REGIONAL CONSULTATIVE MEETING OF PARTNERSHIP FOR TB CARE AND CONTROL IN INDIA
15 – 16 JULY 2010, DEHRADUN
REPORT

Background and objectives:

The "**Partnership for Tuberculosis Care and Control in India**" (**the Partnership**) brings together civil society across the country on a common platform to support and strengthen India's national TB control efforts. It seeks to harness the strengths and expertise of partners in various technical and implementation areas, and to empower affected communities, in TB care and control. It consists of technical agencies, non-governmental organizations, community-based organizations, affected communities, the corporate sector, professional bodies and academia.

Developing a common understanding and agreement among the key stakeholders for involving partners in TB care and control at state and regional level is crucial to the Partnership's strategy. Regional meetings for the Southern, Eastern and Central regions were held at Chennai in July 2009, at Kolkata in August 2009 and at Bhopal in September 2009 and they 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. Based on the results of previous meetings, a similar meeting was organized for the Northern region at Dehradun, Uttarakand on the 15th and 16th July 2010.

The International Union Against Tuberculosis and Lung Disease (The Union) South East Asia Regional Office host the Secretariat of Partnership and provide technical support.

Objective of the meeting:

- To develop a common understanding and agreement among the key stakeholders for involving Partners in TB care and control at state and regional level.

Outcomes:

Primary outcome;

- Issues related to civil society engagement identified and solutions to challenges explored
- Developed a work plan for increased participation of civil societies in RNTCP at the state and district level
- Strengthening of the relationship among all partners and building new connections

Secondary outcome;

- New partners joining the Partnership increased
- Increasing communication between partners and the Secretariat
- Gaining ownership of the Partners of the Partnership

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Organization:

The event was organized by the Secretariat of the 'Partnership', a coalition of civil society, private sector, technical and international organizations, formed in 2008 to support TB care and control in India. Please visit www.tbpartnershipindia.org for information on the Partnership.

Proceedings:

15th July: - Inuagural programme**;**

- Mr. Subrat Mohanty, Partnership Secretariat welcomed all the participants and gave a brief introduction of the meeting and its agenda (Annex 1).
- Dr.A.P.Mamgain, State TB Officer, Uttarakhand and Director Medical, and Health and Family welfare was chief guest for the meeting. He delivered the key note address, speaking on the challenges in implementation of the national programme in Uttarakhand. He emphasized that the challenges to reach the last 30% detection rate could be possible with the support of civil societies and he hoped the meeting would help come up with some directions.
- Dr.P.C. Bhatnagar, Chairperson of the Partnership's Steering Committee addressed the gathering, spoke on the success of the national programme and emphasized that the regional meeting is the first step towards designing a strategic plan to combat challenges in TB control with contributions from the civil societies.
- Dr.Rajdeep Srivastava from World Vision India stressed the importance of the partnership of civil societies and public sector in achieving the Millennium development goals. He shared a few of his experiences of challenges faced while working on Public Private Partnership initiatives.
- Mr.J.M. Singh ,Chief Functionary Mamta Samajik Santha (MSS) welcomed all guests to his state and thanked the Secretariat of Partnership for organizing the Regional meeting and providing all partners a platform to interact and share ideas.

Technical Session:

- Following a brief introduction on the Partnership initiative in India, Dr. P.C. Bhatnagar kick started the technical session by presenting the partnership for TB care and control. He described the objectives, functions, progress, and future directions of the Partnership. The Global Fund Round 9 was initiated to work on the gaps and challenges in the TB programme with the focus on Advocacy Communication and Social motivation (ACSM) activities.

- Dr. Rajan Arora, Medical Officer, State TB cell presented on the National TB programme. He began with the burden of TB both globally and in India. He then shared on status of treatment success rate and problems with the traditional strategy which brought about changes in RNTCP. He also brought out few issues for discussion.

    - Low case detection could be due to shortage of man power and the over burden of government officials who are over burdened with multiple responsibilities. The involvement of civil societies can help bridge this gap and help in improving cased detection.
    - The landscape of Uttarakhand is another challenge to programme implementation.

