Nainital District Level TB Stakeholders Consultation
Organized by: Mamta Samajik Sanstha Dehradun
Supported By: Advocacy to Control TB Nationally (tb ACTION)
In Collaboration with District TB Unit Nainital.
Venue: Janta Banquet Hall, Haldwani Nainital

Dated 20-12-05

SUMMARY OF MEETING

• Total 65 stakeholders participated, including 26 NGOs, 5 PPs having separate Private Hospitals, 6 DPs, 6 Cured and under treatment Patients, 19 Government Officials and ICDS workers along 3 media persons.
• This program was enthusiastically supported by Distt TB Cell, Nainital with active participation of Sr.DTO Nainital, Dr. D.S. Kanyal, who suggested many new ideas to make DOTs a notable success in the district. He focused on the brief history of TB cure in the district and presented some of the aspects of RNTCP program.
• We got immense help and support from district govt. officials for this public interest issue. A wide presence was shown by Govt. officials.
• PPs specially Dr. L.M. Upretti and Dr. K. C. Sharma, Secretary, IMA collaboration was noteworthy.

OUTCOMES
1. A strong triangle was established as Govt. officials (District TB Cell) NGOs and Private practitioners made up their mind to abolish TB from Nainital district.
2. A comprehensive future strategy was discussed and decided.
3. One praiseworthy and noteworthy point is that Dr. L. M. Upretti, and IMA member and Dr. K.C. Sharma, Secretary IMA, Haldwani assured us that they will discuss the issue of TB and will promote their TB patients to adopt DOTs treatment.
4. This consultation rejuvenated the enthusiasm of NGOs, PPs and district TB Cell also who were working on TB elimination in Nainital district.
5. A Eleven Member core-group, under the able chairmanship of Dr. D.S. Kanyal, senior DTO Nainital, was established. Mr. J. M. Singh, Chief Functionary of MSS, selected convener, Mr John Mathai of tbACTION as advisor and Dr. L.M. Upretti from IMA, was selected as counselor of this core-group.
6. All the participants took an oath to eliminate the curse of TB from Nainital district and all were unanimous on the view point that such encouraging consultation should be held again and again.
7. Sr.DTO informed the participating NGOs that soon he will call a separate meeting of NGOs to ensure their participation in RNTCP through various NGO schemes.
Print and electronic media i.e. Amar Ujala, Dainik Jagran, Uttar Ujala and ETV gave very good coverage to our consultation.

MINUTES OF MEETING

Session I : Inaugural Session
Welcome and Introduction Mr. J. M. Singh, Chief Functionary, Mamta

⇒ Mr. J. M. Singh welcomed all the participants and hoped for a wide, deep and meaningful consultation over the alarming and increasing disease of TB.
⇒ He introduced dignitaries gracing the dais including Mr. John Mathai, Country Director tbACTION, and Dr. D. S. Kanyal, Senior D.T.O. district Nainital, whose support was notable.
⇒ After ceremonial welcome note by Mr. J. M. Singh, self-introduction by all the participants was given. Among the stakeholders, we had NGOs, DOTs providers, TB patients, (cured or under treatment) Govt. Officials and Private Practitioners.

Introduction to tbACTION and Meeting objectives of the consultation, John Mathai, Country Director, tbACTION

- Introducing himself with zeal, Dr. John Mathai contrasted the news of 30 peoples death during the relief material distribution in Chennai on December 18 and the missing news of 1000 that die everyday on account of TB in India.
- Mr. Mathai noted with dejection that these untimely deaths occur when there is a fully and freely available cure.
- He (Mr. Mathai) referred the national level consultation on TB held in Delhi, then the state level consultation at Dehradun and ultimately the district level consultation of Haridwar, which finally led to the district (and division level) consultation in Nainital.
- Ultimately, he introduced tbACTION and its objectives.

An overview of RNTCP in Nainital, Dr. D.S. Kanyal, Senior DTOs Nainital District

- Dr. D.S. Kanyal thanked tbACTION and Mamta for initiating such a meaningful consultation on TB in Nainital district.
- Dr. Kanyal admitted that he is feeling a new enthusiasm after this meaningful consultation on TB in his district.
- He provided the following facts about previously run National TB control programmes in the district Nainital:-
  - Dr. Kanyal made it known to the participants that before independence, Bhawali was the only centre for the treatment of TB patients.
  - Before 1944, TB was a completely incurable disease. Some medicines, for the first time came in the market only after 1944.
  - Dr. Kanyal made it known to participants that in 1992, the Revised National TB control programme (RNTCP) was launched first in Nainital.

