

**b. *Community Participation & Role of Voluntary Organizations***

**118**

TI: The Tuberculosis Association of India.

SO: Bhole Committee Report 1946, 1, 104-105.

DT: M

AB: This is a segment of the Bhole Committee's report pertaining to TB and focussing on the history of certain TB organisations and their services. The desirability of establishing an All-India association for anti-TB work and of promoting closer co-operation between Government and voluntary agencies engaged in fighting TB was emphasised by Dr. Lankester as the result of his survey of its incidence in India. This suggestion was implemented in 1929 when it was decided that the funds, raised by public subscription, should be devoted to the promotion of anti-TB work in the country and the King George V Thanksgiving Anti-TB Committee was formed. The organisation consisted of a Central Committee (CC) in New Delhi and of branch Committees in the Provinces and States. The CC undertook the organisation of special training courses in TB for medical men at the All-India Institute of Hygiene and Public Health and the preparation of propaganda material. The CC's Organising Secretary focussed attention on the TB problem through various activities. The next step in the All-India, organised, TB work occurred when, the excellent responses from the people and Princes of India to an appeal, led to the organisation of a broad-based campaign, in turn, resulting in the formation of the TAI, in 1939. The King George V Thanksgiving Anti-TB Fund was merged with the funds of the TAI. The CC of TAI provided expert advice and co-ordinated the activities of the Provinces and States. TAI's main functions were the standardisation of methods, the promotion of consultation by conferences, the training of various types of TB workers, the stimulation of research and education of the public in anti-TB measures. The outbreak of the second World War crippled TAI's activities to some extent. Nevertheless, three measures (the establishment of a TB clinic in New Delhi, the creation of the Lady Linlithgow Sanatorium at Kasauli and the formulation of the home treatment scheme as an essential part of the anti-TB campaign), attributed to Dr. Fridodt Moller, TAI's Medical Commissioner, significantly impacted TB work in India.

KEYWORDS: VOLUNTARY ORGANIZATION; INDIA.

**119**

AU: Benjamin PV

TI: The role of non-official organisation in the campaign against tuberculosis.

SO: Tuberculosis Workers Conference, 10th, Mysore, India, 2 Feb 1953, p. 28-29.

DT: CP

AB: This paper, read at the 10th TB Workers' Conference in Mysore, 1953, emphasises that, typically, non-official agencies in most countries have initiated the fight against TB and lists the essentials of TB services. The government's responsibilities in TB control are described and there is a detailed account of the origin and history of non-official anti-TB effort in India. Three key factors are offered for consideration in planning the future of TB Associations and their work in India: 1) The importance of definite programs such as educative propaganda, welfare activities and, starting and running institutions for TB

patients, 2) The composition and control of TB Associations, 3) The functions of the central Association.

KEYWORDS: NGO; VOLUNTARY ORGANIZATION; INDIA.

**120**

AU: Cariappa BM

TI: Tuberculosis in India-as seen by a layman.

SO: Tuberculosis and Chest Diseases Workers Conference, 17th, Cuttack, India, 31 Jan-3 Feb 1961, p. 93-97.

DT: CP

AB: The focus of this paper is to make known the extensive incidence of TB in India in the early sixties. Various prevailing factors such as a lack of sufficient anti-TB clinics that are properly equipped and adequately staffed, unsatisfactory housing conditions and Government efforts to counter TB, non-availability of sufficient treatment drugs and lack of patients' access to these drugs, have contributed to the high prevalence of TB. To overcome the huge problem, it is recommended that voluntary bodies and individuals should work, in addition to the Government, to strengthen the campaign against TB. Particularly, TB workers could help in strengthening voluntary TB Associations in the country, so that these Associations can really form the people's movement against TB and fill the lack that exists at the moment between anti-TB schemes and the individual patient.

KEYWORDS: COMMUNITY PARTICIPATION; VOLUNTARY ORGANIZATION; INDIA.

**121**

TI: Voluntary organisations and tuberculosis control programmes: Editorial.

SO: INDIAN J TB, 1961, 9, 1-2.

DT: Per

AB: At the International Congress on TB held in Sept. 1960, the place of voluntary organisations in the anti-TB campaign, in view of the changing pattern of social life in different countries, was discussed. Both newly independent countries and countries where TB was more or less controlled, emphasised the need for voluntary organisations everywhere to redouble their efforts against TB. Other key conclusions were that voluntary organisations should have wide representation drawn from different sections of the community including medical personnel to provide technical assistance, they should organise practical service programmes such as health education, case-finding, social services and rehabilitation, they must be independent of government control but work in very close co-operation with government agencies in planning and executing TB control programmes. It was opined that voluntary organisations can demonstrate the effectiveness of different types of programmes in many fields and these could be handed over to the government after a time, if necessary, and, that international conferences were a useful forum to help these organisations in formulating their plans and programmes.

