



JEET report (2018–2020)



Joint
Effort for
Elimination of
Tuberculosis





Dr. K S SACHDEVA
Dy. Director General
Head, Central TB Division
Project Director, RNTCP



Tel. : 011-2306 3226
011-2306 2980
E-mail : ddgtb@rntcp.org

भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
निर्माण भवन, नई दिल्ली-110108
Nirman Bhavan, New Delhi-110108




Message

With the COVID pandemic adversely impacting India's progress towards achieving the End TB goals by 2025, focus on effective prevention and control of TB has never been more critical. By extension, India's fragmented and largely unorganized private sector needs to be engaged and further strengthened to seamlessly extend quality TB care services to all patients. Project JEET through, Patient Provider Support Agencies (PPSA) has been offering crucial support to reach TB patients seeking care in the private sector. Building upon the joint successes and learning's of all partners, Project JEET addressed inefficiencies at every step of the patient care cascade. Taking a multi-pronged approach to engage with the private sector, the project feeds into the National Strategic Plan's mantra of "go where the patients go".

We hope to take forward the learning's from JEET by tailoring those to state specific contexts and achieve the End TB targets by 2025.

I wish JEET a successful transition!


(Dr. K S Sachdeva) 15.01.2021



Dr. Raghuram S. Rao
Dy. Director (TB)
Central TB Division



Tel. : 011-2306 2781
EPBX : 2436
E-mail : raor@rntcp.org
raghuram.rao@gov.in

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Message

Tuberculosis (TB) is one of the most critical public health challenges in India and private sector engagement continues to remain one of the most effective ways of preventing and eradicating TB from the country. In the private sector, Project JEET has played a pivotal role in providing patient centric, end -to-end management of TB patients and ensuring increased rates of notification, since 2018. In collaboration with the National TB Elimination Program (NTEP), Project JEET has worked closely with India's vast private sector to ensure quality diagnostics, optimum treatment and public health action with minimum out-of-pocket expenditure.

With the world still grappling with the effects of COVID-19, It is now more important than ever that all stakeholders join hands to fight TB globally. On this note, I wish Project JEET luck and success with its transition to the NTEP, and continued work towards End TB targets.


(Dr Raghuram Rao)

Date : 15/2/2021

Message from Centre for Health and Research and Innovation (CHRI)



Tuberculosis (TB) continues to remain a significant public health challenge in India. The country bears the highest burden of the disease globally, demonstrating that effective prevention and control holds the key to reduced TB morbidity and mortality. With the ambitious goal of ending TB by 2025, the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) devised the National Strategic Plan (2017–2025), with one of the key components being effective private health sector engagement.

And it is a matter of great pride, for having been a part of project JEET which is believed to be India's largest private sector engagement exercise. Spanning 400 districts across India, in collaboration with the National TB Elimination Program (NTEP) officials at both state and district level, the project has demonstrated the effectiveness in creating and sustaining structures that can help strengthen existing systems. It has also shown that seamlessly extending high quality TB care to patients in the private sector is pivotal for a TB free India. Even during the COVID-19 pandemic which has posed significant challenges, our team has made relentless efforts in reaching out to private practitioners and patients to ensure uninterrupted service delivery.

As the services under project JEET transition to domestically funded activities in 2021, we hope that through the example of project JEET, India continues to fight and defeat TB. I am delighted to say that project JEET has been innovative and patient centric in its approach and played a critical role in notifying the missing TB patients in the private sector. The nation-wide recognition the project has received, for the immense efforts put in by our staff and other partners- says it all.

I would like to take this opportunity to thank the NTEP, MoHFW, state and district TB officers, our partners across all states and last but not the least our field staff who are in constant touch with the reality on ground – without their commitment and effort, project JEET would not have been so successful. I am optimistic that India can turn the dream of eliminating TB by 2025 into a reality, very soon. Look forward to a TB free India.

TB Harega Desh Jeetega!

Neeraj Jain
CEO
Centre for Health Research
and Innovation

Message from William Jefferson Clinton Foundation (WJCF)



The National Strategic Plan (NSP) set an ambitious goal of eliminating TB by 2025, five years ahead of the global timeline of 2030. Engaging effectively with the private sector, where over 60% of the TB patients first seek care, has been a cornerstone of the NSP and project JEET was conceptualised to translate that vision into reality at scale across the country. Implemented from 2018–2021 with generous support from The Global Fund and under the proactive guidance of the National TB Elimination Program (NTEP), project JEET is spread across 400 districts with an aim to notify over 1.6 million TB patients, over a period of three years.

The deep commitment of our consortium partners FIND, the global alliance for diagnostics and Centre for Health and Research and Innovation (CHRI), and the indefatigable efforts of our partner organisations World Health Partners (WHP), World Vision India (WVI), Lepra Health and TB Alert India has meant that the project more than met its stated objectives. As we transition from the project, we remain incredibly grateful to the collaborative efforts and commitment of hundreds of private healthcare practitioners, the incredible program staff, hospitals and partners who worked closely with us in ensuring broader access to quality treatment and care to TB patients. This unwavering commitment especially shone through in the last year where despite the challenges and risks of COVID-19, our partners and projects staff continued to provide support to patients. Their relentless efforts in reaching out to private practitioners and patients to ensure uninterrupted service delivery deserves our gratitude.

Project JEET represents an effective and sustainable model to bring high quality care and treatment to TB patients in private sector and could serve as an effective template for achieving the vision of universal healthcare. I would like to thank the NTEP staff, MoHFW for their continued guidance and am deeply grateful for the commitment, tenacity and perseverance of our colleagues. I remain confident that continued and sustained investments in engaging the private sector, coupled with other impactful initiatives of the NTEP, will help us achieve our shared goal of a TB free India.

TB Haarega Desh Jeetega!

Harkesh Singh Dabas
Managing Director
WJCF

Message from FIND, the global alliance for diagnostics



The year 2020 has been an unprecedented one. With the pandemic disrupting healthcare services across the country, there was a drastic decline in TB case notifications. While the situation continues to evolve and the mitigation measures are being put in place, only time will tell how much was lost to the pandemic.

However, despite the surge in COVID-19 infections and the consequential lockdown, project JEET continued to engage with India's vast and fragmented private sector. Through tele-consultations and webinars, our teams remained focused and pursued TB patients and healthcare providers alike. Incepted in 2018, project JEET was an attempt to engage with India's vast private sector to address the inefficiencies in its patient care cascade. Believed to be one of India's largest private sector engagement exercises, the project offers end-to-end continuum of care to all TB patients. It follows the NSP's (2017-2025) motto of "going where the patient goes".

Project JEET followed a multi-pronged approach to strengthen awareness amongst private healthcare providers to improve TB diagnosis and treatment. It also ensured seamless linkages to free public sector testing and treatment for patients accessing care in the private sector. Overall, it represented a sustainable model of public-private partnership (PPP) that can inform the National TB Elimination Program (NTEP) about feasibility, cost, and operational aspects of future private sector engagement schemes.

The project has now reached a phase of transition where, it is in the process of being handed over to the NTEP. We would like to take this opportunity to thank the NTEP and the Global Fund for their explicit guidance and support, without which it would have been difficult to sustain the project. We would also like to congratulate our consortium partners – WJCF and CHRI, for their strong commitment and dedication towards achieving project goals, and support to the national cause of eliminating TB by 2025. Last but not the least, we would like to thank the entire JEET team including our sub-recipient (SR) partners – Karnataka Health Promotion Trust (KHPT), World Health Partners (WHP) and TB Association of India (TBAI) – and all the foot soldiers who made it possible for us to achieve whatever we have in the past 3 years. We are optimistic that JEET's work will go a long way to engage the private sector for effective TB prevention and control for a TB free India.

TB Harega Desh Jeetega!

Sanjay Sarin
Vice President, Access
FIND

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Acronyms

CHRI
Centre for Health
Research & Innovation

CME
Continuing Medical
Education

DBT
Direct Benefit
Transfer

DDG
Deputy Director
General

DOTS
Directly Observed
Treatment Short
Course

DR-TB
Drug-Resistant
Tuberculosis

DST
Drug Susceptibility
Testing

DTC
District
Tuberculosis
Centre

DTO
District Tuberculosis
Officer

EPTB
Extra-pulmonary
Tuberculosis

FDC
Fixed Dose
Combination

GoI
Government of
India

HIV
Human Immuno
Deficiency Virus

ICT
Information
Communication
Technology

ICTC
Integrated
Counselling and
Testing Centre

IEC
Information,
Education and
Communication

IPT
Isoniazid
Preventive
Therapy

JEET
Joint Effort for Elimination
of Tuberculosis

MDR-TB
Multi-Drug
Resistant
Tuberculosis

MOHFW
Ministry of Health
and Family
Welfare

NACO
National AIDS
Control
Organisation

NGO
Non-Governmental
Organisation

NSP
National Strategic
Plan

NTEP
National Tuberculosis
Elimination
Programme

NTWG
National Technical
Working Group on
TB/HIV

PHC
Primary Health
Centre

PPM
Public-Private Mix

PR
Principal Recipient

PTB
Pulmonary
Tuberculosis

SCT
Sample Collection &
Transportation

SR
Sub Recipient

STCI
Standards of TB
Care in India

STO
State TB
Officer

STS
Senior Treatment
Supervisor

TB
Tuberculosis

TC
Treatment
Coordinator

TU
Tuberculosis
Unit

UDST
Universal Drug
Susceptibility Test

WHO
World Health
Organization

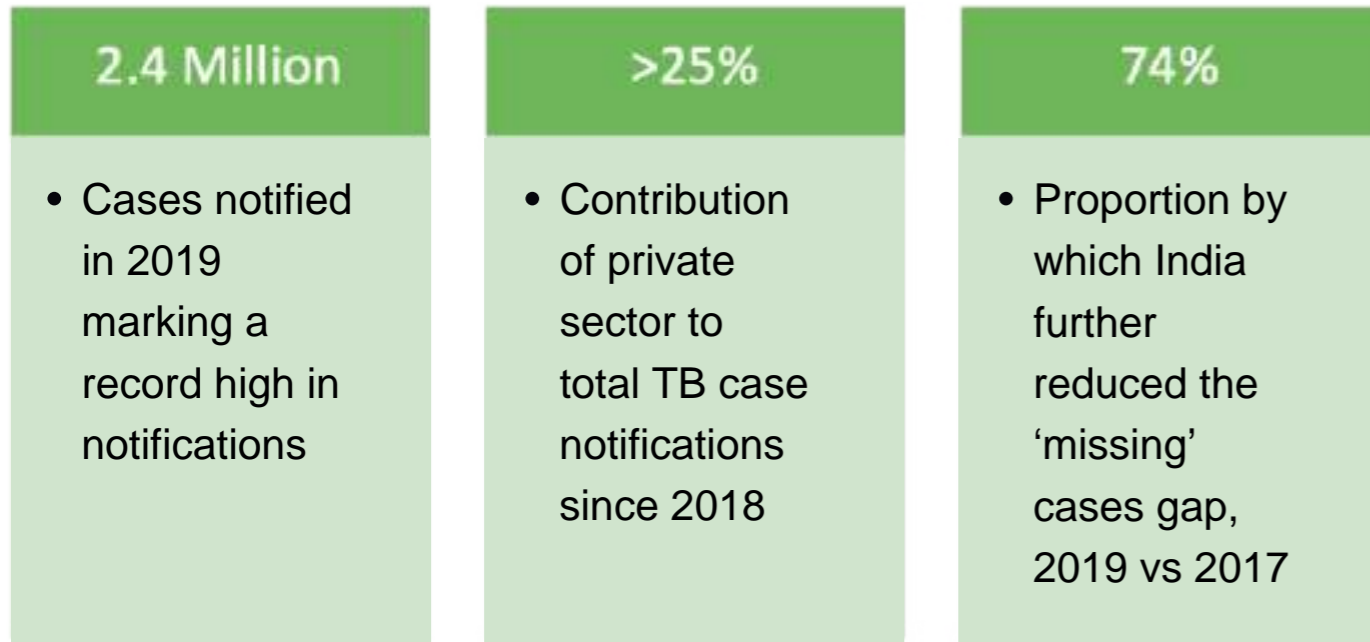
WJCF
William Jefferson
Clinton Foundation

