

THE ROLE OF PATIENT PROVIDER SUPPORT AGENCIES (PPSA) IN SUPPORTING PRIVATE SECTOR PROVIDERS AND THEIR PATIENTS IN TUBERCULOSIS CARE: PERSPECTIVES AND EXPERIENCES OF PRIVATE SECTOR PROVIDERS IN AN EASTERN INDIAN STATE

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ABSTRACT

INTRODUCTION:

More than half of tuberculosis (TB) patients in India seek medical care at private facilities. Several models have been tested for effective private-sector engagement in TB care. Patient-Provider Support Agencies (PPSA) offer end-to-end TB care to private-sector TB patients.

OBJECTIVES:

This study aimed to understand the perspectives and experiences of private sector providers regarding the role of PPSA in delivering services to their TB patients in Odisha, India.

METHODS:

A qualitative descriptive method was employed to study purposively selected private sector providers across seven PPSA districts in Odisha.

RESULTS:

Among the 20 private sector providers, 15% notify more than 15 cases each year, while 20% notify fewer than five cases annually. All providers were aware that TB is a notifiable disease, and 95% of providers knew someone from the PPSA agency in their district. The providers strongly believe that PPSA is an effective model for delivering services to their patients.

CONCLUSIONS:

PPSA agencies provide essential support for private-sector patients in executing public health actions and enhancing private-sector notification.

KEYWORDS

private sector engagement, public private mix, partnership, TB patients, private practitioners

INTRODUCTION

As set out in the Global TB Burden Report [1], India contributes to more than a quarter (26%) of the world's tuberculosis (TB) burden. India is the country with the highest burden of drug-resistant TB worldwide, accounting for 27% of all cases [1]. The National Strategic Plan 2012–2017 advocates that all TB patients in the community must have "universal access to quality diagnosis and treatment" services [2]. To guarantee that all TB patients in the community have "universal access" to high-quality diagnosis and treatment, the National Tuberculosis Elimination Program (NTEP) has established a new goal. Expanding efforts to engage all care providers and stakeholders is one of the essential pillars towards achieving universal access [3]. More than half of the TB patients in India seek care from the private sector [4]. About 32% of all TB notifications in the country come from the private sector [5]. Moreover, the private sector's involvement is scattered across the country despite multiple efforts of the program.

There are gaps in the TB care cascade when it comes to individuals with active TB not being able to get a proper diagnosis or support for completing their treatment. This scenario is more evident among the patients diagnosed in the private sector compared to the public sector. A comparative analysis revealed distinct clinical and sociodemographic features between TB patients treated in public and private healthcare facilities. The rampant usage of chest X-rays for diagnosis and the administration of unmonitored and unregulated treatment regimens were more common among private sector practitioners. Interestingly, more than 60% of all TB medication sales were provided by private sector providers. Public sector providers, on the other hand, followed controlled treatment regimens and showed a preference toward sputum microscopy as the mode of diagnosis [6–12]. The private sector TB care cascade has several challenges, including diagnostic disparities, inefficient patient management, knowledge gaps, and a lack of standardised diagnostic and treatment regimens. These flaws cumulatively contribute to the poor quality of TB care in the private sector [7, 8, 10–17].

Because the issues related to the public and private sectors differ, separate interventions for private practitioners and their TB patients are required. Furthermore, most of the cases treated in the private sector do not get notified adequately [18]. These are the factors that make the private sector involvement a top strategic priority in India's plan to eliminate tuberculosis. The "Patient Provider Support Agency" (PPSA) uses a combination of patient subsidies and provider incentives to improve standards of diagnosis and treatment amongst private providers, demonstrating an example of an efficient private sector engagement model in India [19]. A private provider is any entity (such as a private laboratory, clinic or hospital) or individual (a physician) that is engaged in TB care through the entire cascade of TB care. Initially implemented by PATH and World Health Partners in two Indian cities Mumbai and Patna respectively, resulted in a rapid increase of TB notifications from the private sector [20]. The partnership option of PPSA, under domestic funding of the National TB Elimination Programme (NTEP), was initiated in the Eastern Indian state of Odisha to close the gaps and enhance private sector engagement, in the 2nd quarter of 2021. Patients seeking care in the private sector can receive end-to-end TB care under this partnership option. The PPSAs are operational across seven districts in the state with a high private sector TB burden contributing to 65% to 70% of the TB notifications annually. By March 2024, the PPSAs have completed three years of their operation. Given this background, the current study tried to understand the perspectives and experiences of private sector providers on the role of PPSA in rendering services to their TB patients.

