

National Impact Report Unite To ACT

(Amplifying Community Action for TB Elimination)

2021-2024







Dr. Rajendra P. Joshi
Deputy Director General
Central TB Division



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Special Message

I am happy to note the National Impact Report of the Unite to ACT project (2021-2024), a collaborative endeavor of REACH in partnership with FIND and supported by the Global Fund. This project was designed to bolster community engagement in TB care and prevention in India and accelerate the involvement of TB-affected communities in India's TB response.

India has witnessed a commendable trajectory in its battle against TB, propelled by the National Tuberculosis Elimination Program's efforts to adopt new tools, introduce advanced regimens, provide nutrition support and engage communities. India's National Strategic Plan for TB Elimination outlines a multi-faceted, inclusive approach to tackling TB, central to which is the involvement of TB-affected communities.

Over a three-year period, the Unite to ACT project helped scale up the TB Champion model. For the first time, through this project, people with TB received comprehensive peer support and person-centred care from trained TB Champions. This Support Hub model not only ensured that those on treatment received valuable emotional support, but contributed to improving overall treatment outcomes, as described in this report. In addition, TB Champions continued to play a significant role in educating their communities, engaging their local elected representatives and most of all, in addressing stigma.

I extend my congratulations all the team members for their dedication to enhancing community engagement through the Unite to ACT Project, and for empowering TB Champions to realise their full potential. Most of all, I am deeply grateful to all the TB Champions for their unwavering commitment and relentless efforts to support people with TB. The NTEP remains committed to working in partnership with affected communities - together, we can realise our dream of an India free from TB.

(Dr. Rajendra P Joshi)



Dr. Nishant Kumar
Joint Director
Central TB Division

भारत सरकार
स्वास्थ्य और परिवार कल्याण विभाग
स्वास्थ्य और परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



Special Message

I am delighted to share the Impact Report of the Unite to ACT (UTA) project implemented by REACH, through FIND as the Principal Recipient, and with support from the Global Fund to fight AIDS, TB, and Malaria.

The Unite to ACT project built on the lessons learnt in the initial phase of engaging TB survivors as Champions, and in understanding their key strengths. The project was designed to operationalize the vision in our National Strategic plan, of communities as not merely passive recipients of care but as active participants in the fight against TB.

Through direct implementation in 11 states and technical support in 14 others, the UTA project was able to help translate the National TB Elimination Program (NTEP)'s community engagement vision into tangible action. Additionally, the project assisted the NTEP in expanding the training of TB survivors as TB Champions nationwide, and facilitated the formation of state-level survivor-led networks in several states. Most of all, I am pleased that over 400,000 people with TB received a set of comprehensive peer support services through the trained TB Champions and REACH has trained more than 2000 TB Survivors trained as TB Champions. The UTA project has clearly demonstrated the need for and value of peer support mechanisms in TB service delivery, and the unique nature of the relationship between TB Champions and people with TB.

I congratulate the REACH, FIND, State teams, The Global Fund, FIND and REACH teams for their successful implementation of the Unite to ACT Project. Most of all, I congratulate the 2000+ TB Champions and thank them for their committed and sincere efforts to support those affected by TB. The NTEP will continue to identify, train and engage TB Champions across the country, in keeping with our vision of having two trained TB Champions at every Ayushman Arogya Mandir in the country.

(Dr. Nishant Kumar)

टीबी हारेगा, देश जीतेगा / TB Harega, Desh Jeetega

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Message from Vice President, Access - FIND

Tuberculosis (TB) continues to remain a significant public health challenge in India, affecting a staggering 2.8 million people annually. Although treatable, fighting TB requires access to quality diagnosis, uninterrupted medication, nutrition, and mental fortitude to deal with the debilitating side effects of treatment, all of which take a toll on the resources and capacities of those affected by TB. In the last few years, India has made remarkable strides against TB, and the National TB Elimination Programme (NTEP) has had numerous successes in TB control by introducing and scaling up new diagnostic tools and effective treatment regimens.

The success of any public health intervention is rooted in the community where it is being implemented. Communities can play a critical role in the success of any healthcare intervention by helping to address socio-cultural barriers, providing feedback on the efficacy of interventions and encouraging their uptake. The voices of those affected by TB are unique and must be given centre stage. Recognizing this, the National Strategic Plan for TB Elimination (2017-25) calls for a community-based and person-centered approach to TB, as a key strategy to reach the unreached and to support people with TB.

The Unite to Act project implemented by REACH in partnership with FIND and supported by The Global Fund from 2021-2024 worked to build the capacity of TB-affected communities, promote rights-based, gender-responsive and equitable services for all and accelerate the uptake of community-led activities in 10 states of India. Further, it supported 15 additional states to mainstream community engagement into NTEP policies, and strategies, to strengthen the functioning of national, state and district TB forums; and ensuring effective engagement of communities.

The project succeeded in establishing a cohort of TB Champions across the project states, who served as invaluable links between the programme and the community at large. These TB champions supported persons with TB, and helped identify people with symptoms of TB and linked them with care. The courage demonstrated by these TB champions in sharing their stories also helped address the persistent stigma associated with TB and encouraged people to come forward to be tested and treated.

This report clearly highlights the criticality of involving communities affected by TB for a successful TB response. The inspirational stories of the TB champions mentioned in the report, clearly demonstrate how empowered communities can play a significant role in accelerating the end of diseases like TB that have plagued humankind for millennia.

We are proud to have been associated with the Unite to ACT project. A big congratulations to the REACH and FIND teams for their commitment to the implementation of Unite to ACT. Finally, to all the TB Champions, thank you for your efforts and commitment to help and empower those affected by TB.

TB Haarega, Desh Jeetega.



Dr Sanjay Sarin

Vice President, Access
FIND

Message from Director, REACH

I am delighted to share with you the National Impact Report of the Unite to ACT project, implemented between 2021 and 2024. This report details the remarkable progress made in advancing the TB Champion programme and providing person-centred care and support to people with TB across 11 states.

REACH has been at the forefront of pioneering the engagement and empowerment of communities affected by TB, positioning them as active stakeholders in the TB elimination programme. In 2018, we designed the first-such training curriculum and trained TB survivors, resulting in India's first group of motivated and committed TB Champions. This momentum led to the creation of state-level survivor-led networks and culminated in the official adoption of the model by the National TB Elimination Programme – a momentous achievement in our fight against TB.

This cohesive community-led response worked, and there was soon a need to scale up the TB Champion model to accelerate efforts to end TB. Through the Unite to ACT project, over 2,000 new TB survivors have been trained as TB Champions across 80 districts in 11 states. The intervention facilitated the formation, development, and strengthening of survivor-led networks at the district- and state-level.

People with TB require more than just medical treatment; they need emotional support, education, and practical assistance to cope with the challenges of the disease. Through this project, REACH established over 400 structured 'Support Hubs' within Tuberculosis Units (TU) and other public health facilities. Within these safe spaces, nearly 1,000 TB Champions provided individualised peer support services, including counselling and vulnerability assessments that consider gender, nutritional needs, social linkages, and psychosocial support for stigma reduction—all aimed at enhancing treatment adherence and outcomes.

I would like to express sincere gratitude to The Global Fund for their investment in communities and to FIND for their invaluable support in facilitating the implementation of the project. Their assistance has played a pivotal role in advancing our initiatives. I am grateful to our partners, World Vision India and MAMTA for helping us translate our ambitious vision to reality. On behalf of the entire Unite To ACT team, I thank the Central TB Division for their support in scaling up the TB Champion programme, particularly Dr. Rajendra P Joshi, DDG-TB and Dr. Nishant Kumar, Joint Director-TB, for their guidance and support. Additionally, I extend my sincere appreciation and gratitude to the State TB Officers, health department officials, District TB Officers, and WHO Consultants for their steadfast support throughout the project. I am proud of the REACH Unite to ACT team at the national, state and district levels, for their commitment and determination to excel over the last three years which made it possible for us to achieve our ambitious goals. Finally, I dedicate this report to all our TB Champions, whose dedication mirrors our commitment to fostering resilient communities and ending TB in India.



Dr. Ramya Ananthakrishnan, MD

Director - REACH



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**Message from the Executive Director,
MAMTA Health Institute for Mother and Child.**

MAMTA Health Institute for Mother and Child for almost two decades now is contributing to the national and sub-national efforts on improving prevention, testing and treatment of tuberculosis in India. It was an honour to be awarded a global fund sub to sub-grant from REACH and to work on strengthening the community engagement while ensuring meaningful participation of TB survivors to serve as champions for the cause.

The journey of the TB champions is extremely inspiring, and the achievements made with them as key partners providing patient centric services, reiterates the power of community participation. This partnership has led to improved successful treatment outcomes in all intervention states. The gender responsive family counselling and peer support provided by the TB champions has been widely appreciated by PWTBs (People with TB), especially female PWTBs. The TB champions are truly an asset to the states and districts to bridge the existing gap in service delivery while also help address social and gender barriers in equitable access to services. Continued investment in the capacities of TB champions and their engagement in the district and state efforts will help sustain this model that holds the key to elimination of TB.

We will stay committed to the cause and will continue to take the learning forward with focus on reaching women, children and the last mile population.

MAMTA expresses its sincere gratitude to the programme team of REACH and FIND for their guidance and support and congratulate everyone for the success!

Dr. Sunil Mehra
Executive Director
MAMTA-Health Institute for Mother and Child

Message from Director Operations-World Vision India

We are proud to be part of India's largest community engagement project, Unite To ACT. Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being. It is a powerful tool for bringing about public health improvements, especially regarding tuberculosis (TB). It can also lead to behavioural changes that remove the stigma against TB, ultimately improving the health of the community and its members. Community engagement often involves partnerships and coalitions. These collaborations help mobilize resources, influence systems, change relationships among partners, and act as catalysts for changing policies, programs, and practices.

The Unite To ACT project, implemented by World Vision India in four states with partnerships from REACH/FIND and support from the Global Fund, has become a cornerstone in TB elimination efforts. This project builds the capacity of TB-affected communities and engages them as peer educators and TB champions. These champions have proven to be invaluable in supporting people with TB and their families throughout their treatment period.

We extend our congratulations to the REACH and FIND teams for their continued efforts and support in strengthening communities through the Unite To ACT project. We also want to wish all World Vision India staff, especially the TB champions, all the best in their continued efforts to support people with TB and create awareness within communities.

Best wishes,

Anil Khandekar
Director Operations
World Vision India

Message from Project Lead, Unite To ACT

Our efforts have been focused on empowering TB survivors as Champions, who serve as catalysts for change within their communities through our vlt is with great pleasure that I present to you the National Impact Report for the Unite To ACT (UTA) Project. This report encapsulates our journey and achievements in fostering community engagement in the fight against TB in 82 districts of 11 states.

The essence of community-engaged care delivery in TB cannot be overstated. Empowered representatives from TB-affected populations play a pivotal role in raising awareness, reducing stigma, facilitating access to services, ensuring treatment adherence, and advocating for policy changes. The project stands as a testament to our unwavering commitment to this approach.

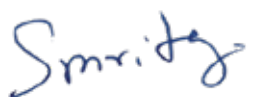
From its inception, the UTA Project has been guided by the vision of the National TB Elimination Programme (NTEP), which emphasises active community participation. With support from the Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare, Government of India, and collaboration with funders such as The Global Fund and partners such as the Foundation for Innovative New Diagnostics (FIND), we have expanded and scaled up community engagement activities across multiple states in India.

Various interventions such as Mentorship, Support Hub, Rapid Response team, and Communication skilling. Through strategic interventions and partnerships with organisations like World Vision India (WVI) and Mamta Health Institute for Mother and Child (Mamta HIMC), we have made significant strides in addressing TB-related challenges in various districts.

This report provides insights into our progress, challenges, and the impact we have made in communities across the country. It is a testament to the dedication and hard work of our TB Champions, district and state teams, and everyone involved in the Unite To ACT Project.

At this moment we also express our gratitude to all State TB cells and District TB Cells who have provided all kinds of support to the project team and more to TB Champions.

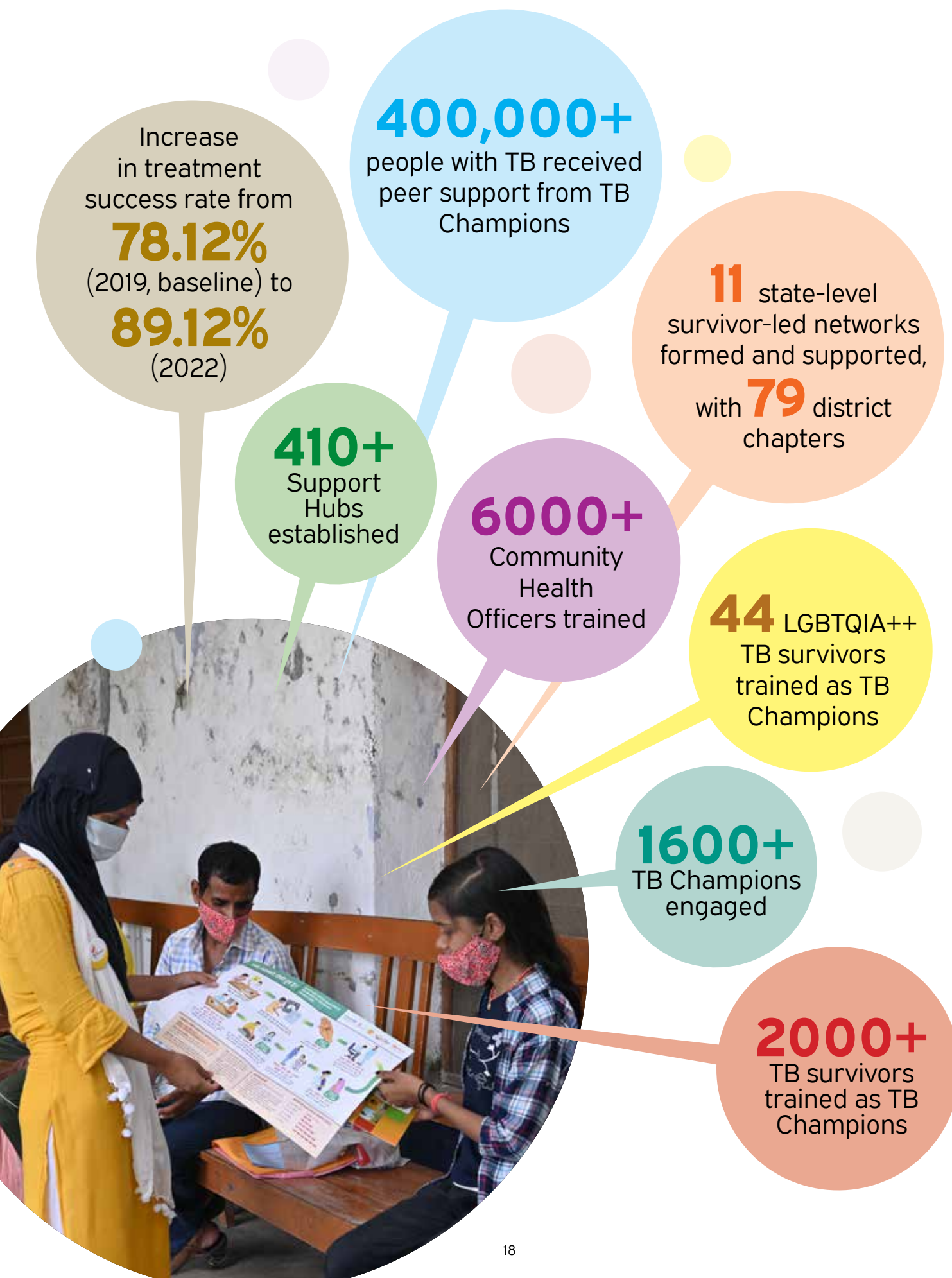
As we reflect on our achievements, let us also acknowledge the work that lies ahead. Together, we can continue to amplify community action for TB elimination and build a healthier future for all.



Smrity Kumar

Project Lead, Unite To ACT
REACH

Key Results at a Glance



1 About Unite To ACT

The engagement of communities - and affected communities in particular - is essential for the success of any public health programme. In this spirit, the Unite to ACT (UTA) project was designed to enhance and amplify community engagement in Tuberculosis (TB) in India, by actively engaging TB-affected communities, i.e. people with TB, TB survivors and their families. This is in keeping with India's National Strategic Plan for TB Elimination (2020-25), which calls for the meaningful engagement of communities and the provision of person-centred care and support to all people with TB.

Central to the UTA project was the training, engagement and empowerment of TB-affected communities, recognising the pivotal role they could play in providing peer support, improving awareness on TB, reducing stigma, linking communities to TB services, and advocating with decision-makers. The project helped translate into action the National TB Elimination Programme's (NTEP) vision of enabling the active participation of communities and not merely as 'passive recipients of care'.

Who is a TB Champion?

In 2016-17, REACH first developed and introduced the 'TB survivor to TB Champion' model, through the TB Call to Action project supported by the United States Agency for International Development (USAID). This project demonstrated, for the first time in India, a structured mechanism to identify, train and engage TB survivors as Champions. Any TB survivor who was interested in working with their community, and completed a structured three-day training programme, was referred to as a 'TB Champion'.

Between 2017 and 2019, the role of a TB Champion evolved, based on feedback from the first groups of TB Champions from four states of the country. By 2020, when the project ended, over 300 TB Champions had been trained and engaged; lessons learnt from their engagement documented and the TB survivor-Champion curriculum developed and formally adopted by the National TB Elimination Programme (NTEP). The Unite to ACT project was designed to expand and scale up the TB Champion model across India, and demonstrate the impact of engaging TB Champions on India's TB response.

Today, TB Champions serve as valuable links between the programme and the community, supporting people with TB, identifying people with symptoms in the community, and linking them to timely care. By sharing their own personal experiences of TB openly, TB Champions help reduce the stigma associated with TB and encourage

dialogue within the community. Trained TB Champions play various roles including as peer counselors, community educators, youth ambassadors, network leaders, and TB advocates, thereby contributing significantly to TB care and prevention efforts in India.

The Unite to ACT (Amplifying Community action for TB elimination) project was implemented by REACH between 2021-24, through a grant from the Global Fund to Fight AIDS, TB and Malaria. The Foundation for Innovative New Diagnostics (FIND) was the principal recipient for the project, with REACH as the sub-recipient (SR) and MAMTA and World Vision India as sub-sub-recipients (SSRs). In 2022, additional activities were included through the C19RM mechanism, to mitigate the impact on the ongoing COVID-19 pandemic through the engagement of TB Champions. The project's activities were designed and implemented under the guidance of the Central Tuberculosis Division (CTD), Ministry of Health & Family Welfare, Government of India.

FIND provided strategic counselling and technical support including leading key

stakeholder management, sharing technical inputs to strengthen the project operations, and spearheading the development of the monitoring and evaluation framework for the project.

The day-to-day implementation of the project was undertaken by REACH's National Programme Management Unit (NPMU) REACH based in New Delhi, led by a Project Lead. The NPMU was responsible for coordination with the NTEP; direct implementation of all national-level activities; and monitoring and supportive supervision of all state and district-level implementation; as well as provision of technical assistance to the TA states. State Operations Leads and District Community Coordinators were responsible for all state and district-level activities.



PROJECT OBJECTIVES

Unite To ACT

1. To build the capacity of TB-affected communities to meaningfully contribute to the design, implementation, and evaluation of the programme and promote rights-based, gender-responsive, and equitable services for all including the underserved and those most vulnerable to TB.
2. To adopt integrated approaches for TB-free communities by engaging TB survivors as Champions to expand community access to TB prevention and care and improve the quality of life of people with TB.
3. To accelerate and support the uptake of community-led activities in states.

C19RM

1. To engage survivor-led networks and TB Champions to improve community awareness of and preparedness for TB and COVID-19 through communications skilling
2. To facilitate the formation of local rapid response teams led by TB Champions in coordination with local health officers and CHOs, to ensure that people with TB/COVID receive timely services.
3. To strengthen the engagement and participation of the LGBTQIA++ community in the TB-COVID-19 response.

Project Setting

The project was implemented through a dual-pronged approach, with direct implementation in 11 project states and 82 project districts, augmented by a comprehensive, Technical Assistance package to accelerate community engagement in 14 States and Union Territories in the country.

The eleven project states identified through discussions with the Central TB Division were: Bihar, Delhi, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Uttarakhand, Uttar Pradesh, West Bengal. Himachal Pradesh was the eleventh state where operations commenced in March 2023.

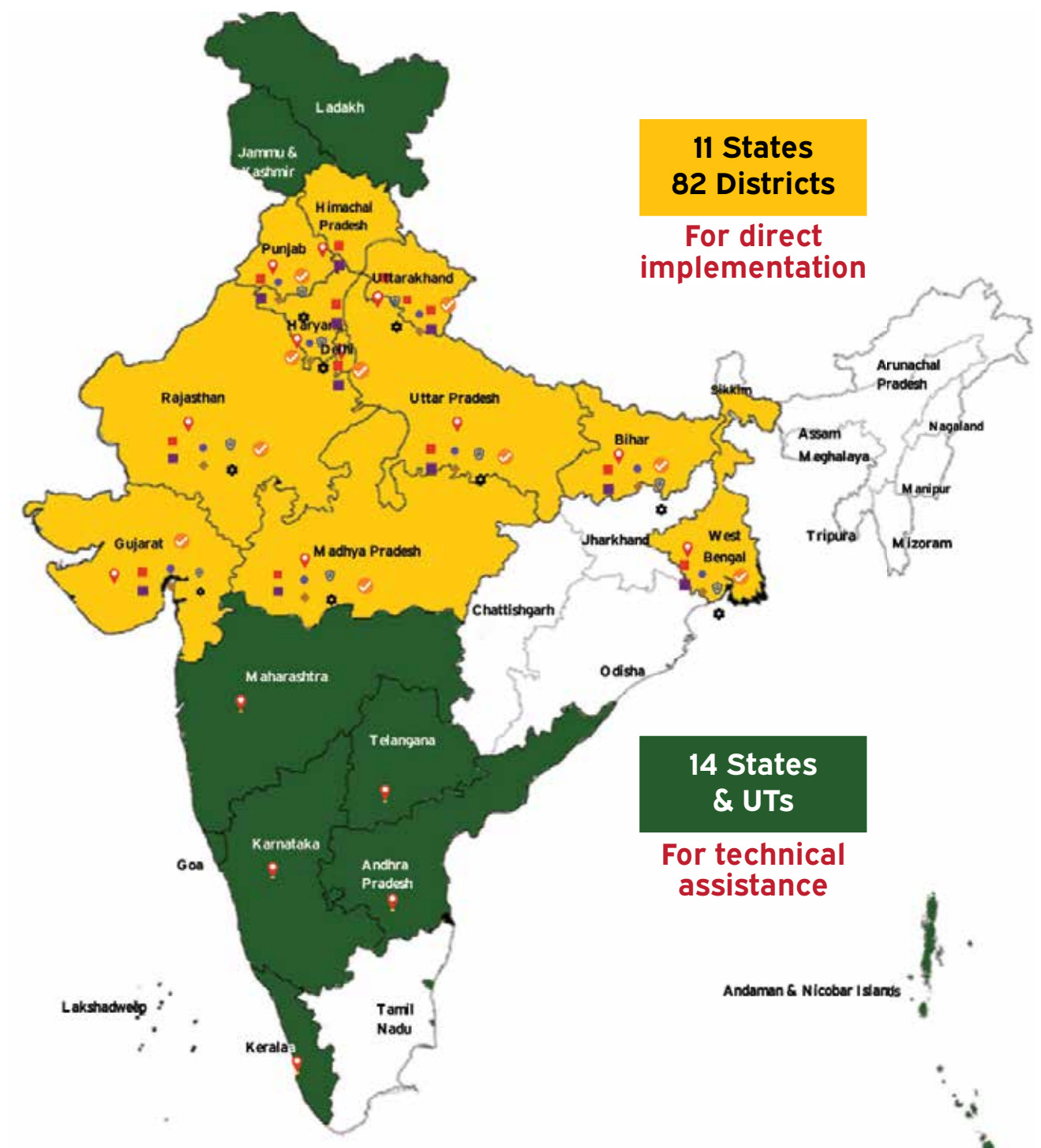
As part of technical assistance, REACH worked in the 6 states of Andhra Pradesh, Goa, Karnataka, Kerala, Maharashtra, and Telangana and 8 Union Territories of Andaman and Nicobar Islands, Chandigarh, Dadra Nagar and Haveli, Daman and Diu, Ladakh, Lakshadweep, Puducherry and Jammu and Kashmir.

