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TOWARDS A TB-FREE WORLD

THE ROLE OF COMMUNITY STRUCTURES

THE BALLARI STORY



Towards a TB Free World
The Role of Community Structures
The Ballari story

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*All photographs used in the report have
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ABBREVIATIONS

AH	Adolescent Health
ART & IPT	Anti Retroviral Therapy & Isoniazid Preventive Therapy
ATT	Anti Tubercular Treatment
CBNAAT	Cartridge Based Nucleic Acid Amplification Test
CBO	Community-Based Organization
CPT	Cotrimoxazole Preventive Therapy
CSs	Community Structures
DBT	Direct Benefit Transfer
DM	Diabetes Mellitus
DCM	Differentiated Care Model
DMC	Designated Microscopy Centres
DOTS	Directly Observed Treatment, Short-Course
DR TB	Drug-Resistant Tuberculosis
DST	Drug Susceptibility Testing
FCTC	Facility Integrated Counseling and Testing Centre
ICTC	Integrated Counselling and Testing Centre
KHPT	Karnataka Health Promotion Trust
KOL	Key Opinion Leader
MNCH	Maternal, Newborn and Child Health
NGO	Non-Governmental Organization
NTEP	National Tuberculosis Elimination Programme
PHC	Primary Health Centres
PLHIV	People Living with Human Immunodeficiency Virus
PSGs	Patient Support Groups
RANA	Risk and Needs Assessment
SHG	Self-Help Groups
TB	Tuberculosis
THALI	Tuberculosis Health Action Learning Initiative
TUs	Tuberculosis Units
USAID	United States Agency for International Development



“When we were approached by the Community Coordinator of the THALI project, we agreed to work with them because we felt it would be a good opportunity to work for the unprivileged to improve their health, and to establish better rapport with the health department. In the process we also increased our awareness on TB and its harmful effects on the community. Our organization reaches out to around 800 community members and we will spread these messages.”

Tejus, President, Save India Live Humanity Educational and Charitable Organization.

“When a Tuberculosis (TB) patient also has HIV or Diabetes Mellitus, it becomes difficult to treat. On the field it often became evident to us that the patients who had one or more of these conditions along with TB, found it very difficult to complete the treatment. Taking medicines for multiple conditions had side effects which were unbearable. Such patients need extra support, which THALI foresaw and provided through the Differentiated Care Model (DCM). It was a big learning for me.”

Devraj, Community Coordinator, THALI.



FROM THE BEGINNING

These voices belong to people associated with THALI, which was implemented by Karnataka Health Promotion Trust (KHPT) in three southern Indian states covering 73 towns and 30.4 million people. The project was a patient-centric family-focused TB prevention and care initiative that aimed to facilitate access for vulnerable populations to quality TB services from health care providers of the patient's choice. THALI was funded by the United States Agency for International Development (USAID).¹

ABOUT KHPT

KHPT is a not for profit entity that spearheads focused initiatives to improve the health and wellbeing of communities in India. It was founded in 2003 with a single mission - to reduce the prevalence of HIV in Karnataka's high priority pockets specifically among vulnerable communities. These interventions were evidence-driven, systematically planned, rigorously implemented, and monitored. The organization succeeded in scaling impact well beyond Karnataka through the HIV/AIDS interventions and became a learning site for innovative approaches.

With these strengths, KHPT now looks beyond HIV to four other thematic areas namely Maternal, Neonatal & Child health (MNCH), Tuberculosis (TB), Adolescent Health (AH), and Comprehensive Primary Health Care (CPHC). It works with the aim to create population level health impact through a systems change approach and impact ~250 million lives in the next five years. KHPT's initiatives are structured towards ensuring that India achieves SDG Goal 3 by enabling good health and wellbeing for communities.

¹ <http://www.khpt.org/intervention/tuberculosis/>

THALI addressed several gaps in TB care and treatment, of which the most severe were those which prevented patients from seeking timely care and completing treatment. While the program worked alongside the National Tuberculosis Elimination Program (NTEP), and adhered to all the prescribed protocols, there was special focus on:

- * Increasing the detection rates through locally relevant innovative means;
- * Reducing mortality among patients with co-morbidities;
- * Increasing community involvement by involving local community structures (CS) such as self-help groups (SHGs), youth groups, faith-based associations, local unions, etc;
- * Establishing patient support groups (PSGs) to promote peer support, interaction with medical experts enhanced nutritional support for needy TB patients; addressing self-stigma and discrimination);
- * Strengthening the Direct Benefit Transfer (DBT) linkages and ensuring support is received within two months of treatment initiation;
- * Prioritized follow-up of Differentiated Care Model (DCM) patients (see box for information on DCM).



COMMON ACROSS THE PROGRAM, AND YET LOCALLY RELEVANT

While activities were broadly common to the THALI program across all geographies, there were efforts to make it relevant for grassroots communities in all the operational areas, given that urban, semi-urban, or rural have varied and specific needs. There was particular emphasis on making the program impactful till the last mile through several tools and methodologies and the foundation for all activities was that they were for, of and by communities. In Ballari, the uniqueness lay in its ability to use local resources by involving community structures (CS) and enable buy-in from them for TB prevention and cure.

