HUMANA
PEOPLE TO PEOPLE INDIA

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME
TB Mukt Bharat
TB Harega Desh Jeetega

Stop TB Partnership

hosted by
UNOPS

Every Child Deserves a Healthy Future!

Four Childhood TB Success Stories by Humana People to People India

About us

Humana People to People India is a development organisation, registered since May 21, 1998, as a not-for-profit company under Section 25 of the Companies Act, 1956. It is a non-political, non-religious body that works as part of civil society to strengthen the capacities of underprivileged people and groups to create better lives.

In collaboration with the National TB Elimination Programme (NTEP) and partners, we have over the last decade been reaching out over 4 million people with information and screening for TB, as well as support to test and treatment.

We are committed to continue our common effort together with the Government and the people of India to end TB.

More about Humana People to People India (HPPI)
www.humana-india.org

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TB is a preventable as well as a curable infectious disease. However, it continues to be the deadliest of all infectious diseases globally. Many key and other vulnerable populations are at a heightened risk of TB and face multiple barriers to access public health services and social protection. Community-led follow-up and support plays a key role in linking the underserved populations with health and social services.

Raising health awareness as well as providing information on social protection go a long way in improving readiness of key and other vulnerable populations to access TB prevention along with screening, diagnosis and treatment, care and support in a timely manner.

The following case stories are powerful reminders that community-led follow-up and support provided by family members, close friends and/or frontline workers is an essential bedrock for most-in-need people to access timely TB screening and diagnosis, adhere to the long treatment, and get cured.

1 A family, where both parents are migrant daily wage earners in Delhi, got confronted with a double whammy when their elder child developed pleural effusion as well as TB

Rajat (name changed to respect confidentiality), a 15-year-old boy was studying in class VII last year when his health went on a steep decline with persistent fever, weakness and shortness of breath. Both parents of Rajat are migrant daily wage earners in Delhi. Rajat has a younger brother too. When treatment by nearby private doctors gave no relief to him, and his health continued a downward spiral, he was taken to a nearby government-run children's hospital where he was diagnosed with pleural effusion (water in the lungs) in July 2025. After 12 days of hospitalisation and treatment, Rajat was discharged, but his debilitating weakness persisted. He was still unwell. Eventually, he was taken to the nearby government-run chest clinic where he was diagnosed with TB and put on treatment.

Rajat's parents were faced with the painful reality of having to choose between earning their daily wages to make ends meet or accompanying their child regularly to the chest clinic for medicines and check-ups. They tried to juggle between the two for some time, but it was not enough to support Rajat through his treatment. TB treatment warrants uninterrupted adherence to TB medication; otherwise, the patient might suffer, and there is risk of TB bacteria becoming resistant and infection spreading further.

Not surprisingly, Rajat's health still remained low. Thankfully, frontline community health

workers (field officers of Humana People to People India) spotted him during their regular door-to-door TB screening visits. They counselled the parents on the importance of treatment adherence and regular check-ups as well as listened to the family's travails to choose between their work or taking their son to the clinic. Rajat's parents trusted the HPPI worker to don the role of a family caregiver and help their son adhere to his TB treatment. For the next 7 months, she took Rajat every fortnight to the chest clinic for medicines as well as for regular tests and check-ups as per doctor's advice – while the parents continued to earn their daily livelihood. The HPPI worker also helped Rajat receive INR 1000 per month during his therapy, which were directly transferred to his bank account under the Government of India's "Ni-Kshay Poshan Yojna." In addition, they also helped him get the benefit of free monthly nutritional support, as per the Pradhan Mantri TB Mukt Bharat Abhiyan. Rajat completed his treatment successfully on April 20, 2026, and is continuing with his studies.

Referring to the HPPI worker, Rajat said: "She has always come on time to accompany me to the clinic. Usually, we go at 10 am and I have to miss school that day. I have not missed a single dose since then. If she was not there, my infection would not have been treated properly."

"Rajat completed his treatment successfully on April 20, 2026, and is continuing with his studies."

