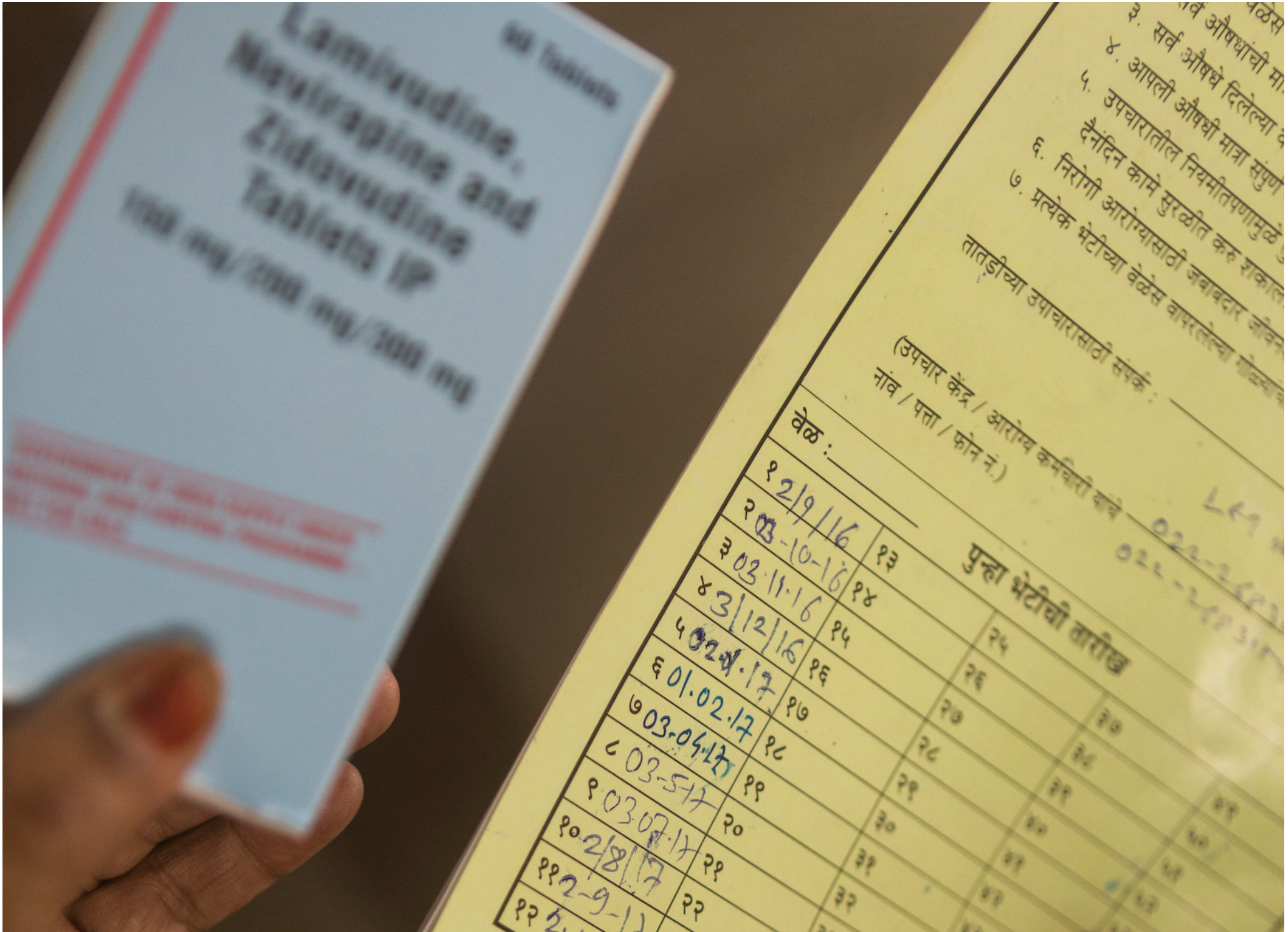
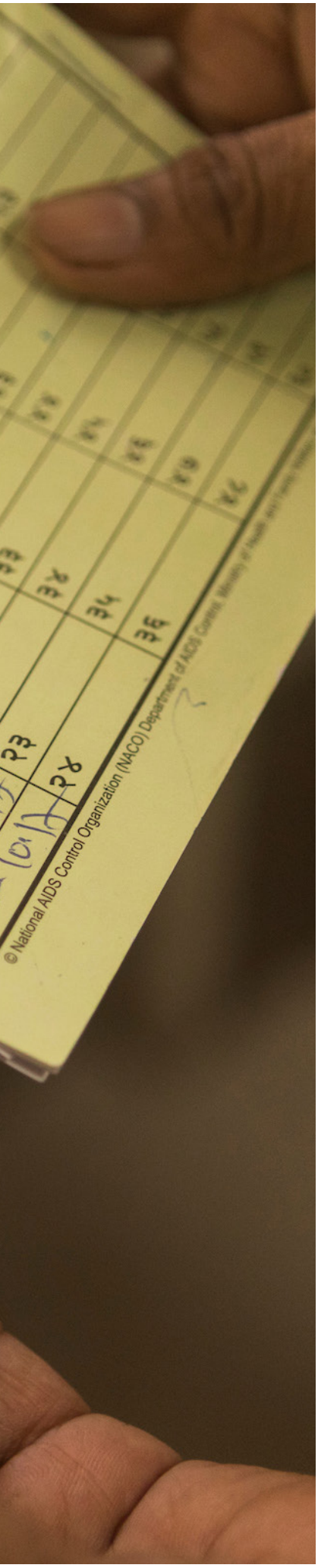
Patient Provider Support Agency

A toolkit to implement Patient Provider Support Agency in your region

PATH





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Background

India accounts for one-fourth of the global TB burden. More than two million people are diagnosed with the disease every year. TB kills more adults in India than any other infectious disease. As per the Global TB Report 2015, India bears the highest burden of TB and drug-resistant TB (DR-TB), and the second highest cases of TB-HIV.

Eliminating TB is a high-priority for the Government of India. However, despite robust public health interventions, one of the reasons that TB burden continues to remain high is the lack of effective public-private engagement. In India, the private sector is the preferred first point-of-care for TB patients and the current scale of public-private sector engagement is insufficient to effectively contribute towards addressing the TB burden. Additionally, nearly one million patients go "undiagnosed" or "missing" in India as the private sector does not notify the public sector about many of its TB cases even though it is mandated by the government.

To help address this barrier, the national government implemented the National Strategic Plan (NSP) for 2017 to 2025 to introduce interventions which diagnose, treat, and care for patients with TB. It intends to extend the umbrella of high-quality TB care and control to include those treated in the private sector. The NSP highlights the need for public-private engagement an important component to eliminate TB.

Several Public-Private Mix (PPM) models have been implemented in India. However, their success has been limited due to challenges, such as absence of policy for private-sector engagement, poor understanding of implementation at the field level, vacant human resource posts, limited capacity and resources at the state and district level, insufficient tariff norms for service delivery under the existing PPM schemes, inadequate funding, lack of flexibility to customize the model, and difficult financial mechanisms of payments under PPM schemes.

In 2014, one such PPM model proved to be effective as compared to the others. The Private-Provider Interface Agency (PPIA) implemented in Mumbai, Patna, and Mehsana was able to effectively engage the private sector in TB care. PPIA formed a network of existing doctors, chemists, laboratories, and hospital and helped them align TB diagnosis and treatment practices as per Standard of TB Care in India (STCI). Patient subsidies, such as free CB-NAAT tests and free drugs were offered to ensure accurate diagnosis, better treatment adherence, and reduced out-of-pocket expenditure for the patients.

