



**15** REACH  
Years Forging Partnerships in the fight against



## **15 years in the Fight against TB**

**1999 – 2014**



*"I recall an early brainstorming session chaired by Prof. M.S.Swaminathan, where many stakeholders had come together. The consensus was that we should support the national programme by improving knowledge of TB services and acting as an intermediary between service providers and those who needed to access them. This was really our collective vision and the starting point for our work".*

- Dr. Nalini Krishnan, Director, REACH

The story of REACH or the Resource Group for Education and Advocacy on Community Health began in 1999 when we joined the fight against Tuberculosis in India. TB remains one of India's greatest public health challenges and is further compounded by the lack of standardised treatment, low awareness about the disease and the fact that pulmonary tuberculosis is airborne and therefore can virtually affect anyone who breathes air. Moreover, the socio-economic impact of TB is enormous – due to the widely prevailing stigma that surrounds the disease, people lose jobs, daily wages and workdays and this inevitably impacts entire families.

Today, in the 21<sup>st</sup> century, TB continues to claim the lives of two Indians every three minutes.

At REACH we believe that the battle against TB requires a multi-stakeholder approach. Our primary mandate is to provide care, support and treatment to those affected by TB. Although patient care and support continues to be at the heart of our work, over the years we have developed a more holistic approach in our efforts to create a TB-free nation. We work closely with many different stakeholders including national, state and local governments, private practitioners and hospitals, pharmacies, community volunteers and the media.

As we look back at the work we have done over the last 15 years, we have much to be proud of. We have established

and sustained an innovative public-private partnership model that engages the private health sector and improves access to TB services. Through Project Axshya, we have been able to extend our grassroots and advocacy work to 14 districts across Tamil Nadu and have taken steps towards building a cadre of vocal and influential TB advocates. We continue to innovate in our work with the media and our efforts to keep TB alive in the public domain. We have established new partnerships and helped facilitate the creation of state and national level networks. We have supported over 7000 patients and helped them in their journey towards cure. This last achievement is what we are most proud of and indeed, is our best measure of success – how we have changed the lives of the individual patients we meet every day.

But we are also aware that there is a lot of work that remains to be done. We know that we need to sustain this energy and momentum. We need to identify new ways to convince the private sector to participate in our efforts to control TB. We need to continue to fight for the rights of TB patients – their right to accurate, timely diagnosis, to proper treatment and to social and nutritional support. Most of all, we need to constantly innovate and find new ways to involve communities in the fight against TB.

This document provides a brief overview of our work since 1999. We invite you to join us in the fight against this disease and speak up to stop TB.



## NUMBERS AT A GLANCE 1999 – 2014

### PUBLIC PRIVATE MIX

Total number of patients treated – 7000	Patients supported with aid – 3000	Private practitioners sensitized on TB – 2500
Private practitioners regularly engaged with the programme – 500	Community DOT providers identified and trained – 5000	People who received information through TB Helpline – 1300

### PHARMACY PROJECT

Pharmacists trained on TB – 800	Pharmacists mobilized as DOT providers – 110	Pharmacy college students educated about TB – 400	Community members sensitized on TB – 1300
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### PROJECT AXSHYA

*(Across 14 districts in Tamil Nadu)*

Community volunteers identified and educated – 800	Sputum samples collected and transported – 13300	Households visited and informed about TB – 235000	Rural health care providers sensitized on TB – 1700
Health staff trained on soft skills – 3200	NGO partners trained on TB – 50	TB forums created – 14	Members of TB forums – 200

Community meetings – 2400

Community radio stations trained on TB – 40

Episodes on TB produced and aired on community radio – 600

### MEDIA INITIATIVE

Media Fellows trained on TB Reporting – 52	Stories written on TB by Media Fellows – 220	Awards given to journalists for best reporting on TB – 20
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## M.S. SWAMINATHAN RESEARCH FOUNDATION

### M.S. Swaminathan

Founder Chairman

Ex-Member of Parliament (Rajya Sabha)

I am delighted to send my warmest felicitations and congratulations to REACH on the occasion of their 15th anniversary. Looking back, I can recall one of our first conversations when we discussed the need for civil society to step in and support the public health programme by acting as an intermediary. In the 15 years since that conversation, REACH has more than capitalised on this idea and also ventured into new, innovative areas of TB control. The public-private model they have established is unique as is their work with grassroots communities and the media.

Given that TB remains such a major public health challenge today, we need more organisations like REACH to step up and do their part to strengthen India's efforts to control this disease.

I cherish my association with REACH and wish them all the very best as they move from strength to strength. I hope that in the years to come, with our continuing efforts we would be able to prevent more people from dying of TB and offer invaluable support to those who suffer from the disease.



M S Swaminathan

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E-mail: [founder@mssrf.res.in](mailto:founder@mssrf.res.in), [swami@mssrf.res.in](mailto:swami@mssrf.res.in)

# Sur iya

actor

Hale, Hearty and Healthy Greetings,

Health and Education are the best charitable gifts that a human can offer and afford to gift others. In this way, I'm so much elated over my journey with REACH that has been earnestly striving to create a solution for eradicating Tuberculosis. I feel the bliss of joining hands on not just eradicating Tuberculosis, but nurturing needy people with proper awareness, enlightening them with essential precautions and remedies to make situations better and brighter.

A country is blessed when its human resources are healthy and free from diseases. REACH on its part has been striding to let India achieve this status over the past 15 years with TB awareness programs, which has benefitted millions. On this occasion of special milestone, I express my heartiest thanks to REACH for having me as their goodwill ambassador, which has offered me a great learning experience indeed.

As the journey continues to bring more cure and solution, I wish REACH a great success to bring a change in many lives and make the future generation experience a TB free country.

