



COMMUNITIES SPEAKING UP ON DRUG-RESISTANT TUBERCULOSIS

Table of Contents

01	Background	03
02	Key Results at a Glance	04
03	Section 1: Building community capacity on DR-TB	06
04	Section 2: Creating Demand for DR-TB services	08
05	Section 3: Peer Support for People with DR-TB	16
06	Section 4: Feedback from project stakeholders	21
07	Section 5: About the TB Champions	24



MESSAGE FROM REACH

Our journey with TB Champions began back in 2016, when we trained our first cohort and engaged them to work with their communities. Since then, over 1000s of TB Champions have provided peer support, sensitized their communities on TB and helped them access services, addressed stigma, gathered feedback for the programme and supported TB-affected communities in many different ways.

With support from TB Alliance, as part of the Fast Track the Cure (FTCC) consortium, we had the opportunity to work with over 100 TB Champions from five states over the last one year and engage them to help address drug-resistant TB (DR-TB). This was a unique opportunity to develop simple training materials on DR-TB and build the capacity of TB Champions to provide support to those on treatment as well as to educate people in their community about drug-resistance. The latter in particular proved a challenging task but TB Champions rose to the occasion, as always. We remain grateful to them for their commitment, enthusiasm and willingness to learn new aspects of TB.

This project also came at an opportune time when the National TB Elimination Programme has adopted and scaled-up access to the newer, shorter regimens for people with drug-resistant TB. We are grateful that TB Champions were able to play a small role by educating those on treatment and their families about the new regimens.

We are deeply grateful to TB Alliance for this partnership and most of all, for investing in communities, and acknowledging their importance. A special thank you to Mr. Sandeep Juneja and Ms. Akshaya Patil for all their support and for fostering a collaborative approach. We thank all the wonderful FTCC partners for the cross-learning over the last year.

We are indebted to the leadership and senior officials at the Central TB Division, as always, for their guidance, and to the State TB Officers and NTEP teams in New Delhi, Bihar, Uttar Pradesh, Uttarakhand and Tamil Nadu for their continued support.

We remain committed to empowering and strengthening affected communities and to supporting the NTEP to achieve India's TB elimination goals.



DR. RAMYA ANANTHAKRISHNAN
DIRECTOR, REACH

MESSAGE FROM TB ALLIANCE

Scientific innovation achieves its full potential only when it reaches the people it is intended to benefit. Transformative advances in the treatment of drug-resistant tuberculosis, particularly the development of shorter, all-oral regimens such as BPaL and BPaLM, have significantly improved patient outcomes. Realizing this potential to its fullest, however, requires sustained and deliberate efforts to ensure access and an engaged community is a critical enabler toward that objective.

TB Alliance's collaboration with REACH under the Fast Track the Cure (FTTC) initiative highlights the value of community-led approaches. By strengthening treatment literacy, encouraging early care-seeking, and providing peer support, TB Champions supported by REACH have contributed to improving awareness, building trust, and supporting treatment adherence among people affected by DR-TB.

As newer and more effective DR-TB regimens continue to emerge, the role of communities will only become more central. Empowered community members and TB Champions are essential to ensuring that innovations are understood, accepted, and effectively utilized.

We are proud to collaborate on initiatives that place communities at the heart of the TB response and remain committed to advancing equitable access to life-saving treatments.

