



leading the fight against TB



# ANNUAL REPORT 2015 - 16

Photo Credit

Ms. Trisha Mahajan, Media & Communications Associate

# ANNUAL REPORT



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# INTRODUCTION

With just 3 employees, REACH (Resource Group for Education and Advocacy for Community Health) started in 1999 out of a small office in Chennai in South India with one mission in mind – to work towards a TB-free world. Seventeen years later, our work has made a considerable impact on society, as we continue to fight the war against Tuberculosis. REACH has been working as an interface between the public health system and private healthcare providers. Patient care and support – the main objective of REACH – is still at the heart of our work, although over the years, we are moving forward with a more holistic approach and have undertaken several different initiatives in our efforts to create a TB-free India. Our mandate includes support, care and treatment for TB patients as well as research, advocacy, public education and communication.

In January 2016, REACH was awarded a four-year-long Tuberculosis Call to Action project by the U.S. Agency for International Development (USAID). With this project we will be expanding our horizons and establishing our base in more Indian states.

We are also pleased to say that this year too we have managed to help and aid a large number of patients and the number of patients associated with REACH has increased substantially. However, we believe there is always scope for improvement and we strive to work harder and change lives. REACH works not only to assist patients in their treatment, but also to help them to better their lives. We hope, in our endeavors, we have made a difference in the lives of the patients, and the mindset of the societies as we attempt to do away with the stigma associated with Tuberculosis.

It is a widely known fact that despite being curable, Tuberculosis kills over 1000 people every day in India – the country which bears the highest burden of the disease. But TB is not just about numbers; it is about the struggles, battles, and victories of those affected by TB. In this year's report, we have tried to document the lives of those affected most by TB including people who are on treatment as well as TB survivors. All photographs and stories are being shared after obtaining

full consent and we are very grateful to all those who agreed to share their stories.

We have also tried to capture the stories of our TB heroes, who have volunteered to be a part of the fight against TB and have prioritized communities over their personal interests in an effort to be the change.

These photo stories are presented in three sections that represent our priorities and lie at the core of our work –

- Empowering TB Survivors
- Partnering with the Private Sector
- Engaging Communities

This annual report documents the activities of REACH between April 2015 and March 2016. We would be happy to receive your feedback or comments at [reach4tb@gmail.com](mailto:reach4tb@gmail.com)



# Empowering TB Survivors



“My husband was a drug addict and an alcoholic. When he got TB, Suganya from REACH contacted me for getting tested. My children and I were taken for a screening test and X-ray and my younger child was diagnosed with Tuberculosis. Had Suganya not intervened, I wouldn't have taken the issue seriously as I did not know that TB could have infected my family. My younger child has completed treatment but my older one was diagnosed recently and is on treatment. Suganya is like my own sister. The amount of concern she showed was unbelievable.

My husband had all the bad habits, which made him prone to diseases like TB. When he couldn't walk due to TB, I used to go to the center to fetch medicines but he would refuse to take them. It has been six months since my husband died. I was already prepared for his death as doctors had told us that chances of his survival were grim. It has been difficult on me but life has been going on and I am managing. I feel bad that amidst all of this, my children were infected. From my experience, every patient should make sure they don't spread TB within family. They should follow cough hygiene and take medicines regularly. If my husband had taken care of these things, my children wouldn't have had TB.

I find it very difficult to tell my children that their father has died so I lie to them that he has gone abroad. Whenever my younger one sees a plane, he points towards it and says, 'look, there goes daddy!' My older child also asks me but I have no answer. He was just 25. That's not an age to go. I am only 24 and I have been left alone to face the world. I am going to tell my children alcohol is not good for health. If given a chance, I would like to volunteer and help other people so that nobody has to go through what I suffered.” – **Muneera**

*Ms Muneera is employed as a domestic worker in North Chennai.*




“I used to sell fruits before I was diagnosed with TB. I live with my wife and all my children are married and live separately with their families. After getting TB, my health started deteriorating so I couldn't work as a fruit seller anymore. I was sad about my condition. The private doctor I was visiting referred me to Lakshmi, REACH Field Officer.

Lakshmi was giving me Intensive Phase treatment (medicines for the first two months) till July this year and subsequently found me a neighboring pharmacist Mr.Kannadasan, who became my DOTS provider. I was not working at all during the initial months and had no means of income. I haven't told my relatives and neighbors about my condition because I fear they will isolate me and never talk to me again. REACH took care of my diet and gave me nutritional support during the time I wasn't working. I want to thank Lakshmi who helped me get through the toughest phase.

I also have diabetes and I am taking medicines for that as well. I am leading a normal life now and I have taken up the job of security guard close to my home. Through all of this, my wife has been my constant support and always accompanies me when I go to take medicines. Being able to access my treatment at a pharmacy has really helped, since it is close to my house and I don't have to go far to take my medicines.” – **Chellan, TB Survivor**

*Mr. Chellan is a fruit seller in Triplicane in Chennai.*





“My father died of Tuberculosis 10 years ago. So, when I was diagnosed with TB, I was sure I would die too. I was depressed and had no hope left. I was physically tired all the time and stopped coming to work. My mother was very worried about me. My wife motivated me to take healthy diet and medicines and she was my emotional support.

At the same time, Sisters of Mary Immaculate (SMI) got in touch with me and gave me hope. They made me believe that I could be cured. It's because of SMI that I am healthy and living. Before that I had been admitted to so many hospitals but in vain. But later, SMI team counseled me and provided me DOTS treatment. Now I am free of the disease and am able to work again. I am happy that I am able to come here and work as a healthy person as I like working.

If I find anybody with two weeks of cough, I take them for sputum test even if that means taking leave from work. My family is referring a lot of people with symptoms and I have referred two people as well. I will be with them till the end of their treatment and prioritize them over my work.” – **Suresh,**

**TB Survivor**

***Mr Suresh sells vegetables at the Koyembedu market in Chennai.***

*REACH implements Project Axshya through Sisters of Mary Immaculate (SMI) in Tiruvallur District, Tamil Nadu.*





“I was a smoker at the time I was diagnosed with TB two years ago. The doctor told me I was more at risk due to my habit of smoking. I was miserable because I couldn’t even hug or kiss my children when I wanted to.

I wanted to be healthy. In fact, even before I got TB, I was scared of going near my children because I used to smell of cigarettes all the time and it wasn’t healthy for my children. So, after starting treatment I quit smoking. REACH provided me with nutritional support, which helped me a lot.

First month of the treatment was very difficult for me and I couldn’t come to work. But I was determined to defeat TB and I did it. Now I do not have TB and have quit smoking altogether. I feel healthy, have a zest for life, and have a good appetite. I can kiss my children whenever I want.

