

# **THE PARTNERSHIP FOR TUBERCULOSIS CARE AND CONTROL IN INDIA**

## **2<sup>nd</sup> Regional Consultative Meeting of Partners**

### **Eastern and North–Eastern Region**

**Kolkata, 6-7 August 2009**

A two-day Regional Consultative Meeting of partners, organised by the Secretariat of the “Partnership for Tuberculosis Care and Control in India” (Partnership) was held at the Indian Institute of Training & Development (IITD), Kolkata, on 6-7 August 2009. The objectives of the meeting were:

- To increase the partnership base at the regional level
- To evolve strategies for sustained engagement of partners at regional level
- To share experiences and lessons

Partners from the Eastern and North-East region of the country including NGOs, government representatives from the states of West Bengal, Orissa, Bihar, Jharkhand, Manipur, Mizoram and Meghalaya, and representatives of India’s Revised National TB Control Program (RNTCP) participated (list annexed).

#### **Inaugural Session**

The meeting was inaugurated by the Director of Health Services in the Government of West Bengal, Dr. Anirudha Kar. “Tuberculosis is a challenge – working together is an opportunity,” said Dr. Anirudha Kar. He said that smaller NGOs are now coming forward to join the programme but they require a lot of handholding support. He stressed the challenges the programme was facing on Multi Drug Resistant TB (MDR-TB) and hoped the issue could be addressed by the Partnership initiative.

Dr. Kerry Pelzman, Director in the Office of Population, Health & Nutrition at USAID, said that TB is a global challenge. The need of the hour is frankness, openness and continuous dialogue to address the challenges. The TB Control programme was a priority for the US Government. She said that USAID works very closely with the Central TB Division and encouraged the Partnership to come forward for the TB and HIV programmes supported by USAID. She also said that civil society participation has been an important feature in the Round 9 Global Fund proposal and that political commitment was very important for challenges like MDR-TB to be addressed with community involvement. She informed participants that USAID has, through World Vision, been helping Advocacy, Communication and Social Mobilisation (ACSM) activities to support RNTCP in India. She suggested that the experience and expertise of the national programme be tapped for an effective partnership.

Dr. Vijay Edward, Director, Health and HIV/AIDS, at World Vision India (WVI) and Convener NGO TB Consortium reflected on the role of civil society partnerships in complementing national efforts on TB control. Mr. Subrat Mohanty, Technical Officer in the Partnership’s Secretariat at the International Union against Tuberculosis and Lung Disease (The Union), talked about how the Partnership had evolved through a series of discussions and dialogues.

## **Session 1**

Initiating discussion on civil society participation in the TB control programme in the context of ACSM, Ms. Maureen Pearson, Project Director of the ACSM Project, WVI, gave an overview of the project. She said that the project had been implemented through partners of WVI and The Union for a starting period of nine months and had now been extended to March 2011 with USAID support. An overview of the civil society partnership and its processes was presented by Mr. Subrat Mohanty. He also talked about the progress of the Partnership in different areas.

Dr. P. K. Goswami, Senior Advisor at MAMTA Health Institute for Mother and Child stressed that the Partnership, with civil society participation, needed to follow-up treatment defaulters and address MDR-TB. The Partnership had a role in addressing these challenges while working closely with the national programme.

The session was facilitated by Dr Vijay Edward, Director, Health and HIV/AIDS, WVI.

## **Session 2**

The next session was on the need to support and strengthen the TB care and control programme through the Partnership. Initiating the discussion, Dr. Sanjay Kapur, Director, HIV and TB, Office of Population, Health & Nutrition, USAID, said that the effective involvement of partners would provide momentum to TB control. He said that USAID India promotes the Partnership towards expanding services, maintaining quality, synergising with programmes and building resources. He summed it as "broaden the Partnership – better the results". He said that we should learn from the HIV programme's success in involving civil society and that the HIV programme had lessons to learn from the TB Partnership model. He urged private sector participation in an effective and meaningful way and said that USAID believes in partnership. We must support a common agreed vision and work in tandem with each other. He emphasised the importance of an action plan with expected outcomes for the Partnership.

