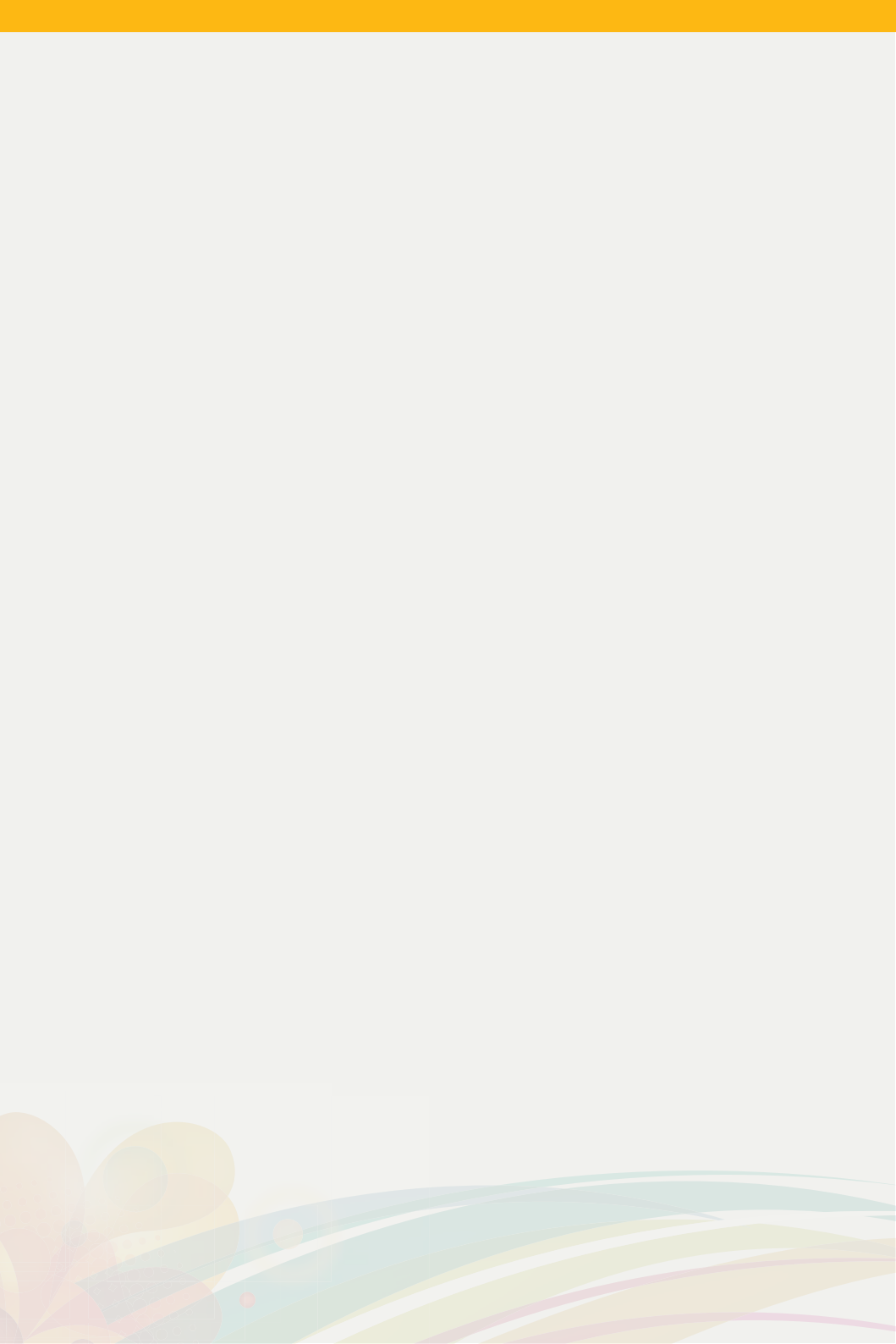




ANNUAL REPORT

2014 - 15







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INTRODUCTION

REACH joined the fight against Tuberculosis (TB) in 1999, as a non-profit organisation based in Chennai in South India. In the 15 years since, REACH has worked as an interface between the public health system and private healthcare providers and adopted a holistic approach to the diagnosis and treatment of TB. A comprehensive patient care system is at the heart of our work, designed to ensure that those affected by TB receive the support they deserve.

In 2003, REACH was the first civil society organization in India to receive a grant from the Global Fund to Fight AIDS, TB and Malaria (Round 1). In collaboration with the Tuberculosis Research Centre (now the National Institute for Research in Tuberculosis or NIRT), REACH conceptualized, implemented and monitored an innovative public private partnership model for engaging private practitioners (PPs). As an intermediary between the Chennai Corporation and private providers, REACH identified private hospitals and clinics to function as PPM centres. REACH assisted the PPM centres by obtaining patient-wise drug boxes and TB registers from the Chennai Corporation for use at these centres. REACH also identified and trained community volunteers for DOTS and provided support for patient follow-up and documentation. Through this model, REACH demonstrated that access to RNTCP services could be increased for private patients and that it was possible to engage PPs in TB control efforts. More than 2000 PPs were sensitized through workshops and one-to-one visits.

Since 2006, REACH has mobilized private resources – through corporate and individual donations – to sustain a scaled-down PPM initiative. REACH continues to provide a continuum of care including patient support, nutrition, family support, and transport with a special focus on the poor and vulnerable, homeless, migrant workers and daily wage earners. In addition, since 2010, with support from the Lilly MDR-TB Partnership, REACH has trained nearly 700 private pharmacists in Chennai and continued to engage them in a sustained manner. Trained pharmacists refer those with TB symptoms for testing and occasionally function as DOTS providers themselves.

REACH is currently implementing Project Axshya, a Global Fund Round 9 Project led by the South-East Asia Office of the International Union against Tuberculosis and Lung Disease. REACH works in 14 districts of Tamilnadu to synergize TB control efforts with government, private sector and communities through civil society groups. Through this project, REACH has built the capacity of other civil society organisations in Tamilnadu, training over 150 NGOs to create awareness about the disease in the community and identify and link those with TB symptoms to government TB services. Other activities have included soft skills training of health staff, community meetings, training of rural health care providers, development of district-level TB forums, patient charter, community volunteers training and involvement of community radio stations.

The REACH Lilly MDR-TB Partnership Media Initiative began in 2010 to improve the quality and frequency of media reporting on TB, particularly among local language media. Through this initiative, fellowships are provided to working journalists from local language newspapers, resources on TB are disseminated and the REACH Lilly MDR-TB Partnership Media Awards are given every year to recognize outstanding and effective reporting on TB.

