**Report of Financial Assistance given to Short term research Projects (STRP) in the Financial Year 2021-2022**

| S. No. | Project name | P.I. | Institute |
|---|---|---|---|
| 1. | Mobilisation of youth & involving them in End TB programme-identification of barriers and solutions | Dr. P.S.Sarma | M/s SMLS TRUST, AMALAPURAM |
| 2. | Assessment of oxidative stress and antioxidant biomarkers in the Deoghar district of Jharkhand | Dr. Anandakumar Pandi | AIIMS |
| 3. | A study to assess the nutritional status of TB patients and perception of DOTS providers on nutritional need support for anti-TB regimen in selected health centres of Uttarakhand | Dr. C. Vasantha Kalyani | AIIMS RISHIKESH |
| 4. | Impact of Covid-19 on quality of life among general population in rural areas of Tamil Nadu: a cross sectional study | Dr. S. Suganthi | CHETTINAD HOSPITAL & RESEARCH INSTITUTE |

# PROJECT 1

## Mobilisation of YOUTH & Involving them in END TB PROGRAMME.
## PHASE 2 – Identification of Barriers and Solutions.*

**1. INTRODUCTION:**

WHO has given a special call to INVOLVE YOUTH in the END TB INITIATIVE. Hence it was planned to identify MEDICAL YOUTH ,i.e INTERNS /PGS / MEDICOS to create awareness in the community regarding TB. This will help in achieving the GOAL AND VISION of our beloved PM MODIJI to END TB by the year 2025. Accordingly a Project is prepared and submitted to TAI.

After applying for the project , I have contacted VC and Registrar of NTR University of Health sciences, Vijayawada, for permission to take up sensitization lectures to the Internees and Medicos in the Medical colleges ( both Govt and Private ) of AP.
Permission was accorded by the Registrar of NTR UHS for the project.

**2. ACTION PLAN: (material and methods)**

A) To contact the respective Principals of the medical colleges and fix up the date and time of the meeting in their college.
B) To involve the District TB officer and Local IMA leaders in the meeting
C) To Identify 5-10 END TB VOLUNTEERS from each college who will take the movement forward.
D) To form a WHATS APP group of the END TB Volunteers and interact with them periodically.
E) To conduct ZOOM meetings of the volunteers group; and to invite a medical VIP for the meeting to motivate the youth.
F) To identify BARRIERS IF ANY IN THE PROPOSED ACTIVITY; and SOLUTIONS there on.
G) To print hand outs regarding TB disease and give them to volunteers for onward distribution in the community.
H) To prepare END TB 2025 STICKERS and give them to the volunteers.

**3. PROJECT WORK:**

1. Flex banner was prepared and it was exhibited in all the meetings.
2. Hand outs in Telugu language are prepared and given to the END TB VOLUNTEERS in each meeting.
3. END TB STICKERS were prepared and given to the Volunteers.
4. Lupin Pharma was contacted and they have readily responded and supplied BALL PENS with the inscription of END TB 2025 . These were given to the END TB Volunteers in each meeting.
5. Starting in the World TB week in Feb 2021, I have visited 7 medical colleges and addressed the Interns / Medicos. The details are as follows:

*Dr. P.S.Sarma
M/s SMLS TRUST, AMALAPURAM

| S.NO | DATE | COLLEGE | PLACE | NO OF PARTICIPANTS | FACULTY | REMARKS / END TB VOLUNTEERS |
|---|---|---|---|---|---|---|
| 1 | 17/2/21 | KIMS | AMALAPURAM | 116 | DEAN; DTCO; IMA PRESIDENT | 9 |
| 2 | 18/2/21 | R M C | KAKINADA | 94 | DEAN; DTCO; IMA PRESIDENT | 7 |
| 3 | 23/2/21 | G S L | RAJAHMUNDRY | 222 | DEAN; DTCO; HOD RESP.MED | 8 |
| 4 | 27/2/21 | PINNAMANENI SIDDHARDHA | GANNAVARAM.VJA | 103 | DEAN; IMA END TB COORD. HOSP SUPTD. | 9 |
| **5** | 13/3/21 | ASRAM | ELURU | 90 | DEAN; DTCO; STATE IMA PRESIDENT ELECT | 16 |
| **6** | 19/3/21 | GEMS | RAGOLE - SRIKAKULAM | 169 | PRINCIPAL; DTCO; HOSP SUPTD; STATE TB ASSN REP | 7 |
| **7** | 20/3/21 | MIMS | NELLIMARLA VZM | 44 | DEAN; DTCO; NTEP COORD. | 6 |

COVID 19 PANDEMIC - 2nd wave has disrupted our activity and we need to wait till OCT 2021 TO RESTART THE MEETINGS.

