



Resource group For Education and Advocacy for Community Health

# ANNUAL REPORT 2012-2013

*“The strength of the team is each individual member;  
the strength of each member is the team.” -Phil Jackson*





## Index

	Page
Preface .....	3
About REACH .....	4
Introduction to Tuberculosis .....	5
Milestones .....	7
Private-Public Partnerships for TB Control .....	9
Project Axshya: Advocacy and TB Control at the Rural Grassroots .....	13
Involving the Media .....	19
Introducing: The Pharmacy Project .....	23
Key Highlights .....	27
Contributions, Conferences and Workshops.....	28
Income and Expenditures.....	34
People at REACH.....	36



## *From The Organisation*

As we step into our fifteenth year, we look back on all that has changed over the years since our inception in 1999, especially the past year. This year has been a special one in many ways, because it has marked many big steps for us – we have established newer partnerships, created a programme for untapped territory in Tuberculosis (TB) control, established closer relations with our existing partners across districts and facilitated the establishment of several standard charters for patient care. And commendably, we have managed to garner greater national attention at the policy-making level on tuberculosis as a pressing public health issue, even meeting with the President of India.

As always we view our progress critically, because at REACH we believe that there is always scope to do what we do better. And so, even as we note with pleasure that the number of patients we have identified and initiated on anti-TB treatment has increased tangibly and that the physical reach of our work has grown extensively this year, we also admit that there is scope to do more; to be more.

And despite the fact that our measurable progress in numbers has increased, we at REACH truly measure our success in how extensively we have changed the lives of the individual patients we meet every day and how positively we have influenced the treatment of TB patients collectively, as a community.

Our growth has always been measured, because the primary focus of our work has always been and continues to be patient care, but we have always recognised that patient care and well-being is intrinsically linked to various other verticals – for instance, public awareness, stigma and the functioning of the public health system. And so, over the years, we have partnered with government officials, the media, pharmacists and other stakeholders to bring about a positive change in the way we respond to TB as a community.

This year, we stand on the brink of increasing the muscle power of all our efforts – in numbers, intensity and reach. As we grow and hope for the best in the coming year, we know that it is our unchanged conviction of the need for greater changes in the collective treatment of TB patients and the personal treatment of individual ones that can truly make a difference.

## About Us

Resource Group for Education and Advocacy for Community Health – REACH was established in 1999 in response to the rolling out of the Revised National TB Control Program (RNTCP) in Tamil Nadu. Managed by an executive committee, REACH has been a key partner and leader in the fight against TB. Our mandate is broad and includes support, care and treatment for TB patients as well as research, advocacy, public education and communication.

REACH is a member of the international Stop TB Partnership.

REACH is a member of the national Partnership for TB Care and Control (PTCC) .

## Vision

At REACH we believe that the battle against tuberculosis requires a multi-stakeholder approach. Therefore, REACH aims to liaise and create lasting and mutually symbiotic partnerships with government officials, private practitioners, TB patients, community volunteers, the media and the general public– in order to unite them to the common goal of curbing the spread of tuberculosis. Although patient care and support continues to be at the heart of our work, over the years we have developed a holistic approach to turning our vision for a TB-free world into reality – including advocacy and social mobilisation for TB control at the rural grassroots level, training volunteers, and working with the national and local language media to help report responsibly and spread accurate information about TB and break stigma.

## *Tuberculosis: one of India's greatest public health challenges*

For decades now, the government, NGOs and individuals have tried to win an organised battle against TB and achieve the 'Zero TB' dream, but still tuberculosis remains a persistent public health threat in India, with two adults dying every minute in India.

Compounded by a lack of standardised treatment, stigma, general lack of public awareness and fact that pulmonary tuberculosis is airborne and therefore can virtually affect anyone who breathes air, TB remains one of India's greatest public health challenges.

- TB remains a major public health challenge even today. In India, two people die of tuberculosis every three minutes.
- In our country, 40% of the population is infected with TB.
- The socio-economic impact of TB is enormous—due to the widely prevailing stigma that surrounds the disease, people lose jobs, daily wages and workdays and if they are breadwinners, their entire family is impacted.
- Despite the fact that there are effective methods to diagnose TB and that it is completely curable with medication, TB control remains a challenge due to a variety of factors—delayed diagnosis, irregular treatment, lack of awareness and the rise of drug-resistant TB.
- The Government of India's RNTCP (Revised National Tuberculosis Control Programme) has been implementing the cost-effective DOTS (Direct Observed Treatment Short-course) strategy for TB control.
- TB is an airborne disease, and anyone who breathes air is at the risk of TB. We cannot afford to be complacent in recognising TB as one of our communities most pressing public health problems.



*Above: Dr. Nalini Krishnan, Director of REACH, speaking at the event where she was named 'TB Champion of the Year'*



*Above: Health officials working for TB Control meet with the President of India, in the run up to World TB Day.*



## **MILESTONES**

### *Special moments of the year*

#### **Dr Nalini Krishnan named 'TB Champion of the Year'**

In January 2013, the Partnership for TB Care and Control in India announced its first annual TB Champion awards at its National Consultative Meeting in Delhi. This prestigious national award seeks to recognise individuals and organisations working for TB control in India. Dr Nalini Krishnan, Director of REACH, was named the winner in the individual category and will function as the Partnership's TB Ambassador, for a one-year period. Winners were selected from a pool of nominations, that poured in from across the country. The nominations were carefully reviewed by a Selection Committee, with a representation of people from varied section of society and professions, including those affected by TB.

#### **Meeting with the President of India**

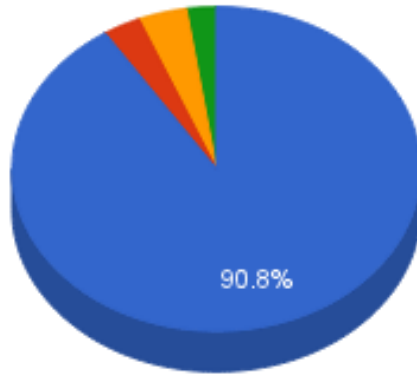
In the run up to World TB Day, on March 24, 2013, a delegation of health officials working for tuberculosis control met the President of India, Mr. Pranab Mukherjee at his residence in New Delhi. This meeting was facilitated by Dr. M.S. Swaminathan, Member of Parliament and Chairman, REACH, and Dr. Soumya Swaminathan, Director of the National Institute for Research on TB.

