



Joint Effort for Elimination of Tuberculosis



Joint Effort for Elimination of Tuberculosis (JEET)

Annual Report

2018

It's Time



Centre for Health Research and Innovation



CLINTON HEALTH ACCESS INITIATIVE

Joint Effort for Elimination of Tuberculosis (JEET)

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2018



विकास शील
संयुक्त सचिव
VIKAS SHEEL
Joint Secretary



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06th March, 2019

MESSAGE

Tuberculosis remains a major public health problem despite noteworthy socio-economic development, advances and availability of technology. It is a curable disease but still millions suffer every year, resulting in devastating social & economic impact in India.

The private sector is massive, heterogeneous, and growing with a substantial proportion of TB patients in the country accessing care in the sector. In spite of mandatory notification, many patients are still not notified to the Revised National Tuberculosis Control Programme.

The project Joint Effort for Elimination of Tuberculosis (JEET), which is being implemented by the consortium consisting of William J Clinton Foundation (WJCF), Center for Health Research and Innovation (CHRI) and Foundation for Innovative and New Diagnostics (FIND) under the aegis of Central TB Division, Ministry of Health and Family Welfare and funded by the Global Fund has started to facilitate intensive engagement with the private sector to achieve universal access to quality diagnosis and treatment for TB and help the nation in achieving the target of TB elimination.

I wish the programme the very best and I also affirm that the Ministry of Health & Family Welfare and the Central TB Division are committed to and will ensure all necessary measures to achieve the vision of a "TB free India."


(Vikas Sheel)



Dr. K S SACHDEVA
Dy. Director General
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Dated : 27th February, 2019



Government of India has set the goal for Elimination of TB by 2025. Reaching patients in private sector is one of the key priority to reach this target. The collaboration with JEET project has increased access of private sector patients to free diagnosis, treatment and follow up care. It has also given a boost to the notifications and DBT.

With this value added initiative, I wish success to the entire team of JEET Project for successful implementation.

(Dr K S Sachdeva)

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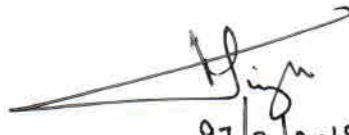
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MESSAGE

Private Sector Engagement is one of the top priorities of RNTCP. The JEET Project has raised hopes for effecting meaningful engagement with Private sector which will support RNTCP towards Ending TB by 2025.

I congratulate the JEET partners for conceptualizing the project and wish success for the Project.


27/2/2019
(Dr. V.S. Salhotra)

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Dated... 27/2/19

Message

The JEET Project is an innovative and highly ambitious initiative, we are trying to implement to achieve our goal for a TB Free India.

I wish the best for a successful implementation.


(Dr. Raghuram Rao)

डॉ. राघुराम एस. राव / Dr. RAGHURAM S. RAO
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Welcome to the JEET Annual Report



Last year was momentous. Through the JEET (Joint Effort for Elimination of Tuberculosis) partnership, we were able to launch the most comprehensive TB intervention yet, to engage the elusive private healthcare sector in India. JEET takes learnings from previous successful private sector linkage models conducted in Mumbai and Mehsana along with FIND's widely cited 10 city paediatric TB intervention and scales across the entire nation, covering a population of 996 million across 24 States.

India has the dubious distinction of contributing the highest number of tuberculosis cases globally. With an estimated annual incidence of 2.74 million cases, it is not an overstatement that India single-handedly sways global TB statistics. Currently, out of the 2.74 million, only about 1.9 million persons (70%) are reported to the National Tuberculosis Programme (NTP). The remaining are either left undiagnosed or seek care of unknown or sub-standard quality in the unorganised private sector.

The RNTCP in India launched the aspirational National Strategic Plan 2017-2025 which aims for elimination of TB from India by 2025. However, it is critical to engage the private sector to reach this ambitious goal. This realisation and need to engage the private sector has been at the foundation of genesis of JEET.

JEET aims to generate "top of the mind" awareness amongst private providers regarding TB diagnosis and treatment options. Patients approaching private providers and clinics often have high "customer service" expectations, hence JEET ensures seamless linkages to free public sector testing and treatment for patients accessing care in private sector. Overall JEET represents a highly sustainable model of public-private linkages that can inform the RNTCP about feasibility, cost and operational aspects of future private sector engagement schemes moving from "project" to "programme" mode.

I would like to take this opportunity to thank RNTCP, The Global Fund and MoHFW, Government of India who have chosen the path of bold leadership in the face of adversity. I also congratulate our consortium partners, William J Clinton Foundation (WJCF) and Centre for Health and Research and Innovation (CHRI), for their deep commitment towards achieving the collective JEET goal. Last but not the least, I would like to acknowledge the entire JEET team - our SR Partners at the States (KHPT, WHP and TBAI) and the foot soldiers - who through their everyday action bring closer to fruition the reality of a TB-free India. I hope this annual report provides you with an informative overview of the JEET team's activities through the year 2018.

A handwritten signature in black ink, appearing to read 'Sanjay Sarin', written in a cursive style.

Best,
Dr. Sanjay Sarin
Head, FIND India

Welcome Message from CHRI



India is currently the country with the highest burden for both tuberculosis (TB) and drug resistant tuberculosis (DRTB). Each year India reports over a million missing cases of TB that are not notified in the government system. It is estimated that more than half of all TB patients are treated in the private sector. Therefore, private sector engagement is critical if we have to lower the burden of TB in the country and move towards elimination.

JEET (Joint Effort for Elimination of Tuberculosis) is an innovative new initiative that aims to engage the private sector. The project was established by Centre for Health Research and Innovation, in partnership with William J Clinton Foundation and Foundation for Innovative New Diagnostics and is being funded by the Global Fund in collaboration with the Government of India. JEET has been created to establish sustainable and effective structures that can help strengthen existing systems while also seamlessly extending high quality care to TB patients in the private sector. JEET is the biggest public-private partnership to fight TB that the country has ever seen.

The Government of India has set in motion an ambitious National Strategic Plan 2017-2025 to eliminate TB with an emphasis on reaching those patients that are seeking care in the private sector. JEET will scale up the work that was started with the PPIA model in 2014 in Mumbai by PATH and partners, and in doing so, increase TB patient notifications across the country, help improve incorrect diagnosis and reduce the number of cases with incomplete treatment.

The large-scale project is estimated to result in over 1.6 million patient notifications over the span of 39 months. It is also expected that there will be a successful treatment outcome for 70% of cases.

JEET is a unique initiative that provides tailored services, segmented regionally. The services that will be delivered by the programme fall across two types of models. First, districts that fall under the Patient Provider Support Agency (PPSA) model and secondly, districts that fall under Technical Support in PPSA lite model. The PPSA model will be implemented by Centre for Health Research and Innovation across 29 cities and the PPSA lite model in 147 cities/districts across 10 states.

The coverage for these regions includes urban and peri urban areas around the PPSA geographies. JEET activities in the PPSA districts include mapping of private practitioners and engagement of potential providers, people that embody what the programme stands for. The project staff will provide the complete cascade of care to TB patients in the private sector. RNTCP staff will also be trained in order to be able to take on private sector engagement work.

Thanks to the JEET programme and the ever-increasing public-private linkages that the National Programme is creating, a TB free India doesn't seem too far removed from reality now. Wishing the JEET team all the very best with the hard work they are doing towards this goal every day.

A handwritten signature in black ink that reads "Neeraj Jain".

Neeraj Jain

CEO

Centre for Health Research and Innovation

Welcome Message from WJCF



The Ministry of Health and Family Welfare, in its national strategic plan for tuberculosis elimination (2017-2025), has set an ambitious goal of “achieving a rapid decline in burden of TB, morbidity and mortality” while working towards elimination of TB by 2025. Reaching TB patients in private sector has been identified as key to universal health coverage for TB care services in the programme.

Project JEET, launched by CHRI, FIND and WJCF and supported by the Global Fund, is the largest mission to reach TB patients seeking care in the private sector. The project is ambitious both in its scale and scope – reaching over 400 districts across the country and aiming to notify over 1.6 million TB cases over three years.

A project of such magnitude truly needs the “joint effort” of all stakeholders. Over the past year, JEET has successfully collaborated with several private providers, hospitals, NGOs and programme staff across the country to ensure that quality care is made available to TB patients in the private sector. While significant progress has been made this year, the road ahead is challenging but we are confident that shared values and belief in the goal of TB elimination will lead the way. We will continue to work with a sense of urgency and focus on saving lives and reducing the disease burden.

While there is a lot to be done going forward, I take this opportunity to thank the national TB programme (RNTCP), JEET team and implementing partner NGOs for their continued support and efforts in delivering quality TB care services.

Harkesh Singh Dabas

Managing Director
William J. Clinton Foundation

Abbreviations

CCM	Country Coordinating Mechanism
CHRI	Centre for Health Research and Innovation
CME	Continuing Medical Education
CO	City Officer
CTD	Central TB Division
DBT	Direct Benefit Transfer
DDG	Deputy Director General
DMC	Designated Microscopy Centre
DOTS	Directly Observed Treatment Short Course
DRS	Drug Resistance Surveillance
DRTB	Drug Resistant Tuberculosis
DST	Drug Susceptibility Testing
DTC	District Tuberculosis Centre
DTO	District Tuberculosis Officer
EPTB	Extra-pulmonary Tuberculosis
FDC	Fixed Dose Combination
FIND	Foundation for Innovative New Diagnostics
FO	Field Officer
GFATM	The Global Fund to Fight against AIDS, Tuberculosis and Malaria
GoI	Government of India
HA	Hub Agent
HIV	Human Immunodeficiency Virus
ICMR	Indian Council of Medical Research
ICT	Information and Communication Technology
IMA	Indian Medical Association
J&J	Johnson & Johnson
JEET	Joint Effort for Elimination of Tuberculosis
KHPT	Karnataka Health Promotion Trust
LFA	Local Fund Agent
MAMTA	Mamta Health Institute for Mother and Child
MDRTB	Multi Drug Resistant Tuberculosis
MIS	Management Information System
MJK	Maharashtra Jan Vikas Kendra
MNCHN	Maternal Newborn Child Health and Nutrition
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding



