

THE UNITED REPUBLIC OF TANZANIA



Ministry of Health

**NATIONAL TUBERCULOSIS AND LEPROSY
PROGRAMME**

**MONITORING AND EVALUATION PLAN FOR
TUBERCULOSIS AND LEPROSY PROGRAMME
(2020-2026)**

Updated December, 2023

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

**NATIONAL TUBERCULOSIS AND LEPROSY
PROGRAMME**

**MONITORING AND EVALUATION PLAN
FOR TUBERCULOSIS AND LEPROSY
PROGRAMME (2020-2026)**

Updated December, 2023

TABLE OF CONTENTS

LIST OF ABBREVIATIONS	v
1. INTRODUCTION	1
1.1 Background	1
1.2 Revision process	1
1.3 Purpose and Scope	2
1.4 Intended users	2
1.5 NSPVI log framework	2
2. INDICATOR DEFINITIONS AND MEASUREMENT	3
2.1 Impact indicators	3
2.2 Outcome and Output/ Coverage indicators	4
3. ROUTINE DATA COLLECTION	14
4. DATA MANAGEMENT	15
4.1 NTLP data sources	15
4.2 Routine surveillance and technical reports	15
4.3 Data storage:	15
5. PROGRAM REVIEW, EVALUATION AND SURVEYS	17
6. DATA QUALITY ASSURANCE MECHANISMS AND RELATED SUPPORTIVE SUPERVISION	20
7. M&E COORDINATION	21
8. CAPACITY BUILDING	22
9. M&E FRAMEWORK WORKPLAN AND COST	23
10. M&E BUDGET	24
11. INFORMATION PRODUCTS, DISSEMINATION AND USE	25
12. ANNEXES	26
Annex I: Indicator Reference Sheet	26
Annex II: Data collection tools	39
Annex III : M&E Workplan	40

LIST OF ABBREVIATIONS

ADR	Adverse Drug Reactions
ADDO	Accredited Drug Dispensing Outlets
AFB	Acid Fast Bacilli
AIDS	Acquired Immuno-Deficiency Syndrome
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
TB	Tuberculosis
TLCU	Tuberculosis and Leprosy Central Unit
WHO	World Health Organization

1. INTRODUCTION

1.1 Background

During the implementation of the National Strategic Plan for Tuberculosis and Leprosy (NSP V):2015-2020, the major focus for the monitoring and Evaluation (M&E) system was to improve the surveillance system in order to strengthen the measurement of the true burden of the diseases. Thus, during this period, the national M&E tools adapted the World Health Organization (WHO) 2013 TB case definitions and made available for facility as well as community-based record and reporting. The tools are available in paper and electronic form where by the paper-based are regularly updated and made available to all facilities. The electronic case-based system known as ETL was developed on the web-based DHIS2 platform and its nation-wide roll out began in January 2018. The DHIS2-ETL was revised in 2020 and 2021 in keeping with information capture using paper-based tools and merging the modules into one electronic register. The ETL captures laboratory, HIV test results, ART uptake and contact investigation cascade. Furthermore, the case-based system provides disaggregated data by sex, age groups, occupation, geographical location and KVPs. Data entry in the ETL is timely and collected monthly at the district level and visible to the higher level. The patient's information is made available for the care providers only to ensure confidentiality.

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 reviewed and is currently disseminated for implementation.

The National TB and Leprosy M&E plan describes indicators and performance targets for activities in the operational plan (OP). It complements the NSP VI: 2020-2025 and its addendum which have extended its implementation to 2026 to align with National Health sector Strategic Plan and the Global funding cycle implementation. 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 actions 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 and USAID TB grants.

The plan was developed in a participatory manner, as a part of the National Strategic Plan core documents. This was achieved through consultative review workshops and meetings. Indicators and targets in this M&E were developed concurrently with the revised OP, Zero Leprosy Roadmap adaptation, the Global Fund 2023-2025 cycle application process and the USAID Roadmap development.

1.2 Revision process

The revision of this M&E plan represents a collaborative work of the NTLP and its partners. Lead by the consultant, the Plan revision was guided by the revised NSP VI i.e. the addendum and the lesson learnt from the first two years of the implementation.

New indicators have been added, period extended (to 2026) and others rephrased to align with the revised operational plan, Tanzania HSSP V, Global Fund C7 implementation period and lesson learnt from TB TBHIV USAID grants.

1.3 Purpose and Scope

The purpose of this Plan is to inform the country's progress on the Tuberculosis and Leprosy response. It provides monitoring and evaluation benchmarks for the performance and impact measurements of the National TB and Leprosy SP VI strategic interventions. The Plan also serves as a guide to develop evidence-based lessons learnt for Program improvement.

Following through the NSP log framework, the Plan have detailed the prioritized indicators to be tracked at higher level which are responding to the National and global Leprosy and TB goals and targets. The prioritized indicators also were selected based on the prioritized indicators of the multilateral and bilateral organizations such as The Global Fund to fight AIDS Tuberculosis and Malaria, USAID, GLRA which are source of support for the NSP VI.

The prioritized indicators in this Plan are part of the standalone comprehensive TB and Leprosy technical thematic area's M&E frameworks which the users can also refer to for tracking other indicators not listed in this plan.

1.4 Intended users

The M&E Plan is intended for all TB and Leprosy stakeholders depending on their need to either track or measure Program and interventions performance.

1.5 NSP VI log framework

The revised and updated NSP VI M&E framework follows a logic framework to improve the quality clarity of the TB and leprosy response design. It identifies strategic elements (inputs, outputs, purpose, goal) and their causal relationships, as well as the external assumptions (risks) that may influence success and failure.

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

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 impact and outcome indicator is included in Annex I.

Five 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 for TB are obtained 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, TB/HIV mortality rate MDR prevalence among new TB cases. Other impact indicator is for leprosy: Number of children (under fifteen years of age) newly diagnosed with Leprosy presenting with Grade 2. These indicators will be used to measure progress towards ending TB and eliminate Leprosy in the country.

2. INDICATOR DEFINITIONS AND MEASUREMENT

2.1 Impact indicators

Table 1: Monitoring and Evaluation Framework

Sn No.	Indicator Name	Baseline		Performance targets							Data source	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026				
1	TB incidence rate (per 100,000 population)	2018	253	216	211	197	178	163	154	WHO Global TB Report	Annual	WHO Global report	
2	TB mortality rate per 100,000 population	2022	40				22	20	17	WHO Global TB Report	Annual	WHO Global report	
3	TB I-4 ^(M) RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB patients with RR-TB and/or MDR-TB	2022	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	0.98%	DHIS2-ETL, WHO GTB Report	Annually	NTP	
4	Percent of TB affected families facing Catastrophic costs due to TB	2019	45		30		25	22	20	Survey	After every five years	NTP	
5	Number of children (< 15 years of age) newly diagnosed with Leprosy presenting with Grade 2 Disabilities	2019	4			1		0	0	DHIS2-ETL	Annually	NTP	

