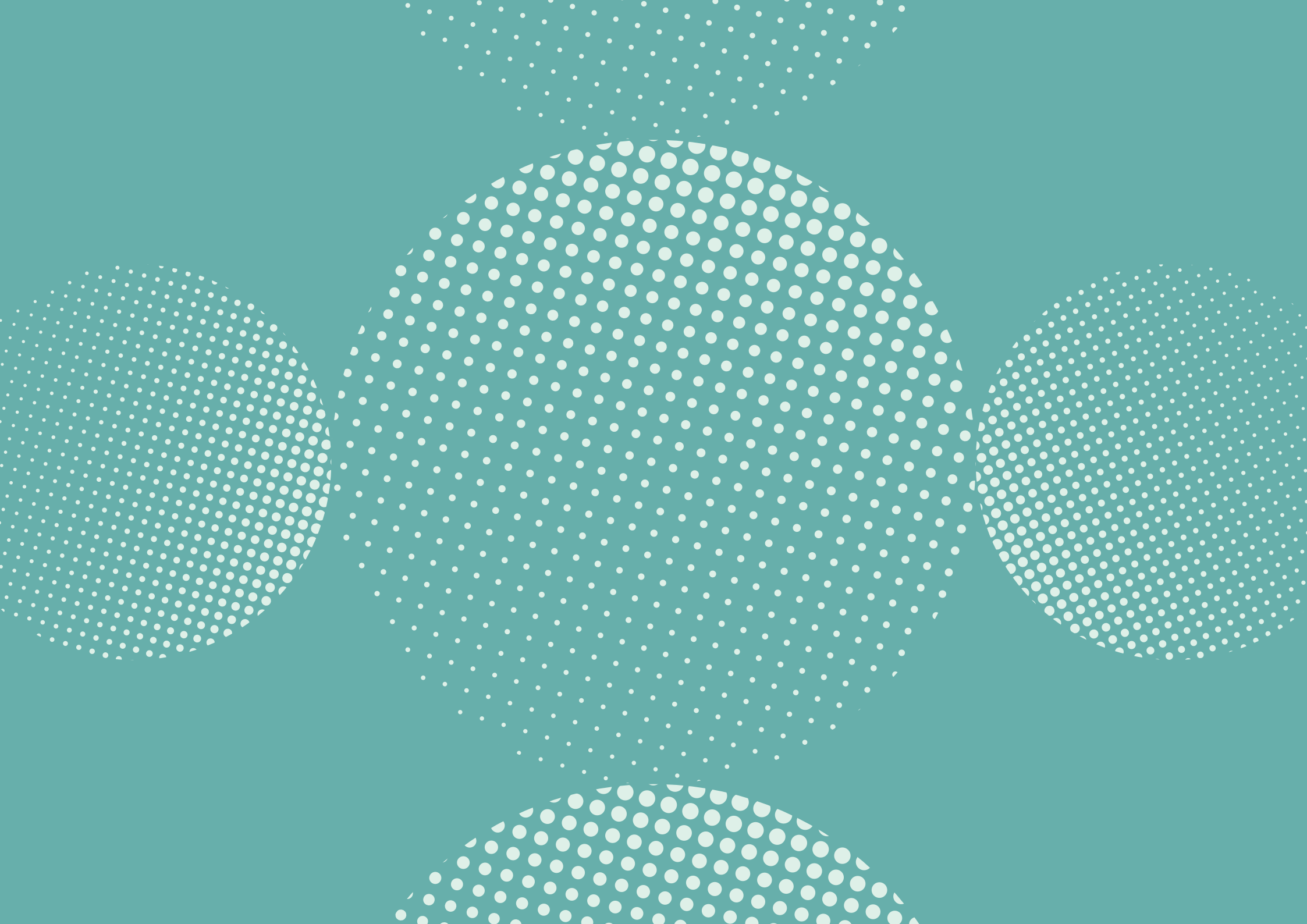




leading the fight against TB

ANNUAL REPORT

2021 - 22





leading the fight against TB

ANNUAL REPORT

2021 - 22

“The purpose of an organization is to enable ordinary human beings to do extraordinary things”

Peter F. Drucker

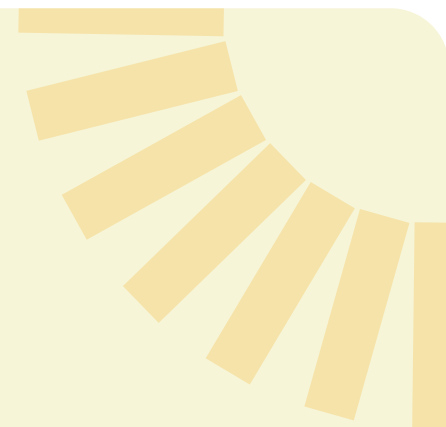
About REACH

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



Contents

NOTE FROM THE DIRECTOR	1
OUR MANDATE	3
OUR FOOTPRINT	4
OVERVIEW OF PROJECTS	5
LINKING TO CARE	6
ALLIES	14
UNITE TO ACT	22
WAVE-9	30
CFCS-10	31
MENTORS FOR COMMUNITY HEALTH	32
BEYOND PROJECTS	34
WEBINARS AND MEETINGS	35
REACH AT THE UNION CONFERENCE	37
REACH PUBLICATIONS	38
SCIENTIFIC PAPERS	38
DOCUMENTS AND REPORTS	39
ARTICLES AND EDUCATIONAL MATERIALS	40
SHORT FILMS	43
WORLD TB DAY	45
MANAGEMENT AND FINANCE	48
FINANCIAL STATEMENTS	53
ACKNOWLEDGEMENTS	55
OUR SUPPORTERS & PARTNERS	56



Note from the Director

Thank you for reading **REACH's Annual Report for 2021-22**. On behalf of the team, it is my privilege to take you on a journey to highlight the efforts of our team in adopting a holistic approach and providing integrated care to those affected by TB in India. The COVID-19 pandemic has proven the resilience of communities to work and thrive as part of our *new normal*. We have seen first-hand how the empowerment of communities can further strengthen this resilience and improve the overall TB response.

We continue to work across the country. In Chennai, through the **Linking to Care** initiative, we focus on addressing Non-Communicable Diseases such as Diabetes and Hypertension as part of TB screening in the private health care system. This initiative has clearly brought to the forefront the need to rethink our approach to managing infectious diseases in isolation.

Leveraging community action is a powerful tool for accountability. Through our **Community Accountability Framework** being implemented as part of the **ALLIES** project supported by USAID, we are supporting TB-affected communities to work hand-in-hand with the public health system and the TB programme to improve the quality of care and services for TB in the states of Chhattisgarh, Jharkhand, Odisha and Tamil Nadu.

Through the **Unite to ACT** project supported by the Global Fund, we are scaling up our TB Champion model across the country, with a presence in 80 districts in 10 states and by providing technical assistance to an additional 15 states and Union territories. We are grateful for this opportunity to build on our initial efforts to strengthen and institutionalise a community-led response to TB in India.

Any efforts to end TB also requires considerable attention to drug-resistant TB, which remains a stubborn challenge.

With support from the **Stop TB Partnership**, we are working to reduce pre-treatment loss to follow up in eight districts of Bihar, a unique opportunity to improve DRTB management in India. As of March 2022, the project was in the planning stages and will help people with DRTB navigate through the care cascade from diagnosis to treatment initiation. With support from Stop TB, we are also piloting an innovative *Data for Action* approach among TB Champions and operationalising the national framework for a gender-responsive approach to TB.

Over the years, community engagement has become the backbone of all our programmes, in keeping with our constant endeavours to improve access and provide quality TB care services. It has helped build an enabling environment where people are empowered to walk through the different corridors of the health system without the fear of TB stigma. Our enthusiastic and dynamic team members with their unique skill sets have contributed to the vision of REACH – together we have been able to position the voices of affected communities as an integral part of decision making and policy formulation at state, national and global levels. We are grateful to be able to work with so many committed and motivated TB survivors, who inspire us every single day.

Our dream to establish a comprehensive health care system where people can fluidly navigate between the public and private sectors without compromising on their health outcomes still has some way to go but we are determined to keep going.

Every year, we are emerging stronger and making a more meaningful difference to the community. This is only possible due to the support of well-wishers and donors who believe in our vision to build a TB-free India. On behalf of the REACH team and all the people living with TB who have benefitted through our various initiatives, we wish to thank every single person and organisation whose vision and generosity have made these accomplishments possible.



DR. RAMYA ANANTHAKRISHNAN
DIRECTOR, REACH

Our Mandate

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



PROVIDING CARE AND SUPPORT TO PEOPLE WITH TB

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



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.



PROMOTING MULTI-SECTORAL COORDINATION FOR TB

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



EMPOWERING COMMUNITIES

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



BUILDING EVIDENCE-BASED INNOVATIVE APPROACHES

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



IMPROVING PUBLIC UNDERSTANDING OF TB

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

Our Footprint

● **UNITE TO ACT**
IMPLEMENTATION STATES

● **UNITE TO ACT**
TECHNICAL ASSISTANCE

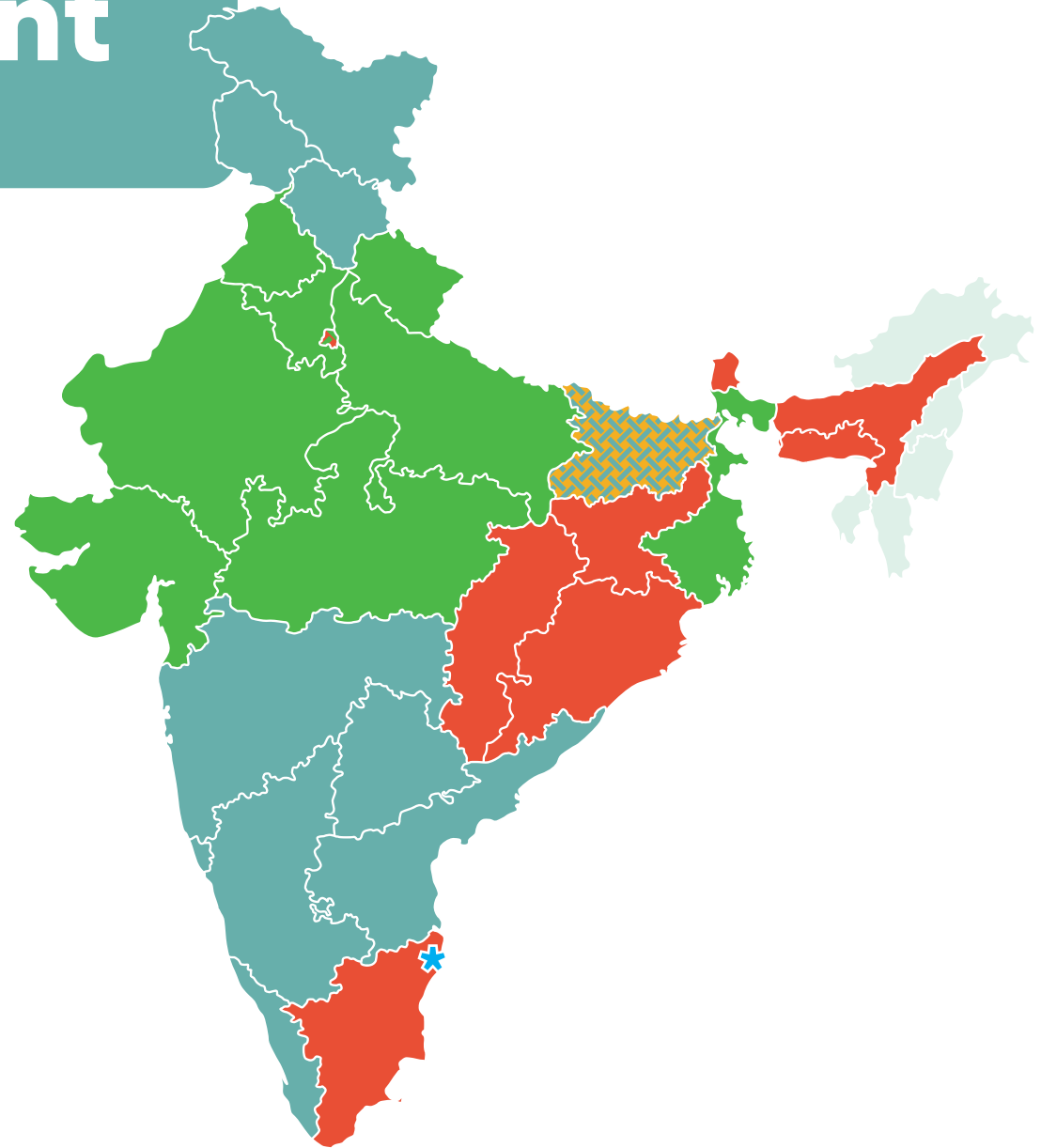
● **ALLIES**
CHHATTISGARH, JHARKHAND,
ODISHA & TAMILNADU

Touched by TB states:
ASSAM, NEW DELHI,
MEGHALAYA, SIKKIM

● **WAVE 9:**
Person-centred care for
people with DRTB
BIHAR

★ **LINKING TO CARE**
CHENNAI

**CFCS 10 &
MEDIA ENGAGEMENT**
PAN INDIA





Overview of Projects

Linking to Care

ABOUT THE PROJECT

The **Linking to Care** project integrates *TB, Diabetes and Hypertension*, providing holistic care for people accessing TB services in the private healthcare sector in Chennai, Tamil Nadu. The project builds on REACH's two-decade long experience of engaging diverse private providers, including hospitals, clinics, individual practitioners, pharmacies etc., in Chennai. The goal of the project is to ensure that People with symptoms of TB (PwSTB), People with TB (PwTB), and family contacts of PwTB are provided screening, diagnosis and referral for Diabetes and Hypertension, in addition to support for TB services.