XDR-TB
Extensively Drug-
Resistant Tuberculosis

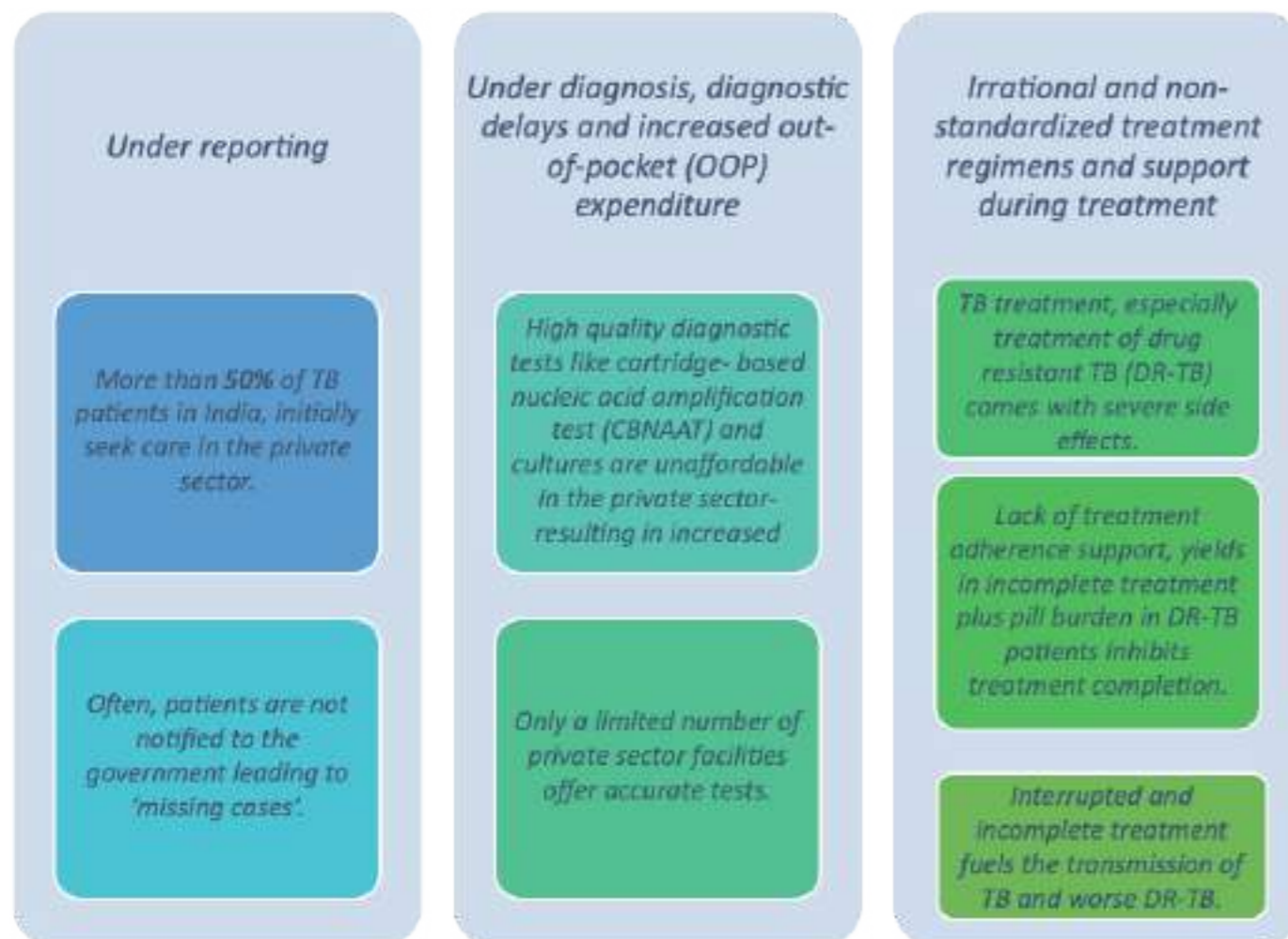
JEET overview and journey so far

India accounts for a quarter of the world's TB burden. In 2019, more than **2.6 million** incident cases were estimated in the country (WHO 2020 report). However, this was a landmark year in the history of India's battle against TB as the country notified **2.4 million** TB cases the highest ever reported in the country. It closed the gap of missing million in 2016–2017 to just above **200,000**. This achievement was significantly driven by increase in notifications from the private sector, where rate of notification has historically remained low. Prior to 2018 and the introduction of Joint Effort to Eliminate TB (JEET), private sector's contribution to TB case notifications was around **20%** in India, with only a **16%** increase from 2016 to 2017. With the implementation of JEET, the private sector TB case notifications showed a massive jump of **41%** from 2017 to 2018. Since then, the contribution of private sector notifications to total notifications has been above **25%**, consistently. The contribution of JEET to total private sector TB case notifications has been substantial moving from **29%** in 2018 to **68%** in 2020.





India has embarked on an ambitious plan of eliminating TB by 2025. To achieve this vision and as stated in the National Strategic Plan (NSP) for TB elimination (2017-25), a critical step is to engage India's vast private sector to effectively implement the Standards of TB care (STC). This is because, research shows that there are significant gaps across the patient care cascade in the private sector.*



Project JEET

Recognising these challenges and building upon the joint successes and learnings of partner organizations, project JEET was conceptualised and executed to address these inefficiencies in the patient care cascade, within the private sector. Funded by the Global Fund and in close coordination with the National TB Elimination Program (NTEP), Ministry of Health and Family Welfare (MoHFW), project JEET has been jointly implemented by three partner organizations - FIND, the global alliance for diagnostics, Centre for Health and Research and Innovation (CHRI) and William Jefferson Clinton Foundation (WJCF), since 2018. The three partners were the primary recipients (PRs) of the Global Fund grant.

The project employed a multi-pronged approach to engage the private sector, as part of the NSP's (2017-2025) mantra - "go where the patients go". Project JEET contracted agencies at district level to work closely with patients as well as all patient touchpoints, including chemists, pharmacies, clinics, providers, hospitals, laboratories, and the NTEP at centre, state, and district levels.

Objectives

The key objective of project JEET was to set up effective and sustainable structures to strengthen existing health systems and seamlessly extend quality TB care to patients in the private sector. Specifically, the project aimed to:

- Engage with the private sector to achieve universal access to quality diagnosis and treatment for TB and help India in achieving its NSP targets of TB elimination.
- Develop an insight into private sector by conducting mapping & prioritization of private sector healthcare providers.

- Facilitate nationwide access to NTEP approved affordable TB diagnostics for patients seeking care in the private sector through public and private lab network for increased notifications and quality diagnosis.

- 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.

Targets and outputs

The NTEP has mandated TB case notifications, developed guidelines for private sector engagement, provisioned public-private mix (PPM) coordinators at district level, prioritized and increased fund allocation for private sector under NSP. However, gaps remained, and to meet the ambitious NSP targets, project JEET was assigned the below mentioned targets to intensify efforts around private sector engagement for TB:

- 1.6 million notifications over three years divided across three partners; 0.60 million (WJCF), 0.74 million (CHRI) and 0.27 million (FIND)
- Treatment success rate among notified TB patients - over 70%
- Setup effective and sustainable PPM strategy pan-India

Project design matrix

Project JEET aimed at sensitising private sector healthcare providers on the latest TB guidelines, as well as significance of notifying TB patients, across **24 states and 488 districts**. Through the project, patients were also linked to the NTEP's free TB diagnostics and treatment services. Further, the project teams also supported patients in treatment adherence and completion. Project JEET engaged with the NTEP network at national, state and district levels through:

*NSS 71st Report - Health in India. Source: <https://bit.ly/3dzDABx>

Patient Provider Service Agency (PPSA) model:

A human resource intensive model, PPSA focussed on providing end-to-end services encompassing provider engagement and patient services. Under the PPSA model, implementation was done through an intermediary agency at the ground level, which is called the sub-recipient (SR), via a hub and spoke model. These agencies reported on TB case notifications and treatment outcomes with support from the field team in close coordination with the NTEP. PPSA model was implemented in 105 districts.

PPSA lite model:

Project JEET also operated through a PPSA lite model in districts and cities, which is less human resource intensive. This model focused on provider engagement and capacity building of the NTEP staff. The model was directly implemented by the PRs and reporting of notifications and treatment outcome was done with the support of NTEP. PPSA lite model was implemented in 383 districts.

PPSA

- Human resource intensive model
- Mapped private practitioners and identified TB champions
- Engaged with private sector providers through in-clinic visits and Continuing Medical Education (CME)
- Established linkages with the government to provide Cartridge-Based Nucleic Acid Amplification Test (CBNAAT) and fixed dose combinations (FDCs) to all patients seeking care in the private sector
- Provided treatment adherence support

PPSA lite

- Less human resource intensive
- Mapped only a proportion of private practitioners and identified TB champions
- Facilitated private sector provider engagement through CMEs and in-clinic visits (lean model to strengthen existing mechanisms under NTEP)
- Built NTEP's capacity to undertake PPM activities

Challenges and their resolutions

Project JEET relied heavily on NTEP for timely and successful implementation of the project activities. Delays in implementation of certain NSP provisions including optimal access to cartridge based nucleic acid amplification test (CBNAAT), testing and free drugs for the private sector, eNikshay roll out, implementation of a call center dedicated to treatment adherence and enforcement of regulatory measures directly impacted project delivery.

Ensuring seamless CBNAAT testing and reporting:

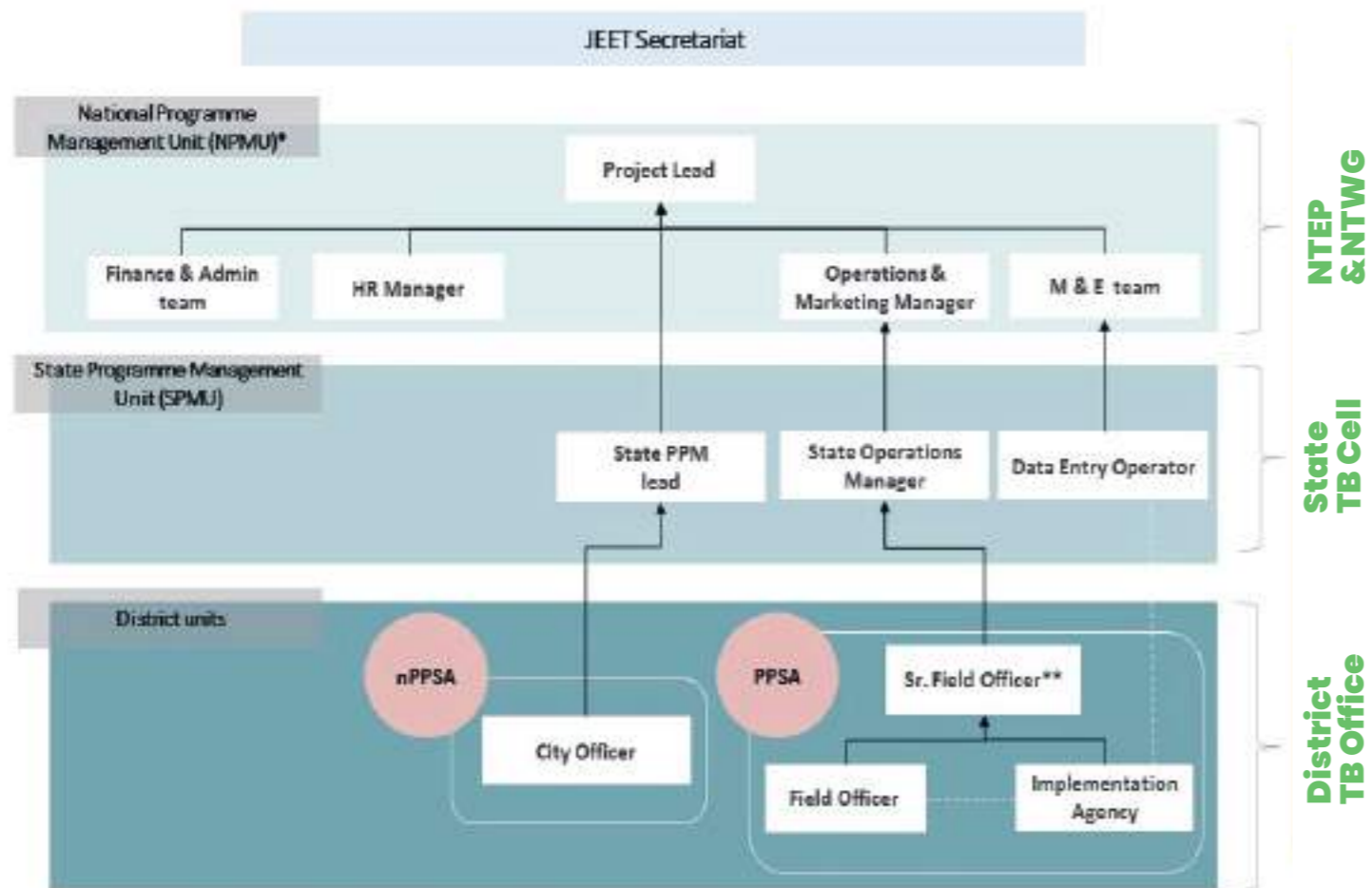
There was a heavy dependence on NTEP for supply of services, fixed dose combinations (FDCs), and incentives. Project JEET supported states in rational stocking of cartridges based on usage trends. This process involved timely forecasts and on-the-spot thinking to create remedial measures to mitigate cartridge shortages on-ground. Further, project JEET optimised the network of available CBNAAT machines and facilitated prompt transportation of samples and reporting of results. Project JEET also leveraged alternate resources like the lab technician scheme, public-private mix (PPM) Drug Susceptibility Testing (DST) schemes, Initiative for Promoting Affordable and Quality TB Tests (IPAQT) labs and procurement of CBNAAT services from the private sector for enhanced testing and reporting. Project JEET also drove the uptake of CBNAAT through targeted continued medical education (CME) sessions, in-clinic visits and stringent follow ups with private providers by field teams. The teams also conducted advocacy for a pan-India roll out of DST

Achieving targets: Achievement of targets for the year 2020 was impacted on account of delayed incentives, increased turnaround time of lab test results as well as implications of COVID-19. To overcome these challenges, project JEET strengthened engagement with lab networks and pharmacies; conducted rigorous follow ups via field teams with close monitoring; virtual and in-clinic follow up with beneficiaries; and advocacy with NTEP officials for in-field movement of project staff and provider sensitisation through webinars.



