



## **Project JEET**

**Joint Effort for Elimination of Tuberculosis**

*June 2018*

# Agenda

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- Background
- Progress update
  - Kick off meeting and national level training update
  - Stakeholder engagement
  - Other progress
- Risks & Timelines

## **JEET aims to setup effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients in private sector**

### **Key Activities:**

- Mapping and Prioritization of private sector providers
- Ensuring nationwide access to WHO approved quality TB diagnostics to patients seeking care in the private sector
- Enabling early, appropriate and free treatment initiation, public health actions and adherence support systems

### **Expected Impact:**

- Over 600,000 patient notifications over 39 months
- To report 70% successful treatment outcomes
- Setup effective and sustainable PPM strategy pan India

# The services will be delivered through establishment of Patient Provider Support Agency (PPSA) and Technical Support in PPSA lite districts

## PPSA

- **9 cities** with >800,000 population across 7 states
- Coverage includes urban and rural peripheral areas around the PPSA geographies
- Activities in PPSA districts :
  - Mapping of private practitioners and identification of TB champions
  - Continuous engagement of private sector providers through in clinic visits and CMEs
  - Linkages to government provided CB NAAT testing and FDC's for all patients seeking care in the private sector
  - TB adherence support
  - TB notifications from engaged providers

## PPSA lite

- **141 cities** with population ranging between 200,000 to 800,000 in 7 states
- City Officers in PPSA lite districts/cities will support –
  - Mapping of private practitioners and identification of TB champions
  - Facilitate private sector provider engagement through CMEs
  - Capacity building of RNTCP staff to undertake private sector engagement
  - Provide program monitoring support and facilitate reviews

