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SHOPS Plus: Collaborating for Greater Efficiency and Impact

Problem: Urban slum dwellers are at a high risk of TB infection but have limited access to quality TB diagnosis and treatment services.

India shoulders a huge TB burden—24 percent of global prevalence and 21 percent of global TB deaths. The Government of India has committed to making India TB-free by 2025. The country's Ministry of Health and Family Welfare (MoHFW) has galvanized its efforts through the National TB Elimination Program (NTEP), which leads TB activities in the country and provides various free TB services through the public health system. A major challenge for India is tackling TB in urban areas, especially in urban slums, where crowded living conditions and limited access to TB services result in TB cases being nearly three times higher than the national average. In addition, overburdened public health facilities with weak referral and outreach systems, and high out-of-pocket expenditure in private facilities further constrain access to TB services.

Solution: Integrate NTEP's TB services into the government's network of health facilities to reach every person in need.

Reaching NTEP's goal of universalizing access to quality TB diagnosis, treatment, and care required a solution that would ensure its services reached urban pockets. The National Urban Health Mission (NUHM) had the potential to be that solution. The NUHM was launched by MoHFW in 2013 to address the health needs of the growing urban population and urban poor. The NUHM developed a network of urban primary health centers (UPHCs), with dedicated human resources, community-level structures, and robust monitoring mechanisms, which provided a pre-existing, wide-reaching platform for NTEP to extend the reach of its TB services among the urban poor.



India's 2017–2025 National Strategic Plan for Ending TB proposes combining its TB services into the NUHM platform, guided by a joint framework for NTEP-NUHM integration that is in place. However implementation on the ground has yet to be demonstrated. NUHM's objective also emphasizes providing comprehensive health care to the vulnerable urban population, but poor understanding of the role that the NUHM's network can play in TB also hindered the joint integration framework from being applied. Consequently, NUHM and NTEP mostly operate as separate units and are not always coordinated at state or field level, thereby missing the huge potential that integrating health services could yield.

The Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project operationalized the NTEP-NUHM integration framework in Madya Pradesh to demonstrate how TB services could be integrated into the NUHM network and built the mechanisms and capacities to sustain this collaboration.

The aim of the project's effort was to demonstrate how the government could reach the urban poor by providing NTEP's TB services through NUHM facilities that already exist in urban areas. SHOPS Plus demonstrated the power of this collaboration through a pilot in five cities of Madhya Pradesh, the largest state in central India. SHOPS Plus leveraged the rapport Population Services International developed with NTEP and NUHM as part of its The Challenge Initiative for Healthy Cities project to implement the joint integration framework.