JEET model of care

Project JEET proposed mapping of and engagement with private sector in urban agglomerates while working closely with NTEP at all levels – national, state and district – with varying intensity. The project was implemented across **485** cities. PPSA field officers undertook engagement in the peripheral cities/towns/districts increasing the reach of project activities. State Program Management Units (SPMUs) coordinated project efforts, working closely with the state. The areas for intensified activities were prioritized based on population, estimated TB burden, existing private sector infrastructure. All activities under the program rolled up into the National Program Management Unit (NPMU).



The project activities were conducted under the guidance and leadership of the JEET secretariat. The Secretariat comprised representatives from consortium partners, with the aim to over-see progress, course corrections, and advocate for progressive policies towards enhanced private sector engagement. To cater to the ever-changing TB landscape, the Secretariat also recommended new pilots and strategies to deploy effective engagement strategies across states.

National Project Management Unit (NPMU)

NPMU, hosted by the PRs, ensured coordination of engagement efforts, oversight of project activities in compliance with the Global Fund processes. Working with National Technical Working Group–Public Private Mix (NTWG–PPM), the national advisory body to NTEP for PPM in India, NPMU engaged with critical critical stakeholders including, civil society organizations, professional organizations, donors active in private sector, to align efforts towards engagement. It also ensured data

verification through regular grant monitoring visits (both technical and financial). It enabled standardized recording and reporting mechanisms for timely and quality assured submission of data from the sub-recipients (SRs) and submission of necessary information/data to the Global Fund as per the required frequency. Through a zonal supervision mechanism, NPMU supervised, and coordinated activities conducted by SPMUs. It was also responsible for technology, communication, and periodic updates to stakeholders regarding program plans and progress made. NPMU supported consultants to NTEP to aid in areas of public private partnership (PPP), and procurement supply chain.

State programme Management Unit (SPMU)

SPMUs were set up across 23 states, overseeing project activities and ensuring alignment with PPM goals. SPMUs advocated and assisted in expedited state roll-out of nationally adopted policies. SPMU was headed by PPM Lead (PPML) who was responsible for strengthening

PPM activities in the concerned state through PPSAs and PPSA lite staff, and sensitization / support to NTEP PPM staff. SPMUs acted as links between NPMU and implementation geographies under the project. SPMU consisted of personnel with core competencies of operations, and data management – someone who could facilitate private sector engagement, notifications in eNikshay and linkages to public sector for diagnostics and other services, for patients seeking care in the private sector. SPMU sensitized NTEP state and district staff on PPM strategies, activities proposed under NSP and supported capacity building of the NTEP PPM staff by conducting trainings / workshops at district and state levels. SPMU further supported NTEP PPM staff on creating PPM plans for their respective districts, under the guidance of State TB Officer (STO).

PPSA

The PPSA model of care was a human resource intensive model, wherein PPSA acted as an interface agency between the NTEP, patients and private sector healthcare system. PPSA acted on behalf of the NTEP to liaise with private lab, physicians, chemists and other clinical/ medical establishments, ensuring that all patients have access to high quality TB services, with their preferred provider and minimum out-of-pocket (OOP) expenditure. The main objective of PPSA was to efficiently engage with private sector providers, ensure high quality diagnostics and public health action, provide treatment and adherence support, facilitate linkages to the public sector and actively follow up with patients until treatment completion.

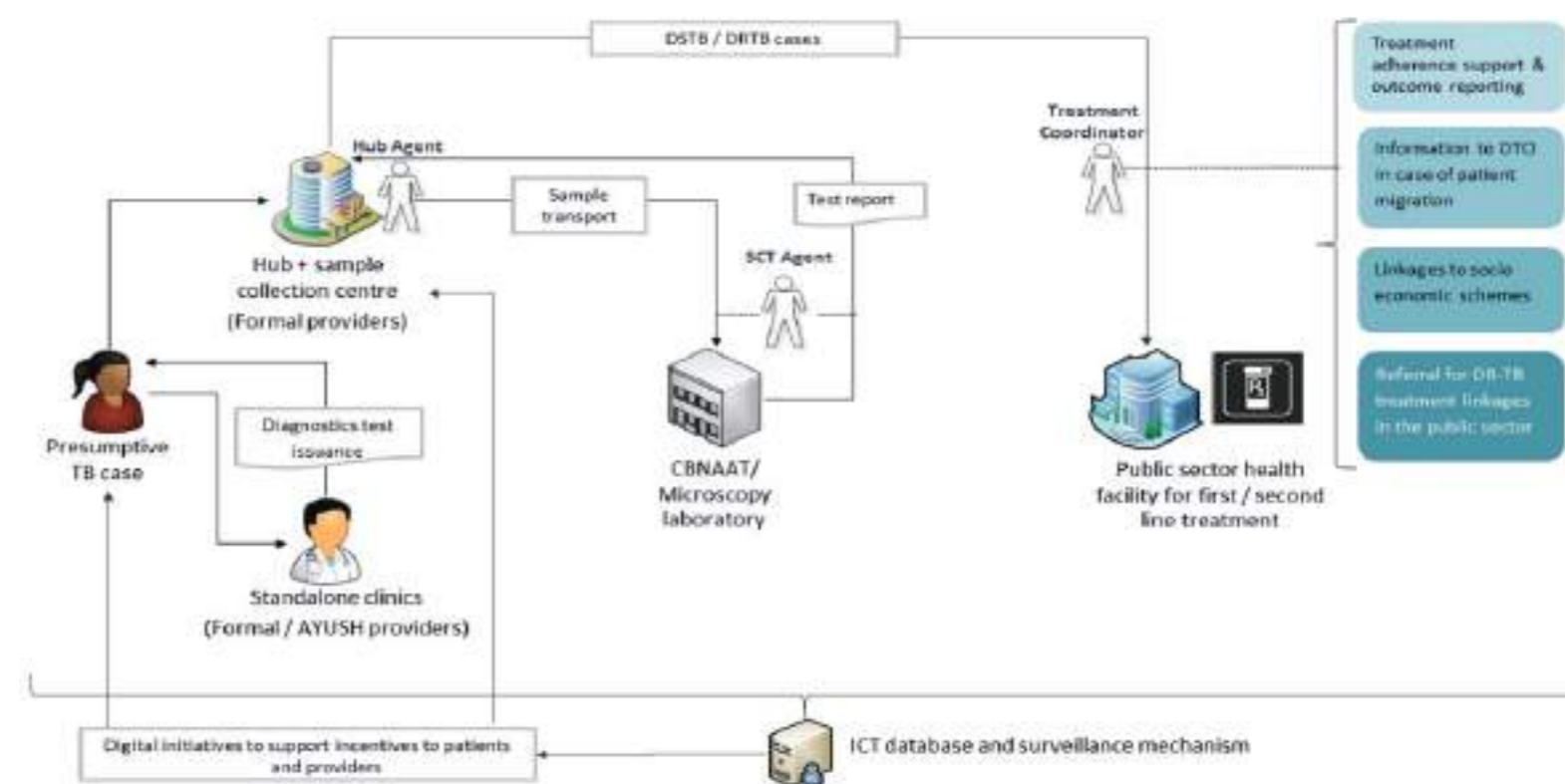


Figure 1: Depicts project JEET’s approach in identifying, diagnosing, and treating TB patients

What did the PPSA do?

Engagement of private providers: The project team networked with private sector providers by conducting training/sensitisation programs for potential/engaged private practitioners with the objective of improved quality of TB care in the private sector. PPSA facilitated access to rapid TB diagnosis and DST), promoted TB notifications through NIKSHAY, provided treatment support as per STCI guidelines and linked to other public sector services for the patients seeking care in the private sector.

Linkage to free diagnostic services by the programme: All presumptive TB cases identified by the engaged providers were linked to NTEP's free, reliable and rapid TB diagnostic services. PPSA also promoted engagement of private laboratories to improve diagnostics and follow-up capacity in the district/city/town. Free diagnostic services provided by NTEP were extended through the sample collection and transportation mechanism.

Linkage to free treatment services by the NTEP and support for treatment adherence: The project leveraged NTEP provided FDCs through engaged private sector practitioners and chemists. Provision for linking patients to public sector for initiation of first line TB drugs and treatment of drug-resistant TB (DR-TB) was facilitated. In addition, treatment adherence support was provided to patients through a team of treatment coordinators (TCs) and an NTEP provided information and communication technology (ICT) enabled mechanism (call centre) for reminder SMSs and phone calls. The project also linked eligible TB patients to applicable social support schemes, such as Nikshay Poshan Yojana, through Direct Benefit Transfer (DBT).

Incentives to patients and private providers: NTEP provisioned incentives as per the NSP were facilitated to the PPSA engaged private providers and patients seeking care through them.

PPSA implementation

For the PPSA model, consortium partners engaged 12 SR implementation agencies to deliver intensified PPM activities as well as end to end services to patients seeking care in the private sector.

Activities under PPSA:

A. Provider engagement

1. Mapped: Conducted an extensive mapping exercise and identified potential providers for engagement through a comprehensive approach, which included robust one-to-one visits and CMEs; apprised all providers on the latest guidelines for management of TB including Human immunodeficiency virus (HIV) services, diabetes mellitus testing, linkage to free DST and other public health actions.

2. Facilitated enrolment in Nikshay: Registered private sector providers in Nikshay and facilitated the generation of Nikshay IDs, and also facilitated providers' DBT incentive for notification and successful outcome by providing support in updating details in Nikshay.

3. Built rapport: Cultivated relationships with providers to 1) encourage, pursue and ensure that STCI are followed, and 2) provide feedback to private sector providers on notification and standards for care parameters.

B. Diagnostic linkages and specimen transportation

1. Facilitated logistics and diagnosis/follow up tests: Designed specimen collection and logistics algorithms for presumptive TB and follow up patients on treatment referred from private out-patient departments (OPDs) to NTEP laboratories and ensured reporting of test results to the doctors and updating them on Nikshay as well.

2. Documentation: Planned packaging of specimen with bio-safety precautions as per NTEP guidelines; ensured labelling; completion of

lab request form; maintained biological specimen examination request forms, laboratory registers; and logbooks of specimen transported.

C. Patient management

1. Treatment initiation and adherence:

Designed strategies to sustain patients on treatment including counselling and adherence support, contact investigation, chemoprophylaxis, DBT, outcome reporting etc.; coordinated with NTEP, private sector provider and patient to ensure availability of anti-TB drugs; reported treatment outcomes for all notified patients in discussion with treating provider; supported in management of adverse drug reaction (ADR) through effective linkages with appropriate private or public sector provider.

2. Updated patient details on Nikshay: Updated data of patients on Nikshay including seeding of bank account details for linkage to DBT.

3. Provided INH preventive therapy to eligible contacts: Identified and initiated eligible contacts on IPT) for children under six years of age and PLHIV as per the NTEP guidelines.

4. Advocated: with private sector providers to ensure that all diagnosed patients are tested for HIV and DM; and provided support to establish linkages for TB patients to be screened for HIV and DM; established referral linkages for HIV testing at integrated counselling and testing centres (ICTC)/ National AIDS Control Organisation (NACO) empanelled HIV testing centres/ government dispensaries for confirmatory testing. Alternatively, the private sector provider facilitated testing in a private facility and updated the team accordingly.

PPSA lite implementation

The PPSA lite model is a kind of service delivery model wherein a City TB Officer (CO) was

assigned three-four NTEP PPSA lite districts. CO, with support from SPMU PPM Lead, worked with the NTEP district office staff to carry out PPM activities, ensured sustainability and transferability of capacity and learnings. CO focused on the following activities for every PPSA lite district:

Engagement of private providers: The CO assisted the District TB Officer (DTO) to engage with private sector providers. Based on the Nikshay notifications data and information obtained from the DTO staff, CO sustained engagement of champion providers and engaged with new providers in districts. Mapping and prioritization of private sector providers was also the part of this work.

Capacity building of NTEP district staff for PPM activities: Under the guidance of SPMUs, CO for PPSA lite districts, built capacity of NTEP's private sector engagement network (PPM coordinators, Senior treatment supervisor (STS), TB Health Visitor (TBHVs), TB supervisor), through trainings, providing job aids, information materials etc.

Notification and public health action: COs supported in increasing TB notifications from private sector through sensitization of private providers – one to one visits and CMEs. They also supported DTO in establishing mechanisms / modalities to represent private sector notifications in Nikshay. The existing gaps in various TB indicators (notification/ public health actions indicators) in many districts were identified. The gaps were then communicated to the DTO during periodic review meetings and appropriate corrective actions were taken.

Free diagnostic and treatment services: Training/sensitization of private sector was undertaken to promote utilization of free diagnostics and treatment services in the public sector for patients seeking care in the private sector. The CO facilitated linkages with CBNAAT testing and government FDCs of patients seeking treatment in private setup.