X

NGO	Non-Governmental Organisation
NPMU	National Programme Management Unit
NSP	National Strategic Plan
NTDs+M	Neglected Tropical Diseases and Malaria
NTI	National Tuberculosis Institute
NTP	National Tuberculosis Programme
NTWG	National Technical Working Group
OR	Operational Research
PATH	Programme for Appropriate Technology in Health
PD	Project Director
PPIA	Private Provider Interface Agency
PPM	Public-Private Mix
PPSA	Patient Provider Support Agency
PR	Principal Recipient
RCH	Reproductive and Child Health
RNTCP	Revised National Tuberculosis Control Programme
SCT	Sample Collection & Transport
SPMU	State Programme Management Unit
SR	Sub Recipient
STC	State TB Cell
STCI	Standards for TB Care in India
STDC	State Tuberculosis Training & Demonstration Centre
STO	State TB Officer
TB	Tuberculosis
TBAI	TB Alert India
TBHV	Tuberculosis Health Visitor
TC	Treatment Coordinator
ToT	Training of Trainers
TU	Tuberculosis Unit
WHO	World Health Organisation
WHPs	World Health Partners
WJCF	William Jefferson Clinton Foundation
WVI	World Vision India
XDR-TB	Extensively Drug Resistant TB



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JEET

Introduction and Project Framework

Although standardised TB care in India is delivered by public sector through Revised National Tuberculosis Control Programme (RNTCP), private sector is the first point of contact for 50-80% of patients. 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 private sector effectively is crucial to achieving universal access to quality diagnosis and treatment for TB. There are gaps across the patient care cascade on account of under reporting, diagnostic delays, irrational and unsupported treatment and catastrophic out of pocket expenditure to patients. These challenges have made it difficult for programme to effectively engage with the private sector as evidenced by limited uptake of RNTCP Public-Private Mix (PPM) schemes. Other areas like absence of policy for private sector engagement; vacant HR posts, limited capacities and resources at state and district level; insufficient tariff norms for service delivery under the existing PPM schemes and challenging financial mechanisms of payments under PPM schemes also make engagement difficult.

The RNTCP has worked around these challenges by mandating TB notification, developing guidelines for private sector engagement, provisioning PPM coordinators at district level, prioritising and increasing fund allocation for private sector under NSP including provisioning of Direct Benefit Transfer (DBT). However, gaps remain and in order to meet the ambitious National Strategic Plan (NSP) 2017-25 targets, intensified continuous engagement with private sector is required. In order to address these challenges, project “Joint Effort for Elimination of Tuberculosis” (JEET) was envisaged. The key objective of this project is to set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients seeking care in private sector. Building upon joint successes and learnings of partner organisations in the consortium, the project is designed to address inefficiencies in every step of the patient care cascade along with building the programme’s management capacity, specifically to:

1. Develop an insight into private sector by conducting mapping & prioritising of private sector healthcare providers.



- Facilitate nationwide access to RNTCP approved affordable TB diagnostics for patients seeking care in the private sector through public and private lab network for quality diagnosis and increased notifications.
- Facilitate nation-wide access to early, appropriate and free treatment initiation, public health actions and adherence support systems for patients seeking care in the private sector.

The project takes a multi-pronged approach in engaging with private sector, as part of NSP mantra to “**go where the patients go**”. The project contracted agencies at district level to work closely with the patient and all patient touch-points including chemists, pharmacies, clinics, providers, hospitals, laboratories, and RNTCP. Overall, the project engages with RNTCP network at national, state and district levels.

JEET Consortium



2

Centre for Health Research and Innovation (CHRI), being a Programme for Appropriate Technology in Health (PATH) affiliate, is suitably positioned to create valuable impact in the public health space in India especially where only local entities are eligible for the funding opportunity. By establishing a local entity, PATH is able to strengthen and expand its footprint in India. CHRI aligns its strategy with that of PATH India and focuses on System and Service Innovation. CHRI, through its work strengthens PATH's core strategy by serving women and children, putting country needs first and driving collaboration. It will have four programme verticals: Maternal Newborn Child Health and Nutrition (MNCHN), Tuberculosis and Human Immunodeficiency Virus (TB/HIV), Neglected Tropical Diseases and Malaria (NTDs+M) and Vaccines.

Foundation for Innovative New Diagnostics (FIND), is an international non-profit organisation that enables the development and delivery of much-needed diagnostic tests for poverty-related diseases, including tuberculosis, malaria, HIV/AIDS, sleeping sickness, hepatitis C, leishmaniasis, Chagas disease, Buruli ulcer, febrile illnesses and infectious diseases with outbreak potential, such as Ebola. FIND acts as a bridge between experts in technology development, policy and clinical care, reducing barriers to innovation and effective implementation of diagnostic solutions in low- and middle-income countries. FIND has active collaborations with more than 200 partners, including research institutes, academia, health ministries and bilateral and multilateral organisations. In collaboration with the Global Fund, FIND continues to build TB laboratory capacity and implement high-quality diagnostics by developing liquid culture and Drug Susceptibility Testing (DST) labs in India. In addition, FIND implemented a flagship paediatric TB project in 10 cities of India which facilitated policy decision on diagnosis of TB in children.

William J Clinton Foundation (WJCF) is a global health organisation committed to saving lives and reducing the burden of disease in low-and middle-income countries, while strengthening the capabilities of governments and the private sector in those countries to create and sustain high quality health systems that can succeed without our assistance.



Implementation Models under JEET Project

Proposed Approach

The project proposes mapping of and engagement with private sector in urban agglomerates while working closely with RNTCP at all levels – national, state and district/cities/towns with varying intensity. The project proposes to do activities in 33 RNTCP districts through Patient Provider Support Agency (PPSA) and 358 RNTCP districts through PPSA lite activities detailed below.

The State Programme Management Unit (SPMU) coordinates project efforts while working closely with State TB Cell. The areas for intensified activities have been prioritised based on population, estimated TB burden, existing private sector. All activities under the programme roll up into the National Programme Management Unit (NPMU).

JEET Project Structure

JEET Secretariat consists of representatives from consortium partner organisations. The Secretariat provides guidance to the consortium, reviews its progress and resolves any conflicts/programmatic issues through consensus. It also has the responsibility of overseeing JEET progress, course corrections as needed and advocating progressive policies for enhanced private sector engagement. To cater to the ever-changing TB landscape, Secretariat also recommends need based strategies for effective private sector engagement across regions. The Secretariat continues to seek guidance from RNTCP, WHO and partners from time to time.

National Programme Management Unit

The NPMU, hosted by each of the consortium partners, ensures private sector engagement coordinated across the country, compliance with The Global Fund to Fight against AIDS, Tuberculosis and Malaria (GFATM) processes and overall performance of the project.



NPMU further ensures data verification through regular grant monitoring visits (both technical and financial aspects), enables standardised recording and reporting mechanism for timely and quality assured submission of data from the Sub Recipients and submission of necessary information/ data to the Global Fund and Ministry of Health and Family Welfare (MoHFW) as per the required frequency.

Furthermore, NPMU supervises and coordinates activities being conducted through SPMUs. It is responsible for technology, communications and periodic updates to stakeholders regarding programme plans and progress.

State Programme Management Unit

SPMUs oversee JEET activities across the state and ensure alignment with PPM goals and also advocate and assist in expedited state roll-out of nationally adopted policies. SPMU, headed by State PPM Lead and supported by Operations Manager is responsible for strengthening PPM activities in the concerned state through PPSAs, sensitisation/support to RNTCP PPM staff and managing Sub Recipients (SRs)/implementing partners. It also acts as a link between NPMU and implementation geographies under the project.

SPMU sensitises RNTCP state and district staff on PPM strategies, activities proposed under NSP and supports capacity building of the RNTCP PPM staff by conducting trainings/workshops at district and state level. The SPMU also consists of a Data Analyst (DA) with core competencies of data review and analysis to facilitate effective private sector engagement and notifications.

Patient Provider Support Agency

PPSA is responsible for continuous, end-to-end engagement of private sector to provide quality TB services to patients seeking care in private sector. SPMU is responsible for supportive supervision, monitoring, training and evaluation of PPSA cities. Engagement with private providers with high TB patient load (henceforth, referred to as TB champion providers) and patients seeking care from them is supported by PPSA.

The PPSA Model of Implementation

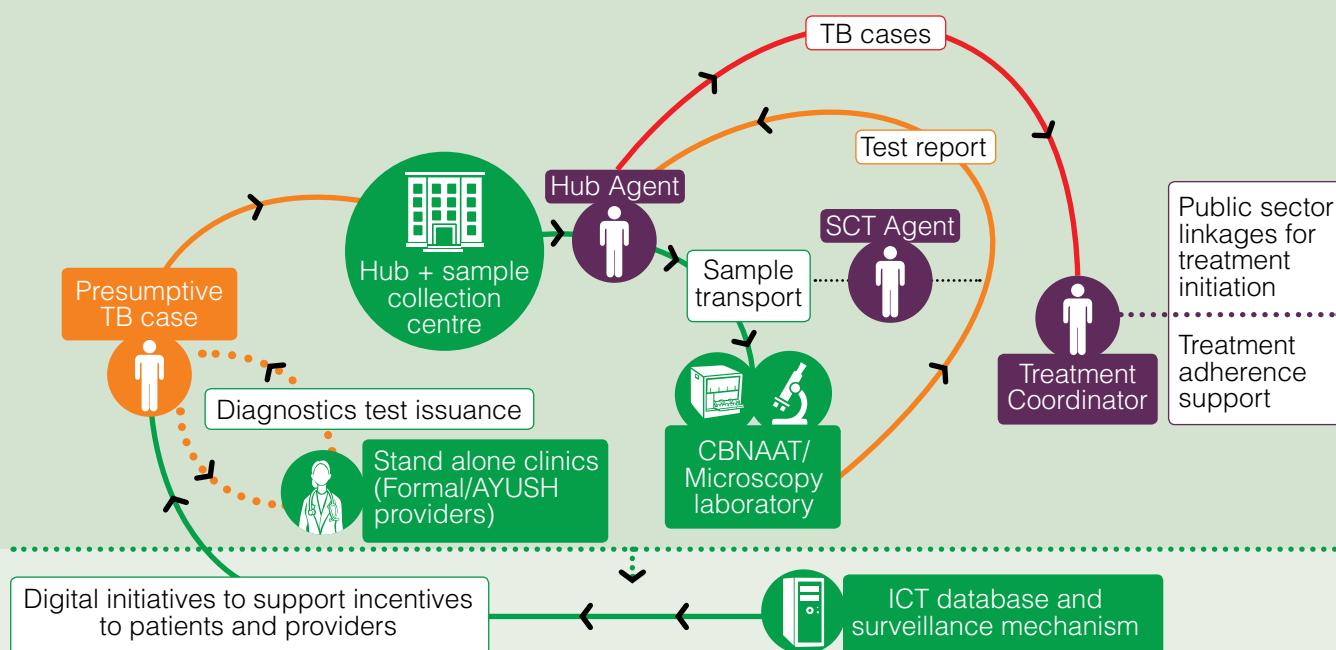
The PPSA Model has the following key components:

