MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

National TB Response Community, Rights and Gender Operational Plan

2020 - 2023

FINAL DRAFT

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Foreword

The global and local strategies to address Tuberculosis (TB) and Leprosy have resulted in commendable progress. Tanzania is one of the countries which are on track in achieving the 2030 End TB milestone by 2020. However, TB has remained a disease of public health concern in the country. Previous National strategies have emphasized several interventions geared towards reducing the incidence of, and mortality from TB. The national response covers multiple strategic areas, including universal access to quality, affordable, and assured services of tuberculosis and leprosy. Such services include TB diagnosis, preventive, and treatment services. To further realize the impact of these efforts, the country has endorsed the UN HLM declaration to End TB and committed to increase multi-sectoral engagement and accountability and remove human rights and gender barriers, which may hinder or further impact those who are affected by TB.

Tanzania will, therefore, continue to strengthen national response by implementing a TB Community, Rights, and Gender Operational Plan (CRG OR) alongside the National TB and Leprosy National Strategic Plan VI (2020-2025). This CRG OR underscores the need for a strengthened country TB response, strong coalitions, and partnerships with communities. The country TB programme is cognizant of the fact that there are still marginalized populations who often are socially disadvantaged, and barriers that may hinder access to services must be addressed to ensure the same level and quality of services. Furthermore, the country needs to continue to improve efforts into ensuring that data about vulnerable populations - including risk and exposure factors, estimated size of the population affected, and TB prevalence- are included in the country programme and monitored along with the general population data.

The Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC), which charged with the sole responsibility to ensure the health and welfare of all Tanzania, is committed to implementing this National CRG OP. This plan serves as a resource mobilization tool; it sets the future direction, and defines a framework to monitor progress and promote accountability. This three-year plan will be linked to the Tanzania National TB and Leprosy programme's core operational, monitoring and evaluation, and budgetary plans. It should be monitored and improved based on the implementation findings.

It is my firm belief that executing the activities indicated in this plan will reduce to a greater extent the incidence and mortality of tuberculosis and remove human rights and gender-based barriers limiting access to TB services in Tanzania.

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Programme Manager
National TB and Leprosy Programme

Acknowledgment

The current Tanzania TB Response CRG Operational Plan was developed to cover the duration of three years from 2020 to 2023. This plan builds on the recommendations of the CRG assessments and other assessments that were conducted in Tanzania. It is also informed by Global guidance on the implementation of human rights and gender-based TB response. The development of this plan engaged several national and international stakeholders. It was coordinated by the Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO) under the leadership of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) through the National Tuberculosis, and Leprosy Programme (NTLP).Special thanks to members of the Task Force team from EANNASO and NTLP, who worked intensively and constructively on the CRG process in Tanzania. In particular, we would like to thank the NTLP team led by Dr. Liberate Mleoh, Ms. Lilian Ishengoma, Dr. Allan Tarimo, and EANNASO team led by Olive Mumba, Rodrick Mugishagwe and the Consultant Dr. Emmanuel Matechi.

We also appreciate and commend the Stop TB Partnership and the American People through the United States Agency for International Development (USAID) for providing technical and financial support through EANNASO to conduct Community, Rights and Gender Assessment Tools in Tanzania, and developing this operational plan to guide implementation of the findings and recommendations in Tanzania.

Sincere appreciation to government officials from the MOHCDGEC-NTLP, President's Office Regional and Local Government (PORALG), bilateral organizations, development partners, United Nations agencies, and international and local non-governmental, faith- and community-based organizations.

Furthermore, appreciates the valuable inputs and contributions of all the members of the Tanzania TB Community Network (TTCN) and other invited stakeholders for their dedication and time devoted to this process. We believe that this National CRG OP will guide our country to control tuberculosis by 2023. It will also provide a reference and guide for delivering quality services for all Tanzanian based on human rights principles, as an integral part of the country's move towards Universal Health Coverage.

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Oliva Mumba
Executive Director
EANNASO

Abbreviations

ACSM	Advocacy Communication and Social Mobilization
aDSM	active Drug Safety Monitoring
ART	Antiretroviral therapy
ATF	AIDS Trust Fund
CBOs	Community Based Organizations
CHMT	Council Health Management Team
CNR	Case notification rate
CPT	Cotrimoxazole Preventive Therapy
CORPS	Community Owned Resource Persons
CRG	Community Rights and Gender
CSOs	Civil society organizations
CSS	Community Systems Strengthening
CTC	Care and treatment center
CTRL	Central Tuberculosis Reference Laboratory
CU	Central Unit
DMO	District Medical Officer
DOT	Directly Observed Treatment
DQA	Data Quality Assurance
DRTB	Drug Resistance Tuberculosis
DST	Drug Sensitivity Test
DSTB	Drug Susceptible Tuberculosis
DTLC	District Tuberculosis and Leprosy Coordinator
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organisations
EHCP	Essential Health Care Package
ETL	Electronic Tuberculosis and Leprosy Register
EQA	External Quality Assurance
GDP	Gross Domestic Product
HMIS	Health Management Information System
HIV	Human-immunodeficiency virus
iCHF	improved Community Health Fund
IEC	Information Education and Communication
IGA	Income Generating Activities
MAT	Medication Assisted Treatment
MAF	Multi-sectoral Accountability Framework
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MDR-TB	Multi-drug resistance tuberculosis
MPs	Members of Parliament
NSP	National Strategic Plan
NTLP	National Tuberculosis and Leprosy Programme
PLHIV	People living with HIV

PORALG	President's Office Regional and Local Government
PPM	Public Private Mix
QI	Quality Improvement
RCH	Reproductive and Child Health
RDQA	Routine Data Quality Assessment
RTLC	Regional Tuberculosis and Leprosy Coordinator
SBCC	Social and Behavior Change Communication
THs	Traditional Healers
SDGs	Sustainable Development Goals
SLD	Second Line Drugs
SOPs	Standard Operating Procedures
SWOC	Strength, Weakness, Opportunity and Challenges
TACAIDS	Tanzania Commission for AIDS
TTCN	Tanzania TB Community Network
TB	Tuberculosis
TPT	Tuberculosis Preventive Therapy
TWG	Technical Working Group
UNHLM	United Nations High-Level Meeting
WCF	Workers Compensation Fund
WHO	World Health Organization

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1. Introduction

1.1 Background

Tuberculosis (TB) thrives in conditions of structural inequity, where the complexities of poverty, social inequity, disempowerment, rights violations, conflict, and patriarchy render communities susceptible to TB and marginalize access to diagnosis, treatment, and care. The 2030 Agenda for Sustainable Development It emphasizes that its Sustainable Development Goals (SDGs) will not be achieved unless and until human rights and dignity are ensured for all individuals, everywhere, leaving no one behind[1]. Universal Health Coverage UHC is a critical component of the new Sustainable Development Goals (SDGs) which include a specific health goal: “Ensure healthy lives and promote wellbeing for all at all ages”[2]. Within this health goal, a specific target for UHC has been proposed: "Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." The Stop TB Partnerships highlights the need to address human rights, vulnerable populations and gender in control TB epidemic[3]. Similarly, The Global Fund's response to the TB epidemic encourages programs to remove human rights and gender-related barriers to TB prevention, diagnosis and treatment services. The Global Fund's new Strategy 2017-2022: Investing to End Epidemics Strategic Objective 3 (SO3) states that "Promoting and protecting human rights and gender equality."