Organization of CMEs/webinars: CO

organized and conducted CMEs and webinars to sensitise private sector healthcare providers on the latest TB guidelines as well as encourage them to report TB cases effectively. Nikshay Mitra training and chemist association sensitization meetings were also conducted under the aegis of NTEP.

How did PPSA and PPSA lite models interact with each other?

- 1.** Both models (PPSA and PPSA lite) converged at the SPMU, which in turn was managed by NPMU. The SPMU organized a monthly meeting led by the State PPM Lead, along with State operations manager and data analyst. The meeting was used as a platform to share and exchange knowledge and best practices between PPSA and PPSA lite models of care. Experiences on any strategy which may have resulted in favourable outcomes for any of the models, was also shared at the same platform.
- 2.** A combined field officers and city officers training was also organized several times to enable cross learning and experience sharing.
- 3.** For TB patients seeking treatment in private setup who were transferred from PPSA-to-PPSA lite geographies or vice versa, referral and transfer feedback on such patients was carried out to improve TB services in states.

In some districts where the corporation portion is under PPSA and the rural part is under PPSA lite, the models supported each other by sharing a list of chemists who sell anti-TB drugs, as collected from the stockiest and distributor.

Lockdown diaries: Empowering TB patients through access

The lockdown has been particularly harsh on those patients who require frequent consultation with practitioners. With single provider clinics and small clinical set ups being shut, it was a challenge for TB patients to access regular healthcare services. JEET team from Kanpur played a tremendous role in supporting many TB patients during this time, in receiving tele-consultation services with providers.

Ram Janki is one among many such patients who benefitted from the support provided by the JEET teams. In April 2020, during one of his regular telephonic follow ups, Ram's treatment coordinator (TC) discovered that she was unwell - complaining of stomach pain, vomiting, and difficulty in eating food. She desired a consultation with her treating doctor, but unfortunately, the clinic was shut due to the pandemic and the doctor's phone was also unreachable. Considering the urgency of the situation, JEET's TC initially suggested her to visit the nearest TB Unit (TU) at the Primary Health Centre (PHC) in Gujaini. However, the lockdown was being implemented stringently and the curfew-like situation in her area, deterred her from paying the visit. Medically too, she was not in a state to travel by herself. Acting swiftly, the TC dialled 108 Ambulance service and facilitated her visit to M L Chest Hospital in Kanpur. The doctors present in the ambulance attended to Ram and appropriate treatment was administered as a first response. Ram Janki followed her TB treatment regimen, dedicatedly and was declared TB free.

Innovative pilots and impact

CBNAAT outsourcing through private labs under project JEET in Uttar Pradesh: a successful model of private to private linkage to offer rapid molecular diagnostics for TB.

Background: As per the NSP mandate, Project JEET was committed to offer Rapid molecular diagnostics and upfront CBNAAT to patients seeking care in private sector. NTEP has extended a significant support to the project, however in most of the NTEP diagnostic facilities and urban settings, NTEP CBNAAT sites were used to be saturated and there used be concern around the turnaround time (TAT) for the private sector beneficiaries. As per the NTEP partnership guidelines, it was proposed to procure and outsource the testing services rationally & systematically from private sector CBNAAT laboratories for need based test volumes with project fund support.

Objective: This outsourcing linkage was to encourage uptake of microbiological confirmation of TB diagnosis and improve TAT in private health sector as per STCI guidelines Sites and period of Intervention: In 2020, project JEET contracted two laboratories and established collection of samples for 78 facilities catering to 100 providers. This was implemented in a phased manner, with phase 1 from August 19 to September 01 and phase 2 from December 4 to December 9.

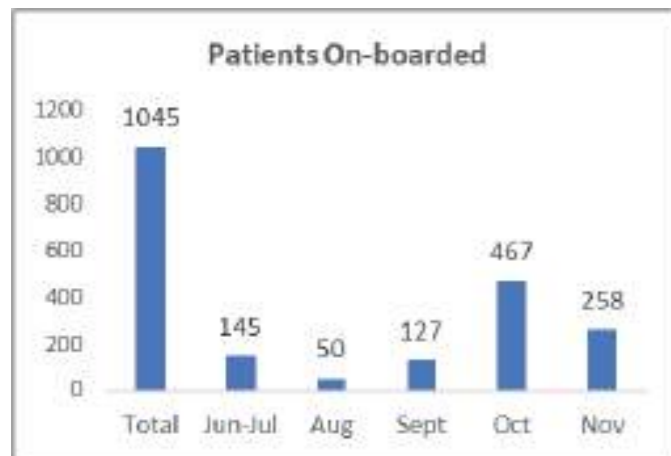
Methodology: Mapping cum market survey of potential private labs was done. Competitive procurement of lab services & agreement with selected lab was done. Mapping of Private facilities networked by PPSAs to be linked with selected Lab for diagnostic testing was conducted. Selection of the sites were based on those PPSA cities where current "public + private" test load is higher than the total CBNAAT capacity in the district (~250 to 300 tests/ CBNAAT machine/ month) and had issues of TAT,

performance in upfront CBNAAT to private patients. Samples from these identified private facilities were collected and transported to labs or its collection centres by the project field staff. CBNAAT test vouchers were printed and distributed to identified private facilities (remaining facilities continued to send samples to NTEP CBNAAT lab). Payments were in terms of voucher based periodic (monthly) re-imburement to laboratories.

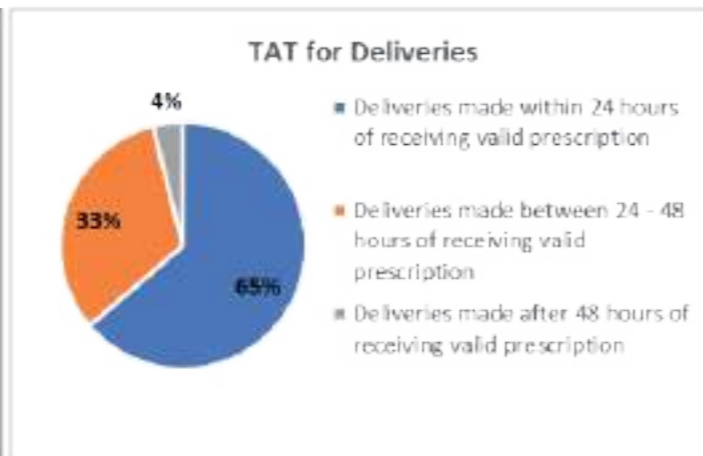
Results: This intervention was undertaken across 78 hub facilities in 8 PPSA districts. Overall contribution from these pilot sites was 36% of the district's total notification. Till March 2021, 7600 samples were processed with overall MTB detection rate of 47%. During the implementation period, UDST among these pilot facilities increased from 36% in the previous year to 65%. This was significantly higher than 39% in the non-pilot facilities. Microbiological confirmation improved from 22% in the previous year to 43% during the implementation period while in non-pilot facilities it was 25%. One of the key outcomes was the TAT which used to be in the range of 3-8 days in these districts and has improved to <2 days. Though these facilities contributed 36% of the total notifications, their contribution to UDST and microbiological confirmation was 48% and 49% respectively with a very positive and satisfactory feedback from the private providers involved in this exercise.

Leveraging e-pharmacy for improved access to FDCs and health outcomes in the private sector: An initiative with 1 MG

Issue: According to the WHO Global TB Report 2020, TB notifications in India fell by 25%-30% from January to June 20 compared with the same period in 2019 because of health disruptions caused by the pandemic. To address this, WJCF worked with 1MG - a digital consumer healthcare platform - to increase access to quality diagnostics tests (CBNAAT) & government FDCs through home-based service delivery. A pilot in cities of Delhi, Ahmedabad and Surat addressed the drug delivery and refill monitoring while another in Faridabad focussed on all these objectives.



Initiative in collaboration with IMG



Intervention and methodology: Growth of smartphone users coupled with high-speed internet along with Government of India's push for Digital India has created a favourable ecosystem to improve drugs and diagnostics delivery platforms. Over the past few years, for-profit organizations offering convenient doorstep delivery of drugs and diagnostic services have mushroomed across the country. These new age organizations use robust technology platforms to offer services ranging from drug delivery, sample collection and transport, patient counselling to online consultations.

To this effect, a four-pronged strategy was adopted— incentive-based engagement of providers' assistants to create patient linkages between health facilities and pilot ecosystem; engagement with private lab set-ups to undertake CBNAAT; leveraging IMG's reach to create linkages for sample collection and drug delivery; and setting up a call-centre for patient management.

The process flow included patient walk-ins to health facility, followed by presumptive/existing patient referral by provider's assistant to IMG through easy-to-use online forms. Subsequently, IMG team followed up with patients to validate information and schedule services. Finally, IMG delivered the service - sample collection & transportation or drug delivery to the patient. This pilot demonstrated that a collaborative approach between different stakeholders including the program partner (WJCF), implementation partner (img), private lab

networks and private health care providers could create innovative channels of service delivery and care.

Result: Till January 2021, approximately 2500 patients had been enrolled and extended services to, across all geographies. This included almost 250 CBNAAT tests and approximately 4500 drug deliveries. As part of this pilot, CBNAAT results were delivered to patients within 2.5 days of home-based sample collection, whereas it took around 1.5 days to deliver government FDCs to patients' homes/location of choice. Additionally, this pilot also demonstrated some early successes on:

- Establishing sustainability in provider engagement through collaboration of physician assistants
- Reducing turn-around-time in CBNAAT testing with shift from hard-copy to SMS based soft-copy report delivery
- Establishing formal engagement systems with physician assistants through Customer Relationship Management tool for exchange of information and incentives
- Recording a patient's longitudinal treatment journey and introducing mechanisms such as refill reminders to reduce delays

1. Faridabad Pilot: In this model, IMG was entrusted to perform all the functions of a PPSA-SR agency and use IMG's capability of doorstep reach for sample collection, report delivery, drug delivery and patient counselling. While notification and follow-ups are being done through a mix of tele-counsellors, and on-field treatment coordinators with the compounders support.

2. Drug-Delivery Pilot: In this pilot, IMG delivered FDCs to patients' home, based on doctor's prescription and did passive refills monitoring. This is in line to create sustainable approaches to improve access to free govt drugs.

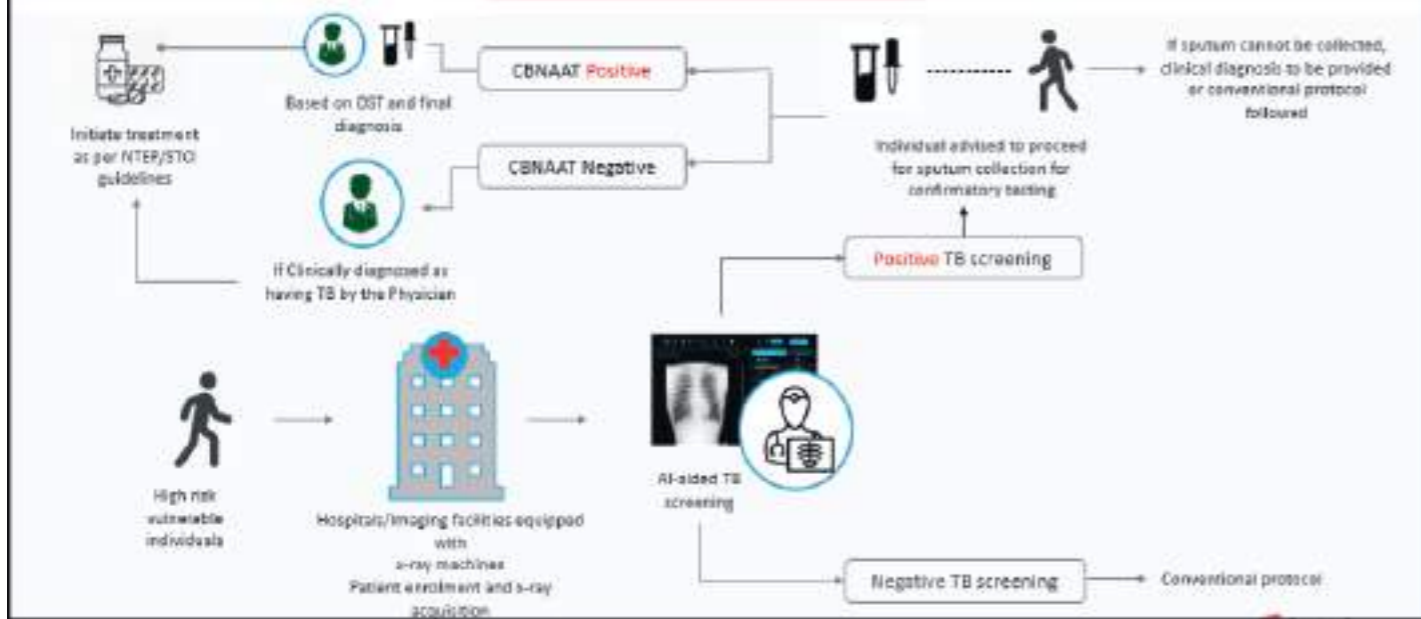
The services offered under project JEET included linkage to free of cost CBNAAT testing for presumptive TB cases from the private sector at the NTEP labs. However, because of the existing testing loads at the public sector GeneXpert labs, it was becoming increasingly challenging to ensure timely reporting of the test results to the referring provider and patient. To address this looming issue, the JEET team in Karnataka started actively exploring all available options for the feasibility of providing free GeneXpert testing under private sector. Multiple rounds of discussions were held with various state and district NTEP officials, key private hospitals with in-house CBNAAT facility and a few partners. Finally, after numerous multi-level discussions, Johnson & Johnson (J&J) consented to support this initiative by agreeing to take over the day-to-day running costs while the state and district NTEP managers stepped up to provide the required number of cartridges. As a result of all these efforts and continuous advocacy, two hospitals, St. John's and Baptist Hospital, with in-house CBNAAT machines, volunteered to participate. A tripartite memorandum of understanding was signed between the state, hospitals and J & J to ensure free of cost availability of CBNAAT testing for any sample referred from private sector, whether within or outside of the hospital. This led to accelerated access to improved diagnostics. This PPP was well received by private sector facilities in Bengaluru and the plan is to successfully replicate this model in other private hospitals as well.

