Basic information	**Blossom** **Mrs. T. Mercy Annapoorni, Director** **Cell: 9750956860**	**MAMTA health Institute for Mother and Child, New Delhi** **Mr. Ramesh Babu & Mr. Apam Woleng**	**REACH, NGO** No9/5 State Bank Street, Mount Road,Chennai-600 002 Phone: 28610332
Is your organization currently involved or was involved in the last 3 - 5 years with the ACSM component of RNTCP? (tick the appropriate)	• SR /SSR of RCC TB Project • TB/HIV (please elaborate) Others (please specify) CEPT –Campaign for Education and Prevention of TB (funded by TARGET TB. U. K	• SR of 'Round 9 TB Project • SR of ACSM TB Project of USAID • TB/HIV (please elaborate) • SR of WHO STOP TB Project in UP state (2005 -07)	• SR/SSR of 'going-to-be-launched' Round 9 TB Project • TB Project of USAID
At what level your organization is/was working in ACSM program (tick the appropriate)	• District	• State • District • Sub-district	• District • Sub district
Who are/were the key stakeholders and beneficiaries of your ACSM project	• Key stakeholders: TB patients, DOTS monitors, Health workers, RNTCP staff, • Beneficiaries: General public, TB patients, DOTS monitors,Health workers, Government officials and NGO staff.	• -Govt health departments related to TB, Community Support Groups, SHG, Youth Groups, • -PRI members, Community leaders, religious leaders, Educational institutions, Key grass root Health functionaries, • -Govt department – TB department at District and Block level • Beneficiaries: -TB Patients and their family members	• -Key stakeholders: State and TB Personal, Panchayat Leaders, Leaders and Asst Leaders of Community Support Groups, NGO Organizations, Volunteers, • - Beneficiaries: General Community people, State and TB Personal, Patients,

			Beneficiaries of NGO's
Specific questions in ACSM programs *Enlist the key activities already performed or being performed by your organization in the respective areas of ACSM*			
Advocacy	- Formation of TB Association with TB patients & cured patients For Advocacy. - Formed a State level Women NGO' Network for addressing TB - -	- One to one meeting with DTO/STOs - Media advocacy - Capacity building of NGOs on advocacy skills - Participation in RNTCP review Meeting at District and State - Advocacy workshop with govt officials Field visit by Govt officials – DTO/STLS	Regular Meetings with RNTCP teams at District level about participation of community in TB control. Meetings with NRHM Director. Meetings with State TB Officer Facilitating meetings with CSG's and Volunteers at the District TB Headquarters.
Communication	- Edu clowns"- Innovative Theatre Campaign - Live telecast programme in Cable TV Channels - Sensitisation Meetings to various stakeholders - Printed and Distributed IEC materials -Trainings to health care service providers	- IEC activities through street play - Wall writing - Write ups on TB in local press/media - IEC/awareness activities at school, local haat/mela etc - Observation of special events - One to one meeting with patients and family members using IPC tools - Meeting with Support group through IEC activities - One to one meeting with PRI, VHSC and community leaders - Orientation of local folk media groups on TB - Capacity building of cured patients for greater involvement in TB control	- Contact over phone or direct visits with Community Support Members in 3 districts. - Conducted many community level programs for general public using different modes like TB Talk using flip chart, Film Show, TB Songs, Sharing real life stories of patients, for target groups like paramedical students, college students, NGO staff and beneficiaries, Self Help Groups, Workers, Teachers etc Bus backs advertisement in the 3 districts -Distributed coupon

		activities	booklets, flip charts, pamphlets to the community through programs. - Awareness Programs for TB patients with special focus on stigma and regular treatment.
Social Mobilization	-Organised around 3000 Unpaid volunteers for TB works - TB association - Mobilising the 'Traditional healers 'and Spinning Mill workers for joint actions	- Formation of District and block TB forum - Formation of Support group - Capacity building of DOTs providers including support group members - Meeting with GKS - Identification and mobilization of community volunteers for referral of TB suspects. - Formation of school TB club	-Mobilized 54 Community Support groups and 274 volunteers to participate for TB control activities. - CSG members were made to communicate messages on TB during World TB Day. - CSG members to refer cases to the nearest PHC - Some of the members act as DOT Providers too. -
Explain any synergistic links between your current/past ACSM projects related activities with the RNTCP ACSM programme? (for ex: linking RNTCP institutional capacity building efforts, production/utilization of IPC materials etc)	➢ Conducted joint actions in enacting Edu-clowns' Theatre Performances at the field level on RNTCP ➢ Mobilised Rural Volunteers for RNTCP programmes implemented by them. They trained our volunteers and we monitored volunteers' performance. ➢ Distributing IEC (RNTCP IEC and Blossom printed IEC)	Yes, there are synergetic links. For instance capacity building activities for Health staffs, involvement of affected and infected members, Awareness programs. Activities which are not carried out under ACSM are covered mostly by the GF R9.	The State TB Office has utilized the prototype of actor Suriya developed by REACH REACH is contributing 500 patients to access the RNTCP services through the PPM initiative of REACH. Besides this several patients are referred directly to RNTCP services at the TB units in Chennai District. The World TB Day 2010 saw 5 NGOs including REACH participate with the State TB Office to organize a TB rally and a public function.

