



EXPERIENCE OF USING THE INITIAL AND UPDATED BENCHMARKING & PLANNING TOOL FOR TB IN CHILDREN AND ADOLESCENTS

- WHAT'S NEW IN THE TOOL -

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History of Benchmarking & planning tool development

KNCV Benchmarking tool for childhood TB policies

Self-assessment checklist to strengthening policies, management, prevention and care for DR TB

Planning and progress monitoring tool for the implementation of latest WHO recommendations on TB

CHECKLIST AND USER GUIDE

The WHO Global Task Force on TB Impact Measurement

A3. Which TB cases are included in the national TB surveillance data? (Tick all that apply and describe):

- ☐ All TB cases in the country
- ☐ Some TB cases
- ☐ Some part excluded
- ☐ Some cases excluded
- ☐ Some cases excluded: NTP providers, prisons, private practitioners, are excluded.
- ☐ Others: _____ Describe: _____

KNCV Benchmarking tool to strengthening policies, practice and planning for prevention, management and care of tuberculosis in children and adolescents

	Benchmark 'met'	Standard is 'Met' 'Partially met'	Recommended actions	Stakeholders involved
A functional DR-TB national working group exists, meets regularly and has action plans				
National TBWG and NTP have biweekly meeting to report TB program to Minister of Health	Not Met			

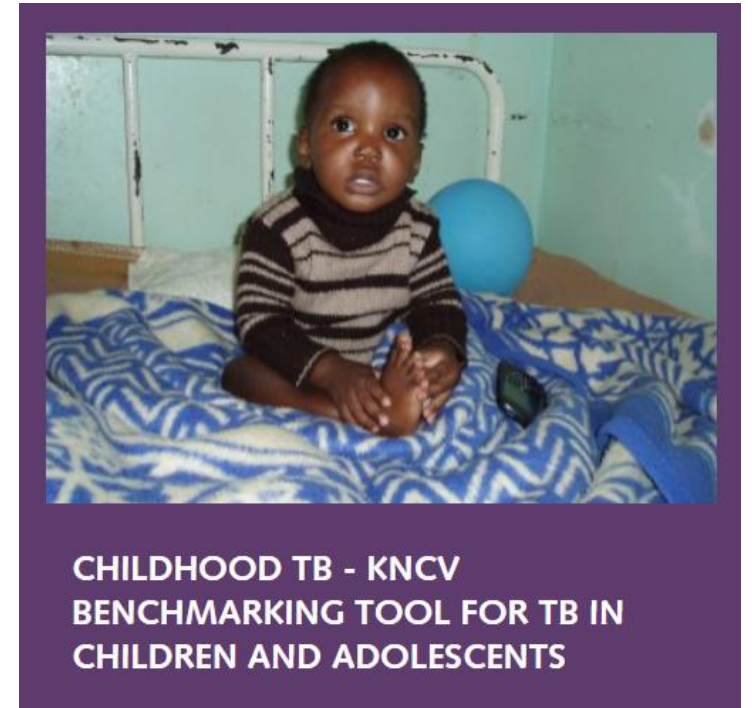
WHO consolidated guidelines on tuberculosis

Module 5: Management of tuberculosis in children and adolescents

World Health Organization

Benchmarking & Planning tool for children and adolescents TB

- This tool is included in the latest [WHO roadmap for TB](#) in children and adolescents and can be downloaded from the KNCV website
- It's a [self-assessment and planning tool](#) and serves basis for discussions, brainstorming, and strategic planning on childhood TB
- It is recently [updated](#) to reflect latest WHO guidance and recommendations



<https://www.kncvtbc.org/en/childhoodtb/>

[KNCV-Benchmarking-tool-for-TB-in-Children-and-Adolescents-manual.xlsx \(live.com\)](#)

Benchmarking & planning tool serves as a basis for..

- **Monitoring progress** in implementation of policies on the management of TB in children and adolescents in line with most recent WHO guidance, within the framework of a national TB programme
- Assess **strategic planning** and inclusion of children and adolescents
- **Stakeholder mapping** – project activities, timelines and intervention areas, support for children and adolescents
- **Interview of HCW** – general knowledge, capacity, resources, readiness to conduct TB screening, etc.

Summary report		
Standards and Benchmarks		
Standard	Met/Partially met/Not met	
A: 1.1 There is evidence of political commitment for childhood TB	partially met	
B: 2.1 There is an active national working group on childhood TB	not met	
D: 3.1 There is national guidance for childhood TB	not met	
E: 3.2 There is effective technical assistance for childhood TB	partially met	
F: 3.3 The childhood TB strategy is fully implemented	not met	
G:4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB	not met	
H:4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB	not met	
I: 5.1 All eligible children receive BCG vaccination	Met	
J: 6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy	not met	
K: 6.2 Investigation of child contacts of infectious TB patients is fully implemented	not met	
L: 7.1 The national strategy provides for preventive treatment of eligible children	partially met	
M: 7.2 All eligible children have access to preventive treatment	partially met	
N: 8.1 Special approaches for diagnosis of TB in children are included in the national guidance on TB	not met	
O: 8.2 Special diagnostic approaches for TB in children are applied	not met	
P: 9.1 The national treatment guidelines for TB and MDR TB have appropriate and specific adjustments for children	partially met	
Q: 9.2 Child friendly formulations are available	Met	
R: 9.3 The national treatment strategy of children is universally accessible for children	partially met	
S: 10.1 Data on childhood TB are available and used at the NTP	partially met	
T: 11.1 There is a plan for human resource capacity building for childhood TB	partially met	
U: 12.1 The NTP and partners deploy specific initiatives to promote a patient and family centred approach in childhood TB care	partially met	