In the community, people have a fear of TB but, if we take precautions, we will not spread TB. I was very careful not to go close to people. I feel I got TB because I never used to have proper meals, and used to smoke a lot. I want to counsel and motivate other patients and share my experiences with them. REACH provides good support facilities and listens to you. I want to tell other patients that if you adhere to the doctor’s advice and follow the treatment you will be cured. TB is nothing to be afraid of.” – **Syed Rahman, TB Survivor**

### **TB Survivor**

*Mr. Syed Rahman owns a souvenir shop at Marina Beach and has been in this business since he was a child. He specializes in message writing and carvings on keychains.*



“I had TB symptoms for the first time four years ago when I started coughing incessantly, lost my appetite and was exhausted all the time. I went to see a government doctor in his private clinic, who gave me normal medicines for initial days. But when there was no improvement in my condition, I was sent for an X-RAY. The doctor referred me to a primary healthcare center after I was diagnosed with TB. I wasn't scared at all because my doctor assured me that I could be cured. I took medicines regularly for six months and was cured but after three months of getting cured, I had a relapse. I also had a test for HIV and was declared positive. I had TB and HIV at the same time and I was alarmed when I lost 50 kilograms of weight and weighed only 25 kilograms. I went to Thiruvallur to take TB medicines every day but I was vomiting continuously and not getting better. I had to change hospitals and this hospital is far from my house. I used to go there every day for four months. After a culture test, I was referred to TB hospital in Tambaram Sanatorium, which is 80 kilometers from my home. I got admitted in the hospital for two months. After conducting several tests, they found out that I had MDR-TB, post which I started treatment in Thiruvallur and used to go there daily for one year. I got 144 injections during that time and after that I took tablets for another year.

During my treatment, I came in touch with 'Positive Friends Welfare Association +\*' NGO. Without them, I would not have had the courage or will to complete my treatment. I had quit working during the time period and my wife was managing the household expenses but that wasn't enough. The NGO provided us with nutritional support every month, new bedsheets and towels. They also helped us get pension from a government scheme and supported my daughter with school fees and supplies. They provided me with moral and psychological support. I would call them whenever I needed counselling. Moreover, my wife was my biggest strength. I have been cured of TB and am relieved and happy. I work as before but only for half a day. I drive an auto, and work in the fields. I am taking my HIV treatment and hope to lead a normal life.” – **T. Thirupal, Axshya Project**

**Mr Thirupal is a farmer and a truck driver.**

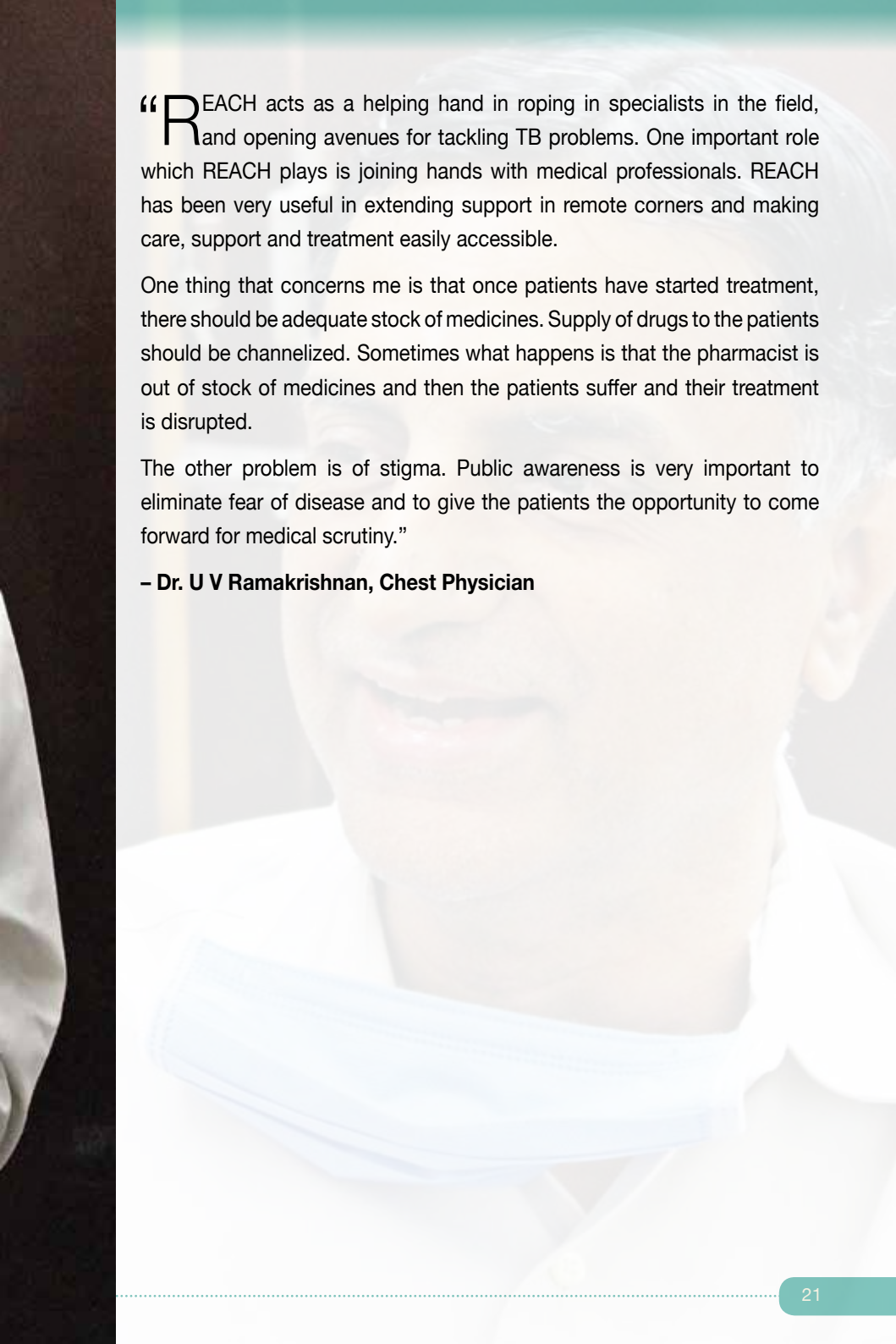
*REACH implements Project Axshya through Positive Friends Welfare Association in Thiruvallur district, Tamil Nadu.*

*The nutritional support, provided to Thirupal by Positive Friends Welfare Association +, was mobilized through the district TB forum.*



# Partnering with the Private Sector





“REACH acts as a helping hand in roping in specialists in the field, and opening avenues for tackling TB problems. One important role which REACH plays is joining hands with medical professionals. REACH has been very useful in extending support in remote corners and making care, support and treatment easily accessible.

One thing that concerns me is that once patients have started treatment, there should be adequate stock of medicines. Supply of drugs to the patients should be channelized. Sometimes what happens is that the pharmacist is out of stock of medicines and then the patients suffer and their treatment is disrupted.

The other problem is of stigma. Public awareness is very important to eliminate fear of disease and to give the patients the opportunity to come forward for medical scrutiny.”

