

# CAF IN ACTION

## Operationalising a Community Accountability Framework in India





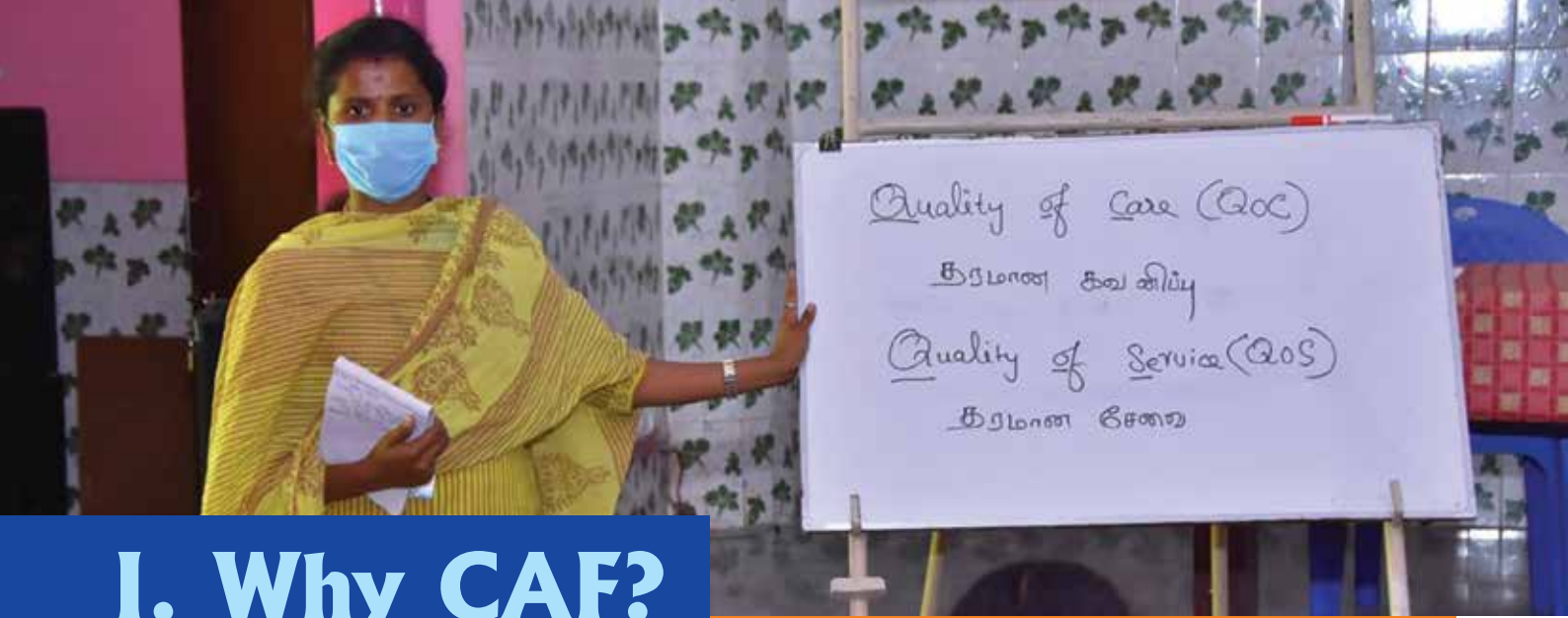
# CAF IN ACTION

## Operationalising a Community Accountability Framework in India



### Acknowledgements

REACH gratefully acknowledges the guidance of Central TB Division in the development and roll-out of CAF in India. We are deeply indebted to the United States Agency for International Development (USAID) for their continued investment in TB communities. We are very thankful to senior health officials, State TB Officers, District TB Officers, WHO Consultants and the TB programme staff in our project states and districts for their support and guidance. Finally, we sincerely thank all the TB Champions for their tireless efforts to support people with TB and their immense contribution to building resilient health and community systems in the country.



# I. Why CAF?

The last decade has seen significant advances in the TB response, both globally and in India, in terms of new policies, strategies and tools to achieve TB elimination. In India, TB elimination efforts are on in mission-mode. New treatment regimens have been introduced, policies to improve access to services for vulnerable populations are being rolled out, demands for a TB vaccine are growing and communities are being meaningfully engaged.

In this context, the Accountability Leadership by Local communities for Inclusive, Enabling Services or ALLIES Project, implemented by REACH in four states in India with support from USAID, aimed to build an enabling environment for TB elimination by leveraging community action as an ally to foster a culture of accountability. Through the ALLIES project, REACH built on previous successes in identifying, training and engaging TB survivors as Champions, a model now formally adopted by the National TB Elimination Programme and scaled up across the country. The role of TB survivors-Champions in supporting people with TB, educating their communities, addressing stigma and improving TB care outcomes is widely acknowledged.

In keeping with the recommendations of the 2019 Joint Monitoring Mission and India's updated National Strategic Plan for TB Elimination (NSP 2020-25), the ALLIES project was designed to expand the role of TB-affected communities to provide bottom-up and community-led feedback to the health system. This is in sync with the WHO Multi Sectoral Accountability framework, that draws on principles of integrity, inclusivity, effectiveness and actionability to accelerate progress to end TB.

Central to the ALLIES project was a Community Accountability Framework (CAF), intended to improve the Quality of Care (QoC) and Quality of Services (QoS) for people and communities affected by TB. The CAF model was designed to enhance the accountability, coverage and effectiveness of the TB programme and generate demand by strengthening community confidence in TB services. Implemented by TB Champions working hand-in-hand with the NTEP, the CAF model created multifold impact by institutionalising accountability, augmenting systemic capacity and enabling improved outcomes.

“We are proud to have been among the first states to test the Community Accountability Framework. Today, the NTEP has come such 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 the 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



With the evolution of the TB response and a transition to data-driven decision-making, an increased focus on the ‘quality’ of services emerged. This, in tandem with the expanding role of communities as described above, was the genesis of CAF, a set of tools which sought to bring tangibility to the concept of accountable, value-focused healthcare. The CAF model adopts a multi-step ‘Identify-Ideate-Implement’ approach with three distinct stages:

1. Identifying of gaps using a structured tool
2. Ideating potential solutions at the health system and community levels
3. Implementing solutions in a collaborative manner, involving either individual actions and/or health systems strengthening

This process epitomised the key philosophy of the project – that community-led monitoring must be truly collaborative, and lead to concrete, actionable solutions, through both technical and material support from a range of stakeholders. The TB programme staff and TB Champions have an integral role to play at every stage of CAF, and any success – i.e an improvement in the quality of care and services - is only achieved through joint action.

