



Tuberculosis Toolkit for Rotary

Challenge TB India

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Rotary



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Tuberculosis and Lung Disease
Health solutions for the poor

CHALLENGE TB

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Abbreviations:

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral treatment

ASHA: Accredited Social Health Activist

BCC: Behaviour Change Communication

BCG: Bacillus Calmette-Guerin

CBNAAT: Cartridge Based Nucleic Acid Amplification test

CTD: Central TB Division

DMC: Designated Microscopy Centre

DOTS: Directly Observed Treatment, Short-course chemotherapy

DR-TB: Drug-Resistant Tuberculosis

DST: Drug Susceptibility Testing

*Drug-sensitivity test

DTO: District Tuberculosis Officer

GOI: Government of India

HIV: Human Immunodeficiency Virus

IEC: Information, Education & Communication

MDR-TB: Multi-Drug-Resistant Tuberculosis

MLA: Members of the Legislative Assembly

MMU: Mobile Medical Unit

MOHFW: Ministry of Health & Family Welfare

NACO: National AIDS Control Organization

NGO: Non-Governmental organization

NTI: National Tuberculosis Institute

NTP: National Tuberculosis Programme of India

PRI: Panchayati Raj Institution

RNTCP: Revised National Tuberculosis Control Programme

SAGY: Saansad Adarsh Gram Yojana

SDG's: Sustainable Development Goals

STDC: State Training & Demonstration Center

STO: State Tuberculosis Officer

TB: Tuberculosis

TOT: Training of Trainers

USAID: United States Agency for International Development

WHO: World Health Organization

XDR-TB: Extensively-Drug resistant Tuberculosis

Purpose of the Toolkit:

This kit has been developed jointly by the Rotary National TB Control Committee and The Union under the USAID funded Challenge TB project.

The purpose of this toolkit is intended to support the Rotary districts and clubs activities related to TB awareness & sensitization program in their areas.

This guide will provide practical information and tools needed to plan TB awareness campaigns and activities. It provides you with easy-to-understand information on TB. It also includes step-by-step process to plan and implement effective activities in your area, whether you work in one district of your province or in the whole country. The toolkit is accompanied by resources that can be downloaded from dropbox link. The resources includes, videos, presentations, audio messages, and technical documents.

The toolkit is a ready reckoner which can be customized as per the local context and the resources available. This toolkit is a dynamic document and will be updated based on your experience in the field.

We trust that this will become a useful resource for your work and request you to kindly give your feedback to us at tbfreeindia@theunion.org.

Introduction:

Tuberculosis (TB) is a major public health problem in India. The country has the largest number of TB cases in the world — over a quarter of the global TB and multidrug-resistant TB (MDR-TB) burden. In 2016, 2.79 million people became ill from TB, and 435,000 died from it. The WHO's End TB strategy envisions a world free of TB with Zero TB deaths, Zero TB disease and Zero TB suffering. Government of India has endorsed the End TB Strategy and is working towards achieving this goal. Rotary played an important role in eliminating Polio from India and demonstrated that difficult health challenges can be tackled with collective efforts. Similar enthusiasm, passion, and commitment is required to address the challenges posed by Tuberculosis in India. And, this is possible only when stakeholders like Rotary join the fight against TB.

Rotary National TB Control Committee has pledged support to the “Call to Action for a TB-Free India”, which is being implemented under the stewardship of the Ministry of Health and Family Welfare by The Union. This call is an opportunity to contribute to the vision of TB-Free India and support the government to accelerate progress towards the collective goal of ending TB in India.

Rotary National TB Control Committee, Chaired by Mr Y. P Das joined hands with The Union to support the Challenge TB project in India. As part of the partnership a “Rotary Governors Meet towards a TB-Free India” was organized jointly by The Union and Rotary’s National TB Control Committee on September 10 2016 in Delhi. The meet was represented by Rotary Governors and coordinators from 16 Rotary districts. The focus was to discuss TB issues and the role that Rotarians can play to make India a TB-Free country. Mr. Y. P. Das, Chair, Rotary India National TB Control Committee, chaired the session with Dr. Sunil Khaparde, DDG TB, CTD, Ministry of Health and Family Welfare. Dr. Ashwini Khanna, STO Delhi; Mr. Xerses Sidhwa, Director, Health Office, USAID/India; Ms. Neha Singh and Ms. Nandita Venkatesan, TB Survivors; Dr. Jamie Tonsing, Regional Director, The Union South East Asia Office; and Ms. Kavita Ayyagari, Project Director- Challenge TB India were present. Rotary District representative present in the meeting committed to work towards a TB- Free India with technical support from The Union.

Rotary clubs can work on TB in the area of awareness, nutrition support for TB/ MDR TB patients, and outreach to private sector doctors for notification and proper management of TB patients.

