

TB DIAH

Tuberculosis Data, Impact Assessment and Communications Hub

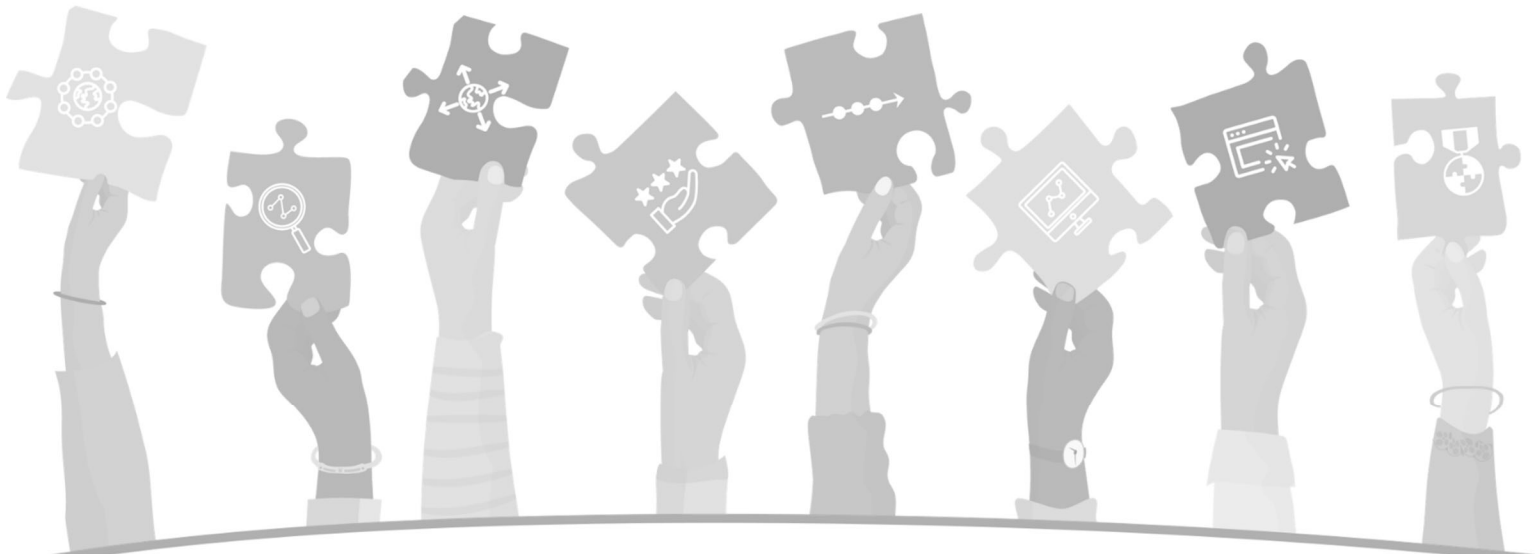
Annual Report Year 3



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TB DIAH

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Acronyms

ARC	Assessment of Data Collection, Reporting and Analysis Capacity
CENAT	National Center for Tuberculosis and Leprosy Control
COE	Center of Excellence
D2AC	Data-to-Action Continuum
DRC	Democratic Republic of the Congo
EE	Eastern Europe and Eurasia
FAQ	frequently asked questions
IP	implementing partner
IR	intermediate result
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MEL	monitoring, evaluation, and learning
MIS	management information system
MOH	Ministry of Health
NTBLCP	National Tuberculosis and Leprosy Control Programme
NTP	National Tuberculosis Program
PBMEF	Performance-Based Monitoring & Evaluation Framework
POSAF	Pont Santé Afrique
QTSA	Quality of Tuberculosis Services Assessment
SIG	Special Interest Group
TA	technical assistance
TB	tuberculosis
TB DIAH	Tuberculosis Data, Impact Assessment and Communications Hub
TBCI	Tuberculosis Contact Investigation
TOT	training of trainers
USAID	United States Agency for International Development
WHO	World Health Organization
WG	working group



Executive Summary

Tuberculosis (TB) continues to be a leading cause of death worldwide, infecting 10 million people and killing 1.4 million in 2019.¹ Global TB incidence is decreasing at the rate of two percent annually despite facing challenges such as multidrug-resistant TB (MDR-TB), HIV coinfection, and funding gaps.¹ In 2020, progress in eliminating TB was further threatened by disruptions to TB services caused by the COVID-19 pandemic. In the face of these challenges, collecting, analyzing, reporting, and using data to inform decisions in countries with high TB burdens are more important than ever.

The TB Data, Impact Assessment and Communications Hub (TB DIAH) project works to help address these TB data needs. TB DIAH is a five-year cooperative agreement funded by the United States Agency for International Development (USAID) and associated with USAID's Global Accelerator to End TB, a business model focused on performance-based measures for combating TB.

In the third year of the TB DIAH project, achievements and progress aligned with TB DIAH's intermediate results (IRs). TB DIAH's IRs and related accomplishments in Year 3 are detailed below.

1

Intermediate Result 1

Strengthened collection, analysis, and use of routine health and TB data

- Significant growth in TB Data Hub functionality and interactivity, including password-protected country-specific accounts to which users can enter Performance-Based Monitoring and Evaluation Framework (PBMEF) data for TB Roadmaps, enter or update data for the Assessment of Data Collection, Reporting and Analysis Capacity (ARC) tool, and view associated dashboards, scorecards, and other visualizations using data automatically synchronized with the World Health Organization (WHO) database and other countries' TB Data Hub accounts.
- Technical assistance (TA) to facilitate use of the new TB Data Hub functionality through introductory materials, an explanatory video, and tailored direct support.
- Continued development and refinement of the Data-to-Action Continuum (D2AC) toolkit, including pretesting with a D2AC advisory group in preparation for pilot-testing in Ghana, subsequent improvements to the D2AC toolkit, and ultimately a multi-country rollout in Year 4.

¹ Global Tuberculosis Report, 2020: World Health Organization, Accessible at <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

- Completion of the Quality of Tuberculosis Services Assessment (QTSA) global toolkit, including the development of a set of supplemental COVID-19 modules and a suite of introductory materials.
- In Afghanistan, QTSA data collection and a data review meeting were completed, with the final report to be reviewed by USAID/Washington.
- In the Democratic Republic of the Congo (DRC), a local nongovernmental organization (NGO) was identified and trained, and the QTSA approach adapted, in preparation for completion of data collection in Year 4.
- Development of a TB monitoring and evaluation (M&E) training curriculum in Cambodia to serve as the basis for a future global TB M&E training curriculum and a M&E training workshop for the National TB Program (NTP) and M&E advisors. Additionally, the project provided technical assistance to the National Center for Tuberculosis and Leprosy Control (CENAT).
- Initiation of the Eastern Europe and Eurasia (EE) Regional Center of Excellence (COE) in Georgia, the first of three anticipated regional centers.
- Establishment of a TB M&E surveillance strengthening technical working group (TWG) in Kyrgyz Republic.
- Development of a M&E checklist and qualitative interview guide to support the national M&E assessment in Nigeria. Backend assessments of various electronic platforms were conducted to examine the key functionality status, key features, and infrastructural designs. Conducted a TB data management bootcamp for 27 participants from USAID/Nigeria and key IPs in country. Launch of the TB Community of Practice charter to promote learning and best practices in fostering exchange of information for impactful decision making in delivery of quality TB services.

Intermediate Result 2

Improved design and implementation of M&E frameworks and information gathering processes, including tools, methodologies, and technical guidance to meet users' needs

- Finalization of the TB PBMEF, along with a guide on its use, a frequently asked questions (FAQ) document, and a two-page overview, all available for download in English, French, Portuguese, Russian, and Spanish on the TB DIAH website.
- Finalization and introduction of the Assessment of Data Collection, Reporting and Analysis Capacity (ARC), along with a suite of guidance materials, including a fact sheet, instructional video, slide deck, and talking points. Online data entry and display was launched, and 22 ARC reports were drafted, shared with, or presented to countries for review and feedback.
- Development of the TB Contact Investigation (TBCI) eLearning Course for Frontline Workers, initiated at the request of USAID, to equip frontline health workers with the basics of TBCI through an accessible online portal to be used in settings with low-bandwidth internet access and through personal smartphone or tablet devices.
- Completed 62 Monitoring, Evaluation, and Learning (MEL) plan reviews submitted by implementing mechanisms (IMs). The project provided USAID/Washington with findings and feedback tailored to each MEL plan.

3

Intermediate Result 3

Strengthened reporting and communication, as well as methods, tools, and approaches improved and applied to address communication gaps

- Reconvened and served as secretariat to the TB Data Special Interest Group (SIG), which grew to 33 members representing 17 countries by the end of Year 3.
- Initiated the National Tuberculosis Program Website Transparency Activity at the request of USAID/Washington. A landscape analysis of existing NTP websites was completed and recommendations for adaptation developed in preparation for engaging NTPs directly to support them in strengthening and/or establishing their websites.
- Dissemination of the key Year 3 deliverables through the TB DIAH Quarterly Digest e-newsletter, social media, and through meetings with partners and stakeholders, and establishment of a social media calendar and content development process.
- Expansion of the TB DIAH Online Communications Repository to include new webpages for the PBMEF and QTSA and their associated materials, and a quarterly review of literature to deepen the pool of available Repository resources.
- Presented a digital poster at the online-only 52nd Union World Conference on Lung Health in partnership with the Cure TB project titled, “Comparison of COVID-19-Related Tuberculosis Resource Reallocation in Afghanistan and Kyrgyzstan.”

TB DIAH will continue to build on this work and respond to evolving needs as the project enters its fourth year. The project team is looking forward to increasing and deepening its engagement in priority countries with a growing list of tools and resources, as well as expanding its global impact through activities in the TB Data Hub, Communications Repository, and support of the TB Data SIG.

Introduction

Tuberculosis (TB) is one of the top-10 causes of death—and the leading cause from a single infectious disease—worldwide, according to the World Health Organization (WHO). Ensuring that countries with the highest burden of TB can collect, assess, analyze, report, and use data to inform country-level decisions to end TB remains a top priority.

The TB Data, Impact Assessment and Communications Hub (TB DIAH) is a five-year cooperative agreement funded by the United States Agency for International Development (USAID) with a ceiling of almost US\$36 million that began on September 24, 2018. The project is led by the Carolina Population Center at the University of North Carolina at Chapel Hill (UNC), in partnership with John Snow, Inc. (JSI).

TB DIAH is part of USAID’s Global Accelerator to End TB. The Global Accelerator focuses on locally generated solutions to meet the needs of people and their communities for TB diagnosis, treatment, and prevention; to address stigma and discrimination; and to engage communities, the private sector, and civil society, including faith-based partners. TB DIAH’s role within the Global Accelerator is focused on data.

The objectives of TB DIAH are (1) to ensure optimal demand for and analysis of both routine and nonroutine TB data for decision making, (2) to support the appropriate use of such information for performance management, and (3) to inform the interventions and policies of national governments, ministries of health (MOHs), National TB Programs (NTPs), USAID, and other stakeholders. To achieve these overall project objectives, the award stipulates three intermediate results (IRs):

1

Intermediate Result 1

Strengthened collection, analysis, and use of routine health and TB data

2

Intermediate Result 2

Improved design and implementation of M&E frameworks and information gathering processes, including tools, methodologies, and technical guidance to meet users’ needs

3

Intermediate Result 3

Strengthened reporting and communication, as well as methods, tools, and approaches improved and applied to address communication gaps

This report focuses on TB DIAH’s work and accomplishments in its third project year: January 1, 2021–December 31, 2021.

During the first three years of the project, TB DIAH laid the foundation for achieving these IRs by developing global goods that will be refined and widely used by stakeholders working with TB prevention, treatment, and elimination data. Among these are a **web-based [TB Data Hub and communications repository](#)** that allows TB programs, USAID, and other relevant stakeholders to access materials and harness, find, explore, analyze, and download structured TB data and to use (that is, query and analyze) those data to inform programs, policy, and advocacy efforts. Another notable accomplishment is the development of a TB **[performance-based M&E framework \(PBMEF\)](#)** defining and prioritizing standard indicators of program effectiveness and desirable outcomes that will

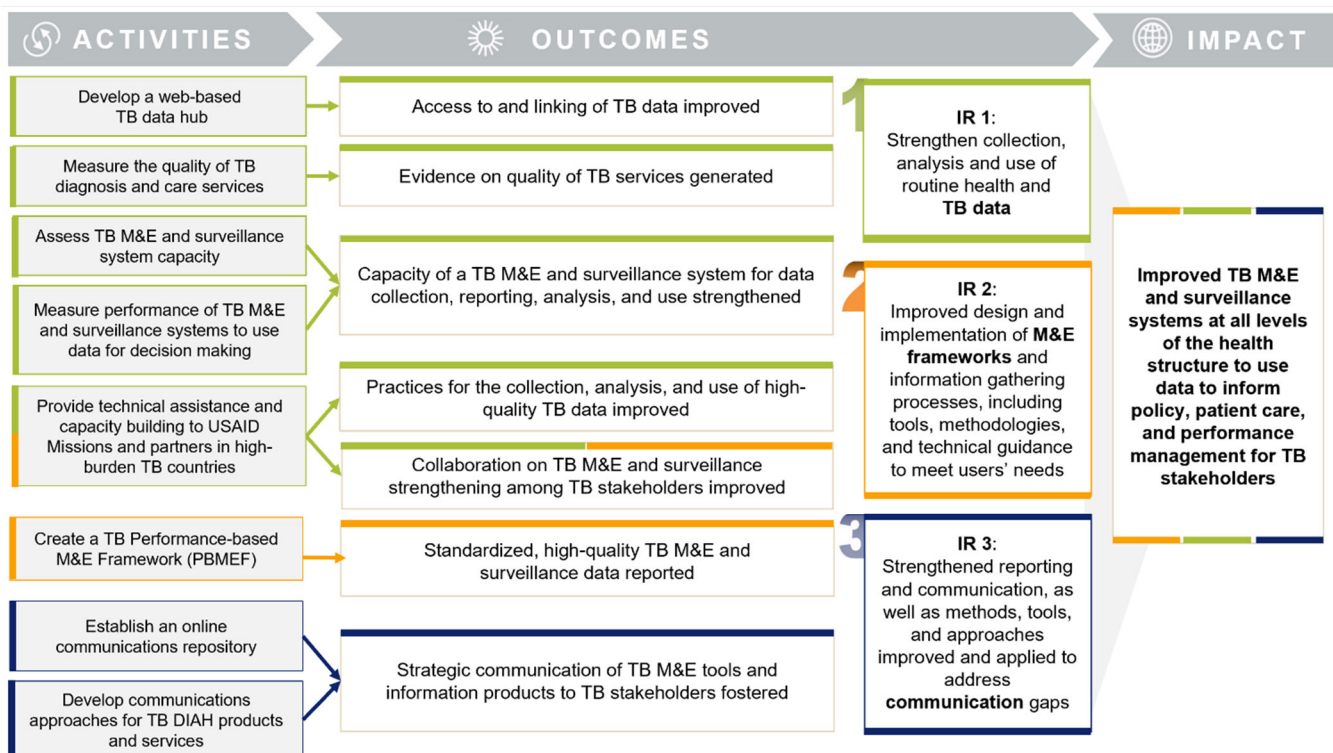
help USAID and country programs assess their investments in a country and improve the quality of reporting to best respond to the needs and priorities of the country.

