

ANNUAL REPORT

2013-2014

About REACH

REACH is a Chennai-based non-profit organization dedicated in the fight against TB since its inception in 1999. The primary mandate of REACH is to provide care, support and treatment to those affected by TB. We are also involved in advocacy, creating awareness, research, publication and communication of TB related issues. Although patient care and support continues to be at the heart of our work, over the years we have developed a more holistic approach in our efforts to create a TB-free nation. We work closely with many different stakeholders including national, state and local governments, private practitioners and hospitals, pharmacies and the media.

Tuberculosis: one of India's biggest public health challenges

- TB remains a major public health challenge in India, where two people die of tuberculosis every three minutes.
- 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 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 recognizing TB as one of the most pressing public health problems facing our communities today.

Our work in 2013-14

In 2013-14, REACH persisted with its mandate to build partnerships with several different stakeholders in the fight against TB. We continued our work with the following projects:

- PPM or the Public-Private Mix initiative
- Project Axshya
- REACH Lilly MDR-TB Partnership Media Initiative
- Working with Pharmacists, with support from the Lilly MDR-TB Partnership

New Initiatives

Earlier this year, REACH had submitted an application to the Stop TB Partnership for a TB REACH grant, to focus on contact tracing of sputum positive pulmonary patients. This grant has been approved and the project will begin in 2014.

We began a new research study in collaboration with the McGill University and Johns Hopkins Bloomberg School of Public Health, titled *“Understanding patient pathways to tuberculosis care and diagnostic practices of medical practitioners in the private sector in Chennai, India”*.

**This report provides an overview of our activities
between April 2013 and March 2014.**

Public Private Mix (PPM)

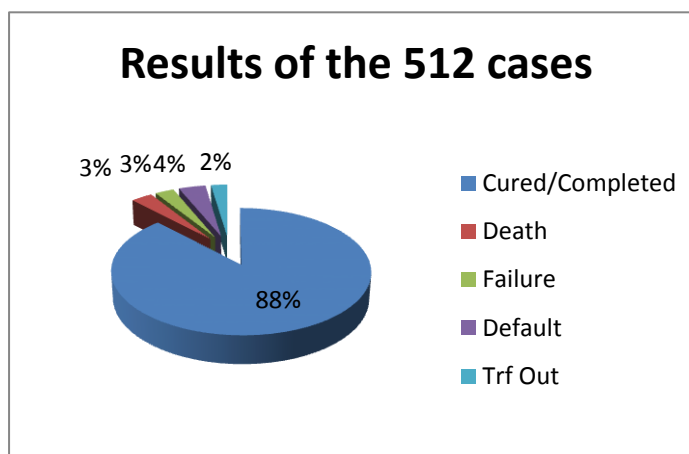
Through the PPM initiative, REACH acts as an intermediary, liaising between those who need treatment, the Revised National TB Control Programme and private sector health care providers including hospitals and private practitioners.

Project Area: The PPM operates in the 10 zones of the Corporation of Chennai.

Case Registration- In 2013, REACH registered 483 cases with the most number of cases from the four PPM centres - Sugam Hospital in Theradi, CSI Rainy at Royapuram, CSI Kalyani on Dr. Radhakrishnan Road, and The Hindu Welfare Centre in Alwarpet. A partnership network with about 500 doctors in the city has helped us sustained our PPM efforts over the years. Patients receive quality care including counseling, home visits; patient aid support, nutrition counseling etc. and all efforts are taken to ensure that patients do not discontinue treatment without completing the full course.

Performance Outcomes- Of 512 patients registered in 2012, 450 completed TB treatment, 20 defaulted on treatment, 16 died during treatment, 14 were failure cases, and 12 were transferred to other districts.

REACH was able to deliver a cure rate of 85% and a success rate of 88% for the year 2012.



Awareness Programs in the community:

REACH firmly believes in creating awareness programs across different sections of the society. Several SHGs, NGO beneficiaries, school children, fishing communities, patients and their families, and the general community were sensitized about TB and the need to act collectively to stop the spread of TB. In the last year about 1200 people have been directly sensitized through 45 programs.

TB Helpline:

REACH attended to 454 calls from patients and the general public on the TB Helpline during 2013 and the 1st quarter of 2014.

Support from ABAN

The ABAN shipping company through its trust ABAN CARES supported the patient care activities in the Zone-1 area. They support us in providing patient care, aid and support, nutritional and de- addiction programs along with other community activities

No of People who accessed the ABAN DOTS CENTRE	363
Patients initiated on DOTS treatment	119
Sputum samples done by Laboratory at Sugam Hospital for diagnosis	333
Awareness programs done by REACH	27
People sensitized on TB	832
Volunteers identified	16
Nutrition and De- addiction programs done	3
Patients and their families sensitized on Nutrition and De addiction	113

TB treatment transforms a life

During an awareness program organised at Tiruchinakuppam slum, we were asked to visit a home. The lady, who was taking us, told us that her younger brother seemed to have the symptoms of TB. We met the patient and asked him to come to the hospital for a sputum test. The results were positive and immediately we started him on treatment.

This patient was just 17 years and had not had much of an education. The parents had died and so he was left under the care of his elder sister. Initially he was very quiet and reserved, and it took some time for me to build a bond with him. Gradually in time, we had short, chatty conversations during which I motivated him to take treatment, provided him nutritional supplements, and also advised him to take up a small job which would be useful for him.

