



leading the fight against TB

20  
YEARS  
OF SERVICE IN TB

ANNUAL  
REPORT | 2019





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# SECTION A

## ABBREVIATIONS

<b>ACF</b>	Active Case Finding
<b>ACSM</b>	Advocacy, Communication and Social Mobilisation
<b>Axshya SAMVAD</b>	Axshya Sensitization and Awareness in Marginalised and Vulnerable Areas of the District
<b>CB-NAAT</b>	Cartridge Based Nucleic Acid Amplification Test
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CRDs</b>	Chronic Respiratory Diseases
<b>CRG</b>	Communities, Rights and Gender
<b>CSO</b>	Civil Society Organisations
<b>CV</b>	Community Volunteer
<b>DBT</b>	Direct Benefit Transfer
<b>DOTS</b>	Directly Observed Treatment - Shortcourse
<b>DR-TB</b>	Drug-Resistant TB
<b>DS-TB</b>	Drug Sensitive TB
<b>DTC</b>	District TB Cell/Centre
<b>DTO</b>	District TB Officer
<b>ELM</b>	Employer Led Model
<b>EPTB</b>	Extra-Pulmonary TB
<b>FDC</b>	Fixed-Dose Combination
<b>GCC</b>	Greater Chennai Corporation
<b>HHC</b>	House Hold Contact
<b>IEC</b>	Information, Education and Communication
<b>LEA</b>	Legal Environment Assessment
<b>MDR-TB</b>	Multi-Drug Resistant TB
<b>NCDs</b>	Non Communicable Diseases
<b>NSP</b>	National Strategic Plan
<b>PPs</b>	Private Practitioners
<b>RNTCP</b>	Revised National Tuberculosis Control Programme
<b>STC</b>	State TB Cell
<b>STCI</b>	Standards of TB Care in India
<b>STO</b>	State TB Officer
<b>STS</b>	Senior Treatment Supervisor
<b>TB</b>	Tuberculosis
<b>TU</b>	TB Unit
<b>XDR-TB</b>	Extensively Drug-Resistant TB

# About Us and Our Mandate

In the year 1999, Resource Group for Education and Advocacy for Community Health (REACH) was established in Chennai as a response to the rolling out of the Revised National Tuberculosis Control Programme in order to build a bridge between the public and private healthcare systems. After engaging the private sector for the public good, REACH expanded its mandate to include a multi-stakeholder approach. Thus, apart from private practitioners, REACH created a network between people with TB, private hospitals, pharmacies, diagnostic labs, community volunteers, government healthcare facilities, district and state TB cells and hence the RNTCP. REACH also works to engage various industries in its effort to elevate the mandate from multi-stakeholder response to envisage a multi-sectoral response to TB.

Our broad mandate includes support, care and treatment for people with TB as well as research, advocacy, public education and communication. However, the affected community remains at the core of all that REACH is and does. They are not merely patients who seek treatment, they are a constant source of learning and energy. The community is the forebearer of taking the conversation on TB forward – to every community meeting, every educational institution and every family. Thus, our work on advocacy for the rights of the affected community, creating awareness on TB, evidence-based programme planning, building networks between partners, publications and communication of TB-related issues is keeping one thing in mind – TB, one of the deadliest diseases, must end in our lifetimes.

# From the Director's Desk

2019 is a special year for all of us at REACH as it marks our 20th year, working towards Tuberculosis prevention, support and care. Together with a small team of dedicated people, we started 20 years ago on a path where there were not many and have reached this significant milestone with many successes and have also overcome many challenges along the way.

REACH was founded primarily to provide access to public health programs for people seeking care in the private health sector, create an enabling environment for private healthcare providers to be conscious of and to engage in public health action, and most of all, ensure that people receive standardised treatment at the point of care of their choice.

It is indeed a matter of pride for REACH that Dr. M. S. Swaminathan, noted agricultural scientist and Dr. P. R. Narayanan, former Director, Tuberculosis Research Centre, (now the National Institute for Research in Tuberculosis) were the prime movers for establishing an organisation to work for public health goals by engaging private healthcare providers. REACH was founded 20 years ago with the support of the founding members who backed and believed in the goals which we have set out to achieve.

I along with my team are proud to look back at the path that we took and how we have grown into an organisation bearing the hallmarks of Trust, Integrity and Accountability as our core strength. We have, as part of our core values, placed care and support of the community at the heart of everything we do.





The challenges posed by tuberculosis, one of the oldest diseases the human race has known, are growing. The high out-of-pocket expenditure incurred by people affected by TB pushes them into poverty, and poverty puts people at the risk of diseases, both communicable and non-communicable. Delay in diagnosis for months risks lives, contributing to the already high burden of disease. And for a disease which unfortunately is so stigmatised, Ending TB requires more than just medical effort.

We, at REACH, are working in partnership with various stakeholders -- private practitioners, pharmacists, patients and their families, TB survivors, media, NGOs, community volunteers, industries, donors, and the government in the TB control programmes. Our goal is to address challenges through effective community-based interventions to fight TB.

Most importantly, we have engaged with the government consistently since our inception and ensured that the profile of TB is raised at local, national as well as international levels.

As we look back on our work for the past two decades and cull out the most important knowledge acquired over our journey, it is that a holistic approach is vital if we are to END TB. We have to nurture and build partnerships in a mission mode with complete trust, integrity and accountability. As an organisation we recommit ourselves to the ideals with which we began and will continue to follow.

On behalf of the entire team at REACH,

**Dr Nalini Krishnan**

*Director*





# **SECTION B**

**LOOKING BACK AT THE YEAR**

# Engaging the Private Health Sector for Public Good

TB Free Chennai Initiative is a flagship program spearheaded by the Greater Chennai Corporation, supported by REACH and the National Institute for Research in Tuberculosis (NIRT) to make Chennai a TB free city. Under the initiative, REACH has sustained the scaling up of its PPM model through a multi-pronged approach by engaging with the entire spectrum of the private healthcare sector by establishing Nakshatra Centres to provide quality TB care services in Chennai.

## Objectives

1. To improve and increase access for patients with symptoms of TB to standardised diagnosis and treatment.
2. Providing patient and family counselling for treatment adherence.
3. Sustained engagement and feedback to private providers for ensuring referrals.
4. To improve case notification rate from the private health sector in Chennai.

## Key interventions

### Nakshatra Centres

REACH engaged with the private sector to set up Nakshatre Centres within private hospitals, which provide services for people with TB symptoms. A healthcare worker (we call them TB Nanban, Nanban means friend in Tamil) is posted at each centre to facilitate TB diagnosis and treatment as well as provide counselling. TB Nanbans help guide and support referrals/people with TB for receiving appropriate care services. We believe Nakshatra Centres are 'Centres of Excellence for TB' and a model for showcasing the involvement of the private health care sector in TB control efforts.

*During the period April 2018 to March 2019, **14** centres were set up in Chennai and a total number of **44** Nakshatra Centres function as of today.*

We appreciate the commitment of the private sector in providing a free space in their premises for Nakshatra Centres. These centres function as a referral hub for private practitioners in and around the hospital.



*A TB Nanban explaining about treatment and follow-up care at a Nakshatra Centre*

## Patient Care and Support

A person with TB needs to adhere to a regular course of Anti-TB treatment (ATT) for a period of six to eight months to be completely cured. There are multiple challenges such as lack of awareness about the disease, lack of family support, fear of stigma, substance abuse, out-of-pocket expenditure (OOPE) and side-effects to ATT. These factors can hinder the successful completion of treatment. TB Nanbans ensure that people with TB receive continuous support and motivation so that their journey from sickness to cure is as smooth as possible.

REACH provides the following services for people affected by TB (i.e people diagnosed with TB and their families):

**We place on record the valuable support and commitment of 980 doctors – chest physicians, general practitioners and specialty practitioners – who have referred patients for TB care through the Nakshatra Centres.**

- ❖ Counselling on the basics of TB
- ❖ Education on risk assessment and contact screening
- ❖ Treatment initiation with provider support
- ❖ Home visits to monitor treatment adherence
- ❖ Cough hygiene education to prevent transmission
- ❖ Linking people with TB to the Government's Nikshay Poshan Yojana
- ❖ Providing Information Education and Communication (IEC) materials on TB
- ❖ Follow up of people with TB till the completion of treatment
- ❖ Diabetes control and tobacco cessation awareness

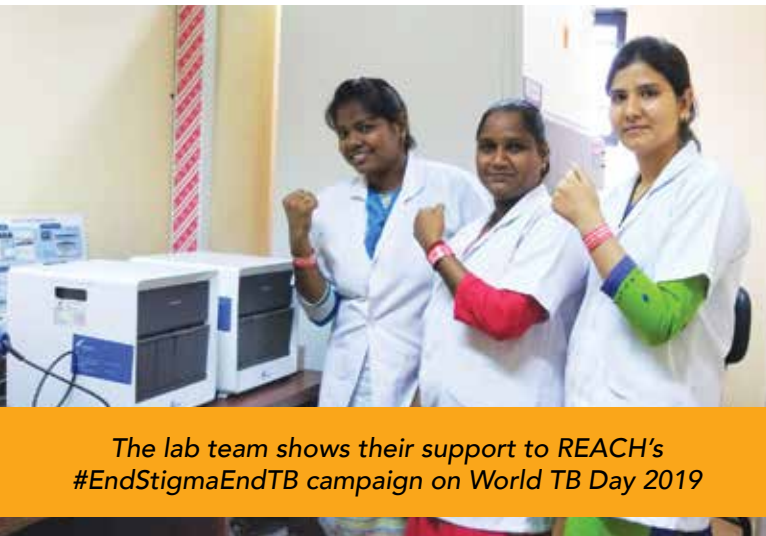
REACH works to empower people with TB to understand their rights and responsibilities and head towards successful completion of treatment. TB Nanbans maintain a rapport with each and every person who comes to them and use all available opportunities to communicate information on TB. They encourage families to provide an enabling environment to facilitate their journey to cure.