Successful advocacy for utilisation of available CBNAAT capacity in the private sector for free of cost testing of presumptive TB cases

Issue: During the lockdown in 2020, India witnessed major disruptions in health services including TB. Drastic decrease in private sector notifications; disruption of key TB care services like screening of TB symptomatic, diagnosing and initiating new patients on treatment; diversion of health system resources to COVID-19 care; and risks of falling behind targets, demanded a strategic approach to enable JEET teams deliver on programmatic deliverables.

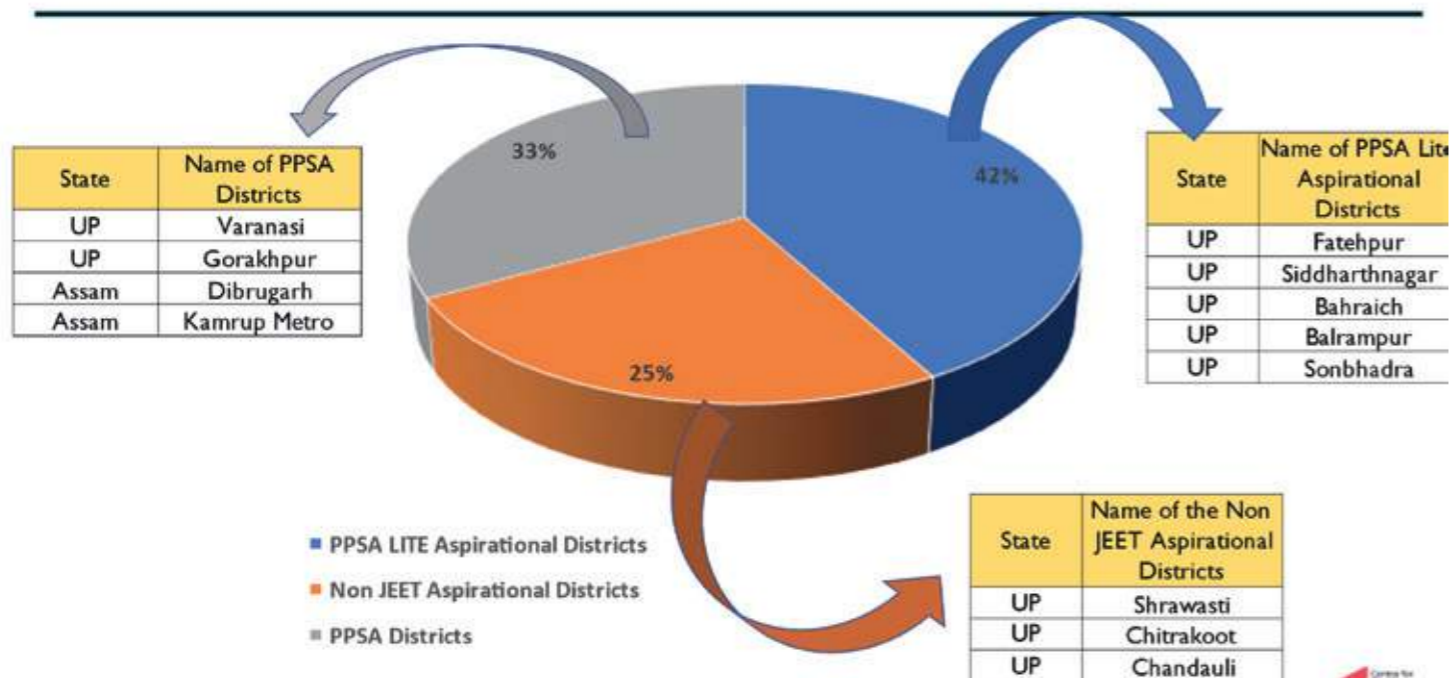
Intervention: project JEET proposed AI linked chest x ray (CXR) screening especially in areas where x ray interpretation by a chest specialist was not available. It has been seen that the role of computer aided detection (CAD) for screening of pulmonary TB (PTB) has helped in easier and faster identification of TB specific abnormalities in CXRs and subsequent microbiological confirmation. The private sector was supported through a voucher system where vouchers were provided to identified providers, and records were maintained on voucher provision. The labs were reimbursed basis the utilization of vouchers. The intervention was deployed in 23 sites across Uttar Pradesh (UP) and Assam from December 30, 2020, to February 7, 2021 under the aegis of NTEP and in collaboration with Qure.ai. **Results:** The intervention covered a total of 22 sites across UP and Assam, processed 790 chest x-ray scans, distilled 308 chest x-rays as 'suggestive of TB'. Out of the 308 x-rays distilled, 29 (9%) were tested by CBNAAT and Truenat and 21 (72%) were found positive for TB.

ARTIFICIAL INTELLIGENCE AIDED TB DIAGNOSIS



Artificial Intelligence (AI) based chest x-ray screening for TB case finding

DISTRIBUTION OF AI INTERVENTION DISTRICTS OF UP AND ASSAM

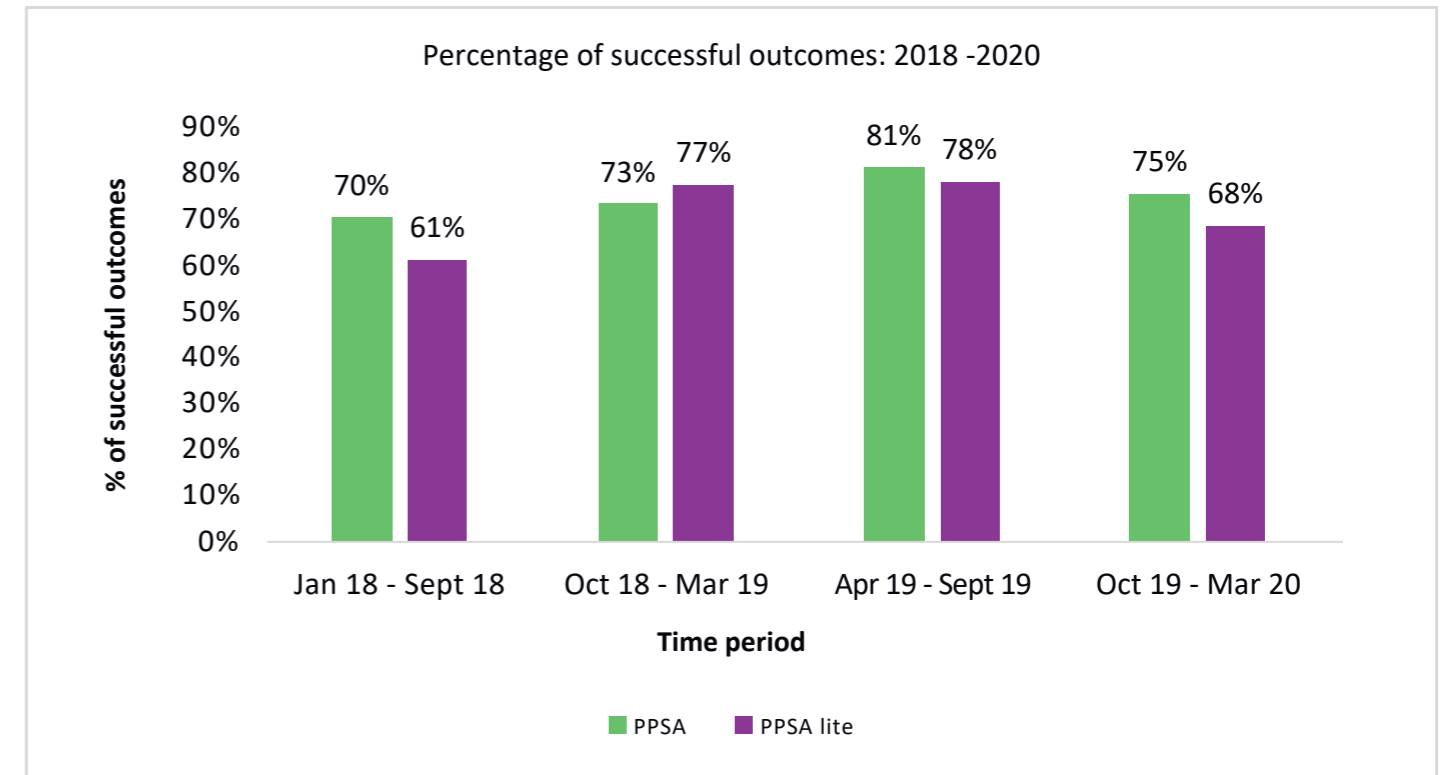
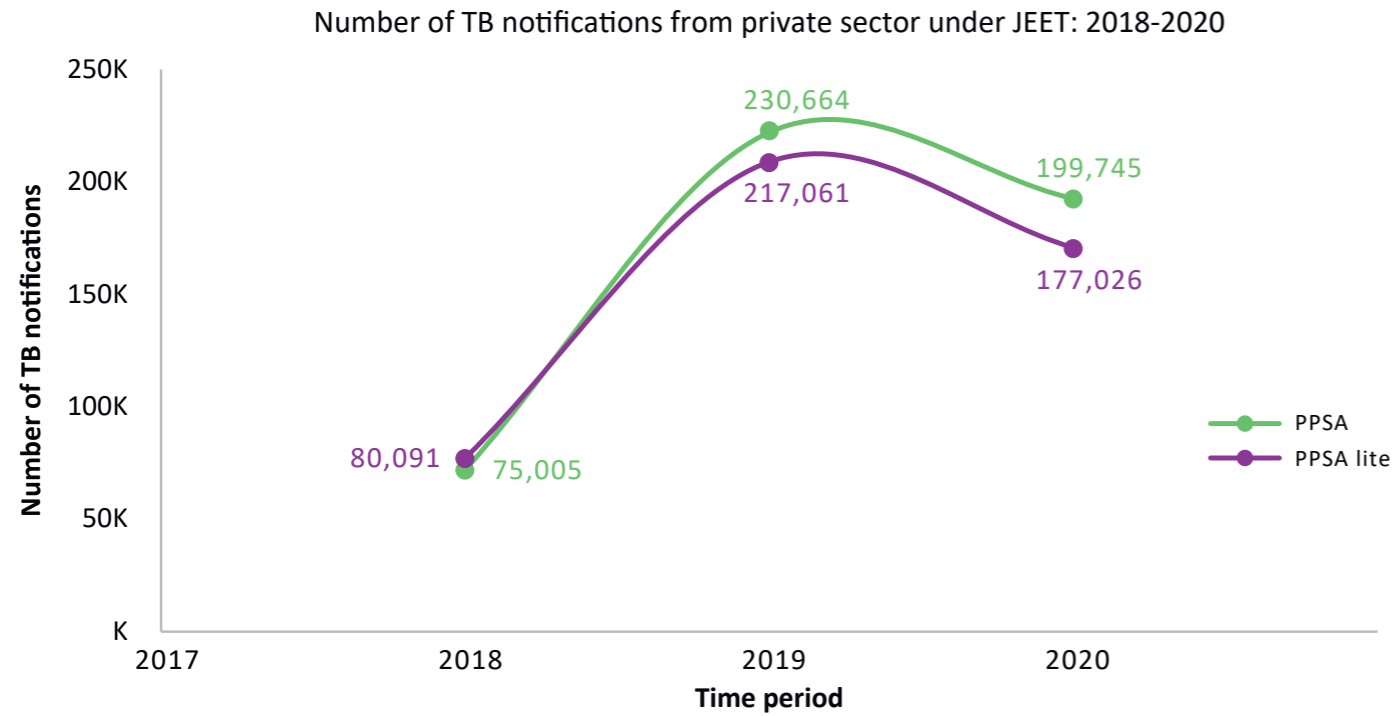


Bedaquiline in private sector: a case of West Bengal

In July 2019, project JEET for the very first time facilitated the provision of bedaquiline (BDQ) to private sector patients. Two private sector patients were diagnosed with extensively drug resistant TB (XDR- TB), in Kolkata. Both patients underwent pre-treatment evaluation (through blood tests, ECG and X rays) to ascertain the function of heart, liver, kidneys and lungs. For one patient, the pre-treatment evaluation was conducted at a private facility and the patient was linked to the DTO in Boral to facilitate the supply of BDQ. Similarly, treatment for other patient was also initiated privately, by confirming the supply of BDQ from DTO in Tangra, West Bengal. The treatments were facilitated by the concerned TCs from the project teams. During treatment, the patients were followed up regularly for response to treatment, through sputum examination as well as for adverse events. As of beginning of 2021, both patients had completed their treatment and were declared TB free.