THALI AT WORK IN BALLARI

Ballari district, which was one of the operational areas of THALI, has eight taluks. The district has a total population of 2,45,25,952, with an urban population of 9,20,239, and rural population of 1,53,2,356. The district is rich in natural resources and farm lands. Large sections of the population are engaged in mining, stone-crushing and other professions which are known risk factors for TB. Ballari, the capital city of the district is known as Steel City and Gani Nadu (mining city).

A study by KHPT highlighted the high TB burden pockets in Ballari and Hospet taluks. Ballari taluk has the highest number of cases. The district has 12 TB Units (TUs) covering a population of 4.1 million. Each TB unit covers a population of 38, 0000 and houses 86 Designated Microscopic Centres (DMCs), 3 Cartridge Based Nucleic Acid Amplification Test (CBNAAT) Sites, 28 Designated Microscopic Centres (DMC) Integrated Counselling and Testing Centre/Facility Integrated Counseling and Testing Centre and 815 Directly Observed Therapy, Short-Course (DOTS) Centres. It also revealed that there was a need for greater awareness on TB and more community involvement to address issues such as stigma and treatment adherence.



HARNESSING THE POWER OF COMMUNITIES

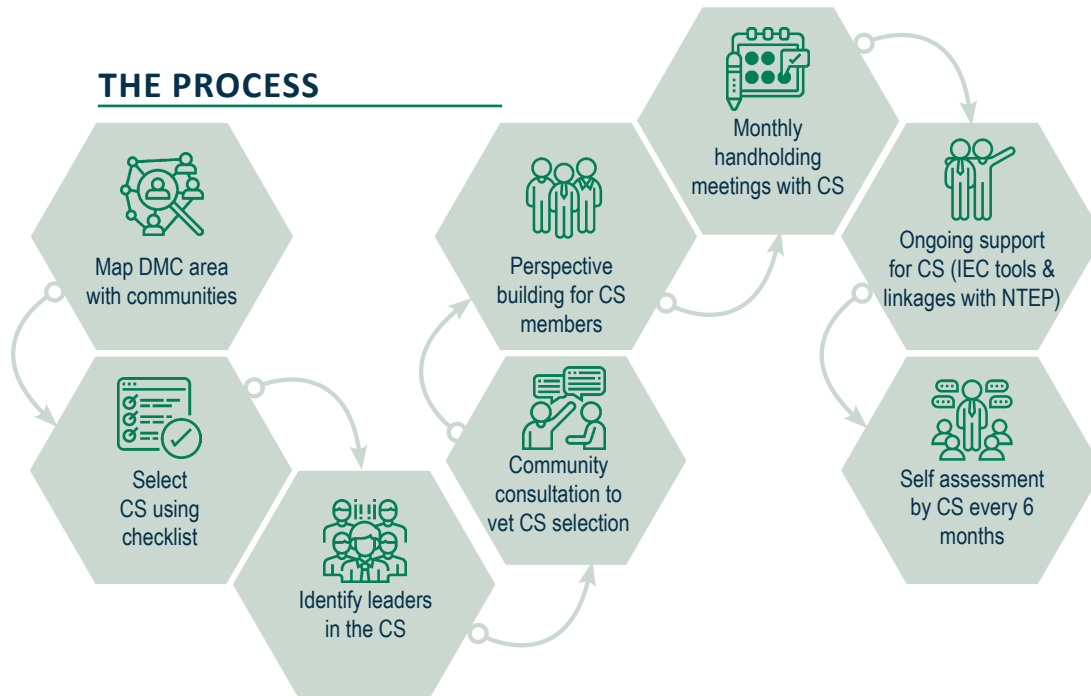
The most impactful strategy in Ballari was identifying local leaders and active CS, and building their capacity to carry TB care and prevention forward beyond the project. Suresh Mahadevappa, Deputy Director, Programs, KHPT sheds more light on the CS involvement in the project and says, “KHPT had previous experience people living with HIV (PLHIV) and CBO networks in prevention and care activities. We had experienced the impact we could achieve through active community involvement. However, the TB scenario was a little different because unlike HIV it is not a lifelong condition. The treatment can stretch from 6 months to 2 years and we were quite sure that cured patients would be reluctant to stay engaged beyond that. One viable option was to engage already active community groups and work with them to increase awareness and promote prevention in order to reduce its negative societal impact. It was also important for us to motivate them to refer their neighbors and relatives if they saw TB like symptoms in them.”

This was however easy in theory but difficult to put on the ground. As Suresh recalls, “We found the groups, but each group had come together for specific purposes, be it for faith-based activities, social activism, advocacy for particular causes etc. Integrating health, and in particular TB-related activities in these groups would prove challenging. This called for a focused, process-driven approach, and recognition that change takes time.” The key approaches in Ballari district were:



“As TB is an airborne infection that affects large sections of society, it was vitally important to involve larger communities. The rationale was that community structures were made up of the same communities that THALI was targeting. They were already collectivized hence it was easier to obtain a wider reach. More importantly these members would be able to convince their peers about prevention and treatment for TB with greater ease.”

Dr. Joseph Francis Munjattu,
Deputy Director – Program, THALI, KHPT.



INVOLVING COMMUNITY STRUCTURES – THE ACTIVITIES

✳ Mapping the community

The first step while working with CS was to get to know their strengths and more importantly, their willingness to become part of the project. This was doubly challenging because no incentives were being offered and it had to be completely voluntary. Social mapping exercises were undertaken along with key opinion leaders (KOLs) and other community members in local slums where THALI operated. This helped the THALI team collate information on local organizations that were active and strong e.g. unorganized labor associations, auto driver unions, SHGs, faith-based groups, etc. The effort was to make it as inclusive as possible.