In 2014, REACH received a Wave 4 Stop TB Partnership grant to implement and study a “Innovative Public Private NGO Partnership model for increasing case detection among at risk and vulnerable population (household contacts of sputum positive TB patients) using innovative diagnostic algorithm in Chennai, India”. This work is ongoing and we expect to share our findings in 2016.

Over the last 15 years, REACH has established effective working relationships with the Central TB Division at the Ministry of Health and Family Welfare and has been a member of several consultations and working groups including the Expert group of the National Forum on TB and the PPM Sub-group of the Stop TB Partnership. As an active member of the Partnership for TB Care and Control, REACH leads their TB Advocates training. In March 2015, REACH helped initiate the formation of ‘Concerned Citizens against TB’, a group that includes leading industrialists, academics and celebrities who petitioned the Prime Minister of India.

Through its unrelenting focus on TB, REACH has demonstrated its capacity to engage key stakeholders in a sustained manner, thereby building valuable partnerships in the fight against this disease. Through its work with the private

healthcare sector, REACH has established a unique and effective PPM model that continually engages private practitioners, private and community hospitals as well as pharmacies, thus bridging the gap between those diagnosed with TB and the public health system. Through all its activities, REACH has worked closely with the public health system and the Revised National TB Control Program, thereby increasing referrals, promoting treatment adherence and supporting patients through the treatment process.

This publication documents the activities of REACH between April 2014 and March 2015. We would be happy to receive your feedback or comments at reach4tb@gmail.com

15 YEARS IN THE FIGHT AGAINST TB



In 2014, REACH observed 15 years in the fight against TB with the release of a commemorative publication and the launch of a new community campaign on cough hygiene – ‘Cough with Care’. Through this campaign, we are looking to introduce people to the concept and practice of cough hygiene, highlight the connection between cough hygiene and the prevention of disease and educate people on the need to practice cough hygiene at all times. Since the launch of the campaign by actor Suriya in July 2014, a series of public education activities have been organised across Chennai and in Madurai, Thanjavur and Thiruvalluvar, at schools, colleges, industries and factories and urban slums. Educational materials have been displayed at schools, pharmacies and private clinics.



In December 2014, REACH organised a fundraiser concert as part of our 15th year celebrations. *Isha Rumi: Beyond Form*, a performance by Bangalore-based group Sunaad, was a theatrical juxtaposition of 18 shlokas of the Ishavasya Upanishad with ten stories from Jalaluddin Rumi's *Masnavi* sung in Dhrupad. This gave us the opportunity to share the *Cough with Care* campaign with new audiences.



Public-Private Mix

THE REACH PPM INITIATIVE



Over the last few decades, India has witnessed a steady increase in the number of people accessing the private healthcare sector for the treatment of various diseases and illnesses. This is true of TB as well and engaging private healthcare providers is therefore integral to ensuring that those with TB have access to high-quality services. The REACH PPM model has grown and evolved over the last 15 years and we have now developed a comprehensive package of TB services for those affected by the disease.

The main objectives of the PPM initiative are:

- To increase the participation of Chennai-based private providers in TB control
- To provide quality TB services to all patients accessing the private sector
- To encourage community participation to increase awareness of TB and dispel stigma



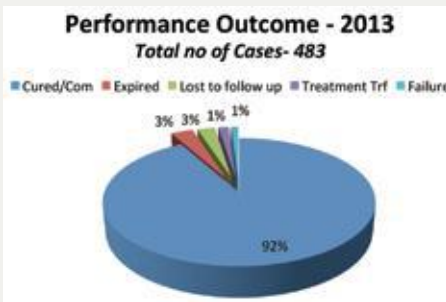
Key Highlights

PPM case registration

The total numbers of presumptive TB cases identified by our field staff were 953. In all, REACH registered 423 cases, based on referrals from our PPM centres, private practitioners and the community. Of this, 50% of cases have been registered from the private health sector in North Chennai.



Performance outcomes



Of 483 cases registered in 2013, 172 were new sputum smear positive cases. Of this, 152 people were successfully cured of TB. Seven cases were transferred to other districts, six people were lost to follow up, four patients died and three were declared to have failed the treatment. Overall,

we achieved a cure rate of 88% and a success rate of 92%.

TB Helpline

The TB Helpline was initiated in the year 2010 with the objective of being a single, comprehensive point-of-contact for those who had questions about TB. We answer queries and provide information on where to go for diagnosis and treatment. Last year, we received a total of 242 calls from across India but primarily from Chennai and other districts in Tamil Nadu.

Patient Aid & Support

REACH has been offering patient aid and support to TB patients to help them complete the course of treatment. The main challenge in TB care is to ensure

patient adherence to medication. Very often, patients from economically weaker sections find it difficult to provide for themselves and their families. To enable these patients to complete treatment we offer a package of rice and dhall, wheat or kangee powder. Every month, approximately 60 patients receive nutritional support.

Every year on World TB Day, numerous articles will be published about tuberculosis. This is one day of the year when we wake up to the fact that we are battling a treatable and curable disease yet one that kills about 1,000 people a day in India. As someone who has worked on TB for over 15 years now, I would like to focus not on the global struggle or India's challenges but on the ordinary TB patient who remains invisible in the ongoing discourse on TB control.

Gomathi had been coughing for a long time. As a domestic worker, she had little time to think about herself. She noticed her cough only when it started to interfere in her ability to work. A visit to the nearest doctor resulted in a diagnosis of TB. She was shocked. Fear zipped through her mind. How could she support her family? Would her employers allow her to work if they found out that she had TB?

Kannan called our TB helpline in great anxiety. His daughter was diagnosed with brain TB and put on treatment but her condition was rapidly worsening. On review we found that she had been given prescriptions for anti-convulsants, which he was giving her, and a referral form sending him to the TB clinic for anti-TB drugs, which he could not read. No one had explained to him what the referral form was for, and the treatment delay had a disastrous effect on his daughter's recovery.

Gomathi and Kannan are not characters that I invented. They are real people — they could be anyone that we know. These are real-life scenarios that can hamper a patient's progress and prevent them from completing treatment. The journey of a patient from the onset of illness to cure is full of obstacles that can derail his treatment and thereby the outcome. Yet we tend to blame the patient and not the system for failure to complete treatment.

Excerpted from article by Ms Sheela Augustine, published in The Hindu on 24th March 2015

<http://www.thehindu.com/opinion/open-page/the-ordinary-faces-of-the-disease/article7025348.ece>

I was walking to the bus stop to visit a patient when I saw a familiar face. But I could not recollect her name nor the place where I had seen or met her. She also looked at me and must have had the same thought, as she called out, “Madam, don’t you remember me? You took me to Stanley Hospital for a second opinion after being referred by Samipillai through a pharmacist in my area”. I scanned my memory to identify the woman who had just spoken to me. After a few seconds, I was able to recollect her name and the time when she had come to the DOTS centre. Kripa had come to the DOTS centre with pain and said “Give me some medicines so I can end my life peacefully, as I am not able to bear this abdomen pain”. I consoled her and we went to Stanley Hospital, where Dr. Geetha referred her to the Gastroenterology department. I just accompanied her and told her to follow the advice of the doctors.

