



leading the fight against TB

ANNUAL REPORT

2017-18





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OUR MANDATE

WHO WE ARE

REACH is an organization led by a group of committed individuals dedicated to the fight against TB, since its inception in 1999. This commitment is reflected in the functioning of the organization at every level with strong leadership, dedicated and empathetic community based staff and a strong network of stakeholders. The primary mandate of REACH is to provide comprehensive continuum of care, support and treatment to those affected by TB. We are also involved in advocacy, creating awareness on TB, evidence based program planning and implementation, building networks between partners, publication and communication of TB related issues.

WHAT WE DO

We believe that the fight against TB requires a multi –stakeholder approach. We work towards liaising and creating mutually engaging partnerships with government officials, elected representatives, private health care providers, media, corporate and importantly the affected communities to forge a united response and work towards a common goal of creating a TB free society. Over the years we have developed a more holistic approach to TB care-including advocacy and social mobilization for TB care and prevention at the rural grass root level and working with media to report responsibly on TB.

WHY WE WORK ON TB

TB remains a persistent public health challenge in India, with the world's highest burden of TB and up to 1400 deaths a day. TB is an airborne disease and anyone who breathes air is at risk of TB. Despite effective diagnosis and treatment regimens, the fight against TB has been challenging due to other issues including a general lack of awareness about the disease, delayed diagnosis, irregular treatment, co-morbid conditions and lack of support to those affected by TB. The socio- economic impact of TB is enormous due to the stigma associated with the disease. TB is a curable disease and together, we can save lives and prevent deaths due to TB.



FROM THE DIRECTOR

The focus on Ending Tuberculosis has reached a high point, with the goal of ending TB by 2035. International Organizations, Heads of States, Health Ministers, Politicians, Scientists and Researchers, Non Governmental Organizations, Patients and their families, Pharmacology organizations, Communities, and Volunteers are coming together to raise their voices for a TB free world. All are pitching in to do their bit, locally and internationally, for controlling this dreaded disease, and paving the path towards an ultimate victory for mankind.

New and bold policy approaches have been seen in recent years for diagnosing and treating drug sensitive and drug resistant TB. A newer tool of diagnosis has provided advantages for quick diagnosis for patients. Notification of TB patients has come into sharp focus with primary aim of ensuring TB care. Schemes to support patients like the Direct Benefit Transfer for nutritional aid have been launched. Daily Regimens (Fixed Dose Combinations-FDC) for patients is making it easier for patients to take medicines. Pediatric TB is having its due attention now. Reaching into the community to identify the vulnerable and marginalized populations and provide access to TB care services for all patients will be done in an intensified mode. All high TB burden countries are improving and strengthening their TB control programs to contribute their efforts towards the END TB strategy which aims to end TB by the year 2035. A patient centered approach is the main pillar of this strategy, putting patients at the heart of service delivery and it calls on all governments to do more and bring in appropriate policies as per their need. The vision of a TB free societies is being promoted and we can work towards it.

REACH as an organization has been one of the pioneers in TB Care working since 1999 in Chennai through the Private Public Partnership Model (PPM). Over the years, we have integrated newer partners- Patients, Pharmacists, Communities, Media, Civil Societies, Corporates into this model of TB care. We have spread our roots from Tamil Nadu to states - Bihar, Jharkand, Assam, Odisha and Uttar Pradesh for implementing initiatives for TB control. Our separate initiatives for Pharmacists and PPM have been merged into one through the TB free Chennai

Initiative. The Axshya Initiative has moved into the 3rd phase in 5 districts from 14 districts. Some of the initiatives had an successful end, sharing the Project Outcomes for benefit of others. This Annual Report 2017-18 describes our work done last year.

We are proud of our achievements, and acknowledge that our success is due to working in partnership with many individuals, organizations and the public health system ,all working together. We have found that there is strength and success only through collective effort. Thank you to each one for supporting and believing in our work.

The days ahead will bring new partners pitching in with novel and innovative ideas for achieving a TB free Chennai. The power of partnerships can make things happen and REACH will continue our fight with core values of integrity, trust, cooperation and commitment to build a TB free society.

Working together in days ahead!

Dr.Nalini Krishnan

Director



LOOKING BACK



Private Health Sector Response to END TB

TB FREE CHENNAI INITIATIVE

TB Free Chennai is a flagship program spearheaded by Chennai Corporation, supported by National Institute for Research in Tuberculosis (NIRT), and Resource Group for Education and Advocacy for Community Health (REACH) to make Chennai a TB free city. This goal will be achieved by strengthening



Official launch of TB-free Chennai initiative by the Honorable Chief Minister of Tamil Nadu

private sector engagement, scaling up proven interventions and rolling out innovations to close critical programmatic gaps. REACH has been involved right from the conceptualisation stage of the initiative.

The TB Free Chennai project is steered by a Steering Committee, chaired by the City Commissioner and with representation from the state authorities and partners.

Under the initiative, REACH has scaled up its multi-pronged approach with a special focus on urban slum population by engaging the entire spectrum of private health sector through establishment of Nodal Centres (Nakshatra Centres) for TB care services in Chennai

Under several co-funding mechanisms, the overall “TB free Chennai” is seen as a multi-partner initiative since 2015. Stop TB partnership has supported commodities towards the Zero TB Chennai initiative. The EQUIP project was funded by Lilly MDR-TB partnership through KNCV until February 2018.



Dr. Ramya sensitising IMA doctors in Teynampet

Pharmacist’s engagement in Chennai was funded by Lilly MDR-TB partnership until February 2018. Both these initiatives have been transitioned to the TB free chennai. TB Reach Stop TB partnership and USAID Thali Grand is supporting the scale up of the private sector engagement initiative.

Objectives

1. Improve and increase access to patients with symptoms of TB to standardised diagnosis, treatment, counselling, nutritional support.
2. Improve case notification rate in private health sector by a multi pronged private health sector engagement strategy.

Interventions

The approach was to facilitate early diagnosis and standardised TB care services to patients and symptomatics in private sector by

1. Scaling up of multi-pronged private health sector engagement strategy
 - a. Nakshatra centre as Centres of Excellence to increase case detection
 - b. Sensitization and training of PPs
 - c. Placement of TB Counsellors (TB Nanbans)
 - d. Outreach to private pharmacies to engage them in referral of presumptive and TB patients
2. Deployment of Field officers for increased notification among laboratories



Dr. Radha sensitising a private practitioner



Outreach staff sensitising a private practitioner

A. Private Sector Engagement

1. Private Practitioners and Private Hospitals

Under the TB free Chennai Initiative, private healthcare providers were mapped as chest physicians, general and speciality practitioners and sensitized through workshops and One to One visits with a focus on STCI guidelines and case notification. They were briefed on TB care services offered by REACH and the Government. Following sensitization, the private practitioners were routinely followed up to encourage participation in the program.

Nakshatra Centers

REACH conceptualised and executed an innovative public private partnership model for engaging private practitioners. A core feature of this model are Nakshatra centres in private hospitals which were scaled up and promoted as a “Centres of Excellence for TB” in the community. A REACH TB Nanban was placed in these centres, for guiding and supporting referrals/TB patients for receiving TB care services. The Nakshatra centre provided the following services-



- Free quality diagnosis –X-ray and GeneXpert testing for diagnosing drug sensitive and drug resistant TB.
- Free quality assured TB drugs (daily regimen) as recommended under Standards of TB Care in India (STCI)
- Free counseling services by REACH staff
- Contact screening for TB patients and Chemoprophylaxis for children less than 6 years as per guideline
- Assistance to PP’s for compliance to the Government of India mandate on Notification
- Regular follow up of patients for treatment adherence
- Nutritional support based on criteria

2. Private Pharmacists

As part of TB free Chennai, outreach was made to pharmacists as they are often the first point of contact for symptomatics/patients. The pharmacists provide guidance and support for counseling, referring to diagnostic and treatment centres, displaying information at their pharmacies, educating patients on treatment adherence, thus reducing delays in seeking TB care.



Pharmacy outreach staff sensitising the pharmacist

The pharmacists were sensitized on a one to one basis or through workshops. Information regarding TB care services available at Nakshatra Centres and Government was shared with them to enlist their support for referring TB symptomatics and Patients on irregular treatment to the TB free Chennai initiative.



3. Laboratories

As part of TB free Chennai, laboratories were line listed and sensitized to encourage notification of TB patients. The support from labs was sought for ensuring that patients were provided with information on basics of TB, and were aware of the services being provided by the government and Nakshatra Centres. This component was implemented by Clinton Health Access Initiative-CHAI for a period of 8 months as a Sub recipient to REACH under wave5 TB REACH initiative.

B. Patient Care and Support

All patients identified under the TB free Chennai Initiative receive the following TB care services through the TB Nanban (“Nanban” means Friend) at the Nakshatra centres.

Counseling on TB

Counseling is a vital component which helps the patient understand about TB before he starts treatment. The TB Nanban is trained to counsel patients on basics of TB, diagnosis, importance of regular treatment and follow up, dispel myths, Importance of cough hygiene and to clarify any doubts. The TB Nanban is available to guide and support the patient during this journey from Diagnosis to completing treatment.

