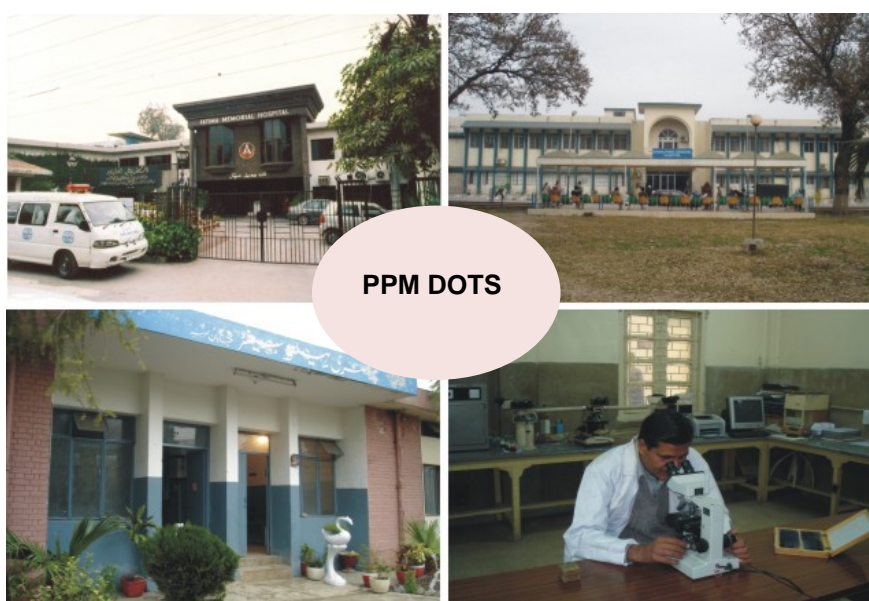


PROVINCIAL TB CONTROL PROGRAMME PUNJAB

PLANNING WORKSHOP

ON

PPM-DOTS IMPLEMENTATION IN A DISTRICT



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Prepared by

Tuberculosis Control Programme (NTP/PTP) Pakistan

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INTRODUCTION

Tuberculosis is an old disease but one which health workers all over the world are finding hard to control. The World Health Organization (WHO) has declared tuberculosis as a global emergency (in 1993). Pakistan like many other countries is working to improve the way TB is controlled.

Pakistan ranks sixth among the countries with highest burden of tuberculosis in the world. Although around 250,000 cases of tuberculosis are estimated to occur every year, the detection of patients with TB is low in Pakistan. Treatment outcomes of patients are also varied. As a result, many TB patients die because they are either not detected, detected late, in-appropriately treated or because they simply do not complete treatment.

Low case detection and poor management of TB patients leads to many more becoming infected with TB and some with multi-drug resistant TB. This also leads to great suffering and loss of life. Since the majority of cases are adults in the economically active section of society, the disease contributes to poverty of patients and their families.

The public sector has so far been the main source of providing TB-DOTS care in the country. The district health authorities are responsible for planning, financing, implementing and monitoring TB care through a network of public sector health facilities in their respective districts. However, the Provincial TB Control Programme assist the districts through provision of training, drugs, print materials and supplement of laboratory supplies.

Public-private-mix (PPM) development, after covering the public sector DOTS, has been agreed as an approach to enhanced case detection and treatment outcomes to the desired level. The Programme has developed a set of guidelines and adapted materials for PPM implementation and monitoring, and addressing major implementation requirements through public sector support.

Various small-scale studies have confirmed wide variation in case management abilities and practices among private sector providers. This indicates the need for joint efforts to address the capacity gaps and offer quality care to TB patients attending private sector partners.

The main participants of the workshop include district management and the representatives of selected private clinics/hospitals and laboratories. This workshop is to orient private clinic/hospital and laboratory staff on effective implementation and management of PPM-DOTS in a district. The workshop explains the essential requirements and management tools for implementation of PPM DOTS in a district. The workshop assists the participants to plan the preparation, implementation and monitoring of PPM DOTS protocols in their respective hospitals/laboratories. The teaching methods used are participatory and skills-based; including group discussion and practical exercises. The module may also be kept for reference after the course.

The objectives of the workshop are that participants will:

- Know the disease burden and TB programme efforts and strategies to control TB;
- Understand the role and the significance of private clinics/hospitals and laboratories in delivering quality care to TB patients.
- Discuss arrangements and plan activities for PPM DOTS implementation in the district.
- Take and record decisions about PPM DOTS implementation in the district.

❖ DISCUSS WITH FACILITATOR TO CLARIFY POINTS WHICH ARE NOT CLEAR
❖ THEN DO THE EXERCISE 1 BELOW.

EXERCISE 1

Estimate the incidence of TB cases in a geographic location (i.e. cluster of union councils) with a population of 150,000.

