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ANNUAL REPORT

REACH
Equitable Health for All


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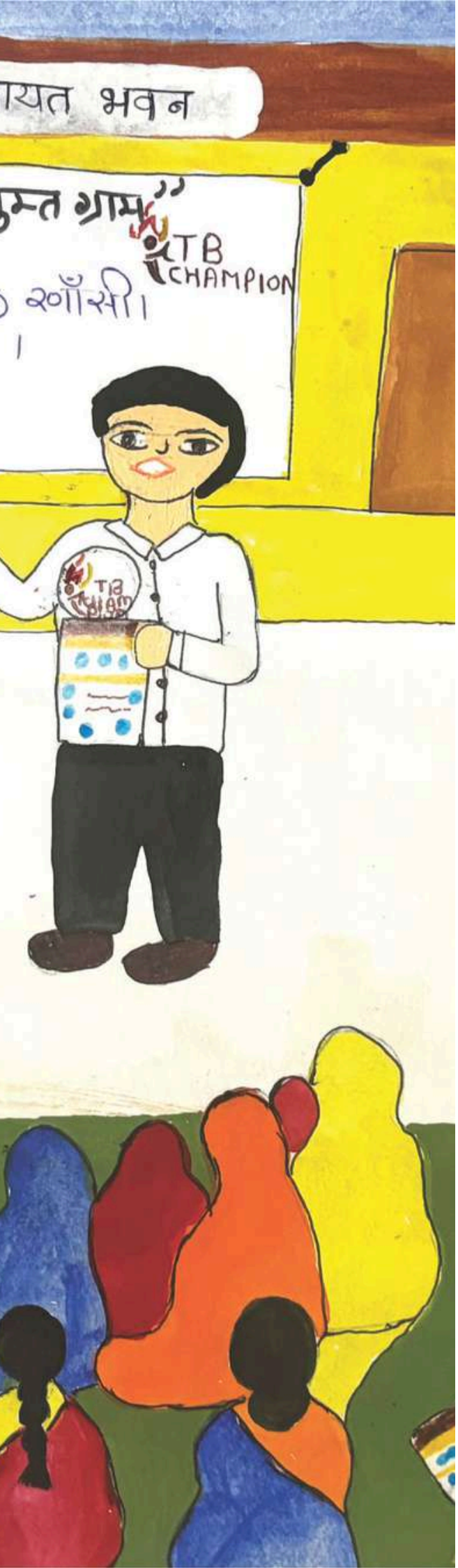

24-25

ANNUAL REPORT

REACH
Equitable Health for All

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OUR LEADERSHIP

guiding our vision and shaping our work

Executive Committee Members

Mr. Rajivan Krishnaswamy,
President
Dr. Nalini Krishnan,
Executive Secretary
Mr. K. Ravi,
Treasurer
Dr. S. Siva Murugan,
Executive Committee Member
Dr.S. Ravi Subramaniam,
Executive Committee Member
Ms. Geetha Ramaseshan,
Executive Committee Member
Ms. Chitra Mahesh,
Executive Committee Member
Ms. Anusha Krishna,
Executive Committee Member

Advisors to REACH

Dr. Soumya Swaminathan,
Chairperson,
M S Swaminathan Research Foundation
Ms. Suhasini Maniratnam,
Actor and Producer

Senior Management

Dr. Ramya Ananthakrishnan,
Director
Ms. Sheela. A,
Deputy Director
Ms. Anupama Srinivasan,
Deputy Director

FROM OUR EXECUTIVE SECRETARY

As we complete our 26th year of working towards our goals, we are moving forward with a strong foundation and a reiteration of our purpose and principles - to bring healthcare closer to people and communities that they live in.

Our work in Tuberculosis (TB) prevention and care has expanded to looking at delivering universal health care, starting with factors that affect outcomes in TB care such as diabetes and malnutrition and then a logical extension to addressing non communicable diseases and family health.

With priorities for public health planning constantly shifting - moving into health effects of climate change, dealing with the aftermath of the pandemic, the advancement of AI in health etc, we need to find a way to adapt and adopt new ideas in health management without losing sight of each individual person's unique challenges.

Some examples of this expanded scope of our work include working with migrant communities, specific attention to nutrition, disability as an outcome of tuberculosis, and overall respiratory health.

In practice this has been the work of REACH over the years, not looking at Tuberculosis in isolation but the person with TB as a whole. We have looked at their social situation, economic background, livelihood and their place in the community. We've stepped into the community to create awareness, support and care for those living in their midst.

It is a matter of pride for REACH that this led to the formation of innumerable survivor networks doing a stellar job of stigma reduction, care and support as well as being a link to the public health system

We pause for thought at the seemingly never-ending road ahead, that unveils new challenges as well as new opportunities and we adapt our thinking to nurture and promote ideas of one health, being more inclusive and providing **"equitable health care for all".**

The strength of REACH lies not only in its dynamic leadership team but the commitment of our team members from the TB Nanbans to the volunteers, an executive team of professionals who are constantly looking to evolve and change in order to take the organisation forward.

On behalf of the Executive Committee, I extend our grateful thanks to these dedicated team members. We would like to express our gratitude to our donors, funders and most importantly the city, state and national level NTEP representatives for their guidance and constant support.

Together we can create a community where quality healthcare is accessible, equitable and inclusive.

DR. NALINI KRISHNAN
Co-Founder and Executive Secretary
REACH

OUR MANDATE

is broad and is geared towards our vision of ensuring equitable health for all

1
Providing care and support to people with TB and NCDs

We provide direct care for TB and NCDs in Chennai through Nakshatra centres, and support people with TB across India via TB Champions and community volunteers.

2
Empowering communities

We engage and empower TB-affected communities across India, through our flagship TB survivor to TB Champion model.

3
Engaging the private sector

We work closely with private providers, including doctors, hospitals, laboratories and pharmacists to strengthen their understanding of and involvement in TB care and prevention.

4
Advocating for TB and NCDs

We advocate for greater attention to TB and NCDs and for a more inclusive, person-centred, gender-responsive approach to TB and NCD care and prevention.

5
Building Evidence-based Innovative Approaches

We work to strengthen and expand the evidence-base for TB and NCDs through innovative actions.

6
Promoting Multi-sectoral Coordination for Equitable Health

We work to improve coordination among previously unengaged stakeholders, including the media, industries, elected representatives and celebrities.

7
Improving Public Understanding of TB and NCDs

We work to improve awareness of TB and NCDs through sustained community outreach, campaigns, social media and other avenues.

FROM OUR DIRECTOR

“

At REACH, the past year has been one of reflection—of taking stock of where we are, listening more deeply to the communities we serve, and adapting to a world that continues to shift in complex and often unpredictable ways. It has also been a year of learning and unlearning—of reassessing our frameworks, and refining our strategies, testing new models of engagement, laying the foundation for more integrated, responsive care that centres the voices and needs of communities.

This year, as we closed the ALLIES initiative, we witnessed the incredible power of "TB Champions", who, with their lived experiences guided, supported, and inspired others through their health journeys. We continued to confront the deep-rooted challenges of TB by bringing greater attention to long-neglected issues such as TB among the elderly, the gendered dimensions of TB, the experiences of people with disabilities, and the unique vulnerabilities of migrant communities. These efforts reflect our unwavering commitment to equity and inclusivity in every aspect of care.

Through CFCS, we embedded Community, Rights, Gender, and Stigma (CRGS) principles in TB survivor-led networks, empowering them to champion person-centred care. Our India TB Stigma Hackathon sparked 24+ solutions to address stigma, while projects in Bihar and Tamil Nadu provided peer-led care for people with drug-resistant TB. Support from HCL Foundation and Hindustan Unilever enabled us to deliver vital nutrition and compassionate care to thousands affected by TB.

In Chennai, private sector engagement remains central to our person-centred TB care, building on years of strong partnerships with private doctors, hospitals, and pharmacies to reach those outside the public health system.

Looking ahead, we carry with us the lessons of the past years—What began as patient-centred care has grown into family-centred approaches, and now, into truly community-centred care. Our scope is widening: from a singular focus on TB to a broader, more holistic, comprehensive health approach. Care Connect initiative is pioneering an integrated approach to co-manage TB and Diabetes, easing the complex burden for individuals. SCORE TB initiative is integrating screening for TB and chronic respiratory diseases thereby improving public health efficiency and providing a comprehensive lung health approach. With upcoming projects like ACT for TB in urban slums, efforts to enhance access to DR-TB services with new shorter regimens, and a pioneering integrated NCD-TB care model in rural Tamil Nadu, we are not just planning for the future; we are actively shaping a healthier, more equitable India.

Our work at the grassroots remains a powerful reminder that sustainable change starts with people. At the core of all our efforts are our TB Nanbans, TB Champions and Community Health Workers. Our commitment to supporting and nurturing them remains central to our vision. This Annual Report is more than a record of our work; it's a testament to the resilience of the organization, the tireless dedication of our teams and a collective commitment of our communities, and the steadfast support of our donors and partners, for whom we extend my deepest gratitude.

Each story, every milestone in this report reminds us that when we come together, we can truly change lives.

DR. RAMYA ANANTHAKRISHNAN
Director
REACH

BEHIND THE SCENES

Field visits in Muzaffarpur; our team making new friends - this time, a four legged one!

Allies in Action! Smiles, soaps, and some serious entrepreneurial spirit at our registration table!

Full marks for enthusiasm at a TB Champion workshop!

Care Connect style: serious skills, not-so-serious faces!

Ideas, teamwork, and plenty of energy at our first ever TB Stigma Hackathon!

Celebrating partnership and progress - a winning moment from one of our dissemination meetings.

OUR IMPACT IN NUMBERS
2024 - 2025

1,104
people with drug-resistant TB supported

25351
people with TB and symptoms of TB supported

3,820
people with TB received nutritional support

137,908
community members received support and information on TB and NCDs

COMPLETED PROJECTS 1

THE ACCOUNTABILITY LEADERSHIP BY LOCAL COMMUNITIES FOR INCLUSIVE, ENABLING SERVICES (ALLIES) PROJECT

| SUPPORTED BY UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

Geography:
Chhattisgarh, Jharkhand, Odisha, and Tamil Nadu

Duration:
2019 - 2024

Across Chhattisgarh, Jharkhand, Odisha, and Tamil Nadu, a movement was taking shape. People who had once faced the fear, stigma, and uncertainty of TB were now stepping forward as TB Champions - leaders in their own right, using their lived experience to guide others through the health system and help improve the overall quality of TB care and services.

From 2019 to 2024, with support from the United States Agency for International Development (USAID), the Accountability Leadership by Local Communities for Inclusive, Enabling Services (ALLIES) project brought together TB survivors and Champions, building a strong community-led movement. Through the **Community Accountability Framework (CAF) that was central to the project,** survivors recorded feedback from people with TB, worked with health officials, engaged elected representatives and industries, and strove for a person-centred approach to TB care. What began as individual journeys of survival grew into a collective force for change, reducing stigma, improving the quality of care, and opening doors to livelihoods for people affected by TB.

OBJECTIVES

Created a cadre of community leaders to advocate for rights, gender and age responsive TB services.

Established community owned monitoring mechanisms to assess TB care and provide feedback for timely programme response

Generated local solutions and resources to enhance social support for people with TB.

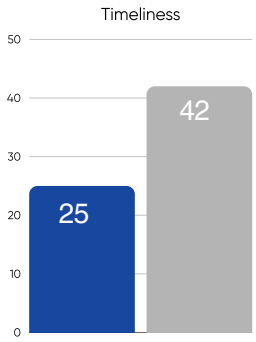
Created enabling environments for TB elimination at state and national levels

Community Accountability Framework (CAF)

CAF is a community-led monitoring model, which adopts a solution-oriented approach to improve Quality of Care and Quality of Services for people and communities affected by TB. Envisaged as a bottom-up approach to the WHO Multi Sectoral Accountability Framework, CAF is based on the key principles of integrity, inclusivity, effectiveness and actionability.

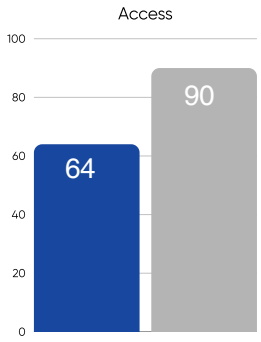
Impact of CAF

A significant improvement was observed across several of the key CAF parameters at the end of the project, when compared with the baseline figures (in October - December 2021).