Today the patient has completed 2 months of treatment and has gained 3 kilos. He is employed in an oil mill. Both his mental and physical health has improved.

I am glad that TB treatment provided him an opportunity to become healthy and also transform himself into a productive person for his family.

- *Shanthi, Zone Coordinator, REACH*

Overview of the Activities (2013-2014)

Details	Number
Total cases registered in 2013	483
Total no of doctors involved in the network	500
Total no of PPM centres	4
Total no of patients who have been supported with patient aid support in 2013	100
Success Rate for 2012	88%
Cure Rate for 2012	85%
Total Helpline calls	454

Experiences by patients during treatment

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

“My symptom of cough has reduced and I am having an increase in my appetite. I am happy to see that my medicines have been reduced now.”- Patient XXX

“I am glad that my husband who has TB is now better. As we are preparing for our daughter’s marriage I thought that I will have to go alone to distribute the marriage invitation. Now we can go together “- Patient’s wife XXX

“I can now go for earning my daily bread as a load man at the vegetable market now”.- Patient XXX

“I can now breathe without any pain and can manage looking after my two kids without my mother’s help”- Patient XXX

“Look at me now, no one can say I have TB or the fact that I vomited blood on many occasions and had to be hospitalized. I feel so much better” – Patient XXX

“I am glad the number of tablets has reduced from 7 to 3 now. I am confident to complete my treatment now.”-Patient XXX

“I was not able to sit on my sewing machine, now I am able to work again as a tailor with a dream to rebuild my home.”- Patient XXX

Acknowledgements

We thank all private practitioners and private hospitals working with us towards TB Control.

Project Axshya

REACH is one of the sub-recipients of Project Axshya, a Global Fund Round 9 Project which is being implemented across India to increase case detection and improve access to quality diagnosis and treatment. Project Axshya works with the government, private sector and communities through civil society. The focus is on timely access to TB diagnosis and treatment in rural areas. In Project Axshya, Advocacy, Communication and Social Mobilisation or ACSM activities have included high-level advocacy for political and administrative support, implementation of the RNTCP ACSM strategy at state and district levels, and social mobilisation to garner community demand for TB services.

Key areas of operation: 14 districts of Tamil Nadu including Chennai, Thiruvallur, Kancheepuram, Thiruvanamalai, Dindugal, Madurai, Trichy, Thanjavur, Pudukottai, Cuddalore, Krishnagiri, Vellore and Villupuram.

Key Activities:

Axshya SAMVAD: Sensitization among Marginalized Vulnerable Areas and Districts (SAMVAD) has been one of the core activities of Project Axshya. The primary objective of this activity is to reach the doorstep of marginalized and vulnerable communities and inform them about TB, its symptoms and diagnosis. SAMVAD has helped in sensitizing nearly one lakh households in the marginalized and vulnerable pockets of the districts.

Impact of Intensified Outreach Activities

In one of the poorest slums of Madurai, there was no proper housing, sanitation facilities and erratic power supply for almost a year. The residents of this slum are often affected by skin diseases and other infections. One such resident of this slum is a 32 year old male, a daily wage earner who lives in poor living conditions with his wife and a six month old baby. He stopped going to work after he fell sick. His weakness did not allow him to do any physical activity. Through IOA, the staff collected his sputum and sent it for testing and it was found that he was suffering from TB. Initially he did not believe that he had TB. The staff educated and motivated him to undergo treatment for his family's sake. His neighbors thought he was going to die. Presently, he has completed the intensive phase of treatment and has also received psycho-social support to improve his mental well-being as well.

Increasing access to diagnostic and treatment services, especially in hard-to-reach areas: Sputum collection from patients and transporting to the nearest hospitals has helped in bridging the gap between the patient and hospitals. This activity is perceived by the District TB Officers as very supportive to the TB program. They have expressed both during the district and the state review that sputum collection and transport helps in overcoming a practical challenge at the field level.

TB forum Activities: TB forums have been established across several districts to address ground-level issues of TB patients. It includes people from different sections of the society who play an active role in fighting TB at their district/taluk. Project Axshya has

played a key role in reaching out to many people affected by TB and in providing nutrition support to TB patients and their families.

Facilitating involvement of all health care providers to increase the reach of TB services: Through Project Axshya, REACH works to facilitate the involvement of all stakeholders include rural healthcare workers and private hospitals. Rural Health Care workers play a key role in fighting TB, as the story below illustrates.

A dedicated Rural Healthcare Provider

He travels 18 kms almost every day for work! Hailing from a village in Trichy, Dr. Sethuraman is a Rural Healthcare Provider who has been associated with Project Axshya project for a few years now. His regular duties are to travel to the interior parts surrounding Trichy city. Before associating with Project Axshya, he used to give his own treatment for the TB suspects but had not referred them to any of the TB centres. The patients who received treatment from him gradually stopped revisiting him in the middle of their treatment. He was trained by the District TB Officer on DOTS. His only aim- to ensure TB patients gets treated at the right time.

He usually refers the TB patients to the nearby DMC. But for patients who are unable to travel, he collects the sputum and transports them to DMC. In the last one month he has transported 20 sputum samples and has also been a DOTS provider for three patients.