In 2016, the Central TB Division (CTD) and World Health Organization conducted a joint assessment of PPIA to assess its efficacy, operational and technical challenges, and feasibility for scale up. The recommendations from this evaluation conceptualized the Patient-Provider Support Agency (PPSA) in the NSP. PPSA is an agency to manage end-to-end private-sector engagement and augment RNTCP's capacity to monitor and manage the needs of private-sector patients. It has been recommended in RNTCP as an effective model to reduce the burden of TB in India.

1,000,000

patients go "undiagnosed" or "missing" in India

Frequently Asked Questions About Patient Provider Support Agency (PPSA)

1. Define the PPSA model?

PPSA is a model under which a third-party agency/NGO is selected by a state/city/district RNTCP unit to engage private-sector doctors treating patients of TB and provide end-to-end services, such as diagnosis, notification, patient adherence and support, and treatment linkages. The third-party agency is selected as per the contracting procedures laid down by the respective State National Health Missions (NHM). In this document, the selected agency is referred to as PPSA-NGO. The model is implemented by RNTCP with support from the PPSA-NGO.

2. What are the key elements of the PPSA model?

The following activities are implemented under PPSA:

- Mapping private-sector providers (formal and informal), laboratories, and chemists.
- Increasing engagement of private-sector providers through in-clinic visits and continuing medical education (CME).
- Linking RNTCP-provided diagnostic services (sputum microscopy, X-ray, CB-NAAT, sputum collection and transport) and fixed drug combinations (FDCs).
- Facilitating and updating TB notification and other relevant information in Nikshay.
- Facilitating incentives given by RNTCP to the private-sector doctors and patients.
- Counseling the patients to ensure treatment adherence.
- Facilitating linkages for DR-TB treatment and HIV services, as required.

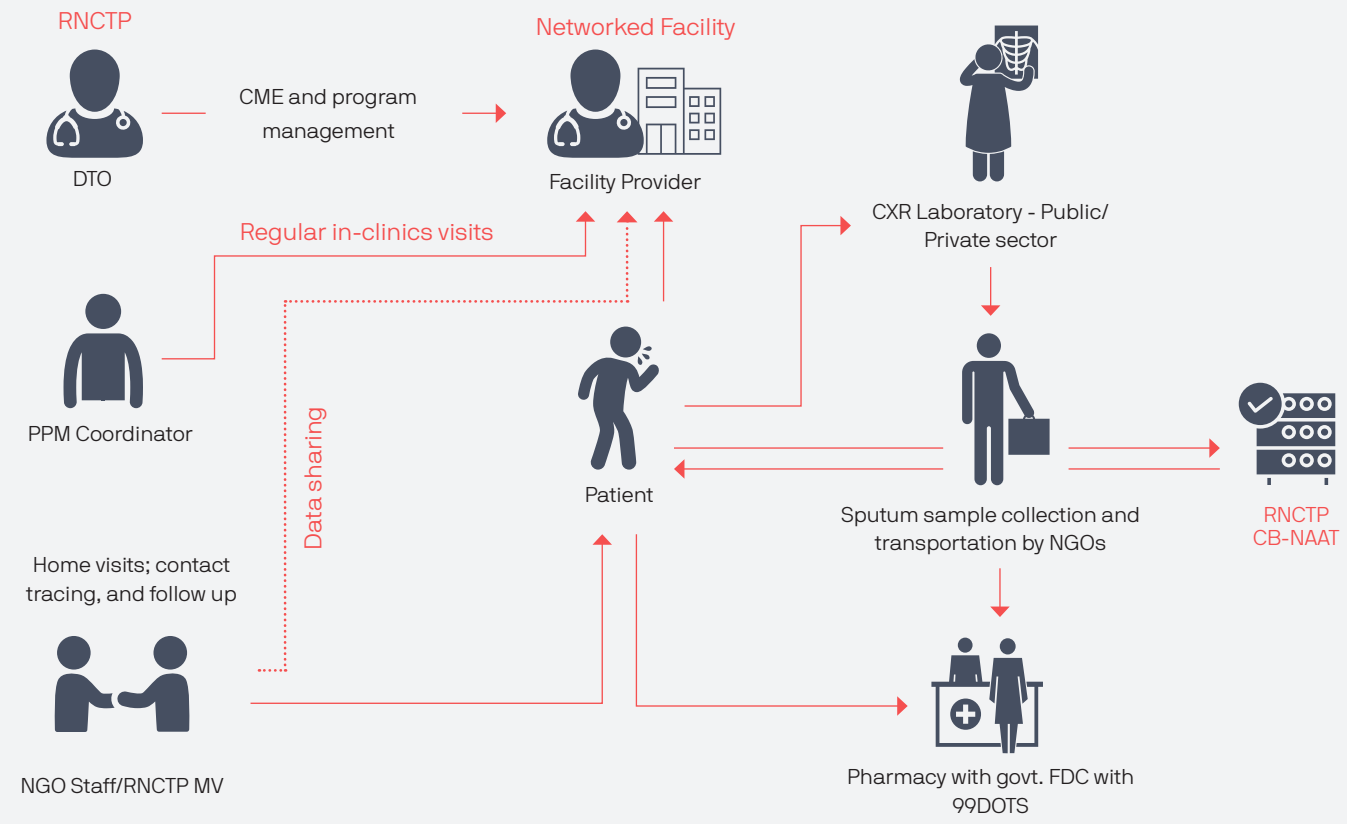
Objective of the toolkit

This tool kit is a guiding document to help decision-makers and implementers to seamlessly introduce PPSA in their region (state or district). This toolkit is also helpful for regions with an active TB program as it provides guidance to implement specific steps or processes which are in conjunction to the existing program. It is helpful for those who are directly involved in designing and implementing a TB program.

While this toolkit is based on the model that was implemented in the Mumbai, Patna, and Mehsana; other states and districts are free to adapt the model as per their local requirement.

Here is how the PPSA model operates:

Figure 1. PPSA model in implementation.



1. Presumptive TB case referred to public sector or private sector (through schemes or self paid) for X-ray.
2. Presumptive TB cases with positive X-Ray referred to public sector CB-NAAT.
3. Diagnosed TB cases put on treatment with FDCs prescription by formal provider.
4. Treatment adherence of patients put on treatment through contracted NGOs or public-sector health visitors.

The model is supervised and implemented by the RNTCP, mostly led by the City TB Officer (CTO) or District TB Officer (DTO). But the on-ground staff, including the field staff, SCT agent, treatment coordinator, as shown in the figure, are staff of the PPSA-NGO hired in the program.

The model can be customized to meet the local needs of the region implementing it as long as the services mentioned above are provided to all patients.

3. What are the steps to operationalize a PPSA?

There are five steps to successfully operationalize PPSA – needs assessment and mapping, designing and budgeting for services to be provided, hiring and training the PPSA-NGO, implementing PPSA, and monitoring the performance of the model. This model can be customized to meet the local needs. More information is provided in subsequent sections of this document.

4. Does my district need a PPSA?

One of the key objectives of RNTCP is to ensure that all TB patients, whether seeking care in public or private sector, receive the RNTCP-provided free and high-quality services irrespective of their socio-economic status. If the district expects that it will have a big share of notifications from the private sector, it is recommended to use PPSA for end-to-end management of the private-sector providers and their TB patients.

The Five Steps to Operationalize PPSA

Please find below, the steps to implement PPSA in your region.

1

Undertake a needs assessment and mapping exercise

- Review data from Nikshay and undertake a needs assessment to understand the current landscape of the TB load in the private sector in your region.
- Identify and review the current PPM activities and patient pathways in your region and identify performance gaps.