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Almost entire district is covered with DOTS and cure is undergoing satisfactorily throughout the district, said Dr. Kanyal.

Dr. Kanyal said that the contribution of "Jeevandan" and "Prayas" Sanstha is noteworthy in the district in reference to the elimination of TB. Dr. D.S. Kanyal presented some of the features (modes and methods) of the RNTCP program in Nainital district-

X- Ray was more popular method of diagnosis before RNTCP but now sputum test is the most authentic method of diagnosis which is more cheaper and convenient for the patients.

Dr. Kanyal made it clear that no particular criteria is prescribed for becoming a DOTs provider, yet, he said, we give priority to devoted and ardently willing person.

Dr. Kanyal referred the works of Private Practitioners and Private Hospitals, NGOs in the field of the elimination of TB in Nainital. He said precisely that we (district TB Cell) want to make coordination with PPs in DOTs program so there must not be any hidden terror in the minds of PPs about our intentions.

Dr. Kanyal, lastly, emphatically said that still, for a massive segment of population (mostly illiterate or semi-educated class) it (tuberculosis) is stills an incurable disease. He said that only worthwhile and tangible efforts of PPs, DPs and NGOs could bring total awareness to the general public.

Display of DOTS Medicines by District TB Cell: -

A display of DOTs medicines was given by one of the staff of Distt TB unit in order to make all stakeholders aware about the DOTs treatment.

(A) Red Box - For a category one (CAT-1) patient only red box of DOTS medicine is used. This treatment is given to a person who is found having TB positive symptom.

(B) Blue Box - In the category (CAT-2) medicine is given to the patient by injecting him / her thrice in a week.

(C) Green Box- A person, who is found as negative symptom, is given such treatment. Only five tablets are given weekly within this sort of treatment.

Schemes for NGOs & PPs :

Dr D.S.Kanyal,Senior DTO,Nainital shared various schemes of RNTCP in which NGOs and PPs may be involved.

- 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

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A.C.T.I.O.N
Advocacy to Control TB Nationally
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 (should have at least one years experience)
     1 yr. (Schemes 1& 2).
     3 yrs. (Schemes 3, 4& 5).
How Pvt. Practitioners can participate

Scheme 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.

Scheme 2: 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.

Scheme 3: DESIGNATED PAID MICROSCOPY CENTER

a. Microscopy Only
b. Microscopy and DOT

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.
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

DOTS Experience Sharing:

There were participants from NGOs hospital, PPs, DOTS providers, cured patients etc. They shared their experiences with other participants about DOTS.

Dr. Gupta, a reputed Private practitioner made few suggestions for the boosting of DOTS program and making it a successful campaign in the district:

- DOTS provider should be fully trained and well informed about DOTS. So that he may clear all doubts of patients and their families.
- The selections of DOTS providers should be done very cautiously. An experienced and willing person should be preferred always.
- Besides the patients, regular check up of the patient's family members should be done because there is always great possibility of infection among them.
- Any patient, inhabitant of another district, should be relieved/freed only after complete treatment.

Dr. L.M. Upreti, P.P. and member of IMA Haldwani:

Dr. Upreti, an IMA member showed his total commitment by staying for the meeting throughout the day. He made it clear that he always sends his patients to the district TB Hospital. He expressed his desire to do his job with mutual assistance, guidance and Coordination with district tb Cell and NGO's working out on TB in the district.
**Dr. Aminudden:** He is a regular DOTS Provider. He is working on TB for the last eight (8) years.

- Two dozen patients (DOTS cases) are at present in his hand.
- He said that the district TB Cell (Specially the DTO) is collaborating with them satisfactorily.
- He said that they keep a close watch on TB patient's activities specially the regular process of taking medicines by the patients.
- He suggested that more and more awareness programs should be performed among the illiterate masses and inaccessible areas of hills.

**HOSPITAL**
**Jeevandan Hospital:**
**Sister Mayawati:**
She said that they have been working on leprosy in the past many years but now they have also focused their activities on TB.
- She said that their hospital has some limitations as far as technical and logistics support is concerned for better care of TB patients.
- She expressed the pathetic condition of those patients who belong to very far-located villages and have to come through walking for miles. Such patients quite understandably ignore the regularization fact of having DOTS medicine.
- Though, she expressed her gratitude towards district TB Cell and especially for senior DTO Dr. Kanyal for his regular valuable guidance and assistance, yet she said they expect more collaboration from district TB Cell.
- Lastly she said that if their hospital get DOTS kits (treatment boxes) from the district TB Cell, they can save the precious lives of many people.