2 A rickshaw puller's family with six children living in North East Delhi was jolted in 2018 when one of their daughters, who was studying in class VII, got TB

A rickshaw puller's family with six children living in North East Delhi was jolted in 2018 when one of their daughters, Archana (name changed to respect confidentiality), who was studying in class VII, got TB. She had fever, cough, extreme weakness, and giddiness and medicines were not helping. One day she coughed blood while in her class. This was frightening for the family. Her mother took her to the government-run chest clinic where she was diagnosed with TB and put on treatment for six months. She managed to complete her treatment despite the challenging side effects.

But barely three months after completing her treatment, TB symptoms surfaced again with even more severity. This time she was diagnosed with a serious form of TB (multidrug-resistant TB or MDR-TB), the treatment of which continued for the next two years.

Her struggles to cope with the disease increased manifold with severe side effects – such as vomiting, adverse impact on her vision and hearing, and severe swelling in the legs, so much so that even performing her daily ablutions became a formidable task. She also had to be hospitalised twice in a government-run hospital during the course of her treatment. But driven by her grit and determination, she adhered to her treatment – a day at a time – for two long years.

Eventually she got cured of MDR-TB in 2021. But her long battle against TB and MDR-TB had taken away three precious years of her life and also disrupted her education.

However, her family's travails were not over as by the time she got cured, her sister was diagnosed with MDR-TB too.

Now, both the girls are cured. Archana is now dedicatedly serving as a frontline worker (field officer) helping support others in need. She is helping key and other vulnerable populations to protect themselves from TB, and she also provides follow-up and support to those who have the disease to access early and equitable TB screening, diagnosis, treatment, care and social support. She herself gets tested for TB every three months.

"I love my work in HPPI because it gives me immense happiness to support people with TB in completing their TB treatments. I share my own example with them of how I overcame TB, and then MDR-TB. This restores their confidence and reassures them that they too can win over TB if they adhere to the therapy," said Archana.

She hopes to soon resume her education while working with HPPI alongside.

"I love my work at HPPI because it gives me immense happiness to support people with TB in completing their TB treatments."

3 Learning from her own experiences, a TB champion spreads awareness in key and other vulnerable populations

Going through active TB infection even once can be a daunting task. But Sandhya (name changed to respect confidentiality) had to brave the disease twice. Her father works as a migrant security guard in East Delhi. In 2015, when she was around 12 years old, her persistent fever became a health concern. Eventually, she was taken to Guru Teg Bahadur (GTB) Hospital, which happens to be the largest government-run hospital in East Delhi. The GTB Hospital has multiple super-specialities, and the Government provides free services, including expensive tests like CT scan.

Sandhya was diagnosed and treated for typhoid. But her fever persisted. The doctors did many diagnostic tests including X-Ray and sputum test for TB, but the medical diagnosis remained elusive. Finally, Fine Needle Aspiration Cytology (FNAC) was done, but even that did not confirm the diagnosis in the first two attempts. It was only when FNAC was done the third time that she could be diagnosed with glandular TB (extra-pulmonary TB), making it five-six months to correctly diagnose TB.

Her Drug Susceptibility Test (DST – a test done to confirm if TB bacteria is resistant or sensitive to the medicines to be used for treatment) showed that she had drug-sensitive TB. Despite the side effects of the treatment, she adhered to the therapy on a daily basis, being resolute to hit the finish line. Her treatment lasted nine months, and she finally got cured.

But her ordeal was not over. Eight years later (in 2023), Sandhya once again developed

a consistent high fever. It receded on taking paracetamol tablets but the fever did not go. She was again at the GTB Hospital where her X-Ray as well as sputum test did not confirm TB. It was only when a CT scan was done that doctors could see TB patches and confirmed drug-sensitive TB of the lungs. After DST, she was once again put on TB medication for drug-sensitive TB, which lasted nine months. She got cured in 2024. She received INR 500 every month during her treatment period (directly transferred to her bank account) from the Government for nutritional support as well as a few free rations under Pradhan Mantri TB Mukt Abhiyan.

