Monitoring and Evaluation Plan for the multi-country funding proposal on strengthening TB services for migrants, refugees, IDPs and returnees in Afghanistan, Iran and Pakistan

2019 – 2021

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Table of Contents

[A. Background 1](#_Toc528828661)

[B. Rational behind the development of this multi-country funding proposal 1](#_Toc528828662)

[C. Summary of the interventions and activities to reach each specific objective 2](#_Toc528828663)

[OBJECTIVE 1: 2](#_Toc528828664)

[OBJECTIVE 2: 5](#_Toc528828665)

[OBJECTIVE 3: 6](#_Toc528828666)

[Cross cutting issues associated with intercountry coordination, human rights and gender-related barriers 9](#_Toc528828667)

[D. Monitoring and evaluation (M&E) plan 10](#_Toc528828668)

[D.1 Purposes of the M&E plan 11](#_Toc528828669)

[D.2 Description of the NTPs’ information system existing within the countries 11](#_Toc528828670)

[D.3 Indicators’ definitions and measurement 12](#_Toc528828671)

[D.4 Work plan tracking measures (WPTMs) 21](#_Toc528828672)

[D.5 Evaluation Questions 21](#_Toc528828673)

[D.6 Routine data collection 24](#_Toc528828674)

[D.7 Data Management 24](#_Toc528828675)

[D.8 Program review, evaluation and surveys 26](#_Toc528828676)

[D.9 Data quality assurance mechanisms and supportive supervision 26](#_Toc528828677)

[D.10 Monitoring and evaluation coordination 27](#_Toc528828678)

[D.11 Capacity building 28](#_Toc528828679)

[D.12 Monitoring and evaluation costed workplan 28](#_Toc528828680)

[D. 13 Information products, dissemination and use 29](#_Toc528828681)

[E. List of Annexes 31](#_Toc528828682)

**ABBREVIATIONS & ACRONYMS**

ACF active case-finding

CHW community health workers

GF Global Fund against AIDS, Tuberculosis and Malaria

HIV human immunodeficiency virus

IDP internally displaced people

IOM International Organization for Migration

IPT isoniazid preventive therapy

IT information technology

KAP knowledge, attitude and practice

LTBI latent tuberculosis infection

MCSA TB Steering Committee Multi-Country South Asia TB Grant Steering Committee

MDR-TB multidrug-resistant tuberculosis

M&E monitoring and evaluation

MSH Management Sciences for Health

NGO non-governmental organization

NNS number needed to be screened

NTP national tuberculosis program

PCU provincial coordination unit

PLHIV people living with human immunodeficiency virus

PMDT programmatic management of drug-resistant tuberculosis

PR principal recipient

RMNCAH reproductive, maternal, new born, child and adolescent health

SOP standard operating procedure

TB tuberculosis

UNDP United Nations Development Program

UNHCR United Nations High Commissioner for Refugees

WHO World Health Organization

WPTM work plan tracking measures

# Background

The Islamic Republic of Afghanistan (Afghanistan) has one of the highest numbers of refugees, returnees and internally displaced people (IDPs) in the region of Middle-East. Around 2.4 million registered Afghan refugees are living in the Islamic Republic of Pakistan (Pakistan) of which 1.4 million refugees hold Proof of Registration cards. In the Islamic Republic of Iran (Iran) there are some 951,000 documented Afghan including Amayesh card holders. Some 2.3 to 3 million undocumented Afghans are living in Pakistan - (estimated 800,000 to 1 million Afghans) and there are 1.5 to 2 million undocumented Afghans in Iran.

More than 1 million and over 610,000 documented and undocumented Afghans refugees returned from Iran and Pakistan to Afghanistan in 2016 and 2017 respectively. However, the existing capacity to absorb new arrivals in the country is under a significant strain resulting in weakening the existing coping mechanisms. In addition, the ongoing continuous fighting within the Afghanistan territory has resulted in a significant increase in IDPs.

# Rational behind the development of this multi-country funding proposal

Afghanistan, Iran and Pakistan have established strong national tuberculosis (TB) programs (NTP) which have to date successfully ensured appropriate TB prevention, care and control services to populations, including migrants, refugees, returnees and IDPs. However, the harmonization of some TB services’ provision is not yet fully formalized among the three countries; for example, differences in multi-drug resistant (MDR)-TB treatment and management remain. As a matter of fact, documented refugees and migrants may be able to access services like general population, while those who are undocumented may be unable to get any public service. The NTPs of the three countries have not yet established well defined interventions which specifically target migrants, refugees, returnees and IDPs (ex.: implementing a sound active TB screening strategy). Furthermore, the existing process of cross-border transfer of refugees who are still on TB treatment is not clearly well defined and therefore not established in sound manner.

Even though, Afghanistan, with the help of the international community, including the Global Fund (GF), succeeded to develop and implement appropriate TB services within the public services, the NTP is facing non-negligible challenges associated with the continuous arrival of returnees from Iran and Pakistan. The Afghanistan NTP has not yet established a clear approach to cope with the needs of returnees in terms of TB prevention, care and control services’ provision. Also, the managerial capacities of the Provincial Coordination Units (PCU) of NTP are still not fully developed to support the NTP Central Unit in addressing these challenges. Many partners, including non-governmental organization (NGO), are involved in the development of TB services along with the NTP in Afghanistan; however, the coordination of their activities among them is not yet fully strong.

Although in the previous years, there were some attempts to coordinate, among the countries of the region, TB services provided to migrants and refugees, there is still no coordination mechanism among the NTPs of Afghanistan, Iran and Pakistan to ensure coordinated activities in terms of: i) strategies’ development, ii) implementation of a system to exchange standardized information on TB in migrants, refugees and returnees, iii) capacity building approaches, iv) regional approach to advocate for TB services in migrants, refugees, IDPs and returnees, v) regional policy to address the human rights and gender issues which affect TB patients and services or vi) development of a regional network of partners.

To address these issues, this multi-country proposal, submitted for funding to the Global Fund (GF), will focus on specific objectives through the development and implementation of well identified interventions and activities. These objectives are highlighted hereafter:

* **Objective 1:** Strengthening collaboration, information sharing and diagnosis/treatment service between health services providing services to Afghan refugees, returnees and migrants and the respective national TB control programs in the host countries, with the aim of finding and treating TB cases among mobile Afghan populations.
* **Objective 2:** Strengthening cross-border information sharing and referrals among NTPs in the three countries, to ensure treatment is not disrupted for patients relocating from one country to another.
* **Objective 3:** Strengthening the capacity of the national TB control program in Afghanistan to effectively diagnose and treat TB cases amongst returnees.

Besides these three objectives, the grant will also address removing human rights and gender related barriers to TB care and prevention.

The GF is willing to release nearly 5 million US$ through an allocated amount and 3,525,000 US$ above this allocation to develop and implement the various interventions and activities specified in this funding proposal. The United Nations Development Program (UNDP) has been selected by the GF as Principal Recipient (PR) for this multi-country TB grant which will be implemented in 2019 to 2021.

# Summary of the interventions and activities to reach each specific objective

## OBJECTIVE 1:

**Strengthening collaboration, information sharing and diagnosis/treatment service between health services providing services to Afghan refugees, returnees and migrants and the respective national TB control programs in the host countries, with the aim of finding and treating TB cases among mobile Afghan populations.**

* 1. To develop a regional policy for TB prevention, care and control in migrants and settings with refugees, IDPs and returnees in Afghanistan, Iran Pakistan. To this end the following actions will be taken:
     1. To organize a regional consultation meeting.

