

# NATIONAL CONSULTATIVE MEETING

**Theme: Civil Society contribution to RNTCP planning Phase III  
New Delhi, 6<sup>th</sup> - 7<sup>th</sup> January 2011.**

**Working Paper – Service Delivery  
Dr Abhijeet Sangma, CMAI**



# Problem Statement

- Basic DOTS: with the focus shifting to provide universal access to total TB care some of the areas that needs attention
  - Huge population
  - Hard to reach areas, unreached areas
  - Absence of adequate manpower at the service delivery points
- HIV-TB:
  - Highest TB burden country with estimated 23million HIV infected cases
  - Inadequate Cross referral between TB and HIV services





# Problem Statement – contd.

- TB and Migration:
  - Unhygienic and congested living conditions of the slums esp the unregulated ones
  - Lack of Health facilities and policies for the unorganized job sector
- MDR-TB:
  - Estimated at 3% among the New Smear Positive cases
  - 12-17% among previously treated Smear Positive cases

## BASIC DOTS

Challenges:	Recommendation	Action by Civil Society
<p>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>Eg- involvement of cured patients to become local TB community organisers</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>Train and employ cured TB patients, and study this as operational research</p>
<p>Defaulters among the migrant or people without permanent addresses still remains a major challenge.</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.</p>
<p>Sputum collection and transportation in hard to reach areas e.g. hilly areas, remote, non motorable, conflict areas, etc.</p>	<p>Revision of NGO schemes pertaining to sputum collection and transportation to tailor made for such areas.</p>	<p>Assist the program to revise the scheme for such areas and motivate CSOs to take up the schemes.</p>

## TB-HIV

Challenges:	Recommendation	Action by Civil Society
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.
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.
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.	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	Facilitate the coordination and assist the TI implementing NGOs to adopt the NGO schemes of RNTCP.



# Group Members:

- Dr Anil Cherian
- Dr Sugata Mukhopadhyay
- Mr P T Mohanadoss
- Mr Subrat Mohanty
- Dr Abhijeet Sangma