*During the period April 2018 to March 2019, a total of **12,558** referrals were received from doctors in the private sector. Of them, **3,765** were diagnosed as TB and **3,736** patients initiated on treatment.*

### REACH CB-NAAT (GeneXpert) Lab

The Cartridge Based Nucleic Acid Amplification Test (CB-NAAT) helps detect the presence of TB bacteria more effectively than the regular sputum smear microscopy. CB-NAAT (GeneXpert) has great potential to increase case detection and identify resistance to the anti-TB drug Rifampicin among people with TB. The TB Free Chennai Initiative has provided free CB-NAAT testing for the private health care sector, thus ensuring quality diagnosis.

*During the period April 2018 to March 2019, **8286** samples were tested and results provided.*



*The lab team shows their support to REACH's #EndStigmaEndTB campaign on World TB Day 2019*

A team of three lab technicians work in coordination to ensure that patients are provided reports at the earliest.

REACH has 10 community volunteers who transport samples from around 75 sites to the REACH lab, making sure that patients do not have to travel long distances for diagnosis.

**The GeneXpert Cartridges are supplied from the Greater Chennai Corporation and we thank them for their support in ensuring diagnosis for patients from the private sector.**

## Facilitating Notification of TB patients from the Private Sector

The Government of India made TB a notifiable disease in the year 2012. This mandates the private healthcare sector, including private practitioners (PPs), hospitals, pharmacies and laboratories, to notify details of people with TB seeking care. REACH has helped private sector notifications through periodic visits and sensitisation of private providers regarding the importance of notification. REACH has also created unique IDs for each referring practitioner. The line list of patients is collected periodically from them and notified in the Nikshay portal.

*During the period April 2018 to March 2019, REACH helped notify 4,227 patients from the private sector in Chennai and facilitated DBT for 2191 people with TB.*

## Transition from Private ATT to standardised Fixed Dose Combinations (FDC)

The treatment of TB in the private sector varies from that in the public sector. The RNTCP follows and recommends the Standards for TB Care in India (STCI), a set of guidelines for maintaining the quality and standards for diagnosis and treatment in the private sector. The guidelines include encouraging the use of Fixed Dose Combinations, i.e, the combination of two or more first-line anti-TB drugs.

REACH works with private practitioners to sensitise them about the benefits of FDCs, which include reducing the risk of emergence of drug-resistant strains, lesser risk of medication errors, improving treatment adherence and reduced out-of-pocket expenditure.

## Support Programs in Private TB Hospitals

Setting up Nakshatra Centres is only the first step towards holistic TB care. It is followed up with Continuing Medical Education (CME) programmes for the staff working at private hospitals to sensitise them about patient-centric approach, awareness about TB as well as preventing transmission in healthcare settings.



The paramedical staff of private hospitals were sensitised on sputum collection and handling. This will help in more effective diagnosis, mitigate chances of error and transmission.

CME programmes regarding the basics of TB infection control and newer diagnostics were conducted in private hospitals



### Training for pharmacies

In meetings organised by Drug and Pharmacy Associations in Velachery, Royapuram, Thiruvottriyur, Kolathur, Aminijikarai areas of Chennai, REACH shared learnings and experiences in engaging pharmacies in past TB care programmes. During the meeting, the gathering was sensitised about the role of pharmacies in TB care and control activities as well as the notification of people with TB which has been mandated by the government. They were also sensitised about the support REACH can offer for facilitating this process.



*A meeting with a pharmacy association in progress*



## Highlights of the year

- Nakshatra Centres, which are nodal centres for providing holistic TB care, saw an overall smooth functioning under the Nakshatra Initiative of TB Free Chennai.
- REACH set a milestone in the first quarter of 2019 when more than 1000 people with TB symptoms benefitted from the private sector engagement initiative.
- On the sidelines of the observation of World TB Day, REACH received 200 multi-function pillbox-cum-patient monitoring devices called STAMP, an acronym for **S**upport for **T**reatment **A**dherence and **M**edication **P**rotocol. This donation was made by Sundaram Aaryogyam and Vitality Enhancement (SAVE) Foundation. All 200 pill boxes are now being used for monitoring treatment adherence with the help of daily alerts. The pill boxes act as a reminder for the patients to take their doses at the prescribed time and enable health workers to concentrate on patients who require their services.



- StopTB Partnership published 'REACH: Empowering Women through TB work', an account of two women community health workers. As an organisation, REACH has always attracted more women because of its woman-friendly work environment. The triple burden women face in terms of earning, household work and childcare are always taken into consideration.

## HERE'S AN EXCERPT FROM THE INTERVIEW:

### How did you get involved with REACH?

"One day three years ago, staff from REACH along with those from the country's TB control programme, RNTCP visited us. They were screening family members of people with pulmonary TB. During their visit, one of the RNTCP staff members asked me about my educational qualifications and where I worked. When I told them I wasn't employed anywhere yet, they helped me get in touch with REACH, who were organising this contact screening programme under its project IMPACT. After an interview, REACH employed me in a role in the same project through which they found me. My father encouraged me to take up the role, stating if I could help other people living with TB in any way, that would make him happy"

Read the rest of the interview can be found on:

<https://stoptb-strategicinitiative.org/index.php/2019/02/15/reach-india-empowering-women-through-tb-work/>

## REACH INDIA: EMPOWERING WOMEN THROUGH TB WORK

Home > Update India > REACH India: Empowering Women Through TB Work



**IN THIS SECTION**

- India: Ashadip Healthcare Association improves TB case notification among tribal groups
- REACH India: Empowering Women Through TB Work
- India: Ashadip Healthcare Association screens Tribal Groups for TB with the help of Community Health Workers (CHWs)
- India: PPM approach in Chennai increases case notification in private sector

**COUNTRIES**

- Bangladesh
- Democratic Republic of Congo
- India
- Indonesia
- Kenya
- Mozambique
- Myanmar
- Nigeria

REACH – an acronym for Resource Group for Education and Advocacy for Community Health – is a women majority organization with focus

## Voices from the field: Stories of hope

### TB Nanbans build relationships, not just rapport

**M**r Babu is a simple man who leads an honest life. The 47-year-old lives with his wife and children in Purasavakkam area of Chennai and works as a daily-wage labourer in the construction industry.

He was diagnosed with TB and was taking treatment, but his treatment was not successful. He was referred to the REACH Nakshatra Centre at Aysha Hospital by Dr Srinivasan of Narayana Hospital. When Ms Juliet, who has been assigned as the TB Nanban there, saw Mr Babu, he had cough and cold and had already lost a lot of weight.

Without further ado, Ms Juliet got to work. After investigations were conducted, he was diagnosed with TB and was prescribed Cat-II treatment by his doctor. His treatment lasted eight months, during which he did not miss a single dose. Ms Juliet would visit his house regularly and also counsel him over the phone. She ensured that he not only completed his treatment, but also understood the importance of eating nutritious food and taking ample rest during the treatment.



*Mr Babu handing over the invitation to TB Nanban Ms Juliet*

That's when Mr Babu's wife Mrs B Kannagi stepped in. She convinced him to stop going to work and she decided to start working as a daily wager to support the family financially. She also took care of her husband and ensured that he was not depressed on account of his illness. Due to the moral support from his family and TB Nanban Juliet, Mr Babu's symptoms gradually reduced and within three months he felt strong enough to start working again and eventually completed his treatment and got cured. A few months later, when Ms Juliet was busy with her work at the Nakshatra Centre, she saw Mr Babu calling her on her mobile.

"Where are you Ms Julie," he asked.

"I am at the Centre Mr Babu. How are you?" Julie answered.

"I am fine. Okay I am coming there," said Mr Babu, leaving Julie puzzled.

Mr Babu entered with a broad smile across his face and a plate filled with sweets and fruits, a traditional way of inviting someone to a wedding. Mr Babu had come all the way just to invite Ms Julie for his daughter's wedding. When Ms Julie was at the wedding venue, Mr Babu, Mrs Kannagi and his sister introduced all the relatives to Ms

Julie and told them that it was only due to her help, counselling and dedication that he got cured. Never had Ms Julie ever expected to receive such a warm welcome and recognition for her work! She was so touched by this gesture, that she shared this story with her colleagues and her supervisor, who now look up to her as an inspiration as she not only built a good rapport with the person with TB, but she built friendships that will have a lasting impact.

### Eyes on the road, heart for humanity: How an autorickshaw driver's alertness saved a life

**M**s Sarumathi's job as a zonal coordinator for REACH involved her going to hospitals and meet doctors on a regular basis. Mr Yuvaraj (in picture), an autorickshaw driver who parked his auto at a stand near the house, would drive her to these locations regularly. One day, Mr Yuvaraj couldn't contain his curiosity and asked Ms Sarumathi, "What happened to you? Are you not well? Why do you keep going from hospital to hospital?"

Ms Sarumathi then told him about REACH and her work, which involves working with private practitioners and ensuring that people with TB get high-quality diagnosis and treatment at Nakshatra Centres.

Yuvaraj listened to every word carefully and told her that he knew a young autorickshaw driver called Ravi\*, who has been taking TB



treatment but is irregular as he can't afford the medicines as he is dependant on his earnings driving an auto, and lives with his mother, who receives an old-age pension from the government.

Ms Sarumathi then asked Mr Yuvaraj to give her mobile number to Ravi and share his number with her. Despite calling repeatedly for two days, Ravi didn't pick up Sarumathi's call, neither did he call her back.



The next day, Ms Sarumathi again called in the morning and finally, Ravi picked the phone. They talked about the treatment and Ms Saru asked him to send her his medical reports and asked him to visit the nearby REACH Nakshatra Centre, which was fortunately on the same street as Ravi's

house. But Ravi had lost his old medical records and got worried that he would need to undergo expensive tests all over again.

Ms Saru asked him not to worry and go back to the laboratory where he got tested, and ask them for a copy of his reports by giving his mobile number.

Though Ravi had to travel quite a distance to the

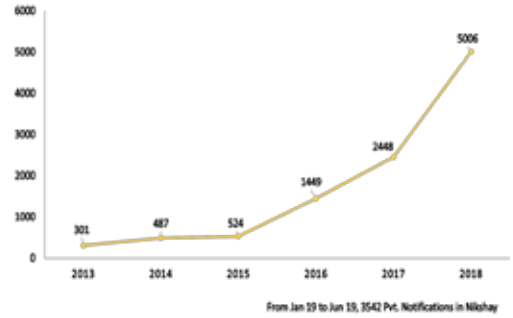
lab, the idea worked. He came to the Nakshatra Centre with his reports and his treatment was initiated free of cost. Mr Yuvaraj didn't stop at one, and now keeps his eyes and ears open to hear about anyone with symptoms in his community.

