CAMPAIGN FOR EDUCATION, PREVENTION AND TREATMENT OF TB (CEPT) | The Voices
India has the highest number of tuberculosis (TB) cases in the world. People in Virudhunagar District in the Southern State of Tamil Nadu are vulnerable to TB due to high levels of poverty, poor working conditions and limited access to health information and facilities. On top of this, many people experience stigma and discrimination, preventing them from seeking treatment. To address these issues, the Campaign for Education, Prevention and Treatment of TB (CEPT) was implemented by Blossom from 2007 until 2018.

Together with our implementation partner Rainbow TB Forum, our team visited several villages towards the end of the project, to document peoples experiences. These are some of their stories.
In Sattur village there are 22 Rainbow TB members. One of them is Selvaraj. Selvaraj (pictured), has received a goat through our Goats for Gains project, which was part of CEPT Phase II. Selvaraj is the Rainbow TB Leader for his block. Among other responsibilities, he informs our field worker when people from the village show TB symptoms. Selvaraj has been cured and throughout the treatment period has had no side-effects. His family and community were supportive.

Alagarsarny (52) works as a tailor in Melakottai. He was diagnosed with TB after becoming physically unfit to do his work. After he had been taking his medication, his physical condition improved significantly, allowing him to do his work again. He signed up as a member of the RTBF, eager to spread the knowledge in his community.
Vira Lakshmi is a 14 year-old cured TB patient. When she showed TB symptoms, a TB leader took her to the hospital. Her family was supportive, giving her nutritious food while she was ill, and encouraged her to follow through with the treatment. At the time she was in 10th grade, and she did not stop going to school throughout the treatment period. She completed the treatment and she is now cured.

Vira Lakshmi received training to become a Rainbow TB Leader and Positive Speaker in her region. She told us that she has friends and teachers in school who show TB symptoms. She shared her experience of TB with them and encouraged them to go to the hospital; however, not many of them followed her advice. According to her this might have been due to family who did not take them to hospital, or because TB Leaders were not present in their villages. An key factor for not seeking TB treatment is a lack of awareness of the disease. This is what the Rainbow TB Forum aims to tackle through monthly informational meetings.
Maghesh Babhu (pictured) is a 17 year old boy who was diagnosed with TB two years before we spoke with him about his story. He took his medication at the beginning but stopped mid-way through the treatment. At the moment we spoke to Maghesh Babhu, he was still experiencing symptoms but had not returned to the treatment. He was also not consulting a doctor and says that he was not interested in going to the hospital. We believe that this is because of a lack of awareness about the disease, its effects on his health and on the health of the entire community he is a part of. We inquired why his parents were not taking him to the hospital. Upon discussing with them briefly, we observed that they themselves lacked TB awareness and had health problems that went untreated. Our project workers engaged with them to encourage Maghesh Babhu to resume his treatment.
Velamar & Vijiran

**Velamar** (pictured) is a 60 year old female who has been affected by TB. She started the treatment but stopped taking it along the way. Our team discussed with her the consequences of not completing treatment. She then resumed her treatment and improved rapidly.

**Vijiran** (29) signed up as a new member of our Rainbow TB Forum. She became aware of the symptoms of TB through the RTBF, and self-diagnosed accordingly. Within the next month she sought medical care and started taking medicines, allowing her to continue her work in flower braiding. Taking care of her son became much easier as well. This showcases the importance of knowledge dissemination in the communities to achieve timely diagnosis.
Sangheeta (pictured) is an inactive TB patient who was undergoing TB treatment at the time we spoke with her. She started the government treatment but it was making her sleepy. As she was studying at the same time it was difficult for her to follow it through. She then turned to a private practice that prescribed a different treatment which did not have the drowsiness effect. The private treatment was an option for Sangheeta because her family could afford it. However, many patients cannot afford to go to a private clinic and to pay for the treatment.

Sangheeta is pursuing her MA in English Literature. She wanted to be trained and promoted as a Positive Speaker. Due to her academic training and very good English language skills she is able to attend conferences in Chennai and Delhi where she will be able to network with TB and health organisations, and with practitioners. In this manner she will become a Positive Leader not only in her community, but she will be able to also bring best practices discussed nationally to the entire state of Tamil Nadu. The only challenge in her endeavour was the potential opposition from her father, which showcases the difficulties women and girls experience in rural areas.
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