

**Building Bridges
Reaching the Unreached**

**Annual Report
2016 – 17**



leading the fight against TB



the *Lilly*
MDR-TB
partnership



மருந்தாளுநர்களை காசநோய் (டிபி) கட்டுப்பாட்டில் ஈடுபடுத்தும் திட்டம்

நீங்கள் டிபியை பற்றி தெரிந்து கொள்ள வேண்டியவை!

- > காசநோய் காற்றின் மூலம் பரவுகிறது.
- > காசநோய் என்பது மைக்கோபாக்டீரியம் டிபுபர்குலோசிஸ் என்ற கிருமியால் பரவுகிறது.
- > காசநோயை சளி பரிசோதனை மூலம் எளிதில் கண்டறியலாம்.
- > காசநோயை 6-8 மாத தொடர் சிகிச்சை மூலம் முழுமையாக குணப்படுத்த முடியும்.
- > எல்லா அரசாங்க மையங்களிலும் இலவசமாக உலகத்தரமான சிகிச்சை கிடைக்கிறது.
- > யாருக்கு வேண்டுமானாலும் இந்நோய் வரலாம்.
- > காசநோய் பரம்பரை நோய் அல்ல.

காசநோய்க்கான சிகிச்சை:

வாரத்தில் ஒரு நாள் இரவு, மாலை நேரத்தில்
நெஞ்சுவலி.

சிகிச்சைபெற்று
டுக்க...

MDR-TB கிருமியை
கட்டுப்பாட்டு

20 630

Building Bridges Reaching the Unreached



leading the fight against TB
Annual Report 2016-17

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Abbreviations

- ⌘ TB – Tuberculosis
- ⌘ PPM – Public-Private Mix
- ⌘ PPs – Private Practitioners
- ⌘ MDR-TB – Multi Drug-Resistant Tuberculosis
- ⌘ XDR-TB – Extensively Drug-Resistant Tuberculosis
- ⌘ DOT – Directly Observed Treatment
- ⌘ DOTS – Directly Observed Treatment – Short course
- ⌘ EPTB – Extra Pulmonary Tuberculosis
- ⌘ FDC – Fixed Dose Combination
- ⌘ HIV – Human Immunodeficiency Virus
- ⌘ STS – Senior Treatment Supervisor
- ⌘ CTD – Central TB Division
- ⌘ STC – State TB Cell
- ⌘ STO – State TB Officer
- ⌘ DTC – District TB Cell
- ⌘ HHC – Household Contacts
- ⌘ PHC – Primary Healthcare Centre





**“ If we are positive
and strong internally,
we can fight
any disease,
including TB ”**

**Amrita Limbu
TB Survivor**

Introduction

REACH's story began in Chennai in 1999, as an organization set up to work as an interface between the public health system and private healthcare providers in the fight against Tuberculosis. Over the last 18 years, REACH (Resource Group for Education and Advocacy for Community Health) has significantly expanded its mandate and assumed a key role in India's fight against TB. REACH's work now includes engaging the private healthcare sector, support, care and treatment for TB patients as well as research, advocacy, public education and communications on TB. REACH works closely with diverse stakeholders including national, state and local governments, private practitioners and hospitals, pharmacies and the media.

Over the last year, REACH expanded its footprint to several states outside Tamil Nadu through the TB Call to Action project, including Assam, Bihar, Jharkhand, Uttar Pradesh and Odisha.

⌘ Why TB?

TB remains one of India's biggest public health challenges, with over 1300 people dying of TB every day in the country. India, being the country with the highest incidence of TB, accounts for 24% of global TB cases. As many as 4,80,000 people suffer from MDR-TB, as per the WHO Global TB Report 2016. Despite the fact that there are effective methods to diagnose TB and that it is completely curable, TB control remains a challenge due to a number of factors – delayed diagnosis, irregular treatment, lack of awareness and the rise of drug resistant TB. The socio-economic impact of TB is enormous due to the widely prevailing stigma that surrounds the disease. REACH is committed to change that by working in sync with the government,



the private healthcare system, patients, non-governmental organisations, and other sectors.

In 2016, REACH supported nearly 11,500 patients with access to diagnostic facilities and high quality treatment, psychosocial support and nutritional provision. REACH advocated for the TB community and facilitated the creation of a first-of-its-kind TB Champions group in India.

This publication, our Annual Report for 2016-17, describes our work over the last year and highlights our key achievements between April 2016 and March 2017.



Alma Ram
TB Survivor

“ The TB medicine's dosage given to me was very high and that made me infertile. It has affected my whole life very badly.

Fortunately, I was able to adopt 3 children ”

Note from the REACH Team

TB is preventable and curable and yet, it is rapidly gaining ground as one of the greatest public health challenges that the world, and particularly India is grappling with. The numbers are out there and do not need to be revisited. They are serious enough to warrant aggressive action nothing short of an all-out war.

However, TB is an enemy that is not easily vanquished as it is ubiquitous and easily finds hosts to house itself in. It is not an unknown fact that TB has powerful linkages to poverty, hunger and non-communicable diseases such as diabetes. It attacks the weak and the poor; the immune-compromised and the vulnerable and it attacks to kill.

Added to this is the fact that the world is fighting TB with weak weapons. The medical fraternity is challenged by the lack of robust diagnostic tools, drugs and vaccines. The TB sector is ridden with confusion on treatment regimens, which are not standardized. More importantly, patients seek treatment late or do not complete their treatment and then fall prey to drug-resistant forms of TB, which are far more difficult and sometimes impossible to cure. Overall, the situation looks bleak, with TB posing a threat to humanity at large.

Given a situation that is not too encouraging, there is still hope around the corner, and that is in the form of strong advocacy and debate around TB that has begun to make a difference. Governments across the world have taken note of the situation and are committing greater resources to care and prevention of TB. Patient advocates are beginning to demand greater action and the visibility for TB has seen an upward curve. There are new drugs and diagnostics that are now available to us. It is up to the agencies and

organizations to optimize their use for gaining control over a disease that has defeated us for too long.

REACH is one of the frontrunners in the fight against TB, having seen the severity of the problem almost two decades ago. We at REACH recognized very early on that TB cannot be fought by doctors alone and have worked with affected communities, pharmacists, media, government TB programme officials and other stakeholders in order to holistically address the problem.

In the coming years, we will intensify these efforts. We will work on strengthening partnerships with all these stakeholders. Emboldened by the commitment that the Government of India has made, to end TB by 2025, a target which is aligned to and in fact better than the world target of ending TB by 2030, we are confident that we can and will make a difference.

Through this message, we resolve to fight TB more aggressively and use the weapons we have, more effectively and bring much needed succour to those affected by TB. We resolve that we will do our utmost to ensure less people die needlessly of a disease that is curable. REACH renews its pledge to lead the fight against TB with commitment and courage. It is time now to end the tyranny of TB.

