

NATIONAL CONSULTATIVE MEETING

Theme: Civil Society contribution to RNTCP planning Phase III
New Delhi, 6th - 7th January 2011

Experience sharing (World Vision – ACSM)

Subodh Kumar
Program Director- Axshya India



About World Vision India:

- Started in 1962 in India, registered in 1975
- Part of World Vision Partnership working in over 90 countries
- Over 200 projects in 174 locations in 23 States of India
- Working to create lasting change in the lives of children, families and communities living in poverty.



About World Vision India:

- Providing leadership to NGO TB Consortium
- Member of Steering Committee (Partnership for TB Care and Control in India)
- Member :
 - Planning Commission working group on Women & Child development
 - NGO steering committee of the National Disaster Management Authority.
- Consultative Status with UNESCO (Economic and Social Council) as well as official relations with key UN agencies, including UNICEF, WHO, UNHCR and ILO.



About World Vision India

- CIDA funded TB Project in Andhra
- India TB Follow up Program
- TB Mainstreaming
- ACSM Project
- GF Round 9 TB Program



Activities on TB:

- Advocacy, Communication and Social Mobilization
- Public Private Mix
- Community Systems Strengthening
- Community TB Care
- Work place interventions*
- Mobilize Communities for MDR TB and DOTS+*
- Improve TB HIV coordination*

* - pilots in AP state



Activities on TB:

- Sensitization of Medical Parliamentarians on TB
- Sensitization of NGOs/FBOs/CBOs on TB and RNTCP schemes per target district
- Training of CBOs on leadership and organizational skills per target district
- Engaging ASHA/ANM per district
- Coordination with DTOs and STOs every quarter



Activities on TB:

- Sensitization of private providers/private facilities
- District level coordination meetings for PPM
- Community support groups in all target districts sensitized including participation of cured patients
- Sputum collection, default retrieval and treatment facilitation by community volunteers in all target districts

Project Challenges (ACSM Evaluation)

- How the project deals with tactical rather than strategic approaches
- Ambitious aims – broad geographic area, wide range of activities – may have spread the project thin
- Lack of training and supervision of some NGOs
- Effective monitoring of ACSM impact not yet articulated or institutionalized
- Limited integration and coordination of partner activities reduces impact



Key challenges

- TB not a high priority in NRHM although some evidence of increasing allocation of resources
- Effective patient counselling at all levels yet to be institutionalised into the system
- Some administration issues and confusion about DOTS encountered in some areas
- Preference for health centre administration of DOTS despite treatment challenges encountered by patients
- Understanding of TB patient charter lacking with no integration into patient counselling activities



Key challenges

- Varying levels of ACSM capacity and ACSM engagement encountered amongst NGOs
- Supervision and monitoring of NGOs in ACSM lacking in some areas
- Some PRIs sensitized and motivated but active advocacy for TB control limited
- Awareness of TB with SHGs but competing priorities reduce engagement
- Little involvement of successfully treated TB patients in community groups - suspect tracing or DOTS provision



Key challenges

- Some cases of diagnosis delay identified due to preference for PP access or late health seeking behaviour
- Higher default rates noted in areas with irregular DOTS administration, limited community DOTS or effective counselling (side-effects)
- Limited understanding of patient charter/rights
- Preference for private sector services despite added costs



Best Practices (ACSM):

- The 11 minutes film can be shown here