Thanking You

A handwritten signature in black ink, appearing to read 'R S Suriya', is written over the typed name.

R S Suriya

डॉ. सौम्या स्वामीनाथन  
निदेशक

**Dr. Soumya Swaminathan, MD, FASc, FNASc, FAMS**  
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राष्ट्रीय यक्ष्मा अनुसंधान संस्थान

(भारतीय आयुर्विज्ञान अनुसंधान परिषद)  
नो.1, मेयर सत्यामूर्ति रोड, चेटपेट,  
चेन्नई 600 031, भारत

National Institute for Research in Tuberculosis  
(Indian Council of Medical Research)  
No. 1, Mayor Sathyamoorthy Road,  
Chetpet, Chennai – 600 031, India

25<sup>th</sup> February 2015

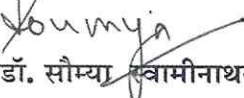
Dr. Nalini Krishnan  
Director  
REACH (Resource Group for Education and Advocacy for  
Community Health)  
Chennai 600002.

Dear Dr. Nalini Krishnan,

It gives me great pleasure to write this message on the occasion of 15<sup>th</sup> Anniversary of REACH. REACH is performing exemplary work in the area of community outreach, interface with private practitioners and advocacy for tuberculosis. I have been witnessing the growth and expansion of the activities of REACH from its inception as a small city- based NGO to being a pioneer and world leader in the area of community engagement in TB control. REACH has made a mark not only nationally but also at the international level. The models of public private mix that have been tested here have been widely disseminated and adopted into global policy guidelines. Apart from all this, REACH has made consistent efforts to advocate for TB at all levels, and has made a mark in the unique fellowship program run for journalists interested in TB. The passion and commitment shown by the staff members of REACH deserve a special word of appreciation. I wish the organization all the best and hope that it grows from strength to strength.

Kind regards,

Sincerely,



डॉ. सौम्या स्वामीनाथन  
(DR. SOUMYA SWAMINATHAN)  
DIRECTOR





the *Lilly*  
**MDR-TB**  
partnership

Partnering with REACH has been a satisfying and an enriching experience for the Lilly MDR-TB Partnership. Their work with the media and also with communities has led to the development of best practices that need to be replicated for greater impact. We wish REACH all the best in their endeavor to stay focused on the public health challenges that India faces.

**Sunita Prasanna**  
*Program Manager*  
Lilly MDR-TB Partnership



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

I am very pleased to congratulate the Resource Group for Education and Advocacy for Community Health on the occasion of its 15th anniversary.

In its 15 years, REACH has established itself as one of the most committed partners in the fight against TB. The organisation's innovative activities including research, advocacy and education initiatives have worked to create and strengthen community care systems for those affected by TB. These interventions have helped enhance access to TB services to the community, thus saving innumerable lives. Simultaneously, its engagement with the media has promoted public awareness of TB.

The Union is proud to partner with REACH in Axshya – one of the largest Advocacy, Communications, and Community Mobilisation projects in India. Axshya envisions a country free of tuberculosis, by ensuring access to quality TB services to the most marginalised and vulnerable populations across 300 districts and 21 states of India. REACH has made an invaluable contribution to the success of Axshya in the state of Tamil Nadu.

In this spirit of collaboration, I wish REACH every success in its mission towards a TB-free India.

**Dr Sarabjit S Chadda**  
*Project Director*  
The Union South-East Asia Office

## OUR 15 YEAR JOURNEY

- First consultation of Founder Members with ICMR TB Research Centre (TRC) chaired by Dr. M.S. Swaminathan
- Workshop for Private Practitioners to explore a collaborative public-private partnership
- Registration of REACH under Societies' Act of 1940.



- Sir Dorabji Tata Trust support for a 1 year period
- First staff training on TB at TRC (now NIRT)
- "Vidiyalai Thedi" short film developed

### 1998 – 99

- First patient from the private sector initiated on treatment through Public Private Mix (PPM)
- REACH team formed
- Lab technicians networked into PPM



### 2000 – 2001

- First PPM centres established
- PPM activities streamlined zone wise
- DOTS center set up at Otteri TB hospital for 1 year period
- First community event "Words and Images" conducted for more than 300 school students

### 2002



- First civil society organization in India to be supported by the Global Fund Against AIDs, TB and Malaria (GFATM) Round 1
- Private Practitioners survey in Chennai city undertaken
- Community engagement for World TB day began and continued every year thereafter



- Association with Suriya the short film Inaindha K. developed
- Short film "Cure for Sure" doctors developed
- Collaboration with other NGOs began

## 2003

## 2004

## 2005

- Communication plan and materials developed and disseminated
- Scaling up of PPM centres in city
- Increase in the number of patients in PPM
- Organised TIPS, 'Tuberculosis in Practice Seminar' for private providers
- First newsletter for private providers developed and disseminated





- Began working in 5 districts of Tamilnadu as Communication Facilitator
- Continued core activities of the PPM initiative
- Developed holistic patient care services
- Dissemination of Global Fund project findings



2006

2007

2008

- Private Pharmacists engaged in a Pilot Project
- Successful completion of Global Fund Round 1 Project
- Piloted direct interaction between private providers and Chennai Corporation
- Began networking with other NGOs to support RNTCP



- Started Implementing USAID funded Advocacy Communication and Social Mobilization (ACSM) project
- Nutritional support program for patients initiated
- Corporate funded model (Congnizant Technology Solutions) PPM center established
- Ad film with Suriya developed and disseminated



- REACH joins the Partnership for TB Care and Control in India
- Invited as civil society representative to participate in the WHO- Government of India joint Monitoring Mission to review progress in the implementation of the TB control program in India
- Eli Lilly funded study “Status of a cohort of patients who are Lost to Follow up after 1 year” Undertaken



