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## THE ACCOUNTABILITY LEADERSHIP BY LOCAL COMMUNITIES FOR INCLUSIVE, ENABLING SERVICES (ALLIES) PROJECT





# About ALLIES Project

The Accountability Leadership by Local communities for Inclusive, Enabling Services (ALLIES) project was implemented by REACH between 2019 and 2024, with support from the United States Agency for International Development (USAID), in 15 districts of four priority states – Chhattisgarh, Jharkhand, Odisha and Tamil Nadu.

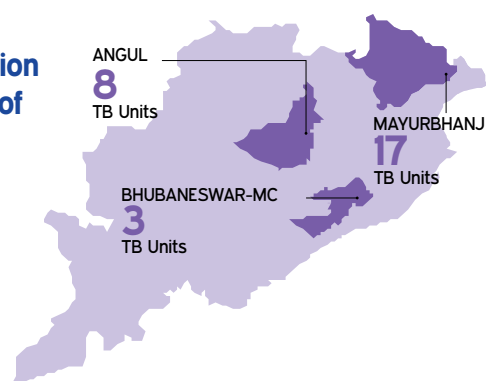
The project strove to create an enabling environment for TB elimination by leveraging community action as an ally to build a culture of accountability and empower communities, including those most marginalised.

Central to the ALLIES project was the Community Accountability Framework (CAF), intended to improve the Quality of Care (QoC) and Quality of Services (QoS) for people and communities affected by TB, by adopting a solution-oriented, community-led monitoring approach.

## Key Objectives

- To create a cadre of powerful community leaders to advocate for rights-respectful, gender and age-responsive TB services
- To establish community-owned mechanisms to monitor quality of TB care and services, and give feedback to the programme for timely responses, helping institute accountability and strengthening community empowerment
- To generate local solutions and resources for enhanced social support
- To enable environments for TB elimination at state and national levels

## ALLIES intervention districts of Odisha



## Results at a Glance

Quality of TB care and services improved in **28** TB Units and facilities of **3** districts through CAF

**9557** people with TB provided feedback on quality of care and services through CAF

**51,721** people in the community received support and information on TB

**160** TB survivors trained as TB Champions

**160** Healthcare workers and National Tuberculosis Elimination Programme (NTEP) officials trained on Achieving Excellence in TB Care and Services (AETBCS) curriculum

**771** Elected Representatives (ERs) sensitised, including **8** Members of Legislative Assembly (MLAs), **663** Panchayati Raj Institution (PRI) members and **64** Corporators

**13** companies joined the Employer-Led Model (ELM) and signed the Letter of Intent/Corporate TB Pledge

**167** journalists sensitised through media roundtables

# TB Champions in Odisha

The ALLIES project expanded the pool of trained TB Champions<sup>1</sup> in Odisha and designed a wide range of trainings to improve their knowledge and skills to empower them to advocate on behalf of those affected by the disease.

## Capacity Building Initiatives at a Glance

- Training of 160 TB survivors to become empowered TB Champions<sup>2</sup> through REACH's flagship training curriculum **'From TB Survivors to TB Champions'** as a first step in the capacity building of communities.
- Training on **Rights-based Approaches** to TB and Health imparted to develop an understanding of the rights of people with TB among TB survivors and Champions.
- Training of TB Champions on **TB and Disability** to strengthen understanding on the nuances of disability and associated stigma.
- **Leadership training** of network leaders to enable them to lead survivor-led networks<sup>3</sup>.
- **Communications skilling** of TB Champions to become skilled communicators.
- **Counselling training** of TB Champions to build their counselling skills.
- **Gender Sensitisation** training to help TB Champions understand the gender dimensions of TB and identify gender-responsive actions at the community level.
- **Data for Action** training to help TB Champions understand the fundamental concepts of interpreting data and designing effective advocacy.
- **Organisational Development and Advocacy** trainings of network members across Odisha to develop an understanding on the importance of advocacy in TB response, and to orient them on the concepts of organisation.
- **Livelihood training** to over 85 TB Champions in *sabai* grass crafting, artificial jewellery making, mushroom cultivation and phenyl making. Market linkages established with the support of Odisha Livelihood Mission for *sabai* grass products.

