

THE UNITED REPUBLIC OF TANZANIA



**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN (MOHCDGEC)**

MONITORING AND EVALUATION PLAN

FOR

TUBERCULOSIS AND LEPROSY PROGRAM

(2020-2025)

THE UNITED REPUBLIC OF TANZANIA



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LIST OF ABBREVIATIONS

| | |
|--------|---|
| ADR | Adverse Drug Reactions |
| ADDO | Accredited Drug Dispensing Outlets |
| AFB | Acid Fast Bacilli |
| AIDS | Acquired Immuno-Deficiency Syndrome |
| CHMT | Council Health Management Team |
| CRG | Community Right and Gender |
| CTRL | Central Tuberculosis Reference Laboratory |
| DMO | District Medical Officer |
| DOT | Directly Observed Treatment |
| DOTS | Directly Observed Treatment, Short course |
| DR-TB | Drug Resistant TB |
| DST | Drug Susceptibility Testing |
| DTLC | District Tuberculosis and Leprosy Co-ordinator |
| EQA | External Quality Assurance of AFB microscopy, culture |
| ETL | Electronic TB and Leprosy Register |
| GLRA | German Leprosy and Tuberculosis Relief Association |
| HIV | Human Immunodeficiency Virus |
| KVPs | Key and Vulnerable Population |
| LTBI | Latent TB Infection |
| MAT | Medically Assisted Treatment |
| MDR | Multi-drug Resistant |
| NSP | National Operational Strategic Plan |
| NTLP | National Tuberculosis and Leprosy Programme |
| OHSC | Occupational Health and Safety Compliance |
| POD | Prevention of Disability |
| QI | Quality Improvement |
| RMNCAH | Reproductive Maternal Newborn Child Adolescent Health |
| RR | Rifampicin Resistance |
| RTL | Regional Tuberculosis and Leprosy Coordinator |
| SBCC | Social and Behaviour Change Communication |
| TB | Tuberculosis |
| TPT | TB Preventive Therapy |
| TWG | Technical Working Group |
| TLCU | Tuberculosis and Leprosy Central Unit |
| WHO | World Health Organization |

INTRODUCTION

During the implementation of NSP V, the major focus for the M&E was to improve the surveillance system in order to strengthen the measurement of the true burden of the diseases. The national M&E tools adapted the WHO 2013 case definition and are available for facility as well as community-based record and reporting. Paper-based TB tools are regularly updated and made available to all facilities. The electronic case-based system (DHIS2-ETL) has been developed on the web-based DHIS2 platform and the nation-wide roll out began in January 2018. The DHIS2-ETL was revised in 2020 in keeping with information capture using paper-based tools. The system comprises of separate modules for surveillance of TB and Leprosy. The ETL captures laboratory, HIV test results and ART uptake data. Furthermore, the case-based system provides disaggregated data by sex, age groups, occupation ,geographical location and KVPs.

Enhanced data quality has been a product of in-built data quality validation through the use of DHIS2-ETL that has led to improved completeness and consistency of data. Timely reporting is achieved with quarterly reports made available within two weeks after the end of the quarter. Additionally, a national level Data Quality Assurance (DQA) guide has also been developed and is currently implemented.

The National TB and Leprosy M&E plan describes indicator and performance targets for activities in the operational plan. It compliments the NSP VI. Annual performance targets are set using TB and Leprosy service delivery data extracted from DHIS2-ETL. This plan will continue to focus on the use of DHIS2-ETL to track program progress, measure achievements, and assess the changes the program had produced throughout implementation as well as to provide corrective action during the plan period.

It will also provide the background information for the indicators included in the Performance Framework and for the M&E system that produces the results reported to the Global Fund.

The plan was developed in a participatory manner, as a follow up of the National Strategic Plan core document development. This was achieved through consultative review workshops and meetings. Indicators and targets in this M&E were developed concurrently with the OP, and the Global Fund 2020-2022 cycle application processes.

The M&E plan has two main parts. The purpose of the first part is to describe how the impact on progress in the control of TB and Leprosy will be measured through the indicators and targets, methods of data collection, data management and data quality. It also monitors progress in achieving planned outcomes, and delivering planned outputs and processes, as well as inputs. In the second part, the M&E plan addresses program evaluation, M&E coordination and publication of results to inform policy.

PART I: IMPACT MEASUREMENT

INDICATOR DEFINITIONS AND MEASUREMENT

The major indicators for monitoring the plan and its impact are listed in the M&E Framework below. The indicators follow the objectives and strategic interventions from the NSP VI and include a table presenting all indicators for which data are collected by the NTLP.

For each indicator included in this framework, the following information are provided:

Indicator name

2019 baseline values;

Performance targets set;

Data source and frequency;

Indicator type;

The definition of each indicator is included in Annex I. Four impact indicators will be used for impact assessments conducted every 1-3 year(s) and linked to programme reviews and grant renewals. The findings will be used to guide future strategy and investments.

The impact indicators are estimated by WHO, Geneva, and presented annually in the WHO Global TB Report. These include :-

TB incidence rate

TB mortality rate

Percentage of TB affected families facing catastrophic costs due to TB

Number of children (under fifteen years of age) newly diagnosed with Leprosy presenting with Grade 2

Other impact indicators estimated by WHO include:-

TB/HIV mortality rate

MDR prevalence among new TB cases

These indicators will be used to measure progress in country.

Table 1: Monitoring and Evaluation Framework

Impact indicators

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--------|--|----------|--------|---------------------|--------|--------|--------|--------|----------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 1 | TB incidence rate (per 100,000 population) | 2018 | 253 | 216 | 211 | 197 | 177 | 150 | WHO Global TB Report |
| 2 | Number of TB deaths (HIV negative and positive) | 2019 | 32,000 | 23,340 | 20,340 | 17,700 | 15,430 | 13,350 | WHO Global TB Report |
| 3 | Percentage of TB affected families facing Catastrophic costs due to TB | 2019 | 45 | | 30 | | 25 | 22 | Survey |
| 4 | Number of children (< 15 years of age) newly diagnosed with Leprosy presenting with Grade 2 Disabilities | 2019 | 4 | | | 1 | | 0 | DHIS2-ETL |

Objective 1: To increase TB treatment coverage from 53% in 2018 to 90% in 2025 by innovatively addressing barriers to access, utilization and the needs of the key and vulnerable population for TB care and prevention service

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--------|--|----------|-------|---------------------|------|------|------|------|----------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 1.0.1 | TB treatment coverage | 2018 | 53% | 69% | 75% | 81% | 85% | 90% | WHO Global TB Report |
| 1.0.2 | TB Treatment success rate | 2018 | 90% | >90% | >90% | >90% | >90% | >90% | DHIS2-ETL |
| 1.1.1 | Percent of hospitals and health centres Implementing Quality Improvement model for TB case detection | 2019 | 56 | | 80% | | 90% | 100% | MoHCDGEC Report |
| 1.2.1 | Community contribution for TB notification | 2019 | 26% | 30% | 30% | 30% | 30% | 30% | DHIS2-ETL |

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--------|--|----------|--------|---------------------|---------|---------|---------|---------|--------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 1.2.2 | Percentage of bacteriologically confirmed TB cases whose household contacts screened for TB | 2019 | NA | | 50% | | | 100% | DHIS2-ETL |
| 1.3.1 | Number of Prisons implementing improved TB services (active TB screening) in prisons setting | 2019 | 18 | 34 | | 65 | | 129 | MoHCDGEC |
| 1.4.1 | Number of elderly TB cases | 2019 | 14,690 | 15,690 | 16,690 | 17,690 | 18,690 | 19,100 | DHI2-ETL |
| 1.5.1 | Number of KVP (PWIDS, fisher folks, slums) screened for TB for TB annually | 2019 | NA | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 | NTLP Reports |

Objective 2: To expand access to quality TB diagnostic services, including the adoption of new diagnostic technologies

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--------|---|----------|-------|---------------------|------|------|------|------|------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 2.0.1 | Percentage of new and relapse TB cases Tested using WHO Recommended Rapid tests WRP (GeneXpert, TrueNut) at the time of diagnosis | 2019 | 23% | 50% | 60% | 65% | 68% | 70% | DHI2-ETL |
| 2.0.2 | Percentage of Bacteriological Confirmation coverage among notified New and Relapse TB Cases | 2019 | 50% | 60% | 70% | 80% | 85% | 90% | DHI2-ETL |
| 2.0.3 | Percentage of laboratories showing adequate performance in external quality assurance for | 2019 | 61% | 70% | 75% | 80% | 85% | 90% | MoHCDGEC Reports |

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|---|--|----------|-------|---------------------|------|------|------|------|------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| | smear microscopy and GeneXpert among total number of laboratories that participated in EQA during the reporting period | | | | | | | | |
| <i>Strategic intervention 2.1: Enhance universal access to TB diagnostic services</i> | | | | | | | | | |
| 2.1.1 | Percentage of health facilities with availability of TB diagnosis on site or by specimen referral among TB treatment centers | 2019 | 19% | 20% | 25% | 30% | 35% | 40% | MoHCDGEC Reports |
| <i>Strategic intervention 2.2: Strengthen supply chain management for TB Laboratory commodities at all levels</i> | | | | | | | | | |
| 2.2.1 | Percentage of diagnostic sites with adequate supply of TB lab commodities | 2019 | NA | 90% | 90% | 90% | 90% | 90% | MoHCDGEC Reports |
| <i>Strategic intervention 2.3: Strengthen quality assurance (QA) across TB diagnostic network.</i> | | | | | | | | | |
| 2.3.1 | Percentage of GeneXpert sites with ISO accredited | 2019 | 3% | 10% | 15% | 20% | 25% | 50% | MoHCDGEC Reports |
| 2.3.2 | Percentage of laboratories with GeneXpert machines integrated to DHI2–ETL or GxAlert | 2019 | 44% | 73% | 77% | 81% | 85% | 90% | MoHCDGEC Reports |
| <i>Strategic intervention 2.4: Expand the coverage and utilization of phenotypic and genotypic DST</i> | | | | | | | | | |
| 2.4.1 | Percentage of bacteriological confirmed TB patients has DST result for at least rifampicin | 2019 | 65% | 75% | 90% | 100% | 100% | 100% | DHIS2-ETL |

