

# **TB CRG Costed Action Plan Investment Package:**

*A practical guidance*

**Stop TB Partnership**

hosted by  
 **UNOPS**

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## Acronyms

<b>ACSM</b>	Advocacy, Communication and Social Mobilization
<b>CBO</b>	Community-Based Organization
<b>CHW</b>	Community Health Worker
<b>CLM</b>	Community-Led Monitoring
<b>CRG</b>	Communities, Rights and Gender
<b>CRG CAP</b>	Communities, Rights and Gender Costed Action Plan
<b>CSO</b>	Civil Society Organization
<b>DM</b>	Diabetes Myelitis
<b>GC7</b>	TGF Grant Cycle 7
<b>GF - CCM</b>	The Global Fund Country Coordinating Mechanism
<b>GIZ</b>	German Corporation for International Cooperation
<b>HBC</b>	High Burden Country
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Human Rights
<b>KVP</b>	TB Key and Vulnerable Populations
<b>LEA</b>	Legal Environment Assessment
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDR</b>	Multi Drug Resistance
<b>NFM</b>	The Global Fund New Funding Mechanism
<b>NSP</b>	National Strategic Plan
<b>NTP</b>	National TB Programme
<b>OSC</b>	Civil Society Organization
<b>PEPFAR</b>	The United States President's Emergency Plan for AIDS Relief
<b>PWUD</b>	People Who Use Drugs
<b>STP</b>	The Stop TB Partnership
<b>TB</b>	Tuberculosis
<b>TGF</b>	The Global Fund
<b>UK</b>	United Kingdom
<b>UNHLM</b>	United Nations High-Level Meeting of the General Assembly on the fight against tuberculosis
<b>UNOPS</b>	The United Nations Office for Project Services
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

## Acknowledgments

This investment package is based on existing national costed TB CRG and Stigma Action Plans: as well as CRG Assessments, peer reviewed analysis, CRG investment packages and related operational guidance. We acknowledge all partners that have provided these foundational resources.

This investment package was compiled by Felix Brou and Rhoda Lewa, with support from Viorel Soltan, Caoimhe Smyth and James Malar, STP Secretariat. The guidance was also reviewed and endorsed by TB affected community and civil society partners during the 2022 Stop TB Partnership Community Summit.

## Background

[Stop TB Partnership](#) (STP), is the United Nations-hosted partnership committed to ending TB. STP, together with affected community, civil society and national TB programs, has been advancing the achievement of the United Nations High-Level Meeting of the General Assembly on the fight against tuberculosis (UNHLM) Political Declaration targets and commitments, including those pertaining to communities, rights and gender (CRG). As is articulated in the STP [Global Plan to End TB 2023-2030](#) (the Global Plan), CRG is essential in order to identify, mitigate and overcome barriers in the TB response, to find and treat all people – to overcome barriers and find the missing people with TB.

The Global Plan recommends countries to undertake a TB CRG Assessment, develop a TB CRG Costed Action Plan (TB CRG CAP), to integrate this plan into the National Strategic Plan (NSP) and then to full fund and implement that plan. This guidance will help country partners to develop their TB CRG CAP. STP has developed several tools to support countries to realize their TB CRG targets and commitments, these include.

- Integrated [TB CRG Assessment](#)
- [TB Stigma Assessment](#)
- [OneImpact TB CLM](#) approach
- TB Human Rights Scorecard (currently under pilot)
- [TB & Gender Investment Package](#)
- TB KVP Guides e.g. people in [prisons](#), [mobile populations](#), [miners](#).
- With support from STP, community partners have developed further operational guidance including: [Activating a rights-based TB response](#) (GCTA); [Right to Breath](#) (APCASO), [Declaration of the rights of people affected by TB](#) (TBpeople), [Nairobi Strategy on TB and Human Rights](#) (KELIN and University of Chicago) which can further guide discussions on TB CRG interventions for NFM4 /GC7.

Peer reviewed analysis of TB CRG Assessments<sup>1</sup> has been organized around seven key CRG themes. These themes also provide a helpful framework for strategically and comprehensively organizing TB CRG barriers, challenges and opportunities.

1. Availability, Accessibility, Acceptability and Quality
2. Non-Discrimination and Equal Treatment
3. Health Related Freedoms
4. Gender Perspective
5. Key and Vulnerable Populations
6. Participation of People Affected by TB and Civil Society
7. Legal and Administrative Remedies

These seven themes are not recommended as the structure to assess CRG barriers in TB and also to organized TB CRG CAPs.

<sup>1</sup> <https://www.hhrjournal.org/2021/12/building-the-evidence-for-a-rights-based-people-centered-gender-transformative-tuberculosis-response-an-analysis-of-the-stop-tb-partnership-community-rights-and-gender-tuberculosis-assessment/>

## 1. About this guidance

This investment package informs TB partners on the steps to develop a comprehensive, robust and impactful, TB CRG Costed Action Plan. It draws from available evidence and best practices from existing national TB CRG Costed Action Plans (TB CRG CAP), Stigma Action Plans, STP CRG investment packages. The Global Fund (TGF) Information Notes. It explains each of the steps and costing considerations that are required to subsequently develop a strong national TB CRG-CAP. As part of this investment package, a TB CRG-CAP (template and illustrative activities matrix are also included to support country partners in this process (Sections 6 and 7 below).

This practical guidance is particularly timely given TGF New Funding Model (NFM) 4, now referred to as Grant Cycle 7 (GC7), and on the path to the UNHLM on TB 2023.

Read more [on Stop TB's CRG Priority Interventions](#) for Global Fund Grant Cycle 7.

## 2. Target audience

This TB CRG CAP Investment Package should be utilised by TB stakeholders, including:

### 1. National TB Program (NTP)



**Role:** To provide strategic and technical guidance to the CRG action

planning process. As a member of the Core Group, the NTP should also ensure the TB CRG CAP is validated, integrated into the NSP and is fully implemented.

### 2. Core group (multi-partner



collective that includes NTP and affected community,

international partners and CRG experts

**Role:** To provide technical guidance, oversight of the action process and validation of the TB CRG CAP.

### 3. Lead Community-Based Organization

**Role:** In partnership with the NTP, the leading CS organization will lead and coordinate CRG work in the country and to support the coordination of the TB CRG CAP, including the meetings for orientation, Core Group coordination, and TB CRG CAP validation. This partner would also ensure enhanced capacity building on TB CRG and dissemination of the validated TB CRG CAP.

#### 4. CRG Experts:

**Role:** Use this guidance in their technical assistance to ensure a robust and strategic TB CRG CAP is developed, validated disseminated.

#### 5. TB affected populations



**included TB survivors and KVPs**

**Role:** To participate in all aspects of the TB CRG CAP development included involvement in the Core Group, in orientation and validation meetings and in building capacity and monitoring TB CRG at the country level. .

#### 6. Other health practitioners, and Country Coordination



**Mechanism (CCM) members**

**Role:** To participate as members of the Core Group, in the development and identification of the CRG barriers and interventions and use of the TB CRG CAP in their day-to-day work.

#### 7. International partners



**Role:** To participate as member of the Core Group, provide technical assistance and fund the implementation and monitoring of the TB CRG CAP by national partners.

## 3. Development of a national TB CRG Costed Action Plan: Approach and Principles

### 3.1 Approaches

- **A community-led participatory approach**, one that equitably involves people and communities of people affected by TB in all aspects of the plan development, putting them first and in leadership positions so that the process is community-led
- **Country-owned, multi-sectoral approach** which leverages the strategic guidance of the Ministry of Health for uptake at the highest level and the engagement of implementers and experts to ensure its implementation
- **A human rights-based and gender-responsive approach:** priority should be given to TB affected people, TB survivors and women in the TB CRG-CAP development process, for the promotion and protection of human rights and to ensure rights-related barriers can be overcome to ensure all people can access the care they need.