– the REACH Team





leading the fight against TB

Our Mandate



leading the fight against TB



Partnering with Private Sector

- ⌘ Engaging Private Practitioners & private hospitals
- ⌘ Partnering with private laboratory networks
- ⌘ Involving private pharmacists who are the first point of contact
- ⌘ Establishing Nodal PPM centers for comprehensive patient care & support
- ⌘ Enabling adoption of standards for TB care by private sector
- ⌘ Facilitating TB management for patients referred from private sector



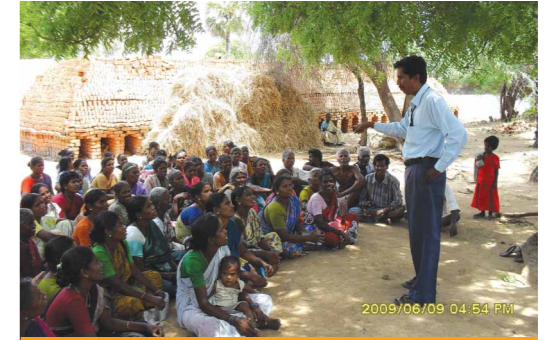
Patient Care & Support

- ⌘ Improving access to TB screening and diagnosis
- ⌘ Offering risk assessment and counselling to patients
- ⌘ Providing treatment adherence support
- ⌘ Giving nutritional support to families of patients
- ⌘ Regular follow-up with patients through the treatment period
- ⌘ TB helpline



Advocacy for TB

- ⌘ Raising the profile of TB at the state-level
- ⌘ Engaging parliamentarians and elected representatives
- ⌘ Involving corporate leaders
- ⌘ Identifying TB Ambassadors
- ⌘ Focus on inter-sectoral coordination for TB
- ⌘ Supporting and improving the visibility of the TB programme



Strengthening Communities

- ⌘ Capacity building of NGO networks
- ⌘ Health staff training on soft skills
- ⌘ Intensified Outreach Activity
- ⌘ Supporting formation of community networks
- ⌘ Developing community monitoring systems
- ⌘ Empowering TB patients and survivors



Media Engagement

- ⌘ Engaging with media to improve quality and frequency of TB reporting
- ⌘ National and Regional Language Fellowships for reporting on TB
- ⌘ Annual Media Awards for excellence in reporting on TB
- ⌘ Dedicated website with resources on TB for journalists

The Year That Was



PPM/Project EQUIP



An ongoing Technical Advisory Group meeting



A TB patient and his family with REACH staff



EQUIP staff member visits a pharmacist to collaborate with the pharmacy in assisting patients



A patient during one of his regular visits to REACH DOTS Centre



TB Sensitization program organized for nurses at Julian Nursing Home

Project EQUIP, initiated in October 2015, is focused towards tackling the issue of Multi Drug Resistant TB (MDR-TB) in the private sector. It has been implemented by building on the model of the existing Public-Private Mix (PPM) Project – an initiative that is at the heart of the organization since its formation since 1998. The PPM Project has aimed to diagnose, treat, notify, and ensure early access to care for people with TB.

Through the EQUIP initiative, it has been possible to increase the involvement of the private practitioners and hospitals in Central and South Chennai by providing them access to GeneXpert testing, and treatment protocol as specified under the Standards for TB care in India (STCI).

The initiative provided various forms of support to private practitioners i.e. free, quality diagnosis, quality-assured TB drugs for daily regimen, counselling services by the REACH team, contact screening for TB, regular follow up with patients to ensure treatment adherence, as well as nutritional support to the patients.

Field officers from REACH provide continuum of TB care services such as counselling to patients and their families, assessment of risk factors, initiation of treatment, monitoring the patients to ensure treatment adherence, contact screening and nutritional support. All patients are given access to free diagnosis using X-rays and GeneXpert.

The EQUIP initiative has set the pace for an intensified private sector approach in TB care. The project has highlighted the advantages of private practitioners coming together to build an enhanced and efficient health care system for TB control.



Stories of Hope

“Most difficult part of the treatment is staying away from my baby girl”

“I am a 21-year-old mother of a beautiful one-year-old baby girl and live in a remote village in Nellore in Tamil Nadu’s neighboring state, along with my husband and in-laws. As I was down with cough and fever for a few months, I was sent to Tamil Nadu in the hope of obtaining better care.

I was taken to a private hospital for a checkup, where the doctor asked me to undergo the GeneXpert test. I was shocked when my tests were positive for TB. As I had plans to stay at my mother’s home for a while, I started my treatment here. I collected my medicines once in 15 days and took them daily. Within days of starting treatment, my in-laws visited me and expressed their irritation over me spending time with my parents. They told me that they would take the baby with them and I could return as soon as I felt well. I had to agree to this arrangement as I did not want to reveal to them that I was suffering from TB.

I was anxious about who would take care of my baby so my mother has been staying with my in-laws and is helping them take care of her, while I stay in my paternal home.

The most difficult part of the treatment has been to be away from my baby. I do not want to share about my disease with my husband and my in-laws. My life will become miserable if I do as I am not certain if they will support me. I shared these fears with the field officer from REACH, who supported my decision and helped me start my treatment. She has been very encouraging and motivating during this difficult time.

Now I have completed two months of treatment and my follow-up sputum examination tests have been negative. I need another four months of treatment for a complete recovery. I will complete my treatment as I have a good physician and a field officer in addition to my loving and caring parents who have gone out of their way to help me get better.” – TB Patient (identity withheld).

Outcomes

Output	Numbers (April 2016-March 2017)
Private practitioners sensitized	267
Private practitioners engaged	164
Referrals received	2109
TB patients diagnosed and notified	1037
EQUIP-PPM Centers set-up	10
TB Patients provided social support	733



Project EQUIP has been supported by several dedicated general and specialty practitioners who have shown extraordinary commitment to ensure that patients in the private sector receive quality TB care services. Together with all the private practitioners participating in the EQUIP-PPM, we aim to create a system in private sector, where all people can get access to quality TB care services. We thank and acknowledge the contribution of all these doctors who have been associated with us. Some of their testimonials are shared below.

“Through the EQUIP Centre in a private hospital, REACH is offering quality treatment for TB patients who are in living below poverty levels. It is fascinating for me as my hospital watchman suffering from TB was able to access free diagnosis and treatment. REACH is doing wonderful service for TB patients”.

Dr. R. Karthik, R.A. Puram

“I am very satisfied with the REACH field officer for her dedication in following up with my patients and updating me periodically.”

Dr. Sunitha Sunil, Chetpet

“Your service is more than ours, we should be doing what you are doing...I am satisfied that my patients have been taken care of and are completing treatment.”

Dr. Vijaysekar, Perungudi

“I am very happy with the services. It’s our responsibility to support you.”

Dr. Sadhana Srithar, Adyar

“Your attitude towards providing services to the TB patients is on a completely different level. Good going, all the best”

Dr. P.S. Arun Kumar, Kottivakkam



Project Axshya



Prison Intervention program organized at Thanjavur, Tamil Nadu



REACH organizes livelihood training program at Villupuram, Tamil Nadu



REACH team distributes communications material on TB during a local festival



TB Forum sensitizes school children during an awareness program



Household materials being provided to a TB patient's family by TB Forum



‘Axshya’, translating to ‘free of TB’, is the name given to a national civil society project that intends to strengthen TB care and control in India. The Union and World Vision are main recipients of the Project, funded by Global Fund Round 9.

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, Villupuram, Cuddalore, Thiruvannamalai, Krishnagiri, Tanjore, Trichy, Madurai, Dindigul, Pudukottai, Thirunelveli – and is now in Phase 3.

REACH, through its various activities involving rural and urban interventions, aims to achieve universal access to quality TB Care and Control; to strengthen systems for prevention, early diagnosis of TB and HIV co-infected individuals; to improve quality of high impact TB diagnostics, treatment and prevention; to improve access to early diagnosis and treatment of Drug Resistant TB services; to engage with private sector providers to engage in TB Control; to strengthen evidence to influence policies for HIV and TB care and prevention; and to strengthen community support for both HIV and TB care.

Directly fulfilling these aims, Project Axshya enhances access to quality-assured TB services, primarily for the vulnerable and marginalized populations and for private healthcare providers in 285 districts including 40 urban sites. REACH works with 31 NGO partners and 50 Individual Volunteers to implement activities in the 14 districts of Tamil Nadu.

Stories of Hope

Axshya SAMVAD is an activity under the project that enables enhanced case finding through house-to-house sensitization.

Nagammal, a 2nd year diploma student in Medical Laboratory Technology (DMLT) Madurai, was identified as a symptomatic by community volunteers of REACH through Axshya SAMVAD. Her grandfather had died of Pulmonary TB earlier. She was referred to a nearby Primary Health Centre (PHC), where she was diagnosed with TB.

The Axshya volunteer counselled her to undergo treatment available free of cost at RNTCP. The unremitting efforts of the community volunteer and the RNTCP staff bore fruit and Nagammal is now cured. After counselling and regular follow-ups by Axshya volunteers, her family is taking good care of her.