Experience of initial KNKV benchmarking tool, Country feedback 2017

Use in 3 Countries:

- Indonesia
- Nepal
- Vietnam

Missing:

The Childhood TB Benchmarking tool **does not currently cover social protection, stigma and human rights issues**. Due to time limitations, it was not possible to address these issues during the workshop. However, from feedback received from conversations and side meetings during the mission, these seem to be very important issues to address in reducing service access barriers for affected children and their families. We would therefore recommend to address these in a separate stakeholder consultation meeting, which, naturally, needs to have representation from affected populations.

Feedback:

The process was appreciated as it was recognised as a national self-assessment exercise, which **served to facilitate communication and exchange between key stakeholders**, leading to a better understanding of the status of childhood TB in Nepal. It further **enabled the stakeholders to formulate and prioritise recommendations to the NTP towards the development of a national roadmap for childhood TB**. And lastly, it enabled the NTP to solicit buy-in, support and commitment from key stakeholders.

What has changed in the tool from 2017 to 2024

- Number of indicators remained 12, but number of benchmarks increased from **77** to **94**
- The language changed from “childhood TB” to now called “TB in children and adolescents”
- Increased collection of aggregated data on children and adolescents and age bands
- Including Healthcare workers interviews
- Including Stakeholders framework

Standard
A: 1.1 There is evidence of political commitment for childhood TB
B: 2.1 There is an active national working group on childhood TB
D: 3.1 There is national guidance for childhood TB
E: 3.2 There is effective technical assistance for childhood TB
F: 3.3 The childhood TB strategy is fully implemented
G:4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB
H:4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB
I: 5.1 All eligible children receive BCG vaccination
J: 6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy
K: 6.2 Investigation of child contacts of infectious TB patients is fully implemented
L: 7.1 The national strategy provides for preventive treatment of eligible children
M: 7.2 All eligible children have access to preventive treatment

Standards
A: 1.1 There is evidence of political commitment for prevention and care of TB in children and adolescents
B: 2.1 There is an active national working group on prevention and care of TB in children and adolescents
D: 3.1 There is national guidance for the prevention and care of TB in children and adolescents
E: 3.2 There is effective technical assistance for the prevention and care of TB in children and adolescents
F: 3.3 The strategy on the management of TB in children and adolescents is fully implemented
G:4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of TB in children and adolescents
H:4.2 All providers of paediatric care are involved in Prevention, diagnosis and treatment of TB in children and adolescents
I: 5.1 All eligible children receive BCG vaccination
J: 6.1 Investigation of child and adolescent contacts of people with infectious TB is part of the national strategy
K: 6.2 Investigation of child and adolescent contacts of people with infectious TB is fully implemented
L: 7.1 The national strategy provides for preventive treatment for eligible children and adolescents
M: 7.2 All eligible children and adolescents have access to preventive treatment

Updated benchmarking and planning tool; topic (#standards, #benchmark)

1. Political commitment (1, 4)
2. Coordination and stakeholder engagement at national level on TB in children and adolescents (1, 7)
3. Overall technical strategy for the management of TB in children and adolescents (3, 8)
4. Engagement of all providers (1, 8)
5. Primary prevention (1, 3)
6. Contact investigation (2, 6)
7. Preventive treatment (2, 9)
8. Diagnosis of TB in children and adolescents (2, 13)
9. Treatment of TB in children and adolescents (3, 18)
10. Recording and reporting (1, 6)
11. Human resources for the management of TB in children and adolescents (1, 4)
12. Enabling environment, people-centred care (1, 8)

Self-assessment and planning process

The tool is first filled by representatives of NTP and partners to determine the status of standards and benchmarks.

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Agreed next steps	By who	When
3.1 There is national guidance for management of TB in children and adolescents	National TB guidelines include specific guidance and standard operating procedures on prevention, diagnosis and treatment of TB in children and adolescents		Met		Continuous support		
	National guidelines for the prevention and management of TB children and adolescents have been updated following the latest WHO guidelines/operational handbook						
3.2 There is effective technical assistance for the management of TB in children and adolescents	Necessary technical assistance for the management of TB in children and adolescents is identified		Met				
	Technical assistance missions are implemented and monitored	The country is not receiving TA from partner organizations due to lack of funding	Not Met	partially met	Discuss with partners the areas where support is needed and design a TA plan	NTP and partners	
	Action plans are developed based on TA recommendations		Met				
3.3 The strategy on the management of TB in children and adolescents is fully implemented	The national strategy for the management of TB in children and adolescents is implemented nationwide	The NSP is implemented at provincial level and planning to proceed to district level. Lack of funding is delaying the implementation	Not Met		Resource mobilization	NTP, MoH and Partners	
	Guidelines and standard operating procedures are available at health facilities including the private sector	The private sector is not supported by the NTP		not met	Design intergration and training plan for	NTP and private	

Standard

Benchmark

Status of the standard is determined by performance data and discussion on benchmarks

KNCV

Self-assessment and planning process

Organize a stakeholder workshop to validate the results and agree on the next steps.

