

# From shadow to light: Supporting unhoused persons to access lifesaving TB services

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Journeying from shadow to light

The risk of getting TB disease is among the highest in unhoused and other marginalised persons but the likelihood of them seeking public TB services is low – and finishing life-saving TB therapy is even lower. The delay is long – very long – for them to get right diagnosis (if at all) – and so are the catastrophic costs which they may incur until getting correctly diagnosed. Not being able to finish lifesaving TB treatment is not helping either- the person suffers and so does the TB response - because we collectively fail to disrupt TB transmission.

At the world's largest conference on TB and lung diseases, a couple of scientific presentations provide a strong beam of light to address TB with success (and in a person-centred manner) among those who are at one of the highest risks (of getting the disease – as well as of being left behind).

Jahangeer Alam, a TB survivor and champion himself, made two important scientific presentations at World Conference on Lung Health in Copenhagen, Denmark. He works with Humana People to People India (HPPI).

**Journeying from shadow to light**

It is humbling to listen to real experiences of unhoused persons of their journeys from dark shadows in the lung towards treatment and care, and from services that were inaccessible earlier towards receiving person-centred care and getting cured of TB - thanks to HPPI and support and partnership of Indian government's National TB Elimination Programme (NTEP) and its partners on the ground.

Jahangeer shared with the delegates of the world conference some of the key learnings from HPPI's experiences of working with unhoused persons in India since 2017.

Timeless wisdom of Margaret Mead's words come to life when we hear Jahangeer speak: "Never doubt that a small group of thoughtful

committed individuals can change the world. In fact, it's the only thing that ever has."

HPPI implemented 7 initiatives during 2017-2025 to find more TB among the unhoused persons in Delhi, India and link them to public services. HPPI developed a person-centred, rights-based, and gender

transformative model to do so. There were estimates that the number of unhoused persons in Delhi could be around 300,000.

During 2017-2025, frontline healthcare workers of HPPI reached out to 225,022 unhoused persons who were highly vulnerable to TB and hard to reach. Out of those screened for TB, 10,976 people were found with presumptive TB and offered a (free) confirmatory TB test in government facility. 2283 unhoused persons were found to have active TB disease and 53 of them had a very serious form of TB, referred to as drug-resistant TB (where TB bacteria become resistant to some of the most powerful anti-TB medicines).

Overall, for every 99 unhoused persons screened for TB, 1 was found with active TB disease between 2017-2025 by HPPI. However,

in some areas or projects, this rate was alarmingly high: 1 in every 44 screened for TB had the disease.

**Making a difference**

When HPPI began working with unhoused persons in 2017, a lot of them dropped out of care. 15% was the loss to follow up rate. And dropping out of lifesaving TB treatment

meant that the person continues to suffer, has higher risk of TB death, and the disease keeps spreading to others (if the person had lung TB). Death rate among the unhoused peoples in 2017 who were on TB treatment was 8.8%.

HPPI model demonstrated that it is possible to reduce human suffering and save lives: loss to follow up rate dropped to 1.7% by 2024 (from 15% in 2017), and TB death rate dropped to 2.5% by 2024 (from 8.8% in 2017).

Jahangeer explained that there were 3 groups of unhoused persons HPPI was working with: those living on the roadside, shelters and temporary slums (referred to as 'jhuggi').

"Unhoused persons had higher TB vulnerability because of several reasons: higher substance use (such as alcohol, tobacco or drugs), living

in unhygienic conditions, low TB awareness and health literacy, and a range of access barriers to reach public health services. Lack of government identity documents, gender identities, fear of discrimination or losing daily wage were other barriers we found that blocked access to existing services," said Jahangeer.

HPPI workers helped collect and take quality sputum samples of unhoused persons to government laboratories for confirmatory testing. For those with active TB disease, workers accompanied them for initiation of treatment from the nearest government centre.

Daily follow up during the first 2 weeks after initiation of TB treatment, and then at least once weekly follow up till the person got cured, proved very helpful to ensure the unhoused person could adhere to TB therapy. Counselling, facilitating medical consultations in government centres as needed for side effect management or other healthcare needs, facilitating access of unhoused persons to social welfare schemes such as nutrition, financial support directly transferred by the government of India to their bank account during TB treatment every month, and other such benefits could also happen because of the assistance provided by HPPI workers on the frontline.

Linkage to local community people also proved important because location of unhoused persons kept changing on an ongoing basis. HPPI workers identified such local allies and fostered these relationships. These allies included unhoused persons who were cured of TB (TB survivors who became TB champions), local vendors, caretakers of night shelter homes, among others. These allies were very helpful for HPPI workers to follow up with unhoused persons on an ongoing basis.

