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Call for application/nomination for Award for TB Champion on www.tbpartnershipindia.org

Last date of submission is 30th November 2012

Follow your Partnership on **Facebook, Twitter and** www.tbpartnershipindia.org

Partners fight against Stigma

Stigma is literally a mark on the body, generally born of disease. But more than a scar, it distinguishes its bearer as a recipient of behaviours and practices that do not otherwise find social sanction. Stigma is expressed in various ways - beginning with discriminatory actions and exclusionary attitudes, which often over time, become assimilated into our collective "common sense" and even language.

For a highly stigmatised disease like TB, this has huge costs and implications. It induces a fear of getting tested in patients, and introduces obstacles in sustaining livelihoods and accessing treatment. The shame associated with social exclusion has an additionally devastating effect on the identity of patients, with the entire experience amounting to a socially inflicted trauma as that can be ravaging as any disease. In this context, informing patients and educating larger communities remains a relevant and priority intervention in TB care and control even today.

In this edition of the newsletter, we showcase experiences around stigma and TB from across the spectrum. We introduce the Rainbow TB Forum, an affected community organization of cured and current patients working to promote the rights of TB patients. We bring you stories of patients coping with discriminatory treatment, as well as the efforts of committed individuals, counsellors and health care providers to improve services and change mindsets around TB.

Welcome to our new partners

1. Voluntary Health Association of Tripura (VHAT), *Tripura*
2. Health, Evangelism & Literacy Program (HELP), *Uttarakhand*
3. Parvatiya Aranya Sewa Evam Vikas Santhan (PASS), *Uttarakhand*
4. Paneer HIV Positive Women's Network (PANEER), *Tamil Nadu*
5. Formation For Society (FFS), *Uttarakhand*
6. Sahara Aalhad Centre for Residential Care and Rehabilitation, *Maharashtra*
7. Association for People's Advancement and Action Research (APAAR), *Uttarakhand*
8. Freedom Foundation (FF), *Karnataka*
9. Sampurna Jagriti (SJ), *Bihar*
10. Karuna Social Service Society (KSSS), *Uttarakhand*

In Gratitude

The Partnership for TB Care and Control in India would like to thank Ms. Manpreet Kaur who served as Assistant Project Officer at the Secretariat of the Partnership from August 2010 for her valuable support and assistance in the successful functioning of the Partnership. Members of the Partnership wish her all the very best in her future endeavours.

KNOW YOUR PARTNER

Rainbow TB Forum

How did the Rainbow TB Forum form?

Blossom implemented a project called “CEPT” Campaign for Education and Prevention of TB in which hundreds of TB patients were identified and cured. Some of the TB patients who were college students were discriminated against in the government hospitals when they went for testing and treatment. These young students decided to organize themselves and advocate for the rights of all TB patients to proper treatment at RNTCP centre in as well as in the larger society. They co-ordinated with other like-minded TB patients to form a Forum of affected communities in order to have their rights recognised at TB treatment centres and in the community.

The Rainbow TB Forum started with 7 members in Virudhunagar block, Tamilnadu. Soon members in each of other 10 blocks also joined the Forum. At present, we have 623 members across the state.

The District Forum meets once in a month, however the Block level forums meet as per the needs and convenience of its members.

Can you tell us more about your activities in fighting the stigma and discrimination which is often associated with TB?

Our TB Forum members work and

monitor that no TB patient is being discriminated in the TB centres when they come for testing and treatment. Our members often visit and are present at the centres to ensure this.

The phone numbers of the 11 leaders are widely publicized among TB patients, staff in the government hospitals, police officials, primary health centres, NGOs, medical shops, and the reporters working in daily newspapers, who keep us informed about any problems, grievances for TB patients in the community. Our leaders immediately respond and take appropriate action to ensure fair treatment for TB patients.

We have a good rapport with the local media and have conducted a “Live Telecast Cable TV show” in the local cable TV channel ‘Akash TV’ on TB. The rainbow TB leaders answered questions related to the issues of TB patients and people showing symptoms of TB, as well as problems faced by the current and cured TB patients. They provided technical information on TB, DOTS and the available support services, requested by the public, and particularly women self-help groups.

Which social schemes do you link to in promoting the rights of TB patients?

There are a number of actions and initiatives by the Rainbow TB

In all our communications, we emphasize that “TB is CURABLE” and “Treatment is FREE at Government Hospitals.”

forum to promote the well-being of patients and families affected by TB. For instance, we have bought poverty ration card for TB patients, and obtained widow pension for 4 women suffering from TB was obtained within 10 days.