The following pages will discuss in detail about how various activities can be organized.

Activities for TB awareness & sensitisation:

1. Organise sensitization meeting of Rotary Clubs on Tuberculosis

Background:

Rotary districts have a large number of Rotary Clubs under them, who can be engaged in the mission of TB-Free India. In order to engage them, Rotary District should organize a sensitization meeting of Rotary Club representatives and Rotarians on Tuberculosis.

Objective/ Purpose of the Meeting:

The objective of the meeting will be to sensitize Rotary Clubs and Rotarians on the issues of TB in the area, and to discuss key activities that Rotary Clubs can undertake to address the problem of TB.

Duration: One day/Two days

Target Audience: Rotary Club representatives, Rotarians

Steps:

- I. Organize a pre-event planning meeting to discuss the objective of the meeting, implementation plan and output of the event.
- II. Send a 'Save the Date' email communication once the date of the meeting and the venue of the event has been finalised.
- III. Discuss the agenda in consultation with RNTCP district officials (District TB Officer).
- IV. Identify and invite chief guests, panel speakers, TB experts, TB partners, local politicians, government officials, and media. Engage the DTO for technical presentation on Tuberculosis and discuss the role rotary clubs can play in making your area TB-Free.
- V. Discuss and finalise the agenda of the meeting. (A draft agenda is available in annexure 1).
- VI. Send out the draft agenda to all participants and follow up for confirmation.
- VII. Book meeting venue, make logistic and other arrangements for the event.

Resources: (available in the resource section available in the drop box link given in (Annexure 4)

- I. A copy of a presentation template.
- II. A video message from Amitabh Bachchan as a TB survivor.
- III. A video message from Dr. Y. P. Das, PDG, and Chair of National Rotary India TB Control Committee.
- IV. TB Factsheets/awareness materials on tuberculosis in the meeting.

Materials required:

- I. LCD projectors, projector screen, and a computer for presentation;
- II. TB Factsheets (customized locally), TB awareness materials;
- III. Audio speakers;
- IV. TB presentation.

Expected Results:

At the end of the sensitization meeting, all Rotary Club members should be aware about the problem of TB. Secondly, Rotary Clubs should be able to identify key activities that can be conducted in the club areas and also discuss the implementation plan.

2. TB awareness activities

Background:

TB awareness is critical to achieve the vision of a TB-Free India. Rotary clubs and its members have presence in the community; hence can play an important role in creating TB awareness. The design of TB awareness activities depends on the target audience, the objectives and the available resources.

In general TB awareness activities should include the following thematic areas viz. TB symptoms, TB diagnosis and treatment, treatment completion, stigma and discrimination, nutrition education and family support.

Awareness generation activities can be conducted with specific groups, e.g. schools, slum population, and migrant communities etc. Several activities can be conducted to raise awareness on TB; here are some examples of TB awareness activities that can be organized.

2.1 School Awareness program

Planning School Awareness Program

- I. Organize a meeting with school principals/authorities and discuss about the Rotary school awareness program to sensitize school children on Tuberculosis.
- II. Discuss the school awareness program and firm-up the program date.
- III. Print TB related info graphs on school diary.
- IV. Engage DTO in implementing the activity.

School awareness activities need to be designed in such a way that it's both informative as well as fun based learning for students. Some of the activities that could be planned are:

School Art Competition

Aim: To teach students how to use art to express emotions the way one feels, thinks, or views on the problem of TB.

Objective:

- I. To help students develop their own artwork to show what TB means to them;
- II. To help students to identify TB symptoms and prevention methods.

Steps:

- I. Divide the class into groups of three or four depending on the size of the class. Each group should not exceed more than five students. Students from grade 7 onwards should be engaged. Students can use any art form to showcase TB - performance, dance, song, painting, street play etc.
- II. Ask about what they know about TB? Reward them with chocolates/stationary for correct answers.
- III. To sensitize students on TB, you may use presentation and videos on TB. These videos are available to download from the Drop box link:
https://www.dropbox.com/sh/8pch7as7kcbxrsj/AADuA6_OuJjEcwX_Lq_LMtnJa?dl=0
 - Video 1: How the body reacts to Tuberculosis
 - Video 2: I wanna STOP TB
- IV. Answers any questions students may have about TB. Ensure attendance of a TB expert from District TB office to answer any queries from students.

- V. Organize TB quiz to assess the learnings of the students. A set of TB related quiz question is available in annexure 5.
- VI. Facilitate any discussion that may arise around TB.
- VII. Following the sensitization session, ask students to use any art form of their choice to express their ideas, views on tuberculosis. Students could be divided into various groups based on the art forms like: Dance, Skit, Song writing, Painting, sketch etc. This can also be given as a project work for students.

Please note, depending on the type of school and the permission obtained from the school authorities, the awareness program may be customized to suit the local contexts.

