TB Story by Mohit Gandhi (as on 2nd April 2021)

Contents

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Chapter 1. Setting the Context

Ram is from Garoul, District Vaishali. He had studied till 8th, and when he was 15 years old, he started working in a sugar factory. The factory closed in mid-1990s which forced him to take-up odd jobs in Patna. This was when he heard from his co-labourers about *Bambai* where many people from Bihar had been going. They would get regular work there, and the daily wage rate was also higher. And that city had a sea, which was much much bigger than *Gangaji.* Given the uncertainties of work near home, and the charm of the big city, he made up his mind to go.

Ram was taken aback by the first look of *Bambai.* Such tall buildings, such wide roads, such big shops; so many people, speaking different languages, wearing different clothes…everybody in a hurry; so many cars, buses…even trains running within the city; and the mighty sea. He was accompanied by Jeetan, a person of his age from Barh.

Jeetan took Ram to Turbhe Stores in Navi Mumbai, where he had been staying since last year. As Ram walked through the area, he saw narrow lanes, open drains, garbage dumps every few meters, and very small and closely spaced houses. The room where Jeetan took him was a ten by ten feet structure with a tin roof, a gate, but no window. He was introduced to the three other inmates, who were also from Bihar. There were four more people living in this room, he was told. But they would usually be out for work at the time when the other four were in the room. After dinner, Jeetan told Ram to wake-up early and get ready for work.

Never in his life had Ram ever thought that he might have to actually wait in a queue to relieve himself. While the mornings in his village would begin with the sound of bells from the nearby *Mahaveer* temple, here it started with the cacophony of women fighting for a bucket of water. After having a quick breakfast of *dahi-chooda*, at around 7 am, Jeetan and Ram left for work.

The workplace was a large site where several buildings were at different stages of construction. There were many big and small machines. There were trolleys carrying building material, moving up and down on wires. There were large cylinders mounted on the back of trucks which were slowly rotating, as if mixing something heavy inside. And there was a machine which was crushing large stones fed into it through a moving belt into smaller gravels coming out from the other end. There were hundreds of people, largely men but also women, working on the site.

Jeetan introduced Ram to a Supervisor, and was allotted work near the stone crusher. Like Jeetan, he was supposed to load the fine gravel heaped near the crusher into the tractor trolleys which would take it to the mixers. The work was simple but repetitive. Except the heavy dust released by

the crusher, Ram was used to such work and to working long days without lunch. All he wanted was a *bidi* every hour, and a tea every two-three hours, which was available here.

They worked till dusk. As they were leaving the site, it started raining, which surprised Ram because it wasn't cloudy during the day. 'That's how it is in *Bambai*', Jeetan said. They reached home at 8 pm. Ram was hungry but literally exhausted to help others in cooking. He stretched for a while on the *dari* spread on the floor, and soon fell asleep. Jeetan tried to wake him up for dinner, but to no success.

The next morning started with the same queue in front of *Sulabh Sauchalay*, and the cacophony near the common tap. They reached the site at around 8:30 am, and it looked almost like yesterday except the puddles which had formed here and there following last evening's rain. After the day-long work, they reached home and cooked *daal-bhaat*. Ram resisted the temptation to stretch-out so as not to miss the dinner. This was to be, more or less, his routine for the next day and for all days to come for next several years.

Questions for Discussion

1. Discuss the possible health impact of conditions in which Ram lived in Mumbai?
2. Discuss the possible health impact of the nature of work and the conditions at the worksite?
3. What else was different in Mumbai for Ram as compared to his life back home in Bihar?
4. What could prevent people from migrating for work?

Things to Remember and Reflect

- Overcrowded, damp and ill-ventilated dwelling favour spread of diseases like Tuberculosis.
- Long-term stone dust inhalation may lead to a lung disease called Silicosis, and increases the risk of Tuberculosis.
- Smoking is another factor which increases the risk of Tuberculosis.
- Nutrition is a key component in building body's defence mechanism against various diseases, including Tuberculosis.
- Social isolation is another factor that may weaken body's capacity to fight diseases.
- The politics of development has impact on health of individuals and communities.
- Thus, health and disease are complex issues. They are not just about a bacteria or a virus; they are not just about a drug or a vaccine.

Things to do

- Think and map-out areas/population groups in your Block who may be especially susceptible to TB.

Chapter 2. Symptoms and Health Seeking

It has been eight years since Ram came to Mumbai. He has been living in the same ten-by-ten room without a window, and has been working near the stone crusher all these years. The city which mesmerized him at the first look, is now just a daily affair. He is as indifferent to the people around as they are to him. Jeetan is the only one with whom he really opens-up, mostly over the tea and *bidi*.

Jeetan got married a few years back, though his wife and children live with his parents in Bihar. He doesn't miss his family much. He somewhat enjoys the freedom he has being away from home. Often, he would visit the nearby red-light area. He even took Ram there once. Ram found that world, and those people, strange and incomprehensible. Besides, he equated this with being unfaithful, and saw it as a sin. Being himself married now, he could not ever gather the courage to go there again. Though, he didn't hate Jeetan on this account.

Around six months ago, Jeetan developed cough. Initially they thought it was because he had got drenched in rains one day, and that it would resolve on its own. But it didn't improve, and after 10-15 days, he started getting *Balgam*. He went to a *Bangali* doctor practicing in the next *galli* who gave him some tablets and capsules that costed 200 rupees, and called after 3 days. Jeetan was getting weak and weaker and was now finding it difficult to go to work. The *Bangali* doctor changed the medicines after 3 days, but even these didn't help. In fact, Jeetan was now having streaks of blood in his *Balgam.* Alarmed, Ram took him to his trusted practitioner, one who was a native of Siwan and had learnt his skills while assisting an *angrezi* doctor. This fellow saw the medicines taken by Jeetan so far, and said that there was nothing new that he could give. Instead, he suggested them to go to some big doctor. Given the financial strain, Jeetan was reluctant to go to another private doctor. Ram suggested visiting the nearby government PHC which would be providing free services.

Both Jeetan and Ram had not heard good things about the PHC. In fact, the centre was not held in high regards in their entire locality. This area had working class people from different States of India, like Andhra Pradesh, Odisha, West Bengal and UP, besides from Bihar. But the staff would speak only in *Marathi* and become abusive if others didn't understand what they said. The staff would mock them, and would sometimes pass comments like 'why do you people come to our State and eat our resources'. They would give same type of medicines, irrespective of the patient's complaints. Because of all this, Jeetam and Ram had never gone there. But now, there was little choice left.