Now 10 months later, I was happy to hear that she had completed her treatment two months back. She was diagnosed with TB in the abdomen and the doctors had referred her to the nearest DOTS centre. “I thank you for your guidance. I thought of calling and informing you but somehow I forgot. I am so happy I could meet you here and have the opportunity to thank you”.

It is always nice to see a patient who has regained his/her health after undergoing a lot of pain. As I think about this incident, I feel that God orchestrates our every action and the people we meet in life. Even though we may come across them for only a few minutes, and our paths take different directions, we still have the opportunity to turn around people’s lives for the better.

If not for the pharmacist who took the time to really listen to his customer and took that important step towards guiding them to REACH, she would not be here today shopping for new clothes. It was such a joyful moment for me, that day, knowing the difference that we can create in people’s lives.

As narrated by Deena, Zone Coordinator, PPM Initiative.

PROJECT AXSHYA

Mobilizing Communities Across Tamil Nadu



Since 2010, REACH has been implementing Project Axshya, a Global Fund Round 9 pan-India Project to increase case detection of TB and improve access to quality diagnosis and treatment. Project Axshya works with the government, private sector and communities through civil society. In the second phase of the project, the focus has been on ensuring

timely access to TB diagnosis and treatment in rural areas, undertaking high-level advocacy for political and administrative support and social mobilization to garner community demand for TB services.

Through Project Axshya, REACH works in 14 districts of Tamil Nadu including Chennai, Thiruvallur,

Kancheepuram, Thiruvanamalai, Dindigul, Madurai, Trichy, Thanjavur, Pudukottai, Cuddalore, Krishnagiri, Vellore and Villupuram.

Key Highlights

- Axshya SAMVAD: Sensitization among Marginalized Vulnerable Areas and Districts (SAMVAD) – a Intensified outreach activity
- Increasing access to diagnostic and treatment services, especially in hard-to-reach areas through Sputum collection and Transportation

- Establishing TB forums across all 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. Through the forums we are advocating with policy makers and parliamentarians to enhance political commitment to TB control.
- Facilitating involvement of all healthcare providers to increase the reach of TB services
- Sensitizing NGOs on RNTCP schemes and strengthening engagement of non-programme providers in TB control
- Gaon Kalyan Samiti and Community Meetings at the village level
- Sensitization of TB patients on Patient Charter
- Training of Health staff on Soft skills

Key Activities	In Numbers
No. of GKS Meetings organised	3059
No. of participants in GKS meetings	48598
No. of Mid-media (or) Community Events organised	229
No. of Participants	4947
No. of households visited (Axshya SAMVAD)	158386
No. of TB patients sensitised on Patient Charter	1661
No. of Volunteers trained	433
No. of Rural Health Care providers trained	459
No. of Rural Health care providers Engaged for RNTCP services	244
No. of Health staff trained on Soft Skills Training	229
No. of TB symptomatics referred for sputum examination	12520
No. diagnosed with TB, among those who underwent sputum examination	312

Raising awareness of TB for early diagnosis & complete treatment

Direct personal communication is a powerful and effective method to educate people on TB. Intensified Outreach Activity (Axshya SAMVAD) is designed to reach out to families living in an area and to converse with them about TB.

Venkatalakshmi, a resident of Korukkupet (North Chennai) and a volunteer with REACH has been involved in Axshya SAMVAD since October 2014. Her day begins at 10 am and she travels to Vyasarpadi in North Chennai everyday to address the residents of several slums of that area. Visiting 20-25 houses everyday, she not only educates slum dwellers on TB, but also collects sputum if required. "Since there is stigma and taboo surrounding TB, many people are not open about their problems", says Venkatalakshmi. Often, residents refuse to talk to her or ask her to visit them later. Undeterred, she goes back to visit them and interacts with them patiently. "It is quite challenging for me, but I do my best to meet as many people as possible".

Remembering one of her patients, Venkatalakshmi says that a flower-seller with symptoms of TB kept making excuses and avoiding her for weeks before finally giving sputum for testing. She was subsequently found to have TB and Venkatalakshmi became a DOT provider for the patient.

Improving access to diagnostic and treatment services, especially in hard-to-reach areas.

By collecting sputum from patients and transporting it to the nearest testing facility, we can bridge the gap between the patient and health care services. Two dedicated volunteers - Ravi and Ashok from Polur block in Tiruvanamalai district - have been associated with REACH for the last one year. After attending an initial training programme they wanted to help TB patients. As volunteers they have been collecting and transporting sputum to the District Microscopy Centres on a regular basis. Covering 15 villages spread over a 25-km radius of Polur block, the duo have so far collected many sputum samples from those with TB symptoms who reside in remote areas of the block. Despite a regular job, whenever there is a need to collect sputum samples, Ravi and Ashok find time to make house-visits. They also guide people to the local DMC if they are diagnosed with TB.

Broadening the scope of civil society involvement in TB services

Radio Benziger, based in Kollam in Kerala, is one of several community radio stations across India that have joined the fight against TB through Project Axshya. Radio Benziger broadcast information on TB through innovative radio programming including dramas, discussions and interviews with healthcare providers. Their efforts were recognized by the Kollam District TB Centre on World TB day this year.

Through its programs, Radio Benziger discussed several aspects of TB including information about the disease, symptoms, treatment duration and location of DOTs centers. Program producer Dr M Venu Kumar said, “While planning the radio series, we realised that most of those affected by TB are migrant workers. We incorporated the views of doctors and experts, wrote songs and dramas and with the help of local artists, produced the programs. We received a lot of feedback after it, which for us is like an award. We are grateful that we received an award from the district authority, but there are miles to go before we stop.”

Appealing to all other Community Radio Stations, Kumar said that community radios should collaborate with other NGOs and radio stations in order to spread awareness on health issues among their respective communities.



INVOLVING PHARMACIES IN TB CONTROL



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

In 2012, with support from the Lilly MDR-TB Partnership, we embarked on a five-year plan to establish a sustainable partnership for TB control with private pharmacies in Chennai and Thanjavur district, thereby increasing public awareness of TB and the RNTCP at the community level. Our other objectives include facilitating private pharmacies in actively notifying the number of TB patients receiving anti-TB drugs from them, and recognizing their role as key stakeholders in TB control. We are also keen to encourage pharmacies to refer those with TB symptoms cases and promote timely diagnosis and treatment. In addition we also focus on the students pursuing degrees/diplomas in pharmaceutical sciences to sensitize them on TB control and impress upon them the role and responsibilities of a pharmacist.