- 1. Engagement of private providers** – PPSA Field Officers network with private sector providers. PPSA conducts training/sensitisations for potential/engaged private practitioners with the objective of improved quality of TB care in the private sector. Field Officers also ensure periodic touch-points and follow-up with private sector providers in order to resolve any issues faced by the private providers. PPSA promotes quality and early diagnosis, use of rapid microbiological diagnostics and DST, TB notifications, treatment as per Standards for TB Care in India (STCI) and utilisation of available public sector services for the patients seeking care in the private sector.
- 2. Notification of TB patients** – PPSA supports engaged private sector providers for TB notifications in Nikshay through sensitisation of private practitioners and by establishing mechanisms/modalities to support private sector notifications.



3. **Linkage to free diagnostics services by the programme** – All the presumptive TB cases identified by the engaged providers under PPSA are linked to RNTCP provided free TB diagnostics services. PPSA also promotes engagement of private laboratories to improve the diagnostics and follow-up capacity in the district/city/town. Free diagnostics services provided by RNTCP are extended through sample transport mechanism established under PPSA.
4. **Linkage to free treatment services by the RNTCP and support for treatment adherence** – PPSA also leverages RNTCP provided Fixed Dose Combinations (FDCs) in the private sector (as mentioned in the NSP) and provide to patients in private sector through engaged private sector practitioners and chemists. Provision for linking patients to public sector for initiation of treatment of first line TB and DR-TB is also facilitated. In addition, treatment adherence support is provided to patients through a team of Treatment Coordinators and through an RNTCP provided Information and Communication Technology (ICT) enabled mechanism/ Call Centre for reminder SMS and phone calls, provisioned to be provided to private sector along with Nikshay wherever available as per the NSP. PPSA also proposes to link eligible TB patients to applicable social support schemes.
5. **Incentives to patients and private providers** – RNTCP provisioned incentives as per the NSP are being facilitated to the PPSA engaged private providers and patients seeking care through them.

The service delivery model for PPSA



PPSA lite Model of Implementation

The country is implementing PPSA lite PPM model led by RNTCP District TB Programme Managers with support from city officer and other RNTCP staff, including PPM coordinator, TBHVs and TB supervisor (new private sector specific position) provisioned for in the NSP.

For PPSA lite districts, following activities are supported by the city officer and SPMUs in the PPSA lite cities in close association with RNTCP staff to ensure sustainability and transferability of capacity and learnings.

- 1. Capacity building** – Under the guidance of SPMU and with support of key personnel from PPSA cities, city officer for PPSA lite RNTCP districts builds capacity of RNTCP's private sector engagement network (PPM coordinators, TBHVs, TB supervisor - new position for private sector engagement under NSP), through trainings, providing job aids, information materials etc.
- 2. Engagement of private providers** – The city officer assists TBHVs, PPM coordinators, TB supervisor (new position for private sector engagement under NSP) and other district level staff to engage with private sector providers. Job aids, adherence support materials, etc. are made available to PPSA lite cities to enable appropriate diagnosis, notification and treatment initiation per STCI.
- 3. Notification of TB** – The city officer also supports planning and execution of activities for private sector providers for TB notifications in Nikshay through sensitisation of private providers via existing programme staff and overall JEET activities in the state and by establishing mechanisms/modalities to support private sector notifications into Nikshay as mentioned in NSP.
- 4. Free diagnostics and treatment services** – Training/sensitisation of private sector is taken up to promote utilisation of free diagnostics and treatment services of TB available in public sector, as per the NSP. Efforts are made to promote programme provided ICT enabled adherence mechanism in private sector. SPMU provides technical assistance for extending linkages to social welfare schemes in PPSA lite cities.



Project Targets



Risks and Dependencies

For the successful implementation of JEET, there is a substantial dependence on the timely and complete implementation of all the interventions envisaged in the NSP 2017-2025. Delays in implementation of NSP provisions like free drugs and diagnosis provided by programme to private sector, Nikshay roll out, availability of RNTCP positions for private sector (PPM coordinator, TBHVs, new proposed position of TB Supervisor), 99DOTS adherence mechanism (associated call centre), and regulatory measures may directly impact project delivery. Vacant positions of

PPM coordinators and other private sector relevant field staff along with prolonged infrastructural constraints (FDC, CBNAAT availability) at the field may also delay implementation. Additionally, the success and scalability of the programme and learnings thereof necessitate an effective and supportive National Technical Working Group (NTWG) and overall buy in from CTD, NTWG and RNTCP machinery at states and district. Frequent, long delays in grant disbursement may pose financial risks that would need to be proactively managed through support from RNTCP and GFATM. As such, the targets can't be achieved without the required inputs from the programme, in the form of diagnostics, drugs, ICT, district staff cooperation, etc.

JEET plans to overcome these risks by working closely with RNTCP and the State TB Cell to plan ahead and ensure close alignment with RNTCP on priority areas for FDC roll out, streamlined CBNAAT availability, Nikshay, 99DOTS roll out, continued supply side support and advocacy to ensure access to programme-provided commodities, services and meeting of other NSP dependencies. To address potential financial risks, we have strong financial systems that are being further strengthened to support the Global Fund Project appropriately.

To ensure best financial practices are followed throughout the project scope, NPMU also ensures periodic evaluation and audits. Global Fund guidelines around internal and external audits are also complied with.

The list of PPSA and PPSA lite districts being catered by the consortium partners are as follows:

Coverage

PR	States	Number of PPSA Districts	Number of PPSA lite Districts	Population Covered
CHRI	Assam	Assam (1)	Assam (11)	Assam 1,67,10,391
	Chhattisgarh	Maharashtra (13)	Chhattisgarh (18)	Chhattisgarh 2,36,56,839
	Goa	Uttar Pradesh (15)	Goa (1)	Goa 15,04,245
	J&K		J&K (1)	J&K 17,25,936
	Jharkhand		Jharkhand (8)	Jharkhand 1,64,99,788
	Kerala	Total: 29 PPSA districts	Kerala (14)	Kerala 3,39,73,596
	Maharashtra		Maharashtra (36)	Maharashtra 10,40,17,796
	Odisha		Odisha (10)	Odisha 1,98,05,350
	Uttarakhand		Uttarakhand (3)	Uttarakhand 49,61,425
	Uttar Pradesh		Uttar Pradesh (45)	Uttar Pradesh 17,72,30,894
			Total: 147 PPSA lite districts	
Total				40,00,86,260



PR	States	Number of PPSA Districts	Number of PPSA lite Districts	Population Covered	
FIND	Punjab	Punjab (2)	Himachal Pradesh (4)	AP	5,14,83,722
	West Bengal	West Bengal (11)	Chandigarh (1)	Chandigarh	11,33,639
	Andhra Pradesh	Andhra Pradesh (1)	Punjab (6)	HP	40,99,106
	Telangana State	Telangana State (4)	West Bengal (18)	Karnataka	4,94,72,592
	Karnataka	Karnataka (3)	Andhra Pradesh (12)	Punjab	1,66,94,152
	Himachal Pradesh	Total: 21 Districts	Telangana State (16)	Telangana	2,67,78,111
			Karnataka (16)	WB	7,84,37,972
			Total: 73 Districts		
Total				22,80,99,294	
WJCF	Bihar	Bihar (1)	Bihar (27)	Bihar	92,812,979
	Delhi	Delhi (25)	Delhi (0)	Delhi	18,024,798
	Gujarat	Gujarat (4)	Gujarat (30)	Gujarat	64,462,573
	Haryana	Haryana (1)	Haryana (15)	Haryana	22,664,913
	Madhya Pradesh	Madhya Pradesh (2)	Madhya Pradesh (26)	Madhya Pradesh	51,245,099
	Rajasthan	Rajasthan (2)	Rajasthan (22)	Rajasthan	59,249,011
	Tamil Nadu	Tamil Nadu (4)	Tamil Nadu (21)	Tamil Nadu	59,669,630
		Total: 39 Districts	Total: 141 Districts		
Total				36,81,29,003	
Grand Total				99,63,14,557	

WJCF: William J. Clinton Foundation, CHRI: Centre for Health Research and Innovation, FIND: Foundation for Innovative New Diagnostics

The PPSA implementation partners (Sub Recipients) contracted by each consortium partner are as follows:

PR	Name of SR	PPSA Covered
CHRI	World Vision India (WVI)	1 in Assam - Guwahati 4 in Maharashtra - Bhiwandi Nizampur, Kalyan Dombivli MC, Mira Bhayander, Vasai Virar
	Maharashtra Jan Vikas Kendra (MJK)	1 in Maharashtra - Thane
	ALERT India	8 in Maharashtra - Aurangabad MC, Kolhapur, Nashik, Navi Mumbai, Pimpri Chindwad, Pune, Raigarh MH, Sholapur MC