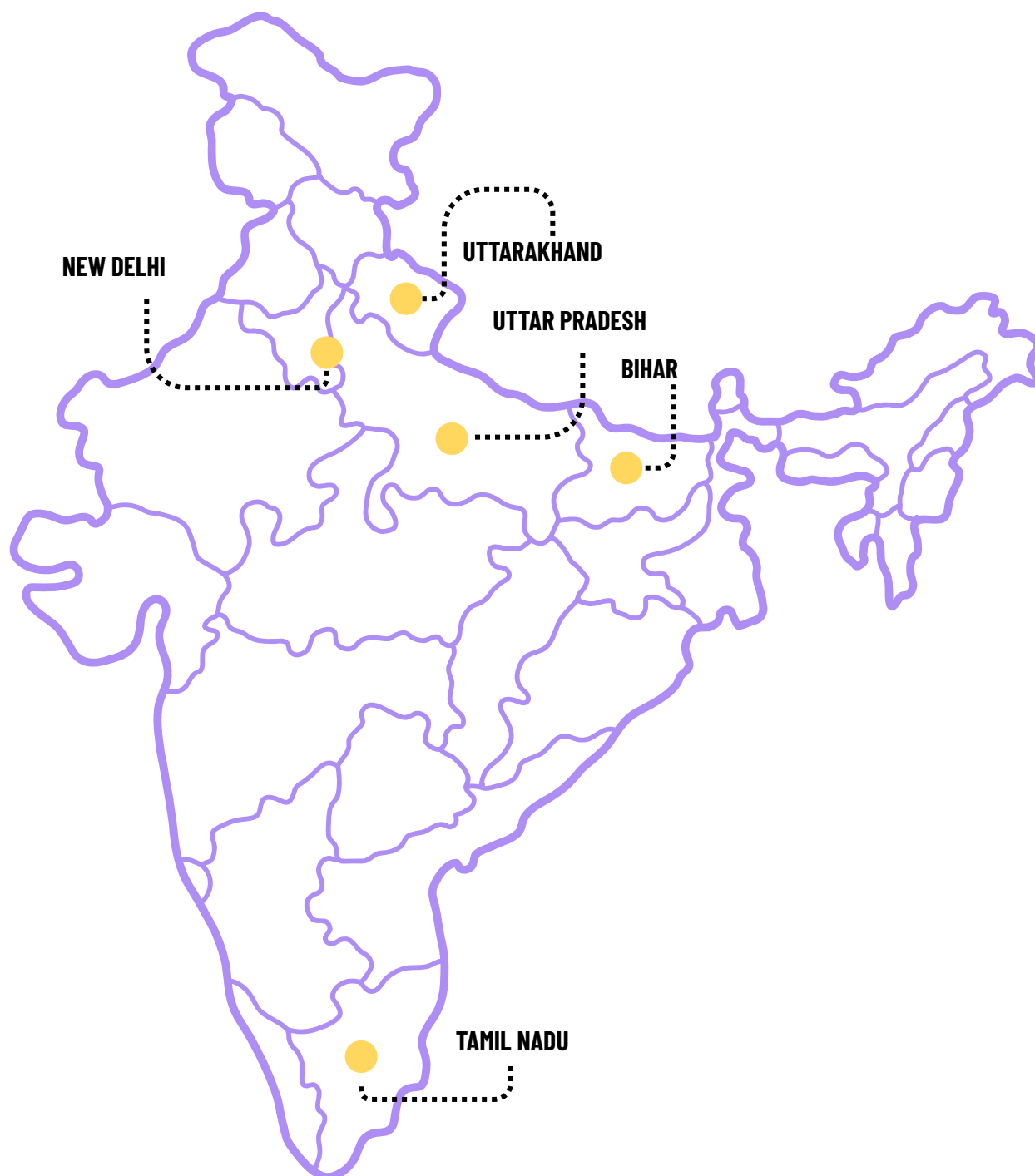


SANDEEP JUNEJA,
SENIOR VICE PRESIDENT, MARKET ACCESS, TB ALLIANCE

Background



Implemented between May 2025 and March 2026, the project sought to enhance community engagement, improve access to high-quality DR-TB care, and increase demand for shorter regimens through awareness, peer support, and knowledge-sharing in high-burden settings in India.



Key results at a glance

Reporting Period:
May 2025 - March 2026

I. CAPACITY BUILDING

5

State-Level Capacity Building
Workshops conducted

TB Champions trained on
DR-TB



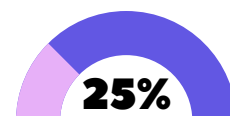
102



Proportion of women
TB Champions trained

65%

Proportion of DR-TB
survivors trained



II. COMMUNITY OUTREACH

Number of community awareness meetings
conducted by engaged TB Champions

2370

Number of people reached through a community
campaign

9,117

Number of people sensitised through community
awareness meetings

50,033

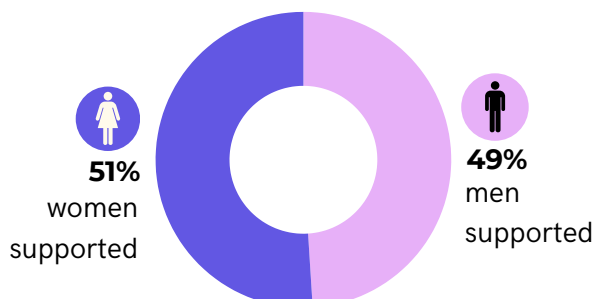
Number of new TB survivors sensitised
on DR-TB

870

III. PEER SUPPORT

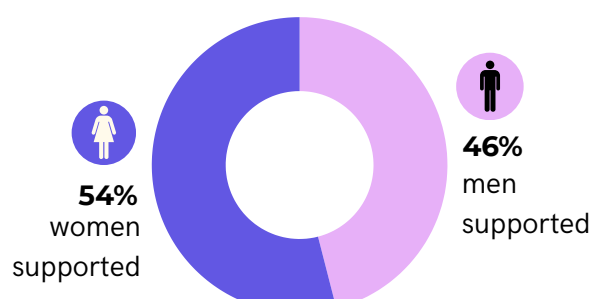
Number of People with DR-TB
supported in a six-month period

433



Among those supported, number of
people with DR-TB on BPAL/M regimen

303



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

6

Building Community Capacity on Drug-Resistant TB

Tamil Nadu State-level Workshop

St. Thomas Centre, Chennai | 29-30 May 2023

TB வினாக்கள் TEAM-1

- * நுரையீரல் காசநோய்
- * நுரையீரல் அல்லாத காசநோய்

TB - பரவும் முறை

- * காற்றின் மூலம் பரவுகிறது
- * திருமல் மற்றும் தும்மல் மூலம் பரவுகிறது

TB - கண்டறிதல்

- * சளி பரிசோதனையின் மூலம் கண்டறிதல்
- * X-Ray மூலம் கண்டறிதல்
- * CT
- * பயாப்சி
- * கஸ்சர்
- * Fluid

BUILDING COMMUNITY CAPACITY ON DR-TB

Section 1

Drug-resistant TB is complex and demanding, of both health systems that deliver care and those receiving the care. To build understanding of DR-TB among community leaders, a first step for this project was to train TB Champions on the disease, and the newly available shorter regimens.

