



leading the fight against TB

# ANNUAL REPORT

2019-2020

**Featured on the cover:** A TB Nanban, a TB Champion, a Woman TB Leader and a Community Volunteer. They were on the frontlines, responding to the needs of TB-affected communities during the evolving COVID-19 pandemic.



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# ANNUAL REPORT

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# FROM THE DIRECTOR'S DESK

It is with heartfelt gratitude that I present to you the REACH Annual Report for 2019–20. This year was pivotal for us in many senses. Notably, the year saw a significant shift in our approach – from a focus solely on tuberculosis to a more comprehensive programme with a focus on emerging Non-Communicable Diseases (NCDs) as well. Through our Linking to Care initiative, we adopted an innovative approach to integrate NCDs into our services, building on our successful efforts as part of the TB-Free Chennai Initiative. At the national level, as we transitioned from TB Call to Action to ALLIES, we began to see communities being meaningfully engaged, and not just as passive observers, in line with the National Strategic Plan (2020–25). We also continued to work with the media to support and acknowledge ethical and responsible health journalism.

2019–20 was a milestone year in the progress towards ending TB in India, with the maximum number of people with TB diagnosed by the National TB Elimination Programme. But this period was also marked by changes in the way we live as well as the way we work in more ways than we ever expected.

As the COVID-19 pandemic hit, the direct impact was felt by communities affected by TB. I take this opportunity to express my utmost gratitude to all the TB Nanbans, Community Volunteers, TB Champions and Women TB Leaders who have been at the frontlines in the fight against TB, even during COVID-19. Their courage and dedication to the communities they serve has ensured that holistic TB care services remained accessible and people with TB were not unduly impacted. They truly put people first, in keeping with our overall vision and ethos as an organisation.

For all of us at REACH, the tough situation also brought about resilience as we came to terms with our new reality. We learned how important it is to come together during a public health crisis. We also received opportunities to streamline our work, adapting to new ways to getting things done, saving time by connecting digitally. This ensured that those who were earlier not too familiar with new technology were now empowered to use it and their voices were heard – thus leading to an even more inclusive workforce. I would like to express my gratitude to the REACH team – their tireless efforts, ability to balance personal and professional responsibilities in the midst of a pandemic and renewed dedication ensured that we continued to support TB-affected communities in these difficult times.

Here's hoping that we continue to stand strong and that all our efforts contribute towards our vision for a TB-free India.

*Ramya Ananthakrishnan*  
**Dr Ramya Ananthakrishnan**  
**Director, REACH**



# A NOTE OF GRATITUDE TO DR. NALINI KRISHNAN

In 1999, Dr Nalini Krishnan founded REACH, with a vision of supporting the response to tuberculosis in Tamil Nadu and India, and with a dream of creating TB-free communities.

Over the next 20 years, under her leadership as Director of REACH, and as a result of her dedicated efforts, REACH was one of the first organisations in India to pioneer a public-private interface model for TB.

Her commitment to involving people affected by TB and ensuring their participation has led REACH to develop innovative models for engagement of TB survivors.

Her unwavering determination to put the interests of people affected by TB at the centre of all our actions is now fundamental to the ethos of REACH as an organisation, and something every single one of us at REACH remains committed to ensuring.

The REACH team expresses our deep gratitude to Dr. Nalini for her vision, her determination to establish a 'people-first' organisation, her compassionate leadership style and her relentless focus on forefronting the response to TB in India. We have witnessed first-hand how she fostered a work environment where every one of us could express ourselves freely, and therefore perform to our best capacity. Her insight, understanding and vision extend beyond TB to helping put in place an overall culture of public health excellence.

Today, both Dr Nalini and as a result of her efforts, REACH, are recognised as trusted voices in the fight against TB at the local, state, national and global levels.

As Dr Nalini assumes her new role as Executive Secretary of the REACH Executive Committee, we look forward to her continued leadership and guidance, as we remain committed to further strengthening our efforts for a TB-free society.

*- The REACH Team*





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# ABOUT



leading the fight against TB

# OUR MANDATE

**T**he Resource Group for Education and Advocacy for Community Health or REACH was established in 1999, in response to the roll-out of the tuberculosis (TB) programme in Tamil Nadu, and with a mission to create TB-free societies. REACH has been dedicated to the fight against TB since its inception, with the primary mandate of providing a comprehensive continuum of care, support and treatment to those affected by TB. We continue to put people at the centre of everything we do – our decisions are inevitably guided by what's best for a person with TB and her family. We are also committed to working in partnership, and to forging a united response to public health issues.

REACH's broad mandate includes support, care and treatment for people with TB as well as research, advocacy, public education and strategic communications. We work to ensure a person-centred and gender-responsive approach to TB and create an enabling environment for quality TB care services in India.

We focus on evidence-based programme planning, building networks, and empowering the community to advocate for their rights and create awareness on TB. We also believe in meaningful engagement of the news media for improved reporting on TB, which can elevate the quality of information available in the public domain.



**PARTNERING WITH  
THE PRIVATE  
SECTOR**



**PROVIDING  
HOLISTIC CARE  
& SUPPORT**



**ADVOCACY  
FOR TB**



**EMPOWERING  
COMMUNITIES**

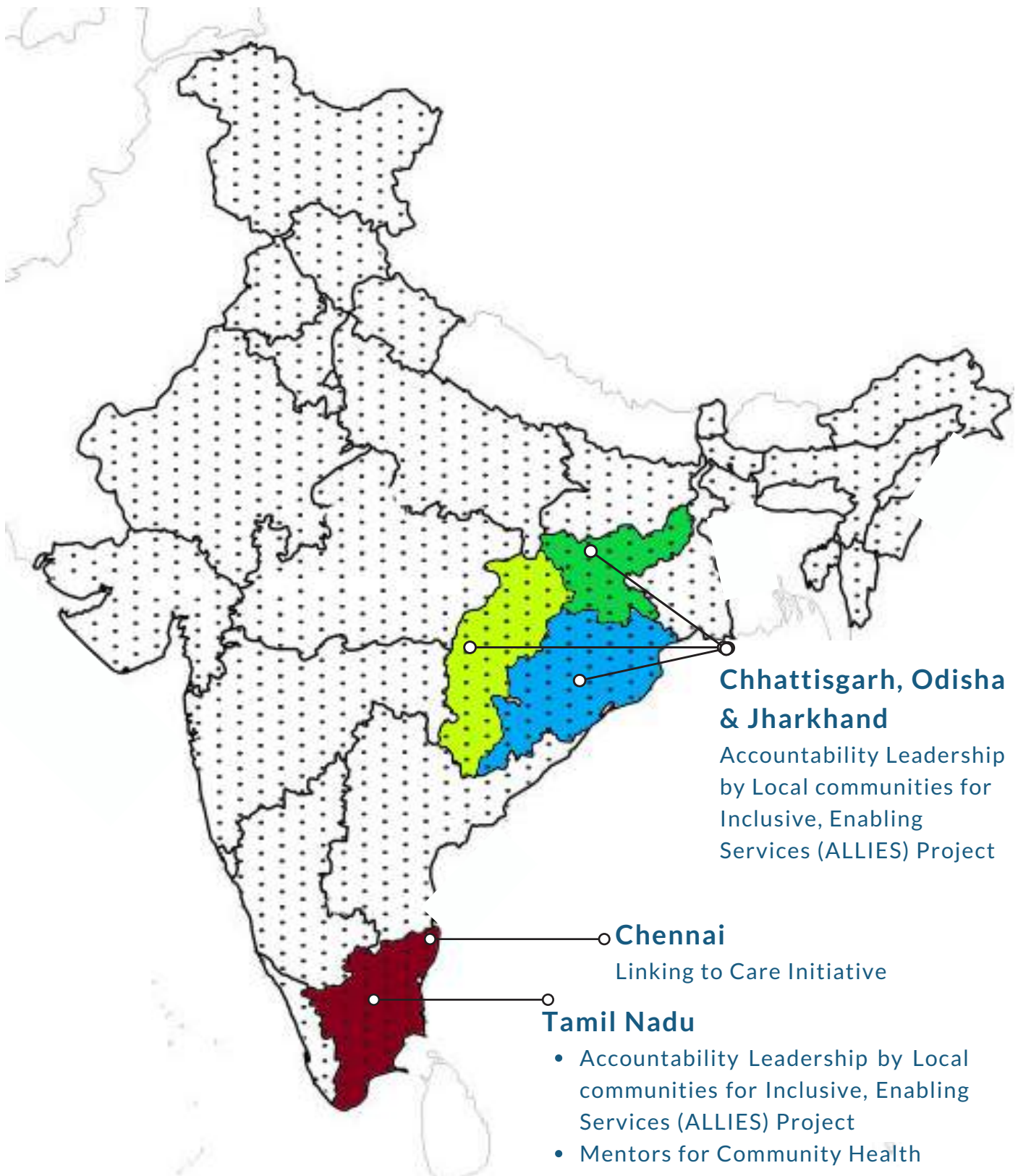


**EDUCATING  
PEOPLE ON TB**



**ENGAGING THE  
MEDIA**

# OUR FOOTPRINT

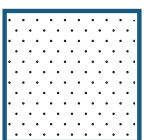


**Chhattisgarh, Odisha & Jharkhand**  
Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project

**Chennai**  
Linking to Care Initiative

**Tamil Nadu**

- Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project
- Mentors for Community Health
- Project Axshya



**Pan India**  
Engagement of the media for reporting on TB and NCDs



# A UNITED RESPONSE TO COVID-19

# A UNITED RESPONSE TO COVID-19

As the COVID-19 pandemic unfolded, the first priority was to ensure that people with TB continued to receive uninterrupted care and support, while at the same time ensuring the safety of the REACH team, particularly those at the frontlines. What followed – and is ongoing – was a united response to the

## Out of sight but not out of mind

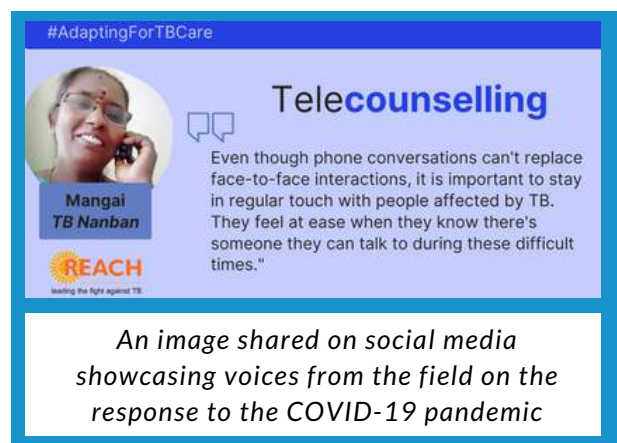
During the lockdown period, TB Nanbans working under the **Linking to Care** initiative in Chennai followed up with over 1600 people with TB under their care. Medicines and follow-up tests were arranged for those who needed them, including some who had left the city and gone to their hometowns at the onset of the pandemic, or were unable to come back to Chennai due to lack of transportation facilities. TB Nanbans worked closely with the TB programme

## New initiatives

**Project Axshya**, being implemented in five districts of Tamil Nadu, namely



pandemic. The REACH team adapted to the situation and grew more connected as a result. Procedures were laid out and reinforced through online training and new ways to work were explored. This section highlights some select actions and responses to COVID-19 to ensure that no one is left behind.



staff across the state to ensure that all those affected by TB received the support they needed.

Cuddalore, Krishnagiri, Madurai, Thanjavur and Trichy, saw activities resume gradually once lockdown restrictions were eased. Meanwhile, over 10,000 people with TB symptoms who were identified between October 2019 and March 2020 were followed up telephonically. Those who were sputum negative but continuing to present TB symptoms were referred to Designated Microscopy Centres for testing. In addition, nearly 300 people who were diagnosed with TB received counselling telephonically. Active members from



the community, including NGOs and TB Forum members, mobilised masks, electronic weighing machines and support for the purchase of Personal Protective Equipment for Government facilities as well as the general public.

