



2019 Annual Report



Joint
Effort for
Elimination of
Tuberculosis

It's Time



Centre for
Health
Research and
Innovation



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TABLE OF CONTENTS



Joint
Effort for
Elimination of
Tuberculosis

03

Welcome Messages from Partners

09

Abbreviations

10

**Chapter 1: Private Sector Engagement
and JEET: An Overview**

12

**Chapter 2: JEET Implementation - What
Worked?**

13

Chapter 3: Coordination & Collaborations

15

Chapter 4: Progress update of key indicators

21

Chapter 5: Success Stories & Innovations

25

Chapter 6: Budgeting

27

Plan for 2020 - 21

29

Gallery





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Ministry of Health & Family Welfare
निर्माण भवन, नई दिल्ली-110108
Nirman Bhavan, New Delhi-110108

Dated 17th July 2020

The Government of India has been making concerted efforts towards Ending TB by 2025, which include providing patient-centered care and management for all TB patients. Our JEET Consortium partners have been supporting us in increasing the reach of the National TB Elimination Programme by engaging with the private sector. In 2019, for the first time, the country saw a private sector notification of more than 6.5 lakhs enabling the programme to notify over 24 lakh cases. This effort has helped the country bridge its gap in identifying the missing cases.

With the world facing unprecedented circumstances owing to Covid-19, a close collaboration between all stakeholders is the need of the hour. We hope to continue working with our JEET partners to tide over these trying times and work towards achieving End TB targets.

(Dr. K.S. Sachdeva)



Dr. Raghuram S. Rao
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Date : 17/7/20

Private sector engagement is one of the top priorities of the National TB Elimination Programme (NTEP). The JEET Project, through Patient Provider Support Agencies (PPSA), has been instrumental in expanding the programme's reach to TB patients seeking care in the private sector and ensure that they receive quality diagnostics, optimum treatment and public health action with minimum out of pocket expenditure. JEET project has also supported the implementation and on-boarding of domestic funded PPSAs and revising the partnership guidance documents for implementation under NTEP.

Learnings from the JEET Project have helped many States in achieving their goals for effectively engaging with the private sector.

I wish all success to the JEET Project!


(Dr. Raghuram Rao)

Welcome Message: CHRI

Tuberculosis, a disease that dates thousands of years, is a challenge in India even today, with high morbidity and mortality rates. Despite it being curable, the burden of TB sits heavy on our nation in terms of lives lost in their prime and life stress on account of inability to work .



I take pride in the achievements of project JEET as it brought to bear our deep-rooted expertise in tuberculosis control, management and private sector engagement (where majority of TB patients seek care in India) by achieving institutionalization of private sector engagement at the national level.

I am pleased to say that JEET project has been innovative and patient-provider responsive in its approach and plays a critical role in notifying the missing cases of TB in the private sector. The nation-wide recognition that the project has received for the immense efforts put in by our staff and various partners says it all.

I acknowledge the enormous challenges the NTEP and JEET teams face, in particular with the scale up of services to the private sector TB patients across the nation, along with the sustenance of an established model of partnership. But I'm confident that the rich technical and marketing capacity of the JEET family and political commitment from the Government of India towards a '**TB-free India**', will ensure universal access for quality diagnosis and treatment of all TB patients.

On the occasion of publication of the second annual report of JEET, I would like to congratulate all our partners and everyone involved in TB control efforts across the country for all their hard work and commitment to achieve the goal of a TB-free India. We are fully committed to the goal of TB elimination and we will continue our efforts with the same vigour and zeal.

A handwritten signature in black ink, appearing to read 'Neeraj Jain'.

Neeraj Jain
Chief Executive

Welcome Message: FIND

The year 2019 was momentous in so many ways.

India's TB notifications reached a new peak of ~24.0 lakhs against an estimated prevalence of ~26.9 lakh, representing a 14% hike from 2018. With this, India inched further towards closing the "missing cases" gap. In the last year, 28% of total notifications (6.81 lakhs) were notified from India's private sector as opposed to 23.9% (5.02 lakh) in 2018. This increasing contribution of the private sector towards TB notifications is a testimony to the leadership of the National TB Elimination Program (NTEP), MoHFW, Government of India and success of programs such as JEET.



The year 2019 marked a full year for FIND's JEET operations, which is now scaled up across 95 districts of India. In the last year, we notified more than 77,500 private sector patients, achieving 99% of our target and ensured more than 80% have successful treatment outcomes. Private sector engagement initiatives are now centre-stage and are being accorded the highest priority by the NTEP. In the past year, our teams and implementing partners have actively supported the NTEP in implementation of the JEET model in collaboration with the state and district NTEP teams as a step towards ensuring sustainability of interventions.

I would like to thank The Global Fund and NTEP, MoHFW, Govt of India who remain unwaveringly supportive of JEET. Our association with partners, William J Clinton Foundation (WJCF) and Centre for Health and Research Innovation (CHRI), continues to thrive and prosper and for that I am wholeheartedly grateful. Last but not the least, I would like to convey my sincere gratitude to the entire JEET team including our implementing partners, KHPT, WHP and TBAI who have been strong allies in this fight against TB.

I hope you enjoy reading about our 2019 activities as much as we have enjoyed executing them!

A handwritten signature in black ink, appearing to read "Sanjay Sarin". The signature is fluid and cursive.

Dr. Sanjay Sarin

Head, FIND India

Welcome Message: FIND

2019 has been a milestone year for the TB control efforts in India with the National Tuberculosis Elimination Programme, notifying 2.4 million cases against its annual incidence of 2.7 million. This is an increase of over 12% compared to 2018. The largest proportion of this increase came from the private sector which notified 0.68 million cases – an increase of 25% compared to last year.



With nearly 50% of TB patients seeking care in the private sector it is imperative to partner and engage with the private healthcare sector in the country. To achieve this vision, the NTEP has undertaken several steps. One of the flagship initiatives is the 'Project JEET' (Joint Effort for Elimination of TB). Initiated in 2018 by CHRI, FIND and WJCF and several NGO partners with funding support from The Global Fund and in collaboration with the NTEP, the project aims to enhance engagement with the private sector to achieve universal access to quality diagnosis and treatment for TB.

In 2019, the project JEET facilitated over 0.45 million case notifications, through its unique and innovative activities across 480 districts in 24 states. This is nearly 34% of the total private sector notification in the country. The JEET team also provided treatment adherence support to more than 80% TB patients for successful outcomes. JEET's efforts have been recognised both nationally and internationally. The Global Fund has recognised JEET's achievements by according an 'A' rating.

But there is no time to rest and laud our achievements as we have a commitment to fulfil i.e. ending TB in India by 2025. A task, though not easy, is not impossible.

I take this opportunity to thank the NTEP, The Global Fund, all partners and the project team for their relentless efforts in making the project a success. I am certain that the JEET team will continue these efforts to achieve TB free India.

A handwritten signature in blue ink that reads "Sarabjit S Chadha". The signature is written in a cursive style.

Dr. Sarabjit S Chadha
Regional Technical Director
FIND

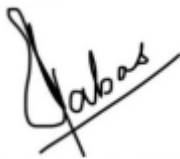
Welcome Message: WJCF

The Annual TB Report 2020 was a testament to the TB elimination mission - TB notifications increased by 14% as compared to 2018, whilst the number of missing cases reduced to 2.9 lakhs as compared to 10 lakhs in 2017. The private sector has an indispensable role in identifying the 'missing' TB patients and it is indeed encouraging that Project JEET has played a significant role, enabling and supporting the elimination mission. Project JEET continues to build stronger bridges that enable patients seeking treatment in the private sector, access quality services offered through public healthcare.



2019 has been a pivotal year for the National TB Elimination Program as well as Project JEET. We were able to develop a deeper and nuanced understanding of the diverse and heterogenous private healthcare sector, allowing better engagement with both private practitioners as well as patients. This experience has been invaluable in the evolution of Project JEET, to meet specific needs of stakeholders. New PPSA launches, pilots to test innovative approaches and rapid ability to change tacks, underscored our readiness to be catalysts of change, whilst ensuring program robustness. Be it engaging with private sector laboratories for improved access to diagnostic services or partnering with e-pharmacies for quicker home delivery of FDC drugs to patients, we continue to explore effective means to increase uptake of services and bring us even closer to the mission of TB elimination.

The dedication, commitment and perseverance demonstrated by all our colleagues has been remarkable and we learnt a lot from our peers, both in public and private healthcare sectors. While these achievements are certainly a cause for satisfaction, we still have a long road ahead. The year gone by has been a rewarding one, made possible in large measure by our partners and colleagues and we look forward to collectively moving towards a TB free India

A handwritten signature in black ink that reads "Dabas".