In each state, TB Champions were identified in consultation with the networks and the TB programme. A training agenda was developed with the objective of supporting TB Champions to understand the complexities of DR-TB and identify the key aspects to be conveyed to their communities.

A two-day capacity-building workshop was held in each state, with sessions intended to enhance the participants' technical knowledge of DRTB, the services available within the NTEP and an understanding of the challenges that people with DRTB face. Across all five states, representatives from the State TB Cell participated in the workshops, facilitating technical sessions and interacting with the TB Champions.

A majority of participants in these workshops had previously completed the TB survivor to Champion training and had been trained by REACH additionally on providing peer support, promoting treatment adherence, educating their communities, conducting nutrition and vulnerability assessments etc.

The focus of these workshops was on DR-TB and particularly the urgent need to raise awareness in communities. Special efforts were made to build the confidence of TB Champions in discussing DR-TB and newer treatment regimens including BPaL and BPaLM. The design and implementation of these workshops were a collective effort involving the NTEP and state technical teams, who collaborated to develop simple, accessible, and effective ways of imparting knowledge on DR-TB.



"I was happy to complete this capacity-building workshop, which allowed me to learn new aspects of DR-TB and also share my own DR-TB story with others, so stigma and loneliness can be addressed by TB Champions collectively."

NEERA DEVI, DR-TB SURVIVOR AND CHAMPION, NEW DELHI

The workshop flow was thoughtfully structured to ensure engagement and a simplified learning process, beginning with a “My Stories” session, creating a safe space for participants to share lived experiences. This was followed by knowledge sessions featuring DR-TB-specific presentations, which built technical understanding. Interactive activities such as the “Pathways to Cure” further reinforced learning, ultimately transitioning into a “Knowledge to Action” segment that encouraged participants to translate their learning into practical community-level interventions.



CREATING DEMAND FOR DR-TB SERVICES

HEALTH LITERACY FOR COMMUNITIES

Section 2

2.1 KNOWLEDGE TO ACTION - COMMUNITY MEETINGS ON DR-TB

After the training, TB Champions were given the responsibility of improving community awareness on DR-TB. TB Champions kept several factors in mind while planning and organising community meetings.

A. Identification of a suitable location for community meetings

TB Champions first identified the areas in which community awareness meetings were to be organised. Vulnerable areas like slums, villages with high notification or key vulnerable populations were prioritised by TB Champions for such meetings. Educational institutions like schools and colleges were also potential venues, considering the role of young people in influencing overall family health. Often, TB Champions organised meetings at Panchayat buildings, schools, NREGA worksites and public places in villages.



B. Community mobilization

TB Champions made contacts with local stakeholders in the community including the Pradhan, Councilor, Aanganwadi Workers, ASHAs, health staff etc. to brief them about the objectives of the community awareness meetings and sought their support in mobilising people.



C. Delivering messages in simple language

During the community meetings, the focus was on delivering key messages in simple terms, ensuring they address:

- Symptoms of TB
- Types of TB
- Diagnosis of TB and DR-TB
- Treatment of TB and DR-TB with a focus on the shorter regimens
- Follow-up tests
- Available services
- Social security schemes for people with DR-TB including Nikshay Poshan Yojana



D. Keeping in touch

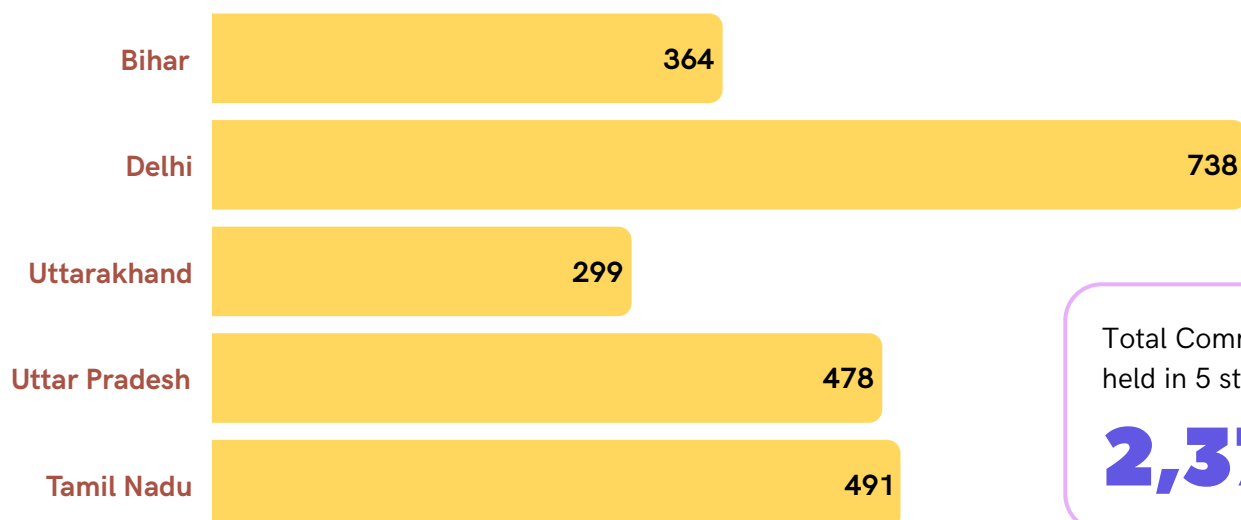
During each meeting, TB Champions shared their contact numbers for people to get in touch if needed. TB Champions shared that while people were often hesitant to ask questions during the meeting or even to approach them privately once the meeting ended, they inevitably received several phone calls asking for support in accessing diagnostic services.



