

## Evaluation Report of the TB initiatives for the Homeless People of Delhi



**HUMANA**  
PEOPLE TO PEOPLE INDIA

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## Abbreviations

|   |
|---|
| APPI – Azim Premji Philanthropic Initiative           |
| ART – Anti Retroviral Treatment                       |
| ATT – Anti TB Treatment                               |
| CSO – Civil Society Organization                      |
| DBT – Direct Bank Transfer                            |
| DOT – Directly Observed Treatment                     |
| DR-TB – Drug Resistant TB                             |
| DS-TB – Drug Susceptible TB                           |
| DTO – District TB Officer                             |
| FGD – Focused Group Discussion                        |
| FO – Field Officer                                    |
| HIV – Human Immunodeficiency Virus                    |
| HMIS – Health Management Information System           |
| HPPI – Humana People to People India                  |
| HRSC – Homeless Resource and Service Centre           |
| LTFU – Lost to Follow Up                              |
| MDR – Multi Drug Resistant                            |
| MTB – Mycobacterium Tuberculosis                      |
| NGO – Non Government Organization                     |
| Rif – Rifampicin                                      |
| RNTCP – Revised National Tuberculosis Control Program |
| RR – Rifampicin Resistant                             |
| TB – Tuberculosis                                     |
| TBHV – Tuberculosis Health Visitor                    |
| USD – United States Dollar                            |

## Executive Summary

Delhi has an estimated homeless population of more than 250,000<sup>1</sup>. Estimating high TB burden among the homeless people due to unhealthy lifestyle, poor living conditions and frequent change of places, Humana People to People India (HPPI) initiated TB interventions among homeless people of Delhi who had so far no access to TB treatment services. The TB initiative was implemented as part of HPPI's larger project of Homeless Resource and Service Centre (HRSC). The HRSC aimed to bring overall improvement in the lifestyle of the homeless people of Delhi and was supported by Azim Premji Philanthropic Initiative (APPI). HPPI implemented the TB initiative from December 2017 till September 2019 in 45 sites of 5 districts of Delhi and made its end-line evaluation in September 2019 to ascertain overall achievements and impact.

The FOs (Field Officers) of HPPI symptomatically screened homeless people for TB on roadsides, public places and night shelters at different times of the day and night as per their availability, collected sputum samples of the TB presumptive cases and transported them to local chest clinics for testing. Those detected with TB were put on treatment by the chest clinics. HPPI shifted serious patients like co-infected, DR-TB, alcoholic and chronic lost-to-follow-up to existing recovery shelter for institutional medical care. The relatively stable patients received DOT on roadsides, night shelters and temporary establishments under regular supervision and support of the FOs, who also created follow-up linkages with chest clinics.

Locating TB patients on the roadsides and ensuring their treatment adherence on daily basis was a major challenge due to their frequent migration for jobs, police raids and rapid demolition-construction works of their living places. The FOs adopted a number of feasible strategies to ensure their treatment-adherence and subsequently successful treatment completion. Additionally, chronic addiction to drugs and alcohol, lack of adequate food intake, absence of social security documents and bank accounts also hampered their TB treatment and other entitled benefits which the FOs tried to address with some useful learning and success-stories culminating at the end.

The analysis of the project Health Management Information System (HMIS) displayed that between December 2017 to August 2019 HPPI screened 24,538, mostly male, homeless people, identified 864 presumptive cases, got 585 of them tested at chest clinics with detection of 233 TB patients (9 of them were RR/MDR patients); average estimated TB incidence rate stood at little more than 1,400 per 100,000. 193 out of 233 TB patients were put on treatment at the chest clinics. Treatment outcome wise, excluding 69 patients who were on treatment during evaluation, successful treatment completion rate was 50%, Lost to Follow Up (LTFU) rate was 23% and death-rate was 14%. Unfavorable treatment outcomes like high LTFU and death rates were more prominent in the recovery shelters where serious and complicated TB patients were detained and treated. Interactions with selected TB patients in the field during evaluation revealed substantial contribution of the FOs of HPPI in terms of helping them in accessing diagnostic and treatment services of the chest clinics and successful treatment completion. The FOs also helped those living in temporary establishments (*jhuggi*) to open

bank accounts through which those TB patients utilised the financial benefits under RNTCP. The DTO of New Delhi district, who had been interviewed in the evaluation, acknowledged the support of the TB initiative of HPPI for the homeless people and stated that they are keen to continue such collaboration with HPPI to serve more homeless TB patients of Delhi in future. The chest clinics don't have resources and mechanism to reach the homeless people for TB screening and treatment follow-up at the odd hours of night or day where a partner like HPPI can add true assistance and value. The TB initiative of HPPI under HRSC project is the reflection of the deep-rooted and serious TB problem in the homeless people of Delhi which needs to be addressed promptly with optimum attention and resources.

<sup>1</sup>Night Shelters: Hidden city of the homeless, *The Indian Express*, Thursday, October 24, 2019

# Chapter One:

## Tuberculosis (TB) among homeless people

### 1.1 Background

Thousands of people, belonging mostly to low socio-economic strata of the society visit Delhi on a daily basis in search of livelihoods. They hail from states like Bihar, Uttar Pradesh, Jharkhand, Madhya Pradesh and West Bengal and land into wage-based, meagerly paid jobs here which somehow enable them to make ends meet. Most of them lack money to rent a place to stay. They spend their nights on the roadsides or public places while those who are little better-off manage to secure shelters inside temporary establishments called *jhuggi* in vernacular. Unsteady and unhygienic lifestyle, absence of adequate food and self-care, frequenting addictions like drugs and alcohol and constant mobility within the local areas for the sake of wages puts the homeless folks under regular risks of diseases, accidents and committing crimes.

### 1.2 Description

Delhi has an estimated homeless population of more than 250,000. They have no homes or fixed places to sleep at night. They spend nights on the footpaths, below the flyovers, in the premises of temples, mosques and *gurdwaras*, inside the railway stations, bus stations and parks and sometimes within temporary, small and fragile *jhuggis* made of plastic sheets and bamboo sticks. A fraction of homeless people live in unauthorized, one-room slums generally on a monthly rent of 1500 – 2000 rupees. The slum-dwellers use electricity in illegal ways like hooking from the general sources and collect water from near by public sources like water taps and tubewells. These slums are located mostly below the metro railway lines with garbage and unhygienic conditions around. Except those living in such slums, the homeless people generally live alone. Government of Delhi, in collaboration with private organizations and NGOs, has arranged limited number of night shelters (presently 253) for the night-stay of the homeless people which can currently accommodate around 20,000<sup>2</sup>. The homeless people are engaged in jobs like loading and unloading of building materials at various construction sites, manual transportation of goods, small retail trades, door-to-door salesmanship, rag picking, cleaning of roads, markets and shops, rickshaw pulling, domestic helps and even begging. On daily basis they earn an average of 150 – 200 rupees (less than 3 USD) per day<sup>3</sup>, which means if there is no work on any of the days they remain without a penny. Most of the time local job contractors contact them and put them into daily wage at different constructions sites on rotation. This makes the homeless workers move around various places to earn their livelihoods. There are no fixed job hours for homeless workers. They work without break from morning till night for a meagre income. Their instances are probably the liveliest accounts of modern day slavery. Jobless vagabonds and socially excluded mentally challenged people are also available within the homeless population. Most of the homeless people are illiterate<sup>4</sup>, some can barely sign their names. Some of them are school dropouts.

They don't possess any specialized job skills that can bring them better livelihoods. Illiteracy, absence of education and skill and lack of intellectual abilities bring them to poorly paid, low-income jobs which need strenuous physical labor. Unfortunately, their meagre income cannot provide them sufficient food and nutrition that is so badly needed to compensate for the heavy physical toil. The homeless people often seek entertainment in alcoholism and drugs because they are readily available at street sides. They spend their hard-earned money after such cheap addictions, further neglecting their health and nutrition. Injecting drugs in groups is a common affair among the homeless folks of Delhi. Chronic addiction eventually makes them jobless and penniless, while contracting HIV through sharing of needles and syringes becomes a big risk for them. Moreover, periodic sexual contacts with street-based female sex workers, many a times unprotected and under the influence of alcohol and drugs, increases the chances of HIV transmission many folds. To add fuel to fire, most of such people are denied access to social security measures like Aadhar cards, voter identity cards and bank accounts that the citizens of the country are entitled for. This critically hampers the utilization of life-saving health and other social services as part of their citizens' rights.

### 1.3 Vulnerability of homeless people to Tuberculosis (TB)

A scientific study published in the Indian Journal of Public Health Research & Development (Jan-Mar, 2013 issue) showed that between 2006 – 2010, 2,773 autopsies were conducted in the morgue of LHMC (Lady Hardinge Medical College) of Central Delhi, out of which 749 (27.01 per cent) were unclaimed bodies of homeless people. Among them, 122 died of pulmonary TB. Which means pulmonary TB accounted for 16.28 per cent of mortality among the homeless people of Delhi<sup>5</sup>. A study in Chennai found TB prevalence in homeless adults to be at least five times higher than in the general population<sup>6</sup>. There is still no definitive TB prevalence survey report available for the homeless people of Delhi. We can still assume much higher vulnerability of the homeless people to TB than general population due to the following reasons:

1. Chronic under-nutrition due to lack of adequate food that weakens their body immunity
2. Chronic alcoholism and drug addiction including smoking that weakens body immunity further
3. HIV infection
4. Poor lifestyle – one, poorly ventilated room is utilized by many people to sleep at night
5. Poor or no access to public healthcare services due to losing of wages, absence of proper identity cards and fixed home address for which treatment may be denied
6. No awareness or education on TB

<sup>2</sup>Hidden city of the homeless, *The Indian Express*, Thursday, October 24, 2019.

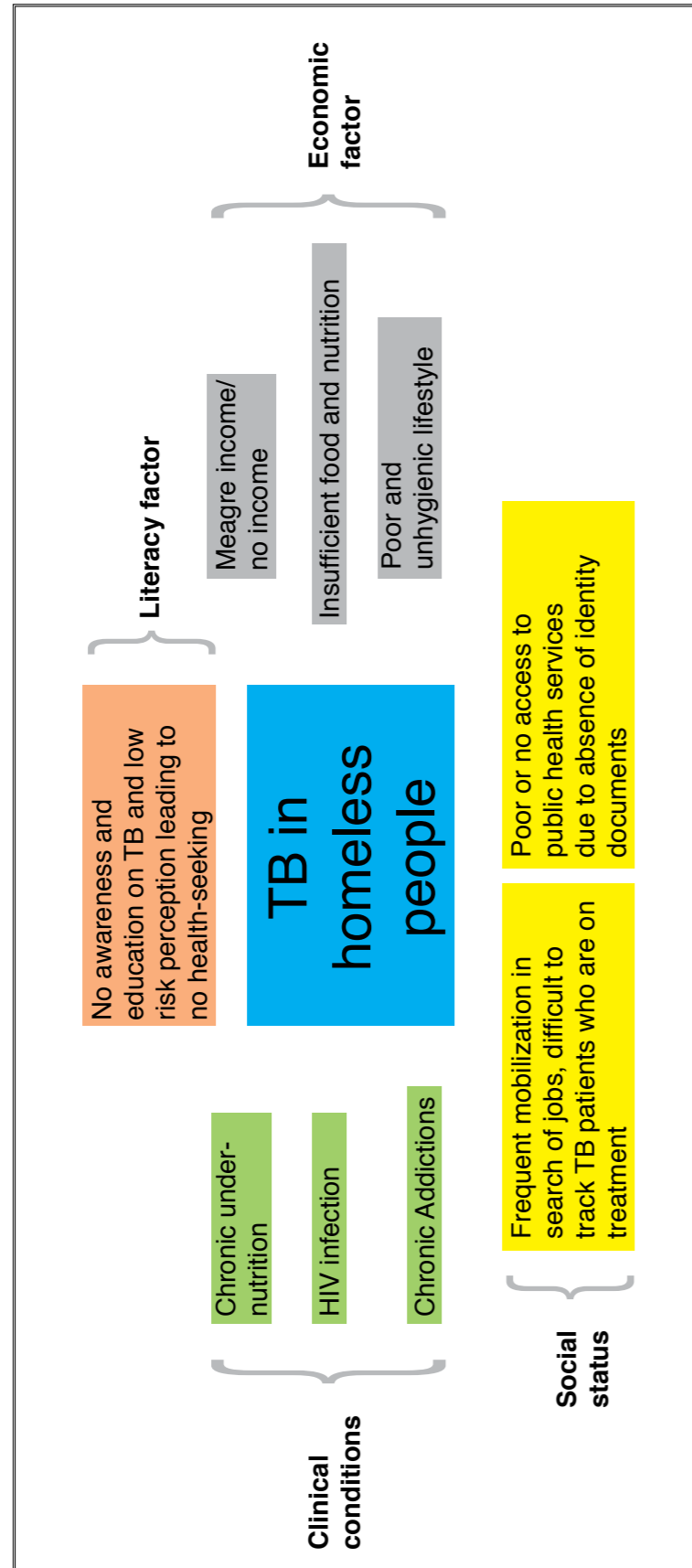
<sup>3</sup>Statements made by the FOs in the interviews during evaluation. No study report available to substantiate this fact.