PR	Name of SR	PPSA Covered
	LEPRA	4 in Uttar Pradesh - Allahabad, Gorakhpur, Jaunpur, Varanasi
	MAMTA	11 in UP - Agra, Aligarh, Bareilly, Ghaziabad, Gautam Buddha Nagar, Meerut, Moradabad, Mathura, Jhansi, Lucknow, Kanpur Nagar
FIND	TB Alert India (TBAI)	4 in Telangana - Hyderabad, Rangareddy, Vikarabad, Medchal 1 in Andhra Pradesh - Vishakhapatnam
	Karnataka Health Promotion Trust (KHPT)	3 in Karnataka - Bengaluru City, Bengaluru Urban and Bengaluru Rural
	World Health Partners (WHP)	11 in West Bengal - Alipore, Bagbazar, Behala, Boral, Haora, Hazi, Maniktala, Manshatala, Strand Bank, Tangra, Tollygunge 2 in Punjab - Jalandhar, Ludhiana
WJCF	TB Alert India (TBAI)	25 in Delhi - Bijwasan, BJRM Chest Clinic, BSA Chest Clinic, CD Chest Clinic, DDU Chest Clinic, GTB Chest Clinic, Gulabi Bagh, Hedgewar Chest Clinic, Jhandewalan, Karawal Nagar, Kingsway, LN Chest Clinic, LRS, MNCH Chest Clinic, Moti Nagar, Narela, NDMC, Nehru Nagar, Patparganj, RK Mission, RTRM Chest Clinic, SGM Chest Clinic, Shahdara, SPM Marg, SPMH Chest Clinic 1 in Haryana - Gurgaon
	Lepra India	2 in Madhya Pradesh - Bhopal, Indore
	World Health Partners (WHP)	4 in Gujarat - Ahmedabad, Ahmedabad MC, Surat, Surat Municipal Corporation, 1 in Bihar - Darbhanga
	World Vision India (WVI)	4 in Tamil Nadu - Chennai, Central Chennai, North Chennai, South Chennai 2 in Rajasthan - Jaipur, Jaipur DTC II







Progress Update

The Launch

The Joint Effort for Elimination of Tuberculosis (Project JEET) was launched at Delhi on 15th May 2018. Mr Vikas Sheel, IAS, Joint Secretary, Ministry of Health and Family Welfare was the chief guest for the launch. The occasion was graced with the presence of DDG-TB, Additional DDG-TB and Deputy Director, Central TB Division. The keynote address by Mr Vikas Sheel set the tone for need and importance of private sector engagement in the mission of TB elimination. The launch was attended by more than 150 participants with key officials from state and central government along with members representing various non-government organisations, donors and TB advocacy groups.



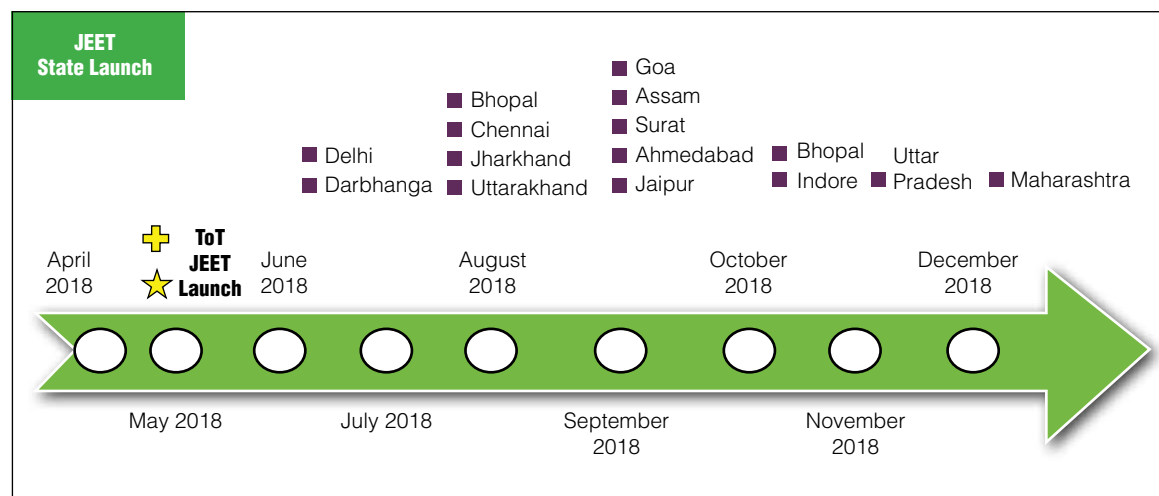
JEET National Launch, Delhi, 15th May 2018

National Training

The launch event was followed by a three day comprehensive training programme on **Training of Trainers** (ToT). This was conducted from 16th-19th May 2018 at New Delhi. The objective of the ToT was to discuss and disseminate the learnings from previous PPIA (Private Provider Interface Agency) projects to the National and State Programme Management units of JEET consortium. ToT had a mix of trainer led sessions interlaced with break-out sessions promoting collaborative learning.

The key outcome of ToT programme was the empowerment of the state programme units to cascade the training to the SR staff of their respective states.

State Launch and Training



The period from June 2018 to December 2018, marked the beginning of JEET operations across geographies. The state launch meetings were attended by representatives of state government along with the SR staff. The state launch meetings were executed in close integration with the regional training so as to equip the programme staff with necessary skill and knowledge for effective project operations. Apart from the project related training the programme staff was also trained on soft skills in patient engagement and communication.



JEET State Launch, Delhi





JEET State Launch Bengaluru, Karnataka



JEET State Launch Bhopal, Madhya Pradesh



JEET State Launch Hyderabad, Telangana



SECRETARIAT MEETING

Senior management of JEET consortium partners met in November 2018 to discuss the progress of the project. The Secretariat meeting served as a platform to gain a holistic view of programme operations and achievements. One of the key outcomes of the meeting was that it facilitated the strategic alignment of programme operations across partners so as to achieve the programme goals.

Other Meetings & Trainings

The period from May 2018 - Dec 2018 also witnessed a series of state level reviews, meetings and trainings for programme review and monitoring. The details are as below:

CHRI				
Meeting	No. of meetings held	Nature of meetings	Dates of meetings	
Coordination meetings	4	PR Coordination Committee meeting	Aug 2018	Sep 2018
		JEET Secretariat meeting (Internal)	Nov 2018	
		PR meeting (with NTP)	May 2018	
Review meetings	16	Review by MoHFW	Aug 2018	Nov 2018
		Review of SPMU	Sep 2018	Dec 2018
		Review of PPSAs (two meetings)	Sep 2018	Dec 2018
		Review PPSA lite districts (8)	Dec 2018	
Meeting with state officials	12	Uttar Pradesh	May 2018	Jun 2018
		Maharashtra	June 2018	
		Assam	Aug 2018	
		Jharkhand	July 2018	
		Chhattisgarh	Aug 2018	
		Odisha	Aug 2018	
		Goa	Sep 2018	
Internal meetings	6	NPMU	Aug 2018	Nov 2018
		SPMU	Aug 2018	Oct 2018



16

FIND			
	Meeting/Training	Date	Venue/Place
Andhra Pradesh			
1	SR field staff training	25-26 th Sep, 2018	SPMU Office
2	Quarterly review meeting of Caliber staff (COs & FOs)	4 th Oct, 2018	
3	SR monthly review meeting	22 nd Oct, 2018	
4	SR monthly review meeting	30 th Nov, 2018	
5	CO quarterly review meeting	5 th Dec, 2018	
6	SR monthly review meeting	31 st Dec, 2018	

FIND			
	Meeting/Training	Date	Venue/Place
Telangana			
7	SR field staff training – batch one	11-12 th Sep, 2018	Don Bosco Training Centre
8	Refresher training for TCs & SCT agents	28 th Sep, 2018	
9	SR field staff training – batch two	09-10 th Oct, 2018	Don Bosco Training Centre
10	Follow up training for hub agents	22-23 rd Oct, 2018	
11	Follow up training of TCs	24 th Oct, 2018	
12	Follow up training for SCT agents	26 th Oct, 2018	
13	Review meeting of TCs	13 th Nov, 2018	
14	Informal training of hub agents	15-16 th Nov, 2018	
15	Review meeting of field staff	03 rd Dec, 2018	
16	SR field staff training – batch three	04-05 th Dec, 2018	
17	Review meeting of TCs	13 th Dec, 2018	
18	Review meeting of field staff	21 th Dec, 2018	
19	Review meeting of field staff	31 th Dec, 2018	
Punjab			
20	SR field staff training – Jalandhar	14 th Dec, 2018	
21	SR field staff training – Ludhiana	15 th Dec, 2018	
22	SR review meeting – Ludhiana	26 th Dec, 2018	
23	SR review meeting – Jalandhar	28 th Dec, 2018	
West Bengal			
24	CO review meeting	25 th Jul, 2018	
25	FOs monthly review meeting	26 th Jul, 2018	
26	Meeting with Howrah DTO regarding hub sites	03 rd Aug, 2018	
27	SR field staff training	27-30 th Aug, 2018	
28	SPMU monthly review meeting	04 th Sep, 2018	
29	Monthly meeting with FOs – Kolkata	12 th Sep, 2018	
30	Meeting with Behala DTO regarding hub sites	06 th Oct, 2018	
31	SR & SPMU review meeting	08 th Oct, 2018	
32	CO review meeting	16 th Oct, 2018	
33	Coordination meeting with RNTCP and JEET - Alipur	17 th Nov, 2018	
34	Coordination meeting with RNTCP and JEET – Hazi	19 th Nov, 2018	
35	Coordination meeting with RNTCP and JEET – Tangra	20 th Nov, 2018	
36	Coordination meeting with RNTCP and JEET – Maniktala	24 th Nov, 2018	



FIND			
	Meeting/Training	Date	Venue/Place
37	Coordination meeting with RNTCP and JEET – Bagbazar	26 th Nov, 2018	
38	Coordination meeting with RNTCP and JEET – Behala	27 th Nov, 2018	