Objective 3: To maintain the proportion of children with TB among the notified cases at 15 percent and to increase the ratio of ages at '0-4':5-14 years from 1.3 in 2019 to 1.5 by 2025,

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--|--|----------|-------|---------------------|------|------|------|------|-----------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 3:0:1 | Ratio of TB cases aged 0-4: 5-14 | 2019 | 1.3 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | DHI2-ETL |
| 3:0:2 | Percentage of hospitals perform sputum induction and gastric aspiration | 2019 | 11% | 20% | 40% | 60% | 70% | 75% | MoHCDGEC Report |
| 3:0:3 | Percentage of eligible <5 years children household contacts of bacteriological confirmed TB patient are started with TPT | 2019 | 42% | 49% | 56% | 63% | 70% | 75% | DHI2-ETL |
| <i>Strategic intervention 3.1: Establish burden of TB disease among children and adolescents in different regions and districts</i> | | | | | | | | | |
| 3.1.1 | Subnational TB notification rate of children and adolescents | 2019 | NA | Established | | | | | DHI2-ETL |
| <i>Strategic intervention 3.2: Meaningful engagement of all care providers in the health facilities and communities in identification and linkage of all children and adolescents to comprehensive TB services</i> | | | | | | | | | |
| 3:2:1 | Percentage of under <5 years children household contact TB cases screened for TB | 2019 | 40% | 80% | 90% | 100% | 100% | 100% | DHI2-ETL |
| <i>Strategic intervention 3.3: Build capacity of healthcare workers to diagnose and manage childhood tuberculosis</i> | | | | | | | | | |
| 3:3:1 | Percentage of children and adolescent (age 0-19) who are bacteriological confirmed | 2019 | 12% | 30% | 40% | 50% | 60% | 70% | DHI2-ETL |
| <i>Strategic intervention 3.4: Integrate TB services with other child and adolescent health services in facilities and communities.</i> | | | | | | | | | |
| 3.4.1 | Percentage of notified pediatric TB cases referred from RMNCAH | 2019 | 2% | 3.6% | 5.2% | 6.8% | 8.4% | 10% | DHI2-ETL |

Objective 4: To increase RR/MDR-TB cases detected and enrolled for treatment from 54 percent to 90 percent of the estimated RR/MDR-TB cases among the notified by 2025.

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|---|--|----------|-------|---------------------|-------|-------|-------|------|-------------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 4:0:1 | Percentage of RR-TB and/or MDR-TB notified among estimated drug resistant TB (RR-TB/MDR-TB) of notified TB cases | 2019 | 54% | 61.2% | 68.4% | 75.6% | 82.8% | 90% | DHIS2-ETL, NTLP Reports |
| 4:0:2 | Treatment success rate for MDR TB patients. | 2019 | 80% | 82% | 84% | 86% | 88% | 90% | DHIS2-ETL |
| <i>Strategic intervention 4.1: Strengthen MDR-TB case finding and management</i> | | | | | | | | | |
| 4.1.1 | Percentage of contacts of RR/MDR-TB patients screened for TB | 2019 | 26% | 40.8% | 55.6% | 70.4% | 85.2% | 100% | DHIS2-ETL |
| <i>Strategic intervention 4.2: Scale up and strengthening of MDRTB decentralized sites</i> | | | | | | | | | |
| 4:2:1 | Percentage of RR-TB and/or MDR-TB started on treatment are lost to follow up | 2017 | 2% | 0% | 0% | 0% | 0% | <10% | DHIS2-ETL |
| 4:2:2 | Percentage of District Hospitals initiating MDR-TB services | 2019 | NA | 100% | 100% | 100% | 100% | 100% | DHIS2-ETL |
| <i>Strategic intervention 4.3: Strengthen system to support PMDT services</i> | | | | | | | | | |
| 4.3.1 | Percent of regions reporting ADR | 2019 | NA | 60% | 100% | 100% | 100% | 100% | MoHCDGEC Reports |
| <i>Strategic intervention 4.4: Strengthen systematic surveillance of drug resistance TB</i> | | | | | | | | | |
| 4.4.1 | Percentage of contacts of RR/MDR-TB patients traced and screened for TB | 2019 | 26% | 40.8% | 55.6% | 70.4% | 85.2% | 100% | DHIS2-ETL |
| 4.4.2 | Percentage of TB patients with DST results for at least rifampicin | 2019 | 37% | 49.6% | 62.2% | 74.8% | 87.4% | 100% | DHIS2-ETL |

OBJECTIVE 5: To Strengthen management of co-morbidities including collaborative TB/HIV activities, and Prevention of TB for persons at high risks.

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|---|--|----------|-------|---------------------|------|----------------|------|------|------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 5.0.1 | Percentage of notified new and relapse TB patients have documented HIV status | 2019 | 99% | 100% | 100% | 100% | 100% | 100% | DHIS2-ETL |
| 5.0.2 | Percentage HIV positive new and relapse TB patients are on ART during TB treatment | 2019 | 99% | 100% | 100% | 100% | 100% | 100% | DHIS2-ETL |
| 5.0.3 | Percentage of public and private hospitals implementing collaborative TB/Diabetes activities | 2019 | N/A | 100% | 100% | 100% | 100% | 100% | MoHCDGEC Reports |
| <i>Strategic intervention 5.3: Strengthen prevention of LTBI among at risk groups.</i> | | | | | | | | | |
| 5.3.1 | Percent of eligible at-risk groups completed TPT | 2019 | NA | 70% | 70% | 90% | 90% | 90% | MoHCDGEC Reports |
| <i>Strategic intervention 5.4: Implement Tobacco Smoking cessation in TB programming.</i> | | | | | | | | | |
| 5.4.1 | A guide for TB patients to quit smoking in place | 2019 | NA | | | Guide in place | | | MoHCDGEC Reports |

Objective 6: To strengthen TB services to population miners and their families by 2025

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--------|---|----------|-------|---------------------|------|------|------|------|-----------------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 6.0.1 | Percent of known mine workers screened for TB | 2019 | NA | | 25% | 30% | 40% | 50% | DHIS2-ETL, National Reports |

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--|---|----------|-------|---------------------|------|------|------|------|------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 6.0.2 | Percent of borders implementing cross border initiatives (CBI) | 2019 | NA | 50% | 60% | 70% | 80% | 90% | MoHCDGEC Reports |
| <i>Strategic intervention 6.2: Scale up OHSC including capacity building to HCWs and CSOs in mining areas on TB and other occupational lung diseases management.</i> | | | | | | | | | |
| 6.2.1 | Percent of Mine workers receiving TB and OHSC services. | 2019 | 8% | 20% | 50% | 70% | 90% | 100% | MoHCDGEC Reports |
| 6.2.2 | Percent of CSOs in mining areas trained on TB and TB/HIV and occupational lung diseases services | 2019 | NA | 20% | 50% | 70% | 90% | 100% | MoHCDGEC Reports |
| <i>Strategic intervention 6.3: Promote health seeking behaviours and positive behavioural change among artisanal miners</i> | | | | | | | | | |
| 6.3.1 | Percent of the population in mines and surrounding communities with awareness on TB disease by 2025 | 2019 | NA | | | | 80% | 80% | Survey |

Objective 7: To reduce leprosy prevalence in all endemic councils by 2025.

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--|--|----------|-------|---------------------|------|------|------|------|-------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 7.0.1 | Number of leprosy endemic councils (with >1/10,000 patients) | 2019 | 16 | 12 | 12 | 10 | 8 | 6 | DHIS2-ETL |
| <i>Strategic intervention 7.1: Strengthen targeted leprosy screening campaigns in high endemic councils and hidden hotspots.</i> | | | | | | | | | |

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|--|---|----------|-------|---------------------|-------|-------|-------|-------|-----------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 7.1.1 | Percent of new leprosy cases household contacts are screened for leprosy | 2019 | NA | 50% | 80% | 90% | 100% | 100% | DHIS2-ETL |
| 7.1.2 | Number of new leprosy cases detected | 2019 | 1,650 | 1,300 | 1,200 | 1,100 | 1,000 | 950 | DHIS2-ETL |
| 7.1.3 | Children (< 15 years age) diagnosed with leprosy, Rate per 1,000,000 population | 2019 | 5 | 4 | 3 | 3 | 2 | 2 | DHIS2-ETL |
| 7.1.4 | Percent of MB cases among new cases | 2019 | 92% | 92% | 92% | 92% | 92% | 92% | DHIS2-ETL |
| 7.1.5 | MDT completion rate | 2019 | 80% | 81% | 82% | 83% | 83% | 83% | DHIS2-ETL |
| <i>Strategic intervention 7.2: Strengthen Prevention of Disability services</i> | | | | | | | | | |
| 7.2.1 | Percentage of councils providing leprosy services that report no stock out of leprosy commodities | 2019 | 100% | 100% | 100% | 100% | 100% | 100% | MoHCDGEC Report |
| 7.2.2 | Number of PALs received assistive devices | 2019 | 2,000 | 2,200 | 2,500 | 2,700 | 2,800 | 3,000 | DHIS2-ETL |
| <i>Strategic intervention 7.3: Scale up of PEP in the remaining endemic councils</i> | | | | | | | | | |
| 7.3.1 | Percent of eligible leprosy household contacts provided with PEP | 2019 | NA | 50% | 70% | 90% | 100% | 100% | DHIS2-ETL |

Objective 8: To ensure availability of supportive systems and strengthened resilient Program management for the implementation of TB and Leprosy Services by 2025

