



**PARTNERSHIP FOR TB CARE AND CONTROL
REGIONAL CONSULTATIVE MEETING – NORTH REGION**

21-22 December 2016

REPORT

Background and objectives:

Partnership for TB Care and Control (PTCC) is one of the national coalition comprising of technical agencies, non-government organisations (NGO'), community based organisations (CBO's), affected community groups, corporate sector, professional bodies and academia committed to support and strengthen India's national TB control efforts.

Regional Consultative Meeting of partners is one of the major events of PTCC. The Key objectives of this consultation is to develop a common understanding and agreement among the key stakeholders for involving partners in TB care and control at state and regional level. Regional meetings have created a visibility of partners and provided a platform to initiate dialogue with the State and District level programme managers for TB care and control. They have been platforms of brainstorming among all stakeholders in finding collaborative solutions to various challenges in the field and chalking out action plans state wise on enhancing the RNTCP.

Objective of the meeting:

- A platform for stakeholders to unite and brainstorm in finding collaborative solutions to challenges in the field and chalk out state wise action plan on enhancing the RNTCP
- To strengthen the capacity of participants on community monitoring and advocacy.

Outcomes:

- Issues related to civil society engagement identified and solutions to challenges explored with action that civil society can take
- Strengthening of the relationship among all partners and building new connections
- Building capacity of the partners on key issues surrounding TB treatment access, timely diagnosis and quality care by expanding the base of support, organizing media outreach, community monitoring and advocacy.
- Gaining ownership of the partners of the Partnership

A total attendance of 35 participants was present for the two days programme with participants from the States of Delhi, Punjab, Uttar Pradesh, Himachal Pradesh, Uttarakhand and Jammu & Kashmir. Participants included partners of PTCC along with new potential partners who can contribute towards TB care and control. Participants introduced themselves about their organization, their area of working and how they can contribute towards TB care and control. New partner from the state of Uttarakhand, Punjab, Jammu & Kashmir and Himachal Pradesh participated. They shared about, the name of the organization, from which State, activity of organization.

Proceedings

The agenda for the meeting was as follows:

Day 1:

- Welcome Address
- Introduction of participants
- Partnership for TB Care & Control and outline of meeting objectives
- Recent development in TB care and control
- Role in the State CSO/Community Challenges and Solution
- Participants sharing their experiences
- Role of civil society organisations
- Challenges and success in TB care and control in the States, Group discussions

DAY 1: December 21, 2016

Inaugural session:

The Regional Consultation meeting began with the welcome address by Ms.Sanchita Raut, Project Coordinator, PTCC and lightening of lamp done by invited guest. There after Ms.Sanchita welcomed all the participants and provided an update on the Partnership for TB Care and Control. The main highlights were growth of partnership and updates on activities for the year. Ms. Sanchita requested the participants to share their success stories, best practices for PTCC newsletter. She urged the partners to Increase the visibility and seek representation in working groups and consultations at the District, State and National levels and advocate for increase of funding to civil society through domestic sources including GOI and Companies through the CSR component. She also shared updates on-

- Identification of State Focal Points
 - Inclusion of many new partners with varied expertise including research g organizations, media, affected communities, a range of NGOs, CBOs, Corporate, etc.
 - 220 partners in the Partnership
 - Solidarity among partners
 - Launch of Partners Directory
 - Organising of National level and regional level consultation.
 - Identify and training of TB Advocate
 - Mentorship program for TB Advocate
- After the details she explained the participants regarding the Regional Consultative meeting, its objective and what will be the outcome of the said meeting. She urged the partners to share about their Organization activities and how they are contributing towards TB care and control. Sanchita further added the if partners want to highlight certain issues which they think are not being resolved at the local level they can approach PTCC for guidance and PTCC will try to resolve those issues as far as possible.

Recent Development in TB care and control:

Dr. Sandeep Rathod, WHO RNTCP Consultant, Haryana welcomed all the participants. He appreciated the consultation of regional level CSOs who are working on TB care and control. He stated it is a great opportunity to discuss among CSOs and finding collaboration solution

for better TB care services. Dr. Sandeep facilitated a session on recent development in TB care and control. He presented on what are the recent development in RNTCP and what new intervention will be started by the program. Dr. Sandeep shared the latest updates of TB care and control in India. He shared the global TB burden and the TB burden in India. The information consists of incidences of TB cases, mortality of TB, incidences HIV/TB, mortality of HIV/TB and MDR TB. India contributes 27% global TB burden. Along with global TB burden he shared information about 100 high risk districts as per RNTCP and also shared the list of identified 50 districts by RNTCP for intensified household visit here he said RNTCP will also involve one NGO/CSO partner for this intervention in the districts. Information on daily regimen roll out, bedaquiline, MDG6 TB targets, Vision, target, goal of End TB strategy. He explains about 3 pillar and 4 principles of End TB strategy. He also shared about NIKSHYA, 99 DOTS, revised technical and operational guidelines. 50 priority districts for intensifi

