



leading the fight against TB

Annual Report 2020-21







leading the fight against TB

ANNUAL REPORT

2020-21

ABOUT REACH

An acronym for Resource Group for Education and Advocacy for Community Health, REACH was established in Chennai in 1999 in response to the rolling out of the then Revised National TB Control Programme or RNTCP in Tamil Nadu. Managed by an Executive Committee, REACH has evolved over the last two decades to become a key partner and leader in the fight against TB in India.

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NOTE FROM THE DIRECTOR

It is my privilege to present to you the REACH Annual Report for 2020-21, describing the dedicated efforts of the REACH team to understand and respond to the unprecedented COVID-19 pandemic. Throughout this period, our priority at REACH has been to ensure that TB services remained accessible and people with TB were not unduly impacted. Our healthcare workers and field teams - TB Nanbans, TB Champions, community volunteers and Women TB Leaders - did their best to ensure people with TB had sufficient medicines, and were taking them regularly. When they could not visit people under their care, they provided counselling services over the phone. They coordinated with the TB Programme in their areas to make testing and treatment services accessible to the community. They worked hard to keep the momentum for a TB-free India going, constantly adapting to the challenges posed by the pandemic. I dedicate this Annual Report to all our committed frontline workers, without whose steadfast dedication, we would not have been able to translate our plans to action.

The latter half of 2020 saw a broadening response to the COVID-19 pandemic.

With lockdown restrictions relaxed progressively, and people going back to their workplaces, a range of activities planned for earlier in the year finally came to fruition. In-person community meetings and reviews were gradually undertaken with all precautionary measures. All our staff returned to their offices, following staggered timings and strict personal protection guidelines. We also ramped up awareness on vaccines and ensured that our healthcare workers received them on a priority basis.

In 2020, we were also witness to the expanding of the cadre of TB Champions across the country. What started as a four-year initiative to engage the previously unengaged in the response to TB, has now grown into a movement spearheaded by TB survivors across the country. We look forward to the day when every block and village in the country will have a trained, engaged and motivated TB Champion.

This last year, our over ten-year-long journey with Project Axshya came to an end. In this report, you will read about what we learnt through this project, and how the project helped shape our understanding of decentralised community initiatives. We are very grateful to the Union team

for all their support and guidance since 2010, when we embarked together on this ambitious effort.

In many ways, the COVID-19 pandemic reminded us of that age-old adage - 'necessity is the mother of invention.' Since our inception, we have been willing and eager to innovate and try new ideas, even if it led to the occasional failure. In this Annual Report, you will read about our innovations over the last year - some big, some small - all designed to put people with TB first and help us reimagine how we respond to TB in India. We are grateful to the Central TB Division and the state health departments for their faith in us and for their support towards innovative practices.

On behalf of the REACH team, we thank you for your interest in our work and look forward to your feedback and continued support.



Dr Ramya Ananthakrishnan

Director, REACH

A NOTE OF GRATITUDE TO PROF M S SWAMINATHAN

Over 22 years ago, a diverse group of citizens came together in Chennai to establish REACH, with a vision for an organisation that would work to strengthen public health efforts in India. This group was led by Prof M S Swaminathan, eminent agriculturalist and former Rajya Sabha member. Since the organisation's inception, Prof Swaminathan has been at the helm of REACH - first as President and then as Chairman.

The REACH team expresses our heartfelt gratitude to Prof Swaminathan, who stepped down as Chairman of REACH in 2021.

For over two decades, Prof Swaminathan was a source of strength and support to the REACH team. His guidance helped define and steer REACH's vision and mandate as an organisation that would always prioritise

the needs of TB-affected communities. His constant encouragement motivated the REACH team to keep innovating and striving for excellence in the TB response. His passion and commitment to public health was - and remains - a source of inspiration.

"It was Prof Swaminathan's vision of having an organisation which would act as an intermediary between the healthcare system and people seeking care that led to the birth of REACH. He instilled in us the need for a holistic approach to TB, going beyond biomedical aspects of the disease. We learnt from him how to work with the public health system and work in an evidence-based manner, and he held us to the highest standards of accountability and integrity," said Dr Nalini Krishnan, Secretary and founding Director of REACH.

"The three steps to tackle an issue as crucial as TB is to first identify the problem, then to understand the nature of the issue and thirdly, to mobilise and organise people to work together towards the common goal of TB elimination."

- Prof M S Swaminathan



YOU LED REACH to walk the small steps

Towards improving care in the field of Tuberculosis

You broadened our vision by helping us make the connections to spread our work.

You taught us to keep learning and observe from our work in the field

And keep moving forwards.

You encouraged us to be bold, keep learning and keep innovating through different projects.

You instilled in us the hope and passion to work for the community and create a better world.

We grew because of you.

We will continue to work with integrity and commitment as we strive to touch the lives of people with TB.

You have been our mentor and always will be.

Thank you
from the
REACH team.



OUR MANDATE

Our mandate is broad and is geared towards our vision of a community free of tuberculosis.

Providing care and support to people with TB

We provide direct support, including medical care, to people with TB 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 volunteers.

Promoting multi-sectoral coordination for TB

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

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

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

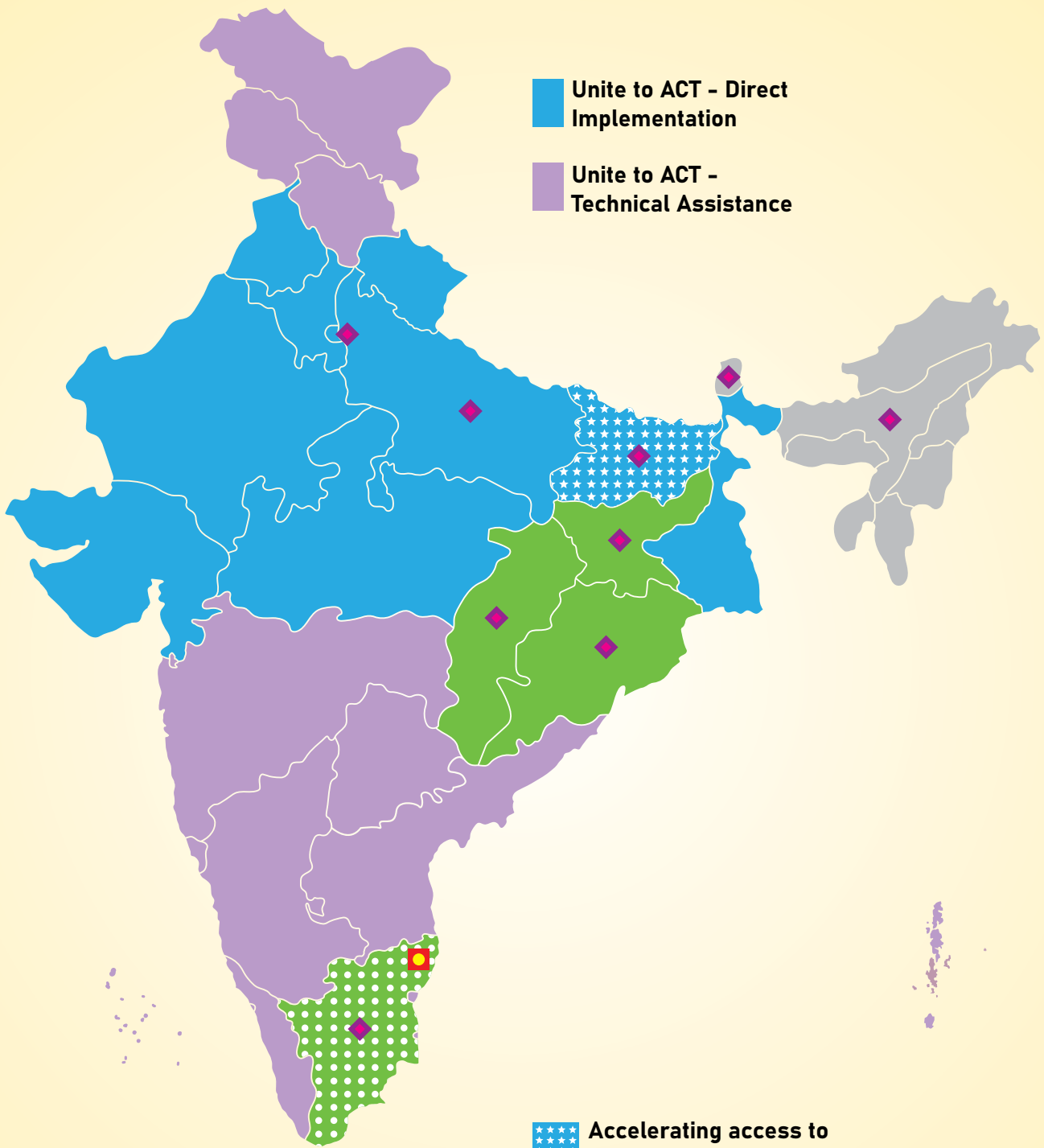
Building, evidence-based innovative approaches

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

Improving public understanding of TB

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

OUR FOOTPRINT



Unite to ACT - Direct Implementation

Unite to ACT - Technical Assistance

Accelerating access to person-centred care for people with TB: A survivor-led initiative
Bihar

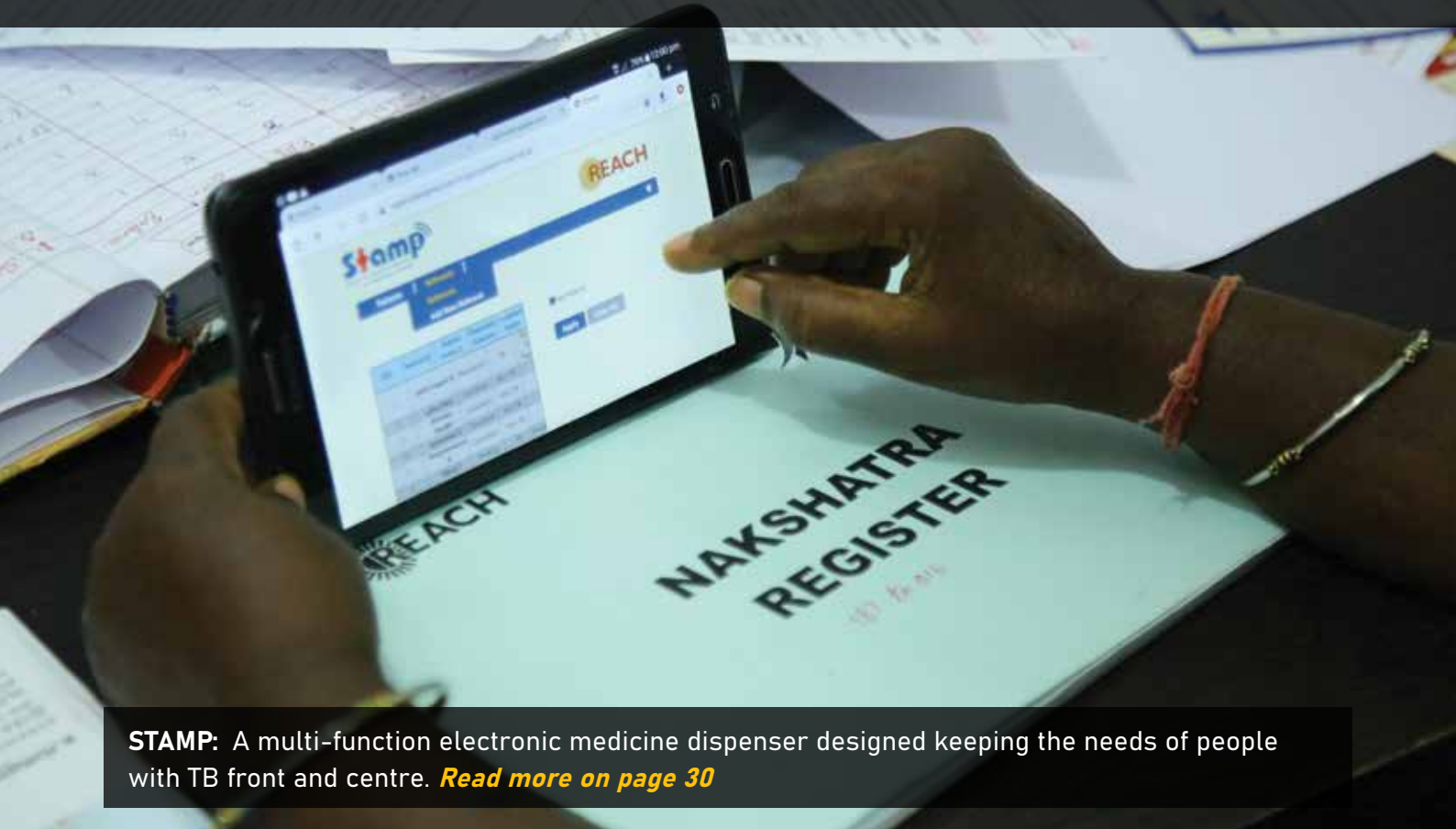
ALLIES
Chhattisgarh, Jharkhand, Odisha and Tamilnadu

Mentors for Community Health
Tamilnadu

Linking to Care
Chennai

TB survivor-led networks

INNOVATIONS



STAMP: A multi-function electronic medicine dispenser designed keeping the needs of people with TB front and centre. [Read more on page 30](#)



A survivor-led effort to provide peer support to people with TB in Bihar during the COVID-19 pandemic [Read more on page 56](#)



Empowering women as community health mentors through Interactive Voice Response based training: An IVRS-based platform to empower women and give them access to knowledge on key health issues through their mobile phones. *Read more on page 38*



Skilling TB Champions to become effective communicators: A unique communications training package for TB Champions, built with their inputs, to help them communicate more effectively on TB and COVID-19. *Read more on page 44*



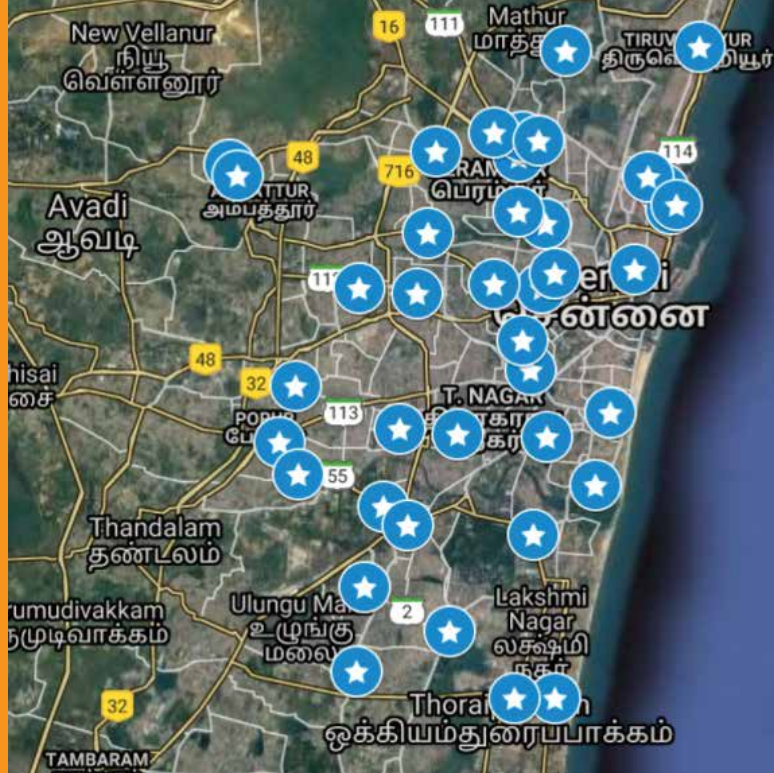
Overview of Projects

Linking to Care

The Linking to Care Initiative aims to integrate Non-Communicable Diseases (NCDs) into the existing model of private sector engagement for TB in Chennai. The screening, diagnosis, management and prevention of TB comorbidities like Diabetes Mellitus (DM) and hypertension results in a comprehensive, integrated, people-centred package of care services for people with TB through REACH's Nakshatra Centres. People with symptoms of TB (PwSTB), People with TB (PwTB) and their family contacts are screened for DM and Hypertension (HT), receive information on the NCDs and if required, are linked to care and management services.