– **Dr. U V Ramakrishnan, Chest Physician**





“I got associated with REACH in 2008 when the Doctor I work under started keeping the NGO’s patient-wise boxes at his clinic. I started supervising and monitoring the whole process. One day I went for a training program organized by REACH, where I was able to learn more about TB. I was interested to do social work and I saw this as an opportunity to help people so, I started working in this area. A lot of TB patients become victims of depression and start having suicidal thoughts. My mission is to counsel such patients. In one such incident, a 26-year-old pregnant woman Rupa (name changed) was suffering from TB. She confided in me and told me she had suicidal thoughts because of lack of family support. I counselled Rupa and met her husband and mother-in-law. I educated them on TB and convinced them that with their support, Rupa could be cured and would be able to lead a normal life again. After a lot of efforts, I was able to convince the family to support the woman. Within two months, there was a drastic improvement in her condition. Her family later came and thanked me for my support. It was a huge motivation for me. Another patient, 25-year-old A, lost all hope when his Tuberculosis relapsed four years after he had completed his treatment. He stopped taking medicines and wasn’t coming to the center. His mother came and cried in front of the doctor. I made it a mission to help the lady. I chased A for eight months and I had to constantly visit him at his home and bring him to the clinic. It was a struggle to get A to complete his treatment. But I was overjoyed when he completed his treatment.

I have been a DOT provider for over 20 patients and have referred over 30 patients. I have to make house visits for people who are unable to come to the clinic. I am able to do this because of the constant support of REACH. My mother-in-law and husband have been my backbone. They give priority to my work over my husband’s job or the household chores.

I have only one philosophy. What are we going to take from this world? I have sufficient means to live a good life. I don’t do this for money. I do this work because it gives me happiness and satisfaction. I feel special when people recognize me on the streets and bless me.” – **Rameeza, Clinic**

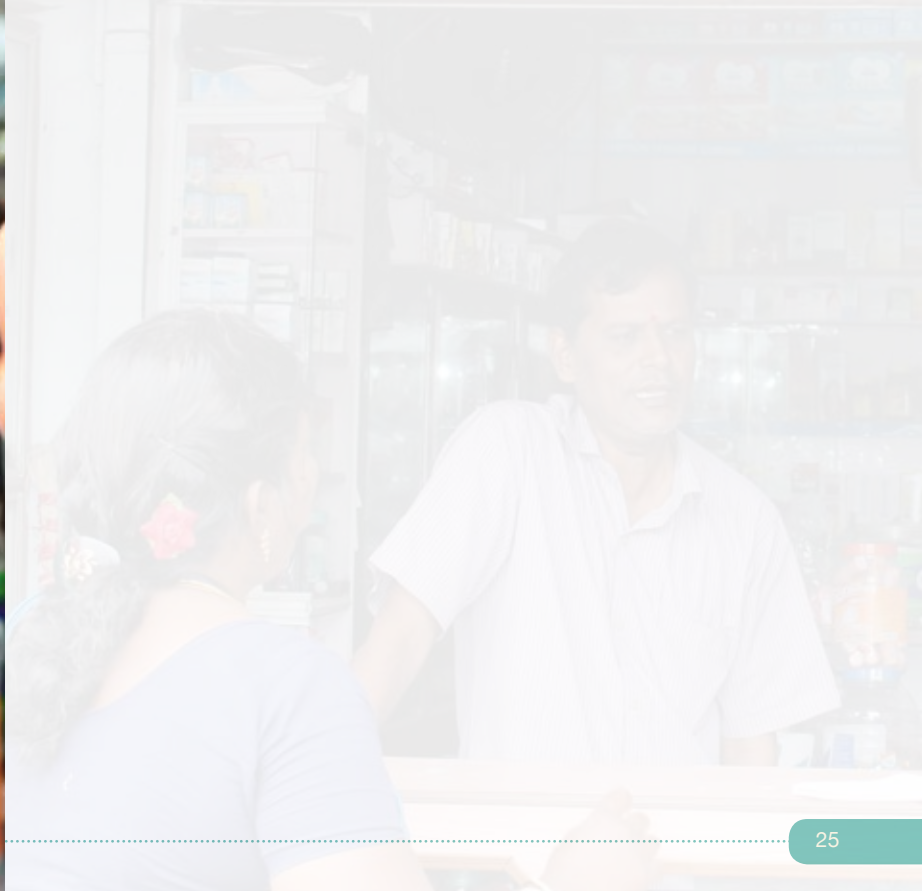
**DOTS Provider**



“I was thrilled when Shanthi, field officer with REACH, approached me to join the pharmacy initiative. Poor people cannot afford treatment and do not have the right knowledge about Tuberculosis. It gives me immense satisfaction to do this work for the poor. In this area, most of the people are poor. When I find a person with TB symptoms, I counsel them and ask them to visit Shanthi. I have referred over 30 people to REACH in one year and I have been associated with REACH for the past four years.

Right now I am providing TB medicines to four patients under direct observation. If a patient is alcoholic, I counsel them and push them to quit drinking and to take their medicines. I tell these patients that Tuberculosis is curable and that they can rebuild their lives.

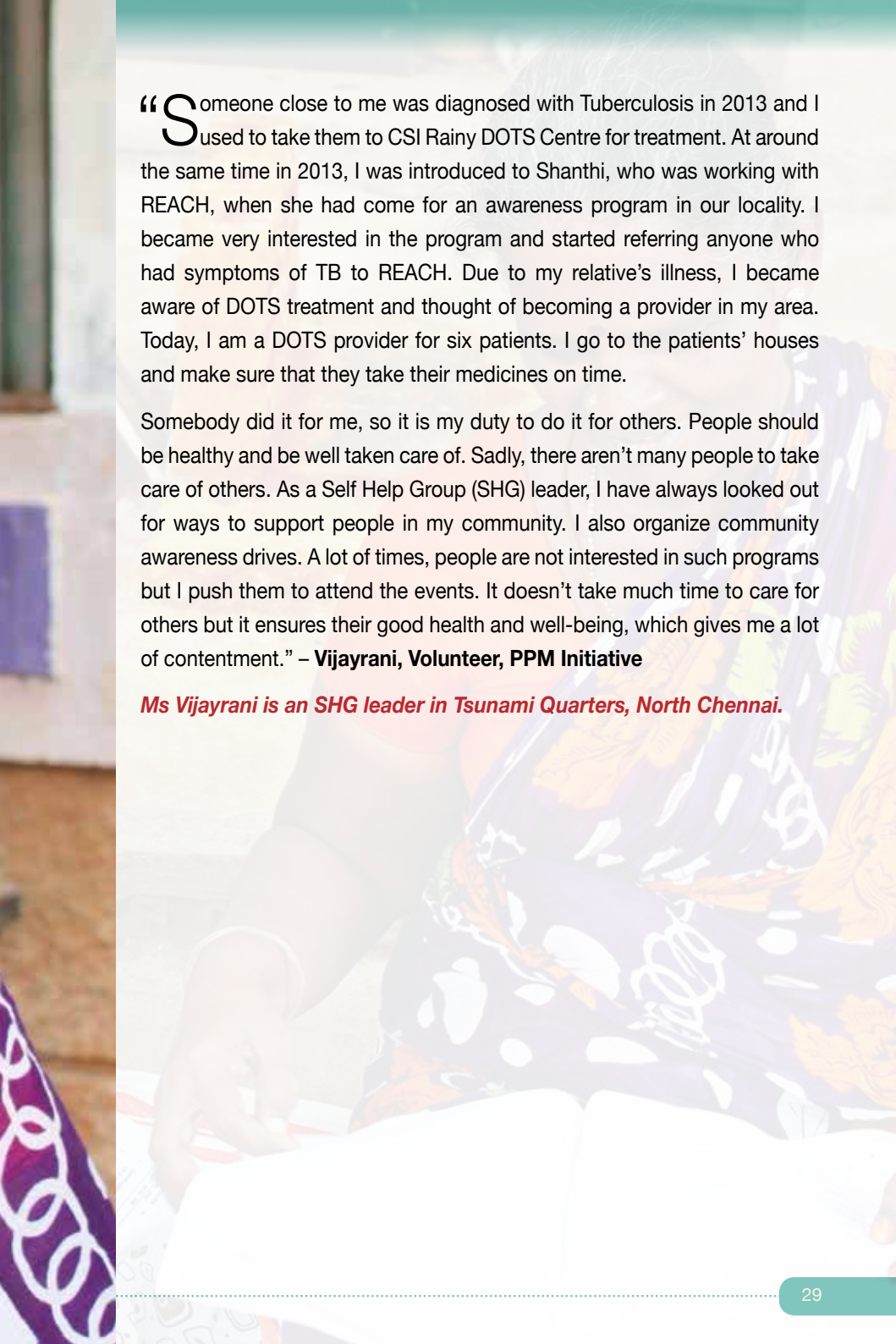
The one thing that bothers me the most is that there are no awareness initiatives for children. Children are our future and if they have the right knowledge, we can successfully curb TB.” – **S. Mani, Pharmacist**