In order to build these partnerships and motivate pharmacies, REACH conducts regular workshops, one-on-one visits, community meetings and also provides communication materials on a regular basis. This initiative currently works in Chennai and Thanjavur, targeting over 2,500 pharmacies spread across Chennai and 300 in Tiruchirappalli.

Key Highlights

Communication materials developed and disseminated

Based on requests from pharmacists, REACH has developed several different communication materials and distributed them to all partner pharmacies. They in turn hand them out to communities or those they believe could be vulnerable to TB.



Training of pharmacists

Regular sensitization programs are held for pharmacists to involve them in TB control. In the last year, 9 programs were organised in Chennai and 4 in Trichy & Thanjavur.

Revisiting Pharmacists

The REACH staff visits all 250 trained pharmacies every month to assess their involvement. During this visit we collect the referral list from them and track patients through phone calls, house visits or by triangulation with records maintained at the nearby microscopy center.

Periodic Reviews

Every month the pharmacists' association conducts a zonal level meeting. In this meeting all the Executive Committee members and the area coordinators are present. The Project Officer and the REACH 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 is to sensitize the students of Pharmacy College about the role of pharmacists in TB care and control. So far 409 students from 3 colleges have been sensitized on TB.



Details	Numbers
No of Pharmacists line listed	2800
No.of Pharmacist Trained	1079
No.of Pharmacist sensitized through one to one	297
No.of Pharmacy college students sensitized	409
No.of Community members sensitized	810
No.of community volunteers identified	53
No .of Pharmacies involved in referral services	300
No.of symptomatic patients identified through the community meeting	32

Major Outcomes

Details of Referrals	Numbers
No of Referrals received	343
No. of Symptomatic referrals	222
No. of Symp. patients underwent testing	121
No. of Symp. Patients diagnosed as TB	40
No. of TB patients	121
No. of Patients started on treatment	124
Treatment Under RNTCP	87
Treatment completed Under RNTCP	23
No of patients cured Under RNTCP	18
No. of patients currently on treatment under RNTCP	30
No. of Pharmacists acting as DOT Providers (at present)	33
No. of patients taking DOTS from Pharmacy	41

Joint meeting with the Drug controller and State TB Officer

REACH organized a joint meeting for the State TB officer and Drug controller, who met for the first time to discuss in detail about the prospects of engaging pharmacists in TB control. In the meeting the list of pharmacists acting as DOT provider 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 outlined. The Drug Controller expressed his request to organize a meeting with the respective Drug Inspectors in the zones and shared with them the list of DOT providers and narrative report on a Quarterly basis.

It has been three months since he began the DOTS PLUS treatment. An MDR- TB patient, Raja's life changed – for the worse - when his son left the house. Raja was diagnosed with TB in 2009 and completed his treatment. The acrimonious relationship with his son made him an alcoholic and this resulted in a relapse. He visited a private doctor in 2010 and was again started on DOTS treatment, which he did not complete. His health worsened and was unable to cope up with the stress. He decided to visit Suriya Pharmacy after he coughed out blood three months ago. The proprietor was aware of the symptoms of TB and immediately referred him to the TB centre. Now Raja's health is improving and he also motivates other patients who visit the PPM centre to take their medicines without fail. The pharmacist is also happy to have referred a patient on time and thereby helped to save his life.

The proprietor of Divya Pharmacy and the secretary of The Chemists and Druggists Association, Mr Indirasithu has always been keen on involving himself and bringing other pharmacists under one umbrella for TB control. He had symptoms of TB and visited the government hospital last year to get his sputum checked. Despite a negative result, his symptoms did not reduce. Worried about his health, his wife spoke to our staff and explained the situation. He was tested again in a private lab and diagnosed with TB. Immediately he was initiated on DOTS and completed his treatment last month. Having undergone a lot of pain and suffering, Mr Indirasithu is now an active spokesperson for TB and conducted two workshops last year.

ENGAGING WITH HOSPITAL ADMINISTRATORS FOR EFFECTIVE TB CONTROL IN THE PRIVATE HEALTHCARE SECTOR

Private hospitals play a pivotal role in the diagnosis and management of TB and multidrug-resistant TB (MDR-TB). As part of public health responsibility, it is important that private hospitals have a comprehensive strategy for TB management in place to stop the spread of TB in the community. To engage private hospitals in TB control, REACH has undertaken an initiative in select metropolitan cities in South India and select tier 2 cities in Tamilnadu with the following objectives -

- To sensitize the administrators/managers of private hospitals about TB and TB control program
- To engage with the administrators/managers of private hospitals for TB control efforts
- To advocate for Standards for TB care in India in providing effective and standardized care for TB patients treated in the private hospitals

With support from the Lilly MDR-TB Partnership, REACH has conducted several workshops on “*Developing a Comprehensive framework for TB management in your hospital*”. This initiative has provided an opportunity for private hospitals to receive the latest updates on TB management practices including newer diagnostics, Information on Standards for TB Care in India /International Standards and regulatory and compliance aspects in TB management

Senior hospital administrators, Senior Managers along with either the Chest Specialist, Infectious Diseases Specialist or Chief Medical Officer attended the workshops.

District	Total no. of hospitals line listed	Total no. of hospitals found to be eligible and invited	Total no. of hospitals participated in the workshop	Total no. of participants
Chennai	55	55	16	31
Madurai	66	38	10	13
Tirunelveli	84	62	32	47
Tiruchirappalli	70	35	14	23

ENGAGING THE MEDIA TO IMPROVE REPORTING ON TB

The news media has a powerful role to play in informing the public about the prevention, care and control of TB. Accurate, sensitive and timely journalism can improve public understanding of TB, increase access to TB services and dispel the many myths and misconceptions that persist about TB. Since 2009, with support from the Lilly MDR-TB Partnership, REACH has worked closely with journalists across India to improve the quality and frequency of media reporting on TB. Overall, the initiative has engaged journalists based in 13 states in India and generated reporting on TB in at least seven different languages.

Key Highlights

Media Fellowships

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

In 2014-15, Ten mid-career and senior journalists from across India were chosen as Media Fellows. All Fellows attended an orientation and training workshop held in Chennai, to build their skills and knowledge on TB and received a comprehensive toolkit with information about TB including executive summaries of recent reports and WHO fact-sheets, as well as resources developed by REACH. Through their Fellowship period, they received support from REACH, in the form of access to relevant resources as well as any mentoring support they required. All ten Fellows

পথে অরুচি, টিবি হাসপাতালে রান্নার ভার নিয়েছেন রোগীরাই

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৭ম সংস্করণ	২০১৪-০৬-০৫	সুজিতা চন্দ্র	১০০-১০০ টিবি হাসপাতালে	১০০-১০০ টিবি হাসপাতালে	১০০-১০০ টিবি হাসপাতালে
৮ম সংস্করণ	২০১৪-০৬-০৫	সুজিতা চন্দ্র	১০০-১০০ টিবি হাসপাতালে	১০০-১০০ টিবি হাসপাতালে	১০০-১০০ টিবি হাসপাতালে
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successfully completed their Fellowships, together writing 40 stories on various aspects of TB. Their best work was compiled into a compendium titled 'Reporting on TB from across India' and released at the annual media awards. Their stories can be accessed at <http://speaktb.tumblr.com>.