### 3.2 Principles

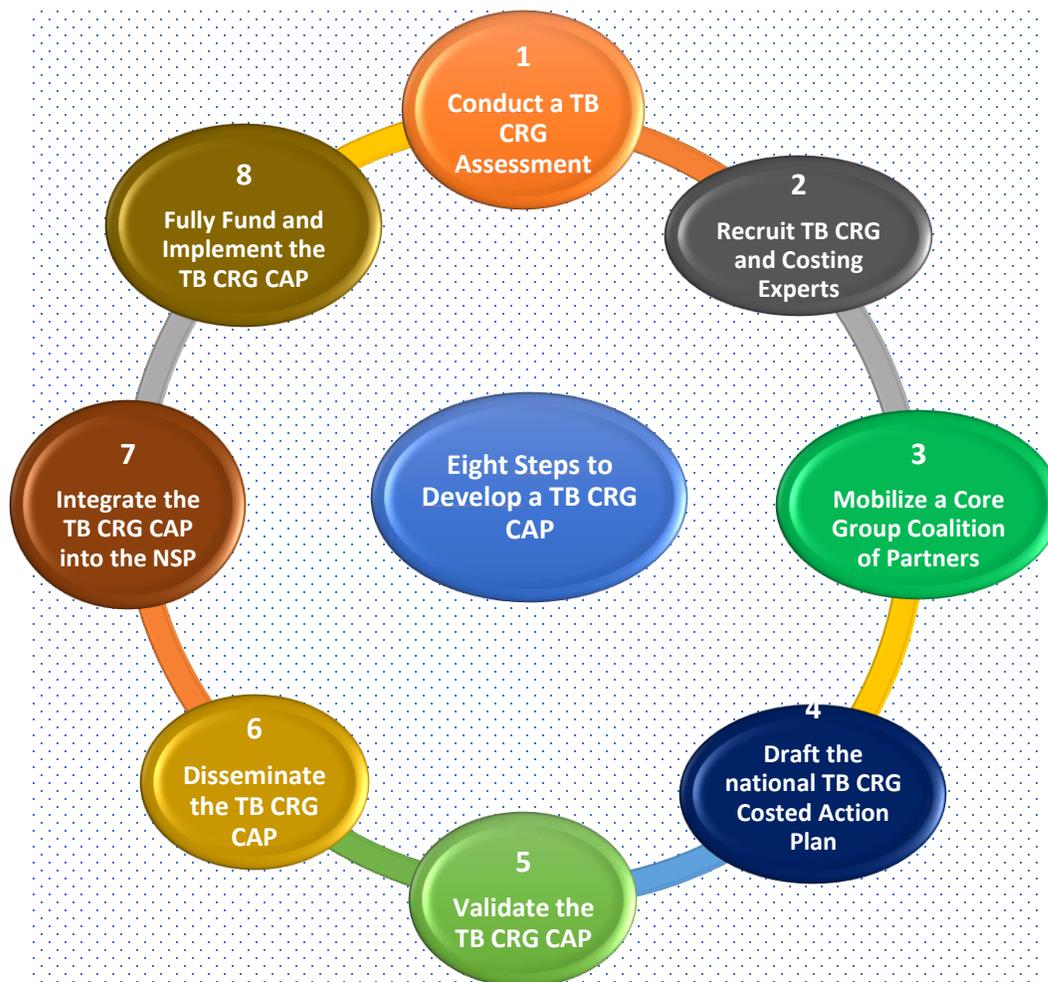
The following 5 principles should be used to develop a comprehensive and robust national TB CRG-CAP:

#### Principles

1. Actions should be led by communities and individuals that are most affected by CRG barriers on the pathway of TB prevention, diagnosis, treatment, care and support with strategic guidance from the NTP.
2. Actions should be strategically planned and based on evidence, drawing from the evidence of the CRG assessment. The choice of action should be based on feasibility, effectiveness, and suitability. TB civil society, community-based organizations (CBO), TB affected community networks/organizations and in country partners should develop a strategic process to achieve improvements in breaking down CRG related barriers.
3. Actions should be cross-disciplinary. Partnerships among public and private institutions, health care providers, academia, lawyers, and community groups will increase the likelihood that TB response should be rights-based, gender sensitive and people centred.

4. Actions should be monitored and evaluated. A monitoring committee should document the short and long-term effects of interventions included in the TB CRG-CAP whenever possible. Furthermore, information, findings, successes, and lessons learned should be widely disseminated.
5. Actions should include reviewing and reforming laws, policies, guidelines and similar institutional supports that facilitate a rights-based, gender sensitive and people centred TB response.

## 4. The 8 Steps to develop a national TB CRG Costed Action Plan (TB CRG-CAP)



Preparation		
Month 1		Timeline
<p><b>Step 1. Conduct a TB CRG Assessment</b></p>	<p><b><u>If not already available, conduct a national CRG Assessment.</u></b></p> <ul style="list-style-type: none"> <li>▪ The TB CRG Assessment is a multistakeholder participatory process comprising four primary stages: (1) inception, adaptation of the <a href="#">STP TB CRG assessment protocol</a>, and secondary data collection; (2) training and primary data collection; (3) data analysis, validation, and report writing, and (4) dissemination and action planning. In partnership with the NTP, civil society and affected community groups lead the process which explored human rights, gender and KVP related barriers to TB services. In each country, the CRG assessment is sanctioned and supported by the national TB program, and researchers obtain ethical clearances when necessary, according to national standards.</li> <li>▪ STP has developed an integrated TB CRG Assessment Tool to guide and support this process.</li> </ul> <p><b><u>If a national CRG Assessment report is available.</u></b></p> <ul style="list-style-type: none"> <li>▪ Conduct a desk review drawing from the CRG assessment findings and recommendations – including prioritized KVPs – if there are gaps a further TB CRG rapid assessment may be undertaken.</li> <li>▪ Appoint a TB CRG expert, who, in collaboration with lead civil society organization / affected community network and the NTP, should conduct a further literature review on the CRG concept, evidence and data. This would cover data and evidence from the TB Stigma Assessment, CLM etc.</li> <li>▪ The core group provide consolidated recommendations to inform the TB CRG CAP.</li> </ul>	<ul style="list-style-type: none"> <li>▪ (25 days)</li> <li>▪ (5 days)</li> </ul>

<p><b>Step 2. Recruit TB CRG and Costing Experts</b></p> 	<ul style="list-style-type: none"> <li>Lead civil society / affected community organization secures endorsement from NTP to commence the development of a national TB CRG CAP</li> <li>Lead civil society / affected community organization and NTP review this guidance document.</li> <li>Lead civil society/ affected community organization drafts Terms of Reference to recruit 2 experts (a CRG programmatic and a CRG costing expert)</li> <li>Lead CBO appoints the TB CRG CAP experts</li> </ul>	<ul style="list-style-type: none"> <li>3 weeks</li> </ul>
<p><b>Step 3. Form a Coalition of Partners and Mobilize the Core Group</b></p> 	<ul style="list-style-type: none"> <li>Create the ToR of the Core group members</li> <li>Identify members and create the Core group</li> <li>Lead civil society / affected community organization, in collaboration with the NTP, mobilize a core group, share with them a TOR</li> <li>Conceptualization briefing/workshop conducted.</li> <li>Lead civil society organization / affected community organization convenes the first meeting of the Core Group, and co-facilitates by the NTP, to present the methodology based on this guidance document.</li> </ul>	<ul style="list-style-type: none"> <li>5 days</li> <li>1 day for the meeting</li> </ul>

<b>Development of the national CRG costing action plan</b>		<ul style="list-style-type: none"> <li></li> </ul>
Month 2		<ul style="list-style-type: none"> <li></li> </ul>
<p><b>Step 4. Draft the national TB CRG Costed Action Plan</b></p> 	<p><b>Draft the CRG-CAP</b></p> <ul style="list-style-type: none"> <li>The CRG programmatic expert and costing experts develop Draft 1 of the national TB CRG-CAP</li> <li>The Experts develop the performance indicators to evaluate the implementation of the national TB CRG-CAP</li> </ul> <p><b><u>Pre-validation meeting of the Core Group</u></b></p> <ul style="list-style-type: none"> <li>Lead civil society/affected community organization presents the TB CRG CAP to the Core Group</li> </ul>	<ul style="list-style-type: none"> <li>10 days</li> </ul>

	<ul style="list-style-type: none"> <li>▪ The Core Group review, and strengthen and finalize Draft1 of the CRG CAP</li> <li>▪ CRG Expert incorporates the comments and inputs from the Core Group to produce an updated draft of the TB CRG CAP</li> <li>▪ Costing Expert commences the costing process in collaboration with the finance staff of the lead civil society/affected community organization and from the NTP.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5 days</li> </ul>
<p><b>Budgeting approach</b></p> 	<ul style="list-style-type: none"> <li>▪ Costing of the TB CRG-CAP must be based on experience in implementing TB interventions in the country</li> <li>▪ If available in the country, a standardized unit cost template should be used to ensure that all items are costed uniformly throughout the templates.</li> <li>▪ The unit costs assumptions that are used by the country during TGF funding request should inform the costing process. The templates should be consolidated and presented in summary form as well as a detailed budget.</li> <li>▪ Estimated costs should be summarized in each intervention and/or objective for each year of the TB CRG CAP</li> </ul>	<ul style="list-style-type: none"> <li>▪ 15 days</li> </ul>
<p><b>Step 5. Validate the plan (Led by NTP, affected community and civil society)</b></p> 	<ul style="list-style-type: none"> <li>▪ Multi-stakeholder Validation, including the Core Group</li> <li>▪ Invitations are sent to the multi-stakeholder group to attend the validation workshop (ideally sent by NTP).</li> <li>▪ Multi-stakeholder includes the Core Group, CCM, key donors (USAID, GIZ, Gates), and other embassies such as France, Australia, Canada, UK, Japan, etc.), TGF Country Team, TB affected community</li> <li>▪ The validation workshop should be jointly organized by the NTP, and the lead civil society / affected community organization</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 day</li> </ul>