63% improvement

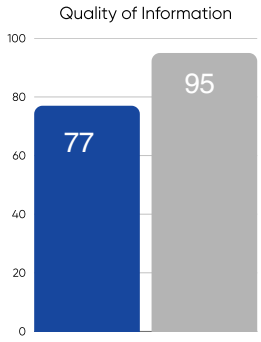
in the proportion of people with TB who received their Ni-kshay Poshan Yojana (NPY) payment within one month of treatment initiation



41% improvement

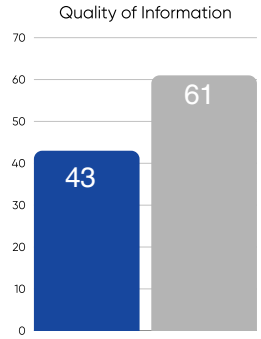
in the proportion of people with TB who met staff within half an hour of visiting the health facility

Oct - Dec 2021 (n=4914) Apr - Jun 2024 (n=8169)



23% improvement

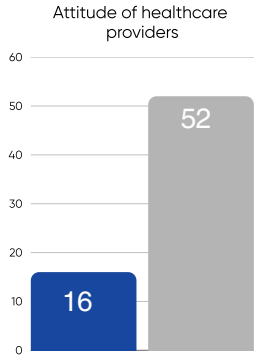
in the proportion of people with TB who received information on Isoniazid (INH) Prophylaxis



42% improvement

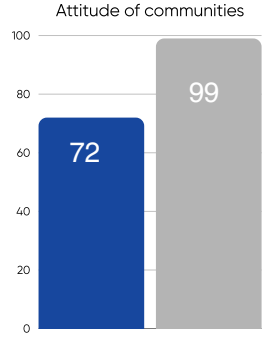
in the proportion of family members of people with TB who were counselled on TB Preventive Treatment (TPT)

Oct - Dec 2021 (n=4914) Apr - Jun 2024 (n=8169)



225% improvement

in the proportion of people with TB who were aware of Ni-kshay Sampark Helpline Number



38% improvement

in the proportion of people with TB who reported that their friends and community behaved kindly towards them

Oct - Dec 2021 (n=4914) Apr - Jun 2024 (n=8169)

IMPACT

50,000+

people with TB shared feedback on the quality of TB care and services

153 / 198

TB Units across 15 districts, saw improved quality of TB care and services through CAF

416

journalists sensitised through media roundtables.

2,000+

people with TB assessed for vulnerabilities in **Mayurbhanj** (Odisha) and **Chennai** (Tamil Nadu) as part of the Differentiated Care Model

991

healthcare workers and NTEP officials received training on AETBCS

58

journalists awarded the Media Fellowship produced **180+ stories on TB.**

ALLIES State Dissemination Meetings

Between August and September 2024, REACH organized State Dissemination Meetings across Chhattisgarh, Jharkhand, Odisha, and Tamil Nadu to share the findings, achievements, and lessons from the ALLIES project (2019–2024). The meetings brought together government leaders, NTEP officials, TB Champions, industry representatives, and community partners, with each state highlighting the importance of a community led response. State impact reports were formally released at the meetings.

Hon'ble Governor of **Chhattisgarh** released the State Impact Report at **Raipur**, alongside TB Champions, health officials, and partners, recognizing their contribution to TB elimination.

TB Champion Ms. Sandhya Singh and Dr. Kamlesh Kumar, State TB Officer, **Jharkhand**, share their experiences and insights during the dissemination meeting in **Ranchi**.

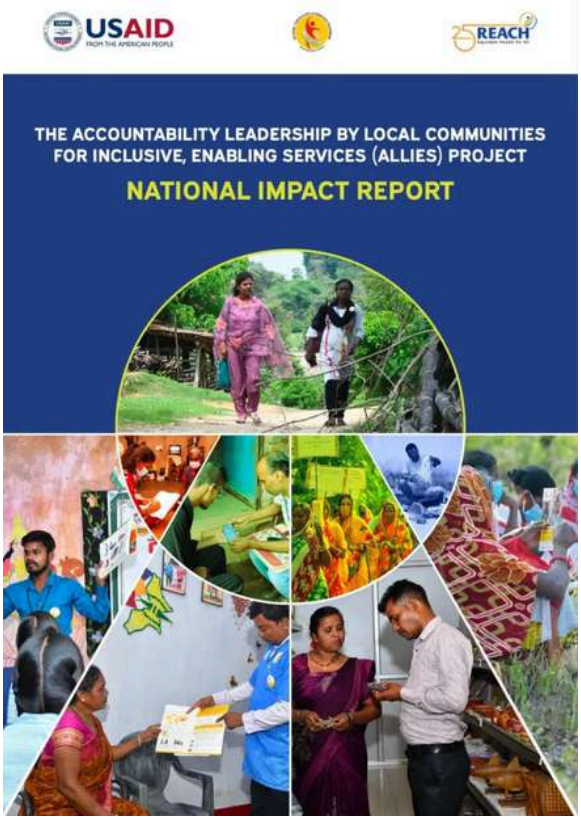
Ms. Laxmi Maharana shares her inspiring journey from TB survivor to TB Champion at the **Odisha** State Dissemination Meeting in **Bhubaneswar**.

In **Chennai**, Ms. Supriya Sahu, IAS, released the Tamil Nadu State Impact Report, commending TB Champions and NTEP officials for their role in improving TB care outcomes.

ALLIES National Dissemination Meeting

The national dissemination meeting of the ALLIES project was held in New Delhi on September 19, 2024, with Dr. K.K. Tripathy, Economic Advisor, MoHFW, as Chief Guest, and Dr. Urvashi Singh, DDG–TB, CTD, joining virtually as Guest of Honour. The event brought together dignitaries from MoHFW, USAID, WHO, NTEP officials, partners, over 50 TB Champions, and the REACH–ALLIES team.

The meeting highlighted project achievements through three sessions on the journey of TB Champions, inclusive approaches to TB care, and the Community Accountability Framework (CAF). Films on the CAF process and TB Champions' impact were screened. Dignitaries released three knowledge products on TB in the elderly, TB and disability, and gender-responsive TB care, along with the national impact report of the ALLIES project.



Scan to read the findings in detail!

COMPLETED PROJECTS 2

CHALLENGE FACILITY FOR CIVIL SOCIETY ROUND 12

| SUPPORTED BY STOP TB PARTNERSHIP

Geography:
TB Champions and Network members from six states: Bihar, Uttar Pradesh, Uttarakhand, Chhattisgarh, Odisha and Tamil Nadu.

Duration:
January 2024 - February 2025

The Challenge Facility for Civil Society (CFCS) Round 12 project, "Institutionalizing a Community, Rights, Gender and Stigma (CRGS) Approach within TB Survivor-led Networks in India," aimed to embed CRGS principles at the core of TB survivor-led networks. The project was designed to build the capacity of these networks on CRGS principles, so that members could better advocate for equitable, person-centred TB services and address barriers related to stigma and gender.

The approach centered on developing a practical CRGS curriculum, conducting structured trainings, and supporting survivor-led networks to create and implement action plans aligned with CRGS values. The project also promoted community-level assessments, stakeholder engagement, and cross-learning among networks, with an emphasis on including key and vulnerable populations in all aspects of the work.

By strengthening the voice and agency of TB survivors and building practical tools and strategies, the project sought to create a foundation for survivor-led advocacy and community-driven change in TB care, guided by rights, gender equity, and the reduction of stigma.

OBJECTIVES

Built capacity and understanding of TB survivor-led Networks on CRGS principles

Strengthened survivor-led networks to advance CRGS principles through deeper community and stakeholder collaboration

IMPACT

15,117

individuals sensitised on CRGS principles through **1,100** meetings and sessions

7,000

individuals reached through over **300** community meetings on TB awareness and stigma

1000

transgender persons reached through **100** community meetings

6,638

participants (people with TB, families, healthcare workers) assessed for stigma, with findings used to **design anti-stigma strategies.**

20

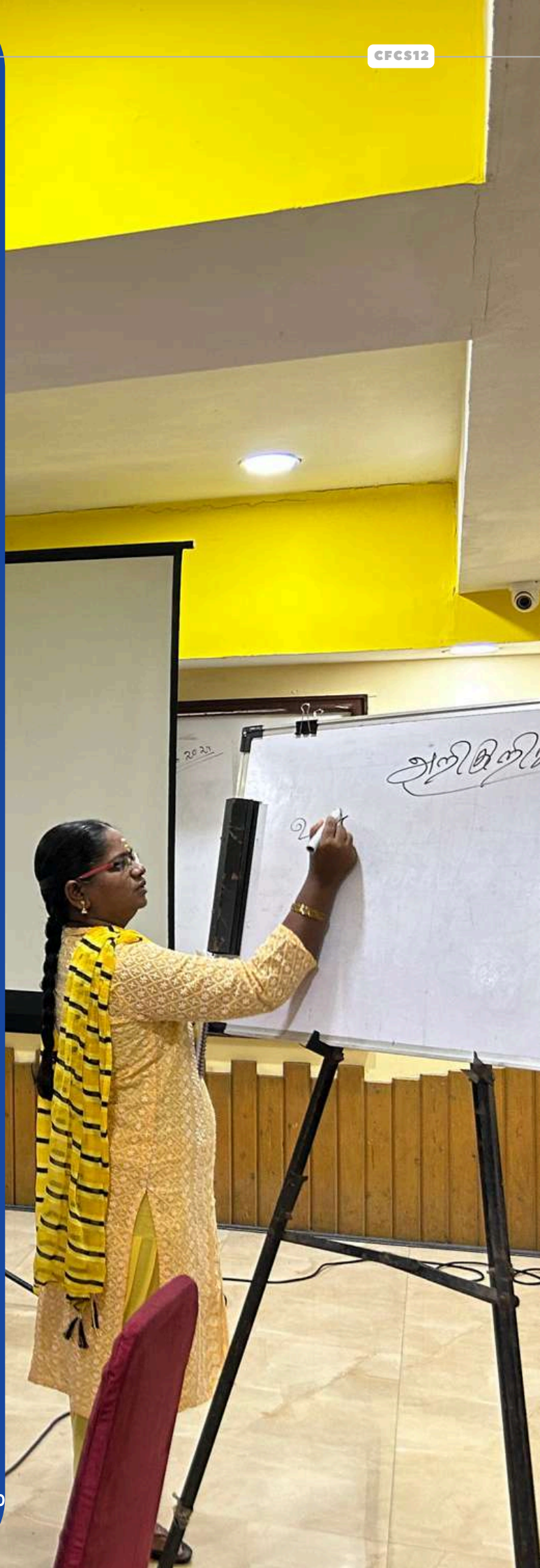
district-level cascade trainings on CRGS principles conducted by Master Trainers

191

TB forum members and **370** key influencers sensitised on CRGS principles

4

annual workplans developed to integrate CRGS principles into survivor-led networks



India TB Stigma Hackathon

As a part of the CFCS Project, in October 2024, REACH, in partnership with the Centre for Technology and Policy (CTaP) at IIT Madras and with support from the Stop TB Partnership, hosted the first India TB Stigma Hackathon. The event brought together young innovators, technologists, and public health students to design practical, scalable solutions to tackle the persistent challenge of TB stigma.

The competition drew 35 entries from 15 colleges and universities across 10 states, with participants representing diverse disciplines including management, public health, engineering, business, law, and social sciences. Of these, 12 teams were shortlisted for the final round, where they presented more than 24 actionable solutions to a jury of experts comprising Dr Girija Vaidyanathan, Ms Anuradha Rajivan, Mr Raghavan Srinivasan, Mr Bhaskar Kakuturu, and Ms Raazya Mumtaz.

WINNING IDEAS

1ST PRICE: IIT MADRAS

Proposed a nano-influencer engagement strategy using social media voices with 1,000 - 10,000 followers to amplify TB Champions' messages and reduce stigma online.

2ND PRIZE: SRM SCHOOL OF PUBLIC HEALTH

Suggested workplace stigma reduction strategies through company-level incentives, recognition, and supportive TB policies.

COMPLETED PROJECTS 3

WAVE 9 - DRUG-RESISTANT TUBERCULOSIS (DR-TB)

| SUPPORTED BY STOP TB PARTNERSHIP

Geography:
Bihar (Bhagalpur, Darbhanga, Gaya, Muzaffarpur, Patna, Saran, Sitamarhi, and Vaishali)

Duration:
January 2022 - December 2024

When TB Champion Usha Kumari first visited Rekha's home in Hajipur, she found an empty room and a family in distress. Diagnosed with drug-resistant TB, Rekha had been cast out by her mother and left in the care of her ageing grandmother, while her father struggled to make ends meet. Drawing from her own experience with TB, Usha stepped in, not just with medicines and food through the Nikshay Mitra scheme, but with something deeper: hope. Her regular visits, emotional support, and encouragement helped Rekha begin her journey toward recovery.