KEYWORDS: SOCIAL WELFARE; VOLUNTARY ORGANIZATION; INDIA.

**122**

TI: Tuberculosis associations and domiciliary services: Editorial.

SO: INDIAN J TB, 1961, 9, 185-186.

DT: Per

AB: The co-operation of non-governmental agencies which are generally represented through TB Associations is considered essential in making domiciliary service programmes successful in all aspects. It is recognised that the government has not been able to ensure an adequate supply of treatment drugs. Even when an adequate supply exists, there is a problem in getting these drugs to individual patients and ensuring that they take the drugs regularly for the prescribed period. Therefore, these non-governmental organisations can help in the distribution of drugs, in monitoring drug intake and checking drug default. They can organise constructive programs yielding tangible results such as the TB Seals Campaign. It is suggested that each district have a set of voluntary or paid workers who would assist in the above activities. For the TB control programme to be successful, there should be active co-operation and partnership between official and non-official organisations and, the TB associations should re-orient their programme in order to fit in with the scheme for domiciliary treatment of TB patients.

KEYWORDS: VOLUNTARY ORGANIZATION; TB ASSOCIATION; INDIA.

**123**

AU: Banerji A, Shawndilay AK & Basu Chaudhuri SK

TI: Organised home treatment in a small community: preliminary report.

SO: INDIAN J CHEST DIS 1962, 4, 181-186.

DT: Per

AB: One hundred twenty-five cases of pulmonary TB from residents of Vrindaban, UP, who attended the Out-Patient Department of the Shri Brij Sewa Samiti TB Sanatorium in May 1961, were reviewed to assess the value of an organised home treatment scheme. Observations regarding age, sex, stage, cavity and bacillary status and, socio-economic conditions of the patients were recorded. Results of treatment under ambulatory conditions were analysed. Cavity closure was observed in 12 out of 65 cavitary cases and there was sputum conversion in 26 out of 51 cases recorded positive originally. Some problems of organised home treatment, however remain and are indicated.

KEYWORDS: COMMUNITY PARTICIPATION; INDIA.

**124**

AU: Meijer J

TI: The prospective role of voluntary tuberculosis associations throughout the world.

SO: BULL IUAT 1962, 32, 271-275.

DT: Per

AB: The article describes the two views of voluntary TB associations and focuses on the role of voluntary associations viewed as the all-level type, wherein, local voluntary units are confederated in the National TB Association. The government, the medical profession and the general public or the voluntary association, as its representative, are the three partners in the TB programme with specific functions. The voluntary associations are roughly classified into two groups based on whether the TB control programme in the

specific country is recent or has been well-established for long. The prospective role of voluntary associations in developing countries include setting up and encouragement of local voluntary units, co-ordination of the local units, stimulating the government by initiating certain pioneering activities, maintaining a close relationship with the medical profession and promoting international contacts, especially, within the International Union. The work of the TAI is mentioned as a stimulating example that the above ideas can be realized in a developing-country context. The suggested role for voluntary organisations in developed countries include promoting epidemiological research after consultation with epidemiologists, the adoption of a sister organisation in one of the developing countries and extending activities beyond TB control to incorporate other respiratory or vascular diseases.

KEYWORDS: VOLUNTARY ORGANIZATION; HOLLAND.

## 125

AU: Holm

TI: How can the voluntary bodies best assist in the global attack on tuberculosis.

SO: BULL IUAT 1963, 33, 59-60.

DT: Per

AB: The abstract is for the segment of a panel discussion on the above topic, held in Paris, Sept. 20-21, 1962. To provide a broad picture of the TB problems globally, the percentage of children at the age of 14 showing a specific reaction to the standard tuberculin test as evidence that they have been infected with tubercle bacilli and, the proportion of adults excreting tubercle bacilli through the respiratory tract as found by the prevalence surveys of representative population groups, were presented. These figures indicated the highly uneven distribution of TB in the world. At one end, there were countries where 1-3% of all adults were sources of infection. In these countries, about half of the children were infected at the age of 14. At the other end, in some countries, the prevalence of TB was so low that only one of 2,000 or 5,000 adults were found to excrete tubercle bacilli and only 1-2% of the children at the age of 14 showed a reaction to the standard tuberculin test. Experience in the means for controlling TB was also unevenly distributed in the world, with an inverse relationship seen between the extent of prevalence of TB and the existence of experienced personnel and facilities. The main problem in the global attack on TB was to supply the developing countries with the necessary experienced personnel and the means to get the TB control programme started. It was suggested that the specific government should take the primary responsibility for the control of TB and that the official health authorities should provide the means and the personnel for implementing the programme. Also, the population must be prepared and educated to accept the programme, through voluntary efforts.