<sup>4</sup>The baseline survey of HRSC project informed us that around 45% of the homeless people of Delhi are illiterate.

<sup>5</sup>Jyostna Singh, *Homeless and sick Study shows high incidence of TB among Delhi's shelterless*, *Down to Earth*, 04 July' 2015 (<https://www.downtoearth.org.in/news/homeless-and-sick-40673>).

<sup>6</sup>Chandrakumar Dolla, et.al. *Tuberculosis among the homeless in Chennai city, South India*. *Transactions of The Royal Society of Tropical Medicine and Hygiene*, Volume 111, Issue 10, 1 October 2017, pp. 479–481.

Box 1: Factors enhancing TB vulnerability to the homeless people



## Chapter Two: About Humana People to People India (HPPI)

### 2.1 About HPPI

HPPI is a development organization focused on improving the lives of people by providing access to basic needs such as education, health services and better livelihood through the establishment and implementation of projects that aim at transferring knowledge, skills and capacity to individuals and communities that need assistance to come out of poverty and other vulnerable conditions.

Institutionally, HPPI is registered with the Company Law authorities as a not-for-profit company and has a comprehensive framework to ensure all legal compliances.

HPPI is currently implementing more than 70 projects in 14 different states of the country, reaching out to around two million people annually. HPPI works with more than 70 partners, which include government sectors, private corporations and international funding agencies.

### 2.2 HPPI's initiatives to improve the lives of homeless people of Delhi

The belief that 'homeless citizens have a right to a dignified life' has propelled HPPI to work towards improving the quality of homeless citizens in Delhi. For the past eight years, HPPI, in cooperation with the Delhi Urban Shelter Improvement Board - DUSIB and other departments of the government of Delhi and several local NGOs, has worked relentlessly towards this cause. In 2017, Azim Premji Philanthropic Initiatives (APPI) joined hands with HPPI in this initiative to establish the HRSC in Delhi. The Centre worked with a vision to reach out to 15,000 homeless citizens over a period of three years by providing them services such as legal advice, health services and awareness, job counselling, linkages to social welfare schemes and support to victims of domestic violence. Sports and cultural events are also organized in shelters for the recreational purpose of homeless children, youth and adults.

The HRSC is a three-year project that started in October 2016 with the objective of improving the quality of life of 15,000 homeless citizens in Delhi within a span of three years. The primary focus of this project was to enable 15,000 homeless citizens benefit from the planned activities, and that at least 20–25% (3000 – 3750) to obtain notably better life quality and opportunities including jobs for around 100 – 150 individuals.

The planned activities include non-formal education, setting up of Help Desks providing assistance to homeless people in getting their personal IDs like Aadhar card, Voter card, etc. which further gives them access to several other benefits like LPG subsidy, Digital locker system 'DigiLocker' for storage of personal documents at the government's server, linking to various social welfare schemes, opening of bank accounts, easy transfer of monthly pension, etc.

**Website of HPPI for detailed information about organizational activities:**

[www.humana-india.org](http://www.humana-india.org)

## Chapter Three: HPPI's TB initiative for homeless people of Delhi

### 3.1 Background

HPPI initiated TB interventions from December 2017 under HRSC project as a part of providing basic healthcare to the homeless people. Assuming high TB burden among the homeless people due to unhealthy lifestyle, poor living conditions and frequent change of places, HPPI strongly felt the need of urgent TB interventions among the homeless people of Delhi who had so far no access to the local public TB treatment services.

Before implementing this initiative, HPPI acquired good experiences of working with the underprivileged and vulnerable slum population of Delhi under Axshya<sup>7</sup> TB project with the support of the International Union against Tuberculosis and Lung Diseases (The Union) and Global Fund to fight AIDS, TB and Malaria. The Axshya project helped HPPI to form a well-oriented and experienced TB workforce within the organization. The members of the same workforce were mobilized to implement the TB initiatives for the homeless people of Delhi under the HRSC project. HPPI had created effective linkages with the chest clinics and Delhi State TB Cell via the Axshya project which were equally utilized during the implementation of the TB interventions for the homeless people.

### 3.2 Key objectives of the TB interventions of HPPI for the homeless people

- 1) Detect TB symptomatics (presumptive TB cases) among the homeless people and help them to be tested at the local chest clinics for TB
- 2) Assist the TB patients who are detected after testing to initiate, adhere and complete treatment under RNTCP at the chest clinics
- 3) Create TB awareness and education among the homeless people
- 4) Help the homeless people to have critical documents like Aadhar cards, voter identity cards and bank accounts which are essential to fully utilize the TB and other related services of RNTCP

### 3.3 Brief description of the activities

The FOs of HPPI educated homeless people on TB and verbally screened them for TB symptoms on the roadsides, public places and night shelters at different times of the day. They collected sputum samples of the TB symptomatics/presumptive TB cases and transported them to the local chest clinics for testing. The FOs further helped those detected with TB to start TB treatment at the chest clinics. HPPI shifted serious patients like co-infected, DR-TB, alcoholic and chronic lost-to-follow-up cases to the existing recovery shelter for institutional medical care. The relatively stable patients received DOT on the roads, night shelters and temporary establishments like *jhuggis* under supervision and support of the FOs who also

created regular follow-up linkages with chest clinics. The lost-to-follow up cases were also retrieved by the FOs and brought back to treatment at the chest clinics. The FOs also helped the TB patients to visit the chest clinics during follow-up tests and health check-ups, treatment adherence and eventually its completion.

### 3.4 Geographical coverage of the TB initiative

HPPI implemented the TB initiative in 45 sites located in 5 districts of Delhi, namely Central, East, New Delhi, North-East and Shahdara. The list of the sites is annexed. HPPI had worked in close collaboration with 9 chest clinics of Delhi which provided diagnostic and treatment services of the homeless TB patients under RNTCP. The list of the chest clinics is annexed. Additionally, the project worked with 86 shelter homes of Delhi where the homeless people were approached by the HPPI field staff for TB education, TB screening and linking to the chest clinics for utilizing the TB services. The list of the shelter homes is also annexed. The HRSC project gave the TB initiative necessary platform and connections for making the TB services happen for the homeless people from the local chest clinics.

### 3.5 Distribution of human resources

The project had 6 FOs who were divided into 3 teams with 2 members in each team. Each team visited the designated areas by following a visit plan. The HRSC project leader also led the TB initiative on behalf of HPPI. He was assisted by a TB action leader.

The daily working hours of the FOs were as follows to match their timings with the availability of the homeless people in the field-sites:

#### - 9 AM to 12 noon and 4 PM to 9 PM

- In the first half, the FOs would do sputum collection & transportation including treatment initiation & follow-up.
- In the second half, they were responsible for conducting TB awareness meetings & TB screening in streets, *jhuggis* & at night shelters.

Every team used to prepare its monthly plan according to their allocated operational areas. Every week they had meeting with the project leader to review their performances as per the plan.

<sup>7</sup> Axshya means absence of TB

## Chapter Four: Evaluation of the TB initiative for the homeless people of Delhi

### 4.1 Terms of Reference of the evaluation

HPPI decided to evaluate the TB initiative for the homeless people of Delhi and document the experiences gained and lessons learnt from those interventions. This would be helpful in designing future project proposals and performing research and advocacy to draw the attention of the Ministry of Health (MoH) and relevant partner organizations to the plight of the homeless TB patients.

### 4.2 Objectives of the evaluation

- 1) To make a rational estimate of TB burden among the homeless people of Delhi
- 2) To analyze the project performances quantitatively in terms of number of homeless people reached with TB messages and services like TB screening, number of TB cases detected and put on treatment and proportion of those cases completed treatment successfully
- 3) To enlist the challenges that were faced in implementing such initiative
- 4) To take qualitative accounts and realistic feedback from the homeless TB patients and their service providers (health system) on such initiative of HPPI

### 4.3 Methodologies

- Quantitative data collection and analysis
- Personal interviews and FGDs with project-staff and outreach workers of HPPI
- Personal interviews with selected number of TB patients of the project after taking their approval
- Personal interviews with service providers of chest clinics, rescue shelters and night shelters
- Collection of relevant case-studies and success-stories from the project

*Evaluation tools are attached in annex.*

## Chapter Five: Findings of the evaluation

### 5.1 Performance of the TB initiative in terms of case detection and treatment support

HPPI implemented the TB initiative from December 2017 to September 2019. The implementation did not happen in 3 months in between, from April 2018 to June 2018.

HPPI had started the TB initiative on small-scale, appointing one TB professional to screen the homeless people for TB within selected geographic areas and link them to the chest clinics. After few months of implementation it was felt that TB is a deep-rooted and wide-spread problem among the homeless people and small-scale approach is not sufficient to address the problem at a justified scale. In agreement with APPI, the project design was modified to accommodate more number of homeless people in large geographic areas for TB education, screening and services. Eventually the initiative became larger with more human resources and broader base of implementation.

The total time period of the project can be segregated in the following manner:

- December 2017 to March 2018: Small-scale implementation by one TB professional
- April 2018 to June 2018: Designing of large-scale initiative with larger TB team in agreement with the donor
- July 2018 to September 2019: Implementation of the modified and larger TB initiative by a TB team comprising of 6 FOs, 1 TB Action Leader and 1 Project Leader

The total duration of implementation was 19 months. The evaluation was done for the period from December 2017 till the end of August 2019.

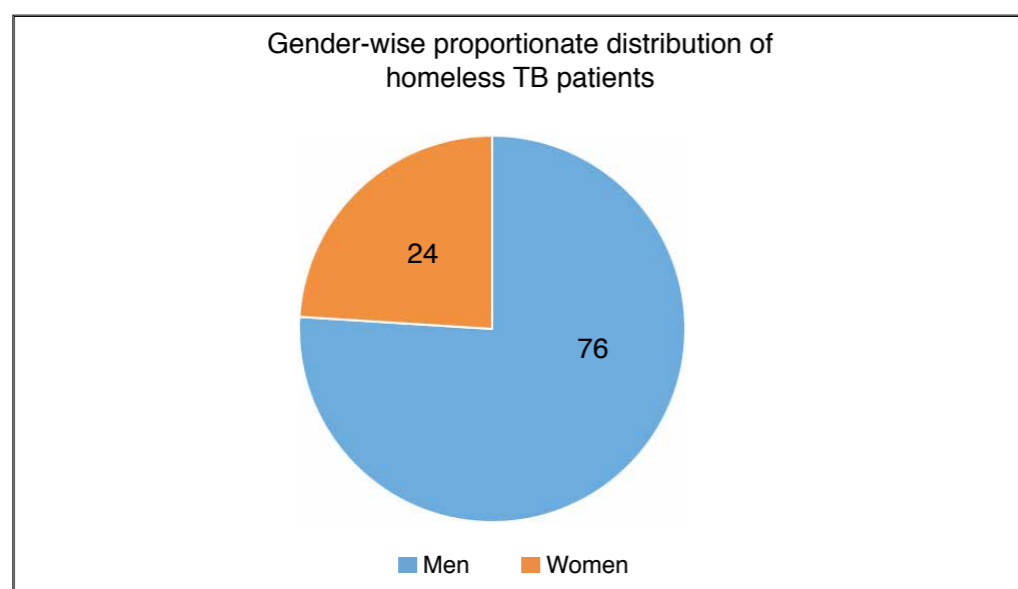
**Table 1: Project performance at a glance (data source: HMIS of the project):** From December 2017 till August 2019

| Indicators  | Overall results | Proportions  |
|---|-----------------|--|
| Number of homeless people who were reached with messages on TB              | 24538           |  |
| Number of homeless people who were screened for TB by symptomatic screening | 24538           | 100% of those reached were screened for TB symptoms          |
| Number of presumptive TB cases who were detected after TB screening         | 864             | 3.5% presumptive cases detected out of total screened for TB |
| Number of presumptive TB cases who were tested for TB in the chest clinics  | 585             | 68% of those presumptive cases tested for TB                 |
| Number of TB cases detected after testing                                   | 233             | 40% of those tested were detected with TB                    |
| Number of TB cases tested for HIV   | 193             | 82% of TB patients tested for HIV                            |