### TB Champions



Shared **stories and issues** faced by the TB affected community



Availed **opportunities** at the local/field/ district/state/national levels to share their achievements



Participated in a plethora of **programmes** and engaged with diverse audience to sensitise them on TB



### Kalinga TB Survivors Network

REACH facilitated the formation, development and strengthening of TB survivor-led network in Odisha – Kalinga TB Survivors Network (KTSN). Over the years, the network has grown in strength with an expanded membership. It has now become an independent registered entity.

#### Key Highlights

- Founded by seven TB survivor-Champions in 2018 and legally registered in 2023
- Governing body constituted with 11 members
- State-wide membership of over 1,300 TB survivors
- 14 district chapters formed<sup>4</sup>
- Network members supported NTEP in active case finding campaigns
- Capacities of network members built on various aspects like organisational development and advocacy, leadership, etc.

<sup>1</sup> TB Champion model was first designed and piloted in 2017-18 through USAID-supported Call to Action project.

<sup>2</sup> A TB survivor who completes the flagship 'From TB Survivors to TB Champions' training and is willing to work in the community is referred to as a TB Champion.

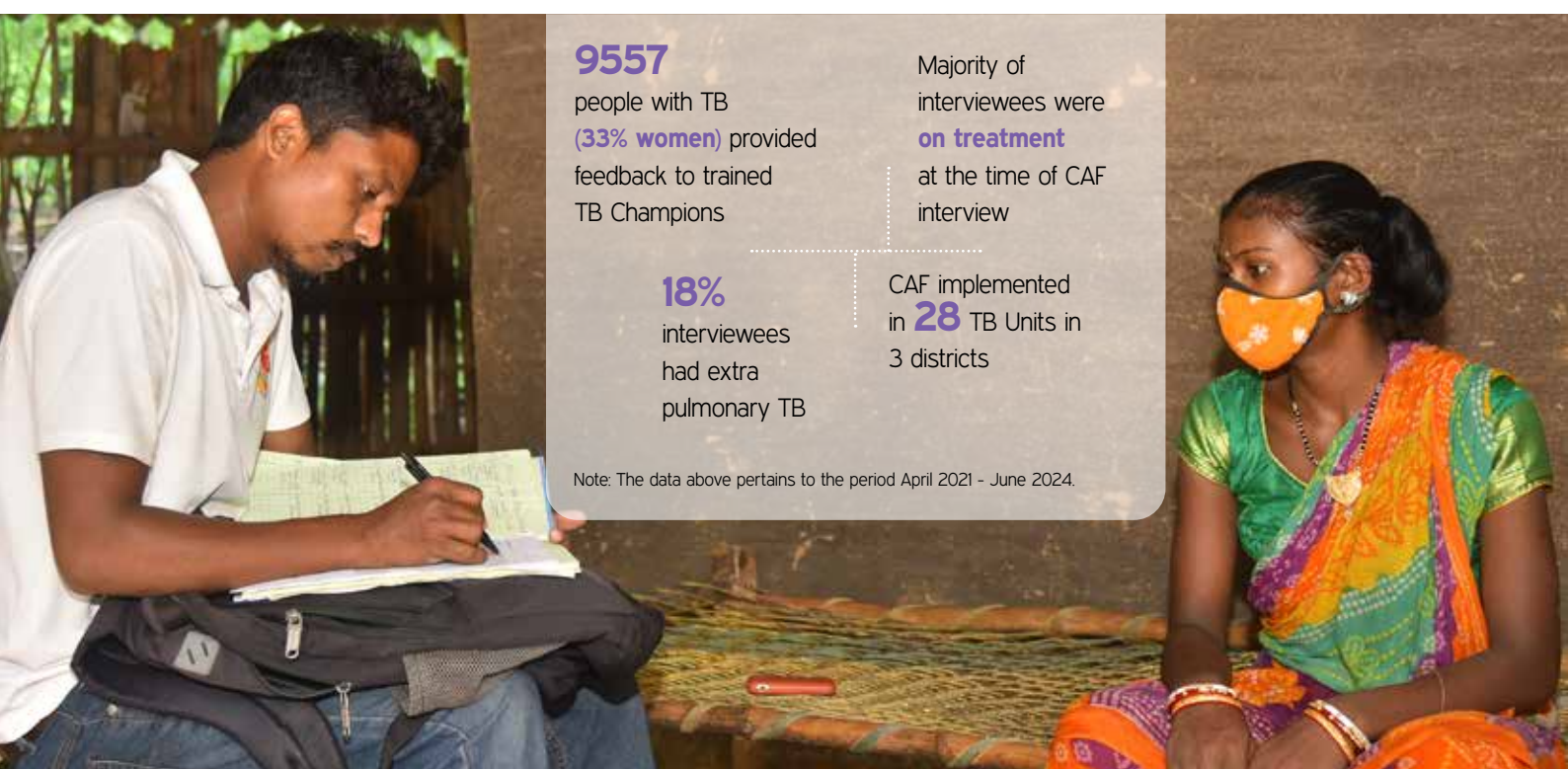
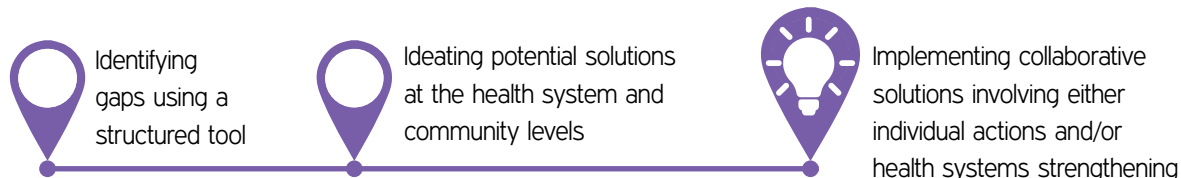
<sup>3</sup> Survivor-led networks play a critical role in advocating for the protection of rights of people with TB. The TB Champions rely on their networks to provide them with safety, identity, collective power, and a platform through which they can expand their impact and partner as powerful entities with other stakeholders.

