

Regional Consultative Meeting of Partners Chennai, 9- 10 July 2009

A two-day Regional Consultative Meeting of Partners was held at the Tuberculosis Research Centre (TRC), Chennai from 9-10 July 2009. The objectives of the meeting were:

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

Partners from the Southern region of the country including NGOs, Corporates, Government representatives from the states of Andhra Pradesh, Karnataka and Tamil Nadu, RNTCP consultants and media representatives participated in the meeting (attendance list annexed). The meeting was inaugurated by the Principal Secretary, Health, Mr. V.K. Subburaj. An overview of civil society partnership, processes and progress till date was presented by Mr. Subrat Mohanty, Technical Officer, Secretariat of the Partnership. He also presented the objectives of the two days meeting.

Mr. Subburaj, in his key note address, focused on three key areas: how to reach people who are yet to be reached by the programme, increasing awareness and effective monitoring. He also emphasised that every partner needs to be involved in this initiative.

Dr. Kumarswami, Director, TRC stressing on the importance of the advocacy, communication and social mobilization (ACSM) reiterated that everyone needs to participate in control of tuberculosis.

Dr. P. C. Bhatnagar, Chair, Partnership Steering Committee said that there is a greater need for the Partners to play an oversight role in the context of ACSM. Dr. Ranganadha Rao, from LEPRO India and the member NGO TB Consortium spoke about the needs and expectations of civil society partners.

Dr. P. Kuganatham, Health Officer, Chennai gave a different perspective to the problem by focusing on TB as an indicator for socio-economic status of the society. He highlighted the issues related to housing specifically in slum areas and how it has tied up with tuberculosis and spread of other communicable diseases. Mr. K.K. Abraham, President, Indian Network for People Living With HIV/AIDS (INP+) said the network could contribute by taking the issue of TB. He said that treatment literacy, treatment adherence and advocacy are the key to the HIV and TB.

The second session was on the involvement of corporate sector. Initiating the session, Dr. E.H. Krisnamurthy, Chairman, CII Health Forum said that the role of corporate is to help in developing a health policy and influence government to impose it. He talked about 4 "A" test – Availability, Accessibility, Affordability and Acceptability in the contexts of health services to the community. Dr. Sahloo Puri, World Economic Forum and Head, India Business Alliance said TB is seen as a work place issue and ACSM is the beginning. She spoke about the involvement of corporates to address the issue of TB. Dr. Suresh Sankar, Sundaram Health Foundation presented the areas where mutual collaboration can take place in corporate settings.

Session three was on involvement of media in TB Care and Control. Ms. Ramya Kanan, Deputy Editor, The Hindu, presented the basics one should know about reporting health news. This was further elaborated with examples by Dr. Jaya Sridhar, Internews. Ms. Sunita Prasad, from Lilly-MDR TB Partnership presented the support provided by the foundation in different areas for TB control. She talked about collaboration with REACH, Tamil Nadu for a media campaign on TB.

The last session was presentations from the state representatives - Dr. Anasua, TNSACS on HIV and TB coordination, RNTCP consultants from Tamil Nadu, IEC officer from Andhra Pradesh and representatives from State TB Department, Karnataka. The speakers presented the TB scenario in their states and different activities undertaken by the states to involve civil societies.

Dr. Vineet Bhatia, Consultant structured the entire discussion and brought forward three important areas for group work. The topics were:

- Partnerships of RNTCP with NGOs/Civil society at the state & district level
- Develop implementation plan for ACSM activities by civil society
- Formation of a regional network of all partners and its alignment with national level Partnership

Second day of the meeting was commenced with a brief recapitulation of the Day 1. Participants were divided into three groups and discussed on specific areas given to the group. Each group presented their discussion points in the plenary. Following is the summary of topics discussed and based on presentations made by the three groups:

Group 1 discussed partnerships of RNTCP with NGOs/Civil society at the state & district level. The areas covered by the group were:

- Participation in new RNTCP schemes at 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

- Procedural delays
- Apathy from the Govt officials on the need for ACSM activities
- Financial incentives are not attractive
- Sidelining of smaller NGOs
- Inadequate awareness of NGO schemes

From the RNTCP point of view it was felt that the greatest challenge is working with smaller relatively 'unknown' NGOs and verifying credibility.

The group felt that there is a need recognize CSOs contribution to RNTCP. This could be done by accrediting / certifying the efforts of NGOs periodically

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 feasibility of such an exercise. However the group members felt that this would be a learning exercise for both partners.

