



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 : mamtasanstha92@sify.com, mamtasanstha@yahoo.com

Ref. _____

Date _____

Kumaon Division level

T.B. Stakeholders Consultation

Venue: Janta Banquet Hall, Haldwani, Nainital (Kumaon)

Supported By: tbACTION

Dated 19-12-05

Mamta Samajik Sanstha in collaboration with a national level organization tbACTION and district TB cell, Nainital conducted a Kumaon division level TB stakeholders' consultation at Haldwani, Distt Nainital, Kumaon, Uttaranchal. There were 57 participants from govt health department, NGOs of Kumaon, private practitioners, DOTs providers, cured patients and media persons. The participants were from 4 districts out of 6 districts of Kumaon division. The participants included 22 NGOs representatives, 20 govt health department officials and TUs staff, 2 PPs, 5 DOTs providers, 1 cured patient, and 6 media persons.

Additional Director, Medical, health and family welfare, Kumaon Division, Dr. (Mrs.) Premlata Joshi was the Chief Guest. Mr. John Mathai, Country Director, tbACTION, Dr. D.S. Kanyal, Senior District TB officer, Nainital, Dr. S.M. Shukla, DTO, Champawat, Dr. L.M.Upreti, Senior Medical officer, Dr. K.C.Sharma, Secretary, IMA, Haldwani, and Mr. J.M.Singh, Chief Functionary, Mamta Samajik Sanstha were among the dignitaries who attended and addressed the consultation as resource persons.

Session I: Inaugural Session

Welcome and Introduction: J.M.Singh, Chief Functionary, Mamta

Mr. J.M.Singh, Chief Functionary, Mamta Samajik Sanstha, welcomed the Chief Guest Additional Director, Med. Health & FW, Kumaon Division Dr. Premlata Joshi, Mr. John Mathai the Country Director tbACTION, Senior DTO Nainital, Dr. D.S. Kanyal, DTO Champawat, Dr.S.M. Shukla and other dignitaries on stage for their kind presence at the consultation and their valuable contribution to host the programme. In particular he welcomed and thanked Mr. John Mathai and tbACTION with whose partnership the programme was being organized. Then he welcomed the invitees to the consultation for their participation and requested each of them to introduce himself/herself and share as to what role they are playing in their respective districts and organizations to combat TB.

Introduction to tbACTION and Meeting Objectives: John Mathai, Country Director, tbACTION

Mr. John Mathai, Country Director, tbACTION acknowledged the kind presence of Dr Premlata Joshi, Additional Director, Med. Health & FW and other dignitaries including representatives of various stakeholders. He opened his speech by sharing some media news on natural calamities, floods, Tsunami etc. He referred that these news items get good coverage in all the leading newspapers. But we do not see any news in the media about TB which takes the life of over 1000 persons every day in our country. He shared that more people die in our country with TB than these natural calamities. He said with sadness that these deaths occur when there is a cure and treatment is available all

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over India free of cost. It is a great challenge in front of all the TB stakeholders as how to prevent and control these deaths of innocent people of our country. He shared tbACTION's work done so far to make a conducive ground in India to combat TB with the help of all stakeholders. He referred to the national consultation held in Delhi in March 05, at which the participating NGOs wanted their own regional issues to be dealt individually, which led to the state and now the divisional and district level stakeholders consultations. After a successful consultation in Dehradun for the state of Uttaranchal where the State TB Officer and the WHO consultant participated actively, we have had a district meeting for Haridwar, which is being followed here by the divisional meeting for Kumaon and subsequently for district Nainital. He said that we have partnered with Mamta in Uttaranchal to hold all these stakeholders meetings.

After introducing tbACTION, a national level project on TB advocacy, he requested the participants to provide their contribution in their respective areas to bridge the gap between patients and the freely available treatment i.e. DOTs under RNTCP.