"Intensified treatment adherence support is lifeline. We need to make this available to every unhoused person if we want them to adhere to the treatment and finish it. Field officer is needed on the ground if we want favourable TB programme outcomes from high-risk TB populations," stressed Jahangeer.

HPPI screened unhoused persons for TB using a range of approaches: verbal screening, X-Ray screening and AI-based cough screening (cough screening is being tested currently, showing promising initial results, but is not yet a part of government programme).

Those who were found presumptive for TB were offered a confirmatory TB test at the nearest government-run facility (thanks to NTEP).

But even sputum collection could become a challenge. Multiple efforts were needed in some instances and support of local communities remained vital, said Jahangeer - reemphasising the need of trained front line workers to support unhoused persons regularly.

**Reducing diagnostic delays is key**

Leveraging, Engaging and Advocating to Disrupt TB transmission (LEAD) is another flagship initiative of HPPI that has demonstrated robust impact in reaching to unhoused and other marginalised persons in urban areas of India. "According to several studies in India, delay in TB diagnosis contributes to increased TB transmission, morbidity and higher mortality especially among marginalised populations, such as those living on the roadside, under flyovers, or in very temporary structures," said Jahangeer Alam at the World Conference on Lung Health 2025. "Reducing diagnostic delays also reduces out of pocket expenses." Delay in diagnosis also fails us in breaking the chain on infection transmission. We cannot end TB unless we disrupt TB transmission and take care of everyone with the TB bacteria in a science-based and person-centred manner.

There is also a deadly synergy between diagnostic delays and catastrophic costs - both need to be eliminated if we are to ensure all those in need can access public services in a person-centred manner.

"In 2024-2025, the turnaround time from identifying a person with presumptive TB to correct diagnosis for 75% of people was less than 5 days, and for 92% of them it was less than 10 days," said Jahangeer. "Remaining 8% people took longer time as they needed further medical tests."



## GAJJU'S SPECIAL BIRTHDAY GIFT

**Short story by Prakash Shrivastava**

Morning sunlight filtered through the kitchen window as the sound of oil sizzling in the pan filled the house. Koyal hummed a soft tune while flipping the parathas for breakfast. Her thoughts wandered to the long list of chores waiting for her—laundry, dishes, packing Gajju's school bag... again.

Suddenly—crash!

A sharp clinking of glass echoed from the living room.

"Oh no," Koyal sighed, already knowing the culprit. She wiped her hands and rushed out.

There he was—Gajju, her 7-year-old bundle of chaos, standing guiltily beside the broken pieces of a teacup on the floor, a small rubber ball rolling slowly away from him.

"Gajju! What have you done now?" she exclaimed.

"Mom," Gajju said with wide innocent eyes, "I was only practicing catching ball."

Koyal placed her hands on her waist. "You can never sit peacefully! Always running, jumping, throwing things!"

Gajju looked down sheepishly, toeing the floor with his slipper. But Koyal knew this wasn't the first time. Every day was an adventure with him—most of them exhausting.

After school, Gajju would fling his bag at one end of the room, drop his shoes wherever he pleased, and scatter his books like fallen leaves. Koyal would pick them up silently, though her mind screamed, when will this child ever learn? He's in standard three now!

And the tantrums! Last week, he



had refused to eat dinner just because she hadn't made the pudding he liked. She had to coax him, sing to him, even promise him an extra bedtime story just to get a few bites into his mouth. And how could she forget the ink stain on his freshly ironed white uniform shirt? One careless flick of his pen and the damage was done.

"Sometimes I feel I'm raising a storm, not a child," she muttered to herself as she cleaned the floor.

**A SPECIAL DAY**

But today was supposed to be special—it was Koyal's birthday.

She hadn't planned much, just the usual chores and maybe a cup of tea in peace. She had no expectations from Gajju. He was too small to remember such things anyway.

Just then, Gajju appeared in the doorway, his face glowing with excitement. In his tiny hands, he held a folded piece of notebook paper and a slightly squashed chocolate bar.

"Happy Birthday, Mom!" he said proudly, handing her the note.

Koyal unfolded the paper. In uneven handwriting with colorful sketch pen strokes, it read:

"Happy Birthday Mom. I love you. You are the best mom."

The chocolate was wrapped in bright red foil, obviously from the nearby shop. Her eyes widened when she noticed the register paper he had torn out, and the smeared ink from his brand-new sketch pens.

"Gajju!" she scolded, forgetting the note. "You tore a page from your school register? And wasted your

sketch pens' ink too? And I told you, I don't like chocolates!"

Gajju's smile faded. He looked confused, then hurt. His fingers curled around the chocolate as he slowly backed away.

"I just wanted to give you something," he mumbled, turning and walking out.