Rekha's story is one of many from the Wave 9 project, implemented across 8 districts of Bihar (Bhagalpur, Darbhanga, Gaya, Muzaffarpur, Patna, Saran, Sitamarhi, and Vaishali) between January 2022 and December 2024 with support from the Stop TB Partnership through the TB REACH mechanism (Wave 9).

For someone newly diagnosed with drug-resistant TB, the journey from diagnosis to starting treatment is rarely straightforward.

Before the first dose is taken, a person must navigate a complex pre-treatment evaluation - multiple tests, different specialists, and several facilities - spread over days. For someone already grappling with the shock of the diagnosis, this process can feel overwhelming, even impossible to complete.

At the heart of this approach were TB Champions like Usha Kumari - survivors trained to guide people with DR-TB through every step of care. From visiting TB Units and NAAT sites to collect lists, to making follow-up calls or home visits, they ensured no one was left navigating the system alone. **They accompanied people with DR-TB to pre-treatment evaluations, helped with in-patient admission, supported with tests like LPA, and provided initial counselling at treatment initiation.**

OBJECTIVES

Reduced pretreatment loss to follow-up (PTLFU) among People with DRTB by developing an innovative peer-led, personalised and guided support model for PwDRTB.

IMPACT

4,316

people diagnosed with drug-resistant TB (PwDRTB) across 8 districts in Bihar, with **3954 PwDRTB initiated on treatment (92%)**

770

PwDRTB received additional support beyond treatment initiation

565

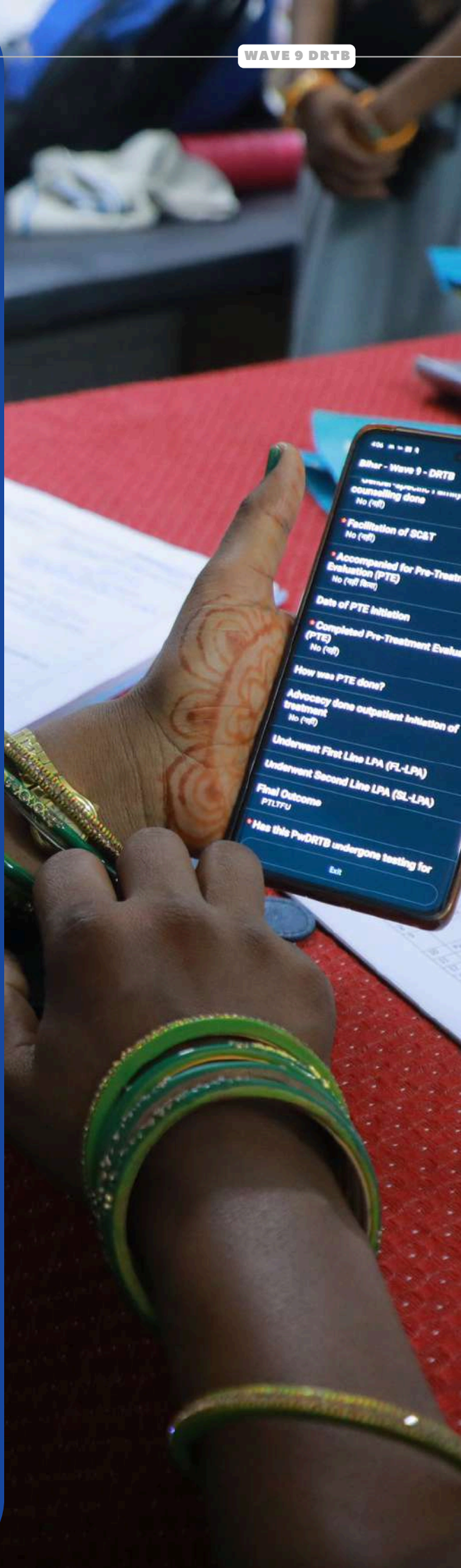
community meetings held through which **10,332** people reached with awareness messages

129

private practitioners sensitised to the availability of DR-TB services

876

people with DR-TB registered on the IVRS platform for treatment adherence reminders and digital literacy support



COMPLETED PROJECTS 4

WAVE 9 - MIGRATION

| SUPPORTED BY STOP TB PARTNERSHIP

Geography:
Tamil Nadu (Chennai, Coimbatore, Kancheepuram, and Vellore)

Duration:
June 2023 - December 2024

Nagnath, hailing from Nepal, had been working as a security guard in Chennai for two years when a persistent cough disrupted his daily life. After a visit to the Otteri government TB Hospital, he was diagnosed with TB. Worried and unsure, he found comfort and guidance through a community health worker named Maniazhagan, who not only explained the treatment but also ensured Nagnath received nutritional supplements and regular follow ups. Now, 10 months later, Nagnath is recovering well, with renewed strength and optimism.

Stories like Nagnath's reflect a larger effort to ensure TB care reaches migrant populations, who often face disrupted access to healthcare due to mobility, lack of documents, or social vulnerability. With support from the Stop TB Partnership through the TB REACH mechanism, REACH implemented a pilot project across 4 districts of Tamil Nadu (Chennai, Coimbatore, Kancheepuram, and Vellore) focusing on providing person-centred, peer-led TB care tailored to the needs of migrants. The initiative aligned with Tamil Nadu's State Strategic Plan for TB Elimination, working alongside the National TB Elimination Programme (NTEP) to address the unique barriers migrants face, whether it's poor treatment literacy, economic vulnerability, or the stigma and uncertainty that come with constant movement.

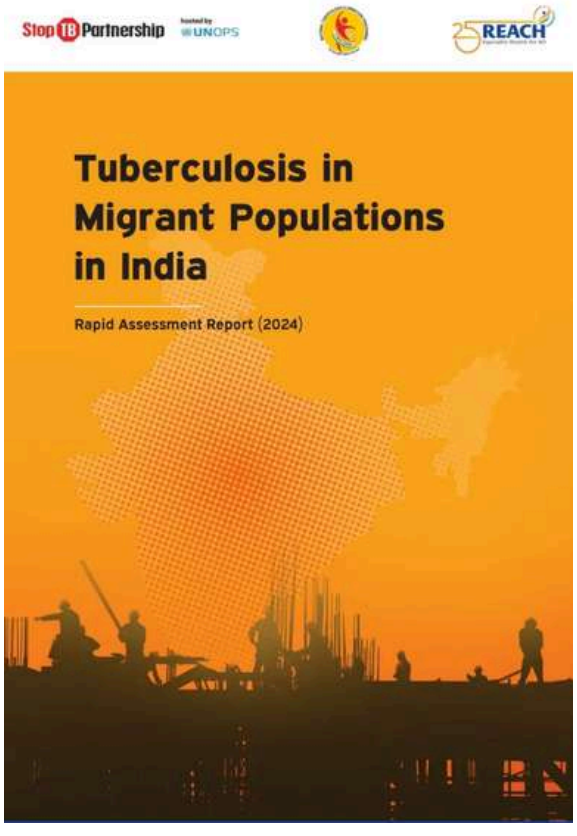
OBJECTIVES

Designed and demonstrated a comprehensive mechanism at the district and sub-district levels to provide person-centred care to migrant people with tuberculosis seeking services in the public and private sectors.

TB in Migrant Population in India: Rapid Assessment Report

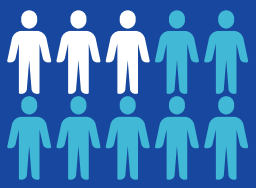
This rapid assessment report highlights how internal migrants in India face higher risks of TB and major barriers in accessing care. REACH's assessment found that services for migrants are often inconsistent, leading to gaps in treatment and support. The report calls for cohesive national guidelines on TB care for migrant communities, better data, more targeted communication and improved capacity among health workers to ensure migrants are not left behind in TB care.

To read more, please scan the QR code



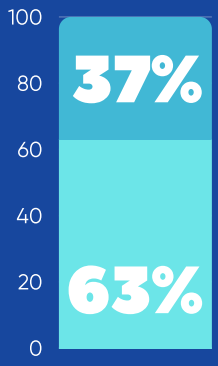
IMPACT

12,669
people with TB screened to identify their migrant status



36.6%
of 12,669 people with TB were identified as Migrant Persons with TB

of MPwTB initiated on treatment

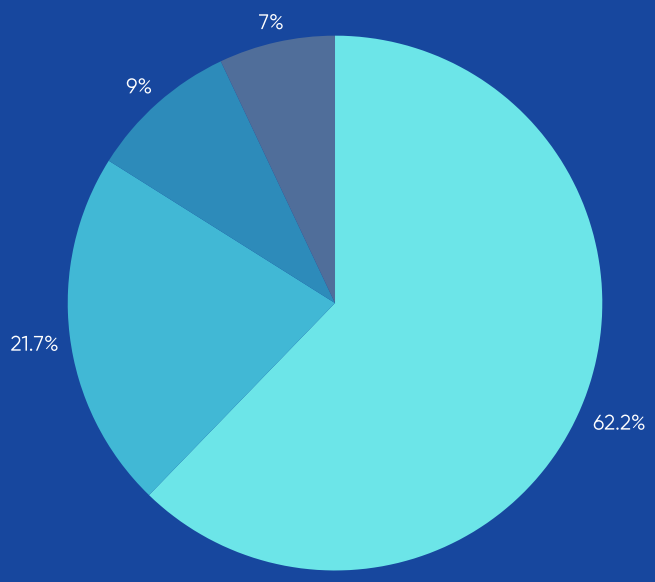


1,587 MPwTB had extrapulmonary TB

2,651 MPwTB had pulmonary TB

205
MPwTB were supported with additional nutrition support through dry rations

• HEALTHCARE SEEKING MIGRANTS BY CATEGORY



62% (n=2855): Transferred out of the project implementation districts to other districts/states

22% (n=1011): Currently living in another district and comes to the intervention districts only to get medicines

9% (n=405): Transferred in to the project implementation districts from other districts/states where they were diagnosed

7% (n=350): Currently living in and getting TB services in a place that is not their usual place of residence (within the last 5 years)

COMPLETED PROJECTS 5

ARISE

| SUPPORTED BY MANALI PETROCHEMICALS LIMITED (MPL) AND AM FOUNDATION

Geography:
Minjur and Manali, Chennai

Duration:
June 2024 - June 2025

In the narrow lanes of Minjur, a routine ARISE project door-to-door screening turned into a turning point for Lakshman. A community health worker gently pricked his finger for a blood sugar test and found alarmingly high values. Until that moment, Ramesh had no idea he had diabetes. The CHW immediately linked him to the AM-PHCC for confirmatory tests. Within days, he was sitting across from a doctor who explained his condition, started him on treatment, and set him on a path of lifestyle changes. ***"That visit to my doorstep saved me,"*** **Ramesh says.** ***"Now, I check my sugar regularly, eat better, and listen to my doctor's advice."*** **His is one of many such cases where early detection and timely referral helped prevent serious complications.**

From June 2024 to June 2025, Project ARISE, implemented by REACH in partnership with Manali Petrochemicals Limited (MPL) and AM Foundation, focused on peri-urban communities in Minjur, Manali, and nearby areas of North Chennai. These areas face challenges like scattered settlements, poor access to health services, and environmental pollution. The project used a community-based model to conduct screening and sensitization for TB, diabetes, hypertension, malnutrition, and substance use. It also identified people with vulnerabilities and provided targeted counselling and support services, improving health-seeking behaviour and access to care across the population.

OBJECTIVES

Conducted community based outreach, screening and sensitization for TB, diabetes, hypertension, and risk factors such as Malnutrition and Substance use.

Adopted a community based approach through AMPHCCs to integrate TB care services to the existing catchment population

When health access reaches home

Sometimes, impact shows up in unexpected places. On a crowded bus winding through the industrial outskirts, Suganya, an ARISE CHW, felt a gentle tap on her shoulder. It was an elderly woman she'd screened months ago. The woman beamed as she shared how Suganya's advice to visit the local government hospital, after spotting high sugar during a home screening, led to her starting diabetes treatment. *"My leg pain is gone, I feel like myself again,"* she said, her voice full of gratitude. For Suganya, moments like these reaffirmed why door-to-door visits matter; because in scattered settlements with limited health access, those brief interactions can change lives.

IMPACT

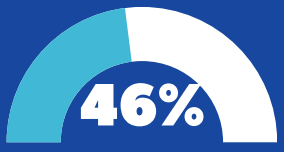
• COMMUNITY SCREENING (DOOR-TO-DOOR)

17,691
people screened (36% men, 64% women)

18
TB presumptives identified
2 diagnosed and on treatment.

DIABETES

3,266
known diabetics identified

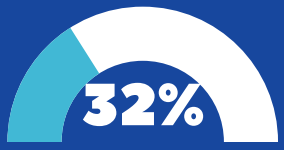


had uncontrolled glucose

281
newly diagnosed started treatment

HYPERTENSION

3,139
known hypertensives



(1,005) uncontrolled

175
newly diagnosed started treatment

• NAKSHATRA CENTRES (REFERRAL HUBS)

1,055
community referrals recorded

416
diagnosed with TB; all 416 initiated on treatment

DIABETES AMONG REFERRALS

1,004 were tested, **277** were known diabetes and on regular treatment (through ongoing counselling).