* + 1. To prepare, by the international consultant, a policy document on the regional strategy to ensure sound TB activities in settings with migrants, refugees, IDPs and returnees, to harmonize TB prevention, care and control services and TB information process among Afghanistan, Iran and Pakistan and to standardize the procedures for cross-border transfer of refugees who are on TB treatment. The document will propose interventions that will improve TB services for women and children.
    2. To develop the national strategies to ensure the provision of TB services to migrants, refugees, IDPs and returnees adapted to the contexts of Afghanistan, Iran and Pakistan.
    3. To organize, in each of the three countries, a national workshop to review, discuss and validate the national strategy.
  1. To promote TB services for migrants, refugees, IDPs and returnees through training in each of the three countries:
     1. To organize, in each country, workshops with the staff of PCUs of NTP to present and discuss: i) the national strategy on the provision of TB services to migrants, refugees, IDPs and returnees and ii) the readjustments made in the NTP information system to capture, on routine basis, the required information on migrants, refugees, IDPs and returnees with TB.
     2. To develop a training module on TB management in migrants, refugees, IDPs and returnees, with emphasize gender issues and childhood aspects in line with the national strategy.
     3. To incorporate this module in the training package of the NTPs, reproductive, maternal, newborn, child and adolescent health (RMNCAH) programs.

* 1. To ensure, through supervision visits, that:
* all the required NTP guidelines are available in the health facilities dealing with migrants, refugees, IDPs and returnees,
* the health workers providing TB services to migrants, refugees, IDPs and returnees have been trained and/or are aware of the national strategy devoted to them,
* the diagnosis and treatment services are provided to migrants, refugees, IDPs and returnees in line with the national strategy,
* migrants, refugees, IDPs and returnees with TB are clearly identified in the information systems in terms of registration, declaration (ex.: disaggregated reports) and cohort analysis (ex.: disaggregated reports).
  1. To devote specific sessions to review and discuss the issues related to TB in migrants, refugees, IDPs and returnees in the quarterly meetings organized by the NTPs at central and province levels in the three countries.
  2. To organize, in each country, coordination meetings with the relevant stakeholders involved in TB issues in settings with migrants, refugees, IDPs and returnees.
  3. To undertake active TB case-finding in settings with migrants, refugees, IDPs and returnees in the three countries; to this end, the following interventions will be carried out:
     1. To ensure that all Afghan migrants, refugees, IDPs and returnees diagnosed with HIV infection are screened and evaluated for active TB.
     2. To ensure contact investigation in refugees/IDPs/returnees in line with the NTPs’ policies. The implementation of TB contact investigation activities will be monitored during supervisions undertaken by the NTPs’ staff and their outcomes evaluated according to the indicators defined in NTPs’ policy.
     3. To organize active screening of TB among refugees, IDPs and returnees in refugee settings (“refugee villages” in Pakistan, “guest towns” , colonies, Amayesh card holders and students of undocumented populations in Iran, returnees at the Afghanistan borders):

* + - 1. To develop, by the NTP, in each country a guidance document on active screening in refugee settings.
      2. To organize a meeting with all the relevant stakeholders to finalize and validate the operational plan and guidance document on active screening in refugee settings.
      3. To train the human resources who will be involved in the process of active screening.
      4. To ensure through supervision that all TB cases identified are registered, treated and monitored in line the NTPs guidelines.
      5. To evaluate the outcomes of the active screening in line with the indicator specified in the guidance document.
      6. To discuss the activities and outcomes of active screening in the quarterly meetings of countries’ NTPs.
      7. To share the country experience in active screening among refugees in the meetings of the Multi-Country South Asia TB Grant Steering Committee (MCSA TB Steering Committee) held at regional level.
  1. To involve communities in TB prevention, care and control services for refugees/IDPs/returnees:
     1. To develop and print materials with education and information messages targeting refugees’/IDPs’/returnees’ communities.
     2. To develop a simple guidance document on the activities that need to be undertaken by community workers.
     3. To train community health workers (CHW), community volunteers, community midwives, lady health workers, operating in refugee/ IDP/returnee settings on TB prevention, care and control services for refugees, migrants, IDPs and returnees.
     4. To provide incentives for community workers operating in refugee/IDP/returnee settings and involved in TB care.
     5. To supervise, through the relevant health facilities (health centers, health posts, health houses, etc.), the activities carried out by community workers.
     6. To evaluate the contribution of community workers in TB detection and TB treatment outcomes.
  2. To organize meetings with community and opinion leaders (ex.: imams or religious authorities) dealing with refugees/IDPs/returnees to sensitize them on the TB issues in these population groups.

## OBJECTIVE 2:

**Strengthening cross-border information sharing and referrals among NTPs in the three countries, to ensure treatment is not disrupted for patients relocating from one country to another.**

2.1 To develop the multi-country policy on the transfer of refugees and migrants from one country to another while they are still on TB treatment:

2.1.1 To organize, with the full involvement of WHO and International Organization for Migration (IOM), and United Nations High Commissioner of Refugees a regional meeting on the procedures to use in order to ensure the transfer of refugees who are still on TB treatment from one country to another.

2.1.2 To develop, by the international consultant, a regional document on the procedures to use for the cross-border transfer of refugees who are still on TB treatment.

2.1.3 To incorporate the regional document on the cross-border transfer of refugees on TB treatment in the training module on TB services in refugee/IDPs/returnees’ settings.

2.1.4 To include the cross-border form in the information system of the NTPs of the three countries.

2.1.5 To organize a regional consultation meeting to review and discuss the various options available for the implementation of digital technologies to share and monitor the data on cross-border transfer of refugees who are still on TB treatment. This consultation will involve the NTPs of the three countries and the key stakeholders and facilitated by an international consultant.

2.1.6 To develop, by a consultant, digital technologies and a user-friendly guide to share and monitor the data on cross-border transfer of refugees who are still on TB treatment.

2.2. To train, in the three countries, the staff of the PCUs of NTPs on the utilization of the cross-border form and the digital technologies to share and monitor the data on cross-border transfer of refugees who are still on TB treatment.

2.3. To train, in the three countries, the health staff of the relevant health facilities dealing with refugees on the utilization of the cross-border form and digital technologies. and tools.

2.4. To implement the digital technologies to share and monitor the data on cross-border transfer of refugees who are still on TB treatment. The implementation will take place in the relevant health facilities in Iran and provincial and NTPs in Pakistan and Afghanistan. To test the utilization of health passports and mobile technology in the process of cross-border transfer of refugees still on TB treatment

2.5. To evaluate, under the technical guidance of WHO, UNHCR and IOM, the utilization, the usefulness and the outcomes of the digital technologies.

## OBJECTIVE 3:

**Strengthen the capacity of the national TB control program in Afghanistan to effectively diagnose and treat TB cases amongst returnees.**

3.1 To Strengthen diagnostic services in refugee settings in Afghanistan. Review current services, gaps and opportunities to strengthen diagnostics in refugee settings and ensure that diagnosis is offered, and that treatment is initiated as soon as possible.:

3.1.1 To undertake a mapping of the health facilities which provide significant health care services to returnees and IDPs within Afghanistan (including border areas).

3.1.2 To include the interventions and activities specified in the assessment in the annual operational plans of the national strategic plan of Afghanistan. The equipment needed, such as Xpert machines and cartridges, identified in the mapping study will be acquired through this grant for relevant health facilities dealing with returnees and IDPs.

3.1.3 To develop and implement the interventions and activities as specified in the operational plan of each year.

3.1.4 To ensure, through the existing supervision activities, a close monitoring of NTP services provided in the health facilities dealing with returnees and IDPs.

