

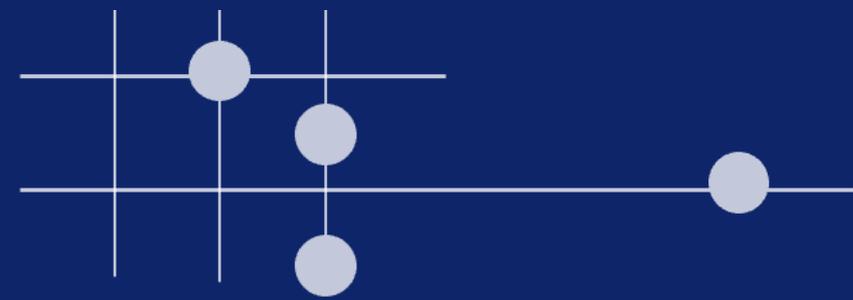
# TB DIAH

TUBERCULOSIS DATA, IMPACT ASSESSMENT  
AND COMMUNICATIONS HUB

**Global Preview: TB Performance-Based Monitoring and Evaluation Guide (Updated)  
and TB M&E e-Learning Course**

October 30th, 2024





# Introductions and Housekeeping

# TB DIAH

TUBERCULOSIS DATA, IMPACT ASSESSMENT  
AND COMMUNICATIONS HUB

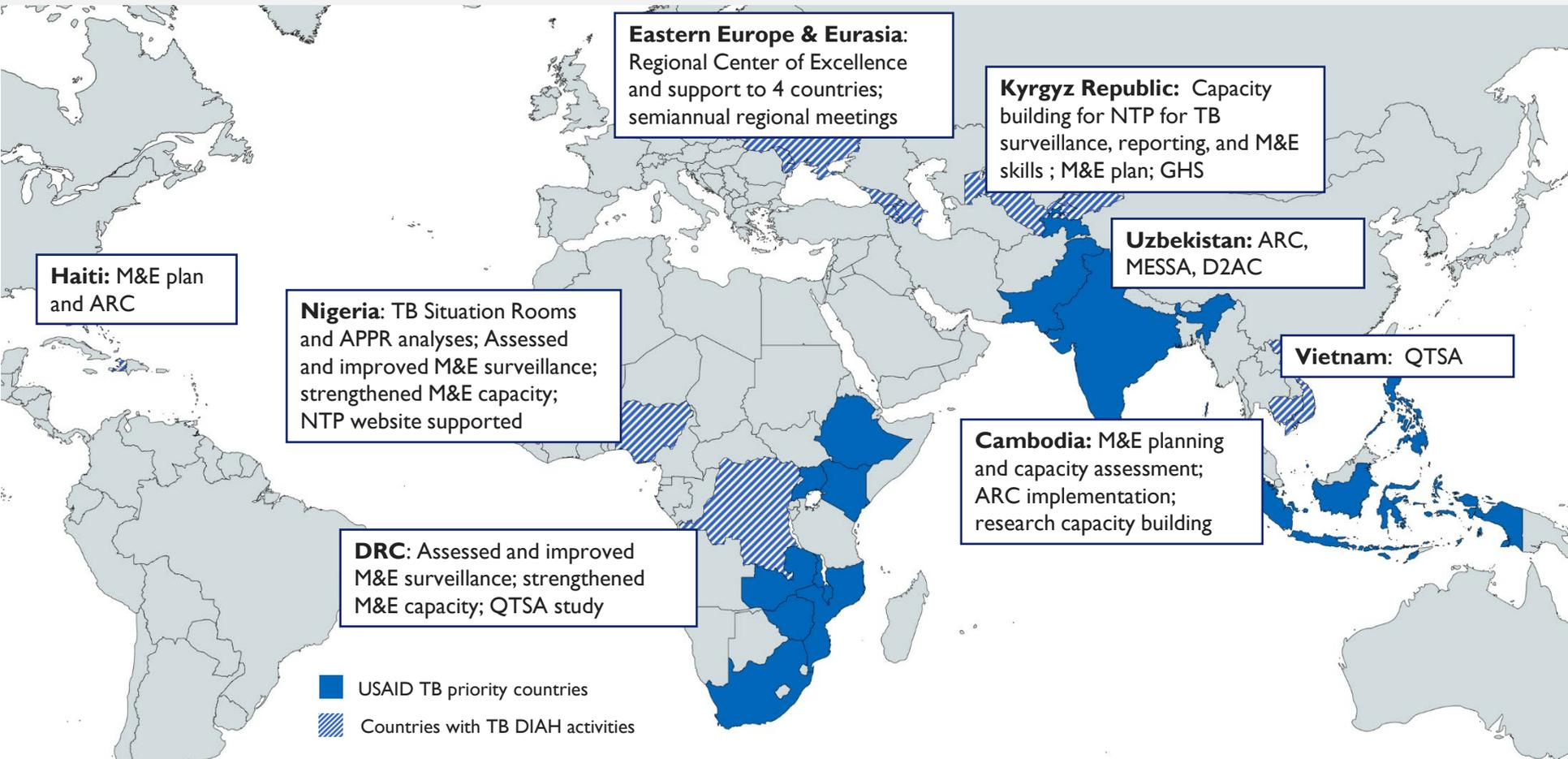
- Part of the USAID Global Accelerator to End TB
- Global, five-year (2018-2025) associate award, \$36M cooperative agreement
- Small team of M&E and TB experts working to clarify TB data in way that helps USAID monitor its TB investments in its TB priority countries
- Helps countries use data to share their story



# What does TB DIAH do?



# Where does TB DIAH work?



# What has TB DIAH Achieved?

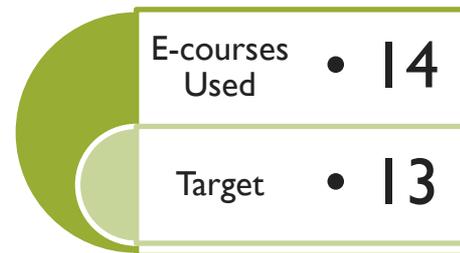
## ASSESSMENTS



## TOOLS AND RESOURCES



## TRAINING CURRICULA



TB DIAH overdelivered in multiple key activity areas

# Examples of TB DIAH's Impact



## Kyrgyz Republic

- Kyrgyz Republic DDPSES revises national epidemiologist training based on assessment results



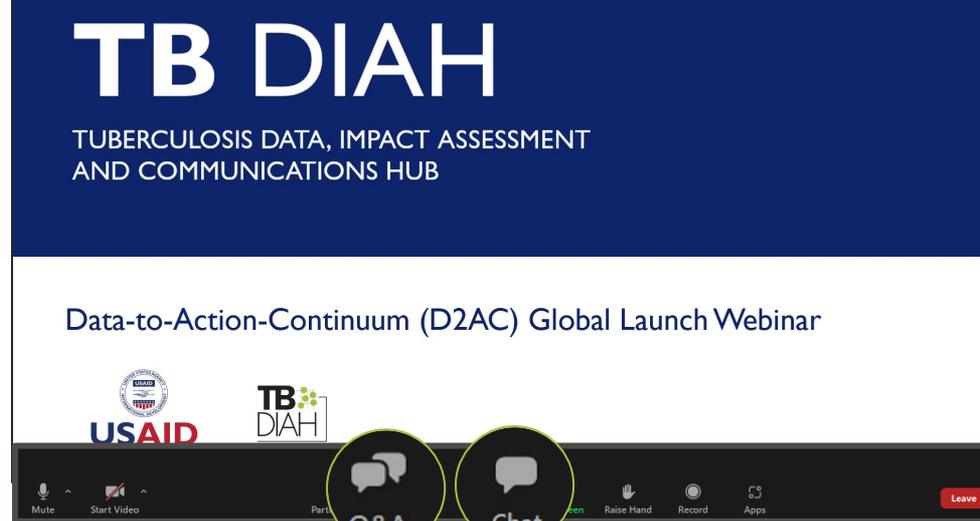
## Moldova

- Moldova uses the PBMEF to develop the Moldova National M&E Manual (2022-2025)



## Nigeria

- GeneXpert Failed Modules Resolution Tracker improves TB M&E and surveillance system performance in Nigeria



Please use the **Q&A** for all questions.

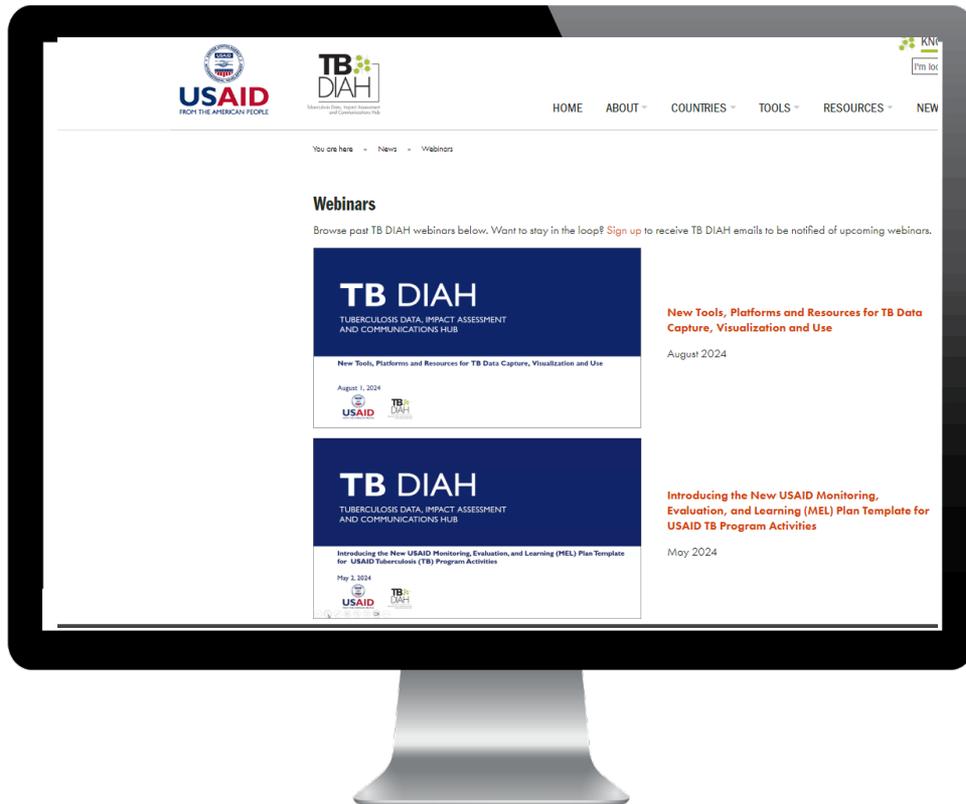
Please **tell us who you are and where you're from** in the chat.



Questions will be addressed during and at the end of the webinar.



The webinar is being recorded and a link to the recording and presentation will be shared with all attendees and registrants tomorrow by a Zoom link and email.



