



# Mamta Samajik Sanstha

Registered under Societies Registration Act No. XXI of 1860

53-C, RAJPUR ROAD, DEHRADUN – 248 001 (UTTARANCHAL) INDIA

Ph. : (0135) 2653671, 2655082 FAX : (0135) 2652111 e-mail : mamta\_s\_s@rediffmail.com, mamtasanstha@yahoo.com

## **Haridwar District TB Stakeholders Consultation**

Organized by Mamta Samajik Sanstha, Dehradun

Supported by Advocacy to Control TB nationally (tbACTION)

In collaboration with District TB Unit

21<sup>st</sup>, November 05, Anganwadi Training Centre, Kankhal Haridwar

### **SUMMARY OF MEETING**

- A total of 83 stakeholders participated, including 25 NGOs, 8 PPs, 30 DOTs & AWW staff, 5 Cured & Under treatment persons, 8 Govt officials (Health & ICDS) and 1 State Ayurvedic College.
- The event was supported by the State TB cell, with active participation of the DTO Dr. Prem Lal. Dr. Lal presented some of the features of the RNTCP program. He urged the audience to have the determination to work on TB control. In the second half of the meeting, due to absence of WHO consultant and DTO, the presentation on 'Schemes for NGOs & PPs' had to be made by tbACTION staff on behalf of the TB cel. Questions from the NGO, PP and health worker community were handled:
- As a demonstration of political administration support to the public health issue, the District Magistrate had consented to participating in the meeting and giving the Key Note Address. However he was unable to attend.
- Dr. Major Alok Vasisht, IMA member, PP, presented the relation of HIV with TB.
- In the second half of the meeting, due to absence of WHO consultant and DTO, the presentation on 'Schemes for NGOs & PPs' had to be made by tbACTION staff on behalf of the TB cel.

### **OUTCOMES**

1. NGOs were made aware of schemes. However, the absence of government officials for the full duration of the meeting was felt
2. Future Strategy for TB Control in Haridwar was discussed.
  - a. Regarding Private Practitioners, Dr. Vasisht, IMA member, volunteered to raise the issue of TB in the IMA forum and urge them to deal with TB through their network.
  - b. Local NGOs, KNEUS and MAMTA, would take the lead in involving the NGO community in Haridwar.
  - c. A three-member core team comprising Mamta, KNEUS and IMA representative Dr. Vasisht, volunteered to represent the NGO and private practitioner sectors and discuss the future of TB control in Haridwar with DTO and other District TB Cel officials.



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### MINUTES OF MEETING

#### Session I: Inaugural Session

##### **Welcome and introduction, J.M. Singh, Secretary, Mamta**

- Mr. J.M. Singh welcomed all participants and apologized for the delay in onset of meeting.
- He introduced tbACTION team with whose partnership the program was being organized.
- He referred the State level stakeholder meeting which was conducted in Dehradun earlier, and is followed up by this first district level meeting.

Self-introductions by all participants was done and this reflected a range of stakeholders in the room such as DOTS providers, Anganwadi workers, NGOs, TB patients, and government officials.

##### **Introduction to tbACTION and Meeting objectives, John Mathai, Country Director, tbACTION**

- Mr. Mathai acknowledged the presence of Dr. Prem Lal, DTO, who he referred to as the 'man of the match', and who he expected to participate in the all day meeting of stakeholders.
- He referred the news of 4 people died in an accident in Kerala, and the missing news of the 1000 that die everyday in India. He shared that the number of people that died of TB in 2004 was greater than all deaths due to disasters, wars, terrorist attacks, the tsunami...
- He noted with sadness that these deaths occur when there is a cure, and it's free.
- To learn the reasons of these deaths and the state of free treatment in the state of Uttaranchal, tbACTION had partnered with *Mamta* and create an awakening in this area.
- He referred the national consultation in Delhi, in which participating states wanted their own perspective to be dealt individually, which led to the state and now the district level district level stakeholders consultation in Haridwar.
- He introduced tbACTION, an international 3 year project - supported by Results as part of the Bill & Melinda Gates Foundation - to learn the reasons for the gaps existing between huge numbers of deaths and freely available TB treatment.
- Initiating the meeting, he urged all present to participate in the workshop, and allow building of a bridge amongst all stakeholders.

