

CHALLENGE FACILITY FOR CIVIL SOCIETY

People-centred,
rights-based care
for people with TB



LOCATION Bihar



TARGET POPULATION(S) People with TB symptoms, People with TB, TB Survivors and TB Champions



IMPLEMENTERS AND PARTNERS

TB Mukh Vahini, a survivor-led network based in Bihar

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

India 

ABOUT THE PROJECT

PROBLEM STATEMENT — Globally, there is recognition of the urgent need to involve affected communities, and TB survivors specifically, in the TB response. This project directly reflects the values espoused by the two principles of the End TB strategy – ‘building a strong coalition with civil society and communities’ and ‘protecting human rights, ethics and equity’. The interventions are designed to address the needs of TB-affected communities including key and vulnerable populations and build their capacity to advocate for rights-based, gender-responsive services.

AIM — Accelerating access to person-centred, rights-based care for people with TB: A survivor-led initiative in Bihar, India.

OBJECTIVES

This proposal builds on the key learnings from the Call to Action project implemented by REACH with support from USAID (2016–2019) which sought to identify, empower and engage TB survivors and strengthen the overall community response to TB. This resulted in the creation of trained TB survivors as Champions and the formation of survivor-led networks, including TB Mukh Vahini in Bihar. This project is intended to further support and strengthen TB Mukh Vahini.

- 1 To strengthen the capacity of TB Champions and TB Mukh Vahini members to advocate for the rights of people with TB.
- 2 To develop and demonstrate a sustainable mechanism of peer counseling through a cadre of empowered, trained TB Champions
- 3 To enable TB Champions to advocate for the active involvement of local elected representatives.
- 4 To build the evidence base on the impact of engaging affected communities through measurement of stigma and empowerment.

STRATEGIC ALIGNMENTS



CONTRIBUTION TO REACHING KEY UN HLM TARGETS BY 2022. Among the key commitments made in the United Nations Political Declaration on TB is transforming the TB response to be equitable, rights-based and people-centered by focusing on people who are most at risk of TB, through the affected communities. Ending stigma and all kinds of discrimination against TB, by understanding socio-cultural barriers and developing integrated community-based services is another priority. Both of these are at the core of this project, which envisages a ‘by the community’ and ‘for the community’ response to TB.



ALIGNMENT WITH NATIONAL PRIORITIES AND THE TB STRATEGIC PLAN. This project is designed to not only reflect the policy commitments made in the National Strategic Plan for TB Elimination for 2017 – 2025, which describes ‘communities not as passive recipients of care but as active and motivated stakeholders’ in the response to TB, but also accelerate the process of operationalising commitments to forefront communities, and support their meaningful involvement and thereby support strengthening of both health systems and community systems. The revamped community engagement strategy of the NSP calls for the greater participation of TB survivors and Champions through the establishment of community-led forums of TB affected communities at the sub-district and village level, which we propose to demonstrate through the TB-free Panchayat movement.

CHALLENGE FACILITY FOR CIVIL SOCIETY

ROUND 9 GRANTEE PROFILE



ABOUT REACH

The Resource Group for Education and Advocacy for Community Health or REACH was established in 1999, in response to the roll out of the TB programme in the state of Tamil Nadu, and with a mission to create TB-free societies. REACH has been dedicated to the fight against TB since its inception, with the primary mandate of providing comprehensive continuum of care, support and treatment to those affected by TB. Over the years, we have developed a more holistic approach to TB including advocacy, mobilising communities, generating evidence through research and communications; we continue to put people at the centre of everything we do – our decisions are inevitably guided by what's best for a person with TB and her family. We are also committed to working in partnership, and to forging a united response to public health issues.