2

Design the model and budget for the services to be provided

- Design the service package based on the requirement of your region and to address the performance gaps of the current PPM activities.
- Prepare a budget to implement the activities.
- Propose the inclusion of the budget in the state program implementation plan (PIP).

3

Hire and train the PPSA-NGO

- Once the budget is approved under PIP, advertise to hire the PPSA-NGO which can undertake the services for the program.
- Procure and sign a Memorandum of Understanding (MoU) with the PPSA-NGO as per your region's regulations.
- Train the NGO staff and the local RNTCP staff on the PPSA model and its components.

4

Implement the model

- Map the private-sector providers.
- Empanel the mapped providers under PPSA as per the RNTCP norms.
- Launch Nikshay, the TB notification service.
- Link diagnostic services to public-sector labs for all investigations and provide transport services to take the sample to the lab.
- Provide FDCs to empaneled chemists.
- Ensure treatment adherence and follow-up with the patients till treatment is complete.

5

Monitor the performance of the model

- Facilitate data-based decision-making in order to identify gaps and facilitate seamless implementation.
- Expand the programmatic and geographical scope of PPSA based on the performance data.

1 Undertake a needs assessment and mapping exercise

The first step to implement PPSA in your region is to understand the landscape of private doctors who provide TB treatment to the patients in your region. Here is what you can do:

- Review the rate of private-sector notifications of TB in your region by selecting a time period within the past three years and downloading the Nikshay reports.
- Acquire the private-sector notification data from various providers and labs and compare it to the public-sector notifications for the same time period. This will help you identify the gaps and opportunities as well as the expected number of cases of TB.
- Based on the expected cases of TB in your region, assess the current diagnostic capacity, specifically for higher level investigations like CB-NAAT, TrueNat, culture-DST, and LPA.

Here are the questions that you and your team can address while doing the needs assessment:

- Who are the major notifiers from the private sector? – If this list is available with you, use it to identify the providers who have been consistent in notifying and arrive at the average rate of notification.
- Did the RNTCP staff contact leading doctors in your region and inform them of the mandatory notification (Government of India Circular, 2014) and the Gazette in 2018 that mandates notification and legal repercussions?
- Has your district conducted a city-wide activity to register private establishments with health facility ids (HFID) in Nikshay?

After the needs assessment, you can analyze all the PPM schemes implemented in your region to assess their implementation and identify gaps in performance. You also need to identify the key stakeholders, which includes doctors, labs, chemists etc., for private-sector engagement.

After identifying the stakeholders, you can hold a series of discussions to help them understand the importance of public-private engagement.

You can reach out to the following stakeholders to engage with the private sector as well as understand the gaps in the current PPM programs.

- Indian Medical Association including erstwhile DOTS providers
- Professional associations of chest physicians, pediatricians, gynecologists
- Local medical associations of informal providers or AYUSH
- Retail Drug and Chemist Association
- City laboratory networks
- Patients support groups
- NGOs working in public health, especially TB
- Private medical colleges
- Corporate Social Responsibility departments of organizations working in this area
- International agencies

Lastly, understand the patient pathway of TB patients in your region to know about care seeking, diagnosis, treatment initiation, and continuity of treatment of TB. Patient pathway is the route that a patient will take from their first contact with a healthcare provider (formal, informal, or chemist), their referrals, and their behavior till the completion of treatment.

Understanding the patient pathway will help you build an evidence-based process of identifying and developing interventions to address the gaps in patient care for your region.

A recommended method to understand patient pathway is by talking to the patients directly. Here's what you can ask them:

- Preferences for initial care seeking – whether private sector or public sector.
- Diagnostics or lab tests most commonly prescribed by doctors to diagnose TB.
- Prescription practices or preferred drugs most commonly prescribed by doctors to treat TB.

2 Design the model and budget for the services to be provided

Once the needs assessment and mapping are complete, the next step is to design a package of services that you'll provide to your patients under PPSA. As mentioned above, the activities and the way to access them will depend on the needs of your geography. For example, if the number of expected TB cases is low, the public sector CB-NAAT labs in your district may be enough to handle the load for CB-NAAT and other tests for public- and private-sector patients and you may not need to contract private labs. If the reverse is true, you may refer to the NGO-PPM guidelines* to know about the contract and rates for outsourcing any diagnostics tests. Once the service package is complete, you can propose the budget for the same under PPSA in the PIP. The budget will depend upon the number of expected TB cases, which you'll establish in step 1.

Please find below a demonstrative budget. The costing is indicative and may be different for your region.

To design the budget, let us assume that the expected number of TB notifications from the private sector is 5000 per year in your region. The objective of the budget is to ensure that all private-sector patients should also get access to high-quality TB services provided under RNTCP. Therefore, the budget will have provisions for free diagnostics, free medicines, and adherence support services to private-sector TB patients.

**Guidelines are updated regularly, kindly refer to the latest guidelines on the RNTCP website*

Table 1. A fictional budget to help you design and budget for PPSA in your region.

PPSA component	Services	Indicative costing*	Calculations	Annual budget (₹)
Diagnostics	Digital X-ray • Empanel private X-ray diagnostic centers. • Provide vouchers to private patients to avail free X-ray facilities.	• Average cost of digital X-ray – ₹ 250 • Voucher management fee – ₹ 50 • Total – ₹ 300 per X-ray	₹ 300*25,000 X-rays We have assumed a 20% positivity rate.	75,00,000
	Sputum collection and transport to lab • Hire an agency for sputum pick up and transport from private health facility to the designated CB-NAAT lab (public or private).	• As per NGO-PPM guidelines, the cost to transport one sputum sample is ₹ 25. • Each patient has to provide two sputum samples; hence, total cost is ₹ 50/-	₹ 50*3000 patients We have assumed that ~3000 patients who belong to the RNTCP classification of vulnerable groups will require CB-NAAT testing.	1,50,000

PPSA component	Services	Indicative costing*	Calculations	Annual budget (₹)
	CB-NAAT testing • We have assumed that the public-sector CB-NAAT labs in your region can only process 1000 samples from the private sector. The additional tests need to procured from accredited private-sector labs under the NGO-PPM scheme.	• You can budget for additional 600 cartridges in PIP under "Commodities" • You can outsource the remaining 2000 tests to private-sector CB-NAAT labs @ ₹ 1800	₹ 1800*2000 samples	36,00,000
Provider engagement	**Mapping:** to identify the private providers in your geography and identify the top chest physicians or doctors who treat TB. **Empanelment:** Doctors treating TB in their practice will be empaneled in the PPSA program. **It is expected that the PPM-coordinator will play a crucial role in empaneling and engagement of private health care providers. If this is not the case, you may choose to budget that as an additional activity.*	₹ 50,000 to conduct a one-time mapping exercise	₹ 50,000	50,000
Patient services support	**Notification support:** After empanelment, doctors will liaise with RNTCP to create their HFIDs. Once they receive the HFIDs, the doctors shall be trained on using Nikshay to notify the patients as well as register them. **Outcome reporting:** Once the doctor notifies the patient in Nikshay, PPSA will be responsible to track the patient till the end of the treatment and update the outcome in Nikshay. **Treatment adherence support:** Once the doctor notifies, the patient will be contacted by PPSA-NGO personnel who will provide information to the patient on the next steps. The adherence can be done via patient home visits, use of 99DOTS/MERM, or leveraging the national call center. **Address verification and contact screening:** The PPSA-NGO personnel will visit the patient's house to assess if other members have symptoms of TB. If so, then he/she will refer them for free X-ray services.	₹ 1500 per patient for gamut of services provided	₹1500*5000 patients	75,00,000