Targets achieved and budget utilisation

At the consortium level, project JEET has been successful in conducting several activities including mapping of health facilities across the project states, amplifying & replicating best practices, improving access to FDCs and CBNAAT services, support for roll-out of PIP scheme in PPSA lite districts and operational research to study patient and provider perspectives to name a few. The project's primary indicators for reporting to the donor were TB notifications from the private sector and successful treatment outcomes to which JEET made significant contributions since inception. Overall the contribution of JEET to the total private sector TB cases notified stood at **29%** (2018), **58%** (2019) and **81%** (2020).

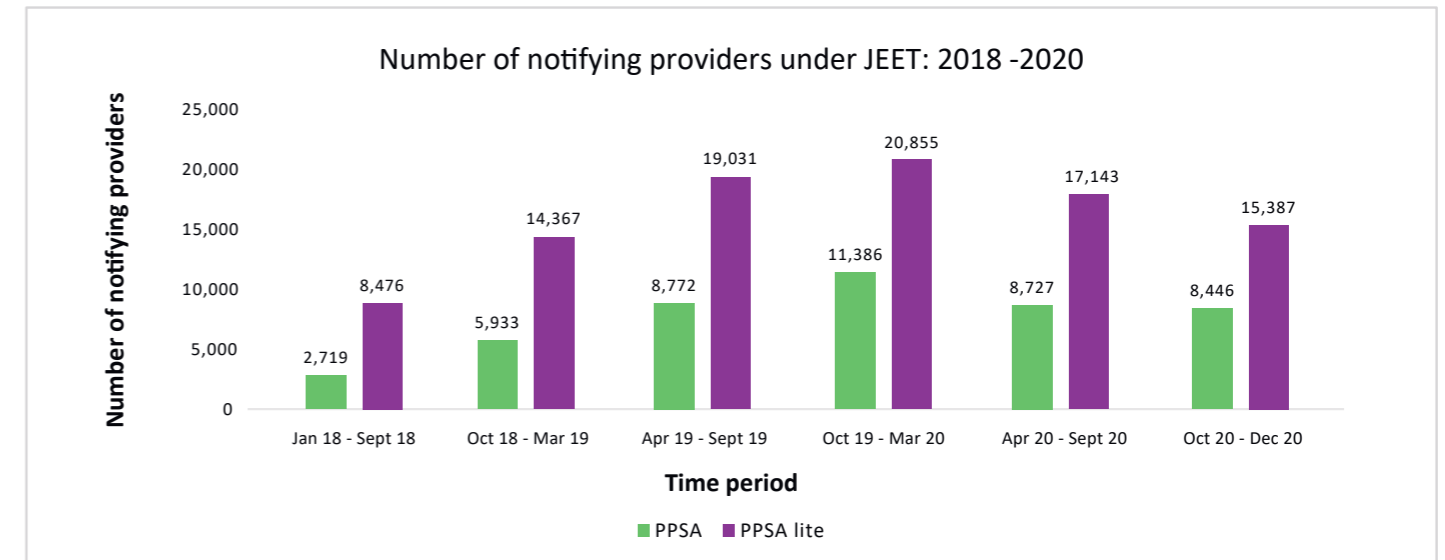
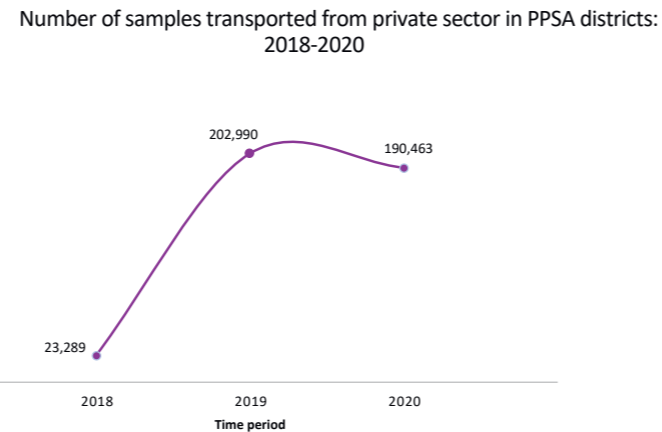
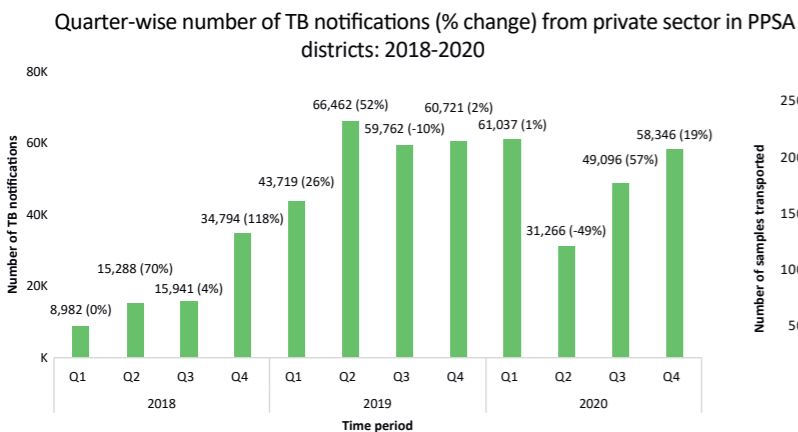


TB notifications

The number of notifications increased significantly from 2018 to 2019 but decreased drastically in 2020 due to impact of COVID-19. However, the notification numbers picked up after Q2 of 2020 as shown for PPSA.

Successful outcomes

The above figure shows the trend in notified patients who had a successful TB treatment outcome. This includes patients who were reported to have completed their TB treatment or got cured. The general trend was in line with the Global Fund commitment of achieving 70% successful outcome for all patients who were notified. The achievement exceeded 70% consistently from 2018 to 2020 in PPSA districts.

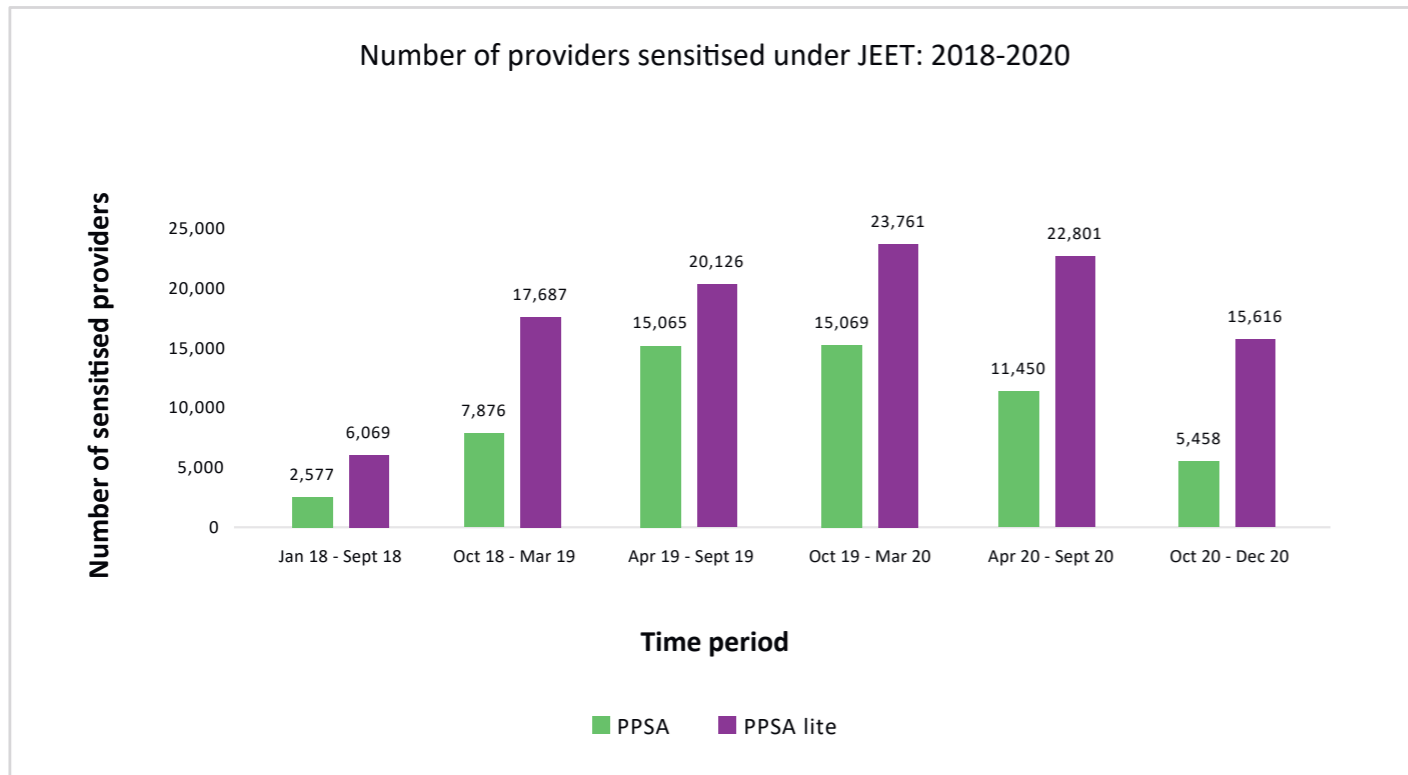


Samples transported for MTB detection

The number of samples collected and transported for MTB detection increased by almost 9 times in PPSA geographies from 2018 to 2019 but declined in 2020 which reflects the impact of COVID-19. Similar to notifications, these numbers also increased steadily after Q2 of 2020.

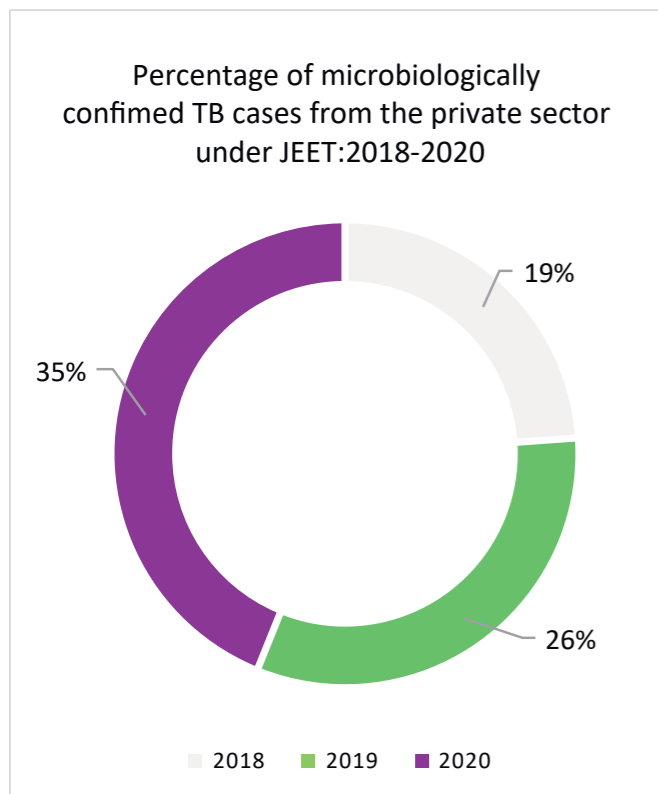
Notifying providers

Number of providers who notified through JEET increased markedly from 2018 till 2020 beyond which the numbers showed a slow decline. These are the providers who notified at least one TB patient or referred one sample for TB testing in the specified period.



