

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

September, 2012

Issue : II

Editorial Board

Editors

G. Rashmi

Dr. P. Deeksha

Technical Advisor

Dr. B. Keerthi

Content Developers

E.S. Nagaraju

B.Vijay kumar

Design

G.Ramanujaiah

Message from CEO, TB Alert UK

TB Alert is proud to work with VMM in fighting the scourge of tuberculosis in India. Through the new TB Andhra Pradesh (TAP) project funded by the UK government's Department for International Development, we are together reducing levels of TB and TB/HIV co-infection and increasing access to effective services through empowered communities and local advocacy. We congratulate VMM on reaching another milestone in its history and in its work to improve the health and the lives of poor communities.



Mike Mandelbaum | Chief Executive | TB Alert
Community Base, 113 Queens Road, Brighton, BN1 3XG



Inside content

1. Awareness Meetings

2. IEC Material

3. Community Friendly
Health Education Campaign

4. VMM Activities

TB Control - NGOs Need to Play Critical Role

Emergence of drug resistant TB, co-infection and TB among children are some of the major challenges we are facing in TB control today. A large number of TB cases may go undetected and similarly a large number of diagnosed and treatment initiated may drop out from the treatment due to various factors. TB elimination by 2050 looks a distant dream unless we all work as a team with a common goal.

In this context the role of civil society and NGOs is very critical. Because of their proximity to the community and credibility they carry can play a very big role as the strategic plan for TB control in 2012-17 aims at universal access and effective treatment for TB coupled with aggressive case detection.

I take this opportunity to express my heartfelt thanks to all involved in the fight against TB like RNTCP key staff, field staff of NGOs, DOT Providers etc. A large portion of credit should go to you all. I thank you all for the support extended and also wish Vasavya Mahila Mandali all the success in the TAP project.



Dr. MS Srinivas Rao, M.D.,
Joint Director (TB) & State TB Officer (AP)
Hyderabad

AWARENESS MEETINGS

TAP is aimed to increase awareness of TB and HIV and increase the usage of free government health services. To create the awareness in the community TAP is reaching the communities through array of activities: awareness meetings, mass events, cultural shows using people centric IEC (Information, education and communication) materials. The uniqueness of these activities is inclusion of local culture, customs and traditions. Each awareness activity has its own focus in addressing the people in providing information and educating them for early diagnosis through referral to government health facilities so that it leads to overall improvement of wellbeing of oneself and family paves for healthy communities.

Awareness Meetings

Awareness meetings are planned to create an enabling environment leading to acceptance and trust for TB/HIV and AIDS affected individuals to the stigma in the community, health settings and educational institutions. The impact could be much visible by understanding the effects of the diseases by the community. Awareness meeting are playing indefinable role in transforming message to the community and in terms of referring suspected persons to the facilities.

Outreach workers organize awareness meetings in an informal way with small groups of 15-20 people for an hour involving students in schools, self-help group members, women and men. The places of the meetings are at the convenient places like schools, religious places, public places or at the homes of the community. The timings are that are convenient to the community. During or after the session the potential clients have one to one session either for referral or for more information.

Reach through awareness meetings: In a year (September 2011 -August 2012) 33,482 population was reached through 1594 awareness meetings organized by partners across six districts. These meetings facilitated to raise the knowledge of the underserved and deprived communities.

Mass Events:

Mass events are playing prime part in providing knowledge on HIV and TB to the public at large. Implementing organizations organized mass events on a monthly basis to awake the community to know the facts about Tuberculosis and HIV. It is useful in particular in tribal and fisher folk communities as this population gather for "sandies" (*santa*) on a weekly basis on a fixed day. People from very remote areas also attend for this sandies to purchase.

Since October 2011, TAP team organized 60 mass events across partners from six districts with 6219 population that acquired knowledge on TB and HIV. It helped the communities to know the importance of the providing care for the infected people and affected families and creates an enabling environment to them. Mass events alert communities to pay attention on the impact of the disease.