Are your current/planned ACSM project activities addressing/or intending to address RNTCP strategic priorities as stated in your response 2 above (if yes, explain how)?	. We have planned to enroll ourselves in all the ACSM activities of the District TB Society. We have applied formally to implement the Scheme I & II under RNCTP Projects. Since we are implementing CEPT Project with the support of TARGET TB, UK, all our programmes are done in line with the RNTCP and/ or to enhance the RNTCP programmes.	- Under the GF R9 Community system strengthening activities have been incorporated within the ambit of health system strengthening. - Capacity building of district and state programme team is also incorporated in the GF R9 workplan under capacity building of health staffs. However, this needs to be extended to include strengthening of project management team like STO/DTO, MO TC, STS at the state and district level. - The structure of RNTCP remains the same as before and there is no intention as of now to create a position for ACSM Officer/ACSM nodal officer/ACSM sub group within the existing RNTCP structure. - TB/HIV collaborative activities has been included in the GF R9. However, in some states, appointment for the position of State TB-HIV coordinator is not done yet. Under GF R9 there are enormous activities for the civil society partnership/CBO involvement through their capacity building.	Yes, all ACSM activities are planned in discussion with the Ditstrict TB Officers to concentrate on TB units with low case detection, high default rate etc. All ACSM activities are concentrated in these areas.
Based on your organizational experiences/and or observations, what are the key '**Challenges/obstacles'** affecting implementation of ACSM activities at state, district and sub-district levels? (respond in not more than 5 bullets)	Illiteracy still continues to be a challenge in reaching the unreached people in Tamilnadu. - Non co-operation and lethargic attitude of the District TB Societies and health officials - Lack of Awareness and Knowledge on TB and the available support services in the government - Paucity of funds for ACSM	- Lack of awareness on DOTs - Lack of basic infrastructure including man power specially in cut off and hard to reach hilly/tribal belt. - Lukewarm involvement of DTOs and frequent transfer of DTOs/ The funds are not properly utilized by the DTOs, in few districts Ex. Rajasthan state review only 30% of the fund had been	- Involvement of the DTO and the RNTCP team as partners – -PHC staff are not under the preview of the DTO. Hence NRHM involvement is important for Tamil Nadu - Reporting of Referrals (system to focus and capture information on the

	activities	utilized by them. - Non- payment of DOTs providers incentives, lead to lack of interest from the community to part of the program. - Lack of sustained capacity building programme for DOTs providers (there is no follow up training at the district level after training) No active involvement of local NGOs in RNTCP through NGO scheme (lack awareness and govt. machinery not very interested to involve NGOs in TB programme)	referrals) - Organizing and Monitoring of events at field
Enlist any other challenges you have observed in the TB program of your district/state where your organization is not directly involved with(respond in not more than 5 bullets)	1. Not very many NGO's are working in the field of Tuberculosis in our district and in Tamil nadu 2. There is no Networking and Participatory efforts between Government and NGO's 3. Less knowledge and capacity for NGO's in TB 4. Leiz- fair attitude among the government TB officials 5. There is no public-private partnerships for addressing TB and no projects to implement apart from RNTCP (which is also silent)	- Review of TB programme at the district and state is not given due priority - There is a need to strengthen supervision and monitoring by the STDC and DTC on performance against planned activities in low performing districts - Manpower shortage – like lab technicians, STS is a huge challenge to implement TB programme. - There is a need to create an enabling environment to promote participation of NGOs/ CBOs in TB control under government - At the district level more efforts needs to be seen to link with medical institutions, private practitioners In many districts the post of DTO is not full time, as he/she is engaged in other health programmes too. Due to this sufficient time could not be allotted to planning, monitoring /review etc. TB Programme	- Inadequate staff in RNTCP at district level - One LT managing two or three Microscopy centers.
Are State specific ACSM strategic plans and district level ACSM	➢ If available, are they addressing the ACSM needs of the	➢ *If available, are they addressing the ACSM needs of the state/district*	➢ If available, are they addressing