Nagammal has expressed her desire to work and contribute in the fight against TB.

Dr. Rukmani is a Rural Health Care Provider who is practising traditional Siddha medicine for the past eight years. She volunteered to be a part of the REACH Axshya Project and is involved in the TB program. She counsels her patients and the community and refers presumptive cases to RNTCP.

In the last 5 yrs, Dr. Rukmani has referred more than 100 TB symptomatic cases for diagnosis, out of which four new sputum positive cases have been identified and initiated on treatment. Presently, she is acting as a DOTS provider. She feels that the major challenges faced in TB care and prevention is stigma. She therefore counsels and educates patients about the disease.

She feels that it is her responsibility to treat TB patients. She stresses with them that smoking and alcoholism are two great risk factors influencing treatment outcomes of TB.

Outcomes

Output	Numbers (April 2016-March 2017)
Households covered to spread awareness on TB and for Active Case Finding (under Axshya SAMVAD)	265642
Samples collected for sputum examination	5252
Samples collected from PLHIVs (coming to ART centers) and transported to CBNAAT (GeneXpert centers)	1474
TB Patients identified among PLHIV	93
TB patients identified through various rural interventions	791
Notifications received from the private sector through various urban interventions.	1184
TB patients receiving DOTs in Axshya KIOSK	534

IMPACT Initiative



An ongoing internal review meeting



IMPACT field staff participating in a Self Help Group awareness meeting.



DTC meeting to update the STS about IMPACT initiative



REACH team visiting laboratory facility of partner Hi-Tech

The Wave 4 TB-REACH initiative which aimed to increase case detection amongst household contacts (HHC) of TB patients by encouraging them to undergo screening test (X-Ray) followed by a GeneXpert test to detect TB was scaled up across the Chennai districts through support from AA& D and Lilly MDR-TB partnership.

The key interventions in this initiative included:

1. Recording the details of HHCs on an electronic database system;
2. Generating incentives for symptom and chest X-ray screening among the HHCs;
3. Using a Nucleic Acid Amplification Test, Xpert® MTB/RIF (Xpert), as a diagnostic test for HHCs with TB symptoms and/or X-ray abnormalities, and;
4. Linking the identified TB patients to RNTCP for treatment initiation through DOTS. Upon receiving a weekly list of sputum-positive pulmonary TB patients (index patients), trained field officers met these index patients and collected the complete HHCs details. Screening coupons for the HHCs were issued to the index patients. The patients were educated on contact tracing and chemoprophylaxis.

In addition, the patients were counselled on the importance of safe cough hygiene practices using a flipchart. The importance of adherence to anti-TB treatment for a positive treatment outcome was also stressed, as well as that of safe disposal of sputum. Additionally, and under the supervision of project coordinators, the field

officers mobilized the HHCs through phone reminders and home visits designed to encourage them to be screened at nearby private X-ray facilities. HHCs with symptoms of TB and/or X-ray abnormalities were given Falcon™ tubes for the collection of sputum samples. The samples were then tested using Xpert and smear microscopy. Those found to be Xpert-positive were referred to RNTCP for treatment initiation. The field officers also documented the reasons for loss to follow-up and framed action plans to track those patients who drop out of the program.

Through this initiative, the challenges involved in mobilizing HHCs for the screening process were explored, and a suitable strategy was designed to overcome these challenges. This intensified contact tracing approach has been proven effective in early diagnosis and treatment initiation among contacts of TB patients. IMPACT (Improved Pathway for Active Contact Tracing) is being implemented throughout Chennai across 36 Tuberculosis Units.

காசநோயாளிகள் பின்பற்ற வேண்டிய வழிமுறைகள்

- ❖ சளிசைய திறந்தவெளியில் துப்பக்கடாது.
- ❖ சளிசைய துப்புவதற்கு தனி குப்பி ஒன்று வைத்துக் கொள்ள வேண்டும்.



- ❖ துப்பிய சளிசைய எரித்துவிட வேண்டும்.
- ❖ உங்கள் வீட்டின் ஜன்னல்களை சூரிய வெளிச்சமும், காற்றும் வருவாறு திறந்து வைப்பது நல்லது.



கிருமி தொற்று கட்டுப்பாடு

இருமல் ககாதாரம்



- ❖ இருமும் போதும் / தும்பும் போதும் உங்கள் வாய் மற்றும் மூக்கை துணி / காகித கைக்குட்டையை பயன்படுத்தி மூடிக்கொள்ளவும்.
- ❖ கைக்குட்டை இல்லாத பட்சத்தில், தோள்பட்டை கீழுள்ள பஜத்தை வைத்து இருப்பவும்.
- ❖ பயன்படுத்திய காகித கைக்குட்டையை பாதுகாப்பான முறையில் அப்புறப்படுத்தவும்.
- ❖ பொது இடங்களில் துப்புவதை தவிர்க்கவும்.
- ❖ உங்கள் கைகளை அடிக்கடி கழுவாதல் மூலம், தொற்று நோய் கிருமிகள் பரவுவதைத் தவிர்க்கவும்.

காசநோயாளியின் குடும்பத்தினருக்கான பரிசோதனை திட்டம்

உங்கள் குடும்பத்தை காசநோயிலிருந்து பாதுகாக்க.....

உங்கள் குடும்பத்தின் மீதான அன்பையும், அவைபெய்யும் இது வெளிப்படுத்தும்



தனியார் சுயநிச்சுகாக அச்சடிக்கப்பட்டது

REACH

தரவாரியந்த காசநோய் சேவை இலவசமாக அனைத்து அரசு மருத்துவமனைகளிலும் கிடைக்கின்றது.

TB சேவை மைய எண் 99620 63000

இணையும் கைகள்!

அணையும் காசநோய்!

© 044-65211047 E-mail : reach4tb@gmail.com

Stories of Hope

Rita, a 13-year-old girl, diagnosed with TB by the RNTCP, was the index (primary) case enlisted for contact tracing under the IMPACT Initiative.

Rita, who was undergoing CAT-I treatment, lived with her mother, grandmother and her sister. Rita's mother was also an MDR-TB patient and had been undergoing treatment for the last two years. Through IMPACT, Rita's grandmother and her sister were screened for TB, wherein was diagnosed with TB and put on the first line of treatment.

Meanwhile, Rita's health deteriorated even though she was on regular medication. Unfortunately, Rita lost her life to TB. However, her mother and her sister are presently undergoing treatment and are gradually recovering with the support of REACH and Stanley Hospital, Chennai. *(Name changed)*

Anita is a 45-year-old TB patient undergoing Cat-I treatment. She is married and has two college-going children. Anita's husband was unhappy that she had acquired TB and this drove Anita to almost take her life. Anita's husband lacked knowledge about the disease and questioned where she got the disease from. Eventually, he was brought to meet the IMPACT team, who counselled him and guided him on how to care for his wife.

IMPACT Staff reassured the husband that Anita would feel better within a month. Meanwhile, the family was encouraged to undergo screening. Their test results were negative. After a few weeks, the husband realised that his wife had become healthier and he soon started supporting his wife. Anita has now fully recovered and the family is living happily. *(Name changed)*

Outcomes

Output	Numbers (April 2016-March 2017)
Total patients registered	3918
Total patients met	3724
Total Household contacts enlisted	9229
Total Contacts given coupon for Screening	7326
Total contacts screened	6252
Sputum Positive contacts	528
X-Ray Positive contacts	839
Total GeneXpert testing done	993
GeneXpert Positive	31
Smear Positive (Xpert -Ve)	7
Clinical diagnosis (X-ray, Mantoux, Scan,etc)	23
Patients diagnosed with TB	61





**“ Patient community
should be consulted
in policy-making ”**

**Arun Singh Rana
TB Survivor**

Pharmacy Engagement Initiative



Posters developed by the Pharmacy Engagement Initiative displayed at a Pharmacy in Chennai



REACH team participating in a community awareness meeting



Regular monitoring visit to a participating pharmacy



REACH volunteer sticking awareness posters at a pharmacy



The Pharmacy Initiative actively engages pharmacists to improve access to care for TB patients. This initiative began as a response to people's inclination to turn to pharmacists as the first point of contact for care. Pharmacists can play an integral role in their communities to promote awareness on TB and in early case detection, given the reach they have into communities. Studies also have proved that pharmacists are vital stakeholders in the fight against TB. Pharmacies are the first point of contact for many undiagnosed patients, and serve as optimum entry-points to screening services. Engaging pharmacy providers could help shorten the diagnostic pathway for TB and enhance early case detection. REACH develops information material and disseminates it among pharmacists, holds group and one-to-one sensitization meetings for them, and the REACH

team participates in review meetings of the Pharmacist Association. The druggists and chemists, who decide to come onboard as volunteers are then trained to refer TB symptomatic cases to the RNTCP, to administer DOTS, and to provide support for patients. The pharmacists also hold community awareness meeting with support from the REACH team.

