ENGAGE-TB

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

Integrating community based TB and TB/HIV activities in to the work of CSOs

National Operational Guidelines

March 2013

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Abbreviations

ACSM	Advocacy Communication and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
AMREF	Africa Medical and Research Foundation
CBTC	Community Based TB Care
CHWs	Community Health Workers
CMAC	Council Multisectoral AIDS Committees
CSOs	Civil Society Organizations
CTBC	Community TB Care
DOT	Directly Observed Treatment
FBO	Faith Based Organization
FGD	Focus Group Discussion
HDT	Human Development Trust
HIV	Human Immunodeficiency Virus
MDR TB	Multi- Drug Resistant TB
MEWATA	Medical Women Association Tanzania
MOHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
MUKIKUTE	“Mapambano ya Kifua kikuu na Ukimwi Temeke
NCB	CSOs Coordinating Body
NGOs	Non Governmental Organizations
NTLP	National Tuberculosis and Leprosy Programme
NSA	Non State Actors
PAR	Participatory Action Research
PASADA	Pastoral Activities and Services for people with AIDS in Dar es Salaam
PLA	Participatory Leaning and Action
PLHIV	People Living with HIV
PRA	Participatory Rural Appraisal
PSI	Population Services International
RCH	Reproductive and Child Health
SWOT	Strength, Weakness, Opportunity and Threat
TB	Tuberculosis
VICOBA	Village Community Banks
WHO	World Health Organization

Definitions of key words

Civil Society Organizations (CSOs) refer to a wide array of organizations: Community groups, Non- Governmental Organizations (NGOs), Labor Unions, Indigenous groups, charitable organizations, Faith Based Organizations (FBO), Professional Organizations and Foundations.

Community Health Workers are people with some formal education who are given specific training to acquire knowledge and skills necessary to provide community based health services including TB prevention, early case detection and patient care and support.

Foreword

Tuberculosis (TB) remains a major public health problem in the world. Tanzania is ranked 15th among 22 TB high burden countries. Despite reaching geographical DOTs coverage of 100% and treatment success rate of 89%, TB case detection rate remains at 77% (NTLP, 2011) and the total number of all cases detected annually has been decreasing for the last 3 years. One-third of people estimated to have TB are not reached by the current health system and program interventions. Other challenges include inadequate implementation of infection control measures in health facilities and congregate settings, inadequate community awareness on TB and its control activities and ultimately delayed medical seeking behavior.

In order to address the identified challenges, a wider range of stakeholders involved in community based activities needs to be engaged. These include the Non Governmental Organizations (NGOs), Civil Society Organizations (CSOs) and other Non State Actors (NSAs) who are actively involved in community based development particularly in Primary Health Care, Reproductive and Child Health, HIV/AIDS and Social Economic activities, but have so far not included TB control in their priorities and activities.

Community-based TB activities represent a range of interventions that positively contribute to prevention, diagnosis, care, adherence to treatment and treatment outcomes of drug-sensitive, resistant, and HIV associated TB. These also include community mobilization activities to promote effective communication and participation among community members to generate demand for TB prevention, diagnosis, treatment and care services.

Despite the above clearly stated needs and advantages of Community Based TB interventions, collaboration between NTLP and CSOs is weak and there was no joint strategic planning and a sound monitoring and evaluation system for community TB interventions.

To respond to the stated weaknesses, the Ministry of Health and Social Welfare (MOHSW) has adopted the WHO's ENGAGE-TB approach that seeks to shift the global perspective of TB being a medical problem, to a more comprehensive socio-economic and community problem. With this regard, the MOHSW through the NTLP in collaboration with the World Health Organization (WHO) and CSOs has developed a framework to engage CSOs working in communities who are not implementing TB control activities to integrate TB control activities as part of their routine activities. It is through the active collaboration of the NTLP and the newly formed ENGAGE-TB National CSOs Coordinating Body (NCB), that these operational guidelines for engaging CSOs in TB control were developed.

Regina L. Kikuli
Acting Permanent Secretary

Acknowledgement

This operational guideline is the result of collective efforts of many individuals, partner institutions, Non- Governmental Organizations (NGOs), Civil Society Organizations (CSOs) and other non state actors (NSAs).

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Dr. Donan W. Mmbando
Acting Chief Medical Officer

1. Background

Tuberculosis affected an estimated 8.8 million people and caused 1.4 million deaths globally in 2010, including a half-million women and at least 64 000 children. It results in nearly 10 million orphans due to parental deaths. About 13% of TB occurs among people living with HIV, and TB causes almost a quarter of AIDS deaths.

Africa which is a home of only 11% of the world's population carries 29% of the global burden of worlds TB cases with associated 34% related deaths. While the trend of TB cases in other regions are stable or decreasing, in the African region, the incidence is estimated to have doubled between years 1990 and 2005, from 149 to 343 per 100,000 populations. The unprecedented growth of the tuberculosis epidemic in Africa is attributable to several factors, the most important being the HIV epidemic. The ability of African health care systems to respond to, manage, and contain the growing number of cases of tuberculosis is constrained by limitations of funding, facilities, personnel, drug supplies, and laboratory capacity.

In 2011, Tanzania reported about 61834 all forms TB patients which are less by 2.8% compared to the report of 2010. Distribution of TB cases by geographical areas shows that ten regions namely Dar es Salaam, Mwanza, Shinyanga, Mbeya, Morogoro, Tanga, Iringa, Arusha, Mara and Kilimanjaro contributed 71% of all cases notified. Dar es Salaam region remained to be the major contributor of TB cases notified in the country with 22.2%. Other major contributors were Mwanza – 9.1%; Shinyanga - 6.2% and Mbeya - 5.5%. The rest including Unguja and Pemba contributed only 29.4% of all cases notified.

The NTLP faces challenges in controlling TB in Tanzania, these includes: One-third of those estimated to have TB are either not reached for diagnosis and treatment using the current health system or are not being reported, delayed medical seeking behavior, inadequate implementation of infection control measures in health facilities and other congested areas, inadequate community awareness on TB and its control, prolonged hospitalization for Multi- Drug Resistant TB (MDR TB) treatment with little community support and shortages of personnel at national, regional and district

levels are among the major challenges that the programme is facing coupled with some of private health facilities not implementing TB related activities.

i. In Tanzania, CSOs who are active in community based development, particularly in primary health care, reproductive and child health, and HIV are not actively engaged in TB control. Despite the clear need of community based TB care and the tremendous efforts that have gone towards implementation over recent years, the following weaknesses in the implementation and scale up of community based TB activities remain:

ii. Inadequate collaboration between NTLP and CSOs,

iii. Absence of joint strategic planning, monitoring and evaluation.

iv. Difficulties in accurately measuring the impact of community based TB activities and the lack of standard indicators

The absence of operational guidance on engaging CSOs in TB prevention, diagnosis, treatment and care services, including community based TB activities.

