

RNTCP

**Addendum on 14 City Intensified PPM
Surveillance**

February, 2008

**Central TB Division
New Delhi**

The Revised National Tuberculosis Control Programme (RNTCP) aims to detect at least 70% of the estimated new smear positive TB cases and to treat at least 85% of such patients. If this is achieved and maintained with good quality of services then it is expected that the incidence, prevalence and death rates associated with TB in India will start to decline. In order to detect $\geq 70\%$ of the estimated infectious cases it is important to engage all major health care providers as recommended in the internationally recommended 2006 Stop TB Strategy. In order to engage all health care providers RNTCP uses Public-Private Mix (PPM) approaches wherein public as well as private health care providers are linked into the programme using models and schemes developed by the programme.

The Central TB Division (CTD), Government of India, in August 2003 launched an Intensified PPM Project in fourteen urban areas in the country. This project was set up to systematically undertake intensified PPM activities and to document the contribution of major categories of health providers to case detection and treatment under RNTCP. The 14 sites are large urban areas in 14 different states: Thiruvananthapuram (Kerala), Chennai (Tamilnadu), Bangalore (Karnataka), Bhopal (Madhya Pradesh), Bhubaneswar (Orissa), Ranchi (Jharkhand), Patna (Bihar), Kolkata (West Bengal), Pune-Mumbai (Maharashtra), Ahmedabad (Gujarat), Jaipur (Rajasthan), Lucknow (Uttar Pradesh), Chandigarh and New Delhi. Additional human resources were provided to each of these sites in the form of a RNTCP Medical Consultant and two field workers. Between 2004 and 2007 important lessons on PPM were learnt from these 14 sites and scaled up to other parts of the state. As PPM approaches in RNTCP continue to be scaled up and mainstreamed the additional human resource provided to the 14 sites have been withdrawn since January 2008. However, the modified surveillance system in these sites, which was set up to document contribution of different categories of health providers, will continue with some simplification. The reporting on this is a part of the results framework of the RNTCP Phase-II PIP. It is the responsibility of the DTOs of these sites to ensure that the recordings and reporting as outlined in this addendum is carried out.

Additional recordings on the laboratory register, treatment cards and TB register were practiced in these 14 sites to capture the contribution of the diverse health care provider's. These recordings were aggregated and reported quarterly to the CTD and the State TB Officer (STO). From the first quarter of 2008, all additional recordings in these sites will continue as it was. However the reporting formats from the TUs and districts to CTD/STO have been simplified.

Reporting will now focus on the following four areas:

1. Referral of TB suspects
2. New smear positive case detection
3. DOT provision to TB patients and their treatment outcome

- 1. Referral of TB suspects** This is the contribution of PPM partners in referring TB suspects (patients with symptoms suggestive of pulmonary TB) to the Designated Microscopy Centers (DMC). The provider initiating the referral of such TB suspects to the DMC gets the credit for referral.

2. New smear positive case detection This is the contribution of PPM partners in the detection of new smear positive cases. Here credit is given to the provider who initiated the referral of TB suspects to DMC. This will be measured by the number of new smear positive cases registered in the TB register which were referred to the DMC by the specific PPM partner/provider.

3. DOT provision to TB patients This is the contribution of PPM partners in treating TB patients under RNTCP. This will be measured from the TB register as number of patients taking Directly Observed Treatment (DOT) from the PPM partner/provider. The treatment outcome for cohorts of patients under each category of provider is also reported.

Grouping/categories of PPM providers

The central TB division has grouped the PPM providers into six categories:

1. Health department facilities (H)
2. Government facilities outside health department (G)
3. Medical Colleges (M)
4. Corporate sector health facilities (C)
5. Private providers (P)
6. NGOs (registered Non-Government Organizations) (N)

1. Health department facilities

This category includes all facilities under the health department of State or local self Government.

2. Government facilities outside health department

This includes all Government health facilities which are not under State health department or health departments of local governments. Some examples of such facilities are ESI hospitals, Railway hospitals, Military hospitals, prison hospitals, Ports hospitals etc.

3. Medical College

This includes public as well as private Medical Colleges of all systems of Medicine (Modern Medicine, Ayurveda, Homeopathy, Unani etc.)

4. Corporate sector

This includes health facilities under private as well as public corporate sector viz. NTPC, ONGC, SAIL, COAL India, Tea Estates, TELCO, TATA, Sahara etc.

5. Private providers

This includes Private hospitals, clinics, nursing homes and individual practitioners from all medical systems including traditional healers and unauthorized medical practitioners. Community DOT providers are also included in this category.