Questions for Discussion

1. How the casual sexual behaviour of Jeetan may affect his health?
2. Why do you think Ram didn't hate Jeetan despite his personal disapproval of extra-marital sex?
3. Discuss the possible reasons behind the delay in seeking healthcare. How could this have been reduced?
4. What possible disease(s) may Jeetan be suffering from?
5. Have you ever faced discrimination based on your language or domicile? Why do you think it happens? What can be done about it?

Things to remember

- Unprotected sex with an unknown partner, or with somebody known to be having multiple partners, may lead to Sexually Transmitted Infections like HIV.
- HIV weakens the defence mechanism of human body and make it further susceptible to different infections, the most common being TB. In fact, people living with HIV have an eight times greater risk of contracting TB as compared to others.
- Cough for two weeks or more may be because of TB. Diagnosis and management of TB is free under government facilities. This awareness, among informal and formal healthcare providers and general public, may reduce delays in disease management.
- Availability of healthcare services is no guarantee that it will be utilized. It also has to be accessible, affordable and of expected quality. Respect is one of the important dimensions of quality.

Things to do

- Interact with at least two TB patients (one male and one female) to know what they did from the day they started having cough till they reached the healthcare facility from which they are presently taking treatment.

Chapter 3. Experience with Health System (Diagnosis)

With complains of cough for more than a month, *balgam* and now blood, Jeetan went to the Urban PHC. It was just a kilometer away, but it opened at 9 am. So, there was no way that Ram could go to work today as he had to accompany Jeetan. The duo reached PHC dot at 9 am, and joined the queue for getting a case paper issued. After 15 minutes, a staff came at the registration desk. Seeing him, everybody rushed towards the desk. The staff had to shout at the group and ask them to come one by one.

There was a similar commotion in front of the Doctor's room. Every now and then, Ram could hear a stern female voice asking patients to wait for their turn outside the room. There was nobody to make sure that only one patient enters the consulting room at a time. Everyone was in a hurry to show, and so, would keep peeping inside the room from the side of the curtain.

As Jeetan and Ram entered the room, they saw a young lady sitting behind a desk. 'What is the problem', she asked pointedly. They took a moment to realize that that lady was the doctor. Jeetan told the complain and the duration, and was about to tell about the medicines he had taken when he was cut short. 'Get your *balgam* tested for TB', he was told. The lady didn't touch Jeetan, nor did she put the *degree* on his chest to hear what was happening inside. This was unlike the *Bengali* Doctor who had spent at least five minutes talking and examining him. She simply scribbled something on the case paper and asked Jeetan to go to Room No. 5. As they left the room, they saw that the queue of waiting patients had only got longer.

They found their way to Room No. 5 and saw a middle-aged man in white coat trying to collect blood sample from a child in school dress crying at the top of his voice. After somehow managing with the child, the person looked at Jeetan's case paper and gave him two small plastic containers with screw caps and a filled form. He asked Jeetan to collect his *balgam* in these containers, and take these to a PHC around two kilometers from here for testing. He told that they could go today itself and give the first sample. But the second sample will have to be collected early in the morning. So they will have to go there tomorrow as well. While leaving, Jeetan asked if he could get some medicines. He was told that it would be prescribed only after the test result comes.

Both Ram and Jeetan were in a state of indecision. While the PHC staff's behaviour was not as bad as they had imagined based on the hearsay, Jeetan was neither examined nor given any medicines for what appeared to them as a serious condition. It was already 10:30, and now they had to go to another PHC. To reach fast, they took an auto-rikshaw. They joined the queue at the registration

desk which already had twenty patients. When their number came after about 25 minutes, and the staff saw the form in Jeetan's hand, he told that they could straightaway go to lab.

The lady in the lab, named Bhoomika, took the form and asked for the sputum sample. Jeetan and Ram looked at each other. In the rush to reach here in time, they had forgotten to collect the sample. Also, Jeetan would usually have *balgam* in his cough only in mornings and evenings, not during day time. They told this to Bhoomika who then, very patiently, demonstrated how he could try and get a sample. She stood-up, put her hands on her loin, took deep breath and coughed. She asked them to go out of the building, and try the same in open air. With two-three attempts, Jeetan could collect the *balgam*. Bhoomika checked the plastic container and accepted the sample. She repeated what was told to Jeetan earlier regarding the early morning sample. Only thing was that tomorrow was a public holiday, and so, they would have to collect and bring the sample the day after. She also asked them to come early so that she could test the sample and give them the report in time, and that they will have to take the report to the Urban PHC for further action.

Ram and Jeetan felt very good after meeting Bhoomika. They still didn't get any medicines, and it would be two days before they get the test result. But the way she talked to them, and the concern she showed…it was something. They complied with her advice, and were handed over the test result by 11 am on Thursday. She told that Jeetan had been found to have TB, and that he would be started on TB medication from the Urban PHC. As they were about to leave, Bhoomika informed that there was some meeting of doctors going on today, and that it may be of no use going to the PHC. While this saved them the auto-rikshaw fare, this meant that Ram would not be able to go to work even tomorrow. Sensing this, Jeetan said that now he knew where to go and who to meet, and that he would be able to manage alone. And Ram laughed.

Questions for Discussions

1. Discuss the behaviour of different healthcare staffs at the PHCs, and the possible factors leading to such behaviours.
2. How can individual staff improve beneficiary's experience in public healthcare facilities, despite the challenges?

Things to Remember and Reflect

- While at times individual healthcare staff may be arrogant and impolite, mostly they themselves are victims of system-related issues beyond their control. These factors force them behave in a way which is not liked by the beneficiary. The focus of a good manager should thus be to find out what is wrong, and why, not who.

- Every health facility that has a Doctor is called a Peripheral Health Institution (PHI) under National TB Elimination Program (NTEP).
- Every PHI should be able to find symptoms suggestive of TB in 2-3% of its new adult OPD and refer them for Sputum Examination. This is called Passive Case Finding as cases are found among people with symptoms who approach the healthcare system on their own.
- Many, but not all, PHIs have a lab designated to test sputum for TB. These labs are called Designated Microscopy Centres (DMCs). They have a trained Lab Technician (LT), a Binocular Microscope, and required reagents and other logistics for sputum examination.
- Two samples of sputum - spot and early morning - are required for TB test through microscopy.
- Every DMC should be able to detect TB among 10% of the patients with suggestive symptoms referred to it for sputum examination.

