ban on serological test for Tuberculosis? A qualitative study

3. Blesson et al Relationship between nutritional support and tuberculosis treatment outcomes among persons living below the poverty-line in West Bengal, India

4. Somashekar et al Drug-induced hypothyroidism during anti-tuberculosis treatment of multidrug-resistant tuberculosis

5. Vivek Mishra et al A brief tobacco smoking cessation intervention for tuberculosis patients in Rajasthan, India [Notes from the field]

6. Sanjay Suryawanshi et al Is it worth monitoring Multi-Drug Resistant-TB treatment with optimal mix of cultures and smears in India? – A study from Maharashtra

7. Pankaj Singh et al Knowledge, Attitude and Practice of Tuberculosis Airborne Infection Control among Antiretroviral Treatment Centre Health Care Workers – India, 2015

8. Rakesh Roshan et al Engaging private providers and Ayurveda practitioners in Bilaspur, India: Did it increase TB case detection?

9. Mahasweta et al To Whom Should I Notify, Why Should I Notify?” - A Qualitative Study on Involvement of Private Health Care Providers and Challenges in Tuberculosis Case Notification in India

10. Binil Salam et al Awareness about Standards for Tuberculosis care in India (STCI) among private practitioners in Cochin city, Kerala, India

11. Sanjay Sinha et al Do TB-HIV diagnostic facilities at all health institutions increase the proportion of Tuberculosis cases tested for Human Immunodeficiency Virus?

12. Gurpreet Singh et al Contribution of Mobile medical unit for identifying tuberculosis suspects and cases in Mohali district, Punjab

13. Rajeev Ranjan Pathak et al Intensifies tuberculosis case finding in nutritional rehabilitation centers of Bihar

14. Dhrubajyoti Deka et al A comparative study of the same day sputum microscopy with the conventional method in diagnosis of sputum positive pulmonary tuberculosis

15. Rajabhau D Yeole et al Introduction of a system of TB case notification among private practitioners in Dehradun city: Is it operationally feasible?

16. Deshmukh et al Qualitative evaluation of Patient and Providers reported determinant of Multi drug resistant TB Treatment default in Nagpur, India

17. Anand et al Assessment of the sediment re-decontamination technique in recovering tuberculosis bacilli from cultures contaminated on Lowenstein Jensen medium

18. Kali Prosad et al Impact Assessment of Mass Media Campaign on Tuberculosis - A study in six states in India

19. Deepti et al Simulated Patient Study among non-Allopathic Healthcare Providers - Project Axshya

20. Kali Prosad et al Contribution of Mobile medical unit for identifying tuberculosis suspects and cases in Mohali district, Punjab
The Global Fund grant has a unique monitoring and evaluation system, where project achievements against performance indicators are reported to The Global Fund on a quarterly basis through Progress Update and Disbursement Requests (PUDR).

Project Axshya has been accorded ‘A’ rating by The Global Fund through the project period. For 2014-15, after a thorough review of performance, the project has been accorded A1 rating for having achieved over-achieved on most of the targets.
## PROJECT ACHIEVEMENT

### Indicators and Achievements (April 2014 – March 2015)

<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Targets</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new partners signing a Letter of Commitment with the Partnership (Cumulative)</td>
<td>90</td>
<td>128 (142%)</td>
</tr>
<tr>
<td>Percentage of population with correct knowledge about TB (Mode of transmission, symptoms, treatment and curability)</td>
<td>22%</td>
<td>32%</td>
</tr>
<tr>
<td>Number of TB patients sensitised on their “Rights and Responsibilities” as per Patient Charter</td>
<td>30000</td>
<td>37695 (125%)</td>
</tr>
<tr>
<td>Number of Axshya Villages formed</td>
<td>3000</td>
<td>4314 (143%)</td>
</tr>
<tr>
<td>Number of Households covered under Axshya SAMVAD (Active Case finding)</td>
<td>2730000</td>
<td>3852640 (141%)</td>
</tr>
<tr>
<td>Number of NGOs sensitized and supported to apply RNTCP schemes</td>
<td>420</td>
<td>866 (206%)</td>
</tr>
<tr>
<td>Successfully engaged in referring presumptive TB patients and serving as DOT providers</td>
<td>4680</td>
<td>2727 (58%)</td>
</tr>
<tr>
<td>Number of private laboratories sensitised and successfully engaged on adhering to notification of TB patients and ban on serological tests</td>
<td>200</td>
<td>623 (311%)</td>
</tr>
<tr>
<td>Number of chest symptomatic referred through Axshya who successfully underwent TB diagnosis (Smear Examination)</td>
<td>86400</td>
<td>295471 (342%)</td>
</tr>
<tr>
<td>Number of sputum smear positive TB patients diagnosed</td>
<td>4320</td>
<td>24998 (578%)</td>
</tr>
<tr>
<td>Number of targeted interventions, CSCs and DLNs sensitised and engaged for TB control</td>
<td>200</td>
<td>174 (87%)</td>
</tr>
</tbody>
</table>
FINANCE

The total approved budget for period April 2014-March 2015 was US$ 12.99 million. PR budget composition for the said period was 28% and SR’s budget composition was 72%. 8 SR’s carried out the activities in 287 districts and the activities in 13 districts for the State of Uttarakhand were directly implemented by The Union.

FINANCIAL MANAGEMENT, REVIEW AND AUDIT PROCESS

Capacity building process was ongoing from the financial perspective, focusing on adherence to work plans and cost effective utilisation of budget. As the previous year, participatory sessions were held on documentation required to authenticate financial transactions to bring more transparency and reduce the level of associated risks. Verification of expenditure from donors for PR and SR along with documentation of verification at site in the form of onsite data verification visit (OSDV) was conducted successfully by donors.

As in previous years, observations and recommendations from visits were communicated to SRs through management letters. SRs complied on the actions and confirmed through compliance letters. Audit firm M/s S Ramanand Aiyar & Co., Chartered Accountants, New Delhi undertook the audit for all SRs for the year ending 31 March 2015. The said audit process was completed within 3 months from the end of the financial year. Audit reports for period ending March 31, 2015 were submitted to The Global Fund.