We provide information on nutrition and training on making low cost nutrition food at home, and also training on maintaining kitchen gardens (wherever possible).

We link patients with Anganwadis and make arrangements for providing lunch to the patients during that time by sensitizing teachers and Anganwadi workers. We also make arrangements with the Anganwadi for provision of eggs everyday to the patients.

We also identify well wishers and sensitize them to provide, provisions such as dal, milk, egg and vegetables to TB patients. Milk vendors were sensitized to provide milk free of cost to patients undergoing treatment.

Patients were also supported through the Handful of rice scheme being collected at Women Self-Help Groups (SHG). Handful of Rice Scheme is one where each

SHG member contributes a handful of rice each day for the cause of supporting the needy.

What is the biggest challenge you have faced in raising awareness about TB?

During last year (2011), the Rainbow TB Forum members wanted to install a Booth in the ‘Irukangudi’ Temple Mega Festival’ where more than 1 lakh pilgrims visit for the ‘Mariamman Temple Festival’. The Rainbow TB Forum members believed that it is the best opportunity to create awareness and got permission from a member in the Temple Committee.

However when the team started installing the Booth with posters, screens and pamphlets, some

Temple Board members alongwith some devotees strongly objected claiming that we will spread the disease in this big crowd. They also said angrily that we were desecrating the holiness of the pilgrim temple with our presence. It was a difficult task for our Rainbow TB Forum members, but finally we managed to convince and create awareness among the team and the other people in the temple area.

How has being part of the Partnership for TB Care and Control helped the Rainbow TB forum?

The Partnership has given us a recognition before which we were all looked down upon. The PTCC India has given us a platform to speak at the national level, which no one expected. We are proud

and honoured to be associated with PTCC. It has given our patient the strength and confidence to raise their voice. Our sense of self-esteem as an organisation has increased. We would like to convey our heartfelt thanks to all our friends in PTCC who have helped make this possible, and particularly to Dr Nevin Wilson, Dr Nalini Krishnan, and Dr. Darivianca Laloo.

What are the changes would you like to see in TB Care and Control going forward?

More representations from the grassroots community should be encouraged. Like us, the PTCC India should get its own legal identity and independence to serve the TB affected community in full swing. Decentralisation of services at the regional level can be effected.

NEWS

NHRC issues show cause notice to Delhi Chief Secretary on payment of monetary relief to victims of silicosis

New Delhi, July 9th, 2012

The National Human Rights Commission has said that it is established prima-facie that the Government of NCT of Delhi failed to protect 21 workers out of 44 from the occupational disease caused due to inhaling silica in dust. It has observed that a case of violation of human rights of the victims who are now suffering from silicosis. The Commission was provided with a list of 44 persons by the complainant, Mr. S.A. Azad, President of the non-governmental organization, PRASAR, alleging that 44 unorganized sector workers in the mines of Lal Kuan area in the

National Capital were suffering from silicosis.

Subsequently, this was brought to the notice of the Commission to the Delhi Government, who first denied that there was any case of silicosis. However, the report submitted by the committee constituted by the Commission comprising Dr K.S. Bhagotia, SPO (Silicosis), Directorate of Health Services, NCT of Delhi and Dr Neeraj Gupta, Certifying Surgeon, Labour Department confirmed that 21 persons had evidence of silicosis or silico tuberculosis. This finding was corroborated by another report prepared by the Lala Ram Swarup Institute of Tuberculosis and Respiratory Disease.

On the basis of the material on record, the Commission has issued a show cause notice to

the Chief Secretary, Government of NCT of Delhi, as to why the victims of silicosis should be not recommended for monetary relief. He has been given a period of six weeks to respond.

Submitted by Mr S. A. Azad, PRASAR

India’s TB fighting superhero wins award

Bulgam Bhai, India’s new TB fighting superhero, has bagged a bronze award at the prestigious Emvies, the country’s premier media awards with hoardings or billboards that cough to attract attention. The award recognised the part of the multimedia campaign that installed “coughing hoardings” in heavily trafficked areas such as busy crossings, bus stands and railway stations.

The Emvie citation for the “out of home” category described the

campaign as a captivating and fresh approach to raising awareness about a very serious public health issue. Further evidence of the campaign's success is demonstrated by the fact that 16% of callers to a helpline established to provide information about the nearest sputum testing centres credited the outdoor hoardings for getting them to call in.

