

Partners Speak



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Vision & Mission

- Vision
- Mission

FROM OUR DESK

Greetings everyone!

Welcome to Partners Speak!

We are delighted to inform you that Partnership for TB care and control (PTCC) has moving towards a new phase under the new funding module of the Global Fund. In the year 2014-15 the Partnership for TB care and control organized various consultative meetings for its CSOs/NGOs partners in order to supplement their strengths, expertise in various technical and implementation areas. PTCC has successfully organized National consultative meeting and Regional consultative meetings of partners. The major points discussed in this meeting were Role of civil society organizations in facilitating community based monitoring, CSO Community Involvement and role in the State Advocacy through partnerships at field level and each States has prepared list of recommendation that can contribute towards coming up a regional action plan for TB care and control for their region. The major achievement of PTCC is that it has trained 100 TB Advocates across the Country. The TB Advocates included TB patients, Community Volunteers, DOTS providers, TB Forum members, CSOs and NGO representatives. In this new phase we will continue our efforts towards TB Free India.

In this edition we are taking you through the inspirational stories of TB Advocates, case studies, success stories from the field which are shared by our partners. You are also requested to kindly send us data about TB in your area, patient stories and inputs and feedback for improving the services for TB.

We hope you enjoy reading and look forward to your active contribution in the future.

Happy reading.....

Meet our new partners

- Share India, Telangana Kabir Anubhuti
- Sewa Samiti, Haryana
- Sharan Society for Service to Urban Poverty, New Delhi
- Add Race India Foundation, Uttar Pradesh
- Human Welfare Society, Himachal Pradesh

Story of Self

I Ms.Prabha Mahesh functioning in the capacity of Programme Manager directing TB Control Project for ALERT-INDIA , Mumbai have worked in various intervention systems and presently working in the field of TB control for the past 11 years.



I personally experienced TB as a disease 17 years back , I contracted extra pulmonary TB of lymph node in my neck during the most prime stage of my life . “I know firsthand how devastating TB is -- it not only threatens people's bodies, but also our economic livelihoods and even our closest relationships.” As a Professional social worker, even after treating survivors of the communal riots, Mumbai bombings and the 1993 Latur earthquake, having TB was the most terrifying experience of my life. As a woman, I experienced discrimination from mothers and at times it was also self-inflicted. It was so traumatic to stay away from my 1 year old baby and I suffered from a fear of transmitting the infection to my family members. There was a constant fear of insecurity associated with the disease.

I was taking treatment from the private sector. The side effects of medicine and my psychological response towards the disease demotivated me to continue treatment but the need to live for my child alone made me continue treatment regularly. I was not even aware that this disease is curable and had no knowledge about it. Apart from my family I didn't have any support to help me overcome my fears and handle my emotions effectively. I suffered the related consequences of stigma and discrimination as well. As a result I have deep understanding of the disease particularly as it affects women. This experience led me to work towards altering the attitude of society towards people affected with TB. It has also motivated me to address the undercurrents faced by TB patients in society and to make a lasting contribution to TB care and control through this work.

Through the years I have conceptualized various projects in TB control in the slum communities of Mumbai (Hot spot for MDR-TB in India). I have confronted a number of challenges in these communities including migration, high disease burden and malnutrition. I have operationalized specific strategies to increase case detection through various innovative methods such as awareness programs, social mobilization initiatives, capacity building and networking of CBOs and community groups.

I am a Master trainer for TB advocacy and have held various workshops in Advocacy right from focusing towards formation of patients groups, by sharing my experiences , promoted their participation in awareness programs directed towards social change and providing them a voice. Through this work, patients have been motivated to identify symptom and seek treatment. I can't tell you how many women we have saved from being dumped from their marriages by simply making sure their families knew their condition was curable.

Now, I support thousands of people with TB to heal in the same way. But TB health workers like me don't have the support we need to put proven treatment and prevention programs to work, treatment options needed are simple things like adequate nutrition, many of the patients I work with can't afford even two meals a day With the support of funders, also organized nutrition support and socio economic rehabilitation schemes for patients but only the critical ones.

As a member of the growing Zero TB Deaths movement, I started a petition on Change.org to call on India's leaders to make eliminating TB deaths a national priority, calling on our leaders to commit to achieving zero TB deaths and reached out to 7500 sensitive population to follow me in this change.

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A TB Advocate makes it big for District Cuddalore:

Mr. N.Ramalingam an active TB Advocate who was trained by PTCC during Regional TB Advocates training, Chennai. He has dedicated his work towards empowering communities to increase their participation in TB care and control and also mobilizing the health workers, CBOs, NGOs to enhance their involvement. During his intervention he came to know that extensive screening to detect TB among HIV-infected and vice versa across the Tamil Nadu state under RNTCP and the authorities have been equipped with GENEXPERT equipment to accurately diagnose the disease. This will make significant development in facilitating early treatment, and which can detect TB among HIV persons within two hours. Such advanced diagnostic instruments have been provided by the Govt. only few laboratories in the state and it was supplied to the Medical Collages only. But there is no Medical Colleges in Cuddalore District.



for reference purpose only

So he taken up the issue as a challenge and decided to bring the machine to the District TB Centre, Govt. Head Quarters Hospital Cuddalore, since there is no Medical Collages, and as a first step he approached the Chief Minister of Tamil Nadu through Chief Minister's special cell, St.George Forte, Chennai with a request to supply one GENEXPERT machine to the District TB centre, Cuddalore.