## Results at a glance

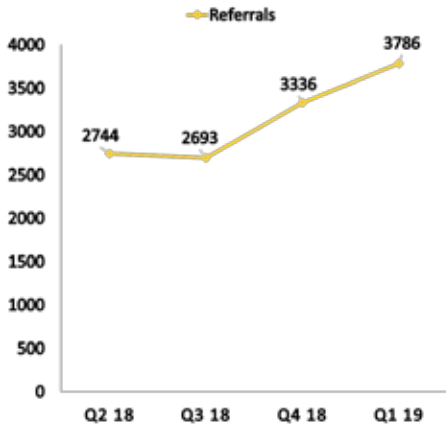
Cascade of Care - April 2018 to March 2019



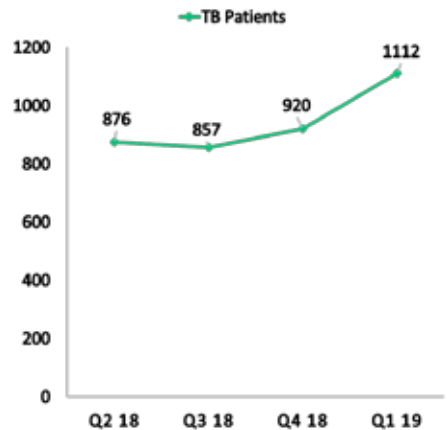
Year wise Private Sector Nikshay Notifications in Chennai



Quarterly Referral Trends from Q2 2018 to Q1 2019



Quarterly Patient Trends from Q2 2018 to Q1 2019



Out of Pocket Expenditure mitigated through Nakshatra Initiative for Private Sector TB Patients (Apr 2018 to Mar 2019)



INR 24.4 millions by providing free GeneXpert

INR 1.5 millions by providing free digital chest X Rays



INR 8.8 millions by giving anti TB medications

INR 6.5 millions by facilitating DBT for nutritional supplementation



Additional catastrophic OOPE averted through free follow up investigation (X Ray & AFB)

# IMPACT

## An improved Pathway for Active Contact Tracing

The house hold contacts of people with TB are a high-risk group for TB infection and active TB disease. REACH had been supporting the Greater Chennai Corporation (GCC) in screening all contacts of people with TB by recording the family details on an electronic data base, sensitising families on the importance of screening, access to diagnosis, symptom screening and free X-rays at private laboratories through an



*One-to-one training for transitioning of contact screening process*

incentive-based approach, providing GeneXpert for people whose X-ray showed signs of TB and linking those diagnosed to the RNTCP treatment units.

REACH organised training programs to enable transitioning the contact screening process to the GCC. REACH staff also provided direct hands-on training for the GCC-RNTCP staff at their respective TB units.

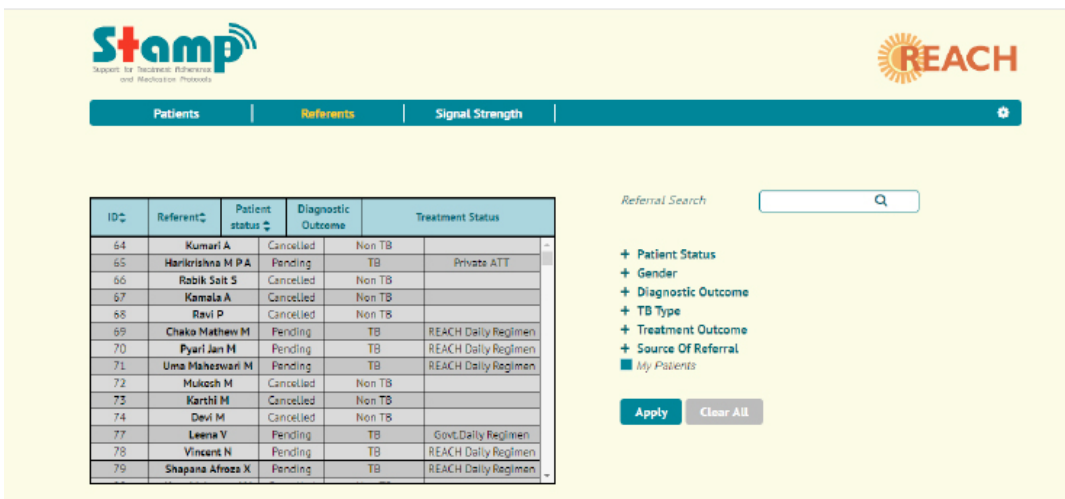
## Facilitating access to quality assured drugs

Quality assured drugs for people with TB were provided for the referrals from the private practitioners. Fixed Dose Combinations were just to be rolled out in the program for the private sector in 2018, but many private practitioners were using the ATT from pharmacies. Through the IMPACT initiative, we were able to facilitate access to quality assured drugs for people with TB.

## Data Management System

The initiative also supported the development of an Information Technology-based data management system for the private sector under the TB Free Chennai Initiative for tracking referrals in the patient care cascade pathway. This was to ensure that no one was missed out when seeking diagnosis and treatment support from the private sector.

Robust data management system was necessary to minimise errors, store data securely, for generation of indicators for programme management and to retrieve data reproducibly in order to analyze and interpret the data in a meaningful manner for monitoring and evaluation purposes.





# Reaching the unreached through Axshya

Project Axshya (meaning “free of TB”) funded by Global Fund Round 9, is a civil society initiative to strengthen TB care and control in India. The principal recipients of the project are The Union and World Vision. Project Axshya aims to enhance access to quality-assured TB services focusing on the vulnerable and marginalised (‘at risk’) populations and private healthcare providers in 128 districts in India, across 14 states.

REACH is a sub-recipient of The Union and the project has been implemented since 2010 in 14 districts of Tamil Nadu. The Project is in its fourth phase and is currently working in five districts, namely: Cuddalore, Krishnagiri, Madurai, Thanjavur and Trichy to implement a community-based active case finding cum active surveillance model of TB care.

## Objectives

1. Enhancing access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers
2. Expanding the reach, visibility and effectiveness of the RNTCP, especially for marginalised & vulnerable populations
3. To promote early case detection and management of TB patients through active case finding (ACF) in key affected populations (KAP) in campaign mode

## Key interventions

1. **Axshya SAMVAD:** (Axshya **S**ensitization and **A**wareness in **M**arginalised and **V**ulnerable **A**reas of the **D**istrict): Involves house-to-house visits to spread awareness about TB and is combined with an active case finding strategy. The people identified with TB symptoms are then linked with diagnostic and treatment services.



A community volunteer conducts house-to-house TB sensitisation under Axshya SAMVAD

2. **Community Surveillance Unit (CSU):** A system is established where the continuum of TB care services is provided by members of the community through volunteers who reside in the community. They identify people with symptoms and link them with TB services. 30 villages per district are selected and one volunteer from each village is identified and placed for providing TB services.
3. **District Hospital Intervention:** District hospitals have a high load of patients, and in order to fast-track the process of identifying people with TB symptoms, a volunteer is posted near the Out-Patient registration counter and through an informal interaction, helps identify, collect sputum sample and transport it to the Designated Microscopy Centre for testing.
4. **Health Camps:** Congregate settings such as shelter homes, mines, construction sites etc are identified and door-to-door awareness sessions are held a day prior to the health camp. People who have TB symptoms are given a container and asked to bring their sputum sample to the camp. The health camp is not only for TB but covers other health problems as well.
5. **Patient Charter Sensitisation:** People with TB and their family members are sensitised about their rights and responsibilities using a Patient Charter, making the relationship with health care providers a mutually beneficial one. The aim is to empower the affected community to complete treatment successfully with sufficient moral support.

## Highlights of the year

- More than 30 people undergoing MDR-TB treatment in Krishnagiri district received nutritional support for one year during the course of their treatment. This was mobilised by a local pharmacy through the advocacy initiatives of Axshya volunteers. This translated into a cost of Rs 200 per person per month for 12 months, i.e, Rs 76,800, which was supported entirely by Sri Balaji Medicals.
- Dry rations worth Rs 750 per month to Panruti Government Hospital in Cuddalore District are being received since December 2018 for supplementing the nutrition of people undergoing TB treatment. This was made possible by the support of members of a church and CDS Positive Network through the efforts of the project volunteers.
- Due to the goodwill earned by Axshya Project volunteers working with marginalised communities, local residents have begun to support the programme by their generous donations. Mr V S S Jalaluddin, a resident of Krishnagiri, voluntarily contributed Rs 30,000 for the daily distribution of Badam milk (almond-flavoured milk) to people undergoing TB treatment at a DOTS centre for a month.
- In Thanjavur district, a Self Help Group with eight people with TB was formed through the District TB forum. They facilitated the formation of the group and also supported them to get a personal loan of Rs 20,000 for each member from a cooperative bank.
- In Krishnagiri district, a TB forum member Mr Jalal, who is also a paralegal volunteer, supported a person with TB in a property dispute.



## Voices from the field: Stories of hope

### Timely intervention can prevent catastrophic consequences for people with TB



When 45-year-old Ms. Maheshwari, a resident of Perur village, Trichy district, Tamil Nadu, started coughing in 2016, she had no idea that it was a symptom of TB. She visited a private clinic in Trichy for treatment and ended up incurring out-of-pocket expenditure upon every visit. When the treatment did not work for her, she would switch to another doctor, and then another. This went on for four years and she spent around Rs 1 lakh on testing and treatment, but to no avail. During that time, her daughter was a college-goer and Ms. Maheshwari had to take a call due to the mounting expenses. Though her symptoms persisted, she decided to

stop taking medication as she couldn't afford it any longer.

In February 2019, REACH Axshya Community Volunteer (CV) Pushpavalli was engaged in house-to-house sensitisation on TB in the same village where Ms. Maheshwari lived. On visiting Ms. Maheshwari's home, Pushpavalli told her about TB and explained to her about the symptoms of TB. On being asked if anyone at her home had these symptoms, Ms. Maheshwari told Pushpavalli about her own symptoms. Pushpavalli gave a container to collect sputum, explained when and how the sputum should be collected in detail, promising to return to collect the sample next day.

