



नौरइहवु पत्रिका

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A RACE AGAINST TIME

Dr. K. S. Sachdeva

Scientists are racing against time to develop a vaccine for the COVID-19 menace. Some researchers are relying on learning from the vaccine discovered more than a century ago. We are referring to deadly tuberculosis.

In the early 1900s, two French scientists took upon themselves to develop a vaccine for Tuberculosis which was crippling children and adults and was on a killing spree in those years. They took a strain of TB from cows and grew it in their laboratory for many years. In fact, they left it for nine years, which was still growing but was considerably weakened. The scientists waited till the TB bacteria was sufficiently weak enough but adequately strong to activate an immune response. They decided to use it. Surprisingly, they found it did not make people sick and moreover it cut down deadly infection by 70% among babies. It was also found that it provided additional protection from other childhood deadly infections and significantly decreased mortality among kids. The live vaccine was a game-changer. The body cells notice the invaders and attack them, it triggers the body mechanism to stop the infection immediately.

The COVID is posing a similar challenge to the scientific community today. The research is still on to find a vaccine to overcome and control the pace and spread of the disease. It is indeed a paradox that one of the world's oldest vaccine BCG continues to be a promising contender to slow down one of the newest diseases stalking the world. At the same time, the century-old vaccine BCG is proving inefficient against lung TB among adults, the most common form of TB in India. To achieve the ambitious global elimination goals - Tuberculosis is also in need of a shot in the arm and a vaccine is long overdue that can potentially kill the disease and accelerate its eradication globally and in India.

Dr KS Sachdeva
(DDG, Central TB Division)


Editorial

Nikshay Poshan Yojana - Nutritional Support for TB patients in India

Dr Sudarsan Mandal

Nutritional support was always considered a good adjuvant therapy for TB patients even in the late-nineteenth and early-twentieth century. The treatment rationale in sanatoria for TB patients in the pre-antibiotic era, was that a regimen of rest and good nutrition offered the best chance, and that the sufferer's immune system would "wall off" pockets of pulmonary TB infection [1]. Hence, patients in sanatoria were exposed to plentiful amounts of high altitude, fresh air, and good nutrition [2].

It is a well-known fact that undernutrition increases the risk of tuberculosis which in turn can lead to malnutrition. In fact, among individuals with latent TB, the occurrence of malnutrition may be the most important trigger for active TB disease development [3]. Malnutrition makes people more susceptible to the development of active TB, and active TB contributes to the development of malnutrition. Patients with lower Body Mass Index (BMI) contracting TB suffer from increased demand for energy which contribute to increased weight loss if that demand cannot be met. This vicious circle impacts not only on individuals but oftentimes their families and communities. Undernutrition also leads to worse treatment outcomes once TB has developed.

Direct Benefit Transfer (DBT) is a major step initiated by the Government of India for targeted delivery of benefits to citizens through digital technology. Government of India's National Strategic Plan for Tuberculosis Elimination (2017 - 2025) has provisions for providing financial support to all TB patients for their nutritional needs and reduce financial burden for affected households.

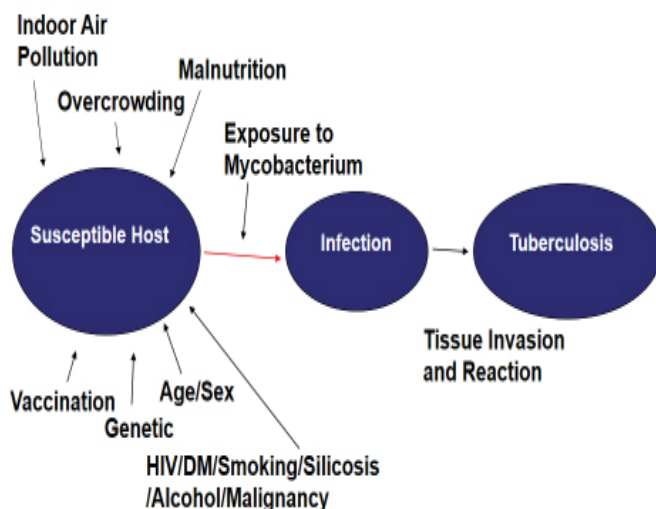


The poster features logos for 'स्वच्छ भारत' (Swachh Bharat), 'Ministry of Health & Family Welfare Government of India', 'DOTS' (Directly Observed Therapy Short-course, Public Health), and 'NATIONAL HEALTH MISSION'. The main text reads: **Nikshay Poshan Yojana Nutritional Support to TB patients**. Below this, it states: **Financial incentive of ₹500/- per month for each notified TB patient for the complete duration of the treatment. The incentives are distributed via DBT (Direct Benefit Transfer)**. The bottom part of the poster shows a man in a white shirt speaking into a microphone, with a banner in the background that says 'तेल/घी, शक्कर व नमक का सेवन' (Consume oil/ghee, sugar and salt) and 'धरतूर फल सब्जियाँ' (Eat fruits and vegetables). A 'www.mohfw.gov.in' URL is at the bottom.

Nikshay Poshan Yojana (NPY) was launched on 1st April 2018 with the objective of providing nutritional support to TB patients at the time of notification and subsequently during treatment. This scheme offers financial support of Rs.500/- per month to TB patients for their nutrition. All TB patients notified in the Nikshay digital platform and having valid bank accounts, are eligible to get benefits under this scheme to mitigate catastrophic costs.

For patients not having bank account, the health staff facilitates opening of such accounts preferably under Jan Dhan Yojna. For paediatric TB patients, where bank accounts are not available, money is deposited in parent's/guardian's accounts whose details are sought and entered in Nikshay against the patient's records.

Causation of Tuberculosis





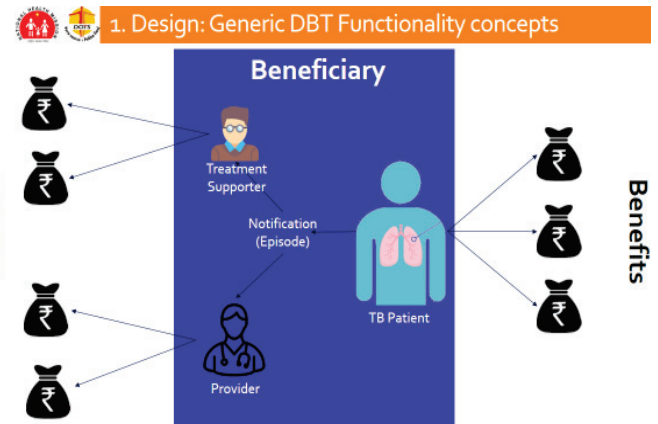
Advantages of Nikshay Poshan Yojna:

1. Food assistance is a potentially influential, targeted means of increasing adherence to TB treatment while reducing the costs for patients to stay on treatment and improving their nutritional status [5].
2. Food assistance may influence early case detection (encouraging patients to come for diagnosis and treatment sooner in the disease process) and promote the full course of treatment. Both are important to decrease TB transmission [4].
3. Interventions that increase full treatment adherence are important not only for the patient, but for public health welfare [5].



NTEP Team of Nagaland observed NPY Campaign at Petrol Pumps, Traffic Police and Banks in Kohima by distributing T-shirts, handkerchiefs, and IEC materials during month-long NPY Campaign (17th Aug to 16th Sept.)

The DBT related processes have been in continuous evolution since its inception. Payment process of DBT has been made simple and easily comprehensible for the stakeholders. While approving benefits, DBT Maker (person who enters patient details) / Checker (person who verifies and approves payment) may also review the following details of the patient. However, it is not mandatory.



- a. Patient's follow-up at end of Intensive Phase of treatment.
- b. Patient's Adherence.
- c. Patient's drug refill (to see if the patient has taken the drug refills on time).

The National Tuberculosis Elimination Programme is one of the first health programs in India to use a fully electronic system to digitize beneficiary information and transfer monetary benefits at scale. Regular nutritional support to TB patients is an effective acceptable component of treatment in NTEP with multiple advantages.

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Dr. Sudarsan Mandal,
Additional DDG, Central TB Division, MoHFW

Direct Benefit Transfer (DBT) Payments: Odisha's notable success

NTEP Team Odisha

CTD oriented all States and UTs to organise a month-long intensive DBT campaign from (17th Aug 2020 to 16th September 2020). Odisha worked on a mission mode to accelerate NPY payments using Digital Signature Certificate (DSCs) based DBT payments at all district level. Digital platforms like Video Conference, Tele-calling, WhatsApp and Remote Desktop were utilized to provide technical support on DBT and Public Finance Management System (PFMS). This enabled unhindered payments even during COVID-19 pandemic situation. All the districts were instructed to undertake the activities on a mission mode during this campaign period.