Sunitha, Community Coordinator, THALI says, “TB is a widespread problem and stray efforts would not work for TB elimination which NTEP is aiming for. Therefore, through social mapping exercises we attempted to identify strong grassroots organizations that could work with us and even beyond THALI.”

✧ Building rapport

After the social mapping, the findings were collated and information about active CS with a suitable member base (above 100) and reach was extracted. THALI staff then approached various categories of CS, details of which are in the table below.

As entry-level activities, selected CS were approached and their leaders oriented to the activities of THALI. Leelavathi, Community Coordinator, THALI says, “We always worked with local leaders and influencers. Despite this it was not easy to build rapport and gain the confidence of the CS members. We were not offering any incentives and were mainly depending on the goodwill and commitment of the office-bearers and members to join us. As they were used to seeing vote-seekers, they were suspicious that we were also approaching them with agendas. It was also difficult for them to find the time to attend meetings because they were all working people depending on daily wages. As a solution, we decided instead to go to the meetings they were already holding as ask for a slot to speak at those meetings. This worked well and we soon had their confidence. The long-term strategy was to give local communities accurate information about TB. It also gave them skills to detect and seek treatment for it on time.”

Types of CSs in Ballari District		
SL	Type	Number of CSs
1	Unions (labor, auto drivers, lorry drivers, owners)	19
2	Youth groups	13
3	Caste-based groups (schedule tribes, nomads, Kurubas, and other schedule caste groups)	10
4	Women SHGs and federations	8
5	Faith-based groups (through mosques, churches and temples)	4
6	NGOs (non-profits)	2
7	Female Sex Worker CBOs	2
8	PLHIV networks	1
	Total	59



✧ Deepening the engagement

After the initial rapport was built, and the CS had expressed support, the members were exposed to training sessions that stressed on the importance of community participation, the power of collectives, gender perspectives, ownership of health, etc, when they were sufficiently sensitized, information on TB was given to them and interaction was facilitated with health functionaries from NTEP.

This interaction built their awareness and made them vigilant to members of their community who were manifesting TB like symptoms i.e. cough, weight loss and fever. This vigilance then resulted in referrals (case finding) and helped the officials to test and treat the positive cases.

Rathnamma, President, Sri Sai Mahila Sangha, says, “There was a lot of stigma around TB because we had so little knowledge about TB. We isolated TB patients out of fear that they would spread the disease. Now we know that if patients take medication regularly TB can be cured. While it is important to protect ourselves to prevent the spread of TB, there is no need to stigmatize TB patients. From our sangha, we spread this awareness and encourage people to get tested for TB promptly if they suffer symptoms that could be because of TB.”

The CS members then tracked the patients and motivated them to stay with the treatment till completion, facilitating extra nutrition for needy patients, and being alert to other needs they had. Hanumantamma, President of Bharatambe Okkuta remarks, “The husband of a

A CS MEMBER STEPS IN – EVEN ONE LIFE SAVED IS A BIG STEP

Raju was a homeless person who slept on a railway platform at night. In the day, he wandered in search of work. When he developed TB symptoms and was unable to work, he lay on the platform, sick and wasting away. Maranna, an auto driver, who was part of a CS that THALI had enlisted into the program found him sick and helpless and took him to the nearest health facility with the help of the THALI staff. With support at several levels which included nutrition and transportation, etc from Maranna, treatment from the local PHC and interaction with peers at the PSG he is now cured. Maranna, along with THALI staff have found him a job and a home at a local facility for the homeless. This is a happy ending.







member had died of TB because he did not seek treatment on time and was not regular in taking the treatment. When the THALI staff approached us with this opportunity to understand the importance of TB and how early detection help our community members to get cured we were eager to join the project. We understood that early treatment, better treatment adherence, good nutrition and treatment completion can so many lives and help so many families.”




This process also encouraged close interaction between communities, health officials, affected and infected people and the CS, creating a care circle or continuum, which had the potential to last well beyond the project.

✧ Integrating the DCM approach

Detecting a case of TB with the help of a CS was but the first step in a longer process. Detection had to be followed with testing, diagnosis and treatment. This was standard protocol. However, THALI also integrated the DCM approach into the process. This approach involved using the risk and needs assessment (RANA) template to assess the additional risks that a patient faced and thereafter the patient was categorized under one or more of the seven risks identified under the DCM approach (see table). On categorizing the patient, specialized approaches, counseling and treatment was facilitated, depending on the patient’s particular needs. CS members were also oriented to this approach in order to ensure they were aware and could be mindful of the linkages that affected TB care.



