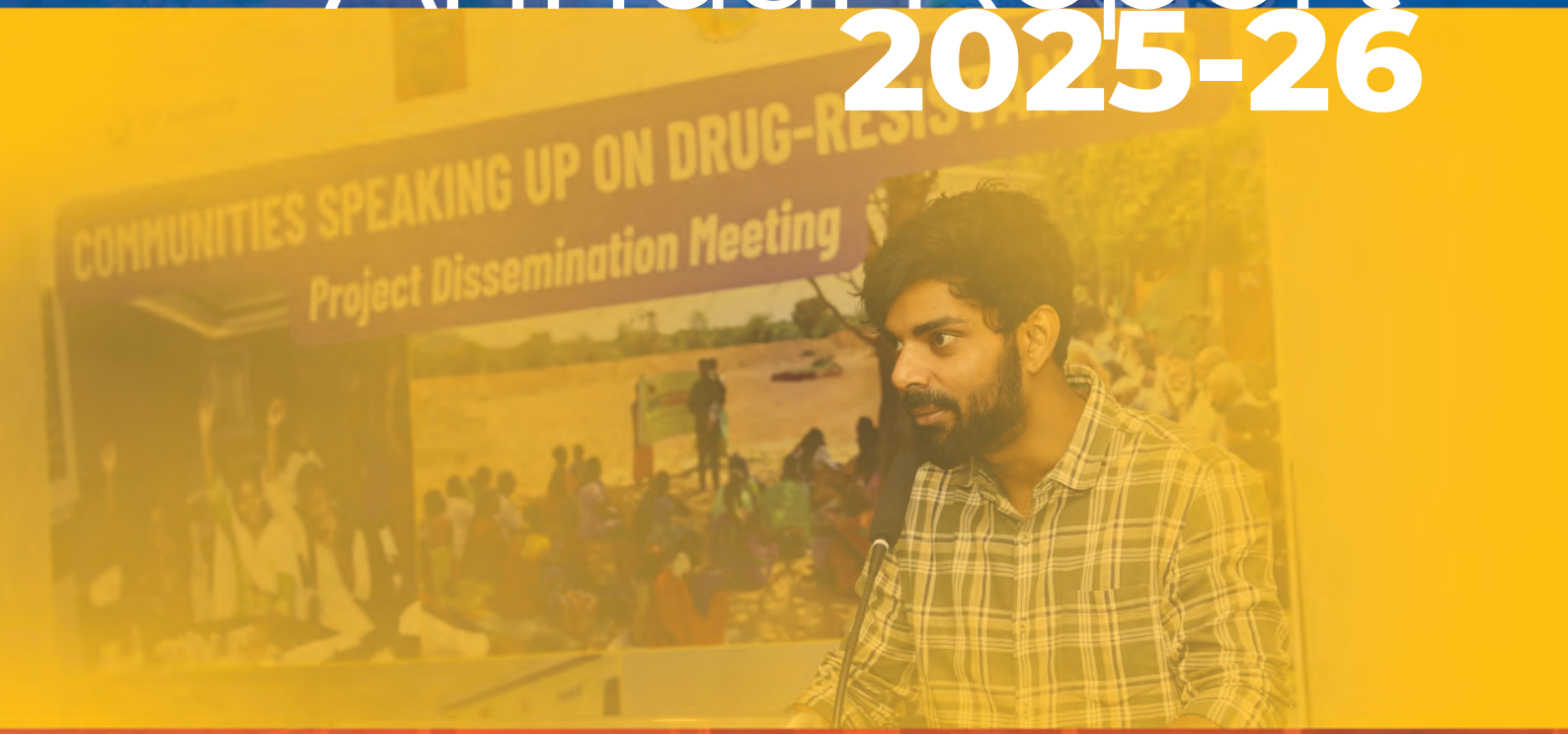
REACH

Equitable Health for All

Annual Report 2025-26





Resource Group for Education and Advocacy for Community Health (REACH)

Registered under Tamil Nadu Societies Registration Act of 1975: (S.No.42 of 1999)

FCRA registration: 075901182

Darpan registration: TN/2017/0167061

Ministry of Corporate Affairs registration for CSR Activities: CSR00023388

Annual Report 2025-26

Our leadership

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

Ms. Sri Krupa, CSR Consultant and Member Secretary,
Executive Committee

From the Executive Secretary



Looking back over the past year at the work being done by our dedicated team at REACH, it has been a year of both consolidation and expanding into new areas of engagement to strengthen and improve outcomes in the fight against Tuberculosis, which still remains a leading cause of death from infectious diseases in India.

Why does ending TB remain such a challenge?

We have discovered and validated over the last 10 years of our 27-year-old journey that what we assumed to be outliers were indeed game changers in securing better outcomes. The science was always there: Malnutrition, Diabetes, socio-economic conditions, social stigma are established factors that impede the successful outcomes in TB management and need to be addressed as part of care.

Our guiding principle in patient care is to address each and every barrier to successful treatment outcomes in a highly individualised manner, tailored to each person with TB, be it their socio-economic situation, migration status, nutrition, co-morbidities like diabetes, and also post treatment attention to their lung health.

We are indeed fortunate that our donors and funders are committed to supporting us as we push beyond the clinical aspects of treatment to look at the person with TB and their communities as a whole. It is this recognition and support that has sustained our activities over the last few years.

These projects, which we showcase in this annual report, have demonstrated our capacity as a team to think and go beyond the traditional approach to TB management and also look at the family as a base for health interventions, focusing on contacts, the elderly, children, nutrition and lung health. As we move forward, we ensure that we sustain the strong foundation of excellence in care on which we build our holistic approach.

On behalf of the REACH Executive Committee, I would like to extend our grateful thanks to our Director, Dr Ramya Ananthakrishnan, Deputy Directors, Sheela Augusteen and Anupama Srinivasan and the entire team for their passionate commitment to fostering patient centred care and sustained community engagement, ever mindful of our commitment to equitable healthcare.



Dr. Nalini Krishnan
Executive Secretary, REACH

From the Director



Over the past year, we have had the opportunity to look beyond tuberculosis and reflect on the broader needs of communities and the changing priorities of the world around us. These reflections have provided valuable food for thought as we look ahead and shape REACH's organisational strategy for the coming years.

Against this evolving backdrop, integrated care has emerged as an important area of focus for REACH. We witnessed a clear shift from a predominantly disease-focused approach towards a more holistic and integrated model of care. While our work has always been rooted in supporting affected communities, we have progressively expanded our engagement to reach more vulnerable communities at the grassroots level, recognising the need to address health and well-being in a more comprehensive manner.

The changing realities of the global funding landscape also prompted us to explore new opportunities, including partnerships and support from both traditional and non-traditional donors, within India and internationally. At the same time, it encouraged us to pause and reflect on the resilience and fragility of our systems, and on how we can continue to deliver meaningful and sustainable work in an increasingly uncertain environment.

Our frontline health workers continue to be REACH's greatest strengths and most valuable resources. They form the backbone of our work, and as we seek to nurture their capacities, support their growth and take them along with us on this journey, we remain deeply grateful for their commitment and dedication. I am deeply grateful to the entire REACH team for their trust and commitment to the organisation, and their fortitude over the last year.

I would like to express my sincere gratitude to our Executive Committee for their guidance, encouragement and stewardship. Their collective counsel has been instrumental in enabling REACH to navigate change, remain responsive to emerging needs and continue our commitment to improving the health and well-being of communities. I would especially like to extend my sincere appreciation to the outgoing office bearers of the Executive Committee, particularly Mr. Rajivan Krishnaswamy, our President, for his exemplary guidance, leadership, and steadfast commitment to the organisation. We are deeply grateful for his invaluable contributions and the strong foundation he has helped build for REACH's continued growth and impact.

I would also like to extend our sincere thanks to all our partners, supporters and well wishers of REACH for their continued trust and support over the years. As we look to the future, we do so with a renewed sense of purpose, informed by our experience, strengthened by our partnerships and guided by the needs of the communities we serve.



Dr. Ramya Ananthakrishnan
Director, REACH

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Our mandate

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

Providing Care and Support to People with TB and NCDs: We provide direct support, including medical care, to people with TB and NCDs in Chennai through nodal Nakshatra Centres. We also facilitate holistic care and support for people with TB across India through our TB Champions and community health workers.

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.

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

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

Promoting Multi-sectoral Coordination for Equitable Health: We work to improve coordination among previously unengaged stakeholders, including the media, industries, elected representatives and celebrities, among others.

Building Evidence-based Innovative Approaches: We look to strengthen and expand the evidence-base for TB and NCDs through innovative actions.

Improving Public Understanding of TB and NCDs: We strive to improve awareness of TB and NCDs through sustained community outreach, campaigns, social media and other avenues.

Our footprint

ENGAGING COMMUNITIES

Project RESPECT and CFCS
Jharkhand, Odisha, Chhattisgarh, Rajasthan

TB Samvaadam
Bihar, Jharkhand, Tamil Nadu

ACT (Align, Collaborate and Test) for TB
Chennai

INTEGRATED CARE

Care Connect (TB and Diabetes)
Chennai

SCORE TB (TB and chronic respiratory diseases)
Bihar, Tamil Nadu

TB Elimination Programme (TB and Nutrition)
Hardoi, Uttar Pradesh

Project OSAI (Outreach, Screening, Awareness for Integrated health)
Thuraiyur, Tamil Nadu

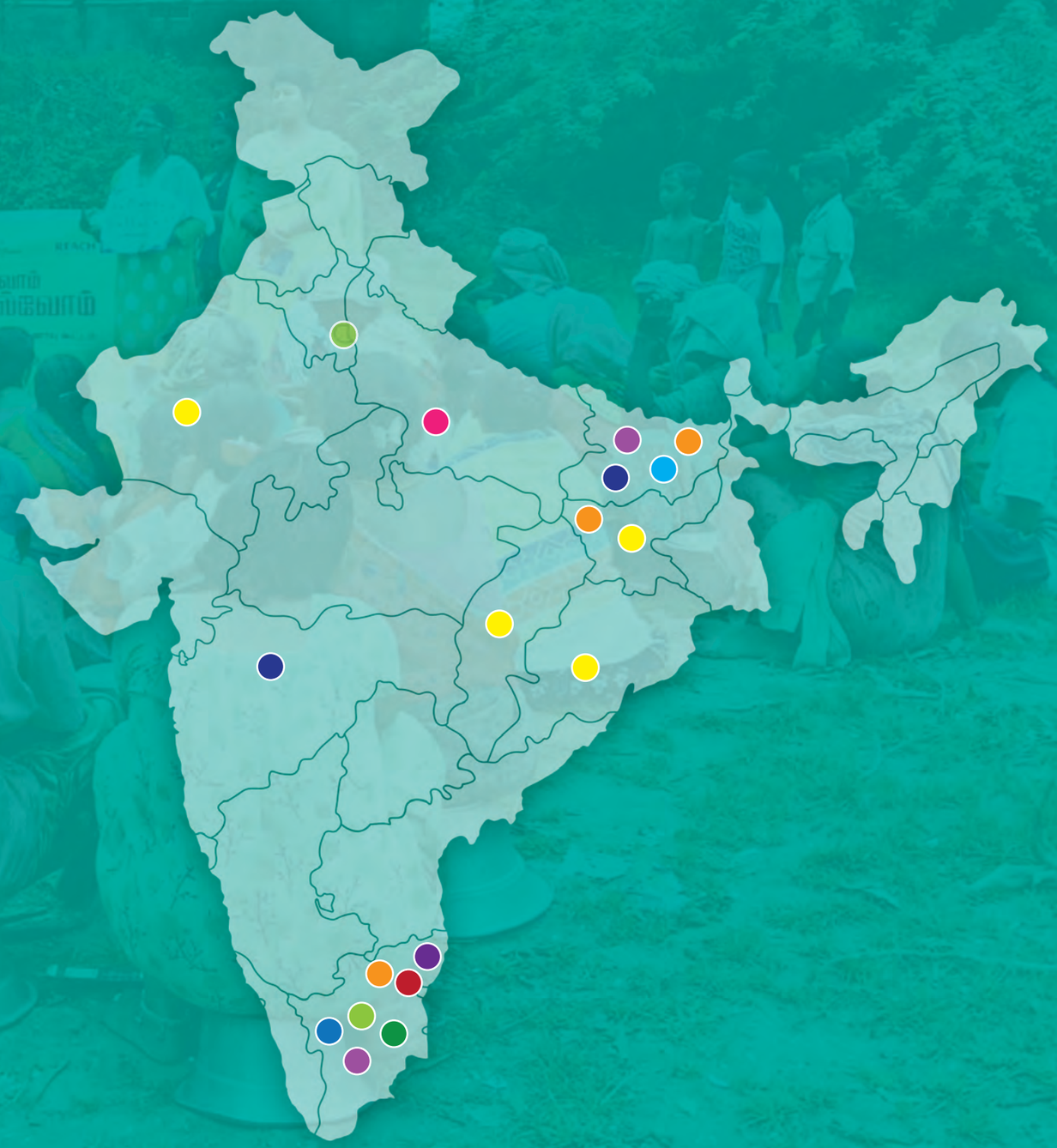
Family - NEST Project (TB and Nutrition)
Vaishali, Bihar

MIND TB (TB and mental health)
Maharashtra, Bihar

OTHER PROJECTS

Evaluation of Near-Point-of-Care Testing
Tamil Nadu

Expanding TB Preventive Treatment in the Private Sector in India
Delhi, Tamil Nadu



Our impact in 2025-2026

340

Number of Community Health Workers/TB Champions/Community Volunteers trained and engaged

1106380

Number of people screened for TB

17904

Number of people with TB diagnosed and supported

791

Number of people with Drug-Resistant TB supported

12457

Number of people with NCDs identified and supported

257112

Number of people in the community who received support and information on TB and NCDs

5361

Number of people with TB who received nutritional support

Integrated care

Treat the person, not the disease.

Our projects are designed with this in mind, to provide integrated, person-centred care that recognises that health conditions rarely exist in isolation. By integrating clinical care with nutrition support, mental health, chronic disease management and community-based support, we are looking to not just improve immediate treatment outcomes but also address the broader determinants of health and make health systems more responsive to the needs of individuals and families.

For over 25 years, REACH has worked to improve access to quality healthcare by placing people at the centre of its interventions. Guided by our commitment to equity, dignity and quality, REACH prioritises integrated care because the health challenges faced by vulnerable communities are often interconnected. Tuberculosis frequently coexists with undernutrition, diabetes, chronic respiratory diseases, mental health conditions and adverse social determinants, all of which influence treatment outcomes and overall well-being. Across programmes, REACH has consistently adopted integrated models that strengthen the continuum of care and works to ensure that individuals receive coordinated support that extends beyond disease treatment. This approach not only improves health outcomes but also reduces barriers to care, strengthens public health systems and empowers communities to take an active role in their own health.

As REACH expands its work beyond tuberculosis into non-communicable diseases and broader public health, integrated care remains a defining organisational priority.