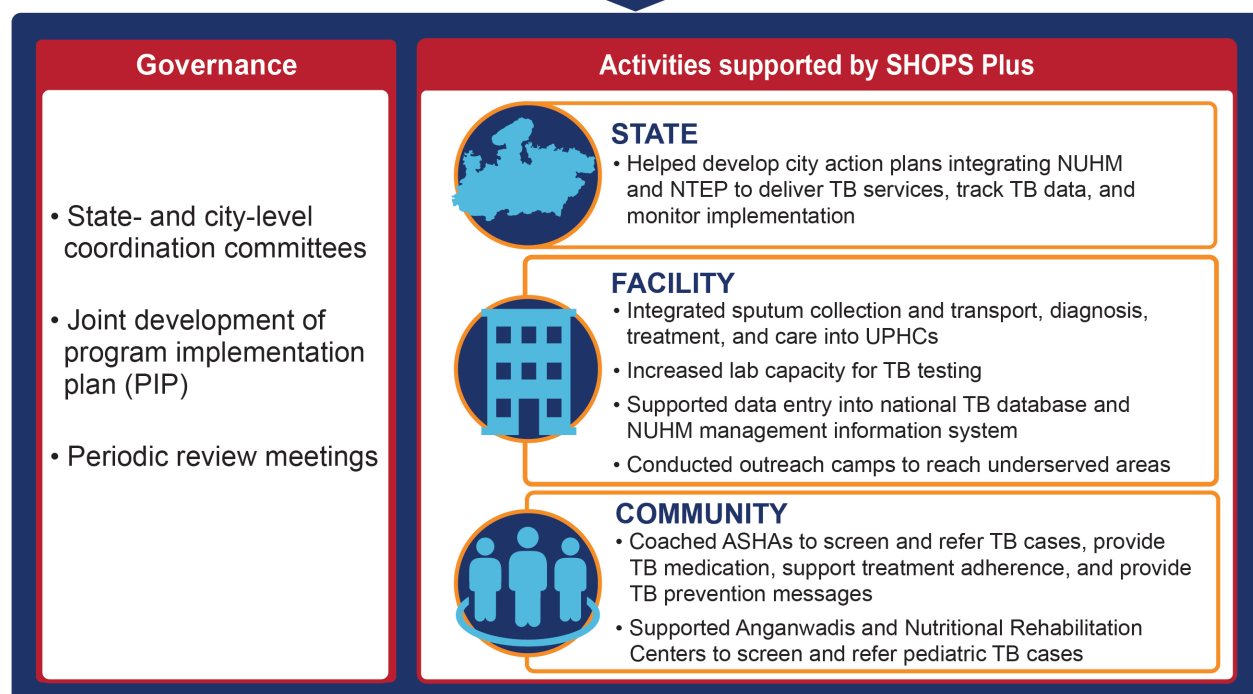
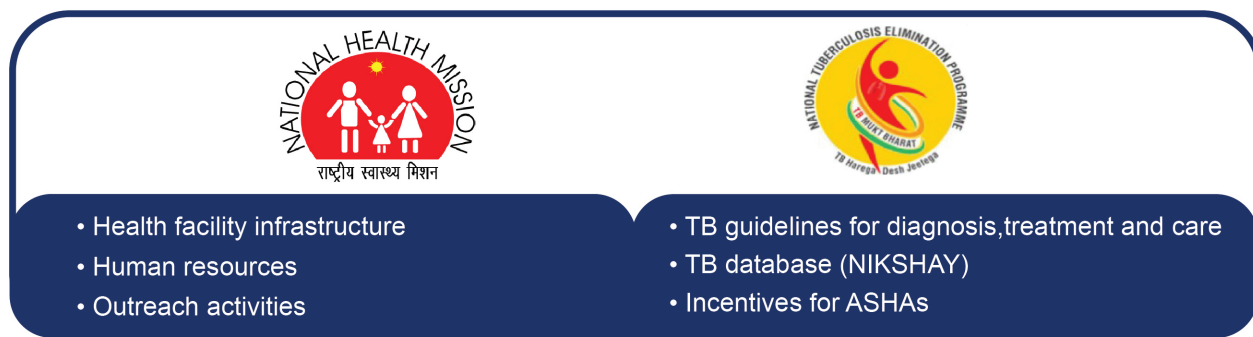


Combining NUHM's network of facilities and resources with NTEP's TB expertise and services allowed more TB services to be available for the poor.

SHOPS Plus demonstrated the model for NTEP-NUHM integration at state, health facility, and community levels (see figure). At the state level, the project helped develop city action plans for integrating NTEP's TB services into NUHM, leveraged NTEP incentives for public frontline workers, integrated TB in existing NUHM MIS tools, and institutionalized mechanisms for monitoring progress. At the facility level, SHOPS Plus helped with the integration of TB screening, diagnosis, and treatment and referral services at all UPHCs, built the capacity of lab technicians at UPHCs with designated microscopy center for sputum microscopy, and supported data entry into NTEP's online patient management system. At the community level, NUHM's frontline workers were coached and mentored to carry out household TB screening and referral and to provide treatment adherence support. The project also integrated TB services with primary health care offered at UPHCs.