2.2 Outcome and Output/ Coverage indicators

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	Frequency of data collection	Responsible entity or units
		Year	Value	2021	2022	2023	2024	2025	2026				
1.0.1	TB treatment coverage rate	2018	53%	69%	75%	81%	85%	90%	90%	90%	WHO Global TB Report	Annual	WHO Global TB Report
1.0.2	Number of TB case with all forms notified, new and relapse	2019	81,208	89,146	97,446	100,962	98,075	97,481	96,400		DHIS2-ETL	Quarterly	NTLP
1.0.3	TB case notification rate, new and relapse	2019	145	150	159	160	151	145	140		DHIS2-ETL	Quarterly	NTLP
1.0.4	TB Treatment success rate – all forms, with new and relapse TB	2018	90%	>90%	>90%	>90%	>90%	>90%	>90%		DHIS2-ETL	Quarterly	NTLP
1.1.1	Percent of hospitals and health centres Implementing Quality Improvement model for TB case detection	2019	56%		80%		90%	100%	100%		MoH Report	Annual	NTLP
1.2.1	Percent of TB notification contributed by Community referrals	2019	26%	30%	30%	30%	30%	30%	30%		DHIS2-ETL	Quarterly	NTLP
1.3.1	Number of Prisons implementing improved TB services (active TB screening) in prisons setting	2019	18	34		65		129	129		MoH Reports	Annual	NTLP
1.4.1	Number of elderly people diagnosed with TB	2019	14,690	15,690	16,690	17,690	18,690	19,100	18,890		DHIS2-ETL	Quarterly	NTLP
1.5.1	Number of KVP (PWIDS, fisher folks, slums) screened for TB	2019	NA	120,000	120,000	120,000	120,000	120,000	120,000		NTLP Reports	Quarterly	NTLP

SI No.	Indicator Name	Baseline		Performance targets							Data source	Frequency of data collection	Responsible entity or units
		Year	Value	2021	2022	2023	2024	2025	2026				
1.6.1	Percent of known mine workers screened for TB	2019	NA		25%	30%	40%	50%	50%	DHIS2-ETL, MoH Reports	Annual	NTP	
1.6.2	Percent of borders implementing cross border initiatives (CBI)	2019	NA	50%	60%	70%	80%	90%	90%	MoH Reports	Bi annual	NTP	
1.6.3	Percent of Mine workers receiving TB and OHSC services.	2019	8%	20%	50%	70%	90%	100%	100%	MoH Reports	Quarterly	NTP	
1.7.1	Contact Investigation (TBCI) Coverage:	2022	45%	NA	NA	65%	85%	100%	100%	DHIS2-ETL	Quarterly	NTP	
1.8.1	Proportion of Bacteriologically confirmed Pulmonary TB patients notified	2021	44%	NA	NA	47%	52%	57%	65%	DHIS2-ETL	Quarterly	NTP	

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	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026				
2.0.1	Percent of new and relapse TB cases tested using WHO Recommended Rapid diagnostic tests (mWRP) at the time of diagnosis	2019	23%	50%	60%	65%	68%	75%	90%	DHIS2-ETL	Quarterly	NTLP	
2.0.2	Bacteriological Confirmation coverage.	2019	50%	60%	70%	80%	85%	90%	90%	DHIS2-ETL	Quarterly	NTLP	
2.0.3	Percent of laboratories showing adequate performance in external quality assurance for smear microscopy and GeneXpert among total number of laboratories that participated in EQA during the reporting period	2019	61%	70%	75%	78%	80%	85%	90%	MoH Reports	Bi annual	NTLP	
2.1.1	Percent of TB treatment centres provide, TB diagnostic services on site or by specimen referral among TB treatment centres	2019	19%	20%	25%	30%	35%	40%	40%	MoH Reports	Bi annual	NTLP	
2.2.1	Percent of diagnostic sites with adequate supply of TB lab commodities	2019	NA	90%	90%	90%	90%	90%	90%	MoH Reports	Quarterly	NTLP	
2.3.1	Percent of GeneXpert sites with ISO accredited	2019	3%	10%	15%	20%	25%	50%	50%	MoH Reports	Annual	NTLP	
2.4.1	Percent of bacteriologically confirmed TB patients has DST result for at least rifampicin	2019	65%	75%	90%	100%	100%	100%	100%	DHIS2-ETL	Quarterly	NTLP	
2.4.2	Percent of laboratories with GeneXpert machines integrated to DHIS2-ETL or GxAlert systems	2019	44%	73%	77%	81%	85%	90%	100%	MoH Reports	Annual	NTLP	

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	Frequency of data collection	Responsible entity/ or units
		Year	Value	2021	2022	2023	2024	2025	2026				
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	1.5	1.5	DH12-ETL	Quarterly	NTLP
3.0.2	Percent of hospitals perform sputum induction and gastric aspiration	2019	11%	20%	40%	60%	70%	75%	75%	75%	MoH Report	Bi annual	NTLP
3.0.3	Percent of eligible <5 years children household contacts of bacteriologically confirmed TB patient started on TPT	2019	42%	50%	56%	80%	90%	> 90%	> 90%	> 90%	DH12-ETL	Quarterly	NTLP
3.0.4	Proportion of Paediatric TB cases notified	2019		> 15%	> 15%	> 15%	> 15%	> 15%	> 15%	> 15%	DH12-ETL	Quarterly	NTLP
3:2:1	Percent of under <5 years children household contacts of TB cases screened for TB	2019	40%	80%	90%	100%	100%	100%	100%	100%	DH12-ETL	Quarterly	NTLP
3.4.1	Percent of notified paediatric TB cases referred from RMNCAH	2019	2%	3.6%	5.2%	6.8%	8.4%	10%	10%	10%	DH12-ETL	Quarterly	NTLP

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	Frequency of data collection	Responsible (entity/ or units) c
		Year	Value	2021	2022	2023	2024	2025	2026				
4:0:1	RR-TB and/or MDR-TB notified as percent of estimated drug resistant TB (RR-TB/MDR-TB) among notified TB cases	2019	54%	61.2%	68.4%	75.6%	82.8%	90%	90%	DHIS2-ETL, NTLTP Reports	Quarterly	NTLP	
4.0.2	Number of people with confirmed RR-TB and /or MDR-TB notified	2019	534	802	875	909	450	533	567	DHIS2-ETL	Quarterly	NTLP	
4.0.3	Treatment success rate for patients started on MDR TB treatment.	2019	80%	82%	84%	86%	88%	90%	90%	DHIS2-ETL	Quarterly	NTLP	
4.1.1	Percent of contacts of RR/MDR-TB patients screened for TB	2019	26%	40.8%	55.6%	70.4%	85.2%	100%	100%	DHIS2-ETL	Quarterly	NTLP	
4:2:1	Percent of RR-TB and/or MDR-TB started on treatment are lost to follow up	2017	2%	0%	0%	0%	0%	0%	0%	DHIS2-ETL	Quarterly	NTLP	
4:2:2	Percent of District Hospitals initiating MDR-TB services	2019	NA	100%	100%	100%	100%	100%	100%	DHIS2-ETL	Bi annual	NTLP	
4.2.3	Percent of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	2020	NA	100%	100%	100%	100%	100%	100%	DHIS2-ETL	Quarterly	NTLP	
4.3.1	Percent of regions reporting ADR	2019	NA	60%	100%	100%	100%	100%	100%	MoH Reports	Quarterly	NTLP	
4.4.1	Percent of TB patients with DST results for at least rifampicin	2019	37%	49.6%	62.2%	74.8%	87.4%	100%	100%	DHIS2-ETL	Quarterly	NTLP	

