PROJECT AXSHYNA

A Civil Society Initiative to Strengthen TB Care and Control in India

The Global Fund Round 9 TB Project

Activity Report 2011-12
Project Axshya aims to improve access to quality TB care and control through a partnership between government and civil society. It will support India’s national TB control programme to expand its reach, visibility and effectiveness, and engage community-based providers to improve TB services, especially for women, children, marginalized, 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

Project Axshya will 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. It will cover 374 districts across 23 states of India, with 300 districts managed by The Union and 74 districts by World Vision India. 16 states will be managed by The Union, two by WVI and five jointly, through their partners.

‘Axshya’, meaning TB free has expanded to 240 districts in India in this second year. Personal stories coming out from these districts echo the commitment of an army of community volunteers engaged through the Axshya project to reach people for TB, especially the vulnerable. Programme officers at district level in the RNTCP ‘see’ the community as their partner in TB control and the process to make the TB patient and families affected by TB the centre of efforts is bearing fruit. The patient charter empowering TB patients with their rights and responsibilities is visible in almost every health facility in these districts. Almost all of these districts now have a TB patient association that provides a platform for people affected by TB to meet and share their experiences as well as represent their problems to local authority. The media noise around TB is growing louder and ‘Bulgam Bhai’ is the new super hero. This activity report is a microcosm of TB control in India.

Dr Ashok Kumar
Deputy Director General (TB)
Directorate General of Health Services
Ministry of Health and Family welfare
Government of India

Dr Nevin C Wilson,
Regional Director
The Union South-East Asia Office

The RNTCP in India has made massive strides over the last few years and the Partners have been valuably supporting the Programme to achieve its objective of universal access to quality TB Care. Project Axshya has been one of such commendable supports through Advocacy, Communication & Social Mobilization activities in large community base in our vast Country “India”.

Dr Nevin C Wilson
Regional Director
The Union South-East Asia Office

Cover Photo:- The Bulgam Bhai campaign was a major initiative of Project Axshya to address gap between perceived knowledge of TB symptoms and individual call for action.
As we complete the second year of the Axshya we are reminded of the famous saying by Mahatma Gandhi - ‘We must be the change we wish to see in the World’.

Axshya aims to bring this change to strengthen our battle against Tuberculosis which continues to kill thousands and cause suffering to millions of people in India.

The past year has been a year of expansion- we scaled up from 90 districts to 240 reaching out to nearly 430 million people. A large majority of these are women, children, tribals, backward, poor, migrants and slum dwellers. Ensuring access to TB services by these vulnerable and marginalised groups has been the prime objective. This was largely achieved through empowerment of these groups through awareness campaigns, community meetings; establishing sputum collection and transport mechanisms and building a team of community volunteers called ‘Axshya Mitras’ who continue to sustain this fight at the local levels. The creation of the 'District TB Forums' has given a platform to voice the needs and challenges of the affected community.

It has been a year of innovation….. successful launch of the superhero 'Bulgam Bhai' emphasising seriousness of two weeks of cough and the importance of sputum testing; rehabilitation of TB patients and their families and linking them to social welfare schemes are just a few examples.

It has been a year of new partnerships, linkages and relationships…..nearly 1000 NGOs and 2400 CBOs and 7500 Rural Health Care Providers have joined Axshya in the fight against TB.

It's been a year of challenges….which have forced us to think and innovate and made our commitment stronger. Amidst all this, our focus remains on – individuals/persons with TB Disease…for it is their suffering that we want to ameliorate.

Looking back, we realise that Axshya has done some remarkable groundbreaking work to inform and influence people and in creating a team who are on a mission to fight TB. We have been successful in creating a platform from which one can examine a range of options and look at impossible outcomes.

Armed with this experience and the unconditional support from our partners we confidently enter into the third year with renewed vigour and energy… another step in our mission towards making India ‘TB Free’.

As we present the Activity Report for 2011-12, we take this opportunity to thank 'The Global Fund', who believes in our mission and continues to support us. We thank our implementing partners, the Government of India and stakeholders spread across the country and, above all, the communities and the people, each enabling the other.
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<th>Description</th>
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<tbody>
<tr>
<td>ACSM</td>
<td>Advocacy, Communication and Social Mobilisation</td>
<td>MoH</td>
<td>Ministry of Health &amp; Family Welfare, Government of India</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune-Deficiency Syndrome</td>
<td>MP</td>
<td>Member of Parliament</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
<td>MPW</td>
<td>Multi-Purpose Worker</td>
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<tr>
<td>APM</td>
<td>Assistant Programme Manager</td>
<td>MSS</td>
<td>Mamta Samajik Sanstha (India)</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
<td>NRHM</td>
<td>National Rural Health Mission (India)</td>
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<tr>
<td>CBCI-CARD</td>
<td>Catholic Bishops Conference of India-</td>
<td>NTI</td>
<td>National Tuberculosis Institute (Bangalore)</td>
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<td></td>
<td>Coalition for AIDS and Related Diseases</td>
<td>NTP</td>
<td>National Tuberculosis Programme</td>
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<td>CBO</td>
<td>Community-Based Organisation</td>
<td>OR</td>
<td>Operations Research</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention (USA)</td>
<td>PHC</td>
<td>Primary Health Centre</td>
</tr>
<tr>
<td>CHAI</td>
<td>Catholic Health Association of India</td>
<td>PLWHHA</td>
<td>People Living With HIV/AIDS</td>
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<td>CMAI</td>
<td>Christian Medical Association of India</td>
<td>PM</td>
<td>Programme Manager</td>
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<tr>
<td>CNA</td>
<td>Communication Needs Assessment</td>
<td>PMU</td>
<td>Project Management Unit (Project Axshya)</td>
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<tr>
<td>CTD</td>
<td>Central TB Division (India)</td>
<td>PP</td>
<td>Private Practitioner</td>
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<tr>
<td>DC</td>
<td>District Coordinator</td>
<td>PPM</td>
<td>Public Private Mix</td>
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<tr>
<td>DDG (TB)</td>
<td>Deputy Director General (TB) / National TB Programme Manager</td>
<td>PR</td>
<td>Principal Recipient (Project Axshya)</td>
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<tr>
<td>DLN</td>
<td>District-Level Network</td>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<td>DMC</td>
<td>Designated Microscopy Centre</td>
<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>DOT</td>
<td>Directly Observed Treatment</td>
<td>REACH</td>
<td>Resource Group for Education and Advocacy for Community Health (India)</td>
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<tr>
<td>DOTS</td>
<td>Directly-Observed Therapy-Short Course</td>
<td>RHCP</td>
<td>Rural Health Care Provider</td>
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<td>DTC</td>
<td>District TB Cell</td>
<td>RMP</td>
<td>Registered Medical Practitioner</td>
</tr>
<tr>
<td>DTO</td>
<td>District TB Officer</td>
<td>RNTCP</td>
<td>Revised National Tuberculosis Control Programme (India)</td>
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<tr>
<td>EHA</td>
<td>Emmanuel Hospital Association (India)</td>
<td>SHG</td>
<td>Self-Help Group</td>
</tr>
<tr>
<td>GKS</td>
<td>Gaon Kalyan Samiti (Village Health and Sanitation Committee)</td>
<td>SR</td>
<td>Sub-Recipient (Project Axshya)</td>
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<tr>
<td>GoI</td>
<td>Government of India</td>
<td>STAG</td>
<td>Strategic and Technical Advisory Group</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
<td>STC</td>
<td>State TB Cell</td>
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<tr>
<td>ICTC</td>
<td>Integrated Counseling and Testing Centre</td>
<td>STO</td>
<td>State TB Officer</td>
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<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>IMPF</td>
<td>Indian Medical Parliamentarians Forum</td>
<td>The Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>IPC</td>
<td>Interpersonal Communication</td>
<td>The Union</td>
<td>International Union Against Tuberculosis and Lung Disease</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
<td>TOT</td>
<td>Training-of-Trainers</td>
</tr>
<tr>
<td>LHV</td>
<td>Lady Health Visitor</td>
<td>TRC</td>
<td>Tuberculosis Research Centre (Chennai)</td>
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<tr>
<td>LRS Institute</td>
<td>Lala Ram Sarup Institute for TB and Respiratory Diseases</td>
<td>TU</td>
<td>Tuberculosis Unit</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>MAMTA</td>
<td>Mamta Health Institute for Mother and Child (India)</td>
<td>USEA</td>
<td>The Union South-East Asia Office</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
<td>VHAI</td>
<td>Voluntary Health Association of India</td>
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<tr>
<td>MDR-TB</td>
<td>Multidrug-Resistant Tuberculosis</td>
<td>WHO</td>
<td>World Health Organization</td>
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<td></td>
<td></td>
<td>WVI</td>
<td>World Vision India</td>
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<td></td>
<td></td>
<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 2.2 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 2012 - Annual Status Report, Central TB Division, Directorate General of Health Services, Ministry of Health and Family Welfare)

**The Need**: In addition to the urgent need to address drug resistant TB and the growing problem of TB-HIV co-infection, much depends on how successfully awareness on TB, increased case detection, and access to full treatment, is spread nationally. It is in this context that a civil society partnership becomes useful and a major initiative on ‘Providing Universal Access to Drug- Resistant TB Control Services and Strengthening Civil Society Involvement in TB Care and Control’ was envisaged, where civil society will synergise 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 share at US$ 57.5 million. As per the Global Fund policy, funds have been committed for first two years (Phase-I) followed by Single Stream Funding in line with the revised grant architecture.

**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 is a landmark. Project Axshya is being implemented by The Union and WVI through their partners, sub-recipients to the grant, who are carrying out project activities in their respective states and districts.

**The Objective**: The project aims to improve access to quality TB care and control through a partnership between government and civil society. It is supporting India’s Revised National TB Control Programme (RNTCP) to expand its reach, visibility and effectiveness, and engage community-based providers to improve TB services, especially for women, children, marginalised, vulnerable and TB-HIV co-infected populations. Advocacy, Communication and Social Mobilisation (ACSM) is a major focus.