Keynote Address on RNTCP in Kumaon Division: Dr. Premlata Joshi, Additional Director, Medical, Health and family welfare, Kumaon Division: -

Dr Prem Lata Joshi, A.D., Medical, Health, FW, Kumaon Division was the Chief Guest at the consultation. She delivered the key note address on RNTCP in Kumaon division. She shared with the participants that the National TB control programme was launched by Govt of India in 1962. Though it was a good programme there were some constraints. For example: treatment was for a long duration, medicines were not so freely available, it was mostly X-ray based programme, patients could not afford to buy costly medicines, it was a long duration treatment, and the defaulter rate was very high among the patients. Govt. of India in consultation with WHO reviewed the programme from time to time and finally the Revised National TB Control Program(RNTCP) was initiated in some select districts of India including a few districts of U.P.(Uttaranchal was part of U.P. at that time). Two districts - one in Garhwal i.e. Dehradun and one in Kumaon i.e. Almora - were chosen in Uttaranchal for launching RNTCP. It was a pilot project and it went off very well. So govt decided to spread the programme in other districts of all the states in phased manner. RNTCP was thus started in other districts of Uttaranchal including all districts of Kumaon division. It was started at district Nainital in 2001 and in remaining districts in 2003-04.

Further, she shared with the participants that full fledged district TB units exist in all the districts headed by DTOs and supporting staff. We have got MOTC in all the blocks with all facilities. She highlighted the key factors of RNTCP, saying that the current programme is very convenient for the patients. He need not travel a long distance to get the check up done or get the medicine. He also does not need to buy very expensive medicine from the market for very long duration. Diagnosis is based on sputum test and medicines are freely available under the DOTs approach near his village or town. DOTs providers are chosen from their own community and trained by our DTOs to give medicine to the patient in their presence. This approach of treatment is showing very good results in Kumaon division and we are reaching out to the patients as close as possible. The defaulters rate is decreasing day by day and many patients have

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been cured fully through DOTs in Kumaon. However, we have to go long way and we need stakeholders like NGOs, PPs and elected representatives who can help us to reach patients in unreached pockets/villages. She acknowledged the contribution of a few NGOs in Kumaon who are supporting the programme as DOTs centres. She also appreciated the work of tbACTION and Mamta Samajik Sanstha for providing such a stage to discuss RNTCP in Kumaon and make a strategy to combat TB in Kumaon. She requested tbACTION and Mamta to hold such consultations at the district and block levels also so that many more stakeholders may get an opportunity to interact with one another and make RNTCP a great success in Kumaon.

An Overview of RNTCP in the various Districts of Kumaon:

There were two DTOs present in the consultation - Dr D.S.Kanyal, Sr DTO Nainital district and Dr S.M. Shukla, DTO Champawat district. They shared an overview of RNTCP in their respective districts.

Dr Shukla shared with the participants that DOTs was started at Champawat district since 15 August 2003. We had a slow start but now as people are getting to know the benefit of the programme, they have started coming forward for the treatment. We got 250 patients for DOTs treatment in the last quarter. We get patients from Nepal border and Bihari labourers as well. Patients from migrant population create problems in treatment. We have a trained and skilled team at district and block level to handle all TB cases. We select DOTs providers from the radius of 5 K.M. So the patients need not to travel a long distance. Sputum test is our main base of diagnosis and we are educating people not to go for the costly X-ray which is also not very authentic. He added that NGOs and civil societies may play a crucial role to educate people and patients to go for the right treatment. We encourage NGOs to participate in the programme but unfortunately we don't have many NGOs with us. He said that tbACTION and Mamta should hold district level TB meets at Champawat as well, so that many more NGOs and village representatives may have the opportunity to participate in the programme and support RNTCP/DOTs in their respective areas.