In Year 3, the project expanded its workstreams to include additional activities, tools, and support to country plans. The established workstreams are (1) the **PBMEF** with standard indicators and reporting system; (2) **assessment tools (ARC, QTSA, D2AC)** related to data capture for the various indicators and the capacity/quality of the M&E and surveillance system in each country; (3) a **TB Data Hub** to house the data collected for the PBMEF, with the capacity to adapt and grow as the M&E and surveillance systems' reporting needs change; (4) strategic **communications**, including a web-based repository for priority country and global resources, fostering networking and exchange among TB stakeholders, and building capacity to communicate TB data to different audience and media channels; and (5) **country engagement** focused on technical assistance, capacity strengthening, and support to missions, and establishment of a learning lab through centers of excellence.




TB DIAH worked with USAID missions to develop six country-focused workplans in support of improved monitoring and surveillance of TB systems in their countries. These countries are Cambodia, Democratic Republic of Congo (DRC), Kyrgyz Republic, Nigeria, and the Eastern Europe & Eurasia (EE) region office. Implementation of these country plans was supplemented with core funding and support from HQ staff. One of the DRC country workplans supports the implementation of Quality of TB Services Assessment (QTSA) surveys and core funds will support a second QTSA in Vietnam. The other scopes of the country workplans are each unique to their contexts but have in common the strengthening of TB M&E and surveillance systems by improving integration and enhancing access to existing TB data platforms and strengthening M&E capacity of staff involved in the collection, analysis, and use of TB data.

Despite travel restrictions and priorities by national governments to address the COVID-19 pandemic, the project continued to make progress in Year 3 on established workstreams and country workplans.

Figure 1. TB DIAH Logic Framework



TB DIAH Workstreams

 YEAR 1 (2019)	 YEAR 2 (2020)	 YEAR 3 (2021)
TB DATA HUB (IR 1)		
<ul style="list-style-type: none"> ✓ TB Data Hub designed, produced, and launched 	<ul style="list-style-type: none"> ✓ Updated specification document ✓ Data analytics for Y2 ✓ TB Data Hub version 2.0 prototype ✓ Prevention indicator data entry tool and questionnaire ✓ TB Roadmap data entry tool 	<ul style="list-style-type: none"> ✓ Developed modules for in-country users to enter data and see their data displayed ✓ Collated data input by users from 23 priority countries for the PBMEF, ARC assessment, and prevention indicator data ✓ Provided ad hoc technical assistance and shared an informational brief and video ✓ Solicited feedback from expert groups to improve user experience and functionality ✓ Collected data analytics for Year 3
COUNTRY ENGAGEMENT (IR 1)		
<ul style="list-style-type: none"> ✓ Prepared promotional materials for USAID rollout of TB DIAH 	<ul style="list-style-type: none"> ✓ Created 8 country-focused workplans in 6 countries ✓ Developed a COE strategy to be rolled out in Y3 	<ul style="list-style-type: none"> ✓ Provided TA and conducted assessments to strengthen collection, analysis, and use of routine health and TB data in Afghanistan, Cambodia, DRC, the EE Region, Kyrgyz Republic, and Nigeria ✓ Selected Georgia to serve as the pilot COE country in the EE Region
ASSESSMENT TOOLS (IR 1 & IR 2)		
<ul style="list-style-type: none"> ✓ Created MESSA Tool and protocol ✓ Began desk review of 23 countries' TB M&E and communications systems 	<ul style="list-style-type: none"> ✓ Created a prevention indicator tool and supported USAID to input and analyze findings ✓ Completed summary MESSA profiles for 23 priority countries ✓ Developed ARC tool concept note and draft tool ✓ Established a dedicated QTSA webpage on the TB DIAH repository ✓ Drafted TB data-to-action (D2AC) continuum for USAID review 	<ul style="list-style-type: none"> ✓ Finalized and rolled out ARC tool on the TB data hub for missions to complete data entry ✓ Developed 22 ARC reports and shared them with countries for review and feedback ✓ Completed the QTSA Implementation Guide and developed COVID-19 modules to complement QTSA ✓ Conducted QTSA data collection in Afghanistan, Kyrgyz Republic, and DRC and worked on reports of findings ✓ Pretested the D2AC Toolkit (data collection tool and data analysis tool) with the D2AC Advisory Group ✓ Published a peer-reviewed article about D2AC literature review in the Journal of Global Health

PBMEF (IR 2)

- | | | |
|---|---|---|
| <ul style="list-style-type: none">✓ Drafted, vetted, and created a two-tiered PBMEF | <ul style="list-style-type: none">✓ Submitted a final draft of PBMEF after getting consensus on indicators✓ Drafted country implementation plan template | <ul style="list-style-type: none">✓ Finalized and disseminated PBMEF framework and guide, an FAQ doc, and two-page overview✓ Posted PBMEF on the TB DIAH Communications Repository website in English, Russian, and Portuguese, with drafts in French and Spanish✓ Reviewed 62 MEL plans submitted by IMs to see alignment with PBMEF indicators and best practices |
|---|---|---|

COMMUNICATIONS (IR 3)

- | | | |
|--|---|--|
| <ul style="list-style-type: none">✓ Designed and launched www.tbдия.org for data and country-specific information and resources✓ Established social media presence✓ Published reports✓ Published TB DIAH newsletter to mailing list of >6,000 | <ul style="list-style-type: none">✓ Updated website architecture and infrastructure✓ Participated in 51st Union World Conference on Lung Health✓ Completed analysis of TB data landscape to serve as a baselined of available resources✓ Supported the USAID TB Communications teams in editing and 508 compliance review of the Prevention Indicator report to Congress✓ Created and published TB DIAH Digest (4 issues), success stories and social media traffic to USAID's website | <ul style="list-style-type: none">✓ Published 3 TB DIAH Digest e-newsletters (March, July, October)✓ Served as TB Data SIG Secretariat✓ Expanded TB DIAH Communications Repository to include new webpages for the PBMEF and QTSA✓ Conducted landscape analysis of 23 priority countries' NTP websites✓ Supported the 52nd Union Conference submission and project's online presence |
|--|---|--|



Highlights of Year 3 Core-Funded Work

In Year 3, TB DIAH advanced progress across all intermediate result areas through 11 core-funded activities and additional activities as requested by USAID.

Intermediate Result 1

Strengthened collection, analysis, and use of routine health and TB data



TB Data Hub

Year 3 saw expansive growth in TB Data Hub functionality and interactivity with users in TB priority countries. Informed by user-testing and feedback, the TB Data Hub team developed modules for in-country users to enter national and subnational data as well as see their data displayed to inform and improve decision making in real time. These password-protected country pages were developed to ensure users could complete their data entry, analysis, and visualization in a secure online environment. To date, the TB Data Hub has country specific accounts where users can enter PBMEF data for TB Roadmaps and congressionally mandated prevention reports, enter or update data for the ARC tool, and view associated dashboards, scorecards, and other visualizations using data automatically synced with the WHO database and other countries' TB Data Hub accounts.

Data entry forms were utilized by the 23 priority countries in Year 3. Each of the 23 TB priority countries entered PBMEF data for their TB Roadmaps and performance plans and reports, twenty-two countries completed ARC assessment forms (with the exception of Burma), and all 23 countries entered prevention indicator data which was sent to USAID/Washington for inclusion in the annual TB prevention report to the United States Congress. TB DIAH staff provided proactive technical assistance through instructional materials, including a three-page brief and the [video "Introduction to the TB DIAH Data Hub."](#)

These materials were posted on the TB Data Hub to be readily found and explored by users. Tailored support was also provided on an as-needed basis to assist users as they navigated the TB Data Hub and learned its functionalities. In addition to the build-out and launch of the PBMEF section of the TB Data Hub, as well as the country pages sections, the team made great strides in improving the user experience. Insights and feedback solicited from USAID/Washington and experts in the TB Data Special Interest Group (SIG) were paramount to TB Data Hub improvements.



Data-to-Action Continuum

In Year 3, the project convened an advisory group of TB M&E and surveillance experts to review and provide feedback on the tool’s conceptual framework and scale. Following development and improvements to incorporate feedback, the team pretested the data collection instrument and analysis dashboard with the Data-to-Action Continuum (D2AC) advisory group. Since in-country piloting of the D2AC was not possible due to pandemic restrictions in Year 3, feedback from the advisory group was essential in refining the D2AC Toolkit (consisting of a data collection tool and data analysis tool) in preparation for pilot-testing in Ghana, subsequent improvements to the D2AC, and ultimately a multi-country rollout in Year 4. A [peer-reviewed journal article](#) titled, “Research gaps in transforming tuberculosis data to action for better health outcomes: A systematic literature review” was published in the Journal of Global Health on September 18, 2021. The publication precipitated from the systematic literature review conducted to lay the foundation for the D2AC.



QTSA

In the second quarter of Year 3, the QTSA global toolkit was completed with finalization and publication of the [QTSA Global Implementation Guide](#). Global users can visit the newly developed [QTSA webpage](#) on the TB DIAH Communications Repository to access and download the toolkit and country reports of QTSA results. Additionally, the QTSA team developed patient-centered care infographics for each of the countries which had completed the QTSA—Ethiopia, Nigeria, the Philippines, and Uganda. These infographics will be posted to the repository as well early in Year 4. Lastly, the project developed a set of supplemental [COVID-19 modules](#) that can be used in addition to the QTSA Facility Audit and Patient Interview tools. The target audience of the modules are practitioners in countries implementing a QTSA who want to assess the impact of COVID-19 on TB services.

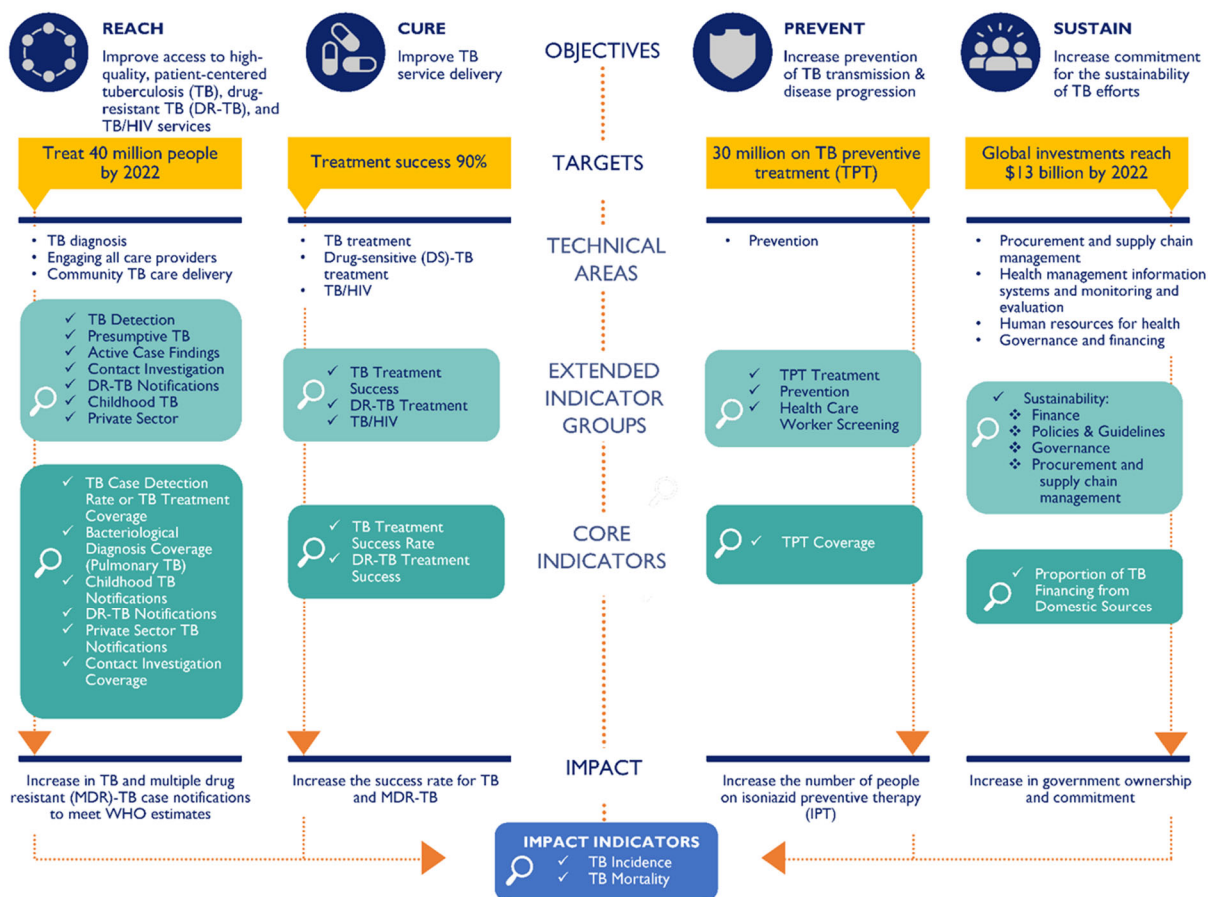
Intermediate Result 2

Improved design and implementation of monitoring and evaluation (M&E) frameworks and information gathering processes, including tools, methodologies, and technical guidance to meet users' needs



In Year 3 of the project, TB DIAH finalized the TB PBMEF. This framework defines and prioritizes 14 corresponding groups of extended indicators of program effectiveness and desirable outcomes that will help USAID and country TB programs assess their investments in-country and improve the quality of reporting. The PBMEF and guide are living resources to be revisited and updated in consultation with global experts. The PBMEF was promoted heavily through TB DIAH and USAID/Washington communications and is housed on the TB DIAH Communications Repository website in English, Portuguese, and Russian, with draft versions posted in French and Spanish. Accompanying the PBMEF guide are an [FAQ document](#) and [two-page overview](#).