## Stepping up to serve the community

TB survivors and Champions working in the **ALLIES (Accountability Leadership by Local communities for Inclusive, Enabling Services)** project states of Chhattisgarh, Jharkhand and Odisha rose to the occasion when the COVID-19 pandemic began. As recognised community leaders, they ensured that people with TB were able to continue their treatment uninterrupted and that those with TB or COVID-19 symptoms accessed diagnostic facilities. They oversaw the distribution of rations and food, supported people at quarantine centres, and used WhatsApp and social media platforms effectively to raise awareness among the community. They drew on their personal experiences to address stigma related to both TB and

## Swinging into action

Women TB Leaders based at government health facilities and working under the Wave 7 initiative 'Saadhipom Vaa Penne' or **Mentors for Community Health** project helped people with symptoms such as cough get tested for COVID-19. They also contacted those who tested negative for COVID-19 and urged them to come to the health facility for TB testing. This project is being implemented in four districts of Tamil Nadu - Salem, Tirunelveli, Villupuram and Vellore.

क्या आपकी दवाएं स्वस्थ होने को हैं ?  
यदि हाँ तो-

हड़बड़ी में किसी दवा दूकान की तरफ न भागें

तुरंत अपने उपचार सहयोगी या टी. बी. चैंपियन से संपर्क करें

इस संदेश को कम से कम 5 अन्य टी. बी. से ग्रसित व्यक्तियों को भेजें  
#FightCOVID19 #EndTB

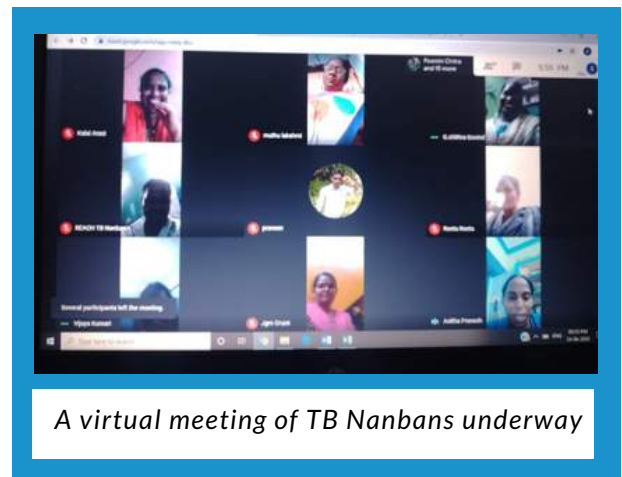
Important messages such as these were shared by TB Champions to people in their communities over WhatsApp

COVID-19. The state-level survivor-led networks also came together and gave valuable feedback to the TB programme on the impact of COVID-19 on the community.

A Woman TB Leader shows how to give a sputum sample for testing

## Virtual meetings and new ways to work

For the first time, online trainings were held for Community Volunteers under Project Axshya and TB Nanbans under Linking to Care initiative. These trainings provided guidance on working for and with the community during the pandemic. TB Champions of survivor-led networks from Chhattisgarh, Jharkhand and Odisha held their meetings online and took stock of the situation in their respective districts. Women TB Leaders received training



on diabetes mellitus, hypertension, cardiovascular diseases and nutrition via a unique Interactive Voice Response System training module over the phone.

## Webinars for journalists

REACH organised three webinars on Non-Communicable Diseases (NCDs) in the context of the COVID-19 pandemic. Leading experts were invited to share new findings on COVID-19 and NCDs and discuss stories ideas that journalists could explore.

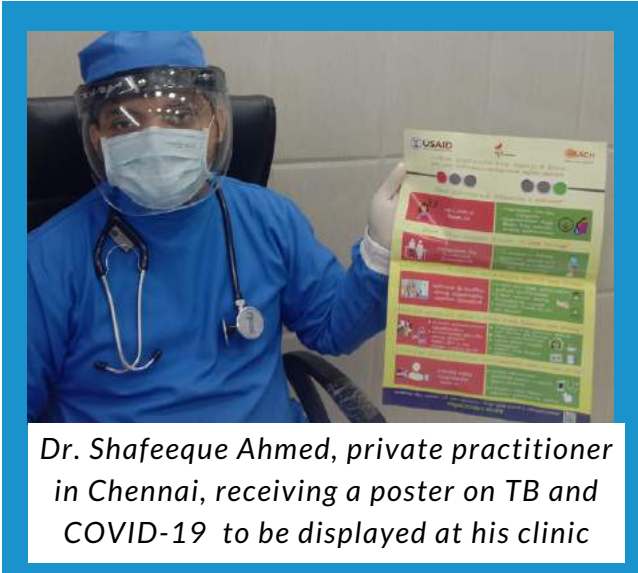
The webinars were titled 'Chronic Respiratory Diseases in the Times of COVID-19', 'Anxiety and substance use disorders in the time of COVID-19 and their impact on gender based violence' and 'An update on Cardiovascular Diseases in the times of COVID-19 and recent advances in interventional cardiology'.



Experts from Pulmocare Research and Education (PURE) Foundation, National Institute of Mental Health and Neuro-Sciences, The White Swan Foundation, The Prajnya Trust and Apollo Hospitals were speakers at these webinars.

## Information, Education and Communication (IEC) materials

IEC materials on TB and COVID-19 were developed and shared in person and over WhatsApp with people with TB, people with TB symptoms and TB Champions. Posters were displayed at government health facilities in Tamil Nadu, Odisha, Jharkhand and Chhattisgarh.



*Dr. Shafeeque Ahmed, private practitioner in Chennai, receiving a poster on TB and COVID-19 to be displayed at his clinic*



*A poster displayed at a pharmacy in Chennai*



## Stories from the field

### A community volunteer's support spreads joy

Shanthi\* (70) lived with her son in Thanjavur district, Tamil Nadu. She had one wish – that her son would get married soon. But her son postponed these plans as she had a bad cough for over seven months. He did all household chores and left for work early in the morning. He also asked a neighbour to give his mother some milk and keep an eye on her during the day.

One day, when her son was away at work, Bavani, a Community Volunteer from Project Axshya, approached Shanthi while conducting house-to-house visits for creating awareness on TB. However, Shanthi mistook the visit as a COVID-19 worker's visit, and refused to listen to her. When Bavani tried to tell her that her cough needed to be checked, she feared she would be taken for a COVID-19 test. Fearing isolation, she refused to go to the nearest government hospital for a TB test.

But Bavani did not lose hope; she believed that Shanthi should not have to suffer due to the cough. She built a rapport with her on her follow-up visits, and one day, Shanthi opened up about her son postponing marriage and how she wished she could at least do the household chores.

Bavani then met Shanthi's son on a Sunday when he was at home, and explained to him the services offered by REACH. He agreed to get a TB test. When the test came back negative, Bavani helped Shanthi with other follow-up tests. Shanthi was diagnosed with asthma and diabetes. With regular medication, she is able to help her son at home. She has also started the search for the perfect bride for her son.

*Like Bavani, many Community Volunteers engaged through Project Axshya ensure a healthy and happy community.*

*\*Name changed*

## A TB Nanban in her own words...

“On hearing about the initial lockdown due to the COVID-19 pandemic, I was worried about how I would give medicines to people with TB. Many people with TB had packed their bags and gone back to their hometowns. Some had gone back for family functions, and were not able to come back to Chennai because there was no transport.

My fellow TB Nanbans and I were able to travel within the city using the special passes given by the Greater Chennai Corporation. We handed over medicines to people in Chennai and ensured that their treatment continued uninterrupted. Sometimes, we had to stop our vehicle in the middle of the road to handover the medicines, as there were barricades and containment zones all around.

Those people who had left Chennai were provided treatment for TB in coordination with the support of the local Senior Treatment Supervisors (STS) and Health Visitors (HV) of the TB programme.

“ Sometimes, we had to stop our vehicle in the middle of the road to handover the medicines, as there were barricades and containment zones all around. ”

For instance, Tamilselvan was on treatment for TB and had gone to attend a marriage ceremony in Cuddalore. Due to the lockdown, he could not return to Chennai. I contacted the NTEP staff at Cuddalore Government Hospital. They helped not only in arranging medicines for TB treatment, but also with his follow-up tests. He took medicines for four more months at Cuddalore.

Radhika, on the other hand, rushed to her native place in Tenkasi due to COVID-19. I spoke to the local STS and HV at the Government Hospital and arranged for her to get medicines. She told me that she was only thinking about COVID-19 and forgot about the TB medicines.

The COVID-19 situation saw little Sanjay leaving for Trichy with his father. I was able to arrange medicines for the child through the local TB Unit at Trichy. His father thanked me and wished me safety during the pandemic so that I could continue to support more people. I am very grateful that all of us - TB Nanbans - were able to provide quality person-centred care to people with TB during the COVID-19 pandemic.

- Ms. M. Deenathayabari  
Senior TB Nanban

## The motorcycle man of Khunti

When India began its nation-wide lockdown in March to prevent the spread of COVID-19, there were several concerns about people with TB running out of medicines or being unable to access anti-TB drugs as roads were closed and no public transport was available. Without daily drugs, they can develop complications or the more deadly drug-resistant TB.

But thanks to a man and his motorcycle, people with TB in the rural Khunti district of Jharkhand did not have to worry. Birsa Manjhi (*pictured top right*) is a TB survivor who successfully completed a mentorship programme to work as a TB Champion in his community. He supports over 10 people currently on treatment for TB, living in a forested and mostly tribal region, which has also witnessed political and social unrest. Manjhi is committed to ensuring that his community remains TB-free despite the challenges during the lockdown.

"People in my community got worried, especially those with TB whom I support. They were scared and needed a lot of support to take their medicines on time. If they miss a dose, it will worsen their condition," he says.

The nearest medical center is 20km away and not easy to reach during the lockdown. Riding his motorcycle, Manjhi delivered medicines to people under his care, ensuring they have at least one month's supply.

Manjhi added, "The ready availability



of medicines assures people that their treatment would not be interrupted." Manjhi also counselled people with TB over the phone and took several people with symptoms of TB to the medical center on his motorcycle, four of whom were diagnosed with TB.

Manjhi, who is a member of TB Elimination from Jharkhand (TEJ), the state's survivor-led network, has been meeting members of the network and the REACH team virtually during the COVID-19 lockdown, where the members share learnings on ways they can contribute to the community during these challenging times. The medication deliveries and phone calls have provided him with an opportunity to educate people with TB and their families on the importance of maintaining physical distance, hand washing, treatment adherence, and nutrition.

The Senior Treatment Supervisor at the District TB Center said, "He is contributing immensely to the TB programme's efforts. He also got people from nearby blocks tested."

***Thank you to Birsa and all TB Champions!***




# OVERVIEW OF PROJECTS


# LINKING TO CARE INITIATIVE


The Linking to Care initiative seeks to integrate Non-Communicable Diseases (NCDs) into the existing model of private sector engagement for TB in Chennai. Diabetes and Hypertension are common comorbidities present in people with TB. This project, supported by Advance Access & Delivery and Lilly Global Health Partnership, facilitates early screening and diagnosis of Diabetes Mellitus (DM) and Hypertension and provides education about these NCDs to those diagnosed, linking them to care centres in the


private or public health sectors. Adopting a holistic approach through integration of NCDs in TB care will support the health systems to build a comprehensive health care model, which will ultimately have a lasting impact on the wellbeing of communities. Through the project, screening of Hypertension and DM using random blood sugar (RBS) is offered to people with symptoms of TB (PwSTB), people with TB (PwTB) referred by private practitioners (PPs) and also to contacts of PwTB who are on anti-TB treatment.