Care Connect

Supported by:
The Mueller Health Foundation

Implemented in:
Chennai, Tamil Nadu

Project duration:
July 2024 - June 2028

Care Connect adopts an integrated approach that aims to redefine the co-management of TB and Diabetes by delivering comprehensive, integrated healthcare solutions. This is done through the Triple A Approach—ensuring **a**ccess to diagnosis, **a**ccess to treatment, and **a**ccess to quality education for people with TB and Diabetes, their families, and caregivers. These efforts are designed to enhance TB treatment outcomes, support better management of Diabetes, and ultimately improve the quality of life for people living with both conditions. The implementation of the project is in three phases.

Objectives

- Developed the Care Connect model by comprehensively assessing the clinical, social, economic and psychosocial determinants impacting individuals with TB and Diabetes. (Phase-1; completed)
- 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; ongoing)
- To integrate socio-behavioral dimensions within the Care Connect model and enhance interventions for people with TB and Diabetes. (Phase-3; upcoming)
- 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; upcoming)

Key activities



“Know TB, Defeat TB” – Treatment literacy audio-visual film series developed to strengthen treatment literacy among people with TB and their families.

Comprehensive care and support provided to people with TB and diabetes throughout their treatment to help manage their condition(s).





Caregiver training programmes to support family caregivers to provide appropriate and right care for people living with both conditions.

Care and counselling modules including flipcharts and cue cards developed to facilitate consistent and effective counselling at the community level.





Community outreach and NCD awareness programmes led by TB Nanbans to strengthen community awareness.

Health education and behaviour change materials such as food plate stickers and NCD calendar developed to reinforce counselling messages for people with TB and diabetes.





All activities guided by a Technical Advisory Group that reviews implementation of the Care Connect model and provides strategic guidance to strengthen integrated TB–diabetes care.



Care and support for People with Drug-Resistant Tuberculosis (PwDR-TB) through timely linkage to diagnosis and treatment, adherence support, psychosocial counselling, and coordinated follow-up.

DR-TB support group meetings to provide opportunity for peer support, shared learning, and counselling on various aspects of treatment.



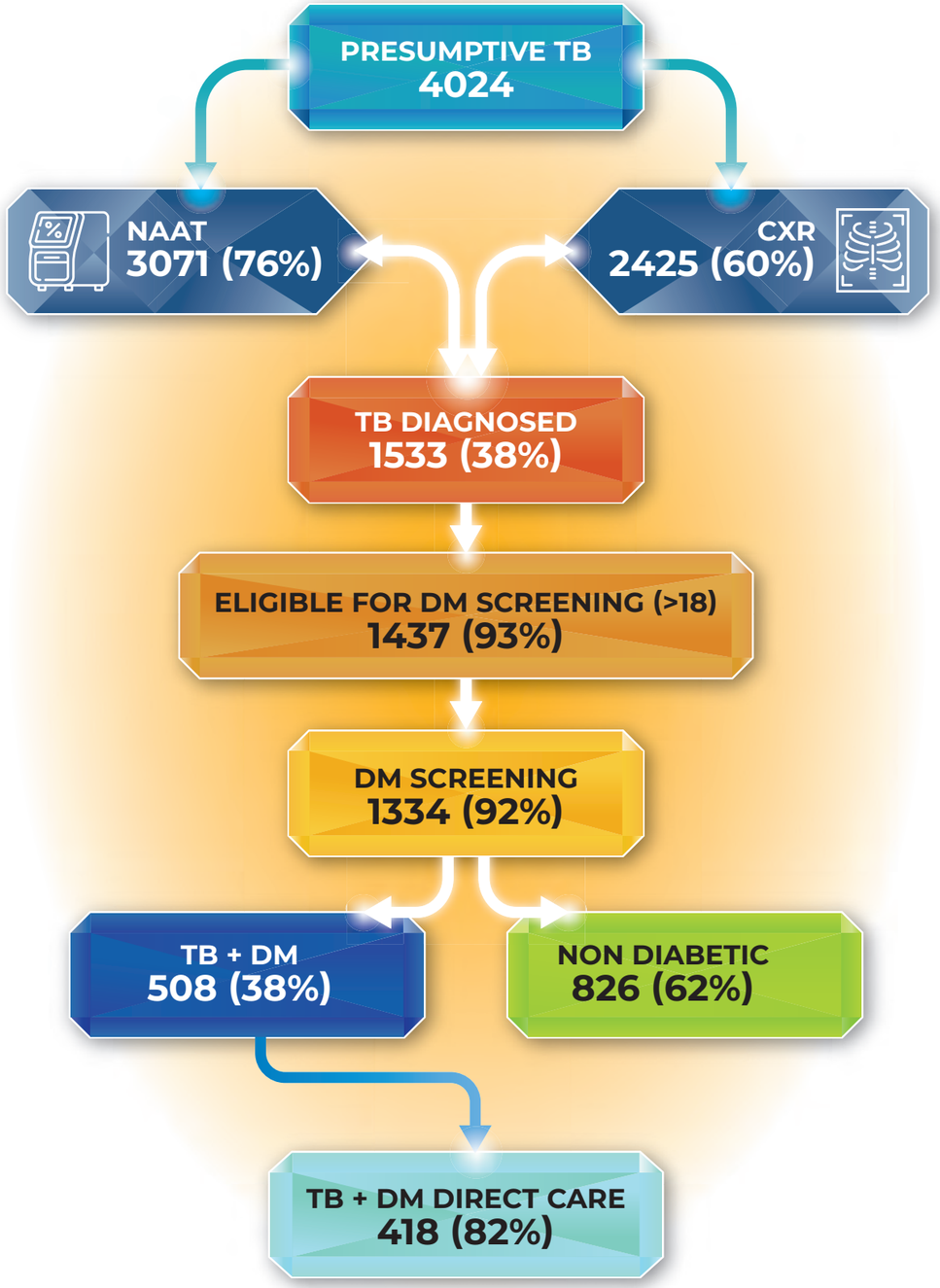
Special activities

Community based screening activity to enable early detection of conditions, facilitate timely referral for diagnosis and treatment, and promote awareness about healthy practices.

Engagement of TB Champions to raise awareness of NCDs such as Diabetes along with their ongoing work on TB.

Key results

TB AND DIABETES SCREENING CASCADE





Classification of Baseline Glycemic Control Among PwTB with Diabetes (n=508):

Total number of PwTB with DM	n=508	%
Stringent glycemic control (HbA1c < 7% or FBG < 130 mg/dl)	104	20
Less stringent glycemic control (HbA1c: 7 - 8 % or FBG: 130 - 180 mg/dl)	104	20
Poor glycemic control (HbA1c > 8% or FBG > 180 mg/dl)	300	60

Key findings - Among 508 people with TB and diabetes, the majority (60%) had poor glycemic control requiring close monitoring and targeted interventions for prospective improvement, while 40% had acceptable control (20% stringent and 20% less stringent).

Community Based NCD Screening (Summary Table)

Indicator	Male	Female	Trans-gender	Total
Total Screening	6882 (35%)	12580 (65%)	6	19468
People with Hypertension	327 (5%)	949 (8%)	1	1277 (7%)
People with Diabetes	433 (6%)	926 (7%)	0	1359 (7%)
People with both Diabetes and Hypertension	518 (8%)	1245 (10%)	0	1763 (9%)

Private sector engagement for TB care and prevention

REACH has been working with the private healthcare sector in Chennai for over 25 years, through the organisation's flagship Nakshatra Centres, housed within private and community hospitals in the city. These centres serve as a point of coordination for TB screening, diagnosis, treatment initiation, counselling, adherence support, referrals and follow-up, helping ensure that people with TB receive timely and continuous care.

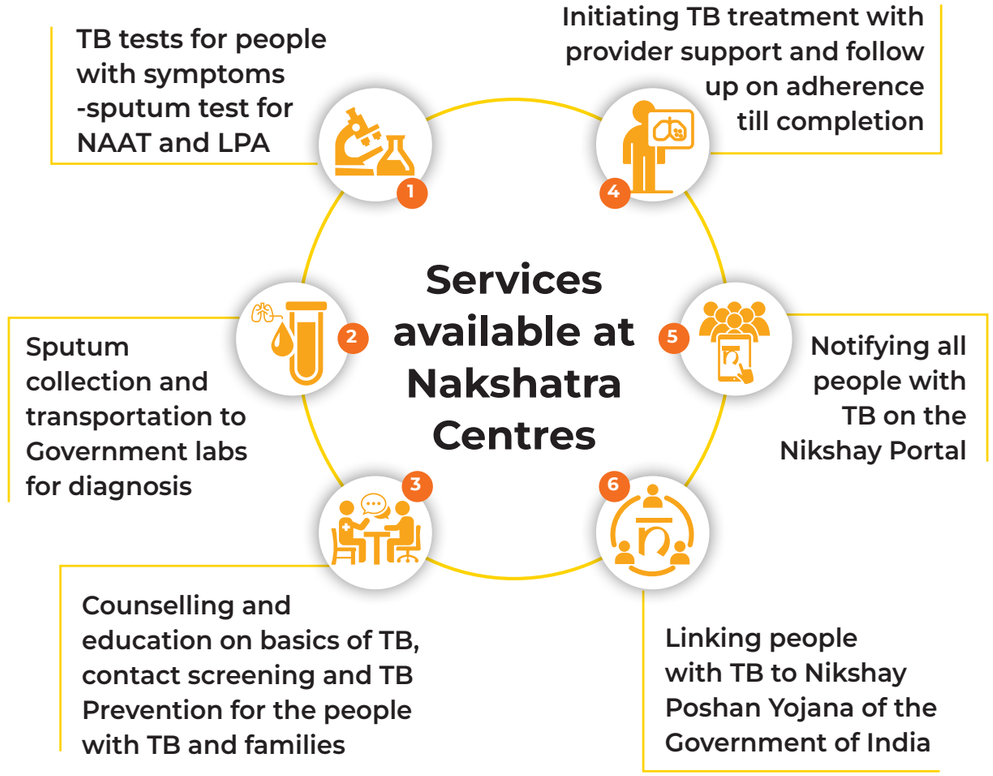
Our approach

A key element of this partnership is the support extended by private hospitals that provide space for Nakshatra Centres within their facilities. This enables TB services and support to be made available within a familiar healthcare setting and facilitates closer collaboration between hospital and clinic doctors, people with symptoms of TB, and healthcare staff known as TB Nanbans. Private practitioners are often the first point of contact for people presenting with symptoms of TB. Their willingness to take the additional step to diagnose TB, facilitate appropriate diagnosis and initiate treatment when required is critical to the success of the program. This commitment at the point of care forms the foundation on which the private-sector engagement model depends.

The partnership with the National TB Elimination Programme (NTEP) further strengthens this model. Through the public health system, people referred from private-sector facilities have access to essential diagnostic services, including GeneXpert, TrueNat and Line Probe Assay (LPA), as well as TB medicines. NTEP staff provide valuable support in facilitating diagnostic linkages, treatment initiation and programme-related processes. This collaboration enables private healthcare providers to draw on the resources and systems of the public TB programme while continuing to provide care to their people with TB (PwTB), with the support of REACH.

The healthcare staff, or TB Nanbans, who work closely with both doctors and patients also play a key role. They serve as the link between clinical care and the day-to-day treatment journey of PwTB. From counselling and treatment initiation to adherence support, referrals, follow-up contact screening and other services as required, TB Nanbans help ensure that people with TB receive the information and support they need to complete treatment successfully.





Impact

606
Private Practitioners who referred People with symptoms of TB

6857
No. of People with symptoms of TB referred for tests

2984
No. of People diagnosed with TB

People with TB who successfully completed treatment: **89%** (among 1666 people with TB who completed treatment in 2023-24)

Impact story

1.

Restoring Health, Rebuilding Lives: Usha's* Journey

When 46-year-old Usha was diagnosed with lymph node tuberculosis in October 2025, she was already living with poorly controlled diabetes. As a domestic worker and daily wage earner, the physical impact of TB treatment—severe fatigue, body pain, and swelling—forced her to stop working within two weeks, leaving her without an income and making it difficult to manage both her nutrition and diabetes.

Through the Care Connect Initiative, REACH provided integrated, person-centred support that addressed both conditions simultaneously. A TB Nanban worked closely with Usha, providing regular counselling on TB treatment adherence, diabetes management, healthy nutrition, blood glucose monitoring, and lifestyle modification, while ensuring continuous follow-up throughout her treatment.

With consistent support, Usha gradually regained her strength and confidence. Her diabetes control improved significantly, with her HbA1c reducing from 11.9% to 8.1%, her TB symptoms subsided, and she was able to return to work after four months. In April 2026, she successfully completed her TB treatment.

Usha's journey demonstrates how integrated TB-diabetes care extends beyond treating disease. By addressing both the clinical and psychosocial needs of patients, the Care Connect model helped restore not only her health, but also her livelihood, independence, and hope for the future.

**Name changed to protect the person's privacy.*

Impact story

2.

Restoring Mobility, Renewing Hope: Anbu's Journey

Although Anbu had successfully completed treatment for Drug-Resistant Tuberculosis (DR-TB), his recovery was interrupted when poorly controlled diabetes led to a severe foot infection that resulted in a lower-limb amputation. During a routine post-treatment follow-up call, his daughter shared the family's struggles with repeated hospital visits and the challenges of caring for him while also looking after her infant child. Recognizing that recovery extends beyond completion of TB treatment, the REACH team connected the family with a charitable organization providing free prosthetic limbs. When travel costs became a barrier, support was arranged through the Care Connect Initiative, enabling Anbu to access the service.

He was successfully fitted with a prosthetic leg, restoring his mobility and helping him regain independence in his daily life. For Anbu and his family, the intervention represented far more than a medical device—it restored confidence, reduced the burden on his caregivers, and renewed hope for rebuilding their lives after the challenges of DR-TB and diabetes. Anbu's story highlights the importance of person-centred, community-based care that continues beyond treatment completion, ensuring that people affected by TB receive the support they need to recover with dignity and live fulfilling lives.



SCORE TB

(Strategic, integrated and Comprehensive Outreach for Respiratory health, towards Ending TB in India)

Supported by:
Stop TB Partnership through a TB REACH Wave 11 grant

Implemented in:
Muzaffarpur and Darbhanga (Bihar) and Dindigul and Theni (Tamil Nadu)

Project duration:
Sep 2024 - March 2027

India has the world's largest burden of TB, Drug-Resistant TB, and CRDs (Chronic Respiratory Diseases), including COPD (Chronic Obstructive Pulmonary Disease) and asthma, among both adults and children. The health system currently addresses TB & other lung health issues separately and at present, integrated lung health care is not widely available in India.

Objectives

- To increase TB case finding through AI-enabled chest X-ray & a combination of facility & community-based screening at the primary & secondary care levels.
- To identify CRDs, specifically COPD & asthma, in adults and children through expanded access to & use of spirometry.
- To provide a holistic, multi-dimensional respiratory care package to people with TB & CRDs.

Key activities

Screened outpatient department attendees at 80 public health facilities for symptoms of tuberculosis (TB) and Chronic Respiratory Diseases (CRDs), particularly Chronic Obstructive Pulmonary Disease (COPD) and asthma.





Respiratory care package developed consisting of standardized guidance on breathing exercises, smoking cessation counselling, nutritional counselling, disease literacy, a 6-minute walk test and follow-up protocols.