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	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026				
5.0.1	Percent of notified new and relapse TB patients have documented HIV status	2019	99%	100%	100%	100%	100%	100%	100%	100%	DHIS2-ETL	Quarterly	NTLP
5.0.2	Percent HIV positive new and relapse TB patients are on ART during TB treatment	2019	99%	100%	100%	100%	100%	100%	100%	100%	DHIS2-ETL	Quarterly	NTLP
5.0.3	Percent of public and private hospitals implementing collaborative TB/Diabetes activities	2020	20%	100%	100%	100%	100%	100%	100%	100%	MoH Reports	Bi annual	NTLP
5.3.1	Percent of eligible at-risk groups started on TPT	2019	NA	70%	70%	90%	90%	90%	90%	90%	DHIS2-ETL	Quarterly	NTLP
5.3.2	Number of people in contact with TB patients who began preventive therapy, Children < 15 years of age	2022	19,998				34,853	45,083	60,895		DHIS2-ETL	Quarterly	NTLP
5.3.3	Percent of eligible at-risk groups completed TPT	2019	NA	70%	70%	90%	90%	90%	90%	90%	MoH Reports	Quarterly	NTLP
5.4.1	A guide for TB patients to quit smoking in place	2019	0			Guide in place					MoH Reports	2025	NTLP
5.5.1	Job aids, EIC/SBCC materials on TB and nutrition in place	2022	0	NA	NA		1				MoH Reports	2025	NTLP
5.6.1	PTLD guideline and SOPs in place	2022	0	NA	NA		1				MoH Reports	2025	NTLP

Objective 6: To Enhance multi-sectoral collaboration and action for increased, coordinated and accelerated response towards ending TB by 2030.

SI No.	Indicator Name	Baseline		Performance targets						Data source	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026			
6.0.2	A MAFTB Operational plan and its M&E in place	2022	0				1				Once in 2024	NTP

Objective 7 To accelerate Interruption of Leprosy Transmission in all councils by 2025

SI No.	Indicator Name	Baseline		Performance targets						Data source	Frequency of data collection	Responsible (entity/ or units)	
		Year	Value	2021	2022	2023	2024	2025	2026				
7.0.1	Number of leprosy endemic councils (with >1/10,000 patients)	2019	16	12	12	10	8	6	6		DHIS2-ETL	Annual	NTP
7.1.1	Leprosy research agenda in place by 2024	2022	0				1				MoH reports	Once in 2024	NTP
7.2.1	Percent of new leprosy Patients contacts are screened for leprosy	2019	NA	50%	80%	90%	100%	100%	100%		DHIS2 ETL	Quarterly	NTP
7.2.2	Number of new leprosy cases detected	2019	1650	1300	1200	1000	1000	950	950		DHIS2 ETL	Quarterly	NTP
7.2.3	Percent of eligible leprosy household contacts provided with PEP	2019	NA	50%	70%	90%	100%	100%	100%		PEP reports	Quarterly	NTP
7.2.4	Children (< 15 years age) diagnosed with leprosy, Rate per 1,000,000 children population	2019	3	3	3	3	2	2	2		DHIS2 ETL	Annually	NTP

SI No.	Indicator Name	Baseline		Performance targets							Data source	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026				
7.2.5	MDT completion rate - PB leprosy - MB Leprosy	2019	80%	81%	82%	83%	83%	83%	83%	DHIS2 ETL	Quarterly	NTLP	
7.3.1	Percent of cases with Grade 2 disability among newly diagnosed leprosy patients	2019	10%	8%	7%	7%	6%	5%	5%	DHIS2 ETL	Quarterly	NTLP	
7.3.2	Number of PALs received assistive devices	2019	2000	2200	2500	2700	2800	3000	3000	MoH reports	Annually	NTLP	
7.4.1	Proportion of Leprosy patients experience stigma at health facilities reduced	2022	TBD			TBD	TBD	TBD	TBD	Survey One Impact	Annually	NTLP	

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	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026				
8.0.1	Percent of NTLP Funding gap reduced by	2019	42%		30%		25%	20%	20%	WHO Global TB Report	Annually	WHO	
8.0.2	TB Stigma index established	2019	NA		established					Survey	Once in five years	NTLP	
8.0.4	Percent of notified TB cases (all forms) contributed by private/non-governmental facilities	2019	21%	25%	25%	25%	25%	25%	25%	DHIS2-ETL	Quarterly	NTLP	
8.0.5	Treatment Success Rate – all forms of TB, in private sector	2021	93%		'> 90%	'> 90%	'> 90%	'> 90%	>90%	DHIS2-ETL	Quarterly	NTLP	

SI No.	Indicator Name	Baseline		Performance targets							Data source	Frequency of data collection	Responsible entity/ or units
		Year	Value	2021	2022	2023	2024	2025	2026				
8.0.6	Percent of Hospitals and Health centres direct report monthly report in the eLMIS	2019	NA	50%	60%	70%	80%	90%	100%	eLMIS	Quarterly	NTLP	
8.0.7	TB Social protection operational plan	2019	0		Available					MoH reports	Once in 2022	NTLP	
8.0.8	Number of district councils implementing CLM by 2026	2022	8			TBD	50	80	100	Survey	Annually	NTLP	
8.1.1	Percent of Program staff trained on management	2019	64%		75%	75%	80%	80%	80%	MoH Reports	Annually	NTLP	
8.1.2	Percent of human resource gap	2019	24%	20%	18%	18%	15%	10%	10%	MoH Reports	Annually	NTLP	
8.2.1	Number of annual NTLP meetings conducted	2021	1		1	1	1	1	1	MoH Reports	Annually	NTLP	
8.4.1	Number of program assets inventory conducted annually	2019	1	1	1	1	1	1	1	MoH Reports	Annually	NTLP	
8.4.2	Number of physical stocks taking of TB and Leprosy commodities conducted	2019	1	1	2	3	4	4	4	MoH Reports	Quarterly	NTLP	
8.9.1	Number of ADDOs engaged in TB case finding annually	2021	1,440		3,000	4,000	4,500	5,000	5000	MoH Reports	Annually	NTLP	
8.11.1	No stock out of TB and Leprosy medicines at district level	2019	0%	0%	0%	0%	0%	0%	0%	eLMIS	Quarterly	NTLP	