The project's interventions are organised under four pillars –

SEARCH | TREAT | SUPPORT | PREVENT.

Implemented in Chennai (2019-24) with support from Advance Access & Delivery and the Lilly Global Health Partnership



REACH provides ATT as per the standard guidelines to all PwTB and facilitates linking to quality care for all people diagnosed with Diabetes and Hypertension. In this photo, TB Nanban Revathy is seen explaining the treatment regimen and the importance of treatment adherence to a person with TB.



SEARCH

Private Practitioners are sensitised to refer people with symptoms of TB to REACH's flagship **Nakshatra Centres** for early diagnosis and treatment support. Free coupons are provided for Diabetes screening and Blood Pressure recording is facilitated. Community volunteers transport sputum samples to Government Labs for CBNAAT testing. All referrals received through the REACH Private Provider network are screened for both TB and NCDs.

TREAT

TB Nanbans, placed at the Nakshatra Centres, play a pivotal role in providing person-centred quality TB care. They provide a range of services during the treatment period including *diagnostic support, risk assessment and counselling, treatment initiation, ensuring drug supply, adherence support and home visits*. TB Nanbans follow up with PwTB to ensure successful treatment completion and address any specific challenges they may face. In addition, follow up support is provided to all people diagnosed with Diabetes and Hypertension through linkages to care and counselling for lifestyle modifications.



SUPPORT

People taking treatment for TB, Diabetes and Hypertension are supported during all stages of treatment. Family contacts are provided support for TB screening as well as screening for Diabetes and Hypertension.

All PwTB are notified on the National TB Elimination Programme's Ni-kshay Portal and linked to **Nikshay Poshan Yojana** for nutritional support.

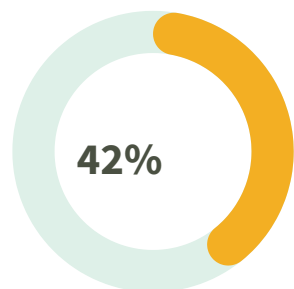
PREVENT

In tandem with individual-level support, community activities are organised to improve understanding of TB and NCDs. Meetings are held both in person and virtually, and help build knowledge of *risk factors, symptoms, importance of screening, early diagnosis, treatment, life style modifications* in management of NCDs etc. In the last year, Support Group meetings were held for PwTB and their families to improve treatment literacy for TB and NCDs.

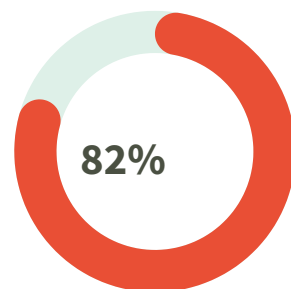
World TB Day, World Hypertension Day and World Diabetes Day are observed through a series of interactive community outreach activities.

KEY OUTCOMES (APRIL 2021 – MARCH 2022)

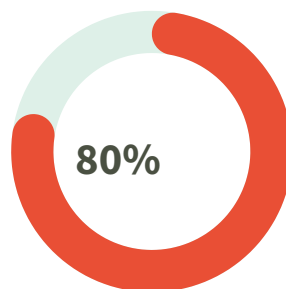
Number of people diagnosed with TB:
3258/7750



Number of PwTB supported by REACH:
2672/3258



Number screened for Diabetes (PwSTB & Contacts):
7406/9172



7,750

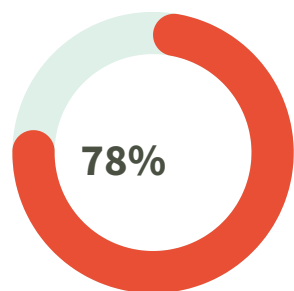
people with symptoms of TB were referred for diagnosis.

99% of those diagnosed with TB/DM/HT were linked to quality care.

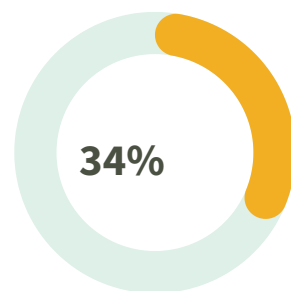
8,270 people

with TB/DM/HT were provided **in-person counselling** regarding healthy lifestyle modifications by TB Nanbans at Nakshatra centres.

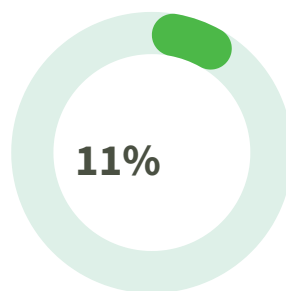
Number screened for Hypertension PwSTB & Contacts):
7135/9172



Number diagnosed with Diabetes (PwSTB & Contacts):
2517/7406



Number diagnosed with Hypertension (PwSTB & Contacts):
785/7135



19,142 people

were sensitized on NCDs through **208 community programmes** held at various organizations and institutions, and in community spaces.



In this photo, Chitra, TB Nanban, provides a falcon tube to a person with symptoms of TB to collect a sample. She ensures she explains the testing process, and when results will be available.

Early diagnosis is the key for effective disease management

Through the project, people with TB, symptoms of TB and their family members receive accelerated access to screening for Diabetes and Hypertension.



Anita, TB Nanban, records the BP of a person with TB using an electronic BP monitor. TB Nanbans have been trained to record various health parameters accurately and efficiently. They also ensure they educate people on the specific screening, and why this is necessary.



Community meetings with different groups help convey valuable information about TB and NCDs, and the importance of seeking timely care.

A Doctor, a TB Nanban and a Family – a Chain of Care and Support

Banu is a homemaker, raising her two children with a loving and supportive husband. Banu had diabetes for years, but paid little attention to it and did not understand its impact on her health. Besides, there were always responsibilities at home which occupied all her time and energy. In 2021, the upcoming marriage of her daughter was one such joyous occasion. All the work for the wedding – planning and the multitude of preparatory tasks, shopping, inviting guests – finally took a toll on Banu.

Ten days after the wedding, Banu felt a pain in the chest and began to cough incessantly. She visited her family doctor who immediately suspected TB and referred her to a specialist for a second opinion. While the tests were being done, Banu had become so sick that she needed to be admitted into a Nakshatra Centre. *“It felt like I was on my death bed, but TB proved to be an experience of rebirth”*, she says. Even though the medicines caused severe vomiting, she was impressed by the care at the Nakshatra Centre, where doctors explained why the drugs were important in managing the disease. Due to this excellent ambience of care, *“when I heard my TB diagnosis, I was not shocked, I had hope that I could get well”*, she says.

Banu was discharged and asked to meet the TB Nanban, who continued to provide her with emotional support, ensuring she took her TB medicines regularly.

“They became like a relative to me during that time and I was able to ask them every every doubt and question I had about the disease. During my initial treatment, I developed skin allergies all over my body, for which I was directed to meet the skin consultant. They helped me understand how to manage diabetes, which I had neglected for many years. I attended support group meetings where I met other people with TB and Diabetes. Through my TB experience, I understood how to be more serious about my Diabetes medicines, I watched what I ate and keep myself physically active. Today I always remember to carry my Diabetes medications in my purse whenever I travel, which I never used to do earlier”, reflects Banu, looking back at the last few months.

“During this period of struggle, I was blessed with a supportive family who walked the path with me. My husband was always there for me. Whenever I felt low, he reminded me to listen to the advice of my doctor. Today I have completed my treatment and my advice to people – ‘Don’t be afraid of TB’”, says a smiling Banu.

Banu is one of over 2500 people who were diagnosed with TB during the last year. REACH’s goal is to educate and empower people with TB/NCDs and stimulate a strong behavior change which can help them stay healthy through life.





A Positive Mindset for Recovery from TB

It was the second COVID-19 lockdown in 2021 and there was a palpable fear of anyone who was sick. It was at this time that Shankari, a lawyer, fell ill.

She could not swallow and the pain was intense. Shankari visited an ENT surgeon, but the medicines did not make her feel any better. She began to worry that it could be cancer, as a family member had lost her life to throat cancer. The doctor then suggested an Xray and she was diagnosed with TB, and asked to start on treatment immediately. *“In a way I was relieved to finally get a diagnosis of TB”* she says when reflecting on her experience.

Shankari has a 19-year-old son with special needs, who needed to be around her all the time. Isolation was not possible in this situation but she did the best to protect her family members. Her husband and younger son helped her considerably, taking on various responsibilities at home.

“The first few weeks of treatment were terrible as I felt nauseous and vomited often. My husband and I wondered if I needed to get admitted into a hospital, but when I approached the Nakshatra Centre and met the TB Nanban, she explained all about TB and assured me that I could manage treatment at home. I was able to go through the treatment much independently as I was mentally tough. Even when I was sick, I tried to cook, read books, go for a walk, listen to music, meditate and kept myself hopeful and positive. I used to see many people with TB at the centre, I feel that they become weak due to the fear of TB and thereby give in to the

disease. Being sick makes you vulnerable to mental worries and anxieties”, says Shankari.

For a long time, Shankari did not tell her friends and family about her TB diagnosis, fearing they would get alarmed. *“Generally, the community has a lot of misconceptions about TB. People do have a fear about TB. I think it comes from probably the way it was projected earlier. I had to let my help at home go as I found out she was fearful of my condition. It is not easy to share about our experiences, but I try to talk about it when it is required. I think the community can make a difference just by being kind to people who have TB. Just a friendly conversation can have an enormous effect and help you become less stressed”,* observes Shankari.

Shankari’s close family were screened for TB and they all completed their course of preventive therapy. She attended the support group meeting for Diabetes, where she saw many people with TB coming from economically poorer sections of the community. Today, Shankari has completed her treatment and resumed work. She says, *“I have learnt to appreciate life. Earlier when I used to walk, it used to be hurried and quick, but today I take time to enjoy listening to the song of birds and beauty of nature.”*

ALLIES Project

ABOUT THE PROJECT

The **Accountability Leadership by Local communities for Inclusive, Enabling Services** or the ALLIES project aims to enable the environment for TB elimination by leveraging community action as an ally to build a culture of accountability. The ALLIES Project is being implemented in three districts each in Chhattisgarh, Jharkhand and Odisha and in six districts in Tamilnadu.

Implemented in Chhattisgarh, Jharkhand, Odisha and Tamilnadu (2019-23) with support from USAID.

The project's key activities during this period include:

Technical support to the **National TB Elimination Programme** for the rapid scale-up and digitisation of training of TB survivors as Champions across the country.

Continued implementation of the **Community Accountability Framework** model in 15 districts of four states including training and capacity-building of TB Champions; support to TB Champions to develop and implement Block Action Plans in collaboration with the TB programme.

Continued support to survivor-led networks in four states to strengthen governance systems, form district chapters, expand membership and establish long-term coordination mechanisms.



TB survivor and Champion Kamin Patel from Gurur block of Balod district in Chhattisgarh explains the symptoms of TB to a family. TB Champions use every opportunity they get to clarify the many myths and misconceptions about TB that prevail in the community.

Sensitisation and engagement of industries through the Employer Led Model and elected representatives for greater attention to TB.

Technical support for operationalisation of the National Framework for a Gender-responsive approach to TB including development of training curriculum on TB and gender.

Engagement of the media and journalists across India through the Fellowship programme, supplemented through state-level roundtables for journalists.