3.1.5 To evaluate, on routine basis, the outcomes of TB services in these health facilities with a focus on returnees and IDPs

3.2 To strengthen the managerial capacities of the PCUs of NTP

* + 1. To train, by the NTP Central Unit staff, the relevant health professionals of the PCUs of NTP on:
* programmatic management,
* establishing operational planning,
* undertaking supervision activities (e.g.: establishing an agenda of the supervision visits to be carried out in district hospitals, comprehensive health centers, basic health centers, sub-health centers and health posts, this agenda should be submitted to the NTP Central Unit, a report must be developed for each supervision visit carried out and forwarded to the site visited and to the NTP Central Unit),
* organizing training (e.g.: establishing an agenda of the training sessions that will be organized in the province, this agenda should be submitted to the NTP Central Unit, a report must be developed for each training session made and forwarded to the NTP Central Unit),
* drug and supply management at province level,
* coordination with partners involved in TB issues at province level,
* coordination with NGOs operating in returnees and IDPs settings and hard-to reach areas within the provinces,
* coordination with the provincial teams in charge HIV/AIDS Program and RMNCAH Program,
* the utilization of the digital technologies to share and monitor the data on cross-border transfer of refugees who are still on TB treatment.
* monitoring and evaluation, including in the situations where returnees and IDPs must be specifically assessed,
* performing data analysis and
* using the data analysis findings for management purposes, including with regards to settings with returnees and IDPs.
  + 1. To train, by the relevant NTP Central Unit staff, the monitoring and evaluation officers of all the PCUs on epidemiological surveillance principles, data collection, monitoring data quality and carrying out appropriate data analysis and utilization of data analysis finding for epidemiological surveillance and for monitoring, evaluation and programmatic management purposes. This training will emphasize monitoring and evaluation of NTP activities in settings with returnees and IDPs.
    2. To train, by the NRL staff, the TB laboratory technicians belonging to the PCUs on the management of TB laboratory resources, planning activities within the provincial TB laboratory network, establishing and sustaining an external quality assurance system at provincial level, undertaking supervision activities within the provincial TB laboratory network, using NTP information system and collecting appropriate data to evaluate the TB laboratory activities carried out within the provincial TB laboratory network.
    3. To train (or to retrain) the NTP Provincial Coordinators and/or the relevant PCUs’ staff whenever necessary on the TB control strategic interventions that should be implemented in the provinces such as: programmatic management of drug-resistant TB (PMDT), TB/HIV, management of latent TB infection (LTBI), infection control, contact investigation, active case finding (ACF) in specific high risk groups, innovative approaches to ensure appropriate TB services in settings with returnees and IDPs, childhood TB management, drug and supply management and others.
    4. To ensure that the PCUs carry out on quarterly basis the mapping of returnees and IDPs with notified TB. Any unexpected cluster occurrence of returnees and/or IDPs with TB should be investigated in order to take appropriate actions.
    5. To ensure that the PCUs of NTP organize the required quarterly meetings in coordination with the NTP Central Unit. The relevant health professionals, partners, NGOs and civil society organizations will participate in these meetings.
    6. To ensure that the PCUs of NTP perform on quarterly basis an analysis of the TB data collected for their respective provinces, established the required reports and forward them to the NTP Central Unit.
    7. To ensure that the PCUs of NTP develop their operational plans as required by the NTP Central Unit.
    8. To ensure that the PCUs of NTP carry out their training and supervision activities in line with the operational plans they developed.

3.3 To strengthen awareness and help coordinate referrals by working with national and international partners and NGOS such as Management Sciences for Health (MSH), Stop TB Partnership, Afghanistan Patients Association. Drawing on the existing grant work of NGOs, TB programs, and communities to establish better linkages for referrals, diagnosis, treatment, care and support. To this end, the following actions will be taken:

* + 1. To assign a well identified staff within the NTP Central Unit team who will be in charge of the coordination with all the partners involved in TB issues in Afghanistan.

To ensure, by the NTP Central Unit, that all the relevant documents on the national strategy and policies on TB prevention, care and control adopted in Afghanistan are shared with all the partners.

* + 1. To prepare and update, by the NTP Central Unit, a formal document which clearly describes the role of each partner in the development and implementation of the national strategy and policies regarding TB prevention, care and control in Afghanistan.
    2. To ensure, by the NTP Central Unit, that the interventions and activities that will be developed and/or implemented by the relevant partners are clearly identified in the annual operational plans of the national strategic plan (NSP).
    3. To provide, by the NTP Central Unit, support to Stop TB Partnership-Afghanistan to identify and approach additional partners that might potentially be involved in TB activities in Afghanistan, especially those who can close the financial gaps of the NSP.
    4. To organize, by the NTP Central Unit, a meeting with all the partners every six months and ad hoc basis whenever necessary. Issues inherent to coordination among partners and to the progress made in the implementation of the operational plans will be reviewed and discussed in these meetings along with the actions that need to be taken to sort them out.

## Cross cutting issues associated with intercountry coordination, human rights and gender-related barriers

**4.1: To Establish a multi-country TB steering committee for the three NTPs of Afghanistan, Iran, Pakistan, (called Multi-Country South Asia TB Grant Steering Committee (or MCSA TB Steering Committee)**. This activity aims to Improve coordination among countries and partners will enhance policy setting and coherence and get the highest possible value on the ground from limited resources. This mechanism will be institutionalized to promote sustainability. Observer status will be extended to the NTPs of Tajikistan, Uzbekistan, and Turkmenistan.

The **MSASC TB Steering Committee** will meet annually (once by skype/teleconference call on quarterly basis and meeting in the 3 countries on a rotation basis at the end of each year) with representatives of NTP/CDC/MOH, technical partners, communities, women and civil society. The steering committee will develop an operational plan at the beginning of the grant implementation, endorsed by the 3 countries. This steering committee will play a central role in grant oversight. Each of the three CCMs will nominate three members to the oversight committee, those three members should represent three different constituencies. The oversight committee will meet annually as part of the (MSASC) meeting and will have quarterly video-conferences to monitor the project progress and report electronically to (MSASC).

**4.2 To remove human rights and gender related barriers to TB care and prevention:**

**4.2.1** **To integrate the programme within existing national programmes for refugees and returnees:**

The United Nations High Commissioner for refugees (UNHCR) Office for Afghanistan conducts protection monitoring missions, which take place regularly in the field. They interact with the population in general (including undocumented returnees who live as part of mixed communities. During such protection and return monitoring activities, UNHCR and its partners through discussions with communities identify protection risks and vulnerable individuals and provide them with assistance or refer the affected individuals to relevant agencies. It is also during the protection monitoring missions that UNHCR and its partners can disseminate information related to basic services, which includes health services available.

the following activities will be developed in the framework of this project:

4.2.1.1 To sensitize the relevant administrative authorities of the host countries to the project:

4.2.1.2. To invite, whenever needed, the representatives of the relevant ministerial administrations and immigration departments, to the meetings organized, at central and provincial levels, by the NTPs with the partners involved in TB issues in Pakistan and Iran. In such meeting, a session will be devoted, whenever needed, to the issues related to the non-registered Afghan refugees with TB.

4.2.1.3. To sensitize relevant political groups and entities through national NGOs

4.2.1.4. To support the national NGOs dealing with Afghan refugees to organize meetings with the relevant political entities and parliamentary groups

**4.2.2** **Conduct a legal environment assessment of laws, rules and policies on refugees, returnees in Pakistan and Afghanistan**

**4.3.** **Conduct the TB/HIV Gender Assessment Tool amongst refugee and IDP camps in Pakistan, as well as one for IDPs/returnees in Afghanistan.**

* + 1. To define and develop approaches which help improve TB prevention, care and control services for women. These approaches will be described and included in the training module on TB management in refugees/IDPs / returnees (see activity 1.2).
    2. To train healthcare workers and national programs’ staff on gender sensitive issues, including producing information materials focusing on TB in women as women in Afghanistan account for two thirds of all TB in the country (included in activity 1.3).