OBJECTIVE:

The main objectives of this study were to understand the perspectives and experiences of the private sector providers on the role of PPSA in rendering services to their TB patients across seven PPSA-implemented districts of Odisha.

MATERIALS AND METHOD:

METHODOLOGY:

A qualitative descriptive method was adopted for this study [21].

STUDY SETTING:

The study was conducted across six revenue districts that include seven NTEP districts of Odisha. Bhubaneswar Municipal Corporation which is a NTEP district is a part of Khordha revenue districts. These seven districts were chosen purposively as PPSAs were operational across these districts of Odisha since the 2nd quarter of 2021.

STUDY SAMPLE:

A total of twenty private sector providers, whose patients were currently supported by the PPSA across these seven districts, were selected. The providers who gave consent, volunteered to participate in the in-person interview, and expressed their interest in sharing their experiences about the PPSA operationalisation and the support provided to them and their patients were included in the study. Approximately three participants per district were chosen for the study.

STUDY TOOL:

The study tool named "Provider tool" was used for this study. The tool had two sections: Socio-demographic profile and PPSA support. The tool was a blend of structured questionnaires with multiple options and open-ended questions to understand the behavioural facets of the study participants. The tool was developed by a team of experts that included public sector TB program managers, development sector professionals experienced in program evaluation, and monitoring and evaluation experts. Post-development, the tool was pilot tested in the Bhubaneswar Municipal Corporation area. With two minor modifications, the tool was finalised to be used for data collection. Excluding the socio-demographic characteristics, the tool consisted of a total of 13 questions, of which five were closed-ended questions with multiple options to answer, and the rest were open-ended questions. The validation of the tool involved face validation and pilot testing.

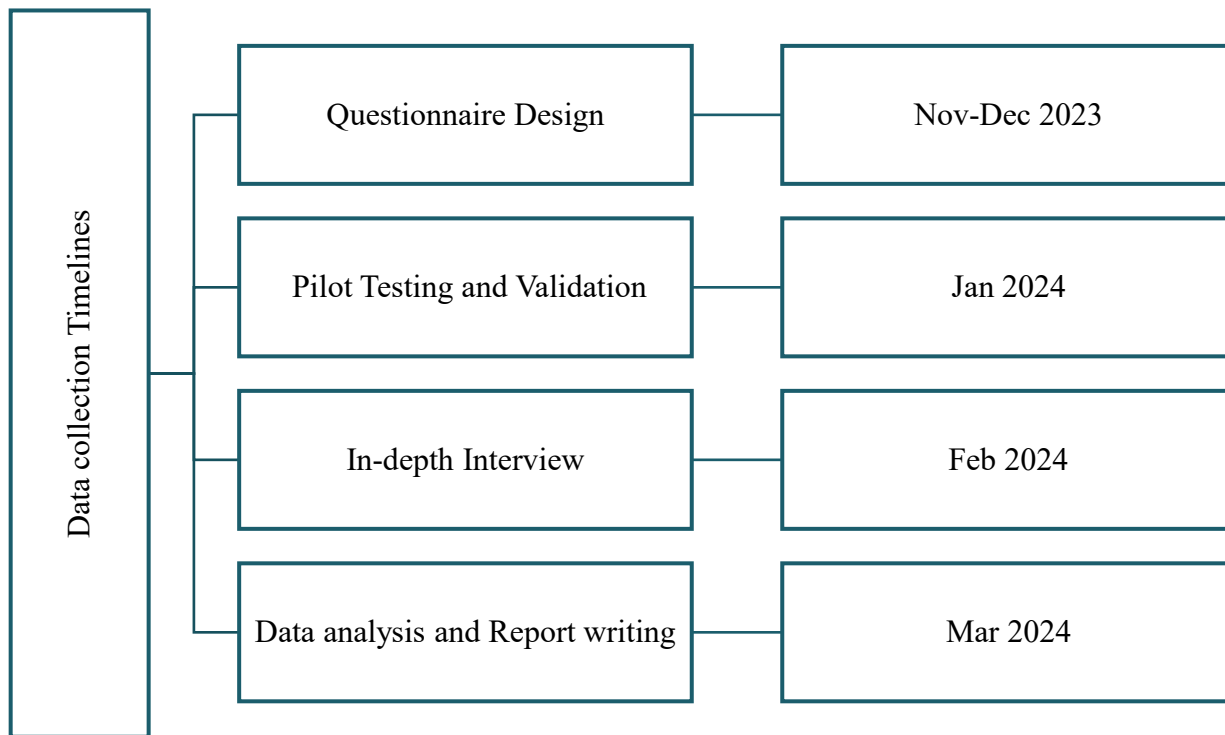
DATA COLLECTION METHOD:

The data were collected in two different ways, simultaneously. The responses with multiple options were collected in the questionnaire itself and the responses for the open-ended questions were recorded using a mobile recording device. The recorded contents were transcribed verbatim, and the key findings were extracted by reading the transcribed data repeatedly.

TIMELINE OF DATA COLLECTION:

The data were collected over two weeks in January and February 2024. The following Figure 1 depicts the data collection timeline for this study.

FIGURE 1: DATA COLLECTION TIMELINE



ANALYSIS:

The data collected through the close-ended questions were analysed using MS Excel and presented in proportions and the responses to open-ended questions underwent thematic analysis and were presented under various themes as emerged during the analysis [22].

ETHICAL CONSIDERATION:

The study did not require ethical approval, as per the National Ethical Guidelines for Biomedical and Health Research involving Human Participants, 2017 (Section 4.8.1, page 36) of the Indian Council of Medical Research, Government of India. Following the Declaration of Helsinki, the researchers maintained the confidentiality and integrity of the study participants while closely adhering to survey ethics. Every participant gave their informed consent before participating voluntarily in the study, and interviews were recorded using a mobile device with the respondents' permission. Complete data confidentiality was guaranteed during the handling, storing, and analysis of data.

RESULTS:

The study assessed the perceptions and experiences of 20 private providers across seven PPSA-implemented districts of Odisha. Table 1 delineates the profile of the study participants. The study found that 15% of the providers notify more than 15 cases in a year and 20% notify less than five cases in a year. All the private providers were aware that TB is a notifiable disease and 95% of them knew some representatives from the PPSA agencies operational in their respective districts. Figure 2 depicts the map of Odisha with operational PPSA districts, Figure 3 depicts the awareness of the private practitioners of any of the team members of the PPSA who are in touch with the provider to render the services to his/her patients. Similarly, Figure 4 depicts the percentage of the private practitioners who believe that PPSA is an effective model of private sector engagement for the support to their patients and Figure 5 depicts the type of services provided by the PPSA to the private providers.

FIGURE 2: MAP OF ODISHA DEPICTING 7 PPSA IMPLEMENTATION DISTRICTS IN THE STATE.