- USAID and UNC prohibit the use of AI to generate notes for our webinars. Please do not activate this function during our webinars.
- Slides and webinars recording can be found on the TB DIAH webinars page <https://www.tbdiah.org/news/webinars/>

# Speakers and agenda

 **1.5 hour**

## **Stephanie Mullen**

Project Director  
TB DIAH Project

- Introductions and Housekeeping

## **Sevim Ahmedov**

TB/HIV, Prevention and M&E Team Lead  
USAID

- Opening Remarks

## **Meaghan Peterson**

TB Monitoring and Evaluation Advisor  
USAID

- Updates to USAID's Performance-Based Monitoring and Evaluation Framework (PBMEF)

## **Anna Meltzer**

TB Country Monitoring and Evaluation Advisor  
USAID

- Introducing the “TB M&E and Surveillance: Using USAID's PBMEF to Strengthen TB Programming” e-Learning Course

## **Margie Joyce**

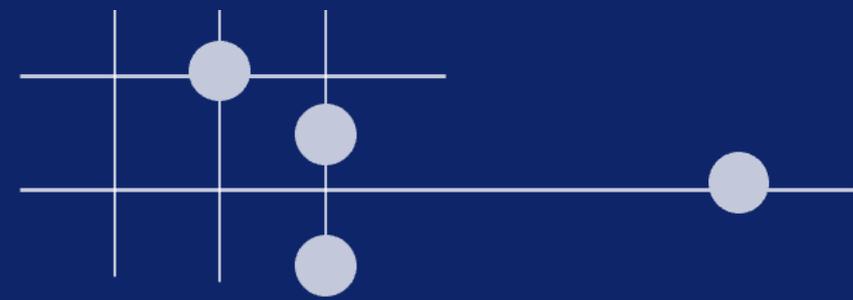
Learning and Design Senior Advisor  
TB DIAH Project

- Walkthrough and demonstration of the TB M&E and Surveillance e-Learning Course

## **Ann Fitzgerald**

Field Services Manager and Deputy Director  
TB DIAH Project

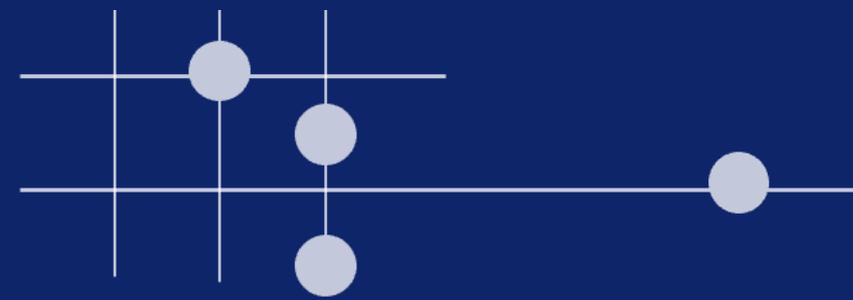
- Discussion



# Opening Remarks

**Sevim Ahmedov**

TB/HIV, Prevention and M&E Team Lead  
USAID



# **USAID TB Program PBMEF Background and Revision Process**

# Performance-Based M&E Framework (PBMEF) Background

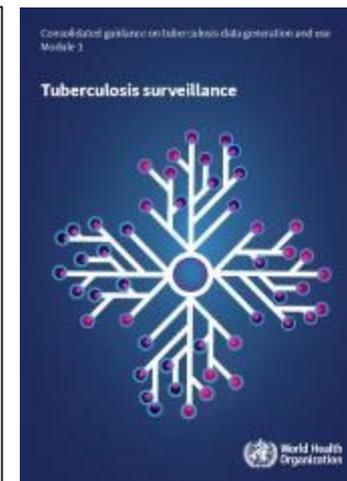
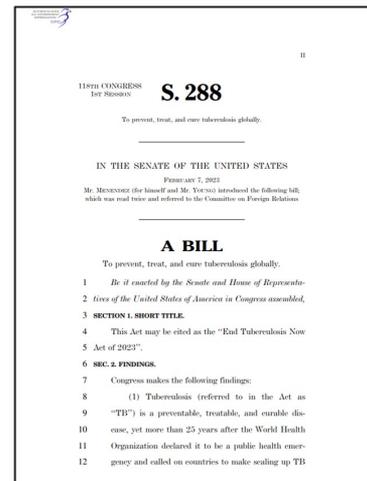
- Cornerstone of USAID’s efforts to ensure effective accountability of investments in TB program at global, regional, and country levels
- Allows for enhanced monitoring towards our [USAID Global TB Strategy \(2023–2030\) 90-90-90+ Prevention Results Framework](#) (shown on the right)
- PBMEF provides:
  - ✓ Standardized indicator reference sheets
  - ✓ Guidance on selecting, reporting, and analyzing indicator data



Measurement	Target
Impact	<ul style="list-style-type: none"> <li>• Reduce TB incidence rate by 35% by 2030</li> <li>• Reduce TB mortality rate by 52% by 2030</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• <b>90%</b> of incident TB cases diagnosed and initiated on treatment*</li> <li>• <b>90%</b> of incident DR-TB cases diagnosed and initiated on treatment</li> <li>• <b>90%</b> treatment success rate (TSR) for DS-TB and DR-TB</li> <li>• Provide TB preventative treatment (TPT) to 30,000,000</li> </ul>
Process	<ul style="list-style-type: none"> <li>• All priority countries rapidly introduce new TB tools and approaches</li> <li>• All priority countries have strong TB national networks and USAID partnerships inclusive of affected communities</li> <li>• All priority countries include appropriate TB interventions and pandemic preparedness plans</li> <li>• All priority countries have implemented plans to address socioeconomic determinants and health-related risk factors that impact the TB epidemic</li> </ul>

# PBMEF Publications

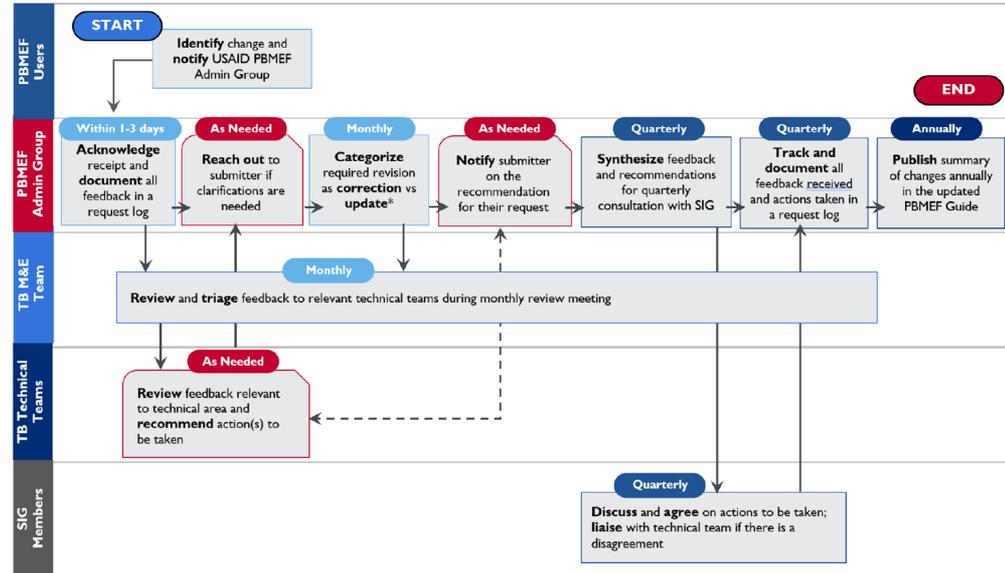
- Initially published in 2021, the PBMEF is a “living document” that adapts to a changing environment, including new guidelines, targets, strategies such as those that have been released by WHO, UNHLM, and USAID, and the End TB Now Act of 2023 (ETNA)
- Since the original publication, TB DIAH has worked with USAID, USAID advisors, and USAID partners through the TB Data SIG to create an interim update, which was published at the start of the year [here](#)
- Continued 2024 revisions will ensure PBMEF:
  - ✓ Meets the reporting needs
  - ✓ Aligns with ongoing technical updates
  - ✓ Provides **extended** standard indicators in addition to the essential indicator list



# TB Data SIG Role in PBMEF Maintenance

- The TB Data Special Interest Group (SIG) is a group of technical experts that serve as an advisory board to direct USAID's TB data needs
- The SIG has led TB PBMEF updates over the last year
- The role of the SIG in governing the PBMEF has been formalized through documentation in a governance structure and standard operating procedure document

*PBMEF Governance: Workflow by Stakeholder Roles and Responsibilities*



\* "Correction" refers to an error in the document that needs immediate attention (i.e. wrong formula, variable or definition).  
 "Update" refers to a change that is not urgent and can be made during the annual update.

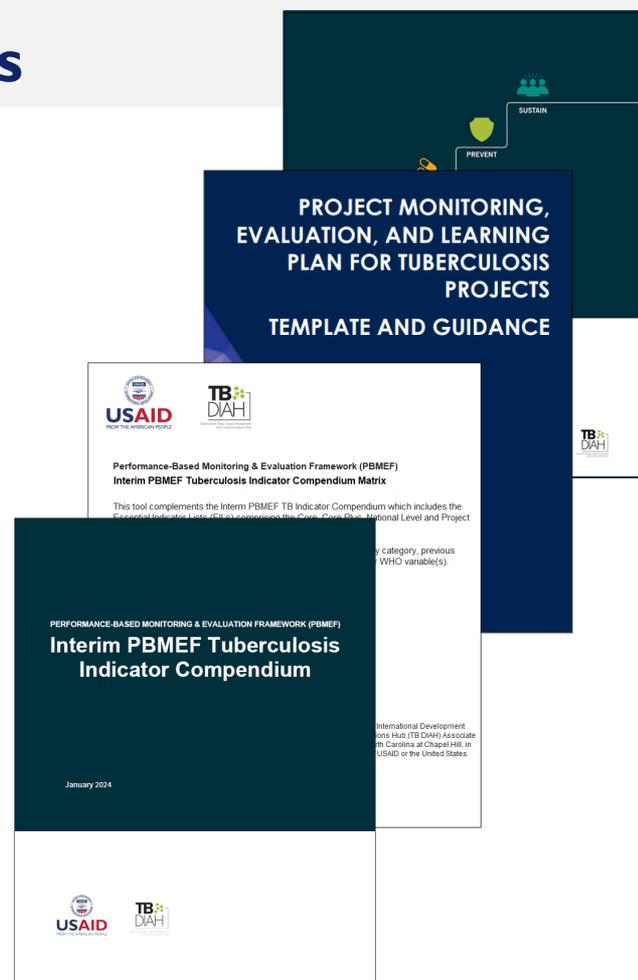
# TB Program PBMEF Suite of Resources

## Previously published in January 2024:

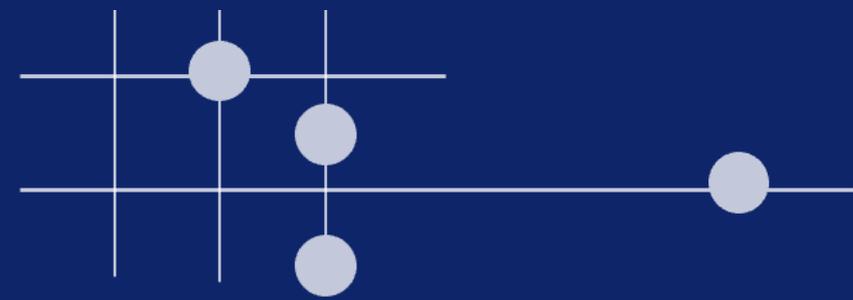
- Interim PBMEF TB Indicator Compendium
- Interim PBMEF Indicator Matrix
- Updated MEL Plan Template & Guidance
- Original PBMEF TB Indicator Guide & Compendium

## Coming November 2024:

- Updated PBMEF Guide V2.0



<https://www.google.com/url?q=https://www.tbdiah.org/assessments/pbmeff/&sa=D&source=editors&ust=1730134691988062&usg=AOvVaw2cdH80gBKyk-9yY03xYq5Y>



**USAID TB Program  
PBMEF Guide v2.0:  
Preview**

# PBMEF Guide v2.0: What to Expect

Revised PBMEF Guide document, including:

- Consolidated technical areas
- Indicator reference sheet enhancements
- Updated some definitions for essential indicators list
- Indicator reference sheets created for extended indicators
- Revised indicator cascades and accompanying indicator maps



# PBMEF Guide Document: Preview

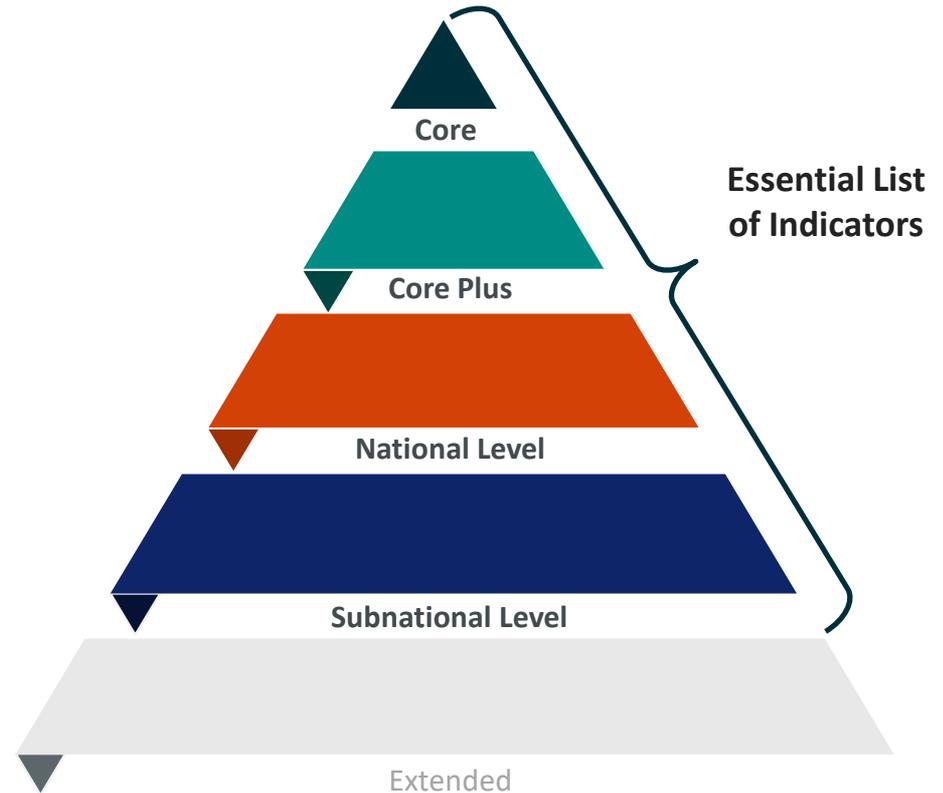
- The PBMEF Guide document will be in PDF format as outlined here
- Appendices will include PDFs of indicator reference sheets for essential indicators and the new extended indicator reference sheets
  - ✓ One version organized by PBMEF level (core, core plus, etc.), linked externally
  - ✓ One version organized by technical area in the document
- There will also be downloadable excel version of summary tables for ease of use

<b>Abbreviations</b>	3
<b>Purpose of the <u>PBMEF</u> Guide</b>	4
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# PBMEF Essential TB Indicators Updates

Essential indicators were published in the interim document, the essential indicator list comprises 4 subcategories as shown here.

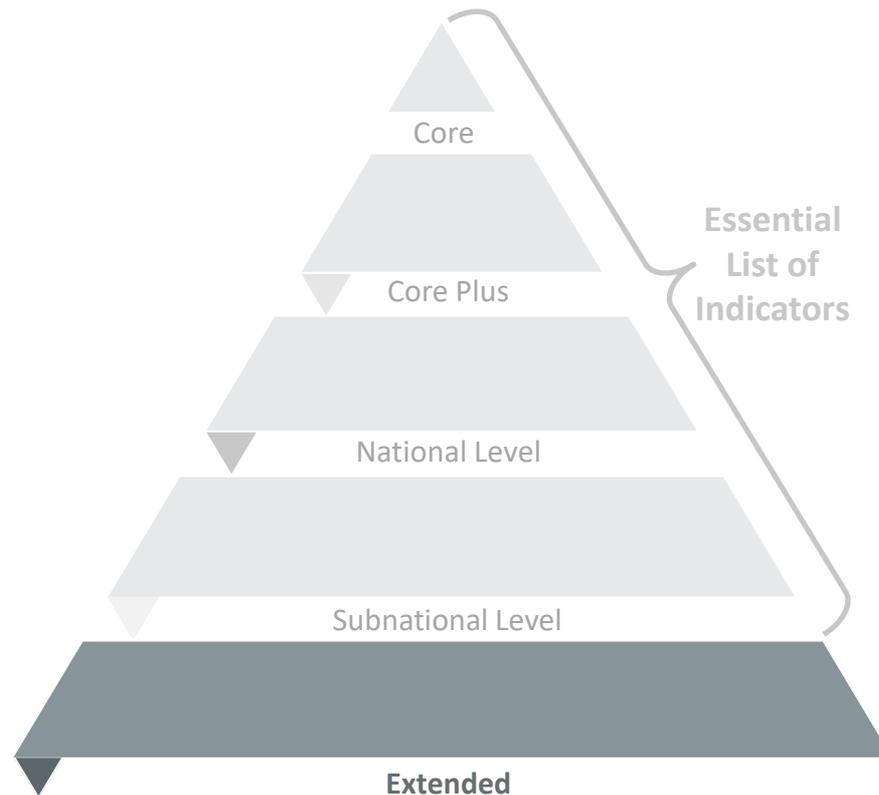
- Small updates to definitions and indicator lists were made
- Project-level indicators are rebranded as “Subnational Level” indicators but the intent and content of the category is the same



\*Note: Extended indicators are currently under revision

# PBMEF Extended TB Indicators

- Compendium of additional standardized, vetted indicators to meet project needs for specific activities
- More granular and more specialized, or less commonly used and customized metrics
- Used to help inform programmatic decisions to prioritize and scale up certain interventions or justify budget requests to scale up activities to close programmatic gaps



\*Note: Extended indicators are currently under revision

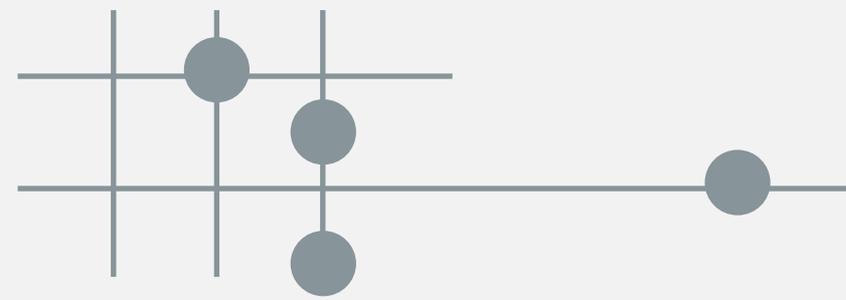
# NEW: Extended TB Indicators: Abbreviated Indicator Reference Sheet (IRS)

- Full indicator reference sheets were published for all essential indicators, but extended indicators will have abbreviated reference sheets as shown here
- Key fields are the definition, numerator and denominator, which allow for standardization when consistently applied

Indicator name	PEDS_SOURCE: Percent of childhood TB notified with a source case detected	
Definition	Percent of source TB cases to a child or adolescent aged 0-14 years notified with a new episode of TB (new, recurrent, or unknown previous treatment history), all forms, who were identified in the reporting period through a 'reverse' contact investigation.	
Numerator	Number of source TB cases to a child or adolescent aged 0-14 years notified with a TB, all forms, who were identified in the reporting period through a 'reverse' contact investigation.	<i>PBMEF data element: PEDS_SOURCE</i>
Denominator	Number of children and adolescents (0-14 years) with a new episode of TB (new, recurrent, or unknown previous treatment history), all forms, who were notified in a reporting period.	<i>PBMEF data element: PEDS_NOTIF WHO data element: newrel_r014 + newrel_m014</i>
Category	Reach	
Indicator type	Output	
<i>PBMEF</i> level	Extended	
Unit of measure	Percent of people	
Disaggregate by	Age (0-4, 5-9, 10-14)	

# Indicator Technical Areas Updates

- Indicators will be presented by technical area grouping in an appendix of the PBMEF Guide
- Technical areas were consolidated to form the following 11 groupings:
  - TB Diagnosis
  - TB Case Finding/Screening
  - TB Contact Investigation (TBCI)
  - Drug-Resistant TB Treatment
  - Drug-Sensitive TB Treatment
  - TB Prevention
  - Sustainability
  - TB/HIV
  - Healthcare Worker
  - Childhood TB
  - Private Sector



# Enhanced Indicator Reference Sheets

# Enhanced Indicator Reference Sheets: Indicator Equivalencies

- Fields in the full indicator reference sheet remain unchanged, but some enhancements have been added
- The boxes highlighted to the right have been added to our standardized reference sheets
  - These show any indicator equivalencies (WHO, PEPFAR, etc.), as well as a short name for the numerator and denominator to serve as a unique identified within the PBMEF for a specific data element

Indicator name	<b>INDICATOR_SHORT_NAME: Indicator name</b>	
Definition	Standard indicator definition; definition wording should be used as written.	
Numerator	Standard numerator definition; definition wording should be used as written.	Names the <u>PBMEF</u> data element and provides any external (WHO, PEPFAR, etc.) indicator equivalencies.
Denominator	Standard denominator definition; definition wording should be used as written.	Names the <u>PBMEF</u> data element and provides any external (WHO, PEPFAR, etc.) indicator equivalencies.
Category	Describes which USAID strategy area this indicator applies most to (Reach/Cure/Prevent/Sustain)	
Indicator type	Describes whether this is an output vs outcome indicator, and whether this indicator is calculated or numeric.	
<u>PBMEF</u> level	Describes the prioritization level assigned within the <u>PBMEF</u> (core, core plus, national level, sub-national level, extended)	
Unit of measure	Describes the units in which this indicator should be reported; examples include number of people, percent of people, and number of tests.	
Data type	Describes the expected format for the indicator; examples include integer or percentage.	
Disaggregate by*	<p>Provides categories recommended for disaggregating indicator data. Depending on data systems, disaggregates of an indicator may be recorded as disaggregates of one indicator, or as separate indicators representing the disaggregated data.</p> <p>The <u>PBMEF</u> includes some indicators that are disaggregates of other indicators. These indicators are marked with orange at the top of the reference sheet, and the indicator from which they are derived is provided in this field.</p>	
Reporting level*	Indicates the level (national, sub-national, project) recommended for data collection and reporting.	
Reporting frequency*	Indicates the frequency recommended for data collection and reporting.	
Data source(s)	Suggests data sources where these data elements may be recorded.	
Importance	Details the importance of this indicator.	
Data use and visualization	Describes data use and potential visualizations for the indicator.	

# Indicator Reference Sheet Enhancements: Calculated Indicators

## Calculated indicators

- These indicators have both a numerator and a denominator
- Usually presented as a percentage (ex. 90%)

Indicator name

*Ex: PCT\_TB\_ART: Percentage TB clients who start or continue ART*

## Non-calculated indicators

- These indicators do not have a denominator
- Usually presented as an integer (ex. 500)

Indicator name

*Ex: TB\_ART\_N: Number of TB clients who start or continue ART*

# Indicator Reference Sheet Enhancements: Disaggregate indicators

**Disaggregated indicators** could be collected as a disaggregate of another indicator; one example is the indicator for childhood TB notifications, which could be reported as a disaggregate of TB notifications.

