

EMPOWERING TBC DIAGNOSIS
 QUALITY INCLUSIVITY CARE
 UCOMMUNITY TBC DIAGNOSIS
 INCLUSIVITY PREVENTION
 TACCOUNTABILITY EQUITY
 AGENDER CAMPAIGN RESPECT
 BOLDERLY DIGNITY SUPPORT
 LD DIAGNOSIS POLICY TREATM
 ENGAGEMENT **EQUITABLE** ECA
 PREVENTION COLLABORATEV
 HOLISTIC **HEALTH** EMPATHYA
 CAMPAIGN ACCESSIBILITYR
 ADVOCACY COMMUNITY DIAGN
 RESPECT INTEGRITY MEDIAE
FOR TREATMENT INNOVATION
 INCLUSION ACCOUNTABILIT
 POLICY EQUITY ACCESS **ALL**
 NCDAWARENESS TREATMENTN
 TBPARTNERSHIP DIGNITYCA
 SCIENTIFIC INTEGRITY NCD

**Annual
Report**

2023 - 24

**Our
mission
is to
ensure
equitable
health
for all**



Annual Report

2023 - 24

REACH celebrated its 25th anniversary in Chennai on January 31, 2024, with an oration by renowned global TB expert Prof Madhukar Pai on **'Bridging the Know-Do Gap in Tuberculosis (TB) Care in India'**.

"Something is catastrophically wrong with what we are doing with TB. In 2024, we shouldn't be losing 5-10% of all affected people to a curable bacterial infection. Everything we need is right here in our hands — a shorter drug regimen, molecular tests and food as a vaccine. The fact that we're not doing it makes me worried. And that is why bridging this know-do gap between what we can do and what we're failing to do is all the more important."

Dr Soumya Swaminathan, Chairperson, M S Swaminathan Research Foundation, responded to the oration by stressing the multifaceted challenges that go beyond TB.



REACH@25

Greater Chennai Corporation Commissioner **Dr. J Radhakrishnan IAS** and Tamil Nadu Health Secretary **Mr. Gagandeep Singh Bedi IAS** released a special publication at the event.



The '**Celebrating 25 years of REACH**' document captures the journey and lives of 25 people impacted by the organisation.



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From Our Executive Secretary

As we mark 25 years of REACH, we celebrate a significant milestone in our journey. This past year has been a moment of reflection and renewal with a recommitment to the core values that REACH was built upon: equity, dignity, collaboration, and, above all, keeping the person affected by tuberculosis (TB) at the heart of all our efforts.

In this Annual Report, you will find that our projects have not only met the goals we set but have also underscored the power of community engagement. The remarkable resilience and responsiveness of TB Champions, volunteers, local health authorities, people living with TB and the wider community have been instrumental in our success. Their involvement reaffirms our belief that collective action leads to lasting change.

In an environment where funding for the nonprofit sector is increasingly scarce, our strategy remains clear: invest in communities, empower them to find local solutions, and create a support system that fosters self-reliance. Much of our work demonstrates that by empowering affected communities, we can foster a sustainable model of care, one built on close, meaningful interactions between healthcare providers and people with TB.

I would like to take this opportunity, on behalf of the Executive Committee, to express our deepest gratitude to the entire REACH team. Their dedication and passion are what drive us forward, and their efforts over the past year have been nothing short of remarkable.



DR NALINI KRISHNAN
Executive Secretary, REACH

From Our Director

As we reflect on the past year, the 2023-24 Annual Report stands as a powerful reminder of the transformative impact of a community-driven healthcare model. We have deepened our commitment to eliminating tuberculosis (TB) and expanded our focus to tackle interconnected health challenges affecting key and vulnerable populations.

At REACH, our work has been grounded in a singular vision: to ensure that everyone has access to equitable healthcare, no matter their circumstances. We have pushed the boundaries in expanding the reach of the National TB Elimination Programme (NTEP) by addressing all spectrums of the disease and engaging with migrants, elderly people with TB, people with drug-resistant TB and disability, the LGBTQIA+ community, and other marginalised groups. We have witnessed firsthand how holistic support and community engagement can transform lives and bring hope to those fighting battles on multiple fronts.

We pride ourselves in our ability to mobilise communities as drivers of change. We have not only provided care and support to people with TB but also created pathways for empowerment and advocacy, ensuring that affected communities are not just recipients of care, but active agents in shaping the future of TB elimination efforts and beyond. Through the ALLIES project, we have piloted a community-led monitoring tool and gathered feedback from thousands of people with TB about the quality of TB care and services, which enhanced health system accountability and fostered tailored solutions to meet their unique needs.

Our TB Champions have brought their strength and empathy into the heart of our efforts. Through the Unite to ACT project, we were able to scale up the TB Champion model with direct

implementation in 80 districts across 11 states and technical assistance to 10 other states in the country. These Champions continue to provide person-centred peer support to people with TB and address their multifaceted socio-economic needs to create a real and lasting impact in their lives.

REACH's pioneering public-private partnership to eliminate TB in Chennai evolved into the broader Linking to Care initiative, which not only supported people with TB and their families but also screened, tested, and facilitated care for those with comorbidities like diabetes and hypertension.

None of this would have been possible without the steadfast support of our partners and donors.

This year, we also celebrated a major milestone—25 years of REACH's journey—and acknowledged the need to address multifaceted challenges that go beyond TB. And so, we shift our gaze, expanding our mission to encompass a wider spectrum of issues, to become champions of holistic health. This is not a deviation, but an evolution; a natural crescendo of a movement driven by empathy and understanding. It is the recognition that equitable health is not a singular destination, but a sprawling landscape—interconnected, and interdependent.



DR RAMYA ANANTHAKRISHNAN
Director, REACH



Our Mandate

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

Providing care and support to people with TB and NCDs

We provide direct support, including medical care, to people with TB and NCDs in Chennai through nodal Nakshatra centres. We also facilitate holistic care and support for people with TB across India through our TB Champions and community volunteers.

Empowering communities

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

Engaging the private sector

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



Advocating for TB and NCDs

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

Promoting Multi-sectoral Coordination for Equitable Health TB

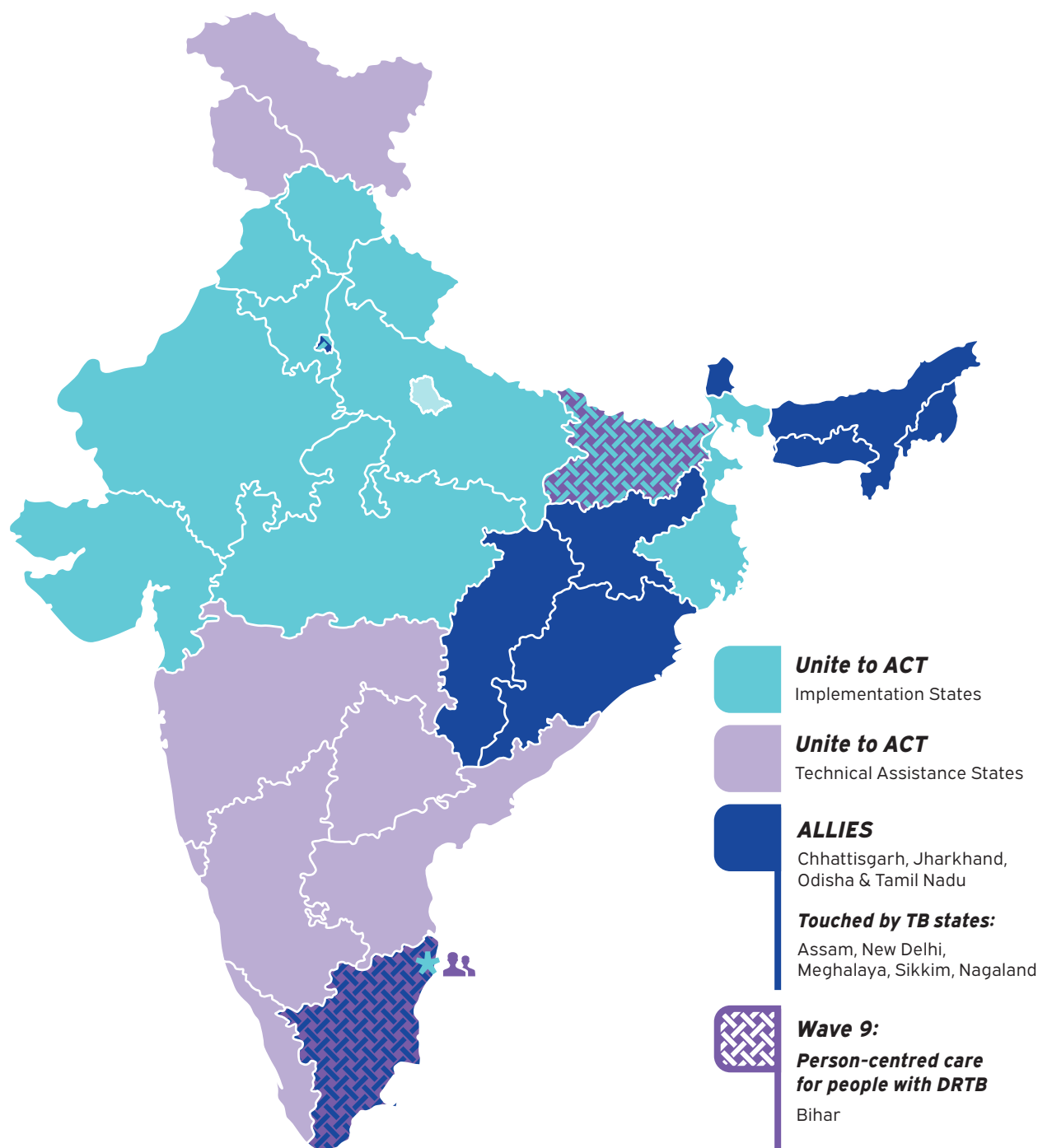
We work to improve coordination among previously unengaged stakeholders, including the media, industries, elected representatives and celebrities, among others.