KEY OUTCOMES (APRIL 2021 – MARCH 2022)



New TB survivors trained as **TB Champions**



TB survivors trained on **Rights-based approach** to TB and Health curriculum



Number of health care workers and NTEP staff trained using the **Achieving Excellence in TB Care and Services** curriculum



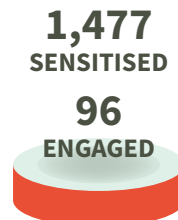
Number of TB Champions trained and implementing the Community Accountability Framework



Number of TB Units and facilities where the Community Accountability Framework is being implemented



Number of people with TB interviewed by TB Champions using the Community Accountability Framework tool to provide inputs on quality of care and services



Number of Elected Representatives and Panchayat leaders sensitised and engaged



Number of people benefited either through services (screening, counselling, referral & providing services) or communication activities



Art Skilling Workshop for TB Champions

Date : September 6 to 8, 2021

Venue : Hotel The Orion Plaza, Patna, Bihar

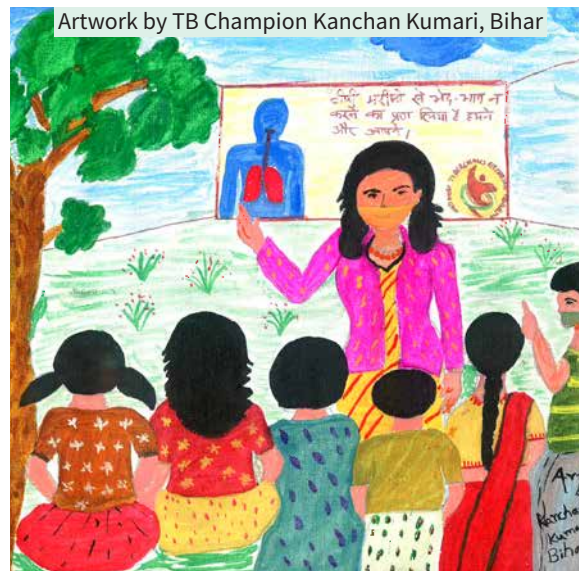
The Accountability Leadership by Local Communities for Inclusive, Enabling Services (ALLIES) Project

Glimpses from the unique *Art Skilling* workshop organised for TB Champions, to support them to visually represent their understanding of TB stigma. TB Champion Soniya's artwork depicts how a person with TB suffers silently from TB stigma and discrimination

TB Champions from five States Bihar, Chhattisgarh, Jharkhand, Odisha and Tamilnadu working together at the Art Skilling Workshop



Artwork by TB Champion Mukesh Kumar, Jharkhand



Artwork by TB Champion Kanchan Kumari, Bihar





TB Champion Poovitha from Tamilnadu displaying a poster at a health facility. Similar posters are displayed at facilities across the country, to inform and motivate people with TB to reach out to TB Champions for support.



TB Champions organise and lead community meetings, sharing their own personal experiences of TB and educating their communities.

Here, Komal Nishad from Balod in Chhattisgarh is conducting a meeting, using educational materials on TB to provide information and addressing any questions that are raised.



Three-Time TB Survivor Poongodi Finds a New Life

She has survived TB three times. Today, 30-year-old Poongodi has embarked on a new life for herself as a TB Champion, with the support of her father Govindharaj. Poongodi is a resident of Veppur village in Vellore district in Tamil Nadu. Her father runs a small barber shop that supports the family. She lost her mother in 2010, at a young age and was unable to continue her studies after Class 10.

Soon after, Poongodi's father arranged for her to get married to a young man from a family known to them. Not long after the wedding, Poongodi fell ill and was diagnosed with pulmonary TB. She took her medicines for two months, and then stopped - her husband remained indifferent throughout. The discord worsened - an unfortunate miscarriage later that year was the tipping point, and Poongodi left her husband's family and returned to her father's home. In 2016, she was diagnosed once again with TB and admitted at the Tambaram hospital in Chennai. This time, she was in the middle of a divorce and did not complete the treatment.

It was only in 2018, when she was formally diagnosed for the third time with TB, that Poongodi completed her treatment and was declared cured. 2020 was a year of new beginnings for her - she got her divorce and began to explore how she could support other people with TB.

She learnt about the TB survivor to TB Champion training that REACH was organising and that was the beginning of her journey of empowerment. She completed the training and began actively



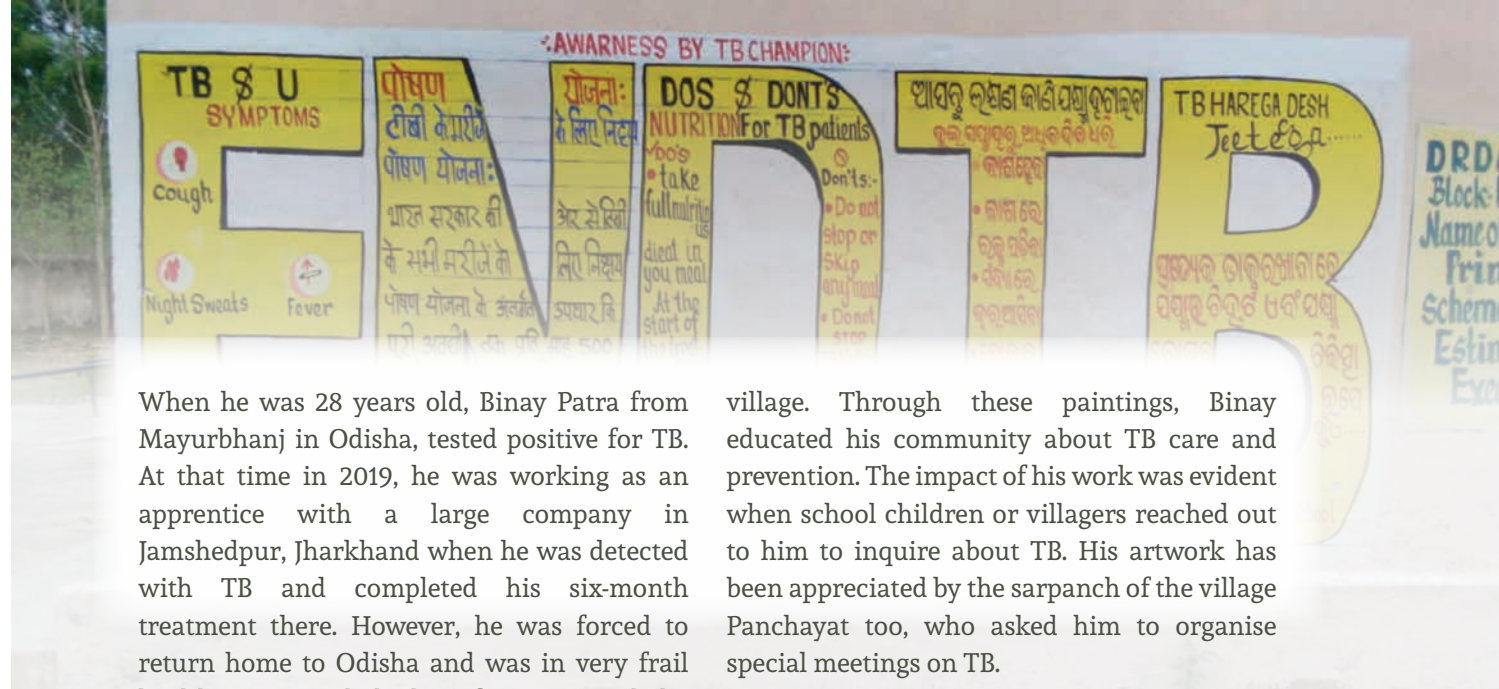
working as a TB Champion, organising awareness programmes in her community among school and college students, and industrial workers. Today, Poongodi provides peer counseling for people with TB, promoting positive living, emphasizing the role of families and educating people about TB preventive therapy. For the ALLIES project, she meets and interviews at least eight people with TB every month, filling in the Quality Assessment Tool as part of the Community Accountability Framework. She then works with NTEP staff to address any challenges that have been identified. She sensitises elected representatives and has successfully advocated with them for additional nutritional support for people with TB in the catchment area of the TU.

Her sincere efforts, commitment and her desire to support her community has been recognised by her peers and Poongodi was elected as the State President for the Tamilnadu State Level TB survivors Led Network in 2021. She is also a Master Trainer on Community Engagement for the Central TB Division and a member of the State TB Forum in Tamilnadu.

“My aim is to create awareness about TB in society and support TB affected communities,” she says with pride.



TB Champion's Art Speaks Volumes



When he was 28 years old, Binay Patra from Mayurbhanj in Odisha, tested positive for TB. At that time in 2019, he was working as an apprentice with a large company in Jamshedpur, Jharkhand when he was detected with TB and completed his six-month treatment there. However, he was forced to return home to Odisha and was in very frail health. Desperately looking for some work, he started working as an electrician to earn his livelihood.

In 2020, Binay's life changed unexpectedly - he was selected to participate in a Capacity Building Workshop - From TB Survivors to TB Champion – organised by REACH through the ALLIES project supported by USAID. Binay completed the training and began working as a TB Champion – and rediscovered his love for art. As a child, Binay had dreamt of being an artist and had tried to join an art institute, but was unable to do so. Now, he had a second chance to use his natural talent to support his community.

Binay began painting TB messages on high school walls, youth club buildings, Grampanchayat office walls, healthcare centers and other important areas of the

village. Through these paintings, Binay educated his community about TB care and prevention. The impact of his work was evident when school children or villagers reached out to him to inquire about TB. His artwork has been appreciated by the sarpanch of the village Panchayat too, who asked him to organise special meetings on TB.

This last year, Binay has been to Delhi twice, first for the TB Centrestage discussion on World TB Day and more recently, for a three-day Stigma and Art Skilling Workshop organised by REACH in August. On both occasions, his passion for art was showcased and he received praise from all observers, including officials of the Central TB Division, USAID and other TB Champions.

Impressed by Binay's commitment and talent, the Mayurbhanj District TB officials have promised to give him specific assignments to create more materials on TB. *"The wall paintings and the IECs that I create are viewed by hundreds of people passing by and they get information about TB,"* says Binay.

Unite To ACT Project

ABOUT THE PROJECT

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

Through the **Unite to ACT project (2021 – 24)**, REACH is expanding and scaling up these activities across India, as a sub-recipient to FIND with support from the Global Fund to fight AIDS, TB, and Malaria. The goal of the Unite to ACT project is to accelerate efforts toward TB elimination in India by unifying and scaling up community action for TB through a cohesive community-led response.

Implemented in 80 districts of ten states – Bihar, Uttarakhand, New Delhi (by REACH directly), Gujarat, Rajasthan, Madhya Pradesh (by partner MAMTA), Punjab, Haryana, Uttar Pradesh, West Bengal (by partner World Vision India), with technical assistance by REACH in an additional 15 states and union territories.



At a TB facility in Patna, TB survivor and Champion Zeenat Kamil uses the *Care Cascade Infographic* to explain to Rimmi, currently on treatment for TB, and her father, how the treatment will progress over the six-month period. TB Champions are trained to provide people with TB with all the information they need, thereby improving the overall treatment literacy and understanding of the disease.

The project's key activities during this period include:

Capacity-building and training of TB survivors as Champions in 80 districts.

Building a pool of pan-India master-trainers on community engagement through regional capacity-building workshops.

Roll out of the TB Champion Mentorship Programme, designed to engage TB Champions to provide person-centred care to over 70,000 people with TB in a six-month period.

Technical assistance to states to mainstream and strengthen community engagement processes.

Development of innovative toolkit materials for TB Champions to in turn educate people with TB and their communities.

Initiating a stigma assessment survey across 15 districts in five states to establish a baseline for the project.



TB survivor and Champion Preeti Sharma from Delhi visiting the home of Manoj, who is on treatment for TB. During these visits, TB Champions provide valuable information on TB as well as psychosocial support to the person with TB and their families.

KEY OUTCOMES (APRIL 2021 – MARCH 2022)



1,444

New TB survivors trained as TB Champions



77

Master trainers identified and trained on community engagement



950

TB Champions enrolled in Mentorship Programme



43,529

People with TB supported by TB Champions





TB survivor and Champion Rajesh Kumar Jha from Muzaffarpur in Patna speaking to Panchayat Vice President Ms. Reeti Rani and her husband about TB and how they can contribute to ending TB in the Panchayat. TB Champions meet local influencers and decision-makers to advocate for greater attention to TB.

At IGIMS in Patna, TB survivor and Champion Nuzhat Kamil is seen explaining about the importance of follow-up tests to Chotu, who is on treatment for TB. TB Champions interact multiple times with people with TB during the treatment period, ensuring they are aware of the follow-up tests that are required.



TB survivor and Champion Shamma Parveen talking to people with TB and their family members at the District TB Centre in Patna. During these interactions, TB Champions share their own personal experiences of TB and encourage those on treatment to support each other, instilling a sense of being part of a peer support group.



TB survivor and Champion Sahil talking to garment factory workers at Karol Bagh, Delhi about symptoms of TB and treatment for TB. TB Champions regularly organise such community awareness programmes, particularly for vulnerable groups, and use the opportunity to educate the community about TB, and reduce any stigma associated with the disease.