The REACH team has established close working relationships with the pharmacists and has engaged them in TB control efforts such as referral of TB symptomatic cases and patients, spreading awareness about TB in the community, counselling and educating symptomatic/patients. The initiative allows for constant feedback through its follow-up procedures among the pharmacists as well as

மருந்தாளுநர்களை காசநோய் (TB) கட்டுபாட்டில் ஈடுபடுத்தும் திட்டம்

நலமோடு வாழ...

ஓன்றிணைவோம் – உயிர்களை காப்போம் – டிபியை தடுப்போம்!!!

இருமல் சுகாதாரம்

பாதுகாப்பான “இருமல் சுகாதாரத்தை” பின்பற்றினால் காற்றில் பரவும் TB போன்ற நோய்களை தடுக்க முடியும்.

காசநோய் பற்றிய அடிப்படைத் தகவல்கள்

TB யை பரிபூரணமாக குணப்படுத்தலாம்.
TB ஒரு பரம்பரை நோய் அல்ல.
TB நோய் யாருக்கு வேண்டுமானாலும் வரலாம்.
TB காற்றின் மூலம் பரவுகிறது.
6-8 மாத தொடர் சிகிச்சை மிகவும் முக்கியம்.
முறையற்ற சிகிச்சை MDR TB ஏற்பட வாய்ப்புள்ளது
காசநோயாளியை ஒதுக்கி வைக்கக் கூடாது.

அனைத்து காசநோயாளிகளுக்கும் பரிசோதனைகளும் சிகிச்சையும் அனைத்து அரசு மருத்துவ நிலையங்களிலும் இலவசம்.

☎ 044 - 65211047 E-mail : reach4tb@gmail.com Website : www.reachtbnetwork.org

மேலும் விவரங்களுக்கு TB சேவை எண் (TB Helpline) - 99620 63000





Sensitization workshop held for the Pharmacy Association members in Chennai.

through its referral process among the patients. REACH has also started a social media group (WhatsApp group) for pharmacists from different zones in order to share any new information and updates. In this way, REACH can track its progress, detect challenges, and evolve its actions to achieve greater successes.

REACH has reached a milestone this year as the Pharmacy Initiative completes five years of successful implementation. During these years, REACH has developed strong partnerships with the pharmacists and their associations. This model of pharmacy engagement is being taken up for integration and implementation through the upcoming TB-free Chennai Initiative. The Chennai-based Pharmacy Initiative will now be implemented not only in other districts of Tamil Nadu, but in other states of India as well including Odisha, Bihar, Assam and Jharkhand.



Stories of Hope



Palani Kumar is a pharmacist and the owner of Suryalakshmi Pharmacy located in a slum in Chennai. The slum lacks any kind of healthcare facilities. Kumar attended a sensitization workshop that REACH organized in this area. He then felt motivated to do something towards TB care and prevention. The same evening, he organized a community meeting and even met the expenses of the meeting. The meeting witnessed the participation of around 100 people. Since then, Kumar organizes community meetings with REACH's support once every two months to create awareness about tuberculosis in the slum area. In the last 6 months, he has organized four such meetings.

He has referred 26 TB symptomatic cases so far and six of them turned out to be positive. He also supports the education of the children of TB affected people in his area. The people in the slum where his pharmacy is located hail his efforts. He says that whether REACH continues the initiative or not, he will continue to play his part in the TB control efforts!

Sheeba (*name changed*) is a 43-year-old woman, who runs a small-scale home-based business. Her son was diagnosed with TB. He took treatment from a private provider, got cured and went abroad. Subsequently, Sheeba too developed TB symptoms. She took general medicine during the first few days of onset of her symptoms.


One day, Sheeba went to Raja Pharmacy, Trichy town, to buy medicines. The pharmacist at Raja Pharmacy who had been trained and engaged by REACH through the Pharmacy Initiative, recognized Sheeba's symptoms. He also knew about her son having had TB and advised her to get tested, and connected her with the REACH team. Sheeba had doubts about going to the government healthcare system. However, the REACH staff reassured her and took her to a government hospital, where she was diagnosed with TB. Through the pharmacists' intervention, Sheeba could begin her treatment and get cured.

The counselling provided to Sheeba made her aware about the spread of disease. So, she referred 14 of her and her son's contacts for TB screening. One of the contacts turned out to be TB positive. Sheeba firmly says that she was cured only because of Raja Pharmacy and the REACH team.

Outcomes

Output	Numbers (April 2016-March 2017)
Communication material developed	7
Trainings held	11
Pharmacists sensitized	926
Community meetings organized	26
Review meetings held	8
Pharmacists engaged in referral service	563
Referrals received (symptomatic & diagnosed patients)	1004
Patients diagnosed with TB	273
Patients put on treatment	273
Pharmacists acting as DOTS Providers	18





“ After going through
the treatment,
I realised that TB
is not much of a hardship.
There are so many
bigger problems in life ”

Mutum Tilak Singh
TB Survivor

REACH Lilly MDR-TB Partnership Media Initiative



Dr Jaya Shreedhar, Public Health Expert, training the REACH Media Fellows 2016 at the two-day orientation workshop held in Chennai.

Depression, an invisible burden for TB patients; and we must urgently address this

Karnika Bahuguna | @_karnika | Friday 07 April 2017

The risk of people with mental disorders being prone to developing TB has often been overlooked



Patients with mental disorders are at an increased risk of exposure to TB infection. Credit: Department of Foreign Affairs / Flickr

National Media Fellow 2017, Karnika Bahuguna's story on TB & Depression published in Down to Earth

REACH Lilly MDR-TB Partnership Media Awards 2017

**Are you a committed health journalist?
Have you written well-researched, powerful stories on TB?**

<p style="text-align: center;">Awards for Consistent Reporting on TB</p> <p style="font-size: small;">If you have been reporting on TB for over 5 years, and have published 7 or more stories, apply now!</p>	<p style="text-align: center;">Annual Awards for Best Reporting on TB</p> <p style="font-size: small;">If you have written & published stories on TB between Feb 1, 2016 and March 31, 2017, apply now!</p>
--	--

Last date for entries: 8 June 2017

Email your entries to media4tb@gmail.com
For more details including eligibility and criteria, see www.media4tb.org or call (0)9711249004

Media Awards 2017 announcement poster

India carries the highest burden of TB in the world, with over 1300 deaths every day. Given the scale of the disease, however, TB remains under-reported. Media, being the fourth pillar of the country, holds the special position of being a key influencer amongst the masses as well as the policymakers. To involve the media in the fight against TB, the REACH Lilly MDR -TB Partnership Media initiative was launched in 2009. The initiative aims 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.

Key Highlights

Media Awards – The REACH Lilly MDR-TB Partnership Media Awards for Excellence in Reporting on Tuberculosis are held every year to encourage exemplary reportage about TB in English as well as local languages. Instituted in 2010, the Annual Media Awards highlight the role played by media in spreading awareness about TB control, care and prevention. Over a period of 7 years, 32 awards have been given to 28 journalists, out of which 19 awards were given in the English category and 13 in the Hindi category.