During the year, review visits were conducted to districts and Headquarter/State Office/Regional Office for each partner, focusing on review of financial procedures, systems, project accounts and establishing linkages between financial and technical data.

Expenditure review and on-site data verification visit was successfully conducted by LFA for 2 SR’s. Quarterly SR review meetings continued wherein achievements and learning were shared by SRs. General issues in financial management as well as practices followed during project implementation by the different SRs, were shared.

This platform gave an opportunity to interact with senior management of the partner organisations on their progress and plans for the next quarter. The year was a preparatory phase for the New Funding Model (NFM) based on guidance received from The Global Fund. Field level activities were discussed with SRs and based on the inputs, a draft proposal was submitted to The Global Fund.

Post the submission, minor revisions were done to the submitted proposal and we obtained final concurrence on the same in the month of August 2015. NFM phase is to continue till 31 December 2017. For the fiscal year ending 31 March 2015, the budget utilisation was around 70%.

Break-up of cost category wise expenditure incurred by sub-recipients for fiscal year ending 31 March 2015 is as above.
PARTNERS
PROJECT AXSHYA

The Union has partnered with some of the most experienced and credible non-profit organisations dedicated to public health in India.

Through this partnership, the Union has been able to synergise the strengths, resources and networks of 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 facilitated access to quality TB services in the farthest corners.

CBCI-CARD  Catholic Bishops’ Conference of India - Coalition for AIDS and Related Diseases

CHAI  Catholic Health Association of India

CMAI  Christian Medical Association of India

EHA  Emmanuel Hospital Association

MAMTA  Mamta Health Institute for Mother and Child

PSI  Population Services International

REACH  Resource Group for Education and Advocacy for Community Health

VHAI  Voluntary Health Association of India
The Catholic Bishops’ Conference of India-Coalition for AIDS and Related Diseases (CBCI-CARD) was established with the blessing of the standing committee of Catholic Bishops’ Conference of India in 2009 in order to serve the people of India by improving their health status.

CBCI-CARD currently focuses on tuberculosis control by working through the network of Catholic Health Facilities and Social Service Organization across 19 states of India.

It is the time for reality to set in, for old beliefs to crumble under the weight of logic, experience and common sense. We have had many missed opportunities like Malaria control in the 60s which ended up in Cerebral Malaria Epidemic. The time for putting things off is over. The time is NOW, it’s our final wakeup call... to either sink or swim, to surrender to this capricious TB microorganism or to pin it down forever. It is time to act not rest.

We commit for a ‘tuberculosis-mukt bharat’ (TB free India). Compassion is our hallmark, universal love is our motto, the almighty is our inspiration!

Sr. Prabha Varghese
Executive Director, CBCI-CARD

DISTRICTS COVERED
29 districts across 4 states:
West Bengal (4), Madhya Pradesh (8), Uttar Pradesh (15) and Bihar (2)

CONTACT DETAILS
CBCI-CARD
9-10 Bhai Veer Singh Marg,
New Delhi 110001, India
Phone: +91 11 23364222
Email: matthew@cbcihealth.org

www.cbcihealth.org

TB Awareness Campaign, Allahabad
Founded in 1943, the Catholic Health Association of India (CHAI) is the largest not-for-profit health care network in India with over 3,439 member institutions, 2283 health care centers and 604 small/medium/large hospitals with 48119 beds.

In the coming years CHAI is looking forward to continuing its partnership with the Union through Axshya for achieving the goal of ‘End TB’ through innovative interventions. Last year CHAI made a difference by putting on treatment of over 12,000 TB patients through Active Case Finding which is much warranted to reduce the enormous burden of Tuberculosis in India.

CHAI is looking forward to work with the Union on the Urban TB Care and Control to combat Tuberculosis through involvement of private practitioners and private hospitals.

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

DISTRICTS COVERED
96 districts across 10 states:
Chhatisgarh (4), Jharkhand (13), Karnataka (16), Kerala (13), Madhya Pradesh (6), Maharashtra (20), Nagaland (3), Punjab (5), Tamil Nadu (10) and Uttar Pradesh (6)

CONTACT DETAILS
157/6 Staff Road Gunrock Enclave,
P.B. No. 2126, Secunderabad 500009,
Telengana, India
Phone: +91 40 27848293, 27848457
Fax: +91 40 27811982
Email: directorgeneral@chai-india.org

chai-india.org

District Coordinator presenting Axshya achievements to DTO, Faridkot
Christian Medical Association of India (CMAI) is a not for profit association of health care professionals and administrators committed to promoting a just and healthy society. Founded in 1905 by a group of Missionaries, the organization was renamed CMAI in 1926 and has since moved from strength to strength, in step with the changing health care needs of the country. The Community Health Department of CMAI has been instrumental in demonstrating various replicable, evidence based models of interventions for reaching the community - particularly the poor, marginalized and vulnerable/stigmatized communities. From addressing issues specific to primary health care, family planning, HIV and AIDS, substance abuse, maternal and child health, women’s issues, access to health services, microfinance and community based insurance, the CMAI has implemented projects supported by various donors.

DISTRICTS COVERED
15 districts across 2 states:
Meghalaya (7) and Mizoram (8)

CONTACT DETAILS
CMAI, Plot 2, A-3 Local Shopping Centre, Janakpuri, New Delhi 110058, India
Phone: +91 11 2559999 1/2/3 Fax: +91 11 25598150
Email: cmai@cmai.org
www.cmai.org

Project Axshya has enabled innovative strategies to find cases of Tuberculosis in the hard to reach areas, particularly in the North East. Engaging Village Headmen and Rural Health Care Provider (RHCP) has been strengthened and this enabled increase case identification.

In the process of strengthening of healthcare systems, everyone is involved and has to take ownership. This will enable sustainability of any health intervention.