Risk Assessment

The TB Nanban assesses the risk factors for all TB patients before initiation of treatment. By doing this, they ensure sharing of information regarding risk factors and its implications on treatment outcome.

Treatment Initiation with treatment supporter

The TB Nanban initiates treatment at Nakshatra centres or at private clinics. They explain in detail regarding the treatment, number of tablets to be taken, storage and handling of medicines, handling side effects, and use of patient treatment card. The role of treatment supporter and importance of documentation is explained to patient and the care giver.

House visits

The TB Nanban makes home visits to verify if the patient is taking the medication regularly. They check the patient ID card and medicine strips and also confirm if patient is comfortable with his treatment. During the 6–8 months, the Nanban makes 2 visits in the intensive phase and 2 visits in the continuation phase. The patients also visit the Nakshatra centre to collect the medication periodically.

Contact Screening

The patients are provided information on contact screening. All family members undergo a verbal symptom screening and are provided with X-ray coupons. If they have an abnormal X-ray, they are referred for a GeneXpert test to ensure early diagnosis of TB. Children below 6 years of age are advised chemo prophylaxis.

Nutritional Support

A set of criteria is used to shortlist patients who receive nutrition support. Drug Sensitive patients are provided aid to the tune of Rs.600 per month and Drug Resistant TB patients are provided Rs.1000/-



OUTCOMES

Map of Nakshatra Centers (n=43)



Map of Nakshatra Centers in Chennai

Referrals & TB patients detected from April 2017 to March 2018

Referrals & TB patents detected
(April 2017-March 2018)



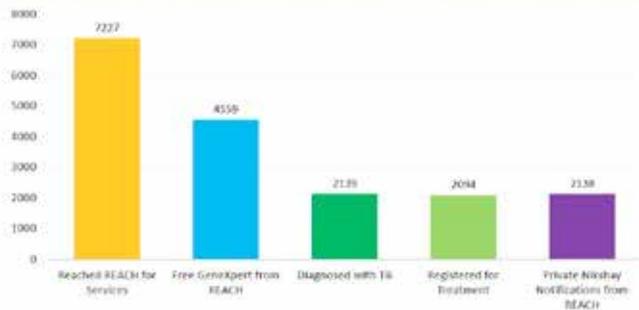
PPs Sensitized & Engaged from April 2017 to March 2018 under TB Free Chennai Initiative



PPs sensitised & Engaged
(April 2017-March 2018)

Cascade of Care for Private Patients through Nakshatra Initiative

Cascade of care for private patients





SPOTLIGHT ON

Despair to Hope

Ahmed (name changed) lived with his wife and children along with other family members as part of a large family. He was hard working and lived a contended life as a painter. Living near Airport his favorite activity to see the flights as they were landing or taking off into the skies. It was all well until he started coughing and that marked the beginning of a series of hurdles in his life.

The cough was persistent for a month and he made a visit to a PP, who promptly wrote of a coupon (REACH) for free Chest X-ray and GeneXpert test (CB-NAAT). Subsequently, he was diagnosed to have MDR-TB and this put Ahmed's life in complete jeopardy with wife leaving him immediately because of the disease. The stigma he faced from family and admission to the tertiary hospital made life very difficult for him.

Ahmed was completely devastated by the impact TB caused in his life when he was also diagnosed with Diabetes. This is when the TB Nanban, recognizing the magnitude of the situation counselled Ahmed and his family members to support him in his treatment. Among his family members his old ailing mother was the only person who was concerned about his health. She not only took care of him but was also a major support during this difficult phase in his life.

Nutritional aid of Rs. 1000 per month till treatment completion was provided which proved critical in improving his overall health along with his mother's support. He is currently on treatment and has never missed a dose of medicines and his weight has increased. Recently TB Nanban counseled his wife about the disease and convinced her to get back to support her husband. Now Ahmed continues to enjoy his pass time and believes he will eventually rise above the disease with the support of his mother, wife and REACH.

Stigma Spares None

Lakshmi (name changed) was 21 years, married and living in a remote village in Nellore, neighboring state of Tamil Nadu along with her husband's family. Being married young, she also had a tiny baby to care for alongside her many chores. As she was not feeling well for a few months with cough and fever, she was sent to stay with her parents in Tamil Nadu for a while.

On seeing the daughter ill, her parents took her to a private hospital for checkup, where she was asked to set her sputum tested by GeneXpert for TB and they were shocked to see the result which was positive. The parents were confused as to how to provide their daughter the care she required. The TB Nanban was able to explain the different options that were available and took steps to initiate them immediately.

Initially she collected the medicines once in 15 days and was staying at her parents house.

After a month, her in-laws were irritated that she was not returning to their home and there were some harsh words from them to make her return. She had not revealed the diagnosis of TB to them for fear of stigma. After waiting for 15 days, the in-laws came to their home and took away the baby from them. This made Lakshmi very depressed and she was worried how the baby would manage without her. Seeing the concern of the young mother, Lakshmi's mom offered to go and stay with the in-laws at Nellore to look after the baby, while she could concentrate on taking medicines and getting better.

Lakshmi was fortunate that she had caring parents who made sure that the barriers to her TB treatment were addressed. The TB Nanban was always there for her to share her worries and concerns during this crisis in her life. She has not yet revealed anything about TB to her husband or in-laws. The most difficult part of the treatment was being able to see her baby separated from her child.

After a few months Lakshmi was declared cured by the doctor. The staff handling this patient said, "I was able to make her smile only after six months of treatment". I am glad she can spend some time with her precious baby now"

DISSEMINATION MEETING

PROJECT EQUIP - PRIVATE SECTOR ENGAGEMENT FOR TB CARE
&
PHARMACY ENGAGEMENT INITIATIVE

VENUE: H. L. G. R. T. CONVENTION CENTRE

DATE: 21/08/18



Enhanced use of Quality
Drugs and Utilization of
Innovative diagnostics for
TB Management in the
Private Sector. (EQUIP)

Dissemination Meeting

Project EQUIP was initiated as a partnership between REACH, Chennai Corporation and KNCV Tuberculosis Foundation. This project was built upon the earlier REACH PPM model to demonstrate that the private sector could play a vital role in diagnosing, notifying and ensuring early access to care for people with DR-TB using newer diagnostics and standardized treatment regimens. The initiative was from April 2015 to December 2017.

Project EQUIP transitioned into the TB free Chennai Initiative during the last quarter of 2017. As part of sharing the experiences and learnings of Project EQUIP, a dissemination meeting was conducted for senior officials of health and TB program in the state, private practitioners, pharmacists, researchers, patients, and civil societies with the following objectives.

- To disseminate the EQUIP model for TB care and the services provided to various stakeholders
- To share the key findings of the project
- To release EQUIP report “The last Mile” a film on Project EQUIP and a film for Patients which contained important messages on TB.

The meeting was conducted in two sessions. In the scientific session the outcomes of private sector Engagement under Project EQUIP was shared with the audience. The experience of engaging with the project was shared by senior chest physicians Dr. UV Ramakrishnan and Dr. Prasannakumar Thomas, Dr. Janani, Consultant Paediatrician shared her experiences in facilitating referrals for diagnosis and treatment to the Nakshatra centre at Kanchi Kamakoti Childs Trust Hospital.

This session was chaired by Dr.P.R.Narayanan, Former Director, National Institute for Research in TB, Dr. R. Sridhar, Superintendent, Tambaram Sanitorium and Dr.Netty Kamp, Senior Advisor, KNCV



Dr. Radhakrishnan addressing the gathering at the dissemination

During the Valedictory Session the findings of Project EQUIP and release of the films and reports on the project were released. Dr.J.Radhakrishnan, Principal Secretary, Department of Health and Family Welfare, Government of Tamil Nadu was the Chief Guest. The other Guests of Honor were Dr.Darez Ahamed, Mission Director, National Health Mission, Mr.K.Sivakumar, State Drug Controller, and Dr.J.Lavanya, District TB Officer, Chennai.

Dissemination Meeting for TB Survivors

As part of Project EQUIP Dissemination a meeting was organized for TB survivors, family members and care givers to share the project's achievement and reinforce their important role in society for TB control activities. Around 200 TB survivors and care givers participated in the meeting.

TB has been a disease shrouded by Stigma faced by patients and their families. The objective for the dissemination meeting for TB survivors, was to share the project findings and empower them on how they could use their experiences positively to fight TB and benefit the society.

A special kit containing information on TB materials was provided for reference. A skit depicting the symptoms of TB and referral linkage services was enacted. A power point presentation on EQUIP findings was projected to the audience.

All the TB survivors pledged their support to fight TB against stigma and engage themselves for a TB free society.



Skit highlighting the symptoms of TB by Reach staff



A glance of the survivors and care givers at the dissemination meeting

Patient Education Films

With changing times, there was a need to develop new patient education material that would sustain interest and be an effective medium in educating the patient and his family. With this objectives REACH developed 3 animation films for patient educations. The central character of the film is Mr.Ravi who is a TB patient and shares his experiences from diagnosis to treatment and cure.

The Videos are used by the TB Nanban during their counseling sessions in Nakshatra Centres and they are also been screened in both Nakshatra and Government health centres. . This film has been made in both English and Tamil.



