during 2010 (APSACS) with around 18500 PLHIV in the district. In **East Godavari**, HIV prevalence recorded decreasing trends in ANC from 2.50% during 2005 to 1.25% during 2010 (APSACS) with 32000 PLHIV in the district.

Cross referrals between TB-HIV
Available information indicates the need for more focus on HIV-TB cross referrals. Of the total cases registered for TB treatment 11% are found to be HIV positive. Service providers expressed that there are 71% of Cross referrals (between HIV and TB). Service providers across the TAP districts, indicating the need of pay attention towards this. The maximum percentage (90) of service providers adhering to this is reported in Nellore and Srikakulam and the lowest (44%) in Visakhapatnam.

Lost to follow up of cases for treatment
Moderate knowledge levels were expressed by the respondents when they were asked about the consequences of not completing the full course of treatment. Growth of TB bacteria and death are two main consequences as per majority (69.69%) of respondents. TAP should work for increasing awareness about treatment and need to work on systems for tracking cases

Knowledge levels on TB
The knowledge of TB among the respondents is also not that high. Maximum awareness was in Srikakulam with 83% respondents knowing about TB and the minimum was 28% in Visakhapatnam. The overall knowledge across TAP implementing districts was only 52%. The knowledge levels related to DOTS was further less (26%) across the districts. The district wise awareness levels related to DOTS stands as 48% for Srikakulam, 37% for Krishna, 35% for Nellore, 18% for Visakhapatnam and 14% each for East Godavari and Prakasam. As far as services available in DOTS are concerned only 25% respondents had complete information. Only 39% knew that the pregnant women to continue TB medicines.

Knowledge on Health Rights
Health as a right is known to as many as 82% community members and 46% expressed that exercising health rights is more significant for TB and HIV than others. The awareness among those who have received or currently receiving services stands as 77% and only 43% felt that they could advocate about their health rights on their own. Among major the nine health rights, 41% are aware of Right to a healthy and safe environment and 29% on right of access to health care services.

Stigma and discrimination
The level of stigma and discrimination amongst community members towards people with HIV and TB is high with 50%. 56% have fear of sharing a meal with a person having TB and 46% do not take care if a female relative is infected with TB.

SHGs involvement
80% of respondents from SHG members felt that TB is less stigmatising than HIV and currently not associated with TB prevention and care programme in providing any services. 80% of them have knowledge of HIV+ persons suffering from TB and feel that there is relationship between TB and HIV and 60% of them have fear of casual contact with people who have both TB and HIV. They expressed that community based people can support for improving the quality of life of TB and HIV affected persons and they are willing to support the programme.

DOTS Providers: Anganwadi Worker, ANM and ASHA are the key DOT providers identified by the facilities across the districts. Though there is scope for converting RMP, PMP, PLHIV, TB affected, NGOs, and local teachers as DOT providers none of the facilities have attempted so far. The DOTS provision is yet to be officially incorporated into the job charts of AWW. Most of the DOTS providers are oriented about the TB and DOTS during the trainings, but there is need to conduct repeat trainings.

Releasing IEC material on World TB Day
on March 24, 2012 at Hyderabad by
Sri Rudraraju Padmaraju, MLC & Chief Whip, A.P.,
Sri Prabhakar, MLC and Dr. M.S. Srinivas Rao,
Joint Director (TB) & State TB Officer, AP

VMM activities in brief from September 2011- March 2012

- A breakfast meet was organised with 100 children living with HIV/AIDS, government officials and People's representatives and pledged for reduction of stigma for HIV on 01 December 2011 World AIDS day.
- On March 8, 2012 VMM with Women and child development department and rural development department, a meeting was organised with 600 rural women and young girls and discussed plan of action to train the women to gear up for meaningful participation in local self government and to utilize 50% reservation for women.
- Conducted a study on "Assessment of the application of section 498A of IPC in Vijayawada urban police Commissionerate of revenue district Krishna in Andhra Pradesh", commissioned by National Commission for Women.
- Initiated NABARD/Tribal Development Fund (TDF) Integrated Tribal Development Programme in A. Konduru mandal of Krishna District, Andhra Pradesh from 01 November 2011 for the promotion of sustainable participatory livelihood programs (Wadi model) in the Tribal areas through development of orchards, the wadis, by mobilization, management and conservation of natural resources.