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

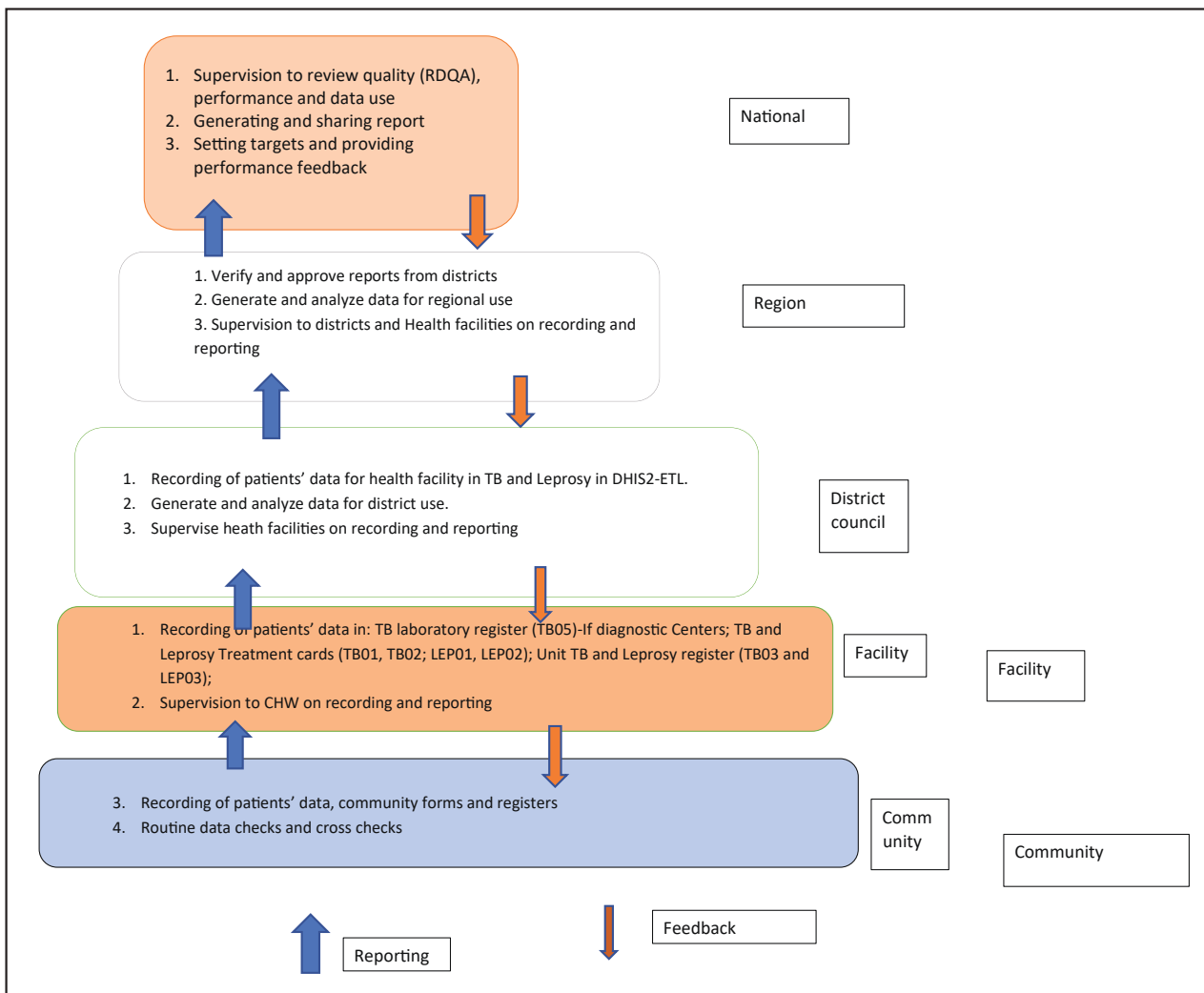
SI No.	Indicator Name	Baseline		Performance targets							Data source	Frequency of data collection	Responsible (entity/ or units)
		Year	Value	2021	2022	2023	2024	2025	2026				
9.0.1	Routine data Indicators listed in the NTL P M&E Plan are measured and reported through electronic platforms	2019	60%	70%	80%	90%	100%	100%	100%	100%	MoH Reports	Annual	NTLP
9.1.1	Percent of TB and Leprosy key epidemiological Indicators are generated through the DHIS 2-ETL	2019	80%	85%	90%	90%	90%	90%	90%	90%	MoH Reports	Annual	NTLP
9.2.1	TB Under reporting rate (%)	2019	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	MoH Reports	Once in three years	NTLP
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%	100%	100%	MoH Reports	Quarterly	NTLP
9.4.1	Percent of NTLP interventions monitored and evaluated by 2025	2019	NA	90%		90%	90%	90%	90%	90%	MoH Reports	Annually	NTLP
9.5.1	Proportion of TB and Leprosy Operational Researches conducted	2019	NA	50%	50%	50%	100%	100%	100%	100%	MoH Reports	Annually	NTLP
9.5.2	Number of TB and Leprosy Operation Research Symposium conducted	2019	2	2	2	2	2	2	2	2	MoH Reports	Annually	NTLP

3. ROUTINE DATA COLLECTION

Routine TB and Leprosy data is collected by health care providers using both paper and electronic tools. The collection starts at the community level up to the health facilities and at the laboratory sites. At the health facilities data are collected from the TB and Leprosy clinics known as DOT and MDT centres, other facilities entry point where active TB systematic screening is offered and at facilities' Laboratories. Other laboratory sites include the zonal laboratories and the Central reference laboratory. The data flow is presented below in figure 01.

Data is used from the collection points for their planning and tracking targets. Platforms used for data analysis and use include community and facilities exchange meetings, quality improved meetings, Councils and Regions partners meetings, TB and Leprosy region Quartey meetings and National levels programmatic and technical meetings such as Technical Working Groups (TWG) and the Annual NTLP meeting.

Figure 01: NTLP Data flow diagram



KEY:

4. DATA MANAGEMENT

4.1 NTLP data sources

The main sources of TB and Leprosy data

- i. Routine surveillance
- ii. Routine technical reports
- iii. Surveys
- iv. Operational researches

4.2 Routine surveillance and technical reports

The routine recording and reporting is done using both paper and electronic tools

The paper-based tools: These are forms and registers used by health care providers at community and health facilities to enter service delivery and surveillance data. These are detailed in the Annex II

Electronic M&E tools:

There are six electronic data collection systems:

- i. DHIS2-ETL known as ETL
- ii. eLMIS: Optimized TB and Leprosy Logistic System where by facilities and districts are reporting and ordering first-line TB and leprosy medicines
- iii. TBLIS: Laboratory information system at the CTRL captures all specimens associated information including pre-treatment results and DST
- iv. GeneXpert alert System: reporting system connecting the information from GeneXpert machine to a web-based system
- v. Tambau TB: USSD for TB screening available across the country
- vi. 99DAT: TB adherence technology (DAT) to promote TB adherence through reminder alarms to take medication at a right time. Implemented in some regions

In addition, there is an electronic Community Led Monitoring tool known as One Impact or TB Kiganjani which is a community owned CLM tool which collects TB and Leprosy data.

DHIS2 ETL: is a web based DHIS2 tracker module enabled system which at present collects case-based data at facility. The source document is a TB01 even though a TB03 is used as an alternative because of inability of electronic data entry at the facility level. The district coordinator is currently main responsible person for data entry into the ETL. In some large volume facilities, trained nurses enter data into DHIS2-ETL in real time. 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.

Note: Detailed instructions and procedures on how to manage data with these tools are described in the system's user guides and manuals

4.3 Data storage:

The community paper-based tools are kept with the Civil Society Organization (forms) and at the facility (forms and registers). The facility-based tools are at the respective units under the medical records rules and guidelines. The electronic data is stored at the MOH where the is a main HMIS server.

4.4 Data processing and analysis:

At the service delivery levels: Data at community level and at facilities especially at DOT and MDT centres are compiled to generate weekly and monthly reports for their own use. The community and facility exchange meetings are the platform used for analysis of the data at this level. Other platform includes Quality facility teams meetings

At the council and region levels, the reports in the ETL and eLMIS are used for analysis. The reports are pre filled and standard. The DTLC compile the reports with trends and previous years data for comparison and share during the regional quarterly review meetings and other council platforms such as during planning.

The regional 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. 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 region authority (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 NTLP have developed a data analysis and use guide to guide all implementors at lower levels.

At the National level the data is analysed monthly by the strategic information unit and produce monthly reports. The reports are made available to be used during the Program coordinative meetings such as the Annual and quarterly planning, technical working groups, and Annual meeting. In addition, the NTLP conduct annual Partners data review meeting.

5. PROGRAM REVIEW, EVALUATION AND SURVEYS

The table below summarizes the reviews, evaluations and surveys for TB programme to be implemented.

Table 2: Reviews, evaluations and surveys for NTLP.