Things to do

- Find out how many PHIs in your block refer 2-3% of their new adult OPD for Sputum Examination.
- Find out how many PHIs in your Block have DMCs.
- Find out the proportion of patients referred for diagnosis found positive for TB at various DMCs in your Block.
- Find out how many DMCs in your Block have a trained LT and a functional Binocular Microscope.
- Interact with at least two TB patients (one male and one female) to know their experience at the public healthcare facilities where they presented with symptoms and got tested.
- Interact with at least two LTs and identify the key challenges they face in their work.

Chapter 4. Experience with Health System (Treatment Initiation)

The PHC was in same state of commotion today, more so because of the absence of doctor in the OPD yesterday. Given their earlier experience, Jeetan and Ram went directly to the doctor's chamber with the test result. The young doctor glanced at the report and asked them to go to Room No. 3. Here, they met a middle-aged bespectacled man named Satya Ji. He looked at the test report and asked them to wait outside for a while. As they were waiting, they saw young men and also some women going in the room with empty medicine packets and coming out with similar but filled packets. Many of them had their face covered with a handkerchief or *duppata*. Some of them were looking very weak, almost skinny. This made Ram realize that even Jeetan was visibly much weaker now than what he was a month ago. After half an hour, Satya Ji called them in and offered them chairs to sit.

In a calm but serious tone, Satya Ji told them that Jeetan had developed TB, which meant that several small organisms had invaded his lungs and were eating it away. He would have got this infection by being close to somebody who had TB because those organisms come out of one's mouth whenever one coughs. For the same reason, he could give it to others in his close proximity if he doesn't cover his mouth while coughing, or spits indiscriminately. Satya Ji further informed that TB was also called *Kshay* because those organisms would continue to eat-up the lungs till the patient is started on treatment. He then asked Jeetan if he had ever taken medicine for TB in past, because that would decide which and for how long the treatment would continue. As Jeetan had no such history, Satya Ji told that he would have to take a six-month long treatment. The medicines would be provided free of cost but would not be handed over to him. The medicine would turn his urine orange/red in colour, which should not worry him. The medicines may lead to problems like pain/burning in stomach, nausea/vomiting or itching. If this or anything else happens, he should come to the PHC. He would stop being a source of infections to others within two weeks of starting the treatment, and may soon get rid of his cough. After two months, he would have to go for a follow-up sputum test, similar to what he underwent two days back. If that test comes negative, his medicines would reduce. But if he doesn't complete the full course of treatment, the symptoms would return and the disease would become more complicated to treat.

Ram interjected and asked how the medicines would be given if they would not be handed over to the patient. To this, Satya Ji said that Jeetan will have to come daily[1] to the PHC and swallow the drugs doses under observation. 'But then, how will he go to work? PHC opens at nine', he asked

[1] Till 2016, the Revised National TB Control Program (RNTCP) had provision for alternate day therapy. As per the latest National TB Elimination Program (NTEP) guidelines, the treatment is to be given DAILY.

anxiously. 'Hmmm…Ok, I will find somebody close to where you people live who can observe him taking the medicines', said Satya Ji. 'But why can't you give me the medicines? I am the one suffering; I will take them no!', said Jeetan. Satya Ji, in a stern voice, said 'Jeetan bhai, every patient says so on the first day. Within 15 days, they start feeling better and leave the drugs. Some people take half the pills, and throw the other half. I have seen this all my life. We can't give the drugs to you like the private doctors do'. This didn't sound convincing to either Jeetan or Ram, but they didn't argue. After taking his weight, Satya Ji took them to the doctor. She concurred with whatever Satya Ji said, and asked him to visit patient's home. She also asked if Jeetan was into smoking or drinking, and if there was any reason for him to be tested for HIV[2]. Jeetan and Ram looked at each other, as if they were caught and didn't know what to say. Finally Ram conveyed that Jeetan was into smoking, though he still didn't tell about his visiting the red-light area. 'Ask him to quit *bidi*, or he will die', was all that doctor said.

In the afternoon, Satya Ji came to the room where Jeetan and Ram lived. He conducted a small session with the members present in the room and repeated what all he had told in the morning. He stressed that Jeetan should cover his mouth while coughing and should use a mud-filled container to spit. He then took Jeetan and Ram to Mainabai, a Community Health Volunteer of a local NGO. Their office was on the way to the station from where Jeetan and Ram used to board the local train and it used to open at 7 am in the morning. Jeetan received his first dose that day itself, and he was happy with this arrangement. However, Ram was still worried about the HIV-related question posed by the doctor in the morning. He was confused whether he did the right thing by not revealing the full truth about Jeetan.

Questions for Discussion

1. How long was the delay in treatment initiation after Jeetan reported at the Urban PHC with symptoms suggestive of TB? How could this delay be reduced?
2. Is directly observing every dose of anti-TB treatment necessary?
    a. What can be the operational problems in direct observation of every dose?
    b. What can be the ethical problems of direct observation?
3. What problem could arise because of Ram's not telling the healthcare staff about Jeetan's high risk behaviour?

[2] As per the latest NTEP guidelines, HIV testing is to be offered to EVERY TB patient, irrespective of anything. In fact, every person who presents with symptoms suggestive of TB has to be offered HIV testing.

Things to Remember and Reflect

- More men in working age group and from lower socio-economic class get TB as compared to women, children and elderly and people with privileges. However, ANYBODY can get this disease.
- Covering the mouth with a cloth, or coughing in the elbow, is important in every respiratory disease which is communicable, including TB. Similarly, one needs to be careful not to spit indiscriminately, irrespective of the disease status. These simple etiquettes help in keeping the surroundings clean and healthy, and prevent transmission of diseases to our family and friends.
- The duration of TB treatment varies from six months (for new patients having drug-sensitive forms of TB) to 20 months (for patients having certain type of drug resistant TB).
- The treatment is divided into Intensive Phase (IP, which has more number of drugs) followed by a Continuation Phase (CP, which has less number of drugs). The drug dosage varies as per the weight of the patient.
- Not taking TB treatment in prescribed doses and for prescribed duration increases the proportion of naturally occurring drug resistant mutant bacteria in the body. The treatment of disease caused by such bacteria is long, difficult and has a much lower success rate.

Things to do

- Seek out for list of people taking treatment for TB in the block. Find out if there are any patterns in the list based on age, gender, area, occupation and economic class. Also try to find if there is any pattern based on caste and religion.
- Visit the DOT centre located in the Block PHC and see different type of anti-TB drugs/drug boxes.
- Interact with the DOT provider of this centre to know what challenges s/he faces.