REACH implements this five-year project (2019-24) in Chennai with support from Advance Access & Delivery and the Lilly Global Health Partnership.



40 Nakshatra Centres across Chennai



Objectives



SEARCH: To actively screen for diabetes and hypertension among people with symptoms of TB (PwSTB), People with TB (PwTB) and family contacts of PwTB



TREAT: To link people diagnosed with DM and HT to quality treatment and education to help manage the diseases



SUPPORT: To support people diagnosed and their families in maintaining good control through periodic follow up and counselling



PREVENT: To sensitise private practitioners on the importance of screening for DM and HT and to increase awareness of DM and HT among people by providing information on the importance of early diagnosis and management





Key Activities

1. Care and Support:

The project provides services for people with TB, DM and HT by ensuring screening, diagnosis, and treatment support. These services are offered by TB Nanbans based at Nakshatra Centres, our hubs for holistic care for TB and NCDs in Chennai. Most people with TB are referred by private providers to Nakshatra Centres. TB Nanbans follow all COVID-19 protocols to ensure a safe atmosphere for holistic care.

- a) Screening:** TB Nanbans provide falcon tubes for TB tests to PwSTB. In addition, they also provide coupons for HbA1c testing. In case PwSTB have recent DM and HT test reports, TB Nanbans document the values and follow up with the doctors. The TB Nanbans are also trained to measure and record blood pressure.
- b) Diagnosis:** TB Nanbans collect the test results, share them with PwSTB and also provide feedback to the private providers for follow-up.
- c) Treatment:** Once the diagnosis is confirmed, TB Nanbans start PwTB on TB treatment. The first step is a comprehensive counselling session on the basics of TB. For PwTB from the private sector, TB Nanbans arrange for Fixed Dose Combination (FDC) of Anti-TB Treatment via the Greater Chennai Corporation. For people who are additionally diagnosed with DM and/or HT, TN Nanbans provide counselling

on NCDs as well as linkages to appropriate private providers. People with NCDs also receive education on the importance of regular treatment, diet, nutrition, exercises and lifestyle changes. They receive information leaflets on the basics of TB and NCDs to improve their knowledge and understanding, and support sustained behaviour change.

- d) Regular follow up:** TB Nanbans ensure that PwTB are taking the treatment regularly during the entire treatment period. They also provide counselling to those on treatment for NCDs and motivate them to adopt a healthy lifestyle for improved NCD management.
- e) Notification and Nikshay Poshan Yojana:** All PwTB diagnosed with the help of private providers are notified on the Nikshay portal. The bank details and other documents of PwTB are collected and entered to enable the PwTB to receive the incentive offered by the National TB Elimination Programme or NTEP for nutritional support through Direct Benefit Transfer (DBT). This is facilitated with support from the Tamilnadu NTEP and the Chennai Corporation.



2. Lab services for early diagnosis:

REACH laboratory services

REACH provides lab support for Cartridge-Based Nucleic Acid Amplification Test (CBNAAT) testing for people with TB in the private sector through three GeneXpert machines, housed at the Voluntary Health Services, Taramani. Two lab staff are engaged in testing and four community volunteers support in sample collection and transportation from the Nakshatra Centres to the labs. Chennai Corporation provides the cartridges for CBNAAT. The lab functions are supervised by Dr. K. Priya, Scientist and Head, Department of Clinical Research, VHS.

Private laboratory services

As a response to COVID-19 and to provide easy access to screening facilities for NCDs, REACH has established private-private partnerships with several laboratories in Chennai. As a result:

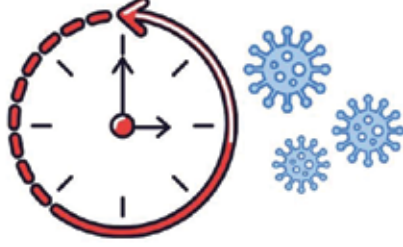
- Free coupons for diabetes and hypertension screening are provided to PwSTB, PwTB and their family contacts.
- All those eligible among people referred to Nakshatra Centres are provided with screening coupons for an HbA1c test and guided to the testing laboratory closest to their residence.
- TB Nanbans record the BP of people at centres closest to their homes to minimise any loss to screening.

3. Improving Diabetes and HT screening:

- a) HbA1c for screening - To ensure all PwSTB are able to access the tests for Diabetes, private laboratories were sensitised and engaged formally to ensure free testing through coupons. This improved the screening uptake and helped private providers in early diagnosis and treatment initiation.
- b) Screening for Hypertension - Electronic BP monitors are being used in a cohort of 20 Nakshatra Centres. TB Nanbans have been trained to check BP and record the values using standardised formats. This has improved screening efforts for hypertension and also boosted data collection.
- c) Data collection - REACH maintains an integrated dashboard-cum-database system for people with TB in the private sector which TB Nanbans access through tabs. The TB Nanbans have received training for digital entry of Diabetes and HT reports to ensure timely recording and sharing of data.
- d) Capacity Building - During the COVID-19 lockdown, staff took part in various capacity-building activities to strengthen their knowledge of Diabetes, hypertension, data collection, education and counselling skills. Staff were also sensitised on adopting a gender-responsive approach to TB care provision.



Dear Doctors,
Requesting urgent action to
prevent TB going back 5 years!



COVID-19 has led to

- Reduction in TB diagnosis
- Delay in treatment initiation
- Interrupted care
- Increased risk of DR-TB



HELP US
HELP THEM

To save the lives of millions, we
must rededicate ourselves to TB.
We hope our efforts in providing
holistic TB care to People with TB
continues during the pandemic.

Contact PP Helpline:
97909 77331



STOP
THINK
ACT

அடிக்கடி சிறுநீர் கழித்தல் ?
அதிக தாகம் எடுக்கிறதா ?



எப்போதும் பசி எடுக்கிறதா ?
அதிகப்படியான சோர்வு ஏற்படுகிறதா ?



பார்வை மங்கலாக தெரிகிறதா?



சிராய்ப்புகள் அல்லது வெட்டு காயங்கள்
மெதுவாக குணமாகிறதா?

உங்கள் கை அல்லது கால்களில் கூச்ச உணர்வு,
வலி அல்லது உணர்வின்மை இருக்கிறதா?

மேல் கூறிய அறிகுறிகள் இருப்பின்

சர்க்கரை நோய்க்கான பரிசோதனை

தேவையான உங்கள் மருத்துவரை இன்றே அணுகி
கேட்கவும்

சர்க்கரை நோயானது இரண்டு பேரில் ஒருவருக்கு இருப்பது
தெரியாது

கண்டறியப்படவில்லை எனில் அது நரம்பு பாதிப்பு, பார்வை
இழப்பு, சிறுநீரக செயலிழப்பு, மாரடைப்பு மற்றும்
பக்கவாதம் போன்ற பாதிப்புகளை உண்டாக்கும்

மேலும் விவரங்களுக்கு தொடர்புகொள்ளவும் : 9962063000



STOP
THINK
ACT

நீங்கள் புகை பிடிக்கும் பழக்கம்
உள்ளவரா ?



அதிக எடையுள்ளவரா ?



உங்கள் இரத்தத்தில் கொழுப்பு சத்து
அதிகம் உள்ளதா ?

உங்கள் குடும்பத்தில் யாருக்கேனும்
உயர் இரத்த அழுத்தம் உள்ளதா ?



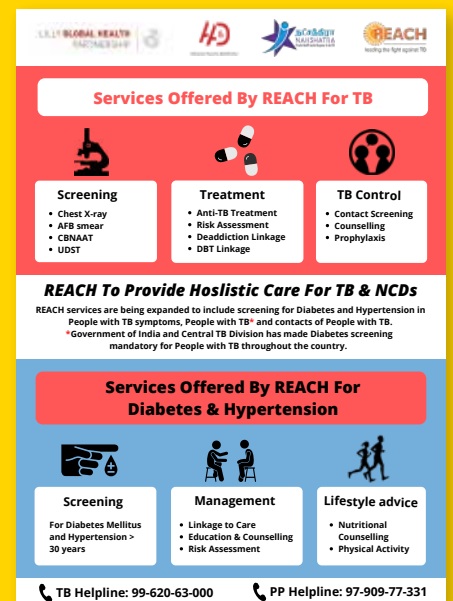
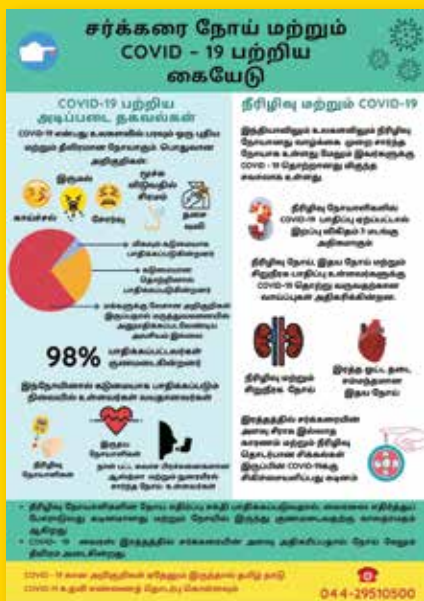
நீங்கள் குறைந்த உடல்
உழைப்பு உடையவரா ?



**உங்கள் இரத்த அழுத்த
பரிசோதனைக்கு மருத்துவரை
அணுகவும்.**

இந்தியாவில் 7 பேரில் ஒருவருக்கு உயர் இரத்த அழுத்த
நோய் உள்ளது. இந்நோய் கண்டறியப்படாவிட்டால் பார்வை
இழப்பு, சிறுநீரக செயலிழப்பு, பக்கவாதம், மாரடைப்பு மற்றும்
உடலுக்குள் இரத்தக்கசிவு ஏற்படலாம்

மேலும் விவரங்களுக்கு தொடர்புகொள்ளவும் : 9962063000



4. Communication materials:

REACH developed several communication materials during the year including:

- A flyer to sensitise private practitioners on various REACH services for diabetes and hypertension.
- Messages to private practitioners urging them to ensure continuity of TB diagnostics, treatment and prevention services during the lockdown period. The PPs were also called on to undertake efforts to actively diagnose, trace, treat and prevent TB among the urban poor.
- A booklet in Tamil on diabetes and hypertension for the general community and those availing REACH services with basic information on the diseases and their management.

- A quick guide on diabetes and COVID-19 in Tamil to educate people using REACH services on the impact of COVID-19 on a person with diabetes and the precautions to be followed.
- A flyer for the community on the importance of mental health care and stress management for better management of diabetes and hypertension.
- An information flyer for doctors on the importance of contact screening for DM and hypertension to improve NCD screening among contacts of PwTB

5. Community programmes:

REACH conducted over 100 community awareness programs, both virtually and in-person, on Diabetes and Hypertension to educate the general public on the risk factors, signs and symptoms of NCDs, diagnosis, treatment and prevention of NCDs. Participants included college students, OPD patients, general public at health camps, SHG workers, industrial workers, NGO staff, firefighters, and employees of various government departments. Communication materials on DM and HT were disseminated through these programmes.



Community programmes on NCDs underway




6. Responding to COVID-19:


In order to mitigate the impact of the pandemic on PwTB, REACH put in place many new measures in response to the evolving COVID situation.


- TB Nanbans were trained to follow standard operating procedures on COVID-19 precautions, how to use personal protective equipment and on the importance of vaccination.
- TB Nanbans were available at Nakshatra Centres for in-person support and completed documentation while working from their homes.
- Special passes provided by the Chennai Corporation helped TB Nanbans reach Nakshatra Centres.
- Anti-TB drugs were provided for a month to those on treatment.
- Private practitioners received regular updates on the referral process.
- Letters were circulated to Directors of Nakshatra Centres to ensure screening for TB among people with COVID-19 symptoms.


a) Telecounseling:


Given the COVID-19 restrictions, TB Nanbans provided TB and NCD care services to people with TB or TB symptoms, as well as eligible members of the family through regular phone follow-ups. TB Nanbans:


 Ensured people taking treatment for TB had a month's stock of medications


 Ensured people on treatment were regularly taking their medication


 Facilitated follow-up visits with private practitioners, in person or via the phone/WhatsApp, particularly at the end of the intensive phase, even when clinics were closed


 Reminded people on treatment about their follow-up tests


 Educated people on treatment about their health and what to watch out for

 Facilitated linkages to Niksay Poshan Yojana

 Facilitated contact screening for TB and comorbidities

 Worked in collaboration with NTEP staff to ensure continued access to treatment for PwTB who had returned to their hometowns during the lockdowns

 Carried out COVID-risk assessment and guided people for diagnosis

 Motivated people to get vaccinated for COVID-19

b) Assessments and evaluations during COVID-19:

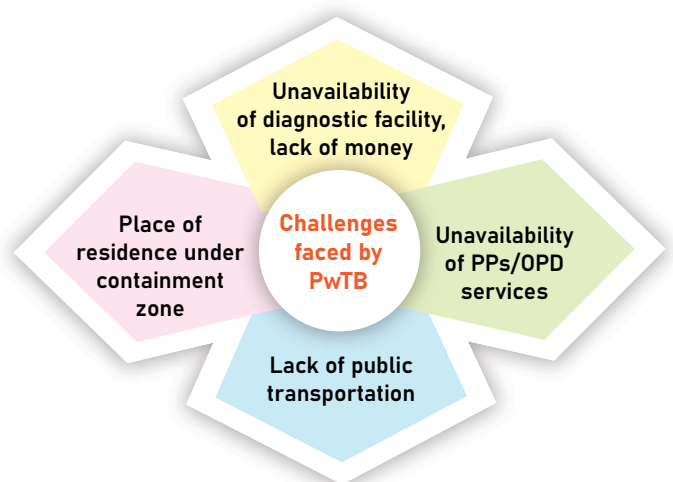
Treatment adherence evaluation through pilot survey: A pilot survey on DM and HT among PwTB was conducted during the first lockdown. The survey evaluated 346 people with TB and provided insights on the impact of pandemic restrictions among people with TB receiving treatment in the private sector. Through the study, REACH found that

- 90% of PwTB who had submitted their bank details were unable to receive the amount under the Nikshay Poshan Yojana.
- 81% of PwTB-DM had done testing for DM and hypertension and also consulted their doctor during the lockdown period.

- 13% of PwTB-DM missed their DM medications due to the lockdown.
- Despite 17% of PwTB being in COVID-19 containment zones, not all were screened for COVID-19.

Evaluation of challenges of people diagnosed with TB during lockdown: REACH also assessed the challenges faced by people with TB diagnosed in the month of June 2020. Mixed methods were used for assessment. Initially, six PwTB were interviewed over the phone; a questionnaire was then developed and administered to 62 PwTB.

Conceptual Framework On Challenges faced By People With TB during the pandemic



Understanding reasons for uncontrolled Diabetes among people with TB known to have DM: To understand the reasons for uncontrolled diabetes, interviews were conducted with 93 people with uncontrolled blood glucose (i.e HbA1c values greater than 7) using a standardised questionnaire. Some key findings were:

- Common reasons for missing the medication were a lack of financial resources, lack of time, lack of awareness on the importance of regular medication and being out of town.
- Reasons for not following the prescribed diet pattern included lack of awareness on the importance of following the diet, inadequate financial resources, lack of a caregiver and an aversion to the foods prescribed.
- Being sick, old or differently-abled, having long working hours, lack of awareness and space were some main reasons cited by respondents for being unable to follow the physical activity as advised by their doctor.



Innovations

STAMP - A multi-function medicine dispenser for adherence to treatment for TB

STAMP, an acronym for Support for Treatment Adherence and Medication Protocol, is a multi-function electronic medicine dispenser designed keeping the needs of PwTB front and centre. The device not only dispenses the medication at the press of a button but also reminds users, i.e., people on treatment for TB, to take their medicine at the same time everyday, thereby assisting them to complete their treatment successfully. To avoid being identified as a TB medication dispenser and address stigma associated with TB, the dispenser is camouflaged as a common household device. STAMP is available in three loose-pill dispensing models - Camouflaged, Ultra-Portable and High Capacity, for monitoring adherence to treatment for various health conditions.

