

IMPACT REPORT



CALL TO ACTION FOR A TB-FREE JHARKHAND

**Catalysing a multi-sectoral, community-led
and collaborative response to TB**



The TB Call to Action Project is a four-year initiative by REACH, supported by the United States Agency for International Development (USAID) and implemented in partnership with the Revised National TB Control Programme (RNTCP) at the national, state and district levels. Jharkhand is a priority state for the project.

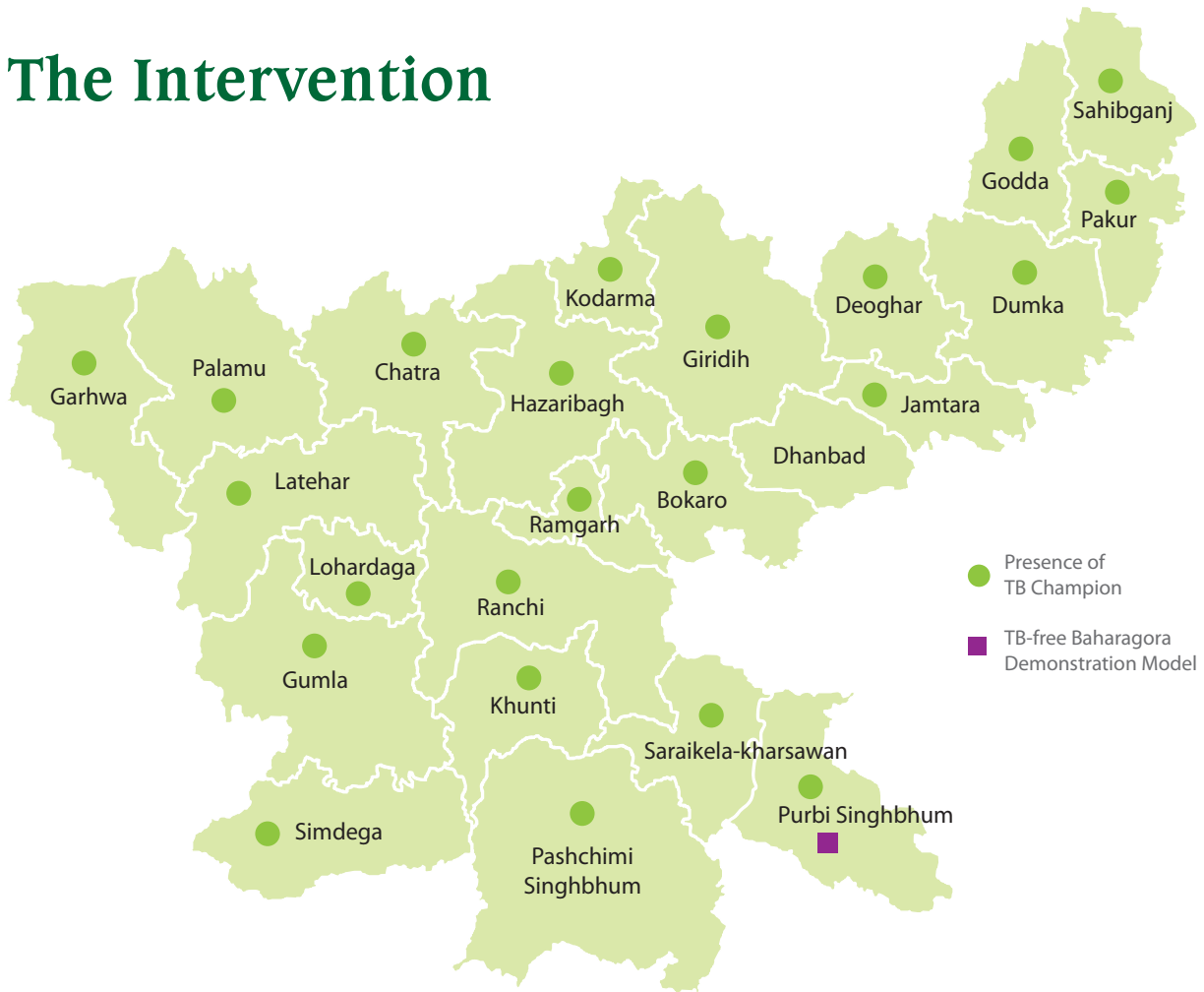


The Jharkhand Context

- The 14th most populous state in India, Jharkhand is one of the Empowered Action Group of states.
- The 2018 Multidimensional Poverty Index report notes that Jharkhand is among the four poorest states in India, although Jharkhand had also made the biggest strides in reducing poverty.
- 45% of children under the age of five are stunted; 48% of children under five are underweight; and 70% of children under five had anemia.
- 31% women and 23% men were underweight (BMI < 18.5), according to NFHS 4.
- 48% of men consume some form of tobacco.
- More than 80% of the population uses solid fuel for cooking.
- Although the India TB Report of 2018 reports 127 notifications per lakh population, the NFHS 4 found a prevalence of 312 per lakh population.
- Most men and women have heard of TB and know it can be cured but more than half the women and 61% of men had misconceptions about how TB spreads.
- According to the 2011 Census of India, the Scheduled Tribe population – likely to have reduced access to healthcare services – is approximately 25% of the state's total population.
- The private sector is the major source of healthcare for over 60% of people.

Data Sources: National Family Health Survey (NFHS 4), TB India Report 2018

The Intervention



To support and strengthen the community response to TB

1. From TB Survivors to TB Champions

In a first for the state, 51 TB survivors from 23 districts across the state were trained through capacity-building workshops held in Ranchi in December 2017 and January 2019. The training equipped participants to speak effectively about their personal experiences with TB and to reach out to and support others with TB in their communities. Participants were also able to interact with senior health officials at the workshops, and develop a mutual understanding of their role in the TB response.



Since the workshops, trained TB Champions have had multiple opportunities to participate at various forums – some have become members of various National, State and District TB Forums; they have spoken at World TB Day meetings; three Champions received scholarships to attend the 50th Union World Conference on Lung Health held in Hyderabad in October 2019; and some Champions participated in a Training of Trainers workshop organised by the Central TB Division.



2. TB Champions Mentorship Programme



A total of 44 TB Champions from 22 districts – in two batches in 2018 and 2019 – enrolled in a structured mentorship programme for six months. They were supported by mentors (four for the first batch and eight for the second) – all of whom were individuals with a sound understanding of the ecosystem in which the TB services operate at the facility, sub-district and district level.