Dr Nalini Krishnan represented Project AXSHYA (Global Fund Round 9) and the Partnership for TB Care and Control in India, and presented the President with details on these projects and on REACH. Other eminent officials at this meetings included Dr. Jagdish Prasad, Director-General of Health Services; Dr. V.M. Katoch, Secretary, Department of Health Research and Director-General, Indian Council for Medical Research; Dr. Ashok Kumar, Deputy Director-General, Central TB Division; Dr. Soumya Swaminathan; and Dr. Rohit Sarin, Director, LRS Institute.

## Treatment Success Rate: 91%

### Outcome of 675 cases

■ Cured   
 ■ Default   
 ■ Death   
 ■ Failure



### YEAR-WISE BREAK-UP OF CASES

YEAR	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12
TOTAL CASES	131	161	211	356	442	482	389	465	552	598	684	793	675	512



Above: Sensitising NREGA workers



Above: Sensitising SHGs

# **PRIVATE-PUBLIC PARTNERSHIPS FOR TB CONTROL**

*An initiative to combine the efforts of government officials and private practitioners, for more effective TB control*

## **Objectives**

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

## **Areas of Operation**

Currently, the PPM project operates in 10 zones of the corporation of Chennai; namely Thiruvotriyur, Basin Bridge, Pulianthope, Aynavaram, Kilpauk, Ice House, Nungambakkam, Kodambakkam, Saidapet, Mylapore and Medavakkam (Kancheepuram district).

## **Key Activities**

### **Involving Private Practitioners in the RNTCP**

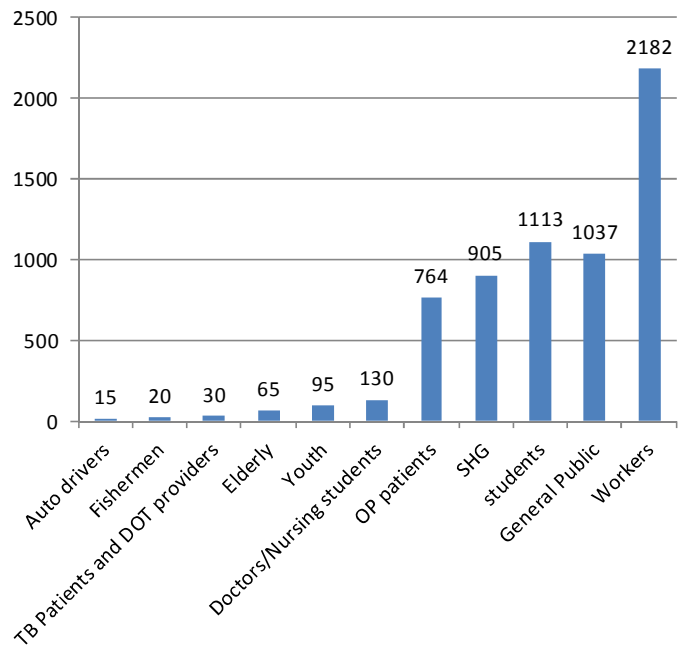
REACH's PPM project constantly strives to involve private practitioners in the Chennai corporation's DOTS programme, apart from providing them assistance in case registration, address verification, DOTS providers, counseling and monitoring patients on treatment.

In the last year, there was a **total registration of 512 cases** in the above mentioned ten zones (including the peripheral centres, Minjur and Medavakkam) from PPM centres and private practitioners. About 250-300 private practitioners have been committed to this effort and their support has played a large part in the 6451 cases that REACH has treated since 1999.

### **Providing Care and Support to TB Patients**

The PPM project provides counseling, care and monitoring support to TB patients, through the efforts of REACH's field staff, who also play the role of DOTS provider to many patients in the RNTCP programme. The PPM project provides support in various areas to patients in the DOTS programme and

No of target groups sensitized



Above: Our PPM staff regularly counsel TB patients and act as DOTs providers



Left: At the ABAN Centre

others on private treatment—counseling on TB to patient and family, assistance in case notification, address verification visits, case initiation on DOTS, monitoring of treatment, default retrievals, liaising with the local TB units and by enabling the community to support TB control efforts.

Patients are supported from the beginning of their treatment to its completion to ensure that they do default, and to ensure TB control at large. Home visits are made to ensure that they are regular on treatment and every effort is taken to prevent default. Patients are counseled and empowered to talk about TB in the society with a larger goal of trying to reduce the impact of stigma. REACH achieved a **treatment success rate of 91%**. Of the **675 patients registered for treatment 613 completed their DOTS course successfully**. The other parameters of default, death, and failure have also been minimal, showcasing good outcomes of the program.

### **Review Meetings**

Monthly review meetings are held with field staff to address problems related to specific difficult or default cases. Staff are also given special sessions on various sessions including soft skills, using social media, handling stress, etc.

### **Partnership with ABAN**



With the support of the ABAN Cares (a trust of the ABAN Offshore Limited), a DOTS centre has been functional in the peri-urban area of Minjur, since 2011. As part of this effort 4 patients were initiated on DOTS and completed treatment, 45 awareness programmes for different target groups like NREGA workers, SHG women, School children, OP patients were organized in the different villages surrounding the block and a rough total of 3391 people were sensitised about TB, symptoms, diagnosis and DOTS treatment. Based on a field assessment, the centre has now been shifted to Sugam hospital in Thiruvotriyur, with the DOTS centre being established there.

**Acknowledgements:** We thank all private practitioners and private hospitals working with us towards TB control.

### At a Glance: Overview of activities 2012-13

S.NO	Name of the activity	Total
<b>Community Engagement (by NGO/CBOs)</b>		
1	GKS meetings conducted	610
2	SHG meetings conducted	1916
3	PRIs sensitised	60
4	CBOs sensitised	103
5	Other interventions (in slums/prisons/schools etc.)	156
6	Midmedia activities undertaken	476
<b>Advocacy</b>		
7	District TB Forum meetings facilitated	52
8	ICTC with DTO meetings facilitated	52
9	CBOs with DTO meetings facilitated	53
10	RHCPs with DTO meeting facilitated	52
<b>Capacity building</b>		
11	State level TOT trainings for NGO/CBO/PP conducted	0
12	NGOs sensitised on RNTCP schemes	22
13	From above, the number of NGOs that applied for RNTCP schemes	16
14	From above, the number of NGOs that signed any RNTCP scheme	8
<b>Health Systems Strengthening</b>		
15	TB symptomatics referred for sputum examination	8765
16	Sputum examinations completed	7037
17	Cases found positive	611
18	Positive cases initiated on DOTS	610
19	Sputum samples collected and transported for diagnosis	8919
20	Samples found positive	486
21	Positive cases initiated on DOTS	486
<b>Patient retrievals</b>		
22	# Initial defaults retrieved	76
23	# Retreatment defaults retrieved	69

# **PROJECT AXSHYA: ADVOCACY AND TB CONTROL AT THE RURAL GRASSROOTS**

*Currently in its third year, this project focuses on ensuring timely access to TB diagnosis and treatment in Tamil Nadu's rural areas*

## **About the Project**

REACH is a sub-recipient of the GLOBAL Fund Round 9 Project Axshya for civil society engagement in TB control. To increase case detection and access to quality diagnosis and treatment, Project Axshya works to synergise TB control efforts with the government, private sector and communities through civil society. The project functions through various partner NGOs, rural health care providers, self-help groups and communities in rural areas.

