



News & Events 2-5

- Civil Society National Consultation Meeting - Empowering Community
- Tuberculosis Activists Trained
- Regional Consultative Meetings - Northern and Western Region
- Best Practices to Treat One of the World's Oldest and Deadliest Diseases

Case Study 6

- Ailing women in a fix

Success Story 7

- The Path of True Service
- Axshya Samvad - an innovative way of tracing TB Defaulters

Vision & Mission 8

- India free of TB

PTCC Partners - Nationwide 8

- 21 States/185 partners

FROM OUR DESK

Greetings Everyone!

Welcome to Partners Speak!

In this issue we will display myriad activities of Partnership for TB Care and Control. Speaking of strength our partnership family has grown to 185 members. In this issue we will share with you the recommendations of our partners from the regional consultative meetings held in the past few years. PTCC also has raised concerns with the PRs about the split for Government and civil society funding in the proportion of 10/90 which we feel will not be adequate to implement the interventions planned in the New Funding proposal of Global Fund.

Please join us in welcoming our staff and they can be reached at the following email ids.

- Mr. Vinay Garg, Finance Manager (financemanagerptcc@gmail.com)
- Mr. Ravinder Kumar, Admin & Finance Assistant (afaptcc@gmail.com)

Partners Speak is a resource and forum for partners. We invite you to continue to contribute your stories to the newsletter. We want to hear not only your thoughts and stories on the issue of TB but also send us data about TB in your area, the problems encountered and how you surmounted them.

Enjoy reading and we look forward to your future contribution to the newsletter.

Welcome to our New Partners

- Servants of Mary Immaculate, Tamil Nadu
- FARZ, Jharkhand
- Socio Economic Welfare Association, Jharkhand
- Balajee Sewa Sansthan, Uttarakhand
- National Welfare Gramodyog Sansthan, Uttar Pradesh
- Peoples' Action for Hilly Area Development, Odisha
- Jai Maa Gramin Bal Vikash Samiti, Uttar Pradesh

News & Events

Civil Society National Consultation Meeting - Empowering Community

The Partnership for TB Care and Control (PTCC) organized a civil society consultation on July 16, 2014 at New Delhi, as part of the ongoing country dialogue on the proposal outlined in the final concept note submitted by two PRs, i.e. The Union and World Vision India to the Global Fund.

In order to ensure wider and more inclusive representation from different geographical and varied stakeholder groups, State level consultative meetings were convened by the State Focal Points of PTCC prior to the National Consultation meeting. State level consultation called for members from different communities and conducted focus group discussions to highlight the major challenges and barriers in TB care and control.



It was recommended that addressing gender and human rights need to be clearly highlighted and linked to the interventions. The Community Systems Strengthening (CSS) component needs to be clearly articulated in line with the Global Fund's framework. Recommendations were submitted with proposed strategies and resources available.

Partnership for TB Care and Control hope that this is a first step in the much needed civil society action for TB and that we will see a momentum in the days to come to bring attention to very serious challenges we are facing.

Recommendations:

- Innovations such as delivery of services through mobile vans etc. to be prioritized and included.
- Work towards convergence with other implementers such as for example, an MOU with Indian Medical Association (IMA project) interventions for HIV with previous Global Fund recipients, tobacco with The Union and diabetes TB co morbidity with the Central TB Division and other stakeholders.
- A clearly articulated plan for involving stakeholders in community monitoring on a regular basis which would need capacity building and training.
- Shift focus and resources to high impact interventions
- Engaging with the labourers once a year is a low impact intervention. Recommend to explore ways to effectively engage with contractors, employers of the labourers and the migrant workers unions and support groups.
- Recommend that CSS framework of Global Fund should be referred to for planning CSS interventions
- Incentives for patients to promote adherence be included

- ICT should be user friendly
- Family DOTS to be implemented
- Counselling services for drug sensitive TB patients to be included
- Axshya Mitras to be linked to private providers
- To place Axshya Mitras at the facility level to assist referred patients
- Pharmacies to be included in all urban sites
- Xpert testing to be offered to all patients in high MDR TB settings
- To focus on reducing the time delay between diagnosis and treatment for DR-TB
- To support the formation of State level networks
- To build capacity of PTCC to participate in community monitoring and build a strong advocacy platform
- District TB forums should be organized and strengthened through capacity building trainings and networking with each other
- Formalizing the forums through registrations and through formation of SHGs for financial sustainability of these forums needs to be explored.
- Representatives from forum to be included in community monitoring
- Training of additional NGOs needs to be critically reviewed as less than 10% have only submitted for the schemes and possibly less have obtained the schemes To focus on advocacy with RNTCP for signing the schemes
- RHCPs to be provided with performance based incentives
- Proportion of engagement of RHCPs needs to be higher
- Framework to be developed for direct engagement of these volunteers to ensure that they receive compensation directly from the project
- Role of Axshya Mitras in contact tracing needs to be elaborated.