Based on learnings from the first round of the mentorship programme, the second round was relatively more structured. Each TB Champion was given a four-fold mandate – to provide information and emotional support at least 60 people with TB over a six-month period; to organise meetings in their local communities to sensitise people about TB, its symptoms and connect them to services; to advocate with key stakeholders for their increased involvement in the TB response; and to lead at least two anti-stigma campaigns.

The Champions met for a mid-term review in the third month of the programme, where they had an opportunity to identify and discuss the challenges they were facing.



In addition, there were regular field visits to provide them with guidance and help them achieve their goals. At the review meetings, the TB Champions also received feedback from senior health officials. Several of the TB Champions went far beyond their original mandate – personally accompanying people with symptoms to the health facility to facilitate diagnosis; ensuring those diagnosed with TB had access to social support services; and speaking to their friends and family to mitigate any stigma or discrimination. By the end of the six months, the TB Champions reached more than 2000 people with TB, closely working with District TB Cell officials and local community leaders.



Addressing TB Stigma

In partnership with the State and District TB Cells, TB Champions from all 22 districts participated in district and block-level anti-stigma activities on World TB Day. At the state capital, an interaction titled “TB Champions and Patients - A Dialogue” was organised by State TB Cell, where TB Champions shared their stories and spoke about the work that they were doing at the grassroots level to address various issues around TB. Around 150 people with TB as well as State TB Cell officials were present. In addition, Mr. Avro Choudhry, Programme Manager, All India Radio, Hazaribagh joined the anti-stigma campaign, hosting a 30-minute panel discussion with TB Champions about the need to end discrimination against people with TB. Champions also organised a sticker campaign to spread anti-discrimination messages across the state.

The second anti-stigma campaign was led by 33 TB Champions in the Gram Sabhas in Jharkhand – thirty-three Panchayat chiefs (Mukhiyas) from as many wards took a pledge to support people with TB in their villages. Through this campaign, the TB Champions increased awareness about the stigma faced by people affected by TB and advocated for their rights to be treated with dignity. The campaign also advocated for ways to adopt a non-discriminatory approach in public and private spaces for people affected by TB.



3. Formation of survivor-led networks

For most TB survivors who attended the capacity-building workshops, it was their first interaction with others affected by TB. In May 2018, at a meeting with the then Principal Secretary, Health, Ms Nidhi Khare (*as seen in the top left photo below*) the Champions announced the formation of TB Elimination from Jharkhand (TEJ), the state's first such survivor-led network.