## **Objectives**

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

## **Areas of Operation**

REACH works with Project Axshya in the following districts—Chennai, Thiruvallur, Kancheepuram, Thiruvannamalai, Thirunelveli, Madurai, Dindigul, Trichy, Thanjavur, Pudukottai, Cuddalore, Krishnagiri, Vellore and Villipuram.

## **Key Activities**

### **Community Meetings**

NGO partners in districts involved in this project regularly conduct meetings with the general public to increase their awareness of TB, ways to recognise symptoms and get treatment for TB; and also discuss any problems they may face in the course of diagnosis or treatment. These meetings are conducted at various places—like slums, prisons, schools, self-help groups and community festivals. This activity is intended towards social mobilisation and awareness.



**Above:** Liaising with volunteers and TB patients



**Above:** Raising awareness via film screenings, handouts and counters at crowded public

**Right:** At a phone-in programme in Cuddalore, where callers could directly interact with the District TB Officer and clarify their doubts on TB.



**Left:** Mr. Saravanan, a traditional healer from Vadipatty, is one among many such community healers and rural healthcare providers (RHCPs) who are slowly beginning to enthusiastically participate in the allopathic DOTS programme.



### **Soft skills training**

Health staff and public health system workers from across the state were given soft-skills training to encourage them to treat TB patients with empathy, and educated on how they could effectively make use of the RNTCP in the due course of their work. This activity is aimed at strengthening the health system.

### **Sputum Collection and Transportation**

Quality sputum microscopy samples are the backbone of accurate TB diagnosis and help in timely treatment of TB patients. Community volunteers, pharmacists, rural health care providers and lab technicians are regularly given hands-on training in collecting sputum effectively. Volunteers are also educated on transporting the samples on time to the nearest District Medical Centre (usually within a radius of 10 kilometer). Sputum collection and transportation activities are overseen by REACH and AXSHYA, in an effort to bridge the gap and improve access for diagnosis among rural, marginalised and vulnerable populations.

### **Involving RHCPs**

The project has recognised the need to involve rural healthcare providers—AYUSH practitioners (Ayurveda, Yoga, Unani, Siddha, Homeopathy), as they cater to a large section of rural population that may be excluded from the State's TB control efforts, usually largely limited to government hospitals and centres; RHCPs are educated on identifying symptomatic TB patients, and even participate as DOTS providers in the RNTCP programme. This move is aimed at including them as stakeholders in the government's TB control efforts.

### **Advocacy**

Apart from organising meetings between the District TB Officers (DTO) and RHCPs, NGOs and other stakeholders, the project also facilitates social action, when there is a gap in the TB control system. For instance, in one district it was found that sub-standard anti-TB drugs were being supplied. When there was little response from the DTO, the matter was taken up with higher authorities and media advocacy followed—with an in-depth piece on the issue published in a leading English daily. More remarkably, during a state-level review meeting among NGOs, RHCPs, TB Forum Members and government officials, organised by REACH and Project Axshya in March, spontaneous debate and discussion gave way to a new state-level (Tamil Nadu) chapter of the Partnership for TB Care and Control in India, and also resulted in a memorandum that was submitted to the Health Minister, highlighting the need to fill up vacancies in the district/state/sub-district level, effective coordination between NGOs and health departments, nutritional support, effective

## Patients' Charter for Tuberculosis Care

The Charter outlines the Rights and Responsibilities of People with Tuberculosis. It empowers people with the disease and their communities through this knowledge. It is endorsed by the WHO, Stop TB Partnership, national governments and civil society organizations.

**Know Your Rights and Fulfill Your Responsibilities**

**PATIENTS' RIGHTS**  
**You have the right to:**

**Care**

- Free and equitable care for Tuberculosis (TB)
- Quality care meeting the International Standards (ISIC)
- Benefit from Community Care Programs

**Information**

- Information about available care services
- Be informed about condition and treatment
- Know drug names, dosage and side effects
- Access to your medical records in local language
- Have peer-support and voluntary counseling

**Confidence**

- Have privacy, culture, religious beliefs respected
- Keep your health condition confidential
- Care in facilities that practice effective infection control

**Organization**

- Join or organize peer support groups, clubs and NGOs
- Participate in policy making in TB programs

**Justice**

- File a complaint about care, and to have a response
- Appeal unjust decisions to a higher authority
- Vote for accountable local, national patient representatives

**Dignity**

- Be treated with respect and dignity
- Social support of family, community and national programs

**Choice**

- A second medical opinion, with access to records
- Refuse surgery if drug treatment is at all possible
- Refuse to participate in research studies

**Security**

- Job security, from diagnosis through to cure
- Food coupons or supplements if required
- Access to Quality Assured drugs and diagnostics

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**PATIENTS' RESPONSIBILITIES**  
**You have the responsibility to:**

**Share Information**

- Inform healthcare staff all about your condition
- Tell staff about your contacts with family, friends, etc.
- Inform family and friends and share your TB knowledge

**Contribute to Community Health**

- Encourage others to TB-Test if they show symptoms
- Be considerate or care-providers and other patients
- Assist family and neighbors to complete treatment

**Follow Treatment**

- Follow the prescribed plan of treatment
- Tell staff of any difficulties with the treatment

**Show Solidarity**

- Show solidarity with all other patients
- Empower yourself and your community
- Join the fight against TB in your community

*Left: The patient charter, detailing their rights and responsibilities*

*Below: community radios at work, on the field*



implementation of TB notification and supply of sufficient drugs for TB patients.

### **Patient Charter Meetings**

The standardised patient charter aims at improving the rights and responsibilities of TB patients has been widely displayed at many health centres and hospitals across Tamil Nadu. In the coming year, we plan to organise sessions to educate various stakeholders on this charter. This charter helps patients, health staff and the community to be aware of their rights and responsibilities .