PPSA component	Services	Indicative costing*	Calculations	Annual budget (₹)
	Linkage to RNTCP for Direct Benefit Transfers (DBT) for provider and patient incentives: PPSA shall collect the required details from the patients to activate DBT as per CTD. PPSA is also responsible for linking DR-TB patients in the private sector to the district DR-TB centers and ensuring access to free testing for diabetes and HIV by referral and linkage to Integrated Counselling and Testing Centres and private labs.			
Ensuring uninterrupted supply of Fixed Drug Combinations (FDCs)	Identifying chemists/pharmacists/ health facilities who can store and dispense government-prescribed FDCs: • PPSA personnel will be able transport the drugs from the district /city drug store to the empaneled chemists and other providers. Documentation and reporting: • PPSA will be responsible to ensure that sufficient stock is available with the chemist and that documentation is maintained as per RNTCP norms.	• ₹ 600 as incentive to chemists for stocking and dispensing the drugs during the duration of treatment • ₹400 patient for managing the FDC logistics system • Total cost – ₹ 1000/-	₹ 1000*4500 patients We have assumed that 10% of the patients may have to be put on alternate medication due to ADR and other tolerance issues.	45,00,000
Overhead operations costs for organization	Overhead cost for agency's office maintenance, printing of registers/ formats, communication, local travel, and auxiliary expenses	₹ 1,00,000 per month	₹ 1,00,000*12 months	12,00,000
Total PPSA Budget		**₹ 2,60,00,000**		

**Another component you can add to the budget is to forecast for additional commodities which can include CB-NAAT cartridges, FDCs, 99DOTS sleeves.*

3

Hire and train a PPSA-NGO

The PPSA model is led and run by the RNCTP, however, it is recommended to hire an external agency (an NGO), to run the field operations. To do so, once PPSA is approved under the PIP and you have received the Record of Proceedings, you may start the service procurement process of hiring an NGO as per the processes laid down in the respective guidelines of the State NHM. The RNTCP is responsible to maintain documentation and follow due procedures laid down in the state regulations. Here are the four steps you need to follow to hire an NGO for PPSA in your region.

STEP 01

Defining the procurement and approval process

a. RNTCP and NHM approves and allocates funds for activities to be done by the NGO under the purview of the NGO-PPM guidelines.
b. The CTO/DTO takes the approval from State TB Officer (STO) or Mission Director of NHM for the NGO-PPM schemes.
c. For approval, include a cover note, scope of work, process flows, NGO selection criteria, newspaper advertisement, and a list of names of the proposed assessment committee who will evaluate the proposal.

STEP 02

Inviting letter of interest (LOI) from NGOs

a. The municipal corporation/STO/DTO of your region needs to advertise in two newspapers and details should be live on the local RNTCP website till the deadline.
b. Thereafter, interested NGOs can access the formats online and submit documents as per the deadline.
c. The STO/CTO/DTO opens the envelope on a pre-decided date.

STEP 03

Assessment committee and approvals

a. The committee reviews the LOIs and shortlists NGOs based on the selection criteria.
b. The committee prepares an assessment note and recommends names of NGOs.
c. The STO/CTO/DTO finalizes the NGOs based on the recommendations made by the assessment committee and submits the final list to the local district TB society.

STEP 04

Contract awarding

a. The next step is to invite the NGOs for a workshop and share the work plan, scope of work, and the financial arrangement.
b. A workshop is conducted with the local RNTCP team on the arrangements required to begin implementation.
c. The contracts are awarded and MoUs are signed.

Once the NGO is selected and finalized, the key personnel of the local RNTCP staff and the PPSA-NGO are oriented and trained on the entire model, its requirements and protocols, as well as on using this toolkit.

4 Implement the model

Once the procurement process is complete and the RNTCP staff and the PPSA-NGO have been trained, you're ready to roll out PPSA in your region. Implementation includes several steps, some of which may happen in parallel. The time taken to implement PPSA will depend upon the number of activities undertaken in your region. We have assumed that the PPSA model has been implemented in its entirety.

Please find below, the list of activities and a guide on how to undertake them.

Table 2. Activities under PPSA and personnel responsible to undertake them.

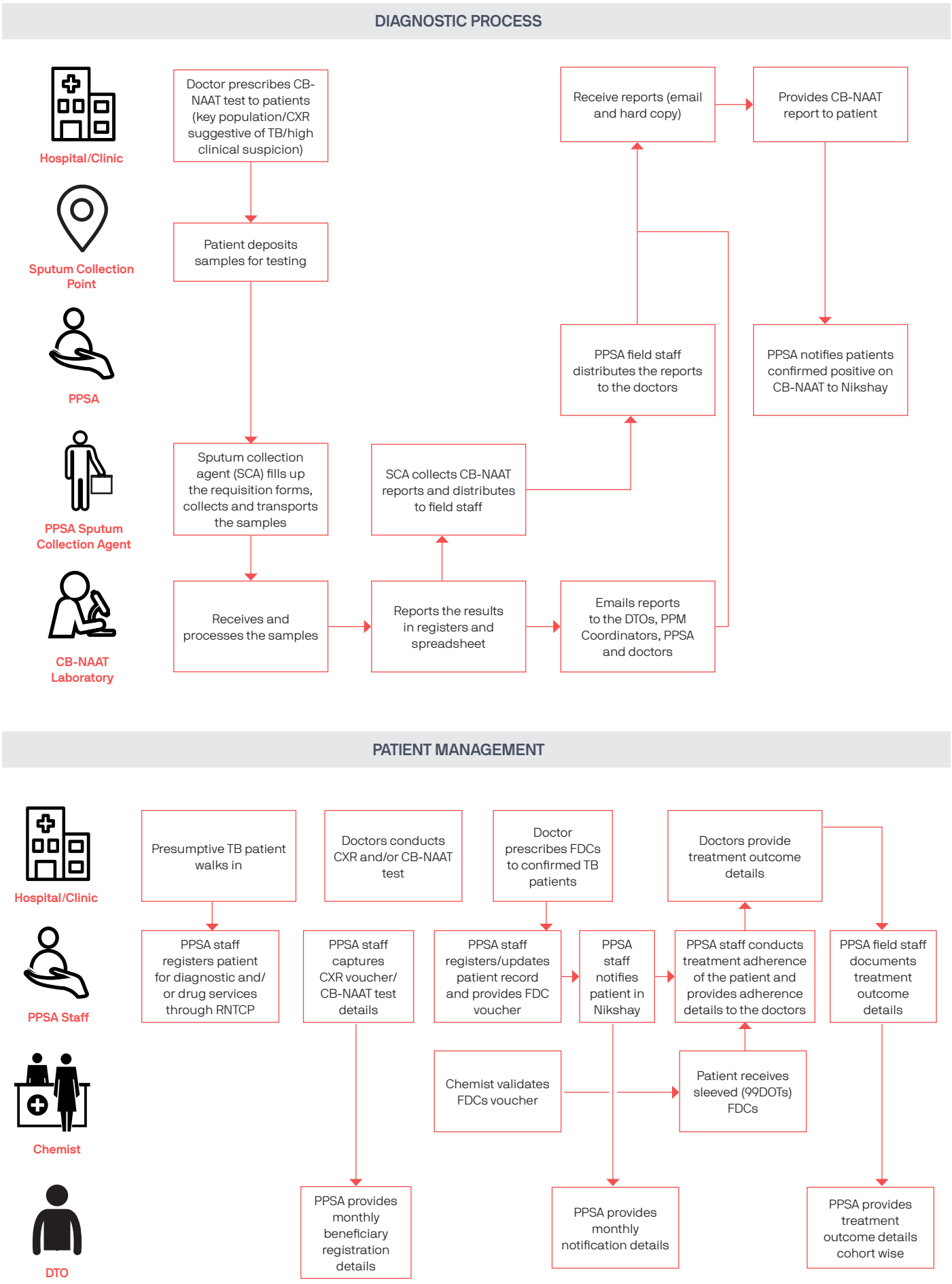
Activities	Steps	Personnel responsible
Mapping	• Prepare a list of all the private-sector health care facilities in your region to identify the relevant providers for engagement with the PPSA program. • For mapping, make a list of: - Practicing formal providers (allopathic) and their TB patient load. - Practicing informal providers and their TB patient load. - Hospitals, nursing homes, and private clinics. - Pharmacies and their TB prescription load. - Diagnostic laboratories with TB diagnostic services and their test load. You can also explore other sources for more information on private providers. For example, chemist surveillance and the H1 TB register are some additional sources to know more about TB-treating doctors in your region*.	PPSA-NGO
Empaneling mapped providers	• Once the service providers have been identified, the next step is to explain the details and advantages of the PPSA network to them. The providers may be requested to sign a Letter of Understanding. • After empaneling, an on-boarding kit is provided to the doctor, which includes: - RNTCP's PPSA brochure - X-ray vouchers booklet - Sputum collection containers/falcon tubes - RNTCP annexure 1 and 5 forms - FDC brochure and dosage charts/stickers - Sample prescription of adult and pediatric patient as per RNTCP - Contact details of DTO, PPM-coordinator, PPSA-NGO point of contact • For empaneled chemists who will stock FDCs, please provide separate forms and registers to maintain medicine stocks and patients' details. • The RNTCP will lead the sensitization programs for all empaneled providers. These meetings are crucial to orient the providers to STCI, introduce the PPSA personnel, distribute formats of forms and vouchers, and provide contact details of key members.	RNTCP and PPSA-NGO

