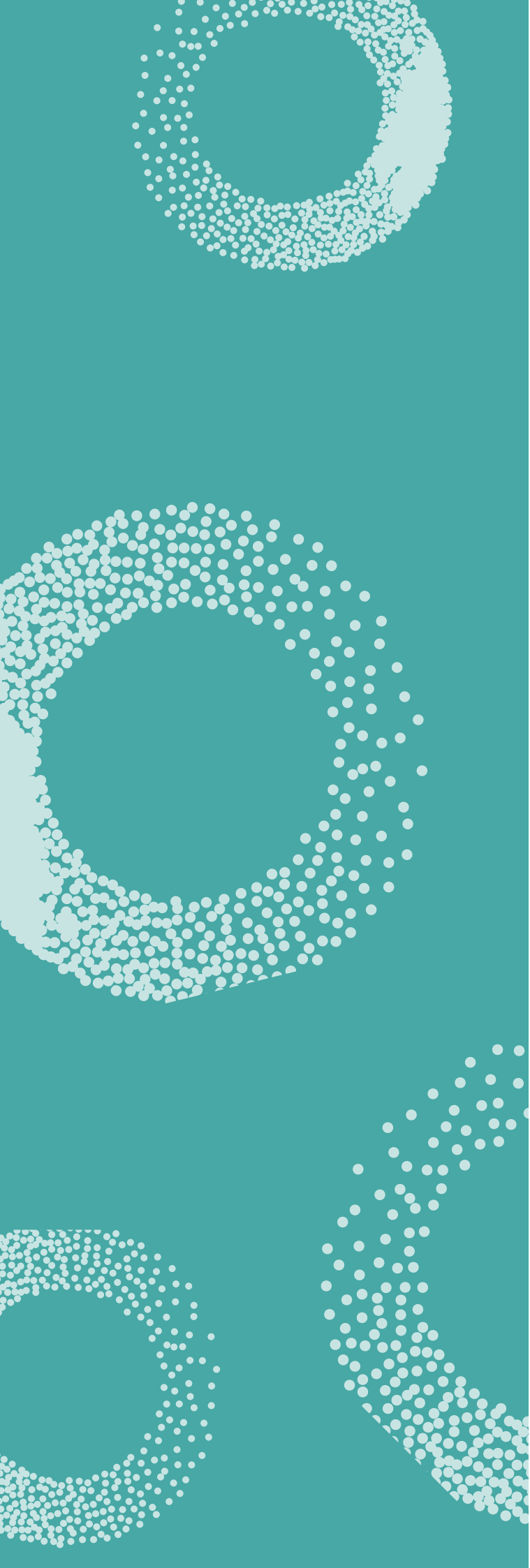


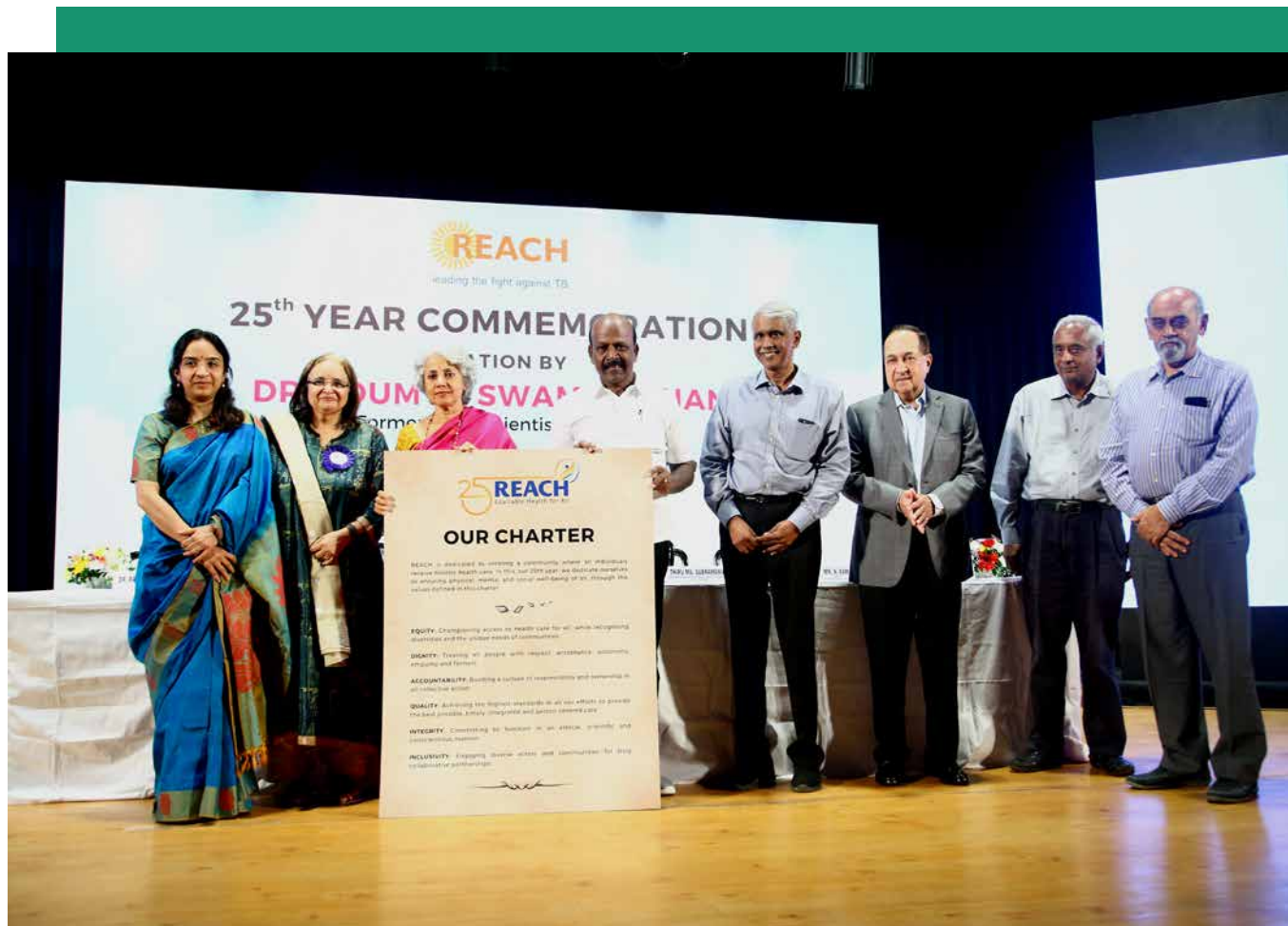
Annual Report 2022-23







Annual Report 2022-23



Turning 25

Towards Equitable Health for All

In January 2023, REACH marked the beginning of the organisation's 25th anniversary celebrations with a gathering in Chennai, where Tamil Nadu Health Minister Thiru Ma. Subramanian unveiled the new logo and charter. This milestone signifies a shift in REACH's mission as it expands its commitment beyond Tuberculosis to embrace broader public health issues with an emphasis on *"equitable health for all"*.

The evening was centred around a Public Oration by **Dr. Soumya Swaminathan**, former Chief Scientist of the World Health Organization, who delivered a compelling public address on **"Towards Health Equity: A Vision for India,"** during which she advocated for a science-driven approach to TB control and also urged India to assume a leading role in the development of a new TB vaccine. The meeting was attended by over 1000 people from across the city of Chennai including public health experts, scientists, development sector leaders and students of medicine, social work and public health, as well as citizens interested in public health issues.



What does Equitable Health mean for us?

*Accessibility? Inclusivity? Quality? Justice?
Freedom? For us at REACH, Equitable health
is all this and more.*

Equitable health is our goal through the creation of a community where all individuals, irrespective of their background, circumstances, or socioeconomic status, have an equal and just opportunity to achieve the highest possible level of physical, mental, and social well-being. Equity in health goes beyond conventional medical care and prescriptions; it encompasses a holistic approach that acknowledges the interconnectedness of health with social justice, economic opportunities, and the right to make informed choices about our health.

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Note from the Director

I am pleased to present the REACH Annual Report for the year 2022-23, a testament to our unwavering dedication to empowering communities and advancing inclusive and equitable healthcare. As we take a moment to contemplate the triumphs and tribulations of the past year, I find myself invigorated by the strides we have made toward our mission of ensuring that every individual, regardless of their background, has access to quality healthcare and support.

At the heart of our mission lies the belief that sustainable change begins with the empowerment of communities. Over the years, we have witnessed firsthand the transformative power of giving communities a voice, a choice, and a stake in their health. We have designed and tested several different training curricula and modules, all intended to empower communities to advocate on behalf of those affected and lead the TB response. However, we understand that empowerment is not merely a destination but a continuous process. It's about instilling confidence, nurturing leaders, honing communication prowess, championing data-driven choices, and addressing challenges specific to gender and disabilities. Through rigorous training and capacity-building programmes, we equip TB Champions with practical skills and profound insights to become the true architects of empowerment, the torchbearers of knowledge, and the embodiment of compassion.

The true measure of a society's compassion is how it cares for its most vulnerable members. Our commitment extends to the most intricate aspects of care. We believe that healthcare should not be isolated but holistic, addressing not just the physical symptoms but also the emotional and psychological dimensions of illness. Our unwavering support extends not only to individuals battling TB but also ripples through to their household contacts. It encompasses not only TB but also the formidable challenges of drug-resistant TB and the additional burdens of comorbidities like Diabetes and Hypertension. Through a range of interventions, REACH passionately champions the delivery of person-centred care, recognising and valuing individual needs over a one-size-fits-all approach.

In the complex web of healthcare, no entity stands alone. To harness the power of partnerships, we engage with a wide spectrum of stakeholders. The engagement with the private healthcare sector – from hospitals and clinics to laboratories and pharmacies – in Chennai exemplifies our commitment to ensuring access to high-quality TB services. The outreach to elected representatives at every level of governance not only helps amplify the message of TB care and support but has also resulted in tangible improvements for people with TB, such as enhanced nutrition support, access to social security benefits, and local transportation to healthcare centres. Through the Employer-led model, we partner with industries, where employers become responsive to the needs of people with TB and their families. Our consultation with NTEP officials ensures that every step we take is aligned with the broader national strategy.

Over a decade, we have collaborated with journalists to elevate the quality and frequency of health reporting, knowing that compelling stories can reshape perceptions and responses to health crises. The REACH Media Fellowship program and Media Awards for Reporting on TB exemplify our commitment to catalyse change through the power of storytelling. Through our dedicated community awareness programs, we reach out to grassroots organisations, local leaders, educational institutions, and community groups, creating platforms for interactive learning and dialogue. With every tweet, thread, and post, we break barriers, transcend boundaries, and sculpt a brighter, healthier tomorrow. Together, we script a tale of change, where words ignite action, and knowledge brings TB into the limelight.

The shift in REACH's mission represents an exciting moment in our organisation's history. For the past 25 years, we have steadfastly focused on combating TB, making significant strides in the fight against this formidable disease. However, the world of public health is dynamic, and as we stand on the cusp of our silver jubilee, we recognise the need to address a wider spectrum of public health issues, acknowledging that our communities face multifaceted challenges that extend beyond TB.

We understand that progress in healthcare is not merely measured by advancements in technology or scientific breakthroughs; it is gauged by the extent to which we reach out to the most vulnerable among us. Our true impact is felt in the communities we empower, the lives we touch, and the futures we shape. As we navigate the ever-evolving landscape of healthcare, we do so with a compass that always points toward equity. We understand that the path may be fraught with challenges, but our commitment remains unshaken. We are driven by a simple yet profound mantra: equitable health for all. This means that we will continue to push boundaries, challenge norms, and extend our hand to those who have been left in the shadows.

This Annual Report acts as a guiding beacon, leading you on an exploration through the core thematic areas that underpin our projects and interventions. Within these pages, you will uncover the strategic pillars around which our efforts revolve, illuminating the significant impact we've made in these vital domains. On behalf of the REACH team and the countless individuals with TB whose lives have been positively impacted by our services, we extend our heartfelt gratitude to the NTEP, our generous donors and all of you. Your continued support and feedback are the cornerstones of our success, and together, we shall continue to shape a world where inclusive and equitable health is not just an aspiration but a lived reality.



Dr Ramya Ananthakrishnan
Director, REACH



Our Footprint

REACH continues to work across the country, positively impacting the lives of lakhs of people.

UNITE TO ACT
Implementation States

UNITE TO ACT
Technical Assistance

ALLIES

Chhattisgarh, Jharkhand, Nagaland, Odisha & Tamil Nadu

TOUCHED BY TB STATES:

Assam, New Delhi, Meghalaya, Sikkim

WAVE 9:

PERSON-CENTRED CARE FOR PEOPLE WITH DRTB Bihar



LINKING TO CARE

Chennai



COMMUNITY CARE MODEL FOR PEOPLE WITH DRUG-RESISTANT TB

Chennai

CFCS 10 & MEDIA ENGAGEMENT

Pan India

Our Impact in 2022-23

- › **4,98,654**
People in the community who received support and information on TB
- › **2,01,055**
People in the community sensitised on NCDs
- › **1,63,713**
People with TB who received care and support
- › **24,859**
Elected representatives who were sensitised on TB
- › **2,120**
TB survivors trained as TB Champions
- › **1,882**
TB Champions engaged to support people with TB and educate their communities



ENAGAGING COMMUNITIES



TRAINING AND CAPACITY BUILDING



SURVIVOR-LED NETWORKS

Empowering Communities

Training and Capacity Building

REACH is committed to building the capacity of TB-affected communities including TB survivors and their families and caregivers. Since 2016, REACH has designed and tested several different training curricula and modules, all intended to empower communities to advocate on behalf of those affected and lead the TB response. This capacity-building process has evolved into a multi-stage, cascade-style process, with inputs and feedback from community participants themselves. This section describes the different various capacity-building efforts of REACH, across projects.