##### **An overview of RNTCP in Haridwar, Dr. Prem Lal, Senior DTO, Haridwar District**

- Dr. Lal thanked tbACTION and Mamta for organizing the meeting
- He thought it was fortunate that the district level consultation was initiated in Haridwar district, considered the gateway of Gods and a historic city in Western Uttaranchal.
- He provided the following facts about the district:
  - o Haridwar district came into existence in 1988 and is now the most populated district in the state.
  - o The RNTCP was launched here in Feb. 2004.
  - o The Population covered with DOTS is 15.54 lacs, almost the entire population.
  - o There are 3 treatment units (TUs) which are situated in Haridwar, Roorkee and Luxar. Amongst these TUs there are 15 DMCs of which 2 are NGO managed. (Both the NGOs were present at the meeting)



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- There are more than 383 DOTS centers /providers in all, of which anganwadi workers form the biggest DOTS providers and supporters.
- In 2004, there were 1571 patients registered. In 2005 there were 1093 total registered.
- He emphasized that these stats indicated lack of detection and that 100% patients have not been detected in our society. “Our detection rate is 100 per one lakh population (for 2005), which is not much”.
- The default rate is 5.3% for Qtr I and 3.1% for Qtr II

-\_He presented some of the features of the RNTCP program

- X-ray has been the main stay of the RNTCP program in Haridwar since the beginning, and still remains a focus causing poor detection.
- He acknowledged, and wanted the fact to be promoted, that today a sputum test is the choice of detection which the government recommends.
- The DOTS provider selection is made based on a ‘minimum criteria’: providers should be literate and should be motivated, that’s all. “We don’t want to make uninterested people DOTS providers as they won’t do well.”
- He referred the practice of practitioners and others who have been heard saying that “if you don’t get cured taking medicines daily, why would you be cured by taking medicines on alternate days(as per DOTS)”. He stated that private practitioners, who feel threatened by the free government centres for fear of losing their patients, should be informed about the regimen.
- All patients, even extra pulmonary, are included in the program, are registered and treated.
- Incase of extra pulmonary TB cases, the cases need to be confirmed.
- He shared that there are lots of women patients in the system,

-He urged the audience to have the determination to work on TB control.

- “Only when one of our own is victimized by TB, we realize we need to fight TB.”
- He shared the misconceptions that abound till date about TB. “My patients used to cry on hearing that they’ve been diagnosed by TB, such was the misconception about it.”
- It was still a misconception that TB is incurable and a lifelong curse.
- He made a point about TB being less life threatening than other ailments, such as Bronchial Asthma. He differentiated that Asthma is a lifelong disease while TB isn’t lifelong; it’s curable in a short course. Awareness about this needs to be generated.
- He urged everyone to not consider TB control a job of the government alone, but consider RNTCP as their program.

## **Key Note Address on RNTCP, D.M., Haridwar**

*As a demonstration of political administration support to the public health issue, the District Magistrate had consented to participating in the meeting. However he was unable to attend.*

## **Schemes for NGOs & PPs, Dr. Rajan Arora, WHO Consultant**

Although Dr. Arora had consented to attend and present this crucial session to all participating NGOs, he was held up in the state TB cell office and could not make the presentation as scheduled. Instead this session was presented by tbACTION staff by handing out and explaining Dr. Arora’s presentation material. The following basic information about NGO schemes was presented, for the benefit of participating NGOs. This session could have been more interactive and informative (e.g. details of grant in aid and training offered by TB cell could have been provided to interested NGOS), if any government official from TB cell had been present.