# Monitoring and evaluation (M&E) plan

This M&E plan has been developed to oversee, track and measure the results of the interventions and activities to be developed and/implemented in the framework of this multi-country GF grant at various levels. It provides the basis for accountability and informed decision-making at both program and policy level.

## D.1 Purposes of the M&E plan

The M&E plan aims at:

* Designing and implementing a system to assess the effectiveness of the multi-country TB grant within and among Afghanistan, Iran and Pakistan;
* Monitoring the progress made in developing and implementing the interventions and activities planned in the framework of this multi-country TB grant;
* Defining and identifying the indicators that will be used to measure the performance of the grant implementation;
* Describing the methodology used to collect, compile and analyze and the mechanisms to disseminate the results to those who need to be informed.

## D.2 Description of the NTPs’ information system existing within the countries

As highlighted above, this monitoring and evaluation plan defines and describes the indicators to assess the outcomes and outputs of the interventions and activities that will be developed and implemented in the framework of this funding proposal.

Each indicator used is expressed either as:

* An absolute number or
* A ratio which is a relation between a numerator and a denominator; in this relation the numerator might or might not be included in the denominator or
* A proportion which is characterized by the inclusion of the numerator into the denominator or
* A rate which is a proportion per unit of time.

The indicators used are calculated from the data generated through the existing information systems of the NTPs of Afghanistan, Iran and Pakistan. The three NTPs successfully implemented an information system within their networks using well established procedures.

The NTPs of the three countries still use paper-based recording and reporting systems based on the WHO standards. To collect appropriate data, the NTPs’ information systems use standardized cases’ definitions as specified by the WHO (ex.: for new TB cases or MDR-TB cases) and have implemented standardized registers where information on individual cases is collected (ex.: Register of patients with presumptive TB, TB microscopy and Xpert laboratory Register or TB treatment register); these registers constitute the main source of information for the three NTPs. Attempts to collect data on TB activities using computerized systems are also ongoing. For instance, in Afghanistan, some TB data are collected at local level through the Health Management Information System (TB Information system) implemented by the Ministry of Public Health; in Pakistan, the District Health Information System 2 has been tested in collaboration with the NTP but has not been yet expanded; in Iran, the NTP has developed and implemented a computer program to establish a case-based data set on TB in each province.

Data on TB activities are collected in the health facilities in standardized reports on the identification of patients with presumptive TB, TB cases’ notification, treatment outcomes and TB contact investigation activities are established and compiled on quarterly basis in each province. Other reports, such as those on management resources, are also established quarterly, annual or *ad hoc* basis. All the reports established at province level are analyzed using the relevant indicators and discussed in quarterly meetings. The reports are, then, forwarded to the NTPs’ Central Units where they are compiled for the whole country. In Iran, there is a country-wide online case-based electronic system and all districts and provinces are connected to it with one server at national level.

At NTPs’ Central Units level, the compiled data are checked and discussed whenever needed with the relevant Provincial Coordination Unit, and then analyzed. The results of the analysis are used:

1. to assess the trend over time of TB notification and treatment outcomes.
2. for programmatic management such as drugs’ and supplies’ management or the organization of supervision visits or training health staff and community workers or volunteers. The results are also forwarded to, presented to and discussed with those who need to be informed. To this end, quarterly meetings are organized by each Provincial TB Coordination Units with the health workers involved in TB prevention, care and control. Similarly, an evaluation meeting is organized on annual basis at national level by the NTPs’ Central Units with the teams of the Provincial TB Coordination Units. A report on TB epidemiology and TB activities in each of the three countries is prepared every year and forwarded to WHO; reports are also forwarded to other partners in Afghanistan and Pakistan.

## D.3 Indicators’ definitions and measurement

All the indicators that will be used in this M&E plan are clearly identified and defined. Given the objectives of this proposal, there is no impact indicator; most of them are outcome and output indicators; few are process indicators. For each indicator, the calculation process and the source(s) of data to be collected are specified. Most of the data needed will come from the existing information systems of the NTPs of the three countries. Given that many data will be needed on TB in migrants, refugees, IDPs and returnees, these information systems will be readjusted accordingly in the framework of this grant. Furthermore, the NTPs have to establish additional procedures, that are not considered in the existing systems, to collect data on interventions targeting specifically migrants, refugees, IDPs and returnees, such as active TB screening. There is no calculation to perform for few indicators which assess whether a specific intervention or activity has been carried out or not. Some indicators need absolute numbers only from one source of information while others need the calculation of a ratio or proportion whose numerator and denominator may have different sources of data. The frequency of data collection and assessment are specified for each indicator. For some indicators, they will be undertaken once for the whole period covered by the grant, others on quarterly or yearly basis and others every six months. The entity which will be responsible for data collection and the level at which it will take place are also clearly identified. The process of data collection will be undertaken mainly by the NTPs of the three countries and the PR. Some data will be collected at PR level for, together, the three countries (ex.: indicator: “Availability of a regional document on the procedures to use for the cross-border transfer of refugees who are still on TB treatment”), others will be at national, provincial or health facility levels. Data collected at health facility level will be compiled and analyzed at intermediate level (province/district level) then forwarded to the NTPs’ Central Units’ where all the data forwarded are compiled and analyzed at national level.

For most of the indicators, there is no baseline information before 2019 since the data specifically collected on migrants, refugees, IDPs and returnees with TB are very rare in the three countries. Therefore, the assessment of indicators will monitor the trend over time of the data; however, the data collected for the first year of grant implementation (year 2019) may be considered as the baseline for the two following years and beyond.

The tables hereafter provide detailed specifications inherent to each indicator which will be used in this M&E plan.

Moreover, the performance framework will include a work plan tracking measures which will be used based on preset criteria.