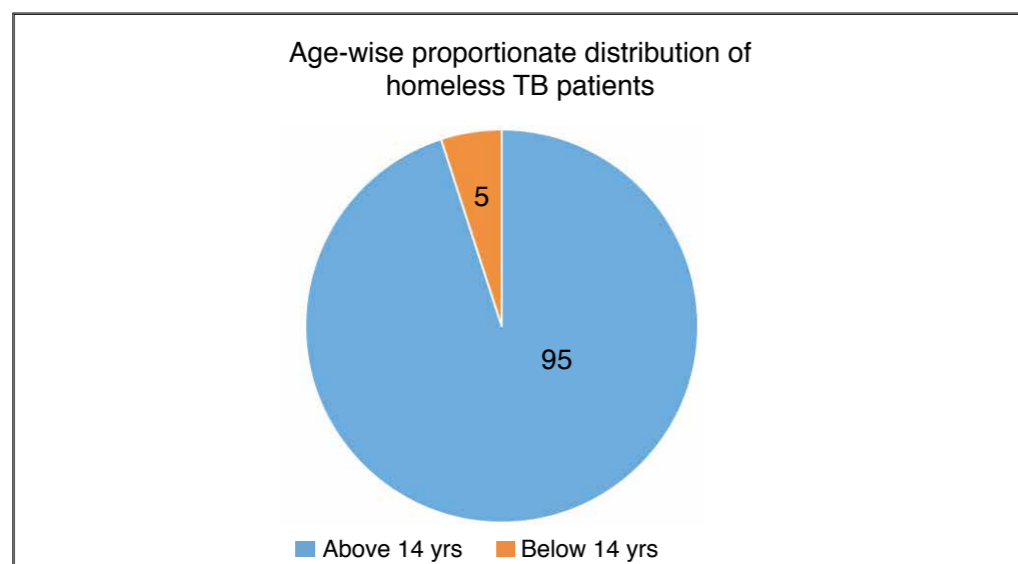
|  |     |  |
|--|-----|--|
| Number of co-infected cases detected                                 | 10  | 5% of the TB patients are infected by HIV                            |
| Number of TB cases who were put on treatment                         | 193 | 82% of the total TB cases were put on treatment at the chest clinics |
| Still continuing treatment   | 69  |  |
| Number of TB cases completed treatment successfully till August 2019 | 62  | Treatment completion rate 49%  |

## 5.2 TB case distribution (Source: Project HMIS)

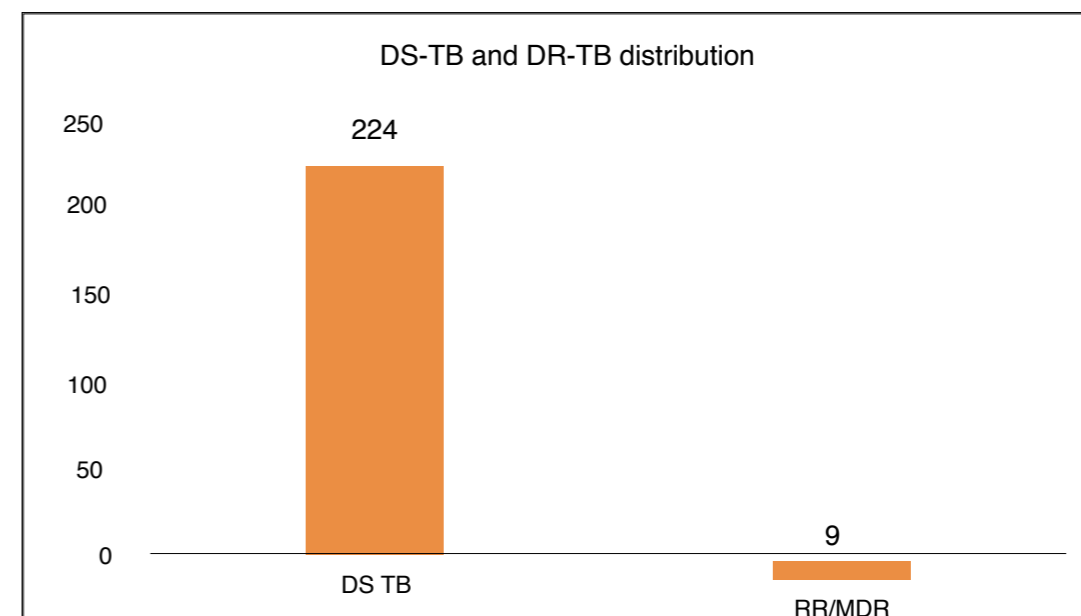
Graph 1: Gender-wise proportionate distribution of homeless TB patients



Graph 2: Age-wise proportionate distribution of homeless TB patients



Graph 3: Drug susceptible TB and Drug resistant TB distribution among homeless TB patients



## 5.3 Quarterly trend of TB case detection (Source: Project HMIS)

We have seen the following trend of TB case detection in the homeless people, depicted in the table below. There was no activity in the second quarter of 2018, so no result is shown in the table.

Table 2: Quarterly trend of TB case detection among homeless population

| Indicators   | Q4' 17 (Dec) | Q1'18 | Q3'18 | Q4'18 | Q1'19 | Q2'19 | Q3'19 (July - Aug) | Total |
|--|--------------|-------|-------|-------|-------|-------|--------------------|-------|
| Number of homeless people who were reached with messages on TB   | 1920         | 8145  | 3954  | 2921  | 2949  | 2553  | 2096               | 24538 |
| Number of homeless people who were screened for TB by symptomatic screening  | 1920         | 8145  | 3954  | 2921  | 2949  | 2553  | 2096               | 24538 |
| Number of presumptive TB cases who were detected after TB screening  | 50           | 177   | 138   | 128   | 140   | 148   | 83                 | 864   |
| Proportion of presumptive cases in total number of people screened   | 3            | 2     | 3     | 4     | 5     | 6     | 4                  | 4     |
| Number of presumptive TB cases who were tested for TB in the Chest-clinics   | 14           | 93    | 91    | 100   | 109   | 118   | 60                 | 585   |
| TB examination rate (proportion of presumptive cases who were tested for TB out of total presumptive cases detected) | 28           | 53    | 66    | 78    | 78    | 80    | 72                 | 68    |
| Number of TB cases detected after testing  | 6            | 35    | 34    | 42    | 44    | 42    | 30                 | 233   |
| Positivity rate (Proportion of presumptive cases detected with TB out of total presumptive cases tested for TB)      | 43           | 38    | 37    | 42    | 40    | 36    | 50                 | 40    |



In the table above we observe that the TB initiative of HPPI screened maximum number of homeless people in Q1 2018, 8145. Proportion of presumptive cases within total number of people screened was maximum in Q2 2019, around 6%. TB examination rate was maximum in Q2 2019, around 80%. Positivity rate was maximum in Q3 2019, around 50%.

### 5.4 Treatment outcome of the homeless TB patients (Source Project HMIS)

The TB initiative of HPPI provided treatment adherence support to all the TB patients detected from the homeless population and initiated on treatment at the chest clinics.

After treatment initiation the FOs shifted serious patients like co-infected, DR-TB, alcoholic and chronic lost-to-follow-up cases to the existing recovery shelters for institutional medical care, provision of DOT, food and medical consultation on daily basis. In case of complications or adverse reactions of drugs the FOs helped those TB patients to get admission to the chest clinics as recovery shelters were not equipped to handle such emergency situations.

The relatively stable patients received DOT on roadsides, night shelters and temporary establishments (*jhuggis*) under regular supervision and support of the FOs who also created follow-up linkages with chest clinics. The FOs supplied medicines to those TB patients after collecting from the chest clinics on weekly basis with necessary advice of medicine intake for self-administration. The supply of the subsequent weeks' medications was made after receiving the empty blisters of the previous weeks from the patients. Those who didn't turn up to collect the weekly doses were tracked down in the field by the FOs. They also accompanied the TB patients to the chest clinics during all follow-up visits and tests as those people found it difficult to reach the labs and OPDs of the chest clinics. Additionally, the patients were provided adherence and nutritional counselling from the FOs on regular basis at their places.

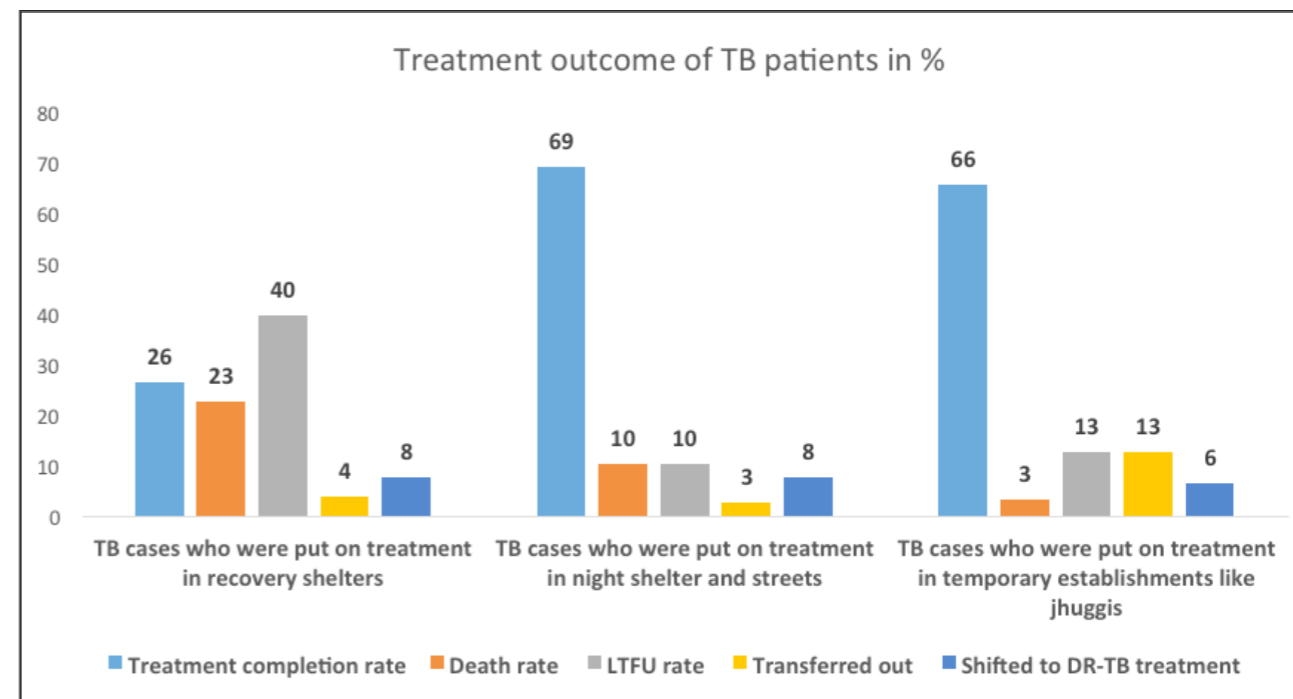
The FOs also helped a fraction of the homeless TB patients to open savings bank accounts and help them in utilizing the financial benefits of RNTCP like DBT (Direct Bank Transfer) as per the patient's entitlement for nutritional supplementation during treatment.

**Table 3: Treatment outcome of the homeless TB patients, site-wise**

| Types of TB patients according to the location of their treatment                     | Total number of patients who were put on treatment between Dec'17 to Aug'19 | Treatment outcome as available from RNTCP |                     |                   |           |                 |                           |  |                                      |
|---|---|---|---------------------|-------------------|-----------|-----------------|---------------------------|--|--------------------------------------|
|   |   | Cured                                     | Treatment completed | Lost-to-follow up | Died      | Transferred out | Shifted to DRTB treatment | Still on treatment as on 31 <sup>st</sup> Aug'19 | Evaluation not done or not available |
| Number of TB cases who were put on treatment in shelter home                          | 69  | 14  | 0                   | 21                | 12        | 2               | 4                         | 16   | 0                                    |
| Number of TB cases who were put on treatment in night shelter and streets             | 69  | 26  | 1                   | 4                 | 4         | 1               | 3                         | 30   | 0                                    |
| Number of TB cases who were put on treatment in temporary establishments like jhuggis | 55  | 21  | 0                   | 4                 | 1         | 4               | 2                         | 23   | 0                                    |
| <b>Total</b>  | <b>193</b>  | <b>61</b>                                 | <b>1</b>            | <b>29</b>         | <b>17</b> | <b>7</b>        | <b>9</b>                  | <b>69</b>  | <b>0</b>                             |

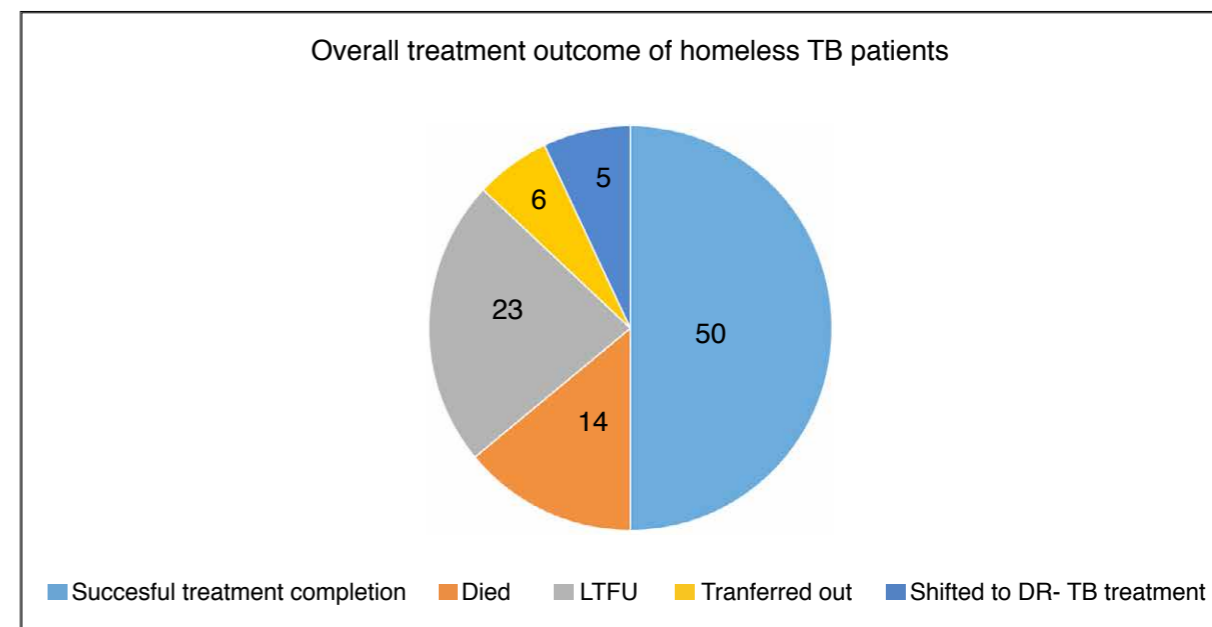
The treatment outcome has been most unsatisfying among the TB patients of recovery shelters as is prominent in the graph below. This is most likely because treatment is provided to more serious and complicated TB patients (DR-TB, co-infected, terminally ill, drug addicts etc.) in the recovery shelters who are more prone to premature death and lost-to-follow up.