HYPERTENSION AMONG REFERRALS

122 known HT on treatment; **10** newly diagnosed and initiated.

SUBSTANCE USE AMONG REFERRALS

Alcohol

Smoking

• AM-PHCC (INTEGRATION OF COMMUNICABLE & NCD CARE)

Posters and pamphlets deployed.
AM-PHCC medical camps conducted **(222 community members, 55 students)**

Regular review with MTM teams; gap-bridging camps and line-listing improved referral completion and treatment initiation for newly diagnosed DM and HT

40

People with TB symptoms were referred for diagnosis, all of whom tested negative for TB

Diabetes Day, TB Day, and Hypertension Day were observed at the PHC health centre to raise awareness among outpatients. Relevant posters, pamphlets, and banners were developed and distributed across all **13 AMPHCCs.**

ONGOING PROJECTS 6

ENGAGING THE MEDIA

Geography:
Pan-India

Duration:
2019-2025

India is in the midst of a profound health shift: non-communicable diseases, like heart disease, cancer, and diabetes, now account for more than 61% of all deaths, up from just 38% in 1990. This dramatic rise reflects an evolving health landscape shaped by lifestyle changes, aging populations, and widening gaps in long-term care.

Yet, media attention on NCDs remains largely urban-centric and superficial, rarely capturing the lived realities of people in smaller towns, rural communities, and vulnerable groups. REACH's media engagement programme for NCDs aimed to change that by empowering journalists, especially those working in regional languages, to go deeper.

Each year the program spotlighted one major NCD: from chronic respiratory illnesses and mental health to cardiovascular diseases, diabetes, and most recently, cancer.

This last year, j**ournalists chosen for the Fellowship programme explored cancer from multiple angles:** the need for stronger palliative care, the gaps in government hospital infrastructure, the struggles of people migrating long distances for treatment, the impact of lifestyle and environmental factors, and new possibilities such as AI-based early screening. Together, these stories amplified the voices of people with cancer and their families while bridging knowledge gaps in the wider public.

IMPACT

16
journalists (14 regional + 2 national) trained and supported.

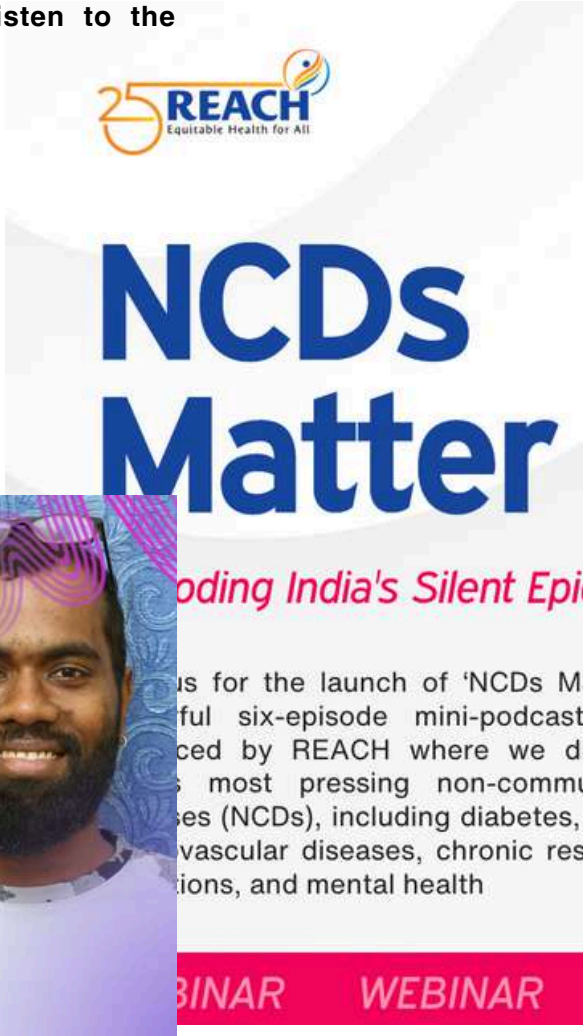
62
in-depth stories on cancer published

12
states/UTs in India covered and **5** languages covered

NCD Matters: Podcast Series

To complement the Media Fellowship, the project launched NCD Matters, a six-episode podcast series designed to make complex health information simple and accessible. Each episode focused on a major NCD, featuring a mix of expert insights and survivor stories on diabetes, cancer, cardiovascular diseases, mental health, and chronic respiratory illnesses. By blending narratives with unscripted interviews, the podcast translated technical knowledge into engaging conversations, offering both practical advice and human stories. It reached diverse audiences across India, reinforcing the project's mission to bridge information gaps, challenge stigma, and empower communities with knowledge to take informed health decisions.

Scan to listen to the podcast!

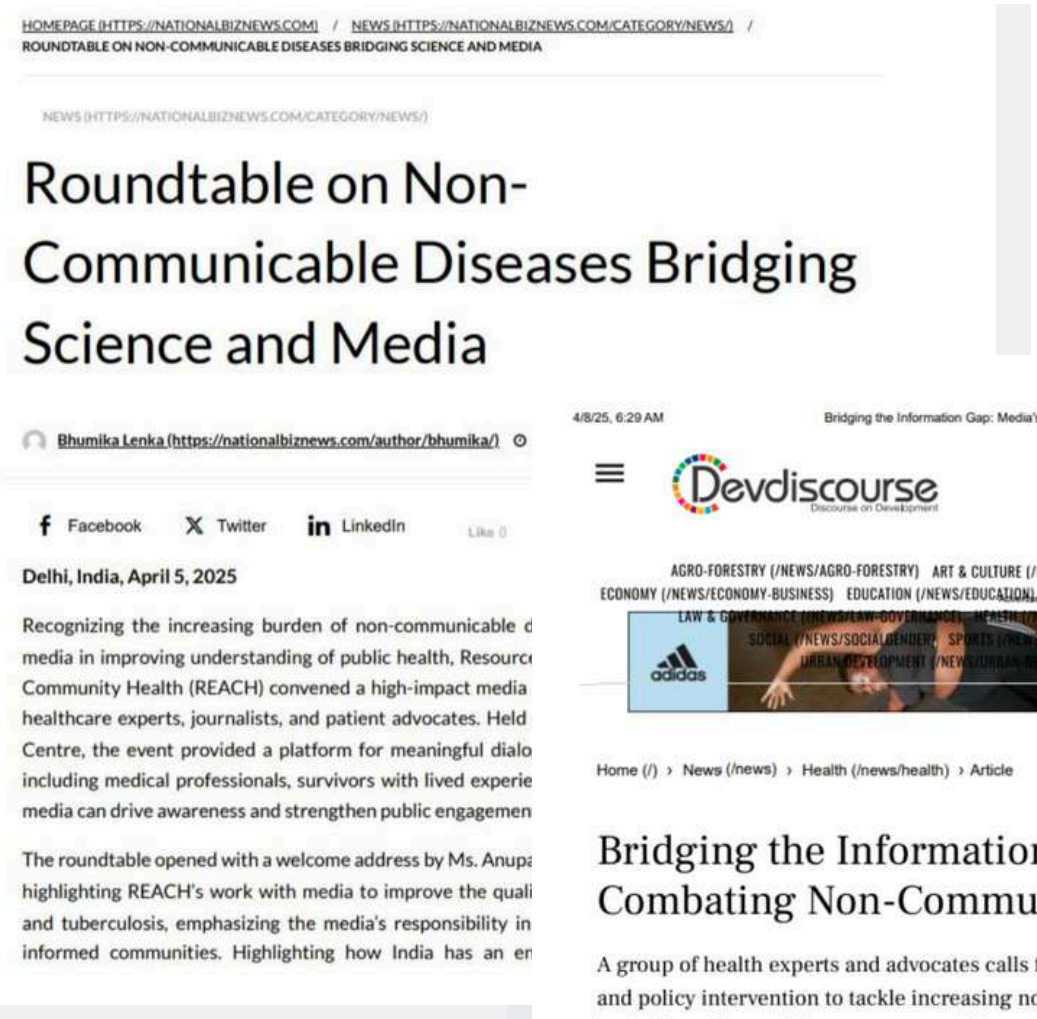


Media Roundtables:

Held in Delhi and Mumbai, the roundtables brought together doctors, public health experts, media, and patient advocates to discuss the role of the media in addressing India's growing NCD crisis. The aim was to promote accurate, inclusive, and solutions-driven health communication that strengthens public awareness and accountability.

KEY TAKEAWAYS

Stronger collaboration between health experts and the media is essential to bridge knowledge gaps. Journalists must be encouraged to use a systems-based approach and focus on human-centred, stigma-free stories that amplify survivor voices. Accurate, solutions-driven reporting and region-specific, vernacular campaigns are key to improving public understanding and combating misinformation.



HOMEPAGE (HTTPS://NATIONALBIZNEWS.COM) / NEWS (HTTPS://NATIONALBIZNEWS.COM/CATEGORY/NEWS/) /
ROUNDTABLE ON NON-COMMUNICABLE DISEASES BRIDGING SCIENCE AND MEDIA

NEWS (HTTPS://NATIONALBIZNEWS.COM/CATEGORY/NEWS/)

Roundtable on Non-Communicable Diseases Bridging Science and Media

Bhumika Lenka (https://nationalbiznews.com/author/bhumika/)

Facebook Twitter LinkedIn

Delhi, India, April 5, 2025

Recognizing the increasing burden of non-communicable d
media in improving understanding of public health, Resourc
Community Health (REACH) convened a high-impact media
healthcare experts, journalists, and patient advocates. Held
Centre, the event provided a platform for meaningful dialo
including medical professionals, survivors with lived experie
media can drive awareness and strengthen public engagemen

The roundtable opened with a welcome address by Ms. Anupa
highlighting REACH's work with media to improve the quali
and tuberculosis, emphasizing the media's responsibility in
informed communities. Highlighting how India has an er

4/8/25, 6:29 AM Bridging the Information Gap: Media's Role in Combating Non-Communicable Diseases | Health

Devdiscourse
Discourse on Development

AGRO-FORESTRY (/NEWS/AGRO-FORESTRY) ART & CULTURE (/NEWS/ART-CULTURE) TECHNOLOGY (/NEWS/TECHNOLOGY)
ECONOMY (/NEWS/ECONOMY-BUSINESS) EDUCATION (/NEWS/EDUCATION) ENERGY (/NEWS/ENERGY-EXTRACTIVES) POLITICS (/NEWS/POLITICS)

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Bridging the Information Gap: Media's Role in Combating Non-Communicable Diseases

A group of health experts and advocates calls for early diagnosis, preventive healthcare, and policy intervention to tackle increasing non-communicable diseases. The media's role
lic awareness and improving reporting quality on public health

vdiscourse-stories) | New Delhi | Updated: 06-04-2025 15:48 IST | Created: 06-04-2025 15:48 IST

સિટી એન્કર

હેલ્થ પ્રેક્ટિશનરો, મિડિયા, દર્દી હિમાયતીઓ દ્વારા આ મુદ્દાને પહોંચી વળવા ચર્ચા

વિજ્ઞાન- મિડિયા વચ્ચેનું અંતર દૂર કરવા બિન-ચેપી રોગો પર પરિષદ

Non Communicable Dis ses (NCDs):
Bringing cienc and ogether

ડેપ્યુટી ડાયરેક્ટર અનુપમા શ્રીનિવાસને કરી હતી. જેને લઈ ચર્ચાની શક્તિશાળી શ્રેણી થકી મંચ સ્થાપિત થયું હતું, જેણે અંગત અનુભવો, તબીબી ઈનસાઈટ્સ અને જવાબદાર મિડિયાની વાર્તાકથનની ભૂમિકા વચ્ચે અંતર દૂર કરવાનો પ્રયાસ કરાયો હતો.

