THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

# NATIONAL TB & LEPROSY PROGRAM (NTLP)

# STRATEGIC PLAN 2009/2010 - 2015/2016

Final Draft

NTLP
Tuberculosis and Leprosy Unit
Ministry of Health and Social Welfare
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## LIST OF ABBREVIATIONS

| | |
|---|---|
| ACSM | - Advocasy, Communication and Social Mobilization |
| AFB | - Acid Fast Bacilli |
| AIDS | - Acquired Immuno-Deficiency Syndrome |
| APHFTA | - Association of the Private Health Facilities in Tanzania |
| ART | - Anti-Retroviral Therapy |
| CBR | - Community Based Rehabilitation |
| CCHP | - Comprehensive Council Health Plan |
| CDC | - Centre for Diseases Prevention and Control |
| CHMT | - Council Health Management Team |
| COMBI | - Communication for Behavioural Impact |
| CPT | - Cotrimoxazole Preventive Therapy |
| CSSC | - Christian Social Services Commission |
| CTBC | - Community Based Tuberculosis Care |
| CTRL | - Central Tuberculosis Reference Laboratory |
| DAS | - District Administrative Secretary |
| D-by- D | - Decentralization by Devolution |
| DED | - District Executive Director |
| DMO | - District Medical Officer |
| DOT | - Directly Observed Treatment |
| DOTS | - Directly Observed Treatment, Short course |
| DST | - Drug Susceptibility Testing |
| DTLC | - District Tuberculosis and Leprosy Co-ordinator |
| EAC | - East African Community |
| ECSA | - East, Central, and Southern African |
| ELR | - Electronic Leprosy Register |
| EQA | - External Quality Assurance of AFB microscopy, culture |
| ETR | - Electronic TB Register |
| FBO | - Faith Based Organization |
| GDP | - Gloss Domestic Product |
| GFATM | - Global Fund Against AIDS, Tuberculosis and Malaria |
| GLC | - Green Light Committee |
| GLRA | - German Leprosy and Tuberculosis Relief Association |
| GNI | - Gross National Income |
| HIV | - Human Immunodeficiency Virus |
| HSSP | - Health Sector Strategic Plan |
| HSR | - Health Sector Reforms |
| ICF | - Intensified Case Finding |
| ICT | - Information, Communication Technology |
| IEC | - Information Education and Communication |
| IMR | - Infant Mortality Rate |
| IPT | - Isoniazid Preventive Therapy |
| ISTC | - International Standard of Tuberculosis Care |
| IUATLD | - International Union Against Tuberculosis and Lung Diseases |
| KCMC | - Kilimanjaro Christian Medical Centre |
| KNCV | - Royal Netherlands Tuberculosis Association |
| LED | - Light Emitting Diode |
| LGAs | - Local Government Authorities |
| MDGs | - Millennium Development Goals |

| | |
|---|---|
| MDR | - Multi- Drug Resistance |
| MDT | - Multi Drug Therapy |
| MMAM | - Primary Health Services Development Programme (PHSDP) |
| MoHSW | - Ministry of Health and Social Welfare |
| MSD | - Medical Stores Department |
| MTEF | - Medium Term Expenditure Framework |
| NACP | - National AIDS Control Programme |
| NGO | - Non Governmental Organisation |
| NSFD | - Novartis Foundation for Sustainable Development |
| NSGRP | - National Strategy for Growth and Poverty Reduction (MKUKUTA) |
| NTLP | - National Tuberculosis and Leprosy Programme |
| PAL | - People Affected by Leprosy |
| PASADA | - Pastoral Activities and Services for people with AIDS |
| PATH | - Programme for Appropriate Technology in Health |
| PDR | - Prevalence/ Detection Ratio |
| PHCSDP | - Primary Health Care Service Development Programme |
| PITC | - Provider Initiated Testing and Counselling |
| PLHIV | - People Living with HIV |
| PMORALG | - Prime Minister's Office, Regional Administration and Local Government |
| POD | - Prevention of Disability |
| PSU | - Pharmaceutical Supplies Unit |
| RAS | - Regional Administrative Secretary |
| RH | - Reproductive Health |
| RHMT | - Regional Health Management Team |
| RMO | - Regional Medical Officer |
| RTLC | - Regional Tuberculosis and Leprosy Co-ordinator |
| SADC | - Southern Africa Development Cooperation |
| SOP | - Standard Operating Procedure |
| SPRS | - Septic, Preentive, Reconstructive Surgery |
| TACAIDS | - Tanzania Commission for AIDS |
| TB | - Tuberculosis |
| TDR | - Tropical Disease Research |
| TFDA | - Tanzania Food and Drug Authority |
| TLA | - Tanzania Leprosy Association |
| TLCU | - Tuberculosis and Leprosy Central Unit |
| UCSF | - University of California San Francisco |
| UFMR | - Under Five Mortality Rate |
| WHO | - World Health Organisation |
| X-DR | - Extremely Drug resistance |

## FOREWORD

This is the fourth Medium- term Development Plan (July 2009 – July 2015) of the National Tuberculosis and Leprosy Programme (NTLP). The third Medium- Term Development Plan (July 2004 – June 2009) ended in June 30th 2009. The current plan has been formulated to match the present developments in the control of tuberculosis and leprosy and the recent health and local government reforms. The implementation of these reforms detects the need to redefine the direction of the programme in the next five years and beyond. The greatest challenge is how to accommodate and manage changes without revising achievements made by the programme over the years. The plan has address the emerging challenges like multi-drug resistant (MDR) tuberculosis. The main purpose of this plan is to guide the programme to move beyond the WHO targets of 70% case detection and 85% cure rate and the millennium development goals (MDGs) of reducing by half the prevalence and deaths associated to TB by 2015. The plan will also guide the programme on eliminating leprosy as public health problem in Tanzania.

The following objectives have been set for the next six years:

1. Pursue high quality DOTS expansion and enhancement with special focus on gender, children and marginalized populations by 2015
2. To reduce the burden of TB/HIV and drug resistant TB with special emphasis on vulnerable populations by 2015
3. To contribute to health system strengthening based on primary health care by 2015.
4. To engage all care providers in TB, leprosy and TB/HIV control in both public and private sectors by 2015
5. To empower TB and leprosy patients as well as communities to participate in TB, TB/HIV and leprosy control
6. To enable and promote operational research on TB and leprosy
7. To provide and sustain comprehensive quality leprosy services in order to reduce grade 2 disabilities to less than 8% in people affected by leprosy

The process of developing this strategic plan has involved many stakeholders and was participatory in nature involving national, regional and district levels. I would like to congratulate those who participated in the formulation of this plan. I would also like to acknowledge the support and co-operation rendered by all partners who supported the Ministry of Health and Social Welfare to accomplish the plan, particularly; German Leprosy and Tuberculosis Relief Association (GLRA), Global Funds Against AIDS, Tuberculosis and Malaria (GFATM), Centre for Diseases Prevention and Control (CDC), The Netherlands Tuberculosis Foundation (KNCV), World Bank, Novartis Foundation for Sustainable Development (NSFD), International Union Against Tuberculosis and Lung Disease (IUATLD), Program for Appropriate Technology in Health (PATH), University of California San Francisco (UCSF), The World Health Organisation (WHO) and many others. I call upon the above mentioned partners and any other interested organisation to join hands of the implementation of this plan.

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**ACKNOWLEDGEMENTS**

This work could not be possible without material, financial and moral support of individuals, organisations and institutions both within and outside the country. It is not possible to mention those who assisted us, but I would like to recognize the financial support and guidance given to the programme by development partners in collaboration with the government of Tanzania.

I wish to express our sincere gratitude to the Permanent Secretary, the Chief Medical Officer and the departmental directors who provided timely guidance and advice throughout the planning process. Finally, we appreciate the support given to the programme by colleagues within and outside the Ministry of Health and Social Welfare.

Dr. S. M. Egwaga
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Ministry of Health and Social Welfare
2010

# SECTION 1: TUBERCULOSIS CONTROL

## 1. Introduction

### 1.1 NTLP Strategic Plan IV

This is the fourth strategic plan of the National Tuberculosis and Leprosy Programme (NTLP) for the period 2009 – 2015 after implementation of the third medium-term plan. The plan provides an overview of priority strategic directions for both TB and leprosy control in the country guided by national initiatives such as the National Vision 2025, National Strategy for Growth and Reduction of Poverty (NSGRP) also referred to as MKUKUTA, the National Health Policy and Health Sector Strategic Plan (HSSP) III. It is also guided by global and regional initiatives such as the Millennium Development Goals, Global Plan to Stop TB, the new Stop TB Strategy, and the African Union Call for Universal Access to AIDS, TB and Malaria services.
Detailed strategic objectives, outputs, key outcomes and work plans have been incorporated to guide the implementation of TB and leprosy control in the country.

### 1.2 Background Information

#### 1.2.1 Geography and Population

The United Republic of Tanzania is a union between Tanganyika and Zanzibar, which was formed in April 1964 after attaining independence in 1961. It is the largest country in East Africa, occupying an area of about 945,087 sq. km, and has common boarders with eight neighbouring countries; Kenya and Uganda to the north; Rwanda, Burundi and Democratic Republic of Congo to the west, Zambia, Malawi and Mozambique to the South. It lies between the latitudes 1°S and 12°S and longitudes 30°E and 40°E.

**Figure 1: Map of Tanzania**


Tanzania has an estimated population of 41,929,640 with an annual growth rate of 2.9% (projection for 2009 based on National population census conducted in 2002). Over 75% of the population live in rural areas. The table below summarizes important demographical data based on Household survey conducted in 2007 and projections from National census in 2002.

**Table 1: Key population facts and figures**

| | |
|---|---|
| Estimated Population 2009 | 41,929,640 |
| Population density is approx. | 49 per km2 |
| Population composition | Males 48.9% Female 51.1% |
| Population growth per year | 2.9 |
| Children under five years of age | 20% |
| Children between 5 to 15 years of age | 27% |
| Total Fertility Rate | 5.7 per woman |
| Life expectancy 2008 projection | Male 58 yrs Female 64 yrs |

The shared multiple borders with other countries leads to easy cross boarder population movements including refugees which has influenced the design and implementation of this strategic plan. The vastness of this country in terms of geography and transport networks, determines the workload that is required by the programme to reach patients across the country particularly when dealing with diseases of public health importance such as drug resistant tuberculosis.

The major causes of death among adults are malaria, HIV/AIDS and tuberculosis, while for children below five years of age are malaria, pneumonia and anaemia. Thus, addressing the burden of TB will have a positive impact on life expectancy and quality of life of general population in the country.

### 1.2.2 Administrative Structure

Tanzania mainland has 21 regions and 133 councils while Zanzibar has 5 regions and 10 districts (see Fig. 1 below). Each district is divided into 4 - 5 divisions, which in turn are composed of 3-4 wards. Every 5-7 villages form a ward. There are approximately 10,342 villages. The implementation of this strategic plan will be facilitated by the above structures.

Management of government activities within the councils is through local government authorities. Since 1982, the government administration has been decentralized in order to bring services closer to the people and promote community participation in planning processes as well as to facilitate local decision making to accelerate development. The council is the most important administrative and implementation authority for public services. For this reason, the Ministry of Health and Social Welfare (MOHSW) is currently strengthening the capacity at the council level to deliver quality health care services in line with established national and international standards. The NTLP Strategic Plan IV will operate within this framework and take advantage of organization structure including the positioning of the programme staff within the health management teams.

### 1.2.3 Social economic situation

Tanzania is classified by the United Nations (UN) as one of the least developed countries in the world. The Gross National Income (GNI) per person was US$442 in 2008. Over 35.7% of Tanzanians live below the poverty line according to World Bank estimations. The incidence of poverty in rural areas was 39 per cent compared to 18 per cent in Dar es Salaam, the country’s major commercial city. The level of poverty is fuelling prevalence of TB due to overcrowding, poor housing schemes in squatters and malnutrition.

According to Bank of Tanzania data for 2008, the average growth rate was 7.1 per cent compared to 6 per cent in 2006 – 2007. However, the GDP growth has not yet reduced poverty in an equitable manner. Productivity has remained low, especially among smallholder farmers who constitute the majority of agricultural producers in

Tanzania. A combination of low productivity has significant limiting effects on rural growth and therefore on poverty reduction. As a consequence, accessing health care services is expensive even when provided free of charge because of indirect costs such as transport and other social costs.

Overall, the 2004/05 Tanzania Demographic and Health Survey report that 10 % of children under the age of 18 have lost their mothers, or their fathers, or both. In 10 districts more than 15% of children have been orphaned. This situation makes them more vulnerable to diseases of poverty such as TB and leprosy.

### 1.2.4 Health situation

Over the past ten years positive trends on different health indicators have been seen with a decline in Under Five Mortality Rate (UFMR) and Infant Mortality Rate (IMR). Other positive developments have been seen in TB treatment success rate from 80% in 2004 to over 87% in 2008.

The maternal mortality ratio is estimated at 578/100,000 live births. More than 50% of women aged 19 years are pregnant or already mothers, increasing their vulnerability to sexual and reproductive health (RH) problems. Micronutrient deficiencies and chronic energy deficiency (low body mass index) during pregnancy increases the risk of maternal mortality and poor outcomes for infants, including preterm delivery, foetal growth retardation, low birth weight. Three quarters of children less than five years of age are anaemic, malnourished and are more likely to die from TB.

The decline of HIV prevalence from 7% in 2004 to 5.7% in 2008 in the general population might have contributed positively to the decline in the annual notification rates from a peak of over 65,000 in 2004 compared to about 63,000 in 2008. The majority of cases for both HIV/AIDS and TB are young people aged between 15-45 years, which is the most economically productive segment of the population.

**Table 2: Disease related indicators**

| | | |
|---|---|---|
| HIV/AIDS Prevalence | 5.7% | Tanzania HIV/AIDS Indicator Survey 2007/2008 |
| Tuberculosis treatment success rate (2008) | 87.8% | NTLP Annual Report 2008 |
| Prevalence of leprosy per 10,000 population | 0.85 | NTLP Annual Report 2008 |

### 1.2.5 Organization of health care system

According to health sector review report 2009, health services in the country are provided by more than 5,600 health facilities (219 hospitals, 481 health centres and

4600 dispensaries) of which 65% are public owned facilities. About 90% of population live within five kilometres from a primary health facility.
In accordance to government staffing regulations for health facilities, only 38% of positions are filled with qualified health workers leaving Tanzania with a severe human resource crisis. There are 116 medical training institutions of which 72 and 44 are owned by government and private sector respectively with a total annual enrolment capacity of 3500 students. However, this is not sufficient to cover the needs.
The MOHSW and PMORALG in collaboration with the President's office Public Service Management are responsible for recruitment and distribution of health staff throughout the country. Shortage of health staff in remote areas is a reason for concern and emergency plans for tackling this situation have been developed

This strategy intends to provide services in all health facilities in both public and private sectors with focus at household level for home based care. Therefore availability of adequate qualified human resource will be crucial in the successful implementation of this strategic plan.

## 2. The Policy in relation to the Programme

In Tanzania a coherent system of Government policies, legislation, strategies and programmes has been established to give direction to development. The government will use different sources of financing including government budgets, donor and community support.
Since 1996, the Government of Tanzania has embarked on Local Government Reforms Program aiming to establish Decentralization by Devolution (D-by-D). This implies that Local Government Authorities (LGAs) take full responsibility for planning, budgeting and management of government services; and communities are also expected to contribute towards provision of health services including TB and leprosy control.

### 2.1 General policy framework

**Vision 2025**
Tanzania Vision 2025 provides direction and a philosophy for long-term development with intention to achieve high quality livelihood for its citizens. Addressing the burden of TB and leprosy will contribute towards the reduction of ill health, thus contributing to the achievement of this vision.

**National Strategy for Growth and Reduction of Poverty (NSGRP)**
Health is part of the second cluster "improvement of quality of life and social wellbeing" of the National Strategy for Growth and Reduction of Poverty. The NSGRP contributes towards the achievement of the Millennium Development Goals

(MDGs) where TB is included in goal number 6 target 8. Thus TB indicators may influence financial allocation to the health sector.

### 2.2 Health Sector Reforms

Health Sector Reforms (HSR) started in 1994 and aims at improving access, quality and efficiency of health service delivery. The major focus of the reforms is to strengthen district health services, as well as strengthening and reorienting secondary and tertiary service delivery in hospitals to support primary health care. The reforms introduced a programmatic approach, replacing the project approach, in order to create coherence between activities and sustainability. The implementation of this strategic plan fits very well in the ongoing reforms including financing modalities, and is a way of streamlining the programmatic approach at LGA level.

### 2.3 Health Policy

The MOHSW Health Policy 2007 is in tandem with ongoing socio-economic changes, new government directives, emerging and re-emerging diseases and changes in science and technology. The policy outlines achievements and challenges facing the health sector. The resource constraints constitute the major problem for not being able to cope adequately with health problems.

There has been a significant increase in the cost of providing health care services due to global financial crisis, emerging and re-emerging diseases and global warming. In TB control, the cost has increased mainly due to increase in the number of tuberculosis cases, change in technology to diagnose and treat tuberculosis especially among patients co-infected with HIV/AIDS and the emergence of drug resistant strains.

In the current strategic plan, the Government aims to dramatically reduce the burden of TB and leprosy through pursuing high-quality DOTS expansion and enhancing MDT services; addressing TB/HIV, MDR-TB, engaging all care providers, promoting operational research and empowering people with TB and leprosy and communities through partnership. This is in line with poverty reduction strategies in Tanzania.

#### MMAM

In 2007 the MOHSW developed the Primary Health Care Service Development Programme (PHCSDP). This programme is better known by the Kiswahili name of Mpango wa Maendeleo ya Afya ya Msingi (MMAM) 2007-2017. The objective of the MMAM programme is to accelerate the provision of primary health care services for all by 2012, while the remaining five years of the programme will focus on consolidation of achievements.

TB and leprosy control has been addressed in the MMAM to accelerate its implementation and the budget has been projected for 10 years. However, some of the evolving elements of the NTLP strategy have not been fully catered for.

## 3. NTLP Strategic Plan III and Summary of review findings

The NTLP strategic plan III was implemented from 2004 – 2009 with major focus on DOTS expansion. During this period the aim was to increase TB case detection from 51% in 2004 to 70% by 2008 and the TB treatment success from 81% in 2004 to 85% in 2008 (Global TB control, 2009). The strategic plan III was reviewed in February 2009 and the following major findings were identified.