**OBJECTIVE 1: Strengthening collaboration, information sharing, and diagnosis/treatment service referrals between health services reaching Afghan refugees, returnees and migrants and the respective national TB control programs (NTPs) in the host countries, with the aim of finding and treating TB cases among mobile Afghan populations**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Purpose** | **Calculation** | **Source of information** | **Periodicity** | **Responsible for data collection** | **Level of data collection** | **Baseline** | **2019** | **2020** | **2021** |
| 1.2 Number of migrants, refugees, IDPs or returnees with notified new TB episode    1.3 Proportion of migrants, refugees, IDPs and returnees with notified new TB episode among all cases of notified new TB episode | Outcome of TB activities  Output of TB activities | Number of migrants, refugees, IDPs or returnees with notified new TB episode  Number of migrants, refugees, IDPs or returnees with notified new TB episode divided by the total number of cases of notified new TB cases Total Provincial or NTP level? | TB Treatment register of NTPs  TB Treatment register of NTPs | Quarterly and yearly  Quarterly and yearly | Provincial TB Coordination Units and NTPs’ Central Units  Provincial TB Coordination Units and NTPs’ Central Units | Health facilities with TB treatment register  Health facilities with TB treatment register | Unknown  Unknown | AFG 404  PKN 745  IRN 236  TBD | AFG 995  PKN 798  IRN 255  TBD | AFG 1,062  PKN 851  IRN 275  TBD |
| 1.4 Proportion of migrants, refugees, IDPs and returnees with active TB identified through contact investigation among all migrants, refugees, IDPs and returnees with notified new TB episode | Output of contact investigation activities in settings with migrants, refugees, IDPs and returnees | Number of migrants, refugees, IDPs and returnees with active TB identified through contact investigation divided by the total number of migrants, refugees, IDPs and returnees with notified new TB episode | Contact investigation information system and TB treatment register of NTPs | Yearly | Provincial TB Coordination Units and NTPs’ Central Units | Health facilities with TB treatment register | Unknown | TBD | TBD | TBD |
| 1.5 Proportion of migrants, refugees, IDPs and returnees with active TB identified through active screening among all migrants, refugees, IDPs and returnees with notified new TB episode | Output of active TB screening activities in settings with migrants, refugees, IDPs and returnees | Number of migrants, refugees, IDPs and returnees with active TB identified through active screening divided by the total number of migrants, refugees, IDPs and returnees with notified new TB episode | Active TB screening information system and TB treatment register of NTPs | Yearly | Provincial TB Coordination Units and NTPs’ Central Units | Health facilities with TB treatment register | Unknown | TBD | TBD | TBD |
| 1.6 Proportion of migrants, refugees, IDPs and returnees with active TB identified through community workers, volunteers, lady health workers among all migrants, refugees, IDPs and returnees with notified new TB episode  Only in Pakistan with TB screeners | Output of community workers, volunteer, lady health workers in TB detection | Number of migrants, refugees, IDPs and returnees with active TB identified through community workers, volunteers, lady health workers divided by the total number of migrants, refugees, IDPs and returnees with notified new TB episode | Information system inherent to community workers, volunteers and lady health workers, register of presumed TB patients and TB treatment register of NTPs | Yearly | Provincial TB Coordination Units and NTPs’ Central Units | Health facilities with community workers activities and Health facilities with TB treatment register | Unknown | TBD | TBD | TBD |
| 1.7 Treatment success rate among migrants, refugees, IDPs and returnees with notified new TB episode (Pakistan and Iran) Indicator 3.3 for Afghanistan | Outcome of TB treatment in new TB cases | Number of migrants, refugees, IDPs and returnees with notified new TB episode  who successfully achieved their treatment divided by the total number of migrants, refugees, IDPs and returnees with notified new TB episode  who were prescribed TB treatment within a specific period of time | TB Treatment register of NTPs | Yearly | Provincial TB Coordination Units and NTPs’ Central Units | Health facilities with TB treatment register | Unknown | At least 85% | At least 85% | At least 90% |

**OBJECTIVE 2: Strengthening cross-border collaboration, information sharing and referrals among NTPs in the three countries, to ensure effective collaboration between three program countries and to ensure treatment is not disrupted for patients relocating from one country to another.**

| **Indicator** | **Purpose** | **Calculation** | **Source of information** | **Periodicity** | **Responsible for data collection** | **Level of data collection** | **Baseline** | **2019** | **2020** | **2021** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.2 Proportion of Afghan refugees who were “successfully” cross-border-transferred while they were still on TB treatment | Output of interventions on cross-border transfer of Afghan refugees who were still treated for TB | Number of Afghan refugees who were cross-border transferred while they were still on TB treatment and for whom there is a confirmation of their arrival from the health site where they were transferred divided by the total number of Afghan refugees who were cross-border transferred while they were still on TB treatment | TB Treatment register of NTPs, cross-border transfer forms and cross-border transfer digital technologies | Yearly | Provincial TB Coordination Units and NTPs’ Central Units | Health facilities with TB treatment register | Unknown | TBD | TBD | TBD |
|  |  |  |  |  |  |  |  |  |  |  |

**OBJECTIVE 3: Strengthen the capacity of the national TB control program in Afghanistan to effectively diagnose and treat TB cases amongst returnees.**

| **Indicator** | **Purpose** | **Calculation** | **Source of information** | **Periodicity** | **Responsible for data collection** | **Level of data collection** | **Baseline** | **2019** | **2020** | **2021** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.2 Number of cases of new TB episode identified in the health facilities dealing with returnees and IDPS in Afghanistan (this indicator specific to Afghanistan will be compiled within the data for the indicator 1.2) | Outcome of TB activities | Number of cases of new TB episode identified in the health facilities dealing with returnees and IDPS. | TB Treatment register of NTP of Afghanistan | Quarterly and yearly | Provincial TB Coordination Units | Health facilities with TB treatment register and dealing with returnees and IDPs | Unknown | TBD | TBD | TBD |
| 3.3 Treatment success rate among TB cases identified in the health facilities dealing with returnees and IDPs  (this indicator specific to Afghanistan will be compiled within the data for the indicator 1.7) | Outcome of TB treatment in new TB cases | Number of TB cases identified in the health facilities dealing with returnees and IDPs and who successfully achieved their treatment divided by the total number of TB cases identified in the health facilities dealing with returnees and IDPs and who were prescribed TB treatment within a specific period of time | TB Treatment register of Afghanistan NTP | Yearly | Provincial TB Coordination Units | Health facilities with TB treatment register and dealing with returnees and IDPs | Unknown | TBD | TBD | TBD |
| 3.4 Availability of a formal document which clearly describes the role of each partner in the development and implementation of the national strategy and policies regarding TB prevention, care and control in Afghanistan. | Process indicator | No calculation needed. Availability of a formal document which clearly describes the role of each partner in the development and implementation of the national strategy and policies regarding TB prevention, care and control in Afghanistan. | NTP central Unit of Afghanistan | Not applicable | NTP Central Unit of Afghanistan | NTP Central Unit | No formal document available on the role of each partner in the development and implementation of the national strategy and policies regarding TB prevention, care and control in Afghanistan. | A formal document which clearly describes the role of each partner in the development and implementation of the national strategy and policies regarding TB prevention, care and control in Afghanistan. is available |  |  |

**Cross cutting issue associated with intercountry coordination**

| **Indicator** | **Purpose** | **Calculation** | **Source of information** | **Periodicity** | **Responsible for data collection** | **Level of data collection** | **Baseline** | **2019** | **2020** | **2021** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.1 Number of meetings held by the Multi-Country Coordination Mechanism | Process indicator | Number of meetings held by the Multi-Country Coordination Mechanism | Principal recipient | Yearly | Principal recipient | Principal recipient | No meeting held | 1 | 1 | 1 |

## D.4 Work plan tracking measures (WPTMs)

This multi-country TB grant will not have coverage indicator and as per the GF guideline on the preparation of PF; WPTMs will be developed for all objectives to assess the performance of the grant and decide on disbursement. The below table summarizes the list of WPTMs with milestones and criteria to measure completion. For the details on the workplan tracking measures refer to the annexed PF.