Role of CSOs in TB care and control and community engagement and experience from PSI: Mr. Niraj Sinha

Mr. Niraj delivered a session on the above topic. At one level, CSOs can be described as all organized activity not associated with major institutional systems: government and administration, education and health delivery, business and industry, security and organized religion. They include religious/faith based organizations, cooperatives, trade unions, academic institutions, community and youth groups. CSOs can encompass grass-roots organizations, citizen's movements, trade unions, cooperatives, and NGOs, and other ways in which citizens associate for non-politically partisan and non-profit motives. They are not necessarily formal or registered. These civil society organizations would have three kinds of roles in this process firstly, as members of monitoring committees; secondly as resource groups for capacity building and facilitation and thirdly as agencies helping to carry out independent collection of information. He also shared about some basic of Tuberculosis. Civil society organizations and affected communities are key players in responding to disease epidemics at regional National and global levels. Being embedded in communities, CSOs are often well placed to take on operational roles in detection and patient support. They can also advocate for the interests of their members or the groups they represent and play an integral role in empowering key populations, helping reduce stigma and discrimination, promoting social and structural changes in the fight against TB and mobilizing resources, advocacy and policy dialogue. Affected communities possess unique knowledge on how their needs can best be addressed. CSOs have in-depth knowledge of local contexts due to their work with key affected populations.

He shared the details activities of PSI in order to control TB epidemic. The project covers 60 districts across 10 States (Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Chattisgarh, Maharashtra, Punjab, Haryana, Karnataka and Rajasthan) in India covering 7 million populations.

Axshya project intervenes with the following activities:

- Intense outreach activity (Axshya Samvad) by trained community volunteers for creating awareness on early TB diagnosis and complete treatment
- Training and Engagement of Ayush and RHCP to identify and refer the TB symptomatic, provide DOTS services
- Counseling of DR-TB patients in 28 districts through facility based and home based counselling by trained counsellors
- TB-Helpline for creating awareness and referral linkages to the TB services
- Sensitization of Laboratories on ban for serological testing of TB and notification

After the tea break participants shared their experiences of working in the field of TB control. CSOs from the state of Punjab, Himachal Pradesh, Uttarakhand, and Jammu & Kashmir shared their experiences, achievements and challenges at the field level. Some of organizations are working with project Axshya and some are working at their own. Under Axshya they are doing the regular activities like; Axshya Sambad, community meetings, IEC activities doing all ACSM activities under project Axshya. Participants also highlighted some of their achievement and challenges. They described how intensified outreach through household visit helped them reaching the suspects how TB forum working so closely with patients, doing advocacy for specific demands, highlighting the sufferings of TB patients and aware them on their rights and responsibilities. Though various intervention are happening but sill there are some issues and challenges at field level which leads to suffering of patients. The challenges are like no availability of LTs, poor infrastructure, and transport facility, behavior and communication of health staff and proper counseling facility. They also highlighted the need of proper nutrition, livelihood support for the TB patient. Involvement of private practitioners is also a need for the program.

After the discussion Mr. Rajeev shared about intervention by VHAI through project Axshya. He shared about various activities implemented by VHAI in northern region and what was the outcome. Various innovation and sucesstories were also shared by him. He urged the CSOs how we can chalk out the issues and identify solutions to control the TB epidemic. He also emphasized utilizing local resources for the intervention.

Later on discussed how to overcome these barriers and challenges. Various suggestions came out from the floor as intensive awareness, BCC, intensive communication with RNTCP department, advocacy on drugs availability, sensitization of marginalised and vulnerable

population. The session concluded with the point that the patients require better and more accessible information on TB livelihood support is required to mitigate the family needs such as nutritious food, wage employment.

After the session participants were divided in to State wise groups and discussed on issues and challenges at field level and State level, recommendation and a draft plan by CSOs in order to do advocacy for certain challenges and what type of activity can implement for the betterment of TB patient. They prepared presentation and they were conveyed to present the details on day 2.