Unite To ACT

Project Implementation Structure



PROJECT GEOGRAPHY



States for direct implementation:

By REACH: Bihar, Delhi, Uttarakhand, Himachal Pradesh

By World Vision India (SSR-1): Haryana, Punjab, Uttar Pradesh, West Bengal

By Mamta (SSR-2): Gujarat, Madhya Pradesh, Rajasthan

States & Union Territories (UTs) Technical Assistance

By REACH: Maharashtra, Karnataka, Ladakh, Jammu & Kashmir, Goa, Telangana, Kerala, Puducherry, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Andaman & Nicobar Islands, Lakshadweep, Andhra Pradesh

The Project Timeline

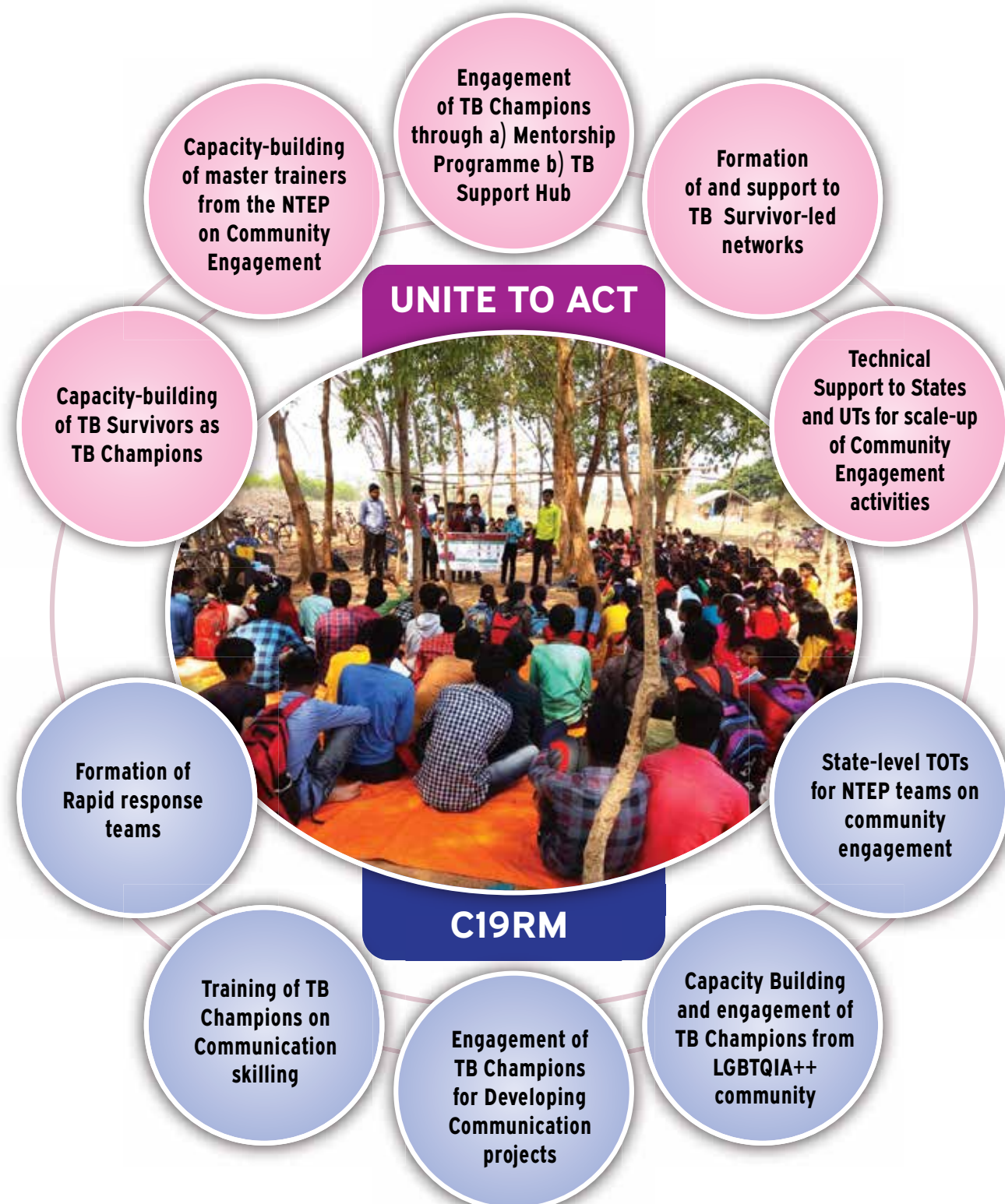
Period	Activities undertaken
PU-1 April 21 to Sep 21	<p>Agreement signed with Principle Recipient (PR)</p> <p>Sub Sub Recipient (SSRs) on board</p> <p>Project Team on board</p> <p>First meeting with State TB Officers of project states, chaired by DDG-TB</p> <p>Meeting with Project state STOs</p> <p>TOT of North Zone completed</p>
PU-2 Oct 21 to Mar 22	<p>TOTs held for West and East Zones</p> <p>All District TB Officers oriented on the UTA project</p> <p>District-level capacity-building workshops for TB survivors completed in project districts</p> <p>TB Champion Mentorship Programme initiated</p> <p>The rollout of baseline stigma assessment study</p> <p>TB Champions lead anti-stigma campaign in project districts</p> <p>Meeting with STOs of TA states</p> <p>Initiation of Capacity Building in TA states</p> <p>Development of communication materials in 11 languages</p>
PU-3 April 22 to Sep 22	<p>South Zone TOT held</p> <p>Mentorship Programme completed and person-centred care provided to over 90,000 people with TB</p> <p>Survivor-led networks formed and announced in all 10 states</p> <p>400 Support Hubs established in project districts</p> <p>Completion of Stigma assessment</p> <p>Initiation of the C19RM activities</p> <p>State-level capacity building workshop for TB champions</p> <p>Training of TB Champions on TB support Hubs, Rapid Response Teams, and Communication Skilling</p> <p>TA support to states to conduct capacity building of TB Champions</p>

Period	Activities undertaken
PU-4 Oct 22 to Mar 23	<p>156 Rapid Response teams formed in project districts</p> <p>880 TB Champions trained in communications skilling through state-level workshops in 10 states</p> <p>Formation of district chapters of state survivor-led networks in project districts</p> <p>TB Champions lead campaign with PRI members</p> <p>The project expands to Himachal Pradesh</p> <p>TB survivor-champion workshop held for survivors from LGBTQIA++ community</p> <p>Release of UTA Annual Report</p>
PU-5 April 23 to Sep 23	<p>National Consultative meeting held to finalise Coomunity Engagement modules for NTEP</p> <p>Over 6000 CHOs trained across project districts</p> <p>Global Fund visit to Project site in Bihar</p> <p>Mentorship of LGBTQIA++ TBC initiated</p> <p>Closure of communication skilling activity</p> <p>Support to TA states to sensitise CHOs, Medical officers, and TB Champions</p>
PU-6 Oct 23 to Mar 24	<p>Release of TB Forum toolkit</p> <p>Presentation of project findings at annual World Lung Conference</p> <p>Launch of Kala Sangam</p> <p>National consultation of Survivor-led networks</p> <p>Support Hubs closed, with 410 TB Champions providing person-centred care to over 1,48,000 people with TB.</p> <p>RRT closed, with 266 TB Champions providing person-centred care to over 1,64,000 people with TB</p> <p>Dissemination meetings started at the state level</p> <p>Operation research started in 5 states</p> <p>Training of all states on TB Forum toolkit</p>
Closure Period April 24 to June 24	<p>Completion of Endline Stigma Assessment survey</p> <p>Release of State & National Impact Reports</p> <p>State-level Dissemination meetings held</p> <p>State-level TOTs held</p> <p>National sharing workshop on LGBTQIA++ TB Champions held</p> <p>National Dissemination meeting held</p>

2

Key Interventions

ACTIVITIES AT A GLANCE



Capacity-building for effective Community Engagement

Building capacity of TB survivors as Champions

Building the capacity of TB survivors and empowering them to become TB Champions who can play a crucial role in supporting affected communities throughout the TB care cascade was an essential first step for the project.

Between November 2021 and December 2023, capacity-building workshops were held

at the state and district-level, across 11 states and 82 districts. These workshops followed the NTEP's standard TB survivor to Champion training curriculum, and aimed to equip TB survivors with the knowledge and skills necessary to become effective TB Champions. TB survivors were identified by the state and district NTEP teams and motivated to become TB Champions. In addition, the project also facilitated training of TB survivors in the technical assistance states (further described in the TA section).

Overall, more than 2110 TB survivors were trained as TB Champions in capacity-building workshops at State and District Level.



Capacity-building of LGBTQIA++ TB Champions

To augment the participation of LGBTQIA++ communities in the TB response, unique capacity-building workshops were held for TB survivors, primarily transmen and transwomen, from the LGBTQIA++ community. This was in keeping with the NTEP's commitment to achieve a gender-responsive approach to TB. Nominations were received in response to a pan-India call for applications by CTD in collaboration with the National AIDS Control Organisation. The capacity-building workshops were organised in March and July 2023, as part of the C19RM mechanism-supported activities.

Overall, 44 TB Survivors from the LGBTQIA++ were trained through national level workshops



Building capacity of Master Trainers

At the National-level: To ensure sustainability of community engagement, a key mandate for the UTA project was to build the capacity of master trainers who would in turn continue to train TB survivors as Champions, through Training-of-Trainer (ToT) workshops. In response to a call for nominations from the Central TB Division to the states, over 100 nominations were received; this included primarily state NTEP officials as well as experienced TB Champions themselves.

Four ToT workshops were held for the

North, West, East and South Zones; the UTA project provided technical assistance to the workshop for the North-East. In all, 137 master trainers were trained across five zones. Through these workshops which adopted participatory approaches and adult learning methodologies, participants understood NTEP's vision for community engagement as well as the structure, content and methods of the TB survivor to TB Champion training curriculum. Master trainers will be utilised by their respective states to expand the number of TB Champions and strengthen community engagement.

Master Trainers Trained					
North Zone	West Zone	East Zone	South Zone	North East Zone	Total
27	26	24	20	40	137



At the state level: To further enhance capacity within the NTEP to scale-up training and engagement of TB survivors, state-level TOT workshops were held in the project states. In response to a call for nominations, most states nominated two members of the NTEP

team from each district. This expanded pool of master trainers will support the programme to achieve its vision of having over 300,000 TB Champions, i.e two at each Ayushman Arogya Mandir (Health and Wellness Center) across the country.



Sensitisation of NTEP teams on community engagement

At the request of the NTEP, in-person and virtual sensitisation meetings were held through the project period with state and district NTEP teams. The objective of these meetings were to explain the role of TB Champions, training methodologies, and engagement strategies to District TB Officers, Medical Officers, IEC

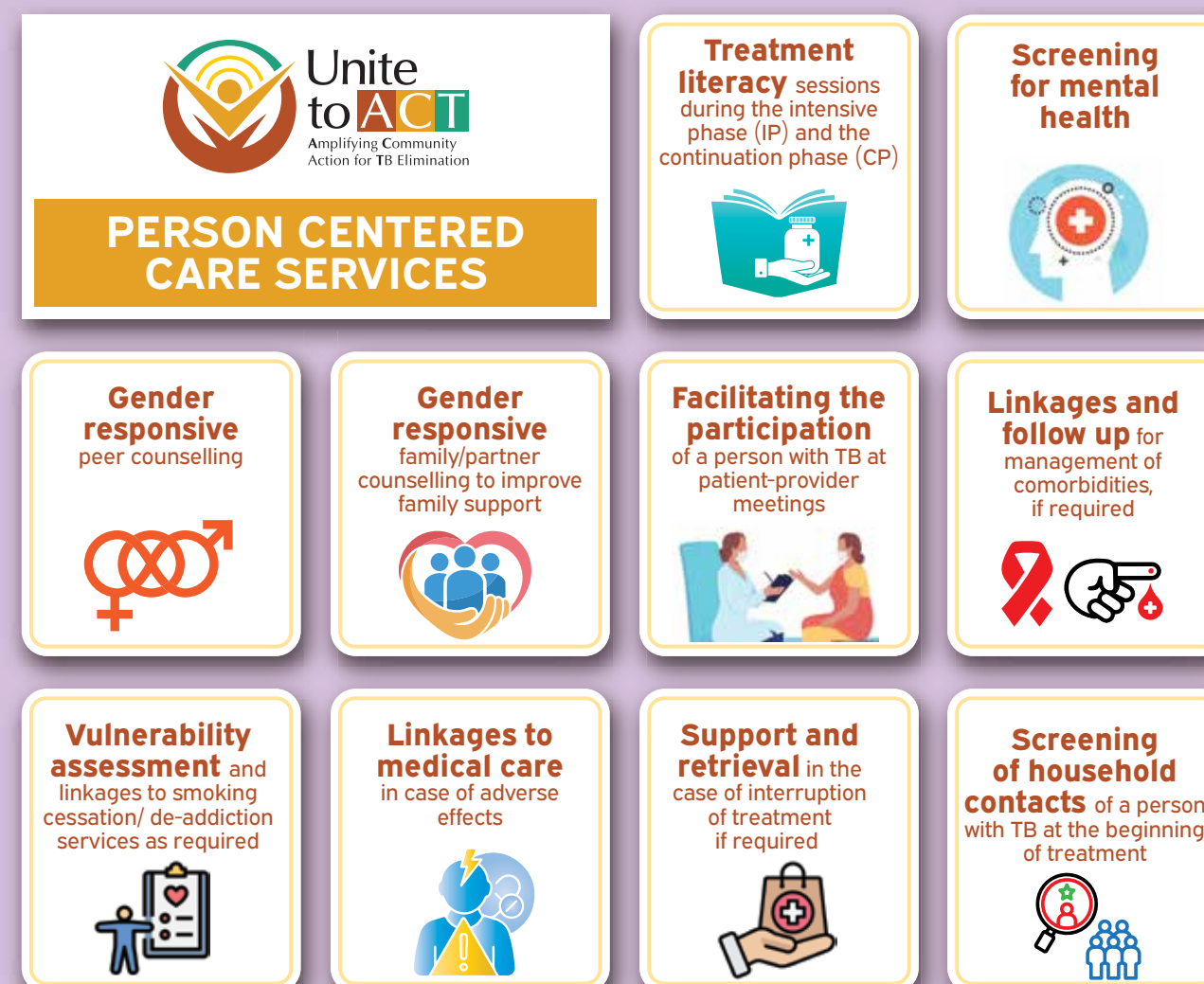
Officers, PPM Coordinators etc. The UTA project also organised these sessions in Technical assistance states, in addition to all implementation states and districts. For example, as part of Technical Assistance to Andhra Pradesh, the UTA project facilitated virtual capacity-building sessions in August 2022, for NTEP staff from all districts of the state, explaining the 'From TB survivors to TB Champions' modular curriculum.

Chandigarh shows the way!

In April 2023, a meeting with the Chandigarh NTEP team was held, where challenges in identifying TB survivors from within the union territory were identified and discussed. As a follow-up to this, the UTA project developed a guidance document to orient NTEP staff, Medical Officers, District Programme Coordinators etc. A virtual sensitisation meeting was held in June 2023. The guidance document first developed for Chandigarh formed the basis of an expanded version developed through a national consultative meeting and shared with the Central TB Division.

Person-centred care services

Ahead of the roll-out of these interventions, a comprehensive package of person-centred care services was designed, with inputs from TB Champions. These services were intended to fulfill the diverse socio-economic and emotional needs of people with TB, to supplement the clinical care they received from the NTEP. The person-centred care services that were provided included:



These services were provided at multiple time points through the treatment period, with a minimum of three contact points during the CP phase. Overall, this was to ensure that a person with TB would have continuous access to a peer supporter throughout the treatment period.

Engagement of TB Champions to provide person-centred care

The engagement of TB Champions was the core component under the Unite To ACT project. TB Champions were trained and engaged to act as peer supporters, to educate their communities, to advocate with local influencers, PRI members etc, and to work in close coordination with the NTEP and CHOs in their geographies. The TB Champion's primary role was to provide a comprehensive package of person-centred care and support to people with TB, thereby contributing towards ensuring successful treatment outcomes for those on treatment.

Through the project period, TB Champions were engaged through the Mentorship Programme, Support Hubs and Rapid Response Teams.

TB Champion Mentorship Programme

In 2022, the mentorship programme was implemented in 80 implementation districts;

two additional districts in Himachal Pradesh began in April 2023. TB Champions enrolled in the mentorship programme were trained on the key elements of the programme and on person-centred care.

During the mentorship period from January to July 2022, TB Champions provided comprehensive support to people with drug-sensitive TB through a combination of some or all of the person-centred care services previously described. In addition to peer support, TB Champions worked on reducing stigma through awareness campaigns, anti-stigma initiatives, and personal interactions with people with TB and their families.

Mentorship review meetings were held in all 82 districts to facilitate cross-learning and provide additional support to the TB Champions. Through the mentorship period, NTEP officials including District TB Officers actively engaged with TB Champions to understand the support provided and to address any challenges that emerged.



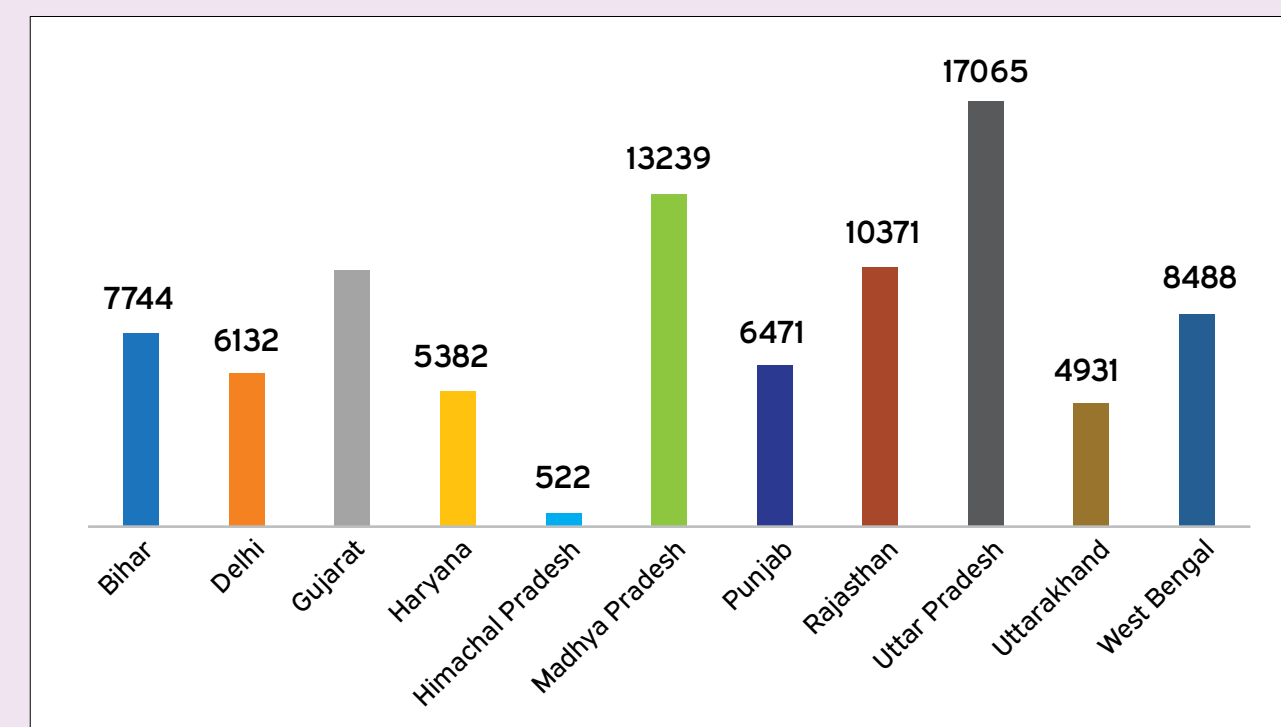
The impact of Mentorship Programme:

Overall, through the mentorship programme, 90,639 people with TB from 82 districts received support from 960 trained TB Champions.

All people with TB received treatment literacy; 62% received family counseling support; and over 70% received peer support to address stigma. By sharing their

own journeys of overcoming the disease, TB Champions also helped mitigate self-stigma, fears, and apprehensions associated with TB. In addition, the mentorship programme proved to be an invaluable training ground for the new TB Champions themselves, equipping them with the knowledge, skills and experience to subsequently provide facility-based support through the Support Hubs.

Total People with TB reached out through the mentorship programme (n = 90639)



For Mamta Rani, (name changed) life took a difficult turn after a TB diagnosis. The shame and stigma associated with the disease pushed her into depression, worsening her health and forcing her to drop out of school. But hope arrived in the form of Seema Rani, a tireless TB Champion.

Initially hesitant, Mamta eventually opened up about her struggles to Seema, whose unconditional support helped Mamta overcome her initial resistance to treatment. Through the mentorship programme, Seema helped Mamta access mental health counselling at a rehabilitation centre in Jalandhar, thus setting her on the path to recovery for TB and also helping her cope with her mental health needs. With counselling and compassionate care, Mamta regained the strength to fight TB and resumed her studies.