# Engaging Communities



A background image of a woman sitting and reading a book. She is wearing a patterned sari. The image is slightly faded and serves as a backdrop for the text.

“Someone close to me was diagnosed with Tuberculosis in 2013 and I used to take them to CSI Rainy DOTS Centre for treatment. At around the same time in 2013, I was introduced to Shanthi, who was working with REACH, when she had come for an awareness program in our locality. I became very interested in the program and started referring anyone who had symptoms of TB to REACH. Due to my relative’s illness, I became aware of DOTS treatment and thought of becoming a provider in my area. Today, I am a DOTS provider for six patients. I go to the patients’ houses and make sure that they take their medicines on time.

Somebody did it for me, so it is my duty to do it for others. People should be healthy and be well taken care of. Sadly, there aren’t many people to take care of others. As a Self Help Group (SHG) leader, I have always looked out for ways to support people in my community. I also organize community awareness drives. A lot of times, people are not interested in such programs but I push them to attend the events. It doesn’t take much time to care for others but it ensures their good health and well-being, which gives me a lot of contentment.” – **Vijayrani, Volunteer, PPM Initiative**

***Ms Vijayrani is an SHG leader in Tsunami Quarters, North Chennai.***

IDEA  
BOX






“When my husband got Tuberculosis, I had no idea what it was. My husband was an alcoholic and wasn’t concerned about me and our family. He didn’t take his medicines regularly. During the time of Chennai floods, I got a call from the DMC that my husband wasn’t taking regular treatment. I tried to convince him but eventually gave up. I was working as a house maid at that time. Then James sir from REACH came to visit us to follow-up on my husband’s treatment. During one of the visits, he told my mother that they were looking for a volunteer to work with REACH. My mother referred me as I have seen the disease up close.

On my mother’s advice, I started volunteering for Axshya Samvad, where volunteers go door-to-door to spread TB awareness. Initially, I was apprehensive about my work because of the stigma attached to it and the fear of catching the infection. But after I started working, I attended a session by James sir, which made me feel confident about my work as I gained more knowledge about the disease and how it could be prevented. I saw a different world altogether. I saw how patients failing to take treatment could become drug resistant. I was uncomfortable with the thought that patients working in the public sector and dealing with people every day who weren’t taking their medicines posed a huge threat to the society and could spread the disease easily. I was determined to change the scenario. Before working with REACH, I never went out of my colony without my father or husband accompanying me. Now, I travel to far off areas for door-to-door screening. Now, I transport sputum as well.

I feel very happy and satisfied. My biggest happiness is that inspired by my work, my husband started taking medicines regularly and is only left with one more month of treatment. I have identified three patients through my work with Axshya Samvad. I have in-depth knowledge of Tuberculosis and am confident that I can counsel patients. I have a lot of respect in my society where people call me ‘doctor’. I get calls from unknown people asking me for guidance on TB. It makes me very proud of myself.” – **Saroja**

***Ms. Saroja is a homemaker and an active volunteer with Project Axshya.***





“In Mumbai, we started working on TB when there was a big issue surrounding drug resistant TB after a few people died. Since then, I have been working on TB. It is challenging and it has many aspects so I like working on something which is so complex. I have worked on TB for a while so it was natural for me to apply for a fellowship on TB. The fellowship gave me the freedom to travel and focus on a specific topic.

I looked at the gender aspect of TB during my Fellowship. It was interesting because you have to pursue a certain aspect of a story. It was actually tough to establish what I did as not many people think of gender so they had to dig their memory and try to remember details. They don't think of women as very crucial to the TB program in a sense that there are not many women in the program itself. They aren't specifically looking for women in the program. That's why I spoke of active case finding and similar aspects because it is crucial to bring women in the scenario. There is not much written on women and TB so I chose it. There are very few studies on it too. Getting patients was the biggest challenge. You have to really hunt for stories. You have to do a lot of research. Even the people who are working in the field don't think of it as a gender problem.

There is a lot of social stigma attached to TB. Even when I was in the field, I met a woman who had TB and someone met me outside and asked me if she had HIV. It has the same kind of stigma, which is related to HIV. Nutrition is one of the things that has to be brought immediate attention too. People haven't had proper food in a long time. They haven't had milk in years. How are they going to cure themselves? Also, nobody is looking at the sputum and we are missing out half the diagnosis. We need to look for cases actively. I recently spoke to someone who was telling me there is no treatment for latent TB. The challenge now is also starting daily dose for TB patients. We have to implement that all over India.” – **Menaka Rao, Journalist and National Media Fellow, 2015**



# Our Initiatives

# PROJECT AXSHYA

Project Axshya (meaning “free of TB”) funded by Global Fund Round 9, is a civil society initiative to strengthen TB care and Control in India. The principle recipients of the project are The Union and World Vision

Project Axshya aims to enhance access to quality assured TB services focusing on the vulnerable and marginalized, or ‘at risk’, populations and private healthcare providers in 285 districts including interventions in 40 urban sites.

REACH is a sub-recipient of The Union and the project is being implemented since 2010 in 14 districts of Tamil Nadu – namely Chennai, Thiruvallur, Kancheepuram, Vellore, Vilupuram, Cuddalore, Thiruvannamalai, Krishnagiri, Tanjore, Trichy, Madurai, Dindigul, Pudukottai, Thirunelveli – and is now in its Phase 3.