Materials required:

- I. LCD projectors, projector screen, and a computer for presentation;
- II. TB Factsheets (customized locally), TB awareness materials;
- III. TB quiz, TB videos;
- IV. Audio speakers;
- V. TB presentation;
- VI. Art materials (paints, paper, sketch pens etc.).

2.2 Organize Health Camps

Background:

Health camps are conducted to carry out health promotion, increase awareness and education on healthy living and preventive health care services, and also provide general health check-ups. Health camps can help in screening TB symptomatic cases and refer them to a nearest designated microscopy center located in the government health care facility. Due to the stigma associated with TB, it is advisable to plan general health check-up camp and not a TB camp.

Objectives:

The objective of health camp is to provide general health check-ups to people living in the area and also identify and refer presumptive TB cases (people who have symptoms of TB) to the nearest government hospital. All services/activities at the camp are rendered free of charge to the attendees at the camp.

You can name the health camp with themes like *“Arogya camp”*, *“Swasthya Sibir”* etc.

Proposed activities:

- I. Health education on prevention and care for TB (e.g. Cough etiquette, TB symptoms, tests available for TB, nearby health facilities and laboratories for TB tests and treatments, DOTs, nutrition, treatment adherence etc.)
- II. Screening of Audio visual on TB (TB survivor’s voice, TB Do’s and Dont’s etc.)
- III. Preventive screening for TB: screened people with presumptive TB symptoms.
- IV. Counselling on TB treatment and care: counsel TB patients and family members on nutrition of TB patients, hygiene and also support available from social schemes.

STEPS: To organize the health camp following steps to be followed

Pre-health Camp Phase

- I. Finalise the venue for the health camp in consultation with State/District TB office.
- II. Send out communication and obtain necessary approvals from concerned authorities, including police.
- III. Coordinate with local hospital nearby in-advance for any emergency.
- IV. Develop a health camp team with clear roles and responsibilities.
- V. Mobilize Rotary volunteers to manage the health camp (date and venue and services available) to the community. Ensure all volunteers are knowledgeable about the guidelines for the camp.
- VI. Disseminate information about the date and venue of the camp to the community you are targeting in advance. Use appropriate medium like: posters, flyers, leaflets, mike announcement system etc.
- VII. Prepare materials for display during the camp.
- VIII. Prepare/print registration form for the participants.
- IX. Verify all medical care providers’ license before appointing them for the medical check-ups. It is advisable to conduct a sensitization workshop on TB among them before the camp.
- X. Prepare a checklist for the camp.

Health Camp Phase:

- I. The health camp team arrives at the venue ahead of time for the camp. Give clear instructions to all the volunteers about the protocols.
- I. Establish registration area/tables, waiting area, doctor’s area, help desk, and refreshment area.
- II. Place IEC materials for display in an appropriate location that is visible to the community

- III. Video filming of the medical camp with and still photography should only be done by a designated photographer and all photos of any human subject/patients should be taken after obtaining the written consent.
- IV. Prepare a summary report of the camp, which includes:
 - Date and location of the camp;
 - Services provided;
 - Total no. of patient seen;
 - Total no. of Presumptive TB cases screened;
 - Total no. presumptive TB cases referred to Government facilities;
 - Total No. of medical professional and medical doctor attended the camp;
 - Total no. of non-medical volunteer(s).

Post Health camp Phase

- I. Share the details of the summary report along with a list of presumptive TB cases to the District RNTCP team for follow-up.
- II. Send appreciation letters to the DTO and other partners for their support.

Materials required:

- I. Provision of clean drinking water with disposable glasses in camp area and refreshment area.
- II. Arrangement of sufficient cots/beds, tables with chairs for registration, medical check-up equipment's.
- III. If the camp provides with lab related services like blood test etc., ensure proper waste collection, management and disposal.
- IV. IEC materials & Refreshments.

2.3 Private health sector sensitization meetings

Background:

Private sector doctors are often the first point of contact for TB patients. There is limited monitoring of care of TB services (diagnosis & treatment) in the private sector. RNTCP program has made it mandatory for private doctors/hospitals to notify TB cases to the government. It is therefore, important to reach out to the private doctors and sensitize them about the need to timely TB diagnoses, notification and treatment of TB patients. **Several passionate Rotarians who are doctors can be champions of this cause.**

Objectives:

The program aims to sensitize private doctors on the problem of TB and MDR TB and the need for their support.

- I. Get introduced to Global and Indian TB scenario.
- II. Understand basics of TB and Drug Resistant TB.
- III. Understand the principles and strategy of Revised National TB Control Program (RNTCP) and Directly Observed Treatment Short course (DOTS).
- IV. Understand role of private doctors in generating community awareness on TB, identification and referral of TB suspects, DOT provision, recording and reporting and rational use of TB drugs.