# WJCF will implement PPSA model in 9 cities and PPSA lite model in 141 cities/districts across 7 states

**PPSA:** Gurgaon

**PPSA lite:** 15 districts in Haryana

**SR:** TB Alert India

**PPSA:** Delhi

**SR:** TB Alert India

**PPSA:** Jaipur

**PPSA lite:** 22 districts in Rajasthan

**SR:** World Vision India

**PPSA:** Ahmedabad, Surat

**PPSA lite:** 30 districts in Gujarat

**SR:** World Health Partners

**PPSA:** Bhopal, Indore

**PPSA lite:** 26 districts in Madhya Pradesh

**SR:** Lepra India

**PPSA:** Chennai

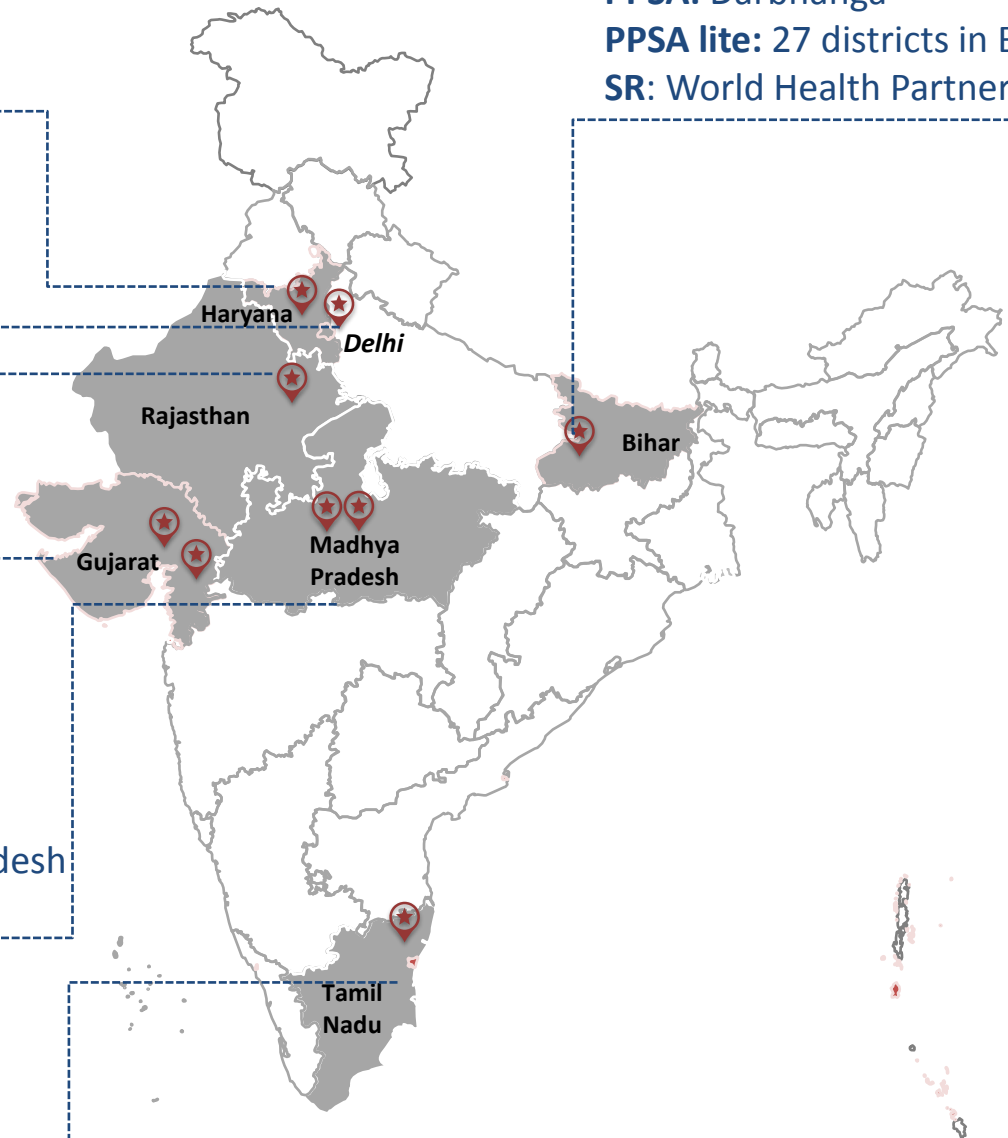
**PPSA lite:** 21 districts in Tamil Nadu