## Disaggregated calculated indicators

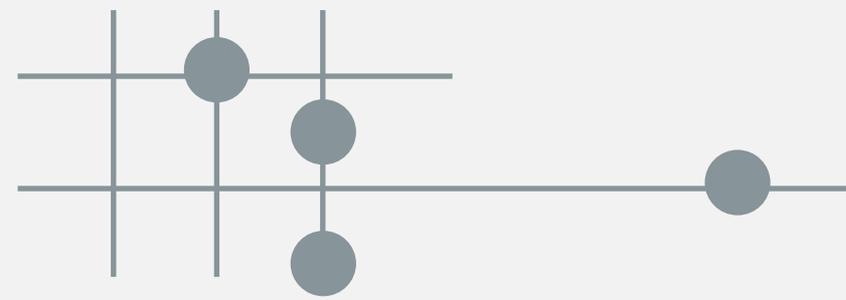
- These indicators have both a numerator and a denominator
- Usually presented as a percentage (ex. 90%), with both numerator and denominator representing a subset of another indicator

	Indicator name	<i>Ex: PCT_DRTB_ART: Percentage DR-TB clients who start or continue ART</i>
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## Disaggregated non-calculated indicators

- These indicators do not have a denominator
- Usually presented as an integer (ex. 500), representing a subset of another indicator

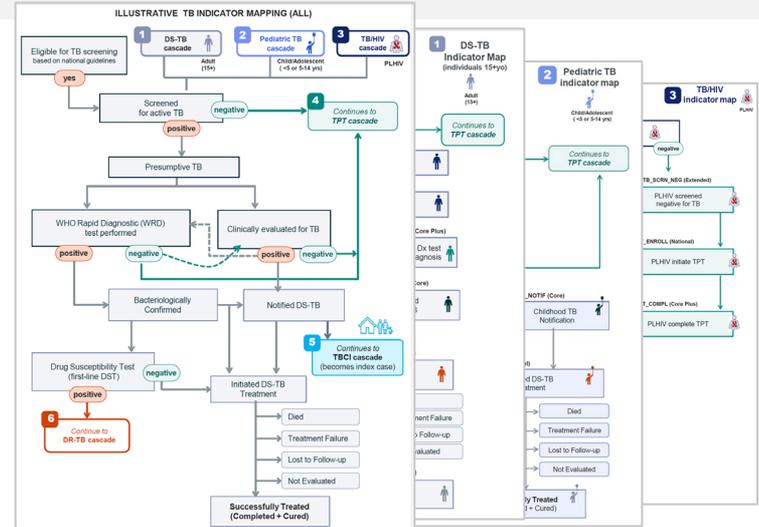
	Indicator name	<i>Ex: DRTB_ART_N: Number of DR-TB clients who start or continue ART</i>
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## Updated Cascades and Indicator Maps

# Cascades & Indicator Maps

- DS-TB
- Pediatric-TB
- TB/HIV
- TBCI/TPT
- DR-TB



BAC\_CONF (numerator):  
# of bacteriologically confirmed



NEWREL\_WRD (numerator):  
# diagnosed with TB tested with mWRD



TX\_DS\_ENROLL: # enrolled on DS-TB treatment



DS\_TSR (denominator): DS-TB treatment cohort

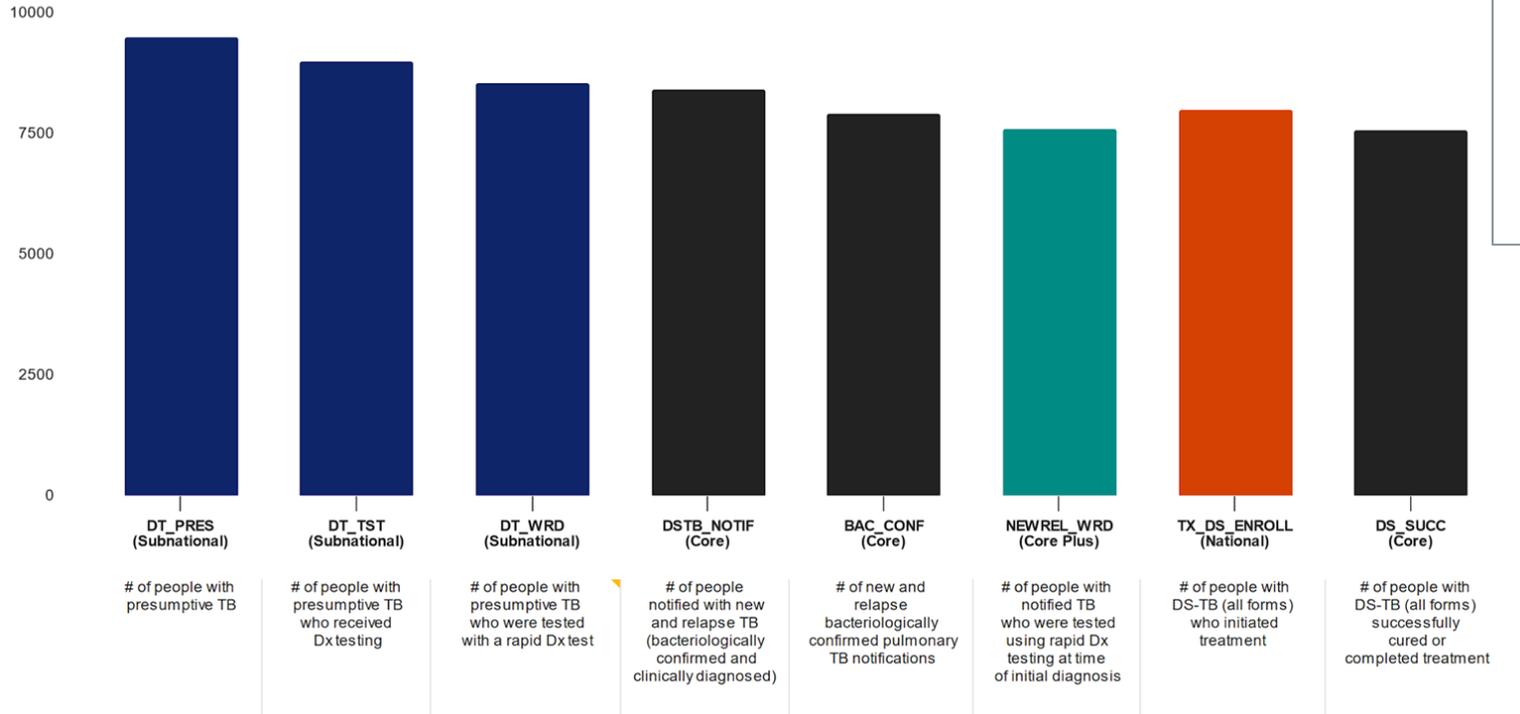


DS\_SUCC: # successfully treated or cured

# Example Cascade

## DS-TB Cascade Example (September 2024)

Estimated # of people with incident TB (E\_INC\_NUM): Updated by WHO models  
 # of people screened for TB (DT\_SCRN): Context-specific

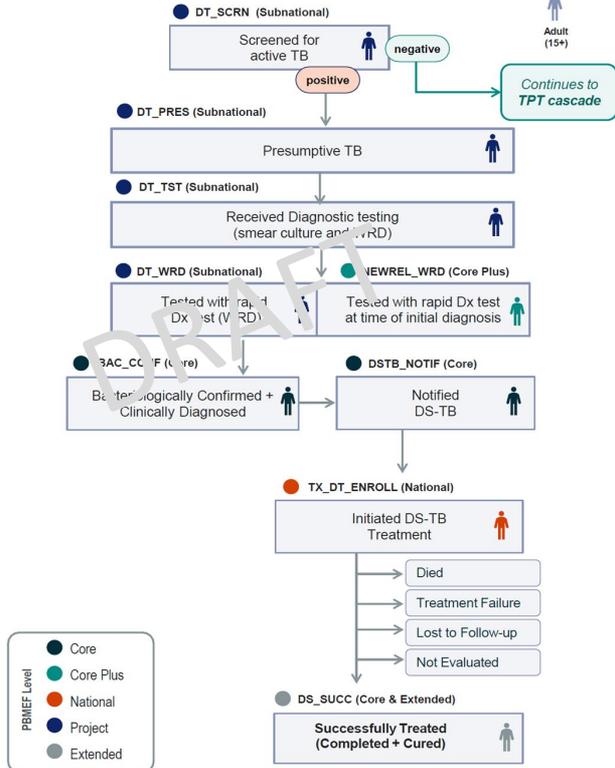


**Indicator Level**

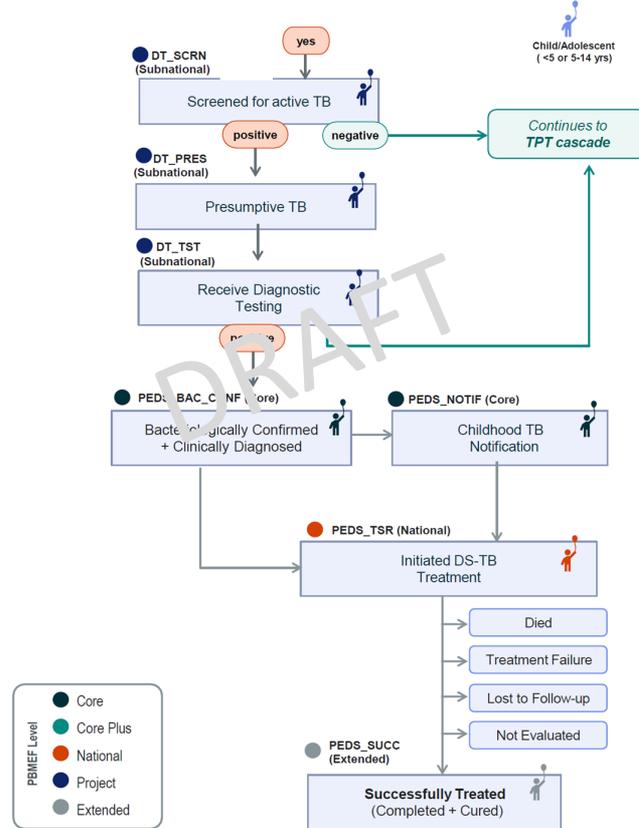
- Core
- Core Plus
- National Level
- Subnational Level
- Extended