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|---|---|----------|-------|---------------------|-------------|------|------|------|----------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 8.0.1 | Percent of NTLP Funding gap reduced by | 2019 | 42% | | 30% | | 25% | 20% | WHO Global TB Report |
| 8.0.2 | TB Stigma index established | 2019 | NA | | established | | | | Survey |
| 8.0.3 | Percent of notified TB cases (all forms) contributed by community referrals | 2019 | 26% | 30% | 30% | 30% | 30% | 30% | DHIS2-ETL |
| 8.0.4 | Percent of notified TB cases (all forms) contributed by private/non-governmental facilities | 2019 | 21% | 25% | 25% | 25% | 25% | 25% | DHIS2-ETL |
| 8.0.5 | Percent of Hospitals and Health centers direct monthly report in the eLMIS | 2019 | NA | 50% | 100% | 100% | 100% | 100% | eLMIS |
| <i>Strategic intervention 8.1.1: Improve human resources capacity, planning and management for TB and Leprosy</i> | | | | | | | | | |
| 8.1.1.1 | Percentage of Program staff trained of on Management | 2019 | 64% | | 75% | | 80% | 80% | MoHCDGEC Reports |
| 8.1.1.2 | Percentage of human resource gap | 2019 | 24% | 20% | 18% | 18% | 15% | 10% | MoHCDGEC Reports |
| <i>Strategic intervention 8.1.2: Strengthen coordination and Management of implementation of NSP</i> | | | | | | | | | |
| 8.1.2.1 | Number of annual NTLP meetings conducted | 2019 | NA | 1 | 2 | 3 | 4 | 4 | MoHCDGEC Reports |
| <i>Strategic intervention 8.1.4: Ensure accountability of TB and leprosy Programme at all levels</i> | | | | | | | | | |
| 8.1.4.1 | Number of program assets inventory conducted annually | 2019 | 1 | 1 | 1 | 1 | 1 | 1 | MoHCDGEC Reports |
| 8.1.4.2 | Number of physical stocks taking of TB and Leprosy commodities conducted | 2019 | 1 | 1 | 2 | 3 | 4 | 5 | MoHCDGEC Reports |

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source |
|---|---|----------|-------|---------------------|-------|-------|-------|-------|------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| <i>Strategic intervention 8.5.4: Strengthen TB care, treatment and prevention services in private health sector including Engagement of ADDO, pharmacies, traditional healers and private labs in TB case detection</i> | | | | | | | | | |
| 8.5.4.1 | Number of ADDOs engaged in TB case finding annually | 2019 | NA | 2,000 | 3,000 | 4,000 | 4,500 | 5,000 | MoHCDGEC Reports |

OBJECTIVE 9: To implement evidence-based interventions and decision making through institutionalized efficient Monitoring and Evaluation system and coordination of research by 2025.

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source & Frequency |
|--|--|----------|-------|---------------------|------|------|------|------|-------------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 9.0.1 | Routine data Indicators listed in the NTLP M&E Plan are measured and reported through electronic platforms | 2019 | 60% | 70% | 80% | 90% | 100% | 100% | MoHCDGEC Reports |
| <i>Strategic intervention 9.1: Improve the TB surveillance system's ability to accurately measure the burden of TB</i> | | | | | | | | | |
| 9.1.1 | Percent of TB and Leprosy key epidemiological Indicators are generated through the DHIS 2-ETL | 2019 | 80% | 85% | 90% | 90% | 90% | 80% | MoHCDGEC Reports |
| <i>Strategic intervention 9.2: Improve the quality of TB and leprosy data</i> | | | | | | | | | |
| 9.2.1 | TB Under reporting rate (%) | 2019 | <5% | <5% | <5% | <5% | <5% | <5% | MoHCDGEC Reports |
| <i>Strategic intervention 9.3: Build capacity for data analysis and use at all levels.</i> | | | | | | | | | |
| 9.3.1 | Percent of regions produce quarterly analytical report as per nationally agreed plan and reporting format | 2019 | 100% | 100% | 100% | 100% | 100% | 100% | MoHCDGEC Reports |
| <i>Strategic intervention 9.4: Monitor the implementation of the TB and Leprosy NOSP VI.</i> | | | | | | | | | |

| SI No. | Indicator Name | Baseline | | Performance targets | | | | | Data source & Frequency |
|--|--|----------|-------|---------------------|------|------|------|------|-------------------------|
| | | Year | Value | 2021 | 2022 | 2023 | 2024 | 2025 | |
| 9.4.1 | Percentage of NTLP interventions monitored and evaluated by 2025 | 2019 | NA | 90% | | 90% | 90% | | MoHCDGEC Reports |
| <i>Strategic intervention 9.5: Develop and implement TB and Leprosy Operational Research agenda.</i> | | | | | | | | | |
| 9.5.1 | Percent of TB and Leprosy Operational Researches agenda conducted and inform programme and policy change | 2019 | NA | | 50% | | 100% | 100% | MoHCDGEC Reports |
| 9.5.2 | Number of TB and Leprosy Operation Research Symposium conducted | 2019 | 2 | 2 | 2 | 2 | 8 | 2 | MoHCDGEC Reports |

ROUTINE DATA COLLECTION

In Tanzania, NTLP data is obtained from patient cards and TB registers that are completed at DOTS centers for TB and MDT centers for Leprosy. Through the electronic web-based database, the District Health Information System (DHIS2) data is entered at district level to generate quarterly reports to higher levels. This database can be accessed at regional and national levels for data review and analysis and feedback. The Tuberculosis and Leprosy Central Unit (TLCU) (at national level) compiles the district data to generate annual reports and other reports for specified periods as requested by various funding agencies in and outside the country.

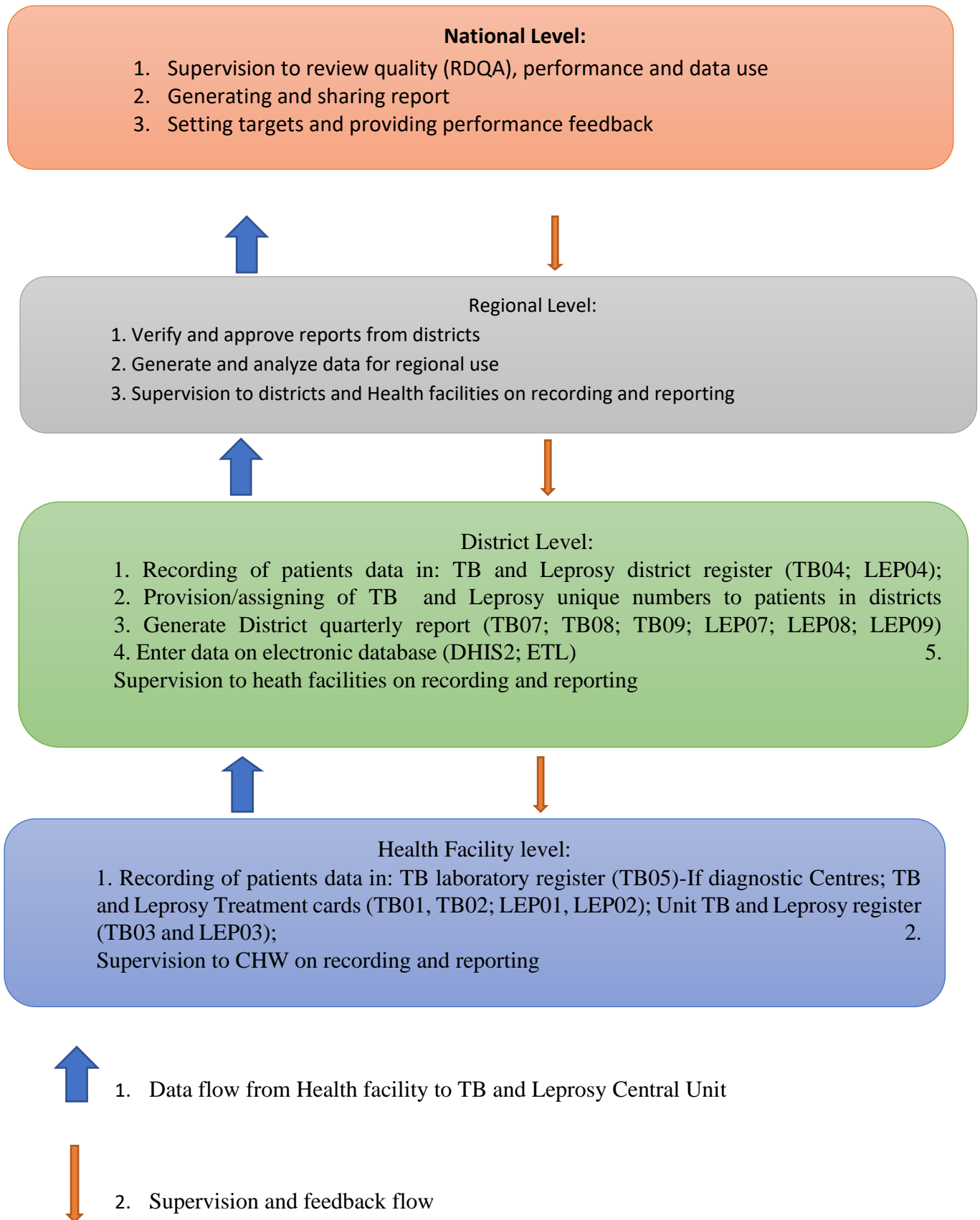
Generally, the data for measuring the indicators come from routine data sources (Table 2) and some from periodic surveys. The standardized data collection tools for program monitoring, planning and evaluation, as recommended by WHO have been adopted. The tools for data collection for TB care and control, MDR-TB, Leprosy, and TB-Leprosy combined forms appear in Annex II.