In order to have effective and comprehensive approach on TB control, there is need for enhanced collaboration between NTLP and CSOs. The strengths of CSOs active in health care and other development interventions at the community level include their reach, spread and their ability to engage marginalized or remote groups. These organizations have a comparative advantage due to their understanding of the local context. Greater collaboration between CSOs and local and national governments could greatly enhance TB control outcomes. A more decentralized approach that formally recognizes the critical role of CSOs as partners addressing gaps through support to community based actions will expand TB prevention, diagnosis, treatment and care activities. Civil Society Organizations can engage in activities that range from community mobilization, service delivery, technical assistance, research and advocacy.

The involvement of CSOs is promoted as part of the public private mix and Patients` Charter which are components of the Stop TB

Strategy. There is also increased evidence and interest to enhance community based initiatives such as campaigns advocacy; and sensitizations meeting at different level that mainly identify unrecognized TB patients along with other related co-morbidities (e.g. HIV, diabetes mellitus) and can ultimately improve the impact of TB prevention and care activities. There is also a need to integrate TB prevention and care services with other communicable and non communicable diseases, reproductive and child health services, agriculture and food security and poverty alleviation initiatives via community based structures and mechanisms. Therefore, a well developed framework and functional operational policy guidelines is a necessity.

2. Process of development of operational guidelines

The National Operational Guidelines have been developed by the MOHSW through NTLP in collaboration with National CSOs Coordinating Body (NCB), WHO representation, implementing partners and other stakeholders in TB control. Relevant content has been drawn from WHO ENGAGE TB operational guidelines, NTLP manual, reports and existing National health policies and guidelines. It was first drafted by the MoHSW staff as a template where other participants built on during the workshop held on September 2012, in Morogoro Tanzania. The draft guideline was then shared in the second national consultative meeting between NTLP and NGOs where by the inputs were in-cooperated before printing.

3. Purpose of the operational guidelines

The primary purpose of this document is to provide operational guidance to CSOs and NTLP in the implementation and scale up of community based TB prevention, diagnosis, treatment and care activities using the ENGAGE-TB approach. The operational guidance also describes the basic operational principles for effective collaboration between the NTLP and CSOs in the implementation of community based TB activities. The operational principles in this guidance are aligned with the Stop TB Strategy and are complementary to existing guidelines to engage all health care providers including NGOs in TB prevention and care as part

of public private mix approaches. This guidance also emphasizes that CSOs providing facility-based TB services like hospitals, health centers or clinics integrate community based TB activities in line with the ENGAGE-TB approach.

4. Target audience

The operational guidelines is intended for four main sets of actors:

- CSOs working on HIV, health and other development initiatives (e.g. advocacy, education, agriculture or income generation schemes) that intend to integrate TB prevention and care services in their field work.
- CSOs currently working on CTBC
- Patients and communities affected by TB and other related co-morbidities (e.g. HIV, non communicable and communicable diseases, tobacco, drug use and alcoholism) could use this guidance to generate demand for TB services.
- Funding agencies, academia and research stakeholders (especially those with interest and expertise in operational and implementation research) can also benefit from this guidance to support community based TB activities.

5. Integrating TB activities in the work of CSOs

There are many CSOs working in the community on health determinant issues including both health and socioeconomic activities. The integration of TB activities in the work of CSOs can be used in reducing the burden of TB in the community. There are many ways that CSOs could integrate TB activities in their community based work especially those working with;

- Communities living in congested environments (urban slums, refugee camps, mines and prisons)
- Key population groups (KPG) at higher risk of HIV exposure and their partners i.e. Female Sex workers, Men having sex with Men, Injecting Drug Users (IDU), and women engaged in transactional sex (WETS)

- Vulnerable population including the very poor, people with disabilities, children and old age.

It is expected that the involvement of CSOs will add in increasing TB cases detection, improve treatment outcome and TB prevention. The following list provides key areas of interventions and simple ways in which TB activities may be integrated into CSOs work:

5.1. Assisting early TB case detection:

- Explain the main symptoms of TB in community gatherings (eg women's groups, health clubs, farmers' groups, sensitization meetings, village/wards meetings, Village Community Banks (VICOBA) meetings, entertainment gathering (Fiesta, Bonanza, Local theatre etc).
- Encourage people who present with symptoms of TB such as cough for 2 weeks or more, weight loss, night sweats and fever (in line with national TB screening tool) to contact a community health worker or visit a nearby health facility.
- Sputum examination is the mainstay of TB investigation in Tanzania. People with TB symptoms should be assisted to get their sputum examined either by transporting the person or the sputum sample to the nearest health facility. If tested positive, the patient should be registered and provided with appropriate anti TB drugs to be given at a health facility or with treatment support at home, depending on patient's preference.
- Intensified TB case finding in HIV programs and projects by encouraging every person living with HIV to be screened for TB and based on the screening to assist them receives TB prevention treatment (Isoniazid preventive therapy) or further examination for TB disease.
- Intensified TB case finding in Reproductive and Child Health (RCH) programs by encouraging all pregnant women to test for HIV and to be screened for TB symptoms at the nearest facility. Treatment should begin immediately if the tests are positive for either or both.
- Children under five are particularly vulnerable to TB infection

if an adult in the home has TB. Community health workers should be made aware of this and keep watch for any signs of cough in households with young children.

- Organized groups (farmers groups or savings and credit groups (ie VICOBA) could learn about TB and its symptoms, refer members for sputum examination and support them in taking and completing their course of treatment. Improved nutrition has direct effect on TB prevention and good outcome of treatment.

5.2. Assisting treatment support:

- Patients taking TB drugs need support to take their drugs and finish their treatment. Family members, community health workers and health care workers can serve as treatment supporters to assist patients take their anti TB drugs.
- On supervising TB patients during taking their medications treatment supporters need to ensure good recording on drug intake in the patient identity (ID) card.
- Treatment supporters have to ensure patients are regularly monitored at the health facility (normally once per week during intensive phase and once after every two weeks in the continuation phase of the treatment).

5.3. Preventing the transmission of TB:

- NGOs could spread messages on TB infection control using their various social communication media. Simple behavioral change interventions such as asking people to cover their mouths and noses when coughing and sneezing can help limit the spread of infected sputum particles and reduce the risk to others of being infected.
- Integrate TB in education programs and projects by incorporate main messages of TB, prevention and care in curricula and classroom learning. Children should be able to recognize TB symptoms and understand the importance of

sputum examination so they can encourage those at home who might have TB to get tested and reduce TB infection transmission in the community.