## II. What is CAF?



### How CAF was developed

REACH's experience with TB Champions through the TB Call to Action project established the importance of building agency at the grassroots level, thereby mobilising change from those most affected. The development of the Community Accountability Framework began by identifying the key actors involved for a health

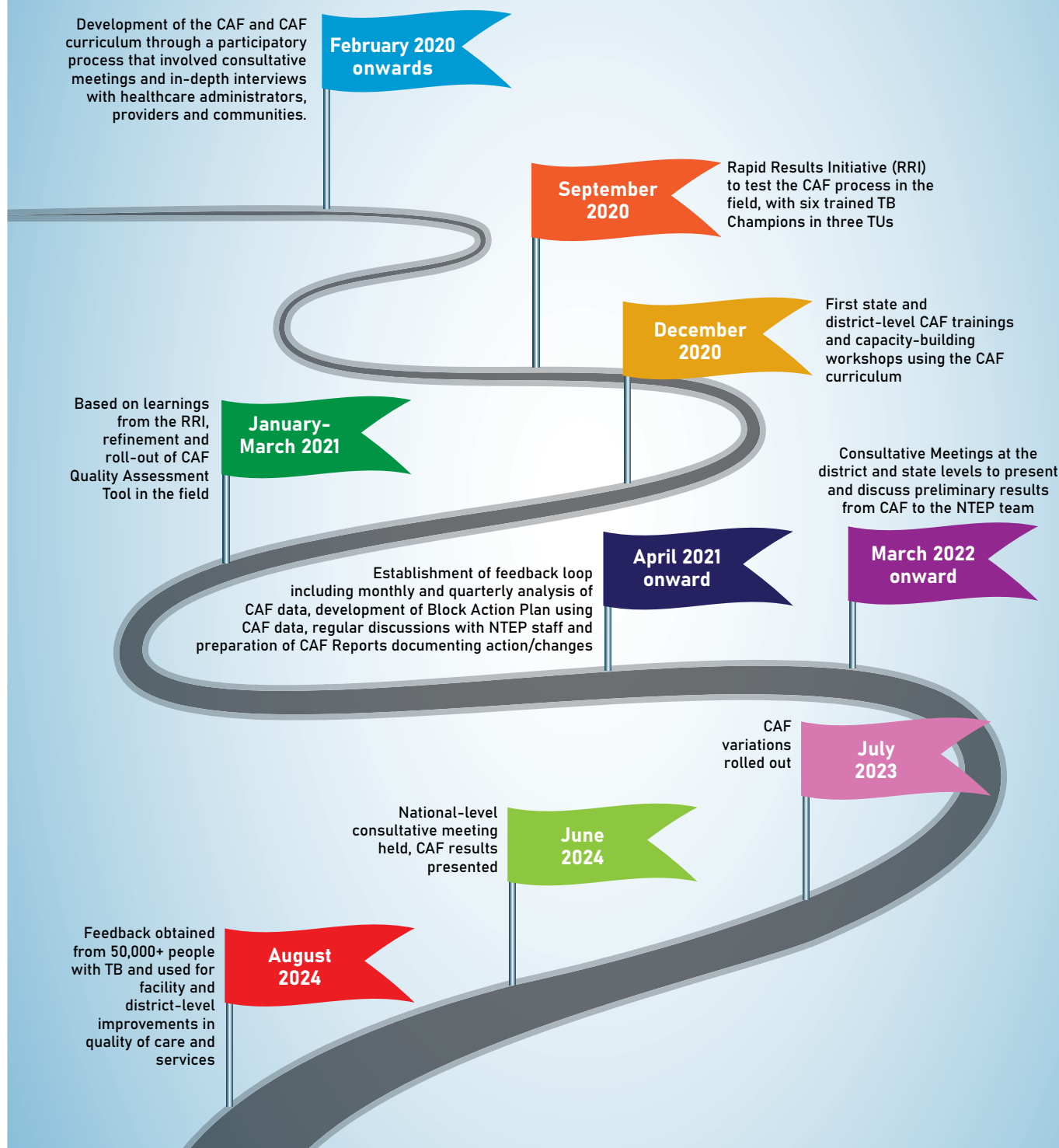
system-community partnership, and clearly articulating their roles in the feedback process. This included:

- People with TB and their families
- TB survivors-Champions and survivor-led networks
- The community-at-large
- Proximate providers (in the Indian context – ASHA, STS,

Medical Officers, CHOs and MPWs.

- Health system administrators and leadership (State and District TB Officers and other senior officials)
- Key influencers and persons with authority (PRI members, urban administrators etc.)

## CAF Development Process



“We have been implementing the CAF model in Coimbatore. As a result, we have been able to introduce some new strategies. For example, we have now mandated that all elderly people with TB should receive home visits from TB Champions. This is something that the TB Champions brought to our attention through CAF and we worked together to find a solution.

- Dr. M Sakthivel, Deputy Director of Medical Services (TB), Coimbatore, Tamil Nadu



## III. How CAF works

**Setting:** CAF was implemented in 153 health facilities in 15 districts of four states – Chhattisgarh, Jharkhand, Odisha and Tamil Nadu. Based on the average caseload, one or two TB Champions were linked with every facility, and worked in close coordination with the NTEP and health system staff.

**The tool:** The CAF Quality Assessment Tool is structured around five key parameters that impact the quality of care and services: Timeliness, Access, Quality of Information received, Attitude of care providers, Attitude of families and communities. There are multiple questions under each parameter that seek to understand the experience of a person with TB along the care continuum. Most questions have follow-up probes to gather the necessary information. In addition, there is a background section that captures basic demographic details about the person with TB and their current TB status. The tool has been translated into Hindi, Odia and Tamil and is used in the respective local language.

TB Champions are trained to administer the tool in an empathetic manner and to record responses accurately. The process of administering the tool also becomes an opportunity to improve treatment literacy and help people with TB understand what to expect through the treatment period.

### Excerpts from the CAF tool

1. How many days after testing were you given your diagnosis?
2. How many days after diagnosis were you initiated on treatment?
3. Did you receive your NPY funds within 30 days of starting treatment?
4. Was your weight taken at the TU when you started treatment?
5. Did you find it convenient during your first visit to the TU to locate the doctor, lab technician, X-ray technician etc.?
6. Was your regular drug intake interrupted at any point during treatment?
7. After starting your treatment, did you have to spend money out of pocket? If so, on what?
8. At the time you were diagnosed with lung TB, were you and your family counselled on cough hygiene?
9. After being diagnosed with any kind of TB, were you asked to take/offered a HIV test?
10. Was your sputum tested after two months of starting treatment?
11. Did the TU staff ensure your privacy and confidentiality?
12. How respectful are friends/community attitudes towards you?