The next edition of the Media Awards will be held in October 2017.

Media Fellowships - The REACH Lilly MDR-TB Partnership Media Fellowships for Reporting on TB are awarded to journalists reporting on or interested in covering tuberculosis as a national health issue. These fellowships give the health reporters from across India an opportunity to look at the crucial issues surrounding TB and undertake in-depth research on the disease.

There are two categories:

National Media Fellowship – The National Media Fellowship for Reporting on TB is intended for English and Hindi journalists to undertake research on tuberculosis-related issues at the national level. It is expected that the work



published by the Fellow will highlight a national-level issue related to tuberculosis and potentially have policy-level implications for TB care and control in India. Started in 2013, the Fellowship has been awarded to five journalists from reputed publications until now, who have collectively written 47 stories and reported on issues ranging from Childhood TB to Mental Health and TB.

Disha Shetty, journalist with Daily News & Analysis, Mumbai, was awarded the National Media Fellowship, 2016. Disha focused on TB in rural India, with special focus on Maharashtra. Between August and October, she worked on a three-part series on TB, which was published in the Mumbai and recently-launched Delhi editions of DNA in October 2016.

The National Media Fellowship for 2017 was awarded to Karnika Bahuguna, Correspondent with Down to Earth Magazine, New Delhi. Karnika focused on the different aspects of linkages between TB and Mental Health during her Fellowship period of February-May.

In her three-part series, Karnika covered various issues like the need for psychological support to TB patients, stigma attached to TB, depression, and the problem of dearth of counsellors to address the issue of mental.

Local Language Media Fellowships - The local language Fellowship focuses on journalists from regional newspapers across India. This fellowship is awarded to a minimum of 10 journalists every year. Over an eight-year period, 71 journalists from over 15 states have been awarded the Local Language Fellowships. The Fellows have written over 250 Fellowship stories in 90 different publications.

This year, 10 Fellowships were awarded under the Local Language Programme. The Fellows came from diverse publications, including Dhar News, DainikJanabhumi, Hindustan, Patrika and People's Samachar, from different parts of India like Odisha, Jharkhand, Madhya Pradesh, Kerala, Uttar Pradesh, and New Delhi. The 2016-17 Fellows wrote a total of 35 stories on different aspects of TB including TB Diabetes, HIV-TB, misdiagnosis in TB, and TB and mobile technology.

2016-17 Fellows

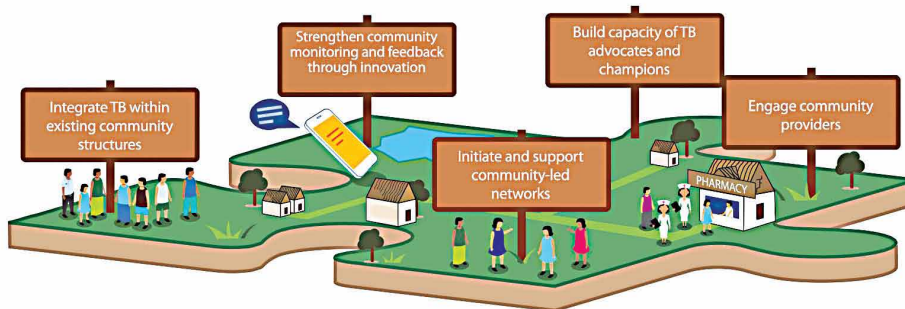
S.No	Name	Association	Designation	Based in
1	Amitabh Pandey	Dainik Jansandesh	Principal Correspondent	Bhopal, Madhya Pradesh
2	Anjali Rai	Patrika	Senior Reporter	Raipur, Chhatisgarh
3	Feroz Haider Rizvi	Hindustan	Chief copy-editor	Gorakhpur, Uttar Pradesh
4	Rajesh Navale	Dhar News	Reporter	Dhar, Madhya Pradesh
5	Rakhi Ghosh	Samaya Newspaper	Freelancer	Bhubaneswar, Odisha
6	Saroj Ranjan Patnaik	Progress	Secretary	Bhubaneswar, Odisha
7	Sarvagya Purohit	Dhar News	Reporter	Dhar, Madhya Pradesh
8	Seema Mohanlal C.	Deepika	Editor-in-Charge	Kottayam, Kerala
9	Sneha Khare	People's Samachar	Senior Reporter	Bhopal, Madhya Pradesh
10	Utpal Bhagawati	Dainik Janabhumi	Senior Staff Reporter	Guwahati, Assam



TB Call to Action Project

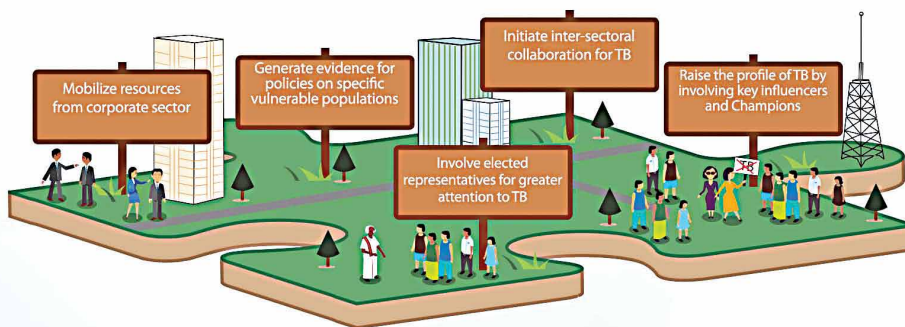
OBJECTIVE 1

To support and strengthen the community response to TB



OBJECTIVE 2

To advocate for increased financial, intellectual and other resources for TB



PRIORITY STATES

Assam

Bihar

Jharkhand

Odisha

Uttar Pradesh

For more information, please contact

Ms. Smrity Kumar

Project Director

✉ smrity.reach@gmail.com | 📞 91-9871363277

REACH is a non-profit organization dedicated to the fight against TB since 1999.

🏠 www.reachtbnetwork.org | ✉ reach4tb@gmail.com

📺 SpeakTB | 🐦 @SpeakTB

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The four-year Tuberculosis Call to Action project, implemented by REACH with support from USAID, seeks to amplify and support India's response to TB by involving previously unengaged stakeholders and broadening the conversation around the disease.

Through the Call to Action Project, REACH will prioritize two interconnected aspects of India's response – strengthening and supporting the community response to TB and advocating for increased financial, intellectual and other resources for TB.

The focus is on engaging with key influencers, elected representatives, the public sector and government, affected communities, priority and at-risk populations, and corporates and industries.

The project is at present being implemented in five priority states including Assam, Bihar, Jharkhand, Odisha and Uttar Pradesh.

Key Highlights

TBC2A Project launched in three priority states



The TB Call to Action Project took off in three Indian states last year with formal launches in Bihar, Odisha and Jharkhand. In September 2016, the project was launched in Bodhgaya. The launch was attended by key officials of the state and central governments and held alongside a stakeholder meeting to discuss the rollout of the daily drug regimen for TB in the state.

The project launch in Odisha was held in Bhubaneswar in December 2016. The launch event saw the participation of several government dignitaries. Speaking on the occasion, Bhubaneswar North MLA Shri Priyadarshi Mishra shared stories of people affected by TB whom he had met in his constituency. Calling on all stakeholders, including other parliamentarians and elected corporators to join the fight against TB, he said, "I must congratulate REACH for coming here to support the response to TB in Odisha. Each of us has an important role to play if we are to control TB in the state."