Key achievements

- The new elements of the STOP TB initiative have been introduced in the program including TB/HIV, Public Private Partnership, Patient empowerment and Community involvement.
- DOTS coverage maintained 100% since 1986.
- Case detection has increased from 51% to 72%
- Treatment success increased from 81% to over 87%
- Uninterrupted availability of TB medicines and supplies
- Innovative ways of recruitment new human resource for TB/HIV was introduced into the health system
- Increased number of diagnostics centres from 508 to 720

Major Challenges

- Not all health care facilities are providing TB services
- Weak anti-TB drug management system particularly at the regional, district and health facility levels
- Weak routine surveillance system for drug resistant TB
- Insufficient implementation of Advocacy Communication and Social Mobilization (ACSM).
- Weak implementation of the laboratory external quality assurance (EQA) and inadequate laboratory network
- Lack of new diagnostic technologies especially for TB patients infected with HIV/AIDS and children
- Weak monitoring and evaluation system
- Lack of research and development strategy

## 4. NTLP Strategic Plan IV

NTLP Strategic Plan IV to a large extent has taken into consideration the content of the NTLP Strategic Plan III and the recommendations of review report. This plan aims at providing high quality and effective interventions to control TB and leprosy in Tanzania with a focus on gender mainstreaming, equity, accessibility and those most at risk, including those infected with HIV. The plan will be financed through the government's MTEF, development partners and other available financing sources.

In the previous strategic plan, TB case detection remained around 51%. Some of the factors associated with the low case detection were limitations of AFB microscopy especially among TB patients co-infected with HIV/AIDS, inadequate number of

qualified laboratory personnel, and inadequate involvement of patients, community members and private sector; less emphasis of paediatric TB and insufficient implementation of Advocacy Communication and Social Mobilization (ACSM).

Emphasis will be on improving case detection through promoting active case finding, introduction of Practical Approach to Lung health (PAL) and new diagnostic equipment and technologies such as LED microscopy and molecular assays, recruiting new staff and capacity building of new and existing staff, empowering patients and communities to participate in TB control, scaling up ACSM and involvement of all healthcare providers including the private sector. Appropriate guidelines and tools will be developed to facilitate the diagnosis and treatment of children with tuberculosis. Furthermore, the strategic plan will strive to further scale up universal access to collaborative TB/HIV activities with focus on 3Is i.e. Intensified Case Finding (ICF) among PLHIV, Isoniazid Preventive Therapy (IPT) and TB Infection Control (IC).

Routine surveillance of resistant TB will be enhanced in all diagnostic centres to determine its magnitude in the country. Currently patients with drug resistant TB are managed at Kibong'oto national TB hospital. It will therefore be necessary to establish these services in other hospitals to bring services closer to patients. In this plan, it is envisaged that at least 18 centres will have capacity to diagnose drug resistant TB cases by providing them with appropriate equipment and supplies and upgrading them to bio-safety level III.

The management of anti-TB and leprosy drugs and supplies will be strengthened at all levels by reviewing and adopting the appropriate policies and capacity building in supply chain management.

For the laboratory services, new TB diagnostic technologies will be introduced in public and private hospitals at national, regional and district levels including LED fluorescent microscopy, liquid culture systems and line probe assays. Additionally, laboratory personnel will be trained on the appropriate use of these technologies, their maintenance and electronic information management system to maximize efficiency. To improve laboratory network, electronic information technology will be adopted to disseminate laboratory results timely. National and zonal laboratories will be accredited in conformity with ISO standards. External quality assurance (EQA) system will be strengthened in accordance with WHO recommendations. Referral of sputum specimens from TB diagnostic centres to higher levels for the diagnosis of drug resistant TB will be improved.

The health system as a whole has a number of weaknesses including shortage of qualified human resource. In the current strategy, human resource capacity in both quantity and quality will be strengthened to provide TB, TB/HIV, MDR-TB, leprosy and promotive services at national, regional and district levels. Pre- and in-service

training on International Standard of Tuberculosis Care (ISTC) and the management of TB in children will be enhanced in collaboration with other stakeholders. Conducive working environment will be established to ensure maximum efficiency in delivery of high quality services at all levels. Mechanisms will be established to absorb contract staff into government payroll.

Train health care workers on monitoring and evaluation and use of ICT for TB and leprosy control

A comprehensive M&E plan will be developed to re-align with HMIS and health sector monitoring framework. Data management tools i.e. recording and reporting forms and registers will be revised to incorporate variables of new interventions. Analysis and use of TB and leprosy data at facility and district levels will be strengthened through capacity building and use of appropriate information communication technology (ICT). This will provide evidence for planning and accountability. Supervision at national, regional, district and community levels will be strengthened by use of harmonized checklists and involvement of partners in periodic missions. Technical assistance will be sought from partners to strengthen use of ICT at regional and district levels on management of electronic software for TB and leprosy control.

Operational research will be strengthened by building capacity of NTLP staff to conduct research on TB and leprosy, and by involving research institutions and academia to conduct research relevant for TB and leprosy control. The findings of operational research will be used to improve programme interventions and will be shared through publishing in journals and various national and international meetings.

The MOHSW shall continue to involve other partners both in public and private sectors to incorporate TB and leprosy control activities in their plans. In particular MOHSW will engage the Prime minister's office regional administration and local government (PMORALG) to ensure that TB and leprosy control activities are implemented at district level through Comprehensive Council Health Plans (CCHPs).

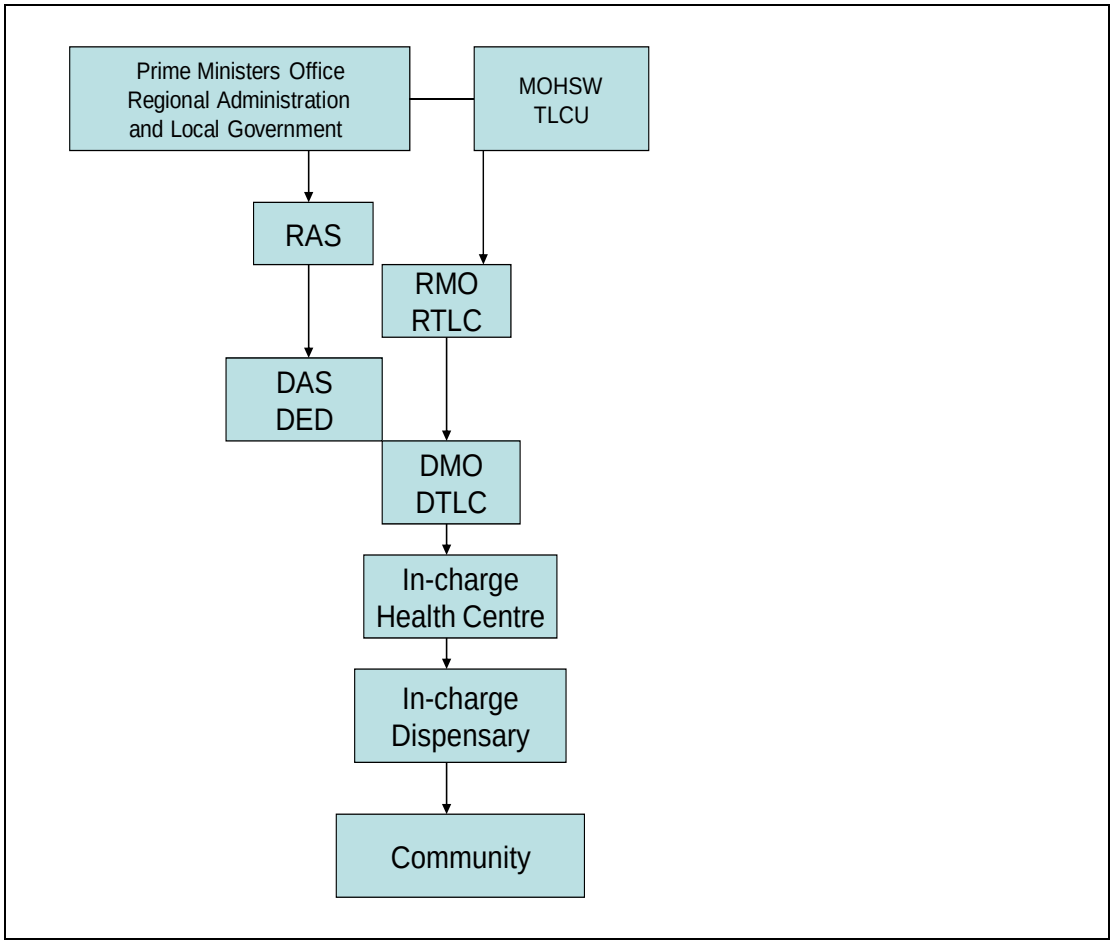
## 5. NTLP Background, Organization and Management

The Ministry of Health and Social Welfare launched the National Tuberculosis and Leprosy Programme (NTLP) in July 1977. The Programme is charged with the responsibility of preventing and controlling tuberculosis and leprosy in the country until they are no longer major public health problems. To achieve this, the ministry is collaborating with local and international partners who provide technical and financial support. These partners include NGOs and FBOs such as Christian Social Services Commission (CSSC), Pastoral Services for AIDS in Dar es Salaam (PASADA), Association of Private Health Facilities in Tanzania (APHFTA) Tanzania Leprosy Association (TLA) and a number of faith-based hospitals. The international partners

are German Leprosy and Tuberculosis Relief Association (GLRA), Global Funds Against AIDS, Tuberculosis and Malaria (GFATM), Centre for Diseases Prevention and Control (CDC), The Netherlands Tuberculosis Foundation (KNCV), World Bank, Novartis Foundation for Sustainable Development (NSFD), International Union Against Tuberculosis and Lung Disease (IUATLD), Program for Appropriate Technology in Health (PATH), University of California San Francisco (UCSF), The World Health Organisation (WHO) and many others. These partners together with the Ministry of Health and Social Welfare will form a Stop TB partnership to strengthen TB control in the country.

### 5.1 NTLP Organisational Structure and Administration

NTLP is under the Unit of Epidemiology and Disease Control in the Department of Preventive Services, Ministry of Health and Social welfare. Administratively, NTLP operates at three levels: national, regional and district. At the national level, the Tuberculosis and Leprosy Central Unit (TLCU), situated in the MOH, co-ordinates all activities pertaining to TB and leprosy control in the country. The Central TB Reference Laboratory (CTRL) is part of the central unit.




TLCU is responsible for developing policy guidelines, planning, monitoring, evaluation and resource mobilisation. It is also responsible for coordinating training

of staff, quality assurance and operational research. TLCU advises the regional health management team (RHMT) and other partners on all matters pertaining to the control of tuberculosis and leprosy and the performance of the Regional Tuberculosis and Leprosy Co-ordinators (RTLC). TLCU is also responsible for capacity building of RTLCs, DTLCs and TB/HIV officers and other staff during supervision visits and programme meetings.

The RTLC is a technical officer answerable to the Regional Medical Officer (RMO). The RTLC is responsible for management and co-ordination of all NTLP activities in the region including supervision of both the DTLCs and District TB/HIV officers and for ensuring an uninterrupted and efficient drug supply to the districts, training, and advocacy. The RTLC verifies quarterly tuberculosis, leprosy and drug stock/request reports from DTLCs. On-the-job training of DTLCs is done during quarterly supervision visits and quarterly DTLC meetings. RTLC advises DMO on all matters pertaining to NTLP and DTLC performance.

At the district level, the DTLC and TB/HIV officer provide technical support to CHMT and are answerable to the District Medical Officer (DMO).The two coordinators are responsible for management and co-ordination of all NTLP activities in the district. Both the DTLC and TB/HIV officer are responsible for supervising health care workers who manage patients with tuberculosis, TB/HIV and leprosy. They also prepare quarterly performance reports which are submitted to the DMO and RTLC.

Tuberculosis and leprosy control activities are thus fully integrated in the basic health services, supported and facilitated by NTLP through training, supervision and provision of drug and laboratory reagents.

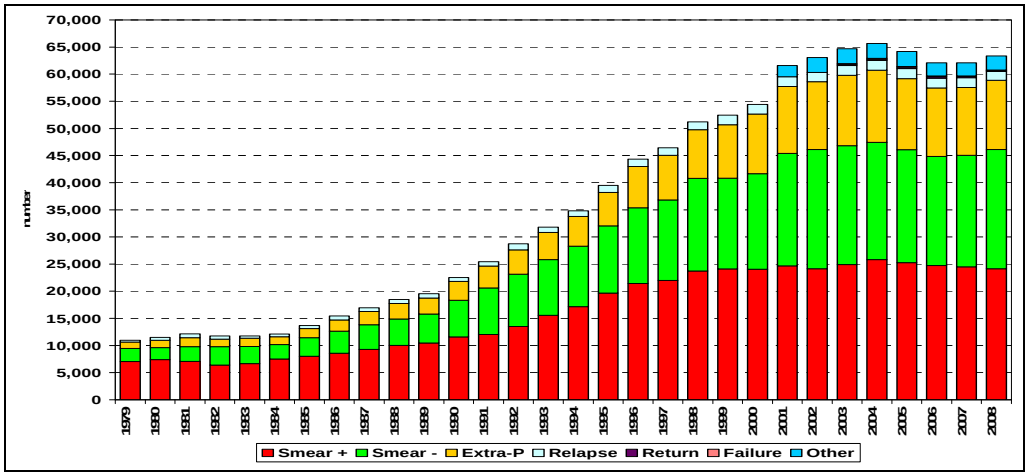
## 6. Burden of Tuberculosis and Leprosy in Tanzania

### 6.1 Tuberculosis

Tuberculosis ranks third among major causes of morbidity and mortality after malaria and AIDS. There has been a five-fold increase in the number of all forms of tuberculosis cases from 11,753 in 1983 to 63,364 in 2008, which is about 161 cases per 100,000 population. The annual increase in case notification over the last two decades is largely attributable to the HIV epidemic. Other factors attributing to the rapid increase includes population growth and urban overcrowding due rural-urban migration. However, since 2004 there has been a gradual plateau of cases notified annually. It is estimated that 40-50% of all HIV infected individuals in Tanzania may develop tuberculosis and about 50% of diagnosed TB patients are infected with HIV. The number of smear positive cases in the cohort notified in 2008 was 38% of the total TB cases.

Graph 1 below summarizes the trend of tuberculosis notification in the country between 1979 and 2008.

**Graph1. The trend of Tuberculosis notification in the country between 1979 and 2008**




The distribution of TB in the country is not equal. Almost two thirds of all cases are reported by 7 regions (Dar es Salaam, Arusha, Tanga, Morogoro, Iringa, Mbeya and Mwanza). Dar es Salaam alone contributed about 22% of all forms of TB cases notified in the country in 2008[11]

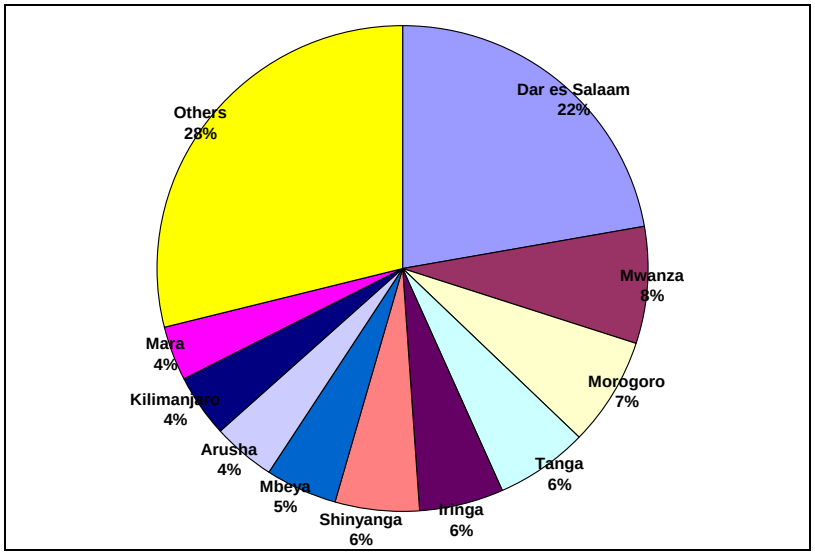
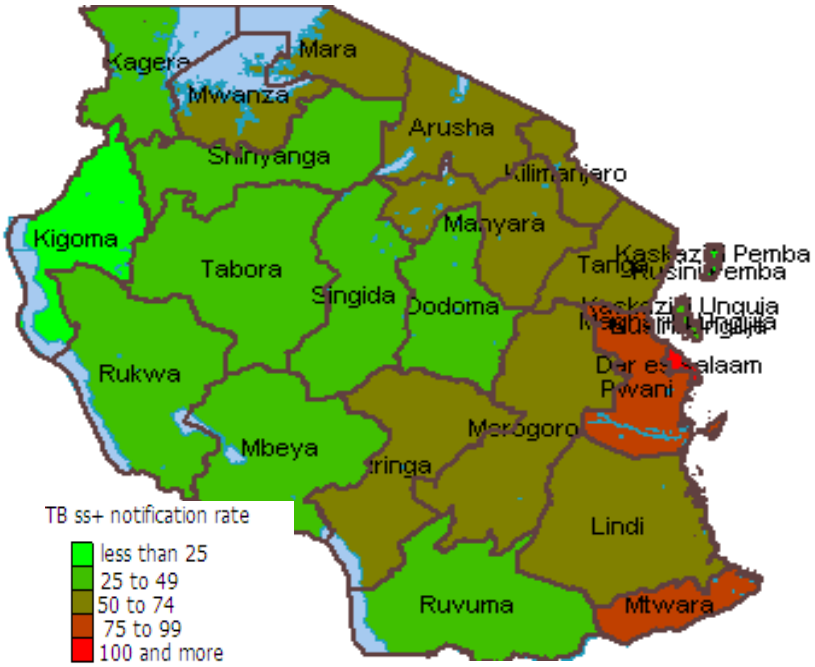
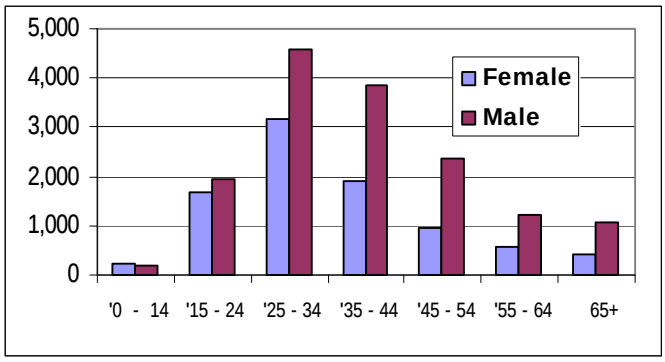


**Fig2. Map of TB Distribution (smear positive) case notification rate in Tanzania by region in 2008**




Majority of cases are young adults aged 15-45 years, the same age group affected by HIV/AIDS. On the other hand, TB is the leading killer disease among AIDS patients accounting for 30% of all AIDS related deaths. Other challenges include stigmatisation of the TB diagnosis, which is associated with HIV/AIDS.