Category of patient	Applying elements of DCM
<p>Elderly > 60 years of age</p> 	<ul style="list-style-type: none"> • Understand and identify any possible neglect • Identify and educate primary caregiver on TB disease, drugs and follow up • Look for co-morbidities e.g. Diabetes Mellitus, hypertension, etc • Ensure treatment and follow up of medical illnesses with relevant specialists (support in collecting medicines etc.).
<p>Living alone with no support</p> 	<ul style="list-style-type: none"> • Understand the reasons for a person living alone and explore support systems in neighborhood • Facilitate support from family or friends or colleagues (respecting the patient's choice) • Linkage to the TB Careline or PSGs • Work out reminder systems like SMS (short message service), alarm clock for medicine intake.
<p>Previously irregular to treatment</p> 	<ul style="list-style-type: none"> • Identify and understand reasons for irregularity in taking medication • Facilitate counseling and education support to patient and family • Ensure they understand the advantages of regular medicine and dangers of DR TB • Facilitate linkages for getting injections if required • Ensure universal DST, before initiation of treatment. • Ensure screening for HIV and Diabetes Mellitus, which may cause repeated episodes of TB.
<p>DR TB</p> 	<ul style="list-style-type: none"> • Counsel and educate the patient and family on duration of treatment • Regular assessment of adherence • Ensure the patient understands the side effects of medication and management • Facilitate linkages for injections • Facilitate tertiary care admissions as and when required • Leverage resources for higher level medical management (surgery, etc.).

Category of patient	Applying elements of DCM
<p data-bbox="172 225 416 248">TB and alcohol use</p> 	<ul data-bbox="485 225 1398 571" style="list-style-type: none"> • Ensuring regular intake of TB medications not de-addiction is the primary goal • Counseling of patient and family regarding treatment • Ensuring that one primary care giver takes the responsibility of giving ATT daily • Facilitating linkages for pyridoxine tablets • Educate the primary caregiver on the importance of providing regular meals • Facilitate linkages to de-addiction services and/or higher level medical facilities • Involve KOLs in case of domestic violence, etc.
<p data-bbox="172 608 280 632">TB-HIV</p> 	<ul data-bbox="485 608 1417 919" style="list-style-type: none"> • Facilitate ART initiation IPT for HIV positive spouse, if eligible • Contact screening for pediatric contacts, facilitate IPT if eligible • Identify primary caregiver educate on TB, HIV medications, etc • Facilitate linkages for pyridoxine tablets as and when required • Ensure that the patient is regularly followed up by ART medical officer • Educate the primary care giver about the importance of CPT (Cotrimoxazole) in HIV TB co-infection • Motivating patient to attend patient support group meetings • Facilitating linkages with other NGOs for social entitlements nutrition.
<p data-bbox="172 956 363 1018">TB & Diabetes Mellitus (DM)</p> 	<ul data-bbox="485 956 1406 1337" style="list-style-type: none"> • Facilitate screening for diabetes in all TB patients • Linkages with diabetic clinics and ensure TB medications and Diabetic medications are taken regularly • Supporting regular monitoring of blood sugar levels & ensuring that diabetes is under control • Facilitate linkages for pyridoxine tablets • Supporting in the disclosure of TB status to the doctor treating diabetes for modification in nutrition /medications if required • Identifying and educating the primary care giver on importance of providing regular meals (low calorie and high protein), TB medications and diabetic medications.

✳ Not just detection & cure – offering support through Patient Support Groups (PSGs)

The concept of counseling and psycho-social support for cancer and HIV, etc is common. However, the same services for TB are becoming a reality in recent times, recognizing the fact that TB patients, particularly patients with DR TB are under the same stress. They need as much attention as patients afflicted with some of the other diseases, despite TB being curable and preventable.

As part of THALI too these services were made available through the PSGs and one-to-one efforts to patients detected and diagnosed through the intervention of CS members as well. Through CS involvement, various kinds of support, such as nutrition, transportation, counseling, etc were provided to the patients in order to keep them motivated and help them complete treatment. This had multiple benefits as every patient who completes the treatment, aside of becoming productive and well again, also becomes unable to spread the infection thereby sparing others of the disease.



CS & TB CHAMPIONS – CARRYING THE FIGHT FORWARD

The Ballari intervention and strategy of working with existing CS resulted in several members of the community becoming motivated enough to carry the fight against TB forward and have now been designated as TB Champions. Venkatesh (55) is one of them. He had worked as a supervisor in a mining company but had to stop working when he was infected with TB. He has been engaged with the THALI program for about two years. Having been a TB patient, Venkatesh is aware of the struggles faced by people afflicted with it. This puts him in a position to help other patients like him cope better with their situation. He is now a TB Champion and attends PSG meetings, during which he shares his own experiences and educates patients on how to deal with treatment, stigma, nutrition and side-effects of medication. He says, “I had TB, but am cured completely now. TB patients do not need to fear anything. They need family support, good nutrition and peace of mind. I am also contributing a little service by inspiring other TB patients.”

✳ **Driving Positive Change - A Union of Auto Drivers Coming Together**

Amma Kasturi Auto Chaalakar Mattu Malikara Sangha, Ballari, reached large sections of the population through TB Awareness program. Of these the program conducted on March 9, 2020 with the motivation of Community Coordinator Asha, had an attendance of around 200 members from neighboring slums who spoke about the importance of awareness and prevention of TB. Mr Obala Reddi, STS spoke to the participants about TB symptoms, treatment, care and support services. The CS President Mr. John Bosco, other members reiterated their support for TB prevention and care. The volunteers also visited individual houses and distributed pamphlets conveying messages on TB. Through this one-day awareness program 23 cases were referred, 12 were tested and 6 tested positive for TB and were put on treatment.