## OBJECTIVES

 **SEARCH:** To actively screen people with symptoms of TB, people with TB and family contacts of people with TB for Diabetes Mellitus and Hypertension

 **TREAT:** To link people diagnosed with Diabetes and Hypertension to high quality treatment and education

 **SUPPORT:** To support people diagnosed and their families to sustain successful management of Diabetes and Hypertension

 **PREVENT:** To sensitise private providers and increase awareness of Diabetes and Hypertension among people by providing information on the risk factors and preventive steps

## KEY INTERVENTIONS

The Linking to Care project began in January 2020; preparatory activities were initiated in the third quarter of 2019. The main interventions are:

### 1. Strengthening Private Provider Networks

Private healthcare providers were mapped; diabetologists, chest physicians specialty practitioners and general practitioners providing TB, Diabetes and Hypertension care



were identified. They were sensitised through direct one-to-one visits with a focus on adopting the Standards for TB Care in India, notification and bidirectional screening. They were briefed on TB care services, Nikshay Poshan Yojana, NCD screening and Linking to Care services. The REACH team regularly follows up and keeps in touch with them to encourage their active involvement.

*We place on record the valuable services of all the private healthcare providers who partner with us to provide the best for their patients in the journey from sickness to cure. By doing so, they help us translate our vision of a TB-free society into reality. We are grateful to the Directors of Private Hospitals who have provided us with free space to set up Nakshatra Centres to provide holistic TB/NCD care services, in the interest of public health.*

## 2. Care and Support

Comprehensive care and uninterrupted treatment are promising solutions for TB cure. The TB Nanbans (Nanban means friend in Tamil) at REACH play an important role in counselling and education on TB, Diabetes and Hypertension and supporting adherence to treatment. REACH provides the following services for people affected by TB, i.e people diagnosed with TB and their families:

### For TB

- Screening for TB by facilitating access to Chest X-ray, AFB, CBNAAT
- Education on risk assessment and contact screening
- Treatment initiation with support from providers
- Home visits to ensure treatment adherence
- Follow-up of people with TB till the completion of treatment
- Cough hygiene education to reduce transmission
- Linking people with TB to the Government's Nikshay Poshan Yojana
- Providing Information, Education and Communication (IEC) materials on TB
- Awareness on cessation of alcohol and tobacco use

### For NCDs

- Screening for Diabetes and Hypertension
- Linking people with Diabetes/Hypertension to holistic care services
- Education and counselling on prevention and management
- Diet counselling
- Providing IEC materials on Diabetes and Hypertension
- Follow up to ensure adherence to treatment
- Community Health education programs on NCDs

REACH has provided diagnostic services to 9222 people with symptoms of TB (PwSTB) through the TB-Free Chennai initiative between April and December 2019 and to 3085 PwSTB through the Linking to Care project between January and March 2020. A total of 12,307 PwSTB were provided diagnostic services between April 2019 and March 2020. Among them, 4269 were provided with free Chest X-Ray and 8039 with free CBNAAT tests. Among those referred with symptoms, 3732 were diagnosed with TB.

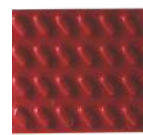
Of this, 2945 were initiated on anti-TB treatment. Through REACH's efforts to provide access to holistic care services, out-of-pocket expenditure close to ₹3.3 crore was averted for PwSTB and people with TB.



*A TB Nanban receives a sputum sample*



***Out-of-pocket expenditure (OoPE) of ₹2.3 crore averted by providing free CBNAAT***



***Out-of-pocket expenditure of ₹88 lakh saved by providing anti-TB medication***



***OoPE of ₹12 lakh averted by providing free digital chest X Rays***

### 3. TB Notification

All people diagnosed with TB are notified in the Nikshay portal. The REACH staff support the private practitioners to notify by collecting the details of those diagnosed with TB and entering the data into the portal. PwTB are thus able to receive nutritional support from the Government's nutritional support scheme Nikshay Poshan Yojana. Incentives for Private Practitioners (PPs) have been introduced in Nikshay, wherein ₹1000 is provided per person – ₹500 on initial notification and ₹500 on declaring the treatment outcome. REACH has facilitated the incentive for over 120

Private Practitioners. In order to improve TB notifications, REACH Zonal Program Coordinators visited specialty and multispecialty hospitals and conducted a data triangulation exercise. They cross-checked laboratory details for any TB tests done, pharmacies to check for any anti-TB drugs dispensed and with the Medical Records Department.

All the complete records were identified and notified in Nikshay. Overall, 1209 private notifications were made apart from those diagnosed in the regular care cascade.

## 4. Transition to Linking to Care from TB-Free Chennai

As part of the TB-Free Chennai Initiative, the TB care Public Private Mix (PPM) centres were branded 'Nakshatra Centres' which serve as centres of excellence for TB and a model for showcasing the involvement of the private health care sector in TB care and prevention. In the third quarter of 2019, a focused integration of NCD into the TB care pathway was

done by sensitising the project staff and private practitioners on the importance of addressing comorbidities in PwTB and supporting the screening, diagnosis and linkage to Diabetes and Hypertension care. The shift in our approach from 'TB-only' services to including a range of NCD services resulted in providing more holistic health care for communities.

## 5. Training and induction workshop on basics of Diabetes, Hypertension and Nutrition

To sensitise all project staff, a training and induction workshop was held in January 2020 on the basics of Diabetes, Hypertension and Nutrition. The objective of the training was to help TB Nanbans understand the basics about NCDs and their prevention and management methods. Through the training, technical inputs on NCDs among people with TB were provided.

This helped increase the confidence among staff to counsel and educate people with the correct information. The resource materials for the training were shared. Pre and post tests were conducted to evaluate knowledge and understanding among the staff. The team was also trained on the importance and methods of recording accurate data on TB, Diabetes and Hypertension in the required formats.



*TB Nanbans participate in a quiz during a training session on Diabetes and Hypertension*

## 6. Information, Education and Communication (IEC) materials

A booklet for providing information on various aspects of Diabetes and Hypertension was developed and shared over WhatsApp with over 2000 people during the lockdown. It will also be printed and disseminated widely.

Flyers informing private providers about the services offered by REACH towards supporting diagnosis, treatment and management of TB, Diabetes and Hypertension were also shared.



### உங்களுக்கு தெரியுமா?

சர்க்கரை நோய் மற்றும் உயர் இரத்த அழுத்தம் இந்தியாவில் மிக முக்கிய தொற்றா நோய்கள் ஆகும். இந்த நோய்களைத் தடுப்பதற்கும், நோய் வந்தவர்களை கவனித்துக் கொள்வதற்கும், இந்நோய்களைப் பற்றி தெளிவாக தெரிந்து கொள்வது முக்கியம்.

### இந்த கையேட்டில்

- சர்க்கரை நோய் மற்றும் உயர் இரத்த அழுத்தம் பற்றிய
- அடிப்படை தகவல்கள்
  - அறிகுறிகள்
  - பரிசோதனை முறைகள்
  - பின் விளைவுகள்
  - வாழ்க்கை முறை மாற்றம்

**Services Offered By REACH For TB**

- Screening**
  - Chest X-ray
  - AFB smear
  - CBNAAT
  - UDST
- Treatment**
  - Anti-TB Treatment
  - Risk Assessment
  - Deaddiction Linkage
  - DBT Linkage
- TB Control**
  - Contact Screening
  - Counselling
  - Prophylaxis

**REACH To Provide Holistic Care For TB & NCDs**

REACH services are being expanded to include screening for Diabetes and Hypertension in People with TB symptoms, People with TB\* and contacts of People with TB.  
\*Government of India and Central TB Division has made Diabetes screening mandatory for People with TB throughout the country.

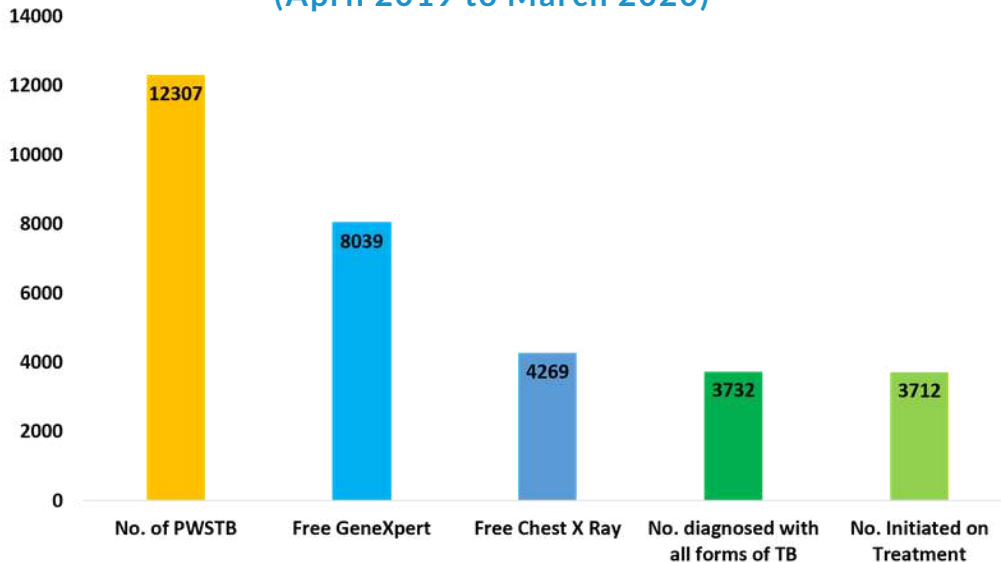
**Services Offered By REACH For Diabetes & Hypertension**

- Screening**
  - For Diabetes Mellitus and Hypertension > 30 years
- Management**
  - Linkage to Care
  - Education & Counselling
  - Risk Assessment
- Lifestyle advice**
  - Nutritional Counselling
  - Physical Activity

☎ TB Helpline: 99-620-63-000 ☎ PP Helpline: 97-909-77-331

## KEY RESULTS

### Cascade of Care triggered after PPs refer people with TB symptoms (April 2019 to March 2020)



## A SPECIAL NOTE

### ACKNOWLEDGING THE CONTRIBUTION OF THE HINDU GROUP OF PUBLICATIONS

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The REACH CBNAAT laboratory in Chennai was shifted from The Hindu Welfare Centre to Voluntary Health Services, Taramani after a long association of 20 years right from 1999.

The Hindu Welfare Centre (HWC) was one of the first laboratories to support our fight against TB by providing quality diagnostic services for sputum microscopy (AFB) free of cost for PwTBS. Since then, the centre has been involved not just in sputum microscopy, but also in setting up of a PPM centre, through which PwTBS and PwTB benefitted. When newer diagnostics became available in 2016, the HWC opened their doors to house the CBNAAT machines and provided a space for us to do the testing for all referrals from the private sector in Chennai.

Their contribution has been of immense support to strengthen our private sector engagement for TB care and prevention. We take this opportunity to express our sincere thanks and appreciation to all involved.

REACH thanks the Directors and Executive Management of The Hindu Group of Companies.

We are thankful to Dr. Ranga K, Chief Medical Officer, for her commitment in ensuring that these activities were being carried out for people with TB. She provided medical consultations to the patients of many private practitioners in and around Mylapore as well as to the REACH staff.

We are thankful to Ms. Jasbir Kaur, Head - Diagnostics, for her supervision and support to the CBNAAT/GeneXpert team in ensuring testing and processing of samples with quality.

We express our thanks to lab technicians, admin and staff who supported PwTBS and PwTB at the HWC. Without partners like you, we will not be able to continue our endeavour to achieve TB-free societies.

## SHIFTING OF THE REACH CBNAAT LAB TO VOLUNTARY HEALTH SERVICES



*Dr. K. Priya explains the functioning of CBNAAT machines during the launch*

The REACH CBNAAT lab started functioning from Voluntary Health Services (VHS), Taramani from March 2019. The three GeneXpert machines and laminar airflow were shifted to the lab premises in February and processing began in March.