From TB Survivor to TB Champion

REACH's flagship training curriculum for TB survivors to become empowered Champions is the first step in the capacity-building of communities. Developed in 2017-18 with support from USAID, this model has been formally adopted by the NTEP and is being scaled up across the country. The curriculum is built on the central philosophy that trained TB survivors have the capacity to increase visibility for TB, improve public understanding of the disease and destigmatise the TB experience.



The training is structured with an emphasis on participatory learning and focuses on two key aspects:

Knowledge Building:

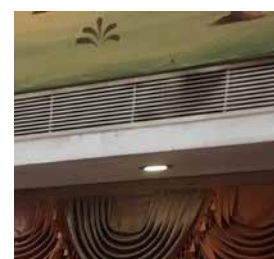
Supporting participants to contextualise their personal experiences of TB in the broader state/Indian context.

Skill Building:

Helping participants develop advocacy and communication skills, specifically focusing on the ability to tell their stories in an impactful manner and identify and build effective partnerships.

Based on specific criteria, nominations from interested TB survivors are received through the NTEP and via partner organisations. Selected TB survivors participate in an intensive three-day workshop, at the national, state or district levels. At the end of the training, participants understand the basic science of TB; the structure and functioning of the NTEP and the broader public health system; the TB care cascade and potential challenges people with TB may face; and their role as TB Champions and how they can lead a community-led response to TB in India. A TB survivor who completes the training and is willing to work in the community is referred to as a TB Champion. The TB Champion movement in India has grown from a few 100s to several 1000s, with a commitment from the NTEP to identify and train two TB Champions at every Health and Wellness Centre in the country.

In the last year, **over 2,200 TB Champions** were trained through district-and state-level capacity-building workshops as part of the ALLIES and UTA projects in 14 states. In addition, REACH has provided technical support to the NTEP to develop and roll-out a digital version of the curriculum, and to states to enrol new survivors in the training, and expand training beyond project districts.



Through the Unite to ACT project, an unique first-of-its-kind training was held for TB survivors from the transgender community, including transmen and transwomen.

This first workshop was held in March 2023 in New Delhi, with 25 transgender TB survivors from Delhi, Maharashtra and Uttar Pradesh as participants. The training was led by experienced trainers from the transgender community themselves including **Ms Simran Bharucha**, *Director of Transgender Health, John Hopkins University*; **Ms Abhina Aher**, *Technical Expert (Key Populations), PATH*; **Ms Devika S Devendra**, *Rajya Mantri & member of TG welfare board, Govt. of Uttar Pradesh*; and **Dr Aqsa Shaikh**, *Associate Professor, Hamdard Institute of Medical Sciences & Research (HIMSR)*. The sessions aimed to address stigma, discrimination, and the unique challenges confronted by TB survivors from the transgender community on their path to recovery, while also guiding them on using their personal experiences for advocacy. The new TB Champions are being engaged for a six-month period to work with their communities.





Training on Rights-based Approach to TB and Health

As part of the **ALLIES** project, TB survivors and Champions are provided with an understanding of the rights of people with TB, ethical issues around TB-related stigma and discrimination, and information about TB diagnostic and treatment services. The programme delves into the heart of societal challenges, introducing TB Champions to the diverse struggles and vulnerabilities faced by the most marginalised individuals with TB, including daily wage labourers, women, the elderly, prisoners, people living with HIV, and those with disabilities, among other groups. In 2022-23, over **330 TB survivors and Champions** received this training.



Training on TB and Disability

As part of REACH's efforts to strengthen access to TB services for people with disabilities, TB Champions from Chhattisgarh, Jharkhand and Odisha have been trained on TB and Disability. Facilitated by resource persons from **Shanta Memorial Rehabilitation Centre** (in Bhubaneswar, Odisha), the training supports TB Champions to understand the nuances of disability, how they can help people with disabilities and address the stigma they face. TB Champions are also oriented on the provisions of the Rights of Persons with Disabilities Act, 2016 and the various social welfare schemes available for persons with disabilities. Follow-up sessions are also being held to discuss the experiences of TB Champions in the field. As a result of the training, TB Champions have become more aware and conscious of the need to identify persons with disabilities and linking them to relevant social welfare schemes. TB Champions have supported many people with TB and disability to apply for and receive a disability certificate. They have also mobilised local donors and facilitated additional nutrition support for them, in addition to providing need-based counselling and treatment follow-ups.



“Encountering an individual grappling with both TB and a hearing disability presented communication challenges. I found it difficult to interact and had to rely on the support of their family members. But, after undergoing training, I not only developed a greater awareness and sensitivity to their unique challenges but also acquired basic sign language skills, enabling me to communicate more effectively.”

– **Jyotsnarani Dash**,
TB Champion, Odisha



Leadership Training

The leadership training programme, first piloted through the CFCS 9 project and subsequently scaled up through the ALLIES project, aims to empower leaders of survivor-led networks with a robust skill set, including moral imagination, value-based decision-making, persistence, courage, authentic communication, and relationship-building. Through interactive activities and case-based discussions, participants learn to navigate complex leadership scenarios, while fostering cross-cultural learning and camaraderie. By equipping leaders with these multifaceted skills, the training not only prepares network members to effectively lead initiatives addressing TB challenges but also nurtures a network of collaborative change-makers committed to creating a healthier community. In the last year, network leaders of four states – **Jharkhand, Odisha, Chhattisgarh and Tamil Nadu** – were trained using this curriculum.



Communications Skilling

In order to fulfil the requirements of their role, TB Champions must be skilled communicators, and able to convey critical information on TB to multiple audiences. A comprehensive communications skilling curriculum was developed in 2020-21 as part of the ALLIES project and subsequently scaled up through the Unite to ACT project this year. The training equips TB Champions with the necessary skills to develop a diverse array of educational materials on TB, encompassing a wide spectrum of mediums including wall writings and paintings, banners, impactful slogans, as well as photographs and videos centred around TB. Draft materials are reviewed, and feedback given to TB Champions as required. This approach not only empowers TB Champions with creative tools to effectively disseminate crucial information but also ensures that the information shared is accurate, approved, and tailored to resonate with the community, fostering better understanding and awareness of TB. In 2022-23, **880 TB Champions** developed over **17,442 products and materials** on TB.



“After attending the communication skills workshop, we realised that there are so many things about TB that we can share with people using posters and catchy phrases. This way, we can spread important messages about TB to a lot of people.”

– **Ishrat**, TB Champion, New Delhi

Training on Person-centred Care

In keeping with the Unite to ACT project's mandate to provide person-centred care to people with TB, TB Champions are trained on the principles of person-centred care and what it entails. Person-centred care is provided through the **Mentorship Programme** and presently through **400 Support Hubs**, where TB Champions provide a set of peer support services. This is described in greater detail in the Care and Support section.

In 2022-23, 400 TB Champions were trained to provide person-centred care through TB Support Hubs.



Training on DR-TB

As part of the Wave 9 project in Bihar, a group of **27 TB Champions** underwent extensive training focused on drug-resistant TB and its complexities. During the training sessions, they received updates on the current status of DR-TB treatment initiation and pre-treatment loss to follow-up trends within the designated implementation districts. Collaborative discussions were held to identify and deliberate upon solutions tailored to address challenges specific to each district.



“This training helped us understand the nuances between shorter and longer DR-TB medication regimens and the timely escalation of adverse drug reactions. The data entry demonstration provided us with an invaluable practical insight. We also uncovered the potential of IVRS as a tool for educating both people with DR-TB and their families.”

– **Deepak Kumar,**
TB Champion, Bihar





Data for Action Training

REACH undertook the **“Data for Action”** initiative between May-November 2022 with support from the Stop TB Partnership under the Challenge Facility for Civil Society (CFCS-10) grant. The primary goal of the training was to empower affected communities to adopt ‘data for action’ approaches to interpret data reports and bring together the power of data science and communities. This was done with the aim to strengthen NTEP’s vision for a data-driven TB care delivery system. The training helped TB Champions develop a deeper understanding of the meaning and significance of data-driven decision making, skills to interpret charts, tables and graphs and a sense of confidence in reading, interpreting and expressing data-enriched narratives.

This was followed by a six-month programme that followed a systematic approach with consultative meetings, monthly routine and add-on activities and a wrap-up virtual masterclass. As a part of the monthly activities, 26 TB Champions carried out **293 community meetings, 272 community-influencer meetings** and **122 anti TB stigma campaigns**. The TBCs passed on their experiences with the DFA initiative with 92 other TB survivors in their respective districts. Each TB Champion created their district’s profile, conducted three mini-surveys (with 30 participants each), solved two datasets and two quizzes.

“After the Data For Action training, I can now understand block-level data from the Ni-kshay portal and even create a District profile. This is really helpful because I can now calculate the number of missing people with TB in my area and encourage more people to access TB care.”

– **Surendra Kumar Sahu**,
TB Champion,
Chhattisgarh

Training of Trainers

One of the key objectives of the Unite to ACT project is to create a cadre of master trainers who can effectively mentor TB survivors as TB Champions. This is accomplished through Training-of-Trainer (ToT) workshops conducted at the sub-national level. The process of cultivating these skilled trainers began with consultations with the Central TB Division (CTD), which subsequently issued a call for nominations from states. The response was robust, with over 100 nominations received from state NTEP officials and TB Survivors/Champions.

The ToT workshops were regionally distributed: workshops for the North, West, and South Zones were convened in **Delhi**, while the East Zone's workshop was held in **Bhubaneswar**. Additionally, for the Northeast Zone, REACH provided essential technical support for the training of master trainers.

These workshops proved instrumental in enhancing trainers' capacities, equipping them with the requisite skills to train TB survivors and bolster community engagement within their respective states.

Currently, there are **137 master trainers** who have been identified and trained across five zones: North, South, East, West, and North-East.





Training on TB and Gender

In keeping with REACH's mandate to support the operationalisation of the *National Framework for a Gender-responsive approach to TB*, the training curriculum on TB and gender, designed for the NTEP staff, was adapted for TB Champions. A pilot training was held in December 2022 as part of the CFCs 10 project, for over 30 TB Champions from across the country. The training aims to sensitise TB Champions to sex and gender concepts, address gender-related gaps in TB care, and promote gender-responsive actions supporting both their work and the National TB Elimination Programme. The training encourages participants to view interventions and solutions through a gender lens. TB Champions have grown more attuned to recognising, addressing, and catering to the needs of both individuals with TB and the broader community, enabling them to identify gender-specific solutions that meet the needs of different gender identities. Trainers include experienced transmen and transwomen advocates, who lead discussions on the gender spectrum and help participants understand the specific needs of LGBTQIA++ communities.

“As a TB Champion, my encounter with Ms Shabnam, a transgender community leader, revealed the obstacles they face in accessing TB care and other essential services. Committed to change, I joined hands with a local NGO to organise a camp where more than 200 transgender persons participated. We also approached the Department of Social Welfare to link them to welfare schemes and assisted in obtaining the transgender identity card.”

- Dhaneshwari Yadav,
TB Champion, Chhattisgarh

Engaging Communities

Trained TB Champions are engaged as key stakeholders in various projects and interventions. All engaged TB Champions receive continued capacity-building as well as a modest monthly financial honorarium, based on their responsibilities, in recognition of their commitment and time. They participate in regular review meetings at the state or district level and have opportunities for interaction with their peers. Over the years, the role of TB Champions has evolved as five-fold: supporting people with TB through peer support, educating local communities, advocating with key stakeholders, addressing stigma and discrimination, and providing real-time feedback to the programme.



Community Accountability Framework (CAF)

The **Community Accountability Framework (CAF)** is at the core of the ALLIES project and is a nuanced process of communities coming together to measure the Quality of Care (QoC) and the Quality of Services (QoS) for TB. It is a true manifestation and democratisation of the idea of community-led monitoring which transforms the community from being passive recipients of care to active stakeholders who contribute to change things for the better.

The CAF **Quality Assessment Tool** is structured around five key parameters that impact the quality of care and services: *Timeliness, Access, Quality of Information received, Attitude of care providers, and Attitude of families and communities*. Trained TB Champions use this tool to gather feedback and understand the experience of a person with TB along the care continuum.

Based on this, TB Champions work with the local NTEP teams to create **Block Action Plans (BAPs)** and tackle identified gaps, often generating solutions from within the community. These plans are then executed using local resources and remedies, empowering the community to drive the process. This method fosters community ownership and accountability in delivering TB care services, establishing a cyclical approach to consistently address gaps and enhance the quality of the TB care program.

CAF is being implemented in **139 Tuberculosis Units** and other health facilities. In 2022-23, over 180 TB Champions reached out to 18,000 People with TB and created 1,611 BAPs to address gaps in the health system.



“Every month, I wait for TB Champions Sandhya and Nirmal, who are attached to my TU, to come and start the CAF process in the field. Initially, I was a little hesitant to share any details with them. But over time, after seeing how people with TB respond to their peer supporters, my trust and confidence in the quality improvement process they follow through CAF have been fully and firmly established.”

- **Alka Tirkey**, Senior Treatment Supervisor, Gumla, Jharkhand



“I have become more confident by engaging in the CAF process. My efforts have been acknowledged by the community and my presence in the TU is accepted by the healthcare staff. I am working to enable close coordination between the healthcare staff and persons with TB (and their families).”

- **Basudev Tung**,
TB Champion,
Mayurbhanj, Odisha





Peer Support

TB Champions draw on their personal experiences of TB to support and motivate others on treatment. Peer support is being provided by all TB Champions across projects, through customised services designed for specific contexts. This is described in greater detail in the Care and Support section of this report.



“When the TB Champion came to meet me at my home, I was pleasantly surprised. This was an opportunity for me to ask many questions about the treatment, what precautions I could take and so many other aspects. It was so reassuring to know that I could contact the TB Champions anytime I needed any help.

– **Lalit Kumar Yadav Newari Khurd,**
on treatment for TB, Balod, Chhattisgarh



Educating Communities

All engaged TB Champions regularly organise meetings in their local communities, with the objective of sharing their personal experiences of TB as well as vital information on TB symptoms and where to seek care. These gatherings play a pivotal role in boosting awareness about TB among the general public and families affected by TB. TB Champions undergo training in the nuances of conducting these community meetings during Capacity-Building workshops and refresher trainings, equipping them with the necessary skills to execute these events effectively.



