



National Consultative Meeting of Partners
Partnership for Tuberculosis Care and Control in India
Feedback Form

Place: Hotel Parkland Retreat, New Delhi
No. of feedback = **31**

Date: 6th & 7th January 2011

1. Did the venue of the meeting meet to your satisfaction?

YES (27/31)

- **Wonderful venue for workshop, good ambience, comfortable.**
- **Hotel a bit far (3/31), limited rooms available.**
- **Venue ideal for residential workshop but difficult for daily commuter.**
- **Will consider venue for my trainings.**

Suggestion:

- **Pick and drop from airport would make it comfortable**

2. Do you feel that the meeting is well coordinated /facilitated? What would you recommend to change/ add?

YES (17/31) but scope for improvement.

Comments:

- **Well organized, well coordinated and facilitated by moderator (12/31)**

Suggestions:

- **use of video/chart presentation on the present scenario of TB nationally and globally**
- **Keep on time for starting sessions –participants also need to realize this(2/31)**
- **Display previous meeting photos/literature related to TB in meeting hall**
- **Clearer directions in group work**
- **Be sensitive to Skype participation disturbances during the meeting**
- **Invite Principal Secy. or high official from government (3/31) Involving Politician/minister for inauguration helps in advocating**
- **Putting civil society participation on RNTCP planning board needs attention and Decision**

Grievances:

- **I was moved into the PPM group instead of the ACSM which is my field of interest.**
- **Prior information about the working paper to all participants**



3. Is the agenda relevant to the objectives of the meeting? Which topic do you feel strongly about and need to be addressed further?

YES (9/31) - agenda was relevant

- **CSOs consultation is relevant before RNTCP III**
- **Feel strongly about the 3 presentations of group work/ACSM/ patient rights in term of treatment & diagnosis /SD/ PPM**
- **We need to involvement from HIV + people networks i.e. MSM, CSW, IDU, TG community grassroots and ground realities.**
- **Involving more partners by utilizing their strengths state wise while funding projects**
- **Addressing the needs of the affected community**
- **Advocacy and social mobilization needs to be addressed further**
- **Further group deliberations should be followed up(2/31)**
- **Government side regular follow up needed**

4. Any suggestions of new topics that needs to be addressed in a wider scope in subsequent meetings?

- **Newer methods of diagnosis and treatment (2/31)**
- **Operations Research ,M & E with training in documentation and capacity building for both ,supportive supervision**
- **Women and TB(2/31)**
- **XDR-MDR treatment**
- **Relevance of current schemes that will facilitate universal access**
- **Role of CSOs, National Partnership and CCM.**
- **New rapid diagnosis. Innovation in treatment (polypill). MDR communication strategy**
- **Practical aspect of implementing any projects**
- **Service Delivery challenges on MDR TB and TB-HIV should be discussed in details**
- **Proposed role of partner NGO in selected districts**
- **Food support to TB patient**
- **Focused issues on advocacy to human rights in health**
- **Fund arrangement/raising to smaller group to cover remote areas**
- **Strengthening civil society network at field level to be planned in future**
- **Gender and HIV TB ,Pediatric TB**
- **Partnership expansion and strategic planning**
- **Bring in more cured TB patients and indigenous people and**
- **Migration and Innovation**

5. Do you think that the objectives of the partnership would be more visible if we had work groups in place?



No (2/31)

Yes (12/31)

- **More time for group work (6/31)**
- **Regional consultations can be organized to get regional picture of particular issues and possible solutions**
- **All NGOs And government sector should work jointly on HIV/TB programs**
- **Working group for TB-HIV**
- **Working groups region wise/state wise to make the objectives of the partnership more visible(3/31)**
- **Regional meetings will turn out large volume of work and specialists can contribute in sub sections**
- **More grass root realities/challenges needs to be focused**
- **More lead for advocacy and not silent recipient**
- **Participation from STOs for inputs**

6. Any other comments / suggestions?

Gratitude:

- **Thanks to the Partnership Secretariat for organizing the event (3/31)**
- **Excellent arrangements and brainstorming sessions organized. Duration of stay should be 3 nights.**
- **Thanks to CTD for active participation**
- **I really enjoyed /contributed and happy to be here.**

Suggestions:

- **Steering committee needs to be changed periodically and needs to involve silent work horses who could give more relevant inputs**
- **could have some representatives from private sector, pharmacists and more from the government sector(4/31)**
- **2 full days of consultative meeting**
- **Organize working groups on implementation of recommendations or identify subgroups in ach portfolio to continue deliberations, monitoring and re doing recommendations if necessary**
- **Regularize the activity**
- **Need to organize such meetings twice a year**
- **Follow up of previous National Consultative meeting need to be addressed**
- **Find funds for more regional meetings**
- **Similar exercise at state and regional level before the national consultative meeting**
- **Working group could involve other members besides the steering committee**
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