Chapter 5. Experience with Treatment

Mainabai was a *Marathi* lady in her early 50s. She lived in a nearby slum area and had been working in the NGO for last eight years. This job didn't pay her much; women in her neighbourhood were earning more than her by doing household chores in nearby apartments. But this work gave her a lot of respect in the community. She didn't have any formal education, but was intelligent and a quick learner. She would narrate the field data to her literate colleagues who would then document the same. And she had that rare quality of becoming a confidante of whosoever she was interacting with. Three years ago, her daughter, who was serving as a nurse in Sion Hospital, was diagnosed with TB. It frightened her as she had heard of even some doctors in that hospital succumbing to this disease. But her daughter fully recovered from it within six months. Mainabai thanked *Ganpati* and vowed to help anybody in her locality who would be found suffering from this disease.

Next morning, Jeetan went to Mainabai for his daily dose. She had filled the pitcher with drinking water, and was cleaning the office space. She greeted Jeetan and asked if he had any problem following yesterday's dose. Jeetan complained of feeling restless and dizzy after taking the drugs. Mainabai reassured him that this was normal during first few days, and asked if he has had his breakfast today. She pushed-out the pills from the blister pack, handed them in Jeetan's palm, gave him a glass of water and asked him to swallow them one-by-one with sips of water every 2-3 minutes. As Jeetan finished with all the pills and was about to leave, she reminded him to come back next morning at the same time, and not to worry. 'You will be ok very soon', she said.

In the first week, Jeetan felt marked improvement in his health. His cough reduced, his appetite improved, and he felt better inside. This was despite the problems he would have for 2-3 hours after taking the medicines. Mainabai would talk to him about his wife, his children, about his village and would reassure him. The second week also brought some further improvement, though not as much as the first week. Jeetan had started going to work now. Ram had communicated his condition to their Supervisor, and requested him to give Jeetan some light work, and not mind if he took breaks to take some rest. But Jeetan would be reluctant to take such breaks. At most, he would sit for 5 minutes if he felt dizzy. Besides, Ram would generally avoid smoking *bidi* in presence of Jeetan.

The condition, however, didn't show any further improvement in the third week. In the fourth week, the intensity of cough returned to what it was at the beginning of the treatment. Jeetan found it difficult to work without taking frequent breaks, which was embarrassing for him. So, he again stopped going to work. Ram was not able to understand why he was not improving despite taking the medicines, and so was Mainabai. During his home visit, Satya Ji asked Jeetan to consult the PHC doctor. Based on his symptoms, the young lady doctor prescribed medicines for acidity and

vomiting. She asked him to continue taking the medicine for one more month, after which there would be a follow-up sputum examination. And she stressed on not smoking, which Jeetan, being alone at home, did not follow.

The meeting with PHC doctor didn't help Jeetan. He would push himself each morning to take the medicine, but his despair would be obvious on his face. Mainabai would try to cheer him up, but both of them knew that things were not working out. One day, Jeetan didn't turn-up for his daily dose. After finishing her morning work, Mainabai went to his home with that day's medicine. Jeetan took the drugs out of a sense of obligation but told her that he was seeing no reason to continue. She didn't know what to do. She wished she had a magic wand which would allay everything wrong that Jeetan was going through. She returned in the evening to meet Ram and shared her concerns with him.

Next day, Ram went to meet Satya Ji and told him about Jeetan's high risk behaviour, and asked if this could be related to his condition not improving. Satyaji took him to the Doctor who, after scolding him for good five minutes for not sharing this earlier, asked to get Jeetan tested for HIV at the other PHC. Hearing this, Jeetan felt as if his heart was sinking. He has been hearing about HIV since the time he had come to *Bambai*. Though they would often joke about it, he had seen how life had turned upside down for a *lungi*[3] living in the same area within two years of being found HIV infected. Nobody knew where he was now. 'You just have to get tested. And the test may not come positive', Ram tried to allay his fears. 'But what if it comes positive', said Jeetan, more to himself than to Ram.

Missing the work for yet another day, Ram accompanied Jeetan to the other PHC. A male counsellor impressed upon Jeetan that while it was his decision whether to get tested or not, doing so will only help him, and not going for it will only make things worse. Next, they had to go to the lab where they would meet Bhoomika. It has been just a month ago that she had tested his sputum. Jeetan got conscious, 'What would she think of me?' A bit to his surprise, she didn't recall him. She looked at the case paper and gave it another person in the lab who then collected the blood sample. After an hour or so, Jeetan was called by the counsellor who conveyed the result and explained what that was to mean. Later, even Ram was called in and told that Jeetan was to be taken to Sion Hospital for further investigations and management.

The trouble they faced at the Urban PHC was literally nothing in comparison to what they went through at Sion Hospital. To figure out where to go and whom to meet within the hospital was itself

[3] '*Lungi*' is a slang used in some parts of Northern India for the men from Southern India based on their traditional dressing

a big problem. Somehow they reached the ART Centre[4]. The doctor working there asked Jeetan several questions, examined him physically from top to bottom and then sent him to a nearby lab where his blood and urine samples were collected. The reports would come in a day or two, based on which Jeetan was to start the treatment for HIV. 'What happens to his TB treatment then', Ram asked. 'I have adjusted the medicines accordingly. He has to take both the treatments together', said the Doctor. A counsellor repeated what the doctor said, but was more empathetic. He acknowledged that taking so many drugs together was indeed a difficult thing, but explained that there was no better alternative. He urged Jeetan to take this as a challenge and persevere.

Unlike the TB medicines, which were placed at Mainabai's office, Jeetan received one month doses of HIV medicines. But even the thought of taking more medicines had put him off. He was yet to come in terms with his HIV status. Several emotions were rumbling inside him at the same time. There was anger, because he was not the only one who did what he did. And he hadn't harmed anybody. Then why he had to face this? There was confusion, regarding what would happen to his parents, and to his wife and children. He was certain of dying, but how would his family face the society? There was a sense of responsibility, to fight, as the counsellor was saying. But then, was it possible to fight? He had gone numb.

A few days passed like that. He didn't take any of the medicines. The words of Satya Ji, Mainabai, and even Ram had stopped registering in his ears. He would not eat half the times, and would borrow *bidis* from Ram. He was just bones and skin now. Ram had asked him if he wanted to go home, to which he didn't reply. He would not even talk to his family. He would just stare in the blank, from morning till evening. That day, when Ram returned from work, he didn't find Jeetan at home. Other roommates informed that he had left an hour back. Ram rushed to Mainabai, and both of them frantically searched for Jeetan till late in the night. At last, they informed the local police station, and returned. Next morning, they were called by the police to identify a body found in Thane Creek.