Acknowledgements

REACH thanks The Lilly MDR TB Partnership, United Way Worldwide and KNCV Tuberculosis Foundation for their support to scale up the PPM Initiative intervention through the EQUIP initiative for the period April 2015 to December 2017.

This project has been successfully transitioned to the TB free Chennai Initiative.

DISSEMINATION MEETING

PROJECT EQUIP - PRIVATE SECTOR ENGAGEMENT FOR TB CARE
&
PHARMACY ENGAGEMENT INITIATIVE

VENUE: MEL GRT CONVENTION CENTRE
DATE: 2018



Partnering with Private
Pharmacists

ENGAGING PHARMACIST IN TB CONTROL

Pharmacists are essentially the first point of contact for people with symptoms of TB disease. REACH has been engaging with pharmacists to ensure a sustainable partnership for improving access to TB care services in the community. Following intervention, pharmacists were able to identify those with TB symptoms in the early stages and refer them to appropriate diagnostic and treatment centres. In addition, they are also able to counsel and guide patients who are procuring TB drugs. By being treatment observers they are able to provide medications close to the patient's home. Pharmacists are potential stakeholders who need to be involved in TB control programs to make the END TB goal a reality.

REACH has been engaging with pharmacists in Chennai successfully for the last 5 years through the support of Lilly MDR-TB Partnership (Now Global Health) from 2012 to 2017

Objectives

- Establish a sustainable partnership for TB control with Private Pharmacies in Chennai
- Encourage referrals from private pharmacies of symptomatics to REACH PPM centres/ RNTCP
- Promote awareness on TB and DOTS through private pharmacies
- Facilitate pharmacies to act as DOT Providers and thereby increase access to RNTCP at the community level by involving pharmacies.
- Improve quality of DOTS in the private sector



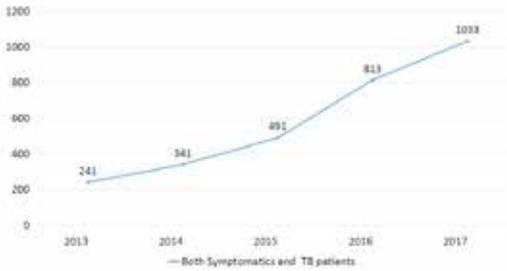
Dr. Ramya sensitising pharmacists on their participation in TB control activities

Interventions

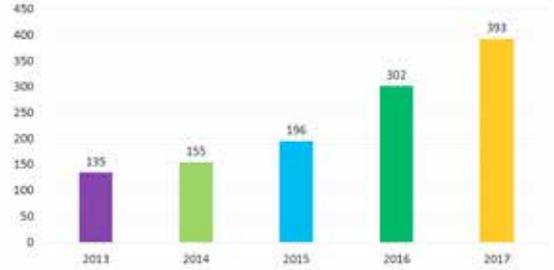
- Initial meeting with key stakeholders from Pharmacy Associations
- Line listing and baseline survey of Pharmacies
- Development and dissemination of communication materials
- Training of Pharmacists
- Revisiting the Pharmacies and periodic review of the initiative
- Feedback to Pharmacists and patient
- Feedback to RNTCP and Drug Controller

OUTCOME

Referrals from Pharmacists



No. of Pharmacists Engaged – Year wise



A pharmacy outreach staff sensitising a pharmacist



TB communication materials displayed at a Pharmacy – Copy



A community awareness program as part of pharmacy initiative

We are grateful to the Lilly MDR-TB partnership and UniteWay Worldwide for supporting the intervention for 5 years.

This project has been successfully transitioned to the TB free Chennai Initiative.



SPOTLIGHT ON

Commitment to the cause - TB survivor and family pledge support

Krishnaveni (name changed) was a 19 year old unmarried college student studying in a college at Trichy. Her father owned a vegetable shop. She had developed a node in her neck. As it was bothering her parents, they went to all the hospitals and clinics and spent around 1.5 lakhs. Despite spending such a huge amount, there was no improvement in the condition.

One day when her father was buying medicines from Raja Pharmacy in Trichy, the staff heard the conversation between the patient's father and the Pharmacist regarding problems faced by the patient. The staff requested the pharmacist to provide information on possible TB to the patient's father. He also visited their home and interacted with the patient and her parents and facilitated meeting the doctor at the government Hospital. She got access to free diagnosis and treatment and the staff volunteered to be the DOTS provider and ensured treatment completion.

The patient and her parents were very happy at the outcome. They also have come forward to support the educational and nutritional needs of poor TB patients.

Knowledge sparks the flame of service

Mr. Palani Kumar is a pharmacist and the owner of Suryalakshmi Pharmacy located in a slum area where there was a lack of healthcare facilities. REACH organized regular workshops for pharmacist to play an active role in TB control activities. He attended one such meeting conducted by REACH. Feeling motivated to do something for the community for TB control, he organized a community meeting the same evening incurring the expenditure personally and around 100 people participated in that meeting. Since then, he has been organizing a community meeting with REACH staff once every two months to create awareness about TB in the slum area where his pharmacy is located. In the last 6 months, he has organized 4 such meetings.

He has referred 26 TB symptomatics so far and 6 of them turned out to be TB patients. He supported the children's education of TB affected people in his area. He says "I will continue to do my services as this community needs my support."





An Improved Pathway for
Active Contact Tracing
(IMPACT)

IMPACT

The contacts of TB patients are a high risk group for TB infection and active disease. The TB control program recommends systematic contact screening investigations for all patients to ensure early identification and detection of TB. The programme faces challenges in providing TB screening for contacts due to associated stigma confidentiality issues and easy accessibility and availability of diagnostic services. To strengthen the household contact investigation among the smear positive pulmonary TB patients enrolled with Chennai Corporation, a two year pilot intervention was implemented by REACH under wave 4 of TB REACH project which was subsequently by AA & D.

Objectives

To implement household contact screening through a public private partnership model and using an innovative diagnostic algorithm.

Interventions

1. Capturing family details on an electronic data base system.
2. Incentive based approach for screening the household contacts
3. Symptom based screening
4. X-ray based screening
5. Use of GeneXpert (CB-NAAT) technology for confirmatory diagnosis.
6. Treatment initiation of contacts diagnosed with TB from the public health system.
7. Transition of the program to Chennai Corporation



Partnering with private laboratories

OUTCOME

REACH facilitated the transition of the contact screening initiative to the Corporation of Chennai.

We also facilitated partnership of Greater Chennai with the network of private X-ray centres.

Sensitization of the RNTCP health staff on the contact screening process.

Dissemination of the outcome to different stakeholders and TB health staff.



We are grateful to Advance Access and Delivery for supporting this initiative.

This project has been successfully transitioned to Corporation of Chennai



SPOTLIGHT ON

Anxious Patient to a true champion

The IMPACT team made a visit to one of the patient who had died during TB treatment to ensure contact screening for the family where they had identified the son to have TB.

“Then what about my exams?” agonized the newly diagnosed sixteen year old boy, whose deceased father was a TB patient. Vineeth (name changed) was not convinced to start treatment as he had witnessed his father’s illness and his treatment’s adverse reactions. He was worried that he would not be able to study effectively for his exams. But his deteriorating health condition worried the Health workers. REACH staff who counseled him continuously explained the nature of the disease and treatment. Vineeth, convinced by the health education, started his treatment. He did face some side effects due to medications but with his outstanding determination and support from REACH he continued his treatment. Vineeth not only became a compliant patient but also displayed exemplary results in his higher secondary examinations.

Voice with a cause

The success in the fight against TB lies not only in its diagnosis and treatment but also in empowering the society with better understanding about this dreadful disease.

Mala’s husband was a TB patient and it came as a shock to her when her 2 1/2 years old child was screened and diagnosed with TB.

Faced with the challenge of taking care of her un-well family, Mala, the sole bread winner, could have easily given up. On the contrary, she took a bold step and took ownership in the fight against TB in the society. Mala was not only a caring mother but was also a compelling voice spreading her knowledge and influencing hundreds in her locality.



Project Axshya



AXSHYA

Axshya (meaning free of TB) was launched in April 2010 as the civil society component funded by the Round 9 grant Global Fund to Fight AIDS, TB and Malaria (GFATM). The UNION is the Primary Recipient implementing Project Axshya in 300 districts across 21 states through 8 Sub recipient partners. REACH is the sub recipient to The Union and implemented the project in 14 Districts of Tamil Nadu

Objective:

The objective of Project Axshya was to facilitate universal access to TB care especially for the vulnerable and marginalized communities by improving access to quality TB care and control through a partnership between government and civil society.

Interventions

Strengthening Civil Society Engagement

The Project has successfully trained and engaged over 60 NGOs and around 200 community volunteers to enhance access to TB care and control services.

Community Meeting:

The project has systematically targeted formal groups like Village Health Sanitation and Nutrition Committee, Self Help Groups, PRI members, Youth groups through group meetings, in vulnerable and marginalized villages, provided them information on TB and where they could access TB care services.

Axshya SAMVAD:

(Axshya Sensitization and Awareness in Marginalised and Vulnerable areas of the district)

Axshya SAMVAD was an active case finding strategy which aimed at sensitizing the community through house to house visits. The presumptive patients identified were linked to TB diagnostic services.