Background

Over the last several years, REACH has faced many challenges in quickly detecting and addressing breaks in adherence to treatment by people with TB. Early identification was critical to focusing efforts on those struggling with adherence, and collecting good data. To address this challenge, REACH collaborated with Sundaram Medical Devices (SMD), a Harvard Business School award-winning startup based in Chennai, to develop a rigorous solution and enable healthcare workers (i.e TB Nanbans/mentors) to more effectively support people through their journey from TB diagnosis to cure. STAMP was developed by SMD, based on guidance and feedback from doctors, experts at REACH, and people on treatment for TB.



How STAMP works



When treatment is initiated, PwTB get a STAMP device with one cartridge (7 days' medicines) inside the pillbox and two more cartridges, each having a week's medication (total 21 days' medication).



The TB Nanban loads the medicine into the cartridges, and also refills them every two weeks in exchange for the empty cartridges.



The TB Nanban guides the PwTB to press the button on the first day of treatment initiation. On the next day, an alarm rings to remind the PwTB to take the medicine.

When the Dispense Button is pressed



A system generated SMS is sent from the STAMP unit to the server.



Medication is dispensed within seconds of pressing the button.



The server logs the information that medication has been taken.



The TB Nanban can view that the medication has been taken via the dashboard.

When the Dispense Button is not pressed, (i.e. medicine is not taken on time), an escalation protocol is triggered



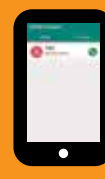
2 hours later - Text (SMS) in PwTB's preferred language sent to registered mobile number



4 hours later - Pre-recorded voice reminder sent to registered mobile number



6 hours later - SMS sent to PwTB's designated caregiver's mobile number, asking them to remind PwTB to take medicines

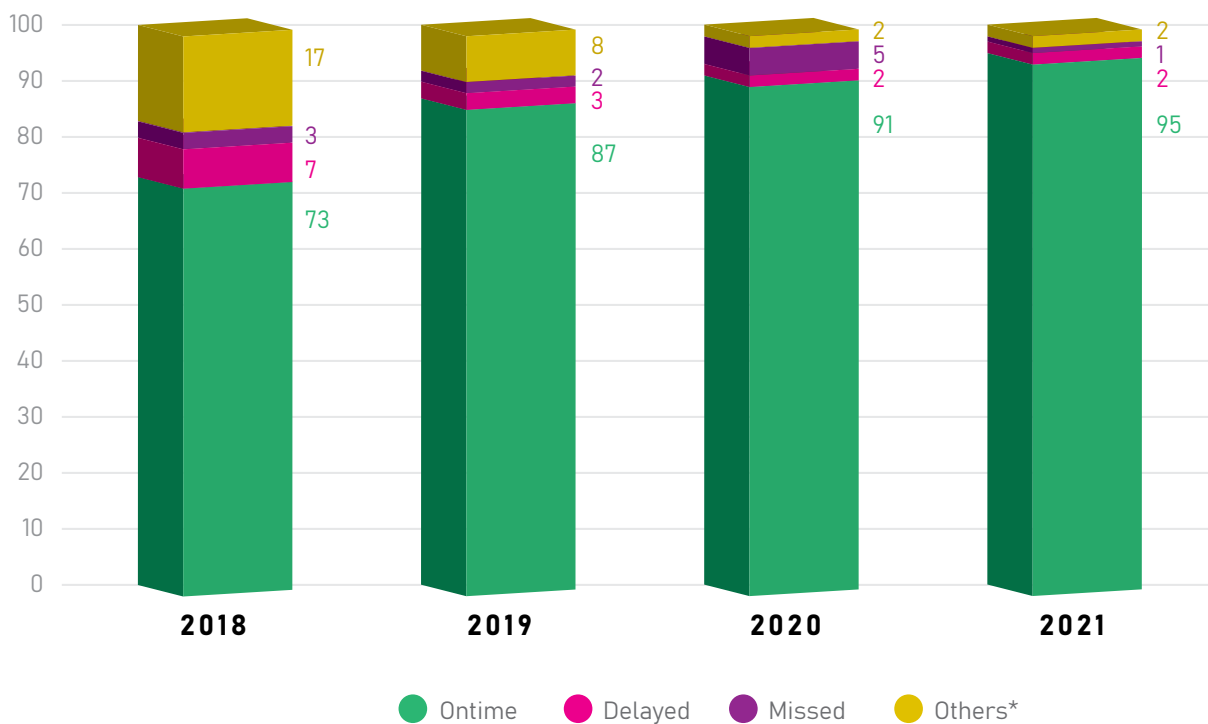


8 hours later - TB Nanban is notified that PwTB has missed medication so they can directly follow up with PwTB



Next day - TB Nanban calls PwTB to inquire about missed medication and counsel them on importance of treatment adherence

On time and overall medication adherence among STAMP users as monitored by REACH has improved to >97%



*Medication paused/not taken due to patient hospitalisations, delayed doctor reviews or device and network issues

“Using STAMP, I am able to track people taking medicines via a dashboard and identify people who haven’t taken their medicines. This allows me to focus on those who need immediate support and ensure minimal gaps in treatment.”

Ms. R Kalpana

Senior TB Nanban, with REACH for 9 years

“We feel a sense of ownership around our treatment. The design of the device helps protect my privacy. The small size of the device also made it easy to carry while travelling, ensuring I don’t miss a single dose.”

- Excerpts from focus group discussion with PwTB using STAMP

Key Results

Indicators	No.
No. of PwSTB Referred	5588
No. who underwent free Chest X Ray	1735
No. who underwent free NAAT	2935
No. diagnosed with TB	2546
No. initiated on Treatment	2539
No. initiated on Treatment with REACH	2165
No. of private practitioners engaged	668
Out of pocket expenditure averted in diagnosis & treatment	₹ 1,52,33,500

Table 1: TB Indicators (April 2020 to March 2021)

Table 2: NCD Indicators (April 2020 – March 2021)

Indicators (April 2020 to Mar 2021)	PwSTB	PwTB	Contacts	Total
No. eligible*	2249	1599	2773	6621
No. screened for DM	1625	1398	1697	4720
% screened for DM	72	87	61	71
No of people who have been screened for DM by REACH	1065	662	1345	3072
No. of people with DM (Total)**	558	702	400	1660
No. of people with known Diabetes	504	595	363	1462
No. of people newly diagnosed with DM	54	107	37	198
No. screened for HT	1591	1248	1414	4253
% screened for HT	71	78	51	64
No. of people who have been screened for HT by REACH	777	477	987	2241
No. of people with HT (Total)**	267	159	168	594
No. of people with known HT	252	141	157	550
No. of people newly diagnosed with HT	15	18	11	44

*Age 30 years & above. **Among those diagnosed, over 99% are linked to care

Title of subject	Nos.
No. community meetings held	105
No. of people sensitised on DM & hypertension through community meetings	7725
No. of people counselled over the phone	1176
No. of people counselled in person	4548

Table 3: Community Outreach



Voices from the Field

A bond that grows only with time

Shanvas is a 47-year-old woman with four daughters and a son who had TB. She has struggled financially and emotionally as a result of her husband's alcohol use. She works as a domestic help and her income was severely impacted due to the COVID-19 lockdown restrictions. Here is Shanvas' story in her own words.

In 2015, I met TB Nanban Deenathayabari when my eldest daughter was diagnosed with TB at a Nakshatra Centre in Perambur, Chennai. At that time, she was expecting her fourth child. Deena helped my daughter complete her treatment successfully. A year later, in 2016, I met Deena once again at a Nakshatra Centre in Royapuram in 2016 when another daughter, a school goer, developed TB symptoms. She was also diagnosed

with TB and completed her treatment with Deena's support.

Five years later, in early 2021, I developed symptoms similar to those my daughters had and immediately contacted the TB Nanban over the phone. She recognised me, even after so many years, and encouraged me to visit the centre for tests. I got coupons for free TB testing and screening for diabetes. Deena also checked my blood pressure. I am glad I did not have to bear the additional burden of these tests at a time when my income was affected. Today, I am on treatment for TB and diabetes and feel much better - Deena guides me every step of the way and takes good care of me, just as she had earlier for my daughters. I have nothing to worry about.

Tribute to Doctors who lost their lives due to COVID-19

REACH mourns the loss of all the private practitioners and healthcare providers in Chennai who lost their lives to COVID-19 while providing essential health care services.

We salute you for your dedicated service and commit to upholding your legacy of working without fear to ensure health for all.

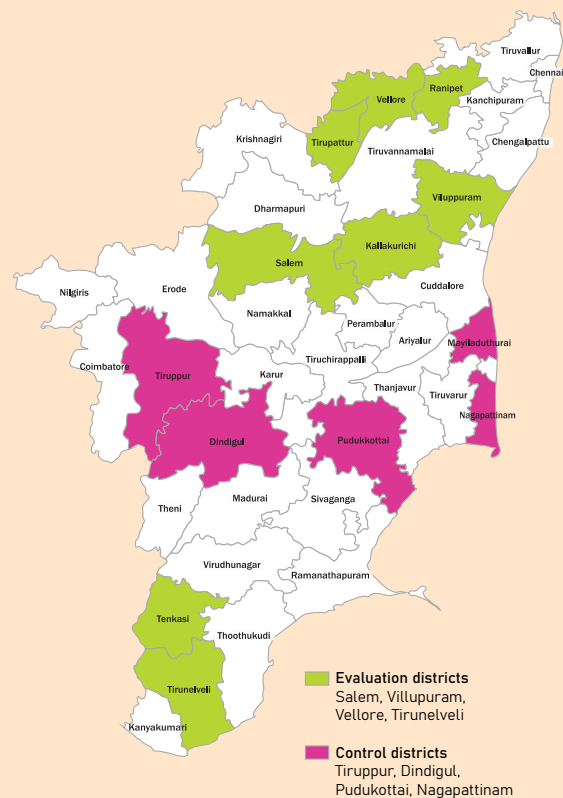
Mentors for Community Health

Mentors for Community health is a women-led intervention to spearhead TB case detection, prevention and care in Tamil Nadu. Through this project, REACH empowers women to become 'Community Health Mentors' and 'Women TB Leaders' who are trusted providers of health information and act as gateways to care.



REACH implements this two-year project in four districts of Tamilnadu - Vellore, Villupuram, Salem and Tirunelveli - with support from the Stop TB Partnership through a TB REACH Wave 7 grant.

The project has two arms - one led by the Women TB Leaders, who undertake screening at health facilities. This aids in case detection, treatment initiation and holistic person-centered care for people with TB. The second arm is led by Community Health Mentors, who are involved in organising and conducting community meetings to create awareness on TB and reduce stigma associated with TB. The creation of a cadre of women, in effect, establishes a skilled female workforce at the district level who can potentially contribute to the health of communities in the long term.



Objectives



To train and empower women - prioritising TB survivors, self-help group leaders, nurses, volunteers - from the community as health mentors through a Community Health Mentorship (CHM) Programme.



To develop a cadre of Women TB Leaders from among CHMs who will be engaged in TB outreach, screening at health facilities, case detection, community mobilisation and advocacy at the district level.



To increase case finding among key and vulnerable populations via a cascade of screening from health facility to contact tracing at the household and the community levels.

Key Activities

- 1. Identification and training of Women TB Leaders:** Women TB Leaders were identified from among the Community Health Mentors and trained on screening people for symptoms of TB.
- 2. Screening at health facilities:** Women TB Leaders screened all OPD attendees at select hospitals and facilities for symptoms of TB. They followed up with people with symptoms of TB till they got a diagnosis. Screening was also done at in-patient wards and evening OPDs in selected hospitals where such facilities exist.
- 3. Community meetings:** Both Women TB Leaders and Community Health Mentors conducted community meetings in coordination with the NTEP to improve awareness of TB and to identify people with symptoms who have not sought care.
- 4. Assistance with TB diagnosis:** Women TB Leaders were trained on sputum fixation and staining in order to assist the NTEP in diagnosis of TB. Most Women TB Leaders undertake sputum fixation and staining on a daily basis. This activity is particularly useful where there is a shortage of lab technicians. In facilities where sputum testing is not available, the Women TB Leaders and Community Health Mentors also undertake transportation of sputum samples or fixed smears. This helps in reducing any delays in diagnosis and also ensures prompt testing of those identified with TB symptoms.
- 5. Contact screening:** Women TB Leaders screened close contacts such as household members of people with TB for symptoms of TB and directed them to the nearest X-ray centre. For those contacts who were able to produce sputum, AFB testing was also done. Women TB Leaders also facilitated consultation with medical officers and initiation of chemoprophylaxis for children aged six and younger.
- 6. Provision of free Chest X-rays at private health centers:** In places where the nearest public X-ray facility was difficult to access, the project tied up with private centers to provide free chest X-rays both for people with symptoms of TB and their household contacts.
- 7. Support for COVID response (Bidirectional Screening and Vaccination):** Women TB Leaders actively followed up with people who were tested for COVID-19 to screen them for TB too. They obtained the list of people tested for COVID-19 from the health facilities with support from the NTEP staff and followed up over the phone. Those who had symptoms of TB were further tested. Women TB Leaders are also actively involved in the COVID-19 vaccination programme and mega vaccination camps conducted by the government.
- 8. Participation in Active Case Finding (ACF):** During ACF, Women TB Leaders were involved in community preparedness and screening of community members. Women TB Leaders counselled people in communities vulnerable to TB to get tested and mobilise them for getting chest X-rays through mobile X-ray vans. They also collected samples on the spot and transported them for further evaluation.







Innovations

CALL for Health (Continuous Access to Learning Line)

The empowerment of women and challenging existing gender norms is a priority for this project. REACH, which has been a women-majority organisation since inception, reached out to community volunteers engaged in various projects for a needs assessment of what information could be considered empowering. Based on the topics suggested by the women volunteers, podcast-style content was developed and broadcast, in partnership with Gram Vaani on the following topics:

1. Tuberculosis
2. HIV
3. Diabetes
4. Hypertension
5. Nutrition
6. Common childhood illnesses
7. Menstrual disorders
8. Common gynaecological illnesses
9. Cardiovascular diseases
10. First aid
11. Financial literacy
12. How to help a loved one who uses alcohol to quit
13. How to help a loved one who smokes to quit
14. Domestic violence

Key features of CALL:



No need for a smartphone: Since the smartphone penetration is only about 40% in rural Tamil Nadu and even lesser among women, the training was delivered through an Interactive Voice Response System (IVRS), which does not require a smartphone.



No hidden charges: After women placed the call to a toll-free number, the call would end on its own. Making this call requires only a minimum balance and the women do not incur any charges. They would receive a 'call back' from the IVRS for the actual modules.



Adapted to the local context: The modules were dramatised to sound colloquial, easy to understand and delivered in a humorous fashion that is interesting to listen to.



Women choose what they listen to: The trainees can choose to listen to any of the five to seven modules that are broadcast at any point in time.



Feedback to the team: The back-end records which module the women listened to and for what duration.



Certificate post training: On completing the 14 modules delivered through this platform, women received a certificate.

