
INTEGRATING TB AND COVID-19 PERFORMANCE INDICATOR FRAMEWORK

C19RM CLM TA IN MBEYA REGION

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COLLABORATION OF TNCM, MKUTA & EANNASO

SUMMARY OF THE INTEGRATED TB AND COVID-19 PERFORMANCE INDICATOR FRAMEWORK COORDINATION MECHANISM

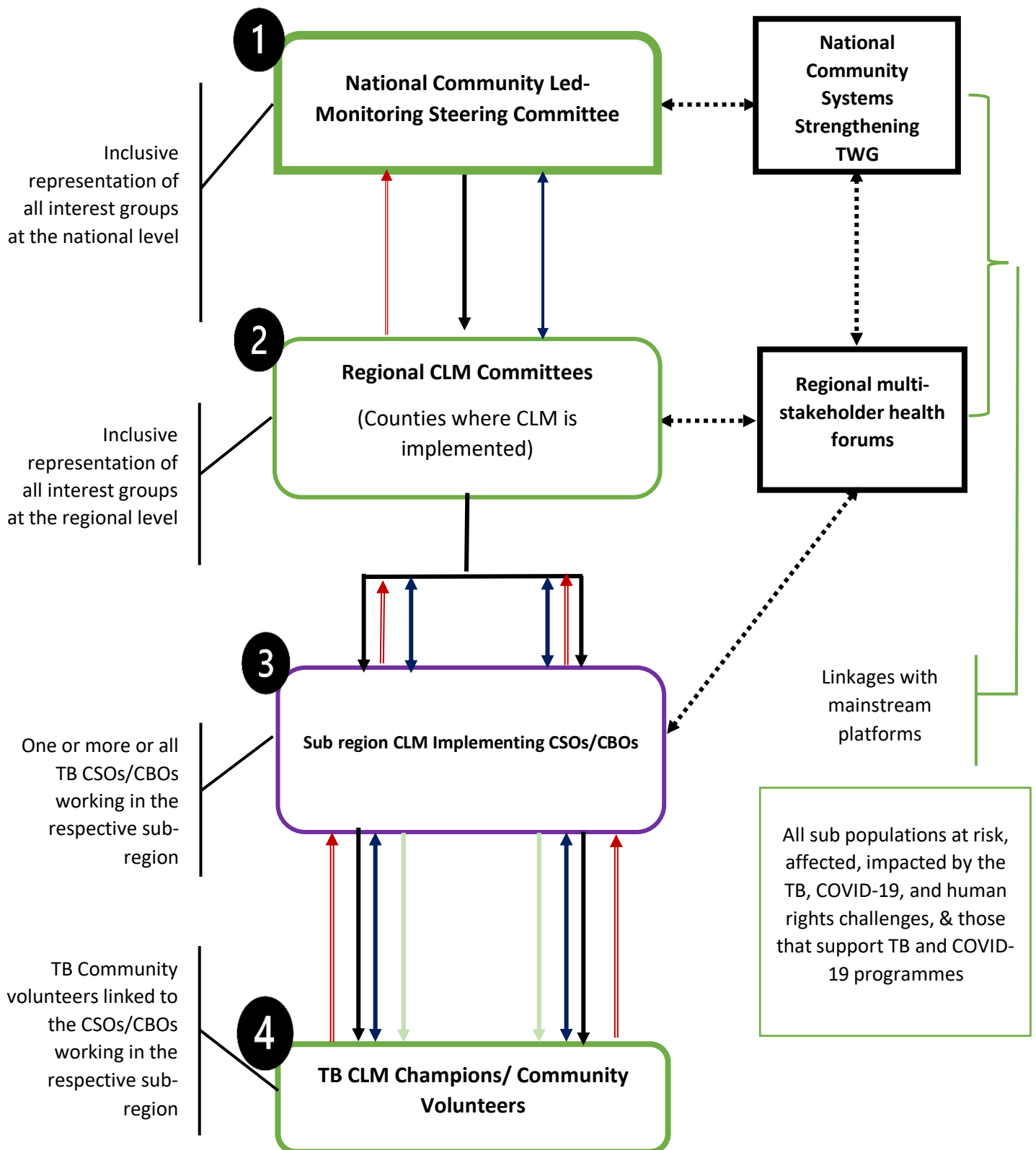


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ABBREVIATIONS

CBP	Community Based Organization
CHV	Community Health Volunteers
CLM	Community Led Monitoring
CSO	Civil Society Organisations
GF	Global Fund
HR	Human Rights
ITPC	International Treatment Preparedness Coalition
KII	Key Informants Interviews
SRH	Sexual and Reproductive Health
USAID	United States Agency for International Development