Tanzania is among the 30 highest TB burden countries in the world. According to WHO’s 2019 Global Tuberculosis Report, TB incidence in Tanzania was 269 per 100,000; this means 142,000 people were infected with TB in 2018. In the same year, only 75,845 (53%) TB cases were reported. The country is estimated to have an annual incidence of 1700 cases of drug-resistant pulmonary TB, but detection and notification are as low as 25%. About one-third of reported TB cases are also co-infected with HIV. As in many other low-income countries with high TB disease burdens, Tanzania’s investments to combat TB are less than current requirements, making it difficult to find and treat all people who fall sick from TB.

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) through the National TB and Leprosy Programme (NTLP) is currently implementing the five-year National TB and Leprosy Control Strategic Plan V (2015–2020), which aims at reducing new TB infections by 20%, and TB related mortality by 35%, by 2020.

[1] http://www.refworld.org/docid/57b6e3e44.html
[2] https://www.who.int/gender-equity-rights/knowledge/anchoring-uhc/en/
[3] http://www.stoptb.org/communities/

Over time the NSP VI implementation period, the programme has successful decreased TB mortality by 27% and incidence by 18% making Tanzania one of the seven countries that are on course of achieving WHO 2020 End TB milestones.

The country success is largely attributed to increase efforts in finding missing people with TB, whereby the TB notification in 2018 surpassed targets by notifying 75,845 cases, which is also a 22% increase compared to 2017. Similarly, there has been a 153% increase in the notification of multidrug-resistant TB (MDR-TB) cases between 2015 and 2018.

The WHO End TB Strategy by 2030 and Global Plan to End TB (2018-2020) emphasizes on a human rights-based approach, including principles of non- discrimination, equity, participation, ethical values, access to justice and accountability. A human-rights-based response will contribute to overcoming barriers to accessing TB education, prevention, diagnosis, treatment, care, and support services. Proposed human rights consideration include ensuring access to safe, quality, affordable medicines and diagnostics; freedom from stigma and discrimination; privacy; liberty; participation of TB survivors; dignity; gender equity; assembly; access to scientific progress; and realizing the highest attainable standard of health.[4],[5]

In responding to these programmatic needs, in 2017, Tanzania conducted three Community Rights and Gender (CRG) qualitative assessments: The Legal Environment Assessments for TB, the Gender Assessment Tool for National HIV and TB Responses and the Data for Action for TB Key, Vulnerable and Underserved Populations through technical support from Eastern Africa National Networks of AIDS & Health Service Organizations (EANNASO). The objective of the assessments was to develop recommendations for improving the TB response so that quality TB services are available, accessible, and acceptable to all. Later in 2019, EANNASO working in collaboration with Tanzania TB Community Network (TTCN), assembled Civil Society organizations who identified TB community needs and recommended key priorities to improve the provision of community TB care in Tanzania.

On the same note, the National TB and Leprosy Program (NTLP) is reviewing its 2015-2020 strategic plan and has initiated preparation for the next Global Fund funding cycle (2021-2023). Since it has been two years since the assessments were conducted, there is a need to revalidate the findings and recommendations ahead of the NSP development and GF Application. The recommendations have been used to develop a National CRG Costed Operational Plan for the Community Rights and Gender Assessment Recommendations in Tanzania.

[4] Framework for implementing the “End TB Strategy” in the African Region 2016-2020. Geneva: World Health Organization; 2017
[5] Stop TB Partnership, Global Plan to End TB-The Paradigm Shift, 2018-2022

1.2 CRG and other assessment key Recommendations and Proposed Actions

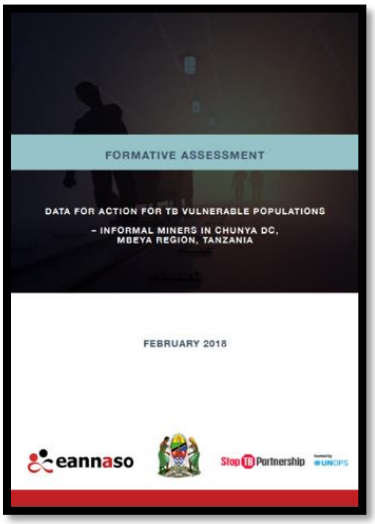
The process of adopting human right based approach in Tanzania was initiated by the implementation of CRG assessments in Tanzania and other countries. The assessment has informed key priorities in TB responses, including recognizing of miners a key population and implementation of programmatic interventions to reach them. A series of in-country sensitization and review meeting have been conducted to implement the CRG tools. The country has gathered several key recommendations from these assessments, as summarized below.

Legal Environment Assessment

Human rights violations continue to be a barrier to accessing TB services for many marginalized groups such as prisoners, miners, and immigrants. The report details the findings from several individuals and legal practitioners, judiciary, law enforcement agencies, and local NGO's[6].

TB often affects marginalized groups who face legal barriers to access care. This assessment shows that several legal and policy barriers could hinder TB affected and vulnerable groups from attaining the right to life, health, privacy, liberty, and remaining free from discrimination, torture, or punishments.

Date Framework for Vulnerable Population



Vulnerable and underserved populations are at increased risk for TB due to where they live or work, have limited access to quality services and are at increased risk of developing TB due to biological and behavioral factors. Vulnerable, underserved, at-risk populations are country-specific, and the background prevalence of TB drives their risk of getting infected and developing TB. The vulnerable populations could either be missed by health systems, unable to access health services or suffer particularly detrimental consequences as a result of the TB disease. The assessment summarizes the characteristics, challenges, and gaps of vulnerable populations in Tanzania[7]. It shows that there was low awareness on the need to use protective gear among artisan miners, fear of dismissal for those in informal short term employment. In these settings, most miners do not have a binding contract with owners and are often lost to follow up due to their migration nature.

[6] EANNASO. Legal Environment Assessment for Tuberculosis (TB) in Tanzania. Arusha, Tanzania; 2018

[7] EANNASO. Data Action for TB Vulnerable Populations - informal miners in Chunya District, Mbeya Region, Tanzania. Arusha, Tanzania; 2018.

TB/HIV Gender Assessment

Gender has a critical impact on health seeking and treatment behavior, mainly determining how men, women, transgender, boys, and girls seek health services. This report confirms that in Tanzania, men, women, and children have different kinds of barriers to access care. Socio-cultural norms in many countries create different levels of stigma, discrimination, and gender inequities. Stigma and discrimination lead to delays in seeking diagnosis, poor treatment outcomes, creation of drug resistance, loss of employment, rejection of women from families. The report recommends programmatic actions to promote understanding and responding to gender-based violence among TB patients and their families. It also calls for the country to develop gender-transformative policies and plans to address the gender-related issues in the TB epidemiology and TB responses[8].

Assessment of the magnitude of tuberculosis in selected mining sites in Tanzania

This study confirms the high magnitude of TB in mining sites in the country. It calls for an urgent need for interventions geared towards understanding and addressing the underlying social and economic factors and need for continuous surveillance at both health facility and community levels, especially in high TB spot areas. The report also highlighted the need to increase engagement of artisan miners' leaders as a new group of community-based health care workers to support planning, implementation and monitoring of the TB interventions.