**Figure 3. Age sex distribution of smear positive tuberculosis case notified in Tanzania in 2008**



## 6.2 Leprosy

Number of registered cases at the end of the year (prevalence) and number of annual new cases (detection) has been declining throughout the 5 year period except for the year 2008 compared to 2007. Tanzania attained the leprosy elimination goal of less than 1 case per 10,000 inhabitants in 2006, and since then the prevalence has continued to decline in most of the districts. However, there are still about 30 districts with more than 1 leprosy patient per 10,000 population.

The proportion of females among new cases remained almost the same level ranging from 40% to 45% of all cases notified. The proportion of children among new cases declined slightly from 10% in 2004 to 7% in 2007 and thereafter increased to 11% in 2008.

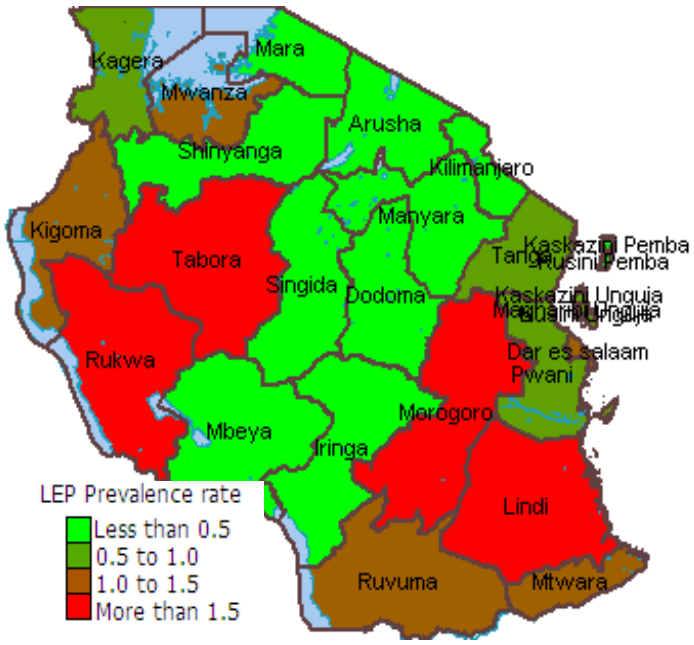
Grade 2 disabled patients among new cases remained almost the same level at 10 to 11%. The proportion of MB among new cases has been steadily increasing throughout the last five years mainly in older age groups suggesting possible reduction of disease transmission. This is also consistent with descriptions in the literature about the disease epidemic. Introduction of electronic register for leprosy will help in further analysis of the trends of indirect indicators such as percentages of MB, children, grade 2 disabilities and female among new cases.

**Chart 1: Trends of leprosy prevalence, detection and percentages of MB, Children, Grade 2 disabled patients among annual new cases from 2004 to 2008**

Considered together, prevalence/detection ratio (PDR) and percentage of grade 2 disabilities among new cases (%G2D) are relevant and robust indicators for measuring quality of leprosy services in terms of early case finding, high cure rate with MDT, prevention of disabilities through early case detection and management of reactions and proper counselling of patients during MDT course.

A limited number of active case finding campaigns (mini-LECs) were conducted between 2004 and 2008 in several districts including Kigoma Rural, Temeke, Chato, Geita, Masasi and Nkasi districts with support from Novartis, GLRA, WHO and others. Overall more than 300 new cases out of 1000?? suspects screened were detected and put on treatment during these campaigns. This justifies the need to conducting targeted leprosy elimination in high endemic districts. Therefore the current plan will strengthen campaign to eliminate leprosy as a public health problem.

**Fig3. Map of Leprosy prevalence rate by regions in**



## 7. Vision, Mission, Goal, Objectives, Targets and Activities

**Vision**
A Tanzania where tuberculosis and leprosy are no longer a public health problem

**Mission**
Provision of quality TB and leprosy services with focus on universal access, equity, affordability, gender and those most at risk.

**Goal**
To reduce the morbidity and mortality of tuberculosis and leprosy by 50% by 2015 compared to 2009

**Objectives**
In order to reach the set goal, seven objectives have been identified.

1. Pursue high quality DOTS expansion and enhancement with special focus on gender, children and marginalized populations by 2015
2. To reduce the burden of TB/HIV and drug resistant TB with special emphasis on vulnerable populations by 2015
3. To contribute to health system strengthening based on primary health care by 2015.
4. To engage all care providers in TB, leprosy and TB/HIV control in both public and private sectors by 2015
5. To empower TB and leprosy patients as well as communities to participate in TB, TB/HIV and leprosy control
6. To enable and promote operational research on TB and leprosy
7. To provide and sustain comprehensive quality leprosy services in order to reduce grade 2 disabilities to less than 8% in people affected by leprosy

### 7.1 Objective 1: Pursue high quality DOTS expansion and enhancement with special focus on gender, children and marginalized populations by 2015

**Expected outcome:** Quality DOTS and MDT services accessible in all public and private health facilities in the country

**Outcome Indicators**:

1. The rate of case detection of TB and leprosy
2. The rate of treatment success for TB and leprosy
3. The proportion of new leprosy cases with disability grade II

**Strategy 1.1: Attain political commitment with increased and sustained financing for TB and leprosy control**

This strategy aims at sensitizing leaders at all levels to obtain their commitment on TB and leprosy control. The programme will also focus on ensuring availability of sufficient financial support to provide quality and equitable TB and leprosy services

to all Tanzanians. Special emphasis will be put on improving services for vulnerable populations and communities in hard to reach areas. The programme will also ensure timely request and disbursement of required funds at all levels. Ministry of Health and Social Welfare will establish a Stop TB partnership in collaboration with key stakeholders to advocate and mobilise funds in order to accelerate implementation of activities in order to attain MDG goals for TB control in the country. To achieve this, the program will seek technical assistance to conduct sensitization to leaders and also in develop funding proposals for TB and leprosy control.

**Target 1.1.1** Political leaders and decision makers at all levels sensitized on TB and leprosy control by 2015.

**Activities:**

1. Seek technical assistance to conduct sensitization to political leaders and decision makers
2. Conduct advocacy meetings with political leaders and decision makers at all levels on TB and leprosy control.
3. Sensitize key opinion and community leaders on TB, TB/HIV and leprosy disease

**Indicators:**

i Number and proportion of advocacy meetings conducted
ii Number and proportion of advocacy meetings conducted.
iii Number and type of opinion and community leaders sensitize

**Target 1.1.2** Adequate resources for TB and leprosy control are mobilized by 2015

**Activities:**

1. Establish Tanzania Stop TB partnership forum
2. Conduct scheduled partnership meetings to mobilize and leverage resources for TB and leprosy control.
3. Seek technical assistance to develop funding proposals for TB and leprosy control
4. Solicit and develop funding proposals for TB and Leprosy control
5. Sustain and update accounting software to facilitate financial database, reporting and auditing.

**Indicators:**

i Stop TB partnership forum established and functional
ii Number of partnership meetings conducted
iii Number of proposals developed
iv Number of proposals developed
v Functional accounting software in place

**1.2**: **Strengthen early case detection through quality assured diagnosis of TB**

In 2009, the country achieved the global target for TB case detection. In the strategic plan, the program will put an emphasis on active case finding in order to move beyond the global targets through developing guidelines and tools for active case finding at health facility and household levels. The programme will also pilot and scale up Standard Operating Procedures (SOPs) for Improving TB case detection. Trainings for health workers and former TB patients on active case findings will be conducted and the program will support follow up contacts of TB smear positive patients in households and X-ray costs for diagnosis of TB suspects with smear negative results.

**Target 1.2.1** Active TB case finding scaled up to all districts in both public and private health facilities by 2015.

**Activities:**

1. Review and update existing guidelines and tools for active case finding at health facility and household levels
2. Develop, Pilot and Evaluate Standard Operating Procedures (SOPs) for Improving TB case detection
3. Scale up Standard Operating Procedures (SOPs) for Improving TB case detection
4. Train health workers on active case finding
5. Train former TB patients' clubs on contacts tracing and CBTC
6. Facilitate health facilities and former TB patients' clubs to follow up contacts of TB smear positive patients in households
7. Support X-ray costs for diagnosis of TB suspects with smear negative results

**Indicators:**

i Number and type of guidelines and tools for active case finding updated
ii SOPs in place
iii Number of districts using SOPs for Improving TB case detection
iv Number of health workers trained
v Number of former TB patients' clubs trained
vi Proportion of health facilities and former TB patients' clubs facilitated to conduct contact tracing
vii Number of councils supported

**Strategy 1.3: Procure and effectively manage anti TB medicines to ensure uninterrupted supply**

The program will update NTLP manuals to incorporate new interventions and will ensure continuous availability of quality standardized first and second line TB and leprosy drugs including TB paediatric formulations and supplies in both public and private health facilities. The Ministry will continue working with international

organizations and development partners for sustainable availability of quality anti TB and leprosy drugs at all levels. Furthermore, the programme will focus on building capacity of health workers on the management of TB and leprosy drugs and supplies in collaboration with Pharmaceutical Supplies Unit (PSU) of the Ministry. The programme will also collaborate with Tanzania Food and Drug Authority (TFDA) and other authorities to monitor the quality of TB and leprosy drugs imported into the country.

**Target 1.3.1:** Standardized DOTS strategy and MDT services provided in all public and private health facilities by 2015.

**Activity:**

1. Develop/Review and update NTLP manuals to incorporate new interventions in TB, TB/HIV and MDR-TB such as 3Is and paediatric TB
2. Update and print training materials on standardized DOTS strategy and MDT services
3. Facilitate training of heath workers on standardized DOTS strategy and MDT services

**Indicator:**

i Number of new interventions reviewed and incorporated in the NTLP manual
ii Number and types of training materials on standardized DOTS strategy and MDT services printed
iii Number and proportion of health workers trained

**Target 1.3.2:** An uninterrupted supply of quality TB and leprosy drugs at all levels by 2015.

**Activities:**

1. Procure and distribute TB and leprosy drugs
2. Train health workers on management of anti-TB and leprosy drugs and supplies including HIV test kits
3. Conduct stock taking at MSD, regional and peripheral units

**Indicators:**

i. TB and leprosy drugs, reagents and supplies procured and distributed.
ii. Number of health workers trained
iii. Number of stock taking missions conducted

**Strategy 1.4: Monitor and evaluate performance of TB and Leprosy control services.**

The programme will strengthen monitoring and evaluation of TB and leprosy control services at all levels through supervision. In this strategic plan, the programme will

advocate for allocation of funds to support supervision at all levels. Recording and reporting tools will be harmonized and updated to include new interventions. The programme will also recruit additional human resource at national level to strengthen monitoring of programme performance and linkages with financial utilization.

The programme will ensure that compiled data is analysed and used at each respective level for planning and monitoring of TB and leprosy control activities in public and private sectors and the community at large. Emphasis will be put on use of Information Communication Technology (ICT). National, zonal and regional meetings will be sustained to exchange information of programme performance. Technical assistance will be sought from partners to strengthen use of ICT at regional and district levels to improve electronic software for TB and leprosy data management.

**Target 1.4.1:** A functioning monitoring and evaluation system established at all levels by 2015.

**Activities:**

1. Develop a comprehensive monitoring and evaluation plan for TB, TB/HIV, MDR-TB and leprosy control
2. Update and print TB and leprosy recording and reporting tools to incorporate variables of new interventions
3. Develop, print and distribute training package for monitoring and evaluation
4. Train health workers on monitoring and evaluation and use of ICT for TB and leprosy control
5. Seek technical assistance to train IT personnel at regional and district levels on management of electronic software for TB and leprosy control
6. Introduce and scale up Electronic Leprosy Register (ELR) in the country
7. Support regions and councils to link ETR.net and ELR to internet
8. Conduct annual and quarterly NTLP meetings at national, zonal and regional levels
9. Prepare and disseminate annual TB and leprosy progress performance and financial reports.
10. Conduct mid-term and end-term evaluation of the strategic plan
11. Review and develop NTLP annual plan of action
12. Develop next NTLP strategic plan

**Indicators:**

i. M&E plan in place
ii. Number and type of recording and reporting tools updated
iii. Training package for M&E in place
iv. Number and type of health workers trained
v. Number of consultants' reports
vi. Number of regions and councils with functioning ELR

vii. Number of regions and councils with ETR.net linked to internet
viii. Number of meetings conducted at national, zonal and regional levels.
ix. Number of progress performance and financial reports produced
x. Evaluation reports
xi. NTLP annual plan of action in place
xii. Next NTLP strategic plan in place

**Target 1.4.2:** TB, TB/HIV and leprosy control activities regularly supervised at all levels by 2015

**Activities:**
1. Update, print and distribute supervision checklists for different levels
2. Train coordinators at all levels on supervision skills
3. Conduct supportive supervision to regions, districts, health facilities, uniformed forces and refugee camps

**Indicators:**
i. Updated supervision checklist in place
ii. Number of coordinators trained
iii. Number of regions, districts and health facilities supervised

### 7.2 Objective 2: To reduce the burden of TB/HIV and drug resistant TB with special emphasis on vulnerable populations by 2015

**Expected Outcome**: All patients with TB/HIV co-infection and MDR-TB managed in line with national treatment guidelines

**Outcome Indicators**:
1. Proportion of TB/HIV co-infected patients started on CPT
2. Proportion of confirmed MDR-TB cases started on treatment
3. Proportion of poor and vulnerable population provided with TB services

**Strategy 2.1: Strengthen mechanisms for collaboration with different stakeholders involved in TB/HIV activities**

Collaborative TB/HIV activities were successfully introduced in the country in 2005 and to date more than 80% of all TB patients are screened for HIV infection and access to CPT among those co-infected is above 80%. All regions and districts have functioning TB/HIV coordinating committees and more than 100 TB/HIV officers have been recruited to support districts. Furthermore TB/HIV activities are now incorporated into CCHP and MTEF of the ministry. Implementation of TB/HIV activities is one of the indicators to monitor successful implementation of CCHP. Development of national guidelines for the implementation of the 3Is are in the final stages of completion. The national recording and reporting tools including ETR.net

have been revised to incorporate TB/HIV parameters.

However there are still numbers of challenges facing implementation of TB/HIV activities in the country. Access to ARV is only 33% which is far below national target. Similarly screening for TB among PLHIVs and provision of IPT is still low as well as TB infection control measures has yet to be mainstreamed in health facility and congregate settings.

TB/HIV coordinating committees at national level do not meet regularly as planned. the national targets. Additionally, technical cooperation at national level between TB and HIV has not yet been operationalised with any formal coordinating mechanism between the two programmes. Similarly. Although Furthermore, at the facility level and especially in, awareness and implementation of TB infection control measures is also low.

In this strategic plan, the program will collaborate with NACP, TACAIDS and other stakeholders to strengthen steering and technical committee for TB/HIV activities at all levels to ensure universal access to TB/HIV services in the country. TB infection control will be mainstreamed in all health facilities with particular focus on those providing MDR-TB services and congregate settings. Additionally districts will be supported to scale up TB screening among PLHIVs and provision of Isoniazid Prevention Therapy (IPT). Additional TB/HIV officers will be recruited to support implementation at all levels.

**Target 2.1.1:** TB/HIV services are coordinated at all levels by 2015.

**Activities:**

1. Strengthen steering and technical committee for TB/HIV activities at national level, regional and district levels
2. Develop a joint implementation TB/HIV plan with other stakeholders
3. Support regional and district TB and HIV Coordinators to participate in developing annual health plans
4. Support regions and districts to implement collaborative TB/HIV plan of operations

**Indicators:**

i. Number of functional steering and technical committee at all levels
ii. TB / HIV plan in place
iii. Number of TB and HIV coordinators supported
iv. Number of regions and districts supported

**Strategy 2.2: Decrease the burden of tuberculosis in people living with HIV/AIDS**

**Target 2.2.1:** All PLHIV screened for TB and managed according to national guidelines

**Activities**

1. Revise and update TB screening tools, TB/HIV guidelines and training manuals to incorporate paediatric TB and TB infection control measures
2. Print and distribute TB screening tools, TB/HIV guidelines and training manuals
3. Train health workers on management of TB and HIV co-infection
4. Provide Isoniazid prophylactic therapy (IPT) to eligible HIV/AIDS patients

Indicators:

i. Number and type of tools, guidelines and manuals updated
ii. Number and type of tools, guidelines and manuals distributed
iii. Number of health workers trained
iv. Proportion of eligible HIV patients provided with IPT

**Target 2.2.2:** TB Infection control measures implemented in all health facilities including MDR/XDR-TB treatment centres by 2015

**Activities**

1. Develop TB infection control guidelines
2. Incorporate TB Infection control guideline into existing National Infection Control Policy Guidelines
3. Support health facilities including MDR/XDR-TB centres to develop and implement TB Infection control plan
4. Monitor implementation of TB Infection control plan in all health facilities including MDR/XDR-TB centres

**Indicators:**

1. TB Infection control guidelines in place
2. TB Infection control guideline incorporated
3. Number and proportion of health facilities supported
4. Number and proportion of health facilities monitored

**Strategy 2.3:** Decrease burden of HIV in tuberculosis patients

**Target 2.3.1:** All TB patients screened for HIV and managed according to the national guidelines by 2015

**Activities**

1. Conduct TB/HIV needs assessment in new sites including uniformed forces and private health facilities
2. Train health care workers at all levels including uniformed forces and private health facilities on management of TB/HIV co-infected patients.
3. Train health care workers from TB clinics on ART delivery
4. Facilitate provision of co-trimoxazole preventive therapy (CPT) to TB patients co-infected with HIV.
5. Expand Provider Initiated Testing and Counselling (PITC) to all registered TB patients
6. Facilitate dissemination of TB and TB/HIV information in local and international meetings.
7. Facilitate provision of ART to eligible TB patients co-infected with HIV

**Indicators**

i. Number of health facilities assessed
ii. Number of health workers trained
iii. Number of health workers trained
iv. Proportion of HIV positive TB patients initiated CPT
v. Number and percentage of TB patients tested for HIV
vi. Number of local and international meetings attended
vii. Number of eligible HIV positive TB patients initiated ART.