People with symptoms of TB referred for chest X-rays, AI-assisted X-ray interpretation, and sputum testing to confirm TB diagnosis.



Individuals who tested negative for TB assessed through spirometry (where available) and provided consultation with medical officers to diagnose CRDs.



Over 200 members of the NTEP teams (across the 4 implementation districts) trained on gender-responsive TB care.



Observation of health awareness days such as World COPD Day and World Asthma Day.



Integrated respiratory disease screening implemented to enable early detection of TB and CRDs and improve access to comprehensive respiratory care.



Regular follow-ups by Community Health Workers to ensure continuity of care, promote treatment adherence, encourage healthy lifestyle practices, and minimise treatment interruption.



4-part educational short film series on breathing exercises **developed and used** during counselling sessions to improve treatment literacy.



Community-based survey on Antimicrobial Resistance (AMR) conducted in project districts to assess community knowledge, attitudes, and practices.

Key results

Key Process Indicators - Tuberculosis

Indicator	n
Total number of people screened for TB symptoms	1030597
Total number of people with presumptive TB	66708
Number of people tested for TB	55607
People diagnosed with All Forms of TB	3089
People with laboratory-confirmed TB	2359
Total number of people with TB started on treatment	3035

Key Process Indicators - Chronic Respiratory Diseases

ASTHMA

Indicator	n
People with presumed asthma identified/ referred for evaluation	32443
Presumptives with known/ prior asthma diagnosis	640
Children ≤15 years with presumed asthma	917
Presumptives evaluated for asthma using lung function testing	5137
People newly diagnosed with asthma	740
Children ≤15 years newly diagnosed with asthma	25
People diagnosed with asthma (old + new)	1380
People diagnosed with asthma linked to appropriate treatment	1329
People receiving asthma education	1329

COPD

Indicator	n
People screened for COPD	32443
Presumptive COPD cases identified and referred for lung function tests (LFT)	32443
Presumptive COPD cases with known/ prior COPD diagnosis	606
Presumptive COPD cases evaluated using spirometry/other LFT	5137
People newly diagnosed with COPD	1565
People diagnosed with COPD (new + old cases)	2171
People diagnosed with COPD that receive appropriate pharmacological treatment	2090
People with COPD receiving smoking cessation or lifestyle counselling	2090

Community Meetings

1418 community meetings were conducted by Community Health Workers

35760 people were sensitised on TB

Through these meetings,

1027 people were identified with symptoms of TB/ CRD of whom

18 were diagnosed with TB and **10** with CRDs.

Impact story

Timely Intervention and Dedicated Follow-Up by CHW Saves a Life

Palani*, a 44-year-old resident of Ammanaikanur in Nilakottai Taluk, Dindigul District, Tamil Nadu, visited the Ammanaikanur Block Primary Health Centre with complaints of cough, fever, weight loss, and a skin allergy. However, he did not enter the Outpatient Department and was found sitting outside, visibly anxious and fearful of being diagnosed with a serious illness.

At that time, Community Health Worker Kowsalya, while on her way to the laboratory, noticed him coughing persistently and appearing febrile, with no attendant accompanying him. Recognizing the symptoms, she approached him and took him to the Medical Officer for further evaluation.

The Medical Officer advised a NAAT test, which Palani initially refused, insisting that he was not ill. Kowsalya patiently counselled him on the importance of TB testing, highlighting the benefits of early diagnosis and the availability of free treatment and support under the TB programme. Reassured by her guidance, he agreed to undergo the test, and his sample was collected the same day.

The following day, the NAAT result confirmed that he had TB. Although the NTEP staff informed him of the diagnosis, Palani initially denied it and was reluctant to begin treatment. With continued counselling from Kowsalya and the NTEP team, who explained that treatment and medicines are provided free of cost and that Direct Benefit Transfer (DBT) support would be available throughout the treatment period, he eventually agreed to start taking medicines.

Subsequently, a Line Probe Assay test confirmed Drug-Resistant TB; as a result, Palani discontinued treatment out of fear. Once again, Kowsalya intervened, reassuring him about the benefits of early and uninterrupted treatment and the possibility of his health improving. Since then, Kowsalya has maintained regular follow-ups, providing continuous counselling and ensuring medication adherence. With her consistent support and motivation, Palani's health has improved significantly. He is now taking his medicines regularly, feels much better, and has expressed deep gratitude to Kowsalya for her dedication and timely intervention, which he believes saved his life.

**Name changed to protect the person's privacy.*

** Photo for representation purposes only.*



Project OSAI -
(Outreach, Screening, Awareness for Integrated health)

Supported by:
Azim Premji Foundation

Implemented in:
Thuraiyur block of Tiruchirappalli district in Tamil Nadu

Project duration:
April 2025 - March 2028

Project OSAI aims at improving the overall health and nutritional status of the population in the Thuraiyur block of Trichy district of Tamil Nadu through participatory approaches to maximise community participation.

Objectives

- To improve healthy literacy and community involvement in health, thereby increasing demand for quality health services.
- To demonstrate an integrated NCD-TB care model at the primary care level, through a comprehensive care-cascade approach including screening and linkages to care for Diabetes, Hypertension and TB.

Key activities

Community meetings at the village level.





Linkage to care within the public health system facilitated for those diagnosed with Diabetes, Hypertension or TB, and for those with malnutrition among those with NCDs/TB.

Outreach to communities through a participatory approach in the preparatory phase, to understand perspectives on NCDs and TB.





Targeted counselling and support for management of diseases and comorbidities.

Sustained engagement and outreach with key local influencers and leaders.





Health staff trained on soft skills, community participation and person-centered care.

Community-based, household-level screening and vulnerability assessment.





Peer support groups established.

Outreach for participatory action

As a first step, a village-wise plan was developed, focusing on mapping key resources available in each village, such as Panchayat offices, health facilities, schools, water tanks, and other infrastructure, while also understanding the cultural context of the community. Community Health Workers visited every village, meeting with key influencers and community members to inform them about the project and ensure participation. Efforts were made to involve a diverse group of participants in transect walks through villages, including men, women, elderly individuals, youth, representatives from different streets, and other key stakeholders, to capture a comprehensive understanding of community needs.

This activity was conducted across 126 habitations within 33 village panchayats in rural areas, as well as in 17 wards in the urban area. This process significantly supported the planning of community screening by providing insights into optimal timings when most residents are available, appropriate starting points for screening, and effective strategies for coverage within each village. It also provided a comprehensive understanding of the village environment, infrastructure, and community dynamics, enabling more context-specific and need-based planning.

Strengthening the TB Champions network

The Strengthening Network initiative is being implemented across six districts of Tamil Nadu to enhance community engagement, reduce TB stigma, and strengthen survivor-led responses. Activities focus on community meetings, stakeholder sensitization, stigma assessment, and capacity building of TB Champions.

Key results

Indicators	Diabetes	Hyper-tension	Tuber-culosis
No. of persons screened through community screening	36162	36162	37156
Total no. of persons identified with DM/HTN/TB (Known & New)	5078	5256	4
No. of persons with Known DM/HTN	4777	4974	-
No. of persons with known DM/HTN initiated on treatment	4634	4825	-
No. of persons (new) with high values / TB symptoms referred for further diagnosis	2240	4415	229
No. of persons underwent further diagnosis	1201	2775	99
No. of persons newly diagnosed with DM/HTN/TB	301	282	4
No. of newly diagnosed persons initiated on treatment	294	277	4
No. of community meetings done	276		
No. of participants in the community meeting	6535		

Handheld X-ray screening

Project OSAI has integrated AI-assisted handheld chest X-ray screening into its community-based screening strategy to enhance early TB detection among high-risk populations. Through the initiative, handheld X-ray screening is being conducted in the villages of Thuraiyur block among vulnerable populations, including persons with a previous history of TB, household contacts of people with TB, people with malnutrition/ undernutrition, people with diabetes, people living with HIV, elderly, and individuals with a history of smoking or alcohol use.

Community Health Workers (CHWs) mobilize eligible community members to participate in the screening camps. The chest X-rays are interpreted using AI software, and the AI-generated summary reports along with abnormal X-ray reports and images are shared with the National TB Elimination Programme (NTEP) team for further action. Sputum samples are collected from individuals with abnormal chest X-ray findings and transported to the Government Hospital, Thuraiyur, for diagnostic testing.

The screening activities commenced in May 2026. X-ray camps are being conducted at accessible community locations such as Urban Primary Health Centres (UPHCs), Health Sub-Centres (HSCs), Village Panchayat Offices, Self-Help Group (SHG) Service Centres, libraries, and other suitable public venues.



Impact story

1.

Early Identification and Counselling Support for the People with TB

As part of Project OSAI, Community Health Worker (CHW) Poongothai visited a household to conduct routine community screening and provide education on TB. During the visit, although the family member screened had no symptoms, she informed the CHW about her cousin, Gokul*, who had been experiencing a persistent cough, evening fever, and difficulty producing sputum. Recognizing these as possible TB symptoms, the CHW promptly visited him the following day, conducted a symptom assessment, and referred him for a chest X-ray after he was unable to provide a sputum sample. She coordinated with the X-ray technician to ensure timely screening at the Block PHC.

When Gokul was later diagnosed with TB at a private hospital, he was anxious about the diagnosis and reluctant to seek treatment at a government facility due to stigma and misconceptions. Throughout this period, Poongothai maintained regular follow-up, provided counselling, addressed his concerns, and reinforced the importance of early treatment and strict medication adherence. His health has since improved, demonstrating the critical role of CHWs in early identification, referral, counselling, and sustained patient support.

**Name changed to protect the person's privacy.*

Impact story

2.

A Second Chance at Better Health

During a routine community screening visit, Community Health Worker Kavitha, met Jeyam, a 70-year-old woman. As part of the screening, her Random Blood Sugar (RBS) was found to be 563 mg/dL and her blood pressure was recorded at 171/122 mmHg, both alarmingly high. Jeyam had been diagnosed with diabetes and hypertension. Jeyam revealed that she had discontinued her medications for the last two years due to side effects such as giddiness and difficulty in carrying out daily activities. Living with limited support, including caring for her deaf son, she had gradually neglected her own health.

Recognizing the seriousness of her condition, Kavitha counselled her on the importance of regular medication and the risks associated with uncontrolled diabetes and hypertension. To ensure timely intervention, the CHW also informed the staff nurse at the nearest PHC, who immediately reached out to Jeyam over the phone and reinforced the need to restart treatment.

During a subsequent follow-up visit, Jeyam shared that she had resumed her medications after speaking with the staff nurse. She also reported a noticeable improvement in her health and overall well-being.



TB Elimination Programme

The TB Elimination programme, now in its third year, focuses on early detection, treatment support, nutritional assistance, and community engagement to accelerate progress toward TB elimination.

Objectives

To provide comprehensive person centered care to people with TB through peer support, nutrition supplementation and to promote early care seeking through community-based screening using portable chest X-ray.

Supported by:
HCLFoundation

Implemented in:
Hardoi, Uttar Pradesh

Project duration:
October 2023 - September 2026

Key activities

Person centered care through counselling and treatment literacy by trained TB Champions along with counselling and support to families of people affected by TB.



Nutrition support kits provided to people with TB based on their BMI along with nutrition counselling by TB Champions.



Community awareness about TB through:

a) Community meetings

b) Sensitization of PRI members and other stakeholders on TB and TB Mukt Gram Panchayats.



Community based X-ray camps

Introduced in 2026, community based X-ray camps are conducted using a portable X-ray machine enabled with AI. This helps in referral for early detection of TB.

Early detection is one of the most effective ways to end TB. Through regular CXR (Chest X-ray) camps organised in collaboration with district health teams, screening is provided directly to people using portable chest X-ray technology enabled with AI. Those identified with signs suggestive of TB are referred for further testing and supported through the diagnostic cascade right up to treatment initiation.

Before each camp, local TB Champions visit the community and engage with local stakeholders and community members to explain the purpose of the X-ray screening and help mobilise and encourage them to participate in the screening camp.







Key results

6,145

Total Number of PwTB provided with Person-Centered care

13,568

Number of Nutrition kits distributed

34

Number of X-ray Camps organised

405

Total number of people with abnormal X-rays

4,190

Number of PwTB supported through Nutrition

1,448

Number of Community meetings conducted

1,800

Number of X-rays done

405

Number of people with abnormal X-ray referred for sputum examination

20

Number of people diagnosed with TB

Impact story

A Journey from Despair to a New Beginning – Mahange's Journey to Recovery

When TB Champion, Vijay Kumar, first visited 45 year old Mahange at his home in Mampur village, Hardoi, Uttar Pradesh, Mahange was extremely weak and barely able to walk. More painful than his physical illness was the emotional burden he carried. He had completely lost hope and believed that he would never recover.

During the conversation, Vijay Kumar introduced himself as a TB Champion and gently asked whether Mahange was taking his TB medicines regularly. With tears and hopelessness in his voice, Mahange replied: "I have stopped taking the medicines. I don't think I will ever recover. I am going to die."

The visit also revealed another challenge. Due to fear and misconceptions about tuberculosis, Mahange's family had isolated him. His utensils and bedding were kept separate, and family members maintained their distance from him. This social stigma made him feel even more helpless and alone.

Understanding the situation, Vijay patiently counselled the family and explained that discrimination only increases a patient's emotional suffering. He encouraged them to support Mahange with love, care, and confidence throughout his treatment. Vijay then shared his own personal journey and experiences as a TB Champion. Hearing a real-life story of courage and recovery gave Mahange renewed hope. For the first time in many weeks, he believed that recovery was possible.

Motivated by this counselling, Mahange restarted his TB treatment, took his medicines regularly, and strictly followed the medical advice provided by the healthcare team. His son took responsibility for ensuring that he never missed a dose of medication and stood beside him throughout the treatment journey.

As part of the programme, Mahange also received regular nutritional support containing roasted gram (channa), jaggery, peanuts, soya chunks, dates, and mustard oil. This nutritional supplementation, combined with uninterrupted treatment and strong family support, significantly improved his health. His weight increased from 41 kg to 47 kg, reflecting a marked improvement in his nutritional status and overall well-being.

Today, Mahange has fully recovered from TB. He has resumed running his small shop and is living a healthy and happy life with his family. Filled with gratitude, Mahange often says: "If I had not met TB Champion Vijay Kumar, I might not be alive today. He gave me hope when I had completely lost faith in life."

His transformation has not only changed his own life but has also inspired his community. Today, Mahange actively encourages people in his village who show symptoms of TB to get tested early, complete their treatment, and seek timely medical care. Whenever needed, he personally accompanies them to health facilities, becoming a source of hope and motivation for others.

Mahange's story is a powerful reminder that timely counselling, family support, proper nutrition, and uninterrupted treatment can transform despair into hope and help build TB-free communities.



Completed project

Comprehensive Family-Centred Nutrition Intervention for People with TB

To address the dual burden of TB and undernutrition, REACH implemented the Comprehensive Family-Centred Nutrition Intervention for People with TB which was designed to complement the National TB Elimination Programme's existing nutrition strategies, including the Ni-kshay Poshan Yojana scheme and the Ni-kshay Mitra initiative.