1.0: Background

The most impact of COVID - 19 pandemic is a large global drop in the number of people newly diagnosed with TB and reported. This fell from 7.1 in 2019 to 5.8 in 2020. Reduced access to diagnosis and treatment has resulted in an increase in TB deaths. Best estimates for 2020 are 1.3 million TB deaths among HIV-negative people from 1.2 million people in 2019 and an additional 214,000 among HIV – positive people. Other impacts include reductions in the number of people provided with treatment for drug - resistant TB from 177,100 to 150, 359, TB preventive treatment from 3.6 million to 2.8 million and a fall in global spending on TB diagnostic, treatment and prevention services from US\$ 5.8 billion to US\$ 5.3 billion (*Global Tuberculosis Report 2021*). Actions to mitigate and reverse these impacts are urgently required. The immediate priority is to restore access to and provision of essential TB services such that levels of TB detection and treatment can recover to at least 2019 levels especially in the badly affected countries. Tanzania is one of the high burdened countries with an estimated TB incidence rate of 222 per 100,000 populations in 2020 (*Global TB Report 2021*). Disruption to TB prevention services, including community notification, diagnosis of TB suspects means that people ran a higher risk of not accessing the services they need, as well as running the risk of unknowingly infecting others. Members of the Tanzania Country Coordinating Mechanism visited in October one of the regions which is experiencing negative impact of the COVID-19 pandemic. In 2020 the total TB cases notification all forms decreased to 3015 from 3111 in 2019 and 3310 in 2018 (*National TB and Leprosy Control Program data*).

The impact of COVID-19 on access to diagnostic, treatment and prevention services to TB suspects are mainly due to:

1. Disruption in access to services.
2. **Increased in stigma:** suspected TB cases and contacts were stigmatized as potentially suspects for COVID-19 and not allowed to integrate in the communities. Community groups that were mentioned to be at more risk for COVID-19 (e.g. TB and PLHIV) experienced stigma and discrimination in their communities in form of pity and involuntary disclosure.
3. Increased turnover of DOT Nurses and TB coordinators in some of the regions in due to fear of contracting COVID-19.

Community Led Monitoring mechanism will avail service users and communities a platform to gather qualitative and quantitative data on community and health facility TB notifications, analyse and use the information to suggest / develop novel approaches for TB notification; to assess equity, accessibility and quality of the services they receive during this period when the world is also fighting against the pandemic. Also, CLM will help beneficiaries to hold service providers and decision makers to account. The focus is on getting input from recipients

of services at community through interviews and focus group discussion and at health facilities through systematic review of TB registers that will translate into action and change.

The support in technical assistance (TA) in Community-Led Monitoring (CLM) for effective C19RM grants will strengthen the capacity of communities to gather, analyse and use data for improved availability, accessibility, acceptability and affordability of TB services in the context of Covid-19, to integrate CLM in national C19 responses and to document the impact of CLM on health responses.

2.0: PURPOSE OF THIS DOCUMENT

This document is developed for the purpose of providing guidance on how communities can strengthen collection of TB data, analyze the data and use the information to make appropriate programmatic decisions as well as use the information to advocate for improved service access for TB affected communities.

The document also proposes key strategic COVID indicators that will be integrated into the TB reporting framework to ensure that COVID-19 is effectively monitored and desired action taken to address the COVID-19 negative impact.

This framework is intended to be a living document that will be regularly revisited, revised and updated to align with prevailing circumstances.

3.0: ABOUT THE FRAMEWORK

The goal of this framework is to provide a guide and an approach to support the integration of COVID-19 indicators in TB programming in Tanzania. The framework outlines the requirements and conditions necessary for establishing and implementing a functional, sustainable and effective CLM mechanism. This framework identifies institutional and structural arrangements for effective implementation of CLM activities and proposes the integration of COVID-19 indicators into the TB framework.