- Children could also play the role of TB "buddies" helping patients at home or among neighbours to take their medications on time and to complete the full course of treatment.
- Advocacy, Communication and Social Mobilization (ACSM): community based interventions should focus on increasing awareness about TB and its symptoms, early referral for TB diagnosis, and support for completing the full course of treatment.

There is absolutely no need for NGOs supporting such community based actions to have trained medical staff; CSOs should rely on the existing health system in their areas of operation. Such support at existing health facilities will be supervised by the MOHSW through the NTLP which ensures that all services are rendered free of charge and comply with national standards.

6. Principles

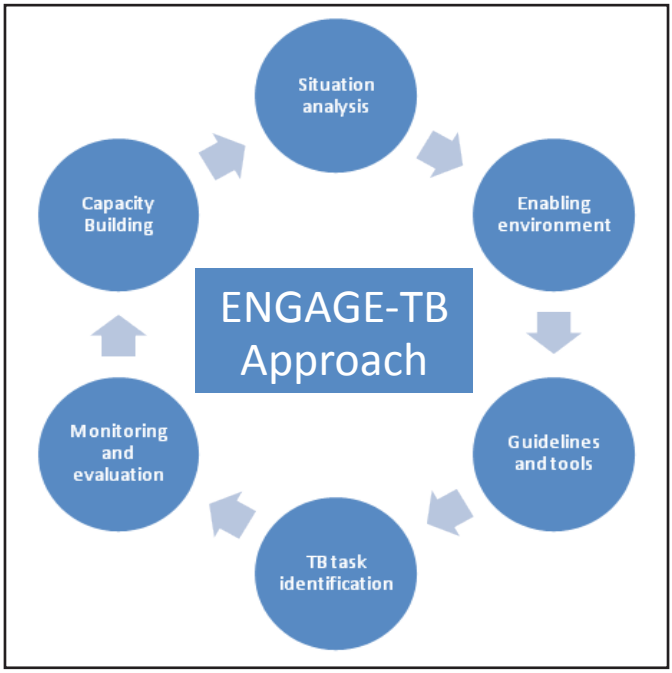
- The Operational Guidance emphasizes four core principles in order to improve collaboration and foster effective partnership between CSOs, and NTLP. Respect for these principles will help to remove potential barriers and bottlenecks affecting implementation of community based TB activities. Their importance needs to be recognized and maximum efforts exerted to ensure their integration into the six components of the ENGAGE-TB approach. The core principles include:
- Mutual understanding and respect recognizing differences and similarities in background, functions and working culture.
- Due consideration and respect for local contexts and values while establishing collaborative mechanisms and scaling up integrated community based TB activities.
- A single national monitoring system that captures the implementation of key activities by all actors through standardized and agreed indicators.

- Facilitating the work of CSOs engaging in TB related activities in order to secure effective linkage and integration into existing services and processes. The developed Term of Reference (TOR) will guide the effective way on how NTLP and NGO/ CSOs will be working efficiently to meet the intended goals.

Equity, gender and rights based approaches will be emphasized during implementation of this guideline. Involvement must be inclusive so that more and more actors can become stakeholders in fighting against TB. All this will require much closer collaboration and partnership between CSOs and NTLP.

7. ENGAGE-TB APPROACH

The ENGAGE-TB approach seeks to shift the global perspective of TB from a medical illness to a more comprehensive socio-economic and community problem. ENGAGE-TB is a brand that proposes six key areas to facilitate the engagement of CSOs in community based TB activities. These components are:



The approach emphasizes the value of collaboration and partnership between CSOs and the NTLP. ENGAGE-TB recommends close alignment of systems especially in TB monitoring and reporting to ensure that national data adequately capture the contributions of community based TB activities. The components of ENGAGE-TB are independent activities and all the six components are not always needed to integrate community based TB activities.

7.1. Situation analysis

Situational analysis is the important key component that helps to identify the specific needs and tasks that will be undertaken for integrated community TB activities. It involves information gathering at all levels by the different actors to analyze and understand the existing situation. To ensure ownership it is strongly emphasized that it must be participatory (i.e. It should involve and engage multiple stakeholders including the NTLP, local governments, CSOs, and community members including patients and their families). Qualitative information can be gathered using participatory methods such as Participatory Rural Appraisal (PRA), Participatory Learning and Action (PLA), Participatory Action Research2 (PAR) and Focus Group Discussions (FGD).

Every CSO engaged in TB activities will conduct situational analysis corresponding to the activities to be implemented in their respective operational areas. NTLP as engage TB custodian will provide basic data on TB prevalence and other related information's to CSOs. The Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis tool is a practical framework to apply to the situational analysis. It can also be used to assess the readiness of CSOs to take up and integrate TB prevention, diagnosis, treatment and care services, including community based TB activities. The situational analysis can cover the following areas:-

- Operational area is the geographical area where CSO is going to implement the TB activity of interest.
- Key population for TB in the operational area;- This is the target group of people of which CSO is interested to deliver

the TB services i.e. risk and vulnerable people such as children, HIV infected, malnutrition, prisons, refugees, farmers, drug users.

- Address the gap of adequate and quality TB diagnosis and treatment capacity in the area;- presence of laboratory for TB diagnosis, distance travelled by patients to reach services, means of sputum transportation, availability of TB diagnostic tool and its quality, human resources, availability of drugs (timely , adequacy , and storage).
- Mapping available health facilities and assess services in the area; - distribution pattern of health facilities in the area, how many provide TB services, distance from the community, quality of services provided, human resource, transport and seasonal patterns.
- Identify the key players in community based TB activities in the area;- community based groups which including TB in their mission, Ex- TB groups, PLHIV support groups, TB patients and other stakeholders
- Identify key CSO stakeholders in the area who are not working on TB, but who could include and integrate TB in their work.
- Identify the existing community based structures (at district, division, ward and street/village levels) for integration of community based TB activities.
- Assess the working relationship between CSO and the aforementioned structures for community based TB activities
- Assess the key barriers for better delivery of TB services such as resources, legal framework, distance, transport and rainfall patterns.
- Identify the critical areas that need collaboration between CSOs and the NTLP; - such as incentives and organizational capacity.