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

**The Coverage**: The project covers 374 districts across 23 states of India, with 300 districts managed by The Union. Sixteen states will be managed by The Union, two by WVI and five jointly, through their partners. Of the Union’s 300 selected districts, some 200 comprise underperforming (with case notification rates of 50/100,000 or less), poor and backward, difficult (like the north-east and Jammu & Kashmir), and predominantly tribal districts.
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, especially in difficult and hard-to-reach areas
- Strengthen the state and district level ACSM capacity of programme personnel
- Strengthen the linkages between TB and HIV services
- Empower affected and vulnerable communities by facilitating platforms for TB care

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 10,000 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 towards health solutions for the poor.

Headquartered in Paris, it has offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. The Union South-East Asia Office is the Union's first and largest region office.

The Partners: Other than local, national and international stakeholders that The Union is working with, its nine core sub-recipient partners in Project Axshya are reputed nongovernmental organisations (NGOs) with extensive expertise and experience in TB services, and widespread networks and trust in the communities they work with. They are implementing the project through their own sub-networks of NGOs and community-based organisations to reach the farthest corners.

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 garner 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 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, and 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 has scaled up the project activities from 90 districts in first year to 240 in the second and will be expanded to all 300 districts in the third year".

The Report: This report summarises the activities of The Union and its core partners under Project Axshya during the April 2011 to March 2012.
Project Axshya
Geographical Coverage
Partners of The Union
With the support of the various stakeholders, across sectors working together for TB control in India, Project Axshya in its second year strived to achieve community awareness on TB and its care and control, changing public attitudes to TB and those affected by it, build the enthusiasm and commitment across stakeholders, advocacy and capacity building efforts.

The collective achievements of The Union and its Sub Recipients (SR) partners against project targets are summarised in the table and selected activities of partners are detailed later. **The Global Fund has accorded an A1 rating to the grant for the period October 2011 to March 2012.**

<table>
<thead>
<tr>
<th>Indicators - Achievements</th>
<th>Target</th>
<th>Achieved</th>
</tr>
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<tbody>
<tr>
<td>New partners signing up with the Partnership for TB Care and Control, India</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>People trained at the state-level Training-of-Trainers for NGOs/CBOs/PPs</td>
<td>260</td>
<td>264</td>
</tr>
<tr>
<td>District-Level Networks of people living with HIV sensitised</td>
<td>420</td>
<td>457</td>
</tr>
<tr>
<td>NGOs sensitised at state-level to register under RNTCP schemes</td>
<td>720</td>
<td>667</td>
</tr>
<tr>
<td>Rural healthcare providers sensitised on referral, DOT provision and other RNTCP schemes</td>
<td>8,100</td>
<td>10,635</td>
</tr>
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</table>

Activities undertaken by The Union are summarised under the primary areas of its work internationally, viz. technical assistance, education and research, as also its project management responsibilities.

**Technical Assistance:**

**Technical Assistance Mission:** An external technical assistance mission was undertaken from April 12 to 20 in year 2011 to review the project activities, analyse the plan effectiveness and estimate synergies across interventions. The mission, represented by International and National ACSM experts, visited six districts in three states (Tamil Nadu, Madhya Pradesh and Bihar). The mission appreciated that the project has established systems and structures in the first year of implementation and key output indicators were being achieved.
• Technical support to National TB Programme (NTP): The Project Management Unit (PMU) team participated and contributed to the National Strategic planning meetings on various thematic areas including Health System Strengthening, ACSM, TB Treatment etc.

The Union Consultants provided expert support in area of ACSM, PPM and M&E to the NTP and contributed to the RNTCP Phase III planning meetings, Central Internal evaluations, World Bank led joint donor review mission, Common Review Mission dissemination workshop, Planning Commission consultative meeting. Union provided technical support to Karnataka, Maharashtra, Madhya Pradesh, Punjab, Uttarakhand and Uttar Pradesh on ACSM for TB control activities.

• Preventive Maintenance of Binocular Microscopes in 4 states: Axshya provided support for annual maintenance of over 3600 Binocular microscopes for the states of Bihar, Rajasthan, Uttar Pradesh and Uttarakhand. These states were facing a challenge in ensuring the maintenance of microscopes, leading to a delay in the repair of microscopes and affecting the sputum examinations of the TB patients.

• AxReal software: An innovative electronic real time monitoring system was developed by The Union South East Asia Office, “AxReal”, which captures real time data from the field. Quarterly action plans are entered by district coordinators for district level activities and SRs for State level activities in the web based software. Activities conducted are entered in the activity reporting section of the software in real time. This software has a real time dashboard feature which helps the programme managers at all levels to monitor the project activities.

• Website for Project Axshya: The ‘Project Axshya’ website (www.axshya-theunion.org) launched in October 2011 provides information and regular updates regarding the project.

Education:

• National TB course: Project Axshya is providing technical support for capacity building of healthcare professionals working closely with the programme. The Union is conducting a course on ‘TB Epidemiology’ which assists in developing a resource pool of technical experts in the country to support the NTP. The course is an International TB Training course facilitated by Prof Hans L Rieder an internationally recognized TB epidemiologist. This is a comprehensive course on TB consisting of bacteriology including laboratory work, epidemiology, interventions and TB control measures. This international course on TB is the ideal in-service training for TB programme managers and technical staff.
• **Multi-drug resistant (MDR) Clinical Management course:** The Union in collaboration with India TB Programme (RNTCP) and LRS Institute, New Delhi conducted a Multi-drug resistant (MDR) Clinical Management course from 25-29 July, 2011 for programme personnel involved in MDR TB management. A total of 25 participants were trained during the training. The participants included clinicians from DOTS Plus sites, faculty from medical colleges and district programme managers selected in consultation with the programme from the DOTS Plus implementing states across the country.

• **Management Development Programme training on Leadership and Management for TB control:** This course was held from September 4-9, 2011 at Bengaluru and 20 participants attended the course. These included state and district TB programme managers, nodal officers and Axshya project managers. The objectives of the course were to enable the participants to undertake self-assessment of their leadership and managerial styles, identify strengths and weaknesses and develop skills in strategic leadership and management roles and functions in tuberculosis control programme. The second management capacity building course was held between February 27- March 2, 2012 for 24 participants at Jaipur, Rajasthan.

• **Induction training of Project Axshya staff:** The PMU conducted initiation and orientation trainings for Programme Managers, Assistant Programme Managers and District Coordinators of the SRs of second year implementing districts. The outcomes of these trainings included building the staff capacity to relate to the TB control activities in the districts and state levels, to line list all the stakeholders necessary for carrying out the activities, enhance ability to collect, compile and organize all project related data and perform supportive supervision and regular monitoring of the project related activities. Over 115 participants have been trained in four trainings held in year 2011.

**Research**

Under Axshya several initiatives have been undertaken to build the capacity of professionals to conduct Operational Research in TB.

• **National TB OR training programme:** The OR training programme was conducted as a collaborative effort of Central TB Division, WHO-India, The Union, CDC-Atlanta and National TB Institute, Bangalore for building the capacity of professionals (RNTCP Medical Consultants, Programme managers, Medical college faculty, NGO partners etc.) working with RNTCP on operations research. Under this Programme, a total of 33 participants were trained.
Under Project Axshya the following studies of national priority have been published till date.


- **HIV Prevalence Among Persons Suspected of Tuberculosis: Policy Implications for India.** Balaji Naik, Ajay Kumar MV, Kumaraswamy Lal, Sangamesh Doddamani, Mohan Krishnappa, KVikas Inamdar, Srinath Satyanarayana, Devesh Gupta, and Puneet Kumar Dewan. *J Acquir Immune Defic Syndr, Volume 59, Number 4, April 1, 2012*


- **Sputum Smear Microscopy at Two Months into Continuation-Phase: Should It Be Done in All Patients with Sputum Smear-Positive Tuberculosis?** Mohit Padamchand Gandhi, Ajay M. V. Kumar, Manoj Nandkishor Toshniwal, Raveendra H. R. Reddy, John E. Oeltmann, Sreenivas Achuthan Nair, Srinath Satyanarayana, Puneet Kumar Dewan, Shamim Mannan. *PLoS ONE | www.plosone.org 1 June 2012 | Volume 7 | Issue 6 | e39296.*
Knowledge, Attitude, Practice (KAP) Survey

The Union conducted a cross sectional community-based survey in a representative sample of 30 districts out of the 374 Axshya districts. The key objectives of the survey were to:

- Gather baseline information on TB related knowledge, attitude and practices among five representatives segments of the community namely general population, TB Diseased persons, opinion leaders, non-governmental organisations and health services providers.
- Explore attitudes and experiences of stigma and discrimination related to TB within these segments.
- Understand the attitude of the segments towards TB patient with particular reference to gender.
- Identify individual, social and environmental barriers including provider and patient delay that contribute to low TB case detection and poor completion of TB treatment.
- Identify sources of information on TB and level of exposure to mass media channels.

The key findings were:

**General Population:** 4562 respondents were interviewed.

- About 84% of the total respondents had heard of TB, 69% were having knowledge that a cough of two weeks or more could be TB; half of them (50%) knew that TB is caused by germs (microorganisms) and is transmitted through air. More than half (55%) knew that TB can be diagnosed by sputum examination.
- Only 23% had heard of the term DOTS, and less than a fifth (19%) knew that free treatment for tuberculosis is available under DOTS. Approximately 10% of the respondents were having cough of more than 2 weeks in the last two months prior to the survey.
- Out of those with cough of more than 2 weeks, only about one third (37%) visited a health facility for seeking care or sputum examination.

**TB patients:** 609 TB patients were identified by door to door survey and were interviewed.

- Overall 54% were determined to be receiving treatment free of cost under DOTS and rest of them were being treated in the private sector by paying for their medicines.
- Only 60% of them had undergone diagnosis in a government health facility.
- Although 80% were aware that treatment has to be taken regularly, only 55% knew that the duration of TB treatment is for 6-8 months.

For further information, please visit the sites [http://www.axshya-theunion.org/](http://www.axshya-theunion.org/) and also refer to [http://www.axshya-theunion.org/Documents/KAP%20REPORT%20ON%20TB-2.pdf](http://www.axshya-theunion.org/Documents/KAP%20REPORT%20ON%20TB-2.pdf)
The Union South-East Office and the Project Axshya were represented in the 42nd World Lung Conference held in Lille from 26th -30th October, 2011. Project Managers of almost all the SR partners participated in the event and shared the innovations, successes and experiences under the project with wide audience from over 120 countries. The event showcased the support from Global Fund to one of the largest ACSM projects globally, covering 300 districts and reaching nearly 600 m population in one of the highest TB burden countries in the world. Project Axshya booth in the exhibition area depicted 6 posters on Project Axshya and collated various project documents for display including a 13-minute video on Project Axshya.