Objectives

- Designed and rolled out a comprehensive, family-centred nutrition intervention for people with TB to address the dual burden of TB and malnutrition.
- Provided additional nutritional support for people with TB based on needs assessment.
- Provided comprehensive family-centred counselling to people with TB and their caregivers.

Supported by:
Hindustan Unilever Limited

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

Project duration:
July 2024 - December 2025

Key activities

Person-centered care provided, including treatment literacy, support for treatment adherence, and sensitisation of family caregivers.



Comprehensive nutrition support provided including:

a) Vulnerability and nutrition assessment

b) Nutrition counselling by trained Community Health Workers (CHWs)

c) Expert counselling by nutritionists for those most vulnerable

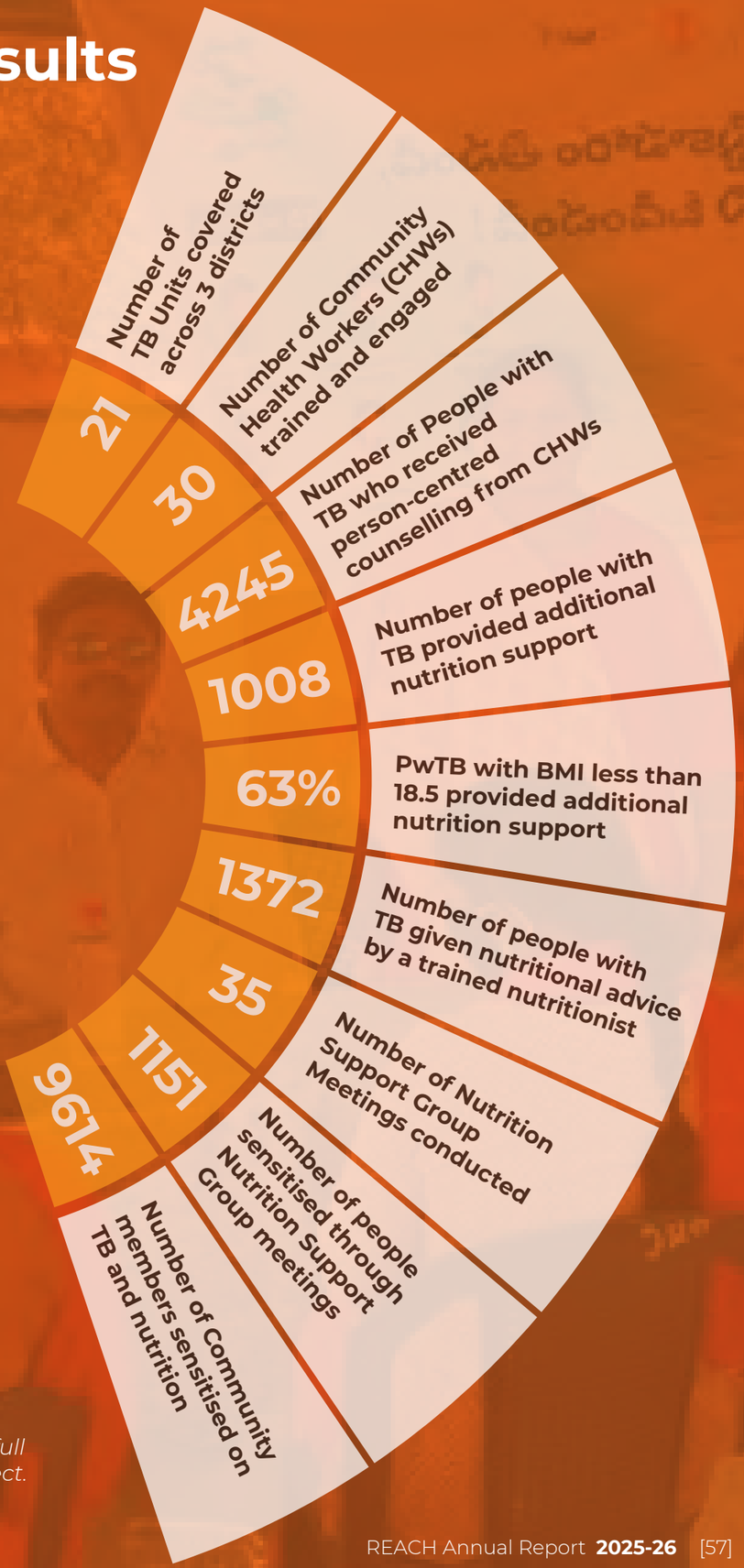
d) Nutrition support group meetings at TB Units for families.



Additional Nutrition Support (ANS) kits provided to PwTB who were vulnerable.



Key results

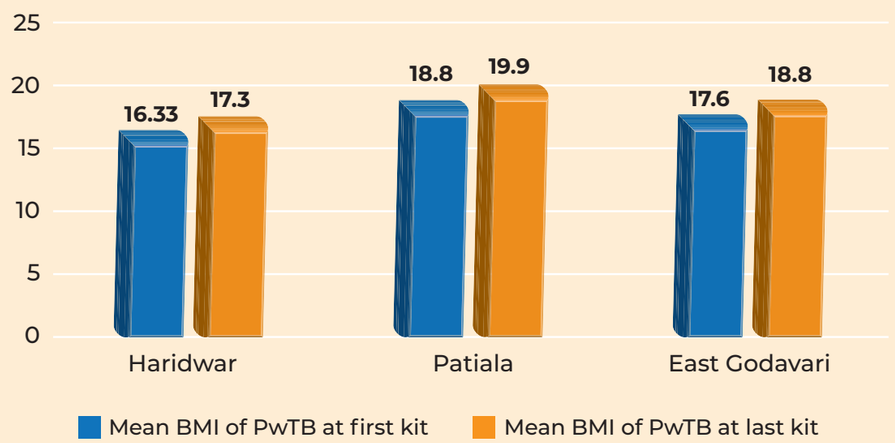


**This data is for the full duration of the project.*

How Additional Nutrition Kits (ANS) supported PwTB

During the project period, of the total cohort of 4245 people with TB, 1008 (24%) received monthly additional nutrition kits. In all, 4454 nutrition kits were distributed, including multiple kits to each person with TB throughout their treatment period. Of this, 584 treatment outcomes for the ANS cohort were recorded and of 584, 556 (95%) were assigned a successful treatment outcome. The additional nutrition support provided to PwTB over consecutive months, along with regular follow-up on nutrition counselling, has led to increased BMI scores across the three districts, underscoring the critical link between TB and nutrition.

Change in BMI score of PwTB supported with additional nutrition support across three districts



Haridwar - n- 400 (Of the total 493 PwTB given additional nutrition support, 93 were children)
Patiala - n- 202 (Of the total 236 PwTB given additional nutrition support, 34 were children)
East Godavari - n - 247 (Of the total 279 PwTB given additional nutrition support, 32 were children)

An assessment was conducted among 17 PwTB receiving additional nutritional support across three districts. The participants ranged in age from 11 to 58 years (median age: 34 years). They included daily wage labourers, printing press workers, agricultural labourers, individuals engaged in other forms of informal employment, students, unemployed persons, and dependent family members.

Awareness and Knowledge of Nutrition

All participants demonstrated a good understanding of the importance of adequate nutrition during TB treatment. Most reported that nutritious food helped strengthen immunity, improved tolerance to TB medication, accelerated recovery, and reduced the risk of treatment-related complications. Participants consistently recalled receiving regular counselling from CHWs on treatment adherence and appropriate nutritional practices, which enabled them to manage treatment more effectively and overcome challenges related to consistent medication intake.

Usefulness of the Nutrition Kits

The nutrition kits were perceived as highly beneficial, particularly by households whose livelihoods had been adversely affected by TB. Participants consistently reported that the kits reduced their financial burden by providing essential food items that they would otherwise have had to purchase, especially during periods of reduced or interrupted income.

Several participants who had received the nutrition kits for six months or longer reported noticeable weight gain, which they associated with improved nutritional status and positive treatment outcomes. Food items such as channa, groundnuts, and dalia were particularly appreciated for their nutritional value, ease of preparation, and suitability for daily household consumption. Female participants, in particular, highlighted the convenience of incorporating these items into regular family meals.





Impact story

A Journey of Recovery Through Timely Diagnosis, Nutrition Support, and Peer Support

Anju*, a 26-year-old young woman from Patiala, worked as a babysitter, earning ₹5,000 a month. In January 2025, she developed a painful node and felt unwell. Tests at the District Hospital (FNAC, X-ray, sputum) confirmed extrapulmonary TB. Feeling very weak, she left her job. She lives with her mother and siblings at her maternal grandmother's house.

CHW Pardeep met her in February 2025 and provided her with the first nutrition kit in March. Pardeep counselled her on small, frequent meals and proper medicine intake. From March to July, she received five kits containing dalia, dal, channa, soya, oil, peanuts, and jaggery. These items strengthened her diet and supported the whole family, especially when salaries were delayed. A nutrition counsellor guided her by phone on planning nutritious meals and adopting simple, healthy recipes.

The initial weeks were marked by weakness, vomiting, and weight loss. Over time, she regained weight and energy. She appreciated the organised kit distribution and the nutrition guidance. She believes such support should reach all people with TB. Anju's recovery highlights the value of timely diagnosis, immediate treatment, consistent nutrition support, and peer support through TB Champions/CHWs—an example of effective, person-centred TB care.

**Name changed to protect the person's privacy.*



** Photo for representation purposes only.*

Engaging communities

Community engagement is essential to building trust, increasing awareness, improving access to services, and ensuring that care is responsive to the needs of people affected by TB. REACH works closely with TB survivors and affected communities, recognising their lived experience as a powerful driver of change. As peer supporters and advocates, TB Champions, now called TB Vijetas by the TB programme, play a critical role in bridging the gap between health systems and communities by encouraging early care-seeking, supporting treatment adherence, reducing stigma, and strengthening community ownership of the TB response.

REACH has been working to build the capacity of communities affected by TB, including survivors, their families, and caregivers. Since 2016, the organisation has developed and piloted a range of training curricula and learning modules to equip communities with the skills and confidence to advocate for people affected by TB and take an active role in the TB response. By sharing their experiences and knowledge, trained survivors can bring greater visibility to TB, promote accurate understanding within communities, challenge misconceptions, and help reduce the stigma associated with the disease.

Following their training, TB Champions become active partners across a range of REACH-led projects and interventions. Their engagement is supported through ongoing learning opportunities, regular review meetings at the state and district levels, and platforms that enable them to connect and learn from fellow Champions. Depending on their roles and responsibilities, engaged Champions also receive a modest monthly honorarium in recognition of the time and commitment they contribute.

Over time, the role of TB Champions has expanded significantly. Today, they contribute across five key areas: offering peer support to people affected by TB, creating awareness and educating communities, engaging and advocating with key stakeholders, challenging stigma and discrimination, and sharing timely, ground-level feedback to help strengthen TB programmes and services.

Communities speaking up for DR-TB

Completed project

REACH engaged with over 100 TB Champions to help address Drug-Resistant TB (DR-TB). The project sought to enhance community engagement, improve access to high-quality DR-TB care, and increase demand for shorter regimens through awareness, peer support, and knowledge-sharing in high-burden settings in India.

A dissemination meeting was convened in New Delhi in April 2026 to share the results and learnings from the collaboration. The half-day meeting brought together key stakeholders, with TB Champions sharing their experiences of providing peer support to people with DR-TB and leading community awareness on drug resistance. The session also marked the formal presentation of programme results and the release of an impact report. The meeting was joined by Dr. Shobini Rajan, DDG-TB, Central TB Division, Dr. Nishant Kumar, Joint Director, CTD, Sandeep Juneja, Senior VP, TB Alliance and other senior officials.







Objectives

- Strengthened community understanding of Drug-Resistant TB, including the newly adopted BPaLM regimen, through the training and engagement of TB survivor-Champions and members of survivor-led networks in five DR-TB high burden states of India.
- Enhanced access to high-quality DR-TB care through the provision of peer support, by gathering feedback from service users and through extensive outreach to local community leaders and influencers in five DR-TB high burden states of India.
- Consolidated and disseminated knowledge on the experience of and lessons learnt from the BPaLM rollout in India, for cross-learning and sharing within India and across DR-TB high-burden countries, through rigorous multi-media documentation.

Supported by:
TB Alliance, as part of the Fast Track the Cure (FTTC) consortium

Implemented in:
New Delhi, Uttar Pradesh, Bihar, Tamil Nadu and Uttarakhand

Project duration:
May 2025 - March 2026

Key activities



Rapid awareness survey conducted to assess awareness of DR-TB in communities.



Capacity building conducted for TB Champions on DR-TB to strengthen understanding of DR-TB among community leaders.



Community campaign on DR-TB anchored by TB Champions.



Health literacy for communities through awareness sessions and community meetings.



Peer support provided to people with DR-TB by TB Champions.

Key results

Capacity building

5 State-level Capacity Building Workshops conducted

102 TB Champions trained on DR-TB

Proportion of women TB Champions trained **65%**

Proportion of DR-TB survivors trained **25%**

Community outreach

2370
Number of community awareness meetings conducted by engaged TB Champions

9117
Number of people reached through a community campaign

50033
Number of people sensitised through community awareness meetings

870
Number of new TB survivors sensitised on DR-TB

Peer support

433
51% women
49% men
Number of people with DR-TB supported in a six-month period

303
54% women
46% men
Among those supported, number of People with DR-TB on BPaL/M regimen

6 Number of facilities in which TB Champions provided facility-based peer support

Impact story

Veeralakshmi's Journey

Veeralakshmi's journey into peer support and fighting TB is deeply rooted in her own experience. In 2020, she was diagnosed with extra-pulmonary TB. Her treatment journey was marked by isolation, uncertainty, and a lack of emotional support. She recalls having no one to turn to for guidance on managing side effects or coping with the loneliness. This experience stayed with her and has shaped her path.

Veeralakshmi finds most meaning in her role as a peer supporter. She provides consistent and empathetic support to people undergoing DR-TB treatment. Her approach focuses on reducing fear by sharing her own recovery story and reinforcing that TB is curable with proper treatment and nutrition. She remains closely connected with individuals throughout their treatment journey. She conducts regular follow-ups over phone calls, supports treatment adherence, explains medication schedules, and accompanies patients to health facilities when needed. At times, individuals call her simply for emotional comfort, especially when they feel anxious or alone.

Veeralakshmi has also witnessed the transition from the older and longer DR-TB regimens to the newer BPaLM regimen. She notes a marked improvement in patient experiences, with shorter treatment duration and comparatively lesser side effects resulting in improved adherence and outcomes. She also advocates on behalf of the affected individual within their families and communities, driving out notions of stigma.



Her journey as a TB Champion has also transformed her personally. Through extensive training and field experience, she has gained strong technical knowledge, counselling skills, and confidence. She describes herself as having grown into a professional capable of explaining complex medical concepts and engaging effectively with communities. Beyond her work, she has become more confident and assertive in her interactions. Veeralakshmi's journey reflects the success in empowering the voices and lives of those who have experienced TB, to inspire change in the lives of others.