CMAI is glad to be part of the initiative and will continue to partner with like-minded organizations to improve access to health and healthcare for the people.

Dr. Bimal Charles
General Secretary, CMAI

Axshya team conducting Active Case Finding - Axshya Samvad in Meghalaya
Established in 1969, Emmanuel Hospital Association (EHA) is a non-profit healthcare provider with a network of 20 hospitals, 40 community-based projects and 7 nursing schools in rural and semi-urban areas across 14 Indian States.

EHA’s comprehensive health services integrate essential clinical services with primary health care and community-level engagement.

It has been our pleasure as an organization to participate in an initiative, along with many others, that addresses the greatest scourge of our times in India. Tuberculosis and its attendant co-morbidities and complications continue to present one of the greatest challenges in the field of medicine and social well-being, to which EHA will continue to respond with wholehearted commitment.

The need of the hour is not only treatment, but a structured and deliberate approach to identifying and containing the spread of TB.

It is our prayer that the extended period of the project will go a long way in achieving this.

Joshua Sunil Gokavi
Executive Director, EHA
Established in 1990, MAMTA is a national level NGO working on issues related to Sexual Reproductive Health (SRH), HIV/AIDS with a special focus on women and children, young people and marginalized groups. MAMTA’s programme approaches include networking, capacity building, direct intervention, advocacy and research. MAMTA’s team of over 200 personnel include medical professionals, social scientists, researchers, development and management professionals, web developers and financial experts.

MAMTA is proud to be part of Project Axshya; a successful initiative towards making India TB free. Our partnership with systems and community organizations have helped us to reach the unreached, most vulnerable and marginalized individuals. In the last one year emphasis has been given on evidence based programming which has delivered better results in terms of reach and quality of services. I want to congratulate UNION for their leadership and guidance.

I am confident that with our collective effort, the goal to have TB free India will soon be achieved.

Dr. Sunil Mehra
Executive Director, MAMTA

DISTRICTS COVERED
62 districts across 7 states:
Bihar (12), Chhattisgarh (3), Delhi (4),
Haryana (12), Maharashtra (6), Rajasthan (14) and Uttar Pradesh (11)

CONTACT DETAILS
MAMTA, B-5, Greater Kailash Enclave-II,
New Delhi 110048, India
Phone: +91 11 29220210 / 29220220 /
29220230 Fax: +91 11 29220575
Email: mamta@yrshr.org
mamta-himc.org

Amravati inauguration of the IEC by the Hon’ble Minister, Government of Maharashtra
Started as a small operation in 1988, PSI India complements the efforts of the Government of India in slowing the spread of HIV and tuberculosis, reducing maternal, child and neonatal mortality, and helping couples avoid unwanted pregnancies. PSI harnesses the power of private sector through social marketing to provide life saving products, services and behavior change communications that empower India’s most vulnerable populations to lead healthier lives.

DISTRICTS COVERED
60 districts across 10 states:
Bihar (10), Chhattisgarh (2), Haryana (7), Jharkhand (3), Karnataka (8), Maharashtra (10), Punjab (6), Rajasthan (7), Uttar Pradesh (4) and Uttarakhand (3)

CONTACT DETAILS
PSI, C 445, C.R. Park,
New Delhi -110019, India
Phone: +91 11 47312200

www.psi.org/India

India’s achievements in Tuberculosis (TB) control over the past decade are remarkable. However, India still has two thirds of the Global TB burden and there is a lot to be done to achieve End TB strategies.

Project Axshya is making significant contribution towards achieving National Strategic Plan by supporting RNTCP through ACSM, private sector engagement and counselling for MDR-TB.

PSI is proud to be associated with Project Axshya and shall continue to contribute to Project Axshya achievements in 60 districts across 10 States.

Significant progress made in MDR-TB counselling and TB-Helpline activities is well appreciated and acknowledged for scale up by Central TB Division (CTD).

Mr. Pritpal Marjara
Managing Director, PSI
A registered society with its head office at Chennai, REACH raises awareness on issues critical to community health with a focus on TB control. REACH works in slums, schools and communities catering to patients from the lower socio-economic strata by supporting them through treatment, counseling, support for food, conveyance and essential tests.

DISTRICTS COVERED
14 districts across the state of Tamil Nadu

CONTACT DETAILS
REACH, 9/5, State Bank Street, Mount Road, Chennai 600002, India
Phone: +91 44 28610332
Email: reach4tb@gmail.com
www.media4tb.org

Working with Project Axshya has been a tremendous learning experience with many challenges as well as successes. As we near the completion of phase 2 of the project, we see the value of setting the framework for the emergence of true community ownership in terms of both understanding and action, the power of patients’ forums and voices to affect change and the importance of working closely and in a collaborative manner with the RNTCP.

The challenge in the years ahead would be to keep the momentum alive and continue sustained engagement in order to maximize the potential of resources generated and communities engaged as we continue on the path towards achieving a TB free community.

Dr. Nalini Krishnan
Managing Director, REACH

Workplace intervention in Madurai, Tamil Nadu
Formed in 1970, VHAI is a federation of 27 State Voluntary Health Associations, linking 4,500 health and development institutions across India. VHAI advocates people-centered policies for dynamic health planning and program management in India. VHAI initiates and supports innovative health and development programs at the grassroots with the active participation of the people. The humane approach to TB prevention through ACSM has yielded remarkable confidence in changing habits of health seeking behavior from the vulnerable and marginalized population.

**DISTRICTS COVERED**
46 districts across 8 states:
Bihar (9), Goa (1), Jammu & Kashmir (4), Madhya Pradesh (8), Manipur (3), Punjab (10), Rajasthan (6) and Uttar Pradesh (5)

**CONTACT DETAILS**
VHAI, B 40, Qutab Institutional Area, New Delhi, India
Phone: 011 47004300, Fax: 011 26853708
Email: ceo@vhai.org; www.vhai.org

---

**Voluntary Health Association of India**

Tuberculosis is not a new disease. In India, it has been described since the time of the Vedas. Tuberculosis control efforts are going on in the country for many years. While there have been many achievements there are some problems, which needed to be addressed as we go forward.