The following abstracts with USEA staff as 'corresponding authors' were accepted for presentation at the WLC conference at Lille, October, 2011

- **Tuberculosis care and control services in prisons, India: A Situational Analysis** by Dr Geetanjali Sharma
- **Source of Previous treatment for Re-treatment TB cases registered under the National TB Control Programme, India, 2010** by Dr Srinath Satyanarayana
- **Civil society TB partnership in India: How and Why?** by Dr Darivianca Elliotte Laloo
- **Simple cough not TB, I cannot have TB': findings from a communication needs assessment study, India** by Dr A. Sreenivas
- **An innovative training programme to increase participant knowledge and attitude for TB ACSM project** by Dr A. Sreenivas

In addition, the staff of the USEA also presented/chaired the following symposia at the WLC, Lille conference

- **Partnerships to develop alternative livelihood and crop diversification for tobacco control. Chair: Dr Nevin Wilson**
- **Partnering initiatives to Stop TB at country level: how a partnering approach can help scaling up care? Presenter: Dr Darivianca E Laloo**
- **Role of partnerships in addressing TB control in prisons. Coordinator: Dr Sarabjit Chadha**
- **Pilot projects to address TB burden in indigenous communities. Chair: Dr Nevin Wilson**
- **Pilot projects to address TB burden in indigenous communities.** Presenter: Dr A. Sreenivas
- **Case histories that illustrate ethical issues (Workshop). Chair: Dr Srinath Satyanarayana**
- **Partnering beyond the formal health sector to promote access for hard-to-reach populations: Subrat Mohanty**
Dressed in an outrageous suit and bow tie, he sports a peculiar moustache and funny eyebrows and waits in a den in an undisclosed location with this strange, out-dated signal-receiving device to catch cough sounds from all over. Doesn't quite sound like a superhero, does he? But he is, because he's on a mission to take tuberculosis (TB) head on!

He is none other than Bulgam Bhai. If you are baulking at his name (‘bulgam' being the Hindi word for sputum, ughh!), allow us to explain why. Bulgam Bhai transports himself to the spot as soon as he hears anyone coughing, and asks “Do hafte ho gaye kya?”, because he knows that over two weeks of persistent cough could be TB and the person should immediately get his/her sputum tested.

Moreover, that's the communication focus of the 360-degree Bulgam Bhai campaign created by the BBC World Service Trust (BBCWST) for Project Axshya, a major initiative funded by The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) to strengthen India's TB control efforts through civil society involvement. The International Union Against Tuberculosis and Lung Disease (The Union), principal recipient of the grant under which this campaign was undertaken, and Population Services International, The Union's partner that coordinated the campaign with BBCWST, hoped to address the gap between perceived knowledge of TB symptoms and individual actions in a country that continues to reel under the world's largest TB burden.

Dr. Nevin Wilson, Regional Director

“We want to arm villagers with information on TB control in India. A campaign like Bulgam Bhai embodies this.

Through Project Axshya, we will reach nearly 100,000 people in 300 districts in India with the same message – that TB can be diagnosed and treated, and empower them to access services.”

“Creating a dedicated media campaign can help create awareness among the community about TB and help them make informed decisions.”

Dr. Sunita Chadha, Project Axshya.
Research by PSI provided valuable findings for campaign development. First, that a cough is not perceived to be a serious issue; second, that valuable time is lost “shopping” for solutions like home remedies, approaching quacks/chemists or going for a battery of tests that lead to a worsening of the condition and, third, that there was low awareness on where to get tested. These findings helped develop a communication strategy to create top-of-the-mind awareness on the link between two or more weeks of cough and TB, and get people to go for sputum testing at a Designated Microscopy Centre (DMC) or Bulgam Jaanch Kendra.

The strategy called for a big, out-of-the-box, clutter-breaking idea, and that has been the genesis of Bulgam Bhai. Like all superheroes, he has a costume, vocabulary, and mannerisms of his own. He always introduces himself as “Myself Bulgam Bhai” extremely proud of this unique nom de plume! He is comic and concerned and talks endlessly. He is being used across a mass media campaign on TV, radio and outdoors; a radio show; street theatre performances; video van activity; and an inter-personal toolkit containing games and puzzles to be used by frontline health workers and others.
The Partnership for Tuberculosis Care and Control, India (the Partnership) brings together civil society across the country on a common platform to support and strengthen India's TB control efforts. It seeks to harness the strengths and expertise of partners in various technical and implementation areas, and to empower communities. It has technical agencies, NGOs, CBOs, affected communities, the private sector, professional bodies and academia as partners. Its Steering Committee comprises members from various partner organizations. Standing invitees include the Deputy Director General (TB), a WHO India representative, and the Regional Director of the Union South-East Asia Office.

Expanding the partner and stakeholder base in India's fight against TB is crucial to the Partnership's strategy besides uniting for a common cause, partners benefit by featuring their activities in the Partnership newsletter and website; getting invited to working group meetings; using a common logo and directory to share ideas, best practices and resources; and accessing relevant databases. The Partnership had increased membership from 13 in 2009 to 98 partners at the end of March 2012.

Developing a common understanding and agreement among the key stakeholders for involving partners in TB care and control at state and regional level is crucial to the Partnership's strategy. Regional meetings held have created a visibility of partners and provided a platform to initiate dialogue with the State and District level programme managers for TB care and control. Partners of the Partnership have also implemented a few activities for Project Axshya and Eli Lilly project of The Union.

While the challenge of TB care and control is multidimensional, it is important to strengthen the community response and make its voice heard against the threat of TB through meaningful and effective participation of civil society organizations.

This united participation was seen when an appeal was sent to the head of states of the G8 countries to continue their contribution to the Global Fund and responses of assurance of contributions was received.

With the shift to universal access of TB care, the role of civil society will become more critical in terms of consolidating and scaling up key community linkages with essential services, especially in underserved and difficult-to-reach areas, and with marginalized, vulnerable and migrated populations across the country. There is also a huge task to link up non-formal and private healthcare providers effectively to RNTCP.

In a short time, the Partnership has become a hub to disseminate information, create visibility for India's RNTCP, respond to TB-related challenges and provide support to various stakeholders.
The Union's Core Partners in Project Axshya

The Union's partners in the project are some of the most reputed, trusted and experienced public health organisations of India. Through their own deep networks and sub-networks of NGOs, CBOs, SHGs and grassroots workers in the regions they work in, they reach communities in the furthest corners of a huge and diverse country. And enable people, especially the disadvantaged, to access TB services in a way that may otherwise not have been possible.

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)
CBCI-CARD is a non-profit society of leading Catholic organisations focusing on improving health issues like TB, HIV/AIDS, Malaria and related diseases. The CBCI-CARD through effective participation of the civil society envisages “to decrease morbidity and mortality due to drug resistant TB (DR-TB) in India and improve access to quality care.” Its strategic priorities include greater partnership and involvement of stakeholders at every level, better outreach, especially to the under-served areas, and challenging fields; improved services and efficient management.

CBCI-CARD is working across 19 districts covering the states of Bihar, Madhya Pradesh, Uttar Pradesh and West Bengal in the second year.

**Activities at a Glance:**

- Over 40,000 population were reached by the efforts of CBCI-CARD.
- The CBCI-CARD has started Sputum Collection and Transport in 13 districts. Supported by NGOs, CBOs, local RHCPs, community volunteers, the CBCI team collected and transported sputum of 2,101 chest symptomatic cases. Also, around 4,000 chest symptomatic cases were referred to DMC for sputum examination, of which 211 tested positive and 210 were put on DOTS.
- Identified 50 Axshya Mitras (Community Volunteers) in villages, who assisted CBCI-CARD in various activities like Axshya rallies (involving students, local leaders, youths and some local clubs), started a counseling center, magic shows, puppet shows and street plays.
- CBCI-CARD trained 636 RHCPs and conducted 2,421 GKS meetings
- Two major TB Forum activities were the sensitisation of the women’s club and slum dwellers in Jabalpur district. The Axshya Project team informed participants about TB control at the Jabalpur Star club, an all women forum, and felt rewarded when all 27 participants sent chest symptomatics for sputum examination. After another Sensitisation meeting with slum dwellers at Jabalpur, the DC CBCI-CARD made as many as 15-20 referrals.

**Start with the right foundation to build on solid ground**

As part of a team, you need to co-create an understanding of the vision. The team must own its work. Vineet Kumar asked some of those questions to the DOTs providers: What is your desired outcome? How are you going to achieve your objectives? It is not only about following the right processes by the DOTs providers but also enrolling them to own the process.

In district Sidhi Madhya Pradesh, TB Forum Member Mr Vineet Kumar visited Madhugaon village and found that medicines were handed over to the patients. He immediately called all DOTs providers in the area and discussed their responsibility as care givers. He gave them lessons on how to administer medicine and the dos and don’ts as providers.

He shared this message with the DTO at the quarterly meeting, and gave ideas on how to motivate each DOTs provider before giving the medicine box.

Now, the RNTCP staff conducts a short session for DOTs providers explaining their responsibilities.
Sensitising 80,000 people by Axshya SMS

Breakthroughs happen when teams realize that they have to adopt ways of operating that fit what they are trying to do.

The CBCI team set themselves a target - to sensitize around 1 lakh population on TB within four months. As the team mulled over how to cover such a large number of people, they realized that the quick and effective way would be to send SMS’ to the unreached areas and population in district Muzaffarpur (Bihar). 80,000 people received SMS’. Subsequently, 187 chest symptomatic cases reached the DMC for sputum examination with the SMS.

Parcham covers hot spot area for High Risk Groups

The Axshya team has unlocked the zeal and determination of a small band of people committed to controlling TB. It is not just another programme but a mission based approach.

Meet one CBO Parcham in district Muzaffarpur (Bihar) that works in a high risk group zone and covers around 1,200 houses / 10,000 population. The CBO has started a DOTS cum Counseling center to reduce stigma and remove myths related to TB. Since its intervention, 83 chest symptomatic cases have been sent for sputum examination to DMC and of them, 12 were found positive and all put on DOTS.