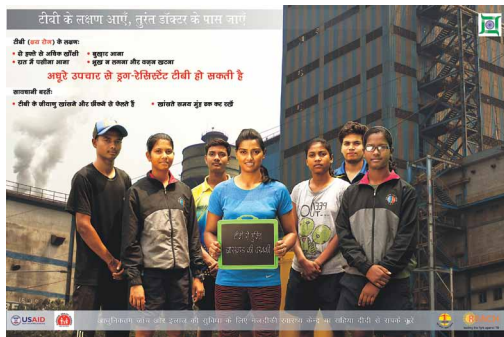
The response to TB calls for an inclusive approach for outreach and patient support, involving all key stakeholders and leveraging existing tools and schemes outside the health sector as well. This was discussed at the launch of the TB Call to Action project in Jharkhand, organised by the Ministry of Health, Medical Education and Family Welfare, Government of Jharkhand and REACH, held in Ranchi in January 2017. The Minister of Health, Medical Education and Family Welfare, Shri Ramchandra Chandravanshi, who graced the event said that TB eradication is a goal and vision of the Prime Minister of India and congratulated REACH on behalf of the Government of Jharkhand for striving to make this possible.

Celebrities engaged as TB Ambassadors for priority states

TB Champions and Ambassadors can play a valuable role in improving awareness of the disease and dispelling myths and misconceptions. In keeping with its mandate to raise



the profile of TB, REACH engaged leading celebrities and influencers in priority states to become TB Ambassadors.



In Jharkhand Ms Deepika Kumari, Arjuna award-winning archer and Padmashri recipient, announced that she would be a TB Ambassador for the state.

In Odisha, Musician Padma Shri Prafulla Kara, Padma Shri sand artist Padma Shri Sudarsan Pattnaik and actor Shri Kuna Tripathy were announced as TB Ambassadors on World TB Day 2017. All three Ambassadors expressed their commitment to improving awareness and public understanding of TB in Odisha.

For Bihar, Mr Rajesh Kumar, noted television and film actor, was announced as the TB ambassador for the state. Mr Kumar, known for his role in the TV series Sarabhai Vs Sarabhai, among others, will help draw attention to TB-related issues in Bihar.

All ambassadors will feature in state-wide communication campaigns, jointly developed by REACH and the State TB Cell.

Focus on gender-sensitive response to TB

To mark International Women’s Day, REACH organized a TB Centrestage discussion in New Delhi on March 9, 2017 to highlight the need to integrate gender in India’s (TB) programs. The meeting convened experts from TB and gender sectors, government representatives, civil society organizations, and TB survivors who argued for more gender-sensitive programming in India.



Addressing the gathering, Dr. Soumya Swaminathan, Director-General, ICMR and Secretary, Department of Health Research, Government of India, said, “Despite there being plenty of anecdotal evidence, we have a lack of hard data, leading to a lot of myths and misconceptions. In order to address issues such as stigma, we need to first make an effort to carry out better research. I hope that we are able to identify and highlight important research questions through gatherings like these.”



Development of short film on Daily Regimen



At the request of the Central TB Division, REACH developed a short film to outline the change in treatment regimen from intermittent to daily

and to describe the new treatment protocol. Shot with actors, the fictionalised narrative features a woman with TB and her journey from diagnosis through treatment. The objective was also to destigmatise the TB experience through a narrative of this kind. The short film was shown at the World TB Day event in New Delhi and will be screened in all states as the daily regimen rollout expands across the country.

Other project activities included outreach to elected representatives and corporate leaders, engagement of civil society and affected communities and media briefing in Bihar.

TB-free Chennai Initiative

All private sector engagement initiatives come together under one banner

TB-free Chennai is a flagship program spearheaded by Chennai Corporation, National Institute for Research in Tuberculosis, and REACH to eliminate TB from Chennai.

To achieve a TB-free Chennai, we need to involve healthcare providers, laboratories, pharmacists and community organizations outside the RNTCP system. The role of the private sector is pivotal in identifying, diagnosing, treating and notifying TB cases.

Through this initiative, REACH will be closely working with chest physicians, general physicians, consultants, private hospitals, patients, community groups and RNTCP to design a collaborative model for TB diagnosis, treatment and control. Nakshatra Centres will be set up in private hospitals and will function as Nodal centers, where a REACH TB Nanban will be available for facilitating TB diagnosis, treatment and other TB care services for patients/symptomatic referred.

The TB-free Chennai program aims to identify all symptomatic cases and TB patients who may be with the private sector or may be undiagnosed. In order to control TB, it is important to attempt to track all symptomatic cases and get them tested for TB. This is important because we need to break the chain of infection transmission in the community. We will be offering a holistic treatment package- screen for TB, offer new diagnostics, treat as per Standards for TB care in India (STCI), monitor treatment adherence, screen contacts of TB patients, and notify TB cases to the government.



World TB Day 2017

On March 24 every year, the world marks the day when Dr Robert Koch announced to the scientific community in 1882 that he had discovered the cause of Tuberculosis – the TB Bacillus. World TB Day is commemorated to bring attention to the Tuberculosis epidemic, which killed 1.8 million people worldwide in 2015 alone.

REACH organised several events in different parts of India to mark World TB Day, 2017.



Puri, Odisha: Sand art by Padma Shri Sand Artist and TB Ambassador Sudarshan Pattnaik



Chennai, Tamil Nadu: World TB Day 2017 event 'Empowering Women to End TB' dedicated to women champions who have been fighting the tough fight against TB.



Patna, Bihar: MLAs take pledge committing to the mission of creating a TB-free Bihar



Ranchi, Jharkhand: Shri Sudhir Tripathy, Addl. Chief Secretary (Health) joins hands with REACH for a TB-free Jharkhand.



Chennai, Tamil Nadu: Axshya staff and NCC members hold rally to create awareness on TB



Chennai, Tamil Nadu: IMPACT Team conducts school awareness program



Chennai, Tamilnadu: State TB Officer launches publication on women volunteers

Communication Activities

Regular communication on TB is in keeping with REACH's objective of keeping the organisation's partners and supporters informed about its continuing activities, and most importantly, to improve public understanding of TB. REACH uses several tools and methods to maintain an effective communication system including:

Publications:



REACH is working relentlessly since 1999 to eradicate Tuberculosis from India. Our mandate is to provide support, care and treatment for TB patients as well as to become a pioneer in Tuberculosis research, advocacy, public education and communication.

REACH Honours Women Champions for their Role in Fighting TB

Chennai, March 23 2017: On the eve of World TB Day, REACH honoured Women Community Volunteers for their relentless efforts in the fight against TB. As many as 120 Women TB Advocates were felicitated at the Empowerment of Women to End TB programme organised in Chennai.

REACH also organised a competition for children. The participants showcased their creativity by the way of drawings, poster-making, and articles on Tuberculosis. They were felicitated with prizes during the event. [Read the full story on the women champions here.](#)

REACH publishes various newsletters, reports, and other documents on a regular basis to update stakeholders about its work and help keep them updated on the latest news about TB. Some of our publications include –

Annual Report – Our Annual Report is a reflection of REACH's work throughout the year. This report records the activities between April of the previous year and March the following year and is usually published in September.

Quarterly Newsletter – REACH publishes and shares a newsletter every quarter highlighting the activities of the organisation's projects in that period.

Reaching Out

Resource Group for Education and Advocacy for Community Health

India's TB crisis bigger than previously estimated

February, 2017

From the Editor's Desk

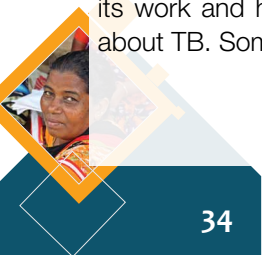
Tuberculosis is one of the top 10 deadliest diseases in the world. Therefore, it will take more than just one sector to end TB. Public and private sectors are required to join hands in order to combat Tuberculosis. We at REACH, as our core activity, have been focusing on bringing the two sectors together. We require your support to lead this fight against TB.

