

National Consultative Meeting
Partnership for TB Care and Control
21-22 October 2016, New Delhi
Report

Back ground:

National Consultative Meeting of partners is an annual event of PTCC where all member civil society organizations currently involved in various TB care and control activities in all states of India participate and share their experiences. Key objectives of this consultation are to review all past initiatives, efforts, evaluate level of achievements and plan for future course of action to enhance/improve TB care and control efforts at all levels. The consultation also provides an opportunity to all partners come together to discuss on the strategic vision of PTCC that envisage greater success to all initiatives in TB control at national/state/district level.

Programme:

The National Consultative meeting of partner held on 21-22 October 2016 at Hotel Mapple Exotica, New Delhi. Total 64 participants participated in this programme from the State of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Odisha, Tamil Nadu, Uttar Pradesh, Madhya Pradesh, Jammu & Kashmir, Himachal Pradesh, Rajasthan, Gujarat, Assam, Manipur, Uttarakhand, Delhi and Kerala.

Inauguration Session:

The meeting was inaugurated by lighting of lamp by GB members and guest.

Welcome Address:

The National Consultative meeting started with welcome address by Mr. Mohanadoss Paul, Secretary PTCC. He welcomed all the partners, guest and facilitators.

Address by Chairman:

Dr. S. N Misra, Chairman, PTCC welcomed all participants and highlighted the growth of PTCC to 220 partners. He stated the objective of the programme. National consultative meeting of partner is a key event of PTCC where partners discussed about review of past initiatives and discuss on future course of action. PTCC welcomed all participants and highlighted the growth of partners. He also shared the details of activities of Partnership for TB Care and control. He shared about training of TB Advocates, and output of the programmes. He shared among participants about upcoming events and planning of PTCC. He urged

the participants to explore more partners who can join PTCC as partners and exploring funding opportunities for PTCC. He stated being a biggest network of civil society PTCC can put tremendous impact on TB care and control and supplement the RNTCP effort.

Engagement and role of civil society in TB care and control:

After the inauguration session Mr. Subrat Mohanty facilitated the session on “Engaging and role of CSOs in TB care of control”. He stated the CSOs play a vital role in TB care and control. He shared various examples of role of CSOs which created a greater impact in TB care and control. CSO’s role is very crucial in advocating for certain demands in TB care and control. Civil society organizations and affected communities are key players in responding to disease epidemics at regional National and global levels. Being embedded in communities, CSOs are often well placed to take on operational roles in detection and patient support. They can also advocate for the interests of their members or the groups they represent and play an integral role in empowering key populations, helping reduce stigma and discrimination, promoting social and structural changes in the fight against TB and mobilizing resources, advocacy and policy dialogue. Affected communities possess unique knowledge on how their needs can best be addressed. CSOs have in-depth knowledge of local contexts due to their work with key affected populations. This places them in a strong position to advocate for policy level intervention and advocate for other challenges. CSOs can be voice for the patients and affected community. He very much emphasized that CSOs goal should be not a TB patient died of TB it’s our role to sensitize the community and patient friendly treatment. He urged the partners to meet the TB patient personally so that we can identify the patients need and advocate for a patient friendly treatment. he shared about the end TB strategy: 3 pillar and four principle – integrated patient centered TB care and prevention, bold policies and supportive systems and intensified innovation and research.

Recent Development in TB care and control: Dr. Sayeed Imran Farooq

Dr. Imran shared the latest updates of TB care and control in India. He shared the global TB burden and the TB burden in India. The information consists of incidences of TB cases, mortality of TB, incidences HIV/TB, mortality of HIV/TB and MDR TB. India contributes 27% global TB burden. Along with global TB burden he shared information about 100 high risk districts as per RNTCP, information on daily regimen roll out, bedaquiline, MDG6 TB targets, Vision, target, goal of End TB strategy. He explains about 3 pillar and 4 principles of End TB strategy. He also shared about NIKSHYA, 99 DOTS, revised technical and operational guidelines.

State presentations:

The states that were participated in the consultative meeting were come with their State level presentation. They shared about their State present scenario on TB care and control, what activities they are doing for TB control, what changes happened due to their Tuberculosis intervention and challenges and recommendation. Most of States were recommend on nutrition support for TB patients and counseling support for DR Tb patients lack of proper counseling support led to drop out cases in the States.