Expected outcome:

- I. Clear Message on Standard TB Treatment, Notification and adherence delivered to the private practitioners.
- II. Willingness from private doctors.

STEPS:

- I. Finalise a date and venue for organizing a sensitization meet of the private doctors in consultation with State/District TB office.
- II. Collaborate with Medical College in the area and the Indian Medical Association. This will ensure good participation of private practitioners.
- III. Invite renowned chest physicians both from private as well as government hospitals.
- IV. Send a 'Save the Date' email communication once the date of the meeting and the venue of the event has been finalised.
- V. Finalise the meeting time that suits the private doctors/practitioners. (Please note that private doctors are often busy and reluctant to spend time in long meetings. Hence, the sensitization program needs to be short and focused).
- VI. Develop and disseminate the agenda in advance.
- VII. Send communication and follow-up confirmation to panel speakers and chief guest for the event.
- VIII. Invite local media to cover the event.
- IX. Develop a one-pager highlighting the role of private doctors in making India a TB-Free country.
- X. Develop TB Fact-sheet.

On the day of the event

- I. Sign a Pledge to support the Call to Action for TB-Free India (sample available in drop box link).
- II. Send a press release to local media.

Post Sensitization Meet

- I. Send a thank-you letter to key organizing partners & doctors who participated in the meeting. Follow-up with the participants who signed the willingness form to notify TB cases.
- II. Link the private doctors with the District TB officer to enroll under the TB notification scheme
- III. A detailed training program could be conducted for those doctors who are willing to engage in the TB program. The State TB office through State Training and Demonstration Center (STDC) can organize training program for medical officers.

Following key messages should be part of the sensitization program:

Why is it important to engage private health care providers?

- I. Half of all patients with TB seek care in the private sector. Private healthcare providers are often the first point of care even for patients who are eventually treated in the public sector.
- II. TB patients get diagnosed after a delay of nearly two months, and are seen by around three different practitioners (including informal providers) before a diagnosis is made. During this long process, TB patients can infect many others in their family and community.
- III. If we want to diagnose TB early and prevent further transmission of the infection, then engagement of such first-contact private providers is the key.
- IV. Quality of TB care in the private sector is usually not as per the recommendation of the WHO. Private Doctors prefer blood tests for TB. These are known to be inaccurate and have been banned by Government of India under the recommendation of the WHO.

What can private doctors do?

- I. Notify TB cases to the local health authorities, including District TB Officer. The RNTCP guidelines for TB notification are available at: <http://tbcindia.nic.in/WriteReadData/l892s/2362168570Guidance%20tool%20for%20TB%20notification%20in%20India.pdf> (also available in drop box download).
- II. Follow Indian Standard for TB care and Control (ISTC) guidelines.
- III. Adopt correct diagnostic methods to detect TB.
- IV. Use of serological test for TB is banned.
- V. Follow standard treatment protocols as per ISTC.
- VI. Ensure that TB patients complete the recommended treatment.
- VII. Maintain medical records to facilitate follow up of TB patients.
- VIII. Correct treatment should be given in the form of right anti-TB drugs, in the right dosages, right combination, and the treatment needs to be given for the full six months.
- IX. The private doctors can also refer TB symptomatic cases and TB patients to Government health facilities.
- X. Become a DOT provider: A private doctor can also become a DOT provider and treat TB patients with good quality and free TB medicines provided by the government.
- XI. It is critical to detect drug-resistance and ensure that all patients with MDR-TB get linked to appropriate second-line treatment.
- XII. All patients with risk factors for drug-resistance must be screened for MDR-TB using the WHO-approved tests such as Xpert MTB/RIF (GeneXpert). The GeneXpert is available in

government hospitals for free. It is also available at affordable rates in over 60 laboratories via the IPAQT initiative (www.ipaqt.org).

Materials required

- I. LCD projectors, projector screen, and a computer for presentation;
- II. TB Factsheets (customized locally), TB awareness materials;
- III. TB quiz, TB videos;
- IV. Audio speakers;
- V. TB presentation.

Resources:

- I. A training module of RNTCP for medical officers is available as part of the rotary toolkit downloads.
- II. TB notification guidelines of RNTCP program

2.4 Sponsor an MDR-TB patient

Treatment for MDR TB is long – at least 18 months – and often difficult. Patients have to take many tablets every day, and often suffer from unpleasant side-effects. The side-effects are very difficult for patients to bear.

Although treatment for TB is free in the government health system, there are many catastrophic costs associated with treatment; from travel for regular hospital appointments to eating the nutritious diet that is essential to support recovery. Nutrition therefore, plays an important role in motivating TB patients to complete their treatment.