TB Centrestage Discussion

REACH and USAID organised a roundtable discussion on '**Building an Equitable and Inclusive response to TB in India**' on 5 December 2022. This TB Centrestage discussion was held in Chennai and drew participation from more than 40 specialists engaged in TB, public health, law, media, and associated domains. The meeting aimed to recognise and acknowledge the significance of integrating an equitable and inclusive approach to TB in India, while also comprehending the advancements achieved in embracing equitable strategies for addressing TB. The event featured presentations from partner organisations and was followed by a panel discussion centered on fortifying diversity, equity, and inclusiveness within the context of the TB response.



Rapid Response Teams (RRTs)

The Rapid Response Teams formed under Unite to ACT aims to mitigate the effects of TB and COVID-19 while identifying and leveraging points of intersection between the responses to the two diseases. The team supports individuals undergoing TB treatment, addressing their needs and challenges, and reducing loss to follow-up (LTFU) at different stages of the care cascade. The RRT is structured to promote close coordination between TB communities and the public health system, including NTEP and NHM staff.

At present, there are **163 RRT teams** with 271 trained TB Champions across **78 districts**.





Survivor-led Networks

Community-led networks have historically played a crucial role in advocating on behalf of affected communities. Since 2017, REACH has facilitated the formation, development and strengthening of TB survivor-led networks at the national, state and district levels, across projects. Over the years, networks have grown in strength, with expanding membership and with some networks going on to become independent registered entities themselves.

Through dedicated advocacy endeavours, the networks have successfully contributed to reducing the stigma surrounding TB, augmenting nutritional aid for those affected, and generating fresh avenues for livelihood opportunities. District chapters of state-level networks function as decentralised units, working to identify local issues and find solutions.

At present, REACH supports one national network, over 15 survivor-led networks at the state-level, all of whom are at different stages of development, and over 100 district chapters.



From Health to Home:

TB Champions work holistically to ensure realisation of rights of persons with TB



During a visit to the residence of an individual with TB in the Dhamda block of Durg district in Chhattisgarh, TB Champion Rajesh Kumar observed that the house belonging to **Bir Singh Rawat** (*name changed*) was significantly aged and in a dilapidated condition. Maintaining favourable and hygienic living conditions is key for the effective treatment of TB, relapse prevention, and overall good health. Stirred by the deteriorating state of Rawat's dwelling, Kumar's curiosity drove him to have a heart-to-heart with Mr. Rawat. It came to light that Rawat had been unable to leverage the benefits of the **Pradhan Mantri Gramin Awas Yojana** – a central government initiative designed to improve housing conditions – and get the financial support for construction/repair of the house.

A determined **Rajesh** embarked on a mission to seamlessly connect the person with TB with the government scheme. Recognising the need for expertise, he sought the assistance of a housing consultant, who explained the procedure of applying to the scheme and the available options – eligibility for a new house and the alternative of financial aid to construct a pucca house.

Since Mr. Rawat already had a house, he was eligible for the second option where he could receive support to get repairs done.

With guidance from the consultant, the TB Champion helped Rawat organise all the essential documents and accompanied him to the data centre to submit the file. He conducted regular follow-ups to monitor the progress.

And then, the moment arrived: his application was approved. Mr Rawat has received the first two of the four instalments for housing repairs, which is progressing well. TB Champion Rajesh did not only identify a specific need but also tapped into local resources to help a person with TB realise his rights.



Revolutionising Person-centred Care for People with TB

TB Champions in Karnal and Gurgaon districts in Haryana have been at the forefront of providing crucial person-centred care to people with TB. Their efforts are not only combating TB-related stigma but also driving positive change in the lives of those affected by TB.

In Karnal, **Anish Bhanwala** (*name changed*) was dismissed from his job at an animal shelter after being diagnosed with drug-resistant TB. The sudden loss of his source of income compounded the challenges he was already facing in his struggle against the disease. **Pooja**, a TB Champion operating within a Support Hub, promptly grasped the need for urgent action. She visited his workplace and educated the manager about TB, effectively dispelling the unwarranted stigma, besides underlining the imperative role of community support in the campaign against TB eradication. Her efforts yielded a notable result: the employer reinstated his job, instilling renewed hope and stability.

A person with TB from Gurgaon, grappling with the complexities of post-marital life, found solace at the city Support Hub after she recounted her ordeal of being compelled to return to her parental home after her in-laws discovered her TB diagnosis.

The lack of compassion from her new family had further exacerbated her troubles.

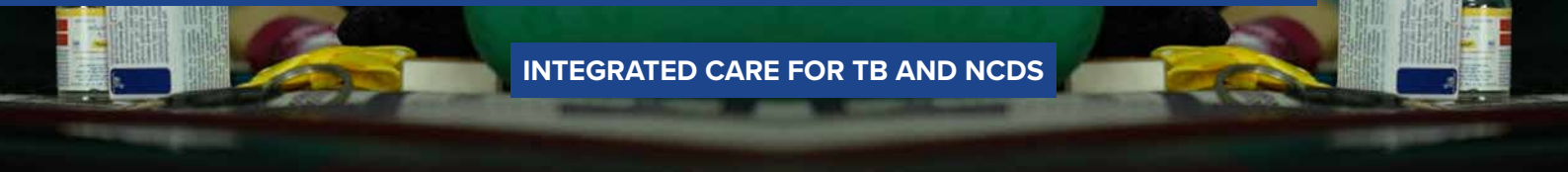
A TB Champion at the Hub comforted her and reassured the universal nature of TB; that it can afflict anyone, regardless of age or location. He underscored the importance of adhering to proper medication and maintaining a balanced diet. Drawing from his personal journey of triumphant recovery, the TB Champion empowered her to confront her apprehensions and anxieties. Engaging in a sincere dialogue with the in-laws, the TBC facilitated a heartfelt conversation that ultimately led them to welcome her back into their home. This decision was marked by a newfound understanding of the disease and a genuine outpouring of support that was previously non-existent.

The invaluable person-centred care provided by TB Champions have transformed the lives of people with TB in the region. Their empathy, advocacy, and expertise have not merely dispelled the stigma surrounding TB but have also fostered a sense of belonging and empowerment among those grappling with the condition.



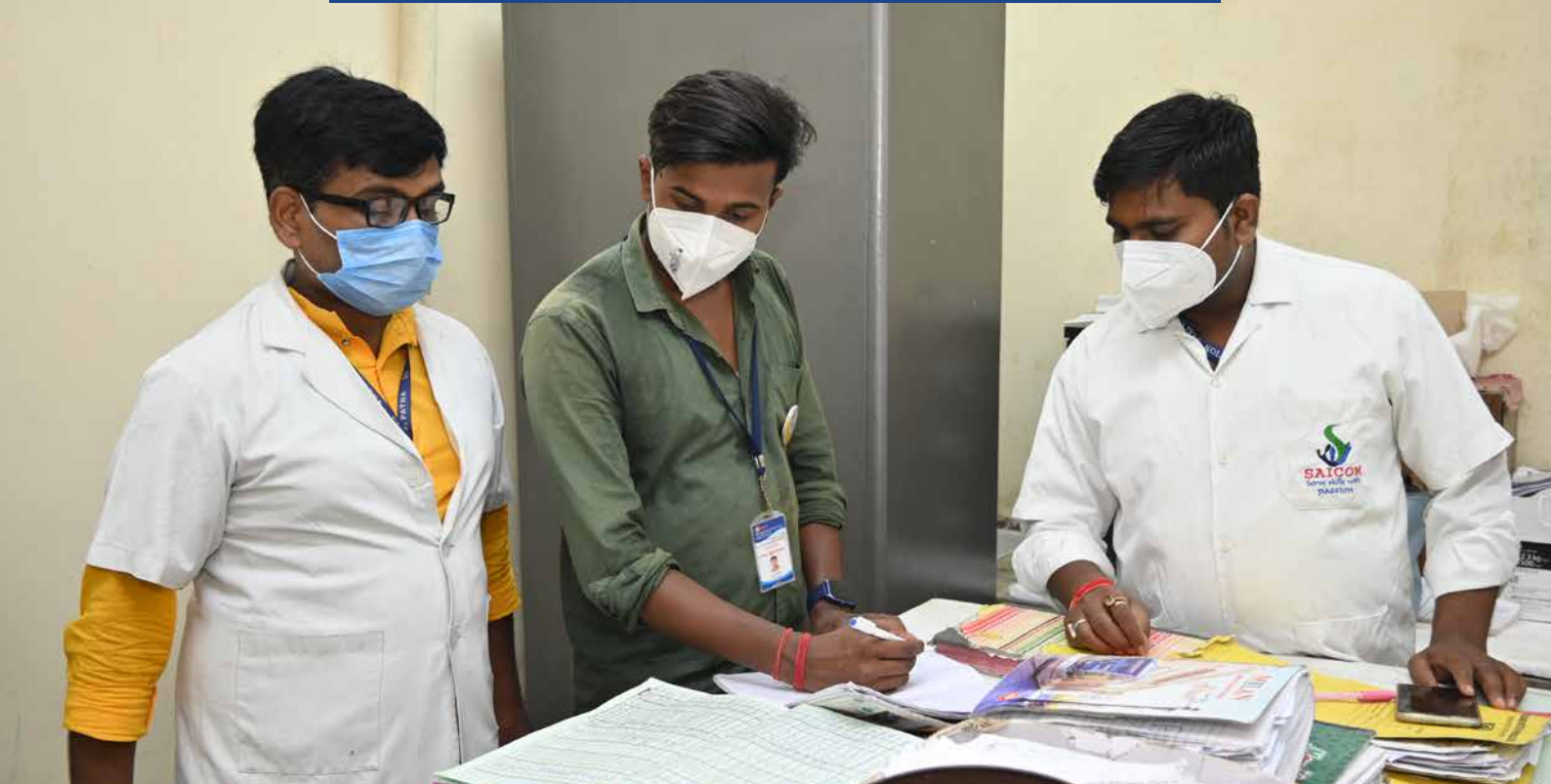
PERSON-CENTRED CARE FOR PEOPLE WITH TB

Care and Support for People with TB



INTEGRATED CARE FOR TB AND NCDS

COMPREHENSIVE CARE FOR PEOPLE WITH DRUG-RESISTANT TB



Person-centred Care for People with TB

Through various interventions, REACH advocates for the provision of person-centred care that takes into account individual needs, rather than an one-size-fits-all approach.

TB Champion Mentorship Programme

The TB Champions Mentorship Programme, as part of the Unite to ACT project, engaged nearly **950 TB Champions** across **10 states** and **80 districts** as trained peer supporters, providing a range of person-centred care services to people with TB over a six-month period. TB Champions drew on their own personal experiences of TB to motivate people with TB to complete treatment, identifying and responding to their specific needs. In addition, TB Champions organised community outreach activities and advocated with local leaders. Through all their actions, they sought to reduce the stigma associated with TB, by openly sharing their TB experience.

In the last year, a total of **43,529 people** with TB received person-centred care and support through this programme, which covered 541 Tuberculosis Units (TUs).



“I have been offered the opportunity to take on the role of a TB Champion, allowing me to actively provide support to individuals living with TB. This experience has cultivated in me a profound understanding of TB, significantly contributing to my personal and professional growth. As a result, I now possess newfound confidence and proudly serve as an advocate for TB awareness.”

– Ekta, TB Champion, New Delhi

Services Provided

by TB Champions at TB Support Hubs

TB Support Hubs

In keeping with the Unite to ACT project's mandate to provide person-centred care, **over 400 Support TB Supports Hubs** were established across 80 districts. Support Hubs are located inside Tuberculosis Units (TUs) or other public health facilities and managed by TB Champions, who provide a comprehensive package of peer support services including peer counselling, vulnerability assessments that take gender needs into account, treatment literacy, nutritional and social linkages and psychosocial support for stigma reduction, all designed to improve treatment adherence and outcomes. They ensure people with TB are aware of their rights and responsibilities and work in close coordination with the NTEP staff as well as Community Health Officers at Health & Wellness Centres. TB Champions engaged through Support Hubs participate in regular training and review meetings for continued capacity-building and cross-learning.

In the last year, a total of **44,328 people with TB** received person-centred care and support through Support Hubs.



Treatment literacy +



Gender-responsive counselling



Family support



Patient-provider meetings



Vulnerability assessment



Retrieval of those lost to follow-up



Referral for adverse drug reactions



Mental Health Screening



Contact screening




Linkages to comorbidity screening and support



"The support that I've received from a TB Champion has been immensely valuable, especially in terms of counseling and reducing stigma during my TB treatment. This assistance has served as a major source of encouragement for both me and my family."

- **Pooja**, DRTB survivor, New Delhi





“The DCM intervention has opened my eyes to the importance of personalised screening for individuals facing diverse vulnerabilities and linkage to appropriate support services. I didn’t know malnutrition was such a huge problem; but now, I help people speak to a nutritionist and link them to additional nutritional support.”

– **Sova Rani Mohanta,**
TB Champion, Odisha

Differentiated TB Care Model

Not all people with TB are the same; neither are their needs. With the central idea of delivering person-centred care to address different vulnerabilities, the ALLIES project began implementing a Differentiated Care Model in both public (*Mayurbhanj, Odisha*) and private sectors (*Chennai, Tamil Nadu*).

Through this initiative, trained TB Champions speak to newly diagnosed people with TB, and with their consent, screen them for a combination of clinical and social vulnerabilities:

- **Do they smoke?**
- **Do they use alcohol?**
- **Are they malnourished?**
- **Are they anaemic?**
- **Are they migrants?**
- **Do they live alone?**

Based on the vulnerabilities identified, people with TB receive specialised support services tailored towards addressing specific issues. For instance, specialised de-addiction counselling is provided for alcohol and smoking concerns. Malnutrition is addressed through consultation with expert nutrition counsellors, along with the provision of nutritional support for severely malnourished people with TB. Those who are migrants or likely to migrate benefit from psychosocial counselling, assistance with transferring to a preferred treatment location, and treatment literacy in their local language. Those living alone receive targeted support, including peer counselling and nutritional assistance. In Odisha, those found to be anaemic are connected to health facilities for access to iron vitamin tablets and potential nutritional aid.