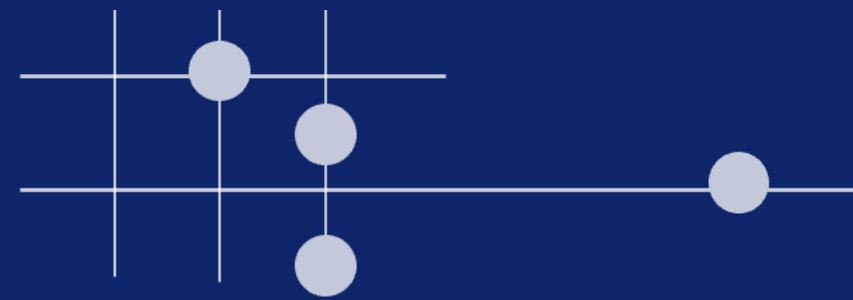
# Example Indicator Maps

**1 DS-TB Indicator Map (individuals 15+yo)**



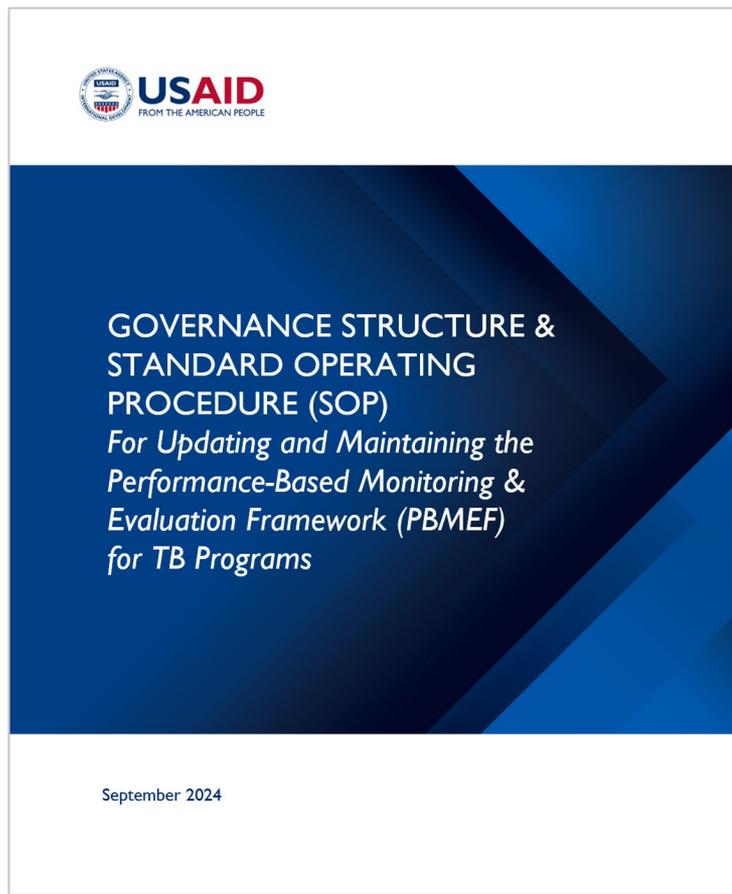
**2 Pediatric TB indicator map**





**Next Steps for the PBMEF**

# Standard Operating Procedures for PBMEF Governance



Document includes:

- Overall PBMEF governance process
- Stakeholders' roles and responsibilities
- Governance process flows and descriptions

# Importance & Purpose of PBMEF Governance SOP

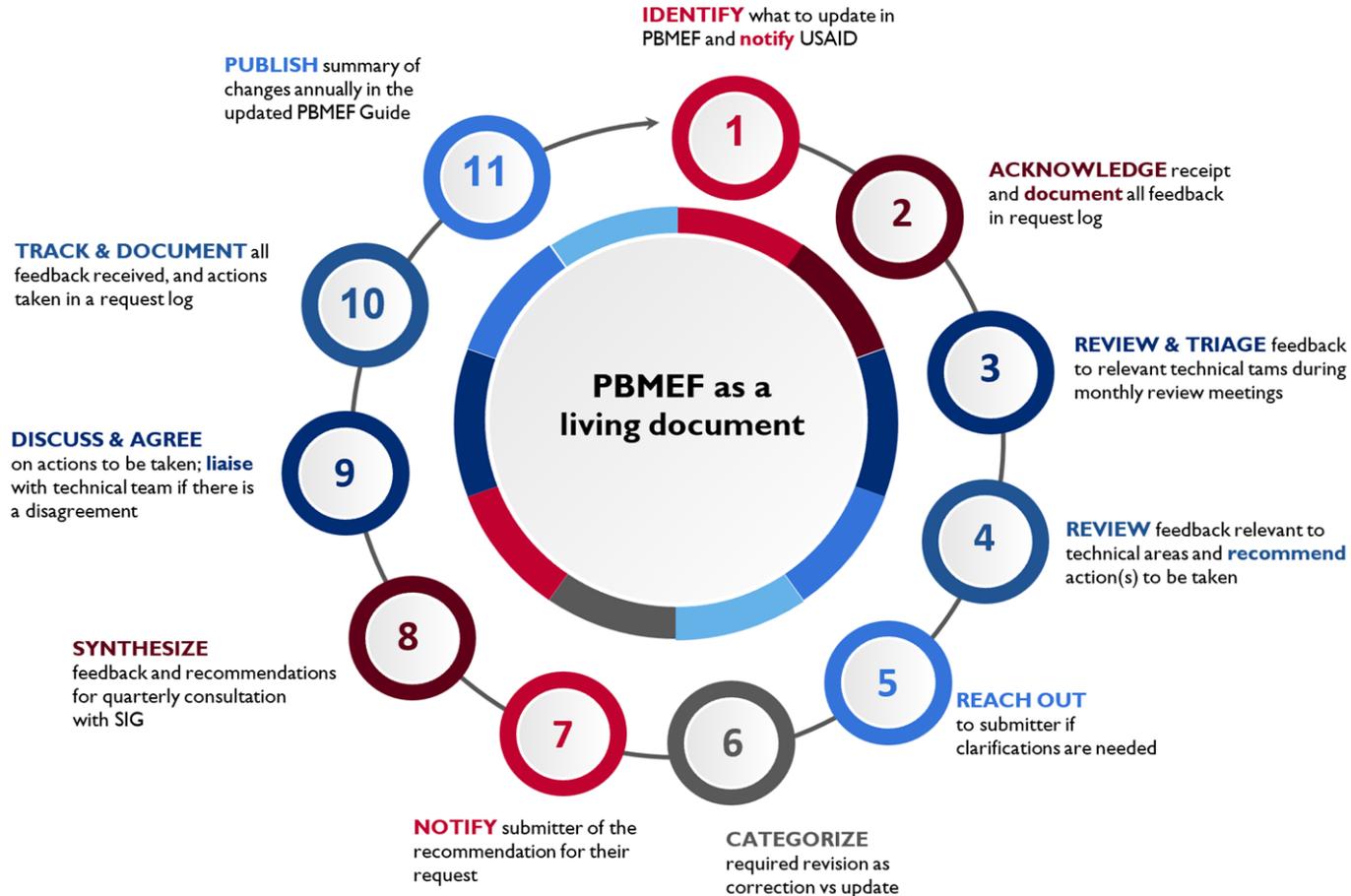
## Importance

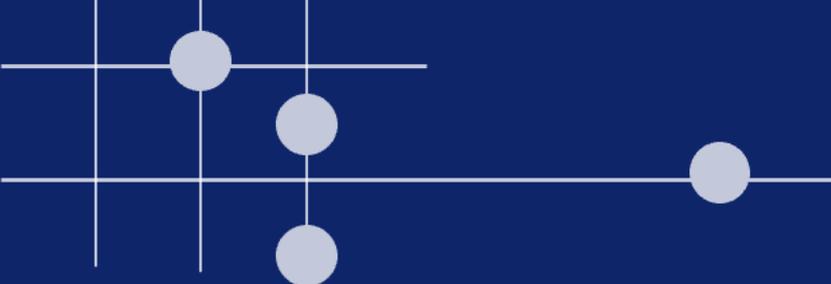
- ✓ Ensures transparency of decision making around data reporting and use
- ✓ Ensures the PBMEF stays current, evolves with scientific evidence and programmatic best practices
- ✓ Guarantees that feedback and in-depth engagement from experts and key stakeholders is solicited and incorporated into the PBMEF

## Purpose

- ✓ Systematizes the internal process of updating the PBMEF by providing a process flow that depicts the activities of the PBMEF change process
- ✓ Provides clear and concise governance structure and instructions for the consistent updating of the PBMEF in a step-by-step format

# PBMEF Update & Modification Cycle





# Q&A

# For More Information

## Sevim Ahmedov

TB/HIV, Prevention and M&E Team Lead  
AOR TB DIAH  
Tuberculosis Division  
Office of Infectious Disease,  
Bureau for Global Health  
USAID



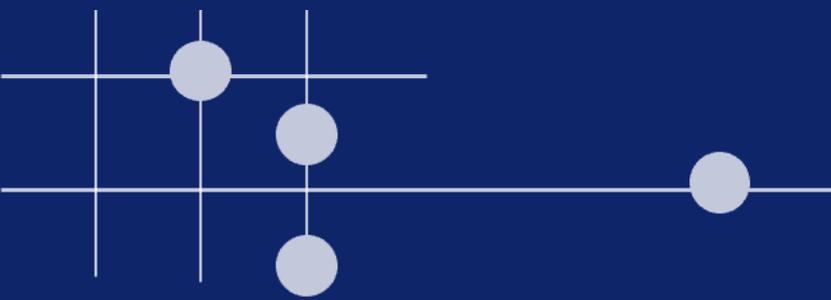
[sahmedov@usaid.gov](mailto:sahmedov@usaid.gov)

## Meaghan Peterson

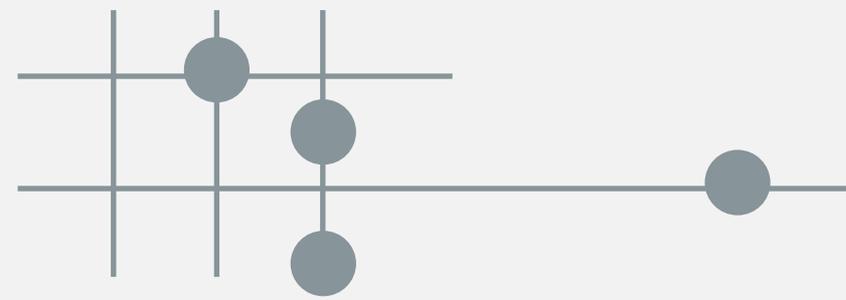
TB Monitoring and Evaluation Advisor,  
Tuberculosis Division  
Office of Infectious Disease,  
Bureau for Global Health  
USAID



[meapeterson@usaid.gov](mailto:meapeterson@usaid.gov)



**e-Learning Course**  
**“TB M&E and Surveillance: Using USAID’s**  
**PBMEF to Strengthen TB Programming”**



# E-Learning Course Introduction

# TB M&E: Using the PBMEF to Strengthen TB Programming



## Target Audience:

TB program staff, USAID implementing partners, and technical advisors involved in reporting, analyzing and presenting TB data. Especially those with an interest in the *Performance-based Monitoring and Evaluation Framework* and how to use performance indicators to strengthen TB M&E systems.



## Course Goal:

To provide a comprehensive understanding of the PBMEF and its practical application. As a companion to the PBMEF Guide, the course offers an overview of key TB M&E concepts and includes scenarios that focus on cascade analysis and root cause analysis using PBMEF indicators, as well as strategies for presenting TB data to help stakeholders take informed action.