ડો. સુકૃતિ ચૌહાણે કર્યું હતું. પેનલિસ્ટોમાં ઈન્ડિયા કેન્સર સોસાયટી ખાતે તબીબી બાબતોનાં ડેપ્યુટી ડીજી ડો. વંદના પાભણકર, વરિષ્ઠ એન્ડોક્રાયનોલોજિસ્ટ અને ડિવસ સંસ્થાના સંસ્થાપક ડો. ઉષા શ્રીરામ અને સુપ્રીમ હોસ્પિટલમાં સિનિયર ગાયનેકોલોજિસ્ટ ડો. સુપ્રિયા અરવારીએ ખાસ કરીને

તબીબી વ્યાવસાયિકો- મિડિયાનું જોડાણ

ડો. વંદના પાભણકર દ્વારા જાગૃતિ વધારવા તબીબી વ્યાવસાયિકો અને મિડિયા વચ્ચે વધુ જોડાણ પર ભ
સર્વાઈવર પ્રીતિ કડ સાથે કાયર
પ્રભાકરને કર્યું હતું, જેમાં કડે પો
વર્ણવીને તેમાંથી કઈ રીતે બ
માન્યતા દૂર કરવા અને વિજ્ઞાન
શક્તિશાળી ટૂલ છે એમ કહી
સગ્માઈઓ બહાર લાવવા માટે
અને લડીલી બીમારીઓ પર મદદ
પ્રીતિ શ્રીપરે ભારતમાં માનસિક
વળવા વિશે જણાવી સાઈકો-
આપ્યો હતો. વરિષ્ઠ સંપાદક
જાહેર સેવા તરીકે જોવા માટે સા

મહિલા અને વંચિત સમુદાયોમાં વહેલા નિદાન અને ઉપચારમાં પદ્ધતિસર અંતર આલેખિત કરીને

PRIVATE SECTOR ENGAGEMENT FOR TB CARE AND PREVENTION | *IMPLEMENTED BY REACH*

The fight against TB elimination cannot be achieved without the active involvement of the private healthcare sector. Research studies indicate that nearly 60 % of the population seek private care for TB and the private doctor is often the first point of contact.

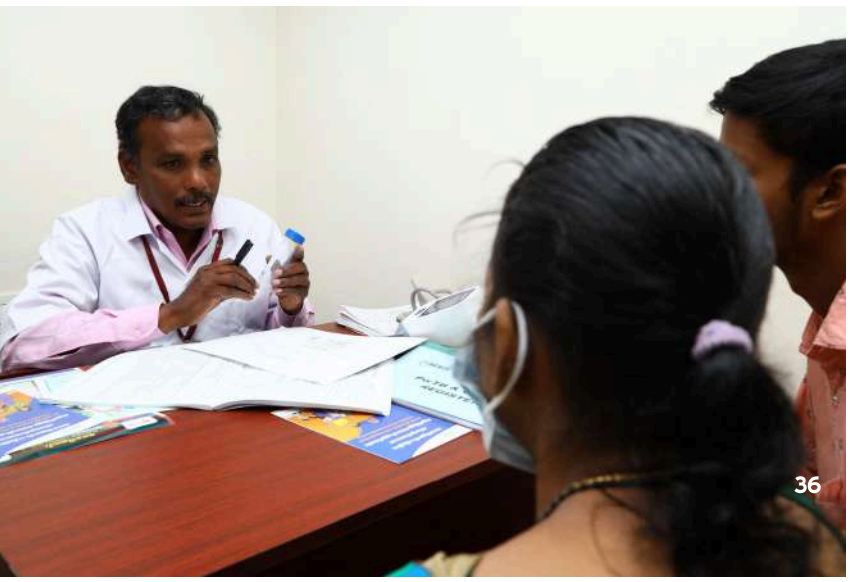
The private sector includes a wide spectrum of providers, ranging from individual clinics and general practitioners to multi-specialty, trust and mission-based hospitals to larger corporate hospitals. Engaging all these stakeholders is critical to strengthen the TB response and ensure that no person is left behind. Through sustained partnerships with the private health care sector, REACH continues to bridge gaps in care, building trust, and ensuring that people with symptoms of TB have access to timely and quality TB care services.

Through the private healthcare sector model, REACH has been establishing Nakshatra Centres—one-stop hubs for TB care, offering both diagnosis and treatment. Each centre is staffed by a TB Nanban (friend), who supports people with symptoms or those diagnosed with TB by facilitating access to sputum tests, providing counselling, and initiating treatment. By integrating these services, Nakshatra Centres ensure that people seeking care in the private sector receive timely support and the same quality of services available under the National TB Elimination Program (NTEP).

OBJECTIVES

To strengthen the private healthcare sector's engagement in delivering quality TB care services by ensuring equitable access to quality diagnostic, treatment, and support services as aligned with the National TB Elimination Program.

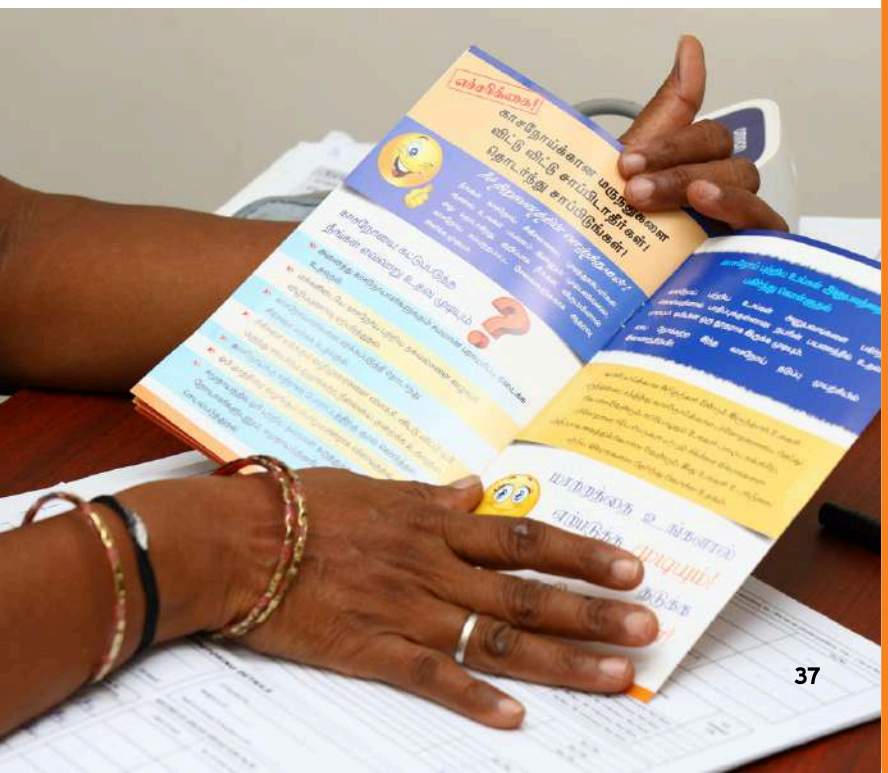
To support people with TB in accessing comprehensive quality care services- including diagnosis, counselling, treatment initiation, adherence support, prevention counselling, family contact screening, regular follow-up through home visits and phone calls- thereby improving TB treatment outcomes.



SERVICES AVAILABLE AT NAKSHATRA CENTRES:

- **Offering TB tests** for people with symptoms – sputum test for NAAT and LPA
- **Supporting sputum collection and transportation** to Government Labs for diagnosis
- **Providing counselling and education** on basics of TB, contact screening, and TB prevention for the people with TB and families
- **Initiating TB treatment** with provider support and follow up on adherence till completion of treatment.
- **Notifying all people with TB** on the Nikshay Portal
- **Linking People with TB** to Nikshay Poshan Yojana of the Government

நட்சத்திரா
NAKSHATRA
Private Health Sector Response to End TB



IMPACT

(April 2024 to March 2025)

700

Private Practitioners who referred People with symptoms of TB

6656

People with symptoms of TB who were referred

2768

People who were diagnosed with TB

89%

People with TB who successfully completed treatment

ONGOING PROJECTS 2

CARE CONNECT

| SUPPORTED BY MUELLER HEALTH FOUNDATION (MHF)

Geography:
Chennai

Duration:
2024 - ongoing

Managing both TB and Diabetes can be complex, with each condition making the other harder to treat. The CARE CONNECT project seeks to ease this burden by redefining how the two diseases are co-managed — offering people integrated, comprehensive healthcare that strengthens TB treatment outcomes while supporting better Diabetes control.

At the heart of the initiative is the **Triple A Approach:** ensuring **access** to timely diagnosis, **access** to effective treatment, and **access** to quality education for people with TB and Diabetes, along with their families and caregivers. It brings together medical care, education, and support to improve health and quality of life. Building on REACH's long-standing Private Sector Engagement model in Chennai, which has been operational since 1999, the project initially focused on formative activities such as FGDs, surveys, and landscape assessments in Phase 1, to delivering direct, integrated solutions for TB and Diabetes in Phase 2.

The implementation of the project is planned in **3 phases:**

Phase 1:	**Phase 2:**	**Phase 3:**
9 months	24 months	15 months

"For us, the greatest reward of private sector engagement is the healing touch we bring to each person battling TB. Every journey is unique, and we're humbled to support individuals on their path to recovery. Our work nurtures not just healthy individuals but whole families and communities, helping turn TB into a catalyst for positive change. At the heart of this initiative is compassion- reflected in the gratitude and smiles of people with TB and their families when they feel heard and cared for. It's a powerful reminder of the human impact of our work."

Ms. Sheela A
Deputy Director, REACH

OBJECTIVES

- To develop the Care Connect model by comprehensively assessing the clinical, social, economic and psychosocial determinants impacting individuals with TB and Diabetes. **(Phase 1)**
- To implement the Care Connect model aimed at addressing the clinical management of TB and Diabetes and improving TB treatment outcomes and Diabetes adherence **(Phase-2)**
- To integrate socio-behavioral dimensions within the Care Connect model and enhance interventions for people with TB and Diabetes **(Phase-3)**
- To facilitate knowledge transfer of best practices from the Care Connect model, by establishing knowledge satellites in select districts and states in the country **(Phase 3)**

KEY ACHIEVEMENTS OF PHASE 1

Constitution of the **Technical Advisory Group (TAG)** for TB and Diabetes co-management.

Completion of a **Rapid Assessment Report**, including landscape mapping of community care models for TB and Diabetes.

Development of a **360-degree Assessment Report**, summarising the findings from people with TB and Diabetes, caregivers, and providers.

Preparation of **Standard Operating Procedures** for the roll-out of the Care Connect model.

Creation of a **Training Module for Caregivers** of people with TB and Diabetes.

DRTB INITIATIVE

The DR-TB Community Care Model provides holistic, person-centred care for people with drug-resistant tuberculosis (PwDR-TB) in Chennai, Tamil Nadu. Recognising the challenges of DR-TB treatment - long, complex regimens of 9–24 months with significant side effects - the model addresses both medical and psychosocial needs.

In July 2024, the earlier MHF-DR project was integrated into the CARE CONNECT initiative. Between July 2024 – March 2025, the initiative delivered a comprehensive package of services designed to improve diagnosis, treatment, and overall well-being for people with DR-TB.

IMPACT *of DR-TB Initiative*

1,855

people with TB supported, out of which 939 were bacteriologically positive

586

Line Probe Assays conducted (61% coverage)

962

microbiological positive

• PERSON CENTRED DR-TB CARE

9 support group meetings organised for 40+ people with DR-TB for psychosocial support, stress management, and nutrition guidance,

My Journey with DR-TB - From Fear to Hope

Shared by Sandeep, a 19-year-old DR-TB survivor from Tamil Nadu, now in his final month of treatment (September 2025)

When I was in my second year of engineering, I started feeling sick, persistent cough, fever, and stomach pain. Eventually, I was diagnosed with drug-resistant TB in my abdomen. At first, I thought, *"A few medicines and I'll be fine."* But the treatment journey was anything but easy.

With help from the DR-TB Coordinator at REACH, I got admitted to Tambaram Hospital and started the free treatment. The side effects were hard, skin darkening, nausea, mood swings, and the comments about my appearance really got to me. The doctors and coordinator kept reminding me, *"Health is more important than looks."*

The nutrition kits and regular check-ins helped my family and kept me on track. Over time, I started taking my health more seriously and even encouraged friends to do the same: *"We only value our health when we lose it."*

Now, after almost 17 months, I'm close to finishing treatment. My skin is returning to normal, and I'm hopeful about the future. Looking back, I know I couldn't have done this alone. I believe everyone with DR-TB deserves this level of care - counselling, support, nutrition, and someone to call when things get tough.

ONGOING PROJECTS 3

WAVE 11 - STRATEGIC, INTEGRATED AND COMPREHENSIVE OUTREACH FOR RESPIRATORY HEALTH, TOWARDS ENDING TB IN INDIA (SCORE TB PROJECT)

| SUPPORTED BY STOP TB PARTNERSHIP THROUGH THE TB REACH MECHANISM (WAVE 11)

Focus States:
Tamil Nadu (Theni and Dindigul) and Bihar (Darbhanga and Muzaffarpur)

Duration:
September 2024 - ongoing

In India, millions live with respiratory illnesses - tuberculosis, COPD, asthma - often without knowing it. While the burden is high, the care for these conditions remains fragmented. TB services and lung health are addressed separately within the public health system, despite overlapping symptoms and risk factors. For those affected, this often means navigating disconnected care pathways, visiting multiple facilities, and missing timely diagnoses.