After Dr Shukla, Dr. D. S. Kanyal, Senior DTO, Nainital shared his views and experiences in Nainital district. He said that RNTCP was launched in Nainital in 2001. District TB unit is situated at Haldwani under the supervision of a senior DTO. There are 8 blocks, 9 M.U.s, 3 STS and 156 DOTs providers in the district. Three NGOs namely Jeevan Dan Hospital, St Anthony, Jeolikote and Sat Tal Estate are working as DOTs centres and a few others are also likely to join. He said that there is a provision to have a TB unit for a population of 25 lacs and MU for a population of 50 thousand. He shared 5 schemes where NGOs can provide support to RNTCP in their respective areas. He said that govt cannot run any programme alone. We want many NGOs to join and support us. We will call NGOs very soon to involve them in the programme. He said that DOTs is the only solution for the TB patients today. There were many problems in the previous treatment of TB like wrong diagnosis, resistance case increased, 20-22% patients used to

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die, and cure rate was only 40%. Whereas with DOTs, diagnosis with sputum test is correct, cure rate is 85%. Last year out of 815 cases, 67 were defaulters mainly because many patients were migrant labourers and they left the district. He appreciated tbACTION and Mamta Samajik Sanstha for holding such a significant meeting in Nainital which gave many an opportunity to share and exchange views and experiences on RNTCP. He hoped that together we can fight TB in Nainital district.

Session II : TB and Related Aspects

Role of PPM in RNTCP :

There were private practitioners and hospital based NGOs present in the meeting. Dr.L.M.Upreti and Dr K.C.Sharma, secretary, local IMA branch were also present to share their concern about RNTCP. Dr. Upreti said that twenty years ago TB was a very dreaded disease but now through DOTs it is easily curable. He said that private doctors also know that DOTs is an effective treatment freely available for TB patients but some private practitioners mislead patients for their self interest with some fear in their mind that they will lose their patients. He said govt distt TB units should take them into confidence and try to use them as DOTs centres or MUs. Dr K.C.Sharma, Secretary, IMA, Haldwani said that IMA members will provide all possible support to DOTs. We refer poor patients to govt hospital for treatment. DOTs is good. We encourage patients to take medicines under DOTs programme. But there are a few problems with DOTs. What treatment should be given to children? Also mostly we treat lung TB, whereas we get all types of TB patients. How to help those patients? He said that DTO may have separate meeting with IMA members to resolve indifference and problems. He also shared that IMA adopts villages for health education and medical check up camps. We will teach villagers about DOTs in our next visit to these villages. We may distribute brochure, handouts about RNTCP during these camps.

How NGOs can participate in RNTCP ?

In this session, Dr D.S.Kanyal, Senior DTO shared following schemes under RNTCP in which NGOs may participate:

- * 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

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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 performs

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 (should have at least one year's experience)

1 yr. (Schemes 1 & 2).

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

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How Pvt. Practitioners can participate

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 Honorarium per cured or completed patients.
- Literature, Training - MO & DOT Provider, Drugs and Formats will be provided by 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 it services.
- Literature, Formats, LT Modular training for 10 days provided by DTCS.

3b. DESIGNATED PAID MICROSCOPY CENTER - MICROSCOPY & TREATMENT

- Microscopy and Treatment is as per RNTCP policy.
- The Microscopic Center may charge for it 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.

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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

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

Question Answer Session:

A Question and answer session was chaired by the chief guest, Dr Prem Lata Joshi, AD,Med., Health &FW with Senior DTO, Nainital, DTO, Champawat as panelists on stage. The participants asked following questions which were responded by the panelists.

Q.1 There is still a great stigma among the people that TB is an incurable and deadly disease. What efforts are being done by government to aware the people in this regard?

A. A.D., Dr. Premlata Joshi - We are successfully running many awareness campaigns of DOTS in the division. We are trying our best to let people know the basic and biological aspects of TB and complete information about DOTS.

Q.2 It has become essential to keep the ins and outs of TB, despite it why the government is not operating TB awareness program at school level?

A. Dr. Premlata Joshi- Well, you have given a very good suggestion and I assure you that we will run very soon such kinds of programs at school level too.