Key Activities Conducted during the DBT Campaign that overlapped the lockdown period

- Review of district wise performance by the State through the virtual platform
- Posting DBT NPY maker/checker pending status list of all districts on every alternate day in WhatsApp group with regular support by the PFMS consultants to the districts to clear the dues.
- Weekly conference call by the Union consultants with STS, DPC and Accountant on DBT NPY issues and status under supervision of State. More than 100 numbers of DBT, DSC, PFMS and Nikshay related queries were resolved during this campaign period.
- Daily review and support provided to the low performing districts (Districts having <70% Benefit Paid)
- District Team monitored the DBT NPY regularly with their staffs during the lockdown period. DBT campaign were undertaken through VCs as well as physical meetings following COVID-19 workplace policy.
- Duplicate data of patients was removed from Nikshay Poshan Yojana.



Conducted VC in Kalahandi District



Meeting with STS at Ganjam District



Meeting with STS at Rayagada District

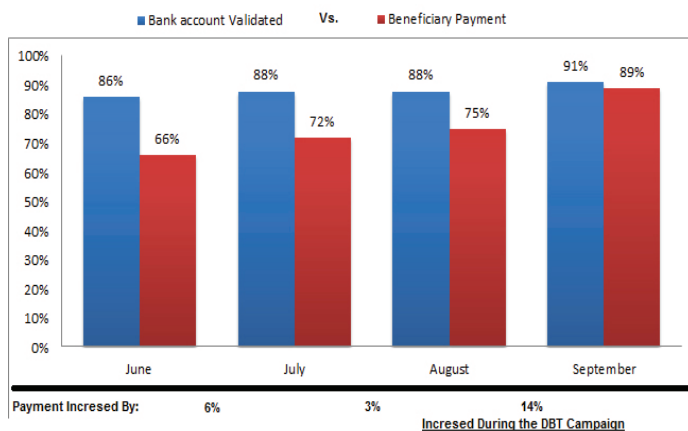
Challenges Faced and Steps taken to mitigate:

- NPY payment for Districts of Puri, Cuttack, Rayagada, Malkangiri, Balangir, Kalahandi, Jharsuguda, Sundargarh, Jajpur and Bargarh was lower as compared to the other Districts during the 1st and 2nd week of the DBT campaign. Many Staff were found to be COVID positive.
- Due to heavy rain and floods like situation in Districts of Jagatsinghpur, Cuttak, Jajpur,

Kendrapada, Bhadrak and Malkangiri, officials were unable to work in the office. The Staff worked from home and cleared the DBT pending list regularly.

- District staff contacted STS over phone and cleared the pending DBT list.
- In some districts, implementation of DSC was quite challenging as CDM & PHO were on COVID duty and home were quarantined due to COVID positive/contact because of which the NPY payment got delayed.
- Necessary steps are taken to install DSC in their personal laptop so that they can release the payment at any point of time from anywhere.

Achievement during the DBT Campaign:



- Disbursal of Rs.20,597,000/- (Two Crore Five Lakh Ninety Seven Thousand rupees) and 22591 number of benefits to the bank account of TB patients through Direct Benefit Transfer (DBT) via Nikshay-PFMS Software during the DBT campaign.
- There was an increase of 14% (75% to 89%) of beneficiary level payment due to intensive DBT Campaign.
- Bank account seeding improved to 91% due to involvement of ASHA as there is an informant incentive for positive as well as negative cases.
- 100% DSC was implemented in all districts and it played an important role during the DBT campaign. Two Crore rupees of benefits were paid through the DSC.

The Digital signature is the key to the success of the DBT campaign. Under regular supervision and support by State and because of teamwork and hard work by all NTEP staff at the State, District and Sub-district levels as well as support from WHO consultants & PFMS consultants, Odisha was able to achieve this milestone during the active campaign period. Odisha is continuing to strive better in the coming days ahead.

Team Odisha
NTEP

ASHA's – Championing Hope & Health in the Community

Shourya (TB Champion from Kangra, HP)

In the early hours of the weekend, two women — both clad in their uniforms head-out to the call of their duty in Kangra district of Himachal Pradesh. Rekha Rana and Bhanumati, are a part of the 7500+ strong army of female health activists called Accredited Social Health Activist (ASHA).

Under the National Tuberculosis Elimination Program (NTEP) the state aims to end Tuberculosis (TB) by 2021 and these ASHA workers will play a crucial part in the success of this program. NTEP require ASHAs to survey at least 20 houses in their community on Sundays to check for any symptoms of TB in the household between 8:00 AM-10:00 AM.

These surveys are also a part of an awareness drive by the state government. While ASHA's take note of the households, they also tell the family members about TB, its treatment, and the stigma associated with it. They also collect sputum samples for lab testing if anyone in the family shows any symptoms.

When Rekha entered her first house for the day, she had all the necessary tools she needed. Her face was shielded by a mask, and her bag hosted her meticulously prepared register. She now sat with the head of the household, in the veranda, holding her register in one hand and her pen in the other. She explained the household members about the survey

and make them aware of the government's ambitious plan to end TB in the state while urging that it would be possible only if everyone contributed to the initiative. She further made the members aware of the initial symptoms of the disease, like mild fever, night sweats, loss of appetite, loss of weight, persistent coughing etc. After this, a family member volunteers to give his sputum samples since he had a persistent cough.



Rekha Devi (right) with Mr. Anil Thakur, STS (centre), and head of the family (left)

Bhanumati's first visit tells a different story. She had to walk through some bumpy roads, to a house where life had thrust the fangs of its harsh realities, the house of Nirmala Devi and her husband, Vijay Kumar. Vijay is a man in his mid-fifties, a man who has perhaps seen death and disease too closely. On the bed that he sat, lay his wooden elbow crutches resting against the wall — he had polio. Polio had taken away Vijay's ability to walk while not supported by his, elbow crutches. Vijay's closest encounter with death though was against cancer that he recently defeated. However, cancer took the arm below his elbow, rendering him unable to work.

Nirmala Devi is the primary breadwinner for the family, and even she has had her share of battles. Nirmala cannot speak. The wrinkles on her face make her look more aged than her husband. She has now contracted TB for the third time. Twice before, she was given Directly Observed Short Treatment Course (DOTS) and had recovered. Vijay continues to tell Bhanumati that Nirmala overworks

herself and that he makes sure that she has two eggs a day. The onus of providing Nirmala with medicine and making sure she takes it carefully also lies on Bhanumati. She also makes sure Nirmala has received her allowance of Rs 500 per month for nutrition support from the state government. Apart from this money, the couple only has their twenty-one-year-old son's income and Nirmala's income from her job as an Anganwadi helper to rely on.



Bhanumati (left), Nirmala Devi (centre), and Vijay Kumar (right) during routine survey.

The tale of the ASHAs; is not just one of empowering communities; it also tale of uplifting the status of these women in their communities. Bhanumati said that ever since she had joined service as an ASHA worker, she enjoyed a sense of freedom — both financially and socially. She also added that throughout her service, she had seen TB patients gain recovery especially girls who were able to get married after getting cured of the disease. She further explained how all these experiences have made her have a better opinion of herself and shaped her personality better. On her duties, she said that ASHAs also try to make forms for government initiatives available to the community. When asked if the community displayed any type of discrimination towards them for treating the ill, Bhanumati replied that people have only one opinion about them, "Asha aayi hai toh kuch acha bata kar hi jayegi" (if an Asha has come, she'll tell something good for sure).

Apollo Tyres Foundation implements TB-Free Transshipment Locations

Raghuram Rao, Dr. Shanoo Misra & Ms. Seema Gupta

The **Corporate TB Pledge (CTP)** program is a joint initiative of the Central TB Division, Ministry of Health and Family Welfare, Government of India and USAID in collaboration with IPE Global Ltd and The International Union Against Tuberculosis and Lung Diseases, with the objective to develop a shared TB vision, in alignment with PM Narendra Modi's vision of eliminating TB in India by 2025. The aim of the CTP is to engage the corporates and business associations effectively and meaningfully, for industry-associated cooperation to end TB in the workplace and community settings.

The Rationale to initiate TB free Transshipment Locations (TSLs)

Eight million truck drivers and twelve million helpers criss-cross the country's highways for hours at a stretch. They belong to different states and cities. They are away from their homes for 10-12 days to six months at a stretch. Their lifestyle poses difficulties in TB treatment, which requires a referral for diagnostics and long-term medication. Inadequate follow-ups of such cases may lead to high default rates as many of them do not report to the system.

Intervention

Apollo Tyres Foundation (ATF) established a preventative healthcare program in the year 2000 for the trucking community in 31 major transshipment hubs across 19 states offering a full spectrum of preventive and tertiary health services for TB, HIV, eye care, non-communicable diseases such

as diabetes and hypertension. At each of the transshipment locations, a package of behavioural, clinical and training services are being offered by Apollo Tyres Foundation. Partnership with CTP since 2019 has led to a substantial expansion in the foundation's TB interventions – program now being offered across 12 centres. ATF is providing microscopy services at Agra and Gwalior in partnership with the local government. Their commitment to motivate other corporates and advocate for TB initiatives with all stakeholders has graduated them from platinum to a diamond member.