Table 2. Data sources

| Data source | Relevant time period | Frequency | Responsibility |
|---|------------------------|---------------------|----------------------------------|
| National TB prevalence survey | Survey, 2012 | Every 5-10 years | NTLP, WHO and partners |
| NTLP reports and WHO Global Tuberculosis Report | Previous year | Annually | M&E unit, TLCU, WHO |
| NTLP annual reports | Previous year | Annually | M&E Unit, TLCU |
| TB laboratory EQA quarterly reports | Previous quarter | Quarterly | CRTL, M&E Unit, TLCU |
| Drug Resistance Survey | Survey, 2018 | Every 5-10 years | TLCU, CTRL, WHO, Partners |
| Research reports | Previous year | Annually | NTLP, NIMR, IHI, MUHAS, Partners |
| Project specific reports from implementing partners | Previous quarter, year | Quarterly, annually | GLRA, CBI |
| National Inventory Study | Not available | Every 5-10 years | TLCU, WHO, Partners |
| National Vital Data Or Mortality Survey | Not available | Every 5-10 years | TLCU, WHO, Partners |
| Standards and Benchmark Assessment | 2018 | Every 3 - 5 years | TLCU, WHO, Partners |

| | | | |
|---------------------------------------|------|-------------------|---------------------|
| Tuberculosis Patients Costs Survey | 2019 | Every 4 - 5 years | TLCU, WHO, Partners |
|---------------------------------------|------|-------------------|---------------------|

Data Flow Diagram



DATA MANAGEMENT

In Tanzania, both paper and electronic data collection tools are used to document and report on TB/Leprosy. At facility level, paper-based tools are completed by DOT nurses. At district level, data entry using paper-based source documents are entered into DHIS2-ETL by DTLCs. In some large volume facilities, trained nurses enter data into DHIS2-ETL in real time. s. RTLCs and DTLCs conduct quarterly data review meetings aimed at strengthening data quality, reporting and use at all levels. Exchange and data sharing to address transferred cases is done during these meetings as well. The final treatment outcome data of transferred cases is finally sent to the appropriate regions. At the end of every quarterly data review meeting, DTLCs present their reports to selected members of Council Health Management Team (CHMT) for inputs and revisions that are made to finalize the report for submission to RTLCs who are responsible to review these reports prior to approval and submission to national level. A copy of the report is also submitted to the District Medical Officer (DMO). The TLCU is only allowed access to the report in DHIS2 ETL after approval by the RTLC. The TLCU uses the approved data and reports for aggregation, analysis and reporting.

PART II: M&E PLAN PROGRAM EVALUATION, M&E COORDINATION AND PUBLICATION OF RESULTS

PROGRAM REVIEW, EVALUATION, AND SURVEYS

Internal review meetings and evaluations

Quarterly regional and annual national meetings will be held to monitor standardized implementation and program activities. The meetings will involve RTLCs and DTLCs, pharmacists, laboratory technologists, TB/HIV officers, Implementing Partners and other stakeholders. The programme will conduct a mid-term evaluation and end-term evaluation at the end of implementation of the NSP VI. It will also carry out TB and Leprosy medicines and laboratory commodities bi-annual quantification exercise to review assumptions and update forecasts and supply plan at national level. The stock status of the same will be regularly monitored and estimated annual needs will be reviewed and updated on quarterly basis to facilitate early identification of potential stock outs or possible wastage. In collaboration with TMDA, the program will strengthen monitoring system for adverse drug reactions (ADR) and product quality.

Epidemiologic review

TB Epidemiologic review is conducted after every three years and before the preparation of the next NSP feeding into the joint external review. It involves internal reviewers including independent consultants and NTLP staff. The main objectives of the TB Epidemiological review is to assess the level of, and trends in, TB disease burden (incidence, mortality) using available surveillance, survey/assessments, programmatic and other data. The review uses mixed methods involving literature review of program documents and other related resources that inform the TB epidemiology in Tanzania, and interviews with NTLP staff and other stakeholders.

Joint External Programme Review

The Joint External Programme Review is carried out after every five years. It aims to assess the overall performance of the TB and Leprosy program in relation to set national strategic objectives; and to make recommendations for improving performance, investment and efficiency in the planning and delivery of services.

The review methods includes desk review, interviews, consultative meetings and field visits. The review is conducted by a mix of international and local experts in TB (Drug susceptible and Drug resistant), infection prevention and control, TB/HIV, Leprosy, Community Activities, laboratory and supply chain, M&E, diagnostics, health economics, finance, human resource for health, inclusiveness of other sectors and other programmatic areas, and is carried out at all levels of care: national, regional, facility and community level in the mainland and Zanzibar.

Surveys

The first TB prevalence survey in Tanzania was conducted in 2012. The next survey is planned in 2023 and preparations will begin in 2022 involving international and local stakeholders in preparing the survey protocol. The aim of the survey is to estimate the true burden of TB in the country. It is a community-based cluster randomised survey with proportional-to-population-size selection of primary sampling units (districts). Participants are screened for TB using a symptom questionnaire and chest X-ray (CXR) to identify presumptive TB cases who are subjected to sputum microscopy and culture.

TB Drug Resistance Survey aims to estimate the burden of MDR TB. The last TB Drug Resistance Survey was conducted in 2017 and the next one is planned for 2024. The survey is conducted in sampled TB diagnostic centres by enrolling sampled new smear positive TB cases and all retreatment cases whom specimens are shipped to CTRL for resistance testing.

TB mortality surveillance

NTLP is collaborating with RITA on enhancement of national vital registration system to capture TB deaths according to ICD10 code in order to estimate TB mortality

Special studies

The Programme continues to invest in operational researches and strengthening collaboration with research institutions and academia with the aim of spearheading TB and leprosy researches in the country.

The researches are expected to inform the programme on the ongoing strategies so that they can either be scaled up or modified. Also studies to introduce new technologies, treatment models and interventions will be implemented. The following is a list of studies that are expected to be carried out during the implementation of the NSP VI:-

Stigma index and GBV assessments

oral shorter regimen for treatment of MDR TB patients

Magnitude of TB and DM co-morbidities

Burden of TB in the mining sector

KAP assessment on TB disease among mining key population

TB Patient Pathway Analysis & MATCH analysis

Rapid assessment of low notification trend of bacteriologically confirmed TB cases

Epidemiological and GIS geographic clusters of leprosy cases in both urban and rural settings for the application of rapid screening and / or intensified case finding protocols

PEP4LEP

Leprosy Antimicrobial Resistance Surveillance (LARS) in Post Exposure Prophylaxis (PEP) settings

TB assessment of the observed change in trends and Geographical variation at sub-national level in TB notifications

Burden of TB among smoking population (baseline – end line)

TB inventory study

DATA QUALITY ASSURANCE MECHANISMS AND RELATED SUPPORTIVE SUPERVISION

Data triangulation and data quality assurance activities are conducted using standardized national DQA tools not only to ensure that the data collected are complete, accurate, reliable and time bound but also ensure that all selected indicators will lead to performance monitoring data that meet the quality standards of validity, integrity, precision, and reliability. The national TB and Leprosy case- based electronic system, DHIS2-ETL was rolled out in 2018 and was later revised in October 2021. The TB surveillance system assessment study and joint external review carried out recently, pointed out the need to improve the quality of TB and leprosy data. In order to achieve these, the programme will revise and print routine data management guidelines including quality assurance guidelines and checklist to accommodate DHIS2-ETL system, conduct routine data quality assessment to all levels and conduct TB inventory study to determine the TB under-reporting rate. The Programme will also improve the system by digitalizing community tools and TPT register, upgrade the DHIS2-ETL to WHO standards.

Currently, data is entered electronically to DHIS2-ETL using paper TB registers by DTLCs or trained DOT providers at facilities where computers and internet are available. In areas with poor internet connectivity data collection will be conducted through devices with the offline Android app.

Data verification takes place during quarterly data review meetings with RTLC ,DTLCs and TB/HIV officers who exchange TB registers to ascertain and validate data from district level before submitting them to the regional and national levels.

At the national level, TLCU performs quarterly audits using build-in data validation tools (including codes to check for completeness, duplicates, missing and inconsistent values) in ETL. The issues (if any) are identified and delivered via email to responsible DTLCs for addressing and use the results as part of the supervision process with the aim of providing technical support to health workers. Nevertheless the existing supervision checklist will be updated for ETL.

M&E COORDINATION

At national level, the TLCU has the mandate to monitor and evaluate TB and Leprosy activities in the country including coordination and reporting of activities implemented by partners. The TLCU also provides technical support and guidance, and supportive supervision. TLCU ensures that data collected is in an agreed format and on time. The national level supervises regions at least once per year,

The coordination at regional and district levels is the responsibility of RTLCs and DTLCs respectively. Regional level managers conduct supportive supervision on a quarterly basis. Likewise, district managers conduct monthly and quarterly supportive supervision to diagnostic centers and treatment centers respectively.

CAPACITY BUILDING

The Programme has a lot of data collected over the years. Studies and assessments such as evaluation of TB surveillance systems, epidemiology and impact analysis indicated a low use of data especially at lower levels

Training of health care workers on using both electronic and paper tools to collect, analyze data, and use the data for decision making will still be a priority in which other modalities apart from face to face lessons such as video and audio tutorials will be applied. Specifically, a cascade-training plan for ETL, DQA using new guidelines, and the use of dashboards to monitor key epidemiological and data quality indicators will be conducted.

INFORMATION PRODUCTS, DISSEMINATION AND USE

Trained coordinators at central and subnational levels will critically review surveillance data and use them for policy adaptations and dissemination to regional and lower levels. The DHIS2-ETL dashboard adopted from the WHO TB facility data use dashboard will be utilised to generate quarterly score cards to enhance data visualization through charts on TB and Leprosy performance during the reporting period. Furthermore, researchers are expected to inform the programme on the ongoing strategies so that they can either be scaled up or modified. Also studies to introduce new technologies, treatment models and interventions will be implemented. The Programme will publish research findings, write articles/publish best practices in peer reviewed journals.

M&E FRAMEWORK WORKPLAN AND COST

In implementing the NSP VI M&E Framework, Tanzania intends to strengthen the TB and leprosy case-based electronic system (DHIS2-ETL) by digitalizing community tools and TPT register and continue to upgrade the DHIS2-ETL to WHO standards. To improve modalities for capacity building activities, the programme intends to develop video and audio tutorials.

Both TB surveillance system assessment study and the 2020 Programme review pointed out the need to improve the quality of TB and leprosy data. In order to achieve these, the programme will revise and print routine data management guidelines including quality assurance guidelines and checklist to accommodate DHIS2-ETL system, conduct routine data quality assessment to all levels and conduct TB inventory study to determine the TB under-reporting rate.