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Q.3 Will there be any side effects on the persona of child of a pregnant mother who is suspected as TB positive?

A. Dr. Premlata Joshi- If signs or symptoms of TB are found positive in any pregnant mother then her child could be affected.

Q.4 Often NGOs have found the attitude of government very negative and uncollaborating. What are you doing to maintain coordination between NGOs and governments?

A. Dr. Premlata Joshi- There is great necessity to establish a cordial and constructive bridge between NGOs and Govt. To my best, I always encouraged the sincere and tangible efforts done by NGOs or private hospitals in reference to the abolition of TB.

Q.5 Are DOTS centres easily accessible for those people dwelling in remotes areas?

A. Dr. Premlata Joshi- We have appointed our ANMs and Aaganwari workers as DOTS providers in such areas. And so far we are getting ample gratification through the works of these grassroots level activists.

Q.6 Are there any side effect of DOTS treatment possible after having it or during the period of treatment?

A. Dr. D.S. Kanyal Yes, It is possible that there might be some side effect at the primary stage of DOTS treatment, yet the patient must keep up having the medicine regularly as a normal process.

Q.7 What is the process of the selection of DOTS provider?

A. There is no particular process of selection for DPS, yet during the selection, we notice the genuine enthusiasm and commitment of the person to serve the TB patient. We give priority to an experienced person.

Q. 8 Suppose any patient leaves the DOTS treatment in the middle of the cure and goes to any other place to which he basically belongs, how do you ensure his treatment under such circumstances?

A. Dr. Premlata Joshi- If any patient of any other district or state, leaves the treatment in the middle then we give him a transfer certificate so that he may get the remaining treatment at his new place.

Role and Challenges of NGOs in RNCTP, Mr. J. M. Singh, Chief Functionary, 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

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- 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

Session III -DOTS Experience Sharing

Experience Sharing of DOTS Provider, Cured Patients, NGOS of Kumaon - DOTS Provider -

Mohan Ram Arya-

1. He is a regular DOTS provider. So far he has cured 5 patients and these days he is curing 18 patients through DOTS method.
2. Although, seeing his eminence in TB field, some people go to him willingly for their cure but most of the time he himself find his patients out in the backward and rural areas.
3. Mr. Arya gives a meaningful suggestion that DOTS cure centre should be within 1 km from the patient's village or city.

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Cured Patients -

Miss. Meera -

1. She said that when she came to know that she is under the infection of TB, she quickly started DOTS treatment from her nearest DOTS centre
2. She gladly accepted that after having medicine regularly as per the instruction and observation of her DOTS provider, she now has recovered herself completely from the unpleasant infection of TB.
3. She expressed her desire to become full time DOTS providers for the sake of humanity and her own society.

NGOs

Kumaon Seva Simiti -

Jaya Mishra-

1. Kumaon Seva Simiti is doing a laudable job in the field of eliminating TB and HIV/AIDS in Nainital and Udham Singh Nagar respectively.
2. In the consultation, the activists of KSS expressed their anguish over the serious negligence and disregard for their works shown by DTOs and district TB Cell of these aforementioned districts.
3. Kumaon Seva Simiti has identified so far 86 TB patients and has referred them all to cure themselves as per DOTS treatment method at government DOTs centre.

Discussion and Future Strategies

Following suggestions were made for future interventions:

1. Dr Prem Lata Joshi, A.D., Med., Health & FW, Kumaon Division will write letter to all CMOs and DTOs to involve NGOs in RNTCP schemes in their respective districts.
2. Each NGOs or Civil Society participating in the consultation would make and attempt to join DOTS Program and thus would make and attempt to combat with TB in the division.
3. Mr. J.M.Singh suggested that NGOs should observe National TB day as we observe various days like AIDS day, IDD day, World Breast feeding week etc. It may remind all of us our role and responsibilities to combat TB in our respective areas
4. It was decided that NGOs, PPs and Distt TB Cell in each district would establish a strong triangle in favor of DOTs treatment.