Performance-based Monitoring and Evaluation Framework (PBMEF)





ARC

The project made significant progress on the ARC activity over the past year. The ARC tool was finalized and introduced to the TB Data Hub for missions to complete data entry online. Support was provided by the TB DIAH ARC and TB Data Hub teams to ensure users were supported during the data entry process. A suite of guidance materials, including a fact sheet, instructional video, slide deck, and talking points for missions were developed to support rollout of the ARC tool. An ARC tool summary table displaying submitted responses was developed and became viewable to users upon submission. Twenty-two ARC reports were drafted and shared with countries for review and feedback, and by end of Year 3, thirteen ARC reports were finalized. (The Burma ARC report was not completed due to political unrest in the country. The report for Afghanistan was developed but not shared with country stakeholders due to the sensitive political situation.) Remaining ARC reports will be finalized early in Year 4.

Building on lessons from the Year 2 Roadmap data entry process, the project’s ARC team ensured that users were equipped for success with a suite of instructional aides to facilitate their data entry into the ARC tool. As a result, the ARC data entry process was more efficient for users and allowed project staff to focus resources on analysis of results and report development.

TB Contact Investigation eLearning Course for Frontline Workers Module

(USAID-Requested Activity)

To address gaps in frontline health workers' knowledge related to TB Contact Investigation (TBCI), USAID/Washington elected TB DIAH to develop an eLearning course to equip these health workers with the basics of TBCI through an accessible online portal (via Moodle) that could be used in settings with low-bandwidth internet access and through personal smartphone or tablet devices. This work laid the foundation for a new project activity to begin in Year 4 focused more broadly on eLearning. In Year 4, a new eLearning activity will focus on additional online courses, including a global course, M&E for TB programs, which will build on the training materials developed and first used under the Cambodia activity.

Monitoring, Evaluation, and Learning Plan Reviews

(USAID-Requested Activity)

In the last quarter of Year 3, TB DIAH completed a review of 62 Monitoring, Evaluation, and Learning (MEL) plans submitted by implementing mechanisms (IMs). (Early in Year 4 an additional 7 MEL plans were reviewed, bringing review total to 69). The project provided USAID/Washington with findings and feedback tailored to each MEL plan to assist in strengthening future plans with incorporation of PBMEF indicators as appropriate as well as MEL plan best practices.



Intermediate Result 3

Strengthened reporting and communication as well as methods, tools, and approaches improved and applied to address communication gaps

TB Data Special Interest Group

The TB Data SIG was officially reconvened in September 2021. Sixteen SIG members from nine countries participated in the first meeting. By year’s end, the group grew to 33 members representing 17 countries. In October 2021, TB DIAH presented a prototype of the PBMEF page prototype and shared a questionnaire for gathering user requirements. This information was incorporated into the prototype in November, and in December 2021 the TB Data Hub team finalized the new PBMEF webpage on the TB DIAH Communications Repository.

National Tuberculosis Program Website Development

TB DIAH began the NTP Website Development activity in Year 3. A landscape analysis was conducted of existing NTP websites, applying criteria from an earlier review by the Stop TB Partnership in addition to user-focused criteria selected by the project. A mock-up model of a NTP website as well as a Phase II workplan for the activity were developed and shared with USAID/Washington for their feedback by the end of the year. Year 4 will include engagement of NTPs directly to support them in strengthening and/or establishing their websites.



TB DIAH Strategic Communications

TB DIAH communications disseminated the year’s key deliverables, including the PBMEF Guide and the QTSA Implementation Guide, through the TB DIAH Quarterly Digest, social media, and through meetings with partners and stakeholders. By the end of Year 3, TB DIAH social media accounts were followed by 256 Twitter users and 315 LinkedIn users. The TB DIAH Digest e-newsletter was published in March, July, and October 2021. Issues were timed to highlight World TB Day, the project’s release of the PBMEF Guide, and TB DIAH’s publication of the QTSA COVID-19 modules. Additionally, TB DIAH communications staff served as TB Data SIG Secretariat, which included

development of all TB Data SIG meeting materials and preparation, as well as meeting implementation.

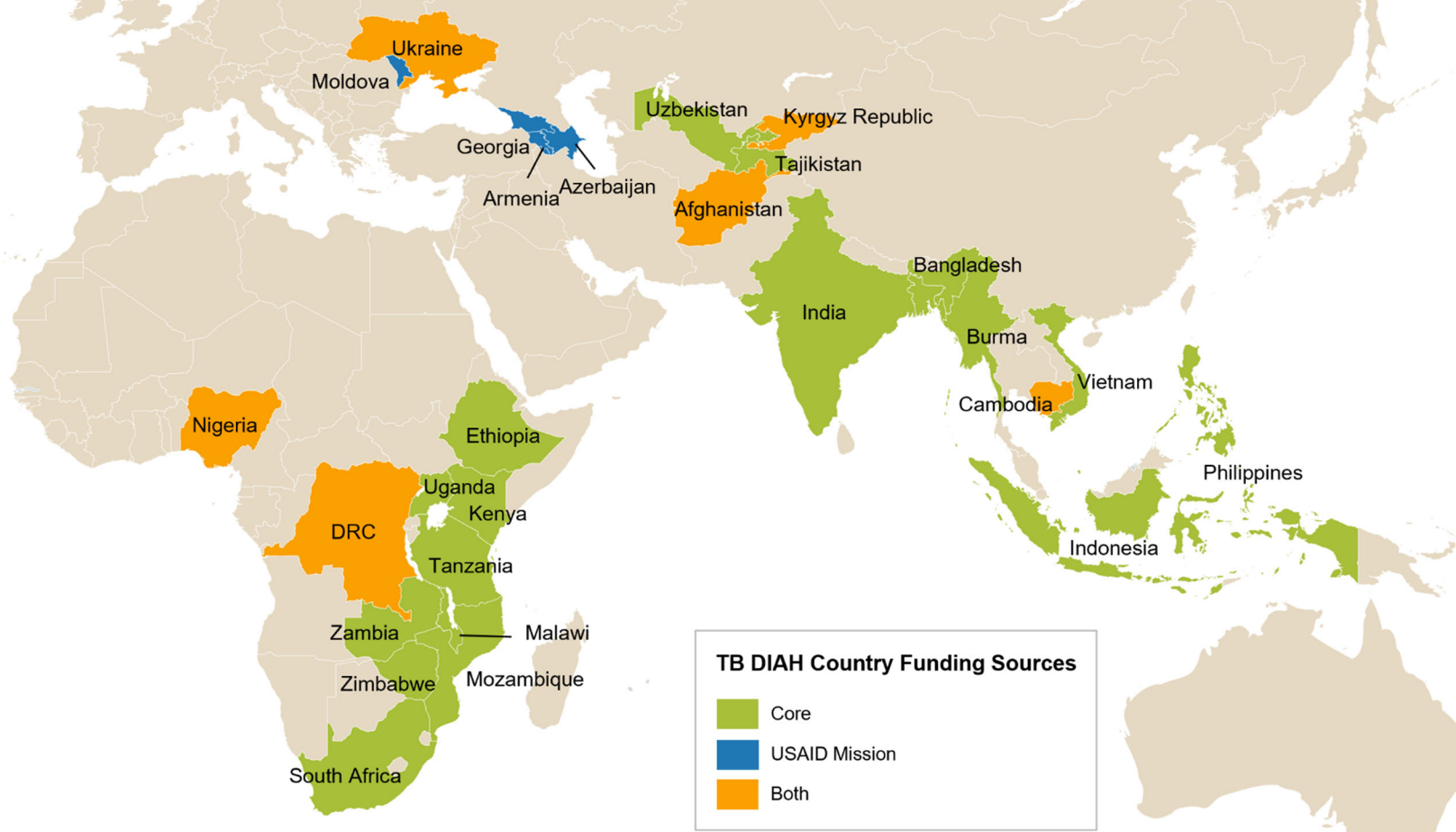


TB DIAH Online Communications Repository

The TB DIAH Online Communications Repository expanded to include two new webpages—a PBMEF webpage housing the PBMEF Guide (with versions in multiple languages), FAQ sheet, and two-page overview; and a webpage for the QTSA materials (the Global QTSA Toolkit and Country QTSA). Traffic to the repository more than tripled from Year 2 to Year 3 (from 2,863 annual visitors in 2020 to 10,545 visitors in 2021.) Most visitors to the website were from the United States, followed by DRC, India, the Philippines, Nigeria, Ethiopia, South Africa, Zambia, Cambodia, and Kenya.

TB DIAH Presence at the 52nd Union World Conference on Lung Health

An abstract jointly prepared and submitted by TB DIAH and the Cure TB project was accepted as a poster to the 52nd Union World Conference on Lung Health. The poster, titled, “Comparison of COVID-19-Related Tuberculosis Resource Reallocation in Afghanistan and Kyrgyzstan” was displayed virtually through the conference’s online portal during the week of October 19-22, 2021.



Highlights of Year 3 Mission-Funded Work

TB DIAH managed seven mission-funded activities, encompassing sixty-four sub-activities across six countries over the Year 3 period. Mission-funded work was tied to the project’s IR1.

Intermediate Result 1

Strengthened collection, analysis, and use of routine health and TB data

Afghanistan Quality Tuberculosis Service Assessment

QTSA data collection in Afghanistan began in February 2021 and was completed in April 2021. A data review meeting was held to examine, validate, and contextualize the preliminary results of the assessment. The QTSA report in Afghanistan was in its data analysis and drafting stages when the political situation in the country shifted and the team was no longer permitted to contact in-country colleagues. As a result, the final QTSA report for Afghanistan will be reviewed by USAID/Washington without final review from the in-country contacts.

Cambodia Technical Assistance

TB DIAH developed a TB M&E training curriculum to serve as both a basis for a future global TB M&E training curriculum and to be used for a TB M&E workshop with TB advisors and

Cambodian NTP M&E officers later in the year. An M&E capacity assessment tool was developed and finalized, translated into Khmer, and piloted. In quarter 4, project HQ staff traveled to Cambodia to provide technical assistance to the National Center for Tuberculosis and Leprosy Control (CENAT) as

well as to conduct a training of trainers (TOT). The main objective of the training on M&E was to strengthen staff capacity to conduct effective M&E. The first group of provincial TB supervisors were trained in Siem Reap from November 10-17, 2021. A total of 25 participants representing each of the 25 provinces participated in the training. A second group of trainees will be taught in Year 4. The team has made improvements to the curriculum based on feedback and experience gained in conducting the first round in November.

Additionally, the project developed a TB-MIS questionnaire for mapping the current landscape of the enabling environment to create a TB-MIS roadmap to guide the transition of the NTP’s paper-based system to an electronic platform.



Cambodia M&E Training of Trainers: November 10-17, 2021, in Siem Reap, Cambodia

DRC TB M&E and Surveillance System Strengthening and DRC QTSA

Technical assistance for the DRC TB M&E and Surveillance System Strengthening activity was presented and well received by the NTP. The activity lead and in-country staff supported efforts to complete the ARC report; however, due to challenges working with the NTP and staff turnover, activities were delayed throughout the year and the activity remains on hold.

Pont Santé Afrique (POSAF), a local Kinshasa-based NGO, was selected to implement the QTSA in DRC. POSAF was oriented to the project and its requirements in quarter 4. TB DIAH adapted the planned QTSA approach for the DRC to include a central TOT in Kinshasa for the data collection team supervisors followed by provincial training workshops for data collectors in the sampled provinces. POSAF recruited fifteen team supervisors and prepared for pretest of the tools, which is scheduled to take place early in Year 4. Both core and Mission funds are used for this QTSA work.



Paper-based TB registers from DRC, Cambodia

Eastern Europe and Eurasia (EE) Region: TB M&E and Surveillance Strengthening

The project received regional funds from the EE regional office in July 2021. The Year 3 workplan focused on strengthening the capacity of the TB M&E and surveillance system in five of USAID’s countries in the EE region: Armenia, Azerbaijan, Georgia, Moldova, and Ukraine. This work is intended to support the NTPs in strengthening TB surveillance systems and to improve data use, build capacity to report on the countries’ TB Roadmap indicators, strengthen M&E skills, and develop and promote online data resources. A major activity is to establish a Center of Excellence (COE) for the region to promote inter-country collaboration and partnership. In Year 3, TB DIAH began laying the foundation for its EE region COE, the first of three anticipated centers. TB DIAH hosted an introductory call with all EE countries to present the concept of the COE as well as the proposed workplan. One-on-one calls were subsequently held with all countries in the region, with the exception of Azerbaijan. These calls provided an opportunity for countries to ask questions about the opportunity as well as for TB DIAH to begin its assessment of countries against criteria indicating

readiness, capacity, and interest in serving as the regional COE. In Year 3, quarter 4, TB DIAH selected Georgia to serve as the pilot COE country in the EE region. Early in Year 4, the project will travel to Georgia to establish the necessary contacts and begin planning for formalization of the COE.

Selection of the COE in the EE region followed a protocol to assess readiness and capacity of each potential country. The process yielded a wealth of information that allowed TB DIAH to connect with the region's countries individually and make an evidence-informed decision about which country was best positioned for the role.



Pilot-testing of the M&E capacity assessment in Issyk-Kul, Kyrgyz Republic, September 8-11, 2021



Pilot-testing of the M&E capacity assessment in Osh oblast, Kyrgyz Republic, September 14-17, 2021

Kyrgyz Republic Technical Assistance

TB DIAH staff in Kyrgyz Republic established a TB M&E surveillance strengthening technical working group (WG). An official order was approved by the Ministry of Health and Social Development of the Kyrgyz Republic (MOHSD) during quarter 3 to formalize the TWG. Stakeholders have expressed appreciation for the value that this dedicated group has brought. Project staff supported M&E plan development as part of the national TB strategy, known as “TB-6.” The team also worked with stakeholders to ensure that TB-6 includes eight PBMEF indicators. A template for the Kyrgyz Republic annual TB surveillance report was developed and shared with the NTP for implementation. The team developed and piloted an M&E capacity assessment in three facilities. It will be available in the customized training package for M&E capacity building in both English and Russian. Additionally, ten key informant interviews were conducted with the NTP and different oblast TB centers. These were translated from Russian to English. Additionally, a data quality review (DQR) checklist for Kyrgyz Republic was pilot tested, reviewed by five NTP consultants, and finalized. The project’s TB M&E TOT materials from a recent training in Cambodia were shared for review with the NTP and country partners, receiving positive feedback. Looking ahead to Year 4, the team has begun planning a TB M&E TOT for Kyrgyz Republic.