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TB ALERT INDIA

SAHRUDAYA

VASAVYA MAHILA MANDALI

TB Initiatives in Andhra Pradesh (TAP) Programme
Increased access to effective Tuberculosis services among poor urban and rural communities and remote underserved tribal groups, in six coastal districts of Andhra Pradesh

Volume : I March, 2012 Issue : I

Views from the President

Vasavya Mahila Mandali is working with communities to empower them and to own the initiatives taken up by VMM. We have seen the success of community ownership since 1969 and Home and Community Based HIV/AIDS programme strengthened our belief in partnering with the communities. We all together succeeded in reducing the incidence of HIV and it is time now to take up Tuberculosis that is threatening the health of our communities. Our experience of working in TB with the support of TB Alert UK and India for the last five years made us to take up a TB initiative in six coastal districts and I congratulate all the partners for working hard to reduce TB in tribal, rural, urban and fisher groups. It is a pleasure to present the first issue of 'Sahrudaya' in TAP programme.
I salute the people working to reduce TB incidence.

Mrs. Ch. Vidya
Former Member of Parliament
President, Vasavya Mahila Mandali





Inside content

Dear Crusaders, Namaste from TEAM TBAI,
Let me at the outset congratulate VMM for bringing out this biannual newsletter on TAP project. We the family of TB Alert thank DFID for facilitating Civil Society Challenge Fund to providing the financial support for TAP project and enabling to reach unreached areas. I am happy that project is a strong collaborative endeavour with AP Government as is reflected in MOUs and Integration with state and district departments of TB and HIV Project envisages to address effective healthcare accessible to underserved areas focusing on tribal, women and coastal fishing communities. I am quite confident that VMM along with the network of six partner NGOs will achieve the universal access in unreached areas. This newsletter as you see is a small attempt to share the humble work done in the project over past seven months and change if not impact which project could bring about in the lives of the marginalized. I am sure that passionate stakeholders from N/GOs engaged in the project will make wonderful and role model contribution for perceptible change in the life of the last wo/man. My best wishes from bottom of my heart to TEAM of TAP.

With partnership salute

Swamy PKM
CEO , TBAI

TAP PROGRAMME

The **TB initiative in Andhra Pradesh (TAP) programme is** currently being implemented in six coastal districts of Andhra Pradesh through Vasavya Mahila Mandali (VMM) the lead agency. The TAP program is funded by TB Alert with financial support under DFID Civil Society Challenge Fund since September in 2011 up to March 2015. The implementation of the programme is through six implementing NGOs (INGOs) in Srikakulam, Visakhapatnam, East Godavari, Krishna, Prakasam and Nellore districts of Andhra Pradesh, India.

TB Alert India: TB Alert India (TBAI) is a national NGO and strong partner organization of TB ALERT UK with competent Board of Directors in Public health arena. TBAI's mandate is to empower people to access services for the prevention and effective treatment of communicable diseases and to facilitate the effective delivery of health services by government and private practitioners as partners. TBAI is also the Founding Member of NGO TB Consortium-consisting of most active, technically respected and financially stable stakeholders in Health arena in India. TBAI is also a Member of Partnership for TB Care and Control in India (Union) New Delhi , Member of Stop TB Partnership of WHO Geneva .TBAI Mission: TB Alert India works with partner organizations building their capacities to enabling them increase the access to Integrated Health Services among vulnerable population through sustainable processes

Technical: Over the past years TB Alert India has developed a particular focus on increasing the NGOs participation in and contribution to, as a strategy. TBAI has undertaken various projects in Andhra Pradesh and India with funding from DFID, USAID, Global Find round 9 (Sub recipient), Eli Lilly India and Government of India. TBAI is a growing professional organization with core competency of managing N/GO partnership projects in India since 2006. TBAI is designated as the Lead Agency for WORK PLACE interventions by Government of Andhra Pradesh and a Strong Collaborating Partner with Government of India. All inter/ nationally funded projects are led by over 50 regular highly qualified and professional staff and with the engagement of over 50 local Civil Society Organizations. TBAI has strong Management Information Systems (MIS) which is the core competency of M&E through participatory processes of management all across.

VASAVYA MAHILA MANDALI (VMM) established forty years ago (1969) as a not for profit, secular, voluntary organization, based on Gandhian ideology, founded by Mrs. Chennupati Vidya former Member of Indian Parliament, working for the development of the women, children and youth in the rural as well as urban areas of Andhra Pradesh, with a **vision**: To promote comprehensive social, economic and political development for women and children in vulnerable situations, there by empowering communities in A.P to improve their quality of life, and build a better civil society in India.