As a next step he was approached through a letter to Health Secretary, Director of Medical & Rural Health services, Chennai, Director of Public Health and Preventive Medicine, Chennai, NRHM Director, Chennai and all Medical & Health Directors with a request to provide one genexpert machine which only for the benefit of people of the district.

Advocacy is only one approach to influencing TB prevention, care, impact and policy work. After all his hard work and continued advocacy effort Mr. Ramalingam able to influence the authorities and the request for GENEXPERT machine was accepted by Chief Minister of Tamil Nadu and sanctioned a Genexpert Machine to Cuddalore and it was installed at the Cuddalore District TB Centre Vide ref .No./20/DHS-RNTCP/2015 and it was informed by email from Chief Ministers special cell office, Chennai. Despite his regular job his efforts towards elimination TB makes him a role model.

True Service:

Mr. Dhirendra Kumar Singh associated with the Organization Dishaekprayash since 2004 with a goal to promote health hope and dignity in people and to promote

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entrepreneurship. He has started his work in the field of eradication of TB in Bhojpur district of Bihar in the year 2007 With ADRA India there after his Organization joined The UNION, DFIT and CBCI CARD on different occasion in order to spared awareness on Tuberculosis. Later on he was entered in to the partnership with PTCC and joined the crusade for eradicating this deadly pandemic named TB. He stated after his partnership with PTCC he got various scopes and trained by PTCC about the intricacies of this disease and the nuances of T.B advocacy .Thereafter his organization realized that it will bring its T B awareness campaign in a sustainable mode because India is accounted for one third of global burden in the number of TB .In Bihar TB patients still approaching to Rural Health Care Providers. He realized patients are not counseled to go for test for other illness like HIV and diabetes at DMC level and also all patients are not referred to ICTC. Private provider do not counsel patients about the hazards and correct way of sputum disposal patients dispose sputum in open space which is major cause or spread of T.B. Keeping all these points in consideration along with his organization has developed a multi-pronged strategy to bring the program into a self-sustainable mode. The organization has linked this with another program CHILDLINE which is being run by this organization in their area of intervention. Every month more than 125 outreach program conducted by CHILDLINE in different villages / places to educated people on issues related to child rights and child protection policies Mr. Dharendra use the same platform to make them aware about Tuberculosis similarly he is also influencing religious leaders and political groups. He never misses any opportunities to influence these peoples and sensitized them on TB care and control. He thanked PTCC as All their vision are being materialize by continuous technical support and providing training given by the Organization.



Lawyer brings a ray of hope:

Mr. Sanjay Kr Singh an advocate by profession working in the civil court of Hilsa (Nalanda) is one of the members of Nalanda district TB Forum. In the beginning he was not aware of TB related challenges and also he has no idea about advocacy on Tuberculosis and how to organize an effective campaign. Once in a meeting he expressed his interest in



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getting deeply involved in supporting TB care initiatives. Considering his keenness the Organization LokSevaashram nominated him for attending TB Advocates training program. And now the trained TB Advocate due to his constant efforts he is actively associated with advocacy efforts. Recently he filed an application under Right to Information for posting and vacancy of Medical Officer, Laboratory Technician and TB Assistants in DMC. As a result the posting in different DMC was completed. He also mobilizes some lawyers to participate in the TB eradication program and also working as 'TB Doot" in sensitizing all government officials. He is also actively associated with Axshya Samvad and community meetings and deeply involved in supporting marginalized and disadvantaged communities.

A DOTS provider turns to TB Advocate:

Mr. Mritunjay Pd Verma a grass root worker of Lok Sevashram who deeply involved in sputum collection, Axshya Samvad and providing DOTS. After trained as a TB advocate he also now involve more in to advocating PRI members, Mukhiyas and rural social workers. He never miss a chance to advocate during various public meetings and influencing local leaders to involve in TB care and control effort. He emphasizes that there is a basic need of sensitizing the village local leaders, Mukhiyas, PRI members and religious leaders as the communities more often influenced by these people. He expressed that despite his regular job it gives him immense pleasure to advocate at the community level in order to challenging stigma and discrimination.