Sensitizing NGOs on RNTCP schemes and strengthening engagement of non-programme providers in TB control: Through Project Axshya, REACH has sensitized NGOs on the available schemes under RNTCP in order to strengthen engagement of civil societies. 130 organisations have been trained and to date, 28 have obtained 38 schemes.

Advocating with policy makers and parliamentarians to enhance political commitment to TB control: TB forums across the districts have advocated for several issues such as filling up of vacancies in the public health system, strengthening DOTS centres with basic facilities, improving the sanitary conditions of the DOTS centre, opening of existing Government food canteens in all medical colleges etc.

Other activities undertaken under Project Axshya include:

GKS/Community Meeting: A large section of Marginalised and Vulnerable Population have been sensitized through GKS (GaonKalyanSamithi) Village, Health and Sanitation Committee/Community meetings through the partner NGOs at the district level. Tribal communities, workers from different sectors (quarry, rope, leather industry, brick kiln), slum dwellers, sanitary workers, building workers etc. are some of the groups sensitized through these meetings.

Soft Skills Training for Health Staff: As part of Project Axshya, government health staff have been trained in soft skills and in IPC, team building, time/stress management, conflict resolution etc. This was perceived as very useful by the health staff.

*Community Volunteer Training and Engagement:*Community volunteers have been trained and engaged in Project Axshya. Activities such as sputum collection and transport, intensified outreach activities, re-tracing initial loss to follow up TB patients, DOT provision is carried out by these volunteers with a lot of dedication and commitment.

Patients' Sensitization on Patient charter: TB patients registered at the government TB program are sensitized on their roles and responsibilities on Tb treatment through the use of patient charter for TB.

Besides, there are other activities that include training district level networks of PLHIV, quarterly joint meetings of ICTC and DMC, strengthening TB-HIV co-ordination at community level etc.

Numbers at a Glance

S.No	Activity	No of Programs conducted	Total Participants
1	No of GKS meetings	3025	50105
2	No of Community Meetings	338	3071
3	Sensitization of RNTCP schemes	17	168 NGO's
4	Volunteers trained on TB	18	581
5	Health Staff trained in Soft Skills	11	220
6	Rural Health Care Providers trained in TB	19	579
7	TB patients sensitized on patient charter	70	2286
8	Community Meetings conducted	14 districts	4215
9	NGOs trained in TB	10	78
10	Training for TI/DLNs on TB	12	All TI /DLNs were trained on TB in 12 districts

Contribution to RNTCP in 14 districts through Project Axshya

S.No	Name of Activity	No of Referrals Made	No found Positive
1	Community Meetings , Volunteers	528	283
2	Sputum collection & Transportation	6213	318
3	Intensified Outreach Activities (IOA)	2830	106
4	Rural Healthcare Providers	920	107
		1525	531

Project Axshya Community Radio Initiative

In its fourth year, the Project Axshya Community Radio Initiative continued to work with community radio stations across India, in an effort to improve awareness about TB among local communities and to connect communities to local TB services. Two representatives from 10 community radio stations participated in a three-day capacity building workshop organised by REACH on 20-22 August in Chennai. The objective of the workshop was to equip all CRS representatives with the radio skills and knowledge about TB that they required to produce high-quality radio programmes, thereby increasing community awareness of and access to local services.

In all, 120 original episodes on TB were broadcast. Each episode was repeat-broadcast at least three times to amplify the impact and reach out to more listeners. A total of over 400 episodes were broadcast. In addition, stations organized at least four community meetings each. These meetings brought communities face-to-face with local service providers and were also an opportunity for stations to increase their listenership.

Partner stations in 2013-14

Alfaz e Mewat, Haryana
 Alwar ki Awaz, Rajasthan
 Janadhwani Community Radio, Karnataka
 Janvanni Community Radio, Kerala
 Radio Active, Karnataka
 Radio Media Village, Kerala
 Radio Rimjhim, Bihar
 Vayalaga Vanoli, Tamil Nadu
 Voice of Azamgarh, Uttar Pradesh
 Yerala Vani, Maharashtra

World TB Day Special Series

In order to sustain the interest of previously-trained community radio stations and build on existing partnerships, 12 stations who had been part of Project Axshya in previous years were invited to participate in a special World TB Day Series. All 12 stations broadcast an entire series of episodes on TB in March, in an accelerated campaign mode. They also organised a special programme on World TB Day.

Acknowledgements: We thank Dr Sarabjit S Chadha, Project Director, Mr Subrat Mohanty and all members of the Project Management Unit at the Union, South East Asia Office, New Delhi.

Involving the media in the fight against TB

The media has a power role to play in informing the public about preventing, controlling and curing TB. Accurate, sensitive and timely journalism can improve our understanding of TB, increase access to TB services and dispel the many myths and misconceptions that persist about TB. However, although India bears one-fifth of the global TB burden, media reporting remains scattered and sometimes inaccurate. Since 2009, the REACH Lilly MDR-TB Partnership Media Initiative has worked closely with journalists across India to improve the quality and frequency of media reporting on TB.