Harkesh Singh Dabas

Managing Director

William J Clinton Foundation

Abbreviations

ACF	Active Case Finding	ICMR	Indian Council of Medical Research
ACSM	Advocacy, Communication and Social Mobilization	ICT	Information and Communication Technology
AIDS	Acquired Immune Deficiency Syndrome	ICTC	Integrated Counselling and Testing Centre
AIIMS	All India Institute of Medical Sciences	IDSP	Integrated Disease Surveillance Project
ART	Anti-Retroviral Therapy	IEC	Information, Education and Communication
ARTI	Annual Risk of Tuberculosis Infection	IMA	Indian Medical Association
ASHA	Accredited Social Health Activist	IPT	Isoniazid Preventive Therapy
CGHS	Central Government Health Scheme	IRL	Intermediate Reference Laboratory
CHAI	Clinton Health Access Initiative	JEET	Joint Effort for Elimination of Tuberculosis
CHC	Community Health Centre	LT	Laboratory Technician
CHRI	Centre for Health Research & Innovation	MDGs	Millennium Development Goals
CME	Continuing Medical Education	MDRTB	Multi Drug Resistant Tuberculosis
CTD	Central TB Division	MIS	Management Information System
CBNAAT	Disability Adjusted Life Years Cartridge Based Nucleic Acid Amplification Test)	MO	Medical Officer
DALYs	Disability Adjusted Life Years	MoHFW	Ministry of Health and Family Welfare
DBS	Domestic Budgeting Source	MOTC	Medical Officer-Tuberculosis Control
DBT	Direct Benefit Transfer	MoU	Memorandum of Understanding
DDG	Deputy Director General	NACP	National AIDS Control Programme
DGHS	Director General of Health Services	NCDC	National Centre for Disease Control
DMC	Designated Microscopy Centre	NEP	New Extra Pulmonary
DOTS	Directly Observed Treatment Short Course	NGO	Non-Governmental Organization
DRS	Drug Resistance Surveillance	NIRT	National Institute of Research in Tuberculosis
DRTB	Drug Resistant Tuberculosis	NRHM	National Rural Health Mission
DST	Drug Susceptibility Testing	NRL	National Reference Laboratory
DTC	District Tuberculosis Centre	NSN	New Smear Negative
DTO	District Tuberculosis Officer	NSP	New Smear Positive
EPTB	Extra-pulmonary Tuberculosis	NSP	Acquired Immune Deficiency Syndrome
EQA	External Quality Assurance	NTEP	National Tuberculosis Elimination Programme
FIND	Foundation for Innovative New Diagnostics	NTF	National Task Force
GFATM	The Global Fund to Fight against AIDS, Tuberculosis and Malaria	NTI	National Tuberculosis Institute
GMSD	Government Medical Store Depot	NTP	National Tuberculosis Programme
GoI	Government of India	NUHM	National Urban Health Mission
HA	Hub Agent	OR	Operational Research
HBCs	High Burden Countries	PPSA	Patient Provider Support Agency
HIV	Human Immuno Deficiency Virus	UDST	Universal Drug Susceptibility Testing
HRD	Human Resource Development		



Private Sector Engagement and JEET: An Overview

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The history of private sector engagement in India, dates back to 2003, when the Public Private Mix- Directly Observed Treatment Short Course (DOTS) model was initiated. It began as a 14-city pilot, with an aim to segregate different types of private healthcare providers, who were sensitized about the Revised National TB Control Programme (RNTCP) now named as National Tuberculosis Elimination Programme (NTEP). The expectation was that the patients would either be referred to the public sector or managed strictly as per the National TB Program (NTP) guidelines. In most instances, NTP drugs were stocked in these facilities and DOTS was followed. The pilot was a steppingstone, towards enhanced private sector engagement and brought to light the challenges in engaging such a vast network of providers. It was in 2012 that the Government of India (GoI) made TB a notified disease, ensuring increased surveillance on TB patients within private sector. Finally, The National Strategic plan of 2017, made engagement of private providers a key strategic priority, for the very first time.

The genesis of Joint Effort for Elimination of Tuberculosis (JEET) was demonstrated by the Patient Provider Support Agency (PPSA) model. It consisted of provider incentives and patient subsidies to encourage consistent and appropriate practice, amongst private sector providers. It was implemented in the cities of Mumbai, Patna and Mehsana and resulted in an increased notification of TB patients from the private sector.

In its final year of implementation, JEET set out with the

objective of establishing effective and sustainable linkages, to strengthen existing systems and seamlessly extend quality TB management services to patients, seeking care in the private sector. Building upon joint successes and learnings of partner organizations in the consortium, JEET is bringing efficiency in every step of the patient care cascade. The project is also building the program's management capacity, specifically to:

1. Develop an insight into private sector by conducting mapping & prioritization of private sector healthcare providers.
2. Facilitate nationwide access to NTEP and World Health Organisation (WHO) approved affordable TB diagnostics for patients seeking care in the private sector, through public and private lab networks for increased notifications and quality diagnosis.
3. Facilitate nationwide access to early, appropriate and free treatment initiation, public health actions and adherence support systems for patients seeking care in the private sector.

Currently, the project JEET is being implemented across 97 NTEP districts as PPSA and 382 districts as PPSA-lite. The engagement has been taken into cognizance and till March 2020 collectively about 7.2 lakh number of TB patients were notified under JEET. The engagement is being further strengthened by the nationwide scale up of PPSA's under the NTEP through domestic budget. More than 130 NTEP districts have been budgeted and proposed by various states, which is reflective of the success of JEET model. Of these, about 50 have been contracted out on an output-based financing model.

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The genesis of Joint Effort for Elimination of Tuberculosis

Collectively, the project played a major role in shaping private sector engagement and deliverables for the country. A snap shot of notifications and outcomes from JEET geographies are:

Indicator	2017	2018	2019
Proportion of TB notifications from private sector	2,59,503	4,07,955	5,66,677
Treatment success rate*	64%	71%	59%

**Denominator includes patients with less than six months of treatment course*



JEET Implementation - What Worked?

Since its inception in 2018, JEET has been progressively working towards providing end-to-end quality TB services to all private sector patients, within its focus geographies. Here is an analysis of what worked:

Geographic specific implementation:

Although, the basic principle remained the same, the model was tweaked basis the context, in several geographies. There existed several diverse reasons for this, including type of private practitioner, NTEP implementation requirements, geographical difficulties, etc.

Continuous interaction with private providers:

A system is built where the engaged provider got a continuous feedback about patients after initiating on treatment. This included details of patient follow-up, linkages to FDCs, DBT status, treatment completion etc. All this helped to build the trust with the practitioner.

Established systems for timely sputum transportation:

The sputum collection and transport agents under the project ensured, that all sputum samples were transported to the CBNAAT labs, in a timely manner. They also ensured that the reports are also being shared with the providers, on time. This avoids loss of patients by the providers as the patient does not have to run around for his diagnostic test. Such a model ensures that no patient is left-out as well as reduced effort at the patients' end to receive accurate diagnosis.

Treatment Adherence:

A system was created which enabled the engaged provider to receive continued feedback on patients, after treatment initiation. This includes details about follow up on patients, linkages to government Fixed Dose Combinations (FDCs), DBT status, completion of treatment, etc. This system helped build trust and support with the practitioners as well as treatment adherence.

Free diagnostic tests and anti TB drugs for patients:

NTEP supports to provide free CBNAAT (Cartridge Based Nucleic Acid Amplification Test) testing to poor private sector patients as well as supply of free anti TB-drugs. This helps in building trust between the patient and the system and also reduces Out of Pocket (OoP) expenditure.

Incentives provided by NTEP for both providers and patients:

DBT is being pushed in all States. The JEET staff supports district NTEP teams in collecting bank details of both - patients and providers and also sharing these on Nikshay. This is to ensure that no beneficiary is left devoid of DBT. However, this is done when district NTEP authorities authorize JEET staff with an official letter to collect the bank details from all.

Feedback:

Feedback mechanisms have been established for all engaged providers to keep them updated on notifications, follow up status of their patients and status of DBT. This helps in holding the practitioner accountable for public health actions as well as treatment completion of the patient.



Coordination & Collaborations

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Engagement with NTEP' state offices has been a key aspect of the JEET project, two have been helping each other towards the common goal of TB elimination. In PPSA geographies, JEET staff is actively involved in contact tracing, assistance to patients for accessing free services, support for notification, facilitating incentives (under Nikshay Poshan Yojana), adherence and counselling support, Universal Drug Susceptibility Testing (UDST), Human Immunodeficiency Virus (HIV) testing etc. In PPSA lite geographies, JEET in collaboration with NTEP field staff jointly work to engage more and more providers by organizing Continued Medical Education (CMEs), trainings and follow up with patients to improve successful treatment outcome rate. In addition to this and in support from state drug controllers, JEET also engages with chemist associations to seek TB patient details and reach to 'unreached' providers. This has helped to notify many private patients across states which otherwise would go 'missing'. To improve the rate of microbiological confirmations, JEET and NTEP has collaborated with private hospitals to provide support for subsidized CBNAAT based testing. One such arrangement is working successfully at Bangalore Baptist hospital in Karnataka since early 2019. Leveraging upon its experience, JEET and NTEP are closely involved in roll-out of domestically funded PPSAs, case in point being Jharkhand.