Tuberculosis Survivor-Turned- Champion Motivating People with TB

Radha Sharma, a 30-year-old woman from Ajmer in Rajasthan, will never forget 2019 — the year she experienced both the bliss of giving birth to a beautiful baby and the agony of being barred from breastfeeding the baby as soon as she was diagnosed with abdominal tuberculosis (TB).

“I began experiencing severe abdominal discomfort 2.5 months after the delivery, which my family dismissed as post-delivery pain that would go away with time,” she recalls. “My weight, which had peaked at 55kg during pregnancy, had dropped to 37kg. We visited three local doctors, all of whom prescribed various drugs but failed to diagnose TB. When my symptoms — bleeding, exhaustion, and nausea — got worse, I was eventually referred to a gynaecologist who diagnosed me with TB.”

Radha began her treatment with a 6-month course of medicine. However, she admits to not taking her medicines correctly. *“I’d take the first medicine around 2 p.m. after lunch, followed by the other two at one-hour intervals,” she explains.*



Radha had finished her treatment by the end of 2019. But her happiness was short-lived, as she was diagnosed with TB once again five months later and a third time the next year.

“This time, on the advice of a relative, I sought alternative therapy from a private practitioner. It lasted almost six months and cost me Rs 2,800 every week. I recovered some of the weight I had lost and felt much better,” she says. Unfortunately, the symptoms reappeared a year later. It was then that her mother met a local TB volunteer, who recommended Radha to a physician at a public hospital. “The doctor spoke to me at length and described how this type of TB is non-infectious. He also offered advice on the ideal diet to follow and how to take the medication properly,” she added.

Radha says that while her family was largely supportive in her fight against TB, she was asked not to breastfeed the new-born baby. *“I was terrified during my TB treatment. I used to wear a dupatta over my mouth and nose and would stay inside the entire time a visitor was at our place. My family kept it hidden from neighbours and other relatives. And my husband and I mutually decided to establish a boundary between us as long as I’m on medication.”*

Following her recovery, Radha seized the chance to serve as a TB Champion in Ajmer and has since dedicated her time to supporting those who are suffering from TB. She provides psychosocial assistance to persons with TB through one-on-one sessions and checks whether they are taking their drugs regularly and as prescribed. *“I first call people with TB and ask for a meeting, where I ask them specific questions about how long they’ve been taking the medicines and what issues they’re having,”* she explains. *“I also note if they have pulmonary or extrapulmonary tuberculosis and whether they are in the intense phase (IP) or the continuation phase (CP).”*

The TB Champion points out that sometimes it’s necessary to let the person with TB know that they are not alone in this fight and that TB is curable. Radha remembers how she befriended and helped an introverted teenager diagnosed with TB, despite her family’s reservations.

Ishika* (19) lives in her father's quarter at an iconic boarding school in Ajmer. *“When I found out she had TB, I called her mother, but she refused to let me meet her daughter. Then I approached her father, who initially declined, saying that she had not been diagnosed with TB. But he eventually agreed,”* says Radha.

“Her mother said that Ishika used to chat a lot and was always upbeat, but after the diagnosis, she usually kept to her room. When I walked into her room, she was hesitant to talk about it. But once I explained that I’d had TB too, she soon gained confidence, and we spoke for nearly half an hour. I gave her my phone number and told her she could contact me whenever she wanted. And, she did. She recently phoned me and we chatted for nearly an hour. This time, she was mostly asking questions and I was the one answering,” Radha added.

Radha says that whenever she meets someone with TB, she always reminds them of three important aspects of TB care: *“taking medicine consistently and as directed; maintaining a good and healthy diet; and, most importantly, remaining psychologically strong and positive.”* Radha has been working as a TB champion since February 2022, and in around six months, she has supported more than 100 people with TB.

**Names changed for privacy*

TB Champion Goes Out of his Way to Help a Teen with TB

The last couple of years haven't been too kind to Alina. Her whole world came crashing down around her when both her parents succumbed to COVID-19 during the second wave of the pandemic. She had to move in with her widowed masi (aunt) along with her four younger siblings. The 19-year-old hadn't even finished mourning her parents when she was diagnosed with TB.*



*“When I first met Alina in February 2022, she was lying on her bed, coughing up blood and didn't even have the strength to go to the toilet,” says **Kamlesh Thakur**, a TB survivor and Champion working in Dehradun, Uttarakhand. “She was already taking medication for TB from the nearest Community Health Centre (CHC), but it was gut-wrenching to see her in that state. Nobody attended to her. Her masi would give her food and water in a separate glass and plate with a healthy dose of insults – there were just too many mouths to feed.”*

“I walked inside, helped her sit and tried to talk to her. But no words came out of her mouth,” says Kamlesh. He also reached out to the local MLA for help with rations as well as other medicines and multivitamins to help her recover quickly.

“In just one week, there were some noticeable improvements,” says Kamlesh. “Alina regained her lost appetite and was able to use the restroom on her own. And during the continuation phase (CP) – the latter phase of TB treatment typically lasting four months – she even expressed the desire to return to her old job in a local bag-making company.”

Alina has now recovered from TB and cannot get over how grateful she is to Kamlesh for the emotional support he gave her. “If I hadn't undergone this training, if I had not been working as a TB Champion,” he continues, “I often wonder if I could have been of any help to her.”

For Kamlesh, it's about empathising with people with TB, educating them about the treatment and giving them the confidence that TB is curable. And he follows his duty religiously – more so because that is what he was looking for during his battle against TB.

“I was all alone in a rented accommodation in Uttarakhand when I was diagnosed with Multidrug-resistant TB (MDR-TB),” says Kamlesh. “I was admitted to the hospital for over a week and the medication lasted 27 months. But my family neither paid a visit nor did they offer any help. They even discouraged me from coming home to Bihar. I had to pay ₹3,000 for rent and another ₹3,000 for the medication, besides cooking three meals a day. During the initial COVID lockdown, I would walk 10km to procure medicine. Sometimes, blood would ooze out of my mouth and I was getting weary of taking 17-18 pills a day.”

But the 30-year-old TB Champion never lost hope. *“The doctors in the government hospital were very caring and explained to me that I would be cured of TB as long as I took the medicines. And I did. All of them. I never missed a single pill. And this is what I try to pass on to every single person with TB whom I meet”.*

**Name changed for privacy*

Wave 9 Project

Reducing pre-treatment loss to follow up through peer-led support for drug-resistant TB

ABOUT THE PROJECT

Drug-resistant TB remains one of India's major public health challenges, with a complex care cascade and poor treatment outcomes. For a person with DRTB, the pathway between diagnosis and treatment initiation is complex. A person diagnosed with DRTB must undergo a comprehensive pre-treatment evaluation, usually a multistep process over several days, involving multiple diagnostic tests and several specialist providers at different facilities.

The specific objective of the project is to reduce pre-treatment loss-to-follow-up among PwDRTB through a peer-led, personalised & guided support model for PwDRTB, including children, in eight districts of Bihar.

As of March 2022, the project's key preparatory activities were complete and full-fledged implementation was underway in all eight districts. 22 TB Champions were trained on various aspects of drug-resistant TB and have begun to provide peer support to people with DR-TB.

Over an **18-month period**, the project will provide support to **over 2000 people with DRTB** in Bihar.

Implemented in eight districts of Bihar (2021-23) with support from the Stop TB Partnership through a TB REACH Wave 9 grant

CFCS 10 Project

Advancing empowered, gender-responsive communities in India

ABOUT THE PROJECT

This new grant builds on REACH's Communities, Rights and Gender work, with two key objectives:

1

To empower affected communities to adopt a **Data for Action** approach, thereby equipping them to advance the agenda of quality assured person-centered care.

2

To support TB healthcare services and communities to develop **greater gender-responsiveness** by providing training and tools that help integrate these concepts at every step of care cascade.

The majority of activities will engage TB Champions from across several states in India. The operationalizing of the gender framework will be focused in two districts of Tamilnadu.

Implemented with support from the Stop TB Partnership through a Challenge Facility for Civil Society grant (2021-22)

Mentors for Community Health

PROJECT DISSEMINATION

The Mentors for Community Health - a women-led intervention to spearhead TB case notification, prevention and care in Tamil Nadu - came to an end in December 2021, culminating in a dissemination meeting held in Chennai. The project was implemented for a two-year period in Vellore, Villupuram, Salem, and Tirunelveli with support from the Stop TB Partnership through a TB REACH Wave 7 grant.

KEY RESULTS

Over **200 Women TB Leaders** were trained and engaged to work at over **180 health facilities** in Tamilnadu

Over **1200 women** were equipped with information on health through audio-based modules

Over **14 lakh people** screened for TB symptoms

Over **84,000 people** identified with TB symptoms

Over **77% supported** with tests for TB diagnosis

Over **2900 people** were diagnosed with TB

An Impact Report, a coffee table book and a short film featuring Women TB Leaders were developed to mark the end of the project.



“These Women TB Leaders are amazing. With any project, we always look at what is left behind. Ensuring that we have enough people in our communities that are able to stand up and provide care, advice, information and support to people who are affected by TB, COVID and other airborne diseases, is critical.”

Dr. Lucica Ditiu
EXECUTIVE DIRECTOR,
STOP TB PARTNERSHIP

“Women’s participation is critical if we are to eliminate TB. We must create more leadership opportunities in health like this. This is an excellent model for not just increasing case finding for TB but also improving women’s participation in health.”

Dr. Manish Narnaware IAS
DEPUTY COMMISSIONER, HEALTH,
GREATER CHENNAI CORPORATION

“This is a truly unique effort in India. I am so impressed to meet this empowered group of women from the community, who are so committed to helping people with TB. We must expand and sustain this work across the state and country.”

Dr. Ranjani Ramachandran
NATIONAL PROFESSIONAL OFFICER,
WORLD HEALTH ORGANISATION



“Today, I am able to stand in front of all of you and speak boldly. I take people with TB symptoms to the doctor and help them get diagnosed and treated. I am proud that I have been able to play a small role in this movement to end TB.”

Suguna Ganesan
WOMAN TB LEADER FROM TIRUNELVELI



Beyond Projects

Webinars and Meetings

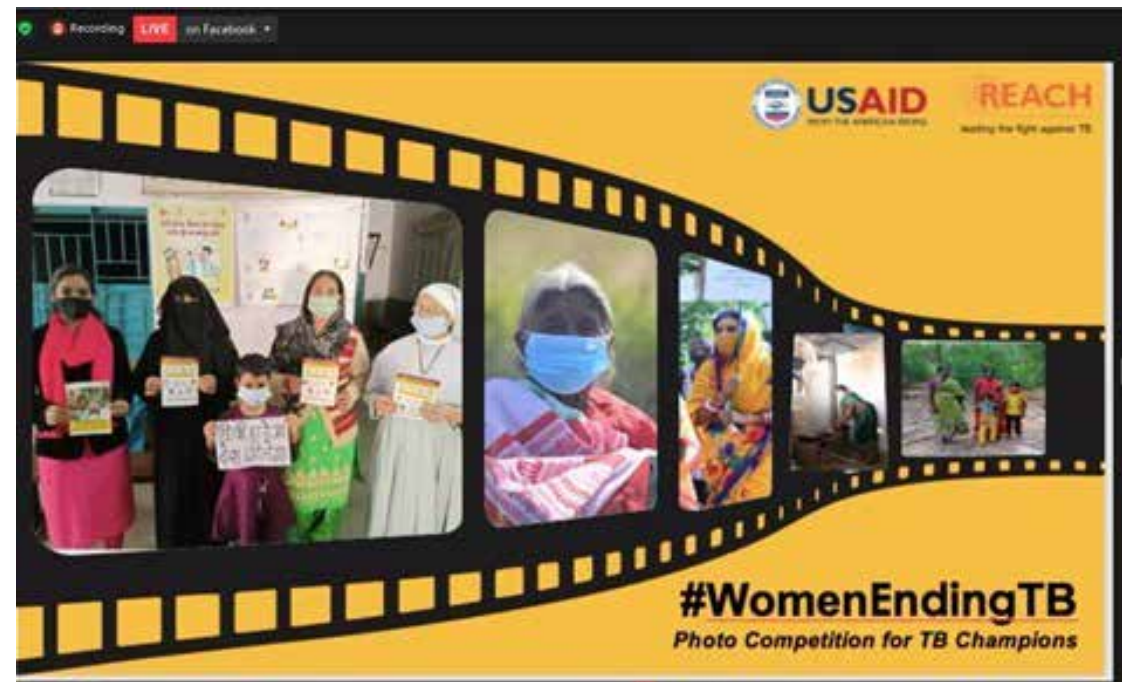
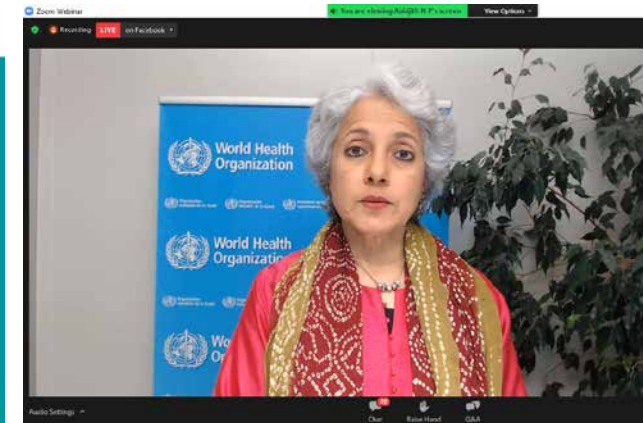
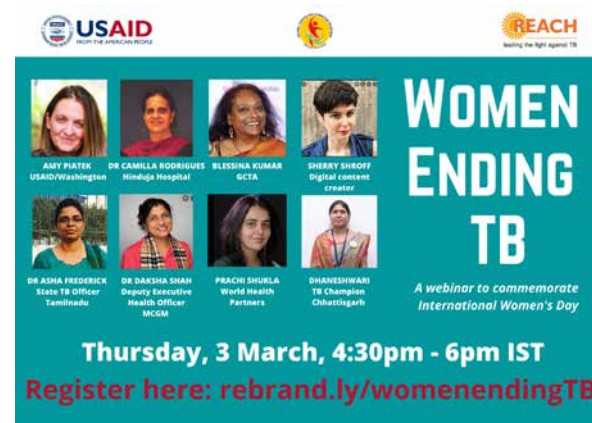
Organised by REACH