KEYWORDS: VOLUNTARY ORGANIZATION; GLOBAL.

**126**

AU: Cariappa BM

TI: Problems in the organisation and development of voluntary TB associations.

SO: BULL IUAT 1964, 34-35, 374-375.

DT: Per

AB: Some of the problems in the organisation and development of voluntary TB associations, particularly, in developing countries, such as the problems in building up local and national associations and getting all voluntary work properly co-ordinated with national organisations and with the IUAT, are discussed briefly.

KEYWORDS: VOLUNTARY ORGANIZATION; INDIA.

**127**

AU: Williams H

TI: The encouragement of voluntary tuberculosis societies in undeveloped countries.

SO: BULL IUAT 1964, 34-35, 377-379.

DT: Per

AB: The author addresses some typical questions of overseas societies concerning the various roles and activities and the factors to be considered in constituting a voluntary organisation. It is concluded that while it is impossible to foresee every combination of circumstances which may surround the birth of a voluntary TB association, personal enthusiasm, patience, and mental flexibility can overcome every obstacle. In creating a voluntary society, the first step to educate the community as a whole, is being taken. Such a voluntary association can be thought of as a working model which reflects the state of general enlightenment. For this slow process of education, there is no substitute. No hygiene or medical services will be really effective unless the will-power and interest of a significant number of ordinary people are aroused.

KEYWORDS: VOLUNTARY ORGANIZATION, SOCIETIES; UK.

**128**

AU: Chinachoti N

TI: Problems in organization and development of voluntary tuberculosis associations.

SO: BULL IUAT 1964, 34-35, 380-382.

DT: Per

AB: The Anti-TB Association of Thailand was organised by the senior members of the Thailand Medical Association in the forties. The main obstacles faced by the Association, from the beginning, were the scarcity of funds and a lack of sufficient volunteer personnel. Gradually, as these obstacles were overcome to some extent, the Association's activities expanded in many directions and a number of TB clinics, both static and mobile, were set up in various districts of Bangkok, allotted by the Health Department. Increasing awareness of Association members regarding the programme objectives helped gain their active support for programmes and, with expansion, the Association shifted its responsibilities to work with special groups of people such as school personnel and factory workers rather than the general population which was cared for by the Health Department. The recruitment of technical staff, especially, well-trained doctors and nurses was a major problem. To cope, the Association was getting the

Ministry to send doctors from the TB Control Division to work in the clinics run by the Association. The Association was attempting to develop local associations in various parts of the country.

KEYWORDS: VOLUNTARY ORGANIZATION; THAILAND.

### 129

AU: Meijer J

TI: The use of volunteers in programmes for tuberculosis control in voluntary and official organizations.

SO: BULL IUAT 1964, 35, 404-408.

DT: Per

AB: There seems to be a wide field for volunteer activity in TB control, both in creating the right atmosphere as well as in actual participation in the TB programme. But in order to make the best possible use of volunteers, it is indispensable that the voluntary association has well defined, clear and practical ideas on technique and organization of a modern public health anti-TB programme. Only then, can the association give the necessary guidance to its volunteers who want to serve the cause.

KEYWORDS: SOCIAL WORK; VOLUNTARY ORGANIZATION; NETHERLAND.

### 130

AU: Prafulla Chakrabarti

TI: Quantification and social research : a trend analysis.

SO: ECO & POL WEEKLY 1970, 5, 1571-1575.

DT: Per

AB: The increasing volume of researches in the field of Indian social sciences calls for a close look at, besides other aspects, the methodology followed in them. This paper makes an attempt to examine the extent of application of quantitative methods of data collection and presentation in social science studies in India. A survey of 3907 published studies found that most of them were primarily of descriptive nature and devoid of any quantitative work. The orientation for quantitative research is the need of the hour.

KEYWORDS: SOCIAL RESEARCH; INDIA.



Home Visits by the team (Doctors, Public Health Nurse & Health Visitor)

**131**

TI: A scheme for community programme: Editorial.

SO: INDIAN J TB, 1972, 19, 39-40.