It was formally inaugurated on 12 March 2020 by Dr. Suresh Seshadri, Secretary, VHS, in the presence of the VHS and REACH teams. So far around 1700 samples have been processed for the private health care sector.

We place on record our gratitude to Dr. Suresh Seshadri, Secretary and Management of VHS and Dr. K. Priya (Scientist and Head-VHS Laboratory Services) who opened the doors of their hospital to set up the lab for facilitating testing of samples from the private health care sector.



### Counselling can go a long way

*Bala, who works at a petrol pump in Chennai, was diagnosed with TB. He came to a Nakshatra Centre along with his wife and met a TB Nanban. After noting down all his personal and treatment related details, the TB Nanban gave free X-ray coupons to his wife so that family members could also get screened as part of the routine contact screening process. The TB Nanban then provided counselling to Bala. Here are a few excerpts from their conversation:*

**TB Nanban:**....You should avoid taking any alcohol or tobacco while you are on treatment. I am here for any support that you may require.

**Bala:** Actually I don't have the habit of drinking alcohol, but I drink once in a while with my friends. The past one week, I have not had a single drop of alcohol because of my son. He has so much wisdom even at the tender age of eight. He sees other people drinking in our neighborhood, and asks me to come back home in an effort to stop me from doing the same.

**TB Nanban:** It's so great that your son is supporting you during your treatment. Can you tell me more about your work?

**Bala:** It's a lot of hard work at the petrol bunk. I am on my feet in the scorching heat, and get so tired by the end of the day. The only thing that keeps me going is chewing tobacco and drinking lots of tea. My father-in-law is trying to help me find another job, but so far we have been unsuccessful.



*A TB Nanban during a counselling session.  
Representative image*

**TB Nanban:** You do a lot of hard work. Now that you are undergoing treatment for TB, you must rest and eat well. Tell me, did you experience any side-effects of the medicines?

**Bala:** So far, I have not felt any side-effects. I like to stay active. Today I helped my wife fetch water from the hand-pump on the street near our house. I helped her out with other household chores too. The only problem I face right now is this cough. When will this cough leave me? It is so irritating.

**TB Nanban:** I am so glad to know that there are no side-effects. Keep taking your medicines regularly, and very soon, there will be improvements and your cough will also go away. But it is important that you stick to the schedule and complete the treatment. I also need to tell you something about cough hygiene.

**Bala:** Cough hygiene?

**TB Nanban:** Yes, it is important that you cover your cough with a handkerchief and a tissue paper, or cough into your elbow or sleeve. If you use tissue paper, dispose it properly in a closed dustbin after use. You should also dispose of the sputum properly, either by digging a hole in the ground,

or by disinfecting the closed container in which you collect the sputum. If you have any doubts regarding this, please feel free to ask me.

**Bala:** I will be careful about cough hygiene always. But please tell me, will I ever be alright again?

**TB Nanban:** Listen Bala, you have reached a turning point in your life, where you have to decide – a beautiful wife, and two lovely children on one side, and alcohol, tobacco and illness on the other. Consider this as your body sounding an alarm, alerting you to not take your health for granted. You take the anti-TB drugs regularly. You should not hesitate to reach out to me if you need anything at all.

*The TB Nanban created a supportive environment while counselling Bala, and he in turn was able to open up and talk without hesitation. This helped Bala complete his treatment and get back on track. TB Nanbans are equipped with the skills necessary to build a good rapport with anyone under their care. They also identify risk factors in all PwTB, help them understand the consequences of their behaviour and encourage them to make the right decisions for their health.*



# PROJECT AXSHYA

## Focusing on the vulnerable and marginalised

**P**roject Axshya (meaning 'free of TB') aims to accelerate access to quality TB services for the vulnerable and marginalised (or 'at risk') populations. REACH has been implementing the project in Tamil Nadu since 2010, as a sub-recipient of the International

Union Against Tuberculosis and Lung Disease. Currently in its fourth phase, Project Axshya is being implemented in five districts of Tamil Nadu – Cuddalore, Krishnagiri, Madurai, Thanjavur and Trichy

### OBJECTIVES



**ENHANCE:** To enhance access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers



**EXPAND:** To expand the reach, visibility and effectiveness of the National TB Elimination Programme (NTEP), especially for marginalised & vulnerable populations



**PROMOTE:** To promote early case detection and management of people with TB through active case finding (ACF) in key affected populations (KAP) in campaign mode.

### KEY INTERVENTIONS

#### 1. Axshya SAMVAD

This enhanced community-based case finding activity is carried out through house-to-house sensitisation on TB and is focussed on intensified outreach in vulnerable areas.

#### 2. Active Community Surveillance Unit

Through this activity, a system is established and a continuum of services in identifying people with TB and linking them to TB care services through volunteers is ensured. These volunteers belong to local communities.

### 3. Patient Charter Sensitisation

People with TB are made aware of their rights and responsibilities during treatment and introduced to a Patient Charter, thus making the relationship with healthcare providers a mutually beneficial one.

### 4. Health Camps

Congregate settings such as industries, shelter homes, mines, construction sites, prisons etc. are identified and health camps are conducted to identify people with TB symptoms. In order to address the stigma associated with TB, a general health camp is organised and treatment of people with symptoms other than TB is also facilitated.

### 5. District Hospital Intervention

People with TB symptoms attending District Hospitals as Outpatients (OP) are fast-tracked, thus addressing the high load of OPs in these facilities. The volunteer placed at the District Hospital identifies people with TB symptoms at the OP registration counter, sensitises them on TB and takes them directly to the lab for testing.



*A patient charter sensitisation meeting underway*



*An elderly woman getting her blood pressure checked at a health camp*

## KEY HIGHLIGHTS

### 1. District TB Forums come to the aid of the community

District TB Forums were formed with the support of Project Axshya, with members from a cross-section of society. There are several examples of TB forum members stepping up to support TB-affected communities. For instance, the Krishnagiri District TB Officer (DTO) contacted the District Coordinator to facilitate the painting of a wall at the District TB Centre.

After discussions with District TB Forum members, the wall was painted with key TB messages and funded by Mr. Jalaludeen and Mr. Rajeshkumar, both members of the District TB Forum.

In Madurai, the DTO contacted REACH for help in organising nutritious snacks at a TB centre for five people with TB who came there for medicines.

Mr. Francis Xavier, a TB Forum member, was approached and he sponsored an amount of ₹10,000 for eggs and protein-rich *sundal*.

In Krishnagiri, a 16-year-old boy living with his grandmother was diagnosed with TB. Noticing their poor economic condition, the Krishnagiri TB Forum members mobilised rations for them. REACH also contacted Childline 1098 and facilitated examination fees for a diploma course.

In another instance, TB forum members helped Balpandi (*pictured right*), a 38-year-old TB survivor from Thanjavur, to set up a home-based murukku snacks business. He had approached the members after attending a Patient Charter Sensitisation meeting because he could not find a job after completing treatment for TB. They purchased all the vessels and implements that he needed to run his murukku kitchen in order to support his wife and children.

## 2. Community Volunteer featured in Union Newsletter

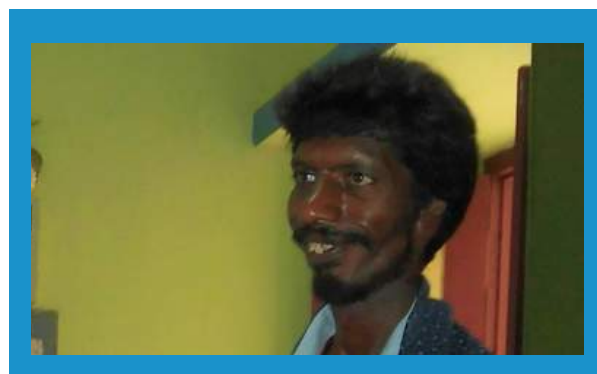
Ms Jayalakshmi, engaged in REACH-Axshya activities in Thanjavur, was featured in The Union's Newsletter Achiever Profile section. (*pictured right*)

## 3. People linked to Nikshay Poshan Yojana

Between July and September 2019, community volunteers (CVs) facilitated linkages to the government's nutritional support scheme for 216 people with TB. They also helped 37 people open bank accounts. CVs did this voluntarily, over and above their mandate.



The wall painting was facilitated by Krishnagiri District TB Forum members



Today, Balpandi and his wife distribute their murukkus to nearby shops and earn over ₹20,000 every month.



**"I AM HONORED AND PROUD TO THINK THAT MY SERVICES ARE HELPING US MOVE TOWARDS A SOCIETY FREE OF TUBERCULOSIS."**

## 4. Special Mention

The Union screened a film on Axshya SAMVAD produced by REACH, which was well received. The film 'Bridging the gap through Axshya SAMVAD' features Maheshwari (pictured right).

Due to the timely intervention of CV Pushpavalli and support from her family, she is now cured. She incurred

out-of-pocket expenditure of nearly ₹1 lakh before she was diagnosed with TB.



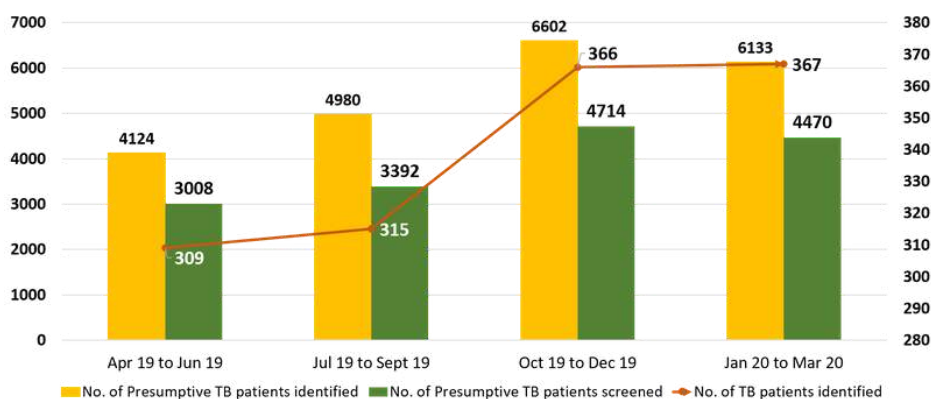
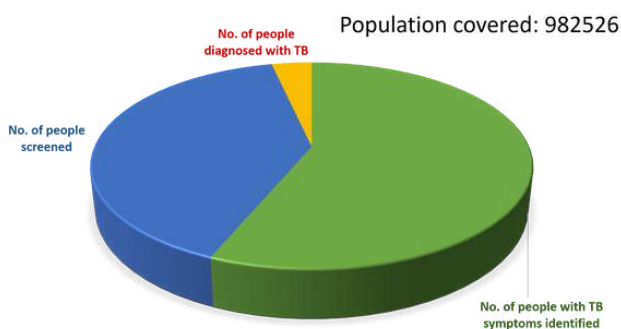
Vocational training for family members of people with TB underway



Sensitisation of Para Legal Volunteers on TB at a meeting in Krishnagiri district

## KEY RESULTS

- Nearly 10 lakh people in Tamil Nadu were made aware about TB
- Over 20,000 people were identified with TB symptoms
- Over 70% of people with TB symptoms were screened
- Treatment initiation was facilitated for more than 1300 people diagnosed with TB





### Timely intervention saves lives



*A community volunteer conducting the District Hospital Intervention, where she fast-tracks people with TB symptoms at Government Hospitals with a high OPD footfall.*

*Representative image*

Sinchan\*, 50, was lying on the floor of the OPD in Krishnagiri Government Hospital. It was a normal day in December 2019 for Kavitha, a community volunteer, when she saw Sinchan, accompanied by his sisters. When Kavitha asked them why Sinchan was lying on the floor, the sisters were too scared to even describe his symptoms.