WJCF			
	Meeting/Training	Date	Venue/Place
Jaipur			
1	CO quarterly review meeting	4 th Sep, 2018	SPMU Office
2	FO weekly meeting	4 th Oct, 2018	SPMU Office
3	SR monthly review meeting	18 th Oct, 2018	WVI Jaipur Office
4	Meeting with PD	27 th Oct, 2018	WVI Jaipur Office
5	FO weekly meeting	3 rd Nov, 2018	SPMU Office
6	SR monthly review meeting	9 th Nov, 2018	WVI Jaipur Office
7	FO weekly meeting	15 th Nov, 2018	SPMU Office
8	SR monthly review meeting	2 nd Dec, 2018	WVI Jaipur Office
9	Meeting with PD	14 th Dec, 2018	WVI Jaipur Office
10	Meeting with PD	19 th Dec, 2018	WVI Jaipur Office
11	Nikshay training for TC	3 rd Jan, 2018	WVI Jaipur Office
12	SR monthly review meeting	10 th Jan, 2018	WVI Jaipur Office
13	CO quarterly review meeting	19 th Jan, 2018	SPMU Office
14	FO weekly meeting	30 th Jan, 2018	SPMU Office
15	Meeting with PD	31 st Jan, 2018	WVI Jaipur Office
16	SR monthly review meeting	4 th Feb, 2018	WVI Jaipur Office
17	Data analyst training (Haryana & Chennai)	6 th Feb, 2018	Zoom/Online
18	FO weekly meeting	9 th Feb, 2018	SPMU Office
19	FO weekly meeting	14 th Feb, 2018	SPMU Office
20	SR staff refresher training	22 nd Feb, 2018	WVI Jaipur Office
21	SR monthly review meeting	6 th Mar, 2018	WVI Jaipur Office
22	FO weekly meeting	9 th Mar, 2018	SPMU Office
23	Data analyst training (MP & Haryana)	12 th Mar, 2018	Zoom/Online
24	FO weekly meeting	15 th Mar, 2018	
Bihar			
25	PPSA launched and Field Team training (SR Team, PPSA lite Team)	25-27 th July, 2018	Darbhanga
26	CO quarterly review meeting	30 th Aug, 2018	SPMU office Patna

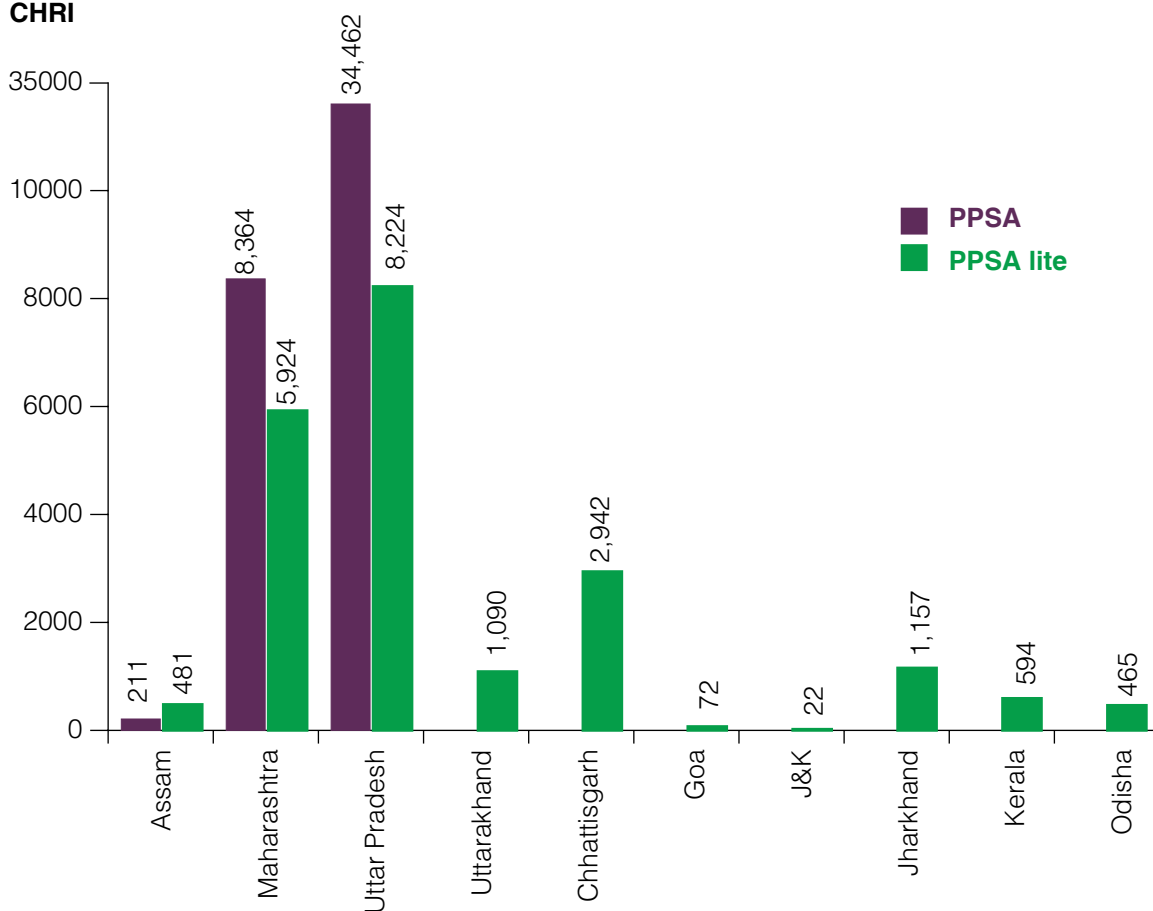


WJCF			
	Meeting/Training	Date	Venue/Place
27	SR review meeting	9 th Oct, 2018	SR Office Darbhanga
28	CO quarterly review meeting	31 Oct-1 st Nov, 2018	SPMU office Patna
Delhi			
29	FOs monthly review meeting	01 st Oct, 2018	WJCF Office
30	FOs monthly review meeting	26 th Oct, 2018	WJCF Office
31	FOs monthly review meeting	02 nd Nov, 2018	WJCF Office
32	Follow up training for hub agents	29 th Nov, 2018	TBAI Office
33	FOs monthly review meeting	14 th Dec, 2018	WJCF Office
34	SR field staff training	25 th Dec, 2018	TBAI Office
Madhya Pradesh			
35	SR staff retraining	10 th -12 th Oct, 2018	
36	CO quarterly review	13 th Oct, 2018	

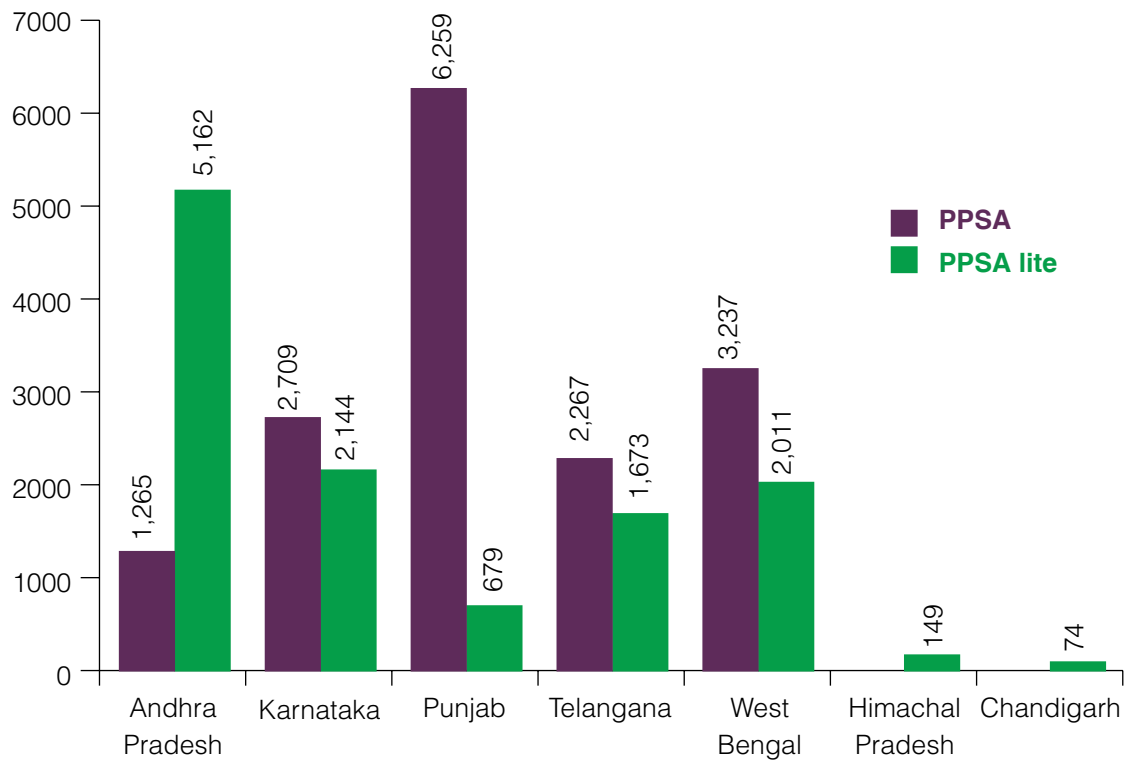
State-wise Progress Update

Notifications (Jan-Dec 2018)