RESPECT

(Resilient, People-centered, Community-led Responses to End Drug-Resistant Tuberculosis)

Project RESPECT works towards establishing and enhancing community-driven initiatives that elevate demand for DR-TB and related social protection tools, overcome stigma and promote access, and enhance the quality of care through coordinated partnerships, community-led monitoring, and capacity-building efforts.

Supported by:
Led by the Stop TB Partnership, supported by UNITAID

Implemented in:
Odisha, Jharkhand, Chhattisgarh, and Rajasthan

Project duration:
August 2025 - November 2027

Objectives

- To establish community-led demand creation through capacity-building and engagement of TB Champions, who will work towards enhanced community awareness and holistic support to people with TB and DR-TB.
- To introduce/scale-up community-led monitoring and accountability initiatives through country-specific tools.
- To foster an enhanced focus on DR-TB through media engagement, mentorship and sustained capacity-building.

Key planned activities

Building capacity
of TB survivors and Champions on Drug-Resistant TB

Engaging TB Champions
to improve community understanding of DR-TB through community outreach activities

Improving treatment literacy
among people with TB and DR-TB through peer support by TB Champions

Involving TB Champions **to facilitate feedback on TB and DR-TB**

Training TB survivors who identify as transgender **and engaging them as TB Champions to promote inclusive, peer-led support and improve access to TB services among LGBTQIA+ transgender communities (upcoming)**

Building the capacity of the news media **to report better on TB and DR-TB**

Supporting implementation
of the NTEP's national framework for a gender-responsive approach to TB

Developing tools on DR-TB for global use

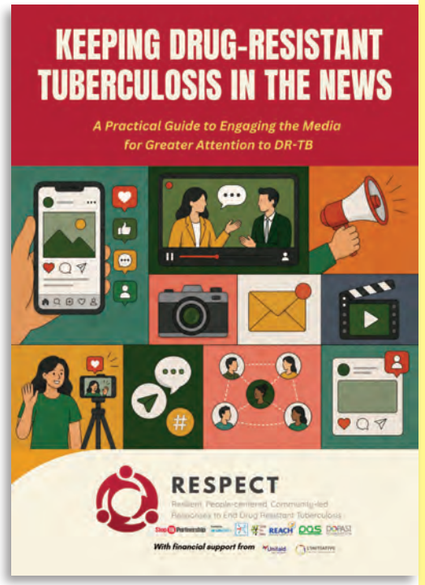


Empowering and Engaging TB Survivors and Champions to Respond to Drug-Resistant Tuberculosis

The toolkit is a comprehensive resource developed to strengthen the role of TB survivors and TB Champions in the community response to DR-TB. It provides a practical framework for moving TB survivors from being affected by TB to becoming trained, empowered and engaged TB Champions. Overall, the document serves as both a strategic framework and a practical training resource for organisations and TB programmes seeking to build a strong, survivor-led community response to DR-TB.

Keeping Drug-Resistant Tuberculosis in the News

The media toolkit is developed for organisations looking at engaging with the media and provides a step-by-step guide to planning, implementing and sustaining a strategic media engagement programme, spanning both traditional and new media, to keep Drug-Resistant TB in the news as well as in public discourse.



These toolkits are developed through a consultative process by the Stop TB Partnership and REACH, with support from Challenge Facility for Civil Society (CFCS) partners, and draw on experiences from multiple countries.

ACT for TB

The ACT for TB project promotes equitable access to TB through early detection, linkages with high-quality free treatment, and public-private partnerships, thereby mitigating the clinical, and socio-economic impact of TB on the urban poor in the Kannagi Nagar area of Chennai.

Objectives

- To accelerate TB case finding and improve treatment outcomes for TB.
- To improve awareness of TB and thereby health-seeking behaviour among urban slum populations and vulnerable communities through community outreach meetings in the catchment areas.
- To screen and identify people with symptoms of TB through private sector engagement, and household-level outreach, and link them to the public/private health system for further diagnosis and care.
- To provide supplementary nutritional support to people with TB identified with vulnerabilities.

Supported by:
HCLFoundation

Implemented in:
Kannagi Nagar, Chennai, Tamil Nadu

Project duration:
April 2025 - March 2027

Key activities



Private practitioners sensitised and engaged to refer persons with TB symptoms for free diagnostic services.

Community sensitization meetings focussed on educating the community and identifying presumptive TB patients.





TB awareness & nutrition support programme with PwTB at UCHCs and Nakshatra Centres.

Community-based household TB screening with focussed effort to reach the male population.





Observation of National Nutrition Week and World TB Day through rallies, awareness sessions, and distribution of nutritional supplements to PwTB.

X-ray medical camps enabling timely TB screening and diagnostic follow-up.





Healthcare workers trained on soft skills to enhance knowledge and skill competencies.

Key results

Community Screening

16047
Total number of households screened by Community Health Workers (CHWs)

30170
Total number of people screened by CHWs

Private Practitioners engagement - Nakshatra Centre activity

110 **Total number of private practitioners sensitized**

27 **Total number of private practitioners engaged**

Overall data - Both community screening and Nakshatra Centres

701 **Total number of people with symptoms of TB identified**

583 **Total number of people with symptoms of TB undergoing further testing**

410
Total number of people with symptoms of TB supported with Chest X-ray

76
Total number of people diagnosed with TB

75
Total number of people with TB initiated on treatment

156 **Total number of people with TB provided additional nutrition support**

Impact story

From Helpless to Hopeful: The Impact of Community Screening on a Young Life

Five-year-old Ravi* lives in Kannagi Nagar with his father and grandmother. Six months ago, his mother left the family. Since then, his grandmother has been his primary caregiver, as his father struggles with alcoholism and shows little interest in the child's wellbeing. Two months ago, Ravi developed some swelling in his lymph node. The swelling gradually increased, and he began to feel weak and tired. His condition worsened to the point where he was unable to attend school for a week. His grandmother, worried but unsure of what to do, felt helpless.

It was during this time that a Community Health Worker (CHW), Mary, visited their home as part of a community screening activity. On knowing about Ravi's condition, the CHW sensitized the family about TB, including the possibility of Extra Pulmonary TB, and explained the importance of seeking timely medical care. She then referred Ravi to the Government Hospital and encouraged his grandmother to take him there immediately.

At the hospital, the Medical Officer examined Ravi, and CBNAAT testing was done, which turned out negative. However, given his persistent symptoms, further investigations were carried out, and Histopathology of the lymph node confirmed TB. He was immediately initiated on treatment, and with timely care, his condition began to improve - notable decrease in the size of the lymph node, improvement in functional status - and he is once again able to attend school. He has successfully completed the treatment. His grandmother is deeply relieved and grateful. She expressed her happiness, saying she finally feels hopeful about her grandson's future.

**Name changed to protect the person's privacy.*

UPCOMING PROJECTS

TB SAMVAADAM-

‘Breaking the silence: Generating citizen dialogues on TB stigma through applied theatre’

Supported by:
Indian Council of Medical Research (ICMR) in collaboration with the Institute of Public Health (IPH), Bengaluru, and TB Survivor-Led Networks

Implemented in:
Selected districts of Bihar (Urban), Jharkhand (Tribal), and Tamil Nadu (Rural)

Project duration:
January 2026 - December 2028

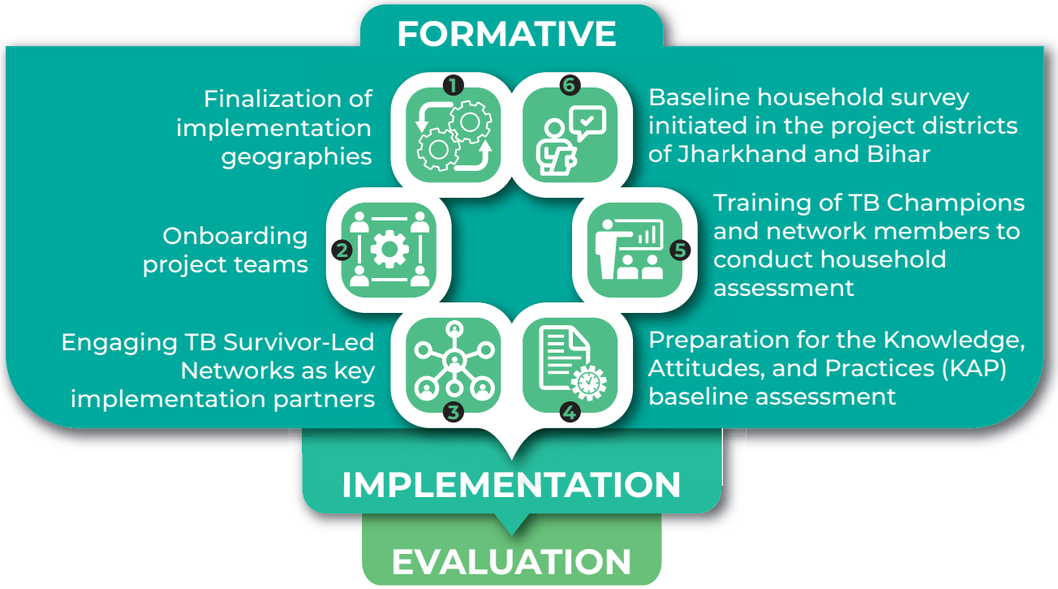
TB Samvaadam is an innovative implementation research that focuses on implementing community-centred approaches for generating dialogue and awareness to address TB stigma among tribal, rural, and urban populations using a participatory tool called applied theatre- a tool that uses life stories, which a group of citizen actors enacts. Citizen actors can be anyone and need not be a professional performer, but trained in applied theatre to encourage open dialogue on sensitive issues such as stigma and access to health services.

Objectives

To co-develop and implement applied theatre models with TB survivors, health workers, and NTEP staff, evaluating their impact on stigma reduction and uptake of TB care services in urban, rural, and tribal communities.

Key activities

The interventions will be implemented in three sequential phases:



Family-NEST

(Family-based approach of Nutrition, Education and enhanced Support for TB care and prevention)

Supported by:
Tata Trusts

Implemented in:
Vaishali, Bihar

Project duration:
February 2026 - January 2030

Family- NEST is a TB nutrition project to address the dual burden of TB and undernutrition. The project will use TB-affected households as an entry point to implement a family-centred nutrition and care model, in collaboration with the National TB Elimination Programme. It aims to strengthen nutritional status at the household level, improve TB treatment outcomes, and reduce transmission through close coordination with existing public health and social welfare systems.

The project will focus on early identification of nutritional risks, improved access to services, and holistic family wellbeing—supported by community outreach to promote healthy nutrition practices and strengthen awareness of nutrition's role in TB prevention and recovery.

Objectives

- To support people with TB with nutrition and care for their improved treatment outcomes and functional recovery.
- To support household contacts (HHCs) of people with TB with nutrition and care for prevention of TB.
- To document implementation practices and share lessons from the family-centred nutrition intervention.

MIND TB-
Building an Integrated Mental Health and TB Care Model in India

Supported by:
Tata Trusts
in partnership with SCARF (Schizophrenia Research Foundation) as the lead partner

Implemented in:
Patna (Bihar) and
Amravati and Nagpur (Maharashtra)

Project duration:
Feb 2026 - Jan 2030

India bears the world's highest burden of tuberculosis and a substantial burden of untreated mental health disorders. Depression is common among people with TB and is associated with poor treatment adherence, adverse treatment outcomes, and reduced quality of life. Despite the widespread availability of TB services, mental health care remains inadequately integrated into routine TB services. This implementation research study aims to develop, implement, and evaluate a community-based, scalable model for integrating mental health screening and psychosocial support into routine TB care, generating evidence on its feasibility, effectiveness, and scalability within the NTEP framework.

Objectives

- To estimate the prevalence of depression among people with TB and DR-TB.
- To assess the functioning of persons with TB diagnosed with depression.
- To implement routine depression screening among persons with TB within existing TB care workflows.
- To implement a stepped-care intervention for depression within existing TB care workflows.
- To assess the effectiveness of the intervention in reducing depression severity, improving functional outcomes, and enhancing TB treatment adherence.
- To generate implementation research evidence on feasibility, effectiveness, and scalability of integrating mental health care within TB services.

Expanding TB Preventive Treatment in the Private Sector in India

Supported by:
Department of State (DOS) through the Tuberculosis Implementation Framework Agreement (TIFA) led by John Snow India Private Limited (JSI)

Implemented in:
Tamil Nadu and Delhi

Project duration:
June 2026 - April 2027

The National TB Elimination Programme (NTEP) has adopted and rolled out programmatic guidelines for TB Preventive Treatment (TPT), with a focus on household contacts of people with TB and other high-risk populations such as people on dialysis, those preparing for organ transplant, on immunosuppressants etc. Despite these efforts, the uptake of TPT within the private healthcare sector remains suboptimal. This project seeks to strengthen the implementation of TPT in the private sector and increase the uptake among those eligible.

Objectives

- To generate demand for TPT among private health care providers.
- To improve access and uptake of TPT services among eligible household contacts and high-risk groups.

Planned key activities

- Facilitating establishment of Apex and Satellite TPT clinics in private sector
- Upskilling medical and paramedical staff on TPT
- End to end care coordination for PwTB and their contacts
- Development and deployment of user fee-based co-payment pilot in two districts
- Development and deployment of digital reminder and adherence tracking using WhatsApp chatbot
- Use of AR based experience for risk communication on latent TB
- Use of teleconsultation for TPT initiation and follow-up
- Use of digital/printed voucher for referral coordination with engaged private labs

Evaluation of Near-Point-of-Care NAAT Testing on swab samples for diagnosis of adult pulmonary Tuberculosis: A Hybrid Implementation-Effectiveness Study

Supported by:
Stop TB Partnership

Implemented in:
Dindigul, Theni and Chennai districts of Tamil Nadu

Project duration:
April 2026 - March 2027

This study will evaluate the UniAMP Point-of-Care NAAT device, developed by Huwel Lifesciences, which uses Loop-Mediated Isothermal Amplification (TB-LAMP) technology to detect Mycobacterium tuberculosis from tongue swab and sputum swab samples. Employing a hybrid implementation - effectiveness design, the study aims to evaluate both the real-world impact of the intervention on access to timely diagnosis and implementation feasibility across diverse health system contexts.

The study has a three-pronged implementation design:

Main study: NPoC NAAT Testing in healthcare facilities (public/private).

Sub-study 1: NPoC NAAT Testing for Household contact investigation.

Sub-study 2: NPoC NAAT Testing for Active case finding.

Participants will provide a single tongue swab and one sputum sample (same sample is used for routine sputum NAAT), alongside standard diagnostics, inclusive of symptom screening, Chest X-ray or sputum NAAT, as per context-adapted testing algorithms.

Objectives

Primary objective

To determine the effectiveness of swab-based NPoC NAAT in improving linkage-to-diagnosis for pulmonary tuberculosis among adults across diverse health system contexts in Tamil Nadu, India.

Secondary objectives

To assess the acceptability, feasibility and fidelity of swab-based NPoC NAAT testing in field conditions.

To evaluate the real-world diagnostic performance of NPoC NAAT on tongue and sputum swabs, with routine Sputum NAAT and/or Clinical decision-to-treat as reference standard.

To document the training, competency and quality assessment needs associated with peripheral testing.

To identify the enablers and barriers to scaling up swab-based NPoC NAAT within the National TB Elimination Program (NTEP).