The innovative hoardings are part of the Bulgam Bhai mass media campaign introduced in March 2012 as part of Project Axshya, a civil society initiative to strengthen TB control in India led by The Union South-East Asia Office (USEA). At the heart of the campaign is "Bulgam Bhai," a superhero who detects and attends every cough in the country and asks the cougher "Do hafte ho gaye kya?" (Has it been two weeks yet?). His catchphrase effectively highlights the cough as the commonest symptom of TB and functions as call to action for testing and treatment.

In the "coughing hoarding" installations, advertisements are placed in heavily populated areas and they regularly emit the sound of a wracking cough. The coughing track serves to snap passers-by out of their reverie, grab their attention, and arouse their curiosity as to its cause. Bulgam Bhai then chimes in with the query "Has it been two weeks yet?" prompting his audiences to reflect on they may be at risk for TB. The audio is supplemented by text on the hoarding with critical information about TB services, including free sputum testing available at the nearest DMC (designated microscopy centre) and the free of cost DOTS treatment.

The strategy employed in the coughing hoardings thus successfully combines a cost-effective mode of disseminating the message with an extensive reach. An impact assessment study of the entire Bulgam Bhai campaign is being conducted in September

to decide the directions in which it may be most effectively expanded.

*Submitted by
Ms. A. Buragohain, The Union*

SAFE motivates TB patients to meet with DTO

SAFE Society is an organization working on TB in Gorakhpur district of Uttar Pradesh. Volunteers from SAFE motivated TB patients to meet with the District TB Officer at the District TB Cell and inform him of the problems faced by them. Many patients were aggrieved about not receiving their TB medication on time, and made a complaint to this effect. The DTO was supportive and immediately took action by directing all staff to appropriate action. He said there is sufficient medicine for all TB patients in the district, and providers should take their responsibility in distributing medicines seriously until an online facility for treatment is developed.

Submitted by Ms. Sweta, SAFE Society

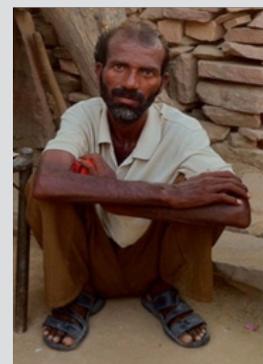
CASE STUDY

Om Prakash, a mineworker of Sodo Ki Dhani at Sursagar district Jodhpur, has been on and off TB treatment a staggering 6 times. TB is not a new phenomenon for this man; his mother, brother, sister-in-law and father all acquired and succumbed to the disease. Perched feebly on the ground, he dejectedly admits that TB has consumed his family, reduced his productivity and ruined his social standing.

A pressing need to support his family forced Om Prakash to return to the mines and inevitably discontinue treatment multiple times. This eventually led to his contracting MDR TB and he now spends a meagre savings on private treatment. In addition to physical pain, he suffers from emotional anguish as his fellow villagers have ostracized him in order to protect themselves.

The burden of this vicious cycle generated by economic poverty and disease has extended to his wife and children as well, who now work in the mines to support the family. They are left with little choice but to subject themselves to the TB infested conditions of the mines for their livelihood.

While Om Prakash suffered from irregular treatment, GRAVIS is working to ensure that his wife and children do not meet a similar fate. A local field worker has encouraged his wife and children to get screened for TB. If their tests are positive, the field worker will collaborate with the local DOTS center to monitor their care and treatment.



Mr. Om Prakash

Photo credit: GRAVIS - Mr. Om Prakash

Submitted by Mr. Rahul Mishra, GRAVIS

EVENTS

TB Champions felicitated

On 28 July 2012, Mr. N. Raju (TB Cured Patient), Mr. K. Kishtaiyah (Private Health Provider), Mr. Y. Satyanarayana (HIV TB activist), Ms. Inayad Begum (ASHA Worker) and Md. Raheem (Laboratory Supervisor)



Photo credit: TB Alert India

TB Champions with TBAI Board

were felicitated in Hyderabad as TB Champions by members of the TB Alert India Board.

Under the Global Fund supported Project Axshya, TB Alert India is implementing its project activities with TB Champions at community level guided by NGO partners.