Building Evidence-based Innovative Approaches

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

Improving Public Understanding of TB and NCDs

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



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 States

ALLIES

Chhattisgarh, Jharkhand, Odisha & Tamil Nadu

Touched by TB states:

Assam, New Delhi, Meghalaya, Sikkim, Nagaland

Wave 9:

Person-centred care for people with DRTB

Bihar

Person-centred care for migrants with TB

Tamil Nadu

TB Elimination Demonstration Project

Hardoi, Uttar Pradesh

★ Linking to Care

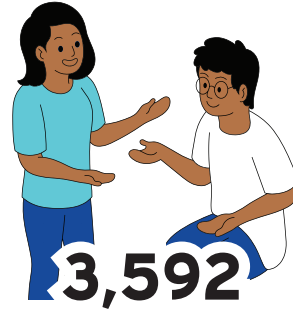
Chennai



Community Care model for people with drug-resistant TB

Chennai

Our Impact in 2023-24



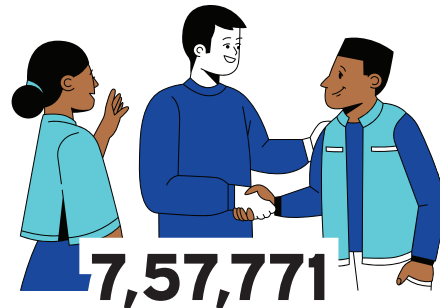
3,592

People with **drug-resistant TB** supported



1,712

TB survivors engaged as
TB Champions



7,57,771

People in the community who
received support and information
on TB and NCDs



2,39,766

People with TB supported



424

People from diverse stakeholder
groups reached out

Linking to Care

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

Implemented in: Chennai

The **Linking to Care** initiative was built on REACH's existing private health sector engagement model in the city of Chennai and aimed to integrate early diagnosis for **Non-Communicable Diseases** (NCDs) like Diabetes and Hypertension in people with TB and facilitate efficient linkages to care and treatment. REACH implemented this initiative from January 2020 to January 2024 with technical support from Advance Access & Delivery and financial support from Eli Lilly and Company. The objective of the project was to use TB as an entry point to screen people with symptoms of TB, people with TB and all family contacts over 30 years of age for Diabetes and Hypertension.

Early diagnosis can help provide better care and optimise health outcomes not just for TB but also for comorbidities. Managing NCDs effectively can help slow the progression of TB from infection to disease and control the bi-directional effect of TB and NCDs on each other. Addressing the link between TB and NCDs can help in the successful management of both the diseases and ensure positive TB outcomes.





Key Results (2020-24)



32,246

People with TB symptoms were provided **free NAAT testing**



12,191

People diagnosed with TB, **99.5%** initiated on treatment



29,039

People screened for **Diabetes**



27,614

People screened for **Hypertension**



334,083

People sensitised on TB, diabetes, and hypertension through awareness programmes

TB Care Services

The project encompassed a comprehensive approach to TB management and person-centred care for people with TB at **'Nakshatra Centres'** in Chennai. These are free spaces provided by 38 private hospitals in Chennai where **'TB Nanbans'** offer personalised counselling and support and a full range of TB services under one roof for free. These centres received referrals from nearby private practitioners, pharmacies, laboratories, and communities, focusing on individuals with symptoms of TB (PwSTB). It also facilitated free TB screening, including chest X-rays, NAAT (Nucleic Acid Amplification Test), AFB (Acid-Fast Bacillus) tests, and culture-based tests, as prescribed by private practitioners.

The initiative also focused on education and counselling, covering essential topics such as TB basics, cough hygiene, contact screening, and nutrition. Once diagnosed, people with TB received treatment initiation support and ongoing follow-up to ensure adherence until treatment completion. Home visits were conducted to monitor treatment adherence, and all **household contacts** were screened for TB. The programme provided information, education, and communication (IEC) materials in local languages to enhance treatment literacy. Additionally, people with TB were registered in the **Nikshay Portal** for TB notifications and linked to the Nikshay Poshan Yojana for nutritional support from the government. This multi-faceted approach improved TB management and treatment outcomes through early diagnosis, treatment adherence, and comprehensive support.





NCD Care Services

The project also focused on early detection and management of **non-communicable diseases** (NCDs) through comprehensive screening and linkage to care at the Nakshatra Centres. Individuals were screened for diabetes and hypertension, with referrals to private practitioners and hospitals in Chennai for confirmation of diagnosis and treatment.

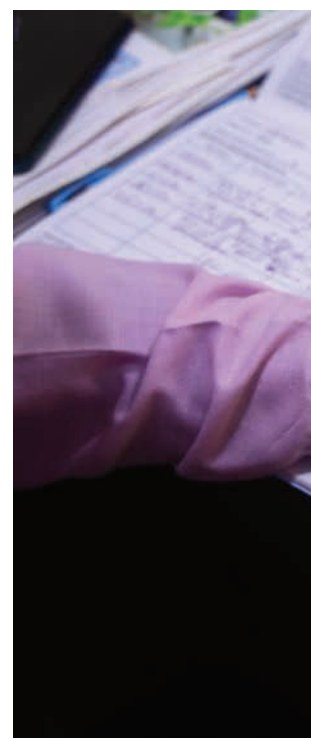
This included extensive education and counselling on disease prevention and management, supported by home visits to monitor treatment adherence. Household contacts were encouraged to undergo screening for NCDs for early diagnosis and treatment. To raise awareness, the programme provided communication materials on diabetes and hypertension and conducted community awareness programmes. Regular follow-up visits were scheduled over 6 to 9 months to ensure continued compliance to treatment and management plans. This integrated approach helped enhance early detection, effective management, and overall awareness on diabetes and hypertension, ultimately improving health outcomes for those affected.



Prevention

Support Group Meetings provided a platform for individuals with diabetes and hypertension to interact and share their experiences. These meetings facilitated the exchange of knowledge about NCDs, leading to discussions that resulted in more effective disease management. They offered a supportive environment where people could discuss their challenges and experiences with peers, which helped to alleviate anxiety, boost self-esteem, and enhance overall well-being.

In addition, regular community sensitisation programmes were conducted to raise awareness about diabetes and hypertension. These programmes provided information on the risk factors associated with both conditions and emphasised the importance of a balanced diet, regular exercise, stress management, and other lifestyle changes for maintaining good health. The awareness campaigns were held at various venues, including educational institutions, self-help groups, medical camps, industries, and associations, ensuring a broad reach and impact.







A Wake Up Call

On a typical sultry afternoon in April 2023, **Thendral** (name changed) arrived at the Nakshatra Centre at Mahalakshmi Hospital. Referred by a chest physician following a bone TB diagnosis, the middle-aged woman was accompanied by her 30-year-old son, an IT professional who had no idea that this visit would turn his life upside down.

At the centre, **TB Nanban Revathy** began Thendral's treatment and provided essential counselling on what to expect and how to manage the treatment. As part of the standard screening protocol for TB care, Revathy recommended that her son undergo a diabetes screening. Initially, he resisted the suggestion, confident in his own health and focused on his mother's needs. "I'm just here for my mother. I'm healthy, there's no need for me to get tested," he insisted.

However, the TB Nanban persisted. She explained the importance of regular diabetes screening, emphasising how critical it was to detect the condition early—even in those who felt perfectly healthy. After much persuasion, he reluctantly agreed to the test.

The results were alarming. His HbA1c, a key indicator of long-term blood sugar levels, was a staggering 13.6—far above the normal range. Further tests, including Fasting and Post Prandial blood sugar levels, confirmed the diagnosis of diabetes.

Stunned by the results, he had no choice but to accept the diagnosis and begin treatment. Revathy stepped in to provide not just the medical basics, but also emotional support. She explained the fundamentals of diabetes management and provided a detailed booklet for further information.

"I have made a complete 360-degree lifestyle modification to ensure a healthy lifestyle," he told the TB Nanban, a few months later she met him again. "Previously, I would rarely go for a walk, but now I make sure to walk regularly. I have also started having breakfast on time, reduced my sugar consumption, and included more vegetables and greens in my diet. I am committed to keeping myself healthy and managing my diabetes effectively."

His journey highlights not only the importance of regular screenings but also the profound impact that early intervention and education can have on transforming lives.



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 (Amplifying Community Action for TB Elimination) project was implemented by REACH from 2021 to 2024, supported by a grant from the Global Fund to Fight AIDS, TB, and Malaria. The Foundation for Innovative New Diagnostics (FIND) served as the principal recipient of the project, with REACH acting as the sub-recipient (SR), and MAMTA and World Vision India as sub-sub-recipients (SSRs). In 2022, additional activities were introduced through the C19RM mechanism to mitigate the impact of the COVID-19 pandemic by engaging TB Champions. The project's activities were designed and executed under the guidance of the Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare, Government of India.

The project employed a dual-pronged approach: direct implementation in **11 project states** and **82 project districts**, complemented by a comprehensive Technical Assistance package aimed at accelerating community engagement across **14 States and Union Territories**. The 11 project states were Bihar, Delhi, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Uttarakhand, Uttar Pradesh, and West Bengal. Operations in Himachal Pradesh, the eleventh state, commenced in March 2023.

Key Results (2021-24)



2,110

TB survivors trained as **TB Champions**

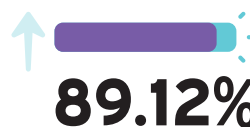


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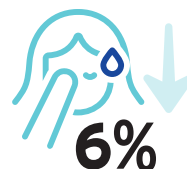
TB Champions engaged across interventions to provide **person-centred care**

4,04,044

People with TB received comprehensive person-centred care from TB Champions



Treatment success rate (2022) from a baseline of **78.12%** (2019)



People with TB experienced **self-stigma** (2022) against **20.5%** in 2019



State-level TB survivor-led networks formed and strengthened with **79** District Chapters

19,356

Communication skilling products developed

6,143

Community Health Officers (CHOs) trained



National Dissemination Meeting

The national dissemination meeting of the Unite to ACT project was held in New Delhi on June 21, 2024. Formally releasing the Impact Report and the impact film, **Dr. Vinod Kumar Paul**, member NITI Aayog and public health expert emphasised the vital role of community engagement in eliminating TB in India. *"REACH has developed and delivered a wonderful model that the world can emulate, with TB Champions at the forefront. You trained them, provided the tools, measured the impact, and the results are here for all to see,"* he said.

The event also saw the presence of **Mr. Arun Kumar Jha**, former Economic Adviser, Ministry of Health & Family Welfare; **Dr. Raghuram Rao**, Asstt. Director General, Central TB Division, Ministry of Health and Family Welfare; **Dr. Nishant Kumar**, Joint Director, Central TB Division, Ministry of Health and Family Welfare; **Dr. Sarabjit Chadha**, Regional Technical Director (India & South-East Asia), FIND and several other TB Champions.



From TB Survivors to TB Champions

REACH empowers TB survivors to become TB Champions and play a crucial role in supporting affected communities throughout the TB care cascade, ultimately improving equitable access to healthcare services.

TB Champions served as valuable links between the programme and the community, helping people with TB, identifying symptoms, and guiding them to appropriate facilities. By sharing their stories openly, TB Champions helped to reduce the stigma associated with TB and encouraged open dialogue within the community. Trained TB Champions assumed various roles such as peer counsellors, youth ambassadors, network leaders, and TB advocates, contributing significantly to TB control efforts. In total, **more than 2,110 TB survivors** were trained as TB Champions through capacity-building workshops organised in all implementation districts.

Person-centred Care Services

The project harnessed the expertise of TB Champions to provide psycho-social support to individuals with TB, raise awareness within communities, and advocate for their well-being with key stakeholders, such as the NTEP and elected representatives. TB Champions have been integral to the TB response, delivering person-centred care services to **over 4,00,000 individuals** through various interventions, including the **Mentorship Programme, Support Hubs, and Rapid Response Teams (RRTs)**.