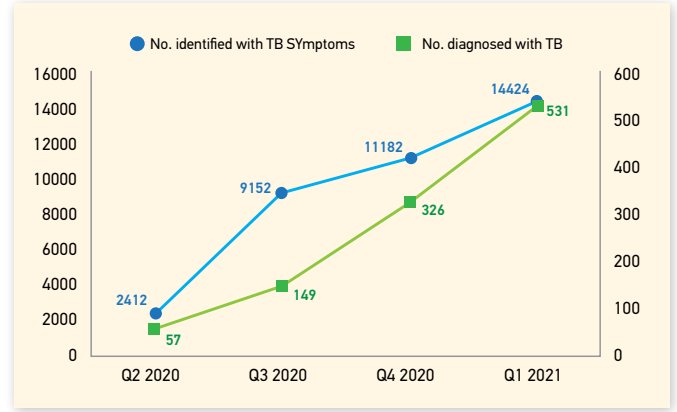
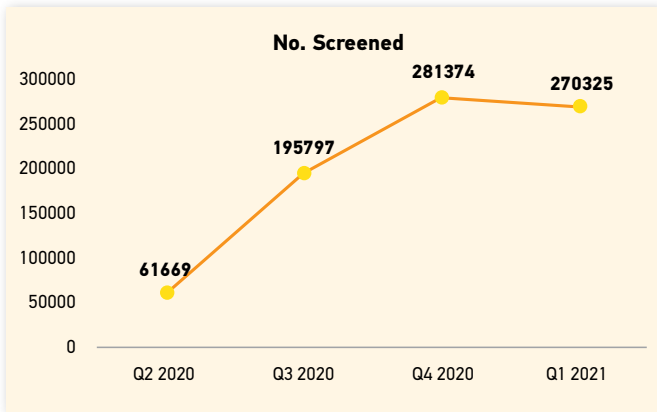


A guide to help users navigate the IVRS platform



Key results

- No. of women who completed CALL for Health training - 400
- No. of Women TB Leaders engaged in facility-based screening - 130



	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Total
No. Screened	61669	195797	281374	270325	809165
No. identified with TB Symptoms	2412	9152	11182	144224	37170
No. diagnosed with TB	57	149	326	531	1063





Voices from the Field

Woman TB Leader facilitates financial support for elderly women

Anandhayee is a Woman TB Leader who works in Salem. She was screening people in the OP departments at public health facilities for symptoms of TB when she met an elderly woman named Manickam* with symptoms of TB. After an initial round of counseling, Anandhayee asked Manickam to give her sputum sample for testing.

Although Manickam did not come the next day, Anandhayee remained in touch with her and got her sputum samples tested for TB, which were found to be negative. But Manickam continued to have symptoms. Anandhayee then asked her to come to the hospital at a time when the government mobile X-ray van was available. Manickam underwent a chest X-ray, based on which the medical officer suggested a CT scan.

However, Manickam's family members were hesitant about the CT scan. So Anandhayee went to their home and spoke to Manickam's brother and explained to him how the CT would help in getting a definitive diagnosis. Anandhayee also conveyed to Manickam's brother what the medical officer had explained about how it was possible that Manickam had a treatable condition. On

Anandhayee's insistence, Manickam underwent a CT scan in the district government hospital in Salem, after which her TB diagnosis was confirmed.

Anandhayee also wanted to link Manickam to the Nikshay Poshan Yojana so that she could receive nutrition support through Direct Benefit Transfer. Since Manickam did not have a bank account, Anandhayee helped her open one in her name. After a few weeks, when the amount was deposited into her account, Anandhayee went to the bank with Manickam and taught her how to withdraw the amount.

Manickam is happy that she now has her own bank account and does not have to depend on anyone else. She is also proud that she has learnt how to operate it all by herself. This is but one illustration of how the support provided by Women TB Leaders goes beyond restoring health. They empower people they come in touch with, in ways beyond TB or even health, even as they continue to become more empowered themselves.

*Name changed for privacy

ALLIES Project

The ALLIES project strives to end TB through community initiatives. The goal of the USAID supported project (October 2019 to September 2023) is to enable the environment for TB elimination by leveraging community action to build a culture of accountability.

The ALLIES project is being implemented in Durg, Balod and Raipur in Chhattisgarh, Gumla, Ranchi and Bokaro in Jharkhand, Angul, Mayurbhanj and Khurda in Odisha, Coimbatore, Krishnagiri, Trichy, Cuddalore, Villupuram and Vellore in Tamilnadu.



Objectives



To create powerful advocates to undertake strategic advocacy for enabling environments to shape rights-respectful, gender and age-responsive TB services



To establish community-owned mechanisms to monitor quality of TB care and services, and give feedback to the program for timely responses, helping institute accountability and strengthening community empowerment



To generate local solutions and resources in response to identified needs



To enable environments for TB elimination at state and national levels



Key Activities



1. Rolling out the Community Accountability Framework (CAF):

In the second year of the project, the CAF curriculum and operational plan were rolled out. TB Champions in ALLIES states were trained on the CAF tool and process, which they have begun to use to identify any gaps in Quality of Care (QoC) and Quality of Services (QoS). They then prepare Block Action Plans to address the identified gaps and work with the NTEP staff to find local solutions. The CAF model will be rolled out in all 15 districts in the next year.



2. Achieving Excellence in TB Care and Services (AETBCS):

This curriculum was developed to equip TB programme staff to adopt person-centred approaches to end TB. The two-day AETBCS training was piloted with 28 Health Care Providers in Odisha in March 2021 and will subsequently be offered to NTEP staff in all project districts and states.



3. Stigma assessment:

TB Champions were trained to use the stigma assessment tool developed by the Stop TB Partnership to understand the perspectives of people with TB, their family members and healthcare providers in three districts of Chhattisgarh, Jharkhand and Odisha. In March, a second batch of TB Champions were trained to use the tool. Preliminary data analysis is underway.



4. Rights-based Approach to TB and Health:

Building on the Legal Environment Assessment, this curriculum aims to build the capacity and improve the understanding of TB Champions on the rights of people and communities affected by TB. The curriculum was developed in consultation with CTD and virtually piloted with 30 TB Champions from different states. This was followed by an in-person training in New Delhi in March.

5. Network building and strengthening:

Over 100 TB survivors and Champions across Tamilnadu came together for the formal announcement of the state's first survivor-led network, launched in the presence of Dr Asha Frederick, State TB Officer, Tamilnadu.

In addition, district chapters of existing survivor-led networks in Chhattisgarh - TB Mukta Chhattisgarh Foundation, Jharkhand - TB Elimination Jharkhand and Odisha - Kalinga TB Survivors Network were established. Activities to support and strengthen networks continued year-round, including the Learn to Lead series and virtual Knowledge-building sessions.



6. Technical support to TB programme:

REACH provided support to State TB cells in Chhattisgarh and Jharkhand to implement community engagement activities for the year 2020-21. REACH also supported the Central TB Division in the expansion of the capacity-building process, with virtual workshops for TB survivors from Haryana and Andaman and Nicobar Islands.

7. Strengthening gender-responsive approach to TB in India:

Through the year, REACH provided technical support to the NTEP to operationalise the Framework for a Gender-responsive approach to TB in India. REACH supported the development of a curriculum to sensitise NTEP staff on TB and gender, and co-facilitated the pilot workshop in September 2020 to get feedback on the curriculum from participants.



8. Forging a Community-led response to TB: A TB Centrestage Discussion

To take forward the discussion on a community-led response to TB, REACH organised a meeting as part of the TB Centrestage discussion series ahead of World TB Day on 22 March 2021. At the meeting, REACH presented the first draft of the Community Accountability Framework for Improved Quality of Care and Services, developed as part of the ALLIES project. 14 TB Champions spoke as part of several panels, outlining their vision for engagement of TB-affected communities. 41 TB Champions attended the programme.



About the TB and COVID-19 flipbook:

This flipbook has been conceptualised to support TB Champions in efforts to accelerate strategic dissemination of information on TB and COVID-19 - both airborne diseases - through established TB survivor-led networks and TB Champions in Chhattisgarh, Jharkhand, Odisha and Tamil Nadu. Organised as three independent modules, with appropriate illustrations, TB Champions can use this flipbook to begin conversations in the community as well as provide information to the communities they are constantly engaging with.



As TB Champions, we are here to raise awareness



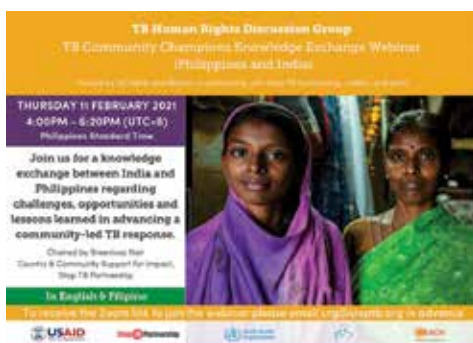
Scan the QR code to watch the films

9. Animation film series - Become TB Champions

A two-part animation film series, intended for use in the community by TB Champions was developed and disseminated. The series - Become or Bane TB Champion - is intended to introduce viewers to a TB Champion and their role in the TB response and features two TB survivors - Swati and Asif.

The first film talks about the role a TB Champion plays in the community in increasing awareness and advocating with key local stakeholders. It also briefly describes the process by which a TB survivor becomes a TB Champion. The second film focuses on the role a TB Champion plays in supporting people with TB, and in ensuring that they complete treatment successfully. The two films are also a call to other TB survivors to also become TB Champions and join the movement to end TB in India.

The films will be widely used by individual TB Champions and survivor-led networks in particular, both during trainings/meetings/workshops and via WhatsApp/other social media forums, to convince and motivate others to join them. Both parts are available in English, Hindi, Odia and Tamil.



10. Webinar on 'TB Community Champions Knowledge Exchange'

11 February 2021: Organised by ACHIEVE and REACH in partnership with the Stop TB Partnership and USAID, on 11 February 2021.

REACH co-organised a webinar with ACHIEVE, a non-profit organisation based in the Philippines, to share processes and lessons learnt in working with TB-affected communities. Representatives from the Philippines NTP, civil society and community organisations and technical partners attended the webinar. TB Champions Sheet Kumar from Jharkhand and Himani Verma from Chhattisgarh, spoke about their role as TB Champions and their response to mitigate challenges faced by TB-affected communities.



11. Webinar on 'Empowering Women & Girls with TB'

8 March 2021: Organised by REACH and USAID/India in association with the Central TB Division (CTD), Ministry of Health and Family Welfare, on 8 March 2021.

On the occasion of International Women's Day, REACH organised a panel discussion on the vital role of women in TB elimination. Speakers included Dr Sanjay Kumar Mattoo, Joint Director, CTD; TB Champions Himani Verma from Chhattisgarh and Rupa Kumari from Jharkhand, and Chhaya Kumari, a journalist and former REACH Media Fellow.



टीवी वि
→ दो हफ्ते
→ शाम-शाम
→ वजन का
→ भूख न

मारी के लक्षण
से ज्यादा खासी
म की बुराई
कम होना
प्रगना

Innovations

Skilling TB Champions to become effective communicators on TB and COVID-19

During the COVID-19 pandemic, communications and engagement with TB affected communities were critical as part of supporting the TB programme and recovering from the devastating impact of the COVID-19 lockdown. To enable TB Champions to be part of the national response to COVID-19 and to ensure TB services were not unduly impacted, TB Champions were trained to become health educators. The training gave them a firm grounding on the basics of communication and allowed them to brainstorm about how to match the communication product to the message.



The training empowered TB Champions to create communications materials such as songs, slogans, wall art, photos, music and videos and use these in their communities to strengthen understanding of TB and COVID-19.



TB Champions also learnt the importance of informed consent for photography, videography and interviews. They learnt to blur photos to protect the privacy and maintain confidentiality of subjects.



TB Champions were trained in public speaking and enhancing their interpersonal communication skills so that they can advocate effectively with local stakeholders.



A two-month immersive mentorship period followed where TB Champions developed a variety of communication materials to support affected communities and PwTB with treatment adherence, counselling, bi-directional screening for COVID-19/TB, contact tracing, referral and follow up.



The communications products were developed in Tamil, Hindi and Odia as well as in local dialects, and disseminated through TB survivor-led networks in Chhattisgarh, Jharkhand and Odisha.

Key results

- CAF, AETBCS and Rights-based training curriculums developed and finalised
- **Community Accountability Framework:** 87 TB Champions trained in a three-day in-person training across 10 districts in all four priority states
- **TB survivor to TB Champions Training:** 278 TB Survivors trained across four priority states
- **Communications skilling:** 89 TB Champions from four priority states trained
- **Policy contribution:** Workplace policy for TB and occupational diseases notified by Govt of Jharkhand

“Being the daughter of a Mitanin, I have witnessed the various struggles of healthcare workers. Their stories are my stories too, so are their experiences. But I did not know how to document all this. I learnt various methods of documentation, such as capturing photos in different angles and narrating stories. I am able to apply the learnings of the training into day to day activities as well.”

Sapna Manik Puri
TB Champion
Raigarh, Chhattisgarh

“Shy by nature, it was difficult to be in front of the camera. But the training helped me create videos where I interviewed people with TB. The training helped me improve through the regular feedback on the new skills I learnt. I was also able to impart the knowledge to my other fellow TB Champions. I feel confident that I can communicate about TB and COVID-19 in the community effectively.”

Damyanti Majhi
TB Champion
Balasore, Odisha

Voices from the Field

TB Champion supports woman with DR-TB to get back on treatment



25-year-old Roma* is married and has the responsibility of raising her 12-year-old brother, and her own two children. Prior to the lockdown, her husband used to work at a spinning mill in Surat, but is now back home. When Roma first developed symptoms of TB in August 2020, she was residing with her husband and his family at Patahara village in Khurda district of Odisha. Even though she discussed her symptoms with her husband, she did not get any support, nor was she taken to see a doctor.

With her health deteriorating, she requested a close friend of hers to take her to the nearby government hospital. Her husband and in-laws were unhappy. They were worried if she was seen at a government hospital undergoing TB examination by neighbours, it would bring disgrace to the family. Roma then went to a private clinic at Chandipur where the doctors recommended she go to the government facility for a CBNAAT test. She underwent these tests, but her husband and in-laws stopped talking to her and refused to provide any support.

The CBNAAT test confirmed drug-resistant TB but no one explained to Roma the gravity of the situation. She thought that it was just another form of TB which needed prolonged treatment. Her TB status was not shared with the health worker and Roma requested the government facility to not follow up with her as she would take medicines from a private clinic.

Just as she began taking her medicines in October 2020, her in-laws decided that her husband would go back to Surat to resume his work at the spinning mill, thereby safeguarding himself and his family from the stigma. However, after her husband left for Surat, Roma was asked to leave too. She thought this would be the best thing to do, and that she would be able to complete her treatment at her maternal home at Attagarh. When she went home with her brother and two children in tow, she realised her father too had left for Surat to get reemployed at a spinning mill. Unfortunately, Roma only had medicines which would last till December. And the medicines were expensive.

In the meantime, TB Champion Tukuna Jena was carrying out a stigma assessment in an adjoining district. Tukuna got Roma's details from a Senior Treatment Supervisor (STS) in Ganjam district, where he resided, in November. Roma was notified to the NTEP by the private clinic she had visited. But she had not visited the DR-TB centre or received any counselling. When Tukuna and the STS visited her, they found out Roma had stopped taking medicines. She had no one to support her or the children, as her father was in Surat, and she had lost her mother long back. Her husband's family never bothered to get back in touch with her.

The STS told her that she would get free treatment for DR-TB in the public sector and she counselled her not to stop the treatment in between. But Roma refused to step out of her house till her father was back. TB Champion Tukuna too counselled her, and told her about his own experience when he had MDR-TB. It was this that finally convinced Roma to agree to get tested once again - this time, she was diagnosed with XDR-TB. Tukuna, with the support of the STS, followed up and guided her through all the tests, and started her on treatment. His peer support thus proved invaluable for Roma, who had no one else to turn to.

*name changed for privacy

Jharkhand TB Champions step up to support TB-affected communities during COVID-19

Khageswar Kumar is a TB Champion from Giridih district in Jharkhand. He is also a member of Jharkhand's TB survivor-led network - TB Elimination from Jharkhand (TEJ). During the pandemic and particularly during the lockdowns, Khageswar and TEJ members have ensured that anyone with TB symptoms was referred to the nearest public health facility on a priority basis.

Khageswar also collected and transported sputum samples for testing, and referred people with TB symptoms to the nearest Designated Microscopy Centre (DMC). If they tested negative for TB, he would do further follow-ups for other tests to confirm their diagnosis. If they tested

positive, Khageswar would support people with symptoms to start them on treatment for TB. In close coordination with the NTEP staff, Khageswar delivered medicines at the door step of people with TB in his area. He also consistently reminded people in his village about the need for COVID-19 appropriate behaviours.