Sn no	Entity	Type	Schedule	Remarks
1	Internal	Regional quarterly review meeting	Every quarter	Technically led by the NTLP
2	Internal	Annual review meeting	Annually	Conducted by the NTLP
3	Internal	Medicines and laboratory commodities quantification	Bi annual	Conducted by the NTLP
4	External	Midterm evaluation	After 2 years	Led by the WHO
5	External	End term evaluation	After five years	Led by the WHO
6	External	Epidemiological review	After three years	Led by the WHO
7	External	TB surveillance evaluation	After five years	Led by the WHO

Internal review meetings and evaluations

Quarterly regional and annual national meetings are held to monitor standardized implementation and program activities. The meetings involve RTLCs and DTLCs, pharmacists, laboratory technologists, TB/HIV officers, Implementing Partners and other stakeholders. The programme conducts a mid-term evaluation and end-term evaluation at the end of implementation of the NSP VI. The NTLP 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 is regularly monitored and estimated annual needs are reviewed and updated on quarterly basis to facilitate early identification of potential stock outs or possible wastage.

Epidemiologic review

TB Epidemiological review is conducted after every three years and before the preparation of the next NSP feeding into the joint external review. It involves external 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.

Evaluation of TB surveillance.

The assessment of the national TB surveillance data, included an assessment of the surveillance and vital registration systems using a WHO checklist of TB surveillance standards and benchmarks. The results of the assessment are intended to help inform the development of a monitoring and evaluation (M&E) investment plan based on gaps in current surveillance systems. The objectives of these assessment are: Implement a checklist of TB surveillance standards and benchmarks to assess the national surveillance and vital registration system's ability to accurately measure TB incidence and mortality; Develop a proposed of M&E investment plan to address issues identified during the surveillance assessment. the report is produced in an interval of 5 years

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 include 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 (wards). 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 are being implemented. The following is a list of studies that are expected to be carried out during the implementation of the NSP VI: -

Table 3: Studies expected to be carried out during the implementation of the NSP VI

Sn	Study
1	PST
2	oral shorter regimen for treatment of MDR TB patients
3	Magnitude of TB and DM co-morbidities
4	Burden of TB in the mining sector
5	KAP assessment on TB disease among mining key population
6	Rapid assessment of low notification trend of bacteriologically confirmed TB cases
7	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
8	PEP4LEP
9	Leprosy Antimicrobial Resistance Surveillance (LARS) in Post Exposure Prophylaxis (PEP) settings
10	TB assessment of the observed change in trends and Geographical variation at sub-national level in TB notifications
11	Burden of TB among smoking population (baseline – end line)
12	TB inventory study

6. 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 TB and Leprosy case-based electronic system (DHIS2-ETL) was rolled out in 2018 and was later revised in October 2021 with the aim of improving the availability and quality of TB surveillance data. The system with enhanced data quality checks and visualization.

Data verification takes place at facility level using a standardised tool, paper or electronic by reviewers from councils, regional and national levels. Data review meetings are scheduled quarterly at regional level.

At the national level, TLCU performs monthly desk review using build-in data validation tools (including codes to check for completeness, duplicates, missing and inconsistent values) in DHIS2-ETL. The issues (if any) are identified and delivered through 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 the use in DHIS2-ETL.

7. MONITORING AND EVALUATION 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 strategic information unit also known as M&E unit of the TLCU is responsible for coordination of all NTLP M&E activities. 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 the RTLCs and DTLCs and TBHIV officer also known as TBHO respectively. Regional level managers conduct supportive supervision on a quarterly basis. Likewise, district managers conduct monthly and quarterly supportive supervision to TB diagnostic centres and treatment centres respectively.

8. CAPACITY BUILDING

Even though the Program has managed to collect significant amount of data, 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, analyse 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 DHIS2-ETL, DQA using new guidelines, and the use of dashboards to monitor key epidemiological and data quality indicators will be conducted.

The strategic information unit at the National level require capacity to analyse and use the case-based data available in the ETL beyond descriptive analysis. This includes geo spatial mapping and analysis which will facilitate identification of hotspots for case finding and contact investigation.

Further the capacity to use the integrated one health tool is needed for future planning and impact assessments of ongoing interventions. Below is the summary of areas needed for the Program's M&E capacity build.

Table 4: Summary of M&E capacity build requirements

Sn	Level	Area
1	Community	<ul style="list-style-type: none"> • Data recording and reporting • Data quality checks and review • Data use and analysis • Basic research knowledge • Mobile electronic devices for timely data recording
2	Facility	<ul style="list-style-type: none"> • Data recording and reporting • Data quality checks and review • Data use and analysis • Computers use
3	District and Region	<ul style="list-style-type: none"> • Data quality review assessment • Data use and analysis • Research methodology • Computers use
4	National level	<ul style="list-style-type: none"> • Data quality review • Analysis of the case-based data (beyond descriptive analysis) • Geo spatial mapping and analysis • DHIS2 geospatial capacity and linkage to Molecular diagnostic machines • Use of integrated Health Tool • Cascade analysis

9. MONITORING AND EVALUATION 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 revise the TB & Leprosy research 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 \$ 21.4 million for the 2023-2026 implementation period, which is about 9.68% of the country's budget. The workplan is presented in annex III.

10. M&E BUDGET

Table 5: The following is the estimated budget for the M&E activities 2023-2026

Main M&E activity area	Amount (TZS)
M&E Stewardship, governance and coordination	13,924,201,443
Routine Programmatic data collection and reporting	25,777,052,888
Evaluation, surveys, surveillance, special studies	10,265,701,500
Total TZS	49,966,955,831
USD	21,428,399

11. 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 monthly 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.

12. ANNEXES

Annex I: Indicator Reference Sheet Impact Indicators:

SN	Indicator Name	Definition	Numerator	Denominator	Data Source/measurement tool	Level	Frequency
1	TB incidence rate	Estimated numbers of TB incident cases (new and relapse TB cases) expressed among 100,000 country population of the same year	Estimated number of incident TB cases	Estimated country population of same years x 100,000	WHO Global TB Report	National	Annual
2	TB mortality rate per 100,000 population	The estimated number of deaths due to TB for a given year expressed as deaths per 100 000 population per a year.	Number of deaths from all forms of TB and deaths from TB in people with HIV in the given year	Number of people in the population x 100,000	WHO Global TB Report	National	Annual
3	RR-TB and/or MDR-TB prevalence among new TB patients:	Proportion of new TB patients with RR-TB and/or MDR-TB.	Number of new TB patients with RR-TB and/or MDR-TB x 100	Total number of new TB patients with DST results for at least rifampicin	DHIS2-ETL	National	Annual
4	Percent of TB affected families facing Catastrophic costs due to TB	Percent 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
5	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