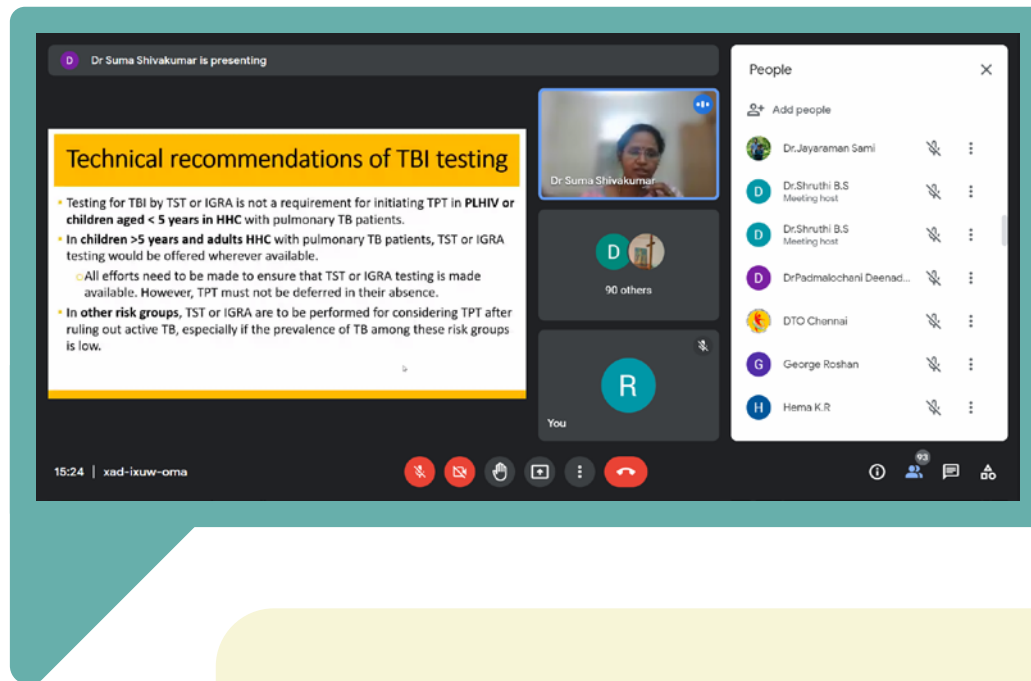
Women Ending TB

Organised by REACH in collaboration with USAID on 3 March 2022, to mark International Women's Day

THE WEBINAR FEATURED

- A panel of *eight inspiring women leaders* working to end TB
- A special video message from *Dr. Soumya Swaminathan*, Chief Scientist, WHO
- Announcement of winners of *Women Ending TB* photo competition





TPT Webinars

Organised by REACH in collaboration with Greater Chennai Corporation with the objective of sensitizing private practitioners in Chennai on the newly released guidelines for TB Preventive Treatment

Two editions organised on *3 December 2021* and *3 February 2022*, attended by nearly 200 private practitioners.

Participation by REACH

NOVEMBER 2021

Enabling a Gender-Sensitive Response to End TB

Webinar organised by the World Health Organisation

Dr. Ramya Ananthakrishnan, Director, REACH spoke on the provision of services to men and women seeking care in the private sector.

DECEMBER 2021

UNITE Global Summit 2021

Leave No One's Health Behind: Invest in Health Systems for All

Dr. Ramya Ananthakrishnan spoke on *Perspective from India: The Impact of Investments in Community Health Systems.*

REACH at the Union Conference

The REACH team participated at the 52nd Union Conference on Lung Health, held virtually, presenting at various sessions. In addition, TB Champions spoke at and shared their experiences at several Community Connect sessions.



AT THE 52ND UNION WORLD CONFERENCE ON LUNG HEALTH 19-24 OCTOBER 2021

I. ORAL ABSTRACT SESSION

Empowering women as community health mentors through Interactive Voice response (IVR) based training during COVID times - Experiences from Tamil Nadu, India

Speaker: Dr. Ramya Ananthakrishnan, Director, REACH



22 October 2021, 3pm to 4:20pm IST

II. E-POSTER PRESENTATIONS

A. Session: Local champions of health for all

- E-poster title:** Engaging TB survivors as Champions for empowered communities: an experience from India

Presenter: Ms. Anupama Srinivasan, Assistant Director, REACH

- E-poster title:** Lessons from an integrated approach of communication skilling and community engagement pilot project in India

Presenter: Ms. Sushmita Malaviya, National Operations Coordinator, REACH

B. Session: Improving quality of TB care

- E-poster title:** Improving Access to TB Services - Formulation of Workplace Policy on TB in Jharkhand, India

Presenter: Ms. Anuradha Panda, Community Engagement Specialist, REACH

C. Session: Access to quality TB care and services

- E-poster title:** Partnering with industries for TB elimination through corporate TB pledge

Presenter: Dr Sripriya Pandurangan, Deputy Project Lead, REACH

III. COMMUNITY CONNECT SESSIONS

A. Providing person-centred support to people with TB during COVID-19: TB Champions from Bihar, India share their experiences

Speakers: Smrity Kumar, REACH; James Malar, Stop TB Partnership; TB Champions Sudeshwar Singh, Kanchan Kumari, Shashi Ranjan, Anjana Singh



On Demand session. Available 19 October onwards

B. TB Champions pilot a community accountability framework

Speakers: Mr. Subrat Mohanty and Dr Sripriya Pandurangan, REACH, TB Champions Maheswar Prasad Sinha, Sashmita Behera, Sanjana Prajapati, Poongodi G



20 October, 2:00 pm to 2:45 pm IST

C. Stigma assessment by TB Champions: A window to social conditioning that perpetuates stigma

Speakers: Mr. Subrat Mohanty and Mr. Rahul Dutta, REACH and TB Champions Surendra Kumar Sahu, Rashmi Kesri, Priya S, Binay Patra



21 October, 2:00 pm to 2:45 pm IST

D. Engaging private pharmacies for TB Control in Chennai, India

Organised by: TB-PPM Learning Network

Speaker: Dr. Ramya Ananthakrishnan, Director, REACH



21 October, 6:36 pm to 6:42 pm IST



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

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

^a McGill
^b Merck
^c SHOP
^d Popsul
^e Intra
^f FHI 3
^g Green
^h FHI 3
ⁱ World
^j Resou
^k BRAC
^l Found
^m Prag
ⁿ Clinic
^o PATI
^p Instit
^q Depra
^r US Ag
^s Bill an
^t Global
^u Departme
^v TBPPM Learning Network, Canada

ONE YEAR OF COVID-19 AND ITS IMPACT ON PRIVATE PROVIDER ENGAGEMENT FOR TB: A rapid assessment of intermediary NGOs in seven high TB burden countries

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REACH ANNUAL REPORT 2021 - 22

ABSTRACT

The COVID-19 pandemic has impacted health systems and health programs across the world. For tuberculosis (TB), it is predicted to set back progress by at least twelve years. Public private mix (PPM) has made a vital contribution to reach End TB targets with a ten-fold rise in TB notifications from private providers between 2012 and 2019. This is due in large part to the efforts of intermediary agencies, which aggregate demand from private providers. The COVID-19 pandemic has put these gains at risk over the past year. In this rapid assessment, representatives of 15 intermediary agencies from seven countries that are considered the highest priority for PPM in TB care (the Big Seven) share their views on the impact of COVID-19 on their programs, the private providers who serve their PPM schemes, and their private TB clients. All intermediaries reported a drop in TB testing and notifications, and the closure of some private practices. While travel restrictions and the fear of contracting COVID-19 were the main contributing factors, there were also unanticipated expenses for private providers, which were transferred to patients via increased prices. Intermediaries also had their routine activities disrupted and had to shift tasks and budgets to meet the new needs.

* Corresponding author.

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BMJ Global Health

Engaging pharmacies in tuberculosis control: operational lessons from 19 case detection interventions in high-burden countries

Jacob Bigio,^{1,2} Nathaly Aquilera Vasquez,^{1,2} Lavanya Huria,^{1,3} Tripti Pande,^{1,2} Jacob Creswell,⁴ Ramya Ananthkrishnan,⁵ John S Bimba,⁶ Luis E Cuevas⁷,⁸ Luan Vo,⁸ Mirjam I Bakker,⁹ Md. Toufiq Rahman,⁴ Madhukar Pai^{1,10}

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INTRODUCTION

In countries with a high burden of tuberculosis (TB), private pharmacies are often the

Summary box

⇒ Private pharmacies are a frequent first point of care for TB case detection. Operational lessons from 19 case detection interventions in high-burden countries are summarised below.

ENGAGING PHARMACIES IN TUBERCULOSIS CONTROL: Operational lessons from 19 case detection interventions in high-burden countries

PUBLISHED IN BMJ GLOBAL HEALTH

facilities for testing could help to identify the estimated 4.1 million individuals who developed TB in 2020 but were not diagnosed and reported to NTPs.⁹

Between 2010 and June 2020, the Stop TB Partnership's TB REACH initiative funded 26 interventions in 15 LMICs which engaged pharmacies to improve TB case detection, with the aim of demonstrating whether they are effective entry points to identify individuals with TB and whether they could subsequently be scaled up and transferred to a sustainable model either by other donor agencies or with monitoring and assistance from NTPs. An analysis of quantitative outcomes of the interventions will be published separately. For this publication, we discussed operational characteristics of the interventions with grantee implementors of 19 of these projects, and with members of the TB REACH initiative involved in providing technical support to the

- ⇒ Pharmacies are independent businesses which may be hesitant to become involved in TB case finding activities but can be recruited and retained by engaging relevant stakeholders, providing training to pharmacies and offering incentives where appropriate.
- ⇒ Interventions should be designed flexibly to allow pharmacists to focus TB case finding activities on the highest-risk patients during busy periods.
- ⇒ Several different mechanisms of referral and follow-up may be required, depending on pharmacy capacity, but the establishment of sputum collection and transportation mechanisms should be prioritised to reduce loss to follow-up.

projects (table 1). We summarise the three main themes and operational lessons which emerged from these discussions as follows.