The SCORE TB project was designed to respond to this gap through a facility- and community-based integrated screening approach. Anchored within a person centred model of care, it aims to improve access to comprehensive respiratory health services, for both TB and chronic respiratory diseases (CRDs), within the public health system. The project envisions a future where people with respiratory conditions receive early diagnosis, appropriate care, and follow up through a single integrated pathway.

The most fulfilling part of working on the SCORE TB project has been providing holistic support to people with compromised lung function, helping them improve their respiratory health and overall quality of life. Seeing community health workers grow confident in delivering integrated care, from spirometry to breathing exercises, has been equally rewarding. Together, we're building a stronger foundation for lung health in the communities we serve.

Dr.Shruthi B.S
Operations Lead, REACH

OBJECTIVES

To increase TB case finding through AI-enabled CXR & a combination of facility & community-based screening at the primary & secondary care levels in the four selected districts

To identify CRDs, specifically COPD & Asthma, in adults and children through expanded access to & use of spirometry in the four selected districts

To provide a holistic, multi-dimensional respiratory care package to people with TB & CRDs in the four selected districts

To demonstrate a community-led approach to improve public understanding of AMR in the four selected district

IMPACT *(upto March 2025)*

1,04,325
people screened

6,916
people were identified with presumptive TB

5,904
people underwent testing

177
Total number of people diagnosed with CRDs (Asthma and COPD)

177
Total number of people with TB who had bacteriological confirmation

131
Total number of people with all forms of TB and initiated on treatment

ONGOING PROJECTS 4

TB ELIMINATION PROGRAMME

| SUPPORTED BY HCL FOUNDATION

Geography:
Hardoi, Uttar Pradesh

Duration:
October 2023 - ongoing

In Hardoi district, Uttar Pradesh, the REACH - HCL Foundation TB Elimination Programme set out to change how communities support people with TB. By combining nutrition assistance, hands-on counselling from TB Champions, and sustained community engagement, the project aims to make care more personal and accessible.

Covering 11 blocks and 12 TB Units, the project uses two different models: "intense" units focus on comprehensive peer support, home visits, nutrition assessment, and anti-stigma campaigns, while "lite" units provide support mainly at TB Units and focus on treatment initiation, follow-up, and referrals. Community sensitization, PRI engagement, and capacity building remain core priorities.

OBJECTIVES

To provide person centres care services to people with TB enrolled in the project

To provide nutritional support to improve treatment outcomes

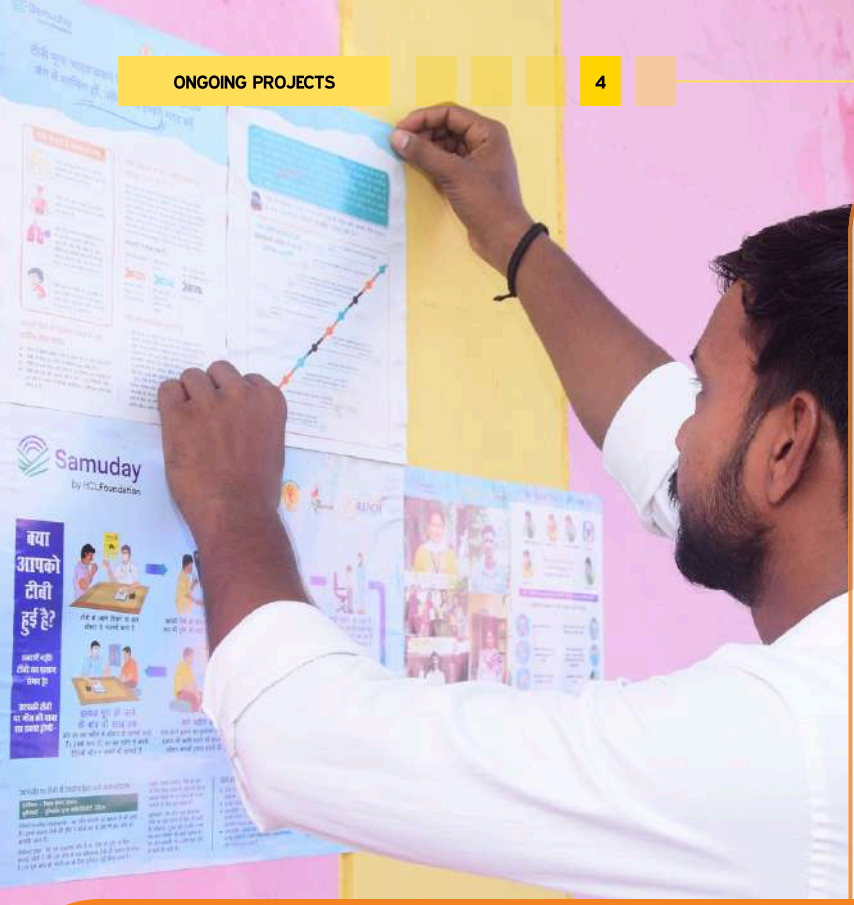
To increase community awareness about TB

Sudheer's Journey from Survivor to Supporter

At just 19, Sudheer Kumar walks through the lanes of Kachhauna, Hardoi each morning with quiet determination. He isn't a doctor, but for over 100 people with TB, he has been a source of strength and empathy. He knows the road well - he was diagnosed with TB in March 2024. *"There were days I didn't think I'd get better,"* he recalls. By the time he completed treatment in September, he had decided: if he could get through it, so could others - especially if they didn't have to face it alone.

One of the first people he supported was Kanhaiya Lal, a chana seller whose TB had worsened into DR-TB. *"He looked tired, physically, yes, but more than that, emotionally,"* says Sudheer. Together with REACH and HCL Foundation, Sudheer ensured Kanhaiya received monthly nutrition kits and constant encouragement. Gradually, Kanhaiya regained his appetite, his strength, and his will to keep going.

"Doctors give medicine," Sudheer says, *"but sometimes, people just need someone to show up. Someone who understands. That's what we do."*



"The growing role of the TB Champions as peer supporters inspires me. The investment in building the capacities of the TB Champions has made sure that there is someone available at the last mile to talk to and share their story to give much needed hope to people when they are fighting TB."

Mr. Ashvini Vyas
Project Management Specialist, REACH

IMPACT *(upto March 2025)*

2073

PwTB received nutrition kits and a total of **5,938** nutrition kits were distributed.

33

TB Champions trained in peer support and community engagement, with regular mentorship through the project period

838

community meetings, **826** stakeholder meetings, and **112** anti-stigma sessions were conducted.

2,900+

caregivers trained through the **Family Caregiver (FCG) model** to support nutrition and treatment adherence at home.

12

planned PRI meetings completed, with strong local participation and media coverage

2662

people reached throught multiple rallies and anti-stigma campaigns organized

ONGOING PROJECTS 5

COMPREHENSIVE FAMILY-CENTRED NUTRITION INTERVENTION FOR PEOPLE WITH TB

| SUPPORTED BY HINDUSTAN UNILEVER LIMITED

Geography:
Haridwar (Uttarakhand), Patiala (Punjab), and East Godavari (Andhra Pradesh)

Duration:
July 2024 - ongoing

When Diksha first heard the words "You have TB", her family's support helped her through six months of treatment. But when TB returned after her marriage, the silence and isolation she faced left her feeling scared and uncertain. That experience now shapes her work as a TB Champion at the Roorkee Sub-District Hospital, where for over two years she has supported others through the same journey — from follow-ups and counselling to linking vulnerable patients with nutrition support. *"It's not just about medicine. It's about keeping their body strong and their mind hopeful,"* she says.

Diksha's work captures the spirit of the Comprehensive Family-Centred Nutrition Intervention, launched in July 2024 with the support of Hindustan Unilever. Active across 21 TB Units in 3 districts, the intervention responds to the close link between TB and undernutrition.

Malnutrition weakens immunity, increasing vulnerability to TB, while TB itself worsens weight loss and nutrient deficiencies. By complementing government schemes like Ni-kshay Poshan Yojana and Ni-kshay Mitra, the programme provides person-centred, nutrition-sensitive support through trained Community Health Workers (CHWs) and Nutritionists.

OBJECTIVES

To design and roll out a comprehensive, family centred nutrition intervention for people with TB in three selected districts in India to address the dual burden of TB and malnutrition

To provide additional nutritional support for people with TB identified based on the need assessment

To provide comprehensive family-centred counselling to people with TB and their caregivers

CHWs conduct treatment literacy sessions, nutrition and vulnerability assessments, and offer family centred counselling to people with TB and their caregivers. Those identified as vulnerable - including individuals with low BMI, children, adolescents, people with HIV, and those with DRTB - receive additional nutrition kits every month to support recovery.

Each district has a dedicated Nutritionist who provides expert telephonic counselling in the local language to people with TB identified for advanced support. Nutritionists also support CHWs with knowledge-building sessions, strengthening the continuum of care.

IMPACT *(upto June 2025)*

30
Community Health Workers engaged across all 3 districts

3,146
people with TB supported by CHWs

728
people with TB received additional nutrition support

2,093
nutrition kits distributed and 20 Nutrition Support Group meetings conducted

607
people sensitised in Nutrition Support Group meetings and **635** people with TB received expert nutrition advice

"The project has fostered powerful cross-learning - connecting insights from East Godavari in the South to Patiala and Haridwar in the North. A testament to the power of community engagement, and shared learning in driving better health outcomes"

Ms. Anuradha Panda
Operations Lead, REACH

ACT (ALIGN,COLLABORATE,TEST) FOR TB

| Supported by HCL Foundation

Geography: Chennai
Duration: April 2025 - March 2026

In the bustling neighbourhood of Kannagi Nagar in Chennai, a resettlement area marked by high population density, limited resources, and a growing burden of non communicable diseases like diabetes, hypertension, and malnutrition, the risk of TB remains high.

To address this, REACH, with support from the HCL Foundation, has launched ACT for TB (Align, Collaborate, and Test), a public-private-community partnership model that brings together all three sectors to find and treat TB early, which will run from April 2025 to March 2026.

OBJECTIVE

To improve awareness of TB and health-seeking behavior among urban slum populations and vulnerable groups through targeted community outreach meetings.

By combining grassroots awareness, private sector engagement, and supportive services, the project hopes to reduce delays in diagnosis, improve treatment adherence, and set a precedent for TB response in urban slum settings.

ACT for TB hopes to be a model of what's possible when communities are informed, providers are engaged, and support is holistic.

PROJECTED REACH

15,000+
households will be reached for TB symptom screening

All symptomatic individuals to be llinked to care in public or private facilities

30,000
individuals will be covered through outreach by trained community health workers

Support to be provided for chest X-rays and nutrition to reduce barriers to diagnosis and treatment

100
private healthcare providers sensitized; 30+ actively referring and notifying cases

CREATING AN ENABLING ENVIRONMENT FOR ENHANCED ACCESS TO DRTB SERVICES IN INDIA | *Supported by TB Alliance*

Geography: Bihar, Maharashtra, New Delhi, Uttar Pradesh, Tamil Nadu, Uttarakhand
Duration: April 2025 - March 2026

Understanding of drug-resistant TB (DR-TB) and the concept of resistance is still limited in many communities.

To address this, REACH, with support from TB Alliance, is launching a project that focuses on building awareness and closing information gaps at a time when India's National TB Elimination Programme has introduced new, shorter treatment regimens. By equipping survivor-Champions and local networks with the knowledge and skills to engage communities, the initiative aims to improve awareness of DR-TB and help people navigate the changing landscape of treatment.

OBJECTIVES

To strengthen community understanding of drug-resistant TB through the training and engagement of TB survivor-Champions and members of survivor-led networks

To enhance access to high-quality DRTB care through the provision of peer support, by gathering feedback from service users and through extensive outreach to local community leaders and influencers

PROJECTED REACH

100
TB Champions will be trained and actively engaged

45,000
people will be sensitised on drug-resistant TB

300
people with DRTB will receive structured peer support

STRENGTHENING OF AN INTEGRATED NCD-TB CARE INTERVENTION

| Supported by Azim Premji Foundation

Geography: Thuraiyur Block of Tiruchirappalli District, Tamil Nadu
Duration: May 2025 - April 2028

In the heart of rural Tamil Nadu, the Thuraiyur block in Tiruchirappalli district is home to over 160,000 people spread across 43 villages and 34 Gram Panchayats. Like many such regions, it faces a dual burden of disease - rising rates of non-communicable diseases like diabetes and hypertension, alongside persistent cases of TB.