	<ul style="list-style-type: none"> <li>▪ NTP and person affected by TB should open and close the meeting.</li> <li>▪ Other relevant government ministries may be included e.g., Ministry of labour, mines, poverty, refugees, gender, human rights, attorneys general, and they should also be part of the agenda.</li> <li>▪ Donors should be part of the agenda – with a particular focus on the implementation of the TB CRG CAP</li> <li>▪ The Experts and the NTP present the national TB CRG-CAP.</li> <li>▪ The multi- stakeholders make comment and validate the TB CRG CAP</li> <li>▪ The Experts incorporate comments from multi-stakeholder and send the final validated TB CRG CAP to the lead civil society/affected community organization to be disseminated widely in country to STP and to other international partners</li> </ul>	
Month 3		
<p><b>Step 6. Disseminate the plan</b></p> 	<ul style="list-style-type: none"> <li>▪ Lead civil society / affected community organization designs prints the plan – the TB CRG CAP should be co-branded by the NTP.</li> <li>▪ Lead civil society / affected community organization and NTP sends the PDF version of the TB CRG CAP to relevant partners,</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
<p><b>Step 7. Integrate the TB CRG CAP into the NSP and National Monitoring &amp; Evaluation (M&amp;E) plan</b></p>	<ul style="list-style-type: none"> <li>▪ Ensure the CRG interventions featuring in the TB CRG CAP are also integrated and budgeted in NSPs – the TB CRG CAP may form an annex to the NSP or be directly incorporated into the NSP.</li> <li>▪ Ensure the monitoring of the TB CRG CAP interventions are incorporated in the national M&amp;E plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ During the drafting or review of the NSP (or can be an annex of the ongoing NSP</li> </ul>
<p><b>Step 8. Fully fund and implement the TB CRG CAP</b></p>	<ul style="list-style-type: none"> <li>▪ Identify and prioritize activities with the CCM's community dialogue process and ensure activities are budgeted in the Global Fund's fundings requests (including during NFM4 / Funding Cycle 7)</li> </ul>	<ul style="list-style-type: none"> <li>▪ During the Global Fund funding request development and</li> </ul>

	<ul style="list-style-type: none"> <li>Mobilize additional funding from Stop TB Partnership, USAID, and other TB CRG donors.</li> </ul>	<p>subsequent grant making</p>
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## 5. TB CRG Costed Action Plan Considerations

<b>Structure</b>	<p>Structure the CRG Action Plan matrix into 7 areas:</p> <ol style="list-style-type: none"> <li>1. Availability, Accessibility, Acceptability and Quality</li> <li>2. Non-Discrimination and Equal Treatment</li> <li>3. Health Related Freedoms</li> <li>4. Gender Perspective</li> <li>5. Key and Vulnerable Populations</li> <li>6. Participation of People Affected by TB and Civil Society</li> <li>7. Legal and Administrative Remedies</li> </ol>
<b>Align with TGF CRG Intervention area/s</b>	<ul style="list-style-type: none"> <li>TGF has human rights and community systems focus areas in its funding request form under TB modules and interventions (see TGF Modular Framework Handbook).</li> <li>The 7 areas of intervention and illustrative activities of the CRG-CAP are connected with the 9 focus interventions of the Global Fund's TB module: <i>Removing Human Rights and Gender-related Barriers to TB Services</i>.</li> </ul>
<b>Duration</b>	<ul style="list-style-type: none"> <li>The TB CRG-CAP should (ideally) be aligned with the length of the TB NSP (i.e. 3-5 years)</li> </ul>
<b>Budget</b>	<ul style="list-style-type: none"> <li>The costing expert should work in collaboration with the NTP finance staff</li> <li>Use the same unit costs assumptions that have been used by the country during TGF funding request or the NSP budgeting elaboration process.</li> </ul>
<b>Responsibility</b>	<ul style="list-style-type: none"> <li>To ensure ownership, it is important that the NTP provide leadership and technical guidance of the national TB CRG-CAP development even if the lead civil society / affected community organization executes the process.</li> </ul>
<b>Indicators</b>	<ul style="list-style-type: none"> <li>Each intervention or activity should be measured by indicators.</li> <li>The choice of indicators should be made in consultation with the NTP. In general, the indicators should make it possible to inform the CRG indicators of the Global Plan to End TB 2023–2030, indicators of The Global Fund and USAID while making it possible to document progress made in CRG at the national level.</li> </ul>
<b>Update</b>	<ul style="list-style-type: none"> <li>The national TB CRG CAP should be to inform TB NSP reviews or updates as well as any subsequent Global Fund funding request submissions or amendments.</li> </ul>

## 6. TB CRG Costed Action Plan Structure

### Foreword

### Acronyms

### Acknowledgment

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List of participants

Etc.

## 7. TB CRG Costed Action Matrix

« Country xxx has committed to an equitable, rights-based TB response to identify and overcome human rights barriers to accessing quality TB services and to find the missing people with TB. A rights based and gender sensitive TB response is both an ethical imperative but also a pillar of public health. As guided by the Global Plan to End TB 2023-2030 – as a means of realising the commitments made in the UN High Level Meeting on TB Political Declaration, country xxx has developed a TB CRG costed action plan for the period 2023-2027 »

#	List of activities	Calendar		Cost considerations			Responsible	Indicators	Link to Global Fund CRG Intervention Areas
		Start	End	Year 1	Year 2	...Year 5			
<b>Intervention 1: Availability, accessibility, acceptability, and quality of TB services.</b>									
<b>Objective 1: Strengthen availability, accessibility, acceptability, and quality of TB services</b>									
	<b>Availability</b>								
<b>Activity 1.1</b>	TB CLM Monitoring the availability, accessibility, acceptability, and quality of TB services.			- Recruit a consultant (25 days) - Task team meetings (Fees, per diems, transport, venues, refreshments)			NTP and Lead CBO	The availability, accessibility, acceptability, and quality are monitored	Ensuring people-centered and rights-based TB services at health facilities
<b>Activity 1.2</b>	Implement the OneImpact TB CLM approach to monitor that WHO approved diagnostics tools are made available and appropriately used in relevant countries			- Recruit a consultant (25 days) - Task team meetings (Fees, per diems, transport, venues, refreshments)			NTP and Lead CBO	WHO approved diagnostics tools are available in the country	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.3</b>	Assess the national coverage of TB prevention, care and treatment services and the availability of TB drugs			- Recruit a national consultant (10 days) - Task team meetings (Fees, per diems, transport, venues, refreshments)			NTP and Lead CBO	- Ratio of TB health care services by population - Number of TB health care services in the country by region/district	Ensuring people-centred and rights-based TB services at health facilities

						- Number of CHW in the country by region/district	
<b>Activity 1.4</b>	Assess the supply, distribution, and management of drugs, diagnostics, and treatment materials for tuberculosis.			- Recruit a national consultant (10 days) - Task team meetings (Fees, per diems, transport, venues, refreshments)	NTP and Lead CBO	- Number of TB health care services in the country by region/district	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.5</b>	Update data collection tools in accordance with the prioritization of TB key and vulnerable populations.			- Data collection package - Task team meetings (Fees, per diems, transport, venues, refreshments)	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.6</b>	Deploy community health workers/ peer educators included TB survivors throughout the country, as close as possible to the population, for the active case finding of tuberculosis in health care centres and community level			- Payment incentive for CHWs for duration of the activities. - Data collection package	NTP and Lead CBO	Number of CHWs involved in TB responses by region/ district	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.7</b>	Strengthen awareness/ sensitization activities, especially in remote areas (where people still live in ignorance of TB);			- Payment incentive for CHWs for duration of the activities. - Data collection package	NTP and Lead CBO	Number of CHWs involved in TB responses by region/ district	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.8</b>	Conduct a review of policies including employment, insurance, education, prisons, refugee, and social security that impact access to TB services amongst people affected by TB with a specific analysis on each of the focus key populations.			Consultant contract (1 x 15 days) fees, travel, transport) task team meetings (travel, venues, refreshments,	NTP and Lead CBO	A TB accessing barriers free policy is available	Monitoring and reforming policies, regulations and laws
<b>Activity 1.9</b>	Implement the OnelImpact community-led monitoring (CLM) approach for TB to overcome stigma, human rights violations and barriers to TB care and support services.			- Training sessions (05 days session module) - Technical working group meeting (NTP, TB CSO representatives). - Facilitator, fees - Key stakeholder dialogue workshop venues, travels; refreshments,	NTP and Lead CBO	NTP Engagement in OnelImpact CLM OnelImpact Adapted Number of OnelImpact CLM trainings Number of people affected by TB engaged in CLM Number of OnelImpact community discussion forums held Number of challenges	Eliminating TB-related stigma and discrimination