These TB Champions were chosen from among community volunteers, cured patients, private healthcare providers and government field staff for making a difference in the lives of many TB patients by raising

awareness on TB and through their referral and follow up activities. An intensive search and selection process including site visits and expert evaluations led to the identification of TB CHAMPIONS, who were awarded Non-Cash Rewards (NOCS). The honour was in recognition of their committed social work and also the generous and innovative approaches to the unaddressed needs of TB affected families to ensure their dignity.

Submitted by
Mr. P. K. M. Swamy, TB Alert India

“I am free of TB” - A rally for TB awareness

On 14 August 2012, at 5.00 PM, Mamta Samajik Sansthan (MSS) with Project Axshya team and NGO/CBO partners - Kiran Asha, ARDS, HELP, and Life for all society - organized a TB awareness campaign and TB free rally with TB champions and cured patients at Gandhi Park, Dehradun. Mr. Satish Kumar, who is a TB Champion as well as a district TB forum member

of Dehradun lead the team with a slogan of “Main tb se azad hua hun, kya aap bhi tb se azad hona chahenge.” The rally started from Gandhi Park and ended at Ghanta Ghar. Approximately 150 students, community volunteers, youth, TB patients, State TB Cell staff, RNTCP Staff, civil society organization partners united to deliver the message - *I am tb free, do you also want to be free from tb?* The mobile rally was also accompanied



Photo credit: MSS

PM & DC shared IEC material with the police

by songs on TB awareness and Project Axshya as well as Bulgam Bhai messages.

Submitted by Ms. Jyothi, MSS

TB awareness program at sub-jail in Nilgiris Dist.

A TB Awareness program was organised by RNTCP and CHAI - Project Axshya at the sub jail in Conoor, Nilgiris district of Tamil Nadu on 30 August 2012. Dr Vasanthan,



Photo credit: CHAI

DTO of Nilgiris District, conducted a sensitization session for prison inmates and their supporting staff. He stressed on the higher risk of contracting tuberculosis due to a multitude of reasons. Prisons, like lodging houses, are spaces shared by people from different walks of life and varying habits. The risk of contracting tuberculosis is much higher as inmates usually occupy a limited shared space and high risk behaviour such as injecting drug use, possibility of HIV/AIDS, poor nutrition etc., which further aggravates the problem.

Inmates were advised not to ignore the symptoms of tuberculosis, and a persistent cough with sputum in particular. The importance of taking medication continuously and completing the treatment regimen, if diagnosed with TB, was also emphasized. The warders were sensitized to identify early symptoms of TB and to take measures to test such persons for TB at the nearest health facility. The staff of sub-jail was also urged to screen out such inmates and to provide focused care.

Submitted by Mr. Satish Babu, CHAI

Eastern regional meeting

On 20 and 21 September 2012, the Eastern region (representing states of Bihar, Chhattisgarh, Jharkhand, Odisha and West Bengal) of the India Partnership for TB care and control held its third meeting in Bhubaneswar, Odisha.

Developing a common understanding and agreement among the key stakeholders in TB care and control at state and regional levels is crucial to the Partnership's strategy. Regional meetings accomplish this as well as create visibility for our

partners. It is an opportunity for all stakeholders to brainstorm and collaborate on solutions to the various challenges in their region and to chalk out action plans to enhance the RNTCP at state level.

The eastern regional meeting saw representation from civil society partners, Central TB Division and the state TB programme, who came together to discuss the challenges confronting each state in implementing the TB programme, possible solutions, and strategies to raise involvement of communities.



Photo credit: Secretariat

The chief guest was Dr. B. Pattnaik, Joint Director (TB) and State TB officer Odisha who stated, "RNTCP has reached a stage where it cannot achieve its goal of universal access without the support of civil society and other sectors".

A detailed report is available at www.tbpartnershipindia.org

Submitted by Secretariat



Photo credit: MEERA foundation

Childhood TB Nutrition Initiative

MEERA Foundation organized a special activity for a Nutrition Initiative with participation of the PRI and Village WATSAN Committee on August 15, 2012 at Palamalai, Kodaikanal. The committee members were sensitized and emphasized them for positive support on TB control

within the village by RNCTP Staff. They pledged to promote AXSHYA model village in the hills and passed a resolution to this effect. The Panchayath President Mr.Veeranan, Mr. Nagarajan, STS and Mr.Karthikeyan, STLS and PRI Members also distributed nutrition packs containing Horlicks, biscuits and cereals to children with TB.

Submitted by Mr. Raja Mohamed, MEERA Foundation

SUCCESS STORIES

'Bulgam Bhai' creates a buzz

The 'Bulgam Bhai' mass media campaign co-produced by Population Services International (PSI) along with BBC World Service Trust and The Union as a part of Project Axshya has captured the attention of viewers and listeners across implementing states.