TB Support Hubs

After the successful completion of the mentorship programme in 2022, TB Support Hubs (TBSH) were launched in all the project districts. Through this facility-based intervention, TB Champions offered person-centered care and peer counseling to people with TB in a structured manner at the TB Unit.

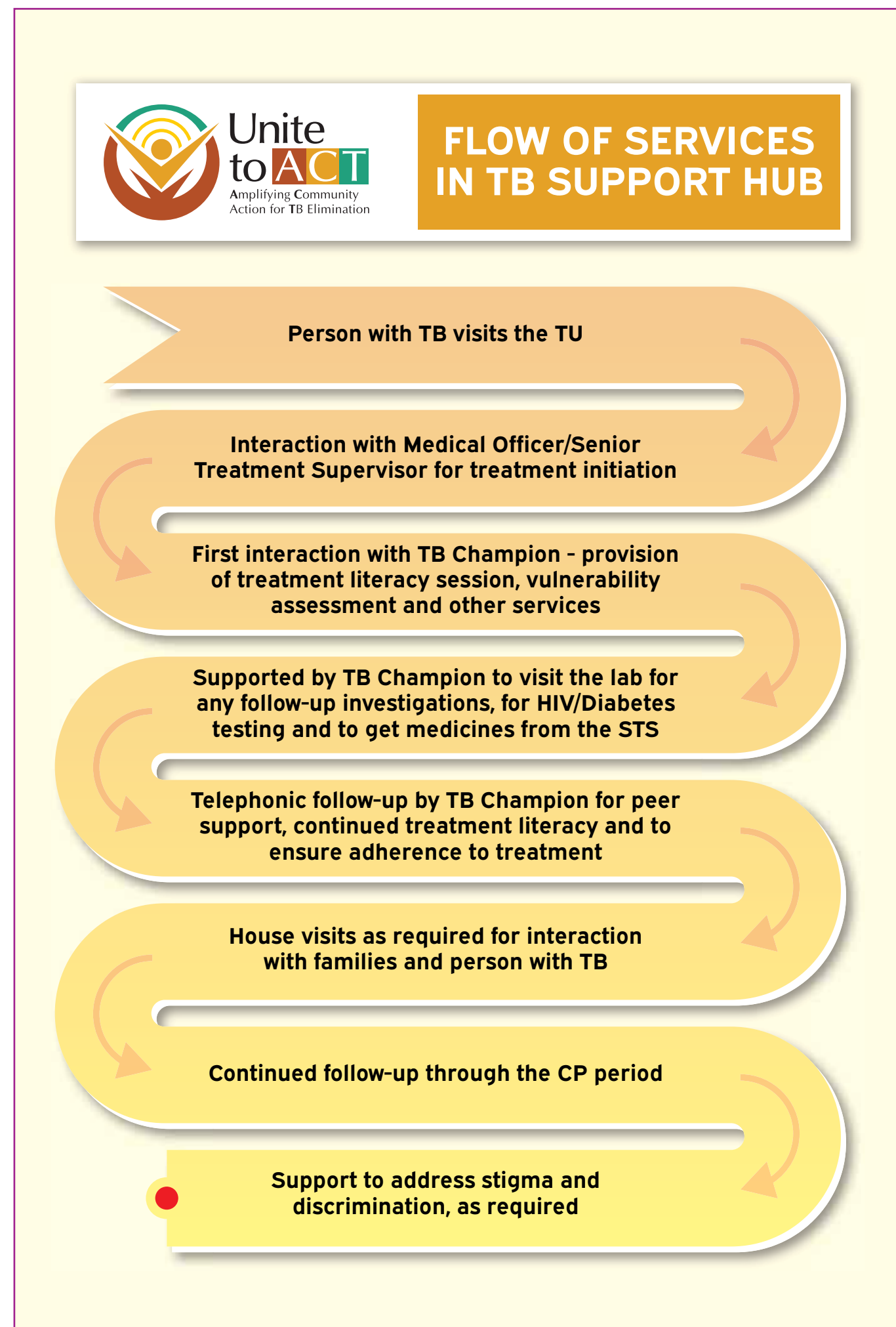
The Support Hub intervention was built on the philosophy of people-centered care, as enshrined in the NSP. The goal of the Support Hub was to complement the efforts of the NTEP to improve the quality of life of people with TB, by ensuring that every individual benefits from a customised care experience, in which they are included as an informed and active participant.

Across 82 districts, 410 TB Units including District TB Centres, were selected in consultation with the NTEP team and based on analysis of Ni-kshay data. One Support Hub was established at each facility, and one trained TB Champion assigned to each

Support Hub. Virtual orientation meetings led by CTD were held with senior NTEP officials including State and District TB Officers. State IEC Officers/ Community engagement nodal officers also participated in the meeting.

TB Champions were trained to operate the Hubs and provide a package of comprehensive peer support services including peer counselling, vulnerability assessments that take gender needs into account, nutritional and social linkages and psychosocial support for stigma reduction, all designed to improve treatment adherence and outcomes. TB Champions placed at the Hubs ensured people with TB were informed of their rights and responsibilities through personalised counselling and easy-to-use treatment literacy materials.

In addition to the facility-based support, TB Champions worked in close coordination with CHOs to identify community-level gaps, organise community meetings and reach out to key influencers in their respective communities.

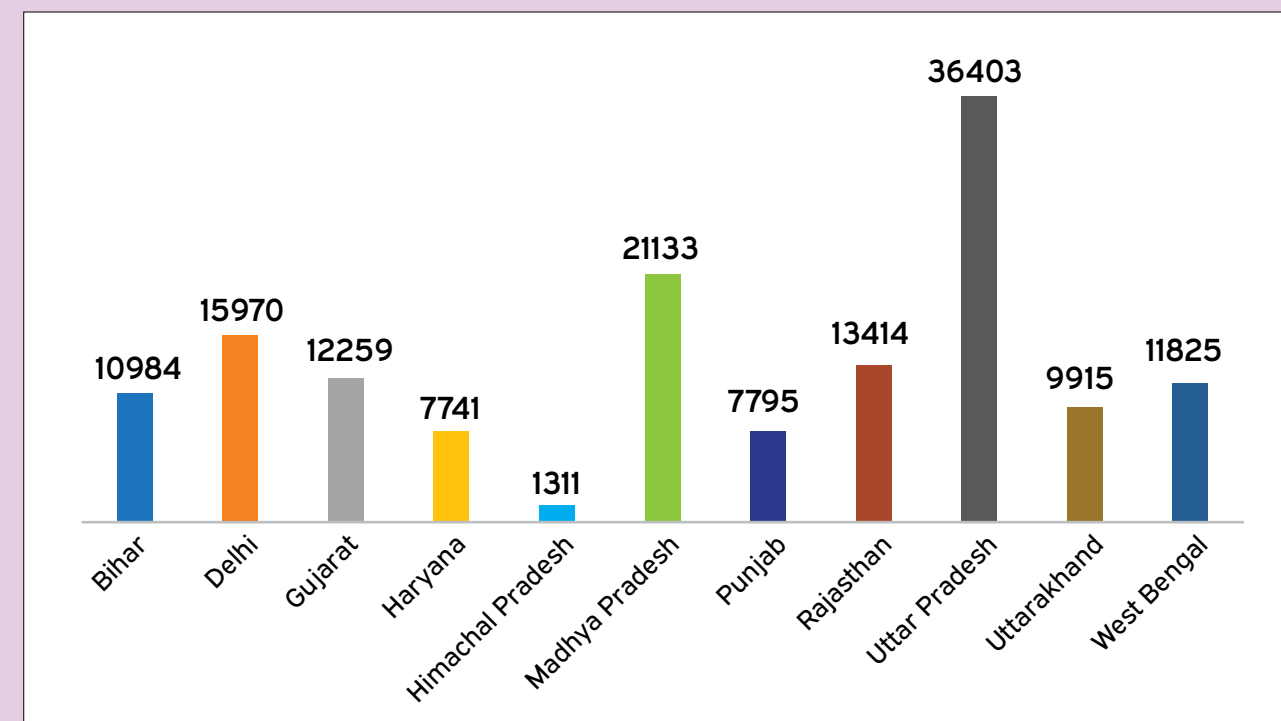


The Impact of TB Support Hubs:

For the first time, all newly diagnosed people with TB at these health facilities had access to peer support. **Through the TB Support Hubs, 1,48,750 people with TB**

received comprehensive person-centred care from 410 TB Champions, including treatment literacy, peer counseling, vulnerability assessments and family counseling.

State-wise distribution of people with TB who received services from TB Champions through Support Hubs:



How a TB Champion Brought Hope Back to a Family

Miteshbhai's cough wasn't letting up. What started as a nagging irritation morphed into a constant companion, stealing his breath and his spirit. A diagnosis of TB sent a wave of fear crashing through his family. Confusion and isolation threatened to drown him in despair. Miteshbhai's family, desperate to protect themselves, ostracised him. Separate utensils, fearful glances – the emotional burden felt heavier than the cough itself. Even his playful 5-year-old was kept at arm's length, adding a sting of loneliness to his illness.

It was in this challenging time that TB Champion Nirmalaben of Gujarat stepped in to counsel both Miteshbhai and his wife. With patience and understanding, Nirmalaben addressed their fears, demystifying TB and its treatment. She explained patiently that love and care, not isolation, were the keys to recovery. She shared stories of successful recoveries, painting a picture of a brighter future, and even offered gender-responsive peer counselling.

However, her most delicate task involved convincing Miteshbhai's wife to start TB

Preventive Therapy (TPT) for their child. Through patient persuasion and detailed explanations, Nirmalaben navigated her reservations, paving the way for a more secure future for their family.

Today, Miteshbhai's wife is a pillar of support, ensuring he adheres to his daily medication regime. The fear has given way to understanding, and the isolation has been replaced by the warmth of family support.

"I defeated TB after completing my 6-month treatment regimen at my local health centre. My TB Champion Didi was a lifesaver. She explained the treatment process clearly, and when I struggled with medication, Didi's personal story resonated deeply and motivated me to triumph over the disease.

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

Mansi Kumari (name changed) Person with TB, Sitamarhi.

Rapid Response Teams

TB-affected communities - including TB survivors and Champions - were witness to the impact of the COVID-19 pandemic, both on people with TB and on communities in general. In keeping with the mandate to ensure the active and meaningful engagement of affected communities outlined in India's National Strategic Plan, under the C19RM grant, trained TB Champions were engaged in various interventions to mitigate the dual impact of TB and COVID-19 in India.

With support from the C19RM mechanism, Community-led Rapid Response Teams (RRTs) were established. Launched in October 2022, these RRTs focused on addressing the needs of people with TB, promoting combined TB and COVID-19 testing, and encouraging health-seeking behaviours within communities.

In September 2022, the project trained, engaged, and strengthened TB Champions from 78 districts to deliver person-centered care services to people with TB. Representatives from the District TB Cell (DTC) and District National Health Mission (NHM) were sensitised to play an integral role in the community-led response team. The representatives trained included Medical Officers, Senior Treatment Supporters, TB Health Visitors and Senior Tuberculosis Laboratory supervisors. This collaborative approach aimed to strengthen the response to both diseases by identifying areas of overlap and empowering community members to play a crucial role. Community-Led RRTs became operational from October-November 2022.

The Impact of Rapid Response Teams:

The community-led RRTs demonstrated a forum for effective communication between the healthcare system and communities. Across 78 districts, between October 2022 and March 2024, 271 TB Champions

engaged with 711 TB Units and reached out to a total of 164,655 people affected by TB. These Champions collaborated closely with officials from the NTEP and NHM to address various challenges, such as issues with receiving benefits from Ni-kshay Poshan Yojana, availability of essential medicines etc.

A Conversation that Changed Everything

Rohit Yadav was a TB champion and a member of Rapid Response Team in Surat city. For the past seven months, he had been on a mission to connect, educate, and inspire people with TB.

People with TB confided their anxieties and peppered him with questions. Rohit listened with an empathetic ear, his understanding borne from a place of shared experience – he himself is a TB survivor.

One particular evening, during a routine call, Rohit encountered a worried father. The man's daughter was undergoing TB treatment, but there was a snag. Dissatisfied with the quality of care in the government healthcare centre, he had opted for his daughter's treatment in a private facility. However, the family was now struggling under the financial burden of the rising medical costs. The drugs alone cost about Rs. 2500-4000 a month.

The TB Champion, with genuine concern, suggested they revisit the government facility. He emphasised the centre's dedication to patient care and the support systems available for people with TB. Two days later, he offered reassurance over a phone call and reiterated the benefits of TB treatment in a public health facility. The family, convinced by Rohit's genuine empathy, returned to the government centre. The young girl completed her treatment successfully, reclaiming her health and a TB-free life.

RRT में काम करने से मुझे टीबी के बारे में काफी जानकारी मिली। टीबी के साथ जी रहे लोगों को ईलाज के दौरान काफी चुनौतियों का सामना करना पड़ता है, उस समय उनकी सहायता करने से मुझे काफी संतोष मिलता है। समुदाय में जागरूकता फैलाना मेरा मुख्य उद्देश्य है,, और मैं इसे पूरा करने के लिए उत्साहित हूँ।

- Daisy Kumari, TB Champion, Purnia

"Joining the Unite to ACT project helped me overcome the fear of TB and gave me the confidence to make a difference. As a TB Champion, I'm using my experience to raise awareness and provide support to people with TB in my community. It's incredibly rewarding to see how this project empowers people and brings us closer to a TB-free future."

- Arjanbhai Ghevardas Sadhu, RRT TB Champion, Banaskantha

Engagement of TB Champions in Communications Skilling

The impact of the COVID-19 pandemic on the TB response is well documented. In this context, it was critical to engage with TB-affected communities and strengthen their communication skills to convey key messages on TB and COVID to their communities. To address this need, in 2020, with support from USAID, REACH developed and piloted a communications skilling package for TB survivors-Champions. TB Champions were trained and equipped with a range of communication skills including public speaking, writing, the use of songs, poems, slogans, wall writing, mobile photography, videography, etc. Post-training, the TB Champions created various communication products, using approved messages on TB and COVID-19.

Through the C19RM mechanism, this

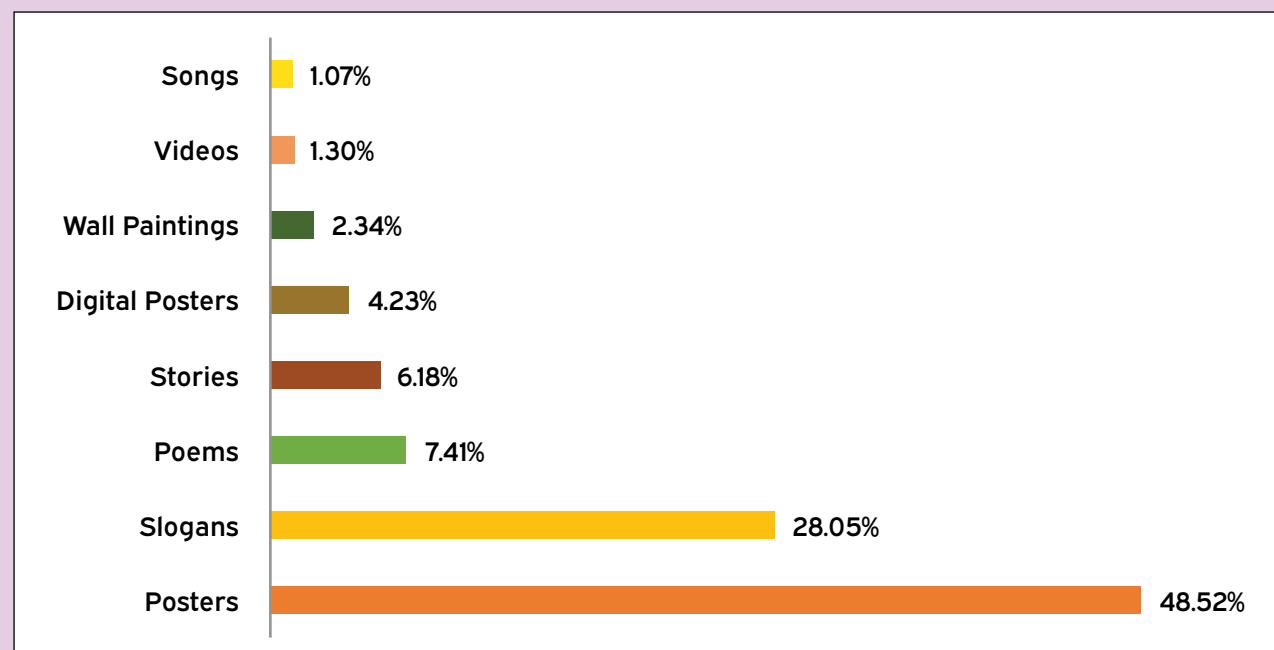
intervention was scaled up across 80 districts. With the objective to build the capacity of trained TB Champions to communicate effectively on TB and COVID-19, 880 TB Champions were skilled through 22 workshops held in 10 states.



The Impact of Communication Skilling:

In a span of 9 months, 840 engaged TB Champions developed nearly 20,000 communication products on different aspects of TB, in various local languages.

Communications Products developed by TB Champions



The communication products were not only informative but had a local flavour which augmented the distinctiveness of each communication product developed. All State

TB Cells and District TB Cells established UTA corners where the communication products have been showcased.

TB Kala Sangam

During the TB Tuesday session held in January 2024, states were oriented on TB Kala Sangam, a national-level art and multimedia competition. This competition served as a unique opportunity to encourage TB survivors and champions to play a pivotal role in spreading awareness through artistic expressions and multimedia interventions. TB Kala Sangam aimed to tackle TB-related stigma within communities and promote government schemes about TB. 528 entries from 24 States/UTs in various Indian languages were received.



Engagement of LGBTQIA++ TB Champions

Of the TB Champions who participated in the capacity-building workshop for survivors from the LGBTQIA++ community, 28 Champions enrolled in the Mentorship Programme. Over a nine-month period, in a first-of-its-kind initiative, these TB Champions:

- Became peer supporters to people with TB in their communities
- Identified opportunities and undertook advocacy on behalf of their community
- Facilitated screening for TB among their local LGBTQIA++ communities
- Spoke about TB and their own personal experiences at various platforms including Badhai meetings

Throughout the programme, the TB Champions were mentored and supported to carry out their activities. The TB Champions also provided inputs into the design and development of IEC materials on TB for LGBTQIA++ communities.

The Impact:

Over nine months, 28 LGBTQIA++ TB Champions conducted 827 community meetings and sensitised 7500+ people on TB. They conducted 434 advocacy and sensitisation meetings with different stakeholders, provided person-centred care to 12 LGBTQIA++ persons with TB and facilitated 32 anti-stigma campaigns.

“Voices Unveiled: A Learning & Experience Sharing Workshop of LGBTQIA++ TB Champions”

To recognize the significant contributions of LGBTQIA++ community members who worked as TB Champions under the UTA project, REACH organised a national-level gathering in May 2024 for TB Champions to share their experiences, challenges, and successes. The event featured updates on their achievements through the Mentorship Programme, a vibrant fashion show, and a video showcasing their work. An IEC Toolkit for LGBTQIA++ members was launched by Dr. R.P. Joshi, Deputy Director General-TB, Central TB Division, marking a significant step in inclusive TB education.



TB Champions in the Community

In addition to providing person-centred care and support to people with TB, TB Champions played a vital role in boosting community awareness of TB. They were first trained on the nuances of conducting community meetings and on effective public speaking during the Capacity-Building workshops and Mentorship Planning meetings.

Through community meetings, TB Champions provided crucial information about the disease and treatment options, empowering people with TB to seek timely care. But their impact went beyond knowledge. They worked on reducing stigma and discrimination surrounding TB, advocating for an end to the silence on the disease.

TB Champions spearheaded a massive awareness campaign, organising community gatherings in the villages, urban slums and other congregation points. **Through their tireless efforts, they sensitised over 5,00,000 community members about TB, empowering them to take action against the disease.**

TB Champions also reached out to elected representatives including Ministers, MLAs, Chairpersons of Municipal Corporations, PRI members, Ward Members/Gram Panchayat Pradhan in their respective area/regions, and encouraged them to sign a letter of commitment, pledging their time or resources to support TB elimination efforts. **More than 3200 letters of commitment on investing in TB were signed by PRI members in the project states. Nearly 800 engaged TB Champions reached out to more than 24,000 PRI/ward members through 2450 meetings and created TB awareness in the community.**



TB Champions have taken political and PRI commitments to end TB on World TB Day





TB Survivor-led Networks

Central to the UTA project was facilitating the formation of TB survivor-led networks in all project states, and district chapters in project districts. Since 2017, REACH has supported the TB survivors and Champions to come together to form survivor-led networks in several states. Networks act as collectives that are led by TB-affected communities and advocate on their behalf.

Through regular meetings at the state and district-level, the UTA project helped networks to establish and strengthen their governance mechanisms, their relationships with the health system and various other stakeholders, and their outreach to communities. This included support in the finalisation of bye-laws, formation of governing bodies and

election of officer bearers. Networks also played a significant role in facilitating nutrition support for people with TB, by identifying Nikshay Mitras.

In February 2024, UTA organised a national-level consultative meeting of survivor-led networks, bringing together network leaders from 15 states to foster collaboration, share experiences and collectively contribute to shaping a person-centred approach to TB elimination in India. Dr. Nishant Kumar, JD Public Health had a detailed interaction with network leaders. Each network presented their activities, challenges, solutions, and best practices. Each network also showcased their innovative work and the work with communities to sustain and amplify community engagement.



State	Survivor-led Network
Delhi	Delhi Tuberculosis Elimination Network of TB Survivors (DTEN)
Bihar	TB Mukt Vahini
Rajasthan	TB Mukt Mahro Rajasthan
Gujarat	TB Survivors Association
Madhya Pradesh	Helping Hands Network for Survivors Society
Haryana	Support TB Survivors Network Haryana
Punjab	Network of TB Survivors
Uttar Pradesh	TB Elimination Foundation
West Bengal	Mallikkati Nikshay Manab Kalyan Samiti (TB-Mukta Bangla)
Uttarakhand	Uttarakhand TB Mukt Network Sanstha
Himachal Pradesh	TB mukut him bhumi

The Impact:

Over the project period, nine new survivor-led networks were formed, in addition to the two that already existed (Bihar

and Uttar Pradesh). 79 district chapters were formed. Across all networks, there are an estimated 2000+ TB survivors as members, and 10 networks are formally registered as independent organisations.

Raising TB Awareness through a Friendly Cricket Match

In a unique initiative, Bihar's TB survivor network, TB Mukt Vahini (TMV), organised a friendly cricket match between TB Champions and the State Health Department. The aim was to motivate the Champions and raise awareness about TB, particularly in reducing stigma and discrimination. The match, held on June 10, 2023, at URJA stadium Patna, was inaugurated by Mr. Pratya Amrit (IAS), Additional Chief Secretary cum Principal Secretary, Health, Government of Bihar. The match saw participation from about 300 TB Champions from various districts cheering on their team. They used banners, paintings, slogans, and peer support stories to educate spectators about TB and the importance of fighting stigma. The event was attended by officials from the State Health Society Bihar, State NTEP-STSU team, and other dignitaries, highlighting their commitment to collaboration with communities in the fight against TB.