**SANGEETA
DUBEY,
TB CHAMPION,
GHAZIABAD.**

I was doing a community awareness meeting in Ghaziabad on a busy street. A lot of people gathered and listened to the talk. I explained TB symptoms and the availability of free treatment under the NTEP. Right after the session, a young man of about 25 years of age came to me and said that he had all the symptoms I had mentioned. I suggested that he visit the hospital the next day. I helped him with the diagnosis, and he was identified as having both TB and HIV, neither of which he was aware of. Although he was immediately initiated on treatment, he passed away in the first month. Early detection and community awareness is so important.

Number of Community Meetings (state-wise)



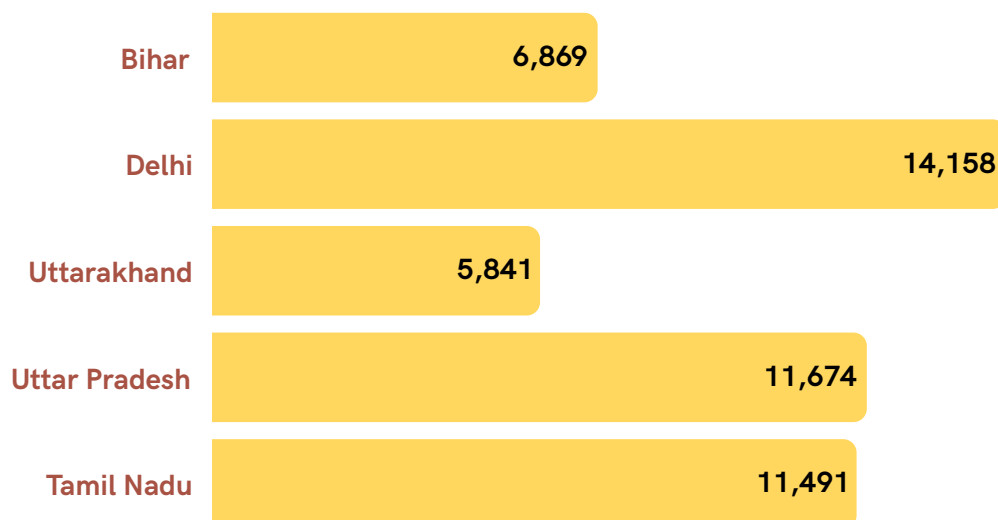
Total Community Meetings held in 5 states

2,370

**This is up to March 31, 2026*



Number of people sensitised through community meetings (state-wise)



Total number of people sensitised in 5 states

50,033

**This is up to March 31, 2026*

2.2 ASSESSMENT OF DR-TB AWARENESS IN THE COMMUNITY

A rapid community-based awareness survey was conducted during community meetings across project states to assess awareness on TB and DR-TB. The survey was administered prior to the start of the meetings, ensuring that responses reflected pre-existing awareness levels.

The primary purpose of the survey was to:

- Assess baseline community awareness
- Identify critical knowledge gaps and
- Tailor further community meetings, IEC materials, and the community campaign

Key Results

A total of **1,146 participants** were surveyed **across five states**, with the largest representation from **Uttar Pradesh (39.6%)**, followed by **Tamil Nadu, Bihar, and Delhi**. The **sample included a higher proportion of women (57.9%)**, and was predominantly composed of young adults, with nearly 68% between 18–45 years of age. About 19% of respondents reported a prior history of TB, providing a mix of both experienced and general community perspective.

I. Basic TB awareness in the community



correctly identified airborne transmission

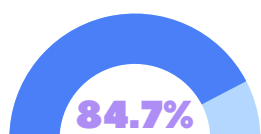


knew TB is curable

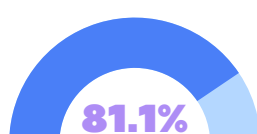


Understood that interrupting or leaving treatment midway could worsen the disease

II. Awareness of health system access



knew TB services are free in government facilities



were aware they could approach local health workers

III. Knowledge of TB symptoms

51% correctly identified key TB symptoms

This could lead to delays in care-seeking and diagnosis, though people knew that TB warranted early treatment and they could access free TB services.

IV. Understanding of DR-TB



had heard of DR-TB



correctly understood drug resistance conceptually



had heard of BPaLM or the shorter regimens

V. Prior TB experience and awareness of TB

83.9%

of those who had previously had TB were aware of DR-TB vs 55.7% among others

This suggests that prior experience improves awareness, but broader community knowledge remains limited.