[8] EANNASO. Gender Assessment of the National Response to TB in Tanzania, Arusha; 2018

The gender study identified existing of policy level guidance around gender equity, disadvantaged groups, women and children in the promotion of sustainable health sector development; identifies ownership and right to health for all Tanzanians; prioritizes reproductive and maternal health but does not elaborate gender norms, roles and relations affecting access. It does not have specific gender indicators that can help guide and track progress made towards the reduction of gender related bottlenecks to access and utilization of health services by women, men, boys, and girls. The report recommends the development and implementation of policy guidelines to direct preparation of gender transformative Health Sector response and implement a capacity building strategy on gender for health workers, Health Committee members and Health Facility Governing Boards to enhance their participation and inclusion of gender.[9]

1.3 The Purpose and Rationale of the CRG OP

Purpose

The main objective of the operational plan is to define and cost priority interventions for implementing a TB Community, Rights, and Gender Operational Plan (CRG OR) in Tanzania.

Rationale

Tanzania recognizes the need to build evidence for a strong Community Rights and Gender (CRG) TB programming that will reduce human rights and gender barriers to TB services.

As in most other low- and middle-income countries, there is evidence of gender dynamics in TB enrolment, treatment and cure rates in Tanzania. In implementing the CRG OP, Tanzania is committing to ensure that country responses and programmes on TB and Leprosy are community-focused, human rights-based, and gender transformative.

Since it has been two years since the assessments were conducted, there is a need to revalidate the findings and recommendations ahead of the NSP development and GF Application.

The country is consequently planning to develop a National CRG Costed Operational Plan for the Community Rights and Gender Assessment Recommendations in Tanzania, which will inform the NSP development, GF Application, and other funding opportunities.

[9] MOHCDGEC. 2019, Mid-term Review of the Health Sector Strategic Plan IV 2015-2020, Gender Study, Technical Report; 2019

1.4 The Development of the CRG OP

The development of CRG OP was led by EANNASO, under the support of the CRG Tools Project in Tanzania. The process involved reprioritization of recommendations of the 3 CRG assessments conducted in 2017 and other related assessments or studies in Tanzania. A Consultant was hired to facilitate the review and validate the available report in an attempt to improve the content and repackage it to inform the Operational Plan. The CRG OR was developed in three main steps, where the initial steps informed the proceeding events and the final output.

Step 1: Literature review: The Consultant working closely with EANNASO and NTLP core team, conducted an extensive literature review on the CRG concept and the CRG assessment in Tanzania and globally. The literature review included the three existing reports, the Gender Study commissioned by the Ministry of Health during the Mid-term Review of the Health Sector Strategic Plan and other studies.

Step 2: Reprioritization of CS and community needs to inform NSP: EANNASO, in collaboration with TTCN, organized two days meeting for Civil Society and Community TB group representatives. The meeting identified TB community needs and priorities to inform the National Strategic Plan development process and concept note for a funding request to the Global Fund. The CRG OP development team reviewed and repackaged the report based on the findings to provide consolidated recommendations for the Operational Plan.

The team also reviewed the list of TB Key and Vulnerable populations in Tanzania. Based on the literature review, HNA, and data analysis, the team analyzed and defined KVP groups that need to be prioritized in Tanzania. Based on the WHO recommended key population prioritization scoring[10].

[10] Stop TB Partnership. Data for Action for TB KVP and Underserved Populations, September 2017

Table 1: Prioritized Key and Vulnerable Populations in Tanzania

	Score 1	Score 2	Score 3	Score 4	Score 5	Score 6	
	Estimated Contribution to the Country's TB burden	Faced with Environ-mental Risk	Faced with Biological Risks	Faced with Behavior Risks	Legal & Economic Barriers to Accessing Services	Human Rights & Gender Barriers to Accessing Services	**Total score**
Key and Vulnerable Populations to consider							
People Living with HIV	5	0	1	0	0	1	**7**
Miners (including artisanal)	3	1	1	1	1	1	**8**
Refugees		1	1	0	1	1	**4**
Prisoners and detainees	2	1	0	0	0	1	**4**
People Who use Drugs including PWID	3	1	1	1	1	1	**8**
Slum-dwellers (urban poor)	2	1	1	0	1	1	**6**
People with Diabetes	3	0	1	0	0	0	**4**
Children	5	0	1	0	0	1	**7**
Elderly	3	0	1	0	1	1	**6**
Health Care Workers including CHWs	1	1	0	0	0	1	**3**
Fisherfolks	1	1	0	0	0	0	**2**
Traditional healers	1	1	0	0	0	1	**3**

Step 4: Stakeholder's meeting to revalidate CRG recommendations and develop an Operational Plan: The stakeholders' meetings involved stakeholders who participants of the CRG process, representative of key populations and TB survivors. During this meeting, the technical team working with the Consultant reprioritized CRG recommendations. To further validate the findings, stakeholders performed a Health Needs Assessment (HNA) for at least 3 of the KVP who have been prioritized. The process adopted five steps proposed by the Health Development Agency, Practical Guide for conducting HNA[11]The team consolidated the results of the HNA exercise with the recommendations from the CRG assessment. The final list of priority recommendations was used to create an operational plan. The results of the HNA are described below.

[11] https://ihub.scot/media/1841/health_needs_assessment_a_practical_guide.pdf

	ASSESSMENT AREA	BARRIERS/RISKS	KVP IMPACTED	RECOMMENDATIONS
HEALTH EQUITY DIMENSIONS	**Availability**			
	Need to have sufficient quantity of functioning public health and health-care facilities, goods and services, and programmes.	Social challenges, e.g., homeless, nutrition, adherence support, financial constraints, distance to the facility, regular visit	Slum dwellers PWUDs	Enroll in medical/health insurance schemes; promote IGA; foster the collaboration of the PPP to provide the TB services
		Limited access to TB diagnostic services resulting in late diagnosis	Slum dwellers PWUDs	Scale-up of diagnostic services including outreach services and sputum transportation systems
		Inadequate Protective / preventive equipment's	HCWs	Ensure adequate supply of PPE
	Accessability			
	Health facilities, goods, and services have to be accessible (physically accessible, aordable, and accessible information) to everyone within the jurisdiction of the State party without discrimination	Low Awareness of TB symptoms (language barrier are associated with not knowing TB symptoms and therefore delay in seeking care	Miners Slum dwellers PWUDs	Increase awareness of TB among PWUD Scale-up outreach service targeting PWUD including PWID

	Health facilities, goods and services must be accessible physically (in safe reach for all sections of the population, including children, adolescents, older persons, persons with disabilities and other vulnerable groups) as well as financially and on the basis of non-discrimination. Accessibility also implies the right to seek, receive and impart health-related information in an accessible format (for all, including persons with disabilities), but does not impair the right to have personal health data treated confidentially.	Financial constraints were limiting access to services, e.g., the cost for consultation in private clinics, transport, etc.	Slum dwellers PWUDs	Scale-up of diagnostic services including outreach services and sputum transportation systems
	Acceptability			
	The social and culteral distance between health systems and their users determine acceptability. All health facilities, goods, and services must be respectful of medical ethics and culterally appropriate, sensitive to gender and age. They also need to be designed to respect	Stigma and discrimination in communities, e.g., isolation, disorientation, lack of acceptance and negative perception from the community	PLHIV PWUD Miners	Increase awareness of TB stigma

	confidentiality and improve the health status of those concerned.			
		Stigma at health facilities. Often PWUD are considered criminals and not patients	PLHIV PWUD Miners	Build Capacity of HCWs on Human Rights and Ethics
		Poor health seeking behaviour among PWUD	Fisherfolks PWUD Miners	Increase awareness of TB among PWUD
	Quality			
	Health facilities, goods, and services must be scientifically and medically approved and of good quality	Peer pressure motivating drugs consumption vs. health needs	PWUD Miners	Scale-up rehabilitation and MAT services
		Misconception of TB symptoms and hence delayed health seeking behavior	Slum dwellers PWUD Fisherfolks	Raise community awareness/education-ICE
		Poor nutrition	PWUD Miners	· Promote IGA and conduct nutrition campaigns Partner and link with social protection programs