**SR:** World Vision India

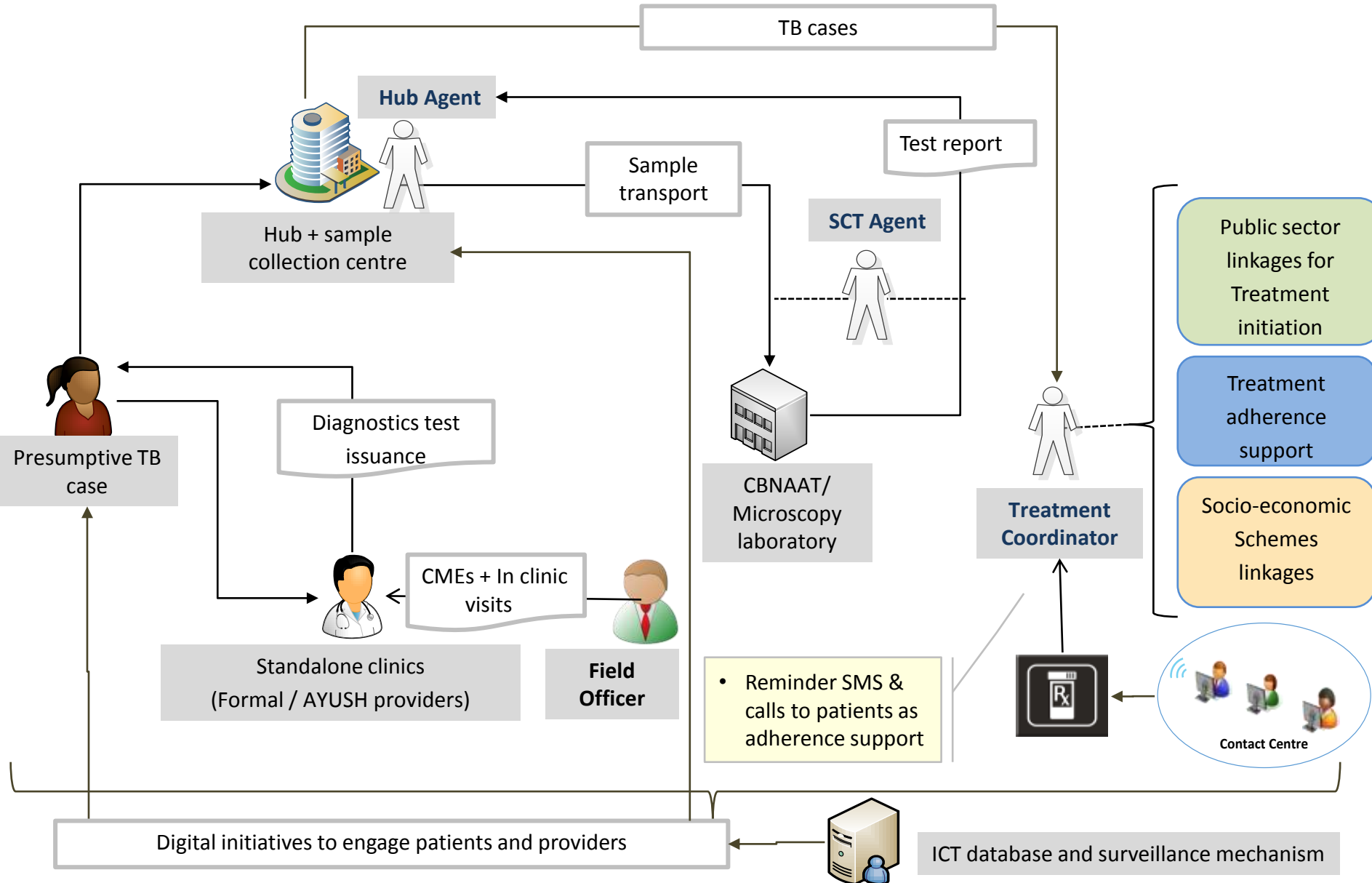
**PPSA:** Darbhanga

**PPSA lite:** 27 districts in Bihar

**SR:** World Health Partners



# The PPSA operating model mirrors the Mumbai PPIA, although commodities and incentives will be sourced from the government



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## Project launch meeting was held on 15<sup>th</sup> May, followed by national training of trainers from 16<sup>th</sup> May- 18<sup>th</sup> May

### Project Launch meeting

- WJCF organized the JEET project launch meeting
- All State TB officers, WHO consultants and key stakeholders from CTD and other organizations working in TB were part of the launch
- Key attendees from Ministry of Health and Family Welfare included :
  - Joint Secretary
  - Deputy Director General TB
  - Additional Deputy Director General TB
  - National consultants
  - WHO country team

### National level training

- PATH organized the 3 day national level training post the project launch
- Participants from WJCF included:
  - NPMU staff (including Finance and HR)
  - SPMU staff
  - Project Directors and state nodal representative from selected SRs
- Agenda for the ToT included :
  - Introduction to TB and RNTCP structure
  - Operations plan
  - M & E Plan
  - Learnings from PIAs