In the short span since, TEJ has grown from 14 to over 400 survivors as members, and was legally registered as an independent organisation under the Societies Act in November 2019.

TEJ members have used innovative ways to raise awareness about TB, to try and ensure that those affected by TB had access to high-quality services. In August 2018, they organised a Freedom from TB bike rally; in October the same year, they led a padayatra involving community leaders. Most recently, the Baharagora chapter of TEJ was launched and more such district chapters are in the pipeline. TEJ members have also had regular meetings with state and district officials (*as seen with Dr. Rakesh Dayal, State TB Officer, in the left photo on the bottom*) to share real-time information and seek guidance on next steps.



4. Engaging community pharmacists

Pharmacies are often the first point of contact for many people with TB, or symptoms of TB. Being easily accessible to the community, they are in a position to influence treatment choices. With support from the Mission Director of the National Health Mission of Jharkhand, and in collaboration with the State TB Cell, the State Drug Controller's office and the Jharkhand Chemist & Druggist Association, REACH conducted two state-level meetings in 2017, to initiate better coordination among the key stakeholders and mobilise their support for TB. Advocacy efforts with the Drug Directorate also resulted in the identification and listing of all retailers who sold anti-TB drugs in high volumes, and their subsequent sensitisation through district-level meetings. All the Drug Inspectors were also sensitised on their role in the TB response. The State TB Cell subsequently issued a directive to expand sensitisation of pharmacists to all districts across the state.



To advocate for increased financial, intellectual and other resources for TB

1. Employer Led Model (ELM) for TB Care and Prevention

Through the Employer Led Model for TB Care and Prevention (ELM), industry and business leaders were engaged to introduce interventions at the workplace for the benefit of employees. Between December 2018 and December 2019, one-to-one meetings and follow-up discussions were held with various departments, including the Department of Industries, Department of Mines & Geology and Department of Labour. These efforts culminated in a consultative meeting organised in collaboration with the State TB Cell in May 2019, chaired by Dr. Nitin Kulkarni, Secretary, Health and Family Welfare and co-chaired by Mr. Aboobacker Siddique, Secretary, Mines and Industries. Representatives from the office of the Jharkhand Chamber of Commerce and nearly 28 industries/PSUs participated in the meeting. Three companies have since signed Letters of Intent and begun implementing activities under ELM. A workplace policy on TB care and prevention with an additional focus on comorbidities like HIV, diabetes, tobacco and silicosis or other occupational lung diseases has been drafted and is currently under review by senior officials at the Department of Health and Department of Labour.



2. Involving Elected Representatives in the TB Response

Between January 2017 and September 2019, more than 15 Members of the Jharkhand Legislative Assembly were sensitised about TB-related issues in the state and in their constituencies. These elected representatives were sensitised through a combination of roundtable meetings and one-to-one discussions. In August 2017, a consultative meeting was held at the Assembly for MLAs to debate TB-related issues. Following this meeting, several elected representatives took a keen interest in understanding and working to improve the available TB infrastructure, human resources and services in their respective constituencies – they issued letters and reached out to district administration officials and district health authorities to lead discussions on TB. Mr. Kunal Sarangi, then MLA of Bahargora, launched a TB-Free Constituency campaign in March 2018,

followed by a series of discussions and activities with community leaders. This unique process was documented in an Impact Report on TB-free Baharagora, released in October 2019. This engagement model demonstrated the catalytic impact the involvement of an elected representative can have on the community at large.



3. Facilitating inter-sectoral collaboration for TB

Following sustained advocacy efforts, Jharkhand became the first state to establish a State Task Force for mainstreaming of TB. This was established by the order of Mr. Sudhir Tripathy, then Additional Chief Secretary, Department of Health and Family Welfare. Other members of the task force included representatives from the Departments of Industries, Mining, Social Welfare and Labour; and representatives from PSUs like CCL, BCCL, CIL and Medanta, among others. The first meeting of the task force was held in January 2018. Later in 2018, a scoping meeting with the Jharkhand State Livelihood Promotion Society was held in Chatra Sadar and Itkhori, to initiate activities for TB-free Panchayats, and was attended by 76 office-bearers.



“The reasons for TB are as much social and economic as they are physiological, hence we cannot hope to end it with a purely medical approach. I am proud that Jharkhand was the first state to set up a State Task Force for Mainstreaming of TB, with support from REACH through the Call to Action project, and with the objective of involving departments beyond health and pioneering a social multi-sectoral response, so as to leave no one behind.”