This approach of using survey data for assessing community awareness levels and gaps in knowledge ensured that community engagement activities were based on local needs.



2.3 PEER SENSITISATION ON DR-TB

TB Champions were given the responsibility of sensitising TB survivors and other Champions from their respective districts on DR-TB. Virtual sessions were organised to equip TB Champions with the skills and knowledge to sensitise others on DR-TB. In addition, TB Champions were also trained on how to record the attendance of participants and how to conduct peer sensitisation meetings, and given the option of organising these sensitisation meetings either in-person or virtually.

Overall, **870** TB survivors were trained on DR-TB through these sensitisation sessions.

2.4 COMMUNITY CAMPAIGN ON DR-TB



To strengthen community understanding of DR-TB and address the stigma associated with it, the project implemented a community-led campaign anchored by TB Champions. The campaign focused on breaking down information on DR-TB into simple, easy to understand messages, shared through both online platforms and on ground engagement.

Built around the message 'End Stigma, End TB', TB Champions played a key role in starting conversations within their communities and networks.

The campaign was launched on Republic Day (January 26, 2026), using the day to encourage a sense of shared responsibility towards TB awareness and care.

Approach

The campaign followed a combination of online and offline engagement, led by TB Champions. It began with a briefing call with TB Champions, where the campaign objectives, key messages, and approaches were shared. Participation was voluntary and TB Champions who were interested opted in to take part in the campaign. To support them, a simple checklist was shared to help prepare their social media profiles for engagement, including ensuring profiles were public, connected to REACH, and ready for posting. TB Champions were also provided with a set of ready to use visuals and key messages on DR-TB, which they could share and adapt in their own way.

Online: TB Champions used their personal social media platforms to share information on DR-TB within their networks.

This included:

- Posting campaign creatives developed by REACH on DR-TB
- Re-sharing relevant posts from REACH to extend reach
- Sharing key messages in their own words to make the content more relatable
- Using campaign hashtags to build visibility across posts

TB Champions were encouraged to share at least 3 posts during the campaign period, helping maintain consistency and visibility over time.

Offline: Alongside online efforts, TB Champions also engaged with communities through on ground activities

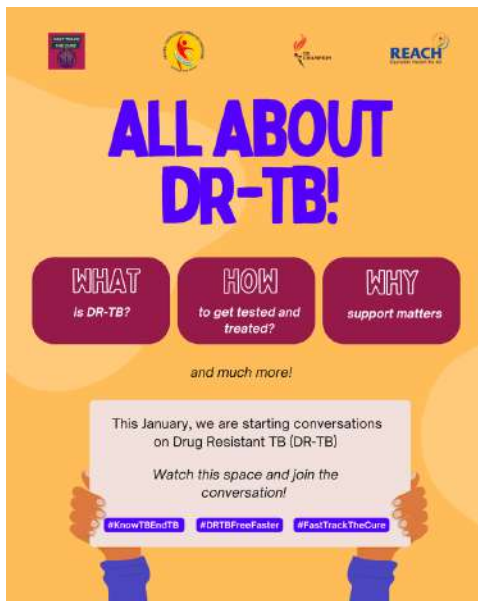
These included:

- Organising awareness sessions in schools, colleges, and institutions
- Participating in local events, melas, and public gatherings
- Speaking with groups to share information on DR-TB and address questions
- Conducting small group discussions to encourage open conversations

These activities allowed TB Champions to engage directly with people, respond to concerns, and create space for dialogue around TB and stigma.

Key Messages

The campaign focused on breaking down DR-TB into simple, easy-to-digest information through a series of digital posters in Hindi and Tamil.



Monitoring and Reporting

Reach was tracked through a combination of:

1. **Online metrics:** screenshots of posts, reach, engagement, and interactions
2. **Offline documentation:** session reports and photographs from community activities

Each TB Champion was encouraged to reach at least **100** individuals through a combination of online and offline efforts.

9117

people on DR-TB were sensitised through online and offline community campaign. It also helped TB Champions build their skills for digital engagement.



PEER SUPPORT FOR PEOPLE WITH DR-TB

Section 4



"I was diagnosed with Drug-Resistant TB and underwent treatment at Rajan Babu Hospital from 2015 to 2017. My treatment journey was extremely difficult—it was long, painful, and both mentally and physically exhausting. In 2021, I started working with REACH as a TB Champion. In my current role with this project since September 2025, I have counseled and supported people with DR-TB in the wards and followed up with them. I can clearly see a vast difference in treatment approaches. Today, people on treatment are receiving simplified regimens like the BPaL regimen, which are shorter in duration and have comparatively fewer side effects.

Seeing this change makes me reflect on my own experience. I often wonder why such shorter and less painful treatments were not available during my time."

**ASHITA,
DR-TB SURVIVOR, TB CHAMPION, AND PEER
SUPPORTER BASED AT RAJAN BABU
INSTITUTE OF PULMONARY MEDICINE AND
TB, NEW DELHI**



TB Champions have emerged as strong peer supporters, serving as emotional anchors and trusted contacts for psychosocial support. Intending to enhance access to high-quality DR-TB care through structured peer support, the project piloted a demonstration to position trained TB Champions at DR-TB nodal centres to provide holistic, person-centred support.