Since November 2022, when the DCM intervention was rolled out, **657 people** with TB have been screened for vulnerabilities, and **75% (496)** identified with at least one vulnerability. Of this, **397 individuals** were linked to supportive services.



Comprehensive Care for People with Drug-resistant TB

Reducing pre-treatment loss-to-follow-up

Fast-tracking diagnostic cascade for DRTB

In eight districts of Bihar, the Wave-9 project is revolutionising the fight against drug-resistant tuberculosis (DRTB) through the dedicated efforts of TB Champions, who serve as a crucial link between healthcare providers and individuals diagnosed with DRTB. The project is designed to specifically reduce pre-treatment loss to follow-up, i.e. to ensure that all those diagnosed with DRTB are promptly initiated on treatment.

Working with the NTEP, trained TB Champions reach out to all those newly diagnosed with DRTB, using their own personal experiences to forge meaningful bonds and provide emotional support at a crucial time point - when people are struggling to come to terms with their diagnosis. They also help accelerate the diagnostic cascade, coordinating between facilities to ensure the swift delivery of samples for line probe assay (LPA) testing. The LPA test plays a critical role in determining the presence of drug-resistant strains of tuberculosis, enabling healthcare providers to tailor treatment regimens. District programme coordinators and TB Champions work hand-in-hand with various stakeholders, including healthcare providers, diagnostic facilities, government, and PPSA agencies, to ensure quick action is taken at every stage, minimising delays and expediting the delivery of necessary care to PwDRTB.

Facilitating Pre-treatment Evaluation

The diagnosis of DRTB is followed by a comprehensive pre-treatment evaluation (PTE), which usually involves multiple visits to multiple providers, and results in attrition. Drawing on their experience, TB Champions provide emotional support during this critical period and help people with DRTB navigate the complex healthcare system. This helps reduce anxieties and uncertainties for PwTB, ultimately improving their experience and readiness for treatment.

Upon arriving at the facility, TB Champions expedite the process of obtaining an OPD ticket, assist in providing the required information, and help them complete the necessary paperwork efficiently. With their deep understanding of the facility's layout and procedures, they streamline the journey of people with DRTB through different departments, sparing them unnecessary delays and bureaucratic hurdles. In cases where specific tests are unavailable in public healthcare facilities, the project provides financial support to people with DRTB to ensure the PTE process is completed without delay. TB Champions have also begun following up with those initiated on treatment to support them through the long-treatment period.

In 2022-23, **1,605 people diagnosed with drug-resistant TB** were supported through the PTE process by **25 TB Champions** across eight districts.



“I was filled with fear upon being diagnosed with TB, but the TB Champion helped me by thoroughly educating me about the condition. She guided me through all the necessary tests at the beginning of the treatment process and would regularly call to check if I was taking the medication.”

Ensuring Treatment Literacy

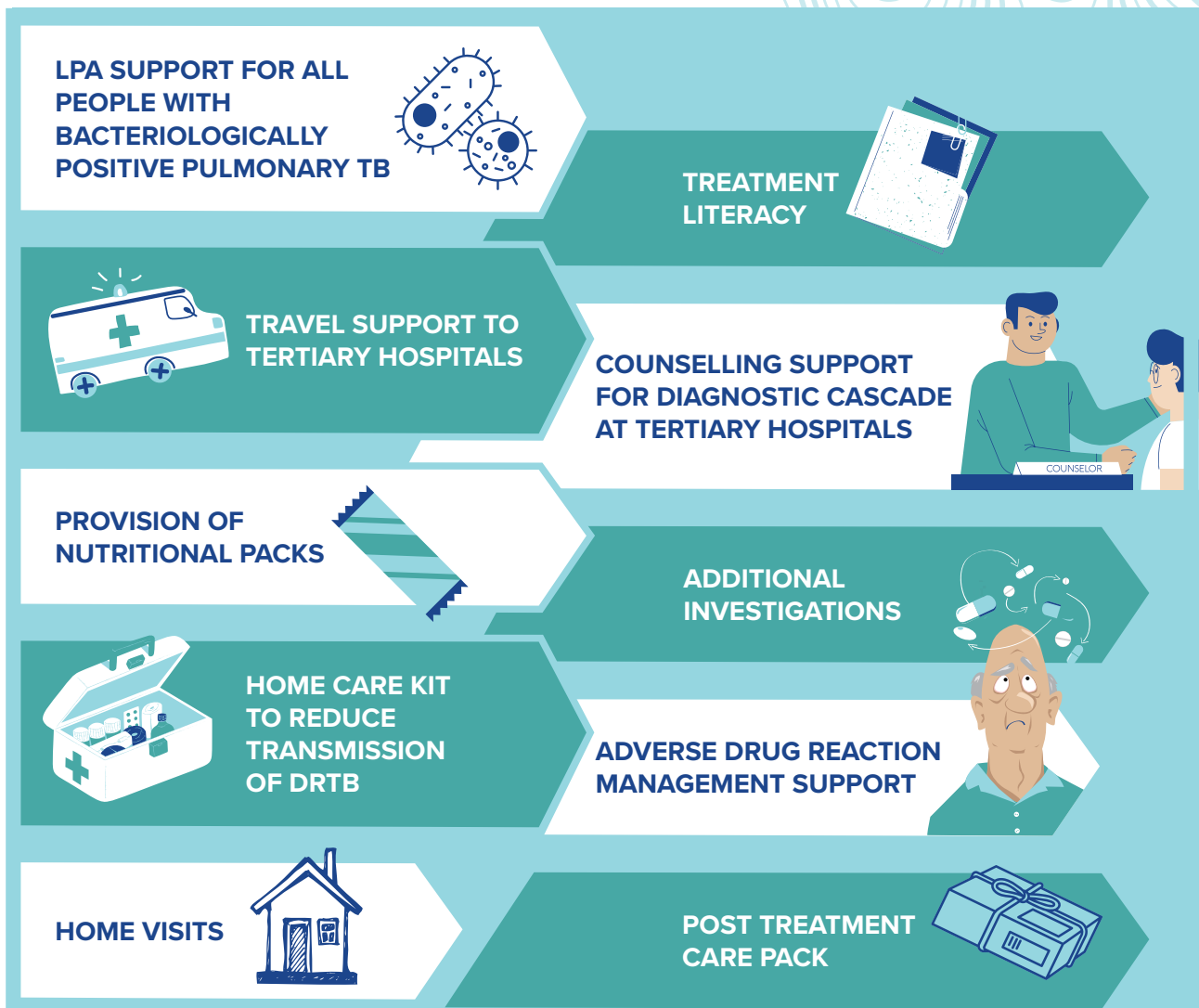
Drug-resistant TB can be an overwhelming experience, and those diagnosed need information and emotional support at every step of the care cascade. The Wave-9 project leverages **Interactive Voice Response System (IVRS)** technology to disseminate crucial information to people with DRTB and their families, making the learning process accessible and convenient. Through a package of messages designed to ensure treatment literacy, people with DRTB can learn about various aspects of the treatment, including adherence, potential side effects, dietary recommendations, and the importance of completing the entire treatment course. The IVRS system also allows for two-way communication, enabling PwDRTB and their families to ask questions and seek clarification on any concerns they may have about the treatment process.



Building a Community Care Model for DRTB

In June 2022, REACH partnered with Mueller Health Foundation (MHF) for an initiative **“Building a community care model for People with Drug-resistant TB”**. As a first step, a pan-India landscape mapping and analysis of community care models was undertaken, through a qualitative process involving literature review, one-to-one interviews, focus group discussions and consultative meetings. Based on this, a draft model was designed and is currently being piloted in Chennai, in partnership with the Greater Chennai Corporation and the private healthcare sector.

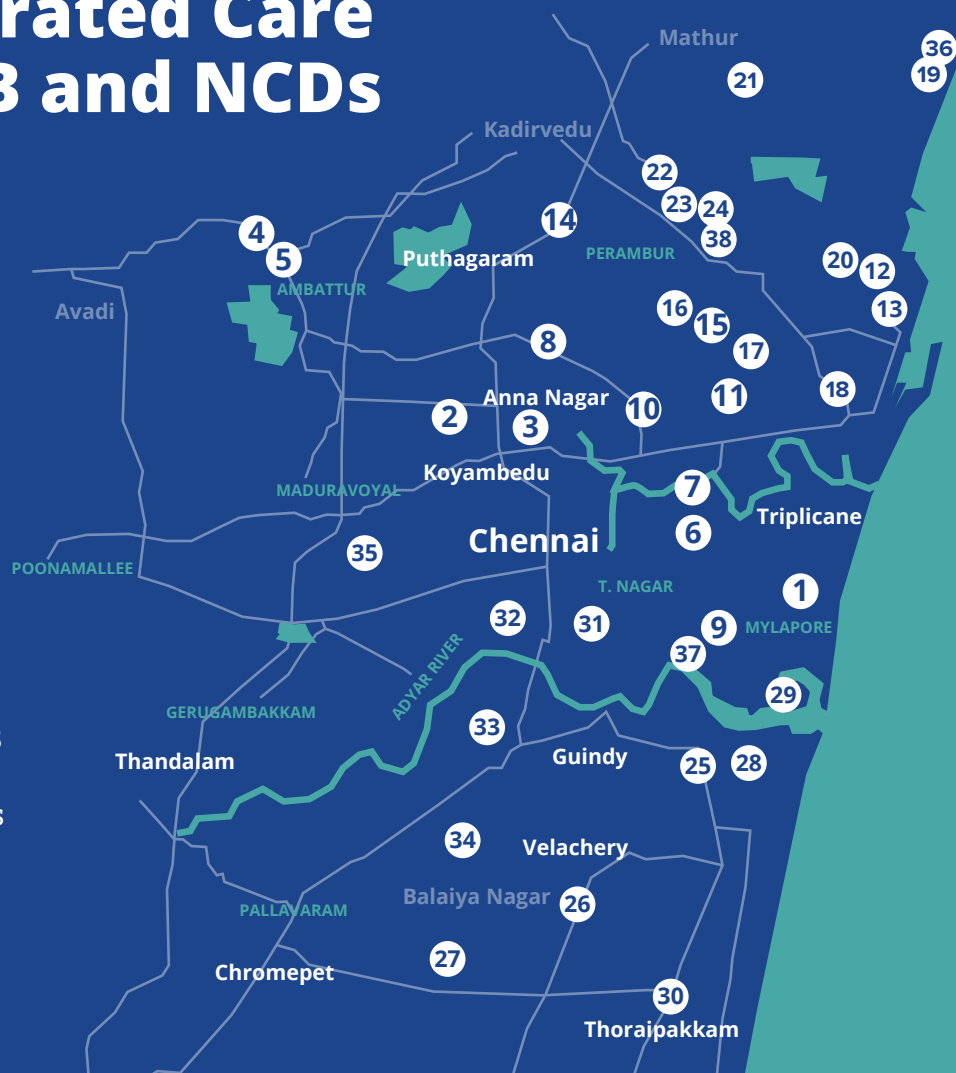
A comprehensive package of services is provided.



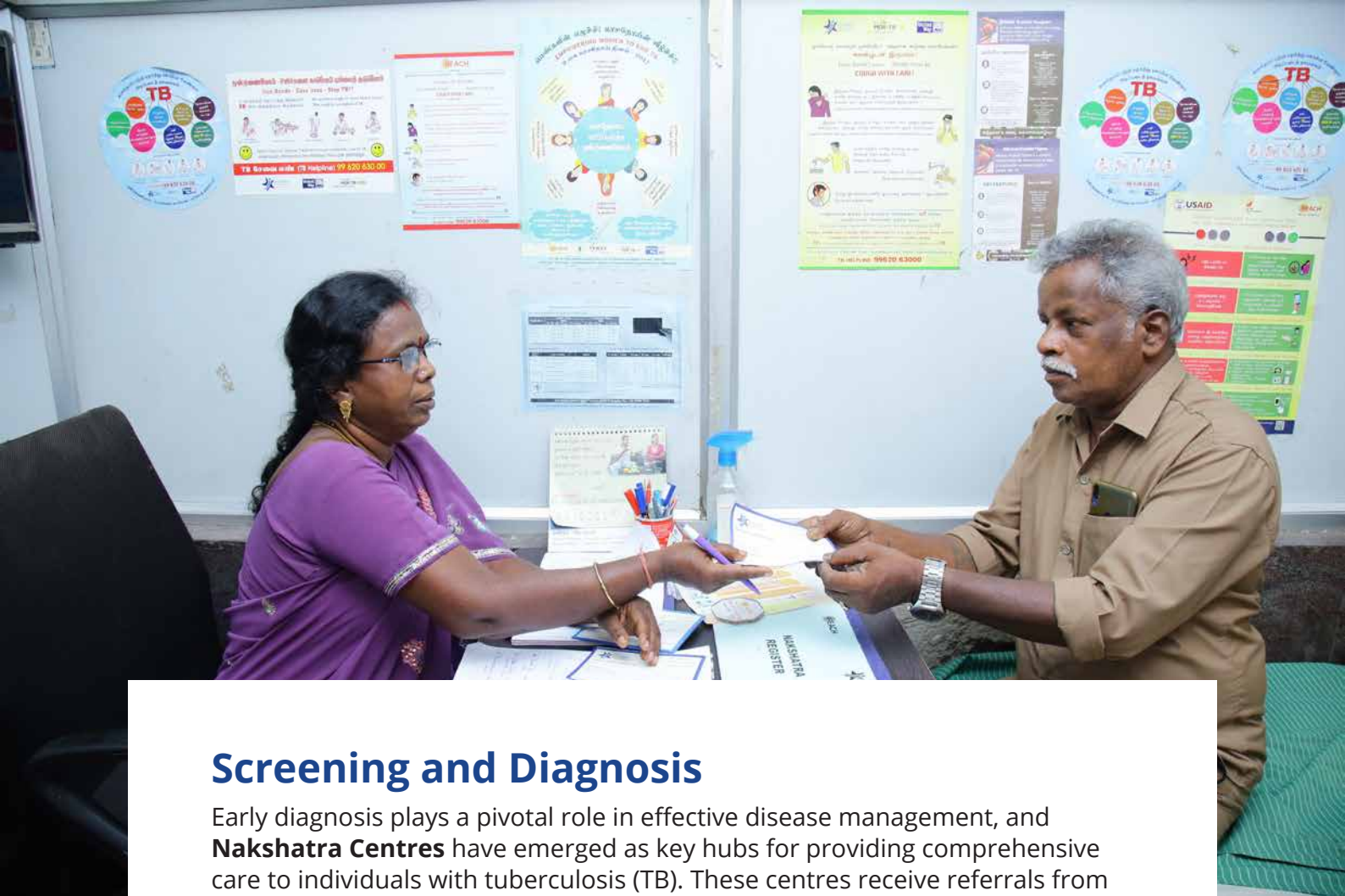
Integrated Care for TB and NCDs

Nakshatra Centres are free spaces provided by the private hospital and function as a referral hub for people with symptoms of TB or people with TB.