LEARNINGS AND WAY AHEAD

The intervention in Ballari has yielded several valuable learning's and has shed light on the way forward. Some of these are listed below:

- ✳ Existing structures in any operational area are untapped resources owing to the large reach they have into communities. These structures need to be involved and motivated to join any efforts at TB prevention and care
- ✳ Positioning CSs prominently within a broader health agenda beyond TB ensures greater ownership and can yield rich dividends for public health
- ✳ Working with structures of vulnerable communities (formal, unorganized and informal) helps fill gaps in service reach
- ✳ CSs such as SHGs ensured bring focus towards gender in the context of TB
- ✳ CSs has the potential and strengths to respond holistically and is cost effective as existing human resources can be used.

VOICES OF SUPPORT

“I am happy that so many community organizations are joining their hands in the End TB efforts of NTEP. I appreciate KHPT's innovative efforts”

Dr Eeranna
DR TB Centre, Ballari

“NTEP team is always with you. End TB vision needs community and civil society support. Please don't panic; early diagnose and complete treatment can save the lives of TB patients. TB is curable, TB treatment is free. Please refer people, who have symptoms, we will take care of the further process. We appreciate Community Structures support”

STS Srikanth
Hospet TU

“We have done many awareness programs and referred people for testing. This has helped us find many TB cases in our area. They have begun treatment and we are following up with them, supporting them to complete the treatment. This gives us satisfaction as we have saved many lives in our community.”

Rathnamma,
Sri Sai Mahila Sangha, Ballari

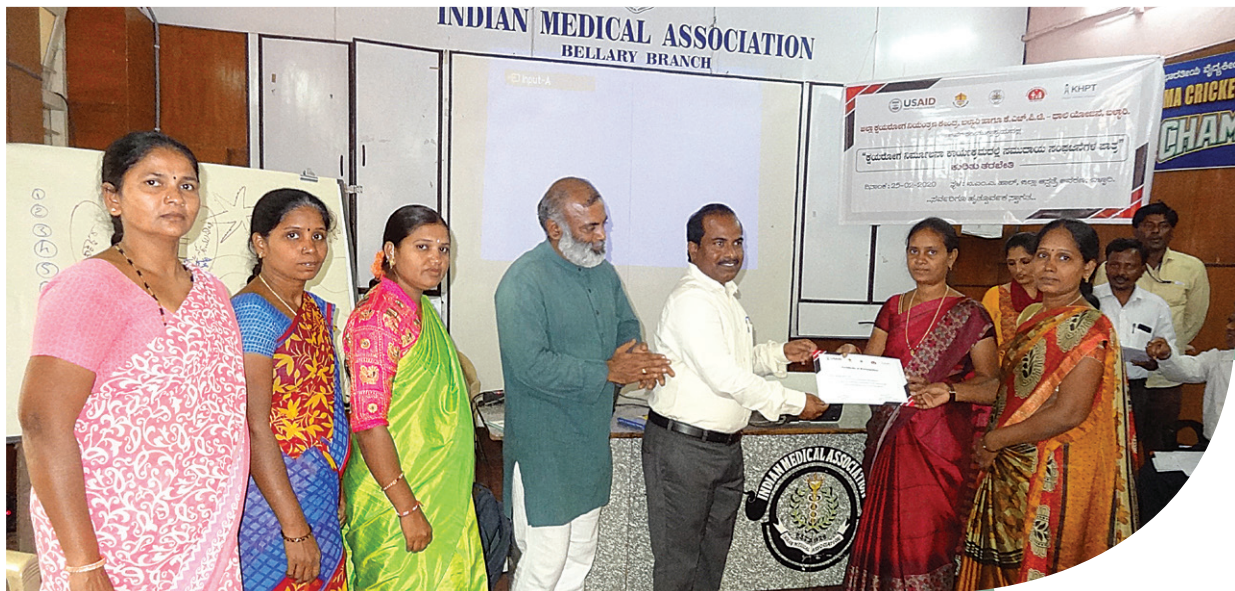
“This is the first time we are recognized for doing social work, I feel so happy and encouraged to do more service to the community.”

Khajabi
Mehaboobia Masjid Committee

“We really appreciate the commitment of THALI workers, who motivated us to work for TB reduction in our community. We will continue to create awareness on TB in the community to save lives.”

Srinivas
Un-Organised Laborers Welfare Association, Hospet

No of CS identified	KOL trainings	Awareness programs conducted	Topics for awareness	Referrals	Positive cases	Improvement in cure rates	Nutrition support through CS
51	2	81	TB Symptoms & Testing Treatment Care & Support DBT Other need based linkages Importance of case finding and case holding	691	73	Of a total of 1011 DCM cases, 823 outcomes were declared and 383 [47%] had successful outcomes	108 patients