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## The following schemes were presented for NGO's to participate in the RNTCP:

- **Scheme 1: Health education & community outreach**
- **Scheme 2: Provision of directly observed treatment**
- **Scheme 3: In-hospital care for tuberculosis disease**
- **Scheme 4: Microscopy and treatment centre**
- **Scheme 5: TB Unit Model**

### 1. HEALTH EDUCATION AND COMMUNITY OUTREACH

- Provide advocacy and IEC relating to TB and its treatment, retrieval of defaulters.
- Sensitization training to NGO trainers provided by DTCs.

Assistance – Provide literature, training, annual grant in aid as per norms

### 2. PROVISION OF DIRECTLY OBSERVED THERAPY

- NGO Staff provides DOTS as per RNTCP guidelines, ensures follow up sputum examinations and default retrieval.
- Records to be maintained.
- TB services must be free.

Assistance -Training for DOT providers, literature, formats, drugs, lab supplies, honorarium for volunteers and annual grant in aid as per norms

### 3. IN HOSPITAL CARE FOR TB DISEASE

- Sputum Microscopy and Treatment to in-hospital TB patients as per RNTCP policies.
- Records to be maintained.
- Effective system of referral of patients for follow up care following discharge.

Assistance - Training for Staff, Drugs, Formats and annual grant in aid as per norms

### 4. MICROSCOPY AND TREATMENT CENTER

- Microscopy, Treatment and Referral as per RNTCP guidelines – need qualified and trained MO, LT.
- TB services must be free.
- Lab Register to be maintained

Assistance -Training for Staff, Formats, Lab. Materials, Drugs and annual grant in aid as per norms

### 5. TUBERCULOSIS UNIT MODEL

- All RNTCP services (Microscopy, Treatment, Referral, Reporting, Supervision, Monitoring) as per guidelines.
- Cater to a population of 5 / 2.5 lakhs
- Coordinate with all public and other health facilities in area

Assistance - Training, Formats, Lab. Materials, Drugs, Grant in aid for start up activities (one time), annual aid for personnel, honoraria, general support

## ELIGIBILITY CRITERIA FOR NGO's

- Registered under Societies Registration Act.
- Work in the local area
- Necessary Infrastructure/ Trained Staff/ Volunteers.
- Experience in related field

1 yr. (Schemes 1 & 2).

3 yrs. (Schemes 3, 4 & 5).

## How Pvt. Practioners can participate



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Scheme 1: REFERRAL OF TB SUSPECTS

Scheme 2: TREATMENT OBSERVATION

Scheme 3: DESIGNATED PAID MICROSCOPY CENTER

- a. Microscopy Only
- b. Microscopy and DOT

Scheme 4: DESIGNATED MICROSCOPY CENTER

- a. Microscopy Only
- b. Microscopy and DOT

## 1. REFERRAL OF TB SUSPECTS

- Refer pulmonary and non- pulmonary TB patients or send sputum to DMC.
- TB services must be free, can charge for consultation.
- DTC to pay Rs. 10/- per sputum sample for transport.
- Sensitization training provided by DTCS.

## 2. PROVISION OF TREATMENT OBSERVATION

- PP/Staff provide DOT as per RNTCP guidelines
- Free TB treatment services.
- Records to be maintained.
- DTC will pay Rs. Honorarium per cured or completed patients.
- Literature, Training - MO & DOT Provider, Drugs and Formats will be provided by DTCS.

DTCS.

### 3a DESIGNATED PAID MICROSCOPY CENTER - MICROSCOPY ONLY

- Sputum Microscopy as per RNTCP policies.
- Record keeping and supervision as per guidelines.
- Provide a signboard – Govt. approved paid RNTCP lab.
- The Microscopy Center may charge for its services.
- Literature, Formats, LT Modular training for 10 days provided by DTCS.

### 3b. DESIGNATED PAID MICROSCOPY CENTER - MICROSCOPY & TREATMENT

- Microscopic and Treatment is as per RNTCP policy.
- The Microscopic Center may charge for its services but not drugs.
- Provide records for supervision.
- Literature, Modular training for MO, LT & DOT

Provider, Formats, Drugs and Honorarium per cured or completed patients provided by

DTCS.

