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Improving access to social protection for TB patients through frontline worker navigation

Lessons from India

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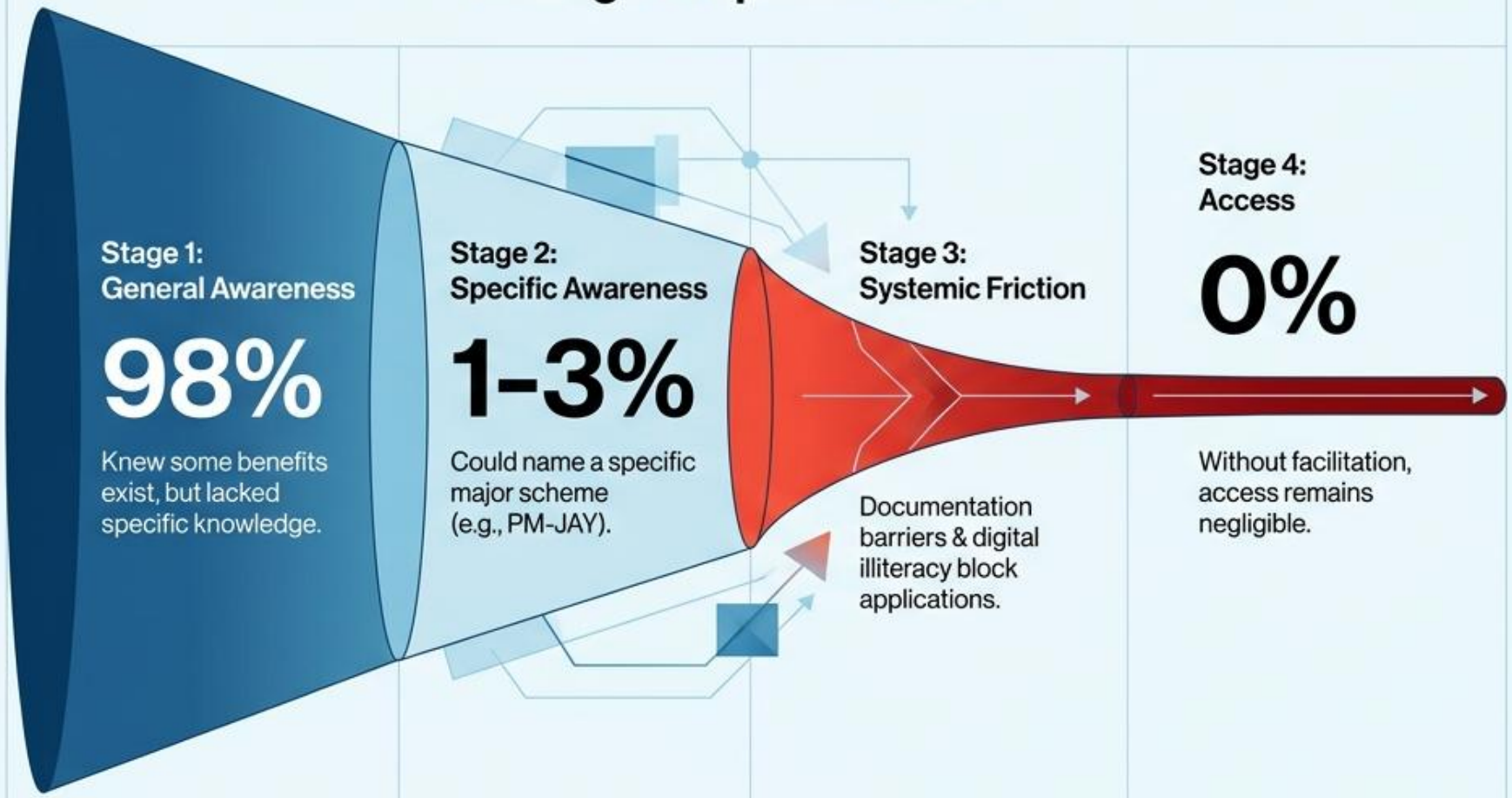
KNCV TB PLUS

The Friction: High Vulnerability; Zero Access



The Patient Reality

- TB disproportionately affects the younger, economically inactive population in Sangam Vihar.
- Patients experience severe financial and nutritional insecurity.
- High unemployment rates exacerbate the crisis, creating an urgent need for social protection.