**Strategy 2.4: Scale up prevention and control of drug resistant TB in the country**

The prevalence of drug resistant TB has remained low despite use of rifampcin containing treatment regimen in TB control since 1983. A nationwide anti-TB drug resistance survey conducted in 2007 showed that prevalence of MDR-TB among new TB and previously treated cases was 1.2% and 3.1% respectively.

The country has one TB reference laboratory with capacity to perform TB culture and drug susceptibility testing (DST) to first line anti-TB drugs. The current drug resistance surveillance system entails performing culture on all re-treatment cases and 25% of new cases. Since the system does not cover all TB cases, the true magnitude of MDR-TB remains unknown. However, in the last two years a total of 47 MDR-TB patients have been identified mostly from Dar es Salaam and other major urban cities. So far, no case of XDR-TB has been identified.

In 2008, the Green Light Committee (GLC) approved concessionary priced second line anti-TB drugs for the management of 50 MDR-TB patients. MOHSW has designated Kibong'oto National TB hospital as an initial MDR-TB treatment centre in the country. National MDR-TB guidelines have been developed and an initial MDR-TB management team has been trained inside and outside the country with support from collaborating partners such as the University of California San Francisco

(UCSF) from USA. To date more than 20 patients have been enrolled to start second line treatment in the country.

Through this strategic plan, National standards for MDR-TB will be finalised and incorporated into national TB control services. At the same time zonal and regional laboratories will be supported to diagnose MDR-TB among suspects. The MDR-TB treatment programme in the country will be scaled up to other referral hospitals to ensure that all confirmed patients are properly managed according to the national policy guidelines. It is estimated that 240 patients will be treated per year staring from 2013 and will be provided with psychosocial, nutritional and recreational support to increase adherence to treatment.

TB drug resistance surveillance will be strengthened to facilitate early detection and treatment of drug resistant TB cases and to determine magnitude of MDR-TB burden in the country. An MDR-TB clinical management committee will be established in each of MDR-TB treatment centre. Furthermore, technical assistance will be sought from relevant organisations and institutions to harness global expertise in the management of MDR-TB.

**Target 2.4.1: National Standards for the management of MDR/XDR-TB established by 2015**

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**Activities:**

1. Establish and support MDR-TB clinical management committees at all MDR/XDR-TB treatment centres
2. Seek Technical Assistance to develop guidelines and tools for management of MDR/XDR-TB
3. Develop a National Strategy Document for Programmatic Management of MDR/XDR-TB
4. Develop and print guidelines for management MDR/XDR-TB incorporating human rights issues in line with WHO/Stop TB recommendations
5. Develop and print training manuals for management of MDR/XDR TB patients for different levels
6. Seek Technical Assistance to develop a tracking system for management of MDR/XDR-TB drugs
7. Recruit additional human resource to strengthen MDR/XDR-TB services at zonal and national levels
8. Provide enablers and incentives to all health care workers involved in MDR/XDR-TB management at national, regional and district levels

**Indicator:**

i. Number of clinical management committees established and supported
ii. Number of guidelines and tools developed

iii. A National Strategy Document for Programmatic Management of MDR/XDR-TB in place
iv. Number of guidelines distributed
v. Number of training manuals distributed
vi. A tracking system for management of MDR/XDR-TB drugs in place
vii. Number of human resource recruited
viii. Number of health care workers provided with enablers and incentives

**Target 2.4.2:** National, zonal and 14 regional laboratories capacity improved to diag nose MDR/XDR-TB by 2015.

**Activities:**

1. Provide appropriate equipment and supplies to diagnose MDR/XDR-TB in national, zonal and 14 regional laboratories.
2. Upgrade CTRL and Kibong'oto bio-safety level II to III to handle highly infectious pathogens according to international recommendations.
3. Seek technical assistance to introduce bio-safety level II measures in zonal and regional laboratories diagnosing MDR-TB.
4. Facilitate health facilities at district and regional levels to refer specimens for MDR/XDR-TB diagnosis and surveillance to higher levels.
5. Train laboratory staff on diagnosis of MDR /XDR – TB including DST for first and second line drugs.

**Indicators:**

i. Number of national and zonal laboratories supplied with equipment and supplies.
ii. CTRL and Kibong'oto bio-safety upgraded from level II to III
iii. Number of zonal and regional laboratories upgraded to bio-safety level II ($BL_2$)
iv. Number of health facilities submitting specimens to higher levels
v. Number of laboratory staff trained

**Target 2.4.3: All confirmed MDR/XDR–TB patients enrolled and managed according to national treatment guidelines by 2015.**

**Activities**

1. Seek Technical assistance to conduct needs assessment to explore possibility of opening 2nd MDR-TB treatment centre
2. Establish MDR–TB treatment services in six zonal referral hospitals
3. Seek Technical assistance to procure 2nd line GLC approved drugs
4. Train health workers in the management of MDR/XDR–TB patients including TB infection control at all levels

5. Facilitate referral of MDR-TB patients between district hospitals and MDR –TB treatment centres
6. Conduct national wide drug resistance survey in collaboration other stakeholders
7. Pilot community based treatment and care of MDR-TB patients
8. Support transportation and disposal of dead bodies from MDR-TB treatment centres back to their districts of domicile
9. Provide psychosocial, nutritional and recreational support to MDR-TB patients on treatment and family support to increase adherence to treatment.

**Indicators**

i. Needs assessment conducted
ii. Number of zonal referral hospitals with MDR-TB treatment services
iii. Number of 2nd line drugs procured
iv. Number of health workers trained
v. Number of MDR–TB patients referred
vi. National wide drug resistance survey conducted
vii. Number of MDR -TB patients managed under community based approach
viii. Number of dead bodies transported back to their districts of domicile
ix. Number of patients and families supported

**Strategy 2.5: Address the needs of TB control in congregate settings and vulnerable populations**

The ministry needs to pay special attention to the control of TB in congregate settings and in vulnerable population. The population that need special attention include prisoners, school children, miners, fishermen, refugees, mobile populations, cross-border populations, the orphaned and homeless, hard to reach populations, alcohol abusers, sex workers and injecting drug users. People with diabetes and smokers are also at higher risk of contracting tuberculosis than the general population. Special situations requiring extra attention include unexpected population movements such as political unrest, natural disast er.

**Target 2.5.1:** All populations in congregate settings and vulnerable groups accessing TB services by 2015

**Activities:**

1. Adapt SADC, EAC, ECSA regional frameworks for managing TB in congregate settings and vulnerable groups
2. Advocate for access to free TB diagnostics and treatment services for populations in congregate settings and vulnerable groups
3. Support delivery of TB services to populations in congregate settings and vulnerable groups.

**Indicators**

i. Regional frameworks adapted
ii. Number of patients accessing free TB diagnosis and treatment
iii. Number and type of vulnerable groups supported

### 7.3 Objective 3: To contribute to health system strengthening based on primary health care by 2015

**Expected Outcome:** Universal access to quality TB and leprosy services in all public and private health facilities country wide

**Outcome Indicators:**
1. Sufficient and quality human resources for health for TB and leprosy control
2. Improved infrastructure for delivery of quality TB and leprosy control services

**Strategy 3.1**: **Strengthen human resource capacity for TB, TB/HIV and, leprosy control**

This strategy aims at strengthening human resource capacity in terms of quantity and quality for the provision of TB, TB/HIV and leprosy services. Currently the MoHSW is operating with only 38% of the established human resource requirement. This has a direct negative effect in the delivery of TB, TB/HIV and Leprosy control services. In recent years, there has been rapid expansion of program activities that have created increased demand on the already over burdened staff. In this strategy the program will develop a human resource plan, recruit additional staff to strengthen M&E, ACSM, TB/HIV, leprosy, laboratory, administrative, financial management logistic and IT services of the programme at all levels as addressed in HSSP III, MMAM and national collaborative TB/HIV policy. The program will advocate for the absorption of all staff that are recruited on contract basis into public services. Furthermore, the program will provide appropriate short and long term management courses and retention packages to build capacity of staff to properly administer TB, TB/HIV and leprosy control activities in the country.

**Target 3.1.1:** Human resource capacity for provision TB, TB/HIV and leprosy services strengthened by 2015

**Activities:**
1. Prepare human resources development plan
2. Recruit and sustain appropriate qualified human resource to implement NTLP strategic plan
3. Advocate for absorption of contract staff into government payroll
4. Support NTLP staff to attend short and long term course relevant for TB control in the country annually
5. Establish retention package for NTLP staff at all levels

**Indicators:**

i. Human resources development plan in place
ii. Number and type of human resource recruited
iii. Number of contract staff absorbed into government payroll
iv. Number of NTLP staff trained
v. A retention package for NTLP staff established

**Strategy 3.2: Improve TB clinics for provision of quality TB and TB/HIV services**

Current health facilities were not built to cater for emerging challenges of TB and TB/HIV services. TB clinics in many places do not have enough space and privacy to provide quality collaborative TB/HIV activities and did not take into consideration infection control measures. This affects delivery of TB, TB/HIV services in health facilities. This strategy will advocate for upgrading of TB clinics and allocation of additional resources to improve provision of quality collaborative TB/HIV services "under one roof" in health facilities.

**Target 3.2.1:** All TB clinics in hospitals at regional and district levels upgraded to provide TB/HIV services "under one roof" by 2015

**Activities:**

1. Advocate for relevant authorities to upgrade TB clinics to provide TB/HIV services "under one roof"
2. Advocate for allocation of additional resources to TB clinics to provide TB/HIV services "under one roof".

**Indicators:**

i. Number of TB clinics upgraded to provide to TB/HIV services under one roof
ii. Number of TB clinics accredited to provide TB/HIV services under one roof.

**Strategy 3.3: Strengthen laboratory services for TB diagnosis**

Laboratories play a key role in the diagnosis of TB and provision of quality treatment. Demand for TB laboratory services has increased dramatically in response to increased case notification. All hospitals, health centres and some selected dispensaries in both public and private sector are now TB diagnostic centres. There are efforts to streamline external quality assurance with support from international partners and also increase capacity of the Central and Referral Laboratories to diagnose MDR-TB and conduct drug resistance surveillance.

However, diagnosis of TB, especially among suspects with HIV infection and the spread of MDR TB present challenges to the existing technology of smear microscopy. Therefore, there is need to introduce new approaches and technologies in the country to strengthen the capacity of laboratories to diagnose TB and drug resistant TB both in public and private facilities at all levels.

Through this strategic plan, laboratory services and network will be strengthened. The programme will map criteria for use of new technologies for TB diagnosis. Information management will be improved by using internet and mobile phones. New diagnostic technologies such as LED microscopy, liquid cultures and Line Probe Assays (LiPAs) will also be introduced to improve diagnosis of TB especially among those who are AFB smear negative.

The office space for Central TB Reference laboratory will be expanded by building a new national TB reference laboratory and establishing six additional regional culture laboratories. In addition, linkage with supranational laboratories outside the country will be strengthened. The programme will also expand quality assured bacteriology using IQA and EQA.

**Target 3.3.1:** New TB diagnostic technologies introduced in public and private hospital at national, regional, district levels by 2015

**Activities:**

1. Map criteria for use of new technologies for TB diagnosis
2. Construct and equip new building for national TB laboratory
3. Procure laboratory equipment and supplies for routine TB bacteriology
4. Procure and install iLED fluorescence microscopes and supplies in all regions and districts
5. Procure and install liquid culture systems and Line Probe Assays (LiPA) and supplies at CTRL and zonal laboratories
6. Seek Technical Assistance to develop, print and distribute training materials and Standard Operating Procedures (SOPs) for new diagnostic technologies
7. Conduct training to laboratory staff on new diagnostic technologies and EQA
8. Prepare and implement laboratory equipment maintenance plan

**Indicators:**

i. Criteria for use of new technologies for TB diagnosis in place
ii. New national TB laboratory building constructed and equipped
iii. Number of laboratories without stock-out of equipment and supplies for TB diagnosis
iv. Number of laboratories with functioning iLED microscopes
v. Number of laboratories with functioning Liquid culture systems and Line Probe assays (LiPAs)
vi. Number and types of training materials and SOPs developed
vii. Number of laboratory staff trained on new diagnostic technologies
viii. Laboratory equipment maintenance plan in place

**Target 3.3.2:** Laboratory networking and information management systems strengthened by 2015

**Activities:**

1. Facilitate use of mobile phones to disseminate TB laboratory results
2. Launch a secured laboratory web link for data uploading to MoHSW website
3. Facilitate transportation of TB specimens between supranational, national, zonal, regional and district laboratories
4. Establish and disseminate electronic TB laboratory database including MDR/XDR-TB and TB/HIV cases
5. Train laboratory staff on electronic TB laboratory database.
6. Collaborate with international partners to accredit national and zonal laboratories to get ISO certification.
7. Support regions and districts to conduct supervision and EQA for all TB diagnostic centres.

**Indicators:**

i. Number of laboratories using mobile phones to disseminate TB results
ii. Functional web link for uploading data to MoHSW website in place
iii. Number of laboratories facilitated to submit specimens
iv. Number of laboratories with functioning electronic TB database
v. Number of laboratory staff trained on use of electronic TB database
vi. Number of laboratories with ISO certification
vii. Number of regions and districts supported to conduct laboratory supervision

**Strategy 3.4: Improve NTLP working environment at national, regional and district levels**

With the support from Global fund and CDC, the programme has recruited additional human resource at all level to strengthen programme management to respond to TB, TB/HIV, MDR-TB and leprosy control activities in the country. In the current plan, more human resource will be recruited to address the expanding needs of the programme. This has created additional requirement for office space, logistics, equipments and supplies.

In this strategic plan the programme will improve working conditions by providing adequate office space, equipment, supplies and logistic support at all levels. Furthermore, the programme will support administrative costs including telephone and fax bills for optimal communication at all levels.

**Target 3.4.1:** Conducive working environment available at all levels by 2015

**Activities:**

1. Secure adequate office space at national level

2. Procure and distribute office equipment and supplies at all levels
3. Procure and maintain vehicles, motorcycles, bicycles and boats at all levels
4. Support program administrative costs at all levels

**Indicators:**

i. Adequate office space available at national level
ii. Number and type of equipment and supplies procured
iii. Number of vehicles, motorcycles, bicycles and boats procured and maintained
iv. Number of regions and districts supported

**Strategy 3.5: Introduce Practical Approach to Lung Health (PAL)**

According to WHO Tanzania detected only three quarters of the estimated number of smear positive TB cases in year 2008. There seems to be inadequate investigation of patients with respiratory conditions to exclude tuberculosis. This strategic objective will embark on introducing and scaling up of Practical Approach to Lung Health as a means of improving investigations of patients with respiratory conditions to identify those with TB for further management.

**Target 3.5.1:** Practical approach to lung health (PAL) established at national, zonal and district hospitals by 2015.

**Activities:**

1. Recruit and sustain PAL focal person at National level
2. Develop, print and distribute a strategy for PAL
3. Develop facilitators and participants' training materials on PAL
4. Train health care workers on PAL
5. Procure equipment needed for implementation of PAL
6. Facilitate national, zonal, regional and district hospitals to implement PAL

**Indicators:**

i. Focal person for PAL in place
ii. A strategy for PAL distributed
iii. Training materials on PAL developed
iv. Number of health care workers trained
v. Number and type of equipment procured
vi. Number of hospitals implementing PAL

### 7.4 Objective 4: To engage all care providers in TB, leprosy and TB/HIV control in both public and private sectors by 2015

**Expected outcome:** All health care providers engaged in TB, TB/HIV and leprosy control

**Outcome Indicators**:

1. Rate of case detection of TB and leprosy
2. Rate of treatment success for TB and leprosy

**Strategy 4.1: Expand Public - Private partnership in TB, TB/HIV and leprosy control in both public and private sectors by 2015**

The government has deregulated health care services to increasingly accommodate private providers and faith based organisations in service delivery. The programme is providing drugs, equipment and supplies to private health facilities in order to deliver free services. However, according to available data less than 10% of TB cases are being notified from private health facilities. Furthermore, not all public and private institutions including workplaces are engaged in providing TB, TB/HIV and leprosy control services.

This strategy is targeting to expand TB, TB/HIV and leprosy services in private health facilities in line with HSSP III. All private providers will be engaged to contribute towards increasing case detection and improving treatment outcome. The Programme in collaboration with Association of the Private Health Facilities in Tanzania (APHFTA) will accredit private health facilities to provide TB, Leprosy and TB/HIV services according to policy guidelines of the Ministry. Those private facilities meeting the accreditation criteria will be supported to provide free TB, TB/HIV and leprosy services by strengthening their capacity including provision of equipment and supplies.

**Target 4.1.1:** TB, TB/HIV and leprosy services expanded to all accredited private health facilities by 2015.

**Activities:**

1. Sensitize private health facility owners and other stakeholders
2. Conduct accreditation of private health facilities to provide TB, TB/HIV and leprosy services
3. Support accredited private health facilities to refurbish infrastructure for provision of quality TB, TB/HIV and leprosy services
4. Develop and introduce work place TB control policy guidelines
5. Develop tools to monitor contribution of private health facilities in provision of TB, TB/HIV and leprosy services.

**Indicators:**

i. Number of private health facility owners sensitized
ii. Number of private health facilities accredited
iii. Number of private health facilities supported
iv. Work place TB control policy guidelines in place
v. Monitoring tools developed

**Strategy 4.2: Promote the use of ISTC in public and private institutions**

International Standards for TB Care (ISTC) is based on a global consensus that entails appropriate practices in TB diagnosis and treatment. This strategy envisages promoting the use of ISTC in both private and public institutions. Since the year 2008, Tanzania has incorporated ISTC in curriculum for five medical schools. The programme will strive to ensure that ISTC is also incorporated into pre and in service curricula for allied health and nursing institutions to enable them to have sound knowledge, skills and attitude in TB control.