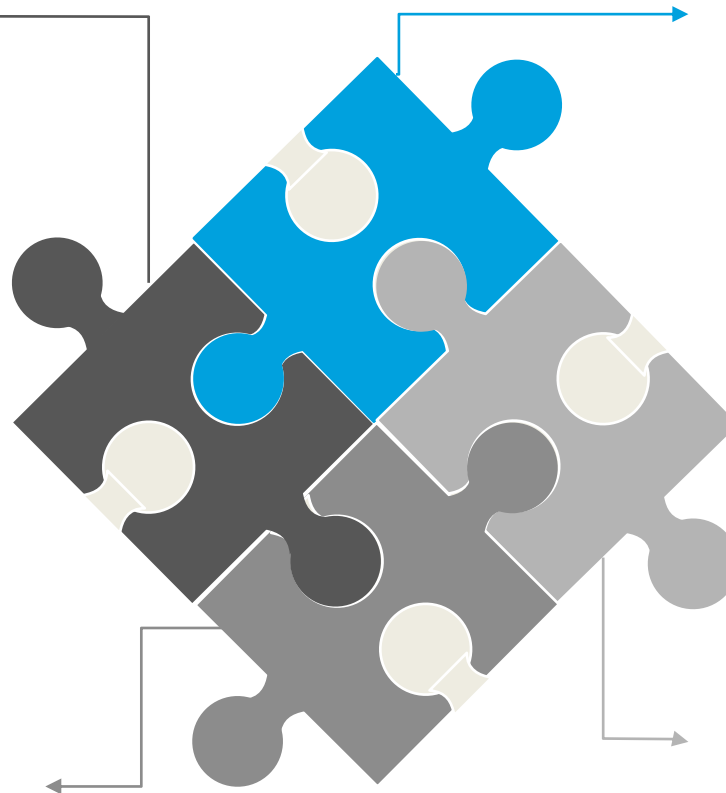
# Stakeholder engagement

- **STATE RNTCP STAFF**

- Support in PIP development
- Analysis of existing PPM activities with the state PPM staff
- Forecasting of FDCs and cartridge requirement for JEET
- Monitoring CBNAAT utilization rate

- **DISTRICT LEVEL**

- Continuous engagement with SRs for implementation plans
- Coordination with District TB cell on project update
- Regular meetings with IMA, chemists association, top providers for mapping data



- **CENTRAL TUBERCULOSIS DIVISION**

- Coordination with CTD to send communication to states, districts regarding JEET project
- Continuous dialogue on state launch plans, call center status and other RNTCP updates and guidelines
- Coordination with Nikshay team for development of the MIS

- **JEET CONSORTIUM**

- Finalizing operation plan
- Developing Training material
- Agenda for launch and trainings
- MIS planning
- Progress update
- Meeting other partners who are working in TB private sector space

## Other Progress

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- Staff Hiring
- HR Agency
- Sub Recipients
- Communications Agency
- MIS Agency

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## State launch meetings and trainings are being planned for July; PPSA operations expected to start shortly thereafter

|                                   | Q2 2018 | Q3 2018 | Q4 2018 | Year 2019 | Year 2020 | Q1 2021 |
|-----------------------------------|---------|---------|---------|-----------|-----------|---------|
| National training of trainers     |         |         |         |           |           |         |
| State and district level training |         |         |         |           |           |         |
| All SPMUs live/state launch       |         |         |         |           |           |         |
| All PPSA cities live              |         |         |         |           |           |         |
| All PPSA lite cities live         |         |         |         |           |           |         |
| Refresher trainings               |         |         |         |           |           |         |
| National level Review             |         |         |         |           |           |         |
| National level dissemination      |         |         |         |           |           |         |

# Key Dependencies

|                      | Risk   | Mitigation plan   |
|----------------------|--|---|
| Human resources      | <ul style="list-style-type: none"> <li>• <b>Minimum rates of wages for PPSA staff</b> especially for the Hub Agents</li> <li>• <b>Challenges in field officer recruitment</b> due to low salary bands</li> </ul> | <ul style="list-style-type: none"> <li>• We foresee regular revision in minimum wages for PPSA staff. SRs to monitor the minimum wages</li> </ul>   |
| Diagnostics          | <ul style="list-style-type: none"> <li>• <b>Low capacity</b> in public sector GeneXpert due to high utilization rate in JEET cities. The current utilization is ~76% for all WJCF cities.</li> </ul>             | <ul style="list-style-type: none"> <li>• Continued conversation with CTD and STOs on status of GeneXpert testing</li> <li>• Exploring possibility of extra shifts or additional lab technicians to increase the testing capacity</li> </ul> |
| PPSA lite activities | <ul style="list-style-type: none"> <li>• <b>Availability of call center in PPSA lite cities</b> for notifications, treatment adherence and outcomes.</li> </ul>  | <ul style="list-style-type: none"> <li>• Continued dialogue on development and scale up of call centres</li> <li>• Advocacy at the state level on adoption of successful PPM models under programme schemes</li> </ul>                      |