## Capacity-building for communities:

A multi-step training process evolved for TB Champions:

1. The TB survivor - Champion training, as a foundational step
2. A community mentorship period, where newly trained TB Champions learnt to work with their communities and understand the dynamics of working with health systems.
3. CAF training, where TB Champions learnt about accountability and the overall CAF vision, their role in CAF, how to use the CAF tool, how to understand and analyse data and how to work in close collaboration with the programme

**Sensitisation of health staff:** In keeping with the mandate of the ALLIES project, the 'Achieving Excellence in TB Care and Services' or AETBCS curriculum was designed to equip NTEP staff and healthcare providers with basic concepts and skills to help adopt people-centred approaches while caring for people with TB and working with communities. Structured as four modules (Listen, Respect, Ally and Achieve), the two-day training sought to set personal standards of ethical and professional excellence, institute a rights-respectful and efficient work culture in the health facility and establish effective partnerships between the health system and the community.

**The process:** Since 2020, the CAF process has continually evolved, factoring in feedback from all key actors.

Steps	What	Who	Where	When
Step 1	Filling of CAF Quality Assessment Tool (46 Questions)	TB Champions use the tool to meet people with TB currently on treatment and record their responses	At the health facility or home of person with TB (with their consent)	Every month. On average, 8 people with TB are met by TB Champions from each facility
Step 2	Preparation of Block Action Plan to address the identified and prioritised gaps	TB Champions analyse and consolidate responses to the CAF. They meet the NTEP staff to present and discuss the responses. If and when some gaps appear every month, this occasionally requires escalation to or intervention of senior officials	Systemic gaps (e.g., delays in sputum results) involve action-taking at the facility or district level. Individual-level gaps (e.g., stigma within families or limited access to nutritious food) involve action-taking at the individual or community levels	The 'resolution' of gaps is an ongoing cycle of action, depending on the local context. In some facilities, different gaps are identified every month
Step 3	Consultative meetings to share findings	Led by the NTEP, with active participation of TB Champions and other community stakeholders	At the block, district and state-levels	Usually once in a quarter

“As a TB Champion, I conduct CAF interviews and get an opportunity to interact with people with TB and understand their family situation and needs. With the support of the STS, I have linked many people to Ni-kshay Poshan Yojana. My goal is to ensure that they complete their treatment and remain healthy in a stigma-free society.

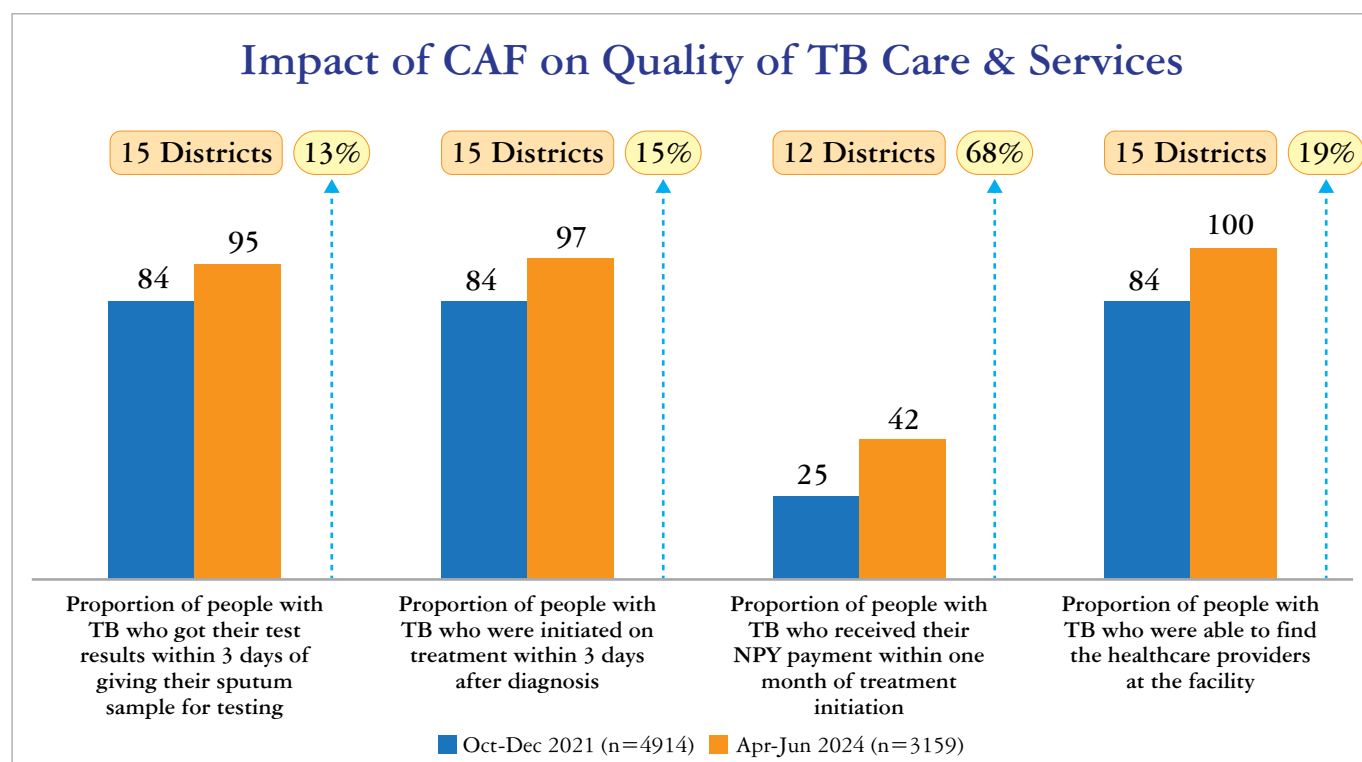
- Ms. Sangeetha Jhansirani, TB Champion, Villupuram, Tamil Nadu