They eventually revealed that he had been coughing and that evil spirits must have taken possession of him. Sensing the need to act fast, Kavitha asked them to take Sinchan to the District TB Officer, who immediately referred him for a sputum examination as well as other routine tests. However, Sinchan and his sisters went back home without getting the tests done as they were not willing to accept that the symptoms

could be of TB. But Kavitha kept trying to convince them and eventually they agreed. The results came back positive for HIV as well as TB.

Since Sinchan was very weak, Kavitha told his sisters about the diagnosis and added that they could go home to Dharmapuri district and Sinchan could continue his treatment there. But his sisters asked Kavitha to keep the diagnosis a secret. They did not want to go home as they were worried the news would spread and they would be stigmatised. Kavitha counselled them that it would be best for Sinchan to be home and promised to follow up regularly. The trio finally went back to Dharmapuri, and Kavitha ensures that he takes his medicines on time by staying in touch over the phone.

*\*Name changed*

## Childhood lost...and regained!

Eight-year-old Saranya\* was a happy-go-lucky child, playing with her friends and two older siblings - the apple of her parents' eyes. Her father Kumaran\* worked as a mason and the family belonged to a marginalised community in a village at Cuddalore district in Tamil Nadu. Kumaran\* and his wife did their best to provide a happy childhood for their children, who were all schoolgoers.

However something was amiss. Saranya's appetite became very poor and she was also losing weight. She was no longer her active and cheerful self. One day, her mother noticed an enlarged node on the left side of her neck. The parents took her to multiple doctors, both government and private, but got few answers. Despite spending nearly ₹30,000 on medical expenses, there was no conclusive diagnosis. Little Saranya got weaker by the day and had to stop going to school because of her poor health.

In January 2019, when Theresammal, a community volunteer, was on her regular route for Axshya SAMVAD, she met Saranya's mother. On hearing about the child's health, she asked about her symptoms. She also patiently heard out the problems the family had to face due to mounting medical expenses. Without any delay, Theresammal asked the family to take Saranya to the nearest Government Hospital in Cuddalore.

“Thanks to the volunteer's efforts, we can see the child smile and play again.”

On her follow-up visit however, she found that the parents were unwilling to take the child there because it was very far from their residence.

The volunteer then referred them to the nearby Primary Health Centre (PHC) for a check-up and the REACH team also accompanied them. From there, the child was taken to the Cuddalore hospital and this time too, the REACH team came along and guided the family. The node was diagnosed as a TB lymph node and treatment was initiated in the same month.

With the support of regular follow-ups over the phone as well as in person, Saranya completed her treatment in July. In this period, her weight increased from 13.5kg to 21kg. She is now back at school, playing with all her friends and living her childhood to the fullest.

Seeing the improvement in her health and with a big sigh of relief, Saranya's neighbours said, “Thanks to the volunteer's efforts, we can see the child smile and play again.”

*\*Name changed*

# MENTORS FOR COMMUNITY HEALTH

## Empowering women in the TB response

Inspired by the success of women-supported case finding efforts in previous projects, REACH is working to empower women to assist and promote TB case detection through 'Saadhipom Vaa penne' (Come on women, let's achieve) or 'Mentors for Community Health'. This women-powered intervention to spearhead TB prevention and care in Tamil Nadu is supported by a Wave 7 TB REACH grant from the Stop TB Partnership.

Through this project, a cadre of women – including TB survivors, their families, community volunteers – are identified, trained, empowered and skilled in basic

health service delivery. The project is being implemented in four districts of Tamil Nadu - Vellore, Villupuram, Tirunelveli and Salem.

The project will empower 400 women in the community to become go-to persons for health in their villages or wards through an over-the-phone training named CALL (Continuing Access to Learning Line) for health. In addition, a subset of 80 women are trained as Women TB Leaders (WTLs), who undertake screening for TB in public health facilities. This will trigger a cascade of screening in households and in the community.

## OBJECTIVES



**IDENTIFY, TRAIN, EMPOWER:** To identify, train and empower a cadre of women from among TB survivors, their families and community volunteers and skill them in basic health service delivery.



**SCREEN:** To implement facility-based TB screening at OutPatient Departments in public hospitals as well as select private hospitals. This will be done by WTLs who identify those with TB symptoms, support them for sputum microscopy, X-ray and CBNAAT testing, followed by treatment if required.



**TRIGGER:** To trigger a cascade of screening led by the WTLs who screen the household contacts of people with TB and facilitate CBNAAT testing to those with symptoms or those with X-rays suggestive of TB. The WTLs also undertake community screening in areas with a significant number of people with TB.

# KEY INTERVENTIONS

## 1. Modules for IVRS training identified

Women working in Self-Help Groups and other NGOs were approached to understand what health issues are important to them. After consultation with over 50 women from across five districts of Tamil Nadu, 13 topics were identified.

Apart from TB, Diabetes, Hypertension and COVID-19, topics relevant to women, their families and the community at large were common childhood illnesses, domestic violence and financial inclusion. All of these have been included.

## 2. IVRS Training module developed

In partnership with Gramvaani (Onion Dev Technologies), REACH launched CALL (Continuing Access to Learning Line), an Interactive Voice Response System (IVRS) platform to give women access to knowledge on key health issues through their mobile phones. Each module was dramatised using simple and colloquial language, to make the listening and learning more enjoyable. Simple digital aids to help Women TB Leaders navigate CALL were also developed.



## 3. Identifying and training Women TB Leaders



Posters inviting applications from TB survivors and family members of people with TB were displayed at Primary Health Centres and sent to local NGOs. Senior Treatment Supervisors and NGO

staff were oriented on the project and requested to facilitate the application process. Selected women from the four districts participated in two-day training programmes in the month of March, where they learnt about TB. They also learned how to screen OPD attendees for TB, support them throughout the period of treatment and conduct contact tracing. After the training, they were assigned to specific Government health facilities in their districts and began to work as Women TB Leaders.





Women TB Leaders at work

## KEY RESULTS

- 59 Women TB Leaders trained on TB, facility-based screening, contact screening, treatment support and to conduct community meetings
- Screening for TB initiated in 60 health facilities in three districts
- Unique CALL (Continuing Access to Learning Line) launched with eight modules and available for Women TB Leaders for learning and engagement



### From a TB survivor to a Woman TB Leader

*Devi is a TB survivor and a Woman TB Leader working in Tirunelveli. This is her story.*



I was affected by TB when I was an adolescent. I had Extra Pulmonary TB which was more challenging to diagnose. I kept losing weight and was very sick by the time I was finally diagnosed with TB in a Government hospital. Although the treatment ended in a year, I did not feel that I had recovered fully. I continued to feel frail and tired for quite a few years even after the treatment ended.

Having gone through that ordeal, I have always wanted to do something for people with TB. When I heard about REACH's call for applications to be part of this project, I readily applied.

I have been working as a Woman TB Leader since March 2020.

At the onset of the COVID-19 pandemic, public transportation came to a halt. I did not want to give up even before I had started, so I learnt to ride a two-wheeler. I report to the hospital to assist the TB elimination efforts irrespective of whether public transport is available or not.

I screen people coming to the OPD for symptoms of TB. I make sure people with TB symptoms meet the medical officer and are tested. Since the health system is overwhelmed with activities to contain COVID-19, I also pitch in to help in the collection of sputum samples and prepare smears for testing. I encourage the families of those who are diagnosed with TB to also undergo screening for TB. I keep in touch with those diagnosed with TB to ensure they are taking their medications. I am glad I am able to draw on my personal experience to help people with symptoms of TB and people with TB as much as I can.

# TB CALL TO ACTION PROJECT

## Strengthening Communities and Raising the Profile of TB

The TB Call to Action Project, was initiated in 2016 with support from the United States Agency for International Development (USAID). The project was conceptualized as a strategic effort to broaden the conversation around TB

who were previously unengaged. The project was implemented by REACH in the priority states of Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh and ended in January 2020.

### OBJECTIVES



To support and strengthen the community response to TB

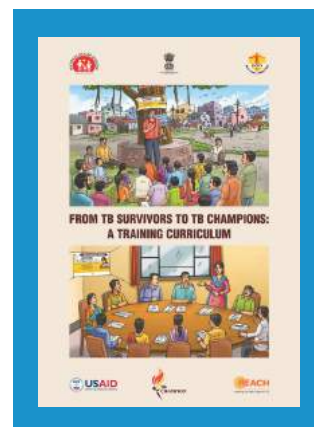


To advocate for increased financial, intellectual and other resources for TB

### KEY HIGHLIGHTS

#### 1. 'From TB survivors to TB Champions' curriculum adopted and released by the TB programme

In 2018, a working group was set up by the Central TB Division to develop a curriculum for training of TB survivors. Drawing on the training agendas used at the capacity-building workshops organised by REACH, the curriculum titled 'From TB Survivors to TB Champions: A Training Curriculum' was developed through a collaborative process. This was officially launched by Dr. Harsh Vardhan, Minister of Health and Family Welfare, Govt. of India in September 2019 and is now being used to sensitise TB survivors across the country.



#### 2. Handbook of Operational Guidelines for ELM

A Handbook of Operational Guidelines was developed to introduce readers to the Employer Led Model for TB Care and Prevention and present a framework for engagement of industries. The Handbook was formally released by Dr. Harsh Vardhan, at the same meeting in September 2019.



### 3. Spearheading a Gender-responsive approach to TB



In March 2017, REACH organised a TB Centrestage discussion on TB and gender issues, a meeting that kickstarted a national conversation on this previously neglected aspect of TB. REACH subsequently supported the Central TB Division in the development of a National Framework for a Gender-responsive approach to TB, which was formally disseminated by the TB programme in January 2020 and shared with all states for implementation.

## Project dissemination at national and state levels

Between November 2019 and January 2020, a series of meetings were held to disseminate and share the project results.

### 1. National Dissemination Meeting

The National Dissemination meeting of the TB Call to Action project was held on 8 January 2020 in New Delhi. The national impact report and thematic impact reports were formally released as well as the project impact film and a coffee table book, both titled 'Katha: Tales of Hope for a TB-free India'.

Speaking at the meeting, Mr. Sanjeeva Kumar IAS, then Special Secretary at the Ministry of Health and Family Welfare, lauded the project for its innovative approach in bringing together multiple stakeholders, in particular TB survivors and those most affected by TB.



*The national impact report being formally released*

### 2. Odisha Dissemination Meeting

The Odisha state Impact Report was released on 20 November 2019 in Bhubaneswar, at a meeting chaired by Dr Pramod Meherda, then Commissioner-Cum-Secretary, Department of Health & Family Welfare, Government of Odisha.



# KATHA

## Tales of Hope for a TB-free India

*Glimpses from the film Katha, a film featuring TB Champions and other key influencers*

### 3. Bihar Dissemination Meeting

The dissemination meeting and release of the Bihar State Impact Report was held on 5 December 2019 in Patna. Officials from the state health department, MLAs, as well as industry representatives, media, development partners, TB Champions, mentors and other stakeholders attended the meeting.

### 4. Jharkhand Dissemination Meeting

Mr. Rajeev Arun Ekka, Principal Secretary, Department of Labour, Government of Jharkhand; Dr. Nitin Madan Kulkarni IAS, Principal Secretary, Department of Health, Government of Jharkhand; Mr. Shailesh Kumar Chaurasia IAS, then Mission Director, National Health Mission, State TB Cell officials and other stakeholders attended the dissemination meeting organised on 6 January 2020. The Jharkhand State Impact Report and a book 'From TB Survivors to TB Champions – Stories from Jharkhand' were released on the occasion.

### 5. TB-free Baharagora campaign dissemination meeting

Mr Kunal Sarangi, then MLA from Baharagora, launched a TB Free Constituency Campaign in March 2018. The 21 month-long intervention saw a series of efforts at the sub-centre and community level. The active involvement of the MLA led to a collaborative effort in Baharagora. The Impact Report on A TB-free Baharagora was released on 14 October 2019 at a dissemination meeting.