Parcham persists in finding new ways of enrolling people to test for TB. The CBO has found opportunities in events like the World AIDS Day increasing community involvement by personally inviting people. At the end of the day, 10 chest symptomatic cases reached the DMC for sputum examination. One case was found positive and put on DOTS. Also, four cross referrals were sent for HIV testing by Parcham.
Magh Mela: A new space to pin TB patients

The Magh Mela is one of the greatest annual religious affairs for Hindus held annually on the banks of Triveni Sangam in Allahabad. A large number of people stay in makeshift houses or tents at the Sangam, spending the entire month in prayers.

CBCI-CARD linked Axshya Project with UPNP+ (Uttar Pradesh Network of People living with HIV/AIDS) & ANP+ (Allahabad Network of People living with HIV/AIDS) and organized a silent walk awareness campaign on TB/HIV. The theme was “Access To Treatment, Zero Stigma” where 250 UPNP+ Network’s positive people from various districts and other Organisations and 150 people from the general public participated.

Along with this in Magh Mela activity, CBCI-CARD also organized a Sensitisation camp with the help of ANP+ and created a canopy, for distributing IEC material to pilgrims on symptoms of TB, DOTS & Project Axshya.

Innovations:-

- CBCI-CARD also introduced prize distribution in GKS meetings, to make these meetings more effective. After conducting the GKS meeting, a quiz is held regarding TB (signs, symptoms and preventive measures) and RNTCP related questions. Prizes or awards are given to participants with printed key messages on TB and DOTS.
- Door to door campaign was done during World TB day week. One NGO went door to door and sensitised 25 families on TB.
- Nine camel carts with key messages on TB were readied near the Taj Mahal in Agra (Uttar Pradesh). The activity focused on sensitising a group of about 500 people including 150 students and 14 handicapped children. Hand bills were also distributed.
- Developed and distributed CDs with key messages on TB and DOTS in four districts of West Bengal to truck and local bus drivers. The CD had key TB messages with popular Bengali songs in between.
- Painted 10 cycle rickshaws with key messages on TB and DOTS in district Jabalpur.
Mr Om Prakash, Gram Pradhan from village Jaleni, district Gorakhpur (UP) printed 1000 hand bills from untied fund of VHSC with an appeal to make the village TB free.

Stickers developed to remind the dates of follow-up sputum examination.

Kites with key messages of TB & DOTS.
CHAI is a charitable, voluntary, non-profit Catholic Christian Organisation working for the promotion of physical, psychological, social and spiritual health of all people irrespective of caste, creed and sex, rendering service, education and research. CHAI endeavours to promote community health, understood as a process of enabling the people, especially the poor and the marginalised, to be collectively responsible to attain and maintain their health and demand health as a right. CHAI is committed to making quality health care available at affordable prices.

For CHAI, Project Axshya is an extension of its vision of bringing health for all. The involvement of the NGOs and CBOs in the Project Axshya has made them to exhibit their sincere commitment towards the society in controlling a dreadful disease like TB without expecting big grants.

Rev. Dr. Tomi Thomas
Director General CHAI

CHAI is a sub-recipient of International Union Against Tuberculosis & Lung Disease for civil society engagement and support to the Revised National Tuberculosis Control Program (RNTCP). CHAI is implementing the project in 10 states and has covered 76 districts in the last two years.

Activities at a Glance:
- State level Training of Trainers (TOT’s) for NGOs was conducted with 49 NGO participants.
- NGO sensitisation trainings on RNTCP schemes was organised for 149 NGO participants.
- TOT for key health staff was provided in Maharashtra and Kerala so that the master trainers (MTs) would also become resource persons for district level trainings.
- Over 10,000 community meetings and 880 Mid Media Activities were conducted; and Soft skills trainings done for 100 health staff in the second year.

Exploring new borders with CSR

The CHAI Project Axshya team created inroads in the private sector, partnering with Suzlon Energy Ltd. to disseminate TB messages among their employees and neighbouring communities.

Suzlon has three sites for operation and maintenance of windmills in Satara district - Sadawaghapur Vanksawade, and Gudhe Pachgani with 30 to 100 employees working in each centre. The CHAI Axshya team met the Suzlon CSR head and subsequently their district medical team comprising Dr Ghorpade and Dr. Wankhede. Dr Ghorpade took the lead for organizing a TB sensitisation programme for employees (technicians) at Sadawaghapur.

With the help of NGO Chaitanya that works for Suzlon Foundation, the CHAI Axshya team decided to include local volunteers of nearby villages to attend the programme. About 35 employees and 45 local SHG members participated.

Dr. Bhosale, DTO, Satara informed participants regarding TB. He encouraged SHG members to play a vital role in TB eradication. Mr Sanjay Shivdas, Master Trainer, Axshya discussed communication skills and tools to give social and psychological support to patient and their families.

One DOTS centre was opened by Suzlon.
**Reaching the Unreached: Empowering Bar girls in Mumbai about TB**

Often the unreached and vulnerable target groups especially in the urban context go unnoticed or rather are not covered due to various reasons; of which one being the accessibility and the direct reach. One such group of unreached population are the “Bar Girls” in Mumbai, who engage and entertain clients.

A sensitisation meeting was organized with the Bar girls and the other staff at Hotel Vaibhav Bar and Restaurant in Mumbai. The group included 12-15 members with 13 women and two bartenders.

The team aimed to assess how informed the staff was and discuss certain health hazards including lifestyle habits to self as well as to the family and the community.

The fact that the girls began work at noon and were constantly called out during the session by clients, the team had no prior arrangements like displaying a banner, etc, and the space allocated at the back of the hotel was small posed as a challenge. However, the Programme Coordinator utilized the limited time to deliver TB related information in short, simple and direct messages. The APM emphasised how they were a high risk group and lifestyle habits like chewing gutka or smoking could also heighten chances of getting infected with TB.

Information leaflets were distributed with the details of nearest DMC, PHC, DOTs Providers etc.

**TB Forum arranges nutritional support**

The TB Forum initiated the nutrition distributing programme with the support of Mr. Kaleel Ulla (Retired high school headmaster) and TB Forum member for a second time. With the success of the first round of nutrition distribution in October 2011, it was decided to give nutrition support to 15 TB patients.

Mr. Kaleel Ulla said, “TB patients needs to maintain good health during treatment which spans over six to eight months. During this period, they have to focus on nutrition and many people are unable to do so because of their poor economic condition. This programme aims to reach out to such people.”

Dr. Vinodh Bhuathe, DTO added that nutritional supplements would be provided as recommended by Dr Ashok Kumar, DHO in the last round.
**CHAI enrols Muslim women to opt for TB services**

**Nanded Waghala District, Maharashtra**

Nanded Waghala district has a population of approximately 5.5 lakh which consists of nearly 90,000 Muslim women in the district. The community resides primarily in Dagloor Naka, Kali Market, Shakti Nagar, Hyderabad, Usman Nagar, Shivaji Nagar, Khadak Pura and Aman Nagar. The Muslim women in the district are not able to access the health care due to the ‘purdah’ system and require strong family support to access services.

In April 2011, when Project Axshya was implemented in the district, CHAI recognized that the Muslim population especially women need to be covered through the project as they were more vulnerable to TB due to the living environment and inaccessibility of health care.

The CHAI team realized the necessity for getting on board someone from the Muslim community to disseminate information on TB. One NGO called UJJALA Sevabhavi Sanstha (USS) was selected as the partner. USS was willing to work with the select target group. Mr Mahesh Kolle, CHAI DC contacted USS president Dr Ashriya, a physician familiar with the health concerns of the local Muslim people. The USS helped CHAI identify SHGs with primarily Muslim members. These SHGs were used as a platform for initiating discussions on TB, RNTCP and DOTS. Dr Ashriya has increased awareness amongst the members attending the meetings and campaigns.

As a result, even in its initial stages, this intervention has helped increase awareness about TB and women have started availing the RNTCP diagnostic and treatment services in the district.

*Public education and awareness is key to success for any health program, which was lacking. Project Axshya did the same job and built a healthy relationship between the public, NGOs and RNTCP. It will definitely help reduce the number of Multidrug-Resistant Tuberculosis (MDR-TB), Extensively Drug Resistant Tuberculosis (XDR-TB) cases in future.*

- Dr Md Badiuddin, Medical officer & chest physician, Nanded Waghala, Maharashtra
The Christian Medical Association of India

CMAI is a non-profit association of doctors, nurses, administrators, chaplains and allied health professionals working on providing affordable and accessible healthcare to the poorest and most deprived sections of society. CMAI is working with 50 church-based NGOs covering 7 districts, i.e., East Khasi Hills, West Khasi Hills, Jaintia Hills, Ri Bhoi District, West Garo Hills, East Garo Hills and South Garo Hills.

CMAI has done pioneering work in several areas, including leprosy, tuberculosis, malaria and HIV/AIDS. They undertake programmes in training, research, community service, institutional consultancy, policy advocacy, interface of theology and medicine, information dissemination and others.

Project Axshya was launched in the states of Meghalaya and Mizoram in November 2010 and is supporting the Revised National TB Control Programme (RNTCP) in 12 districts.

Activities at a Glance

- State Training-of-Trainers (ToTs) for NGOs/PP/CBOs was conducted with participants from 20 NGOs across all districts.
- State Soft Skill Training was organised with participation from the State Health Education Department, Government of Meghalaya, District Programme Managers, National Rural Health Mission (NRHM), Senior Treatment Supervisors (STSS) and Senior TB Laboratory Supervisors (STLS).
- Sensitisation of NGOs on RNTCP schemes was done.

Accomplishments:

- CMAI has been able to build a good working relationship at even with the RNTCP officials at the District level.
- CHAI was invited to be part of external evaluation team in the Internal Evaluation that was held by RNTCP, Meghalaya in Ri Bhoi District.
- There has been an increase in the number of default retrievals, referral and sputum collection and transport within the states, especially in East Khasi Hills a district of eight lakhs population whereby three sputum collection centres were established as per discussion with the DTO, and are in place because of Project Axshya.

Through Project Axshya, our community volunteers serve people in difficult-to-reach areas where government services are not available.

Dr Vijaykumar Aruldas, General Secretary, CMAI

The Axshya Project opens doors for the people to have a say in the implementation of RNTCP.