**Chirag Sanstha**
**Dr. M. S. Bisht:**
- He said that 'Chirag' Sanstha is working on TB since 1988.
- They have two hospitals and their Community Health Workers provide medicine to the patients in their presence.
- They are running Microscopy centre under the guidance and supervision of District TB Cell.
- They do sputum test of their patients and when symptoms are found positive in any patient they start treatment soon.
- Lastly, he said that their Community Health Workers visit village to village and collect sputum of suspected TB cases for diagnosis and test.

**St. Anthony's Project Jailkot**
**Sister Rajeena:**
- She said that they are working in health sector for the last 10 years. But TB is included in their programme for the last one year.
• She said that their health and social workers visit in most difficult and remotest areas and there they identify TB patients on the basis of suspected symptoms.
• They provide primary health care at their health centre and then they refer the TB suspected or diagnosed cases to Govt. Distt TB unit, Haldwani.

PATIENTS
Shami- A Cured Patient
- I have taken treatment till six months. Now I am absolutely free from TB.
- She made it clear that she never tried to hide her disease. This must be a clear message for those who try to conceal their diseases.
- She took an oath to combat with TB for lifelong. To spread more and more awareness about TB among the rural people is the aim of her life now. Her DOTS provider is Mr. Karanpal.

Sunil, Labourer:
- He is under treatment. He takes medicine regularly as per the advice and instruction of his DOTS provider.
- He has made his mind up now to spread awareness among his colleagues and co-workers.

NGO
Mitra Sanstha
Mr. B.C. Karnatak:-
- He is the chairman of his NGO namely Mitra Sanstha. They have done a commendable work on HIV/AIDS previously.
- They run awareness campaigns in the rural areas and they noticed one thing keenly that most of villagers are unaware of TB and HIV/AIDS diseases. Especially women's health and hygiene level is extremely poor.

QUESTION & ANSWER SESSION:
A question answer session was conducted with Dr Kanyal, senior DTO, Nainital and Dr Upreti as panelists.
Q.1 Can I go to my daily work after having the medicine?
A. DTO- Yes, of course. After having the medicine you can work as per your daily work routine. There is no need to take any bed rest after taking the medicine.

Q.2 What will happen if any patient comes too late to DOTS centre?
A. DTO- Though it is always good to cure any disease in its primary stage, yet, if anyone starts treatment little late we provide him treatment as soon as he comes to us.
Q. 3 How coughing is responsible for the spreading of TB?
A. Dr. L.M. Upretti: - If any person, victim of TB, coughs without putting hand or hanky before his mouth, it may cause an infection in a person sitting at the distance of 15 meters.

Q. 4 Is drinking and smoking injurious to a TB patient?
A. DTO - Yes drinking and smoking is very injurious to a TB patient, who is under treatment or who had cured himself/herself recently.

Q. 5 What precautions should the DOTS provider adopt during the treatment of their patients?
A. Dr. L.M. Upretti - One thing is very important that DOTS provider should use always a mask when the treatment is undergoing. Very easily, a DOTS provider could be extra careful, as he knows that before him a victim of TB. DOTS providers should instruct the patients strictly about putting hand or hanky while coughing and sneezing.

Q. 6 Can a cured patient become a DOTS provider?
A. DTO - Yes, A cured patient could prove himself/herself as best DOTS provider. Nothing can be more suitable than the satisfaction of eliminating a disease, which one had faced in his life.

Q. 7 Is only a NGO, working in the health sector, eligible for DOTS program?
A. DTO - No, it is not necessarily a condition but we can prefer that organisation which is currently working or having experience of working in health sector at the time of selection.

Role and Challenges of NGO's in RNTCP: 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
- 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 Uttarakhand

- 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 Nainital

- District TB Cell will invite all interested NGOs and Private Practitioners to become partners of RNTCP in Nainital district.
- All the participating 26 NGO's unanimously showed a resolution to tackle TB with full strength at grassroots level.