7.2. Enabling environment

A mutually enabling legal and policy environment based on principles of equity and mutual respect will greatly help to support the increased engagement of CSOs in community TB activities. This is particularly true for CSOs who are newly engaged with community TB activities. Therefore: -

- NTLP and NCB has the responsibility of creating enabling national or local legal, polices, guidelines and administrative environments to support the effective engagement of NGOs and, CSOs in TB activities.
- CSOs are ready and willingly to play a proactive role to stimulate and support the development of an enabling legal and policy environment through constructive dialogue and engagement with the NTLP, and with full participation of the segments of society they represent
- There is existing umbrella National CSO Coordinating Body (NCB) which represents interests of CSOs and systematically share and disseminate lessons learnt by individual member organizations for general functions of the NCB refer to the appendage for details of NCB
- Existing structures will be used for the functions of the (NCB) provided they are acceptable to the CSOs. These structures may include governing bodies, committees, and other as might be appropriate within the operational area.
- At the community level, CSOs should support the growth and development of Community Based Organizations (CBOs) that include TB activities in their mission.
- Code of Ethics and Conduct to guide the working relationship between the community and community health workers for the implementation of community TB activities has been agreed.
- Before implementation of TB activities there shall be a MoU that clarifies roles, responsibilities and decision making processes, and providing benchmarks for evaluation and reporting.
- Availability of drugs and supplies for community TB activities

7.3. Guidelines and Tools

In addition to this guideline, the following existing and newly developed guidelines and tools shall be used to facilitate implementation of community based TB activities:

- National TB and Leprosy Program Manual
- National Policy Guideline for Collaborative TB/HIV activities
- National Community Based DOT Training Manual for Health Workers
- Training Manual for Former TB patients
- Operational Guideline for the management of MDR TB
- National Guidelines on Nutrition for people living with HIV/AIDS and TB
- Standard Operating Procedures and other Job Aids: A guide that allows CSOs to quickly learn how to successfully undertake specific community based activities
- NTLP IV strategic plan 2009 - 2015
- Code of Ethics and Conduct for CHWs carrying out TB activities: a guideline that sets principles and expectations that shall be binding to all CHWs
- National curricula for training of CSOs and CHWs engaging in community based TB activities: The national training curricula and manuals in the delivery of community based TB activities such as community mobilization and awareness creation, identify and provide appropriate referral to people suspected of TB, support TB patients, TB contact and defaulter (out of control) tracing, facilitate sputum examination and follow-ups, and other innovative activities based on National TB Guidelines
- Memorandum of Understanding between CSOs and NTLP: A document to formalize collaboration and specify the arrangements that will govern the relationship between NTLP and CSOs. The Memorandum Of Understanding (MoU) will also specify the protocols needed to meet accountabilities defined in the code of conduct and ethics
- Monitoring and Evaluation Tools

7.4. TB Task Identification

TB is intricately linked with HIV and is also closely related to social determinants of health and non-communicable diseases such as poverty, crowding, malnutrition, drug and alcohol use, and diabetes mellitus. Therefore, the task identification needs to consider the opportunities, capacities and comparative advantages of the CSOs working in such areas and decide how best to address TB in their target populations and areas of work.

Key result areas in the involvement of CSOs include TB case detection and treatment outcome, including mechanism for sustainable financial and human resources. Therefore, the following tasks can be implemented by CSOs to achieve the results:

7.4.1 Tasks for CSOs and stakeholders for engaging TB control activities

Increased case detection:

- Awareness creation and awareness raising to generate demand for services
- Behaviour change communication for community mobilization
- Stigma reduction
- Advocacy at all levels (e.g. for improved availability of services and drugs)
- Active community based TB case finding (e.g. through campaigns or house to house visits)
- Sputum collection and transportation
- Tracing contacts of persons with infectious TB in their families and communities
- Screening, prophylaxis and treatment of TB for people living with HIV
- Conduct programme based operational research
- Financing and resource mobilization

Improved treatment outcome:

- TB treatment adherence support including establishment and empowerment of treatment support groups
- HIV testing and counseling to TB patients
- TB care and support at individual, household and community level
- Information sharing and networking to address social determinants of health and social protection
- Support to improve the health care delivery system (e.g. human resources, infrastructure, supply and scientific innovations, TB infection control)
- Management of patients with MDR and XDR TB
- Promote use of Patient's Charter for TB Care
- Conduct programme based operational research
- Financing and resource mobilization

NTLP has been coordinating the implementation very well at all levels including at health facility. However, there is a missing administrative structure at the community level. There should be integration of TB issues in existing multi-sectoral structures at ward and village levels. Therefore, implementation of community based TB activities and innovations will be integrated in the existing CSO interventions.

CSOs shall ensure that the planned activities are aligned with NTLP policies and guidelines. Existing standardized TB forms and registers shall be used and linked with the national TB monitoring and evaluation system to allow recording of the contribution of community based TB activities to the national TB prevention and care efforts.

7.4.2 Roles and Responsibilities of Structures in Engage-TB

National TB and Leprosy Program

- Provide TB control policy and guidelines
- Oversee implementation, monitoring and evaluation of community TB based activities in the country
- Ensure quality capacity building to community based TB care

- Ensure an uninterrupted diagnostic and drug supplies
- Provide TB patients management progress information
- Provide technical support to NCB and CSOs implementing community TB activities
- Provide up to date information with regards to TB including funding opportunities
- Prepare and enforce MoUs between MoHSW and CSOs
- Collaborate with CSOs to facilitate NCB functioning
- Collaborate with NCB to coordinate CSOs implementing community TB activities
- Collaborate with NCB to support operationalization of ENGAGE TB

Regional and District TB/HIV Coordinating Committees:

- Disseminate and enforce implementation of TB control policy and guidelines by CSOs in their localities
- Oversee and support CSOs in integration and implementation of CTBC.
- Coordinate community TB activities
- Ensure quality implementation of community TB activities
- Ensure availability of diagnostic supplies and drugs
- Collect and analyse data from CSOs implementing community based TB activities to determine the contribution of CSOs in TB control

Health Facilities:

- Receive and diagnose all suspect of TB referred by CSOs
- Provide written feedback to CSOs of the referred suspects of TB
- Educate TB patients and families on TB including TB infection control
- Provide and monitor treatment of people diagnosed of TB
- Work closely with existing local government coordination structures such as Council Multi- sectorial AIDS Committees,

Ward Development Committee, Ward Multi- sectorial AIDS Committees, Village Development Committees and Village Multi-sectorial AIDS Committee to address ENGAGE TB agenda

- Empower and work closely with CHWs to ensure quality implementation of TB care
- Ensure quality data recording and reporting at health facility level

National CSO Coordinating Body (NCB):