Dr. Bitra George, Country Director, Family Health International (FHI), India, presented the contribution of FHI in India to the HIV and TB programmes. He said that FHI had developed a module to train peer educators. The module has been used by the Central TB Division to train peer educators. He suggested that it could be used by partners in conducting trainings for peer educators and volunteers.

Dr. Vijay Edward, Director, WVI, gave a presentation on the opportunities and challenges for a sustained engagement of partners. Dr. Prasun Mitra, Director, German Leprosy and Relief Agency (GLRA), talked about the effectiveness of facilitated referral by using peer educators in the programme.

Dr. Anirudha Kar, chairing the session, summarised the gaps in the programme as:

1. Maintenance of laboratory equipment, specifically microscopes
2. Financial decentralisation along with structural decentralisation in the National Rural Health Mission (NRHM)
3. TB-HIV coordination – the HIV programme does not think of TB as an issue.

He said that we have learnt from the beginning of a strong civil society movement - the challenge was the coming together of the civil society and the Government.

The session was facilitated by Mr Subrat Mohanty from the Partnership's Secretariat.

### **Session 3**

Initiating the session on the opportunities and challenges faced by civil society in the state-level implementation of RNTCP, Dr. Dutta Chaudhury, State TB Officer, Government of West Bengal, said very clearly that, while in some areas they were doing better, improvements in case detection and cure rate are still a big challenge. He said that civil society, in coordination with state programme managers, needs to work out a plan for improving the situation.

Dr. O. Manihar Sing, State TB Officer of Manipur, talked about the situation in the state of Manipur and how civil society is closely working with the State TB Department. He said that challenges mainly relate to the geographical locations of districts and to reaching difficult areas.

Mr. Basudev Malbishoyi, IEC Officer in the State TB Cell, Government of Orissa, presented the RNTCP scenario in Orissa and talked about how civil society has been involved in RNTCP.

The session was facilitated by Mr. Subrat Mohanty.

### **Session 4**

Partners like LEPRRA, CMAI, EHA, GLRA and SHIS shared implementation experiences of the ACSM project. Other NGOs in the meeting also spoke about their activities and areas for learning. Discussions was summarised by Mr. Subrat Mohanty. He said that three areas emerged:

- The need to address challenges faced by civil society at state and district level
- The need to develop an implementation plan for ACSM activities by civil society
- The need for a regional network of all partners and its alignment with the national-level Partnership

*The participants were then divided into three groups and each group was assigned specific tasks for a group discussion*

### **Day 2**

The second day commenced with a brief recapitulation of Day 1 by Mr. Subrat Mohanty. Each group presented their discussion points in the plenary. Following is the summary of topics discussed based on presentations made by the three groups:

Group 1 discussed challenges faced by civil society at the state and district level. The areas covered by the group were:

- Participation in new RNTCP schemes at the state and district level - Challenges faced by NGOs and Programme Managers
- Recognizing civil society contribution – complementary roles
- Joint monitoring of the Programme at the state and district level
- Building trust between the NGOs and the Programme

The group came out with following challenges faced by civil society in participating in RNTCP schemes:

- Mistrust and doubts in the mind of civil society and government officials at the state/district level, largely due to inadequate communication and coordination
- Lack of expertise within the civil society to implement the RNTCP programme
- Inadequate awareness of NGO schemes – schemes are also not attractive in terms of financial support
- Lack of ownership of the programme by the civil society

On the issue of a regular joint monitoring of RNTCP by the state and district level Programme and civil society, the group agreed that this has not happened so far and discussed the feasibility of such an exercise.

The overall recommendations of group 1 were:

- Regular interaction and evidence-based sharing to build trust with the state and district programme managers
- Sensitization of NGOs on various schemes and the program itself
- Involving the member of civil society organisations in the Joint Monitoring Missions conducted at CSO for JMM at the state and district levels
- Consistent advocacy by partners for the improvement of services

Members of Group 2 discussed developing an implementation plan for ACSM activities by civil society. Challenges identified by the group while implementing ACSM activities were low case detection and poor case holding. The group identified factors contributing to low case detection as:

- Lack of awareness about TB in the community
- Non-availability of services for diagnostic facilities for extra-pulmonary and new smear-negative cases
- Inaccessible/difficult-to-reach areas
- Dependence on private practitioners
- Lack of faith on government supply of drugs