Questions for Discussion

- What were the qualities that made Mainabai a good treatment supporter?
- In what ways did the presence of Ram helped Jeetan? What would have happened if Ram was not there with Jeetan all this while?
- Was it TB that killed Jeetan? HIV? What was it?

[4] Anti-retroviral Treatment Centre

Things to remember and reflect

- TB is the most common opportunistic infection among people living with HIV
- Treating TB is a priority in TB-HIV co-infected patients. ART needs to be adjusted accordingly. If ART is yet to begin, the patient is asked to visit ART centre after 15 days of anti-TB treatment, which is when s/he becomes non-infectious.
- If lives have to be saved, one should remember that it is not always the disease that kills.

Things to do

- Find out if there are any TB-HIV co-infected patients in your Block and what are the existing mechanisms to support them.
- Find out what is the mechanism of referral and information exchange between the TB and AIDS program.

Chapter 6. After-effects

Jeetan had survived by his parents, who were in their 70s; wife and three children. The girls were 6 and 4 years old, followed by a 2 year old boy. He had got married to Pinky just about seven years back. Life had been tough for Pinky even before marriage. She lost her mother while she was just ten years old. With a father who was a drunkard, she had to become 'responsible' for her three younger siblings early on. Attending school was a far cry. She would instead have to work on the fields of the *Thakurs* so as to earn a meal for the family. She wished that things would get a little better after marriage. Not that she expected some miracle, but at least she would have someone to fall back on. Nothing much changed after marriage though, except that the responsibility of father and siblings got replaced by that of frail in-laws and her children. As Jeetan would live almost entirely in *Bambai,* she had to manage everything in the family. Though he would send money, it was neither sufficient nor certain. But the hardest thing for Pinky was the indifference that he had starting showing towards her within an year of marriage. She suspected that Jeetan was having an affair.

Ram saw Pinky as the funeral procession was about to begin. He couldn't sense any grief on her face, and this surprised him. It actually angered him. That is not how a lady who was in her 20s, had three children and had lost her husband should look. Jeetan's death was a grave personal loss for him. He was the only one whom Ram could open-up with. They had lived and worked together for last eight years. They had shared *roti, bidi* and *chai* all this time. And now, he was gone. While all these emotions were running amok inside him, the placid face of Pinky only added to his pain. After the funeral, Ram chanced upon Pinky's uncle. This person, to Ram's dismay, didn't have any great opinion about Jeetan. He narrated Pinky's life, from the time she lost her mother, to losing her husband now.

On the way home, Ram kept thinking about Pinky, about Jeetan, and about their relationship. Rather, he was thinking about himself, his wife Kamla, and their relationship. Was her life any different from that of Pinky? He loved her, and would never think of any other woman. He would save as much as possible and would send some money every month. He would buy her things whenever he came home. But, like in Jeetan's case, he was not with her most of the time. He was absent when she had delivered their first child. And he was not around when their younger son had to be hospitalized for a week because of fever. How would she be facing everything alone? Would she be as sad as Pinky? Would she cry if something happened to him today?

Ram was supposed to return to *Bambai* within a week. To Kamla's surprise, he was spending much more time at home, with parents, children and with her than what he used to. He was talking to her about things he had never talked about. And he fleetingly mentioned that he didn't want to go back.

‘But what will you do here’, she asked. Ram didn’t have an answer to that. He wished he could take Kamla and the children with him. But he wouldn’t be able to single-handedly rent a room for them. Moreover, his parents were old and had to be looked after. Next morning, he boarded the train, fully aware that *Bambai* would not be the same *Bambai* for him now.

Questions for Discussion

- Did Jeetan’s death affect Pinky? If yes, how?
- Why was Ram surprised seeing Pinky before the funeral procession? What made him change his mind?
- Why was Ram reluctant to return to Mumbai?

Things to Remember and Reflect

- While the male migrants face one set of challenges, the women they leave behind endure a lot more.

Things to do

- Talk to at least two families (especially the wife) which have one or more members working in some far off place for a large part of the year.

Chapter 7. Replay

It was the same ten-by-ten room, the same queue in front of the toilet, the same cacophony of women fighting for water, the same *dahi-chooda* in the morning and *daal-bhaat* in the night, the same crusher, the same dust, the same tea and the same *bidi.* And yet, everything was different. Ram had become quieter. Whom would he talk to? Satya Ji had come to meet him once, and Mainabai would visit him whenever she came to this locality. Not that life was much fun before, but it appeared more mechanical now.

Days, months and years passed. It was 2019, and Ram had just returned from home after *Chhath.* Like every year, he had brought *til-koot* for Mainabai. He was meeting her after a long time, may be after a year or so. For last few months, Ram was feeling some discomfort in his chest. It would take him a while to catch his breath after climbing the foot over bridge at the local train station. And he would get tired within 2-3 hours at work. Just before leaving for home this time, he also started having cough. He shared all this when he met Mainabai. The moment he mentioned cough, she interrupted. 'Ram, you know very well what to do. Don't delay.' She asked him to come to her office next morning, take a sputum-cup, collect a morning sample and get himself tested at the urban PHC. Ram thought that Mainabai was going overboard, but he complied.

Ram shared all his symptoms with the doctor, in detail. As expected, he was advised a sputum examination, but his other complains were not given much heed. Bhoomika, the lady in the lab, handed over the test result after two hours. She said that though the result was positive, his TB was of simple type. 'TB is TB no Madam? What is the meaning of "simple" TB?', he asked. 'Don't worry. UPHC people will explain you in detail', she replied.

Satya Ji had retired 3 years back, and a young person named Shaukat had taken his position at the Urban PHC. Shaukat explained the details related to the disease, the treatment, follow-ups, and importance of adhering to the treatment. It was an almost exact replay of how Satya Ji talked to Jeetan years back. There was some difference though. Ram was told that his TB seemed to be of the non-serious kind, and should respond to simpler drugs. However, his sputum sample would be subjected to further tests, and if required, the treatment would be changed over next 15 days or so. Besides, he was suggested upfront to get tested for HIV, which he did and was found to be negative. The medicines he was started on looked different and were less in number as compared to what Jeetan used to be given. Though, he still had to take the daily medicines in front of Mainabai, which he didn't mind.

Ram felt some improvement in his condition over next fifteen days. But he had a feeling that there was something more that was wrong inside his chest. In the third week, Shaukat called him up on his mobile to inform the findings of the other test his sputum had been subjected to. It seemed that one of the drugs he was taking at present was not effective against his disease. So, it would be replaced by another drug. Shaukat also said that his sputum sample would still further be tested to see if even this new drug would be effective or not. After two weeks into this new regimen, Ram felt better. He was able to tolerate these medicines without any problems. But his difficulty in breathing was still present. He made up his mind to go and consult at Sion Hospital.