- Facilitate effective implementation of community based TB activities among CSOs
- Engaged in on-going discussions, negotiations and have opportunity to provide inputs and receive feedback regularly on TB engagement
- Collaborate with NTLP and other stakeholders to develop and review guidelines, training curricula and tools for engage TB
- Mobilize resources for TB community based activities
- Link CSOs with the MoHSW through NTLP
- Collaborate with NTLP to enforce MoUs between MoHSW and CSOs
- Collaborate with NTLP to monitor community based TB activities at all levels

CSOs

- Plan and implement community based TB activities according to national TB guidelines
- Mobilize resources for TB community based activities
- Share information and data to stakeholders including NCB through NTLP
- Work closely with TB coordinators in respective areas of implementation
- Provide onsite mentorship and supervise CHWs
- Ensure effective linkages and referrals of people suspected of TB

Community Health Workers

- Carry out community based TB activities guided by national guidelines and tools
- Empower people with TB information through effective social mobilization
- Identify people suspected of TB and refer or escort them to health facility
- Ensure feedback of people suspected of TB
- Ensure all TB positive cases are on treatment and are monitored their progress including supporting them during their treatment
- Collect and provide data to health facilities and CSO
- Be role models in terms of social life and health lifestyle and ethical practices

Community

- Include individuals, family members of TB patients and ex-TB patients
- Adapt healthy lifestyles as advised by CHWs
- Provide information of people suspected of TB to community health worker or nearby health facility
- Collaborate with CSOs, CHWs and health facilities to promote quality TB services
- Provide moral and material support to TB patients in their localities

7.5. Monitoring and evaluation

Monitoring and evaluation is essential in scaling up of ENGAGE-TB interventions throughout the country and ensuring continuous improvement of this initiative. Engagement of CSOs in delivery of community based TB activities will be routinely monitored to inform their contribution in TB control and to ensure quality and effectiveness of their activities.

The MOHSW will ensure that, the engagement of CSOs and their contribution in TB control is well recognized through an effective monitoring and evaluation system. NTLP in collaboration with NCB will develop/update standardized data collection and reporting tools to monitor and evaluate community based TB activities.

7.5.1 Monitoring

Program activities and performance will be monitored using identified inputs (human resource, finance, and materials), process (training, supervision and IEC materials), outputs (HCWs trained, CSOs supervised) and outcomes (utilization of services and coverage). The implementation of community TB activities will be monitored using agreed indictors for TB case detection and TB treatment outcomes. Continuous monitoring and reviews of activities will help to uncover issues in implementation and enable timely actions to ensure smooth implementation of interventions.

NCB in collaboration with NTLP will smooth any operational difficulties that CSOs may face and cannot independently resolve. This will be achieved using the following platforms:

A. National Level

I. Quarterly NCB-NTLP meeting

NCB and NTLP will meet on quarterly basis to discuss progress and effectiveness of engagement of CSOs in community TB and TB/HIV activities.

II. Annual meetings for NTLP, NCB and CSOs

Annual meetings will be coordinated by the NCB and a broad spectrum of implementing CSOs invited to share their review findings and progress reports. The ensuing national report issued by CSOs in consultation with NTLP will be shared widely with all stakeholders within government, CSOs, community members, donors and the general public.

B. At regional level

I. Regional CSOs forum

At regional level there will be a CSOs forum which will meet quarterly to discuss the implementation of ENGAGE TB interventions at the respective region. The meeting will involve all active CSOs working in health and other lined sectors. Regional Medical Officer will mobilize CSOs and organize meetings and RTLCs and RACC will form secretariat.

II. TB/HIV Coordinating Committee Quarterly meetings

At regional level there are existing quarterly meetings for TB/HIV Coordinating Committee. These will also involve implementing CSOs to participate and share the community TB activities from their intervention areas.

C. District level

I. District CSOs forum

At district level there will be a forum which will meet quarterly to discuss the implementation of ENGAGE TB interventions at the respective district. The meeting will involve all active CSOs working in health and other lined sectors. District Medical Officer will mobilize CSOs and organize meetings and DTLCs, TBHO, CHAC and DACC will form secretariat.

II. TB/HIV Coordinating Committee Quarterly meetings

At district level there are also existing quarterly meetings for TB/HIV Coordinating Committee. These will also involve implementing CSOs to participate and share the community TB activities from their intervention areas.

D. Website for sharing reports and success stories

CSOs can access guidelines, reports and success stories at the NTLP website.

NCB in collaboration with CSOs will establish mechanisms that enable patients, clients and their affected communities

to contribute to the monitoring of the implementation of community based TB activities to increase accountability, responsiveness and the quality of services.

Indicators

NTLP jointly with CSOs has reviewed and develop indicators to measure the implementation of community based TB activities. The following indicators will be monitored:

- **Indicator 1**: Number and percentage of new TB patients (all forms) notified during specified reporting period who were referred by CSOs.
- **Indicator 2:** New and percentage of TB patients (all forms) successfully treated during a specified reporting period who received support for treatment adherence from CSOs.

Specific details of these indicators can be found in Annex 1

National surveillance and reporting systems will be used to explicitly reflect the contribution of community based TB activities to overall results in TB. The reports will be enriched by CSOs perspectives on the data, as secured via meetings of the National CSOs Coordinating Body.

Quality Assurance

To ensure for quality of data and services of community TB activities, NTLP in collaboration with NCB, will ensure that district staff and implementing CSOs receive orientation in recording and reporting tools for community TB activities and effective approaches for supervision. NTLP will also develop mechanisms for data quality assurance and revise the existing supervision checklists to include specific elements of ENGAGE-TB.

Supportive Supervision

Supportive supervision will be conducted at different levels from national to community level using the existing structure and system. At the national level, there will be a joint supportive supervision (MOHSW, NCB, WHO and other partners) to the regions at least once every year. The region (Regional TB and Leprosy Coordinator, Regional Laboratory Coordinator, Regional

HIV Coordinator and NCB representative at regional level) will conduct supervision to districts once every quarter while the district (District TB and Leprosy Coordinator, TB/HIV Officers and NCB representative at district level) is scheduled to visit and monitor all programme activities once every month in close consultation with health facility in-charge up to community level. Health facilities will supervise CHWs and implementing CSOs at community level on monthly basis. The visits are intended to provide technical support on programme to CHWs and CSOs implementing community TB activities.

7.5.2 Evaluation

Evaluation of ENGAGE-TB interventions is important to guide further scale up and replication of activities performed by CSOs. These evaluations will be performed periodically and will include evaluation of activities (process evaluation) and achievement of objectives of the programme (outcome and impact evaluation). Qualitative methods and periodic surveys will be used to provide an understanding of how well NGOs and CSOs are supported and how well they have engaged in community based TB activities.