Cultural Shows

Cultural shows have their identity in sensitizing public with its culturally acceptable attraction. Audience specific cultural shows are being organized to raise awareness of TB and HIV and available free government health services. In the year one of the TAP programme, VMM imparted training on cultural development for six NGO partners and developed skills in participatory theatre in selection of the place to sensitise, identification of issues, developing a script suitable to address the local problems relate to health rights, TB and HIV, information to community on time and place (as suitable to community) and performance of the show with the involvement of audience to respond to the issue projected. It made the audience to review and rethink on the problems they see everyday in their community and give them a chance to think about finding a solution. This is a very cost effective strategy for community mobilization. Community volunteers and youth from the general community are also part of the cultural training hence value addition for sustaining the skills.

Implementing partners approach street play, Kalajatha, skit, mime and Magnet Theater as part of cultural shows. The outcome of the cultural show is the increased community referrals and community participation in TAP programme. In this one year TAP team has organized 25 cultural shows for underserved and under privileged communities reaching 4,305 persons across 28 operational Mandals of TAP project.

CO-INFECTED COUPLE ADHERENT TO TREATMENT IN-SPITE OF POVERTY

Budagatlalalem village in Etcherla Mandal of Srikakulam district, Andhra Pradesh, India is inhabited with 1141 fisher folk population. Their sole earning is through fishing. They usually sell their sea fish to middlemen. Some of the fishermen seasonally migrate to other places in search of livelihoods.

YCB - TAP Project conducted awareness program on 26/12/2011, and sensitized the fishermen on TB, HIV and Co-infection and importance of testing for TB and HIV. On the day of awareness meeting, couple Yerrayya and Lakshmi, approached TAP outreach worker and shared their sickness of fever and cough of several days duration. She referred them to RIMS hospital, Srikakulam where the couple was tested for TB and HIV. Yerrayya was positive for HIV and TB and his wife was negative for both diseases. Yerrayya was depressed and started to have self stigma due to the fear of stigma by the community for HIV. He expressed shame and guilt and wanted to commit suicide. The ICTC counselor had counseled professionally and directed him to ART for Pre-ART registration. Keeping in view of his CD4 count - 312 cells, he was not initiated ART but suggested for a six monthly review of CD4. He was put on DOTS from 09/02/2012 onwards.

Lab Technicians advised Lakshmi to come for repeat test after 30 days for HIV test. Yerrayya had deteriorated health and was unable to do his daily chores and even his wife too became weak so both of them were admitted to Community Care Center (CCC) at Navabharat Junction, Srikakulam, for ten days. Then Yerrayya had improved but Lakshmi fell ill. She was referred to DMC on 21/2/2012 at PHC Etcherla where she was tested TB positive and was on DOTS from 22nd February onwards. Even after two months on DOTS, she did not improve and was tested for HIV on 22/4/2012 and resulted positive. She was registered for Pre-ART; her CD4 Count was 84 and initiated ART. Due to financial problems, Yerrayya did not get tested. He is yet to get CD4 testing.

As the couple was with HIV-TB co-infection and none to support for family maintenance, TAP partner YCB with the local resource mobilisation provided food supplies for a month. They did not have children but Yerrayya's blind mother is dependent on him. Lakshmi was staying at her parental home under their care and was on DOTS. As she had temporarily migrated to her parental district (Vijayanagaram), she is in contact with ORWs over phone. She was counseled to come and stay with her husband and mother in law and become adherent and also to have follow up.

Kalajatha in Tribal Areas

PEACE team has performed a kalajatha among the tribal people in Pedabayalu of Visakhapatnam district. Most of the people living in the hilly and forest areas are illiterate. Hence, to reach the communities, cultural mode in tribal language is found to be very effective to give a correct message. After the cultural programme popularly known as 'Kalajatha', tribals approach ORW and volunteers over phone or meet in person with a request to visit their house. This traditional form of art is increasing the referrals to TB and HIV.



Participatory Theatre in urban slum

Children Leadership Development Association (CLDA) performed a cultural show on 23 September 2012 in order to dispel myths and misconceptions among the truckers' families residing at Bramarambapuram slum in Vijayawada, a city on the banks of river Krishna. The show exhibited the real life situations of the people in the slum with HIV and TB and also orphaning. An hour long show has captured the attention of more than 200 women and men of all ages.

An aged woman in 60s reflected on the show "when the youth informed about the show in the morning I never thought that it is that impressive and informative. I got tears at the end of show on irresponsible parents making children vulnerable. If there are orphans in our area, I want to care for them."