National Fellowship for Reporting on TB

The National Media Fellowship is intended for journalists to undertake research on TB-related issues at the national level. It is expected that the work published by the Fellow will highlight a national-level issue and potentially have policy-level implications for TB care and control in India. After a competitive evaluation process, Dr Radheshyam Jadhav of The Times of India, Pune, was chosen as the National Fellow for 2014. During his Fellowship period, Dr Jadhav focused on issues related to urban TB including migration and poverty. All stories were published in The Times of India in December 2014 and can be accessed at www.media4tb.org

Fellows to Trainers Initiative

This initiative, piloted in 2013-14, continued this year, with the aim of involving former and current recipients of the Fellowship programme as trainers at media and journalism schools across the country. We anticipate that this initiative will have a three-fold effect:

- Provide young journalists and journalism students with an introduction to reporting on TB
- Continue to engage Fellows and sustain their interest in TB, while simultaneously helping them develop their skills in new areas
- Build, over time, a pool of skilled J-to-J trainers that we can draw on for our own training programmes.

Over 10 such sessions have been held so far at journalism colleges across India including the Indian Institute of Mass Communication in New Delhi, the University of Gauhati, University of Bhopal and Kamaraj University in Madurai.

Media Awards

In the run-up to World TB Day on 24 March, the REACH Lilly MDR-TB Partnership Media Awards 2015 were presented in New Delhi on 23 March to recognize outstanding and responsible reporting on tuberculosis (TB). The awards were presented by Shri J P Nadda, Minister of Health and Family Welfare, Government of India. Mr. Anshu Prakash, Joint Secretary, Ministry of Health and Family Welfare, felicitated the winners.



Speaking on the occasion, Mr Nadda said, “On the eve of World Tuberculosis day, I congratulate the awardees for their insightful reporting on Tuberculosis. The need is to adopt a holistic approach to healthcare and work together towards inter-sectoral convergence to achieve our goals. I would like to recognize the efforts of the health company, the NGOs and all partners for their participation and involvement in bringing synergies to combat the disease. On behalf of the health ministry I assure you of our full cooperation.”

Dr Anurag Bhargava, Associate Professor (Medicine), Himalayan Institute of Medical Sciences, Dehradun delivered a special address ‘TB Control in india: beyond the bug and drugs’.

In the English category, the winners were Gunjan Sharma of The Week for her meticulously researched and detailed story titled ‘Does anyone care?’ and Priyanka Vora of Hindustan Times for her story titled ‘Drug-resistant despair’ examining the loneliness and fear that those affected by TB experience.

In the Local Language category, the winners were Sajil C for his comprehensive account titled ‘Controlling TB: Kerala faces new challenges’ published in Mathrubhumi Arogyamasika and Raju Kumar for his account titled ‘Not exorcism but medicines will help to eradicate TB’ published in Madhya Pradesh Sandesh where he tells the story of a woman’s discovery of the public health system and the free, high-quality treatment it offers for diseases like TB.

TB REACH WAVE 4 GRANT

Intensified screening of household contacts of sputum positive patients through an innovative algorithm in an urban DOTS program in Chennai

With support from the Stop TB Partnership (Wave 4 grant), REACH initiated this Public Private NGO partnership model proposed for the early diagnosis of Drug Sensitive and Drug Resistant tuberculosis, using an innovative algorithm. The unique features of this initiative are:

Procuring the details of sputum positive pulmonary TB patients from the Corporation of Chennai



Meeting these index cases and recording their Household contacts' details in an electronic data base



Symptom screening and Chest x-ray screening at Private X-ray facility for the HHCs



GeneXpert testing for contacts found to be symptomatic and/with x-ray abnormality



Treatment initiation for those who are found to be MTB positive

The household contacts (HHC) of the index cases will be benefitted by the screening process as they are provided free of cost at private X-ray centres. HHCs who are found to be symptomatic and / with X-ray abnormality will be asked to give samples for testing with GeneXpert - a Cartridge Based Nucleic Acid Amplification Test, which ensures an early, accurate diagnosis and simultaneous detection of drug (Rifampicin) resistance tuberculosis. If the HHCs found to be TB positive, they

will be referred to the RNTCP for treatment.

This innovative diagnostic algorithm will demonstrate the importance of X-ray as a tool for screening HHC's. This algorithm will also



WORLD TB DAY

Every year, 24 March is observed as World TB Day. This year, REACH launched a new campaign: Zero TB Deaths in Tamil Nadu. The month-long campaign was intended to sensitise the general public about tuberculosis and encourage them to participate in a petition that demands better services for people affected by tuberculosis. The campaign was implemented in 14 districts of Tamil Nadu through Project Axshya. Information about the campaign was being widely disseminated through community meetings, TB forums and other review meetings. Several private practitioners and pharmacists also extended their support by acting as a source of information for the general public and getting their signatures.



OTHER HIGHLIGHTS

Research Study

Understanding patient pathways to tuberculosis care and diagnostic practices of medical practitioners in the private sector in Chennai, India

REACH in collaboration with the Johns Hopkins Bloomberg School of Public Health was involved in a research study in Chennai to interview private medical practitioners who treat TB patients and the patients who are taking TB treatment from them to understand patient pathways. The main objective of this research study was to assess patient behaviours and to assess private medical practitioners' practices for TB and MDR-TB diagnosis and management in Chennai, India. This research study began in January 2014 and ended in February 2015. The Investigators of this study include Dr. David W. Dowdy and Liza Bronner from JHSPH, Dr. Madhukar Pai from McGill University and Dr. Ramya Ananthkrishnan from REACH.

Conferences attended & Papers presented

Dr. Ramya Ananthkrishnan participated in the Stop TB Partnership TB REACH Grantee workshop held in Tbilisi, Georgia in June 2014. REACH was one of 4 civil society organisations in India to receive the grant under the small track funding.