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- Dr. Kiran Chhabra representing the STO of Punjab spoke on TB and HIV collaborative efforts in order to address the problem. She emphasized the need for a coordinated strategy between TB and HIV programme at State level.

- Her presentation was followed by a presentation from Dr. Rajdeep Srivastava, Technical Consultant, World vision India (WVI) who gave a brief account of how the USAID supported ACSM programme was implemented by partners. The key achievements of the programme being improved coordination with Government and WHO consultants, involvement of government officials in the sensitization programmes, reaching out to vulnerable groups, workplace interventions in private sectors and technical and implementation workshops.

- Mr. Mohanty emphasized the need for all partners to document best practices of their work in the TB control programme.

- Experience sharing among partners began with a presentation from Mr. N.Woleng, MAMTA Health Institute for Mother and Child on their ACSM project implementation. Their activities include Advocacy with State and District TB officers, joint field visits with DTO and DMC staffs and meetings on a monthly basis at both State and District levels. Some of their key learning from the project include;

    - Implementing the project through support of groups at the field and through community leaders participation
    - Joint field visits has proved very helpful to strengthen the relationship between government officials and NGOs
    - Sharing meetings of cured TB patients to infected TB people has helped boost case identification.
- On the question of validating data raised by Dr.R.D. Yeole, WHO RNTCP consultant, Mr.Mohanty clarified that the issue of validation of data will be addressed during the GF Round 9 implementations with the programme.
- Mr.Pawan Kumar, State Coordinator Punjab, Voluntary Health association of India (VHAI) shared his organization's work on ACSM activities. He highlighted some of the challenges they face are;
    - that due to stigmatization there were more males infected by TB,
    - out of 1900 volunteers identified only 250 are actively involved
    - there were a large amount of defaulters due to many reasons
    - IEC material is in Punjabi so does not benefit the migrant population who speak Hindi
    - Migrant population difficult to reach
- Mr. J.M.Singh , Chief Functionary ,Mamta Samajik Sanstha (MSS) shared his organization's activities for ACSM and he pointed out that house to house visits by community volunteers were very vital for interpersonal communication with the community. He also shared their efforts for TB awareness raising in the form of street plays and TB wall writings.

- Mr. Subrat Mohanty summarized the partners presentations by focusing on three points;
    - Coordination issues while working with the programme at field level implementaion
    - Advocacy efforts so far have not been a point of focus on the ACSM programme while more focus is being given to communication and social mobilization.

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- Through advocacy we can assure the availability of a lab technician for sputum microscopy at the district level
- Building partnerships is an important constituent in ACSM programme

- Dr.Rajan and Dr. Laloo facilitated the formation of three groups with equal participation from the NGO sector and the government department to begin brainstorming on three different topics namely;
  (1) Group A - (i)Challenges faced in the field
  (ii)Possible solutions involving other sectors

  (2) Group B - (i) Developing ACSM Plan

  (3) Group C - (i) Relationship building among partners
  (ii) Relationship building with other sectors
  (iii) Communication with Secretariat

- Group activity began with group members sitting around and brainstorming on the questions or topics given to them and formulating answers and solutions.

16th July: - Group presentations with Panel discussion

- Prior to presentations of group work Mr. Mohanty re capitulate the previous day's activity and also shared information on the various Government schemes under RNTCP on request from the NGO partners.

- The panel members were formed with Dr. A.P. Mamgain as chairperson. Other members were Dr. Rajdeep, Mr. M.M.Singh, Dr.Rajan Arora, Dr. V.S.Tolia, and Ms. Jothi Chetty.