ಟಿಬಿ ರೋಗ ಸೋಲಿಸಿ, ದೇಶ ಗೆಲಿಸಿ

ಸಂಘದ ವಾರ್ಡ್ ಸಿಬ್ಬಂದಿ ಮತ್ತು ಸ್ವಯಂ ಸೇವಕರುಗಳಿಂದ ವಿವಿಧ ವಾರ್ಡ್‌ಗಳಲ್ಲಿ ತ್ರಿವಿಧವಾಗಿ ಸೌಖ್ಯ ಸಂಘ ಮತ್ತು ತ್ರಿವಿಧವಾಗಿ ಸೌಖ್ಯ ಸಂಘ ವತಿಯಿಂದ ಕ್ಷಯ ರೋಗದ ಜಾಗೃತಿ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಟಿಬಿ ಸೋಲಿಸಿ ದೇಶ ಗೆಲಿಸಿ ಎಂಬ ಘೋಷಣೆಯಿಂದ ಜಾಗೃತಿ ಮೂಡಿಸಿದರು. ಕ್ಷಯರೋಗದ ಸಂಪನ್ಮೂಲ ವ್ಯಕ್ತಿ ಕೆ.ಎಂ. ಶಿವಕುಮಾರ್ ಅವರು ಮಾತನಾಡಿ ಕ್ಷಯರೋಗ ಒಂದು ಸಾಂಕ್ರಮಿಕ ಕಾಯಿಲೆ ಇದು ಮೇಲ್ಮೈ ಮ್ಯಾಕ್ರಿಯಾ ಬ್ಯಾಕ್ಟೀರಿಯಾ ಗಳಿಂದ ಹರಡುತ್ತದೆ. ಕ್ಷಯ ರೋಗದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳಾದ ಎರಡು ವಾರದ ಮೀರಿ ಕೆಮ್ಮು, ರಾತ್ರಿ ಬೆವರು, ಬಿಟ್ಟು ಬಿಟ್ಟು ಜ್ವರ ಬರುವುದು, ಕಛದಲ್ಲಿ ರಕ್ತ, ಹಸಿವಾಗದೇ ಇರುವುದು, ಎದೆ ನೋವು ಬರುವುದು, ತೂಕ ಇಳಿಯುವುದು ಕಂಡುಬಂದಲ್ಲಿ ನಿಮ್ಮ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಉಚಿತ ಕಛ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಂಡು, ರೋಗದ ಪತ್ತೆಯಾದ ರೋಗಿಗಳಿಗೆ 6 ತಿಂಗಳವರೆಗೆ ಉಚಿತ ಮಾರ್ಗಗಳು ಮತ್ತು ತಿಂಗಳ



ಸರ್ಕಾರದಿಂದ ಮತ್ತು ನೂರು ರೂಪಾಯಿಗಳ ಸಹಾಯಧನ ಪಡೆದುಕೊಳ್ಳಬೇಕು ಎಂದು ತಿಳಿಸಿದರು. ಸಂಘದ ಎಲ್ಲಾ ಮಹಿಳೆಯರು ಮನೆ ಮನೆ ಭೇಟಿ ಮಾಡಿ ಮಾತಿ ಕ್ಷಯ ರೋಗದ ಬಗ್ಗೆ ಮಾಹಿತಿ ತಿಳಿಸಿ ಕ್ಷಯರೋಗದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳು ಕಂಡು

ಬಂದಲ್ಲಿ ಉಚಿತ ಕಛ ಪರೀಕ್ಷೆಗೆ ಅವರನ್ನು ಆಸ್ಪತ್ರೆಗೆ ಕರೆಸಲು ಹೇಳಲಾಯಿತು. ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಟಿ.ಬಿ.ಹೆಚ್.ಎಮ್.ಎಲ್. ಗವ್ವ, ಸೇವಕಿ ಸೌಖ್ಯದ ಅಧ್ಯಕ್ಷರಾದ ಬಿಂದು ಮತ್ತು ಗುಂಜಿನವರು ಭಾಗಿಯಾಗಿದ್ದರು.

ಕೆಎಚ್‌ಪಿ ಟ್ರಸ್ಟ್‌ನಿಂದ ಮನೆ ಮನೆಗೆ ತೆರಳಿ ಕ್ಷಯರೋಗದ ಜಾಗೃತಿ ಕಾರ್ಯಕ್ರಮ

ಸಿರಿನಾಡು ಸುದ್ದಿ, ಸಿಬ್ಬಂದಿ ಮತ್ತು ಸ್ವಯಂ ಸೇವಕರುಗಳಿಂದ ವಿವಿಧ ವಾರ್ಡ್‌ಗಳಲ್ಲಿ ತ್ರಿವಿಧವಾಗಿ ಸೌಖ್ಯ ಸಂಘ ಮತ್ತು ತ್ರಿವಿಧವಾಗಿ ಸೌಖ್ಯ ಸಂಘ ವತಿಯಿಂದ ಕ್ಷಯ ರೋಗದ ಜಾಗೃತಿ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಟಿಬಿ ಸೋಲಿಸಿ ದೇಶ ಗೆಲಿಸಿ ಎಂಬ ಘೋಷಣೆಯಿಂದ ಜಾಗೃತಿ ಮೂಡಿಸಿದರು.

ಕೆಎಚ್‌ಪಿ ಟ್ರಸ್ಟ್‌ನ ಕ್ಷಯರೋಗದ ಸಂಪನ್ಮೂಲ ವ್ಯಕ್ತಿ ಕೆ.ಎಂ. ಶಿವಕುಮಾರ್ ಮಾತನಾಡಿ, ಕ್ಷಯರೋಗ ಒಂದು ಸಾಂಕ್ರಮಿಕ ಕಾಯಿಲೆ ಇದು ಮೇಲ್ಮೈ ಮ್ಯಾಕ್ರಿಯಾ ಬ್ಯಾಕ್ಟೀರಿಯಾ ಗಳಿಂದ ಹರಡುತ್ತದೆ. ಕ್ಷಯ ರೋಗದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳಾದ ಎರಡು ವಾರದ ಮೀರಿ ಕೆಮ್ಮು, ರಾತ್ರಿ ಬೆವರು, ಬಿಟ್ಟು ಬಿಟ್ಟು ಜ್ವರ ಬರುವುದು, ಕಛದಲ್ಲಿ ರಕ್ತ, ಹಸಿವಾಗದೇ ಇರುವುದು, ಎದೆ ನೋವು ಬರುವುದು, ತೂಕ ಇಳಿಯುವುದು ಕಂಡುಬಂದಲ್ಲಿ ನಿಮ್ಮ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಉಚಿತ ಕಛ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಂಡು, ರೋಗದ ಪತ್ತೆಯಾದ ರೋಗಿಗಳಿಗೆ 6 ತಿಂಗಳವರೆಗೆ ಉಚಿತ ಮಾರ್ಗಗಳು ಮತ್ತು ತಿಂಗಳ ಸರ್ಕಾರದಿಂದ ಮತ್ತು ನೂರು ರೂಪಾಯಿಗಳ ಸಹಾಯಧನ ಪಡೆದುಕೊಳ್ಳಬೇಕು ಎಂದು ತಿಳಿಸಿದರು.

