



# Tuberculosis & Hunger: developing comprehensive treatment for diseases of social & economic deprivation

Jan Swasthya Sahyog, Bilaspur, Chhattisgarh



Four-year-old Anju Baiga presented at Ganiyari Hospital with a mild cough and fever of four months, as well as a left side chest protrusion of one year. 85 cm tall and weighing 8.2 kg, the girl was severely underweight, with signs of both wasting and stunting. Upon investigation, tuberculosis was found in her lungs and both of her kidneys.

Anju is one of 2.6 million people in India and 9 million people worldwide suffering from active tuberculosis. Tuberculosis, or TB, is an infectious disease caused by Mycobacterium tuberculosis, a bacteria that most commonly infects the lungs. It is transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease.

Tuberculosis is the most common killer of young people in rural India. At JSS, we see almost 500 new tuberculosis patients every year, and the number is growing. The high burden of tuberculosis in places like rural Chhattisgarh tells us that more than an infectious disease, **tuberculosis is a disease of poverty— as it is both caused and exasperated by social and economic deprivation.**

We see the truth of this every day at our hospital in rural Bilaspur, where among our TB patients, 54% of women and 46.8% of men have a BMI of less than 16. We also see how those from marginalized social castes and tribes are disproportionately affected by the disease. While 32% of our overall patient population at JSS belongs to a Scheduled Tribe, 46% of our TB patients are from this social group. Anju is from the Baiga tribe, one of the most marginalized groups in rural Chhattisgarh and among whom tuberculosis is especially common.

In the past 12 years, we have seen over 6,000 patients with tuberculosis. We pride ourselves in providing our patients with the highest standard of care, including thorough investigation, prompt diagnosis, daily treatment regimen, and high calorie and high protein nutritional supplementation. We have successfully treated thousands of patients over the years and continue to work to provide bright futures for individuals like Anju.

*Anju's home, where she lives with her parents and two siblings. With little land to farm and rising food prices, malnourishment is a common problem among the rural poor and can lead to infections like tuberculosis. JSS provides nutritional supplements as part of our TB treatment regimen. A relative of Anju also has tuberculosis and is currently undergoing treatment at JSS.*



In 2014, the Partnership for Tuberculosis Care and Control in India (PTCC), awarded JSS with **“Tuberculosis Champion”** for our comprehensive tuberculosis care and advocacy efforts.

## The co-morbidities of tuberculosis and hunger as seen in TB patients at Jan Swasthya Sahyog, Bilaspur.



### Advocacy Through Action

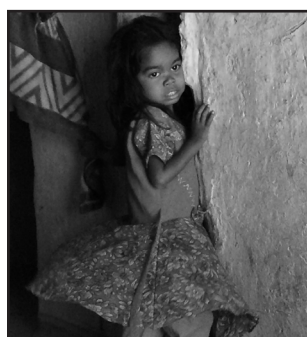
At the same time that we strive to provide effective care to our own TB patients at JSS, we also call for the following changes regarding tuberculosis treatment and care, both at the state and national level:

1. Nutritional supplement should be a core component of tuberculosis treatment.
2. All patients should be given a daily dose of TB treatment, as opposed to alternating days.
3. Drug sensitivity testing should be offered to all patients with suspected Cat II disease.
4. Prophylaxis should be offered to all children under 5 who are contacts of pulmonary tuberculosis patients.

We have already begun to see changes as the direct result of our advocacy efforts. The government of Chhattisgarh has announced the provision of extra food supplements to patients with chronic diseases including tuberculosis. In addition, the ministry has agreed to conduct a pilot program for a daily treatment regimen in 100 districts.

### How you can contribute

In order to provide comprehensive tuberculosis care to patients like Anju, including medication, inpatient and out patient care, and nutritional supplements, JSS requires \$55,200 over the next year.



*Contributions will support the following:*

1. Essential clinical and para-clinical staff, including a doctor, 2 nurses, laboratory technicians, field coordinator and counselor, a cook and helper (for nutritional aspect), and drivers for transportation services
2. Patient subsidies for medicine, drug sensitivity testing, and laboratory consumables
3. A comprehensive communication for following up patients for improved adherence and care

The average per patient cost of treatment is \$ 110, please choose to support any number.

#### Funding Requirements for Comprehensive Tuberculosis Care at Jan Swasthya Sahyog

Recurring Costs	Monthly Rate	Annual Total
<b>Salary</b>		
Doctor	\$462	\$5,538
Laboratory Technician	\$231	\$2,769
Laboratory attendant	\$154	\$1,846
Nurse Senior	\$231	\$2,769
Nurse Junior	\$154	\$1,846
Field coordinator and counselor for Tuberculosis	\$215	\$2,585
Cook	\$185	\$2,215
Helper	\$123	\$2,954
Drivers	\$185	\$2,215
<b>Subtotal</b>	<b>\$1,938</b>	<b>\$24,738</b>
<b>Non salary</b>		
Drugs and Treatment subsidy for Tuberculosis	\$1,846	\$22,154
Drug sensitivity testing units for TB and other bacteria	\$154	\$1,846
Laboratory Consumables	\$154	\$1,846
Communication costs for telephone, internet, etc.	\$77	\$923
POL	\$308	\$3,692
<b>Subtotal</b>	<b>\$2,538</b>	<b>\$30,462</b>
<b>Total budget required</b>		<b>\$55,200</b>