Mission Statement: To achieve its vision of empowering communities in AP, VMM follows increase community awareness on the value of education, promote the physical and psychosocial health of communities by building knowledge on prevention/care/ treatment and thereby increasing demand for services; building capacity of government services; and delivering quality outreach services, ensure the rights of women and children by promoting their community-based care and protection and facilitate the implementation of progressive government policies, and build the capacity of women and children to meaningfully participate in multi-level political processes and to advocate for changes in regressive policies. To achieve these objectives VMM delivers messages through locally-accepted cultural activities; executes rights-based, participatory approaches; and engages hundreds of civil society, government, funding agency, and corporate stakeholders to maximize impact. VMM is working with a network of 61 partners with 83 projects in A.P as a lead partner.

VMM has facilitating the programmes in six thematic areas: **health**: sanitation, hygiene, eye care through Swetcha Gora Eye Bank, promotion of small family norm, child sex ratio through awareness and PCPNDT act implementation, health education in schools and communities, Home/Community Based prevention linked care, support and treatment Programmes for HIV/AIDS, tuberculosis, malaria, Sexual reproductive health among adolescents, women and HIV positives and High risk groups. **Nutrition**: nutrition education, provision of supplementary nutrition, reducing food insecurity through improved food production and linkages; **Livelihoods**: Micro credit and thrift through social enterprise promotion, livelihood generation; **Education:** education and skill development, knowledge management; **Human rights**: Violence / torture against women and girls, encouraging and enabling children to make their views known on the issues that affect them and engaging children in dialogue and exchange allows them to learn constructive ways of influencing the world around them. **Environment:** climate change initiatives and disaster management. VMM works with 219 paid staff full time besides part time and in addition to 15 honorary advisors and 3560 unpaid community volunteers. S**trategies:** Capacity building to communities for community driven sustainable initiatives, Research, Documentation, Publications and advocacy with policy initiatives.

Implementing NGOs: TAP programme is implemented by six partner NGOs in six coastal districts of AP.

Children Leadership Development Association (CLDA) Being a community based organization Children Leadership Development Association aims at improving the quality of life of Orphan and Vulnerable Children (OVC) by reducing the stigma and discrimination through mobilizing the communities. CLDA is registered in 2007 to take up activities individually and to facilitate advocacy efforts with the policy makers and government officials and NGOs to improve the quality of life of OVC. Children Leadership Development Association (CLDA) is promoted by Vasavya Mahila Mandali.

Coastal Network of Positives (CNP+) is a community based organization (CBO) working with the aim of improving the quality of life of people living with HIV/AIDS (PLHIV) in East Godavari District since 2002. The CBO has a membership of 7900 PLHIV. It has reached to the community through number of programmes with diversified approaches for reduction of HIV and TB.

Mahila Mandali (MM) based at Chirala, Prakasam district was established in the year 1961 under the guidance of Dr. J. L. Padmavathi with the aim to work for the empowerment of women and children through institutional and community based services with all vigor and tenacity. MM has undertaken the programmes in counselling of women in distress, HIV/AIDS prevention, care and support programmes, vocational trainings and geriatric care and Anganwadi Workers training centre.

Within 2 days, the ORW visited the village then Padamamma told that after the meeting with SHG in village, she has shared the message to other SHGs and community persons in that village. Padmamma has identified 12 persons in the village, she has taken ORW to their houses and by seeing the symptoms the ORW has given TAP referral slip and guided them to Venkatagiri DMC. Within a week all the 12 persons went for testing and two are sputum positive and they are kept on DOTS. This SHG is playing a key role in the village in mobilizing the communities and identifying the suspected and doing referrals.

Padmamma told that "Now our SHG is giving interest free loans to the TB /HIV affected family for travel to facility and nutrition food. The SHG members are providing psycho social support to that family". The SHG group has pledged that they want to see their village TB and HIV free. One SHG woman told that "Before TAP intervention our group meetings are limited to monetary transactions, but now in every monthly meeting we keep one hour to discuss on health and hygiene. All our discussions are documented in our meeting minutes book".


Siobhan, Programme Officer, TB Alert UK M&E visit in February 2012, discussing with SHG on inclusion activities.