Engaging Rural Health Care Providers (RHCPs):

Traditional healers and non-qualified practitioner were engaged through a process of identification and training. They were encouraged to identify and refer presumptive TB patients for sputum examination and to serve as DOT providers.

Patient Charter Sensitization

The project empowered TB patients by sensitizing them on their rights and responsibilities making the relationship with health care providers a mutually beneficial one.



Nalamdhaana Community radio station rendering their song on TB awareness on air



Sewing machines provided to family members of TB patients under livelihood support programme, Villupuram



Rally during world TB Day 2017, Villupuram



Sputum collection at camp site, Cuddalore

TB Forum

TB forum was a community based group which was constituted by TB patients (cured and on treatment) and civil society members to give a voice to the affected community. It aimed to act as a bridge between community, TB patient, health system and civil society along with advocacy activities to influence policy changes. One TB forum was formed in each district and they have supported TB patients by providing nutritional supplement, installing RO water purifier in Government hospital for ensuring safe drinking water to patients and attenders.

Private Sector Engagement:

Project Axshya also focused on engaging the Private Sector by sensitizing Private Practitioners, Private Hospitals and Labs on STCI guidelines.

- Facilitating TB case notification to Govt. through Axshya Notification Software.
- Supporting TB patients in private sector for diagnosis by providing free X-ray vouchers and for treatment adherence through reminder SMS and voice calls.

Axshya Kiosk

The project promoted Flexi DOTS centers for patient convenience by setting up Axshya Kiosk in 5 districts.

The TB patients were provided DOTS treatment and counselling through community volunteers. The centre provided TB information to the general population and facilitated contact screening through sputum collection and transportation.

Dissemination Meeting

A dissemination meeting was organized at Hotel Savera, Chennai on 18th Dec 2017 on culmination of Axshya's III Phase and the end of Urban Intervention Programme.



Dr. Veerakumar, Joint Director, RNTCP, releasing the compilation of Success stories at Axshya dissemination meeting



Inauguration of Stall during Axshya Dissemination meeting

Dr. Veerakumar, Joint Director – TB Services was the chief guest and Dr. Srikanth Tripathi, Director – NIRT was the Guest of Honor for the program.

96 participants from various sectors like NGO partners, individual community volunteers and TB forums participated in the meeting.

A publication titled “Inaindh Kaigal” featuring successful examples of NGO partners, community volunteers and the TB forum members who were engaged in TB control at the district level and a booklet “Directory of Resources” which contained the address and contact information of NGOs, Community Volunteers and TB forum members were released by the Chief Guest and Guest of Honour during the event.

Achievements in Phase 3 (Jan 2017 to Dec 2017)

Rural Intervention

Details of Meetings and Trainings

S. No	Indicators	Achievements
1	Total No. of districts covered	14
2	No. of RHCPs trained (Cumulative from Phase I)	1300
3	No. of Community Meetings conducted	140
4	Total No. of TB patients sensitized on their rights and responsibilities through patient charter meeting	2000

Outcome

S. No	Indicators	Achievements
1	No. of Households covered through Axshya SAMVAD	3,09,600
2	No. of symptomatic patients underwent sputum examination	8900
3	No. of TB patients diagnosed	500

Urban Intervention

Details of Training

S. No	Indicators	Achievements
1	Total No. of districts covered	6
2	No. of Qualified Private Practitioners (QPPs) Trained	213
3	No. of Private Hospitals Trained	20
4	No. of Private Laboratories Trained	40

Outcome

S. No	Indicators	Achievements
1	Total no. TB notifications facilitated	2175
2	No. of Axshya Kiosks Established	16
3	No. of TB patients treated under Axshya Kiosk	1149



SPOTLIGHT ON

Engaging Rural Healthcare providers/AYUSH Providers

Mr. Ayub Khan was one of the well-known active Rural Health Care Provider trained by REACH Axshya Project in 2015 in TB Services from Krishnagiri district. He belongs to Krishnagiri Town. He always advised his patients and the community about cough hygiene and had been referring the presumptive TB patients to RNTCP from his clinic OPD. He had referred more than 100 presumptive patients and identified 9 TB patients. He acted as a DOTS provider and had provided DOTS to 5 TB patients in the last three years.

He supported Project Axshya while conducting community meeting among the industrial workers who knew only Hindi at Veppanappalli block.

He felt that the major challenge faced in TB control was stigma. He referred one symptomatic person to GH who failed to go to the DMC on knowing about the disease. He counselled such patients and alleviated their fear of the illness.

Survivor to Support Group

One of the TB patients Kumar (name changed) sensitized through the Patient Charter Meeting at DTC-Rasa Mirasudar Government Hospital, Thanjavur was identified by the District Coordinator as a TB ambassador and a member for the District TB forum, Thanjavur.

After participating in the patient charter meeting, the TB patient mobilized other TB patients in his Block Madhukkur and initiated a Psycho Social Support group (Yela Seettu) comprising of 8 patients. They used to meet every week and share their savings and distribute the collected amount to the needy who repaid the amount in monthly installments. They encouraged one another during the treatment and also supported other TB patients to receive basic TB information to reduce their fear on TB.

As a group he and other TB patients also identified TB symptomatic in their villages and gave information to District Coordinator so that they could be guided and facilitate to TB diagnostic services.

KEEPING TB IN THE NEWS

8
years

77
Media Fellows

15
states

Over **300**
stories on TB

10
languages

Over **90**
publications

32
awardees



leading the fight against TB

Urban poverty
Government
Non-adherence
Stigma
ISN/ICP
DOTS
mining
Migration
rural
Pediatric TB
PMDR-TB
Notifications
Prevention
workers
facilities
resistance
Nutrition
TB-HIV

Abhay Kumar Nema
Ajai Kumar Rai
Amarjeet Pal
Anupama Kumari
Akriti Anand
Amitabh Pandey
Anjali Rai
Ankita Mishra
Arpan Khare
Athar Parvaiz Bhat
Atul Porwal
Avinash Rawat
Baba Mayaram
Biju C.P.
Chunaram Godara
Davis Pynadath
Dayashankar Mishra
Dev Vyas
Disha Shetty
Farhana Ahmed
Feroz Rizvi Kaider
Geetha PT
Jahnvi Anandrao Sarate
Jhilam Karanjai
Kanchan Kumari
Karnika Bahuguna

Lokendra Singh Kot
Menaka Rao
Mohan Kumar Gope
Monuranjan Bori
Mohan Maruti Maskar-Patil
Mukesh Kumar Kejarawal
Neelakandan V
Nagarathinam S
Pradeep Singh
Pradip Srivastava
Prashant Dubey
Premvijay Patil
Praveen Prabhakar
Pushpam Kumar
Prasad R
Pavan Shrivastava
Peerzada Arshad
Raju Kumar
Rakesh Malviya
Ranjith Chathoth
Rubee Das
Radheshyam Jadhav
Rajeev Tiwari
Rajendra Singh Denok
Rajesh Navale
Rajiv Kumar Pandey

Rajneesh Rastogi
Rakhi Ghosh
Reji Joseph
Ruby Sarkar
Rohit Verma
Rolly Shivhare
Richard Joseph
Samban R
Sudeep Kumar
Sameer A Rajput
Sazzad Hussain
Skand Vivek
Shuriah Niazi
Sudip Sharma Chowdhury
Subash Mohapatra
Sajil C
Saroj Ranjan Patnaik
Sarvagya Purohit
Satananda Bhattacharjee
Seema Mohanlal C
Shirish Khare
Sneha Khare
Suchithra Priyadarshini
Utpal Bhagawati
Vivek Shukla
Yasir Fayas

Media Initiative

KEEPING TB IN THE NEWS – ENGAGING THE MEDIA

2017 marked the final year of the Media initiative supported by the Lilly MDR-TB Partnership and Lilly Global Health. From 2018 onwards, these activities will be transitioned to the TB Call to Action Project.

Since 2010, over an eight-year-long period, REACH has developed and demonstrated a replicable model for working with mainstream print journalists to raise the profile of public discourse on TB.

The key achievements since 2010 are:

- Supporting journalists to write in-depth reports from the field on a range of TB topics, namely, MDR-TB, childhood TB and HIV-TB, risk factors such as smoking, diabetes and alcoholism, under-nutrition, occupational safety, governmental and private sector initiatives, social determinants such as poverty and illiteracy, urban TB, issues related to adherence, TB in prisons, stigma and gender related aspects of TB among many others.
- Building a flow of information between journalists and TB experts, including researchers, doctors, health workers, local TB authorities, CSOs and patients as well as making available 8 customized online resources for the use by the news media
- Creating a structure of engagement through Fellowships, media awards and online resources for news media that brought TB onto the radar of journalists, spurring their long-term interest in reporting on TB.

Annual Awards Presented to Journalists for Best Reporting on Tuberculosis

As a culmination to these efforts, the REACH Media Awards for 2017-18 to recognise outstanding and responsible reporting on TB were presented in New Delhi on 15 March at an event co-hosted by REACH, USAID and Lilly Global Health in partnership with the Lancet Commission on Tuberculosis. Instituted in 2010, the REACH Media Awards highlight the vital role played by the media in informing the public and decision-makers about TB prevention, control and care.