DT: Per

AB: The Advisory Committee of the IJTB suggested an operational research project, in association with voluntary organisations, on the working of the DTCP, similar to the Tumkur Project in India and the Jaffna and Kinta project of Ceylon (Sri Lanka) and Malaysia respectively. The project was to be conducted simultaneously in 4-5 districts in different parts of the country, under the joint sponsorship of the Central Association and the State/District branches. The project primarily envisaged having a number of voluntary workers to assist in the implementation of DTCP by motivating people to attend health facilities for diagnosis, by monitoring patient's drug intake and checking drug default, by disseminating health education on preventive measures in TB, to improve people's health consciousness and to encourage people to avail of existing TB services and facilities, by raising funds to subsidise the project and to provide financial assistance to patients, if necessary. A detailed discussion of the suggested set-up for the project and estimated cost is included.

KEYWORDS: SOCIAL WELFARE; VOLUNTARY ORGANIZATION; INDIA.

**132**

AU: Sen Gupta NC

TI: Community participation in the tuberculosis programme.

SO: BULL IUAT 1972, 47, 102-106.

DT: Per

AB: Several reasons for the failure to achieve the expected results in TB control, globally, are presented and discussed in detail with reference to the three basic components of a TB programme- BCG vaccination, case-finding and treatment. They include the failure of decision-makers and administrators responsible for formulating and implementing NTPs to establish proper and realistic priorities reflected in the choice of control measures and the allocation of available resources to them. For instance, many developing countries have opted for an expensive screening method (mass chest radiography) rather than achieving effective results by provision of basic health facilities within easy reach of everyone and by using direct microscopy sputum examinations. Several countries have focussed on construction of sanatoria when out-patient treatment has been proven to be as effective as institutional treatment. The failure to bring the TB programme to the most peripheral regions and to apply it on a country-wide basis, the failure to orient the consumer sufficiently to the services offered, and several socio-economic and patient factors have contributed to limited success in anti-TB efforts. Given this background, a community participation programme can help increase the success rate of TB programmes by using volunteers in case-finding and in reducing treatment default rate as demonstrated in Ceylon (Sri Lanka) and Malaysia.

KEYWORDS: COMMUNITY PARTICIPATION; SRI LANKA.

**133**

AU: Yamaguchi M

TI: The role and functions of voluntary tuberculosis associations.

SO: BULL IUAT 1974, 49, 264-265.

DT: Per

AB: The contribution of voluntary organizations to the success of control programmes in the past, in countries where TB prevalence is now low, has been appreciable and this fact should be recognized. The Japan Anti-TB Association and its activities are described to highlight the importance of voluntary organizations in fighting TB. The mortality and incidence rates of TB are still fairly high compared with other low-prevalence countries. Therefore, the Japan Association is urged to fight the loss of interest in TB observed in the country (similarly observed in other low-prevalence countries), as it created serious problems in carrying out TB programs, through utilizing all possible media. Encouraging the activities of women's anti-TB societies, composed mostly of housewives in the community and having its own research institute that conducts research on TB and disseminates all the necessary information, are two unique achievements of the Association. It also conducts an international training course for participants from high-prevalence countries abroad. Fund-raising is a big problem for the association. Ways to overcome this problem are suggested.

KEYWORDS: VOLUNTARY ORGANIZATION; TB ASSOCIATION; JAPAN.

**134**

AU: Jeanes CWL

TI: The functions and roles of voluntary tuberculosis associations.

SO: BULL IUAT 1974, 49, 266-267.

DT: Per

AB: Even in high economic industrialized countries, TB is far from eradication, while in many developing countries it remains the greatest public health problem and disabling and killing disease. In all countries even those with low TB incidence, there is need for the continuance of active anti-TB programmes at a reasonable level, with government operation of the actual programmes, but with continued public interest and support through voluntary TB associations.

KEYWORDS: VOLUNTARY ORGANIZATION, TB ASSOCIATION; CANADA.

**135**

AU: Tani P

TI: The functions and role of voluntary tuberculosis associations.

SO: BULL IUAT 1974, 49, 268-269.

DT: Per

AB: The Finnish Anti-TB Association and its activities are presented to discuss the functions and role of voluntary TB associations. The primary goals of the Finnish Association are: 1) improved TB programme, 2) integration of TB programme into public health services and, 3) greater co-operation with the IUAT. The operational approaches to achieving the goals include information and co-operation, for instance, in amending TB legislation, practical work directed towards patients and scientific activity. The various

anti-TB activities of the Association conducted with the State Medical Board such as the BCG programme, radiophotographic programme and other independent activities of the Association are described.