In Maharashtra, the campaign was highly appreciated by the state RNTCP and Bulgam Bhai was even

adopted in the banner of their state review meeting. A stall was put up to display IEC materials and Bulgam Bhai CDs were shared with all the district health officials for them to replicate.

The campaign was also applauded in "Arogya Patrika" a monthly magazine in the state of Maharashtra. The campaign spread through various mediums like TV ads, Radio and Mobile vans.

In addition, the PSI team collaborated with CHAI to create awareness about TB by putting up Bulgam Bhai banners on Ganesh Mandals which attracted huge crowds during 10 days of the Ganesh festival. They selected important



Photo credit: PSI

Session on TB taken in a Ganesh Mandala by Pramod (IPCC Satara)

Ganesh Mandals which attracted large number of devotees across all five program districts of Satara, Sangli, and Kolhapur including Kolhapur and Sangli corporations. They also approached the district RNTCP, SR partners and local donors to convince them about this event and activities. As a result of the successful advocacy, state RNTCP printed and provided a total of 48 Bulgam Bhai banners, 10 by



Photo credit: PSI

Bulgam Bhai in Maharashtra state RNTCP banner

CHAI and 8 were provided by local donors like Ganesh Mandals. CDs of the Bulgam Bhai Radio ads were also played at the Mandals.

Meanwhile in **Karnataka**, Dr. Naga Murthy, DTO of Ramanagar was inspired by Bulgam Bhai and incorporated the character into their IEC material focusing on the messages on early diagnosis and complete treatment.

Submitted by: Sanjeev Dham , Dr. Daisy Lekharu, Aniruddha Pathak, Srikanth - PSI

Community Volunteers inclusive approach in reducing stigma

Ms. Saini community volunteer of Project Axshya in Haryana nearly lost her motivation to support sputum collection and transportation efforts in the region. she witnessed the attitude of the lab technician at the DMC. The Lab Technician threw all the sputum samples in the dustbin. Rubbishing not only the sputum samples but also the dedication of the community volunteers engaged in TB care and control.

This issue was brought to the attention of the civil society organisation - Bethal and with support of the Gurgaon DC Mr. Somnath, a discussion around the problem was initiated with the DTO of Gurgaon.

The DTO sent instructions to the particular lab technician and other lab technicians who are working in DMCs and PHCs to accept all sputum samples transported by MAMTA / Project Axshya in the future. The advocacy with DTO facilitated the process of sputum collection & transportation in the district. As sputum samples transported by community volunteers are easily accepted by lab technicians at all DMCs, and this has contributed increasing TB case detection rate in the district.

Submitted by Mr. Somnath Singh, State Point Person, Haryana - MAMTA

HOPE brings change in community mindset about TB

Mr. Suresh had TB. He was fearful of the disease and equally afraid of others finding out about his TB.

On the advice of some villagers, he approached a traditional healer for relief. His health continued to deteriorate despite the medication, and eventually Mr. Suresh lost his job, landing his family in a severe financial crisis. The healer dissuaded him from going to other doctors, and he too did not approach government hospitals out of the belief that treatment was expensive.

When HOPE TTB reached the area for an awareness camp. Mr Suresh met with Mr. Sanjeev Issacher (Counselor). The counsellor inquired about his family's medical history, and informed him of the freely available DOTs at government hospitals. He also promised to extend any help from the team. Since then there has been a steady improvement in Mr. Suresh's health, and the condition of his family has also improved as HOPE helped him get another job. He is no longer afraid of TB and along with his treatment, actively spreads the message that TB is curable.

Submitted by Mr. Stephen, Agnes Kunz Society

COMMITTED

Working with dedication

"TB treatment is an uphill task. You will not only have to work very hard, you will also have to fulfill your responsibilities with a lot of compassion and kindness, and of course with a smile," declares Dr Shelly Batra, President, Operation ASHA, when she meets the new counselors and explains to them how stigma is related to default and increased risk of MDR-TB.

Prayaga Patel, one of her best counselors, has been working with OpASHA in Jabalpur since May 8, 2010. She learned about the placement from the current DTO

of Jabalpur, and was asked to come to Operation ASHA's residential training academy in New Delhi for a week long intensive training. For the last two years now, Prayaga has been working tirelessly to treat and counsel patients. "Initially, the patients are reluctant to start treatment because it lasts a long time and because of the stigma attached to tuberculosis (TB)" says Prayaga. They have to be counseled and encouraged to begin the treatment and adhere to the demanding treatment regimen. "I am proud of my work. Listening to patients and helping them solve their problems gives me a lot of happiness."