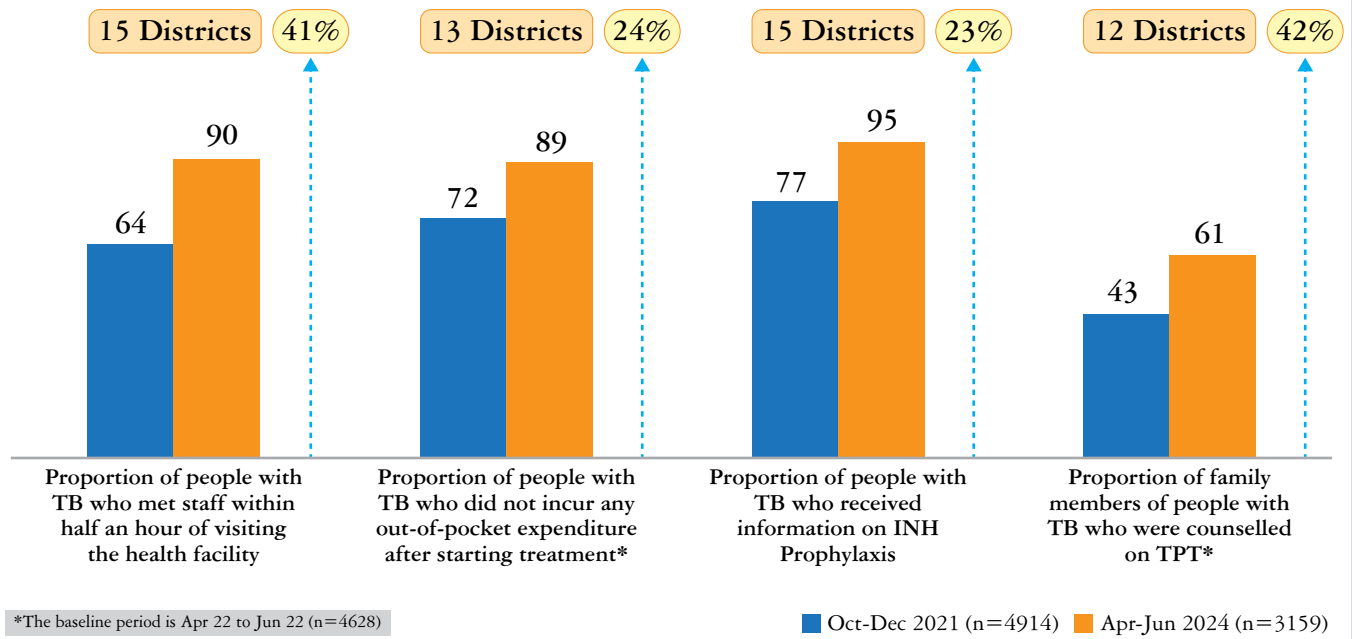


## IV. The CAF Impact

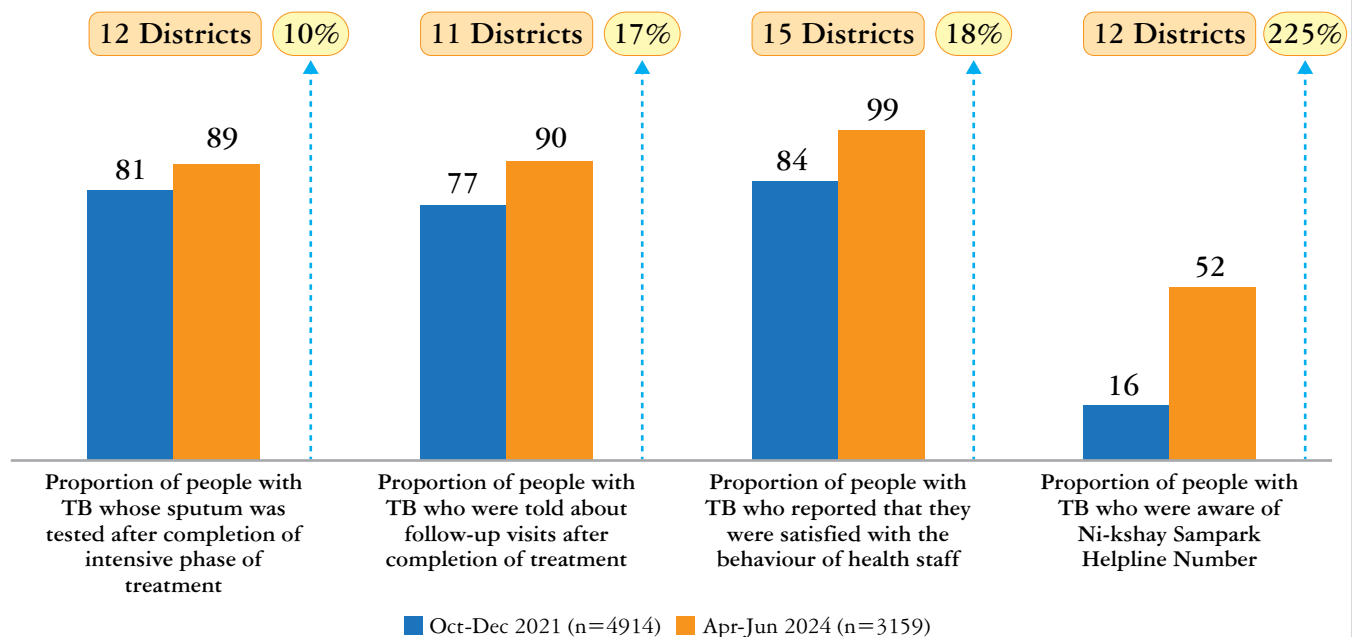
This section presents a snapshot of the impact of CAF on the quality of TB care and services at health facilities. The graph below shows select indicators from the CAF data, consolidated for all project districts and states, for the October – December 2021 period, in comparison with the April – June 2024 period.