*The TB Call to Action team at the National Dissemination meeting*

## Engaging Journalists for Improved Reporting on TB

REACH continued to work closely with the media to improve the quality and frequency of media reporting on TB.

- In 2019, 12 journalists received Fellowships for reporting on TB, and wrote over 40 stories on different aspects of TB. Through an orientation workshop, they learnt the technical aspects of TB and discussed recent developments in India's response to the disease.
- Four journalists received media awards for the best reporting on TB. In 2019, the media awards were conducted on the sidelines of the 50th Union World Conference on Lung Health, held in Hyderabad.
- Over 200 journalists were sensitised on TB through state-level roundtable meetings where they interacted with state health officials.



*REACH awarded the annual Media Awards to four journalists (pictured here) at an event held on the sidelines of the conference in association with the Stop TB Partnership, USAID and the Kochon Foundation. Awardees in the English category were Menaka Rao and Maitree Porecha. In the Local Language category, the winners were Prashant Kumar Dubey and Richard Joseph.*



### Never Giving Up... Rising Against All Odds

Arun Dutta, a 62-year-old TB survivor from Nagaon, Assam, played football and hockey at the district level in his youth. He lost his wife and son to TB. He developed TB himself and was cured in 2017. To overcome his depression, he decided to help others with TB and attended a capacity-building workshop for TB survivors organised by REACH in July 2018.

In the next six months, he supported more than 200 people with TB. He identified people with symptoms, helped them get tested.



Today, he has been recognised as a TB Champion and a treatment supporter by the Nagaon District TB Cell. In October 2019, he attended the 50th Union World Conference on Lung Health in Hyderabad, as a scholarship recipient.

### TB Champion Himani joins global youth body



Himani Verma, a TB survivor from Durg district in Chhattisgarh, was cured in 2018. A student of journalism, she feared discrimination from her friends and classmates, and kept her TB diagnosis a secret. In December 2018, she participated in a capacity-building workshop for TB survivors, and has not looked back since.

Over the next six months, she touched the lives of more than 90 people with TB. Her advocacy efforts with the District Collector led to the launch of the TB-free Bhilai movement.

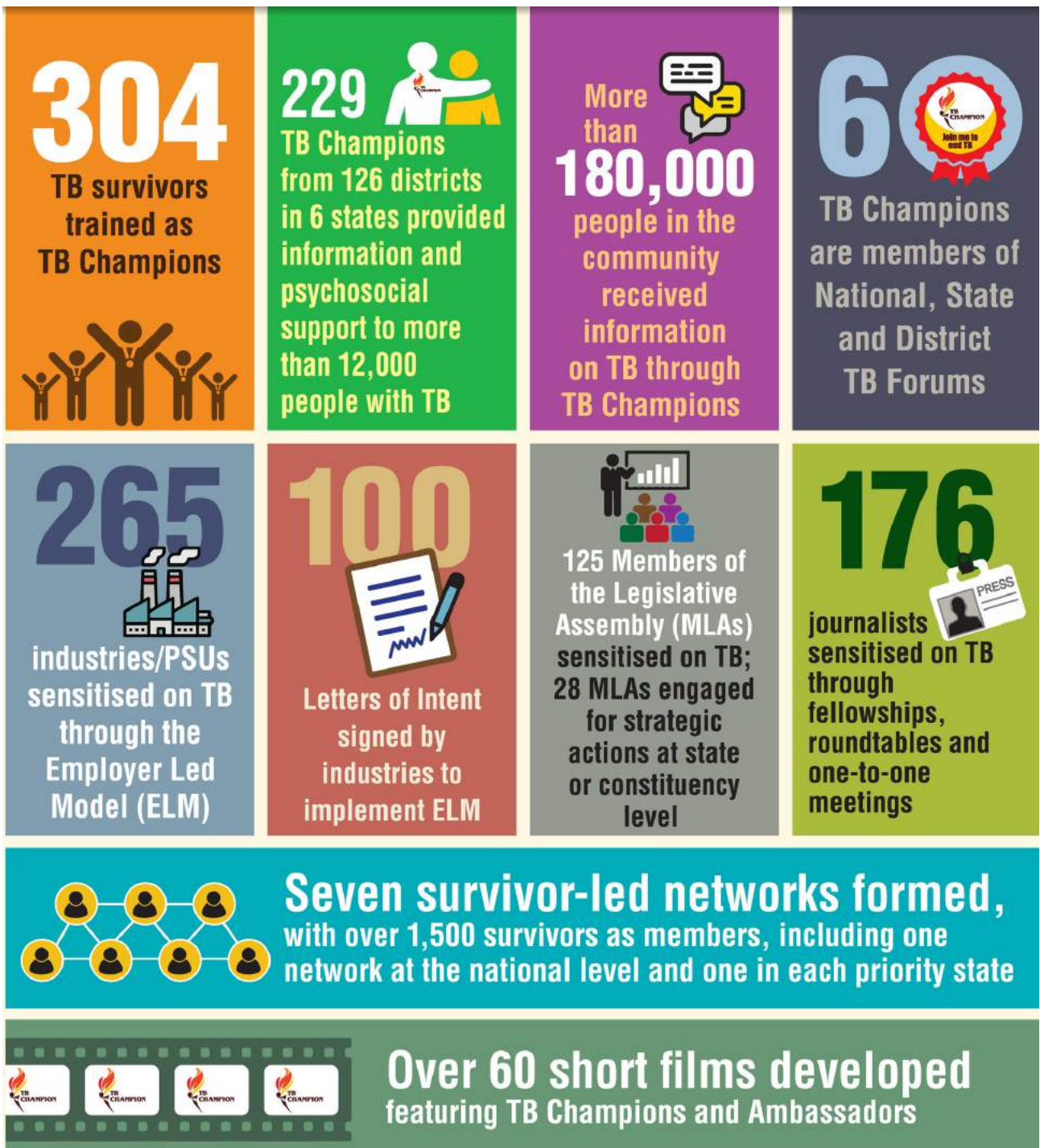
Today, she is a member of the Global Fund Youth Council, a body formed by the Global Fund Secretariat to bring the unique reality of adolescents and young people, in all their diversity, to the attention of the Executive Director of the Global Fund. The Youth Council provides insight into the needs and challenges they face in relation to the three diseases – HIV, TB and malaria, and more broadly to other aspects of their health and well-being. Himani is the only representative of TB-affected communities from India on the Council.

Himani continues her work as a TB Champion and as a member of TB Mukta Chhattisgarh, the state's survivor-led network. She is working to strengthen the network and involve more young people in the TB response.

# KEY RESULTS

Through this project, REACH has created a cadre of TB survivors and Champions who are actively engaged in the TB response, facilitated the formation of survivor-led networks, advocated for the participation of industries through the Employer Led

Model, engaged elected representatives for greater attention to TB, facilitated inter-sectoral coordination between various departments (beyond health) and piloted TB Mitra, a unique mobile-based application for use by communities.





# LOOKING AHEAD

## The Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project

*Reaching the last mile towards TB Elimination*



In 2019, REACH was awarded the LON (Local Organization Network) grant by USAID, for the period 2019 - 2023, to build on the achievements of the TB Call to Action Project and further strengthen the meaningful engagement of communities in the TB response.

The Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) Project is now

underway in the four focus states of Jharkhand, Odisha, Chhattisgarh and Tamil Nadu.

The goal of the project is to improve the environment for TB elimination by promoting community action for accountability. The project positions the community as ALLIES to the TB programme and adopts an approach based on recognition of both rights and responsibilities.

## OBJECTIVES



**CREATE:** To create powerful advocates to undertake strategic advocacy for enabling environments to shape rights-respectful, gender and age-responsive TB services



**ESTABLISH:** To establish community-owned mechanisms to monitor quality of TB care and services, and give feedback to the program for timely responses, helping institute accountability and strengthening community empowerment



**GENERATE:** To generate local solutions and resources in response to identified needs



**PROMOTE:** To promote discourse on enabling the policy, regulatory and financial environments to support TB elimination and reduce TB-related stigma/discrimination at state and national levels.

The first six months of the project was dedicated to preparatory steps including the strategic design of activities, planning, recruitment and establishment of partnerships. The ALLIES project is being implemented in three intervention districts in each

priority state, along with implementing partners Child in Need Institute (CINI) in Odisha and Jharkhand and German Leprosy and TB Relief Association (GLRA) in Chhattisgarh. In Tamil Nadu REACH will implement the activities directly.

# IMPROVING MEDIA REPORTING On NCDs IN INDIA

A media initiative to improve the quality and frequency of media reporting on Non-Communicable Diseases (NCDs) in India

Since 2018, with support from Lilly Global Health Partnership through United Way Worldwide, REACH has expanded the focus of its engagement of journalists to address NCDs, in addition to TB. Every year, the focus is on a different NCD, with Mental Health being the theme for 2019-20.

## OBJECTIVES



**ENCOURAGE:** To encourage and support quality media reportage of NCDs



**CREATE:** To create an informed and skilled cadre of journalists



**SKILL:** To skill newsmakers/media spokespersons in government institutions, NGOs and CSOs



*REACH Media Fellows with Mr. Keshav Desiraju IAS (Retd.), former Health Secretary, GOI and Dr. Lakshmi Vijayakumar, Founder SNEHA and HoD of Psychiatry, VHS Chennai at the valedictory session of the Fellowship orientation workshop held in November 2019 in Chennai*



## 2. National Media Fellowship

Geetika Mantri, reporter at The News Minute, was awarded the REACH Media National Fellowship for Reporting on Mental Health. She wrote four stories on mental health exploring the impact of social pressures on mental health as well as the impact of COVID-19 on the mental health of the public. In her story on the impact of social expectations on prenatal depression, she included interviews of people who experienced

antenatal depression as well as doctors who have treated such women. Her story series on the impact of coronavirus pandemic on mental health included one on anxiety and mental health and how people could cope with increasing pressures, one on loneliness experienced by those locked down away from friends and family, and one on the struggles of people living with mental health issues during the pandemic.

### How social expectations can push women into prenatal anxiety, depression

Women are often made to believe that they have to choose between their own health and that of their foetus or baby.



### The struggles of living with mental illness under a lockdown

While pharmacies can usually sell a month's medication to patients with a prescription, due to the lockdown, they are only able to sell a week's dose at a time now.



### Lonely during lockdown: What isolation is doing to people and how to cope

The lockdown has disrupted routines and confined people to one space, which can make them feel lonely or exacerbate existing feelings of the same.

### Anxious due to coronavirus pandemic? Here's how you can manage your mental health

Mental health experts believe that the number of people presenting with more anxiety and stress due to the coronavirus pandemic is likely to grow.



### 3. Resources for journalists on mental health

Seven resources on mental health, including two translated into Hindi, were published and disseminated to over 1000 journalists across India.

### 4. Webinars for journalists

A webinar on youth mental health promotion was held for journalists in February 2019. The key speaker was Dr Pradeep B.S. Head of the Dept of Epidemiology, NIMHANS, Bengaluru (*pictured in inset below*). He spoke on the importance of writing stories focusing on positive aspects of youth mental health and the community response to rising mental health issues among the youth.

## What can India do to prevent mental health problems amongst youth?

- Focus on mental health promotion as the answer
- Opportunities
  - DMHP is in every district in the country
  - Adolescent health clinics
  - Wellness clinics
  - Yuva Spandana scale up
  - Educational reformation – preparing the youth with 21<sup>st</sup> century skills
- Conduct Youth Mental Health Survey



# BEYOND PROJECTS

# Visitors to REACH

## USAID visit

A high-level team from USAID visited several REACH project implementation sites in Tamil Nadu between 23 May and 26 May 2019. The team was led by Mr. Xerses Sidhwa, then Director, Health Office, USAID/India; Dr. Reuben Swamickan, Division Chief, Tuberculosis and Infectious Diseases, Health Office, USAID/India and Ms Amrita Goswami, Project Management Specialist, USAID/India.

