NATIONAL CONSULTATIVE MEETING OF PARTNERS
PARTNERSHIP FOR TB CARE AND CONTROL IN INDIA
Hotel IBIS, Gurgaon
17th & 18th January 2013
REPORT

Background and objectives:

The **Partnership for Tuberculosis Care and Control in India** brings together civil society across the country on a common platform to support and strengthen India's national TB control efforts. It seeks to harness the strengths and expertise of partners in various technical and implementation areas, and to empower affected communities, in TB care and control. It consists of technical agencies, non-governmental organizations, community-based organizations, affected communities, the corporate sector, professional bodies, media and academia.

In a short time, the Partnership with more than 127 partners all over India has become a hub for disseminating information, creating visibility for India's national TB program, responding to TB related challenges and providing support to various stakeholders.

The National meeting of the Partnership is the general assembly of the Partnership where partners chalk out strategies and gain ownership of the Partnership. It is also a platform to introduce each partner to one another and exchange experiences and expertise.

This year 2013 the Partnership held an important meeting to learn from expert panelists on enhancing and improving CSO engagement for TB care and control, members also clarified registration documents for registering the Partnership and also preparing of the way forward for the thematic groups of the Partnership.

The International Union against Tuberculosis and Lung Disease (The Union) South East Asia Regional Office host the Secretariat of the Partnership and provides technical and administrative support.

Outcomes:
Primary outcome;

- Enhance the understanding and improvement of CSO engagement for TB care and control
- Informed consent on registration document
- Meeting of the thematic groups to discuss work plan and responsibilities

Secondary outcome;

- Increasing communication between partners and the Secretariat
- Enhancing Partner's responsibilities and ownership of the Partnership
- Strengthening of the relationship among all partners

Organization:
The event was organized by the Secretariat along with the Working group/ Interim Steering Committee of the Partnership for TB Care and Control in India.

A total attendance of 85 participants was present for the two day deliberations with participants from multiple states of India.

Please visit www.tbpartnershipindia.org for information on the Partnership.

Proceedings:

17th January: DAY 1: Inaugural Ceremony.

- Dr. Darivianca Elliotte Laloo, Partnership Secretariat welcomed the guests. Dr. S.N.Misra, Futures, Working group member -PTCCI escorted Dr. Ashok Kumar, DDG-TB, Central TB Division chief guest to the dais, Dr. Nevin Wilson, Regional Director, The Union SEA, Ms. Blessina Kumar, Vice-chair, Stop TB Partnership, and Mr. Chapal Mehra, Global Health Strategies. Guests were felicitated with bouquets by Ms. Meenu Sharma, Partnership Secretariat.
- Dr. S. N. Misra presented the welcome address, an introduction to the Partnership, the objectives of the national consultative meeting of partners and the outcomes that the two days consultation hopes to achieve.
- A round of self introduction followed by each participant stating their name, name of their organization and operational area.
- Dr. Laloo requesting the guests to light the lamp as an auspicious sign for the meeting.
- **Award Ceremony:** Ms. Sunita Prasad**,** Eli Lilly, Working Group member and Selection Committee member of the award presented an introduction to the TB Champion Award. Brief background was as follows:
  - ~ Dr. Madhukar Pai in conversation with The Union initiated this opportunity and made the 1st contribution to the award for individual TB champion .Global Health Strategies offered to fund the Organization category. This opportunity was handed to the Partnership to administer the processes for the Award.
  - ~ A selection committee to select the awardees was formed in consultation with the Working group and the NTP with representations from community representative, technical agencies, NTP, Working group of PTCCI and the donor.
  - ~ Call for applications/ nominations for both categories were posted on websites, sent to all CSO partners, social network, etc with a last date of submission on the 30th November 2012. Total of 22 applications were received. (7 individual applications/nominations and 15 organizational applications)
  - ~ The selection committee graded the candidates/ institutions on their ;
    - Impact of work/ contribution to program/policy
    - Impact of work/ contribution to patient welfare
    - Impact of work/ contribution to community empowerment
    - Attention to gender/stigma/discrimination/vulnerable population/special population
    - Impact of work/ contribution to research
  - ~ Individual & organization with maximum grades were announced and being awarded.
- The first TB Champion award in the organization category goes to P.D. Hinduja Hospital and Research Centre, Mumbai. Ms. Sunita read their Citation **(Annex 1)** and requested Mr. Chapal Mehra, GHS to kindly present the citation and cash prize of 50,000INR to them. As there were no representatives from Hinduja hospital to receive the award, it was handed over to a partner from Mumbai, Dr. Narayan Iyer, IDF to kindly hand over the award to Hinduja in Mumbai.
- The first TB Champion award in the individual category goes to Dr. Nalini Krishnan from REACH, Chennai. Ms. Sunita read her Citation **(Annex 2)** and requested Dr. Ashok Kumar, Chief Guest to kindly present the citation and cash prize of 50,000INR to Dr. Nalini.
- Guests on the dais were requested to say a few words of encouragement to the Partnership for the consultation ahead. Mr. Mehra mentioned the work and initiatives taken by Global Health Strategies to highlight the issues around TB in India. He emphasized the need to effectively communicate with the middle man and increase the sharing of

stories via the media. Role that patients play is important as we learn from them in making TB services better.

- Ms. Blessina Kumar began with two things that Dr. Misra had said earlier i.e. empowerment and focus of the partnership is patients, which are the key things on which everything else is built. She looks for patient representations and women in every gathering and hopes that the number increases by 50- 50 in future. Ms. Kumar is happy to see the efforts in bringing patients out no matter the constraints and acknowledges, appreciates the Partnership in being able to do so. The time is right for TB in India now to bring more excitement in TB meetings, addressing TB with more passion. She recalls the many achievement milestones in India in the fight against TB and the world is looking at India to lead the way. Results are quoted, research becomes a benchmark, the NTP as a success story for other countries and we should all join hands to work jointly. She wishes the consultations all the best and the outcomes achieved to help in making a history in our country.
- Dr. Nevin Wilson thanked all present. He is happy to see civil society awarding/ recognizing TB Champions on their contributions to the fight against TB which is extraordinary and something that we should all be proud of. This should become the Partnership's objective to work around the TB Champions and see how they could drive the agenda for TB control in India. There are many things that need to be mobilized, prioritized in this time as we approach an MDG deadline, as we think of new goals and operational plan and at a time with difficulty to secure funding. Project Axshya provides us with a network on TB patient association and how will they be involved in the district and sub districts. It also has a huge network of NGOs (atleast 1200) and CBOs with various community based networks (about 3000) that can be leveraged by the Partnership. Dr. Wilson notes the various representatives from mostly all states in the country and calls for the group to hold hands in taking TB control initiatives forward and wishes the Partnership success. He is grateful to the NTP who has been there throughout from the start of the Partnership and is continuing to be present.
- Dr. Laloo thanked the guests and called on Mr. Subrat Mohanty and Ms. Blessi Kumar to take the group through the CSO declaration made during the Union World Lung Conference last year in Kuala Lumpur.
- Mr. Subrat Mohanty, The Union gave a brief background on the preparation of the CSO Declaration during the WLC in Kuala Lumpur. A group of NGOs met at the Advocacy corner to prepare the declaration which was greatly appreciated by all at the conference. The declaration was presented to a few dignitaries at the conference. Ms. Blessi explained "zero" in the declaration, as we look beyond 2015 MDGs and zero deaths from TB is what we should aim for in our work.
- Mr. Subrat then invited patient representatives and community based organization to hand over the declaration to the DDG-TB. He and the representatives read the declaration **(Annex 3)** for the audience and requested the DDG-TB to also sign the declaration along with signatures from all CSO partners who are present in the meeting. Members had received a copy of the declaration a week before the national meeting and signed the declaration during the registration session on the 17th January.
- Dr. Ashok Kumar, DDG-TB signed the declaration and it was received from patient representatives for his information and record. Dr. Kumar agreed that every death should be audited.
- Dr. Promod Lelle from Hinduja Hospital on the telephone apologized for not being able to be present to receive the award but thanked the Partnership and GHS for awarding Hinduja hospital the TB Champion award – organizational.
- The DDG-TB in his inaugural address thanked the Partnership and he recalls his experience working on small pox eradication and working with community based organization and also