In response to the situation a Private Health Care provider has responded that "I will work for educating the people in the community on TB and HIV and if anyone comes to me, I will treat and if required refer them to government health facility."



Outcome of community awareness events

Activity	TB			HIV		
	Referred	Tested	Positive	Referred	Tested	Positive
Awareness Meetings	1312	858	181	804	667	46
Mass Events	88	54	7	65	57	1
Cultural Show	37	29	8	26	23	0
Total	1437	941	196	895	747	47

Information Education and Communication Material (IEC Material)

రెండు వారాలకి మించి దగ్గు ఉండే దీ.జి. కావచ్చు
ప్రభుత్వ ఆసుపత్రిలోని కర్మచరిత్ర కేంద్రంలో కర్మచరిత్ర చేయించండి.
దీ.జి కి చికిత్స పూర్తిగా ఉచితం.
దీ.జి మందులు (డాబ్) క్రమం తప్పక 6 నుండి 8 నెలలు వాడాలి

వివరాలు
 చిల్డ్రన్ రీజర్వ్ డెవలప్ మెంట్ అథారిటీ (CLDA)
 40-91-16, వానపర్తి పార్క్, రింజి నర్సరీ, విజయవాడ - 10
 ఫోన్ నెంబర్: 0866-248 7467

IEC Material among TAP project has created a pathway for many organizations working on Tuberculosis. Content of the material has absorbed from the feedback of the filed visits and baseline. Several one to one interactions held with different groups; lab technicians, counselors, infected with HIV -TB population to get their experience before developing the content of material. A state level IEC development workshop was held in participation with Andhra Pradesh state AIDS control Society and State TB Cell to get their feedback to produce effective material. These meetings helped in developing effective IEC. Variety of IEC materials were developed in TAP to reach different population.

Wall Hanging: A wall hanging is developed to provide information at key places in consultation with state TB cell and TB Alert India. This tool is to give knowledge about the symptoms of TB, prevention of transmission of TB. It also speaks about the treatment, cure and explains importance of referring HIV positives to TB Test. It also insists the important health rights. 568 wall hangings are displayed at health facilities in public and private sector, village panchayats, libraries, schools, Mandalsamakhya of self-help group women, Anganwadi centers and other public places as suitable to locations.



Sticker: As the mobility through private transport is on increase for commuting, to convey the message on TB and HIV stickers are pasted with the consent of commercial vehicle owners (Auto rickshaws and jeeps). The message has longevity in display. It flashed message on key symptoms of TB and testing of suspects to visit nearby designated microscopy center (DMC). This sticker also indicates the contact details of implementing organization.



Snake and Ladder Board Game: In low literate population the message reached through traditional board game of snake and ladder is attracting children of all age groups as it is mixed with message and puzzles. 300 board games were disseminated to community structures formed by project across six implementing districts. These games teach on the different health vulnerabilities and possible best practices to have a healthy life.

Boats Painting: As TAP programme aims at reaching underserved communities, with the participation of communities painting on boats is decided and designed.

COMMUNITY FRIENDLY HEALTH EDUCATION CAMPAIGN



Youth Club of Bejjipuram (YCB) is a partner NGO implementing TAP Project with VMM as lead partner in four Coastal Mandals of Srikakulam District of Andhra Pradesh, India reaching to 276 fish folk villages. During the project design stage with participatory community assessment through focused group discussions and baseline study conducted at the begin of TAP programme, it is observed that fisher folk communities living in coastal remote villages are vulnerable to number of health hazards such as Tuberculosis and HIV. They do not have proper means of communication to have right information at right time in a right way to reach the illiterate and ignorant fisher population. The fisher folk from remote villages do not have knowledge on government health facilities for TB and HIV.

TAP has reached to the communities in the project period and planned various community activities like awareness meetings, mass events and cultural shows. It is observed that mostly women are attending these meetings and the men attendance is minimal. Among fisher families, men are mostly fishing and women play a role in marketing. In Srikakulam district men go for fishing to Gujarat state from August to April, leaving the families at villages.

For effective reaching of fisher communities, the outreach workers and volunteers are identified from the fisher communities. They are trained on basics of HIV and TB, community mobilization, data collection, cultural shows and developing community structures. The capacitated workers have delivered information to communities through one to one and one to group sessions such as awareness meetings for small group of 10-15, mass events with a size of 50 to 100 and cultural programmes on identification of diseases, referral to facility centers for testing and treatment. YCB has found that to reach 200,000 population is hard particularly to reach men. Men are mostly available on boats or at fish collection areas, hence with the community suggestion it is planned to have health education on TB and HIV through painting on walls and boats.

