

# 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 – ACSM**

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# WHAT IS ACSM ?

- **Advocacy aims to :**  
secure needed financial resources and change policies, guidelines or procedures by influencing stakeholders such as politicians, decision-makers and journalists.
- **Communication seeks to :**  
increase awareness, influence social norms, create behavioral change among selected individuals or sub-populations in the public, and improve interpersonal communication and counseling between people with TB disease, their families and providers.
- **Social mobilization aims to :**  
change norms, improve services, expand community support and solve social problems, often by bringing groups together to act at a community level



# Problem Statement

- High TB burden including Multi-drug resistant TB cases (MDR-TB)
- ACSM strategies need to meet four important TB Control challenges:
  - 1) Mobilizing political commitment and resources for TB
  - 2) Improving case detection and treatment adherence
  - 3) Stigma reduction
  - 4) Empowerment of people and communities affected by TB



S.No	Challenges	Recommendation	Proposed Action by Civil Society
1	Political will varies from state to state and hampers successful implementation of TB care and control at state, district, and local levels	Sensitization and Advocacy	<ul style="list-style-type: none"> <li>•Advocacy with elected representatives/parliamentarians to increase political will</li> <li>•State Report card by The Partnership</li> <li>•Facilitate and support National level patient network</li> <li>•Comprehensive training package for building staff capacity in ACSM planning, implementation and monitoring</li> <li>•Identifying area-specific, relevant ACSM strategies based on local and political context</li> </ul> <hr/>

S.No	Challenges	Recommendations	Proposed Action by Civil Society
2	Distribution channels of IEC materials	<ul style="list-style-type: none"> <li>• Proper distribution and dissemination of IEC materials</li> <li>• Availability of Patients' Charter for TB Care nationally, in local languages</li> <li>• Role of DOTS providers to include IEC dissemination at strategic locations</li> </ul>	<ul style="list-style-type: none"> <li>• CSOs to facilitate distribution and provide feedback about community response to CTD</li> <li>• Development of key messages for target groups</li> <li>• Establish two-way distribution channels</li> </ul> <hr style="width: 20%; margin-left: 0;"/>
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



S.No	Challenges	Recommendations	Proposed Action by Civil Society
4	Inadequate operational research and lack of documentation of innovation and good practices	<ul style="list-style-type: none"><li>• Increase operational research and opportunities for OR to feed into National level programming</li><li>• Tools for monitoring, evaluation and research</li><li>• Enhanced data management at state – level for designing programmatic interventions for ACSM.</li><li>• Increased participation and ownership by National/renowned institutions in research</li></ul>	<ul style="list-style-type: none"><li>• CSOs can assist in OR</li><li>• Enhance technical capacity of CSOs to conduct research and develop /adapt M &amp; E tools</li><li>• Active patient participation in designing and execution of OR.</li><li>• Support to local patient groups to conduct community mapping exercises for further studies and community mobilisation</li><li>• CSOs/Partnership facilitate /advocate for the last 2 bullets</li><li>• _____</li></ul>

S.No	Challenges	Recommendations	Proposed Action by Civil Society
5.	There is no visibility of the network of cured TB patients	<ul style="list-style-type: none"> <li>•Formation of TB patient associations and an accountable National association for bottom-up planning and implementation of ACSM activities.</li> <li>• Establishment of a CS task force to support and mobilise those with MDR-TB</li> <li>•Facilitate patient –led advocacy especially by those cured by MDR-TB</li> <li>•Endorsement by RNTCP and Partnership of Greater Involvement of People with TB (GIPT) Principles.</li> </ul>	.

S.No	Challenges	Recommendations	Proposed Action by Civil Society
5 cont'd	There is no visibility of the network of cured TB patients	<ul style="list-style-type: none"> <li>•Establishment of a national SMS Hotline for People with TB, managed by cured patients as well as local social mobilisation through SMS technology</li> </ul>	<ul style="list-style-type: none"> <li>•Empowerment of cured patients as TB community advocates.</li> <li>•Partnership facilitates the <u>formation of associations at all levels, with proven models of peer education</u> as a strategy. Examples are the TB Care groups and Forums where TB pts are an integral part of these associations</li> </ul> <hr/>
6	Role of media in TB care and control is not strategic.	<ul style="list-style-type: none"> <li>•Involvement of media with clear cut strategy and plan, partnering with people living with TB</li> <li>•Advocacy for media support to be provided by the Govt.</li> </ul>	Partnership facilitates regular sensitization and follow up with media with active engagement by patient representatives



# Group Members:

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- JMM Reports



# Thank You