						<p>reported by people affected by TB</p> <p>% of people affected by TB reporting TB challenges.</p> <p>Number of actions taken as a result of CLM data</p> <p>Number of health facilities are covered by the CLM</p> <p>Number of reports with CLM data used by health facilities, NTPs, CCMs</p> <p>Number of advocacy meeting hold in district, region, and country level, which uses CLM data for change.</p>
<b>Activity 1.10</b>	Conduct a country dialogue to identify opportunities to increase social protection among vulnerable, such as urban poor, garment workers; refugees, and affected TB communities			<ul style="list-style-type: none"> <li>- 3 days meetings, participants' transport, venues, refreshments,</li> </ul>	NTP and Lead CBO	<p>a social protection mechanism is available for KVP (Urban poor, garment workers, refugees, and affected TB communities).</p> <p>Monitoring and reforming policies, regulations and laws</p>
<b>Activity 1.11</b>	Provide sufficient food support for TB patients with clear beneficiaries' criteria			<ul style="list-style-type: none"> <li>- Technical working group meeting (NTP, Lead CBO, TB KVP representatives).</li> <li>- Facilitator, fees</li> <li>- Key stakeholder dialogue workshop venues, travels; refreshments,</li> </ul>	NTP and Lead CBO	<p>Number of TB KVP support for food and nutrition</p> <p>Ensuring people-centred and rights-based TB services at health facilities</p>
<b>Accessibility - Acceptability</b>						
<b>Activity 1.12</b>	Assess barriers and facilitators of implementing collaborative TB activities at different settings: DM, OPD, and in-patient departments			<ul style="list-style-type: none"> <li>- Facilitation (1 X 20 days: fees</li> <li>- Task team meeting: Travel, venue, refreshment.</li> </ul>	NTP and Lead CBO	<p>Number of curricula and materials on how to provide rights-based, gender-</p> <p>Ensuring people-centred and rights-based TB services at health facilities</p>
<b>Activity 1.14</b>	Develop approaches to the management of TB patients that cover all TB patients geographically			<ul style="list-style-type: none"> <li>- Desktop Report printing and publication</li> </ul>	NTP and Lead CBO	

						sensitive and people-centred services into pre- and in-service training of all health-care providers	
<b>Activity 1.15</b>	Effectively integrate diagnostic tools within the health system, including within the private sector.			<ul style="list-style-type: none"> <li>- Facilitation (1 X 20 days: fees</li> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- Desktop Report printing and publication</li> </ul>	NTP and Lead CBO	WHO endorsed diagnostic tools are integrated in private sector and health system	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.16</b>	Incentivize the private sector, including pharmacies, medical clinics and hospitals, to use WHO-endorsed tools.			<ul style="list-style-type: none"> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- Desktop Report printing and publication</li> </ul>	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.17</b>	Include people with TB in decision-making/policies regarding TB diagnostics and ensure patient-centred diagnosis and decentralization of testing where appropriate			<ul style="list-style-type: none"> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- Desktop Report printing and publication</li> </ul>	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.18</b>	Build capacities of the NTP staff and providers on CRG			<ul style="list-style-type: none"> <li>- Consultant contract: fees</li> <li>- Training events: Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO	Number of NTP staff trained on CRG	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.19</b>	Identify a CRG point person in the NTP			<ul style="list-style-type: none"> <li>- ToR elaboration</li> <li>- NTP's nomination letter</li> </ul>	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.20</b>	Develop and integrate training curricula and materials on how to provide rights-based, gender-sensitive and people-centred services into pre- and in-service training of all health-care providers			<ul style="list-style-type: none"> <li>- Consultant contract; Curriculum development</li> <li>- Training events: Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO	Number of health care providers trained on rights-based, gender-sensitive and people-centred services	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.21</b>	Organize pre- and in-service trainings of TB and TB/HIV for health care providers, including facility and non-facility based, health care administrators and health care regulators on patient rights, non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment.			<ul style="list-style-type: none"> <li>- Recruit a national consultant (1 x 30 days)</li> <li>- Curriculum development</li> <li>- Training events: Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO	Number of health care administrators and health care regulators on patient rights, non-discrimination, duty to treat,	Ensuring people-centred and rights-based TB services at health facilities

				<ul style="list-style-type: none"> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- printing and publication</li> </ul>		informed consent and confidentiality, violence prevention and treatment trained (by facility and non-facility, by category of health specialist, by sex).	
<b>Activity 1.22</b>	Develop patient management strategies to support women in accessing TB services			<ul style="list-style-type: none"> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.23</b>	Develop approaches to the management of TB patients that cover all TB patients geographically			<ul style="list-style-type: none"> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
	<b>Quality</b>						
<b>Activity 1.24</b>	Engage peer educators and CHWS to Support people who are receiving TB care to complete treatment			<ul style="list-style-type: none"> <li>- CHWs or peer educators</li> <li>- Incentive bonus</li> <li>- Data collection package</li> </ul>	NTP and Lead CBO	Number of TB patients with treatment courses completed	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.25</b>	Coordinate with advocacy groups and civil society to organize workshops with NTPs, ministries of health, technical procurement and funding agencies, patient representatives and medical associations on diagnostic uptake and national diagnostic algorithms (pharmacy, chest physicians etc.),			<ul style="list-style-type: none"> <li>- CHWs or peer educators</li> <li>- Incentive bonus</li> <li>- Data collection package</li> </ul>	NTP and Lead CBO	Number of TB patients with treatment courses completed	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.26</b>	Develop and make available a quality improvement and infection control plan for health facilities in order to reduce transmission			<ul style="list-style-type: none"> <li>- Workshop of 5 days to elaborate/ update the TB infection control strategy (15 days)</li> <li>- Task team meeting: Travel, venue, refreshment.</li> <li>- Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO	An infection control Strategy is available for CHW and health care centres	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.27</b>	Adapt treatment facility structures and opening times to better meet the needs of all genders and priority key populations: Adapt opening time schedule; restructure spaces; acquire additional furniture, materials and signage; adapt SOPs where required			<ul style="list-style-type: none"> <li>- Staff capacity for adapted opening times</li> <li>- Build/space restructuring</li> <li>- Additional furniture, equipment and signage</li> </ul>	NTP (and Lead CBO)		Ensuring people-centred and rights-based TB services at health facilities

<b>Activity 1.28</b>	Conduct community-led supportive supervision			Travels and meals	NTP and Lead CBO		Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.29</b>	Conduct Mid-term review and final on the implementation of CRG action plan			<ul style="list-style-type: none"> <li>- 25 days technical assistance</li> <li>- Facilitation: fees, travels, per diems,</li> <li>- Technical working group meetings, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	Report and findings of Mid-term and final CRG AP is available	Ensuring people-centred and rights-based TB services at health facilities
<b>Activity 1.30</b>	Use the OnelImpact approach to implement CLM in the monitoring of TB response and rights-based, gender-sensitive and people-centred services included patients' adherence to treatment in health-care facilities and at community level			<ul style="list-style-type: none"> <li>- Small grant to Lead CBO (1- or 2-years grants)</li> <li>- OnelImpact facilitator contract for 3 months</li> <li>- Feasibility and needs assessment; Adaption of the OnelImpact platform;</li> <li>- Training session</li> <li>- Technical working group meeting.</li> <li>- Facilitator, fees</li> <li>- Key stakeholder dialogue workshop venues, travels; refreshments,</li> </ul>	NTP and Lead CBO	One Impact is functional, and findings have been discussed with CBO and NTP	Eliminating TB-related stigma and discrimination
<b>Activity 1.31</b>	Optimizing the OnelImpact platform within the Care TB app			<ul style="list-style-type: none"> <li>- IT Expert contract for (2 X 45 days)</li> <li>- Technical working group meeting: facilitator, travels, venues, refreshments.</li> </ul>	NTP and Lead CBO	OnelImpact is incorporate within TB Care	Eliminating TB-related stigma and discrimination
<b>Activity 1.32</b>	Conduct periodic and ongoing community-led and community-based monitoring, including "mystery shoppers", suggestion boxes, and exit surveys			<ul style="list-style-type: none"> <li>- Desktop or Laptop</li> <li>- Enumerators and Supervisors incentives bonus</li> <li>- Advocate meeting in health districts and regions and at Central level, travel, venues, refreshments</li> </ul>	NTP and Lead CBO	Number of CLM monitoring conducted	Eliminating TB-related stigma and discrimination
<b>Activity 1.33</b>	Facility-level accountability meetings/Patient-Provider committee to discuss the CLM outcomes.			Training events: Facilitators Fees; venues; training; refreshments	NTP and Lead CBO		Eliminating TB-related stigma and discrimination
<b>Activity 1.34</b>	Unpack the Patient catastrophic Cost Survey			<ul style="list-style-type: none"> <li>- Consultant contract for 45 days: fees, travels, perdiems,</li> </ul>	NTP (and lead CBO)		Ensuring people-centered and rights-based TB services at health facilities

				Technical working group meetings, venues, refreshments,			
<b>Intervention 2: Freedoms to information (privacy, confidentiality, access to information included for low level literacy for diverse language groups)</b>							
<b>Objective 2: Improve freedoms to information especially for people with low literacy</b>							
<b>Activity 2.1</b>	Produce SOPs on privacy, confidentiality and personal data and information of TB patient			<ul style="list-style-type: none"> <li>- Recruit a national consultant (1 X 15 days)</li> <li>- Desktop publishing Training events: Facilitators</li> <li>- Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO		Eliminating TB-related stigma and discrimination
<b>Activity 2.2</b>	Establish a newsletter to share report and best practices on CRG interventions and news			<ul style="list-style-type: none"> <li>- No cost activity</li> </ul>	Lead CBO	Number of articles are raised periodically	Eliminating TB-related stigma and discrimination
<b>Activity 2.3</b>	Organize trainings of journalists and media professionals on TB, Covid-19 Stigma elimination and health related Community, Rights, and Gender issues			<ul style="list-style-type: none"> <li>- Recruit a national consultant (1 X 15 days)</li> <li>- Desktop publishing Training events: Facilitators</li> <li>Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO	Number of Journalism formed (by type of media and by sex)	Eliminating TB-related stigma and discrimination
<b>Activity 2.4</b>	Organize a workshop to develop communication materials to reduce stigma of TB (translated in local and official languages) in health facilities and in the community			Workshop events (3 days session): 2 Facilitators Fees; venues; training; refreshments; training materials, meals; travel	NTP and Lead CBO	communication materials are available	Eliminating TB-related stigma and discrimination
<b>Activity 2.5</b>	Organize mass media and social media campaigns on TB, Covid-19 removing human right and gender barriers to TB services (SMS, radio, TV, social media, theatre, advertising spots etc.)			<ul style="list-style-type: none"> <li>- Contract with mass media for the duration of the activity</li> <li>- Recruitment of 3-5 community managers: Contracts; fees.</li> <li>- Smartphones for community managers</li> </ul>	NTP and Lead CBO	Number of media campaigns conducted (by type of media)	Eliminating TB-related stigma and discrimination
<b>Activity 2.6</b>	Strengthen mass awareness, both in the community and in community level, and schools, so that everyone knows about TB and how it is transmitted (which will help reduce stigma among TB patients)			<ul style="list-style-type: none"> <li>- Fees for CHW, Peer educators, etc.</li> <li>- Transport for CHWs</li> </ul>	NTP and Lead CBO		Eliminating TB-related stigma and discrimination
<b>Activity 2.7</b>	Organize training and institutional support for educators and administrators			<ul style="list-style-type: none"> <li>- Curriculum development</li> <li>- Facilitators: fees,</li> <li>Technical working group Meeting, venues, travel, validation workshop, etc.</li> </ul>	NTP and Lead CBO	Number of educators and administrators trained	Eliminating TB-related stigma and discrimination
<b>Intervention 3: Stigma and Discrimination</b>							