KEYWORDS: VOLUNTARY ORGANIZATION, TB ASSOCIATION; FINLAND.

**136**

AU: Song D

TI: Role of the voluntary association in fight against tuberculosis in Korea.

SO: BULL IUAT 1974, 49, 275-277.

DT: Per

AB: The experience of the Korean National TB Association (KNTA) in fighting TB provides some useful insights on the role of voluntary associations. It is recommended that, similar to the KNTA, voluntary associations in other developing countries should cultivate intimate working relations with their respective governments. While the KNTA invested sizable financial inputs into critical sectors of the TB project at the government's request, the latter greatly assisted KNTA's fund-raising effort. KNTA found that people contributed more freely if they could see visible proof, immediately, and on a sufficiently large scale, of their money being utilized for their good. It is urged that voluntary associations must constantly improve to be an example to others.

KEYWORDS: VOLUNTARY ORGANIZATION, TB ASSOCIATION; KOREA.

**137**

AU: Radha Narayan

TI: Changing perspectives of voluntary tuberculosis associations.

SO: JOURNAL BENGAL TB ASSOCN 1975, 38, 129-130.

DT: Per

AB: Since 1850, voluntary organisations have largely benefited victims of TB. In India, the joint family system provided comfort and protection to the TB patient. However, there is an increased awareness for the patient to receive such protection and assistance from society as evidenced by the popularity of sanatoriums and other types of care provided outside homes and families. Christian missionaries took the initial step in providing systematised care of the tuberculous in India followed by several non-governmental efforts. The formation of the TAI in 1939 was a welcome centralised move on an all-India basis which also served as a link to international TB organisations. The Government of India provided active support to all voluntary activities in the country while evolving statutory TB services. The launching of the NTP in India was a turning point in the co-existence of government and voluntary agencies in the common fight against TB. The NTP's approach to consider TB as one of many illnesses to be overcome within the GHS mobilised the services of thousands of health workers throughout the country. As the government exercises statutory powers over increasing areas of social services, there is a need for reappraisal of the concept and activities of the voluntary organisation. New ways by which the voluntary organisations can support the NTP, particularly, with the emphasis on domiciliary treatment, are recommended.

KEYWORDS: VOLUNTARY ORGANIZATION; TB ASSOCIATION; INDIA.



Home visits by the Community Volunteers

**138**

AU: Mora EO

TI: Volunteers associations in the fight against tuberculosis.

SO: BULL IUAT 1976, 51, 691-694.

DT: Per

AB: The article describes the organization and activities of the Mexican National Committee in the Fight Against TB. The Committee undertakes various activities with three entities, the government, the medical and clinical personnel and the community. Additionally, the Committee encourages meetings of scientists in this field to exchange new methods, techniques and provides information to private doctors to incorporate them into the national programme. The financial contributions of the Committee for anti-TB activities reflects the priorities in the TB programme such as the insufficient health structure of the country and of the health personnel and, the scanty participation of private doctors in the programme. This approach is in contrast to developed countries such as Sweden, where the priority is placed on the field of investigation since social assistance covers the necessities and the costs. The Committee's main income is from the sale of the stamps that it prints annually and which are available to the public during 8 months. This event is publicised through all possible media to encourage people's participation and awareness of the TB programme. A society has been formed to promote the value of collecting various stamps and it is expected to help acquire financial resources for the TB programme.

KEYWORDS: VOLUNTARY ORGANIZATION; MEXICO.

**139**

AU: Spinosa AV, Bales V, Pesanti E & Hadler J

TI: Treatment of tuberculosis by community workers.

SO: BULL IUAT 1976, 51, 695-700.

DT: Per

AB: A TB control project was undertaken in 1971 in South Western United States, in the reservation of the Navajo Indians (120,000 living in a vast, high, arid land). The specific