The next day, Pushpavalli collected the sputum sample and transported it to the nearby Primary Health Centre (PHC) to get it tested for TB but the result was negative. Since Ms. Maheshwari had persistent symptoms, CV Pushpavalli asked Ms. Maheshwari to visit the nearby PHC directly and asked her to submit a sputum sample in front of the lab technician, the test result was again negative. But her experience in the TB related work with the community prompted her not to give up. She

again collected a sputum sample and got it tested through CBNAAT at the Trichy Medical College and the test results showed that Ms. Maheshwari not only had TB but was also resistant to Rifampicin. This sample was sent for LPA for further analysis but the result again was negative. Since the advanced test results were contradictory, Ms. Maheshwari was referred to the Thanjavur Medical College and Hospital for another LPA test, where the test results showed that it was mono resistant. Once the correct diagnosis was reached, treatment was initiated. Ms. Maheshwari was determined to complete her treatment and get cured. She would take medicines regularly at the PHC close to her residence. During the treatment period, CV Pushpavalli closely monitored the adherence for treatment and would regularly counsel Ms. Maheshwari.

The road to recovery was 11 months for Ms. Maheshwari and was not a smooth one, especially as she faced stigma associated with TB. Her neighbour once told Ms. Maheshwari's daughter to use separate plates for eating and to ask Ms. Maheshwari not to cook for the family as she might infect others. However, her daughter strongly opposed the idea and stood

strongly by her mother as she knew that taking regular treatment makes TB non-infectious. With the help of her daughter's support and CV Pushpavalli's constant guidance, Ms. Maheshwari is now cured and is able to lead a happy, normal life just like before.

### **"I am alive, thanks to you!"**

An interesting fact about Vadalur, a panchayat town in Cuddalore district of Tamil Nadu, is the high literacy rate among both men and women. And women like community volunteer Shanthi have become changemakers. Shanthi is one of the well-known faces in Vadalur as she has been conducting Axshya SAMVAD for the past four years. She was trained under the REACH Axshya Project in TB services at Cuddalore district in 2015 and has been an important resource



person for the project ever since. As a community volunteer (CV), she has been instrumental in changing lives of people with TB.

One such instance occurred during an Axshya SAMVAD visit between 25th July and 10th August 2018. When Shanthi first met Anjalachi and told her about TB symptoms as part of the SAMVAD, the only symptoms that matched the common TB symptoms were rise of temperature in the evenings and loss of appetite. But the sixty-plus woman suffered from frequent headaches, which hampered her quality of life.

*The intuition worked and it was found that Mrs. Anjalachi had brain TB. Her treatment was initiated and weekly follow-ups via phone were done. The CV, the DC as well as the programme manager, visited her in person. During the program manager's visit, Mrs Anjalai expressed her gratitude to Axshya SAMVAD and said, "I am alive thanks to you."*

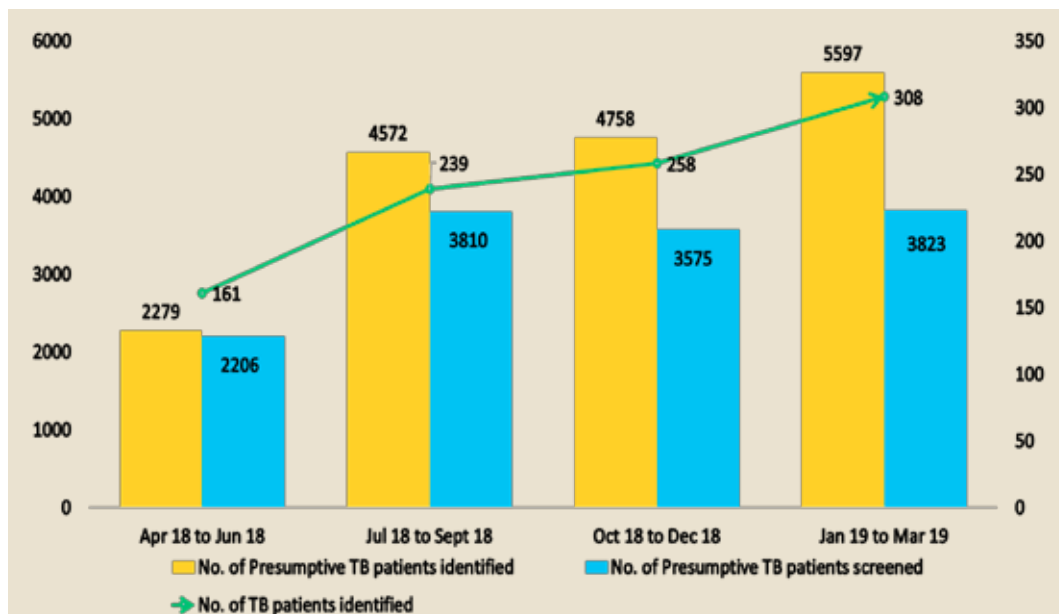
Anjalachi then revealed that she had TB earlier. After treatment, her sputum samples became negative when tested at both government and private hospitals. Despite this, her headaches continued. Another doctor prescribed medicines which did not help her. Thus, she not only suffered a delay in diagnosis, but she also incurred an

out-of-pocket expenditure of nearly Rs 30,000 on her treatment. She was able to bear this cost with the help of her husband, a daily wage labourer, and her two daughters, who supported her treatment.

CV Shanthi then requested her to provide a sputum sample. Anjalachi agreed. However, the early morning sample came negative, and the chest X-ray too didn't show she had TB. It was then that the district coordinator (DC) as well as the CV suggested a CT Scan and X-Ray of the brain to find out the cause of her headaches. The intuition worked and

it was found that Anjalachi had brain TB. Treatment was initiated and weekly follow-ups were done. The CV, the DC as well as the programme manager, visited her in person. During the program manager's visit, Anjalai expressed her gratitude to Axshya SAMVAD and said, "I am alive thanks to you."

## Results at a glance



Quarter-wise performance of Axshya activities



The REACH Axshya team

# Raising the profile of TB through the TB Call to Action Project

The Tuberculosis Call to Action (TBC2A) Project, supported by United States Agency for International Development (USAID) and implemented by REACH, seeks to amplify and support India's response to TB by broadening the conversation around the disease and involving previously unengaged stakeholders.

Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh are priority states for this project. Since 2016, the focus of this project has been on two interconnected aspects of India's response to TB – strengthening and supporting the community and advocating for increased financial, intellectual and other resources for TB.

Key influencers engaged through the project have been affected communities, the public sector, the government and its various departments, elected representatives, corporates, industries as well as the media.

## Key Interventions



Capacity-building of TB survivors to be powerful Champions and advocates



Engagement of TB Champions through the mentorship programme



Connecting service users and service providers through TB Mitra mobile app



Expanding the Employer Led Model for vulnerable populations





Involving elected representatives for greater attention to TB



Engaging the media for improved reporting on TB

## Highlights of the year

- TB Survivors from six priority states (Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh) were trained as TB Champions through capacity-building workshops



Mentorship programme in Chhattisgarh underway

- Mentorship programme was rolled out in all six states – TB Champions provided various support services to people with TB and sensitized their communities on TB. 50% districts from all six states were covered under the mentorship programme. TB Champions were given toolkits with materials in different formats for use and dissemination.
- TB Champions were provided various platforms and opportunities at the national, state and district levels to share their journeys from TB survivors to TB Champions, including as members of national, state and district TB Forums

- Survivor-led networks were formed in all six states. TB Mukta Vahini, Bihar, one of the first such state-level networks in India was formally registered.
- TB Mitra, a community mobile app was piloted in two districts (Ganjam and Bargarh) of Odisha. The launch meetings were chaired by the District Collectors of both the districts and Hon'ble MLA at Bargarh.



Bihar TB Champion holds an awareness meet in the community



*A TB awareness campaign underway in Odisha*

- Assessment of the Pharmacy was model conducted in Bihar, Jharkhand, Odisha and Assam.
- Tea gardens from the districts of Tinsukia and Dibrugarh were sensitised on the Employer Led Model (ELM) on TB Care and Prevention. Letters of Intent (Lols) were signed,

activities under ELM started on TB and the gardens began reporting to respective District TB Cells.

## Voices from the field: Stories of hope

### TB Champions encourage community to take the pledge

TB survivors and Champions are a key stakeholder in the TB response and instrumental in leading a community-led response to TB. Only a survivor of TB knows the true nature of the disease and how it can impact life. From side-effects of medicines to dealing with isolation and discrimination from society, TB Champions have braved it all.

TB Champions trained by REACH were unanimous in stating that one of the most common reasons for the stigma associated with TB is the lack of awareness about the disease, how it spreads, how it affects health, and the treatment and care needed to cure it. It is due to this lack of awareness that people affected by TB live in fear of isolation, keep their diagnosis hidden, sometimes even from close family members.

To address this, more than 160 TB Champions across 140 districts in the six states of Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh launched campaigns to end stigma related to TB on World TB Day 2019. The TB Champions organised rallies and sensitisation meetings at which they distributed stickers with anti-discrimination messages. More than 18,000 stickers were distributed. Through the campaign, TB Champions called on key stakeholders and community members to take a pledge to not stigmatise or discriminate against anyone with TB. The awareness drives saw the participation of panchayati raj institutions, schools, local self-help groups and the community at large.



Odisha



Chhattisgarh



Bihar



Assam



Jharkhand



Uttar Pradesh

**Glimpses from the  
Anti Stigma Campaign on  
World TB Day in Assam, Bihar,  
Chhattisgarh, Jharkhand,  
Odisha and Uttar Pradesh**

A second round of campaign meetings in July-August involved other stakeholders and reinforced the key anti-stigma and anti-discrimination messages.