working on leprosy where CSOs and the government really committed to eradicating leprosy. He is glad to see the passion of all members working against TB and recalls the achievements made for the cause of TB. Dr. Kumar highlighted the diversity we work with in India and the realities we face in our work. He mentioned that India is estimated to get almost 2 million new cases of TB per year with prevalence of 3 – 3.1 million which is a huge number and deaths from TB is a shame so ensuring early case detection and complete treatment is important. Even with successes India has a huge susceptible population which is ever growing and a challenge to TB care and control, requiring all stakeholders' involvement.

- 2012 saw huge achievement in the NTP by collaborative action with partners in drafting the National Strategic plan (NSP) which has been approved by the Government of India with an increase in funds allotted to TB. Request for CSOs to look into the plan and also implement activities according to the NSP. Most important is strengthening of a robust monitoring and evaluation system with composite indicators for input, process and output which CSOs can also use for their work. Dr. Kumar mentioned the scare of drug resistant TB that was noticed at the Hinduja Hospital which led to the government order of notification of TB cases. He updated on the roll out of MDR-TB diagnosis and treatment in all 35 states and union territories. Involving communities is important to be able to detect TB at the earliest and PPM schemes have been revised for more utilization by NGOs. Creation of a web based reporting system has been made and will be in use shortly. Another major achievement is ban of serological test for diagnosing TB and the role of civil society is to inform the community and patients on this issue. Introduction of new weight bands for children treatment of TB with dispersible tablets.
- Uniting and increasing membership into the Partnership with a constitutional body with common standards, common goals are important. Leveraging the strengths and expertise of all partners is the way forward for sustainability. Definition of strengths of each partner with geographical distribution is an immediate task for the Partnership. Mechanisms for monitoring and evaluation should be incorporated into the plans. Dr. Kumar compared *partnerships to a necklace whereby each bead is a partner bond by a simple thread which is the mechanism of partnering.*
- The Inaugural session ended with a group photo and a tea break.

Post morning tea session

- Dr. Laloo shared the achievements of the Partnership in 2012 with the audience. She began with an introduction to the Partnership, its governance and management system and funding available. She then highlighted progress under the following headings:
  (1) **Membership**:
  - increased from **96** in 2011to **127** end 2012.
  - Partners are nationwide with exception of a few states like Gujarat, Goa, NE states (exc. Assam and Tripura), J & K, Chhattisgarh, Kerala, Pondicherry and Andaman & Nicobar.
  (2) **Advocacy:**
  - Plea statement to G8 countries to continue funds to GF, Response with assurance received from UK & Germany.
  - Call to Action of all stakeholders to enhance efforts on TB in response to the DR-TB scare in Mumbai
  - LEPRA and TB Alert India in CCM & 2 members were shortlisted for affected community representatives to the CCM.
  - A Thematic group on Advocacy made and a workshop on Advocacy was held for partners.

- Partners in UP along with The Union submitted a memorandum to the State government to improve TB Services in the state and also receive follow up action by the State Officials. The event was reported by Citizen New Service.
- Partners prepared a CSO declaration in KL.
- Conceptualized a TB Champion Award to recognize individual and organization efforts for TB care and control.

(3) Events:

- A national meeting of partners was held in April and 2 regional meetings held in 2012 for North East and Eastern States.
- Representatives from PTCC and CTD attended a meeting on national partnerships in Korea in November.
- Visit from the national partnership of Afghanistan to share country experience and cross learning
- Three Steering Committee meetings were held in 2012 with participation of the standing invitees and decisions on action for the Partnership for the year discussed.
- Members of the Partnership along with Secretariat attending the 43rd Union World Lung Conference at Kuala Lumpur from the 12th to 17th November. They attended various sessions including events of national partnerships.

(4) Communication:

- Editions of the newsletter of the Partnership "Partners Speak" were distributed and were well received by readers.
- The Partnership website has received about 23129 visitors with an average of 30 - 35 visits per day.
- Social network – Partnership's Face book have a membership of 156, Twitter 121 followers and a YouTube channel for uploading videos. All are regularly updated.

(5) **Project Coordination:**

- The Union presented an opportunity to the Partnership to engage partners in a project sponsored by Eli Lilly. **Intervention 3-** training of traditional healers on TB and Basic DOTS thereby increasing referrals to DMCs.
- Project trained about 400 traditional healers (THs), referrals made by the trained THs were 885 out of which 90 were positive and put of treatment. 47 trained THs are now serving as DOT providers.

- Intervention 4 – training of partners on media engagement was conducted by REACH and IMCFJ who trained partners of the Partnership from 4 zones (North, South, East and West).

- More than 50% of NGO partners were trained on how to engage with the media to increase reporting on TB. Out of the trained partners about 40% had submitted a media plan for the media year March 2011-12 and had their events on TB published in local dailies. VBSJUS and TB Alert India were awarded on their media initiatives.

- **Comments from the audience**:

  - Ms. Blessi requested to define the way/mechanisms of involving the District TB Forum in an effective way at all levels.
  - Dr. Satish mentioned the linking of the website to CTD and secondly suggested including challenges section on the newsletter so as to also show the difficulties and not only successes.
  - Mr. Hari Singh suggested increasing media advocacy and if this would be something the District TB Forums would consider highlighting their issues.
  - Dr. Daisy suggested including a session on the web based system for the partners present if time permits during the meeting.

- Dr. Laloo then requested some ground rules from the audience to be followed for the 2 days consultation. They were as follows;

1) Mobiles to be kept on vibrate only mode
2) Stick to time
3) Speak one at a time
4) Encourage everyone to participate
5) Raise your hand for a query/response
6) No private conversations
7) Equal participation in all group

- She then made a few announcements about the agenda, handed folder and its contents. Mr. Sanjeev Kumar from Sankalp Jyoti explained that the reusable jute folders were made by HIV positive patients as part of a livelihood project. Bags are made of bamboo and are eco friendly. Dr. Laloo also informed the participants of a networking game whereby a card was given to all members and within the 2 days each members would need to speak with another member, get to know them and their work and get signatures on their card. The partner who met the most people as evident by the number of signatures on their card would be given a prize at the end of the consultation.