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

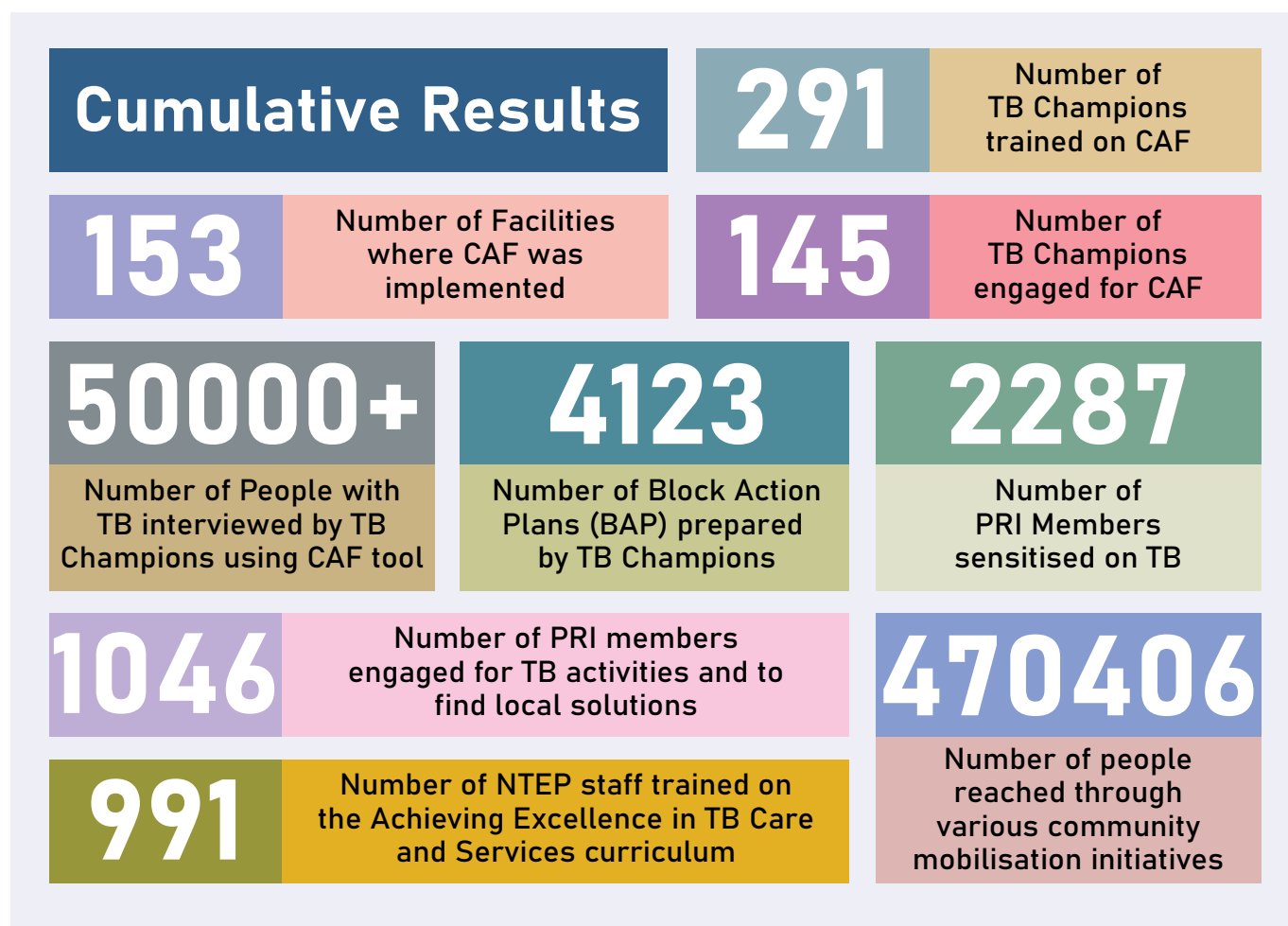


## Impact of CAF on Quality of TB Care & Services



The improvement in the indicators shown above can be attributed to the combined efforts of facility and district-level NTEP staff and TB Champions, in identifying and addressing gaps at the family, community and health system levels. The active follow-up to address every gap identified, in a collaborative and mutually respectful manner, is a core tenet of the CAF process. The 36+ months of CAF implementation have shown that health systems and communities can work in partnership, towards the collective goal of providing the highest quality of care and services to all people with TB.

## Key Results



“We have seen the role of TB Champions evolve over the last five years. TB Champions are a tremendous bridge between the programme and the community, and therefore the ideal people to facilitate feedback on our services. Today, through the CAF model and the efforts of the TB Champions, we are getting real-time feedback that helps us understand how we can constantly keep improving our services.

- Dr. S.M Zafarullah, District TB Officer, Bokaro, Jharkhand

“I was initially quite skeptical about the CAF process. One part of me was also angry - who are these people to come and comment on the quality of our work? But over time, I began to see the value of the process, and how it was generating such important information. Today, I know that CAF has helped us provide better quality care to people with TB who come to this facility.

- Mr. Ashok Uikey, Senior Treatment Supervisor, Raipur DTC, Chhattisgarh

“I have become more confident by engaging in the CAF process. My efforts have been acknowledged by the community and my presence in the TU is accepted by the healthcare staff. 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





## CAF Variations:

In 2023, the project piloted variations of the CAF model to assess potential for scale-up.

- I. **Comprehensive Assessment Tool (CAT):** The components of vulnerability assessment, TB and disability and Quality of Life parameters were incorporated into the CAF tool, which was administered to 13838 people with TB in a 13-month period. The tool was administered in all 153 TUs of 15 districts.

### Key Findings:

- People with TB reported other illnesses/diseases/vulnerabilities:
  - 8% have anaemia, 6.9% have hypertension, with a significantly higher prevalence (16.6%) among those over 60 years old; and 13.6% have diabetes, with a slightly higher prevalence among males (15%) than females (11%).
  - 2.7% of people with TB reported having some kind of disability, with 73% of them having had it prior to their TB diagnosis and 27% developing the disability during their treatment.
- Support needed by Vulnerable Populations: 55% of persons with disabilities and 39% of elderly individuals required travel support from their residence to a health facility, while 29% of women needed to be accompanied by a guardian during their health facility visits
- Challenges/issues faced: 22% of people with TB experienced difficulty walking (slight or serious problems), 15% faced challenges with daily activities such as dressing or washing themselves, 30% reported experiencing pain or discomfort, and 25% suffered from anxiety or depression.

- II. **CAF among people with drug-resistant TB (DRTB):** The CAF tool was adapted to get feedback specific from people with DRTB. Over a 8 month period, the tool was administered to 156 People with DRTB across 4 districts.

### Key Findings:

- 47% of people with DRTB were aware of their drug-resistant status.
- 29% of people with DRTB received travel incentives for diagnosis and treatment.
- 58% of people with DRTB were given the option of receiving medicines at a treatment centre nearer to their homes.

- III. **CAF-Lite:** The CAF tool was adapted into a CAF Lite tool with reduced number of indicators, used to identify gaps for 5 parameters - timeliness, access, information, attitude of care providers and family and community's attitude towards people with TB - in 35 non-ALLIES TUs of 15 districts.





## Dramatic Improvement in Timely TB Diagnosis in Durg District, Chhattisgarh

### Enhancing Trust in Public Healthcare

When TB Champion Kuleshwar first had symptoms, he did not turn to the public health system because his family did not believe that government healthcare was good enough. “I ended up spending Rs 70,000 in private hospitals without even getting my TB diagnosis, before I turned to the public health system,” Kuleshwar said. This lack of trust in public healthcare is due to many reasons, and one of the main ones is the delays that people face at government healthcare institutions, Kuleshwar said.