**Graph 4: Comparative treatment outcome of three groups of homeless TB patients**



Overall, treatment outcome is not favorable among homeless TB patients who were put on treatment. Please see the pie-chart below.

**Graph 5: Overall treatment outcome of homeless TB patients**



### 5.5 Challenges in implementation

A Focused Group Discussion (FGD) was conducted with the FOs, Project Lead and TB Action Lead of the TB initiative of HRSC project. The FGD revealed a number of operational

challenges that the FOs faced while implementing the TB initiative among the homeless people of Delhi.

- 1) **Absence of social identity documents:** Most of the homeless people who had migrated from their native places to Delhi and currently live on the roadsides, night shelters and recovery homes didn't possess the necessary social identity documents like Aadhar card, voter identity card and bank account. It was challenging for them to access those documents easily through a proper application process as they did not have a fixed residential addresses and its proofs. This grossly hampered their utilization of public health services under the National Health Protection Scheme (Ayushman Bharat scheme) or RNTCP which compulsorily need identity documents of the patients for their registration, treatment and also bank accounts for direct transfer of financial benefits from the government to the patients.
- 2) **Addiction to drugs and alcohol:** A number of homeless people were addicted to drugs and alcohol and neglected their health and treatment. They were seen to frequently move out of their regular locations to unknown locations in search of easy money to buy the addictive materials and even land into crimes like theft and snatching and were eventually sent to the jail. HPPI generally shifted such TB patients to recovery shelters for ensuring their treatment-adherence through institutional care as home-based or road-based DOT and care may not be fruitful for them. But this could not stop lost-to-follow up in recovery shelters. Regular running away of the TB patients from the recovery shelters to meet their unavoidable addiction needs was common.
- 3) **Frequent change of places:** Homeless people had no fixed locations in the city where they can stay or can be found for a longer period. Frequent change of places happened due to daily wage-based jobs in different locations of the city and its surrounding places, police raids and imprisonment, search of addictive materials and other unprecedented difficulties like flooding, demolition activities of the local municipalities, construction works etc. This often created serious problems in terms of collecting sputum samples from the presumptive cases, especially the one to be collected by the patients in the morning, initiating treatment after TB is diagnosed, supplying medicines to the patients on weekly basis and bringing them to the chest clinics for follow-up tests and check-ups. This also hampered personal or group meetings on TB with the homeless people. Absence of mobile phones with the homeless people also made it challenging for the FOs to track them in different working and living locations of the city or surrounding places.
- 4) **Lack of adequate food and nutrition:** TB patients need to take food in adequate quantity and with optimum nutritional value to enhance their cure together with adherent treatment and healthy lifestyle. This, most of the time, remained a dream to the homeless people. Their meagre income and sometimes absence of income resulted in inadequate food intake with insufficient nutrition. The TB patients without social identification documents and bank accounts were equally handicapped in terms of availing the financial benefits under RNTCP like direct transfer of money to the bank account for nutritional support. Moreover, maintaining a good personal hygiene on the unhygienic and filthy roadsides or temporary stays like *jhuggis* was almost an undoable task for them.
- 5) **Stigma and denial of TB:** Stigma on TB was strong in homeless people. This resulted in denial and refusal of TB treatment, sudden disappearance of the newly diagnosed TB patients who couldn't be initiated into treatment and repeated or permanent interruption of treatment among those who were on treatment.
- 6) **Cultural barriers:** Homeless people migrated from various provinces and generally spoke in their local dialects with insufficient knowledge and communication in Hindi. FOs

found it difficult to communicate to them freely due to linguistic barriers, especially at the initial period of the project. Additionally, social insecurity was always an issue with the homeless people so building their confidence and gaining their trust was challenging for the FOs during their preliminary visits to them. Simultaneously, the TB patients did not feel confident to visit the chest clinics by themselves for diagnosis, treatment-initiation and follow-up.

### How the challenges were addressed on the ground

The FOs addressed the challenges by finding context-specific solutions and applying them locally, not in generalized manner because of multiple underlying factors giving rise to those problems which were equally varying across the homeless population of Delhi.

**Social security:** The FOs helped those homeless TB patients who lived in a *jhuggi* or fixed place to get their social security documents. During project evaluation, two cured women TB patients living in *jhuggis* below metro railway tracks were interviewed. They were able to open their bank accounts with the help of the FOs. Those without a *jhuggi* or living on roadsides or night shelters could not be supported to access social security documents, though their treatment of TB was made possible under RNTCP with the Niksay<sup>8</sup> registration id. **Out of 193 homeless TB patients who were put on treatment at the chest clinics 36 opened their bank accounts (around 19%) with the help of the FOs of HPPI.**

**Addiction:** One of the FOs informed during the FGD that his continuous counselling and psycho-social support helped one of the alcoholic TB patients to quit alcohol and complete his TB treatment successfully. The FOs developed good linkages with the local de-addiction centres and helped the homeless addicts and alcoholics to utilize their services time to time to get out of the harmful habits of addictions. The supervisors at the de-addiction centres were strategically made the community DOT providers of the TB patients who were also undergoing treatment for de-addiction at those centres.

**Frequent change of places:** Knowing the whereabouts of the homeless TB patients after they change their places is most important to sustain or re-establish the follow-up linkages with them. FOs found different ways to sort out the issues which are described below.

- 1) The FOs noted down the contact details and mobile phone numbers of the close associates or co-habitant associates of the homeless TB patients with whom they could leave important messages just before an emergency evacuation of their places. Afterwards, the FOs followed up with them to track down and establish contacts with those TB patients who were suddenly missing
- 2) The FOs collected the mobile phone numbers of those homeless people with whom the TB patients used to move to different places in the city in search of job and subsequently contacted them to find out their missing TB patients
- 3) The FOs instructed the homeless TB patients to collect the weekly medicines from the FOs only in fixed places and advised them to intimate FOs in advance if there is any change of the routine of collecting medicines. The patients were also advised to leave messages about their next destinations with the local vendors and associates who can pass them on to FOs after their disappearance so that the FOs can track down and meet the patients at the new places and continue supplying the medicines to them

<sup>8</sup>Nikshay is the online TB case notification system of India. Reference: <https://nikshay.in/Home/AboutUs> and [www.tbcindia.gov.in](http://www.tbcindia.gov.in). TB patients registered in Nikshay have unique registration id.

- 4) FOs strategically made the attendants of the night shelters DOT providers for those TB patients who slept at those places at night. The attendants provided them DOT in the morning after getting regular weekly supplies from the FOs. They contacted the FOs immediately in cases of any interruption of the daily doses for immediate retrieval actions in the field.
- 5) FOs compulsorily accompanied all homeless TB patients to the chest clinics for the follow-up check-ups as they did not feel confident to visit the chest clinics by themselves. This helped the TB patients gain confidence in the FOs and follow their instructions and advices.
- 6) FOs would visit the homeless people at those hours of the day when the chances of their availability at the earmarked places in the streets, *jhuggis* or night shelters was maximum. That was mostly night time. FOs worked under two duty hours in a day, 1) Few hours at the daytime mostly to sustain linkages between the TB patients and the chest clinics (as chest clinics are functional only at day time) 2) Several hours at the night time to meet the homeless people and TB patients at their places for counselling, reassurance, confidence-building, TB and adherence-education and meetings. This strategy helped to build rapid rapport with the homeless people and the TB patients including reduction of stigma and misconceptions on TB. Dual hours of working in the field also helped the FOs to retrieve the lost-to-follow up cases and bring them back to treatment.

**Food and nutrition:** The project had no provision of food supply or nutrition supplementation to the TB patients. FOs focused on nutritional counselling of the TB patients to mobilize and motivate them to be regular in terms of their food intake and stay away from addictions.

**Cultural barriers:** FOs were sensitive to the issues like linguistic barriers of the homeless people and their poor communication skill in Hindi. They utilized local people conversant in both the native languages of homeless people and Hindi as key interpreters and translators for them. They never mocked or looked down upon the homeless people for the inability to communicate effectively in Hindi, rather showed respect to their dialects, cultural norms and practices.

**Engaging local healthcare providers:** Quacks and unqualified healthcare providers are popular among people living in *jhuggis* for their easy availability and accessibility and affordable cost of treatment. The TB initiative identified a number of such providers at the operational sites and conducted TB orientation program for them to engage them in referrals and DOT provision. As per HMIS of the project around 30 such providers were engaged by the project.

## 5.6 Impact of the project

The perspectives of the TB patients and health system (chest clinics) were documented during the evaluation mainly through personal interviews.

- 1) 5 TB patients were interviewed,
  - a. 4 patients who lived in *jhuggi*, 3 out of them were women and already completed treatment and 1 out of them was a child below 14 years and still on treatment
  - b. 1 patient who lived at roadside who was a man and still on treatment
- 2) District TB Officer of New Delhi district, Dr. SK Sharma was interviewed at chest clinic SPM Marg, Pili Kothi as part of the health system

### 5.6.1 Community responses

The female TB patients said during the interviews that their diagnosis and treatment of TB in the chest clinics was only possible because of the FOs. They took their sputum samples to the chest clinics for testing, then accompanied them there during the treatment-initiation and when their follow-up check-ups were due. They received medicines from the FOs on weekly basis. They also said that the constant support and motivation of FOs helped them to complete their treatment and get cured from TB. FOs also helped them to open savings bank accounts. However, their basic knowledge of TB was not satisfactory though they said that the FOs had already told them about TB.

The male TB patient was a former injecting drug user who has been also living with HIV for a long time and also on ART. He said that presently he is not on drugs. He had no place to stay so was living on the roadsides. He worked mostly as a porter for transportation, loading and unloading of goods at local factories and shops on daily wage basis. His TB was diagnosed several months back, during symptomatic screening on the roads by the FOs. They collected his sputum samples and got them tested at the local chest clinics. He was put on treatment there after TB was detected. However, he discontinued ART as he is presently taking TB drugs without the knowledge that the two regimens can go together. Though he said that his doctor told him to stop ART till his TB treatment continues it is hard to believe that. He had no Aadhar card and bank account being a homeless person living in the streets.

The child was a case of neurological problems with history of prolong suffering and sudden appearance of blindness. He was detected through the local pre-primary school run under the HRSC project of HPPI. The teachers of the school were sensitized by the local FOs on TB who subsequently informed them about the child. The FOs took him to the local chest-clinic where the diagnosis of TB meningitis was established and he was put on treatment. This information was shared by his mother.

#### Box 2: Reflection of community responses

“I had cough and fever for a long time. I spent more than 5000 rupees for my treatment at private clinics. That was a huge expenditure for me as I am a poor woman. When I lost all hope of cure I met Mohit (FO) who took me to the hospital. I was detected with TB and put on treatment in the hospital which was free of cost. In between my TB treatment Mohit used to take me to the hospital whenever my follow-up check-ups were due. He also helped me to open my bank account. The hospital sent money to my bank account to support me as a TB patient. Today I am cured from TB and forever grateful to Mohit for his constant support, help and motivation that helped me to lead the healthy life of today.”