The strategies discussed were:

- Improving awareness in the community
- Strengthening the existing service delivery system
- Service delivery plan for difficult-to-reach areas

The Group also discussed advocacy, communication and social mobilisation plans:

### **Advocacy**

- State level advocacy meeting of state officials and civil society representatives
- District level meeting of District health officials, Zilla Parishad, RNTCP staff and civil society
- Block level meeting of Primary Health Centre staff, ICDS functionaries, civil society and Panchayat Samiti Chairman
- Advocacy meeting of Self Help groups, Gaon Kalyan Samiti and CBO members
- Advocacy meeting of cured patients to involve them in policy making at different levels

### **Communication**

- Mid-media activities by civil society
- Street plays, wall paintings, Inter Personal Communication, Focus Group Discussion, puppet shows
- Printing of TB messages – leaflets, posters and brochures in local language
- Organising meetings of patients, providers and community representatives
- Exhibitions in difficult-to-reach areas

### **Social Mobilisation**

- Interpersonal communication by AnagnWadi Worker, Accredited Social Health Activist (ASHA) and Auxiliary Nurse Mid-Wife
- One day training of AWW and ASHA on communication skills
- Village-level meetings
- Stakeholders' meeting (SHG, Youth Club, Gaon Kalyan Samiti) on TB

Group 3 discussed the formation of regional networks of all partners and their alignment with the national Partnership. Broad areas covered in the discussion were:

- Role of grassroots NGOs/ business entities in the national level Partnership
- Communication within the Partnership – centre to periphery and vice versa
- Showcasing activities of grassroots NGOs
- Supporting each other

### **Role of NGO**

- Information sharing
- Implementation
- Strengthening the Partnership
- Community mobilisation and empowerment

### **Role of Business Entity**

- Fund resource mobilisation
- Technical support
- Lobbying

### **Communication**

Communication should start at the district level among civil society members/NGOs. District-level issues have to be discussed at the state-level and from there compiled and shared at the regional level. At the regional level, specific groups have to be assigned the work to review consolidated information and share with the national partnership. Feedback from the national level should come to the regional level and subsequently disseminated to the state and district levels. On showcasing activities, group members discussed that they will use the existing publications (newsletter), meetings and media to showcase their activities.

The two-day meeting was concluded with closing remarks from Dr. P. K. Goswami, Senior Advisor at MAMTA Health Institute for Mother and Child. He said:

1. The Programme was looking at the Partnership to reach difficult areas
2. The Partnership gives a lot of learning, lessons and replication opportunities
3. We have to show the results to the various programme divisions
4. Problems are challenges and these can be turned to opportunities.

Mr. D. Ramesh Babu from MAMTA Health Institute for Mother and Child gave a vote of thanks to all participants.

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## ANNEXURE

### List of Participants

Sl.No	Name	Position and Organization	Email ID
1	Dr. Anirudha Kar	Director, Health Services , Government of West Bengal	dhs@wbhealth.gov.in
2	Dr. O. Manihar Singh	State TB Officer& Superintendent State TB Hospital, Manipur	stomn@rntcp.org
3	Dr. Subhamay Dutta Chowdhury	State TB Officer, Government of West Bengal	subhamay_dc@yahoo.com
4	Mr. Basudev Malbishoyi	State IEC Officer, State TB Cell, Govt. of Orissa	b_malbishoyi@rediffmail.com
5	Dr. Kerry Pelzman	Director, Office of Population, Health & Nutrition, USAID	kpelzman@usaid.gov
6	Dr.Sanjay Kapur	Director, HIV & TB, USAID	skapur@usaid.gov
7	Dr. Vijay Edward	Director, Health and HIV/AIDS, World Vision India	Vijay_Edward@wvi.org
8	Ms. Maureen Pearson	Project Director, ACSM Project, World Vision India	Maureen_Pearson@worldvision.ca
9	Dr. Bitra George	Country Director Family Health International (FHI)	bgeorge@fhiindia.org
10	Dr. Silajit Sarkar	WHO-RNTCP Consultant, West Bengal	
11	Dr. Shanta Ghatak	WHO-RNTCP Consultant, West Bengal	drshantaghatak@gmail.com
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14	Dr. P.K.Goswami	MAMTA-HIMC, New delhi	mamta@vsnl.net.in
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18	Dr. Lal Remthanga	CMAI, Presbyterian Hospital, Mizoram	
19	Dr. Jyotsna Mohapatra	SLO, ACSM TB Project, LEPRA Society, Orissa	jyotsna@leprahealthinaction.in
20	Dr. Bandita SenGupta	CARE, India	bsengupta@careindia.org
21	Dr.Subhendur Ray	GLRA- India, West Bengal	subhendur@rediffmail.com
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23	Dr. Dilip kr. Samal	The Medics	themedics@hotmail.com