STEPS, implementing TAP programme at Nellore district with VMM technical support has oriented four ORWs the strategy of inclusion of TB and HIV into the agenda of SHGs. The Community mobilization workshop has helped the ORWs to gain more knowledge on working with SHGs that led to the inclusion of TB and HIV into the agenda of seven Self Help Groups (5 in Venktagiri and 2 SHGs in Pellakuru mandal) are strengthened and 10 Self Help Groups (5 SHGs – Venkatagiri mandal and 5 SHGs – Pellakuru mandal) are in the process of strengthening. During the six months period 26 persons were referred (18 persons to DMC and 8 persons to ICTC centres) by SHGs for TB and HIV testing. Among 26 three persons are TB positive and one HIV positive.

BASELINE

VMM, Lead Agency, planned a baseline as a prelude to the TAP project implementation towards and evidence based project planning. The objectives of the KABP study are mapping the services available, understanding the available infrastructure related to TB in the government setup, understanding the knowledge, attitude and practices (KAP) related to TB and HIV, understanding the quality and quantum of services available and understanding the service utilization and gaps. A desk review of the performance of the RNTCP in Andhra Pradesh and the initiatives taken up by the state to achieve the objectives of the program was done.

Nine Tools were specifically designed to gather information sets to understand the current environment in terms of project implementation and specific focus upon scope for advocacy at various levels. The sampling for the study has been purposive and a set of 9 different tools have been developed to elicit both qualitative and quantitative data for a field evidence based program planning. Data is collected from 882 persons in 386 villages / slums in 27 mandals in six coastal districts with an intention of wide spreading the sample.

TB Scenario in TAP six districts of Andhra Pradesh

Six coastal districts, currently under focus through TAP are also considerably burdened with TB. The data pertinent to annualized detection rate, Annualised New smear positive case detection rate, cure rate and death rate (Oct 2010 to Sept 2011) indicates the same.

District	Total number of patients put on treatment	Annualized Detection Rate	Annualised New smear positive case detection rate	Cure Rate	Death Rate	Proportion of TB patients tested for HIV
East Godavari	7964	146	59	88.7	4.9	86
Krishna	5625	119	55	87.3	3.8	77
Nellore	4027	135	60	84.8	5.8	79
Prakasam	4274	125	61	87.2	5.9	93
Srikakulam	4014	142	55	87.1	2.9	80
Visakhapatnam	5847	138	61	90.6	4.1	90
Overall - State	**112586**	**133**	**59**	**87.0**	**4.8**	**82**

Source: www.tbcindia.nic.in and state TB office

HIV Scenario in TAP districts

Six coastal districts, currently under focus through TAP have also burdened with HIV. In **Srikakulam** HIV prevalence recorded decreasing trends in anti-natal cases (ANC) from 1.33% during 2005 to 0.25% during 2011 (APSACS) with total of 14776 PLHIV in the district.[3] In **Nellore,** too HIV prevalence recorded decreasing trends in anti-natal cases (ANC) from 2.50% during 2004 to 0.33% during 2010 (APSACS) with total of 7418 PLHIV in the district.[4] In **Prakasam**, HIV prevalence recorded as 2.88% during 2005 to 0.25% during 2010 (APSACS) with total of 22396 PLHIV in the district.[5] In **Visakhapatnam**, HIV prevalence is in ANCs recorded as 1.5% during 2005 to 0.38% during 2006 and 2007 and increased to 0.58 in 2008 and reached 0.63 in 2010 (APSACS) with 20000 PLHIV in the district.[6] In **Krishna**, HIV prevalence recorded in ANC from 1.75% during 2005 to 1.00%

ADHERENCE TO TB TREATMENT LED TO IMPROVED QUALITY OF LIFE

Benzi, 52, hailed from Harijanapalem, Temple line of Vetapalem village, Prakasam district, Andhra Pradesh, India. Benzi had been involved in family occupation of leather foot wear making from the age of 12 years, discontinuing his 5th standard from a government school. Although he was interested in continuing education, the needs of the seven member family demanded his income also that made him a child labour. He was brought up in a large family of parents with two elder sisters and two elder brothers and enjoyed his childhood with siblings and peers in neighbourhood.

In his 20s, Benzi was married to Nageswaramma. He started to live with his four children and wife. Two daughters and one son were married and the youngest son had completed his university education. The small house was crowded with six members living together. The pucca house had one living room and the front room was for working on foot wear with very little ventilation. Benzi used to earn INR 200-250 a day from foot wear work and his wife and daughter in law worked in cashew nut industry and earned INR 150 per day per person. Benzi was an alcoholic till 2010 but got over the habit with the pressure from his children.