### 4a. DESIGNATED MICROSCOPY CENTER - MICROSCOPY ONLY

- Sputum Microscopy as per RNTCP policies.
- Materials for Microscopy are provided.
- Record keeping and supervision as per guidelines.
- The DTC will pay Rs. 15/- per slide. Patients are not charged. LT Modular

training for 10 days, Lab material, signboard – Govt. approved RNTCP lab. Provided by DTCS.

### 4b. DESIGNATED MICROSCOPY CENTER - MICROSCOPY & TREATMENT

- Microscopy and Treatment policy is as per RNTCP.
- The Microscopy Center does not charge for its services.
- Provide records for supervision.
- Literature, Modular training for MO, LT & DOT





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Provider, Lab material, Formats, Drugs, Rs. 15/- per slide & **Honorarium** for cured or completed patients provided by DTCS.

## Why NGO/PP's should be on board?

- ✓ Play an active role in health promotion in community
- ✓ Many patients seek treatment from them
- ✓ Provide uniformity in diagnosis, treatment and monitoring through a wider base to maximize cure and stop spread of TB
- ✓ Social Responsibility of all

## PRIVATE PRACTITIONER

### Dr. Major Alok Vasisht, IMA member, PP

Dr. Vasisht serves a population of 7000 patients in metro hospital as consultant, besides his own clinic. He stated that in this age of HIV, it is important to see how it is related to TB.

## HIV RELATED TB facts

- 11.5 million HIV +ve people are co-infected with TB worldwide
- 20% in South-east Asia
- HIV negative person has 5-10% life time risk of developing TB
- HIV positive person has 50% life time risk of developing TB
- HIV positive person has 10 times increased risk of developing TB
- Increased TB cases due to HIV means increased burden on TB control programmes.

## CONSEQUENCES OF IMPACT OF HIV ON TB

- Difficulties in diagnosis
- Low cure rates. HIV complications are enough as is, drug complications,
- High morbidity during treatment
- High mortality during treatment
- High default rate. We are at 5%, and its increasing because of HIV
- High rate of TB recurrence. Immune system is compromised and TB recurrence is increasing
- Increased chances of MDR-TB cases.

## PATTERN OF HIV RELATED TB

- Progressive HIV Infection causes more and more impairment of Immune System
- Disseminated and Extra-pulmonary disease is more common. Extra Pulmonary cases Increasing due to HIV
- TB and HIV are complimentary to each other, and exacerbate each other

## BENEFITS OF HIV TESTING IN TB PATIENTS

- HIV testing: always voluntary. this is upto the patient
- Counseling for decreased transmission, stigma is attached to HIV therefore counseling not of interest to people
- Better management of opportunistic infection.
- Offer ART

TREATING TB AND HIV TOGETHER, there's a need for coordination so that it's better managed

- Detailed assessment of patients, numerous tests
- ATT takes preference over ART, anti tubercule treatment is needed first to control TB as patient dies first of TB, HIV kills after years.
- Special care to be given for choice of drugs in both ATT and ART



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- Beware of immune reconstitution syndrome

Dr. Vasisht emphasized that TB has to be seen in context of new dimensions and perspectives in this era of HIV/AIDS. Stigma has to be dealt with.

## Session II: DOTS Experience Sharing

### DOTS PROVIDER

#### **Dr. Rawat**

- He has been for 3.5 years in RNTCP, running a microscopy centre, managed by Pusht Samiti
- When they wanted to open microscopy centre, the DTO encouraged them. They have 120 cases who are being given DOTS at present, and a 1.5 lakh population is being covered by their centre.
- For treatment they send patients to Luxar, after microscopy tests are done at their centre.
- His commented that “We have to get the death rate down, so we can be proud of our achievement.”
- For this he said that everyone’s support is needed. DOTS provider will do their job, but the Anganwadi worker needs to be involved also.
- Lots of patients come complaining of vomiting and other problems during medication, but DOTS providers are not knowledgeable enough to answer these concerns, causing defaulters.
- He urges the district officials to train their DOTS providers with a ‘revised training plan’ to counsel and advice patients on dosage and handle such treatment situations, to avoid increasing defaulters. Therefore DOTS provider training is needed
- Extra pulmonary case needs to be confirmed first (by a lab test) that TB is the cause of the ailment, before starting TB treatment under DOTS.
- He feels that symptom awareness should be generated at village level.