		Low involvement of treatment supporter	PLHIV PWUD Miners	Establish and work with peer leaders and champions to address health needs of PWUD
	Participation			
	The beneficiaries of health care services, facilities and goods should have a voice in the design and implementation of health policies which affect them.	Stigma and discrimination in communities, e.g., isolation, disorientation, lack of acceptance and negative perception from the community	Slum dwellers PWUD Miners	Raise community TB control issues targeting the KVP
		Breach of confidentiality, privacy and discrimination at community and HF settings	All KVPs	Sensitize lawyers, law enforcement officers, judiciary and other key decision makers on strategies to remove barriers to TB service on promotion access to treatment services
	Accountability			
	Duty bearers should be held accountable for meeting human rights obligations in the area of public health, including through the possibility of seeking effective remedies for breaches such as, for example, the denial of treatment	Stigma at health facilities. Often PWUD are considered criminals and not patients	Slum dwellers PWUD Miners	Assessment of Stigma and discrimination and address the recommendations accordingly

		Poor quality of housing; insufficient ventilation and light	Slum dwellers PWUDs Fisherfolks	• Engage policy and decision makers in improving urban settlements • Engage community leaders and CORPs such as religious leaders and traditional leaders • SBCC strategies on standard housing (multisectoral collaboration)
		High risk: HCW spend more time with presumptive, and TB clients and Lab technicians are exposed to TB when processing specimens	Health Care Workers at HF, Laboratory and CHVs	· Adherence to Proper preventive measure against TB, e.g., Use of musk's, N95 · · Establish/strengthen regular TB screening among HCW · Adhere to SOP and IPC
GENDER RELATED BARRIERS	**Laws/Policies, guidelines and programming**			
	Are males and females treated equally in legislation, and by official policies and institutions in the country? How could this impact your project or activity?	Drug interaction affecting adherence to TB medications	PWUD	Scale-up rehabilitation, harm reduction and MAT services
		• Self-Prescription • Over-the-counter prescription of antibiotics	HCWs PWUDs	To raise awareness on appropriate TB diagnosis and treatment
	Cultural Norms/Beliefs			

	What beliefs and perceptions shape gender identities and norms? Do gender stereotypes function as a facilitator or barrier to males' or females' engagement in this activity?	Habit sharing of cocktails during smoking	PWUD	Establish and work with peer leaders and champions to address health needs of PWUD
		Poor quality of housing; insufficient ventilation and light	Slum dwellers	
	Gender Roles/Time Use			
	Who does what? How do gender roles and responsibilities impact the likelihood that males and females will participate in this project and in development activities in general?	Gender imbalance in accessing the TB control services	All KVPs	Employ a Gender sensitive approaches in Health care settings
	Access to/control over Resources:			
	(including income, employment, and assets such as land):			
	Do males and females have equal access and the capacity to use productive resources—assets, income, social benefits, public helath services, technology—and information necessary to be a fully	Gender imbalance in accessing the TB control services	All KVPs	Engage Community Leaders to understand and address Gender issues in programming

	active and productive participant in society?			
	Power			
	Who decides, influences, and exercises control over material, human, intellectual, and financial resources in the family, community and country?			

Table 2: Prioritized Recommendations by Thematic Areas

HUMAN RIGHTS	TB- Diagnosis	• Improve engagement of Key and vulnerable groups in TB related interventions, e.g., Include artisan miners' and PWUD leaders (include working with organizations and networks with PWUD) as a new group of community-based health care workers • Scale-up of TB services targeting hard to reach populations (including TB preventive therapy) • Strengthen referral and linkage to nutrition services for malnourished presumptive TB • Increase TB awareness among the community (e.g., through media, social media, publications)
	TB Prevention	1. Enforce zero stigma and discrimination policy in all sectors. 2. Enforce implementation of labour laws 3. Lobby to ensure legislative protections and adherence to occupational health and safety standards, such as control and monitoring of dust 4. Scale TB in Mining interventions to more artisan mineworkers 5. Repeal, amend or review discriminatory, isolation, oppressive or coercive laws to ensure access to quality TB prevention and care, and rights and dignity of people with TB and TB affected communities are protected 6. Engage law enforcement officers, judiciary, human rights commission and lawyers on TB issues as they relate to human rights 7. Engage other sectors (labor, settlement, minerals) to implement a multisectoral TB response 8. Mobilize influential leaders and stakeholders (e.g., members of parliament, religious leaders) to contribute to efforts to End TB 9. Enforce compensation schemes for HCWs and miners 10. Conduct targeted TB awareness campaign among PWUD, working closely with peer leaders, groups and networks
	TB Treatment	• Strengthen aDSM (adverse events assessment) • Implement nutrition assessment and counseling for a person diagnosed with TB • Implement nutrition and other social support for TB Patients on treatment
GENDER	TB- Diagnosis	• Advocate and sensitize communities on women empowerment (health-seeking decision, economic-empowerment, gender equality, GBV prevention).

		• Strengthen integration of Reproductive Child Health (RCH) services with TB services • Incorporate a vulnerable population (Diabetes, Prisoners e.t.c) information into a standardized reporting tool. • Implement operational research to (1) address gender-related issues such as gender-based violence and TB, (2) estimate the population size of the vulnerable groups and TB burden with a gender-perspective, (3) determine gender-responsive interventions and evaluate their impact on reducing the TB burden in the country.
	TB Prevention	• Target women in TB interventions and campaigns (e.g., in Microfinance, VICOBA) • Engage more peer women in community TB interventions (e.g, PWUD, slum dwellers, prisoners, TB survivors
	TB Treatment	• Increase TB awareness prevention, care programs targeting caregivers (e.g. TB prevention, screening adherence support) • Expand social security for TB affected individual and families • Conduct Stigma index assessment • Integrate and coordinate GBV in TB response (Policies, ACSM strategy, legislation, and programmes) • Prepare specific gender indicators that will help to track and achieve the aspirations and priorities set in the HSSP IV/TB program;
CROSS-CUTTING ISSUE		• Support coordination mechanisms for patient support groups (MKUTA) and coordination of Civil Societies Implementers (TTCN) • Mobilize resources to support coordination of TB CSS activities • Develop and implement a comprehensive community-based TB response monitoring system • Mobilize CHMTs and Mining Associations to provide the necessary guidance, participation in the supportive supervision and monitoring of delivery of health services • Prepare and implement capacity building strategy on gender for health workers to enable them to employ gender transformative approaches in the preparation of CCHPs as well as designing, preparation, implementation and evaluation of health sector programs

2. Overall Goal and Objectives

This CRG OP acknowledges that gender inequalities can impact health risks, health-seeking behavior, and responses from health systems, which lead to poorer outcomes. There is a need to undertake responsive programming, which considers the prevailing gender norms or undertakes gender transformative programming, to mitigate harmful gender norms that are barriers to accessing health services. This will be in line with the End TB Strategy calling for a strong coalition with civil society and community organizations, protection and promotion of human rights, ethics and equity, and Patient Cantered Care. As the first step, Tanzania will work on building evidence for TB interventions based on CRG assessments and other assessments informing country programming aiming at placing communities, human rights, and gender at the centre of the response of this disease.