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28	Mr. Bharat Chandra Sahu	Dhakota Yuvak Sangh	kjr@rediffmail.com
29	Ramamani Behera	ASWASANA, Orissa	
30	Mr. Susanta Balabantaray	PRASTUTI	
31	Dr. Nelen .R. Aind	Emmanuel Hospital Associations, Nav Jivan Hospital, Jharkhand	dr.nelen@yahoo.com
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34	Mr. Subrat Mohanty	Technical Officer, Secretariat of Partnership, The Union, New Delhi	smohanty@theunion.org
35	Ms. Amrita Nayak	Asst. Project Officer, Secretariat of Partnership, The Union, New Delhi	amnayak@theunion.org

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## GROUP WORK PARTICIPANTS

### Group 1

Dr. P.K.Goswami  
Dr. Dillip Samal  
Dr. O. Manihar Sing  
Mr. Siddhajyoti Parija  
Mr. Bharat Sahu  
Dr. Santa Ghatak  
Mr. Verity Longleng  
Dr. Subhendu Ray  
Mr. Manohar

### Group 2

Dr. Jyotsna Mohapatra  
Dr. Bandita Sengupta  
Mr. Ramesh Babu  
Mr. Basudev Malbishoyi  
Dr. Debojit Sarkar  
Dr. Atui Gangmei  
Dr. Lalremthanga

### Group 3

Dr. Abhijeet Sangma  
Ms. Mamta Jacob  
Ms. Ramamani Behera  
Ms. Sharmistha Ray  
Mr. Susanta Balabantaray  
Dr. Nelen,  
Mr. Subrat Mohanty

# Agenda

## Regional Consultative Meeting of Partners

Partnership for Tuberculosis Care and Control in India

6<sup>th</sup> -7<sup>th</sup> August'09

Time	Session	Resource Person
<b>Day 1</b>		
9.30- 9.45	Registration	
	Welcome	Dr.Bandita Sengupta , CARE
9.45- 10.30	Formal Inauguration	Dr. Anirudha Kar, Director of Health Services, Govt. of West Bengal  Dr. Kerry Pelzman, USAID  Dr. Vijay Edward, World Vision India  Mr. Subrat Mohanty, Secretariat of Partnership
10.30- 11.00	Civil Society involvement in TB Care and Control –in the context of ACSM- Facilitated by Dr. Vijay Edward	Ms. Maureen Pearson, Project Director, ACSM, World Vision India
		Mr. Subrat Mohanty ,  Secretariat of Partnership
		Dr. P.K. Goswami, MAMTA
11.10 – 12.00	Need for a support to strengthen the TB Care and Control programme through Partnership – Facilitated by Subrat Mohanty	Dr. Sanjay Kapur, USAID
		Dr. Bitra George, FHI
		Dr. Vijay Edward, World Vision India and Convener NTC
		Dr. Prasun Mitra, GLRA
12.00-12.10	Tea Break	
12.10 – 13.00	Opportunities and challenges for involving partners in TB care and control at state level – Facilitated by Subrat Mohanty	State TB Officers/Representatives

13.00-13.15	Discussion	
13.15-14.00	Lunch break	
14.00-16.00	Partners' experience in implementing ACSM activities	
16.00-16.15	Tea Break	
16.15 – 17.00	Issues for group work- an introduction. Division of team for group work	
<b>Day 2</b>		
09.00 -09.15	Recapitulation of Day 1	Secretariat, Partnership
09.15- 11.15	Group work	
11.15-11.30	Tea break	
11.30- 12.15	Presentation of group work 15 minutes for each group	
12.15-13.00	Next Steps	
13.00	Lunch	

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