Incidence New smear-positive TB Cases (85 x catchment pop. / 100,000)	
Incidence all types of TB Cases (177 x catchment pop. / 100,000)	

❖ DISCUSS WITH FACILITATOR TO CLARIFY POINTS WHICH ARE NOT CLEAR
❖ THEN CONTINUE READING.

SESSION OBJECTIVES

At the end of the session the participants will:

- ❖ Know the details of PPM - DOTS strategy for a district.

DOTS STRATEGY FOR CONTROL OF TUBERCULOSIS

DOTS is a WHO/IUATLD recommended strategy package for effective TB control in developing countries, which has been adopted by the NTP Pakistan. The National TB control strategy (DOTS), has the following five essential components – all are necessary for an effective programme.

The five components of the TB-DOTS strategy

- ✓ Commitment of government and all involved at various levels
- ✓ Diagnosis by sputum smear microscopy
- ✓ Treatment with standardised regimens, including direct observation of treatment (DOT) in the intensive phase for all smear positive and during the whole of a re-treatment regimen
- ✓ Uninterrupted supply of drugs from the nearest health facility
- ✓ Standardized recording and reporting and monitoring of outcomes of treatment

A Word of Warning

Unfortunately, it is easy to implement TB services badly - to implement in a 'sloppy' way. Failure to follow NTP diagnostic and treatment policies, failure to train and supervise health workers properly, failure to ensure uninterrupted supply of drugs, failure to keep proper records - all of these contribute to programme failure. Programme failure will lead to treatment failure - which means more transmission and more drug resistance.

DISCUSS WITH FACILITATOR TO CLARIFY POINTS NOT UNDERSTOOD

PPM - DOTS partner selection process

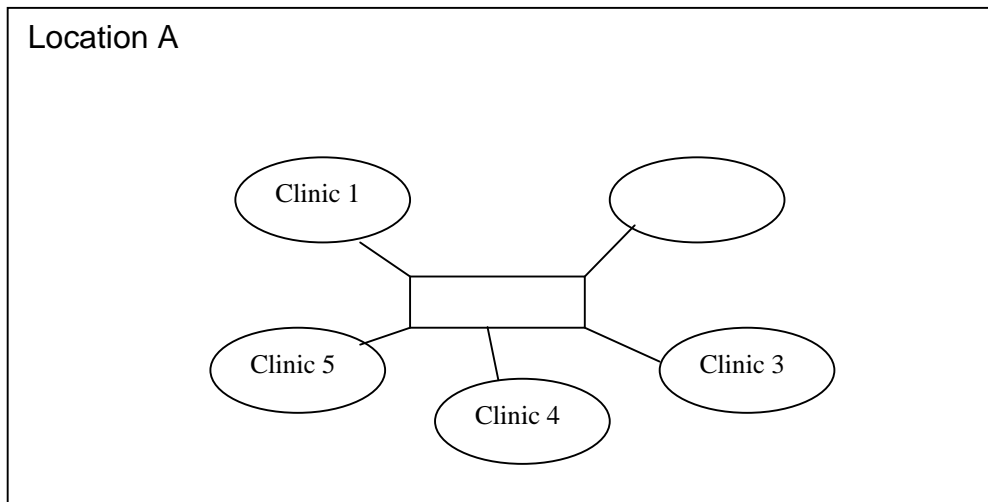
Transparent and objective mapping and selection of suitable private clinics/hospitals and laboratories is the key first step for developing long-term public-private partnership. This has been achieved in the district, through the following five-step process:

1. Enlist the potential private clinics/ hospitals working in municipal areas.
2. Select 3 - 5 priority geographic locations i.e. localities with inadequate coverage and/or access to TB care.
3. Assess and short list the private clinics/hospitals for initiating the PPM
4. Enlist, assess and shortlist the private laboratories
5. Select the private clinics/hospitals and laboratories, and sign MoUs.

This planning exercise is being held with the selected private clinic/hospitals and laboratories in the district.

PPM - DOTS implementation arrangements in a district

Effective Implementation of PPM DOTS in a district depends highly on coordinated efforts by public as well as private sector partners. Initially 3 -5 priority municipal localities (cluster of union councils) are identified. In each of the locality, one private laboratory provides quality-assured AFB testing to TB patients attending 3 -5 associated and enabled private clinics/hospitals.



The private **clinics/hospitals** provide the whole set of case management services, except AFB testing, to the patients suspected or known to be suffering from tuberculosis. In each clinic/ hospital, the following two service stations are strengthened, mainly through staff training, supervision and material inputs, for managing TB cases according to DOTS protocols.

Clinical Service Station: The clinical services mainly include: a) screening and referral of TB suspects for investigations, and then b) diagnosis, prescription, education and follow-up of TB cases. Inputs of a qualified DOTS trained doctor are required at the clinical service station. Each diagnosed and prescribed TB patient is referred to Treatment support service station (see below).