6. NGOs

This includes registered NGOs with non profit motive

Codes assigned to PPM providers

For convenience of recording, the following are the codes which have been assigned to the PPM providers

H = Health Department Facility (State Government)

G = Government Facility outside State health department

- M** = Medical Colleges
- C** = Corporate sector health facilities
- P** = Private providers
- N** = Non-Governmental Organizations (NGOs)

Monitoring Indicators

Five outcome indicators have been identified to measure the contribution by the PPM partners. They are as follows

1. Referral of TB Suspects
2. Case detection
3. DOT delivery
4. Treatment outcome

Description of Indicators

1. **Contribution to 'referral of TB suspects'**. This is the number of TB Suspects received in the RNTCP recognized laboratories referred by PPM partners. This will be counted from the laboratory register. This will be counted separately for each type of referring provider viz. H, G, M, C, P and N.
2. **Contribution to 'new smear-positive case detection'**. This is the number of new smear-positive cases registered in the TB register who have been referred by PPM partners. This will be counted separately for each type of referring provider viz. H, G, M, C, P and N.
3. **Contribution to 'DOT delivery'**. This is the total number of TB cases of all types on DOTS treatment with the PPM partners. This will be counted from the tuberculosis register. This will be counted separately for each type of DOT (treatment) provider viz., H, G, M, C, P and N.
4. **Treatment outcome** will be calculated for NSP TB cases and the information will be taken from the TB register. This will be counted separately for each type of DOT (treatment) provider viz. H, G, M, C, P and N.

Recording

The **laboratory form for sputum examination** will be used without any modification. This form will serve as referral form also for PPM providers who send **TB suspects** to DMCs for sputum examination. In the form, the name of the PPM provider will be written in the space for 'Name of Health Centre'.

Name of Referring Centre/person

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME
Laboratory Form for Sputum Examination

Name of Health Centre: _____ Date: _____

Name of patient: _____ Age: _____ Sex: M F

Complete address: _____

Patient's TB No.*: _____

Source of specimen: Pulmonary
 Extra-pulmonary Site: _____

Reason for examination: Diagnosis
 Follow-up of chemotherapy*

Specimen Identification No.: _____ Date of sputum collection: _____

Specimen collector's name and signature _____

*Be sure to enter the TB No. for follow-up of patients on chemotherapy.

RESULTS (To be completed in the laboratory)

Lab Serial No: _____

Microscopy

Date	Specimen	Visual appearance (M, B, S)*	Results**	Positive (grading)			
				3+	2+	1+	Scanty
	1						
	2						
	3						

* M=Mucopurulent, B=Blood-stained, S=Saliva
** Write negative or positive

Date: _____ Examined by (signature): _____

The completed form (with results) should be sent to the Health Centre to record the results on the Treatment Card.

Report on Monthly Microscopy Center Activities

(FORM TO BE USED FOR MONTHLY LABORATORY REPORTS)

Name of Laboratory (DMC): _____

Name of TU: _____ (TU No.) _____

Reporting Quarter: _____ Month: _____ Date: _____

Name of Reporter (Lab in-charge): _____

Provider Type	Total Number of Cases Referred to the DMC by each Provider Type	
	Space for TALLY	Total
H		
G		
M		
C		
P		
N		
Total		

SIGNATURE OF REPORTER

From the **TU level**, there will be a TU summary report that will be a compilation of the monthly reports received from the DMCs in the TU for the reporting quarter as well as a report on DOTS (treatment) delivery to registered patients. The TUs shall prepare and send the quarterly reports signed by the concerned MO-TCs to the DTC within the first 7 days after the end of the quarter.

Prior to preparing the TU report two worksheets are given below which will help the STS in compilation of the report.

Procedure of using Worksheet for preparing Quarterly TU Summary of PPM Contribution

1. This worksheet can be used for calculating the contribution of the different types of providers (H, G, M, C, P or N) to the number of cases referred for diagnosis, contribution to NSP case detection, and number of NSP cases given DOT and their treatment outcome.
2. Use different worksheets for calculating information on each of the above contribution.
3. For calculating the No. of Cases Referred for Diagnosis, the monthly laboratory reports from all DMCs under the TU for all the three months are needed. The no. of cases referred by the different health providers may be entered in the corresponding row pertaining to the "space for tally". Enter this data from all the monthly laboratory reports. Now total the no. of cases referred by each provider category for the TU. The total no. of cases referred for diagnosis by different service providers (H, G, M, C, P or N) in the TU will be equal to the total number of TB suspects in the TU for the quarter. This worksheet will be used by the STLS of the corresponding TU.
4. For calculating the contribution to NSP case detection (No. of NSP cases), the TB register of the TU will be used. From the TB register identify all NSP cases. From the remarks column identify the code of the referring provider. Use the work sheet as described above to calculate the contribution of different service providers H, G, M, C, P or N to NSP case detection.
5. For calculating the contribution to NSP DOT provision (No. of NSP Cases given DOT), the TB register of the TU will be used. From the TB register identify all NSP cases. From the column "name of the PHI" on the left hand side of the TB register identify the code of the DOT provider. Use the work sheet as described above to calculate the contribution of different service providers H, G, M, C, P or N to NSP DOT provision.