Activities	Steps	Personnel responsible
Facilitating entry in Nikshay	The PPSA-NGO will act an interface between the RNTCP and the providers to generate specific and unique Nikshay providers id for all. The id and password can be used by the provider to notify the cases. Additionally, the PPSA personnel may use the same id to update the patient follow up, FDC prescriptions etc.	RNTCP and PPSA-NGO
Linking diagnostic services from public sector labs and private sector labs, as applicable	Under RNTCP, the following services are provided for free: • CB-NAAT testing • Sample collection and transportation for CB-NAAT • Report delivery The PPSA-NGO and PPM-coordinators have to work closely to organize the logistics and route map of the sample pick-up and delivery to the closest CB-NAAT lab. The technicians at the lab need to be sensitized on the additional sample load, the expected turn-around time, and on using Nikshay. The PPSA-NGO has to follow a robust recording and reporting system to ensure that all due procedures are followed for collection, for hand-over, and for reporting by the provider and the CB-NAAT lab.	PPSA-NGO and PPM-coordinators
Providing RNTCP services of free X-ray, CB-NAAT, and FDCs	Under this, the PPSA has to implement the following activities: • Empanel X-ray labs, CB-NAAT labs, and chemists in the vicinity of empaneled service providers. • The providers are oriented on the use of free X-ray, CB-NAAT, and FDCs available at the empaneled provider lab and chemist in the vicinity. • The provider shares a voucher with the patient who goes to the lab for X-ray. Based on the reports, the doctor prescribes the medicine and provides a voucher to allow the patient to collect one-month dosage of FDCs free of cost from the empaneled chemist. • In parallel, the PPSA-NGO ensures that X-ray vouchers are given to the doctors; drugs are given to the empaneled chemists; and registers on opening stocks, closing stocks, and drug consumption are maintained. PPSA-NGO is also responsible to ensure that reimbursements to X-ray labs, chemists, and CB-NAAT labs are duly processed.	Service providers, empaneled chemists, and PPSA-NGO
Treatment adherence and follow-up	Under this, PPSA will implement the following activities: • Contact the patient once TB diagnosis is confirmed and offer support in the form of counseling, either telephonically or in person. For those diagnosed with DR-TB or/and HIV, PPSA is responsible to guide them to the public-sector facilities for further treatment. • Visit the patient at home to confirm the home address, counsel and refer any symptomatic contacts at home, and collect the required details for the DBT schemes. • Follow up with the patient monthly till the treatment is complete. PPSA-NGO will work very closely with the doctor to ensure that the outcome is reported and recorded in Nikshay.	PPSA-NGO

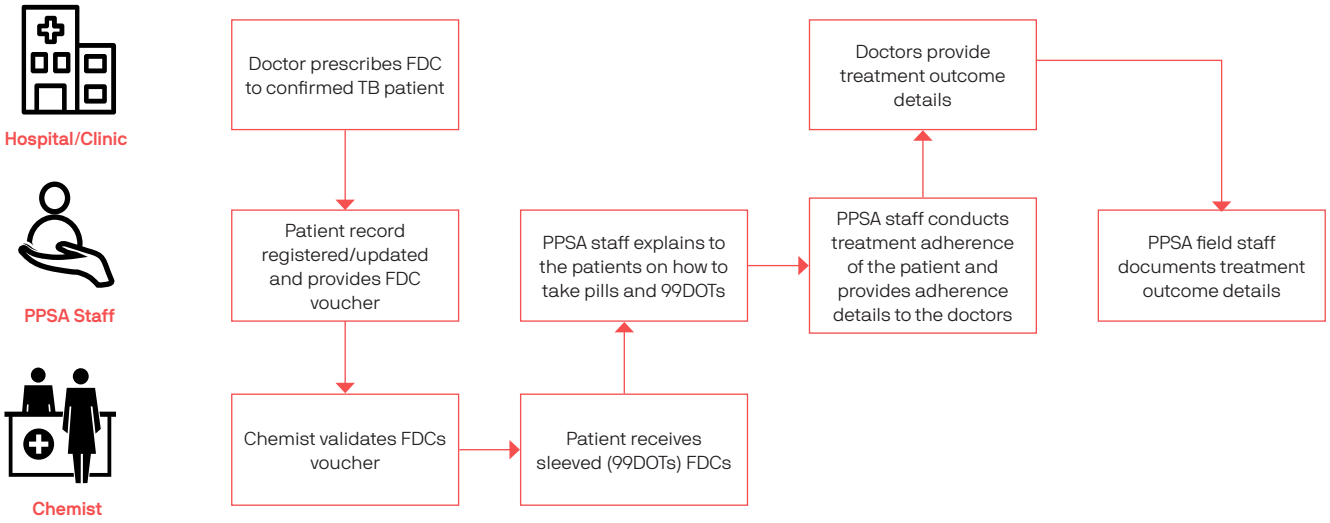
*The CTD is compiling a national mapping resource on the presence of private sector. It will be made available in mid-2019 and can be used to assess the load of TB in the private sector.

