

T.B. Consultation

Uttaranchal State TB Stakeholders Meet

The Mamta Samajik Sanstha in Collaboration with ACTION organized a State T.B. Stakeholders meet at Hotel Pacific, Dehradun on 16th June 2005. There were all together 57 participants from Government Health Department, WHO, Private Doctors, NGOs, DOTS providers, Cured patients, local print and electronic media etc. The NGOs participants were from 11 districts out of 13 districts of Uttaranchal.

Session 1: Inaugural Session

Mr. JM Singh, Secretary, Mamta welcomed the speakers and participants to the first TB stakeholders in Uttaranchal state. After a brief introduction of the participants, Dr. John Mathai introduced ACTION and its mandate. Dr. Joanne Carter of RESULT Education Fund, USA, made the keynote address and first presentation. She started by appreciating the diverse work that happens on health and hat a wide array of stakeholders are participating in this meet. She introduced RESULTS and its efforts in advocacy to increasing funding on TB. There was a need to build awareness in the US. So the size of the problem remains ignored and the support it deserves. She stressed that 2 million deaths occur every year; it is the biggest infectious killer of women and is 80% is focused in 22 countries -10 of which are in Asia and India is one of them. Economic impact is devastating - for India, 3 billion USD in Indirect costs, which may be an under estimate.

Africa has the highest rates of TB because of HIV/AIDS. Multi drug resistance is a serious problem in Eastern Europe, China, South Africa and Russia.

A global partnership called the STOP TB Partnership provides an umbrella for policy and strategy and India and states like Uttar Pradesh can develop their chapters.

TB/HIV co-infection is a serious challenge - 2 million co-infections or 60 per cent develop this in India.

India is a model TB programme. Even China has taken lessons from it. RNTCP figures are very impressive - it has improved treatment and death rates.

Excellent partners especially bilateral and multilateral donors drive the national programme. Huge successes but there are challenges ahead. Greater political support at central and state level needed, and for that stakeholders need to come with a cohesive strategy.

An overview of RNTCP in Uttaranchal

Dr. A.C. Ramola, Senior Medical Officer, State TB Cell presented an overview of the programme in Uttaranchal. RNTCP covered by the entire state by September 2004. Dehradun and Almora

were covered by the GFATM so far. 2369 patients have been treated of which sputum positive were 939.

A detection rate of 45% appears low because the programme has only just started but the conversion rate (92%) is higher than the standard (90).

First phase of the programme has focused on improving infrastructure and logistical systems. 30 TBUs (2.5 lacs population) and 140 MC (per 50,000 population) - 54 LT appointed on contractual basis.

IEC, training, drug management and conversion of hospitals to adopt DOTS - are the focus strategies. Currently there are no vacancies to fill-in. diverse strategies for IEC.

Future issues:

- Maintain cure rate greater than 85%
- Bring medical colleges on board and strengthen partnerships
- Ensure access to DOTS in remote areas
- Increase case detection rates
- Participation of private hospitals, and NGOs

There is big challenge of meeting manpower shortage in remote areas and Infrastructure to ensure access to DOTS in hilly areas. Because high literacy rates these position can be filled in.

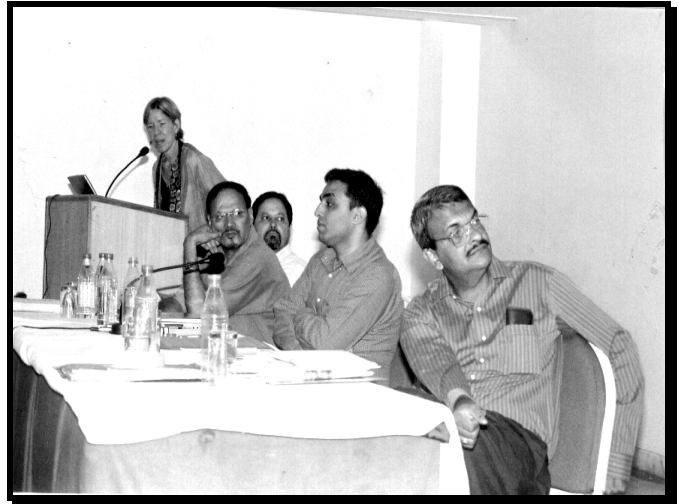
Orientation on RNTCP with tb Action & State T.B. Cell, Uttranchal

S. N.	Name of the Programme	Venue	No. of Participants
1	Uttaranchal State TB Stakeholders Meet	Hotel Pacific Dehradun	57
2	District TB Stakeholders Meet, Haridwar	AWTC, Bal Kalyan Samiti	83
3	Kumaon Division level T.B. Stakeholders Consultation	Janta Banquet Hall, Haldwani, Nainital (Kumaon)	57
4	Nainital District Level TB Stakeholders Consultation	Janta Banquet Hall, Haldwani Nainital	64

Views on RNTCP Uttaranchal-Technical Aspects of RNTCP

Dr. Rajan Arora, WHO consultant in Uttaranchal discussed aspects on effective diagnosis, treatment and control of TB. He stressed on the high prevalence of T.B. in the region (SEAR accounts for 38 per cent, India accounts for global 1/3 burden). TB needs to be given a priority of an epidemic. More women die from TB than malaria and maternal deaths.

There has been recognition of the severity of TB in the medical arena, because since 1950s TB institutional research commenced in India. Since then the programme has evolved. He spoke about the five components of DOTS - political commitment, diagnosis through microscopy; adequate drugs supply; DOT; accountability. He stressed on the merits of sputum



microscopy, the effectiveness of drug regimes when infection categorized correctly, and DOT. DOT is economically sound - in Indonesia for every dollar invest 20 years ago, 55 dollars were generated.