This issue of the newsletter brings to you the latest news and updates on TB and talks about EQUIP and Aashya initiatives. We hope you find this newsletter informative. Do reach us at reach4tb@gmail.com

Notification of TB Cases

In 2012, Ministry of Health and Family Welfare (MoHFW) made it mandatory for all healthcare providers to notify all cases of TB. The Indian private healthcare sector plays a vital role in improving accuracy of reporting on TB as a large section of the population is dependent on the private providers. Therefore, REACH encourages all the private

PP Newsletter – A special newsletter is developed for private practitioners associated with REACH. The newsletter is meant to provide up-to-date information on TB for private providers and also share updates on ongoing activities of the public-private mix projects.



Press Releases and Resources for Journalists –

Staying connected with the media is important for REACH as it ensures that the information on TB reaches a larger audience. REACH regularly disseminates information about its events to journalists in the form of press releases. REACH also publishes resources for journalists on topics such as ‘Responsible and Ethical Reporting on TB’ and ‘A checklist for TB Reporting’. The other resources on TB published by REACH can be accessed here: <http://www.media4tb.org/resources-for-journalists/>

All the reports and newsletters of REACH can be viewed on the REACH website here: <http://www.reachtbnetwork.org/reach-reports/>

Social Media:

REACH shares information on TB and about its latest activities and events through its Twitter and Facebook accounts.



Communication Materials:

REACH has developed several communication materials to create awareness among communities and patients. Pamphlets, posters, flyers and informational booklets on TB are designed and distributed regularly to relevant communities. Different project teams also design project-specific communication materials to be disseminated to key stakeholders as required.



Audio Visual:

REACH creates and produces videos and short films on TB, both for use for its various programs and for general evidence. The videos and photographs and circulated among the mass media and among REACH partners.



Highlights of the Year

⌘ Meetings & Presentations

Ms Anupama Srinivasan attended the pilot workshop for civil society representatives on Procurement and Supply Chain Management (PSM), organised by the Stop TB Partnership, April 13–15 2016, Marrakech, Morocco

Dr. Ramya Ananthakrishnan attended the TB REACH Partners Consultation organised by Stop TB partnership in Geneva, June 6-7 2016

Dr. Ramya Ananthakrishnan attended the first Zero TB Cities Technical Accompaniment Training, organised by Harvard Medical School Center for Global Health Delivery–Dubai, Advance Access & Delivery, and the Stop TB Partnership in Dubai, July 23-25 2016

Dr. Ramya Ananthakrishnan attended the South Asian Public-Private Initiative Experience Sharing conference organised by Stop TB partnership, August 24-25 2016 in Negombo, Sri Lanka and presented REACH's experience in Chennai, and Social support to TB patients.

Dr. Nalini Krishnan, Director, REACH, Dr Ramya Ananthakrishnan, Executive Director, REACH, Ms Anupama Srinivasan, Deputy Director, REACH and Ms Smrity Kumar, Project Director, REACH TB Call to Action participated in the 47th Union World Conference on Lung Health held in Liverpool in October 2016.

Dr. Ramya Ananthakrishnan was a panelist at a session 'Seeing On the Front Line: The Role of Front Line Health Workers in Preventing and Treating Lung Diseases & NCDs' organised by NCD Alliance on 27 October in Liverpool.

Dr. Ramya Ananthakrishnan and Ms Anupama Srinivasan attended the Partners Meeting organised by the Lilly MDR-TB Partnership, October 2016, Voronezh, Russia

⌘ Publications

Use of Rapid, Point-of-Care Assays by Private Practitioners in Chennai, India: Priorities for Tuberculosis Diagnostic Testing

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

Published: June 15, 2016. Link: <https://doi.org/10.1371/journal.pone.0155775>

Data collection using open access technology in multicentre operational research involving patient interviews

Authors: Axshya SAMVAD Study Group; H. D. Shewade, S. S. Chadha, V. Gupta, J. P. Tripathy, S. Satyanarayana, K. Sagili, S. Mohanty, O. P. Bera, P. Pandey, P. Rajeswaran, G. Jayaraman, A. Santhappan, U. N. Bajpai, A. M. Mamatha, R. Maiser, A. J. Naqvi, S. Pandurangan, S. Nath, V. H. Ghule, A. Das, B. M. Prasad, M. Biswas, G. Singh, G. Mallick, A. J. Jeyakumar Jaisingh, R. Rao, and A. M. V. Kumar

Published: March 21, 2017 Link: <http://www.ingentaconnect.com/content/iatid/pha/2017>



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Senior officials at the Ministry of Health & Family Welfare, Central TB Division, National Institute for Research in Tuberculosis (ICMR), State and District TB Office (Tamil Nadu, Jharkhand, Bihar, Assam, Odisha, Uttar Pradesh), 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.

Donors

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 Ms. Vimala Bhaskaran
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Ms. Geetha Ramaseshan, Executive Member
Mr. K. Ravi, Executive Member

Dr. Nalini Krishnan, Director
Dr. Ramya Ananthakrishnan, Executive Director
Mr. J. Gurumoorthy, Director - Finance & Administration
Ms. Sheela. A., Deputy Program Director

PPM / PROJECT EQUIP

Dr. Radha. R, Project Director
Dr. M.S. Jawahar, Senior Technical Advisor
Ms. T. Margaret, Project Coordinator
Mr. T. Rajeswaran, Program Associate
Dr. Ragini Ranganathan, Technical Coordinator
Ms. Priyanka Chaudhary, Senior Laboratory Associate
Mr. M. Krishnamoorthy, Data Associate
Ms. K. Shanthi, Team Lead
Ms. M. Deena Dhayabari, Team Lead
Ms. S. Mangaiyarkarasi, Team Lead
Mr. M. Joseph Soundararaj, Team Lead
Ms. R. Kalpana, Team Lead
Ms. N. Lakshmi, Field Officer
Ms. E. Poomin Chitharathi, Field Officer

Ms. K. Rukmani, Field Officer
Ms. N. Revathy, Field Officer
Ms. J. Sujatha, Field Officer
Ms. A. Reeta, Field Officer
Mr. S. Nagarajan, Field Staff
Ms. S. Buvaneswari, Field Staff
Ms. R. Uma, Field Staff
Mr. Saravanakumar, Zonal Coordinator
Mr. Revathy Krishnamoorthy, Zonal Coordinator
Ms. Reagan, Zonal Coordinator
Ms. Sasikala.D., Field Staff
Mr. Balasubramani.A., Senior Lab Associate

IMPACT INITIATIVE

Ms. K. Nalini, Program Manager
Mr. A. Dilesh Kumar, Senior Project Officer-M&E
Ms. G. Suganya, Zone Coordinator
Ms. S. Shanthi, Zone Coordinator
Ms. R. Vimala, Field Officer
Ms. S. Juliet Jaya Seeli, Field Officer
Ms. A. Sakila, Field Officer
Ms. A. Rajeswari, Field Officer
Mr. V. Veeramani, Field Coordinator
Mr. S. Sathan Kumar, Field Officer
Ms. M. Roselin, Field Officer
Mr. R. Saravana Kumar, Field Officer
Ms. A. Zeenath, Field Officer
Mr. C. Sundar, Field Officer
Mr. C. Suguna Devi, Field Officer
Mr. C. Jaya Felix, Field Officer



PHARMACY INITIATIVE

Ms. P. Sujatha, Asst. Program Manager
 Mr. A. Anbarasan, Field Officer
 Ms. M. Latha, Field Officer
 Mr. J. Karan Louis, Field Officer
 Ms. G. Sathya Priya, Field Staff
 Ms. B. Jaya Sudha, Field Staff
 Mr. R. Soundhararajan, Field Staff
 Ms. V. Metilda Ruby, Field Staff
 Ms. B.A. Chiranjeevi, Field Staff