Various states presented are Andhra Pradesh, Bihar, Chhattisgarh, Uttar Pradesh, Madhya Pradesh, Uttarakhand, Odisha, Kerala, Tamil Nadu, Assam, Manipur, Himachal Pradesh, Jammu and Kashmir, Delhi, Maharashtra, Kerala and Gujarat. They also shared about challenges they are facing at field level.

Recommendation from partners

Nutrition support, policy level intervention, counseling support to TB patients, NGOPP scheme,

Poster presentation

Partners were requested to bring posters which described their work and also outlined what they would do to advocate for TB Care and Control. The poster session was very successful with more than 30 posters being submitted and explained to the panel of judges Dr. Vijay Edward and Mr. Mohanadoss. The award for the best posters which went to HPORC, Jabalpur, Daud Memorial, Uttar Pradesh, GVHA, Gujarat, PARAS and Lokshakti samiti, Chattisgarh, GSKVM, Jharkhand and Healthline, Kerala.

Day 2:

Day 2 started with recap session.

Recap:

Mr. Vivek Misha recaps the previous day sessions. He elaborated what are the sessions and key discussion held on day one.

State wise group discussion:

Participants were divided in to state wise groups and discussed on issues, challenges at State level and on what specific issues they will do advocacy, whom they will approach and prepared a draft plan of action for the State partners. They prepared the plan and presented before GB members and partners for suggestion and feedback.

State wise plan of action presentation:

Uttar Pradesh:

State Wise Presentation Uttar Pradesh

Issues To Cover:

- *Early case detection of MDR patient*
- *Zero TB Death in State*

Sno	Objective	Activity	Resources		Timeline
			Financial	Technical	
1	Early case detection of MDR patient through	<ul style="list-style-type: none"> • State Level Workshop of Policy 	75,000	Literature, Material, MDR Data, Machine	November 2016

	Installation of Gene-xpert machine & start functioning	<p>makers</p> <ul style="list-style-type: none"> • District Forum Meeting • Meeting with DTO & STO • DHS Agenda incorporation • Media Briefing • MLA & MP interaction & Interface meeting with Patients • Meeting with supplier company for followup 	<p>5,000</p> <p>50,000</p> <p>2,000</p> <p>30,000</p> <p>40,000</p> <p>5,000</p> <p>207,000/- (Two Lakh Seven Thousand only)</p>	Supplier's detail	<p>November 2016</p> <p>December 2016 Dec'16-Jan 2017</p> <p>Oct-Nov-Dec</p>
2	Incorporating TB Elimination in Election Manifesto (There will be no TB Death)	<ul style="list-style-type: none"> • Meeting Various Political Parties • Media Briefing • Pamphlets Posters, Hoarding, 	<p>40,000</p> <p>30,000</p> <p>30,000</p> <p>100,000</p>	Literature, Material, Data of State	<p>November 2016</p> <p>Dec 2016</p> <p>Jan 2017</p> <p>Feb 2017</p> <p>March 2017</p>
3	Coordination among PTCC Partners of UP: 23 Partners	<ul style="list-style-type: none"> • CSO Partners & TB Advocates Monthly Meeting • Followup of activities being undertaken & action plan preparation 	24,000 per month	Travel, refreshment & materials distribution	November 2016

Members:-

- Ms Anita Noora, Daud Memorial Christian GrameenVikasSamiti, Gorakhpur District
- ShBrahapatiPandey, YuvaVikasSamiti, Basti District
- Sh Sridhar Pandey, Gautam Buddha Jagriti Society, Siddharthnagar District
- ShVivekPandey, GujratiSmarakShikshanSevaSansthan, Mau District
- Sh Ram Mohan Chaturvedi, Jai MaaGrameenBalVikasSamiti, Jalaun District

- ShVivek Mishra, Ganga, Lucknow

Jharkhand:

PTCC

STRATEGIC ACTION PLAN FOR JHARKHAND: 2016-2017

S. No	Objective	Activity Time Frame	Resource	Responsible Persons	Outcome Expected
1	To increase PTCC state Chapter institutional member strength [From 9 to 15]	November, 2016 to January, 2017	0.00	1. Mr Nishant Ekka, 2. Mr. Bhishma Narayan Pradhan, 3. Mr Baidyanath Mahato, 4. Mr. Hasmat Rabbani 5. Ms Swarn Lata Ranjan	100%
2.	To involve media persons in PTCC state Chapter [District TB Forum already have them]	November 2016 to February 2017	0.00	1. Mr Nishant Ekka, 2. Mr. Bhishma Narayan Pradhan, 3. Mr Baidyanath Mahato, 4. Mr. Hasmat Rabbani 5. Ms Swarn Lata Ranjan	From Every District we will try to involve at least one person.
3.	Conduct meetings of PTCC state chapter	February 2017	25000.00	1. Mr Nishant Ekka, 2. Mr. Bhishma Narayan Pradhan, 3. Mr Baidyanath Mahato, 4. Mr. Hasmat Rabbani 5. Ms Swarn Lata Ranjan	For strategic plan preparation, Setting Objectives, Discussion on state issues, find the possible solutions, etc;
4	05 Five proposals on Nutritional support to be submitted to 05 Corporate in state By PTCC State Chapter jointly.	February 2017	10,000.00	1. Finally Selected Partner NGOs by PTCCs for Jharkhand.	Possible CSR: 1. Tata Steel, 2. ACC Cement, 3. NTPC, 4. Power Grid Corporation of India 5. BCCL, SAIL etc.
5.	Phone calls to – CM Jharkhand Jan Samvad cell	March 2017,	0.00	1. Finally Selected Partner NGOs by PTCCs for Jharkhand	1000 Phone Calls (Free of Cost, its Toll free)
6.	Signature campaign for change in policies for TB Patients by State level. [To ensure of Food security for every TB Patients].	24 th March 2017	25000.00	1. Finally Selected Partner NGOs by PTCCs for Jharkhand	1,000 TB Patients [Cured/On treatment TB Patients] & Others.

7.	Total expected budget		60,000.00	Rs. Sixty Thousand Only.	
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Jointly Prepared By: 1. Mr Nishant Ekka, 2. Mr. Bhisma Narayan Pradhan, 3. Mr Baidyanath Mahato, 4. Mr. Hasmat Rabbani & 5. Ms Swarn Lata Ranjan

Bihar:

Time: one year

Activities:

Formation of state level T.B forum:-

To strengthen the drive a state level forum would be formed in which the initiative would be taken to mobilize the resources from state holders. Basically the core members of this forum would held meetings on quarterly basis to draw strategy to enrich the initiative to minimize and control the risk aliment of T.B.

PARTICULARS	Unit	Cost	Budget break up unit
Meeting of forum	4	= 4 unit x 13000 = 52000	Fooding = 15 x 450 = 6750, Travel = 15 x 250 = 3750 Banner, Stationery and other logistics = 2500 Grand total = 13000 INR

2. Sensitization workshop with stake holders:-

In a bid to foster linkages with line departments and other stake holders a one day workshop would be organized at state level in which participation of media, PRIs, Govt. Officials , ICDS representatives, Social welfare departments , Honorary minister for health would be ensure. This workshop would be organized to create conducive environment

- To ensure nutritional value for T.B patients
- To link T.B patients with SSS social security schemes
- To strengthen PPP schemes

PARTICULARS	Unit	Cost	Budget break up unit
Sensitizing Workshop	2	31750	Fooding = 30 x 450 = 13500, Travel = 15 x 250 = 3750 Banner, Stationery = 30 x 150 = 4500, lcd = 2500, conference Hall = 10000, = 31750 INR

Travel:-

PARTICULARS	Unit	Cost	Budget break up unit
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Travel for follow up	12	12 x 1500 = 18000	Public transport
Total Activity and Budget			
PARTICULARS	Unit	Cost	Budget break up unit
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Travel for follow up	12	12 x 1500 = 18000	Public transport
Total		101750.00	

Activities	unit	Oct	nov	dec	jan	feb	mar	Apr	may	june	july	Agu	Sep
Meeting of forum	4		****				****			****			****
Sensitizing workshop	1					****							
Follow up	12	****	****	****	****	****	****	****	****	****	****	****	****

Expected outcomes:-

- Approx 500 T.B patients would be linked with SSS
- Provision for Nutritional support would of T.B patients through govt. supports

They have presented their plan of action which comprises of various advocacy plans with district and State level politicians, media, other stakeholders.

GB members gave their feedback on action plan of participants. At the end of the session Chair, PTCC requested all the participants to revise their work plan and send the revised one within a week to PTCC Secretariat.

Dr. Misra expressing his gratitude on behalf of PTCC he thanked all participants for their active participation and contribution.