A TB patient should consume a calorie-rich diet, high in proteins, minerals and vitamins. These requirements can be easily met with food generally available in our kitchens. But often due to the poor state of health and low appetite MDR TB patients can't consume the regular food. In such cases, MDR TB patient can take a protein supplement to address the nutritional need.

While there are no reliable evidences that supplementing nutritious food can have a positive effect on the clinical aspects of the treatment however, providing nutritional supplements does motivate the MDR TB patient to complete the treatment.

How much does it cost to support MDR TB patients with nutritional supplements?

On an average, one MDR TB patient needs two protein supplements per months. Here is an approximate calculation of the cost of providing nutritional support to one MDR TB patient.

One protein supplement (Rs 300) x 2 per month x 24 months (duration of treatment) = Rs 14,400.

Rotarians can adopt one MDR TB patient to provide nutritional support and help them get cured completely.

2.5 World TB Day events

Background:

TB is the leading killer that kills more people than HIV. In spite of scientific breakthroughs and newer diagnostics and drugs, TB continues to infect 2.8 million and kills over 480,000 Indian every year. World TB day therefore, is a time to mobilize support from all stakeholders for an intensified effort to diagnose and cure TB. (WHO).

World TB Day falls on 24th March each year to commemorate the day in 1882 when Dr. Robert Koch discovered the cause of TB, the TB Bacillus.

Every year STOP TB partnership in Geneva, share a theme for the world TB day. For the year 2018 the theme was: WANTED – LEADERS FOR a TB-FREE WORLD. (*Adopted from Guidelines for Social Mobilization – Planning World TB Day by WHO*).

The World TB Day is observed across the globe and requires good planning and execution. Please remember that Day is more than a media event. This provides an opportunity to create awareness and turn decision makers and public's attention to:

- I. the situation of TB in your area;
- II. the gaps and what people can do to stop TB;
- III. The good work that you have done in TB.

World TB day is the day when the eyes of public, media and others focus on TB. Hence, this provides tremendous opportunity to create awareness about the disease.

Expected Outcome

- I. Attract Media Attention (TV, Radio, Newspaper) which can:
 - a) Increased understanding of the TB Situation among the general public;
 - b) Increased commitment from local leaders/politicians/government to fight TB.
- II. Prepare press releases and share it with the media. Please see Annexure for press release format.
- III. Mobilize new groups/stakeholders/Rotarians that can join your efforts towards a TB-Free India.

Planning a World TB Day event

- I. Knowing your target audience for World TB day activities. The audience can be media, private doctors, politicians, women's group, student group etc.
- II. Engage important stakeholders in your planning.
- III. State/District TB office, TB partners in your area, organizations that you want to engage actively e.g. medical associations, HIV organizations, Womens group etc.
- IV. Setting objectives that are clear, reasonable and feasible in terms of time and resources.
- V. Plan interesting and relevant activities/events.
- VI. Develop clear roles and responsibilities with timelines.
- VII. Have a plan to assess the outcome of your efforts.

What can be done on the World TB Day, March 24?

While the activities you plan will depend on the local situation and needs, here are some examples of World TB Day activities that can be organized:

- I. Contact individuals and organizations in your community interested in planning World TB Day activities and host a planning meeting. Meet the District TB officers, NGOs working for TB and discuss the World TB day Plan.
- II. Determine if a single collective event or a series of independent events would be best to raise awareness through speakers, exhibitors and performers at forums, health fairs, rallies, vigils, community events, Walks, Human chains etc.
- III. Obtain resources, partnerships and funds to support chosen activity.
- IV. Wear/distribute to others the END TB symbol (the RED ARROW) to schools and community groups. Refer to world TB day guidelines in the resource section



- V. Contact schools, businesses, hospitals, health care organizations and local agencies TO encourage to schedule TB prevention webinars, seminars on World TB Day.
- VI. Hold a candlelight vigil at a public park or prominent locations in your area, with singers, musicians, poets, dancers, performers and storytellers to attract local public.



Figure 1. Candle light event image for illustration purpose

- VII. Write a letter or an editorial for the local newspaper or magazine and other publications demonstrating support and talk about the events organized on the World TB Day. In addition, take photos of your events and send follow-up stories.
- VIII. Display exhibits, posters, flyers, videos, or brochures about TB at a public setting, sporting event, library, courthouse or during an existing community event

Promote your event

- I. Ask local media to report on the impact of TB.
- II. Offer to speak on local radio or TV shows.
- III. Issue a media advisory and press release.
- IV. Post information about the World TB Day activities on your Rotary blog, monthly editorial, social media platforms like Facebook and Twitter, Instagram.
- V. Register your event on the Stop TB partnership at:
http://www.stoptb.org/events/world_tb_day/2016/events.asp

Designing key TB messages

Develop communication materials to build a case for stronger action to stop TB.