Reflecting, a silver lining in her dark fight against TB twice was that she sought treatment in the government-run tertiary-care GTB Hospital where she could get timely multi-speciality medical expertise and tests. For many key and other vulnerable populations, accessing even a local chest clinic could be a daunting task without the support by either their family members, close friends or community frontline workers.

Sandhya is now a TB champion and one of the field officers of Humana People to People India, helping key and other vulnerable populations to protect themselves from TB as well as help those with the disease to access screening, diagnosis, treatment, care and social support in a timely manner.

“It was only when a CT scan was done that doctors could see TB patches and confirmed drug sensitive TB of the lungs.”

4 Within a short span of eleven months, three siblings got infected with TB disease one after the other

It could be difficult to imagine the impact on the lives of three out of five siblings in a family living in East Delhi who went through TB within eleven months, one after the other. One of the siblings, Ayesha (name changed to respect confidentiality), was studying in class X in 2020 when her brother was diagnosed with glandular TB, one of the most common forms of extrapulmonary TB that is not contagious. He sought TB care at the nearby government-run Jag Pravesh Chandra Hospital in North East Delhi's Shastri Park. His treatment lasted for six months.

Hardly three months had passed since he got cured, when Ayesha's younger sister became ill. She was also taken to Jag Pravesh Chandra Hospital where she was diagnosed with TB of the lungs. She had a difficult time going through the treatment, coupled with the side effects that refused to go. Despite counselling, she was finding it difficult to wear the mask while coping with vomiting and discomfort. Ayesha's sister was on TB therapy for barely two months when Ayesha's health took a downward slide. Her fever and severe abdominal pain persisted despite all local remedies and efforts. Eventually, she too was taken to Jag Pravesh Chandra Hospital, where the X-Ray and sputum test came negative for TB. Abdominal X-Ray did not help with the diagnosis either. Then an ultrasound of her abdomen was done, which confirmed abdominal TB. She had drug-sensitive abdominal TB, which is a type of extrapulmonary TB and is not contagious. She was put on treatment immediately.

Ayesha faced even more severe side effects than her sister, including severe vomiting and allergic scars on her body. The doctors gave her medicines to help her cope with the side effects and advised her to adhere

to the treatment as side effects go away with time. After two months she started feeling better.

Along with her class X schooling she was also attending computer classes. One day she told her friend that she was being treated for TB, which was not contagious. But her friend told the teacher who asked her not to come to the computer class till she got cured. Ayesha even brought the teacher a note from the doctor, which said that she had extrapulmonary abdominal TB and it was not contagious. But the teacher did not pay any heed and forbade her from attending the computer class.

Her treatment lasted for nine months, after which she got cured. She then went back to her computer class and completed the course.

The impact of TB was not only on three out of five siblings but also affected the wellbeing of the entire family. While all three children successfully won over TB, the battle against TB stigma and misinformation left indelible scars. Financial problems were also brewing for the family. In such a situation, Ayesha could not study beyond class XII as much as she wanted to.

Ayesha is spirited enough to fight TB stigma and raise awareness to dispel myths and misconceptions around TB to help others. She is now a part of Humana People to People India where she is not only raising awareness but also helping the underserved communities access TB-related public health services and benefit from social welfare support.

A ray of light can also dispel the darkness. “I love doing my work and helping others by creating awareness – for example, by telling them which TB is infectious and which is not. I also counsel them on why it is very important to complete the treatment and not leave it in between. I counsel them to eat a proper diet and not get scared by these side effects as they go away with time. Completing the TB treatment is of utmost importance. People feel happy when we listen to their problems patiently and try to help solving them,” said Ayesha.

HUMANA
PEOPLE TO PEOPLE INDIA

111/9-Z, Aruna Asaf Ali Marg, Kishangarh, Vasant Kunj,
New Delhi-110070
Telephone: 011- 47462222

E-mail: info@humana-india.org | Website: www.humana-india.org

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