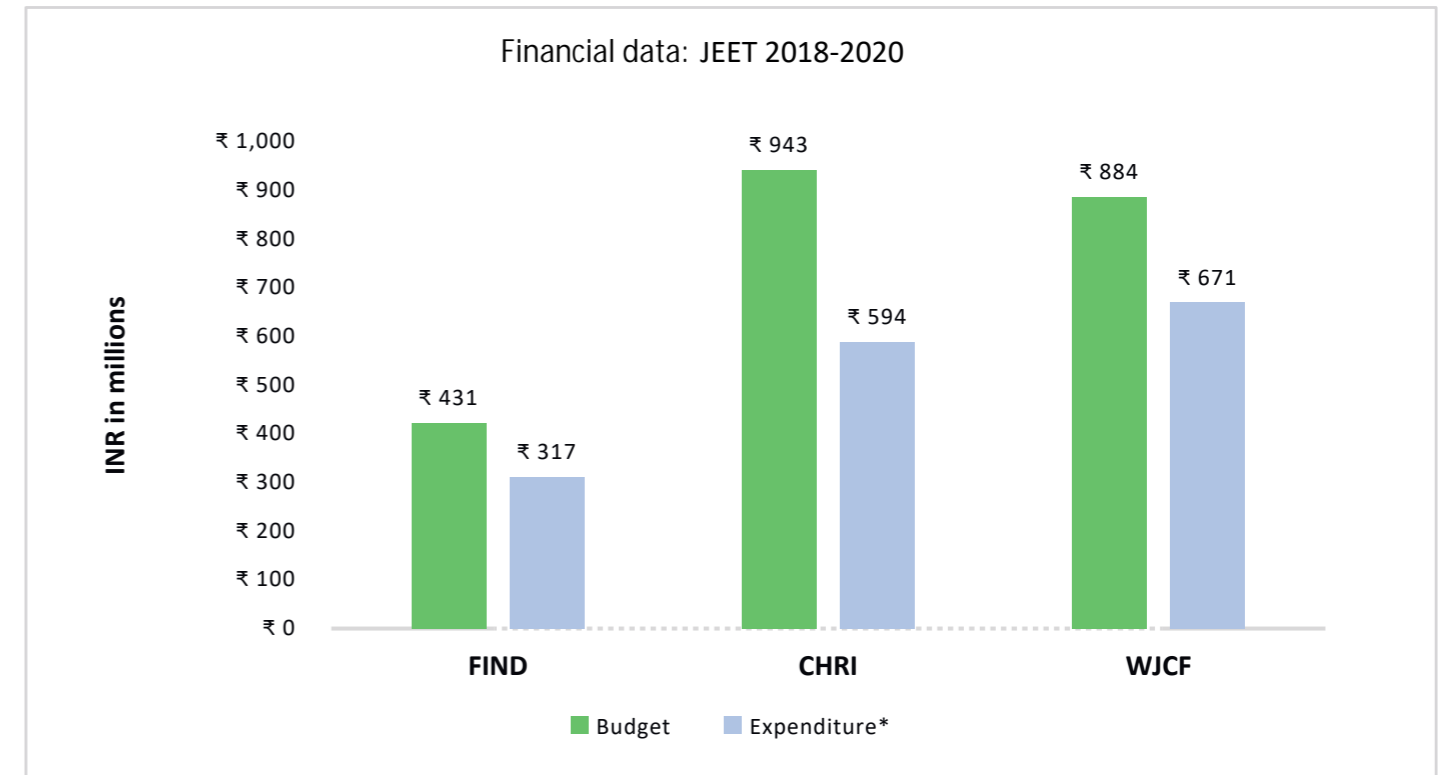
Providers sensitised

Majority of the providers in the project locations were covered and mapped in 2018 and early 2019 which continued through the subsequent years. Sensitization of the providers started soon after mapping and peaked in 2019-20 in PPSA and PPSA lite districts. The project reached saturation in 2020 which is reflected by the downward trend in sensitised providers in PPSA geographies.



Microbiological confirmation

The project teams have been continuously sensitising the engaged providers about the importance of TB for improving the percentage of patients diagnosed microbiologically. As given in the chart above, the percentage of TB cases confirmed microbiologically increased from 2018 to 2020 with approximately 35% increase year on year.



*Expenditure includes committed expenditure during the relevant period.

Reasons for underspending

Overall, project teams made efforts in ensuring efficiencies while implementing the defined activities. There were certain challenges at the field level which led to some underspending across all partners-

1. Disruptions due to COVID-19 impacted operations significantly especially field level activities
2. Further, due to the restrictions imposed by COVID-19, expenditure in relation to various commitments was delayed. Hence, lower actual costs and savings from the delay and lower living support to target population (LTSCP) expenses, etc., resulted in considerable underspending.
3. Delay in contracting of SRs and establishing systems in the first year. Similarly, under spend at PR level was also on account of getting HR positions on board by end of Q2 2018 resulting in lower expenditure than budgeted.

Lessons learnt

Project JEET served as a bridge between private and public healthcare sectors in India. By linking patients, who seek care in the private sector, with facilities and incentives available in the public sector, project JEET aimed to strengthen the existing patient care cascade. The implementation of this ambitious project threw up a lot of challenges but also enabled us to develop and deploy context specific solutions for these challenges.

What worked?

Mapping India's vast private sector

With a vast and largely fragmented private sector, project JEET faced a mammoth task of organising all their information in a central database. The project conducted stringent surveys and mapped details of private providers in target project geographies (state and districts); registered their details with the local health authorities.

Strong sensitization programs

- Sensitizing pharmacies: By sensitizing medical stores, JEET managed to create and sustain records of anti-TB drugs being dispensed. Educating providers and chemists alike, also ensured that many missing TB cases were notified and followed up for treatment completion.
- Nikshay: Most providers surveyed and engaged under project JEET had no or limited knowledge of mandatory TB case notification and the Nikshay mobile app. The sensitization programs enabled project JEET to impart information on Nikshay and significance of notification of TB.
- UDST and CBNAAT: Awareness about universal drug susceptibility testing (UDST) through CBNAAT improved significantly. While, initially the average UDST performance for each district was not more than 15-20%, by the end of the project the average had improved to 45-50%, with some districts showing up to 70% uptake. An increased uptake of UDST has significantly impacted the DR-TB case finding.

Treatment adherence support

Prior to project JEET, private sector patients relied on their individual understanding of TB, treatment's side effects and nutritional supplements which are critical to defeating TB. Most of the patients did not realize the importance of completing treatment and what happens when the treatment is interrupted or

incomplete. However, through the intervention, the team helped patients to follow and complete treatment regimens. Further, they were made aware of coughing and spitting etiquette. In that sense, home visits by TCs, produced a positive impact on overall disease management. It helped in minimizing the social stigma of TB and enhanced the patient's confidence to defeat TB. Through TC efforts, almost 80% of JEET notified patients successfully completed treatment.

Contact tracing

Contact tracing of all family members of patients under JEET was prioritised and tracing mechanisms were strengthened. Prior to JEET implementation, private sector patients were neither systematically nor rigorously followed up by the government TU staff if the patient broke transmission. Contact tracing helped in finding additional cases within a family unit or the community. It further helped in early diagnosis and treatment initiation, thereby curtailing the chain of transmission.

Increased enrolment in Nikshay Poshan Yojana

Private patients started receiving cash benefits for nutritional support under Nikshay Poshan Yojana (NPY) and many patients were linked to the free FDC. Approximately 60% of JEET notified patients received DBT of INR 500 per month for the entire duration of their treatment under the scheme - in line with NSP. This bridged the gap in access due to which patients were unable to avail the NPY facility as well as supported in treatment adherence.

Effective delivery of FDCs during the lockdown

India, world's largest democracy, was put under a stringent lockdown in March 2020. It is said that adversity brings out the best in a situation. And such was the story of project JEET when the pandemic was at its peak. JEET teams ensured that FDCs for TB treatment continues to be administered through various modalities. These included, door-to-door delivery of TB medicines by project JEET staff; organising a letter of support

from NTEP to ensure availability of treatment services through the public sector; and syncing with local TUs for seamless delivery of medicines to patients. In fact, based on these successes, project JEET initiated a drug delivery pilot by forging a partnership with Img to ensure doorstep delivery of TB medications. (For details refer to Chapter 2).

CBNAAT services through private labs

The COVID-19 pandemic resulted in deployment of most of the available TB resources in the public sector. This void in resources left TB services in a lurch. Problems arose at both ends- demand and supply. To mitigate this challenge JEET outsourced CBNAAT services to private sector labs in all project geographies. The move resulted in seamless and accurate testing, ensuring that the pandemic did not deter us from delivering on our commitments to private sector doctors and patients, alike.

Consistent communication with patients

In March 2020, the project was forced to adopt virtual counselling of patients as a default way of going forward. While the effectiveness of a virtual model of care is debatable, at that point in time virtual counselling was the most suitable option available and we decided to capitalise on it. We dedicated our energies to educating our patients on COVID-19 including benefits of social distancing, cough etiquette as well as significance of wearing a mask. Our TCs were trained on the nuances of virtual counselling and fortnightly WhatsApp messages were designed to improve our outreach. Further, communication materials developed under the project for both providers and patients, proved beneficial in sensitizing this cohort.

What were the major roadblocks?

The pandemic

While the pandemic disrupted healthcare services across the globe, the ensuing lockdown

led to movement restrictions. Even though our field staff tried to stay in touch with providers as well as patients, our engagement with them was impacted. TB notifications and service delivery took a backseat on account of COVID-19. We learnt that telephone calls alone were not sufficient to pass the intended message to private sector providers.

Mapping of private providers

Mapping of private practitioners remained incomplete. In the initial part of the project, JEET mainly focused on the urban areas and placed FOs accordingly. However, the district specific targets were set considering both- urban and rural areas. Therefore, the need to map and engage all rural area providers was realized and was planned through the TCs placed treatment unit (TU) wise.

Outcome reporting and validation in PPSA lite

In PPSA Lite districts, one City Officer supported 3-4 districts. Due to the limited bandwidth of JEET and NTEP in PPSA Lite geographies, most private sector patients could not be followed up for adherence support. To augment NTEP capacity and ensure appropriate counselling, JEET partners deployed TCs in PPSA Lite districts. As a pilot activity, it was quite useful as the deployment of additional TCs ensure outcome reporting and validation.

How did we mitigate the challenges?

A. Patient's correct contact details

Prior to project JEET many of the patient contact details were incorrect due to which the very objective of TB elimination was compromised. This is because without contacting the patients, their follow up and rendering treatment adherence support, was not possible. However, rigorous follow ups with hub agents and concerned providers, ensured that correct patient details were registered. The hub agents

began giving handover the engagement and shared a list of providers and patients with district staff. In some locations, teams have conducted trainings for district staff on effective engagement of private providers.

B. Transition of PPSA districts:

Project JEET will continue to operate in existing PPSAs until December 2021. This period of nine months will enable NTEP to contract domestic funded PPSAs in these districts. Once an agency is identified by NTEP, JEET will work closely with the agency to ensure a seamless transition. Key activities planned during this period include training of field staff of the contracted agency, handover of existing provider level relationships, handover of provider and patient lists and training of district staff on monitoring and evaluation of the PPSA agency.

C. Scaling up TB preventive therapy for LTBI:

India has the highest burden of latent TB infection (LTBI) – an estimated 40% of the population is estimated to carry LTBI. As the country moves towards TB elimination, it is important to break the transmission of TB by proactively addressing the LTBI burden in the country.

Project JEET will undertake intensive contact tracing of PTB patients from both the public and private sectors. Household contacts of TB patients will be offered free TPT after ruling out active TB. As the country plans to expand TPT to adults in line with the WHO guidelines, the project will target both child and adult contacts for TPT initiation. These activities will be undertaken in almost 90 districts across 14 states. In few districts, different operational modalities will be piloted such as ruling in of latent TB through Interferon Gamma Release Assay (IGRA) testing and introduction of shorter course treatment. All contacts will be counselled and followed up to ensure completion of the treatment regimens.

Vishakhapatnam: From cough to cure

Forty-seven years old M.V.S.S Sarma, has been working as a Treatment Coordinator (TC) with Project JEET since over a year, now. His agenda is simple – support a tuberculosis (TB) patient's journey from "cough to cure". Right since the time a TB patient is diagnosed with TB, until he/she completes treatment, Sarma remains an essential part of the patient's journey to complete recovery. Sarma says, "communication is an integral part of my job. I have to ensure that the patient undergoes all follow up tests and takes treatment as per the guidelines laid out by the National TB Elimination Program (NTEP)." While initiating treatment, it is mandatory for Sarma to explain the usage, dosage as well as the side effects of TB treatment. Sarma says, "TB is a stigmatic disease. It has been associated with many social challenges including abandonment of TB affected patients, and in some cases entire families. Stigma is exacerbated by financial constraints either due to loss of livelihood, or in some cases with the patient being unable to work due to weakness. Through intense counselling and psychosocial support, I help patients to cope-up with their TB – mostly by instilling courage. While the society to some extent has started to accept a TB patient, exceptions do remain. The acceptance, in my opinion is still in the ratio of 10: 2-3."

Sarma's role in a TB patient's journey doesn't end with the completion of treatment. As a TC, Sarma visits the patient and his/her family even after the treatment is completed- with the post follow up visits lasting up to 6 months and sometimes two years. In this phase, Sarma provides guidance and counselling to motivate patients to introduce lifestyle changes. For instance, if a patient is a smoker, then Sarma aims to motivate patient to quit smoking, which is a primary risk factor for TB. "I feel very happy when I see a successfully recovered patient. The journey from becoming a patient to turning into a survivor, is highly gratifying. I am thankful that I get to play a small in their complete treatment and recovery."

COVID-19 and project JEET: innovations and successes

With the pandemic disrupting India's healthcare system, the project services too were severely impacted across all its geographies. The ensuing lockdown made service delivery worse. While JEET teams tried their best to continue delivery of programmatic goals and objectives, it was increasingly becoming difficult to provide the continuum of care through virtual outlets. Hence, in order to combat the restrictions imposed by the lockdown and ensure continued TB care, JEET innovated. This section explores the newer interventions that JEET undertook, starting 2020 towards effective TB prevention and control, across all territories.

Screening at industries and orphanages

Issue

Lockdown adversely affected all health programs. Project JEET also faced a decrease in TB notifications due to a shutdown of private health facilities and lower OPD turnouts. As part of new strategies to find missing TB cases in the times of COVID-19, Karnataka and Andhra Pradesh JEET teams decided to conduct TB screening camps in industries & old age homes.