Worksheet for preparing Quarterly TU Summary of PPM Contribution

Name of TU: _____ (TU No.) _____

Reporting Quarter: _____ Month: _____ Date: _____

Name of Reporter (Lab in-charge): _____

Provider Type	No. of Cases Referred for Diagnosis/ Contribution to NSP case detection (No. of NSP cases)/ No. of NSP Cases given DOT	
	Space for TALLY	Total
H		
G		
M		
C		
P		
N		
Total		

SIGNATURE OF REPORTER

Procedure of using Worksheet for preparing Quarterly TU Summary on Treatment outcomes of NSP cases registered 12-15 months earlier

From the TB register identify the NSP cases registered 12-15 months earlier. For example if the report is being prepared in the 1st week of January, 2008 then the NSP cases registered 12-15 months earlier will be the NSP cases registered between the period Oct'2006 to Dec'2006. Similarly if the report is being prepared in the first week of April, 2008 then the NSP cases registered 12-15 months earlier will be the NSP cases registered between the periods Jan'2007 to March'2007.

Please use this worksheet to count separately for each type of DOT (treatment) provider viz. H, G, M, C, P and N, and the treatment outcomes of the NSP cases.

After this please complete the TU report using the five worksheets.

Worksheet for preparing Quarterly TU Summary on Treatment outcomes of NSP cases registered 12-15 months earlier

Name of TU: _____

Reporting Quarter: _____ Month: _____ Date: _____

Provider Type	Treatment outcomes of NSP cases registered 12-15 months earlier						
	Total Number	Cured	Treatment completed	Died	Failure	Default	Transfer out
H							
G							
M							
P							
C							
N							
Total							

Quarterly TU Summary of PPM Contribution

Quarter: _____ Year: _____ Name of TU: _____ (TU No. _____)

Name of Reporter (MO-TC): _____ Signature: _____

This pro forma summarizes the outcomes of the RNTCP activities at each TU of the PPM site and should be completed after acquiring all data for the reporting quarter. The MO-TC should enter the data (in absolute numbers only) under the specified columns against the specific provider type code. This summary should be sent to the DTC along with all the other PPM reports for the quarter.

Provider Code	No. of Cases Referred for Diagnosis	Contribution to NSP case Detection (No. of NSP cases)	No. of NSP Cases given DOT	Treatment outcomes of <u>NSP cases</u> registered 12-15 months earlier						
				Total Number	Cured	Treatment completed	Died	Failure	Default	Transferred out
H										
G										
M										
C										
P										
N										
Total										

At the **district level**, the individual TU reports are entered in the electronic reporting format after filling in the name of the PPM-Site and the name of the TU. The data of the TU report is entered in the corresponding columns of the district report.

DATA ON PATIENTS REGISTERED DURING

"Name of PPM Site"	"Reporting Quarter"		Contribution to Case Referral	Contribution to NSP Case Detection	Contribution to DOT provision							
"Name of Reporting DTO"	"Reporting Year"	SOURCE	Lab Register: Credit Referring Provider	TB Register: Credit Referring Provider	TB Register: Credit Treatment Provider	Treatment outcomes of <u>NSP cases</u> registered <u>12-15 months earlier</u>						
PPM Site	Name of TU	Provider Code	No. of Cases Referred for Diagnosis	Total	No. of NSP Cases given DOT	Total No. Registered	Cured	Treatment completed	Died	Failure	Default	Transferred out
"Name of PPM Site"		H										
"Name of PPM Site"		G										
"Name of PPM Site"		M										
"Name of PPM Site"		C										
"Name of PPM Site"		P										
"Name of PPM Site"		N										
"Name of PPM Site"		H										
"Name of PPM Site"		G										
"Name of PPM Site"		M										
"Name of PPM Site"		C										
"Name of PPM Site"		P										
"Name of PPM Site"		N										

This district electronic Microsoft excel format automatically summarizes the district report which is present at the end.

Provider Types	Contribution to Referral of TB Suspects		Contribution to New Smear Positive Case Detection		Contribution to NSP DOT Provision		Contribution to Treatment Success of New Smear Positive Patients (Regd. ___Q 200___)			
	No.	%	No.	%	No.	%	No. Reg.	No. Cure	No. TC	%TS
Health Department facility (H)										
Government facility outside health department (G)										
Medical College (M)										
Corporate sector (C)										
Private provider (P)										
NGOs (N)										
Total										

Please note that this summary will be complete after data for all the TUs is entered for the reporting quarter. It is the responsibility of the DTO to complete this electronic format and send it by e-mail to the Central TB Division (New Delhi) with a copy to the State TB Cell along with all other reports for the quarter. The signed hard copies should also be sent to the state TB cell and Central TB Division.