At Sion, Ram went to the chest OPD and shared his problem. The doctor asked him, besides other things, what kind of work he was doing. When he told about the crusher and the dust, the doctor asked him to get an X-ray of the chest done and to undergo another test that will tell how well his lungs were able to breathe. Next week, when Ram met the doctor with these reports, he was told that the dust emanating from the crusher had been settling in his lungs over the years. As a result, the capacity of his lungs to breathe had decreased. The disease was still in its initial stages though. While it could not be reversed, it could be stopped from getting worse. 'What do I need to do', Ram asked. 'Stay away from that dust', was the short reply.

Next day, Ram hesitatingly shared this information with his Supervisor. He had been doing this and only this work for last so many years. What else could he do? But the Supervisor had seen similar cases in past, and he understood. He gave two options to Ram. The simpler but less effective one was to shift him to the team which was into unloading the building material from incoming lorries. He could keep his face covered with a cloth and do this work at the same site. The tougher but more effective option was to leave this line altogether. The Supervisor gave name and contact number of a NGO person who could help Ram in this regards. Leaving this line entirely was a very scary idea. So, Ram opted for the first option. Even this brought significant improvement in his condition within a month.

As Ram completed three months of his TB treatment, Mainabai reminded him to get a follow-up done. She handed him a sputum container, and asked him to carry the Identity-card that Shaukat had given. Bhoomika checked the container, accepted the sample and asked him to wait. After an hour or so, she informed that the test has come negative. 'You are getting better' she said with a smile. Ram called-up Shaukat to be doubly sure. He repeated what Bhoomika had said, but added that the sample would be sent to a higher centre for another test. Further, he informed that, now on, similar follow-ups would have to be done every month. Ram was happy, and Mainabai was happier.

The next month was the March of 2020.

Questions for Discussion

- What were the differences between the ways in which TB was diagnosed, treated and followed-up in cases of Jeetan and Ram?

Things to Remember and Reflect

- Administering one or more drugs for which the bacteria is already resistant is bad not only for the individual patient, but also for Public Health. While the patient's condition will continue to deteriorate, s/he will continue to spread the drug resistant bacteria.
- As per NTEP guidelines, all efforts are made to detect drug resistance as early as possible, and start/modify the treatment accordingly.

Things to do

- Find out how many cases of Drug Resistant TB are currently under treatment in your block.
- If there is a stone quarry in your block, visit it to find what kind of health problems are faced by the labourers working there.

Chapter 8. During Lockdown

Ram had been hearing about some Corona virus spreading in China and other countries for last few months. Daily, there would be some message on his WhatsApp telling how deadly this virus was. Of late, some cases were being found in *Bambai* too. He could see that several people in the local trains had started wearing masks. But otherwise, it was business as usual until the Chief Minister announced closure of the city for next few days. This meant that the local trains would not run, and work at the construction site would get halted. It was hard to believe, because Ram had never seen the city stop even for a moment in last 25 years. But it was real. Next morning, when he went to Mainabai for his daily dose, the office had not yet opened.

Mainabai didn't live too far, but she informed that police was not allowing anybody to move except the health staff. Ram next called Shaukat who said that he himself was not clear how the things would go. 'Just stay in your room', he told. As nobody could go to work, Ram and his other six room-mates were all huddled in that ten-by-ten space. Ram went out to get *bidi*, and life appeared almost normal within Turbhe Stores. The queue at the toilet, and the cacophony for a bucket of water remained the same. And so, the images of empty stations and roads coming on WhatsApp, and videos of police thrashing up youth found loitering, were not easy to relate to.

After four-five days, the Prime Minister announced a national lockdown of 21 days. Given the stringency seen in last few days, it was not hard to believe this time. But it was hard to accept, because it meant no work for next 21 days. No work meant no money. A national lockdown also meant that the situation would be no different back home in Bihar. Luckily, Ram had transferred five thousand rupees to Kamla a week back, and it should last next three weeks. But with no work in hand, he would not be able to send anymore. And how long would he be able to take care of his own daily expenses without daily work? His seven room-mates were all faced with similar questions.

With each passing day, their cash-in-hand was diminishing. As the month of March ended, the room-owner asked for rent. And he was not getting convinced with the WhatsApp messages talking about waiving, or at least deferring, the rent. Nor was their contractor giving any heed to the messages saying that every worker should be paid in full during this period. The rent took away four thousand rupees at one go. It literally robbed them, because they were left with almost no cash now. Three of the room-mates decided to leave the next morning, despite the news about police brutally beating people crossing the State borders. 'But how will you go', Ram asked. 'We have to go. There is no other option. We will see', they said.

It was still a week to go before the lockdown would open. They were now dependent on local NGOs for food as the local grocery shop had refused to give any more rations on credit. NGO supplies were neither adequate, nor certain. There were different types of messages coming on WhatsApp. One set said that lockdown would not be lifted on the said date. So, Ram would hear some people from the locality leaving for home every day. Another version was that lockdown would indeed be lifted, or at least the trains would begin plying. Given the horror stories of people, who had left, pouring in each day, Ram tended to believe the second version. He, and his four room-mates, waited patiently. While remaining hungry half the times was hard, accepting food from others was also not easy.

On the evening before the day when lockdown was to be lifted, a message was doing rounds on WhatsApp that special trains would be plying from Bandra Terminus towards Bihar. Ram and others packed their bags and planned to walk to the station next morning. While gathering his stuff, Ram caught hold of his TB I-card. That was when he realized that he had not taken any medicines for last twenty days or so. Also, he realized that his cough was slowly resurfacing. In the midst of all that was going around, he had literally forgotten about his disease. It seemed that Mainabai, and Shaukat were also in the same state of mind, because neither of them called him all this while.

They started at 5 am next morning so as to escape the eye of the room-owner, and maybe the police on the way, so as to reach the station by around 10-11 am. With the baggage on their heads, and little cash in the pockets, they got to the station. Hundreds of people like them had already gathered there, and there were many police personnel in the front. Some senior person was speaking something in a mic which Ram and his room-mates couldn't hear at the back. On inquiring, they got to know that another lockdown of 21 days had been imposed, and that there were no trains leaving for Bihar. They couldn't believe it, and so, they pushed their way near the front to listen what was being said. The senior officer was saying similar things, and was being vehemently argued out by the crowd. Nobody was ready to accept the diktat anymore. No food, no money and no place to live for many; the images of anonymous dead bodies wrapped in black plastic lying next to patients yet to die; and the families being alone back home…people had enough reasons not to accept what the officer wanted them to accept. He then gave the mic to a *Maulvi* of the nearby mosque who tried to pacify the crowd. Looking at the *Maulvi*, Ram felt a stinging anger inside him. He had seen enough videos to be convinced that these were the people who had been spreading the virus all this while. And now here they were, giving sermons.