— *Mr. Sudhir Tripathi IAS, Former Chief Secretary, Govt. of Jharkhand & currently Chairman, Jharkhand Public Service Commission*

4. Engaging journalists for reporting on TB

Media roundtables were held to sensitise the local media about various issues critical to TB prevention and care in Jharkhand, and to build relationships between local journalists and TB experts. A media roundtable was held in September 2018 and attended by over 25 journalists from print, electronic and digital media. The meeting gave journalists an opportunity to strengthen their understanding of the various TB-related challenges in Jharkhand and discuss their own role in promoting the uptake of TB services by the public.



5. Raising the profile of TB by engaging celebrities as Ambassadors

In an effort to destigmatise TB and promote conversations around the disease, Padma Shri Deepika Kumari, Archer, became the TB Ambassador for the state of Jharkhand in 2017. A strategic communications campaign featuring Ms. Kumari was developed with three videos on stigma, daily regimen and treatment adherence, as well as audio messages in Hindi and Nagpuri languages. The campaign was formally launched and communication materials were widely disseminated by the TB programme through various channels, including television and social media, to all districts across the state.



Engagement with the 20 Point Program: In December 2017, a TB-HIV coordination meeting was held with the 20 Point Program to discuss key issues related to TB-HIV co-infection in the state. The consultation saw the participation of Deputy Chairmen of all 24 districts of Jharkhand along with representatives from the State TB Cell and Jharkhand State AIDS Control Society.

Key Highlights



Mr. Ramchandra Chandravanshi, Minister of Health, Medical Education and Family Welfare, Government of Jharkhand, Archer and TB Ambassador Deepika Kumari and other senior health officials at the launch of the TB Call to Action project in February 2017



TB Champions with Dr. Rakesh Dayal, State TB Officer, Dr. Mitra, Director, STDC and other senior officials on World TB Day 2019



TB Champions and TEJ members from 22 districts of Jharkhand formed a human chain and led a candle light march at Morhabadi Maidan, Ranchi in September 2019