Vulnerable populations such as the elderly, persons with disabilities, and migrant workers are often the most affected, yet the least served. With support from the Azim Premji Foundation, REACH is set to launch a pioneering community partnership model that seeks to change this. The project will demonstrate an integrated NCD-TB care model at the primary care level, working in close collaboration with the district health system, to create a more equitable, accessible, and people-centered health response

OBJECTIVES

To improve health literacy and community involvement in health, thereby increasing demand for quality services

To demonstrate an integrated NCD-TB care model using a comprehensive care-cascade approach, including screening and linkage to care for diabetes, hypertension, and TB.

PROJECTED REACH

80,000
adults over age **30** will be reached through community sensitisation and household-level screening

16,000
people expected to test positive for NCDs

500
people expected to test positive for TB

Peer groups, nutrition counselling, and linkages to public health services for diagnosis and treatment

Tracking improvements in blood sugar, blood pressure, TB outcomes, and health-seeking to reduce disease burden and build a scalable rural care model.

WORLD TB DAY 2025

In 📍 Chennai, Hon. Health Minister Thiru. Ma. Subramaniam launched citywide awareness drives with the theme *"Yes! We Can End TB: Commit, Invest, Deliver."* Activities included OPD awareness sessions, screening camps for sanitary workers, distribution of wristbands, stickers, and pamphlets, along with community pledges to support those affected by TB.

Treat people with tuberculosis with kindness, says Suhasini Maniratnam

The Hindu Bureau
CHENNAI

If you ever meet someone with tuberculosis (TB), act with kindness; instead of judging, encourage them to complete their treatment, says actor, filmmaker, and TB survivor Suhasini Maniratnam.

At an event held on Wednesday to commemo-

Actor Suhasini Maniratnam, M.S. Swaminathan Research Foundation Chairperson Soumya Swaminathan, Health Minister Ma. Subramanian, and others at an event held to mark TB Day.

The actor says that the real enemy is misinformation, and not the patients

can happen to anyone – rich or poor, young or old, fit or unfit. With proper medical care and support, patients can recover and lead active wonderful lives."

"I also stand as a reminder that we must change the way we talk about this disease. Let's replace stigma and fear with knowledge," she added.

At the event jointly organised by the Health and Family Welfare Department, Government of Tamil Nadu, and REACH (a non-profit organisation working on TB for over 25 years), Health Minister Ma. Subramanian launched an awareness campaign focussed on involving autorickshaw drivers and unions to display messages on TB.

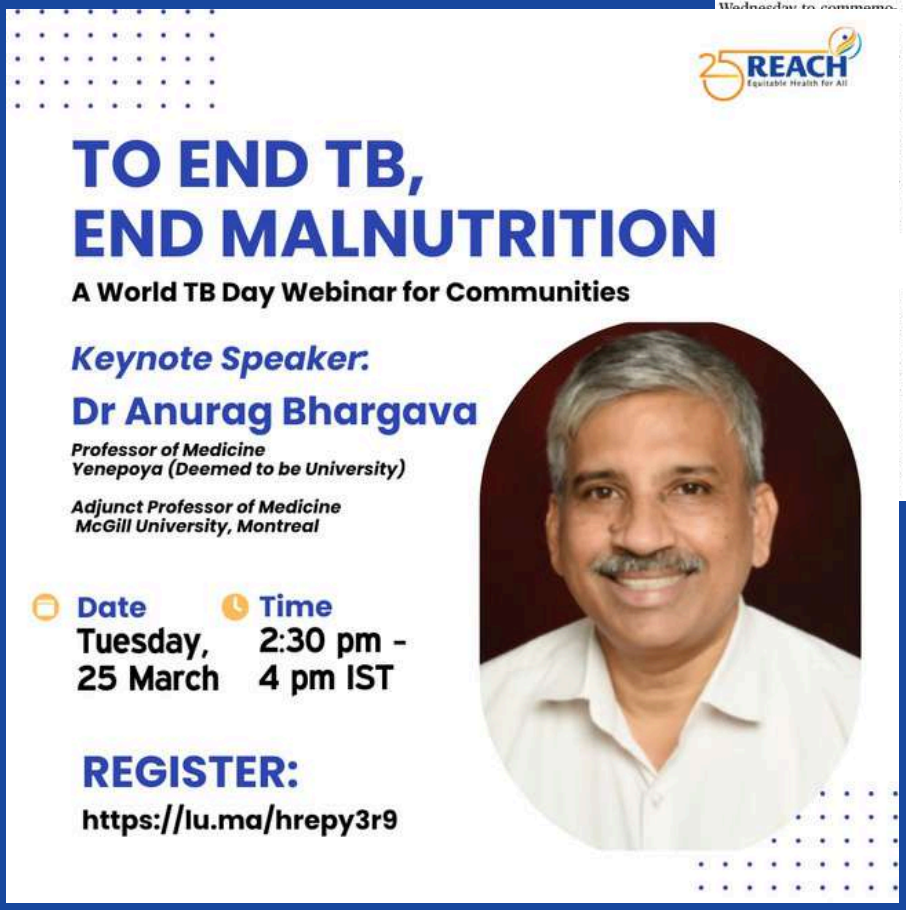
Innovative strategies

He reinforced the State's commitment to adopting innovative strategies to work towards TB elimination, and join hands with organisations such as REACH.

Speaking on the occasion, Soumya Swaminathan, Chairperson, M.S. Swaminathan Research Foundation, pointed out that several new tools were in the pipeline for TB diagnosis and treatment. "We must expand the use of Artificial Intelligence-enabled X-rays to find even those without TB symptoms, that is sub-clinical TB. In the absence of a vaccine, we must focus on reducing the deaths due to TB, by identifying the key risk factors at the time of treatment initiation," she said.

Recently, Tamil Nadu received an award from the Union Health Ministry for increasing presumptive TB examination during the "100 Days Intensified Tuberculosis Campaign".

The Health Minister presented prizes and certificates of appreciation to doctors and staff on the occasion. Arun Thamburaj, Mission Director, National Health Mission, Tamil Nadu; Asha Frederick, State TB Officer; Nalini Krishnan, Executive Secretary and Co-Founder of REACH; senior health officials; and officials of the Greater Chennai Corporation were present.



Hosted a community webinar with Dr Anurag Bhargava, who shared valuable insights on the critical link between TB and nutrition, and why addressing malnutrition is key to improving TB care and outcomes

Teaming up with district NTEP in 📍Muzaffarpur - rallies, signature drives, and community sessions were organised to boost TB awareness. CHWs led focused talks in old age homes and schools, and awareness stickers were shared widely encouraging early health-seeking.

Community Health Workers in 📍East Godavari joined a World TB Day rally and signature campaign organised by the District TB Cell and REACH, flagged off by the District Collector.

In 📍 Hardoi, TB Champions and project staff engaged with PRI members and Community Health Officers to encourage early health-seeking behaviour and reinforce anti-stigma messages within their communities.

REACH AT UNION CONFERENCE

The Union Conference on Lung Health 2024

Bali, Indonesia | Nov 15–18

Nov 12

Applying timeliness metrics for management of household contact persons of persons with TB in India

Workshop: Building capacity for real-time operational research: Experiences from Asia and Africa

Dr. Ramya Ananthakrishnan | *Speaker*

Nov 13

Automated adherence system integrated with public health action improves TB treatment adherence (98%): Scope for usage in TB-DM

Oral Abstract Session: Digital Health Technologies and lung Health

Dr Shruthi BS | *Oral Presenter*

REACH Nakshatra: A private health sector engagement initiative

Community Connect Session: Empowering communities in public-private mix models for ending TB in India

Dr. Ramya Ananthakrishnan | *Speaker*

Understanding the reasons for pre-treatment lost to follow-up of people with drug-resistant TB in Bihar

Oral Abstract Session: Care and treatment for TB

Dr Shruthi BS | *Oral Presenter*

Nov 14

Understanding the TB-disability linkages: Preliminary findings from a pilot in India

Session: Access to quality TB care and services (including person-centered care)

Dr. Ramya Ananthakrishnan | *Oral Presenter*

Engaging LGBTQAI+ TB champions in India's TB elimination efforts

Session: Gender and TB

Anupama Srinivasan | *Poster Presenter*

Nov 14 **Anaemia among persons with TB in tribal district of Odisha: A critical age-gender analysis**

Session: Voices of TB

Dr. Ramya Ananthakrishnan | *Poster Presenter*

Nov 15 **Harnessing potential of youth voices for TB care and prevention: An experience from India**

Oral Abstract Session: Strategies bridging education and communication for transformative outcomes

Anupama Srinivasan | *Oral Presenter*

SCIENTIFIC PUBLICATIONS

PLOS Glob Public Health. 2025 Apr 9;5(4):e0004437. doi: 10.1371/journal.pgph.0004437

Fighting tuberculosis hand in hand: A call to engage communities affected by TB as essential partners in research

FIELD ACTION REPORT

Lessons Learned From a Peer-Supported Differentiated Care and Nutritional Supplementation for People With TB in a Southern Indian State

Hemant Deepak Shewade, A. James Jeyakumar Jaisingh, Prabhadevi Ravichandran, S. Kiran Pradeep, Sripriya Pandurangan, Subrat Mohanty, T. Daniel Rajasekar, R. Vijayaprabha, G. Kiruthika, K.V. Suma, Delphina Peter Pathinathan, Deiveegan Chidambaram, K. Sivagami, Anupama Srinivasan, Reuben Swamickan, Amrita Goswami, D. Sivaranjani, Ramya Ananthakrishnan, Asha Frederick and Manoj V. Murhekar

Global Health: Science and Practice August 2024, 12(4):e2300504; https://doi.org/10.9745/GHSP-D-23-00504

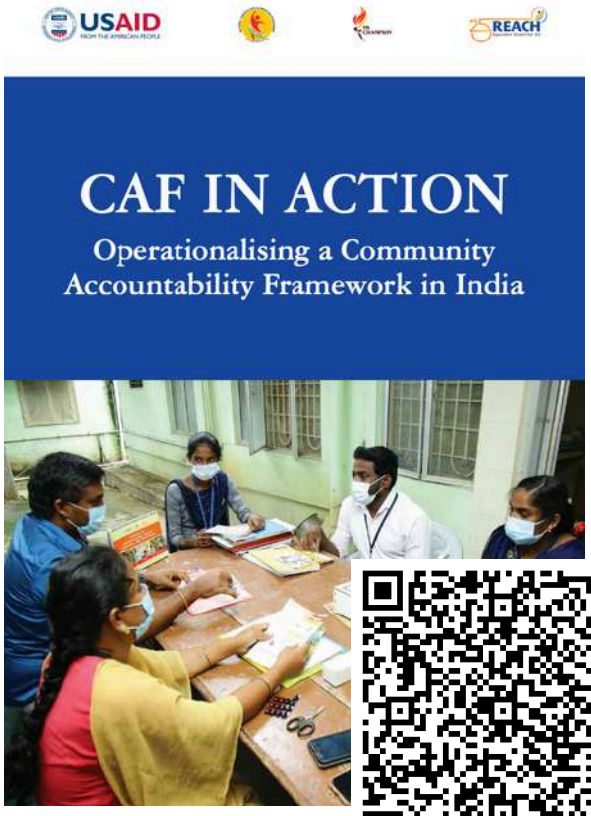
Home > Handbook on Sex, Gender and Health > Reference work entry

Building a Gender-Responsive Tuberculosis Program in India

Handbook on Sex, Gender and Health

Reference work entry | First Online: 28 January 2025

PUBLICATIONS

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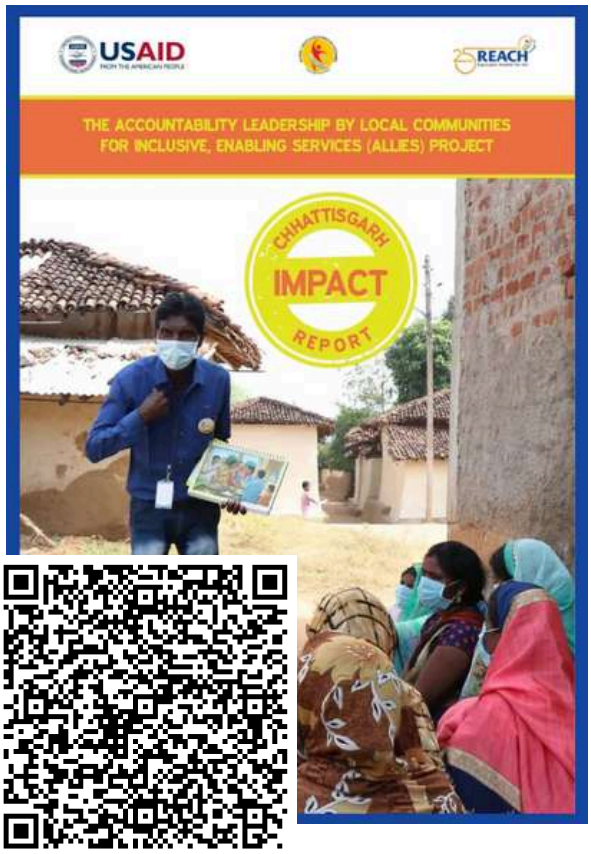
REACH
THE ACCOUNTABILITY LEADERSHIP BY LOCAL COMMUNITIES
FOR INCLUSIVE, ENABLING SERVICES (ALLIES) PROJECT
JHARKHAND
IMPACT
REPORT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FOR INCLUSIVE, ENABLING SERVICES (ALLIES) PROJECT
CHHATTISGARH
IMPACT
REPORT