Post Lunch Session- Panel Discussion "Understanding and improving CSO engagement for TB care and control".

- Dr. Laloo invited Mr. Subrat Mohanty, The Union to kindly coordinate the panel discussion on "understanding and improving CSO engagement for TB care and control".
- Mr. Subrat Mohanty introduced the session and recalled his experience of getting CSO engaged and defining CSO role in supporting TB care and control. There are many issues that CSO can play a big role in enhancing the TB program and reach universal access. He then introduced the Chair of the session Dr. Ranganadha Rao, LEPRA who has more than 35 years of work experience and is the CSO representative for TB in the present CCM. Expert panelists include Ms. Blessi Kumar, Community representative and Vice-chair of the Stop TB Partnership board, Dr. Sachdeva, Additional DDG-TB could not join the session so Mr. Arindam Moitra was invited to present on his behalf, Mr. Bobby Ramakant from Citizen News Service who is well known for media advocacy on TB, Dr. Nalini Krishnan, REACH who is now the TB ambassador for India, and Dr. Geetanjali Sharma, The Union PMU team and works on TB with special interest on women issues.
- Dr. Rao, Chair of the session requested the speakers to present their talk and questions will be taken after all presenters have completed their presentations.
- Mr. Arindam Moitra spoke on "Engaging CSOs through the National TB Programme" **(Annex 4)**. He began with the burden of TB in India and TB-HIV cases which are focus areas that the NTP is looking at. He requested all thematic groups to include the NTP plan in their work plan. Though there have been many achievements in the NTP in the last few years, the aim for universal access can only be done by collaboration with all partners. The term PPM (public private mix) is more related to partnerships now. Dr. Moitra mentioned the role the CSO can play to try new models at the state and district level and success results can be replicated by the programme. Revision of schemes is being done and CSOs can choose which they would engage in. Some of the achievements of CTD in PPM are as follows;
  - Sensitizing and training IMA members
  - Partnerships with CBCI
  - Involvement of community pharmacists with IPA
  - Involvement of corporate – National task force made
  - Initiatives of medical colleges
- Dr. Moitra also mentioned the limitation and challenges in PPM measures; limitation that the data on contribution of the private sector to case detection is only 5% and most of

initiatives are in Gujarat and Maharashtra and are small scale. Some of the challenges include the concern on quality of TB care, weak regulatory enforcing mechanisms, limited capacity to engage with private sector, etc. To be able to curb some of the challenges requirements include increased flexibility of acceptable protocols, appropriate incentives for motivating private sector and decrease reliance on schemes. Primary role of CSOs is to supplement the efforts of RNTCP with particular focus on new initiatives. The focus areas include:

a) Notification
b) Ban on serology
c) Involvement of Private practitioners
d) Involvement of community pharmacists
e) Capacity building of NGO
f) Innovation for Urban TB Control
g) Community Engagement
h) Pilot projects for TB control
i) Research on RNTCP priorities

- The next presenter Dr. Nalini Krishnan spoke on "Civil Society- What they can do, do they have any role to play in TB control" **(Annex 5).** Dr. Nalini began with looking at society and the role and responsibility of every individual to the society he lives in. Defining civil society and who constitute a civil society, she gave examples of successful civil society actions. Civil society action draws attention, supports, innovates and engages or empowers community. The characteristics of civil society action are a different perspective, responding to ideas, innovative, personal beliefs, personal commitment of time and resources and the will to sacrifice personal needs for a greater cause. With all this we do see that engaging civil society is beneficial for communities to act and influence outcomes making an enabling environment for patients. Civil society action is explained in her statement "*We are here because we know why we need to act and what we need to do and also how to do it*

  - To share goals and share passion -common objective

  - Willingness to come together at the cost of losing individual or organizations identity- common voice

  -To share and demonstrate collective achievements - impact
- Ms. Blessi kumar spoke on the importance of "Engaging community and patient groups in TB care and control" **(Annex 6).** She began by asking why we are still talking about engaging the community when we should be doing it. Compares us to the tortoise when we should be like a cheetah. Current status of involvement of community and patient group has declined for historically patients and civil society groups have been involved in the development of drugs, vaccines and diagnostics but there are little involvement of patients and patient groups in TB and also little published patient-derived data OR in TB. The cause could be due to ;

  - TB management systems are traditionally "top down" with clinical focus and little patient involvement
  - TB seen only as a medical problem – where are social determinants.
  - Patient has minimal involvement with diagnosis and treatment
  - Why ask?? Can't we presume we know best what patient needs?

  Ms. Kumar then explains why community and patients should be involved; *we have not managed to free the world of TB in spite of it being an old disease*, TB solely seen as a medical problem with medical solutions but it is a public health and a social issue which needs social interventions, we cannot achieve sustainable results which are locally rooted, we need to strengthen community systems, the role communities play in addressing stigma and discrimination at so many levels. Desired results cannot be achieved if the affected

communities are not part of the design, delivery and M&E services, prevention, treatment and support. She then mentioned how the Partnership can help by;

- Recognition that communities and patient groups are valuable Partners
- Capacity Building and empowerment
- Inclusion in National Coordinating bodies and committees
- Strong participation in CCMs
- Mechanism – CSO contribution to be reflected in the National figures
- Acceptance and space for working together with NTP.

She ended her talk with a few words on empowerment and its three elements, i.e. access to information, inclusion and participation and accountability.

- After the tea break, Mr. Bobby Ramakant presented on the "Role of media in making TB focussed in the context of bringing CSO partners" **(Annex 7)** with a talk on media advocacy and the importance in right messaging to bring the issue forward. Media advocacy is needed to bring the issue into the public eye, to form a public opinion, to take discussions beyond boardrooms to the community and to be held accountable and transparent. He then shared with the audience of the way to go about using media advocacy, how to pitch stories and not issues, what are media pegs and factors which journalists look at before publishing a story. It is not only getting your story told but how it was told and framed which is more important. The challenge is *how to communicate a serious issue in such a way as to make it sound like NEWS, **SMART NEWS**, something that can interest the journalist, readers and editors… and help us bring in the change we wish to see in the world.*
- Dr. Geetanjali Sharma spoke on "TB in the context of India- addressing Gender issues, vulnerable population with Civil Society engagement" **(Annex 8)** citing studies from a literature review that gender differentials in social and economic roles and activities may lead to differential exposure to the TB bacilli; general health/nutritional status of TB-infected persons affects their rate of progression to a disease; responses to illness differ in women and men, and that barriers to early detection and treatment of TB vary are greater for women than for men; The fear and stigma associated with TB have greater impact on women than on men, often placing them in an economically or socially precarious position,etc. She then quoted data from a study done in Tiruvallur district in Tamil Nadu that showed that women are more inhibited to discuss their illness with family and females needed to be accompanied for DOTs. There are social and cultural dimensions of gender and TB which lead to lower rates of notification in women. Women with TB faces problems such as reduced chances of marriage, rejection by husbands and harassment by in laws. The social roles that women play make them more susceptible to TB, i.e. cooking with biomass fuel and staying indoors. She then mentioned that Project Axshya will be addressing gender mainstreaming in Phase II of its implementation by setting a minimum proportion of the overall sputum samples collected to be from women. Dr. Sharma then spoke on TB & vulnerable population, type of vulnerable population and efforts being done from Project Axshya to target these populations.
- The Chairman opened the floor for the audience to begin the discussions.
- Queries and comments from the participants include;