Through the Mentorship Programme, **90,639 people with TB** across **82 districts** received support from **960 trained TB Champions**. This marked a significant milestone, ensuring that all newly diagnosed individuals with TB at these health facilities now had access to peer support. The TB Support Hubs provided comprehensive, person-centred care to **1,48,750** people with TB, facilitated by **410** TB Champions. This care included treatment literacy, peer counselling, vulnerability assessments, and family counselling. The community-led Rapid Response Teams (RRTs) created a platform for effective communication between the healthcare system and communities.





Engaging LGBTQIA++ Communities Affected by TB

In a first-of-its-kind intervention, TB survivors who identified as LGBTQIA were engaged to support their communities and advocate for TB.

44 TB survivors from the LGBTQIA++ community were trained through two national-level workshops. Over nine months, 28 LGBTQIA++ TB Champions conducted 827 community meetings, sensitising over 7,500 individuals about TB. They organised 434 advocacy and sensitisation meetings with various stakeholders, provided person-centred care to 12 LGBTQIA++ persons with TB, and facilitated 32 anti-stigma campaigns.



Training of Trainers (ToT)

One of the primary initiatives under Unite to ACT was the development of a cadre of master trainers for training TB survivors as TB Champions, through **Training-of-Trainer (ToT)** workshops at the sub-national level. Four ToT workshops were conducted for the North, West, East, and South Zones, with technical assistance provided for the North-East workshop. In total, **137 master trainers** were trained across five zones. To further bolster the NTEP's capacity for scaling up training and engagement of TB survivors, state-level ToT workshops were held in the project states. Sensitisation of NTEP teams on community engagement was carried out regularly in all project implementation and technical assistance states.

Communications Skilling

TB Champions were equipped with a diverse array of communication skills, including public speaking, writing, and the use of songs, poems, slogans, wall writing, mobile photography, and videography. Post-training, TB Champions created various communication products incorporating approved messages on TB and COVID-19. Through the C19RM mechanism, this intervention was scaled up across **80 districts**. To enhance the communication capacity of trained TB Champions on TB and COVID-19, **880 TB Champions** were skilled through 22 workshops held in 10 states. Within nine months, 840 engaged TB Champions developed nearly **20,000 communication products** in various local languages.

Community Education

TB Champions spearheaded a massive awareness campaign, organising community gatherings in the villages, urban slums and other congregation points. Through their tireless efforts, they sensitised over **5,00,000 community members** about TB, empowering them to take action against the disease. TB Champions also reached out to elected representatives including Ministers, MLAs, Chairpersons of Municipal Corporations, PRI members, Ward Members/Gram Panchayat Pradhan in their respective area/regions, and encouraged them to sign a letter of commitment, pledging their time or resources to support TB elimination efforts. More than **3,200 letters of commitment** on investing in TB were signed by PRI members in the project states. Nearly 800 engaged TB Champions reached out to more than **24,000 PRI/ward members** through 2450 meetings and created TB awareness in the community.



Sensitising Community Health Officers

To amplify and sustain community engagement at the grassroots level, TB Champions collaborated closely with Community Health Officers (CHOs) at Health and Wellness Centres in their respective areas. CHOs were sensitised to support TB Champions in identifying community-level gaps and organising community meetings. In total, over 6,000 CHOs were sensitised through the project.

National Consultation on Identification, Capacity Building & Engagement of TB Champions

In August 2023, a national consultative meeting was held with representatives from 16 states, as well as WHO Consultants and development partners. Through a consultative process, **3 key documents** were prepared:



A Handbook for Identification and Engagement of TB Champions



From TB Survivors to TB Champions: A Training Curriculum - A Facilitators' Manual (updated version from 2019). Detailed presentations and training materials were developed for each module, to support facilitators.



Building Effective TB Forums and Strengthening Community Engagement under NTEP

All three draft documents were shared with participants at the meeting, and their feedback was obtained. This was subsequently incorporated into the documents, and the revised versions shared with Central TB Division.



Empowering Marginalised Communities

*"I help TB survivors access government schemes and ensure they get the support they need," says **Alfiya**, a TB Champion from Mumbai. "I ensure that trans women from high risk communities get tested for TB every 3 months. Today, we've reached a stage where the women I've reached out to know that they should get themselves tested even if they have a cough for two days."*

Alfiya is a transgender woman dedicated to aiding TB survivors in her community, ensuring they navigate the healthcare system and access government schemes effectively. Her own battle with TB and the discrimination she faced has fueled her passion to support others in similar situations. In 2006, Alfiya contracted non-pulmonary TB. The TB diagnosis brought a wave of challenges, both from the disease and the social stigma attached to it. *"I underwent treatment for six months at a private hospital, and a surgery was performed to remove nodules. After this, I felt relieved, though medication continued,"* she recalls.

When Alfiya got the opportunity to become a TB Champion, she took it up because it meant helping other trans women like herself. The training by REACH in Delhi not only helped her understand TB deeply, it also enabled her to help others access various government schemes available to people with TB and survivors, and she regularly ensures that trans women are able to access these benefits. *"I help people with TB within the community and outside at every stage of the diagnosis and treatment for this disease, using the things I learned during the training"* she says.

Alfiya highlights the unique risks faced by the transgender community, particularly those involved in sex work. *"Our community is at high risk because it's difficult to know if a customer has TB. This makes sex workers more vulnerable,"* she says. In her outreach work, Alfiya insists on the need to wear masks in crowded spaces, and to get tested every three

months. *"I advise them not to remain hungry as this worsens the condition of a person with TB."* This proactive approach has significantly improved early diagnosis and treatment, she says.

Having faced discrimination herself, Alfiya notes a positive shift in societal attitudes towards transgender persons. *"Due to the efforts of our community, transgender people now face less discrimination. We (TB Champions) take people to the hospital and assist them at every stage during the treatment period. Doctors and paramedical staff go out of their way to help and prioritise our patients,"* she remarks.

However, one of the challenges she faces in her work is the window of time for testing in government hospitals, which does not suit transgender women engaged in traditional work. *"Testing is available only till 9.30 or 10 am – and this is usually the time when many in the community are working. They will have to miss out on their livelihood to make it in time for the testing – extending the hours will definitely help,"* she explains.

Even Small Acts of Kindness Can Change Lives

Sunita Tiwari, a Lucknow TB Champion, spends her days helping people with TB at the Support Hub in the BRD TB Unit. It was a typical day until a frail figure stumbled through the door, seeking assistance. Sunita's keen eyes quickly assessed the situation – the individual was not only battling TB but also poverty.

His gaunt appearance and feeble voice painted a stark picture of his struggles. Living in a slum, the man lacked the strength to work and barely had enough food to sustain himself. Sunita, a fighter who wouldn't let a person with TB fall through the cracks, sprang into action.

She approached a local shopkeeper, but was met with a cold 'no'. But Sunita wasn't one to back down. She explained, with quiet passion, how proper nutrition was key to fighting TB. Moved by her persistence and the urgency of the situation, the shopkeeper relented, agreeing to provide food in exchange for the person's commitment to treatment.

As the days passed, Sunita watched with a swelling heart as the man's health gradually improved. With nourishment and consistent medical care, he regained his strength and was soon able to return to work. It was a simple reminder that even the smallest acts of kindness can ripple outwards, changing lives for the better.



As a woman with a disability, relying on others for medication was challenging. Thankfully, the TB Champion Didi went above and beyond, fetching my refills on 2-3 occasions when my husband was away. Frankly, without her support, my treatment would not have been complete. Her dedication inspires me. We need more TB Champions like her across India to ensure people with TB like me receive the support they need to win their battles against TB.

—**MANSI KUMARI**

(name changed)

Person with TB,
Sitamarhi

TB Champions under the Unite To Act initiative are making a significant difference in Purba Bardhaman district by offering invaluable psychosocial support to people affected by tuberculosis. Their personal experiences and shared journeys are empowering others to navigate the challenges of TB and improve treatment outcomes.

—**DR. MOUTUSI SINGHA ROY**

DTO Purba Bardhaman,
West Bengal

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.



REACH, through the **Accountability Leadership by Local communities for Inclusive, Enabling Services** (ALLIES) Project, works towards the goal of creating an enabling environment for TB elimination. At the core of the project is a **Community Accountability Framework** (CAF) model, implemented through trained TB Champions in 139 Treatment Units (TU) in 15 districts across 4 states: Chhattisgarh, Jharkhand, Odisha and Tamil Nadu. The key philosophy of the project is solutions-based community-led monitoring which must be truly collaborative and lead to concrete, actionable solutions, through both technical and material support from a range of stakeholders.

ALLIES has successfully advanced towards building accountability, coverage and effectiveness of the TB programme and generated demand for strengthening community confidence in TB services in its intervention districts. The project works closely with the National TB Elimination Programme (NTEP) and other stakeholders.





Key Results (2023-24)



943

TB Survivors trained as **TB Champions**



139

TB Units and facilities where CAF is being implemented and where the project is helping to improve the quality of care and quality of services



15,190

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



215,535

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





Creation of a Culture of Ownership and Accountability

By reaching out to people with TB through CAF, an ecosystem has been created where **feedback on the quality of TB care and services** is sought directly from those using services and presented to the NTEP, and where all key stakeholders come together to find active solutions. The identified gaps are mapped through **Block Action Plans (BAP)** and steps have been taken at the individual, family, community and system levels to address the gaps. From the baseline figures (Oct-Dec 2021) till date, a significant increase has been observed across several parameters across the thematic areas of timeliness, access, quality of information etc., indicating an improvement in the overall quality of care and services.

In 2023, the project piloted variations of the CAF model, targeting assessment of vulnerabilities and Quality of Life among people with TB including addressing people with DR-TB and extending coverage to non-ALLIES intervention areas and those seeking care in the private sector. The project has also trained healthcare providers using the Achieving Excellence in TB Care and Services (AETBCS) curriculum, enabling positive, responsive attitudes and behaviour towards people with TB.





Trained TB Champions Used a Holistic Approach to Care

TB Champions apply a holistic approach to facilitating care for people with TB. They are trained in a range of skills, including the basics of TB and NTEP services, leadership and communication skills, livelihood skills, TB and disability, and a gender-responsive approach to TB. Trained TB Champions identify people with TB and disabilities, support them in obtaining disability cards, and link them to social security schemes. They also reach out to NGOs working with the transgender community, organise camps, and support the community in obtaining their Triteeya Ling cards, which identify them as transgender. They engage in discussions with the Department of Social Welfare to ensure welfare coverage.

TB Champions are recognised as community leaders, having gained acceptance among the TB-affected community and emerged as a bridge between the community and the health system.