Important information regarding collaboration of NTLP and CSOs in implementing ENGAGE-TB, such as frequency and quality of meetings, coverage of ENGAGE-TB interventions, cooperativeness of the actors involved and factors limiting or promoting success of interventions will be identified during these evaluations.

Indicators:

The following indicators will be used to evaluate progress of implementation of ENGAGE-TB initiative:

- Presence of a functional National CSO coordinating body
    - trends in membership
    - frequency of meetings
    - spread to lower levels
    - coordination between levels
    - mechanisms for transferring knowledge, skills and resources

- Quality of interaction of CSOs with the NTLP at various levels
  - frequency of meetings
  - Follow up on agreed actions
  - availability of TB diagnostic services and drugs for TB treatment
  - frequency of joint supportive supervision
- CSOs contribution to new case notifications and treatment success and trends over time.

Each implementing CSO should undertake a full evaluation at least once every five years. The NTLP should support a national evaluation process every five years, using the results from various implementing partners, through a participatory and consultative process that includes all stakeholders and using existing opportunities such as NTLP reviews.

CSOs will utilize findings of periodic evaluations and ensure wider dissemination to share lessons learnt and also use of these findings for advocacy at various levels.

Operational research is another key area in which NTLP and CSOs with research expertise (e.g. research and academic institutions, professional associations) can collaborate to improve the performance and implementation of the program.

7.6. Capacity building

Capacity building is critical to strengthen and sustain the engagement of NTLP, CSOs in implementing and scaling up community based TB activities. It requires joint actions between NTLP, and CSOs capacity building needs have to be identified at all levels focusing on the following key areas:

- Human resources: expanding the number of employees and CHWs available and also their knowledge and skills in the fields to which they are deployed
- Financial resources and management: increasing the ability to attract and retain additional funding for such initiatives from

a wide range of multilateral, bilateral, institutional and private donors

- Physical resources: enabling the investments needed in assets such as vehicles, computers and facilities that allow organizations to scale up activities
- Management and leadership development: improving management capacity within organizations and improving governance and leadership to ensure growth is accompanied by increasing accountability and transparency.
- Systems development and strengthening: Capacity of NGOs and CSOs in financial management, monitoring and evaluation etc.

In order to implement and scale up community based TB activities, needs assessment to identify capacity building needs should be conducted.

The needs assessment should cover a broad range of areas including capacity in health service delivery, quality and adequacy of health workforce including CHWs and volunteers, monitoring and evaluation, training, advocacy, operational research and organizational development.

Implementing CSOs should ensure that specific capacity building measures, based on the assessed gaps, are woven into the annual plans of each organization so that there is systematic progress in improving capacity.

The NTLP in consultation with the NCB should review a standardized training curriculum for community based TB activities to be used by CSOs, which should be adaptable to their mission, organizational structure and comparative advantage.

CSOs should ensure that their staff and volunteers are trained, especially on the instruments needed for monitoring and evaluation. Where needed the NTLP should be contacted to provide support for such training.

For sustainability of the programme, innovative means of resource mobilization should be sought from internal (e.g. national governments, private donations, philanthropy) and external sources (e.g. the Global

Fund to Fight AIDS, TB and Malaria, bilateral donors and charitable foundations) etc.

Since NTLP has little prior experience of engaging with CSOs, it will be important that their capacities are also built to be able to cultivate and maintain effective relationships with actors from the non-governmental sector. Health sector governmental staff will also have to be trained in community mobilization, particularly communication styles and methods. Health systems will need further strengthening to meet the increased demand for services from affected communities.

Capacity building interventions should also support sharing and transfer of knowledge, skills and resources between international NGOs (INGO) and national CSOs with both sets of organizations gaining from the process. Regular forums for sharing knowledge, experience and good practices amongst members should be established. With such mutual learning and support, confidence and capability can grow and enable the scaling up of activities.

International NGOs working in partnership with national NGOs and CSOs should work to transfer financial resources, knowledge and skills to support identified capacity gaps and so build local capacity to scale up community based TB activities. Training and support in fundraising will also help to sustain national NGOs and CSOs after the INGO partnership ends.

The NTLP and NCB at all levels, should support processes that allow learning to be transferred from one member to the other and also become available to new entrants to community based TB activities. Existing tools that have been developed and lessons that have been learnt should be widely shared and be made available on the internet.

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Annexes

Annex 1: Monitoring and Evaluation indicators

Indicators to monitor and evaluate community engagement in TB prevention and care

One of the main challenges of monitoring the implementation of community based TB activities has been the lack of standardized indicators. The following are agreed core indicators to measure the implementation of community based activities that need to be included in the TB monitoring system of all stakeholders and linked with the national monitoring and evaluation system of the NTLP.

Indicator #1: Number and percentage of new TB patients (all forms) notified during specified reporting period who were referred by CSOs.	
Numerator	Number of new TB patients (all forms) referred by CSOs to a health facility for diagnosis who were notified during a specified reporting period.
Denominator	Number of new TB patients (all forms) notified in the health facility in the same reporting period.
Disaggregation	Community based activities can be implemented and supported by CSOs, and NTLP. Capturing this with two distinct categories (a) CSOs and (b) NTLP will help to monitor the specific contribution of CSOs in community based TB activities.
Purpose	The indicator is intended to measure the level of engagement of CHWs in increasing new notifications of TB. It can also indicate the effectiveness of the referral system in place to ensure the flow of persons with suspected TB from community-based structures to the health facility. The disaggregation will also help to measure the contribution of CSOs.

Methodology	Community health worker refers to a person with some formal education who is trained to contribute to community based health services including TB prevention and patient care and support. CHWs can be supported by CSOs, and/ or the Government. It is important to use the definitions provided in this guidance. This will help to standardize the documentation, monitoring and evaluation of community based activities. It will also prevent confusion around what constitutes "community engagement" in TB prevention and care; for example, referral by an untrained family member will not be considered "community engagement" according to the definition provided by this operational guidance. Entries in the Tuberculosis treatment card, in the health facility TB register and laboratory register should be modified to include 'Referral by CHWs to allow recording of the community contribution of the referral activities in a standard way. The Quarterly report on TB registration in the TB Districts should also be adjusted to record this contribution. These forms and registers should be adapted locally and used by CHWs ensuring the data is reported to the NTP M&E system. All forms and registers (Tuberculosis treatment card, presumptive TB register, TB Districts and laboratory registers, quarterly reports) should be modified to capture the disaggregation of this contribution into (a) CSO and (b) NTLP or its equivalent. Referrals can be accompanied by referral forms or tickets provided by the community stakeholders who have been trained to refer people with presumptive TB. Indirect sources of data include regular surveys including historical data analysis on overall TB notifications and comparisons of geographical areas with and without community based activities, time-trends of TB notifications and referrals in areas where community based activities exist as compared to areas without.
Periodicity	Quarterly and annually.
Strengths and limitations	This indicator will depend on the completeness and reliability of community initiated referral data at clinic level especially ensuring that referred persons with presumptive TB when confirmed with TB are tagged as having been referred by CHWs, supported either by an NGO, CSO, or the NTLP structures.