The team visited Chennai for the public private mix (PPM) activities and then travelled to Trichy, Thanjavur, Madurai and Kanyakumari.



## AA&D visit

Ahead of the launch of the Linking to Care project, Mr. Tom Nicholson and Mr. Michael Wilson from Advance Access and Delivery (AA&D) made a preliminary visit to REACH in Chennai in October 2019. The results and important outcomes of the literature review, data analysis and dipstick survey were presented during the meeting. Mr. Wilson shared the protocol adopted in screening of Diabetes Mellitus (DM) and indicators used in Durban, South Africa, where a similar project was already underway.

The team interacted with diabetologists at the REACH Nakshatra Centres and other Private Practitioners to understand the current practices and challenges faced in the management of DM and Hypertension among people with TB.



## Joint Monitoring Mission visit

The Government of India-World Health Organisation-led Joint Monitoring Mission (JMM) visit took place on 15 and 16 November 2019 in Chennai. The team was led by Dr. William Wells, Senior TB Technical Advisor, Infectious Disease Division, USAID and Dr. Nevin Wilson, TB Consultant along with other senior consultants and representatives from the civil society. The team interacted with chest physicians, general and speciality practitioners.

The team also visited the Nakshatra Centre at Voluntary Health Services, Taramani, Chennai, to see how the private sector was supporting the TB programme.





# REACH at the 50th Union World Conference on Lung Health, Hyderabad

## 30 October - 2 November 2019

- 16 TB Champions received scholarships to attend the 50th Union World Conference on Lung Health held in Hyderabad in October 2019. They spoke at Community Connect sessions titled 'From TB survivors to TB Champions - Building a cadre of committed advocates' and 'TB Champions as peer supporters through the TB care cascade: personal testimonies from India.'



- The TB Champions also attended the first ever Survivors Summit, where they interacted with survivors from over 10 countries, whose lives have been marked by TB, tobacco use, asthma, COPD, and other lung diseases. This entirely peer-driven meeting also saw them interact with film and television actress Claire Forlani, ambassador for The Union at the 50th edition of the conference (*pictured left with TB Champions*).
- TB Mukh Vahini, Bihar's survivor-led network was selected for an oral abstract presentation at the conference titled 'TB Mukh Vahini, Bihar - A network of survivors: working to ensure a rights-based, patient-centric ecosystem.'
- Dr Ramya Ananthakrishnan, Director, REACH presented a poster on 'Why don't presumptive TB patients reach the microscopy centre? - Findings from Tamil Nadu, a southern Indian state. This was part of a poster discussion series on 'Can we find the 'missing persons' with TB through better quality services?'
- Dr Ramya also spoke at a session on 'Stigma: the biggest barrier to end TB by 2030 - Assessing TB Stigma for a Rights Based TB Response', organised by the Global Coalition of TB Activists at the conference.
- The REACH team presented three oral abstracts, one each on Community engagement & advocacy for better lung health', 'Rights-based considerations in TB person-centred care' and 'Engaging the Private Sector in TB Care.'
- REACH and the Stop TB Partnership coordinated a pre-conference workshop on 'An enabling environment for Universal Access in India: overcoming and reforming legal and policy barriers to accessing TB services.'
- Anupama Srinivasan, Asst. Director of REACH, presented at a post graduate course titled Gender Gender Integration for TB programming: essential elements for achieving sustainable health outcomes; with examples from India.'

# World TB Day 2020

- Due to COVID-19, all REACH activities for World TB Day 2020 were scaled down and largely restricted to the virtual world. In the weeks leading up to World TB Day 2020, REACH ran a social media campaign #TBInFocus on its Twitter and Facebook pages. Through the campaign, awareness was raised on four main themes: Frontline workers and Stigma, Women and TB, Cough Hygiene and Quality of Care. These included women-themed messages for International Women's Day 8 March 2020. On World TB Day, REACH also shared inspirational videos featuring the journey of TB Champions and the role they play towards #EndTB



Images shared on social media as part of a campaign to raise awareness on key TB issues

- On the occasion of World TB Day, stories of TB Champions and their mentors were published in local dailies highlighting their fight against the disease and their work with communities.
- Posters on cough hygiene and handwashing were displayed at the Nakshatra Centres in Chennai.
- Rashmika Majumdar, Senior Media and Communications Associate at REACH contributed an article to The New Indian Express, looking at how women are leading the fight against TB and are, in the process,



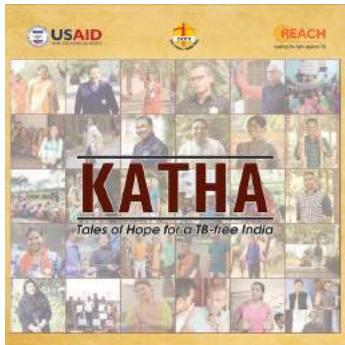
empowering themselves. Read the story here: <https://www.newindianexpress.com/opinions/mindspace/2020/mar/24/how-women-lead--the-fight-against-tb-2120713.html>

# REACH at Meetings & Conferences

DATE	ATTENDED BY	DETAILS
May 2019	Nalini Karunakaran	Ahmedabad CAB visit: As a member of the Chennai Community Advisory Board (CAB) of the NIRT-STREAM study Trial-2
August 2019 & January 2020	Anupama Srinivasan Dr. Raghini Ranganathan	<ul style="list-style-type: none"> <li>• Workshop on Gender responsive approach under RNTCP - Held at NTI, Bangalore</li> <li>• Workshop of stakeholders to finalise training modules of gender-responsive approach to TB, held in New Delhi</li> </ul>
October 2019	Anupama Srinivasan	<p>50th Union World Conference on Lung Health, Hyderabad</p> <ul style="list-style-type: none"> <li>• Presented oral abstract on 'Building the capacity of TB survivors to be empowered Champions and Advocates: A report from India'.</li> <li>• Panelist at a side-event organised by The Union and the Gates Foundation</li> <li>• Facilitated Community Connect Sessions featuring TB Champions</li> </ul>
October 2019	Dr. Raghini Ranganathan	<p>50th Union World Conference on Lung Health, Hyderabad</p> <ul style="list-style-type: none"> <li>• Presented an oral abstract titled 'Pattern of referrals among different types of Private Practitioners in Chennai'</li> </ul>
October 2019	Smrity Kumar	<p>50th Union World Conference on Lung Health, Hyderabad</p> <ul style="list-style-type: none"> <li>• Presented oral abstract on ' Building Survivor Led Network : A report from Bihar and Jharkhand - India '</li> <li>• Facilitated Community Connect Sessions featuring TB Champions</li> </ul>
November 2019	Dr. Ramya Ananthkrishnan Dr. Raghini Ranganathan	Grantee meeting for Wave 7 grantees held in Ho Chi Minh City, Vietnam
November 2019	Smrity Kumar	Joint Monitoring Mission-NTEP: As member of JMM team visited Assam and participated in ACSM and Community Engagement group discussions

# Publications

The following publications were developed through the TB Call to Action project:



Katha: Tales of Hope for a TB-free India, a coffee table book featuring profiles of leaders from among TB Champions, mentors, industries and elected representatives, was launched at the National Dissemination meeting in January 2020



Thematic and state-specific Impact reports on the the TB Call to Action Project, chronicling key interventions and achievements, were also published in January 2020



A compilation of stories of courage and perseverance of TB survivors and Champions from Jharkhand was published. The stories trace the transformational journey of TB survivors, who have now become TB Champions and are supporting others affected by TB.

# Communications & Social Media Campaigns

## Doctor's Day

On Doctor's Day (July 1) 2019, REACH acknowledged the support of Private Practitioners (PPs) in the TB Free Chennai Initiative by publishing a special edition of REACHing Out. The newsletter was personally handed over to PPs by the REACH team and contained updated information on Fixed Dose Combination weight-band guidelines.



Doctors receiving the special edition of 'REACHing Out' newsletter for Doctor's Day - 1 July 2019. Top right - a glimpse of the special newsletter

## #FreedomFromTB Social Media campaign

To acknowledge the efforts of field workers (staff, community volunteers, TB Nanbans, TB Champions) in the fight against TB, REACH held a 20-week-long campaign titled #FreedomFromTB #EveryActionCounts, beginning on the occasion of India's 73<sup>rd</sup> Independence Day on 15 August 2019. Here are a few glimpses from the campaign.





## Short films

The journey and impact of the work of 13 TB Champions from Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh were featured in a series of short films. These were widely shared on social media.



# Financial Statements

## Balance Sheet

RESOURCE GROUP FOR EDUCATION AND ADVOCACY FOR COMMUNITY HEALTH  
No.194, 1st floor, Arvaishanmugam Salai Lane, Lloyds Road, Royapettah, Chennai 600014  
BALANCE SHEET AS ON 31st MARCH 2020

LIABILITIES	SCH	AS AT 31.03.2020	AS AT 31.03.2019	ASSETS	SCH	AS AT 31.03.2020	AS AT 31.03.2019	AS AT 31.03.2020	AS AT 31.03.2019
<b>CAPITAL FUND</b>				<b>FIXED ASSETS</b>					
Opening balance		1,10,95,539	60,25,293	Office equipment		70,84,314	69,04,930		
Add: Excess of Expenditure over Income		28,20,131	58,70,141	Furniture		11,44,215	9,96,215		
Add : Donations in Kind			205	Computer		34,55,471	28,86,131		
Closing Balance		1,48,15,770	1,18,95,539	Gross amount		1,16,84,000	1,07,87,276		1,04,58,842
				Less: Accumulated depreciation	X		3,28,434		
<b>Corpus Fund</b>				Project Fund: WAVE 5 Project		59,11,555			11,69,296
Opening balance		90,00,000	90,00,000	Project Fund: Thaili Project					
Add : Receipts									
Closing Balance		90,00,000	90,00,000						2,75,00,000
<b>PROJECT FUNDS</b>				<b>INVESTMENTS</b>					
Axshaya Project - Round 9		17,09,827	16,01,395	Fixed Deposit		2,43,73,145			
USAID		19,88,370	24,02,308	<b>ADVANCE AND DEPOSITS</b>					
Conversion - TB		59,500	70,864	Security deposit		2,900			2,900
TB Reach Project		66,47,105	59,500	Telephone deposit		2,260			2,260
KNVCY Project		2,45,598	66,47,105	Rent advance		8,10,000			4,65,000
Impact project			2,45,598	Water deposit		850			850
Wave 5 Project			1,33,42,876	Staff Advances	VI	93,243			1,12,050
Thaili project		2,31,838	6,97,786	Advance to others	VII	28,076			2,74,769
Media NCD		31,90,038		L.T. Refund Due		2,93,325			2,11,001
ALLIES PROJECT-USAID		34,66,445							
Mentors for Community Health-WAVE 7		1,09,38,384		<b>CASH AND BANK BALANCES</b>					
Linking to Care Project - AA&D		23,51,969		Cash on hand		70,162			32,510
				Balance with Central Bank of India -1023823919	VIII	12,27,503			16,69,524
<b>Outstanding Liabilities</b>	V	8,79,833	10,88,106	Balance with Central Bank of India -3176244569		19,723			10,49,028
Yes Bank-Unknown credit		86,360		Balance with Central Bank of India -Axshaya project	IX	9,17,429			8,16,383
Interest Refund Due- USAID		1,69,705		Balance with Bank of Baroda -08140100013304		26,34,239			19,955
				Balance with Bank of Baroda -0814010006234		1,44,242			22,61,599
				Balance with Bank of Baroda - 08140100016393		10,50,021			6,471
				Balance with Bank of Baroda -08140100016479		62,57,825			1,66,720
				Balance with YES Bank -07453939000000011		2,00,250			8,31,909
		5,57,58,748	4,70,51,177			5,57,58,748			4,70,51,177