### **Working with the TB Forum**

TB Forums have been developed in various districts to address ground-level issues of TB patients, and consist of cured TB patients, community leaders and representatives from marginalised and vulnerable sections of the population. TB Forums facilitate mobilisation of resources, livelihood programmes and nutrition support for patients. TB Forums function, on a local level, to give voice to the challenges faced by TB patients.

### **Working with Community Radios**

In an effort to spread awareness and informed messages about tuberculosis to communities that are largely ignored by mainstream media, the project works with a selection of community radios across India, every year. This year, 14 stations from across 7 states (Uttar Pradesh, Maharashtra, Haryana, Karnataka, Tamil Nadu, Kerala, Madhya Pradesh) were selected to participate in this initiative. Representatives from these stations participated in a three-day capacity-building workshop organised by REACH at Hotel Westin Park, in September 2012. The workshop was inaugurated by Dr. Arunagiri, State TB Officer, and facilitated by Dr. Jaya Shreedhar, health journalist and media trainer. Over the next six months, these stations then produced and broadcasted a series of 12 half-hour episodes on TB (which included field interviews of patients and health staff), reaching out to their respective audiences. In all, **168 original episodes were broadcast with over 500 repeats.** Stations also organised face-to-face meetings between audiences and local health providers, providing a space where doubts on TB, diagnosis and treatment and misconceptions about the disease were freely discussed.

<p><b>Acknowledgements:</b> We thank Dr. Nevin Wilson, Regional Director—South East Asia, The Union; Dr. Sarabjit Chadda, Mr. Subrat Mohanty, the entire programme management unit team of Project Axhsya at the Union, S.E. Asia (New Delhi)</p>
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**Below: Photos from the Media Fellowship Workshop in Chennai**



## REACH Lilly MDR-TB Partnership Media Fellowship Programme

**2012-13 FELLOWS**

 ANKITA MISHRA	 DAVIS PYNADATH	 MOHAN MARUTI MASKAR-PATIL	 MUKESH KEJARAWAL	 PAVAN SHRIVASTAVA
 RUBEE DAS	 R SAMBAN	 SUDEEP KUMAR	 VIVEK SHUKLA	 YASIR FAYAS

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





**Above: A poster from the workshop**

**Above: Some stories by our Fellows**

## INVOLVING THE MEDIA

*Involving mainstream media, at the national and local-language level to spread informed, responsible messages on TB*

### Objectives

- To highlight TB as a relevant, community-level issue, with potential for local-language stories among journalists.
- To provide journalists—both English and local language reporters—with knowledge resources to improve the quality of their reporting, and ensure the spread of clear and informed messages on TB in the print medium.
- To engage and encourage national and local-language reporting on TB and improve the frequency and quality of reporting on TB in the mass media.

### Areas of Operation

The Media project works with journalists of varying seniority, who report majorly in local languages, but also with English language reporters, from popular magazines and newspapers across India.

### Key Activities

#### **The REACH Lilly MDR-TB Partnership Media Fellowship**

Supported by the Lilly MDR-TB Partnerships, these media fellowships provide support to local language journalists from across India, to undertake research and discover critical stories on TB that remain untold, in their local areas. Out of 23 applications received, 10 fellows were chosen this year. The chosen Fellows attended an intensive two-day capacity-building workshop on reporting on TB, conducted in Chennai in November, that included sessions by Dr. Jaya Shreedhar, media trainer, and Dr. Soumya Swaminathan, Director of the National Institute of Research on Tuberculosis and other speakers. Over the next four months, these Fellows travelled within their states, researching and producing a minimum of three stories on Tb. Totally, **34 stories were published**, on various topics like mobile technology for tracking TB patients, government schemes and pediatric TB. All stories can be viewed on [www.tumblr.com/speakTB](http://www.tumblr.com/speakTB)

#### **The REACH Lilly MDR-TB Partnership Media Awards**

The fourth edition of the REACH Lilly MDR-TB Partnership Media Awards, was announced in January 2013. These awards recognise the best reporting on



**Above:** Winners of the REACH Lilly MDR-TB Partnership Media Awards at the award ceremony in New Delhi



**Above:** The media4tb.org website, that contains resources for health reporters

tuberculosis (TB) in India by journalists who have produced in-depth and relevant stories on various aspects of TB and are given to print journalists in two categories – English and local language. A total of 45 entries were evaluated by an eminent jury and judged on common specific criteria. In the English category, the winner was Mumbai-based Mr. Prayaag Akbar, for his meticulously researched story ‘The Growing Tuberculosis Threat: Can India control drug-resistant tuberculosis?’ published in The Caravan last year; and the runner-up was Ms. Viveka Roychowdhury of Express Pharma for her lucid story ‘Beyond the Ban’, exploring the complex world of TB diagnostics. The award in the Local Language category went to Mr. Yasir Fayas of Mathrubhumi Aarogyamasika for his focus on pediatric TB in Kerala in ‘Childhood entrapped in TB’. Ranchi-based journalist Ms. Anupama Kumari of Tehelka was the runner-up in this category for her story ‘TB via Bidi: Life in the shadow of Death’, describing the growing vulnerability of bidi workers to TB. These journalists were felicitated in an awards ceremony held in New Delhi in March.

#### **Developing Resources for Journalists and the Website**

REACH develops various resources for journalists—for instance, FAQs on TB, a glossary of TB terminology and a working document on the ethics of reporting on TB. These resources are disseminated by e-mail to journalists already on our database and also displayed on our media4tb.org website.

#### **Media Monitoring**

At present, there is no baseline data available on the frequency of reporting on TB by the Indian media. To fill this gap, REACH scans nine Indian newspapers on a daily basis, recording every instance of reporting on health and reporting on TB. The tracking began in January 2013, for the following newspapers: The Times of India (Mumbai), The Hindustan Times (Delhi) and The Hindu (Chennai) in English; Dainik Jagran (Delhi), Dainik Bhaskar (Bhopal) and Hindustan (Lucknow) in Hindi; and the main editions of Dinathanthi, Dinakaran and Dinamalar in Tamil. The newspapers were chosen on the basis of circulation. Analysis of the data will begin at the end of one-year’s tracking, to reveal trends in extent and range on TB reporting. This data will also provide the first big-picture analysis of media reporting on TB in India.