A Champion in the making

Diagnosed with TB at the tender age of 11 in 2007, Khageswar recalls how his mother, uncle and aunt were undergoing treatment for TB at the time. "I remember having lost a lot of weight, and I didn't feel like eating anything," he says. Khageswar's



father then took him and his younger brother who was showing similar symptoms, to the nearest health centre for an examination. Both tested positive for TB and subsequently were initiated on treatment.

After six months, they got cured. "When my brother and I had TB, my parents were under a lot of stress. But due to their patience, love and support, we both completed our treatment and recovered."

In September 2018, Khageshwar joined the first ever state level meeting of TB Elimination from Jharkhand (TEJ). At the meeting which was chaired by the STO, Jharkhand, he highlighted issues that people with TB in his area face. There has been no looking back for the 26-year-old TB Champion since then.

In January 2019, he participated in the capacity building workshop 'From TB Survivors to TB Champions' at Ranchi district and started working actively in his community by providing psychosocial support to people with TB. The young and energetic TB Champion is also the treasurer of TEJ and is

an active community volunteer. He was a panelist at the Union World Conference on Lung Health in 2019 and 2020.

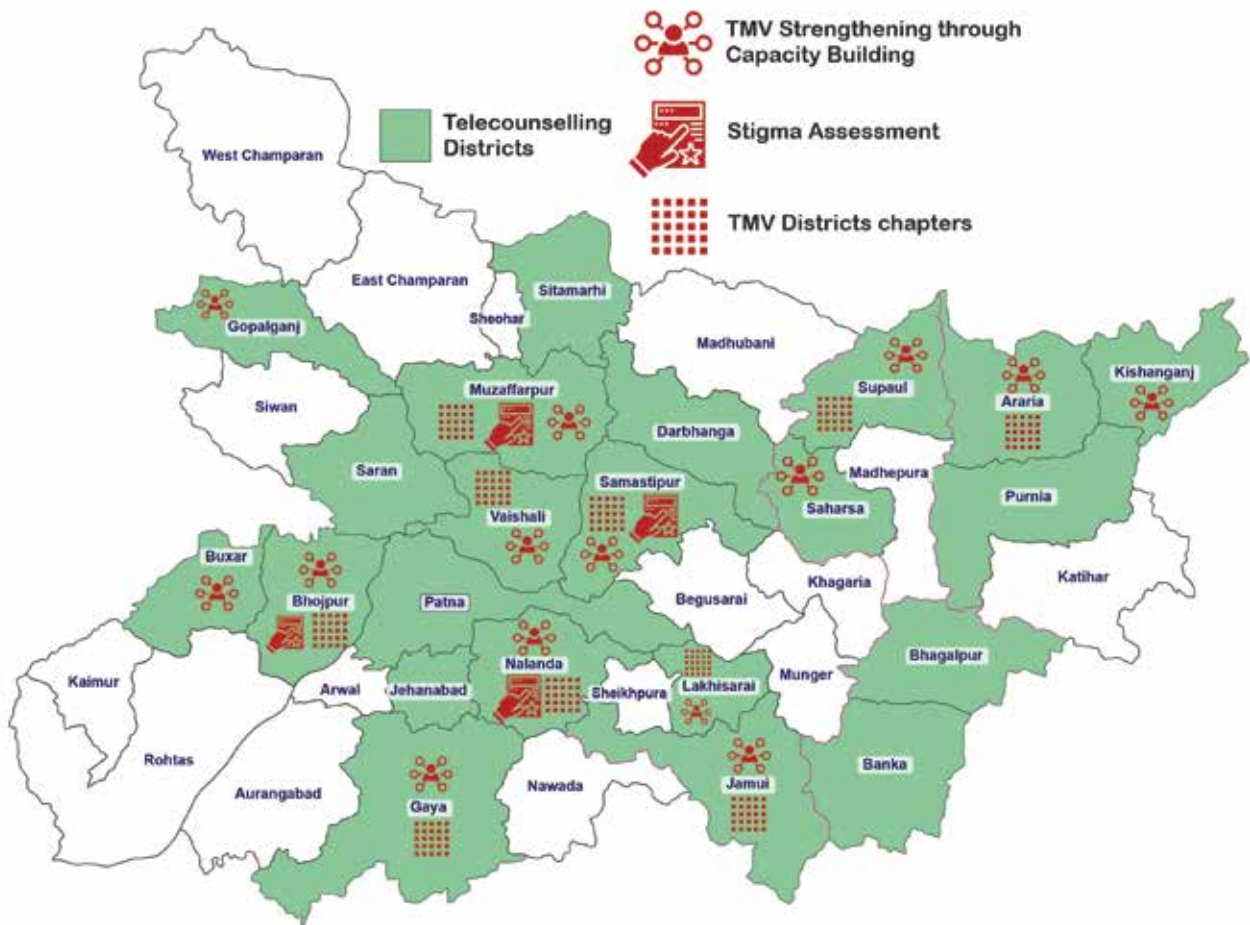
Currently, Khageshwar is pursuing his graduation in psychology through distance education. He has also completed the rights-based training for TB care and prevention and the communication skilling training. A true champion devoted to the cause of TB elimination, Khageshwar and other members of TEJ work to strengthen the network's activities across Jharkhand.



Accelerating access to person-centred care for people with TB

A survivor-led initiative in Bihar, India





In September 2020, REACH was awarded a grant from the Stop TB Partnership through the Challenge Facility for Civil Society (CFCS) mechanism.

This project builds on the key learnings from the TB Call to Action project, implemented by REACH between 2016 and 2020 with support from USAID, which sought to identify, empower and engage TB survivors, and strengthen the overall community

response to TB. This resulted in the creation of India's first cadre of trained TB survivors as Champions, and the formation of survivor-led networks across India, including TB Mukta Vahini (TMV) in Bihar.

This project was specifically designed to strengthen TMV, and members were closely engaged in planning and executing the project.

Objectives



To strengthen the capacity of TB Champions and TMV members as advocates for people with TB



To develop and demonstrate a sustainable mechanism of peer counselling through a cadre of empowered, trained TB Champions



To enable TB Champions to advocate for the active involvement of local elected representatives



To build the evidence base on the impact of engaging affected communities through measurement of stigma and empowerment

Key Activities

1. Capacity-building of TB survivors:

Over 290 TB survivors from 14 districts of Bihar were sensitised through district-level capsular trainings, organised between October 2020 and January 2021, with support from the NTEP staff and health officials in the districts. 71% of trained TB survivors were men and 29% were women; 77% of the participants had had drug-sensitive TB, 23% had survived drug-resistant TB. The TB survivors learnt the basics of TB, the structure of the TB programme and the TB care cascade. They also had an opportunity to share their personal experiences with TB and their own journeys to cure.





2. Establishment of district chapters:

In keeping with efforts to expand and strengthen TMV's presence, district chapters of the network were formed in 10 districts: Muzaffarpur, Samastipur, Gopalganj, Patna, Jamui, Lakhisarai, Araria, Kishanganj, Saharsa and Supaul. A senior member of TMV acts as a district focal point for the district chapter.



3. Leadership training:

In order to strengthen TMV as a survivor-led network, a first-of-its-kind 'Leadership Training for TB Champions' was held in March and June 2021. The training module was developed and rolled out in collaboration with Acumen Academy, a global capacity-development institute for the social sector. 20 TB Champions, all TMV governing body and executive committee members, participated in the training. The training focused on understanding the qualities of a leader, working with different factions within a community, conflict resolution and public speaking. After the training, participants provided valuable feedback, to help refine and strengthen the module.

4. Engaging TB Champions to measure stigma:

In order to understand and measure the level and impact of stigma associated with TB, TB Champions of TMV carried out a stigma assessment using the Stop TB Partnership's stigma assessment tool. Stigma assessment was rolled out in four districts - Samastipur, Muzaffarpur, Bhojpur and Nalanda. A TB Champion was trained to administer the tools and carry out the data collection in each of these

districts. The four TB Champions reached out to 100 people with TB, 200 family members of people with TB, 100 members of the community and 32 health care providers.



5. Opportunities for cross-learning and recognition:

TMV members participated in various meetings, including the World TB Day observance at the national level, where TB Champion Sharda Kumari from TB Mukta Vahini was felicitated. TB Champion Raazya Mumtaz was inducted as a member of the Bihar State Technical Working Group on TB-comorbidities. After the tenure of TMV Member and TB Champion Arti Kumari in the National TB Forum came to an end, Anjana Singh from Bhojpur district was nominated to the forum. She participated in the forum meeting on 30 September 2020. TMV members also participated in virtual TB survivors sensitisation meetings held in Meghalaya, Punjab, Maharashtra and Gujarat, as well as in meetings held to sensitise state and district NTEP programme officials on the need for engagement of TB Champions.



6. World TB Day:

Bihar Health Minister Shri Mangal Pandey honoured Bihar's TB Champions Jitendra Prasad, Smriti Kumari and Ramdayal Mahto with awards for their contribution towards TB elimination in the state during the observance of World TB Day in Patna on 24 March 2021.

Innovations

Providing person-centred support through telecounseling to people with TB during COVID-19 pandemic

Based on their own experiences of TB, TB Champions have frequently expressed the need for peer support for affected communities. This was especially evident during the COVID-19 pandemic; the impact of COVID-19 on TB services is well documented, particularly in terms of access to care and services as well as health-seeking behaviour.

To mitigate the impact of the pandemic and provide critical support to people on treatment for TB, over 40 TB Champions and members of TB Mukh Vahini were engaged to provide structured telecounseling support.

This initiative also addressed the challenges of restricted mobility and limited access to healthcare workers and information on TB, as a result of the pandemic.



Process



Key Results

- Over 290 new TB survivors from 14 districts sensitised
- 10 district chapters of TB Mukta Vahini formed
- 75 TB Champions led anti-stigma campaigns
- 295 Panchayati Raj Institution members took the pledge to end stigma associated with TB during the anti-stigma campaign
- 128 community awareness meetings held under anti-stigma campaign
- >2800 people in the community received information on TB through TB Champions during the anti-stigma campaign
- 44 TB Champions from 22 districts trained on person-centred care and to provide telecounseling to PwTB

Voices from the Field

TB Champion's voice emboldened by support from the village

Pushpa lives in a village in Bhojpur District of Bihar. She barely manages to earn her living working as a domestic help. When she developed symptoms of TB and fell ill, the struggle became worse. Anjana, a senior TB Champion and TMV member in Bhojpur heard about Pushpa and stepped in to help her. She arranged for a vehicle and took Pushpa to the nearest District TB Centre in Ara. She explained to Pushpa that she would be tested for TB and gave her counselling. She assured her that she too had TB, and that it was curable.

Pushpa was diagnosed with TB. Anjana met the NTEP staff and helped start Pushpa on treatment the very same day. When Anjana brought Pushpa back home, she noticed that there was absolutely nothing to eat in the house. Anjana knew that the only way to overcome this challenge was to mobilise people around her. She raised this matter in a village meeting and requested support. The

people in the village are aware of Anjana's work as a TB Champion in supporting people with TB to complete their treatment, and agreed to help Pushpa. Together, they organised nutritious food for Pushpa during her TB treatment. With the support of the village and Anjana's continuous follow-up calls, Pushpa completed her course of medications and was cured.

TB Champions like Anjana play a critical role in garnering community support for people with TB. Anjana has gone one step further - she constantly motivates TB survivors to become TB Champions like her. She says, "I have helped train many TB survivors to work in their communities for TB elimination. They are supporting the TB programme in Active Case Finding too. If each one of them helps sensitise 20 others, we will soon be able to fulfil our dream of a TB-free Bihar."



Looking Ahead: Unite to ACT

India's National Strategic Plan (NSP) for TB for 2017-25 calls for a person-centred approach to TB as a key strategy to reach the unreached. The NSP also recognises 'the power of TB survivors and affected populations to act as change agents for advocating and facilitating TB resilient communities'. This is also echoed in the 2019 Joint Monitoring Mission report which recommends moving 'from passive community engagement to full community participation and ownership, with reliance on TB Champions and TB survivors working alongside programme staff in advocacy, planning, implementation and monitoring of the local, state and national TB response'.

REACH first demonstrated the capacity-building and engagement of TB survivors as Champions through the TB Call to Action project supported by USAID (2016-2020). This resulted in India's first cadre of TB Champions and the formation of the first-ever TB survivor-led networks.

Through the Unite to ACT project, REACH will expand and scale up these activities across India, as a sub-recipient to The Foundation for Innovative New Diagnostics (FIND) and with support from the Global Fund to fight AIDS, TB and Malaria. The project's activities were designed and will be implemented with the guidance of the Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare, Govt. of India. The project's activities were designed and will be implemented with the guidance of the Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare, Govt. of India. REACH will implement the project, with two sub-sub-recipients, in ten states, and provide technical assistance in a further 15 states and Union Territories.

Objectives



To build the capacity of TB-affected communities to meaningfully contribute to the design, implementation and evaluation of the programme and promote rights based, gender-responsive and equitable services for all including the underserved and those most vulnerable to TB



To adopt integrated approaches for TB-free communities by engaging TB survivors as Champions to expand community access to TB prevention & care and improve the quality of life of people with TB



To accelerate & support the uptake of community-led activities in states

Key Interventions

Direct Implementation

Build capacity of TB survivors as TB Champions at state & district levels



Expand TB Champion Mentorship Programme to support people with TB and sensitise communities



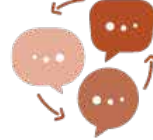
Establish Community-Led Support Hubs to provide person-centred care



Form & Strengthen TB Survivor-led Networks at state and district levels



Strengthen TB Forums at state and district levels



Build Partnerships between TB Champions and CHOs



Formation of National Technical Working Group on community engagement



Strengthen TB Forums at state and district levels



Technical Assistance

Build capacity of TB survivors as TB Champions at state level



Technical support to states to strengthen community engagement



Mainstream community engagement at all levels



Project

REACH implemented Project Axshya (meaning 'free of TB) between 2010 and 2021, as a sub-recipient to the International Union against Tuberculosis and Lung Disease, with support from the Global Fund. The fourth and final phase of Project Axshya was implemented in five districts of Tamil Nadu - Cuddalore, Krishnagiri, Madurai, Thanjavur and Trichy - until March 2021.

Key activities

- Community meetings, Sensitization of Village Health and Sanitation Committee & Mid-media events
- Training and Engaging Rural Health Care Providers, Community Volunteers, NGO partners and Community Radio Stations
- Facilitating NGOs to get and implement TB schemes
- Private Sector Engagement
- Axshya SAMVAD and Active Community Surveillance
- District Hospital Intervention (Axshya Kiosks) and Health Camps
- Referrals, sputum collection and transportation
- Sensitisation of PwTB on Patient Charter
- Livelihood support for PwTB and their families
- Soft skills training for health staff
- Formation of TB forums



Axshya

Key Achievements of Project Axshya – April 2013 to March 2021

9773 TB people with TB including **3263 women** sensitised on their rights and responsibilities through Patient Charter meetings.

Members of **15 lakh** households sensitized on TB through **Axshya SAMVAD**.

Awareness on TB provided through **949 VHSC** meetings to various group members like VHSC members, SHGs, Small scale industrial labourers, PRI members, Youth groups, marginalized and vulnerable populations.

123 mid-media events conducted at markets, bus stands and other public spaces.

2750 prison inmates in Central and Sub Jails sensitised on TB.

770 Qualified Private Practitioners, **41** Hospitals and **66** Laboratories trained on STCI guidelines and more than **50%** engaged.

1386 Rural Health Care Providers, over **200 community volunteers** and **35 NGOs** trained on TB.

Overall, more than **55 lakh people were sensitised** on Tuberculosis and TB care services available through the TB programme.

Overall, **1.5 lakh** People with symptoms of TB identified and referred for testing to NTEP facilities. One lakh people tested and **7000 diagnosed** with TB.

Sputum samples of **29107** presumptive people with TB transported from Non-DMC/ART centers to DMC/CBNAAT Centers and **1961 people diagnosed** with TB.