There are 5 schemes in which civil society can participate which RNTCP will be promoting extensively in Uttaranchal.

Session – II : T.B. and Related Aspects

T.B. –The Emerging Scenario

Dr. Vinod Tolia, DTO-Dehradun shared his views on emerging scenario in Uttaranchal. He stated that the programme started in Dec. 2002. 180/100,000 TB patients is the norm, the district has reached the figures because there is a large chain of service providers. Any failure in the chain can lead to loss of patients and decrease in recruitment of new patients or case-holding - confidence building is essential. Every successful cured patient is an ambassador of the DOTS programme

Experience Sharing by Hospital/ Institutions

Landour Community Hospital, Mussoorie

- One-year experience with DOTS programme
- Inconsistent supply of drugs, because of which some patients are not under DOTS- 2 cases of MDR TB
- Better interpersonal relations needed to build confidence with patient, for good follow-up.

Herbertpur Christian Hospital, Vikasnagar

- 160 revisit every month for treatment, most of them come from Saharanpur
- Lack of awareness, village communication team which does plays and shows very evening - has increased self-reporting
- Trained local people to make slides and has improved diagnosis

RAPHAEL HOME, Dehradun

- Since DOTS, new patients have reduced and many are going to DOTS Centre
- Lack of staff to pursue DOTS
- Compliance from hospital SCC is about 80%, through monthly Treatment and checkup
- Sputum and x-ray both used, during and after the course.

Christian Hospital, Chamba, Tehri

- Have sought for microscopy unit under scheme 1

Sharing by DOTS Providers and cured patients

Surinder Pal DOTS provider and lab technician, PHC, Prem Nagar: 128 patients registered, 115 cured, 13 still continuing confidence-building measures are important. People spend money and comeback to PHC. We need to cut this cycle and preventing this economic drain Zeba, TB cured patient Changed 5 doctors, before encountering DOTS. She is completely cured and found DOTS very effective.

Open Discussion

John Mathai: Do cured patients like you (Zeba) become DOT provider

Zeba: Not yet, but if given the opportunity, I will like to be DOTS Provider.



Dinesh Kumar (cured patient): Have become a referral, would like to become a DOTS provider.

Role and challenges of NGOs in RNTCP

J.M. Singh, Secretary, Mamta Shared his views on Role of NGOs for TB. He shared the data of NFHS-2, which shows high prevalence of T.B. in Uttaranchal, more than national average. Particularly, prevalence of T.B. is very high in few Districts of Uttaranchal like Uttarkashi, Dehradun, Pauri Garhwal, and Chamoli. Further he shared following challenges in Uttaranchal:

Challenges in Uttaranchal

- 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.

Experience Sharing of NGOs

Kumaon Sewa Samiti, U.S. Nagar : Jaya Mishra Shared her views about T.B. saying that It is very much neglected in Kumaon. We need to conduct such meetings in Kumaon to create awareness among the stakeholders including common masses.

SNEHA , Dehradun : Jeet Bahadur said that they have presented patient records against which patient (drug) boxes were given by DTO. He said that greater transparency is needed in the relationship between service provider and patients.

Uttara Khand Jan Jagriti Sansthan, Khadi, Tehri -- Interpersonal skills important
Himalaya Paryavaran and Mahila Kalyan Sansthan, Rudraprayag

In inaccessible places, government must trust NGOs to manage the programme locally under its supervision.

Lok Chetna Manch, Bageshwar: Access will affect the sustainability of programme

Session – III

Key aspects for participation of NGOs in Uttaranchal

Dr. A.P. Mamgain, State Director, State T.B. Cell, Govt. of Uttaranchal chaired the last session of the meeting. He said that NGOs might play a very significant role in combating T.B. in Uttaranchal. He appreciated the role of Mamta and ACTION for providing a platform to all the stakeholders to discuss about as how to combat T.B. in Uttaranchal. He further stated that there is no shortage of funds. NGOs need to send in proposal under various schemes. Further he suggested that there is a need for greater education and awareness within community. Address

selection and confidence building for better case holding is necessary. There is a possibility to merge HIV with TB -both treatment and counseling. Also strengths of nutrition programme can help in meeting the challenges and shortfall of the TB and HIV/AIDs programme. He also shared with the participants that we are likely to hold a media workshop in July 2005.

Resources for civil society for combating T.B.

Mr. Pranay Lal, Policy Adviser, ACTION shared a list of few donors with the participants to whom NGOs may contact for getting funds to work on T.B. Programme.

Future Strategies

All the Participants gave their suggestions as what to be done in near future in order to combat T.B. Uttaranchal.

- Most of the NGOs have committed themselves to start working on TB as they reach back to their respective places.
- They decided to develop a network in Uttaranchal under the guidance of Mamta and ACTION to combat T.B. in Uttaranchal, Particularly in worse affected districts like Dehradun, Uttarkashi, Chamoli, Pauri & Nainital.
- Mamta will take special drive to involve as many NGOs and civil societies as possible.
- Mamta with support of local NGOs talk T.B. in College Campus and identify Volunteers from all worse affected districts.
- Awareness drive at Districts, Blocks and Villages level with local NGOs and civil societies.
- Districts level stakeholders meet in all 13 districts of Uttaranchal.

Vote of Thanks

Beena Walia, Chief Coordinator, Mamta purposed a vote of thanks to all the participants of the meeting. Particularly she expressed her gratitude towards Dr. John Mathai, ACTION, Dr. Carter, RESULTS, USA, Dr. A.P. Mamgain, State T.B. Director and other resource persons and participants for giving their valuable time and suggestions to make state T.B. Stakeholders meet a great success.