- A female cured TB patient, 50 years, who lives in a *jhuggi* under the metro railway tracks of Delhi

“I visited a private doctor to treat my cough, fever and weakness. He got my chest X-ray done and told me that I have no hope of living as per the findings of the chest X-ray. The whole world broke on my head as I have small children to look after at my home. Then someone told me to meet the people who work to help the poor TB patients of the streets and *jhuggi*. I met with them. They took me to the hospital, got my sputum tested and said that I have TB, but nothing to worry. I will be alright with the treatment. I didn't believe them in the beginning. But gradual improvement of my health and disappearance of distressing physical problems like cough, loss of appetite brought my confidence in them. Today I am cured from TB. I also have a savings account in the bank. I don't know how I can express my gratitude to them who helped me to get rid of TB.”

- A female cured TB patient, 50 years, who lives in a *jhuggi* under the metro railway tracks of Delhi

### 5.6.2 Health system response

The DTO of New Delhi who was interviewed during the TB initiative evaluation focused on the following points on homeless TB patients:

- 1) It is highly challenging to locate and screen them for TB for their migratory nature. So TB remains undetected in many of the homeless people.
- 2) Due to the same reason, ensuring adherence to treatment is equally challenging after treatment-initiation of the homeless TB patient. The chance of lost-follow-up is high
- 3) Poor adherence and lost-to-follow up increases the chance of drug resistant TB in homeless people which is a matter of deep concern
- 4) Absence of social security documents and bank accounts hampers their TB services; especially no financial benefits can be provided to them without any valid bank account
- 5) Adequate food and nutrition is always a challenge for the street-living people as they are too poor to buy enough food for themselves. This is a genuine problem with the TB patients who are homeless.

The DTO lauded the efforts of HPPI to detect TB patients from the homeless people through field-based TB screening and linking them to the chest clinics for necessary clinical management. He said that the FOs worked in close collaboration with the TBHV (TB Health Visitors), Lab Technicians and Treatment Supervisors of the chest clinics. They left no stone unturned to ensure that the TB patients complete the treatment successfully for which they made constant follow-up visits in the field to meet the TB patients even in the odd hours of night and retrieve the lost-to-follow-up cases. The chest clinics could not achieve successful treatment completion of their homeless TB patients without the interventions of HPPI.

#### Box 3: Reflection of health system response

“The staff of the chest clinics are functional only during day time with fixed working hours which is not sufficient to keep proper track of the TB patients who are detected from the homeless people. The right time to follow up with them is the night time when they are back to their places from daylong work. This can be only done by the field-workers of HPPI as they also work at night to meet the TB patients in the roadsides and night shelters to ensure their treatment adherence and well-being. Without such additional and sincere efforts we won't be able to control TB in the homeless people. Our chest clinics are always keen to work in close collaboration with HPPI to continue serving the homeless people for TB.”

District TB Officer, New Delhi district

## Chapter Six: Conclusions and Recommendations

### 6.1 Conclusions

The evaluation of the TB initiative for the homeless people by HPPI reached the following conclusions.

#### Box 4: Conclusions on community responses

- The female TB patients were thoroughly misguided and frustrated by the erratic treatment and improper guidance of the private doctors
- The TB patients would never have been detected and got a cure from TB without interventions and support of the FOs
- Chances of having bank accounts were bleak without the support of the FOs since those who are homeless and not having a *jhuggi* to stay couldn't open a bank account without a fixed location address
- Poor TB knowledge in the female TB patients during the evaluation indicates that probably the women were more concerned about their physical distresses than knowing about their disease
- Provision of ART and ATT and ensuring their adherence together especially in case of a homeless and HIV co-infected TB patient would be a real challenging situation. Chance of lost-to-follow up may be high in such cases. More case studies are needed on this.
- Finally, support of a CSO partner is essential to detect and treat TB among homeless people in a large, metropolitan city like Delhi.

#### Box 5: Conclusion on health system response

- TB case detection and tracking TB patients in the homeless people for ensuring treatment adherence is a highly challenging job for the chest clinics.
- The chest clinics look forward to the support of sincere NGO partners for case detection and treatment support of the homeless TB patients through intensified and tireless field-level activities both in the day and night. This is operationally not feasible for their staff due to their fixed, day-time working hours and large number of TB patients to treat and follow-up.
- NGO partner like HPPI can also help the homeless people get Aadhar card and voter identity card and open bank account which is essential for providing the TB patients the necessary financial benefits as per their entitlements. This is also not operationally feasible for the staff of the chest clinics.
- Most importantly, confidence-building and counseling of the homeless TB patients by 'passionate' and uninterrupted field works of the FOs was recognized by the chest clinics and they felt the need of continuing such partnership with HPPI.

## Chapter Six: Case studies

### Rational estimate of TB burden among the homeless people of Delhi:

The estimated TB incidence rate in homeless people of Delhi is shown in the following table year-wise. The estimates are drawn from the HMIS of the TB initiative. The TB incidence among the homeless population is 8-9 times more than the general population.

Homeless TB patients also displayed higher death rate and lost-to-follow up rate. The co-infection rate is almost same as general TB patients (5%). Refer to **Table 4 for detailed information.**

**Table 4: TB incidence rate, year-wise, in homeless people**

| Sr No | Indicators                            | 2017 | 2018 | 2019 |
|-------|---------------------------------------|------|------|------|
| 1     | Incidence rate per 100,000 population | 1115 | 1152 | 1973 |

## 6.2 Recommendations

### Box 6: List of recommendations

- High burden of TB in homeless people of Delhi should be immediately addressed by essential control measures like early detection of TB patients, early treatment initiation and their successful treatment completion.
- This is possible with regular screening of the homeless people for TB during the time when they can be located in their earmarked places in the streets or night shelters. Late evening and night time is the best time to approach the homeless people. This is one of the critical learning of the TB initiative of HPPI.
- The chest clinics should work in close collaboration with NGO-partners like HPPI for regular TB screening and education, linking the TB patients to the health services and sustain those linkages till successful completion of treatment is achieved.
- The NGO-partners should also enable the homeless people to get their essential social security documents and open savings bank accounts.
- Preferably, all presumptive TB cases from homeless population should be tested by Xpert MTB/Rif upfront as they are more vulnerable to drug-resistant TB due to high rate of lost-to-follow up.
- Many TB patients from homeless population are so poor that they have no access to adequate food. Nor can they access the financial benefit of RNTCP due to absence of banks accounts where direct bank transfer is possible. There should be separate arrangement of food supplementation for the homeless TB patients who can't utilize those benefits during the course of their treatment.
- The experiences and learning of HPPI to develop networks with the homeless people and build their confidence on the project-staff were valuable and should be utilized effectively in future initiatives of curbing TB in homeless people.

### Addiction to drugs and alcohol didn't deter Aslam from completing his TB treatment



Aslam was a rickshaw puller by profession. He used to sleep on the roadsides as he had no home to stay or sleep in Delhi. Drugs and alcohol were his regular companion which off and on hampered his rickshaw-pulling job. The FOs of the TB project of HPPI got his sputum tested when he was discovered on the road with chronic cough. The result of the first test was negative. Keeping regular track on someone who used to frequently change places either for addictive stuff or fear of cops was highly challenging. Incidentally, his cough was still continuing. The FOs managed to get Aslam's sputum tested once again in the local chest clinic and his TB was diagnosed. Initially Aslam was not ready to accept that he had TB. His treatment-initiation was delayed due to his denial and frequent movements to different places. But FOs were determined to put Aslam on treatment in the chest clinic which was finally achieved after long tracking and negotiation with him. Ensuring his adherence to treatment was the next challenge. The FOs made arrangement that his day-to-day treatment can take place on the roads under their supervision so that he can avoid daily visits to the chest clinic. Aslam was also convinced that he should visit the chest clinic by person during all his follow-up check-ups. FOs spent plenty of time, especially in the evening and night to explain to him why he shouldn't miss a single dose of his TB treatment. Even after that Aslam kept on ingesting alcohol during treatment period and interrupted treatment twice, for 9-10 days at a stretch, with the excuse that he was nabbed by the cops in between and put into prison. Under such hopeless situation the FOs continued their efforts to bring him back to treatment and counselled him for hours on the roadsides. They convinced Aslam to stay away from addiction and adhere to the treatment by all means as they said to him that there is no other way to get rid of TB.

Their hard work and dedication finally paid off when Aslam successfully completed his treatment and got cured from TB.

Since last report from the field, he still stays away from drugs and alcohol, the good habit he had picked up during the course of his TB treatment after being persuaded by the FOs.

### The woman living in *jhuggi* found cure from TB



#### In her own language

“Due to persistent unemployment at hometown our family migrated to Delhi to find ways of livelihoods. We have been living in the *jhuggis* which are located right below the metro-line of Mansarovar Park for the last 15 years. My husband is a rickshaw puller. His addictive habits and subsequent shortage of income forced me to take domestic help’s job in nearby housing complexes.

After some months I felt terribly sick with persistent cough, fever, weakness and lack of appetite. I stopped going to my work. I visited several local private doctors but they couldn’t cure me. I already spent more than 3,000 rupees for my treatment by that time which was a real heavy expenditure for a poor family like us. My depression was mounting.

Then I found two persons in our place who were orienting local folks on TB, a disease which resembled a lot with my own, non-healing physical problems. As my doubt deepened after listening to their talks I personally met them and told them about my problems and if they can provide any help.

They told me that I need to go through a sputum test which can say if I have TB or not. The test is only possible at the local government hospital and is free-of-cost. When they found that I am not comfortable to visit the hospital by myself, they offered further help, took me to the hospital and got my sputum test done there. When I came to know the result I was scared. I had TB.

But the two persons, who were workers of HPPI told me about TB in details and assured me that it is a curable illness. I have to take the medicines for six months, and my TB will be totally cured after that. I slowly got back my confidence and started treatment as per the advice of the doctor of the hospital.

Soon I started feeling better and resumed my work. The Humana workers were with me during the entire course of my treatment, accompanied me to hospital visits and follow-up check-ups, counselled me on healthy living and right way of cooking and also helped me to open a saving bank account under my name in the local bank. My happiness knew no bounds when I found 500 rupees deposited into my bank account from the hospital for my food and nutrition.

Today I am cured from TB and am leading a normal and healthy life.

I am extremely thankful to the Humana workers who saved my life and money.

They are like angels to me.”

### Mazid found rays of hope in the Humana staff



#### In his own language

“My name is Mazid. I was forced to leave my residence of Paharganj and stay on roadsides and night shelters due to certain family complications. It was at one such night shelters where I fell acutely ill, got hospitalized and was diagnosed with drug-resistant TB. After sometime, I got discharged from the hospital and was told to collect my medicines from the local DOT centre daily of which I had no idea. I came back to the night shelter and started spending my days under the fear that drug-resistant TB, which is the worst form of TB and needs treatment for 2 years, will kill me soon. My medicines were also stopped that time and I had no one to support me during such difficult period of my life.

In one of those dark and depressing days two persons from HPPI visited our night shelter for making the people of the shelter aware of TB. I told them about my problems and helplessness, showed them my hospital documents I had and asked for help to save my life in tearful eyes. They told me that I will soon get cure from TB and that there was nothing to worry about.

They immediately started my treatment from the local hospital and transferred me to the recovery shelter for free stay, food and care.

Today I am still continuing my treatment at the recovery home, feeling well and on the way to recovery.

Had there been no people of HPPI present there at the night shelter that day I would have been very much a dead man by this time.”

**Rajpal left his TB treatment midway. A TB pamphlet changed the course of his life**



**In his own language**

“My name is Rajpal. I am a roadside daily laborer and stay below Yamuna Khader metro flyover.

My TB was diagnosed after long bouts of illnesses. I was receiving treatment from a private doctor and left the treatment midway due to financial constraints. I never knew before that TB treatment is available free-of-cost at the government hospitals.

I was not feeling comfortable after leaving treatment but couldn't decide if to resume treatment or not as money was a big issue. While hanging in doubts one of my friends gave me a pamphlet about TB and told me that I can contact the phone number and respective people mentioned in the pamphlet. Who can say, they might be of any help to me!

I called them and shared my problems with them. They immediately visited me and promised help. They were from HPPI. The pamphlet on TB was also printed by this organization.

They took me to the local government hospital & met with the doctor, who suggested sputum test and chest x-ray. Humana staff helped me to get the tests done. My treatment also started. To my surprise all the services of the hospital were free-of-cost. The doctor told me never to breach treatment midway and complete the full treatment course of six months. I felt further relieved to see that I didn't have to pay anything for the tests and treatment.

HPPI staff visited me every week to see if I am continuing my treatment or not. Time to time they reminded me to take my food regularly and stay away from smoking and alcohol. I never disobeyed their instructions.

Today I am free of TB, back to my work and feeling happy.

Sincere thanks to the HPPI TB pamphlet and staff. Had they not reached me on time I would have lot of troubles with my TB problems.”

**Annex A – Evaluation tools**

**FGDs with project staff: List of discussion topics**

- List down the challenges you faced to implement the project
- How you addressed those challenges in the project?
- What you suggest for betterment of such initiatives?
- What new things and ideas you can think about or suggest for similar future TB project for homeless people in Delhi?
- What districts and areas of Delhi we should cover for future TB projects of the homeless people?