Tuberculosis Activists Trained

Over 30 tuberculosis (TB) advocates gathered at the University of Chicago's Delhi Center on September 4th-6th 2014. Hailing from across India, the advocates assembled for a Training of TB Advocates hosted by the Partnership for TB Care and Control (PTCC) in collaboration with Project Axshya, the University of Chicago Law School, and Harvard Medical School.



The activists, many of whom work closely with TB patients or have taken TB treatment themselves, shared their experiences and came together to build advocacy skills to push for more robust TB policies. The training included case studies discussing best practices to tackle three key neglected areas of the TB response: multi-drug resistant TB (MDR-TB), paediatric TB, and HIV-TB co-infection. In addition,



participants also learned how to engage civil society in TB advocacy using tools such as legislative lobbying and grassroots organizing.

Returning to their home states, the groups will use these new skills to launch their own local campaigns to foster political will for more robust, ambitious TB policies at the state and national level.

Regional Consultative Meetings - Northern and Western Region

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 of Partners was held on August 7-8, 2014 at New Delhi and on September 1-2, 2014 at Kolkata.

The sessions were specifically designed to elicit high levels of participation from the group, with several methods used by facilitators and presenters including PowerPoint presentations, break out group sessions followed by brief presentations and group discussions. Several priorities for the future were discussed including the need to urgently engage more village DOTS providers and peer educators and providing capacity building training to increase their capacity for field interventions; periodical meetings with village DOTS providers and giving them proper feed backs on different aspects of TB Care Services; tracking and monitoring to strengthen the supplementary Nutrition programme provided by the Government; Organizing periodical sensitization meetings at different level and Media sensitization workshops.

Dr. Abhijeet Sangma, Treasurer of PTCC advised the participants that consideration must be the first step in their learning how to use their own resources to solve problems and improve life of the TB patient. Engaging Government officials in planning and carrying out an assessment helps to ensure that they will take the effort seriously and work to make it successful. It was suggested to report to the community on our work and seek their inputs through social interactions that results in group capacity to address health problems more efficiently and effectively.



Release of PTCC Partners Directory

It includes basic information on each partner, their competencies in the field on TB care and control and related issues, areas of operation and contact information.

Best Practices to Treat One of the World's Oldest and Deadliest Diseases

The Lilly MDR-TB Partnership -- a public-private initiative of 14 organizations focused on stopping the spread of MDR-TB and ultimately conquering the disease, organised MDR TB Partnership Symposia on September 22, 2014 at Hotel Shangri La, New Delhi jointly with Partnership for TB Care and Control.

The Symposium focused on sharing best practices and insights about the public-private initiatives. Chairmen/Heads/Incharges/Coordinators of various professional organizations, hospital associations, and pharmacy associations, national and international NGOs involved in TB Service Delivery were the participants of the meeting.



Dr. Evan Lee, Vice President of Eli Lilly and Company announced the release of an advocacy document "Champions of Creating Change" with the information on tapping the resource pool of 75, 000 community pharmacists across the four states of Maharashtra, West Bengal, Andhra Pradesh and Tamil Nadu and involving them into the National TB Control Programme as active partners, the project findings, approaches, state experiences, key messages from specialist expertise and recommendations.

Information about The Lilly MDR-TB Partnership is available at www.lillymdr-tb.com.

Case Study

Ailing women in a fix

A young woman in Ganjam district in Odisha was admitted to Medical College and Hospital in critical condition. She was ditched by her family members including her husband, parents and in-laws.

According to the woman she got married 2years ago against the wish of her family members. After she was diagnosed TB she was admitted to a hospital and she started taking medicines.

However she discontinued the medicines as they were leading to vomiting.

A disagreement ensued between the couple and later developed into frequent quarrels. Following this her husband did not bother about her treatment and gave her divorce.