<sup>4</sup> The 14 districts of KTSN district chapters are: Angul, Bhubaneswar, Mayurbhanj, Balesor, Ganjam, Khordha, Puri, Nayagarh, Jagatsinghpur, Dhenkanal, Rayagada, Jharsuguda, Malkangiri and Subarnapur.

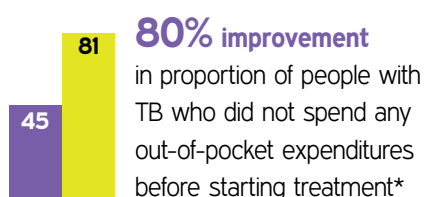
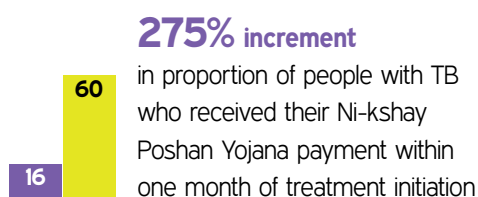
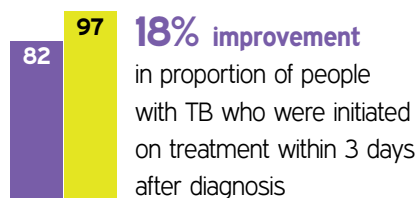
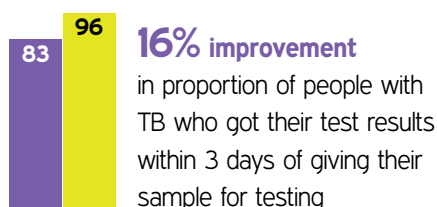
# Community Accountability Framework

The Community Accountability Framework (CAF) is a community-led monitoring model which adopts a solution-oriented approach to improve QoC and QoS for people and communities affected by TB. Envisaged as a bottom-up approach to the WHO Multi Sectoral Accountability Framework, CAF is based on the key principles of integrity, inclusivity, effectiveness and actionability. In Odisha, CAF formally began in April 2021 and was implemented in 28 TB Units in three districts.