CHRI

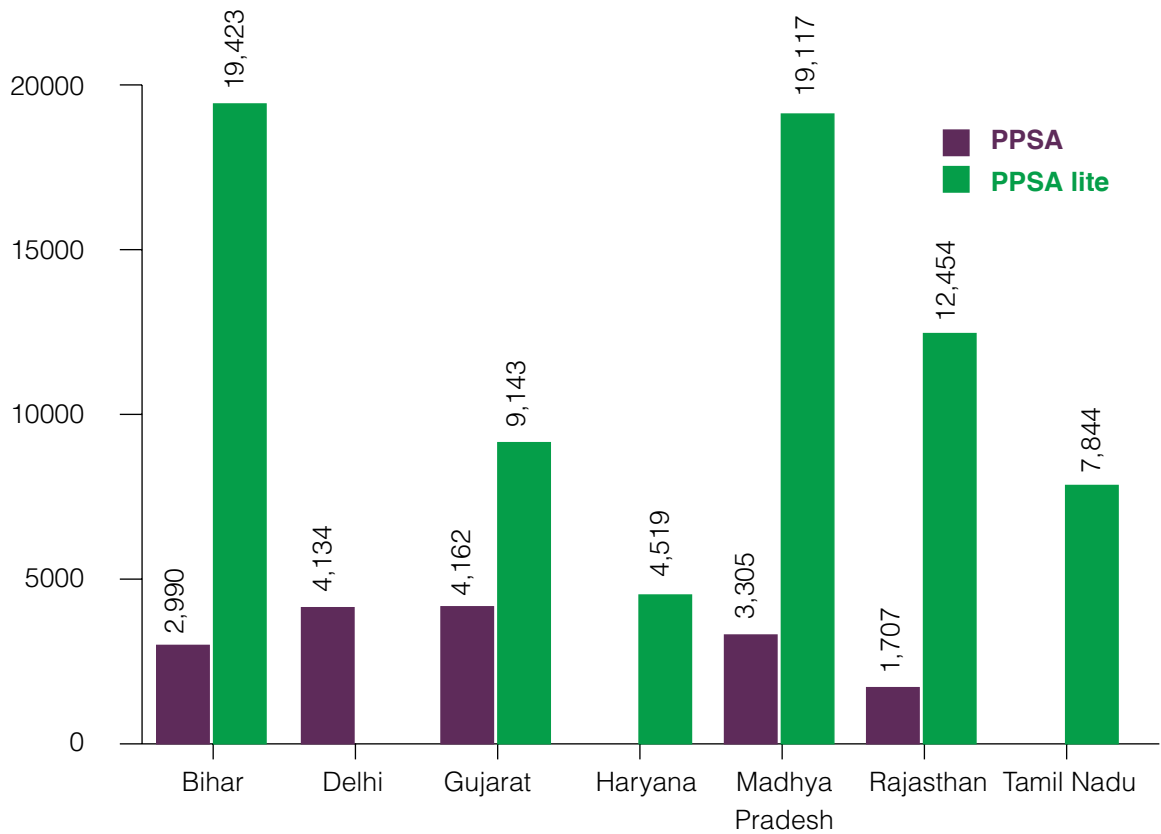


FIND



20

WJCF



Hubs established (Jan-Dec 2018)	
State	# of hubs
CHRI	
Assam	8
Maharashtra	162
Uttar Pradesh	216
Total	386
FIND	
Andhra Pradesh	20
Karnataka	35
Punjab	29
Telangana	41
West Bengal	49
Total	174
WJCF	
Bihar	17
Delhi	91
Gujarat	105
Madhya Pradesh	50
Rajasthan	35
Total	298
Grand Total	858

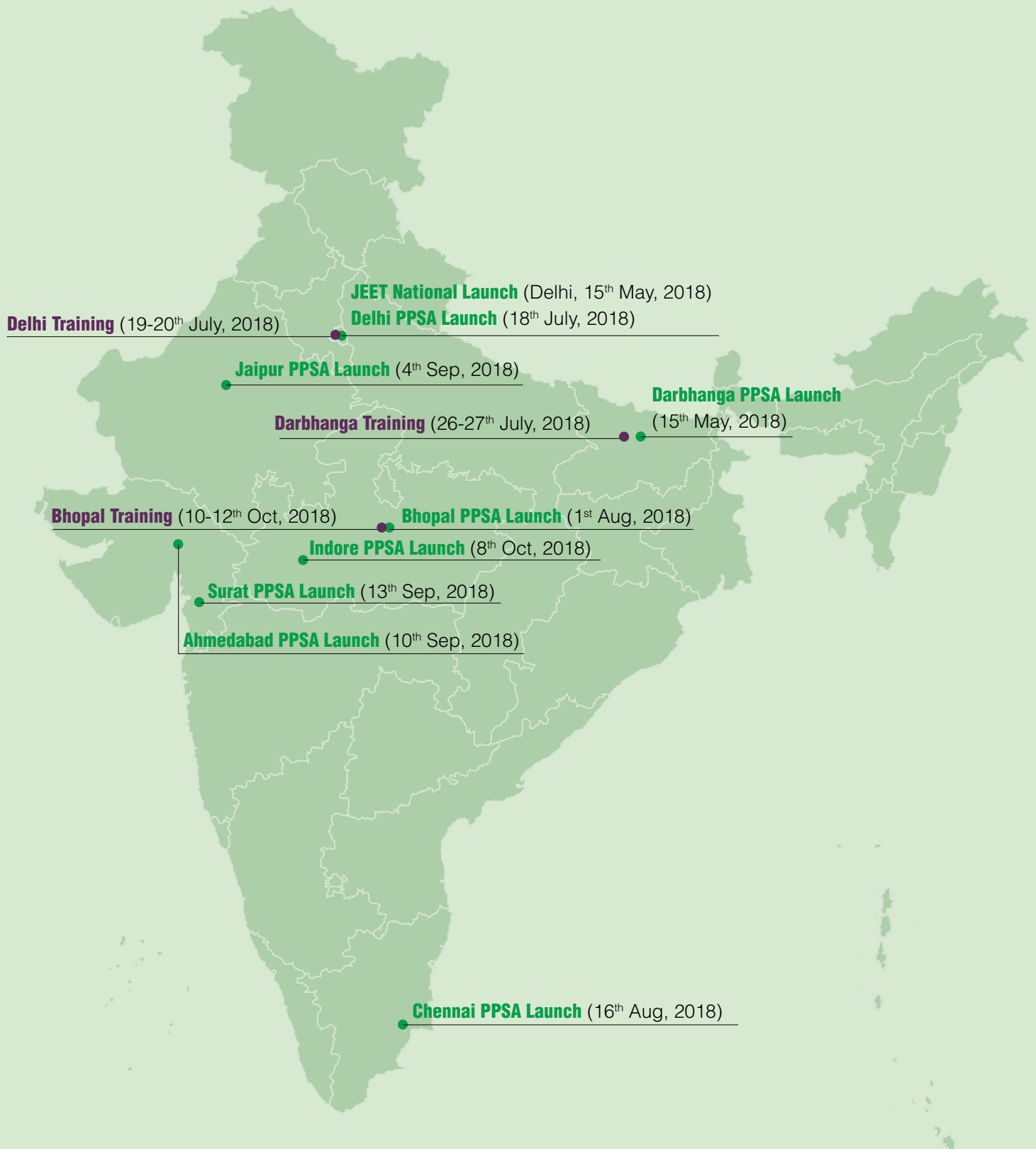
Samples transported (Aug-Dec 2018)	
State	# of samples
CHRI	
Assam	284
Maharashtra	3810
Uttar Pradesh	3117
Total	7211
FIND	
Andhra Pradesh	259
Karnataka	1009
Punjab	740
Telangana	296
West Bengal	605
Total	2909
WJCF	
Bihar	789
Delhi	67
Gujarat	718
Madhya Pradesh	119
Rajasthan	101
Total	1794
Grand Total	11914

Test results	
State	CBNAAT confirmation
CHRI	
Assam	11%
Maharashtra	26%
Uttar Pradesh	38%
FIND	
Andhra Pradesh	15%
Karnataka	22%
Punjab	13%
Telangana	27%
West Bengal	20%
WJCF	
Bihar	18%
Delhi	23%
Gujarat	40%
Madhya Pradesh	27%
Rajasthan	33%

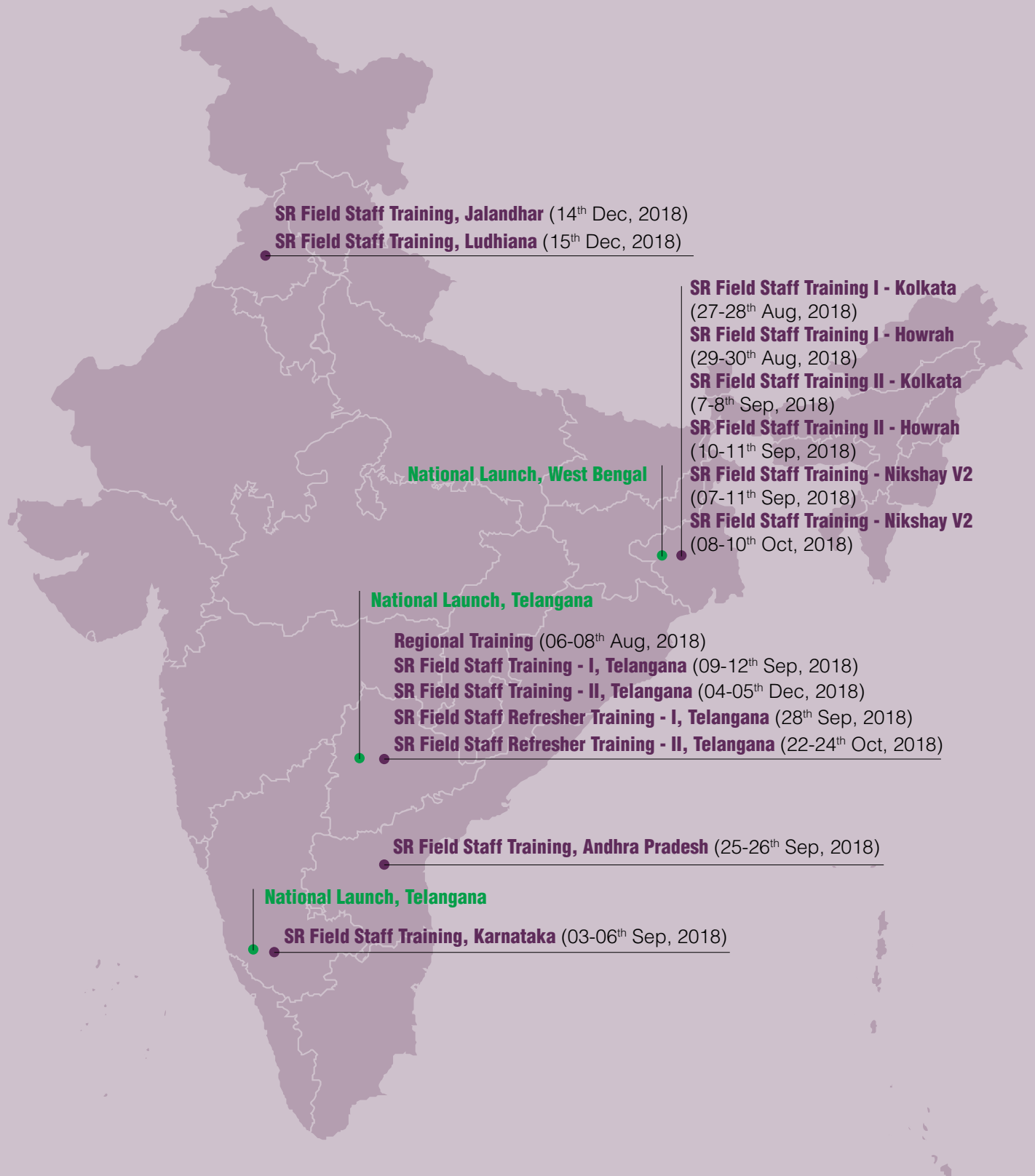
Turnaround Time	
State	CBNAAT TAT
CHRI	
Assam	3.0
Maharashtra	4.0
Uttar Pradesh	4.5
FIND	
Andhra Pradesh	4.5
Karnataka	4.0
Punjab	4.0
Telangana	3.5
West Bengal	3.5
WJCF	
Bihar	4.5
Delhi	4.0
Gujarat	3.5
Madhya Pradesh	3.5
Rajasthan	5.0