**One such major challenge is how to reach difficult to reach areas, vulnerable and marginalised populations.**
Axshya through its innovative approach especially of Axshya Samvad has shown the way for reaching this population.

**CEO, VHAI**

Axshya Team in a remote village in Kashmir doing Active Case Finding (Axshya Samvad)
IMPACTFUL STORIES
FROM THE FIELD

NOW I WILL SERVE TB PATIENTS
THROUGH MY LIFETIME

Lalitpur district of Uttar Pradesh is host to a small population of a tribal group classified as Particularly Vulnerable Tribal Group (PTGs) - the Saharia tribe. Lately they have also been in the news for the extreme poverty which is forcing them to sell their children to bonded labour.

Owing to their socio-economic condition and remote geographic location and reluctance to access services from public health facilities, there has been a special focus under Project Axshya on this area and this tribal group. The closest DMC is Lalitpur, which is around 25 km from this village.

40 year old Jamuna Saharia belongs to this particular tribe and lives in village Saipura, of Birdha block, Lalitpur. Mr. Jamuna Saharia and his wife Ganeshi work as labourers. They have 4 daughters and 2 sons. For past several months Mr. Jamuna had been unwell with complaints of cough and fever and not fit enough to do regular work. So the burden fell on his wife and children to earn and support the family. His wife with children started collecting Tendu leaves from the forest for bidi making. The children had to drop schooling as they had to work and education could not be afforded.

Through Axshya activities in his village, he got to know about symptoms of TB, its free diagnosis and treatment. He was referred for sputum examination by an Axshya Mitra and was found to be suffering from TB and started on treatment. He has now completed the full course of DOTS and is cured and back to work happily supporting his wife and children. A simple intervention has saved the entire family from catastrophe. Ever since then, he has committed himself to work for TB control and says “now I will serve TB Patients through my lifetime”.

TB Forums work on Nutritional Support to TB Patients

TB patient sensitisation in Lalitpur, Uttar Pradesh

Nutritional support to TB patients in Lalitpur, Uttar Pradesh
Under-nutrition is one of the risk factors for TB since it adversely affects the immune system.

Knowing the fact that nutritional support is very much required for TB Patients, the TB Forum of Kasargode earnestly worked to identify a benevolent benefactor to support poor and suffering TB patients. They identified a businessman from Mangalore, the owner of a leading construction company, who agreed to support the cause.

TB Forum was extremely happy and they took the benefactor to TB patients’ families and interacted with them. He personally witnessed the difficulties faced by the poor patients. Being moved by the stories of the patients in and around Kasargode, he decided to help them in whatever possible way he could.

He agreed to support 101 TB patients for six months. At the very outset, he discussed the matter with District TB Officer, Medical Officer, Senior Treatment officers, and TB Forum members and expressed his wish to support 606 TB (monthly 101 for 6 months) patients with Nutritional Kits. The District TB Officer constituted a team of five members (District TB Officer, Medical Officer, Senior Treatment Officer, TB Forum Secretary, Health Line NGO Director) to plan a strategy to identify TB Patients based on their socio-economic condition and BMI (Body Mass Index).

The TB Forum Kasargode, with the support of Healthline (an NGO), prepared a nutritional kit for TB patients which included the following - 10 kg rice, green gram, groundnut, garlic, and cooking oil sufficient for 1 month.

The Health line coordinated the supply of the nutritional kit. Till date they have successfully supplied 101 TB Patients with nutritional kits for five months.

There are other examples of such nutritional support to TB patients by District TB Forum in other districts under CHAI. In Dakshina Kannada (Karnataka), an NGO “Spandana” is distributing 10 kg rice and Nutrimix powder to all TB patients (over 500 till date) each month.

Another NGO “Dharmajyothi” which is an NGO implementing Axshya activities as well, is distributing eggs and rice to all TB patients in its implementation area.

In Thrissur district of Kerala, District TB Forum is distributing food grains to 24 TB patients every month.

In Uttara Kannada (Karnataka), District TB Forum is managing to get donors to distribute food grains to TB patients on a need basis.

**POLICE STATION BECOMES DOT CENTRE**

Ettumanoor PHC had several lost to follow up TB patients who were unwilling to continue treatment despite the best efforts of the programme team. Addressing this issue innovatively, Axshya, in collaboration with Kottayam District Tuberculosis Centre, conducted a training programme for police officers of Ettumanoor police station.

The objective of the training was to take assistance from the police to retrieve the lost to follow up cases and bring them back on treatment. The training conducted in June 2014 was highly appreciated and Mr. Saji, Circle Inspector, Ettumanoor station, thanked Kottayam RNTCP team, especially Axshya project for initiating the programme.

Following the training the police officers have approached and convinced several lost to follow up cases to continue treatment. Ettumanoor Police Station is the DOT Centre for some of these patients.
COMMUNITY RADIO ENGAGED IN BRINGING AWARENESS ON TB

Through Project Axshya, a number of Community Radio Stations across the country have been sensitised and engaged in spreading message on TB in their target population. Materials have been developed in the local context and used to sensitise the population. At Waqt Ki Awaaz Community Radio Station in Kanpur Dehat district of Uttar Pradesh, Radha Shukla, a member of the core team at the station, has now become used to people calling her all the time to talk about TB.

In the six months since Waqt ki Awaaz began their series on TB as part of Project Axshya, Radha has received innumerable calls from people wanting to discuss the programmes, asking where to go for a TB test and most recently, complaining that the programmes are no longer on air. Although the series is now over, Radha plans to repeat broadcast all the episodes multiple times. She is proud that people are now willing to talk openly about TB, a disease that remains highly stigmatised.