With the guidance of VMM, YCB identified the vulnerable villages on the shores of Bay of Bengal that have more visitors or buyers from outside areas. Then outreach staff consulted Fish-boats owners for painting a slogans on the side of boat, so that the information is available to the fishermen all the times.

A painter from Srikakulam town entered into an agreement to make water proof radium stickers to paste on the Boats so that the stickers are visible even at night and also they can be safe in water. The education campaign on TB material (text) was prepared by the Technical team of VMM and got suggestions from TB Alert India and State TB Society. The painter completed the production of stickers and pasted on selected 50 Boats from six villages from four mandals: Bandaruvanipeta (12), Mogadalapadu (4), Ganagallapeta (6), D.Matyalesam (12), Budagutlapalem(8), K.Matyalesam(8) villages. An amount of INR 10,000 was expended for the purpose of the stickering on boats.



That day onwards people visiting the sea shore are interestingly looking at the sticker, reading information and discuss. Illiterate people are keenly asking others about the sticker and why it is displayed on boats. It is estimated that on an average 500 fishermen per day are getting information from stickers. As the phone numbers are provided on the sticker, some of them are contacting over phone for getting more information on TB and HIV and reach YCB office at Srikakulam.

The outreach staff faced some challenges in launching of this community friendly education campaign: The boat owners were hesitate to get pasted stickers as these boats were painted as directed by the department of fisheries, government of Andhra Pradesh. The village leaders cooperated to mobilize the owners. Soon after stickering on boats 32 boats went to fishing in deep sea for several days.

It is learnt that the health education programme can take up murals (wall writings) on the walls of community halls, school buildings, disaster shelters, fish-bazaars in the villages where most of the fisher folk are not going for fishing and visiting sea shore. As those villages are prone to migration for searching of alternate employment they get message on TB and HIV. TAP is planning to replicate this model with the community contributions in other villagers and received INR 1500 towards contribution to make murals. In the months from June to September, 2012 after stickering on boats, TAP got referrals from these villages: TB 23 and among them 6 (26%) are positive and HIV among them one positive 6 (16.66%).

During May 2012, Gramadevatha (worshipping village goddess) festivities were held in all these villages. The relatives of villagers visited their homes during the festival. They also visited sea shore and saw the information on boats.

After initiation of TAP programme, the villagers are regularly discussing on the information about TB and HIV during awareness meetings, mass events. During the interaction the outreach workers identified men with symptoms of TB/HIV and are taken for testing. The community is responding positively for testing and treatment.

Theater Slides: To reach the community at large, Theater slides are developed and disseminated to the implementing organizations for wider publicity. It is planned to do negotiation with theater owners at local level to project at free of cost. Recently as advertisements in theatres is through satellite (centralized), hence VMM is planning to do lobbying with satellite advertising company to exhibit on TB and HIV at free of cost as this is for a social cause. Day to day improvement in technology, the social messages has also to be delivered by using latest information and technology and sensitizing that sector to work for social cause/ community well being.



A volunteer educating the client on symptoms and services

Board Cards: Board cards are helping community as reference material whenever they need clarifications about HIV and Tuberculosis. Cards are developed with a specific information on symptoms of TB and HIV and available testing facilities near to the community. These cards are used during adult support group and community core group meetings and are available with them. Whenever they counsel a patient, they also provide the card, so that this handy information is available with beneficiaries both on symptoms and nearest facility centre. The beneficiaries expressed it as very informative and useful.

Float Boards Kits: Keeping in view of the feedback from the community and outreach staff, Float Boards were developed with 6 boards. Each board carries a different message about modes of transmission, extra pulmonary Tuberculosis, treatment, co-infection and health rights. As boards are more pictorial and easy to carry and display, getting good response from communities as they are getting more information. These are displayed during sandy days, medical camps, group meetings.