Key Results: Increased adoption of human rights, gender based, people, cantered and community-driven approaches in TB response by 2022

2.1 Intervention Area 1: Addressing stigma, discrimination, and gender inequality

Objective 1: Reduce human rights and gender barriers to TB services and address TB stigma and discrimination in communities and health care settings

Stigma, discrimination, and gender inequality have been cited as potential factors hindering access to quality TB prevention, care, and treatment services, especially among at risk and vulnerable populations. Stigma exists both as self-stigma and community stigma, and it exists not only among those who are hard to reach but even for health care providers. The association between TB and HIV also aggravates TB stigma. Discrimination occurs more among those who are vulnerable such as people who use drugs. They may feel isolated and ignored in their communities and within health care settings. Gender inequality takes different forms; ranging from limited access to services among men, who are working in hard to reach locations, to women's limited choice to seek care without spouse consent.

To address gender, Tanzania will first conduct a baseline assessment to establish the magnitude of TB related stigma and gender-based violence in Tanzania using STP proposed tools. The results of the stigma index study will inform the ACSM strategies. Further to address stigma in health care settings, NTLP will develop a toolkit to address gender, stigma, discrimination, and human rights issues. This toolkit will be disseminated in all TB and HIV clinics. During the third year of implementation of this OP, the country will conduct a follow up stigma index survey among Key and vulnerable group.

2.1 Intervention Area 2: Reform of Laws and Policies

Objective 2: Advocate for reforms of policies and laws that affects access to TB services among people who are at risk, vulnerable or affected by TB

The LEA conducted in 2017 identified key policies and laws that need to be reformed to ensure access to quality TB prevention and care, and rights and dignity of people at risk of TB or those with TB are protected. To address legal barriers, Tanzania will take a strategic engagement with the TB parliamentary caucus and the HIV, TB, and Narcotics Parliamentary Standing Committee to initiate and monitor these reforms. TTCN working with NTLP, will first update the LEA recommendations and, thereafter, engage parliamentarians and the Law Reform Commission to lobby for the necessary reforms. In order to gain efficiencies, a similar avenue will be used to promote adoption of social protection policies for families affected with TB who are facing catastrophic costs.

The country will engage existing public and private law and human rights organs and law enforcement agents to participate in CRG response for TB. This exercise will support the identification of early adaptors and champions of CRG, who will advocate for reducing human rights barriers to access TB services, reduce gender inequality, and eliminate stigma and discrimination.

2.3 Intervention Area 3: Multisectoral Collaboration

Objective 3: Promote multisectoral collaboration and accountability for TB response

Tanzania has endorsed the UN high level meetings targets and declaration to end TB. The country has expressed commitment to honor the recommendation by the UN to implement a multisectoral TB response. This will require country dialogues to identify opportunities to increase multisectoral engagement partnerships in the country. Such engagement may include the proposed National Stop TB Partnership Chapter and the Multisectoral Accountability Framework(MAF). Through the implementation of the CRG responsive programme, the country will also engage media and influential people and ensure participation of key stakeholders during the commemoration of World TB day, human rights' day, and women's' day. The community stakeholders will also work to explore opportunities to increase social protection among vulnerable and affected TB communities. One such opportunity will be to engage policymakers and advocate for increased

collaboration between TB and HIV national response using existing governing structures (CMAC/VMAC) and local funding mechanisms, e.g. the AIDS Trust Fund.

Other considerations will include the establishment of partnerships with existing IGAs and social protection programs to promote inclusion of at risk, vulnerable, and ex-TB groups in economic empowerment activities.

2.4 Intervention Area 4: Community Mobilization and Advocacy

Objective 4: Mobilize and empower communities to engage and influence in TB response

In implementing the CRG Operational Plan, Tanzania has noted the need to conduct community-led capacity building exercise for at risk, vulnerable, and affected TB communities. This engagement intends to promote patient-level and community-led advocacy to remove human rights and gender barriers to TB services. The community mobilization and advocacy activities will aim at promoting the expansion of social security and social protection programs, e.g., Community Health Fund (iCHF), and Workers Compensation Fund (WCF), working through the KVP network and associations. Tanzania will work with peer leaders of KVP to raise awareness on human rights and disseminate legal literacy as a way of addressing barriers to TB services. The country will also revisit the existing community-based monitoring framework to ensure its implementation. The community monitoring will be used to report issues related to the quality of TB services, privacy, informed consent, and other issues related to stigma and discrimination. Furthermore, to ensure there are adequate resource, the TTCN secretariat will engage in TB resource mobilization activities, e.g., Global Fund application, COP, ATF, LON co-creation and other funding opportunities

2.5 Intervention Area 5: Targeting Key and Vulnerable Populations

Objective 5: Scale-up innovative interventions to increase access to TB prevention, care, and treatment among key and vulnerable populations

Tanzania has prioritized a list of twelve TB at risk and vulnerable groups. The populations identified are further programmatically being viewed in two ways. First, there are vulnerable populations such as slum dwellers, miners, PWUD, and fisherfolks who are also found in hard to reach areas. These groups were not accessing TB services and required a tailored approach for TB services. Second, there are vulnerable groups such as PLHIV, Children, Elderly, people with

Diabetes Mellitus who could be in contact with health services. An integrated approach is required to ensure access to TB services in such a setting.

The country has also established and currently implementing different guidelines and SOP targeting these populations. As part of CRG implementation, Tanzania will develop an SOP for the implementation of TB services among KVP who are hard to reach. The country will also assess barriers and facilitators of implementing collaborative TB activities at RCH, Diabetes, OPD, and in-patient departments. Furthermore, the country will pilot test and scale the implementation of the SOP. This will go hand in hand with sensitization of LGAs and implementing partners to SOP and toolkits innovative KVP (interventions in hard to reach areas including mining population). The country will also facilitate review of in-service training for HCWs to incorporate human rights, medical ethics and legal literacy module in the context of TB

Engagement of KVP community in the TB response is critical so that they support in developing solutions and interventions related to the situations. Community mobilization through TB knowledge creation and engagement of youth in TB. The TB school curriculum and workplace policy implementation will support address stigma and discrimination at all levels. KVP should alos be encouraged to implement community based monitoring systems and provide data and information that can inform policies and programs

2.6 Monitoring and Evaluation

Objective 6: Develop an effective CRG monitoring and evaluation system to inform country progress, share lessons and improve programming

This being the first CRG operational plan in Tanzania, the country plans to implement an effective monitoring and evaluation framework, to support learning and improvement of the country CRG response. This OR advocates for activities such as size estimation for some TB KVP such as the (PWUD, fisher forks, Artisanal miner, and updating of the current TB surveillance systems to record and report other KVPs, e.g., DM, PUD, Fisherfolk. Similarly, the country needs to consider monitoring of overall country performance based on incidence and as guided by the 90-90-90 cascade and consider including the stigma indicators, among the key programmatic indicators.