REACH has 38 Nakshatra Centres across Chennai.



- | | | |
|---|--|--|
| 1. CSI Kalyani Multispeciality Hospital | 15. Julian Nursing Home | 29. MK Speciality Clinic |
| 2. Raj Nursing Home | 16. Dr. AC Aruldas Hospital | 30. Voluntary Health Services - Thoraipakkam |
| 3. Sundaram Medical Foundation Dr. Rangarajan Memorial Hospital | 17. Muthu Hospital | 31. Public Health Centre |
| 4. Sir Ivan Stedeford Hospital | 18. The Arya Vysya Maternity Home & Child Welfare Centre | 32. KM Hospital |
| 5. Mahalakshmi Hospital | 19. Sugam Hospitals | 33. St Thomas Hospital |
| 6. Kanchi Kamakoti CHILDS Trust Hospital | 20. MK Nursing Home | 34. Hariharan Institute of Diabetes |
| 7. Dr. D Ranganathan Clinic | 21. Anand Hospital | 35. Meenakshi General Hospital |
| 8. MS Hospital (Cauvery Trust Hospital) | 22. Bethesda Hospital | 36. Susi Hospital |
| 9. Girishwari Hospital | 23. NRV Hospital | 37. Venkateswara Hospital |
| 10. Dr. Regina Nursing Home | 24. Murthuzaviya Charitable Hospital | 38. KVT Hospital |
| 11. Narayanaa Hospital | 25. The Voluntary Health Services (VHS Taramani) | |
| 12. CSI Rainy Multi Speciality Hospital | 26. Asthma Studio | |
| 13. Nichani Health Centre | 27. Grace Multispeciality Hospital | |
| 14. Retteri Kumaran Hospital | 28. KL Multi speciality Hospital | |



Screening and Diagnosis

Early diagnosis plays a pivotal role in effective disease management, and **Nakshatra Centres** have emerged as key hubs for providing comprehensive care to individuals with tuberculosis (TB). These centres receive referrals from nearby private practitioners, pharmacies, laboratories, and communities, focusing on individuals exhibiting symptoms of TB (PWSTB). It also facilitates free TB screening, including chest X-rays, NAAT (Nucleic Acid Amplification Test), sputum microscopy, and culture-based analyses, as prescribed by private practitioners. By collaborating with private labs and hospitals, Nakshatra Centres also screen for comorbidities such as diabetes, while on-site electronic BP monitors facilitate hypertension screening. Additionally, the project extends its screening efforts to contacts of PwTB, emphasising the critical importance of identifying vulnerable populations to prevent the transmission of TB infection. In the year 2022-23, 36%, 32% and 13% of the individuals screened at Nakshatra Centres were diagnosed with TB, Diabetes, and Hypertension, respectively.

“I was diagnosed with both TB and Diabetes. While Diabetes was prevalent in my family, I hadn't been tested until I visited the centre. My sugar levels, initially exceeding 350, are now under control. I'm committed to taking my medications and regular early morning walks.”



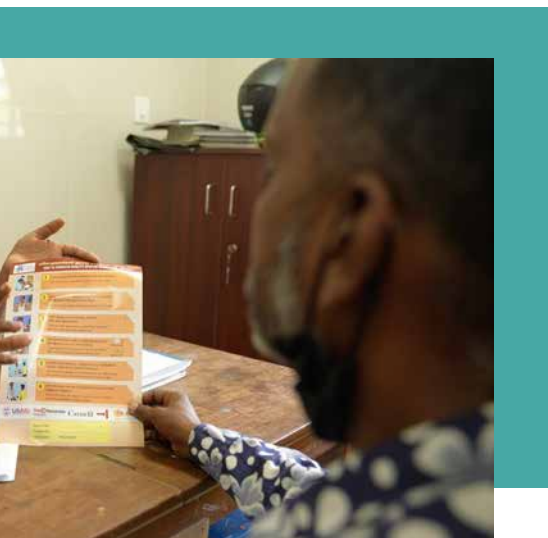
Treatment

REACH ensures free treatment, through support from the Greater Chennai Corporation and the Chennai NTEP team, to all people with TB referred to Nakshatra Centres by private practitioners. Besides providing information on how to take the medication, trained TB Nanbans provide education and counselling regarding treatment adherence. For people who are diagnosed with Diabetes and Hypertension, TB Nanbans link them to high-quality care and offer regular follow-up and in-person counselling. Through personalised interactions, they provide vital information and guidance on managing their conditions, including lifestyle modifications, dietary choices, and adherence to prescribed treatment plans fostering better health outcomes. 99% of the people diagnosed with TB/DM/HT were linked to quality care and support, while 10,465 were provided in-person counselling by TB Nanbans at Nakshatra Centres.



“I have been managing Diabetes for the past 8 years and have recently completed my TB treatment. The knowledge gained here enhanced my understanding of TB and Diabetes. TB Nanbans serve people with compassion, humility, and patience. Their efforts are truly commendable.”

– **TB Survivor living with Diabetes**, Chennai





Support

People taking treatment for TB, Diabetes and Hypertension are supported during all stages of treatment. Family contacts are provided support for TB screening as well as screening for Diabetes and Hypertension. All People with TB are notified on the National TB Elimination Programme's Ni-kshay Portal and linked to Nikshay Poshan Yojana for nutritional support.

Support group meetings are organised to foster interaction and experience sharing among people living with Diabetes Mellitus (DM) and Hypertension (HT). These meetings provide an unique opportunity for individuals to come together, interact, and collectively address their challenges. By openly sharing personal experiences at these meetings, participants can alleviate feelings of unease, enhance self-assurance, and cultivate a heightened sense of overall mental and emotional wellness.



Turning the Tide on TB

TB Champion Kanchan Kumari proved that proper communication, timely escalation and regular support can save the lives of many people with drug-resistant TB.

Shobha Devi (*name changed*) was diagnosed with Rifampicin-resistant tuberculosis (RR-TB) at DTC Muzaffarpur. When TB Champion Kanchan Kumari reached out to her for counselling, she discovered that Shobha was taking treatment from a private clinic at Ahiyapur village in the district. Due to his family's dire financial situation, her father had to borrow money from his local acquaintances to pay the private doctor. Although Kanchan explained that free treatment was available at the District hospital, the family was reluctant to admit Sobha there. He said that they had previously sought treatment at a government facility, but she did not get cured. As a result, her husband has abandoned her and their children, refuses to take her back home, and has been quite disrespectful, saying "mujhe matlab nahi ye jiye ya mare (I don't care whether she survives or dies)."

Shobha's father further explained his helpless situation, "hum budhe ho gaye hain aur paisa bhi nahi" (I am an old man and do not have money for treatment). Their financial situation was dire, and they were terrified of the costs of lab tests, medications, and transportation. "Whatever happens," they declared repeatedly, "we will not go to the district hospital."

After hearing the entire narrative and realising that they are too terrified to come to the district hospital, the TB Champion patiently explained to them that free, high-quality treatment was possible at the district hospital, and they could avoid spending more money. Meanwhile, Kanchan coordinated with the NTEP team and provided further counselling along with the Senior Treatment Supervisor (STS). Shobha Devi's father was finally convinced and agreed to visit the district hospital.

Kanchan also visited their house and did a thorough needs assessment. She found out that the family was in dire need of economic support. She accompanied Shobha through all the Pre-treatment Evaluation (PTE) tests and initiated treatment at the district hospital, and facilitated additional support of Rs. 1,500 through the project

Shobha Devi is showing improvement in her health and is feeling better now. Kanchan is committed to supporting her until she is cured.



21b

Slam Dunk!

In the heart of Kashanpur Vlad Fadiyu village in Panchmahal district in Gujarat, a teenage girl's life took an unexpected turn when her health began to wane, experiencing a series of troubling symptoms – fever, cough, weakness, and a loss of appetite. In search of answers, Lilaben underwent X-rays and sputum tests at a government hospital, the outcome of which unveiled the grim reality: TB.

The weight of this revelation bore down upon her, casting a shadow of fear that tainted her every thought. Food lost its appeal, and eating became an impossible task. A doctor prescribed her two pills a day, which she diligently took for two months and successfully recovered. But a few months later the enemy returned, stealthier than before, knocking her down once again. A sputum test delivered the verdict: TB had resumed its grip. In her moment of vulnerability, she saw a beacon of hope in TB Champion Bijal Patel. Through his own experience, Bijal reassured Lilaben, alleviating her fears and advising her to undertake the CBNAAT test. The results confirmed that she had MDR-TB.

The urgency translated into an appeal for Lilaben to seek immediate refuge at Vadodara Civil Hospital. Bijal visited Lilaben's home and had multiple earnest conversations with her parents, persuading

them to take her to Vadodara for additional tests. Understanding the family's financial constraints, the local NTEP team offered assistance to ensure that Lilaben's nutritional needs would be met throughout her treatment.

With the TB Champion's guidance, Lilaben diligently followed her medication regimen. Her resilience, however, wasn't born in this trying moment; it was a trait she had cultivated through her past passion for basketball. Once a promising basketball player, Lilaben had been chosen to participate in the Special Olympics World Games in Germany. But the shackles of illness had forced her to decline the opportunity. Unfazed, Bijal Patel wove tales of triumph and courage from other people with TB he had met, igniting a fire within Lilaben to reclaim her dreams.. Emboldened and resolute, she set her sights on Germany, determined to compete in the Special Olympics World Games and claim her victory.

In the summer of 2023, Lilaben travelled to Germany. The arena was not only for basketball but for her personal redemption. With fierce determination burning in her eyes, she dribbled like a pro, passed with perfection, and scored a slam dunk with a perfect alley-oop from TB Champion Bijal and all her family back home. The culmination of her efforts was on June 24, 2023, when she was adorned with a silver medal, a symbol of her triumph in the face of adversity.

Home Visits for Holistic Care



A 33-year-old individual was initiated on TB treatment following his visit to a Nakshatra Centre in Chennai. As part of services extended under the Linking to Care project, every individual initiated on TB treatment is provided family screening for diabetes and hypertension.

Upon discovering that the individual's parents were senior citizens, the TB Nanban promptly made their way to the residence. She brought along a blood pressure apparatus and coupons for diabetes screening in order to address potential health concerns. During her conversation, she learned that both parents had been previously diagnosed with diabetes and had not undergone any testing in the past year. Additionally, they had not sought any medical consultation during this period. Thereafter, she recorded their blood pressure and explained the importance of effectively managing diabetes.

Their 40-year-old daughter and 37-year-old son also had diabetes, and fortunately, happened to be present during the visit. The TB Nanban communicated the importance of undergoing blood sugar tests every three months and scheduling regular consultations with their doctor. She also emphasised the significance of adherence to medication, periodic medical evaluations, and lifestyle modifications to control their blood sugar levels.

The TB Nanban effectively educated the family about non-communicable diseases (NCDs) and ensured that all family members underwent testing and were linked to appropriate care services. Home visits play a crucial role for the project as they provide an opportunity to gather comprehensive information about the overall family health. The spectre of TB looms larger when individuals grapple with uncontrolled sugar levels.



PRIVATE SECTOR ENGAGEMENT FOR TB AND NCD CARE

Collaborative Multi-sectoral Action



ENGAGING ELECTED REPRESENTATIVES



PARTNERING WITH INDUSTRIES THROUGH ELM



ENABLING A GENDER-RESPONSIVE APPROACH FOR TB



Private Sector Engagement for TB and NCD Care

Since inception, REACH has been at the forefront of engaging with the diverse private healthcare sector to ensure access to high quality TB services in Chennai. REACH has built long-term partnerships with private hospitals, standalone clinics, private laboratories, and pharmacies to offer essential support services to individuals with TB. As part of the ongoing Linking to Care project, all services are provided through REACH's flagship Nakshatra centres, across Chennai. These services include treatment support, including provision of medicines as well as psychosocial counselling for both individuals with TB and their families. Additionally, comprehensive family screening for TB and non-communicable diseases (NCDs) is also undertaken as part of support efforts. REACH also undertakes capacity-building and sensitisation of private providers on technical developments in TB, with the most recent workshop held in December 2022, focusing on management of drug-resistant TB and initiating TB Preventive Therapy.

“REACH is a readily accessible and friendly resource, providing comprehensive support to people with TB who reach out to me, encompassing diagnostics, treatment, follow-up, and counseling. Notably, they also extend their support to TB survivors and families in addressing non-communicable diseases. My heartfelt appreciation goes to their dedicated endeavours in prioritising community care.”