- Short film competition “TB Ta conducted
- Part of the writing group of National Strategic Plan (phase of the TB control program
- Member of the core group of PPM Sub-group WHO Stop Partnership
- ABAN Cares assists in setting up PPM DOTS centers and continue to extend their support

## 2009

- First scientific study published in international peer reviewed journal
- Engagement with print and television media initiated
- Speak up to Stop TB campaign launched
- Community Radio Initiative started
- Website for media ([www.media4tb.org](http://www.media4tb.org)) launched

## 2010

- First REACH Round Table meeting of different stakeholders for TB control conducted
- Global Fund Round 9 project (Project Axshya) implementation began in 14 districts of Tamilnadu
- Media fellowships and National Awards for Excellence in Reporting on TB
- TB helpline (99620 63000) launched
- REACH became a member of the Stop TB partnership

## 2011





- State Focal Point in Tamilnadu for the Partnership for TB Care and Control
- Facilitated the formation of a State Network of NGOs working in TB in Tamilnadu
- Director of REACH Awarded “TB Champion of the Year” by the India TB Partnership
- Dr. Nalini Krishnan part of the delegation which met the President of India followed by the first ever declaration on World TB Day by the President of India



## 2012

- Started engaging with the pharmacies in a sustained manner
- Participated in the National Consultation on preparation of Standards for TB Care in India
- Short film with media, television and sport celebrities for the State TB Society
- Participation as civil society representative in the Joint Monitoring Mission 2012

## 2013



## 2014

- Awarded the WHO’s Stop TB grant by TB REACH
- Launch of Cough Hygiene Campaign
- Organised Sandhipom Sindhipom, a mela for TB patients
- Began the hospital engagement initiative in 8 cities in South India
- Conceptualised and held nutrition deaddiction programmes for TB patients
- REACH completes 15 years in the fight against TB

## PRIVATE-PUBLIC MIX (PPM)

### An innovative model to involve the private sector in TB control efforts and establish a partnership with the public health programme

Our PPM initiative dates back to our inception and remains our flagship programme. Through this initiative, we aim to -

- Educate and involve private practitioners (PPs) in the government's TB control efforts to encourage standardised treatment for patients
- Provide various support services for all TB patients
- Increase community awareness of TB among various sections of society, and promote community participation in TB control

#### Supporting private practitioners

The TB Control programme in India offers free, high-quality diagnosis and treatment through government centres. But for many of us who develop symptoms of TB, we turn to the private sector and visit either a private hospital or a private practitioner for diagnosis and treatment.

REACH approaches private practitioners to inform them about the availability of TB services through the Revised National TB Control Programme. We then train those private practitioners who are interested and identify the many ways through which they can get involved. We do this through workshops, one to one meetings, and a regular newsletter. The doctors then diagnose and treat their cases with the free medicines available through the programme for their TB patients. Thus we support doctors to ensure early diagnosis, provide standard treatment and quality TB care by acting as an intermediary between them and the government.

#### PPM centres

Over the years, we have learnt that community hospitals have the potential to function as nodal centres offering comprehensive TB services. At present, REACH operates PPM centres in four community hospitals in the city – at Sugam Hospital in Tiruvottiyur, at CSI Rainy Multi Specialty Hospital in Royapuram, at CSI Kalyani Multi Specialty



Hospital in Mylapore and at The Hindu Employee Health and Welfare Centre in Alwarpet.

Each PPM centre is maintained by a trained field officer, who ensures the provision of several services including –

- Provision of DOTS medicines on Mondays, Wednesdays and Fridays.
- Initiation of TB patients on treatment
- Monitoring those on treatment with regular follow-up services
- Provision of Nutritional Support to patients
- Organizing and conducting awareness programs for communities and patients
- Liason with the local TB unit for lab support and supply of medicines
- Documentation of all records

### **Patient Care and Support**

A person suffering from TB undergoes many hardships before s/he is cured. In order to somewhat ease this burden, REACH provides customized and comprehensive care to all patients in the following ways -

- Supporting them through the entire 6-8 months of treatment
- Providing counseling and motivation,
- DOTS provision
- Home visits to counsel the patient and their families

- Helping to dispel the stigma of TB that isolates a patient from society
- Offering support in terms of food, conveyance and additional tests that the patient may require.
- Helping patients to stay motivated to complete the treatment process

### **Counseling**

Counseling plays a key role in helping a patient complete the treatment. Our work on the field has revealed that patients face a barrier in receiving timely, correct, and complete information on TB its symptoms, diagnosis, and treatment. Counseling enables patients and their families to become educated about the disease and helps them receive treatment on time. It addresses the fear of the patients and his family and provides them guidance and support to fight the disease with confidence. Counseling also reinforces the fact that family support plays a key role in a patient's recovery journey. The field officers speak one-on-one with each patient as well as their families.

### **TB Helpline**

In 2010, to ensure that the public has access to accurate information on TB, we launched our TB helpline. Our staff take turns answering the helpline and we respond to calls between 8am and 8pm. We have handled over 1300 calls in the last five years and helped callers take proper decisions on their health needs.

“After being diagnosed with TB, I thought that I was going to die, but now I have regained the strength from my youth. My health has improved because of your care and service.”

**Patient M**

“I have not got such good health information from any centre. I came to collect the drugs for my wife as she is not able to come as we had a baby recently. I am going to take good care of her and not feel bad that she got TB.”

**Mr. Suresh**, Patient's husband





## ENGAGING PRIVATE PHARMACIES IN TB CONTROL

For most of us, when we get a cough, our first stop is the local pharmacy. This behavior forms the basis of our rationale for engaging pharmacies to strengthen our efforts to fight TB. In 2006, we conducted a six-month pilot study across four zones in Chennai city and this revealed that pharmacies remained outside the purview of the public health programme.