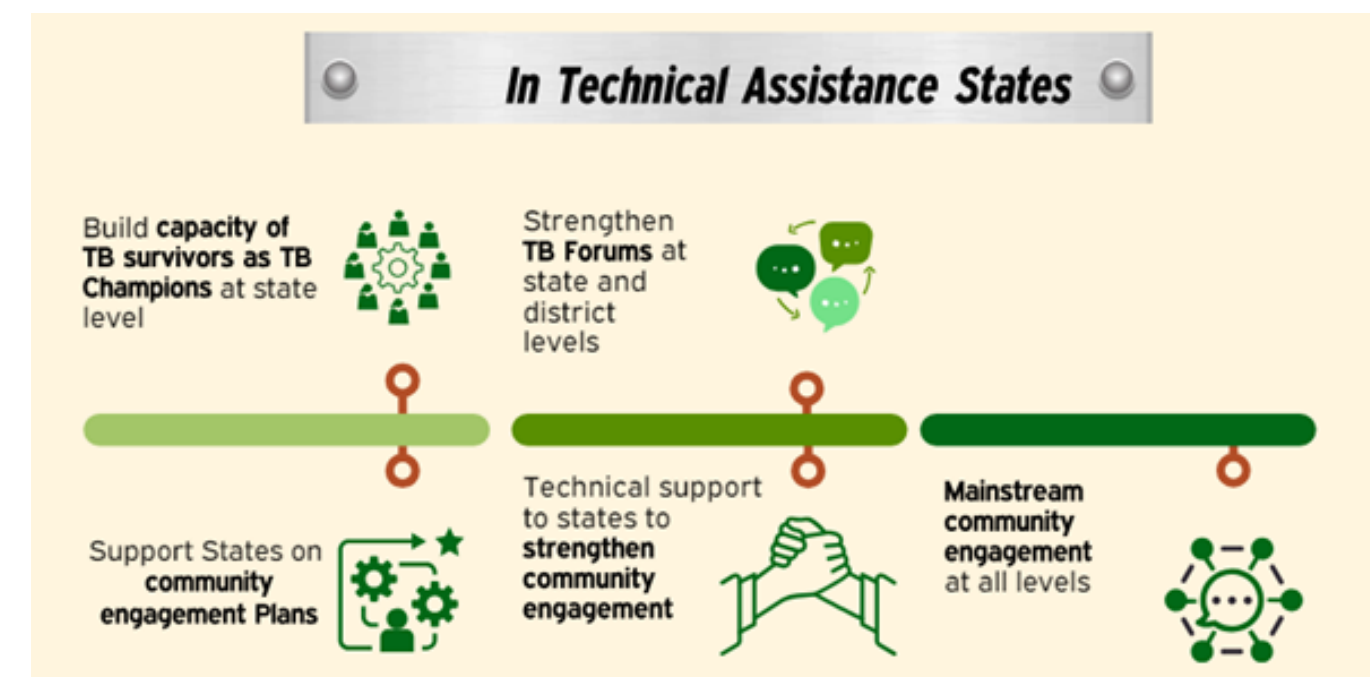
Why Survivor-led networks are important

- Networks can effectively advocate with various stakeholders for interventions/services that benefit people with TB. The interventions can be related to regular supply of medicines, diagnostic tests or services such as counselling for both people with DS and DRTB.
- Individual advocacy by trained TB Champions at different levels is important, but networks are likely to be more effective in calling attention to critical gaps or issues related to TB.
- Networks can provide real-time feedback to the NTEP regarding the availability of care and services at facility level and the community.
- Networks can nominate members to State and District TB forums to ensure the concerns of people with TB are effectively communicated to the NTEP and administrative machinery.
- Networks can mobilise resources to support people with TB who are in need of help to meet their medical / hospitalisation expenses or to ensure those who are malnourished receive adequate nutritional support.
- Networks can act as a source of knowledge on the availability of tests, social security schemes or treatment regimen and pass on this information to the community at large.
- Networks can also organise events to increase awareness about TB, mitigate stigma against TB and address misconceptions prevailing in the community.

Technical Assistance

A key mandate of the UTA project was providing technical assistance to an

additional 14 states and union territories, with the objective of building capacity within the NTEP to effectively scale-up engagement of communities.



As a first step, a meeting was organised in collaboration with the Central TB Division on December 20 2021 to introduce the Unite to ACT project to the STOs of Technical states and UTs. Speaking at the meeting, Dr. Nishant Kumar (Joint Director, Public Health, MoHFW) urged all the states to

extend support to the project and to take advantage of this opportunity to scale up community engagement, including training and engagement of TB champions. He explained that through the project, REACH would help states plan community engagement activities for the PIP.

Steps to support Technical Assistance State and Union Territories

Introductory meetings with STOs, with the active involvement of designated nodal officers for community engagement.

Detailed analysis of existing budgetary allocations for community engagement.

Advocacy for increasing or better utilising the available budget for community engagement activities.

Support to organise the first state-level capacity-building workshops, with an emphasis on the need to have trained TB Champions in every block and TU, and eventually at the HWC.

Technical support with outline of activities for three key aspects:

- Training of TB Champions
- Engagement of TB Champions
- TB Forum meetings - State and District

States given a menu of options as proposed in PIP guidance document of NTEP.

Technical support given to train TB Champions.

Communication materials developed in locally relevant languages and shared for printing by the state.



The activities outlined above were achieved through multiple discussions with the state NTEP teams, both in-person and virtually. Initial technical assistance to states focussed on providing support to conduct capacity-building of TB survivors. Simultaneously advocacy to uptake convergence of TB Champions and CHOs activities was undertaken. Another key activity was orientation/sensitisation of Medical officers and NTEP staff on identification of potential TB Champions and areas of engagement.

The Impact:

State-specific Community Engagement plans were developed and NTEP officials oriented in all states and Union Territories. Technical assistance was also provided to implementation states such as Himachal Pradesh, Uttarakhand, West Bengal, Rajasthan on Strategic Planning to engage TB Champions at the state level.

Support to TA states on capacity-building of TB survivors

Unite To ACT conducted capacity building in TA states in addition to all implementation states and districts. In states/UTs of Maharashtra, Himachal Pradesh (before it became an implementation state), Goa, Andaman and Nicobar Islands and Chandigarh capacity building workshop were conducted in which REACH provided technical assistance and states conducted it under the budgetary allocation of their PIP.

Comprehensive Health Systems Strengthening on Community Engagement in Andaman and Nicobar Islands

Under the leadership of the STO of Andaman and Nicobar, the UTA project facilitates a series of in-person sensitisation meetings for Community Health Officers and NTEP officials as well as capacity building of TB survivors in June 2023. CHOs were sensitised on the role of TB Champions and CHO convergence in community engagement. A detailed sensitisation of NTEP staff was done on various components of community engagement including identification of TB Champions, engagement of TB Champions, and role of TB Champions in TB Forums. Capacity Building of TB Survivors was conducted based on the modular curriculum 'From TB Survivors to TB Champions' in both the districts.

Table: Stakeholder-wise Number of Health System Staff Sensitized (Period)

Districts	Community Health officers sensitised	Medical Officer/ District Programme Coordinator/ TBHV sensitised	Capacity Building workshop for TB Champions
South Andaman	25	15	7
North Andaman	14	9	5
Total	39	24	12

Investing in engaging TB Champions

- Engaging 2 TB Champions for Community Engagement activities at each TU to Eliminate TB in West Bengal
- Engaging TB Champions as Ni-kshay Coordinator in Uttarakhand
- Incentivising TB Champions to be Treatment Supporters. Bihar and Punjab have issued directives to districts to engage and incentivise TB Champions
- Haryana has budgeted for activity-based incentives dedicated for TB Champions
- Several states have also budgeted for participation in TB Forums.

Strengthening community engagement within NTEP

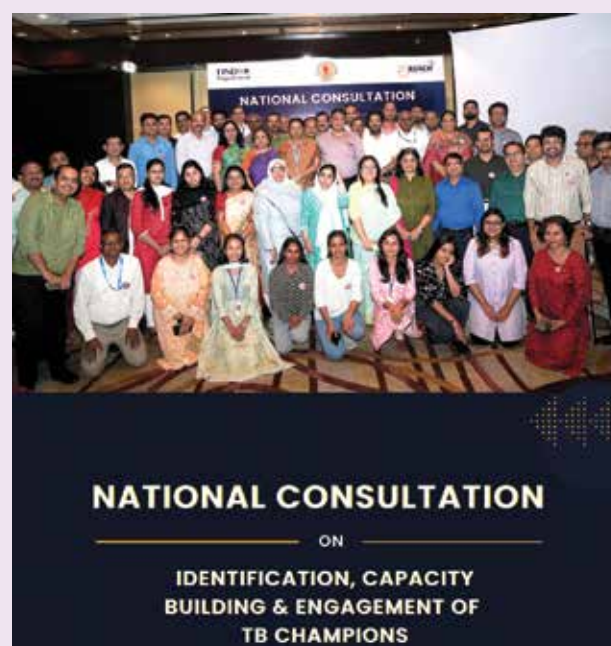
Development of Modules

Through the UTA Project, REACH developed three guidance documents in keeping with the vision of community engagement under the NTEP. The documents were developed with an aim to augment and provide support to NTEP to expand, strengthen and sustain the engagement of TB survivors as Champions. The documents were developed in close collaboration with the Central TB Division (CTD) and included:

- A Handbook for Identification and Engagement of TB Champions
- From TB Survivors to TB Champions: A Training Curriculum - A Facilitators' Manual (updated version from 2019). Detailed presentations and training materials were developed for each module, to support facilitators.
- Building Effective TB Forums and Strengthening Community Engagement under NTEP

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

In August 2023, a national consultative meeting was held with representatives from 16 states, as well as WHO Consultants and development partners including FIND, The Union, Piramal Swasthya and the others. All three draft documents were shared with participants at the meeting, and their feedback obtained. This was subsequently incorporated into the documents, and the revised versions shared with Central TB Division.



Strengthening the functioning of TB Forums

A crucial mandate for the UTA Project was strengthening the functioning of TB Forums, as mandated in the NTEP. A comprehensive multimedia toolkit on TB Forums, outlining the vision of TB Forums and the elements of a good TB Forum meeting was developed, with guidance from the Central TB Division.

'Building Effective TB Forums and Strengthening Community Engagement under NTEP' focused on equipping various nominated stakeholders of TB Forums to understand the vision for a TB Forum and the processes involved in strengthening the TB Forums. The objective of the TB Forum toolkit was to enable the trainer to empower the

nominated stakeholders to strengthen the TB Forum which is envisioned to be a sustainable community engagement structure. The tool kit included a Facilitators' Manual for trainers which describes how to train TB Forum members, an infographic notes on the role of stakeholders, a companion film, and a workbook for TB Forum members. The Toolkit was formally released in February 2024 by Dr Rajendra P Joshi, DDG-TB and Dr Nishant Kumar, Joint Director, Public Health.

As the next step, a Virtual Training session was conducted by the Central TB Division in March 2024, to orient State IEC/ACSM officers, DTOs, other officials and Development partners on the usage of TB Forum toolkit.



Capacity building of TB Champions who were forum members

- Forums were platforms to advocate and give feedback to the programme and the district administration.
- TB Champions played an important role in giving real time feedback on TB services in their geographies. TB Champions had identified potential bottlenecks in access to services by communities, highlighting challenges faced by affected communities on nutritional support or linkages with social welfare schemes of People with TB.
- TB Champions amplified their engagement at these forum meetings by sharing their personal experiences as well as those of people they support, in order to institutionalise accountability at all levels.
- Some basic issues that prevent access to TB care services such as lack of transportation, lack of medical officers or sparse health facilities which were outside the purview of NTEP may also be brought to the attention of the forum members.
- TB Champions who were forum members should have convened with other TB survivors of the district chapter of survivor-led networks before the forum meeting and make an exhaustive list of issues from various TUs.

Nomination and Participation of TB Champions at National TB Forum

The National TB Forum was re-constituted under the chairpersonship of the Secretary Health and Family Welfare, GoI. The National TB forum Meeting was held on December 21, 2022 virtually and TB Champions from Delhi, Haryana and Uttarakhand were nominated as community representatives. TB Champions highlighted various issues of people with TB in the community as well as their role in providing person centered care to people with TB.

Facilitating partnerships between TB Champions and Community Health Officers

With the vision to amplify and sustain community engagement at the community level, TB Champions worked in close coordination with Community Health Officers (CHOs) at Health & Wellness Centers in their respective geographies. CHOs were sensitised to support the TB Champions to identify community-level gaps and organise community meetings. CHOs and TB Champions were mentored for joint monthly review meetings to share updates and plan the next course of action. Unite To ACT developed comprehensive training materials to sensitise CHOs. Training and sensitisation programme of CHOs was conducted for improved community participation towards TB elimination.

In all, over 6000 CHOs were sensitised through the project.



A virtual sensitisation of all Community Health Officers in Daman, Diu, and Dadra Nagar Haveli on the convergence of CHO and TB Champions activities on engaging communities was conducted in April 2023. 68 CHOs were sensitised. STO DDNH addressed the CHOs and motivated them to ensure the involvement of TB survivors/TB Champions who contextualise their stories when engaged in community awareness meetings or ACF.

Coordination with Central TB Division for strengthening Community Engagement

Several meetings and interactions were held with the Central TB Division to take forward the community engagement activities to the last mile. Central TB Division has supported the uptake of various components of Unite To ACT to strengthen TB Champions participation and engagement. A virtual interaction meeting with TB Champions under the chairmanship of Dr Nishant, JD Public Health, Central TB Division was held in July 2022 with 33 TB Champions. The work of TB Champions and their diverse activities was much appreciated by the Central TB Division. This was also a cross learning exercise for TB champions from across different UTA states.

TB Tuesday is an innovative ACSM intervention by the Central TB Division to engage with State TB officials to share methodologies/ best practices/strategies on strengthening ACSM activities. Central TB Division directed REACH to conduct an orientation on “Effective Community Engagement through the use of IEC Tools and Techniques” in July 2022. Nearly 700 participants from all states and partner organisations participated in the event. The communication materials developed were shared with the Central TB Division for further dissemination.





3 Communication Materials



A unique activity under UTA was development of customised educational materials on TB, for use by TB Survivors/ Champions who worked with and among their communities. The materials were aligned with the modular curriculum on Capacity Building of TB Champions ('From TB Survivors to TB Champions - A Facilitators Manual'). UTA developed and disseminated communication aids and materials with two key objectives:

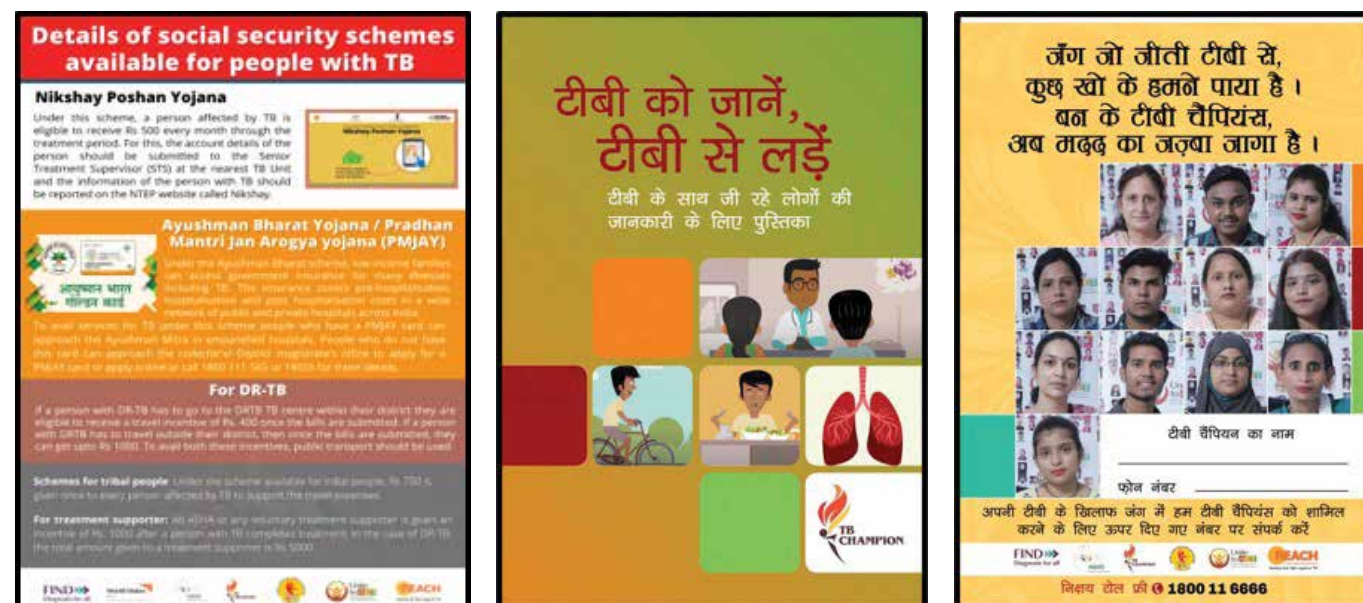
- for TB Champions to share with people with TB
- for TB Champions to use to educate their communities about TB

IEC tools were developed with inputs and

feedback from TB Champions/ TB affected communities. Feedback was obtained from the Central TB Division on IEC materials developed and these materials were subsequently made available in ten languages: Hindi, Bengali, Kashmiri, Punjabi, Gujarati, Tamil, Telugu, Kannada, Marathi, English. The Central TB Division shared all the materials with the states.

Community engagement tools gave confidence to TB Champions to provide person centered care and psychosocial support to people with TB. These tools equipped TB Survivors/Champions to reach out to communities with specific messages effectively.

Apart from the above IEC materials, a reference guide for TB Champions to understand the fundamentals to person-centered care services was developed. TB Champions used the guide while providing person-centered care to people with TB, and while carrying out advocacy, conducting community awareness meetings etc. Under C19RM, a TB-COVID Flipbook, previously developed by REACH with support from USAID, was shared with all TB Champions and used to generate discussion on TB care and prevention and COVID-19. In addition, through the project, several short films featuring TB Champions were developed.



4

Stigma Assessment

Stigma associated with TB is a known deterrent to the uptake and completion of services, with significant impact on people with TB, and TB outcomes. Several studies have shown that stigma remains a major barrier that hinders the progression of people with TB along the care cascade, effecting care-seeking behaviour, delaying diagnosis and preventing completion of treatment. Stigma also adversely impacts the mental health of people with TB.

TB Champions have played a major role in helping to mitigate the impact of stigma and discrimination on people with TB. In this context, as part of the UTA project, the first-ever pan-India stigma assessment survey

was carried out in 2021, using tools developed by the Stop TB Partnership, to establish a baseline for stigma associated with TB in India.

The baseline survey spanned 15 districts across five of the UTA implementation states. The survey employed a sequential explanatory mixed-method design, with 400 participants from each state, and a total sample size of 2000. The study population included all adult people with TB from the selected TUs in the districts, who were registered on Ni-kshay and had completed atleast four months of treatment. Those who had completed treatment more than one month prior to the survey were not included in the survey.

Bihar	Delhi	Haryana	Rajasthan	West Bengal
Muzaffarpur	Central Delhi	Hisar	Ajmer	Bardhaman
Saran	North East Delhi	Karnal	Baran	Birbhum
Sitamarhi	Shahdara	Panipat	Karauli	Malda



PwTB who participated in the study - N=2054

PwTB who experienced self-stigma 1991 (97%)

PwTB who reported that self-stigma inhibited them from seeking and accessing care 409 (20.5%)

Key findings from the baseline stigma assessment:

High self-stigma was higher in West Bengal (**28.4%**), Delhi (**23.6%**), and Rajasthan (**19%**) compared to Bihar (**6.1%**) and Haryana (**4.2%**)