Leaving No One Behind

The **ALLIES project** has always strived to facilitate the highest quality of care and service to the entire TB-affected community irrespective of their age, gender, caste or status of disability. Two national-level rapid assessments were conducted – one on **TB in the elderly**, the first of its kind in India, and one on **TB and Disability** – to understand the contours of the complex intersection and the strategies identified at the structural, policy and programmatic levels to provide better quality of care to the elderly and people with disabilities. The project also initiated a special intervention for TB in the elderly in nine districts, providing need-based supportive services.

Through the **Differentiated Care Model** in Mayurbhanj (Odisha) and Chennai (Tamil Nadu), the project assesses the vulnerabilities of people with TB related to alcohol use, smoking, migration, living alone, and anaemia (specific to Odisha). Individuals identified with these vulnerabilities are connected to appropriate supportive services. Additionally, State TB Officers, STDC Consultants, WHO Consultants, NTEP officials, and TB Champions receive training to enhance their understanding and implementation of a gender-responsive approach to TB, in line with the guidelines established in the National Framework developed for NTEP under the project.





Mobilising Multi-stakeholder Action

ALLIES has accelerated multi-stakeholder participation at the national, state, district, and community levels through the sensitisation of **elected representatives** (ER) and their engagement, the signing of Letters of Intent (LoI) and Corporate TB Pledges by industries, the sensitisation of journalists on TB-related reporting through **media roundtables**, the creation of international, national, and state-level opportunities for TB Champions, and the publication of over **50 TB-related stories** in leading print and electronic media by Media Fellows. In 2023-24, members of District TB Forums in Ranchi (Jharkhand) and Mayurbhanj, Khordha, and Angul (Odisha) were sensitised on conducting TB Forum meetings. A youth-led campaign to end TB was implemented, where youth TB Champions mobilised others to participate in the mission to end TB.

Advocating for addressing TB-related issues and institutionalising good practices for TB elimination has also been a focus of the project. It has further supported the formation and strengthening of TB survivor-led networks that continue to assist people with TB and advocate for access to TB services.



Care Beyond Medicine

*When **Anjana Toppo**, TB Champion, shared her phone number at a village meeting in Hardaag, Ranchi, she had no idea it would lead to a life-altering journey. Just days later, **Sunila Barla**, a young mother of three, recognised the symptoms that Anjana had described and reached out – a call that set in motion a story of hope, healing, and the impact of true compassion.*

The very next day, Anjana visited Sunila's home and accompanied her to the nearest TB Unit, where Sunila was diagnosed with TB. But Anjana's support didn't stop there.

During her visits, Anjana found that Sunila's family was struggling – her husband was unemployed and the family was struggling financially. Anjana also noticed something more troubling: Sunila was showing signs of severe psychological distress. Her husband couldn't take up consistent employment because he had to take care of the children while Sunila was unwell.

Realising the gravity of the situation, Anjana discussed the issue with the **Senior Treatment Supervisor** (STS) Sushanti, and on her advice, arranged for Sunila to receive care at the **Central Institute of Psychiatry** (CIP). Anjana personally financed and accompanied Sunila on multiple trips to the psychiatric facility, making sure she adhered to her treatment plan.

"It was a difficult time," recalled Sunila, "I faced a lot of stigma from the people around me. My neighbours would say don't come near us, my mother-in-law (who doesn't live with us) also said a lot of things that affected me quite a bit. I was very stressed."

The stress resulted in Sunila feeling suicidal. *"She would often say she wanted to leave her children and go away, that she wanted to die,"* recalled Anjana, *"And the children were getting badly affected in the situation. I decided I needed to help them somehow – what's the point of being a TB Champion if I can't help this family in need."*

With Anjana's relentless support, Sunila not only completed her TB treatment but also began to recover from her mental health challenges. Today, Sunila is healthy, both physically and mentally, and can care for her family again. *"The fact that Sunila can have this conversation today makes me happy,"* said STS Sushanti, *"She was unable to speak properly earlier, and was quite distressed. I'm very glad to see her fully recovered today."*

Reflecting on her journey, Anjana said, *"TB Champions can do this because we've lived through it. We know how serious it is. When someone's health declines, their financial situation often follows, creating a vicious cycle. But TB hits a family particularly hard. If the breadwinner or caregiver falls ill, the entire household suffers."*

Anjana's dedication went far beyond just treating TB. She addressed the whole picture – physical health, mental well-being, and the family's financial struggles. Stressing the importance of community involvement, she said, *"More awareness is crucial. The government's efforts are essential, but we all have a role to play. Organising community meetings and reaching out widely can uncover cases like Sunila's. It's incredibly rewarding to see persons with TB recover,"* Anjana shared. *"We TB champions view people with TB like younger siblings. Our goal is to provide them with all the support they need."*



Person-centred Support Model for People with DR-TB and Migrant Communities (Wave 9)

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

Implemented in: Eight districts of Bihar and four districts of Tamil Nadu



Supporting People with DR-TB in Bihar

For a person with drug-resistant TB, the pathway between diagnosis and treatment initiation is complex. It is a multi-step process spanning several days, involving multiple diagnostic tests and several specialist providers at different facilities. To address this challenge, the **Wave-9** project, implemented by REACH in eight districts of Bihar with support from the Stop TB Partnership through the TB REACH mechanism, was designed to streamline the **pre-treatment evaluation** (PTE) process and reduce delays. TB Champions, drawing from their own experiences, offered both practical and emotional support to people with DR-TB, enhancing treatment literacy and navigation through the healthcare system.





Key interventions of the project included contacting individuals diagnosed with DR-TB at various NAAT centres in the implementation districts, facilitating PTEs, and supporting treatment initiation. TB Champions assisted patients with LPA sample collection, provided education and counselling, and enrolled them in digital literacy programmes. They also conducted community programmes to raise awareness about TB prevention, diagnosis, and treatment.

Over the past year, TB Champions played a pivotal role in helping people with DR-TB navigate the health system to complete their pre-treatment evaluations and begin treatment. The project also offered additional nutritional and travel support. By addressing these fundamental needs, the project removed significant barriers that individuals with DR-TB often face, allowing them to start treatment without unnecessary delays. This comprehensive support was vital for improving treatment compliance and overall health outcomes.

From April 2023 to March 2024, **1,305 individuals were diagnosed with DR-TB**, and **1,219 (93%)** of them were initiated on treatment. The treatment initiation rate was higher among those with **INH monoresistant TB** (96%) and those with **Pre-XDR/XDR TB** (96%) compared to those with **MDR TB** (92%). The primary reasons for the remaining 7% of people with drug-resistant TB not initiating treatment included deaths, invalid contact details, and unwillingness to start treatment. Additionally, **363** people with DR-TB received support for nutrition and travel during this period.



Key Results (2023-24)



93.4% -

Diagnosed people with drug-resistant TB
initiated on treatment (1219/1305)



363

People diagnosed with drug-resistant TB
who received **additional nutrition** and
travel support







A New Usha for Rekha

*When TB Champion **Usha Kumari** entered the small, dimly lit house in Hajipur, she was met with an overwhelming sense of despair. She had come to check on **Rekha Kumari** (name changed), a young woman diagnosed with drug-resistant TB (DR-TB) at the Hajipur District Hospital in December 2023. But to her dismay, Rekha was nowhere to be found.*

Upon investigation she found out that Rekha was cast out by her own mother, left to fend for herself with only her elderly grandmother for company. Her father, barely able to keep the family afloat, was struggling to provide the care and nutrition Rekha desperately needed. With no one to turn to, Rekha's health began to deteriorate rapidly.

Usha, who had faced similar struggles during her own battle with TB, couldn't ignore Rekha's plight. She understood all too well the isolation, stigma, and suffering that accompany the disease. Drawing strength from her own experiences, she knew she had to act fast.

The TB Champion escalated Rekha's situation to the National TB Elimination Program (NTEP) team and ensured that Rekha was registered under the **Nikshay Mitra** scheme. This would guarantee a steady supply of nutritional food baskets for the next six months—an essential lifeline for Rekha. Usha also mobilised additional support from the project to meet Rekha's immediate needs.

However, Usha knew that food and medicine alone wouldn't be enough. Rekha needed something more—she needed someone to listen to her, to understand her fears; she needed hope. Usha made it a point to visit Rekha regularly, sharing her own survival story and offering words of encouragement. She recounted how she had fought not only the disease, but also the circumstances that threatened to overwhelm her.

Today, Rekha is on the path to recovery. With the regular intake of medicines, proper nutrition, and the emotional support provided by Usha, she can finally see a glimmer of hope at the end of the tunnel.



Supporting Migrants with TB in Tamil Nadu

Migration or movement of people diagnosed with TB between states and districts remains a challenge and impacts TB care and treatment outcomes. Studies in South India have shown that the majority of migrant workers tend to seek care from the private sector and on an outpatient basis. People with TB (PwTB) who are migrants are therefore doubly disadvantaged and require considerable clinical, social, and economic support. Migration also contributes substantially to loss-to-follow-up, requiring dedicated interventions such as the implementation of an essential TB service package tailored to the migrant population, improvements in overall health service delivery, and the conduct of Information, Education, and Communication (IEC) activities at their places of work or residence.

To address the issue of TB among migrant populations, REACH, in collaboration with the State TB Cell of Tamil Nadu and with support from the **Stop TB Partnership** through the TB REACH Mechanism, launched a new intervention across four districts – Chennai, Coimbatore, Kancheepuram, and Vellore. This initiative, from July 2023 to December 2024, provides **person-centred care to migrants with TB** accessing healthcare services in both the public and private sectors.



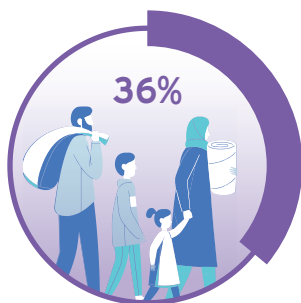


Trained community health workers (CHWs) visit health facilities in their district and collect details of all people with TB diagnosed and those who are transferred in. The CHW follows up with these individuals through phone calls or facility visits to screen them for their “Migrant” status. Following this, a vulnerability assessment is conducted for all MPwTB, gathering information on the TB care cascade and providing necessary support services. For MPwTB who are transferred out of the district, the coordinator ensures that support and coordination are provided for linkage to care in the new district. Continuous follow-up is conducted for those who are transferred in or who are receiving treatment within the same district, ensuring treatment completion and ongoing support.

All individuals identified as “migrants” receive a comprehensive range of services to support their TB care. This includes a **vulnerability assessment**, in-person counselling with a treatment literacy package, and multilingual print materials on TB. They also receive support for treatment adherence, access to the Nikshay Poshan Yojana, **comorbidity screening**, and assistance in downloading and using the TB Aarogya Saathi app. Supplementary nutrition and stigma mitigation efforts are provided, along with coordinated support for any transfers between locations. If transferred out, they will have access to telephonic counselling. Additionally, trained volunteers and TB survivors conduct **community outreach** and mobilisation activities in areas with significant migrant populations to further support these efforts.