In 2012, with support from the Lilly MDR-TB Partnership, we embarked on a five-year plan to establish a sustainable partnership for TB control with private pharmacies in Chennai and Thanjavur district, thereby increasing public awareness of TB and the RNTCP at the community level. We are also keen to encourage pharmacies to refer those with TB symptoms cases and promote timely diagnosis and treatment.

In order to build these partnerships and motivate pharmacies, REACH conducts regular workshops, one-on-one visits, community meetings and also provides communication materials on a regular basis. Pharmacy college students are also trained on TB.

This initiative currently works in Chennai and Thanjavur, targeting over 2,500 pharmacies spread across Chennai and 300 in Thanjavur.

“I knew about tuberculosis only after the trainings held under the pharmacy initiative. I learnt that I could support the TB control program in my area. I am able to counsel the patients to adhere to the treatment and complete it.”

**Mr. V. Vijayakumar**, Pharmacist,  
Star Medicals

I was referred by the pharmacist in my area to TB care services. I was very sick, but now I have gained weight. My sputum has converted to negative and I am going to continue on my treatment for the next 4 months.

**Patient N**



## PROJECT AXSHYA

### Advocacy and TB control at the rural grassroots

There is increasing recognition of the vital role that civil society can and does play in the fight against TB. REACH is a sub-recipient of the Global Fund Round 9 Project Axshya that focuses on civil society engagement in TB control. To increase case detection and access to quality diagnosis and treatment, Project Axshya works to synergize TB control efforts with the government, private sector and communities through civil society. Through this initiative we partner with NGOs, rural health care providers, self-help groups and communities in rural areas. Currently in its fifth year, we work in 14 districts across Tamil Nadu to ensure timely access to TB diagnosis and treatment, particularly in rural areas.

The overall objectives of the project are:

- To decrease morbidity and mortality due to drug resistant TB (DR-TB) in India and improve access to quality TB care and control services through enhanced civil society participation
- Improve the reach, visibility and effectiveness of RNTCP through civil society support in 374 districts across 23 states by 2015.
- Engage communities and community-based care providers in 374 districts across 23 states by 2015 to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients.

Some of the key activities we have carried out through this project are outlined below.

#### Community meetings / GKS Meetings

To increase awareness about TB and TB care services and to mobilize communities to participate in TB control, a large section of Marginalised and Vulnerable population are sensitized through GKS (Gaon Kalyan Samithi) meetings through partner NGOs at the district level. Through these meetings, we are able to involve Panchayati Raj leaders, Self-Help Group leaders as well as socially committed people who work for the interests of the people within their area including local village leaders, school teacher, village nurses, etc. and other key opinion leaders of the village.

These meetings usually take place at the village level and provide participants with valuable information on TB symptoms, where to refer someone with symptoms of



TB and how the community can help people with TB. Participants also receive posters and pamphlets that can help them spread the message of TB within their community. The meeting mobilises, sensitises and advocates with these existing community groups through monthly meetings, thereby addressing myths and misconceptions and help symptomatic persons seek timely appropriate care.

Those who attend these meetings become catalysts of change and help facilitate access to TB knowledge, diagnosis and treatment for those within their communities.

### **Intensified Outreach Activity (IOA)**

Direct personal communication is a powerful method to educate the community on TB. Intensified Outreach Activity is designed to reach out to families living in an area and to converse with them about TB. The primary objective of this activity is to go to the doorsteps of marginalised and vulnerable communities, inform them about TB, its symptoms, diagnosis, treatment and RNTCP services and how to avail these services. During this process, if anyone with TB symptoms is identified, they are linked



to RNTCP services by either referring them to these centers or by collecting and transporting the sputum samples to the nearest diagnostic centre. If the patients are found to have TB, then they will be linked to RNTCP treatment services. This activity has reinforced our conviction in the power of direct, personal contact that can motivate someone to adopt health-seeking behaviours.

### **TB Forums**

TB forums have been developed by REACH in the 14 districts of Tamilnadu to address ground-level issues of TB patients. TB forums provide a voice for the members of society to address their right to high quality TB care and also offers a platform for local stakeholders to come together to discuss any relevant issues. TB forums usually meet every quarter and have been instrumental in mobilizing resources for TB patients, soliciting the support of Self Help Groups in Villages to provide nutritional care for TB patients in their village, setting up reverse osmosis water treatment plants for centres where TB medicines are given, and highlighting issues of lack of drugs in centres.

In addition, forums educate TB patients on their roles and responsibilities through the specially designed patient charter. The manner in which local communities have taken on ownership of these TB forums has reiterated the urgent need for greater participation by communities and civil society in TB control efforts.

### **Sensitizing CBOs and NGOs in TB control**

Across India many community based organizations and nonprofit organizations work tirelessly to improve the lives of people. They work in varied spheres like education, health, human rights, women and child development, environment etc. As we work in separate spheres it is also important to unite our efforts and thereby improve the delivery of health care services. REACH has undertaken several capacity building initiatives and trainings for NGOs and CBOs in TB control. We have facilitated effective participation of these organisations through a process of mapping of marginalized and vulnerable sections of community, increased outreach to these group through a process of structured village-level



programmes and improved linkages with the government's TB control programme. Currently these NGOs and CBOs are our partners in implementing TB control activities at the district and sub-district level.

### **Practitioners of Alternative Systems of Medicine**

Many TB patients and those with TB symptoms seek care from practitioners of alternative systems of medicines and rural health care providers. REACH has been conducting orientation meetings on TB and RNTCP for this group of health care providers. The emphasis is on identifying and referring those with TB symptoms for sputum testing to the nearest DMCs thereby facilitating improved access to free and high quality diagnostic services at the community level.