Objective 3: Eliminate TB-related stigma and discrimination in communities, health care settings and workplaces.							
<b>Activity 3.1</b>	Recruit CRG expert to conduct CRG assessment (Assessment of LEA, Assessment of TB related stigma and discrimination Index, Gender Assessment, reviews of other studies.)			<ul style="list-style-type: none"> <li>- Consultant contract for 45 days: fees, travels, per diems,</li> <li>- Technical working group meetings, validation workshop, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	CRG Assessment of LEA, Assessment of TB related stigma and discrimination Index, Gender Assessment reports are available	Eliminating TB-related stigma and discrimination
<b>Activity 3.2</b>	Roll out the TB Stigma Index study, using the STP TB Stigma Assessment tool– “Implementation Handbook and Data Collection Instruments”			<ul style="list-style-type: none"> <li>- Consultant contract (2 X 30 days): fees, travels, per diems,</li> <li>- Technical working group meetings, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	TB Stigma Index report is available	Eliminating TB-related stigma and discrimination
<b>Activity 3.3</b>	Organize workshop to validate and share the findings of the studies with collaboration of NTP			<ul style="list-style-type: none"> <li>- Facilitation: fees, travels, per diems,</li> <li>- Technical working group meetings, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO		Eliminating TB-related stigma and discrimination
<b>Activity 3.4</b>	Conduct qualitative assessments of attitudes of healthcare providers including pre- and post-intervention assessments			<ul style="list-style-type: none"> <li>- Consultant contract for 15 days</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	Report of CAP of healthcare providers including pre- and post-intervention assessments is available	Eliminating TB-related stigma and discrimination
<b>Activity 3.5</b>	Conduct policy makers TB CRG dialogues to advocate for increased collaboration between TB and HIV national response using existing governing structures			<ul style="list-style-type: none"> <li>- Technical working group meeting.</li> <li>- Facilitator, fees</li> <li>- Key stakeholder dialogue workshop (NTP, TB and HIV CSO representatives); venues, travels; refreshments,</li> </ul>	NTP and Lead CBO	Number of policy makers met	Eliminating TB-related stigma and discrimination
<b>Activity 3.6</b>	Elaborate an action plan to shift community norms that drive stigma and discrimination based on the findings and recommendations from the TB Stigma assessment			Facilitator; fees, travels; venues; Core Group meeting.	NTP and Lead CBO	A TB action plan to shift community norms that drive stigma and discrimination is developed.	Eliminating TB-related stigma and discrimination

<b>Activity 3.7</b>	Create a linkage between communities and formal health systems in emergency settings, and support community health workers to provide rights-based and gender-responsive TB services to key and vulnerable populations, people in prisons, displaced people, refugees, migrants, and women.			- Facilitators: fees, - Technical working group Meeting, venues, travel.	NTP and Lead CBO	Number of people reached (by type: Displace, refugees, prisoners, migrants)	Eliminating TB-related stigma and discrimination
<b>Activity 3.8</b>	Mobilize parliamentarians, medical professional associations, COVID-19 associations, COVID-19 survivors, TB, and celebrities (2 international soccer players, 2 musical artists, etc.) for stigma reduction. stigma reduction.			- Facilitators: fees, - Technical working group Meeting, venues, travel.	NTP and Lead CBO	Number of people reached (by type of representatives)	Eliminating TB-related stigma and discrimination
<b>Activity 3.9</b>	Develop institutional policies and a framework of accountability mechanisms for health care facilities.			- Facilitator: Fees - Task team meeting: Travel, venue, refreshment	NTP and Lead CBO	institutional policies and a framework of accountability mechanisms for health care facilities available	Eliminating TB-related stigma and discrimination
<b>Intervention 4: Gender</b>							
<b>Objective 4: Reduce TB-related human rights and gender barriers, harmful gender norms against TB Key and vulnerable populations (KVP) included women and people affected by TB in accessing TB services in communities, health care settings and workplaces.</b>							
<b>Activity 4.1</b>	Organize a community consultation/ or recruit a consultants to identify specific gender-related barriers to accessing TB and TB/HIV services			- Consultant contract (1 X 15 days) - Technical working group meeting: facilitator, travels, venues, refreshments.	NTP and Lead CBO	Gender related barriers assessment recommendation is available	Reducing TB-related gender discrimination, harmful gender norms and violence
<b>Activity 4.2</b>	Conduct a Sexual Exploitation Abuse and Harassment Assessment: ( Identify and mitigate Sexual Exploitation Abuse and Harassment (SEAH) related risks in Global Fund-financed programs			- Consultant contract (1 X 15 days) - Technical working group meeting: facilitator, travels, venues, refreshments.	NTP and Lead CBO	Sexual Exploitation Abuse and Harassment Assessment report and recommendation is available.	Reducing TB-related gender discrimination, harmful gender norms and violence
<b>Activity 4.3</b>	Sensitize and engage community, religious and opinion leaders on gender-based violence			- Facilitator: Fees - Task team meeting: Travel, venue, refreshment	NTP and Lead CBO	Number of community meeting on Gender organized with communities' leaders including religious leaders	Reducing TB-related gender discrimination, harmful gender norms and violence
<b>Activity 4.4</b>	Create/ Strengthen a women CSO/CBO network for meaningful engagement and community-led advocacy and leadership of women in all their			- Consultant contract (1 X 30 days) fees, travels, per diems, Core group meetings, venues,	NTP and Lead CBO	Number women CBO are working	Reducing TB-related gender discrimination, harmful gender norms and violence

	diversity against TB related stigma and discrimination			refreshments, legal registration of the CBO		on CRG related to TB and TB/HIV	
	Support women's groups to raise awareness of TB and TB/HIV-related rights and to monitor violations and advocate for change. <sup>2</sup>			- Facilitator: Fees - Task team meeting: Travel, venue, refreshment - Advocacy material development		Number women CBO are working on CRG related to TB supported	Reducing TB-related gender discrimination, harmful gender norms and violence
<b>Activity 4.5</b>	Engage communities and community-led organizations and TB affected people, in advocacy community-led outreach campaigns to address harmful gender norms and stereotypes and other gender and human rights-related barriers including stigma reduction and human rights literacy			- Facilitator: Fees - Task team meeting: Travel, venue, refreshment - Advocacy material development	NTP and Lead CBO	Communities and community-led organization raised awareness on harmful gender norms and stereotypes and other gender and human rights-related barriers	Reducing TB-related gender discrimination, harmful gender norms and violence
<b>Activity 4.6</b>	Develop and disseminate communication materials on patient rights and other human rights.			- Key messaging production workshop (3 X days); facilitator (transport, venues, refreshments), printer contract for communication materials,	NTP and Lead CBO	Number and type of communication materials on Know Your Rights and legal literacy	Legal literacy ("Know-Your Rights")
<b>Activity 4.7</b>	Support the inclusion of TB in national human rights commission operational guidelines and human rights observers' networks			- Task team meeting, travel, venue, refreshments), reports prints;	NTP and Lead CBO	National human rights commission and Human Rights bodies operational guidelines included TB	Monitoring and reforming policies, regulations and laws
<b>Activity 4.8</b>	Develop a gender equity policy: draft, task team review, revise, finalise, print			- Technical working group meeting (travel, venue, refreshments); Desktop publishing, printing,	NTP and Lead CBO	A gender equity policy is developed	Monitoring and reforming policies, regulations and laws
<b>Intervention 5: Key and Vulnerable Populations</b>							
<b>Objective 5: Mobilize and empower Key and vulnerable populations to engage and influence the TB response</b>							
<b>Activity 5.1</b>	Conduct mapping of TB related CSOs/CBO and use the results to develop a community engagement strategy included TB survivors' engagement			- Consultant contract (1 X 15 days): fees, travels, per diems, - Technical working group meetings, venues, refreshments,	NTP and Lead CBO	Community engagement strategy on CRG is available	Community mobilization and advocacy, including support to TB survivor-led groups
	<b>Migrants</b>						