In 2011 Benzi had persistent cough and fever for more than 3 weeks. He did not get medical aid from a doctor but got medicines for immediate relief from a nearby medical store. Keeping in view his recurrence and severity of cough, the drug store owner referred him to the Chest specialist. The doctor examined and prescribed antibiotics for ten days and suggested the patient to visit him after the course. Again he visited the doctor and the doctor suggested him to go for TB test in government hospital but he did not go.

Aasha worker referred him to TAP programme of Mahila Mandali, Chirala, Prakasam district, Andhra Pradesh, India. TAP outreach worker made a house visit and talked to Benzi twice. Then he obliged to go for TB test. Outreach worker provided him with a referral slip and he went to DMC at Area Government hospital, Chirala, ten kilometers away from his village. He was diagnosed as Sputum positive Pulmonary Tuberculosis. The outreach worker and DMC doctor provided information on treatment to Benzi and his family. Hence when Benzi came home with TB Positive report, the family supported him. Then he went to DMC and was kept on DOTS- CAT 1on 19th September 2011. His family members; wife, son and daughter in law were empathetic to him. The DOTS provider was Aasha worker who was near to his home. He underwent second test in November 2011, he was Tuberculosis negative. The DMC Medical Doctor advised him to continue treatment for another four months. Benzi had reduced symptoms of cough and fever.

For HIV test the counselling was being provided by the TAP staff and he was willing to undergo in January 2012. The outreach worker provided counselling to family members also on prevention of TB and nutrition for him. Family was providing him with milk and egg and *ragi* porridge. (*Ragi* is millet rich in calcium and iron). Benzi told that the Church pastor provided spiritual counselling for him and other neighbourhood members were concerned about his health. He was back to foot wear making work with energy.

Mahila Mandali TAP staff met the pastor and requested him to spread the message of TB and HIV prevention during his sermons. The pastor agreed to continue supporting the HIV-TB affected persons in future.

WOMEN SHGS INVOLVEMENT IN TAP

Self Help Groups (SHG) with women act as appropriate people's institutions that provide the poor with the space and support necessary to take effective steps towards greater control of their lives in private and in society. The massive growth of female-dominated SHGs illustrates a shift in the development paradigm in Andhra Pradesh.

Sri Padmavathi Podhupu Group is one such Self Help group, located in Harijanawada in Ammapalem village, located in Venkatagiri rural mandal, Nellore District of Andhra Pradesh. This village is 7 kilometers from **Venkatagiri** a town and mandal headquarters in Nellore district is famous for its Handloom Cotton Sarees and for history. For college education, banking transactions and health facility the village people reach to Venkatagiri town in about 30 minutes by travelling 7 kilometers with travel cost of INR 20.

Padmamma, an active member of SHG says to TAP Outreach worker "Sri Padmavathi Podhupu Group (SHG) is formed ten years ago with ten members from Harijanwada (A scheduled caste colony) that are with good health. All the members are daily wage agriculture labourers. As the women have to balance household chores and work at fields, they do not have time to spend more at SHG meetings. Hence during meeting they talk of thrift and credit only."

TAP outreach worker went to Ammapalem village to conduct awareness meeting. She found that a SHG meeting was going on at village central place (*Rachabanda*). ORW went near to them and she asked for a few minutes to explain about TAP. But the women told that they all have very busy schedule and cannot spare. But ORW felt that Padamamma is a potential key person in SHG to convince her co-women members to give sometime to ORW speaks on TB and HIV. Hence the ORW repeatedly in a month met Padmamma for about 6-7 times. During the ORW visit to village, Padmamma told that SHG members have allotted five minutes to explain about TAP programme. It took one month to get time from the SHG. ORW attended the meeting on October 10, 2011 and explained the symptoms of TB and HIV in five minutes. But the initial facilitation has generated interest and led to an hour question and answer session like: what are the main symptoms visible? Where to go for test? Where to get treatment? Whether TB is completely cured?

Peace Educational and Rural Developments (PEACE) based at Visakhapatnam is a non profitable society, which works diligently for community development since last two decades. PEACE is working for the growth of children and women in vulnerability through health, education and life skills development.

Serve Train Educate People Society (STEPS) is working since 1993 with a commitment for upliftment of rural and urban poor with better living standards. STEPS give special emphasis on Medical and health aspects; preventive and curative health related programmes with a special focus on children, adolescents and women. STEPS focus on HIV/AIDS, Malaria and sexual reproductive, mother and child health.