Dr. Ramya Ananthkrishnan attended the 45th Union World Conference on Lung Health, held in Barcelona, Spain in October 2014. On behalf of REACH, she presented the following papers:

- Engaging the Rural Health Care Providers (RHCPs) in TB control – Report from Tamilnadu, Southern India (Oral presentation)
- Bridging the gap- Improving the access for TB diagnosis by sputum collection and transport: a field report from Tamilnadu, India (Poster presentation)
- Innovative Public Private NGO Partnership model for increasing case detection among vulnerable and at-risk population in Chennai, India (poster presentation)

Ms. Anupama Srinivasan participated in the Asia Regional Workshop on the Global Fund New Funding Model, CSS, Human Rights, Gender and the involvement of Key Affected Population in Tuberculosis, organised by the Global Coalition of TB Activists, held in New Delhi in August 2014.

Ms. Sheela Augustine, Dr. Sumanya Mahendran, Ms. Sujatha and Ms. Abirami attended a seminar on 'Impact of Tuberculosis on Women & Children', organised by the National Institute for Research in Tuberculosis, held in Chennai in March 2015.

Team Day

The annual Team Day is an opportunity for the REACH team to look back on and discuss the year's successes and challenges. Held in January 2015, Team Day this year began with members of staff sharing the main achievements of the previous year. This was followed by a session on improving work ethics led by Ms. Jacqueline David, Counsellor. At the end of the day, the REACH team reaffirmed their commitment to the fight against TB and to working towards a TB-free world.

THE REACH TEAM

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
Ms. Geetha Ramaseshan, Executive Member

Members of Staff

Dr. Ramya Ananthakrishnan
Mr. Gurumurthy.J
Ms. Anupama Srinivasan
Ms. Sheela.A
Mr. Ganesh.M
Mr. Karthikeyan S
Ms. Nalini Karunakaran
Ms. Sujatha.P
Dr. Sumanya.S
Ms. Abirami R
Mr. R. Soundararajan
Ms. Deenathayabari.M
Ms. Mangaiyarkarasi.S
Mr. Joseph Soundararaj.M
Ms. K. Shanthi
Ms. Kalpana.R
Mr. Isaac Rajeshsekar.D
Mr. Senthil Kumar.G
Mr. Venkatraman.G

Mr. Iyyappan.M
Mr. Sumesh.G
Mr. Pandiyaraj.S
Mr. Samipillai.A
Ms. Latha.M
Ms. Shanthi.S
Ms. Suganya.G
Ms. Gajalakshmi.N
Ms. Juliet Jayaseeli.S
Ms. Vimala.R
Ms. Rajalakshmi.V

We welcome the new team members who have joined REACH in 2015

Dr. Radha.R
Ms. Lakshmi.N
Ms. Gowri.B
Mr. Rajagopal.G
Ms. Poominchithrathi.E
Ms. Sakila.A.
Mr. Rajeshwaran.P
Mr. James Jeyakumar.A
Dr. Anjana Krishnan
Mr. Dilesh Kumar.A

THANK YOU!

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

Colleagues at the International Union against Tuberculosis and Lung Disease (South-East Asia Office), Stop TB Partnership, Lilly MDR-TB Partnership and National Institute for Research in Tuberculosis.

Senior public health officials at the Ministry of Health & Family Welfare, Central TB Division, State TB Office and Corporation of Chennai.

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. Aravidai Nambi

and

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Prof. M S Swaminathan

Dr. Lakshman Prabhu

M/s. CSI Rainy Hospital

and other generous supporters

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 2015

EXPENDITURE	Sch	Y.E. 31.03.2015	Y.E. 31.03.2014	INCOME	Sch	Y.E. 31.03.2015	Y.E. 31.03.2014
To expenditure for objects of the institution	IV	21,015,829.70	17,457,066.00	By donations received	I	5,145,022.00	2,554,900.00
To other administrative expenses:				By income from investments / deposits	II	113,851.00	180,938.43
Salaries and Wages		5,211,585.00	4,843,546.00	By other income	III	25,478,879.14	22,206,457.62
Conveyance expenses		23,076.00	41,271.00	Grant Received			
Electricity charges		30,345.00	23,666.00				
Telephone charges		82,822.00	81,821.00				
Office Maintenance		90,911.00	30,282.00				
Postage and telegram		22,752.00	21,191.00				
Repairs & Maintenance - Others		145,873.28	26,091.00				
Insurance premium		699.00	899.00				
Bank charges		5,323.44	5,942.00				
Staff Welfare		119,554.00	126,107.00				
Audit fees		22,589.00	33,708.00				
Rent		447,000.00	458,500.00				
Printing and Stationery		66,039.39	103,273.00				
Miscellaneous Expenses		15,209.00	32,277.00				
Depreciation		56,462.46	48,611.87				
Over Head/admin exps Lay		304,690.00	180,698.00				
Maintenance of Equipments		50,181.00	43,743.00				
computer maintenance		7,803.00	4,145.00				
Membership		-	10,000.00				
Newsletter & Communication Materials		5,250.00	318,453.00				
Consultant fees		944,400.00	505,000.00				
Field staff		249,600.00	387,300.00				
Interest on TDS		-	272.00				
Recharge internet		34,139.00	38,686.00				
Excess of income over expenditure transferred to Balance Sheet		1,785,516.87	119,237.38			30,737,852.14	24,942,306.05