**Target 4.2.1:** ISTC introduced in public and private health facilities including training institutions by 2015

**Activities:**

1. Support medical, allied health and nursing schools to incorporate ISTC into their curricula
2. Develop, print and distribute ISTC training materials
3. Train tutors, managers and health care workers from public and private health institutions on the use of ISTC.

**Indicators:**

i. Number of curricula incorporated with ISTC
ii. Number and type of training materials distributed
iii. Number of tutors, managers and health care workers trained

### 7.5 OBJECTIVE 5: To empower TB, leprosy patients and communities to participate in TB, TB/HIV and leprosy control activities.

**Expected Outcomes:** Increased participation of TB and leprosy patients and communities in TB, TB/HIV and leprosy control activities

**Outcome Indicators:**

1. Case notification rate
2. Treatment completion rate

The program has already started engaging TB patients and community members in management of TB especially in the area of monitoring adherence to treatment. More than three quarters of all TB patients notified in 2008, were managed through community DOTS. Similarly, community based DOT has been introduced in mobile populations in a number of districts with satisfactory results. Preliminary results shows that treatment outcomes among home based DOT is not inferior to facility based DOT. In addition, it has been shown that stigma and defaulting from treatment is reduced when community members participate in supervising treatment of patients. Former TB patients have also been shown to contribute to increasing early case detection, case holding and stigma reduction in the community. The new HSSP

III and MMAM have identified community participation in health care provision as one of the major approaches to improve quality of care.

However, there are still a number of challenges to increase community participation in TB and leprosy care. This includes absence of a clear ACSM strategy to raise community awareness and increase community participation. Similarly, there are no clear linkages between TB and HIV/AIDS at community level to address care and stigma among those co-infected. The information linkage between communities and health care facilities is also weak.

This strategy will address the gaps identified above through sensitization and training of community treatment supporters and key community members, relevant council teams and health workers. Former TB patients will be supported to establish TB treatment clubs in support of community TB interventions. An ACSM strategy will be developed and TB patients' charter will be adapted and promoted for use in the country. The capacity of communities will be strengthened to monitor and evaluate key interventions at their level. Supervision of community activities will be strengthened.

**Strategy 5.1: Pursue advocacy, communication and social mobilization for TB, TB/HIV and leprosy control**

**Target 5.1.1:** Communication channels engaged to disseminate messages on TB, TB/HIV and leprosy by 2015

**Activities**

1. Develop ACSM training package (including COMBI) on TB, TB/HIV and leprosy control for media personnel and school children
2. Collaborate with school health programme of the MoHSW and Ministry of Education to include TB and TB/HIV in school health curriculum
3. Train school health coordinators, school teachers and media personnel, on TB, TB/HIV and leprosy control
4. Facilitate school teachers with job aids to train school children on TB, TB/HIV and leprosy control
5. Develop, print and distribute ACSM messages on TB, TB/HIV, MDR/XDR-TB and leprosy for adults and schools children
6. Facilitate selected districts to pilot and scale up Communication for Behaviour Impact (COMBI) on TB/HIV and leprosy.
7. Develop and broadcast panel discussions, TV documentaries, radio and TV spots on TB, TB/HIV and leprosy control
8. Organize annual journalists award on TB, TB/HIV and leprosy reporting
9. Facilitate regions to develop and broadcast folk drama shows on local TV, radio stations and mobile video vans

10. Support monitoring of dissemination of TB, TB/HIV and leprosy ACSM messages in media.

**Indicators**

i. ACSM training package developed
ii. TB and TB/HIV included in schools health curriculum
iii. Number and type of personnel trained
iv. Number of school teachers supported
v. Number and type of IEC materials distributed
vi. Number of districts piloting Communication for Behaviour Impact (COMBI)
vii. Number and type of ACSM messages broadcasted
viii. Number of journalists awarded
ix. Number of regions supported
x. Monitoring report on dissemination of ACSM messages

**Target 5.1.2:** Individuals, civil society and community members sensitized on TB, TB/HIV and leprosy control by 2015

**Activities**

1. Support regions to commemorate World TB and leprosy day in collaboration with other stakeholders
2. Orient key peer leaders and celebrities on TB, TB/HIV and leprosy control.

**Indicators**

i. Number of regions supported
ii. Number and type of key peer leaders and celebrities oriented

**Strategy 5.2: Foster community participation in TB care, prevention and health promotion**

**Target 5.2.1:** Communities empowered to participate in TB care, prevention and health promotion by 2015

**Activities**

1. Update, print and distribute CTBC guidelines and training materials for facilitators, health care workers, treatment supporters and former TB patients' clubs
2. Train health workers on CTBC approach including health communication skills, patient empowerment and TB patients' charter
3. Support former TB patients to establish and run TB treatment clubs
4. Develop training materials and tools targeting owners and dispensers of drug stores and traditional healers on TB and TB/HIV in collaboration with other stakeholders

5. Orient traditional healers, owners and dispensers of private drug stores on signs and symptoms of tuberculosis and referral system
6. Support health facilities to conduct quarterly supportive supervision to community TB care providers
7. Develop SOPs and job aids on patients charter

**Indicators:**

i. Number and type CTBC guidelines and training materials distributed
ii. Number of health workers trained
iii. Number of TB clubs supported
iv. Training materials and tools in place
v. Number of traditional healers, owners and dispensers of private drug stores oriented
vi. Number of health facilities supported
vii. SOP and Job aid on patient charter in place

### 7.6 Objective 6: To enable and promote operational research on TB and leprosy

**Expected Outcomes:** Operational research conducted and results disseminated

**Outcome Indicators: 1.** Improved TB and leprosy services

**Strategy 6.1: Build programme capacity to conduct operational research**

The MOHSW has a long history of participating in TB and leprosy research. Tanzania was one of the first five countries to experiment implementation of short course chemotherapy approach to treat TB under direct observed treatment (DOT). Since 2005, the MoHSW is collaborating with Tropical Diseases Research (TDR) based in Geneva to evaluate the optimum timing for introducing anti-retroviral therapy among TB patients co-infected with HIV/AIDS. Community TB care involving family members was piloted in 2004 in collaboration with other partners, and has been scaled up successfully throughout the country. Tanzania is also one of first wave countries identified by WHO to carry out TB disease prevalence survey. The protocol developed in collaboration with interested partners has already been approved by the National Ethical Committee and the survey is planned to take place starting second half of 2010. Tanzania also collaborated with KCMC to evaluate the burden of eye problems among people affected by leprosy in 2005. The results enabled to plan better services to prevent eye disabilities among people affected by leprosy.

However, human and technical capacity of the NTLP to conduct operational research is inadequate. Furthermore, collaboration with research institutions and use of

research findings to influence national policies has not been maximised. In addition, funding allocation for operational research within the NTLP has been insufficient.

Through this Strategic Plan, the capacity of the NTLP to coordinate and conduct TB and leprosy operational research will be strengthened. Use of research findings to inform policy and practice will be augmented. In addition, collaboration with research institutions will be strengthened through creation of a TB/leprosy research committee to enhance synergy and relevance of research studies to country needs.

**Target 6.1.1:** Capacity of NTLP staff to conduct operation research on TB and leprosy enhanced at all levels by 2015.

**Activities**

1. Appoint/recruit a TB/leprosy operational research focal personnel in the NTLP
2. Support establishment of a national TB research committee in collaboration with other stakeholders
3. Seek technical assistance to train NTLP staff on operational research methodology

**Indicator**

i. Focal personnel for TB/Leprosy research in place
ii. National TB research committee in place
iii. Number of staff trained

**Targets 6.1.2:** Operational research in TB, TB/HIV and leprosy are conducted and findings disseminated by 2015

**Activities:**

1. Seek technical assistance to develop operational research proposals including surveys
2. Identify and conduct priority operational research and surveys in TB, TB/HIV and leprosy in collaboration with research institutions and other stakeholders.
3. Publish research findings and best practices in peer reviewed local and international journals
4. Disseminate best practices and research findings on TB, TB/HIV and leprosy in national and international fora.

**Indicators**

i. Number of operational research proposals developed
ii. Number of operational research conducted
iii. Number of publications
iv. Number of research findings disseminated

**Strategy 6.2: Respond to global call and participate in research to develop new diagnostics, medicines and vaccines**

Even though there have been enormous developments in diagnostics and treatment of TB, yet there is no effective vaccine for the disease in the field. Available tools for the diagnosis and treatment of TB have significant limitations that impede the effectiveness of current efforts to control TB. Recognising these challenges, the international community is promoting research on new TB diagnostic tools, medicines and vaccines. During the life of this plan, the programme will seek to participate in research to evaluate new TB and leprosy diagnostics, medicines and vaccines relevant for the country.

**Target 6.2.1** Contribute to research in development of new diagnostics, medicines and vaccines by 2015.

**Activities:**

1. Participate in research to evaluate new diagnostics, medicines and vaccines for TB and leprosy in collaboration with research institutions
2. Participate in a pilot study on preventive chemotherapy for leprosy in selected districts in collaboration with research institutions
3. Adopt and roll out proven new diagnostics, medicines and vaccines for TB and leprosy control as they become available.

**Indicators:**

i. Number of research conducted through partnership
ii. Availability of pilot study report
iii. Number of new diagnostics, medicines and vaccines for TB and leprosy adopted and rolled out

## 7.7 Objective 7: To provide and sustain comprehensive quality leprosy services to prevent grade 2 disabilities in people affected by leprosy

**Expected Outcomes:** Grade 2 disabilities in people affected by leprosy is reduced to less than 8%

**Outcome Indicators:**

1. Notification rates
2. Number of new cases with grade 2 disability

**Strategy 7.1: Enhanced case finding and management of persons affected by leprosy**

Leprosy elimination goal at national level was achieved in 2006. However, some regions and districts still remain with prevalence higher than 1:10,000 populations. In addition, high turnover of peripheral health workers and introduction of Prevention of

Disability (POD) and Community Base Rehabilitation (CBR) services has increased the demand for capacity building, development of various guidelines, training manuals, IEC materials and other tools for intensified case finding and management of persons affected by leprosy (PALs).

In this strategic plan, the programme will ensure availability of better quality of leprosy services by building capacity of health care workers at all levels for early diagnosis and proper treat of leprosy cases and reactions. The programme will ensure that all districts have reached elimination targets through conducting targeted mini LECS/SAPEL and conduct household contact investigations among new leprosy patients in high disease burden districts. Furthermore, ex-leprosy patients will be involved in raising community awareness on leprosy control.

**Target 7.1.1:** Quality leprosy services provided to reduce grade 2 disability below 8% by 2015

**Activities:**

1. Develop/adapt and distribute booklets on leprosy diagnosis, nerve function assessment, management of leprosy reaction and MDT.
2. Train health care workers on leprosy control and Prevention of Disabilities including regular VMT/ST tests
3. Conduct specific visits to verify leprosy diagnosis in districts with unexpected number of new cases.
4. Facilitate and involve ex-leprosy patients in community awareness on leprosy control.

**Indicators:**

i. Number of booklets distributed
ii. Number of health workers trained
iii. Number of districts visited
iv. Number of ex-leprosy patients supported

**Target 7.1.2:** Leprosy elimination target reached by all districts.

**Activities:**

1. Advocate for councils to include mini LECS/SAPEL in CCHPs
2. Support councils to conduct mini LECS/SAPEL in high endemic districts including schools
3. Support councils to conduct household contact investigations among new leprosy patients

**Indicators**

i. Number of councils implementing leprosy campaigns
ii. Number of councils supported
iii. Number of new leprosy patients notified through household contact investigations

**Strategy 7.2: Promotion of Community Based Rehabilitation for people with leprosy related disabilities**

Community Based Rehabilitation (CBR) is defined as a strategy within the general community development for rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. It is recognized as best practice in addressing the needs of people with disabilities, including those affected by leprosy. The principles of CBR comprises: inclusion, Kelly participation, empowerment, equity, awareness, self–advocacy, facilitation, gender sensitivity, special needs, partnerships and sustainability**.**

Currently, the CBR component is inadequately integrated into leprosy control services. In this strategic plan, the programme will develop and implement an integrated CBR and leprosy control strategy in collaboration with other stakeholders.

The interventions will include identification and coordination of

**Target 7.2.1:** People affected by leprosy properly managed by 2015

**Activities:**
1. Develop, print and distribute POD guidelines and booklets on self care
2. Train RTLCs/DTLCs and relevant health workers on POD concept and formation of self care groups
3. Train rehabilitation therapists, orthopaedic technologists and shoemakers on POD
4. Support capacity building of ex-leprosy patients organizations and self care groups involved in POD activities
5. Equip MDT clinics with necessary materials and supplies for demonstration of self care in collaboration with NORVATIS, India and other stakeholders.

**Indicators:**

i. Number of booklets distributed
ii. Number of health workers trained
iii. Number of health workers and shoe makers trained
iv. Number of self care groups supported
v. Number of clinics equipped

**Target 7.2.2:** Septic, Preventive, Reconstructive Surgery (SPRS) and eye care services provided to eligible people affected by leprosy (PAL) by 2015

**Activities:**

1. Seek technical assistance to provide SPRS training
2. Conduct training /refresher course for service providers in eye care, septic and reconstructive surgery.
3. Organize and support a referral network for leprosy patients in need of specialized care.
4. Advocate for recruitment of a rehabilitation team for each SPRS centre.

**Indicators:**

i. Availability of a consultant report
ii. Number of health workers trained
iii. Number of leprosy patients referred
iv. Number of advocacy meetings

**Targets 7.2.3:** All people affected by leprosy with disabilities and in need provided with protective footwear and /or appliances by 2015.

**Activities:**

1. Procure and distribute appropriate protective footwear, materials, special boots and prosthesis.
2. Conduct needs assessment to identify referral hospitals to serve as zonal workshops for physical rehabilitation.
3. Support referral of people affected by leprosy to zonal physical rehabilitation centres.

**Indicators:**

i. Number of footwear and prosthesis distributed
ii. Availability of inventory of referral hospitals
iii. Number of patients referred

**Target 7.2.4:** Integrated services for CBR and leprosy strengthened by 2015

**Activities:**

1. Identify stakeholders for CBR and leprosy
2. Develop a joint strategic plan for CBR and leprosy with clear roles responsibilities for all stakeholders
3. Support districts to implement CBR and leprosy activities
4. Conduct bi-annual technical meetings for CBR and leprosy
5. Monitor and evaluate impact of the CBR and leprosy strategy

**Indicators:**

i. Availability of inventory of stakeholders

ii. Availability of a joint strategic plan
iii. Number of districts supported
iv. Number of meetings conducted
v. Availability of an evaluation report

# 8. IMPLEMENTATION PLAN

## *8.1. Five Year Implementation Plan*

The action plan for implementing the objectives and strategies proposed in part 7 has been developed The six-year implementation framework has been developed illustrating objectives, targets, activities, indicators, timeframe and who will be responsible (see Appendix 1). Based on the developed one year implementation plan, an incremental budget has been developed for five years and presented in part 9 below.

## *8.2. Annual Action Plan 2009 – 2015.*

The annual plan of action 2009 – 2015 has been derived from six-year plan. The plan framework of the one-year implementation action plan shows objectives, strategies, targets, activities, indicators, timeframe, budget in Tshs. and who is responsible. Where possible, the targets reflect what will be accomplished within a year.

## *8.3. Sources of funding*

The strategic plan of NTLP will be funded by a number of sources including the Government through the Ministry of Health, Basket Funding System and partners both within the basket funding mechanism and bilateral through a joint financing mechanism – the mini-basket fund. The traditional partners supporting TB and leprosy control in the country are: Swiss Agency for Development Corporation (SDC), German Leprosy and Tuberculosis Relief Association (GLRA/DAHW), The Directorate General for International Collaboration (DGIS) through the Royal Netherlands Embassy (RNE), Development Corporation Ireland (DCI), The World Health Organisation (WHO) and KNCV Tuberculosis Foundation (KNCV). NTLP through the Ministry will in addition mobilise other financial sources such as World Bank, Global Drug Facility (GDF), GF-ATM and PEPFAR to support TB and leprosy control activities.

CHMTs will be supported to include TB, TB/HIV and leprosy activities into their council health plans to be funded by council funds. Technical assistance will be requested to monitor level of funding of TB and leprosy activities by councils.

## 9. BUDGET SUMMARY

| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 1-6 |
|---|---|---|---|---|---|---|---|---|
| | **Objectives** | **2009/2010** | **2010/2011** | **2011/2012** | **2012/2013** | **2013/2014** | **2014/2015** | **Total** |
| 1 | Pursue high quality DOTS expansion and enhancement with special focus on gender, children and marginalized populations by 2015 | 8,268,038 | 12,235,887 | 12,272,155 | 14,109,255 | 15,228,365 | 14,761,485 | 76,875,185 |
| 2 | To reduce the burden of TB/HIV and drug resistant TB with special emphasis on vulnerable populations by 2015 | 13,476,014 | 17,360,882 | 17,827,865 | 17,770,238 | 18,695,758 | 19,427,877 | 104,558,634 |
| 3 | To contribute to health system strengthening based on primary health care by 2015. | 10,142,750 | 21,938,782 | 21,237,965 | 19,243,822 | 21,477,020 | 23,472,335 | 117,512,675 |
| 4 | To engage all care providers in TB, leprosy and TB/HIV control in both public and private sectors by 2015 | 800,608 | 1,066,353 | 1,117,038 | 1,074,352 | 1,248,666 | 1,406,987 | 6,714,004 |
| 5 | To empower TB and leprosy patients as well as communities to participate in TB, TB/HIV and leprosy control | 854,948 | 3,029,976 | 4,929,827 | 4,230,007 | 3,065,370 | 3,396,769 | 19,506,898 |
| 6 | To enable and promote operational research on TB and leprosy | 478,907 | 1,482,164 | 992,189 | 917,232 | 798,991 | 759,402 | 5,428,885 |
| 7 | To provide and sustain comprehensive quality leprosy services in order to reduce grade 2 disabilities to less than 8% in people affected by leprosy | 136,915 | 602,293 | 560,375 | 452,917 | 644,907 | 670,059 | 3,067,465 |
| **Total (USD)** | | **34,158,181** | **57,716,338** | **58,937,414** | **57,797,824** | **61,159,077** | **63,894,913** | **333,663,746** |

# 10. ORGANISATION AND MANAGEMENT

## 10.1. *Organization Structure*

It is obvious that for each sub-unit to successfully implement the assigned objectives, it requires adequate number of qualified personnel. The current manning level at TLCU is short of personnel particularly in the capacity building, management/administration and operational research.