Of this, **16%** reported high self-stigma

Self-stigma was high and reported by **97%** of respondents

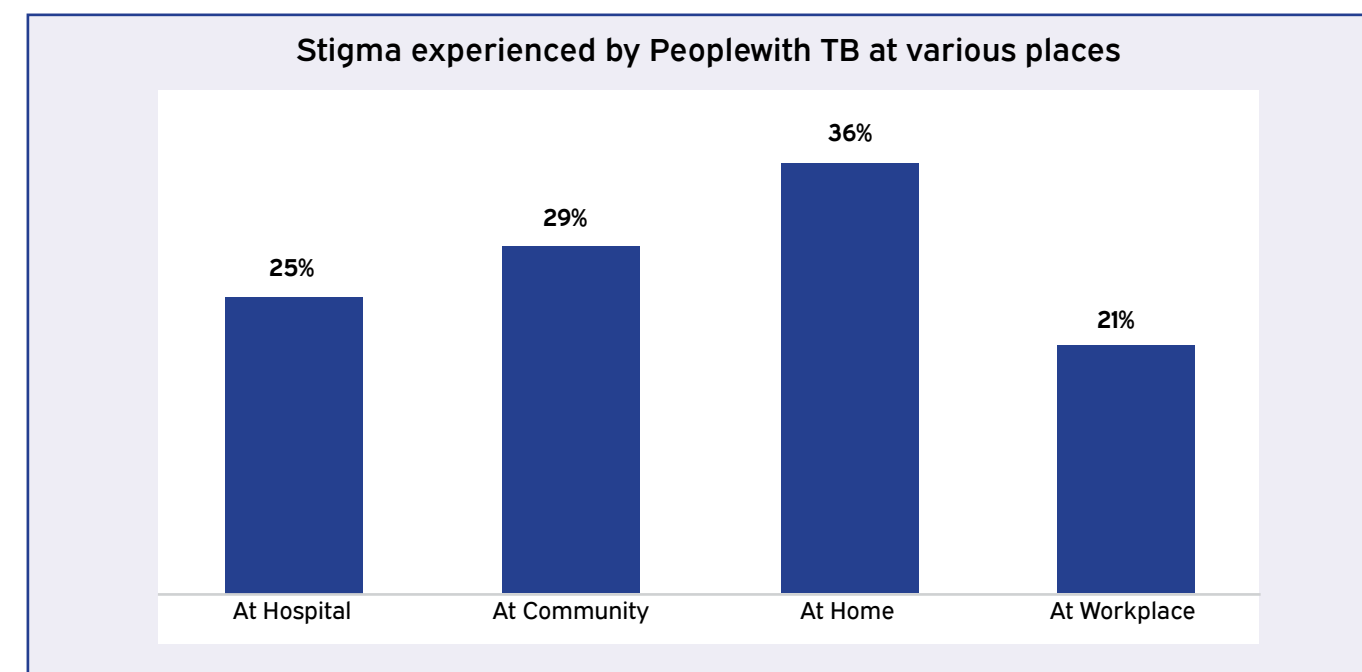
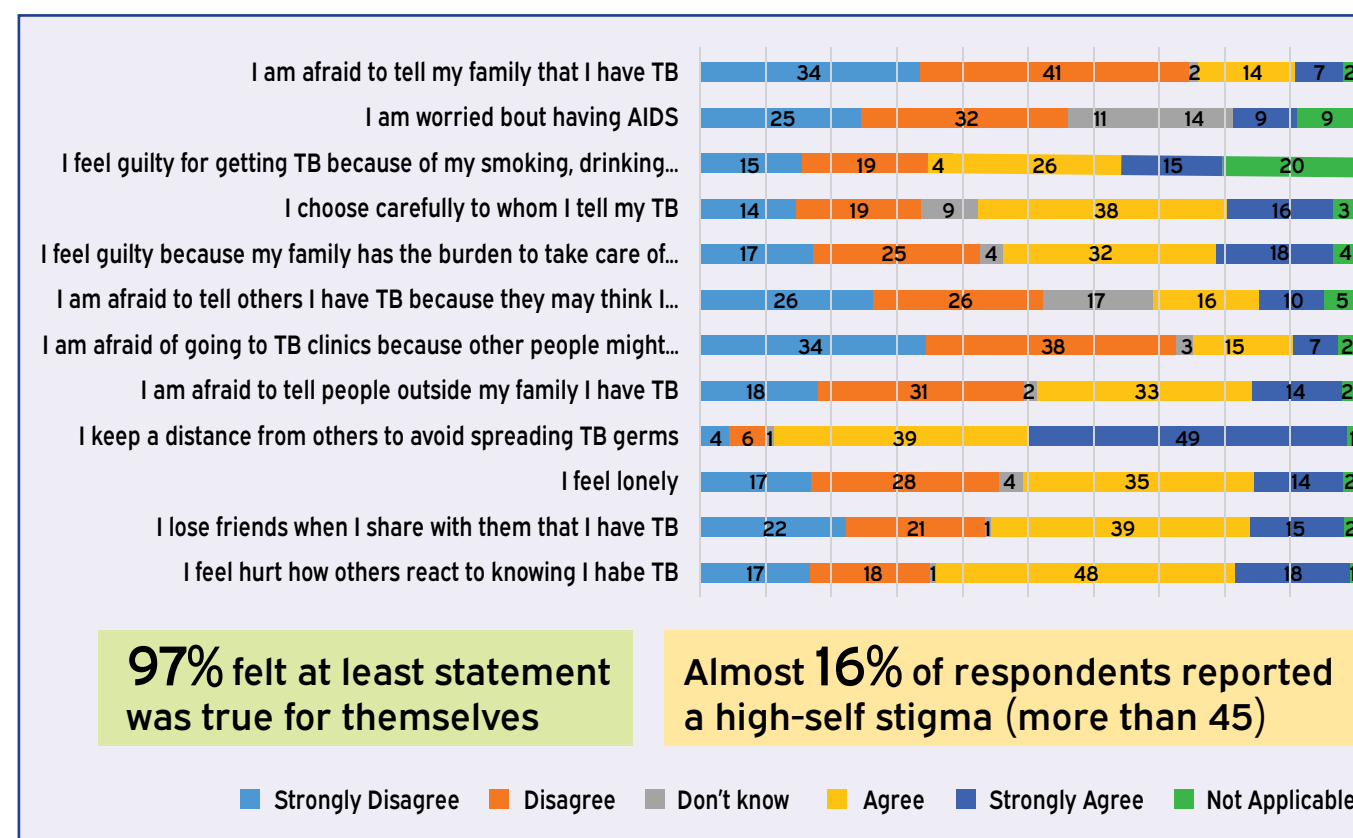
20.5% reported that self-stigma inhibited them from seeking and accessing care

More than half of the respondents (**59%**) said they felt stigmatised due to their TB status

31.5% of people reported experiencing stigma at hospitals that inhibited them from seeking treatment, **42.5%** at community settings, **35.3%** within families and **29%** at the workplace

88% reported distancing themselves from others

50% expressed feelings of guilt about being taken care of by their family



Following the completion of project activities in March 2024, an endline stigma assessment survey was conducted in the same geographic areas and data analysis is underway, as of May

2024. The endline findings will be compared with the baseline results to understand the project's impact on the extent of TB-related stigma.

5 Project Result

2,110
TB Survivors trained

998 TB Champions engaged across all interventions (Mentorship Programme, Support Hub, RRT)

410
Support Hubs established



44
LGBTQIA++ TB Survivors trained as Champions

157
Rapid Response Teams formed



28
LGBTQIA++ TB Champions engaged in the Mentorship Programme

4,04,044
People with TB who received support services through all interventions (Male/Female/LGBTQIA++)



90,639
People with TB who received support services through the Mentorship Programme

1,48,750
People with TB who received support services through Support Hubs

1,64,655
People with TB who received support services through the RRTs



11 TB-Survivor-led Networks formed/ supported

79 District chapters formed of TB Survivors Led Networks

19356 Communication Skilling products developed

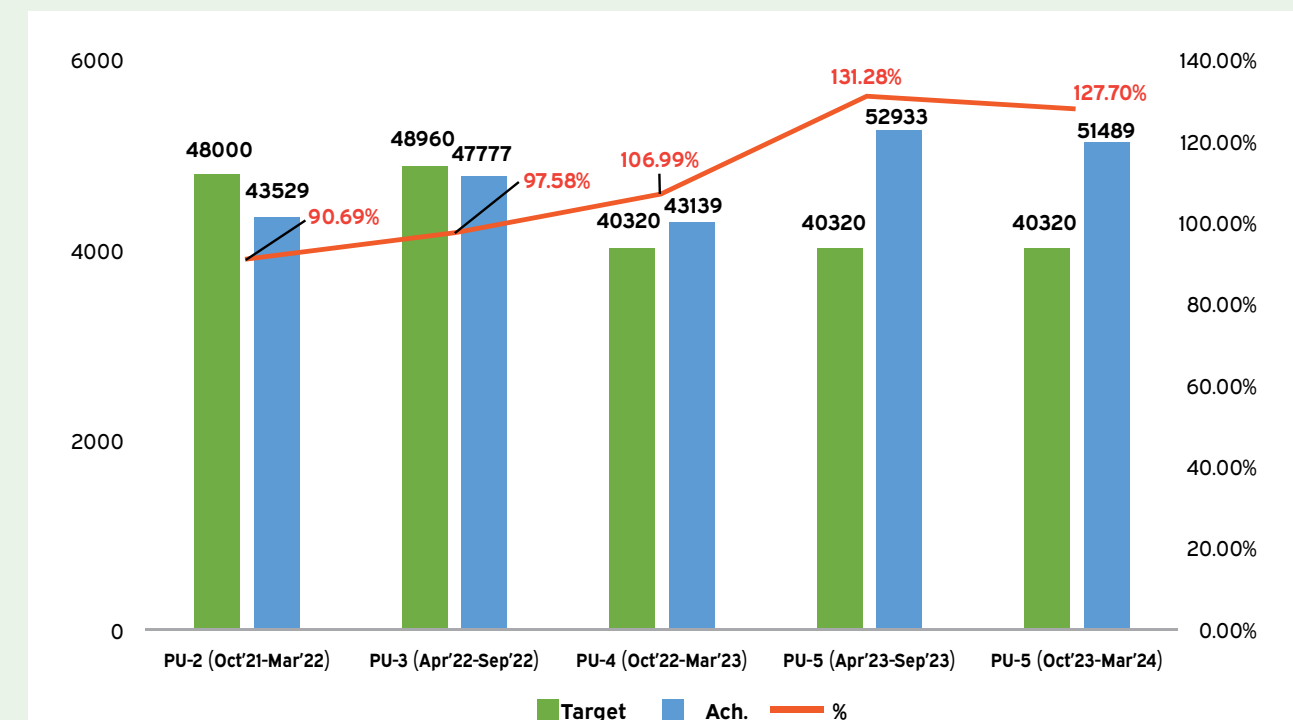


6143 Community Health Officers trained

137 Master trainers trained on Community Engagement

Table: State-wise number of Aspirational and Non-Aspirational districts where the Unite to Act Project was Implemented (n=82)

State	Non-Aspirational districts Covered	Aspirational districts covered	Total districts Covered
Bihar	3 (Darbhanga, Patna, Saran)	4 (Gaya, Muzaffarpur, Sitamarhi, Purnea)	7
Delhi	5 (Central Delhi, Shahdara, West Delhi, South Dehi, North East Delhi)	0	5
Gujarat	7 (Anand, Kheda, Mahesana, Panchmahal, Banaskantha, Surat, Ahmedabad)	2 (Dahod, Narmada)	9
Haryana	4 (Hisar, Gurgaon, Panipat, Karnal)	1 (Mewat)	5
Himachal Pradesh	2 (Shimla , Kangra)	0	2
Madhya Pradesh	4 (Morena, Sagar, Gwalior, Jabalpur)	8 (Barwwani, Chhattarpur, Damoh, Khandwa, Rajgarh, Singrauli, Vidisha)	12
Punjab	3 (Ludhiana, Patiala, Jalandhar)	2 (Ferozepur, Moga)	5
Rajasthan	4 (Ajmer, Kota, Jaipur, Bhilwara)	5 (Baran, Dholpur, Jaisalmer, Karauli, Sirohi)	9
Uttar Pradesh	7 (Agra, Gorakhpur, Lucknow, Prayagraj, Varanasi, Bareilly, Kanpur)	8 (Bahraich, Balrampur, Chandauli, Chirakoot, Fatehpur, Shravasti, Siddharthnagar, Sonbhadra)	15
Uttarakhand	3 (Dehradun, Nainital, Pauri Gharwal)	2 (Haridwar, Udham Singh Nagar)	5
West Bengal	8 (Purba Bardhaman, Murshidabad, Hugli, Birbhum, North 24 Pargana, South 24 Parganas, Malda, Purulia)	0	8
Total	50	32	82

Graph: Quarter-wise target achievement status on number of People with DS TB who received person-centered care and support services from TB Champions**Table: Stigma assessment**

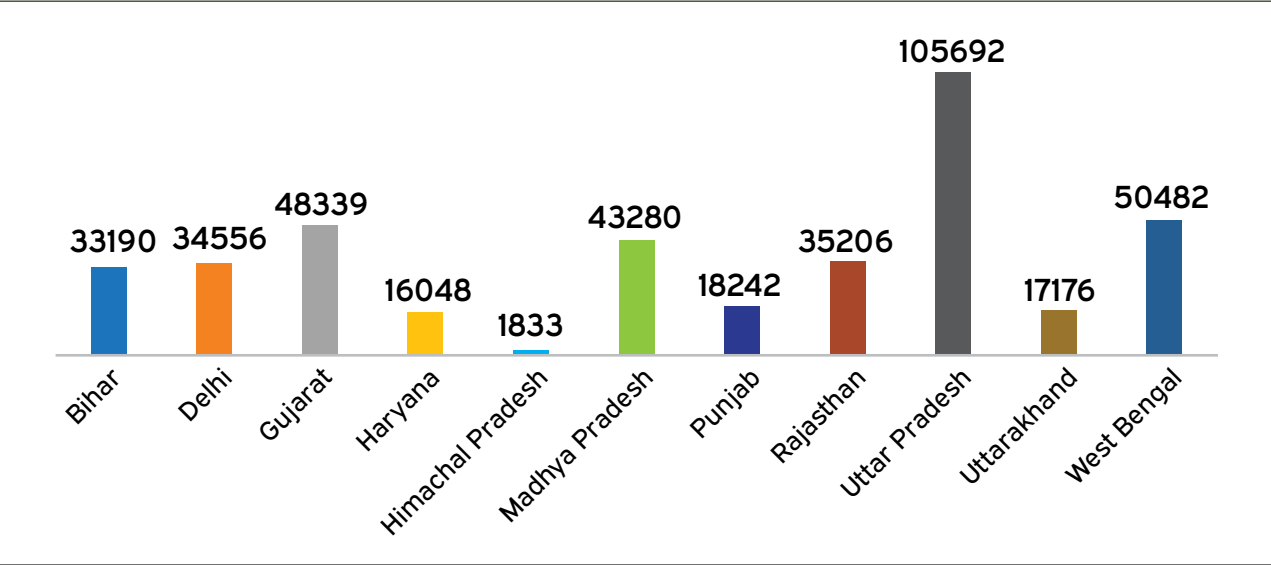
Indicator	Period	Target	Baseline (%)	Endline (%)
% of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services	PU-1 to PU-6 (Apr 21-Mar 24)	Reduction of self stigma 30% from baseline	20.5	Study is ongoing

Table: State-wise number of TB Champions trained and engaged in the Mentorship Programme, TB Support Hubs, Rapid Response Teams (RRT) and Communications Skilling interventions

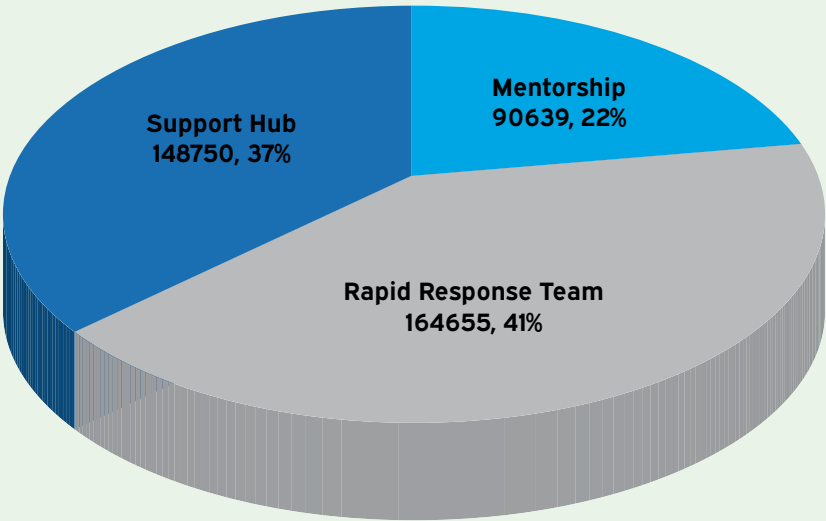
	Mentorship Programme		Support Hub		RRT		Communications Skilling	
State	Trained	Engaged	Trained	Engaged	Trained	Engaged	Trained	Engaged
Bihar	78	78	33	33	33	22	84	83
Delhi	68	68	29	29	26	18	60	52
Gujarat	104	108	45	45	46	46	96	96
Haryana	60	60	22	22	7	7	49	49
Madhya Pradesh	144	144	60	60	20	20	132	122

	Mentorship Programme		Support Hub		RRT		Communications Skilling	
Punjab	60	60	24	24	8	8	51	51
Rajasthan	108	108	45	45	27	27	101	94
Uttar Pradesh	180	180	79	79	68	68	169	169
Uttarakhand	52	52	23	23	5	5	47	43
West Bengal	96	96	40	40	45	45	91	90
Himachal Pradesh	10	8	10	10	N/A	N/A	N/A	N/A
Total	960	958	410	410	285	266	880	840

Graph: State-wise number of People with TB, who received Person-centred Care Services through TB Champions (n=404044)



Graph: Intervention-wise number of people with TB who received Person-centred Care from TB Champions (n=404044)



Graph: Genderwise distribution of People with TB, who received Person-centred Care Services through TB Champions

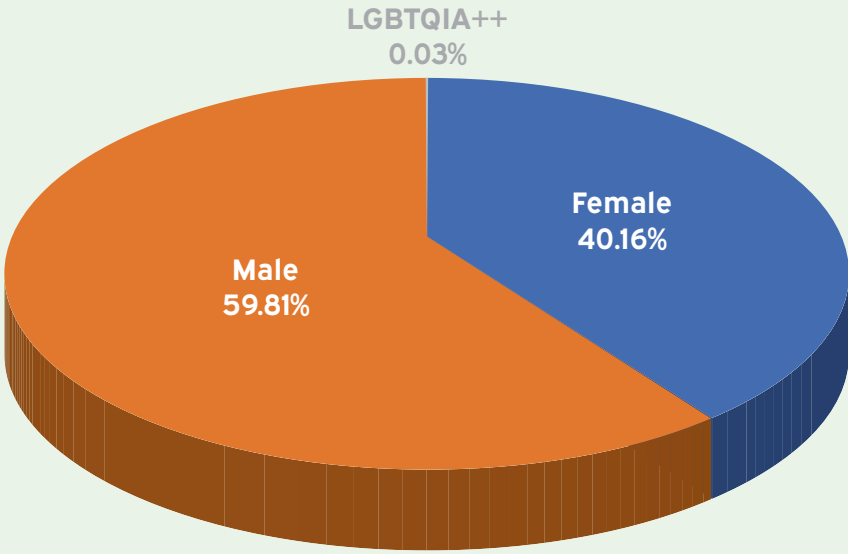


Table: State-wise number of people with TB benefitted through the various services provided by TB Champions (n=404044)

States	Total people with TB who received services	Treatment Literacy provided	Vulnerability Assessment done	Gender Responsive Peer Counselling provided	Gender Responsive Family Counselling provided	Contact Screening facilitated
Bihar	33190	33173	33120	27768	29448	28534
Delhi	34556	34289	32830	28533	29507	19681
Gujarat	48339	48068	47795	36702	36148	33333
Haryana	16048	15924	15485	14342	15221	12199
Himachal Pradesh	1833	1832	1768	1809	1817	1170
Madhya Pradesh	43280	43127	42419	30948	28551	31910
Punjab	18242	18054	17427	11810	12712	10981
Rajasthan	35206	35063	34522	30231	30401	27710
Uttar Pradesh	105692	105455	105041	86979	87378	79551
Uttarakhand	17176	17157	17135	15771	15060	12859
West Bengal	50482	50385	50060	43762	43188	35836
Grand Total	404044	402527	397602	328655	329431	293764

Impact on Treatment Outcome

All the support provided by TB Champions was designed to ensure that their efforts resulted in a better overall experience for people with TB, and positively impacted their treatment outcomes.

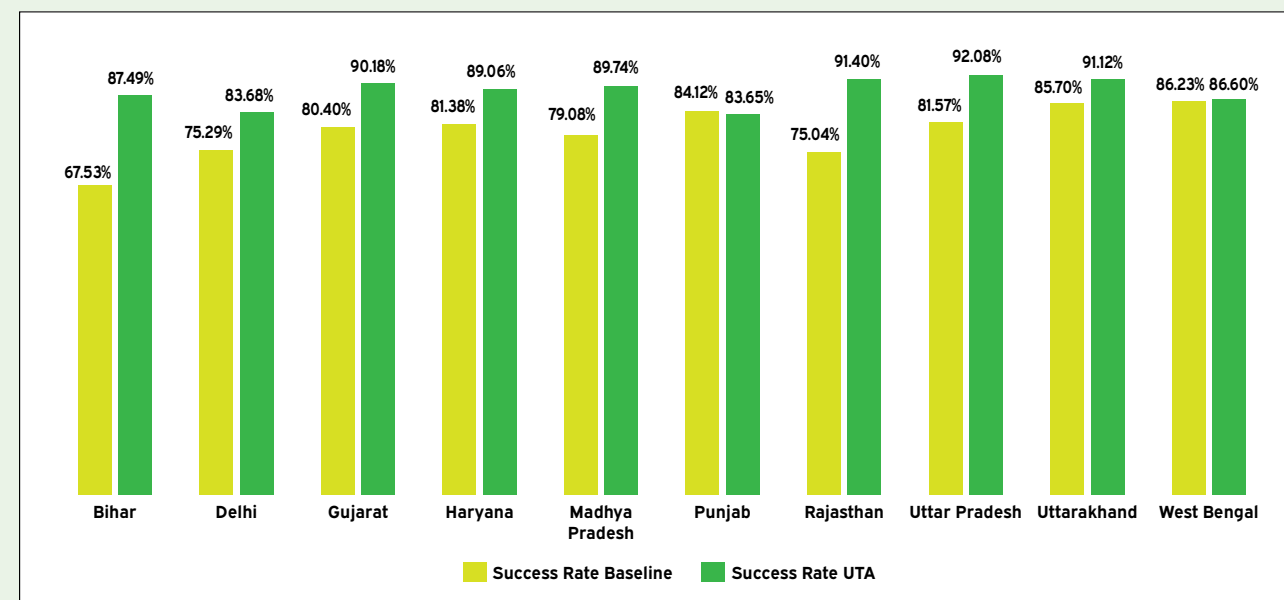
In the Mentorship programme and TB Support Hub upto Quarter 7 (Dec, 2022), TB Champions

engaged under Unite To ACT reached out to 111812 people with TB, providing person-centric services. As per data on Ni-kshay, treatment outcomes were declared for 108145 individuals, representing 96.72%of the total reached. Of these, 39445 (35.28%) were cured, and 60203 (53.84%) completed their treatment, establishing 89.12 % success rate. Among the remaining

cases, 3274 (2.93%) died, 2281 (2.04%) were lost to follow-up, 746 (0.67%) were not evaluated, two were transferred out, 703 (0.63%) experienced treatment failure, and the treatment regimen

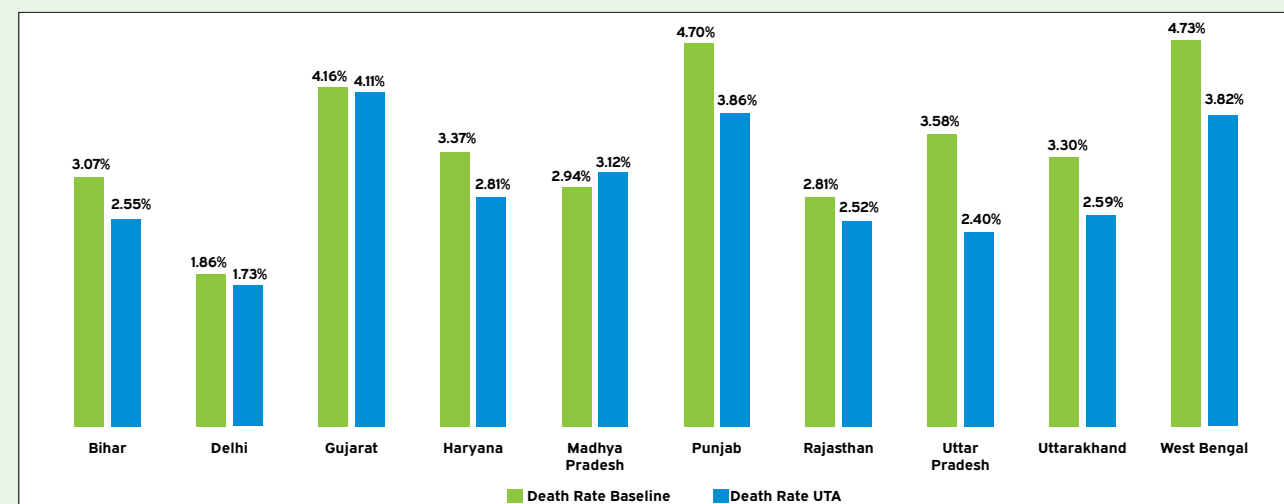
was changed for 1491 (1.33%) people. The treatment outcomes for 3666 individuals were not declared as yet.