problems in treating TB among the Navajo are described. The specific problem was that, despite efforts of medical personnel and available treatment facilities, only 25% of the active TB cases at home were taking their medications. The cause was found to be the inadequate number of trained personnel to do the necessary tasks to keep patients on medication. To achieve the project's goal of increasing the percentage of patients at home, taking medication in one year, to 80%, job analyses were done to develop outlines of the duties, knowledge and skills required of TB workers, the case register clerks and the project Director, by interviewing the physicians, nurses and administrators working on the project. Subsequently, 4 weeks of training (carefully designed around the job requirements of the trainees) was given. An evaluation of the project indicated that 80% of active cases at home were on medication after a year and 96% in the fourth year. Only 4% of cases were lost to supervision, active cases in the hospital were down from 50% to 15%, hospital stay was down from 70 to 18 days, a quarter of active cases were on intermittent therapy, new case rates were down from 150 to 73 per 100,000. A subjective evaluation performed through the use of interviews and questionnaires revealed positive and negative feelings of the workers to different issues of TB work. The conclusions were that TB workers, recruited from the indigenous population and carefully trained, could greatly benefit a TB programme; such a project was best implemented by an objective-oriented approach focussing on the problem, cause, objective, solution and evaluation. These concepts could be successfully utilized in any TB programme, whether it be rural or urban, in a developed or developing nation.

**KEYWORDS:** COMMUNITY PARTICIPATION; SOCIO-ECONOMICS; USA.

#### **140**

**AU:** Deshmukh MD

**TI:** Voluntary agencies in tuberculosis.

**SO:** Textbook of Tuberculosis, TB Association of India, 1979 p.167-173.

**DT:** M

**AB:** The first organised voluntary association was formed in UK in 1898. His Royal Highness, the Prince of Wales who was the founder president, at the time of inaugurating the 'National Association for the Prevention of Consumption and Other Forms of TB', raised the famous question "If preventable, why not prevented"? We might as well ask ourselves the same question even today in India.

**KEYWORDS:** VOLUNTARY ORGANIZATION; INDIA

#### **141**

**AU:** Cariappa BM

**TI:** Place of tuberculosis associations.

**SO:** Textbook of Tuberculosis, TB Association of India, 1981, p. 592-596.

**DT:** M

**AB:** The first section of this chapter is devoted to a brief description of the historical background of TB associations world-wide. The rest of the chapter is concerned with the genesis and activities of the TAI. TAI's noteworthy include the annual organisation of conferences of the TB and Chest Diseases Workers in different parts of India, the regular programme of health education activities conducted from its inception, the starting of the

IJTB, a quarterly that is globally respected, and the setting up of the Technical Committee to review questions relating to the teaching of TB at various stages of medical education. Above all, the most effective and outstanding contribution by TAI has been the TB Seal Sale Campaign, started in 1950 and conducted during Oct. 2 - Jan. 26, every year. This Campaign has been the single, sweeping, all-India propaganda effort with potentialities to involve the masses in the anti-TB movement and canvass their full participation in implementing the National Control Programme. Every year, the people of India buy over 30 million TB Seals on an average and use them on their mail, though the seals have no postal value. It is suggested that the TAI take up a wide variety of measures including serving as watch-dogs of official programmes, determining the community's needs concerning TB control, educating the public to promote domiciliary treatment and to reduce drug-default.

**KEYWORDS:** VOLUNTARY ORGANIZATION; TB ASSOCIATION; INDIA.

## **142**

**AU:** Trivedi SB

**TI:** Role of non-medical voluntary body in active case detection and case holding in tuberculosis control programme.

**SO:** Eastern Region Conference of IUAT, 15th, Lahore, Pakistan, 10-13 Dec, 1987, p.403-405.

**DT:** CP

**AB:** Community involvement in the TB control programme has always been considered to be a very important factor. The Rotary Club of Surendranagar District, Gujarat, was entrusted with the work of organising active case detection camps in the district. The case detection work was done by a mobile odelca unit and the laboratory team. The results were handed over to the Rotary Club. The Rotarian volunteers, with the help of the DTC, supervised the regularity of collection and consumption of treatment drugs. Fifteen(15) such camps were held for the chest symptomatics. A total of 5,648 mini X-rays were done and 5077 sputa were examined. A total of 1,395 radiologically active cases were detected. The involvement of volunteers significantly helped in: 1) Early and increased detection of cases, 2) Reducing the financial burden of the treatment by providing the needed drugs to all detected cases, 3) Increasing case holding by voluntarily contacting all the patients in the area, 4) Increasing the public's awareness about the TB problem and helping in providing the necessary health education. This collaborative effort resulted in 78.3% of the cases completing the treatment. It was concluded that community involvement, as in this study, improved the performance of the TB control programme.