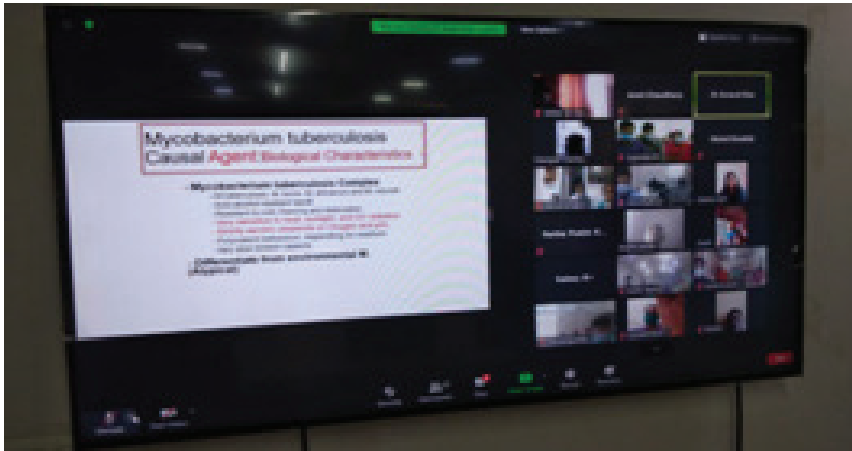


* Someone with a similar social background that the truckers can associate with like vendors, Dhaba owners and workers, mechanics, street vendor, workers of transport companies from the community

Economic Times. 2020. Available on <https://economictimes.indiatimes.com/small-biz/sme-sector/hit-hard-by-the-virus-and-lack-of-demand-indias-trucking-industry-now-battles-shortage-of-drivers/articleshow/75173949.cms>

World Health Organisation (Jose et al). Bulletin of the World Health Organization Tuberculosis control in vulnerable groups. Available from <https://www.who.int/bulletin/volumes/86/9/06-038737/en/>

Behavior Change Communication	Clinical Health Services	Training sessions
To harness an attitude of 'prevention is better than cure' and bring out behavioural changes amongst the drivers and helpers, the model adopts four strategies including one to one counselling sessions with the truckers, group sessions led by outreach workers ensuring awareness on TB, Mid-Media events ensuring increased participation and peer educators enabling a robust referral system across the transshipment hub.	The healthcare facilities include allotment of a unique registration number, valid at all healthcare centres to each trucker, state clinic with qualified doctors and outreach workers, satellite clinic to facilitate truckers who do not have access to state clinics due to distance, integrated health camps in specific project areas to provide services at the doorstep to ensure maximum outreach and mobile medical units.	Considering the impact of COVID 19 and low screening (1029 cases) in June 2020, ATF in collaboration with The UNION organized virtual refresher-training sessions for the staff in all of the 31 locations across the country with a participation of 150+ health workers covering doctors, counsellors and field staff.



Impact Numbers

S. No.	Component	Achievement May 2019 to July 2020
1	Total reach-out (through 1 to 1 and 1 to group sessions)	43032
2	Total No. of TB Presumptive	1525
2	Total No. of TB Screening	934
4	Total No. of TB Confirmed	59
5	Total No. of patients put on DOTS	49
6	Total No of patients completed DOTS	30

Strengthening the TB Free Workplace Initiatives

The successful TB free workplace initiative started in Feb 2020, has now encouraged ATF to start TB Free TSL campaign in all 31 locations. The campaign was launched on 25th September 2020. ATF also plans to start three more Provider-Performed Microscopy procedures before the campaign starts. The aim is to sustain TB activities at all 31 locations in a phased manner.

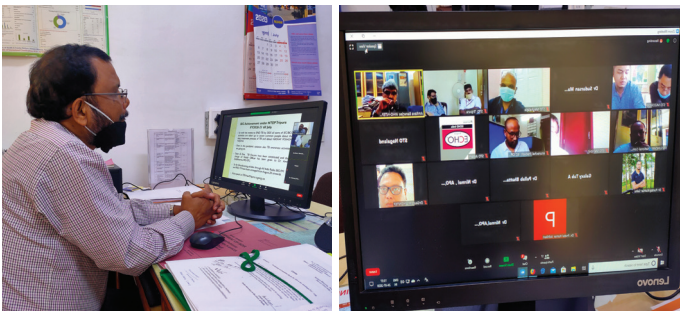
Dr Raghuram Rao, Deputy Director,
Central TB Division, MoHFW

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Ms Seema Gupta
Advisor CR and Partnerships, IPE Global

National Review of ACSM Activities held in 2020

VV Sundar



Information Education Communication (IEC) is a process of working with individuals, communities & societies and develop communication strategies to promote positive behaviour that are appropriate to their settings. Public health education and communication seek to empower people to garner social and political support for those actions.

The Advocacy Communication and Social Mobilisation (ACSM) team of Central TB Division under the chairmanship of Dr. Sudarsan Mandal, Addl. DDG(TB) concluded virtual review of IEC activities undertaken by the States and UTs across India during the current year. Significantly, this time National Tuberculosis Elimination Programme (IEC) activities were reviewed thoroughly by novel method

at a pan India level covering 28 states and 8 UTs. The month-long exercise was divided into different phases. The states were split geographically into seven zones and each zone comprised of the following states.

Zone	States
South I	Andhra Pradesh, Karnataka, Telangana
South II	Andaman & Nicobar Islands, Kerala, Lakshadweep, Puducherry, Tamil Nadu
North - East	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura.
West	Dadra, Nagar Haveli and Daman & Diu, Goa, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan
North I	Chandigarh, Delhi, Haryana, and Himachal Pradesh
North II	Jammu & Kashmir, Ladakh, Punjab, Uttar Pradesh, Uttarakhand
East	Bihar, Chhattisgarh, Jharkhand, Odisha, and West Bengal

All the States/UTs presented their 2019-20 plan and activities undertaken so far. The teams showcased key achievements of the last year and their plans for the current year. Each team presented a power point presentation that included allocated budgets, communications plan, social mobilisation activities, and advocacy related efforts. The teams also showcased

samples of the IEC materials and photographs of the events organised.

Due to COVID pandemic several states & UTs could not execute IEC activities as per their current plans. The teams were requested to share their respective plan of action for the coming months and the current IEC material being in use. A comprehensive review of the IEC/campaign material is underway to understand the

efficacy of the communication approaches adopted by the states and UTs and activities accomplished so far; identify any best practices; strengths and weakness; and build the teams capacities and competencies and equip them to overcome any possible challenges.

Mr. V. V. Sundar
WHO-NTEP National Consultant (Communication),
Central TB Division

Catalyzing Industry Action Towards TB Free Workplaces

Amitava Banerjee



Many of you may know that India accounts for >27% of the world's Tuberculosis burden. More than 2.7 million people suffer from this disease with half a million people succumbing to it, each year. Most of these deaths occur among young adults in the economically productive age group, resulting in high socio-economic costs. Moreover, 40% of Indians have latent tuberculosis. It is estimated that 10% of them will develop active TB disease. Additionally, considering that a person with TB has the potential to infect 20 different individuals in their lifetime, the cumulative effect would be catastrophic for the country.

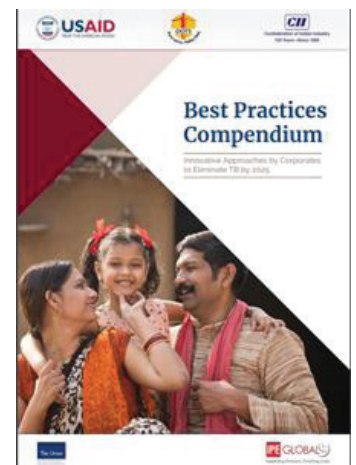
Poor health makes for bad business! The economic burden of TB is huge in terms of lives, money and workdays lost. TB – apart from its staggering impact on human lives – results in more than 170 million workdays lost annually, \$300 million+ in lost wages per year and around \$23.7 billion in indirect costs to the economy due to absenteeism, employee turnover and lost productivity.

These challenges necessitated the development of a more cohesive engagement with the private sector. The MoU signed between the Central TB Division (Ministry of Health and Family Welfare) and the Confederation of Indian Industry (CII) is

a step forward in this direction. CII is a collective representative of the industry, and its members need to strategically approach TB at their workplaces and support employees who are affected by it. The industry will have to come forward and become active agents of change that invest in Public Health delivery, bringing to bear their competencies in technology, operations, and management.