JEET collaborates with NTEP for roll-out of PIPs in Jharkhand

Dr. Sandeep Rai (working as State Public Provider Mix), SPPM Lead Jharkhand was given the responsibility to contract domestically funded PPSAs in nine districts of the state (Ranchi, East Singhbhum, Giridih, Palamu, Bokaro, Hazaribagh, Dhanbad, Dumka & Sahibganj) in ROP 2018-19. The responsibility was handed over by STO Jharkhand in 2018. Here are Dr. Sandeep's contributions;

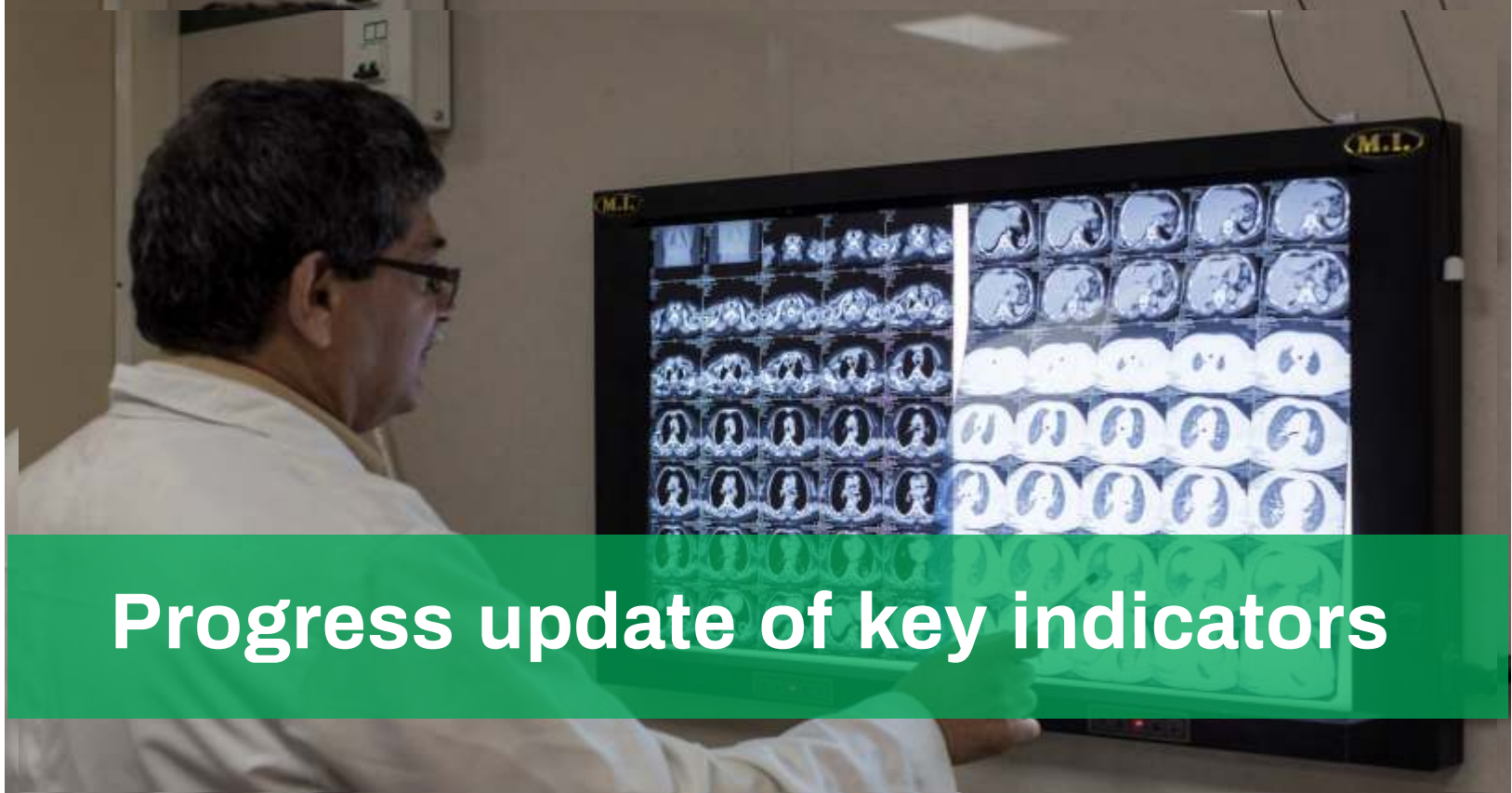
1. Developed Guiding principles for PPSA after consultation with STO & WHO consultant.
2. Developed summary document for approval by MD National Health Mission (NHM) & DCs of 9 districts.
3. Conducted DTO review meeting in Oct 2018 to orient DTOs and their staff.
4. Delivered a detailed presentation on guiding principles and tendering process at DTO review meeting in Dec 2018.
5. Developed Expression of Interest (Eoi) format to help DTOs in contract processing
6. Conducted regular follow ups with districts during contracting.

Unfortunately, code of conduct for parliamentary elections was enforced and contracting process for five districts was delayed. Later, in FY 2019-20, when PPSA was approved for all the 24 districts of Jharkhand, the contracting process for FY 2018-19 was cancelled.

Learning from the lessons of FY 2018-19, the state PPM Lead contributed following to the contracting process of FY 2019-20

1. Prepared summary document and based on that the approval from MD NHM was issued.
2. Helped STC in organizing state consultation workshop on PPSA in May 2019.
3. Reviewed all presentations & need assessment formats from the districts before state consultation workshop.
4. Reviewed the tender document and provided inputs/feedback.
5. Contacted various organizations like World Health Partners (WHP), IPE Global, DISHA international, Ekjut, HLPPT to apply for bidding process of PPSAs.

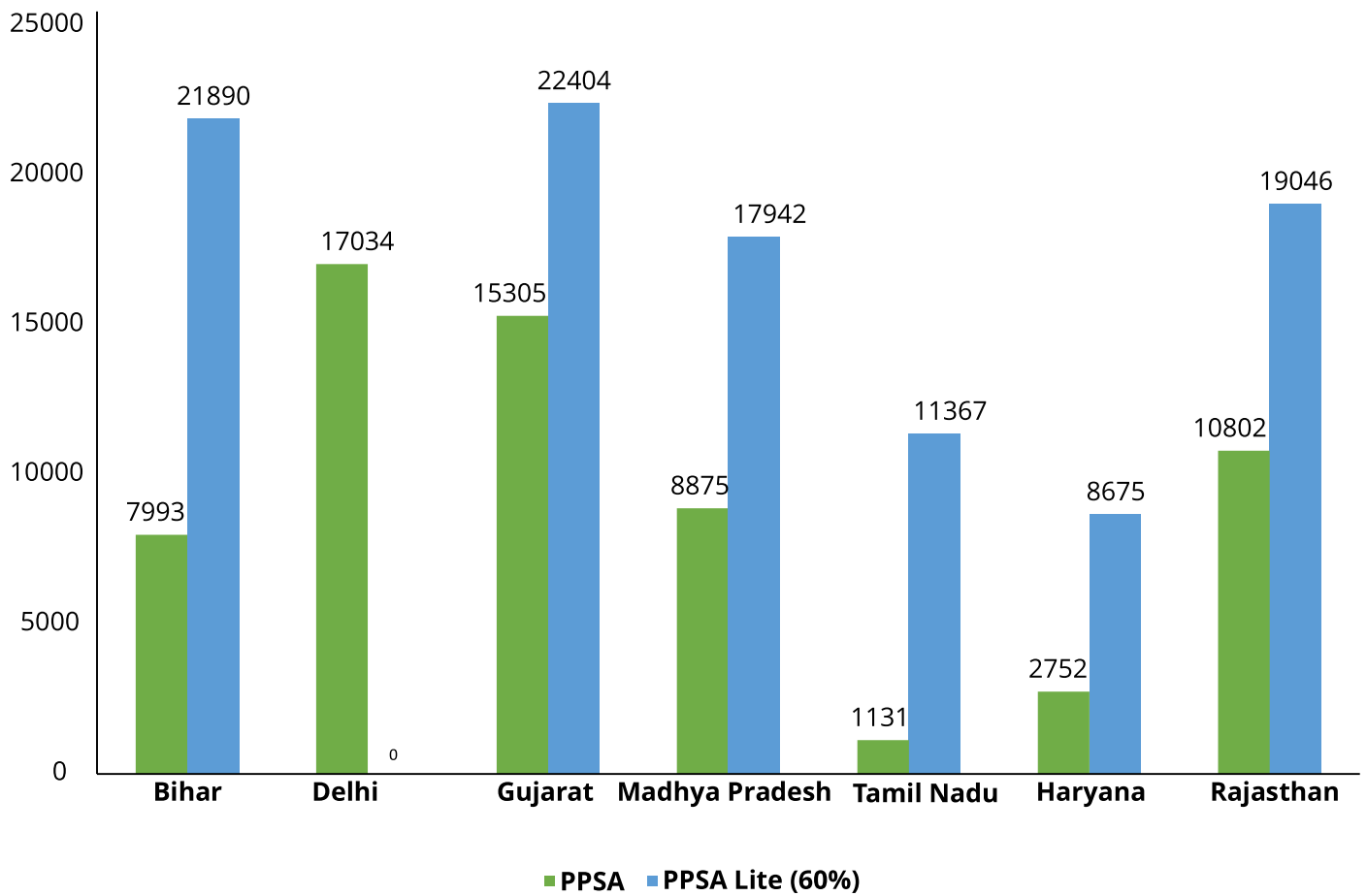
After due bidding process, 24 districts were allotted to ALERT (Association for Leprosy Education) India in clusters after tendering process as PPSA.