PARTICIPANTS FEEDBACK OVER THIS TB CONSULTATION

- a. Dr. (Mrs.) Premlata Joshi (AD) - It was a very useful meeting. The partnership of NGOs and govt. officials will be very helpful for the elimination of the curse of TB.
- b. Dr. D. S. Kanyal (DTO Nainital) - It was an excellent consultation.

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- c. DR. S. M. Shukla (DTO Champawat)- This meeting was very fruitful since it has made easier to me to link with NGOs in my district this consultation has removed my hesitation in reference to the activities NGOs work in the field of RNTCP in my district.
- d. Dr. L. M. Upreti (IMA State Chairman) - There must be some consultation between PPs and NGOs. The students of primary education of and basic education should be taught about TB through involving this program in their syllabus.
- e. Miss. Bhavana Pandey (Mitra Sanstha) - How can we implement this program more and more effectively, policies should be made for this.
- f. Ajay Srivastava (ASS) - This consultation will be milestone effort for propaganda of DOTS program.
- g. Mr. Mohan Ram Arya (DMKS)- Through this consultation, we are confident that NGOs could play a very crucial and decisive role in RNTCP and DOTS program
- h. Mr. Yuvraj Pant (Nirvan Sanstha) - In this consultation, we saw that NGOs and govt. could be a suitable platform for the implementation of DOTS program.
- i. Mr. Kamlesh Joshi (Kumaon Seva Simiti)-After this consultation, works in the field of TB abolition, will be done more effectively.
- j. Mr. Laiyeek Ahmed (Ujala Seva Sanstha)-We got a lot of information about DOTS and RNTCP.
- k. Mr Binoz Abraham (St. Anthony's Project Jeolikot) - It was good discussion.
- l. Dr. B. C. Bhatt (Jan Seva Sanstha) - This effort was appreciable.
- m. Mr. P.C. Joshi (HOPE Sanstha) - Of course this was an excellent effort but the ideology of govt. should be positive towards NGOs work.
- n. Dr. M.S.Bisht (Chirag Sanstha) - It was a very good debate.
- o. Mr. Sanjay Day (Civil Hospital Tanakpur) - It was very nice experience for me and I wish to join such meetings again and again.
- p. Miss. Jaanki Ragai (Prayas Sanstha) - Though it was good program, DOTS providers should have been invited from every block of the division.

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VOTE OF THANKS:

Mr. J. M. Singh, Chief Functionary Mamta Samajik Sanstha proposed a vote of thanks to all the eminent people, panelists and participants of the consultation. First of all he thanked Dr A.P.Mamgain, State TB Officer for providing support to conduct the programme through his team in Kumaon. Then he thanked the chief guest of the meeting Dr. (Mrs.) Prem Lata Joshi, Additional Director, Medical, Health & FW, Kumaon Division, Senior DTO, Nainital, Dr.D.S.Kanyal, DTO, Champawat, Dr.S.M.Shukla, Dr.L.M.Upreti, SMO and Dr.K.C.Sharma, Secretary, IMA for their valuable time and contribution they have made to make the consultation a great success. He also thanked tbACTION and particularly Mr. John Mathai, Country Director for providing all financial and technical support for the meeting and valuable suggestions made throughout the meeting. Last but not the least he thanked all the stakeholders like Distt TB unit staff, Nainital, DOTs providers, cured patients, NGOs representatives for sharing their views, experiences and expectations for future interventions. He also thanked representatives of print and electronic media like Amar Ujala, Dainik Jagran and ETV for being present in the consultation and giving good coverage of the meeting through their newspapers and TV channel.

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Kumaon District level T.B. Stakeholders Consultation, Haldwani, Nainital
Vanue: Janta Banquet Hall, Haldwani, Uttranchal

Dated 19-12-05

- **Organized by: Mamta Samajik Sanstha**
- **Supported by: T.B. Action, & District T.B. Cell, Nainital.**

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