- Together for TB – A roundtable meeting of MLAs was organised in Guwahati, and chaired by the Chief Minister of Assam Shri Sarbananda Sonowal. 26 MLAs were present in the roundtable and Shri Sonowal committed to lead a movement to eliminate TB from the State. Prior to this, another consultation was held in Dibrugarh with the participation of MLAs from Upper Assam
- Activities for a TB-free constituency campaign in Baharagora, Jharkhand, continued under the leadership of Mr Kunal Sarangi, MLA of Baharagora. An inter-sectoral meeting of block-level line departments was conducted under the chairmanship of Mr Sarangi and micro plan initiated across all sub centers in the constituency for Active Case Finding. Advocacy and community sensitisation activities are underway
- Similar efforts were launched for TB-free North Lucknow in Uttar Pradesh and TB-free Phulwari Sharif in Bihar under the leadership of the respective MLAs Dr Neeraj Bora and Shri Shyam Rajak
- An inter-sectoral meeting was held at Odisha under the chairmanship of Commissioner cum Secretary, Health and Family Welfare, Government of Odisha. Five line departments participated and action points to be undertaken by each department were detailed. The Director of Mines was met and a directive issued to all mining districts to support REACH for conducting ELM sensitisation meetings. The Commissioner cum Secretary issued directives to five mining districts and the Director of Health Services issued directives to the Chief District Medical Officers to begin sensitisation activities on ELM.



*Launch of the TB-free North Lucknow campaign*

- Mining companies in the districts of Jajpur, Keonjhar and Angul in Odisha were sensitised on the Employer led Model for TB Care and Prevention, followed by signing of nine Letters of Intent (Lols). This model was presented at the National Consultation Workshop of PSUs for TB-free India.
- Communications materials featuring TB Champions were launched by Hon'ble Minister of Health and Family Welfare, GoI, at Bhubaneswar.
- Support was provided to CTD in the development of a Framework for a Gender-responsive approach to TB.
- Formation of Working Group to develop a curriculum for training of TB survivors to be effective Champions and advocates was facilitated
- Regional Review meeting of TB Forums for CTD, with TB Champions and state officials from four priority states was facilitated.

## Media Engagement

### A. Helping Media Highlight Issues in TB through fellowships

2018 marked the 9th year of the Media Fellowship Project, where journalists working in local language publications were provided with mentorship and guidance along with the skills to write effectively and sensitively on TB. Nearly 90 journalists have benefitted from the fellowship programme, supported under the TB Call to Action Project. This fellowship programme is designed specifically to suit the local language requirements. As part of this fellowship



A story on TB done by a media fellow

programme, 10 journalists attended a three-day orientation programme in New Delhi. They were provided with technical knowledge about TB as well as skills to interpret TB-related data, and report effectively and sensitively on TB. The Fellowship programme was supported by the USAID under the Call to Action Project.

The Fellows, who hailed from diverse publications across India, reported on locally-relevant issues related to TB, such as the relationship between TB and the triple burden of poverty, malnutrition and pollution, DR TB, free healthcare facilities available to the public, reducing stigma and the work of TB survivors in eliminating TB in their communities.

## B. National Media Fellowship for reporting on TB

The National Media Fellowship is intended for senior journalists working in English or Hindi to highlight TB-related issues that have an impact at the national macro level, and have policy-level implications for TB care and control in India. Started in 2013, these fellowships have been awarded to six journalists so far. Freelance journalist Anumeha Yadav was selected as the National Media Fellow for 2018-19. She travelled to Rajasthan to cover critically important issues on TB, such as TB detection among the poorest in Rajasthan in her story 'Rajasthan's Poorest TB Patients Left Out In Govt's Search For Missing Cases' for HuffPost, TB and silicosis in her story 'Dying in Dust: For Rajasthan's Miners, Silicosis Deepens Struggle With TB' for The Wire, and 'Numb and weak, a tailor in Rajasthan stops his TB treatment despite the risks' for

### Dying in Dust: For Rajasthan's Miners, Silicosis Deepens Struggle With TB

The government recognises miners as being occupationally vulnerable to TB. For thousands, however, an epidemic of silicosis is making that diagnosis even more difficult.



Anumeha Yadav

HEALTH LANDSCAPE 09/08/2019

Bhilwara (Rajasthan): Inside a quarry in Bijolia, a mining town in Rajasthan's Bhilwara

A story by National Fellow Anumeha Yadav published in The Wire

The Scroll. She also travelled to Jharkhand to write about healthcare workers being a ray of hope in rural settings in her story 'Meet Radha Devi, a health worker, ministering to the needs of TB patients in a Jharkhand village.'

### **C. Roundtables for Journalists**

Media Roundtables were held at Guwahati in Assam, Bhubaneswar in Odisha, Ranchi in Jharkhand and Lucknow in Uttar Pradesh in order to establish a connect with media representatives, provide journalists with updated information on TB, including new developments in India's response to the disease and to encourage ethical and appropriate coverage of TB stories in the states.

The roundtables were an opportunity to get important elements of the TB response, i.e., the government, the media as well as the community affected by TB, on the same table. Through the narratives of the survivors, the participants of the roundtable were able to understand the importance of the community-led response. The media also took the initiative and requested for data, regular updates on TB, which REACH helps facilitate on a regular basis.

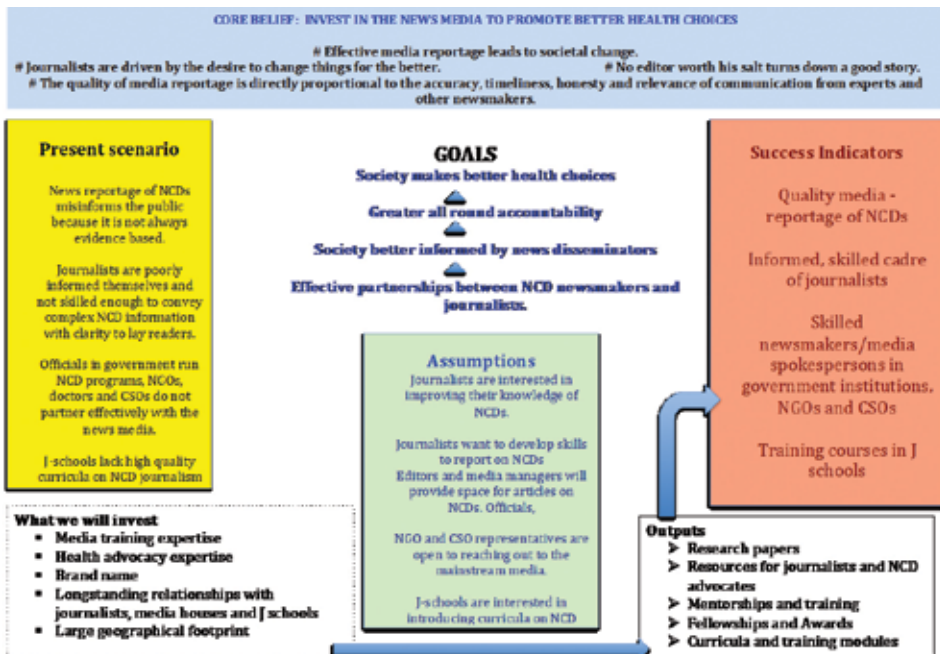
# Improving awareness on NCDs

Non Communicable Diseases (NCDs) account for 60% of the deaths in India and will greatly increase the country's disease burden with attendant economic costs, over the next two decades. Early diagnosis and effective management can mitigate the impact of NCDs. In order to improve the quality and frequency of media reporting on this subject, REACH has broadened the scope of its technical support to journalists by entering the domain of NCDs.

The project is supported by Global Health (formerly known as Eli-Lilly) and was initiated in February 2018.

The following interventions within this media initiative have been planned so far:

- Media Fellowship for reporting on NCDs for local language journalists
- National Media Fellowship for senior journalists writing in English
- Trainings for newsmakers (CSOs, NGOs, experts, survivor groups, healthcare workers) on improving media engagement
- Briefings and seminars (online/offline) for journalists
- Resources for Journalists





# Highlights of the year

## Webinar for Journalists

On December 20, 2018, we hosted a free live webinar for journalists, titled 'A Stitch in Time: Mitigating the Impact of Non-Communicable Diseases.' Dr Mukesh Kapila, Chief Executive of the Defeat NCDs Partnership was the main spokesperson. 16 people joined us remotely and one journalist and four REACH colleagues joined at the REACH, Chennai office. With introductory remarks by media expert Dr Jaya Shreedhar, the webinar, initially planned for around 30 minutes, ended up being an extremely interactive session for Dr Kapila answered all the questions by journalists at the REACH Chennai office, as well as those who joined remotely. Further, it introduced international experts and their works to journalists who report in local languages. This also served as a curtain raiser to the burden and extent of NCDs with an India focus for those journalists who had applied for the fellowship.



A screenshot of the webinar video

## Media Fellowships for reporting on NCDs for local language journalists

The theme for the first year of Media Fellowship for reporting on NCDs was chosen as Chronic Respiratory Diseases (CRDs) in continuation to REACH's work on lung health. 16 Fellows attended the fellowship orientation workshop held in Chennai in January 2019.

The programme was held to introduce journalists to various aspects of Chronic Respiratory Diseases such as asthma, Chronic Obstructive Pulmonary Disease (COPD), Interstitial Lung



Disease, and connect them to experts from the field. Dr. Sundeeep Salvi, Director, Chest Research Foundation was our chief facilitator for the knowledge sessions on COPD (picture on right) and the national policies on lung health.



Dr A Suresh, a consultant in Pulmonary Medicine at the Sundaram Medical Foundation and Dr S Balamurugan, a consultant pulmonologist & the director of the Chest & Diabetes Research Institute in Chennai were knowledge experts in asthma, COPD and other CRDs. The orientation programme also included skills sessions, which were headlined by media trainer and expert Dr Jaya Shreedhar. Equipped with information and the means to do in-depth field reporting on the various aspects of NCDs, our Fellows, who work for diverse publications across India, reported on issues ranging from the prevalence of COPD and Asthma in their respective cities, to the risk posed by commonly used household items such as mosquito coils, incense sticks and dhoop sticks. And from occupational

hazards to lung health such as workers of brick kilns or workers in metal casting workshops, to the often ignored respiratory diseases among sex workers, who live in cramped housing without having the luxury of a window in their tenements due to the nature of their work. They continue to report on various CRDs beyond their fellowship period.