While implementing the Community Accountability Framework in Durg district, TB Champions witnessed this first hand – timely diagnosis was a significant challenge in the district, particularly in ensuring that people with TB received sputum test results and chest X-rays within three days. The Community Accountability Framework baseline survey in late 2021 showed only 78% of symptomatic individuals were receiving their results within this critical period. By the second quarter of 2024, 100% of all people with TB were receiving their results, ensuring timely diagnosis and treatment initiation for all people with TB.

#### Key Challenges:

- **Staff Shortages:** There were several unfilled vacancies for essential roles such as X-ray and laboratory technicians, leading to delays in diagnostic testing.
- **Low Awareness:** Not just symptomatic persons and their communities, even healthcare workers were often unaware of the importance of timely testing and the availability of services.
- **Operational Inefficiencies:** Delays were also caused by a lack of urgency in the collection and processing of samples.

The district TB Champions, including Kuleshwar and Sanjana Prajapati, led extensive advocacy efforts to address these challenges. They engaged with district and state health officials to fill vacant positions, ensuring that every TB Unit had the necessary staff, including lab technicians and X-ray technicians.

Additionally, REACH organised AETBCS training sessions for NTEP (National Tuberculosis Elimination Program) staff. These trainings emphasised the importance of timely testing and improved the soft skills of healthcare workers, making them more empathetic and efficient in patient care.

Senior Treatment Supervisor (STS) Indu noted the significant improvement in her ability to meet targets thanks to the support from TB Champions and the AETBCS training. She reported better follow-ups, improved timelines, and a deeper understanding of her role in the fight against TB.

Next, the Champions conducted numerous awareness activities in the community, educating people about the symptoms of TB, the importance of early testing, and the locations of health facilities offering TB services. TB Champions consistently followed up with healthcare facilities to ensure that test results were processed and delivered within the three-day window. This hands-on approach significantly reduced turnaround times.

In addition, based on advocacy efforts and AETBCS trainings, district health officials too realised the importance of the 3-day model and ensured that TB Units at each village/block in the district had the necessary human resources and equipment to deliver results. Further, runners were sensitised to directly deliver sputum samples to laboratories, reducing delays in testing.

Decentralised sputum collection at sub-centers also reduced the burden on people with TB to travel to TB units, speeding up the diagnostic process.

With faster diagnosis and treatment initiation, people with TB no longer needed to turn to the private sector, reducing their financial burden. These improvements in service delivery have restored community trust in the government health system, leading to increased utilisation of public TB services. Timely diagnosis and improved trust has thus been crucial in preventing the spread of TB within communities, as people with TB begin treatment sooner.

### Success Story: Person with TB Rescued from Delay

While on a visit to perform a CAF survey, a TB Champion encountered another symptomatic individual who had previously given up on testing after facing long queues and confusion at the health facility. The Champion personally accompanied him to the TB unit, ensuring that all necessary tests, including the CBNAAT test, were done on the same day. The person with TB received his results within two days, started treatment immediately, and has since successfully completed his treatment course.



## Enhancing TB Care for the Elderly in Coimbatore District, Tamil Nadu

### Age no Bar(rier) for TB Care anymore

“There was an old couple living in the Tamil Nadu-Kerala border – the husband had TB and they had to take three buses and then walk 2 km to reach the TB Unit,” recalled Karthikeyan, the District Strategist for Coimbatore, “This case was a trigger for us to focus on providing better care to the elderly in the district.”

In Coimbatore, the challenges faced by elderly populations in accessing TB treatment were brought to light through the Community Accountability Framework (CAF) tool. During the surveys, it became evident that elderly people, particularly from hard-to-reach areas, were struggling with the logistics and costs of travelling to health centres. Many had to spend significant amounts on auto rickshaws — sometimes as much as Rs 500-600 per trip — just to receive treatment, especially during the Intensive Phase (IP) of TB treatment, which requires frequent visits to the health facility.

#### The challenges included:

- **Travel Difficulties:** Elderly people with TB found it extremely difficult to travel to health facilities, especially during the IP phase, due to the high costs and physical strain.
- **Neglect and Stigma:** Elderly individuals, especially widows and those without family support, often faced neglect and stigma, making it even more challenging for them to receive consistent care.
- **Communication Gaps:** When NTEP staff visited these people with TB, they often hesitated to share their issues. However, they were more comfortable opening up to TB Champions, who were TB survivors themselves.

When these challenges were brought to the attention of the District TB Officer (DTO) by the TB Champions, a significant policy change was initiated. The DTO allowed TB Champions to become official Treatment Supporters under the National TB Elimination Programme (NTEP) – Coimbatore became the first district in Tamil Nadu where TB Champions became Treatment Supporters. Treatment Supporters play a crucial role in ensuring that Persons with TB adhere to their treatment regimen and receive the necessary care and support.

Traditionally, Treatment Supporters could be anyone from ASHA workers to hostel wardens. In March-April 2023, the TB Champions in Coimbatore began serving as Treatment Supporters for the elderly, and began providing holistic support to elderly people with TB, including:

- **Sputum Collection:** Assisting with the collection of sputum samples for TB testing at various stages of treatment .
- **Weight Monitoring:** Ensuring that weight of people with TB is checked regularly, either at the Primary Health Center (PHC) or Anganwadi centres.

- **Ensuring Nutritional Support:** Assessing the nutritional needs of people with TB, and arranging resources through Ni-kshay Mitra scheme where needed.

- **Counselling and Stigma Reduction:** Offering emotional support and counselling to reduce self-stigma and community stigma, especially crucial for elderly women who are often neglected by their families.

Since the initiation of this program, Coimbatore has seen a dramatic increase in the number of people who reported not facing any difficulty in reaching treatment centres – from 84% in October to December 2021, to 99% in April to June 2024.

The integration of TB Champions as Treatment Supporters in Coimbatore has not only bridged the gap in care for elderly people with TB but has also set a precedent for other districts. The success of this initiative underscores the importance of leveraging community-based approaches and the invaluable role that survivors can play in the fight against TB.

## Success Story: Duraisami's Journey

Duraisami, an elderly man who had completed TB treatment once, started experiencing symptoms again two months after completing his treatment. TB Champion Sugasini, his Treatment Supporter, arranged for him to undergo an X-ray at the government hospital, confirming a relapse of TB. Despite initial resistance from his family, who were well-off but hesitant to send him to a government facility, Sugasini counselled both Duraisami and his family. He was eventually admitted for five days for tests and began a second round of treatment. With her continuous support, Duraisami completed his second treatment and, despite some lingering weakness, is now in better health.