The term pharmacy is used here broadly to refer to any provider engaged in the selling of

BMJ

Bigio J, et al. *BMJ Global Health* 2022;7:e008661. doi:10.1136/bmjgh-2022-008661

1

REACH Publications DOCUMENTS & REPORTS

MENTORS FOR COMMUNITY HEALTH IMPACT REPORT



IMPACT REPORT



Mentors for
Community
Health

Saadhikka Vaa Penne

A WOMEN-LED INTERVENTION TO END TB

“When I took TB treatment I suffered a lot from side effects. Today when I meet other People with TB, I tell them upfront that I also had TB and got cured. I hope that it will motivate them, bring me closer to them and create a bridge of understanding”

நான் காதேராய் சிகிச்சை எடுத்துபோது பக்கவிளைவுகளால் மிகவும் கஷ்டப்பட்டேன். இன்று நான் காதேராயல் பாதிக்கப்பட்டவர்களை சந்திக்கும்போது, “எனக்கும் காதேராய் இருந்து குணமாகிவிட்டேன்” என்று அவர்களுக்கு எடுத்து சொல்லி அவர்களை ஊக்கப்படுத்துகிறேன். இது எனக்கும் அவர்களுக்கும் இடையே நெருக்கத்தை ஏற்பட ஒரு பாலமாக அமைகிறது”

Manimala
Woman TB Leader, Vellore

SAADHIKKA VAA PENNE: A coffee table book

ART TO END TB STIGMA
A Compendium of Artwork by TB Champions

ART TO END STIGMA: ALLIES

SURVIVORS JOIN MOVEMENT FOR TB-FREE INDIA

Published in The Hindu, 27 March 2022



Through the **LINKING TO CARE** project, REACH developed a comprehensive booklet on Nutrition for use by people with TB and comorbidities such as Diabetes and Hypertension. These were developed by a dietitian and printed as easy-to-use flyers in English and Tamil and address topics such as TB and nutrition, Diabetes and nutrition, pre-diabetes, use of salt and sugar, use of oils and fats, practical tips for cooking nutritious food. This is being used to educate people with TB and NCDs on the importance of nutrition during TB treatment and encourage holistic behavior change specific to food habits.

எண்ணெய்கள் மற்றும் கொழுப்புகள்

“உங்கள் இதயத்திற்கான எண்ணெய்”

எண்ணெய் வித்துக்கள் மற்றும் பருப்புகளில் இருந்து எண்ணெய் எடுக்கப்படுகிறது. அவை பல்வேறு வகையான கொழுப்பு மற்றும் அத்தியாவசிய ஊட்டச்சத்துக்களைக் கொண்டிருக்கின்றன, அவை நம் உடலுக்கு நன்மை பயக்கும்.



தேவையான ஒமேகா-6 மற்றும் ஒமேகா-3 விகிதங்களை பராமரிப்பதற்கான தேசிய ஊட்டச்சத்து கழகத்தின் பரிந்துரைகள் கீழே உள்ளன.

நிலக்கடலை / எள் / அரிசி தவிடு + கடுகு எண்ணெய்

நிலக்கடலை / எள் / அரிசி தவிடு + சோயாபீன் எண்ணெய்

எவ்வளவு எண்ணெய் பயன்படுத்த வேண்டும்?

பரிந்துரைக்கப்பட்ட உணவு உட்கொள்ளும் முறைப்படி, ஒரு நபர் ஒரு நாளைக்கு 20-30 கிராம் எண்ணெய் உட்கொள்ள வேண்டும். ஒரு மாதத்திற்கு சுமார் 600-900 கிராம் சமையல் எண்ணெய்யை உட்கொள்ளலாம். நோயாளியின் உடல்நிலையைப் பொறுத்தும் இந்த அளவு மாறுபடும். உணவியல் நிபுணரின் ஆலோசனைக்கேற்ப குறைக்கவோ அல்லது அதிகரிக்கவோ வேண்டும்.

நடைமுறை குறிப்புகள்

1. சமையலுக்கு எண்ணெய்களின் கலவையை தேர்வு செய்யவும். ஒன்றுக்கு மேற்பட்ட தாவர எண்ணெய்களை உட்கொள்வது நல்லது. இது ஊட்டச்சத்துக்களின் கலவையைப் பெற உதவும். ஒருமுறை சமைத்த எண்ணெய்யை மீண்டும் பயன்படுத்துவதை தவிர்க்கவும்.
2. எண்ணெய்யில் பொரிப்பதைவிட வறுத்தல், வேக வைத்தல், சுடுதல், ஆவியில் வேக வைத்தல் மற்றும் வதக்குதல் போன்ற ஆரோக்கியமான சமையல் முறைகளைப் பயன்படுத்தவும். இந்த சமையல் முறைகள் எண்ணெய் பயன்பாட்டை குறைக்க உதவும்.

Through the **ALLIES** project, a series of educational materials on stigma was developed, featuring artwork by TB Champions themselves. These materials are used by TB Champions during community meetings, with the objective of educating communities and reducing the stigma associated with the disease.

ସମ୍ପୂର୍ଣ୍ଣ ଆସ୍ଥା ଦେଖି ସାମାଜିକ ତିରସ୍କାର ଓ ଭେଦବାଦ ହିରା ହୋଇ ଥାଆନ୍ତି ।
କ'ଣ ଆପଣ ଜାଣନ୍ତି, ଯିଏ ସମ୍ପୂର୍ଣ୍ଣ ଆସ୍ଥା ହୋଇଲେ ?
ଆପଣଙ୍କର ସହଯୋଗ ସେମାନଙ୍କୁ ଚାକର ରିକିଷା ସମ୍ପୂର୍ଣ୍ଣ କରିବାରେ ସାହାଯ୍ୟ କରି ପାରିବ ।
ଆମେ ଏବଂ ମିଳିମିଶି ସମ୍ପୂର୍ଣ୍ଣ ଭାବେ ନିର୍ମାଣ କରିପାରିବା ।

ଭେଦବାଦକୁ ଏଡ଼ାନ୍ତୁ । ସମ୍ପୂର୍ଣ୍ଣ କୁରୁ କରିନ୍ତୁ ।

Artwork by TB Champion Mukta Kirtisudha Ghadei, Odisha

USAID FROM THE AMERICAN PEOPLE TB CHAMPION REACH leading the fight against TB

କାଷ୍ଠନୋୟାଲ୍ ପାତ୍ରିକକର୍ମପଢ଼ାଙ୍କ କଳାଙ୍ଗକମ୍ ମନ୍ତ୍ରଣାମ୍ ପାତ୍ରପାଠକଲେ
ଅନୁପରୀକ୍ଷିତହାନ୍ ।
କାଷ୍ଠନୋୟାଲ୍ ପାତ୍ରିକକର୍ମପଢ଼ାଙ୍କ ନୀଙ୍ଗକଣ୍ଠ ଚନ୍ଦ୍ରିତ୍ତତୁନ୍ଦା ?
ଅଙ୍ଗକଣ୍ଠାନ୍ ଅକ୍ତରାଘ୍ ଅରାଙ୍ଗକଣ୍ଠାନ୍ ଚିତ୍ରିତ୍ତତୁନ୍ଦା ?
ନାମ୍ ଅଭାଷଣକମ୍ ଉନ୍ତୁରାକ ଅଭାଷଣକମ୍ କାଷ୍ଠନୋୟାଲ୍ ଅଭାଷଣ ଅନ୍ତରାଭାଷଣ
ଅଭାଷଣକମ୍ ମୁଖ୍ୟକମ୍ ।

କାଷ୍ଠ ନୋୟାଲ୍ କଳାଙ୍ଗକତ୍ତେ ଉଚ୍ଛିତ୍ତିତ୍ତତୁନ୍ଦାମ୍ | କାଷ୍ଠ ନୋୟାଲ୍ ଉଚ୍ଛିତ୍ତିତ୍ତତୁନ୍ଦାମ୍
ଉଚ୍ଛିତ୍ତିତ୍ତତୁନ୍ଦାମ୍: TB ଚାମ୍ପିୟାନ୍ ଶର୍ଣ୍ଣ ଶର୍ଣ୍ଣତା, ନାମ୍ପୁନାଠୁ

USAID FROM THE AMERICAN PEOPLE TB CHAMPION REACH leading the fight against TB

टीबी से ग्रसित लोग तिरस्कार और भेदभाव का अनुभव करते हैं।
क्या आप टीबी से ग्रसित किसी व्यक्ति को जानते हैं?
आपका समर्थन उन्हें उपचार पूरा करने में सहायक हो सकता है।
हम सभी एक साथ मिलकर टीबी मुक्त भारत का निर्माण कर सकते हैं।

तिरस्कार उन्मूलन | टीबी उन्मूलन

Artwork by TB Champion Purusottam, Chhattisgarh

USAID FROM THE AMERICAN PEOPLE TB CHAMPION REACH leading the fight against TB

क्या आपको टीबी हुई है?

घबराएँ नहीं! टीबी का इलाज संभव है!
आपकी टीबी पर जीत की यात्रा
इस प्रकार होगी-

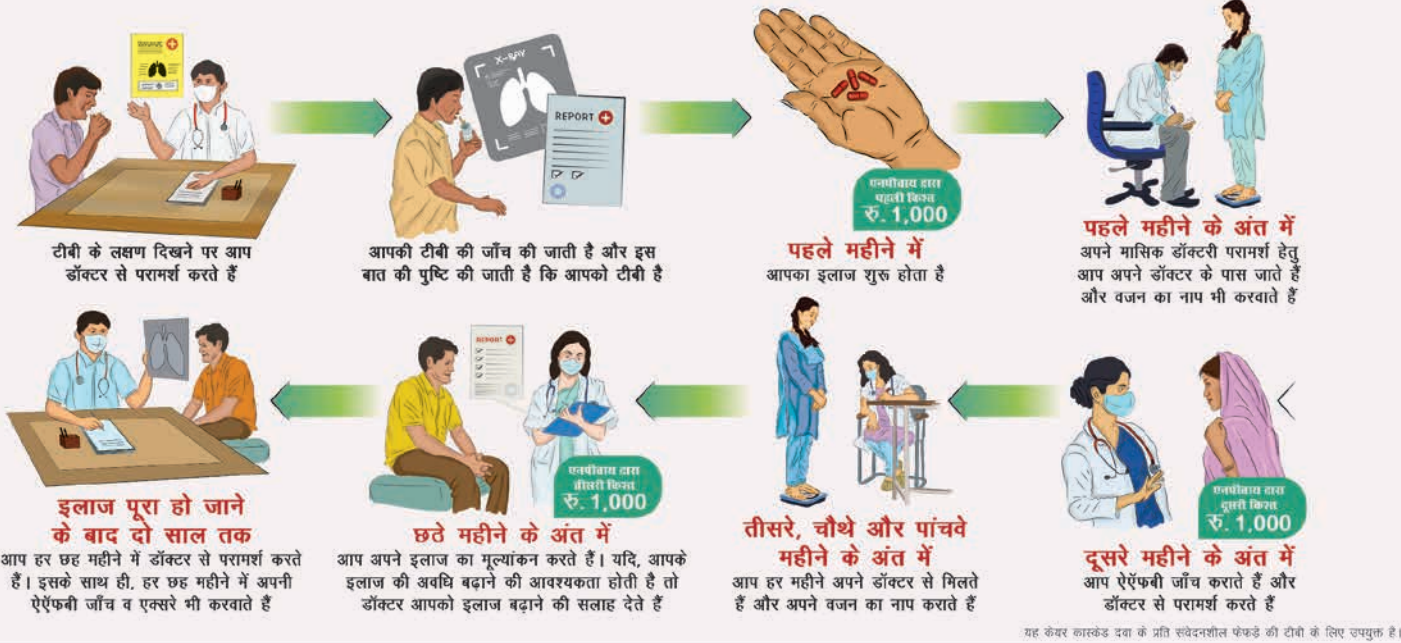
FIND
Diagnosis for all

TB CHAMPION

UNITE TO ACT

Unite to ACT

REACH
Leading the fight against TB



यह केयर काउन्सिल दवा के प्रति स्वयंसेवक फोकस की टीबी के लिए उपयुक्त है।

आमतौर पर टीबी में उपयोग किए जाने वाले परीक्षण-

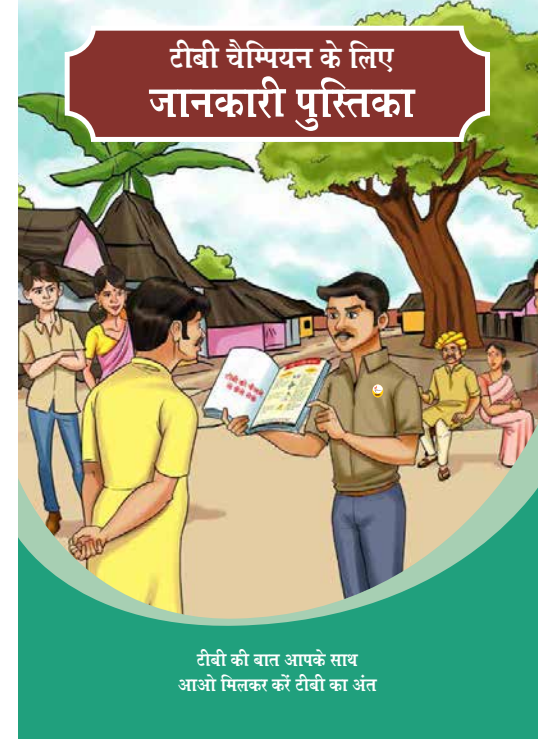
- एनपीआय** - निःश्वस पौषण योजना
- यूडीएसटी** - युनिवर्सल ड्रग्स ससेप्टेबिलिटी टेस्टिंग
- ऐंफेबी** या **सीयर माइक्रोस्कोपी** - यह जाँच आमतौर पर बलमम से की जाती है। इसके जलावा टीबी की पुष्टि व फॉलो अप के लिए भी इस जाँच को करवाया जाता है।
- सीबीनाट टूनाट** - यह एक एडवेंसड जाँच है जो टीबी की पुष्टि के लिए करवाई जाती है और इस जाँच से दवा प्रतिरोधक टीबी की पहचान भी संभव है। पर इस जाँच को फॉलो अप के लिए इस्तेमाल नहीं किया जाता है।