CTD, in partnership with CII, launched a 3-year long pan-India 'TB Free Workplaces Campaign' towards achieving the national mandate by 2025. The campaign was virtually inaugurated on 17th of August 2020 by the Hon'ble Union Minister of Health, Dr Harsh Vardhan, in the presence of Shri Ashwini Kumar Choubey, Hon'ble Minister of State, and it aims to engage the business leaders and provide a forum for convergence for the industry's response to TB, while safeguarding economic productivity and ensuring a healthier more productive workforce.

CII is actively assisting the NTEP in engaging with community, industry, policy makers as well as health workers to take this agenda forward through several workplace interventions. The initiative consists of the signing of a pledge, and information/ teaching App, the best practices compendium, which will be provided to each corporate post signing the pledge. As part of the activities, CII together with CTD is convening State Regional roundtables beginning September, to create platforms for senior health

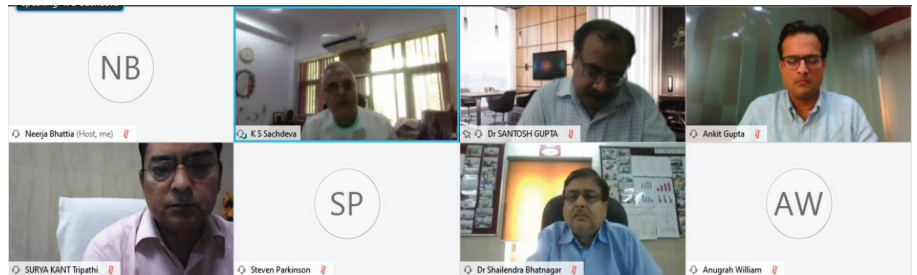


managers, policymakers and management of Private Sector Enterprises to discuss and share the current framework for TB management, share best practices and challenges.

Realizing a greater interest among the corporate to complement government efforts, the roundtable discussions aspire to sensitize companies and organizations with large workforces on TB and its impact on productivity levels for businesses. These discussions bring together key policymakers and healthcare providers at the state levels to deliberate on how India can advance in TB disease care and management leveraging on the private sector to amplify the efforts and catalyze the fight in eliminating TB. The campaign seeks to have as many such consultations as possible till every industry every company, is brought into these deliberations and sensitized on the importance of a TB Free Workplace.

As they say – a journey of a thousand miles begins with a single step- and that could be in the form of spreading awareness on TB, encouraging workers for periodic check-ups,

recognizing symptoms and referring suspects for diagnosis, ensuring treatment completion or even treatment and nutrition support for patients and their families. Continuing the employment relationship and maintaining a stigma discrimination free environment at the workplace, would go a long way in encouraging people to disclose and fight this disease. And, as actions speak louder than words, rearrangement of work time, opportunities for rest breaks, time off for medical appointments, flexible sick leaves etc., would make it be known that TB patients are not alone in this fight and the whole organization is behind them, supporting their welfare and to welcome them back.



Mr. Amitava Banerjee
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NCDs linked to TB care services in Tamil Nadu and the tale of a Woman TB Leader

Ms Smrity Kumar & Team REACH

Resource Group for Education and Advocacy for Community Health (REACH) was established two decades ago in response to the roll-out of the National TB Elimination Program in Tamil Nadu. A recent initiative, the Linking to Care project, is aimed at efficient diagnosis of diabetes and hypertension and is built on the existing private sector engagement model of REACH. The project is being implemented in Chennai with support from AA&D and Lilly Global Health and started in the third quarter of 2019. It is in the transition phase wherein the Non-Communicable Diseases (NCD) component is being incorporated into TB care services.

In the second quarter of 2020, which saw the need to integrate safety and social distancing protocols due to the COVID-19 pandemic, TB care services for diagnosis and treatment support were provided uninterrupted. The REACH team ensured that 1600 people with TB had sufficient stock of medicines despite the lack of public transport facilities. Out of 288 referrals

received, 204 were diagnosed with TB. Phone calls were made to all people with TB under REACH's care to ensure they were taking medicines regularly with an additional focus on Diabetes and Hypertension medication and blood glucose monitoring. They were also provided education on healthy lifestyle, stress management, and the importance of taking their medications regularly. Coupons for Random Blood Sugar (RBS) testing was provided for a free screening of Diabetes Mellitus (DM) to people with TB and their contacts above 30 years of age. Counselling and education, including IEC materials, were shared with people.

From a TB survivor to a Woman TB Leader

This is a story of Devi, a Woman TB Leader and TB survivor from Tirunelveli district of Tamil Nadu. In this story, she recalls her journey from a TB survivor to a Woman TB Leader who helps others in the community.



“When I was an adolescent, I fell very sick and did not know why. I visited many private hospitals and doctors for treatment to no avail. After several months, I was diagnosed with extra-pulmonary TB in a government hospital and was advised to take medicines for a year. Even though it was a long time, I took my medicines regularly. But I felt weak even after the course of

treatment was over. I continued to be frail and fatigued for quite a few years after that.

Having gone through that ordeal, I always wanted to do something for people with TB so that they did not have to face the difficulties that I did. When I heard about the call for applications for REACH’s project, I readily applied.

I have been working as a Woman TB Leader since March 2020. It was exactly the time when the COVID-19 pandemic began and all public transportation came to a halt. I wanted to go to work, so I learnt to ride a two-wheeler and now I am able to report to the hospital where I assist the TB elimination program irrespective of whether public transport is available or not.

I screen the people who come to the OPD for symptoms of TB. I make sure people with TB symptoms meet the medical officer and undergo testing for TB. Since the health system is overwhelmed with activities to contain COVID-19 and other mandated activities, I also pitch in to help in the collection of sputum samples and preparation of smears for testing.

I encourage the family members of people diagnosed with TB to undergo screening for TB. I keep in touch with those diagnosed with TB to ensure they are taking their medications. I am glad I am able to help people with symptoms of TB and people with TB as much as I can”.

Ms Smrity Kumar
Director, REACH

TB Harega Desh Jeetega National Campaign

Ms. Richa Bharti

Ministry of Health & Family welfare emphasized on the need to work in mission mode to fight against TB through involving civil societies, community participation, and other stakeholders for combating TB. TB Harega Desh Jeetega national campaign has completed one year on 25th September 2020. The campaign was launched by Hon’ble Minister of Health & Family Welfare was strategically designed to reach out all citizen that includes high visibility communication for demand generation and stigma reduction; audience segmentation, targeted behaviour-change interventions, and community mobilization. This was to promote the active participation of people from all walks of life in a national movement against TB. TB elimination cannot be achieved if preventive and community-level interventions are not implemented along with a multi-sectoral and community-led response. Considering this, Central TB Division has drawn up an “Accelerator to National Strategic Plan”. It includes following seven key components under the umbrella of “TB Harega Desh Jeetega National Campaign”.

1. Advocacy and Communication
2. Health & Wellness centres & TB

3. Inter-Ministerial collaboration for addressing social determinants of TB
4. Private health sector engagement
5. Corporate sector engagement
6. Community Engagement
7. Latent TB Infection Management



Hon’ble Minister of Health & Family Welfare launched the campaign on 25th September 2019)



Signing ceremony of the MoU between Ministry of Health & Family Welfare & Ministry of Ayush on 18th July 2019)

A brief on “Advocacy and Communication” will be highlighted in this article.

Need massive campaign on TB under Advocacy and Communication

Awareness about TB is low, incomplete, or incorrect, specially about its symptoms among the general population. As an airborne disease, anyone can get TB. Inaccurate and incomplete knowledge about TB prevention and treatment coupled with stigmatizing beliefs and attitudes towards TB patients are major factor fuelling the prevalence of high TB burden in India. Raising public awareness on TB is therefore a crucial need to effectively combat the disease. An issue-based, target group-specific and integrated communication strategy will help to bring TB to the centre of public discourse in India. The strategy helps to generate demand for TB care services, facilitating early diagnosis, timely treatment initiation and completion. Forging partnerships with multiple stakeholders including private healthcare providers, corporate sectors, NGOs, CBOs, community groups, local governments etc is expected to improve resource mobilization and improved care for TB patients.

The main objectives of communication strategies were:

- **Create a common stakeholders’ platform:** Bring together fragmented stakeholders from the TB landscape under one media campaign to create a mass movement. The combined reach and influences of multiple partners on mix media platform will help to expand the campaign and disseminate messages widely.
- **Mainstream TB in common dialogue:** Position TB as one of the more talked-about public health issues on all possible media platforms and involve

the masses in the campaign by issuing different call-to-action to address challenges in the fight against TB e.g Survivor networks can use this opportunity to tell individual stories and amplify champion voices.

- **Showcase progress by using several platforms:** Use various platforms to communicate the government’s achievements and initiatives in real-time. Create opportunities for the program leadership/community leaders/grass root level workers to interact with the audience by using traditional electronic, print, outdoor as well as social media platforms like YouTube, Twitter, and Facebook.
- **Promote health-seeking behaviour** in the community for early case detection.
- **Expand TB care services** through the engagement of various stakeholders (including community).