Establishment of a TB Prevention core group:-

To strengthen and facilitate RNTCP in the district, a core group was formed under the chairmanship of Dr. Kanyal, Senior DTO, Nainital. There are following members of the group:

- Dr. D. S. Kanyal (President of core group)
- Mr John Mathai (Advisor)
- Mr. J. M. Singh (Mamta)
- Dr. Upretti (Counselor)
- Dr. Pankaj Gupta (IMA)
- Dr. K. C. Sharma (IMA)
- B.C. Karntak (Mitra Sanstha)
- Rama Bisht ('ASS')
- Jaya Mishra (Kumaon Seva Samiti)
- Dr. M. S. Bisht (Chirag)
- Sister Rosetta (Jeevandan Sanstha)
Dr. Kanyal shared with the participants that he will call another meeting of NGOs very soon to involve them in RNTCP through various NGOs schemes.

**PARTICIPANTS FEEDBACK OVER TB CONSULTATION**

- **Dr. Rajesh Gupta (MO)** - This consultation was very good in improve the confidence level of those working in the field of TB elimination.
- **Dr. Sandeep Nigam (MO)** - A very good platform was given to all the NGOs, PPs and Govt. to express their opinions.
- **Miss. Kamala Bhatt (Saral Sanstha)** - In today's consultation we came to know the situation of TB in our district. We also knew vital information about DOTS treatment.
- **Sister Rosetta (Jeevandan Hospital)** - This consultation was very educative, useful and knowledgeable.
- **Miss. Jaya Mishra (Kumaon Seva Simiti)** - It was a good program. The Co-ordination between NGOs and govt. could play a significant role in the field of TB elimination.
- **Mr. B. C. Karnataka (Mitra Sanstha)** - The role of NGOs in DOTS treatments program should be enhanced and economic aid should be assured by the govt. for NGOs in this program.
- **Mrs. Rama Bisht (Ass Sanstha)** - In today's consultation a very useful opportunity was given to us by Mamta and tb ACTION.
- **Mr. Shailendra Kumar (Chitrans Herbal Group)** - This meeting was very informative through which we knew specific information about DOTs treatment.
- **Mrs. Alka Srivastava (Chitrans Herbal Group)** - Educated people must come ahead to aware the public about TB/ AIDS etc.
- **Mr. Promod Bhatt (District TB Cell)** - The most important thing for me from this consultation is I knew that TB is a fully and freely curable disease.
- **Mr. Heera Ballabh Bhatt (J.A.G. Sanstha)** - After participation in this consultation I can assure you that I will try my best to spread awareness in the public.
- **Mr. Santosh Pandey (S.T.B.L.S.)** - The over all discussion was satisfactory.
- **Mr. Bhupendra Singh Darmal (S.T.S.)** - This consultation was very appreciable and such efforts should be done time and again.
- **Miss. Rajeena (Health Worker)** - This program was highly knowledgeable and we will feel our self at cloud nine to work with you in DOTS program hand in hand.
- **Mrs. Puspha Nagarkoti (ICDS Worker)** - It was very good.
- **Mr. Tribhuwan Tiwari (H.D.)** - Such meaningful consultation should be held in the rural and remotest areas too.
- **Mr. J.C. Pant (H.D.)** - Such programs should be continued to see the public interest.
- **Miss. Seema Tamta (Under Treatment Patient)** - This consultation has prove that number of people are with us and are serious to abolish the malice of TB from the society.
- **Mr. Kishan Singh Rawat (PSS)** - This consultation has given apt dais to the victims of TB to express their experiences.
Mr. Anang Pal Singh (SLS) - In such consultation more TB experts should be invited.

**VOTE OF THANKS:**

Mr. J. M. Singh, Chief Functionary Mamta Samajik Sanstha proposed a vote of thanks to all the dignitaries, resource persons 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 District Nainital. Then, he thanked the Senior DTO, Nainital, Dr. D.S. Kanyal and his team for putting so much effort to organize such a successful meeting as without their support it would not have been possible. He also thanked tbACTION and particularly Mr. John Mathai, Country Director for providing all financial and technical support for the meeting and valuable contribution he made throughout the day in the meeting. Finally, he thanked all the stakeholders like DOTs providers, cured patients, NGOs representatives for sharing their views, experiences and strategy for future interventions. He also thanked representatives of media like Amar Ujala, Dainik Jagran and Uttar Ujala for being present in the consultation and giving good coverage of the meeting through their newspapers.
Kumaon District level T.B. Stakeholders Consultation, Haldwani, Nainital  
Venue: Janta Banquet Hall, Haldwani, Nainital  
Dated 20-12-05

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

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**Supported by**

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