Central- and state-level government had issued an order to integrate NTEP's TB services into NUHM. SHOPS Plus obtained buy-in for operationalizing this integration from state-level leadership, including NUHM and Revised National TB Control Programme directors. Equipped with the high-level orders and leadership buy-in, the project kickstarted the process in the five cities by communicating to the on-the-ground NUHM and NTEP staff of the state leadership's commitment to integrating TB services into primary health care. Across all three levels, SHOPS Plus brought TB officials and NUHM staff together to explain their role in achieving the government's TB goals. NUHM had already set up UPHCs that were offering family planning services and the project explained how TB services could be incorporated into the existing UPHC's services in a feasible way, and that this would also help increase traffic to those facilities. Additionally, interventions could be incorporated into their action plans. Before SHOPS Plus support, NUHM and NTEP operated as two separate programs in Madhya Pradesh. The interventions introduced by the project strengthened the relationship and built trust between NUHM and NTEP through regular joint meetings, collaborative action plan development, and monitoring interventions together.

Joint NTEP-NUHM activities at state, facility, and community levels supported by SHOPS Plus



SHOPS Plus Approach: Enabling a collaborative response to low access to urban TB services

The integration framework called for a state-level coordination committee, named the Urban Health Common Coordination Committee. This was a pre-existing committee which SHOPS Plus helped revitalize in order to help NTEP and NUHM plan activities together and agree on the areas of collaboration. This committee was comprised of important stakeholders from both NUHM and NTEP, including state and district TB officers from NTEP, NUHM's Urban Health Coordinator at state and district levels, and NUHM nodal officers. Through a series of workshops focused on integrating TB services into the services provided in UPHCs at the city level, nodal officers from the two departments

made city-specific action plans for the five cities in the pilot program.

The action plans detailed the activities to be conducted at the health facility and community level, and how NUHM's and NTEP's resources could be combined to maximize services. With support from SHOPS Plus, NTEP conducted a detailed mapping and vulnerability assessment of urban areas to identify high TB case load pockets based on data from the public health system and private providers. The vulnerable pockets were incorporated into the action plans, highlighting where NUHM and NTEP could prioritize activities such as household-level screenings, contact tracing, and community engagement. The action plans also included case management, referral and follow-up, information, education, and

communication, capacity building, and monitoring. SHOPS Plus helped institutionalize joint monitoring mechanisms so NTEP and NUHM could review progress on the action plans together. These monitoring mechanisms were locally organized and led by the mission director of the National Health Mission at the state level, and by the chief medical and health officer at the city level.

In addition to supporting joint planning, management, and monitoring, SHOPS Plus also built the capacity of NUHM's frontline workers—accredited social health activists (ASHAs)—to provide TB services in the community. ASHAs were coached and mentored on the basics of TB, how to screen for TB at the household level, when to refer presumptive TB cases to testing services, how to support patients to follow their treatment, and conducting outreach. The project made the NTEP's incentives for TB-related activities available for the ASHAs, to pay for household visits for screening, sputum collection and transportation, and case referrals.

SHOPS Plus facilitated the integration of TB screening, diagnosis, and treatment services at all UPHCs in the five pilot cities. At UPHCs with lab facilities, lab technicians were trained on sputum microscopy, NTEP guidelines for TB diagnosis, and how to enter TB data into NIKSHAY (NTEP's web-enabled patient management system), as well as NUHM's existing management information system. Where lab facilities were not available, sputum sample collection and transportation facilities were added. SHOPS Plus also enabled outreach activities to be integrated into NUHM by using its existing Urban Health Nutrition Days and health camps. The scope of these outreach activities was expanded to include TB screening, diagnosis, linkages to treatment, and follow-up of TB patients already on treatment. The project also helped link the diagnosed TB patients from urban slums with nutrition support extended by the government under the Nikshay Poshan Yojana program.