Key Results (2023-24)



2,432

People diagnosed with TB identified as 'migrants' (36% out of 6,499 screened)

99.6%

Migrant people with TB (MPwTB) initiated on TB treatment

4,458

People in migrant-dominated communities were sensitised on TB



No Borders for TB Care

Ramesh, a Nepalese national, has been working as a watchman in Aminjikarai, Chennai, for the past two years. His life took an unexpected turn when he began experiencing persistent coughing and cold symptoms. Concerned about his health, he sought medical attention at the Otteri government TB Hospital.

After undergoing a smear test, Ramesh was diagnosed with TB. The news was undoubtedly distressing, but the support he received from the hospital proved to be a lifeline. The doctor prescribed the necessary TB medication and initiated his treatment.

But there were still a lot of unanswered questions running through his mind even as he received the free anti-TB medicines from the health volunteer at the hospital. That was when community health worker **Maniazhagan** reached out to him. He provided Ramesh with essential information about TB, addressing his fears and misconceptions about the disease. Maniazhagan also informed about the potential side effects of TB medication and reassured him that he could directly reach out to him for support at any time. He also ensured Ramesh received monthly nutritional supplements, a critical component of his recovery process.

"The support from REACH has been invaluable," Ramesh shared. "The nutritional supplements, combined with the medication, have helped me regain my strength."

After five months of treatment, he has gained a considerable amount of weight and is nearing the end of his TB treatment. His experience highlights the importance of early diagnosis, proper treatment, and community support in combating TB.



Building a Community Care Model for People with DR-TB

Supported by: The Mueller Health Foundation (MHF)

Implemented in: Chennai

REACH designed and operationalised a community care model for drug-resistant TB to provide comprehensive, holistic, and person-centred services for those affected by DR-TB in Chennai, Tamil Nadu, in partnership with the private healthcare sector supported by **Mueller Health Foundation**. The project provided high-quality tailored support services through **REACH Nakshatra Centres** – dedicated facilities located within 38 private hospitals in Chennai to offer a full range of DR-TB services under one roof, making it easier for individuals with symptoms of DRTB to access the care they need. This community care model ensured continued support for **people with DR-TB** during their entire treatment period and offered comprehensive services such as early diagnosis, timely pre-test evaluations, and minimising delays in treatment initiation, all of which are crucial for effective DR-TB management.

The key objective of the project was to provide comprehensive, equitable, stigma-free, quality care, treatment and support services through integrated approaches that combine government, private sector and community engagement.





With support from MHF, REACH provided comprehensive person-centred care services to people with drug-resistant TB through various activities. These included ensuring sputum sample collection and Line Probe Assay (LPA) testing for TB drug resistance, facilitating referrals to tertiary hospitals for specialised care, and providing travel, food, and nutritional support. The DR-TB Coordinators and TB Nanbans played key roles in counselling, guiding individuals through various hospital departments, educating them about TB, and maintaining regular follow-ups via phone calls and home visits. Support group meetings allowed for sharing of personal experiences and coping strategies, clarifying treatment-related doubts, addressing concerns about adverse drug reactions, and offering emotional support and motivation. This holistic approach addressed both medical and psychosocial needs, fostering a supportive environment for effective DR-TB treatment.

From January 2023 to June 2024, 4,236 people with TB visited Nakshatra Centres in Chennai, with 2,020 identified as bacteriologically positive. The project facilitated Line Probe Assay (LPA) testing for 71% of these individuals, leading to the diagnosis of 132 individuals with drug-resistant TB. To ensure proper treatment, DR-TB coordinators played a crucial role in navigating the complex healthcare system, assisting them in completing pre-treatment evaluations (PTE) and **fast-tracking their access to tertiary hospitals** for necessary tests and consultations. By guiding them through the complex processes, including various diagnostic tests and specialist consultations, the coordinators ensured that people with DRTB received the necessary care without being lost to follow-up. The project also offered travel and nutritional assistance, along with a healthcare kit which included items like face masks, sanitiser, and soap to help prevent the spread of TB within their communities.



TB Elimination Demonstration Project

Supported by: The HCL Foundation

Implemented in: Hardoi, Uttar Pradesh

Poor nutritional status can increase the risk of developing active TB, worsen the effects of infection, and increase the likelihood of death and relapse. It may also lead to delayed recoveries and malabsorption of anti-TB drugs.

The project, funded by the HCL Foundation, is implemented in two high-burden TB blocks – Shahabad and Sandila – of **Hardoi District** in Uttar Pradesh. This initiative provides comprehensive care and support to all people with TB (PwTB) receiving treatment at public health facilities.

The primary objectives of the project are to provide **person-centred care** services to all people with TB enrolled in the project; deliver **nutritional support** throughout their treatment journey to improve treatment outcomes; and raise **community awareness** about the disease. The awareness campaigns will focus on educating the local population about TB symptoms, prevention, and the importance of timely diagnosis and treatment.

Trained TB champions are providing counselling and support to people with TB by sharing their personal experiences with the disease, motivating them throughout their treatment journey. These champions regularly follow up with PwTB to monitor key indicators such as weight gain, symptoms, adverse drug reactions (ADR), treatment adherence, and other health metrics, ensuring that each person receives the necessary guidance and encouragement to successfully complete their treatment.

Community engagement is another critical component, with regular meetings organized in different Gram Panchayats to raise awareness on TB. Additionally, the project includes the training and sensitisation of local leaders and frontline workers, such as PRI members, Community Health Officers (CHOs), ANMs, ASHAs, and Anganwadi Workers (AWWs), to enhance their role in community engagement and TB elimination efforts.

Key Results (2023-24)

20

Survivors trained out of which 16 were engaged as TB Champions



296

People with TB who received person-centred care services

—

291

People with TB who received additional nutritional support



4,500

People sensitised on TB through 166 community meetings

Reclaiming life

Sitaram, once a hardworking provider for his family of eight in the Hardoi district, was diagnosed with TB in December 2023. The diagnosis forced him to quit his job, plunging his family into severe economic hardship. The illness left him physically weakened, and the social stigma surrounding TB only deepened his despair.

Help arrived in the form of **Gangotri**, a TB Champion working under the project to support individuals like Sitaram. Her role: to ensure that people with TB complete their treatment, manage adverse drug reactions, and receive the support they need.

During a home visit, Gangotri found Sitaram too weak to even collect his medication from the Community Health Centre (CHC). Recognising the urgency of the situation, she reached out to her seniors at REACH, who quickly secured financial assistance for his medical consultations. With additional support from the HCL Foundation, Sitaram's monthly nutritional needs were met, enabling him to better fight the infection. By the end of his treatment, Sitaram had gained 3kg, reaching a healthier weight of 49kg.

Gangotri's regular visits provided Sitaram with vital emotional support. She encouraged him, helped manage his medication, and actively fought against the social stigma surrounding his illness. Throughout his treatment, senior REACH staff also provided consistent counselling, ensuring he had the support he needed to recover.

A few months later, Sitaram returned to work after completing his treatment. **"Gangotri's support saved my life. Without her, I would not be here today, healthy and back at work. She is not just a TB Champion; she is my hero,"** he said.



Engaging Youth Leaders in TB Response

In August 2023, REACH, in collaboration with the Ministry of Health and Family Welfare, the Ministry of Youth Affairs and Sports, and the National Service Scheme (NSS), hosted a **youth conclave** in New Delhi. The event, supported by The Stop TB Partnership, brought together over 130 participants, including youth leaders, activists, TB Champions, and Members of Parliament (MPs), to discuss innovative solutions and strategies for a youth-led national campaign aimed at achieving TB elimination in India.

The Conclave featured panel discussions on the socio-economic challenges faced by Indian youth, with a special focus on tuberculosis. It also included a dialogue with young health activists on effective campaigning and explored the role of media in communicating key messages to both the public and policymakers. During a group session, participants worked together to design a national campaign aimed at addressing the stigma surrounding TB.



Engaging Media for Reporting on NCDs

Supported by: Lilly Global Health Partnership through CAF America

Non-communicable diseases (NCDs) are a significant public health challenge in India, contributing to around 60% of all deaths in the country. Recent studies have pointed to the growing NCD burden, which affects all populations, cutting across age, location, and rural/urban settings. The news media can play a pivotal role in empowering readers with accurate information on NCDs, enabling individuals to make informed health choices. However, the coverage of NCDs in Indian media suffers from inadequate and imbalanced reporting. It tends to focus on urban areas and fails to capture the unique challenges underrepresented regions face. It is this gap that this project set out to bridge, with the belief that high-quality, accessible reporting can empower communities with the knowledge needed to combat the growing burden of NCDs.

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 resources. Every year, one important NCD issue is highlighted; this year, the focus was on **Diabetes**. Following the selection of 18 Local and National Media Fellows last year, the two-day orientation workshop was held in Chennai to enhance their capacity on NCDs and diabetes, equipping them to produce high-quality feature stories on the disease.

Subsequently, a cohort of 18 journalists authored a comprehensive body of work comprising **55 articles**, written in six languages – English, Hindi, Marathi, Malayalam, Tamil, and Assamese – and across **11 states** of India. These articles by the Media Fellows delve into the multifaceted challenges of diabetes in India, highlighting its rising prevalence among diverse demographics, including children, rural populations, and low-income urban residents. The stories explore the complex interplay between diabetes and other health conditions such as TB, as well as



the mental health impacts of living with diabetes. Additionally, the articles address the roles of self-negligence, diet (millets), and tobacco consumption in diabetes management, while noting the surge in diabetic deaths during the COVID-19 pandemic. Specific issues such as diabetic retinopathy, gender inequality in prevalence, and access to generic medicines are also covered, offering a comprehensive overview of the diabetes crisis in India.

Thereafter, preparations began for the next year's **Fellowship on Cancer**. In January 2023, an open call for applications from journalists across India was announced for Reporting on Cancer and widely disseminated via email and social media. In response to the call, 33 applications were received from young and experienced journalists across 13 states of India, of which 42.4% (13) were from women.

Key Results (2023-24)



18

Journalists selected for
REACH Media Fellowship for
Reporting on Diabetes



55

Articles published by Media Fellows
in **six languages** and **across 11 states**



Overall, 24% of screened HHCs in the “7-1-7” period started TPT compared with 16% in a historical control ($P < 0.01$). Barriers to achieving “7-1-7” included HHC reluctance for evaluation or TPT, refusal of private providers to prescribe TPT and reliance on facility-based screening of HHCs instead of home visits by health workers for screening. The introduction of a timeliness metric is a workable intervention that adds structure to HHC screening and timely management.



Article submitted 19 December 2023. Final version accepted 19 December 2023.