  - Dr. Satish Kaipilyawar, PATH recalls his meeting with Dr. Rao and experiences working with him. Dr. Satish states that we have issues we want to bring out with CTD but we should also propose solutions to the issues. He added that civil society should include counselling and communication skills of health care staff to ensure proper collection of sputum, through trainings of healthcare workers and integration of health services should be encouraged, and new challenges will come out from integration.

  - Dr. Sandeepta Biswal, CARE India too believes that integration is important but he wanted some clarification on the partnership strategy mentioned by CTD. Are these partnerships donor- recipient relationship, sub contracting or is it an equal partnership with contribution

from the people who we are trying to help and engage. How do we assess the contribution of all stakeholders? What is the level of engagement in the partnership? His next query was in relation to meeting the unreached, NGOs sent to areas where government services are not working, please specify which areas, for the government has maximum reach. His third query was; is the role of civil society only implementation, how about managerial, technical support, quality assurance? Also the role of CSOs at national level and state level is mentioned, what about at district and village level, who tells them our role?

- Dr. Reynold Washington, KHPT congratulations all speakers and mentions that often we have a lot of lessons learnt from HIV projects but not all are for TB, for e.g. abbreviations being used and projected at national and international level. The NSP has been very well made and prepared but now the question is the mechanisms of it being rolled out, how will the civil society be engaged i.e. will there be call for proposals, request for participation of CSOs. Will there be a defined way for CSO engagement? In this context a lot can be learnt from the HIV programme and the mechanisms in place for CSO engagement. Secondly, when you engage partners the partnership needs to be sustained for the plan period i.e. 5 years and not have annual contracts. Building partnership takes time and engagement for 6 months and 1 year does not help. Lastly we need to brainstorm on who constitute "Most at risk of developing TB".
- Dr. Anil Cherian, EHA suggested that strengthening the partnership requires a consistent engagement by CTD with the Partnership. In the many meetings and groups formed by CTD for civil society the Partnership has not been involved and even if invitations come in it is often too late to be able to participate. How serious is CTD to engage with the Partnership.
- Dr. Moitra assures the audience that CTD is serious about engaging with civil society, DDG sends representatives to meetings and discusses with the team on how best to include suggestions made by CSOs into the NTP and involve them at every level, national and state. He reminds all that the NSP was developed with inputs from civil society and also the present guidelines for partnerships were done in consultation with CSOs. Civil society should raise their demands and make them known so all will take notice. Correspondence has gone from CTD to state programme that joint action planning should be done in consultation with civil society partners present in the state prioritising issues to be taken up and shared with others.
- Dr. Geetanjali clarified the term "most at risk population" and the activities planned for this population i.e. stone crushers, urban slum dwellers, etc through project Axshya.
- Dr. Arasu mentioned that the HIV programme has some pension schemes for HIV patients through Panchayat raj institutions and there could be something for TB as well. He also mentioned that there are innovations being done for tribal population of Odisha which have not been taken up by the state government till date. He highlights the difficulty to meet DTOs in the districts and other ground realities. Radical changes are needed to solve them.
-Dr. S. Misra mentioned that the urban unorganised sector population like marble stone cutters are often overlooked and has been a challenge to target them. He request to kindly include them in population at risk.
- Mr. Ramesh Babu shared that when MAMTA conducted a training of NGOs schemes for partners the STO mentioned that these are only in paper and not in practice.
- Mr. Sumit Asthana request to understand the role of CSOs in consensus building. Dr. Nalini states that it is inherent to the role of building collective opinion of civil society, being patient and democratic in getting them on a common platform and consensus in a civil society movement. Even if it is institutionalised it is important to move on consensus. Ms. Blessi added that mechanisms should be in place to get the consensus. She further requested the audience to think about the identity of civil society, is government civil society or is separate?

- Ms. Sunita Prasad requested CTD that when STOs report can there be a mechanism as to the percentage of their schemes given to civil society, amount of revenue given, etc. Also if action has been taken by the CTD. Civil society can and should demand transparency on this issue and be more proactive.
- Dr. Nalini Krishnan added that the Partnership needs to structure ourselves internally and define priority areas of work and showcase our activities. We need to keep our objectives very sharp with one being our engagement with CTD without apprehensions.
- Dr. Narayan Iyer requests us to speak to the media about the strength of the partnership and their presence in this meeting to improve visibility of the Partnership which is the need of the hour. The large participation from across the country would be ideal as a media peg for the next days.
- The Chair Dr. Rao thanked the speakers and the audience and summarised the discussions with some headlines;

(i) Identity of civil society
(ii) Innovations are the key
(iii) List of prescribed NGO schemes, how do we participate, etc.
(iv) Inclusion of media advocacy
(v) Clarifications on terminologies
(vi) Enabling environment for the affected community

- Dr. Laloo as suggested by Ms. Shobha Shukla, requested partners to help translate the presentations to Hindi. Mr. J.M. Singh, Ms. Sunita Prasad and Dr. Srivastava volunteered for translation.

18th January: DAY 2:

Morning Session on registration:

- Dr. Laloo welcomed all participants for Day 2 of the National Consultative meeting, gave a brief recap of Day 1 and some logistics announcements.
- Dr. Anil Cherian, Working group member presented on the registration documents highlighting main points i.e. constitution and bylaws **(Annex 9)**. The documents have been sent previously to all partners and their comments and inputs have been taken and changes made. Dr. Cherian began with a brief back ground; Partnership for TB Care and Control in India was started as an informal civil society network in 2009. During the previous National Consultative Meeting of Partners in April 2012, it was decided that if the Partnership was to be effective and play a significant role it needs to be registered. A working group was constituted which was mandated to work on the process of registration and formalizing the partnership. To be registered the group consulted a Legal opinion, whether registered as a Society or Trust or Nonprofit 35 A Company. The **Final decision**: Register as a society under the Society Registration Act as :
  - A society reflects character of organization as a civil society partnership of various civil society members.
  - It is most democratic in its structuring.
  - It matches the manner in which the Partnership currently undertakes its business

Article 1: Name of the Society

- Partnership for TB Care and Control in India (PTCCI)
- Legal opinion: It is expectable to use the title "In India"
- Registration of a society with members from at least 7 states makes it an organisation of National character.