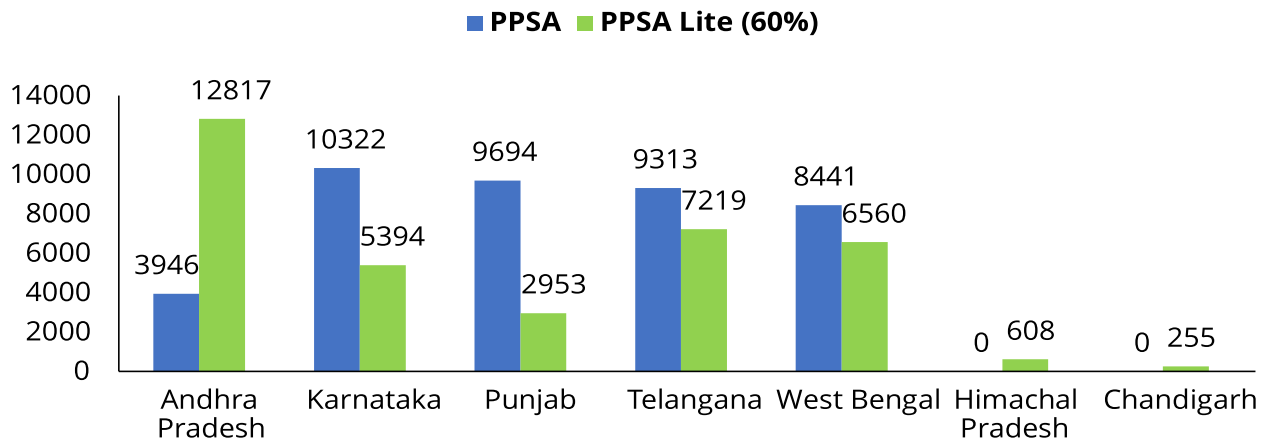
Progress update of key indicators

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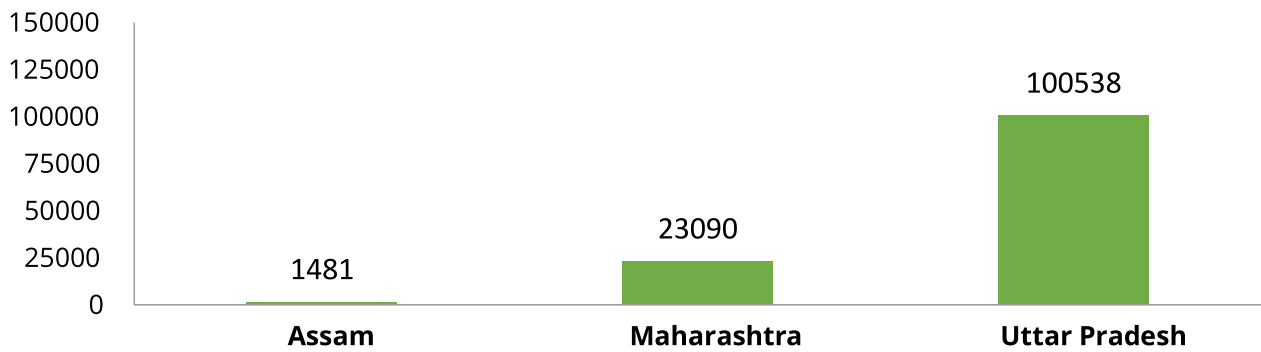
WJCF (Cases Notified-2019)



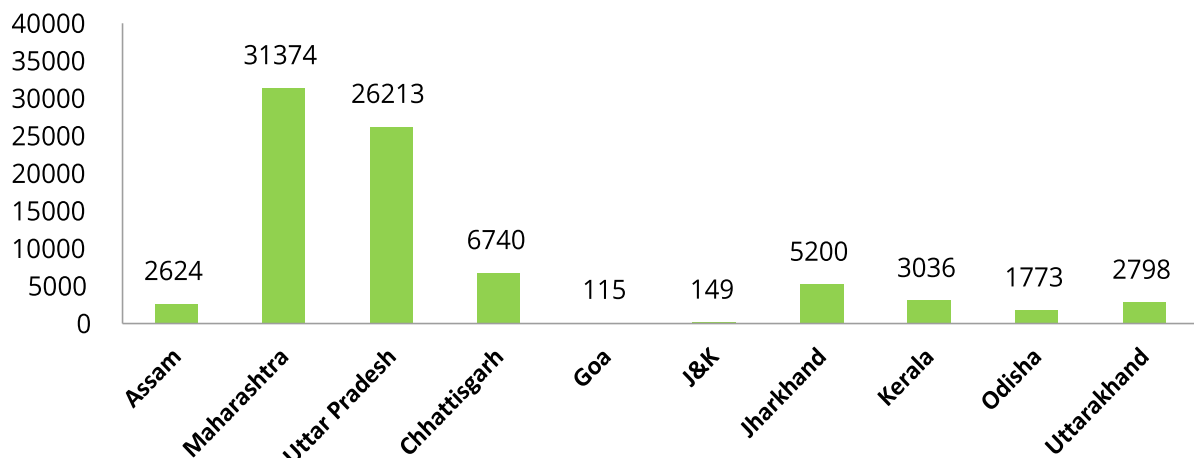
FIND (Cases Notified - 2019)



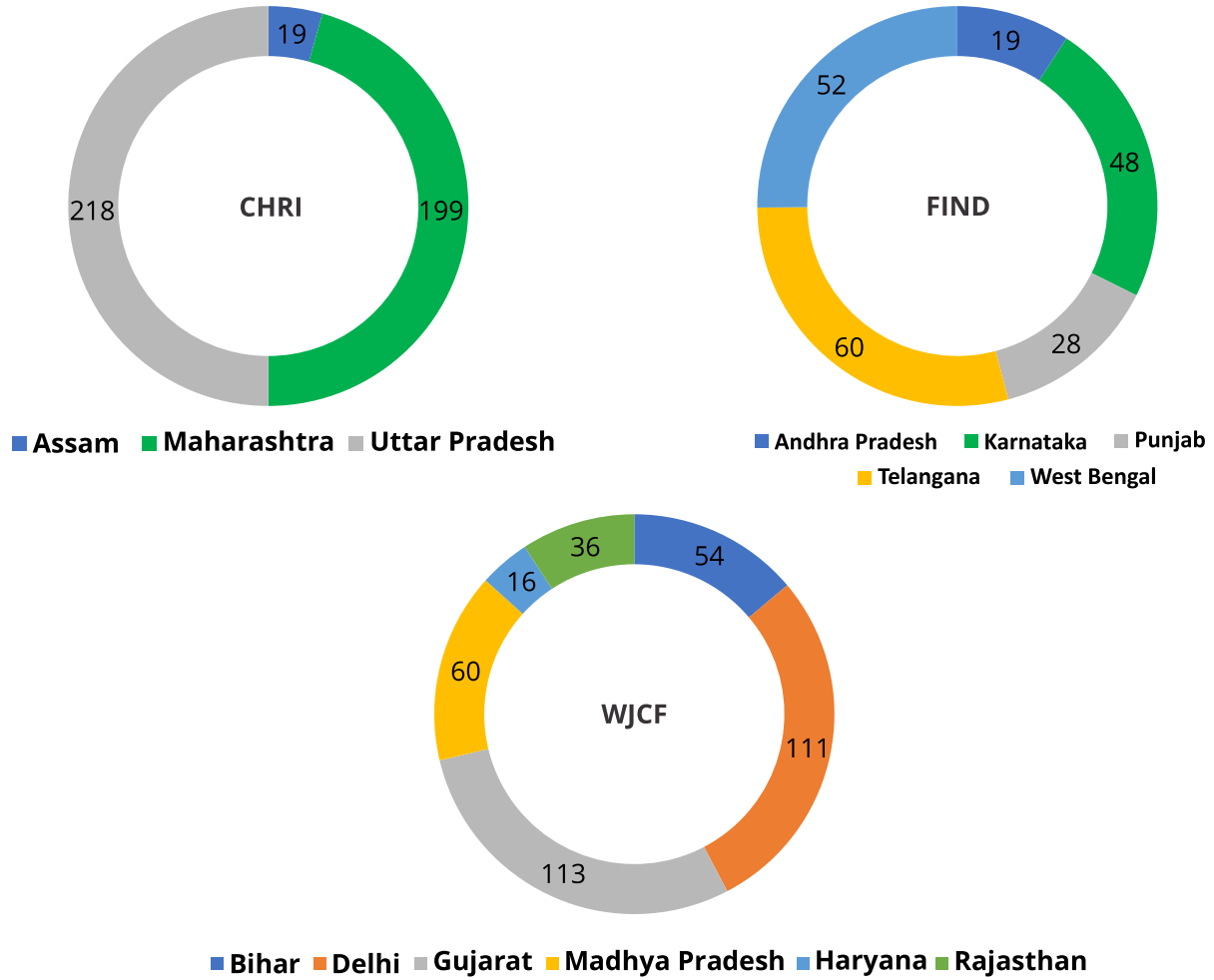
CHRI (Cases Notified PPSA - 2019)



