

**National Consultative Meeting of Partners “Theme: Civil Society contribution to RNTCP planning Phase III”
Partnership for Tuberculosis Care and Control in India
Summary of Recommendations**

PPM	Challenges	Recommendation	Action by Civil Society
1.	Low uptake of the existing PPM schemes by private providers.	Study to understand the reasons why, in comparison to present active schemes. Piloting new schemes (vouchers, branding,etc)	Members can take up the study and provide the results for improving the uptake of the schemes.
2.	Less Involvement of the non formal service providers (non allopathic) in urban areas.	Regular interaction with all non formal PPs and link to tangible outcomes.	Sensitization, supportive supervision and monitoring by CSOs.
3.	Incorrect regimes for TB treatment by private providers. Over the counter prescription of TB treatment by pharmacist and unlicensed service providers.	Sensitization and advocacy Legislation for selling TB drugs over the counter	IMA, Pharmacist and other associations to take the lead on orientation, sensitization, etc on RNTCP guidelines. Advocate with elected representatives/parliamentarians for legislation.

ACSM	Challenges	Recommendation	Action by Civil Society
1.	Political will varies from state to state and hampers successful implementation of TB care and control at the state, district, and local levels.	Sensitization and Advocacy	Advocate with elected representatives/parliamentarians to increase political will.
2	Distribution channels of IEC materials	Proper distribution and dissemination of IEC materials	CSOs will facilitate the process from distribution points and provide feedback to program about community response.
3	Recognition and acceptance of CSOs by the local government.	Joint sensitization and advocacy to increase the visibility of ACSM efforts	Joint efforts by RNTCP and CSOs to sensitize the local authorities.
4	Inadequate operational research to document good and innovative approaches that empower and involve patients and affected communities (which study?)	Conduct more operational research	CSOs can assist in these research
5.	No visibility of the network of cured TB patients (as they can be strong advocates for TB).	Formation of TB patient associations.	Partnership facilitates the formation at all levels.
6.	Role of media in TB care and control is not strategic.	Involving of media with clear cut strategy and plan.	Partnership facilitates regular sensitization and follows up with media.

Service Delivery	Challenges	Recommendation	Action by Civil Society
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>2. Defaulters among the migrant or people without permanent addresses still remains a major challenge.</p> <p>3. Sputum collection and transportation in hard to reach areas e.g. hilly areas, remote, non motorable, conflict areas, etc.</p> <p>4. Active case finding through contact tracing is not yet established.</p>	<p>Identify and reach underserved populations through focused Communication and Social Mobilization initiatives.</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>Revision of NGO schemes pertaining to sputum collection and transportation to tailor made for such areas.</p> <p>Contact tracing should be built in the existing programme.</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>Catalysing the multisectoral linkages.</p> <p>Assist the program to revise the scheme for such areas and motivate CSOs to take up the schemes.</p> <p>NGOs can take up such schemes to increase case finding.</p>

<p>TB/HIV</p>	<p>5. Low level of TB awareness and education in PLHIV networks.</p>	<p>Coordination with national, state and district level PLHIV networks for imparting TB training and education and enhancing their participation in the TB/HIV collaboration.</p>	<p>Facilitate the coordination.</p>
	<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>