TB REACH Monitoring and Evaluation Framework

for Engaging Private Providers

TB REACH measures impact in case finding projects through the concept of "additionality". This measure is calculated based on historic data and the particular project's ability to generate additional cases to those that would be reported anyway. The concept can further be explored in our standard M&E framework guidance. For private provider engagement projects, the mark of success is similarly in their impact on population-level indicators measured in the areas where the projects are operating. Boosting engagement of private providers, facilitating sustainable models for collaboration between private and public health sector, and finding more people in the private sector are also key outcomes for grantees working with private providers. Thus, in addition to the TB REACH standard M&E framework for case finding interventions, other measures for evaluating success will also be utilized for approaches focusing on private provider engagement, and projects will be required to report on these.

This document covers data needs and considerations for:

1. **Preparing a proposal focused on private provider engagement**

2. **Conducting baseline validation for the project if it is funded**

3. **Reporting data to measure and evaluate success of private provider engagement projects**

1. Preparing a proposal involving the engagement of private providers

Setting up an evaluation area: For private sector engagement projects, evaluation areas may be difficult to identify since projects may be focusing on one particular provider type or several provider types spread over multiple geographical areas. TB REACH defines **provider engagement** as an interaction with a private provider that results into a formal agreement in the form of a memorandum of understanding (MOU), participation in a training, or other form of interaction that can be documented and that demonstrates willingness to engage in the project on the part of the provider.

Conducting a provider mapping: It is unrealistic to assume that within the TB REACH grant, a project will be able to engage ALL private providers of a certain type. Thus, projects will have to conduct a private provider mapping by:

   a. Selecting a certain type or multiple types of providers to engage (general practitioners, pharmacists, chest specialists, informal providers, etc.);

   b. Selecting the geographic/evaluation area where these type(s) of provider(s) can be mapped;

   c. Mapping the type(s) of provider(s) to engage in the given evaluation area(s) (applicants can use Engaging private health care providers in TB care and prevention: a landscape analysis for guidance);

   d. Selecting a number of providers that the project will be able to engage.

Figure 1. Defining an evaluation area for a private provider engagement project.
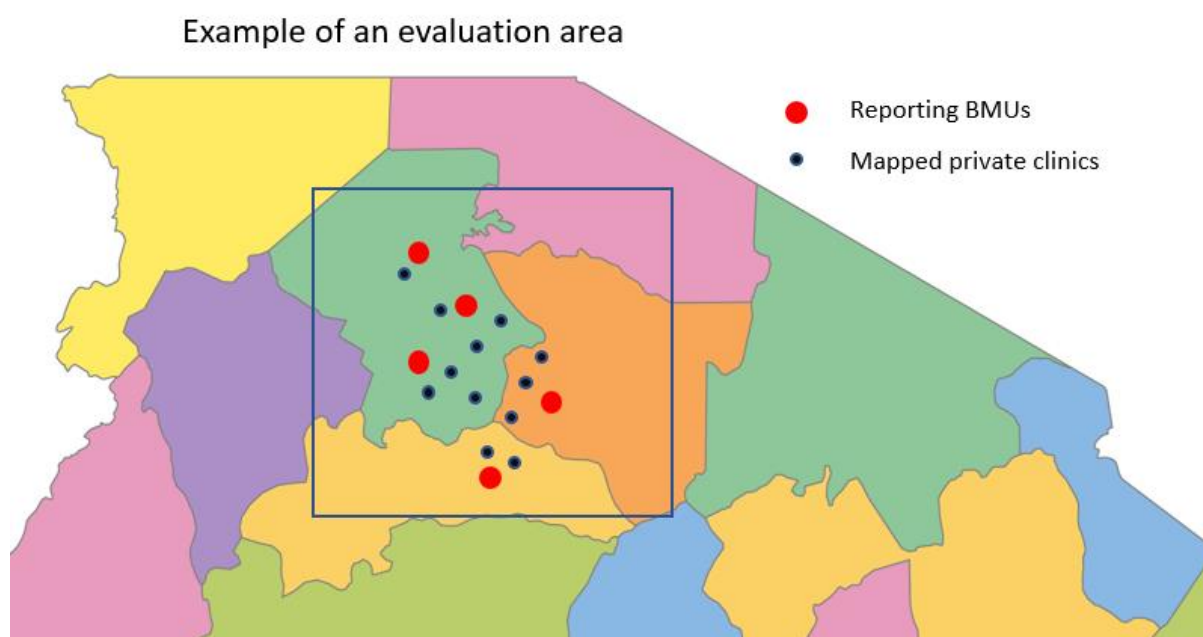
Obtaining data from public facilities: In the selected evaluation area projects should also conduct a mapping of public facilities and obtain historic lab and TB notification data to provide the setting for the proposal and to make reasonable assumptions about how testing and notifications can be increased, if private providers are engaged. In some settings, data on the contribution of private providers to notifications may already be available, but might not be reliable. If this data exists, it should be cited in the application.