– Dr U V Ramakrishnan, Consultant Chest Physician, Chennai



Engaging Elected Representatives

The effort to create an enabling environment with empowered community advocates for enhanced quality of care and services in TB treatment is only feasible when social, political, and economic forces collaborate. Therefore, the essential step of sensitising and involving elected representatives becomes pivotal in amplifying systemic matters that require attention from political leadership. TB Champions engage with elected representatives at all levels – *from Panchayats to state legislatures* – and sensitise them to the enormity and scale of the TB burden, the profound personal ramifications faced by those affected and underscore the potential contributions they can make.

Their efforts have inspired elected representatives, and Panchayati Raj Representatives, in particular to:

- Facilitate additional nutrition support to People with TB as Nikshay Mitras
- Extend access to social security benefits like Pradhan Mantri Awas Yojana
- Facilitate local transportation to and from medical facilities
- Conduct personal interaction with people with TB using the CAF tool
- Actively participate in TB awareness programmes
- Ensure display of TB-themed artworks outside Panchayat offices

In the last year, across projects, TB Champions reached out to **4,207 PRI/ ward members**.

“TB Champions have made a significant contribution to TB-affected communities through their unwavering commitment and support. They organise village community meetings and lead grassroots anti-stigma campaigns, emphasizing the significance of collaborative support for individuals affected by TB.”

– **Teluram**, Gram Pradhan, Margoobour, Haridwar



Partnering with Industries through ELM

The ALLIES project undertakes a strategic and collaborative approach to engage with industries, through the Employer Led Model. The ELM promotes an approach where the employers are responsive to the needs of people with TB and their family members and promote policies inclusive of their needs.

Prior to association with industries /corporates, consultations are also held with the NTEP officials.

In the present year, a total of **65 industries** have adopted this model, collaborating closely with TB Champions and incorporating them into their health and safety training initiatives.



Gender-responsive approach to TB

South Zone Workshop

31st May - 2nd June 2022 | Chennai



Enabling a Gender-Responsive Approach to TB

REACH has played a pivotal role in the development of the NTEP's national framework for a gender-responsive approach to TB, making India one of the first high burden TB countries to have a gender-responsive policy in place. This framework reflects the interactions between TB and gender at various levels, and outlines the influences and impact of gender on the TB burden and response; defines actions which would help move towards a gender-responsive approach; and provides guidance to implement these actions. REACH also supported the development of a curriculum on TB and Gender, to train NTEP staff to operationalise the framework.

In the last year, REACH facilitated five regional workshops for NTEP teams across the country, providing technical and operational support to the Central TB Division, in partnership with USAID. **Over 130 senior officials including State TB Officers, WHO Consultants and NTEP state teams were trained** through these workshops.

The genesis of these efforts traces back to 2017, when REACH initiated the first national consultative meeting on TB and gender. Over the ensuing six years, REACH assumed a key role in taking the gender agenda forward, which began with a TB Gender assessment that catalysed the formation of a technical group by NTEP and the subsequent development of the framework.



Mobilised local Sarpanch ensures financial and nutrition support to PwTB in need

Anjan Raut, a 45-year-old daily wage labourer from Chakulia village in Gobind block of Mayurbhanj district in Odisha, was diagnosed with brain TB in 2019.

Approximately one month after commencing treatment under a private physician in Cuttack, he began experiencing numbness in his limbs. Subsequently, he sought medical attention again in the city, underwent MRI scans, and consulted multiple doctors. Despite taking medications for over a year without substantial improvement, Mr Raut chose to discontinue treatment due to depleted savings and mounting debts, as he was the sole breadwinner for his family.

In 2020, **TB Champion Geeta Behera** visited Chakulia village for a follow-up. During her visit to Mr Raut's residence, she conversed with his elder brother, who was also diagnosed with TB. It was during this interaction that she learned about the brain TB diagnosis and his deteriorating condition, which left him unable to walk and his family in dire financial straits.

Geeta approached the local Sarpanch **Mr Amit Marndi (Khuntapal GP)** and discussed Mr Raut's situation and his family's financial hardships. The Sarpanch facilitated the process of obtaining a disability certificate for Mr. Raut, which he successfully received within a few weeks. The TB Champion also rallied support from the Sarpanch to provide additional nutritional assistance to the family.

With the newfound assistance, Mr Raut has recommenced his treatment and is on the path to recovery. Geeta, the TB Champion, continues to inspire and encourage both him and his brother to ensure they receive comprehensive treatment and care.





ENGAGING THE MEDIA

Improving Public Understanding



COMMUNITY AWARENESS PROGRAMMES



SOCIAL MEDIA



PUBLICATIONS

TB Champion Empowerment Index



WORLD TB DAY



Engaging the Media

Health reporting remains a relatively niche area for journalists in India, although COVID-19 has spurred more interest. In 2009, REACH began working with the media, specifically print journalists to improve the quality and frequency of media reporting on TB. This stemmed from our belief that high-quality stories on health issues in the mainstream media can change the way people understand and respond to health crises. For over 14 years through a structured engagement programme, REACH has been able to build enduring relationships with journalists across the country.



REACH MEDIA FELLOWS 2022



Abinash Mohapatra
REPORTER, SAKALA



Chulbul Kumari
REPORTER, DAINIK BHASKAR



Hemant Rajaura
PRINCIPAL CORRESPONDENT, HT



Madhav Sharma
INDEPENDENT JOURNALIST



Pooja Nayak
INDEPENDENT JOURNALIST



Rohit Shivhare
INDEPENDENT JOURNALIST



Sachin Tripathi
REPORTER, AMAR UJALA



Sakthivel K
SR. REPORTER, HINDU TAMIL



Sandhya Jha
STAFF, IIMC



Sanjay Pandey
PRINCIPAL CORRESPONDENT,
HINDUSTAN



Sasi Sekhar
SR. SUB-EDITOR,
MALAYALAM MANORAMA



Shivasheesh Tiwari
CONTENT EDITOR/ ANCHOR,
THE SUTRA



Sijo Pynadath
REPORTER,
DEEPIKA DAILY



Subair P Khader
SR. SUB EDITOR,
MADHYAMAM



Vijay Kant Mishra
REPORTER, RASHTRIYA SAHARA

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 2022, for the 11th 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 an orientation workshop featuring various sessions led by the NTEP, TB Champions and technical experts. During these sessions, they learnt about the science of TB, the functioning of the TB programme, specific topics such as drug-resistant TB and the challenges people with TB face.

Over a three-month period, Fellows wrote 46 feature and in-depth explainer stories on TB in Hindi, Malayalam, Marathi, Odia and Tamil languages.

Fellows covered a wide range of TB-related issues including the impact of TB on women's health, TB in tribal regions, mental health issues among people with TB, and NCDs as risk factors for TB, among others.



Media Awards for Reporting on TB

Instituted in 2010, the REACH Media Awards highlight the vital role played by the media in informing the public and decision-makers about TB prevention and care.

This year, nearly 35 entries were received from across India, out of which five journalists were felicitated for their outstanding and responsible reporting on the disease. The event was held on August 30, 2022 in New Delhi with support from USAID and also featured a panel discussion on health reporting in India. The awards were presented by Ms Veena Reddy, Mission Director, USAID/India and Dr Rajendra Prasad Joshi, Deputy Director General, Central TB Division.

Maitri Porecha won in the English category for her story in *The Hindu Business Line* about the urgent need for sustained availability of new anti-TB drugs, while Shreya Khaitan of *IndiaSpend* was awarded for shedding light on the impact of the COVID-19 pandemic on India's TB response.

In the Local Language category, the winners included Santhosh Sisupal from Kerala, recognised for his piece in *Manorama Online* delving into the correlation between TB and Diabetes; Md. Imran Ali, an independent journalist from Odisha, for his narrative spotlighting the involvement of communities in combating TB; and Delhi-based Narjis Hussain for reinforcing the need to improve screening of NCDs among PwTB.

Media Roundtables

An integral mandate for REACH is to elevate media awareness and engagement in India's TB response by amplifying coverage and public understanding, besides galvanising community support to end TB. REACH organised eight state- and district-level media roundtable meetings in 2022-23 with nearly 200 print and electronic journalists across Jharkhand, Odisha, Chhattisgarh and Tamil Nadu, as part of the ALLIES project.



Media Fellowship for Reporting on NCDs

Since 2018, REACH has also been actively engaging journalists to report on non-communicable diseases, with support from the Lilly Foundation. In the last year, the fourth edition of the REACH Media Fellowship programme for reporting on NCDs was announced, with a focus on Diabetes. As a first step, a quantitative evaluation of the coverage of diabetes-related articles in leading English and Hindi newspapers in 2022 was undertaken. This led to the development of customised training modules focused on enhancing the Fellows' abilities to report accurately, conduct in-depth research, interview experts, and present information in a manner that is understandable to the general public. The lack of human-interest reporting across publications further bolstered our commitment to bringing people living with NCDs to the forefront of NCD awareness and advocacy. 17 journalists were selected for the Local Language Fellowship and one for the National Fellowship from a total of 40 applications.



Community Awareness Programmes

Regular community awareness programmes about TB and NCDs are consistently organised across the country to enhance public understanding. These initiatives are purposefully designed to bridge the information gap and empower communities with essential knowledge about the prevalence, risks, and preventive measures associated with TB and NCDs. TB Champions and staff reach out to a wide spectrum of the society, including grassroots organisations, local leaders, educational institutions, and community groups and create a platform for interactive learning and dialogue.





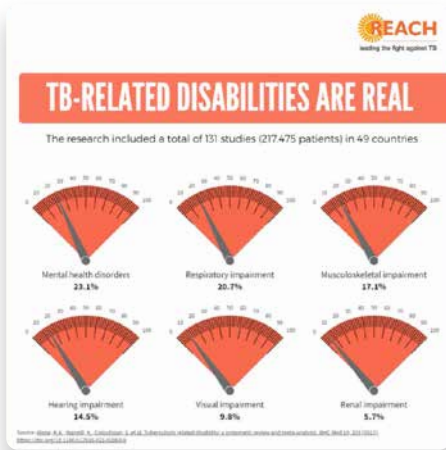
Social Media

22.1K – most tweet impressions in a month (March 2023)

#KnowDiabetes NoDiabetes Campaign

A week-long #KnowDiabetesNoDiabetes campaign was organised at Nakshatra Centres across over 30 private hospitals and within the general public in Chennai, starting November 14. The World Diabetes Day 2022 celebrations encompassed a range of activities: a registration banner highlighting messages on diabetic care; participation of physicians, patients, and the general populace in signing banners as a testament to their dedication; dissemination of pamphlets outlining diabetes symptoms to enhance awareness; and sharing photos on social media with the blue circle as a symbol of solidarity in the battle against diabetes.

Key moments from these activities, coupled with an informative thread – **featuring infographics on diabetes prevalence and an animated video on diabetes management** – were shared on social media as a Twitter Moment.



Informative Twitter Threads

By leveraging the concise and conversational nature of Twitter threads, complex information can be transformed into easily digestible content, facilitating discussions, answering queries, and fostering a community of learners around the topic. This allows REACH to evolve into a versatile knowledge base that embraces modern communication trends while maintaining its commitment to accurate and accessible information.

Key Twitter threads encompassed highlights from the 2022 WHO Global TB Report, discussions about challenging the notion of caregiving as exclusively a woman's role on International Women's Day, TB-linked disabilities, and crucial insights about TB and undernutrition. These threads were enriched with multimedia components such as infographics, photographs, GIFs, and videos to amplify visual engagement and foster interactivity.

Undernutrition contributes to 56% of the annual TB incidence in India

“

There are several **hidden costs** for a person with DRTB: travel, supplementary nutrition, additional medicines and tests, etc.

Every person with DRTB needs support to reduce their **out-of-pocket expenditure**

Sharda Kumari
DRTB survivor, Gaya, Bihar

“

We need access to diagnostics on time, we need to start treatment promptly, we need the best support we can get from doctors and healthcare providers

But most of all, every person with DR-TB **needs information about the disease** – symptoms, diagnosis, counselling and cure – what lies ahead and what needs to be done

Raazyia Mumtaz
DRTB survivor, Patna, Bihar

TB Champions' Voices

Social media is a powerful canvas for sharing the stories and triumphs of TB Champions; this not only helps spread awareness but also fosters a global community united by the common threads of strength and perseverance. Among these were a series of quotes from TB survivors and Champions, highlighting lessons from a unique Data for Action training under the CFCS project supported by the Stop TB Partnership. On International Women's Day under the theme "DigitALL: Innovation and technology for gender equality," TB Champions shared how acquiring digital skills enabled them to support TB patients in accessing treatment and combating stigma. Furthermore, we leveraged social media to draw attention to a short film supported by the Mueller Health Foundation, employing visuals that featured six survivors of drug-resistant TB from Bihar.