Day 1 closed with a group photograph.

Day 2: 22nd December 2016

Day 2 started with the recap session. Mr. Brihaspati pandey shared about day one sessions and discussion.

State wise presentation:

State Himachal Pradesh:

Issues/Challenges and Recommendations for Himachal Pradesh

Sr. No.	Issue/ Challenges	Recommendation
1	Involvement of NGOs in RNTCP	<ul style="list-style-type: none"> • Sensitization of NGOs regarding NGO PP schemes • Advocacy for engaging partners NGOs in PP schemes
2	Lack of knowledge regarding TB treatment in health staff	<ul style="list-style-type: none"> • Advocacy for Training programmes to health staff
3	Poor monitoring by RNTCP scheme	<ul style="list-style-type: none"> • Involve CSO to monitor the RNTCP at various level • Regular monitoring by state/ external agency
4	Active case finding/ Awareness	<ul style="list-style-type: none"> • Initiate Mass Campaign for active case finding/ Awareness among community • Awareness for early detection • How to control spreading TB • Integration with school health programme
5	Lack of trained health staff in remote areas	<ul style="list-style-type: none"> • Advocacy for Recruitment/ deputation of trained health staff/ ASHA for village level in remote/ hilly area • Engagement of PRI/ CBO/ like Mahila Mandal, Yuvak Mandals, in TB care and control awareness campaign

Action Plan for Himachal Pradesh

Objective	Activity	Time line	
		Technical	
To sensitize stakeholders (Government officials from	District level sensitization workshop for Govt. Officials and NGO officials through NGOs	Advocacy for fund raising from govt. and CSR	June 2017

different departments and NGOs) on RNTCP	(1 for Govt. officials and 1 for Ngo x 12 district = 24)		
	State level consultation of stakeholders on RNTCP		August, 2017
Mass Campaign in three districts on TB in Solan, Mandi and Kullu	Block level Training of PRI/Health Department on early detection of TB Kullu=5, Mandi=10, Solan=5	Advocacy for fund raising from govt. and CSR	16 – 30 January, 2017
	Awareness camps at Panchayat levels through PRI/ Health department Kullu= 204, Solan= 211, Mandi 459, Total= 874		17 – 31 July, 2017 4 – 18 December, 2017

Delhi:

Participants from Delhi focused on vulnerability of drug users.

Sl.No	Objective	Activity	Financial resources	Technical resources	Time Line
1	Research study on prevalence on Tb amongst drug users, injecting drug users in different places of Delhi.	-Develop questionnaire -Conducting interview, referral, linkages, screening, sputum, chest x-ray, CBNAAT -follow up treatment, data analysis, findings, dissemination	4,50,000	Consultancy need from PTCC IEC material	Six months

Punjab:

Sl.No	Objective	Activity	Resources	Time line
1	TB notification to ensure 100% TB notification in selective area	Mapping of qualified PP -sensitization of PP under STCI guidelines -Data collection of TB patient details address identification -linelisting of patients, initial home visit, follow up mapping of high priority areas.	Technical support from PTCC, WHO consultants, DTOs, STO 1,00,000 30,000 300 per patient 1,50,000	3 to 6 months
2	Establishment of flexie DOT center	Follow up and mapping of high burden area	11,000 per center	

After the presentation the participants were suggested to highlight the issue and challenges and possible advocacy initiative by the CSOs and TB Advocates as above things are already covered by project Axshya and by RNTCP.

The State of Jammu & Kashmir and Uttarakhand also shared their plan of action. Ms. Sanchita shared the list of 100 high priority districts for high intensified activity shared by RNTCP. She suggested those CSOs present in these high priority districts can coordinate with DTOs for supplementing State and district RNTCP effort. At the end of the session participants were suggested revise the plans and share it with PTCC.

Dr. Naresh Kumar State TB Officer, Punjab and Dr. Priyanka, WHO RNTCP consultant, Punjab participated in the programme. They discussed with the CSOs about their involvement in TB care and control programme in the State and encouraged them for their active participation. CSOs from Punjab discussed with them about their presence and activities in the State also about various NGO PP schemes in the State. State TB Officer assured them of full support for the implementation of the programme.

Closing session

Ms.Sanchita thanked the partners for their committed and enthusiastic participation over the two days of the meeting. All participants had an opportunity to express their views on the

sessions, both verbally and through feedback forms. They thanked all the people involved in the process of conducting the meeting – Governing Board Members, Partners, Hotel, PTCC staff, etc.