In addition, studies and assessments such as evaluation of TB surveillance systems, epidemiology and impact analysis indicated a low use of data especially at lower levels. To reverse this, the programme will conduct training to coordinators at central and subnational levels to enable them to review surveillance data and use them for policy adaptations and dissemination to regional and lower levels. The DHIS2-ETL dashboard adopted from the WHO TB facility data use dashboard will be utilised as a source of data.

In order to monitor and evaluate the NSP, the programme will train national and sub-national staff on supervisory and mentorship skills. Regular and effective supervisions and mentoring will be conducted at all implementation levels. The national level will supervise regions at least once per year, regional level will supervise each district quarterly and districts will supervise diagnostic centres monthly and quarterly to treatment centres. The programme will conduct a mid-term evaluation and end-term evaluation at the end of implementation of the Strategic Plan.

The program will develop TB & Leprosy agenda to guide and prioritise areas of research interest. Capacity building to coordinators at national and subnational levels will be at the heart of the implementation of these researches, such that results are used timely to improve TB and leprosy services. The Programme continues to invest in operational researches and strengthening collaboration with research institutions and academia with the aim of spearheading TB and leprosy researches in the country. The researchers are expected to inform the programme on the ongoing strategies so that they can either be scaled up or modified. Also studies to introduce new technologies, treatment models and interventions will be implemented. The Programme will publish research findings, write articles/publish best practices in peer reviewed journals.

The budget for these activities is estimated to be US \$ 11.2m for the 2020-2025 implementation period, which is about 6.5% of the country's budget.

Detailed workplan and budget are presented in Annex ...

Annex I: Indicators definition

Goal Indicators:

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|----|--|---|--|--|----------------------|---|-----------|
| 1 | TB incidence rate | Estimated numbers of TB incident cases expressed among 100,000 country population of the same years | Estimated number of incident TB cases | Estimated country population of same years | WHO Global TB Report | National | Annual |
| 2 | Number of TB deaths | Number of deaths due to TB expressed among population of the country | Estimated number of deaths due to TB, both HIV negative and HIV positive TB cases | 1 | WHO Global TB Report | National | Annual |
| 3 | Percentage of TB affected families facing Catastrophic costs due to TB | Percentage of TB-affected households that experience catastrophic costs due to TB (total cost that exceed 20% of annual household income) | Number of people treated for TB (and their households) who incur catastrophic costs (direct and indirect combined) | Total number of people treated for TB | Survey | National | Annual |
| 4 | Number of children (< 15 years of age) newly diagnosed with Leprosy presenting with Grade 2 Disabilities | Number of children less than 15 years of age diagnosed with leprosy with WHO classified Grade 2 Disability in a particular period | Number of children less than 15 years of age diagnosed with leprosy with WHO classified Grade 2 Disability | 1 | DHIS2-ETL | National Region Council Health facility | Annual |

Objective 1: To increase TB treatment coverage from 53percent in 2018 to 90percent by innovatively addressing barriers to access, utilization, and the needs of the key and vulnerable populations for TB care and prevention services.

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|--|---|--|------------------------|-----------------------------|---------------------|
| 1.0.1 | TB treatment coverage | Number of new and relapse cases that were notified and treated, divided by the estimated number of incident TB cases in the same year, expressed as a percentage | Number of new and relapse cases that were notified and treated | Estimated number of incident TB cases in the same year | Routine, WHO Estimates | National | Annually |
| 1.0.2 | TB treatment success rate | Percentage of notified TB patients who were successfully treated, cured plus treatment completed | Number of notified TB patients (new and relapse) who were successfully treated. | Number of TB patients (new and relapse) notified in the same period | TB register, (DHIS2) | National, Regional, Council | quarterly, Annually |
| 1.1.2 | Percent of hospitals and health centres implementing QI-TB model for TB case detection | Number of health facilities, hospitals and health centres which are implementing QI-TB model among the all hospital and health centres expressed as percent | Number of health facilities hospitals and health centres which are implementing QI-TB model | Number of health facilities, hospitals and health centres in the particular period | MoHCDGEC Report | National, Regional, Council | Quarterly |
| 1.2.1 | Community contribution for TB notification | Percentage of all community notified cases divided by the total notified cases. (Proportion of notified Tuberculosis patients of all | Number of community notified cases (All forms) | Total number of notified cases (All forms) | DHIS2-ETL-ETL | National Regional Council | Quarterly, annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|---|---|--|-------------|---------------------------------|-----------------------|
| | | forms, who were referred by a community health worker) | | | | | |
| 1.2.2 | Percentage of bacteriologically confirmed TB cases whose household contacts screened for TB | Proportion of people who have/had close contact with a TB index case (tested by GeneXpert/positive AFP sputum-smear results) | Number of index contacts elicited and screened/investigated | Total number of TB index cases (GeneXpert/positive sputum-smear results) | DHIS2-ETL | National Regional Council | Annually Quarterly |
| 1.3.1 | Number of Prisons implementing improved TB services (active TB screening) in prisons setting | Number of prisons which implementing improved TB services | Number of prisons implementing improved TB services | 1 | Routine | National Regional Council | Annually Quarterly |
| 1.4.1 | Number of elderly TB cases | Number of TB case aged 60 and above years notified in particular period | Number of TB case aged 60 and above years notified in particular period | 1 | DHIS2-ETL | National | Annually |
| 1.5.1 | Number of KVP (PWIDS, Fisherfolks, slums) screened for TB for TB annually. | Number of Tuberculosis KVPs (PLHIV, Refugees, PWUD including PWIDs, People living in informal settings, People with DM, Children, Elderly, CHW, HCW and Fisher folks) screened for TB | Total number of KVPs screened for TB | 1 | DHIS2-ETL | National Regional Council | Annually Quarterly |

Objective 2: To expand access to quality TB diagnostic services, including the adoption of new diagnostic technologies

| | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|--|---|---|--|-----------------------------|---------------------|
| 2.0.1 | Percentage of New and Relapse Cases Tested using WRD at the time of diagnosis | All new and relapse TB patients tested using a WHO-recommended rapid diagnostic (WRD) at the time of diagnosis as percentage of new and relapse cases. | Number of new and relapse TB patients tested using WRD at the time of diagnosis | Total number of new and relapse TB patients | DHIS2-ETL | National, Regional, Council | quarterly, annually |
| 2.0.2 | Percentage of Bacteriological Confirmation among notified New and Relapse TB Cases | All Bacteriological Confirmation among notified New and Relapse TB Cases | Number of Bacteriological Confirmations | Total number of notified New and Relapse TB Cases | DHIS2-ETL | Council, Region, National | Quarterly; Annually |
| 2.0.3 | Percentage of laboratories with adequate performance in external quality assurance (GeneXpert, Smear microscopy) | All laboratories which show good performance at detecting true test results in external quality assurance for either GeneXpert and Smear Microscopy | Number of laboratories performing good at detecting true test results | Total number of Operational laboratories enrolled in external quality assurance (EQA) | EQA Report (Smear Microscopy and GeneXpert) DHIS2-ETL | National | Annually |
| 2.1.1 | Percentage of health facilities with availability of TB diagnosis | All health facilities which provide TB diagnostic services either on site or by | Number of health facilities with TB diagnostic services | Total number of Health facilities which provide TB treatment | DHIS2-ETL | National, Regional, Council | Quarterly, Annually |

| | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|---|--|--|--|--|-----------------------------|---------------------|
| | on site or by specimen referral among TB treatment centers | specimen referral among TB treatment centres | either on site or by specimen referral | | | | |
| 2.3.1 | Percentage of GeneXpert sites with ISO accredited | Number of GeneXpert sites with ISO accreditation among geneXpert sites | Number of GeneXpert sites with ISO accreditation | Total number of GeneXpert sites | International Accreditation Bodies website | Council | Annually |
| 2.3.2 | Percentage of laboratories with GeneXpert machines integrated to DHIS2 – ETL or GxAlert | Percentage of laboratories with GeneXpert machines integrated to either DHI 2 – ETL or GxAlert system among all laboratories with GeneXpert machines | Number of laboratories with GeneXpert machines integrated to either DHIS 2 – ETL or GxAlert System | Number of laboratories with GeneXpert machines | GxAlert, DHIS2-ETL, CTRL Annual Report | National, Regional, | Annually |
| 2.2.1 | Percentage of diagnostic sites with adequate supply of TB lab commodities | Number of TB diagnostic sites which do not face stock out of TB lab commodities | Number of TB diagnostic sites with adequate supply of TB lab commodities | Total number of TB diagnostic sites | Quarterly /Annually Reports | National, Regional, Council | Quarterly, Annually |

Objective 3: To maintain the proportion of children with TB among the notified cases at 15 percent and to increase the ratio of ages at '0-4':5-14 years from 1.3 in 2019 to 1.5 by 2025,

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|----------------------------------|--|--------------------------------------|--------------------------------------|-------------|----------|-----------|
| 3:0:1 | Ratio of TB cases aged 0-4 :5-14 | The ratio of TB cases for age 0-4;5-14 | Number of TB notified cases aged 0-4 | Number of TB notified case aged 5-14 | DHIS2-ETL | National | Annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|---|--|---|-------------|-----------------------------|---------------------|
| 3:0:2 | Percentage of hospitals perform sputum indication and gastric aspiration | Percentage of hospitals perform sputum indication and gastric aspiration | Number of hospitals perform sputum indication and gastric aspiration | Total number of the hospitals | DHIS2-ETL | National, Regional, Council | Quarterly, annually |
| 3:0:3 | Percentage of eligible <5 years children household contacts of bacteriological confirmed TB patient are started with TPT | <5 five years of age children contacts of bacteriological confirmed TB patients who started TPT as percentage of total eligible children < 5 years of age | Number of children <5 years of age in contacts of bacteriologically confirmed TB patient started IPT | Total number of eligible for TPT (70% of bacteriological confirmed TB patients) | DHIS2-ETL | National, Regional, Council | Quarterly, annually |
| 3:2:1 | Percentage of children <5 who household contact TB cases screened | Percentage of children <5 who are household contact with TB patients are screened | Number of children <5 who household contact with TB cases | Total number of children <5 who contact to TB patients | DHIS2-ETL | National, Regional, Council | Quarterly, Annually |
| 3.4.1 | Percentage of notified pediatric TB cases referred from RMNCAH | Number of notified paediatric TB cases referred from RMNCAH as percentage of paediatric TB notified | Number of notified paediatric TB cases referred from RMNCAH | Total number of notified paediatric TB cases | DHIS2-ETL | National, Regional, Council | Quarterly, annually |

Objective 4: To increase RR/MDR-TB cases detected and enrolled for treatment from 54 percent to 90 percent of the estimated TB cases among the notified by 2025.