Mr Lalhuma, TB Forum Secretary Mamit district

World AIDS Day, Kolasib
The productivity of ideas and results increases when different organisations collaborate. CMAI’s partnership demonstrated how a small win gave way to a sense of sharing and co-creation for a common goal.

In January, the Meghalaya State TB Control Society (MSTCS) invited CMAI, Project Axshya to participate in the 2012 Republic Day parade by preparing a tableau. The State TB Cell was supported by MSTCS in collaboration with NRHM, DTCS East Khasi Hills and CMAI to present the tableau with the theme of the DOT Centre with emphasis on diagnosis to treatment TB is free of cost. This tableau was adjudged third best based on the messages and presentations done. CMAI had prepared seven banners for the same showcasing messages and pictures relating to the theme. For CMAI, it was a feather in the cap to be recognised as a supporting unit for TB control within Meghalaya.

The training equipped us with new tools and techniques on how to communicate with individuals, group etc towards having the sense of ownership. The ‘cough to cure’ pathway is one which I like the most as it involves team work and can be used in other areas as well. The best learning experience from this training is about timing and group work.
Demanding services
Jantia Hills District, Jowai

Vigilant and action oriented, the TB Forum has taken the mantle to control TB earnestly.

The District TB Centre received complaints from patients and TB symptomatics that some Primary Healthcare Centre (PHC) staff do not reach the centre on time and patients have to wait for an hour or more. Another concern raised in the Forum was that TB trained doctors were being transferred frequently to other programmes and health centers, and their successors had no training on TB treatment which slowed the mission approach.

The District TB forum took up these issues with the District Medical Office and sent a letter to the DTO, DM&HO, Deputy Commissioner and STO requesting for early action.

They have not only been focussed on their mission but also in a short time won the trust and respect from the community by voicing their concerns to the government authorities.

Another offshoot has been that the TB Forum has identified around 15 TB patient who are undergoing treatment from private practitioners and purchasing costly anti TB drugs from the market. The District Coordinator managed to bring these patients back on DOTS treatment where free drugs are available for entire duration of treatment.

Dedicated counselling
Champhai district

The TB Forum seeks smart, dedicated people, who will find a way to make things happen. It is not always about providing a perfectly crafted solution, but a great profusion of possibilities.

One such community volunteer Upa J Zadinga of Hospital Veng Champhai became a DOT provider during training of the local NGO networks. There was no DOT provider at the locality. He was given the charge of overseeing the treatment of two TB patients namely Mr Lalnunsanga 48 years old and Mr Zonuntluanga 45 years old of Ramthar veng Champhai.

Mr Lalnunsanga was an alcoholic and irregular with medicines and ultimately became very weak and bed ridden. Mr Zadinga visited him at his residence and realised that his lifestyle needed to change for the TB treatment to be effective.

He counselled him against consuming alcohol as it would worsen his condition and underlined the need for intake of regular medicine Mr Lalnunsanga is now taking his treatment regularly.

I became alive again after Pu Zadinga visited me at my residence, counselled me and gave me medicines regularly. I stopped drinking also, I will work and sustain the livelihood of me and my family again. Thanks to CMAI, Axshya.

TB patient Mr Lalnunsanga
Emmanuel Hospital Association

A non profit Organisation, Emmanuel Hospital Association (EHA) is a provider of comprehensive health care services in rural India. With its goal to facilitate the development of healthy communities, EHA integrates essential clinical services with primary health care and community-level engagement to address the health priorities of the poor and marginalized people.

With a catchment population of nearly seven million, EHA treats more than 500,000 patients each year in some of India’s most needy areas. The EHA network of 20 hospitals and 30 community-based projects spans across 14 states of India. EHA partners with governments, community-based Organisations and NGOs, at district, state, and national levels, and communities to deliver the services effectively and efficiently.

Apart from tuberculosis, EHA work profile includes urban health projects, humanitarian disaster relief and rehabilitation programmes, bioethics research and HIV and AIDS projects. New ventures include health insurance for the poor, palliative and geriatric care, & advocacy campaigns.

Under the Axshya project, the EHA is implementing the programme in 20 districts across 7 states in the second year.

Activities at a Glance

- Sensitisation meetings and media activities have helped in the identification of TB symptomatics. It has shifted mindsets as more people have come forward to give sputum for testing. In many villages, the sarpanch and the ASHAs identify symptomatics and inform volunteers. As many as 2152 symptomatics were identified whose sputum was collected and transported and 381 found positive and put on DOTS.

- Five model Axshya Villages have already been identified in each of the 18 districts and process has been initiated in two other districts of Madhepura and Purba Champaran. Sensitisation meetings have been conducted in schools. In East Champaran district in Bihar, plans are on track to establish sputum collection and transport centres in remote villages.

- TB Forums have been formed in all the implementing districts. Every quarter, the TB forums met District Tuberculosis Officers (DTOs) to discuss challenges faced, and develop strategies for TB programme. Initiatives included members using various platforms like mosques, madrassas, schools and village meetings to share the message. Members have personally referred symptomatics to DMC for sputum testing. The energetic Mirzapur TB Forum even mobilised funds from renowned clubs like the Rotary Clubs, Lions Club. They plan to print pamphlets and hold rallies at the block level for TB treatment.
Meet the active women group of Village Health and Sanitation Committee (VHSC), a bunch of women who turned from passive recipients of information to agents of change in a crusade to control TB.

The panches (village headmen) of Gram Panchayat Turangur, Bastar district, gave permission to NGO volunteers to conduct a TB awareness programme emphasizing the early diagnosis and complete treatment of TB. Members present included VHSC, panches, AWW and Mitanins who made a public commitment that their village would not have any TB patient in future. They promised to personally visit each household in the community to collect and refer sputum samples for check-up. The slogan “TB free hoga gaon hamara yahi hai sankalp hamara” (We commit to make our village TB free) has indeed caught fire as the community is willing to incur costs if required to make their village TB free.

Good samaritans exist everywhere. Ability lies in identifying these people and working with them. Others will follow. One such Community based Organisation (CBOs) member is Mr. Krishna Kumar Yadav from Manhara Sukhasan Village, Barahi Panchayat under Madhepura Block. Mr Yadav received training from Project Axshya during the CBO training. He disseminates information about the seriousness of TB to the villagers. He hums as he works, “Hindu, Muslim, Sikh, Isai, Hum sab mil kar TB rog ka kare safai.” (All religions will work together to fight TB). He has formed a mid-media group and is helping the partner NGOs to conduct mid-media programmes in the target areas. He has been vital in detection of positive TB cases as well as retrieval of default cases from the village. His intense involvement is visible in the speedy referrals to the nearby DMC whenever he gets a symptomatic case.

TB Slogans
Jagdalpur and Madhepura

TB free hoga gaon hamara
yahi hai sankalp hamara
Surender Korwa aged 40 years is a farmer living in Gamharia tola of Nawadih village, Chanipur Block, Palamu district. He is the sole bread winner for his family comprising wife, two sons and three daughters. The children are students at the government primary school. He also engages as a part time labourer yet finds it extremely hard to make his both ends meet.

In 2010, Surendar was diagnosed with TB and started on DOTS. However, he discontinued medicines once he began feeling better. Later, the symptoms re-emerged. One day he attended a Sensitisation meeting conducted by Deepti Health Center of Samaj Vikas Sansthan under SHG. It led to the realization of his mistake in not completing the course of TB medicine. Soon, he went to the Deepti Healthcare Center and re-started the treatment that continued over a period of 8 months. Surender not only regained his health but also persuaded a friend 22-year-old Nandu Korwa from his village with similar symptoms to visit the Deepti Health Center.

After the implementation of Project Axshya in Palamu district, many defaulters have realized the dire consequences of discontinuing treatment and have taken initiative to continue and complete their treatment.

If we really want collaboration, we need to get over the mindset of making people do what we want them to do. This type of mindset undermines shared responsibility. People are not machines; they have brains and want to be respected as intelligent, capable contributors. When the team has a meaningful reason for being, people will be intrinsically motivated (internally driven) to be responsible for their actions.
MAMTA, 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 program approaches include Advocacy, networking, capacity building, direct intervention and research. Its direct intervention is spread across seven states of country, while it implements programs in partnership with NGOs in about fifteen states.

Its capacity building work spreads across Indian and in about ten countries of South East Asia. MAMTA has a team of some 212 personnel that include medical professionals, social scientists, researchers, development and management professionals, web developers and financial experts.

MAMTA is one of the sub-recipients of Project Axshya and covered 49 Districts across six states in second year.

Activities at a Glance

During 2011-12, MAMTA Project Axshya achieved new milestones and major tasks accomplished in Project Axshya districts all across the six states are as follows:

- District Coordinators (DCs) in MAMTA Project Axshya districts helped in monitoring and supporting project activities in the field and coordinated with different stakeholders like the implementing NGOs Non Governmental Organisations, Community Based Organisations (CBOs), Rural Health Care Practitioners (RHCPs), TB Forum members, District TB Cell (DTC) staff, Community Volunteers (CVs), etc.

- MAMTA trained around 1,572 Rural Healthcare Practitioners, 7,043 Government Health Staff on soft skills; 710 Community Volunteers across 31 districts on Inter Personal Communication (IPC).

- To inform the TB patients about their rights and responsibilities, the Patients Charters were distributed in every MAMTA Project Axshya districts including DTCs, Tuberculosis Units (Tus), Designated Microscopy Centres (DMCs), Chief Medical Officers (CMOs) office, RHCPs, Panchayati Raj Institutions (PRIs), schools, etc.

- Through 8,252 community group meetings, MAMTA reached out to 1.5 lakh community members and disseminated key TB messages.

- Community Volunteers referred 7,064 TB symptomatics for sputum examination of which 2,647 were diagnosed with TB. The number of patients whose sputum was collected and transported for diagnosis stood at 2158. The CVs proactively retrieved 182 patients missing TB doses and were put back on treatment.

Home visit to the defaulted patients with the trained RHCP in Samastipur, Bihar

Community meeting in progress in Pratapgarh district of Uttar Pradesh
Mid-media activities
The NGOs working with Project Axshya districts conducted 1715 mid-media activities and reached over 7 lakh people with messages on TB. These included street plays or nukkad nataks, puppet shows, mike announcements, canopy displays, wall paintings, etc.