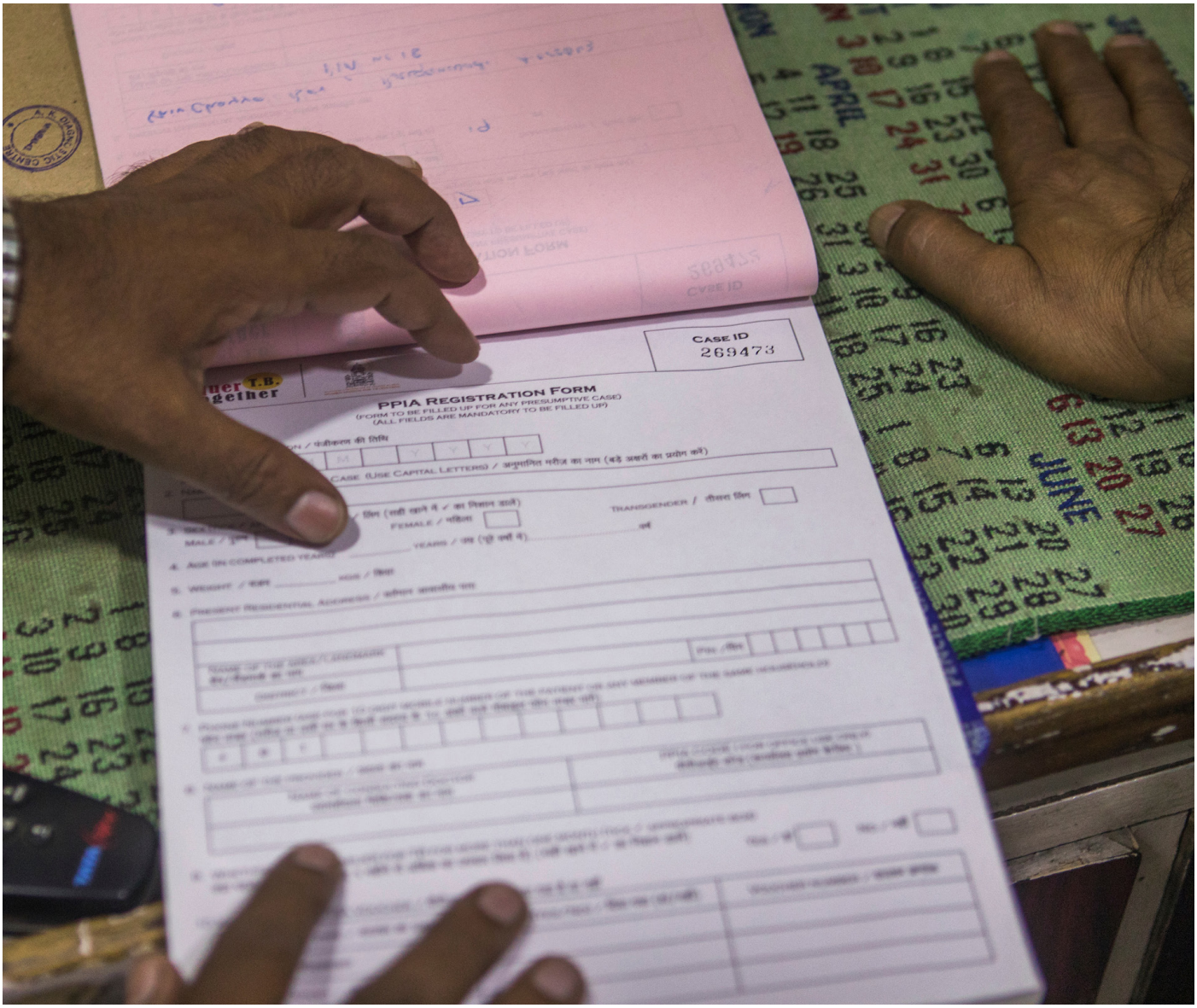
Here is a visual representation of the model in implementation:

Figure 2. Process flow of all components of PPSA.



FDC MANAGEMENT





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5 Monitor the performance of PPSA

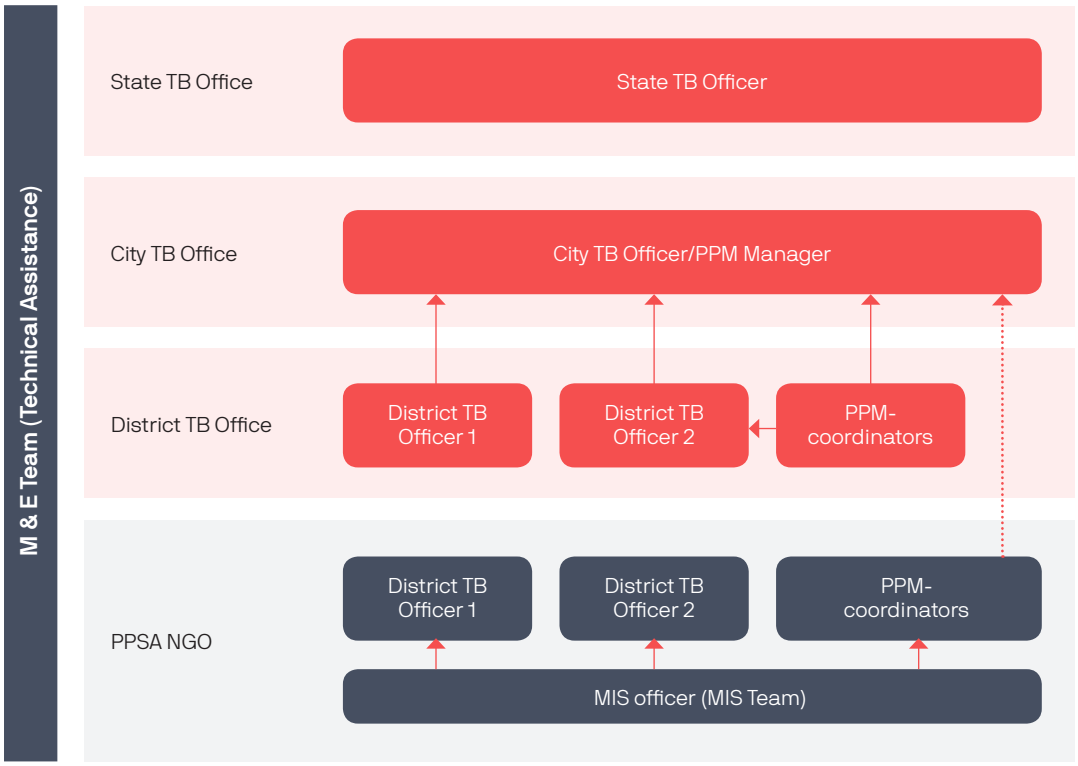
Once PPSA is implemented in your region, please ensure that a robust monitoring and evaluation (M&E) plan has been drafted in order to evaluate the performance of the model. The M&E of the PPSA program will be an ongoing activity and will be aligned to the deliverables and scope of work that you have defined for your region. The M&E team will continuously monitor the progress of different activities through a set of pre-defined indicators and share feedback with partners to make strategic decisions at the right time.

a. Why do you need an M&E plan for PPSA?

- An M&E plan provides an overview of the tools to be used for data collection and data reporting to monitor the progress of project activities and make data-based decisions.
- It helps stakeholders to have a common understanding on the processes, tools, timelines, and roles and responsibilities for data collection and reporting.
- It helps to collate project data for analysis, result sharing, and decision-making.