World TB Day observation, Chennai, 2025



Dr. Ramya welcomes the audience at the World TB Day programme and sets the context for the campaign “Click and Commit - A public pledge to END TB” and reflects on the collective commitment towards ending TB.



Mr. Amarnath Reddy releasing the communication materials for World TB Day.



A section of the audience comprising people affected by TB, caregivers, and CSR partners, coming together in solidarity and shared commitment towards ending TB.



CSR partners taking the pledge to END TB.



Mr. Amarnath Reddy, Chairman, AMARA Homes inaugurating the poster board of the campaign on the occasion of World TB Day.



Dr. Nalini Krishnan, Co-Founder and Executive Secretary of the REACH Committee, with the team.



Representatives from our CSR partners - Sundram Fasteners Limited, Dodla Dairy Limited, AMARA, IMPAL, The Hindu Group inaugurated the World TB day campaign posterboard and communication materials to spread key TB messages.



The REACH team put up a skit highlighting the important milestones in the history of TB. This scene depicts the invention of the X-ray.



Dr. Sivamurugan, Executive Member, REACH presenting a memento to representatives from Sundram Fasteners Limited.



A scene from the skit highlighting the need for observation of TB medication and the importance of follow-up of TB treatment.

World TB Day observations







Muzaffarpur, Bihar



Thuraiyur block, Tiruchirappalli, Tamil Nadu





Darbhanga, Bihar







Dindigul, Tamil Nadu



Hardoi, Uttar Pradesh



Theni, Tamil Nadu





Kannagi Nagar, Chennai, Tamil Nadu



REACH in the news

REACH curated a World TB Day special page in The Hindu on 24 April 2026, with articles by Dr. Nalini Krishnan, Co-Founder and Executive Secretary, REACH, Dr. Ramya Ananthakrishnan, Director, REACH, Anupama Srinivasan, Deputy Director, REACH.

Dr. Soumya Swaminathan, Chairperson, MSSRF, Dr. R. Thara, Vice-Chair, SCARF, Dr. Anurag and Dr. Madhavi Bhargava were invited to write on the TB Diagnostic landscape, TB and mental health, and TB and nutrition respectively.



THE HINDU
Editorial
Tuesday, March 24, 2020
CHENNAI

A curated selection of articles on the Editorial and Opinion pages for World TB Day, March 24

The evolving diagnostic landscape for tuberculosis

Two weeks ago, in the run-up to World Tuberculosis (TB) Day (which falls on March 24), the World Health Organization (WHO) formally recommended the use of new near point-of-care (NPOC) molecular tests for diagnosing TB. WHO also endorsed the use of tongue swab samples for TB testing and sputum pooling strategies to potentially improve testing efficiencies at scale. These are the latest developments in what has been an unusually remarkable decade for the TB diagnostic landscape, a decade when new technologies have not only emerged but have also been tested, swiftly recommended and utilised to advance global efforts to eliminate TB.

Probably the best example is the rapidly expanding use of portable chest X-ray (CXR), in tandem with artificial intelligence (AI) solutions for TB screening. In India, the National Tuberculosis Elimination Programme (NTEP) has made available hundreds of portable CXR machines that are being utilised for the Pradhan Mantri TB Mukt Bharat Abhiyaan, in an effort to take active TB screening into the community.

Until recently, X-ray access was limited to hospital settings and dependent on the availability of technicians and radiologists to record the X-ray and interpret the findings. Today, active case-finding efforts are in full swing through mobile vans equipped with portable CXR with AI, making it more convenient. While this takes diagnostic services into the community, we must ensure on-the-spot collection of sputum samples for those with any CXR findings to significantly reduce attrition in the diagnostic cascade. Further, those with CXR lesions other than TB (for example, lung cancer) must get the referral and treatment services they need. Systematic microplanning will also help to refine these screening efforts to focus on those who are most vulnerable, particularly in urban and tribal settings.

The use of AI also presents a credible option for opportunistic screening. Tens of thousands of X-rays are performed daily across India in public and private clinics and hospitals for various reasons. Installing AI algorithms in digital X-ray machines that can swiftly identify suspicious lesions, whether for TB or other respiratory disorders, can reduce delays in diagnosis. Building health system capacity, particularly in the service delivery level, to use AI effectively is an important first step.

The diagnostic landscape is shifting

India has long relied on sputum smear microscopy as the primary test for diagnosis, despite its low sensitivity and inability to identify drug-resistance. In 2016, India began scaling up molecular testing – starting with the Cartridge-based Nucleic Acid Amplification Test (CBNAAT) and later adopting the indigenous Truenat in 2020. Today, many more Indian products are available, and decentralised access to molecular testing is central to the TB programme.

Dr. Soumya Swaminathan
is Chairperson of the M.S. Swaminathan Research Foundation and National Science Chair, Anusandhan National Research Foundation (ANRF)

However, access to up-front molecular testing remains uneven. To achieve 100% testing through NAAT prior to treatment initiation, we must also strengthen sputum collection and transportation mechanisms, especially for the elderly, people with disabilities, and those who live in hard-to-reach areas. To complete the diagnostic cascade swiftly, we must reduce delays in first-line and second-line drug resistance testing and work with the general health system to leverage diagnostic human resource capacity. Minimising test turnaround time will ensure that people with drug-resistant TB are started on the correct treatment regimen at the earliest.

With WHO's endorsement of near point-of-care Nucleic Acid Amplification Tests (nPOC-NAAT), there are now more options for molecular testing at the primary-care level that are not heavily dependent on infrastructure. The use of non-sputum samples, such as tongue swabs, are especially useful for those who find it difficult to produce a good sputum sample, including children.

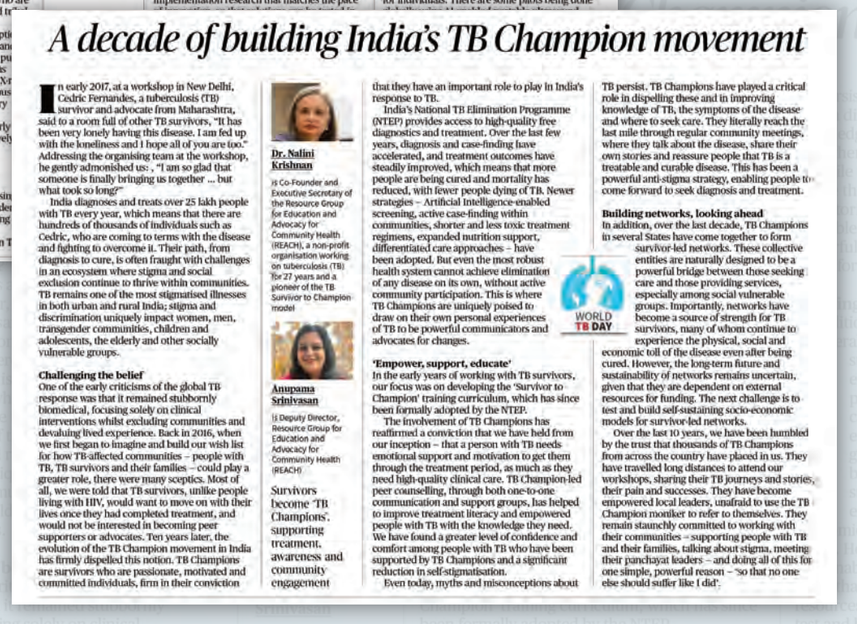
It is important to acknowledge that none of these tools is a complete solution in itself. What this growing collection of new tests offers is a comprehensive toolbox for TB diagnosis. Diagnostic network optimisation can help identify which tools to best use, individually and in combination, and where they should be located, to establish a diagnostic cascade that is accessible, affordable and person-centered. India must field-test these tools through robust implementation research that matches the pace procured and distributed in both public and private sectors. Several areas still require research and innovation.

First, as India is scaling up testing for TB infection and access to TB preventive therapy (TPT), we need more cost-effective and easy-to-use biomarkers that can identify and predict those at high risk for disease progression. Studies have shown that 'test and treat' approaches are more likely to convince people with TB infection to start on TPT, if they are at higher risk for disease, particularly in the private sector.

Second, the National TB Survey shows that asymptomatic TB is a serious issue, making symptom-based screening alone insufficient. Increased access to chest X-ray is a step in the right direction but we also need faster, less invasive diagnostic tools that use saliva and other non-sputum samples. More feasibility studies are required to understand utility and performance in real-world settings, particularly among individuals with low bacterial load.

Third, diagnosing TB in children remains challenging. Children cannot produce sputum as they often have low bacillary levels. Testing using stool samples has been tried in some countries and we need more implementation research in this area. We need far greater investment – and urgency – in finding the right new tools for diagnosing TB in children.

Finally, diagnosing extra-pulmonary TB (EP-TB) – which is almost a quarter of India's TB burden – remains difficult, often inaccessible and very expensive. Misdiagnosis as well as delayed diagnosis of EP-TB contributes to both catastrophic costs for families and poor outcomes for individuals. There are some pilots being done



A decade of building India's TB Champion movement

In early 2017, at a workshop in New Delhi, Cedric Fernandes, a tuberculosis (TB) survivor and advocate from Maharashtra, said to a room full of other TB survivors, "It has been very lonely having this disease. I am fed up with the loneliness and I hope all of you are too." Addressing the organising team at the workshop, he gently admonished us: , "I am so glad that someone is finally bringing us together ... but what took so long?"

India diagnoses and treats over 25 lakh people with TB every year, which means that there are hundreds of thousands of individuals such as Cedric, who are coming to terms with the disease and fighting to overcome it. Their path, from diagnosis to cure, is often fraught with challenges in an ecosystem where stigma and social exclusion continue to thrive within communities. TB remains one of the most stigmatised illnesses in both urban and rural India; stigma and discrimination uniquely impact women, men, transgender communities, children and adolescents, the elderly and other socially vulnerable groups.

Challenging the belief

One of the early criticisms of the global TB response was that it remained stubbornly biomedical, focusing solely on clinical interventions whilst excluding communities and devaluing lived experience. Back in 2016, when we first began to imagine and build our wish list for how TB-affected communities – people with TB, TB survivors and their families – could play a greater role, there were many sceptics. Most of all, we were told that TB survivors, unlike people living with HIV, would want to move on with their lives once they had completed treatment, and would not be interested in becoming peer supporters or advocates. Ten years later, the evolution of the TB Champion movement in India has firmly dispelled this notion. TB Champions are survivors who are passionate, motivated and committed individuals, firm in their conviction

Dr. Nalini Krishnan
is Co-Founder and Executive Secretary of the Resource Group for Education and Advocacy for Community Health (REACH), a non-profit organisation working on tuberculosis (TB) for 27 years and a pioneer of the TB Survivor to Champion model

Anupama Srinivasan
is Deputy Director, Resource Group for Education and Advocacy for Community Health (REACH)

Survivors become 'TB Champions', supporting treatment, awareness and community engagement that they have an important role to play in India's response to TB.

India's National TB Elimination Programme (NTEP) provides access to high-quality free diagnostics and treatment. Over the last few years, diagnosis and case-finding have accelerated, and treatment outcomes have steadily improved, which means that more people are being cured and mortality has reduced, with fewer people dying of TB. Newer strategies – Artificial Intelligence-enabled screening, active case-finding within communities, shorter and less toxic treatment regimens, expanded nutrition support, differentiated care approaches – have been adopted. But even the most robust health system cannot achieve elimination of any disease on its own, without active community participation. This is where TB Champions are uniquely poised to draw on their own personal experiences of TB to be powerful communicators and advocates for changes.

'Empower, support, educate'

In the early years of working with TB survivors, our focus was on developing the 'Survivor to Champion' training curriculum, which has since been formally adopted by the NTEP.

The involvement of TB Champions has reaffirmed a conviction that we have held from our inception – that a person with TB needs emotional support and motivation to get them through the treatment period, as much as they need high-quality clinical care. TB Champion-led peer counselling, through both one-to-one communication and support groups, has helped to improve treatment literacy and empowered people with TB with the knowledge they need. We have found a greater level of confidence and comfort among people with TB who have been supported by TB Champions and a significant reduction in self-stigmatisation.

Even today, myths and misconceptions about TB persist. TB Champions have played a critical role in dispelling these and in improving knowledge of TB, the symptoms of the disease and where to seek care. They literally reach the last mile through regular community meetings, where they talk about the disease, share their own stories and reassure people that TB is a treatable and curable disease. This has been a powerful anti-stigma strategy, enabling people to come forward to seek diagnosis and treatment.

Building networks, looking ahead

In addition, over the last decade, TB champions in several States have come together to form survivor-led networks. These collective entities are naturally designed to be a powerful bridge between those seeking care and those providing services, especially among social vulnerable groups. Importantly, networks have become a source of strength for TB survivors, many of whom continue to experience the physical, social and economic toll of the disease even after being cured. However, the long-term future and sustainability of networks remains uncertain, given that they are dependent on external resources for funding. The next challenge is to test and build self-sustaining socio-economic models for survivor-led networks.

Over the last 10 years, we have been humbled by the trust that thousands of TB Champions from across the country have placed in us. They have travelled long distances to attend our workshops, sharing their TB journeys and stories, their pain and successes. They have become empowered local leaders, unafraid to use the TB Champion moniker to refer to themselves. They remain staunchly committed to working with their communities – supporting people with TB and their families, talking about stigma, meeting their panchayat leaders – and doing all of this for one simple, powerful reason – 'so that no one else should suffer like I did'.



From disease-specific to person-centred care

By using TB as an entry point, integrated healthcare delivery can optimise and improve public health efficiency

Anupama Srinivasan
Deputy Director of REACH

Dr. Ramya Ananthakrishnan
Director of REACH

Tuberculosis (TB) rarely presents as a standalone disease in an individual. Many people with TB have other comorbidities or disease conditions that they must simultaneously cope with, while being on treatment for TB. Therefore, treating TB alone is not enough. Adopting integrated care approaches by transitioning from disease-specific to person-centred care can accelerate India's efforts to achieve both universal health coverage and TB elimination. Simply put, we must treat the person and not the disease.

Take the example of Divya (name changed), a 48-year-old woman who was diagnosed with TB in 2023. She had been living with diabetes and hypertension for several years and it is highly likely that her diabetes played a role in her contracting TB. Crucially, she had poor glycemic control with a HbA1c over 10, which had a direct impact on her treatment for TB.

Notably intersect in individuals and families, adversely impacting outcomes and the overall quality of life. Recognising the interconnected nature of these multiple vulnerabilities is the first step towards delivering integrated care.