Comments:

- Partnership focus is TB and can look at TB related diseases/ health issues

- Given the history we cannot back away from the word 'Partnership' to federation.
- Societies and company's act seems mixed up
- Non profit is sec 25 not 35

Article 2 & 3: Vision & Mission

Vision: Our vision is of a vibrant partnership synergistically involving people, communities and organizations for strengthening TB care and Control Programme towards a TB Free India.

Mission

1. To provide a common platform for engagement of all sectors and all sections of population to make the partnership widely visible, acceptable and accessible and for a TB free India
2. To serve as resource pool and to lead advocacy efforts for the rights of every individual affected by TB, facilitating universal access to quality services.

Comments: WGM need to relook and rewrite

- Vision – 'TB free' word could stigmatise the people (sensitivity of language)/ India free from TB
- Mission – Point 1 & 2 can be split into two sections and prioritise point 2, change order.
- could we integrate gender in the mission? This can come in the objectives
- Emphasis should be more on socio-culture issues and not too much on medical TB.
- Vision and mission point 1 seems similar, use word CSO
-Vision = India free of TB (not too wordy) and we need to think beyond 2015.
- Quality of the programme, include affected communities and responsibility in the mission
- As all has signed a zero TB deaths declaration we need to include this in the mission

Article 4: Objectives

- It will serve as a liaison/ coordinator body among groups which are involved in activities directed at tuberculosis control thereby fostering unity, understanding, cooperation, and complimentary work.
- It will serve as a conduit to harness the strengths and expertise of partners in various technical and implementation areas.
- To empower affected communities, in TB care and control, a platform for disseminating detailed information of the planned and existing TB programs.
- A forum to generate statements or recommendations for TB research, prevention, diagnosis and management, and an instrument for generating support for its members.

Comments:

- Additions of linking with various schemes /livelihood
- Be clear of our objectives (focus) as it defined the organization as the mission and vision
- We should use the word "supplement" the national care and control efforts.... to look beyond the NTP
- We need to look into governance, programs and audits and widen our scope in our objectives
- channel to avail resources but not competing for resources with partners

Article 5: Office and Territorial limit

- Main Office (Registered office) will be in Delhi
    - Address: CMAI's offer for a space for Partnership
- Territorial Jurisdiction: All places in India

Comments:

- To follow up with CMAI if they are clear of the legal power for Partnership to sit in their office but if an act of goodwill there will be address duplication. Renting would be a better option.
- 2-3 suggestion of a desk for the Partnership to be located in CTD as there are some NGOs in MOH. Though not advisable to have a registered office in the CTD as we are the link between programme and community and may lose our independence.
- Think of state / regional network with mechanisms in place (include a clause that can evolve later) with voluntary coordinators (issues and communications)

Article 6: Membership – change the categories as per the society act (legal opinion to be taken)

- **Institutional Member** - Institutions from 'Not for Profit' sector registered under appropriate statutory provisions (includes Govt. Institutions)
- **Associate Member**- same as above, different fees and 'holding no office' condition
- **Corporate Member** - Industries involved in manufacturing of TB supplies, Equipment's, Pharmaceuticals etc.
- **Honorary Member:** Individual members who have contributed significantly or actively involved in TB Care & Control or members from the affected community

Comments:

- need to clarify categories and defining category, clarity on founder member
- need for all partners to get clearance from their own board if we mention institutional member
- Advantages of having different types and does it include consortium / associations
- Inclusive and not prevent 'for profit' sector from joining
- Registering as another NGO or as a coalition of NGOs. If coalition then individuals will have no role in it or a consortium approach, or another legal framework e.g. CII
- Legal clarification on coalitions as members/ registered coalitions to be included
- Focal points / head of organization to be present in the Partnership. No proxy in elections.
- Be clear on CBOs being a member and only registered organizations (clause on application and authority- By laws)
- clarify i.e. (1) not for profit/members with voting rights, (2) for profit/associate no voting rights to prevent conflict of interests and (3) invited by the society/honorary – all agreed
- Role of honorary members as advisory rather than membership

6.2Eligibility to vote and hold office:

- Only Founder and Institutional members (active), i.e., have paid their subscription fees are eligible to vote or hold office in the society.
- Associate, Corporate and Honorary members can take part in all activities except voting or holding office

Other comments & suggestions:

- Clarity is needed on voting rights on the members. There is no need to separate corporate and can be included for voting rights. Keep out individual membership. All members are members of the general body and should be included for voting rights.
- Need to get legal clarification on this and also independent consultants (auditors) who specialized on trust and society acts from Chennai and Delhi.
- Describe voting and nomination pattern or procedures (Criteria's to be made)
- Standard by laws is there in the society act and needs legal advice. (Be explicit)
- include elements that can be incorporated into the bylaws of the society act

Article 7: Membership Dues / Grants / Donations

Section 1; Annual dues shall be required from all members of PTCCI except for affected communities. These annual dues may be changed upon the discretion of the current board.

- Proposing an Annual Membership Fee of Rs. 500/- organisation. – All agreed
- Suggestion of 10,000INR as corpus fee with annual fee of 500 INR – Not agreed
- Life time membership on payment of a fee. - Not agreed
- Provision can be kept open and let partners decide and collection can be made during the general assembly.

Section 2.Special assessment or contributions may be asked or received from each member group provided this is mutually agreed upon by the boards of the partnership and the concerned group.

Section 3.Grants and Donations either in cash or in kind may be received from individuals or groups who are non-members of the Partnership subject to conditions approved by the Executive Board**.**

- Donations can be taken once we register through a fund raising team.

Article 8: Executive Board:

Section 1.Definition

The Executive Board shall be the governing and managing body of the Partnership. It shall consist of eleven (11) persons but no more than 1 member of the Executive Board shall be the official representatives of a particular member group.

- The following are the functions of the Board

1. Meet and organize itself immediately after the Annual Meeting of the general assembly of members and formulate the program of activities of the partnership for the year.
2. Take charge of the business affairs of the partnership.
3. Hold special meetings at the call of the Chairman or upon request of at least three (3) members of the Board.
4. Approves upon recommendation of the Thematic Groups, replacements to fill up vacancies in the Board due to causes other than removal or expiration through election by the remaining Board if still constituting a quorum. The replacement, whenever possible, shall come from the same group of the person whose position has become vacant. He shall serve only the remaining term of the person he replaced.
5. Receive and approve the reports of the secretary, the treasurer, and the other committees as requested by the chairman.

3.1: **Qualifications of Board Members** : Any person with all of the following qualifications can be a candidate for the position of member of the Board.

3.1.1 He / She must be the official representative of a group which is a member of good standing in the Partnership.

3.1.2 He / She must signify in writing his willingness to serve in the Partnership in the event he is elected as a member of the Board.

3.1.3 Members or member groups not required to pay dues (honorary group members) are eligible to nominate, vote or be elected as an executive board member

3.2 The members of the Board shall be composed of the following officers of the Partnership:

- Chairman
- Vice-Chairman
- Secretary, Treasurer
- Seven (7) Members.
- The term of office of these officers is co-terminus with their membership of the Board.