The framework is intended for use by TB communities but can be modified to support community-based institutions supporting health programs including HIV and Malaria, Sexual and Reproductive health, and human rights programs.

4.0: DEVELOPMENT OF THE FRAMEWORK

While multiple approaches were used in the development of this framework, communities' experiences and insights formed the basis of both the content and structure of framework. Communities' perspectives and proposals on how to implement CLM activities were prioritized and informed the proposals and generalizations under this framework.

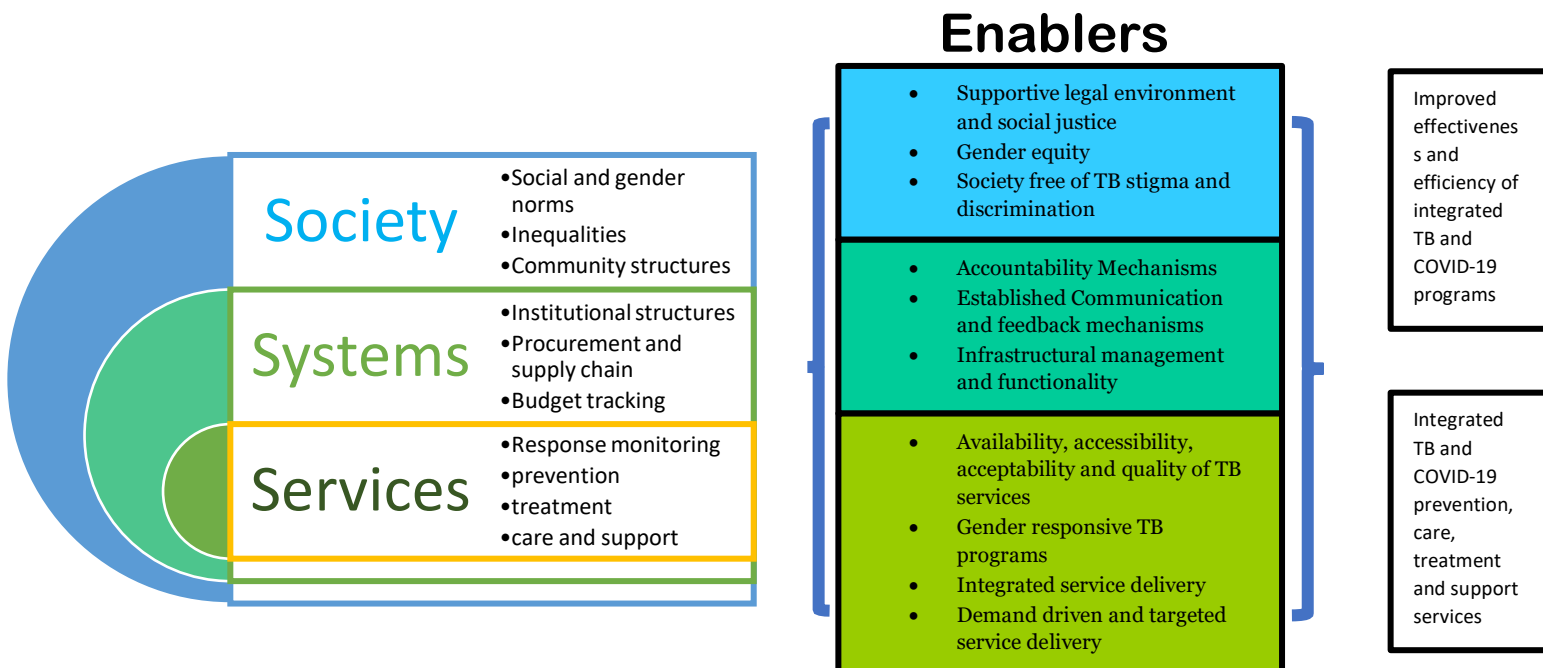
MKUTA as the network of organizations working on TB concerns in Tanzania mobilized its members to participate in the deliberations that culminated in the development of this framework.

Besides the TB community Consultations involved other partners that included; the ministry of health, the COVID-19 Response department, NTLP and the TNCM.