Responsibility	All stakeholders (NGOs, CSOs, or the NTLP or its equivalent) implementing community based TB activities will ensure accurate data collection at the community and facility levels. NTLP and their equivalents will aggregate data at district, sub national and national levels depending on the local context to ensure the information is fed into the national TB monitoring system.
Measurement tools	Presumptive TB patients should be recorded on the persons with presumptive TB register (previously known as TB suspects register) and this should specify who referred them. If confirmed with TB, they should then be recorded in the TB register as being referred by the community health worker supported by either the NTLP structure or NGOs and CSOs. Data need to be aggregated quarterly through the quarterly report on TB registration and yearly report on programme management in districts or TB Districts.

Indicator #2: New and percentage of TB patients (all forms) successfully treated during a specified reporting period who received support for treatment adherence from CHWs.	
Numerator	Number of TB patients (all forms) successfully treated during a specified reporting period who received support for treatment adherence from CHWs.
Denominator	Total number of TB patients (all forms) received treatment adherence support by CHWs during the same reporting period.
Disaggregation	Community based activities can be implemented and supported by NGOs, CSOs, and NTLP or its equivalents in the government system. Capturing this with two distinct categories (a) NGO or CSO and (b) NTLP or its equivalent will help to monitor the specific contribution of NGOs and CSOs in community based TB activities.
Purpose	The indicator measures the scope and quality of implementation of community based TB activities particularly relating to treatment outcome of patients. It can also indicate the acceptability of CHWs to patients with TB as treatment adherence support providers.

Methodology	Community health worker refers to a person with some formal education who is trained to contribute to community based health services including TB prevention and patient care and support. CHWs can be supported by NGOs, CSOs, and/or the Government. It is important to use the definitions provided in this guidance. This will help to standardize the documentation, monitoring and evaluation of community based activities. It will also prevent confusion around what constitutes "community engagement" in TB prevention and care; for example, referral by an untrained family member will not be considered "community engagement" according to the definition provided by this operational guidance. Treatment adherence includes all client centred efforts and services provided by CHWs to TB patients receiving treatment to help them complete their treatment successfully. These can include treatment observation, adherence counseling, pill count and activities that can monitor both the quantity and timing of the medication taken by the patient.
Periodicity	Quarterly and Annually
Strengths and limitations	Monitors how well treatment adherence is supported by community based actions implemented by NGOs, CSOs, and/or the Government.
Responsibility	All stakeholders (NGOs, CSOs, or the NTLP or its equivalent) implementing community based TB activities will ensure the data is collected at the community and facility levels. NTLP and their equivalents will ensure data is aggregated at district, sub national and at national levels depending on the local context to ensure the information is fed into the national TB monitoring system. The data compilations need to include disaggregation by (a) NGO or CSOs and (b) NTLP or its equivalent. This will help to monitor the contribution of NGOs and CSOs in the treatment outcome of TB patients.
Measurement tools	TB register

Annex 2: Periodic Evaluation

Purpose	Periodic evaluation will serve to provide a qualitative understanding of the progress of community based TB activities. In particular, it will help to assess the relative contributions of NGOs and CSOs to new case notifications and to treatment outcomes as compared to government contributions. It will be able to assess whether NGO contributions are increasing or decreasing as a trend. It will be able to comment on the quality of the relationship between NTLP and NGOs and assess variables such as the frequency of meetings, quality of such meetings and conversations, cooperativeness of the actors involved, factors limiting and promoting greater success, and overall interest and drive of the NTLP to engage CSOs in TB activities.

Indicators	• Presence of a functional National CSO coordinating body
	  ○ trends in membership
	  ○ frequency of meetings
	  ○ spread to lower levels
	  ○ coordination between levels
	  ○ mechanisms for transferring knowledge, skills and resources
	• Quality of interaction of CSOs with the NTLP at various levels
	  ○ frequency of meetings
	  ○ Follow up on agreed actions
	  ○ availability of TB diagnostic services and drugs for TB treatment
	  ○ frequency of joint supportive supervision
	• CSOs contribution to new case notifications and treatment success and trends over time.

Methodology	Qualitative techniques will need to be used especially focus group discussions and key informant interviews. Appreciative inquiry techniques will help improve the quality of feedback secured. NTLP managers and district and clinic level staff need to be interviewed both singly and in groups. Similarly, NGOs and CBOs at national, district and local levels need to be interviewed singly and jointly. A list of key issues as emerge from these conversations should be identified, shared and discussed at a joint national meeting between the NTLP and its staff at various levels together with representatives of NGOs and CSOs at various levels. The emphasis should be on sharing and learning in order to understand and improve and not on fault finding or finger pointing.
Periodicity	Every 3-5 years
Strengths and limitations	Provides a periodic assessment of the contributions of NGOs and CSOs as well as the quality of the relationship between CSOs and NTLPs. The value of such studies will depend on the professionalism and ability of the evaluators and the biases they may bring to the process.
Responsibility	All stakeholders (NGOs, CSOs, or the NTLP) implementing community based TB activities need to be willing to participate and share views. The primary responsibility to organize such evaluations will be that of the NTLP and could coincide with the regular TB reviews generally held every five years in the country.

Annex 3: Terms of reference (ToR) for the National CSOs Coordinating Body (NCB)

Introduction

Tuberculosis continues to be a burden in many countries including Tanzania. One-third of those estimated to have TB are either not reached for diagnosis and treatment using the current health system or are not being reported. Even the TB patients identified are often diagnosed and treated late.

In order to reach the unreached and to find TB patients early in the course of their illness, a wider range of stakeholders involved in community based activities needs to be engaged. These include the Non Governmental organizations (NGOs) and other civil society organizations (CSOs) who are active in community based development, particularly in primary health care, maternal and child health, and HIV, but have so far not included TB in their priorities and activities.

A series of expert consultation meeting were held consecutively in 2010 in Geneva, Switzerland, October 2011 in France and Dec 2011 in Ethiopia to discuss on how to improve collaboration and foster effective partnership between CSOs and the NTPs or their equivalents, how to remove barriers and bottlenecks affecting implementation of integrated community based-TB care component of the Stop TB Partnership strategy 2011-15 and to establish mechanisms to enhance the advisory role of civil society organizations.