**KEYWORDS:** COMMUNITY PARTICIPATION; VOLUNTARY ORGANIZATION; CASE HOLDING; INDIA.

## **143**

**TI:** Horizon for voluntary organisations: Editorial.

**SO:** INDIAN J TB 1990, 37, p. 1-2.

**DT:** Per

**AB:** Volunteerism is what is most noble in humans. And it stands to reason that volunteerism is fully exploited in the service of mankind. That voluntary organizations can meet many needs and aspirations of the people needs no demonstrated proof. The idea to make these

organizations the corner stone of social development has been attempted but not fully exploited yet. That is why our government has decided, as policy, to associate voluntary organizations in all their programmes for the people, and help them financially to participate. Should voluntary organisations allow a dilution of the voluntary spirit by having in their organizational structure too many people to hold position of power ;in an ex-officio capacity? It goes without saying that some officials are as good as any run of the mill volunteer.

KEYWORDS: VOLUNTARY ORGANIZATION; INDIA.

**144**

AU: Kamphuis M

TI: Case-study of three voluntary organisations doing anti-tuberculosis work in Gujarat.

SO: INDIAN J TB 1990, 37, 21-28.

DT: Per

AB: The inadequate collaboration and co-ordination between the voluntary and governmental institutions should be highly detrimental to patients who after receiving some treatment soon get lost to further treatment because they are not properly referred to health centres near their homes and cannot continue their treatment at voluntary institutions, either, for obvious reasons. The apparent inability of a few voluntary organisations to adapt their activities in line with the modern concepts of TB control may work to the disadvantage of the TB programme of Gujarat state.

KEYWORDS: VOLUNTARY ORGANIZATION; HEALTH EDUCATION; INDIA.

**145**

AU: Nagpaul DR

TI: NGOs: partners with government in NTP.

SO: INDIAN J TB 1993, 40, 1-2.

DT: Per

AB: The editorial makes a case for encouraging the partnership of NGOs with the NTP to fight TB. The attitudes and perceptions of the Government, on one hand, and the NGOs, on the other, make this a complex proposition. Several reviews of the NTP's performance over the last three decades concluded that the NTP's achievements were below expectations despite notable progress made in some directions and that the programme was not likely to improve without better programme management and active participation in TB control activities by the people. Therefore, the Government, after the Surajkand deliberations in September 1991, accepted the recommendations of the TAI, one of which was the necessity to develop partnerships with NGOs. The changed facade of the NGOs, today, because of the large number of professionals that have joined them, adds to the benefits the NGOs would bring to a partnership. How the partnership should begin and the various mutual benefits for the Government and the NGOs in becoming partners are described.

KEYWORDS: VOLUNTARY ORGANIZATION; NGO; INDIA.

**146**

AU: Rouillon A & Ogasawara FR

TI : The role of non-governmental organizations.

SO: Tuberculosis – a comprehensive international approach edited by Reichman LB & Hershfield ES, New York. Marcel Dekker, Inc 1993, p.669-698

DT: M

AB : In the fight against TB, a partnership exists among three important sectors: the public, the health professionals, and the government. This chapter will deal with two of these three partners: the public and the health professionals.

A simple relationship between a patient and the doctor as individuals through community-oriented national TB programmes is part of the global fight against TB. The responsibility for having a national programme rests with the government; it is up to the health authorities to design, staff, implement, assess, and orient the programme. Although this is generally accepted and would seem fully logical today, it is remarkable that the first organized effort against TB (which in many instances led the way to other public health measures) originated from the voluntary combination of the energy of physicians and the public in an attempt to relieve suffering, prevent disease, and disseminate information. Thus were created at the end of the past century and the beginning of this century, voluntary associations that gather together lay individuals and professionals to develop the first elements for the concerted effort to fight TB. In most countries, even though governments have taken the responsibility for providing health services in relevant programmes, the success of any governmental programme continues to depend on the competence and attitudes of professionals who are delivering the programmes and on the active and understanding participation by the people in the measures offered them.

Voluntary NGO are the best means of ensuring high standards in the application of the professional and governmental measures and the widespread participation of the public in any control programme. This includes lobbying for improvements and acting as a “watchdog” for the programme.

KEY WORDS: NGO; FRANCE

**147**

AU: Sheela Rangan & Sushma J

TI : Non governmental organisations in tuberculosis control in Western India.