Youth Club of Bejjipuram (YCB) based at Srikakulam has working for last 30 years in the field of health, education, women empowerment and rural development, it has been asserted as a best voluntary organization for several times at state level. YCB has served thousands of people who are in need of basic amenities.

Aim of TAP programme: To reduce levels of TB and TB/HIV co-infection and increase access to effective health services, through empowered communities and local advocacy.

Proposed Outcome of the programme:

(1) Increased awareness of TB and HIV and increased usage of free government health services.

(2) Community structures in place that promote and support health rights, health seeking behavior and a stigma free health centre environment. (3) Improved TB diagnostic and treatment services.

TB Scenario and RNTCP

India has 20% of the global TB caseload due to low awareness levels on prevention, cause, symptoms and treatment of TB and HIV, and of the services available at government health centers. Low awareness is compounded by traditional practices and lack of trust on the government health care services, and so would prefer to pay for their drugs privately (Reference: BMC Public Health 2010, 10:357). Moreover, women and children are less likely to access facilities due to socio-cultural factors and stigma. This preventable and treatable disease has taken an enormous toll on the poor people in India who are often unaware of their health rights. The Revised National Tuberculosis Control Programme (RNTCP) completed 13 years of implementation in 2011 covering the total India. The programme has initiated over 12.6 million patients on treatment thus saving more than 2.3 million lives since its inception in 1997 and an estimated half million deaths occurred due to TB each year in the country. In 2010 estimated deaths stood at 0.28 million. Population surveys conducted by Tuberculosis Research Centre, Chennai, in a sub-district population in Tamil Nadu, show a 12% annual decline in prevalence of TB disease after implementation of RNTCP services.

Since 2007 the programme is achieving the global targets of 70% case detection and 85% cure rates in new smear positive patients.

TB Scenario in Andhra Pradesh

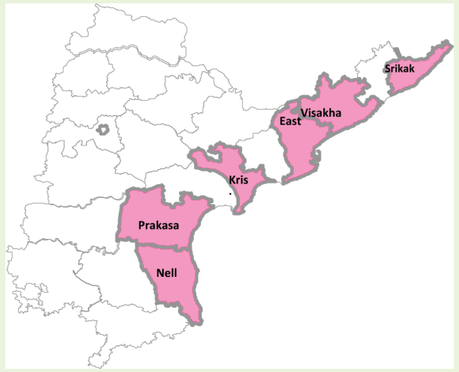
Andhra Pradesh with a population of 846.65 million populations is the northern most southern state with 23 districts, with 992 females to 1000 males and literacy rate of 67.66% in the state, still battles the burden of TB and highest burden of HIV-TB co infection in the country.

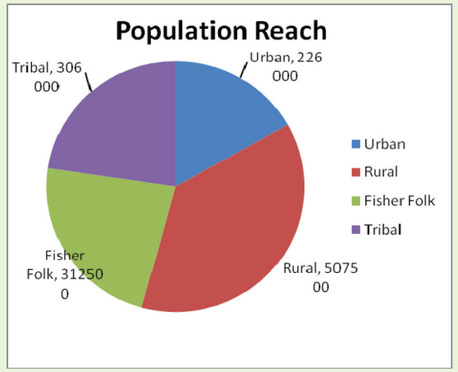
The Entire state of Andhra Pradesh is covered under RNTCP since February, 2004. The state TB program functions with 178 TB units and about 918 Designated Microscopy Centers (DMC). Over the financial year 2010, total number of cases detected stood at 1,14,414 cases, total New Smear positive cases detected at 50,107, sputum conversion 92% and a cure rate of 87% in new smear positive cases. Treatment for Multi Drug Resistance TB (MDR TB) is being implemented in the state in a phased manner from October, 2008. DOTS Plus services for MDR-TB implemented in 17 districts of the state. Rest of the districts will be covered by the end of first quarter 2012. As of now (Dec, 2011) 3437 MDR Suspects tested, 1075 diagnosed, put on treatment 853.