#### **B. K. Bhardwaj, Supervisor /DOTS provider of KNEUS Health care centre (Leprosy program) Jagjitpur**

- He runs a DOTS centre with 6 centres; one of them is a microscopy centre in Haridwar.
- Their door to door team does awareness on leprosy and TB, in schools, villages.
- They serve 1 lakh population with daily 80-100 patients coming to the general hospital.
- Problems faced during treatment are: “too long treatment period”, “too many medicines”, motivation level. They counsel patients and keep medicine stocks.
- He outlined their TWO MAIN NEEDS as DOTS PROVIDERS:
  - Side-effects occur because of medicines: vomiting, weakness, hard of hearing, hard of seeing, and they have no supplemental drugs like vitamin b complex etc. to take care of this.
  - They cater to poor people mostly, who need nutritional help. Most have dietary issues.

#### **Meenu Chauhan, DOTS provider, Anganwadi worker under KNEUS, Dariwala**

- They have five patients of which one is cured; four are under treatment in same village.
- Patients were scared to say they had TB and no one would come to us.
- The Doctor started sending patients to her.
- She related the instance of one of their cured patients told the other patient that it’s a curable disease, and objected to the belief that TB will kill.
- She suggested that someone, preferably doctors, need to explain TB at the village level, so that there is better acceptance of the disease and its curability.



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## **Sandeep Dixit, DOTS provider**

- They have 8 patients under treatment.
- They have a. Pathology Lab in Luxar, where patients come from nearby.
- After taking medicines they complain of lack of appetite and getting jaundice.

## **HOSPITAL**

### **Dr. Rout, BHEL Hospital**

- They are fully part of RNTCP and serving as DOTS providers.
- He recalled the lessons he learnt early from a study conducted by him 25 years back, in Benaras at the Hindu University, as part of his M.D. thesis on "Shortcourse" showed a 15%-20% default occurrence in TB patients. This finding in the study was a result of DOTS provider not present at centre (the door was locked), or DOTS provider not giving medicine the day the patient came for it etc.
- He stated that sincerity and role of DOTS provider is so crucial in this complex TB control effort.

## **PATIENTS**

### **Chandrapal, Laborer, jagjitpur**

- He is under treatment. For 2 months he took medicines from Ramakrishna mission where he got an x-ray and he had to buy medicines. He couldn't go to work, so had no money.
- He got gastritis due to medicines, the fever and cough persisted.
- Now he is taking medicines from MC centre in Jagjitpur for the last 3 months, under category 2. He likes it better here.

### **Nadeem, Taliyar, near Roorkee**

- He took medicines from the leprosy mission bus, that didn't help.
- An X-ray and blood test conducted by a private doctor resulted in TB diagnosis.
- They said you have a choice of free govt. or paid treatment.
- He was referred to govt. where he got sputum tested, and then meds started.
- He feels better and has finished 24 doses.

### **..., Bharuwala, Khanour block, farmer**

He was cured after 6 months of TB treatment. He had vomiting initially, but persisted. He wasn't working when he was sick.

## **NGO**

### **Rachna Bhatnagar, KNEUS, NGO, Roorkee**

They have been working as an NGO in area of HIV since 4-5 years. They met DTO, Dr Lal, who urged her to work on TB. Due to limited resources, and being a new NGO, they work on awareness as a focus area. They found that villages are unaware of TB, even women's awareness of basic health services is poor.

She stated that "if 1000 people are dying of TB, it's a problem for us personally and shouldn't be considered someone else's problem."

She questioned if in India there is a lack of manpower?





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## **Q& A session**

1. *Your program approach is curative. But what about the prevention side, could you highlight that?*

Dr. Lal: We have several components in the RNTCP, including prevention work. We will detail IEC scheme for you.