TB DIAH Kyrgyz Republic staff were instrumental in development of the M&E plan as part of the country’s TB-6 national strategic plan. As a result of the project’s support of the NTP and Cure TB during the plan’s development, the TB-6 was written to include eight of the ten PBMEF indicators.

Strengthening Use of TB M&E and Surveillance Data in Nigeria

As part of the national M&E assessment, TB DIAH developed an M&E assessment checklist as well as a qualitative interview guide. The final assessment checklist was used during the training of field interviewers/assessors for data collection in four states. Project staff in Nigeria pioneered the development and establishment of the TB-specific automated partners' performance reporting (APPR), which fully aligns with the USAID Global Accelerator and the PBMEF.

Backend assessments of various electronic platforms were conducted to examine the key functionality status, key features, and infrastructural designs. A TB data management bootcamp took place for 27 participants from USAID/Nigeria and key IPs in country. Additionally, the Nigeria team launched the TB Community of Practice charter with the aim of promoting learning and best practices in fostering exchange of information for impactful decision making in delivery of quality TB services.

TB DIAH's work in Nigeria progressed steadily in the eight months since the RA was hired. Through regular engagement with stakeholders and an open dialogue about the rationale and benefit behind each of the planned project sub-activities, the project was able to establish a TB-specific APPR which fully aligns with the USAID Global Accelerator and PBMEF, among other achievements.

Progress Towards Results

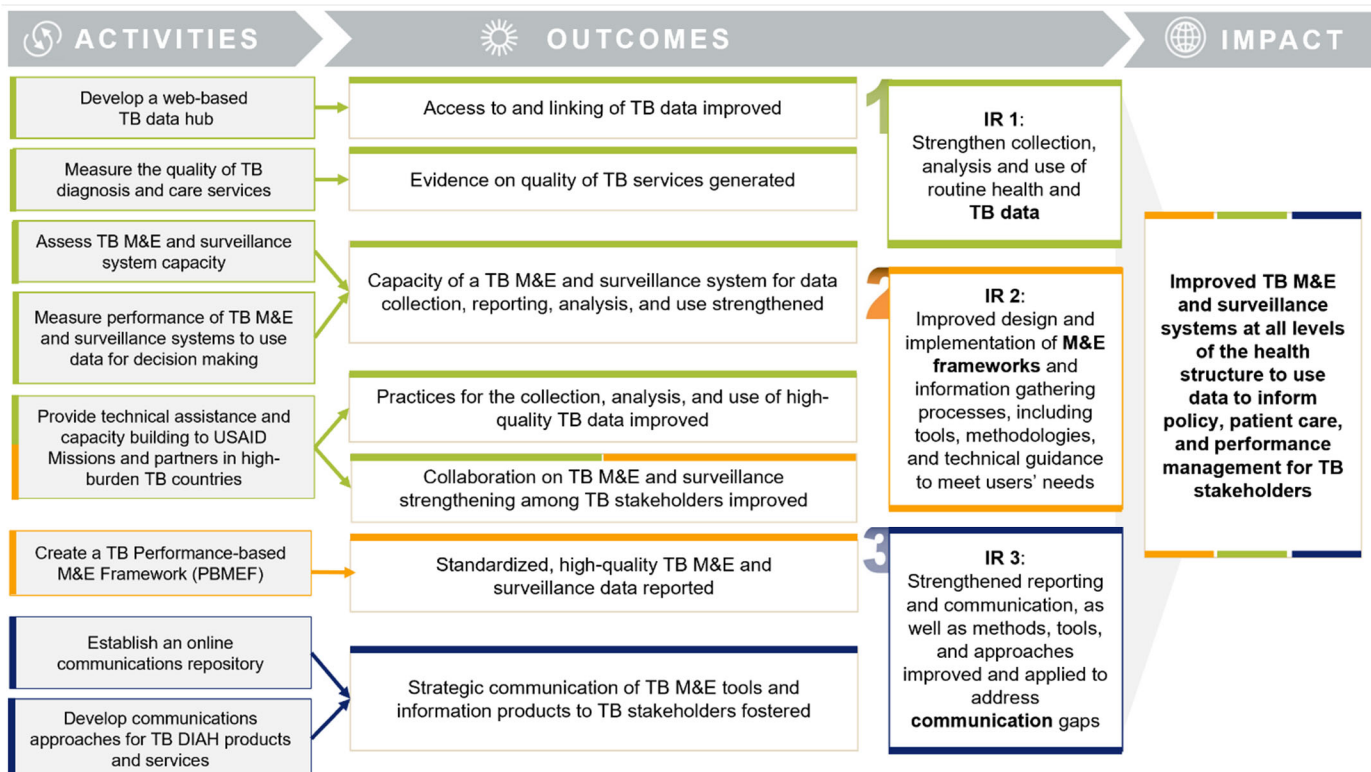
The project made strong progress against its eight output indicators in Year 3. Nine TB Data Hub resources were developed or updated; most notable developments included the PBMEF section, the ARC Tool Data Entry Form, country landing pages (internal, log-in), and country dashboards (external, public-facing). Thirty-seven assessments were conducted, including the ARC for all 22 countries (with 9 country reports finalized in Year 3). As in Year 2, the Prevention Indicator Assessment was completed by 23 TB priority countries as part of the Prevention Report to Congress. A QTSA was conducted in Afghanistan early in 2021, using tools tailored to the country. Additionally, mission-funded assessments were conducted by project staff in Cambodia, Kyrgyz Republic, and Nigeria. The project produced 26 products across the year, including reports, visualizations, and guidance documents. (Note: Final assessment reports developed by TB DIAH were not also counted under indicator A6/products.) Key products for the year included the TB PBMEF and Guide housed on a new PBMEF webpage; the ARC Tool and accompanying ARC Tool Guidance, ARC Tool Brief, ARC Tool Talking Points, ARC Tool FAQs, ARC Tool PowerPoint, and ARC Video. A QTSA Global Implementation Guide, QTSA options/FAQ document, and QTSA COVID-19 Modules were developed and housed on a new QTSA webpage. Despite the challenges of the ongoing COVID-19 pandemic, the project had 20 dissemination events in Year 3, including TB Data SIG meetings in October and November 2021, ARC results one-on-one presentations to 7 countries. By December 31, 2021, the project had 571 social media followers and 5,570 email subscribers.

TB DIAH saw an increased use of its TB Data Hub and other products and services in Year 3, as captured by the project's 6 outcome indicators. All 23 TB priority countries used at least one TB Data Hub resource to produce a report and/or data visualizations. Twenty-three countries used the TB Data Hub TB Roadmap tool to enter data and generate their Table 4 (as part of their TB Roadmap). Twenty-three countries used the TB Data Hub to enter data for the prevention indicators and were provided Prevention Indicator Assessment reports. Lastly, all countries but Burma used the TB Data Hub ARC tool to enter data which resulted in ARC report drafts sent to their respective missions for review and

input before finalization. The Year 3 proportion of products used by a TB stakeholder stood at 37% (target for the year was 30%). With the introduction of stakeholder interviews and surveys in Year 4, the project will glean additional information related to use of its products and services by TB stakeholders.

The project began to identify early impact results in Year 3. Both Kyrgyz Republic and Nigeria reported use of TB M&E and surveillance data for TB program and/or policy decision making (C1) and demonstrated change in the performance of the national TB M&E and surveillance system (C2) respectively. In October 2021, the TB DIAH RA for Kyrgyz Republic presented the ARC report and findings from the assessment. Following the presentation and discussion, it was decided that all core indicators from PBMEF guide will be included into M&E plan and core PBMEF indicators should be included into the TB-6 program (national strategy), so that decision-makers can judge whether TB-6 is heading in the right direction. In Spring 2021, TB DIAH began to participate in weekly data and performance review meetings with NTP, USAID/Nigeria, and IPs. To facilitate more robust discussion on the latest IP data, TB DIAH developed a weekly reporting template for each IP. IPs used the templates to record their data ahead of each weekly meeting. In Fall 2021, USAID/Nigeria requested TB DIAH to conduct deeper data analysis between weekly meetings to provide richer information for decision making as well as to improve accuracy and completeness of the IP data. After reviewing the results of TB DIAH’s data analysis, it became evident that the weekly reporting templates should be expanded to collect additional data points. At the request of USAID/Nigeria, TB DIAH further revised the weekly reporting template for each IP to facilitate better understanding of the interventions, performance, and progress related to the PBMEF. In closing, with the introduction of stakeholder interviews and surveys in Year 4, the project will glean additional information related to the use and resultant impact of its products and services to the benefit of TB stakeholders and TB priority countries. For results tables, see Appendix 2: Project Results Year 1 through Year 3.

Figure 1. TB DIAH Logic Framework





Lessons Learned

The project held learning sessions during its October 2021 face-to-face team meeting and in a weekly technical team meeting in preparation for the annual report. The purpose of these sessions was to ensure achievements, lessons learned, and challenges from Year 3 were documented for internal learning as well as for sharing with external audiences and stakeholders.

Promising Practices in Activity Implementation

The reestablishment of the TB Data SIG has been a stand-out accomplishment from Year 3. By year's end, the participant number stood at forty-seven members with representation across nineteen countries. A key to the TB Data SIG's success has been the selection of Rupert Eneogu and Anna Meltzer as co-chairs of the group. Their ownership and drive maximized the influence of the group on strengthening TB DIAH's activities and deliverables. The co-chairs have leveraged their connections with missions to expand the reach and membership of the TB Data SIG. The project will continue to benefit from the insights of these experts throughout the remainder of the project.

Another promising practice that arose in Year 3 was the successful collaboration with a global partner to advance not only TB DIAH's efforts but broader TB efforts by stakeholders across a region. The project has engaged the WHO Regional Office for Europe (WHO/Europe) through its work to establish a COE in the EE region as one of a series of sub-activities to strengthen TB M&E and surveillance in Armenia, Azerbaijan, Moldova, Ukraine, and Georgia. By establishing frequent updates, TB DIAH and WHO/Europe share regular dialogue related to TB activities in the region. This will help to forecast complimentary work, share learnings, and create synergies for deeper impact. In Year 4, TB DIAH can survey the landscape for each activity to understand and engage global partners with shared goals.

Challenges and Lessons Learned during Activity Implementation

The TB DIAH team was nimble in its implementation in Year 3. The ongoing COVID-19 pandemic caused the team to revisit planned activities. For instance, pilot-testing of the D2AC Toolkit, originally intended to take place in a country during Year 3, was instead tested by the D2AC expert group. This deepened engagement with the expert group while further refining and strengthening the D2AC Toolkit in preparations for its first use in-country—in Ghana in Year 4. The pandemic also hampered traditional means of communication with missions and in-country stakeholders (e.g., in-person meetings and idea sharing). As a result, the team increased communication frequency through channels available while rescheduling gatherings for those discussions best held in person. This is illustrated by the approach to strengthen the TA activities in DRC. An in-person meeting with representation from the TB DIAH HQ management team, DRC Mission, and PNLT will be held early

in Year 4 as an opportunity to address questions and concerns directly, and to reestablish the value of the project to the PNLT.

As part of the project's work in Year 3, numerous assessments were conducted. TB DIAH staff reflected on the importance of terminology and positioning when talking with stakeholders about assessments, as the word *assessment* itself can trigger hesitation or resistance. Individuals may be experiencing reporting fatigue or be reticent to share findings or results that may not show their TB system in the strongest light. For example, the Nigeria team found it a wise investment of time to explain the value of the National TB Assessment to potential participants. Willingness to share the assessment protocol, and further openness to dialogue related to the protocol's development, were also found to be beneficial. As part of the ARC core activity, the team streamlined communication about the ARC via a suite of educational materials about the ARC tool in a variety of formats (multiple print, video, and ad hoc personalized technical assistance). These materials helped ensure a smooth data entry process by all priority countries in completing their ARC assessments. This was a lesson learned and an improvement from Year 2, when the project had conducted one-on-one communications with countries as they completed their TB Roadmaps. Staff reflected that this communications approach was much more efficient and streamlined. The project will account for this when designing the approach for communicating Surveillance of TB and M&E Strengthening Plans (STEP) planning to countries in Year 4.



Management

USAID Engagement

The TB DIAH team has a close and collaborative relationship with the USAID/Washington team. There are weekly technical meetings with the USAID/Washington management team and activity leads, as well as biweekly team meetings for core and mission focused activities. We work together in a spirit of co-creation and collaboration, to ensure that the activities are within scope and adapted as needed. These team meetings include the TB Data Hub, TBCI, D2AC, and PBMEF activities. There is a smaller weekly operations and management meeting as well.

TB DIAH has teams based in Cambodia, Kyrgyz Republic, and Nigeria. These teams meet with their USAID Mission counterparts regularly to discuss and implement workplan activities and respond to changing conditions in country requiring adaptation of the workplans. There is fluid coordination with the HQ members of the respective country teams through weekly meetings to discuss technical and operational issues. Monthly meetings are held with the Mission team in Cambodia and biweekly meetings with the Nigeria team. The Mission staff and Sustaining Technical and Analytical Resources (STAR) advisors work with the TB DIAH teams to address M&E systems in each country.

TB DIAH sends a weekly tracker along with the meeting minutes to USAID/Washington to provide updates on action points agreed upon at the weekly meetings, as well as updates by sub-activity for the Mission-funded activities. These weekly updates are then compiled into written monthly updates and shared with the Missions and TB project backstops. Quarterly reports are issued 45 days after the end of the quarter for the project and individual reports are made accessible to those countries requesting them.

Project Coordination

In Year 3, TB DIAH opened the weekly internal meetings to all senior technical staff to simplify cross-project and cross-team communications. The focus shifted to operational and technical problem solving and sharing. The project activities are very synergistic, and it is helpful for operations, finance, and technical staff to take part in the same meetings. Although the meetings occur weekly, their content and focus change throughout the month. The meetings focus for two weeks on core activities, then two weeks on country updates. Once a month, an extra 30 minutes are devoted to in-depth technical discussions. Technical teams include expert staff from both partner organizations, which enhances the discussions, perspectives, and approaches taken.