**പുനരധിവാസം പ്രധാനം**

**സി.കെ.പി.ഡി. രോഗികൾക്ക് മരുന്ന് മാത്രം പോരാ...**

സി.കെ.പി.ഡി. രോഗികളിൽ നല്ലതരമു ശതമാനവും വിജയം ഉണ്ടാകുന്ന എന്തി അസ്ഥികൾ അടിച്ചുലകിടക്കുകയല്ലേ. രോഗിയും പരിചരിക്കുന്നവരും ഇത് തിരിച്ചറിയേണ്ടത്. പരിഹാരം കാണാനെ വിജയവും ഉണ്ടാകുന്നതും സി.കെ.പി.ഡി. തീയന്തങ്ങളെയും രോഗിയുടെ ആരോഗ്യത്തെയും ഏറെ പരിഷ്കരിക്കേണ്ടി വരും.

സി.കെ.പി.ഡി. രോഗിയുടെ അസ്ഥികൾ അടിച്ചുലകിടക്കുകയല്ലേ. രോഗിയും പരിചരിക്കുന്നവരും ഇത് തിരിച്ചറിയേണ്ടത്. പരിഹാരം കാണാനെ വിജയവും ഉണ്ടാകുന്നതും സി.കെ.പി.ഡി. തീയന്തങ്ങളെയും രോഗിയുടെ ആരോഗ്യത്തെയും ഏറെ പരിഷ്കരിക്കേണ്ടി വരും.



**National Fellowship for reporting on NCDs**

We awarded one National Fellowship to Swagata Yadavar, Principal Correspondent for IndiaSpend, a data journalism and news analysis website, which also is a wire service. Swagata reports on health among other development issues for the publication. She travelled to Pune, Karnataka & various villages in Rajasthan for her stories.

Her first story titled **'This Disease Is The 2nd Highest Killer Of Indians, Yet Doctors Or Patients Do Not Know Enough About It'** aimed at highlighting the lack of awareness about Chronic Obstructive Pulmonary Disease, among people affected by it, the general population and even doctors. She interviewed Dr Sundeep Salvi for this story.

For her second story titled **'Why Goti Bai's LPG Cylinder Lies In A Cowshed, Unused,'** she travelled to Rajasthan and interviewed a wide range of people – doctors in government healthcare facilities, women who use in their kitchens chulha or earthen stove fuelled by wood or dried cow dung cakes, women who use LPG gas cylinders for cooking. This story brought out the gaps in the national scheme for popularising the use of the smoke-free LPG cylinders in rural and urban homes, popularly known as the 'Ujjwala' scheme.

For her third story titled **'A Man, His Oxygen Tank And India's Growing Spectre Of Death,'** Ms Swagata travelled to Bangalore to meet a person whose quality of life has been severely affected due to Level 4 COPD. She did interviews with the patient, his family members as well as doctors who treated him.



For her fourth story titled **'Why India Is Struggling To Tackle Its Lung Disease Crisis,'** Ms Swagata makes the case for the need of including COPD into the national screening programme for NCDs, which currently only looks at prevention and control of diabetes, cancer, cardiovascular diseases and stroke. She also highlighted the difficulty in diagnosis and highlights risk factors. A solutions box was also included in the article.

### Resources for Journalists



*Media fellows with their certificates at the end of the orientation workshop on Chronic Respiratory diseases in Chennai*

We developed online resources on chronic respiratory diseases, which are not only in a lucid language, but also explain the key issues presented in research papers, thus, bridging the gap between scientists and the general public.

We developed seven NCD resources for journalists. We developed one resource for World Diabetes Day, two for World Chronic Obstructive Pulmonary Diseases Day. We also developed resources on the National Programme for NCDs in India to give journalists a starting point in their research on policy matters. We further developed resources on Asthma and Interstitial Lung Diseases. This was done to highlight the most important aspects of the studies, to educate how to report sensitively on these diseases, especially in cases where the affected community is involved. We also busted myths, developed factsheets and story ideas, which could be useful for journalists.

# WORLD COPD DAY 2018: 21 NOVEMBER

A RESOURCE FOR JOURNALISTS

## C - CHRONIC O - OBSTRUCTIVE P - PULMONARY D - DISEASE

### What is COPD?

It is not one single disease but an umbrella term used to describe chronic lung diseases that impede the flow of air in the lungs. It includes:

- Emphysema. A condition where the alveoli at the end of the smallest air passages (bronchioles) of the lungs lose their elasticity.
- Chronic Bronchitis. The long-term inflammation of the lining of the bronchial tubes.

# WORLD DIABETES DAY 2018: NOVEMBER 14 AND DIABETES AWARENESS MONTH

A RESOURCE FOR JOURNALISTS

## The current situation

26 million in 1990

65 million in 2016

72.9 million in 2017

Despite the availability of treatment options, diabetes cases have rapidly risen in India from 26 million in 1990 to 65 million in 2016<sup>(1)</sup>, with an increasing number of cases in rural India. The International Diabetes Federation estimated that as of 2017, India has 72.9 million people with diabetes<sup>(2)</sup>.

70,000-plus kids with Type-1 diabetes

### TYPES OF DIABETES

- Type 1, believed to be an auto-immune condition.
- Type 2, most common, adult-onset diabetes.
- Gestational diabetes with high blood glucose levels during pregnancy. The mother and baby are at increased risk of getting Type 2 diabetes later.

# National Action Plan and Monitoring Framework for Prevention and Control of NCDs

A READY RECKONER

8.8 million Indians die from heart and lung diseases, stroke, cancer and diabetes, in other words, 1 in 4 Indians risks dying from an NCD before they reach the age of 60.

## WHAT DOES IT COVER

- TOBACCO USE
- HOUSEHOLD AIR POLLUTION
- ALCOHOL USE
- OBESITY
- SALT/POTASSIUM INTAKE
- IRREGULAR PHYSICAL ACTIVITY

## SPECIFIC TARGETS

By 2025, India wants to have at:

- 50% relative reduction in household use of solid fuel
- 50% relative reduction in prevalence of harmful tobacco use by 2025.
- 50% increase in availability of quality, safe & efficacious essential NCD medicines including generics and biosimilars in public & private facilities

India is the first country to develop specific national targets and indicators aimed at reducing the number of global premature deaths from NCDs by 20% by 2025. A National Multisectoral Action Plan that outlines actions by various sectors in addition to the health sector, to reduce the burden of NCDs and their risk factors, is in the final stage of development.

# Asthma

FACTSHEET

## WHAT?

A disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. In an individual, they may occur from hour to hour and day to day.

## RISK FACTORS

- Exposure to indoor allergens at infancy
- Inherited tendency to develop allergies (called atopy)
- Genetics
- Medicines (aspirin or other non-steroidal anti-inflammatory drugs and nonselective beta-blockers)
- Exposure to tobacco smoke
- Exposure to chemical irritants at work
- Air pollution
- Exposure to sprays (such as hair spray, room freshener)
- Allergic rhinitis (allergen-induced inflammation of the membranes lining the nose)

## BURDEN

- 1 IN 10 asthma patients in the world is in India
- 1.5 TO 2 CRORE unreported asthma patients in India
- 80 PERCENT of childhood asthma & 50% of adult asthma caused by avoidable allergens
- BETWEEN 10% AND 15% estimate prevalence of asthma in 15 year old children

## PREVENTION

- Avoiding triggers
- Early identification & treatment plan
- Control and treatment of allergic rhinitis from its inception

References:  
 1) National Health Mission  
 2) WHO International Asthma Factsheet  
 3) WHO Asthma Factsheet

Asthma factsheet  
 This resource was developed by REACH as part of our efforts to help improve the quality and frequency of media reporting on NCDs.

REACH  
 LILLY GLOBAL HEALTH PARTNERSHIP  
 United Way

Resources on NCDs

# TB Centerstage

TB Centrestage is a platform to facilitate focused and outcome-oriented discussions, incubate and nurture fresh approaches and foster innovative thinking to eradicate TB. It was first organised in March 2016. As part of the 'TB Centrestage' Discussion series, TB survivors and Champions from across India, key civil society and community organisations, journalists, programme implementers, representatives from donor agencies and other stakeholders from the TB community were brought together for an open conversation on #WhatCommunitiesWant and related financial goals. The meeting was titled 'Conversations' – A TB Centrestage Discussion.

The meeting was organised by REACH and Touched by TB, the national coalition of people affected by TB in India, with the support of the Stop TB Partnership and in partnership with the Central TB Division and held in the run-up to the Preparatory Meeting for the 6th Replenishment of the Global Fund and Launch of the Investment Case in New Delhi on 7-8 February 2019.

The meeting focused on two key stakeholder groups that are often left out of broader discussions – TB survivors and Champions, and the media. It was agreed that besides hearing from community members, a second objective of the meeting would be to hear from journalists who report on TB on ground realities as well as what the TB community could do to engage the media better.



## Key Highlights

- **Media Perspectives on TB:** Bharathi Ghanashyam of Journalists against TB called for a greater focus on the social, economic and political dimensions of the TB response. Recipients of National Fellowships awarded by REACH, Ms Disha Shetty, Ms Menaka Rao and Ms Anumeha Yadav were also present. They shared their experience of traveling to various rural areas of the country and reporting on TB-related issues. One of the key observations was that for people affected by TB, the daily experiences – waiting in hospitals, not understanding what providers say – are what influences their decisions
- **Forefronting Communities & TB Champions:** Ms Blessina Kumar, Advisory Board Member of Touched by TB, Dr Anant Bhan, Bhopal-based Researcher on Bio Ethics, Global Health and Health Policy TB Champions from Touched by TB, TB Mukta Vahini and TB Elimination from Jharkhand, all survivor-led networks, shared their views on #WhatCommunitiesWant, highlighting different dimensions of the TB response that requires attention. The wordcloud represents the various points that were discussed:



## Other Highlights



**Discussion with stakeholders:** A stakeholder's discussion in Chennai with Tereza Kasaeva (in picture), Director, Global TB Programme, Ms. Diana Weil, Ms. Monica Dias from WHO Geneva along with Dr. Ranjani Ramachandran, Dr. Malik Parmar, Dr. Subramania Raja and Dr. Suma from WHO India and consultants from Central TB Division, Program Officer Dr. Lavanya and Additional City Health Officer Dr. Jagadeesan from the Greater Chennai Corporation-RNTCP and REACH was organised on February 27, 2019 at Savera Hotel.