- एक्सरे** - इसका उपयोग टीबी की जाँच के लिए किया जाता है। कई बार डॉक्टर आपको फॉलो अप के दौरान भी एक्सरे करवाने के लिए कह सकता है।
- यूडीएसटी** - यह जाँच दवा-प्रतिरोधक टीबी का पता लगाने के लिए की जाती है। सीबीनाट टूनाट और एलपीए नामक एक अन्य परीक्षण भी इसमें शामिल है। यह जाँच आमतौर से उपचार शुरू होने से पहले की जाती है।

- ## टीबी की दवाइयों
- टीबी के इलाज के लिए दी जाने वाली दवाएं वजन आधारित होती हैं
 - प्रत्येक गोली में 3 या 4 दवाएं निश्चित मात्रा में होती हैं
 - 4एफडीसी - पहले दो महीनों के दौरान दी जाने वाली प्रत्येक गोली में 4 दवाएं (रिफैम्पिसिन, आइसोनियाजिड, पायराजिनामाइड और ऐथामब्यूटोल) होती हैं
 - 3एफडीसी - अगले चार महीनों के दौरान दी जाने वाली प्रत्येक गोली में 3 दवाएं (रिफैम्पिसिन, आइसोनियाजिड और एथामब्यूटोल) होती हैं

गोलियों की संख्या वजन पर आधारित होती है

वजन श्रेणी (बीड)	गोलियों की संख्या
25-34 किलो	2
35-49 किलो	3
50-64 किलो	4
65-75 किलो	5
>75 किलो	6



चलो एक टीबी मुक्त भारत बनाएं
टीबी चैम्पियंस संग जागरूकता फैलाएं।

The UNITE TO ACT project developed two toolkits for TB Champions – the first for all TB survivors trained as TB Champions was developed in over ten languages and has been widely disseminated across the country through the TB programme. The second toolkit was developed in four languages and specifically intended for TB Champions enrolled in the Mentorship programme. This toolkit includes materials of three types: for the TB Champion's own reference, for the TB Champion to give to a person with TB while providing psychosocial counseling and for the TB Champion to distribute to communities they sensitise about TB.

Short Films

SAADHIKA VAA PENNE, featuring Women TB Leaders from Tamilnadu





ANSHU KUMARI

Bokaro, Jharkhand

When I was just a TB survivor, I had many thoughts like - what has happened to me,

More videos in the #TBCHAMPIONSSPEAK SERIES

- MISSION TB-FREE INDIA 2025
- WHAT COVID-19 TAUGHT US
- 10 SHORT FILMS featuring individual TB Champions



I created awareness, made home visits, and I helped people with TB as much as I could.



SATYENDRA NATH JHA

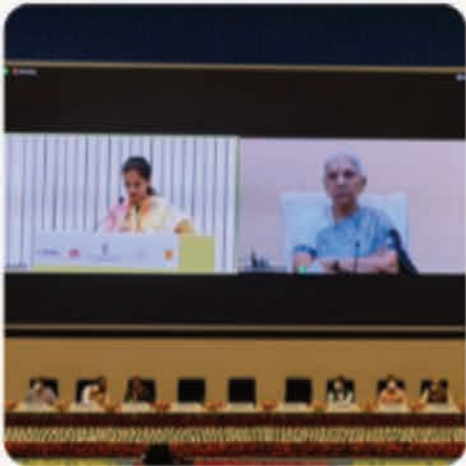
Samastipur, Bihar

The message should be spread to the farthest corners of society

World TB Day

New Delhi

TB Champions interacting with Shri. Mansukh Mandaviya, Honourable Minister of Health and Family Welfare, other senior health officials, senior USAID representatives and other visitors at the World TB Day event held on 24 March





New Delhi

TB Champion Kajal Bisht from Uttarakhand addressing the World TB Day event in the presence of Smt. Anandiben Patel, Honourable Governor of Uttar Pradesh



Release of *Art to End TB Stigma* Compendium of artwork at a TB Centrestage discussion held in March 2022 in New Delhi



Chennai

Dr. J Radhakrishnan IAS, then Principal Secretary, Dept. of Health & Family Welfare, Govt. of Tamilnadu inaugurating a photo exhibition developed by REACH on TB and felicitating Heads of Nakshatra Centres on 25 March

The photo exhibition on display at Nakshatra Centres



Management and Finance

*“People are an organisation’s most
valuable asset and the key to its success.”*

Dave Bookbinder

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President

MR. K. RAVI,
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Executive Secretary

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Executive Member

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Executive Member

Ms. CHITRA MAHESH,
Executive Member

Ms. ANUSHA KRISHNA,
Executive Member

The REACH Team

DR. RAMYA ANANTHAKRISHNAN, Director

MR. J GURUMOORTHY, Director - HR, Finance and Administration

Ms. SHEELA. A., Deputy Director

Ms. ANUPAMA SRINIVASAN, Assistant Director

MR. SUBRAT MOHANTY, Sr. Advisor and Project Lead, ALLIES

Ms. SMRITY KUMAR, Project Lead, Unite to ACT

DR. JAYA SHREEDHAR, Sr. Technical Expert, ALLIES

DR. RAGHINI RANGANATHAN, Technical Lead, Unite to ACT

MR. T. RAJESWARAN, Research-cum-Monitoring & Evaluation Lead

MR. S. KARTHIKEYAN, Sr. Manager, Finance & Administration

Ms. SRI KRUPA, Sr. Manager, HR & Admin

Admin & Finance Team

Ms. S. THAMIZHSELVI, Sr. Finance, Administration & HR Lead, Unite to ACT

MR. BALAJI RAMACHANDRAN, Sr. Manager, Finance & Administration, ALLIES

MR. M. KUMAR, Sr. Manager, Finance & Administration, ALLIES

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MR. M. REGAN RAJ, Finance Officer

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Ms. B. PREMA, Admin & HR Officer

MR. RAMESH CHAND, Admin & Finance Officer

MR. AJAY SHARMA, Finance & Admin Officer

Ms. P. SURIYA, Asst - HR & Administration

MR. M. GANAPATHY, Admin Support

MR. ANKIT, Admin Support

Linking To Care Initiative

DR. RADHA. R., Sr. Technical Lead
DR. SHRUTHI. B. S., State Operations Lead
Ms. P. SUJATHA, Programme Coordinator
Ms. T. MARGARET, District Operations Lead
MR. S. SARAVANAKUMAR, District Operations Lead
MR. A. REEGAN, Deputy District Operations Lead
MR. S. ANDREWS CHRISTOPHER, Deputy District Operations Lead
Ms. A. BHUVANESWARI, Deputy District Operations Lead
MR. M. JOSEPH SOUNDARARAJ, Community Programme Coordinator
MR. M. PANDIYAN, Data Associate
Ms. AMRITA LIMBU, Data Support
MR. R. MANIGANDAN, Data Support

Senior TB Nanbans

Ms. S. MANGAIYARKARASI
Ms. M. DEENATHAYABARI

TB Nanbans

Ms. R. KALPANA
Ms. G. SUGANYA
Ms. N. LAKSHMI
MR. A. ANBARASAN
Ms. S. SHANTHI
Ms. S. JULIET JAYA SEELI
Ms. E. POOMIN CHITHARATHI
MR. S. SATHAN KUMAR
Ms. K. RUKMANI
Ms. N. REVATHY
Ms. J. SUGUNA DEVI
MR. C. JAYA FELIX
MR. A. REETA
MR. S. NAGARAJAN
Ms. M. SOWMIYA
Ms. U. GAYATHRI
Ms. N. VASANTHI
Ms. N. VIJAYAKUMARI
Ms. D. KALAIVANI
Ms. S. AVILA DAISY
MR. M. SATHYARAJ

Ms. G. USHA
Ms. L. PRETHA
Ms. S. MUTHULAKSHMI
MR. R. PRAVEEN
Ms. TINTU JOSEPH
Ms. D. NANDHINI
Ms. G. CHITHRA
Ms. S. JOTHI LAKSHMI
Ms. R. SHAMILY
Ms. C. LOGESWARI
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Ms. I. PRIYANKA
Ms. S. SUGANYA MARY
Ms. A. SILAMBARASI
Ms. D. DEVI
Ms. S. JAYANTHI
Ms. A. BHAVANI
Ms. G. JAYANTHI

ALLIES Project

DR. SRIPRIYA PANDURANGAN, Deputy Project Lead
MR. SUMIT KUMAR, Monitoring and Evaluation Lead
MR. RAHUL DUTTA, Monitoring and Evaluation Lead
DR. SUSHMITA MALAVIYA, National Operations Coordinator
DR. KARABI M.G. MAJUMDAR, National Operations Coordinator
DR. PRABHAT PANDEY, National Operations Coordinator
MR. ASHVINI VYAS, National Operations Coordinator – Special Interventions
DR. JOVITTA XAVIER, Knowledge Management Specialist
DR. RAGHAVAN GOPA KUMAR, National Coordinator, Touched by TB
MR. ABHIJITH. N. P., Project Officer
MR. AADIL KAMRAN, Programme Associate
MS. MIHIKA WAKHLOO, Programme Associate

Chhattisgarh

MR. FIDIUS KERKETTA, State Operations Lead
MR. RAVI RANJAN, Project M & E
MR. DEEPAK SINGH THAKUR, District Strategist, Durg
MR. MUKESH KUMAR, District Strategist, Balod
DR. SARLA SINGHANIA, District Strategist, Raipur

Jharkhand

MR. PRANAW KUMAR JHA, State Operations Lead
MR. VIKAS KUMAR CHOUDHARY, Project M&E
MR. AMIT KUMAR, District Strategist, Ranchi
MR. RAHUL SHEKHAR, District Strategist, Gumla
MR. RASH RANJAN, District Strategist, Bokaro

Odisha

MR. LAXMIDHAR SINGH, State Operations Lead
MR. SUSHANTA KUMAR MISHRA, Project M&E
DR. REETA SAHOO, District Strategist, Bhubaneswar
MR. TAPAN KUMAR PRADHAN, District Strategist, Mayurbhanj
MR. FAKIR MOHAN BAG, District Strategist, Angul

Tamil Nadu

MR. K. BALASUBRAMANIAN, State Operations Lead
MR. P. RAJESWARAN, State M&E Coordinator
MR. A. JAMES JEYAKUMAR JAISINGH, State Program Associate
MR. V. SENTHIL, District Strategist, Vellore
MR. R. KARTHIKEYAN, District Strategist, Coimbatore
MR. K. SATHIYANARAYANAN, District Strategist, Villupuram
MR. G. VENKATARAMAN, District Strategist, Krishnagiri
MR. S. SRINIVASAN, District Strategist, Trichy
Ms. Y. CHARLES, District Strategist, Cuddalore

CFCS Project

Ms. K. NALINI, Community Engagement Specialist

Unite To ACT Project

MR. NARINDER SINGH RAWAT, Monitoring & Evaluation Lead
MS. ANURADHA PANDA, Community Engagement Specialist
MR. SANJAY KUMAR, Community Engagement Specialist
MS. PRAGYA MISHRA, Operations Lead
MR. TIRTHA NANDY, Operations Lead
MR. RISHI RATTAN, TB-COVID Lead
MR. VIPIN KUMAR VARMA, Programme Associate, M & E
MR. SURENDRA MALVIYA, Programme Associate, M & E
MR. NITISH BHARDWAJ, Programme Associate, Communications

New Delhi

DR. SAIMA FURQAN, State TB-COVID Coordinator, New Delhi
MR. M.D. OZAIR, District Community Coordinator, Central Delhi
MS. REKHA, District Community Coordinator, South West Delhi
MR. SUMIT KUMAR, District Community Coordinator, West Delhi
MS. SWATI SINDHU, District Community Coordinator, North East Delhi
MR. MOHAMMAD KHALID, District Community Coordinator, North East Delhi