Activities during 2011-12

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<thead>
<tr>
<th>Mobilisation of human resources/institutions</th>
<th>Number</th>
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<tbody>
<tr>
<td>Number of NGOs trained in RNTCP</td>
<td>490</td>
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<tr>
<td>Number of PNGOs working for Project Axshya functional</td>
<td>196</td>
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<tr>
<td>Number of TB Forums established</td>
<td>49</td>
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<tr>
<td>Number of CBOs networks trained</td>
<td>490</td>
</tr>
<tr>
<td>Number of Axshya villages established</td>
<td>245</td>
</tr>
</tbody>
</table>

The MAMTA Axshya team was looking for people who shared their vision and believed that the goals of the project justify extraordinary efforts.

Passion, belief and enthusiasm are great qualities – especially if they are allied with constructive dissent.

More often than not, such people act as powerful influencers and bring about a movement with the ripples they create.

Duo drives TB control in Begusarai district, Bihar

Chourahi is the one of most underdeveloped blocks of the Begusarai district of Bihar. Though the OPD at the Chourahi Primary Healthcare Centre (PHC) is optimal, the sputum testing facilities have been almost non-existent. DC Mr Ranjan identified a CV, Mr Om Prakash who runs a betel (Paan) shop. He convinced Mr Om Prakash to start sputum collection and transport activity in the area. Thereafter, Mr Om Prakash began visiting the PHC on OPD day to collect the sputum of TB symptomatic patients referred by doctors. His commitment was evident from the fact that he closed down his shop on OPD days. Soon, he also involved his wife Mamta Kumari in the same activity.

Mamta Kumari would regularly collect samples of TB symptomatics from the Chourahi PHC and Om Prakash would deliver the samples to Gardhpura PHC for Sputum examination. As many as 12 TB positive cases have been identified and put on DOTS by the efforts of the duo. Mamta Kumari has also been inducted as a DOTs provider.
Samastipur took a new route to tackle TB with Lala, Lalli and Jocker

To succeed in today’s fast-paced economy, organisations need more than flexible processes: they need an agile mindset. Just thinking outside the box won’t cut it: you need to create whole new boxes. By embracing non-linear thinking of innovators, the TB forum in Bihar was able to improvise TB control solutions and make a quantum leap in generating awareness on TB and turning mindsets.

Samastipur is one of the districts covered in Bihar under the Project Axshya initiated by MAMTA. A huge success was the celebration of the Samastipur Establishment Day (14-15 November 2011) organised by MAMTA Project Axshya.

The main focus of the Mid-Media event was organizing a roadshow with the help of the characters Lala, Lalli and Jocker for the event.

Another feature was the computerized TB Show game that enabled interactive communication about TB with people who visited the stall.

The event was inaugurated by minister Mr Bijendra Kumar. District Magistrate (DM) of Samastipur Mr Kundan Kumar showed keen interest in the event and inaugurated the TB stall.

Lala, Lalli and Jocker proved to be crowd pullers as they stared at people, greeted them with TB-related messages, distributed IEC material and talked about TB and Project Axshya.

The cast was trained for a day and each of their tasks clearly explained TB messages to those visiting the stall.

The computer game was designed and based on the popular reality TV show in India called ‘Kaun Banega Crorepati’ (KBC). The condition to play the computerized game was that a person was required to first answer 10 questions set by the MAMTA team. Only those who scored 100 were given access to the TB game. Those who correctly answered the computer TB-related questions were given a prize by MAMTA.

The show was a roaring success as over 1.5 lakh people visited the stall within two days.

Project Axshya is an exciting opportunity to reach to communities where Tuberculosis is still a stigma and people have apprehension to come out for treatment especially for women and population that are most vulnerable and in poverty context.

Getting them out of their shells into services and seeing them healthy and smiling again is very satisfying for any public health professional.

Dr Sunil Mehra, Executive Director, MAMTA

Project Axshya gave me an opportunity to serve poor and disadvantaged people. It provides me great satisfaction when I referred a patient for Sputum Examination or a TB patient completes DOTS under my supervision.

Navin Kumar, RHCP, Gogri, Khagaria, Bihar
Mamta Samajik Sanstha

MSS, a non-profit, secular and registered society based in Uttarakhand, seeks to deliver essential services to socio-economically disadvantaged persons and communities, thereby raising the standard of health in the region. It strives for sustainable development by working towards improving primary health care, adult literacy including legal literacy, diversified agriculture, water and sanitation, gender empowerment, and community participation. Currently, MSS works in close collaboration with state and central governments, local panchayats, 40 grassroots organisations, and over 350 community leaders and volunteers in more than 600 villages and slums of Uttarakhand and Uttar Pradesh.

Since its inception, MSS has been involved in several TB projects as the twin epidemics of TB and HIV constitute one of its core focus areas. MSS is an active partner of RNTCP, The Union, USAID, and the Stop TB partnership.

MSS completed two years of its journey with Project Axshya, in association with various district stakeholders, NGOs, civil society organisations, faith-based organisations, rural health care providers, community volunteers, government institutions, RNTCP, and NRHM. During this period, MSS built the capacity of more than 100 community-based organisations by involving them in GKS meetings, mid-media activities, and calendar events like World AIDS Day and World TB Day.

Activities at a Glance:

In 2011-12, MSS under Project Axshya worked in 10 districts of Uttarakhand and 5 districts of Uttar Pradesh.

- The Organisation has created a pool of master trainers in almost all project districts of Uttarakhand and Western Uttar Pradesh on “TB Sensitisation and Soft Skills.” MSS also trained 25 NGO/CBO partners on RNTCP schemes for rendering better services to the remotest areas in the districts.
- MSS has trained around 50 community volunteers in each district on “inter-personal communication Tool Kit”.
- MSS propelled by Axshya has communicated the TB message “If a cough persists for more than two weeks, go for a sputum test to the nearest DMC. TB is curable and treatment is free” to 37,169 people through 2,819 Gaon Kalyan Samiti (GKS) meetings and other meetings with 60 NGO partners.
- 3300 patient charts were displayed in District TB Hospitals, CHCs/PHCs, schools, colleges, NGOs, Panchayats, Block Offices, private practitioners’ clinics, medical shops, and so on.
- MSS conducted 603 CBO review meetings, 397 TB forum meetings, 625 ICTC-DMC meetings, 528 RHCP meetings, and 330 health staff meetings in its districts to monitor and ensure timely progress of project objectives.
- World TB day and World AIDS day were observed in districts by organizing rallies, signature campaigns, and setting up information stalls to spread awareness about TB and HIV/AIDS, its prevention, and available treatments.

MSS, a non-profit, secular and registered society based in Uttarakhand, seeks to deliver essential services to socio-economically disadvantaged persons and communities, thereby raising the standard of health in the region. It strives for sustainable development by working towards improving primary health care, adult literacy including legal literacy, diversified agriculture, water and sanitation, gender empowerment, and community participation.
It is Project Axshya team with NGO/CBO partners that has really knocked those doors which were so far shut due to stigmas and misconceptions about TB.

Mr. J. M. Singh, Chief Functionary of MSS

I have completed four months of DOTS treatment and feel much better. Since the MSS team and ASHA motivated me to get involved in Project Axshya activities, I have become a community volunteer and member of District TB Forum. I feel more confident and openly talk about my status in the village to motivate others to overcome the stigma as I realise many people suffer in silence.

Sharda, a TB patient

When do most of us, most of the time get stuck? Answer: When we lock our heads with images, assumptions, myths, black boxes, legends, stories that seemingly ‘define us.’ How do you break through this gravity? How does one approach these barriers? These are some questions that Saroj faced and dispelled, reevaluated and considered her choices.

Saroj, a beneficiary of DOTS

Overcoming Stigma

A few months ago, 23 year old Saroj from Kankkard village in Uttarakashi, was afflicted with chest pains while doing household chores. Like many other rural and semi-literate women, she was taken to a Jhola Chap, who diagnosed jaundice. Saroj’s health, however, did not improve even after four months of the prescribed (and expensive) medication. Fortuitously, Saroj chanced upon a banner on TB Dos and Don’ts displayed in the community hall and decided to attend one such meeting. She says “I did not know it was Gaon Kalyan Samiti (GKS) meeting at that time but I gained knowledge on TB symptoms, testing and treatment. Afterwards, I met the organizers and briefly described my symptoms. They suggested I go for sputum testing at the DMC, district hospital and promptly provided me one container for morning sputum sample. Next morning, I gave another sputum sample and tested TB positive.”

Saroj immediately became anxious about her condition and feared her status might be publicly revealed. So, she refused to go for DOTS treatment when contacted. The stigma attached to the disease could compromise not only her marital prospects but also her family's standing in the community. Saroj was counselled by the MSS Project Axshya district coordinator and met the ASHA worker who assured her of confidentiality, the treatable nature of TB, and the free of cost treatment. She then began DOTS and is taking treatment regularly.
Passionate to control TB
Bijnor

How do we tap into this mysterious elixir, the passion and heart that drive people to excellence? Where does it come from? Is it necessary? The answer is simple. Meet Sharda. Her passionate, meaningful purpose propels her to excellence beyond reason or comprehension, mainly because it is the heart at work.

Sharda lost both her mother and a sister to TB, largely because they did not know the disease was curable. A 35 year old house wife and member of a Self Help Group (SHG) in Bijnor, she attended a GKS meeting organized by a MSS implementing NGO in a village in August 2011, and learnt about TB. She spoke to the Project Axshya team of her resolve to generate awareness and break myths about TB in her village. Impressed by her commitment and zeal, the MSS team invited her to participate in review meetings.

After a few interactive sessions, her SHG got registered as CBO.

Sharada now motivates villagers to go for sputum test if anyone has a cough for more than two weeks. She has sent 22 patients to DMCs, of which two cases were found TB positive and started on DOTS. Of her efforts, she remarks “Before being associated with Project Axshya, I used to think that we can never control TB cases in our village, but now I will not rest until the people around me have been cured. I feel the pain and vacuum of losing my family and do not want others to experience the same, as TB is curable.”

If the MSS Project Axshya team had not approached my village, I would not have continued my studies because of the stigma attached to TB.

Amrita, a first year college student, who is on DOTS from Sujav village, Dehradun District

I never knew that TB patients had certain rights till I saw the patient charter of Project Axshya. Now, as a school teacher, I integrate the information into my teaching to make my students aware of this.

