

## Partnership for TB care and control in India

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### Value added of the partnering initiative

- **Why was the partnering initiative established? What was the major problem that you wanted to address by establishing a partnering initiative?**

The partnering initiative was established in March 2008 which united 16 members of the India Coalition Against TB and 9 of the NGO TB Consortium under a common goal. The goal was to support the National TB program in India. There was a lack of participation from civil societies in the TB program.

- **How has the partnering initiative responded to that problem? In what way has the situation changed? What has been the value added for different partners and for TB patients?**

The Partnering initiative united civil societies to support the national program through a proposal for the Global Fund Round 8 which was not approved, but USAID supported the partnership initiative through a jump start project. The Partnership then applied for the Global Fund Round 9 proposal on ACSM and was approved and is presently being implemented in 23 states in 300 districts covering 750 million population. There is massive community mobilisation efforts going on and a number of NGOs trained and engaged in the program.

- **Do you think the partnering initiative has worked so far?**
  - If it has worked well, why? How have you set it up? What process have you used? What were the main steps?
  - If it has not worked that well, why? What do you think has hindered your efforts? Would you try it again, and why? How would you revitalize it?

Yes it has worked and have added value in supporting the National program. The partners working for the Global fund have increased community awareness and mobilisation through ACSM efforts. There is also cohesion with other civil society

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partners in the field through regional and national consultative meetings and regular communication or sharing of experiences through the various channels available. Recently civil societies were invited by the program to provide recommendations into the RNTCP Phase III planning for the next 5 years through civil society perspective. A process was started for getting all partners involved in the preparing of the document and finalised with a consensus gathering in a national consultative meeting of partners.

Please see for more information [www.tbpartnerhsipindia.org](http://www.tbpartnerhsipindia.org)

- **Who among the following stakeholders – national TB programme, civil society (faith based organizations, non-governmental organizations, community based organizations) and the private/business sector – is involved? In what way?**

All stakeholders are involved in the partnership. In regional meetings the TB programme, technical partners, civil societies and other potential partners develop work plans for the states in the region. They share their work experiences and agree to work collaboratively on initiatives by meeting on a regular basis. They also collect examples of best practices to provide evidences for field implementation and community reach. There are consultations for media engagement and for enhancing private sector engagement in the programme which involves the programme with partners from the private sector, and the media. All Partners are invited for meetings. Communications for any events are sent to all to participate and join in.

- **What does each partner perceive as an advantage of being in the partnering initiative? What sustains their commitment? If partners are not engaged, what are you planning to do to attract and maintain their interest?**

Partners have the benefits of:

- Opportunities to have its activities published in the Partnership newsletter
- Visibility on the Partnership website
- Invitations to working group meetings as per their area of work
- A Partners' Directory that will facilitate sharing of new ideas and best practices, other relevant information, and resources
- Specific information and databases of regional or national relevance

### Building the partnering initiative

- **What have been some of your challenges in bringing the various stakeholders together in a partnering initiative?**

Challenges come in when some partners do not respond to email request due to their heavy workload.

- **Have partners done a mapping/inventory of the resources (financial, technical, human, in-kind) that each can contribute to the implementation of the national TB**

plan and in which area of the country? If yes, could you share your plan showing various roles and responsibilities and highlighting possible remaining gaps?

We are presently working on a Database/ Partner's directory whereby expertise/ resources of each partner in their work areas are being recorded however it is still under construction.

- **Have the partners jointly mobilized resources to implement a shared national TB plan? What type of resources have they mobilized (financial, technical, human, in-kind)? How did this process work?**

Some of the partners from the Partnership are sub recipients for the Global Fund Round 9 and are implementing various ACSM activities in the field. The Union through a Eli Lilly funded project have provided funds for training of traditional healers in TB and basic DOTS in 4 states through partners and also a training of partners of the partnership on engaging with media. The partners will then engage with the media and the partner with the most media related activity will win an award at the end of the campaign.

- **Which national TB plan activities are the partners contributing to?**

The National TB programme has invited civil societies to provide recommendations into the planning of the next five year. The Partnership have contributed recommendations to some challenges at field Implementation and action that civil society can do to meet these challenges. This is for RNTCP phase III planning.

- **How have partners organized their work? Do they regularly meet? What structure has been chosen (if this has been formalized)?**

The Partners meet at regional and national consultative meetings. These are formalised meetings which are budgeted.

### Thinking through and taking stock

- **Which stakeholders of society do you see as essential or ideal members to a partnering initiative, if you want to effectively address TB in your country context (please answer this independently of whether these stakeholders are currently partners of your initiative)?**

We need to include affected community organisations as they are the reason we have this partnering initiative.

- **What do you think the major outcomes of the partnering initiative are? In what way the partnering initiative has benefited the work of the partners? What do you think could be strengthened/ improved?**

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- 1) A voice of a unified civil society in engaging with the government in TB care and control efforts in India
    - Invited by the Programme Division to participate in the JMM (Joint Monitoring Mission).
    - Provided recommendations from civil society perspective into the RNTCP Phase III planning.
    - The National program recognizes Partnership as a unified voice and is present in all Steering committee meeting.
  
  - 2) Building trust and collaboration between multiple sectors involved in TB care and control initiatives
    - National and Regional consultative workshops with equal participation from public sector, private sector, civil societies to brainstorm on collaborative efforts for TB care and control.
    - Also organized separate meetings for media, private healthcare providers etc to explore their technical expertise for contributing into the National program .
    - Various channels of communication for sharing experiences and discussions on TB care and control i.e. website, newsletter, face book and twitter.
    - Member in the National Coordination committee (GF)
  
  - 3) Successful in the Global Fund Round 9 for Civil Societies working in ACSM activities in 340 districts in 23 states covering 740 million population
    - The resources mobilised will strengthen community mobilisation for TB Care and control by engaging civil society organisations.
    - Bringing cohesion among the Sub Recipients (partners) and the other partners in each work area.
    - Exploring new potential partners to be included into the partnership by working collaboratively with The Union and World Vision (Principal Recipients).
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- **Do you have any example you would like to share about occasions (implementation of activities of national TB plan) in which having a partnering initiative in place has made a difference?**

Same as above

- **How do you think the Stop TB Partnership could support your partnering initiative?**

We would need technical guidance on monitoring and evaluation of the Partnership effort.
  
- **Anything else you would like to highlight?!**