ಸಂಘದ ಎಲ್ಲಾ ಮಹಿಳೆಯರು ಮನೆ ಮನೆ ಭೇಟಿ ಮಾಡಿ ಕ್ಷಯ ರೋಗದ ಬಗ್ಗೆ ಮಾಹಿತಿ ತಿಳಿಸಿ ಕ್ಷಯರೋಗದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳು ಕಂಡುಬಂದಲ್ಲಿ ಉಚಿತ ಕಛ ಪರೀಕ್ಷೆಗೆ ಅವರನ್ನು ಆಸ್ಪತ್ರೆಗೆ ಕರೆತರುವಂತೆ ಸೆಲಬೆ ನೀಡಲಾಯಿತು.

ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಟಿ.ಬಿ.ಹೆಚ್.ಎಮ್.ಎಲ್. ಗವ್ವ, ಸೇವಕಿ ಸೌಖ್ಯದ ಅಧ್ಯಕ್ಷ ಬಿಂದು ಮತ್ತು ಗುಂಜಿನವರು ಭಾಗಿಯಾಗಿದ್ದರು.



ಕ್ಷಯ ನಿರ್ಮೂಲನಾ ಕಾರ್ಯಕ್ರಮ



ಕಂಪ್ಯುಟರ್ ಪಿಕ್ಯು ಕಾಲೋನಿಯಲ್ಲಿ ನಡೆದ ರಾಷ್ಟ್ರೀಯ ಕ್ಷಯರೋಗ ನಿರ್ಮೂಲನಾ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಹೊಸಪೇಟೆ ಟಿಬಿ ಘಟಕದ ಹಿರಿಯ ಮೇಲ್ವಿಚಾರಕ ಬಾವಿಕಟ್ಟೆ ಶ್ರೀಕಾಂತ್ ಮಂಗಳವಾರ ಮಾತನಾಡಿದರು.

■ ವಿಳ ಸುದ್ದಿಲೋಕ ಕಂಪ್ಯುಟರ್ ಪಿಕ್ಯು ಸಮುದಾಯವಾದ ಹಕ್ಕಿ ಪಿಕ್ಯು ಕಾಲೋನಿಯಲ್ಲಿ ರಾಷ್ಟ್ರೀಯ ಕ್ಷಯರೋಗ ನಿರ್ಮೂಲನಾ ಕಾರ್ಯಕ್ರಮ ಮಂಗಳವಾರ ನಡೆಯಿತು. ಹೊಸಪೇಟೆ ಟಿಬಿ ಘಟಕದ ಹಿರಿಯ ಮೇಲ್ವಿಚಾರಕ ಬಾವಿಕಟ್ಟೆ ಶ್ರೀಕಾಂತ್ ಮಾತನಾಡಿ, ಕ್ಷಯ ರೋಗವನ್ನು ಸೂಕ್ತ ಕಾಲದವರೆಗೆ ಚಿಕಿತ್ಸೆಪಡೆಯುವುದರ ಮೂಲಕ ರೋಗವನ್ನು ಗುಣಪಡಿಸಬಹುದು ಎಂದರು. ಬಳಿಕ ಕಾಲೋನಿಯ ಮನೆ, ಮನೆಗೆ ತೆರಳಿ ಈ ರೋಗದ ಕುರಿತು ಜನತೆಯಲ್ಲಿ

ಜಾಗೃತಿ ಮೂಡಿಸಲಾಯಿತು. ಮುಖಂಡರಾದ ಎಚ್.ಪಿ.ಶಿಕಾರಿ ರಾಮು, ಎಚ್.ಪಿ.ಶ್ರೀಕಾಂತ್, ಸಿಂಧೋಳ್ ಸಮಾಜ ಸಂಘದ ಅಧ್ಯಕ್ಷ ರಾವುಲ್ ನಾಗಪ್ಪ, ಪ್ರಮುಖರಾದ ಶೆಟ್ಟಾವಲಿ, ಸಣ್ಣ ಹುಲುಗಪ್ಪ, ಶ್ರೀನಿವಾಸ್, ಕಿರಿಯ ಆರೋಗ್ಯ ಸಹಾಯ ಕರಾದ ವೀರೇಶ್, ಉಮಾದೇವಿ, ಟಿಬಿ ಘಟಕದ ಪ್ರಾಯೋಗಾಲಯ ಮೇಲ್ವಿಚಾರಕ ಚಂದ್ರಪ್ಪ, ಕೆಎಚ್‌ಪಿಟಿ ಆಪ್ತ ಸಮಾಲೋಚಕರಾದ ದೇವರಾಜ, ಅನುಪೂರ್ಣ, ಟಿಬಿಎಚ್‌ವಿ ಪರಿಮಳ ಇತರರಿದ್ದರು.