Media Fellowships: The REACH Lilly MDR-TB Partnership Media Fellowships provide working journalists from local language newspapers with support to undertake in-depth analysis of various aspects of TB in India. The 2013-14 batch of Fellows included several senior reporters with over ten years of experience as well as a few freelancers with strong links with multiple publications:

1. Arpan Khare, City Reporter, Dainik Jagran, Bhopal, Madhya Pradesh
2. Athar Parvaiz Bhat, Freelancer, Srinagar, Jammu and Kashmir
3. Jahnvi Anandrao Sarate, Reporter/ Sub-editor, Maharashtra Times, Kohlapur, Maharashtra
4. Kanchan Kumari, City Reporter, Hindustan, Ranchi, Jharkhand
5. V Neelakandan, Chief Reporter, Kungumam, Chennai, Tamil Nadu
6. Pradeep Singh, Reporter, Rajasthan Patrika, Pali, Rajasthan
7. Prashant Dubey, Freelancer, Hoshangabad, Madhya Pradesh
8. Premvijay Patil, Bureau Chief, Naidunia, Dhar, Madhya Pradesh
9. Rajeev Tiwari, Sub-editor, Dainik Bhaskar, Indore, Madhya Pradesh
10. Reji Joseph, Staff Reporter, Rashtra Deepika, Kottayam, Kerala
11. Ruby Sarkar, Special Correspondent, Deshbandhu, Bhopal, Madhya Pradesh
12. Sazzad Hussain, Freelancer, Lakhimpur, Assam

All Fellows participated in an orientation workshop in October that was designed to meet their specific requests, with a combination of knowledge and skills sessions. The knowledge sessions included presentations by and interactions with experienced TB advocates and public health professionals including Dr Soumya Swaminathan, Director of National Institute for Research in Tuberculosis (NIRT), Ms Blessina Kumar, Chair, Global Coalition of TB Activists and Mr Chapal Mehra, former Senior Director of Global Health Strategies. Skills sessions were led by Dr Jaya Shreedhar and focused on explanatory journalism, interpreting research findings and critiquing health stories. Fellows also visited the NIRT in Chennai where they had an opportunity to understand the diagnostic facilities available.

On returning to their newsrooms, Fellows researched a range of TB-related issues and each wrote a minimum of 3 stories on the issue. In all, 50 stories on TB were published during the Fellowship period. In addition, several Fellows drew on the skills and knowledge acquired during the Fellowship programme to exceed their mandate. For example, Prashant Dubey successfully advocated with both leading parties in the state,

the BJP and the Congress, to include TB as an important issue in their manifestos in the run-up to state level elections.

In 2013, the **National Fellowship** was announced for the first time, with the intention of improving media focus on TB-related issues at the national and policy levels. Dr R Prasad, Science Editor of The Hindu, chosen as the first National Fellow following a competitive evaluation process, wrote a series of 22 in-depth articles on childhood TB during the Fellowship period. REACH compiled and published a selection of Dr Prasad's work, titled '*Childhood TB: A journalist's exploration*'.

Media Awards: The REACH Lilly MDR-TB Partnership Media Awards for Excellence in reporting on TB were constituted in 2010 to recognise outstanding and effective reporting on TB by print journalists in India. Every year, awards are given in two categories - English and local languages - to journalists who have produced effective, in-depth and relevant stories on Tuberculosis (TB), and have conveyed these to a wide audience.

In 2014, REACH received over 60 entries, the maximum since the inception of the awards. An eminent jury evaluated a shortlist of 15 entries in each category. Jury members included Dr P R Narayan, former Director, Tuberculosis Research Centre (now NIRT); Dr. Nevin Wilson, former Director, The Union, South East Asia; Dr V Kumaraswami, Scientist G (Retd), Tuberculosis Research Centre (now NIRT); Dr. Jaya Shreedhar, health communications consultant; Mr Chapal Mehra, Senior Director, Global Health Strategies and Ms Shobha Shukla, Managing Editor, Citizen News Service.

In the English category, the joint winners were Guwahati-based journalist Bijoyeta Das for her powerful account "India losing the battle against TB?" published in Al Jazeera and Sumitra Deb Roy of The Times of India for her discerning and lucid presentation of scientific data in her story titled "Study: Drug-resistant TB in city air, families clear yet kids infected?".

The award in the Local Language category went to Mr Reji Joseph of Rashtra Deepika, a Malayalam daily, for his meticulously researched story on migration in Kerala. There was a tie for the second place between Mukesh Kumar Kejariwal of Dainik Jagran for his balanced and candid analysis of India's response to MDR-TB and Ranjith Chathoth of Mathrubhumi Arogyamasika for his wide-ranging account on the links between TB and diabetes. The awards were presented by Dr R S Gupta, Deputy Director General (TB), Ministry of Health and Family Welfare, at a programme held in New Delhi in March on the occasion of World TB Day.

Resources for journalists: The dedicated www.media4tb.org website serves as a resource centre for journalists. REACH also developed several resources for journalists including a checklist for effective reporting on TB, a guide to the 2014 World TB Day theme, and a guide to ethical reporting on TB. Research activities include needs-assessment interviews with journalists intensive tracking and monitoring of multiple newspaper publications.

Acknowledgements: This initiative is supported by a United Way Worldwide grant made possible by the Lilly Foundation on behalf of the Lilly MDR-TB Partnership. We thank Ms Sunita Prasad, Consultant, MDR-TB and CSR, Eli Lilly India for her guidance and support.

A pioneering initiative to involve pharmacists in TB control efforts

The Pharmacy initiative, with support from the Lilly MDR-TB Partnership aims to involve the pharmacists in TB control. Pharmacists in the community often serve as the point of first contact for people with cough and there is a demonstrable success in involving pharmacists in strengthening the TB Program. With appropriate training and support there is an immense opportunity to involve pharmacists in patient education, referral, and provision of DOT. In addition there is also an opportunity to promote best practices such as rational use of second line TB drugs, early detection of cases and preventing drug resistant TB.