End Users Study on Diagnostics

REACH conducted a multi-site sequential mixed-method formative study in India to explore the end-user insights on **non-sputum sampling** for TB testing and inform the development of patient-centred novel TB diagnostics. It was part of the **Unitaid-funded DriveDx4TB project** led by FIND globally. The study investigated the perspectives and challenges associated with integrating and rolling out urine and tongue swab sample types. It included inputs from TB care recipients, healthcare workers (HCWs), civil society (CS) members, and public health experts (PHEs), with both quantitative surveys and qualitative data analysis.

The study found that both novel samples had a high acceptance among all stakeholders with a preference for tongue swab among TB Care recipients. Seven in 10 TB care recipients (n=109/161) said that they faced challenges in giving sputum samples. A substantial percentage of respondents, including 98% of HCWs, 82% of CS, and 87% of PHEs, expressed the difficulty TB care recipients face in producing sputum samples and the resulting delay in bringing the samples to the health care facilities. The qualitative data suggests the need for creating awareness among communities for accepting the new novel sample types. There was a consensus among participants that the cost of the novel tests must be affordable.

TB KVPs Size Estimation in India

REACH, in collaboration with the Stop TB Partnership, conducted a comprehensive assessment of Key Vulnerable Populations (KVPs) for TB in India. Utilising the Stop TB Partnership's estimation tool, the project involved extensive stakeholder consultations and data collection. Findings revealed significant data gaps, particularly regarding the prevalence of TB among marginalised populations such as migrant population, people living with HIV, and homeless individuals. Additionally, the assessment identified a disproportionate TB burden among KVPs, with higher incidence rates compared to the general population. The report recommends targeted interventions, including community-based case finding, improved access to TB services, and enhanced data collection mechanisms to address the specific needs of KVPs for improved TB detection and prevention.

REACH at Union Conference

The Union Conference on Lung Health 2023 Paris, Nov 15–18

Nov 15 SOA06 Meaningful Collaborations to End TB

Peer group counselling by TB Champions aid in improving adherence and expedite TB Elimination: Lessons learnt from India

Session: 15:00 | Presentation: 15:05 | **Smrity Kumar** | Short Oral Abstract Session

Nov 16 OA15 Key Populations

Assessing status of Anaemia as a vulnerability among people with TB in tribal setting – experience from Odisha, India

Session: 08:30 | Presentation: 08:44

Dr Sripriya Pandurangan
Oral Abstract Session

OA20 Meaningful Engagement of CSO's in Delivering Quality TB Services

Community Accountability Framework: Improving the Quality of TB Care and Services in India by leveraging community action as an ally

Session: 10:15 | Presentation: 10:42

Subrat Mohanty
Oral Abstract Session

EP13 Access to Quality TB Care

Improving the Treatment initiation among people with drug-resistant TB in Bihar, India – a peer-led, guided and personalised support model

Session: 12:55 | Presentation: 13:25

Rajeswaran Thiagesan
E-poster

OA33 Covid A-to-Z

Formation of Community-led Rapid Response Teams to mitigate TB and COVID-19 in India

Session: 16:45 | Presentation: 17:44 | **Anuradha Panda** | Oral Abstract Session

SOA12 TB, Gender and Stigma

Self-stigma among people with Tuberculosis in India: a mixed method study from 5 states of India

Session: 08:30 | Presentation: 08:44

Anupama Srinivasan
Short Oral Abstract Session

SOA12 TB, Gender and Stigma

Vulnerability assessment among persons with TB in tribal and urban populations settings in India

Session: 10:15 | Presentation: 11:16

Ashvini Vyas
Short Oral Abstract Session

SP20 Normalising TB Conversations: Power of the People's Movement in Ending TB

Engaging TB survivors in TB programme implementation

Session: 15:00 | Presentation: 15:30

Dr Ramya Ananthakrishnan
Symposium

Nov 17 **OA35 Capacity Building and TB Prevention and Care**

Skilling TB Survivor-Champions in Communications for better outreach to Communities: Experiences from India

Session: 8:30 | Presentation: 09:02

Smrity Kumar

Short Oral Abstract Session

OA45 Can We Find Everyone by 2030? Missing TB Cases!

Tapping into latent local resources for meeting additional nutritional needs of people with TB in Tamil Nadu, India

Session: 10:15 | Presentation: 10:56

Dr Sripriya Pandurangan

Short Oral Abstract Session

OA45 Can We Find Everyone by 2030? Missing TB Cases!

Positioning TB Champions in TB Units, for providing treatment support services to people with Tuberculosis in India

Session: 10:15 | Presentation: 11:23

Smrity Kumar

Oral Abstract Session

EP21 Is Investing in TB Knowledge a Good Idea?

EP21-I183-17 Investing in building capacity of TB survivors to provide person-centred care: Lessons from community-led interventions in 10 Indian states

Session: 14:00 | Presentation: 14:15

Anuradha Panda

E-poster

EP24 Local and Global Policies and Politics

Mid-media to overcome hard-to-reach area: Generating TB awareness among tribal communities in Odisha

Session: 14:00 | Presentation: 14:25 | **Subrat Mohanty** | E-poster

SPECIALS

Rationale for the KVP Size Estimation Tool, A Stop TB Partnership Event

Nov 17, 15:00

Hotel de Collectionneur

Dr Ramya Ananthakrishnan

Value Addition of AI solutions in TB Affected Population

Nov 17, 12:30

Qure Booth

Dr Ramya Ananthakrishnan

Empowering Communities in TB Service Delivery at the Primary Care Level: Sharing Experiences from Innovative Projects

Private Practitioners and Community Engaged in Ending TB in India – A video screening

Nov 17, 16:00

Screening of REACH Nakshatra Film

Nov 17, 19:00

Amphitheatre

**ART
EXHIBITION
COMMUNITY
CONNECT**

'Why Me'

Mukta Kirtisudha Ghadei

'Stigma in School'

Achint Kaur

'Battling TB Self-Stigma'

Soniya Kumari

'Faces of Stigma'

Ishrat Parveen

'Stigma in Society'

Achint Kaur

'Towards Hope'

Binay Patra

'Shattered Landscape'

Ishrat Parveen

World TB Day

TB Champion urges the youth in Gumla, Jharkhand to fight against TB-related stigma



Airport passengers
and staff
sensitised on TB



Chennai Airport terminals illuminated
in red as a commitment to end TB



TB awareness
campaign in
Patna, Bihar



A meme-led social media campaign
to ignite conversation about TB

Publications

Celebrating 25 Years of REACH

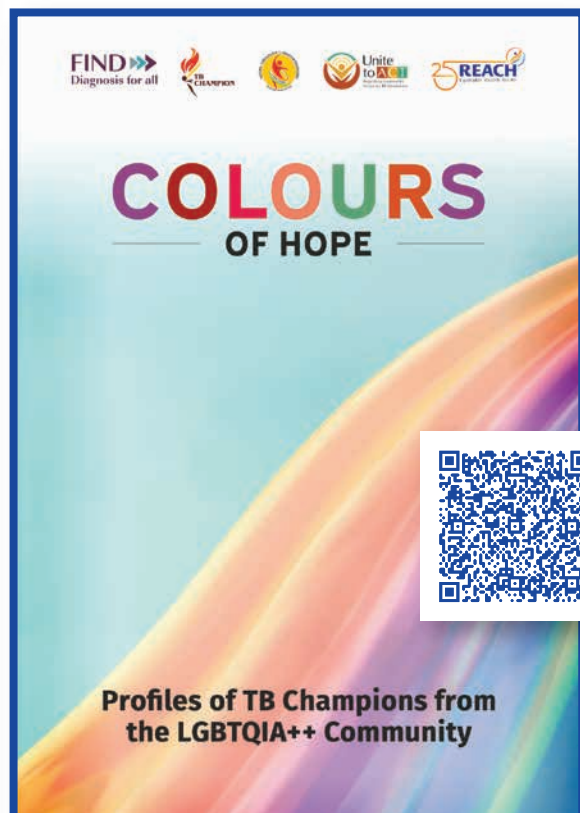
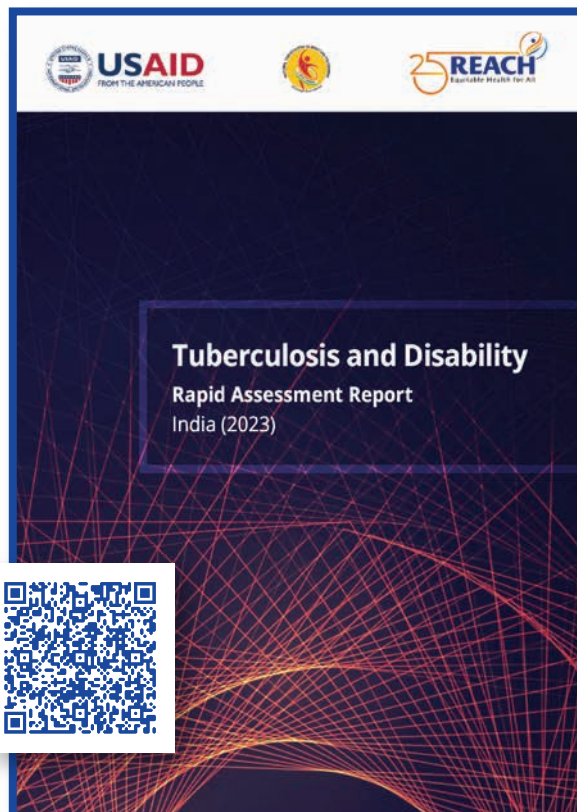
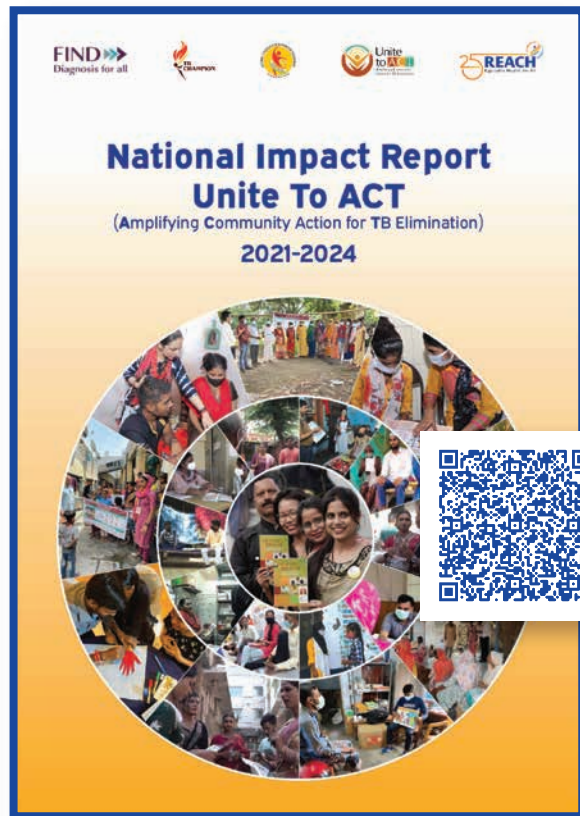
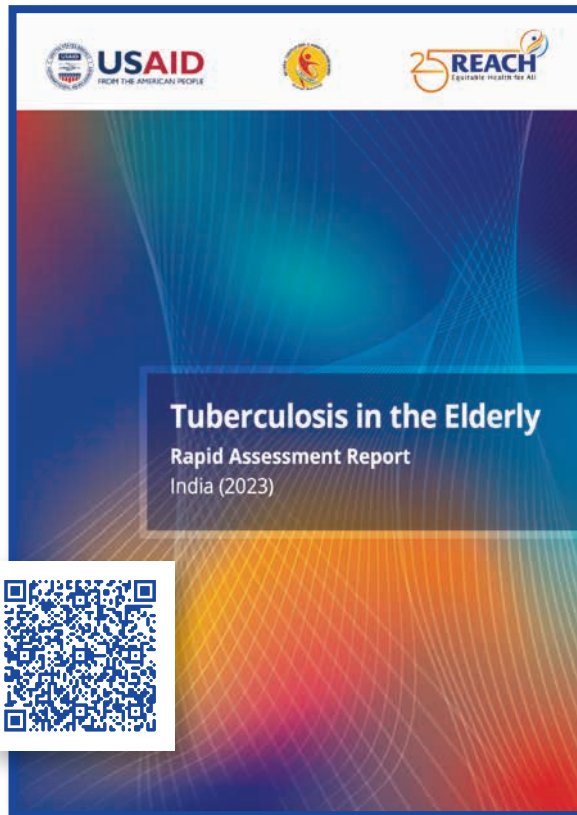