2. *Should the DOTS provider belong to the same place that the patient resides in?*

Dr. Lal: The DOTS provider is ascertained only after consent with patient and the DOTS provider together. So that patient is willing to take medicine from the provider and can do so regularly. Family members are not allowed to be DOTS provider to ensure there is no lapse in medication.

3. *When medicine doesn't suit the patient, it causes heat/acidity, but we still we have to give medicine.*

Dr. Lal: If someone is complaining of this, please let us know. Any medicine can cause heat/gastritis. We need to explain to the patient that it may not be due to medicines alone, but spices, tobacco etc can cause it too. Even if it is medicine related, this is needed for treatment.

4. *Patient needs to be self-aware, and patients need to know their needs and rights if they want to be cured. (Comment by Ms Alka Gupta, Counselor)*

Dr. Lal: This is a very good suggestion. We need to make patients aware of their need to treat themselves. Active public participation is very important.

5. *Location from patient's house should be how far from DOTS centre and what about the costs involved in getting there and back? The son has to leave his work day to take her mother to the DOTS centre, again costs are involved. What do you propose?*

*Also, it takes Rs. 6 to go and Rs. 6 to return by rickshaw, that's Rs. 12 for one days of treatment. It is cheaper to get a private treatment, only Rs. 9. Plus the costs of supervision by family member (as described above) who is losing a day of work or daily wage. All these are costs to be considered for poor people. What do you propose? (Dr. Agnihotri)*

Dr Lal: DOTS provider is made so that patient doesn't need to go to the far away centres, and patients need to go to a minimum distance.

(This question was not answered satisfactorily)

6. *Some honor should be given to angwanwadi members.*

Dr. Lal: Even I haven't been given an award, but we do appreciate your work and honor you

7. *Since you are DTO for HIV and TB, can all be DOTS provider, and each Microscopy centre becomes a VCTC centre?*

Dr. Lal: I'm going to prepare a plan for the AIDS control program, I will include your suggestion. However it's not been done yet since different qualifications are required for the 2 officials. Our biggest problem is manpower. Then there are govt. norms to serve certain minimum populations.

8. *Why not all NGOs in Haridwar become DOTS providers?*

Dr Lal: As patients are detected in respective areas, we try and involve NGOs in that area. We train them and then give them the responsibility. But yes we need NGOs and we are willing to beg NGOs to support us

10. *Can every cured patient be encouraged to be a DOTS provider?*

Dr. Lal: Excellent suggestion. We agree that a cured TB patient is the best promoter of DOTS.



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11. *Doctors write wrong doses, encouraging MDR-TB. Why doesn't govt. do something about it? Such as recruit qualified doctors, not just anyone, to prescribe medicines.*

Mr. Aswal: prescription is same. What's given is given. Local political leaders interfere, what can we do?

12. *Can a PP like myself become DOTS provider?*

Mr. Aswal; Yes, if you will want to do so voluntarily. You have to be educated. Your DTO will handle details.

## **Role and challenges of NGOs in RNTCP, J.M. Singh, Secretary, Mamta**

Mr. Singh presented the challenges faced by NGOs in Uttaranchal as enlisted below:

- It is a biggest public health problem in Uttaranchal
- Problem is more Serious due to geographical conditions, poor living conditions and nutritional diet in rural areas
- Poor knowledge about RNTCP and DOTS
- Poor access to Govt. Health facilities
- Poor knowledge and participation of NGOs and other Stakeholders in RNTCP and DOTS
- Due to family burden normally married women do not go to hospital for their Health Care and Check up. Health is not their priority.
- Poor IEC activities by the Govt., NGOs and Civil Societies.
- T.B. is not the priority agenda of many NGOs and Civil Societies.