More than **3000** People with TB notified through Private Sector Engagement.

14 TB forums formed and **six registered** to support people with TB.

Key Activities

1. Media Fellowship for Reporting on TB:

The REACH Media Fellowship programme for Reporting on TB is a flagship intervention, in keeping with REACH's mandate to engage the media for consistent, high-quality reporting on TB. In 2020, for the 10th edition of the Fellowship Programme, 14 Fellowships were offered to journalists from across the country, as part of the ALLIES project supported by USAID. The Fellows were selected after a rigorous application process and attended a virtual orientation workshop, where they learnt about the science of TB, the functioning of the TB programme, specific topics such as drug-resistant TB and challenges people with TB face. Over a three-month period, through features and in-depth explainer stories, Fellows

covered a wide range of TB and related stories, including TB-COVID-19, gendered aspects of the disease, stigma, role of TB Champions, notification, mental health and non-communicable diseases.



REACH Media fellows for Reporting on TB 2020



Nilesh Tripathi
News 18 Hindi
Bhilai, Chhattisgarh



Veena Sablok Pathak
Freelancer, Bhopal
Madhya Pradesh



Mohammad Imran Ali
Freelancer
Bhubaneswar, Odisha



Rachana Priyadarshini
Prabhat Khabar
Ranchi, Jharkhand



Deepika Sharma
Asar Media, Shimla
Himachal Pradesh



Kumar Gaurav
News Wing
Ranchi Jharkhand



Dinesh Kumar Swami
Rajasthan Patrika,
Bikaner, Rajasthan



Parikshit Nirbhay
Amar Ujala,
New Delhi



Muhammed Sulhaf K
Madhyamam Daily
Calicut, Kerala



Shalat C S
Kerala Kaumudi
Ernakulam, Kerala



Mahesh Solanki
Nai Duniya, Dhar
Madhya Pradesh



Santhosh Sisupal
Manorama Arogyam
Kottayam, Kerala



Narjis Hussain
Freelancer
New Delhi



Rajni Thakur
Zee Media Corpn
Raipur, Chhattisgarh

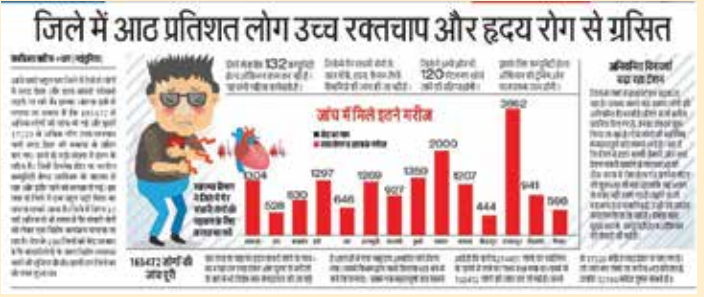
2. Media Fellowship for Reporting on NCDs:

The third edition of the REACH Media Fellowship programme for reporting on NCDs focused on Cardiovascular Diseases. The Fellowship programme included an immersive orientation workshop conducted virtually to orient fellowship recipients on technical aspects of cardiovascular diseases ahead of the start of the fellowship term. They were encouraged to pursue ethical, responsible and

accurate coverage of cardiovascular issues.

Local Language Fellowship:

16 journalists reporting in Hindi, Odia, Assamese and Malayalam languages, focused on various aspects of cardiovascular diseases, including the increase in deaths due to CVDs among the youth, the latest advances made in non-invasive cardiac interventions, hypertension among tea-garden workers and congenital heart problems.



National Fellowship:

Ms Pooja Biraia Jaiswal, The Week (Mumbai) and Ms Shailvee Sharda, the Times of India (Lucknow) in English received the National Fellowship for Reporting on NCDs and wrote four stories each in English. Ms Jaiswal focused on raising policy level issues on heart diseases and children, and explored the links between mental health and CVDs as well as COVID-19 and CVDs. She also did a comparative analysis of CVD policies in India and the US.



Mental Health in the context of COVID-19

Speakers:

- Dr V Senthil Kumar Reddi, Additional Professor of Psychiatry National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore
- Dr Jayant Mahadevan, Assistant Professor of Psychiatry at the Centre for Addiction Medicine, NIMHANS, Bangalore
- Dr Swarna Rajagopalan, the founding trustee of The Prajnya Trust
- Mr Manoj Chandran, the founding CEO of White Swan Foundation for Mental Health

8 July 2020

Key issues discussed: Anxiety and depression disorders, substance use disorders, gender based violence and the need to use sensitive language while address mental health issues, especially suicide.



Cardiovascular diseases and COVID-19

Speaker: Dr Sai Satish, Senior Interventional Cardiologist, Apollo Hospitals, Chennai and International Trainer, Gottsegen Institute of Cardiology, Budapest

13 August 2020

Key issues discussed: Emerging evidence on abnormal cardiac function and key patterns of cardiac disease in people hospitalised with COVID-19 who have been treated with COVID-19.



Non-Communicable Diseases in the times of COVID-19

Speaker: Dr L. Swasticharan, DDG (LS) Ministry of Health & Family Welfare (MoHFW), Govt. of India

12 February 2021

Key issues discussed: An overview on Non-Communicable Diseases, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and the impact of COVID-19 on NCDs in India.



Key Results

14 local language journalists completed Media Fellowship for reporting on TB

45 stories published on different aspects of TB

18 local language journalists and 2 journalists reporting in English completed the Media Fellowship for reporting on NCDs

58 stories published on NCDs (Cardiovascular Disease)

40 journalists attended webinars and expert briefings



Beyond Projects

Conferences and Webinars



Tweet chat on 'Addressing COVID-19 stigma - lessons and experiences from TB response'

2 July 2020

Organised by: Jhpiego's NISHTHA Project supported by USAID



Scan the QR code for highlights



Webinar on 'Engaging the media to disseminate implementation experiences'

15 July 2020

Organised by: McGill Knowledge Management team for TB REACH Wave 7 and Wave 6 scale up grantees

Dr. Ramya Ananthakrishnan, Director, REACH shared REACH's experience in engaging the media for improved reporting on TB.



Webinar series on 'Health Budget Advocacy'

26 August 2020

Organised by: the India Working Group, APCASO and GFAN (AP)

Dr Ramya Ananthakrishnan spoke about the importance of engaging communities in the TB response.



Webinar on 'Reaching a TB Free Chennai'

18 September 2020

Organised by: TB PPM Learning Network

Dr Ramya Ananthakrishnan described the multi-pronged approach adopted to engage private providers at every stage of the care cascade, including doctors, pharmacies and laboratories.



Webinar on 'Assessment of diagnostic gaps and digital health solutions in India'

3 November 2020

Organised by: FIND

Dr Ramya Ananthakrishnan focused on the need for health messaging that takes into account the specific gender and language needs of people with TB.

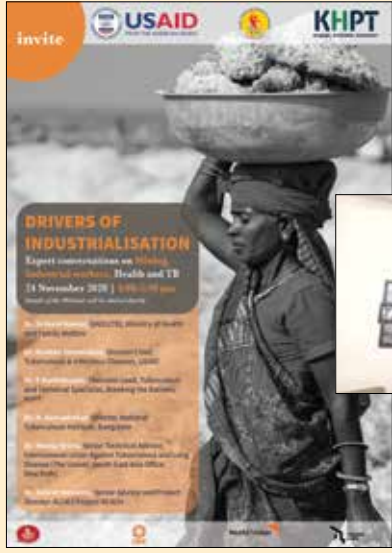


Webinar on 'Chronic Disease in times of COVID-19'

23 November 2020

Organised by: Harvard Medical School's Centre for Global Health Delivery, the Massachusetts Consortium on Pathogen readiness, the International Health Policy Program, Thailand, Advance Access & Delivery and the Public Health Foundation of India

Dr Ramya Ananthakrishnan spoke on how TB was REACH's entry point to work on Diabetes and Hypertension through the Linking to Care Project, being implemented in Chennai.



Webinar on 'Drivers of Industrialization: Expert Conversations on Mining and Industrial Workers, Health & TB.'

24 November 2020

Organised by: Karnataka Health Promotion Trust in collaboration with USAID and the Central TB Division

Mr Subrat Mohanty, Sr. Advisor, REACH and Project Lead, ALLIES highlighted the TB-related issues faced by industrial workers, and called for a greater focus on transforming existing workplace policies and practices to ensure access to health for all.



World TB Day Observation meeting, Bangladesh

9 March 2021

Organised by iccdr, b (Bangladesh)

Anupama Srinivasan, Assistant Director, REACH shared the key learnings of REACH's 10-year experience in working with the media for sustained high quality reporting on TB in India.

CHECKLIST FOR RATING STORIES

- Is the medical information **accurate, complete and easy to understand?**
- Have the **risk factor/s/lifestyle aspects** of the NCD been adequately explained?
- Have the **diagnostic test/treatment** mentioned in the article described adequately? (**Cost, availability, compared with older tests/treatments, side effects.**)
- Is the story **well researched?** (Does not rely on a **press release/ verifies info from reliable independent sources/mentions conflicts of interest** and puts information in **context**)
- Does the article **hype/exaggerate the harms or benefits** of any diagnostic test/treatment/lifestyle or **exaggerates/underplays** the extent of the NCD?

Webinar on 'Developing IEC materials and Media Plan for NCDs with a focus on NAFLD'

Organised by: The Ministry of Health & Family Welfare, Govt of India in association with the Institute of Liver and Biliary Sciences (ILBS) for State Nodal Officers (SNOs), District Nodal Officer (DNOs), IEC consultant of states, Medical Colleges, Indian Public Health Association (IPHA) and Indian Association of Preventive and Social Medicine (IAPSM) and members of the nursing fraternity

Dr Jaya Shreedhar, Senior Technical Expert, REACH, talked about tracking media reporting, using a checklist for assessing stories written in the news media on NCDs, and also shared guiding questions for formulating a media engagement plan.

REACH @ 51st Union World Conference on Lung Health (Virtual, 22-24 October 2020)

Anupama Srinivasan presented an oral abstract titled 'Promoting a community-led, multi-sectoral and collaborative response to Tuberculosis: Learnings from India'

Anupama Srinivasan presented an e-poster titled 'Improving access to TB services for vulnerable populations: an Employer Led Model demonstration in India'

Dr Raghini Ranganathan presented an e-poster titled 'Provision of peer support by TB survivors to people with TB, through the TB program in India - Successes, challenges and way forward.'



TB Champion Abhishek from Bihar spoke at a Community Connect session organised by the Stop TB Partnership on 'Identifying and Overcoming Legal and Social Barriers to Access in Asia'. NTEP, civil society and community representatives from India, Bangladesh and Indonesia spoke on the progress made on Community, Rights and Gender in each country.

In a live Community Connect session titled 'TB Champions respond to COVID-19: Narratives from India', TB Champions shared their experiences of supporting the TB response in India as the COVID-19 pandemic unfolded. They spoke about how they were able to first protect themselves and their families; about their position as leaders within their communities; and how they adapted to using mobile phones to keep supporting people with TB.



Publications

PLOS ONE

RESEARCH ARTICLE

The impact of chest radiography and Xpert MTB/RIF testing among household contacts in Chennai, India

Ramy Ananthakrishnan^{1,2,3,4*}, Rajeswaran Thiagesan^{1,2}, Sheela Auguesteen^{1,2}, Nalini Karunakaran^{1,2}, Lavanya Jayabal^{2,3}, Jagadeesan M^{2,3}, Robert Stevens^{3,4}, Andrew Codlin^{4,5}, Jacob Creswell^{4,6}

1 REACH – Resource Group for Education and Advocacy for Community Health, Chennai, Tamil Nadu, India, **2** GCC RNTCP – Greater Chennai Corporation Revised National Tuberculosis Control Programme Chennai, Tamil Nadu, India, **3** Independent Consultant, Manchester, United Kingdom, **4** Stop TB Partnership, TB REACH, Geneva, Switzerland

* These authors contributed equally to this work.
† These authors also contributed equally to the work.
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OPEN ACCESS

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Data Availability Statement: All Government data are strictly confidential and it has been informed from the Greater Chennai Corporation that no raw data line list will be shared in open platform due to ethical and legal constraints. However, researchers will be able to access the minimal data set necessary to reproduce the study data and shall be made available based on request. Request to access de-identified minimal data set to reproduce the study data can be sent to Dr. Rajeswari at rajeswari@yahoo.com who is the Chairperson of REACH's Independent Ethics Committee.

PLOS ONE | <https://doi.org/10.1371/journal.pone.0241203> November 4, 2020

Abstract

Tuberculosis prevalence surveys have demonstrated the benefit of screening with chest x-ray (CXR) and sensitive diagnostic tests compared to symptoms and smear microscopy. However, in programmatic practice there is little evidence on the yield of different algorithms. We implemented contact tracing in Chennai, India for adult sputum-positive TB patients registered from January 2015 to March 2016. Patients with symptoms or abnormal X-ray findings further underwent testing using Xpert MTB/RIF (Xpert) and smear microscopy. A retrospective cohort study was done to summarize the key findings. We verbally screened 5553 contacts for symptoms, CXR through private sector collaboration, Xpert, and smear microscopy. Overall, 1312 (23.6%) contacts screened positive. CXR alone identified 531 (40.5%) of them, 679 (51.8%) were symptom-positive only, while 102 (7.8%) were positive on both the symptom and CXR screen. Only 9 (0.7%) were identified by sputum. A standard approach of sputum identified only 9 (25.7%) of the total number of bacilli. The algorithm of symptoms screening followed by CXR screening followed by Xpert and smear microscopy resulted in a 35% increase compared to symptoms and Xpert screening tests, better diagnostic tests, and novel private diagnostic yield in a programmatic setting.

Introduction

India has the highest TB burden in the world, with an estimated number of people with TB who are currently missed by the Revised National Tuberculosis Control

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journal homepage: www.elsevier.com/locate/jctube



One year of COVID-19 and its impact on private provider engagement for TB: A rapid assessment of intermediary NGOs in seven high TB burden countries

Joel Shyam Klinton^{a,*,†}, Petra Heitkamp^{a,†}, Aamna Rashid^b, Bolanle Olusola Faleye^c, Han Win Htat^d, Hamidah Hussain^e, Imran Syed^f, Khalid Farough^g, Lalaine Mortera^h, Moh Moh Lwinⁱ, Nita Jha^j, Ramya Ananthakrishnan^k, Rifat Mahfuza^l, Sarabjit Singh Chadha^m, Sayera Bantuⁿ, Shamim Mannan^o, Shibu Vijayan^p, Shahrir Ahmed^q, Taofeek Ali^r, Charity Oga-Omenka^s, Manjot Kaur^t, Urvashi Singh^{u,v}, William A Wells^w, Guy Stallworthy^x, Hannah Monica Yesudian Dias^y, Madhukar Pai^{a,u}

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ARTICLE INFO

Keywords:
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Public-private mix
PPM
Health system
Private sector

ABSTRACT

The COVID-19 pandemic has impacted health systems and health programs across the world. For tuberculosis (TB), it is predicted to set back progress by at least twelve years. Public private mix (PPM) has made a vital contribution to reach End TB targets with a ten-fold rise in TB notifications from private providers between 2012 and 2019. This is due in large part to the efforts of intermediary agencies, which aggregate demand from private providers. The COVID-19 pandemic has put these gains at risk over the past year. In this rapid assessment, representatives of 15 intermediary agencies from seven countries that are considered the highest priority for PPM in TB care (the Big Seven) share their views on the impact of COVID-19 on their programs, the private providers operating under their PPM schemes, and their private TB clients.

All intermediaries reported a drop in TB testing and notifications, and the closure of some private practices. While travel restrictions and the fear of contracting COVID-19 were the main contributing factors, there were also unanticipated expenses for private providers, which were transferred to patients via increased prices. Intermediaries also had their routine activities disrupted and had to shift tasks and budgets to meet the new needs.