The purpose of the visit was to understand the TB Free Chennai initiative and its strategies. The team visited tuberculosis units of the Greater Chennai Corporation (GCC) and in the meeting interacted with the private practitioners, people with TB in the private sector, doctors in the Nakshatra Centers and TB Nanbans. The joint efforts made by the GCC-RNTCP and REACH was much appreciated by the visiting team. An interactive session between the TB survivors, doctors and TB Nanbans of the Nakshatra Centers and the WHO Geneva team was also arranged during the meeting.





**Communities, Rights and Gender Assessments:** REACH, with support from the Stop TB Partnership, undertook the Communities, Rights and Gender Assessments in India. REACH presented the findings of these assessments at a Consultative Meeting held on 14 September 2018 in New Delhi. The meeting was attended by senior health officials, TB Champions, civil society representatives and other TB experts. The CRG tools, developed by the Stop TB Partnership, provide a guiding framework for undertaking rapid assessments of three different dimensions of our response to TB – gender; key and priority populations; and law and human rights. An increased focus on these aspects has the potential to not just increase case detection and improve treatment outcomes but also improve the overall quality of care available to those affected by TB. The three CRG tools are:

1. Data for Action Framework for Key Populations, which focuses on measuring the burden of TB and access to health care among key, vulnerable and priority populations in the country
2. Gender Assessment tool for national TB response, which applies a gender lens to TB and assesses the ways in which gender affects and interacts with TB
3. Legal Environment Assessment (LEA) Tool that looks to understand and examine the legal and policy environment for TB through a rights-based framework India is one of six priority countries for these assessments.

**Stigma Assessment:** The Stigma Assessment Toolkit, developed by the Stop TB Partnership and the USAID was piloted in India. The two-day pre-testing workshop was facilitated by the Stop TB Partnership consultant Ms Nadine France in October 2018. The interactive exercise was organised to understand the process of rolling out the tool kit to different groups (people with TB, their treatment supporters, earlier known as DOT providers, field workers, community volunteers, journalists reporting on TB and lawyers). Another objective of the meeting was to determine the toolkit's ease of use by the participants and to test methodologies. The questionnaires contained in the toolkit were tested for their ease of administration and participants' understanding.



Journalists, TB  
Champions,  
policymakers  
and civil society  
representatives  
discuss during  
the two-day  
programme



# World TB Day

World TB Day has, from the inception of REACH, been special for us to not only come together as a team to observe the occasion, but also to encourage people around us to take the initiative and keep the conversation on TB alive. Here are a few highlights:

- #EndTBEndStigma campaign:** On the eve of World TB Day, REACH launched an anti-stigma campaign across seven states of the country, namely, Assam, Bihar, Chhattisgarh, Jharkhand, Odisha, Tamil Nadu and Uttar Pradesh. The campaign was customised for each state's language and cultural requirements. It was led by TB survivors, who have turned TB Champions in the northern states of India, while in Tamil Nadu, the campaign was led by community volunteers, healthcare workers, and by people affected by TB. REACH received an overwhelming response from thousands of people from all walks of life. School and college students, people working in various fields and in various capacities took the pledge to know about TB and not discriminate against people with TB.



*People from all walks of life supported the anti-stigma campaign on World TB Day*

- Social activist Suhasini Maniratnam, Padmashree Awardee Sir Bulu Imam from Jharkhand and Dr M Jagadeesan, Additional City Health Officer, Chennai, MD-NHM Chhattisgarh Dr Priyanka Shukla were some of the prominent persons who took the pledge.
- **Media engagement:** These events received widespread media coverage across India. Two opinion pieces penned by REACH employees were published in national dailies. Journalists trained to report on TB by REACH continued to write on TB, covering pertinent issues such as stigma and discrimination faced by women. We also saw engagement via FM radio in three states wherein doctors, survivors and healthcare workers were interviewed or a panel discussion conducted. The TB Champions in Assam, Bihar, Chhattisgarh, Jharkhand, Odisha, and Uttar Pradesh organised rallies and sensitisation meetings where they distributed more than 18,000 stickers with anti-discrimination messages.
- Thirty-two TB Champions were felicitated at various meetings held on World TB Day. TB Champions were invited to speak at various events, including the World TB Day event organised by the World Health Organization and the Ministry of Health and Family Welfare in Delhi.



# Communication Activities

❖ **Toolkit for TB Champions:** To support TB Champions in implementing their mentorship programme activities, REACH developed a toolkit with several materials. Each toolkit contains three categories of materials. The first set of materials is intended for the Champions' reference/use and includes a FAQ on TB, a handbook on TB, badges and customised posters. The second category of materials includes a booklet on TB, leaflets on cough hygiene and cards about the mobile App TB Mitra – all intended for distribution by the TB Champions to people with TB they support. The final set of materials includes leaflets, door stickers and posters intended for distribution at community sensitisation meetings and display at community centres in the TB Champion's area of influence.



कामेह्वर राखाड़े  
सुलतपुर, मणिपुर

**टीबी का मुमकिन है इलाज  
डरो मत, जंग शुरू करो आज**

टीबी पर जीत हासिल की है मैंने, हूँ मैं टीबी चैम्पियन  
आपके सहयोग के लिए, हूँ मैं तत्पर ह्रदय

मिशन संपर्क (देल फ्री): 1800 11 6666

रिनु  
कास, बिहार

**घस्राव रिकेवा अठे वइज छवाइ  
इलाजवा घस्रा रोग न करिवा छइ**

रिबूज करिबि घू रिबूज रिकेवा  
आवबू करिवा रिबूज रिबूज

मिशन कॉल (देल फ्री): 1800 11 6666

❖ **Direct Benefit Transfer for Private Practitioners and Affected Communities:**

A one-page ready-reckoner was developed by REACH to demystify the Direct Benefit Transfer scheme initiated by the Government of India under the RNTCP. A one-page document for private providers and a one-page pamphlet for the affected community (patients, their family members, survivors) were developed. The key benefits under the scheme were outlined and REACH's facilitatory role explained.



❖ **Women’s Day social media campaign:**

On International Women’s Day (March 8, 2019), REACH created a social media campaign ‘#WomenEndingTB’ to recognise the efforts and contribution of women in various capacities to end TB. Community Volunteers, TB Nanbans, survivors and a doctor from Chennai, as well as two women TB Champions each from Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh, were featured in the campaign. Some of the stories were picked up by the media and featured in articles.

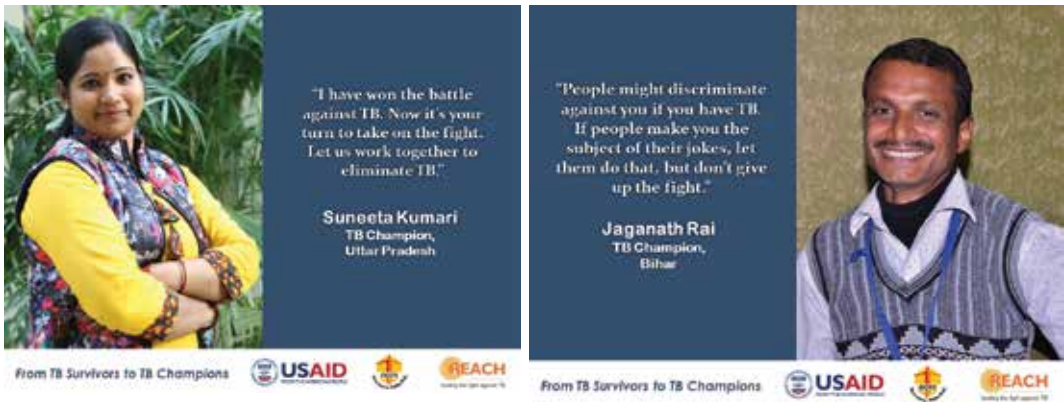


International Women's Day 2019



#ItsTimeToEndTB  
#WomenEndingTB

- ❖ **#MondayMotivation series:** REACH launched a #MondayMotivation series on Twitter on November 2018, featuring TB Champions from six project states Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh. On every Monday, an image was shared on our Twitter page, which would contain the photo of a TB Champion along with their quote. The powerful quotes were intended to provide motivation to people working in TB domain, as well as people in various stages of treatment, simultaneously highlighting the struggles and success stories. A few of them are:



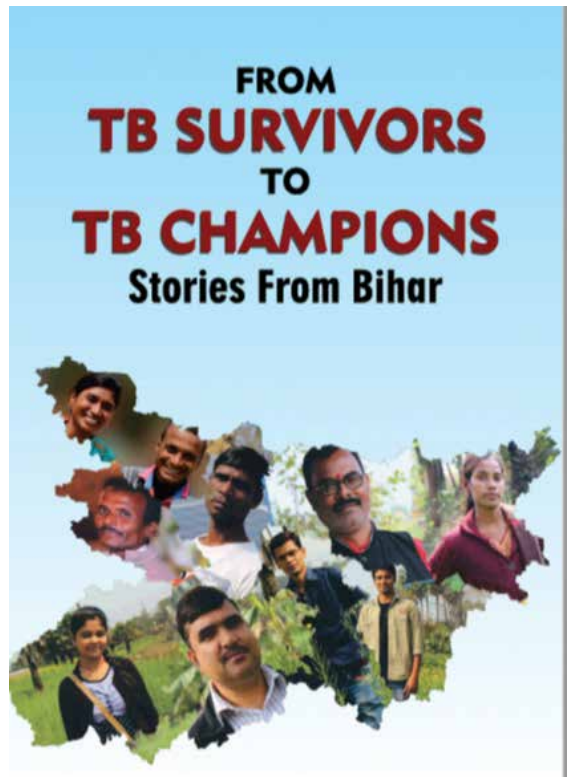
- ❖ **#HerTBStory - Social Media Campaign for World TB Day:** REACH supported the U.S. Consulate General (Mumbai) and USAID/India in the development of #HerTBStory, a social media campaign on TB and women for World TB Day. The eight short videos profiled women whose lives have been impacted by TB, or those who have been a part of the response to TB – including TB survivors, advocates and doctors. Stigma was a crosscutting theme across the videos. Social media influencer Sherry Shroff spoke of the responses she had got from young women across India when she openly shared that she had TB. Dr. Daksha Shah, Mumbai City TB Officer, described how both the fear of stigma as well as actual discrimination impact the lives of women with TB. Akbar and Afreen, a couple from Mumbai, emphasised the importance of family support for women with TB. The videos were shared on Facebook, Twitter, Instagram and YouTube, with more than four lakh views and a total reach of over nine lakh people.