Nobody in the crowd was in a mood to listen, and the police had no more arguments to make. So, they resorted to what they know best. After a series of warnings, the tide of *Khaki* swarmed over the crowd. Within 10 minutes, the place got deserted, except a few slippers and *gamcha* lying here and

there, and some patches of blood. Even Ram got a *lathi* on his right thigh. He was too numb to feel any pain though. His room-mates had been having some animated discussion, but nothing was registering in Ram's ears. One of them shook him after a while to inform that they had decided to leave the city any which way, and that he should join them. Ram couldn't say anything. As they left, he had no option but to limp back to Turbhe Stores.

On his way back, when he got in some senses, Ram called Mainabai and apprised her of his situation. Being alone, now he would not be able to afford that room. After an hour or so, she called back to say that he could stay in her NGOs office for a few days, and that Shaukat will bring him the keys in the evening. Being a health staff, Shuakat was allowed to move around. And that day, he was actually surveying the area where Mainabai lived. So, by evening, Ram had a place to sleep. Shaukat had also brought a food packet he got from a NGO volunteer. And he asked Ram to restart the treatment using the medicines lying in the office. Before going to sleep that night, Ram wondered how come this Shaukat was different from the Shukauts shown in those videos.

The first week of this second lockdown was not much different from the previous one. There were uncertainties regarding whether one would get a meal or not. Every day, Ram would come to know about people from the locality deciding to leave. Some had bought old cycles, even motorcycles, for the travel. Others just started on foot, leaving it on their fate if they would get anything to eat on the way. Not knowing how long all this would last, Ram hesitatingly asked his friends back home if they could lend him some money. The situation eased a bit from the second week onwards. Some government staff had come and given him a packet of dry ration. He could find a kerosene stove and a vessel for making tea in the office, which he then used for cooking. Shukat had told him that the system was getting back to work, and assured that his two month dues under the *Poshan Yojana* would get cleared in a week. He had also stocked another month's medicines at the office. In the third week, the news channels had started showing government officials talking about running trains and buses to move people stranded because of lockdown. Ram was very sceptical this time, and had left everything on his destiny.

The news was true this time. Trains had indeed started plying from early May. In order to travel, one had to get a medical certificate declaring absence of COVID-19 symptoms, and had to fill and submit a registration form. But there was no clear information regarding who would do the medical screening, where one could get the registration form, and where it was supposed to be submitted. There was a lot of confusion in the initial few days. People were buying forms for Rs. 20 each, and the doctors were demanding Rs. 100 to issue the certificate. Some people said that, once registered, the train journey was free; others said that it was chargeable. The initial excitement created by the

news soon got dampened by these opaque processes. Moreover, even those who got registered were not sure when they would be able to actually travel. So people had again started leaving on their own. With trucks back on the roads in larger numbers, they could now sneak-in for a price. Ram was closely following the news, though it was as confusing as the WhatsApp messages. With guidance from Shaukat, he could get a medical certificate and register himself. Though a bit hesitatingly, Shaukat had also allowed him to take the remaining medicines along. Ram spent his last thousand rupees to buy the ticket, and boarded the train a week later.

The passengers were again screened at the Railway Station, and were given a food packet and a water bottle. The train left at 8:30 in the morning, and everybody looked happy. After all, they would reach Patna next afternoon. At least that was what they thought. In the heat of mid-May, the bottle of water got over by afternoon. Ram had already taken his medicines after the morning meal. He was waiting for the train to stop at some station so as to refill the bottle. The train did stop after a while, but it stopped in the middle of nowhere. And it stopped as if forever. In a few hours, there was no water left even in the toilets. It was almost 6 pm when the train started, and it ran at an unusually slow pace. At 10 in the night, the train reached Khandwa. There was literally nobody at the station - no trolleys, no hawkers, no vendors. People ran out to fill their bottles, only to find that the taps at the platform were all dry. The train left Khandwa well past mid-night, and was almost 8 hours late. It kept stopping, and crawling the whole night. Next day afternoon, at the time when they were supposed to reach Patna, they were at Jabalpur. People again ran to the fetch water; and water was there. But, for a crowd of 1200 hungry, thirsty and exhausted people, any number of taps would fall short. There were a few machines on the platform which had Chips and Cold-drink bottles inside the glass door. Some of the youth rushed towards these machines, broke them open, and 'ransacked' the items inside. Soon the Station officials and staff arrived with trolleys of food packets. Thinking that this would not be enough for all, another set of passengers attacked the staff to grab their packets. Ram watched all this while standing in the queue for water.

It was only at 9 am on the third day that the train reached Patna, late by more than 20 hours. After being given food packets by NGO volunteers, the passengers were segregated as per their districts. They were then shifted in State Transport buses to the District headquarters, and onwards to the Block-level quarantine centres. Most passengers knew that they would have to be under institutional quarantine for 14 days. A few smart ones had pulled the chain while the train was crossing Danapur, and had escaped. And a few privileged ones tried to negotiate after reaching the block. Ram was one of the five people who finally reached the quarantine centre that day. It was set-up in a government school building. Each one of them was given a mug, a bucket and soap. It was

after almost 48 hours that they had a full meal, following which they just slept. Ram woke up for dinner, and then slept again. It was only next morning that he got some sense about having reached Garoul. He called Kamla and informed about his arrival and wellbeing. The next call he made was to Mainabai, and the third one to Shaukat. Both of them reminded him about taking the medicines daily.

On the third day, an ambulance brought two people to the quarantine centre. Ram could instantly recognize them as they had travelled in the same coach. These two were among those who had 'escaped' near Danapur. Their neighbours had informed the village ASHA about their sneaky arrival, who then conveyed the message to the Medical Officer. Subsequently, they were 'picked-up' from their homes with the help of police. The duo was kept in the same room as Ram. Instead of being embarrassed about what they had done, they were angry. And their anger was less on the neighbours, who were all *Yadavs* like them; it was more on the ASHA, who was a *Paswan*. 'We will see her', they said. Being a *Paswan*, even Ram had to bear a brunt of their anger. They complained to the Medical Officer about his cough, which was only occasional. As a result, Ram was immediately shifted to a different room with further restrictions on his mobility. The same day, his sample was collected for COVID-19 test. He informed the staff about his ongoing TB treatment. 'Ok, keep taking the medicines' was all they said. The report came within two days, and was negative. The staff felt more relieved than Ram.