Preliminary review of relevant documents has been conducted and the following documents were reviewed, Establishing Community-led Monitoring of HIV Services - Principles and Process, by UNAIDS; How to Implement Community-Led Monitoring: A Community Toolkit, by International Treatment Preparedness Coalition (ITPC); Community Led Monitoring of Health Services Building and Accountability for HIV Service Quality

This preliminary review of documents and consultations provided in-depth understanding of best practices around CLM and informed the structured and content of this framework. The consultants have planned formal and structured interviews with all relevant stakeholders including CSOs, community groups, and state agencies.

5.0: THE CLM FRAMEWORK



6.0: UNDERSTANDING THE FRAMEWORK

The framework is built on three foundational pillars that include;

- Society
- Systems and
- Services

The logic of the framework stems from the principle that the community require to be empowered enough to create sufficient demand for services. Then when demand is created, this will set in motion systemic mechanisms that will ensure the ability and readiness to deliver commodities and services. To complete the cycle commodity and service delivery to the most marginalized communities is essential to ensure success of TB programs. While this looks more of a straight forward process, it is not linear and a number of considerations need to be factored in for each of the strategic pillars of the framework as described below.

6.1: SOCIETY

The society is one of the basic pillars for any successful CLM mechanism. It includes communities in their diversity and prevailing social, cultural, political and economic considerations that shape how communities interact and influence decisions. With the understanding that CLM is a process that empowers communities to generate data, analyze that data and use it to influence decisions at both program and policy level in order to that maximize access to quality services, societal norms, inequalities and prevailing community structures play a major role in ensuring a successful CLM initiatives and mechanisms.

- Social gender norms
It is worthy noting that the close semblance of CIVID-19 and TB in terms of symptoms renders COVID-19 to face similar social challenges including stigma and discrimination and gender inequalities. The framework thus highlights the need for a supportive legal environment and social justice to carb the negative effects that lead to increased stigma and discrimination and catalyzes gender inequality.
- Inequalities
The framework underscores the importance of existing inequalities in societies and communities. CLM is essential in identifying existing inequalities as an early warning mechanism to ensure disparities in service access at the community level is diminished.
- Community structures
The framework positions communities t the center of health response hence requires that communities are accorded with the right technical assistance to strengthen their capacity to collect data, analyze the data and use the evidence to inform programs and decisions at the different levels of service delivery and policy development.

6.2: SYSTEMS

The framework understands the important role CLM plays in ensuring systems are functional and are able to promote availability of much needed commodities and services. The framework outlines that CLM is useful in holding duty bearers in ensuring institutional structures are functional and are able to ensure availability of essential commodities and services to communities as well as ensuring appropriate budget allocations to TB and COVID-19 interventions through effective budget tracking processes.

- Institutional structures

Through CLM communities are able to identify dysfunctional health institutional structures including gaps in the cold chain and advocate for fixing of the same to improve supply of commodities to communities.

- Procurement and supply chain

In a like manner like institutional structures, the framework positions CLM as an effective mechanism of identifying gaps in the procurement and supply chain management by rising early alarm in areas that are not covered by commodity distribution chains. This helps decision makers to make arrangements to ensure that communities in the affected districts are able to be reached through such means as mobile clinics.

- Budget tracking

When communities understand the budget making process, they are able to hold their leaders accountable for prudent use of resources. This safeguards against resource leakages and improves procurement, as well as servicing institutional structures necessary for the delivery of quality essential commodities and services.

6.3: SERVICES

Service delivery is the ultimate pillar in the continuum of CLM. The relevance of CLM is to ensure that at the end of the day communities are able to access quality health services wherever they are and whenever they need them. While this sounds too idealistic, it is the desired end goal for CLM. The framework outlines health service response monitoring as the key to ensuring uninterrupted distribution and access to essential TB and COVID-19 commodities and services.

CLM positions communities as frontline workers able to identify and pick early signs of TB and or COVID-19 Infection. Through existing client screening mechanisms Communities are identify potential cases of infected people in the community and refer them for further investigation and once confirmed they can be put into treatment care and support.