The strengths of NGOs and other CSOs active in health care and other development interventions at the community level include their reach and spread and their ability to engage marginalized or remote groups.

Greater collaboration between NGOs and other CSOs and local and national governments could greatly enhance TB control initiatives in the country. A more decentralized approach that formally recognizes the critical role of CSOs as partners in addressing gaps through support to community based actions will expand TB prevention, diagnosis, treatment and care activities.

In Tanzania, the existing CSOs were sensitized to integrate TB in their work which calls for a necessity of coordination mechanism among the CSOs.

In this view, CSOs in collaboration with NTLP established a National CSO Coordinating Body (NCB) which will facilitate the engagement of CSOs and support regularly interaction of these CBOs, listen and respond to their concerns and promote their engagement in TB control in the country.

What is it?

A national CSO Coordinating Body (NCB) is a coalition of organizations (NGOs and other CSOs) drawn from the public, civil society and other non state actors that have come together to facilitate the effective engagement of NGOs and other CSOs in community based TB prevention, diagnosis, treatment and care services. It is composed of members who commit to work collaboratively towards TB prevention, care and control activities, in which they all contribute from their core competencies, share risks, responsibilities and benefits by achieving their own, each others and the overall goal. It represents their best interests and help to systematically share and disseminate lessons learnt from the work they do in TB prevention and control at community level.

How is it found?

NCB members will be selected by CSOs during their meeting based on their vast experiences in working close with communities in implementing community based interventions. These are CSOs representatives from the regions who are active in community based development, particularly in primary health care, maternal and child health, HIV and also in TB control activities. The tenure for the body will be three (3) years. A NCB member will be selected for a maximum of two periods.

The interim board members were selected during the first national consultative meeting where African Medical and Research Foundation (AMREF), PATHFINDER International, Population Services International (PSI), Medical Women Association of Tanzania (MEWATA) and World Vision became members.

Mandate

- The NCB is an independent body that has to meet regularly preferably quarterly and have a mechanism for information sharing and for discussing concerns and issues of common interest relating to community based TB activities and the relationship with NTLP or its equivalents at all levels.

- The nominated representatives of the NCB will meet on quarterly basis with the NTLP to improve contribution to national TB control strategies and plans, communicate challenges and opportunities and secure needed support.
- Its secretariat will be set initially at NTLP, but later one lead organization could help initiate and facilitate the NCB - NTLP partnership and host the quarterly meetings.
- The NCB representatives will ensure that all member CSOs are fully involved in ongoing discussions and negotiations and have the opportunity to provide input and receive feedback regularly.
- The chairperson and vice chairperson will be selected by the body members. The chair with assistance from the vice chair will be responsible for chairing regular and urgent meetings, ensure meetings are held according to schedule, implementation of challenges and concerns raised during meetings are addressed properly and timely, members do their best for the success of ENGAGE-TB and that NCB progress is reported to the MOHSW through NTLP.
- The secretariat in consultation with the chairperson will develop agenda for meetings, take minutes, ensure minutes are distributed to body members within two to three days after the meeting, work closely with chair to remind members of meetings dates, place and timing. The secretariat will advice the chair for urgent (adhoc) meetings and informs NCB members the purpose

Relationship with NTLP

- NTLP have the responsibility of creating enabling national or local legal, policy and administrative environments to support the effective engagement of CSOs in TB control activities.
- The NTLP in collaboration with NCB will support the growth and development of CSOs active in TB prevention, care and support, including giving them guidance's along with necessary TB control information, training and as well as financial support when necessary.
- NTLP in collaboration with NCB together will agree on a code of conduct that clarifies roles, responsibilities and decision making processes, defining acceptable professional behaviours, and providing benchmarks for evaluation and reporting. It defines the responsibilities of CSOs for

reporting, for example, on nationally agreed monitoring indicators and the responsibility of the NTLP to support NGOs and other CSOs to implement community based TB activities including effective supplies and services.

- NTLP in collaboration with the NCB will finalize national operational guidelines to enhance engagement of NGOs and other CSOs in community based TB activities.
- NTLP in collaboration with the NCB will develop nationally standardized and aligned implementation tools (e.g. referral-for-screening, diagnosis or treatment form, feedback or back-referral form, transfer form) for use by NGOs and other CSOs. These may then be used as developed or adapted by NGOs and other CSOs to suit specific circumstances.
- NTLP and/or the NCB will develop a locally tailored manual that allows NGOs and other CSOs to quickly learn how to successfully undertake specific community based activities (e.g. sputum collection and transport, patient referral, treatment adherence and care) based on national guidelines.
- NTLP in collaboration with the NCB will develop a national training curriculum for training of community health workers in the delivery of community based TB activities. The curriculum should define the package of activities that will be implemented by each cadre of health worker and will also provide expert technical advice for each activity.
- NTLP in collaboration with the NCB will develop templates for a memorandum of understanding or other arrangements to formalize collaboration and to specify the arrangements that will govern the relationship between the NTLP and CSOs. The MoUs will also specify the protocols needed to meet accountabilities defined in the code of conduct.
- The NTLP in consultation with the NCB will develop a set of nationally recommended and standardized data collection and reporting tools aligned with the national TB strategies for use by CSOs.
- NTLP in collaboration with the NCB will develop standardized tools of supportive supervision to enable its members to better monitor community based TB activities that are aligned with national policies and guidelines.
- The NTLP in consultation with the NCB will develop a standardized training curriculum for community based TB activities to be used by CSOs,

which should be adaptable to their mission, organizational structure and comparative advantage

- NCB and NTLP will develop and or review locally tailored training manual for CSOs to quick learn the Engage TB approach

Expected outcome

- Increased number CSOs engaged in TB control in the country
- Increased TB cases notification in project areas at community level
- Increased TB treatment outcome

Impact

- Significant contribution to national mission of achieving universal access to TB services

Terms of Reference (TOR)

The following are ToR for NCB:

- Ensure fully involvement in the discussions and negotiations by MOHSW through NTLP for the Engage TB initiatives and opportunity to provide inputs and receive feedback regularly.
- NCB will conduct supportive supervision at least twice a year to monitor and assess the community based TB activities with focus on collaboration between RHMTs and CHMTs.
- NCB will meet regularly on quarterly basis to discuss the issues observed or reported at the implementation level during that quarter and seek support from NTLP whenever needed
- NCB will meet annually with NTLP and other stakeholders to share achievements, lessons learnt and challenges by implementing CSOs and look for a better way forward.
- NCB in collaboration with NTLP will raise funds for CBTC and announce to CSOs for submission of LOI or proposals
- NCB will form a steering committee to review and award the LOIs

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