Prayaga also works to help patients manage the side effects of treatment and help them overcome depression. Special efforts are made to meet and interact with them personally. When patients experience depression, Prayaga does her best to console and counsel them, explaining that there is a very high chance of a complete cure if they follow the treatment regimen properly.

This is a particular challenge when the patients are also drug or alcohol addicts. If her counseling does not work, her last resort is to talk to the patient's friends about the TB. This can be very effective,

which often helps to decrease his/her alcohol or drug intake.

“The stigma still exists,” says Prayaga. Often patients do not want her to come to their homes. They ask her not to walk with them, but to follow closely and only enter their homes after some time. Occasionally, she has to pose as a patient’s relative who has come to inquire about their health, or as an insurance agent who has come to clear the bills. The stigma also causes more serious problems: Prayaga explains that people sometimes abandon their parents when they find out that they have TB. They leave their parents to suffer alone - many die because of the neglect.

Prayaga makes daily home visits to her patients, both for tracking those who have missed doses and for counseling. Initially, home visits were difficult because she had to walk 3-4 km per day. “By the end of the day it becomes tiring, but the satisfaction I get from doing it makes it all worth it,” Prayaga says with a smile.

*Submitted by
Ms. Devina Paul, Operation ASHA*

A model Axshya District Coordinator

Mrs Nagalakshmi works in a garment factory in Salem and is the wife of a painter, Sakthivel. She was suffering from abdominal pain and loss of appetite for past one year. As usual she went to the nearby medical centre and got some medicines. Her symptoms, however, got aggravated instead of subsiding and she was admitted in a nearby clinic. Since her previous CT Abdomen had shown tumours in the

stomach, she underwent surgery which costs her around 25,000.

Mr Arulanantham, district coordinator of Salem (CHAI), visited the patient to check the medicines provided by the private hospital, and confirmed that the patient was being treated with TB medication. Mrs Nagalakshmi had purchased the medicines from the private sector at a huge expense. When the DC realised this, he intimated the same to DTO Selam and was asked to bring the patient to the DTC.

On accompanying the patient to the DTC, the DTO recognised Mrs Nagalakshmi’s ailment as a case of Extra Pulmonary TB and also noticed that medicine prescription was not in order. The DC requested the hospital where she was treated previously to share her medical and prescription history, but the hospital initially refused to comply. They finally relented and provided the relevant medical details, under constant pressure from the DTC. Mrs Nagalakshmi is now registered under the DTC, and Mr Arulanantham is her DOT provider.

*Submitted by Mr. Arulanantham, District
Coordinator, Selam and Dharmapuri,
Tamil Nadu (CHAI)*

A new Don in the Jaintia Hills

Mr Donboklang Rani of Khimusiang locality of Jowai-Riwar Presbytery in Jaintia Hill district of Meghalaya is contributing in a small way to the big cause of Stop TB. Mr Donboklang Rani is one of the community volunteers and outreach workers of Mih-Myntdu Community Social Welfare Association (MCSWA) in a remote village of Jaintia Hills

District in Meghalaya His motivation to stop TB is apparent as he always helps conduct Gaon Kalyan Samiti meetings to promote awareness on TB. He motivates TB patients and young people on the campaign to



Mr. DON

Photo credit: CMAI

Stop TB, by giving messages about the disease to youth, school children, and in the general community at every opportunity. He visits the TB patients in nearby villages to motivate them to take DOTS regularly.

When he hears that any TB patient has stopped taking their medicine, he visits and counsels them to ensure that they take DOTs again. In this way, he persuaded 3 patients to get back on DOTs in July.

Mr Rani also volunteers to collect and transport sputum for diagnosis to the nearest DMC. During the quarter (April-June 2012) he has transported 14 sputum cups, morning sample and spot sample to Lad-thalaboh Urban Health centres and Mih-Myntdu Community Social Welfare Association. He also ensures the test and report to the patients and links them with DOT providers.

Mr Rani isn’t mandated or paid for these efforts. His actions however contribute in a big way in the fight against TB, and encourage all of us to contribute to the best of our to stop TB and be a Don.

Submitted by Mr. Jason, CMAI