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|---|--|--|---|--------------------------|------------------------------|---------------------|
| 4:0:1 | Percentage of RR-TB and/or MDR-TB notified among estimated drug resistant TB (RR-TB/MDR-TB) of notified TB cases. | Number of notified drug resistant RR-TB and/or MDR-TB expressed as percent of estimated RR/MDR-TB among notified TB cases detected | Number of RR-TB and/or MDR-TB cases notified | Number of estimated RR/MDR-TB cases among the notified TB cases | DHIS2-ETL | National, Regional, council, | Annual, Quarterly |
| 4:0:2 | Treatment success rate for MDR TB patients. | Treatment success rate of MDR-TB: | Number of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) cases with treatment outcome of cured or treatment completed at the end of treatment | Total number of confirmed drug resistant TB cases (RR-TB and/or MDR-TB cases) initiated on treatment in the same period | TB register, (DHIS2-ETL) | Council, Regional, National | Annually |
| 4:2:1 | Percentage of drug resistant TB cases (RR-TB and/or MDR-TB) started on treatment who were lost to follow up at six months | Percentage of drug resistant TB cases (RR-TB and/or MDR-TB) started on treatment who were lost to follow up at six months | Number of RR/MDR-TB cases that were lost to follow up at six months after starting treatment | Number of RR/MDR-TB cases that were lost to follow up at six months after starting treatment | TB register, (DHIS2-ETL) | Council, Region, National | Annually, Quarterly |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|--|--|--|--------------------------|--|---------------------|
| | follow up at six months | | | | | | |
| 4:2:2 | Percentage of District Hospitals initiating MDR-TB services | Number of district Hospitals initiating MDR-TB treatment | Number of district hospitals providing MDR-TB treatment | Total number of district hospitals | DHIS2-ETL | National, regional | Annual |
| 4.4.1 | Percentage of contacts of RR/MDR - TB patients traced and evaluated for TB | Percentage of contacts of people with RR/MDR - TB traced and evaluated for RR/MDR-TB | Number of contacts of people with RR/MDR - TB traced and evaluated for RR/MDR-TB | Number of contacts of people with RR/MDR - TB who are eligible for RR/MDR -TB evaluation | TB register, (DHIS2-ETL) | National, Regional, Council, facility, community | quarterly, annually |
| 4.4.2 | Percentage of TB patients with DST results for at least Rifampicin | Percentage of TB patients with DST results for at least rifampicin among total number of notified (new and retreatment) cases in the same year | Number of TB patients with DST results for at least rifampicin, | Total number of notified (new and retreatment) cases in the same year | TB register, (DHIS2-ETL) | National, Regional, Council | Quarterly, annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|----|---|--|---|---|-------------|-------------------------------------|---------------------------------|
| | Percentage of under – five children MDR contacts of bacteriological confirmed TB patients started TPT | % of under – five children MDR contacts of bacteriological confirmed TB patients started TPT | Number of under five children RR/MDR-TB contacts of bacteriological confirmed TB patients started TPT | Total number of under 5 children RR/MDR-TB contacts | TB register | National, Region, Council, facility | Quarterly, annually[P1] [P2] |

OBJECTIVE 5: To Strengthen management of co-morbidities including collaborative TB/HIV activities, and Prevention of TB for persons at high risks.

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|---|---|--|---|-------------|---------------------------|--------------------|
| 5.0.1 | Percentage of notified new and relapse TB patients have documented HIV status | Percentage of TB patients with known HIV status expressed in Percentage | Number of all TB patients with documented HIV status | Number of all TB patients notified in the same period | DHIS 2-ETL | Council, Region, National | Quarterly/Annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|---|--|---|------------------|---------------------------|--------------------|
| 5.0.2 | Percentage HIV positive new and relapse TB patients are on ART during TB treatment | Percentage HIV positive new and relapse TB patients on ART during TB treatment expressed in Percentage | Number of HIV positive new and Relapse TB patients on ART during TB treatment | Total number of HIV positive new and Relapse TB patients registered that are on TB treatment in the same period | DHIS2-ETL | Council, Region, National | Quarterly/Annually |
| 5.0.3 | Percentage of public and private hospitals implementing collaborative TB/Diabetes activities | Percentage of public and private hospitals implementing collaborative TB/Diabetes activities among all hospitals in specific period | Number of public and private hospitals implementing collaborative TB/Diabetes activities | Number of public and private hospitals in specific period | MoHCDGEC Reports | Council, Region, National | Quarterly/Annually |
| 5.3.1 | Percentage of eligible at risk groups completed TPT | Percentage of eligible at-risk groups completed TPT | Number of cases completed TPT | Number of cases initiated TPT | DHIS2-ETL | Council, Region, National | Quarterly/Annually |

Objective 6: To strengthen TB services to population miners and their families by 2025

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|---|---|---|------------------------------------|------------------------|------------------------------|---------------------|
| 6.0.1 | Percent of Known mine workers screened for TB | Percent of Known mine workers screened for TB | Number of known mine workers screened for TB | Total number of known mine workers | Presumptive registers, | National, Regional, council, | Quarterly, annually |
| 6.0.2 | Percent of borders implementing cross border initiatives (CBI) | Percent of boarder implementing cross boarder initiatives (CBI) | Number of boarders implementing cross boarder initiatives (CBI) | Number of boarders | MoHCDGEC Reports | National | Annually |
| 6.2.2 | Percentage of CSOs in mining areas trained on TB and TB/HIV and occupational lung diseases services | Percentage of CSOs in mining areas trained on TB and TB/HIV and occupational lung diseases services | Number of CSOs in mining areas trained on TB and TB/HIV and occupational lung diseases services | Number of CSOs in mining areas | DHIS2-ETL | National, Regional, council, | Annual, biannual |
| 6.2.1 | Percent of Mine workers receiving TB and OHSC services. | Percent of Mine workers receiving TB and OHSC services. | Number of Mine workers receiving TB and OHSC services. | Number of Mine workers | DHIS2-ETL | National, regional | Annual |

Objective 7: To reduce leprosy prevalence in all endemic councils by 2025.

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|---|---|--|------------------------------------|--------------------------|-----------------------------|---------------------|
| 7.0.1 | Number of leprosy endemic councils (with >1/10,000 patients) | Number of leprosy endemic councils with more than 1 case per 10 000 population | Number of leprosy endemic councils with >1/10,000 patients | | DHIS2-ETL | National, Regional, Council | Quarterly, annually |
| 7.1.2 | Number of newly diagnosed leprosy patients | Number of newly diagnosed leprosy patients with no record of being diagnosed with Leprosy. | Number of newly diagnosed Leprosy with no record of being diagnosed with Leprosy | | TB register, (DHIS2-ETL) | National, Regional, Council | Quarterly, annually |
| 7.1.3 | Leprosy notification Rate, children (< 15 years age) per 1,000,000 population | Number of leprosy cases (children under 15 years of age) among the population of the same area and period multiplied for 1,000,000 population | Number of Leprosy cases on children <15 x 1000,000 population | Total number of leprosy cases | (DHIS2-ETL) | National, Regional, Council | Annually |
| 7.0.4 | Percentage of new leprosy patients with grade 2 disability (among new cases) | Percentage of new leprosy with grade 2 disability among new patients | Number of new leprosy cases with grade 2 | Total number of new leprosy cases | TB register, (DHIS2-ETL) | National, | Annually |
| 7.2.1 | Percentage of Councils providing Leprosy services that | Percentage of Councils providing Leprosy services that report no stock out of Leprosy commodities | Number of Councils providing Leprosy services that report no stock out of | Total number of Councils providing | TB register, (DHIS2-ETL) | National, Regional, Council | Quarterly, annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|----|--|------------|---------------------|-------------------|-------------|-------|-----------|
| | report no stock out of Leprosy commodities | | Leprosy commodities | Leprosy services. | | | |

Objective 8: To ensure availability of supportive systems and strengthened resilient Program management for the implementation of TB and Leprosy Services by 2025

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|---------|--|--|---|-------------------------------------|-------------|----------|-----------|
| 8.1.1.1 | Percentage of Program staff trained of on Management | Number of program staffs who have received training on Management, divided by total number of program staffs | Number of staffs who have received training on management | Total number of program staff | Routine | National | Annually |
| 8.1.1.2 | Percentage of human resource gap | The difference between percentage of HR in year1 and year 2025 divided by the % of HR in year 2025 multiplied by 100 | The difference in percentage of HR in 2019 and Year 2025 per 100 | The percentage of HR in 2019 | Routine | National | Annually |
| 8.1.2.1 | Number of NTLP annual meetings conducted | Total number of NTLP annual meetings conducted | Number of NTLP annual meetings conducted | 1 | Routine | National | Annually |
| 4 | Number of technical working groups conducted | Total number of technical working groups meetings conducted | Number of Technical working groups conducted | 1 | Routine | National | Annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|---------|---|---|---|---------------------|-------------|---------------------------------|-----------------------|
| 8.1.4.1 | Number of program assets inventory conducted annually | Total number of annual inventories taking conducted | Number of inventories taking conducted | 1 | Routine | National | Annually |
| 8.1.4.2 | Number of physical stocktaking of TB and Leprosy commodities conducted | Number of physical stocktaking of TB and Leprosy commodities conducted | Number of Physical stocktaking of TB and Leprosy commodities conducted | 1 | Routine | National | Annually |
| 8.1.1.2 | Percentage of funding gap | Difference between funding gap in 2025 and in 2019 divided by the funding gap in 2019 multiplied by 100 | Difference between funding gap in 2019 and 2025 multiplied by 100 | Funding gap in 2019 | Manually | National | Annually |
| 8.0.4 | Percent of notified TB cases (all forms) contributed by private/non-governmental facilities | Number of TB cases notified by the health providers in the private health care facilities | Number of TB cases notified by providers in the private health facilities | 1 | DHIS2-ETL | National Regional Council | Annually Quarterly |
| 8.5.4.1 | Number of ADDOs engaged in TB case finding annually | Number of ADDOs engaged in TB case detection | Total number of ADDOs engaging in TB case detection | 1 | Routine | National Regional Council | Annually Quarterly |