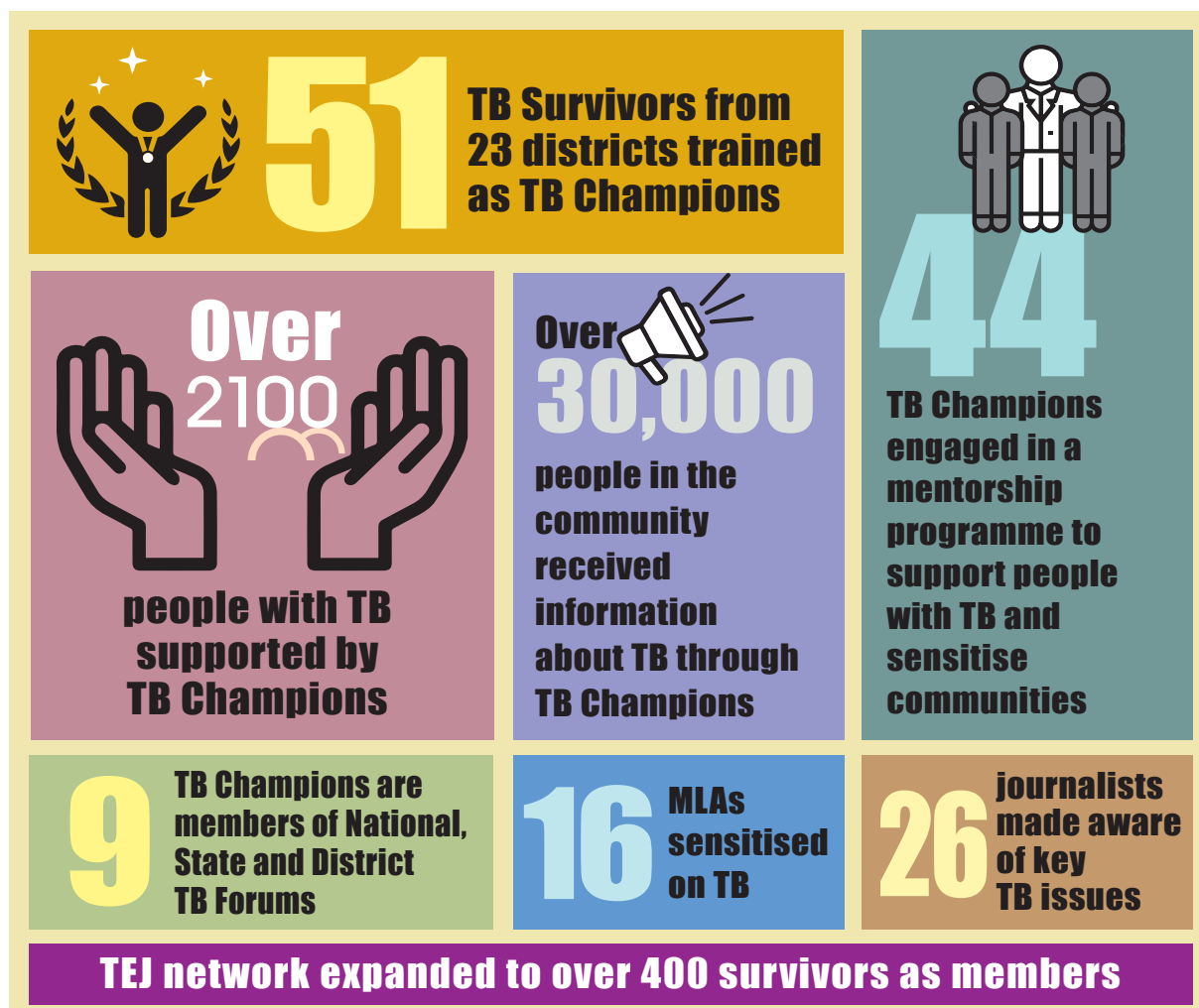


TB-free Baharagora Impact Report released in October 2019



An anti-stigma campaign underway in Ranchi

Key Results



“Through our collaboration with REACH and the TB Call to Action Project, we have been able to bring together a range of diverse stakeholders who were previously not involved in the TB response. We are confident that our efforts to engage TB survivors, industries, celebrities, the media and elected representatives will accelerate our progress towards our goal of a TB-free Jharkhand.”

— *Dr. Shailesh Kumar Chaurasia IAS, Mission Director, National Health Mission, Govt. of Jharkhand*

Key Learnings

The TB Call to Action project has demonstrated the importance of bringing together a range of stakeholders for collective action. Through the different activities, processes of engaging previously unengaged stakeholders have been tested, demonstrated and documented, and have the potential for scale-up and expansion across India. The following are some key learnings from the project:

- ❑ Trained TB Champions are highly motivated to work with and among their communities and must be supported with monetary incentives and continued trainings.
- ❑ The fear of stigma or discrimination does not deter a TB survivor from working as a Champion. TB Champions are increasingly recognised as leaders within their communities and gradually become the go-to persons for all health issues, extending beyond TB.
- ❑ Being a TB Champion and working with the health system for the benefit of other people with TB is an empowering experience for a TB survivor. Most TB Champions reported advancement in their knowledge, skills and overall social standing.
- ❑ The RNTCP values the contribution of the TB Champions to all its activities and is willing to support the TB Champions to work jointly towards the goal of TB elimination at all levels.
- ❑ Survivor-led networks can harness the power of communities and provide a framework to synergise individual efforts, optimise cross-learning, and channel the collective voice of the members. Being a network member reduces the loneliness of having TB or life after TB.
- ❑ Companies in the public and private sector see the value of investing in the health of their employees and are keen to implement the Employer Led Model. Integrating TB into existing health activities, such as camps or regular screenings, is a simple starting point. Adoption of ELM on a larger scale needs a sustained inter-sectoral effort involving the department of health, mines, industries, the RNTCP and the administrative structure at the district level.
- ❑ For an elected representative, TB must be contextualised in a broader community health setting, and seen as relevant to his or her constituents. Once aware of the scale and extent of TB's impact, most elected representatives are keen to be involved and assume the role of catalysts with the TB programme and the community.
- ❑ A biomedical response to TB is inadequate. Multiple stakeholders – survivors, elected representatives, industry leaders, the media, celebrities etc. – have a distinct role to play in eliminating TB and different strategies must be adopted to sensitise and involve them effectively. Engaging these players can amplify the TB response and accelerate elimination efforts across the country.

“In partnership with REACH, the first intersectoral meeting has been conducted in the state, which led to sensitisation of industries. Based on this experience and requirements in the fight against TB, RNTCP Jharkhand, with REACH's support, has drafted a Work Place policy on TB and its comorbidities, involving the Labour Department of the state, which is going to be finalised soon. At the district level, the programme is committed to involving TB Champions to reach out to communities and putting in place a person-centred, community-led approach to TB.”