SETTING

We embedded navigation within routine TB care in South Delhi

1-Year Initiative

January 2025 – December 2025.

Location: SPUHC, Sangam Vihar, South Delhi.

High-Vulnerability Demographics

TB patients residing in low-income slum settings, disproportionately affected by high unemployment and severe income loss.

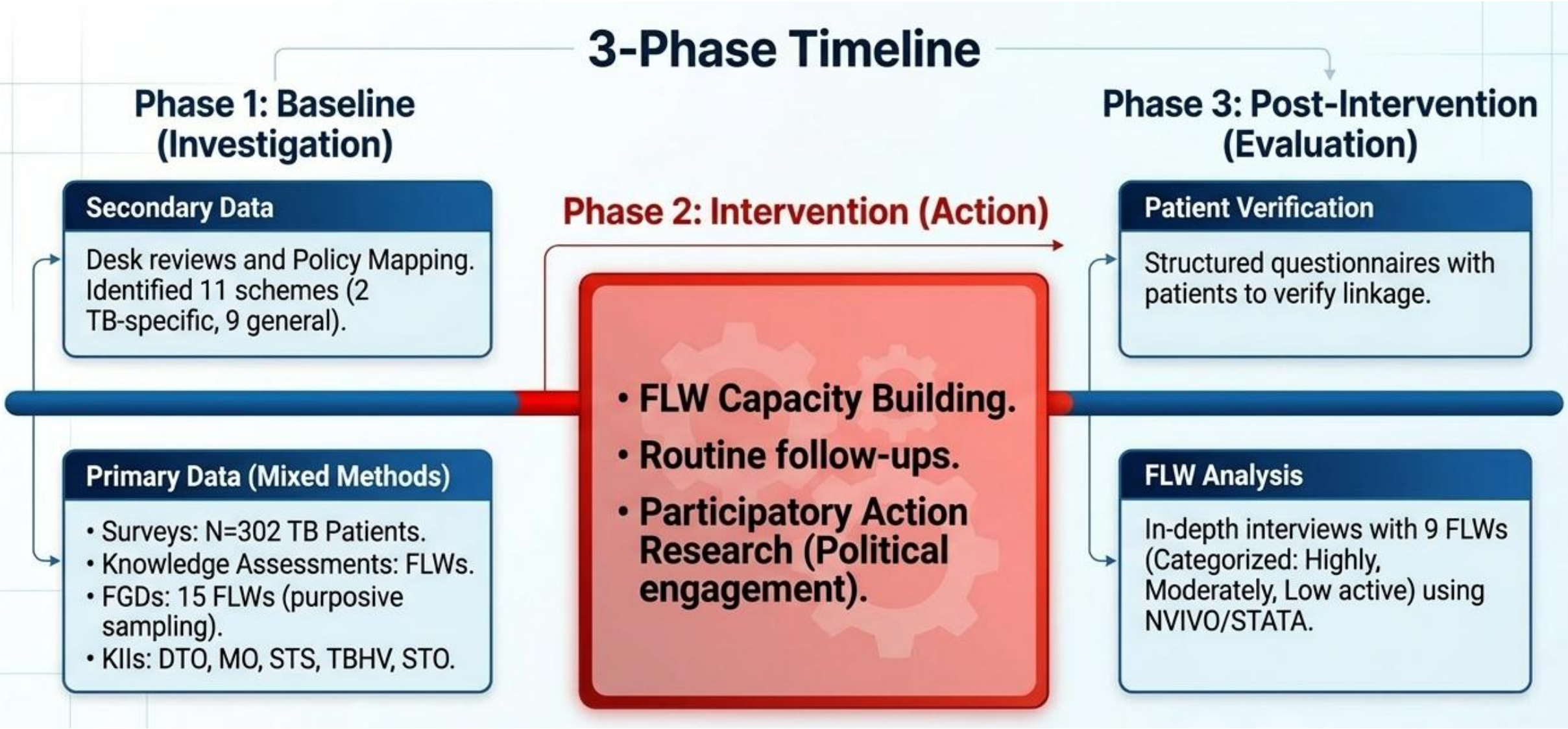
Embedded Health Workforce

National Tuberculosis Elimination Programme (NTEP) Staff.