# Course Contents



## Self-Assessment & Goal Setting



## Resources and Pre-Course Readings

---

1

*Basics of TB – Epidemiology & Case Definitions (optional mini-module)*

TB Monitoring & Evaluation: An Overview

2

Using the PBMEF to Strengthen TB Programming

3

TB Data Quality, Analysis, and Interpretation

4

TB Data Use and Communication

---



**Final Exam** available once a learner has completed all four modules. The passing grade is 80%.  
*A learner may retake the test if they do not pass.*



**Course evaluation**



**Certificate of Completion** may be downloaded and printed once a learner passes the final exam and completes the course evaluation

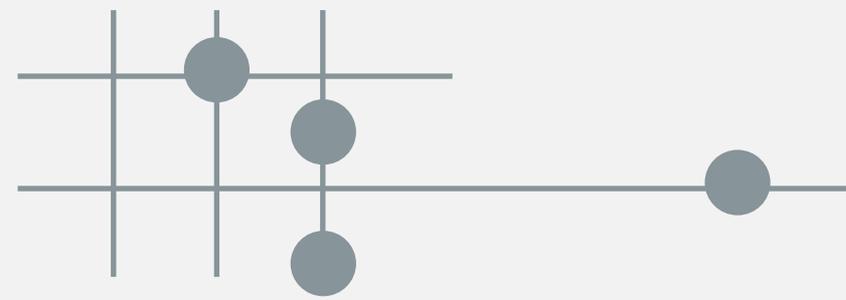
# Course Objectives

*At the end of the course, learners will be better able to:*

- Explain how the PBMEF's standardized indicators can strengthen a TB program by helping to identify gaps and ways to improve the diagnosis, care, treatment, and prevention of TB
- Select standardized TB indicators based on their country's National Strategic Plan and/or programmatic priorities
- Apply cascade analysis to identify operational issues that are preventing a TB program from achieving intended targets, goals, and objectives and suggest strategies to address them
- Analyze, interpret, and synthesize TB data to develop M&E reports with relevant visuals to engage stakeholders, and inform programmatic and policy decisions
- Feel empowered and committed to make objective changes using PBMEF data to improve the TB M&E system in the country where they work

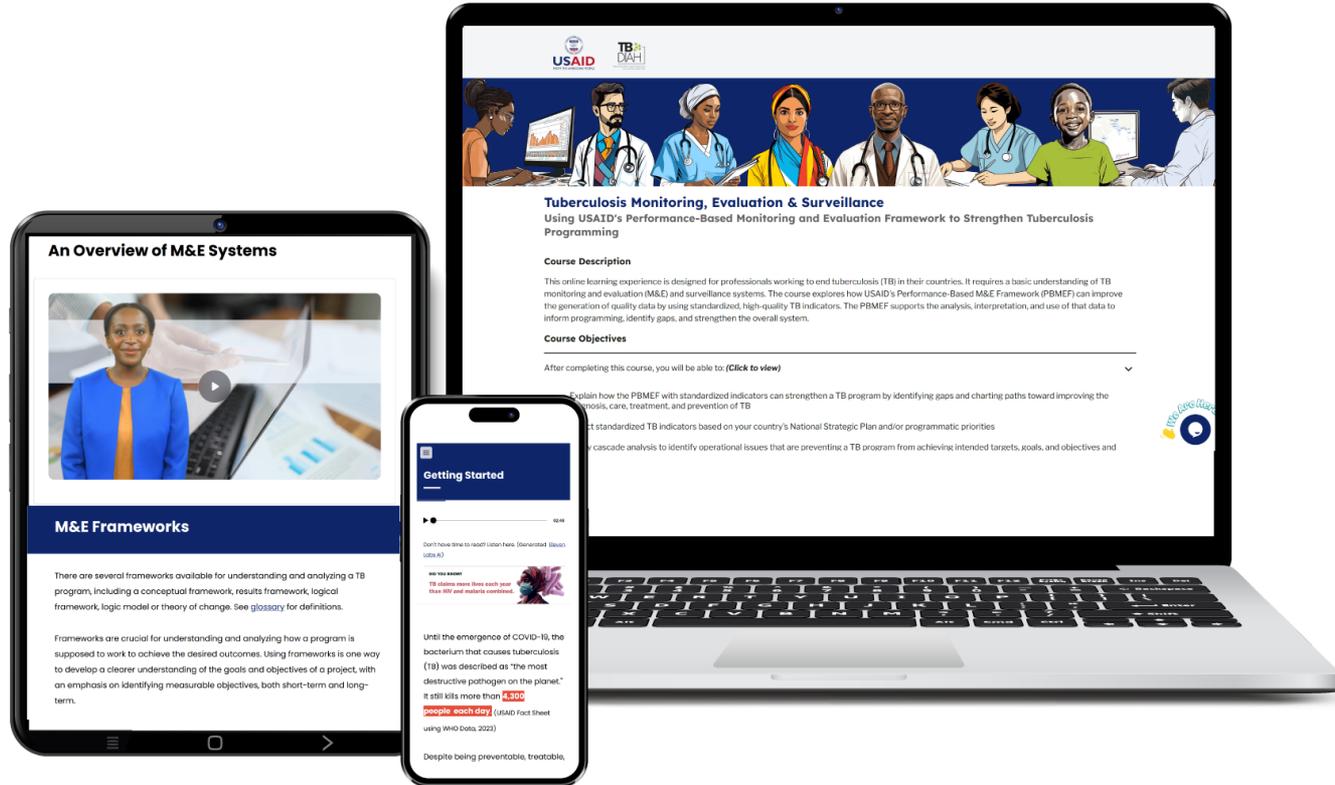
# TB M&E e-Learning Design Process

- Reviewed TB DIAH in-person trainings in Cambodia, Nigeria, Kyrgyz Republic, and EEE region to inform course content and structure
- Interviewed TB DIAH technical team to understand key needs
- Reviewed evaluation feedback from TB DIAH e-learning courses
- Key assumptions about adult learners of this course:
  - ✓ May have constraints on their time – course needs to be relevant to their work
  - ✓ May access courses at their desk and on the go (on both desktop and mobile devices) – course needs to be responsive
  - ✓ May prefer to set their own pace – course should not be restrictive
  - ✓ May experience network/connectivity issues – course needs to be lightweight with downloadable resources and videos



# E-Learning Course Walkthrough

# Access the Course Online via Phone, Tablet or Computer





## Tuberculosis Monitoring, Evaluation & Surveillance

### Using USAID's Performance-Based Monitoring and Evaluation Framework to Strengthen Tuberculosis Programming

#### Course Description

This online learning experience is designed for professionals working to end tuberculosis (TB) in their countries. It requires a basic understanding of TB monitoring and evaluation (M&E) and surveillance systems. The course explores how USAID's Performance-Based M&E Framework (PBMEF) can improve the generation of quality data by using standardized, high-quality TB indicators. The PBMEF supports the analysis, interpretation, and use of that data to inform programming, identify gaps, and strengthen the overall system.

#### Course Objectives

After completing this course, you will be able to: [\(Click to view\)](#)



#### Course Sections





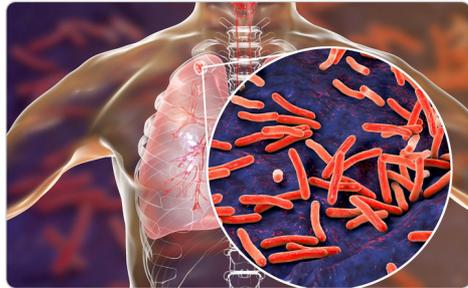
## START HERE: Self-Assessment & Pre-Readings

🕒 **Time to Complete:** 5-10 minutes

Please take this short self-assessment to check your readiness for the course. You will receive a readiness score and then you can set your **learning goals**. After you finish, check out the **TB M&E Resources** organized by topic area to prepare you for the course.

[TAKE ASSESSMENT](#)

[TB M&E RESOURCES](#)

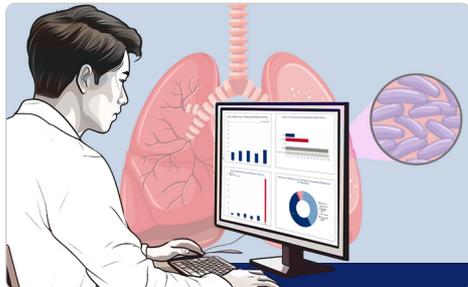


## MINI-MODULE: Basics of TB: Epidemiology & Case Definitions (optional)

🕒 **Time to Complete:** 10 minutes

**New to TB?** This mini-module provides the basic facts about the TB epidemic, the epidemiology of TB as it relates to monitoring, evaluation and surveillance and the latest TB case classifications and definitions from the **World Health Organization (WHO)**.

[VIEW MINI-MODULE](#)



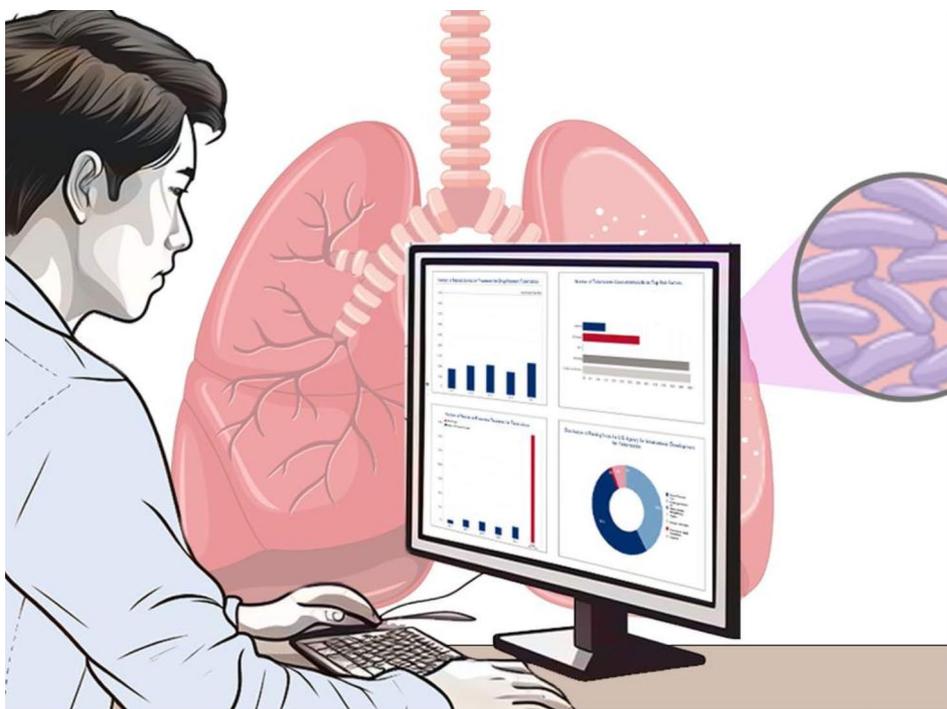
## MODULE 1: TB M&E: An Overview

🕒 **Time to Complete:** 10 minutes

**Topics Covered:** WHO and USAID global TB strategies and targets, the basics of TB M&E, including concepts such as M&E systems, M&E frameworks and illustrative TB indicator mapping to help contextualize the PBMEF.

[REVIEW MODULE 1](#)





# 1. TB M&E: An Overview

START

 **Time to Complete:** 15 minutes

 [Take me back to the course home page](#)

## **Learning Objectives**

By completing this module and the TB Basics mini-module, you will be able to:

- Describe the current status of the TB epidemic globally ([mini-module](#)).



# Getting Started

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02:48

Don't have time to read? Listen here. (Generated [Eleven Labs AI](#))

## DID YOU KNOW?

**TB claims more lives each year than HIV and malaria combined.**



Until the emergence of COVID-19, the bacterium that causes tuberculosis (TB) was described as “the most destructive pathogen on the planet.” It still kills more than

**4,300 people each day.** (USAID Fact Sheet using WHO Data, 2023)

Despite being preventable, treatable, and curable, TB persists, resurges, and



# 1. TB M&E: An Overview

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0% COMPLETE

-  Getting Started
-  Global Strategies and Targets to End TB: WHO & USAID
-  The Importance of M&E for TB Programs
-  TB M&E systems, frameworks and data sources
-  TB Indicator Mapping
-  Knowledge Check
-  You have completed Module 1!



Q Data sources

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Q data sources X

# TB Data Sources

Watch this short video to learn about TB **data sources**. This is important background information for understanding how the PBMEF indicators.