To streamline implementation of CRG OP, the country will hold regular CRG implementers meeting to monitor implementation and update the implementation arrangement based on emerging opportunities. The national team will also be involved in conducted regularly community-led supportive supervision in the first year to track and support the implementation of community

activities. The country plans to hold a mid-term review towards the end of 2021 to assess whether the implementation is feasibility and acceptability of interventions. Furthermore, to promote learning, the CRG implementers will produce quarterly newsletters to be disseminated through existing TTCN membership and Stop TB Partnership.

3. Implementation Strategies

The implementation of the CRG OP will be based on human rights and gender-based principles, reaching vulnerable and underserved populations and strengthening of the community health systems.

3.1 Key principles

A human rights-based approach to TB is grounded in international, regional, and domestic law. These laws establish rights to health, non-discrimination, privacy, freedom of movement, and enjoyment of the benefits of scientific progress, among others.

A gender-based approach to TB aims at addressing the social, legal, cultural, and biological issues that underpin gender inequality and contribute to poor health outcomes. It encourages activities that are gender-responsive investments to prevent new cases of TB and strengthen the response to fulfill the right to health of women and girls, men and boys in all their diversity. Wherever applicable, these protections should be included in constitutional law or legislation. If this is not possible, they should be incorporated as legal rights in national and local TB policies.

Vulnerable and underserved populations are at increased risk for TB due to where they live or work, have limited access to quality services and are at increased risk of developing TB due to biological and behavioural factors. They are key because addressing TB issues they face is critical to the overall goal of ending the epidemic for the entire population.

The United National High-Level Meeting (UNHLM) on TB target number 7 is to "Promote and Support an End to Stigma and All forms of Discrimination," including by removing discriminatory laws, policies, and programmes against people with TB, and through the protection and promotion of human rights and dignity. It recognizes the various socio-cultural barriers to TB prevention, diagnosis and treatment services, especially for those who are vulnerable or at risk settings; and the need to develop integrated, people-centred, community-based, and gender-responsive health services based on human rights[12]. The inclusiveness of vulnerable populations and situations are also addressed in the current National TB and Leprosy Programme (NTLP) National Strategic Plan V of the 2015-2020[13].

[12] Stop TB Partnership. UN High-Level Meeting on TB: Key Targets and Commitments for 2022. Geneva, Switzerland; 2018.

[13] National Strategic Plan V for Tuberculosis and Leprosy Programme. October 2015, Dar es Salaam, Tanzania.

Community Systems Strengthening for CRG OP: The implementation of this operational plan will also benefit from the community systems strengthening. For instance, the Global Fund encourages the use of community strengthening to improve the health of the community. Community organizations and networks have a unique ability to interact with affected communities, react quickly to community needs and issues, and engage with affected and vulnerable groups. They provide direct services to communities and advocate for improved programming and policy environments. This enables them to build a community's contribution to health, and to influence the development, reach, implementation, and oversight of public systems and policies[14].

Community systems strengthening initiatives aim to achieve improved outcomes for health interventions dealing with health challenges, including HIV, tuberculosis, and malaria, among many others. An improvement in health outcomes can be significantly enhanced through the mobilization of key affected populations and community networks and emphasizing strengthening community-based and community-led systems for prevention, treatment, care and support; advocacy; and the development of an enabling and responsive environment.

3.2 Systematic approach for Community Systems Strengthening

The framework takes a systematic approach to CSS. It focuses on the core components of community systems, all of which are considered essential for creating functional, effective community systems and for enabling community organizations and actors to fulfill their role of contributing to health outcomes. These core components are:

1 **Patient-centred care** with protection and promotion of human rights, ethics, and equity targeting the most marginalized, at risk and vulnerable identified, informed, and empowered, to access TB prevention, treatment, and care. Person and affected communities placed at the centre, as equal partners, driving health policy, providing the individual and groups with the tools to participate and claim specific rights.

2 **Enabling environments and advocacy** – including community engagement and advocacy for improving the policy, legal and governance environments, and affecting the social determinants of health.

3 **Community networks, linkages, partnerships, and coordination** – enabling practical activities, service delivery, and advocacy, maximizing resources and impacts, and coordinated, collaborative working relationships. Building a partnership that aims to enhance

[14] Global Fund to Fight AIDS, Tuberculosis, and Malaria. Community Systems Strengthening Framework. Geneva, Switzerland; 2014.

mutual trust and complementarity among stakeholders is critical for TB and Leprosy control. Strong coalition with private sector, religious and civil society organizations, people with TB and Leprosy, and communities at large will guarantee an inclusive and efficient programme.

4 **Community systems strengthening in service delivery** – accessible to all who need them, evidence-informed, and based on community assessment of resources and needs. In line with the principles of Universal Health Coverage, people in need of TB preventive, curative, and rehabilitative services should not be limited by financial hardship

5 **Use of latest evidence and data-driven decision making**, adopting best practices recommended by global, regional, and national strategies made from research and routine data generated in TB and leprosy clinical and prevention efforts. Collaborative efforts to implement an effective Monitoring and evaluation CRG plan – including M&E systems, community-based and led monitoring system, situation assessment, evidence-building and research, learning, planning, and knowledge management.

6 **Addressing socio-economic determinants of TB**, including reducing catastrophic costs of TB services to the patient and removing human rights and gender barriers to TB services.

7 **Integrated and multisectoral response to TB supported making human rights** an integral dimension in the design, implementation, monitoring, and evaluation of TB related policies and programmes. Efforts should be made to strengthen coordination and partnership with other health and non-health sectors for efficiency and sustainability. A robust, coordinated effort involving all sectors and ensuring coordination and alignment of resources and plans is of paramount importance.

8 **Instituting an accountability framework for governments**, the international community, and civil society to monitor the progress of all stakeholders in realizing the right to health for all TB affected communities.

4. CRG OP Implementation Framework in Tanzania

4.1 Strategic Engagement and Partnerships

Implementation of the CRG OP requires strategic engagement and partnerships among implementers, stakeholders, policymakers, and law reforms agencies for effective response in Tanzania. Strategic partnerships of several organizations, agencies, and programs will be crucial in seeing the operational plan is implemented and monitored.

The proposed partnership will ensure that implementation of the CRG OP is aligned with similar initiatives within the Ministries, Departments and Agencies of the Government of the United Republic of Tanzania (URT), development partners, implementing partners and other CSOs in Tanzania. Based on collaborative principles and inspired by the human rights-based approach to development, the framework will describe participatory equity, accountability, and transparency, and the creation of partnerships and networks amongst different stakeholders for improved community dialogue and decision-making in all stages of planning, implementation, and monitoring of the plan.

This CRG OP with also help partners to harmonize engagement and create awareness, build ownership, and promote accountability. The implementation framework will support partners to the partners in creating sustainability and mitigating risks in engagement and communication.