These practitioners subsequently function as DOT providers and support the patients in adhering to TB treatment thereby ensuring successful treatment outcomes for these patients. Patients also find comfort in taking DOT from



their “family practitioners”. Many patients who opt for Indian system of medicine for all their ailments are directed to appropriate TB diagnostic services by these practitioners.

### Project Axshya Community Radio Initiative

Since 2010, through Project Axshya, REACH has worked closely with community radio stations across India to improve understanding of TB in the community. During the four - year period, forty community radio stations (CRS) have broadcast over 1300 episodes (as original and repeats) on different aspects of TB, disseminating key information and also attempting to link their communities with locally available TB services.



“For TB, I feel allopathic medicines are the best. This is the reason I am a DOT provider and advice DOTS for all my TB patients. For the management of side-effects, I feel Siddha medicines are good”

**Siddha Practitioner**

“Such programmes should be held more often in all the Government Hospitals, as it is very educative for patients. It helps them to understand the effort that the government takes towards an health problem and will make them more committed to taking medicines and reduce the dropouts.”

**TB patient and participant at meeting held to disseminate patient charters**

## REACH LILLY MDR-TB PARTNERSHIP MEDIA INITIATIVE

**Involving journalists to improve the quality and frequency of media reporting on TB**

The media has a powerful role to play in informing the public about prevention and control of TB in India. Accurate, sensitive, effective and timely journalism can improve public understanding of TB, increase access to TB services and dispel the many myths and misconceptions that persist about the disease. Since 2009, the REACH Lilly MDR-TB Partnership Media Initiative has worked closely with journalists across India to improve the quality and frequency of media reporting on TB.

### Media Fellowships

The REACH Lilly MDR-TB Partnership Media Fellowships provide working journalists from local language newspapers with support to undertake in-depth analysis of various aspects of TB in India. The Fellowships are intended to encourage journalists to explore TB as a critical public health issue by identifying and developing stories that remain untold. Since 2010, 50 journalists have published over 200 stories on various aspects of TB.

The National Fellowship for Reporting on TB, first awarded in 2013, is intended to provide senior journalists with an opportunity to explore TB-related issues at the national and policy levels. In 2013, Dr R Prasad of The Hindu, wrote a series of 22 in-depth articles and 4 podcasts on Childhood TB during his Fellowship period. In 2014, Dr Radheshyam Jadhav of The Times of India wrote a series of 13 stories exploring different aspects of urban TB.

**REACH Lilly MDR-TB Partnership  
Media Fellowship Programme**

**2012-13 FELLOWS**

ANUJA MISHRA	DAVID PYNADATH	MOHAN MARUTI SASIKAR PATEL	MINESH KJAMMAL	PRATIK DORNASTIKA
RUBEEES DAC	R SAMBAN	GUDEEP KUMAR	VIVEK SHARMA	YASIR FIRAS

Ten journalists from across India were awarded the REACH Lilly MDR-TB Partnership Media Fellowship in 2012-13. All Fellows attended an intensive two-day orientation workshop in Chennai, meeting TB specialists, learning about TB and brainstorming story possibilities. On returning to their newsrooms, each Fellow identified TB-related themes particularly relevant to his or her local readers, whether in Assam or in Kerala. Over a three-month Fellowship period, Fellows researched and published over thirty stories, exploring different aspects of TB.



## Fellows to Trainers

In 2014, REACH launched a pilot initiative to involve former and current recipients of the Fellowship programme as trainers at media and journalism schools across the country. It is expected that this pilot initiative will provide young journalists and journalism students with an introduction to reporting on TB and continue to engage Fellows and sustain their interest in TB-related issues.

## Media Awards

The REACH Lilly MDR-TB Partnership Media Awards were instituted in 2010 to recognise outstanding and effective reporting on TB by print journalists in India. The awards highlight the vital role played by the media in informing the public and decision-makers about TB prevention and care and create role models for young journalists interested in reporting on public health issues such as TB. Every year, awards are given in two categories—English and Local Languages.

## Resources on TB

The dedicated [www.media4tb.org](http://www.media4tb.org) website serves as a resource centre for journalists. REACH has developed and disseminated several resources for journalists including FAQs on TB, a checklist for effective reporting on TB, a guide to the annual World TB Day theme, and a guide to ethical reporting on TB.

In addition, our research activities have included needs-assessment interviews with journalists and intensive tracking and monitoring of multiple newspaper publications.



“Even though ours is a magazine exclusively on health, we didn’t publish a single story on TB for over five years! But after this fellowship program we published these and scheduled some more on TB and MDR – TB. We are also planning a campaign on MDR through our magazine.”

**Biju CP**, Senior Journalist, Kerala

## RECENT INITIATIVES

### Household Contact Tracing Initiative

In 2014, we received a Wave 4 TB REACH grant from the Stop TB Partnership to focus on contact tracing of sputum positive pulmonary patients. Titled “Innovative Public Private NGO Partnership model for increasing case detection among at risk and vulnerable population in Chennai, India”, the project began in July 2014 and will continue until the end of 2015. We are partnering with National Institute for Research in Tuberculosis and Chennai Corporation

Through this project, we aim to:

- Capture family details on an electronic data base system
- Adopt an incentive based approach for symptomatic and X-ray screening of the household contacts
- Use Gene Xpert testing for the symptomatic / contacts with Xray abnormalities for identifying
- Connect those diagnosed with TB to the RNTCP for treatment.

### Operational Research

REACH in collaboration with the Johns Hopkins Bloomberg School of Public Health, McGill University, Canada is involved in a research study titled “Understanding patient pathways to tuberculosis care and diagnostic practices of medical practitioners in the private sector in Chennai, India”. The study aims to capture the practices of private practitioners on diagnosis and treatment of TB and to interview their TB patients to understand the patient pathways to TB care.