Graph: Treatment success rate comparison baseline (2019) vs endline till January 2022-December 2022)



*The baseline data was calculated specific to the project districts, and is not for the entire state. Similarly, the UTA data was calculated for the cohort of people with TB who received support through the project, and is not for the entire state.

Death rate comparison baseline (2019) vs endline till January 2022-December 2022



6

Stories From the Field

Breaking stigma

Rekha Devi, a resident of Jaygir village in Gaya district, endured a challenging journey when diagnosed with TB. Her persistent coughing led to a positive TB diagnosis after a sputum examination. The situation worsened as her in-laws subjected her to mental and physical torture, making her journey to recovery even more daunting. Amidst this turmoil, TB Champion Rashmi Ranjan stepped in as a beacon of hope. Despite facing resistance from Rekha's in-laws, she persisted with her efforts to educate and reason with them.

When these attempts proved unsuccessful, the TB Champion reached out to Rekha's maternal family, successfully convincing them to provide her with the support and care she needed. Now residing with her maternal family, Rekha's health has witnessed a remarkable improvement. She diligently adheres to her six-month treatment regimen, empowered by the support and understanding she has found in her new environment. The TB Champion's unwavering commitment to breaking the chains of stigma has not only saved Rekha's Life but also shown the path to recovery for others facing similar challenges.

The inspiring story of Cycle-Man

Kamlesh, a TB champion hailing from Bihar, pedals across various neighbourhoods of Dehradun to engage with migrant workers and labourers. His mission is twofold: raising awareness about TB within these communities and offering support to those undergoing treatment, focusing on adherence and nutrition.

His battle with TB traces back to 2012 when symptoms surfaced, but a lack of proper guidance led him to discontinue treatment within three months. This pattern repeated in 2014. It wasn't until 2016, after his mother's demise, that Kamlesh sought intensive care



at Jolly Grant Hospital in Dehradun. The journey was arduous, marked by severe reactions to medications and the struggle to procure drugs, often resorting to private hospitals due to shortages at public health facilities.

Even his own family didn't have his back throughout the treatment due to the stigma around TB. It took Kamlesh two years of pure grit to finally finish his treatment in 2019. The MDR-TB survivor attended the Unite To ACT Capacity Building Workshop in Dehradun, after which he enrolled in the TB Champions Mentorship Intervention. Motivated by his own experiences, Kamlesh has vowed to help migrant workers across Dehradun to ensure they stick to their treatment.

Recently, Kamlesh has connected eight labourers with a local NGO after conducting a vulnerability assessment, ensuring they receive crucial nutrition support.

Overcoming TB and Mental Health Challenges

Anindita Mahato's (name changed) fight against TB was far from straightforward. Diagnosed with pulmonary TB in a rural government hospital, her case was compounded by a pre-existing mental health condition, making it difficult for her to commit to treatment.

Despite claiming to take her medication regularly, she struggled with her mental state, leading to depression, anxiety, and ultimately, a lack of adherence. Initial counselling attempts by the Supervising Treatment Supervisor (STS) and TB Champion Irshad Ansari yielded no progress. Anindita repeatedly refused medication, citing disinterest and a lack of motivation.

Recognising the gravity of the situation, the TB Champion, with his deep understanding of the community, took a proactive approach. After failed attempts to reach her by phone, a personal visit revealed a crucial detail – she hadn't taken any medication.

Irshad realised the need to address the root cause – her mental health struggles. He patiently engaged in conversation, encouraging Anindita to open up about her struggles. Recognising the need for a wider support system, he took the help of villagers to offer emotional encouragement and assure the person with TB that they would be with her throughout the journey.

This multi-pronged approach proved successful. With consistent support from Irshad and the community, Anindita's mental state improved. Gradually, she began to accept and adhere to her TB treatment. The combined efforts of counseling, emotional support, and regular follow-up visits by the TB Champion empowered the person with TB to continue her treatment, offering hope for a complete recovery.

Fahad become a Champion by fighting one more round

Fahad Aarafat, A National hockey player, has become an inspiration for many as he fought with tuberculosis and emerged as a TB champion. He was diagnosed with DRTB and underwent a 9-month treatment Course. After being diagnosed with TB, Fahad had to put his hockey career on hold, but he didn't let that bring him down. Instead, he committed himself to his treatment and recovery, which included a nutritional diet and never missed dosages. He also used his platform as a sportsman to raise awareness about TB and to encourage others to seek treatment. After successfully battling the disease, Fahad decided to devote himself to helping others who are struggling with TB. He is now working with Mamta HMC under Unite To ACT project that provides support and resources to those who are affected by the disease, including access to treatment and community awareness programs. Recently he got an award on 18/03/2023 at the National Conference Fostering partnerships to end TB at Vadodara Gujarat conducted by Deepak Foundation and USAID.



Champions are recognized by everybody in the field. Fahad journey is a testament to the power of dedication, hard work, and a strong support system. We're honored to have played a part in this success story and will continue our work to help others facing similar health challenges.

"Even Small Acts of Kindness Can Change Lives"

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

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

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

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

7

Key Moments

Dr V K Paul, Member NITI Aayog interacting with TB Champions at India International Trade Fair 2022



Site Visit at Varanasi after March 24, 2023



Global Fund team visit to Delhi in January 2023



Participation of the Global Fund team in the TB Champion Conclave, held in Varanasi in March 2023



Global Fund team visit to Bihar in May 2023



Presentation of abstracts by REACH team at World Conference on Lung health in Paris in October 2023



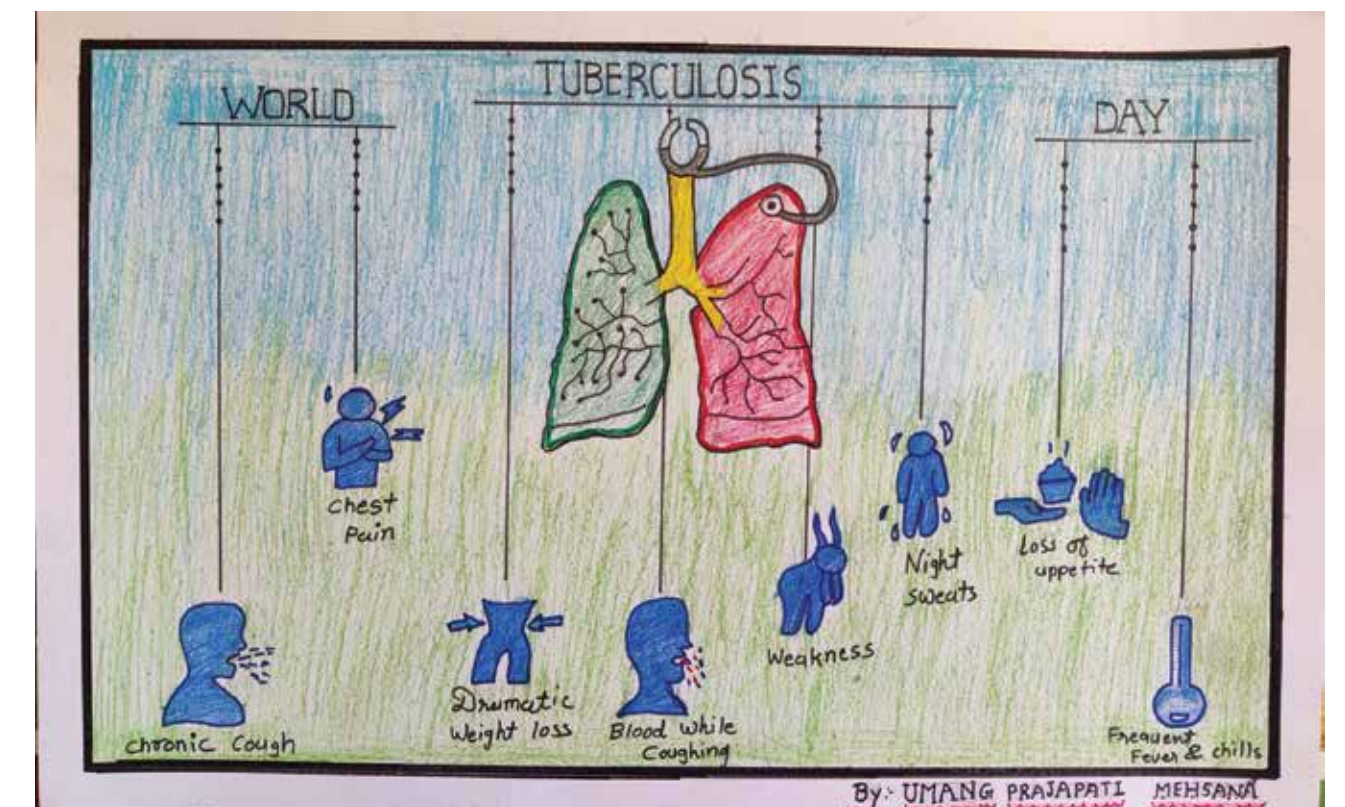
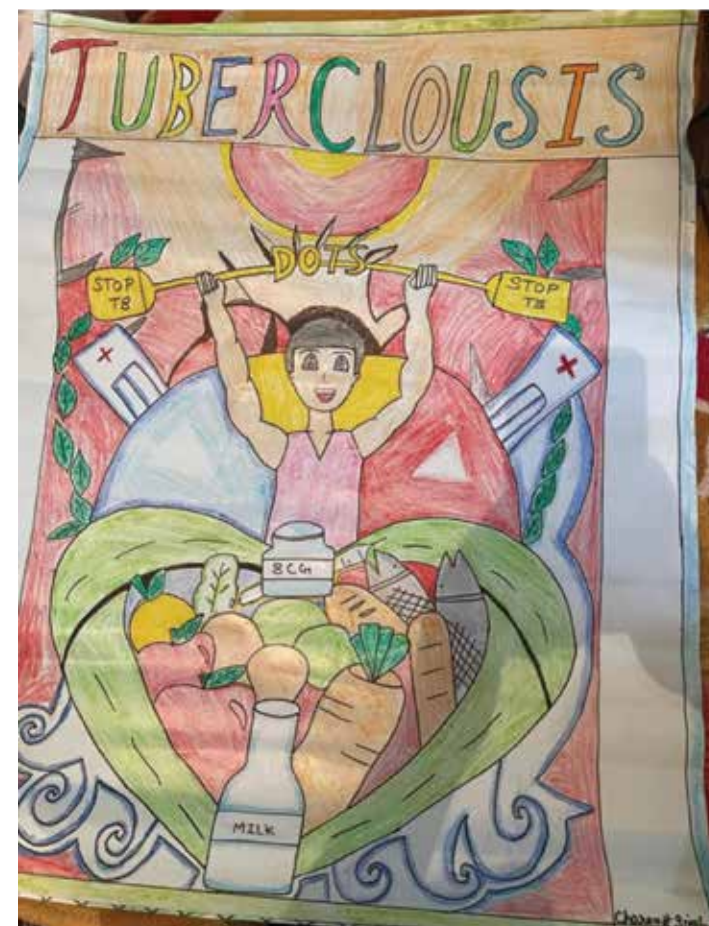
TB Champions felicitation and participation in various platforms



8

Communication Products Developed by TB Champions

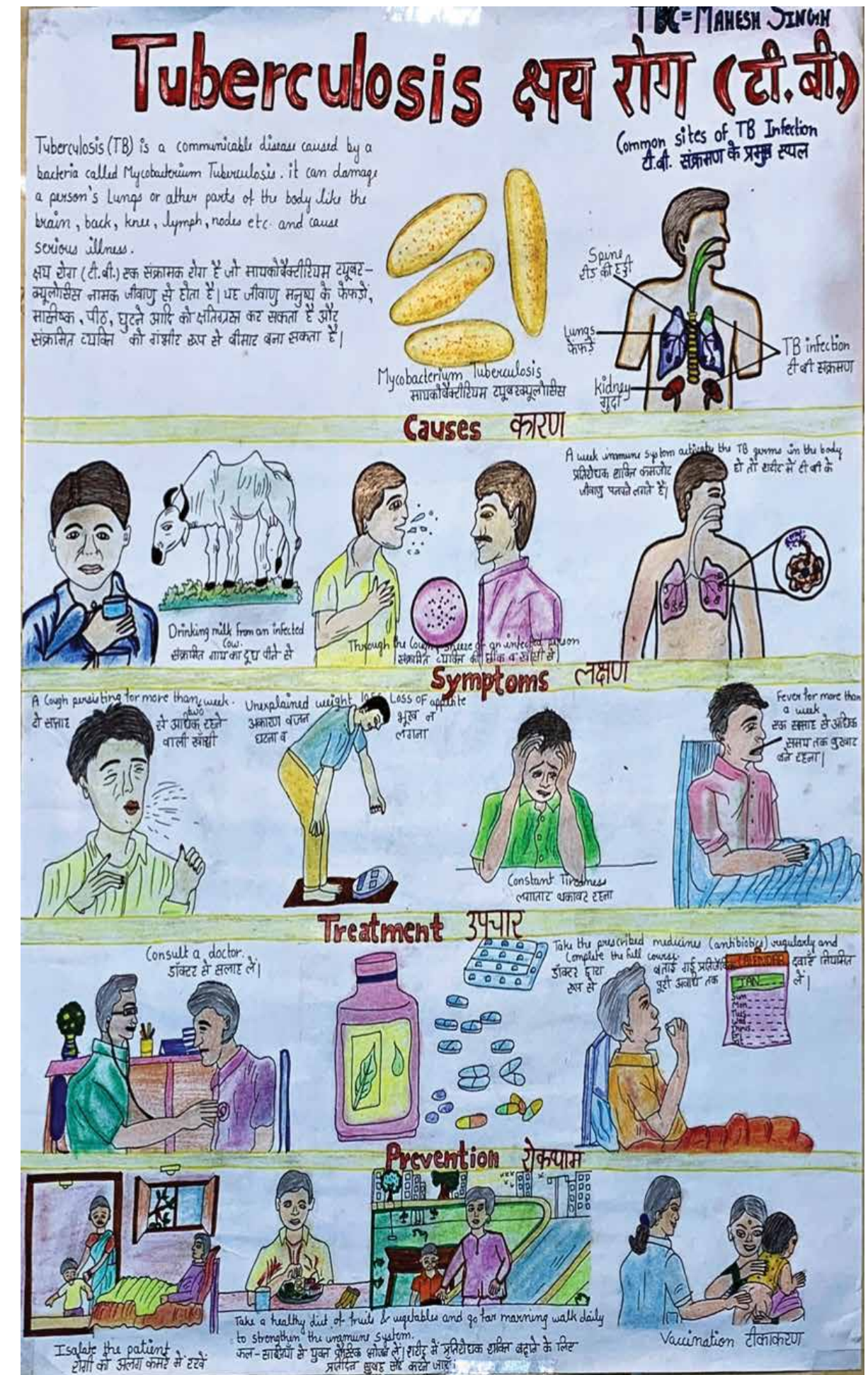
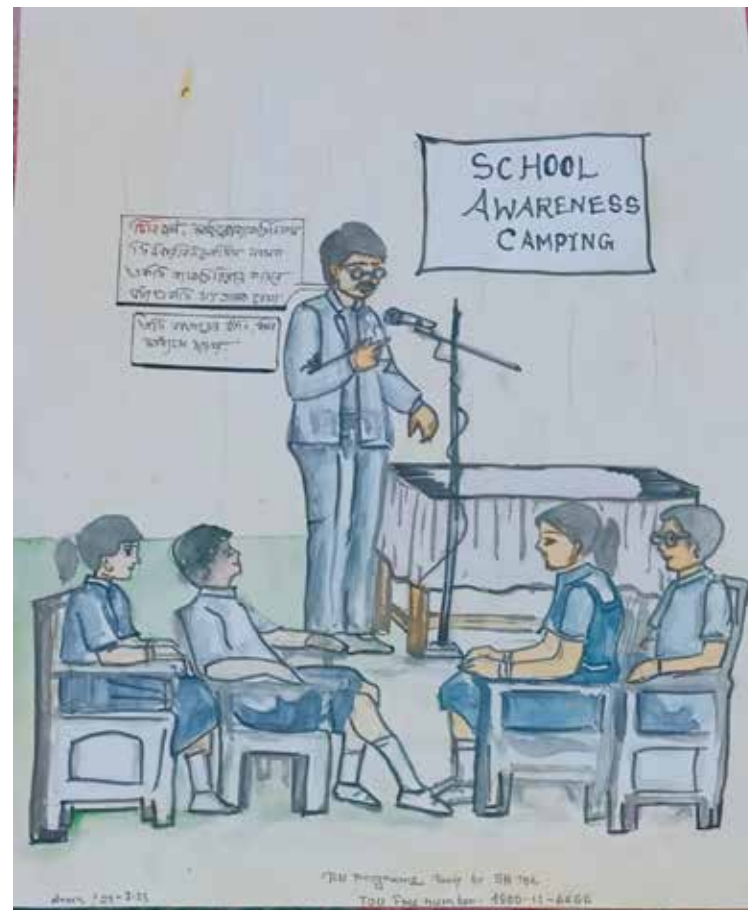






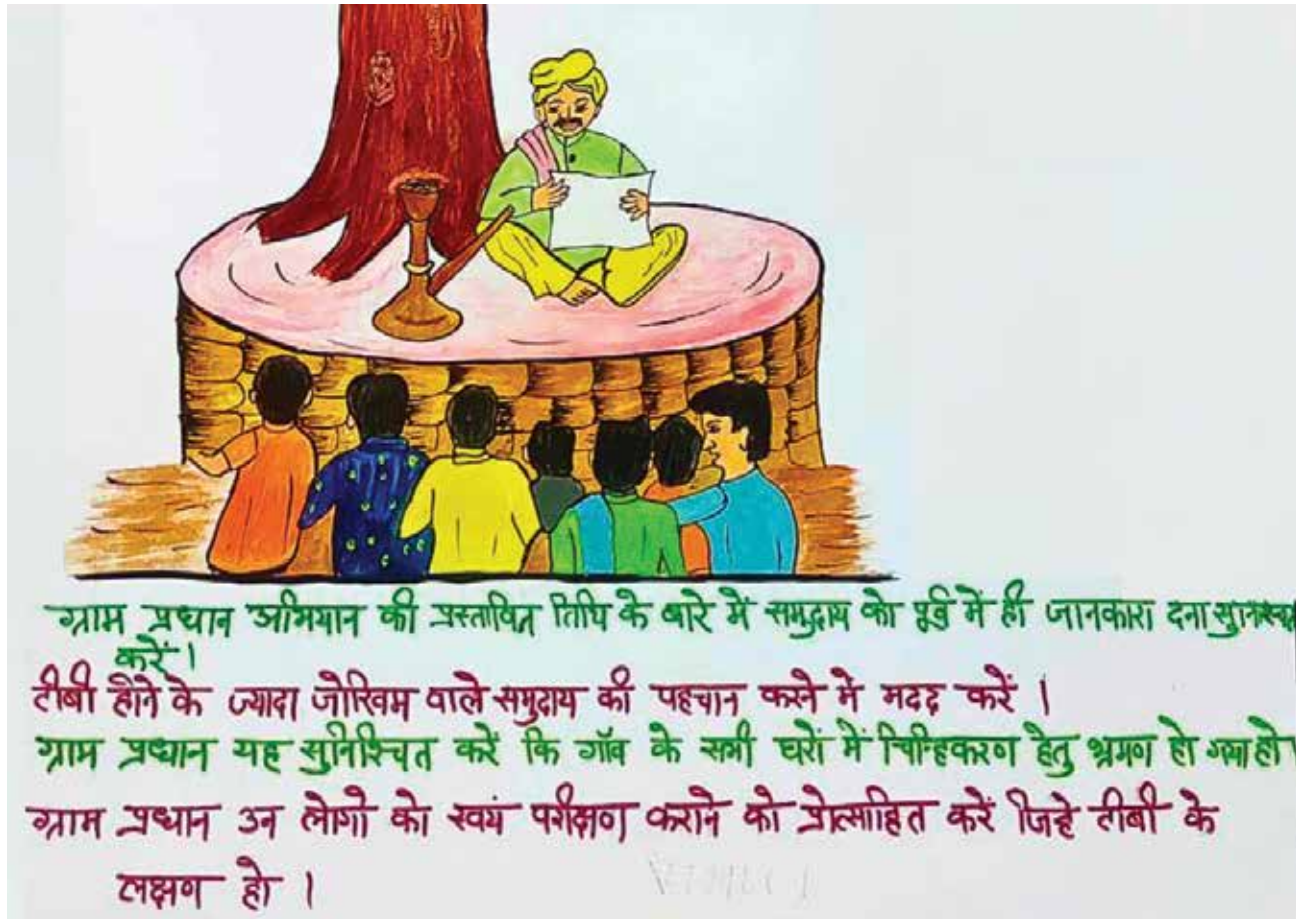
Vishal TBC
January 2023





9

UTA in Media



साइकिल के जरिये क्षय रोग से ग्रसित लोगों के घर जाकर कर रहे जागरूक

श्राव टाइम्स संवाददाता
देहरादून। जहाँ तक मेरी साइकिल जाएगी, वहाँ तक टीबी की जागरूकता फैलाने का कार्य करता रहूँगा। यह बात टीबी चैम्पियन कमलेश कुमार, टीपू, सहमपुर ने कही। जो कि एमडीआर टीबी से ग्रसित रहे जिन्होंने विपरीत परिस्थितियों के बावजूद टीबी पर विजय पायी और आज यह रीच संस्था के माध्यम से टीबी से ग्रसित लोगों के घर साइकिल से जाकर जागरूकता फैला रहे हैं तथा इससे प्रभावित लोगों को दवाई उपलब्ध कराने के साथ प्रोत्साहित करने का भी कार्य कर रहे हैं। कमलेश का एक ही उद्देश्य है जिस तरह से उन्हें टीबी जैसी घातक बीमारी का सामना करना पड़ा, ऐसा किसी और को न करना पड़े। साथ ही टीबी से संक्रमित व्यक्ति को हर संभव मदद दी जा सके, यही उनके जीवन का महत्वपूर्ण लक्ष्य बन चुका है। राष्ट्रीय स्वास्थ्य मिशन (एन.एच.एम.) के अंतर्गत संचालित राष्ट्रीय टीबी उन्मूलन निबंधन कार्यक्रम एवं रीच संस्था के समन्वय से एन.एच.एम. के सभागार में आयोजित कार्यक्रम की समीक्षा बैठक के दौरान रीच संस्था द्वारा प्रदेश के पाँच जनपदों देहरादून, पौड़ी, हरिद्वार, उधम सिंह नगर व नैनीताल में भालाए जा रहे मुनाइट टू एक्ट, टीबी को समाप्त करने के लिए साम.