## Multi-step 'Identify-Ideate-Implement' approach with three distinct stages



## Impact of CAF on Quality of TB Care and Services

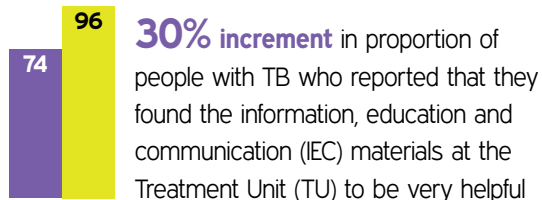
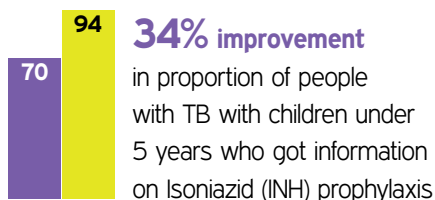
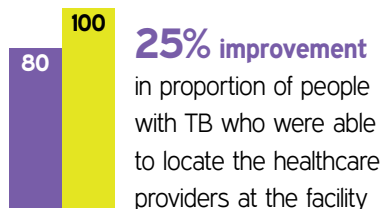
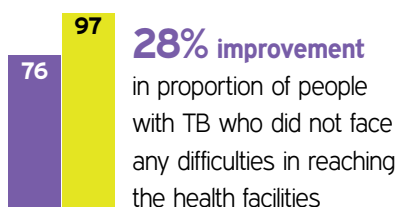


■ Oct - Dec 2021 (n=842)

■ Apr - Jun 2024 (n=743)

\*The baseline period is April - June 2022 (n=855)





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In addition, the project piloted a CAF Lite tool in 3 non-ALLIES TUs in Mayurbhanj district. The assessment was led by members of KTSN.

In the final year of the project, a Comprehensive Assessment Tool (CAT) was added to the CAF tool, to additionally assess people with TB for vulnerabilities, disability, age and gender-based challenges, and Quality of Life.



“

We are proud to have been among the first states to test CAF. Today, the NTEP has come a long way and we have so many new policies and strategies. This is therefore the right time to be talking about the quality of care and services, and CAF helps us to do this in a systematic and meaningful way.

**Dr. Prasanta Kumar Hota**  
Additional Director of Health Services (TB) cum State TB Officer, Government of Odisha

For Mayurbhanj district, the community engagement initiative has shown to be beneficial. Because of the work of TB Champions, the district's TB death rate has decreased, referrals have increased, NPY seeding has reached 100%, community stigma has significantly decreased, and patient follow-ups have increased.

**Mr. Dinakrushna Barik**  
District Programme Coordinator, NTEP, Mayurbhanj, Odisha

I have become more confident by engaging in the CAF process. My efforts have been acknowledged by the community. I am working to enable close coordination between the healthcare staff and persons with TB (and their families).

**Mr. Basudev Tung**  
TB Champion, Mayurbhanj, Odisha

# Engagement with Key Stakeholders



## Sensitisation and Engagement of Elected Representatives

TB Champions reached out to 771 elected representatives including MLAs, PRI Members, Mayors, Deputy Mayors and Corporators, and sensitised them on TB burden, its profound personal ramifications, and the criticality of their potential contributions.



## Special Campaign to make Bijatala TB-free

In September 2022, a special campaign was launched in Bijatala block of Mayurbhanj district to make it TB-free by 2023. The objective of the campaign was to intensify and strengthen the efforts of elected representatives in elimination of TB.



## Achieving Excellence in TB Care and Services

160 NTEP officials and Community Health Officers (CHOs) were trained on the AETBCS curriculum to build their knowledge and competencies to deliver high-quality people-centred care.