**Acknowledgements:** We thank Ms. Sunita Prasad, Consultant, MDR-TB and CSR, Eli Lilly India; Dr. Jaya Shreedhar, Media Trainer and Health Communications Consultant; and the jury members at the awards— that included Dr. Ashok Kumar (Ministry of Health); Dr. P. R. Narayan (Former Director, Tuberculosis Research Centre); Dr. Nevin Wilson; journalist Ammu Joseph; and Dr. Madhukar Pai, Professor, McGill University, Canada



**Above:** Mr Selvaraj, Tamil Nadu's State Drug Controller speaking at the launch



**Above:** Pharmacists at a training workshop conducted in Chennai



## **INTRODUCING: THE PHARMACY PROJECT**

*A pioneering initiative to involve pharmacists in TB control efforts*

### **Objectives**

- To establish a sustainable partnership for TB control with private pharmacies in Chennai and Thanjavur district, and increase public awareness of TB and the RNTCP at the community level, through pharmacists.
- To facilitate private pharmacies in actively notifying the number of TB patients receiving anti-TB drugs from them, and recognise their role as key stakeholders in TB control.
- To encourage referrals from private pharmacies of symptomatic cases and promote timely diagnosis.

### **Areas of Operation**

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

### **Key Activities**

#### **Conducting a baseline survey of pharmacists in Chennai**

A cross-sectional baseline survey of registered pharmacies in Chennai and Thanjavur was conducted, over a three-month period, on a random sample of 367 pharmacies in Chennai. A structured, semi-quantitative pre-tested questionnaire was used to collect information from these pharmacists. The questionnaire included questions on their knowledge of TB and RNTCP, sale of anti-TB Drugs and the purchasing patterns of their customers. Trained field staff visited the selected pharmacies and conducted the interviews, and also explained to the pharmacists on the various ways they could participate in TB control—including acting as DOTS providers and referring symptomatic cases for testing.

#### **Official Launch of the Project**

After several months of research and discussions, this initiative was launched in Chennai on September 13, 2013 last year, with support from the Lilly MDR-TB Partnership. The launch was attended by Dr. Preetha Reddy, Managing Director, Apollo Hospitals, Dr. G Selvaraj, the State Drug Controller in Tamil Nadu, Dr. Arunagiri, State TB Officer of Tamil Nadu, Dr. Jaya Shreedhar, media



trainer and health communications consultant and Ms. Sunita Prasad, consultant, MDR-TB & CSR, Eli Lilly India, apart from partners from other organisations working for TB control, retail pharmacists and journalists.

**Conducting Training workshops for Pharmacists and one-on-one sensitisation**

REACH regularly facilitates capacity-building workshops for pharmacists—addressing their issues in participating in TB control, and training them on identifying symptomatic cases from among customers, acting as DOTS providers, etc; and constantly involves them in personal discussions on how they can further participate in TB control.

A master trainer from REACH also attended the national-level Training of Master Trainers for Community Pharmacists Partnership with RNTCP, held on February 18, 2013 under the chairmanship of Dr. Jagdish Prasad, Directorate General of Health Services, Government of India.

Pharmacists are also provided one-on-one sensitisation about TB, identifying symptoms and participating in the RNTCP, through personal visits to their respective pharmacies.

**Creating Communication Material for Pharmacists**

Based on research conducted on communications material and media preferred by pharmacists (as part of the baseline survey), Tamil language newsletters were created. Based on the needs of the target group, the newsletters carry information on TB, pharmacists' experience in participating in TB control, interesting health information, etc. The newsletter is circulated to about 750 pharmacists and key TB stakeholders in the district.

**Referral of Symptomatic cases and TB Patients**

A referral mechanism is in place to track the referrals from pharmacists to government hospitals and PPM centres, to monitor the effectiveness of this initiative.

**Acknowledgements:** We thank Dr. Selvaraj, State Drug Controller, Tamil Nadu; Ms. Sunita Prasad, Consultant, MDR-TB and CSR, Eli Lilly India; office-bearers of Pharmacy associations; and all pharmacists working for TB control in Chennai and Thanjavur .



*Above: Dr. Nevin Wilson delivering the Oration*



*Actor Jiiva inaugurating the photo exhibition*



*At Citi Centre*



*Left: The exhibition at Central Railway station*



*A DOTS worker is presented an award*

## KEY HIGHLIGHTS

### **An Oration by Dr. Nevin Wilson**

Delivered by Dr. Nevin Wilson, Regional Director (South-East Asia office), International Union Against Tuberculosis and Lung Disease, centred around 'Tuberculosis Control in India: how can we do more?' and was attended by about a 100 people, including doctors, patients, general public and representatives from various NGOs.

Dr. Wilson spoke of expanding TB services within and by the private sector and the community, to rise up to the challenge of stopping the spread of TB. He stressed on the need to educate high-risk populations and the community to raise their demand for public services; and for the private sector to align themselves to treatment regimens that are based on evidence-based guidelines. Dr. M S Swaminathan, Rajya Sabha MP and Chairman of REACH presented the speaker with an oration award.

### **World TB Day: A travelling Photo Exhibition**

For World TB Day this year (March 24, 2013), REACH used the visual medium of photographs to attract and engage public attention to tuberculosis. A selection of 12 photographs by upcoming photographer Yuvraj Vivek, were blown up and pinned to boards, that were then displayed at various venues across the city, including railway stations, public parks, corporate offices and malls. The exhibition, was inaugurated by actor Jiiva in Citi Centre on March 26, in the presence of Dr P. R. Narayan (former Director, NIRT), Dr Lavanya (District TB Officer), Dr Rajakumari Sunder, (Director, CSI Kalyani hospital), TB patients, DOTS providers and an impromptu audience of about 100 people.

This exhibition, which contained stark images of health care workers and TB patients in everyday situations and messages on TB, then travelled to various other venues including Perambur Park, Sivan Park in KK Nagar, IIT-Madras' Biofest, Central railway station and Egmore railway station.

Pamphlets containing information on TB and how the general public can individually contribute to curb the spread of TB were distributed to viewers of the exhibition. Handkerchiefs and badges were given out as prizes to people who participated in a contest to write on a piece of paper, how they would stop TB in the community.

## CONTRIBUTIONS

### *Participating in shaping policies on TB control*

#### **Participating in Developing the RNTCP's National Strategic Plan**

Dr. Nalini Krishnan, Director, REACH, played an important role and contributed in developing the PPM (Public Private Mix) and ACSM components of the RNTCP's National Strategic Plan (2012-2017), which aims to provide universal access to quality diagnosis and treatment to all patients in the community. The National Strategic Plan gives thrust areas and strategies for the RNTCP and is approved of by the government.

#### **Dr. Nalini Krishnan part of Joint Monitoring Mission**

Dr. Nalini Krishnan was a participating member of the fifth Joint Monitoring Mission (JMM) of the RNTCP, in 2012. The JMM is a three-yearly commission that assess the progress of the RNTCP and review TB Control plans, and is coordinated by the World Health Organisation with the participation of all partners of the programme.