दायिक कार्यवाई को बढ़ाने के लिए प्रमोशन किया गया। जिसका मुख्य उद्देश्य टीबी सर्वाइवर की कार्यक्षमता का विस्तार करना तथा उनके माध्यम से समुदाय में टीबी उन्मूलन हेतु कार्य करना है। कार्यक्रम को आरंभ में रीच संस्था की मुनाइट टू एक्ट कार्यक्रम की प्रमुख श्रीमती इमिताइ द्वारा उद्घाटन किया गया। जिसमें उन्होंने बताया कि प्रदेश के पाँच जनपदों में 52 टीबी चैम्पियन, टीबी उन्मूलन कार्यक्रम में सक्रिय सहयोग प्रदान कर रहे हैं। जिससे तकरीबन 4,653 टीबी से ग्रस्त लोगों को लाभ मिला है। साथ ही उन्होंने बताया कि इन टीबी चैम्पियन के माध्यम से बीमारी से ग्रसित लोगों को प्रोत्साहित करने हुए, इससे संबंधित आवश्यक जानकारी को प्रभावित लोगों को प्रभावित तरीकों से बताने हैं एवं टीबी के दौरान इलाज में निरंतरता बनाए रखने पर जोर देते हैं।



पोषाहार वितरित करते शांतिकुंज परिवार के लोग। -अनंद

शांतिकुंज ने 50 क्षयरोगियों को बांटी पोषाहार की किट

माई सिटी रिपोर्टर

हरिद्वार। शांतिकुंज परिवार ने हरिद्वार स्वास्थ्य विभाग की ओर से चयनित 50 से अधिक क्षय रोग पीड़ितों को पोषण किट का वितरण किया। जिला स्वास्थ्य विभाग के आह्वान पर पीड़ितों के सहानुभूति शांतिकुंज स्थित आचार्य पं. श्रीराम शर्मा शाताब्दी चिकित्सालय में क्षय रोगियों को पोषण किट वितरण कार्यक्रम आयोजन हुआ। देवसंस्कृत विश्वविद्यालय के प्रति कुलपति डॉ. चिन्मय पंड्या एवं गायत्री विद्यापीठ की व्यवस्था मंडल प्रमुख शोफाली पंड्या, शांतिकुंज व्यवस्थापक महेंद्र शर्मा ने संयुक्त रूप से दीप प्रज्ज्वलन कर उद्घाटन किया। इस अवसर पर डीटीओ डॉ. राहुल कुमार सिंह ने टीबी मुक्त भारत अभियान की विस्तृत जानकारी दी। देसखि के प्रतिकुलपति डॉ. चिन्मय पंड्या, व्यवस्थापक महेंद्र शर्मा, मुख्य चिकित्सा अधिकारी डॉ. केके सिंह ने हरिद्वार के शादाब, खड़खड़ी, इंदिरा बस्ती, ब्रह्मपुरी आदि क्षेत्रों से आए 50 से अधिक

चिकित्सकों ने टीबी से रोकथाम की जानकारी

मंगलौर। सामुदायिक स्वास्थ्य केंद्र में प्रधानमंत्री टीबी मुक्त भारत के तहत रोगियों को पोषक अहार वितरित किया गया। इस दौरान चिकित्सकों ने टीबी के रोकथाम संबंधी जानकारी भी दी। शनिवार को कस्बे के सामुदायिक स्वास्थ्य केंद्र में प्रधानमंत्री टीबी मुक्त भारत अभियान के तहत मेड लिए गए टीबी के रोगियों को पोषक अहार बांटा गया। टीबी रोग विशेषज्ञ कमलेश रावत की ओर से 18 लोगों को नि-क्षय मित्र बनाया गया। इस अवसर पर डॉ. जीएस तालियाण, डॉ. कोमल, डॉ. अमजद, अजय मौर्या, मोनोमी नेगी, विजय कुमार, आशीष शर्मा, अभिषेक, इनाम आदि उपस्थित रहे। संवाद

क्षयरोगियों को पोषण किट वितरण की। पोषण किट में आटा, तेल सहित अन्य खाद्य सामग्री थी। इस अवसर पर जमशताब्दी चिकित्सालय के डॉ. मंजूश्री चौपदार, डॉ. शादाब, अनिल नेगी, अवनीश, मोहम्मद सलीम, कनक, शिवानी आदि मौजूद रहे।

क्षमता निर्माण कार्यशाला का समापन

अजमेर। ममता एचआईएमसी एवं एनटीडीपी के संयुक्त तत्वावधान में टीबी ग्रसितों के लिए टीबी सर्वाइवर से टीबी चैम्पियन तक पर आयोजित तीन दिवसीय क्षमता निर्माण कार्यशाला का सोमवार को समापन हुआ। कार्यशाला का शुभारंभ करते हुए सीएमएचओ डॉ. के.के. सोनी ने कहा कि राष्ट्रीय टीबी उन्मूलन कार्यक्रम में टीबी चैम्पियन की बहुत बड़ी भूमिका है। जिला क्षय रोग अधिकारी डॉ. लोकेश

कुमार गुप्ता ने बताया कि टीबी उन्मूलन के लिए सामुदायिक सहभागिता बहुत जरूरी है। संस्था के प्रोजेक्ट लीड ए. रहमान के अनुसार दा ग्लोबल फण्ड फाईंड एण्ड रीच के सहयोग से राजस्थान के 9 जिलों में मुनाइट टू एक्ट, एमिलीफाईड कम्युनिटी एक्शन फॉर टीबी एलिमिनेशन प्रोजेक्ट का संचालन किया जा रहा है। इसके अंतर्गत टीबी बचाव और रोकथाम को प्राथमिकता के लिए जागरूकता कार्यक्रम संचालित किए जा रहे हैं। इस अवसर पर आरसीएचओ डॉ.शिंदे स्वाति, एसटीडीसी सुपरिन्टेन्डेन्ट डॉ.मोती आसनानी, भूपेन्द्र सिंह डॉ. भरत मेहरड़ा, पंकज भट्ट, सहित कई लोग उपस्थित थे।



उत्तर उजाला संवाददाता
सालाबाद। चिकित्सकों को क्षय रोग के खतरा को लेकर जागरूक करने के लिए राष्ट्रीय क्षय (टीबी) रोग उन्मूलन कार्यक्रम के तहत रीच सामाजिक संस्था के वृद्धाधिकारियों ने स्कूली बच्चों को अभियान के माध्यम से जागरूक किया। विद्यालय परिवार में स्कूली बच्चों को संबोधित करने हुए क्षय रोग से संबंधित सीनियर ट्रेनर सुपुल्लाह बोरि सिंह भंडारी ने कहा कि टीबी का सबसे उपयुक्त इलाज सरकारी अस्पतालों में है, जैसे ही टीबी के लक्षण में संशय आने लगे तो तुरंत ही नजदीकी प्राथमिक स्वास्थ्य केंद्र में पहुँचकर अपना उपचार प्रारंभ करवाएं। आयोजित किए जा रहे हैं, इस रीच पर एक टीम के सदस्यों ने बच्चों को जागरूक भी किया, तथा उनके द्वारा

टीबी उन्मूलन के लिए स्कूली बच्चों को किया जागरूक



उत्तर उजाला संवाददाता
सालाबाद। चिकित्सकों को क्षय रोग के खतरा को लेकर जागरूक करने के लिए राष्ट्रीय क्षय (टीबी) रोग उन्मूलन कार्यक्रम के तहत रीच सामाजिक संस्था के वृद्धाधिकारियों ने स्कूली बच्चों को अभियान के माध्यम से जागरूक किया। विद्यालय परिवार में स्कूली बच्चों को संबोधित करने हुए क्षय रोग से संबंधित सीनियर ट्रेनर सुपुल्लाह बोरि सिंह भंडारी ने कहा कि टीबी का सबसे उपयुक्त इलाज सरकारी अस्पतालों में है, जैसे ही टीबी के लक्षण में संशय आने लगे तो तुरंत ही नजदीकी प्राथमिक स्वास्थ्य केंद्र में पहुँचकर अपना उपचार प्रारंभ करवाएं। आयोजित किए जा रहे हैं, इस रीच पर एक टीम के सदस्यों ने बच्चों को जागरूक भी किया, तथा उनके द्वारा

A screenshot of a tweet from the District Magistrate of Dehradun. The tweet is in Hindi and discusses a meeting with the Dehradun District Milk Producers' Cooperative Societies Union Ltd. The text mentions a meeting with the Union's representatives to discuss the implementation of the National Milk Producers' Federation (NMDF) scheme. The tweet is dated 20:06 · 29 Sep 22 and has 4 retweets and 19 likes. The interface shows the user's profile picture, the tweet text, and the engagement metrics.

टीबी मुक्त अभियान- रीच इंडिया के साथ मासिक समीक्षा बैठक का आयोजन



पूरुषिया इटोबी जैसी बीमारों को ख़ूब कतराते हैं जिनसे भारत सरकार एवं स्वास्थ्य विभाग के अलावा कई अन्य राष्ट्रीयों तथा अर्थ के द्वारा फ़िलान्थोपी में कारा किया जा रहा है। सभी राष्ट्रीयों को अर्थ के द्वारा अलग-अलग कारा किया जाता है। तबकी इटोबी बीमारी से प्रसिद्ध व्यक्तियों को विभिन्न रूप प्रत्येक अलग, उचित पत्राचार के अलावा कुछ खास को अलग लगाया उर। हमारे तबकी इटोबी बीमारी के साथ सम्बन्ध स्थापित कारा संस्था में रहना पड़ता है। जिला संघारी रोप पदाधिकारी डॉ मिरिकाजना रोप को अप्रत्यक्ष रूप से रहन इटोबी के कोषागारों एवं कोषागारों के साथ सम्बन्ध स्थापित कारा को अश्वेतन किया गया। इस अस्पष्ट रूप से रहन इटोबी पदस्थ सम्बन्ध गलेज कुमर, मारी, एस्टीएमएस धनम कुमारी, सन्धिकोति सन्धिकोति उपम कुमारी, इटोबी अमन कुमारी, रोप इटोबी के जिला सम्बन्ध स्थापित कारा, इटोबी

[illegible]

साखन से आई छीकने के
 दौरान मुह-नाक से
 निकलने वाली बारीक बुंदों
 के इंफेक्शन से होती है
 टीबी- निश्चिन्त झा

जनवरी से मई तक 736
 मरीजों का किया गया
 फ्रोंलोप- रीप इंडिया

बलराम का आना, कभी-कभी खु-
 भी आ सकता है, साथ ही भूख कम
 लगती, लगभग चारका होना
 साथ में बलूत के सफा बूझना आना
 सर्वश्रेष्ठ है भी परमेश आना, सहस्र लेखों
 रूढ़ि सहित में दर्द होना, इनमें से को-
 भी लगना हो सकता है।

गैर रूढ़िवादी के जितने
 समन्यवक- बंदन कुमार ने बताया
 कि संचारी रोग- पादपीकृत रूढ़ि
 मिश्रितकाल से का साथ मॉडर्न

समोच्च कक्ष के आकेशन में मिले के साथी मोठी वीरपन के लालिन कियन था।

मैय हीरघा रस्य के द्वारा निगुन सौरी पांचो मोठी वीरपन द्वारा निगुन का चरियन पावमि कियन था। ब्यक्ति हीरघा के समय मे जांच के अलग उनका फ़ीलोअर काना खामसर माली ड्रा र्जिस्ट्रर (पापेअर) हीरघा मोठी मरीज का फ़ीलोअर कियन कियन था। विस्वा ययन कंड मे रखी कुतरी, कान मे मोहो बसुन, बसमन्ती मे विराम कियन पावव, धमदाव मे रसिचन्द्रावत कुतरी बजल अमीर मे अली तार कान के द्वारा जनररी मे १७ मार्च ७३६ मोठी मरीज का फ़ीलोअर कियन कियन था।

विस्मय जनररी मे १४८, अप्रैल मे १४८, मर्च मे १२९, फ़रवरी मे १५८, मर्च मे १५३ मोठी मरीज को उर्जन परमन के मय हो पीरिऊत आहार खाने के हिरा जयनकर कियन कियन था।

टीबी उन्मूलन में चैंपियंस की भूमिका अहम : डॉ मिहिर



अपनी तस्वीरों को प्रदर्शित करते टीवी चैनलों पर

प्रतिनिधि, पृष्ठिका

[illegible]

वानप्रस्थ सीनियर सिटीजन क्लब ने 60 टीबी मरीजों को दी पौष्टिक किट



टीवी मरीजों को प्रोटीन युक्त वीटिंग आहार फिट ठीक कानूनन सॉल्यूश सिटीजन क्लब को सदस्य। • दिवस

आगरा सीमांत, हिसार जिले के सीमांत स्थित जलजल संयंत्र में 60 टीबी मरीजों को प्रोटीन युक्त पौष्टिक आहार दिया जा रहा है। मरीजों पर मरीजों की जांच की जा रही है। मरीजों की जांच की जा रही है। मरीजों की जांच की जा रही है।

[illegible]

यक्ष्मा केंद्र के सहयोग से रीच इंडिया ने किया टीबी
चैंपियन के जिलास्तरीय नेटवर्क बैठक का आयोजन

[illegible][illegible]

لی بی ایک سنگین متعدی بیماری ہے جو لوگوں کے لیے جان لیوا ثابت ہو سکتی ہے
لوں کوئی بی کے مرض سے آگاہ کر کے ملک کوئی بی سے پاک بنانے میں مدد مل سکتی ہے: مہرکانت جھکا

[illegible]

મહેસાણા-બનાસકાંઠા જિલ્લાના ૩૦ દર્દીઓએ
ટીબીને હરાવી, ચેમ્પિયન્સનું પ્રમાણપત્ર અપાયું
પાલનપુરમાં બંને જિલ્લાના ટી.બી. ચેમ્પિયન્સની ત્રિદિવસીય તાલીમ યોજાઈ



મખતા હેલ્ય ઈન્સ્ટિટ્યુટ ફોર
મનર એન્ડ ચાર્ટરના સભ્યોગણ
પાણપુરમાં ટી.બી.ના સેગન
વરણનારખનજાડાંએને ખોસાડ
જિલ્લાના ટી.બી. ચેમ્પિયન્સ
નિઢિવસેય તાઢીમ પોસ્ટર પોસ્ટર
હતી. આ કાર્યક્રમમાં ટી.બી.
ચેમ્પિયન્સનું પ્રચાસપત્ર અર્થ
સન્માન કાર્યકર્તા.

જનતાકક્ષા અને મહેતાજી
જિલ્લામાં ટી.બી. ના રોગથી સજા
થપેલ છઠ્ઠીએ 'ડી. બી. વેમ્પિલન
તરિક્કા પ્રકાશિત કરે સજાજમાં ટી.બી.
એમે જનજાગૃતિ ફેલાવવા, ટી.બી.
ના છઠ્ઠીને પ્રત્યેનો મેદમલ છૂ કરે

ખતુરે, 'ભાગ્યદેવી'ની નામગીરી
 પ્રવાસી જરૂર નથી. ધોંધા સાતવાસી
 એને નિયમિત રહેલ લેવાથી ટી.બી.,
 ખુલ્લાકાળ ટી.બી. ના ધોરણે ખુલ્લા
 જામધંકર રોલ માનવામાં આવતા
 હતાં. ટી.બી. ના હકિકતે પ્રયોજ લોકો
 સુલ રમીને લેવાની રાણે અંદર રખાતા
 હતા. હવે ટી.બી. એક સામાન્ય
 રોગથી બહાર પડે, નિયમિત રવામો
 લેવામાં આવે તો ટી.બી. જરૂરખુણી
 મૂકી શકે છે.' ના તર્કથીત્રાંત્રી
 આયોજનિત, જનવીન સાંપ્રવાસ,
 રિજલ્લા કમ બાંધકારી ડી.નમન
 મકવાસ, રીજીસ્ટર પ્રેમુનિતી ડો.
 રીજીસ્ટર ડી. કમ્પેલો વાલિય રહિત
 સાંપ્રવાસ ક્ષેત્રેની સ્થાન રીજીસ્ટર
 રીજીસ્ટર.

वितरित किए पोषण किट

अजमेर @ पत्रिका. प्रधानमंत्री टीबी मुक्त भारत अभियान के तहत शनिवार को कमला नेहरू चिकित्सालय में वाइरस 59 के 10 जनों को पोषण किट वितरित किए गए। ममता संस्था के भूपेन्द्र सिंह ने बताया कि टीबी कोई लाइलाज बीमारी नहीं है। सही पोषण व चिकित्सकीय परामर्श से इसका उपचार हो जाता है। इस दौरान पार्षद श्रवण कुमार, डॉ. अंकुश गुप्ता, डॉ. राजवीर कुलदीप, डॉ. अखिलेश वर्मा, दिनेश कुमार, विकास ठक्कर आदि मौजूद रहे।

[illegible]

टी बी बीमारी को लेकर जागरूकता रैली निकाली
(दैनिक अयोध्या टाइम्स) सिरसिया, श्रावस्ती।



श्रावस्ती जनपद के सिरसिया विकास खण्ड के अंतर्गत ग्राम सभा बंटीवा के मदरसा दारुल उलूम के छात्रों ने निकाली जागरूकता रैली। मदरसा दारुल उलूम के बच्चों को टीवी के लक्ष्णों के बारे में जागरूक किया गया। इस दौरान टी एस शाहिद खान, टी०वी०सी० संतोष कुमार मदरसा के शिक्षक गण उपस्थित रहे।

गंभीर टीबी मरीजों को बांटे न्यूट्रिशियन पौष्टिक किट



अजमेर। वाड 59 के पार्षद श्रवण कुमार ने बुधवार को टीबी अस्पताल में गोद लिए गंभीर टीबी मरीजों को न्यूट्रिशियन पोष्टिक किट का वितरण किया। विभागाध्यक्ष डॉ. रमाकांत दीक्षित ने बताया कि पार्षद श्रवण कुमार की ओर से हर माह ये किट वितरित किए जाते हैं। इस अवसर पर विकास ठक्कर, अर्चना, मोविन मैसी, नवीन जोशी, भूपेन्द्र सिंह, हेमलता साहू, सुरेन्द्र सैन आदि उपस्थित रहे।



रैली: टीबी से जीती लड़ाई, अब टीबी उन्मूलन में सहयोग का लिया संकल्प

नी और अपना कलम नढ़ावा जहाँ पर संपूर्ण इलाज किया गया और सात माह के निश्चित दवा सेवन से वह पूरी तरह से ठीक हो गये। इस वृत्तान्त हमें विश्वाम पौनजना के तहत हर माह 500 रुपये भी पिघारने के द्वारा दिलवाया। टीकी

मरीजों को जागरूक करने के लिए टीबी चैम्पियन आज जिले में जागरूकता रैली भी निकाल कर उन्हें जागरूक कर रहे हैं और इस बीमारी को जड़ से मिटाने के लिए और टीबी दवा से ठीक होने वाली बीमारी के बारे में बात रहे हैं।

टीबी के प्रति जागरुक करेंगे चैंपियन



● **अनार और बांसों की दो दिवसीय सम्मेलन बैठक सम्पन्न**

समाधान, अर्द्ध

[illegible]

Uttarakhand
AMRITSAR **Amritsar**

Katherine is a talented, creative, energetic 30-year-old with a healthy skepticism and a selfless sense of humor. "I'm skeptical" for her efforts to spread awareness about the disease and the fact that it is curable.

Katherine's journey to fully embrace her diagnosis is still in progress.



...years old. He as-
sumed from his
own experience, however

few months into the job, he
developed symptoms like
lumber, varicella, and he
discovered a factor in a pe-

...conductor. Instead, infection
that grows in lungs and can
spread to other organs. It is
contagious, which means

...death. In 2013, he was diagnosed
with Staphylococcus aureus
infection. He was in the
hospital for 10 days.

the doctor's treatment appeared to have worked. However, a couple of years later, Gendreau realized he had been misdiagnosed as bipolar. He had actually been suffering from manic depression.

Manic depression is a

the doctor's treatment appeared to have worked. However, a couple of years later, Gendreau realized he had been misdiagnosed as bipolar. He had actually been suffering from manic depression.

Manic depression is a

Tom's has a signpost to the Central Institute of Forest Engineering (CIF) in Lohmeim. He says Berlin, a suburb in western, near Kassel, is where

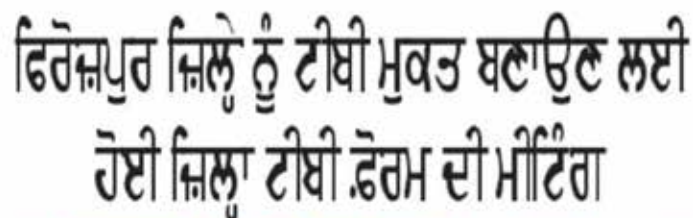
around with ailing individuals. He manages their shop in Manhattan.

Louise Katschke is prevention and education coordinator in parks in the San Francisco Bay Area. She and her husband, Thomas, have two children and live in the San Francisco Bay Area.

For more information on the book, visit www.barnesandnoble.com.