## Sensitisation of Industries on Employer-Led Model for TB Care and Services

A strategic and collaborative approach has been taken to engage with industries through the Employer-Led Model (ELM), which promotes a responsive approach of employers to the needs of people with TB and their family members, and promotes policies inclusive of their needs. In Odisha, a total of 35 industries have adopted this model, collaborating closely with TB Champions and incorporating them into their health and safety training initiatives.

## Media Roundtables on TB

Six media roundtables were organised and 167 print and electronic media journalists were sensitised. At these roundtables, the health officials interacted with the journalists, provided them with updated information on TB, and encouraged ethical TB-reporting.



## Engaging Transgender Communities in TB Response

The ALLIES project engaged transgender communities in TB response. NGOs and trans persons working on social issues and for the rights of the transgender communities were sensitised on TB to identify platforms and opportunities for the communities to work for TB elimination in India.



# Special Interventions

## Differentiated Care Model

A Differentiated Care Model (DCM) was implemented in Betnoti, Kaptipada and Rangamatia Treatment Units (TUs)<sup>5</sup> of Mayurbhanj, Odisha to deliver person-centred care to address different vulnerabilities. Trained TB Champions screened 550 people who were newly diagnosed with TB, with their consent, for a combination of clinical and social vulnerabilities: alcohol use, smoking, malnourishment, anaemia, migration and living alone.



**93%**

of those screened reported at least one vulnerability

**65%** of men and **23%** of women with TB reported alcohol use

**83%** of women and **79%** of men with TB reported malnutrition as a vulnerability

**55%** men and **53%** women with TB reported anaemia

Efforts were made to link those identified with vulnerabilities to specialised care including de-addiction counselling, expert nutrition counselling, access to iron and folic acid tablets, and treatment literacy in language of choice, among other support services.

## TB in the Elderly

A special intervention was initiated on February 15, 2024 in Bhubaneswar to operationalise a care model for elderly people with TB. It was later expanded to Mayurbhanj in June 2024. As part of the intervention, the following initiatives were taken by trained TB Champions:

- **312** elderly people were screened for TB symptoms by the TB Champions at the health facility. Out of this, **131** presumptive elderly people with TB were identified, **123** tested and **19** people were diagnosed with TB.
- **49** elderly people with TB were interviewed to assess the unique requirements of each elderly person undergoing TB treatment. TB Champions supported elderly people with TB with services covering various needs such as psychosocial support, transportation, existing health issues, nutritional necessities, and access to social schemes.

## Youth-led Campaign to End TB

Launched on National Youth Day, the campaign involved young TB survivors-Champions who led grassroot-level activities and sensitised fellow youths and other stakeholders on TB, and engaged them to work together.

The three month-campaign included a range of activities from school and college-level programmes to rallies, art and wall paintings, skits and more, and culminated on World TB Day.



<sup>5</sup> Screened in three TUs initially but later the number of TUs was reduced to two.



## Other Highlights

### Sensitisation of Traditional Healers

As traditional healers are trusted more than the modern health facilities by the tribal people, 21 traditional healers were sensitised and engaged by ALLIES TB Champions in TB referral support.

### Support in Development of Kitchen Gardens

15 kitchen gardens were developed by TB Champions to provide nutritional benefits to needy people with TB, and counter high rate of malnutrition and limited access to a variety of foods. The initiative was appreciated by the NTEP.

### Sensitisation of District TB Forum Members

A comprehensive training kit was developed by REACH in collaboration with the Central TB Division, Government of India for training the members of TB Forums. ALLIES project successfully conducted sensitisation of a total of 73 TB Forum members in all the three project districts, which helped in enhancing the knowledge and understanding of TB Forum members.

## Technical Support to NTEP

Support provided in 12 non-ALLIES districts for capacity building of TB survivors to become TB Champions.

69 TB Champions from both ALLIES and non-ALLIES districts contributed in the Sub-National Certification (SNC) survey conducted by the state NTEP and WHO.

TB Champions provided support to the Interferon Gamma Release Assay (IGRA) screening campaign that was launched in Odisha, and played a pivotal role in facilitating linkages of people for IGRA screening at nearby health facilities.



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