3.3 Term of Office

- All members of the board are elected for a term of two years.

3.2.1: **The Chairman**

- The Chairman shall preside over all the meetings of the Board and the Partnership.
- He/She shall appoint with the advice and approval of the Board, the Heads and members of the standing and ad hoc committees of the Partnership.
- He/She shall countersign jointly with the treasurer, all checks, and bills of accounts, bank deposits and withdrawals and other instruments of indebtedness of the Partnership.
- He/She shall sign, jointly with the Secretary, the certificates of membership, as well as other certificates issued by the Partnership.
- He/She shall render an annual report to the Partnership on the occasion of the General Assembly meeting.

3.2.2: **The Vice-Chairman**

- The Vice-Chairman shall assume the position of the Chairman in case of absence, resignation, illness or demise of the latter. In event that the Vice-Chairman is not qualified to be Chairman, the members of the Executive Board will elect among them the new Chairman.

3.2.3: **The Secretary**

- The Secretary shall record the minutes of the meetings of the Executive Board and the annual General Assembly meeting of the Partnership.
- He/She shall be responsible for the implementation of all actions and decisions of the Board and the Partnership, regularly reporting to the Chairman and the Board regarding the status of such implementations.
- He/She shall take charge of all correspondence of the Governing Board, the Executive Board and the Partnership, consulting with the Chairman when necessary.
- He/She shall issue notices of meetings of the Governing Board, the Executive Board and the Partnership for at least one (1) week before such meetings, seeing to it that such notices are received by the parties concerned.
- He/She shall inform all members of the Partnership about all activities of the Partnership, including scientific meetings, researches, action programs, social affairs, annual meetings, and elections as well as activities of member groups that may be of interest to the other members of the Partnership.
- He/She shall be the custodian of all records and documents of the Partnership and must surrender the same to his/her successor at the end of his/her term of office.
- He/She shall be the administrative officer of the headquarters of the Partnership, exercising jurisdiction over the staff therein.
- He/She shall sign the approved certificates of membership together with the Chairman and the Vice-Chairman and issue them immediately to the member groups.
- He/She shall verify the standing of each member group and the credentials of the latter's official representative during the annual General Assembly meeting and election

Comments & Suggestion:

- If the Executive Board is formed and is due to be re elected in a few months then 1/3rd re elected to after 1 year, 1/3rd after 2 years and 1/3rd after 3 years to ensure continuity.
- Additions for joint secretary, joint treasurer, chairman and vice chairman to avoid delays if the office bearers are not around.
- 3 authorised signatories with any 2 signing

Article 9: MEETINGS

Section 1. Meetings of the Board

The Executive Board shall meet regularly on a monthly/quarterly basis. Special meetings can be called anytime by the Chairman or by request of three (3) other members of the Board.

Section 2. General Assembly Meeting

Unless sought otherwise by the Executive Board, the General Assembly Meeting of the Coalition shall be held annually. The member groups through their representatives will be notified at least one (1) month before the said meeting. The agenda, venue and time/date of the meeting will also be communicated to the member groups.

Other Articles:

- Article 4 -Section 2. Separation, dismissal or reinstatement of members.
- Article 8 – Sections 2, 3, 4 – Thematic Groups – Term 1 year.
- Article 10: Amendments of Laws & Limitations
- Article 11: Interim Provisions

Points for discussions:

- Office address
- Mission of PTCCI – Is it clear
- Objectives of the PTCCI – Are they adequate and in alignment with the mission. ? Inclusion
- Membership – categories? Inclusion/ exclusion of members
- Voting vs. Non voting members (purpose – maintain the civil society nature of the society)
- Membership Fee
- Executive board composition and officers.
- Any clauses/ bylaws to be included?

Suggestion:

- Founding Executive Board – An interim board be set-up to include members from the current institutions on the working committee. – Present members were listed and endorsed by all members to ensure continuity for a term of 1 year maximum. The secretary and treasurer will be the signatory.
- Following registration the new executive board is to be elected by the general body.
  - The composition for the Board was acceptable by all

Other comments:

- Identity of the Partnership should be of civil society and with the cause and not positioning itself with or without CTD
- A platform to give NGOs a chance to contribute
- Secretariat along with the governing body will be responsible for statutory requirements, 12A, FRCA, submission of annual reports and audited statements for the Partnership.
- Minimum seven members needed to form the Society
- Include a section that programmes will be coordinated through the Secretariat of the Partnership.
- Time frame to complete formalities by end March 2013 and submission for registration post March and should be a registered body by end of2013.
- Suggestion of forming SAARC countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) partnership.

- A **fund raising committee** was formed and members were requested to volunteer to be on the fund raising committee. The following members have volunteered to be on the group;
  1) Mr. Raja Mohamed – MEERA Foundation
  2) Dr. Ranganadha Rao – LEPRA
  3) Dr. Prakash Tyagi – GRAVIS
  4) Dr. S.K. Srivastava – SIR
  5) Mr.P.T. Mohanadoss – DLRH
  6) Dr. Nalini Krishnan – REACH
  7) Dr. Narayan Iyer – IDF
  8) Ms. Sunita Prasad – Eli Lilly
  9) Dr. Vijay Edwards – WVI
  10) Mr. K.K. Abraham – INP+
  11) Mr. Simon Lobo – MISBAH
  12) Dr. T. Jacob John – RCV
- Budget to be prepared by Thematic groups on their work plan and submit to the Fund raising committee.

- Mr. Subrat Mohanty requested partners to inform us of innovative activities in their states for **World TB Day** so we can involve others and make it more participative.
- Dr. Laloo helped form the thematic groups by reading volunteered names of partners in the various groups and requested groups to sit together and begin the group work. She then shared the required outputs from the group sessions which need to be presented to the general body.
- Required outputs for presentation from Thematic groups includes:
  - Communication plan among group members
  - Work plan of the thematic group on collaborative action with time line and responsibilities
- Post lunch and before the thematic groups presentations a prize was given to the "networking hero" who has managed to meet and collect details of most partners during the 2 day meeting. The person with the most new friends is Dr. Manoj Kumar from VBSJUS, Bihar with 50 signatures and second place was tied between Mr. Sellamuthu, AA, Tamil Nadu and Mr. Sujit Ghosh, VHAT, Uttar Pradesh with 30 signatures each. They all received a prize from the Secretariat.

Thematic groups presentations:

(I) TB-HIV group (Annex 10):

- Mr. Raja Mohamed led the group in the discussion and presented the group's deliberations to all.