## D.5 Evaluation Questions

There will be a final evaluation of the multi-country grant at the end of the grant implementation to assess the effectiveness of the multi-country TB grant among Afghan refugees, returnees and mobile populations in Afghanistan, Iran and Pakistan.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | **Evaluation elements** | **Questions for Evaluation** | **Methods** | **Key informants (s)** | **Comments** |
| 1 | Policy development | • Has this multi-country grant enabled the development of strategies at national/regional level in order to increase access to and strengthen TB/MDR-TB services for refugees/migrants/IDPs/returnees? If so, which ones, in which countries? • What are the positive effects of harmonized strategies and diagnosis, treatment and care protocols on TB/MDR-TB service delivery to refugees/migrants/IDPs/returnees at national/regional level? To what extent has this multicounty grant contributed to these effects? | Desk review of strategy documents/guidelines/SOPs/ meeting notes/ reports; Key informant interviews Focus group discussions | MCSA TB Steering Committee NTPs at central and provincial levels  Key in-country stakeholders (ministries of health, ministries responsible for migration and refugees)  Technical partners (WHO, UNHCR, IOM) Community representatives | The report of the Inter-Regional Workshop on Cross-Border TB Control and Care, Tehran, Iran, 2014, will be updated in the beginning of grant implementation and will serve as the baseline. The study design, methodology and detailed protocol for the end line evaluation of the grant need to be reviewed and agreed upon by the three NTPs, all partners and the GF. |
| 2 | Service delivery at national level | • How has this multi-country grant enabled the establishment of efficient linkages between the NTP and the health facilities in each host country which ensure access to TB/MDR-TB service for Afghan refugees and migrants?  • Did the active case finding (ACF) approaches implemented in each country under this grant contribute to increased finding of TB/MDR-TB cases among Afghan migrants and refugees in Iran and Pakistan, and returnees in Afghanistan? | Review of data/reports Key informant interviews  Focus group discussions | NTP central and provincial level and key in-country stakeholders (health authority, migration authorities) Technical partners (WHO, UNHCR, IOM) Service providers at health facility level  Community leaders/Health Shura working with refugees/migrants/returnees |  |
| 3 | Removal of barriers to access | • To what extent has this multi-country grant enabled the mobilization and engagement of communities and refugees/migrants/IDs and returnees in program coordination mechanisms, intervention design, implementation and monitoring and evaluation? | Review of data/reports Key informant interviews  Focus group discussions | NTP central and provincial level Community leaders/Health Shura/TB Champions in Pakistan Refugees/migrants/returnees |  |
| 4 | Data systems strengthening | • What are the surveillance and program data related to refugees/migrants/IDPs and returnees with TB available at the national and regional level at the beginning and at the end of the implementation of this grant? • How has this multi-country grant enabled improved availability of routine surveillance data on refugees/migrants/IDs and returnees with TB at national level? How have the three countries used these data? | Review of data/reports Key informant interviews | MCSA TB Steering Committee NTP central and provincial levels and key in-country stakeholders Technical partners (WHO, UNHCR, IOM) | An M&E systems assessment will be conducted through WHO at the beginning of the grant and will serve as baseline. An end line evaluation of the grant will be conducted by an independent consultant/independent external organization as described above. |
| 5 | Sustainability | • To what extent has this multi-country grant helped to integrate the TB/MDR-TB strategies and protocols related to refugees/migrants/IDPs/returnees into national strategic plans for the three countries. | Desk review of documentation Key informant interviews | NTP central and provincial levels and key in-country stakeholders Technical partners (WHO, UNHCR, IOM) |  |
|  |  |  |  |  |  |
| **Objective 2** | | | | | | |
| **#** | **Evaluation elements** | **Questions for Evaluation** | **Methods** | **Key informants (s)** | **Comments** |
| 1 | Cross-border collaboration referral and data sharing | • What are the lessons learned and documented best practices from the establishment and implementation of a cross-border referral mechanisms and data sharing solutions regarding TB and MDR-TB services for migrants in the three countries? How can these be used to inform future national and multi-country programs in the region and across the world? • Have the cross-border referral mechanism and data sharing solutions enabled or improved continuity of treatment and improved TB/MDR-TB treatment outcomes for patients transferred between the NTPs of the three countries? To what extent has this multi-country grant helped to improve data availability and use by NTPs to tally cross-border transfer-out and transfer-in patients and analyse reasons for lost-to-follow-up? • How has the MCSA TB Steering Committee enabled proper coordination, collaboration and data sharing among the three countries regarding TB and MDR-TB services for Afghan migrants and refugees in Iran and Pakistan, and IDPs and returnees in Afghanistan? How will sustainability of this platform be ensured after the end of this multi-country grant? | Review of data/reports Key informant interviews  Focus group discussions | MCSA TB Steering Committee NTPs at central and provincial levels  Key in-country stakeholders (ministries of health, ministries responsible for migration and refugees)  Technical partners (WHO, UNHCR, IOM) Civil society organizations Community representatives |  |
| **Objective 3** | | | | | | |
| **#** | **Evaluation elements** | **Questions for Evaluation** | **Methods** | **Key informants (s)** | **Comments** |
| 1 | Capacity strengthening of Afghanistan NTP | • How has this grant enabled improved access to TB/MDR-TB services for returnees in Afghanistan? | Review of documentation/data  Key informant interviews Focus group discussions | Technical partners (WHO/IOM) Afghanistan NTP central and provincial level Health facilities/providers Community leaders/Health Shura working with returnees Returnees | A rapid situation analysis and Health Facility (HF) mapping will be implemented in Afghanistan border areas/crossings in the beginning of the grant. These will be used as baseline. An end line evaluation of the grant will be conducted by an independent consultant/independent external organization as described above. |

## D.6 Routine data collection

The NTPs of the three countries have successfully implemented the WHO-recommended recording and reporting system. Standardized definitions are used within the NTP networks to register and notify the required forms of TB (ex.: bacteriologically confirmed TB case, clinically diagnosed TB case or MDR-TB case) and to specify the various TB treatment outcomes. Standardized registers have been implemented in the health facilities where TB detection, diagnosis and treatment services are ensured to populations. Information on individual patients is collected in these registers. Patient who is identified with symptoms compatible with TB is registered in the Register of “Presumed TB Patients”, then with referral form, is the samples are referred to TB laboratory where these are registered in TB microscopy and Xpert Laboratory Register; then, if the patient is diagnosed as definite TB case the patient will be notified, according to the appropriate standardized definition, in the TB Treatment Register. The bacteriological monitoring during the treatment and the outcome at the end of the treatment are specified in the TB treatment register. These registers are the main source of information for the three NTPs. Individual treatment file and card are issued for each TB patient who is treated and followed: the file is kept in the health facility and the individual treatment card remains with patient. Electronic registration of TB cases has been implemented in Iran. In Afghanistan recording and reporting is paper based until the national level and data manager at NTP compiled the data in an access database. Pakistan is using paper based recording and reporting system until the provincial level and electronic system in some provinces and at the NTP level. Specific registration system for PMDT activities is available in the three countries. Also, NTPs of Afghanistan and Iran succeeded to implement appropriate information system for TB contact investigation activities. It is not clear whether a similar information system for contact investigation is available in Pakistan.

From these various registers in the health facilities, data on TB cases’ notification and treatment outcomes are collected in standardized reports on quarterly basis. In Afghanistan, quarterly reports are established on the identification of patients with presumptive TB and TB contact investigation. In Afghanistan and Pakistan, significant number of private health facilities are closely linked to the existing NTPs’ networks, provide TB services in line with the national policies and report to NTPs through the relevant health districts.

Data included in each category of report are then compiled at district and province levels under the responsibility of the PCUs of NTP. Other reports, such as those on management resources, are also established on quarterly, annually or *ad hoc* basis. All the reports established at province level are forwarded to the NTPs’ Central Units where they are compiled for the whole country. In Iran, the case-based data sets established in all the provinces are forwarded to the NTP Central Unit where there are compiled in a single case-based data set for the whole country.

Except for people living with HIV (PLHIV) and contacts exposed to index TB cases, the availability of organized information system on active TB screening is unlikely in the three countries.

## D.7 Data Management

The reports, sent from the health facilities, on NTP activities are compiled on quarterly basis in the units in charge of TB services implementation in the health districts. The compiled data are then forwarded to PCUs of NTPs. Each PCU of NTP supervises more than two health districts regarding TB activities and aggregates the data reported from these health districts. At least three reports are established:

1. the first on the number of notified TB cases disaggregated by form of TB, age group, sex and nationals *versus* migrants/refugees/IDPs/returnees; this report includes also information on the activities inherent to TB laboratory and TB/HIV; it is established for the last quarter,
2. the second on the sputum smear conversion at the end of the intensive phase of TB treatment; this 2nd report is done for the quarter before the quarter for which the report on TB notification has been established and
3. the third on cohort analysis, specifying the numbers of treatment successes, deaths during the course of treatment, treatment failures, patients who were lost to follow-up and patients who could not be evaluated; this report is carried out for the same quarter for which the report on TB notification has been recently done, but of the previous year. Annual cohort analysis report will be established for the group including migrants, refugees, IDPs or returnees.