Note: in countries where drug sales data is available, it can also be used to make assumptions about how many patients can be notified from the private sector. Additionally, if a substantial number of private providers conduct x-ray screening of patients or if x-ray screening will play a role in the screening and testing algorithm, this needs to be mentioned in the proposal.

The goals of private provider engagement projects are as follows:

➢ Increasing the number and coverage of private providers actively collaborating with the NTP on notifying (and potentially treating) people with TB;

➢ Increasing the quality of care through the number of people with TB who are bacteriologically confirmed being referred by the private sector;

➢ Increasing the number and proportion of people notified to the NTP by private providers;

➢ Where these data are available – using drug sales data to estimate coverage of the private sector engagement strategy.

Thus, any existing data concerning these outcomes above should be presented in the proposal and should allow for tracking the increase in testing and notifications as depicted for a hypothetical scenario below and through other means (i.e. accountability of drug sales data).

Figure 2. Hypothetical impact of a private provider engagement project on increase in notifications
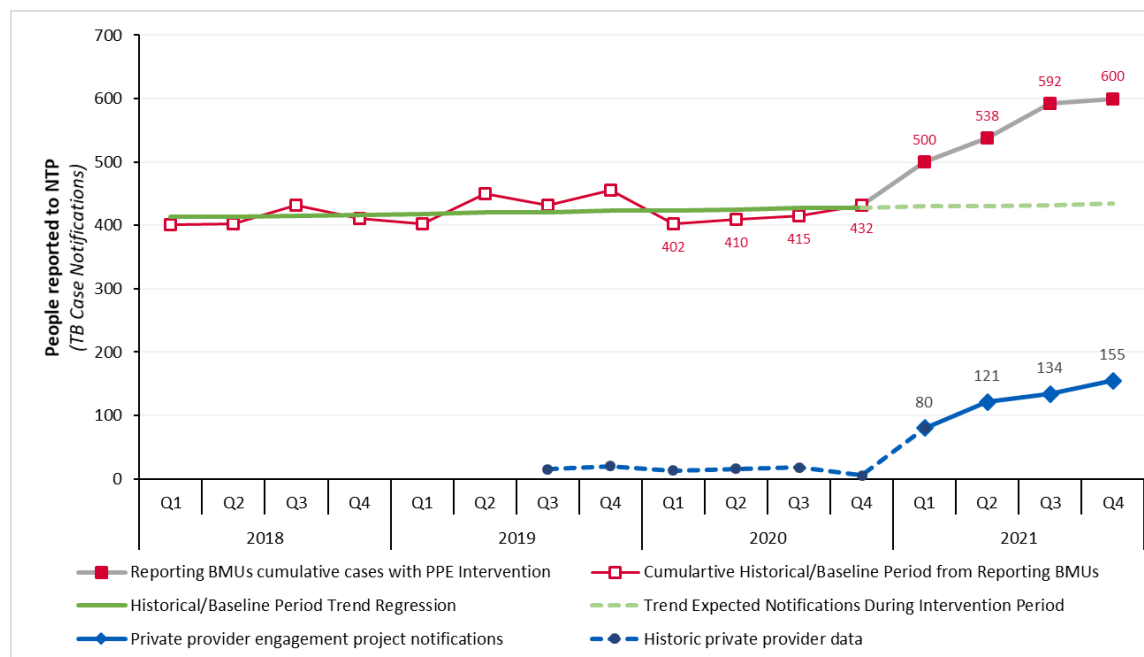
Wave 8 Application Checklist

☐ Select a type of or types of providers to be engaged (see Tables in section 4.4 of the application);

☐ Select a geographical area where these providers are located;

☐ Map all of the providers of the selected type in this area;

☐ Select a target number of providers to engage (i.e. sign an MOU, train etc.) over the course of the project;

☐ Map the labs and BMUs that are conducing the testing and notifications in the vicinity of the targeted providers;

☐ Obtain historic data to build assumptions about how testing and notifications can be increased through private provider engagement. (i.e. How many and what proportion of cases is currently being notified from private providers currently?);

☐ Provide any additional data- i.e. notifications attributable to the private sector or drug sales data in the given geographical area or nationally.