#### **Role in the Partnership for TB Care and Control (PTCC)**

Dr. Nalini Krishnan is the Secretary of the PTCC in India and Dr. Ramya Ananthakrishnan is the Lead for the Operational Research Thematic Group of the PTCC. REACH was also instrumental in the process of registering this body in India.

## **NETWORKING**

### *A list of key meetings facilitated and attended*

#### **Meetings**

January 21, 2013 -\_ACSM – PPM Meeting

Chennai

This meeting was organized by the Central TB Division and the State TB office. Dr. Ramya, Ms. Sheela and Mr. Kumar represented REACH at this meeting, which was held at Hotel Fortel, Egmore to highlight the PPM schemes and to discuss on the problems faced by NGOs in these schemes.

February 23, 2013- Meeting with NGOs by DTO

Chennai

The District TB Officer had organized a meeting for NGOs to provide an orientation on the schemes and the procedures for application. Ms. Sheela and Mr. Senthil were present for the meeting.

June 12,2012- Meeting at Tuberculosis Research Centre

Chennai

Dr.Ramya Anathakrishnan,along with Ms. Sheela and Ms. Neha met with Dr. Soumya Swaminathan to discuss the TB notification process.

February 1, 2013-State Demonstration and Training Cell

Chennai

This meeting was held at SDTC, Chetpet to clarify doubts on the budget preparation by the District TB officers. Ms. Sheela, Mr. Ganesh and Mr. Senthil attended the meeting.

#### **Paper Published**

A research and study on 'The Profile and Treatment Outcomes of Older (Aged 60 Years and Above) Tuberculosis Patients in Tamil Nadu, South India' was undertaken by REACH and published in the medical journal PLOS ONE. (Authors: Ananthakrishnan R, Kumar K, Ganesh M, Kumar AMV, Krishnan N, et al. 2013)

## A HARD LOOK AT SOFT SKILLS TRAINING ASSESSMENT

**Developing and Piloting a soft skills assessment tool for TB healthcare staff in Tamilnadu, India**

Ramya Ananthakrishnan, K. Kumar, M. Ganesh,  
Sheela Augustine, Nalini Krishnan  
Reach, Chennai, India.




### BACKGROUND

TB treatment involves several interactions of TB patients with health staff in health care settings. This could be from point of entry of persons with symptoms of TB into the health system for diagnosis, through start of TB treatment to adhering and completing treatment. Provider patient interaction could even serve as an important criterion for TB patients in adhering to and completing TB treatment successfully.

Patient-Provider interaction is essential in properly guiding persons with TB for diagnosis, for educating about the disease, counselling and motivating TB patients with regard to their treatment.

In Indian settings where the family structure is quite strong, it is important to interact and counsel the household members of TB patients as well. Patients also feel deficient and somewhat intimidated by authority in the public health system, hence an understanding and supportive healthcare environment will make a considerable difference in patient compliance and satisfaction with treatment.

In these situations, it becomes imperative for the health staff to not only possess the required technical skills on TB but also need have soft skills in handling the TB patients, his family and the community. This presentation describes process of developing and piloting a soft skills assessment tool to understand usefulness of soft skills training given to health staff.

### SETTING

#### Districts Coverage in Tamilnadu - Project Ashya

REACH is a non-profit Organisation working for the past 12 years in TB control Program in Tamil Nadu. REACH has the sub-projects of the Global Fund Round 9 Project (Project Ashya) for civil society engagement in TB control in India. The main objectives of the civil society component of GF round 9 (Project Ashya) is to

- Improve the reach, visibility and effectiveness of the RNTCP through civil society support in 374 districts across 25 states by 2015.
- Engage communities and community based care providers in these districts and states to improve TB care and control especially for marginalized and vulnerable populations including TB - HIV patients.



#### Project Ashya - ACSM Activities



#### Human Resources generated at the district Level



### INTERVENTION

Recognizing the importance of the need for soft skills training, Project Ashya, as part of its activities has undertaken the training of health staff in the government health system in the project districts. The training of health staff was done at the district level by a group of master trainers, who underwent a rigorous 4 day training of trainers from a team of health and management consultants. Under Project Ashya, district health staff in government health centers (treatment supervisors, laboratory technicians, village health nurses, etc. in the districts of Tamilnadu, India underwent soft skills' training.

**Acknowledgement**  
The component of soft skills training and review was supported by The Global Fund to Fight AIDS, TB and Malaria, Round 9 through Project Ashya.

### Components of Soft Skills Training

Need for Soft-skills	Training methodologies in soft skills
Communication - Verbal & Non-verbal	Interpersonal Communication
Importance of TEAM & Element of TEAM	Effective TEAM building
Types and Quality of TEAM	Stages in TEAM building
Definition of Counselling - Principles & Ethics	Counselling - Tools & Skills
Conflict Resolution	Stress Management
Problem solving	Anger management

The curriculum of the soft skills training included

Subsequently a review was conducted with 272 trained health staff in groups of 15 to 20 after a period of 3 to 6 months using soft skills assessment tool.



### RESULTS AND LESSONS LEARNT

Soft skills assessment tool consisted of 3 parts.

**Part 1 - Identified scenarios where these skills would be most essential, namely, approach to a patient with TB symptoms, managing initial defaulters, initiating treatment, discussing and managing issues around stigma, interacting with the family and communicating with the patients/ larger community and to facilitate community support and an enabling environment. The assessment was made in reference to these situations and whether any aspects of the training had been applied in these scenarios.**

#### Part 1 - Situations

- 1 Patient with symptoms of 2 weeks cough, comes to your health centre for diagnosis
- 2 Patient has initial positive but has not come back for the results (initial defaulter)
- 3 Patient has been diagnosed with TB and you plan to start on DOTS
- 4 Patient does not want his condition disclosed to his family and neighbours
- 5 Patient is missing a lot of doses
- 6 Female patient is anxious about others not knowing her disease status
- 7 Community shows that there is a high level of stigma towards TB Patients
- 8 You are working late every day and have to take the extra work. Community volunteers are asking for honorarium to be paid for completing DOTS for 20 patients in their area over the last one year
- 9 Due to work, had you are missing a lot of family functions and your family is upset with you.

**Part 2 - Elicited soft skills that they found useful or felt needed additional training.**



**Part 3 - Participants presented 2 TB case studies to demonstrate application of soft skills.**

Health staff perceived Inter-personal communication skills and counselling skills as important in patient interaction while stress management was considered critical in community/ family interactions

### CONCLUSION AND KEY RECOMMENDATIONS


The above results describe a first of its kind information on development of soft skills assessment tool for assessing these skills for health staff as there is no available scale for measuring them.