The woman left home and went to Chennai to earn money for her treatment. However her condition became critical and she decided to return to her village. As she reached the railways station, she started feeling unwell and finding it difficult to walk. Volunteers of Progress, an NGO in Berhampur working for the welfare of the TB patients took her to nearby hospital. When her family members were informed about her health they refused to come to help. Her parents said that they considered their daughter dead from the day she left home to marry against their wishes. Progress helped the patient and reported the matter in all the leading newspapers in Odisha.

To conclude, we need to supplement our efforts in Advocacy, Communication and



Social Mobilization for reducing the stigma problem among TB patients which will pay dividends towards effective TB control and to achieve millennium development goal.

Submitted by: PROGRESS

Success Story

The Path of True Service

Dr. Ramnandan Prasad a RHCP has been practicing in his native village- "KURTHA" under block Hilsa in District Nalanda in Bihar. He has been struggling to improve the environmental health of the community. In November 2010 he was nominated as Axshya Mitra under Project Axshya. After his training he was determined to improve his practices in his clinic.



He started to work with Lok Sevashram Chiksaura as a community mobiliser and did sputum transportation to the nearest DMC. In 2012 he was appointed as DOT provider and his clinic was designated as Sputum Collection Centre. Till now 17 TB Patients has been declared cure and 3 patients are taking medicine in DOT Centre under his supervision.



He has been awarded with Trophy by District TB Officer from Nalanda in March 2014 for his performance and dedication. Dr. Ramnandan Prasad is a part of TB forum member at Nalanda and he is not only a health worker but a successful social worker. He has been given a lot of respect because of this hard work.

*Submitted by:
Lok Sevashram Chiksaura*

Axshya Samvad - an innovative way of tracing TB Defaulters

A door to door campaign called Axshya Samvad was organised in Garreha Village of Madhya Pradesh to converse with each person individually and make him/her aware about TB. Mr. Kanchhedu Lal Barman, male, 45yrs was found suspicious during the visit with frequent cough & cold and blood in spit since last 6 years.

He was referred to the nearest DMC centre for sputum examination. He did not reached the DMC for check up. HPORC and CBCI Card traced him and brought him back to health centre to resume his treatment. He revealed



that he had a bitter experience when he underwent TB treatment in a nearby Government Hospital few years back and therefore prefers to take medicine from a private practitioner.

HPORC's director introduced him to Mr. Burman the local RHCP Dr. Babele. Dr. Babele approached the patient and was able to convince him to redo the sputum examination and continue the DOTS treatment this time and that he would personally see to his health situations. After a lot of convincing Mr. Kanchhedu agreed under the condition that he would not go to Patan as he had a lot of issues there and hence Dr. Babele took his sputum sample and got it tested at Kotwali DMC Lab. He was found 3+ Positive and was put on CAT II treatment. His health is slowly and steadily improving.

The support has transformed Mr. Burman because until then he had been taking medicine from private practitioner and his health was deteriorating day by day.

Submitted by: HPORC

Vision & Mission

Vision: India free of TB

Mission:

- Lead advocacy efforts for the rights of every individual affected by TB
- Facilitate universal access to quality services of TB care and control
- Engage all sectors and all sections of population

PTCC Partners - Nationwide

21 States/185 partners



States	Partners
Andaman & Nicobar	1
Andhra Pradesh	11
Assam	3
Bihar	12
Delhi	28
Goa	1
Haryana	4
Jharkhand	4
Karnataka	3
Kerala	1
Madhya Pradesh	17
Maharashtra	12
Meghalaya	1
Odisha	14
Punjab	4
Rajasthan	1
Tamil Nadu	34
Tripura	1
Uttar Pradesh	21
Uttarakhand	9
West Bengal	3
TOTAL	185

Disclaimer: The information and views expressed in the newsletter is of the authors only. Partnership for TB Care and Control does not take responsibility for any of the views expressed here.

We would like to thank all our partners for sharing their stories, information and news.

Printed and published by Partnership for TB Care and Control, India

For more information contact us at:
Partnership for TB Care and Control (PTCC)
Plot No-2, A-3, Local Shopping Centre, Janakpuri,
New Delhi- 110058, India
Email: projectcoordinatorptcc@gmail.com, afaptcc@gmail.com
www.tbpartnershipindia.org