Outcome and Coverage Indicators

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
1.0.1	TB treatment coverage rate	Number of people that developed TB, and were notified and treated, out of the total estimated number of incident 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	DHIS2-ETL, WHO Global TB Report	National	Annually
1.0.2	Number of TB case with all forms notified, new and relapse	Number of people with TB all forms, new and relapse notified in a particular period	Number of people with TB all forms, new and relapse notified.	1	DHIS2-ETL	National Region Council Health facility	Monthly, Quarterly Annual
1.0.3	TB case notification rate, new and relapse	Number of TB incident cases, new and relapse notified expressed among 100,000 country population of the same years	Number of TB cases all forms, new and relapse notified in year	Estimated country population of same years	DHIS2-ETL	National Region Council	Annual
1.0.4	TB treatment success rate	Percent of new and relapse TB cases who were notified in a specified period that were cured or treatment completed, among the total new and relapse TB cases notified during the same reporting period.	Number of new and relapse TB cases who were notified in a specified period that were cured or treatment completed.	Number of new and relapse TB cases notified in the same period	DHIS2-ETL	National, Regional, Council	Monthly, quarterly, annually
1.1.1	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	MoH Report	National, Regional, Council	Quarterly, Annual
1.2.1	Percent of TB notification contributed by	Proportion of notified Tuberculosis patients of all forms, who were referred by a community health worker	Number of notified TB cases, all forms as result of community referrals	Total number of notified cases (All forms)	DHIS2-ETL	National Region Council	Monthly, Quarterly, annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
	Community referrals						
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 Monthly,
1.4.1	Number of elderly people diagnosed with 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 Monthly,
1.6.1	Percent of known mine workers screened for TB	Number of mine workers screened for TB among known mine workers in particular area in specific period.	Number of mine workers screened for TB in particular area in specific period.	Number of known mine workers in particular area in same period.	NTP Reports	National Regional Council	Annually Quarterly Monthly,
1.6.2	Percent of borders implementing cross border initiatives (CBI)	Number of borders implementing cross border initiatives (CBI).	Number of borders implementing cross border initiatives (CBI).	Number of borders	NTP Reports	National Regional Council	Annually Quarterly Monthly,
1.6.3	Percent of Mine workers receiving TB and OHSC services.	Number of mine workers screened receiving TB and OHSC services among the estimated mine workers on demand of the OHSC	Number of mine workers receiving TB and OHSC in particular area in specific period.	Number of known mine workers in need of OHSC services in particular area in same period.	NTP Reports	National Regional Council	Annually Quarterly Monthly,

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
1.7.1	Contact Investigation (TBCI) Coverage:	services in particular area in specific period. Number of contacts of bacteriologically confirmed pulmonary tuberculosis (TB) patients who were evaluated for active TB and TB infection (TBI), out of those eligible, expressed as a percentage.	Number of contacts of (new and relapse) notified bacteriologically confirmed pulmonary TB patients who were evaluated for active TB disease and TBI during the reporting period	Number of contacts of new and relapse notified bacteriologically confirmed pulmonary TB patients during the reporting period	DHIS2-ETL	National Regional Council	Annually Quarterly Monthly,
1.8.1	Proportion of Bacteriologically confirmed Pulmonary TB patients notified	Number of bacteriologically confirmed pulmonary TB cases among new and relapse TB patients notified in specified period expressed as a percentage.	Number of bacteriologically confirmed pulmonary TB cases new and relapse notified in specified period	Number of new and relapse TB patients notified in same period	DHIS2-ETL	National, Regional, Council	Monthly, quarterly, annually
2.0.1	Percent of new and relapse TB cases tested using WHO Recommended Rapid diagnostic tests (mWRP) 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	Monthly, quarterly, annually
2.0.2	Bacteriological Confirmation coverage	All Bacteriological Confirmation test results among notified New and Relapse TB Cases, expressed as percentage	Number of TB cases with bacteriological Confirmations test results	Total number of notified New and Relapse TB Cases	DHIS2-ETL	Council, Region, National	Monthly, quarterly; Annually
2.0.3	Percent of laboratories showing adequate performance in	All laboratories which show good performance at detecting true test results in external quality assurance for either GeneXpert and Smear	Number of laboratories performing good at detecting true test results	Total number of Operational laboratories enrolled in	EQA Report (Smear Microscopy and GeneXpert)	National	Annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
	external quality assurance for smear microscopy and GeneXpert,	Microscopy, among total number of laboratories that participated in EQA during the reporting period expressed as percentage		external quality assurance (EQA)	DHIS2-ETL		
2.1.1	Percent of TB treatment centres provide TB diagnostic services on site or by specimen referral.	All health facilities which provide TB diagnostic services either on site or by specimen referral among TB treatment centres	Number of health facilities with TB diagnostic services either on site or by specimen referral	Total number of Health facilities which provide TB treatment	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, Annually
2.2.1	Percent 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
2.3.1	Percent 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
2.3.1	Percent of bacteriologically confirmed TB patients has DST result for at least rifampicin	Number of bacteriologically confirmed TB patients with DST results for at least rifampicin among the notified expressed as percentage.	Number of bacteriologically confirmed TB patients with DST results for at least rifampicin in particular period	Number of bacteriologically confirmed TB cases notified in the same period	DHIS2-ETL,	National, Regional,	Annually
2.4.2	Percent of laboratories with GeneXpert machines integrated to DHIS2-ETL or GxAlert systems	Percent of laboratories with GeneXpert machines integrated to either DHIS2-ETL or GxAlert system among all laboratories with GeneXpert machines	Number of laboratories with GeneXpert machines integrated to either DHIS2-ETL or GxAlert System	Number of laboratories with GeneXpert machines	GxAlert, DHIS2-ETL, CTRL Annual Report	National, Regional,	Annually
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	Percent of hospitals perform sputum indication and gastric aspiration	Percent 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	Percent of eligible children <5 years of age household contacts of bacteriologically confirmed pulmonary TB patient started on 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	Monthly, Quarterly, annually
3.0.4	Proportion of Paediatric TB cases notified	Number of paediatric TB patients among new and relapse TB patients notified in specified period expressed as a percentage.	Number paediatric (< 15 years of age) TB cases new and relapse notified in specified period	Number of new and relapse TB patients notified in same period	DHIS2-ETL	National, Regional, Council	Monthly, quarterly, annually
3:2:1	Percent of children <5 years of age household contacts of TB cases screened for TB	Percent 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	Monthly, Quarterly, annually
3.4.1	Percent of notified paediatric 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	Monthly, Quarterly, annually
4.0.1	RR-TB and/or MDR-TB notified as percent of estimated drug resistant TB	Number of notified drug resistant RR-TB and/or MDR-TB expressed as percent of estimated	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 Monthly,

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
	(RR-TB/MDR-TB) among notified TB cases	RR/MDR-TB among notified TB cases detected					
4.0.2	Number of people with confirmed RR-TB and /or MDR-TB notified in particular TB notified	Number of people with confirmed RR-TB and /or MDR-TB notified in particular period	Number of people with confirmed RR-TB and /or MDR-TB notified in particular period	1	DHIS2-ETL	Council, Regional, National	Annually
4.0.3	Treatment success rate for patients started on MDR TB treatment.	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	DHIS2-ETL	Council, Regional, National	Annually
4.1.1	Percent of contacts of RR/MDR-TB patients screened for TB	Number of contacts of RR/MDR-TB patients screened for TB in specified period expressed as percentage	Number of contacts of RR/MDR-TB patients screened for TB in specified period	Number of all contacts of RR/MDR-TB patients in specified period.	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually
4.2.1	Percent of RR-TB and/or MDR-TB started on treatment are lost to follow up	Percent 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, Monthly,
4:2:2	Percent 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