Given the importance of reaching marginalized women and children, the pilot program supported the integration of TB services into Anganwadis (day care centers) and nutritional rehabilitation centers run by the Ministry of Women and Child Development. The Anganwadis and nutritional rehabilitation centers in all five pilot cities were linked with TB screening, diagnosis, and treatment facilities to identify and treat pediatric TB cases.

Key Results



12% increase in presumptive TB cases



24% increase in TB cases diagnosed



95% of patients identified by SHOPS Plus successfully completed treatment (vs. 81% state average)



\$34,000 invested by MP state government to train ASHAs and outreach camps

SHOPS Plus's efforts to help NTEP use the existing public health platform to provide TB services increased the number of presumptive cases that were referred for testing, and also increased the number of TB-positive cases diagnosed that would otherwise have been left undetected. The training given to the ASHAs and the ASHA's support to TB patients to complete their treatment resulted in nearly all of them completing their treatment. The project conducted over 150 outreach camps across five cities and trained more than 800 ASHAs to provide TB services in the community. The trainings provided by SHOPS Plus were replicated by the state government in all cities of Madhya Pradesh. These interventions proved so successful that the Madhya Pradesh state government invested \$34,000 of its own resources to continue training ASHAs and to continue outreach activities in the community to raise awareness about TB services to which the communities are entitled.

Enablers, barriers and solutions to integration

Enablers	Barriers	SHOPS Plus Solutions
Government order for integration issued at the national and state level provided a mandate for SHOPS Plus to support the integration of NTEP's TB services into NUHM.	Difficulty in securing buy-in from NTEP and NUHM nodal officers at the city level	<i>Led by state leaders, workshops were facilitated with nodal officers from NUHM and NTEP to explain the importance of integration to meeting India's TB goals, as well as how integration was feasible.</i>
<ul style="list-style-type: none"> • NUHM's Urban Health Common Coordination Committee provided an existing platform to bring the NUHM and NTEP stakeholders for periodic review of city action plans, and to promptly identify and resolve challenges. • This committee demonstrated ownership of integration as they were led by the chief medical and health officer and district magistrate. 	Resistance from UPHC staff due to the fear of additional workload	<i>During city-level coordination meetings with UPHC staff, especially medical officers, their official roles and responsibilities regarding TB screening and testing or referring presumptive TB cases was clearly defined.</i>
<ul style="list-style-type: none"> • Availability of pre-existing UPHCs provided readily available service delivery infrastructure, onto which TB services could be added. • Using the UPHCs to provide TB services also meant easier access for the urban marginalized population. 	Frontline workers' resistance to take on additional work	<i>ASHAs were coached and mentored on TB-related activities and supported in planning their work and managing their workload. SHOPS Plus also worked to help them appreciate the benefits that their TB services could bring to their communities.</i>

Lessons Learned

The experience from this pilot program has provided insights on barriers and enablers that can be game changers in strengthening primary health care with disease programs.

NTEP and NUHM's commitment and financial contribution to integrating TB services into the primary care network demonstrates how collaboration can bring real benefits to the population.

The demonstration of combining NTEP and NUHM resources to increase access to TB services generated some lessons that are useful for other actors who are looking to integrate TB or other health services across government departments. SHOPS Plus learned that making use of an official government order for integration is very helpful to generate political will and kickstart the process of integration. Once there is buy-in from senior leadership, it becomes much easier to advocate to those actors who will implement the activities (e.g., health facility staff and community health workers). Using data to highlight the current challenges can also help bring a sense of urgency to implement the integration. Demonstrating that a facilitator,



such as SHOPS Plus, is available to coordinate the integration process and provide technical support can help reassure stakeholders that integration is feasible, and help is at hand. This coordination and technical support requires assigning staff at the levels where the interventions will take place. These staff can then build the required relationships at each level and coordinate efforts between state, facility, and community levels. Finally, communication on the benefits of integration and the approach to be used must be consistent and “speak the same language”.