అభివృద్ధి 13/12/2020
క్షయ వ్యాధిపై అవగాహన తప్పనిసరి



కార్యక్రమంలో మాట్లాడుతున్న అధికారి చంద్రమ

కంప్లి, ఫిబ్రవరి 12: సమాజంలో క్షయ వ్యాధి సోకకుండా తగిన అవగాహన కలిగివుండటం అత్యవసరమని హాస్పిటల్ క్షయ వ్యాధి నిర్మూలన అధికారి చంద్రమ పేర్కొన్నారు. బుధ వారం కంప్లిపట్టణంలో శిశువారి కాలనీ తులజీభవన్ వద్ద ఆలెమారి, బుడకట్టు, హక్కి-పిక్కి, సుడుగాడు సిద్ధులతో ఇతరులకు ఏర్పాటు చేసిన క్షయవ్యాధిపై అవగాహన, తీసుకోవాల్సిన చర్యలను వివరించారు. ప్రభుత్వాలు అనేక సదుపాయాలు కల్పిస్తున్నాయని, వాటిని సద్వినియోగం చేసుకోవాలన్నారు. క్షయ వ్యాధి లక్షణాలు కనిపిస్తే వెంటనే వైద్యులను సంప్రదించాలన్నారు. పరిసరాలు పరిశుభ్రంగా ఉంచుకోవాలన్నారు. ప్రభుత్వ ఆస్పత్రిలో క్షయ వ్యాధి నిర్మూలన మందులను సిద్ధంగా ఉంచామన్నారు. కార్యక్రమంలో ఆలెమారి, బుడకట్టు ఐక్యవేదిక రాష్ట్ర ఉపాధ్యక్షుడు శిశువారిరాము, శ్రీకాంత్, కౌన్సిలర్ గుడడమ్మ శ్రీనివాస్, మాజీ పురసభ సభ్యుడు నట్లకలగప్ప, రాహుల్ నాగప్ప, బాబు, దేవరాజ్, షెక్రావలి, కిరణ్ కుమార్, ఈరణ్ణ, కృష్ణ, అంబన్న, కట్టెమని పాల్గొన్నారు.

క్షయరోగ ముక్తికే ఎల్లర సహకార అగత్య



క్షయ రోగమును తగిన అవగాహన కలిగివుండటం అత్యవసరమని హాస్పిటల్ క్షయ వ్యాధి నిర్మూలన అధికారి చంద్రమ పేర్కొన్నారు. బుధ వారం కంప్లిపట్టణంలో శిశువారి కాలనీ తులజీభవన్ వద్ద ఆలెమారి, బుడకట్టు, హక్కి-పిక్కి, సుడుగాడు సిద్ధులతో ఇతరులకు ఏర్పాటు చేసిన క్షయవ్యాధిపై అవగాహన, తీసుకోవాల్సిన చర్యలను వివరించారు. ప్రభుత్వాలు అనేక సదుపాయాలు కల్పిస్తున్నాయని, వాటిని సద్వినియోగం చేసుకోవాలన్నారు. క్షయ వ్యాధి లక్షణాలు కనిపిస్తే వెంటనే వైద్యులను సంప్రదించాలన్నారు. పరిసరాలు పరిశుభ్రంగా ఉంచుకోవాలన్నారు. ప్రభుత్వ ఆస్పత్రిలో క్షయ వ్యాధి నిర్మూలన మందులను సిద్ధంగా ఉంచామన్నారు. కార్యక్రమంలో ఆలెమారి, బుడకట్టు ఐక్యవేదిక రాష్ట్ర ఉపాధ్యక్షుడు శిశువారిరాము, శ్రీకాంత్, కౌన్సిలర్ గుడడమ్మ శ్రీనివాస్, మాజీ పురసభ సభ్యుడు నట్లకలగప్ప, రాహుల్ నాగప్ప, బాబు, దేవరాజ్, షెక్రావలి, కిరణ్ కుమార్, ఈరణ్ణ, కృష్ణ, అంబన్న, కట్టెమని పాల్గొన్నారు.

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GOOD BEGINNINGS, NEED FOR SUSTENANCE

Through the intervention in Ballari, THALI has demonstrated the potential that CS have for spreading awareness on TB among larger communities, and promoting better health-seeking behavior among them. Beginning with case finding, and right up to complete cure CS members are encouraged to support the patient and ensure s/he is cured. His/her needs are addressed holistically by a variety of support systems. The investment has mainly been in the direction of capacity building and finding existing spaces to integrate TB care and prevention which can work alongside the government system and not in parallel or by creating additional structures.

The model has shown promise as the impact data demonstrates. Communities have readily cooperated after showing initial resistance. The key factor has been to demonstrate to them that they have the capacity to take their health into their own control; they have the voice to demand better services; and that they have a right to better health.

The categories of stakeholders that were involved over the project period have helped spread awareness among a larger section of society. It is heartening to hear their voices which uniformly indicate that community awareness on TB has been deficient and is now on the increase. A few individuals have also pledged their support to advocating for a TB-free society.





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engage, innovate, empower

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