**Interview with the TB patients - Questionnaire**

- Are you still continuing treatment or already finished the treatment?
- Do you know the name of the disease for which you were treated?
- What were your problems before starting the treatment?
- Who took you to the hospital during that time?
- How did you feel after taking the medicines?
- What support you received from the project-staff of HPPI?
- How frequently the project-staff used to meet you during the course of your treatment?
- Do you think you could have never got the right diagnosis and treatment of TB without the support of the project-staff?
- What problems you faced while taking the treatment and how those problems were solved?

**Interview the DTO of Chest clinic - Questionnaire**

- Have you heard of HPPI?
- Did you know that HPPI has been working with the homeless TB patients?
- What support they provided to the homeless TB patients and do you think they were useful to RNTCP?
- What you expect from similar futuristic initiative of HPPI?
- What you suggest for the betterment of such initiative?

Annex B: Monthly TB case detection in the project

| Month-wise TB case detection during project period  |        |        |        |        |        |        |         |        |        |        |        |        |        |        |        |        |        |        |       |
|---|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Indicators  | Dec'17 | Jan'18 | Feb'18 | Mar'18 | Jul'18 | Aug'18 | Sept'18 | Oct'18 | Nov'18 | Dec'18 | Jan'19 | Feb'19 | Mar'19 | Apr'19 | May'19 | Jun'19 | Jul'19 | Aug'19 | Total |
| Number of homeless people who were reached with messages on TB                                  | 1920   | 3107   | 2452   | 2586   | 1364   | 1337   | 1253    | 1012   | 975    | 934    | 889    | 1033   | 1027   | 908    | 919    | 726    | 1027   | 1069   | 24538 |
| Number of homeless people who were screened for TB by symptomatic screening                     | 1920   | 3107   | 2452   | 2586   | 1364   | 1337   | 1253    | 1012   | 975    | 934    | 889    | 1033   | 1027   | 908    | 919    | 726    | 1027   | 1069   | 24538 |
| Number of presumptive TB cases who were detected after TB screening                             | 50     | 63     | 78     | 36     | 47     | 49     | 42      | 48     | 47     | 33     | 39     | 62     | 39     | 46     | 57     | 45     | 40     | 43     | 864   |
| Number of presumptive TB cases who were tested for TB in the Chest clinics                      | 14     | 29     | 46     | 18     | 23     | 39     | 29      | 41     | 33     | 26     | 31     | 49     | 29     | 32     | 49     | 37     | 30     | 30     | 585   |
| Number of TB cases detected after testing   | 6      | 9      | 14     | 12     | 9      | 13     | 12      | 13     | 12     | 17     | 10     | 22     | 12     | 15     | 12     | 15     | 19     | 11     | 233   |
| a) No of drug-susceptible TB  | 5      | 9      | 13     | 12     | 9      | 11     | 11      | 13     | 11     | 15     | 10     | 22     | 12     | 15     | 12     | 14     | 19     | 11     | 224   |
| b) No of RR/MDR TB  | 1      | 0      | 1      | 0      | 0      | 2      | 1       | 0      | 1      | 2      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 9     |
| c) No of women among TB cases   | 1      | 1      | 1      | 0      | 2      | 1      | 5       | 3      | 1      | 6      | 2      | 3      | 2      | 1      | 5      | 4      | 4      | 4      | 46    |
| d) No of children (below 14 years) among TB cases   | 0      | 0      | 0      | 1      |        | 1      | 1       | 1      | 0      | 2      | 0      | 1      |        | 1      | 1      |        | 1      |        | 10    |
| Number of TB cases tested for HIV   | 5      | 8      | 12     | 12     | 7      | 9      | 11      | 12     | 10     | 13     | 7      | 18     | 10     | 11     | 11     | 13     | 17     | 7      | 193   |
| Number of co-infected cases detected  | 0      | 0      | 1      | 1      | 0      | 0      | 1       | 1      | 0      | 1      | 0      | 2      | 0      | 0      | 1      | 0      | 1      | 1      | 10    |
| Number of TB cases who were put on treatment  | 5      | 8      | 12     | 12     | 7      | 9      | 11      | 12     | 10     | 13     | 7      | 18     | 10     | 11     | 11     | 13     | 17     | 7      | 193   |
| a) Number of TB cases who were put on treatment in shelter home                                 | 3      | 2      | 4      | 8      | 5      | 6      | 2       | 4      | 2      | 5      | 1      | 11     | 3      | 3      | 0      | 1      | 6      | 3      | 69    |
| b) Number of TB cases who were put on treatment in night shelter and streets                    | 2      | 6      | 8      | 4      | 1      | 2      | 2       | 2      | 5      | 1      | 5      | 1      | 4      | 5      | 6      | 9      | 6      | 0      | 69    |
| c) Number of TB cases who were put on treatment in temporary establishments like <i>Jhuggis</i> | 0      | 0      | 0      | 0      | 1      | 1      | 7       | 6      | 3      | 7      | 1      | 6      | 3      | 3      | 5      | 3      | 5      | 4      | 55    |

No implementation was carried out between April 2018 to June 2018 due to non-disbursement of funds from the donor-partner APPI

Annex C: Treatment outcome

| Types of TB patients according to the location of their treatment                            | Treatment outcome as available from RNTCP   |           |                     |                   |           |                 |                           |                                      |                                      |  |
|--|---|-----------|---------------------|-------------------|-----------|-----------------|---------------------------|--------------------------------------|--------------------------------------|--|
|  | Total number of patients who were put on treatment between December 2017 to August 2019 | Cured     | Treatment completed | Lost-to-follow up | Died      | Transferred out | Shifted to DRTB treatment | Still on treatment as on 31st Aug'19 | Evaluation not done or not available |  |
| Number of TB cases who were put on treatment in shelter home                                 | 69  | 14        | 0                   | 21                | 12        | 2               | 4                         | 16                                   | 0                                    |  |
| Number of TB cases who were put on treatment in night shelter and streets                    | 69  | 26        | 1                   | 4                 | 4         | 1               | 3                         | 30                                   | 0                                    |  |
| Number of TB cases who were put on treatment in temporary establishments like <i>Jhuggis</i> | 55  | 21        | 0                   | 4                 | 1         | 4               | 2                         | 23                                   | 0                                    |  |
| <b>Total</b>   | <b>193</b>  | <b>61</b> | <b>1</b>            | <b>29</b>         | <b>17</b> | <b>7</b>        | <b>9</b>                  | <b>69</b>                            | <b>0</b>                             |  |



**Annex D: The list of chest clinics of Delhi HPPI had worked with in the TB initiative**

| S.No. | Chest Clinic Name     | District      |
|-------|-----------------------|---------------|
| 1     | LNJP Hospital         | Central Delhi |
| 2     | Hedgewar              | East          |
| 3     | JPC Shastri Park      | Shahdara      |
| 4     | Shahdara Chest Clinic | Shahdara      |
| 5     | Patparganj Hospital   | East          |
| 6     | GTB Hospital          | East          |
| 7     | Karawal Nagar         | North East    |
| 8     | SPM Marg, Pili Kothi  | New Delhi     |
| 9     | NDMC                  | New Delhi     |

**Annex E: Geographical areas the TB initiative had covered district-wise**

| S.No. | Chest Clinic Name                 | District      |
|-------|-----------------------------------|---------------|
| 1     | Yamuna Bazar                      | Central Delhi |
| 2     | Shahdara Metro Station            | Shahdara      |
| 3     | Lal Bagh                          | Shahdara      |
| 4     | Near Kasturba Hospital Dariyagnaj | Central Delhi |
| 5     | Asaf Ali Road Footpath            | Central Delhi |
| 6     | MS Park                           | Shahdara      |
| 7     | Shahdara Metro Station            | Shahdara      |
| 8     | Shahdara Rly. Station             | Shahdara      |
| 9     | Hanuman Mandir Kashmiri Gate      | Central Delhi |
| 10    | Yamuna Khadar                     | Central Delhi |
| 11    | New Sanjay Amar Colony            | East          |
| 12    | Krishna Nagar                     | East          |
| 13    | Yamuan Khadar, Khel Gaon          | East          |
| 14    | Majnu Ka Tila                     | North         |

|    |                                |               |
|----|--------------------------------|---------------|
| 15 | Mori Gate                      | Central Delhi |
| 16 | Kamla Market                   | Central Delhi |
| 17 | Yamuna Pusta                   | Central Delhi |
| 18 | Karkardooma near court         | East          |
| 20 | Mall Road Civil Line Timarrpur | North         |
| 21 | Khajuri Pusta                  | North East    |
| 22 | New Seemapuri                  | North East    |
| 23 | Khera Vill.                    | North East    |
| 24 | Ghat No.-2                     | Central Delhi |
| 25 | Seemapuri Gole Chakkar         | North East    |
| 26 | Akshardham                     | East          |
| 27 | Gokulpuri                      | North East    |
| 28 | Soniy camp                     | East          |
| 29 | Kalander colony                | East          |
| 30 | Chilla Saroda                  | East          |
| 31 | Dandi Park                     | Central Delhi |
| 32 | Jama Masjid                    | Central Delhi |
| 33 | Old Seemapuri                  | North East    |
| 34 | Fatehpuri Church               | Central Delhi |
| 35 | Dilshaad Garden                | East          |
| 36 | Lalita Park                    | East          |
| 37 | Khari Bawli                    | Central Delhi |
| 38 | Nehru hill                     | Central Delhi |
| 39 | Bangla Sahib                   | New Delhi     |
| 40 | Ashok Nagar                    | North East    |
| 41 | Dariyaganj                     | Central Delhi |
| 42 | Kudesiya Ghat                  | Central Delhi |
| 43 | Shastri Park                   | Shahdara      |
| 44 | Urdu Park                      | Central Delhi |
| 45 | Ramesh Park                    | North East    |

**Annex F: Name of the night shelters district-wise HPPI had worked with in the TB initiative****CENTRAL DISTRICT**

| Sl. No. | NS Code | Distt. Name | Night Shelter Name   | Type         | Capacity | Purpose  | Name of Agency            |
|---------|---------|-------------|--|--------------|----------|----------|---------------------------|
| 1       | 11      | Central     | Fatehpuri Old Delhi Railway Station                          | RCC BUILDING | 450      | General  | SPYM                      |
| 2       | 12      | Central     | Fountain Chandni Chowk                                       | RCC BUILDING | 180      | General  | SPYM                      |
| 3       | 22      | Central     | Phool Mandi Building, Mori Gate                              | RCC BUILDING | 250      | General  | Prayas                    |
| 4       | 25      | Central     | At Property No.1546-51/VIII. ( Gali Borian, Ajmere Gate)     | RCC BUILDING | 120      | General  | SPYM                      |
| 5       | 26      | Central     | Community Center Hanuman Mandir Yamuna Bazar (First Floor)   | RCC BUILDING | 210      | Women    | Prayas                    |
| 6       | 27      | Central     | Ganda Nallah (1st Floor) MCD Community Center, Kashmere Gate | RCC BUILDING | 100      | General  | Prayas                    |
| 7       | 51      | Central     | At property No.2819/VIII, Turkman Gate, Gali Shanker         | RCC BUILDING | 20       | Women    | SPYM                      |
| 8       | 52      | Central     | At property No.3074/VII Ajmere Gate                          | RCC BUILDING | 90       | Children | SPYM                      |
| 9       | 53      | Central     | At property No.797/VIII, Kundewalan.                         | RCC BUILDING | 40       | General  | SPYM                      |
| 10      | 54      | Central     | 3329-30/XI., Delhi Gate                                      | RCC BUILDING | 50       | General  | SPYM                      |
| 11      | 56      | Central     | At 1st floor property no.1675/VIII, Himmat Garh.             | RCC BUILDING | 20       | General  | SPYM                      |
| 12      | 58      | Central     | 811/1 Kashmere Gate  | RCC BUILDING | 20       | General  | Prayas                    |
| 13      | 59      | Central     | Aruna colony Majnu ka tilla community hall                   | RCC BUILDING | 100      | General  | Samarth-The Professionals |
| 14      | 66      | Central     | Hall No 4 Fatehpuri [ For Children ]                         | RCC BUILDING | 150      | Children | SPYM                      |
| 15      | 82      | Central     | Yamuna Pusta near ISBT                                       | PORTA CABIN  | 50       | General  | Prayas                    |
| 16      | 83      | Central     | At Himmat Garh, Ram Leela Ground.                            | PORTA CABIN  | 50       | General  | SPYM                      |
| 17      | 89      | Central     | Mori Gate- BVK   | RCC BUILDING | 50       | Children | Prayas                    |
| 18      | 97      | Central     | Yamuna Bazar opp. Hanuman Mandir                             | PORTA CABIN  | 50       | General  | Prayas                    |
| 19      | 98      | Central     | Yamuna Bazar Old Bridge                                      | PORTA CABIN  | 50       | General  | Prayas                    |
| 20      | 99      | Central     | Jama Masjid-1  | PORTA CABIN  | 50       | Women    | SPYM                      |
| 21      | 100     | Central     | Yamuna Pusta Near Nigam Bodh Ghat                            | PORTA CABIN  | 50       | General  | Prayas                    |
| 22      | 101     | Central     | Jama Masjid (ii) Male  | PORTA CABIN  | 50       | General  | SPYM                      |