- Ms.Pasang Bhutia representing **Group A** gave a presentation on challenges faced in the field. The challenges and solutions are as follows;

Challenge 1 - Stigmatization in the community
Solution –
- Involvement of Community influencers for awareness in community meetings
- Greater involvement of cured patients in ACSM
- Capacity building of Rural Health practitioners
- Sensitization of Mass Media
- Greater emphasis on patients and family counseling

Challenge 2 - Identification of contacts of sputum positive patients
Solution –
- Greater emphasis on patients and attendant counseling
- Patient's home visits to be facilitated by the CBOs

Challenge 3 - Appropriate prevention for the family is required
Solution –
- Patients education about cough hygiene
- Strengthening prophylaxis as per guidelines during the initial home visits by volunteers

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Challenge 4 - Non compliance with the alternate day visits to the DOTS Centre

Solution -

- De centralization of DOTs services by involving more CBOs/ ASHA/AWW
- Identification of effective contact person in the community

Challenge 5 - Lack of awareness regarding the diagnosis, curability and treatment

Solution –

- Utilize cured patients as facilitator in all the community meetings /patient provider meetings and other ACSM activities

Challenge 6 - Accessibility of Diagnostic facilities

Solution -

- More CBO based sputum collection centers

Challenge 7 - Lack of appropriate IEC Material

Solution-

- IEC material should be more pictorial and in local language
- More emphasis of Audio Visual aids , Flip Chart etc

Challenge 8 - Treatment adherence for Migrant population

Solution –

- Sensitization and greater involvement of influencers in the population group
- Referral and feedback mechanisms to be streamlined

Challenge 9 – Mis management of the patients by the pvt. Sector

Solution –

- Continue sensitization efforts
- More regulation needed in pvt. Sector
- Simplify and expedite DOTS diagnosis /treatment services within the guidelines

Challenge 10 - Lack of skilled human resource

Solution –

- Lack of attractive incentives,
- lack of attractive schemes for NGOs in RNTCP

Challenge 11 - Less Integration with the other welfare schemes and programmes

Solution –

- NGOs working with other health schemes to be involved in RNTCP
- Resource Directory for all welfare schemes should be made available on TBC India website.

Challenge 12 – Default retrieval mechanisms needs strengthening

Solution -

- CBOs should form community level treatment support groups
- Prompt management of drug's side effects

Challenge 13 - Suboptimal coordination & networking between the govt. and implementing partners

Solution –

- Participation of CBOs in every meetings with the DTOs
- Formation of state and district level working groups who can meet once every quarter

Challenge 14 - Delays in Fund flows

Solutions –

- Regular coordination meetings with govt. officials
- Transparency in financial transactions

Challenge 15 - Sustainability and ownership for initiatives

Solution –

- Social mobilization in order to generate demand and foster a sense of ownership among the community level stakeholders
- Advocacy at all levels including policy makers to achieve sustainability

- The panel discussed further on challenge 15 on ownership by NGOs. Dr. Rajdeep suggested focusing on the goal and having transparency in the work and openly discussing with both sectors. Another issue is community taking owner ship of the NGO working in their area. Challenge 8 about migrant population is a huge problem in certain areas but finding solutions is difficult. Ms. Jothi suggested giving ID numbers to migrant TB patient that can be tracked wherever they go and take treatment. Dr. A.P.Mamgain suggested involving ashram gurus in Haridwar who have more influence on migrants. Mr.J.P.Sharma shared the Banaras migrant experience and believes that developing a strategy for management of infected migrants by sensitizing gurus and relatives of the patient. On challenge 9 Dr. Rajdeep says that there is a mis communication between the private care providers and the public sector and clearing these are important for change. On challenge 1 –stigma, they felt that due to improper counseling or not being able to counsel a patient is a huge cause of not being able to stop discrimination.

- Dr.S.K.Srivastava presented the **Group B** discussion on developing an ACSM plan.
  Goal of ACSM = to improve the quality of care provided to TB patients and reduce stigma and improve utilization of RNTCP services**.**

Advocacy:

State level;

Purpose:

- To develop and forge political, administrative and community level commitment to TB control in India.
- Mobilize support/resource for implementing ACSM activities with involvement of state & district departments.
- Provide oversight of state level ACSM strategy & provide support where necessary

With whom:

- Opinion leaders
- Political forum
- Admin authority
- Health Department/PRI/Education Dept.
- Practitioners from other system of medicines
- SACS officials

Activities:

- Sensitization of stakeholders
- One to one meeting
- Interactive meetings
- Attend their monthly/quarterly review meetings by implementing partners.