Speaking on the occasion, Mr. Arun Kumar Jha, Economic Advisor, Ministry of Health and Family Welfare, Govt. of India lauded REACH's efforts in amplifying media reportage on TB.



REACH media award winners at the award ceremony

Mr Mark White, Mission Director, USAID/India, congratulated the journalists as they have stood for truth, accuracy, fairness and humanity.

This year, over 40 entries were received from across India. All entries were evaluated by a distinguished jury including Mr. P. Sainath, renowned journalist; Dr. Jaya Shreedhar, Senior Public Health Expert and Educator; Ms. Blessina Kumar, Global Coalition of TB Activists; Ms. Prabha Mahesh, TB Advocate; Dr.Sundari Mase, WHO; Mr. Subrat Mohanty, The International Union Against Tuberculosis and Lung Disease and Mr. Chapal Mehra, Public Health Consultant.

The awards were preceded by 'Countdown 2025 – A TB Centrestage Discussion' moderated by Dr.Nalini Krishnan, Director, REACH. The speakers included Dr. Sunil D Khaparde, Former DDG, Central TB Division; Dr Eric Goosby, UN Special Envoy on TB; Dr.Lucica Ditiu, Executive Director, the Stop TB Partnership; Dr. Salmaan Keshavjee, Director of Harvard Medical School Centre for Global Health Delivery – Dubai; Dr Cheri Vincent, Chief, TB Division, USAID and Mr Cedric Fernandes, TB Champion and advocate.



TB Centrestage Discussion underway, moderated by Dr. Nalini Krishnan, Director, REACH

A new publication, ‘Keeping TB in the News: A toolkit for health advocates’, documenting REACH’s work with the media over eight years, was released on the occasion.



Keeping TB in the News released

‘Keeping TB in the News: A Toolkit for health advocates’ is for those interested in supporting journalists to produce high quality reportage on public health. Through a detailed recounting of REACH’s eight-year long - and continuing - partnership with journalists on TB, this toolkit provides health advocates with basic guidance on working with mainstream print media to similarly improve the volume, relevance and power of public health discourse in the news media.

Media Award Winners

Name	Publication	Category	Story
Ms. Sakshi Kuchroo and Ms. Geetanjali Minhas	Governance Now	Best Reporting on TB - English	How Care givers are falling prey to TB
Ms. Shreya Shah	India Spend	Best Reporting on TB - English	New Model of Tracking TB Patients Holds Promise for India
Ms. Nandita Venkatesan	The Times of India	Best Reporting on TB - English (Special Citation)	I lost my hearing to TB drugs, time we declare war on the disease
Mr. Anand Tiwari	Prabhat Khabar	Best Reporting on TB - Local Language	Government’s project to monitor TB marred by the disease, patients marginalized’
Mr. Rakesh Malviya	NDTV.com	Best Reporting on TB - Local Language	Said in the budget ... but is it easy to beat TB?
Ms. Tabassum Barnagar-wala	Indian Express	Consistent Reporting on TB - English	Highlighted a range of TB-related issues through her work between 2012 and 2017
Mr. Reji Joseph	Rashtra Deepika	Consistent Reporting on TB - Local Language	Highlighted a range of TB-related issues through his work between 2012 and 2017



Communities, Rights and Gender (CRG) Tools

TOWARDS AN EQUITABLE RESPONSE TO TB: CRG ASSESSMENTS

In 2017, REACH began the process of the Communities, Rights and Gender Assessments, with support from the Stop TB Partnership.

About the CRG tools

The Communities, Rights and Gender Tools were developed by the Stop TB Partnership in consultation with various donor and partner organisations. The CRG tools provide a guiding framework for undertaking rapid assessments of three different dimensions of our response to TB – gender; key and priority populations; and law and human rights. An increased focus on these aspects has the potential to not just increase case detection and improve treatment outcomes but also improve to the overall quality of care available to those affected by TB.

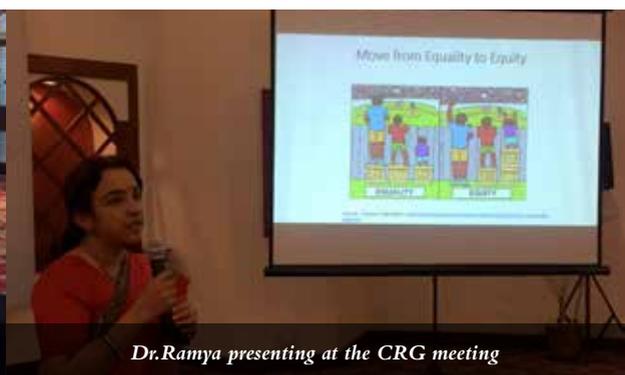
The three tools are:

1. Data for Action Framework for Key Populations, which focuses on measuring the burden of TB among key, vulnerable and priority populations in the country
2. Gender Assessment tool for national TB response, which applies a gender lens to TB in the country and assess ways in which gender affects and interacts with TB
3. Legal Environment Assessment Tool that looks to understand and examine the legal environment for TB through a rights-based framework

India is one of six priority countries for the rollout of these tools.



CRG Consultative Meeting with Expert Advisory Group Members underway



Dr. Ramya presenting at the CRG meeting

Data for Action Framework for TB Key Populations

In keeping with the global consensus on the need to recognize populations vulnerable to TB, India's National Strategic Plan included, for the first time, a separate chapter on Priority Populations. The NSP defined Priority Populations as those who are a "disadvantaged group of people as compared to others, due to their reduced access to medical services and the underlying determinants of health.

Objective of CRG - Key Population Tool:

- To prioritize key populations in India from among those identified in the NSP for understanding gaps in data and access to health services
- To collate and analyze available data and information on key populations in India and related guidelines/strategies
- To undertake a rapid assessment and demonstrate methods for collection of data on the prioritized key populations
- To identify potential research opportunities and interventions on the prioritized key populations in India

Gender Assessment tool for National TB response

TB affects an estimated three million women every year and remains among the top five leading causes of death among adult women globally. Although more men are affected by TB, women experience the disease differently, and gender disparities could play a significant role in how men and women access healthcare in the public and private sectors. A gender-responsive approach to TB can identify and counter the influence of gender on the causes and consequences of TB, as experienced by men, women and those who identify as transgender.

Objective of Gender Assessment Tool:

- To understand the gender dimensions of the TB burden and response in India including the impact on men, women, sexual minorities and transgender communities
- To understand the gender responsiveness of the TB response in India
- To outline key recommendations for India to move towards a gender-sensitive response to TB and draw up a research agenda highlighting gaps in our understanding of gender and TB

Legal and Environmental Assessment (LEA)

The right to health from a Human rights perspective is indivisible and interdependent on other rights such as the right to food, housing, right to a healthy environment, right to work and rights at work and right to education to list a few. For example, access to nutrition and the provision of food is considered necessary to improve the quality of life and treatment outcomes for a person with TB.

Objectives of LEA Tool:

- To review existing legislations and policies that impact rights from a health perspective
- To review existing legislations and policies that could possibly create barriers for access to TB services
- To review judgments that address discrimination and guarantee access to treatment for people in the area of health
- To review the rights framework emerging from judgements, policies and practice to address the intersection of poverty and gender

About the Expert Advisory Group

In order to ensure that the assessments are conducted in a consultative manner and incorporating inputs from a number of leading experts, REACH constituted an Expert Advisory Group for this process. The first meeting of the Expert Advisory Group was held on 9 November 2017 in New Delhi. At the meeting, the three assessment frameworks were presented to the group and their advice sought on the proposed methods.

List of Expert Advisory Group Members

- Mr. Arun Kumar Jha, Economic Advisor, Ministry of Health & Family Welfare, Govt. of India
- Dr. Kuldeep Singh Sachdeva, DDG - TB, Central TB Division, NACO, Ministry of Health & Family Welfare, Govt. of India
- Dr. Sunil Khaparde, former, DDG-TB, Central TB Division, Ministry of Health & Family Welfare, Govt. of India
- Dr. Sundari Mase, WHO Country Office, India
- Ms. Blessina Kumar, CEO, Global Coalition of TB Activists

- Dr.Sarabjit Chaddha, Deputy Regional Director, The Union South-East Asia Office
- Mr.Subrat Mohanty, Sr. Manager- Project Coordination, The Union South-East Asia Office
- Dr. Rama Baru, Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi
- Dr.Anuradha Rajivan, Former Advisor, Asian Development Bank, Strategic and Policy Department
- Dr.Srinath Satyanarayana, Deputy Director (Research), Center for Operational Research, International Union Against TB and Lung Disease (The Union)
- Dr.Beena Thomas, Department of Social and Behavioral Research, National Institute for Research in Tuberculosis
- Mr. Brian Citro, Assistant Clinical Professor of Law, Bluhm Legal Clinic, Northwestern Pritzker School of Law

Key steps:

July 2017:	REACH Participation in CRG Workshop in Bangkok
September – October 2017:	Preparatory discussions for rollout of CRG tools in India
October 2017:	Constitution of Expert Advisory Group
November 2017:	Consultative Meeting of Expert Advisory Group
December – March 2018:	Assessments underway





TB Call to Action Project

TB CALL TO ACTION PROJECT

REACH is currently implementing the TB Call to Action project, supported by USAID. Through this project, REACH seeks to amplify and support India's response to TB by involving previously unengaged stakeholders and broadening the conversations around the disease.