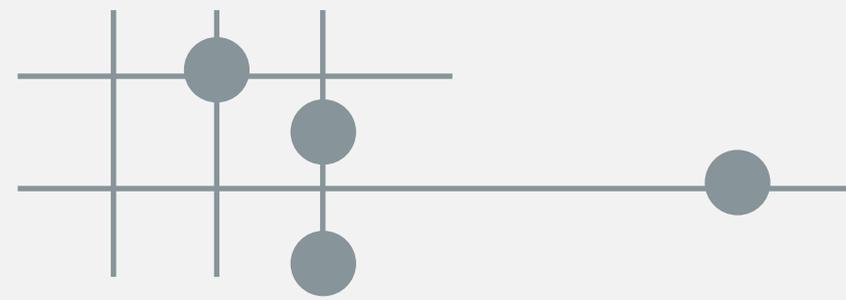
 The Importance of M&E for TB Programs

2 results

 TB M&E systems, frameworks and data sources

4 results

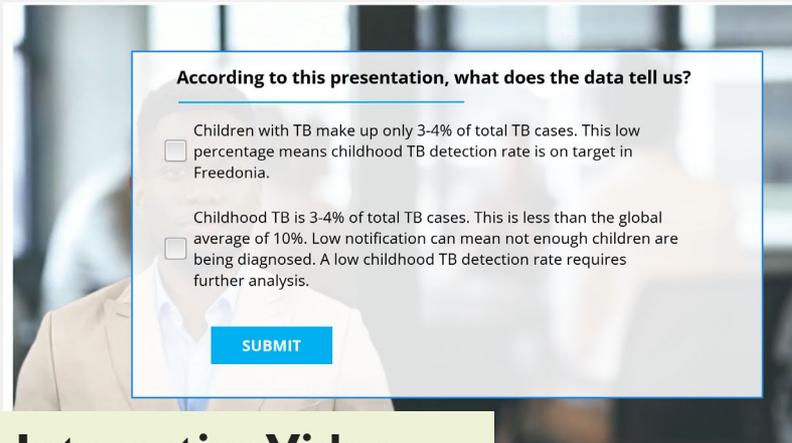




# Interactive Components



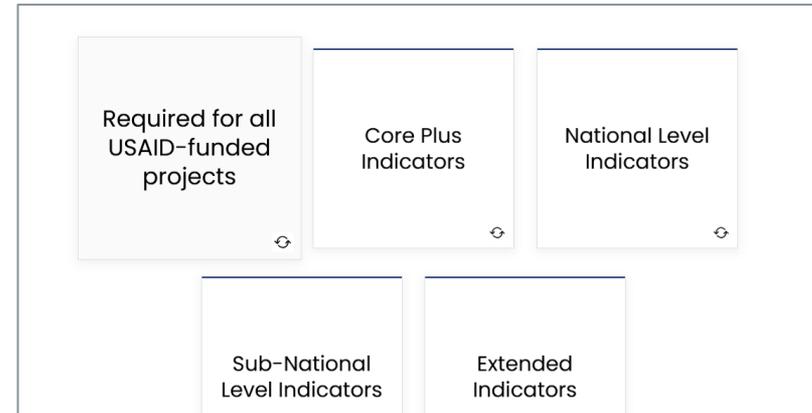
## Explainer Videos



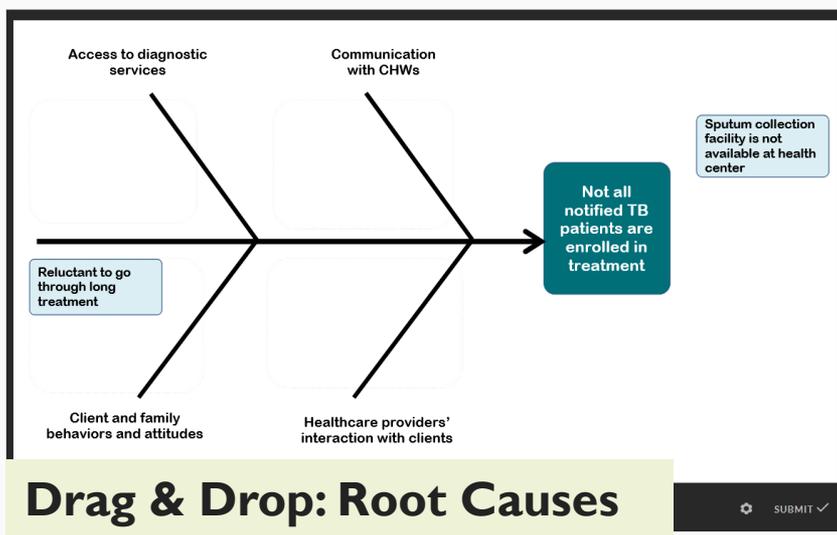
## Interactive Video

<p>USAID: Identify gaps in TPT funded programs and where to fund new programs.</p>	<p># of notified TB cases from the public and private sector, by age, by sex and disease type</p>
<p>MOH/NTP: Updates on the scope of the TB epidemic in their country.</p>	<p># of people who started on TPT in priority countries compared with treatment outcomes</p>
<p>CSO: Which services are needed to advocate for individual with TB and TBI.</p>	<p># of individual who received TB services disaggregated by age, sex, and disease type</p>

## Matching Activity: Stakeholders & Data



## Flip Cards: Reporting Requirements



Using the data collection guidelines, Mariam recounts the indicator using the TB register. She counts only **51** bacteriologically confirmed pulmonary **TB cases** in the fourth quarter and **81 individuals** with new and relapse pulmonary TB (bacteriologically confirmed plus clinically diagnosed). Add those numbers to the data table and calculated the percentage of bacteriologically confirmed cases.

Indicator	Q1	Q2	Q3	Q4
# of individuals with bacteriologically confirmed pulmonary TB who were notified	42	45	57	input
# of individuals with new and relapse pulmonary TB (bacteriologically confirmed plus clinically diagnosed)	66	75	90	input
<b>Percentage Bacteriologically Confirmed (BAC_CON)</b>	<b>64%</b>	<b>60%</b>	<b>63%</b>	input %

Calculate Percentages

Submit Answers

Time left: 19:25 Hide

Question  
02/20

When presenting TB data to different stakeholders, what should you consider about their needs and preferences?

- Stakeholders always understand the big picture of the data.
- All stakeholders have the same level of interest in the data.
- Financial implications are the only concern for all stakeholders.

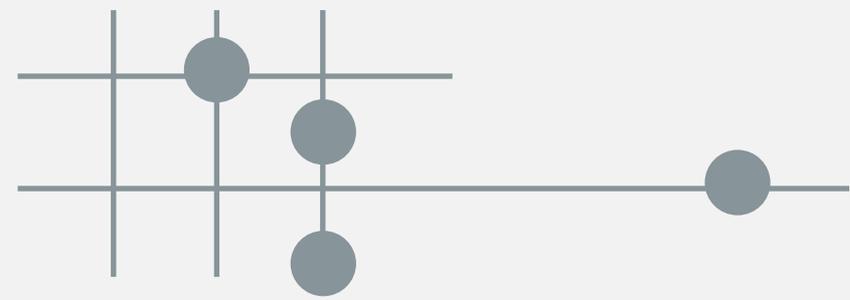
Different stakeholders may prefer information at varying levels of detail and complexity.



Correct

Stakeholders have different preferences for the level of detail and complexity in the data presented to them.

Quizzes with Feedback



## E-Learning Course Sections



## START HERE: Self-Assessment & Pre-Readings

 **Time to Complete:** 5-10 minutes

Please take this short self-assessment to check your readiness for the course. You will receive a readiness score and then you can set your **learning goals**. After you finish, check out the **TB M&E Resources** organized by topic area to prepare you for the course.

[TAKE ASSESSMENT](#)

[TB M&E RESOURCES](#)

**In the country where I work, I know about the TB programmatic priority areas and national strategic plan. \***

 1  2  3  4  5

Very little

A lot

**I know about the United Nations High Level Meeting (UNHLM) on TB, the World Health Organization's Strategy to End TB, and USAID TB Strategy 2023-2030. \***

 1  2  3  4  5

Very little

A lot

**10 questions using Likert scale to assess your level of experience with the course topics**



## Tuberculosis Monitoring, Evaluation and Surveillance

### Using USAID's Performance-Based Monitoring and Evaluation Framework to Strengthen Tuberculosis Programming

[Course Home](#) » Pre-Reading

#### TB M&E Resources (Optional Pre-Reading)

The resources below are recommended for your review if you scored below 50 on your self-assessment, or for anyone who feels they might benefit from additional background information. Some of these resources will also be available in the course.

---

**TB Monitoring, Evaluation & Surveillance: An Overview**



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**Using the Performance-Based M&E Framework**



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**Data Quality, Analysis and Interpretation**



---

**Data Communication and Use**



## TB M&E Resources (Optional Pre-Reading)

The resources below are recommended for your review if you scored below 50 on your self-assessment, or for anyone who feels they might benefit from additional background information. Some of these resources will also be available in the course.

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### TB Monitoring, Evaluation & Surveillance: An Overview ▼

#### Must Read:

- [USAID's Global Tuberculosis \(TB\) Strategy](#)
- [UN High-Level Meeting on TB Key Targets & Commitments \(6 languages\)](#)
- [World Health Organization \(WHO\): The End TB Strategy](#)

#### Good to Know:

- [TB DIAH Country Pages](#)
- [TB DIAH Country Dashboards](#)
- [Pan American Health Organization \(PAHO\)'s TB page](#)
- [WHO's Global Tuberculosis Report](#)

#### Complementary Courses:

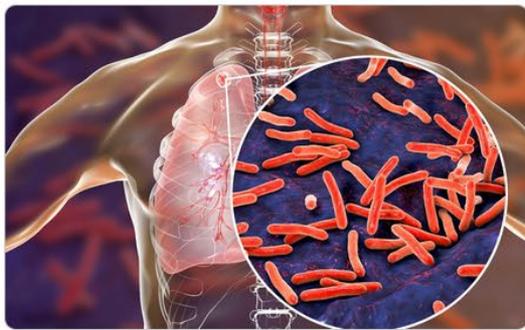
- [Global Health Learning Center: Monitoring and Evaluation Fundamentals](#) (Free course, requires login)
- [Harnessing the power of routine health facility data: Tuberculosis](#)

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### Using the Performance-Based M&E Framework ^

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## MINI-MODULE: Basics of TB: Epidemiology & Case Definitions (optional)

🕒 **Time to Complete:** 10 minutes

**New to TB?** This mini-module provides the basic facts about the TB epidemic, the epidemiology of TB as it relates to monitoring, evaluation and surveillance and the latest TB case classifications and definitions from the **World Health Organization (WHO)**.

[VIEW MINI-MODULE](#)

## Basic Facts about TB

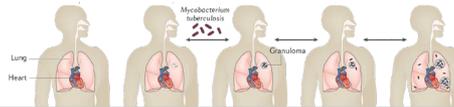
FACT 6

**Socioeconomic status and certain behaviors are key risk factors for TB.**

	RELATIVE RISK (uncertainty interval)	ATTRIBUTABLE TB CASES (uncertainty interval)
Undernourishment	3.2 (3.1 - 3.3)	1.9 million (1.3 - 2.6)
HIV Infection	18 (15 - 21)	0.74 million (0.65 - 0.83)
Alcohol use disorders	3.3 (2.1 - 5.2)	0.74 million (0.31 - 1.3)
Smoking	1.6 (1.2 - 2.1)	0.73 million (0.25 - 1.5)
Diabetes	1.5 (1.3 - 1.8)	0.37 million (0.15 - 0.68)

Socioeconomic and behavioral factors are shown to increase the susceptibility to TB infection. These factors include poverty, overcrowding, poor housing, malnutrition.