Treating TB and diabetes

As in the case of Divya, an important opportunity for integration is between TB and diabetes, given India's growing diabetes burden. Over 15 years ago, the National TB Elimination Programme (NTEP) identified diabetes as a key comorbidity for TB, and rolled out formal bidirectional screening guidelines for TB-diabetes. Every person with TB must be screened for diabetes and people with diabetes must ideally be screened for TB once a year. Studies have shown that people with diabetes are more likely to develop active TB disease than those without; equally, people with TB who also have diabetes are more likely to

TB patients soon inside the Govind Ballabh Pant Hospital on March 24, 2023. AM

one-third (34%) had diabetes, and of this group, 41% had poor glycemic control which is the biggest challenge. Monitoring the blood sugar levels of a person with TB and diabetes throughout the TB treatment period is therefore essential, as is expanding clinical

Integrating respiratory care

Another important opportunity for integration is at the intersection of TB and Chronic Respiratory Diseases (CRD) such as asthma or Chronic Obstructive Pulmonary Disease (COPD), at the screening stage itself. Only a fraction of people

pilot in two districts each of Bihar and Tamil Nadu, nearly 3,000 people with COPD and asthma were identified and linked to care, among the 26,000 people who were screened for TB but found TB-negative. In addition, integrated care can also change the course of post-treatment follow-up, given that many people who complete TB treatment continue to have respiratory impairments.

Other areas of intersection include undernutrition and risk factors such as smoking and alcohol use. This multi-disease approach is already envisaged in the framework of the Ayushman Arogya Mandirs for delivering comprehensive care at the community and primary care levels.

Delivering integrated care at scale can have its share of challenges. At the health system level, it is a likely stressor on already strained

signed to talk to each other, in terms of both human resources and data; this will require both creative and pragmatic solutions.

Integrated care delivery will require adequate and additional human resources, a careful readjustment of the health worker to care recipient ratio and investment in periodic training.

Holistic wellness

Given that the NTEP is among India's more robust, well-structured public health programmes, using TB as an entry point to identify and address closely associated morbidities such as diabetes, CRDs, undernutrition etc. will help optimise healthcare delivery and improve public health efficiency. More importantly, it could reduce delays in diagnosis, minimise the need for visits to several health facilities, and help overcome barriers to accessing a conti-

The need to integrate nutrition in TB care

For most patients with TB who are severely underweight, nutritional support is an essential and not optional part of treatment

Dr. Madhavi Bhargava
is a public health specialist and teaches at Yenepoya Medical College, Mangalore. (as told to the RATIONS trial in India

Dr. Anurag Bhargava
is a physician-epidemiologist and teaches at Kasturba

In 2026, India still has the highest number of cases of Tuberculosis (TB) globally and a decreasing but still unacceptable number of about three lakh deaths due to TB. Almost 10% of successfully treated patients have recurrence within two years. An answer to all these challenges may partly lie in addressing a leading cause and consequence of TB in India, which is undernutrition, closely related to poverty, food insecurity and a predominantly cereal-based diet with deficient protein intake.

On the occasion of World TB Day, evidence from the Reducing Activation of Tuberculosis by Improvement of Nutritional Status (RATIONS) trial could offer insight into the importance of nutritional interventions. RATIONS was done in Jharkhand with support from the Indian Council of Medical Research and was the first such trial of a food-based intervention. It aimed at reducing new TB cases in TB-affected families, and improv-

time of his diagnosis of lung TB. Along with TB drugs, he received a monthly food basket. Over the next few weeks, he started walking and could cycle to work at the end of the treatment, weighing 42 kg. Laxmi, weighing 34 kg, had TB two years ago and had stopped medication after she developed jaundice within two weeks of starting anti-TB drugs. Now, as a result of the trial, she could adhere to the medications and also breastfeed her four-month-old.

Preventing deaths due to TB

Undernutrition, especially severe undernutrition, is common in patients in India. It is a major reversible risk factor for death, drug toxicity, and recurrence after successful treatment. For most patients with TB who are severely underweight, nutritional support is an essential and not optional part of treatment. Poor families are food-insecure and become even more so due to the disease. In the RATIONS trial, a monthly 10 kg

FM TB Mukt Bharath kits, which include basic nutritious food items, distributed to patients in Chittoor, Andhra Pradesh in 2023. ALLPHOTO:

ments for two months to underweight patients with TB needs to be considered with caution, given higher expenses, and the mystification of an adequate balanced diet apart from the risk of monotony and poor acceptability. One in 7 patients with TB in India may have diabetes which also needs to be taken into

ease, it is not sufficient to produce active TB. Almost 50% of those infected, with good immunity, never develop the disease in their lifetime. Undernutrition is the most common cause of poor immunity in India and globally. It contributes to nearly 40% of new cases in India, and improved population-level nutritional status offers an alternative approach to reducing TB incidence.

Diets of the poor in India are particularly deficient in quality protein. TB-affected families experience vulnerabilities of poverty, food insecurity, and undernutrition. The 1.5 kg per month of pulses per family member, along with extra rice, worked like a vaccine in the RATIONS trial, with new TB cases in these families coming down by almost half.

The World Health Organization released new guidelines last year recommending nutritional interventions in settings of poverty and undernutrition, drawing significantly from the evidence of the RA-

clude TB patients' households will have long-term benefits in reducing the TB burden in India.

The way ahead

India is a global leader in implementing comprehensive nutrition assessment and support initiatives through the NTEP. Research and evidence from India have influenced global policy. Some of the next positive steps will be to record and report nutritional assessment at diagnosis; at two months; and at the end of treatment. This will help to identify those at risk of death, monitor early weight gain, and assess nutritional recovery. A differentiated TB care model in line with the TN-KEET intervention in Tamil Nadu can identify and prioritise severely underweight patients. This will require local contextualisation of food baskets, with due attention given to comorbidities, supported by transport and inpatient care for the sick.

The Inverse care law also works in TB and nutrition – the most vul-

Mental health of TB patients should not be overlooked

Studies from India have shown that at least one-third of people with TB experience symptoms of depression or anxiety

Dr. R. Thara
Co-Founder and Vice-Chair of the Schizophrenia Research Foundation (SCARF)

At least one in seven Indians experience a mental health condition at some point in their lives. In people with infectious diseases like Tuberculosis (TB) or HIV, this increases to anywhere between one-third to a half of those affected. TB takes a toll on not only physical but also mental health, either in the form of definite diagnosable conditions like depression, anxiety or psychoses or as emotional suffering worsened by social stigma. TB is fundamentally a disease of inequity, perpetuated by poverty and simultaneously contributing to increasing poverty. Unemployment, the lack of livelihood, food insecurity and malnutrition are social drivers for both TB and mental health conditions.

Studies from India have shown that at least one-third of people with TB experience symptoms of depression and anxiety, which often occur together as well. The mental health burden is estimated to be even higher among people with drug-resistant TB, with upto two-thirds having mental health issues. There are anecdotal accounts from TB survivors on suicidal ideation as well as documented instances of people with TB dying by suicide. There is not enough evidence about the prevalence of severe mental illnesses such as schizophrenia or bipolar disorders in people affected by TB.

The stigma associated with TB remains pervasive, and includes self-stigma, stigma within families, at workplaces and within communities. Many TB survivors have spoken of the guilt and shame they feel on being diagnosed with TB, despite knowing that it is an airborne disease that can affect anyone. For those with pulmonary TB, the guilt is driven primarily by the fear of transmitting the disease within their families, particularly to children. Those with depression or anxiety and TB must cope with an increased burden of stigma associated with both conditions, which can further worsen mental health.

TB and mental health

Given the high prevalence of common mental health disorders in the general population, it is possible that depression or anxiety could have been pre-existing and unidentified, even prior to the TB diagnosis; there have not been

A doctor offers flowers to a TB patient in Agartala on World TB day. PTI

enough studies on this aspect. Depression or anxiety could delay care-seeking for TB. Long-standing untreated depression can also weaken the body's immune responses which in turn could lead to active TB disease – this is yet again another under-researched aspect.

Post diagnosis, untreated mental health conditions can adversely affect TB treatment outcomes. A person with TB who is depressed, and has not received mental healthcare, is more likely to take TB treatment irregularly or discontinue treatment prematurely. This can lead to treatment failure, relapse, or drug resistance.

Co-existing alcohol and tobacco use, in the absence of access to de-addiction programmes, are also crucial factors affecting the treatment for TB.

Screening and identifying

Integrating routine screening for all people with TB for depression and anxiety is the starting point. Building awareness about common mental health disorders among healthcare workers, equipping them with the knowledge and skills to provide mental health first-aid and ensuring early screening at the right point in the TB care cascade are the other essential steps. Primary healthcare workers and community supporters, who are often the first to notice any psychological distress, should be trained to elicit information about sleep, appetite, mood, stress etc. which can help early identification of mental health conditions.

Given that TB itself could trigger depression, mental health screening must ideally be done at multiple time points during the TB treatment period.

From an individual perspective, being treated for TB and depression at the same time can be a stressful experience. While India's TB programme already provides decentralised access to free anti-TB drugs and financial aid for nutrition, strengthening the availability of drugs to treat depression or anxiety through the district mental health programme is vital. While antidepressants or antipsychotics can be used alongside anti-TB drugs, clinicians must monitor for any adverse drug reactions or interactions. Psychological interventions, including cognitive-behavioural therapy and participation in peer support groups, can also help reduce isolation. To provide these services, qualified and trained mental health professionals are needed, particularly in rural and tribal areas.

Looking out for everyone

Mental health interventions cannot be limited to people with TB. The task of caring for people with TB can place considerable strain on families. Studies in India have shown that up to 80% of caregivers may exhibit high levels of Expressed negative Emotions (EE) and high stress levels due to their caregiving responsibilities. Often, high EE leads to increased caregiver burden and poorer treatment outcomes. In India's family-centred ecosystem, where most of the caregiving needs are met by family members, this can lead to critical or over-involved caregiving because of emotional, financial, and social strains.

Psychoeducation is important not just for persons with TB but also for their families and caregivers.

A blended and syndemic TB-mental health approach that considers mental healthcare as an essential part of TB care, rather than a standalone service, can significantly improve TB outcomes, reduce the burden on caregivers and improve long-term mental health..

Conferences and events

THE UNION WORLD CONFERENCE ON LUNG HEALTH 2025

Copenhagen, Denmark ❙ 18-21 November

NOVEMBER 18

Survivor-led peer networks driving adherence and strengthening treatment pathways for Drug-Resistant TB

Anupama Srinivasan (Speaker)

NOVEMBER 19

Understanding the principles, building blocks and priority investment areas to realise stronger and sustainable community systems to end TB:
Launching a new Stop TB Partnership Community Support Package

Dr. Ramya Ananthakrishnan (Chair)

Debrief and systems mapping:
Mapping systemic strengths and gaps in crisis preparedness and response.

Dr. Ramya Ananthakrishnan (Speaker)

Trust, tools and TB:
Community-led solutions for local challenges

Dr. Ramya Ananthakrishnan (Speaker)

NOVEMBER 20

Challenges of caregivers of people with TB and diabetes (PwTB-DM) seeking care from the private sector in Chennai:
A cross-sectional descriptive study

Dr. Ramya Ananthakrishnan (Poster Presenter)

NOVEMBER 21

Mobilizing communities for future TB vaccine access and uptake

Dr. Ramya Ananthakrishnan (Speaker)

Empowering TB survivor-led networks in India to adopt CRGS approaches

Anupama Srinivasan (Poster Presenter)

OCTOBER 26-28, 2025, Manila, Philippines

TB REACH GRANTEE MEETING FOR WAVE 11 PROJECT

Dr. Shruthi B. S. and Dr. Ramya Ananthakrishnan

APRIL 25-27, 2025, New Delhi

WORLD HEALTH SUMMIT
Accelerating progress towards ending TB through research and innovative approaches

Dr. Ramya Ananthakrishnan

Scientific publications


PLOS GLOBAL PUBLIC HEALTH

ESSAY

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


Open access Original research

BMJ Open Implementing timeliness metrics for household contact tracing and TB preventive treatment through TB champions in the public sector, India: an explanatory mixed-methods study

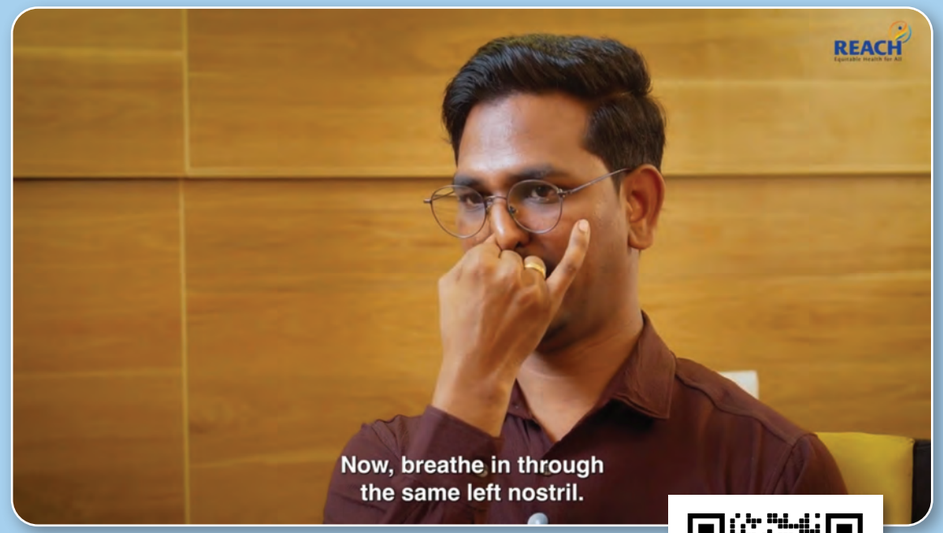
Publications



Short films



Know TB, Defeat TB: A 6-part series, available in Tamil, designed to support people newly diagnosed with tuberculosis (TB) and their families. Each film addresses a different aspect of TB treatment and recovery, including treatment expectations, stigma, nutrition, mental health, and support systems.



Breathing exercises: Good breath for a good life: A 4-part short video series designed to support people living with TB, asthma, and other chronic respiratory conditions. The videos demonstrate simple, practical breathing techniques that can help improve breath control, reduce breathlessness, and support overall lung health.

The REACH team

Programme Team

Mr. P. Rajeswaran,
Project Lead,
OSAI Project

Dr. T. Rajeswaran,
Sr. Research &
Monitoring &
Evaluation Lead

Ms. Anuradha Panda,
Sr. Operations Lead

Dr. Shruthi B. S.,
Operations Lead

Mr. Ashvini Vyas,
Project Lead, Family
NEST Project

Dr. Priyadarshini Chidambaram,
Technical Officer

Dr. Shruthee S. G.,
Technical Officer

Dr. Suma Shivakumar,
Sr. Technical Specialist
and Project Lead, TIFA
TPT Project

Dr. Pirabu Ravanan,
Sr. Technical Specialist

Ms. Shradha Patnaik,
Communications Officer

Admin & Finance Team

Mr. S. Karthikeyan,
Sr. Manager, Finance &
Administration

Ms. S. Thamizh Selvi,
Sr. Finance, Admin &
HR Lead

Ms. V. Rajalakshmi,
Sr. Administrative Officer

Mr. P. Paul Sudhakar,
Finance Manager

Mr. Annamalai E.,
Finance Manager

Ms. A. Pavithra,
Finance Assistant

Ms. Kokila,
Admin Assistant

Mr. M. Ganapathy,
Admin Support

Care Connect Project Team

Ms. K. Nalini,
Community
Engagement Specialist

Ms. Sujatha P.,
Social and
Behavior Change
Communications
Specialist

Mr. S. Saravanakumar S.,
District Operations Lead

Ms. N. Lakshmi,
Deputy District
Operations Lead

Ms. Preethi Kandavel,
Project Associate

Mr. Joseph Soundararaj M.,
Community Programme
Coordinator

Ms. V. L. Chitra,
Data Entry Operator

Mr. E. Rajan,
Data Entry Operator

TB Nanbans

Mangaiyarkarasi S.