Meanwhile 4 review meetings were conducted on zoom platform the the details are given below:

| S.no | Date | Guest speaker |
|---|---|---|
| 1 | 14/3/21 | Dr.T.RAMA RAO, STO; AP |
| 2 | 27/4/21 | DR.N.SUBHRAMANYAM, AP STATE IMA PRESIDENT |
| 3 | 31/5/21 | DR.A.S.KAMESWARA rAo, DEAN ; KIMS; AMALAPURAM |
| 4 | 30/6/21 | DR.SOMNATH DAS; HOD; RESP.MED. GSL; RAJAHMUNDRY |

WE HAVE organised a special zoom meeting on 25/9/21 - WORLD LUNG DAY and DR R.V.ASOKAN, chairman of the IMA HQ END TB INITIATIVE STANDING COMMTTEE & past Secretary general of IMA HQ from Kerala gave the key note address..

Resumed the activity from October 2021 till DECEMBER end - CONDUCTED ANOTHER AND THE DETAILS ARE GIVEN BELOW:

| S.NO | DATE | COLLEGE | PLACE | NO OF PARTICIPANTS | FACULTY | REMARKS / END TB VOLUNTEERS |
|---|---|---|---|---|---|---|
| 8 | 2/10/21 | GAYATRI | VISAKHAPTNAM | 38 | PRICIPAL; IMA REP | 10 |
| 9 | 8/10/21 | KIMS | AMALAPURAM | 114 | DEAN; IMA PRESIDENT | 10 |
| 10 | 23/1021 | GSL | RAJAHMUNDRY | 62 | RESP MED HOD | 5 |
| 11 | 30/11/21 | GEMS | RAGOLE - SKL | 68 | PRICIPAL; IMA REP | 12 |
| 12 | 30/11/21 | RIMS | SRIKAKULAM | 67 | PRINCIPAL IMA REP | 6 |
| 13 | 2/12/21 | AMC | VISAKHAPATNAM | 85 | PRICIPAL; HOD GEN MED; | 11 |
| 14 | 3/12/21 | NRI | SANGIVALASA | 15 | PRICIPAL; HOD REP MED | 11 |
| 15 | 3/12/21 | GITAM | | 88 | PRINAIPAL; | 8 |
| 16 | 10/12/21 | NRI | | 23 | PRICIPAL; | 8 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | MED.SUPTD | |
| 17 | 11/12/21 | KATURI | VISAKHAPATNAM | 64 | PRICIPAL; HOD REP MED | 6 |
| 18 | 21/12/21 | FATHIMA | MANGALAGIRI | 26 | PRINCIPAL; HOD COMM MED | 2 + 2 |

BARRIERS IDENTIFIED:

1. COVID 19 WAS A BIG HURDEL to continue the programme
**2.** Initially the Volunteers showed much enthusiasm and 2 or 3 dropped later**.**
3. Follow up from the college side

**SUGGESTED SOLUTIONS:**

1. ZOOM MEETIMGS PERIDICALLY will help in follow up and further motivation
2. One to One interaction with the Volunteers if possible either by personal call or group call and ask for their activity report monthly.
3. Remind the college authorities for followup from their side.
4. NEED TO BE AN ON GOING PROGRAMME

# PROJECT 2

## Assessment of oxidative stress and antioxidant biomarkers in chronic cigarette smokers in the Deoghar district of Jharkhand*

**RESULTS**

Table 1 depicts the levels of serum MDA in control and experimental group. The levels of MDA were significantly ($P < 0.05$) increased in the chronic smokers group (Group II) compared to that of controls (Group I).

**TABLE 1**

| Parameters | Group I (Control-Non smokers) | Group II (Chronic smokers) |
|---|---|---|
| MDA | 3.17±1.01 | 7.58 ±1.93[a] |

Each value is expressed as mean ± S.D for 30 samples in each group; MDA – nmoles/ml ;

Statistical significance at $P<0.05$, as compared with [a]Group I.

Table 2 depicts the activities/levels of serum antioxidants SOD, CAT, and GPxin control and experimental group. The activities of SOD, CAT and GPx were significantly ($P < 0.05$) decreased in the chronic smokers group (Group II) compared to that of controls (Group I).

**TABLE 2**

| Parameters | Group I (Control-Non smokers) | Group II (Chronic smokers) |
|---|---|---|
| SOD | 211.44 ±76.17 | 93.48 ±7.04[a] |
| CAT | 129.13 ± 11.30 | 65.03 ±4.31[a] |
| GPx | 272.03±24.21 | 108.71 ±9.08[a] |

*Dr. Anandakumar Pandi

AIIMS

Each value is expressed as mean ± S.D for 30 samples in each group. SOD – units/mg protein. (One unit is equal to the amount of enzyme required to inhibit autoxidation of pyrogallol by 50%); CAT - µg of $H_2O_2$ consumed/min/mg protein; GPx- µg of reduced GSH utilized/min/mg protein; Statistical significance at $P<0.05$, as compared with [a]GroupI.