Responsible person: Civil society partners

Expected Outcome:

- Written letter of commitment provided
- Stake holders are sensitized on TB
- Improvement in service delivery

M&E:

- Bi annual review
- Supervisory checklist to be used for overseeing that activities have been undertaken as planned.

Reporting:

- MPR/QPR/Annual report of Partners
- R&R of RNTCP
- Minutes of meeting participant sheet/feedback

District level:

Purpose:

- Increase awareness & behavior change for better understanding about TB & the use of DOT services among :
- -The public for utilization of RNTCP services.
- -Health care providers so that they adopt DOT strategy.
- District to develop plan according to needs, target audiences & available resources.

With whom:

- District Health Administration
- Media
- Religious leaders/institutions/forums
- PRIs, CBO's NGOs, Influential person

Activities:

- Sensitization of stakeholders
- One to one meeting
- Attend their monthly/quarterly review meetings

Responsible person: Civil society partners

Expected Outcome:

- Improvement in service delivery
- Improvement in coordination and involvement of NGO/CBOs in TB control like in DAP
- Sharing of information/documents

M&E:

- Supervisory checklist to be used for overseeing that activities have been undertaken as planned.
- Bi annual review
- Dist PIP

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Reporting:

- MPR/QPR/Annual report etc
- R&R of RNTCP
- Minutes of meeting participant sheet/feedback

Communication:

District level;
Purpose:

(1) Sensitize district stakeholders on TB issues
(2) Linkage/coordination with other health programs
(3) Promote behavior change
(4) Awareness generation on TB

With whom:

- Vulnerable/Hard to reach areas like tribal, slums etc

Activities:

Programme

- Community meeting, street pla
- Debate
- Health Mela
- Advertisement

Outdoor

- Wall writing
- Miking from Religious Place
- Rallies
- Hoarding

Mass communication

- Radio jingles
- TV slots
- Articles in News papers
- Handbills and posters

Responsible person: Civil society partners

Expected Outcome:

- Increase Awareness
- Reduction in myths and misconceptions on TB
- Increase referral of TB suspects/case detection

M&E:

- KAP study

Reporting:

- MPR/QPR/Annual report etc
- R&R of RNTCP

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SOCIAL MOBILIZATION:

District level;

Purpose:

- Capacity building for implementing activities, awareness generation & social mobilization.
- To mobilize, engage and empower community

With whom:

- Existing community groups/institutions

Activities:

- Sensitization of volunteers, existing groups like SHG/CBOs etc
- Identification and capacity building of peer educators
- Sensitization of ASHA.AWW. ANM, PRI leaders etc
- Rapport building with stake holders

Responsible person: Civil society partners

Expected Outcome:

- Increase participation of CBOs in referral of TB suspected cases and defaulter retrieval
- Increase demand/access to RNTCP services
- Availability of pool of trained volunteers

M&E:

- Monthly and quarterly review
- Project reports

Reporting:

- MPR/QPR/Annual etc
- R&R of RNTCP

- The panel discussed on a question raised by Mr.Mohanty on the understanding of Advocacy among health care providers. Dr.A.P.Mamgain addressed the question by stressing that advocacy should be initiated from the topmost level which is lacking in the TB programme and cited an example of this misunderstanding. He expects this meeting to highlight the issue of advocacy from the highest level.

- **Group C** was represented by Mr. Amit Gordon who spoke on relationship building among partners, other sectors and how to communicate with the Secretariat. The group had looked at who are the stakeholders or partners who are affecting the life of a TB patient and then identified how the interactions happen among them. They brainstormed on the challenges or problems each sector would go through and then came up with possible solutions to bridge this gap.