Soniya, a 28 year old school teacher and former TB patient who completed her treatment in 2008, from Haridwar, Uttarakhand
PSI is a non-profit organisation with the aim to improve the health of poor and vulnerable people, principally through the targeted distribution of health product/services and evidence based communications. PSI seeks to empower people to lead healthy lives by addressing priority health challenges using social marketing, social franchising, and behaviour change communication. Its activity areas range over reproductive and child health, nutrition, family planning, and prevention of HIV/AIDS, TB, and malaria. Since 1988, it has been increasingly involved in health service delivery though the management of reproductive health clinics and franchised networks of private sector health clinics, harnessing their potential to improve consumer access to health products and services in 22 states.

As a sub-recipient (SR) to the Union, PSI India is implementing Project Axshya activities in 30 districts across six states – Bihar, Haryana, Karnataka, Maharashtra, Punjab, and Rajasthan. A snapshot of its major achievements in the period March 2011- April 2012 follows:

**Activities at a Glance:**

- An Interpersonal Communication Tool (IPC) was developed based on a qualitative communication needs assessment study. The Communication Needs Assessment (CNA) study focused on communication and population profiling to assess TB vulnerability in high risk groups, barriers and motivators with respect to treatment as identified in the TB program, and challenges for ACSM. The resulting IPC, designed for the masses, relayed the key messages:
  - A cough persisting for two weeks or longer could be TB, and even a simple cough could be TB.
  - Anyone irrespective of gender and age can suffer from TB.
  - Sputum testing for TB is done at the nearest DMC free of cost.

The IPC tool is being deployed at strategic locations to conduct TB information melas.

- **A quantitative TB baseline survey** was conducted across six
The study investigated early detection behaviour, its determinants (knowledge, attitudes and beliefs), and attitudes towards TB treatment and TB care services, among TB patients, focusing on treatment completion. The survey findings informed the development of mass media strategies.

- **A total of 2,574 ASHA supervisors were trained** on IPC tool usage in 30 project districts to enhance early diagnosis and treatment of TB patients.
- **A total of 1,050 non-allopathic health care providers were successfully trained** in accordance with RNTCP guidelines. The main objectives included identification of TB suspects, referral to the nearest DMC for a free sputum test, and training to become DOT providers.
- **A simulated patient study using Lot Quality Assurance Sampling (LQAS) technique** and mystery clients was conducted in all six project states, helping to evaluate and improve service delivery.
A character strikes a chord
Bijapur, Karnataka

Mr Raju Balachandra Chovan, a 26-year-old daily wage contractor in Bijapur, Karnataka, attended a street play at Toravi village and found that its lead character “Kemuraya” shared his symptoms (a cough lasting over two weeks). During the post performance discussions, he approached the IPC revealing his symptoms however insisting that unlike the protagonist, he was very healthy. He mentioned that he had taken some medication prescribed by a local pharmacist. IPC informed him about going in for effective treatment through the Bulgam Bhai leaflet, which had the addresses of DMCs. He visited a DMC and tested TB positive. Initially worried about the stigma related to TB, Mr. Chovan was persuaded to begin treatment at Kasal Thanda sub centre after counseling by the IPC.

Persistence Pays
Mahendragarh, Haryana

Passion is the fuel for driving change. The determination to make a difference provides the courage to persist through the implementation of a project. The team members energy and vitality engage to make the project a success. That is what Project Axshya is trying to tap into.

For four years, 47-year-old Lalaram of Mahendragarh visited many private doctors in Haryana and Rajasthan looking in vain for a cure to his cough. PSI staff Mr Bhagat Singh chanced upon him during a group meeting and referred Lalaram to the nearest DMC for a sputum test. Mr Lalram convinced that there was no cure to his condition ignored this advice. The PSI team persisted. They spoke to his family about symptoms of TB and its treatment. The family pressurised Mr. Lalram into getting tested at DMC Shimla. His sputum tested positive for TB. Mr Singh immediately contacted the DOTs in-charge and initiated Lalaram treatment. He ensured that Lalaram’s family got tested as well. The team visited Lalaram twice during his DOTS treatment. His health has improved considerably and he feels energized and rejuvenated.

An AYUSH provider in the fight against TB
Satara, Maharashtra

Think of a community as an ecosystem—a rain forest, perhaps, or an oasis in the desert. An ecosystem functions successfully only when its interdependent elements support one another. When an element does not play its supporting role, or when elements work against each other, then the system will fail. Thus, success comes not from a single action. Instead, it comes from orchestrating the right interactions so that all the key elements are working together synergistically to support the new strategy. Meet Baban who has pushed the boundaries of his job to include TB because he wants his community to benefit from his services.

AYUSH provider Dr Baban Salunkhe lives in Tarale, a difficult and hilly terrain of Taluka Patan. He was trained at TU Umbraj by the Project Axshya team and since has referred nine suspects to DMC, of which six have been diagnosed positive. Being the family doctor for several families in a remote area, he delegates the positive cases to ASHAs from the villages of the respective patients. He makes it a point to call the patient for follow up in his clinic every month for examination. All his TB related services are free, and he coordinates with the IPC team as and when needed. A proud partner in Project Axshya, Dr Salunkhe serves as an example to medical practitioners in rural areas.

PSI is glad to contribute to the enormous effort that went in scaling up Project Axshya across 300 districts. Our communication and private sector capabilities have complimented our Project Axshya partners challenging ACSM task. We look forward to the year ahead for evaluating and scaling up our responses to achieve a TB free Project Axshya status.

Dana Ward, Managing Director PSI India
Two corporate conferences were organized in two consecutive years to involve corporate sector representatives in the fight against TB and motivate them to incorporate TB in their workplace policies. The Ministry of Health and Family Welfare applauded the efforts behind organizing such conferences and consequently workshops were held to inform industry workers about TB.

I am glad that Bulgam Bhai 360 degree communication campaign was launched by PSI under Project Axshya in the district of Ludhiana in the months of February and March 2012. The communication campaign aimed at increasing TB case detection by promoting sputum tests at DMCs in the district through street plays, TV and radio advertising, hoardings and branded mobile van operations in hard to reach areas, resulted in higher number of TB case detections in the district. I wish that PSI and Project Axshya run more campaigns in future to support RNTCP in the district.

Dr Ashish Chawla, District Tuberculosis Officer (DTO), Ludhiana
REACH is an organisation working in Tamil Nadu to create awareness of critical community health issues. It was set up as a registered society in 1999 to function within the framework of the following objectives:

- To combat the threat of TB with an activist, hands-on approach involving all sections of the community
- To ensure that the guidelines provided by the Revised National TB Control Program of the Government of India (RNTCP) is made accessible to private medical practitioners.
- To increase public awareness of TB.
- To act as a liaising body between the deliverers of health care (both governmental and non-governmental) and the recipients of healthcare and function as an information bureau for the public--on all aspects of TB control.

The Project Axshya implemented by REACH in 12 districts of Tamil Nadu is working through a network of 48 implementing NGOs. It is also focused on improving community participation by working with other stakeholders like Government health staff, RHCPs and health institutions.

"Through this project, I became informed about TB and this has helped me increase awareness among the rural people. The percentage of involvement in the TB Program has increased to 60% after engaging with Project Axshya team. In my Organisation, we have trained 320 Members on TB. Based in 40 to 50 villages, they act as a community volunteers and will function as community DOTS providers in future."

38-year-old Kathikeyan from an NGO in Cuddalore

“When we collaborated with REACH Axshya project, we became more aware of the importance of the disease. We conduct regular meetings with SHGs, children groups and federations on a weekly or bi-monthly basis. We decided to inform about TB in all our meetings. We spend 10 to 20 minutes for discussing issues, symptoms and treatment related to TB in each meeting.”

Mr Athiyaman from the Bharath Environment Seva Team
Activities at a Glance:

- Through the activity “Sputum collection & transport” TB symptomatics in remote, non-accessible areas have benefitted. The team trained Rural Health Care Practitioners (RHCPs) under Project Axshya, followed by sensitisation of technicians at hospital laboratory for collecting the sputum and was able to reach across to Siddha practitioners in Tirunelveli district. The RHCPs identified and referred the suspected cases to the OPD at Government Siddha College. Concurrently, sensitisation of community volunteers was done for transporting the sputum cups to the nearby DMC and follow up with TB patients to start treatment under RNTCP. Within 3 months, involvement of this single Institute has resulted in 45 samples being collected and transported of whom 4 were sputum positive and started treatment under RNTCP.

- The TB Forum members have raised several issues, gaps and challenges faced by TB patients with the District TB Officer. In a Designated Microscopy Centre (DMC) at Tiruvallur, the Medical Officer (MO) was irregular and discriminated against patients. The TB Forum members voiced the problem to the local President who in turn admonished the Medical Officer. Subsequently, he became regular and started treating patients with respect. The TB Forum generated Rs 80,000 from the TB stamp sales. In Tiruvannamalai, an ID card has been issued to Forum members.

- The patient charter for promotion of the TB patients’ rights and responsibilities has been developed and displayed in close coordination with the State health system. About 8,400 Posters and 3,000 Patient Charter pamphlets have been distributed across 12 districts. The charter was displayed in DMCs, PHCs, General Hospitals (GH), village libraries, Village Administration office, ration shops, NGO offices and other public places.

- Under Project Axshya, District Health Staff (Treatment Supervisors, Laboratory Technicians, Village Health Nurses) in government health centers in districts of Tamil Nadu underwent soft skills’ training. Subsequently, a review was conducted with 272 trained health staff in groups of 15 to 20 after a period of three to six months using the soft skills assessment tool. They found sessions like counselling, stress management particularly interesting and useful.
Community Radio generates awareness

Project Axshya engages with community radio stations across the country to create awareness about TB among local communities through innovative radio programming. These community radio stations are owned and run by either NGOs or educational institutions on a “not-for-profit basis,” operating within a limited broadcast radius of 10 to 15 km and broadcast only social and community issues in the local dialect. Over six months, 10 stations, based in urban and rural India, broadcasted a 16-part series on TB. Each half-hour episode looked at one TB-related issue, ranging from the basic ‘How does TB spread?’ to ‘TB and HIV’ or ‘the role of community volunteers’. Each episode was repeat-broadcast multiple times (sometimes as many as four times) to amplify the impact and attract more listeners. Programs also connected listeners to locally available TB services. RNTCP officials including State and District TB Officers were guests on the radio shows, answering questions from listeners and directing them to the right centres for diagnosis and treatment. In addition, all the stations were mandated to organize one community meeting a month (eight in all), to attract new listeners while sustaining the interest of regular listeners. These meetings provided opportunities for the stations to increase the listenership base; they also became platforms for open discussion of any TB-related issues and clarification of any prevalent myths or misconceptions.
Voluntary Health Association of India

Voluntary Health Association of India

VHAI is a non-profit, registered society formed in the year 1970. It is a federation of 27 State Voluntary Health Associations, linking together more than 4500 health and development institutions across the country.