Koyal watched him go, still fuming. "This child will drive me mad," she muttered. She returned to the kitchen, but the heat from the stove now felt unbearable. She glanced again at the note and read the crooked letters.

Then it struck her.

He had remembered. He had tried. He had taken a piece of his school register—not to be careless—but because it was all he had. He had written with the sketch pens he loved, and he had brought a chocolate—knowing she didn't eat them—but because he did, and he thought sharing it would make her happy.

And the money? He got only five rupees as pocket money. A twenty-rupee chocolate... that meant four days of saving, and not buying the toffees he loved.

**GUILT WASHES OVER LIKE A TIDE**

"Oh, Gajju..." Koyal whispered, guilt washing over her like a tide. "I didn't see the love in his eyes."

She rushed to his room, heart pounding. But the bed was empty. A neighbor's child saw her and said, "Auntie, Gajju has gone to play with his friends." Koyal sat on the sofa, waiting. Every tick of the clock felt heavy. Half an hour later, the door creaked open.

### Dr Vinay Mishra's corner...

**Question-** Seven years ago my sister-in-law eloped with a boy who was not approved by the family. There has been no communication since then, Now she wants to reconnect. How can this be done?

**GA**

**Answer-** Reconnecting with your sister-in-law after seven years of no communication due to her elopement requires a patient, empathetic, and carefully paced approach. Here are key steps and considerations:

1. Reflect and Prepare-Reflect on your own feelings and expectations about reconnecting. Understand the reasons behind the estrangement and be ready to approach the situation with empathy and openness, acknowledging her perspective and experiences.
- 2.Start Small and Respect Boundaries-Initiate contact gently, preferably through a written message like a letter, email, or text, expressing your desire to reconnect without pressuring her. Avoid showing up unannounced, which could cause stress. Respect her autonomy and readiness to engage.
3. Build Trust Gradually-Rebuilding trust will take consistent, reliable behavior over time. Be patient and avoid rushing the process. Show empathy, listen actively, and avoid defensive or blaming reactions if past hurts come up.
- 4.Communicate Openly and Honestly-When communication begins, prioritize honest and respectful dialogue. Set ground rules if needed for discussions to prevent misunderstandings and emotional overload. Focus on understanding her feelings, and be open about your own in a non-confrontational way.
- 5.Manage Expectations-Be prepared for any response, including the possibility that she may not be ready to reconcile immediately or fully. Allow space for gradual healing and change.
- 6.Seek Support if Needed-Consider involving a neutral mediator if the conversation is difficult or emotionally charged. Professional guidance can facilitate healthy communication and reconciliation.

In summary, reconnecting after a long estrangement involves thoughtful, respectful initial contact, patience in building trust, open communication, and realistic expectations. This careful approach can open the door to healing and rebuilding family relationships over time.



## Disaster management now easier, thanks to research by Telangana student Chaitanya

**Advanced Multipurpose Hydraulic JCB and All-in-One Vehicle project model.**

A Shiva Chaitanya, a student from ZPHS Lingampally, Chikode District, Medak, Telangana, under the guidance of co-teacher R. Kishan Prasad, presented a project model of an advanced multipurpose hydraulic JCB and all-in-one vehicle to address various disaster management situations.

Sushil Kumar Jain, President of the Paryavaran Sanskriti Sanrakshan evam Manav Kalyan Trust, honored student A. Shiva Chaitanya and co-teacher R. Kishan Prasad for their outstanding performance on the advanced mul-

ti-purpose hydraulic JCB and all-in-one vehicle project model.

Excellent model for responding to climate change-related disasters

Student A. Shiva Chaitanya and co-teacher R. Kishan Prasad explained that this is an excellent model for responding to climate change-related disasters, floods, weather-related disasters, earthquakes, landslides, avalanches, and tornadoes, as well as for rescuing victims and providing medical assistance to those affected by cold or injury by removing debris using hydraulic equipment and drills.

Under this project model,



this machine can perform a variety of tasks (such as firefighting, digging trenches, lifting heavy objects, plowing fields, etc.).

**Attached drone can deliver emergency help**

Additional features of this project model include an attached multi-purpose drone.

In modern times, the attached drone has a chip camera.

This drone can be controlled and operated remotely.

The attached drone can deliver emergency food, medicine, and water packets to flood or disaster-affected areas!

The drone's built-in battery

bank helps charge electronic devices when needed.

**Model can be used for agriculture purposes**

For agricultural use, this model can be used to dig soil for planting trees by attaching a plow to a JCB; to cultivate fields, a plow can be attached to a JCB; and a crane attachment can be attached to a JCB to lift heavy objects.

For earthmoving, a JCB and dozer can be used to remove soil and level the ground.

Sushil Kumar Jain praised that this project model will not only protect the citizens of the country but will also help strengthen the country's economy.