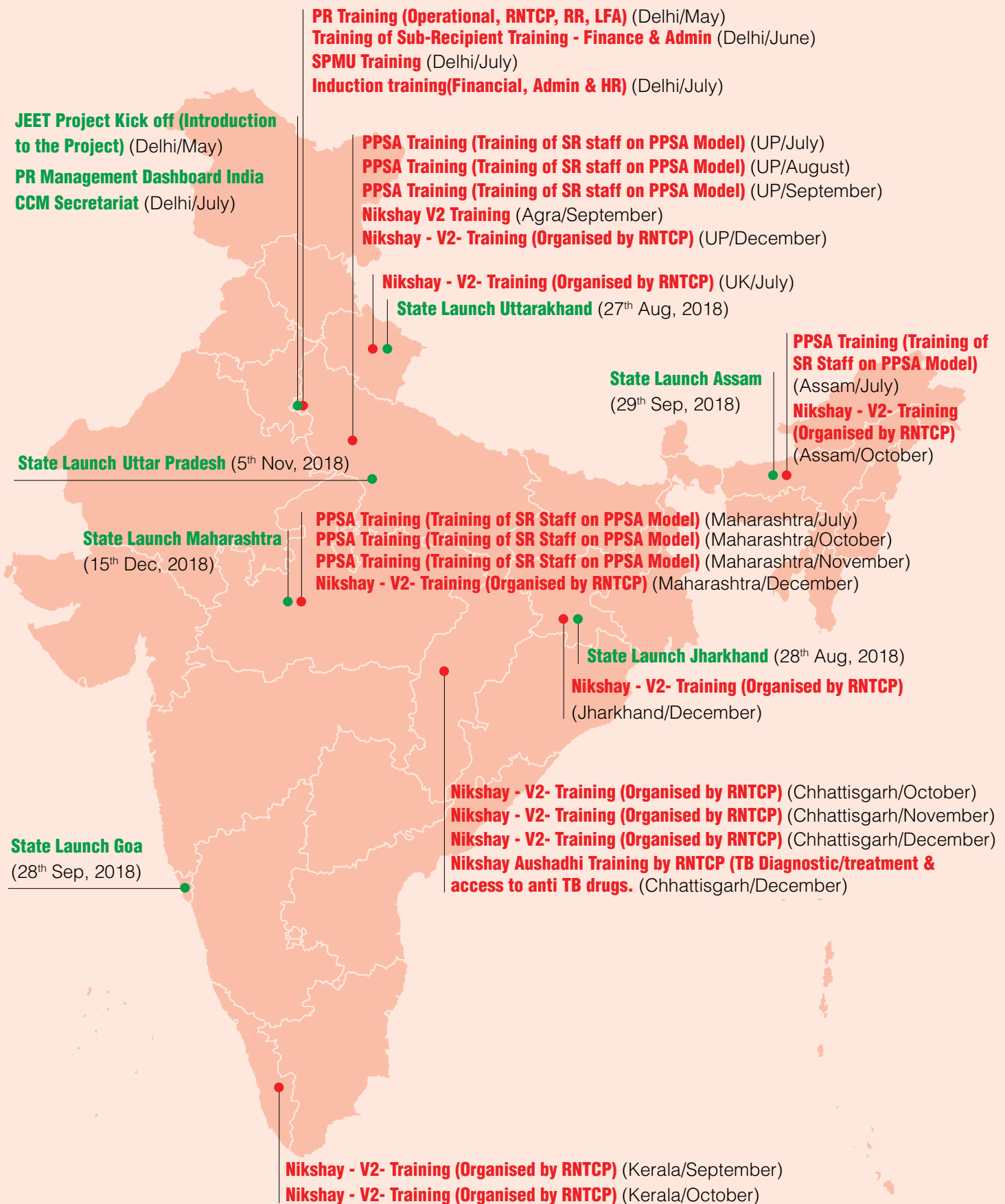
Launches & Trainings Conducted (Jan to Dec 2018) – WJCF



Launches & Trainings Conducted (Jan to Dec 2018) – FIND



Launches & Trainings Conducted (Jan to Dec 2018) – CHRI





Advocacy and Coordination Efforts with NTP



The Project JEET works in close coordination with the RNTCP as well as other partner agencies towards achieving the shared goal of TB Elimination. The JEET Secretariat, comprising of senior leadership from all the three partner organisations has been briefing the Central TB Division on the progress achieved under JEET and seeking their support to resolve bottlenecks if any. In addition, the respective JEET teams from the consortium partners have been providing written reports to the CTD and the Country Coordinating Mechanism (CCM) as and when desired. At the State level too, the JEET SPMUs have been working closely with the State TB Officer, the District TB Officers and their teams in rolling out and implementing the project across the project States.

The SR Partners as well as the SPMUs share quarterly project update reports to the concerned STO and DTOs on a regular basis. The table below provides the list of meetings conducted with the NTP Officials.

No.	Meeting type	Date/Month of Meeting
CHRI, FIND and WJFC		
01	PR meeting (with NTP)	May 2018
02	PR Coordination Committee meetings	Jun, Jul, Aug, Sep, Oct 2018
03	JEET Secretariat meeting	Nov 2018



No.	Meeting type	Date/Month of Meeting
CHRI		
05	Meeting with RNTCP officials – Uttar Pradesh	Sep, Oct, Nov 2018
06	Meeting with RNTCP officials – Maharashtra	Aug, Sep, Oct, Nov, Dec 2018
07	Meeting with RNTCP officials – Assam	Jul, Aug, Nov, Dec 2018
08	Meeting with RNTCP officials – Jharkhand	Aug, Sep, Oct, Nov, Dec 2018
09	Meeting with RNTCP officials – J&K	Sep, Oct, Nov, Dec 2018
10	Meeting with RNTCP officials – Chhattisgarh	Sep, Oct, Nov, Dec 2018
11	Meeting with RNTCP officials – Odisha	Aug, Sep, Oct, Nov 2018
12	Meeting with RNTCP officials – Uttarakhand	Jul, Aug, Sep, Oct, Nov, Dec 2018
13	Meeting with RNTCP officials – Goa	Aug, Sep 2018
14	Meeting with RNTCP officials – Kerala	Jul, Sep, Oct, Nov 2018
FIND		
15	Meeting with RNTCP officials – West Bengal	Jun, Jul, Sep, Oct, Nov, Dec 2018
16	Meeting with RNTCP officials – Andhra Pradesh	Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec 2018
17	Meeting with RNTCP officials – Telangana	May, Jun, Jul, Aug, Sep, Nov, Dec 2018
18	Meeting with RNTCP officials – Karnataka	Jun, Jul, Aug, Sep, Oct, Nov, Dec 2018
19	Meeting with RNTCP officials – Punjab	Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec 2018
20	Meeting with RNTCP officials – Himachal Pradesh	Aug, Sep, Oct, Nov, Dec 2018
WJCF		
21	Meeting with RNTCP officials – Delhi	Aug, Sep, Oct, Nov, Dec 2018
22	Meeting with RNTCP officials – Bihar	Jul, Aug, Sep, Oct, Nov, Dec 2018
23	Meeting with RNTCP officials – Madhya Pradesh	Aug, Sep, Oct, Nov, Dec 2018
24	Meeting with RNTCP officials – Tamil Nadu	Jul, Aug, Sep, Oct, Nov, Dec 2018
25	Meeting with RNTCP officials – Rajasthan	Jul, Aug, Sep, Oct, Nov, Dec 2018
26	Meeting with RNTCP officials – Gujarat	Jul, Aug, Sep, Oct, Nov, Dec 2018
27	Meeting with RNTCP officials – Haryana	Aug, Sep, Oct, Nov, Dec 2018

Budgeting & Finance

CHRI



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FINANCIAL DATA: January 2018 - December 2018				
PARTICULARS	AMOUNT			REMARKS
	INR	USD	EXCHANGE RATE	
Budget for the relevant period	324,003,468	4,984,669	65.00	
Funds received from Global Fund during the relevant period	217,344,837	3,189,167	68.15	Three installments of GF grant were received during the period.
Expenditure incurred during the relevant period	124,132,441	1,768,639	70.19	Expenditure till Sept 2018 is INR 4,59,59,068/- (USD 684,499) and expenditure for Oct-Dec 2018 is INR 7,81,73,373 (USD 10,84,140)
Committed expenditure during the relevant period	27,864,591	401,045	69.48	

FIND

FINANCIAL DATA : January 2018 - December 2018				
PARTICULARS	AMOUNT			REMARKS
	INR	USD	EXCHANGE RATE	
Budget for the relevant period	430,779,198	6,627,372	65.00	
Funds received from Global Fund during the relevant period	383,795,406	5,754,868	66.69	Feb 2018: INR 66,508,840.82 & USD 10,42,458.32 Aug 2018: INR 31,72,86,565.3 & USD 47,12,410
Expenditure incurred during the relevant period	237,478,596	3,418,992	69.46	Jan 2018 - Sep 2018: INR 12,01,55,479 & USD 17,91,908 Oct 2018 - Dec 2018: INR 11,73,23,117 & USD 16,27,084
Committed expenditure during the relevant period	119,770,438	1,716,098	69.79	For activities which have been performed during the reporting period and its only pay out which is pending



WJCF

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FINANCIAL DATA : January 2018 - December 2018				
PARTICULARS	AMOUNT			REMARKS
	INR	USD	EXCHANGE RATE	
Budget for the relevant period	274,244,239	4,219,142	65.00	The exchange rate represents the rate used at the time of budget formulation
Funds received from Global Fund during the relevant period	197,904,087	2,908,273	68.05	USD 757,179 USD 1,729,147 USD 4,21,947 (Please note that the exchange rate of INR 68.05/USD in the preceding column is the average of all three tranches received from Global Fund till 31 st Dec 2018)

PARTICULARS	AMOUNT			REMARKS
	INR	USD	EXCHANGE RATE	
Expenditure incurred during the relevant period	93,672,464	1,324,790	70.71	The exchange rate of INR 70.66/USD in the preceding column is the average rate for the two reporting periods - one applied during PUDR submission for Jan 2018 through Sep 2018 and the second one is for the average rate used for Q4/2018
Committed expenditure during the relevant period	2,677,074	37,127	72.11	These include amount payable towards statutory dues/taxes, salaries and third party dues.