1 Medical Officer (MO)
1 TB Health Visitor (TBHV)
44 Frontline Workers (33 ASHAs, 6 ANMs, 5 AWWs)

Study Methods & Implementation Architecture

A mixed-methods study moved from baseline evidence to action and evaluation



The Linkage Workflow

Frontline workers turned a fragmented safety net into a managed pathway

Training

FLWs master scheme criteria, required documentation, and entry portals.

Identification

Finding eligible patients via routine home visits, community meetings, and NCD camps.

Counselling

Sensitizing hesitant patients on relevant schemes and overcoming disease stigma.

Application Support

Hands-on assistance filling complex forms and resolving Aadhaar/bank mismatches.

Follow-up

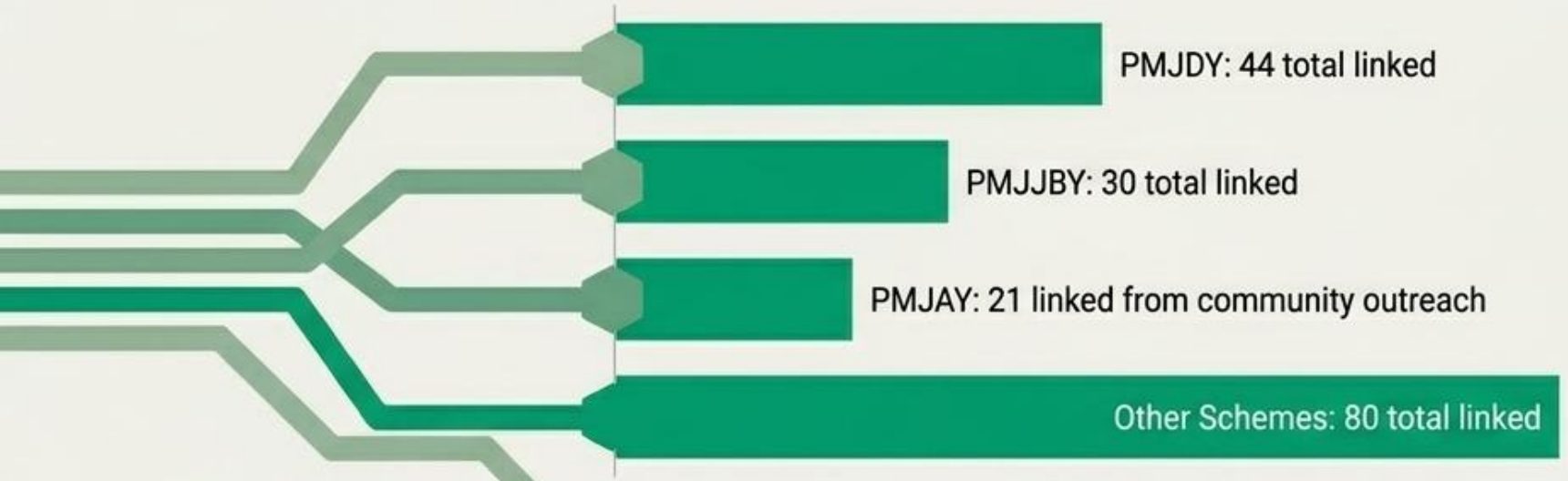
Tracking bank/portal status via regular phone calls and WhatsApp communication.

Confirmation

Verifying successful DBT or enrollment to ensure the loop is fully closed.

Awareness to Action

Active navigation delivered 175 linkages across health and welfare schemes



High-Volume Successes:

- PMJDY: 44 total linked
- PMJJBY: 30 total linked
- PMJAY: 21 linked from community outreach

High-Conversion Successes:

- 80-100% of eligible patients were successfully linked for niche schemes like Widow and Disability Pensions.