Given that DR-TB regimens, including BPaL, require strict daily adherence, people with DR-TB often face multiple challenges - ranging from the burden of visiting centres regularly, managing side effects and adverse drug reactions, to coping with prolonged absence from work, loss of livelihood, and even stigma. Family caregivers experience fatigue as well. In this context, trained TB Champions play a critical role by patiently listening, empathising, and supporting individuals through their treatment journey.

TB Champions in Tamil Nadu, Uttarakhand, and Delhi were positioned across 6 DRTB Nodal centres/ DRTB Centres of Excellence:

- Rajan Babu Institute for Pulmonary Medicine and Tuberculosis, New Delhi
- HIHT Medical College and Hospital, Dehradun, Uttarakhand
- Doon Medical College and Hospital & SGRR Medical College and Hospital, Dehradun, Uttarakhand
- Sushila Tiwari Medical College and Hospital, Haldwani, Nainital, Uttarakhand
- District TB Centre, Haridwar, Uttarakhand
- District DR-TB Centre, Villipuram Government Medical College, Tamil Nadu

The TB Champions were trained and mentored through rigorous sessions on DR-TB peer counseling and the various shorter regimens. Detailed talking points and a brief job aid was provided, along with handholding sessions and online sessions from technical experts.



**AFREEN,
TB CHAMPION,
NEW DELHI.**

"One key observation is that parents rarely stigmatise their children undergoing treatment. Instead, they are often overwhelmed by competing responsibilities—managing work, caregiving, and looking after other children. For example, I came across a single mother who earns her livelihood through stitching; the daily travel to the hospital was placing a significant financial strain on her. Her concern was primarily economic, not stigma toward her child.

In contrast, stigma is more frequently observed within extended family dynamics, particularly involving in-laws. There have been instances where individuals expressed anxiety or frustration about how their family or community would perceive a diagnosis. In some cases, women face neglect or a lack of support from husbands and in-laws during treatment. In such situations, I maintain close and continuous engagement to help mitigate worries, allay fears and apprehensions, and provide consistent psychosocial support."

TB Champions engaged in facility-based support primarily reached out to people with DR-TB who were initiated on treatment and were admitted at DR-TB nodal centres. Health staff linked them with those newly diagnosed and initiated on treatment. In addition, at a few facilities, TB Champions provided counselling to those who were already on treatment. In both situations, the engagement was not limited to a single interaction. The first meeting was typically conducted in person, during which TB Champions shared their lived experiences, emphasising the importance of treatment adherence. They also covered critical aspects of treatment literacy, including sputum disposal, cough etiquette, management of side effects, nutrition, and hygiene.

This initial interaction was followed by regular telephonic follow-ups, where TB Champions addressed issues related to adverse drug reactions (ADRs), allayed fears and concerns, and reinforced the importance of daily adherence by encouraging people to access treatment through their nearest PHI/DOTS center.



“With the rollout of the BPAL regimen in Delhi, both Rajan Babu Institute and NITRD have ensured regular and robust monitoring mechanisms. Daily treatment at the respective PHI/TB Unit has been instituted, with close supervision of medicine intake. A comprehensive database mapping each person on the BPAL regimen to their respective PHI is also being maintained.

Staff from NITRD and Rajan Babu routinely visit PHIs to deliver medicines for people linked to those facilities. As a next step to engage TB Champions strategically, they can accompany the staff and conduct awareness sessions based on their lived experiences. Such an approach will enable simultaneous coverage of multiple PHIs (zone-wise), thereby strengthening community awareness and reinforcing treatment adherence in a more structured and efficient manner.”

DR. ANUJ BHATNAGAR,
HOD OF RAJAN BABU INSTITUTE OF PULMONARY MEDICINE AND TB, NEW DELHI

Coordination with the Programme

As TB Champions were positioned for the first time to provide peer support to people with DR-TB, detailed consultations were held with the Central TB Division to seek feedback on key treatment adherence components that could be strengthened. One critical recommendation was to also emphasise treatment completion among people with drug-sensitive TB (PwDSTB), ensuring that adherence support extends across the continuum of care.

Subsequently, State TB Officers (STOs), District TB Officers (DTOs), and Heads of Departments/Medical Officers were formally engaged through official letters from CTD to facilitate the placement of TB Champions at DR-TB nodal centres. This enabled TB Champions to work closely with DR-TB coordinators, consultants, and nursing staff, thereby integrating peer support within the existing care delivery system.



6

Number of TB Champions engaged in providing facility-based peer support

433

Number of People with DRTB supported

Men 49%

Women 51%

Of the total, Number of PwDRTB on BPAL/M regimen supported

303

Men 46%

Women 54%



"TB Champions support patients by counselling them on treatment, encouraging adherence, and tracing those who miss follow-up visits. Their involvement has been very helpful in ensuring consistent patient support and follow-up."

MR. KALAI AZHAGAN, DR-TB COORDINATOR, VILLIPURAM DISTRICT, TAMIL NADU

VEERALAKSHMI'S JOURNEY - FROM A TB SURVIVOR TO A PEER SUPPORTER

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

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

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

Her journey as a TB Champion has also transformed her personally. Through extensive training and field experience, she has gained strong technical knowledge, counselling skills, and confidence. She describes herself as having grown into a professional capable of explaining complex medical concepts and engaging effectively with communities. Beyond her work, she has become more confident and assertive in her interactions.