S. Sivumangin
President
Dr. S. Sivumangin

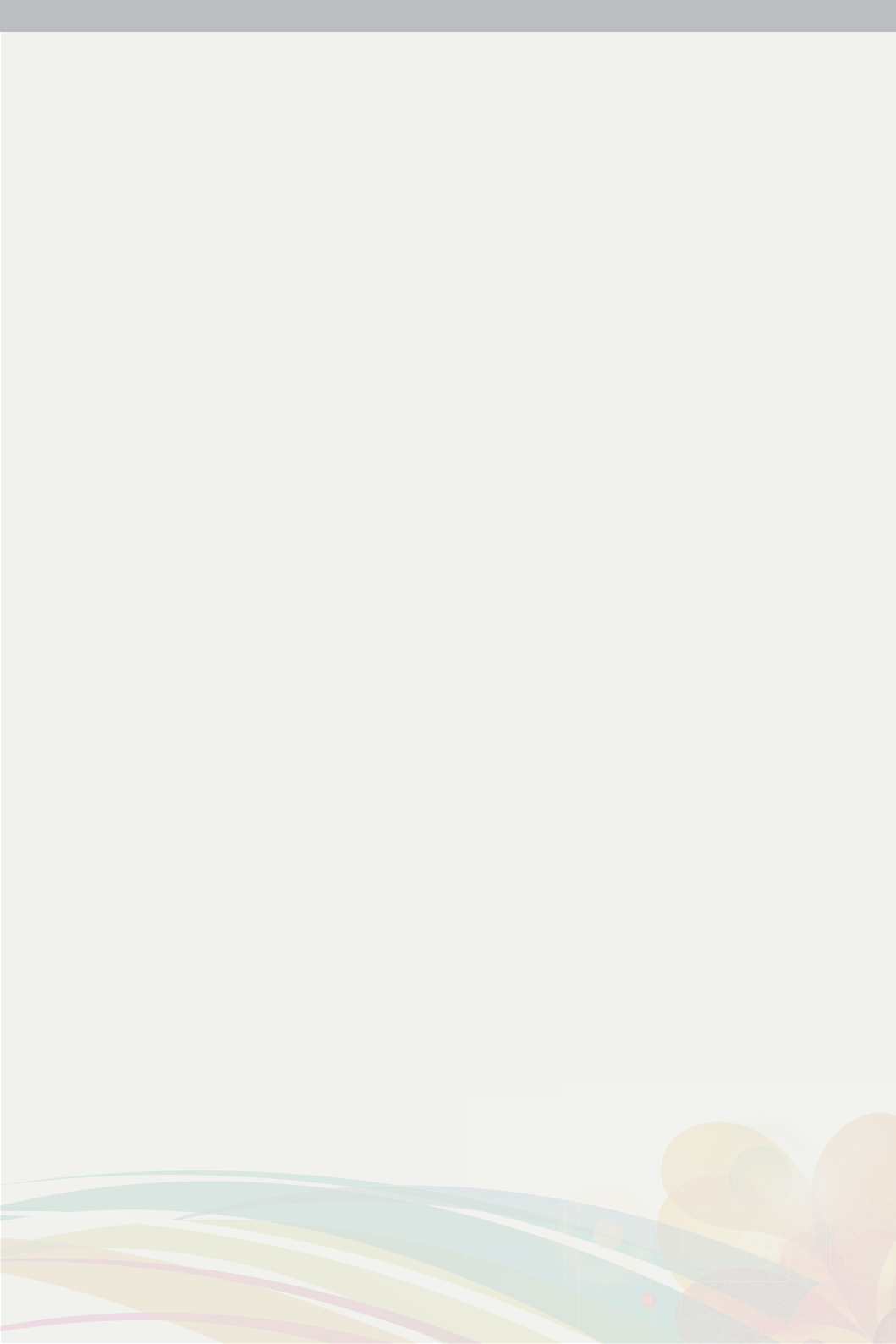
S. Sivumangin
Vice-President
Dr. Ravi Subramaniam

Suresh K. Srinivasan
Executive Secretary
Mrs. Suresh K. Srinivasan

Nalin Krishna
Treasurer
Dr. Nalin Krishna

As per report attached
for M.R.Nair & Co.
Chartered Accountants
P. Anand
P. Anand (M.No.18166)
Partner

Place: Chennai
Date : 11/06/2015





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Facebook: www.facebook.com/SPEAKTB

TB Helpline: 9962063000



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)

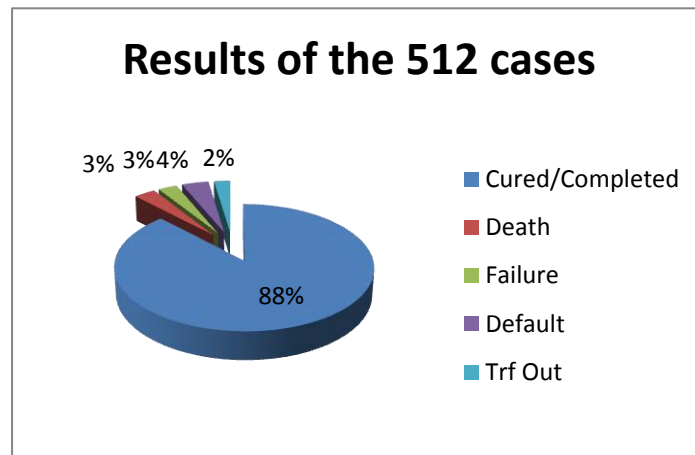
Through the PPM initiative, REACH acts as an intermediary, liaising between those who need treatment, the Revised National TB Control Programme and private sector health care providers including hospitals and private practitioners.

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 கொண்டிருக்கிறார்கள்.
இந்த 750 இறப்புகளை
மறம்மாஸ் தடுக்க முடியும்.

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

- ஆர்யா

- > தளப்பிரதானகளை உடனடி ஆலோசனை பெறவும்.
- > உலக சுகாதார அமைதி நாளில் ஒன்றுபடவும்.
- > மிகச்சிறந்த சுகாதார அமைதி நாளில் ஒன்றுபடவும்.

இந்த காசநோயை தடுக்க உங்கள் குரல் தரவும்.

மேலும் விவரங்களுக்கு / பதிவு செய்ய, மார்ச் 24-ல் தொடர்பு கொள்ளுங்கள்: 044-26132099. தலைநகரில், திரைப்படம் காண்பதற்கான பட்டகங்கள், திரைப்படம் காண்பதற்கான பட்டகங்கள், திரைப்படம் காண்பதற்கான பட்டகங்கள்.

சிறந்த 30 நிமிஷங்கள் நேரம் ஒதுக்கப்பட்டு ஒரே
மாதத்தில் ஒரு சிறப்பு நிகழ்ச்சியில் கலந்துகொள்ளும்.

www.reachinbengaluru.org



REACH உலக காசநோய் (டிபி) தினம் - மார்ச் 24

ஒவ்வொரு வருடமும்

73

90 லட்சம் மக்கள்

காசநோயினால்

பாதிக்கப்படுகின்றனர்.

இதில் 30 லட்சம் மக்கள் சரியான

சிகிச்சை பெறவில்லை.

**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.

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Mrs. Menaka Parthasarathy

and other generous supporters

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	36,577.00				
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		103,773.00	105,366.00				
Miscellaneous Expenses		32,277.00	3,726.00				
Depreciation		48,611.87	52,740.90				
Employees Provident fund		43,720.00	-				
Over Head/admin exps Lilly		180,698.00	53,973.00				
Advertisement		-	16,177.00				
Maintenance of Equipments		43,743.00	33,743.00				
computer maintenance		4,145.00	18,487.00				
Membership		10,000.00	-				
Newsletter & Communication Materials		318,453.00	-				
Consultant fees		505,000.00	-				
Field staff		387,300.00	592.00				
Interest on TDS		272.00	31,606.00				
Recharge internet		38,686.00	-				
Excess of income over expenditure transferred to Balance Sheet		119,237.38	(159,838.73)				
		24,942,306.05	21,400,904.54			24,942,306.05	21,400,904.54

President
Dr. S. Sivamurugan

Place: Chennai
Date: 18/8/2014

Vice-President
Dr. Ravi Subramaniam

Executive Secretary
Mrs. Suraksha Gini

Treasurer
Dr. Nalini Krishnan

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



CONTACT US

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Blog: www.tbindianotes.wordpress.com

Twitter: @SpeakTB

Facebook: www.facebook.com/SPEAKTB

TB Helpline: 9962063000

ANNUAL REPORT

2012-2013

MILESTONES: SPECIAL MOMENTS OF THE YEAR

Dr. Nalini Krishnan as 'TB Champion of the Year': The Partnership for TB Care and Control in India announced its first annual TB Champion awards in Delhi on January 2013. Dr. Nalini Krishnan won the prestigious national award and will function as organization's TB ambassador for one year.