TAP IMPLEMENTATION AREAS

District	Mandals	TAP Implementation NGO
Srikakulam	Gara, Ranastalam, Etcherla, Srikakulam Rural	Youth Club of Bejjipuram
Visakhapatnam	Hukumpeta, Dumbriguda, Paderu, Araku, Pedabayalu	Peace Educational and Rural Developments
East Godavari	Rampachodavaram, Maredimilli, Gangavaram, Devipatnam, Y.Ramavaram, Rajavamongi, Addatigala	Coastal Network of Positive People
Krishna	Kankipadu, Penamaluru, Ibrahimpatnam Vijayawada Rural, Vijayawada Urban	Children Leadership Development Association
Prakasam	Vetapalem, Chinaganjam, Korisipadu Naguluppalapadu	Mahila Mandali
Nellore	Venkatagiri, Pellakuru	Serve Training Educate People's Society

GEOGRAPHICAL REACH WITH IMPLEMENTING NGOs





Population Reach:
13,50,000 population is reached at the end of the programme in six districts and the different categories of population reached will be People diagnosed with TB and HIV in poor urban and rural areas, fisher- folk and tribal population.

APPROACH FOR EFFECTIVE OWNERSHIP BY COMMUNITIES

VMM's experience of working with communities translated into TAP programming by empowering communities through awareness of TB and HIV and their rights regarding free diagnosis and treatment and the issues raised in the communities will be addressed through advocacy. Four years of programme focus on capacity building and increasing community awareness in year one, and in years two to four will be on awareness and creating an enabling environment through the formation and strengthening of community structures and advocacy.

The awareness meetings will reach the most under privileged population with a focus on women and girl children. The existing community structures like self help groups, community based organisations, HIV positive networks, HRG groups and NGOs will include TB and HIV in their agenda and the new community structures like ***adult, children support groups, grannies clubs*** will address the issues of identification, referral, knowledge, treatment, adherence and stigma at community level and integrate their issues in community core groups. The ***community core groups*** will address on all issues and are instrumental for community mobilisation and local advocacy with monitoring of community for stigma. The ***health forums*** will take up the health issues and do advocacy with the district level officers and are instrumental for the improved quality of services in their district. Thus the TAP programme aims at sustainability through community groups.

Capacity building to TAP teams: 39 Outreach workers, 6 Programme Managers and 91 volunteers were trained in Basics of TB and HIV, community mobilization, formation of community structures, advocacy, documentation and communication and data management. 6 accountants were trained on financial management and reporting.

Advocacy at district and state level on various issues like setting up sputum collection and transport centres in public private mix under RNTCP to increase access of sputum testing form remote tribal and rural areas to DMCs. The second focus of advocacy is for inclusion of TB into the agenda of CBOs; PLHIV networks, CBOs of HRGs (FSW and MSM). The third focus is to get a policy on WCD staff to undertake TB referrals and follow up for adherence for children, antenatal and postnatal women affected by TB.

MoU with State TB Control Society: A memorandum of Understanding is executed with the State TB Society to work in alignment with RNTCP with mutual planning, execution and impact assessment among State/ District TB Control Societies and key stakeholders of TAP project (TB Alert India, Vasavya Mahila Mandali (VMM), and Implementing NGOs). At district level also the MoU s are being executed.

Reach: During the period from September 2011 to March 2012 TAP has reached direct and indirect beneficiaries through various interventions; awareness meetings, mass events and cultural shows. Reached the suspected persons and provided them the information and referred to facility centres for testing.

TB- Tested positive		HIV tested positive		Co infection	
Male	Female	Male	Female	Male	Female
231	124	73	75	14*	05*

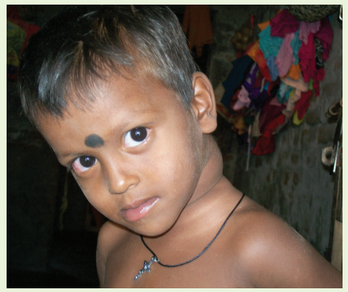
* Co-infection numbers are included in HIV and TB tested

Observational days: TAP in collaboration with DAPCU and District TB Society organised Children's day, World AIDS day, Women's day and TB day. Thousands of community members and children participated in rallies, drawing and elocution contests. The communities pledge to work for reduction of TB and HIV. The participation of women and girls paved the way for improving the accessing of facilities without gender disparity.

CHILD ON DOTS LINKED TO NUTRITION WITH LOCAL ADVOCACY

Perla Nallaraju, 3, is son of Danayya and Varalakshmi of Kunduvanipeta, a fishermen village with 1850 population in Srikakulam Rural mandal of North coastal district, Andhra Pradesh, India. Varalakshmi had difference of opinion with her husband and now living with her parents in Kunduvanipeta along with her two sisters. They live in a poorly ventilated and crowded house. Nallaraju is ten kilograms weight at the time of identification by outreach worker of TAP in October 2011. He was suffering from swelling in the neck.