Project Objectives

- To strengthen and support the community response to TB
- To advocate for increased financial, intellectual and other resources for TB

The project is being implemented in six priority states - Assam, Bihar, Jharkhand, Odisha, Chhattisgarh and Uttar Pradesh.

Project launched in Assam



Assam Governor launches TB Call to Action in the state

The TB Call to Action Project was formally launched in Assam on 24 August 2017 at a meeting chaired by Shri. Banwarilal Purohit, Governor of Assam. Speaking on the occasion, Shri Purohit said “TB requires urgent attention and it is important to involve local governments, corporates and those personally

affected by TB”. The event saw the participation of senior health officials from the state, civil society representatives and USAID.

Key Interventions

Building capacity of TB survivors and Champions & facilitating formation of TB Champions Networks

- REACH organised three state-level capacity-building workshops in Bihar and Odisha in December 2017 and in Jharkhand in January 2018.
- In addition, REACH also facilitated a workshop for TB advocates from the North East region in Guwahati in February 2018.



TB Champions attend an interactive session at the capacity-building workshop in Odisha December 2017



TB Champion Mr Satyendra Nath Jha receives a certificate from MLA Mr Shyam Rajak in the presence of Dr KN Sahai, STO, Bihar and Mr Xerses Sidhwa, Director, Health office, USAID India.

- A cadre of over 50 trained and committed TB Champions was created as a result of these workshops, the first such in the states.
- Select TB Champions from each state were enrolled in a six-month mentorship programme, designed to support their community-level activities.

- In Bihar, the capacity-building workshop and follow-up meetings resulted in the formation of a network of TB Champions – TB Muktvahini.

Engaging community providers

- Building on the pharmacy engagement model established in Chennai, REACH introduced a similar model in Assam, Bihar, Odisha and Jharkhand in collaboration with the respective State TB Cells, State Drug Controllers' Office and various pharmacy associations.



Jharkhand CB Workshop

- REACH conducted sensitisation and orientation meetings in 20 districts across the four states, developed and disseminated communications materials for pharmacists and worked to establish an integrated and sustainable model involving all stakeholders.

<p>क्या आपको दो हफ्ते से ज्यादा की खाँसी है?</p>		<p>DO YOU HAVE COUGH FOR MORE THAN 2 WEEKS?</p>	
<p>ये टीबी का लक्षण हो सकता है। टीबी का ईलाज संभव है – समय पर जाँच और पूरा ईलाज टीबी पर अधिक जानकारी के लिए अपने दवाई विक्रेता को सम्पर्क करें।</p>		<p>This could be a symptom of TB Early Diagnosis and Regular Treatment Ensures Complete Cure for TB For more information on TB, please ask your pharmacist.</p>	
<p><i>REACH developed several Pharmacy IEC materials for the Government of Bihar</i></p>			

Capacity-Building Workshop For TB Survivors From South-East Asia

TB survivors and champions from six countries in South-East Asia - India, Indonesia, Vietnam, Cambodia, Bangladesh and the Philippines – came together to participate in the Regional Capacity Building workshop for TB Survivors, organized by REACH with support from the Stop TB Partnership and USAID. This was held between 10 and 13 April 2017 in New Delhi, India.



The workshop brought together 30 people from six countries who, over the course of four days, shared personal experiences on TB, documented the systemic barriers they experienced, translated the barriers they faced into concrete advocacy goals and discussed the power of community-driven advocacy to change the status quo in TB.

Touched by TB formed

During the workshop, participants from India held several discussions on the urgent need for a network or coalition of those affected by TB. This resulted in the formation of *Touched by TB: The Coalition of TB People in India*.

“I lost my father to TB. And a few years ago, I was diagnosed with TB as well and I could never speak about it. It’s a huge burden to suffer alone. That is why this workshop just clicked for me. People wanted to listen to our stories, and I have learnt how to tell my story even better.”

- **Mr. Arun Singh Rana**, TB survivor & Champion from India

“If we are serious about ending TB, engaging those who have experienced TB first hand in a meaningful way is vital.”

- **Dr. Lucica Ditiu**, Executive Director, Stop TB Partnership.

“It is critical that we actively engage TB champions in designing and implementing programs and advocating for policy change. Their experiences can guide the way forward as we move toward a TB-free India and world.”

- **Mr. Xerses Sidhwa**, Director, Health Office, USAID/India

Involving elected representatives for increased attention to TB

Engaging elected representatives, particularly Members of Legislative Assemblies (MLAs) in the TB response, is a key mandate of the project. REACH interacted with MLAs in the priority states through one-to-one meetings and roundtables. In Bihar, ‘Together for TB’ a first-of-its-kind roundtable for elected representatives was held in February 2018. In Jharkhand, the one-to-one engagement resulted in a consultative meeting of MLAs held at the Vidhan Sabha in Jharkhand in August 2017. The meeting was conducted during the lunch hour of the ongoing parliament session and saw the participation of 15 Parliamentarians from the state including 4 women MLAs. The participants committed their support for TB Care and Prevention activities in the state and follow-up discussions are ongoing. Elected representatives also interacted with TB survivors at capacity-building workshops in Bihar and Odisha. In Assam, Mr. Sanjay Kishan MLA, drew attention to TB issues through an opinion piece published in *The Sentinel* on the occasion of World TB Day 2018.

Initiating the Employer Led Model for TB Care and Prevention

The pilot phase of the Employer Led Model (ELM) for TB Care and Prevention was rolled-out in the tea garden districts of Dibrugarh and Tinsukia in Assam. This process began with a consultative meeting during the project launch in Assam in August 2017 that saw the participation of senior representatives from tea garden associations. The Employer Led Model is based on the principle that employers have the power to reach those that no one else can. The ELM pilot began in Dibrugarh and Tinsukia in November and December 2017 respectively. In the subsequent months, several tea gardens in both the districts have signed letters of agreement with district authorities, signalling their commitment to work on TB. REACH facilitated trainings and sensitisation programmes for doctors, health staff and managers from the tea gardens in the two districts.

Facilitating inter-sectoral collaboration for TB

Given the social and economic dimensions of TB, involving departments and ministries to enhance social support for those affected by TB is a key priority. In this context, REACH initiated discussions with various departments in the priority states.

In Jharkhand, REACH facilitated the establishment of the State Task Force for Mainstreaming of TB, the first such in the country. This was done under the leadership of Mr. Sudhir Tripathy, then Additional Chief Secretary, Department of Health, Medical Education and Family

Welfare, Government of Jharkhand. The announcement for the task force notes the need for convergence of various departments towards TB elimination. The other members include the Departments of Industries, Mining, Social Welfare, Welfare and Labour and representatives from PSUs such as CCL, BCCL and CIL, among others. The state task force will work towards policy modifications, social protection schemes and creating an enabling environment for TB patients.

The first meeting of the task force was held in January 2018 and chaired by Mr Tripathy, Chief Secretary, Govt. of Jharkhand. A clear role for each department in the TB response was identified and will be further discussed in follow-up meetings.

Raising the profile of TB by engaging key influencers as state ambassadors

In this year, the focus was on developing communications campaigns featuring state TB ambassadors.

In Odisha, the Minister of Health and Family Welfare, Government of Odisha, Mr. Pratap Jena formally launched the communications materials developed by REACH featuring state ambassadors of Odisha including artist Padmashri Sudarshan Patanaik, musician Padmashri Prafulla Kar and actor Mr. Kuna Tripathy. Four audio spots and six videos were released and will be utilised by the state government.



One of Odisha's TB Ambassador's, musician Prafulla Kar features in the communications campaign developed by REACH



Jharkand's TB Ambassador, archer Deepika Kumari, features in the communication campaign developed by REACH

In Bihar, Mr Rajesh Kumar, noted TV and film actor was engaged as the TB ambassador. In February 2017, the Health Minister, Government of Bihar, Mr. Mangal Pandey launched the communications campaign developed by REACH in partnership with the State TB Cell. Several short videos and audio spots addresses TB general awareness, myths and stigma, active case finding, daily regimen for TB, prevention and precautions against TB and drug resistant TB have been developed and will be disseminated in the coming months.

In Jharkhand, three short videos and three audio spots featuring Padmashri Deepika Kumari were developed by REACH and disseminated by the State TB Cell through television and radio channels. In addition, posters and hoardings featuring Ms. Kumari were widely displayed across the state.

In Assam, noted singer-songwriter Mr. Zubin Garg was identified as State TB Ambassador for Assam. A first set of communication materials was launched on World TB Day 2018. A communications campaign with short films and audio spots is being developed.