“

After the Data For Action training, I can now **understand block-level monthly and yearly data from the Ni-kshay portal**. This helps me calculate the **number of missing people with TB in my area**

I then try to **improve awareness during community meetings**

Surendra Kumar Sahu

TB Champion, Raipur, Chhattisgarh



The Data for Action initiative was supported by the Stop TB Partnership through a Challenge Facility for Civil Society (CFCS) grant



POONKODI
TAMIL NADU

“ **THE INTERNET BROUGHT PEOPLE TOGETHER, ALLOWING ME TO FORM SOCIAL NETWORKS & CREATE MORE TB CHAMPIONS LIKE MYSELF. IN THE FUTURE, I HOPE WOMEN BECOME MORE SELF-RELIANT & MAKE INDEPENDENT DECISIONS.** ”

“

The 3-day **Data for Action** training and the engagement period that followed taught us to **create a District profile** – to calculate percentage, average & sex ratio of people with TB (PwTB) – and the difference between TB notification and incidence

It was great to be able to **do maths again**

Sushma Maheli

TB Champion, East Singhbhum, Jharkhand



The Data for Action Initiative was supported by the Stop TB Partnership through a Challenge Facility for Civil Society (CFCS) grant



“

I lost my job when I developed drug-resistant TB. My in-laws sent me to my parents' house. Even though I'm cured now, I **can't go back** to either my job or to my in-laws'

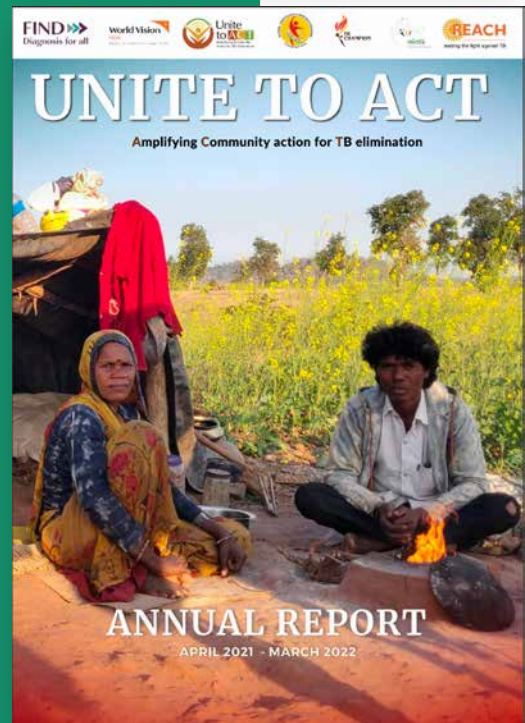
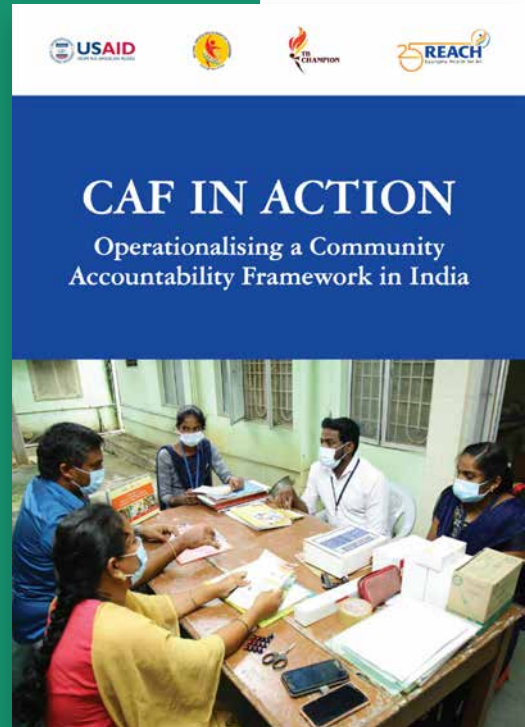
Every person cured of DR-TB needs **support to rebuild their lives**

Sweety Sinha

DRTB survivor, Muzaffarpur, Bihar



Publications



Short Films



Six DR-TB survivors share fragments of their own arduous journeys, harnessing their personal experiences to illuminate the multifaceted spectrum of support that those battling DR-TB desperately require.



The short film chronicles the journey of two individuals who confronted and conquered the harrowing challenges of DR-TB in the bustling backdrop of Chennai, Tamil Nadu.

World TB Day

New Delhi / Varanasi

TB Champion Conclave

On March 23, on the sidelines of the NTEP's World TB Day meeting, REACH organised a TB Champion Conclave in Varanasi, bringing together more than 50 TB survivors and Champions from across the country. Smt Roli Singh, IAS, Additional Secretary and Mission Director, NHM, Ministry of Health & Family Welfare and Shri Partha Sarthi Sen Sharma, IAS, Principal Secretary-Health, Government of Uttar Pradesh participated at the Conclave, along with leadership from USAID, the Stop TB Partnership and the Global Fund. The Conclave featured panel discussions on investing in TB communities and person-centered care, and was attended by over 100 civil society leaders, partner organisations working on TB and survivor-led network representatives.



The Varanasi Statement

A significant moment at the Conclave was the release of Varanasi Statement – a 16-point collective vision that captures the essence of community mobilisation and commits to reducing suffering and saving lives of people with TB. The statement echoed the voices of TB-affected communities and was signed by 15 TB survivor-led networks across the country.



80 Districts, 800 TB Champions, 80,000 People

REACH organised a massive campaign across all the 80 implementing districts covered by the Unite to ACT project to commemorate World TB Day. The objective of the initiative was to proactively connect with 80,000 community members, setting ablaze a heightened awareness concerning TB.

As the campaign culminated, the concerted efforts of 800 dedicated TB Champions yielded remarkable results. These champions engaged with over 24,000 PRI/ward members and locally elected representatives through a series of 2,450 meetings. Notably, the outreach extended beyond official corridors, as approximately 66,600 individuals were touched through 2,366 community gatherings held at educational institutions, chaupals, MGNREGA sites, weekly bazaars, religious institutions, and similar communal junctions.



Chennai

As part of World TB Day observation, REACH organised a community event on March 26 in Chennai. Dr. M Jagadeesan, the City Health Officer of the Greater Chennai Corporation, graced the event as the Chief Guest and encouraged individuals with TB to assume a more earnest role in safeguarding community well-being. On March 24, awareness initiatives about the rights and responsibilities of people with TB were conducted across all Nakshatra centers in the city.



Jharkhand, Odisha, Chhattisgarh, Tamil Nadu

Select districts in these four states arranged either week-long or month-long campaigns leading up to the World TB Day. These initiatives encompassed various activities such as community awareness meetings, rallies, health camps, pledge taking ceremonies and media engagement programs. The state and district teams along with TB Champions worked closely with the state and district NTEP officials for these activities.

About Our Projects

Linking to Care

Supported by *Advance Access & Delivery and the Lilly Global Health Partnership*

Implemented in Chennai

The Linking to Care project integrates TB, Diabetes and Hypertension, providing holistic care for people accessing TB services in the private healthcare sector in Chennai.

KEY ACTIVITIES

SEARCH

Private Practitioners are sensitised to refer people with symptoms of TB to REACH's flagship Nakshatra Centres for early diagnosis and treatment support

TREAT

TB Nanbans at Nakshatra Centres offer person-centred TB care, linkages to care and counseling for lifestyle changes to all those diagnosed with Diabetes and Hypertension.

SUPPORT

People taking treatment for TB, Diabetes and Hypertension are supported through treatment

PREVENT

A series of interactive community outreach activities are organised to improve public understanding of TB and NCDs

KEY RESULTS

80%

People with TB were initiated on anti-TB treatment by REACH

99%

People diagnosed with TB/DM/HT and linked to quality care and support

10,465

People with TB/DM/HT provided in-person counselling by TB Nanbans at Nakshatra Centres

2,01,055

people sensitised on NCDs via 162 community programmes

9020

People with symptoms of TB referred to Nakshatra Centres

3217/9020 (36%)

People diagnosed with TB

2551/3217 (80%)

Diagnosed PwTB supported by REACH

9096/9924 (92%)

People screened for Diabetes (PwSTB & contacts)

2936/9096 (32%)

People with Diabetes (PwSTB & contacts)

8973/9924 (90%)

People screened for HT (PwSTB & contacts)

1197/8973 (13%)

People with HT (PwSTB & contacts)

ALLIES

Supported by *United States Agency for International Development (USAID)*

Implemented in 15 districts of four states – three districts each in Chhattisgarh, Jharkhand, and Odisha and six districts in Tamil Nadu.

The Accountability Leadership by Local communities for Inclusive, Enabling Services or the ALLIES project seeks to create an enabling environment for TB elimination in India by promoting community action for accountability.

KEY ACTIVITIES

- Community Accountability Framework (CAF) to improve the quality of TB care and services
- Capacity-building of TB Champions
- Expanding and strengthening survivor-led networks
- Building health system capacity to provide person-centred care through the Achieving Excellence in TB Care and Services (AETBCS) training
- Engaging elected representatives, industries and the media
- Technical support to NTEP on engaging communities and operationalising the national framework for a gender-responsive approach to TB
- Generating evidence on various social dimensions of TB

KEY RESULTS

184

TB Champions trained on and implementing CAF

376

Healthcare workers and NTEP staff trained on AETBCS

139

TB Units and Facilities where CAF is being implemented

652

Elected Representatives & Panchayat leaders newly engaged

18,000

People with TB who provided feedback on quality of care and services through CAF

65

New companies joined the Employer-led Model

1,611

Block Action Plans generated to address gaps

1,46,083

People who received TB services or information on TB through TB Champions

521

New TB Survivors trained as TB Champions

Unite to ACT

Supported by *FIND India through the Global Fund to fight AIDS, TB, and Malaria*

Implementing Partners *MAMTA and World Vision India*

Implemented in **11 states of India, with technical assistance given to 14 additional states**

The Unite to ACT Project aims to help translate into action the National TB Elimination Programme's (NTEP) vision of enabling the active participation of communities through a cohesive community-led response.

KEY ACTIVITIES

- Capacity-building of TB survivors as Champions
- Building the capacity of master trainers for training TB survivors as TB Champions
- Engaging trained TB Champions through a structured Mentorship Programme designed to support people with TB
- Establishing community-led Support Hubs for people with TB at TB Units in 80 districts to amplify access to a comprehensive package of person-centred support services
- Providing communication skilling to improve community preparedness for TB and COVID-19
- Establishing community-led Rapid Response Teams
- Strengthening engagement and participation of the transgender community and transpersons in the TB-COVID-19 response
- Facilitating partnerships between TB Champions and Community Health Officers
- Strengthening the functioning of National, State and District TB Forums
- Supporting the formation and strengthening of TB survivor-led networks
- Supporting states to develop and strengthen the effective engagement of communities

KEY RESULTS

1,993

New TB survivors trained as TB Champions

880

TB Champions trained in Communication skilling

137

TB Champions/ NTEP officials trained as master trainers on community engagement

17,000+

Communications products developed by trained TB Champions

80

District chapters of TB Survivor-led networks formed at the district level in 10 states

162

Rapid Response Teams (RRTs) that work closely with NTEP staff

24,207

PRI/ward members reached out by TB Champions in 2,450 meetings

950

TB Champions engaged through Mentorship Programme

1,44,504

People with TB supported by TB Champions

400

Support Hubs established by trained TB Champions



Peer-led, Personalised and Person-centred Support Model for People with Drug-resistant TB (Wave 9)

Supported by *The Stop TB Partnership through the TB REACH Mechanism*

Implemented in eight districts of Bihar

The Wave-9 project facilitates improved navigation through the pre-treatment evaluation (PTE) process to reduce delays in treatment. TB Champions draw on their own experiences to provide practical and emotional support and improve treatment literacy for people with drug-resistant TB.

KEY ACTIVITIES

- Fast-tracking diagnostic cascade for DR-TB
- Facilitating pre-treatment evaluation for people with DRTB
- Support with treatment Initiation
- Treatment literacy and counselling

KEY RESULTS

1,715

people diagnosed with drug-resistant TB and supported by TB Champions

93.6%

diagnosed people with drug-resistant TB completed pre-treatment evaluation: (1,605/1,715)

92%

diagnosed people with drug-resistant TB initiated on treatment (1,579/1,715)

34

TB survivors trained as TB Champions and to provide support to people with DRTB



Advancing Empowered, Gender-responsive Communities in India (CFCS 10)

Supported by *The Stop TB Partnership through the Challenge Facility for Civil Society (Round 10)*

Implemented pan-India

This project aims to empower communities for data-driven solutions, enhance youth participation and enable gender-responsive TB care services, building on Communities, Rights and Gender or CRG approaches in India.

KEY ACTIVITIES

- Data for Action (DFA)
- Development of a DFA curriculum for TB-affected communities through a participatory approach
- Training and capacity building of TB Champions on DFA
- Engagement of TB Champions to implement DFA approaches
- Operationalising a Gender-responsive approach
- Adaptation of NTEP training curriculum on TB and gender for different cadres
- Training and capacity-building of NTEP staff on TB and gender
- Training of TB Champions on TB and gender
- Improving youth participation in TB
- Engaging youth leaders
- Training and engaging youth TB survivors as Champions

KEY RESULTS

35

TB Champions trained on Data for Action

762

Community meetings, community-influencer meetings and anti-stigma meetings organised by TB Champions

33

TB Champions trained on TB and gender

182

NTEP staff including 125 service delivery staff and 57 Medical Officers trained on TB and gender

Building a Community Care Model for People with DRTB

Supported by *The Mueller Health Foundation (MHF)*

In June 2022, REACH partnered with MHF to build a community care model for people with DRTB, with the goal of ensuring care and support that is easily accessible, available and of the highest quality. The first phase involved a rapid assessment and the development of a SOP for a community care model with a pan-India focus, followed by the second, ongoing phase with implementation of this model in two districts of Tamil Nadu.

Media NCD Project

Supported by *Lilly Global Health Partnership through CAF America*

The project is designed to improve the capacity of journalists to report with greater accuracy and frequency on non-communicable diseases. This is done through a systematic approach via the Fellowship programme and the creation of learning resource. Every year, one important NCD issue is highlighted; this year, the focus was on Diabetes. In 2022-23, the project's key activities included an in-depth analysis of reporting on Diabetes in the Indian media; consultations with former REACH Media Fellows and senior public health, NCD and Diabetes experts; sending out a call for application and selecting Local and National Media Fellows by thoroughly examining their applications.



Beyond Projects

Research

End-users Study on Diagnostics

REACH is conducting a multi-site, mixed-methods study in collaboration with **FIND Switzerland**, the **AURUM Institute** in South Africa, and **HSPS** in Vietnam as part of the Unitaid-funded DriveDx4TB project. This research, launched after obtaining WHO and in-country ethics approvals in Bihar and Uttarakhand, aims to investigate end-user perceptions of novel sample types, such as urine and tongue swabs, for TB diagnostics. The study includes input from TB care recipients, healthcare workers, civil society members, and public health experts, with both quantitative surveys and qualitative data analysis.