Areas of Operation: The initiative currently works in Chennai and Thanjavur, targeting over 2,500 pharmacies spread across Chennai and 300 in Thanjavur.

Key Project Activities:

Training of pharmacists- The training sessions were handled by District TB Officers, Master trainer and REACH team. A sensitization program was held for pharmacists to involve them in TB control. This was held at 5 areas in Chennai between September and March.

Communication materials development and dissemination- Based on the findings from the assessment, several prototypes of communication materials were prepared and field-tested with the target group. The inputs from these activities were put together to design the presently used communication materials.

Periodic Review of pharmacists- Every month the pharmacists' association conducts a zonal level meeting. The Project Officer and the concerned field staff participate in this meeting and present to them the referral list from that zone. They also update the status of patients who have been referred previously.

Training of Pharmacy College students- This program's aim was to sensitize the students of Pharmacy College about the role of pharmacists in TB care and control.

Revisiting the Pharmacists- The staff meet all the trained pharmacies on a routine basis to assess their involvement in the project using DIRECT strategy. During these visits the REACH staff collects the referral list from them and tracks them through phone calls, house visits or by triangulation with the records maintained at the nearby microscopy center.

Community meetings- This program's aim was to sensitize the community to create awareness among slum dwellers about TB care and control.

Joint meetings with the Drug controller and State TB Officer- REACH organized a joint meeting for the State TB officer and Drug controller, to discuss in detail about the prospects of engaging pharmacists in TB control. In the meeting the list of pharmacists acting as DOT providers was shared. A collective decision to work in close coordination with each other was taken at the end of the meeting. A plan to keep them updated on

the involvement of pharmacists and project progress on a quarterly basis was made. The list of DOT Providers is shared with both the State officials on a periodic basis.

World TB day Pamphlet Distribution - Pharmacists participated in pamphlet distribution to the patients and the community in which they were located. The poster was on the theme for the World TB day (missing 3 million cases). 190 Pharmacies have been distributing these pamphlets from their medical shop

Qualitative assessment (Focus Group Discussions) – Focus group discussions were held with pharmacists to know more about their involvement, their challenges and assess patients’ satisfaction from the services of the pharmacists. The data is being compiled and a report will be disseminated.

Numbers at a glance

Details	Numbers
No of Pharmacists line listed	1530
No. of Pharmacist Trained	245
No. of Pharmacist sensitized through one-to-one	550
No. of Pharmacy college students sensitized	249
No. of Community members sensitized	515
No. of community volunteers identified	30
No. of Pharmacies involved in referral services	229
No. of symptomatic patients identified through the community meeting	31

Outcomes

Details of Referrals	Numbers
No of Referrals received	380
No. of Symptomatic referrals	248
No. of Symp. patients underwent testing	162
No. of Symp. Patients diagnosed us TB	36
No. of TB patients	138
No. of TB. Patients diagnosed	82
Total No. of patients found positive	118

No. of Patients started on treatment	109
Treatment Under RNTCP	68
Treatment completed	36
No of patients cured	7
No. of patient Currently on treatment	28
Treatment success rate (28 out of 68 Government Patients & 15 out of 41 private patients treatment completed)	43
No. of Pharmacists act as a DOT Providers (at present)	26
No. of patients taking DOTS from Pharmacy	21

Equipped to fight TB

Selvam has been a pharmacist in Royapuram for many years. Providing medicines to several patients over the years he had developed a good rapport with many of them. Earlier, he used to give cough medicines over the counter but after he attended a sensitization program he learnt more about TB. This helped him save the lives of two patients. A mother and son often visited his pharmacy and got medicines for cough and fever. After one such visit, he requested them to visit one of REACH's PPM centres.

The mother and son could not believe that they were suffering from TB. Initially, they refused to undergo treatment. His constant encouragement and counseling helped them take their medicines on time. Since then both their mental and physical health has improved.

Mr Selvam is also a DOTS provider and helps many patients by educating them on TB and directing them to the right centres to get diagnosed.

Acknowledgements: This initiative is supported by a United Way Worldwide grant made possible by the Lilly Foundation on behalf of the Lilly MDR-TB Partnership. We thank Mr Abdul Khader S, State Drug Controller, Tamil Nadu; MsSunita Prasad, Consultant, MDR-TB and CSR, Eli Lilly India; office bearers of pharmacy associations and all pharmacists working for TB control.

World TB Day 2014

To mark World TB Day (24 March), REACH organised several events to create awareness about TB and initiate conversations about the issues that make preventing and controlling TB a challenge. These events were intended to -

- Create wide awareness about the disease across different districts of Tamil Nadu.
- Involve people from different walks of life to participate and help in TB control.
- Empower and strengthen the TB patients and their families, thus motivating them to actively participate in TB control.

Public campaign

This year, REACH invited members of the general public to participate in an innovative campaign and organize awareness programmes for their communities. Popular actor Suriya lent his support for this campaign.

A poster calling for volunteers was widely disseminated in early March. Interested individuals called the REACH office and registered to participate in the campaign. Each registered participant received a campaign kit that contained several materials including posters, 25 pamphlets, a CD with short films on TB, a feedback and reporting form, and a short note on the 2014 World TB Day theme.