Objective 9: To ensure implementation of evidence-based interventions and decision making through institutionalized efficient M & E system and coordination of researches by 2025

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|---|--|---|---|--|---------------------------|---------------------|
| 9.1.1 | Percent of TB and Leprosy key epidemiological Indicators are generated through the DHIS 2-ETL | Percent of TB and Leprosy key epidemiological indicators generated through the DHIS2-ETL, divided by the total number of TB and Leprosy Key epidemiological indicators generated through DHIS2-ETL, expressed as a percentage. | Number of TB and Leprosy Key epidemiological Indicators generated through DHIS2-ETL | Number of all TB and Leprosy Key epidemiological Indicators | DHIS2-ETL, M & E Plan, NSP | National | Annually |
| 9.2.1 | TB Under reporting rate (%) | Percent of Under reporting rate reduced The difference between percent of under reporting in 2025 and in 2019 multiplied by 100, divided by percent of under reporting in 2019 | The difference between number of TB cases diagnosed and those reported to the national | Number of TB cases diagnosed in the same period | Laboratory register, DHIS2-ETL, GxAlert, Data Quality Assessment Reports | Council, Region, National | Quarterly, annually |
| 9.3.1 | Percent of regions produce quarterly analytical report as per nationally agreed plan and reporting format | number of regions producing quarterly analytical report as per national agreed plan and reporting format divided by total number of TB and Leprosy regions | Number of TB and Leprosy Regions Submitted Quarterly Reports as per national agreed plan and reporting format | Total Number of TB and Leprosy Regions | Data Quality Assessment Reports | National | Quarterly, annually |
| 9.4.1 | Percentage of NTLP interventions | Percentage of NTLP interventions monitored and evaluated by 2025 | Number of NTLP interventions | Total number of NTLP interventions | Quarterly Report, | National | Quarterly, Annually |

| SN | Indicator Name | Definition | Numerator | Denominator | Data Source | Level | Frequency |
|-------|--|--|--|--|----------------|----------|-----------|
| | monitored and evaluated by 2025 | | monitored and evaluated | | Annual Reports | | |
| 9.5.1 | Percent of TB and Leprosy Operational Researches agenda conducted and inform programme and policy change | Percent of TB and Leprosy Operational Researches Agenda conducted and inform programme and policy change | Number of TB and Leprosy Operational Researches Agenda Conducted | Number of TB and Leprosy Operational Researches Agenda Planned | Annual Report | National | Annually |
| 9.5.2 | Number of TB and Leprosy Operation Research Symposium conducted | Number of TB and Leprosy Operation Research Symposium conducted | Number of TB and Leprosy Operation Research Symposium conducted | 1 | Annual Report | National | Annually |

Annex II: Data collection tools

II (A) TUBERCULOSIS TOOLS FOR DATA COLLECTION

TB 01: Tuberculosis Treatment Card

TB 02: Kadi ya kifua kikuu (TB Identification Card)

TB 03: Tuberculosis Unit Register

TB 05: Tuberculosis Laboratory Register

TB 06: Request and reporting form for TB culture and Drug Susceptibility Test

TB 10: TPT Register for Pediatric TB

TB 12: Fomu ya watu (wateja) waliofanyiwa uchunguzi wa awali wa TB katika Jamii (form for TB screening in the community)

TB 13: Rejesta ya Wanaohisiwa kuwa na TB katika Jamii (Community presumptive TB Registers)

TB 14: Fomu ya Taarifa ya Robo Mwaka ya Kikundi cha Jamii cha Huduma za TB (community TB services quarterly report form)

TB 15: Fomu ya rufaa ya huduma ya TB katika jamii (remains in MDR-TB05)

TB 16: Presumptive TB Register:

II (B) Electronic TB Register software for capture and analysis of TB patient records

EQA Form 1: Blinded Re-checking of sputum smear Examinations for Acid-Fast Bacilli

EQA Form 2: Re-checking of sputum smears for AFB, List of discordant

EQA Form 3: Re-checking of sputum smears for AFB, Consolidated report form

EQA Form 4: AFB laboratory performance quarterly/Annual Report Form

EQA Form 5: AFB laboratory performance and stocks of consumable quarterly report

EQA Form 6: AFB smear microscopy supervision

II (C) MDR TB TOOLS

MDR TB 01: MDR TB Treatment Card

MDR TB 02: MDR TB Patient Identity Card

MDR TB 03: MDR TB Suspect Register

MDR TB 04: MDR TB District Register

MDR TB 05: MDR TB Laboratory Culture and DST Register

MDR TB 06: MDR TB Referral/Transfer Form

MDR TB 07: MDR TB Daily DOT Record

MDR TB 08: MDR TB Drug Request Form

MDR TB 09: Drug-resistant TB Monthly Treatment Follow-up Form

MDR TB 10: Annual report of treatment outcomes of confirmed MDR TB patients starting second line treatment (form 14)

MDR TB 11: Six-month interim outcome assessment of confirmed MDR TB cases

II (D) LEPROSY TOOLS

LEP 01: Leprosy Patient Record Card

LEP 02: Kadi ya Ukoma

LEP 03: Leprosy Unit Register

II (E) TB AND LEPROSY COMBINED FORMS

TB/LEP 01: Request and Report Form for Smear Examination

TB/LEP 02: Fomu ya Rufaa / Uhamisho (Referral form)

TB/LEP 03: Regional TB and leprosy Drug, Laboratory Material, Stationery Stock Position Report Form

II (F) TB AND LEPROSY SUPERVISION

Laboratories Supervision Checklist for AFB Smear Microscopy and GeneXpert

FACILITY Supportive Supervision Checklist

DISTRICT Supportive Supervision Checklist

REGIONAL Supportive Supervision Checklist

II (G) TB AND LEPROSY DATA QUALITY TOOL

Tuberculosis and Leprosy Data Quality Assessment Tool-Facility

Tuberculosis and Leprosy Data Quality Assessment Tool-District

Tuberculosis and Leprosy Data Quality Assessment Tool-Regional

Annex III: NSP VI M&E Framework Workplan

| NSP VI M&E Framework Workplan | | | | | | |
|---|--|------|------|------|------|------|
| S/N | TB & Leprosy NSP activity description | 2021 | 2022 | 2023 | 2024 | 2025 |
| Objective 9: To implement evidence-based interventions and decision making through institutionalized efficient Monitoring and Evaluation system and coordination of research by 2025 | | | | | | |
| Strategic Intervention 9.1: Improve the TB surveillance system's ability to accurately measure the burden of TB | | | | | | |
| 9.1.1 | Integrate community and TPT monitoring tools with DHIS2-ETL system | | | | | |
| 9.1.2 | Digitalize ERR: Revise and upgrade DHIS2-ETL system to WHO standards | | | | | |
| 9.1.3 | Conduct workshops to review and validate the upgrades in DHIS2-ETL | | | | | |
| 9.1.4 | Orient National, Regional and District TB and Leprosy Coordinators on the updated DHIS2-ETL | | | | | |
| 9.1.5 | Procure computers and accessories for data management | | | | | |
| 9.1.6 | Develop video and audio tutorial on DHIS2-ETL use for coordinators and HCWs at all levels | | | | | |
| Strategic Intervention 9.2: Improve the quality of TB and leprosy data | | | | | | |
| 9.2.1 | Revise and Print routine data management guidelines including quality assurance guidelines and checklist to accommodate DHIS2-ETL system | | | | | |
| 9.2.2 | Conduct routine data quality assessment to regions, districts and health facilities | | | | | |
| 9.2.3 | Conduct TB inventory study to measure TB under-reporting | | | | | |
| 9.2.4 | Conduct TB Surveillance system assessment | | | | | |
| Strategic Intervention 9.3: Capacity building of data analysis and use at all level | | | | | | |
| 9.3.1 | Develop guideline for sub-national data analysis, use and interpretation in line with WHO TB facility data use guideline | | | | | |
| 9.3.2 | Develop video tutorial and guide on data analysis, use and interpretation | | | | | |
| 9.3.3 | Conduct ToT training on data analysis and usage using the DHIS2-ETL dashboard | | | | | |
| 9.3.4 | Conduct data analysis and usage training to HCWs using DHIS2-ETL dashboard | | | | | |
| Strategic Intervention 9.4: Monitor the implementation of the TB and Leprosy NSP VI | | | | | | |
| 9.4.1 | Update and Print TB and Leprosy recording and reporting tools | | | | | |
| 9.4.2 | Conduct quarterly regional data reviewing meetings | | | | | |
| 9.4.3 | Conduct annual stakeholder's reviewing meetings | | | | | |
| 9.4.4 | Train facility staff, Regional and District coordinators on standardized supervision and mentorship methods and skills | | | | | |
| 9.4.5 | Conduct annual Supportive supervision and mentorship visits to region by national staff | | | | | |
| 9.4.6 | Conduct quarterly Regional supervisions and mentorships to districts\ | | | | | |
| 9.4.7 | Conduct monthly district supervisory and mentorship to health facilities | | | | | |
| 9.4.8 | Digitalize the supportive supervision checklist | | | | | |
| 9.4.9 | Conduct Mid and End term Programme review | | | | | |
| 9.4.10 | Orient RHMTs, CHMTs and HCWs on the NOSP VI | | | | | |
| Strategic Intervention 9.5: Develop and implement national TB research plan | | | | | | |
| 9.5.1 | Implement TB & Leprosy Operational Research Agenda | | | | | |
| 9.5.2 | Disseminate the operational research agenda to national and subnational staff and other stakeholders | | | | | |
| 9.5.3 | Conduct coordinative meeting between national and international stakeholders | | | | | |
| 9.5.4 | Train staff at central, regional and districts levels on research methodology | | | | | |
| 9.5.5 | Support staff and graduate students to conduct operational researches on TB and leprosy | | | | | |
| 9.5.6 | Conduct training to RTLCs & DTLCs on country specific research priorities based on current TB epidemic | | | | | |
| 9.5.7 | Ensure adequate resource for research | | | | | |
| 9.5.8 | Advocate for publics support and funding for TB research | | | | | |
| 9.5.9 | Develop mechanisms, milestones and indicators for ongoing M&E of the implementation of the TB research plan. | | | | | |
| Strategic Intervention 9.6: Conduct conventions in Collaboration with TB and leprosy research stakeholders (Rephrase the Intervention) | | | | | | |
| 9.6.1 | Conduct Operational Research Coordinating Committee Meetings | | | | | |
| 9.6.2 | Conduct Operational Research TB Symposium | | | | | |
| 9.6.3 | Develop and share annual bulletins on National and sub-National analytical reports | | | | | |