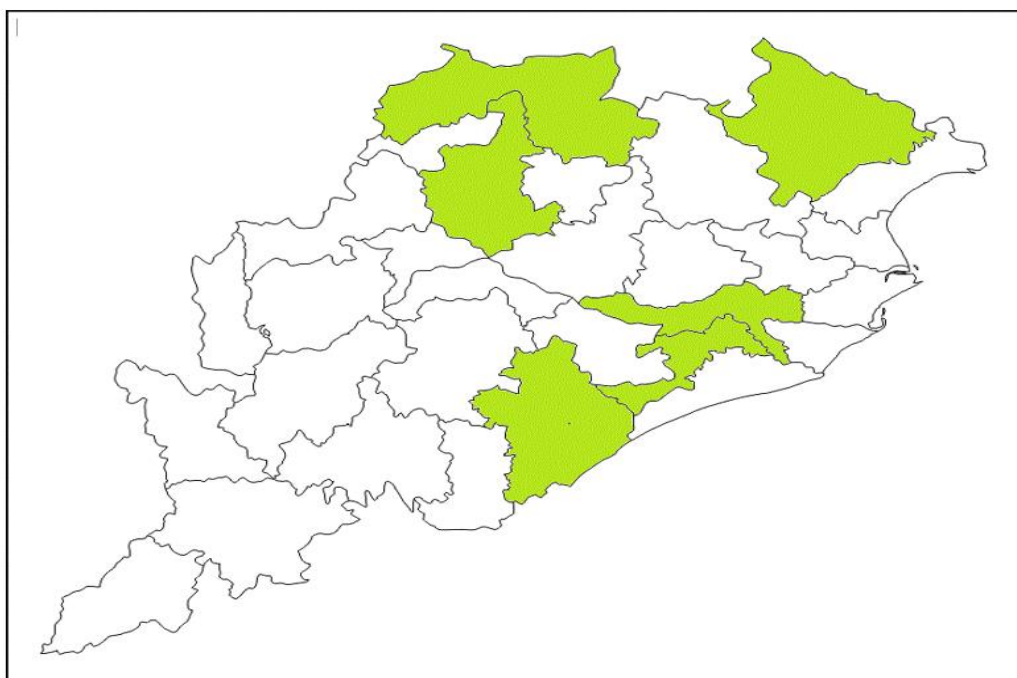


TABLE 1: CHARACTERISTICS OF PRIVATE SECTOR PROVIDERS (N=20)

Profile of Providers	Categories	n	%
Years of Experience	More than 30 Years	4	20.0%
	(15-30) Years	6	30.0%
	(7-15) Years	5	25.0%
	Below 7 Years	5	25.0%
Number of TB Notification per month	More than 15 Notifications	3	15.0%
	(11-15) Notifications	8	40.0%
	(6-10) Notifications	5	25.0%
	Less than 5 Notifications	4	20.0%

FIGURE 3: PERCENTAGE OF PRIVATE PROVIDERS WHOARE AWARE OF SOMEONE FROM THE PPSA TEAM (N=20)

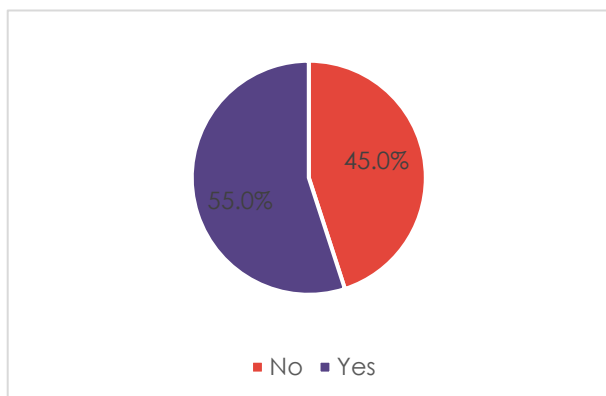


FIGURE 4: PERCENTAGE OF PRIVATE PROVIDERS WHO BELIEVE THAT PPSA IS AN EFFECTIVE MODEL FOR THE SUPPORT OF THEIR PATIENTS (N=20)