<sup>2</sup> Use the Gender investment package to inform this? <https://stoptb.org/assets/documents/communities/TB%20Gender%20Investment%20Package.pdf>

<b>Activity 5.2</b>	Conduct a study to estimate the size of TB among migrants,			<ul style="list-style-type: none"> <li>- Consultant contract (1 X 45 days): fees, travels, per diems,</li> <li>- Technical working group meetings, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	The size of TB case among KVP, PWUD and miners is estimated	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.3</b>	Organize Know-Your Rights" and legal literacy trainings, for TB migrants,			<ul style="list-style-type: none"> <li>- Curriculum development (1 x 15 days).</li> <li>- Training events (2 days session): 2 Facilitators Fees; venues; training; refreshments; training materials, meals; travel</li> </ul>	NTP and Lead CBO	Number of TB migrants trained on Know-Your Rights" and legal literacy	Monitoring and reforming policies, regulations and laws
<b>Activity 5.4</b>	Strengthen TB Champions interventions in hard-to-reach areas including migrants camps			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> <li>- Travels, incentives bonus for CHWs</li> </ul>	NTP and Lead CBO	Number of TB champions involved in TB response	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.5</b>	Recruit and train migrants TB survivors or experienced by TB to become Peer Counsellors and involve in the implementation of Snowball Approaches for supporting TB case detection amongst migrants hard to reach populations			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> <li>- Travels, incentives bonus for CHWs</li> </ul>	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Refugees and internally displaced persons</b>							
<b>Activity 5.6</b>	Conduct a study to estimate the size of TB among refugees and internally displaced persons,			<ul style="list-style-type: none"> <li>- Consultant contract for 45 days: fees, travels, per diems,</li> <li>- Technical working group meetings, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	The size of TB case among KVP, PWUD and miners is estimated	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.7</b>	Organize Know-Your Rights" and legal literacy trainings, for TB refugees, internally displaced persons			<ul style="list-style-type: none"> <li>- Curriculum development.</li> <li>- Training events: 2 Facilitators Fees; venues; training; refreshments; training materials, meals; travel</li> </ul>	NTP and Lead CBO	Number of TB refugees, internally displaced persons trained on Know-Your Rights" and legal literacy	Legal literacy ("Know-Your Rights")

<b>Activity 5.8</b>	Conduct campaign of sensitization of the Know your rights for TB among TB refugees, internally displaced persons' groups/camps			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> <li>- Travels, incentives bonus for CHWs</li> </ul>	NTP and Lead CBO	Number of campaigns of sensitization on the Know your rights for TB organized	Legal literacy ("Know-Your Rights")
<b>Activity 5.9</b>	Strengthen TB Champions interventions in hard to reach areas including among refugees and internally displaced persons			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> <li>- Travels, incentives bonus for CHWs</li> </ul>	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.10</b>	Recruit and train refugees, internally displaced persons TB survivors to become Peer Counsellors and involve in TB case detection amongst refugees/ IDP camps			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> <li>- Travels, incentives bonus for CHWs</li> </ul>	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.11</b>	Conduct 2 outreach sessions among refugees camps and IDP areas per month per Peer Educator			<ul style="list-style-type: none"> <li>- Incentive bonus for the duration of activities</li> <li>- Data collection kit for peer educator</li> </ul>	Lead CBO	Number of refugees and IPD reached and diagnosed for TB	Community mobilization and advocacy, including support to TB survivor-led groups
	<b>Prisoners:</b>						
<b>Activity 5.12</b>	Conduct a study to estimate the size of TB among prisoners,			<ul style="list-style-type: none"> <li>- Consultant contract for 45 days: fees, travels, per diems, technical working group meetings, venues, refreshments,</li> <li>- Desktop publication and report printings</li> </ul>	NTP and Lead CBO	The size of TB case among KVP, PWUD and miners is estimated	Addressing needs of people in prisons and other closed settings
<b>Activity 5.13</b>	Organize Know-Your Rights" and legal literacy trainings, for TB prisoners			<ul style="list-style-type: none"> <li>- Curriculum development.</li> <li>- Training events: 2 Facilitators Fees; venues; training; refreshments; training materials, meals; travel</li> </ul>	NTP and Lead CBO	Number of TB refugees, internally displaced persons trained on Know-Your Rights" and legal literacy	Addressing needs of people in prisons and other closed settings
<b>Activity 5.14</b>	Conduct campaign of sensitization of the Know your rights for TB in prisons			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> </ul>	NTP and Lead CBO	Number of campaigns of sensitization on the Know your	Addressing needs of people in prisons and other closed settings

				- Travels, incentives bonus for CHWs		rights for TB organized	
<b>Activity 5.15</b>	Strengthen TB Champions interventions in hard-to-reach areas including in prisons			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors - Travels, incentives bonus for CHWs	NTP and Lead CBO		Addressing needs of people in prisons and other closed settings
<b>Activity 5.16</b>	Conduct 2 outreach sessions in prisons per month per CHW or peer educators			- Incentive bonus for the duration of activities - Data collection kit for peer educator	Lead CBO	Number of prisoners reached and diagnosed for TB	Addressing needs of people in prisons and other closed settings
<b>Homeless people</b>							
<b>Activity 5.17</b>	Organize Know-Your Rights" and legal literacy trainings, for the homeless people			- Curriculum development. - Training events: 2 Facilitators Fees; venues; training; refreshments; training materials, meals; travel	NTP and Lead CBO	Number of TB refugees, internally displaced persons trained on Know-Your Rights" and legal literacy	Legal literacy ("Know-Your Rights")
<b>Activity 5.18</b>	Conduct campaign of sensitization of the Know your rights for TB among homeless people			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors - Travels, incentives bonus for CHWs	NTP and Lead CBO	Number of campaigns of sensitization on the Know your rights for TB organized	Legal literacy ("Know-Your Rights")
<b>Activity 5.19</b>	Strengthen TB Champions interventions in hard-to-reach areas among homeless persons			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors - Travels, incentives bonus for CHWs	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.20</b>	Conduct 2 outreach sessions among the homeless people per month per Peer Educator			- Incentive bonus for the duration of activities - Data collection kit for peer educator	Lead CBO	Number of homeless people reached and diagnosed for TB	Ensuring people-centered and rights-based TB services at health facilities
<b>Miners/garment workers</b>							
<b>Activity 5.21</b>	Conduct a study to estimate the size of TB among miners or garments workers,			- Consultant contract for 45 days: fees, travels, per diems, Technical working group	NTP and Lead CBO	The size of TB case among KVP, PWUD and miners is estimated	Participation of TB survivors and TB key and vulnerable populations in TB responses

				meetings, venues, refreshments, - Desktop publication and report printings			
<b>Activity 5.22</b>	Conduct 2 outreach sessions among the miners per month per Peer Educator			- Incentive bonus for the duration of activities - Data collection kit for peer educator	Lead CBO	Number of miners reached and diagnosed for TB	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.23</b>	Conduct campaign of sensitization of the Know your rights for TB among miners/garments workers			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors - Travels, incentives bonus for CHWs	NTP and Lead CBO	Number of campaigns of sensitization on the Know your rights for TB organized	Legal literacy ("Know-Your Rights")
<b>Activity 5.24</b>	Strengthen TB Champions interventions in hard to reach areas including miners, garment factories and slums)			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors - Travels, incentives bonus for CHWs	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
	<b>PLHIV</b>			-			
<b>Activity 5.25</b>	Conduct campaign of sensitization of the Know your rights for TB/HIV among PLHIV			- Sensitization materials (design) printing - Peer educators/CHWs/ - Travels, incentives bonus for CHWs	NTP and Lead CBO	Number of campaigns of sensitization on the Know your rights for TB organized	Legal literacy ("Know-Your Rights")
<b>Activity 5.26</b>	Conduct screening of TB for all PLHIV in health care facilities and community			- CHWs/ Peer educators - TB screening Data collection tool. - Travels, incentives bonus for CHWs	Lead CBO	Number of PLHIV screened for TB	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.27</b>	Provide universal access to TPT to – TB people living with HIV (PLHIV);			- CHWs/ Peer educators - TB screening Data collection tool. - Travels, incentives bonus for CHWs		Number of PLHIV initiated TPT	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.28</b>	Recruit and train PLHIV and TB survivors to become Peer Counselors and involve in TB case detection amongst PLHIV			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups

				- Travels, incentives bonus for CHWs			
<b>Activity 5.29</b>	Organize a Human Rights Capacity Building Workshop for TB survivors/TB Peer Support Groups/, TB key population representatives Using the Stop TB -TB and HR Training Manual for TB affected communities-			- Task team meeting; facilitators Fees; venues. - Training materials, meals; travel, - TB human rights and legal literacy data collection et report tools adaptations	NTP and Lead CBO	people living with and experienced TB and representatives of key TB populations have skills in human rights and legal literacy.	Community mobilization and advocacy, including support to TB survivor-led groups
	<b>PWUD</b>						
<b>Activity 5.30</b>	Conduct a study to estimate the size of TB among PWUD,			- Consultant contract for 45 days: fees, travels, per diems, - Technical working group meetings, venues, refreshments, - Desktop publication and report printings	NTP and Lead CBO	The size of TB case among KVP, PWUD and miners is estimated	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.31</b>	Recruit and train PWUD TB survivors to become Peer Counsellors and involve in TB case detection amongst PWUD			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors Travels, incentives bonus for CHWs	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.32</b>	Strengthen TB Champions interventions in hard-to-reach areas including PWUD			- Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors Travels, incentives bonus for CHWs	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.33</b>	Establish working committee/groups with TB KVP and TB PWUD and local police focal persons to improve policing practices.			- Technical working group meeting: facilitator, travels, venues, refreshments.	NTP and Lead CBO	Number of meetings organized by the working Committee	Ensuring people-centered and rights-based law enforcement practices
<b>Activity 5.34</b>	Conduct 2 outreach sessions in PWUD smoke settings per month per Peer Educator			- Incentive bonus for the duration of activities - Data collection kit for peer educator	Lead CBO	Number of PWUD reached and diagnosed for TB	Community mobilization and advocacy, including support to TB survivor-led groups
	<b>Children under 5 years</b>						