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
4.2.3	Percent of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Number of confirmed RR-TB and or MDR-TB patients that began second-line treatment among all notified RR-TB and /or MDR-TB patients notified in specific period expressed as percentage	Number of confirmed RR-TB and or MDR-TB patients that began second-line treatment in specified period.	Number of confirmed RR-TB and or MDR-TB patients notified in same period	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually
4.3.1	Percent of regions reporting ADR	Number of regions reporting ADR among all regions in specified period expressed as percentage	Number of regions reporting ADR specified period	all regions	MoH reports	National, Regional, Council	Monthly, Quarterly, annually
4.4.1	Percent of TB patients with DST results for at least rifampicin	Percent 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	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually
5.0.1	Percent of notified new and relapse TB patients have documented HIV status	Percent 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	Monthly, Quarterly/Annually
5.0.2	Percent of HIV positive new and relapse TB patients are on ART during TB treatment	Percent 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	Monthly, Quarterly/Annually
5.0.3	Percent of public and private hospitals implementing collaborative	Percent 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	MoH Reports	Council, Region, National	Monthly, Quarterly/Annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
	TB/Diabetes activities						
5.3.1	Percent of eligible at-risk groups started TPT	Number of people at-risk groups started TPT among all eligible at-risk groups.	Number of people at-risk groups started TPT in specified period	Number of eligible all eligible at-risk groups in same period	DHIS2-ETL	Council, Region, National	Monthly, Quarterly/Annually
5.3.2	Number of people in contact with TB patients who began preventive therapy, Children < 15 years of age	Number of people in contact with TB patients who began preventive therapy, Children < 15 years of age in specified period	Number of people in contact with TB patients who began preventive therapy, Children < 15 years of age in specified	1	DHIS2-ETL	Council, Region, National	Monthly, Quarterly/Annually
5.3.3	Percent of eligible at-risk groups completed TPT	Number of at-risk groups completed TPT among all started TPT expressed as a percentage	Number of people at-risk groups completed TPT in specified period	Number of eligible all eligible at-risk groups started TPT in same period	DHIS2-ETL	Council, Region, National	Monthly, Quarterly/Annually
6.0.2	A MAF TB Operational plan and its M&E in place	Operational plan which describes priority actions of the multisectoral collaboration in TB response for every political administration level	MAFTB Operational plan	1	MoH reports	National, Regional, Council	Once
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	1	DHIS2-ETL	National, Regional, Council	annually
7.2.1	Percent of new leprosy Patients contacts are screened for leprosy	Number of contacts of newly diagnosed leprosy patients screened for leprosy among all contacts expressed as percentage.	Number of contacts of newly diagnosed leprosy patients screened for leprosy in particular period	Number of all contacts of newly diagnosed leprosy patients in the same period	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
7.2.2	Number of new leprosy cases detected	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	1	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually
7.2.3	Percent of eligible leprosy contacts provided with PEP	Number of contacts of leprosy patients provided with PEP among eligible leprosy contacts expressed as percentage	Number of contacts of leprosy patients provided with PEP in specified period	Number eligible contacts newly diagnosed leprosy patients in same period	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually
7.2.4	Children (< 15 years age) diagnosed with leprosy, Rate per 1,000,000 children population	Number of leprosy cases (children under 15 years of age) among the children population of the same area and period multiplied for 1,000,000 population	Number of Leprosy cases on children <15 x 1,000,000 population	Total population of the same years	DHIS2-ETL	National, Regional, Council	Annually
7.2.5	MDT completion rate - PB leprosy - MB Leprosy	Number of PB or MB leprosy patients completed treatment started treatment expressed as percentage	Number of PB or MB leprosy patients completed treatment in specific period	Number of PB or MB leprosy patients started treatment in same period	DHIS2-ETL	National, Regional, Council	Monthly, Quarterly, annually
7.3.1	Percent of cases with Grade 2 disability among newly diagnosed leprosy patients	Percent of new leprosy with grade 2 disability among new patients	Number of new leprosy cases with grade 2 disabilities	Total number of new leprosy cases diagnosed in specific time.	DHIS2-ETL	National,	Annually
7.3.2	Number of PALs received assistive devices	Number of People Affected by Leprosy received assistive devices in specified period	Number of People Affected by Leprosy received assistive devices in specified period	1	DHIS2-ETL	National,	Annually
8.0.1	Percent of funding gap	Difference between funding gap in 2026 and in 2019 divided by the funding gap in 2019 multiplied by 100	Difference between funding gap in 2019 and 2026 multiplied by 100	Funding gap in 2019	NTLTP reports	National	Annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
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	Monthly, Annually Quarterly
8.0.5	Treatment Success Rate – all forms of TB, in private sector	Percent of all forms of TB cases who were notified in a specified period that were cured or treatment completed, among the all-TB cases notified in private sector during the same reporting period.	Number of all forms of TB cases who were notified in a specified period that were cured or treatment completed.	Number of all forms of TB cases notified in private sector in the same period	DHIS2-ETL	National, Regional, Council	Monthly, quarterly, annually
8.0.6	Percent of Hospitals and Health centres direct report monthly report in the eLMIS	Number of Hospitals and Health centres directly report monthly report in the eLMIS among all hospital and health centres	Number of Hospitals and Health centres directly report monthly report in the eLMIS	Total number of Hospitals and Health at specified time	MoH reports	National, Regional, Council	Monthly, quarterly, annually
8.0.8	Number of district councils implementing CLM	Number of district councils implementing Community Lead Monitoring	Number of district councils implementing CLM at specified time	1			
8.1.1	Percent 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
8.1.2	Percent of human resource gap	The difference between Percent of HR in year 2019 and year 2026 divided by the % of HR in year 2026 multiplied by 100	The difference in Percent of HR in 2019 and Year 2026 per 100	The Percent of HR gap in 2019	Routine	National	Annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
8.2.1	Number of NTLP annual meetings conducted	Total number of NTLP annual meetings conducted	Number of NTLP annual meetings conducted	1	Routine	National	Annually
8.4.1	Number of program assets inventory conducted annually	Total number of annual inventories taking conducted	Number of inventories taking conducted	1	Routine	National	Annually
8.4.2	Number of physical stock takings of TB and Leprosy commodities conducted	Number of physical stock takings of TB and Leprosy commodities conducted	Number of Physical stock takings of TB and Leprosy commodities conducted	1	Routine	National	Annually
8.9.1	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 Monthly,
8.11.1	No stock out of TB and leprosy medicines at district level	No district reports stock out of TB and leprosy medicine	Number of districts reported no stock out of TB and leprosy	Total number of TB and Leprosy districts	eLMIS	National Regional	Quarterly
9.0.1	Routine data Indicators listed in the NTLP M&E Plan are measured and reported through electronic platforms	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
9.1.1	Percent of TB and Leprosy key epidemiological Indicators are generated	Number of TB and Leprosy key epidemiological Indicators listed in M&E Plan or other MoH documents generated through the DHIS	Number of TB and Leprosy key epidemiological Indicators listed in M&E Plan or other MoH documents	Number of TB and Leprosy key epidemiological Indicators listed in M&E Plan or	DHIS2-ETL, MoH documents	National	Annually

SN	Indicator Name	Definition	Numerator	Denominator	Data Source	Level	Frequency
	through the DHIS 2-ETL	2-ETL expressed in percentage	generated through the DHIS 2-ETL	other MoH documents			
9.2.1	TB Under reporting rate (%)	Percent of Under reporting rate reduced, (The difference between percent of under reporting in 2026 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	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	Percent of NTLP interventions monitored and evaluated by 2025	Percent of NTLP interventions monitored and evaluated by 2025	Number of NTLP interventions monitored and evaluated	Total number of NTLP interventions	Quarterly Report, Annual Reports	National	Quarterly, annually
9.5.1	Percent of TB and Leprosy Operational Researches agenda conducted	Percent of TB and Leprosy Operational Researches Agenda conducted and inform programme and policy change	Number of TB and Leprosy Operational Researches Conducted	Number of TB and Leprosy Operational Researches Agenda Planned	Annual Report	National	Annually
9.5.2	Number of TB and Leprosy Operation Research symposiums 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