plans available? Yes/No	state/district (explain how?) Scheme No. 1 of the RNTCP programme includes ACSM activities. But it is not in vogue. Inorder to apply for this year 2010-2011, we had requested but no response from the District Society. We are planning to approach the State TB Society. Round-9 project agencies REACH and CHAI are taking efforts to materialize it. ➢	*(explain how?)* *Yes there is ACSM strategic plans at the district (not all). However, the district and state planners are not properly oriented on the importance on the role of ACSM in TB control. They are limited to developing more IEC materials/activities through community /NGO support. In many districts, there is no involvement of NGOs (working in TB programme) in developing, designing, ACSM plans. Hence, there is gap.*	the ACSM needs of the state/district (explain how?) ➢ If No, would you suggest such planning is essential (explain why?) So far, we are not involved in this ACSM strategic planning at district level. As this is to be done by the RNTCP team, our experience suggests that the STS, STLS, MO have to be trained in organizing and conducting awareness programs. It's important to have some planning on these skills.
Enlist the materials adapted/developed by your organization to facilitate the ACSM activities	Training modules for Health Care Service Providers Advocacy tools - Posters by TB Cured Patients Live-Telecast Shows in TV Satellite Channels Communication materials: - Basic information on TB (Brochure) - Medical covers with information of TB, distributed at the Medical shops - Hand kerchiefs, Key chains with World TB Day Slogans - IEC materials about RNTCP	Training modules Advocacy tools - Basic advocacy tools developed my MAMTA was shared/used during the advocacy training for NGO heads Communication materials - Available RNTCP materials on TB were adapted to suit local setting. Other materials include IEC banners, pamphlets, leaflets, handouts etc. Others (please specify)	Training modules- Sputum Facilitation and Default Retrieval, Advocacy tools- Questionnaire to assess the RNTCP services at PHC Communication materials- Flip Chart on TB, Coupon booklet, NGO reporting Format, Poster, Pamphlets, Others (please specify)- Kiosks, Bus Back advertisement

	and DOTS - Posters Social Mobilisation - "EDU-CLOWNS' People's Theatre Campaign - Children's Theatre- Learning by doing - Campaign BOOTH on TB/DOTS - Others (please specify)		
Enlist the formal training received by your project staffs in ACSM	Name of the Training Trainers/Institutes - "Master TOT Training on Barriers in ACSM Activities" organized by PATH/USAID in Mumbai – attended by Mrs. T. Mercy Annapoorni - "Raising the profile of Partners in TB Control, Efforts and how to Lobby and influence Key TB Decision Makers at National Level & ACSM" – by Dr. Bobby John, Global Health Advocates, Organised by TARGET TB, U.K. (attended by T. Mercy Annapoorni and Ms. J. Reeta,)	Name of the Training Trainers/Institutes - Regional M&E training (2009) The Union - ACSM workshop on Cough to cure – A pathway to ideal behavior (2010) PATH - GFR-9 M&E workshop (2009) The Union - GFR-9 Financial Management training (2010) The Union	Name of the Training Trainers/Institutes India ACSM Project for TB –Staff Technical Training 23rd-26th Feb 2009 The Union
What key lessons your organization has learnt in the ACSM program	1. Blossom is already involved in ACSM activities, we need to strengthen and develop it further. 2. We need to build partnerships with public and private sectors to realize	- Many officials at state and district fails to act on issues because of lack of leadership quality. Building up managerial capacities district and state official is crucial in order to act on the issues and deliver. - Transparency (sharing of	The community people are willing to work for TB control and women are more eager to participate in such ventures. - A good referral pattern needs to be developed by the