The Systemic Bottleneck

Highlight: The '0ld Age Pension' anomaly. Despite 95% awareness, only 30% (6 of 20 eligible) were linked.

Why? District-level quotas were exhausted.

Insight: Health system effort cannot overcome hard administrative ceilings and inter-departmental capacity limits.

RESULTS

Transforming Frontline Workers Capability

66% → 96.7%

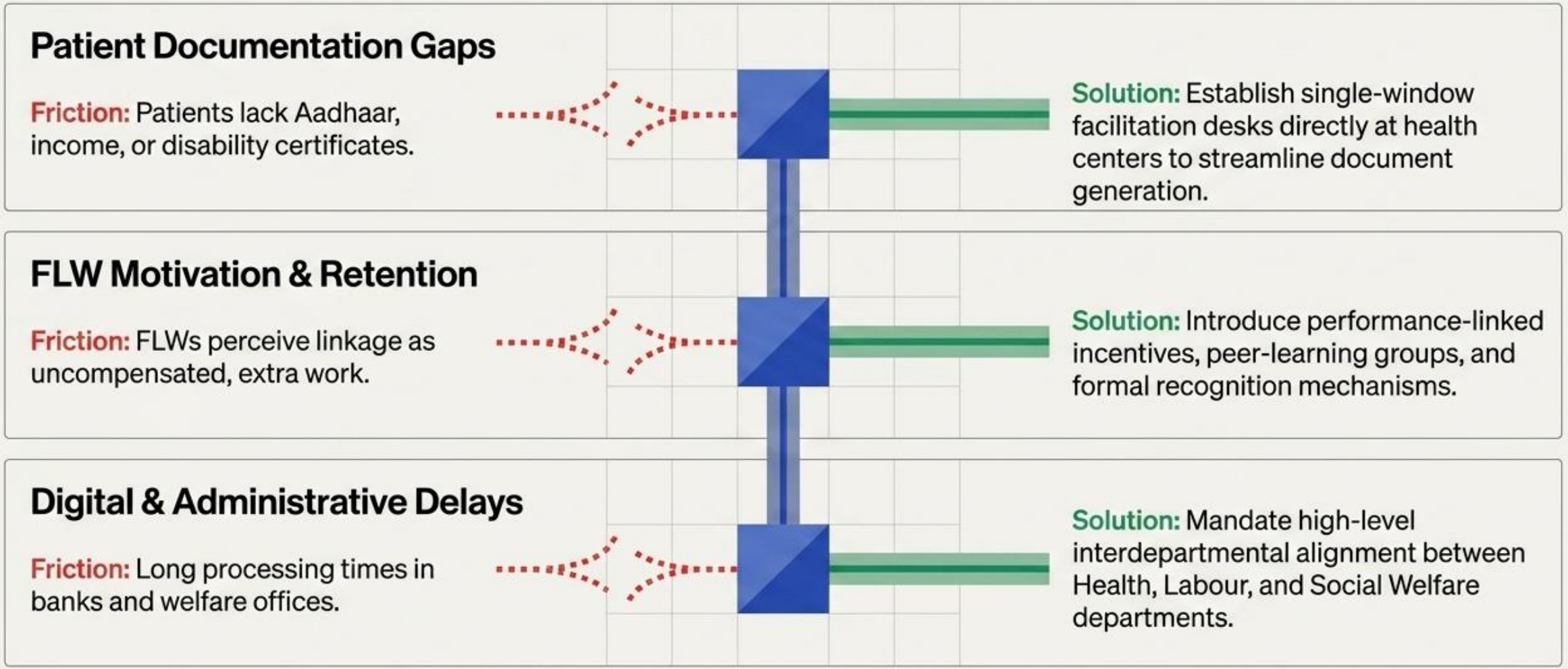
Pre-test to **Post-test** average score.

31% overall improvement (P<0.001), with scores tightly clustered between 93.3% and 100% post-training.