Research under the Global Fund Project

Research by literal meaning, is an opportunity to revisit the answers to key questions. Operational Research (OR) or implementation research is a type of research that enables finding these answers while implementing the project itself. Apart from globally accepted scientific definitions; OR is also defined as a “method of mathematically based analysis for providing a quantitative basis for management decisions”. India’s National TB programme (RNTCP) has been promoting ORs under project settings for introspection of the programme strategies at field level and generating the evidence for key policy changes.

Post-2015 Global TB Strategy (i.e. End TB Strategy), envisages upon three important pillars namely **Integrated, patient-centred TB care and prevention; Bold policies and supportive systems and “Intensified research and innovation”**. Two important components of the third pillar are:

- Discovery, development and rapid uptake of new tools, interventions, and strategies
- Research to optimise implementation/impact and to promote innovations.



To focus improvement in key project strategies; partner organisations under JEET Project have joined hands to work in tandem with Government of India's OR agenda and contribute to relevant research questions among the pre-defined priority list. Further details of Gol's OR agenda may be accessed at Gol's official website at www.tbcindia.gov.in (research section at <https://tbcindia.gov.in/index1.php?lang=1&level=1&sublinkid=4153&lid=2802>).

In addition to the dedicated grant support for research related activities undertaken by Gol and Indian Council of Medical Research (ICMR), The Global Fund also encourages all grantees for conducting ORs primarily to optimise the returns of investment under project settings. Accordingly, Principal Recipient (PR) organisations like FIND India have initiated dedicated funding support within the project grant for conducting OR studies with focused research questions.

OR focus of JEET Project implementing organisations shall be revolving around below mentioned research questions during 2019:

- Challenges faced by India's private sector healthcare providers in notification and treatment adherence of TB patients
- Access to free diagnosis and Anti-TB drugs – Patients preferences, affordability and availability
- Reasons for low-uptake of freely available molecular diagnostics of public sector by private providers: root-cause analysis.

All the JEET Project implementing entities are working closely with RNTCP and local health ministries to align with the local priorities and contribute to the research agenda at all possible levels and platforms.

Success Stories, Innovations

Success Story of Mathura

JEET Project is being implemented in Mathura, a district in Uttar Pradesh, in coordination with RNTCP since July 2018 and five hubs have been created in the leading health facilities of the district.

During joint visit of JEET Team in the month of September 2018, the District TB Officer of Mathura requested to create one Hub at Vrindavan at Shri Brij Sewa Samiti TB Sanatorium which is 20 km away from Mathura. This was an exception from the urban intervention of the project as this was a major hub for private sector patients. Approval was granted by CHRI for the same as we follow the concept of "GO where the patients GO". On 25 Oct 2018, the Hub was created at this sanatorium. The Hub Agent at Vrindavan ensures the sputum collection. Between Oct 2018 and Dec 2018 as many as 1527 TB cases were notified from the sanatorium. A total of 340 sputum samples were collected and transported out of which 172 samples were found positive and microbiologically confirmed and 1355 cases were clinically confirmed.

340

sputum
samples were
collected and
transported



Out of which

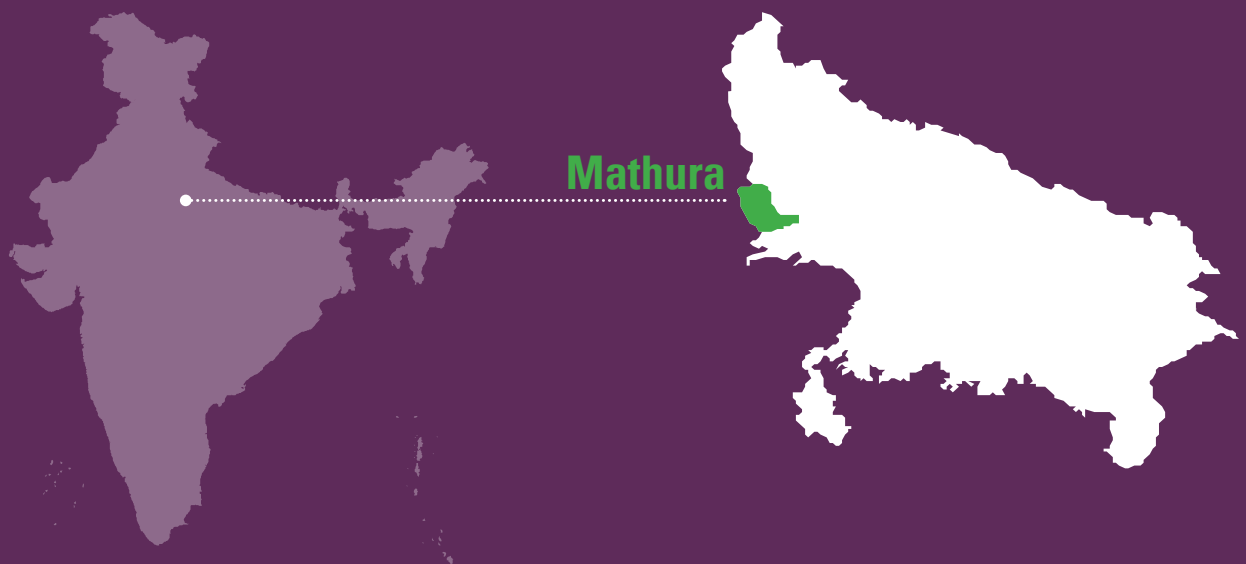
172

cases were
found positive



1527

TB cases
were notified



Successful Advocacy for Utilisation of available GeneXpert Capacity in the Private Sector for Free of Cost Testing of Presumptive TB Cases

The services offered under the JEET Project include free of cost GeneXpert testing for presumptive TB cases from the private sector at the RNTCP labs. However, because of the existing testing loads at these 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 at Karnataka swung into action and 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 RNTCP officials, key private hospitals with in-house GeneXpert facility and a few partners. Finally, after numerous multi-level discussions, J & J consented to support this initiative by agreeing to take care of the day-to-day running costs while the state and district RNTCP managers stepped up to provide the required number of cartridges for this novel initiative.

As a result of all these efforts and continuous advocacy, two hospitals, St. John's and Baptist Hospital, with in-house GeneXpert machines, volunteered to participate in this initiative. A tripartite MoU was signed between the State, the hospitals and J & J to ensure free of cost availability of GeneXpert testing for any sample referred from private sector, whether within or outside of the hospital. This led to a healthy collaboration with the private sector players along with accelerated access to improved diagnostics. This private-private partnership initiative has been well received by the private sector facilities in Bengaluru and we hope to successfully replicate this model in other private hospitals as well.





Plan for 2019

Under M&E framework of JEET Project, various key interventions to achieve the envisaged targets are laid out as per build operate & transfer (B → O → T) model to set up systems, expand the model and transfer the learnings to RNTCP/local health system for smooth transition. JEET Project under The Global Grant will be phased out during January 2018 to March 2021 with diverse priorities every year.

The approach of PPSA & PPSA lite models of implementation under JEET Project are tabulated below.

Particulars	Target area [#]	Desired outcomes
Phase 1 (initial six to nine months after national launch) – 2018	<ul style="list-style-type: none"> • Selection of implementing agencies (SR partners) for PPSA geographies, recruitments and trainings of key project staff • State level launch cum initiation of PPSA model implementation framework in all states, advocacy meetings with states and district level authorities to appraise about project details and set up the right expectations • Mapping of project districts especially existing notifiers to disseminate availability of services like free diagnostic & and treatment support from RNTCP • Initial hand holding and intensified reviews with all project stakeholders. 	<ul style="list-style-type: none"> • Setting up the PPSA and PPSA lite model operations in project geography • Dissemination of project framework with key stakeholders and gather advocacy support for smooth implementation of project • Mapping of key diagnostic and treatment resources, key private providers for Hub and spoke model and chalking out plan of interventions for Y1-Y3 • Tracking implementation progress and stock of initial need for implementation changes if at all needed.
Phase 2 (month 10 to end of year two) – 2019, 2020	<ul style="list-style-type: none"> • Expand the private sector engagement interventions (Hub and spoke model), interventions beyond existing notifiers and registered private providers • Refresher trainings of all recruited project staff; National level joint review of JEET Project • Technical assistance to project states for generating domestic commitment (from ministry/ RNTCP) specifically in PPSA lite geographies for sustainability and smooth transition 	<ul style="list-style-type: none"> • Ensuring sustained engagement of existing providers, reaching out to non-notifiers, providers not yet registered with RNTCP; strengthening existing patient support systems etc. • Cross learning across states/implementing agencies, refreshed knowledge of project staff on updated guidelines • Incorporation of PPSA model interventions specifically in PPSA lite geographies under state budget for next year.



Particulars	Target area [#]	Desired outcomes
Phase 3 (Year three - Closure & transition) 2020-2021	<ul style="list-style-type: none"> ● Technical assistance for setting up project framework under domestic budget framework ● Ensuring smooth transition process. 	<ul style="list-style-type: none"> ● Continued patient and provider engagement ● Smooth transition of project to local health systems.

Target areas mentioned in concerned phases are not exclusively spread out and are actually overlapping with each other.





It's Time...