### Cough with Care Campaign

Cough with Care has been conceptualised as a community campaign to introduce the practice of cough hygiene among people in Chennai. The specific objectives of this campaign are to introduce people to the concept and practice of cough hygiene and to educate people on the need to practice cough hygiene at all times. The campaign was launched by actor Suriya at our 15<sup>th</sup> year celebrations held in July 2014.







# RESEARCH & PUBLICATIONS

Over the years, the REACH team has presented papers and posters at national and international conferences on different aspects of our work. We also have several publications to our credit.

### Involving Community Radio Stations in ACSM Activities for TB Control: A Field Report from Tamil Nadu

**Background:** India is among the growing network of community radio stations (CRS) after offering opportunities to address critical issues on TB and establish regular communication with communities. In this context, the Project Astra Community Radio intervention, implemented as part of efforts to strengthen civil society in the fight against TB with the support of the Global Fund to Fight AIDS, TB and Malaria through 95 radio stations, CRS as an initiative to improve public understanding of this disease.

**Objectives of intervention:**

- To encourage community radio stations to focus on TB as a crucial public health issue.
- To create or improve content about TB among local communities.
- To build knowledge about locally available TB services, thereby linking health care providers to the communities they serve and improving access to diagnosis and treatment of TB.
- To encourage public health officials to use community radio to disseminate key health messages and information, beyond the boundaries of their intervention.

**Characteristics of community radio in India:**

- The majority owned and operated by individuals or non-profit, non-governmental organizations.
- Mediums broadcasted radio of 12 to 18 hours per week.
- Focus on "locally relevant" issues - health, agriculture, education and other locally relevant subjects.
- Programs reflect the needs and interests of a community in the local language or dialect.
- Over 100 functional CRS in India, based in cities, towns and rural areas.

**Intervention:**

**Step 1: Identification of CRS**

- Several CRS in Tamil Nadu and Puducherry India were invited for an awareness workshop on TB to discuss innovative ways of disseminating key TB messages.
- Their interest and responses on utilizing on health issues was also gauged during this initial workshop.
- Based on this assessment, a questionnaire of understanding (QUC) was designed with 20 questions.

**Step 2: Production of ten audio cassettes by REACH in local language**

- 20 ten-minute cassettes were produced in Tamil to ensure that the content messages were incorporated.
- Developed the terms of agreement with broadcasters with technical support from REACH.
- Included a signature line.
- Included a range of content including interviews, creative drama and songs.
- Used by CRS as a format for disseminating the remaining 30 percent of each episode.

**Step 3: Development of local CR**

- Each CRS was given a comprehensive level CR.

**Results:**

- CRS produced and broadcasted the episodes with their teams of volunteers, students and community members.
- Each CRS held community meetings during the broadcast period.
- These meetings were synchronous for the CRS to increase their knowledge base and involve new listeners.

**Conclusion:**

- CRS produced and broadcasted the episodes with their teams of volunteers, students and community members.
- Each CRS held community meetings during the broadcast period.
- These meetings were synchronous for the CRS to increase their knowledge base and involve new listeners.

### The Profile and Treatment Outcomes of the Older (Aged 60 Years and Above) Tuberculosis Patients in Tamil Nadu, South India

**Background:** Tuberculosis (Tb) is a leading cause of death and disability in India. The burden of Tb is increasing among the elderly population. This study aimed to assess the profile and treatment outcomes of older Tb patients in Tamil Nadu, South India.

**Methods:** A cross-sectional study was conducted in Chennai, Tamil Nadu, India. The study included 100 older Tb patients (aged 60 years and above) who were treated at a tertiary care hospital. The study was conducted from July 2011 to July 2012.

**Results:** The study included 100 older Tb patients. The majority of patients were male (65%) and female (35%). The majority of patients were from the urban areas (75%) and rural areas (25%). The majority of patients were from the lower socioeconomic status (75%) and higher socioeconomic status (25%). The majority of patients were from the urban areas (75%) and rural areas (25%).

**Conclusion:** The study highlights the need for targeted interventions for older Tb patients in Tamil Nadu, South India.

### Impact of advocacy on the tuberculosis management practices of private practitioners in Chennai City, India

**Background:** Tuberculosis (Tb) is a leading cause of death and disability in India. The burden of Tb is increasing among the elderly population. This study aimed to assess the impact of advocacy on the tuberculosis management practices of private practitioners in Chennai City, India.

**Methods:** A cross-sectional study was conducted in Chennai, Tamil Nadu, India. The study included 100 private practitioners who were treated at a tertiary care hospital. The study was conducted from July 2011 to July 2012.

**Results:** The study included 100 private practitioners. The majority of practitioners were male (65%) and female (35%). The majority of practitioners were from the urban areas (75%) and rural areas (25%). The majority of practitioners were from the lower socioeconomic status (75%) and higher socioeconomic status (25%). The majority of practitioners were from the urban areas (75%) and rural areas (25%).

**Conclusion:** The study highlights the need for targeted interventions for private practitioners in Chennai City, India.

### CHILDHOOD TUBERCULOSIS

**Background:** Childhood tuberculosis (CTb) is a leading cause of death and disability in India. The burden of CTb is increasing among the elderly population. This study aimed to assess the profile and treatment outcomes of CTb patients in Tamil Nadu, South India.

**Methods:** A cross-sectional study was conducted in Chennai, Tamil Nadu, India. The study included 100 CTb patients (aged 10 years and below) who were treated at a tertiary care hospital. The study was conducted from July 2011 to July 2012.

**Results:** The study included 100 CTb patients. The majority of patients were male (65%) and female (35%). The majority of patients were from the urban areas (75%) and rural areas (25%). The majority of patients were from the lower socioeconomic status (75%) and higher socioeconomic status (25%). The majority of patients were from the urban areas (75%) and rural areas (25%).