"7-1-7" Metric for Household Contact Screening and Treatment

REACH, in partnership with **The Union**, is conducting a multi-centric study among household contacts of people with pulmonary TB in India. This is part of a broader study that also includes Pakistan and Kenya as selected sites for investigation. The project aims to assess whether the "**7-1-7**" metric can be adapted to household contact screening and treatment in the context of TB control efforts. "7-1-7" refers to a timeline where contacts of people with TB are enlisted within a week after identification; symptom screening is completed the next day; and contacts are started on TPT, anti-TB treatment, or a decision is made about no treatment within the next 7 days. The study focuses on the private sector in Chennai (Tamil Nadu) and extends to the public sector contact screening metrics in Bihar, Chhattisgarh, and Jharkhand.

REACH at Union World Conference

At the 53rd Union World Conference on Lung Health, held from November 8-12, 2022, the REACH team actively engaged by delivering presentations across several sessions. The topics encompassed a range of subjects, such as telecounseling provided by TB Champions amidst the COVID-19 pandemic, leadership training, quantifying TB stigma and the creation of an empowerment index.

During sessions at Community Connect, TB Champions discussed their interactions with elected representatives; young TB Champions also shared their experiences in supporting TB-affected communities in a Youth4LungHealth session.

The Union **WORLD CONFERENCE ON LUNG HEALTH 2022**
COMBATING PANDEMICS: TODAY & TOMORROW
Virtual Event November 8-11



YOUTH4 LUNGHEALTH

PRESENTATIONS & SPEAKERS

Youth Tuberculosis and Community Champions - India

Fri, Nov 11 19:30 - 20:00 IST	Abhijith NP (REACH, India)	Chandrakala Yadav (TB Champion, India)
	Mihika Wakhloo (REACH, India)	Binay Patra (TB Champion, India)

The Union **WORLD CONFERENCE ON LUNG HEALTH 2022**
COMBATING PANDEMICS: TODAY & TOMORROW
Virtual Event November 8-11



COMMUNITY CONNECT

PRESENTATIONS & SPEAKERS

Political environments for community led advocacy and accountability

Thu, Nov 10
16:00 - 16:45 IST

Working with elected representatives for TB elimination

Subrat Mohanty (REACH, India)	Subrakant Satpathy (TB Champion, India)
S. Sunil Kumar (Panchayat President, TN, India)	Kamin Patel (TB Champion, India)

Nov 8-11
on-demand session

TB-affected communities use a community accountability framework to improve Quality of TB Care and Services

Subrat Mohanty (REACH, India)	Faizan Alem (TB Champion, India)
Dinakrushna Barik (DPC, Odisha, India)	Chandra (TB Champion) Dhaneshwari (TB Champion)

Community rights, gender and stigma

Nov 8-11
on-demand session

Peer-peer engagement: Survivor-led networks supporting TB-affected communities

Subrat Mohanty (REACH, India)	Sheet Kumar (TEJ Network member, India)
Poongodi (State TB Survivor-led Network, Tamil Nadu, India)	Kaillash Mishra (Kalinga TB Survivors' Network Member, India)

The Union **WORLD CONFERENCE ON LUNG HEALTH 2022**
COMBATING PANDEMICS: TODAY & TOMORROW
Virtual Event November 8-11



MAIN CONFERENCE

PRESENTATIONS & SPEAKERS

Oral Presentations

Mitigating the impact of COVID-19 through tele-counseling support by trained TB survivors: lessons learnt from India

Fri, Nov 11 17:00 - 18:20 IST	Anupama Srinivasan (REACH, India)
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Shifting focus on to community empowerment through by engaging TB champions: the journey so far

Fri, Nov 11 17:00 - 18:20 IST	Smrity Kumar (REACH, India)
---	---------------------------------------

Developing a TB Champion Index to measure power, agency & empowerment among TB-affected communities in India

Fri, Nov 11 19:30 - 20:50 IST	Ramya Ananthakrishnan (REACH, India)
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Engaging elected representatives (Panchayati Raj Members) on TB free Village Initiative by TB Champions in Tamilnadu India

Fri, Nov 11 19:30 - 20:50 IST	K. Balasubramanian (REACH, India)
---	---

Quantifying Stigma related to TB – Results from a community-based survey implemented by TB Champions

Fri, Nov 11 19:30 - 20:50 IST	Abhijith NP (REACH, India)
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E-poster Presentations

Effectiveness of IVRS as a health training delivery platform: a report from South India

Nov 08-11 from 14:30 IST	Raghini Ranganathan (REACH, India)
------------------------------------	--

Strengthening TB survivor-led networks through structured leadership training: experiential learning from India

Nov 08-11 from 14:30 IST	Anupama Srinivasan (REACH, India)
------------------------------------	---

Building capacity of healthcare workers to Achieve Excellence in TB Care and Services: Experiences from India

Nov 08-11 from 14:30 IST	Abhijith NP (REACH, India)
------------------------------------	--------------------------------------

Intersectionality of malnutrition, diabetes and TB: experiences from the private sector in Chennai, India

Nov 08-11 from 14:30 IST	Shruthi BS (REACH, India)
------------------------------------	-------------------------------------

The REACH Team

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DR NALINI KRISHNAN, Executive Secretary

MR K RAVI, Treasurer

DR S SIVA MURUGAN, Executive Member

DR S RAVI SUBRAMANIAM, Executive Member

MS GEETHA RAMASESHAN, Executive Member

MS CHITRA MAHESH, Executive Member

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MR GALIB HUSSAIN, District Community Coordinator, Dehradun

MS BHAVANA PANWAR, District Community Coordinator, Garhwal

HIMACHAL PRADESH

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MR SHYAM KUMAR SONI, District Programme Coordinator, Saran

MS ADITYA KUMAR, District Programme Coordinator, Sitamarhi

MR VIKASH CHAURASIYA, District Programme Coordinator, Vaishali

MR ARVIND KUMAR, District Programme Coordinator, Darbhanga

MR ABHISHEK KUMAR, District Programme Coordinator, Patna

RESEARCH STUDIES – END-USERS STUDY ON DIAGNOSTICS

MS ANANYA MAHESH, Research Associate

Acknowledgements

We express our heartfelt gratitude to all the organisations, donors and individuals who have given us valuable advice, support and guidance in our journey towards creating TB-free communities.

Officials at the Ministry of Health and Family Welfare

Officials at the Central TB Division, New Delhi

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

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

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

All our donors, both individuals and institutions

Finally, our dedicated TB Champions, members of Survivor-led Networks and Community Volunteers

Our Supporters



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Our Partners



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No.194, 1st floor, Awaishammugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2023

EXPENDITURE	Y.E. 31.03.2023		Y.E. 31.03.2022		Sch	INCOME	Y.E. 31.03.2023		Y.E. 31.03.2022	
	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	IV	32,83,26,688	18,07,64,758		I	By Donations Received		4,39,000		3,62,800
To other administrative expenses:					II	By Income from investments / deposits		13,72,830		12,71,640
Salaries and Wages		1,60,66,929	1,39,67,787		III	By Other Income				
EPF Admin charges		2,28,940	1,80,615			Grant Received		35,37,41,806		20,35,99,762
Travelling & Conveyance expenses		49,726	31,915			Excess Provision		67,500		-
Electricity charges		5,85,087	2,68,976							
Telephone charges		4,70,286	2,11,822							
Postage and telegram		2,15,511	2,22,544							
Repairs & Maintenance - Others		8,39,300	8,90,387							
Insurance premium		1,03,218	85,421							
House Keeping Materials		3,06,506	4,45,498							
Brokerage charges		-	23,500							
Bank charges		4,33,345	5,28,018							
Staff Welfare		5,89,731	4,15,043							
Audit fees		1,77,500	1,00,000							
Rent		43,08,150	38,98,500							
Printing and Stationery		4,17,938	3,46,935							
Excess Interest		94,621	1,28,260							
Advertisement Expenses		-	84,960							
Membership Fee and Subscription		-	66,465							
Depreciation		1,45,247	1,76,484							
Consultant fees		1,66,588	27,750							
Excess of income over expenditure transferred to Balance Sheet		20,95,825	23,48,364							
		35,56,21,136	20,52,34,002					35,56,21,136		20,52,34,002

As per report attached

K. Ravi
K. Ravi
Treasurer

Dr. Nalini Krishnan
Dr. Nalini Krishnan
Executive Secretary

Rajulu Krishnaswamy
Rajulu Krishnaswamy
President



for M. Narain & Co.
Chartered Accountants
FRN 002330S
M. Prabakar
M. Prabakar (M.No.201987)
Partner

Place: Chennai
Date: 31/8/2023



25th YEAR COMMEMORATION

ORATION BY

DR. SOUMYA SWAMINATHAN

Former Chief Scientist, WHO

"Towards Health Equity - a Vision for India"

20 JANUARY 2023 | CHENNAI



25th YEAR COMMEMORATION

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DR. SOUMYA SWAMINATHAN

Former Chief Scientist, WHO

"Towards Health Equity - a Vision for India"

20 JANUARY 2023 | CHENNAI



HEAD OFFICE

No. 194, 1st Floor, Awai
Shanmugam Salai Lane,
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PHONE

044 45565445 / 28132099

DELHI OFFICE

BB-5, 1st and 2nd Floor,
Greater Kailash Enclave II,
New Delhi – 110048

PHONE

011 49055686

BIHAR OFFICE

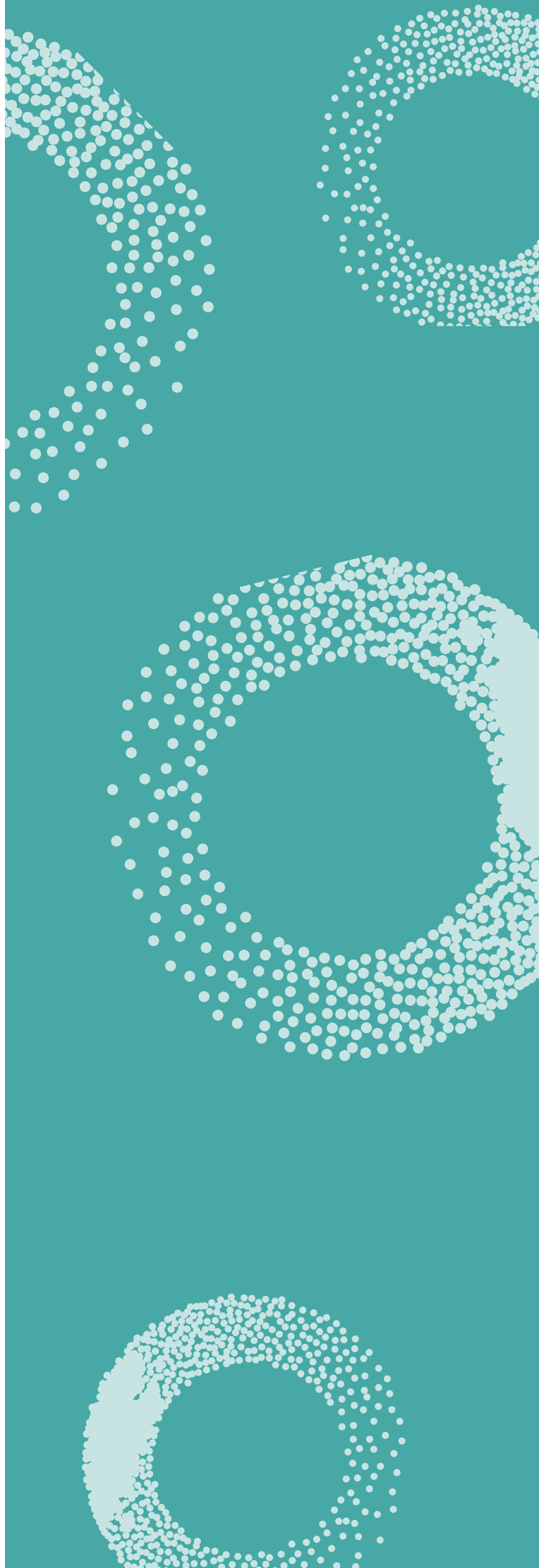
Ground Floor, House No.
137, Opposite Diamond
Boys Hostel, Anandpuri,
West Boring Canal Road,
Patna – 800001

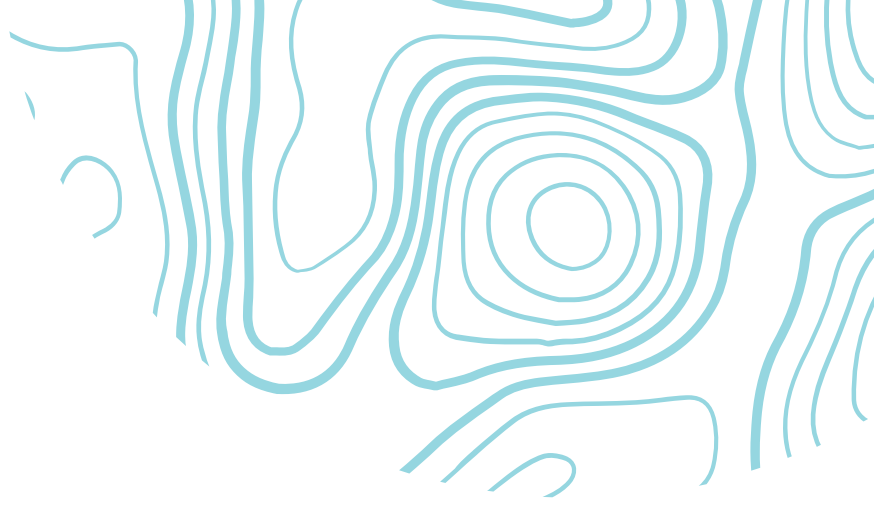
**HELPLINE FOR
PEOPLE WITH TB**

9962063000

**HELPLINE FOR PRIVATE
PRACTITIONERS IN CHENNAI**

9790977331





Established in Chennai in 1999, the Resource Group for Education and Advocacy for Community Health (REACH) has over the last 25 years emerged as a leading non-profit organisation working on public health issues in India.



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