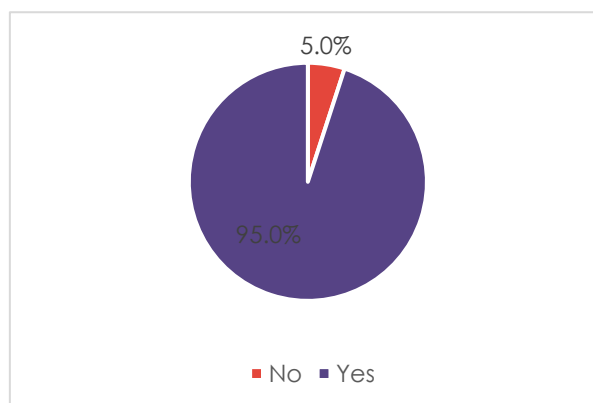
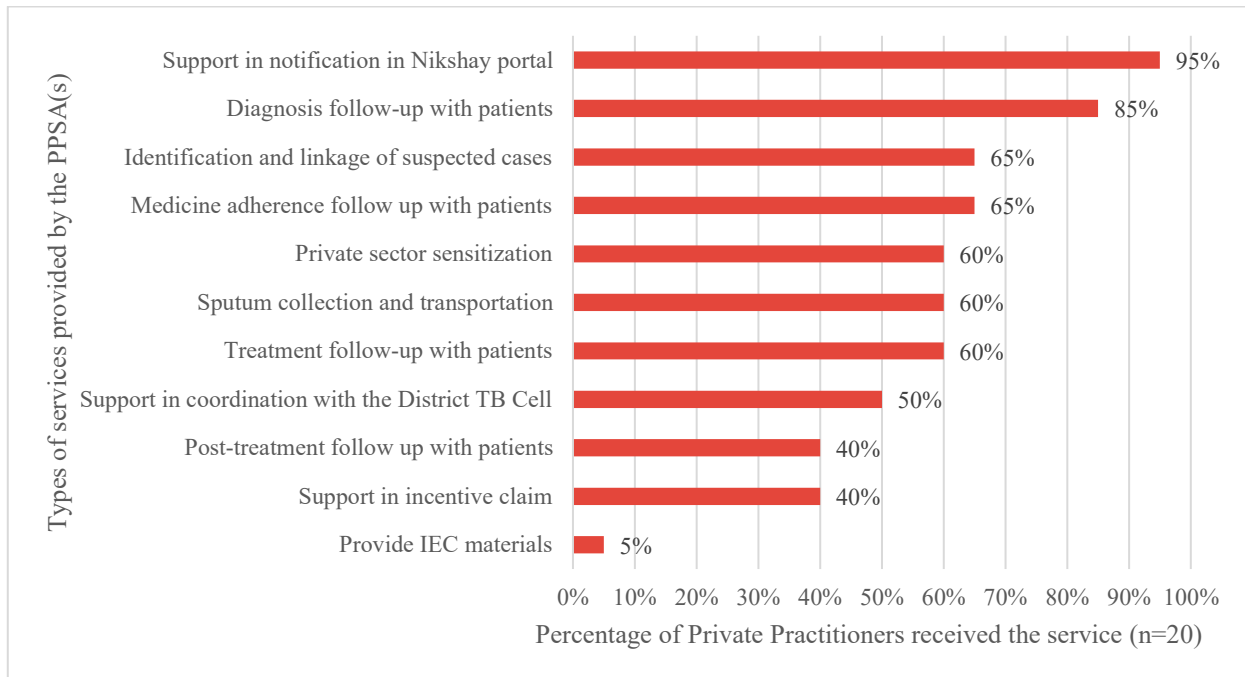


FIGURE 5: TYPE OF SERVICES PROVIDED BY PPSA(S) TO THE PRIVATE PROVIDERS AND THEIR PATIENTS.



In-depth interviews were conducted among 20 private practitioners to understand their perception and experience about the support of PPSA agencies to them and their patients across all the seven PPSA-implemented districts of Odisha.

SUPPORT OF PPSA IN ENSURING PUBLIC HEALTH ACTION:

The study found that PPSA has been a great support in ensuring public health action for private-sector patients. 65% (n=20) of the providers admitted that PPSA helps in identifying the suspected cases and linking them for diagnosis and treatment, 60% of them reported that PPSA supports sputum collection and 85% and 60% of them admitted that PPSA supports follow up with their patients for diagnosis and treatment, respectively. Similarly, 65% reported that PPSA supports medicine adherence and 40% reported that PPSA also carries out post-treatment follow-up. Many of the providers stated the support of PPSA(s) in rendering public health action to their patients.

“Without the PPSA, it is not possible to reach out to each patient. They help in the public health action of my patients. In addition, they help in Adverse Drug Reaction management. However, they should adopt the patient-friendly approach and maintain the privacy of the patients.”

- Private provider in Sundargarh district

“Yes definitely, I can tell you that previously patients used to take medicines privately from drug stores and used to discontinue after one or two months however with their support these patients are linked to the public health system, and they are now completing the course.”

- Private provider in Ganjam district

“After the diagnosis, I contacted the PPSA person (Parameshwar) for the public health action.”

- Private provider in Ganjam district

“It is a good initiative. We are getting immense support from the PPSA staff. The approach is very systematic. They collect samples from the patient’s home. Earlier it was not possible. The model is convenient for me as well as for the patients. Patients are getting benefitted for sure.”

- Private provider in Cuttack district

"PPSA is working very well. The PPSA initiative is wonderful. It saves us time. The patient's time is also saved. Now, Doctors only have to diagnose and treat the patients. They also follow up with the patients on medicine adherence. I am more than satisfied. Patients' stigma is also reduced with their help."