Patient Support Station: The patient support services mainly include: a) patient education and arrangement of treatment support, b) drug dispensing to TB patients, c) registration and record keeping. Inputs of trained paramedical staff are required at the treatment support service station.

The **private laboratories** provide subsidized and quality assured AFB microscopy services to TB suspects and patients. The laboratories do maintain the laboratory register and the relevant logistic records. The **District Laboratory Supervisor** (DLS) provides external quality assurance support to private laboratories, as he does the same for the network of public sector peripheral laboratories in the district. The District TB Coordinator coordinates and supports the DLS activities, whereas provincial reference laboratory supervises the DLS work.

In each district, a senior paramedical staff is designated as **PPM Field Officer**. His main responsibility is to visit each clinic on monthly basis. During this visit he assists the clinic staff to review their performance, take the required corrective actions, and update patient records. He also maintains logistic record as well as TB Register for all private clinics and prepares/submit quarterly reports to District TB Coordinator. The District TB Coordinator provides him training, mobility and supervision support for his PPM related work.

CRITERIA FOR STARTING

Do not start until everything is ready, including:

- ☞ Various categories of staff are available to work and have been trained in private clinics/hospitals and laboratories.
- ☞ Drugs are available at private hospitals/clinics (enough for at least 3 months)
- ☞ Adequate laboratory reagents and supplies are available in the laboratories
- ☞ Relevant print materials including TB Desk-guide, forms, registers and IEC materials are available in the clinics/hospital and laboratories.

DISCUSS WITH FACILITATOR TO CLARIFY POINTS NOT UNDERSTOOD

INTRODUCTION

In the last session we read about two service stations for delivering DOTS in a private clinic/hospital, and three key district persons (i.e. District TB Coordinator, PPM Field Officer and District Laboratory Supervisor) for implementing PPM in a district. Now we will learn about training various staff categories and making logistic arrangements for effective implementation of PPM DOTS in a district.

SESSION OBJECTIVES

At the end of the session, the participants will:

- ❖ Understand, discuss and record the staff training plans/arrangements for PPM-DOTS in the district.
- ❖ Understand discuss and record the plans for DOTS related logistic arrangements in the private hospitals/clinics and laboratories participating in PPM-DOTS.

STAFF TRAINING

From each participating private clinic/hospital at least two doctors and two paramedic staff need be trained on DOTS protocols. The district health offices, with the help of PTP, arrange/conduct training of doctors and paramedics from selected private clinics/hospitals.

Staff Training for Private Hospitals/ Clinics

Staff Category	Training			Remarks
	Duration	Materials	Location	
Doctors	6 sessions - 2.5 hours each	Adapted NTP Module	District	NTP Module adapted in light of training needs assessment.
Paramedics	3 days – 5 hours each	Adapted NTP Module	District	NTP Module with minor adapting.

As mentioned above, the **doctors** need to attend six sessions (about 2 and half hour each) of DOTS training. These six sessions need be planned as per convenience of the trainees. These training sessions can be arranged on the basis of 1 or 2 or 3 sessions per week. The venue and timing of the sessions is also decided as per convenience of the participants. The organizers are encouraged to arrange refreshment for the participants (where feasible). The table below helps the team to plan the training events and list the trainees for each batch.

Doctors Training for Private Hospitals/ Clinics

Training Event				Trainees (list)	
Session	Date	Venue	Time	Clinic/hospital	Doctors
Batch 1					
I					
II					
III					
IV					
V					
VI					
Batch 2					
I					
II					
III					
IV					
V					
VI					
Batch 3					
I					
II					
III					
IV					
V					
VI					

As mentioned above, the **paramedics** need to attend three days training on DOTS. The venue and dates of the training is decided as per convenience of the participants. The table below helps the team to plan the training events and list the trainees for each batch.

Paramedics Training for Private Hospitals/ Clinics

Training Event			Trainees (list)	
Batch	Date (from – to)	Venue	Clinic/hospital	Paramedic
1				
2				
3				

The **laboratory staff** working at private laboratories needs to attend ten days training course at Provincial Reference Laboratory (Punjab: Institute of Public Health, Lahore). Experience shows that managing a batch of 10 – 20 trainee laboratory workers is more efficient. The course has been designed to enable an educated and interested person, at least matriculate, to do AFB testing at their respective laboratories. It is preferable that each selected private laboratory gets two of its laboratory workers trained on AFB testing. The programme and the district facilitate the logistic arrangements for the training. However, private laboratories are encouraged to supplement the public sector efforts, where required and feasible. The table below helps the team to plan the training events and list the trainees for each batch. Each participating private laboratory is encouraged to send one worker at a time to these training courses at Provincial Reference Laboratory (IPH in Punjab).