REACH is working with 38 NGOs and 75 Individual Volunteers to implement activities in the 14 districts of Tamil Nadu.

## ***Project Objectives & Goals***

- To achieve universal access to quality TB Care and Control (with a specific focus on vulnerable and marginalized populations)
- To strengthen systems for prevention, early diagnosis of TB and HIV in co-infected individuals for improved outcomes
- To enhance and upscale high impact TB diagnostics, treatment and prevention among vulnerable and marginalized population in both urban and rural districts
- To improve access to early diagnosis and treatment of Drug Resistant TB services



- To engage with private sector and other providers outside RNTCP for public health impact for TB Control
- To strengthen evidence to guide future policies for HIV and TB care and prevention; and
- To strengthen community support for both HIV and TB care and for reduction of stigma and discrimination.

## ***Activities under Project Axshya***

### ***Under Rural Intervention:***

- Organizing community meetings & Mid media programs to sensitize communities on TB
- Enhanced case finding (Axshya SAMVAD) – House-to-house sensitization on TB
- Facilitating diagnosis through sputum collection and transportation for presumptive TB patients
- Sensitizing and engaging Rural (alternate) Healthcare Providers (RHCPs)
- Empowering affected communities through sensitization on their rights and responsibilities, and strengthening the District TB Forums
- Strengthening TB-HIV collaborative activities by sensitizing and engaging TIs, DLNs, CSCs and ART centers.
- Sensitizing prison inmates through prison intervention programs across districts
- Training & review of community volunteers and stakeholders

### ***Under Urban Intervention:***

- Enhanced case finding (Axshya SAMVAD) – House-to-house sensitization on TB
- Sensitization and engagement of Qualified Private Healthcare Providers
- Engaging range of Private Healthcare Providers and laboratories to ensure appropriate management and notification of TB cases.
- Supporting treatment adherence of TB patients through:

- ◆ Innovative use of ICT and mobile technology.
- ◆ Provision of flexi-DOT through Axshya Kiosks (Model DOTs centers)
- Involving community radio stations to:
  - ◆ Improve understanding of TB among communities and strengthen civil society engagement
  - ◆ build knowledge about locally available TB services among communities
  - ◆ encourage public health officials to use community radio to disseminate key health messages to the communities.

## Target Groups/Beneficiaries

### The key target groups include:

- At risk populations, including slum dwellers, migrants, homeless, tribal, PLHIV, contacts, occupationally and medically predisposed (diabetics, silicosis, etc.), and marginalized groups with poor access to TB services.
- Private Healthcare Providers ranging from unqualified practitioners to corporate Hospitals and laboratories.

## Outcome of Rural Intervention (April 2015 – March 2016)

Activities	April-June, 15	July-Sept, 15	Oct-Dec, 15	Jan-March, 16	Total
No. of Community Meetings	392	367	190	256	1205
No. of Mid Media activities	35	30	15	37	117
No. of Households covered under SAMVAD	39715	36919	32550	43839	153023
No. of TB patients sensitized on Patient Charter	450	392	399	395	1636
No. of presumptive TB patients examined at DMC	743	702	588	644	2677



Activities	April-June, 15	July-Sept, 15	Oct- Dec, 15	Jan-March, 16	Total
No. of Sputum Collection & Transportation Conducted	2692	2879	1237	1484	8292
No. of TB patients found & Started treatment under RNTCP	179	170	155	193	697

### Outcome of Urban Intervention

Name of the Activity	Output
No. of households covered under Axshya SAMVAD	35737
No. of presumptive TB patients tested under DMC for TB	366
No. of presumptive persons identified as TB patients and started on treatment under RNTCP	24
No. of Axshya KIOSK (Flexi DOT centers) established	3
No. of Patients taking treatment under KIOSK	109
No. of Qualified Private Providers (QPPs) sensitized on STCI	89
No. of TB cases notified by the QPPs	97



# ENGAGING PHARMACIES

In 2012, with support from the Lilly MDR-TB Partnership, REACH 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.

The initiative encourages pharmacies to refer those with TB symptoms in order to promote timely diagnosis and treatment. Our primary objectives include facilitating private pharmacies to actively notify the number of TB patients receiving anti-TB drugs from them, and recognizing their role as key stakeholders in TB control.

In addition to this, our project also focuses on students pursuing degrees/diplomas in pharmaceutical and sensitizes them on TB control and the role pharmacists play at the community level to implement the same. 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 is being implemented in Chennai, and Tiruchirappalli, targeting over 2,500 pharmacies spread across the two areas.

## ***Key Highlights***

Pharmacists from several areas are trained by health officials and REACH staff. Information covered in the training sessions include TB facts, current TB statistics, and the role pharmacists play in preventing and treating TB.

Post the initiation of the project, pharmacists engaged with the initiative have reported enhanced trust and goodwill in the community. They have expressed their satisfaction in referring their customers for TB diagnosis and treatment without financial reimbursement. They have also noticed that their involvement in patients' lives has led these customers to recognize other TB symptomatic patients and introduce them to the pharmacists' services.





Patients report that pharmacists show great respect during treatment and discretion regarding their TB status. Female TB patients, especially, feel more comfortable receiving DOTS from pharmacists. Additionally, pharmacists have helped patients to complete treatment by providing assistance during dispersal and by recording each visit.

Since 2013 we have received 1588 referrals from 594 Pharmacies. 604 patients were diagnosed with TB and were started on treatment.

### **Activities under Pharmacy Initiative**

- Line listing of Pharmacies
- Information Materials developed and Disseminated
- Sensitization of Pharmacy Association members
- One to one sensitization
- One to one visits
- Sensitization of Pharmacy College students
- Community Meetings
- Participation in the zonal level review meeting of Pharmacists
- Qualitative Assessment

## Outcomes

Outputs: (April -2015 to March -2016)	Apr 2015- March-2016	2013-2016
Total number of pharmacies trained	334	1571
Students trained	169	628
Total number of pharmacy DOT providers	62	137
Community members sensitized	816	2323
Volunteers identified	62	150
Number of referrals from pharmacies	634	1588
Referrals undergone testing	460	1141
Patients diagnosed with TB	236	604
MDR TB cases diagnosed from referrals	4	6
Treatment under EQUIP initiative	2	8
Patients treated under RNTCP	150	358
Total Patients treated under Private	84	234
Treatment success both government and private	102	311
Currently on treatment government and private	100	215
Patient taking DOTS under Pharmacy	35	115



# PUBLIC-PRIVATE MIX

The REACH Private Public Mix has been dynamically contributing to TB control by supporting private practitioners to actively identify, diagnose and treat TB patients in the private sector since 1998.

Our main focus has been on integrating and harnessing the synergies between private and public health sectors for TB control. This initiative, which started with 30 health care providers, has evolved into a sustainable model, where REACH acts as an intermediary to provide TB care services. The main stakeholders in the initiative are private practitioners, private hospitals, patients, RNTCP team, and community. Since 2006, we have been operating a scaled down PPM with low cost approach, as we did not receive any major funding except that from corporate and individuals.