- Private provider in Cuttack district

"It is undoubtedly a good initiative. It saves me time on administrative work. Also, as PPSA is following up with patients, it is quite beneficial to them too."

- Private provider in Bhubaneswar MC

"Vital support in linking of patients for subsequent treatment."

- Private provider in Ganjam district

SUPPORT IN PRIVATE SECTOR NOTIFICATION:

60% (n=20) of the private providers admitted that they received sensitization from the PPSA agencies regarding the significance of private sector notification and Standards of TB care in India. Almost all the private providers (95%) admitted that they have received support for notification in the Nikshay portal. One of the providers stated that-

"The district NTEP and the PPSA field officer Mr. Sahadev helped me in getting registered in Nikshay. Sahadev visits me once a month to help me notify all my cases in Nikshay however the earlier district manager used to visit once in six months."

- Private provider in Sambalpur district

"Given my busy schedule and patient footfall in my clinic, I do not get time to notify TB cases, although I am aware that TB is a notifiable disease. This boy, Alok (referring to the PPSA representative) approached me one day and he is now completely facilitating the entry of my patient's details into the Government portal. It is a timely help to me."

- Private provider in Cuttack district

BRIDGE SUPPORT BETWEEN PATIENT AND PUBLIC SYSTEM:

Half of the providers admitted that PPSA also helps in linking with the District TB cell and at Block level functionaries as and when needed in ensuring pertinent services for the patients and the practitioners as well. Two of the providers stated that-

"Especially in coordinating with the District TB Unit and other TB staff members. It's a good initiative by the Government of India for connecting both patients and practitioners and the Government system as and when needed."

- Private provider in Khordha district

"I found that many patients who came to my clinic were not aware of the national program that they could get free diagnostic and treatment services. Even I was not aware that there are financial benefits for us and patients as well. These PPSA representatives made me aware of this and now my patients are linked with the public system and are getting free diagnosis and treatment, I feel this is a good initiative for poor patients."

- Private provider in Sambalpur district

SUPPORT FOR INCENTIVES TO PROVIDERS:

It was found that 40% (n=20) of the private providers have received support for claiming incentives for the notifications. One of the private providers admitted that the PPSA provides support in notification and claiming the incentives linked with it and helps in connecting the patients with the providers and government system. He stated that-

"The field workers are working very well; especially in co-ordinating with the patients and DTC. It's a good initiative by the Government of India to connect both patients and practitioners. It saves me time while generating notifications and incentive claims. Additionally, they do patient-level follow-up for diagnosis and treatment."

- Private provider in Khordha district

"Alok (referring to the PPSA representative) is a big help to my practice. Although I receive the incentives, it's not timely many times however this guy has followed up with the Government office to make sure that I get that in time. In addition, he also helped me with notifications and connected my patients with the district hospital where they could easily get the tests done."

- Private provider in Cuttack district

A GOOD MODEL OF PRIVATE SECTOR ENGAGEMENT FOR TB ELIMINATION:

Given the support of PPSA in ensuring the variety of public health actions to the private sector patients and the providers as well, some of the providers realized that PPSA is a good model of private sector engagement for TB elimination efforts in the state. One of the providers stated that-

"Yes, PPSA contribution is vital for TB elimination effort. They are working very well."

- Private provider in Bhubaneswar MC

"You know! This is a very comprehensive model, and I liked it very much. Given the complexity of TB treatment, it provides very good support starting from creating awareness to linking patients for diagnosis and treatment and assisting them in getting the financial benefits under the national program."

- Private provider in Cuttack

DISCUSSION:

The National Strategic Plan (NSP) for TB Elimination 2017-2025 emphasises the government's role as an enabler rather than the sole provider of TB care. The NSP intends to ensure that services for privately managed patients are established following India's TB Care Standards [23]. The PPSA model, which is in line with the NSP, has helped to enhance the quality of treatment for patients accessing the private sector, lower out-of-pocket costs for testing and drugs, and strengthen the health system to enable universal access to TB care. The agencies provided the patients with verifiable access to the entire cascade of TB services. The model demonstrated that low-cost, locally customised private sector participation methods with strong administrative support are both viable and beneficial to society. Moreover, the Joint Effort for TB Elimination initiative, a private provider support agency, helped to build sustainable processes for private sector engagement by customising a collaboration and monitoring framework. It is based on the private sector's social obligation paired with profitable customer care services, as well as the government's actual involvement in enabling TB services to the entire population, including those seeking care in the private sector. It is a win-win-win situation for the patient, NTEP, private hospitals, and society, making it easily scalable and replicable [24].