The data included in the quarterly reports are reviewed, analyzed and discussed in a meeting organized on quarterly basis in each province by the relevant PCU of NTP. In the PCUs of NTPs at province level, the data of each category of reports are consolidated using often a computer program and forwarded to the NTPs’ Central Units. At this level, the information in each category of reports received from the CPUs is consolidated in one data set and analyzed by the M&E Sub-Units of NTPs’ Central Units. The overall data consolidated at national level and the results of their analysis are reviewed and discussed with the PCUs’ staff on quarterly basis in a meeting organized by the NTPs Central Units at national level.

The results of data analysis, carried at province and national levels, are used to monitor the trend over time of TB notification and the progress made in TB case-finding, to identify any change in the distribution of TB notification, to evaluate the treatment outcomes, to identify settings where there is a delay in sputum smear conversion and to appropriately manage the NTP available resources and adjust the operational plans on the basis of the findings of data analysis.

The analysis will closely look at TB data generated from settings with migrants, refugees, IDPs and returnees in the three countries. In addition, this analysis will attempt to identify hypotheses to be explored through operational research studies on TB in such settings.

In Iran since 2014, an online software, that is designed for case- based registration of TB patients, is used to collect and report data. Every district has access to this software and has its own password. The data is entered into the software by the district TB Coordinator who is a doctor or a trained non-medical health officer. Data are stored in a sever which is located in Ministry of Health & Medical Education. This TB registration portal is available in Persian language online at: <http://tbregister.tb-lep.behdasht.gov.ir/>

In addition, an online Electronic health data portal is existent and functional at all PHC centers and posts in the country which will be expanded to all health care providers in the future. TB has been included in it recently. Even there is a part for TB Active Case Finding among pre-defined groups of population (High Risk Groups); so we can add Afghan refugees / migrants to the above-mentioned population for ACF. In this portal we can develop a window for provision of the required reports and indicators for defined levels and time periods.

The data received from the SRs will be compiled at the PR level and feedback provided on the completeness, timeliness and accuracy of reported figures. If there is discrepancy in recording and reporting the SR will correct it and share the final version to the PR. Regarding the data flow from SR to the PR and GF level, please see the below data flow matrix.

Figure 1: Data flow matrix, TB multi-country grant

## D.8 Program review, evaluation and surveys

The evaluation questions that need to be answered in the framework of this M&E plan are specified, above, in the Section D.5 (entitled “Evaluation Questions”). The method to be used to answer each of these questions is clearly identified, in a column, in the same table. The methods highlighted are different depending on the answer that needs to be provided. Some evaluations will be made through routine supervision visits only. Many assessments will be carried out during the next reviews of NTPs planned in the Afghanistan, Iran and Pakistan for the coming years; these assessments will be included as a simple component of the NTPs reviews. Some evaluations will need just a simple desk review, or a routine monitoring of the data generated by the existing information system; but others will need an external input from an independent consultant. Some assessments will be carried as a part of the routine tasks, others will be done at the onset and at the end of the grant implementation and others at the end of the grant implementation only. The answers to two questions (one on the level of knowledge of migrants, refugees and IDPs on TB and the other on the delay to access TB services) will need to carry out 2 studies for each question, the first at the onset of the grant implementation and the second at the end of the grant implementation. Most of the evaluations will be carried out under the leadership of the NTPs Central Units of the countries and the MSASC TB Steering Committee. The table of the Section D.5, above, includes the formulations of all the questions that need to be evaluated and identifies the approaches, who will be responsible for and the timelines.

## D.9 Data quality assurance mechanisms and supportive supervision

The changes that will be introduced in the NTPs’ information systems of the three countries will be described in the national documents on the strategy on TB services for migrants, refugees, IDPs and returnees. These changes will be reflected in the training modules based on these national documents. Therefore, all the coming trainings of health workers will convey the information on the changes made in the information system in order to collect data on TB in migrants, refugees and returnees. Specific training on the information that needs to be collected on the cross-border-transferred TB patients, including using the digital technologies, will be organized for the staff of the CPUs of NTPs and for health workers practicing in health settings dealing migrants, refugees and returnees. This training will contribute to strengthening data quality assurance. Furthermore, the supervision of TB activities will be carried out from all levels; it is integrated in the supervision process organized at health district level; it is undertaken by the CPUs’ staff who monitor and assess the implementation and quality of TB services within the relevant health districts; supervision is also carried out by the NTPs Central Units’ staff who visit relevant facilities within the provinces. Checking the quality of the data collected and reported is a major component of supervision activities undertaken at all level. The supervisors check whether the cases’ definitions are correctly used, the registers, the various forms are appropriately filled, and the required reports are established in line with NTPs’ policy. The availability and quality of the information on TB in migrants, refugees, IDPs and returnees will be checked in all the supervisions that will be undertaken.

As highlighted above, the quality of the data will be checked during the quarterly meetings held at provincial and national levels. Within the provinces and countries, the data analysis will look at their trend over time in order to identify any unexpected or unusual changes that would need further investigation in terms of data quality.

Furthermore, the data quality will be checked on routine basis, whenever needed, by phone or Skype call between the M&E sub-Units of NTPs’ Central Units and the CPUs of NTPs. The PR will review the quality of the data on a quarterly basis and feedback provided on time.

The data will be also checked, reviewed, analyzed and discussed in the teleconferences and meetings held by the MCSA TB Steering Committee.

## D.10 Monitoring and evaluation coordination

In the three countries, the NTPs’ information systems are standardized and used in the same manner in the NTPs’ networks across the national territories. In addition, there are, within the NTPs’ Central Units, M&E sub-Units which are in charge not only of compiling and analyzing data coming from the provinces and checking their quality but also coordinating with all the stakeholders involved in the monitoring and evaluation of TB activities within the countries.

In Iran, the data on TB activities are mainly collected within the NTP network which is extended to academic institutions and other public sectors. 22% of all notified cases were detected by private sector and based on WHO estimation for TB incidence rate, TB cases detection rate is 80% in Iran. In addition, as TB drugs are not available in private pharmacies, almost all the cases (even detected by private sector) come to PHC/NTP for seeking their drugs.

In Afghanistan, the private health facilities which provide TB services are fully integrated in the existing NTP network and are supervised by the NTP staff like any public health facility. Likewise, the health facilities of NGOs are fully linked to NTP and supervised by its staff. These linkages will be strengthened through the quarterly meetings organized by NTP staff and through the regular coordination meetings held with NGOs and partners.

In Pakistan, most of the data on TB activities are collected through NTP structures at district and province levels; significant efforts have been made to involve other health sectors especially the private medical sector where the vast majority of patients usually seek care. Some coordination mechanisms have been set between NTP and some NGOs, hospitals and private health organizations; these mechanisms consider various linkages’ issues inherent to TB activities included monitoring and evaluation.

The NTPs of the three countries are using the same WHO-recommended model of information system on TB. They collect, compile and analyze the TB data in the same manner. The three NTPs will include the same minor changes in their recording and reporting system in order to capture specific information on TB in migrants, refugees, IDPs and returnees. To ensure appropriate exchange information on cross-border-transferred TB patients, standardized cross-border transfer form and digital technologies will be used among the three countries. As highlighted above, the relevant staff will be trained on these changes in the TB information system of the three countries. Furthermore, the data collected on TB in migrants, refugees, IDPs and returnees will be checked and discussed in each teleconference and annual meeting organized by the MCSA TB Steering Committee.