Participants were encouraged to undertake simple activities such as distributing pamphlets, organizing film screenings for their friends and family or any other creative idea they had in mind. In the week between 23 and 30 March, over 150 people from different districts of Tamil Nadu took part in this campaign.

They engaged in varied events like distributing pamphlets within their village, sticking posters in tea shops and panchayat offices, programs at a catering college, people involved in bread making, film shows through community events, organizing rallies through school children in the village etc. Overall there were a total of 300 programs sensitizing about 20,000 people all over Tamil Nadu.

Some of them shared their experiences:

“Throughout Kalvi Nayagan Surya Narpani Mandram we distributed around 1000 pamphlets on TB awareness in different areas. We are very glad and happy to organize the awareness activity with the help of REACH”

- Mr. Surya Prithivraj, Pondicherry

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

- Mrs. Vennila, Chidambaram

Sandipom Sindhipom - an event for patients and their families

REACH believes that TB patients and their families have a vital role to play in the fight against TB. Despite improvements in diagnosis and treatment of TB, patients still find it tough to accept a diagnosis of TB and undergo the long duration of treatment for Tuberculosis.

Hence, this event was conceptualised and organised specially for the TB patients and their families - to strengthen and empower them, help them voice their challenges and concerns, and to know about their rights and responsibilities, thereby increasing their contribution towards TB control.

The event “Sandipom Sindhipom” invited patients and their families to realize the important role that patients can play in TB control. The ambience of the ground was converted to make it look like a ‘mela’ with 15 bright red stalls.

About 200 patients and their families participated in this event held on 23 March. Each stall had specific games like balloon shooting, Aiming the Rings, Puzzle, Maze, Electric Buzzer, Kids Plane, Frog Jump, etc which the patients and their families could play. In addition there were 3 educational stalls which provided information on Tuberculosis, Rights and Responsibilities, and the roles that TB patients could play in the community. Popcorn, snacks, tea were also distributed.

Mass Awareness Campaign: TB Awareness information on local buses and bus stops

REACH also displayed the World TB Day theme on bus backs and bus shelters for a period of 30 days, to improve awareness about the disease. The ads were in Tamil and highlighted the World TB Day theme –*Reach the three million, a TB test, treatment and cure for all.*

Other highlights

Research study

REACH in collaboration with the Johns Hopkins Bloomberg School of Public Health, McGill University, Canada and The International Union Against Tuberculosis and Lung Diseases is involved in a research study titled “Understanding patient pathways to tuberculosis care and diagnostic practices of medical practitioners in the private sector in Chennai, India”.

The study aims to capture the practices of private practitioners on diagnosis and treatment of TB and to interview their TB patients to understand the patient pathways to TB care.

A sample size of about 300 private practitioners and 250 patients need to be interviewed for the study. Data collection is currently underway.

Partnership for TB Care and Control in India (PTCC)

REACH continues to play an active role in supporting the Partnership for TB Care and Control in India. REACH co-hosted the Second National Consultative Meeting held in Chennai in March 2014. Dr Nalini Krishnan, Director, REACH is Governing Body Member and Secretary, PTCC and Dr Ramya Ananthkrishnan, Executive Director, REACH, is Lead for the Operational Research Thematic Group.

Formation of State Level Network for TB

REACH has facilitated the formation of a State Level Network for TB along with the other NGOs across the state. This network is currently in the process of registration. The network’s mandate is to work towards a TB-free Tamil Nadu.

Conferences Attended

The Project Axshya team from REACH presented a poster on “Intensified Outreach activities for TB case detection among vulnerable and marginalized populations - a field report from Tamil Nadu, India” at the 44th Union World Conference on Lung Health in Paris.

Team Day

REACH organised a team day in the month of December 2013 to help all the staff members to make a fresh start for the New Year, There were practical as well as skill building sessions on how to read Research papers along with inputs on Operational Research by Dr. Ramya Ananthkrishnan.

On the second day sessions were taken by Ms. Jaqueline David, Counsellor, TTK, on work ethics and stress management. All the staff participated in the Team Day and interacted with the committee members.

In Images

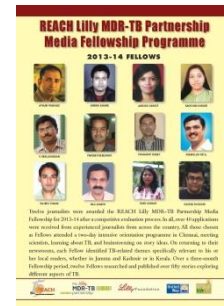
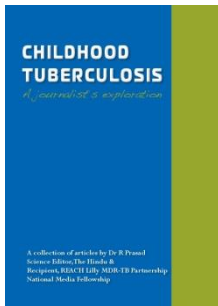
PPM



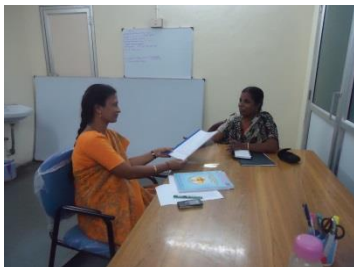
Project Axshya



Media Initiative



Pharmacy Initiative



World TB Day



இந்தியாவில் ஒவ்வொரு நாளும்
750 பேர் காசநோயினால்
இறந்து கொண்டு இருக்கின்றனர்.
இந்த 750 இறப்புகளை
மறம்மால் தடுக்க முடியும்.