Veeralakshmi's journey reflects the success in empowering the voices and lives of those who have experienced TB, to inspire change in the lives of others.

FEEDBACK FROM PROJECT STAKEHOLDERS

Section 4

In the final phase of the project, feedback interviews were conducted to capture the experiences and perspectives of key stakeholders involved in and affected by the intervention. **A total of 22 interviews were conducted across three stakeholder groups:**

8 people with DR-TB on or completed treatment

10 TB Champions engaged in community and facility activities

4 NTEP staff and healthcare providers involved in implementation

The insights from these interviews provide an understanding of the project's implementation and impact, complementing quantitative findings and helped identify both strengths and areas for improvement.

Community meetings: Enabler for awareness and early action

Community meetings served as a critical entry point for engaging communities, not only improving awareness but also triggering early action and care-seeking behaviour. Drawing on their lived experience, TB Champions communicated messages in a relatable, credible, and accessible manner.

The meetings created opportunities for individuals to reflect on their own symptoms, clarify doubts, and engage with TB Champions in a trusted environment. Their role extended beyond information delivery to actively encouraging participation, addressing concerns, and fostering dialogue. This contributed to greater openness in discussing TB and increased willingness to engage with available services. TB Champions played a critical role in transforming community meetings from one-way information sessions into interactive, trust-based platforms.



"After listening to you in this meeting, I realised the problems I am having are possibly side effects of the TB medicines I am taking. I'll visit the hospital and talk to the doctor about managing it." – **Participant at community meeting**

"Until today, I did not know there was something called drug-resistant TB... I'll make sure my daughter's treatment continues without any break." – **Participant at community meeting whose daughter was on treatment for TB**



Facility-based peer support: improving treatment experience and continuity of care

The facility-based peer support component contributed to strengthening the treatment experience for people with DR-TB. TB Champions, positioned within the facility setting, provided ongoing counselling, guidance, and follow-up support to individuals initiated on treatment, particularly those on the BPaLM regimen.

Peer support helped patients better understand their treatment, clarify doubts, and feel reassured throughout the course of care. In addition to supporting people with DR-TB directly, TB Champions also engaged with family members, helping them understand the treatment process and fostering a more supportive environment.



*“Some people with DR-TB have difficulty in travelling to the facility, so I coordinate with the STS to deliver medicines at home, follow up by phone, and support hospital admissions when needed.” - **TB Champion providing peer support***

*“Once, a newly married woman with TB was not allowed by her in-laws to take treatment. I counselled them, explained that TB is curable, and shared my own story –after which they agreed to support her treatment.” - **Ms. Seema, Haldwani, TB Champion providing peer support***



BPaLM regimen: Improving treatment experience and adherence

The BPaLM regimen was consistently perceived as an improvement over previous DR-TB treatment experiences, particularly in terms of pill burden, tolerability, and duration. The shorter, all-oral regimen reduced treatment burden and improved the overall experience for patients.

Healthcare providers observed improvements in treatment continuity and adherence, along with reduced financial burden. From the patient perspective, while side effects were still present, they were seen alongside visible clinical improvement, contributing to motivation to continue treatment.

TB Champions also observed a shift compared to earlier regimens, particularly in terms of improved adherence and relatively milder side effects.



*"The 6-month DR-TB regimen, with no injections, fewer pills, and better tolerability, has shown a positive impact on people with DR-TB." - **Dr. Anuj Bhatnagar, HOD, Rajan Babu Institute of Pulmonary Medicine and TB, New Delhi***

*"There has been no loss-to-follow up among the cases handled so far, and the shorter treatment duration helps maintain better adherence and follow-up." - **NTEP DR-TB coordinator***



Capacity building of TB Champions: From technical skills to community leadership

Capacity building efforts under the project strengthened the technical knowledge and communication skills of TB Champions, while also expanding their engagement within communities and the health system. Through training and field-based experience, TB Champions are translating knowledge into action, functioning not only as peer supporters but also as bridges between communities and healthcare services. Beyond technical improvements, capacity building contributed to a noticeable shift in confidence and assertiveness among TB Champions. They reported greater ease in engaging with community members, responding to questions, and navigating interactions with stakeholders. This reflects how the project has fostered personal empowerment and leadership, enabling TB Champions to take on more proactive roles within their communities.



*"Earlier, people saw me as a teacher and a daughter of the village; now, as a TB Champion, they trust me as a health worker who can help them navigate the hospital system and ensure they are taken seriously." - **Ms. Kanchan Kumari, Muzaffarpur***

ABOUT THE TB CHAMPIONS

Section 6



Across the course of the project, TB Champions have played a central role in community engagement and peer support. The following profiles offer a closer look at their journeys, highlighting how lived experience translates into meaningful action within communities.

ANJANA SINGH

Ara | Bihar
TB Champion



ABOUT ANJANA

Anjana Singh had TB in 2009 and received treatment from a government health facility where services were free. After completing her treatment, she was motivated to support others affected by TB, especially after witnessing the impact of interrupted treatment due to financial hardship.