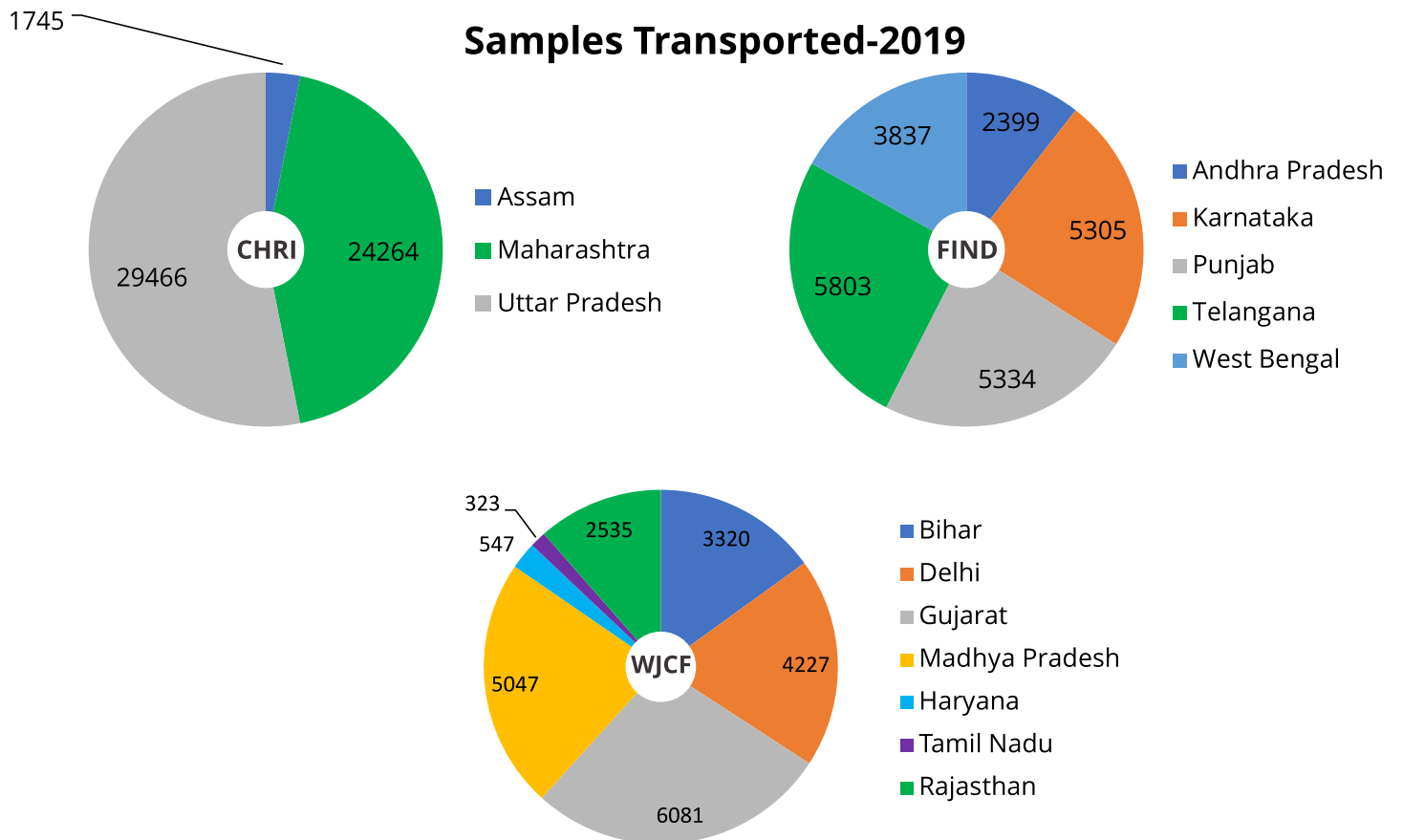
CHRI (Cases Notified PPSA Lite - 2019)



Hubs Funtional (2018-19)