One episode (on stigma itself) featured a young woman who had lost her mother to TB and who had been isolated and shunned by others as a child. That she was willing to come on air and speak openly about her story speaks volumes of the trust that the listeners of Waqt ki Awaaz have. “Everyone who has heard our programmes now knows that if they have a cough for more than two weeks, they should go for a TB test.

“I am very proud that we have been able to achieve this through our radio series and help people understand that TB is a curable disease and that there is nothing to be afraid of”, says Radha.

Between March and September, Waqt ki Awaaz produced over five hours of original programming on TB that was broadcast multiple times. They received 115 calls during the 11 programmes produced as part of this series. The station caters to 300 villages with a population of approximately three lakhs.
BROADENING THE SCOPE OF CIVIL SOCIETY INVOLVEMENT IN TB SERVICES

With an endeavour to fight the infectious disease tuberculosis, Radio Benziger took an innovative path of disseminating the information with the help of dramas, discussions and interviews and was rewarded for its out-of-the-box idea by the Kollam District TB Centre in Kerala on World TB day, on March 24. Through its programs, Radio Benziger discussed several aspects of TB including information about the disease, symptoms, treatment duration, DOTs centers, and methods to identify the bacteria that spread the disease.

Program producer Dr M Venu Kumar said, “Before planning for the program, we did a small research and we came to know that most of the affected people are migrants. So we incorporated the views of doctors and experts, wrote songs and dramas and with the help of local artists, produced the programs. We received a lot of feedback after it, which for us is like an award. We are grateful that we received an award from the district authority, but there are miles to go before we stop.”

Appealing to all the other Community Radio Stations, Kumar said that it’s high time that Community Radios should collaborate with other NGOs and radio stations in order to spread awareness on health related issues among their respective communities.
SCHOOL CHILDREN AS “TB SOLDIERS” - AGENTS OF CHANGE IN THE COMMUNITY

Realizing the value of young children in community mobilization, the Mamta team decided to engage this future generation in TB control and a school-based intervention was designed to strategically engage them and tap their large untapped potential.

The intervention has been launched on pilot basis in the Tonk district of Rajasthan. A spot mapping was conducted to identify schools where children from the vulnerable population study. A well-structured communication protocol was further developed to sensitize children grooming them as “TB Soldiers”.

The selected schools are being contacted and the Principal or Administration are being convinced for a 15 minutes slot during the prayer time when all the school children are available at one location to do the communication exercise.

The key messages being delivered to the children are: What is TB, what are its symptoms, how does it spread and that it is fully curable. All treatment and diagnosis is completely free under RNTCP at every government hospital. If the treatment is discontinued the disease will become even more dangerous and fatal, not only for the patient but to the people around.

Expectation was that if children talk about TB at home and if they identify someone with the TB symptoms, they will inform the contact person from School or Axshya regarding his/her name and address. The first activity was conducted at Rajkiya Ucch Madhyamik Vidhyalaya, Gram Saithali, District Tonk.

A total of 28 sputum samples were collected from symptomatic patients identified and referred by the sensitised school children within two days of the intervention. A total of 3 sputum positive TB patients were diagnosed from the samples collected. Follow-up has been on a regular basis ever since this activity.

TB sensitisation among school children
NEELAM PURSUED HER DREAM OF HIGHER EDUCATION WHILE FIGHTING MDR-TB

Neelam was 19 years old when she came to Jalandhar and settled in one of the slum areas along with her family. Her life was devastated when she was diagnosed with MDR-TB. She was initiated on treatment.

At Jalandhar DTC she met with Mr. Amandeep, MDR Counsellor from Project Axshya. Mr Amandeep did the first counseling session and continued follow up sessions to ensure that Neelam adhere to the treatment. During the first counselling session Neelam expressed her desire for continuing education and perceiving higher education. Neelam’s dream was stuck in Amandeep’s mind.

Amandeep helped her enroll for a distant learning course by IGNOU - Bachelor of Social Work (BSW).

While Neelam is fighting on one hand with MDR-TB, she is pursuing her dream of higher education, which is motivating her to complete the treatment and get cured. Neelam is going the extra mile and acting as an ambassador for other patients, inspiring them to adhere to the MDR treatment and pursue their dreams. Learning from Neelam’s perseverance, two other MDR-Patients decided to take up higher education.

Neelam wants to be a social work professional and wants to work for betterment of TB patients. She has decided that she will complete her medicines and would be a living example to motivate all other patients by telling them about her victory over MDR TB.

MLA TAKES UP THE CAUSE OF TB IN MAHARASHTRA

Sensitising legislative members and enhancing political commitment by advocacy with MPs and MLAs is one of the key activities under Project Axshya.

As a part of above objectives, PSI team led by Mr Chandrakant Pandagale (IPCC Latur) along with Mr Mahesh Survase (counsellor, Latur) under guidance of Mr Aniruddha Pathak (PM-Maharashtra) met with Mr Amit Deshmukh (sitting MLA from Latur district and son of Late Mr Vilasrao Deshmukh (Ex-CM Maharashtra)) on 14 Feb 2015. Mr. Deshmukh gave an audience to the PSI team and following key points were discussed in the meeting:
- Providing Nutrition support to TB and DR-TB patients
- Facilitate linkages of TB and DR-TB patients with existing social protection schemes
- Support reducing the stigma by addressing the issue, creating awareness in your public meetings
- Raising the TB program related challenges, issues (supply of TB drugs) at appropriate forums
After a discussion, Mr. Deshmukh showed a keen interest in providing nutritional support to the DRTB patients and requested IPCC to visit Mr. Balaji Wakure (Head, Vilasrao Deshmukh Foundation, Latur) and provide detailed information on how and what kind of nutritious food can be provided to these patients. Accordingly IPCC met with Mr. Balaji Wakure and briefed him about discussion with Mr. Deshmukh. As per discussion soon Mr. Wakure will be sending detailed plan to Mr. Deshmukh.