PROJECT AXSHYA

Mr. M.Ganesh, Program Manager
 Mr. P. Rajeswaran, Assistant Program Manager
 Mr. S. Karthikeyan, Finance Manager
 Dr. J. Gurukartick, Medical Consultant
 Mr. G. Venkatraman, District Coordinator
 Mr. A. James Jeyakumar Jaisingh, District Coordinator
 Mr. G. Sumesh, District Coordinator
 MR. S. Srinivasan, District Coordinator
 Mr. K. Sathya Narayanan, District Coordinator
 Mr. S. Parthasarathy, District Coordinator
 Mr. J. John Paul Jeeva, Urban Coordinator
 Ms. R. Rubini, Urban Coordinator
 Mr. A. Anil Kumar, District Coordinator
 Mr. V. Ashok Kumar, Urban Coordinator
 Mr. S. Manohar, Urban Coordinator
 Mr. M. Manickathai, Urban Coordinator
 Mr. A. Mariaraj, District Coordinator
 Mr. P. Pandiaraja, Urban Coordinator
 Ms. B Prema, Assistant (HR & Finance)

MEDIA INITIATIVE

Ms. Trisha Mahajan, Media and Communications Associate

TB CALL TO ACTION PROJECT

Ms. Smrity Kumar, Project Director
 Ms. Anupama Srinivasan, Deputy Project Director
 Mr. Praveen Sharma, Senior Finance & Admin Manager
 Mr. Amit Saxena, Monitoring & Evaluation Manager
 Ms. Kavya Sharma, Programme Analyst
 Ms. Akanksha Kapoor, Programme Associate
 Dr. Kuru Dindi, Programme Associate
 Mr. Debangshu Ganguly, Programme Manager
 Mr. Diwakar Sharma, Jharkhand State Coordinator
 Mr. Pankaj Singh Baghel, Bihar State Coordinator
 Mr. Debajyoti Mohapatra, Odisha State Coordinator
 Mr. Arupjyoti Kalita, Assam State Coordinator
 Ms. Shweta Bhaskar, Sr. Finance & Admin Officer
 Ms. Manpreet Kaur, Admin Officer
 Mr. Vineet Charles James, Admin Assistant

ADMIN & FINANCE

Ms. C. Saroja, Assistant Finance Director
 Ms. V. Rajalakshmi, Deputy Administrative Officer
 Ms. B. Indu, Accounts Associate
 Mr. M. Sathayaraj, Admin Assistant
 Ms. P. Suriya, Trainee



Financial Overview

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
No.194, 1st floor, Avvaishanmugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014
BALANCE SHEET AS ON 31st March 2017

LIABILITIES	AS AT	AS AT	ASSETS	AS AT	AS AT	AS AT	AS AT
	31.03.2017	31.03.2016		31.03.2017	31.03.2017	31.03.2016	31.03.2016
CAPITAL FUND			FIXED ASSETS				
Opening balance	31,98,611	38,97,229	Office equipment	22,57,922		1,56,126	
Less: Transfer to Axshya Project	-	1,71,977	Furniture	7,56,176		4,48,846	
Add: Excess of Expenditure over Income	(3,01,516)	(5,26,641)	Computer	22,53,785		11,32,464	
			Gross amount	52,67,883		17,37,436	
Corpus Fund	28,97,095	31,98,611	Less: Depreciation	20,874	52,47,009	2,35,830	15,01,606
	50,00,000		Project Fund: USAID		35,58,408		
			INVESTMENTS				
PROJECT FUNDS			Fixed Deposit		1,05,00,000		10,00,000
Axshya Project - Round 9	94,00,905	25,04,270	ADVANCE AND DEPOSITS				
PP Survey	268	738	Security deposit		2,900		2,900
UWW-Lilly Media	14,27,295	10,54,863	Telephone deposit		2,260		3,500
UWW-Lilly Pharmacy	15,03,689	9,78,637	Rent advance		4,65,000		4,65,000
Hospital Administration	7,19,255	7,15,579	Water deposit		850		850
TB Reach Project	59,500	17,45,055	Staff Advance		47,720		5,000
USAID	-	27,67,256					
KNCV	64,12,385	27,60,897	Advances		9,27,329		
Contact Tracing project -Impact	16,09,400		Interest Accrued On Fixed Deposit		64,970		64,970
Wave 5 Project	1,61,29,498		I.T. Refund Due		1,36,784		1,36,784
Thali Project	47,51,078						
Stop TB Project	19,88,195		CASH AND BANK BALANCES				
Outstanding Liabilities (Schedule V)	13,25,501	3,22,245	Cash on hand		57,964		73,264
			Balance with Central Bank of India -1023823919		39,55,459		14,57,920
			Balance with Central Bank of India -3176244956		12,91,285		2,83,848
			Balance with Central Bank of India -GFATM		8,77,612		17,14,437
			Balance with Bank of Baroda-13304-Lilly Project		10,07,181		27,26,705
			Balance with Bank of Baroda-6234		2,43,98,721		16,85,102
			Balance with Andhra Bank A/c 8153		1,31,721		24,45,373
			Balance with Bank of Baroda A/c 16383		26,805		24,79,892
			Balance with Bank of Baroda A/c 16435		11,636		1,000
			Bank balance -BOB 16479		5,12,450		-
	5,32,24,064	1,60,48,151			5,32,24,064		1,60,48,151

For REACH

Dr.S.Siva Murugan

President

Rajvan Ramaswamy

Treasurer

Dr Nalini Krishnan

Director

As per report attached

For M.R.Narain & Co
Chartered AccountantsP Anand (M.No.16189)
Partner

Place: Chennai

Date: 9th September 2017

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
No.194, 1st floor, Avvaishanmugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31st March 2017

EXPENDITURE	Sch	Y.E. 31.03.2017	Y.E. 31.03.2016	INCOME	Sch	Y.E. 31.03.2017	Y.E. 31.03.2016
		Amount in Rs.	Amount in Rs.			Amount in Rs.	Amount in Rs.
To expenses incurred for the objects of the institution	IV	6,74,39,752	3,45,44,856	By Donations Received	I	20,46,092	16,82,500
To other administrative expenses:				By Income from investments / deposits	II	3,55,469	1,84,585
Salaries and Wages		15,24,275	1,90,027	By Other Income	III	7,01,39,574	3,65,00,896
Advertisement		-	3,600	Grant Received			
Travelling & Conveyance expenses		3,16,128	3,76,232				
Electricity charges		16,747	28,973				
Telephone charges		1,90,871	78,893				
Postage and telegram		4,946	4,740				
Repairs & Maintenance - Others		19,002	28,973				
Insurance premium		9,579					
Bank charges		33,805	11,848				
Staff Welfare		1,25,795	2,35,204				
Audit fees		45,850	5,520				
Rent		10,25,000	8,27,333				
Printing and Stationery		2,20,136	1,77,860				
Miscellaneous Expenses		1,79,307	18,283				
Depreciation		20,874	27,839				
Over Head/admin exps		13,77,564	14,83,544				
Computer maintenance		18,084	32,086				
Newsletter & Communication Materials		33,807	2,780				
Consultant fees		2,41,129	8,16,030				
Excess of income over expenditure transferred to Balance Sheet		(3,01,516)	(5,26,640)				
		7,25,41,135	3,83,67,981			7,25,41,135	3,83,67,981

For REACH

Dr.S.Siva Murugan

Rajivan Krishnaswamy

Nalini Krishnan

Dr Nalini Krishnan

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

P. Anand

P.Anand (M.No. 16189)
Partner2(10)
President

Treasurer

Director

Place: Chennai

Date : 9th September 2017

⌘ CONTACT US

TB Helpline: 996206300

Chennai Office

Address: 194, 1st Floor,
Avvai Shanmugam Salai Lane,
Off Lloyds Road, Royapettah,
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Defence Colony, Near Medanta Mediclinic,
New Delhi –110024
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Websites: www.reachtbnetwork.org
www.media4tb.org
www.tbindianotes.wordpress.com
Twitter: @SpeakTB
Facebook: www.facebook.com/SPEAKTB





leading the fight against TB

Resource Group for Education and Advocacy
for Community Health

No. 194, Lloyds Road, 1st Floor, Avvaishanmugam Salai Lane,
Royapettah, Chennai 600 014

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Website: reachtbnetwork.org