In project Year 3, TB DIAH's Senior Management Team, which includes the four key personnel, the senior M&E and Surveillance Advisor, the MEL officer, and financial team members from the project, met twice to review the project's performance, looking specifically at the staffing, financial, and

deliverables schedule. The TB DIAH Management Report, generated by the project MIS, guides these discussions.

A hybrid meeting was held in October 2021 as part of a mid-project internal review to provide answers to questions about project performance. The revised MEL plan was approved in July 2021 and the first part of the meeting focused on linking deliverables to the updated results framework, noting achievements and lessons learned. The meeting's afternoon session focused on sharing from the activity leads and key issues for the project.

Staffing

TB DIAH is comprised of a small team of M&E and TB experts. The TB DIAH HQ team works in close collaboration across the partners, as needed, to support the project's core and mission funded activities.

In Year 3, TB DIAH began full implementation in Cambodia, DRC, Kyrgyz Republic, and Nigeria, hiring resident advisors or consultant teams in each country—with additional staff added to the teams throughout the year. The Nigeria team is comprised of one resident advisor and four staff; Kyrgyz Republic has one resident advisor and four staff; Cambodia has three consultants and seeks to hire a fourth. The DRC team is comprised of one consultant, as well as a local research organization (LRO) for the QTSA.

The HQ key personnel position of communications director was filled by Rebecca Oser, in April 2021. Jim Thomas, TB DIAH's Principal Investigator (PI) and the former Project Director of MEASURE Evaluation, retired in fall of 2021. The role of PI transitioned to Dr. Manish Kumar in May 2021 for some overlap with the outgoing PI. Dr. Kumar has over 15 years of global and country level experience in public health informatics, health information systems (HIS), and information and communication technology for international development. As the Senior Technical Specialist for Health Systems Strengthening for MEASURE Evaluation, Dr. Kumar provides strategic technical assistance to strengthen HIS, and has both developed and implemented maturity models (HIS stages and HIS interoperability maturity model). Dr. Kumar has been instrumental in the development of the D2AC tool for the TB DIAH project. (See Appendix 3 for a complete list of project staff.)

Revision of the MEL Plan

The MEL plan was revised and approved in July 2021. With the updated MEL plan came a new set of intermediate results, as well as output, outcome, and impact indicators (see Appendix 2, Figure 2) to categorize and reflect the achievements of the TB DIAH project more meaningfully. Subsequently, the TB DIAH results have been reordered within these new indicators. The tables in Appendix 2 have been developed to reflect counts per project year and per indicator, as well as to include descriptive titles of results achieved to demonstrate overall project progress toward life-of-project indicator targets.

Lessons Learned

One of the pleasures of working with the TB office is responding to the dynamic changes and requests that come due to changing circumstances and policies. A critical lesson learned is to ensure that the teams and their workplans are flexible enough to adapt and pivot as needed.

Challenges Encountered

Despite TB DIAH's successes in Year 3, the project has faced challenges. Operating in the COVID-19 pandemic setting has encouraged creativity and simplified communication in some ways, but slowed progress in others, delaying planned activities in Cambodia, DRC, Kyrgyz Republic, and Nigeria. This

delayed the rollout of capacity building, in-country discussions on the ARC report results, and implementation of the QTSA in DRC.

A second challenge has been syncing the workplan calendars and timelines with the realities of the USAID TB offices. The core calendar the project has been using is January – December, to sync with the rhythms of the TB Office planning year. The Mission’s fiscal year (FY) is October – September and the goal is to realign with that calendar in the coming year. The project’s mission-funded activities were out-of-sync in 2021, having been approved in November 2020 (Cambodia), December 2020 (Nigeria), February 2021 (Kyrgyz Republic), March 2021 (DRC, both activities), and July 2021 (regional EE). The timing for TB DIAH project reporting to USAID occurs on a January – December annual calendar, thus this report reflects work from March 2021 (when work plan approval was received) through December 2021.



Next Steps

The focus of Year 4 is to roll out the PBMEF to the 23 priority countries, applying project assessment tools and expanding the TB DIAH Data Hub and Repository to respond to the stated needs of USAID missions. This will include unfinished work from Year 3, such as introducing and customizing the PBMEF to priority countries, launching the reporting system in priority countries, and creating tools and support strategies to support the success and relevance of the system over the remaining years of the project. The project will further develop usability and content updates for the interactive, online repository to serve the needs of in-country TB data and M&E professionals, the USAID TB team, and other stakeholders who work in HIS) or need to analyze and use TB data for decision making. The TB DIAH Data Hub will provide a standardized data entry process based on the PBMEF for missions and NTPs to enter, store, retrieve, and use national and subnational data for reporting and performance monitoring. This will facilitate harmonization and alignment of TB M&E across the priority countries. TB DIAH will also develop communication materials for the project's products, the M&E COE network, and capacity strengthening assessments resulting from the country workplans.

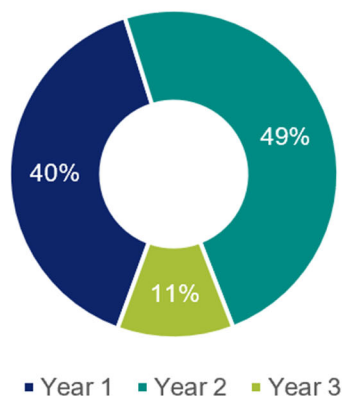
Lastly, to expand learning across the project, the TB DIAH MEL Officer will facilitate additional opportunities for TB DIAH staff, partners, and stakeholders to provide input related to project achievements and learning. These may take the form of pause-and-reflect sessions, interviews, and/or online surveys to meet individuals where they are and sharing in a way they feel most comfortable.



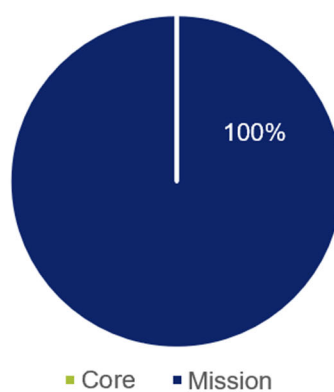
TB DIAH Finance Year 3

TB DIAH received a total of US\$2,812,692 in funding between January 1, 2021, and December 31, 2021 (project Year 3), bringing the total obligation at the end of Year 3 to US\$24,587,744. Funding received in Year 3 was comprised of 0% core funds and 100% mission funds (US\$2,812,692). The remaining funding ceiling at the end of Year 3 is US\$11,354,241.

Obligation by Year



Year 3 Obligation by Funding Type



Mission funding for Year 3 was received for DRC (US\$800,000), Kyrgyz Republic (US\$940,000), and Nigeria (US\$1,072,692), bringing the total number of countries/regional missions that have bought into TB DIAH to six (Afghanistan provided mission funding during project Year 1; Cambodia and Eastern Europe and Eurasia provided mission funding during project Year 2).



Afghanistan

Overview

TB DIAH work in Afghanistan included the Quality of Tuberculosis Services Assessment (QTSA) activity, which was developed to examine the quality of care provided through the National Tuberculosis Program (NTP) at selected facilities and facilitate the use of findings from the assessment to develop activities or interventions to strengthen tuberculosis (TB) service delivery.

Year 3 Achievements

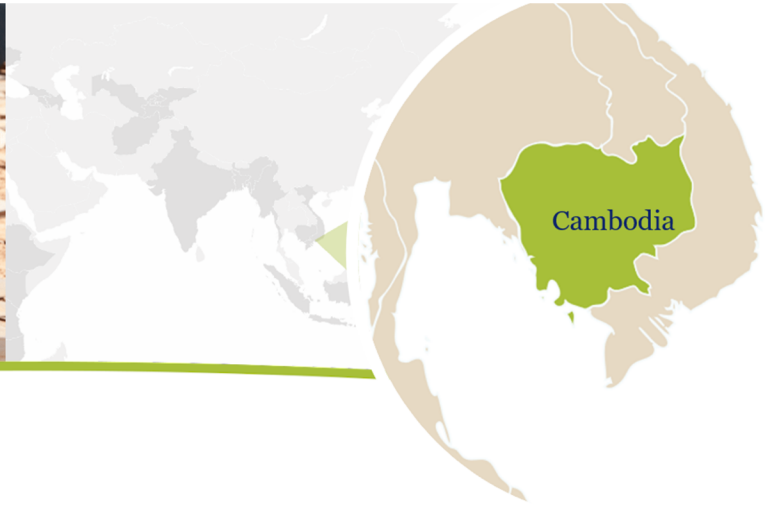
- Implementation of the QTSA to measure the quality of TB diagnosis, treatment, and care services in Afghanistan resulted in a completed first draft of a technical report and the finalization of the Afghanistan QTSA tools and dataset.
- A poster, titled “Comparison of COVID-19-Related Tuberculosis Resource Reallocation in Afghanistan and Kyrgyzstan” was presented at the 52nd Union World Conference on Lung Health following the QTSA in Afghanistan.
- The Assessment of Data Collection, Reporting and Analysis Capacity (ARC) tool Afghanistan data was entered into the TB Data Hub.

Key Learnings

- The participation of the provincial TB coordinators in the QTSA data collection training workshop proved to be critical for the successful and timely completion of data collection. By the time the survey data collectors were in the field last year, there was considerable political upheaval in the provinces, and the provincial TB coordinators were able to work with the local authorities to convince them to authorize and allow data collection.
- Since the political situation in-country shifted in August 2021, the TB DIAH team has not communicated or worked with the local partners or NTP.
- Due to the uncertain political circumstances in the country, TB DIAH finalized data analysis and drafted the QTSA technical report without the usual coordination and input from local partners. This was challenging, as local partners play a critical role in contextualizing the findings with the service delivery and data collection realities on the ground.

Goals for Year 4

- Given that TB DIAH does not have plans to work in Afghanistan in Year 4, the project would intend for USAID/Washington to eventually share the final technical report to Assistance for Families and Indigent Afghans to Thrive (AFIAT) and Urban Health Initiative (UHI), the two USAID-funded TB projects still working in Afghanistan—albeit in a limited capacity—as well as other TB partners that continue to work in Afghanistan.



Cambodia

Overview

TB DIAH's efforts in Cambodia aim to improve the performance of the TB monitoring and evaluation (M&E) system in Cambodia by assisting the National Center for Tuberculosis and Leprosy Control (CENAT) to complete the transition from a paper-based to electronic TB-management information system (MIS) and to improve the capacity to use data for decision making at all levels.

Year 3 Achievements

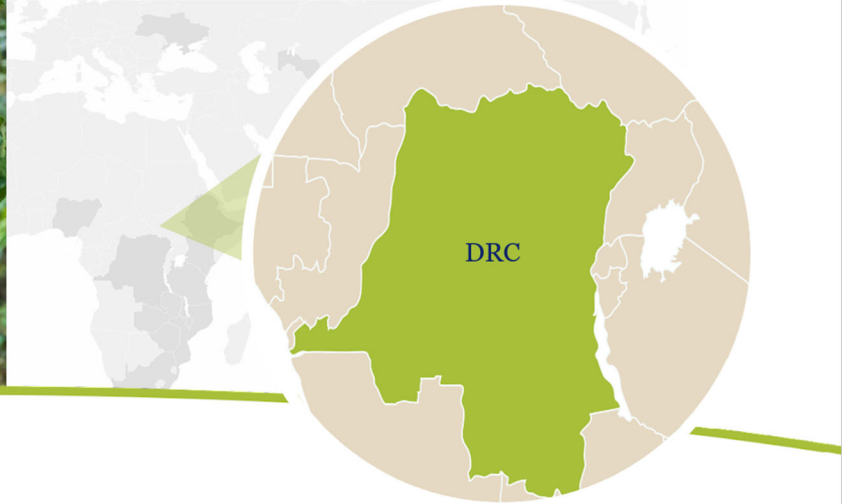
- TB DIAH developed a TB M&E training curriculum for Cambodia which will serve as the basis for a global TB monitoring and evaluation (M&E) training curriculum.
- The TB M&E curriculum was used in a Training of Trainers (TOT) for 26 provincial supervisors, which strengthened the human capacity of the NTP in Cambodia to conduct effective monitoring and evaluation. The second group of provincial supervisors will be trained in Year 4.
- An M&E post-training report was published highlighting best practices and lessons learned which will inform future workshops/trainings.
- The USAID Mission in Cambodia, in collaboration with the country's NTP, conducted the Assessment of Data Collection, Reporting and Analysis Capacity (ARC) tool in May 2021. The Mission TB point of contact, with a TB DIAH consultant, collected data through in-depth interviews with NTP staff and entered it into the ARC tool on the TB DIAH Data Hub. The tool was used to collect information related to Performance-Based Monitoring and Evaluation Framework (PBMEF) data elements which are captured at the HFs providing TB services and determine whether it is being collected by the NTP, other departments of the Ministry of Health (MOH), or non-NTP/private providers. For each of the 14 PBMEF indicator groups, additional information was collected related to the administrative levels to which data are reported, method of data reporting, and reporting coverage. TB DIAH drafted a report using the findings and is working to address identified gaps through strengthening the data management capacity of the USAID implementing partners (IPs), while using a variety of approaches to support the improved performance of the NTP.
- Cambodia's representative in the TB Data Special Interest Group (SIG) provided feedback and input which was incorporated into the finalized PBMEF page on the TB Data Hub. This allows relevant stakeholders to harness, find, explore, analyze, visualize, and download national and subnational TB data.

Key Learnings

- The Cambodia MOH/ CENAT has a sound TB MIS that is used for data reporting and analysis. CENAT provides strong leadership and management to this program.
- COVID-19 protocols limited the overall size of the training and travel of facilitators, and there were also unforeseen additional logistics. Steps were taken to ensure the safety of all those partaking in the training, facilitators arrived ahead of time, and materials were shared with trainees.

Goals for Year 4

- Support the Cambodia MOH/CENAT to strengthen their TB research capacity and enhance the TB M&E and surveillance system. TB DIAH will collaborate closely with the Cambodia Committee for TB Research (CCTBR), CENAT, Community Mobilization Initiatives to End Tuberculosis project (COMMIT), IPs, and stakeholders to support the country's efforts to strengthen research guidelines and conduct operational research to improve TB services.
- Furthermore, TB DIAH will support the development and implementation of Cambodia's TB M&E plan, and institute a data quality review (DQR) process in parallel to a TB-MIS roadmap rollout.
- Develop dashboards and scorecards to strengthen data analysis at the CENAT, provincial, and OD levels.
- Mentor and refine M&E skills in on-the-job settings for CENAT staff and rollout an online TB M&E course that provides an M&E training certificate, similar to those offered through USAID's Global Health eLearning Center.
- Complete the pending TOT training and finalize tools in Khmer for the CENAT and COMMIT (bilateral project) to expand the training and apply the tools developed in March 2022.