7.0: ANCHORING THE FRAMEWORK

The framework was developed by multiple stakeholders that included TB community survivors, TB implementers, the Tanzania TB Community Network, Civil society, the ministry of health, the COVID-19 Response department, NTLP and the TNCM in collaboration with other development partners in Mbeya region.

The stakeholders agreed that this framework should be anchored in the existing TB framework that provides for a community level pillar that is responsible for TB case notification. The TB program in Tanzania has an elaborate framework that incorporates a community volunteers that conduct community case finding exercises to ensure that every potential TB suspect is identified and referred for further investigation and once confirmed TB positive is immediately put in treatment. Using the already existing community volunteers the stakeholders agreed to imbed COVID-19 indicators in the TB case notification form so as to ensure people with COVID symptoms are equally referred for further investigation and also put in treatment once confirmed COVID-19 positive.

8.0: Data collection Tools

The stakeholders agreed to collapse the community COVID tracking tool that had been developed for COVID-19 case finding and integrate COVID – 19 indicators into the TB case finding form to take advantage of the already existing network of TB volunteers to also screen for COVID-19.

The recommendations were passed over to the National TB and Leprosy Program (NTLP) for consideration and adoption.

9.0: CLM Performance Indicators for TB & COVID-19

GOAL

To contribute to the improved health status for all Tanzanians through a sustained reduction in the burden of TB and COVID-19 in support of country's C19 Response Mechanism

STRATEGIC OBJECTIVES (SO)

SO1: Increased and timely use of TB and COVID-19 prevention services

SO2: Improved positive behaviors and social norms at the individual and community level

SO3: Strengthened engagement and ownership of host communities to support comprehensive TB and COVID-19 prevention and care

9.1: LIST OF PROPOSED COVID-19 PERFORMANCE INDICATORS

INDICATOR	DESCRIPTION	NUMERATOR	DENOMINATOR	TOOL
# 1	Number of presumptive COVID-19 patients documented on TB register	Presumptive COVID 19 patients among presumptive TB and confirmed TB patients	All Presumptive TB and confirmed TB patients documented in the TB register	TB/LEP12 – (Add column on COVID -19 case finding)
# 2	Number and % of presumptive COVID 19 patients that are successfully referred for COVID-19 test	Presumptive COVID 19 patients among presumptive TB and confirmed TB patients that are successfully referred for COVID 19 testing	All Presumptive TB and confirmed TB patients documented in the TB register	TB/LEP12 - (Add column on results of referral)
# 3	Number of registered TB patients with documented positive COVID-19 test on TB register	All presumptive TB and confirmed TB patients who tested COVID-19 positive and documented in the TB register	All Presumptive COVID 19 among registered TB patients who were successfully referred for COVID 19 testing and documented in the TB register.	TB/LEP13A – Add column on results of test) TB/LEP15 Add – reason for referral – Add symptoms of COVID-19 on section 2.
	Number of presumptive TB patients with	All Presumptive COVID 19 patients	All Presumptive COVID 19 patients	

# 4	documented positive COVID-19 test on TB register	among presumptive TB patients who were successfully referred for COVID 19 testing and documented in the TB register.	among presumptive TB patients who were successfully referred for COVID 19 testing and documented in the TB register.	TB/LEP13A – (Results of referral)
# 5	Number of presumptive TB patients with documented positive COVID-19 test who receive contact tracing service	All presumptive TB patients who tested COVID 19 positive and documented in the TB register	All Presumptive COVID 19 patients among presumptive TB patients who were successfully referred for COVID 19 testing and documented in the TB register.	TB/LEP14 – (Screening of close contacts of COVID-19 positive clients-column 2,3,4,5,6,7,and 8)
# 6	Number of registered TB patients with documented COVID-19 Vaccine after completion of TB treatment.	All registered TB patients with documented COVID-19 vaccine in the TB register following completion of TB treatment	All registered TB patients documented in the TB register.	TB/LEP12 – (Add column: Fully COVID-19 vaccinated)
# 7	Number of community leaders and resource personnel promoting TB and COVID-19 services within their spheres of influence due to CHVs assistance.	All community leaders and resource persons participating in health promotion activities assisted by CHVs	All targeted community leaders and resource persons in the CHVs' catchment area	New Indicator