Mr. Amit Deshmukh has taken up issues related to TB control in Latur and Maharashtra in the state assembly. He has also garnered support of other MLAs (Mr. Chagan Bhujbal, Mr. Ramesh Kadam, Mr. Hasan Mushrif, Mr. Jitendra Avhad, Mr. Govardhan Sharma, Mr. B Pacharne, Mr. Matkhalkar, Mr. Lodha, Mr. Ajit Pawar, Mr. Mote, Mr. Jadhav and Dr. Patil) in addressing these issues.

**AXSHYA REACHES OUT TO THE UNREACHED STONE CRUSHERS**

Village Atreji of block Koraon is situated at the border area of Rewa district in Madhya Pradesh and Mirjapur in Uttar Pradesh. Most of the people of Atreji work in the unorganised stone crushing industry predisposing them to TB. The nearest health facility being 12 kms away, coupled with poor transportation facilities further complicates the situation. Mr. Brijbhan, 40 years is a resident of Atreji working as casual labourer in one of the stone crushers for several years. He had been having cough and fever for past several months which did not abate with the medicines from the local traditional healer. Brijbhan met with the Axshya Mitra Mr. Sudama Prasad during a community meeting and shared his problem. Sudama collected his sputum and got it tested. The sputum result showed TB and Mr. Brijbhan was initiated on treatment with Sudama as the DOT provider. With Sudama’s support and encouragement Brijbhan successfully completed his treatment and is cured of TB. Aware of the dangers of stone crushing he has now started a small shop in his village selling toiletries. Mr. Brijbhan and his family are thankful to Axshya for facilitating diagnosis and treatment.
SPREADING AWARENESS THROUGH FARMERS CLUB IN GOPALGANJ & GARNERING SUPPORT FOR TB PATIENTS

In the Gopalganj district of Uttar Pradesh, National Bank for Agriculture and Rural Development (NABARD) has formed 13 Farmer Clubs for the development and financial inclusion of the poor and marginalized population in Kuchikot & Phulwariya blocks. These farmer clubs are playing a crucial role in the development work & implementation of government social security schemes in that area.

Realizing the value of engaging these clubs in advocacy, communication and social mobilization for TB control in the area, Priyanka Singh, the district coordinator from Axshya approached them. Members of these clubs were systematically sensitised on TB control, value of cutting the chain of transmission and social obligation to extend all care and support to TB patients.

The response from the clubs has been immense and positive thereon. PNGOs Chandrama Kalian Kendra & Basudhara Sewa Sansthan with the help of TB-Forum members have linked these farmer clubs with TB awareness and developed them as a TB-Information centres.

TB- Related information has been made available to the club in both hard and soft copies.

Flex banner has also been put up in their office. Some members of farmer clubs have been sensitized and trained as Axshya mitras. They have been playing active role in symptomatic identification in their respective areas referring them to DMCs and informing NGOs to assist through sputum collection as per need.

List of TB Patients was also provided to the Farmer club of their area for linking them with social welfare schemes.

In Kuchikot block, three TB Patients have been linked with MNREGA through these clubs for income generation through light activities that they can perform. These TB patients have been involved in plantation activities.

Locally active groups like farmer’s groups are very relevant and have been found to be capable of playing significant role in implementing AXSHYA in our target communities.

Identifying such groups and actively engaging them in Axshya activities is strongly recommended.
The project has introduced the concept of Axshya Villages (TB Free Village) under which the Axshya team identifies villages in the vulnerable and marginalised community and undertakes interventions to sensitise all the residents about TB and TB services and engage them in TB control efforts. Access to RNTCP diagnostic services is enhanced through establishment of sputum collection and transportation centres and to treatment services by motivating community members to become DOT providers. The project has so far identified 4,340 such villages.
PARTNERSHIP
FOR TB CARE AND CONTROL

NATIONAL CONSULTATIVE MEETING
OF PARTNERS

National Consultative Meeting for the year 2015 was successfully organized from 21 to 22 March 2015 at New Delhi. A total of 62 representatives from partner organizations actively participated in this event. Key points discussed during this meeting included - engaging and mobilizing communities, implementing a patient centered approach enhancing service delivery and partnering the private sector.

REGIONAL CONSULTATIVE MEETING,
NORTH REGION

A Regional Consultative meeting of partner’s north region was held on 7 and 8 August, 2014 at New Delhi.

REGIONAL CONSULTATIVE MEETING,
EASTERN REGION

A Regional Consultative meeting, Eastern region was held on 1 and 2 September 2014 at Kolkata.

REGIONAL CONSULTATIVE MEETING,
WESTERN REGION

The consultative meeting for western region was organized from 11 to 12 March 2015 at Mumbai. A total of 32 participants representing partner organisations from the states of Madhya Pradesh, Maharashtra, Goa, Gujarat and Rajasthan participated in this event.

Key discussion points for this consultation were convergence of TB with various departments, role of civil society partnership in complementing national efforts on TB control and opportunities in CSR.

A total of 32 participants were present for the two day deliberations with participants from northern states of Himachal Pradesh, Haryana, Jammu & Kashmir, Punjab, Uttarakhand, National Capital Region (NCR) and Uttar Pradesh.

The major points discussed in this meeting were the role of civil society organizations in facilitating community based monitoring, CSO community involvement and role in the State Advocacy through partnerships at field level.

Dr. R.S. Gupta, DDG-TB, Central TB Division; Dr. Niraj Kulshreshtha, Addl. DDG, Central TB Division and Mr. Subrat Mohanty, The Union participated as guests in this event.

A total of 37 participants were present for the two day deliberations with participants from eastern states of Bihar, Chhattisgarh, Jharkhand, Odisha and West Bengal.

Key discussion points for this consultation included; engaging more village DOTS providers and peer educators and providing them capacity building training.

The consultative meeting for western region was organized from 11 to 12 March 2015 at Mumbai. A total of 32 participants representing partner organisations from the states of Madhya Pradesh, Maharashtra, Goa, Gujarat and Rajasthan participated in this event.