**இந்த உலக காசநோய்
தினத்தில் (மார்ச் 24)
என்னுடன் கை சேர்ந்து
காசநோயை தடுக்க
குரல் கொடுங்கள்**
- ஆர்யா

- > தனது பிரசாரகளை உங்கள் அழகுறத்தில் வழங்குதல்.
- > உங்கள் வீட்டுவெய் ஓர் பற்றி ஆரம்ப பணிகளை ஒளிபரப்புகல்.
- > ஓர் பற்றி நண்பர்களிடம் மற்றும் உடன்பண்புடையவர்களுடன் பேசுதல்.

இந்த காசநோயை தடுக்க உங்கள் வீடுகளை ஒலிப்படுத்தும்.

மேலும் விவரங்களுக்கு / பதிவு செய்ய, மார்ச் 15 முதல் 15 ஆகஸ்ட் 044-85211047
அல்லது 044-28132099 அழகுறக்கவும். பிரச்சார உபகரணங்களை பெறும்படி,
நிகழ்ச்சியை ஏற்பாடு செய்யும்படி, அகதப் பற்றி எங்கள் உட்கொண்டுகள்.

சிறந்த 30 நிகழ்வுகள் தேர்ந்தெடுக்கப்பட்டு ஏரஸ்
மாதத்தில் ஒரு சிறப்பு நிகழ்ச்சியில் கொளவிக்கப்படும்.

www.reachtnetwork.org



REACH உலக காசநோய் (டிபி) தினம் - மார்ச் 24

ஒவ்வொரு வருடமும்

73

90 லட்சம் மக்கள்

காசநோயினால்

பாதிக்கப்படுகின்றனர்.

இதில் **30 லட்சம் மக்கள் சரியான**

சிகிச்சை பெறுவதில்லை.

**காசநோய் (டிபி) பற்றிய செய்தி
இவர்களை சென்றடைய கைகொடுங்கள்**



கண்டறிவோம்!

சிகிச்சை அளிப்போம்!!

குணப்படுத்துவோம்!!!



ரிச் சேவை மையம் 99620 63000



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

The REACH Team

Dr. Ramya Ananthkrishnan	Mr. M Ganesh
Mr. J Gurumoorthy	Mr. S Karthikeyan
Ms. Sheela Augustine	Mr. D. Issac Rajesh Sekar
Ms. Anupama Srinivasan	Ms. Nalini Karunakaran
Ms. P. Sujatha	Mr. X. Jude Alexander
Mr. Avinaash Mohan Kastura	Mr. G Senthil Kumar
Mr. Joseph Soundaraj	Mr. M Kumaravel
Ms. Mangaiyarkarasi.S	Mr M Iyappan
Ms. Kalpana R	Mr. Pandiaraj
Ms. K Shanti	Mr. G Sumesh
Ms. Abirami R S	Mr. G. Venkatraman
Ms. Deenadhayabari	
Dr. Sumanya S	
Mr. Vikramapandiyan R	
Ms. Lilly Abirami S	
Mr. Samipillai A	
Ms. Suganya. G	
Ms. S Shanti	
Ms. Rajalakshmi V	
Mr. R Soundarajan	

At REACH, we...

- i. Protect and Promote Community Health Care
- ii. Treat each patient with respect and dignity
- iii. Listen to the patient
- iv. Communicate with Care
- v. Inform and Educate patients about TB Care
- vi. Develop networks and partnerships to strengthen TB Control
- vii. Encourage healthy lifestyles with good habits
- viii. Adhere to moral and ethical codes of conduct
- ix. Follow international standards of TB care
- x. Stay abreast of international developments in TB

THANK YOU!

REACH wishes to thank the following people for their unstinting support, technical advice and guidance:

Dr Arivoli, State TB Officer, Tamil Nadu

Dr Murugesan, Director, ST-DC, Tamil Nadu

Dr P Kuganatham, Health Officer, Corporation of Chennai

The Deputy Directors (TB) of Chennai, Thiruvallur, Kancheepuram, Thiruvannamalai, Thirunelveli, Madurai, Dindigul, Trichy, Thanjavur, Pudukotai, Cuddalore, Krishnagiri, Vellore and Villipuram

Dr Soumya Swaminathan, Director, National Institute for Research in Tuberculosis, Chennai

Dr P R Narayanan, Former Director, Tuberculosis Research Centre

Dr V Kumaraswami, Former Director, Tuberculosis Research Centre

Members of the Independent Ethics Committee

Dr Rajeswari Ramachandran, Dr Jaya Shreedhar, Dr Deepak Lamech, Ms Sudha Ganapathy, Mr Rajivan Krishnaswamy, Ms Vimala Bhaskaran, Mr Ramalingam, Ms Auxilia Peter, Ms Malini Roberts and Dr Aruvidai Nambi

Actor Suriya for his unwavering commitment to the fight against TB

and

Our Donors

M/s. Kasturi & Sons Ltd.

M/s. Sundaram Finance Ltd.

M/s. Aban Cares

M/s. Banco Foundation

M/s. Soundarapandian Bone & Joint Hospital

M/s. India Motor Parts & Accessories Ltd.

M/s. Turbo Energy Ltd.