Why TB matters? Collect all TB related information

- I. Information on TB in your country/region/city: TB incidence (new cases) /TB prevalence (existing cases), TB deaths, TB in the general population, TB in sub-groups, DOTS coverage, DOTS acceptance, MDR TB.
- II. Information on socio-economic development: What are the economic impacts or costs of TB on families, communities and countries? What are the social costs? For example, children having to drop-out of school to take care of sick parents, children orphaned due to TB, mothers sick with TB unable to care for their children.
- III. Build catchy fact sheets that highlight different aspects of the TB problem like:
 - TB kills more people than any other infectious disease.
 - Only 50% of MDR TB patients get cured.
 - Globally, TB kills more people than HIV.
 - TB is the leading cause of death among people living with HIV, causing almost one third of all HIV-related deaths.
 - TB is preventable and curable.
 - TB is a chronic infectious disease caused by *Mycobacterium tuberculosis*. The disease is neither a curse nor hereditary; anyone can get it.
 - Persisting cough for two weeks or more, coughing up blood or blood in the sputum are the major symptoms of pulmonary TB. Chest pains, fever, night sweats and weight loss are also frequent symptoms.
 - Prompt diagnosis and early initiation of standardized treatment is key to successful management of TB.
 - Most TB patients will not be infectious after a two-week treatment.
 - Multidrug-resistant TB can develop with irregular treatment or by discontinuing treatment before completing the full course or by taking poor quality drugs.
 - Combating TB will help end extreme poverty and build a healthy, strong, and productive workforce.
- IV. Transform key statistics into key messages and stories: use statistics to develop a list of key messages and stories that can be used depending on the target audience. The message and stories should focus on the challenges, gaps, and solutions to the program. It should demand a call to action from the audience. Here are some of the examples of messages that can be used: Human story e.g. Deepti's story (TB Champion)

“Deepti Chavan a cured MDR-TB patient underwent treatment for six years including two major surgeries. Watch Deepti share her inspiring story, where she speaks about how TB patients should never give up hope.”

3. Documenting and sharing of results/outcomes of activities

Documenting the summary report of an event/ activity is important not just for dissemination to a wider audience, but also to assess the output/outcome of a program and to learn lessons. Compile a summary of an event/activity to review the success and challenges of the activity. Following questions will help you outline the success:

- I. What did the activity achieve? Did it create awareness on TB? Did it sensitize stakeholders?
- II. How many people were reached-out? How many people participated in the program?
- III. What needs immediate follow-up?
- IV. What elements contributed to the success? What are the challenges and lessons learnt?

4. Annexures:

4.1 Annexure 1: Agenda Template for sensitization meeting of Rotary Clubs

Draft Session plan	
Welcome note	Rotary District Co-ordinator
Inaugural address	Rotary District Governor
Special Address	State TB officer
Key note address	Chief guest of the event
TB survivor speak	Local TB Survivor
Invite a Cured TB patient to share their story of survival. <i>You can also share video of Ms. Deepti Chauhan's story: From Survivor to Champion. You can download the link from https://www.youtube.com/watch?v=hvaormVq0vE</i>	
Presentation on Tuberculosis and what Rotarians can do? Presentation should cover	State TB Office
<ul style="list-style-type: none"> • What is TB? How it spreads? Clinical symptoms of TB? • Diagnosis and Treatment? • Situation of TB in the District/Area? • How RNTCP is working in the area? • Emphasize that Awareness and Notification are the first steps to TB Free (LOCALITY NAME). Role of Rotarians to support the vision of TB Free- India	
Questions and discussions Rotary Clubs discuss about the activities that they can conduct	

4.2 Annexure 2: Sample Press Release

CONTACT: [NAME, PHONE, E-MAIL]

FOR IMMEDIATE RELEASE

[NAME/GROUP] of [CITY] [AMOUNT RAISED/ACTIVITY] to help fight TB in India

[CITY, COUNTRY, DATE] – As part of the commitment from Rotary District to make India a TB-Free country, Rotary clubs in India are holding events to raise awareness of Tuberculosis, a disease that is easily curable more than 480,000 Indians every year

The Rotary club of [CITY] [INSERT PLANNED ACTIVITY OR A SYNOPSIS OF HOW THE CLUB HAS CONTRIBUTED TO THE EFFORTS OVER THE YEARS].

This **[CLUB ACTIVITY]** support(s) the efforts being made by Revised National Tuberculosis Control Program (RNTCP) in the country to achieve its vision of TB-Free India.

The World Health Organization declared Tuberculosis a public health emergency in 1993. Tuberculosis is one of the major public health problems being faced in India with an estimated 2.8 million new TB cases and 480,000 deaths related to TB.

INSERT (LOCAL DISTRICT DATA ON TB) In (XXX) district....

The WHO's End TB strategy envisions a world free of TB with Zero TB deaths, disease and suffering. Government of India has endorsed the End TB Strategy and is moving forward to achieve its goal.