To make TB Harega Desh Jeetega campaign as “Jan Andolan”, Hon’ble Minister of Health & Family Welfare individually had recently written letter to all Hon’ble Governor & Lt. Governor of States / UTs and all Hon’ble Members of Parliament to join hands in the fight against TB. The involvement of elected representatives definitely will help in addressing TB related social stigma, promote advocacy of the program, social mobilization & community involvement. The MPs and MLAs can help the nation win in the fight against TB by adopting the localities in their constituencies & pledging to make them TB free and contribute to the achievement of the Sustainable Development Goal (SDG) along with End TB target by 2025, five year ahead of the global timeline of 2030. Members of Parliament/Legislative Assemblies can help reach out to media to spread positive messages on TB they may also build a stronger network of influencers for TB programme.

After the launch of TB Harega Desh Jeetega national campaign, a letter was issued by the Special Secretary, MoHFW to all Principal Secretaries (States/UTs) for joining hands for implementation of the entire seven key components in their respective States/UTs: Following were the key progress made:

- **Commitment at Highest Level:** Many elected representatives were actively involved in the National TB Elimination Programme and renewed their commitment to End TB in their constituencies.



- Commitment by States/ UTs to achieve TB Free Status:** 13 States & UTs have committed to achieving the TB Free status before or by 2025. Kerala (2020); Himachal Pradesh (2021); Gujarat, Sikkim & Lakshadweep (2022); and Bihar, Chhattisgarh, Jammu & Kashmir, Madhya Pradesh, Tamilnadu, Puducherry, Jharkhand, Bihar, D&D and DNH (2025).
 - Review of TB Programme at Apex Level in the States/UT:** A total of 190 review meetings were held to review NTEP progress at the senior administrative level and regular engagement with Parliamentarians and Legislators at the State/UTs during 2019.
 - Adoption of Pediatric TB Patients by Senior State Administrators and Officials:** The Governors of Madhya Pradesh and Uttar Pradesh along with other senior state officials have started adopting Pediatric TB Patients for continuous monitoring of their treatment and providing nutritional and social support to them.
 - 360 degree mass media campaign:** National & States/ UTs are putting their concerted efforts in achieving the goal of TB free India by 2025 by use of multiple communications platforms such as print, television, outdoor, electronic and digital media, social media etc for creating awareness about symptoms of TB and address issues around treatment adherence, development and prevention of drug resistance etc. will help to generate demand leading to early TB diagnosis and initiation of delivering quality services to the TB patients. Under the campaign empowering and engaging with TB affected communities; sharing of information about TB with the media and hand-holding TB survivors/champions to become effective patient advocates were the main focus areas.
- The road ahead for a “TB free India” has a lot of challenges however we are hopeful that the country will achieve the goal End TB by 2025.

Ms. Richa Bharti
Technical Officer (ACSM), Central TB Division

Apollo Tyres TB Free Transshipment Location Campaign

Ms. Richa Bharti & Ms. Rinika Grover

TB prevention and management activities are essential for reducing the burden of TB disease and achieving favourable outcomes by ensuring early detection and completion of TB treatment among migrant workers. The Mobile population of truckers and helpers is at higher risk of TB infection. The risk factors for this special population groups are overcrowding and poor living conditions, low socio-economic status, low health-related spending capacity, undernutrition, lack of awareness and poor adherence to the TB treatment.

About eight million trucks operate in India. The trucking industry represents a notable 2.5% of the most economically productive labour force. These truck drivers are pilots of Indian logistic system. Though the Indian trucking sector contributes about 4.5-5 per cent of the GDP, the truckers often hail from poor families & lead miserable and socially marginalized life. A majority are school dropouts who join this profession. Initially they join as a cleaner or helper and later learn driving to become truck drivers. Most of the truckers do not own their truck and work like a bonded labourer for they work more than 15 hours a day on the roads away from their family affecting their health and quality of life. Due to prolonged period of absence from home, with a bad lifestyle they acquire tobacco, alcohol habits spending a larger part of their time on highways and workplaces, eventually becoming vulnerable to various infections including TB. The trucker & migrant population must become aware of the sign & symptoms, diagnostic services, treatment availability, and prevention of tuberculosis so that they can avail these services through nearby health facility centres.

Apollo Tyres Foundation (ATF) has started a new initiative of integrated and holistic health services to trucking community and the allied population. ATF has joined the corporate TB pledge TB intervention has been rolled out at 31 locations. The TB initiative primarily aims at awareness generation, early diagnosis, and treatment adherence to reduce morbidity and mortality due to tuberculosis amongst the trucking community. ATF is also providing microscopy services at Agra and Gwalior in partnership with the state government.

Corporate TB Pledge (CTP), a joint initiative of Government of India and USAID was launched in April 2019 to galvanise corporate support in the fight against TB. Currently, there are 103 corporate partners who are doing meaningful work for TB elimination. These corporates have workplace initiatives and projects through Corporate Social Responsibility (CSR). Apollo Tyres is a diamond member in Corporate TB Pledge and has joined hands with Central TB Division to intensify TB case finding among truckers and spread the awareness among the allied population. Apollo Tyres has launched a two weeks TB Free transshipment locations campaign under the banner of "TB Free Workplace Campaign" from 25th September to 9th October 2020. The Campaign aims to intensify outreach and communication with truckers and migrants at their workplace/Transshipment Locations (TSLs).

Aim of TSL Campaign:

- To intensify case finding among truckers and allied populations

Objective

- To reach three lakh truckers and allied population to do the awareness of TB.
- To connect with more than 50,000 truckers and allied population for TB screening.
- To facilitate more than 500 TB testing for identifying presumptive TB patients
- Increase access for TB services by starting new microscopy centres in Public-Private Mix (PPM).

Following activities on TB with truckers, mechanics, and migrants in transport nagar's were conducted:

1. IEC Campaign

- a. E-Message (text)
- b. Putting up 124 Hoardings for TB awareness
- c. Distributing 124,000 Pamphlets for TB awareness and key symptoms



2. Mid-Media:

- d. Awareness generation through Peer Educators/ Mid-media event. More than 50,000 people to be reached through outreach and mid-media
- e. TB awareness through one to one and group sessions

3. TB testing and notification

- f. Identification of presumptive cases & Symptomatic screening
- g. Referral and sputum transportation at some location



Partnership for Action against Tuberculosis (PAct)
Focus: Gujarat

Chief Guest
 Dr. Kuldeep Singh Sachdeva
 Deputy Director General (TB)
 Central TB Division (MoFHW)

Eminent Speakers

Rajesh Dahiya
 Vice President
 Marketing Sales & Service
 (India, SAARC & Oceania),
 Apollo Tyres Ltd.

Prabhodh Bhambal
 Deputy Executive Director
 International Union Against Tuberculosis
 and Lung Disease, The Union

Arvind Kumar
 Senior Manager
 Strategic Partnership,
 USAID-India

September 25, 2020

Champion a
TB-free India by 2025

Neeraj Lal
 Convener
 CII Gujarat CSR Panel &
 Head-CSR, Arvind Ltd.

Pradeep Ghoshal
 Head Sustainability
 Federation of
 Kutch Industries Association

Dr. G.C. Patel
 Joint Director (TB) State TB Officer
 Gujarat

The Union 100
 FOKIA
 apollo
 Tyres Foundation



**Inauguration of Microscopy
 &
 TB Treatment Centre (PPM)
 at
 Mundra Port-Gujarat
 Sanjay Gandhi Transport Nagar-Delhi
 Beltola-Guwahati
 September 25, 2020**

Corporate
TBPledge

The Union 100
 National Partner

A CSR initiative of Apollo Tyres Ltd.
 apollotyres.com

- Follow up and treatment adherence
- Nutrition support for adopted children undergoing TB treatment
- More than 500 TB testing to be facilitated
- Confirm cases to be linked with the National TB Elimination Programme and government scheme for nutrition support

4. Starting three new DMCs (Gujarat, Assam, and Delhi)

1. Manage Designated Microscopy Centres (DMCs) in Agra and Gwalior

Since it is a bold move by the Apollo Tyres and their reach among mobile population which is hard to reach,

mapping of high-risk groups, systematic screening through active case finding, early case detection, follow up and treatment adherence will definitely be poised to meet the ambitious goal pronounced by our Honourable Prime Minister at the Delhi End TB Summit in March 2018 of ending the TB epidemic by 2025 from the country, five years ahead of SDG goals for 2030. The dream of Ending TB will come into reality with the support of all the stakeholders and through collaborations across all sectors.

Ms. Richa Bharti

Technical Officer (ACSM), Central TB Division.