Relationship building among partners:

- Increasing transparency – sharing information at all levels
- Improving communication by experience sharing and regular meetings / update
- Improving inter personal relationships
- Constant up gradation on knowledge and skills
- Adherence to common vision and goal
- Collective celebration / discussion of successes and failures
- Networking for better linkages

Relationship with other sectors:

- Innovative mechanisms to provide private health providers
- Training to traditional healers
- Better linkages and referral mechanisms
- Advocacy to involve Corporate houses (Through CRS sections)

Communication with Secretariat:

- Form a coordination committee at District level
- Committee to include;
  DTS
  NGOs, CBOs, FBOs (to take lead)
  Front line paramedics
  PRIs
  RKS
  Govt. Administration representative
  Representative of Secretariat

- On the topic of relationship building the concern raised was equal partnership among stakeholders /partners in the programme. Mr. Mohanty stressed the need for NGOs to be proactive about their participation in the programme to Government officials. The need to meet often and share experiences and reports can build trust among partners and bridge the gap.
- Dr. A.P.Mamgain questions why we talk only of trust instead of accountability. Some NGOs lack accountability and therefore it becomes a dent in the RNTCP by performing poorly, and it is in this juncture that "equality "loses its stand.
  He then concluded by thanking the organizers and also stressing that only bringing out the issues will not help but the need to understand each sectors work and challenges and working hand in hand with each other. To help solve these issues of challenges **Dr. A.P.Mamgain has agreed to setting up quarterly meetings with the civil societies and government officials at the district level to share experiences.**

- The two days regional consultative meeting of partners ended with a vote of thanks from Mr. J.M.Singh, MSS.

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Agenda

Regional Consultative Meeting of Partners

Partnership for Tuberculosis Care and Control in India

HOTEL AKETA (P) Ltd. 113, Rajpur Road, Dehradun – 248001, Uttarakhand

15th-16th July 2010

A	**Registration**		**9.00- 9.30 AM**
B	**Inaugural session**		**9.30 -10.00 AM**
C	**Tea break**		**10.00 -10.15AM**
	15.07.10 (DAY 1 = Briefs on)		**10.15 AM-1PM**
SL.No	**Item**	**Person responsible**	
1	The Partnership for TB care and Control in India	**Dr. Bhatnagar/Subrat Mohanty**	10.15-10.30
2	USAID Support – ACSM	**WVI-USAID**	10.30-10.45
3	Program Updates & Gap identification	**Program Division**	10.45-12.00
4	Partners experience sharing	**MSS/VHAI/MAMTA**	12.00-1.00
	Lunch		
	Group Activity		**2PM – 5PM**
1	Group forming	**Dr.Vianca/Subrat**	2.00-2.30
2	**Group A**	**Subrat Mohanty/Sunita Prasad**	
	(i)Challenges faced in the field		2.30-3.30
	(ii)Possible solutions involving other sectors		3.30-4.30
	(iii) Presentation preparation		4.30-5.00
	Group B	**Dr. Shruti/WVI**	
	(i) Developing ACSM Plan		2.30-3.30
	(ii) Implementation /M&E/Reporting		3.30-4.30
	(iii) Presentation preparation		4.30-5.00
	Group C	**Dr.Vianca/ Dr. Bhatnagar**	
	(i) Relationship building among partners		2.30 -3.15
	(ii) Relationship building with other sectors		3.15-4.00
	(iii) Communication with Secretariat		4.00- 4.30
	(iv)Presentation preparation		4.30 -5.00
	16.07.10 (DAY 2 =Wrap ups)		**9AM-12 NOON**
1	Presentations of Group A	**Group member**	9.00-9.20
	Panel Discussion		9.20-9.40
2	Presentations of Group B	**Group member**	9.40-10.00
	Panel Discussion		10.00-10.20
3	Presentations of Group C	**Group member**	10.20-10.40
	Panel Discussion		10.40-11.00
4	Summary of Workshop	**Subrat Mohanty**	11.00-11.30
5	Vote of Thanks	**MSS**	11.30-12.00