*S. Sindhu*

Dr.S.Ravi Subramanian  
President

*Nalini Krishnan*

Dr.Nalini Krishnan  
Vice Chairman

*Ramya Ananthakrishnan*

Dr.Ramya Ananthakrishnan  
Director

As per report attached

for M.R.Narain & Co.  
Chartered Accountants

P. Anand (M.No.16189)  
Partner



Place: Chennai  
Date : 05/11/2020

# Income & Expenditure Account

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

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2020

EXPENDITURE	Y.E. 31.03.2020 Amount in Rs.	Y.E. 31.03.2019 Amount in Rs.	INCOME	Sch	Y.E. 31.03.2020 Amount in Rs.	Y.E. 31.03.2019 Amount in Rs.
To expenses incurred for the objects of the institution	10,27,63,303	11,56,98,289	By Donations Received	I	16,55,000	7,30,000
To other administrative expenses:			By Income from investments / deposits	II	14,68,085	7,86,452
Salaries and Wages	83,41,434	92,10,633	By Other Income	III	11,75,03,370	13,61,64,344
EPF Admin charges	1,18,421	1,32,936	Income from Patient Charter Study		1,83,200	-
Travelling & Conveyance expenses	8,207	30,217	Prior period Income		2,42,235	74,388
Electricity charges	3,17,027	2,55,805	Mis Income-Interest earned in project		-	-
Telephone charges	3,13,189	5,26,023				
Postage and telegram	2,78,622	1,30,206				
Repairs & Maintenance - Others	6,14,004	3,77,411				
Insurance premium	75,774	75,768				
House Keeping Materials	2,72,439	3,27,015				
Review Meeting with staff	5,254	85,123				
Bank charges	87,614	30,812				
Staff Welfare	3,93,208	3,87,527				
Audit fees	66,100	54,300				
Rent	37,06,700	39,43,860				
Printing and Stationery	3,88,500	4,24,785				
Office Maintenance	-	-				
Advertisement Expenses	26,883	11,670				
Depreciation	1,12,341	71,731				
Computer/Equipment Maintenance	-	56,791				
Consultant fees	2,41,728	5,570				
Memberships & Subscription	-	8,660				
Excess of income over expenditure transferred to Balance Sheet	29,20,131	58,70,141				
	12,10,51,890	13,77,55,184			12,10,51,890	13,77,55,184

*S. Sundaraman*  
Dr.S.Ravi Subramanian  
President

*Malini Krishnan*  
Dr.Nalini Krishnan  
Vice Chairman

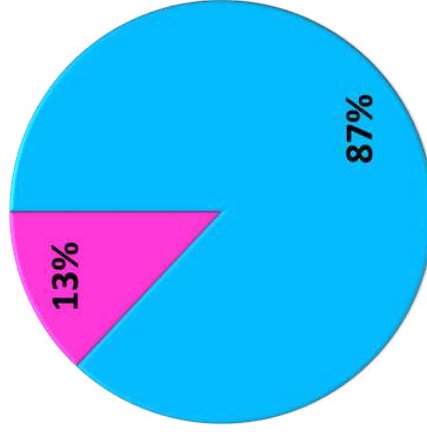
*P. Anand*  
Dr.Ranjiva Ananthakrishnan  
Director

As per report attached  
for M.R.Narain & Co.  
Chartered Accountants  
*P. Anand*  
P. Anand (M.No.16169)  
Partner

Place: Chennai  
Date: 05/11/2020

## Fund utilisation

for the Financial Year 2019-2020



- Project Implementation and Program activities
- Administrative Expenses



# Acknowledgements

The following people have been instrumental in our work, without whose unstinting support, advice and guidance, we would not have been able to fulfill our responsibilities towards TB-affected communities:

- Officials at the Ministry of Health and Family Welfare and the Central TB Division, New Delhi
- The Principal Secretary, Health, Tamil Nadu and Mission Director, National Rural Health Mission
- Commissioner, Deputy Commissioner-Health, and City Health Officer of the Greater Chennai Corporation
- Senior health officials, State and District TB Officers, State and District TB Centre representatives in Assam, Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh and Tamil Nadu.

We also thank our donors who continue to support us to carry out our work. We are especially grateful to our dedicated community volunteers and TB Nanbans for their sincere efforts. We also thank the private practitioners who support us to make Chennai TB-Free.

Finally, we would like to express our heartfelt gratitude to the many TB survivors, Champions 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 world.

## Donors

- M/s. Indian Motor Parts and Accessories Ltd
- Mrs. Menaka Parthasarathy
- M/s. KK Patel Foundation
- M/s. THG Publishing Pvt. Ltd
- M/s. Soundarapandian Bone & Joint Hospital
- Dr. K. Ranga

## Our Partners and Supporters



**USAID**  
FROM THE AMERICAN PEOPLE



International Union Against  
Tuberculosis and Lung Disease  
Health solutions for the poor



LILLY **GLOBAL HEALTH**  
PARTNERSHIP



# Executive Committee

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Dr. S. Siva Murugan, Vice-Chairman  
Dr. S. Ravi Subramaniam, President  
Ms. Suraksha Giri, Vice-President  
Dr. Nalini Krishnan, Executive Secretary  
Mr. K. Ravi, Secretary  
Mr. Prakash Idnani, Joint Secretary  
Mr. Rajivan Krishnaswamy, Treasurer  
Dr. Arjun Rajagopalan, Executive Member  
Ms. Geeta Ramaseshan, Executive Member

## The REACH Team

Dr. Ramya Ananthakrishnan, Director  
Mr. J. Gurumoorthy, Director - HR, Finance & Administration  
Ms. Sheela A, Deputy Director  
Ms. Anupama Srinivasan, Asst Director and Deputy Project Director, TBC2A  
Mr. Subrat Mohanty, Senior Advisor & Project Director, ALLIES  
Dr. Jaya Shreedhar, Sr. Technical Expert, ALLIES & Media-NCD Project  
Ms. Smrity Kumar, Director - Strategic Partnerships and Project Director, TBC2A

### Admin & Finance Team

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Mr. M. Kumar, Senior Manager - Finance & Administration, ALLIES  
Ms. S. Thamizhselvi, Manager - Finance & Administration, ALLIES  
Mr. Ramesh Chand, Administrative Officer, ALLIES  
Ms. V. Rajalakshmi, Administrative Officer  
MS. B. Indu, Finance Officer  
Ms. B. Prema, Account Assistant  
Ms. P. Suriya, Assistant - HR & Administration  
Mr. M. Ganapathy, Admin Support

## Linking to Care Initiative

Dr. Radha R, Senior Technical Consultant  
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Ms. P. Sujatha, Program Manager  
Mr. James Jeyakumar Jaisingh, Program Manager  
Ms. T. Margaret, Assistant Program Manager

Mr. T. Rajeswaran, M&E and Data Manager  
Mr. M. Krishnamoorthy, Data Associate  
Mr. M. Pandiyan, Data Entry Operator  
Ms. Amrita Limbu, Data Entry Operator

Mr. S. Saravana Kumar, Zonal Coordinator  
Mr. A. Reegan, Zonal Coordinator  
Ms. A. Bhuvaneshwari, Zonal Coordinator  
Mr. S. Andrews Christopher, Zonal Coordinator  
Ms. R. Rubini, Zonal Coordinator  
Mr. Revathy Krishnamoorthy, Zonal Coordinator  
Ms. Y. Sarumathi, Zonal Coordinator

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Ms. R. Lakshmi, Lab Technician  
Ms. R. Nandhini, Lab Technician

Ms. S. Mangaiyarkarasi, Senior TB Nanban  
Ms. M. Deenathayabari, Senior TB Nanban

Mr. M. Joseph Soundararaj,  
Community Program Coordinator

### TB Nanbans

Ms. R. Kalpana  
Ms. G. Suganya  
Ms. N. Lakshmi  
Mr. A. Anbarasan  
Ms. S. Shanthi  
Ms. S. Juliet Jaya Seeli  
Ms. E. Poomin Chitharathi  
Mr. S. Sathan Kumar  
Ms. K. Rukmani  
Ms. N. Revathy  
Ms. J. Suguna Devi

Mr. C. Jaya Felix  
Mr. A. Reeta  
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Ms. D. Sasikala  
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Ms. G. Usha  
Ms. L. Pretha  
Ms. S. Ponni  
Ms. J. Aishwarya  
Ms. S. Muthulakshmi  
Mr. R. Praveen  
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Ms. Tintu Joseph  
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Ms. R. Shamily  
Ms. M. Roselin  
Ms. B. Jaya Sudha  
Ms. A. Zeenath  
Ms. R. Sharmila  
Mr. R. Soundhararajan  
Ms. K. Kalaiarasi

## Project Axshya

Mr. P. Rajeswaran, Program Manager  
Mr. S. Srinivasan, District Coordinator (DC) -  
Trichy  
Mr. G. Venkatraman, DC - Krishnagiri  
Mr. G. Sumesh, DC - Thanjavur  
Mr. Y. Charles, DC - Cuddalore  
Ms. S. Jayachandran, DC - Madurai  
Mr. V. Ashok Kumar, DC - Madurai

## Mentors for Community Health

Dr. Raghini Ranganathan,  
Senior Technical Coordinator  
Ms. K. Nalini, Senior Program Manager  
Mr. V. Pothagar, DC - Villupuram  
Mr. A. Gnanasekaran, DC - Salem  
Mr. V. P. Kannadasan, DC - Vellore  
Mr. M. Kumaravel, DC - Tirunelveli  
Ms. K. Raja Rajeswari,  
Field Supervisor (FS) - Villupuram  
Ms. G. Indira, FS - Salem  
Ms. D. Jalastin Sheela, FS - Tirunelveli  
Mr. S. Robert John Kennedy, FS - Vellore  
Mr. R. Saravana Kumar, FS - Vellore

## Improving Media Reporting on NCDs in India

Ms. Rashmika Majumdar,  
Senior Media & Communications Associate

## ALLIES Project

Dr. Sripriya Pandurangan, Deputy Project Director  
Mr. Rahul Dutta, Sr Manager - M&E  
Ms. Sushmita Malaviya,  
Sr. National Program Manager  
Ms. Anuradha Panda, National Program Manager  
Mr. Diwakar Sharma,  
State Program Manager (SPM) - Jharkhand  
Mr. Debajyoti Mohapatra, SPM - Odisha  
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Mr. Fidius Kerketta, SPM - Chhattisgarh  
Ms. Valencia D'Souza, Program Associate  
Mr. N.P. Abhijith, Program Associate  
Mr. S.P. Vignesh, District Strategist, Villupuram  
Mr. V. Senthil, District Strategist, Vellore  
Mr. R. Karthikeyan, District Strategist, Coimbatore

## TB Call to Action Project (completed in January 2020)

Dr. Pankaj Dhingra, Sr. Medical Officer  
Mr. Amit Sharma, Monitoring & Evaluation Manager  
Mr. Praveen Kumar Sharma,  
Sr. Finance & Admin Manager  
Ms. Pragya Mishra, Programme Manager  
Dr. Karabi Majumdar, Programme Manager  
Mr. Pankaj Singh Baghel,  
State Coordinator (SC) - Bihar  
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Ms. Mukta Sharma, SC - Uttar Pradesh  
Mr. Piyush Malviya, SC - Chhattisgarh  
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Mr. Abhishek Bhardwaj, Administrative Officer



# Contact Us



leading the fight against TB

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[www.reachindia.org.in](http://www.reachindia.org.in)

 : [www.facebook.com/SPEAKTB](https://www.facebook.com/SPEAKTB)

 : [@speaktb](https://twitter.com/speaktb)





leading the fight against TB