Democratic Republic of the Congo

Overview

TB DIAH's efforts in the Democratic Republic of the Congo (DRC) are intended to strengthen the capacity of the National Tuberculosis and Leprosy Program (PNLT) to collect, report, analyze, and use TB data. TB DIAH will support the PNLT to develop TB surveillance systems and improve data use while building capacity to report on the country's TB indicators, strengthening M&E skills, and developing and promoting data resources. The project also began a QTSA activity in the DRC to measure the quality of TB diagnosis and care services with the goal of improving the quality of care for patients.

Year 3 Achievements

- TB DIAH selected Pont Santé Afrique (POSAF) to work as the local partner to implement the QTSA, resulting in the finalization of the DRC QTSA protocol and tools, submission of materials to the institutional review board (IRB) at John Snow Inc. (JSI) headquarters and at Kinshasa School of Public Health (KSPH) in the DRC, and the receipt of approvals from both.
- The project, with the support of POSAF, conducted a tools adaptation workshop with the PNLT and other TB stakeholders, resulting in the development of customized DRC-specific QTSA tools. Additionally, the DRC QTSA tools were pretested in healthcare facilities in and around Kinshasa, resulting in the validation of the tools and fine-tuning of the questions in the assessment.
- Mission staff, in collaboration with the country's NTP, conducted the Assessment of Data Collection, Reporting and Analysis Capacity (ARC) tool in May 2021. The Mission TB point of contact collected data through in-depth interviews with NTP staff and entered it into the ARC tool on the TB DIAH Data Hub. The tool was used to collect information related to Performance-Based Monitoring and Evaluation Framework (PBMEF) data elements which are captured at the HFs providing TB services, and to determine whether it is being collected by the NTP, other departments of the Ministry of Health and Social Development (MOHSD), or non-NTP/private providers. For each of the 14 PBMEF indicator groups, additional information was collected related to the administrative levels to which data are reported, method of data reporting, and reporting coverage. The project drafted, translated into French, and submitted a report on the ARC findings to the NTP and is now working to address identified gaps through strengthening the data management capacity of the USAID implementing partners (IPs), and using a variety of approaches to support the improved performance of the NTP.

Key Learnings

- A local resident advisor (RA) was recruited to lead country level implementation and attempted to collaborate with the PNLT for need assessment, alignment of priorities, implementation arrangement, etc. This approach may need to be adjusted to better collaborate and meet the PNLT where they are in terms of readiness to work with the project. The RA approach is currently under discussion to revise the strategy to improve the working relationship with the PNLT M&E unit and the overall program for technical assistance activities.
- A country dialogue with the PNLT to define the most feasible means of collaboration and improve the working relationship is vital to moving forward in the DRC context, given the changing nature of the PNLT's funding and staffing. The trip was originally planned for December 2021 but was cancelled due to the COVID-19 Omicron variant outbreak.

Goals for Year 4

- Clarify the priority TA activities and approaches with PNLT leadership.
- Develop and implement a TOT for the PNLT focused on strengthening skills in TB M&E, conducting in-depth data analysis (quantitative and qualitative), and using data at all levels for decision making.
- Support strengthening the PNLT monitoring and surveillance system for the production and use of good quality TB data using the PBMEF, as well as to support the operationalization of District Health Information Software, version 2 (DHIS2) and operational research.
- Implement the QTSA fieldwork in Year 4 and draft the final report. This includes organizing and conducting a 9-day TOT of provincial supervisors, organizing and conducting six provincial-level training workshops for data collectors, commencing and completing data collection, conducting data quality assurance activities, conducting the preliminary analysis and organizing and facilitating a preliminary data review meeting with the PNLT, finalizing data analysis, drafting and sharing the technical report with country stakeholders for review and input, and drafting the final report.



Eastern Europe-Eurasia Region

Overview

The Eastern European (EE) region activity focuses on strengthening the capacity of the TB M&E and surveillance system in five of USAID's priority countries in the region: Armenia, Azerbaijan, Georgia, Moldova, and Ukraine. The project will collaborate with National Tuberculosis Programs (NTPs) and other key stakeholders including the World Health Organization (WHO) to develop a roadmap/action plan for improvements. A key part of this activity will be the Center of Excellence (COE) strategy, in which one country within the region will provide technical assistance (TA) to NTPs in the region's countries to further improve the use of TB data for decision making.

Year 3 Achievements

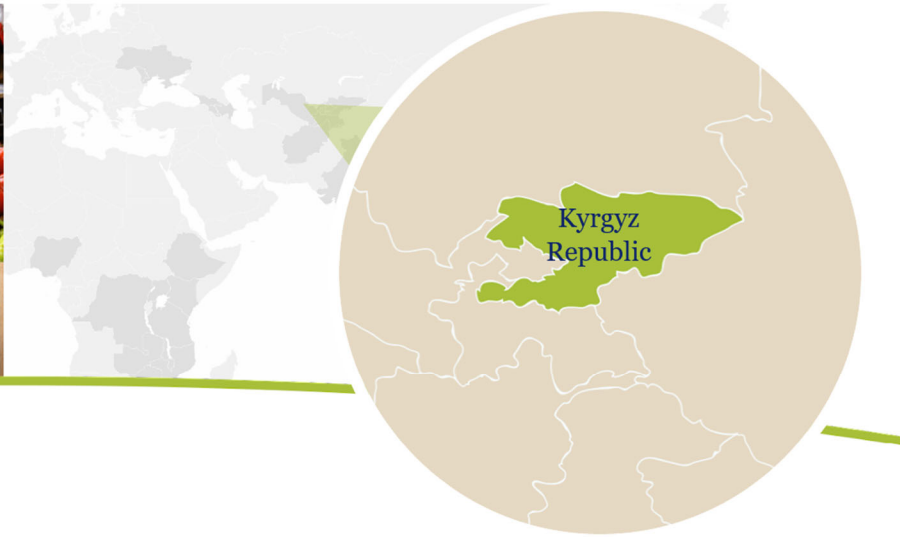
- As a result of introductory meetings, country specific meetings, and the use of a decision-making matrix, Georgia was objectively determined to be best suited to serve as the COE host country for the EE region.
- Partnership was established with WHO/Europe to collaborate in the project design and implementation to strengthen TB M&E activities in the five priority countries in the EE region.
- EE region member Ukraine served as part of the TB Data Special Interest Group (SIG), where feedback and input from the group was incorporated into the finalized Performance-Based Monitoring and Evaluation Framework (PBMEF) page on the TB Data Hub resulting in allowing relevant stakeholders to harness, find, explore, analyze, visualize, and download national and subnational TB data.

Key Learnings

- Applying an objective and methodical approach to selecting the COE country took longer than expected due to underestimation of the time needed to organize and hold individual meetings. The positive learning was that the team now more fully understands the unique situation in each country and has insights into developing workplans for each country.
- Traveling to each country will be vital to conduct assessments and create workplans.

Goals for Year 4

- Establish a strong COE in Georgia with robust implementation arrangement including human resources, knowledge sharing website, and administrative system.
- Develop a regional strategy for capacity building on TB M&E to be followed with development of a standard curriculum and subsequent training of trainers at the regional level and cascade training in the respective countries.
- Support all five countries in the region to organize data review and use meetings with standard and properly organized events and documentation.
- Create public-facing, language-appropriate EE TB country dashboards in the TB Data Hub for easy access for all users in the region.



Kyrgyz Republic

Overview

TB DIAH's efforts in Kyrgyz Republic focus on strengthening the capacity of the National Tuberculosis Program (NTP) and implementing partners (IPs) to collect, report, analyze, and use TB data. The project aims to increase the accessibility and availability of Kyrgyz Republic's online TB data resources to enable people to research TB data and use the information for decision making. TB DIAH will support the NTP in developing TB surveillance systems and improving data use, building capacity to report on the country's TB Roadmap indicators, strengthening monitoring and evaluation (M&E) skills, and developing and promoting online data resources.

Year 3 Achievements

- TB DIAH supported stakeholders in the establishment of the official Working Group (WG) on TB M&E surveillance strengthening (WG on M&E). This has proved vital in the implementation of M&E tasks, particularly related to the development of the new national strategic plan, TB-6.
- Mission staff, in collaboration with the country's NTP, conducted the Assessment of Data Collection, Reporting and Analysis Capacity (ARC) tool in May 2021. The Mission TB point-of-contact collected data through in-depth interviews with NTP staff and entered it into the ARC tool on the TB DIAH Data Hub. The tool was used to collect information related to Performance-Based Monitoring and Evaluation Framework (PBMEF) data elements which are captured at the HFs providing TB services, and to determine whether it is being collected by the NTP, other departments of the Ministry of Health and Social Development (MOHSD), or non-NTP/private providers. For each of the 14 PBMEF indicator groups, additional information was collected related to the administrative levels to which data are reported, method of data reporting, and reporting coverage. TB DIAH is working to address identified gaps through strengthening the data management capacity of the USAID IPs and using a variety of approaches to support the improved performance of the NTP.
- Provided technical support to the Data-to-Action Continuum (D2AC) via advisory group participation, resulting in expert validation of the D2AC assessment.
- Technical Assistance to the bilateral QTSA activity resulted in a Data Quality Report checklist. This was pilot-tested and reviewed by five NTP consultants, as well as being finalized. A training of trainers process is under development.
- Developed and applied a digital capacity assessment tool, the findings from which informed the M&E TOT curriculum for the NTP. The assessment found a gap in data interpretation and

decision making, higher self-perception of knowledge compared to existing competencies, and moderate knowledge in data quality.

- TB DIAH played an active role in the development of the new strategic plan. An M&E chapter for TB-6 was prepared following the TB M&E Surveillance Strengthening technical working group (WG) sharing its final say on TB-6 strategy and indicators with the NTP. An M&E plan pre-final version was edited in line with the M&E TB-6 chapter for the TB-6 strategy and includes eight PBMEF indicators.
- Developed a data sharing agreement with Cure TB and the NTP for MOH approval, allowing TB DIAH additional use of country TB M&E data to create visuals and a dashboard for the TB DIAH website.
- Kyrgyz Republic was represented in the TB Data SIG where feedback and input from the group was incorporated into the finalized PBMEF page on the TB Data Hub, resulting in allowing relevant stakeholders to harness, find, explore, analyze, visualize, and download national and subnational TB data.

Key Learnings

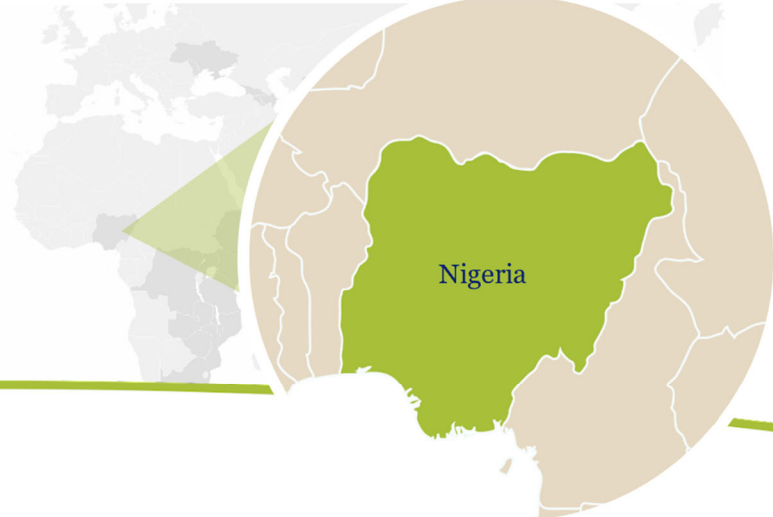
- The official WG on M&E has been highly appreciated by its members as it provides an open forum/platform to discuss critical TB surveillance system issues and develop recommendations and proposed approaches in a collaborative and coordinated manner.
- The M&E capacity assessment has been an essential learning tool in developing the M&E TOT curriculum for the NTP.
- Field visits have been vital to learn the challenges and opportunities of health facilities at the provincial levels to inform the data quality checklist and revise M&E policy guidelines and reporting forms.
- The process of indicator setting and development for the national Kyrgyz TB-6 strategy has been longer and more complex than anticipated. It delayed the finalization of the M&E plan that is part of the TB-6 strategy (which TB DIAH has been supporting). The initial draft of the strategy received critiques regarding the inconsistency of TB-6 goals including ambiguity, high ambition, and the absence of financial considerations. As a member of the official working group, TB DIAH was able to provide expert advice and serve as a mediator with other stakeholders to resolve comments about the indicators and target setting, and to draft the M&E plan.
- The rise in COVID-19 cases in Bishkek limited the size of meetings, and the opportunities to meet with key stakeholders from the NTP and IPs to gather feedback, due to illness and sick leave. Looking ahead, the team will allow more time and create additional opportunities for virtual approaches to enable dialogue to progress.

Goals for Year 4

TB DIAH's main goals/objectives for the work in Kyrgyz Republic in Year 4 are three-fold:

- Improve the capacity of the NTP and stakeholders to use newly available TB data in a four-module electronic system on operational management of the NTP, and monitor progress toward TB country goals.

- Under the TB Roadmap, improve the capacity of national partners and key stakeholders to collect quality data, including reporting on 10 core indicators in the PBMEF, and rollout additional indicators as part of the Kyrgyz national TB-6 strategy.
- Increase the accessibility and availability of TB data resources online to enable informed decision making (e.g., enhance the NTP website, create a country page in the TB Data Hub in Kyrgyz and Russian languages).



Nigeria

Overview

TB DIAH's work in Nigeria focuses on strengthening the capacity of national and state TB programs, TB local government supervisors, USAID TB Local Organizations Network (LON), and facility-level TB staff to analyze, report, and use TB data in a timely and coordinated fashion across the healthcare system. The goal is to ensure adequate capacity to manage and use data that includes streamlined and efficient data management processes, uniformity, and interoperability of the systems, and an established interactive dashboard that will showcase all the electronic inputs in one place.