a) Community level tools

- i. TB/LEP 12: Fomu ya watu waliofanyiwa uchunguzi wa awali wa TB na Ukoma katika jamii
- ii. TB/ELP 13A: Rejista ya wanaohisiwa kuwa na TB na Ukoma katika Jamii
- iii. TB/LEP 13B: Rejista ya Ufuatiliaji wa Wagonjwa wa TB na Ukoma waliokatiza ama hawakuanza matibabu
- iv. TB/LEP 14: Fomu ya Taarifa ya Mwezi ya Huduma za TB na Ukoma ya watoa Huduma Ngazi ya Jamii.
- v. TB/LEP 15: Fomu ya Rufaa ya TB na Ukoma katika jamii
- vi. DHIS2-ETL, Mobile application

b) Health facility level tools

- i. TB/LEP 01: Request and Report Form for Biological Examination
- ii. TB/LEP 02: Fomu ya Rufaa / Uhamisho (Referral form)
- iii. TB 01: Tuberculosis Treatment Card
- iv. TB 02: Kadi ya kifua kikuu (TB Identification Card)
- v. TB 03: Tuberculosis Unit Register
- vi. TB 05: Tuberculosis Laboratory Register
- vii. TB 06: Request and reporting form for TB culture and Drug Susceptibility Test
- viii. TB 07: Culture and DST Laboratory egister
- ix. TB 10: TPT Register for Paediatric TB
- x. TB 17: TB Contact Investigation Register
- xi. TB 18: TPT Patient Card
- xii. Fomu ya kutolea taarifa jumuishi ya mwezi ya wahisiwa wa Kifua Kikuu (TB)
- xiii. TB 16: Facility Presumptive TB register
- xiv. DR-TB 01: DR TB Treatment Card
- xv. DR-TB 02: DR TB Patient Identity Card
- xvi. DR-TB 03: DR Treatment Register
- xvii. DR-TB 04: DR TB Referral/Transfer Form
- xviii. DR-TB 05: DR TB Drug Requisition Form
- xix. DR-TB 06: DR-TB Monthly Follow up Form
- xx. DR-TB 07: DR-TB aDSM Form
- xxi. DR-TB 08: DR-TB Daily DOT Record
- xxii. DR-TB 09: DR-TB Contact Investigation Form
- xxiii. DR-TB 10: Mortality Review Case Presentation Form
- xxiv. DR-TB 11: Six 12, 24 Months Regional Cohort Analysis Report
- xxv. DR TB 12: Drug-resistant TB Monthly Treatment Follow-up Form
- xxvi. DHIS2-ETL system
- xxvii. LEP 01: Leprosy Patient Record Card
- xxviii. LEP 02: Kadi ya Ukoma
- xxix. LEP 03: Leprosy Unit Register

c) District level tools

- i. EQA Form 1: Blinded Re-checking of sputum smear Examinations for Acid-Fast Bacilli
- ii. EQA Form 2: Re-checking of sputum smears for AFB, List of discordant
- iii. EQA Form 3: Re-checking of sputum smears for AFB, Consolidated report form
- iv. EQA Form 4: AFB laboratory performance quarterly/Annual Report Form
- v. EQA Form 5: AFB laboratory performance and stocks of consumable quarterly report
- vi. EQA Form 6: AFB smear microscopy supervision
- vii. DHIS2-ETL system

Annex III: Monitoring and Evaluation Workplan

Sn	Activities	2023	2024	2025	2026	Estimated budget (US \$)
Intervention 9.1 <i>Improve the TB surveillance system's ability to accurately measure the burden of TB</i>						
9.1.1	Integrate community and TPT monitoring tools with DHIS2-ETL system	X				219,138
9.1.2	Conduct routine maintenances, upgrades and updates of DHIS2-ETL system including updating of Indicators and variables.	X	X	X	X	115,852
9.1.3	Orient National, Regional and District TB and Leprosy Coordinators and healthcare workers on the updated DHIS2-ETL system	X	X			229,295
9.1.4	Procure computers and accessories for data management	X		X		296,497
9.1.5	Develop and Disseminate video and audio tutorial on DHIS2-ETL use for coordinators and HCWs at all levels	X				85,400
9.1.6	Conduct TB surveys including TB prevalence and Drug resistance surveys	X	X	X	X	3,301,706
9.1.7	Link laboratory data to DHIS2-ETL system and other laboratory Information systems.	X	X	X		116,151
9.1.8	Adapt WHO laboratory model in DHIS-ETL system		X			126,907
9.1.9	Update and Print TB and Leprosy recording and reporting tools		X	X	X	220,548
Intervention 9.2 <i>Improve the quality of TB and leprosy data</i>						
9.2.1	Revise and Print routine data management guidelines including quality assurance guidelines and checklist to accommodate DHIS-ETL system	X	X			17,547

Sn	Activities	2023	2024	2025	2026	Estimated budget (US \$)
9.2.2	Conduct routine data quality assessment to regions, districts and health facilities	X	X	X	X	3,099,210
9.2.3	Conduct TB inventory study to measure TB under reporting 9.2.4 Conduct TB Surveillance system assessment					166,667
9.2.4	Conduct TB epidemiology review and TB Surveillance system assessment				X	110,607
9.2.5	Conduct by bi-annual national data review Meeting at national level (IPs & Partners M&E staff)	X	X	X	X	190,465
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	X	X			389,930
9.3.2	Develop video tutorial and guide on data analysis, use and interpretation					116,678
9.3.3	Conduct data analysis and use training to HCWs using DHIS2-ETL dashboard					329,681
9.3.4	Conduct annual deduplication exercise of DHIS2-ETL dataset		X	X	X	96,264
9.3.5	Develop TB and Leprosy data analysis plan			X		31,875
9.3.6	Procure statistical and visualization software packages e.g Tableau, STATA, and Power BI	X	X	X	X	12,701
Intervention 9.4 Monitor the implementation of the TB and Leprosy NOSP VI						
9.4.1	Conduct quarterly regional data reviewing meetings	X	X	X	X	3,714,215
9.4.2	Conduct annual stakeholder's reviewing meetings	X	X	X	X	80,225

Sn	Activities	2023	2024	2025	2026	Estimated budget (US \$)
9.4.3	Conduct annual Supportive supervision and mentorship visits to region by national staff	X	X	X	X	355,546
9.4.4	Conduct quarterly regional supervisions and mentorships to districts	X	X	X	X	1,436,803
9.4.5	Conduct monthly district supervisory and mentorship to health facilities	X	X	X	X	5,099,131
9.4.6	Digitalize the supportive supervision checklist	X				8,141
9.4.7	Conduct Mid and End term Programme review			X		128,567
9.4.8	Conduct cascade analysis and develop an impact framework for all the programmatic interventions implemented by NTLP and IPs			X		164,263
9.4.9	Orient RHMTs, CHMTs and HCWs on the updated NSP VI	X				67,634
Intervention 9.5						
9.5.1	Develop and implement national TB and Leprosy research plan					
9.5.1	Conduct Operational Research Coordinating Committee Meetings	X	X	X	X	53,427
9.5.2	Conduct Operational Research TB Symposium	X	X	X	X	79,633
9.5.3	Conduct coordinative meeting between national and international stakeholder's	X	X	X	X	64,251
9.5.4	Train staff at central, regional and districts levels on research methodology	X	X	X	X	92,644
9.5.5	Support staff and graduate students to conduct operational researches on TB and leprosy	X	X	X	X	282,306
9.5.6	Develop national TB and leprosy Research Repository	X	X	X	X	149,344

Sn	Activities	2023	2024	2025	2026	Estimated budget (US \$)
9.5.7	Conduct and coordinate 1 operational research each year	X	X	X	X	327,393
9.5.8	Develop and share annual bulletins on National and sub-National analytical reports	X	X	X	X	51,758
Total estimated budget (US \$)						21,428,399

MOH-HPS PRINTING PRESS