SO: FRCH, Bombay, 1995

DT: M

AB: A study of NGOs was undertaken in Maharashtra and Gujarat to assess the extent and the type of NGOs' contribution to TB control and to determine ways to strengthen it. The analyses of responses to a mailed questionnaire by 77 NGOs in Maharashtra and 57 from Gujarat and, in-depth case studies of 13 NGOs, selected purposely to understand their functioning and to evaluate the effectiveness of their approaches to control TB, are presented. Regarding the nature of anti-TB work by NGOs, about 50% were dependent on public health services for one or more of their programme components and, about 40% had activities comprising case-finding, treatment and case-holding. Variations in

NGOs contribution between the two states were marked. One-third of all cases detected and started on treatment by the Gujarat State TB Programme were reported by NGOs, while in Maharashtra, case-detection by NGOs was an insignificant 3.5%. More organizations and better facilities were available in Gujarat. The NGO approaches for offering anti-TB services fell into four categories: 1) Institution, Hospital or Clinic-Based programmes, 2) Use of Community-based workers, 3) Use of Public Health Services and, 4) Involving Private Doctors. Concerning technical aspects, all NGOs depended on X-ray as a diagnostic tool and most NGOs used SCC for all their patients. The weakest aspect of most NGO programmes was non-maintenance of records and failure to use proper records to assess or improve programme implementation. To improve treatment adherence by patients, NGOs used various approaches such as using part-time village-based functionaries of another health care programme and home delivery of drugs. For the NGOs, individual donations formed the most important source of funding. Ways by which NGOs and governmental agencies could support each other are suggested.

**KEYWORDS:** VOLUNTARY ORGANIZATION; NGO; INDIA.



Community Health education by Volunteers

**148**

**AU:** Dick J, Schoeman JH, Mohammed A & Lombard C

**TI:** Tuberculosis in the community: 1.Evaluation of a volunteer health worker programme to enhance adherence to anti-tuberculosis treatment

**SO:** TUBERCLE & LUNG DIS 1996, 77, 274-79

**DT:** Per

**AB:** A voluntary health worker project (Operation Elsie's River) was started in a high incidence TB area in the Western Cape of South Africa, in order to assist the local TB control programme with case-holding. The objective is to evaluate the effectiveness of this group of volunteers in enhancing adherence of notified TB patients to TB treatment. A cohort study was conducted with 351 TB patients (203 children and 148 adults). The data from

the child and the adult groups were analysed separately. The child group was more adherent to TB treatment than adults. The supervision option with staff dedicated to the treatment of TB, such as the clinic and the SANTA creche, achieved better adherence results for pre-school children. The supervision modalities for adults did not differ in their adherence performance even following adjustment for confounders.

The supervision option provided by the volunteers did not significantly improve the adherence of adult patients to anti-TB treatment.

**KEY WORDS: COMPLIANCE; ADHERENCE; HEALTH WORKER; VOLUNTARY ORGANIZATION; SOUTH AFRICA**

#### **149**

AU: Dick J & Schoeman JH

TI: Tuberculosis in the community: 2. The perceptions of members of a tuberculosis health team toward a voluntary health worker programme

SO: TUBERCLE & LUNG DIS 1996, 77, 380-83

DT: Per

AB: The setting is a voluntary health worker programme, in the Western Cape South Africa, utilizing volunteers to administer directly observed therapy to TB patients. This study describes the perceptions of health team members regarding the voluntary community health worker project. A qualitative, participatory research study utilizing focus groups.

TB was perceived by the health team to be a stigmatized disease causing some patients to be reluctant to be associated with the TB control programme. Despite the project's dedicated approach to case-holding volunteers expressed the need to develop skills in providing more comprehensive care. The volunteers appear to administer a more personalized service to TB patients and can bridge the gap between TB patients and the health agency. Sustained evaluation and support seem to be a vital tool in integrating a volunteer project into a health team approach. Its effectiveness appears to depend to a large degree on the people involved.

**KEY WORDS: VOLUNTARY ORGANIZATION; SOCIAL AWARENESS; HEALTH TEAM; HEALTH WORKER; SOUTH AFRICA.**

#### **150**

AU: World Health Organization, SEARO, New Delhi

TI : NGOs and TB control – Principles and examples for organizations joining the fight against TB; New Delhi

SO: World Health Organization, SEARO 1999, p.1-49.

DT: M

AB : NGOs make a vital contribution to disease control that is increasingly recognized by governments and international development partners. This booklet provides examples of the important contributions NGOs are making to TB control in the region and provides guidelines for NGOs wishing to get involved in the fight against TB.

This is not only a record of success, but also a call for action – a plea for more and more agencies to collaborate and develop partnerships with national TB programmes. And the plea goes out to all organizations – not only those with a historical interest in TB. All organizations – including those working in community development, advocacy, human rights, education – have a role. TB affects us all in one way or another – directly through its impact on the lives of friends and colleagues who have TB, and indirectly through the impoverishment of families and communities. All of us can be, and should be, involved.  
KEY WORDS: NGO; SEARO REGION; DOTS; INDIA

No.of records: 33