Year 3 Achievements

- Project staff in Nigeria pioneered the development of TB-specific automated partners' performance reporting (APPR), which fully aligns with the USAID Global Accelerator and Performance-Based Monitoring and Evaluation Framework (PBMEF).
- A TB data management bootcamp on the implementation of APPR drew 27 participants from USAID/Nigeria, Data.fi, KNCV Tuberculosis Foundation (KNCV), Institute of Human Virology of Nigeria (IHVN), Abt Associates, and Breakthrough ACTION-Nigeria.
- In collaboration with the National Tuberculosis and Leprosy Control Programme (NTBLCP), TB DIAH developed quantitative and qualitative tools for the national M&E assessment. Field interviewers and assessors were trained on the use of the tools and applied them during data collection from 72 entities in four states. The assessment also involved backend assessments of various electronic platforms which were conducted to examine the key functionality status, key features, and infrastructural designs.
- The Nigeria team engaged USAID and USAID-TB partners in establishing the TB Community of Practice charter, with the aim of promoting learning and best practices in fostering exchange of information for impactful decision making in delivery of quality TB services.
- Rupert Eneogu, Program Management Specialist - TB and HIV/AIDS-TB for the Nigeria Mission, agreed to chair the TB Data SIG. Mr. Eneogu is working to ensure that the SIG addresses pertinent technical and data issues relevant across the missions.
- The TB DIAH team facilitated the completion of the Assessment of Data Collection, Reporting and Analysis Capacity (ARC) tool. TB DIAH is addressing identified gaps by strengthening the data management capacity of the USAID IPs and using a variety of approaches to support the improved performance of the NTBLCP.

- Nigeria was represented in the Data-to-Action Continuum (D2AC) advisory group which validated the D2AC tool for field testing. The D2AC tool measures the progress of countries as they work toward improving data use for decision making in TB M&E and surveillance systems.

Key Learnings

- The activity involves coordination and collaboration with the NTBLCP, and ownership and buy-in of the NTBLCP is key to sustainability. The TB DIAH team continues to engage and strategize with NTBLCP leadership through advocacy, networking, and improved communication, while keeping NTBLCP in the driver's seat.
- Collaborative work with implementing partners and stakeholders through meaningful engagement, effective communication, and defining roles and responsibilities has helped partners to improve mutual trust, working relationships, and project delivery.
- Ensuring timely, accurate, and in-depth analysis of program data and providing feedback to partners and stakeholders are essential to inform proper planning and improve performance.

Goals for Year 4

- Improve the use of TB data for decision making through robust data analytics around program performance, resource allocation, procurement, and supply management, and for advocacy at state, local government area (LGA), facility, and community levels.
- Strengthen the M&E capacity of state-level TB control program staff, LGA staff involved in TB interventions, and facility-level staff working in key areas of TB M&E, such as data management, data quality, and data visualization, and promote ownership and use of the TB surveillance system.
- Support the NTP and stakeholders to develop a roadmap with/and investment plan in response to the findings and recommendations from National Electronic Tuberculosis Information Management System (NETIMS) assessment.
- Improve reporting of and access to robust and timely TB data for decision making at all levels through support to NTBLCP, USAID TB partners, and State TB and Leprosy Control Programme (STBLCP) to assess gaps, harmonize data collection and reporting, and prioritize underlying challenges to their existing electronic data management systems.

Appendix 2: Project Results Year 3

Note: Please see document TB DIAH Annual Report Year 3 Results Tables for project results Year 1 through Year 3.

Figure 2. TB DIAH Performance Indicators Map

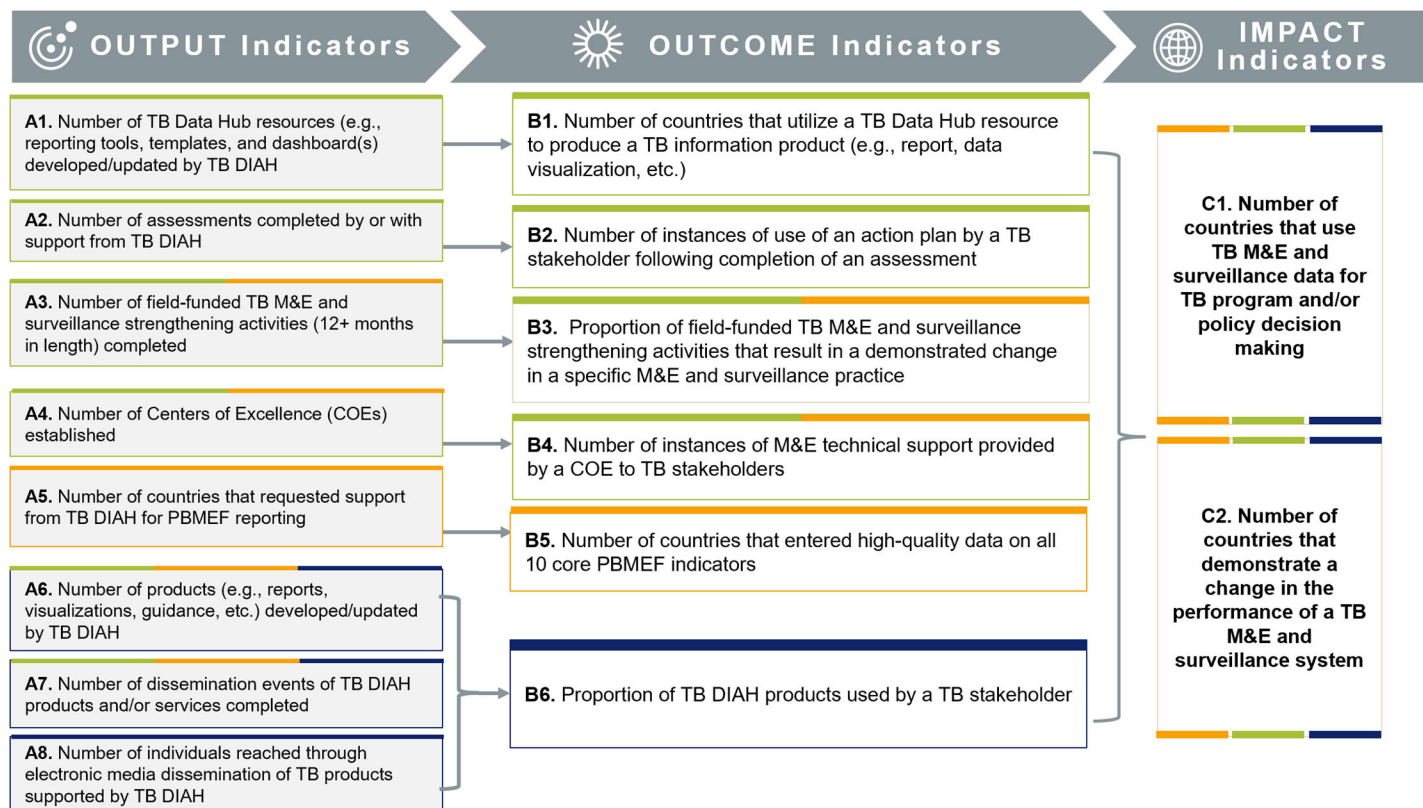


Table 1: Results by Output Indicator Through Year 3

Output Indicator	Results by Year			End of Year 3 Targets	Year 3 Results	Results Totals Through Year 3	Life of Project Targets
	Year 1	Year 2	Year 3				
A1. Number of TB Data Hub resources (e.g., reporting tools, templates, and dashboards) developed/updated by TB DIAH	1	4	9	12	<ol style="list-style-type: none"> 1. TB Data Hub country landing pages (internal, log-in) 2. TB Data Hub country dashboards (external, public-facing) 3. ARC Tool Data Entry Form on the TB Data Hub 4. TB Roadmap: Core Indicators form in TB Data Hub (to generate table) (by country) 5. TB Data Hub PBMEF section 6. PBMEF Core Indicators Table in TB Data Hub (filter by country to generate table) 7. Prevention Indicator Assessment tool updated for 2021 data collection into the TB Data Hub 8. "How to Use the TB Data Hub" 3 pager 9. "Introduction to the TB DIAH Data Hub" video 	14	16
A2. Number of assessments completed by or with support from TB DIAH	0	43	37	30	<p>Assessment of Data Collection, Reporting and Analysis Capacity (ARC) conducted for 22 TB priority countries, with 9 country reports finalized by end of Year 3:</p> <ol style="list-style-type: none"> 1. Bangladesh Final ARC Report 2. Cambodia Final ARC Report 3. DRC Final ARC Report (English and French) 4. India Final ARC Report 5. Kyrgyz Republic Final ARC Report 6. Philippines Final ARC Report 7. Ukraine Final ARC Report 8. Vietnam Final ARC Report 9. Zimbabwe Final ARC Report <p>Prevention Indicator Assessment completed by 23 TB priority countries as part of 2021 Prevention Report to Congress [in TB Data Hub form used was called The Data Collection and Assessment Tool for TB Prevention (2021)]:</p> <ol style="list-style-type: none"> 10. Afghanistan Prevention Indicator Profile 11. Bangladesh Prevention Indicator Profile 	80	53

					<p>12. Burma Prevention Indicator Profile 13. Cambodia Prevention Indicator Profile 14. DRC Prevention Indicator Profile 15. Ethiopia Prevention Indicator Profile 16. India Prevention Indicator Profile 17. Indonesia Prevention Indicator Profile 18. Kenya Prevention Indicator Profile 19. Kyrgyz Republic Prevention Indicator Profile 20. Malawi Prevention Indicator Profile 21. Mozambique Prevention Indicator Profile 22. Nigeria Prevention Indicator Profile 23. Philippines Prevention Indicator Profile 24. South Africa Prevention Indicator Profile 25. Tajikistan Prevention Indicator Profile 26. Tanzania Prevention Indicator Profile 27. Uganda Prevention Indicator Profile 28. Ukraine Prevention Indicator Profile 29. Uzbekistan Prevention Indicator Profile 30. Vietnam Prevention Indicator Profile 31. Zambia Prevention Indicator Profile 32. Zimbabwe Prevention Indicator Profile</p> <p>A Quality of TB Services Assessment (QTSA) was conducted in Afghanistan with the report submitted to USAID/Washington for review: 33. QTSA conducted in Afghanistan</p> <p>Addition mission-funded activity assessments: 34. Nigeria backend assessment of the TB electronic platform 35. Nigeria National TB M&E Assessment 36. Cambodia TB M&E capacity assessment 37. Kyrgyz Republic M&E capacity assessment</p>		
A3. Number of field-funded TB M&E and surveillance strengthening activities (12+	0	0	0	3	<i>Note: Mission-funded activities will pass the 12+ month mark in Year 4 of the project.</i>	0	4

months in length) completed							
A4. Number of Centers of Excellence (COEs) established	0	0	0	3	<i>Note: Georgia was selected to host the first COE (EE Region) at the end of Year 3. The EE Region COE, Asia COE, and Africa COE will be established in Years 4-5 of the project.</i>	0	At least 3, additional TBD
A5. Number of countries that requested support from TB DIAH for PBMEF reporting	0	1	6	4	<p><i>Note: There were 6 total requests for support from TB DIAH through the TB Data Hub Help Desk.</i></p> <ol style="list-style-type: none"> 1. TB Data Hub Help Desk provided support to Cambodia to enter TB Roadmap data 2. TB DIAH assisted Afghanistan to submit 2021 data on the TB Roadmap Core Indicators using the TB Data Hub 3. TB DIAH assisted DRC to submit 2021 data on the TB Roadmap Core Indicators using the TB Data Hub 4. TB DIAH assisted Uzbekistan to submit 2021 data on the TB Roadmap Core Indicators using the TB Data Hub 5. TB Data Hub Help Desk provided support to Uganda to enter prevention indicator data 6. TB Data Hub Help Desk provided support to the Philippines to enter ARC data 	7	At least 4, additional TBD
A6. Number of products (e.g., reports, visualizations, guidance, etc.) developed/updated by TB DIAH	17	8	26	56	<ol style="list-style-type: none"> 1. TB Performance-Based M&E Framework (PBMEF) 2. Assessment of Data Collection, Reporting, and Analysis Capacity (ARC) Tool 3. ARC Tool Guidance, ARC Tool Brief, ARC Tool Talking Points, ARC Tool FAQs, ARC Tool PowerPoint, ARC Video 4. QTSA COVID-19 Module 5. QTSA Global Implementation Guide, QTSA options/FAQ document 6. QTSA data and patient centered care in Afghanistan infographic 7. QTSA data and patient centered care in Ethiopia infographic 8. QTSA data and patient centered care in the Philippines infographic 9. QTSA data and patient centered care in Uganda infographic 10. Prevention Indicators Summary for 23 priority TB countries (TB Preventive Treatment in 23 USAID Priority Countries: Report to Congress 2021) 	51	126

					<ul style="list-style-type: none"> 11. ARC Data Analysis Vietnam's TB M&E System's Strengths, Challenges and Opportunities (report) 12. Article on D2AC entitled, "Research gaps in transforming tuberculosis data to action for better health outcomes: A systematic literature review" published in the Journal of Global Health 13. Uganda TB Diagnostic Services Availability and Readiness Analysis 14. Navigating Tuberculosis Indicators: A Guide for TB Programs (PBMEF Guide) 15. QTSA webpage on TB DIAH Communications Repository 16. Webinar and video webpage on TB DIAH Repository 17. TB DIAH Digest e-newsletters: Mar 2021, July 2021, Oct 2021 18. Cambodia TB M&E Pre-training Assessment Tool 19. Cambodia M&E Lesson Plans and Training Modules for Training of Trainers 20. TB DIAH Gender Strategy 21. 62 MEL Plans reviewed and submitted to USAID/Washington 22. Protocol for the Nigeria national TB data assessment including methodology and stakeholders' roles and responsibilities 23. Nigeria TB M&E Assessment: Qualitative Interview Questions 24. Nigeria TB M&E Assessment: Quantitative - Checklist for Assessment of the TB M&E System 25. Kyrgyz Republic TB M&E Capacity Assessment Tool (English) 26. Kyrgyz Republic Data Quality Assurance tool (Russian) 		
A7. Number of dissemination events of TB DIAH products and/or services completed	1	5	20	8	<ul style="list-style-type: none"> 1. TB Data SIG Meeting (Oct. 26, 2021) 2. TB Data SIG Meeting (Nov. 16, 2021) 3. TB DIAH HQ staff presented the PBMEF to the National Academy of Sciences "Innovations for Tackling Tuberculosis in the Time of COVID-19" (Two-part workshop held in January and September 2021) 4. TB data management bootcamp in Nigeria 5. TB Data Hub PBMEF Section Usability Testing with USAID/Washington and TB Data SIG 6. Pretesting of D2AC Toolkit with D2AC Advisory Group in preparation for Year 4 pilot testing in Ghana 7. Kyrgyz Republic ARC Results Presentation (Aug 2021) 8. India ARC Results Presentation (Sept 2021) 	26	12