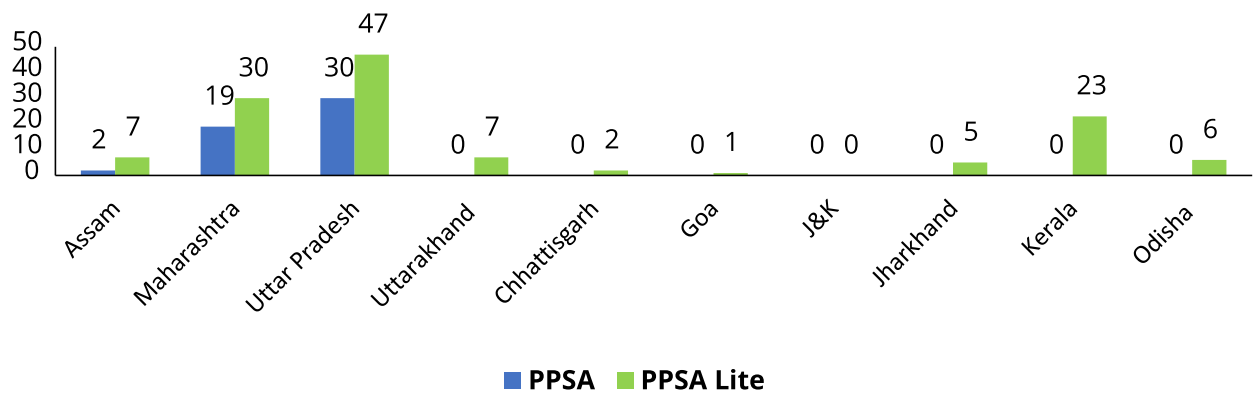


Samples Transported-2019

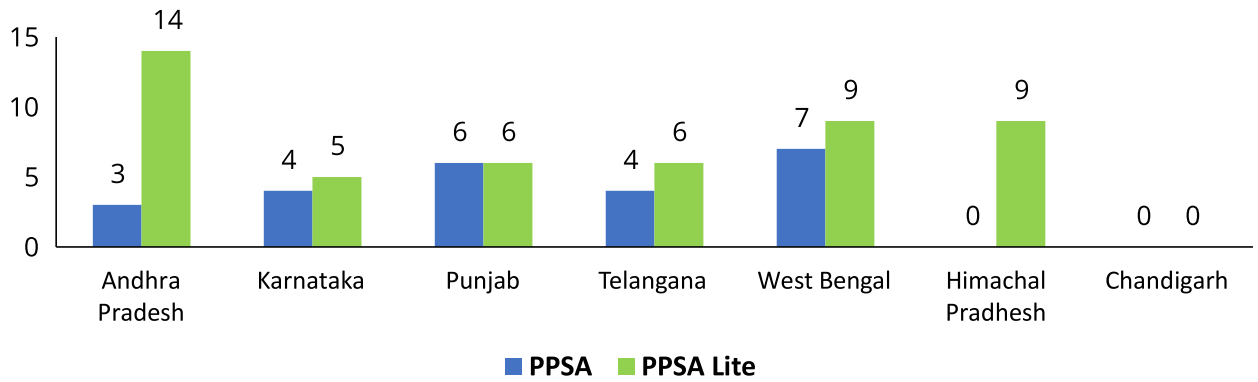


CMEs

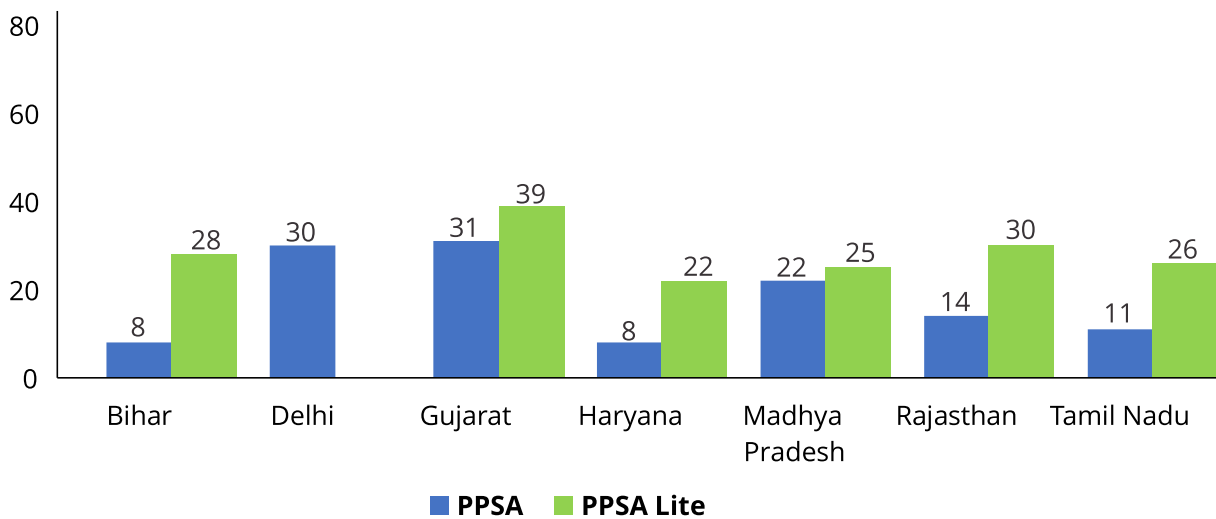
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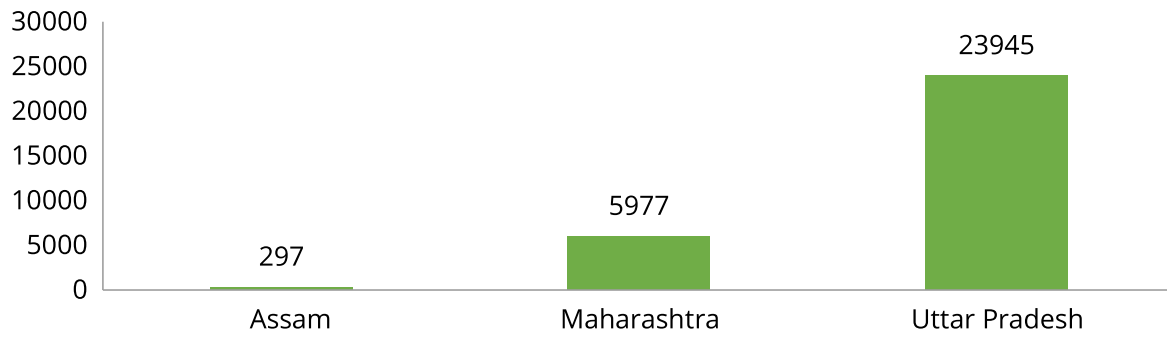


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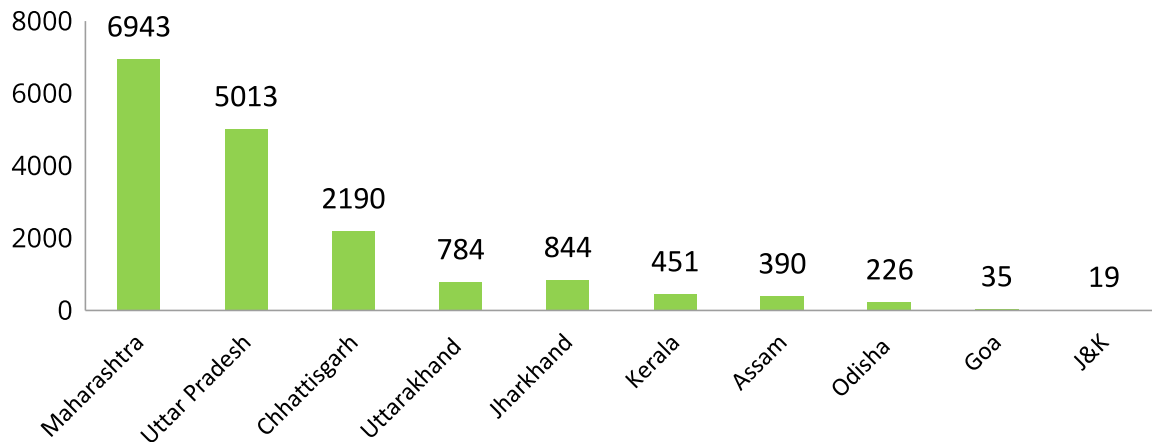


Successful Outcomes - (Jan-Dec'18)

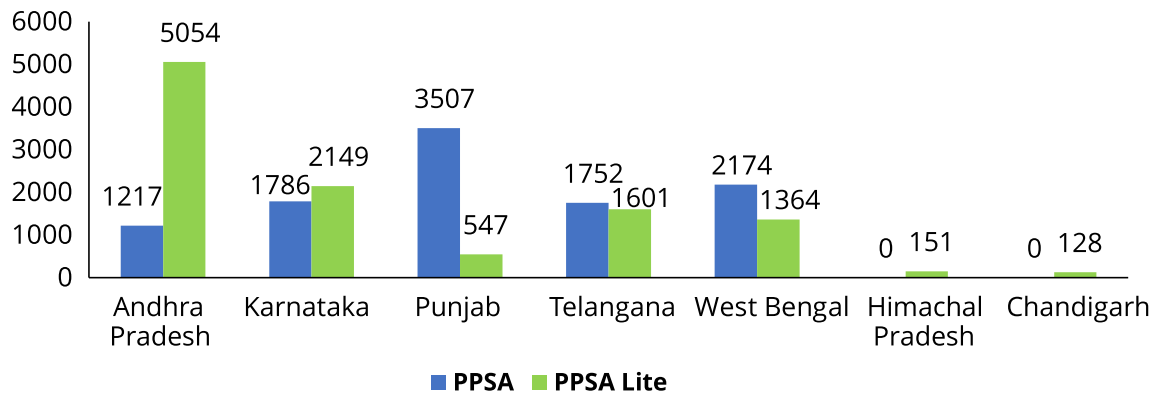
CHRI (PPSA)



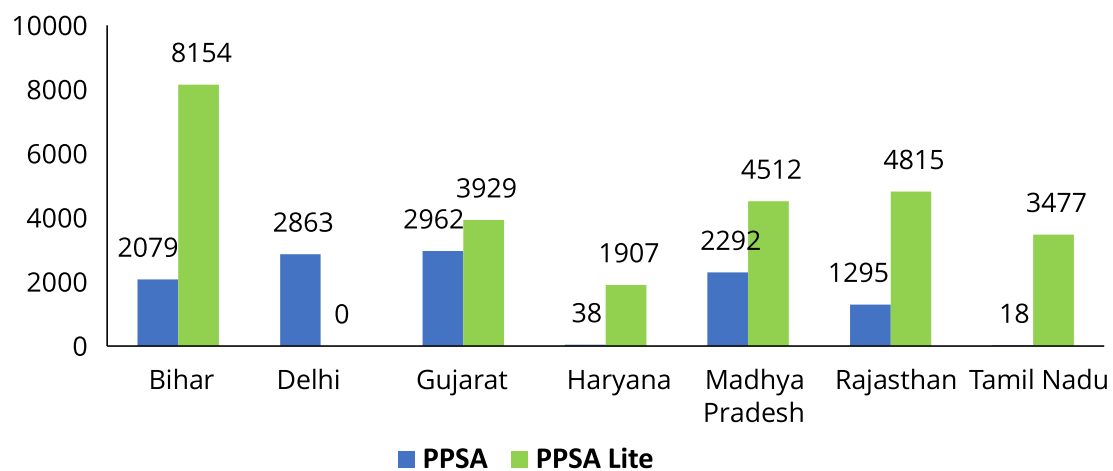
CHRI (PPSA Lite)



FIND



WJCF







Success Stories & Innovations

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“Leveraging the government machinery to enhance private sector engagement: Case Study from Agra District”

Private sector engagement is the backbone of all interventions under the JEET project. The quality of engagement decides the level of cooperation and compliance, a provider exhibits for better management of TB patients. However, provider engagement isn't that easy a task as it sounds. The multitude of provider and patient related field realities, make it a challenging task. Some examples include, varying levels of knowledge of TB management protocols in providers, skepticism of government related working, burden of various compliance, multiple provider changing pattern of patients, TB related stigma, big geographical area etc. The Agra Team of JEET project, adopted a scientific approach to systematically and incrementally engage all providers in the city. This helped build a foundation, basis which public health action was also strengthened in the district.

Another aspect wherein the team excelled was in understanding its limitations and leveraging on the system support in reaching out and eliciting active support from PPM. The district TB office led from the front in ensuring significantly high engagement by releasing advertisement in the newspaper, issuing multiple appeals and notices to providers for project engagement. This was followed by field visits of district PPM coordinators to various clinics and hospitals, building on the awareness generated.