The CRG OP implementation framework holds that sustained strategic engagement combined with successful examples of delivery would lead to improved delivery of TB services to those vulnerable and in hard to reach areas. As part of the implementation framework, the CRG implementers working under the coordination of the TTCN and leadership of NTLP will conduct the following activities during the implementers meeting:

a. Stakeholders mapping: map all stakeholders who were identified during the CRG tools assessment and in consultation with other stakeholders.
b. Consensus on activity implementation: build a consensus on taking activities into their annual plans and other planning avenues such as in NTLP national strategic plan, Global Fund concept notes, USAID Country Operational Plans.
c. Accountability framework: Regularly update the implementation arrangement and accountability framework based on available funding and opportunities.
d. Technical Support: provide technical advice to NTLP and other agencies, including legal organs, in the implementation of the operational plan.

4.2 Accountability Framework

WHO defines accountability as the obligation of every member of the Organization to be answerable for his/her actions and decisions, and to accept responsibility for them. Accountability includes achieving objectives and results in response to mandates and according to the General Programme of Work and Programme Budget, fair and accurate reporting on programme performance, stewardship of funds, and all aspects of performance following regulations, rules, and standards, to its stakeholders in a timely and transparent manner[15]. A generic accountability framework, represented as a cycle of components, is shown in Figure 1.

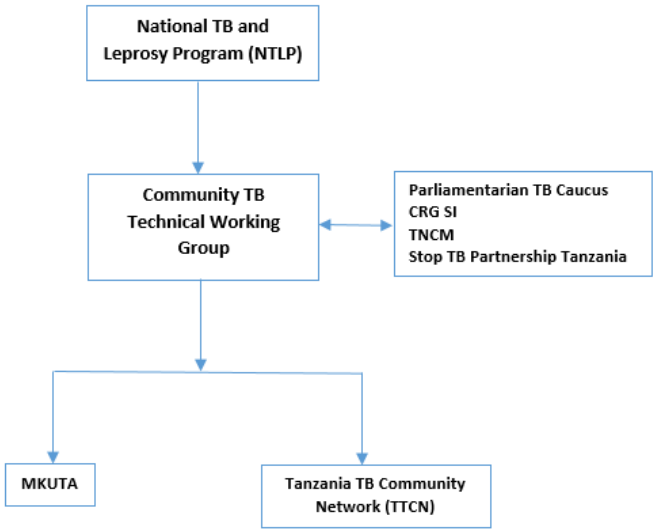
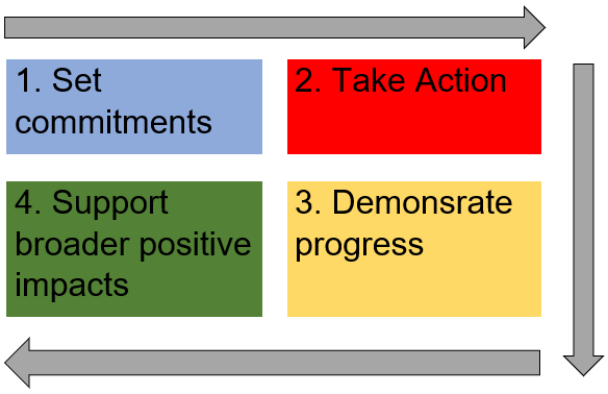


Figure 1. A proposed accountability framework for the CRG tools implementation in Tanzania.



To establish national accountability mechanisms for strengthening the national TB response. The proposed accountability mechanism (Annex 2) will be reviewed regularly during the CRG partners meeting. The vital accountability features are as follows:

[15] WHO. WHO Accountability Framework. Geneva, Switzerland: World Health Organization; 2015.

i. **Set commitment**: these are set based on the international and national targets based on the CRG tools findings done in Tanzania.

ii. **Take action by assign responsibilities** to various stakeholders in the implementation of the CRG tools. NTLP is the primarily responsible organization in collaboration with civil societies, community groups, development, and implementing partners.

iii. **Demonstrate progress by conducting Monitoring and evaluation**: a proposed M&E to follow the action plan. The M&E framework will also contain tools to use. Continuous updates on implementation to be shared during the quarterly TWG convened by the NTLP on community TB.

iv. **Support broader positive impacts:** role out best practices and achievements to the other settings. The results should be rolled out in a strategic fashion that needs to be monitored closely.

5. Financing the CRG Operational Plan

5.1 Financing the National CRG OP

CRG response interventions should be prioritized by the TB programmes, councils, implementing partners, Civil Society Organizations, and development sectors. The MOHCDGEC through the NTLP will continue to mobilize resources centrally, through applying for grants and fundraising. The Council Team should ensure the availability of adequate resources to implement TB and Leprosy interventions in their councils. This includes prioritizing the minimum package of interventions with the council and implementing partners' budgets. Furthermore, CHMT should work closely with other development sectors in the council to ensure that efforts to address poverty, socio, and economic issues also factor in best practices for the prevention and control of TB.

5.2 Costing Approach

Costing of the CRG OP 2020-2023 is based on existing knowledge and experience in implementing TB interventions in Tanzania. The exercise involved programme staff from all key programmes who first reviewed the on-going programmes against the expected outputs and estimated needed quantities and costs with a focus on the need to remove human rights and gender barriers to TB services. A standardized unit cost template was used to ensure that all items are costed uniformly throughout the templates. This team used unit costs assumptions that are used by the country during the Global Fund application. The templates were consolidated and presented in summary form and a detailed budget.

Estimated annual and three-year costs

In this exercise, the team attempted to cost national level interventions and targeted demonstration projects. The demonstration projects will inform larger-scale implementation. CRG implementers will advocate for broader scale up once there is a proof of concept and recommendations on practical implementation models, particularly in reaching vulnerable groups.

The estimated cost for implementing CRG OP in Tanzania for the 3 years is about US$ 1.53m.

The cost of each year is summarized in each objective, as shown in Annex 1.

Annex 1: Result Matrix (Objective, Activity, Cost, Lead Implementer)

COMMUNITY, RIGHTS, AND GENDER (CRG) OPERATIONAL PLAN FOR TB RESPONSE IN TANZANIA 2020-2022					
INTERVENTION AREA	**ACTIVITIES**				
Intervention Area 1. Addressing Stigma, Discrimination and Gender Inequality		**Y1 (US$)**	**Y2(US$)**	**Y3 (US$)**	**IMPLEMENTER**
Objective: Reduce gender barriers to TB services and address TB stigma and discrimination in communities and health care settings	Activity 1.1. Conduct baseline assessment on the magnitude of TB related stigma and GBV in Tanzania	120,613.04		87.308.70	NIMR
	Activity 1.2. Disseminate findings of the TB related stigma and GBV in Tanzania	16,884.35			NIMR
	Activity 1.3. Review and implement ACSM strategy to include gender, stigma, discrimination and human rights issues related to TB	21,786.96			NTLP
	Activity 1.4. Community-led outreach campaigns to address harmful gender norms and stereotypes	22,316.50	22,177.37	22,177.37	TTCN
	Activity 1.5. Develop mass media materials on removing human right and gender barriers to TB services in Tanzania	21,786.96			NTLP
	Activity 1.6. Implement mass media campaigns on removing human right and gender barriers to TB services	41,304.35	30,434.78	41,304.35	TTCN
Sub-total		**244,692.15**	**52,612.15**	**150,790.41**	
Intervention Area 2. Reform of Laws and Policies					
Objective: Advocate for reforms of policies and laws that affects access to TB services among people who are at risk, vulnerable or affected by TB	Activity 2.1. Conduct audit assessment to update the LEA recommendations for TB in Tanzania	9,893.48			EANNASO
	Activity 2.2. Conduct mapping of CSOs and use the results to develop a community engagement strategy to be operationalized by the SOPs for KVP	7,719.57			EANNASO
	Activity 2.3. Develop policy brief on CRG situation in Tanzania	18,676.09			EANNASO
	Activity 2.4. Conduct consultative dialogues to brief TB Caucus members and Law Reform commission on the LEA recommendation	28,166.96	28,166.96	28,166.96	TTCN