ਅੰਕਿਤ ਭਾਰਦਵਾਜ
ਫਿਰੋਜ਼ਪੁਰ 6 ਮਾਰਚ: ਭੀ ਸੀ ਦਫਤਰ ਵਿਖੇ ਜਿਲ੍ਹਾ ਟੀ ਬੀ ਫੋਰਮ ਦੀ ਮੀਟਿੰਗ ਰੱਖੀ ਗਈ ਜਿਸ ਵਿੱਚ ਮਾਨਯੋਗ ਭੀ ਸੀ ਸਾਹਿਬ ਦੀ ਅਗਵਾਈ ਹੇਠ ਸਾਰਿਆਂ ਵਿਭਾਗਾਂ ਨੇ ਭਾਗ ਲਿਆ। ਇਸ ਮੌਕੇ 'ਤੇ ਜਿਲ੍ਹਾ ਟੀ ਬੀ ਅਫਸਰ ਡਾ° ਸਤਿੰਦਰ ਉਥਰਾਏ ਨੇ ਫਿਰੋਜ਼ਪੁਰ ਜਿਲ੍ਹਾ ਨੂੰ ਟੀ ਬੀ ਮੁਕਤ ਬਣਾਉਣ ਲਈ ਵੱਖ ਵੱਖ ਵਿਭਾਗਾਂ ਦੇ ਹੇਠ ਬਾਰੇ ਦੱਸਿਆ। ਟੀ ਬੀ

ਵਿਭਾਗ ਦੇ ਬੀਤੇ ਸਾਲ ਦੀ ਕਾਰਗੁਜ਼ਾਰੀ ਤੇ
ਚਾਨਣਾ ਪਾਉਣ ਤੋਂ ਇਲਾਵਾ ਉਨ੍ਹਾਂ ਨੇ ਟੀ
ਬੀ ਐਪੀਅਨ ਦੇ ਸਹਿਯੋਗ ਬਾਰੇ ਦੱਸਿਆ।
ਜਿਸ ਉਪਰੰਤ ਸਾਰੇ ਵਿਭਾਗਾਂ ਨੇ ਨਿਰੋਜਪੁਰ
ਜਿਲ੍ਹੇ ਨੂੰ ਟੀ ਬੀ ਮੁਕਤ ਅਭਿਆਨ ਵਿਚ
ਅਪਣਾ ਯੋਗਦਾਨ ਪਾਉਣ ਦਾ ਫ਼ਰੋਸ਼ਾ
ਦਿੱਤਾ। ਇਸ ਮੌਕੇ ਤੇ ਡਾ. ਸਤਿੰਦਰ
ਉਥਰਾਏ, ਡਾ ਪਰੂਤੋਸ਼ ਅਤੇ ਸਾਰੇ ਵਿਭਾਗਾਂ
ਦੇ ਅਧਿਕਾਰੀਆਂ ਨੇ ਭਾਗ ਲਿਆ।

तारुणमित्र

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टीवी मरीज खोजने को आशाओं को दिया प्रशिक्षण

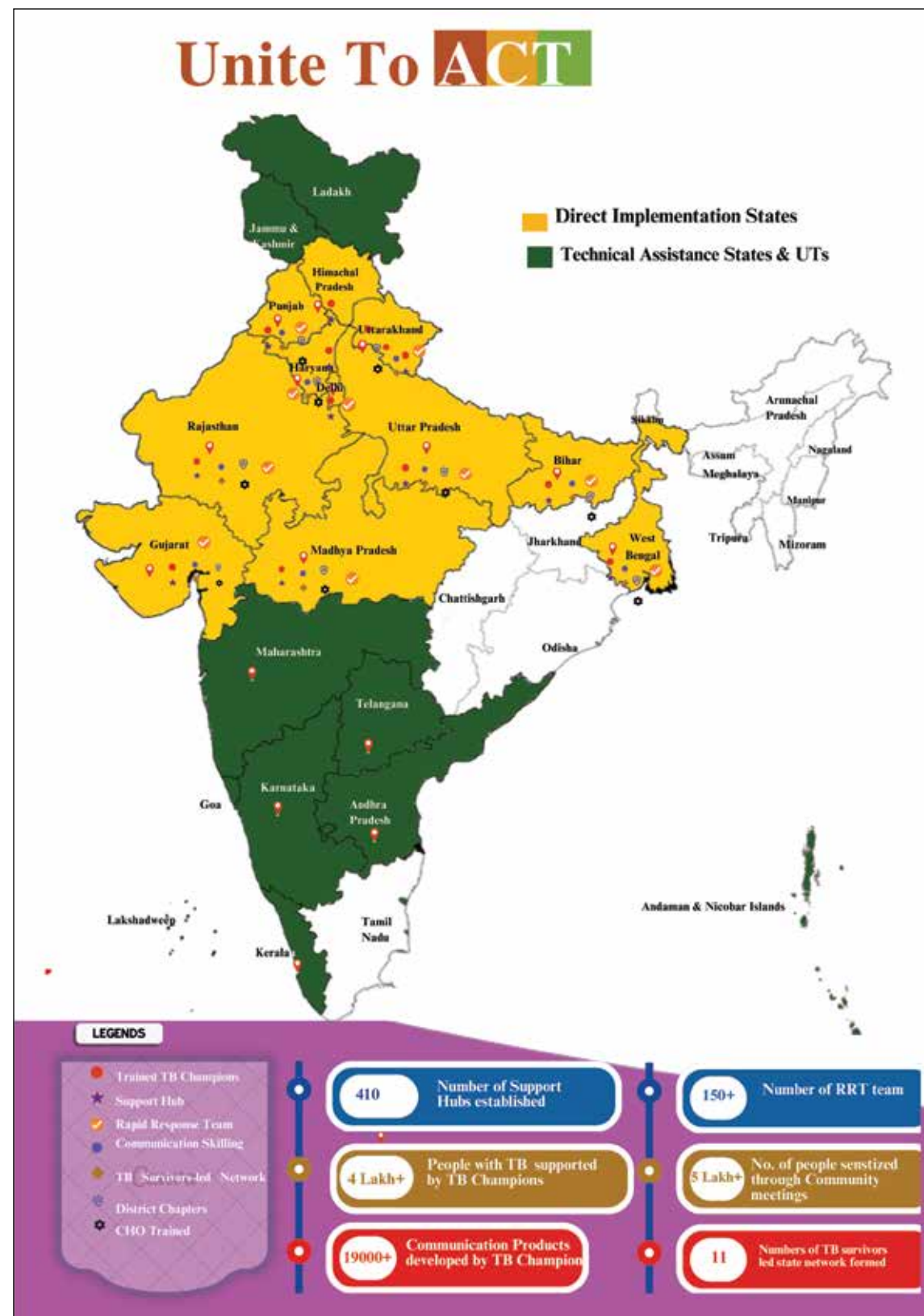
पंढरीली, १ जनवरी
(त्रयमण्डप)। जिले में हाल में सैनिकों की अतिरिक्त अधिकतर के ठाटों से सैनिकों को समस्त द्रोहा समुदायिक व्यवहार को पर खेज के साथी अनाथ वकरी को प्रशिक्षण दिया गया। इस दौरान टीबी मेरी जोड़ने के संबंध में जल्दी जांच की गई है। अंतर्गत कुमार जांच पर, टी.एस व संस्था प्रमुख जांचसकल पंढरीली के ब्राह्मण एक्सप्रेस ट्रस्ट टीबी मेरी के लगान में परिवर्तन करने हुए कहा कि विहित रूप में घर-घर जांच कर जल्द से जल्द सैनिकों को लगान में परिवर्तन करा। अतस्त जिलेमें को बुद्धक उन्हें तत्काल सरकारी स्तर से दो जल री निष्कृष्ट जल व हलाक भी

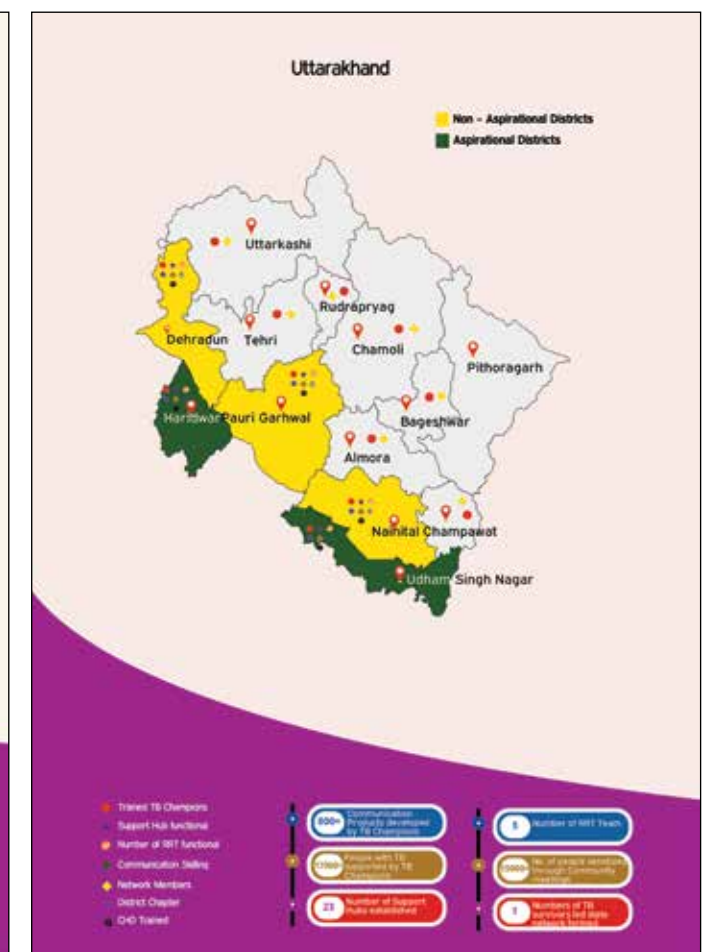
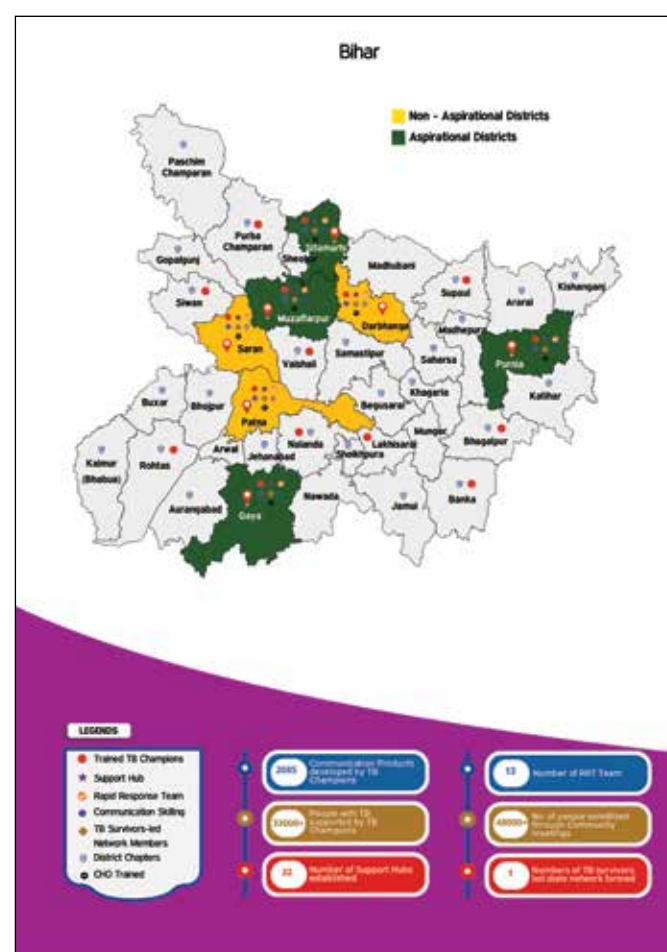
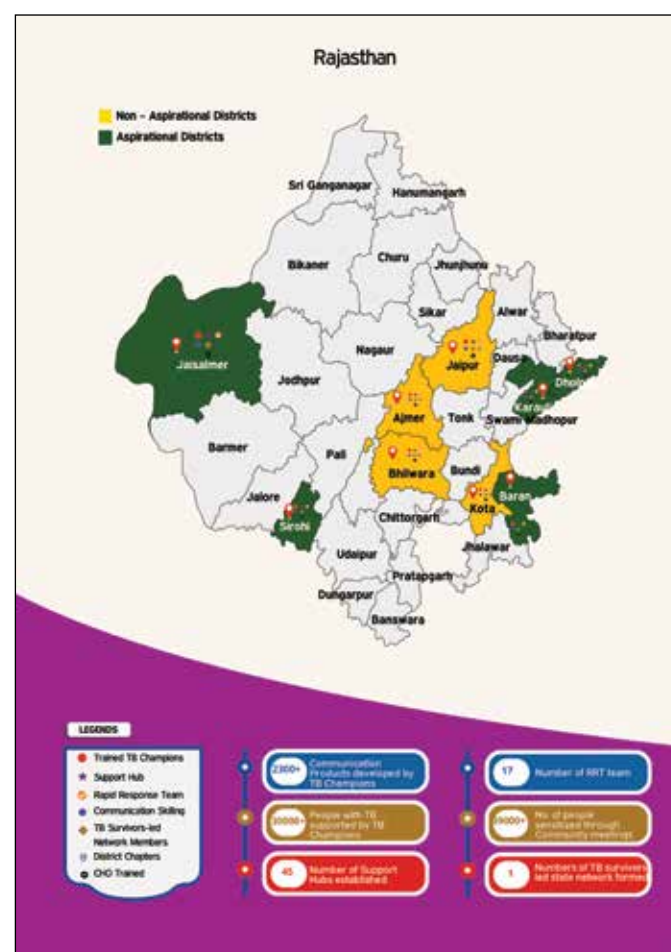
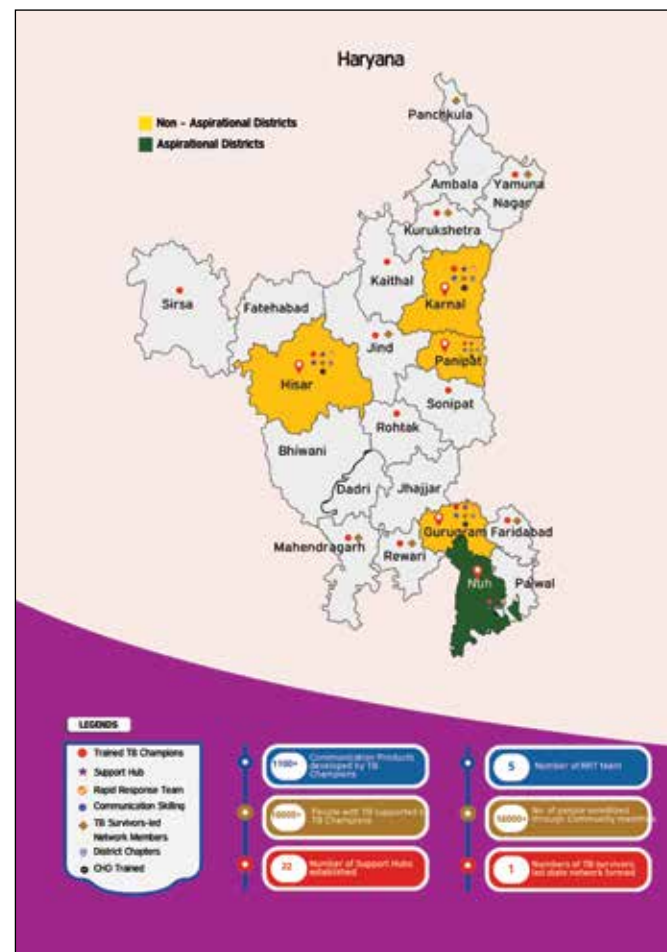
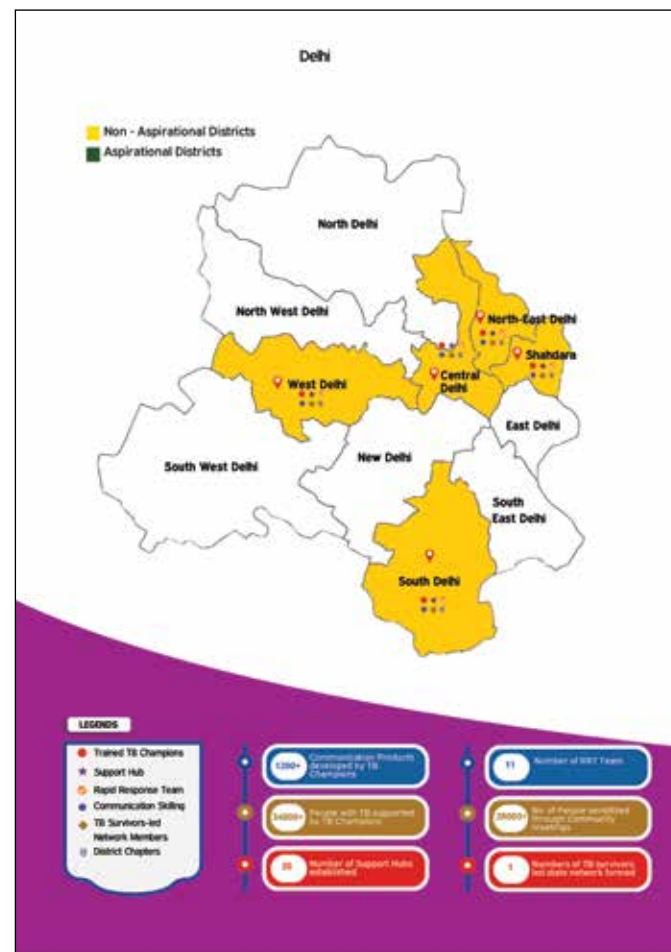


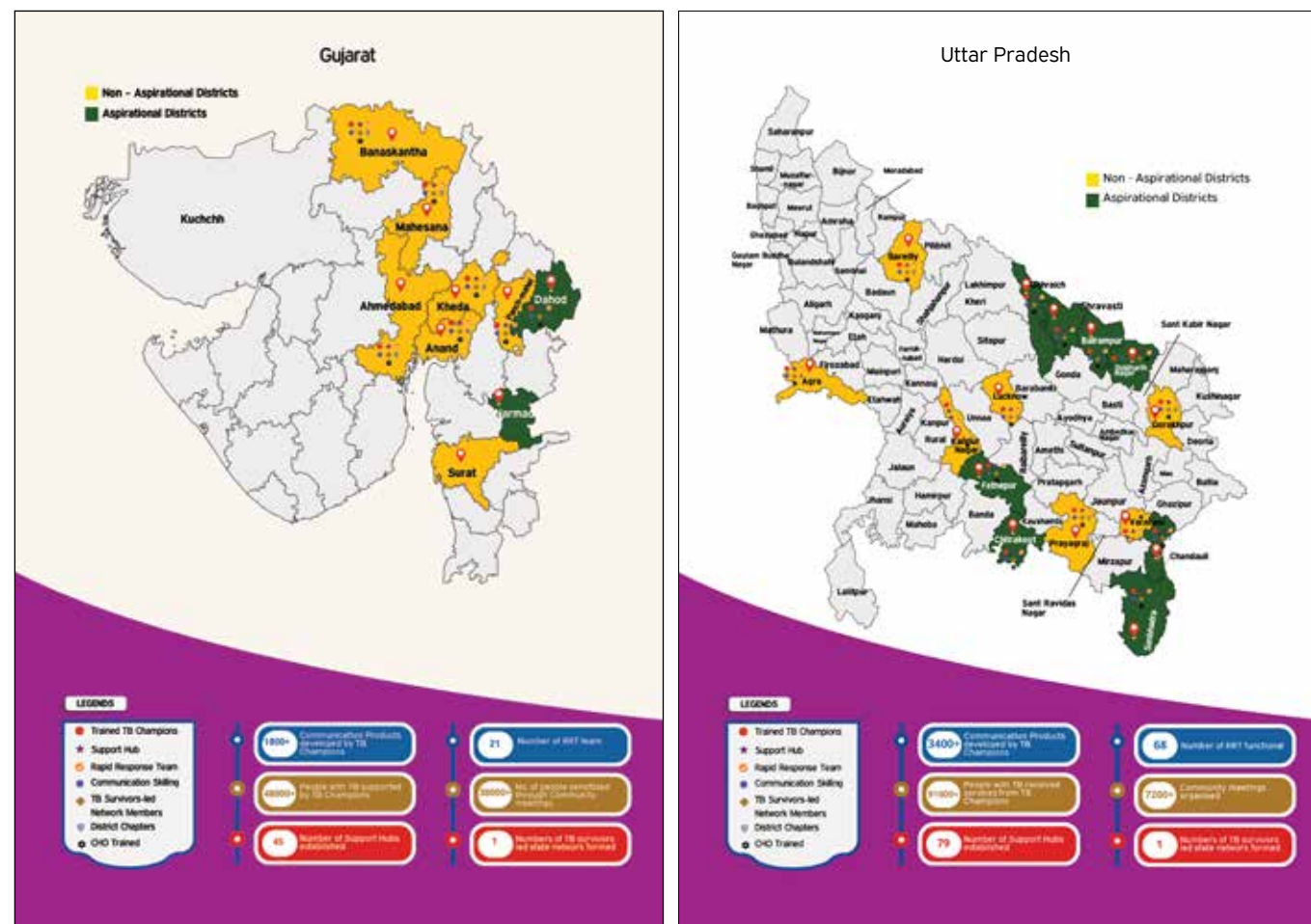
मुम्बई के अलावा पोषण योजना
कोर में बतल। यह भी बतल।
मरीज को पूरे इलाज की अवधि
500 रुपये प्रति माह दिए जा-
उन्होंने कहा कि जिम्मेदारियों
भली भाँति निभाकर हम दूसरे
साथ-साथ अपने घर परिवार
सम्मान के लोगों को बचा सकते
इससे वर्ष 2025 तक पूरे भारत

से टोकी रोग को समाप्त करने के लिये लिए यह संकेत को पुरा किया जा सकता है। यही नईसल सिंह मान मेडिकल सुपरवाइजर द्वारा आशाओं को कुछ रोग के लक्षण उपचार एवं संधिपुत्र कुछ रोगियों की पहचान की जानकारी दिया गया एवं कुछ रोगी के जन्म से जन्म उपचार करतों जिससे मरीज विकसलतः न होने पाए।

States at a Glance







About REACH

REACH is an India-based non-profit organisation founded in 1998 in Chennai. For over 25 years, through an unrelenting focus on TB, REACH has demonstrated capacity to engage diverse stakeholders including the private sector, TB-affected communities, industry leaders, elected representatives, and the media. REACH has been a key partner and leader in the fight against TB in India, working closely with the TB programme and engaging various stakeholders including the private sector, affected communities, industries, the media, and other important stakeholders in TB elimination. Through the TB Call to Action Project supported by USAID, REACH first developed and tested the TB survivor to TB Champion model in six states (2016 - 2020), demonstrating that community willingness to engage with TB services can be greatly enhanced through the efforts of empowered TB Champions. Through the Unite To ACT Project, the training and engagement of TB Champions have been expanded and scaled up across India.

About FIND

FIND accelerates equitable access to reliable diagnosis around the world. We are working to close critical testing gaps that leave people at risk from preventable and treatable illnesses, enable effective disease surveillance, and build sustainable, resilient health systems. In partnership with countries, WHO and other global health agencies, we are driving progress towards global health security and universal health coverage. We are a WHO Collaborating Centre for Laboratory Strengthening and Diagnostic Technology Evaluation. We established our presence in India in 2007, and today are the only non-profit organization registered in the country that is solely devoted to improving diagnostic testing. For more information, please visit www.finddx.org.

About Mamta HIMC

MAMTA is a not-for-profit organisation, founded in 1990. MAMTA started as a clinic for maternal and neonatal health care in Tigri slums, located in South Delhi. In its journey of more than 32 years, the organisation has diversified in critical areas of public health, and its determinants are based on life course, gender-based, continuum of care, and inclusive approach. The organisation has been able to reach more than 300 districts in 25 states of India and countries such as Afghanistan, Nepal, Bangladesh, Burundi (Africa), Cambodia, and Indonesia either by direct interventions or indirectly through more than 200 collaborative NGO partners by building their capacities. MAMTA has the distinction of building the capacities of CSOs/NGOs, Government, and Academia on Adolescent/Young People's Reproductive and Sexual Health and Rights in six more countries of South and Southeast Asia.

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