Members of the group include:

Raja Mohamed, MEERA FOUNDATION (Lead),Preeti Sharma, NSS, Hari Singh, ASHA KIRAN, Sanjeev Kumar, Sankalp Jyoti, Mohanadoss, DLRH, Lawrence, AKS HOPE, Sinoy, MPSSS, Lazarus, CAMP, Vijay lakshmi, PANEER, Seema Sahu, World Vision

Communication Plan:

- Periodically through E mail, Face Book, Phone
- Meeting 2 times in a year
- Sharing information
- Any other news

Work Plan 2013:

1) Mapping of HIV Project partners/Networks in District – within 1 Month
2) Meeting with TI Partners/Positive Networks in District – 3 month
3) Attending PRI Meetings at village level – 6 Month
4) Sensitizing Peer Educators/TI Staff or Dots providers to act as TB Counselor – 3 month

- As these are existing activities, they do not need funds at present
- Each partner would do the same activities at their operational area
- Group would share the results of mapping of HIV networks with all partners

Additions / comments from audience:

- Joint action by thematic group and not individual activity i.e. form guidelines for the above, developing common methodology, common message, etc.

- Sharing of results of meetings conducted and make one report of lesson learnt

- Group should make a route into the NSP and be involved in the discussions related to TB-HIV issues

- Linking with present HIV networks

- Study the interactions between the 2 (TB & HIV) government programmes and find out gaps in the TB-HIV collaboration .For e.g. do all TB patients get tested for HIV or do all HIV positive person get TB. Integrated counseling service – what do they counsel? Or can do an Assessment on what is happening now and identify gaps that can be filled from a civil society angle.

- There is a big need to be aware of what the governments are doing for TB and HIV before the group move on. Consult TB-HIV consultants and build a rapport with them. There is money available for capacity building in the governments.

(II) PPM / PPP group (Annex 11):

- Dr. Daisy Lekharu' from the group presented their discussions on behalf of Ms. Sunita Prasad (Lead).

Members of the group include: Sunita Prasad-Eli Lilly, Nalini -REACH, T Jacob John- Rotary Club Vellore, T.L.Nandgopal -Gandhi Foundation, Reynold Washington- KHPT, A.K.Soman – NWTWS, Dr. Daisy Lekharu - Population Services International (PSI) and technical advisor Arindam Moitra – RNTCP.

Communication plan;

- Monthly calls
- Email at least once a month and need based

Work Plan (Jan – Dec 2013);

1) Who to engage?
   - Line listing /Mapping of providers
   - Private providers' formal and non formal/pharmacists
   - Inputs from partners
   - Develop a framework for engagement with different providers
2) Documentation of best practices
   - (monograph/position paper)
3) PPM RNTCP schemes - share with partners, hand hold and advice

4) ASKs from partners for RNTCP
5) Simplify message and disseminate/translate for partners
- TB case notification
- Ban on serology
6) Technical handholding of partners
-Tools to interested partners
(a) Engagement with private sector
(b) Framework for mapping etc.

- RNTCP priorities include TB in urban areas and Allopathic private practitioners.

Additions / comments from audience: There is an understanding that there is more TB in urban settings than rural due to overcrowding, mode of transmission, treatment options are better in rural , etc. – suggest to make a spot map for TB in these settings and what can be done better in urban areas.

(III) Operational Research Group (Annex 12)

- Dr. Ramya, REACH lead of the group presented their plans.

Members include; Dr.P V Ranganadha Rao – LEPRA, Mr.J. Ravichandran- GLRA, Mr.K.K.Abraham- INP+, Mr.Samik Ghosh – FXB, Dr.Narayan Iyer – IDF, Mr.Ramashish- JVS, Mr. P. Jagdev – MAS, and Dr. Ramya Ananthakrishnan –REACH.

Objectives:

- To create knowledge pool to inform all partners on tuberculosis care and control and related issues
- To develop the capacity of partners in Operational Research
- To demonstrate evidence based TB care models among the partners

Communication Plan:

- Email communication once every 2 weeks to all the thematic group members and as when necessary
- Conference call once a month
- To be coordinated by the thematic Lead

OR Thrust areas:

- TB HIV
- Universal access
- TB and poverty
- MDR TB
- TB and associated conditions

Activities:

- Updating the partner profile matrix in terms of experience, capacity and interest
- Sharing the evidences from the field and compilation
- Sensitize the partners on OR

Key Outputs:

- PTCCI Partner Profile Directory
- OR calculator
- Evidence based health care model introduction and reporting
- OR protocols by members
- OR paper- submission

Work plan: detailed in Annex 12

1) Updating the partner profile matrix in terms of capacity, interest and experience – Completion of directory by June 2013 and write up and submission to a peer reviewed journal by end 2013.
2) Sharing field experience and compilation – by September 2013 and prioritize OR area – Oct 2013
3) Capacity Building – Identification of key persons- Aug 2013 and develop and submit proposals by end 2013.

Additions / comments from audience:

-Suggestion to identify 2-3 persons for OR courses and to send names to The Union for training consideration

- Knowledge translation mechanism- meet CTD and their OR questions that needs to be addressed and develop a 2 way sharing of OR priorities

(IV) Service Delivery group: (Annex 13)

- Dr. S.N. Misra group lead presented their discussions. He stated that the Thematic groups are part of and there to support the Partnership and not separate groups.

Members include: Dr. Anil Cherian –EHA, Sujit Ghosh-VHAT, Subrat Mohanty-The Union
Arindam Moitra – Advisor, Dr. S N Misra – Futures and all absentees.

Ground zero:

(1)Access and dissect -

- National Strategic Plan
- Standards of TB Care in India
- Database of Partners

(2) Feedback from all partners on gaps in service delivery

Output – Report on gap analysis and capacity building needs

Timeline – 2 months

Capacity Building initiatives:

(1) Develop a plan on Capacity Building

- Partners requiring support
- Partners who can provide support
- Partners to provide 3 priority areas of weakness

(2) Potential areas of Capacity Building

- Areas of OR (with OR group)
- Guidelines for Partnerships
- Case based web based reporting
- Standards of TB Care in India

Other areas:

- Involvement of Private Providers
  - Line listing and Mapping (with PPP group)
  - Periodic Meeting among Partners at the district level
- Periodic meeting with government partners
- Meeting with Patient groups for feedback on service delivery

Improving Case notification:

- Timely and quality reporting from all partners
- Reporting from Private providers
- Focus on "Non- project Districts"- Project Axshya

Communication Channels – email, Skype, meeting within the next six months

Additions / comments from audience:

- Partners to be a part of district level plans and working groups at district level
- Good to have one partner in a state to facilitate these meetings

(v) Advocacy Group: (Annex 14)

- Dr. K.T. Arasu led the group into discussions and shared their plans.
  Members include: S.K.Srivastava-SIR, Susanta Kumar- Prastutee, Sunita Singh-DEP, Kunasekaran-Vasandham Society, Ramesh Babu-MAMTA, Nagajothi – Rainbow TB Forum, Ashok Singh-BMVSS, Satish Kaipilyawar –PATH, Susil Kumar-SEWA, Mohamad –YRTS, K.T.Arasu –AID India, Wohab –SHIS, Bhagra , Simon –MISBAH, Prakash Tyagi –GRAVIS, Sellamuthu- AA.