Celebrating

25 YEARS OF REACH

Unite to ACT:
National Impact Report

TB in the Elderly



Colours of Hope

TB and Disability



Short Films

Heroes of Hope:

The TB Champion Movement

This film features the voices of people with TB, TB Champions and other stakeholders who emphasise the role of engaging affected communities in the fight against eliminating TB.



Nakshatra Centres:

Pioneering Integrated Care for TB and NCDs

This film shines a spotlight on the incredible experiences of those living with diabetes and/or hypertension and the alterations they've made in their lifestyle following their visit to the Nakshatra Centres in Chennai for TB diagnosis and treatment.



Youth TB Champion Muna:

Inspiring Change and Saving Lives

Muna Behera, a youth TB champion from Odisha, is working to raise awareness and support for people with TB through community engagement and storytelling.



Youth TB Champion Samiksha:

Fighting for a TB-Free Tomorrow

Samiksha Kashyap, a youth TB champion from Chhattisgarh, employs skits, social media, songs, and slogans to educate and engage youth in the fight against TB.

Our Team

Executive Committee Members

Mr Rajivan Krishnaswamy,
President

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

Ms Anusha Krishna,
Executive Member

The REACH Team

Dr Ramya Ananthakrishnan, Director

Ms Sheela A, Deputy Director

Ms Anupama Srinivasan, Assistant Director

Mr Subrat Mohanty, Sr Advisor and Project Lead, ALLIES

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Dr Radha R, Sr Technical Lead

Mr T Rajeswaran, Research and Monitoring & Evaluation Lead

Ms K Nalini, Community Engagement Specialist

Mr Mayank Mohanti, Sr Media & Communications Associate

Mr S Karthikeyan, Sr Manager, Finance & Administration

Ms Sri Krupa, Sr Manager, HR & Administration

Ms Jovitta Xavier, Knowledge Management Specialist

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Sr Manager, Finance & Administration

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Manager, Finance & Administration

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Sr Finance Officer

Mr M Regan Raj,
Finance & Accounts Officer

Mr Srinivasulu,
Finance & Admin Officer

Mr P Paul Sudhakar,
Finance & Accounts Officer

Mr Rajeev KM,
Finance & Accounts Officer

Ms V Rajalakshmi,
Sr Administrative Officer

Mr Ramesh Chand,
Administrative & Finance Officer

Mr Ajay Sharma,
Finance & Admin Officer

Mr M Ravi Kumar,
Finance & Accounts Officer

Ms A Pavithra,
Finance Assistant

Ms P Suriya,
Assistant-HR & Administration

Ms G Mary,
Administrative Assistant

Mr M Ganapathy,
Admin Support

Mr Ankit,
Admin Support

Linking To Care Initiative

Dr Shruthi BS, State Operations Lead
Ms T Margaret, District Operations Lead
Mr S Saravanakumar, District Operations Lead
Ms N Lakshmi, Programme Associate
Mr R Praveen, Programme Assistant
Mr M Joseph Soundararaj,
 Community Programme Coordinator
Mr VL Chitra, Data Entry Operator
Mr Sathish Kumar R, Project Associate
Mr E Rajan, Data Entry Operator
Ms Amritha Limbu, Data Entry Operator

Senior TB Nanbans

Ms S Mangaiyarkarasi
Ms M Deenathayabari

TB Nanbans

Ms R Kalpana
Mr A Anbarasan
Ms S Shanthi
Ms S Juliet Jaya Seeli
Ms K Rukmani
Ms N Revathy
Ms J Suguna Devi
Mr C Jaya Felix
Ms M Sowmiya
Ms U Gayathri
Ms N Vasanthi
Ms N Vijayakumari
Ms D Kalaivani
Mr M Sathyaraj
Ms G Usha
Ms L Pretha
Ms S Muthulakshmi
Ms Tintu Joseph
Ms G Chithra
Ms S Jothi Lakshmi
Ms R Anitha
Ms I Priyanka
Ms A Silambarasi
Ms D Devi
Ms S Jayanthi
Ms SHemamalini
Mr Maniyazhagan A
Ms Parkavi M
Ms G Suganya
Ms E Poomin Chitharathi
Ms C Logeswari
Mr S Sathan Kumar
Ms S Shanthi
Ms G Jayanthi
Ms S Esther

WAVE 9 TB-Migration

Ms D Jalastin Sheela,
 District Programme Coordinator-Kanchipuram
Ms G Indira,
 District Programme Coordinator-Coimbatore
Ms AT Ranjini,
 District Programme Coordinator-Vellore
Mr CM Niranjan,
 Project Associate-Chennai

WAVE 9 Project - Bihar

Dr Prashant Pareet, Operations Lead
Ms Suchismita Paul, State Program Coordinator
Mr Sudeshwar Singh, State Community Coordinator
Ms Arti Kumari,
 District Programme coordinator-Muzaffarpur
Mr Prafulla Kumar Verma,
 District Programme Coordinator-Bhagalpur
Mr Jitendra Kumar,
 District Programme Coordinator-Gaya
Ms Aditya Kumar,
 District Programme Coordinator-Sitamarhi
Mr Vikash Chaurasiya,
 District Programme Coordinator-Vaishali
Mr Arvind Kumar,
 District Programme Coordinator-Darbhanga
Mr Abhishek Kumar,
 District Programme Coordinator-Patna
Mr Shyam Kumar Soni,
 District Programme Coordinator-Saran

CFCS 12 Project

Ms Ananya Mahesh, Research Associate

HCL Project

Mr Rajan Sunil Nair, District Lead-Hardoi, UP
Ms Pranshu Gupta, Project Coordinator-Hardoi, UP
Mr Ilush Khan, Admin, Finance and M&E Officer

ALLIES Project

Dr Sripriya Pandurangan, Deputy Project Lead
Dr Karabi MG Majumdar,
 National Operations Coordinator
Mr Ashvini Vyas,
 National Operations Coordinator-Special Interventions
Ms Adrita Bagchi, Communications Specialist
Dr Sampan Rattan, Project Officer
Mr Rajat Verma, Programme Associate
Mr Sumit Kumar, Monitoring and Evaluation Lead
Dr Raghavan Gopa Kumar,
 National Coordinator, Touched by TB
Mr Bikram Basak, Project officer

Chhattisgarh

Mr Fidius Kerketta, State Operations Lead
Mr Deepak Singh Thakur, District Strategist, Durg
Mr Mukesh Kumar, District Strategist, Balod
Dr Sarla Singhania, District Strategist, Raipur
Mr Ravi Ranjan, Project M&E Coordinator

Jharkhand

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 Project M&E Coordinator
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Mr Rash Ranjan, District Strategist, Bokaro
Mr Prabhakar Bharti, District Strategist, Gumla
Ms Anima Kisku, State Operations Lead, Jharkhand

Odisha

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Mr Tapan Kumar Pradhan,
 District Strategist, Mayurbhanj
Ms Sukanti Prusty, District Strategist, Angul
Mr S Premdan Frederick Ishmail,
 District Strategist-Angul

Tamil Nadu

Mr K Balasubramanian, State Operations Lead
Mr P Rajeswaran, State M & E Coordinator
Mr A James Jeyakumar Jaisingh,
 State Programme Associate
Ms P Sujatha, Programme Coordinator
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Mr R Karthikeyan, District Strategist, Coimbatore
Mr K Sathiyarayanan,
 District Strategist, Villupuram
Mr G Venkataraman, District Strategist, Krishnagiri
Ms Y Charles, District Strategist, Cuddalore
Ms R Geethalakshmi,
 District Strategist, Trichy Tamilnadu
Mr S Srinivasan, District Strategist, Trichy

Unite To ACT Project

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Ms Anuradha Panda,
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Dr Ilham Zaidi, Technical Lead
Mr Tirtha Nandy, Operations Lead
Mr Sanjay Kumar,
 Community Engagement Specialist
Mr Vipin Kumar Varma,
 Programme Associate-M&E
Mr Anant Pundir,
 Programme Associate-Communications

New Delhi

Mr MD Ozair,
 District Community Coordinator, Central Delhi
Ms Rekha,
 District Community Coordinator, South West Delhi
Mr Sumit Kumar,
 District Community Coordinator, West Delhi
Mr Mohammad Khalid,
 District Community Coordinator-North East Delhi
Mr Mohd Danish,
 District Community Coordinator-Shahdara-Delhi

Bihar

Mr Mohammad Mudassar, State Operations Lead
Mr Chandan Kumar Sriwastava,
 District Community Coordinator, Purnea
Mr Kamal Nath Ojha,
 District Community Coordinator-Sitamarhi
Mr Gauhar Ayub Khan,
 District Community Coordinator, Muzaffarpur
Mr Abhishek Kumar,
 District Community Coordinator, Saran
Ms Sharda Kumari,
 District Community Coordinator, Gaya
Mr Mohan Kumar,
 District Community Coordinator, Darbhanga
Ms Raazya Mumtaz,
 District Community Coordinator, Patna

Uttarakhand

Mr Deepak Ranjan Mishra,
 State Operations Lead
Mr Rizabul Ahamad,
 District Community Coordinator,
 Udham Singh Nagar
Ms Bhavana Panwar,
 District Community Coordinator-Garhwal
Ms Kiran Aswal,
 District Community Coordinator, Haridwar
 Himachal Pradesh
Dr Aparna Richhariya,
 District Community Coordinator-Shimla
Mr Anil Kumar,
 District Community Coordinator-Kangra

C19 RM Project

Mr Rishi Rattan, TB Covid Lead
Mr Surendra Malviya, Programme
 Associate-Monitoring & Evaluation
Mr Akash Kumar Jha,
 State TB-Covid Coordinator, New Delhi
Mr Rajnish Kumar Dubey,
 State TB-Covid Coordinator, Patna-Bihar
Mr Neeraj Kumar Gupta,
 State TB-Covid Coordinator, Dehradun-UK
Mr Nitish Bhardwaj,
 Programme Associate-Communications

Acknowledgements

We are deeply grateful to all those who have supported us with their time and expertise in our endeavours to make equitable health for all a reality.