Ms. Rinika Grover

Head, CSR and Sustainability, Apollo Tyre Limited

लक्ष्य की ओर अग्रसर

डॉ. आर. के. सूद

लक्ष्य हासिल करना उस समय और भी आसान हो जाता है, जब लक्ष्य प्राप्ति के प्रति हम सभी मिलकर अपने-अपने कार्यों को पूरी कर्तव्यनिष्ठा से करना शुरू कर दें।

लेकिन, "कोरोना काल" में भी सामाजिक गतिविधियों को सुचारु रूप से गति देना, क्या सच में आसान था? कहीं कोरोना महामारी, हमें अपने लक्ष्य प्राप्त करने में रुकावट तो नहीं बनती?

दुनिया जब लॉकडाउन और कोरोना काल जैसे दौर से प्रभावित हो रही थी, "बतौर "जिला कार्यक्रम अधिकारी (टीबी)" मेरा यह मानना था कि, जब "टीबी" जैसी गम्भीर बीमारी, समाज में हमें अपना "उत्तरदायित्व" निभाने से कभी रोक नहीं पाई, तो कोरोना काल हमारे लिए कोई विशेष चुनौती नहीं होगी।"

बल्कि, हमें तो इस आपदा को अवसर में बदलकर समाज में फैली तरह-तरह की भ्रांतियों को मिटाने का मौका मिल रहा है। जहाँ हम सभी एक-साथ खड़े होकर, पुनः "जन-सम्पर्क" के माध्यम

से इन गम्भीर बीमारियों तक आसानी से पहुँच सकें और लोगों को जागरूक कर सकें।

इसी सोच के साथ जून 2020 में हमने निर्णय लिया कि, "टीबी मरीजों के प्रति जो हमारी संलिप्तता निर्धारित की गई है, उसे अन्य किसी भी बीमारी के चलते नजरंदाज नहीं किया जाए।"

इसी सोच को "व्यावहारिकता" देने के लिए सरकार द्वारा निर्धारित "सनडे एक्टिव केस फाइंडिंग" जो 2019 के अंत में शुरू की गई थी, को पुनः शुरू किया गया। वैसे तो "एक्टिव केस फाइंडिंग" हमारे प्रदेश में 2018 से शुरू हो चुकी थी, जो साल में एक या दो बार चलाई जाती थी। लेकिन अब इस अभियान के तहत, हर हफ्ते "सनडे एक्टिव केस फाइंडिंग" को चलाया जा रहा है।

"बेशक कोरोना भी हमारे लिए एक चिंता का विषय है, लेकिन "टीबी रोगियों की पहचान करना शायद हमारे लिए उससे भी बड़ी चुनौती है।" इसी चुनौती के मद्देनजर हमने पुनः जन-सम्पर्क

अभियान को शुरू किया और “आशा वर्कर्स” के सहयोग से, दोबारा से घर-घर जाकर टीबी रोग के लक्षणों वाले मरीजों को खोजने का कार्य आरम्भ हुआ।”

इस अभियान में आशा वर्कर्स के अलावा, हमारे “सीनियर ट्रीटमेंट सुपरवाइजरस (STS) की भूमिका भी अहम मानी जाती है। उन्हीं की देखरेख में आशा वर्कर्स इस काम को मुकाम तक पहुंचाती हैं।

इस मुहिम को एक बार फिर से जांचने और परखने के लिए, मैं जिला कांगड़ा के “फतेहपुर ब्लॉक में” जा पहुंचा। तेज बारिश के बीच शहर से दूर एक बस्ती दिखाई दी। वह बस्ती, कामगार मजदूरों की बस्ती थी। “सोचा वहां रहने वाले मजदूरों से मिलता चलूँ और साथ में टीबी की जानकारी भी बाँटता चलूँ।”

बस्ती में जाकर वहाँ एक व्यक्ति से भेंट हुई (शायद बस्ती का मुखिया था)।

उस व्यक्ति ने मुझसे पूछा: साहब किससे मिलना है?

उसके जवाब में, मैंने सबसे पहले अपना परिचय दिया। फिर बस्ती में रहने वाले लोगों से, सवालों के जरिए, कुछ जानकारी जुटाने का काम शुरू किया “यहाँ जितने भी लोग रह रहे हैं, उनमें किसी को दो हफ्ते से खाँसी, शाम के समय बुखार आना, वजन कमहोना, भूख ना लगना, या छाती में दर्द जैसे कोई लक्षण तो नहीं हैं?”

यह सुन कर वहाँ रह रहे लोगों ने कहा, “नहीं साहब, हमारे परिवार में इस तरह के लक्षण वाला कोई सदस्य नहीं है।”

मैंने उनसे कहा, “अच्छी बात है”। लेकिन ईश्वर न करें, कभी किसी को इस तरह के लक्षण दिखाई दें तो तुरन्त अपने नजदीकी स्वास्थ्य केंद्र जाकर अपने बलगम की जांच अवश्य करवाएं।

इतना सुनने पर, उनके मुखिया ने कहा, “जी साहब, यह तो हमें पहले भी यहाँ की आशा दीदी और एक “सर” द्वारा समझाया गया है।”

यह सुनकर मुझे बहुत अच्छा लगा, कि फील्ड में काम अच्छे से हो रहा है। और उस “सर” को भी मैं समझ गया कि वह “सर” कौन था जो इन्हें यह सब समझा चुका है: “पंकज”, इस ब्लॉक का “सीनियर ट्रीटमेंट सुपरवाइजर।”

इतना सुनने के बाद मैं वहां से निकल आया। तब तक बारिश भी रुक चुकी थी। थोड़ी दूर पहुँचने पर मैंने देखा? कि पंकज भी हमारे आगे-आगे चला हुआ है।

तभी मैंने पंकज को इशारा करके रोका और पूछा, “पंकज कहाँ जा रहे हो?”

पंकज : सर, अभी तो मैं “ईंटों के भट्टों” के कामगारों से मिलने जा रहा हूँ और बापसी में एक मरीज के घर भी जाना है। सोचा, मरीज का हाल भी पूछ लूँगा और उसके आस-पास के लोगों से मिलकर, उनसे टीबी के लक्षणों के बारे में भी पूछ लूँगा।

यह सुनकर मैंने कहा, “बहुत अच्छा, चलो मुझे भी ले चलो अपने साथ। बहाने से मैं भी उस मरीज से मिलकर, सरकार द्वारा दी जा रही सुविधाओं के बारे में उनसे पूछ लूँगा।”

पंकज आगे-आगे चल रहा था और मैं उसके पीछे। अचानक देखा तो सड़क के बीचों-बीच छोटा नाला बह रहा था! गाड़ी तो फिर भी निकल जाती लेकिन उस बहाव में बाइक को चलाना उतना आसान नहीं था।

यह देखकर मैंने तुरन्त पंकज को अपनी गाड़ी में बैठने के लिए कहा। लेकिन पंकज ने कहा, “सर! मैं यहाँ अकेले बाइक खड़ी नहीं कर सकता। और यह बहाव भी ज्यादा तेज नहीं है। इसलिए आप मेरी चिंता ना करें।”

“पंकज के इस हौंसले को देखकर, मन बहुत खुश हुआ।”

हमने पहले पंकज को रास्ता पार करवाया फिर खुद रास्ता पार करते हुए ईंटों के भट्टे तक जा पहुँचे...।

वहाँ के कामगारों से मिलकर, पहले तो उनसे टीबी की बीमारी के लक्षण पूछे और बाद में उन्हें टीबी के प्रति जागरूक किया।

उसके बाद हम दूसरे गाँव में एक मरीज के घर उससे मिलने जा पहुँचे।

पंकज ने सबसे पहले मरीज का हाल पूछा और फिर 99 डॉट्स की दवाइयों के बारे में पूछा, “आंटी जी, कैसे हैं अब आप? दवाइयां नियम से खा रहे हैं ना? कोई परेशानी तो नहीं आ रही?”

“मरीज ने उत्तर दिया”: “ठीक हूँ बेटा!” और दवाई भी जैसी बताई है ठीक वैसे ही खा रहा हूँ लेकिन यह कौन आएँ हैं आपके साथ?

“पंकज”: यह सर भी धर्मशाला से, आपका हाल पूछने आए हैं।

यह सुन मरीज को बहुत अच्छा लगा और पंकज से दोबारा पूछा, “क्या सच में, डॉक्टर साहब मेरे घर, मेरा हाल पूछने खुद आए हैं!”

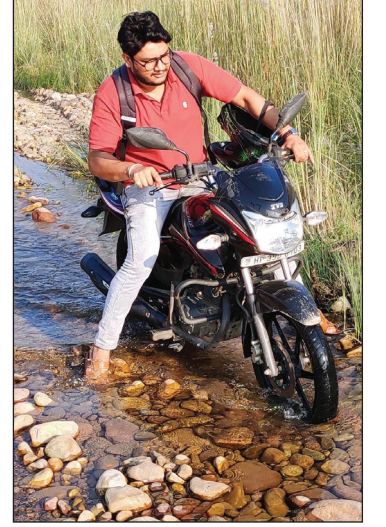
“हाँ आंटी जी।” (पंकज ने कहा)

यह सुनकर फिर मैंने भी मरीज से पूछा, “अब आप कैसा महसूस कर रहे हैं?”