1. Planning, coordination and resources mobilization sub-unit.
   The planning unit is responsible for planning, resource mobilization, overseeing and implementation of the development plan by the sub-units and coordination with other sectors through information exchange. Under the current set up, the Program manager is directly responsible for the successful implementation of this unit.
2. TB/HIV coordination sub-unit
   This unit is responsible for coordinating collaborative TB/HIV activities within the program. This unit collaborates with NACP and other stakeholders in preparing activities to be implemented on patients with TB/HIV co-infection both at community and congregate settings. Currently a National Professional Officer – tuberculosis (NPO-TUB) is seconded to the program by the WHO. And from the program, there is an officer assisting the NPO TUB in this sub-unit
3. Finance, administration and logistics sub-unit.
   This unit is responsible for handling financial matters, procurement and distribution of drugs and supplies. The unit also prepares all audited financial reports for the NMC.
   Currently the unit has one qualified accountant, one assistant accountant, one assistant supplies officer and two administrative assistants. According to the accounting and
4. Capacity building, monitoring and evaluation sub-unit
   This unit is charged with the improvement of knowledge and clinical skills of TB/Leprosy coordinators and general health workers through in-service, continuing education schemes, workshops and meetings. This includes leprosy elimination and POD interventions. The unit is also responsible for overseeing curriculum development of training institutions to incorporate TB/Leprosy control according to Program guidelines. Another responsibility of this unit is to ensure that supervision is done according to NTLP guidelines at all levels.
   In the transition period of the implementation of HSR, the role of the unit will be expanded to include training of RHMTs, CHMTs, and TB/Leprosy coordinators in planning and management of TB and leprosy at their own levels. In the future, it is anticipated that there will be strong collaboration between this unit and department of human resource and development of the Ministry of Health.
   At the moment, one person who is also charged with other duties coordinates the unit. In addition, he is not trained in medical education. Therefore, an additional qualified person is urgently needed to support this sub-unit.

Supervision is an essential activity that involves on the job training of general health workers in their facilities. At the national level, TLCU will strive to integrate as much as possible with the integrated supervision conducted by the Ministry of Health using generic checklist. The RHMTs and CHMTs will be encouraged to incorporate the RTLCS and DTLCS in their respective supervision matrix.

5. Research and development sub-unit

This sub-unit is responsible for identifying operational problems and coordination of all research activity on TB/Leprosy control undertaken in the country. The unit is also responsible for coordinating introduction of DOTS plus and other relevant research results into TB/Leprosy control and advising the Program on new developments.

6. The IEC and Advocacy Sub-Unit

The sub-unit is charged with developing IEC strategies for disseminating information to sensitize the general public on the burden of TB and leprosy and on how to prevent the two diseases. The sub-unit also is responsible for organizing cerebrations of World Leprosy Day, Tuberculosis Days and others including World AIDS Day at the national level. The sub-unit is expected to work closely with other stakeholders including mass media to achieve the above objective. At the moment there is only one nurse and it still requires qualified IEC personnel to strengthen it.

7. Central Tuberculosis Reference Laboratory (CTRL) sub-unit

This unit is charged with ensuring that TB/Leprosy diagnosis is done according to NTLP guidelines. In other words, this unit is responsible for quality assurance of AFB services. This means all diagnostic facilities are able to do correct smear microscopy through quality assessment schemes. The unit also provides refresher training for laboratory technicians at regional and district levels

The unit conducts Anti-TB drug resistance surveillance through zonal TB reference laboratories located at Bugando Medical Centre (BMC) in Mwanza and Kilimanjaro Christian Medical Centre (KCMC) in Moshi. In addition, the unit has established well functioning collaboration with supranational laboratory in South Africa for Multi-drug resistance (MDR) surveillance.

There are three qualified and experienced staff. However, they need to be trained to match with the evolving new technologies.

## 10.2. *Roles and Responsibilities of NTLP*

1. National Level

A program manager who is responsible to the Director of Preventive Services department in the Ministry of Health heads the Tuberculosis and Leprosy Central Unit (TLCU). TLCU coordinates all activities pertaining to TB and leprosy in the country. The Central TB Reference Laboratory (CTRL) situated at Muhimbili national hospital is part of the central unit. TLCU is responsible for policy formulation, planning, monitoring, evaluation, resource mobilization and coordination of drugs and supplies procurement and distribution. It is also responsible for training of staff, supervision of field activities,

data aggregation and analysis, quality assurance of AFB microscopy, surveillance of drug resistance, health promotion and operational research.

2. Regional level
At the regional level, the Regional TB and Leprosy coordinators (RTLCs) are responsible for management, coordination and quality assurance of all NTLP activities. They provide essential linkage between the districts and TLCU. Other tasks include supervision of the DTLCs and general health workers in the control of TB and leprosy diseases. The RTLCs are either Medical Officers (MD) or Assistant medical Officers (AMOs). At the moment the Program has 24 RTLCs. Under the HSR, the RTLCs will increasingly be required to advocate and provide technical support to the RHMT and CHMTs in planning and implementing TB/Leprosy control activities at their respective levels.

3. District level
At the district level, the district TB and leprosy coordinators (DTLCs) are responsible for the coordination of all Program activities within the district including supervision of patient management by general health workers according to the national guidelines. The DTLCs are clinical Officers. There are 139 DTLCs in Tanzania. With the ongoing HSR in the country, it is envisaged that DTLCs will continue with their position as fully responsible officers for TB/Leprosy control activities in their respective districts including collecting and analyzing data from health facilities to advise CHMTs in formulation of their annual health plans

4 Health facility level
At the health facility level, TB and leprosy control activities including patient management is fully integrated into the Primary health care system. The general health workers are charged with diagnosis and treatment of patients, recording and reporting and keeping all the registers including the unit register, laboratory register and drug register. The RTLCs and DTLCs will continue providing on-the-job support to the general health workers to ensure that their skills and technical competence is maintained.

## 10.3 *Assumptions*

Successful implementation of the strategic plan depends to a greater extent on both internal and external conditions. The Program assumes that these conditions will create a conducive supportive environment for implementation. Some of the assumptions are listed below: -

(i) Conducive political environment for entire period
(ii) There is a supportive conducive policy on TB and Leprosy amongst all stakeholders
(iii) Availability of funds to provide free diagnostic and treatment services to patients
(iv) Conducive geographical and economical environment to access the services
(v) Institutions interested to conduct TB, TB/HIV and leprosy research agenda

(vi) Ministry of Home Affairs and Prison services accept that TB/HIV is a public health problem

(vii) Ministry of Health provides qualified personnel to TB and leprosy control activities in the country

(viii) MSD and TFDA are willing to collaborate with NTLP in TB and leprosy control activities

(ix) Community members cooperate and support transfer of patients for referral treatment of MDR-TB at Kibong'oto hospital.

(x) Community members and patients are willing to participate in NTLP activities including research.

(xi) Other ministries and sectors are willing to support TB and leprosy control activities.

## 10.4 *Technical assistance.*

Technical assistance will be required to support NTLP in the following areas:

(i) To establish NTLP steering committee in the place of the current NMC

(ii) To develop a strategy of progressively shifting NTLP financing into main basket funding without interrupting the current successes of the Program

(iii) To establish mechanisms for collaboration with different stakeholders involved in TB/HIV activities

(iv) To establish community-based DOTS in selected districts

(v) To change TB treatment regimen in line with WHO recommendations

(vi) To establish second-line treatment of patients with multi-drug resistant tuberculosis (MDR-TB)

(vii) To strengthen NTLP data management information system to accommodate TB/HIV surveillance and gender desegregation

(viii) To conduct operation research in selected subjects already identified in the plan such as TB/HIV surveillance, tuberculosis prevalence surveys and others.

(ix) To monitor and evaluate implementation of the strategic plan

# 11. MONITORING AND EVALUATION

## 11.1*Monitoring*

Program services and performance will be monitored using identified input (human resources, finance, materials) process (training, supervision, IEC etc) and outcome (utilization of services, coverage). There will be period evaluation of Program performance (mid and end-term) by external and internal teams of experts. The implementation of the strategic plan will be monitoring using activity indicators, review reports and directives/recommendations of various committees and stakeholders.

### 11.1.1 Organizational framework for monitoring

Program management shall take the overall responsibility for monitoring and evaluation of the implementation of NTLP strategic plan. This will include:
(i) Defining personnel and sub-unit responsible for monitoring and evaluation
(ii) Prepare and issue monitoring and evaluation framework and guidelines
(iii) Developing an M&E implementation plan
(iv) Advice steering committee on the status of implementation and steps to be taken to ensure successful implementation of strategic plan
(v) Dissemination and utilization of evaluation results

### 11.1.2 Monitoring instruments and schedule of monitoring reports

Biannual and annual narrative strategic plan reports and summary progress implementation and financial reports of the relevant period. Contents of the narrative report shall include but not limited to the following items: -
(i) An extract of the strategic plan showing the approved strategic objectives, targets and strategies.
(ii) An approved operation plan for the year under reporting.
(iii) Achievements in terms of actual outputs against planned activities and outputs, both qualitative and quantitative, in the operational plan.
(iv) Constraints in the implementation of the strategic plan and any internal and external factors that affected implementation.
(v) Proposed remedial actions for solving the problems identified indicating clearly showing activities to be taken in the coming six and or one year.

Scheduled meetings shall be bi-annual and annual. The first bi-annual meeting July – December shall be held in November. The second bi-annual meeting shall be held in May.

## 11.2 *Evaluation*

Two evaluations (mid- term and end term) of the implementation of NTLP strategic plan will be conducted. Basically, both evaluations will have the following terms of references.

(i) Assess success or failure and reasons of specific aspects of the SP.
(ii) Assess whether the SP is achieving its objectives.
(iii) Determine whether the process of strategic planning and implementation is facing any problems.
(iv) Assess the adequacy of resources being mobilized to implement the SP.
(v) Determine the way resources are being utilized efficiently to achieve strategic objectives of the plan.
(vi) Find out whether the effects of SP are positively contributing to a better fulfilment of Vision and Mission of the organization.

## *Appendix 1 : Strategic Plan Matrix*

Objective 1: 1. Pursue high quality DOTS expansion and enhancement with special focus on gender, children and marginalized populations by 2015