2. Conducting a baseline validation for the projects that are funded

All funded projects will have to determine a control area as described in TB REACH general M&E note, as part of the additionality calculations and adjustments.

Baseline Validation Checklist

☐ Check and ensure that data presented in the application is correct and valid from the mapping exercise (or finish conducting mapping exercise);

☐ Map BMUs in a control area that have a historic notification match to BMUs mapped for evaluation area;

☐ If the project is engaging private labs, or if the private facility is able to notify patients into the public systems, map public facilities to compare data;

☐ Obtain testing data from the reporting BMUs (evaluation area tests conducted; evaluation area individuals bacteriologically confirmed) for comparing the outcomes of private sector engagement.

3. Measuring Project Impact

A. Additionality and Process and Outcome Indicators

Projects will report evaluation and control area notifications every quarter to track additionality as a standard TB REACH project does.

Projects should focus their efforts on specific outcome indicators such as:

☐ % of people with TB notified in the private sector – indicating overall contribution of the PPE project to overall notification

☐ % of people bacteriologically confirmed in the private sector- indicating the quality of care and the ability of private provider clients to access for example, Xpert testing

☐ Additionality in notifications, when measured over historic and control area notification data

Table 1. Hypothetical project contribution to private provider share of total notifications

		Historic private sector data		PPE Project conribution	
		# of notifications from the private sector	% of private sector contribution	# of notifications from the private sector	% of private sector contribution
2019	**Q3**	15	3%		
	Q4	20	4%		
2020	**Q1**	13	3%		
	Q2	16	4%		
	Q3	18	4%		
	Q4	5	1%		
2021	**Q1**			80	**16%**
	Q2			121	**22%**
	Q3			134	**23%**
	Q4			155	**26%**

To help identify additionality, projects will report quarterly notification data from evaluation and control area BMUs as well as TB cascade data/process indicators as mentioned in Table 2 below.

Table 2. Process Indicators for PPE TB care cascade

Process Indicators
Number of people screened by private providers
Number of people identified as presumptive by private providers
Number of people identified as presumptive referred for testing/tested
Number of people with bacteriologically confirmed TB referred/identified by private providers
Number of people identified with all forms of TB by private providers
Number of people started on treatment

B. Coverage Targets

Projects will also report the number of private providers engaged and active over the duration of the project. During a reporting period active providers will be defined as those who are sending people for testing, or notifying people with TB in a given time period.

Figure 3. Reporting Private Provider Coverage

Coverage Indicators	Private Pharmacy, drug stores	Private formal providers (GP, chest specialist)	Total (n)	% of coverage targets
		Provider Statistics		
Number of providers mapped	30	20	50	NA
Number of providers targeted for engagement	20	15	35	NA
Number of providers engaged among targeted	18	10	28	**80%**
Number of providers active among engaged in a quarter	10	9	19	**68%**
Number of presumptive TB ... in a quarter	250	550	700	NA

Table 3. Summary of process, coverage and outcome indicators for private provider engagement projects.

Process Indicators	Outcome Indicators
Number of providers engaged	% of engage providers among targeted
Number of providers active among engaged	% of active providers
Number of people screened by private providers	
Number of people identified as presumptive by private providers	
Number of people identified as presumptive referred for testing/tested	% of people referred for testing/tested from the private sector
Number of people with bacteriologically confirmed TB referred/identified by private providers	% of people with bacteriologically confirmed TB who were identified in the private sector
Number of people identified with all forms of TB by private providers	% of people with TB identified by private providers
Number of people put on treatment/in treatment with private provider practice	% of people put on treatment who were identified in the private sector

Depending on screening and testing algorithms used, projects can also track number of X-ray screens as well as drug sales data reported that can be accounted for by the patients notified from the private sector.

C. Course correction

As projects progress, they can also begin analyzing data and focusing on how to amend their interventions. In the example below, private providers are testing a significant proportion of people screened, but are getting lower TB rates than public facilities and worse treatment outcomes, which could mean that people in need of TB services are not being captured by these providers and that treatment is still only available in the public sector.