Questions for Discussion

- Discuss the role of social media and mass media during the lockdown period.
- How better could the society (including the government agencies) have responded to the migrant crisis during lockdown?
- Which is a better way to support TB patient's nutritional status: direct cash transfer every month, or, daily supply of locally prepared food?

Things to Remember and Reflect

- *Nikshay Poshan Yojana* is a scheme under which each TB patient is given an amount of Rupees 500 per month. This amount is transferred directly into patient's bank account, and is meant to support his nutritional status.

Things to do

- Interview at least one person who had travelled back to Bihar during the lockdown and share his/her story with the group, or
- Share experiences from your visits to quarantine centres during the period of lockdown.

Chapter 9. Perseverance

After completing the 14-day quarantine, Ram reached home. It was as if his body and mind had guarded a part of the physical and emotional exhaustion to be released only after seeing his parents, children and Kamla. After lunch, when they found some time alone, Kamla asked him how he was. Ram embraced her, as if he was meeting her after decades. This was not time to tell her what all he had went through, and how scared he had got. Nor was it the time for Kamla to tell him about how hard it has been to run the house, and, with the schools closed, how big a concern their two adolescents had become. They just let the tears do the talking.

In the evening, Ram went to the *Mahaveer* temple to pay his regards for his safe return home. The village looked as normal as it had always been. The shop at the bus stop had *Kurkure* packets hanging in the front, and the stall next to it was preparing tea for a group of discussing the curse of Corona. Unlike in Turbhe Stores, nobody was wearing any mask here, not even till the chin. A little ahead, at the *Pan galla* near the school, Ram found one of his friends smoking *bidi* along with another person from their community. Ram waived his hand but didn't receive a very encouraging response. He still went ahead and asked about how things have been in the village. 'Fine', replied his friend, with a mix of excitement and anxiety. The other person, in a taunting way, said, 'It has been fine till now. But with "outsiders" coming back, God only knows what lies ahead'.

Ram had only three-day medicines left. Shaukat asked him to go to the nearest government health centre along with his TB I-Card. With public transport closed due to lockdown, Ram cycled to the Block PHC next day. He was stopped by the police once after he entered Garoul town, but was allowed to go when he explained his purpose and showed them the I-card. There were no patients at the PHC, even at 10 am. The staff was getting ready to leave. Ram rushed to meet the Doctor and explained him his case. The Doctor told him that the person looking after TB had left for COVID-19 survey, and would be back only by late afternoon. Ram waited till he could meet that person at around 4 pm. This person informed that he was responsible only for the laboratory. The position of the staff meant to look after the treatment part was vacant. He then called a fellow named Chandan who was posted in Hajipur and would come to Goraul for this work only on some days. The final verdict was that Ram should contact the District TB Centre in Hajipur.

Ram started early in the morning on his cycle to reach Hajipur which was more than 30 kilometers far. He was no more afraid of cruising through new and strange places to find the final destination. So here he was, at the District TB Centre located at the far end in the District Hospital compound. He inquired about Chandan, and could meet him soon. After seeing his TB I-card, Chandan took him to a senior officer. 'Sir, he has returned from Mumbai. He is not registered with us. What to do', he

asked. ‘We have a letter from STO Sir. We can give him medicines’, the officer replied. ‘But Sir, he has INH resistance. We do not have Levofloxacin’, Chandan shared. Ram had no idea what these people were discussing. All he hoped was that he should get the medicine for this last month of his treatment. ‘Hmmm…take his weight, and indent from TBDC Patna’, the officer directed. ‘Sir, TBDC itself is closed. Twenty-two of their own staffs had been found positive for COVID-19 two days back’, Chandan informed. The officer turned to Ram and asked, ‘I will give you three medicines from here, and will send the fourth one to your home next week. Will you be able to buy that fourth medicine from the market for this week?’

There used to be little work in the village anyways. It had further reduced due to lockdown. And with every returnee being in need of work, there was literally none available these days. Even without knowing the price, Ram knew that he was in no position to buy the medicine. But so as not to lose out on the other three medicines, he said he will be able to do so. The officer didn’t suspect that something costing less than a hundred rupees could be a concern for anybody. Ram was issued a month’s stock of the three medicines. A week later, he called Chandan regarding the fourth medicine and was asked to collect it from the Block PHC.

After completing the last month of treatment, Ram informed Shaukat. He was asked to get his sputum tested so as to know whether his TB has gone or not. He then called Chandan to know where to get the test done. Chandan told him two problems: firstly, as the lab at Garoul was only doing COVID work, he would have to come to Hajipur for the testing; secondly, his sample would also have to be sent to Patna for another test. And the lab at Patna was not working at full strength due to withdrawal of staff by the concerned NGO. ‘So what should I do’, asked Ram. Not knowing the answer himself, Chandan said that he would inform him later. The ‘later’ didn’t come and Ram never knew whether his TB had been cured.

With the unlock process beginning in July and the inter-state transport getting back to normal, many people started going back to places where they were working earlier. Lack of enough local opportunities made them forget all that they had went through after the lockdown. Ram, however, had decided not to go. He got in touch with the NGO person whose contact his supervisor at the construction site in *Bambai* had given him. That person connected Ram to another fellow based out of Patna who arranged a month-long training for him in Hajipur in iron fabrication. Luckily, Ram soon found a job with a fabricator in Goraul. The working hours were longer and the salary was not as much as he was earning in *Bambai.* But he could be back home every day. And that seemed to be enough to him at this stage of his life.

Questions for Discussion

- For a while, Ram took just three drugs instead of four. What effect could this have on his treatment outcome?
- Had the focus been maintained on other public health programs during COVID times? Was it possible to do so in the face of a pandemic? What has been the impact?

Things to Remember and Reflect

- Sputum follow-ups are important to track the progress of treatment. They help in ascertaining if the patient needs an extension of treatment, or needs to be shifted to some other medicines.
- During the period of lockdown and in subsequent months, NTEP had allowed issue of drugs to patients from any centre, irrespective of their place of initial registration for treatment. This is a (rare) example of a government program showing flexibility as per the need of the hour.

Things to do

- Find at least two TB patients (one male and on female) who were started on treatment before March 2020 and ask them about the challenges they faced during the lockdown.
- Find out the number of vacancies under NTEP in your district. Try to know how the work is being managed, given the vacancies.