Media Advocacy:

Media advocacy played a vital role in TB care and control. Mr. Saroj Ranjan Pattnaik a TB Advocate dedicated himself towards TB care and control through media advocacy by doing various media campaign and advocating in the print media and helped the TB

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THURSDAY | MARCH 26 | 2015 | BHUBANESWAR

state

HUGE FUNDS SPENT

Tuberculosis still a major killer in Keonjhar district

Bhubaneswar, March 25: The government spends crores of rupees to eradicate tuberculosis in the resource-rich district of Keonjhar but the disease still kills thousands of people every year. In a report published in the print media, a TB Advocate has said that the government has spent huge funds on the eradication of the disease but the number of deaths has increased. He said that the government has spent more than Rs 100 crore on the eradication of the disease in the district in the last five years. He said that the government has spent more than Rs 100 crore on the eradication of the disease in the district in the last five years. He said that the government has spent more than Rs 100 crore on the eradication of the disease in the district in the last five years.

200 TB deaths per year in Ganjam

Ganjam, March 25: Tuberculosis is a major killer in Ganjam district. In a report published in the print media, a TB Advocate has said that the government has spent huge funds on the eradication of the disease but the number of deaths has increased. He said that the government has spent more than Rs 100 crore on the eradication of the disease in the district in the last five years. He said that the government has spent more than Rs 100 crore on the eradication of the disease in the district in the last five years.

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patients by highlighting the story of TB patients in all leading newspapers in Odisha. He is also giving trainings to TB Advocates which also include sensitization to Patient Charter, basic TB information and its care and control and advocacy and communication through various medium. He stated we need to supplement our continuous efforts in social mobilization for reducing the stigma among communities.

Champion for the cause - TB patient to an Advocate

Mr. Abhy (name changed) a 38 year old man from Vadakara, Kozhikode district, Kerala, married and have two children. He was working as a tourist guide and was known to be active and jovial. Over a period of time he started becoming lethargic and losing weight. His condition became worse as he was an alcoholic and chain smoker. The staff of St. Damien Leprosy & TB Project, Kozhikode (a partner project of GLRA India) found him in miserable condition where he was in distress and depressed. Sputum test for TB were positive. Consistent counseling to him and to family, and individual care by staff, Abhy learnt that taking DOTS for 6 months would help him cure completely. At the end of intensive phase sputum test were negative. This gave him sense of immense strength and hope and he vowed to take care of himself and others. At end of six months of treatment he was declared cured.

Today, Abhy became the champions the cause of TB by educating people around him. Abhy is a self- dedicated spokesperson, taking awareness sessions by emphasizing the importance of TB symptoms and regular treatment. His own life had become a story to reckon with and he has dedicated extra time to tell people about the hazards of smoking and alcohol consumption.

World TB Day 2016...
UNITE TO END TB

Committed

Sampurna Jagriti is implementing project Axshya activities in the district of Khagaria. In the three years of its intervention the Organization has successfully and effectively taken TB awareness across the district through its extensive Advocacy, Communication and Social Mobilization activities and has raised knowledge levels and combated stigma related to TB. It focuses on reaching vulnerable communities living in hard-to-reach areas remotest areas, establishing DMC, empowering communities and ensuring patient rights. For which the DTO of Khagaria district has been appreciated and awarded “Sampurna Jagriti” for its remarkable impact in the community. The DTO also thanked Mr. Vikash Ranjan, Secretary, Sampurna Jagriti for his continuous interactions with communities and empowering of patients through TB forums and nutritional support for MDR TB patient.



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100,000 WOMEN
in India were rejected by
their families
because they
had TB

#NoMoreTB

Operation ASHA
 Lead with confidence. Do what you can.

 A photograph of a woman wearing a red headscarf and a blue long-sleeved shirt. She is sitting on the ground, looking down with a distressed expression, her hand covering her face. The background is a blurred outdoor setting with some logs or branches.

Last Words

The Partnership for TB Care and control brings together civil society across India on a common platform to strengthen and support the National TB control efforts. Add your voice to our efforts. Contact Ms. Sanchita Raut, projectcoordinatorptcc@gmail.com

Vision & Mission

Vision: India free of TB

Mission:

- Lead advocacy efforts for the rights of every individual affected by TB
- Facilitate universal access to quality services of TB care and control
- Engage all sectors and all sections of population

PTCC Partners - Nationwide

25 States / 205 Partners



States	Partners
Andaman & Nicobar	1
Andhra Pradesh	11
Assam	3
Bihar	12
Chhattisgarh	2
Delhi	29
Goa	1
Haryana	5
Himachal Pradesh	1
Jharkhand	8
Karnataka	3
Kerala	1
Madhya Pradesh	19
Maharashtra	12
Meghalaya	1
Odisha	18
Punjab	4
Rajasthan	1
Telangana	2
Tamil Nadu	34
Tripura	2
Uttar Pradesh	22
Uttarakhand	9
West Bengal	3
Manipur	1
TOTAL	205

Disclaimer: The information and views expressed in the newsletter is of the authors only. Partnership for TB Care and Control does not take responsibility for any of the views expressed here. We would like to thank all our partners for sharing their stories, information and news.

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For more information contact us at:
Partnership for TB Care and Control (PTCC)
Plot No-2, A-3, Local Shopping Centre, Janakpuri,
New Delhi-110058, India
E-mail: projectcoordinatorptcc@gmail.com, afaptcc@gmail.com
www.tbpartnershipindia.org