## TB Infection vs TB Disease

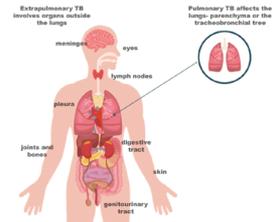


**The distinction between TBI and active TB disease affects programmatic management**

- Treating TBI is crucial for preventing the development of active TB and eliminating the disease
- TBI management includes identifying at-risk populations, testing for TBI, providing treatment, and monitoring program effectiveness.
- One bacteriologically confirmed TB case can infect 10–15 persons on average in low- and middle-income countries
- Active TB disease management involves systematic screening for early diagnosis, using tools such as symptom checks, chest X-rays, computer-aided detection software, C-reactive protein, and rapid diagnostic tests. WHO-endorsed diagnostic technologies can detect drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB)

## TB Classifications and Definitions

**Classification based on the Anatomical Site of the Disease**

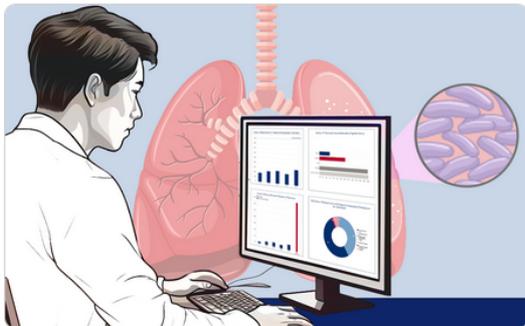


**Pulmonary tuberculosis (PTB):** A person with TB disease involving the lung parenchyma or the tracheobronchial tree.

*Note: A case with both pulmonary and extrapulmonary TB should be recorded and counted as a pulmonary TB case for surveillance purposes. Miliary TB is classified as pulmonary TB.*

**Extrapulmonary tuberculosis (EPTB):** A person with TB disease involving organs other than the lung parenchyma or tracheobronchial tree (e.g. pleura, lymph nodes, eyes, digestive tract, genitourinary tract, skin, joints and bones, meninges).

**Focus is on how these topics relate to TB M&E**



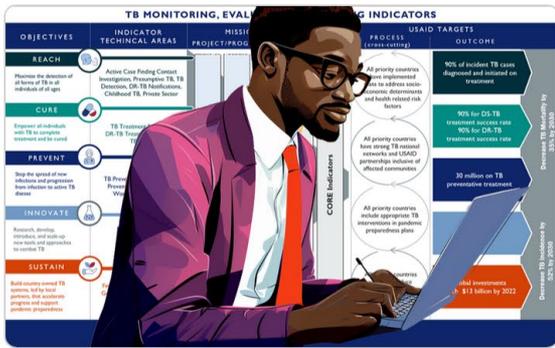
## MODULE 1: TB M&E: An Overview

 **Time to Complete:** 10 minutes

**Topics Covered:** WHO and USAID global TB strategies and targets, the basics of TB M&E, including concepts such as M&E systems, M&E frameworks and illustrative TB indicator mapping to help contextualize the PBMEF.

**REVIEW MODULE 1**

- **Global Strategies and Targets to End TB: WHO & USAID** (download PDFs)
- **The Importance of M&E for TB Programs** (quiz with feedback)
- **TB M&E systems, frameworks and data sources** (explainer videos)
- **TB Indicator Mapping** (visual schematic)
- **Check Your Knowledge** (quiz with feedback)



## MODULE 2: Using the PBMEF to Strengthen TB Programs

 **Time to Complete:** 20 minutes

**Topics Covered:** Components of USAID's Performance-Based M&E framework, the essential indicator list, a deep dive into USAID's 10 Core indicators, and constructing indicator cascades.

**REVIEW MODULE 2**

- Introduction to the PBMEF (what, why, and for whom?)
- The PBMEF Indicators (visual framework, indicator levels, links to the indicator matrix)
- 10 Core Indicators Up Close (slideshows)
- PBMEF Implementation Guide (videos)
- How to Construct an Indicator Cascades (Dos and Don'ts)
- Summary
- Check Your Knowledge (quiz with feedback)



## MODULE: 3: Data Quality, Analysis, and Interpretation

 **Time to Complete:** 45 minutes

**Topics Covered:** The dimensions of data quality, data analysis, cascade analysis, and root cause analysis.

[REVIEW 3.1 TB DATA ANALYSIS](#)

[REVIEW 3.2 TB DATA QUALITY](#)

---

### 3.1 Data Analysis and Interpretation

- Scenario:
  - ✓ Introduction (video)
  - ✓ Cascade Analysis (download spreadsheet)
  - ✓ Root Cause Analysis (drag & drop)
- Summary
- Practicing creating cascade (download example cascades)

### 3.2 Data Quality

- Dimensions of Data Quality
- Scenario: Routine Data Quality Assessment (RDQA)
- Summary
- Check Your Knowledge (quiz)



## MODULE 4: Data Communication and Use

 **Time to Complete** 45 minutes

**Topics Covered:** Data demand and use, barriers to data use, data visualizations, stakeholder buy-in, and disseminating M&E results.

**REVIEW MODULE 4**

- 
- Defining Data Demand and Use
  - Communicating TB Data to Different Stakeholders (drag and drop activity)
  - Data Visualization and Dashboards (slideshows)
  - Using TB Performance-based Data for Decision Making
  - Example Presentation: Childhood TB (interactive video)
  - Summary
  - Check Your Knowledge (quiz with feedback)

# Final Exam & Certificate

Part 1 of 2

## Final Exam

 **Time limit:** 20 Minutes

Congratulations on finishing the course modules! Now take this exam to see how much you have learned about TB M& and USAID's Performance-based M&E Framework.

Once you pass the exam and complete the course evaluation, you will be able to print your course certificate.

[START QUIZ >](#)



## Course Evaluation

Please take a few minutes to share your feedback with us to help improve our online courses. For each question below, select the response that most accurately reflects your assessment of the course.

Did you complete all of the course modules? \*

Yes  No

**A. Achievement of Objectives:**  
Please check the appropriate response below to indicate the extent to which you believe you achieved each of the course objectives.

have passed the course, I am confident that I can:

using the PBMEF indicators can strengthen a TB program  
ing gaps and charting paths toward improving the diagnosis,

## Certificate of Completion

This is to certify that

Successfully completed the online course  
**Tuberculosis Monitoring, Evaluation & Surveillance**

Using USAID's Performance-Based Monitoring and Evaluation  
Framework to Strengthen Tuberculosis Programming

*Sevim Ahmedov*

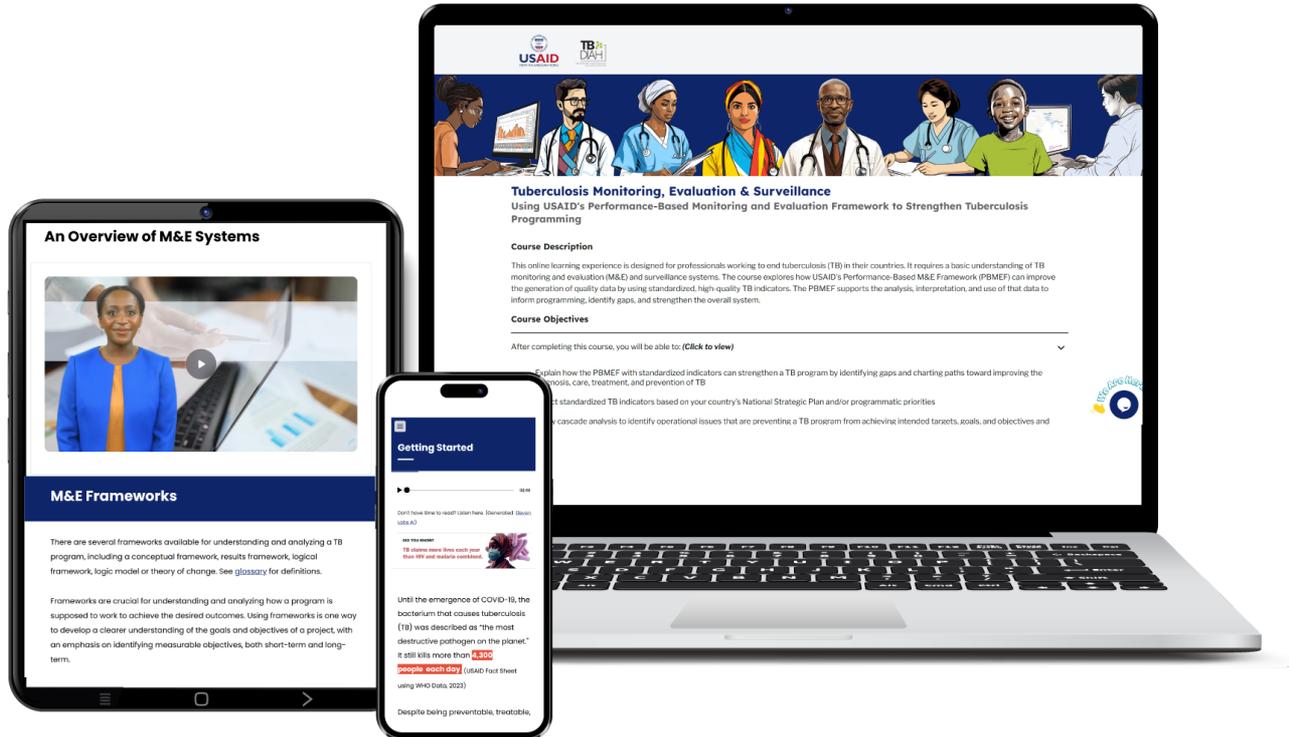
Sevim Ahmedov, MD  
TB/HIV, Prevention, and M&E Team Lead  
TB Division, USAID

*Stephanie Mullen*

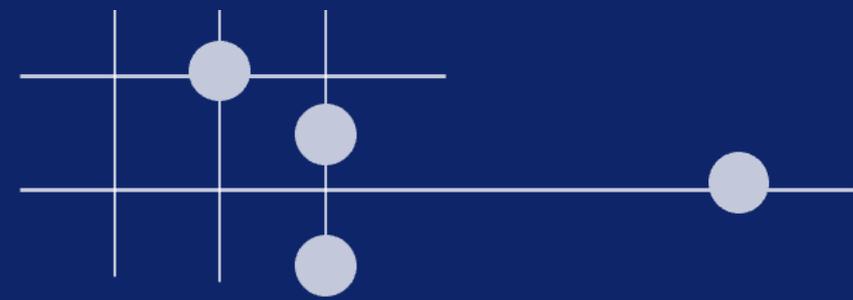
Stephanie Mullen, DRPH  
Project Director, TB DIAH



# Available in November 2024



Beta version available for testers upon request



# Discussion

# For More Information

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TB/HIV, Prevention and M&E Team Lead,  
USAID Bureau for Global Health, Office of  
Infectious Disease, TB Division



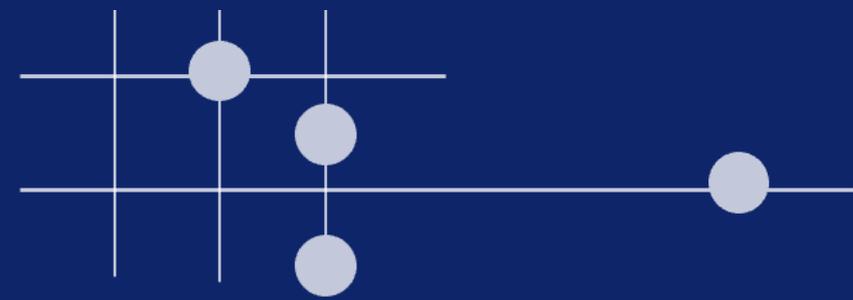
[sahmedov@usaid.gov](mailto:sahmedov@usaid.gov)

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**Thank You!**



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