She has been working as a TB Champion for many years and focuses on organising community meetings, sharing information on TB and DR-TB, and guiding people to access care. She works closely with ASHAs, Aanganwadi workers, and local community members to mobilise people and ensure continued support.



"One of the biggest impact I see of these meetings is that now I have started getting phone calls from these communities seeking support."

COMMUNITY IMPACT

Through her community meetings, people now reach out to her directly for support, understand the process before visiting health facilities, and are more willing to get tested and seek care independently.



AMIRUN

Gorakhpur | Uttar Pradesh
TB Champion



ABOUT AMIRUN

Amirun Nisha was diagnosed with extrapulmonary TB in 2021 and initially sought treatment at a private hospital but could not afford it due to financial constraints. She was later referred to a government health facility where she completed her treatment. After recovery, she chose to support others affected by TB and joined as a TB Champion.

Through her work, she conducts community meetings in schools, temples, mosques, and other community settings, with a focus on keeping information simple and accessible. She uses local language to explain TB and DR-TB and works closely with ASHAs to mobilise communities.



"When I go to the community, now people respect me a lot and listen to my suggestions about TB and DR-TB carefully. This has given me a new identity."

COMMUNITY IMPACT



As a result of her community meetings, people who had previously dropped out of treatment restarted their TB treatment, and others showed interest in seeking early care and navigating health services with her support.

MEENAKSHI

Krishnagiri | Tamil Nadu
TB Champion



ABOUT MEENAKSHI

Meenakshi was affected by pulmonary TB in 2018 and later became a TB Champion in 2022 after receiving training on TB and DR-TB. Through this training, she learnt how to provide awareness and explain DR-TB in detail during community meetings.

She conducts awareness sessions in rural areas where information on TB and DR-TB is limited, covering topics such as how TB spreads, treatment, side effects, nutrition, and available services. She also supports people with DR-TB through home visits, follow-ups, counselling, and coordination with health staff.



"One girl was taking DR-TB medications without informing her family because she was scared, so I hand over the medications to her discreetly and tried counseling her family."

COMMUNITY IMPACT



Meenakshi supports people with DR-TB throughout their treatment, from identifying people with symptoms during meetings to coordinating with health staff, accompanying them for testing, ensuring access to medicines, and providing counselling and nutrition support, including in cases where individuals seek discreet care due to stigma.

ASHU AHMED

Haridwar | Uttarakhand
TB Champion



ABOUT ASHU

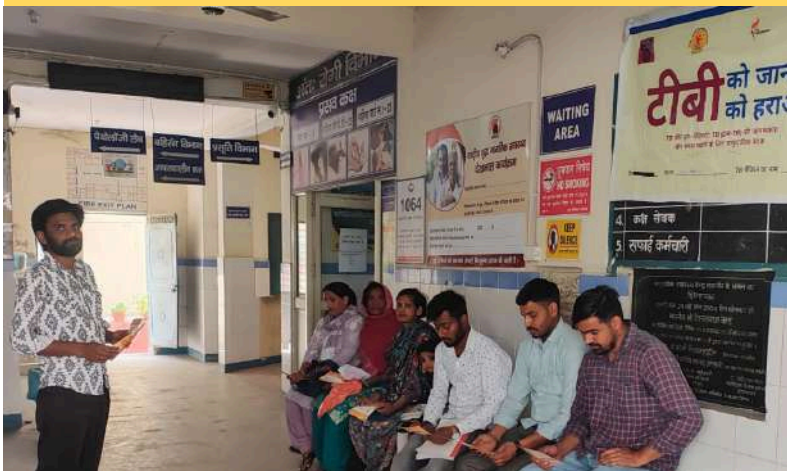
Ashu is a DR-TB survivor who has been working as a TB Champion for over four years. Drawing from his own lived experience of navigating a difficult treatment journey, he is motivated to support others going through DR-TB.

In his role, he helps people understand and navigate their treatment journey while also raising awareness on DR-TB in communities. His work is shaped by his own experience, which he now sees as part of a larger transition in TB care.



"While my journey was difficult, I now see it as part of a larger transition in TB care. Today, as a TB Champion, I feel motivated to help others navigate their treatment, and I am glad that I am able to raise awareness in communities on DR-TB."

COMMUNITY IMPACT



ASHITA

Rajan Babu | New Delhi
TB Champion



ABOUT ASHITA

A DR-TB survivor treated at Rajan Babu Institute of Pulmonary Medicine and Tuberculosis from 2015 to 2017, Ashita now works as a peer supporter at the same facility. After experiencing a long and physically and mentally exhausting treatment journey, she began working at the OPD in Rajan Babu hospital, where she now counsels people currently undergoing treatment.

Through her work, she closely engages with patients and has observed significant changes in DR-TB care, including the introduction of simpler and shorter treatment regimens.



"Through this role, I now closely interact with people currently undergoing DR-TB treatment, and I can clearly see a vast difference in the way DR-TB is being managed today."

COMMUNITY IMPACT



As a peer supporter, Ashita interacts directly with people undergoing DR-TB treatment, providing counselling and support while helping them navigate their treatment journey, informed by her own lived experience.



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