Rotary National TB Control Committee and The Union have joined hands to support the Call to Action for a TB-Free India, which is being implemented under the stewardship of the Ministry of Health and Family Welfare. Rotary played an important role in eliminating polio from the country and its time to replicate similar passion and commitment to end TB in India.

[INSERT QUOTE FROM ROTARY DISTRICT GOVERNOR- RORTARY's ROLE TO END TB IN INDIA / (DISTRICT)]

[INSERT QUOTE FROM LOCAL CLUB MEMBER- WHY THEY ARE WORKING TO END TB IN INDIA / (DISTRICT)]

About Rotary National TB Control Committee partnership with Call to Action for a TB-Free India. Rotary in India brings together a network of passionate and volunteer leaders dedicated to tackling the world's most pressing humanitarian challenges. In India rotary connects ___ members of more than 34, 00 Rotary clubs in 36 rotary district across India.

Visit [www.](#) (Include your website) for more details about Rotary XXXX district's effort to fight against TB in XXXX (place).

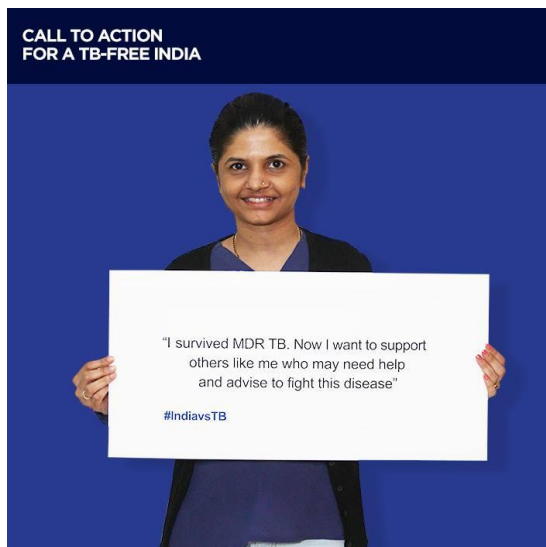
Challenge TB India

Challenge TB is the flagship TB control programme of the U.S. Agency for International Development (USAID). The International Union Against Tuberculosis and Lung Disease (The Union) has been tasked to implement the Challenge TB project in India through its Union South-East Asia Office in New Delhi. Since its founding in 1920, The Union has drawn from the best scientific evidence and expertise to advance solutions to public health challenges affecting people living in poverty. Shri J.P. Nadda, Hon'ble Minister of Health & Family Welfare, Government of India, launched the Call to Action for a TB-Free India on 23 April 2015. The goal of the Call to Action is to increase visibility of TB and mobilize domestic resources and commitment to end TB in India.

Visit our twitter page <https://twitter.com/forTBfreeIndia>

4.3 Annexure 3: TB patients Stories

Deepti's Story



Deepti was just 16 when she discovered she had Multi Drug Resistance (MDR) TB. She was appearing for her board exams and could not stop coughing. At first she thought it was just a viral infection and went to her family doctor who prescribed her medicines for cough.

It was only a month later that she was diagnosed with TB. It took six years of medication and continuous hospital visits for Deepti to be cured of MDR TB. It should have ideally taken two years for her treatment.

Deepti is a fighter right from the beginning, she had just one aim and that was to defeat TB.

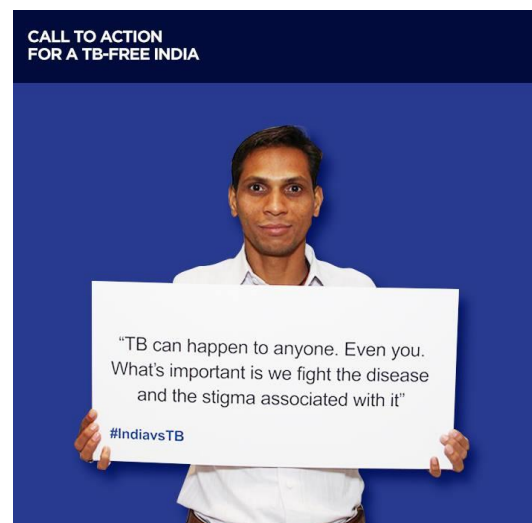
Please see video of Deepti, Jyoti and Vinod in the resources available in the dropbox link.

Anil Patel

Anil Patel a TB survivor contracted the disease from his brother, whom he lost to the disease.

Professionally, Anil was a tutor and would teach young children, but he had to stop teaching when he got TB. It was difficult to keep taking the medicines, but he wanted to live and wanted his life back. The medicines were harsh and the struggle was long, but he never gave up hope and finally recovered. Anil owes his life to his diligence and the constant support he received from the Doctor.

Anil is a TB survivor and is a firm believer that if a person with TB completes his treatment as advised by the doctor, TB is curable!