TB Champions Speak at Delhi End TB Summit and World TB Day Observation in New Delhi



Mr. Sudeshwar Singh, a TB survivor and champion from Patna, Bihar, was invited to speak at the inaugural session of the Delhi End TB Summit inaugurated by the Honourable Prime Minister of India. On the occasion, Mr Singh narrated his story,

which he titled ‘Meri Jeeth, Meri Anubhav’ (My victory, my experience), and expressed optimism that the country can fulfill the goal of a TB-Free India by 2025. The Prime Minister referred to Sudeshwar’s words during his keynote address. TB Champions from various project states also attended the summit. These TB champions, including Sudeshwar Singh, had participated in the state-level capacity-building workshops organised by REACH in Bihar, Jharkhand and Odisha in December 2017 – January 2018.

Another TB Champion from Bihar, Mr. Suman Anand, spoke at the World TB Day observation organised by the Union Ministry of Health and Family Welfare in New Delhi. Suman, a student of law and company secretaryship, had participated in the capacity-building workshop organised by REACH in Bihar in December 2017. He is part of the network of TB survivors – TB Mukta Vahini – formed in Bihar. Suman’s address at the event spanned his personal journey with TB as well as gaps in the health system that affected him during his treatment.

Partnership with The News Minute for disseminating TB Champions video series

In September 2017, REACH established a pro-bono partnership with The News Minute, a digital news portal, to release a video series featuring TB Survivors and Champions. The videos were recorded in April 2017 during the Regional Capacity Building Workshop for TB Survivors, and were released (one every two days) in the month of October. The series garnered more than 50,000 views and was shared across Facebook and Twitter.



MLA Kunal Sarangi Kicks off TB-Free Constituency Campaign on World TB Day



Taking forward the World TB Day theme, “Wanted: Leaders for a TB Free World”, Mr. Kunal Sarangi, Member of the Legislative Assembly from Baharagora, East Singhbhum in Jharkhand, launched his campaign to make

his constituency TB-free. Mr Sarangi flagged off a rally in which over 50 Swasthya Sahiyas, students and civil society members participated to create greater awareness on TB. The campaign will adopt a multi-pronged approach, working with several stakeholders, including panchayat and ward representatives, and officials from the Health, Education, and Social Welfare departments. “TB is not limited by class, creed, race or any other indicator. It can happen to anyone. It is important to bring all stakeholders together towards TB awareness in the area and I am delighted that USAID and REACH have given Baharagora the opportunity to be one of the first TB-Free constituencies in India,” Mr. Sarangi said.

TB SURVIVORS MEET WITH USAID ADMINISTRATOR

In November 2017, REACH facilitated a meeting of TB survivors with USAID Administrator Mr. Mark Green on his visit to Hyderabad. Alma Ram, Cedric Fernandes and Nandita Venkatesan, along with Blessina Kumar, met with Mr. Green and shared their experiences of how TB had impacted their lives. The discussion with Mr. Green also drew his attention to the social stigma that those affected by TB experience, and women in particular.



OTHER HIGHLIGHTS

MEETINGS AND PRESENTATIONS

Dr.Nalini Krishnan participated as a member in the **Lancet Commission on Tuberculosis** held at Amsterdam, Netherlands in 2017

Dr.Ramya Ananthakrishnan and Mr.Dilesh Kumar participated in the **TBREACH wave 5 grantee meeting** organized by stop TB partnership in Bangkok, Thailand between 8thand 11thMay 2017.

Dr.Ramya Ananthakrishnan participated in “**The Future of NCDs in the Evolving Global Health Landscape**,”(Side meeting, during the World Health Assembly) in Geneva, Switzerland on 24thMay 2017 and presented on Integrating diabetes and hypertension into TB platform.

Dr.Nalini Krishnan participated in the meeting “**Time to end TB - a new path to defeating the world’s oldest epidemic**” organized by Wilton Park in partnership with Global TB Caucus, in West Sussex, England, held on 19th to 20th June 2017

Anupama Srinivasan and Kavya Sharma participated in the training workshop on the roll out of the “**Community, Rights and Gender tools**”, organised by the Stop TB Partnership and held in Bangkok, Thailand on 24–27 July 2017.

Dr.Ramya Ananthakrishnan participated in the workshop entitled “**Building consensus around performance indicators for TB programs** “on September 26, 2017 organized by the Harvard Medical School Center for Global Health Delivery–Dubai.

Dr. Ramya Ananthakrishnan and Dr. Radha Rangasamy participated in the **48th Union World Conference on Lung Health** held in Guadalajara, Mexico, from 11 to 14 October 2017.

Dr. Ramya presented in the following sessions

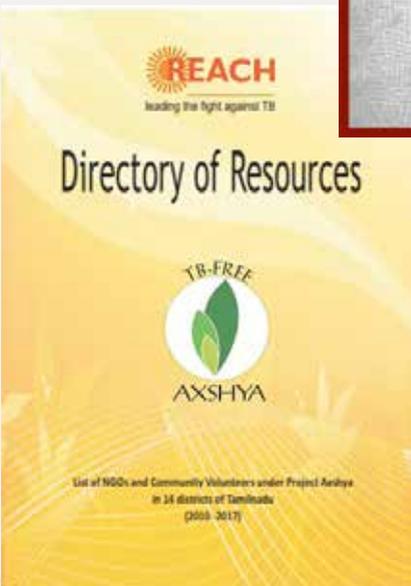
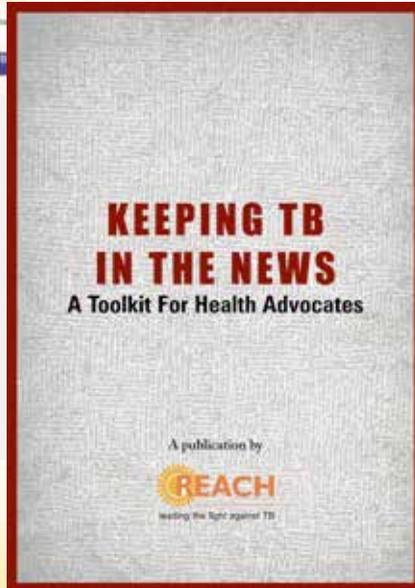
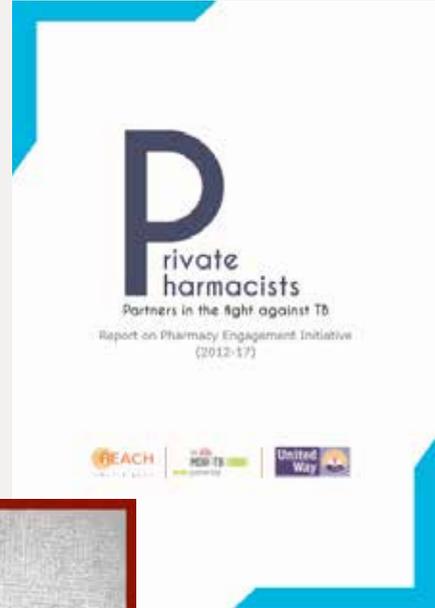
- The EQUIP model: participatory engagement in case-finding and treatment of drug-susceptible (DS) and drug-resistant TB (DR-TB) in the workshop titled “Accelerating urban TB control, a road map”
- Panelist in the session on What works? Engaging mind-space of community over reaching them; efficient and effective way to End TB by 2025 in India
- Engaging private pharmacists for TB control efforts in Chennai, South India in the symposium titled “Enhancing the role of pharamcists in the TB care cascade”

Dr Ramya Ananthakrishnan and Anupama Srinivasan participated in the Workshop on “**Data for TB Key and Vulnerable Populations**” organised by KHANA and the Stop TB Partnership, held in Cambodia on 5–6 February 2018.

Team Day



PUBLICATIONS



SHORT FILMS ON TB

In 2017-18, REACH produced several short films on TB for different audiences:

- A series of three animated films on TB, meant as a resource for those affected by the disease and their families and narrated through the story of a character named Ravi. The films trace Ravi's journey from diagnosis through treatment and to cure.
- Three short films and two audio clips on TB featuring Jharkhand state ambassador and archer Deepika Kumari. The films focused on Adherence, Symptoms and rollout of Daily Regimen.
- Four short films and audio clips on TB featuring Odisha state ambassadors - two on General Awareness featuring musician Prafulla Kar and Sand Artist Sudarsan Pattnaik, one each on Adherence and Symptoms and Diagnosis featuring Actor Kuna Tripathy.



World TB Day In Chennai



மாண்புமிகு தமிழ்நாடு முதலமைச்சர் திரு. எடப்பாடி கே.பழனிசாமி அவர்கள் இன்று (24.3.2018) முகாம் அலுவலகத்தில், உலக காசநோய் தினத்தை முன்னிட்டு, பெருநகர சென்னை மாநகராட்சி சிபி.உள் சீச் (REACH) என்றும் தொண்டு நிறுவனம் மற்றும் NIRT (National Institute for Research in TB) இணைந்து நிறுவியுள்ள 35 நகல்வந்தா மையங்களை துவக்கி வைத்து, அதற்கான புரிந்துணர்வு ஒப்புத்தகை REACH இயக்குநர் டாக்டர் நளினி அவர்களிடம் வழங்கினார். இந்த நிகழ்வின் போது, மாண்புமிகு மக்கள் நல்வாழ்வுத் துறை அமைச்சர் டாக்டர் சிவலிங்கயாஸ்கர், மக்கள் நல்வாழ்வு மற்றும் குடும்ப நலத்துறை முதன்மைச் செயலாளர் டாக்டர் ஜே. ராதாகிருஷ்ணன் இ.ஆ.ப. மற்றும் ஆரக உயர் அலுவலர்கள் உடனிருந்தனர்.