VHAI advocates people-centered policies for dynamic health planning and programme management in India. It strives to build up a strong health movement in the country for a cost-effective, preventive, promotive and rehabilitative health care system. The Organisation tries to achieve these goals through campaigns, policy research, advocacy, need based training, media and parliament interventions, publications and audio visuals, dissemination of information and running of health and development projects in difficult areas.

Keeping in view the current status of TB control in the country VHAI has initiated TB control activities in 37 districts across seven states for last two years, implementing Project Axshya and trying out various interventions. The overarching objective of this initiative is to bring together and synergies civil society contribution to TB care in the country, and progress towards achieving the goals of the Global Plan to Stop TB 2006-2015 and the relevant Millennium Development Goals (MDGs).

Activities at a Glance

- In each project district, six-seven community forums have been formed and are functioning effectively. These forums are bestowed with the task of identification of suspects, referring and supporting them for continuation of the treatment.

- Trainings have been conducted for community support groups/forums. The trainings were attended by TB patients, PRI members, ASHAs, Anganwadi workers, cured patients or their family members, private service providers, SHG members and Village Health Sanitation Committee (VHSC) members.

- To improve awareness on TB, community meetings have been conducted with intense involvement of the VHSCs and local community members.
Breeding a culture of innovation

What does it take to create a culture of innovation – that elusive holy grail of continuous breakthroughs? The TB team under VHAI may have cracked the innovation code. It has churned out innovations after innovations in a row.

Axshya Rath moves mindsets

An IEC vehicle called “Axshya Rath” was designed to spread awareness regarding TB in urban Indore. The route of the Axshya Rath was planned in collaboration with the District TB Officer and RNTCP staff (STS, STLS and TBHV). The Rath was to cover the slums, market places, restaurants and shopping areas in the district and stay for 20 to 30 minutes in each place.

The driver was trained on TB and had list of TUs along with DMCs in Indore with contact number of STS & STLS. He also distributed TB information pamphlets. Jyoti Mahila Mandal and District coordinator of the Axshya Project were responsible for daily monitoring of Axshya Rath route and activities.

Over 2000 pamphlets were distributed during the movement of Axshya Rath and 120 persons approached the driver for consultation and enquiries relating to TB. Around 32 persons were referred by the driver to their nearest DMC. More than 5,000 people read the TB awareness messages and list of DMCs displayed on the Axshya Rath.

Setting up of canopy stalls

The canopy stall was developed and designed by DTO and DC of Indore district (Madhya Pradesh). The main purpose behind the preparation of this canopy was to deliver the TB awareness messages regarding symptoms, treatment and availability of diagnostic services at DMCs in RNTCP.

The canopies were used to identify TB suspects. Such canopies are being installed in front of malls in urban areas, melas, haats, transit points like bus stop and railway station in the district. Masses were reached through these canopies because they are attractive and information displayed on it.
Jewellery making: A step towards self-reliance for TB families

Innovative teams do not have a standard prescription to fix a problem. They make choices and select features salient to achieving breakthroughs. They grow ideas and evolve the design around those breakthrough ideas. Firm in their resolve to control TB, the TB Forum team realized that it was time to plant new seeds and tackle the issue as a social one not only a health issue.

TB is a major health problem in India, especially to marginalised and vulnerable population, living in slums or high density area. So, when the only earning member of a family is afflicted with TB, the whole family suffers economically. The Bhopal District TB Forum took an initiative to address the problems and decided to start vocational trainings for TB patients to support their families.

First, the TB affected families were identified by the Sambal Samaj Seva Samiti with the help of the TB Forum in Bhopal. At a meeting with the patients’ families, it was decided that a three month course on artificial jewellery making would assist hugely in making them economically stable. 20 members were identified and selected by the TB Forum for the course at Jay Prakash Nagar, Bhopal which would be provided free of cost. The participants were to be either TB patients themselves or a member of the TB patient’s family.

The instructor for the training was arranged by the Sambal Samaj Sewa Samiti in coordination with District Urban Development Authority and required material was sponsored by members of Bhopal TB forum. The space for training was voluntarily made available by the community of Jay Prakash nagar.

The first batch was trained in October 2011. Trainees learnt to make imitation jewellery like necklaces, rings, ear rings, bracelets, bangles, anklets and many more. Program monitoring was done by the District TB Cell, Bhopal TB Forum and by Sambal Samaj Seva Samiti.

Certificates were given to all trainees by the State TB Office. Mr Mukesh Mathur, chairperson of Bhopal TB forum (also Governor of LIONS Club Bhopal) promised a stall for the jewellery in the annual conference of Lions club. Beneficiaries contributed Rs 200 each to make jewellery for the exhibition. The exhibition held in March had sales of jewellery worth Rs 6,500.

Additionally, the Sambal Samaj Seva Samiti has also coordinated with AAS, an organisation selling such products in the international market, and other retail counters in Bhopal district for marketing and selling these products.
Project Axshya has demonstrated the importance of involving community, patient groups and all care providers including rural Health Care Providers (RHCPs) for TB care and control in high diseased burden country like India. It is working towards setting an example of how Advocacy, Communication and Social Mobilisation (ACSM) can contribute immensely when coordinated effectively with the National TB Programme. I wish with enriched experiences from the field implementation, this project will clearly demonstrate the effectiveness of ASCM strategy in TB care and control.

Dr Netty Kamp, Chair ASCM Sub-group, WHO Stop TB Partnership

Project Axshya systematically proposing and supporting groups of patients who can meet, share their current problems and support each other. This is key because medicines cure those who are suffering, and solidarity cures stigma within the society. Project Axshya is increasingly demonstrating how ACSM works through civil society support.

Dr Giuliano Gargioni - Team Leader, National and Global Partnerships, Stop TB Partnership Secretariat - WHO Geneva
Project Axshya’s focus on advocacy, communication and social mobilization activities through the network of partner organizations in various states including UP, extends a meaningful and effective support in improving performance of this important program. It is reaching out to the most vulnerable & marginalised communities including the women, children and TB-HIV co-infected populations.

Dr. S.K. Tyagi, State TB Officer, Uttar Pradesh.
Finance

The total approved budget for Phase I (April 2010-March 2012) was US$ 15.53 million. The total Year 2 budget (April 2011-March 2012) for Principal Recipient (PR) and Sub Recipient's (SRs) was US$ 11.19 million.

**Financial Management, Review and Audit Process**

Orientation meetings were held for new staff recruited. Financial guidelines along with Standard Operating Procedures (SoPs) were shared to establish robust financial systems and accounting procedures. Capacity building process, from financial perspective, focused on how to adhere to work plans and utilise budgets cost-effectively was continued. As in previous year, participatory sessions were held on documentation required to authenticate financial transactions, to bring more transparency and reduce the level of associated risks.

At the PR level, continuous efforts were made to review the financial systems established and followed at various levels to make them flawless. Operational Guidelines (A Guidance document for programmatic and finance issues) was issued to all project staff. This guidelines summarises the programmatic, financial and documentation requirement of project.

Regional Review meetings were conducted wherein District Coordinators (DCs) were briefed about the same.

During the year, review visits were conducted for each partner and the visits were also made to districts along with Head quarter/State Office/Regional Office, focusing on review of financial procedures, systems, project accounts and establishing linkages between financial and technical data. As in previous years, observations and recommendations from the visits were being communicated to SRs through management letter and SRs provide action taken through compliance letter.

Audit firm M/s S Ramanand Aiyar & Co., Chartered Accountants, New Delhi undertook audit for all SRs for year ending 31 March 2011 and six months period ending 30 September 2011. Audit reports were submitted to Global Fund. Financial reports submitted by SRs and audited statements did not show any variance.

Quarterly SR review meetings continued wherein achievements and learning were shared by SRs. Both 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.

For the year ending 31 March 2012 cumulative budget utilisation for all SRs is 69%.

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**Break-up of expenditure incurred by sub-receipient for the year ending 31 March 2012**
Project Axshya activities reported in print media

**Bulgam Bhai spreads awareness about TB**

New Delhi: Project AXSHYA was launched in the capital on Wednesday to fight tuberculosis in the country.

"Rising High on Creativity,..."

Bulgam Bhai, a popular character, was introduced to inspire people to get their sputum checked for two weeks.

"Bulgam is the Hindi word for sputum."

"A creative challenge was to turn sputum, which is not really pleasant, into a boxed gift idea..."

"If you’ve coughed for over two weeks, you can’t give me this..."

"Bulgam Bhai is..."

Bulgam Bhai carries a nasal spray device to cough out sputum and ask the person who is coughing, "Do you have a cough?" for two weeks. He’s comic and conscious, and asks "Is it?

"He is being used across a range of media advertising campaigns, through television, radio, street theatre, video, and an interactive toolkit containing games and stories,..."

"Bulgam Bhai will be used by frontline healthcare workers."

Despite a robust programme, there are still cases of TB.

"Despite a robust programme under the Revised National Tuberculosis Control Program, TB accounts for over 40% of deaths in India every day."

"India has 45% of the tuberculosis cases worldwide."

**Mascot Bulgam Bhai to fight TB**

New Delhi: India's battle against tuberculosis (TB) now has a superhero to lead the charge — pot-bellied Bulgam Bhai. The mascot with furrowed brows and thick moustache will be seen asking people "Has it been two weeks?" on TV and radio commercials, to be aired from February 15 till March 1. The campaign will be a part of Project Axshya, an initiative of various civil society groups to raise awareness about the need to test for TB in case a person has had cough for two weeks. The campaign was launched by the BBC World Service Trust on Wednesday. TNN
The Union Partners in Project Axshya

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The Union South-East Asia Office

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- Empowers communities
- Enables innovations

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