4.4 Annexure 4: Drop Box resource link

Drop box link: https://www.dropbox.com/sh/8pch7as7kcbxrsj/AADuA6_OuJEcwX_Lq_LMtnJa?dl=0

In contains the following:

- I. Presentations: 1) TB Basics & 2) Presentation on Sensitization of Rotary Clubs;
- II. Audio spots of Amitabh Bachchan.;
- III. Videos of TB Survivors;
- IV. Key note address by Mr. Y. P Das from Rotary Meet - Towards a TB-Free India held on September 10, 2016 in New Delhi;
- V. Key note address by Dr. Sunil Khaparde, Deputy Director General (TB), CTD, MoHFW;
- VI. Social media related resources;
- VII. TB related videos
 - How the body reacts to TB
 - Song “I wanna Stop TB”
- VIII. Resources
 - TB fact sheets
 - RNTCP training modules
 - IEC materials of the government

4.5. Annexure 5: TB Quiz questions

Q1. Tuberculosis is caused by a Virus or Bacteria?

Correct Answer: Bacteria – Mycobacterium tuberculosis (M TB)

Q2. TB can be transmitted from person to person through touching or sharing plates/cups? TRUE or FALSE

Correct Answer: FALSE

Q3. TB can be transmitted through coughing, sneezing or singing? TRUE or FALSE

Correct Answer: TRUE

Q4. Tuberculosis only affects the lungs? TRUE or FALSE

Correct Answer: FALSE TB usually affects the lungs but it can spread to other body parts

Q 5. What are the main symptoms of TB disease?

Correct Answer:

Persistent cough for > 2weeks

Weight loss

Fever

Night sweats

Coughing up blood

Q6: Everyone should get tested for TB? TRUE or FALSE

Correct Answer: FALSE.

Not all people need a TB test. You should get a TB test if you are at increased risk. See below for conditions or activities that place persons at increased risk.

You have spent time with a person known to have active TB disease or suspected to have active TB disease; or

You have HIV infection or another condition that puts you at high risk for active TB disease e.g.

Diabetes; or

You have signs and symptoms of active TB disease.

Q 7. Everyone who gets infected with TB bacteria will get sick? TRUE or FALSE

Correct Answer: FALSE.

Not everyone infected with TB bacteria becomes sick. People who become infected, but are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But, some people with latent TB infection go on to get TB disease. People who have TB disease do feel sick, have signs and symptoms, and may spread TB germs to others

Q8: Some people can get TB disease easier than others? TRUE or FALSE

Correct Answer: TRUE.

Not everyone infected with TB bacteria becomes sick. People who become infected, but are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But, some people with latent TB infection go on to get TB disease.

Q 9: TB Disease can be cured? TRUE or FALSE

Correct Answer: TRUE.

TB disease can almost always be cured with medicine. But the medicine must be taken as the doctor or health worker tells you.

Q 10. TB infection and TB disease are the same? TRUE or FALSE

Correct Answer: FALSE. TB infection and TB disease are not the same.

TB infection is a condition in which TB bacteria are alive, but inactive in the body. People with latent TB infection have no symptoms, do not feel sick, cannot spread TB germs to others, and usually have a positive TB test. But they may develop active TB disease if they do not receive treatment.

TB disease is an illness in which TB bacteria are growing and attacking the body. People with TB disease have symptoms and feel sick. A person with TB disease can spread TB germs to others, and usually has a positive TB test. People with active TB disease can be treated and cured with proper health care.

Q. 11. TB bacteria have a hard time living in fresh air and sunlight? TRUE or FALSE

Correct Answer: TRUE.

Fresh air and sunlight make it harder for TB bacteria to stay alive. Fresh air scatters the bacteria and sunlight kills them.

TB bacteria sometimes can live for a few hours in the air, especially in small spaces with no fresh air.

Q 12. What is the nature of treatment prescribed for TB?

Correct Answer: Directly Observed Treatment Short course

Q 13. How long is the treatment of Tuberculosis?

Correct Answer: 6-8 months

Q 14. Is MDR TB Curable?

Correct Answer: YES. MDR TB treatment takes 18-24 months

Q 15. TB treatment free in Government Hospitals? TRUE or FALSE

Correct Answer: TRUE

DOTS treatment is completely free in government health care facilities. Patient can take his/her treatment from a DOTs provider close to his home or work.

4.6 Annexure 6: Resource links

STOP TB partnership: <http://www.stoptb.org/>

WHO Factsheets: <http://www.who.int/tb/publications/factsheets/en/>

RNTCP, Central TB Division: <http://www.tbcindia.nic.in/>

World TB day 2016 Identity guideline:

http://www.stoptb.org/events/world_tb_day/2016/assets/docs/CommunityToolkit.pdf