	ACSM goals 3. Build up advocacy efforts at the district and state level by developing appropriate tools Networking with NGO colleagues, build capacities, raise funds and address ACSM in a professional way	reports/good practices, evidence etc) in executing activities is important in building positive coordination and mutual trust & understanding among the stakeholders. - Involvement of community has been one of the greatest learning. Community once sensitized, are willing to contribute for TB control. However, there are many schemes (e.g Incentives) which exists only on paper and not in actual implementation. This demotivates community involvement.	RNTCP. - Involvement of NGO's /CBO's need to be involved as they can spread the messages.
Do you have any promising practice in your ACSM program? Why are you saying it promising practice?	# EDU- CLOWNS CAMPAIGN – Innovative Mid-Media Programme This ACSM Tool is being used effectively among all stakeholders at various levels i.e. starting from the grass root level to the top decision makers level. It is not just a performance. The programme gives no result but evolves the decision from the audience through a group media session. Please see the website: www.educlowns.com. # Live-Telecast Performance in the Cable TV Networks This is a unique Interactive and Participatory method of addressing the issue of TB/DOTS, with the TV viewers and the public can directly talk, clarify doubts with the TV personalities (including Medical Doctors, TB Experts) and approach	Brief description of promising practice/s in ACSM program: - Community mobilization for TB control through local group has been a prime focus. After involving about 35 SHG groups, a total of 14 support groups are actively supporting in TB suspect referral and awareness. Today, out of the 14 Support group, in Khagaria dist, 4 SHG leaders are working as DOTs providers in Alauli block after receiving training from the DTC. This is a good practice because this can be replicated by simply adopting the practice of identifying the group, training them through involvement of DTOs. This is particularly necessary in areas where terrains are hilly, hard to reach and DOTs providers as scarce, Also, this has contributed to Improvement in facilitating and initiating early diagnosis and treatment as envisaged under RNTCP and ensured community	Brief description of promising practice/s in ACSM program: **Market Place Advocacy:** was promising as more number of villages was covered with the messages. There was participation by the local CSG group members. If we could get a mobile laboratory for testing sputum samples and reach out for a specified period to the same market audience we could get people to relate a cough of more than 2 weeks to TB and also link sputum positive patients to their nearest PHC. **Educational Activity:** Enlisting the help of student groups in colleges was promising because apart from training the

	the support services. As the Television reach is wide and quick, we reach thousands of the unreached people with TB messages.	participation in TB control by empowering them.	NSS students, the students had the opportunity of organizing a program in their nearby village and they were able to communicate on TB, which would have definitely had more impact on retaining the TB message for life. **Community Support Groups:** The Community was able to understand the TB message and contribute to case referral. This was something extraordinary and shows the concern people have for their society.
What in your opinion are the key '**Strategic priorities'** for enhancing ACSM component of the RNTCP programme over the coming 5 years? (respond in not more than 5 bullets)	Government TB sector should Tie-up with Private and Corporate Sectors, NGO's and other service organizations and strengthen Networking to combat TB as a joint effort. Advocacy at all levels Prioritize funding for TB efforts by all donor agencies and the Government Put effective and efficient use of MEDIA	* Not in order of priority - The talk of improving case detection, treatment adherence will yield no result unless the health system response (including human resource) to the TB at the PHC, peripheral areas are strengthened and made accessible. This should receive highest priority specially in states like UP, Bihar - Improving the capacity of State and District managers on ACSM Planning, M&E and coordination among Govt and NGO/civil society members. There is a need to generate more evidence based best practices through ACSM intervention to improve policy and implementation level change in our current RNTCP programme - There is a need for having a	Involvement of NGO's/ CBO's / to spread the information on TB at ground levels. Enhancing soft skills of RNTCP team. Involvement of paramedical workers- nurses, lab technicians, pharmacists, other health related staff in ACSM can be given a priority as they may come across more chest symptomatic in community as they are in a position to refer.

		post of ACSM officer within the RNTCP structure to strengthen the govt response to TB programme. Or if not at least a country level ACSM sub group. - Empowering and Inclusion of Affected and Infected families in TB program Wider and more effective coordination of TB and HIV activities at the implementation level – district and sub district level.	
What you suggest to improve the ACSM component of RNTCP. Put your suggestions separately in each of the column (in bulleted points)	- 1. Activate the Scheme I , which deals with ACSM, and make it really happen. This can be done jointly by the TB Society and Ngo's 2. We should not wait only for the government to foster ACSM efforts, instead more Corporate sector as part of their CSR activity should take up TB as high in their Agenda. 3. Advocacy should be made to keep TB high in the Political Agenda, in order to make it as a National level effort.	- State level convergence and directives from the STO to the concern DTOs may strengthen the Civil Society Involvement in the ACSM component of RNTCP. - Govt officials attitude towards NGOs/CBOs need to be improved for inclusive approach - Training/capacity building component of ACSM needs to be incorporated /strengthened to ensure that it is integrated into the state and district level planning. The components could include identifying issues, prioritizing issues, planning, budgeting, M&E/MIS - There is a need to incorporate the ACSM based MIS in the reporting of RNTCP progress at the district/state level to document, analyze and evaluate and provide feedback to the system Research components need to be included in the ACSM components to be strengthened to help identify problems and develop effective strategies and strengthen planning process.	Soft Skills Training _ Training on organizational and communication skills for RNTCP staff - Involving NGO's in the ACSM strategies of RNTCP - RNTCP should use the lists of patients/families/DOT Providers and their goodwill to reach out to the community before trying to involve others. - Impart RNTCP training to Anganwadi workers and panchayat Leaders.