The overall recommendations of group 1 were:

- Sensitization of NGOs on various schemes and the program itself.
- Involving the member of CSO for JMM at state and district level
- NGOs working for RNTCP and HIV programs should make efforts to work together for both programmes and learn from health care delivery models.

Members of Group 2 discussed development of an implementation plan for ACSM activities by civil society. The areas covered were

- Structure of an ACSM plan that works on ground and monitoring of such a plan
- Involving various stake holders, specifically media
- Creating and replicating models
- Demonstrating complementarities to RNTCP efforts

Various challenges identified by the group 2 were

- Absence of baseline data for ACSM activities
- For media TB is not a glamorous issue
- Civil societies are not able to understand why the media is not interested in the news coverage for TB
- Non availability of RNTCP data to media

Recommendations of the group were

- Identify and list various Communities (CBOs), PRI, SHGs, pharmacists/ Youth Groups like N.C.C. / NSS/ PMPs, PLHIV networks, and other groups
- Do a base line survey (needs analysis by KAP survey , FGDs, etc)
- Get the protocols cleared from distt and state administration
- Capacity building in A,C,S,M before the intervention for the partners and stake holders
- Involving stake holders through media (consultation meetings, word or mouth,)
- Identification of the volunteers to work at grass root level
- Monitoring the programme can be done by implementing stake holders and media too
- Press conferences
- Policy change (Partnership may recommend the Ministry of Information and Broad casting to make a recommendation to print media that they have to allot a slot in newspaper in district level and national level for TB related issues
- Document best practices
- Create a skills bank
- Patient charters
- Continuing Skills Development in ACSM
- Ensure that all the ACSM activities resonate with the communication priorities of RNTCP
- Monitor and document level of involvement in 12 NGO schemes

Group 3 discussed formation of regional network of all partners and its alignment with national level Partnership. Broad areas covered under the discussion were:

- Is there a wall/ compartment between NGO, Medical Colleges and corporate sector that prevents creating an all inclusive network
- Role of grassroots NGOs/ business entities in national level Partnership
- Communication within partnership - centre to periphery and vice versa
- Showcasing activities of grassroots NGOs / business entities
- Supporting each other

Recommendations of the group were:

- More corporate to be involved in the Partnership
- Mapping of corporate sector presence and interest needs to be noted. The profile of the Corporate should be collected and attempt to match with the organizational (NGO) needs
- Partnership Goals and Objectives should be promoted
- Recognition should be given to the corporate sector contribution
- Brand building for the partnership
- Showcase the success stories, case studies
- Partnership should play a facilitative role of breaking the wall between the Corporate and the NGO, Government, Local bodies

Role of grassroots NGO/Business entities national level partnership

- To be the implementing arm at the grass root level (TB, TB-HIV co infection)
- Increase the visibility of the Partnership
- Collecting the data and the sharing the data
- Creating awareness among the public through the media, conferences, etc.,
- Complementing and supporting each other
- Motivating the local NGOs to work with the Partnership
- Mapping the NGOs which are working in the district levels and shares the information with the Partnership.(Secretariat)
- Quarterly Meeting could be arranged by the NGOs and inviting the members from the partnership (regular meeting)
- Communication should be shared both ends regarding the development in the TB world.
- Identify focal points within the Partners to facilitate the communication

Dr. Vijay Edward, Director, WVI gave a presentation on sustained engagement of Partners-opportunities and challenges. The two days meeting was concluded with a closing remark of Dr. P. R. Narayann, former Director, TRC by saying that “Good Partnership never go waste, we have to believe in the coalition”. He stressed the importance of documentation of evidence and showcasing with data and information.

Annexure I
Group work participants

Group 1

Dr. Raja S
Mr. Vivek Dharmaraj
Dr. Prabhavathy
Mr. Jitendra
Dr. Ramya
Dr. Bhakthavatsalam
Dr. Anees
Ms. Amrita

Group 2

Dr. Vijay Edward
Mr. Elango
Mrs. Jaya Sridharan
Ms. Nalini
Mr. Venkatesh
Ms. Annie
Ms. Shila
Dr. Tilak Chauhan
Dr. Satish Babu

Group 3

Dr. Nalini Krishhnan,
Mr. Subrat
Dr. Ann Motupalli
Ms. Sunita Prasad
Ms. Jovitta
Dr. Shaloo Puri Kamble
Dr P.T. Mohanadoss