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Communications & Social Media Campaigns

#AdaptingForTB Care

April 2020

When the pandemic hit, REACH adapted to new ways to work to ensure TB care services were

not unduly impacted during the lockdown. A short series #AdaptingForTBCare highlighted voices from the field as TB healthcare workers and TB Champions started to support TB-affected communities during those difficult times.

#AdaptingForTBCare

Coordinated Efforts

There are a few people with TB who hail from far-flung areas in Tamil Nadu and come to Chennai for TB treatment. We coordinate with programme staff from the Government TB Units nearest to their place of residence to arrange medicines for them.

Kaipana TB Nanban

REACH leading the fight against TB

#AdaptingForTBCare

Going Beyond the Call of Duty

The nearest government centre is 20kms away. I ensured that the 10 people with TB under my care got medicines for up to two months. I also helped transport people who were sick to reach the health centre on my bike. Four of them were later diagnosed with TB.

Birsa Manjhi TB Champion

REACH leading the fight against TB

Social media campaigns featuring TB Mukta Vahini

Social media campaigns featuring the work of TB Champions and members of the survivor-led network TB Mukta Vahini were disseminated every quarter. The campaigns, which included photos,

social media collaterals and video slideshows, aimed to increase awareness of TB Champions' activities and their contribution to the TB response. The campaigns were part of the CFCS project.

#EndTB #TBFreeBihar

The vision of TMV is to build a TB-free Bihar. We want to help people know about TB symptoms so that they access diagnosis and treatment on time.

TMV का संकल्प है, टीबी मुक्त बिहार बनाना और टीबी से ग्रस्त लोगों को समय से जागरूक कर जाँच करवाकर दवा दिलवाना और पूरी तरह स्वस्थ करवाना।

SATYENDRA NATH JHA
TB Survivor, TB Champion and President, TMV

TMV is a TB survivor-led network based in Bihar that is supported by REACH through Challenge Facility for Civil Society

REACH leading the fight against TB | Stop TB Partnership

#EndTB #TBFreeBihar

I was relieved when I was diagnosed with TB after several months of no one taking me seriously. People assumed that I was lazy and told me to just 'eat well and be happy'. As a TB Champion, I now realise this is true for many others. I want to link each and every TB survivor to TMV so that they can in turn identify more people with symptoms and help them get treatment; and Bihar becomes TB-free.

KIRAN KUMARI
TB CHAMPION & MEMBER, TB MUKTA VAHINI

TMV is a TB survivor-led network based in Bihar that is supported by REACH through Challenge Facility for Civil Society

REACH leading the fight against TB | Stop TB Partnership

#EndTB #TBFreeBihar

As a village healthcare worker, I would help people with TB take their medicines. But I had no idea how to protect myself and got TB. A TB Champion is my neighbour and motivated me to take up this work after I got cured. I was trained to become a TB Champion a month ago. Now I too meet other TB survivors, and motivate them to become TB Champions and join TMV.

JHULEKHA KHATTUN
TB CHAMPION & MEMBER, TB MUKTA VAHINI

TMV is a TB survivor-led network based in Bihar that is supported by REACH through Challenge Facility for Civil Society

REACH leading the fight against TB | Stop TB Partnership

Providing telecounseling support to people with TB during COVID-19: A TB Champion initiative in Bihar

Before I started supporting people with TB, I attended a virtual training programme. I learnt how to initiate a conversation when talking with a person with TB over the phone for the first time. I learnt that keeping the conversation casual and friendly would help break the ice. Even if the person at the other end isn't too friendly at first, once they know that TB Champions like myself care about their well-being, they begin to open up about their problems more easily.

TMV Mukta Vahini member Sonu Kumari is a TB survivor from Samastipur, Bihar. Since 2020, she has been supporting TB-affected communities as a TB Champion.

TMV is a TB survivor-led network based in Bihar that is supported by REACH through a Challenge Facility for Civil Society grant

REACH leading the fight against TB | Stop TB Partnership

World Diabetes Day

November 2020

For the first time, REACH observed World Diabetes Day between 14 and 20 November 2020 in Chennai. A campaign on 'Understanding Diabetes for a Healthy Life' campaign was held at 15 Nakshatra Centres and 10 private clinics in the city. The campaign aimed to improve awareness on diet, physical activity, annual screening for people aged over 30 and risk factors and management

of diabetes. The campaign saw participants take a pledge to improve their knowledge about the disease. More than 3700 pamphlets and 5000 wristbands were distributed at hospitals and clinics to encourage people to recognise the symptoms of diabetes and the importance of early testing. Messages were circulated on WhatsApp as part of a social media campaign.





#WomenEndingTB March 2021

A video series featuring women TB frontline workers including TB Nanbans, Community Volunteers, Women TB Leaders and TB Champions was launched as part of the Women's Day social media campaign #WomenEndingTB. Each woman featured in the campaign shared how they are able to support other women with TB symptoms, address any violence they may be facing and their hopes and aspirations for more women to join the movement to make India TB-free.

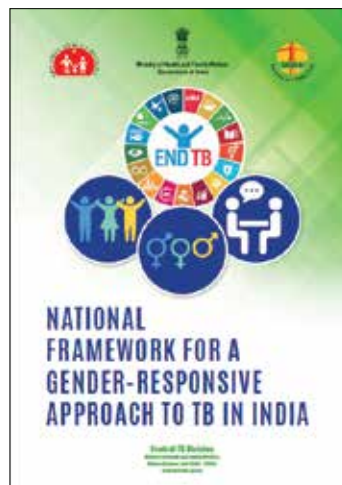
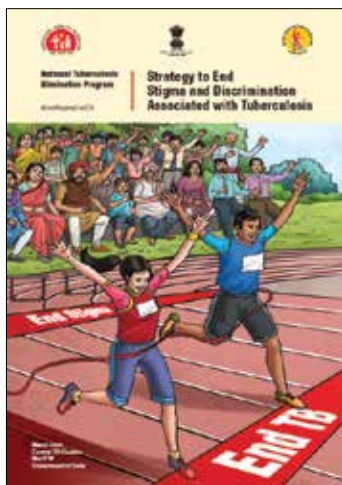


World TB Day

1. New Delhi

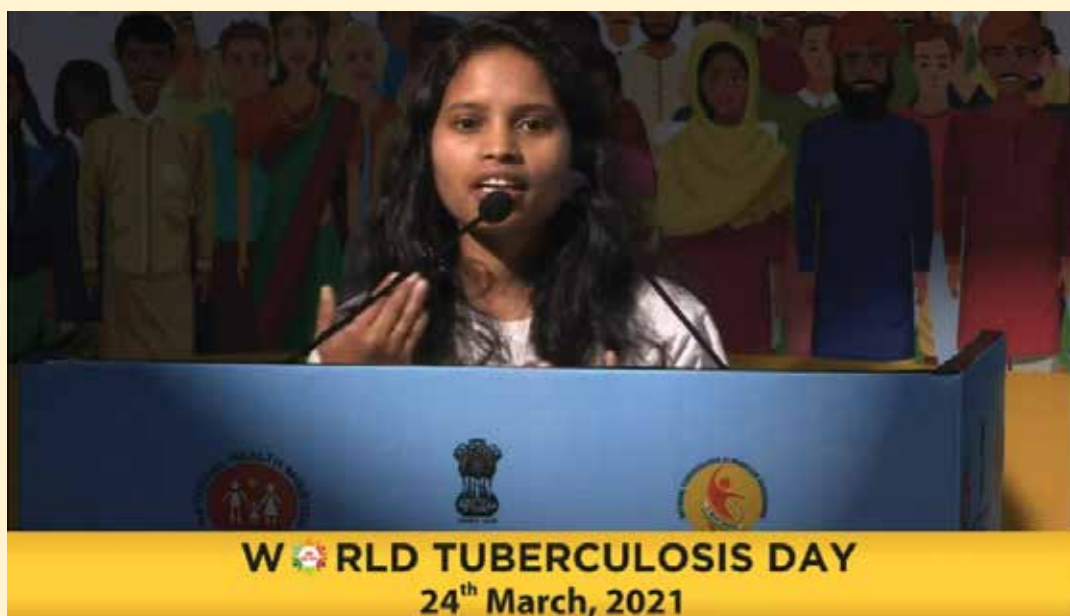
Launch of Strategy Documents

REACH is proud to have worked with partners to support the NTEP to develop the Strategy to End Stigma and Discrimination Associated with Tuberculosis, a first-such document for India. The document is intended to inform and guide all stakeholders on the planning and implementation of activities that will prevent, reduce and end the stigmatisation and discrimination of people affected by TB in India. REACH also supported the Central TB Division in the development of another first-of-its-kind document - National Framework for a Gender-responsive approach to TB. Both documents were officially released at the World TB Day event organised by the MoHFW, Govt of India at New Delhi on 24 March 2021.



TB Champion Kalyani focuses on stigma in her fiery speech

TB Champion Kalyani Nishad, one of the founding members and President of the survivor-led TB Mukht Chhattisgarh Foundation, emphasised the role that TB Champions can play to end stigma, during her address at the World TB Day programme in New Delhi on 24 March 2021.



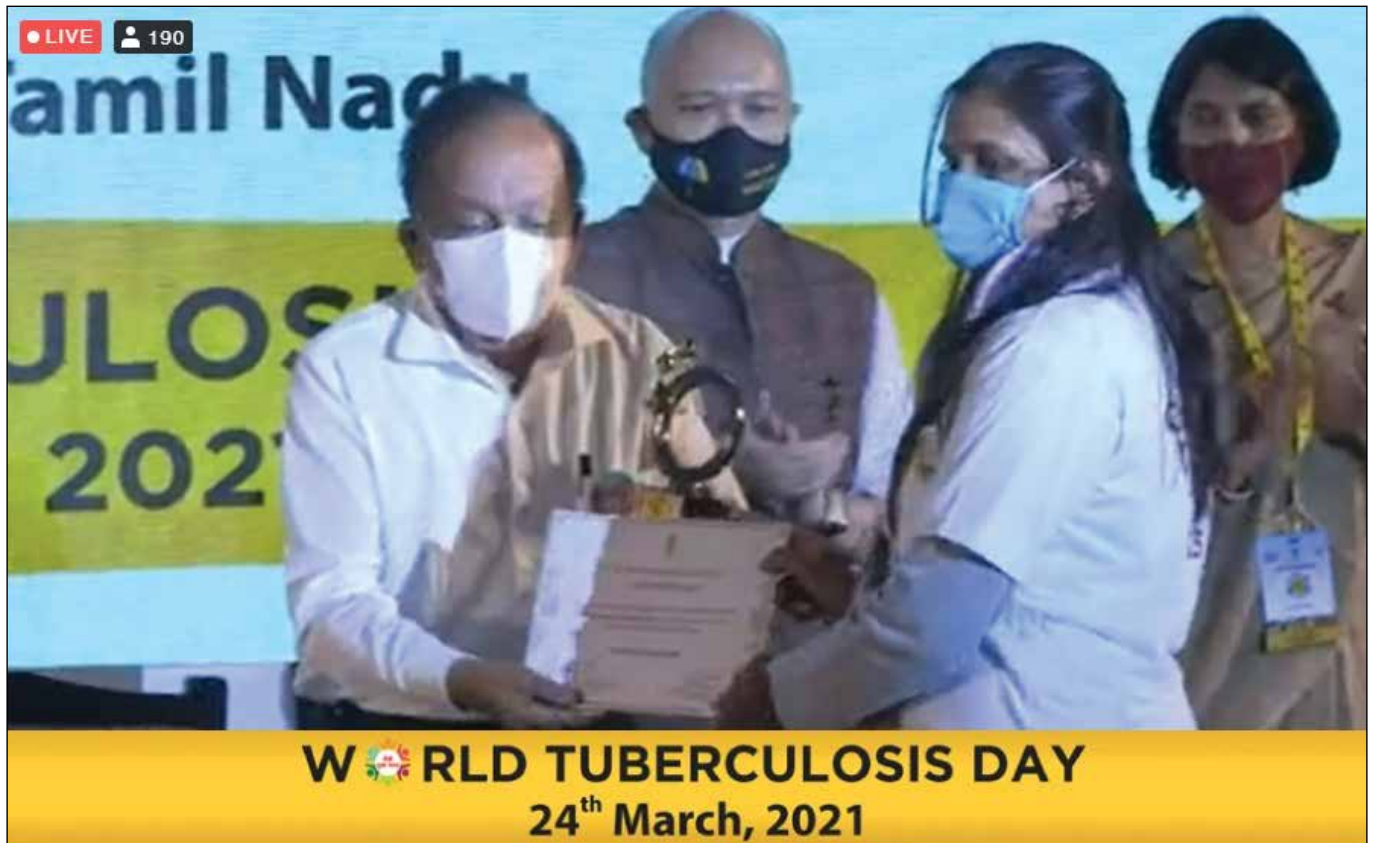
Community Engagement corner

Partners, senior health officials at the national and state levels, including Ms. Arti Ahuja IAS, Additional Secretary, Ministry of Health and Family Welfare; Dr Sudarsan Mandal, DDG (TB) and Dr Nishant Kumar, DADG (TB), Central TB Division, MoHFW, and State TB Officers, visited the stall where a wide variety of communications materials about the active role TB Champions played during the COVID-19 pandemic and World TB Day campaigns were displayed.



TB Champions Felicitated

TB Champions Sharda Kumari (Bihar), Sheet Kumar (Jharkhand), Himani Verma (Chhattisgarh), Tukuna Jena (Odisha) and Kirubakaran (Tamilnadu) were felicitated during the World TB Day Programme organised by MoHFW. TB Champions received the award in the presence of the then Honourable Minister of Health and Family Welfare, Dr. Harsh Vardhan, then Honourable Minister of State, Health & Family Welfare, Shri Ashwini Kumar Choubey and Smt Arti Ahuja, IAS, Addl Secretary Health, MoHFW.



2. Chennai

Dr J Radhakrishnan, Principal Secretary, Health & Family Welfare, Govt of Tamil Nadu, with Dr Ramya Ananthakrishnan, Director, REACH during the dissemination of the TB-Free Chennai initiative and World TB Day programme at National Institute of Research in Tuberculosis, Chennai.



#TheClockIsTicking campaign flagged off in Nakshatra Centres in Chennai

World TB Day was observed at all REACH's Nakshatra Centres across Chennai. The campaign was launched by Tamilnadu State TB Officer Dr Asha Frederick. IEC materials and masks developed for the campaign were distributed to people visiting the Nakshatra Centres for a week. All private practitioners associated with REACH through the PPM initiatives were given a keychain saluting them for their service. Masks were provided to all people with TB/symptoms of TB to reinforce the importance of wearing masks to prevent the spread of respiratory infections. This campaign was part of the Linking to Care Initiative, supported by Advance Access & Delivery and Lilly Global Health Partnership.

symptoms of TB in the community. A Woman TB Leader used an exhibit she prepared on TB and the treatment pathway and used it to raise awareness during the campaign at a public health facility in Salem.



3. Tamilnadu

As part of REACH's Mentors for Community Health project supported by the Stop TB Partnership through a Wave 7 TB REACH grant, Women TB Leaders led an anti-stigma pledge and signature campaign at health facilities in four districts of Tamilnadu. They also organised community meetings to raise awareness about TB and to identify people with symptoms of TB in the community. A Woman TB Leader used an exhibit she prepared on TB and the treatment pathway and used it to raise awareness during the campaign at a public health facility in Salem.



4. Bihar

Members of TB Mukta Vahini (TMV), Bihar's survivor-led network, announced a state-wide anti-stigma campaign in the run up to World TB Day. This was formally launched on 17 March by Deputy Chief Minister of Bihar, Smt Renu Devi at her residence in the presence of TB Champions and the State TB Officer. 100 TB Champions from 10 districts of Bihar participated in the campaign and organised programmes in their communities. They also urged local leaders to pledge to reduce TB stigma and support the TB Champions in their efforts to eliminate TB. This campaign was organised as part of REACH's Challenge Facility Civil Society project supported by the Stop TB Partnership. The campaign concluded with the participation of Bihar's Health Minister Shri Mangal Pandey taking the pledge along with TB Champions and TMV members.