Together we work for ensuring a continuum of care for TB patient and their families, where in they receive the following services.

- Quality diagnosis and treatment through doctors in private sector
- Individualized TB care package for patients
- Counselling on basic TB information
- Assessment of risk factors
- Treatment initiation
- Direct Observation of treatment at PPM centres
- Monitoring of TB treatment by Home visits
- Retrieving patients through proper action when lost to follow up on treatment
- Food Aid Support
- Information and Communication Materials on TB for patients and their family
- Access to TB Helpline for queries etc



## ***PROJECT EQUIP- Enhanced use of Quality drugs and Utilization of Innovative diagnostics for TB management in Private Sector***

To tackle the problem of Multi Drug Resistant TB (MDR TB) REACH has launched a new project EQUIP under which we will be working closely with Chest Physicians, General Practitioners, Hospitals, Consultants, Patients, Community groups, and RNTCP to design a collaborative model for MDR-TB prevention, diagnosis, and treatment. REACH is working with Chennai Corporation and KNCV Tuberculosis Foundation through the support of Lilly Foundation and United Way World wide.

### ***Goal of Project EQUIP***

1. To develop an effective and replicable model for public-private partnership in diagnosing , notifying, and ensuring early access to care for people with drug resistance tuberculosis.
2. To reduce the time taken to diagnose MDR-TB by giving access to improved diagnostic tools.
3. To ensure a reliable supply of quality drugs and treatment support for TB patients.

### ***Through Project EQUIP the patients will receive the following support-***

- Timely quality TB diagnosis by free Gene Xpert testing
- Timely quality assured TB drugs (as recommended under STCI)
- Free counselling services by REACH team
- Regular follow up assistance for drug adherence
- Nutritional Support

These services are provided by a dedicated team of REACH field officers who are trained in all aspects of TB care and work closely with private doctors to ensure holistic care for the TB patients belonging to the vulnerable sections of society.

## **Key Highlights**

Project EQUIP organized focus group discussions with Private Practitioners, Chest Physicians, patients taking TB treatment privately, and patients taking DOTS TB treatment at the Government and PPM's centres in addition to several one to one interactions with doctors to gather information on various aspects of TB care services developing the strategy for private practitioners engagement.

A Technical Advisory Group consisting of key partners from private health sector and public TB program was formed to increase ownership of the EQUIP initiative and to provide guidance and support on working effectively with private sector for TB Control.

Sensitization Workshops and one to one meeting's with TB experts and Private Practitioners to sensitize them on Project EQUIP were done. The workshops focused on sensitizing doctors to the standards of TB care in India (STCI) , Notification of TB cases from private sector and Contact Tracing and Chemoprophylaxis for children.

There was collaboration with Dr.Ganesan's Hi Tech Laboratories for providing services of Gene Xpert and X-rays through their chain of Labs in Central and South Chennai. Sputum Transportation and collection were facilitated. X-ray and Gene Xpert results were provided to the patients through Project EQUIP based on coupons. Thus Quality diagnosis was provided for patients in private sector.

Provision of Daily treatment with standard TB drugs has been initiated through Project EQUIP for the Private Practitioners who recommend it for their patients.

Private Hospitals are being identified and approached for integrating EQUIP- TB care centres in their premises. These centres help provide guidance and support to TB patients and ensure monitoring support for TB treatment.

The process of patient care in EQUIP was initiated, referrals tracked and patients initiated on TB treatment. Continuous Monitoring was undertaken for all patients after obtaining their consent. The entire process has been systematically documented.

## Outcomes

Patient Care and Support - 2015	
Total no of symptomatic approached at PPM centres for TB care services	1004
Total No of TB patients registered in DOTS	410
Total No of TB patients referred to Government and Districts	100
Total No of TB patients who opted for Private TB Treatment	72
Treatment Outcomes - 2014	
Total no of patients as New Smear Positive Patients	154
Total no of patients cured	144
Cure Rate	93%
Total patients cured and completed treatment	391
Treatment Success	92%

## Project Equip

Month/ Year	No of patients referred for Xray	No of Patients referred for Gene Xpert	No of Patient referred for Gene Xpert and X ray	No of patient referred for Diagnosis/ Treatment	Total no of Referrals	No of Doctors participated
October 2015	0	15	0	0	15	9
November	0	15	0	1	16	12
December	0	36	0	0	36	19
January 2016	0	48	12	1	61	32
February	0	68	7	5	80	40
March	1	78	18	10	107	48

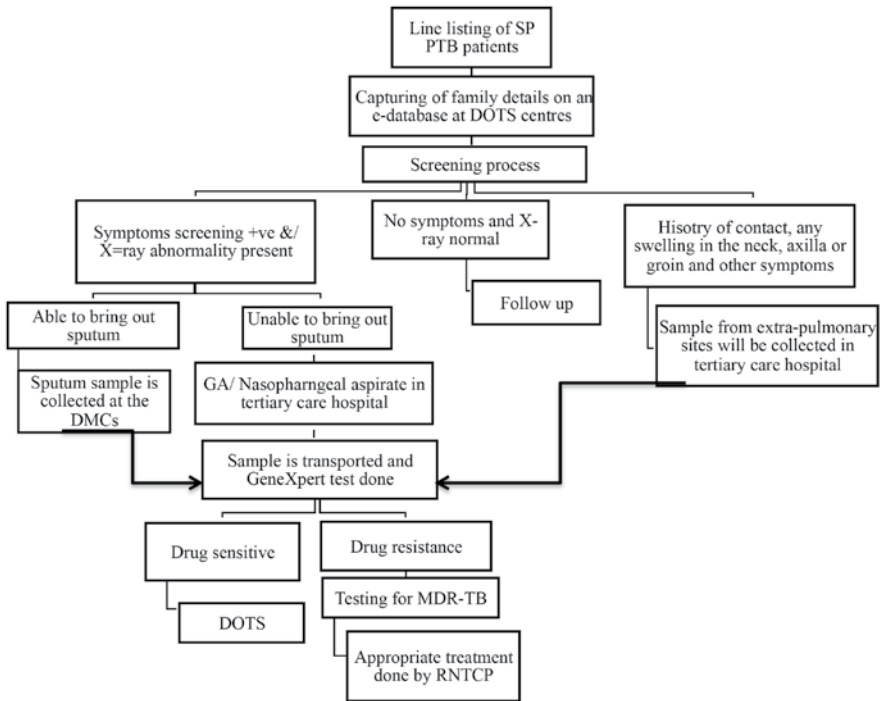




# TB REACH INITIATIVE

TB-REACH is an initiative with the primary objective to demonstrate the additional yield among at risk and vulnerable population in Chennai, India through an 'Innovative Public Private NGO Partnership model'. This initiative was started in November 2014 through a Wave 4 grant of the STOP TB partnership, in collaboration with Chennai Corporation and National Institute of Research in Tuberculosis, Chennai. The initiative involves screening of all contacts of smear positive TB patients registered in Chennai Corporation.