मरीज: “बहुत अच्छा डॉ. साहब!” दवाइयां खा रहा हूँ और सेहत में भी सुधार हो रहा है।

फिर मैंने पूछा, “आप दवाइयां कैसे खाते हैं?” किस समय पर खाते हैं और खाने पर क्या-क्या खाते हैं?

मरीज ने बताया कि, “इस पत्ते से रोज गोली खाता हूँ और खाने के बाद पीछे दिए नम्बर पर कॉल कर देता हूँ।”



दवाई खाने का भी मैंने एक ही समय रखा हुआ है और हरी सब्जियां, दाल, अंडा बगैरा सब खाती हूँ।

मैंने सोचा कि इनसे, “निक्षय पोषण योजना” के बारे में भी पूछ लेता हूँ। “क्या आपके खाते में सरकार द्वारा दिए जाने वाले आपके “पोषण आहार” के लिए पैसे आ गए हैं?”

मरीज: जी साहब, “वो तो समय पर आ गए थे।”

आपके घर में और किसी को दो हफ्तों से खांसी, बुखार जैसे लक्षण तो नहीं आए?

नहीं साहब, “सभी ठीक हैं!”

चलिए, “अपना ध्यान रखिये और दवाई पूरे नियम से खाकर, जल्द स्वस्थ हो जाइए!”

इतना कह कर हम वहाँ से चले आए। और अब किसी दूसरे गांव में निरीक्षण हेतु चल दिए। वहाँ पहुँच कर हमने एक “आशा वर्कर” को घर-घर जाते हुए देखा। “आशा वर्कर” की ऐसी मेहनत देख हमने उससे बात करना चाही और उनसे पूछा।

मैडम, आपका काम कैसा चल रहा है? कृपया, अपने काम का अनुभव हमें बताएँ, कैसा रहा? साथ में संदिग्ध मरीजों के सैंपल लेने की व्यवस्थाओं के बारे में भी कुछ बताएँ।

आशा: जी सर, “सब कुछ सही से कवर हो रहा है। बाकी काम करने का अनुभव बहुत अच्छा रहा है। घर-घर जाकर मैं सभी से टीबी के लक्षणों के बारे में पूछा करती हूँ, जैसे: दो हफ्तों से खांसी, शाम के समय बुखार, वजन कम होना, भूख ना लगना आदि।

इनमें से यदि किसी को कोई भी एक लक्षण नजर आता है, तो मैं उसे सैंपल के लिए तुरन्त एक फाल्कन ट्यूब और एक स्पुटम कप दे देती हूँ और उसे समझा भी देती हूँ कि सुबह का बलगम इस मार्क तक, इस ट्यूब में और इस कप में डालना है। फिर अगले दिन, मैं वही सैंपल, पास की डीएमसी तक जाँच के लिए दे आती हूँ। जहाँ से फाल्कन ट्यूब का सैंपल “CBNAAT” के लिए भेजा जाता है और स्पुटम कप का सैंपल, माइक्रोस्कोपी जाँच द्वारा वहीं कर दिया जाता है। रिपोर्ट आने के बाद जब मुझे बताया जाता है तो उस मरीज तक मैं रिपोर्ट की पूरी जानकारी पहुँचा देती हूँ। तब जाकर यह प्रक्रिया पूरी होती है।”

चलिए ठीक है मैडम जी। आपका अनुभव सुनकर बहुत अच्छा लगा। आपके इस बेहतरीन सहयोग से टीबी खात्मे के लिए हमारी राहें और भी आसान बन सकती हैं।

इतना कहकर फिर गाँव के कुछ और लोगों से मिलने के बाद, मैं बापिस अपने दफ्तर आ गया...।

सभी पहलुओं पर नजर दौड़ाने के बाद, मैंने समझा कि, “टीबी खात्मे के लिए सभी काम बेहतर तरीके से किए जा रहे हैं। और सरकारी योजनाओं के लाभ भी सभी को सुविधा अनुसार उपलब्ध करवाए जा रहे हैं।” अगर इसी जोश के साथ हम सभी एक टीम की तरह काम करते रहेंगे तो शायद टीबी को हराने का लक्ष्य हमारे लिए कठिन नहीं रहेगा और यह लक्ष्य हम आसानी से प्राप्त भी कर सकेंगे।

डॉ. आर. के. सूद

(जिला क्षय अधिकारी) कांगरा, हिमाचल प्रदेश

क्षय दानव मार भगाएंगे।

गांव गांव में शहर शहर में अद्भुत अलख जगाना है।
क्षय मुक्ति अभियान यज्ञ में, दम खम खुब दिखाना है।।

रोगी खोजी अभियान चला कर, क्षय रोगी ढूढ़ निकालेंगे।
डॉट्स केंद्र से दवा दिला कर, क्षय दानव को मारेगे।।

पोषण प्रोत्साहन धन देकर, क्षय पीड़ित को स्वस्थ बनाएंगे।
क्षय मुक्त हिंद के सुखद स्वप्न को मिलकर साकार बनाएंगे।।

* क्षय मुक्त भारत ..स्वस्थ भारत *



“खुशियों को न खोने देंगे”

क्षय दानव के क्रूर हाथ में, बचपन को ना जाने देंगे।
सफाई और दवाई के संग, खुशियों को ना खोने देंगे।।

स्त्री जनित रोग को खुल कर डॉक्टर दीदी को बतलाना है।
सही जांच और सही इलाज से टीबी दूर भगाना है।।

घने अंधेरे में फिर एक दिन राह नई तब सुझेगी।
मां बहनों के आँगन में फिर से किलकारी गूँजेगी।।

* क्षय मुक्त भारत ..स्वस्थ भारत *

राजेश कुमार सिंह

स्टेट चीफ फार्मासिस्ट

स्टेट टीबी सेल, चिकित्सा एवं स्वास्थ्य सेवा महा
निदेशालय, लखनऊ उ.प्र.



PHOTO GALLERY

रैली निकाल लिया टीबी को हराने का संकल्प

- सभी स्वास्थ्य केंद्रों पर निक्षय दिवस का हुआ आयोजन
- टीबी चैम्पियन ने लोगों से अपने अनुभवों को किया साझा, लक्षण की दी जानकारी

संवाददाता, हाजीपुर

कोरोना संकट की इस घड़ी में टीबी के मरीजों को काफी सजग और सतर्क रहने की जरूरत है. यह एक संक्रामक बीमारी है, जो ट्यूबरकुलोसिस बैक्टीरिया के कारण होती है. इस बीमारी का प्रभाव सबसे अधिक फेफड़ों पर होता है. इसके अलावा यह ब्रेन, यूटरस, मुंह, लिवर, किडनी और हड्डी में भी हो सकती है. मरीज के खांसने या छींकने से यह बीमारी फैलती है. इसलिए बेहतर है कि हम इस बीमारी से बचाव के बारे में जाने ताकि यह रोग किसी अन्य में न फैले. ये बातें निक्षय दिवस के अवसर पर सोमवार को संक्रामक रोग पदाधिकारी

डॉ शिव कुमार रावत ने कहीं.

मालूम हो कि राज्य कार्यक्रम पदाधिकारी (यक्ष्मा) की ओर से सभी यक्ष्मा पदाधिकारियों से एक पत्र जारी कर निर्देश दिया गया है कि प्रत्येक महीने के दूसरे सोमवार को निक्षय दिवस के रूप में मनाया जाये. सभी स्वास्थ्य केंद्रों पर टीबी से बचाव तथा जानकारी संबंधित कार्यक्रम कराये जाये ताकि टीबी जैसी गंभीर बीमारी को समाज में मात दी जा सके.

सभी स्वास्थ्य केंद्रों पर मनाया गया निक्षय दिवस: निक्षय दिवस के मौके पर सभी स्वास्थ्य केंद्रों पर पेसेंट प्रोवाइडर्स की मीटिंग एवं सामुदायिक बैठक का आयोजन किया गया. टीबी चैम्पियन ने संभावित टीबी मरीजों से संपर्क कर उन्हें टीबी की संपूर्ण जानकारी तथा समुदाय के बीच जाकर टीबी के कारण, लक्षण और इलाज पर चर्चा की.

स्वास्थ्य केंद्रों पर नुक्कड़ नाटक तथा, बैनर, प्रदर्शनी, माइकिंग जैसी गतिविधियों का आयोजन किया गया. प्रत्येक ग्राम सभा में टीबी जागरूकता संबंधी संदेश का लेखन भी किया जायेगा. इस कार्यक्रम के माध्यम से



जागरूकता रैली निकालते स्वास्थ्यकर्मी व अन्य .