<b>Activity 5.35</b>	Engage TB CBO, peer educators, TB survivors or TB CHWs to intensify Paediatric TB case finding through community Contact tracing			<ul style="list-style-type: none"> <li>- Sensitization materials (design) printing</li> <li>- Peer educators/CHWs/ TB survivors</li> <li>Travels, incentives bonus for CHWs</li> </ul>	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.36</b>	Recruit TB CHWs, peer educators, and TB survivors to Screened Children 0-14years in the health facilities and the community			Sensitization materials (design) printing	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.37</b>	Recruit TB CHWs, peer educators, and TB survivors to refer Children 0-4years to the TB health care providers for Treatment preventive therapy (TPT)			Peer educators/CHWs/ TB survivors	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Others Key and vulnerables populations</b>							
<b>Activity 5.38</b>	Provide universal access to TPT to - KVPs;			<ul style="list-style-type: none"> <li>- CHWs/ Peer educators</li> <li>- TB screening Data collection tool.</li> <li>- Travels, incentives bonus for CHWs</li> </ul>		Number of KVPs initiated TPT	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.39</b>	Develop/adopt/implement SOP for TB programming among hard-to-reach TB key and vulnerable populations			<ul style="list-style-type: none"> <li>- Technical working group meeting: facilitator, travels, venues, refreshments</li> <li>- Sensitization materials (design and printing)</li> </ul>	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.40</b>	Roll out training/capacity-building of TB community health workers, advocates on CRG,			<ul style="list-style-type: none"> <li>- Technical working group meeting: facilitator, travels, venues, refreshments</li> <li>- Sensitization materials (design and printing)</li> </ul>	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.41</b>	Integrate human rights and legal literacy into TB key and vulnerable populations outreach and treatment literacy.			<ul style="list-style-type: none"> <li>- Task team meeting; facilitators Fees; venues.</li> <li>- Training materials, meals; travel,</li> <li>- TB human rights and legal literacy data collection et report tools adaptations</li> </ul>	NTP and Lead CBO	Human rights and legal literacy are integrated into TB key and vulnerable populations outreach and treatment literacy.	Legal literacy ("Know-Your Rights")
<b>Activity 5.42</b>	Support TB CSO paralegal services for TB KVP to include TB human rights and gender issues in the package of activities.			<ul style="list-style-type: none"> <li>- Task team meeting (travel, venue, refreshments); Training of paralegals, venues, fees, review of data collect and report tools</li> </ul>	NTP and Lead CBO	Number of paralegals who conduct TB human rights and gender activities	Monitoring and reforming policies, regulations and laws

						(sensitization, case reports, etc.)	
<b>Activity 5.43</b>	Engage TB community health workers and TB human rights paralegals in camps/group residence of refugees and internally displaced persons.			- MoU; Representation allowances - Technical working group meeting: travels, venues, refreshments.	NTP and Lead CBO	Number of refugees and internally displaced persons sensitized (by sex, age and location)	Ensuring people-centered and rights-based TB services at health facilities
<b>Activity 5.44</b>	Recruit an international technical assistant to update the EU operational guidelines on TB action research on active TB investigation to include investigation of COVID-19 contacts and co-infected TB/Covid-19 patients;			- International consultant (1 x 20 days)	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 5.45</b>	Encourage CHWs to offer COVID patients the TB test as well, thus providing integrated diagnostic equipment (bi-directional testing) that can diagnose both COVID 19 and tuberculosis.			- Technical working group meeting: facilitator, travels, venues, refreshments Sensitization materials (design and printing)	NTP and Lead CBO		Ensuring people-centered and rights-based TB services at health facilities
<b>Activity 5.46</b>	Create a link between CHWs, peer educators with traditional medicine actors, which is a trusted source for many TB patients and health care centers to collaborate on TB case detection.			- Technical working group meeting: facilitator, travels, venues, refreshments Sensitization materials (design and printing)	NTP and Lead CBO		Ensuring people-centered and rights-based TB services at health facilities
<b>Intervention 6: Participation of TB survivors and TB key and vulnerable populations in TB responses</b>							
<b>Objective 6: Increase a greater involvement and participation of key and vulnerable populations to TB prevention, case finding, care, and treatment</b>							
<b>Activity 6.1</b>	Create, coordinate, and support a network of TB champions that includes Patient Clubs and representatives of TB key populations a National TB CBO and TB survivors Network or platform with 1 quarterly based meeting for meaningful engagement in TB response			- Core group meetings, venues, refreshments,	Lead CBO	Number of CBO of TB survivors created Number of members of each TB survivors CBO	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.2</b>	Create a linkage between communities and formal health systems in emergency settings, and support community health workers to provide rights-based and gender-responsive TB services to key and vulnerable populations			- Facilitators: fees, Technical working group Meeting, venues, travel.		Number of people reached	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.3</b>	Elaborate governance documents of the TB CBO and TB survivors national Network			- 2 trainers/ facilitators, fees, venues, training materials, meals, participants' travel	Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.4</b>	Reinforce the capacities of the national Network of TB CBO and TB survivors to engage in governance structures and decision making			- Core group meetings, venues, refreshments, facilitator fees, communication materials,	Lead CBO	Number of governance and operational document elaborated	Community mobilization and advocacy, including support to TB survivor-led groups

				printer contract for duration of work			
<b>Activity 6.5</b>	Create a community CRG work group which can be a subgroup of the national Network of TB CBO and TB survivors with a monthly based meeting for oversight of the CRG Action plan and related issues			- CHWs/peer educators transport, sensitization materials,	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.6</b>	Roll out training/capacity-building of TB survivors community health workers,			- Recruitments of CHWs/peer educators transport, sensitization materials,	NTP and Lead CBO	Number of community health workers, advocates trained	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.7</b>	Develop TB survivor and TB affected community Communication materials based on TB responses and access to services			- Transport, meetings, venues, refreshments	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.8</b>	Raise awareness on TB, human rights, and legal literacy in the communities through the TB Champions, Peer supporters, and community outreach workers.			- Transport, meetings, venues, refreshments	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.9</b>	Engage TB survivors as TB champions to demystify TB and serve as treatment counsellors at the facility and community levels to improve case finding among vulnerable and hard-to-reach populations			- Facilitator: Fees - Task team meeting: Travel, venue, refreshment Advocacy material development	NTP and Lead CBO		Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.10</b>	Support community representatives to participate in country's strategic process and resource mobilization meetings including the GF-CCM meetings and other national forums			- Training events: Facilitators Fees; venues; training; refreshments	NTP and Lead CBO	Number of meeting and sensitization hold	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.11</b>	Include TB CSO and TB survivors into national bodies or communities' networks for community-led monitoring of law and policy implementation.			- Consultant contract Recruitments of CHWs/peer educators transport, sensitization materials,	NTP and Lead CBO	Number of national bodies with TB survivors as members	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.12</b>	Review and implement advocacy communication and social mobilization (ACSM) strategy to include gender, stigma, discrimination, and human rights issues related to TB			- Core group meetings, venues, refreshments,	NTP and Lead CBO	An ACSM strategy is available	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.13</b>	Conduct community-based capacity building sessions on the Community, Rights and Gender for KVP.			- 2 trainers/ facilitators, fees, venues, training materials, meals, participants' travel	NTP and Lead CBO	Number of KVP trained on CRG	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.14</b>	Providing differentiated TB care among people with TB and diabetes, people with disabilities			- Core group meetings, venues, refreshments, facilitator fees, communication materials, printer contract for duration of work	NTP and Lead CBO	TB care differentiated approaches are conducted	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.15</b>	Support development and implementation of the national Monitoring Committee to share lessons on CRG implementation			- Facilitation: fees, travels, per diems,	NTP and Lead CBO	A national platform of TB CBO is available	Community mobilization and advocacy, including support to TB survivor-led groups