## Ensuring Regular TB Follow-Ups In Bokaro District, Jharkhand

### Follow-ups Fuel TB Recovery

In the fight against TB, effective follow-up care is essential for ensuring treatment success. While implementing the Community Accountability Framework (CAF) tool, TB Champions found a gap in the number of people who were coming back for follow-ups once their Intensive Phase (IP) ended. In the Chas TB unit for instance, only 68% of persons with TB were coming back for follow-ups (October-December 2021); in the Jaridih TB unit, the number stood at 70%, and in the BGH TB Unit, it stood at 89%. Today, thanks to the Community Accountability Framework, the numbers at these TB Units are at 100%, 90% and 93% respectively.

Sonia Kumari, a TB Champion from Bokaro, said, “I had a difficult treatment for TB – I developed drug resistance and had to undergo a prolonged two-year treatment course. I know exactly how important follow-ups are.” In 2021, Sonia and other TB Champions realised that the poor follow-up rates were because of multiple reasons:

- **Lack of proper counselling:** Persons with TB often lacked adequate information about the importance of completing the entire treatment regimen.
- **Medication side effects:** The unpleasant side effects of TB medication sometimes led Persons with TB to abandon treatment prematurely.
- **Geographical barriers:** Reaching healthcare facilities for follow-up appointments was challenging for those residing in remote areas.

To address this gap, a range of strategies were implemented:

- **Enhanced counselling:** TB Champions spend 45 minutes to two hours with Persons with TB, providing comprehensive counselling and ensuring that they understand the importance of completing their treatment.
- **Face-to-face engagement:** During the notification process, the Senior Treatment Supervisor (STS) and

TB Champions engage in face-to-face counselling sessions with individuals diagnosed with TB, with a focus on highlighting the importance of attending scheduled follow-up visits. The STS also disseminates a list of individuals who have not availed themselves for follow-up visits. Subsequently, TB Champions place scheduled calls.

■ **Coordination with Sahiyas:** TB Champions collaborate with Sahiyas (Accredited Social Health Activists), who assist in reaching remote areas and providing necessary support for PwTB. For those in hard-to-reach areas, logistical support such as ambulance services and transportation is provided to facilitate regular follow-ups.

## Success Stories:

### 1. Motivating a Distressed Family:

One notable case involved a person diagnosed with spinal TB, who was also battling Multiple Drug Resistance (MDR). She was emotionally distressed, and her family was questioning the value of continued treatment. Sonia stepped in, shared her own experience as a TB survivor, and explained the importance of adhering to the treatment regimen. Sonia explained to the family that while there are side effects during treatment, it's crucial to stay motivated and provide proper nutrition. She shared her own experience, saying, "Look at me — I completed the entire TB treatment and got better." Her personal story resonated deeply with them, leading the individual to stay committed and complete the treatment. Sonia said that no matter how much a doctor advises, people are often more inclined to listen to someone who has personally gone through the same experience.

### 2. Interrupting the Drug Interruption:

A person contracted TB thrice as they would stop their medication every two months after they felt better. Each time, the TB returned. When Sonia became aware of their situation, she reached out to the family and explained the necessity of completing the full six-month treatment, regardless of how the person felt. Through persistent follow-ups and counselling, she managed to convince them to adhere to the full course of treatment. This time, the person completed the treatment and recovered fully.

### 3. Overcoming Side Effects:

One individual visited the TB unit for their initial check-up but never returned for a follow-up. He experienced several side effects from the medication, like jaundice, itching, and fever, but didn't seek medical advice, assuming they couldn't take other medicines alongside TB medication. As a result, he endured the side effects alone, not realising that he needed to visit the TB unit for guidance after two months. A TB Champion intervened, explaining the importance of follow-ups and the need for family support during treatment. Recognising that the person was feeling weak and hesitant to visit the hospital due to long wait times, the TB Champion provided emotional support and accompanied them to the hospital, ensuring they received timely care. Thanks to this ongoing support, the person successfully completed their treatment and is now doing well.



## Expediting Bank Seeding to avail Ni-kshay Poshan Yojana Benefits in Mayurbhanj District, Odisha

### Seeding Confidence

In the Mayurbhanj district of Odisha, the timely payment of the Ni-kshay Poshan Yojana (NPY) benefits — designed to provide Rs 500 per month for nutritional support during TB treatment from the Union government, and Rs 750 from the Odisha government for travel expenses in tribal/hard-to-reach areas — has seen significant improvement. Through the Community Accountability Framework (CAF) and persistent advocacy by TB Champions, there has been a marked increase in bank seeding, ensuring that People with TB receive their NPY benefits without delays. The district recorded a 41 percentage point increase in timely payments from the baseline period of October - December 2021 to April - June 2024.

When the CAF surveys began in 2021, a critical gap was identified: many people with TB were not receiving their NPY payments on time, or were unaware if they had received them at all. The CAF surveys revealed several issues:

- **Lack of Awareness:** Many people with TB were unaware of the NPY scheme and its benefits.
- **Bank Seeding Delays:** The process of linking bank accounts with the Ni-kshay portal was slow, especially in cases where individuals did not have a bank account or their accounts had been inactive for long periods.
- **Grameen Bank Account Issues:** A significant hurdle was that many persons with TB had accounts with the Grameen Bank, which were not linking successfully with the Ni-kshay portal.

TB Champion Tapas Behera led the efforts to bridge these gaps. Understanding the urgency of the situation, Tapas and his colleagues used the CAF tool to reach out to as many people with TB as possible, sometimes exceeding the monthly target of eight people per TB Champion. They collected bank account details, Aadhaar cards, and other necessary documents,



assisting people with TB in linking their bank accounts to the NPY portal.

Tapas said, “We knew that getting the first instalment within 30 days of starting treatment was crucial. So, we made sure that for those whose bank accounts were not linked, we personally took them to the TU and ensured the linking was done.”

They also visited people with TB in their communities, explained the NPY scheme, and emphasised the importance of linking bank accounts to receive the Rs 500 monthly benefit. By attending ASHA sector meetings and sensitising both healthcare workers and local PRI members, they ensured a robust support system for people with TB.

The team encountered several technical challenges, such as frozen bank accounts. In one case, an older PwTB had a bank account that had been inactive for so long that it was frozen, and he didn't even have

Rs 100 to reactivate it. Tapas reached out to the local Panchayat, and the Sarpanch arranged for Rs. 100 to be deposited, reactivating the account and enabling the PwTB to receive the NPY benefits.