## D.11 Capacity building

The training module that will be developed will include the specifications on the data that should be collected on TB in migrants, refugees, IDPs and returnees. This module will be used in the trainings of the health workers usually planned by NTPs as well as in the trainings that will be organized for the CHWs operating in settings with migrants, refugees, IDPs and returnees. Furthermore, trainings on data collection and analysis need to be organized for the health workers who will be involved in active TB screening activities.

As highlighted above, the staff of all the CPUs’ of NTPs and the health workers of the health facilities dealing with migrants and refugees will be trained on the use of the information form to ensure appropriate cross-border transfer of refugees who are on TB treatment; the CPUs staff will be trained, in addition, on the use of the digital technologies for appropriate exchange information on cross-border-transferred refugees who are still on TB treatment.

## D.12 Monitoring and evaluation costed workplan

The following monitoring and evaluation activities need to be considered in the costed workplan:

* To include items in the NTPs’ registers and reporting forms to capture data on TB in migrants, refugees, IDPs and returnees;
* To print the NTPs registers and reporting forms with the new items;
* To organize workshops with the trainers of health workers to present and discuss the utilization of the new items included in the registers and reporting forms;
* To ensure, in each training course of community workers dealing with migrants, refugees, IDPs and returnees, a session on the data that need to be collected;
* To ensure that the information system used by community health workers includes the required items in order to collect the relevant data on migrants, refugees, IDPs and returnees;
* To print the information system needed for active TB screening in line with the protocol which has been developed;
* To train the health workers who will be involved in active TB screening on the utilization of this information system;
* To review and update the information system inherent to TB contact investigation of Pakistan;
* To train the staff of all the CPUs’ of NTPs and the health workers of the health facilities dealing with migrants and refugees on the use of the information form to ensure appropriate cross-border transfer of refugees who are on TB treatment;
* To print the guide for the utilization of the digital technologies needed for sharing and monitoring the data on cross-border transfer of refugees who are still on TB treatment
* To train the CPUs staff on the use of the digital technologies for appropriate exchange information on cross-border-transferred refugees who are still on TB treatment;
* To ensure that monitoring and evaluation component is systematically considered in supervision activities;
* To ensure that data collected are reviewed and discussed in the quarterly meetings held at provincial and national levels;
* To ensure the annual meeting of the MCSA TB Steering Committee;
* To organize, at the end of the grant implementation, a conference with all the stakeholders and potential donors on the outcomes of the grant implementation and to discuss the steps forward to ensure the sustainability of appropriate TB services for migrants, refugees, IDPs and returnees (see below table on costed M&E plan).

Table 2. Costed monitoring and evaluation plan

| **S.N** | **Activities** | **\*2019** | **\*2020** | **\*2021** | Comments |
| --- | --- | --- | --- | --- | --- |
| 1 | Conduct MCSA TB grant Steering committee meeting | 15,800 | 14,240 | 18,099 | UNHCR, IOM, WHO, UNDP & 3 NTPs |
| 2 | Monitoring visits for National PH officer (Pakistan) | 3,242 | 3,242 | 3,242 | UNHCR |
| 3 | Technical support mission by regional officer | 5,400 | 5,400 | 5,400 | UNHCR |
| 4 | Participation in district surveillance meetings | 342 | 685 | 685 | NTP Pakistan PTP-KP |
| 5 | Participation in district surveillance meetings | 274 | 548 | 548 | NTP Pakistan-PTP-Balochistan |
| 6 | Conduct M&E field visit to provinces by NTP Pakistan and Districts by KP and Balochistan PTP | 11,363 | 22,725 | 22,725 | NTP Pakistan, KP and Balochistan |
| 7 | Conduct health facility mapping | 14,880 |  |  | IOM Afghanistan |
| 8 | Conduct M&E visit on ACF in Afghanistan | 2,080 | 4,160 | 4,160 | IOM Afghanistan |
| 9 | Provide TA on ACF to support monitoring and evaluation of the programme | 38,400 | 9,600 | 9,600 | NTP Iran |
| 10 | Conduct M&E field visit to project sites | 6,384 | 5,618 | 5,618 | NTP Iran |
| 11 | Strengthen cross-border collaboration referrals among NTPs in the three countries | 200,000 | 200,000 | 200,000 | WHO |
| 12 | Conduct final project evaluation |  |  | 100,000 | UNDP |
| 13 | Conduct supervision and data collection on sputum sample transportation. | 4,221 | 4,395 | 4,566 | NTP Afghanistan |
| 14 | Conduct M&E visit to project sites | 1,040 |  |  | IOM Afghanistan |
| 15 | Conduct M&E visit to project sites by NTP Afghanistan and PTCs | 4,068 | 5,424 | 5,424 | NTP Afghanistan |
| 16 | Conduct situation analysis/field visit in border areas of AFG | 17,900 |  |  | WHO |
| 17 | Conduct community need assessment in the boarder areas | 12,300 |  |  | UNHCR |
| 18 | Conduct national TB programme review workshop | 7,072 | 7,072 | 14,144 | NTP Afghanistan |
| **Grand total** | | **344,766** | **283,109** | **394,211** |  |

## D. 13 Information products, dissemination and use

The health workers involved TB services will be informed during the quarterly meetings, held in the provinces, on the TB situation in migrants, refugees, IDPs and returnees. The NTP Central Unit of each country will include in its annual report a specific section on TB among migrants, refugees, IDPs and returnees. The annual report will be forwarded to those who need to be informed in line with the ministerial policy. In addition, the report will be put on the web site of the Ministry of Health of the country.

The PR, in collaboration with the MSASC TB Steering Committee, will prepare each year a report on the situation of TB activities developed for migrants, refugees, IDPs and returnees in Afghanistan, Iran and Pakistan; the report will highlight the progress made in TB services’ provision to these populations as well as the challenges encountered. A section of the report on the 3rd year of the grant will specify the hypotheses inherent to TB in such settings that need to be explored and tested in the framework of operational research studies.

Every year, the report prepared by the PR and MSASC TB Steering Committee will be forwarded: i) to the relevant ministerial departments of each of the three countries through the appropriate communication channels and ii) the relevant international agencies and NGOs dealing with migrants, refugees and displaced persons, such as UNHCR, IOM, WHO or Médecins sans Frontières. Each report will be put on the web site of UNDP (as PR).

The PR and MCSA TB Steering Committee will organize at the end of the grant implementation a conference on its outcomes and on the next steps to sustain the TB services developed and implemented for migrants, refugees, IDPs and returnees in the three countries. This will be conveyed to this conference senior staff of the relevant ministries of Afghanistan, Iran and Pakistan, the funding agencies such the GF, all the international agencies dealing with migrants, refugees and displaced persons, NGOs and potential donors. Following this conference, a work plan will be developed, under the leadership of WHO, in order to identify the required steps to ensure the sustainability of the actions led under this grant. This work plan will be used as advocacy tool to mobilize resources for sustaining and strengthening TB services in migrants, refugees, IDPs and returnees in the three countries.

The experience developed through this grant and its outcomes will be presented in the national medical conferences, regional meetings (such WHO/EMRO meetings) and international conference such as the Conference of the International Union Against Tuberculosis and Lung Disease.

# List of Annexes

1. Implementation map
2. M&E Plan of Afghanistan
3. M&E Plan of Iran
4. M&E Plan of Pakistan
5. PF for Multi-country grant
6. Reporting formats used by SRs