Annex IV: NSP VI M&E Framework Budget

| NSP VI M&E Framework Budget | | | | | | | | |
|---|--|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|-------------------|
| S/N | TB & Leprosy NSP activity description | 2021 | 2022 | 2023 | 2024 | 2025 | Total (TSH) | USD |
| Objective 9: To implement evidence-based interventions and decision making through institutionalized efficient Monitoring and Evaluation system and coordination of research by 2025 | | | | | | | | |
| Strategic Intervention 9.1: Improve the TB surveillance system's ability to accurately measure the burden of TB | | | | | | | | |
| 9.1.1 | Integrate community and TPT monitoring tools with DHIS2-ETL system | 259,400,000 | - | - | - | - | 259,400,000 | 112,898 |
| 9.1.2 | Digitalize ERR: Revise and upgrade DHIS2-ETL system to WHO standards | 25,800,000 | - | - | - | - | 25,800,000 | 11,229 |
| 9.1.3 | Conduct workshops to review and validate the upgrades in DHIS2-ETL | 50,810,000 | - | - | - | - | 50,810,000 | 22,114 |
| 9.1.4 | Orient National, Regional and District TB and Leprosy Coordinators on the updated DHIS2-ETL | 100,300,000 | - | - | - | - | 100,300,000 | 43,653 |
| 9.1.5 | Procure computers and accessories for data management | 153,000,000 | - | - | - | - | 153,000,000 | 66,590 |
| 9.1.6 | Develop video and audio tutorial on DHIS2-ETL use for coordinators and HCWs at all levels | 45,800,000 | - | - | - | - | 45,800,000 | 19,933 |
| Total: Strategic Intervention 9.1. | | 635,110,000 | - | - | - | - | 635,110,000 | 276,418 |
| Strategic Intervention 9.2: Improve the quality of TB and leprosy data | | | | | | | | |
| 9.2.1 | Revise and Print routine data management guidelines including quality assurance guidelines and checklist to accommodate DHIS2-ETL system | 64,475,000 | - | - | - | - | 64,475,000 | 28,317 |
| 9.2.2 | Conduct routine data quality assessment to regions, districts and health facilities | 11,660,000 | 12,131,064 | 12,373,685 | 12,621,159 | 12,873,582 | 61,659,490 | 26,836 |
| 9.2.3 | Conduct TB inventory study to measure TB under-reporting | - | 69,672,987 | - | - | - | 69,672,987 | 30,324 |
| 9.2.4 | Conduct TB Surveillance system assessment | 51,567,500 | - | - | - | - | 51,567,500 | 22,444 |
| Total: Strategic Intervention 9.2. | | 127,702,500 | 81,804,051 | 12,373,685 | 12,621,159 | 12,873,582 | 259,449,977 | 112,920 |
| Strategic Intervention 9.3: Capacity building of data analysis and use at all level | | | | | | | | |
| 9.3.1 | Develop guideline for sub-national data analysis, use and interpretation in line with WHO TB facility data use guideline | 44,815,000 | - | - | - | - | 44,815,000 | 19,505 |
| 9.3.2 | Develop video tutorial and guide on data analysis, use and interpretation | 33,400,000 | - | - | - | - | 33,400,000 | 14,537 |
| 9.3.3 | Conduct ToT training on data analysis and usage using the DHIS2-ETL dashboard | 27,425,000 | - | - | - | - | 27,425,000 | 11,936 |
| 9.3.4 | Conduct data analysis and usage training to HCWs using DHIS2-ETL dashboard | - | 108,305,640 | - | - | - | 108,305,640 | 47,138 |
| Total: Strategic Intervention 9.3. | | 105,640,000 | 108,305,640 | - | - | - | 213,945,640 | 93,115 |
| Strategic Intervention 9.4: Monitor the implementation of the TB and Leprosy NOSP VI | | | | | | | | |
| 9.4.1 | Update and Print TB and Leprosy recording and reporting tools | 153,975,000 | - | - | - | - | 153,975,000 | 66,025 |
| 9.4.2 | Conduct quarterly regional data reviewing meetings | 1,648,220,000 | 1,714,808,088 | 1,749,104,250 | 1,784,086,335 | 1,819,768,061 | 8,715,986,734 | 3,793,452 |
| 9.4.3 | Conduct annual stakeholder's reviewing meetings | 42,550,000 | 44,269,020 | 45,154,400 | 46,057,488 | 46,978,638 | 225,009,547 | 97,931 |
| 9.4.4 | Train facility staff, Regional and District coordinators on standardized supervision and mentorship methods and skills | 258,550,000 | - | - | - | - | 258,550,000 | 112,529 |
| 9.4.5 | Conduct annual Supportive supervision and mentorship visits to region by national staff | 188,240,000 | 195,844,896 | 199,761,794 | 203,757,030 | 207,832,170 | 995,435,890 | 433,243 |
| 9.4.6 | Conduct quarterly Regional supervisions and mentorships to districts\ | 713,700,000 | 742,533,480 | 757,384,150 | 772,531,833 | 787,982,469 | 3,774,131,931 | 1,642,612 |
| 9.4.7 | Conduct monthly district supervisory and mentorship to health facilities | 1,540,080,000 | 1,602,299,232 | 1,634,345,217 | 1,667,032,121 | 1,700,372,763 | 8,144,129,333 | 3,544,563 |
| 9.4.8 | Digitalize the supportive supervision checklist | 18,250,000 | 18,987,300 | 19,367,046 | 19,754,387 | 20,149,475 | 96,508,208 | 42,003 |
| 9.4.9 | Conduct Mid and End term Programme review | - | - | 241,035,060 | - | 250,772,876 | 491,807,935 | 214,049 |
| 9.4.10 | Orient RHMTs, CHMTs and HCWs on the NOSP VI | 334,620,000 | - | - | - | - | 334,620,000 | 145,636 |
| Total: Strategic Intervention 9.4. | | 4,898,185,000 | 4,318,742,016 | 4,646,151,916 | 4,493,219,193 | 4,833,856,453 | 23,164,904,579 | 10,082,043 |
| Strategic Intervention 9.5: Develop and implement national TB research plan | | | | | | | | |
| 9.5.1 | Implement TB & Leprosy Operational Research Agenda | 100,000,000 | 104,040,000 | 106,120,800 | 108,243,216 | 110,408,080 | 528,812,096 | 230,154 |
| 9.5.2 | Disseminate the operational research agenda to national and subnational staff and other stakeholders | 45,650,000 | - | - | - | - | 45,650,000 | 19,868 |
| 9.5.3 | Conduct coordinative meeting between national and international stakeholders | 56,875,000 | 59,172,750 | 60,356,205 | 61,563,329 | 62,794,596 | 300,761,880 | 130,900 |
| 9.5.4 | Train staff at central, regional and districts levels on research methodology | 281,280,000 | - | - | - | - | 281,280,000 | 122,421 |
| 9.5.5 | Support staff and graduate students to conduct operational researches on TB and leprosy | - | - | - | - | - | - | - |
| 9.5.6 | Conduct training to RTLCS & DTLCS on country specific research priorities based on current TB epidemic | 35,500,000 | - | - | - | - | 35,500,000 | 15,451 |
| 9.5.7 | Ensure adequate resource for research | - | - | - | - | - | - | - |
| 9.5.8 | Advocate for public support and funding for TB research | - | - | - | - | - | - | - |
| 9.5.9 | Develop mechanisms, milestones and indicators for ongoing M&E of the implementation of the TB research plan. | 10,000,000 | - | - | - | - | 10,000,000 | 4,352 |
| Total: Strategic Intervention 9.5. | | 529,305,000 | 163,212,750 | 166,477,005 | 169,806,545 | 173,202,676 | 1,202,003,976 | 523,147 |
| Strategic Intervention 9.6: Conduct conventions in Collaboration with TB and leprosy research stakeholders (Rephrase the intervention) | | | | | | | | |
| 9.6.1 | Conduct Operational Research Coordinating Committee Meetings | 28,250,000 | 29,391,300 | 29,979,126 | 30,578,709 | 31,190,283 | 149,389,417 | 65,019 |
| 9.6.2 | Conduct Operational Research TB Symposium | 42,550,000 | 44,269,020 | 45,154,400 | 46,057,488 | 46,978,638 | 225,009,547 | 97,931 |
| 9.6.3 | Develop and share annual bulletins on National and sub-National analytical reports | 29,900,000 | 11,080,260 | 11,301,865 | 11,527,903 | 11,758,461 | 56,318,488 | 24,511 |
| Total: Strategic Intervention 9.6. | | 100,700,000 | 84,740,580 | 86,435,392 | 88,164,099 | 89,927,381 | 430,717,452 | 187,461 |
| TOTAL OBJ.9 | | 6,396,642,500 | 4,756,805,037 | 4,911,437,998 | 4,763,810,997 | 5,109,860,093 | 25,906,131,625 | 11,275,105 |