Impact Insight: FLWs previously recognized schemes only by ‘money or ration’ but lacked procedural knowledge. Post-intervention, they became fully equipped navigators of the complex welfare system.

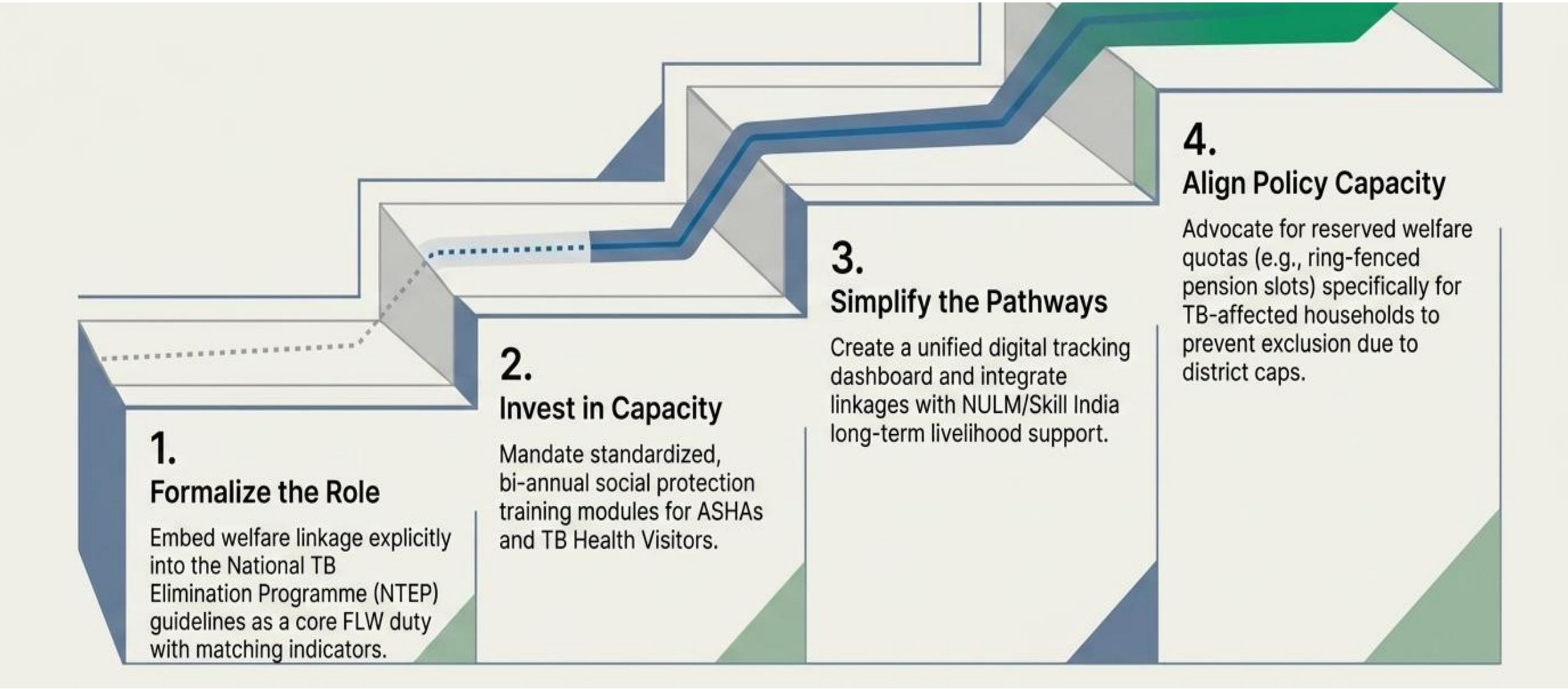
Overcoming Operational Challenges

Three system constraints limited what navigation alone could achieve



Blueprint for Institutionalization

Scaling requires formal roles, sustained capability and simpler pathways



Ending TB requires treating the socio- economic symptoms as aggressively as the biological ones

Social protection belongs inside TB care—not alongside it

Frontline navigation turns eligibility into effective access and makes social protection part of patient-centered TB care.