|    |     |         |   |              |     |                  |                           |
|----|-----|---------|---|--------------|-----|------------------|---------------------------|
| 23 | 105 | Central | Yamuna Pusta, Code-105                            | PORTA CABIN  | 50  | General          | Prayas                    |
| 24 | 113 | Central | Jama Masjid ( iii ) Family                        | PORTA CABIN  | 50  | Families         | SPYM                      |
| 25 | 114 | Central | Jama Masjid iv (for Children)                     | PORTA CABIN  | 50  | Children         | SPYM                      |
| 26 | 115 | Central | Yamuna Pusta Near Nigam Bodh Ghat                 | PORTA CABIN  | 50  | General          | Prayas                    |
| 27 | 116 | Central | Hanuman Mandir Yamuna Bazar                       | PORTA CABIN  | 50  | Children         | Prayas                    |
| 28 | 133 | Central | Yamuna Bajar Ghat - 1                             | PORTA CABIN  | 50  | General          | Prayas                    |
| 29 | 135 | Central | Kudesia Ghat near NDPL                            | PORTA CABIN  | 50  | General          | Prayas                    |
| 30 | 136 | Central | Mori Gate Gole Chakar                             | PORTA CABIN  | 50  | General          | Prayas                    |
| 31 | 149 | Central | Yamuna Pushta, Code-149                           | PORTA CABIN  | 50  | General          | Prayas                    |
| 32 | 160 | Central | Jama Masjid                                       | PORTA CABIN  | 50  | General          | SPYM                      |
| 33 | 177 | Central | Priyadarshnay Colony Yamuna Bazar                 | RCC BUILDING | 60  | General          | Prayas                    |
| 34 | 207 | Central | At New Delhi Railway Station near LNJP.           | PORTA CABIN  | 50  | General          | SPYM                      |
| 35 | 208 | Central | Fountain chowck Chandni Chowk                     | PORTA CABIN  | 50  | General          | SPYM                      |
| 36 | 209 | Central | Jama Masjid-5                                     | PORTA CABIN  | 50  | Women            | SPYM                      |
| 37 | 210 | Central | Mori Gate Terminal - 2                            | PORTA CABIN  | 50  | General          | Prayas                    |
| 38 | 215 | Central | Yamuna Bajar Near Hanuman Mandir                  | PORTA CABIN  | 50  | General          | Prayas                    |
| 39 | 216 | Central | Dandi Park - I                                    | PORTA CABIN  | 50  | General          | Prayas                    |
| 40 | 217 | Central | Dandi Park - II                                   | PORTA CABIN  | 50  | General          | Prayas                    |
| 41 | 221 | Central | At Ram Lila Ground ( Himmat Garh).                | PORTA CABIN  | 50  | General          | SPYM                      |
| 42 | 227 | Central | Kudsia Ghat No.1, Yamuna Pusta                    | PORTA CABIN  | 50  | General          | Prayas                    |
| 43 | 228 | Central | Behind Hanuman Mandir                             | PORTA CABIN  | 50  | General          | Prayas                    |
| 44 | 240 | Central | Dandi Park - III Near Pusta                       | PORTA CABIN  | 160 | General          | Prayas                    |
| 45 | 241 | Central | Dandi Park - IV Near Pusta                        | PORTA CABIN  | 190 | General          | Prayas                    |
| 46 | 243 | Central | Geeta Ghat-1 Yamuna Bank Near Monestory Ring Road | PORTA CABIN  | 210 | Recovery Shelter | Centre For Equity Studies |
| 47 | 244 | Central | Geeta Ghat-2 Yamuna Bank Near Monestory Ring Road | PORTA CABIN  | 210 | General          | Centre For Equity Studies |
| 48 | 247 | Central | Yamuna Pusta near Nigam Bodh Ghat                 | PORTA CABIN  | 225 | General          | Prayas                    |

## EAST DELHI

| Sl. No. | NS Code | Distt. Name | Night Shelter Name  | Type         | Capacity | Purpose  | Name of Agency                             |
|---------|---------|-------------|---|--------------|----------|----------|--|
| 1       | 69      | East        | Trilokpuri BVK Block 31 near Gas Godwn                      | RCC BUILDING | 40       | General  | Sadik Masih Medical Social Servant Society |
| 2       | 95      | East        | Shakarpur (Laxmi Nagar) Near Railway flyover, Akshardham    | PORTA CABIN  | 50       | General  | Jan Pahal                                  |
| 3       | 111     | East        | Chilla Goan dist Centre, Hilton Hotel (Mayur Vihar)         | PORTA CABIN  | 50       | General  | Sadik Masih Medical Social Servant Society |
| 4       | 118     | East        | Nangli Khadar, Near Ramchirtr Manas temple Near Mayur vihar | PORTA CABIN  | 50       | General  | DAV Educational & Welfare Society          |
| 5       | 130     | East        | Geeta Colony, Shamsan Ghat                                  | PORTA CABIN  | 50       | General  | Jan Pahal                                  |
| 6       | 131     | East        | Akshardham Temple near Metro Station                        | PORTA CABIN  | 50       | Families | Jan Pahal                                  |
| 7       | 132     | East        | Shastri Park (Red Light )                                   | PORTA CABIN  | 50       | General  | DAV Educational & Welfare Society          |
| 8       | 142     | East        | Opp. Mayur Vihar metro station yamuna khadar                | PORTA CABIN  | 50       | General  | Jan Pahal                                  |
| 9       | 145     | East        | Ganesh Nagar Near Mother Dairy                              | PORTA CABIN  | 50       | General  | Jan Pahal                                  |
| 10      | 150     | East        | Nangli Chilla Khadar Village, Near Mayur Vihar              | PORTA CABIN  | 50       | General  | Sadik Masih Medical Social Servant Society |
| 11      | 192     | East        | IFC, Pocket C, Ghazipur                                     | RCC BUILDING | 160      | General  | Sofia Educational & Welfare Society        |
| 12      | 201     | East        | Shastri Park (Theka) Near Wine Soap                         | PORTA CABIN  | 50       | General  | DAV Educational & Welfare Society          |
| 13      | 204     | East        | Chand Cinema Kalyanvas                                      | PORTA CABIN  | 50       | General  | Sadik Masih Medical Social Servant Society |

## NORTH-EAST DELHI

| Sl. No. | NS Code | Distt. Name | Night Shelter Name           | Type         | Capacity | Purpose | Name of Agency                          |
|---------|---------|-------------|------------------------------|--------------|----------|---------|---|
| 1       | 3       | North East  | Kabool Nagar Shahdra         | RCC BUILDING | 60       | General | Child Watch India                       |
| 2       | 70      | North East  | Seelampur BVK, Kabari Market | RCC BUILDING | 80       | General | Surnirman Educational & Cultral Society |
| 3       | 77      | North East  | Gokalpuri                    | RCC BUILDING | 50       | General | Child Watch India                       |
| 4       | 96      | North East  | Mansarover Park-1, Lal Bagh  | PORTA CABIN  | 50       | General | Human People to People India (HPPI)     |

|    |     |            |  |             |    |         |                                     |
|----|-----|------------|--|-------------|----|---------|-------------------------------------|
| 5  | 125 | North East | Mansrover Park-2, Lal Bagh                           | PORTA CABIN | 50 | Women   | Human People to People India (HPPI) |
| 6  | 146 | North East | Panchsheel Garden Shahdra                            | PORTA CABIN | 50 | General | Child Watch India                   |
| 7  | 161 | North East | Mori Gate Terminal - 1                               | PORTA CABIN | 70 | General | Prayas                              |
| 8  | 202 | North East | Pushta Usmanpur opp. Jag Pravesh Hospital            | PORTA CABIN | 50 | Women   | Sofia Educational & Welfare Society |
| 9  | 203 | North East | Pusta Usman Pur near DDA Park                        | PORTA CABIN | 50 | General | Sofia Educational & Welfare Society |
| 10 | 225 | North East | Pusta Ushmanpur opp. Jag Pravesh Hospital (Families) | PORTA CABIN | 50 | General | Sofia Educational & Welfare Society |

## SHAHDARA

| Sl. No. | NS Code | Distt. Name | Night Shelter Name                            | Type         | Capacity | Purpose | Name of Agency                         |
|---------|---------|-------------|---|--------------|----------|---------|--|
| 1       | 19      | Shahdara    | Nand Nagari                                   | PORTA CABIN  | 120      | General | Aashray Adhikar Abhiyan                |
| 2       | 50      | Shahdara    | Kasturba Nagar Shahdara Near Cremation Ground | RCC BUILDING | 110      | General | Human People to People India (HPPI)    |
| 3       | 64      | Shahdara    | F-Block, New Seemapuri                        | RCC BUILDING | 50       | General | Rachna Women's Development Association |
| 4       | 71      | Shahdara    | Vishwas Nagar BVK Sanjay Amar Colony          | RCC BUILDING | 40       | General | Shri Shri Marut Nandan Seva Sansthan   |
| 5       | 80      | Shahdara    | GTB chowk Near GTB Hospital                   | PORTA CABIN  | 50       | General | Rachna Women's Development Association |
| 6       | 141     | Shahdara    | Ram Lila Ground Nand Nagri                    | PORTA CABIN  | 50       | General | Rachna Women's Development Association |
| 7       | 205     | Shahdara    | Near DLF corner road no - 70 new seemapuri    | PORTA CABIN  | 50       | General | Rachna Women's Development Association |
| 8       | 214     | Shahdara    | Anand Vihar -1 (Male)                         | PORTA CABIN  | 50       | General | Sahyog Charitable Trust                |
| 9       | 242     | Shahdara    | Anand Vihar -2 (Female)                       | PORTA CABIN  | 50       | Women   | Sahyog Charitable Trust                |

## OTHER DISTRICTS

| Sl. No. | NS Code | Distt. Name | Night Shelter Name   | Type         | Capacity | Purpose      | Name of Agency                                |
|---------|---------|-------------|--|--------------|----------|--------------|---|
| 1       | 4       | North       | Sarai Pipal Thala, 1st Floor, Adarsh Nagar                                 | RCC BUILDING | 200      | General      | Sajag Society                                 |
| 2       | 8       | West        | Raja Garden-08   | RCC BUILDING | 130      | General      | SPYM  |
| 3       | 9       | West        | R - Block Mangolpuri.  | RCC BUILDING | 190      | General      | Samarth-The Professionals                     |
| 4       | 10      | South East  | Nizamuddin Basti near Hazrat Nizamuddin Dargah                             | RCC BUILDING | 300      | General      | SPYM  |
| 5       | 20      | North       | Kabir Basti Malka Ganj.  | RCC BUILDING | 110      | General      | Aashray Adhikar Abhiyan                       |
| 6       | 24      | South East  | Kotla Mubarakpur, Ground Floor, De-addiction (Men)                         | RCC BUILDING | 80       | General      | SPYM  |
| 7       | 36      | South East  | Kilokari Village near circle office, Ring Road                             | RCC BUILDING | 90       | Families     | SPYM  |
| 8       | 41      | South West  | Sector-3, PH-I, Dwarka   | RCC BUILDING | 70       | General      | SPYM  |
| 9       | 42      | South West  | Sector-3, PH-II, Dwarka  | RCC BUILDING | 70       | Women        | SPYM  |
| 10      | 43      | South West  | Sector -1 ,Dwarka  | RCC BUILDING | 70       | General      | SPYM  |
| 11      | 44      | North       | Shelter Home For Destitute Pregnant & Lactating Women Block A JahangirPuri | RCC BUILDING | 10       | Women        | Department of women & Child Development GNCTD |
| 12      | 45      | North West  | Bawana relocation scheme block-E   | RCC BUILDING | 70       | General      | Samarth-The Professionals                     |
| 13      | 46      | North West  | Rohini Sector-26, Rohini   | RCC BUILDING | 70       | General      | Samarth-The Professionals                     |
| 14      | 47      | West        | Banjara Community Hall at Chaukhandi                                       | RCC BUILDING | 60       | General      | Aakansha Samiti                               |
| 15      | 48      | West        | Site & Services Plots at HMP Khayala                                       | RCC BUILDING | 50       | General      | Rachna Women's Development Association        |
| 16      | 55      | South       | Block-III Dakshinpuri, (F.F.) Near Thana Amedkar Road (Drug addicts)       | RCC BUILDING | 110      | Drug addicts | SPYM  |
| 17      | 61      | South East  | Sarai Kale Khan Village (Ground Floor)                                     | RCC BUILDING | 50       | Children     | SPYM  |
| 18      | 62      | South East  | Sunlight Colony-I, Community Hall  | RCC BUILDING | 90       | General      | SPYM  |
| 19      | 63      | South       | Community Hall Kalkaji   | RCC BUILDING | 80       | General      | SPYM  |
| 20      | 65      | South East  | Kotla Mubarakpur, First Floor (Drug addicts)                               | RCC BUILDING | 80       | Drug addicts | SPYM  |
| 21      | 67      | West        | Night Shelter Bldg. Extn at R Block Mangolpuri                             | RCC BUILDING | 150      | General      | Samarth-The Professionals                     |
| 22      | 68      | North       | Azad Pur BVK   | RCC BUILDING | 70       | General      | Samarth-The Professionals                     |
| 23      | 72      | North West  | BVK D-4 Block Sultanpuri.  | RCC BUILDING | 30       | General      | Samarth-The Professionals                     |