## *Innovative Process*



REACH field officers met sputum positive TB patients at the respective DOTS centres and provided coupons for their contacts to undergo screening for Tuberculosis. Subsequently the contacts undergo symptom and Xray screening in the private X-ray facility using the coupons. X-ray and symptom screening is done for the contacts and if found to have symptoms of tuberculosis and /or abnormal

X-ray, GeneXpert test is done using the sputum sample of those contacts to diagnose tuberculosis.

***The core components of the initiative were***

- Capturing family details on an electronic data base system.
- Incentive based approach for symptomatic and X-ray screening of the household contacts
- Use of GeneXpert testing for the symptomatic/contacts with X-ray abnormalities for identification
- Linking up the identified TB patients to RNTCP for treatment initiation.

The initiative covered the inner ring of Chennai and demonstrated that with committed effort, the contact tracing strategy could be a viable option to improve the yield. The Wave 4 STOP TB grant continued till March 2016.

In addition several collaboration meetings were held with the stakeholders.

**Chennai Corporation**

Regular meetings with the TB health staff of Chennai corporation in order to improve the co-ordination among the senior treatment supervisors (STS), health visitors (HV) and the REACH staff.

A meeting was arranged with the RNTCP Chennai team of Senior Treatment Supervisors (60 STS) to brief them about the activities under the TB- REACH initiative. The meeting was used as a platform to discuss the challenges faced and suggestions were invited to improve mutual support for a better integration of the project with the RNTCP.

**Hitech Diagnostic Laboratory (Private facility)**

Regular Meetings with the team at Hitech Diagnostic Laboratory for co-ordination of X-rays and provision of soft copies were conducted. Moreover, a sensitization meeting was carried out with X-ray radiologist in order to improve X-ray readings related to tuberculosis.

## Outputs

A total of 3067 index patients (out of 3360) registered and eligible for the contact tracing in the study area (Chennai district) were met. A total of 7458 contacts of the index patients were given coupons for TB screening. Among them a total of 5553 contacts got themselves screened. A total of 1312 screened contacts (23.6% of screened contacts) were found to have presumptive Tuberculosis and were given falcon tubes for GeneXpert test (CB-NAAT) for confirmation of the diagnosis. About 965 contacts gave sample for GeneXpert test, out of which 36 were found to have tuberculosis. Among the contacts who did not provide the sample, 5 were started on treatment based on other evidences. During the same period, 47 contacts were already started on treatment by the RNTCP. In all, 5553 contacts were screened, 88 were diagnosed and started on TB treatment. The number needed to be screened was 63.



# IMPROVING MEDIA REPORTING ON TB

Tuberculosis is a high burden disease and India carries the highest burden of this highly communicable disease. For the scale of the disease, however, TB remains underreported. The voice of the media is vital in reaching out to the masses as well as the policymakers. The REACH Lilly MDR -TB Partnership Media initiative was launched in 2009 to encourage and support better reporting on TB. REACH works closely with journalists across India to improve the quality and frequency of media reporting on TB. We have initiated numerous ways of engaging with the media under the project, including local and national level Media Fellowships, and Media Awards.

## Media Fellowships

The REACH Lilly MDR-TB Partnership Media Fellowships provide working journalists from both local and national language newspapers 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.



For our 2015 National Media Fellowships for Reporting on TB, Menaka Rao, a Mumbai-based journalist, was chosen as the National Fellow. During her Fellowship, Rao examined gendered aspects of TB, specifically focusing on how women experience TB differently and how the disease impacts their lives, in the short and long-term. Her long-form stories were published in The Caravan and Scroll.

The 2015-16 batch of Local Language Fellows included 13 experienced, senior journalists from prominent publications across India including from New Delhi, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand,

Assam, Chhatisgarh and Kerala. All Fellows participated in an orientation workshop held in Chennai in November. The knowledge sessions included interactions with experienced TB advocates and public health professionals, who addressed several relevant issues including Drug Resistant TB, Social Determinants of TB and Childhood TB.

Local Language Fellow	Publication	Designation	Location
Akriti Anand	Rajasthan Patrika	Senior Sub-Editor	New Delhi
Atul Porwal	Patrika	Reporter	Dhar, MP
Chunaram Godara	Hridaya Desh	Freelancer	Barmer, Rajasthan
Farhana Ahmed	Niyamiya Barta	Freelancer	Lakhimpur, Assam
Mohan Kumar Gope	Prabhat Khabar	Sr. Correspondent	Danbadh, Jharkhand
Pushpam Kumar	Dainik Bhaskar	Chief Sub-Editor/ Reporter	Raipur, Chhattisgarh
Rajendra Singh Denok	Rajasthan Patrika	Principal Correspondent	Bikaner, Rajasthan
Rajneesh Rastogi	Hindustan	Staff Reporter	Lucknow, UP
Richard Joseph	Deepika	Reporter	Trivandrum, Kerala
Rolly Shivhare	Sarvodaya Press	Freelancer	Bhopal, MP
Satananda Bhattacharjee	Dainik Asam	Correspondent	Hailakandi, Assam
Shirish Khare	Patrika	Sr. Correspondent	Raipur, Chhatisgarh
Suchithra Priyadarshini	Mathrubhumi	Kerala	Kozhikode, Kerala

## *Fellows to Trainers initiative*

REACH also conducts a ‘Fellows to Trainers’ initiative to involve former and current recipients of the Fellowship program as trainers at media and journalism schools across the country. This year, workshops for students were organized by our former fellows Athar Bhat, Raju Kumar, Jhilam Karanjai, Rubee Das, and Mukesh Kejariwal in several journalism colleges.

## *Media Awards*

Instituted in 2010, the REACH Lilly MDR-TB Partnership Media Awards highlight the vital role played by the media in informing the public and decision-makers about TB prevention, control and care. Awards are given in two categories –

English reporting and local language reporting. The sixth edition of the REACH Lilly MDR-TB Partnership Media Awards was held in New Delhi in March 2016 and co-hosted by REACH, Lilly and USAID. In 2015-16, REACH received 23 entries from 13 journalists in the English category and 28 entries from 16 journalists in the Local Language category. In all, we received 51 valid entries from 29 journalists. Four journalists were awarded at the occasion, two in each English and local language categories.

The awards were presented by Dr Lucica Ditiu, Executive Secretary of The Stop TB Partnership. Guests of honour at the event included Shri Anshu Prakash, Joint Secretary, Ministry of Health & Family Welfare; Ambassador Jonathan Addleton, Mission Director, USAID India; Dr Sunil Khaparde, Deputy Director General (TB), Central TB Division, Ministry of Health & Family Welfare and Mr Anand Garg, Director, Corporate Affairs & PRA, Eli Lilly and Co. Pvt. Ltd.

In the English category, the winners were Sonal Matharu for her comprehensive and lucid story titled 'Dying in the dust bowl' published in Governance Now and R. Prasad for his story 'Child-friendly paediatric TB drugs will be a game changer', published in The Hindu.