				Technical working group meetings, venues, refreshments,			
<b>Activity 6.16</b>	Conduct policy-makers dialogues to advocate for increased collaboration between TB and HIV national response using existing governing structures			Facilitation: fees, travels, per diems,	NTP and Lead CBO	<b>TB survivors and TB CSO representative are members of national coordination and resources mobilization</b>	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.17</b>	Engage affected communities TB CSO Network and TB affected and TB survivors and community representatives in planning, implementation, monitoring involved in the TB response, providing fair compensation for their service where appropriate			Technical working group meetings, venues, refreshments,	NTP and Lead CBO	<b>TB survivors and TB CSO representative are involved in all stage of the TB response,</b>	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Activity 6.18</b>	Support participation in the country's strategic and resource mobilization bodies (CCM, national health committee, national TB/HIV collaboration committee, etc.)			Technical working group meetings, venues, refreshments,		<b>TB survivors and TB CSO representative are members of national TB bodies</b>	Community mobilization and advocacy, including support to TB survivor-led groups
<b>Intervention 7: Legal remedies, laws and policies</b>							
<b>Objective 7: Strengthening the legal remedies and policies that facilitate an enabling environment for key and vulnerable people to access TB services</b>							
<b>Activity 7.1</b>	Conduct qualitative assessments of attitudes of police, judges, prison staff including pre- and post-intervention assessments			- Consultant contract for 15 days: fees, travels, per diems, - Technical working group meetings, venues, refreshments,	NTP and Lead CBO NTP and Lead CBO	Report of CAP of police, judges, prison staff including pre- and post-intervention assessments is available	Increasing access to justice
	Assess the role of paralegal legal aid activities at district level						Increasing access to justice
<b>Activity 7.2</b>	Establish or expand peer/community paralegals and extend/integrate TB into their work			Recruitments of community paralegal: incentive bonus, transport, sensitization materials,	NTP and Lead CBO	Number of paralegals involved in community-based TB activities	Increasing access to justice
<b>Activity 7.3</b>	Engage national legal aid board/agencies, and human rights/legal organizations to expand pro bono legal services and/or legal aid clinics to include TB/HIV and TB-related legal services.			- MoU (1- 3 years); - Representation allowances - Technical working group meeting: travels, venues, refreshments.	NTP and Lead CBO	Number of MoU signed with national legal aid board/agencies, and human rights/legal organizations	Increasing access to justice

<b>Activity 7.4</b>	Strengthen linkage of OneImpact community-led monitoring (CLM) to legal counselling and support			<ul style="list-style-type: none"> <li>- MoU (1- 3 years);</li> <li>- Representation allowances</li> </ul> Technical working group meeting: travels, venues, refreshments.	NTP and Lead CBO	Number of actions taken by legal counselling and support in response to community reporting.	Increasing access to justice
<b>Activity 7.5</b>	Install hotlines and other rapid response mechanisms in cases of TB and TB/HIV rights violations			<ul style="list-style-type: none"> <li>- Consultant contract f(1 X 20 days)</li> </ul> Technical working group meeting: travels, venues, refreshments.	NTP and Lead CBO	paralegal legal aid activities at district level assessed	Increasing access to justice
<b>Activity 7.6</b>	Develop a partnership with national associations of lawyers including young lawyers, women lawyers and support legal networks and related costs.			<ul style="list-style-type: none"> <li>- Technical working group meeting: travels, venues, refreshments.</li> </ul>	NTP and Lead CBO	TB is integrated in the community paralegals' work	Increasing access to justice
<b>Activity 7.7</b>	Mobilize community and religious leaders for alternative and community-based forms of disputes resolution, including engagement of traditional leaders and customary law in support of TB KVP and people affected by TB.			<ul style="list-style-type: none"> <li>- MoU; Representation allowances</li> </ul> Technical working group meeting: travels, venues, refreshments.	NTP and Lead CBO	Legal aid board, and human rights organizations have included TB in their work plan	Increasing access to justice
<b>Activity 7.8</b>	Identify and engage relevant bodies to provide legal support services and data on violations for informed interventions.			<ul style="list-style-type: none"> <li>- Technical working group meeting: travels, venues, refreshments.</li> <li>- Landlines phones</li> <li>- Hotlines Rooms</li> <li>-</li> </ul>	NTP and Lead CBO		Increasing access to justice
<b>Activity 7.9</b>	Develop Communication materials on the human right of people affected by TB			<ul style="list-style-type: none"> <li>- MoU; Representation allowances</li> <li>- Technical working group meeting: travels, venues, refreshments.</li> </ul>	NTP and Lead CBO	Number of calls received of TB and TB/HIV rights violations (disaggregated by type of violations, by sex and by age, by location)	Increasing access to justice
<b>Activity 7.10</b>	Initiate Assessments of attitudes of police, judges, prison staff, including pre- and post-intervention assessments			<ul style="list-style-type: none"> <li>- Consultant contract for the duration of the intervention</li> <li>- Technical working group meeting: facilitator, travels, venues, refreshments.</li> </ul>	NTP and Lead CBO	legal member CAP study report available	Ensuring people-centered and rights-based law enforcement practices
<b>Activity 7.11</b>	Develop and integrate training materials into the pre- and in-service training for police members			<ul style="list-style-type: none"> <li>- Training events: Facilitators Fees; venues; training; refreshments</li> </ul>	NTP and Lead CBO	Police pre-and in service training has a module on TB CRG	Ensuring people-centered and rights-based law enforcement practices

<b>Activity 7.12</b>	Sensitize/raise awareness judges on TB, gender and human rights related to TB.			- Facilitator: Fees - Task team meeting: Travel, venue, refreshment	NTP and Lead CBO	Number of judges sensitized on TB, gender and human rights related to TB	Ensuring people-centered and rights-based law enforcement practices
<b>Activity 7.13</b>	Conduct TB, rights and the law sensitization training with law society, magistrates, and judges			- Training events: Facilitators Fees; venues; training; refreshments	NTP and Lead CBO	Number of law society, magistrates, and judges trained on CRG	Ensuring people-centered and rights-based law enforcement practices
<b>Activity 7.14</b>	Organize trainings of prison personal (both in prisons for women and men) on public health, access to TB services, human rights and gender related to TB and HIV/TB responses			- Training events: Facilitators Fees; venues; training; refreshments	NTP and Lead CBO	Number of prison personal trained on TB CRG	Ensuring people-centered and rights-based law enforcement practices
<b>Activity 7.15</b>	Engage laws experts or paralegals into health facilities to provide on-site guidance and legal literacy to health-care providers			- Laws experts' contracts for duration of the grants or the MoU with NTP and Lead CBO - Recruitments of paralegals in health facilities; incentives bonus; travels. - TB legal literacy data collection et report tools adaptation		Number of paralegals engaged into health facilities and at what frequency	Monitoring and reforming policies, regulations and laws
<b>Activity 7.16</b>	Conduct/Update an Assessment of the legal and policy environment (LEA) for TB, TB/HIV and make recommendations			- Consultant contract (fees, travel, per diems, transport) task team meetings (travel, venues, refreshments, printings	NTP, Lead CBO	Update report available	Monitoring and reforming policies, regulations and laws
<b>Activity 7.17</b>	Engagement of parliamentarians in laws and policies reforms, particularly decriminalization and in the role of protective legal framework in the TB response.			- Task team meetings (travel, venues, refreshments,	NTP and Lead CBO	Number of legislators met, and Number of advocacy visits conducted to legislators	Monitoring and reforming policies, regulations and laws
<b>Activity 7.18</b>	Review and integrate CRG approaches in key NTP policies and guidelines			- Can be included in Activity 1.1.1 and Activity 1.1.2	NTP and Lead CBO	NTP policies and guidelines integrate CRG	Monitoring and reforming policies, regulations and laws
	Develop an action plan for law and policy reform, based on the assessments.			- facilitator (fees, per diems, transport) task team meetings (venues, refreshments)	NTP and Lead CBO	Action plans for law and policy reform available	Monitoring and reforming policies, regulations and laws
<b>Activity 7.19</b>	Propose a new or law reform proposal with the collaboration and review of legislators and independent lawyers			- facilitator (fees, per diems, transport) task team meetings (venues, refreshments)	NTP and Lead CBO	New law reform proposed included TB CRG oriented amendments	Monitoring and reforming policies, regulations and laws

<b>Activity 7.20</b>	Support CRG-oriented amendments to the TB Law			- facilitator (fees, per diems, transport) task team meetings (venues, refreshments)	NTP and Lead CBO		Monitoring and reforming policies, regulations and laws
<b>Activity 7.21</b>	Engage with religious and traditional leaders about the need to reform laws and policies related to barriers to TB and ensure community involvement in these activities.			- Task team meetings (transport, venues, refreshments),	NTP and Lead CBO	Number of religious and traditional leaders met, and Number of advocacy visits conducted	Monitoring and reforming policies, regulations and laws
<b>Activity 7.22</b>	Advocate and mobilize capacity for law and policy reform, including supporting community leadership and engagement in reviewing and drafting laws and policies related to TB			- Advocacy materials, task team meetings (transport, venues, refreshments)	NTP and Lead CBO	Number of advocacy meeting conducted	Monitoring and reforming policies, regulations and laws
<b>Activity 7.23</b>	Inform and educate parliamentarians and ministers of justice, interior, corrections, finance, industry, labour, education, immigration, housing, health, and commerce about the need to reform laws and policies that impede the TB response and ensure community involvement in these activities.			- Task team meetings (transport, venues, refreshments), Sensitisation materials	NTP and Lead CBO	Number of advocacy meeting conducted	Monitoring and reforming policies, regulations and laws
<b>Activity 7.24</b>	Conduct community-led advocacy for law and policy reform, particularly decriminalization			- Advocate materials, task team meetings (transport, venues, refreshments)	NTP and Lead CBO	Law and policy reform decriminalize TB	Monitoring and reforming policies, regulations and laws