Deenathayabari M.

Anitha R.

Usha G.

Vasanthi R.

Vijaya Kumari N.

Jayanthi S.

Anbarasan A.

Sowmiya M.

Kalpana R.

Jaya Felix C.

Shanthi S.

Revathy N.

Suguna Devi C.

Gayathiri A.

Tintu Joseph

Kalaivani D.

Jothi Lakshmi S.

Silambarasi A.

Maniyazhagan A.

Rukmani M.

Suganya G.

Pretha L.

Devi D.

Muthu Lakshmi S.

Chithra G.

Parkavi M.

E. Poomin Chitharathi

Sathyaraj M.

Aishwarya J.

SCORE TB and NPOC Project Team

Mr. Karunakaran P.,
District Programme
Coordinator, Theni,
Tamil Nadu

Mr. John Paul Jeeva J.,
District Programme
Coordinator, Dindigul,
Tamil Nadu

Ms. Sumithra P.,
District Research
Coordinator, Theni
Tamil Nadu

Ms. Suruthika P.,
District Research
Coordinator, Dindigul
Tamil Nadu

Dr. Kalaiselvan S.,
Quality Assurance
Microbiologist

Ms. Sandhya P.,
Data Associate

OSAI Project Team

Ms. Indira G.,
District Programme
Coordinator

Mr. Balraj V.,
Field Supervisor

Ms. Bala Kiruba A.,
Field Supervisor

Ms. Indhumathi S.,
Field Supervisor

Ms. Banama A.,
Field Supervisor

Mr. Praveen R.,
X-ray Technician

TB Elimination Programme Project Team

Mr. Pranshu Gupta,
Senior Project
Coordinator

Mr. Ilush Khan,
Project Coordinator

Mr. Chandan Kumar Sahu,
Project Coordinator

Mr. Anand Yadav,
X-ray Technician

Mr. Kuldeep,
Driver

RESPECT Project Team

Ms. Ananya Mahesh,
Programme Associate

Mr. Deepak Ranjan Mishra,
Regional Community
Coordinator

Mr. Deepak Singh Thakur,
Community Coordinator

ACT for TB Project Team

Mr. James Jeyakumar Jaisingh A.,
Community
Engagement Specialist

Mr. Praveen R.,
Deputy District
Operations Lead

TB Samvaadam Project Team

Mr. Christ Roshan Topno,
PTS III, Jharkhand

Mr. Abhishek Kumar,
PTS III, Bihar

Ms. Jenifer Martin,
PTS III, Tamil Nadu

Mr. Mukesh Sahu,
PTS II / Network Coordinator, Gumla, Jharkhand

Mr. Arbind Singh,
PTS II / Network Coordinator, Khunti, Jharkhand

Ms. Veeralakshmi,
PTS II / Network Coordinator, Villupuram, Tamil Nadu

Mr. Abhinav Kumar,
PTS II / Network Coordinator, Patna, Bihar

Mr. Ramanand Kumar,
PTS II / Network Coordinator, Bhojpur, Bihar

Mr. Syleesh Kumar,
PTS II / Network Coordinator, Vellore, Tamil Nadu

Family-NEST Project Team

Mr. Ravi Ranjan Kumar,
Sr. M & E Coordinator

Mr. Vikash Kumar Chaurasiya,
District Programme Coordinator

Mr. Gaurav Kumar,
Field Coordinator

Mr. Arun Kumar,
Field Coordinator

Mr. Deepak Kumar Pathak,
Field Coordinator

Mr. Ujjawal Kumar,
Field Coordinator

MIND TB Project Team

Ms. Strella Masih,
M & E Coordinator

Mr. Arvind Kumar,
District Research Coordinator, Patna, Bihar

Mr. Nivrutti A. Charhate,
District Research Coordinator, Amravati, Maharashtra

Mr. Ankush Rameshrao Mangale,
District Research Coordinator, Nagpur, Maharashtra

TIFA TPT Project Team

Dr. Sadhana S.,
Operations Coordinator

Ms. Anne Praveena Rani,
Data Quality Assurance Officer

Dr. Jyoti Shandilya,
Technical Officer

Dr. Harshitha Rajamohan,
Technical Officer

Mr. Rizabul Ahamad,
District Project Coordinator, New Delhi

Mr. Shahnawaz Choudhary,
District Project Coordinator, New Delhi

Dr. Parvati K.,
District Project Coordinator, New Delhi

Dr. Sneha G.,
District Project Coordinator, Coimbatore, Tamil Nadu

Ms. Anitha H.,
District Project Coordinator, Madurai, Tamil Nadu

Mr. Vipin Kumar,
Data Associate

Ms. Sumitha K.,
Data Associate

Acknowledgments

We are deeply grateful to all those who have supported us with their time and expertise in our efforts 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 - foundations, institutions and individuals - for their continued trust in us
- Most of all, our dedicated TB Champions, Community Health Workers and Community Volunteers for their untiring and committed efforts to improve the lives of families affected by TB and NCDs

Our partners and supporters

Financial statements

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
194, 1st Floor, Avvaishanmugam Salai Lane, Royapattah, Chennai - 600014
Balance Sheet as at 31st March 2026

(Amount in Rs.

	Particulars	Note	31 March 2026	31 March 2025
I	**Sources of Funds**			
1	**NPO Funds**	3		
(a)	Unrestricted Funds		3,60,16,736	3,30,34,330
(b)	Restricted Funds		12,27,40,905	1,21,37,556
			15,87,57,641	4,51,71,886
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
(b)	Payables	7	13,19,914	2,82,930
(c)	Other current liabilities	8	4,52,414	4,74,227
(d)	Short-term provisions	6	1,36,784	1,36,784
			19,09,112	8,93,941
	Total		**16,06,66,753**	**4,60,65,827**
II	**Application of Funds**			
1	**Non-current assets**			
(a)	Property, Plant and Equipment and Intangible assets			
(i)	Property, Plant and Equipment	9	35,20,007	14,70,285
(ii)	Intangible assets		0	0
(iii)	Capital work in progress		0	0
(iv)	Intangible asset under development		0	0
(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
			35,20,007	14,70,285

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 2026

(Amount in Rs.)

	Particulars	Note	31 March 2026	31 March 2025
2	**Current assets**			
(a)	Current investments	10	0	0
(b)	Inventories		0	0
(c)	Receivables	13	0	0
(d)	Cash and bank balances	14	15,51,01,774	4,36,39,899
(e)	Short Term Loans and Advances	11	8,49,693	8,55,355
(f)	Other current assets	15	11,95,279	1,00,288
			15,71,46,746	4,45,95,542
	Total		**16,06,66,753**	**4,60,65,827**
	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.R. NARAIN & CO. CHENNAI Chartered Accountants

M.Prabakar (M.No.201987)
Partner

Place: Chennai
Date : 27.08.2026

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 31.03.2026

(Amount in Rs.)

	Particulars	Note	31 March 2026			31 March 2025		
			Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
I	**Income**							
(a)	Donations and Grants	22	25,81,513	10,03,91,511	10,29,73,024	19,54,976	18,39,85,924	18,59,40,900
(b)	Fees from Rendering of Services							0
(c)	Sale of Goods							0
II	**Other Income**	16	28,72,023	0	28,72,023	23,09,199	0	23,09,199
III	**Total Income (I+II)**		54,53,536	10,03,91,511	10,58,45,047	42,64,175	18,39,85,924	18,82,50,099
IV	**Expenses:**							
(a)	Material consumed/distributed	17						
(b)	Donations/contributions paid		0		0	0	0	0
(c)	Employee Cost	18	17,06,790	82,47,462	99,54,252	29,00,636	1,23,35,498	1,52,36,134
(d)	Depreciation and amortization expense	20	0	0	0	98,799	0	98,799
(e)	Finance costs	19	0	0	0	0	0	0
(f)	Other Expenses (Admin Expenses like rent,stationery etc)	21	21,58,331	26,39,231	47,97,562	18,24,269	62,59,538	80,83,807
(g)	Charitable/Activities implemented for Health Services		37,63,410	8,38,26,941	8,75,90,351	19,78,922	15,97,62,128	16,17,41,050
(h)	Other Expenses							
	Overhead recovery from Projects		-56,77,877	56,77,877	0	-56,28,760	56,28,760	0
	Total expenses		19,50,654	10,03,91,511	10,23,42,165	11,73,866	18,39,85,924	18,51,59,790
V	**Excess of Income overExpenditure for the year before exceptional and extraordinary items (III- IV)**		35,02,882	0	35,02,882	30,90,309	0	30,90,309

Nalini Krishnan

K. Ravi

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 31.03.2026

(Amount in Rs.)

	Particulars	Note	31 March 2026			31 March 2025		
			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	0
VII	**Excess of Income over Expenditure for the year before extraordinary items (V-VI)**		35,02,882	0	35,02,882	30,90,309	0	30,90,309
VIII	Extraordinary Items (specify nature & provide note/delete if none)		0	0	0	0	0	0
IX	**Excess of Income over Expenditure for the year (VII-VIII)**		35,02,882	0	35,02,882	30,90,309	0	30,90,309
	Appropriations Transfer to funds, e.g., Building fund							
	Transfer from funds							
	Balance tansferred to General Fund		35,02,882	0	0	30,90,309	0	30,90,309
	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

Place: Chennai
Date : 27.08.2026

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
194, 1st Floor, Avvaishanmugam Salai Lane, Royapattah, Chennai - 600014

Note 22 Projects / CSR Grants for the year 2025-2026

SL No	Source	Project Name	Opening Balance	Total sum received inculding Interest	Unspent Carried Forward	Utilized to the extend of spent
			01.04.2025	2025-2026	2025-2026	2025-2026
1	CSR	HCL Hardoi	7,55,175	1,95,13,997	18,20,353	1,84,48,819
2	CSR	HCL Chennai	0	66,63,750	1,75,432	64,88,318
3	CSR	HUL-Nutrition Support	0	1,00,21,483	0	98,59,983
4	CSR	AZIM-APF Project	0	1,68,30,976	94,41,483	73,89,493
5	Project	TATA-Nutrition Project	0	6,98,14,501	6,91,64,943	6,49,558
6	Project	SCARF-Mental Health	0	10,83,920	9,63,920	1,20,000
7	CSR	IMPAL-CSR	5,00,000	0	26,068	4,73,932
8	CSR	The Hindu-CSR	0	10,00,000	67,232	9,32,768
9	CSR	DODLA-CSR	0	7,50,000	6,94,702	55,298
10	CSR	SFL-CSR	0	15,00,000	0	15,00,000
11	CSR	AMF - ARISE Project	17,09,498	0	0	17,09,498
12	Project	Raags Dental Project	0	7,26,000	1,24,358	6,01,642
13	Project	ICMR-IPH Project	0	75,87,970	65,80,523	10,07,447
14	FC Funds	CFCS Round 12 Project	-1,04,900	4,01,816	0	2,96,916
15	FC Funds	CFCS 2025	0	38,88,677	31,17,715	7,70,962
16	FC Funds	Pathfast	0	16,32,011	16,32,011	0
17	FC Funds	WAVE 9 Project	-54,29,532	54,64,463	0	34,931
18	FC Funds	WAVE 11 Project	88,88,936	2,28,58,858	1,34,03,008	1,83,44,786
19	FC Funds	CAF-NCD Project	22,57,363	0	0	22,57,363
20	FC Funds	Mueller Phase II Project	22,50,851	0	90,031	21,60,820
21	FC Funds	Mueller Phase III Project	13,10,164	0	7,24,584	5,85,580
22	FC Funds	Mueller Phase 3 - Year 2	0	2,15,95,777	27,93,140	1,88,02,637
23	FC Funds	TB Alliance Project	0	41,94,558	-2,19,994	44,14,552
24	FC Funds	UNITAID Project	0	1,56,27,603	1,21,41,395	34,86,208
		Total	1,21,37,555	21,11,56,360	12,27,40,904	10,03,91,511

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

Place: Chennai
Date : 27.08.2026

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH

RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST MARCH 2026

RECEIPTS	Y.E. 31.03.2026 Amount in Rs.	Y.E. 31.03.2025 Amount in Rs.	PAYMENTS	Y.E. 31.03.2026 Amount in Rs.	Y.E. 31.03.2025 Amount in Rs.
Opening Balance (CA):			**Opening Balance (CL):**		
Cash in hand	-	14,787	By TDS payable	4,74,227	1,79,612
Bank Balances	1,53,06,830	4,40,40,204	By Audit Fee Payable	1,20,000	1,20,000
Fixed Deposits	2,83,33,068	3,85,02,041	By Expenses payable	1,62,930	96,97,295
Advance to Staff	8,733		By Others Payable	1,36,784	-
Advance to Vendors	90,667	2,32,115			
Security / Rent Deposit	4,79,000	10,94,501	**Expenditures**		
TDS Receivables	3,77,243	3,47,160	By Project Expenses	8,75,90,351	13,47,14,177
	-		By Sub Award (UTA Project)	-	2,70,26,873
			By Admin Expenses	1,47,51,814	2,33,19,941
-			By Purchase of Fixed Assets	27,31,698	3,97,389
Receipts			By Return to Donors		39,22,893
Grant receipts	20,98,60,231	15,38,06,954			
Interest receipts	38,21,601	28,75,403	**Closing Balance (CA)**		
Donation	25,81,513	19,54,976	By TDS receivables	3,34,693	3,77,243
Miscellaneous Income	3,46,551	2,11,639	BY Fixed Deposit	13,23,58,341	2,83,33,068
			By Rent Deposit	5,15,000	4,79,000
			Advance to Vendors	11,83,555	90,667
Closing Balance (CL)			Advance to Staff	11,724	8,733
TDS Payable	4,52,414	4,74,227			
Audit Fee Payable	1,20,000	1,20,000	**Cash and Bank Balance**		
Expenses Payable	13,36,698	2,99,714	Cash in hand	4,189	-
			Bank Balances	2,27,39,243	1,53,06,830
TOTAL	26,31,14,549	24,39,73,721	TOTAL	26,31,14,549	24,39,73,721

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

Place: Chennai
Date : 27.08.2026


















Project offices:

Hardoi Project Office
144, Barauni Chungi Babu Chowk
Near Lucknow Paint House
Sandila Hardoi Road
Sandila, Hardoi- 241204
Uttar Pradesh

Thuraiyur Project Office
House No.5/650-20
Amman Nagar
Musiri Road
Thuraiyur, Trichy- 621010
Tamil Nadu

Vaishali Project Office
House No. 744, Dakghar
Dighi Kala West
Near Devchand College
Hajipur, Vaishali- 844102
Bihar

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 nonprofit organisation working on public health issues in India.

REACH
Equitable Health for All

Head office:
No 194, Avvai Shanmugam Salai Lane,
Off Lloyds Road, Royapettah,
Chennai - 600014

Phone: 044 - 28132099
Email: support@reachindia.org.in

Website: