

Service Delivery	Challenges	Recommendation	Action by Civil Society	VOTE
Basic Dots	<p>1. To reach certain population group with TB information and services i.e. hard to reach areas, natural disasters prone area, migratory population, HIV high risk groups, street dwellers, urban slums, tribal population etc.</p>	<p>Identify and reach underserved populations through focused Communication and Social Mobilization initiatives.</p> <p>Innovate to facilitate the 'underserved' can serve themselves through social mobilisation that empowers cured patients to become local TB community organisers.(WCC)</p> <p>Identify and engage people from the target group that have been through TB treatment and provide them the resources they require to reach their communities(WCC)</p> <p>Review of language used - words impact on stigma which impacts in turn on adherence.</p>	<p>Identify and strategizing appropriate interventions for TB care and control within the high risk groups with support from RNTCP NGO schemes.</p> <p>Identify and engage people from the target group that have been through TB treatment and provide them the resources they require to reach their communities.(WCC)</p> <p>Train and employ cured TB patients, and study this as operational research(WCC)</p>	<p>A (3/5) B (2/5)</p>

	2. Defaulters among the migrant or people without permanent addresses still remains a major challenge.	<p>Recognise that 'default' is indicative of programmatic weaknesses and adapt programme to the needs of the patients that has difficulties in adherence.</p> <p>Retrieval of defaulters by linking with other departments i.e. social welfare, missionaries of charity, etc to incorporate TB efforts into their work plan.</p> <p>Engage cured patients to seek out and 'accompany' peers with treatment challenges. (WCC)</p>	<p>Engage cured patients to seek out and 'accompany' peers with treatment challenges(WCC)</p> <p>Catalysing the multisectoral linkages.</p>	A (3/5) B(2/5)
	3. Sputum collection and transportation in hard to reach areas e.g. hilly areas, remote, non motor able, conflict areas, etc.	Revision of NGO schemes pertaining to sputum collection and transportation to tailor made for such areas.	Assist the program to revise the scheme for such areas and motivate CSOs to take up the schemes.	A (5/5)
TB/HIV	4. Active case finding through contact tracing is not yet established.	Contact tracing should be built in the existing programme.	NGOs can take up such schemes to increase case finding.	A (5/5)
	5. Low level of TB awareness and education in PLHIV networks.	Coordination with national, state and district level PLHIV networks for imparting TB training and education and enhancing their participation in the TB/HIV collaboration.	Partnership establish and support the creation of a task force of PLHIV/TB to develop / build a system for this coordination.	A(3/5) B (2/5)

	<p>6. Lack of involvement of existing HIV- TI (Targeted intervention) implementing NGOs of NACP in the TB program resulting in low level TB case detection in HIV high risk groups.</p>	<p>Coordination with NACO and SACS to facilitate TB training of the TI implementing NGOs that can further improve TB case detection among HIV high risk groups</p>	<p>Facilitate the coordination and assist the TI implementing NGOs to adopt the NGO schemes of RNTCP.</p>	<p>A(3/5) B (2/5)</p>
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