— *Dr. Rakesh Dayal, State TB Officer, Jharkhand*

Media Reporting

टीबी के प्रति ग्रामीणों को किया गया जागरूक

स्वास्थ्य विभाग

राजधानी | रांची

राजधानी के स्वास्थ्य विभाग के आयुक्त प्रमोद कुमार शर्मा ने बताया कि टीबी के प्रति ग्रामीणों को जागरूक करने के लिए स्वास्थ्य विभाग ने एक अभियान चलाया है। इस अभियान के अंतर्गत ग्रामीणों को टीबी के लक्षणों, कारणों और उपचार के बारे में जानकारी दी जा रही है।



अभियान के अंतर्गत ग्रामीणों को टीबी के लक्षणों, कारणों और उपचार के बारे में जानकारी दी जा रही है।

WORKSHOP FOCUS ON FIGHTING DISEASE

TB champs spread awareness

MUMBAI/DELHI

Health officials from across India met in Mumbai to discuss strategies to combat tuberculosis (TB) in the country. The workshop was organized by the National Tuberculosis Elimination Programme (NTEP).

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राज्य में टीबी के फंसे से सातुत निकलनेवाले लोगों के लिए पहली बार कांवेन्सल का आयोजन

टीबी से जंग जीत चुके लोग मरीजों के लिए प्रेरणा : सुधीर त्रिपाठी

राजधानी

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Disseminate awareness materials on TB: Tripathy

RAJAHMUNDRAM

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टीबी मरीजों को फौजदारी अदालत देने पर अटकल मारत

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Over 40 TB survivors attend capacity-building workshop in Ranchi

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Mining companies, industries sensitised on TB in Jharkhand

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TB Champions complete three months of mentorship programme

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टीबी पीड़ितों का अनुभव मरीजों के लिए प्रेरणा : त्रिपाठी

राजधानी

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TB Champions of Jharkhand





“I am very pleased that so many TB survivors have come forward to actively support our efforts to end TB. We must expand the cadre of TB Champions and continue to engage them as peer counselors – this can significantly improve the early identification of people with symptoms, ensure they complete treatment and impact overall treatment outcomes.”

— *Dr. Anindya Mitra, Director, State TB Training and Demonstration Centre, Jharkhand*

“TB Champions are our eyes and ears in the community. For the last one year, the District TB Cell of Garhwhas has been working closely with TB Champion Upendra to identify the needs of the community and work together to ensure that every individual with TB receives the highest quality of care possible.”

— *Dr. Thomas Murmu, District TB Officer, Sahebganj*

“TB is not limited by class, creed or race — it can happen to anyone. A lot of social stigma is still associated with TB. Through the TB-free Baharagora movement, I want to bring about social change and change people’s perceptions of the disease.”

— *Mr. Kunal Sarangi, Former MLA, Baharagora*

“While working as a TB Champion, I observed several cases of stigma and discrimination in my village. For instance, a newlywed bride got TB and her mother-in-law threatened to end the marriage. I counselled the family and explained to them that TB was a curable disease, and was able to resolve the situation.”

— *Tupeshwari Devi, TB Champion, Giridih*

“The mentorship programme has given me the confidence to organise and speak at community meetings on TB. I was initially shy but now I support TB-affected people in my community and panchayat. On some days, I travel over 50km to meet a person on treatment.”

— *Simon Kisko, TB Champion, Pakur*



About REACH

Resource Group for Education and Advocacy for Community Health (REACH) is a Chennai-based non-profit organisation established in 1999 in response to the roll out of the Revised National TB Control Programme (RNTCP) in Tamil Nadu. Through an unrelenting focus on TB for two decades, REACH has engaged various stakeholders for a multi-sectoral and comprehensive response to TB, including the Central TB Division, State and District TB Cells, private health care providers, business leaders, celebrities, the media, people with TB and affected communities. REACH has consistently supported the RNTCP in its efforts to prevent, detect and treat TB, by providing holistic care and support along the care cascade to people affected by TB.

With support from USAID, REACH has implemented the Tuberculosis Call to Action Project since 2016 in six priority states – Assam, Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh. Through this project, REACH has created a cadre of TB survivors and Champions who are actively engaged in the TB response, advocated for the participation of industries through the Employer Led Model, engaged elected representatives for greater attention to TB, facilitated inter-sectoral coordination between various departments (beyond health) and piloted TB Mitra, a unique mobile-based application for use by communities.

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