Health staff perceived Inter-personal communication skills and counselling skills as important in patient interaction while stress management was considered critical in community/ family interactions

Patient satisfaction surveys and mystery client surveys have been identified as an important method that can assess behavior (skill translation to job). In the context of soft skills training to the health system, this could mean that patient satisfaction survey could be undertaken to assess the impact of the training. While we recognize the complexity of measuring soft skills, there is a need to develop such methodology which could provide input for further refresher trainings and for possible policy implications to mandate such soft skills trainings for all health staff along with technical skills.

## Using a TB (Tuberculosis) helpline for increasing access to TB care services - A report from Chennai, India

Ramya Ananthakrishnan, Sheela Augustine, Nalini Karunakaran, Nalini Krishnan  
Chennai, India.

### BACKGROUND

Health seeking behavior of patients with cough seeking TB services is governed by several factors such as level of awareness of TB, location of TB services, social and economic factors and stigma. Accurate information and communication is important in getting patients to seek care early. Improving access to TB diagnostic and treatment services is crucial to ensure early detection and appropriate treatment

Patients need to be able to access information through a medium or channel of communication which is confidential and secure yet offers a health provider interface such as a telephone helpline.

An exploratory study was undertaken to examine how an exclusive TB helpline manned by trained staff could help patients overcome barriers to seeking timely care.

### INTERVENTION

#### Setting

The study was undertaken in a Public Private Mix setting in an urban city, Chennai with a population of 6.2 million.



#### Reach

A Non - Governmental Organization (NGO) implemented (1999) non profit model of PPM in Chennai, India and acted as an intermediary to promote involvement of private healthcare providers and the community in the RNTCP by


- Increasing access for TB suspects/patients to DOTS/ Directly Observed Treatment, Short course) by sanitizing PPs, pharmacies, private hospitals.
- Increasing awareness about TB and TB care services by engaging media celebrities, community volunteers, corporates, NGOs.
- Devising innovative methods to overcome barriers to successful PPM.

### RESULTS

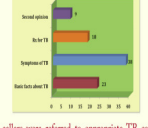
#### Distribution of Callers



#### Action taken through the helpline



#### Reasons for calling TB helpline



64% of callers were referred to appropriate TB center. The helpline operators provided clarifications to queries, directed patients to appropriate diagnostic and treatment facilities counseled patients and their families on issues they faced and often provided reassurance and support.

### CONCLUSIONS AND KEY RECOMMENDATIONS

This report highlights the feasibility of using a phone helpline as an important and low cost method of providing TB related information to the community, TB symptomatics and patients and also as a tool to link them with appropriate TB diagnosis and treatment centers thereby facilitating early diagnosis and treatment.


Majority of the callers were males (77%) and most callers (38%) wanted to know information about the symptoms of TB.

Majority (64%) were referred to appropriate centers highlighting the fact that most of the callers were TB symptomatics.

In the context of geographical settings where stigma against TB is high, helpline is very crucial in spreading information about TB

The helpline provided a first step in encouraging patients with symptoms to come forward for overcoming barriers they face in accessing care.

### Role of REACH in addressing the barriers to TB Control



### Training

A cadre of field officers with experience in TB patient care and support were trained to communicate effectively over the phone,

*Above: Posters used at the conference*

November 13-18, 2013 - The Kuala Lumpur Conference  
 Kuala Lumpur, Malaysia  
 The conference organized by the International Union for TB and Lung Diseases at Kuala Lumpur, Malaysia, was attended by Dr. Nalini Krishnan, Dr. Ramya and media consultant, Ms. Anupama Srinivasan.



## **KNOWLEDGE BUILDING**

### *A list of conferences and trainings attended*

#### **Trainings and Workshops**

June 5, 2012- Workshop on Nutrition at NIRT,  
Chennai

A REACH team - Ms. Sheela, Ms. Neha, and Ms. Vidhya participated in the workshop held at Tuberculosis Research Centre. This was organised by resource persons from National Institute of Nutrition, Hyderabad.

The State Level Operational Workshop 2012  
Chennai

Ms. Sheela and Ms. Nalini participated in the State Level Operational Research workshop organized at Stanley hospital.

February 18, 2013- Pharmacy Training  
New Delhi

A meeting was organized with key officials of the Government of India, Central TB Division, Pharmacy associations, donors, and NGOs to release a training manual for pharmacists, interested in participating in the RNTCP.

August 23-27, 2012, Induction Training  
New Delhi

As part of Project Axshya, three District Coordinators and the programme coordinator at REACH, Mr. Kumar, attended a national-level induction training for new recruits.

November 2012, South Asian Operations Research Course  
Kathmandu, Nepal

Dr. Ramya Ananthakrishnan represented the organisation and completed a course on operations research conducted by The Union and DFID, United Kingdom.

December 12-14, 2012, National Workshop on Standards for TB Care in India,  
New Delhi

Dr. Ramya Ananthakrishnan attended a national consultation and workshop for the development of standards of tuberculosis care that is acceptable to all stakeholders in India.



Above: the REACH team on Team Day



The REACH website and blog



Above: the newsletter (left) and a bus-back poster

## **TEAM DAY, WEBSITE, HELPLINE, NEWSLETTERS**

### **Team Day**

REACH's annual team day was held at Hotel Deccan Plaza, and brought together all staff from various projects for a day of informal ice-breaker games, performance reviews and discussions.

### **The REACH Website and Blog**

REACH maintains a website—[www.reachtbnetwork.org](http://www.reachtbnetwork.org), that showcases an overview of our activities, shares basic information on TB and news and updates related to the disease. REACH's blog, which contains personal accounts of our staff and the people they provide care to, can be accessed on [www.tbindianotes.wordpress.org](http://www.tbindianotes.wordpress.org)

### **TB Helpline**

REACH's helpline – 9962063000, has been received 94 calls this year. Patients calling in for clarifications on TB – (with questions on diagnosis, treatment etc), were responded to by experienced staff, educated on TB and the DOTS system.

### **Newsletters and Information Material**

REACH produces a quarterly newsletter, that contains information and news about tuberculosis, stories from the field and announcements from the organization. Apart from being available online on our website, printed copies are circulated among private practitioners and various other stakeholders. REACH also regularly produces and disseminates pamphlets and handouts with information on TB, aimed at increasing public awareness of the disease.