Communication Plan:

- Communication through email to all thematic group members though convergence mail. Responsibility: Dr. Prakash Tyagi by Jan 30th 2013
- Creation of Communication through Skype ID of all the partners Dr. Prakash Tyagi-30th Jan 2013
- Partners Speak special column for ADVOCACY from next issue coordination by Ramesh with UNION representatives. 30TH Jan 2013

National Level Plan:

1. Advocacy with CTD to implement NGO specific schemes with clear targets/coverage and utilization of budget. Feb 2013 with UNION support
2. In Partner Speaks, separate space for publication of advocacy issues. Next issue
3. Compile the list of various state specific social assistance/support schemes for TB patients and share with all the Partners- Responsible: Mr.Arasu by Feb 15th 2013.
4. Request for an Regional level MEDIA ADVOCACY TRAINING FOR PARTNER

State level plan:

1. Ensure the states to evolve clear state specific CSO engagement plan linking the implementation of NGO schemes.
2. Make it mandatory for states to implement Tribal action plan by the respective states with clear time line and monitoring plan.
3. Identification of State point person/District point person for ADVOCACY

State Advocacy plan:

1. Clear sensitisation plan is required for DTOs on CSO engagement.
2. Ban on Serology test order need to be put into practice through state/District/Block level during World TB DAY.
3. State level CSO partnership is to be formed/ strengthened for state level advocacy.
4. Advocacy for inclusion of TB patients as workers to do light works under MGNAREGA.
5. Dissemination of state specific social assistance/support schemes for TB patients among partners. Feb 2013
6. World TB Day 2013 ZERO DEATH & TB FREE INDIA –March 2013

District Advocacy:

1. Clear strategic plan at the district level should be ensured linking the vulnerable population as part of the District RHM plan.
2. Creation/strengthening district level CSO partnership for district level advocacy.
3. Sensitization and \Awareness at the district/block & village for access to care, treatment and “NO STIGMA ON TB PATIENT”.

District sub level plan:

1. Creation of block level TB forums / strengthening existing TB forums to take up DMC level advocacy.
2. Serve as pressure group to DTOs to implement the serological test ban and TB notification.
3. Monitoring the implementation of RNTCP standards by the TB forums.
4. Training for empowering TB forums for monitoring the implementation of RNTCP standards.
5. Involve PRI/VHSC/SHG/CBOs in NRHM training on TB & Media Advocacy capacity building

Additions / comments from audience:

- NGOs at state level should also look at the district level, establish connections and be part of the district plan and advice the district level managers.
- Suggestion from the Advocacy group on engaging the district TB forums formed under project Axshya instead of creating another forum in the areas they are present.
- NGO coordinator for schemes in the states and formation of State task force – Advocacy group to facilitate with STOs.

- Suggestion for group to come out with a document on the kind of advocacy that could be done at all levels by Partnership
- 6 monthly Assessment of advocacy efforts made, issues raised, status of the advocacy effort and resolving the issue.
- Documentation process of success and failures of advocacy issues through sharing of experiences
- Clear messaging is important for every issue at every level.
- Advocacy needs to not only look at program but at patient's rights e.g. proper use of patient Charter- makes a movement around the charter.
- Involve the present TB Champions in the group's activity.
- Group has some funds from Ms. Sheila Davie that the group can use.

(VI) Women and Childhood TB group: (Annex 13)

- Mr. Sandeepta Biswal presented group plan on behalf of Dr. Vijay Edwards (Lead).

Members include: Dr Vijay Edward- WVI, J M Singh-MSS, Shivnath Mishra –SNEHA, Dr Sanjib Sikdar- Deshabandhu Club, Sandeepta Biswal –CARE India, ManMohan –VHAP, Dr Esther- JCMC, Vikash Ranjan- Sampurna Jagriti, S Krishnamurti –VIDT, A N Menakshee- IMAYAM, Shridhar pandey- GBJS, Amba dat panth-APAAR, T Mercy Annapoorni – Blossom Trust. Technical Advisor – Dr. Geetanjali Sharma.

Process:

- Current scenario
- What needs to be done?
- Possible Strategies
- Prioritized activities for the group

Communication Plan:

- Documents sharing by Dr Geetanjali and Dr Edward and seeking inputs
- Group will share their six month action plan with Dr Edward and Sandeepta.
- Through e-mail, telephone and Skype
- Linkages with other thematic group (OR and Advocacy): communication with team leads

Work Plan 2013:

1) Literature review by 15th Feb'13
2) Assessment/Research on the issues April'13
3) Developing key messages to be disseminated Feb'13
4) Developing reading/IEC materials in local language before the national events
5) Specific focus during world TB day and women's day March'13
6) Prepare a poster for the WLC Paris 2013 on women and child TB
7) Collaborate with IAP and FOGSI if possible make presentation on women and childhood TB
8) Identify a brand ambassador July'13
   - Work for fundraising team
9) Linkage with ACSM and OR group : continuous activity
10) Developing paper for linkages with different Individuals, groups, agencies & departments April'13
11) Sharing of plan/ materials with all ongoing.

- Thematic groups to include Secretariat and Dr. Abhijeet Sangma (CMAI) in all communication
- Group Leads should interact with each other to look at linkages between all groups.
- Request from the Fund raising team (FRT) to all groups to kindly prepare your work plan with a budget estimate for prioritized actions – FRT to send a template or guidelines to all group leads.
- Suggestions from partners to the FRT on how to raise funds e.g. TB seals, etc.
- Leverage present activities of the Partnership for thematic groups – send request to Secretariat
- Information on next meeting of thematic groups post 6 months will be communicated when the funds are available.

- Dr. Laloo requested all partners to send a brief report of meetings attended on behalf of Partnership so it can be shared with all partners for their information.
- Request partners to mention that they are part of the Partnership when they attend events so as to improve visibility of the Partnership.
- Request to be made to CTD to include the Partnership in CSO meetings.
- Any changes to contact details of partners to be sent to Secretariat.
- Dr. S.N.Misra on behalf of the Partnership thanked the 2-woman army at the Secretariat and request partners to communicate and take responsibility to answering emails. Request that the Thematic groups share with all members their plans and we should look beyond the Project Axshya districts and include all districts.
- Dr. Esther Liani, Jorhat Christian Medical Centre (new partner) shared her experience on the 2 day consultations and take home messages. She shared that she had learned a lot from the meeting and encouraged by other partners working to fight TB and motivates her to enhance the engagement for TB care and control. The Thematic groups plans assures that the Partnership will be doing great things in the coming year and by next meeting we will be able to share more of the work done collaboratively.
- Dr. Laloo then asks partners if the outcomes of the meeting that was hope to achieved were met – all agreed that all outcomes were met.
- Meeting ended with Dr. Laloo giving the **vote of thanks** to all persons involved in the process of conducting the meeting. Guests, Partners, Hotel, The Union team, etc.

Thanking you.

www.tbpartnershipindia.org / dlaloo@theunion.org / 011 4605 4400

Photo – Participants of the National Consultative meeting at Hotel IBIS, Gurgaon, 17–18 January 2013

PARTNERSHIP FOR TB CARE AND CONTROL India