Nallaraju is living in a big family of six members and are living with 2 persons exposed to TB; Nallaraju's grandfather Yerrayya had suffered with sputum positive Tuberculosis two years ago and had undergone treatment with the support facilitated by Primary Health centre and DMC team at Singupuram. Yerrayya's occupation is fishing and the sole bread earner of the family. Aunt of Nallaraju, Eswaramma a divorcee lives with her father Yerrayya, had also suffered with sputum positive TB and she sought the testing and treatment support of PHC/DMC Singupuram. She completed full course of treatment and doing well. Nallaraju did not get INH prophylaxis from DMC.



Nallaraju had swelling in the neck and was tested in the private Hospital where he had been undergoing treatment since one year but of no use. Then the local ANM sensitized their family and had taken him to RIMS government hospital that is about 15 kilometers from his village and one way fare for one person is INR 40, where he was conducted Fine Needle Aspiration cytology (FNAC) test and found positive for TB and he was diagnosed having extra pulmonary tuberculosis- Tuberculosis Lymphadenitis. But due to his low body weight he was not advised to take Anti Tuberculosis therapy in government hospital (DMC), Srikakulam. Then Nallaraju was taken back to private hospital and was on medication- antibiotic as advised by Private Medical Practitioner.

Keeping in view of their poverty levels, spending for medical bills is not in their reach. When the TAP outreach worker visited the house, she educated the family about government health services and developed trust on government health facilities. VMM lead partner team during the technical support visited Kunduvanipeta village and their messages on free drugs at government DMCs, adherence to treatment and providing nutrition food had generated discussion during the meeting by clarifying number of myths with regard to the food: Antenatal women not to take milk and eggs, antenatal women not to take any drugs during pregnancy as the doctor had given a general message not to take medication during first three months. In this village there is a notion that ANC women should take very less food so that the delivery becomes easy due to low birth weight of the child as they perform child birth at home by ayahs. During the awareness meeting for 80-90 minutes with 30 women and men from village including women Sarpanch, had provided insights to the participants to think about their health with a focus on TB and HIV.

As an outcome of home visit and awareness meeting in the village, Nallaraju was taken to RIMS Government hospital for retesting on 15 November 2011. By then he was reduced to eight kilos of weight. Though he was tested positive in FNAC he was not provided medicine by Medical officer since there was no stock of pediatric medicines. In the meantime he was advised to use medicines prescribed by private doctor. After a month, Nallaraju was provided with medicine product code CAT-1 Anti-TB pediatric category (6-10kgs) 24 Blister – combing-packs of one dose each schedule -5 on date 17 December 2011 for 2 months duration.

Now he is adherent to these drugs under the supervision of Ganeswari-Angan Wadi (ICDS) worker. He is being provided with an egg and milk 8 days in a month by ICDS project. His family members are giving egg and milk on remaining 22 days though it is very hard for them to afford. Nallaraju was tested for HIV and is negative. The grandfather expressed his gratitude for helping his grandson and he shared that they spent INR 30,000 to 40,000 towards his medical expenses.

TAP team of YCB at Srikakulam with VMM staff advocated with District Collector and Project Director ICDS to link sick children with double-nutrition program and is being apprised by the District authorities. TAP team circulated the letter given by Collector to Project Director Women and child development to all Child Development Project Officers (CDPO) to extend nutrition support to children with TB/HIV and the government order of double ration to children affected with HIV. Hence the child is now linked with ICDS for double nutrition that is being given as take home ration for 25 days and the ration consist of Rice – 1.040kgs; Dal-465gms; Bencyravva- 900gms; Oil- 295gms; Egg- Weakly twice on Tuesday /Friday. In addition to this Nallaraju receives prepared nutrition food Kitchidi with rice, dal (lentils), vegetables and boiled Kommuchana (lentils), millet being served with other children at ICDS centre every day.

Nallaraju is living with his cousin who was having cough and so he was also tested for tuberculosis and found negative for tuberculosis. The child was referred to Government hospital for general health care. Nallaraju is adjusting to treatment with vomiting, abdominal discomfort. TAP team is motivating the mother regarding importance of adherence to medication and making the child at comfort.