❖ **Book on Bihar's TB Champions:**

A compilation of stories of 10 TB Champions titled, 'From TB Survivors to TB Champions: Stories from Bihar', was unveiled by Mr. Sanjeeva Kumar, Additional Secretary & DG, NACO & RNTCP, Government of India, and Dr. Kuldeep Sachdeva, DDG-TB, Central TB Division, MoHFW, at the launch of TB-Free Saran, Bihar on March 2, 2019. Through the narratives, TB Champions recount the experiences and hardships they endured while on treatment and how their lives were reshaped thereafter. The book throws light

on socio-economic factors, including stigma and discrimination, which affect people with TB. The narratives also illustrate that TB is not always a tale of poverty and defeat but of courage and resilience.





- ❖ **Videos on TB Champions:** 15 videos on TB survivors and Champions from Jharkhand and Bihar were launched. The short videos developed by REACH record the evolution of seven individuals from TB Survivors to TB Champions, and their continued efforts as advocates for TB elimination.



# Publications

A research paper titled **'Successfully Engaging Private Providers to Improve Diagnosis, Notification, and Treatment of TB and Drug-Resistant TB: The EQUIP Public-Private Model in Chennai, India'** on REACH's private provider engagement was published in 'Global Health: Science and Practice' Journal. Based on a participatory program design that addressed the self-described needs of private providers, REACH offered the providers access to rapid diagnostics and support for notification and patient treatment, including free anti-TB drugs. This model resulted in high participation from doctors, contributing more than 10% of the overall TB case notifications, and an 89% treatment success rate for drug-sensitive TB.

## Read it here:

<http://www.ghspjournal.org/content/7/1/41>

## Newspaper articles

❖ As a run-up to the UN High Level Meeting on TB, REACH's Anupama Srinivasan and Jaya Shreedhar penned an article for The Hindu on India's commitments on TB for The Hindu.

## Read it here:

<https://www.thehindu.com/opinion/op-ed/ending-tb/article24884403.ece>

❖ Anupama Srinivasan also penned another article for The News Minute on the same issue.

Read it here: <https://www.thenewsminute.com/article/ahead-un-meeting-tb-here-why-india-s-response-disease-crucial-88942>

❖ For World TB Day, REACH's Anupama Srinivasan and Rashmika Majumdar wrote articles highlighting the need to end stigma and the contribution of the community for The Hindu and The New Indian Express respectively.

**Read them here:**

<https://www.thehindu.com/sci-tech/science/end-stigma-and-discrimination-to-end-tb/article26619805.ece>

<http://www.newindianexpress.com/opinions/2019/mar/28/tuberculosis-survivors-turn-saviours-1956954.html>

**Health**

## Ahead of UN meeting on TB, here is why India's response to the disease is crucial

With a quarter of the world's TB burden, India's role in the global TB response cannot be overstated.

Anupama Srinivasan | Tuesday, September 25, 2018 - 15:04

Follow @almostbutnotyet



# Conferences and Meetings

Sl No	Date	Attended By	Details of event
1	17 April 2018	Ms. Smrity Kumar	National TB Forum Meeting on Community Engagement, New Delhi
2	4 June 2018	Ms. Anupama Srinivasan	Interactive Civil Society Hearing, United Nations High-Level meeting on TB, New York
3	11, 12 June 2018	Dr. Ramya Ananthakrishnan	Participated as a reviewer for the preparation of field guides for "The Strategic Initiatives to Find the Missing People with TB" hosted by The Royal Tropical Institute (KIT) in Amsterdam
4	26 June 2018	Ms. Sheela Auguesteen	Convergence Meeting- International Day Against Drug Use and Illicit Trafficking, T.T.Ranganathan Hospital, Chennai
5	29 June 2018	Dr. Ramya Ananthakrishnan	TB CRG Tools Strategizing Meeting organised by Stop TB Partnership and Global fund in Geneva
6	15, 16 July 2018	Dr. Ramya Ananthakrishnan Ms. Sheela Auguesteen	Zero TB Initiative: Strategies to eliminate TB one community at a time, Centre for Global Health Delivery, Dubai
7	26 September 2018	Ms. Anupama Srinivasan	United Nations High-Level meeting on TB, New York
8	24, 27 October 2018	Ms. Anupama Srinivasan	49th Union World Conference on Lung Health, The Hague
9	28 December 2018	Dr. Ramya Auguesteen Dr. Radha Ragaswamy Dr. Raghini Ranganathan Ms. Sheela Auguesteen	TB Free Tamil Nadu 2025, organised by the National Health Mission - Tamil Nadu and WHO in Chennai
10	2,3 February 2019	Dr. Raghini Ranganathan and Mr. P Rajeswaran	TB-free India Summit organised by The Union, New Delhi

# SECTION C



# Income and Expenditure Account

# REACH Fund Utilisation

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH  
No. 18, 1st floor, Aravindaramm Street Lane, Laxmi Street, Indraprastha, Chennai 600014

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2019

	Y.E. 31.03.2019	Y.E. 31.03.2018	Y.E. 31.03.2017	Y.E. 31.03.2016	Y.E. 31.03.2015
	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.	Amount in Rs.
<b>EXPENDITURE</b>					
To expenses incurred for the objects of the institution	11,50,98,259	10,05,95,319		7,30,000	5,26,000
To other administrative expenses:				7,86,452	6,38,995
Salaries and wages	92,19,653	1,00,37,666			
Office expenses	1,32,856	1,20,978			
Traveling & Conveyance expenses	30,217	21,713			
Electricity charges	2,96,606	2,06,563		13,61,64,344	12,70,65,148
Telephone charges	5,26,023	5,49,784			
Postage and telegram	1,30,266	97,481		74,388	
Repairs & Maintenance - Others	3,77,411	78,846			
Insurance premium	75,768	39,696			
House Keeping Materials	3,27,915	3,97,977			
Bank charges	95,123	2,720			
Donations	1,41,000	1,41,000			
Staff canteen	3,87,597	4,14,081			
Acad. fees	54,300	54,300			
Rent	39,63,600	38,46,600			
Printing and Stationery	4,24,785	6,84,730			
Office Maintenance	-	3,22,750			
Advertisement Expenses	11,670	68,148			
Depreciation	71,731	68,148			
Computer/Equipments Maintenance	56,791	2,50,007			
Consolidated fees	5,970	6,425			
Grants & Donations	8,000	30,425			
Excess of some year expenditure transferred to Balance Sheet	58,70,441	31,28,198			
	13,77,55,184	12,82,38,133		13,77,55,184	12,82,38,133
<b>INCOME</b>					
By Donations Received					
By Income from Investments / deposits					
By CBMR INCENTIVE					
Grant Received					
Prior period Income					



**78%**  
Project implementation and Programme activities

**12%**  
Administrative expenses

**10%**  
Monitoring activities

*S. Manjushree*  
Dr. S. Ravi Subramanian  
President

Place: Chennai  
Date: 22.08.2019

*Nalin Kulkarni*  
Dr. Nalin Kulkarni  
Director

*Rajesh Krishnasamy*  
Rajesh Krishnasamy  
Treasurer



As per report sent for M.S. Ibrahim & I Chartered Accountant  
*P. Anand*  
P. Anand (M.No. Partner)  
22/08/19

# Acknowledgements

The following people have been instrumental in our work, without whose unstinting support, advice and guidance, we would not have been able to fulfill our responsibilities towards the various projects on TB.

- ❖ The Ministry of Health and Family Welfare and the Central TB Division, New Delhi
- ❖ The Principal Secretary, Health, Tamil Nadu and Mission Director, National Rural Health Mission
- ❖ Commissioner, Deputy Commissioner - Health, and City Health Officer of the Greater Chennai Corporation
- ❖ Senior health officials, State and District TB Officers, State and District TB Centre representatives in Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh.

We also thank our donors who continue to support us to carry out our work.

We are especially grateful to our dedicated community volunteers for their sincere efforts. We also thank the private practitioners who support us to make Chennai TB Free.

Finally, we would like to express our heartfelt gratitude to the many TB survivors and families, who continue to speak up to end TB – it is your courage and dedication that motivates us to keep working towards a TB-free world.

## Donors

M/s. Indian Motor Parts & Accessories Ltd

Mrs. Menaka Parthasarathy

Mr. Gokuldas Kumthekar

KK Patel Foundation

Soundarapandian Bone & Joint Hospital

Sundaram Aarogyam and Vitality Enhancement (SAVE) Foundation

## Our Partners and Supporters



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FROM THE AMERICAN PEOPLE

**Stop TB Partnership**

hosted by  
**UNOPS**

**Canada** 



**LILLY GLOBAL HEALTH PARTNERSHIP**



**A&D**  
Advance Access & Delivery



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



# The REACH Team

## Executive Committee

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Dr. S. Siva Murugan, *Vice-Chairman*

Dr. S. Ravi Subramaniam, *President*

Ms. Suraksha Giri, *Vice-President*

Mr. K. Ravi, *Secretary*

Mr. Prakash Idnani, *Joint Secretary*

Mr. Rajivan Krishnaswamy, *Treasurer*

Dr. Arjun Rajagopalan, *Executive Member*

Dr. Nalini Krishnan, *Executive Member*

Ms. Geetha Ramaseshan, *Executive Member*

.....

Dr. Nalini Krishnan, *Director*

Dr. Ramya Ananthkrishnan, *Executive Director*

Mr. J. Gurumoorthy, *Director – HR, Finance & Administration*

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Mr. James Jeyakumar Jaisingh, *Assistant Program Manager*

Ms. P. Sujatha, *Program Manager*

Ms. T. Margaret, *Program Officer*

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Mr. M. Joseph Soundararaj

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Ms. G. Suganya

Ms. N. Lakshmi

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 Ms. D. Nandhini  
 Ms. R. Zahaita  
 Ms. G. Chithra  
 Ms. J. Sujatha  
 Ms. R. Vimala  
 Mr. C. Sundhar

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 Ms. B. Manjula  
 Ms. B. Mahalakshmi  
 Ms. A. Bhanumathi  
 Ms. D. Nithya  
 Ms. G. Sandhya  
 Ms. T. Vatchala  
 Ms. I. Ajitha Banu  
 Ms. A. Sangeetha

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