Outreach worker from CLDA explaining health rights to young girls

TRIBAL YOUNGSTERS ADHERENCE- BACK TO WORK

Somireddy a 35 year old tribal youth is an illiterate agriculture labourer living in Busigudem village in Rampachodavaram mandal of East Godavari district. This village is 13 kilometers from Rampachodavaram, the nearest health facility. There is no public transport to reach this remote village. Somireddy is married to Somalamma and has five children: two sons and three daughters and all of them are below 15 years.

During the community outreach and one to one sessions in September 2011, the ORW found a weak person lying under a tree with cough and fever. He is having fever for more than a month hence referred for testing for HIV and TB. But after a week when the ORW visited facility center it was learnt that Somireddy did not visit ICTC. Then with repeated counseling sessions, he was tested for HIV and TB in October, 2011, at Rama Krishna Mission Hospital and found positive for HIV and TB. After repeated counseling by TAP outreach worker, his wife was tested for HIV and found negative in March 2012. As the children are healthy they were not tested. He brews arrack at home and drink regularly; he is a smoker also and has multiple sexual contacts with sex workers.

After Somireddy was found to be HIV and TB positive, he was provided counseling and also explained self care during coughing, nutrition and adherence to treatment of DOT medicine under the supervision of ANM. During fortnightly home visits by outreach staff, observed the improvement in his health with complete adherence to treatment. Within two months he improved his weight by two kilos.

On 12th December, 2011, the ORW referred him to ART center and accompanied him to ART center at Rajahmundry hospital at district head quarters. Somi Reddy was registered for pre-ART with number 9316/13-12-2011. CD4 tested and the cell count was 216. Medical Officer initiated ART with a review after fifteen days. ORW followed up and the review after fifteen days on 28th December, 2011 showed the acceptance of the treatment by the patient and so ART was continued with monthly refilling. He started using TB and ART medicine regularly and improved his health.

He did not have bi monthly testing for TB as he felt healthy. On 20th May, 2012, after completing DOTS, he was tested for TB at the insistence of ORW and the sputum was positive. Then ORW contacted SFS RNTCP and started CAT-II medicine and injections. ANM was explained his situation and suggested her to see him to continue medicine and injections regularly as the ANM is the DOTS provider. His sputum after two months was negative. He expressed that prior to CAT II medicine, he was weak and unable to walk but now he is put on 4 kilos of weight, active and able to attend his work on his own and earning for a seven member family.



*TAP partners meeting on
25 September 2012 at Vijayawada*

Activities of VMM during April - September, 2012

- ❖ VMM's document on ten years of community based HIV and AIDS Care and Support Programme – "Building Resilience" supported by ABBOTT Fund was released on 19th September, 2012 in Asia and Eastern Europe Annual Regional Meeting (Blue sky week), organised by International HIV / AIDS Alliance held at Bangkok.
- ❖ Swetcha Gora Eye Bank is recognized in India Book of Records for its outstanding work in the area of eye donation by providing vision to more than 850 blind people through keratoplasty and 2,00,000 people pledged for eye donation.
- ❖ Started Girls' residential hostel at Vemavaram for 100 urban deprived children with the support from Rajeev Vidya Mission (SSA), Government of Andhra Pradesh from 12th June, 2012. Started two Residential Special Training Centers (RSTC) for urban deprived children for girls (by VMM) and for boys (by CLDA), supported by SSA.
- ❖ In Koshish project organized three State Level workshops for the project staff on Sexual and Reproductive Health and Rights (SRHR). Initiated state level advocacy on 10th September, 2012 by submitting a memorandum to the Additional Project Director, APSACS on implementation of NACO guidelines on Pap smear test at ART/Link ART centers for detection of cervical cancer among women living with HIV.
- ❖ A model Organic farm is developed at children village and trained the village young girls and women on importance of non-pesticide management practices.
- ❖ In School granting Programme provided education sponsorship to 95 poor students for continuation of higher education.



Ms. Siobhan Mahoney from TB Alert UK inaugurating the carom Board game donated by community to a children's support group at Vetapalem village in Prakasam district on 24 September 2012.

This News Letter is developed with the support of TB Alert, Funded by UKaid

VASAVYA MAHILA MANDALI, Benz Circle, Vijayawada-520 010, Andhra Pradesh, INDIA
Tel: 91-866-2470966, 2489784, Tel Fax: 91-866 - 2473056
E-mail : vasavyamm@sify.com Url : www.vasavya.com