अब हर हेल्थ एंड वेलनेस सेंटर पर भी टीबी कार्यक्रम से जुड़ी गतिविधियों का लाभ लिया जा सकेगा. अभी जिले में टीबी के लगभग 1245 मरीज इलाजगत हैं.

मिलती है पांच सौ रुपये की प्रोत्साहन राशि: टीबी के मरीजों को उचित खुराक एवं पोषण देने के उद्देश्य से केंद्र सरकार की तरफ से निक्षय पोषण योजना चलायी गयी है. इसमें टीबी के मरीजों को उचित पोषण के लिए पांच सौ रुपये प्रत्येक महीने दिये जाते हैं. यह राशि लाभार्थी के खाते में सीधे पहुंचती है. सरकार की मंशा है कि टीबी से देश को 2025 तक

उन्मुक्त करा दिया जाये. **जिले में एमडीआर के लिए मौजूद है बीडाक्विलिन की दवा**: जिले में अब एमडीआर मरीजों के लिए रामबाण दवा बीडाक्विलिन की दवा भी उपलब्ध है. पहले यह दवा सिर्फ नोडल डीआरटीबी सेंटर और आइजीआइ एमएस में उपलब्ध थी इस दवा की कीमत लाखों में है और सिर्फ सरकारी अस्पतालों में ही यह दवा उपलब्ध है. जिले में यह दवा सबसे पहले भगवानपुर तथा रजौल के मरीज को दी गयी है. इस दवा के इस्तेमाल के समय मरीजों के स्वास्थ्य का पर्यवेक्षण किया जाता है.

औद्योगिक क्षेत्र के कार्यस्थलों को बनाएंगे टीबी फ्री

सीआईआई के सहयोग से आयोजित वर्चुअल परिचर्चा में बनी रणनीति

सरिता ग्वाहा ब्यूरो

लखनऊ: देश से वर्ष 2025 तक क्षय रोग (टीबी) उन्मुक्त के प्रधानमंत्री नरेंद्र मोदी के संकल्प को समय से पहले पूरा करने को लेकर विभिन्न कार्यक्रमों और योजनाओं पर तेजी से काम चल रहा है। इसी क्रम में शुक्रवार को कन्फेडरेशन ऑफ इन्डियन इंडस्ट्री (सीआईआई) के सहयोग से टीबी फ्री वर्कप्लेस रीजनल राउंड टेबल: उग्र पर वर्चुअल कार्यक्रम आयोजित किया गया। इसमें औद्योगिक क्षेत्र के कार्यस्थलों को टीबी फ्री बनाने के लिए उठाये जाने वाले जरूरी कदमों पर गंभीरता से विचार-विमर्श किया गया।

इस मौके पर सेन्ट्रल टीबी डिबिजन के प्रमुख व डिप्टी डायरेक्टर जनरल डॉ. के. एस. सचदेवा ने टीबी के खाल्से को लेकर प्रधानमंत्री के संकल्प को पूरा करने में उत्तर प्रदेश के योगदान पर चर्चा की और कहा कि औद्योगिक क्षेत्रों को टीबी फ्री बनाने से अभियान को एक गति मिलेगी। उन्होंने उत्तर प्रदेश के औद्योगिक क्षेत्रों में इस दिशा में उठाये जाने वाले हर कदम पर मदद का धरोसा दिया।

परिचर्चा में भाग लेते हुए किंग जार्ज चिकित्सा विश्विद्यालय के रेस्पैटरी मेडिसिन विभाग के अध्यक्ष व सेंट टीबी टास्क फ़ॉर्स के चेयरमैन डॉ. सुर्यकान्त ने औद्योगिक क्षेत्रों के टीबी मरीजों के स्वस्थ होने के बारे में उनकी शारीरिक और आर्थिक स्थिति पर पड़ने वाले असर पर प्रकाश डाला और क्षयरोगियों को पूर्ण सहयोग दिए जाने पर बल दिया।

उन्होंने कहा कि 75 फीसदी टीबी मरीज तो इलाज के बाद पूरी तरह स्वस्थ हो जाते हैं किन्तु 25 फीसदी मरीजों की स्थिति ऐसी नहीं रह जाती कि वह बहुत श्रम वाला काम कर सके। उनके फेफड़े का धब्बा बना रह जाता है, ऐसे में सांस फूलने और खांसी आदि की समस्या बनी रहती है, एक तरह से कहा जाए तो वह दिव्यांगों की श्रेणी में पहुँच जाते हैं।

धूल-धुआँ में उनके कार्य करने की स्थिति नहीं रह जाती। इसलिए औद्योगिक क्षेत्रों को इस पर विचार करना होगा कि उनको उसी तरह का काम दिया जाए जो वह आसानी से कर सकें और जरूरत पड़ने पर उनके पुनर्वास की व्यवस्था भी की जाए।

इस मौके पर राज्य क्षय रोग कार्यक्रम अधिकारी डॉ. संतोष गुप्ता ने टीबी के रोकथाम के लिए किये जा रहे प्रयासों और चिन्हित मरीजों को मिलने वाली सुविधाओं के बारे में विस्तार से जानकारी दी। उन्होंने औद्योगिक क्षेत्र के चिन्हित क्षय रोगियों को चिकित्सीय अवकाश, अन्य जरूरी सहाय्य, पुनः कार्य पर रखे जाने और चिकित्सीय अभिलेखों को सुरक्षित रखे जाने पर जोर दिया।

परिचर्चा में भाग लेते हुए सीआईआई हेल्थकेयर काउन्सिल की सलाहकार डॉ. शबनम सिद्दह ने औद्योगिक क्षेत्र के मालिकों और कर्मचारियों दोनों को टीबी से सुरक्षित रखने के लिए बड़े पैमाने पर काम करने की जरूरत पर बल दिया। उन्होंने कहा कि इसके लिए उनका संगठन हर स्तर पर कार्य करने को तैयार है। प्राइवेट सेक्टर इंगेजमेंट, ग्लोबल फंड के वरिष्ठ सलाहकार स्टेवेन पाकिंसन ने क्षयरोगियों पर पड़ने वाले आर्थिक असर पर प्रकाश डाला और युवाओं के डायमंड बर्कर पर किये गए कार्य का उदाहरण प्रस्तुत किया। उसी तरह से यहाँ भी कार्य किये जाने पर उन्होंने जोर दिया।

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क्षयरोग का समूल नाश करने में सभी की सहभागिता जरूरी

पूरे प्रदेश में आशा वर्कर घर-घर जा कर हरी टीबी के मरीजों की तलाश: एडीसी

संवाद न्यूज एजेंसी

धर्मशाला: अतिरिक्त उपपुस्तक कांगड़ा राखन शर्मा की अध्यक्षता में बुधवार को जिला टीबी फोरम व क्षय रोग निवारण समिति की गतिविधियों की समीक्षा बैठक आयोजित की गई।

उन्होंने कहा कि 24 मई 2018 को टीबी उन्मुक्त के लक्ष्य प्रतिव के लिए मुख्यमंत्री जयराज ठाकुर द्वारा भी टीबी मुक्त हिमाचल अभियान और मुख्यमंत्री क्षय रोग निवारण योजना का शुभारंभ किया गया है।

उन्होंने टीबी खाल्से के लिए स्वास्थ्य सेवाओं को और भी सुदृढ़ बनाने के लिए दिशा-निर्देश दिए। उन्होंने कहा कि शहरी क्षेत्र में एक्टिव केस फॉइंडिंग (एसीएफ) केंद्रों चलाने की आवश्यकता है, जिसमें आंगनवाड़ी वर्करों को शामिल किया जाना चाहिए। बैठक में टीबी की



धर्मशाला में जिला टीबी फोरम और क्षय रोग निवारण समिति की गतिविधियों की समीक्षा बैठक की अध्यक्षता करते एडीसी कांगड़ा राखन शर्मा।

जिला टीबी फोरम और क्षय रोग निवारण गतिविधियों की समीक्षा बैठक आयोजित

निष्पादन संकेतक के आधार पर हिमाचल प्रदेश ने पूरे देश में तीसरा स्थान प्राप्त किया है। इसी कड़ी में जिला कांगड़ा ने पूरे देश में 39वां स्थान प्राप्त किया है। विश्व स्वास्थ्य संगठन परामर्शदाता डॉ. रविंद्र ने बताया कि हर रिविजर को आशा वर्कर द्वारा एक्टिव केस फॉइंडिंग अभियान पूरे प्रदेश में चलाना जा रहा है। इसमें आशा वर्कर घर-घर जाकर नए टीबी के रोगियों खोज करती हैं। जिला क्षय रोग अधिकारी डॉ. आरके सुंद ने बताया कि जिला में आधुनिक जांच सुविधा निरुत्क उपलब्ध है। यह सुविधा पापनपुर, जलामुखी, नूपुर, धर्मशाला व टंडा मेडिकल कलेज में उपलब्ध है।