**Conclusion:** The study highlights the need for targeted interventions for CTb patients in Tamil Nadu, South India.

### Engaging private pharmacies in the Public Private Partnership for TB control in Chennai City, India

**Background:** Tuberculosis (Tb) is a leading cause of death and disability in India. The burden of Tb is increasing among the elderly population. This study aimed to assess the profile and treatment outcomes of Tb patients in Chennai City, India.

**Methods:** A cross-sectional study was conducted in Chennai, Tamil Nadu, India. The study included 100 Tb patients who were treated at a tertiary care hospital. The study was conducted from July 2011 to July 2012.

**Results:** The study included 100 Tb patients. The majority of patients were male (65%) and female (35%). The majority of patients were from the urban areas (75%) and rural areas (25%). The majority of patients were from the lower socioeconomic status (75%) and higher socioeconomic status (25%). The majority of patients were from the urban areas (75%) and rural areas (25%).

**Conclusion:** The study highlights the need for targeted interventions for Tb patients in Chennai City, India.

## OBSERVING WORLD TB DAY

24<sup>th</sup> March is observed as World TB Day every year. It presents an opportunity to raise awareness about TB among local communities.

Every year, REACH organizes events and campaigns during the World TB Day week to improve awareness among people in Chennai and across Tamil Nadu. Through these events, we are able to disseminate key information on signs and symptoms of TB and also dispel myths and misconceptions around the disease. In previous years, we have organized rallies, painting and essay writing competitions for students in schools and colleges, promoted our TB helpline through ads on busbacks and at bus shelters and organized a 'mela' for TB patients and their families.

Most recently, in 2014, with the support of actor Suriya, we invited members of the general public to participate in an innovative campaign and organize awareness programmes for their communities. In the week between 23 and 30 March, over 150 people from different districts of Tamil Nadu took part in this campaign.

Another event *Sandhipom Sindhipom* was conducted for patients and their families to help them realize the important role they could play in TB control.



“By arranging mike sets and attaching them to our bikes, we could travel to villages and convey awareness messages on TB. The main reason for me to engage in this activity is because of seeing my father who suffered from TB. I won't restrict this activity to only March 24<sup>th</sup> but will continue to do it always.”

**Mrs. Vennila**, Chidambaram district, Tamil Nadu



## CREATING AWARENESS AND PUBLIC EDUCATION THROUGH INNOVATIVE COMMUNICATION MATERIALS

Ensuring access to accurate information on TB is a crucial component of our efforts to control TB. Over the years, we have developed several posters, leaflets, information booklets and other communication material on TB in both English and Tamil. All of these are designed to educate the patient, his family and the community at large

about the disease. Developing and designing customized materials has become an integral component of each of our projects. These materials are widely distributed through our many community activities, including at schools, at community meetings or 'TB Talks' and through personalized communication with patients and families.

**காலதாமதம் உயிருக்கு ஆபத்து!**

**காலதாமதம் அழிவுகரம்**

- 2 வாரத்துக்கு மேல் இருமல்
- மாலை நேரங்களில் இருமல்
- நெஞ்சுவலி
- பசிவின்றி
- எடை குறைதல்

உள்ளேயே அடிக்கடி இருமல் ஏற்படும் போது உடனடி மருத்துவ ஆலோசனை பெறவேண்டும். உடனடி மருத்துவ ஆலோசனை பெறவேண்டும். உடனடி மருத்துவ ஆலோசனை பெறவேண்டும்.

TB சேவை எண் 99620 63000

REACH MDR-TB Lilly United Way



**Get Well Soon**

2 வாரங்கள் தொடர்ந்து இருமலா? **TB**-யின் அழிவுகரம் இருக்கலாம்!  
Do you have cough for more than 2 weeks? This could be a symptom of **TB**

**TB**-யை குணப்படுத்தும்

Early Diagnosis, Regular Treatment ensures Cure for **TB**

**TB சேவை எண் 99620 63000**

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**விரைவில் குணமடைய வாழ்த்துக்களோ!**

**ஒவ்வொரு சுவாசமும் முக்கியம்! சத்தமான காற்றை சுவாசியுங்கள்!**

**கவனமுடன் இருமவும்!**

Every Breath Counts Breathe Clean Air  
**COUGH WITH CARE!**

**இருமும் போதும் தும்பும் போதும், கைத்துடை அல்லது கைநிழல் கைத்துடை. இவற்றை உடனடி மருத்துவ ஆலோசனை பெறவேண்டும். உங்கள் மூக்குத் துண்டை மாற்றி இருப்பிடுங்கள்.**

If you do not have a handkerchief or tissue, cough or sneeze into your upper arm.

**இருமும் போதும் தும்பும் போதும் உங்கள் வாய் மற்றும் நெஞ்சை கைத்துடை அல்லது கைநிழல் கைத்துடை மூடியுடன் இருப்பிடுங்கள்.**

Cough or sneeze with your mouth and nose covered with a handkerchief or a tissue.

**யாப்படுத்திய கைநிழல் கைத்துடை மூடியுடன் இருப்பிடுங்கள்.**

Dispose the tissue safely.

**கைகளை முழுமையாக கழுவுங்கள்.**

Wash your hands thoroughly.

**பொது இடங்களில் சாறில் துன்புறுத்தல் தடுக்கவும் / குணப்படுத்தவும்**

Do not spit in public areas

**யாதுமையான இருமல் கைநிழல் கைத்துடை மாற்றி, புதிய சுவை கைநிழல் மூடியுடன் இருப்பிடுங்கள்.**

Follow safe cough hygiene practices to prevent the spread of diseases like TB.