### **Presence on Tumblr**

This year, we have found a presence on Tumblr, to display articles by our Media Fellows. To view stories by the 2012 Fellows, from across India, published in a variety of languages included Hindi, Assamese and Malayalam visit [www.tumblr.com/SpeakTB](http://www.tumblr.com/SpeakTB)

**RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH**  
**NO 9/5 State Bank Street, II Floor, Mount Road, Chennai 600002**

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2012**

EXPENDITURE	Sch	Y.E. 31.03.2013		31.03.2012		INCOME	Sch	Y.E. 31.03.2013		31.03.2012	
		Rs. p	Rs. p	Rs. p	Rs. p			Rs. p	Rs. p		
To expenditure for objects of the institution	IV	20,067,496.37	17,600,470.00	By donations received	I	2,593,079.41	2,568,863.75				
To other administrative expenses:					By income from investments / deposits	II	214,723.13	128,452.00			
Salaries and Wages		335,000.00	935,055.00	By other income	III	18,593,102.00	16,913,994.00				
Conveyance expenses		61,145.00	33,510.00	Grant Received							
Electricity charges		42,349.00	42,898.00	ABAN Care			239,000.00				
Telephone charges		107,587.00	124,283.00								
Office Maintenance		54,088.00	73,013.00								
Postage and telegram		13,698.00	7,630.00								
Repairs & Maintenance - Others		36,677.00	59,087.84								
Insurance premium		4,273.00	1,043.00								
Bank charges		11,866.00	7,345.00								
Staff Welfare		59,243.00	43,681.00								
Audit fees		33,708.00	38,605.00								
Rent		417,200.00	414,000.00								
Printing and Stationery		105,366.00	86,903.00								
Miscellaneous Expenses		3,726.00	17,635.00								
Depreciation		52,740.90	30,661.79								
Benefit Programme		-	128,111.00								
ABAN Charges		-	174,340.00								
Over Head/admin exps Lilly		53,973.00	-								
Advertisement		16,177.00	-								
Maintenance of Equipments		33,743.00	-								
computer maintenance		18,487.00	-								
interest on TDS		592.00	-								
Recharge internet		31,606.00	-								
Excess of income over expenditure transferred to Balance Sheet		(159,636.73)	32,036.12								
		<b>21,400,904.54</b>	<b>19,850,309.75</b>			<b>21,400,904.54</b>	<b>19,850,309.75</b>				

**RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH**  
**BALANCE SHEET AS ON 31.03.2013**  
 NO 9/5 State Bank Street, II Floor, Mount Road, Chennai 600002

LIABILITIES	AS AT 31.03.2013	AS AT 31.03.2012	ASSETS	AS AT 31.03.2013	AS AT 31.03.2012
<b>CAPITAL FUND</b>			<b>FIXED ASSETS</b>		
Opening balance	2,152,311.30	2,120,273.17	Office equipment		60,593.36
Add: Corpus Contribution		-	Furniture		49,318.86
Add: Excess of Income over Expenditure	(159,836.73)	32,038.13	Computer		396,802.77
	1,992,474.57	2,152,311.30	Vehicle		12,232.63
			Gross amount		518,947.62
GFATM Reserve A/c	-	-	Less: Depreciation	466,206.72	409,347.61
GFATM Account	-	-			
Funds Received.			<b>INVESTMENTS</b>		
Axshaya Project - Round 9	697,372.60	1,299,894.60	Fund growth option (at cost)		54,324.60
			Fixed Deposit	1,025,000.00	1,025,000.00
UWW-Lily Media	608,594.00	-			
UWW-Lily Pharmacy	1,022,359.00	-	<b>ADVANCE AND DEPOSITS</b>		
Outstanding Liabilities (Schedule V)	284,775.00	284,510.00	Security deposit	2,900.00	2,900.00
			Telephone deposit	2,500.00	2,500.00
John Joyce - DC	-	4,500.00	Rent advance	125,000.00	125,000.00
			Water deposit	850.00	850.00
			Prepaid expenses	3,426.28	10,279.00
			Staff Advance	15,500.00	24,500.00
			Interest Accrued On Fixed Deposit	11,204.57	-
			International Union Against Tuberculosis	176,582.00	-
			I.T. Refund Due	136,784.00	298,834.00
			TDS	-	26,760.00
			<b>CASH AND BANK BALANCES</b>		
			Cash on hand	48,842.00	177,702.10
			Balance with Central Bank of India -REACH	174084.44	376,478.29
			Balance with Central Bank of India -GFATM	378,380.00	1,203,690.60
			Balance with Bank of Baroda-13304	1,734,790.00	-
			Balance with Bank of Baroda-6234	301,994.16	1,518.75
			Balance with Andhra Bank A/c 8153	1,531.00	1,531.00
	<b>4,605,575.17</b>	<b>3,741,215.90</b>		<b>4,605,575.17</b>	<b>3,741,215.90</b>

## People at REACH

### **EXECUTIVE COMMITTEE**

Dr. M. S. Swaminathan, Chairman  
Dr. Arjun Rajagopalan, Vice- Chairman  
Dr. S. Siva Murugan, President  
Dr. S. Ravi Subramaniam, Vice- President  
Dr. Nalini Krishnan, Treasurer & Director, REACH  
Mr. Prakash Idnani, Executive Secretary  
Ms. Suraksha Giri, Executive Secretary  
Mr. B. Madhavan, Executive Member  
Ms. Geetha Ramaseshan, Executive Member  
Dr. Ramya Ananthankrishnan, Executive Member & Executive Director  
Ms. Anupama Srinivasan, Executive Member & Media Consultant

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Ms. Sheela Augustine,	Mr. D. Isac Rajesh Sekar,
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Ms. Deenadhayabari. M.,	Mr. K. Kumar,
Ms. Chitra. M,	Mr. M. Ganesh.
Ms. Nalini Karunakaran,	



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Thiruvannamalai, Thirunelveli, Madurai, Dindigul, Trichy, Thanjavur,  
Pudukottai, Cuddalore, Krishnagiri, Vellore and Villipuram;

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Dr. P R Narayanan, Former Director, NIRT;  
Dr Kumaraswamy, Former Director, NIRT;

Members of the Independent Ethics Committee:  
Dr. Rajeshwari Ramachandran, Dr. Jaya Shreedhar, Dr. Deepak Lamech,  
Ms. Sudha Ganapathy, Mr. Rajivan Krishnaswamy, Ms. Vimala Baskaran,  
Mr. Ramalingam, Ms. Auxilia Peter, Ms. Malini Roberts, Dr. Vijay Anthony and  
Dr. Aruvidai Nambi



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*And our donors, for their commitment to our cause:*

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M/s. Aban Cares

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M/s. Soundarapandian Bone and Joint hospital

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