The Providers admitted that the PPSA helped them in notification of cases diagnosed at their end which is also evident from the analysis of Nikshay's data post-implementation of PPSA in the state. In the third year (2023) of PPSA implementation, the state achieved 100.5% of TB notifications against the target which is 1.3% higher than the previous year (2022) however if compared with the base year (2021) the improvement is 29.3%. Until the implementation of PPSA, the notification achievement in the year 2020 was 50.7% which was substantially low which indicates that PPSA implementation is a successful model in achieving the private sector notification. A similar assessment of the role of PPSA in Jharkhand shows an increase of notification of 22.9% in 2019 to 33.5% in 2020 [25].

It is important to note that private providers are happy with the public health support provided to their patients. The support included diagnosis, treatment, follow-up, and treatment adherence. Needless to mention these support services to the patients lead to better treatment outcomes among the private sector patients [9]. The Nikshay analysis reveals that post implementation of the PPSA model, the successful treatment outcome during the three years from 2021 to 2023 has consistently been more than 90% in the state. It is also important to note that PPSA acts as a bridge between the private sector and the public sector for the betterment of the patients and the community at large. It is well understood that for the public sector and the private sector work with different objectives, modus operandi, and target audiences with very

few or no occasions of convergence unless catalysed by a third party PPSA plays that catalyst role which is important for the program [24]. This study also found that private providers realise that PPSA thrives to narrow down the gap between the patients and the public system.

The NTEP has used a range of strategies to engage the private sector, including education, regulation, provision of free TB services, incentives, and partnership options. As a result of all these efforts, the private sector has significantly contributed to TB notification, follow-up, and treatment success. However, they fall short of meeting the objectives. Strategies emphasised purchasing services rather than fostering long-term partnerships. There are no substantial strategies to engage the varied range of providers, including informal health care providers and chemists, who are the first point of contact for a large proportion of people with TB. The state should come up with an integrated private sector engagement policy that focuses on ensuring quality TB care for all citizens. The NTEP should implement a strategy specifically adapted to the various categories of providers given the medical pluralism in the country. To ensure meaningful inclusion in the private sector, it is also necessary to improve understanding and generate data intelligence for improved decision-making, strengthen engagement platforms, and increase social insurance coverage [12].

STRENGTHS AND LIMITATIONS OF THE STUDY:

The study has three important strengths. First, it focused on private providers that are relatively under-researched in the context of TB care, capturing their perspectives. Secondly, it encompassed a diverse geography, covering seven districts in the state where PPSA is implemented, which show variations in health systems and socio-cultural aspects. Thirdly, the study found a high level of awareness about PPSA services among private practitioners, suggesting potential for expansion in other areas of the state.

There are two limitations: one is the small sample size, and the other is that it only considered private sector providers in the PPSA operational districts across the state. Including perspectives from private sector patients, PPSA representatives, and government service providers would have provided a more comprehensive understanding of the larger context, resulting in better insights for findings that could be generalised and transferred to similar settings environments.

IMPLICATIONS OF THE STUDY:

Scaling up the operationalization of PPSA: The positive feedback from private providers suggests that the implementation of PPSA can be expanded to other districts in the state.

Tailored provider engagement: The study also found that some providers notify less than their counterparts, indicating that customized strategies must be adopted by the PPSA agencies to engage them effectively.

Policy implication: Given the success of PPSA's implementation, it can also be integrated as a mainstream private sector engagement strategy in other regions.

CONCLUSION:

The unique characteristics of the supply and demand sides in the health system highlight the multifaceted nature of the TB care cascade. A well-established approach in the form of the public-private partnership (PPP) model [6, 7, 24] significantly contributes to TB control by improving patients' access to TB services. The contribution of various models is well-documented, and PPSA is being implemented in several parts of the country. In addition, if the state plans to provide universal access to TB care for private sector patients, it is essential to identify the bottlenecks and enablers specific to the private sector in the TB care cascade and to introduce more novel private sector options models.

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