In another instance, three migrant workers at a construction site, diagnosed with TB, did not have bank accounts. Tapas intervened by speaking with the company's manager, who arranged for the workers' supervisors to provide their bank accounts for the DBT. The funds were then transferred, ensuring the workers received their nutrition support.

The efforts of Tapas and other TB Champions have had a profound impact. From a mere 15% of people with TB in Mayurbhanj receiving timely NPY payments in October - December 2021, 56% of people with TB reported receiving timely payments in April - June 2024. This improvement has not only ensured better nutrition and faster recovery, but has also increased confidence in the system.

“Every month, I wait for TB Champions Sandhya and Nirmal, who are attached to my TU, to come and start the CAF process in the field. Initially I was a little hesitant to share any details with them. But over time, after seeing how people with TB respond to their peer supporters, my trust and confidence in the quality improvement process they follow through CAF has been fully and firmly established.

- Ms. Alka Tirkey, Senior Treatment Supervisor, Gumla, Jharkhand

“TB Champion Chandra got in touch with me and explained the impact that TB can have on people and their families. I have since made it a point to refer people in my Panchayat who have any symptoms of TB to the nearest government facility. I have also ensured the availability of mobile X-rays. I strive to make my Panchayat TB-free.

- Mr. Chelladurai, Panchayat President, Maradi Panchayat, Trichy, Tamil Nadu

“When the TB Champion came to meet me at my home, I was pleasantly surprised. This was an opportunity for me to ask many questions about the treatment, what precautions I could take and so many other aspects. It was so reassuring to know that I could contact the TB Champions anytime I needed any help.

- Mr. Lalit Kumar Yadav Newari Khurd, TB survivor, Balod, Chhattisgarh





## V. Learnings from CAF

This section offers some reflections on the CAF journey and what we have learnt from designing, piloting and implementing CAF.

### On the philosophy and process:

- One of the unique characteristics of CAF is that it is a process of communities coming together to measure the quality of care and quality of services offered by the health systems in their geographies. It is a true manifestation and democratisation of the idea of community-led monitoring which transforms the community from being passive recipients of care to active stakeholders who contribute to change things for the better. Active engagement of the community in identifying the gaps is the first, and essential step, in solving a problem.
- At the core of CAF is finding answers to some of the most pressing challenges at the local level in a participatory manner. The process of bringing together all the relevant stakeholders at one platform to solve problems locally also serves to put TB in the spotlight. This is an acknowledgement of the shared responsibility to find a collective solution.
- The CAF process has led to a realisation that accountability is a two-way process. While health systems constantly strive for better delivery of services, communities have to not only demand but also contribute to finding solutions.
- The CAF has underlined the significance of delivery of TB-related services to the last mile through TB Champions who are regarded and respected as community leaders. Investment in communities inevitably reaps benefits beyond TB. This was evident during the COVID-19 pandemic, when empowered TB Champions played a key role in educating their communities about COVID-19, promoting vaccine uptake and adoption of COVID-appropriate behaviours.
- The active participation of TB Champions in the CAF process has increased the trust of the health system in affected communities, and has resulted in a continued willingness to engage them.

- Interactions with the health system have shown their willingness to receive feedback, albeit with some initial resistance. It is essential that any feedback highlights both positive and negative aspects, and not adopt a 'fault-finding' approach. The ability of the TB Champions to help health systems identify and react to any gaps or issues in real-time is now well-recognised.

## On data for decision-making:

- The experience of implementing CAF has reinforced the first-hand role of communities in generating authentic data and evidence from the field.
- A careful look at the data that has emerged from CAF suggests that a constant tracking of the performance of the health systems and real-time feedback from the community leads to positive changes, such as significant reductions in delay in treatment initiation or shorter turnaround time in getting the diagnosis results and several other aspects of the care cascade.
- The CAF process establishes the usefulness of having alternative datasets for decision-making at the local level which are missed out in the process of examining trends at the district, state and national levels.
- A one-size-fits-all approach works for neither problems nor solutions. The CAF process has underlined that being inclusive is critical in finding solutions. It is important to look at the gaps that different sets of people may experience while interacting with the health systems and while finding solutions it is equally important to be sensitive to the needs of various groups.

## On community-led multisectoral action:

- One of the major learnings from the CAF process has been that there are latent resources within the community which TB Champions are able to tap, once they identify the problem. Examples have included meeting nutritional needs, organising alternatives to local transport systems, linking people to appropriate support systems etc.
- Panchayati Raj Institution representatives have emerged as strong local governance bodies and there is a visible commitment to contribute towards TB Elimination. However, while sharing the CAF findings with the PRIs it is observed that while there is a willingness to contribute, there is a need to further clarify their role and responsibilities.
- While the CAF process has helped identify gaps within the TB response, it touches the broader aspects of development by linking persons in need to other developmental and social security schemes, through the tangible efforts of TB Champions
- The CAF model demonstrates the potential impact a truly meaningful partnership between the health system and communities can have, driven by a sense of joint ownership and a mutual goal - to provide the highest quality of care and services to all people with TB.







REACH is an India-based non-profit organisation working on Tuberculosis for 25 years. Since 2016, REACH has been working with support from USAID to introduce, strengthen and institutionalise a community-led response to TB in India, initially through the TB Call to Action project (2016-2020) and subsequently through The Accountability Leadership by Local Communities for Inclusive, Enabling Services or ALLIES Project (2019 - 2024). These efforts have resulted in recognition of the need to engage TB-affected communities and the formal adoption and scale-up of the TB survivor - TB Champion model by the Government of India. The ALLIES Project was implemented in four states of namely Chhattisgarh, Jharkhand, Odisha and Tamil Nadu, with the guidance of the National TB Elimination Programme and through the committed efforts of TB survivors-Champions.



Resource Group for Education and Advocacy for Community Health (REACH)

**Chennai Office:** 194, 1st Floor, Avvai Shanmugam Salai Lane, Off Lloyds Road, Royapettah, Chennai – 600014, **Phone:** 044-4 5565445 / 044-28132099

✉ [support@reachindia.org.in](mailto:support@reachindia.org.in)

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

🐦 [@SpeakTB](https://twitter.com/SpeakTB)

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

📺 [@REACHSpeakTB](https://www.youtube.com/channel/UCREACHSpeakTB)

All photographs in this report that feature TB Champions and/or people with TB are used with full, informed consent.

This publication is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the sole responsibility of REACH and do not necessarily reflect the views of USAID or the United States Government.