Another component of government system which was successfully engaged was that of food and drug safety department, in which support from drug Inspector was taken to strengthen support of chemist in tracking every drug dispensed to TB patients through private pharmacies. This also enabled the team to reach out to those providers who were still missing from engagement process and widened the provider reach. Support from Indian Medical association (IMA), Agra unit also helped strengthen this engagement and facilitated in bringing behaviour change in providers, related to quality compliances in TB management. Universal comorbidity and drug resistance assessment, were a few areas this approach. The result in the end was a sweet justice to the efforts undertaken, with a total of 704 providers being engaged till date. Needless to add, this helped the district to make the biggest jump amongst all districts in TB Case notifications in the year 2019, as against previous year. A total of 12914 TB cases were notified in year 2019 in Agra, making it stand tall amongst all other districts in the state of Uttar Pradesh.

The impact of quality of engagement is also reflected in the quality of care being provided to TB patients in the districts. As we progress into 2020, 80 % of TB cases are now routinely screened for HIV, ~ 40 % of all TB cases are being screened for UDST, which is a significant jump from last year.

Building on Hospital Systems for Case Identification in Multi-Specialty Hospitals: Model Approach from Lucknow

A key problem being faced at various hubs across JEET districts was missing out of TB cases, even when the project has a dedicated staff – a hub agent at every hospital. This ‘case leakage’ was found to be a significant problem in bigger, multispecialty hospitals across the districts. Vivekananda hospital of Lucknow city was one such hospital. A hospital big enough in size to make health seeking a strenuous task for any patient, Vivekananda hospital was a tertiary care center in district Lucknow with a daily OPD of approx. 1500 cases and a monthly load of approx. 50,000 cases. Despite placing one hub agent at a hospital, stationing 1 Hub agent for the hospital, the client and provider compliances were not adequately addressed. Multiple movement patterns of patients in the hospital was another barrier for single hub agent to monitor and track.

Multiple rounds of discussion with facility management helped resolve the problem in an effective way. Focus was given to instituting a system that fills the shortfall of individual based working. A three pronged strategy was subsequently adopted to resolve such ‘case leakages’. Firstly, all key points of contention within the hospital were identified and plugged. Secondly, the ownership of

case detection was shifted to the facility and thirdly, a close and real-time monitoring and follow up was done by JEET project staff on a regular basis to streamline this process.

It was found that a TB patient could be tracked at three levels – at doctors level after consultation, At laboratory level after getting diagnostic tests, and at pharmacy level after taking medicines. The hospital appointed three nodal persons for each of the three levels, facilitated separate case identification and sharing with JEET team. The onus of case detection and sharing was placed on the hospital and compliances were the responsibility of JEET project staff. Regular meetings with the hospital leadership were done to review the case tracking system. WhatsApp was used as a medium for case sharing, real-time.

In a span of one month, the impact of such initiative was visible with the hospital being able of retrieve a significant number of old and new cases.

The impact of establishing efficient systems always over weighs individual work. Now no cases go amiss from Vivekananda hospital and the facility has emerged as the bedrock of cases for the Lucknow district. This was also a positive reflection of ownership and commitment the hospital assigns to the End TB mission.



Project JEET Engages Max Hospital

Continued efforts pay off

Max Hospital Group was first approached by project JEET in November 2018. The clinical director of the hospital group appreciated JEET's efforts and directed us towards the Medical Superintendent (MS) of Max Hospital, Saket in Delhi. It took Project JEET's field staff multiple tries and support of the National Program Management Unit (NPMU) and the project's Operations Manager (OM) for Delhi to meet the MS. The project JEET team understood the importance of engaging Max Hospital with the project, hence, we were patient as well as persistent.

In the first meeting, the MS of Max Hospital, Saket promised to discuss the hospital's engagement with Project JEET with the hospital management. After many follow ups, the hospital informed JEET staff that owing to internal policies related to patient information confidentiality, the hospital would not be able to engage with JEET. Despite this setback, we did not stop our efforts.

In September 2019, Project JEET approached the Delhi State TB Officer (STO) for support. The STO, understanding the importance of Max Hospital's

engagement with JEET, sent an official email to the Max Hospital administration instructing them to notify their TB patients and engage with Project JEET to support their patients. Max Hospital's management's reluctance to engage with JEET even after the STO's intervention was understandable owing to their

patient confidentiality clause but we knew that JEET would help many of their patients with better treatment management and adherence support. Hence, JEET didn't rest. We began engaging more stakeholders, including the district TB officer of Delhi Gate area. The DTO approached the Directorate of Health Services (DHS) who supported Project JEET's reasoning of onboarding Max Hospital with the project. The DHS took immediate action. They called and instructed Max Hospital to engage with Project JEET and use its services for the benefit of their patients. As all hospitals are registered with the DHS, Max Hospital, Saket finally concurred with the DHS. With reference of the DHS call to Max Hospital, Project JEET's staff planned a meeting with the hospital's management the next day. The hospital's MS directed us to their legal cell which led to initiation of a series of discussions between Project JEET and Max Hospital Saket's legal experts. The legal cell reiterated their concerns with regards to sharing patient information with JEET owing to the patient information confidentiality clause. But Project JEET was persistent. We added strength to our arguments by providing reference of documents provided to the hospital from the Government of India and State Officer. After more than a year long journey, in February 2020, Max Hospital Saket signed an MoU with Project JEET and engaged with us. It taught us a lesson to never lose hope and keep trying.

Going beyond the Call of duty to help the most vulnerable - Notes from Treatment Coordinator:

Working in the field of TB management has been a long and fulfilling journey. Many a times, we encounter patients who are most vulnerable and needy. To identify such patients in a timely manner is a task itself. However, providing care and support to them in their time of need, provides us with a sense of both professional and personal satisfaction. One such patient encountered by me was Ms Rama Rastogi, a patient from the old city area of Chowk, Lucknow. She was taking treatment from Brajraj hospital in Lucknow. As part of the treatment adherence, when I made the home visit, her financial and social condition came as a shock to me.

At the first visit, both her physical as well as mental conditions were not stable, she was depressed due to the suffering. However, after I motivated and counseled her on treatment adherence, she trusted. Eventually, Rama began opening up about her condition and struggle. The patient, a single mother of two young school going children, she lived in an old and debilitated rented house. She was the sole earning member of her family. Her husband had left the family and remarried leaving the family to penury and desolation. Now that she was diagnosed with TB and her health was not well, she was not only facing difficulty in seeking treatment but also difficulty in running her house and fulfilling the needs of her children. We also informed her about 'Nikshay Poshan Yojana' a monetary benefit scheme of Government of

India providing incentives for nutritional support to all TB patients. I ended my first face to face meeting by providing few masks to keep the infection away from close contacts, counseled about adverse drug reactions, dosage and follow up with the treating provider.

Few weeks after the home visit, one evening I got a call from her stating her condition is not well and she is getting blood in the cough. She was very scared of this and was very apprehensive of getting well again. I counselled her and suggested her to approach doctor and seek immediate care.

In my subsequent telephonic follow up, when I asked about her condition, she said she could not meet the doctor as she didn't have any money to pay for consultation fee nor could she arrange it from anyone. I was very shocked and saddened to know about her present state of being. Considering her financial condition and the need of seeking care, the team of Lucknow Treatment Coordinators got together and collected Rs 50 each - money to pay for her immediate tests and consultation fees. We subsequently facilitated her FDC linkage so that she could get medicines free of cost while seeking consultation from the same private doctor. We also facilitated quick submission of her financial documents to DTO Office so that she could receive government mandated incentives for patients. The support from District Health department especially TB Unit Thakurganj was also noteworthy, which facilitated her free anti-TB drugs as well as DBT benefits in a quick manner. When we informed her regarding



DBT and her free drugs facility, at that time she was very happy and she blessed us. It was an amazing feeling for me, and I felt I had done a great job that day. I am very glad that I am working in this project that gives me power to help such people who are in this big difficulty. I want to thank Project JEET for giving me opportunity to work with them.

Sudhir Kumar Singh

Treatment Coordinator, Lucknow

Renewed Hope

It's a story of a brave survivor twenty year old, Rahul (name changed), a commerce student lives with his mother who works as domestic help in Bangalore. He started losing weight, looked lean and had frequent cough. His mother consulted a local practitioner for Rahul's check-up. In the next few weeks his health deteriorated. Worried about her son's health, Rahul's mother discussed it with her landlady. The landlady advised her to seek consultation from nearby BMS hospital. After his medical examination, Rahul was declared as TB positive and advised to get the surgery done. With support from his mother's landlord and few family friends, his mother managed to get the surgery done. While on treatment, he developed side effects (adverse drug reaction). Pushed by circumstances, he couldn't continue his education and opted out of college. Given Rahul's deteriorated health condition, he discontinued his treatment. With

support from his mother who stood against all odds to support Rahul get treated, he was put on Anti-TB treatment again. He also got the counselling from JEET's treatment coordinator who encouraged Rahul to adhere to advise and prescribed treatment. With all good fortune and continuous support from his mother and treatment coordinator, Rahul completed his treatment, doctors declared him "cured". Rahul feels he is living a new life, thankful to his mother, the landlady, treatment coordinator and family friends who encouraged him and stood by him in difficult times and to see him getting cured. His mother's landlord said, "I am happy for Rahul, to see him cured. We all need to share the burden of suffering and pain a TB patient goes through, support from family and sincere efforts help many such patients to complete their treatment. It's a collective fight".