Mrs. Menaka Parthasarathy

and other generous supporters

Financial Statement

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
 NO 9/5 State Bank Street, II Floor, Mount Road, Chennai 600002
 BALANCE SHEET AS ON 31.03.2014

LIABILITIES	AS AT 31.03.2014	AS AT 31.03.2013	ASSETS		AS AT 31.03.2014	AS AT 31.03.2013
	CAPITAL FUND			FIXED ASSETS		
Opening balance	1,892,474.57	2,152,311.30	Office equipment		72467.00	60,593.38
Add: Corpus Contribution	119,237.38	(159,836.73)	Furniture		50346.00	49,318.66
Add: Excess of Income over Expenditure	2,111,711.95	1,992,474.57	Computer		438081.00	396,802.77
			Vehicle		602,892.00	12,232.63
			Gross amount		169027.66	518,947.62
			Less: Depreciation		433,864.34	466,206.72
Funds Received			INVESTMENTS			
Axshaya Project - Round 9	3,451,815.00	687,372.60	Fixed Deposit		3,025,000.00	1,025,000.00
PP Survey	638,882.00		ADVANCE AND DEPOSITS			
UWW-Lilly Media	662,101.68	608,594.00	Security deposit		2,900.00	2,900.00
UWW-Lilly Pharmacy	806,130.26	1,022,359.00	Telephone deposit		2,500.00	2,500.00
Outstanding Liabilities (Schedule V)	53,487.56	284,775.00	Rent advance		105,000.00	125,000.00
			Water deposit		850.00	850.00
			Prepaid expenses		3,426.28	3,426.28
			Staff Advances		25,000.00	15,500.00
			Loans and advances		202,000.00	11,204.57
			Interest Accrued On Fixed Deposit		73,648.00	176,682.00
			International Union Against Tuberculosis		136,784.00	136,784.00
			I.T. Refund Due			
			TDS		245.00	
			Private practitioner survey			
			CASH AND BANK BALANCES			
			Cash on hand		89,813.71	48,842.00
			Balance with Central Bank of India -REACH		289,723.40	174,084.44
			Balance with Central Bank of India -GFATM		1,302,967.60	378,380.00
			Balance with Bank of Baroda-13304		1,393,743.95	1,734,790.00
			Balance with Bank of Baroda-6234		635,045.16	301,994.16
			Balance with Andhra Bank A/c 8153		1,717.00	1,531.00
	7,724,228.45	4,605,575.17			7,724,228.45	4,605,575.17

As per report attached
 for M.R.Narain & Co.
 Chartered Accountants


 P. Anand (M.No.16189)
 Partner

Treasurer
 Dr. Nalini Krishnan

Executive Secretary
 Mrs. Suraksha Gini

Vice-President
 Dr. Raju Subramaniam

President
 Dr. S. Sivamurugan


 S. Srinivasan

Place: Chennai
 Date: 18/8/2014



PARTIAL COPY OF BALANCE SHEET / 05/11/2014

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 2014

EXPENDITURE	Sch	Y.E. 31.03.2014	Y.E. 31.03.2013	INCOME	Sch	Y.E. 31.03.2014	Y.E. 31.03.2013
		Rs. p	Rs. p			Rs. p	Rs. p
To expenditure for objects of the institution	IV	17,457,086.00	20,067,496.37	By donations received	I	2,554,900.00	2,593,079.41
To other administrative expenses:				By income from investments / deposits	II	180,938.43	214,723.13
Salaries and Wages		4,799,826.00	335,000.00	By other income	III	22,206,467.62	18,593,102.00
Conveyance expenses		41,271.00	61,145.00	Grant Received			
Electricity charges		23,666.00	42,349.00				
Telephone charges		81,821.00	107,587.00				
Office Maintenance		30,282.00	54,088.00				
Postage and telegram		21,191.00	13,698.00				
Repairs & Maintenance - Others		26,091.00	36,677.00				
Insurance premium		899.00	4,273.00				
Bank charges		5,942.00	11,866.00				
Staff Welfare		126,107.00	59,243.00				
Audit fees		33,708.00	33,708.00				
Rent		458,500.00	417,200.00				
Printing and Stationery		32,277.00	3,726.00				
Miscellaneous Expenses		103,773.00	52,740.90				
Depreciation		48,611.67					
Employees Provident fund		43,720.00					
Over Head/admin exps Lilly		180,698.00					
Advertisement			53,973.00				
Maintenance of Equipments		43,743.00	16,177.00				
computer maintenance		4,145.00	33,743.00				
Membership		10,000.00	18,487.00				
Newsletter & Communication Materials		318,453.00					
Consultant fees		505,000.00					
Field staff		387,300.00					
Interest on TDS		272.00	592.00				
Recharge internet		38,686.00	31,606.00				
Excess of income over expenditure transferred to Balance Sheet		119,237.38	(159,836.73)				
		24,942,306.05	21,400,904.54			24,942,306.05	21,400,904.54

President
Dr. S. Sivamurugan

Vice-President
Dr. Revi Subramaniam

Executive Secretary
Mrs. Suraksha Giri

Treasurer
Dr. Nalini Krishnan

Place: Chennai
Date: 18/8/2014

S. Nalin Subramanian
Suraksha Giri
Nalini Krishnan
Nalini Krishnan



As per report attached
for M.R. Narain & Co.
Chartered Accountants
P. Anand (M.No.16189)
Partner

CONTACT US

9/5 State Bank Street, Mount Road, Chennai 600002

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Facebook: www.facebook.com/SPEAKTB

TB Helpline: 9962063000