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

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

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

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

All our donors, both individuals and institutions

Most of all, our dedicated TB Champions and Community Volunteers

Our Supporters



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International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Our Partners

SUNDARAM
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INDIA

Together for children. For change. For life.

Financial Statement

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
No.194, 1st floor, Avaisammugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014
BALANCE SHEET AS ON 31st MARCH 2024

LIABILITIES	SCII	AS AT 31.03.2024	AS AT 31.03.2023	ASSETS	SCIII	AS AT 31.03.2024	AS AT 31.03.2024	AS AT 31.03.2023	AS AT 31.03.2023
CAPITAL FUND				FIXED ASSETS					
Opening balance		1,96,02,667	1,75,06,842	Office equipment		11,87,515		10,97,475	
Add: Excess of Expenditure over Income		13,41,059	20,95,825	Furniture		11,16,085		10,57,399	
Closing Balance		2,09,43,726	1,96,02,667	Computer		58,71,344		50,57,151	
				Gross amount		81,74,944		72,12,025	
				Less: Accumulated depreciation		9,91,761	71,83,183	8,69,716	63,42,309
Corpus Fund				PROJECT FUNDS	IX				
Opening balance		90,00,000	90,00,000	CFCS 9 Project		-		11,63,868	
Add: Receipts		90,00,000	90,00,000	CFCS 10 Project		-		9,07,173	
Closing Balance		444	444	Unit to Act Project		-		76,94,731	
				7-1-7 Project		-		1,06,696	
Grant Reserves				INVESTMENTS			3,85,02,041		98,72,468
				Fixed Deposit					4,05,86,671
PROJECT FUNDS				ADVANCE AND DEPOSITS					
ALLIES PROJECT-USAID				Security deposit			2,900		2,900
CFCS Round 9 Project		34,12,938	36,16,668	Telephone deposit			2,260		2,260
Linking to Care Project - AA&D		66,490	60,12,405	Rent advance			10,88,491		7,05,000
CFCS Round 10 Project		33,08,587	-	Water deposit			850		850
CFCS Round 11 Project		1,16,350	-	Staff Advances	VI		-		3,50,489
CFCS Round 12 Project		55,05,424	50,63,179	Advance to others	VII		2,32,115		6,30,964
WAVE 9 Project		40,23,983	-	Recoverable from USAID					2,95,336
Unit to Act Project		1,33,91,877	72,78,003	TDS receivable			3,47,160		4,32,131
C19RM Project		65,50,957		CASH AND BANK BALANCES					
HCL Project		13,93,149		Cash on hand	VIII		14,787		18,682
CSR Funding from IMPAL		10,00,000		Balance with State Bank of India-40088159324			41,181		65,779
CAF-Media NCD project		71,08,807	98,82,889	Balance with Central Bank of India -1023823919			19,53,156		9,86,002
Mueller Phase I Project		2,43,612	2,67,742	Balance with Central Bank of India -3121952361			2,933		2,799
Mueller Phase II Project		51,38,040	68,12,510	Balance with Central Bank of India -3176244956			2,40,39,830		8,88,433
FIND-Research Study		2,12,700	29,85,900	Balance with Central Bank of India -1207629368			13,94,725		15,497
				Balance with Central Bank of India -5250462418			29,50,035		16,03,271
				Balance with Bank of Baroda -08140100019121			5,374		6,766
				Balance with Bank of Baroda -08140100013304			1,67,941		1,59,475
				Balance with Bank of Baroda -08140100006234			16,454		16,028
				Balance with Bank of Baroda -08140100016383			61,66,984		21,82,907
				Balance with Bank of Baroda -08140100016479			73,01,590		1,15,75,352
Outstanding Liabilities									
Interest Refund Due- USAID		60,908	94,621						
							9,14,13,991		7,67,42,369

Rajesh Krishnaswamy
President

Nalin Krishna
Dr. Nalin Krishna
Executive Secretary

K. Ravi
K. Ravi
Treasurer

As per report attached
for M.R.Narain & Co.
Chartered Accountants
FRN 0023305

Place: Chennai
Date : 15th July 2024

M.Prabakar (M.No.201987)
Partner

UDIN: 24201987BKANVS 5170

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2024

EXPENDITURE	Sch	Y.E. 31.03.2024 Amount in Rs.	Y.E. 31.03.2023 Amount in Rs.	INCOME	Sch	Y.E. 31.03.2024 Amount in Rs.	Y.E. 31.03.2023 Amount in Rs.
To expenses incurred for the objects of the Institution	IV	34,50,21,580	32,83,26,688	By Donations Received	I	3,67,066	4,39,000
To other administrative expenses:				By Income from investments / deposits	II	19,51,704	13,72,830
Salaries and Wages		1,71,24,894	1,60,66,929	By Other Income	III	37,12,91,347	35,37,41,806
EPF Admin charges		2,46,619	2,28,940	Grant Received			67,500
Travelling & Conveyance expenses		63,134	49,726	Excess Provision			
Electricity charges		7,07,677	5,85,087				
Telephone charges		9,93,431	4,70,286				
Postage and telegram		1,67,578	2,15,511				
Repairs & Maintenance - Others		4,76,036	8,39,300				
Insurance premium		1,18,533	1,03,218				
House Keeping Materials		3,54,772	3,06,506				
Bank charges		3,21,760	4,33,345				
Staff Welfare		5,09,100	5,89,731				
Audit fees		1,20,000	1,77,500				
Rent		48,57,555	43,08,150				
Printing and Stationery		4,75,688	4,17,938				
Excess Interest		60,908	94,621				
Advertisement Expenses		1,51,075	-				
Membership Fee and Subscription		8,850	-				
Depreciation		1,22,045	1,45,247				
Consultant fees		3,67,823	1,66,588				
Excess of income over expenditure transferred to Balance Sheet		13,41,059	20,95,825				
		37,36,10,117	35,56,21,136			37,36,10,117	35,56,21,136

As per report attached

for M.R.Narain & Co.
Chartered Accountants

FRN 0023305

M.Prabakar (M.No.201987)

Partner

UDIN: 24201967BKANVS5179

K. Ravi
Treasurer

Dr. Malini Krishnan
Executive Secretary

Rajesh Krishnaswamy
President

Place: Chennai
Date: 15th July 2024



Head Office

No 194, Avvai Shanmugam Salai Lane,
Lloyds Road, Royapettah, Chennai – 600014
Phone: **044 - 45565445 / 28132099**

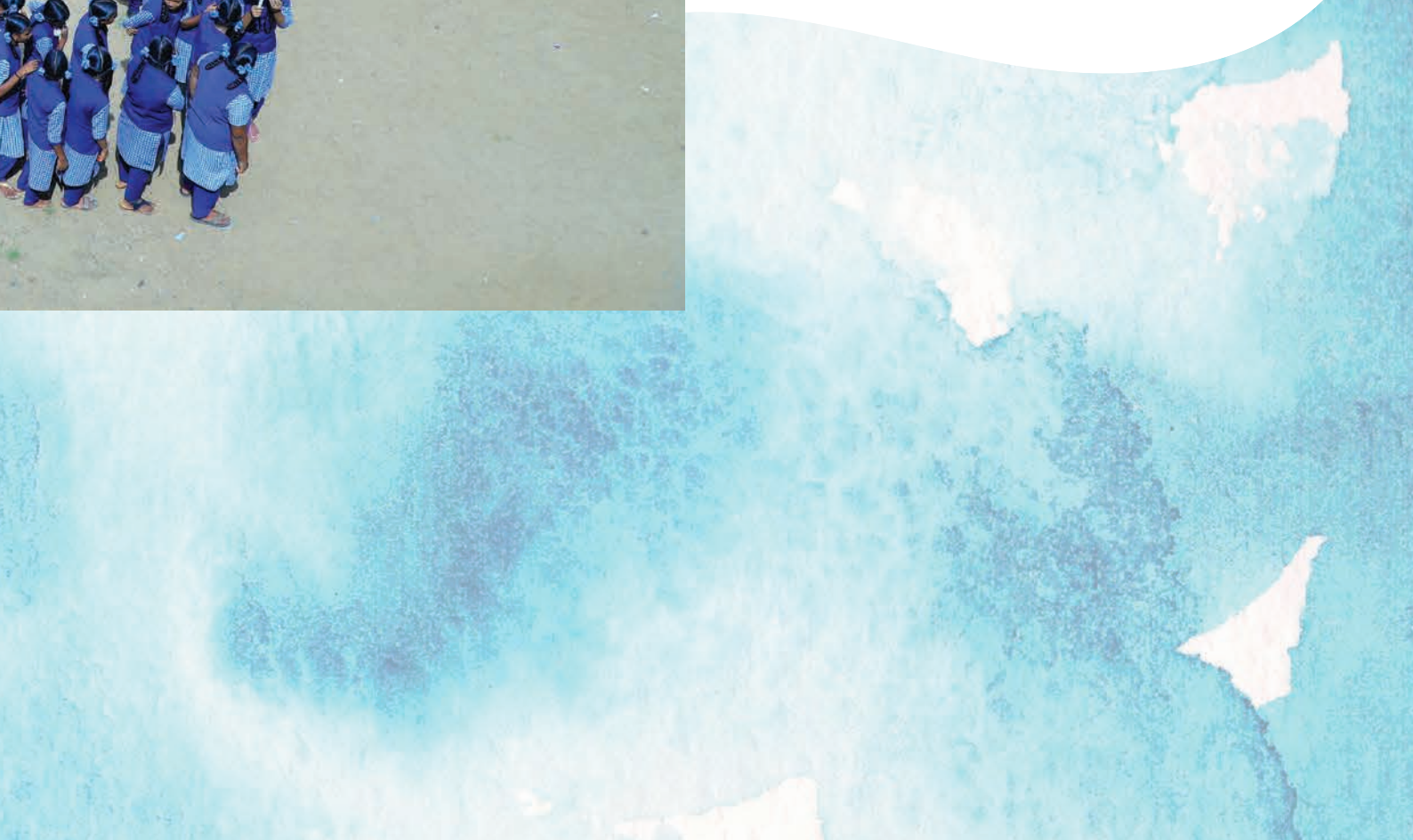


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Annual Report

2023 - 24



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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