|    |     |            |  |              |     |          |   |
|----|-----|------------|--|--------------|-----|----------|---|
| 24 | 74  | South West | BVK Goyala Diary, Near Dwarka  | RCC BUILDING | 50  | General  | SPYM  |
| 25 | 75  | West       | Khazan Basti Maya Puri   | RCC BUILDING | 80  | General  | Santosh                                     |
| 26 | 76  | West       | BVK (1st Floor) Water Tank No.2 Udyog Nagar, Peer-agarhi               | RCC BUILDING | 90  | Children | Prayas                                      |
| 27 | 78  | North      | Sarai Pipal Thala, 2nd Floor (Shifted from Parcel House, Adarsh Nagar) | RCC BUILDING | 200 | Children | Prayas                                      |
| 28 | 81  | North      | Majnu ka Tilla   | PORTA CABIN  | 50  | General  | Samarth-The Professionals                   |
| 29 | 84  | New Delhi  | Bangla Sahib for Male  | PORTA CABIN  | 50  | General  | Human People to People India (HPPI)         |
| 30 | 85  | New Delhi  | Bangla Sahib-1   | PORTA CABIN  | 50  | Women    | Human People to People India (HPPI)         |
| 31 | 86  | South East | Lodhi Road near Indian Social Institute                                | PORTA CABIN  | 50  | Women    | Prerna Social Development & Welfare Society |
| 32 | 88  | South East | Nehru Place, Opposite MTNL exchange                                    | PORTA CABIN  | 50  | General  | SPYM  |
| 33 | 90  | West       | District Centre, Behind Hilton Hotel, Janak puri                       | PORTA CABIN  | 50  | General  | Mahilayen Pragati Ki Ore                    |
| 34 | 91  | New Delhi  | Safdarjung Near Safdarjang Airport Flyover                             | PORTA CABIN  | 50  | Families | Prerna Social Development & Welfare Society |
| 35 | 92  | West       | Sabzi Mandi Tilak Nagar TNS 1  | PORTA CABIN  | 50  | General  | Mahilayen Pragati Ki Ore                    |
| 36 | 93  | West       | Hari Nagar, Beri Wala Bagh   | PORTA CABIN  | 50  | General  | Santosh                                     |
| 37 | 94  | New Delhi  | Munirka near Masjid Sec.-4, R. K. Puram (Ladies)                       | PORTA CABIN  | 50  | Women    | Santosh                                     |
| 38 | 104 | New Delhi  | Gurudwara Bangla Sahib   | PORTA CABIN  | 50  | General  | Human People to People India (HPPI)         |
| 39 | 106 | New Delhi  | Hayaat Hotel, R.K. Puram opp. Fire Station                             | PORTA CABIN  | 50  | General  | Santosh                                     |
| 40 | 107 | South East | Okhla Modi Mill behind TATA Indicom                                    | PORTA CABIN  | 50  | General  | SPYM  |
| 41 | 108 | North      | Kela Godown, Azadpur opp Fortis hospital Shalimar Bagh                 | PORTA CABIN  | 50  | General  | Rachna Women's Development Association      |
| 42 | 109 | North      | Cement godown side Shakur Basti-II                                     | PORTA CABIN  | 50  | General  | Samarth-The Professionals                   |
| 43 | 110 | West       | Nilothi Extension near fish market, Near Dwarka                        | PORTA CABIN  | 50  | General  | Mahilayen Pragati Ki Ore                    |
| 44 | 112 | West       | Nasirpur, Near Dwarka  | PORTA CABIN  | 50  | General  | SPYM  |
| 45 | 117 | New Delhi  | Raza Bazar, Bangla Sahib   | PORTA CABIN  | 50  | Families | Human People to People India (HPPI)         |
| 46 | 119 | West       | Raja Garden-119  | PORTA CABIN  | 50  | Women    | SPYM  |

|    |     |            |  |              |     |                  |   |
|----|-----|------------|--|--------------|-----|------------------|---|
| 47 | 120 | North West | JJ Cluster Bhagwanpura, Badli  | PORTA CABIN  | 50  | Children         | Prayas                                      |
| 48 | 122 | South East | Taimur Nagar, Okhla near Dhobi Ghat                                      | PORTA CABIN  | 50  | General          | SPYM  |
| 49 | 127 | South East | Kalkaji Mandir   | PORTA CABIN  | 50  | Women            | SPYM  |
| 50 | 128 | New Delhi  | Nehru Place 1, Metro Station   | PORTA CABIN  | 50  | General          | SPYM  |
| 51 | 129 | New Delhi  | Nehru Place 2, Metro Station   | PORTA CABIN  | 50  | General          | SPYM  |
| 52 | 134 | South East | Sarai Kale Khan-2 Near petrol pump, outer ring road                      | PORTA CABIN  | 50  | Families         | SPYM  |
| 53 | 137 | West       | Raja Garden -II Near Raja Garden Chowk, Opposite City Square Mall.       | PORTA CABIN  | 50  | Families         | SPYM  |
| 54 | 138 | West       | Kali Mandir, Sector - 3 Rohini for Men                                   | PORTA CABIN  | 50  | General          | Samarth-The Professionals                   |
| 55 | 143 | South West | Sector-12, Dwarka  | PORTA CABIN  | 50  | General          | SPYM  |
| 56 | 144 | West       | Madipur Sajjan Park  | PORTA CABIN  | 50  | General          | Rachna Women's Development Association      |
| 57 | 147 | New Delhi  | Vasant Vihar Behind Pahari   | PORTA CABIN  | 50  | General          | Santosh                                     |
| 58 | 148 | New Delhi  | AIIMS (Safdarjung side) near Raj Garhia Vishram Sadan                    | PORTA CABIN  | 325 | Families         | Prerna Social Development & Welfare Society |
| 59 | 175 | West       | Sabzi Mandi Tilak Nagar TNS-2  | PORTA CABIN  | 70  | General          | Mahilayen Pragati Ki Ore                    |
| 60 | 179 | North West | Rohini Avantika, Sector 1  | RCC BUILDING | 200 | General          | Ram Krishan Mission                         |
| 61 | 180 | West       | BVK Raghbir Nagar (F Block Extn Khayala near Guru Gobind Singh Hospital) | RCC BUILDING | 70  | General          | Social Awareness for Education (SAFE)       |
| 62 | 181 | North West | A- Block JJR Colony Sultanpuri   | RCC BUILDING | 120 | Families         | Kamakhya Lok Sewa Samiti                    |
| 63 | 182 | West       | Community Hall at A, B & C Block Mangolpuri                              | RCC BUILDING | 100 | General          | Samarth-The Professionals                   |
| 64 | 183 | North West | Community Hall at P-1 Block Sultanpuri                                   | RCC BUILDING | 25  | General          | Samarth-The Professionals                   |
| 65 | 191 | North      | Kabir Basti near Subzi Mandi Police Station (Women)                      | RCC BUILDING | 100 | Recovery Shelter | Centre for Equity Studies                   |
| 66 | 193 | North West | Sector-22, Rohini  | RCC BUILDING | 200 | General          | Samarth-The Professionals                   |
| 67 | 206 | West       | Kali Mandir, Sec-3, Rohini   | PORTA CABIN  | 50  | Women            | Samarth-The Professionals                   |
| 68 | 212 | North      | Near MAX Hospital Badli Mor  | PORTA CABIN  | 50  | General          | Samarth-The Professionals                   |
| 69 | 213 | South      | Badarpur Border Near Toll Plaza  | PORTA CABIN  | 50  | General          | SPYM  |
| 70 | 218 | South East | Near Sai Baba Mandir Lodhi road  | PORTA CABIN  | 50  | General          | HSK Infra Pvt. Ltd.                         |

|    |     |            |   |             |     |                  |                                     |
|----|-----|------------|---|-------------|-----|------------------|-------------------------------------|
| 71 | 220 | New Delhi  | Munirka near Masjid Sec.-4, R. K. Puram (Men)                     | PORTA CABIN | 50  | Families         | Santosh                             |
| 72 | 222 | West       | Sabzi Mandi Tilak Nagar TNS-3                                     | PORTA CABIN | 50  | General          | Mahilayen Pragati Ki Ore            |
| 73 | 223 | North      | Near Britainia Chowk  | PORTA CABIN | 50  | General          | Samarth-The Professionals           |
| 74 | 224 | South West | Uttam Nagar East  | PORTA CABIN | 50  | General          | Mahilayen Pragati Ki Ore            |
| 75 | 226 | North      | Near Britainia Chowk  | PORTA CABIN | 70  | Families         | Samarth-The Professionals           |
| 76 | 229 | South West | Sector-10, Dwarka   | PORTA CABIN | 50  | General          | SPYM                                |
| 77 | 230 | West       | Dhoulai Piao, Vikaspuri   | PORTA CABIN | 50  | General          | Mahilayen Pragati Ki Ore            |
| 78 | 231 | South East | Ring Road, Bus Terminal Sarai Kale Khan, Site-2 (DSIIDC)          | PORTA CABIN | 50  | Families         | SPYM                                |
| 79 | 232 | South East | Ring Road, Bus Terminal Sarai Kale Khan Site-3 (DSIIDC)           | PORTA CABIN | 50  | Families         | SPYM                                |
| 80 | 233 | New Delhi  | Bangla Sahib Gurudwara Site-5                                     | PORTA CABIN | 50  | Families         | Human People to People India (HPPI) |
| 81 | 234 | New Delhi  | Bangla Sahib Gurudwara Site-6                                     | PORTA CABIN | 50  | Women            | Human People to People India (HPPI) |
| 82 | 235 | South East | Sarai Kale Khan Near Bus Terminal Pota Cabin No. 1 (Jamuna Side)  | PORTA CABIN | 150 | General          | SPYM                                |
| 83 | 236 | South East | Sarai Kale Khan Near Bus Terminal Pota Cabin No. 2 (Parking Site) | PORTA CABIN | 180 | Families         | SPYM                                |
| 84 | 237 | South      | Leprosy colony Siriniwaspu-ri (3 Nos Cabins)                      | PORTA CABIN | 50  | General          | SPYM                                |
| 85 | 238 | South      | Opp. Chattarpur Mandir (4 Nos Cabins)                             | PORTA CABIN | 50  | General          | SPYM                                |
| 86 | 245 | South West | Munirka   | PORTA CABIN | 50  | General          | Santosh                             |
| 87 | 246 | South East | Jasola Opposite Church  | PORTA CABIN | 50  | General          | SPYM                                |
| 88 | 248 | West       | Sabzi Mandi Tilak Nagar TNS-4                                     | PORTA CABIN | 70  | General          | Mahilayen Pragati Ki Ore            |
| 89 | 249 | South      | Sarai Kale Khan in Parking, Double Storey (Recovery Shelter)      | PORTA CABIN | 100 | Recovery Shelter | SPYM                                |
| 90 | 903 | North      | Porta Cabin, Dev Nagar (Families) (Nos 4 units)                   | PORTA CABIN | 25  | Families         | Aashray Adhikar Abhiyan             |
| 91 | 84  | New Delhi  | Bangla Sahib for Male   | PORTA CABIN | 50  | General          | Human People to People India (HPPI) |
| 92 | 85  | New Delhi  | Bangla Sahib-1  | PORTA CABIN | 50  | Women            | Human People to People India (HPPI) |

|    |     |           |                               |             |    |          |                                     |
|----|-----|-----------|-------------------------------|-------------|----|----------|-------------------------------------|
| 93 | 104 | New Delhi | Gurudwara Bangla Sahib        | PORTA CABIN | 50 | General  | Human People to People India (HPPI) |
| 94 | 117 | New Delhi | Raza Bazar, Bangla Sahib      | PORTA CABIN | 50 | Families | Human People to People India (HPPI) |
| 95 | 233 | New Delhi | Bangla Sahib Gurudwara Site-5 | PORTA CABIN | 50 | Families | Human People to People India (HPPI) |
| 96 | 234 | New Delhi | Bangla Sahib Gurudwara Site-6 | PORTA CABIN | 50 | Women    | Human People to People India (HPPI) |



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