Key discussion points for this consultation were convergence of TB with various departments, role of civil society partnership in complementing national efforts on TB control and opportunities in CSR.
REGIONAL CONSULTATIVE MEETING, EAST AND NORTHEAST REGION

Regional Consultative Meetings of Partners was held on 21-22 May 2015 at Bhubaneswar and on 11-12 June, 2015 at Guwahati. The agenda included discussion around key challenges, suggested solutions and recommended action.

The group actively participated in all activities as per the agenda and each group prepared a list of recommendations that can contribute towards a regional action plan for TB care and control for the region.

The group will now run an independent discussion and prepare a localized and doable work plan to take TB control efforts to the next level in the region.

CIVIL SOCIETY CONSULTATION MEETING

The partnership for TB Care and Control organized a civil society consultation on 16 July 2014 at New Delhi. The meeting was organized to discuss and come up with a list of key issues to be highlighted amongst civil society partners, patients and community representatives. Five focus areas recommended by civil society organisations are: engaging and mobilizing communities for TB, enhancing service delivery, improving diagnosis and treatment and partnering with the private sector.

TRAINING OF TB ADVOCATES

The training of TB Advocates was organized on 4-6 September 2014 at the University of Chicago Center at New Delhi. The Training was hosted by Partnership for TB care and control (PTCC) in collaboration with the University of Chicago Law School and Harvard Medical School. Over 30 TB Advocates participated and trained in this training programme.

The training included case studies discussing best practices to tackle three key neglected areas of the TB response: Multi drug resistant TB (MDR TB), Pediatric TB and HIV TB Co-infection. Participants also trained on engaging civil society in TB Advocacy.

REGIONAL TRAINING OF TB ADVOCATES: WEST, SOUTH, EAST

Partnership for TB Care and Control (PTCC) organized three regional training sessions for TB Advocates. The training for West zone was organized on 25 and 26 November 2014 at Mumbai, South zone on 18 and 19 March 2015 at Chennai and East zone on 19 and 20 May 2015 at Bhubaneswar, Odisha. The group included TB patients, Community Volunteers, DOTS providers, TB Forum members, CSOs and NGO representatives. They were able to openly exchange their views on various discussion points surrounding challenges at service delivery and treatment adherence.

The objective of this training was to build the capacity of identified potential TB Advocates including TB patients. It enabled them to strengthen their skills and motivated them to interact with key stakeholders like policy makers, program managers, state/district administration, community leaders and media to voice the need for quality services and support at all levels.

The agenda also included training on media engagement and advocacy with local government and key decision makers. Hundreds of TB Advocates trained during these meetings.

PTCC PARTNERS DIRECTORY

Partnership for TB Care and Control (PTCC) launched its partner’s directory on 7 August 2014 at New Delhi. The directory is a resource of information for easy reference on the expertise of partners of PTCC. It includes basic information of each partner, their expertise in the field of TB care and control, their area of operation and their contact information.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACSM</td>
<td>Advocacy, Communication and Social Mobilisation</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune-deficiency Syndrome</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
</tr>
<tr>
<td>APM</td>
<td>Assistant Programme Manager</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>AWWW</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>CBCI-CARD</td>
<td>Catholic Bishops’ Conference of India - Coalition for AIDS and Related Diseases</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-Based Organisation</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention (USA)</td>
</tr>
<tr>
<td>CHAI</td>
<td>Catholic Health Association of India</td>
</tr>
<tr>
<td>CMAI</td>
<td>Christian Medical Association of India</td>
</tr>
<tr>
<td>CNA</td>
<td>Communication Needs Assessment</td>
</tr>
<tr>
<td>CTD</td>
<td>Central TB Division (India)</td>
</tr>
<tr>
<td>DC</td>
<td>District Coordinator</td>
</tr>
<tr>
<td>DDG(TB)</td>
<td>Deputy Director General (TB) / National TB Programme Manager</td>
</tr>
<tr>
<td>DLN</td>
<td>District-level Network</td>
</tr>
<tr>
<td>DMC</td>
<td>Designated Microscopy Centre</td>
</tr>
<tr>
<td>DOT</td>
<td>Directly Observed Treatment</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly-observed Therapy (Short Course)</td>
</tr>
<tr>
<td>DTC</td>
<td>District TB Cell</td>
</tr>
<tr>
<td>DTF</td>
<td>District TB Forum</td>
</tr>
<tr>
<td>DTO</td>
<td>District TB Officer</td>
</tr>
<tr>
<td>EAG</td>
<td>Ethics Advisory Group</td>
</tr>
<tr>
<td>EHA</td>
<td>Emmanuel Hospital Association (India)</td>
</tr>
<tr>
<td>GKS</td>
<td>Gaon Kalyan Samiti (Village Health and Sanitation Committee)</td>
</tr>
<tr>
<td>GoI</td>
<td>Government of India</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ICTC</td>
<td>Integrated Counselling and Testing Centre</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
</tr>
<tr>
<td>IMPF</td>
<td>Indian Medical Parliamentarians Forum</td>
</tr>
<tr>
<td>IPC</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
</tr>
<tr>
<td>LHV</td>
<td>Lady Health Visitor</td>
</tr>
<tr>
<td>LRS</td>
<td>Lala Ram Swarup Institute for TB and Respiratory Diseases</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
</tr>
<tr>
<td>MAMTA</td>
<td>Mamta Health Institute for Mother and Child (India)</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>Multidrug-Resistant Tuberculosis</td>
</tr>
<tr>
<td>MoHFW</td>
<td>Ministry of Health &amp; Family Welfare, Government of India</td>
</tr>
<tr>
<td>MP</td>
<td>Member of Parliament</td>
</tr>
<tr>
<td>MPW</td>
<td>Multi-purpose worker</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>NRHM</td>
<td>National Rural Health Mission (India)</td>
</tr>
<tr>
<td>NTI</td>
<td>National Tuberculosis Institute (Bangalore)</td>
</tr>
<tr>
<td>NTP</td>
<td>National Tuberculosis Programme</td>
</tr>
<tr>
<td>OR</td>
<td>Operations Research</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>PM</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>PMU</td>
<td>Project Management Unit (Project Axshya)</td>
</tr>
<tr>
<td>PP</td>
<td>Private Practitioner</td>
</tr>
<tr>
<td>PPM</td>
<td>Public-Private Mix</td>
</tr>
<tr>
<td>PR</td>
<td>Principal Recipient (Project Axshya)</td>
</tr>
<tr>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>REACH</td>
<td>Resource Group for Education and Advocacy for Community Health (India)</td>
</tr>
<tr>
<td>RHCP</td>
<td>Rural Health Care Provider</td>
</tr>
<tr>
<td>RMP</td>
<td>Registered Medical Practitioner</td>
</tr>
<tr>
<td>RNTCP</td>
<td>Revised National Tuberculosis Control Programme (India)</td>
</tr>
<tr>
<td>SHG</td>
<td>Self-help Group</td>
</tr>
<tr>
<td>SR</td>
<td>Sub-recipient (Project Axshya)</td>
</tr>
<tr>
<td>STAG</td>
<td>Strategic and Technical Advisory Group</td>
</tr>
<tr>
<td>STC</td>
<td>State TB Cell</td>
</tr>
<tr>
<td>STO</td>
<td>State TB Officer</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TB</td>
<td>The Global Fund for Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>TB</td>
<td>The International Union Against Tuberculosis and Lung Disease</td>
</tr>
<tr>
<td>TOT</td>
<td>Training-of-trainers</td>
</tr>
<tr>
<td>TRC</td>
<td>Tuberculosis Research Centre (Chennai)</td>
</tr>
<tr>
<td>TU</td>
<td>Tuberculosis Unit</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USEA</td>
<td>The Union South-East Asia Office</td>
</tr>
<tr>
<td>VHA</td>
<td>Voluntary Health Association of India</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WVI</td>
<td>World Vision India</td>
</tr>
<tr>
<td>XDR-TB</td>
<td>Extensively Drug-Resistant Tuberculosis</td>
</tr>
</tbody>
</table>
Project Axshya in Manipur has been providing positive impact in TB control program in the state. ACSM program specially on sensitization of TB patient on patient charter, health staff, rural health care providers, community volunteers has boosted up the programme.