# PROJECT 3

## Nutritional Assessment of TB Patients and Perception of DOTS Providers on Nutritional Need Support for Anti- TB Regimen in selected Health Centres of Jharkhand*

ABSTRACT

**Background**: TB is one of the top 10 global killers, according to statistics. One of a number of factors that may prevent India from meeting its goal is the prevalence of drug-resistant TB. The purpose of this study was to evaluate the nutritional status of TB patients and DOTS physicians' perceptions on the nutritional assistance needed for the anti-TB regimen in particular health centres.

**Methodology**: In the current study, a cross-sectional, descriptive study research design was chosen as the methodology. From July 2022 to December 2022, a study involving 150 TB patients receiving DOTS and 15 DOTS providers was carried out at several Jharkhand health facilities that offer tuberculosis treatment. Descriptive and inferential statistics were utilised to analyse the study's findings during the data analysis stage using SPSS version 23.0.

**Results**: Out of 150 TB patients, the majority are men between the ages of 38-47 years who live in urban areas and have monthly incomes between 5001-10,000 rupees. Only 3% of TB patients had a family history of the disease, and only 3% were tempted to stop the treatment due to adverse effects from the medications. The majority of TB patients had negative sputum tests, had been ill for less than six months, and were undergoing treatment as new cases. Patients with TB had average heights of 154.4 cm and weights of 60.2 kg. 38% of TB patients fell into the mild underweight BMI range (17.0-18.49), 5% fell into the moderate underweight BMI range (16.0-16.99), and 1% fell into the severe underweight BMI range (16.0). 150 TB patients consumed a total of 1200 mL of water and 1508 Kcal of calories per individual each day. Patients with TB concurred that there is a necessary energy, protein, green leafy vegetable, and vitamin intake for TB patients and that poor nutrition causes some drugs, including rifampicin, to not be absorbed properly. Since TB is a contagious disease and patients' health depends on receiving all essential macro and micronutrients, DOTS providers believed that dietary assessment did not divert resources away from providing the best TB care. Most DOTS providers disagree that fortified food helps in restoring normal nutritional status of TB patients.

**Conclusion:** RNTCP is a public health initiative in which TB patients and DOTS providers must be educated about the importance of fluid intake and calories to provide better compliance to TB treatment.

*Dr. C. Vasantha Kalyani
AIIMS RISHIKESH

# PROJECT 4

## Impact of Covid-19 on quality of life among general population in rural area of Chengalpattu district, Tamil Nadu: a cross sectional study*


**ABSTRACT:**

**INTRODUCTION**: The COVID-19 pandemic has changed the lifestyle of all people. This study was conducted to study the impact of the COVID 19 pandemic on the quality of life among the general population in the rural area of Chengalpattu district, Tamil Nadu.

**MATERIALS AND METHODS:** This Community based Cross-sectional study done after the second wave of COVID 19 pandemic in India, included 424 participants from the rural health training center's field practicing area of a tertiary care private hospital in Chengalpattu district of Tamil Nadu. After obtaining informed consent, data were collected through house to house survey using the WHO-BREF questionnaire which assessed the quality of life including physical health, Mental health, Social relationship and Environmental domains. Along with it, socio-demographic details of the participants were also obtained. Collected data were analyzed using SPSS software version 21.

**RESULTS**: The Quality of life of the people is better with 52.4% of participant's scores falling above the mean score of 253.59(+/- 57.81). 59.2% of the participants showed better physical health with a mean score above 68.21(+/- 21.7). 51.9% and 54.0 % of the participants had good mental health and social relationship respectively. 52.6% of the participants enjoyed a good physical environment during the pandemic with a mean score of 65.56(+/-16.9). There is a strong association between quality of life and socio-demographic factors like age ($p = 0.00$); Gender ($p = 0.003$); Marital status ($p = 0.024$); Education ($p = 0.000$ ); Socio-economic status during the pandemic ($p = 0.000$) and Occupation ($p = 0.000$ ), which was statistically significant.

CONCLUSION: Despite the pandemic 52.4% of the participants had a better quality of life. This may be due to subsidies and free rations from the government to the people. Also, people in the productive age group with better education and occupation had a good quality of life. This implies that, the government's plan should focus on better education to the children and improvement of employment opportunities.



KEY WORDS: Quality of life, COVID 19, Pandemic, General population



*Dr. S. Suganthi
CHETTINAD HOSPITAL & RESEARCH INSTITUTE