சாறில் சாறில் தும்பும் போதும், புதிய சுவை குணப்படுத்தும் 6-8 வார தொடர்ச்சியான மருத்துவ ஆலோசனை மூலம் தடுக்கலாம். உங்கள் உடல் குணப்படுத்தும் ஆகும்.

**TB is a disease which spreads through air. Regular treatment of 6-8 months is important to cure TB.**

For further information © 2021/04/7 Email : reach4tb@gmail.com Website : www.reachnetwork.org

**TB HELPLINE: 99620 63000**

## THE REACH TEAM

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

**Dr. M. S. Swaminathan**

*Chairman*

**Dr. Arjun Rajagopalan**

*Vice-Chairman*

**Dr. S. Sivamurugan**

*President*

**Dr. S. Ravi Subramaniam**

*Vice-President*

**Dr. Nalini Krishnan**

*Treasurer*

**Mr. Prakash Idnani**

*Executive Secretary*

**Mrs. Suraksha Giri**

*Executive Secretary*

**Mr. B. Madhavan**

*Executive Member*

**Mrs. Geetha Ramaseshan**

*Executive Member*

**Dr. Ramya Ananthkrishnan**

*Executive Member*

**Ms. Anupama Srinivasan**

*Executive Member*

The team at REACH is a dedicated group of individuals working towards one common goal – a TB-free world. Planning and executing projects, networking, public education, creating posters and resource materials, research, facilitating conversations on TB control and of course supporting patients – the REACH team does it all.

### **The REACH team**

**Dr. Nalini Krishnan**

*Director*

**Dr. Ramya Ananthkrishnan**

*Executive Director*

**Mr. J Gurumoorthy**

*Director, Finance and Administration*

**Ms. Sheela Augustine**

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*Zone Coordinator*

**Ms. S. Mangaiyarkarasi**

*Zone Coordinator*

**Ms. K. Shanthi**

*Zone Coordinator*

**Ms. R. Kalpana**

*Field Officer*

**Mr. A Samipillai**

*Field Officer*

**Ms. G. Suganya**

*Field Officer*

**Ms. S. Shanthi**

*Field Trainee*

**Ms. N. Gajalakshmi**

*Field Trainee*

**Ms. S. Lilly Abirami**

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**Ms. M. Latha**

*Field Trainee*

**Ms. R. Vimala**

*Field Trainee*

**Mr. R. Soundharajan**

*Field Trainee*

**Mr. M. Suresh**

*Field Trainee*

**Ms. M. Sai Santhya**

*Field Trainee*

**Mr. V. Rajalakshmi**

*Administrative Assistant*

## **Project Axshya Team**

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*Programme Manager*

**Mr. S. Karthikeyan**

*Manager, Finance and Administration*

**Mr. Jude Alexander**

*Assistant Programme Manager*

**Mrs. Nalini Karunakaran**

*District Coordinator, Chennai*

**Mr. D. Issac Rajesh Sekar**

*District Coordinator*

*Madurai and Dindugal*

**Mr. G. Senthil Kumar**

*District Coordinator*

*Thiruvallur and Kancheepuram*

**Mr. M. Iyyappan**

*District Coordinator*

*Trichy and Pudukottai*

**Mr. G. Sumesh**

*District Coordinator*

*Tanjore and Cuddalore*

**Mr. S. Pandiaraj**

*District Coordinator*

*Villupuram and Tiruvanamalai*

**Mr. G. Venkatraman**

*District Coordinator*

*Vellore and Krishnagiri*

**Mr. R. Soundarajan**

*Deputy Administrative Officer*

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## THANK YOU

REACH wishes to thank the following people for their unstinting support, technical advice and guidance over the last 15 years.

**Prof. M S Swaminathan**

*Chairman, REACH and Former Member, Rajya Sabha*

**Dr. R S Gupta**

*Deputy Director General (TB), Central TB Division,  
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**Dr. Niraj Kulshrestha**

*Additional Deputy Director General (TB), Central TB  
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*State TB Officer, Tamil Nadu*

**Dr. M Jagadeesan**

*Health Officer, Corporation of Chennai*

**Dr. Lavanya**

*Deputy Director (TB), Chennai*

**The Deputy Directors (TB) of**

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Thirunelveli, Madurai, Dindigul, Trichy,  
Thanjavur, Pudukotai, Cuddalore,  
Krishnagiri, Vellore and Villipuram*

**Dr. Soumya Swaminathan**

*Director, National Institute for Research in Tuberculosis,  
Chennai*

**Dr. P R Narayanan**

*Former Director, Tuberculosis Research Centre*

**Dr. V Kumaraswami**

*Former Director, Tuberculosis Research Centre*

**Dr. Jaya Shreedhar**

*Health Communications Consultant*

**Actor Suriya** for his unwavering commitment  
to the fight against TB

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## **JOIN THE FIGHT AGAINST TB**

### **How you can help**

REACH is an organisation that works on community health; in other words, health issues that affect you and those around you. We believe that only our collective efforts can eliminate TB from our society. Over the years, many volunteers, caregivers and former patients have played an active role in sensitizing communities about TB and helping them in all possible ways. YOU can also join us and make a difference.

#### **Volunteer**

DOT providers and community volunteers are the foundation stones of the TB programme in India. Over the years at REACH, we are grateful to have met and befriended many, many people who have volunteered to become DOT providers. You can become a DOT provider and support your friends and neighbours (or strangers!) through their treatment process.

#### **Donate**

You can support our work by making a donation, large or small. We are very grateful for all the financial support we have received over the last twelve years, from individuals, corporate groups and grant-making organisations.

#### **Advocate**

Very simply, you can read about TB and Speak up to Stop TB. You can tell others what you read. You can help reduce the stigma that forces those with TB to remain silent. You can help those with TB receive the quality of diagnosis, treatment and care that they deserve. You can become a TB advocate.

Thank you!



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