

**INDIAN RED CROSS SOCIETY  
NATIONAL HEADQUARTERS  
NEW DELHI**

**Minutes of the virtual Meeting held under the chairmanship of Shri R.K. Jain, Secretary General, IRCS NHQ on Thursday 26<sup>th</sup> May, 2022 at 2:30 pm with the IRCS State/UT branches Secretaries regarding to discussed the ways and strategy for involvement of IRCS branches to eradicate TB from country. The Secretaries of the IRCS State/UT branches attended the meeting from their respective locations.**

**PRESENT:**

1. Sh. R.K. Jain, Secretary General, IRCS NHQ
2. Secretaries of IRCS State/UT Branches
3. Dr. Rajendra P Joshi, DDG-TB, Central TB Division, MoHFW

**In Attendance:**

1. Dr. Vanshree Singh, Director Blood Centre & Incharge Health Programme, IRCS NHQ
2. Sh. Amit Pal, Accounts & Finance Coordinator, IRCS NHQ

At the outset, Secretary General, IRCS NHQ welcomed the participating members attending the meeting on few short notices. He informed that Dr. Rajendra P Joshi, DDG-TB, MoHFW was also participating in the meeting. SG stated that the background of this meeting is that Govt. of India has announced a mission to eradicate Tuberculosis from India. In the recent AGM of IRCS NHQ, the hon'ble Health Minister & Chairman of IRCS NHQ appealed that IRCS should also participate actively in this programme. The Hon'ble Chairman gives certain ideas and one of the idea was to identify the donors who would be in position to adopt the TB patients to provide nutritional kits to TB patients and their families.

DDG-TB apprised the participants that it is a community based programme, MoHFW has directed to develop a programme where community is involved to support TB Patients. The donor (Nikshay Mitra) may be individual, organization, institution or corporate and can adopt all the TB patients in the given geography of district, block, and ward. Further, he has also informed that the TB eradication programme involves mainly three types of things (a) nutritional kit support, it is main thing for TB patients which can be modified as per local needs. (b) Diagnostic support, optionally the donor can provide diagnostic support and (c) Vocational support, as there is loss of income effective due bread winner being affected by TB, the donor can help also in this optionally.

The website is accessible to all the public, where a potential donor "Nikshay Mitra" can choose the geography location of state, district, block or a ward. There are about 12-13 Lakh active TB Patients. Among these TB Patients about 9 Lakhs have already give their consent to share the data with Nikshay Mitra. The website shows number of TB Patients in a ward. Once the donor is

*Vanshree*

registered, he will not share the data of patients to others being confidential data. After registration an id will be generated and contact details of the District TB Officer (DTO) would be shared with the donor. The DTO and Donor can discuss and work out a plan of what exactly they want to do.

The commitment of the donor should be to support the patients for 2-3 years in a chosen geography location. In addition, willing individual donor can support to limited numbers of TB Patients with range of 1-20 TB Patients. The organization, corporates and institutions can adopt a full block for one or more years as per details available on the website.

DDG-TB informed that the nutritional kit includes 3 kg cereals, 3 kg pulses, 1 ltr oil and 1 kg milk powder. One kit is sufficient for one patient per month. It cost approx. Rs. 700 per kit. Mr. Homi Khusrokhani mentioned that diagnosis is important as everyone has symptoms of TB and they are not aware they could be TB patients or already sufferers. Screening is also required in villages, where they have not been exposed TB yet. He further pointed out about the TB Drugs which damages the liver; therefore, liver function test is important. He expressed his worry on rapid spread of MDR TB. Diagnostic may also be used at some stage to identify the people with drug resistance.

Dr. Raghuram Rao, Central TB Division, explained how to register a donor on the website of TBC India and he further demonstrated step by step process of registration of donor on website.

Dr. Joshi & Dr. Rao informed that after registration, the donor may decide the modalities of if donation would be in cash or kind, who would pay to whom and who would distribute etc. Further, Dr. Joshi clarified that there is no cash component but only in kind. The DTO and DC would sensitize on, how to reach, what is the plan and what donor wants. Donor can deliver the kits directly or through the self-help Group or NGOs. SG suggested that we have to arrange the distribution of the nutrition kits to the identified TB Patients as per the list available online. Taking the average number of TB Patients as 100 in a block, then the cost of 100 nutrition kits would come out as Rs. 70,000-75,000/- per block per month. In case of individual donor, the number of TB patients may be lesser upto 20.

SG directed Director, Blood Centre to convey the procedure that has to be followed for the registration of donors, to all the state/UT branches, duly vetted by Dr. Rao or MoHFW.

He invited the State/UT branches to deliberate on what would be their role to register the donor and consider following further actions:-

1. To find the donors whether corporate or individuals.
2. To register the donors on website (<https://tbcindia.gov.in>). The officials of IRCS branch should be associated.
3. Procurement of nutritional kits, preferably by donor himself.
4. Proper distribution of nutritional kits to the TB Patients by IRCS Volunteers in the chosen area.

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The Director, Bel Air Hospital stated that logistic support can be taken through ecommerce companies to deliver the kits to TB Patients. On inquiry Dr. Joshi stated that logistic support from ecommerce companies has not been added on the website as the programme is mainly for community participation. However, it was discussed that this system can be adopted by the big corporates who adopt the entire block.

Lastly, SG summed up the decisions taken as following:

1. In next three days, IRCS NHQ would circulate the procedure of registration of donors.
2. All the State/UT branches would take steps to start the nutritional component of the programme atleast in one district.
3. The branches would identify the donors, would register to provide the nutritional kit to the TB patients and distribute through their local volunteers. All the information that the branches obtain as a part of this programme should be confidential and not to be shared.
4. In the next meeting to be held after one month i.e. in the last week of June 2022, the issues and problems of State/UT branches would be reviewed to resolve. The diagnostic part of the programme would also be discussed.

The following branches voluntarily agreed to start the project in their respective districts:

1. Rajasthan - Alwar and Bundi
2. Kerala- one district
3. Maharashtra- one district
4. Manipur- whole state
5. Telangana- Warangal
6. Uttrakhand- Dehradun
7. West Bengal- 5 districts

The meeting ended with a vote of thanks from the Chairman.

  
Chairman

*Varsha*