Laboratory Workers Training for Private Laboratories

Training Event			Trainees (list)	
Batch	Date (from – to)	Venue	Clinic/hospital	Lab. worker
1		IPH Lahore		
2		IPH Lahore		

PTP, where feasible, may tentatively plan/schedule the training course(s) at IPH. The private laboratory staff can opt to attend a course according to their convenience.

MAKE LOGISTIC ARRANGEMENTS:

Continued logistic support is essential for delivery of quality TB care. The district health office, with support from the provincial TB control programme, provides continued logistic support to private clinics/hospitals as well as laboratories. The logistic support mainly includes ensuring the availability of:

Clinic/ Hospital:

- ☞ Anti-TB drugs
- ☞ TB Case Management Desk-guide and patient education materials etc.
- ☞ Recording and reporting forms and registers, supervision and monitoring tools etc.

Laboratory:

- ☞ Functioning microscope
- ☞ Reagents and other laboratory supplies
- ☞ TB laboratory register

TB patients are treated with NTP recommended anti-tuberculosis drug regimens. The high treatment success rate of about 84% achieved in countrywide implementation of NTP protocols indicates the effectiveness of NTP recommended drug regimens and treatment protocols. Remember that interruption in drug supply leads to patient default. These defaulted patients may then become chronic transmitters, often with multi-drug resistant TB. The Programme has suggested providing minimal stock level of ten courses per clinic (of anti-TB drugs), and regular periodic replenishment to avoid drug stock-outs at private clinics/hospitals. The clinic/hospital receiving material support from the programme/district would maintain an essential set of logistic and patient records.

The Programme has suggested providing minimal supplement of laboratory reagents/supplies and regular periodic replenishment to avoid material stock-outs at private laboratories. The private laboratories receiving material support from the programme/district would maintain an essential set of logistic and AFB testing records (TB Lab. register). The private laboratories may charge patients a subsidized fee (up to Rs:30 per slide) for the AFB testing services.

☐ DISCUSS/ AGREE ON LOGISTIC ARRANGEMENTS FOR PPM DEVELOPMENT.

INTRODUCTION

In the last session we learnt about training of various staff categories and making logistic arrangements for effective implementation of PPM DOTS in a district. Now we will learn about facility and district level monitoring of PPM DOTS implementation in a district.

SESSION OBJECTIVES

At the end of the session, the participants will:

- ❖ Understand the importance and the proposed process for monitoring care delivery in private clinic/hospital and laboratories.
- ❖ Discuss and agree on arrangements for facility and district level monitoring events as well as external quality assurance of laboratories.

DOTS MONITORING IN PRIVATE CLINICS/ HOSPITALS

Each clinic/ hospital participates in two main types of PPM-DOTS monitoring events. These are:

- Monthly facility level monitoring event
- Quarterly district level monitoring event

This is important that the delivery and management of care, as per NTP protocols, is monitored on regular basis. This helps identifying and rectifying deviation in practices. The following section describes briefly the two monitoring events.

Monthly Facility Level Monitoring Event

The Programme has developed a set of guidelines and instruments for conducting and documenting the facility level monitoring events in a clinic/ hospital. The PPM Field Officer visits each clinic/ hospital, on monthly basis, to conduct facility level monitoring exercise with the clinic staff.

This meeting focuses mainly on: a) reviewing and planning the uninterrupted availability of key inputs including trained staff, drugs and print materials, b) reviewing the case management practices, including case finding and treatment outcomes, and updating TB Register, and c) planning priority activities for the next month.

Quarterly District level Monitoring Event

The Programme has developed a set of guidelines and instruments for conducting and documenting district level monitoring event. The PPM Field Officer supports the staff at each clinic/ hospital to compile data on cohort of patients. Each clinic/ hospital presents the situation of: a) input availability including trained staff, drugs and print materials, and b) case management practices including case finding and treatment outcomes. The District TB Coordinator collects a copy of quarterly reports from each clinic/ hospital (case finding, smear conversion, and treatment outcome) for district health office records and quarterly report.

EXTERNAL QUALITY ASSURANCE AT PRIVATE LABORATORIES

The Programme has developed a set of guidelines and instruments for conducting and documenting external quality assurance (EQA) at district level. A trained laboratory staff is designated, trained and supported for EQA related activities in a district. The DLS visits each laboratory (public as well as private) on monthly basis to do the following:

- Review and replenish laboratory reagents/supplies, where needed.
- Cross-examine, as first controller, a sample of slides
- Provide onsite feedback and guidance on AFB related arrangements and practices.

The District Laboratory Supervisor work in a district is supervised and supported by the Provincial Reference Laboratory.

□ DISCUSS WITH FACILITATOR TO CLARIFY POINTS NOT UNDERSTOOD