### Action to be taken to combat T.B. in Uttaranchal

- Improve coverage of BCG Vaccination
- Promote DOTS method of domiciliary treatment
- Study in distt. Where prevalence rate is high or low with the help of NGOs
- Special Drive for community mobilization with the help of NGOs in the worst affected Districts
- Orientation/Capacity building trainings of NGOs, Civil Societies and other stakeholders on RNTCP and DOTS.
- Identify DOTS providers in all the rural areas, City slums, urban areas through NGOs and Civil societies and provide them trainings through NGOs.
- Talk T.B. in School/College campus; use children for child to child and child to community mobilization.
- Use media like street theatre, song & drama division, field publicity department, district Health Education extension programme more effectively for wider publicity of the programme.
- Use village Groups like Mahila Mangal Dal, Self help groups, Youth groups, local Panchayat health and welfare committee to encourage women to avail Health Care facilities as and when they feel sick.

## **Future Strategy for TB Control in Haridwar**

Several key points and suggestions were made for taking this district level consultation forward in Haridwar district.

1. Regarding Private Practitioners, Dr. Vasisht, IMA member, volunteered to raise the issue of TB in the IMA forum and urge them to deal with TB through their network. Their 'Aon gaon chale'(lets go to the village) project can include TB, he suggested.

2. Speaking on behalf of the NGO community, Ms Rachna Bhatnagar, KNEUS, committed to taking up



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TB awareness in her work. She urged others to join too. She seconded Mamta's suggestions also in this regard, for the entire NGO community in Haridwar.

A 3-member core team comprising Mamta, KNEUS and IMA representative Dr. Vasisht, will represent the NGO and private practitioner sectors and discuss the future of TB control in Haridwar with DTO and other District TB Cel officials. They will keep the attention on the public healthy system and the needs discussed by DOTS providers, patients and other stakeholders.

The absence of government officials for the full duration of the meeting was felt. This was a well organized meeting that could have introduced interested NGOs to the RNTCP program who are interested in expanding their program.

### **Vote of Thanks**

The organizers, Mamta and tbACTION summed up the days proceedings and thanked the participants for attending with full interest.



# Mamta Samajik Sanstha

Registered under Societies Registration Act No. XXI of 1860

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## Haridwar District TB Stakeholders Consultation

Organized by **Mamta Samajik Sanstha, Dehradun**

Supported by **tbACTION**

In collaboration with District TB Unit

21<sup>st</sup>, November 05

Anganwadi Training Centre, Kankhal Haridwar

### AGENDA

<b>Session I</b>	:	<b>Inaugural Session</b>
9.30 – 10:00 A.M	:	Registration
10:00- 10:05 A.M	:	Welcome and introduction <b>J.M. Singh</b> , Secretary, Mamta
10:05 – 10:15 A.M	:	Introduction of the Participants
10:15 – 10:30 A.M	:	About tbACTION and Meeting objectives <b>John Mathai</b> , Country Director, tbACTION
10:30 – 11:00 A.M	:	An overview of RNTCP in Haridwar <b>Dr. Prem Lal</b> , Senior DTO Haridwar District
11:00 – 11:15 A.M	:	Key Note Address on RNTCP D.M., Haridwar
11.15 – 11.30 AM	:	Tea
11:30 – 12:00 P.M	:	Schemes for NGOs & PPs <b>Dr. Rajan Arora</b> , WHO Consultant
<b>Session II</b>	:	<b>DOTS Experience Sharing</b>
12:00 – 1:15 Noon	:	PPs: Dr. Major Alok Vasisht, IMA member, PP DOTS provider: Dr. Rawat Hospital: Dr. Rout ji, BHEL Hospital NGO: Ms. Ranjana Bhatnagar, NEWS Patients
1: 15 – 1:30 P.M.	:	Role and challenges of NGOs in RNTCP <b>J.M. Singh</b> , Secretary, Mamta
1:30 – 2.00 P.M.	:	Q & A session
2:00 – 2:30 P.M.	:	Lunch
2:30 – 3:30 P.M.	:	Future Strategy for TB Control in Haridwar
3:30 – 3:45 P.M.	:	Summing up, <b>Shefali Gupta</b> , Policy Advisor tbACTION
3:45 P.M.	:	Tea & Departure