					<ul style="list-style-type: none"> 9. Vietnam ARC Results Presentation (Sept 2021) 10. Ukraine ARC Results Presentation (Oct 2021) 11. Tajikistan ARC Results Presentation (Oct 2021) 12. Mozambique ARC Results Presentation (Oct 2021) 13. Bangladesh ARC Results Presentation (Nov 2021) 14. QTSA poster and audio presentation for the online 53rd Union World Conference on Lung Health “Comparison of COVID-19-Related Tuberculosis Resource Reallocation in Afghanistan and Kyrgyz Republic” 15. Training for LRO on QTSA in DRC 16. Training of field interviewers/assessors for data collection in four states in Nigeria for the National TB M&E Assessment 17. Cambodia orientation for master trainers (3 days) 18. Cambodia CENAT-level Training of Trainers on TB M&E, surveillance and use of data for decision making in Cambodia (7 days) 19. Consultative data review meeting with key QTSA stakeholders in Afghanistan 20. Training workshop for LRO data collectors and field supervisors in Afghanistan 		
A8. Number of individuals reached through electronic media dissemination of TB products supported by TB DIAH	3,000 email subscribers, 106 social media followers	5,600 email subscribers440 social media followers	5,570 email subscribers 571 social media followers	6,160 email subscribers 480 social media followers	256 Twitter followers and 315 LinkedIn followers = 571 social media followers 5,570 email subscribers as of Dec. 31, 2021	5,570 email subscribers 571 social media followers	7,450 email subscribers 580 social media followers

Table 2: Results by Outcome Indicator Through Year 3

Outcome Indicator	Results by Year			End of Year 3 Targets	Year 3 Results	Results Total Through Year 3	Life of Project Targets
	Year 1	Year 2	Year 3				
B1. Number of countries that utilized a TB Data Hub resource to produce a TB information product (e.g., report, data visualizations, etc.)	0	23	23	2	<ol style="list-style-type: none"> 1. The 23 TB priority countries used the TB Data Hub TB Roadmap tool to enter data for the 2021 TB Roadmap, which generated a Table 4 for their TB Roadmap 2. The 23 TB priority countries used the TB Data Hub to enter data for the PBMEF Core Indicator Assessment, which provided PBMEF Core Indicator Assessment Results PDFs 3. The 22 TB priority countries used the TB Data Hub ARC tool to enter data, which resulted in ARC report drafts which were sent to missions for review (Burma did not participate) 	23	23
B2. Number of instances of use of an action plan by a TB stakeholder following completion of an assessment	0	0	0	1		0	30
B3. Proportion of field-funded TB M&E and surveillance strengthening activities that result in a demonstrated change in a specific M&E and surveillance practice	0	0	0	50%	<i>Note: Associated with A3. Mission-funded activities will pass the 12+ month mark in Year 4 of the project.</i>	0	85%
B4. Number of instances of M&E	0	0	0	0	<i>Note: Georgia was selected to host the first COE (EE Region) at the end of Year 3. The EE Region COE, Asia COE, and Africa COE</i>	0	6

technical support provided by a COE to TB stakeholders					<i>will be established in Years 3-5 of the project. It is anticipated that there will be instances for this indicator starting in Year 4.</i>		
B5. Number of countries that entered high-quality data on all 10 core PBMEF indicators	0	0	0	23	<p><i>Note: All 23 TB priority countries are required to report data for the 10 core PBMEF indicators. High-quality data can be defined as meeting the definitions for accuracy, completeness, and timeliness. A country must achieve all three components in order to count toward the target for this indicator. (See TB DIAH MEL Plan for details)</i></p> <p><i>PBMEF data collection via TB Data Hub forms does not currently assess whether data is of high quality, as defined in the TB DIAH MEL Plan. Thus, the data source for this indicator will be stakeholder interviews and/or brief surveys to be done starting in Year 4 and will allow for disaggregation by country, indicator type, and year.</i></p>	0	23
B6. Proportion of TB DIAH products used by a TB stakeholder	0	24% (6/25)	37% (19/51)	30%	<ol style="list-style-type: none"> 1. TB Data Hub accessed by 3,883 individuals during Year 3; TB priority countries used the TB Data Hub to input prevention data (23), core indicator data (23), and ARC data (22) 2. TB Data Hub Prevention Indicator Data Entry tool - 23 countries used this tool in 2021 to enter data 3. TB Data Hub ARC tool data entry form - 22 countries accessed the ARC tool 4. TB Data Hub TB Roadmap data entry tool-used to input roadmap data by all 23 priority countries in 2021, automatically generated Table 4 for the countries 5. TB Data Hub country landing pages (internal, log-in required) 6. 23 TB priority country missions used the TB Data Hub Roadmap Data Entry tool to enter data on the 10 TB Roadmap Core Indicators for 2021 7. M&E Assessment Checklist for Nigeria - used during the Training of field interviewers/assessors and configured into the ODK (koboCollect) for data collection in the 4 states (Lagos, Plateau, Kaduna, Enugu) 8. Quality of Tuberculosis Services Assessment in Afghanistan: Tools - used for QTSA in Afghanistan 9. Prevention indicator summary data analysis charts-TB DIAH downloaded, analyzed, sent to USAID/Washington which used them as part of the annual Prevention Report to Congress. 	37% (19/51) (A6 total through end of Year 3 = 51, B6 total through end of Year 3 = 19)	75%

				<p>10. QTSA Webpage – 874 pageviews in Year 3</p> <p>11. PBMEF Guide on PBMEF Webpage – 787 pageviews for PBMEF Guide (English) and 1,176 pageviews for the PBMEF Guide (French) in Year 3</p> <p>12. TB DIAH Communications Repository- 10,545 users in Year 3</p> <p>13. Kyrgyz Republic implemented a capacity assessment tool developed in Year 3. The assessment found a gap in data interpretation and decision making, higher self-perception of knowledge compared to existing competencies, and moderate knowledge in data quality.</p>		
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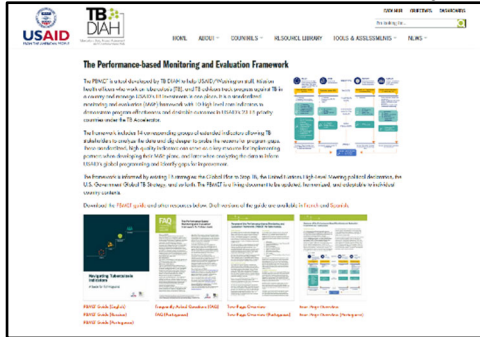
Table 3: Results by Impact Indicator Through Year 3

Impact Indicator	Results by Year			End of Year 3 Targets	Year 3 Results	Results Total Through Year 3	Life of Project Targets
	Year 1	Year 2	Year 3				
C1. Number of countries that use TB M&E and surveillance data for TB program and/or policy decision making	0	0	1	1	<p>1. Kyrgyz Republic – In October 2021, the TB DIAH RA presented the ARC report and findings from the assessment. Action items following the presentation and discussion included:</p> <ul style="list-style-type: none"> • It was decided that all core indicators from PBMEF guide will be included into M&E plan. • It was decided that 8 of 10 core indicators should be included into the TB-6 program (national strategy), so that decision-makers can judge whether TB-6 is heading in the right direction. 	1	15
C2. Number of countries that demonstrate a change in the performance of a TB M&E and surveillance system	0	0	1	1	<p>1. Nigeria – In Spring 2021, TB DIAH began to participate in weekly data and performance review meetings with NTP, USAID/Nigeria, and IPs. To facilitate more robust discussion on the latest IP data, TB DIAH developed a weekly reporting template for each IP. IPs used the templates to record their data ahead of each weekly meeting. In Fall 2021, USAID/Nigeria requested TB DIAH to conduct deeper data analysis between weekly meetings to provide richer information for decision making as well as to improve accuracy and completeness of the IP data. Upon reviewing the results of TB DIAH’s data analysis, it became evident that the weekly reporting templates should be expanded to collect additional data points. At the request of USAID/Nigeria, TB DIAH further revised the weekly reporting template for each IP to facilitate better understanding of the interventions, performance, and progress related to the PBMEF.</p>	1 country, 25% of countries that engage in TB M&E and surveillance system strengthening within TB DIAH Year 3 (Nigeria, DRC, Kyrgyz Republic, Cambodia)	75% of countries that engage in TB M&E and surveillance system strengthening

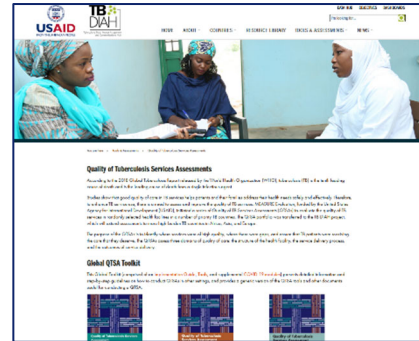
Appendix 3: Key Year 3 Deliverables

Publicly Available Key Deliverables

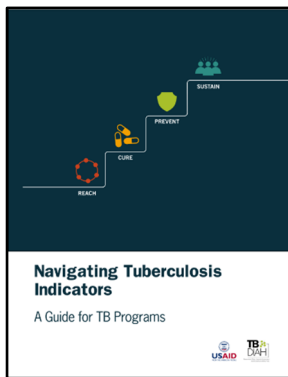
[PBMEF webpage](#) on TB DIAH Communications Repository



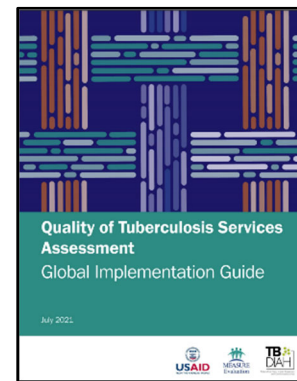
[QTSA Webpage](#) on TB DIAH Communications Repository



[PBMEF Navigating Tuberculosis Indicators – A Guide for TB Programs \(English\)](#)



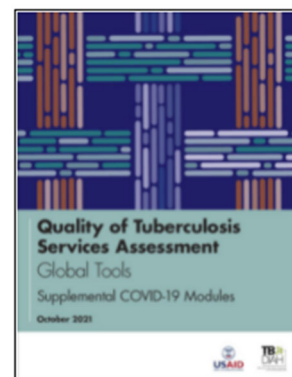
[QTSA Global Implementation Guide](#)



[Video on TB Data Hub](#)

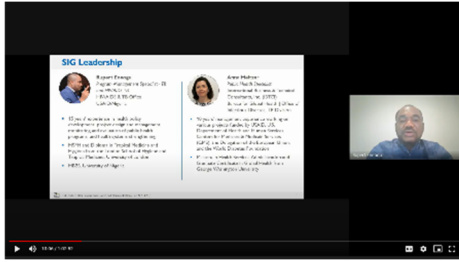


[QTSA Supplemental COVID-19 Modules](#)



Internal Key Deliverables

TB Data SIG meetings ([recordings](#) and [meeting minutes](#))



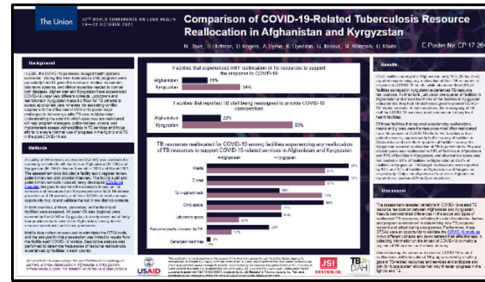
Data Quality Assurance Tool (Supervisory Checklist) for Kyrgyz Republic (Russian version finalized in Year 3, English not yet final)



ARC Tool and ARC Materials (ARC FAQs, ARC Tool Brief, ARC Tool Guidance, ARC Tool Talking Points)



Poster developed with Cure TB project and presented at 52nd Union Conference titled, [“Comparison of COVID-19-Related Tuberculosis Resource Reallocation in Afghanistan and Kyrgyzstan”](#)



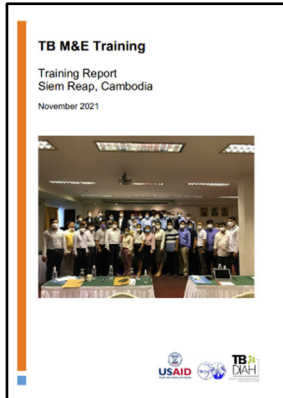
[ARC Tool Video](#)



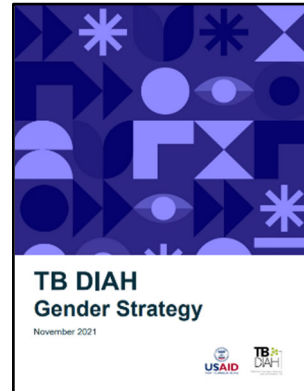
[“Research gaps in transforming tuberculosis data to action for better health outcomes: A systematic literature review”](#) published online in the Journal of Global Health on September 18, 2021



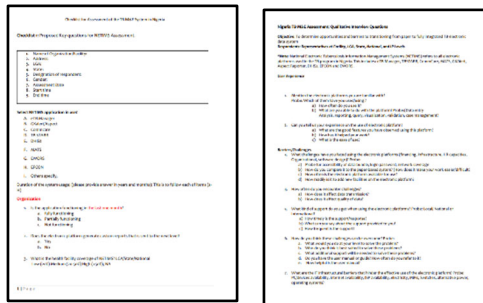
Cambodia Training of Trainers TB M&E Training – Training Report



TB DIAH Gender Strategy



M&E Checklist and Qualitative Interview Guide (to support the national monitoring and evaluation assessment in Nigeria)



TB DIAH Project Master Slide Deck



Appendix 4: TB DIAH Staff

Manish Kumar, PhD, Principal Investigator

Contract/Finance Team:

Shea Henson, Program Manager

Shannon Alderman, Senior Finance Officer

Key Personnel:

Stephanie Mullen, Project Director

Ann Fitzgerald, Field Services Manager/Deputy Director

Tariq Azim, Senior M&E Advisor

Rebecca Oser, Communications Director

Senior Staff HQ:

Bridgit Adamou, Senior M&E Advisor

Daniel Cothran, Technical Advisor, TB Data Hub Webmaster

Darrell Keyes, Finance Officer

David Boone, Epidemiologist

Ezra Tessera, Senior M&E and Surveillance Officer

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