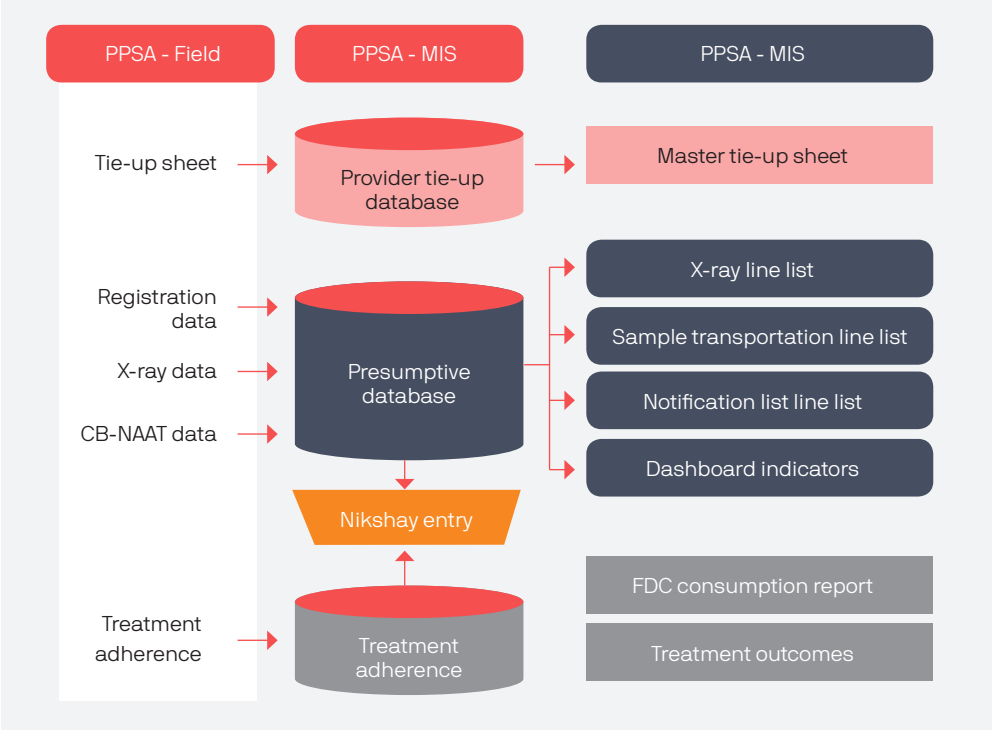
The figure below is an indicative structure for the M&E team. It is customizable as per the needs of your region.

Figure 3. A recommended M&E team structure.



b. What are the major sources of data and workflows required in the M&E plan?

Figure 4. Data and workflows required for the M&E plan.



c. What are the activities one should undertake to have an effective M&E plan?

- Have a data backup plan, which includes:
  - Maintaining the forms/vouchers in paper formats at the PPSA office in the district. The archival of formats/vouchers will be done by PPSA.
  - Archive the registers and formats until at least two years after the end of the project.
- Ensure data security, which includes storing hard copies of log books, data forms, and reports in locked cabinets and maintain soft copies that are password protected and accessed by the official in-charge only.
- PPSA will assign a unique identification number to all facilities and providers which will be maintained in central provider master database.
- PPSA will assign a unique identification code to all registered users. It which will be generated at the time of registration through registration forms.

d. What are the ways to ensure high-quality of data collected during the implementation of PPSA?

Data quality assurance should be built into the data collection, management, and reporting systems at all levels of PPSA. Here are some measures that your team can take to maintain high-quality of data.

- Train and orient the M&E team, field team, and private providers on the M&E formats. Conduct a reorientation workshop at regular intervals.
- Develop standard operating procedures for data collection tools to ensure standardization of practices.
- The DTO can verify the data against a set of indicators every month. It is recommended that 10% of all records are verified randomly. Based on the findings, the DTO can give feedback to the field teams and suggest changes. The supportive supervision visit will follow a set format to ensure that these visits are standardized.

- The M&E team can conduct meetings with the program staff and relevant stakeholders to discuss results and share feedback quarterly. The team should also conduct visits to project sites to reinforce the use of quality assurance measures.

e. What are the metrics that should be tracked in the M&E plan?

Indicator	Description
Total number of providers (formal and informal mapped)	Mapping conducted at initial phase of PPSA program. This indicator may further broken up into formal,informal providers and for labs and chemists
Total number of providers engaged in the PPSA program	Providers with whom the MoU is signed for PPSA services
Total formal providers active	Number of providers (MBBS and above) using any of PPSA services offered
Total number of chest X-rays done	Number of chest X-ray vouchers validated
% of X-rays positive	Proportion of X-ray positive among total X-rays conducted
	Numerator- No. of X-rays positive
	Denominator - Total X-rays done
No. of private sector samples tested at Public-Sector CB-NAAT labs	Number of samples tested at public-sector lab. This means number of reports available
% of patients testing positive on CB-NAAT	Proportion of tests reporting MTB detected (includes both MDR & non-MDR)
	Numerator: Number of tests reporting MTB detected (MDR % non MDR)
	Denominator: Total number of tests conducted
% of RR detected	Proportion of tests reporting Rifampicin resistant
No. of notifications	Total number of patients notified in Nikshay i.e. who have their Nikshay ID
% of pediatric cases among notified cases	Proportion of notified patients aged between 0-14
	Numerator: Number of notified patients between 0-14 years of age
	Denominator: Total number of notifications
% of pulmonary TB cases among notified cases	Proportion of notified patients having pulmonary TB
	Numerator: Number of notified patients having pulmonary TB
	Denominator: Total number of notifications
% of micro biologically confirmed cases	Proportion of notified patients diagnosed through microbiological tests
	Numerator: Number of notified patients diagnosed through microbiological tests
	Denominator: Total number of notifications
% of cases clinically diagnosed	Proportion of notified patients who are clinically diagnosed
	Numerator: Number of notified patients who are clinically diagnosed
	Denominator: Total number of notifications
% of TB patients screened for Diabetes Mellitus and HIV	Proportion of TB notified patients screened for diabetes and HIV (as separate indicators)
	Numerator: Number of patients are screened for diabetes/with HIV status known
	Denominator: Total number of TB notifications
% of patients initiated on FDC in this month	Proportion of notified patients from the reporting month who were initiated on (4,3,2 FDC)
	Numerator: Number of patients initiated on different categories of FDCs
	Denominator : Total number of notifications
% of patients on 99DOTS	Proportion of patients initiated on FDCs in reporting period who were registered on 99 DOTS
	Numerator: Number of patients initiated on FDCs in reporting period who were registered on 99 DOTS
	Denominator: Total number of patients initiated on FDCs
% of patients who received home visits or phone calls	Proportion of patients who either receive home visit or phone call among total notified patients in the reporting period
	Numerator : Number of patients who received a home visit / telephonic counselling
	Denominator: Total number of notifications

Please note that this list is not exhaustive, please add metrics as per the requirement of your region.

Recommended Team Structure for PPSA

The list of staff below is based on the number of activities that need to be done. The DTO and the PPSA-NGO can decide on the number of people required for each role as per the needs of the district. Depending on the actual requirements of the region and if the TB loads is low to moderate, the PPSA-NGO may merge certain field positions.

The PPSA model is jointly run by the RNTCP and the PPSA-NGO. Both organizations have dedicated staff and specific roles to run the program smoothly. Please find below, the recommended team structure to run PPSA in your region. Please note that the team structure is customizable to the needs of your region.

Please find below, details on the roles of responsibilities of the RNTCP staff, PPSA staff, private providers, and chemists:

1. Roles and responsibilities of RNTCP staff

RNTCP is responsible for the overall design and management of this program. Below are the key roles that the district-level RNTCP team needs to play for the successful functioning of PPSA in your region:

- Assess the need and type of private-sector engagement required in the region.
- Design the PPSA based on the needs assessment and propose the model in the PIP.
- Forecast the commodities (drugs, diagnostics, incentives, if applicable) requirements for the additional private-sector patients who will be notified.
- Undertake the steps to contract the PPSA-NGO.
- Train the selected PPSA-NGO on the principles and operations of the model.
- Lead the provider engagement process.
- Facilitate CME programs in the district.
- Train the PPM-coordinator to undertake monitoring and supervisory visits of PPSA operations.
- Organize monthly review meetings with key staff to gauge progress and track indicators.
- Support the PPSA-NGOs to overcome their operational challenges.