Meeting with the President of India: On the World TB Day (March 24, 2013), delegates of health officials met the President of India. Dr. Nalini Krishnan, representing the Partnership for TB Care and Control in India and Project AXSHYA (Global Fund Round 9) presented details of the project and services of Reach to the President.



PRIVATE – PUBLIC PARTNERSHIPS FOR TB CONTROL

Engaging Private Practitioners in the RNTCP: REACH constantly puts its effort to involve PPs in Chennai Corporation's DOTS programme through its PPM centres. In the year, the total number of 512 cases got registered through the centers and private practitioners. It is

significant that 250 -300 private practitioners played a major role in referring about 6451 cases REACH has treated since 1999.

Care and Support to TB Patients: Through the PPM centres, the staff supports the patient with counseling, care and monitoring and also plays a role of DOTS Provider. Home visits are made to ensure the regularity of treatment in order to minimize the default cases. Latterly, the patients were empowered to talk about TB and reduce the stigma prevailing in the society. Out of 675 patients registered for treatment, 613 completed DOTS course successfully. Minimizing the parameters of default, death and failure, 91% of success rate of treatment was achieved by REACH.

TB Helpline: REACH's helpline – 9962063000 manned by the experienced staff received 94 calls this year with the queries on diagnosis, treatment etc.

Collaboration with a corporate ABAN: Since 2011, a DOTS centre has been functioning in partnership with ABAN in Minjur. There were 4 patients initiated and completed treatment through DOTS. About 3391 people among different target groups such as SHG women, NREGA workers, School children, OP patients etc were sensitized on TB, Symptoms, Diagnosis and DOTS treatment through the 45 awareness programmes conducted.

PROJECT AXSHYA: ADVOCACY AND TB CONTROL AT THE RURAL GRASSROOTS

REACH is a sub-recipient of the GLOBAL Fund Round 9 Project Axshya for civil society engagement in TB control to (i) decrease morbidity and mortality due to drug resistant TB; (ii) improve the visibility and effectiveness of RNTCP in 374 districts across 23 states by 2015; (iii) improve TB care and control especially for marginalized and vulnerable populations including TB-HIV patients.

Following are the key activities undertaken under the project:

Community Meetings: NGO partners in the districts conduct meetings among the communities to increase their awareness on stigma, identifying through symptoms, ways to diagnosis, treatment for cure.

Soft Skills Training: Soft skills training provided to the health workers across the state in order to treat the TB patients with empathy; making use of provision of RNTCP effectively.

Sputum Collection and Transportation: Community Volunteers, Pharmacists, Rural Health Care Providers and Lab Technicians are given training on collection and transportation of Sputum for the speedy and quality diagnosis of TB.

Involving RHCPs: Rural Health Care Providers, who cater health needs of major rural population, have recognized and encouraged to play a role of DOTS provider under RNTCP for the effective TB control.

Patient Charter Meeting: Under the project, Meetings were conducted for the TB patients to make them aware of their rights and responsibilities.

Working with the TB Forum: To address the issues of TB patients at ground level, TB Forum have been developed in the districts consist of cured TB patients, community leaders, representatives of marginalized section of people etc as members.

Working with Community Radios: There were 14 community radio station selected across the 7 states not only to sensitize them on the importance of TB and its cure but also to support them in the production of audio capsules and broadcast to reach their communities.

INVOLVING AND MAINSTREAMING THE MEDIA IN TB CONTROL

The initiative is basically to support the reporter to highlight TB as a relevant and community level issue; to provide resource of TB in the effort to improve quality reporting; to encourage the quality and frequency reporting on TB in the mass media.

Following are the Key Activities undertaken under the Initiative;

The REACH Lilly MDR-TB Partnership Media Fellowship: In collaboration with Lilly MDR-TB Partnership, the Fellowship is established to support journalists across India in undertaking research at their area to explore the untold critical stories on TB and report in print media.

The REACH Lilly MDR-TB Partnership Media Awards: The fourth edition of the REACH Lilly MDR-TB Partnership Media Awards was announced in Jan 2013 recognizing the best reporting on TB under two categories – English and Local Language.

Developing Resources for Journalists: REACH develops the resources and working documents on TB and makes it available in the website www.media4tb.org.

Media Monitoring: To address the gap in the availability of baseline data on frequency of reporting on TB in Indian media, REACH puts its effort to record the reporting on TB by scanning nine Indian newspapers on daily basis.

ESTABLISHING PARTNERSHIP WITH PHARMACIST IN TB CONTROL AND CURE

As a pioneer initiative initiated in Chennai and Thanjavur districts of Tamil Nadu, REACH aims to increase the public awareness on TB control and features of RNTCP through pharmacists; to encourage pharmacists for the referrals of symptomatic cases approaching them for timely diagnosis.

Following are some of the Key Activities undertaken:

Conducting a Baseline Survey of Pharmacists in Chennai: The baseline survey for period of three month among the random sample of 367 registered pharmacies in Chennai and Thanjavur districts.

Official launch of the project: After the survey and research, the project was launched in Chennai on September 13, 2013 in association with the Lilly MDR TB Partnership.

Conducting Workshops for Pharmacists: On regular basis, workshops have been conducted for Pharmacists on identifying symptomatic cases among their customers, act as DOTS provider, addressing other issues in TB control etc.

Referral of Symptomatic cases and TB Patients: REACH, through this initiative, not only encourages the pharmacists for referrals of symptomatic cases but also tracking and monitoring the cases referred.

KEY HIGHLIGHTS

An Oration by Dr. Nevin Wilson: Dr. Nevin Wilson, Regional Director (South-East Asia office), International Union Against Tuberculosis and Lung Disease delivered an oration 'Tuberculosis Control in India: how can we do more?' and attended by 100 audience including doctors, patients, general public and representatives of various NGOs.

World TB Day: A travelling Photo Exhibition: To commemorate the World TB day (March 24, 2013), REACH selected 12 photographs of upcoming photographer Yuvraj Vivek portraying the effect of TB and displayed in various public places. It is initiated to get the public attention on TB and was inaugurated by the actor Jiiva at Citi Centre.

CONTRIBUTIONS

Paper Published: A research study on 'The Profile and Treatment Outcomes of Older (Aged 60 Years and Above) Tuberculosis Patients in Tamil Nadu, South India' undertaken by REACH and published in the medical journal PLOS ONE.