Budgeting

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CHRI FINANCIAL DATA : January - December 2019

PARTICULARS	AMOUNT		EXCHANGE RATE	REMARKS
	INR	USD		
Budget for the relevant period	32,17,80,945	49,50,476	65.00	Budget for relevant period is based on original approved budget.
Funds received from Global Fund during the relevant period	27,75,35,529	39,13,181	70.92	Funds have been received on different dates and on different exchange rates.
Expenditure incurred during the relevant period	27,60,20,239	39,20,742	70.40	Average exchange rate for Jan - Dec 19 was taken to calculate expenditure in USD
Committed Expenditure during the relevant period	28,10,617	39,481	71.19	Committed expenditure for activities which have been performed during the reporting period and its only pay out was pending as on Dec 31, 2019.

Major Reasons for Underspent:

1. Certain positions (PPM leads, field officers, City Officers) were vacant due to turnover during the reporting period. Also, few positions were hired on lower than budgeted salary. Less travels activities carried out due to vacancy of PPMs leads-Odisha and Chhattisgarh. Travel by City officers/Senior Field officers were carried out on lower unit cost.
2. As mechanism of hiring field staff positions through third party agency, has been discontinued from April'19 on-wards, hence no expenditure on account of agency fee for managing field staff during the review period
3. Less number of CMEs were carried out as compared to planned CMEs for the review period. Also, communication (mobile and internet) expenses of project staff have significantly reduced by Telecom companies in recent past, resulted in less expenditure.

FIND FINANCIAL DATA : January - December 2019

PARTICULARS	AMOUNT		EXCHANGE RATE	REMARKS
	INR	USD		
Budget for the relevant period	1,00,33,56,241	1,54,36,250	65.00	Budget for relevant period is based on original approved budget.
Funds received from Global Fund during the relevant period	3,56,96,362	48,60,234	69.07	Funds received only once during the reporting period
Expenditure incurred during the relevant period	48,08,67,482	68,11,317	70.60	Jan 19 - Mar 19 : INR 6,31,23,573 & USD 9,17,562 Apr 19 - Dec 19 : INR 41,77,43,909 & USD 58,93,755
Committed Expenditure during the relevant period	13,37,46,153	18,76,507	71.27	for activities which have been performed during the reporting period and its only pay out which is pending

WJFC FINANCIAL DATA : January - December 2019

PARTICULARS	AMOUNT		EXCHANGE RATE	REMARKS
	INR	USD		
Budget for the relevant period	31,08,75,302	47,82,697	65	
Funds received from Global Fund during the relevant period	23,31,95,076	32,93,609	0	USD 1079515 @ 70.01, USD 850390 @ 71.20, USD 553099 @ 70.70, USD 810605 @ 71.51
Expenditure incurred during the relevant period	26,22,69,769	37,24,969	70.41	Average exchange rate for Jan - Dec 19 was taken to calculate expenditure in USD
Committed Expenditure during the relevant period	34,55,935	48,517.97	71.23	for activities which have been performed during the reporting period and its only pay out which is pending

Major Reasons for Underspent:

1. Cost effective hiring of staff, scaling down of Chennai PPSA as some position of HUB Agency and SCT Agents discontinued from Apr'19 onwards, delay in recruitment etc. Resulted in savings under this expense category
2. For training and field visits, project was able to utilize the resource available at facility/government premises-panlement of vendors for CME at economical rate, timely travel plan and clubbing of multiple visits, resulted in savings under this expense
3. Drug logistics are being managed by existing staff, without incurring additional expenses. Effective liaoning with public sector has ensured availability of commodities such as falcon tube for sample transportation at most of places.

NOTE:

1. Budget for relevant period is based on initial approved budget in the year 2018.
2. Funds received from Global Fund includes replenishment for both JEET and SOCH
3. Committed expenditure during the relevant period includes expenditure for JEET and SOCH as same can not be categorized under JEET and SOCH in accounting software till actual payment is done.



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Plan for 2020-21

In the last year of the JEET grant, the partners have prioritized activities that will;

1. Support transition of PPSAs to domestic funded agencies
2. Demonstrate innovative solutions that improve quality of service delivery in PPSAs
3. Initiate PPSA operations in districts which are not budgeted in Project Implementation Plan (PIP) for private sector engagement
4. Improve follow-up and outcome reporting in PPSA lite geographies

A. Support transition of PPSAs to domestic funded agencies

Government of India has an ambitious plan to scale-up private sector engagement through establishment of PPSAs under domestic funding. Over 120 PPSAs have been planned under Government of India's domestic budget. These PPSAs will be setup under a result-based financing mechanism. For these PPSAs to succeed it is important that;

- i. There is a large pool of implementing agencies that can bid for these contracts
 - ii. Implementing agencies have the necessary skill- sets and experience to successfully implement the PPSAs
- Contextualizing this, JEET SR partners are best placed to support the government in scaling up PPSAs through the domestic funds. However, in the current model, SR's role is limited to patient service delivery, while provider engagement and overall strategic planning are handled

by PR. Over the next year, SRs will be assigned responsibility to manage end-to-end PPSA operations in one to two districts. This will enable SR partners to build their capability in managing entire field operations as well as take complete ownership of data management and reporting. JEET partners will be a helping hand to provide necessary technical support to SR partners in managing PPSA operations. Regular trainings, joint monitoring visits, frequent reviews and exposure visits to other PPSAs will be organized as part of the capacity building efforts.

B. Demonstrate innovative solutions that improve quality of service delivery in PPSAs

NTEP through its 2019 Partnership Guidance has advocated for the scale-up of private sector partnerships to improve quality of care. JEET partners will aim to demonstrate the success of such partnerships in next 12 months. A major initiative being launched is partnership with private sector laboratories to scale up CBNAAT testing. Although upfront DST is recommended in the NSP, less than 15% notified cases received free CBNAAT in PPSAs partly to hesitation of providers to send samples to government labs and partly due to turn around time. The main reasons for low CBNAAT uptake include;

- I. Delay in testing due to limited GeneXpert machine capacity at NTEP labs;
- ii. And concern documentation validation of test results in cases where report copy isn't shared.

Further, many NTEP labs do not have capacity to efficiently process Extra Pulmonary Tuberculosis (EPTB) samples. Due to these capacity constraints in public sector laboratories, CBNAAT testing uptake has been limited in JEET PPSA sites. Over the next 12 months, the partners will engage with accredited private sector laboratories and optimize the sample transportation network.

This is expected to improve DST rates while at the same time ensuring quick turnaround of results. In addition, JEET partners are also keen to demonstrate a model of partnership by engaging with for-profit agencies to act as PPSA implementing agencies. There are potentially many benefits of having for-profit organizations as PPSA implementing agencies:

- i. Quality of service delivery through engagement of not-for-profit organizations vis-a-vis expertise in healthcare service delivery
- ii. Optimize resource utilization in PPSAs by moving to a 'pay-for-service' business model
- iii. Automation of processes by utilizing their technology platforms

JEET partners are currently in conversation with interested organizations for a pilot in one geography. The organization will be responsible for transporting sample, home delivery of medications and follow-up with patients. The pilot is currently planned in Faridabad and is expected to start in May 2020.

C. Initiate PPSA operations in districts which are not budgeted in PIP for private sector engagement

Although 120 districts have planned to implement PPSAs across the country, there are still some urban districts that have not planned for PPSA implementation. To accelerate efforts towards TB elimination, project JEET partners have proposed PPSA operations in such districts. Eight new PPSAs in Rajasthan, Bihar, Uttar Pradesh are expected to initiate operations from April 2020.

D. Improve follow-up and outcome reporting in PPSA lite geographies

In PPSA-lite districts, one City Officer supports 3-4 districts. Due to limited bandwidth of JEET as well as NTEP in PPSA-lite districts, most private sector patients in these districts are not being followed up for adherence support. ~60% patients reported successful outcome in the first The Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) reporting period.

In order to augment NTEP capacity and ensure appropriate counseling and follow-up for private sector patients, JEET partners will be deploying treatment coordinators in PPSA-lite districts. The TCs will work closely with the City Officer, STS and TBHV to ensure adequate follow-up for all private sector patients in the district.

Gallery

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