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| 1.1 | Attain political commitment with increased and sustained financing for TB and leprosy control | 1.1.1 | Political leaders and decision makers at all levels sensitised on TB and leprosy control by 2015 | 1.1.1.1 | Seek technical assistance to conduct sensitization to political leaders and decision makers | i | Number and proportion of advocacy meetings conducted | Sensitization reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), Development partners |
| | | | | 1.1.1.2 | Conduct sensitisation meetings to political leaders and decision makers at all levels on TB and leprosy control | ii | Number and proportion of advocacy meetings conducted | Advocacy meeting reports | | **X** | | **X** | | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 1.1.1.3 | Sensitize key opinion and community leaders on TB, TB/HIV and leprosy disease | iii | Number and type of opinion and community leaders sensitized | Community leaders sensitization reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | 1.1.2 | Adequate resources for TB and leprosy | 1.1.2.1 | Establish Tanzania Stop TB partnership forum | i | Stop TB partnership forum established and functional | Minutes of partnership forum meetings | | **X** | | | | **X** | MoHSW (NTLP), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | control are mobilized by 2015 | 1.1.2.2 | Conduct scheduled partnership meetings to mobilize and leverage resources for TB and leprosy control | ii | Number of partnership meetings conducted | Partnership meeting reports | | X | X | X | X | X | MoHSW (NTLP), Development partners |
| | | | | 1.1.2.3 | Seek technical assistance to develop funding proposals for TB and leprosy control | iv | Number of proposals developed | Consultant reports | | X | X | X | X | X | MoHSW (NTLP), Development partners |
| | | | | 1.1.2.4 | Solicit and develop funding proposals for TB and leprosy control | iii | Number of proposals developed | NTLP annual Progress reports | X | X | X | X | X | X | MoHSW (DPP, DPS, NTLP), MoFEA |
| | | | | 1.1.2.5 | Sustain and update accounting software to facilitate financial database, reporting and auditing | v | Functional accounting software in place | NTLP annual/quarterly financial reports | X | X | X | X | X | X | MoHSW (CA, NTLP) |
| 1.2 | Strengthen early case detection through quality assured diagnosis | 1.2.1 | Active TB case finding scaled up to all districts in both public and | 1.2.1.1 | Review and update existing guidelines and tools for active case finding at health facility and household levels | i | Number and type of guidelines and tools for active case finding updated | Updated guidelines and tools | | X | | | X | | MoHSW (NTLP), Development partners |
| | | | | 1.2.1.2 | Develop, Pilot and Evaluate Standard | ii | SOPs in place | Quarterly and | | X | X | | | | MoHSW (DHS, NTLP), |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | of TB | | private health facilities by 2015 | | Operating Procedures (SOPs) for Improving TB case detection | | | annual reports | | | | | | | Development partners |
| | | | | 1.2.1.3 | Scale up Standard Operating Procedures (SOPs) for Improving TB case detection | iii | Number of districts using SOPs for Improving TB case detection | Quarterly and annual reports | | | | **X** | **X** | **X** | MoHSW (DHS, NTLP), Development partners |
| | | | | 1.2.1.4 | Train health workers on active case finding | iv | Number of health workers trained | Training reports | | **X** | **X** | | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 1.2.1.5 | Train former TB patients' clubs on contacts tracing and CBTC | v | Number of former TB patients' clubs trained | Training reports | | **X** | **X** | | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 1.2.1.6 | Facilitate health facilities and former TB patients' clubs to follow up contacts of TB smear positive patients in households | vi | Proportion of health facilities and former TB patients' clubs facilitated to conduct contact tracing | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | 1.2.1.7 | Support X-ray costs for diagnosis of TB suspects with smear negative results | vii | Number of councils supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP) |
| 1.3 | Procure and effectively manage anti TB medicines to ensure uninterrupted supply | 1.3.1 | Standardized DOTS strategy and MDT services provided in all public and private health facilities by 2015. | 1.3.1.1 | Develop/Review and update NTLP manuals to incoporate new interventions in TB, TB/HIV and MDR-TB such as 3Is and pediatric TB | i | Number of new interventions reviewed and incoporated in the NTLP manual | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), Development partners |
| | | | | 1.3.1.2 | Update and print training materials on standardized DOTS strategy and MDT services | ii | Number and types of training materials on standardized DOTS strategy and MDT services printed | Distribution list | | **X** | | | | | MoHSW (NTLP) |
| | | | | 1.3.1.3 | Facilitate training of heath workers on standardized DOTS strategy and MDT services | iii | Number and proportion of health workers trained | Training reports | | **X** | **X** | | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | 1.3.2 | An uninterrupted supply | 1.3.2.1 | Procure and distribute TB and leprosy drugs | i | TB and leprosy drugs procured and distributed. | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DPP, DHS, MSD, NTLP) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | of quality TB and leprosy drugs at all levels by 2015. | 1.3.2.2 | Train health workers on management of anti-TB and leprosy drugs and supplies including HIV test kits | ii | Number of health workers trained | Training reports | | X | X | X | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 1.3.2.3 | Conduct stock taking at MSD, regional and peripheral units | iii | Number of stock taking missions conducted | Mission reports | X | X | X | X | X | X | MoHSW (DHS, MSD, NTLP) |
| 1.4 | Monitor and evaluate performance of TB and leprosy control services | 1.4.1 | A functioning monitoring and evaluation system established at all levels by 2015. | 1.4.1.1 | Develop a comprehensive monitoring and evaluation plan for TB, TB/HIV, MDR-TB and leprosy control | i | M&E plan in place | M&E plan | | | | | | X | MoHSW (DPP, NTLP) |
| | | | | 1.4.1.2 | Update and print TB and leprosy recording and reporting tools to incorporate variables of new interventions | ii | Number and type of recording and reporting tools updated | Workshop reports | X | X | X | X | X | X | MoHSW (NTLP) |
| | | | | 1.4.1.3 | Develop, print and distribute training package for M&E | iii | Training package for M&E in place | Workshop reports | | X | | | X | | MoHSW (NTLP) |
| | | | | 1.4.1.4 | Train health workers on monitoring and evaluation and use of ICT for TB | iv | Number and type of health workers trained | Training reports | | X | X | | X | | MoHSW (NTLP), PMORALG |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | and leprosy control | | | | | | | | | | (RHMTs, CHMTs) |
| | | | | 1.4.1.5 | Seek technical assistance to train IT personnel at regional and district levels on management of electronic software for TB and leprosy control | v | Number of consultants' reports | Consultant reports | | **X** | | **X** | | | MoHSW (DPP, NTLP) |
| | | | | 1.4.1.6 | Introduce and scale up Electronic Leprosy Register (ELR) in the country | vi | Number of regions and councils with functioning ELR | Quarterly and annual reports | | | **X** | | | | MoHSW (DPP, NTLP), Development partners |
| | | | | 1.4.1.7 | Support regions and councils to link ETR.net and ELR to internet | vii | Number of regions and councils with ETR.net linked to internet | Quarterly and annual reports | | | **X** | **X** | | | MoHSW (DPP, NTLP), Development partners |
| | | | | 1.4.1.8 | Conduct annual and quarterly NTLP meetings at national, zonal and regional levels | viii | Number of meetings conducted at national, zonal and regional levels. | Meeting reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 1.4.1.9 | Prepare and disseminate annual TB and leprosy | ix | Number of progress | Quarterly and | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | progress performance and financial reports | | performance and financial reports produced | annual reports | | | | | | | PMORALG (RHMTs, CHMTs) |
| | | | | 1.4.1.10 | Conduct mid-term and end-term evaluation of the strategic plan. | x | Availability of evaluation reports | Evaluation reports | | | **X** | | | **X** | MoHSW (DPP, NTLP), Development partners |
| | | | | 1.4.1.11 | Review and develop NTLP annual plan of action | xi | NTLP annual plan of action in place | Annual plan | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP) |
| | | | | 1.4.1.12 | Develop next NTLP strategic plan | xii | Next NTLP strategic plan in place | Strategic plan | | | | | | **X** | MoHSW (DPP, NTLP), Development partners |
| | | 1.4.2 | TB, TB/HIV and Leprosy control activities regularly supervised at all levels by 2015 | 1.4.2.1 | Update, print and distribute supervision checklists for different levels | i | Updated supervision checklist in place | Workshop reports | **X** | | | **X** | | | MoHSW (NTLP), Development partners |
| | | | | 1.4.2.2 | Train coordinators at all levels on supervision skills | ii | Number of coordinators trained | Training reports | | **X** | | | **X** | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 1.4.2.3 | Conduct supportive supervision to regions, | iii | Number of regions, | Supervision reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | districts, health facilities, uniformed forces and refugee camps | | districts and health facilities supervised | | | | | | | | PMORALG (RHMTs, CHMTs) |
| **OBJECTIVE 2: To reduce the burden of TB/HIV and drug resistant TB with special emphasis on vulnerable populations by 2015** | | | | | | | | | | | | | | | |
| 2.1 | Strengthen mechanisms for collaboration with different stakeholders involved in TB/HIV activities | 2.1.1 | TB/HIV services are coordinated at all levels by 2015 | 2.1.1.1 | Strengthen steering and technical committee for TB/HIV activities at national level, regional and district levels | i | Number of functional steering and technical committee at all levels | Meeting reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.1.1.2 | Develop a joint implementation TB/HIV plan with other stakeholders | ii | Availability of TB/HIV plan | TB/HIV plan | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.1.1.3 | Support regional and district TB and HIV coordinators to participate in developing annual health plans | iii | Number of TB and HIV coordinators supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.1.1.4 | Support regions and districts to implement collaborative TB/HIV plan of operations | iv | Number of regions and districts supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| 2.2 | Decrease the burden of tuberculosis in people living with HIV/AIDS | 2.2.1 | All PLHIV screened for TB and managed according to national guidelines | 2.2.1.1 | Revise and update TB screening tool, TB/HIV guidelines and training manuals to incorporate paediatric TB and TB infection control measures | i | Number and type of tools, guidelines and manuals updated | Workshop reports | **X** | | | **X** | | | MoHSW (NTLP), Development partners |
| | | | | 2.2.1.2 | Print and distribute TB screening tool, TB/HIV guidelines and training manuals | ii | Number and type of tools, guidelines and manuals distributed | Distribution list | | **X** | | **X** | | **X** | MoHSW (NTLP) |
| | | | | 2.2.1.3 | Train health workers on management of TB and HIV co-infection | iii | Number of health workers trained | Training reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.2.1.4 | Provide Isoniazid prophylactic therapy (IPT) to eligible HIV/AIDS patients | iv | Proportion of eligible HIV patients provided with IPT | Quarterly and annual reports | | **X** | **X** | | | | MoHSW (NACP,NTLP), PMORALG (RHMTs, CHMTs) |
| | | 2.2.2 | TB Infection control measures | 2.2.2.1 | Develop TB infection control guidelines | i | TB Infection control guidelines in place | Workshop reports | **X** | | | | | | MoHSW (CMO,NACP, NTLP), Development |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | implemented in all health facilities including MDR/XDR-TB treatment centres by 2015 | | | | | | | | | | | | partners |
| | | | | 2.2.2.2 | Incorporate TB Infection control guideline into existing National Infection Control Policy Guidelines | ii | TB Infection control measures incorporated | Workshop reports | | **X** | | | | | MoHSW (CMO,NACP, NTLP), |
| | | | | 2.2.2.3 | Support health facilities including MDR/XDR-TB centres to develop and implement TB Infection control plan | iii | Number and proportion of health facilities supported | Quarterly and annual reports | | **X** | | | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.2.2.4 | Monitor implementation of TB Infection control plan in all health facilities including MDR/XDR-TB centres | iv | Number and proportion of health facilities monitored | Quarterly and annual reports | | | **X** | **X** | **X** | **X** | MoHSW (NACP, NTLP), PMORALG (RHMTs, CHMTs) |
| 2.3 | Decrease burden of HIV in tuberculosis patients | 2.3.1 | All TB patients screened for HIV and managed | 2.3.1.1 | Conduct TB/HIV needs assessment in new sites including uniformed forces | i | Number of health facilities assessed | Assessment reports | | **X** | | | | | MoHSW (NACP, NTLP), PMORALG (RHMTs, CHMTs) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | according to national guidelines | 2.3.1.2 | Train health care workers at all levels including from uniformed forces on management of TB/HIV co-infected patients | ii | Number of health workers trained | Training reports | X | X | X | X | | | MoHSW (NACP, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.3.1.3 | Train Health workers on ART delivery in TB clinics | iii | Number of health workers trained | Training reports | X | X | | | | | MoHSW (NACP, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.3.1.4 | Facilitate provision of co-trimoxazole preventive therapy (CPT) to eligible TB patients co-infected with HIV | iv | Proportional of eligible HIV positive TB patients initiated CPT | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (NACP, MSD) |
| | | | | 2.3.1.5 | Provide PITC to all registered TB patients | v | Number and percentage of TB patients tested for HIV | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (NACP,NTLP) |
| | | | | 2.3.1.6 | Facilitate dissemination of TB and TB/HIV information in local and international meetings | vi | Number of local and international meetings attended | Meeting reports | X | X | X | X | X | X | MoHSW (NTLP), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | 2.3.1.7 | Facilitate provision of ART to eligible TB patients co-infected with HIV | vii | Number of eligible HIV positive TB patients initiated ART | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NACP,NTLP) |
| 2.4 | Scale up prevention and control of drug resistant TB in the country | 2.4.1 | National standards for the management of MDR/XDR-TB established by 2015 | 2.4.1.1 | Establish and support MDR-TB clinical management committees at all MDR-TB treatment centres | i | Number of clinical management committees established and supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG |
| | | | | 2.4.1.2 | Seek Technical Assistance to develop guidelines and tools for management of MDR/XDR-TB | ii | Number of guidelines and tools developed | Quarterly and annual reports | | **X** | **X** | | **X** | | MoHSW (NTLP), Development partners |
| | | | | 2.4.1.3 | Develop a National Strategy Document for Programmatic Management of MDR/XDR-TB | iii | A National Strategy Document for Programmatic Management of MDR/XDR-TB in place | Workshop reports | | **X** | | | | | MoHSW (DHS, NTLP) |
| | | | | 2.4.1.4 | Develop and print guidelines for management MDR/XDR- | iv | Number of guidelines distributed | Distribution list | | **X** | | | | | MoHSW (DHS, NTLP), Development |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | TB incorporating human rights issues in line with WHO/Stop TB recommendations | | | | | | | | | | partners |
| | | | | 2.4.1.5 | Develop and print training manuals for management of MDR/XDR TB patients for different levels | v | Number of training manuals developed | Workshop reports | | **X** | | | | | MoHSW (DHS, NTLP), Development partners |
| | | | | 2.4.1.6 | Seek Technical Assistance to develop a tracking system for management of MDR/XDR-TB drugs | vi | A tracking system for management of MDR/XDR-TB drugs in place | Quarterly and annual reports | | **X** | **X** | | **X** | | MoHSW (NTLP), Development partners |
| | | | | 2.4.1.7 | Recruit additional human resource to strengthen MDR/XDR-TB services at zonal and national levels | vii | Number of human resource recruited | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, DHS, NTLP), Partners |
| | | | | 2.4.1.8 | Provide enablers and incentives to all health care workers involved in MDR/XDR-TB management at national, regional and district levels | viii | Number of health care workers provided with enablers and incentives | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | 2.4.2 | National, zonal and 14 regional laboratories capacity improved to diagnose MDR/XDR-TB by 2015 | 2.4.2.1 | Provide appropriate equipment and supplies to diagnose MDR/XDR-TB in national, zonal and 14 regional laboratories | i | Number of national and zonal laboratories supplied with equipment and supplies. | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG, Development partners |
| | | | | 2.4.2.2 | Upgrade CTRL and Kibong'oto bio-safety level II to III to handle highly infectious pathogens according to international recommendations | ii | CTRL and Kibong'oto bio-safety upgraded from level II to III | Quarterly and annual reports | **X** | **X** | | | | | MoHSW (DHS, NTLP), Development partners |
| | | | | 2.4.2.3 | Seek Technical Assistance to introduce bio-safety level II measures in zonal and regional laboratories diagnosing MDR-TB | iii | Number of zonal and regional laboratories upgraded to bio-safety level II ($BL_2$) | Quarterly and annual reports | | **X** | **X** | **X** | | | MoHSW (DHS, NTLP), Development partners |
| | | | | 2.4.2.4 | Facilitate health facilities at district and regional levels to refer specimens for MDR/XDR-TB diagnosis | iv | Number of health facilities submitting specimens to higher levels | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | and surveillance to higher levels | | | | | | | | | | |
| | | | | 2.4.2.5 | Train laboratory staff on diagnosis of MDR/XDR-TB including DST for first and second line drugs | v | Number of laboratory staff trained | Training reports | | **X** | | **X** | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | 2.4.3 | All confirmed MDR/XDR-TB patients enrolled and managed according to national treatment guidelines | 2.4.3.1 | Seek Technical assistance to conduct needs assessment to explore possibility of opening 2nd MDR-TB treatment centre | i | Needs assessment conducted | Needs assessment report | | **X** | **X** | | | | MoHSW (NTLP), Development partners |
| | | | | 2.4.3.2 | Establish MDR/XDR-TB treatment services in six zonal referral hospitals | ii | Number of zonal referral hospitals with MDR/XDR-TB treatment services | Quarterly and annual reports | | | | **X** | **X** | | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.4.3.3 | Seek Technical assistance to procure 2nd line GLC approved drugs | iii | Number of 2nd line drugs procured | Quarterly and annual reports | | **X** | | **X** | | **X** | MoHSW (NTLP, MSD), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | 2.4.3.4 | Train health workers in the management of MDR/XDR-TB patients including TB infection control at all levels | iv | Number of health workers trained | Training reports | | X | | X | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.4.3.5 | Facilitate referral of MDR-TB patients between district hospitals and MDR-TB treatment centres | v | Number MDR-TB patients referred | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.4.3.6 | Conduct national wide drug resistance survey in collaboration other stakeholders | vi | National wide drug resistance survey conducted | Survey reports/ annual reports | | | X | X | | | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 2.4.3.7 | Pilot community based treatment and care of MDR/XDR-TB patients | vii | Number of MDR/XDR-TB patients managed under community based approach | Quarterly and annual reports | X | | X | X | | | MoHSW (NTLP), Development partners |
| | | | | 2.4.3.8 | Support transportation and disposal of dead bodies from MDR-TB treatment centres back to | viii | Number of dead bodies transported back to their | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, SW NTLP), PMORALG |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | their districts of domicile | | districts of domicile | | | | | | | | (RHMTs, CHMTs) |
| | | | | 2.4.3.9 | Provide psychosocial, nutritional and recreational support to MDR-TB patients on treatment and family support to increase adherence to treatment | ix | Number of patients and families supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, Social Welfare, NTLP), PMORALG (RHMTs, CHMTs) |
| 2.5 | Address the needs of TB contacts, congregate settings and vulnerable populations | 2.5.1 | All populations in congregate settings and vulnerable groups accessing TB and Leprosy services | 2.5.1.1 | Adapt SADC, EAC, ECSA regional frameworks for managing TB in congregate settings and vulnerable groups | i | Availability of a updated framework | Workshop reports | | **X** | | | | | MoHSW (DPP, NTLP) |
| | | | | 2.5.1.2 | Advocate for access to free TB diagnostics and treatment services for populations in congregate settings and vulnerable groups | ii | Number of patients accessing free TB diagnosis and treatment | Quarterly and annual reports | | | **X** | | | | MoHSW (NTLP, Social Welfare), PMORALG (RHMTs, CHMTs), CSOs, MoHA |
| | | | | 2.5.1.3 | Support delivery of TB services to populations in congregate settings and vulnerable groups | iii | Number of facilities supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP, Social Welfare), PMORALG |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | | | | | | | | | | | (RHMTs, CHMTs), CSOs |
| **Objective 3: To contribute to health system strengthening based on primary health care by 2015.** | | | | | | | | | | | | | | | |
| 3.1 | Strengthen human resource capacity for TB, TB/HIV and, Leprosy control | 3.1.1 | Human resource capacity for provision TB, TB/HIV and leprosy services strengthened by 2015 | 3.1.1.1 | Prepare human resources development plan | i | Human resources development plan in place | Workshop reports | | **X** | | | | | MoHSW (DHR, NTLP) |
| | | | | 3.1.1.2 | Recruit and sustain appropriate qualified human resource to implement NTLP strategic plan | ii | Number and type of human resource recruited | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, DHR, NTLP) |
| | | | | 3.1.1.3 | Advocate for absorption of contract staff into government payroll | iii | Number of contract staff absorbed into government payroll | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, NTLP) |
| | | | | 3.1.1.4 | Support NTLP staff to attend short and long term course relevant for TB control in the country annually | iv | Number of NTLP staff trained | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHR, NTLP) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | 3.1.1.5 | Establish retention package for NTLP staff at all levels | v | A retention package for NTLP staff established | Workshop reports | X | X | X | X | X | X | MoHSW (DAP, NTLP) |
| 3.2 | Improve TB clinics for provision of quality TB and TB/HIV services | 3.2.1 | All TB clinics in hospitals at regional and district level upgraded to provide TB/HIV services under one roof by 2015 | 3.2.1.1 | Advocate for relevant authorities to upgrade TB clinics to provide TB/HIV services “under one roof” | i | Number of TB clinics upgraded to provide to provide TB/HIV services under one roof | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), Development partners |
| | | | | 3.2.1.2 | Advocate for allocation of additional resources to TB clinics to provide TB/HIV services “under one roof”. | ii | Number of TB clinics accredited to provide TB/HIV services under one roof | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| 3.3 | Strengthen laboratory services for TB diagnosis | 3.3.1 | New TB diagnostic technologies introduced in public and private | 3.3.1.1 | Map criteria for use of new technologies for TB diagnosis | i | Criteria for use of new technologies for TB diagnosis in place | Quarterly and annual reports | | X | X | | | | MoHSW (DHS, NTLP), Development partners |
| | | | | 3.3.1.2 | Construct and equip new building for national TB | ii | New national TB laboratory | Quarterly and | | X | X | | | | MoHSW (DHS, NTLP), |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | hospital at national, regional, district levels by 2015 | | laboratory | | building constructed and equipped | annual reports | | | | | | | Development partners |
| | | | | 3.3.1.3 | Procure laboratory equipment and supplies for routine TB bacteriology | iii | Number of laboratories without stock-out of equipment and supplies for TB diagnosis | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG, Development partners |
| | | | | 3.3.1.4 | Procure and install iLED fluorescence microscopes and supplies in all regions and districts | iiv | Number of laboratories with functioning iLED microscopes | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG, Development partners |
| | | | | 3.3.1.5 | Procure and install liquid culture systems and Line Probe Assays (LiPA) and supplies at CTRL and zonal laboratories | v | Number of laboratories with functioning Liquid culture systems and Line Probe assays (LiPAs) | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG, Development partners |
| | | | | 3.3.1.6 | Seek Technical Assistance to develop, print and distribute training materials and | vi | Number and types of training materials and SOPs | Workshop reports | | **X** | **X** | | | | MoHSW (DHS, NTLP) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | Standard Operating Procedures (SOPs) for new diagnostic technologies | | developed | | | | | | | | |
| | | | | 3.3.1.7 | Conduct training to laboratory staff on new diagnostic technologies and EQA | vii | Number of laboratory staff trained on new diagnostic technologies | Training reports | | **X** | **X** | | **X** | | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 3.3.1.8 | Prepare and implement laboratory equipment maintenance plan | viii | Laboratory equipment maintenance plan in place | Workshop reports | | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | 3.3.2 | Laboratory networking and information management systems strengthened by 2015 | 3.3.2.1 | Facilitate use of mobile phones to disseminate TB laboratory results | i | Number of laboratories using mobile phones to disseminate TB results | Quarterly and annual reports | | | **X** | | | | MoHSW (DPP, NTLP), PMORALG (RHMTs, CHMTs), Development partners |
| | | | | 3.3.2.2 | Launch a secured laboratory web link for data uploading to MoHSW website | ii | Functional web link for uploading data to MoHSW website in place | Quarterly and annual reports | | | **X** | **X** | **X** | **X** | MoHSW (DPP, NTLP), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | 3.3.2.3 | Facilitate transportation of TB specimens between supranational, national, zonal, regional and district laboratories | iii | Number of laboratories facilitated to submit specimens | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 3.3.2.4 | Establish and disseminate electronic TB laboratory database including MDR/XDR-TB and TB/HIV cases | iv | Number of laboratories with functioning electronic TB database | Quarterly and annual reports | | X | | | | | MoHSW (DPP, NTLP), Development partners |
| | | | | 3.3.2.5 | Train laboratory staff on electronic TB laboratory database. | v | Number of laboratory staff trained on use of electronic TB database | Training reports | | X | X | | | X | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 3.3.2.6 | Collaborate with international partners to accredit national and zonal laboratories to get ISO certification. | vi | Number of laboratories with ISO certification | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), Development partners |
| | | | | 3.3.2.7 | Support regions and districts to conduct supervision and EQA for all TB diagnostic centres. | vii | Number of regions and districts supported to | Supervision reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | | | conduct laboratory supervision | | | | | | | | CHMTs) |
| 3.4 | Improve NTLP working environment at national, regional and district levels | 3.4.1 | Conducive working environment available at all levels by 2015 | 3.4.1.1 | Secure adequate office space at national level | i | Adequate office space available at national level | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, NTLP) |
| | | | | 3.4.1.2 | Procure and distribute office equipment and supplies at all levels | ii | Number and type of equipment and supplies procured | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, NTLP), PMORALG |
| | | | | 3.4.1.3 | Procure and maintain vehicles, motorcycles, bicycles and boats at all levels | iii | Number of vehicles, motorcycles, bicycles and boats procured and maintained | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, NTLP), PMORALG |
| | | | | 3.4.1.4 | Support program administrative costs at all levels | iv | Number of regions and districts supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG |
| 3.5 | Introduce Practical Approach to Lung | 3.5.1 | Practical approach to lung health | 3.5.1.1 | Recruit and sustain PAL focal person at National level | i | Focal person for PAL in place | Quarterly and annual reports | | | **X** | **X** | **X** | **X** | MoHSW (DAP, NTLP), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | Health (PAL) | | (PAL) established at national, zonal, regional and district hospitals by 2015 | 3.5.1.2 | Develop, print and distribute a strategy for PAL | ii | A strategy for PAL distributed | Distribution list | | X | | X | | X | MoHSW (NTLP), Development partners |
| | | | | 3.5.1.3 | Develop facilitators and participants' training materials on PAL | iii | Training materials on PAL developed | Workshop reports | | X | | | | | MoHSW (NTLP), Development partners |
| | | | | 3.5.1.4 | Train health care workers on PAL | iv | Number of health care workers trained | Training reports | | X | X | | X | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 3.5.1.5 | Procure equipment needed for implementation of PAL | v | Number and type of equipment procured | Distribution list | | | X | X | X | X | MoHSW (DHS, NTLP), PMORALG |
| | | | | 3.5.1.6 | Facilitate national, zonal, regional and district hospitals to implement PAL | vi | Number of hospitals implementing PAL | Quarterly and annual reports | | | X | X | X | X | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |

**Objective 4: To engage all care providers in TB, leprosy and TB/HIV control in both public and private sectors by 2015**

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| 4.1 | Expand Public - Private partnership in TB, TB/HIV and leprosy control in both public and private sectors by 2015 | 4.1.1 | TB, TB/HIV and leprosy services expanded to all accredited private health facilities by 2015 | 4.1.1.1 | Sensitize private health facility owners and other stakeholders | i | Number of private health facility owners sensitized | Sensitization reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 4.1.1.2 | Conduct accreditation of private health facilities to provide TB, TB/HIV and leprosy services | ii | Number of private health facilities accredited | Assessment reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| | | | | 4.1.1.3 | Support accredited private health facilities to refurbish infrastructure for provision of quality TB, TB/HIV and leprosy services | iii | Number of private health facilities supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), CSOs, Development partners |
| | | | | 4.1.1.4 | Develop and introduce work place TB control policy guidelines | iv | Work place TB control policy guidelines in place | Workshop reports | | **X** | | | | | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), CSOs, Development |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | | | | | | | | | | | partners |
| | | | | 4.1.1.5 | Develop tools to monitor contribution of private health facilities in provision of TB, TB/HIV and leprosy services. | v | Monitoring tools developed | Workshop reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), Development partners |
| 4.2 | Promote the use of ISTC in public and private institutions | 4.2.1 | ISTC introduced in public and private health facilities including training institutions by 2015 | 4.2.1.1 | Support medical, allied health and nursing schools to incorporate ISTC into their curricula | i | Number of curricula incorporated with ISTC | Quarterly and annual reports | | **X** | | | | **X** | MoHSW (DHR, NTLP), Academia, Development partners |
| | | | | 4.2.1.2 | Develop, print and distribute ISTC training materials | ii | Number and type of training materials distributed | Distribution list | | **X** | | | **X** | | MoHSW (DHR, NTLP), Academia, Development partners |
| | | | | 4.2.1.3 | Train tutors, managers and health care workers from public and private health institutions on the use of ISTC | iii | Number of tutors, managers and health care workers trained | Training reports | | **X** | | | | | MoHSW (DHR, NTLP), Academia, Development partners |
| **OBJECTIVE 5: To empower TB, leprosy patients and communities to participate in TB, TB/HIV and leprosy control activities** | | | | | | | | | | | | | | | |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| 5.1 | Pursue advocacy, communication and social mobilization for TB, TB/HIV and Leprosy control | 5.1.1 | Communication channels engaged to disseminate massages on TB, TB/HIV and Leprosy by 2015 | 5.1.1.1 | Develop ACSM training package (including COMBI) on TB, TB/HIV and leprosy control for media personnel and school children | i | ACSM training package developed | Workshop reports | | X | | | X | | MoHSW (HEU,NTLP), CSOs, Development partners |
| | | | | 5.1.1.2 | Collaborate with school health programme of the MoHSW and Ministry of Education to include TB and TB/HIV in school health curriculum | ii | TB and TB/HIV included in schools health curriculum | Workshop reports/ School health curricula | | | X | | | | MoHSW (HEU,NTLP), PMORALG, CSOs, |
| | | | | 5.1.1.3 | Train school health coordinators, school teachers and media personnel, on TB, TB/HIV and leprosy control | iii | Number and type of personel trained | Training reports | | | X | | | | MoHSW (HEU,NTLP), PMORALG, CSOs, |
| | | | | 5.1.1.4 | Facilitate school teachers with job aids to train school children on TB, TB/HIV and leprosy control | iv | Number of school teachers supported | Quarterly and annual reports | | X | X | X | X | X | MoHSW (HEU,NTLP), PMORALG, CSOs, |
| | | | | 5.1.1.5 | Develop, print and distribute ACSM messages on TB, TB/HIV, MDR/XDR-TB | v | Number and type of IEC materials distributed | Distribution list | | X | X | X | X | X | MoHSW (HEU,NTLP), PMORALG, CSOs, |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | and leprosy for adults and school children | | | | | | | | | | |
| | | | | 5.1.1.6 | Facilitate selected districts to pilot and scale up Communication for Behaviour Impact (COMBI) on TB/HIV and leprosy | vi | Number of districts piloting Communication for Behaviour Impact (COMBI) | Quarterly and annual reports | | X | X | X | X | X | MoHSW (HEU,NTLP), PMORALG, CSOs, |
| | | | | 5.1.1.7 | Develop and broadcast panel discussions, TV documentaries, radio and TV spots on TB, TB/HIV and leprosy control | vii | Number and type of ACSM massages broadcasted | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (HEU,NTLP), PMORALG, CSOs, Media Council |
| | | | | 5.1.1.8 | Organize annual journalists award on TB, TB/HIV and leprosy reporting | viii | Number of journalists awarded | Quarterly and annual reports | | X | X | X | X | X | MoHSW (HEU,NTLP), CSOs, Media Council |
| | | | | 5.1.1.9 | Facilitate regions to develop and broadcast folk drama shows on local TV, radio stations and mobile video vans | ix | Number of district supported | Quarterly and annual reports | | X | X | X | X | X | MoHSW (HEU,NTLP), PMORALG, CSOs |
| | | | | 5.1.1.10 | Support monitoring of dissemination of TB, TB/HIV and leprosy | x | Monitoring report on dissemination | Quarterly and annual | X | X | X | X | X | X | MoHSW (HEU,NTLP), PMORALG |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | ACSM messages in media. | | of ACSM messages | reports | | | | | | | (RHMTs, CHMTs), CSOs, Media Council |
| | | 5.1.2 | Individuals, civil society and community members empowered to support TB, TB/HIV and leprosy control activities by 2015 | 5.1.2.1 | Support regions to commemorate World TB and leprosy day in collaboration with other stakeholders | i | Number of regions supported | Commemoration reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| | | | | 5.1.2.2 | Orient key peer leaders and celebrities on TB, TB/HIV and leprosy control | ii | Number and type of key peer leaders and celebrities oriented | Workshop reports | | **X** | **X** | | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| 5.2 | Foster community participation in TB care, | 5.2.1 | Communities empowered to participate in TB | 5.2.1.1 | Update, print and distribute CTBC guidelines and training materials for facilitators, health care workers, treatment supporters and | i | Number and type CTBC guidelines and training materials distributed | Distribution list | | | **X** | | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | preventio n and health promotio n | | care, preventio n and health promotion by 2015 | | former TB patients' clubs | | | | | | | | | | |
| | | | | 5.2.1.2 | Train health workers on CTBC approach including health communication skills, patient empowerment and TB patients' charter | ii | Number of health workers trained | Training reports | **X** | **X** | **X** | **X** | | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| | | | | 5.2.1.3 | Support former TB patient to establish and run TB treatment clubs | iii | Number of TB clubs supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| | | | | 5.2.1.4 | Develop training materials and tools targeting owners and dispensers of drug stores and traditional healers on TB and TB/HIV in collaboration with other stakeholders | iv | Training materials and tools in place | Quarterly and annual reports | | | **X** | | | | MoHSW (NTLP), Development partners |
| | | | | 5.2.1.5 | Orient traditional healers, owners and dispensers of private drug stores on | v | Number of traditional healers, owners | Workshop reports | | **X** | **X** | **X** | | | MoHSW (DHS, NTLP), PMORALG |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | signs and symptoms of tuberculosis and referral system | | and dispensers of private drug stores oriented | | | | | | | | (RHMTs, CHMTs), CSOs |
| | | | | 5.2.1.6 | Support health facilities to conduct quarterly supportive supervision to community TB care providers | vi | Number of health facilities supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| | | | | 5.2.1.7 | Develop SOPs and job aids on patients charter | vi | SOP and Job aid on patient charter in place | Quarterly and annual reports | | | **X** | | | | MoHSW (NTLP), Development partners |
| **Objective 6: To enable and promote operational research on TB and leprosy** | | | | | | | | | | | | | | | |
| 6.1 | Build programme capacity to conduct operational research | 6.1.1 | Capacity of NTLP staff to conduct operation research on TB and leprosy | 6.1.1.1 | Appoint/recruit a TB/Leprosy operational research focal person in the NTLP | i | Focal person for TB/Leprosy research in place | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (DAP, NTLP), Development partners |
| | | | | 6.1.1.2 | Support establishment of a national TB research committee in collaboration with other stakeholders | ii | National TB research committee in place | Quarterly and annual reports | | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | enhanced at all levels by 2015 | 6.1.1.3 | Seek technical assistance to train NTLP staff on operational research methodology | iii | Number of staff trained | Quarterly and annual reports | | X | X | X | X | X | MoHSW (NTLP), Development partners |
| | | 6.1.2 | Operational research in TB, TB/HIV and leprosy are conducted and findings disseminated by 2015 | 6.1.2.1 | Seek technical assistance to develop operational research proposals including surveys | i | Number of operational research proposals developed | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (NTLP), Development partners, Academia |
| | | | | 6.1.2.2 | Identify and conduct priority operational research and surveys in TB, TB/HIV and leprosy in collaboration with research institutions and other stakeholders. | ii | Number of operational research conducted | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (NTLP), Development partners, Academia, Research Institutions |
| | | | | 6.1.2.3 | Publish research findings and best practices in peer reviewed local and international journals | iii | Number of publications | Quarterly and annual reports | | X | X | X | X | X | MoHSW (NTLP), Development partners, Academia, Research Institutions |
| | | | | 6.1.2.4 | Disseminate best practices and research findings on TB, TB/HIV | iv | Number of research findings | Quarterly and annual | X | X | X | X | X | X | MoHSW (NTLP), Development |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
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| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | and leprosy in national and international fora | | disseminated | reports | | | | | | | partners, Academia, Research Institutions |
| 6.2 | Respond to global call and Participate in research to develop new diagnostics, medicines and vaccines | 6.2.1 | Contribute to research in development of new diagnostics, medicines and Vaccines by 2015 | 6.2.1.1 | Participate in research to evaluate new diagnostics, medicines and vaccines for TB and leprosy in collaboration with research institutions | i | Number of research conducted through partnerships | Quarterly and annual reports | | X | X | X | X | X | MoHSW (NTLP), Development partners, Academia, Research Institutions |
| | | | | 6.2.1.2 | Participate in a pilot study on preventive chemotherapy for leprosy in selected districts in collaboration with research institutions | ii | Availabilty of a study report | Quarterly and annual reports | | | X | X | | | MoHSW (NTLP), Development partners, Academia, Research Institutions |
| | | | | 6.2.1.3 | Adopt and roll out proven new diagnostics, medicines and vaccines for TB and leprosy control as they become available. | iii | Number of new diagnostics, medicines and vaccines for TB and leprosy adopted and rolled out | Quarterly and annual reports | | X | X | X | X | | MoHSW (DHS, NTLP), Development partners, Academia, Research Institutions |
| **Objective 7: To provide and sustain comprehensive quality leprosy services to prevent grade 2 disabilities in people affected by leprosy** | | | | | | | | | | | | | | | |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| 7.1 | Enhanced case finding and management of persons affected by leprosy | 7.1.1 | Quality leprosy services provided to reduce grade 2 disability below 8% by 2015 | 7.1.1.1 | Develop/adapt and distribute booklets on leprosy diagnosis, nerve function assessment, management of leprosy reaction and MDT. | i | Number of booklets distributed | Distribution list | | X | X | X | X | X | MoHSW (NTLP), Development partners |
| | | | | 7.1.1.2 | Train health care workers on leprosy control and Prevention of Disabilities including regular VMT/ST tests | ii | Number of health workers trained | Training reports | | X | X | X | X | | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), Development partners |
| | | | | 7.1.1.3 | Conduct specific visits to verify leprosy diagnosis in districts with unexpected number of new cases. | iii | Number of districts visited | Supervision reports | | X | X | X | X | X | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), Development partners |
| | | | | 7.1.1.4 | Facilitate and involve ex-leprosy patients in community awareness on leprosy control. | iv | Number of ex-leprosy patients supported | Quarterly and annual reports | | X | X | X | X | X | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
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| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | 7.1.2 | Leprosy elimination target reached by all districts | 7.1.2.1 | Advocate for councils to include mini LECS/SAPEL in CCHPs | i | Number of councils implementing leprosy campaigns | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), CSOs |
| | | | | 7.1.2.2 | Support councils to conduct mini LECS/SAPEL in high endemic districts including schools | ii | Number of councils supported | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG, Development Partners |
| | | | | 7.1.2.3 | Support councils to conduct household contact investigations among new leprosy patients | iii | Number of new leprosy patients notified through household contact investigations | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), Development Partners |
| 7.2 | Promotion of Community Based Rehabilitation for people with leprosy | 7.2.1 | People affected by leprosy properly managed by 2015 | 7.2.1.1 | Develop, print and distribute POD guidelines and booklets on self care | i | Number of booklets distributed | Distribution list | | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), Development Partners |
| | | | | 7.2.1.2 | Train RTLCs/DTLCs and relevant health workers on POD concept and formation of self care groups | ii | Number of health workers trained | Training reports | | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | related disabilities | | | 7.2.1.3 | Train rehabilitation therapists, orthopaedic technologists and shoemakers on POD | iii | Number of health workers and shoe makers trained | Training reports | | X | X | X | X | X | MoHSW (NTLP), PMORALG (RHMTs, CHMTs) |
| | | | | 7.2.1.4 | Support capacity building of ex-leprosy patients organizations and self care groups involved in POD activities | iv | Number of self care groups supported | Quarterly and annual reports | | X | X | X | X | X | MoHSW (NTLP), PMORALG, CSOs |
| | | | | 7.2.1.5 | Equip MDT clinics with necessary materials and supplies for demonstration of self care in collaboration with NORVATIS, India and other stakeholders. | v | Number of clinics equipped | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG, Development partners |
| | | 7.2.2 | Septic, Preventive, Reconstructive Surgery (SPRS) and eye care | 7.2.2.1 | Seek technical assistance to provide SPRS training | i | Availability of a consultant report | Quarterly and annual reports | X | | | | | X | MoHSW (NTLP), Development partners |
| | | | | 7.2.2.2 | Conduct training /refresher course for service providers in eye care, septic and reconstructive surgery | ii | Number of health workers trained | Training reports | X | X | X | X | X | X | MoHSW (NTLP), PMORALG (RHMTs, CHMTs), |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | services provided to eligible people affected by leprosy by 2015 | | | | | | | | | | | | Development partners |
| | | | | 7.2.2.3 | Organize and support a referral network for leprosy patients in need of specialized care | iii | Number of leprosy patients referred | Quarterly and annual reports | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP), PMORALG |
| | | | | 7.2.2.4 | Advocate for recruitment of a rehabilitation team for each SPRS centre | iv | Number of SPRS centres with rehabilitation teams | Quarterly and annual reports | | **X** | | **X** | | **X** | MoHSW (NTLP), PMORALG |
| | | 7.2.3 | All people affected by leprosy with disabilities and in need provided with protective footwear and /or | 7.2.3.1 | Procure and distribute appropriate protective footware, materials, special boots and prosthesis | i | Number of footwear and prosthesis distributed | Distribution list | **X** | **X** | **X** | **X** | **X** | **X** | MoHSW (NTLP, Social Welfare), PMORALG, Development partners |
| | | | | 7.2.3.2 | Conduct needs assesment to identify referral hospitals to serve as zonal workshops for physical rehabilitation | ii | Availability of Invetory of referral hospitals | Assessment reports | | **X** | | **X** | | **X** | MoHSW (DHS, NTLP), PMORALG (RHMTs, CHMTs), Development partners |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | appliances by 2015. | 7.2.3.3 | Support referral of people affected by leprosy to zonal physical rehabilitation centres | iii | Number of patients reffered | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (DHS, NTLP), PMORALG, Development partners |
| | | 7.2.4 | Integrated services for CBR and leprosy strengthened by 2015 | 7.2.4.1 | Identify stakeholders for CBR and leprosy | i | Availability of inventory of stakeholders | Quarterly and annual reports | X | X | X | X | X | X | MoHSW (Community Based Health Care, NTLP), MoHA, PMORALG, Development partners, CSOs |
| | | | | 7.2.4.2 | Develop a joint strategic plan for CBR and Leprosy with clear roles responsibilities for all stakeholders | ii | Availability of a joint strategic plan | Workshop reports | | X | | | | X | MoHSW (Community Based Health Care, NTLP), MoHA, PMORALG, Development partners, CSOs |
| | | | | 7.2.4.3 | Support districts to implement CBR and leprosy activities | iii | Number of districts supported | Quarterly and annual | | | X | X | X | X | MoHSW (Community Based Health |

| | Strategy | | Target | | Activities | | Indicator | Means of Verification | Time Frame | | | | | | Responsible |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | |
| | | | | | | | | reports | | | | | | | Care, NTLP), PMORALG, Development partners, CSOs |
| | | | | 7.2.4.4 | Conduct bi-annual technical meetings for CBR and leprosy | iv | Number meetings conducted | Meeting reports | | | **X** | **X** | **X** | **X** | MoHSW (Community Based Health Care, NTLP), PMORALG, Development partners, CSOs |
| | | | | 7.2.4.5 | Monitor and evaluate impact of the CBR and leprosy strategy | v | Availability of an evaluation report | Evaluation reports | | | | | | **X** | MoHSW (Community Based Health Care, NTLP), PMORALG, Development partners, CSOs |