Encouraging TB patients to be ambassadors on World TB day 2017



Community Awareness Meeting at Pachaverkadu during World TB Day 2017
 Organised by REACH & MGR University



Bus-back banner disseminated on account of World TB day



Nurses signing on the signature campaign banner at Nakshatra centre-Si Thomas Mount

World TB Day On Social Media



**World TB Day 2018
#50leaderstoendTB**



In Assam

In Odisha



School children and other members of civil society participated in a World TB Day rally in Guwahati



TB Champions Pranabandhu Apata speaks at Government of Odisha's World TB Day observation

BALANCE SHEET

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH
 No 194, 1st Floor, Avashanmugam Satal Lane, Lloyds Road, Royapettah, Chennai 600014
BALANCE SHEET AS ON 31st MARCH 2018

	AS AT 31.03.2018	AS AT 31.03.2017	ASSETS	AS AT 31.03.2018	AS AT 31.03.2018	AS AT 31.03.2017	AS AT 31.03.2017
LIABILITIES			ASSETS				
CAPITAL FUND			FIXED ASSETS				
Opening balance	28,97,095	31,08,611	Office equipment	67,91,218		22,57,522	
Add: Excess of Expenditure over Income	31,26,198	13,01,516	Furniture	8,56,214		7,56,176	
Closing Balance	60,23,293	28,97,095	Computer	26,30,812		22,53,785	
			Gross amount	1,00,18,244	1,02,50,095	52,67,483	50,47,029
			Less: Depreciation	68,149		20,874	
Corpus Fund			Project Fund- USAID		42,96,714		36,58,408
Opening balance	50,00,000	50,00,000	INVESTMENTS				
Add: Receipts	40,00,000	50,00,000			1,00,00,000		1,05,00,000
Closing Balance	90,00,000	50,00,000	Fixed Deposit				
PROJECT FUNDS							
Aashraya Project - Round 9	12,88,699	84,00,505	ADVANCE AND DEPOSITS				
PP Sunray	-	268	Security deposit	14,27,295	2,900	2,900	2,900
UWW-Lilly Media	-	15,03,689	Telephone deposit	7,19,255	2,260	2,260	2,260
UWW-Lilly Pharmacy	-	7,19,255	Rent advance	59,500	4,65,000	4,65,000	4,65,000
Hospital Administration	-	59,500	Water deposit	64,12,385	850	850	850
TB Reach Project	30,01,145	16,09,400	Staff Advances		70,650	47,720	47,720
KNCV Project	52,06,837	1,61,29,698	Advance to others (Schedule VI)		3,72,080		9,77,329
Impact project	2,02,22,498	47,51,078	Interest Accrued On Fixed Deposit				64,970
Wave 5 Project	20,57,965	19,88,195	I.T. Refund Due		1,47,879		1,36,784
Thali Project			CASH AND BANK BALANCES				
Step TB Project	14,66,206	13,25,521	Cash on hand		42,112		57,964
CRG Tools	28,34,935		Balance with Central Bank of India -1023823919		9,77,547		36,55,459
Media MCD			Balance with Central Bank of India -3175249556		12,15,276		12,91,285
Outstanding Liabilities (Schedule V)			Balance with Central Bank of India -Aashya project		2,65,926		8,77,612
			Balance with Bank of Baroda-13304		20,569		10,07,181
			Balance with Bank of Baroda-6234		2,28,51,120		2,43,98,721
			Balance with Andhra Bank A/c 8153		10,554		1,31,721
			Balance with Bank of Baroda A/c 16383		6,101		26,805
			Balance with Bank of Baroda A/c 15435		1,196		11,506
			YES Bank - 07439300000011		14,06,562		
			Bank balance-BOB 16479		9,368		5,12,450
					5,24,74,609		5,32,24,064

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

S. Anandaraman
 Dr. S Ravi Subramanian
 President

Nalini Krishnan
 Dr. Nalini Krishnan
 Director

Prakash K. Dasaswamy
 Treasurer

M. R. Narain & Co.
 CHENNAI
 Chartered Accountants

Place: Chennai
 Date: 26. IIII 2018

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2018

EXPENDITURE	Sch	Y.E. 31.03.2018	Y.E. 31.03.2017	INCOME	Sch	Y.E. 31.03.2018	Y.E. 31.03.2017
		Amount in Rs.	Amount in Rs.			Amount in Rs.	Amount in Rs.
To expenses incurred for the objects of the institution	IV	10,65,65,319	6,74,39,752	By Donations Received	I	5,26,000	20,46,092
<u>To other administrative expenses:</u>				By income from investments / deposits	II	6,38,985	3,55,469
Salaries and Wages		1,00,37,656	15,24,275				
EPF Admin charges		1,20,978	-	<u>By Other Income:</u>			
Travelling & Conveyance expenses		21,773	3,16,128	Grant Received	III	12,70,65,148	7,01,39,574
Electricity charges		2,06,563	16,747				
Telephone charges		5,40,764	1,90,871				
Postage and telegram		97,481	4,946				
Repairs & Maintenance - Others		78,846	19,002				
Insurance premium		39,696	9,579				
House Keeping Materials		3,97,977					
Review Meeting with staff		2,97,737					
Bank charges		53,481	33,805				
Staff Welfare		4,14,081	1,25,795				
Audit fees		54,300	45,850				
Rent		39,46,600	10,25,000				
Printing and Stationery		6,84,733	2,20,136				
Office Maintenance		3,22,750					
Advertisement Expenses		68,648					
Miscellaneous Expenses		-	1,79,307				
Depreciation		68,149	20,874				
Over Head/admin exps		-	13,77,564				
Computer/Equipment Maintenance		2,50,057	18,084				
Newsletter & Communication Materials			33,807				
Consultant fees		8,07,921	2,41,129				
Membership & Subscription		26,425					
Excess of income over expenditure transferred to Balance Sheet		31,28,198	(3,01,516)				
		12,82,30,133	7,25,41,135			12,82,30,133	7,25,41,135

S. Ram Subramaniam
 Dr.S.Ravi Subramaniam
 President

Nalini Krishnan
 Dr.Nalini Krishnan
 Director

Rajivan Krishnaswamy
 Rajivan Krishnaswamy
 Treasurer

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

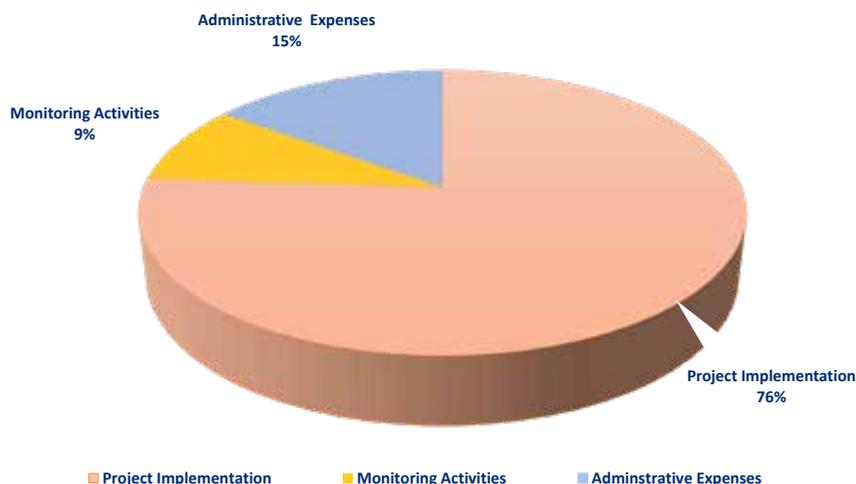
P. Anand
 P. Anand (M.No.16189)
 Partner

Place: Chennai
 Date :

26 JUL 2018



REACH - FUND UTILIZATION



ACKNOWLEDGEMENTS

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

Senior officials at the Ministry of Health & Family Welfare, Central TB Division, National Institute for Research in Tuberculosis (ICMR), State and District TB Offices (Tamil Nadu, Jharkhand, Bihar, Assam, Odisha, Uttar Pradesh, Chhattisgarh), 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. Our thanks to our donors who continue to support us to carry out our work. We are especially grateful to our dedicated community volunteers for their sincere efforts. Finally, our profound gratitude to the many TB survivors and families who continue to speak up to end TB – it is your courage and dedication that motivates us to keep working towards a TB-free society.

Donors

- India Motor Parts & Accessories Ltd.
- Mrs. Menaka Parthasarathy
- M/s. Soundarapandian Bone & Joint Hospital
- K.K. Patel Foundation
- CSI Rainy Hospital & other individual donors

Members of the Independent Ethics Committee

- | | |
|------------------------------|----------------------|
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Mr. G. Venkatraman, *District Co-ordinator*
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Mr. P. Pandiaraja, *Urban Co-ordinator*
Mr. S. Manohar, *Urban Co-ordinator*
Ms. M. Manickathai, *Urban Co-ordinator*

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Team Day - Building The REACH Tree