Intervention

Individual employed in industries and children in orphanages were screened for symptoms of TB across the two states. A total of 14 industries and 8 old age homes yielded in screening over 1800 employees and 165 (adults and kids). In industries/factories, Medical Officers were stationed to conduct screening for four TB symptoms. The Medical Officers were assisted by field officers, TCs and Hub Agents. Samples were collected from symptomatic patients, transported to CBNAAT centres for further examination. In old age homes, the screening was conducted by project staff and samples were sent to CBNAAT centres.

Results

Through these efforts, project was able to pilot workplace intervention and draw attention towards importance of sensitization of staff working in industries and residing in old age homes/orphanages. Samples of presumptive patients were transported to the government CBNAAT labs for testing and linkages were established for referrals in near future.

Risks	Focus area	Mitigation strategies
Obstacles related to service access and service provision	Prevention/Community services/Vector Control	<ul style="list-style-type: none"> ▶ JEET resources helped NTEP to implement key strategies like tele-counselling of existing TB patients for treatment adherence & enquiring about household/ close contacts for TB symptoms. ▶ Patients were educated (during tele-counselling & face-to-face visits wherever possible) on role & importance of physical distancing, use of masks, cough hygiene & hand hygiene for both TB & COVID-19 prevention. ▶ Private sector health care providers were appraised about latest available services for TB & COVID-19 under public sector for linkage, to ensuring continuum of care.
	Diagnosis and treatment	<ul style="list-style-type: none"> ▶ Efforts were made by NTEP & JEET resources to strengthen service linkages for both diagnostic services & drug refills at nearest PHI/ chemists. ▶ Field staff facilitated doorstep service delivery (sample collection, drug refills etc.) wherever feasible. ▶ Strategies like bi-directional screening of TB & COVID-19 were implemented to expedite detection of TB/ COVID-19/ comorbidities etc. & eligible patients were linked to treatment services from dedicated treatment facilities in PPSA cities. ▶ Private sector providers were followed up by tele-consultations, in-clinic visits, webinars etc. to encourage TB diagnosis of patients with respiratory/ ILI like symptoms.

Risks	Focus area	Mitigation strategies
Obstacles related to achieving PF targets	Prevention/Community services/Vector Control	<ul style="list-style-type: none"> ▶ Campaigns were facilitated in project cities to educate beneficiaries about timely service uptake. ▶ All strategies for prevention were advocated in CMEs/ webinars with private sector institutes & information on latest available services under public sector were disseminated for preventive services. ▶ Project teams ensured contact screening & linkage to public sector for prophylaxis to eligible patients, prompt diagnosis & treatment initiation to break the transmission chain.
	Diagnosis and treatment	<ul style="list-style-type: none"> ▶ JEET partners ensured assisting NTEP in implementation of all new strategies like bi-directional screening of TB – COVID-19 in eligible patients. ▶ JEET resources were an integral part of rapid response teams being deployed in respective project geographies, to facilitate resuming diagnostic & treatment services to pre-pandemic levels. ▶ Intensified provider engagement efforts ensured timely notification of existing TB patients on Nikshay portal. ▶ Supply chain modalities were re-assessed to address need-based changes locally, to ensure un-interrupted drug refills to TB patients in private sector. ▶ Patients were counselled (tele-phonically as well as through face-to-face consultations) by project staff for contact screening, treatment adherence, co-morbidities etc.

Testimonials





OFFICE OF THE CTO
Kolkata Municipal Corporation
NTEP- KOLKATA
ADDRESS: 15/1 GOBINDO KHATIK ROAD, Kol-46
Email: dtowbcal@rntcp.org



Memo No: CTO/Kol/Office/113/21

Date: 20/03/2021

Letter of Appreciation

The project Joint Effort to Eliminate Tuberculosis (JEET) is a master stroke by CTD towards TB Elimination and because of the considerate and gratifying approach towards the goal By FIND India and World Health partners as the Implementing agencies, we achieved something in Kolkata since 2018 which was thought to be a distant dream in TB care in Private sector.

We succeeded in breaking all the barriers which were there in the past by herculean effort made at ground level by JEET staffs of all hierarchy, they function beyond their capacity and duty hours to lift the program which is at a very comfortable zone now in Kolkata. From Null to achieve a Notification of 7000+ from private partners is something that needed to be applaud and to be cherish in future.

Apart from notification they excelled in many other ways like CBNAAT, Treatment support to the patient, NPY and public health action. I must convey my appreciation for including the Drug resistant patients also in their treatment support system which was not there in their guideline.

I also convey my gratitude towards JEET management team and Project Director for their constant effort to excel, to learn and performing constant monitoring of the program, they maintained a strong liaison with all the officers of the program throughout the period of the project which helped the program immensely.

To my view JEET project should be continued as PPSA if we really want to achieve TB elimination goals, as this model is really viable both in terms of outcome and economic perspective.

My heartfelt Gratitude to all the family members of JEET, words are really not enough to applaud your efforts.

(Dr. Chandra Shekhar Das)
City Tuberculosis Officer
Kolkata Municipal Corporation

CTO City Member Secretary
Kol, Dist. TB Cell



Message

The private sector in India accounts for more than two-thirds of initial care-seeking for Tuberculosis symptoms. As highlighted in the National Strategic Plan (NSP), the current scale of private sector engagement is insufficient relative to its size and contribution to TB care. Engaging the private sector effectively is crucial in achieving universal access to quality diagnosis and treatment for TB. The programme in Uttarakhand has worked around these challenges by mandating TB notification, developing guidelines for private sector engagement, prioritizing, and increasing fund allocation for the private sector under NSP, including provisioning of Direct Benefit Transfer (DBT).

Private sector engagement is one of the topmost priorities of the National Tuberculosis Elimination Program (NTEP). The project Joint Effort for Elimination of Tuberculosis (JEET) through PPSA Lite in Uttarakhand has been instrumental in expanding the program reach to TB patients seeking care in the private sector in the three districts of Dehradun, Haridwar, and Nainital. Dr. Rachit Negi (State PPM Lead) of project JEET in Uttarakhand has also supported State TB Cell (STC) in documenting the EOI and RFP for boarding the domestic funded PPSA under NTEP.

Learnings from the project JEET have helped the state in achieving the goals effectively in engaging with the private sector. I am pleased to share that project JEET has been an innovative and patient-provider response in its approach and plays a vital role in notifying the missing cases of TB in the private sector which has helped in increasing notifications from the last three years. The collaboration with project JEET has increased the access of private sector patients to free diagnostics, treatment, and follow-up through the city officers of the project which has given the boost to notifications and DBT.

Since the current grant for the three years through the Centre for Health Research and Innovation (CHRI) is coming to an end I congratulate everyone for the smooth implementation of PPSA Lite through project JEET in the three districts in the state of Uttarakhand.

Dr. Mayank Badola
5/3/2021

Dr. Mayank Badola
State TB Officer Uttarakhand



**STATE TB CELL
DIRECTORATE OF HEALTH
SERVICES KASHMIR**



To
Project JEET.

No: - STO/K/NTEP/814.

Dated: 05/03/2021.

Sub: Letter of Appreciation.

It was a good experience to work with Project JEET in Kashmir where they worked in District Srinagar to improve in Notification from Private Sector & Provision of DBT to poor patients.

We hope that this organization continue to do such good work in the community.

Sharma
5/3/21.
STATE TB OFFICER
KASHMIR

**DISTRICT HEALTH RNTCP LUDHIANA
(Punjab) INDIA**



Letter of Appreciation

Project Joint Efforts of Elimination of Tuberculosis (JEET) implemented by FIND-India and World Health Partners has supported Ludhiana district since 2018 under National TB Elimination Program. There is significant improvement in Private Sector engagement through TB Notification, Sample collection, TB-HIV /TB-DM testing, TB-Tobacco, DBT seeding, Contact Tracing, Chemoprophylaxis, Treatment Adherence, and other Public Health actions.

On behalf of district NTEP team Ludhiana, I would like to appreciate the contribution of Dr Trushar Parmar (State PPM Lead), Mr Niraj Kumar Sinha (State Operations Manager), Mr Rahul Sharma (Field Officer) as well as JEET field team and would like to give special thanks to FIND-India for selecting our district under JEET.

Overall JEET represents a highly sustainable model of public-private linkages which aims for elimination of TB from India by 2025. We anticipate the same support, going ahead also to achieve TB Elimination from India by 2025 and wish similar success to all future endeavors.

Ashish Chawla

Dr. Ashish Chawla
District TB Officer
Ludhiana

DISTRICT T.B. OFFICER
CIVIL HOSPITAL,
LUDHIANA



Dr. K. N. Sheladia
M.B.B.S.
City TB Officer
Surat Municipal Corporation



SURAT CITY HEALTH SOCIETY - TB

Hirabaug Health Centre, B/h. Doctor House, Varachha Road, SURAT. -395 006.
Tele : 0261-2546362, Fax : 0261-2544985, Mob. : 093768 45830 E-mail : dtogusrc@rntcp.org.



STATE TB CELL
Directorate of Health Services
Red Cross Road, General Hospital
Jn.Thiruvananthapuram -695 035,
Kerala State
Tel .0471 -2466058, Email:stoke@rntcp.org
website: www.tbcindia.gov.in

National Tuberculosis Elimination Programme

15 March 2021

To

JEET Team – Kerala
Centre for Health Research and Innovation

Letter of Appreciation

The State TB Cell is pleased to place on record its deep appreciation of CHRI-JEET Team's continued efforts in achieving the objectives of NTEP in Kerala. We recognise that you have consistently achieved and often exceeded your goals. Such performances do not go unnoticed.

Kerala NTEP program is fortunate to have such an energetic and talented team for Private Sector engagement in the state. It was a truly commendable performance, especially for the COVID-19 pandemic period. During the same, TB notification achievement percentage of the Private Sector in the state was above that of the national target achievement of NTEP and the kudos for that goes to the CHRI – JEET Team of Kerala. I know these things will not happen without a great deal of effort and I want you to know how much we appreciate your hard work.

Keep up the good work. We are proud of you.

Regards


Dr. Sunil Kumar M
State TB Officer/ Director - STDC



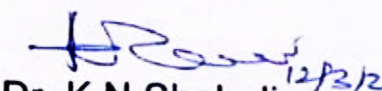
Date : 12/03/2021

:: Appreciation Letter ::

I am so happy, lucky and grateful to be associated with Project JEET in our district Surat Municipal Corporation, Gujarat, India. As I know It's a huge challenge for successful work with Private Practitioners particularly in large urban city with highest migratory population. They are doing commendable job for achieving the ultimate goals and objectives. I wish they reach each and every needy and poor TB patients in community and successful project to End TB in India..

With Regards..




Dr. K.N Sheladia
City TB Officer
Surat Municipal Corporation



TO WHOMSOEVER IT MAY CONCERN

I am happy to be associated with "Jeet".
I wish this organization be successful in its goal and objectives for the poor and needy people in gurgaon district of Haryana state.
It is very glad to work with Ms. Shivani, she is very much dedicated and hard working. I wish her all the best for her bright future

Appreciate their good and effective work done in the community.

Really helpful to us.

Thanks

Dr PINKY GOYAL

Dr. Pinky Goyal
MBBS, DTCD
Consultant
Respiratory & Sleep Medicine
Medanta-The Medicity
Sector-38, Gurugram-122001, Haryana
No. DMC-45375

"Project JEET has been supporting the state of Andhra Pradesh as PPSA in one District (Visakhapatnam) and as PPSA-Lite in 12 districts since 2018, to strengthen private sector involvement in NTEP. In the year 2018, it contributed to finding 24% cases through private notifications; 2019- 37%; and 2020 - 38%.

The state of Andhra Pradesh is happy to associate with FIND-JEET Project and I wish this organisation a success to achieve its goals in future."

Accredited by



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Medanta - Gurugram

✦ Sector - 38, Gurugram, Haryana - 122 001, India
☎ +91 124 4141 414 Fax +91 124 4634 111

Medanta - Mediclinic

✦ F-16, Defence Colony, New Delhi - 110 024
☎ +91 11 4411 4411 Fax +91 11 2433 1433

Medanta - Mediclinic Cybercity

✦ UG Floor, Building 100, DLF Cybercity, Phase II, Gurugram 122 015
☎ +91 124 4141 417

Regd. Office: Global Health Private Limited, E-18, Defence Colony, New Delhi - 110 024, India Tel: +91 11 4411 4411 Fax: +91 11 2433 1433

✉ info@medanta.org


www.medanta.org

Corporate New Delhi: 1801103, 20347012

Appendix

Primary recipients	State	Sub-recipients
CHRI	Assam	
	Maharashtra	 
	Uttar Pradesh	
WJCF	Madhya Pradesh	
	Delhi	
	Haryana	

Appendix

Primary recipients	State	Sub-recipients
WJCF	Gujarat	 
	Bihar	
	Rajasthan	
FIND	Tamil Nadu	  
	Chandigarh	
	Himachal Pradesh	
	Andhra Pradesh	
	Telangana	
	Karnataka	
	Punjab	
	West Bengal	



Joint
Effort for
Elimination of
Tuberculosis