Bihar

MR. BIPIN KUMAR SINGH, State Operations Lead
MR. RAJNISH KUMAR DUBEY, State TB-COVID Coordinator
MR. CHANDAN KUMAR SRIWASTAVA, District Community Coordinator, Purnea
MR. PRAFULLA CHANDRA MISHRA, 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. NEERAJ KUMAR GUPTA, State TB-COVID Coordinator
MR. RIZABUL AHAMAD, District Community Coordinator, Udham Singh Nagar
MR. SHAHNAWAZ CHOUDHARY, District Community Coordinator, Nainital
MS. KIRAN ASWAL, District Community Coordinator, Haridwar
MR. GALIB HUSSAIN, District Community Coordinator, Dehradun
MS. BHAVANA PANWAR, District Community Coordinator, Garhwal

WAVE 9 Project

MR. TUMUL RAI, Operations Lead
MR. SUDESHWAR SINGH, State Community Coordinator
MS. SUCHISMITA PAUL, Project Associate
MS. ARTI KUMARI, District Program Coordinator, Muzaffarpur
MR. PRAFULLA KUMAR VERMA, District Program Coordinator, Bhagalpur
MR. JITENDRA KUMAR, District Program Coordinator, Gaya
MR. SHYAM KUMAR SONI, District Program Coordinator, Saran
MS. ADITYA KUMAR, District Program Coordinator, Sitamarhi
MR. VIKASH CHAURASIYA, District Program Coordinator, Vaishali
MR. ARVIND KUMAR, District Program Coordinator, Darbhanga

Media and Communications

MR. MAYANK MOHANTI, Media and Communications Associate


Financial Statements

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
 No.194, 1st floor, Avvaishanmugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014
BALANCE SHEET AS ON 31st MARCH 2022

LIABILITIES	SCH	AS AT	AS AT	ASSETS	SCH	AS AT	AS AT	AS AT	AS AT
		31.03.2022	31.03.2021			31.03.2022	31.03.2022	31.03.2021	31.03.2021
CAPITAL FUND				FIXED ASSETS					
Opening balance		1,51,58,478	1,48,15,770	Office equipment		9,81,475		7,76,369	
Add: Excess of Expenditure over Income		23,48,364	3,42,708	Furniture		9,46,547		5,12,114	
Closing Balance		1,75,06,842	1,51,58,478	Computer		37,19,008		18,38,657	
				Gross amount		56,47,030		31,27,140	
Corpus Fund				Less: Accumulated depreciation	X	7,24,469	49,22,561	5,47,985	25,79,155
Opening balance		90,00,000	90,00,000	Project Fund CFCS Round Project			11,63,888	-	
Add : Receipts									
Closing Balance		90,00,000	90,00,000						
				INVESTMENTS					
Grant Reserves		444	377	Fixed Deposit			3,05,00,000		3,74,99,324
PROJECT FUNDS									
Axshaya Project - Round 9		-	4,29,945	ADVANCE AND DEPOSITS					
CFCS Round 9 Project		-	33,82,661	Security deposit			2,900		2,900
Media NCD		-	9,63,418	Telephone deposit			2,260		2,260
ALLIES PROJECT-USAID		32,30,958	43,53,652	Rent advance			7,06,000		3,90,000
Mentors for Community Health-WAVE 7		79,35,450	94,45,096	Water deposit			850		850
Linking to Care Project - AA&D		52,84,618	58,91,165	Staff Advances	VI		2,71,495		9,477
UAP-GCTA		-	3,03,938	Advance to others	VII		51,100		42,035
CFCS Round 10 Project		41,48,157	-	I.T. Refund Due			3,66,230		2,87,910
WAVE 9 Project		1,06,52,645	-						
Unite to Act Project		1,43,62,522	-	CASH AND BANK BALANCES					
Outstanding Liabilities	V	12,44,620	12,22,077	Cash on hand	VIII		17,530		19,711
Interest Refund Due- USAID		1,28,260	48,254	Balance with State Bank of India-40088159324			2,32,609		-
				Balance with Central Bank of India -1023823919			11,87,296		13,69,907
				Balance with Central Bank of India -3121952361			12,053		2,000
				Balance with Central Bank of India - Schedule	IX		-		8,000
				Balance with Central Bank of India -3176244956			1,20,26,181		20,661
				Balance with Central Bank of India -1207629368			10,270		2,453
				Balance with Bank of Baroda -08140100019121			5,036		-
				Balance with Bank of Baroda -08140100013304			19,15,221		32,93,884
				Balance with Bank of Baroda -08140100006234			10,782		1,76,873
				Balance with Bank of Baroda - 08140100016383			1,35,78,698		23,87,712
				Balance with Bank of Baroda -08140100016479			75,12,774		20,41,810
				Balance with YES Bank - 074393900000011			-		62,139
		7,44,94,716	5,01,99,061				7,44,94,716		5,01,99,061


 Rajivar Krishnaswamy
 President


 Dr. Nalini Krishnan
 Executive Secretary


 K. Ravi
 Treasurer

As per report attached

for M.R.Narain & Co.
 Chartered Accountants
 FRN 002330S


 M. Prabakar (M.No.201987)
 Partner



Place: Chennai
 Date: 10th August 2022

Financial Statements

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
No.194, 1st floor, Avvaishanmugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2022

EXPENDITURE	Sch	Y.E. 31.03.2022	Y.E. 31.03.2021	INCOME	Sch	Y.E. 31.03.2022	Y.E. 31.03.2021
		Amount in Rs.	Amount in Rs.			Amount in Rs.	Amount in Rs.
To expenses incurred for the objects of the institution	IV	18,07,64,758	9,14,53,946	By Donations Received	I	3,62,600	1,73,501
<u>To other administrative expenses:</u>				By Income from investments / deposits	II	12,71,640	12,01,046
Salaries and Wages		1,39,67,787	1,21,39,686	<u>By Other Income</u>			
EPF Admin charges		1,80,615	1,31,885	Grant Received	III	20,35,99,762	10,86,27,014
Travelling & Conveyance expenses		31,915	4,686	Miscellaneous Income			86,360
Electricity charges		2,88,976	1,69,547	Sale of Fixed Assets			49,000
Telephone charges		2,11,822	2,44,964	Excess Provision			14,200
Postage and telegram		2,22,544	1,55,415				
Repairs & Maintenance - Others		8,90,387	7,32,920				
Insurance premium		85,421	56,880				
House Keeping Materials		4,45,498	2,93,308				
Brokerage charges		23,500	-				
Bank charges		5,28,018	1,52,933				
Staff Welfare		4,15,043	1,95,231				
Audit fees		1,00,000	1,00,000				
Rent		38,98,500	32,54,000				
Printing and Stationery		3,46,935	3,35,435				
Excess Interest		1,28,260	-				
Advertisement Expenses		84,960	18,880				
Membership Fee and Subscription		66,465	-				
Depreciation		1,76,484	1,07,209				
Consultant fees		27,750	2,61,488				
Excess of income over expenditure transferred to Balance Sheet		23,48,364	3,42,708				
		20,52,34,002	11,01,51,121			20,52,34,002	11,01,51,121

Rajivan Krishnaswamy
Rajivan Krishnaswamy
President

Nalini Krishnan
Dr.Nalini Krishnan
Executive Secretary

K.Ravi
K.Ravi
Treasurer

As per report attached

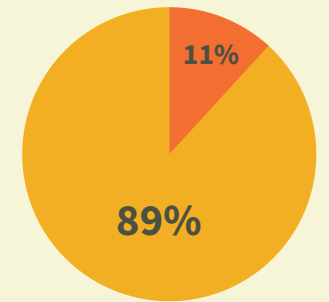
for M.R.Narain & Co.
Chartered Accountants
FRN 002330S

M.Prabakar
M.Prabakar (M.No.201987)
Partner



Place: Chennai
Date: 10th August 2022

REACH: FUND UTILIZATION 2021 - 2022



Project Implementation & Program Activities

Administrative Expenses

Acknowledgements

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

Officials at the **MINISTRY OF HEALTH AND FAMILY WELFARE**

Officials at the **CENTRAL TB DIVISION, NEW DELHI**

All **NTEP OFFICIALS AND STAFF** at the National, State and District levels in the 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

M/s. INDIAN MOTOR PARTS & ACCESSORIES LTD for their generous donation and continued support

ALL OUR DONORS, both individuals and institutions

Finally, our dedicated **TB CHAMPIONS, WOMEN TB LEADERS** and **COMMUNITY VOLUNTEERS**

Thank you – the year was challenging and we couldn't have done it without you!

Our Supporters



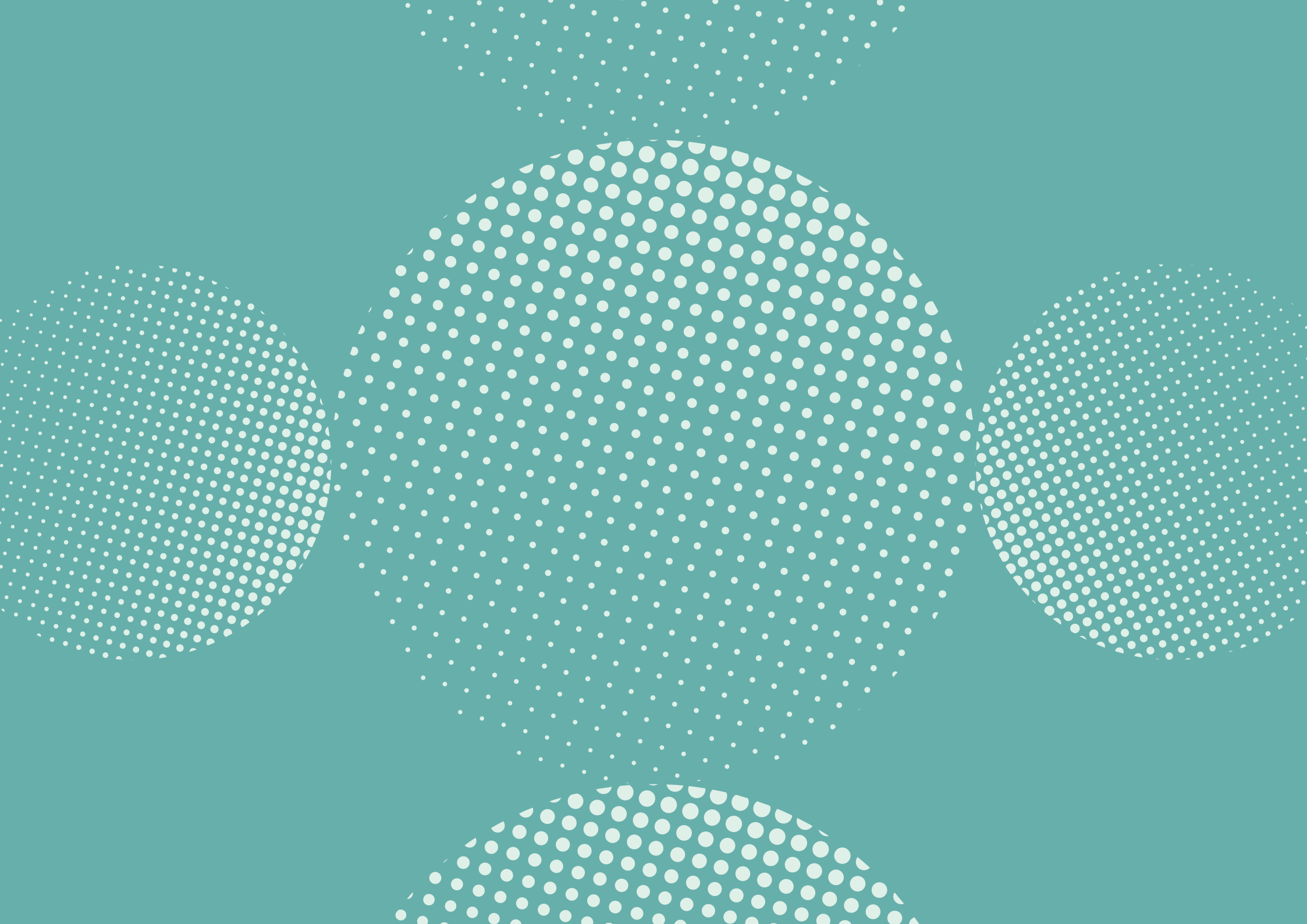
Our Partners





leading the fight against TB







leading the fight against TB

HEAD OFFICE

No. 194, 1st Floor,
Avvai Shanmugam Salai Lane,
Lloyds Road, Royapettah,
Chennai – 600014

PHONE: 044 45565445 / 28132099

DELHI OFFICE

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

PHONE: 011 49055686

BIHAR PROJECT OFFICE

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

**HELPLINE
FOR PEOPLE WITH TB
9962063000**

**HELPLINE
FOR PRIVATE
PRACTITIONERS
IN CHENNAI
9790977331**

EMAIL US
support@reachindia.org.in

FOR MEDIA-RELATED QUERIES
media@reachindia.org.in

WWW.REACHINDIA.ORG.IN
Facebook: /SPEAKTB
Twitter: @speaktb
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