TB symptomatic examination on Tuberculosis through Project Axshya is also helping to program in the state.

Dr. Y. Gopalkrishna Singh
STO Manipur

It is appreciated that VHAG & VHAI is a collaborative partner in helping out in various strategies of RNTCP in Goa.

We look forward to their increased support in Intensified Case Finding Activities and promoting treatment adherence specially among alcoholics and migrants.

Dr. Maximiano De Sa
State TB Officer
Goa

Project AXSHYA has been supporting RNTCP Kerala for last 4 years (April 2011 - Oct 2015) through various activities under Advocacy Communication and Social Mobilization.

Axshya has been part of our RNTCP Family and it has been a great experience to work with the Team. As we move towards TB elimination, we would appreciate the continuing support of AXSHYA to partner with us to achieve a TB free State.

Dr. Parvathi AP
Addl. Director of Health Services
TB/State TB Officer

Due to project Axshya, the ACSM component of the programme has improved in TUs where Axshya is operating and through Sputum Collection & Transportation additional patients were identified and put on DOTS.

I hope that in future too, Project Axshya will prove to be a valuable asset for State TB Cell, Uttar Pradesh and continue to assist the District RNTCP teams through innovative approaches and techniques.

Together we can surely achieve the goal of “TB Free Uttar Pradesh”.

Dr. Alok Ranjan
Joint Director
State Tuberculosis Office
Swasthya Bhawan, Lucknow
Uttar Pradesh
With the increasing importance of civil society in RNTCP, partners like Project Axshya working in marginalised and vulnerable communities of 39 districts in Madhya Pradesh (24 district through The Union Sub-Recipient partners) has helped immensely in creating demand for TB services in the marginalised communities and contribute to case detection and treatment adherence.

The project has also created a platform for increasing participation of Civil Societies in TB control initiatives.

We hope that Project Axshya will expand to reach out to the unreached population and contribute significantly in the forthcoming years with the objective of ‘Reaching the Unreached’ communities of Madhya Pradesh.

Project AXSHYA is involved in 16 districts of Karnataka with TU based field activities and interventions through community volunteers.

Activities like AXSHYA SAMVAD, engaging and training Rural Health care providers, targeted interventions, care and support for people with HIV & TB has helped the state in creating greater awareness on TB, reducing TB stigma and enhanced referrals for TB diagnosis.

It has also helped to mainstream TB control activities involving Rural/Urban private sector.

I wish to thank project AXSHYA for its support to the state in TB control activities.

Axshya Project is an excellent programme with commitment to decrease mortality and morbidity due to TB in India. VHAI is doing a good job.

Dr. Atul Kharate  
Joint Director (RNTCP) &  
State TB Officer

Dr. Anil S.  
STO Karnataka

Dr. G.M. Chuloo  
State TB Officer  
Jammu & Kashmir

Dr. Ashwani Khanna  
STO Delhi

The efforts made for care and control of the fatal disease like TB are commendable under AXSHYA program.

The efforts made by MAMTA-HIMC team at Delhi has produced good results in form of increased awareness in the community. I wish all the success to AXSHYA team so that the disease can be eliminated from our country as soon as possible.
THE UNION

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 & 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.

USEA OFFICE

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 regional office, it is the largest today. It brings global experience & expertise to its work and efficiency & energy to Union services across the region.

C-6 Qutub Institutional Area, New Delhi 110016, India
Tel: (+91) 11 4605 4400 / Fax: (+91) 11 4605 4430
Email: usea@theunion.org

Report Design by:
Unlike Design Co. / www.unlike.in
©The Union 2015

Photo Credit:
The Union South East Asia Office and Project SR Partners
LIVES CHANGED
SELFIES WITH CURED PATIENTS