In the Local Language category, the winners were Reji Joseph for his article titled 'Kerala trailing migrant Tuberculosis patients' published in Rashtra Deepika and Prashant Kumar Dubey for his detailed story titled 'Nutrition and TB: Essential but Ignored Relationship' published in Dainik Bhaskar.

The day of the awards ceremony also saw the unveiling of a new initiative by REACH – a discussion series TB Centrestage, a platform to facilitate focused and outcome-oriented discussions, incubate and nurture fresh approaches and foster innovative thinking to eradicate TB.



# INTRODUCING TB CALL TO ACTION PROJECT

In January 2016, REACH was awarded the Tuberculosis Call to Action project by the U.S. Agency for International Development (USAID) after a competitive application process.

Through this four-year (2016-2020) project, REACH seeks to transform the TB landscape in India by improving access to high quality services and reducing suffering and deaths.

## *Strategic Objectives*



- To increase commitment and investment in TB from the public and private sectors at the national and state levels by 2020.
  - To promote increased knowledge and ownership of TB among private healthcare providers.
  - To foster an enabling environment and empower patients, civil society and affected communities to seek accountability and demand high-quality TB services.
- To advocate for evidence-based and effective policies.
  - To identify and facilitate scale-up of successful, innovative models for provider and community engagement.
  - To raise the profile of TB at the national and state levels.

For the effective implementation of this project, REACH has set up an office in New Delhi, where the project team will be based.

# OTHER HIGHLIGHTS

## *Publications*

### **How Do Urban Indian Private Practitioners Diagnose and Treat Tuberculosis? A Cross-Sectional Study in Chennai**

Liza Bronner Murrison, Ramya Ananthkrishnan, Sumanya Sukumar, Sheela Augustine, Nalini Krishnan, Madhukar Pai, David W. Dowdy

Paper published in PLOS (Public Library of Science) on February 22, 2016

### **How do patients access the private sector in Chennai, India? An evaluation of delays in tuberculosis diagnosis**

L. Bronner Murrison, Ramya Ananthkrishnan, A. Swaminathan, Sheela Augusteen, Nalini Krishnan, Madhukar Pai, David W. Dowdy

Paper published by The International Journal of Tuberculosis and Lung Diseases on April 20, 2016

## *Presentations*

### **Keeping TB alive in the public domain through sustained media engagement: A report from India.**

Anupama Srinivasan, Ramya Ananthkrishnan, Nalini Krishnan, Sunita Prasad

Paper presented by Sunita Prasad (Lilly MDR-TB Partnership) at the 46th Union World Conference on Lung Health, held in Cape Town, South Africa in December 2015.

Paper presented by M. Ganesh at 70th National Conference of TB & Chest Diseases (NATCON), held in King George's Medical University, Lucknow in February 2016

### **Engaging Civil Societies in TB control – Report from Tamil Nadu, Southern India.**

M. Ganesh, Ramya Ananthkrishnan, Nalini Krishnan, Anand Das

Paper presented by M. Ganesh at 70th National Conference of TB & Chest Diseases (NATCON), held in Lucknow in February 2016



**Uptake of the Revised Schemes for NGOs and Private Providers in Revised National Tuberculosis Control Program - An experience from Tamil Nadu, India.**

M. Ganesh, Ramya Ananthkrishnan, Nalini Krishnan, Anand Das

Paper presented by M. Ganesh at 70th National Conference of TB & Chest Diseases (NATCON), held in Lucknow in February 2016

**Engaging Rural Health Care providers in TB control to improve Case deduction – A field report from Tamil Nadu, South India.**

M. Ganesh, Ramya Ananthkrishnan, Nalini Krishnan, Anand Das

Poster presented by M. Ganesh at 70th National Conference of TB & Chest Diseases (NATCON), held in Lucknow in February 2016

**Private pharmacists - A vital link in PPM model for TB control in Chennai city, India**

Sujatha.P, Ramya Ananthkrishnan, Nalini Krishnan, Sunita Prasad

Poster presented by Sujatha.P at NATCON, 2015 held in King George's Medical University, Lucknow in February, 2016

**Meetings**

Ramya Ananthkrishnan attended the Zero TB Cities: Building Community-Based Health Care Delivery Models for the 21st Century conference organized by Harvard Medical School Center for Global Health Delivery, held in April and October 2015, Dubai

Ramya Ananthkrishnan attended the Key Populations meeting organized by the Stop TB Partnership from November 3-5, 2015 in Bangkok, Thailand.

# 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  
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Mr. Prakash Idani, Joint Secretary  
Dr. Nalini Krishnan, Executive Member  
Ms. Geetha Ramaseshan, Executive Member  
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Dr. Ramya Ananthakrishnan, Executive Director  
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# ACKNOWLEDGEMENTS

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), Lilly MDR-TB Partnership, The United States Agency for International Development (USAID), Stop TB Partnership, and KNCV Tuberculosis Foundation

Senior officials at the Ministry of Health & Family Welfare, Central TB Division, National Institute for Research in Tuberculosis (ICMR), State TB Office (Tamil Nadu), Corporation of Chennai and District TB Offices.

We thank all our partner organizations and our many supporters and well-wishers both in India and outside.

We are indebted to our dedicated community volunteers, TB survivors and their families.

Thank you for your courage, sincerity and commitment to the fight against TB in India.

## ***Members of the Independent Ethics Committee***

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Ms. Auxilia Peter

Dr. Deepak Lamech

Ms. Malini Roberts

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காச நோயை ஒழிப்போம்

(We will defeat Tuberculosis)

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கேளடா நண்பனே நீ  
மண்ணில் காசநோயை  
அழிப்பது எளிது..

முன்னமே கண்டுகொண்டால்  
அதனால் குடும்பத்தை  
காத்திடலாம்

இருமலும் காய்ச்சலும்  
இருந்தால் நீயும்  
வாடிபடுத்திட வேண்டாம்.

சளி சோநனைக்கூட இங்கே  
உனக்கு செலவின்றி  
போய்விடும் நண்பா.

சளி சோதனையில்  
கிருமிகளை கண்டால்-நீயும்  
பயம்கொள்ள தேவையில்லை.

தொண்டுள்ளம் கொண்ட மாந்தர்  
அரசுடன் இணைந்து தினமும்  
இலவச மருந்தினை தந்தே காப்பர்.!

காச நோயினை கண்டு  
நீயும் அஞ்சி நடுங்கிட வேண்டாம்  
பேச தயங்கியே என்றும்  
விலகி ஓடி ஒளிந்திட வேண்டாம்..

கண்ட இடங்களில் உமிழ்ந்து  
நோயை பரப்பிடல் என்றும் நலமோ  
சின்ன பாத்திரத்தில் உமிழ்ந்து அதை தீவைத்து அழித்திடல் நலமே..

ஆறுமாத சிகிச்சை தொடர  
மாறும் உந்தன் நிலமை  
இடைவிடாத சிகிச்சை-இனி  
வாழ்வில் என்றுமில்லை கவலை.!

விஜயகுமார் வேல்முருகன்

- Poem by Vijaykumar, Volunteer, Pharmacy Initiative



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