	Activity 2.5. Capacity building meetings, rights of a TB patient and role of human right organs	24,323.91			TTCN
	Activity 2.6. Support inclusion of TB in human right organs operational guidelines	25,243.48			HDT
	Activity 2.7. Engage with community and religious leaders for dispute resolution based on human rights and gender equity and to create enabling environment for paralegal	30,404.35	30,404.35	30,404.35	HDT
	Activity 2.8. Assess the role of paralegal legal aid activities in DSM under MKUTA	14,101.74			MKUTA
	Activity 2.9. Support MKUTA paralegal services for PWID to include TB human rights issues.	16,747.83	16,747.83	16,747.83	MKUTA
Sub-total		**175,277.39**	**75,319.13**	**75,319.13**	
Intervention Area 3. Multisectoral Collaboration					
Objective: Promote multisectoral collaboration and accountability for TB response	Activity 3.1. Conduct a country dialogue to identify opportunities to increase social protection among vulnerable and affected TB communities, initiate a Multisectoral Accountability Framework (MAF) and facilitate its implementation	12,746.09			HDT
	Activity 3.2. Sensitize media, CSOs, influential people to promote CRG responsive programming at national and sub-national levels	9,084.35			TTCN
	Activity 3.3. Conduct policy-makers dialogues to advocate for increased collaboration between TB and HIV national response using existing governing structures (CMAC/VMAC) and local funding mechanisms (ATF)	12,746.09			TTCN
	Activity 3.4. Unpack the Patient Cost Survey (PCS 2019) Results	16,407.83			NTLP
Sub-total		**50,984.35**			
Intervention Area 4. Community Mobilization					
Objective: Mobilize and empower communities to engage and influence in TB response	Activity 4.1. Orientation workers using SOP (developed and updated in Objective 5) and targeting Peer leaders	39,942.61			PORALG
	Activity 4.2. Develop Communication materials on human right and legal literacy	20,504.35			NTLP

	Activity 4.3. Peer outreach on human right and legal literacy in the context of TB	13,356.52	13,356.52	13,356.52	MKUTA
	Activity 4.4. Support TTCN and community representatives to participate in country's strategic and resource mobilization meetings	8,570.87	8,570.87	8,570.87	TTCN
	Activity 4.5. Facilitate meeting to strengthen existing community-based monitoring framework for CRG related TB interventions	17,895.65	17,895.65		TTCN
	Activity 4.6. Support TNCN Secretariat to coordinate CRG interventions	62,400.00	62,400.00	62,400.00	TTCN
Sub-total		**162,670.00**	**102,223.04**	**84,327.39**	
Intervention Area 5. Targeting Key and Vulnerable Populations					
Objective: Scale-up innovative interventions to increase access to TB prevention, care, and treatment among key and vulnerable populations	Activity 5.1. Develop/adopt SOP for TB programming among hard to reach key and vulnerable populations in Tanzania (slum dwellers, miners, PWUD, Fisherfolks)	21,786.96			NTLP
	Activity 5.2. Assess barriers and facilitators of implementing collaborative TB activities at RCH, Diabetes, OPD and in-patient departments	9,871.74			NTLP
	Activity 5.3. Finalize and pilot the SOP for TB programming among hard to reach key and vulnerable populations in Tanzania	15,996.52			NTLP
	Activity 5.4. Scale up the implementation of SOPs for TB programming among hard to reach key and vulnerable populations in Tanzania		20,478.26	20,478.26	PORALG
	Activity 5.5. Sensitize LGAs and implementing partners to SOP and toolkits innovative KVP (interventions in hard to reach areas including mining population)	25,143.48	25,143.48		PORALG
	Activity 5.6. Update in-service training for HCWs to incorporate human rights, medical ethics, and legal literacy module in the context of TB	16,978.26	16,978.26	16,978.26	NTLP
Sub-total		**89,776.96**	**62,600.00**	**37,456.52**	
Monitoring and Evaluation					

Objective: Develop an effective CRG monitoring and evaluation system to inform country progress, share lessons and improve programming	Activity 6.1. Estimate the size of TB among KVP (PWUD, fisher forks, Artisanal miner)	65,808.70			NIMR
	Activity 6.2. Update TB surveillance systems to record and report other KVPs, e.g., DM, PUD, Fisherfolk.	10,308.70			NTLP
	Activity 6.3. Conduct Mid-term review on the implementation of CRG OP in Tanzania	30,482.61			EANNASO
	Activity 6.4. Conduct community-led supportive supervision in the first year and second and third year.	27,826.09	27,826.09	27,826.09	TTCN
	Activity 6.5.Conduct TB CRG implementers review meetings	21,786.96	21,786.96	21,786.96	EANNASO
	Activity 6.6. Support development and implementation of the national platform to share lessons on CRG implementation	6,304.35	5,217.39	5,217.39	TTCN
Sub-total		**162,517.39**	**54,830.43**	**54,830.43**	
TOTAL		**885,918.24**	**347,584.76**	**402,723.89**	
TOTAL CUMULATIVE					1,636,226.89

Annex 2: The roles of various stakeholders in accountability mechanism for CRG Operation Plan

For what are they accountable:		Other supporting actors	How those accountable are held accountable		Review
Commitment	**Actions**		**Indicator**	**Means of verification**	**Year at which the plan is reviewed**
To disseminate the legal environment findings of the CRG assessments to law makers and CSOs	Disseminate the legal environment findings of the CRG assessments to law makers and CSOs	Legal reform network HDT IMP MKUTA TTCN	• Policy briefs, medial material and information package available • # of law makers and CSO reps sensitized • # of men and women reached by mass media campaign	Meeting reports	2021
Develop TB isolation policy.	To provide policy guidelines to implement a rights-based detention such as TB isolation policy.	IMP HDT	• Developed TB isolation policy	Guideline	2021
Quantified estimates of TB vulnerable populations	Estimate the size of vulnerable populations.	IMP NTLP DP HDT MKUTA	• Number of studies to estimate TB vulnerable groups	Reports of TB estimation	2022
Reviewed guidelines and RR tools	Review RR and other electronic tools to capture vulnerable populations	UCC IMP DP	• Updated guidelines	New tools	2022
TB gender operation plan developed	To develop TB gender operation, plan to address gender issues.	NTLP IMP DP	• Number of TB operational guideline	Printed guideline	2022
Establish GBV, stigma and discrimination issues	Conduct various studies to address the	NTLP HDT DP MKUTA TTCN	• Study reports	Printed reports	2023
Strengthened community engagement	Map CSO working on TB and facilitate coordination activities	TTCN MKUTA HDT	• Meeting reports	Printed meeting reports	Yearly