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FOR INCLUSIVE, ENABLING SERVICES (ALLIES) PROJECT
ODISHA
IMPACT
REPORT


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THE ACCOUNTABILITY LEADERSHIP BY LOCAL COMMUNITIES
FOR INCLUSIVE, ENABLING SERVICES (ALLIES) PROJECT
TAMIL NADU
IMPACT
REPORT

SHORT FILMS

Our Voice, One Voice

is a short film that spotlights 11 TB Champions from 11 states, each sharing their journey and impact in the fight against TB. Drawing inspiration from 'Mile Sur Mera Tumhara', the film brings together Champions speaking in their native languages, reflecting India's cultural and linguistic diversity. Through their voices and vibrant visuals, the film highlights their efforts to raise awareness, reduce stigma, and support TB-affected communities. More than just a showcase of individual stories, it is a collective call for unity and action towards a TB-free India

Our Voice, One Voice | India's TB Champions

Our Voice, One Voice | India's TB Champions

'DOR' *(or, the thread that binds)*

is a film series that highlights the powerful relationships at the heart of TB care. Each story in the series captures a meaningful partnership between 2 key stakeholders - TB Champions, health workers, community members, or officials - formed through the ALLIES project. These partnerships have not only strengthened the TB response in their districts but have also transformed lives and improved health outcomes. Through 'DOR', we see how connection, trust, and shared purpose can make all the difference in the journey toward a TB-free future.

Strong Communities, Stronger Health Systems | ALLIES

Strong Communities, Stronger Health Systems | ALLIES

OUR TEAM

Programme Team

Dr. T. Rajeswaran,
Research & Monitoring & Evaluation Lead
Mr. P. Rajeswaran,
State Programmes and M & E Coordinator
Dr. Shruthi. B.S,
Operations Lead
Ms. Anuradha Panda,
Operations Lead
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Dr. Priyadarshini Chidambaram,
Technical Officer
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Technical Officer
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Media & Communications Associate

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Senior TB Nanbans

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Ms. M. Deenathayabari

TB Nanbans

Ms. R. Kalpana
Mr. A. Anbarasan
Ms. S. Shanthi
Ms. S. Juliet Jaya Seeli
Ms. K. Rukmani
Ms. N. Revathy
Ms. J. Suguna Devi
Mr. C. Jaya Felix
Ms. M. Sowmiya
Ms. U. Gayathri
Ms. N. Vasanthi
Ms. N. Vijayakumari
Ms. D. Kalaivani
Mr. M. Sathyaraj
Ms. G. Usha

TB Nanbans

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Ms. S. Muthulakshmi
Ms. Tintu Joseph
Ms. G. Chithra
Ms. S. Jothi Lakshmi
Ms. R. Anitha
Ms. I. Priyanka
Ms. A . Silambarasi
Ms. D. Devi
Ms. S. Jayanthi
Ms. S. Hemamalini
Mr. Maniyazhagan A
Ms. Parkavi.M
Ms. G. Suganya

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District Programme Coordinator, East Godavari

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Mr. Arvind Kumar,
District Programme Coordinator, Muzaffarpur
Mr. V.Senthil,
District Programme Coordinator, Dindugal
Mr. P. Karunakaran,
District Programme Coordinator, Theni
Ms. A.T. Ranjini,
Project Associate

REACH ALUMNI

With immense gratitude to our former colleagues for their sincere efforts and contribution to REACH!

Programme Team

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Manager, Finance & Administration
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Sr. Finance Officer
Mr. Ramesh Chand,
Administrative & Finance Officer
Ms. P. Suriya, Assistant,
HR & Administration
Ms. G. Mary,
Administrative Assistant
Mr. Ankit,
Admin Support

WAVE 9 – DR-TB

Ms. Suchismita Paul,
State Program Coordinator
Mr. Sudeshwar Singh,
State Community Coordinator
Ms. Arti Kumari,
District Programme Coordinator,Muzaffarpur
Mr. Prafulla Kumar Verma,
District Programme Coordinator, Bhagalpur
Mr. Jitendra Kumar,
District Programme Coordinator, Gaya
Ms. Aditya Kumar,
District Programme Coordinator, Sitamarhi
Mr. Abhishek Kumar,
District Programme Cordinator, Patna
Mr. Shyam Kumar Soni
District Programme Coordinator, Saran

WAVE 9 TB – Migration

Ms. D. Jalastin Sheela,
District Programme Coordinator, Kanchipuram

ACKNOWLEDGEMENTS

WE ARE DEEPLY GRATEFUL TO ALL THOSE WHO HAVE SUPPORTED US WITH THEIR TIME AND EXPERTISE IN OUR ENDEAVOURS TO MAKE EQUITABLE HEALTH FOR ALL A REALITY.

Officials at the Ministry of Health and Family Welfare and Central TB Division, New Delhi

All NTEP officials and staff at the state and district levels in our project states

The Commissioner, Deputy Commissioner-Health, and City Health Officer of Greater Chennai Corporation

Directors and Heads of Institutions of private hospitals that host our Nakshatra Centres

All our donors, both individuals and institutions. We especially thank THG Publishing Private Limited and India Motor Parts & Accessories Limited for their generous support.

Most of all, our dedicated TB Champions and Community Volunteers

Collaboration and Continued Success

We sincerely thank all our donors and supporters, and are deeply grateful for their continued faith in us, and shared commitment to achieving equity in health.

USAID FROM THE AMERICAN PEOPLE

Stop TB Partnership hosted by UNOPS

The Mueller Health Foundation

HCLFoundation

Samuday by HCLFoundation

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AM Foundation
A cleaner, healthier, better life.

FAST TRACK THE CURE

TB Alliance

Azim Premji Foundation

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
194, 1st Floor, Avvaishanmugam Salai Lane, Royapattah, Chennai - 600014
Income and Expenditure for the year ended 31.03.2025

(Amount in Rs.)

	Particulars	Note	31 March 2025			31 March 2024		
			Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
I	Income							
(a)	Donations and Grants		19,54,976	18,39,85,924	18,59,40,900	3,67,066	37,12,91,347	37,16,58,413
(b)	Fees from Rendering of Services				0	0	0	0
(c)	Sale of Goods				0	0	0	0
II	**Other Income**	16	23,09,199	0	23,09,199	19,51,704	0	19,51,704
III	**Total Income (I+II)**		42,64,175	18,39,85,924	18,82,50,099	23,18,770	37,12,91,347	37,36,10,117
IV	**Expenses:**							
(a)	Material consumed/distributed	17					0	0
(b)	Donations/contributions paid		0	0	0	0	0	0
(c)	Employee Cost	18	29,00,636	1,23,35,498	1,52,36,134	16,14,070	1,60,19,924	1,76,33,994
(d)	Depreciation and amortization expense	20	98,799	0	98,799	1,22,045	0	1,22,045
(e)	Finance costs	19	0	0	0	0	0	0
(f)	Other Expenses (Admin Expenses like rent,stationery etc)	21	18,24,269	62,59,538	80,83,807	24,09,572	70,81,867	94,91,439
(g)	Charitable/Activities implemented for Health Services		19,78,922	15,97,62,128	16,17,41,050	13,81,691	34,36,39,889	34,50,21,580
(h)	Other Expenses							
	Overhead recovery from Projects		-56,28,760	56,28,760	0	-45,49,667	45,49,667	
	Total expenses		11,73,866	18,39,85,924	18,51,59,790	9,77,711	37,12,91,347	37,22,69,058
V	**Excess of Income overExpenditure for the year before exceptional and extraordinary items (III- IV)**		30,90,309	0	30,90,309	13,41,059	0	13,41,059

M.R. NARAIN & CO. CHENNAI Chartered Accountants

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
194, 1st Floor, Avvaishanmugam Salai Lane, Royapattah, Chennai - 600014
Income and Expenditure for the year ended 31.03.2025

(Amount in Rs.)

	Particulars	Note	31 March 2025			31 March 2024		
			Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
VI	Exceptional items (specify nature & provide note/delete if none)		0	0	0		0	0
VII	**Excess of Income over Expenditure for the year before extraordinary items (V-VI)**		30,90,309	0	30,90,309	13,41,059	0	13,41,059
VIII	Extraordinary Items (specify nature & provide note/delete if none)		0	0	0		0	0
IX	**Excess of Income over Expenditure for the year (VII-VIII)**		30,90,309	0	30,90,309	13,41,059	0	13,41,059
	Appropriations Transfer to funds, e.g., Building fund							
	Transfer from funds							
	Balance tansferred to General Fund		30,90,309	0	30,90,309	13,41,059	0	13,41,059
	The accompanying notes are an integral part of the financial statements							

Rajivan Krishnaswamy
President

Dr.Nalini Krishnan
Executive Secretary

K Ravi
Treasurer

As per report attached

for M.R.Narain & Co.
Chartered Accountants
FRN 002330S

M.R. NARAIN & CO. CHENNAI Chartered Accountants

M.Prabakar (M.No.201987)
Partner

UDIN:25201987BMKWK08759

Place: Chennai
Date : 31.07.2025

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH

194, 1st Floor, Avvaishanmugam Salai Lane, Royapattah, Chennai - 600014

Balance Sheet as at 31st March 2025

(Amount in Rs.)

	Particulars	Note	31 March 2025	31 March 2024
I	**Sources of Funds**			
1	**NPO Funds**	3		
(a)	Unrestricted Funds		3,30,34,330	2,99,44,170
(b)	Restricted Funds		1,21,37,556	5,14,72,914
			4,51,71,886	8,14,17,084
2	**Non-current liabilities**			
(a)	Long-term borrowings	4	0	0
(b)	Other long-term liabilities	5	0	0
(c)	Long-term provisions	6	0	0
			0	0
3	**Current liabilities**			
(a)	Short-term borrowings	4	0	0
(b)	Payables	7	2,82,930	98,17,295
(c)	Other current liabilities	8	4,74,227	1,79,612
(d)	Short-term provisions	6	1,36,784	0
			8,93,941	99,96,907
	Total		**4,60,65,827**	**9,14,13,991**
II	**Application of Funds**			
1	**Non-current assets**			
(a)	Property, Plant and Equipment and Intangible assets			
(i)	Property, Plant and Equipment	9	14,70,285	71,83,183
(ii)	Intangible assets			
(iii)	Capital work in progress			
(iv)	Intangible asset under development			
(b)	Non-current investments	10	0	0
(c)	Long Term Loans and Advances	11	0	0
(d)	Other non-current assets (specify nature)	12	0	0
			14,70,285	71,83,183

M.R. NARAIN & CO. CHENNAI Chartered Accountants

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH

194, 1st Floor, Avvaishanmugam Salai Lane, Royapattah, Chennai - 600014

Balance Sheet as at 31st March 2025

(Amount in Rs.)

	Particulars	Note	31 March 2025	31 March 2024
2	**Current assets**			
(a)	Current investments	10	0	0
(b)	Inventories			
(c)	Receivables	13	0	0
(d)	Cash and bank balances	14	4,36,39,899	8,25,57,032
(e)	Short Term Loans and Advances	11	8,55,355	14,41,661
(f)	Other current assets	15	1,00,288	2,32,115
			4,45,95,542	8,42,30,808
	Total		**4,60,65,827**	**9,14,13,991**
	Brief about the Entity	1		
	Summary of significant accounting policies	2		
	The accompanying notes are an integral part of the financial statements			

Rajivan Krishnaswamy
President

Dr.Nalini Krishnan
Executive Secretary

K Ravi
Treasurer

As per report attached

for M.R.Narain & Co.
Chartered Accountants
FRN 002330S

M.Prabakar (M.No.201987)
Partner

UDIN: 25201987BMKWKO8759

Place: Chennai
Date : 31.07.2025

REACH
Equitable Health for All

The Resource Group for Education and Advocacy for Community Health (REACH) was established in Chennai in 1999.

Over the last 25+ years, REACH has emerged as a leading non-profit organisation working on public health issues in India.

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REACH
Equitable Health for All