Please find below, the detailed roles and responsibilities of the RNTCP staff:

Table 3. RNTCP staff and their responsibilities.

Staff	Responsibilities
CTO/DTO	▪ Ensure that falcon tubes and biological requisition forms are distributed to the providers and replenished periodically. ▪ Ensure that PPSA-NGO submits monthly presumptive cases registered data and patients line list with diagnostic and treatment details and treatment outcomes. ▪ Ensure and verify that the chemists maintain data in the FDC register for all patients. ▪ Ensure that they receive the notification details shared by the PPSA-NGO on monthly basis. ▪ Ensure that the PPSA-NGO shares treatment outcomes with the DTO monthly. ▪ Review district data shared by PPSA-NGO and submit them to the City TB Office/State TB Office. ▪ Review the data quality on a regular basis with support from PPM-coordinators in the district. ▪ Undertake visits to supervise data collection or direct PPM-coordinators to ensure that data quality is maintained. ▪ Review region-level data of PPM activities and make decisions based on that. ▪ Review data quality for each region and suggest changes, if any. ▪ Communicate region-level decisions in data management systems.
PPM-Coordinator	▪ Ensure that public-sector lab technician maintain records and reports the CB-NAAT reports to private provider/District TB Centre/PPSA-NGO. ▪ Ensure that the public-sector lab technician shares the summary report on the samples of private-sector patients. ▪ Ensure that PPSA reports of presumptive patients and patients diagnosed are submitted regularly to the DTO. ▪ Inform the DTO on any field-related activities by acting as an interface between the DTO and PPSA. ▪ Engage with private providers for more use of FDCs and DOTs for private-sector patients. ▪ Monitor the patients on 99DOTS. ▪ Coordinate with the chemist and NGO-PPSA for FDC logistics. ▪ Prepare a supportive supervision visit plan each quarter to address data collection challenges faced by field teams and to triangulate the collected data. ▪ Organize CME in the district. ▪ Review the financial and programmatic documentation submitted by the PPSA-NGO

2. Roles and responsibilities of PPSA-NGO staff

Table 4. PPSA-NGO staff and their responsibilities.

Position/ Designation	Responsibilities
PPSA Project Coordinator	▪ Focal person to manage the PPSA operations and serves as the key contact point with RNTCP. ▪ Plan and monitor the project activities to ensure proper implementation of all the activities. ▪ Manage operations in the region and ensure that project targets are met. ▪ Directly supervise activities of field teams. ▪ Analyze performance and provide inputs to PPM-coordinators and field teams. ▪ Identify training needs for region and organize the same in coordination with RNTCP. ▪ Jointly work with PPM-coordinators to ensure that program requirements and field activities are aligned.
Operations Manager	▪ Verify and forward the engagement list to the PPSA-NGO for networking of hospitals, labs, chemists, formal providers, and informal providers ▪ Update the network list for hospitals, formal providers, and informal providers. ▪ Write letters to the providers with dosage chart and brochures. ▪ Meet the teams' need for any data requirement. ▪ Send monthly reports to PPM-coordinators on the provider performance and also share the target sheets with achievements.
Field Coordinator	▪ Support empaneled providers to notify TB patients in Nikshay. ▪ Follow-up with presumptive TB patients from empaneled facilities on X-ray status and guide patients on CB-NAAT sample collection procedures. ▪ Coordinate with SCT agents for sample collection and submission of test reports. ▪ Inform the physicians about the CB-NAAT test results of the patients. ▪ Record all the information of diagnostic tests and inform treatment coordinators about TB-positive cases. ▪ Coordinate with Treatment Coordinators for follow-up on linkages of patient to treatment. ▪ Coordinate with empaneled labs and chemists for documentation and reimbursements.
Treatment Coordinator	▪ Coordinate with the field coordinators to obtain information on TB-positive patients. ▪ Conduct initial communication with the patient and family member for information on TB, regimen, treatment adherence, nutrition etc. ▪ Conduct follow-up visits/calls to patients to track adherence. ▪ In consultation with the treating provider, ensure necessary support to patients in case of adverse drug reaction. ▪ Counsel patients and family members for continuous and complete course of treatment. ▪ Record treatment adherence on a monthly basis and treatment outcome at the end of treatment. ▪ Maintain duly completed patient records and share them the relevant members periodically. ▪ Provide information on social support/security schemes to the eligible patients.
Sputum Collection Agent	▪ Collect sample from the engaged hospital/clinic and transport it to laboratory in a timely manner. ▪ Ensure correct labelling of samples and cold chain management for collected samples. ▪ Segregate samples in coordination with the SCT agent based on the engaged public laboratories. ▪ Collect test reports from the laboratory and carry them to the respective private provider within 48 hours of sample collection. ▪ Maintain effective communication and coordination with SCT agent and public/private laboratory staff. ▪ Record maintenance of all the samples and test reports and fulfil all reporting requirements.
PPSA MIS Team	▪ Responsible for data entry in the format followed by the district. ▪ Share clean data and indicators with the DTO. ▪ Enter private-sector notifications in Nikshay. ▪ Share dashboard indicators with the City TB Office.

Position/ Designation	Responsibilities
PPSA M&E Team	▪ Provide support to set up M&E system for PPM schemes. ▪ Develop M&E frameworks and tools, and set-up data management systems. ▪ Orient PPSA team on the data system and reporting expectations. ▪ Support DTO and CTO in reviewing performance data and take data-backed decisions in the initial period of implementation. ▪ Provide support to PPM-coordinator to prepare a visit plan each quarter to address data collection challenges faced by field teams and to triangulate the collected data.
Administration Staff	▪ Responsible for back-end financial and administrative management – as per the PPSA-NGO's internal structure.

3. The private providers and chemists have an important role to play to ensure success of the PPSA program. Here are some of their responsibilities that you can share with them at the time of empanelment:

Private providers

- Identify presumptive TB and provide two falcon tubes to patients for sample collection.
- Inform patients about specimen collection points within the same facility or at an alternate location.
- Identify presumptive TB cases based on their clinical acumen.
- Ensure the presumptive cases are registered by PPSA staff.
- Ensure that all TB patients diagnosed by them are notified in Nikshay.
- Provide X-ray voucher and/or offer CB-NAAT for diagnosis to initiate treatment for TB.
- Inform and refer patients about the free sputum collection and transport services as well as CB-NAAT testing.
- Prescribe FDCs and refer the patients to empaneled chemists.
- Ensure the PPSA-NGO staff updates them on the CB-NAAT results and/or follows up with patients initiated on treatment.
- Provide treatment outcome for patients after treatment completion.
- Support the linkage of patients diagnosed with DR-TB to the public sector.
- Ensure that all TB patients are screened and tested for HIV and diabetes mellitus.

Chemist

- Collect the FDC voucher and a prescription copy for their record.
- Register the patient receiving FDC in their FDC register.
- Generate FDC zero billing/voucher invoice for validation of FDC dispensed.
- Dispense FDC with 99DOTS sleeves to patients.
- Ensure the voucher is validated before FDCs are dispensed to patients.
- Prepare a copy of invoice for the FDCs dispensed.
- Maintain a copy of prescription of the patients given FDCs.
- Inform the PPSA-NGO on the consumption and stocking of FDCs.
- Submit a consolidated report for reimbursement of FDC incentives.

Summary

This toolkit has been developed based on the experiences of the PPIA model implemented in three cities of India. It is a compilation of the best practices and intends to provide guidance to you so that you can launch a PPSA model in your region. It is completely customizable as long as all the services provided are under the purview of the STCI and RNTCP. It can be easily combined with models that are already implemented in your region.

To know more, please write to india@path.org

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