5. Chhattisgarh, Jharkhand, Odisha, Tamilnadu

On World TB Day, TB Champions from Jharkhand, Odisha, Chhattisgarh and Tamilnadu participated in observance meetings organised by the State and District TB Cells. TB Champions addressed various gatherings, sharing their stories of survival and re-dedicating themselves to the mission to end TB.



Management and Finance

Our Executive Committee

REACH is governed by an Executive Committee, which oversees all activities and offers valuable guidance and advice to the rest of the team. The members of the Executive Committee are:

Mr. Rajivan Krishnaswamy - President

Mr. K. Ravi - Treasurer

Dr. Nalini Krishnan - Executive Secretary

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

The REACH Team

Dr. Ramya Ananthakrishnan,
Director

Mr. J. Gurumoorthy,
Director - HR, Finance and
Administration

Ms. Sheela. A,
Deputy Director

Ms. Anupama Srinivasan,
Assistant Director

Mr. Subrat Mohanty,
Sr. Advisor and Project Lead,
ALLIES

Ms. Smrity Kumar,
Project Lead, Unite to ACT

Dr. Jaya Shreedhar, Sr.
Technical Expert

Dr. Raghini Ranganathan,
Technical Lead

Mr. T. Rajeswaran,
M & E and Data Lead

Ms. Rashmika Majumdar,
Sr. Media and Communications
Associate

Admin & Finance Team

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

Mr. M. Kumar,
Sr. Manager, Finance &
Administration, ALLIES

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

Ms. Sri Krupa,
Sr. Manager, HR & Admin

Mr. K. Saravanan,
Manager, Finance &
Administration

Ms. B. Indu,
Finance Officer

Ms. B. Jayanthi,
Finance & Accounts Officer

Ms. T. Nagalatha,
Finance & Accounts Officer

Ms. V. Rajalakshmi,
Administrative Officer

Ms. B. Prema,
Admin & HR Officer

Mr. Ramesh Chand,
Administrative Officer

Mr. Ajay Sharma,
Finance & Admin Officer

Ms. P. Suriya,
Asst - HR & Admin

Mr. M. Ganapathy,
Admin Support

Linking to Care initiative

Dr. Radha. R,
Sr. Technical Lead

Dr. Shruthi. B. S,
Programme Coordinator

Ms. P. Sujatha,
Operations Lead

Mr. James Jeyakumar Jaisingh,
Operations Lead

Ms. T. Margaret,
Deputy Operations Lead

Mr. M. Pandiyan,
Data Associate

Ms. Amritha Limbu,
Data Entry Operator

Mr. R. Manigandan,
Data Entry Operator

Mr. S. Saravanakumar,
Zonal Coordinator

Mr. A. Reegan,
Zonal Coordinator

Ms. A. Bhuvaneswari,
Zonal Coordinator

Mr. S. Andrews Christopher,
Zonal Coordinator

Ms. Priyanka Chaudhary,
Sr. Laboratory Associate

Ms. R. Lakshmi,
Lab Technician

Mr. M. Joseph Soundararaj,
Community Programme
Coordinator

Senior TB Nanbans

Ms. S. Mangaiyarkarasi

Ms. M. Deenathayabari

TB Nanbans

Ms. R. Kalpana

Ms. G. Suganya

Ms. N. Lakshmi

Mr. A. Anbarasan

Ms. S. Shanthi

Ms. S. Juliet Jaya Seeli

Ms. E. Poomin Chitharathi

Mr. S. Sathan Kumar

Ms. K. Rukmani

Ms. N. Revathy

Ms. J. Suguna Devi

Mr. C. Jaya Felix

Mr. A. Reeta

Mr. S. Nagarajan

Ms. D. Sasikala

Ms. M. Sowmiya

Ms. U. Gayathri

Ms. N. Vasanthi

Ms. N. Vijayakumari

Ms. D. Kalaivani

Ms. S. Avila Daisy

Mr. M. Sathyaraj

Ms. G. Usha

Ms. L. Pretha

Ms. S. Ponni

Ms. S. Muthulakshmi

Mr. R. Praveen

Ms. Tintu Joseph

Ms. D. Nandhini

Ms. G. Chithra

Ms. S. Jothi Lakshmi

Ms. C. Logeswari

Ms. R. Anitha

Ms. I. Priyanka

Ms. S. Suganya Mari

Ms. R. Shamily

Mentors for Community Health

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Ms. G. Indira,
Field Supervisor

Ms. D. Jalastin Sheela,
Field Supervisor

Mr. M. Kumaravel,
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State Coordinator, Bihar

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Deputy Project Lead

Mr. Rahul Dutta,
Monitoring & Evaluation
Lead

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National Operations
Coordinator

Dr. Karabi M.G. Majumdar,
National Operations
Coordinator

Dr. Prabhat Pandey,
National Operations
Coordinator

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Programme Associate

Mr. Aadil Kamran,
Programme Associate

Ms. Mihika Wakhloo,
Programme Associate

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National Coordinator, Touched
by TB

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State Operations Lead

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Project M & E

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District Strategist, Durg

Mr. Mukesh Kumar,
District Strategist, Balod

Jharkhand

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State Operations Lead

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Project M & E

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District Strategist, Ranchi

Mr. Rahul Shekhar,
District Strategist, Gumla

Mr. Pankaj Kumar,
District Strategist, Bokaro

Odisha

Mr. Laxmidhar Singh,
State Operations Lead

Dr. Reeta Sahoo,
District Strategist,
Bhubaneswar

Mr. Sushanta Kumar Mishra,
District Strategist, Angul

Mr. Tapan Kumar Pradhan,
District Strategist, Mayurbhanj

Tamil Nadu

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State Operations Lead

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District Strategist, Vellore

Mr. R. Karthikeyan,
District Strategist, Coimbatore

Mr. K. Sathiyarayanan,
District Strategist, Villupuram

Unite To ACT Project

Mr. Akshay Gupta,
M & E Lead

Mr. Tirtha Nandy,
Operations Lead

Ms. Pragya Mishra,
Operations Lead

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Community Engagement
Specialist

Mr. Sanjay Kumar,
Community Engagement
Specialist

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Programme Associate,
Communications

Mr. Puneet Upreti,
Programme Associate, M & E

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State Operations Lead

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Saran

Mr. Chandan Kumar Sriwastava,
District Community Coordinator,
Purnea

Mr. Gauhar Ayub Khan,
District Community Coordinator,
Muzaffarpur

Mr. Mohan Kumar,
District Community Coordinator,
Darbhanga

Mr. Prafulla Chandra Mishra,
District Community Coordinator,
Sitamarhi

Ms. Raazya Mumtaz,
District Community Coordinator,
Patna

Ms. Sharda Kumari,
District Community Coordinator,
Gaya

New Delhi

Mr. Md. Ozair,
District Community Coordinator,
Central Delhi

Ms. Rekha,
District Community Coordinator,
South Delhi

Mr. Sumit Kumar,
District Community Coordinator,
West Delhi

Ms. Swati Sindhu,
District Community Coordinator,
Shahdara, Delhi

Uttarakhand

Mr. Deepak Ranjan Mishra,
State Operations Lead

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District Community Coordinator,
Dehradun

Ms. Kiran Aswal,
District Community Coordinator,
Haridwar

Mr. Rizabul Ahamad,
District Community Coordinator,
Udhamsingh Nagar

Mr. Shahnawaz Choudhary,
District Community Coordinator,
Nainital

Project Axshya (completed in March 2021)

Mr. P. Rajeswaran,
Programme Manager

Mr. G. Venkataraman,
District Coordinator, Krishnagiri

Mr. S. Srinivasan,
District Coordinator, Trichy

Ms. Y. Charles,
District Strategist, Cuddalore

Mr. S. Jayachandran,
District Coordinator, Madurai

Mr. G. Sumesh,
District Coordinator, Thanjavur

Financial statements

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
No.194, 1st floor, Avvaihanmangam Salai Lane, Loyds Road, Royapettah, Chennai 600014
BALANCE SHEET AS ON 31st MARCH 2021

LIABILITIES	SCH	AS AT 31.03.2021	AS AT 31.03.2020	ASSETS	SCH	AS AT 31.03.2021	AS AT 31.03.2020	AS AT 31.03.2020
CAPITAL FUND				FIXED ASSETS				
Opening balance		1,48,15,770	1,18,95,639	Office equipment		7,76,369	72,23,571	
Add: Excess of Expenditure over Income		3,42,708	29,20,131	Furniture		5,12,114	12,07,959	
				Computer		18,38,657	36,93,246	
Closing Balance		1,51,58,478	1,48,15,770	Gross amount	X	31,27,140	1,21,24,776	1,16,84,000
Corpus Fund				Less: Accumulated depreciation		5,47,985	4,40,776	59,11,555
Opening balance		90,00,000	90,00,000	Project Fint: WAVE 5 Project				
Add: Receipts								
Closing Balance		90,00,000	90,00,000					
Grant Reserves		377	-	INVESTMENTS				
PROJECT FUNDS				Fixed Deposit		3,74,99,324	2,43,73,145	2,43,73,145
Aashaya Project - Round 9		4,29,945	17,09,827	ADVANCE AND DEPOSITS				
USAID			19,66,370	Security deposit		2,900	2,900	2,900
CFCS Project			59,500	Telephone deposit		2,260	2,260	2,260
TB Reach Project			66,47,105	Rent advance		3,90,000	3,90,000	8,10,000
KNCV Project			2,45,998	Water deposit		850	850	850
Impact project			2,31,836	Staff Advances	VI	9,477	93,243	93,243
Trail project			31,90,036	Advance to others	VII	42,035	26,076	26,076
Media NCD		9,63,418	34,66,446	I.T. Refund Due		2,87,910	2,93,325	2,93,325
ALLIES PROJECT-USAID								
Mentors for Community Health-WAVE 7		43,53,652	94,45,096	CASH AND BANK BALANCES				
Linking to Care Project - AA&D		58,91,165	23,51,969	Cash on hand		19,711	70,162	70,162
UNP-GCTA		3,03,938	-	Balance with Central Bank of India - 1022823919	VIII	13,69,907	12,27,503	12,27,503
Outstanding Liabilities	V	12,22,077	8,79,833	Balance with Central Bank of India - Schedule		10,000	80,022	80,022
				Balance with Central Bank of India - 3176244956		20,661	19,723	19,723
Yes Bank-Unknown credit			86,360	Balance with Central Bank of India -1207629368	IX	2,453	8,37,407	8,37,407
Interest Refund Due- USAID		48,254	1,69,705	Balance with Bank of Baroda -08140100013304		32,93,884	26,34,239	26,34,239
				Balance with Bank of Baroda -08140100006234		1,76,673	1,44,242	1,44,242
				Balance with Bank of Baroda - 08140100016383		23,87,712	10,50,021	10,50,021
				Balance with Bank of Baroda -08140100016479		20,41,810	62,97,825	62,97,825
				Balance with YES Bank - -07439399000000011		62,139	2,00,250	2,00,250
		5,01,99,061	5,57,58,749			5,01,99,061	5,57,58,749	5,57,58,749

As per report attached

Ravi
Ravi
Treasurer

Rajeev Krishnan
Dr. Nalini Krishnan
Executive Secretary

P. Anand
for M.R. Haratin & Co.
Chartered Accountants
Partner
P. Anand (M.No.16189)
Partner

M. RAJAPAN & CO. * CHENNAI *
Chartered Accountants

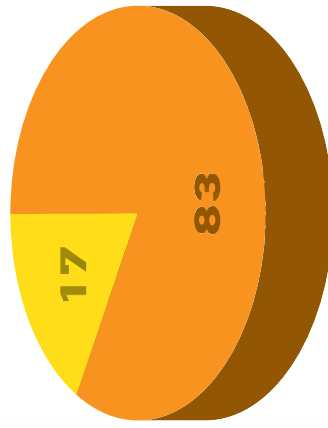
UDIN 21016189 AAAAAEP9477

Place: Chennai
Date: 04-10-2021

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2021

EXPENDITURE	Y.E. 31.03.2021		Y.E. 31.03.2020		Sch	INCOME	Y.E. 31.03.2021		Y.E. 31.03.2020	
	Sch	Amount in Rs.	Amount in Rs.	Amount in Rs.			Sch	Amount in Rs.	Amount in Rs.	Amount in Rs.
To expenses incurred for the objects of the institution		9,14,53,946	10,27,63,303		I	By Donations Received		1,73,501		16,55,000
To other administrative expenses:					II	By income from investments / deposits		12,01,046		14,68,085
Salaries and Wages		1,21,39,686	83,41,434		III	By Other Income				
EPF Admin charges		1,31,865	1,18,421			Grant Received				
Travelling & Conveyance expenses		4,686	8,207			Income from Patient Charter Study				1,83,200
Electricity charges		1,69,547	3,17,027			Miscellaneous income		88,360		
Telephone charges		2,44,964	3,13,199			Mis Income-Interest earned in project				2,42,235
Postage and telegram		1,55,415	2,78,622			Sale of Fixed Assets		49,000		
Repairs & Maintenance - Others		7,32,920	6,14,004			Excess Provision		14,200		
Insurance premium		56,880	75,774							
House Keeping Materials		2,93,308	2,72,439							
Review Meeting with staff		-	5,254							
Bank charges		1,52,933	87,614							
Staff Welfare		1,95,231	3,93,208							
Audit fees		1,00,000	66,100							
Rent		32,54,000	37,06,700							
Printing and Stationery		3,35,435	3,89,500							
Advertisement Expenses		18,880	26,883							
Depreciation		1,07,209	1,12,341							
Consultant fees		2,61,488	2,41,728							
Excess of income over expenditure transferred to Balance Sheet		3,42,708	29,20,131							
		11,01,51,121	12,10,51,890					11,01,51,121		12,10,51,890

Fund Utilisation



Project Implementation and Program Activities
Administrative Expenses

M. Rajivan Krishnaswamy
President

Dr. Malini Krishnan
Executive Secretary

K.Ravi
Treasurer



As per report attached
for M.R.Narain & Co.
Chartered Accountants
P. Anand
Partner
UDIN 21016189 AAAAAEP9477

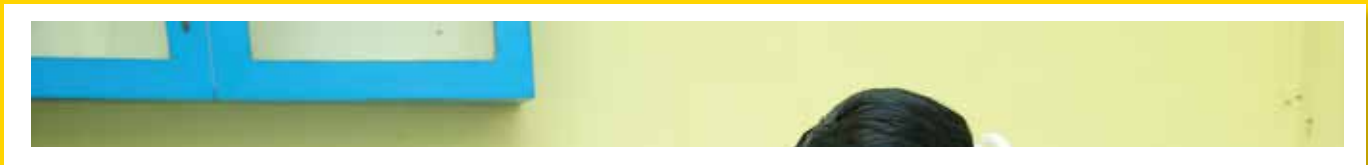
Place: Chennai
Date: 04-10-2021

Acknowledgements

The following people have been instrumental in our work, without whose unstinting support, advice and guidance, we would not have been able to fulfil our responsibilities towards TB-affected communities:

- Officials at the Ministry of Health and Family Welfare and the Central TB Division, New Delhi
- All NTEP officials and staff at the national, state and district levels in our project states
- Senior health officials in Tamilnadu and all our project states
- The Commissioner, Deputy Commissioner-Health, and City Health Officer of Greater Chennai Corporation
- Directors and Heads of Institutions of private hospitals that host our Nakshatra Centres
- All our donors, both individuals and institutions
- Finally, our dedicated TB Champions, Women TB Leaders, Community Health Mentors and Community Volunteers

Our Partners and Supporters





leading the fight against TB

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Phone: 044 – 45565445 / 28132099

Delhi Project Office:


BB-5, 1st and 2nd Floor, Greater Kailash Enclave II,
New Delhi – 110 048
Ph: 011-49055686

Helpline for people with TB: 99620 63000

Helpline for Private Practitioners in Chennai: 97909 77331

Email us at: support@reachindia.org.in

For Media-related queries: media@reachindia.org.in

 www.reachindia.org.in

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