Standard	Benchmark(s)	Description of current situation	Benchmark 'met' or 'not met'	Standard is 'Met', 'Partially met' or 'Not met'	Agreed next steps	By who	When
3.1 There is national guidance for management of TB in children and adolescents	National TB guidelines include specific guidance and standard operating procedures on prevention, diagnosis and treatment of TB in children and adolescents		Met	Met	Continuous support		
	National guidelines for the prevention and management of TB children and adolescents have been updated following the latest WHO consolidate guidelines/operational handbook		Met		Continuous support		
3.2 There is effective technical assistance for the management of TB in children and adolescents	Necessary technical assistance for the prevention and management of TB in children and adolescents is identified		Met	partially met			
	Technical assistance missions are implemented and monitored	The country is not receiving TA from partner organizations due to lack of funding	Not Met		design a TA plan	NTP and partners	
	Action plans are developed based on TA recommendations		Met				
3.3 The strategy on the management of TB in children and adolescents is fully implemented	The national strategy for the management of TB in children and adolescents is implemented nationwide	The NSP is implemented at provincial level and planning to proceed to district level. Lack of funding is delaying the implementation	Not Met	not met	resource mobilization	NTP, MoH and Partners	
	Guidelines and standard operating procedures are available at health facilities including the private sector	The private sector is not support by the NTP	Not Met		Design intergration and training plan for the private section	NTP and private partners	

Design an improvement plan

Standard met, partially met, not met

Monitoring tool to review progress

Standards and Benchmarks

Standard	Met/Partially met/Not met
A: 1.1 There is evidence of political commitment for prevention and care of TB in children and adolescents	partially met
B: 2.1 There is an active national working group on prevention and care of TB in children and adolescents	partially met
D: 3.1 There is national guidance for the prevention and care of TB in children and adolescents	Met
E: 3.2 There is effective technical assistance for the prevention and care of TB in children and adolescents	partially met
F: 3.3 The strategy on the management of TB in children and adolescents is fully implemented	not met
G:4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of TB in children and adolescents	
H:4.2 All providers of paediatric care are involved in Prevention, diagnosis and treatment of TB in children and adolescents	
I: 5.1 All eligible children receive BCG vaccination	
J: 6.1 Investigation of child and adolescent contacts of people with infectious TB is part of the national strategy	partially met
K: 6.2 Investigation of child and adolescent contacts of people with infectious TB is fully implemented	not met
L: 7.1 The national strategy provides for preventive treatment for eligible children and adolescents	Met
M: 7.2 All eligible children and adolescents have access to preventive treatment	not met
N: 8.1 Special approaches for diagnosis of TB in children and adolescents are included in the national guidance on TB	partially met
O: 8.2 Special diagnostic approaches for TB in children and adolescents are applied	not met
P: 9.1 The national treatment guidelines for MDR/RR TB have appropriate and specific adjustments for children and adolescents including those living with HIV co-infection	partially met
Q: 9.2 Child friendly formulations are available and used throughout the country	
R: 9.3 The national treatment strategy on the management of TB in children and adolescents is universally accessible	
S: 10.1 Data on TB in children and adolescents are available and used at the NTP	Met
T: 11.1 There is a plan for human resource capacity building for the prevention and management of TB in children and adolescents	not met
U: 12.1 The NTP and partners deploy specific initiatives to promote people- and family centred TB care for children and adolescents	Met

Addition to the updated tool: Health care worker’s interview (facility assessment)

Questionnaire		
Questions	Answer	Description
Section A		
Interview date		
What is the feasibility and acceptability of conducting TB screening in wider health system?	Please select all that apply <input type="checkbox"/> Paediatric outpatient <input type="checkbox"/> C	
What is the size of the health facility?		
What type of TB/DR-TB service is the facility providing?	Availability of resources (guidelines, screening tools, capacity of staff, etc.) <input type="checkbox"/> Preventive <input type="checkbox"/> Diagnostic <input type="checkbox"/> Treatment <input type="checkbox"/> None of the above	Challenges and mitigations strategies
Which population groups are being screened for TB?	Open answer	
Which other health conditions are being screened for in the health facility?	Open answer	
Is the health facility conducting TPT initiation for children and adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please specify available treatment regimen
Section B		

Addition to the updated tool: Stakeholder mapping

Number of stakeholder supporting children and adolescents

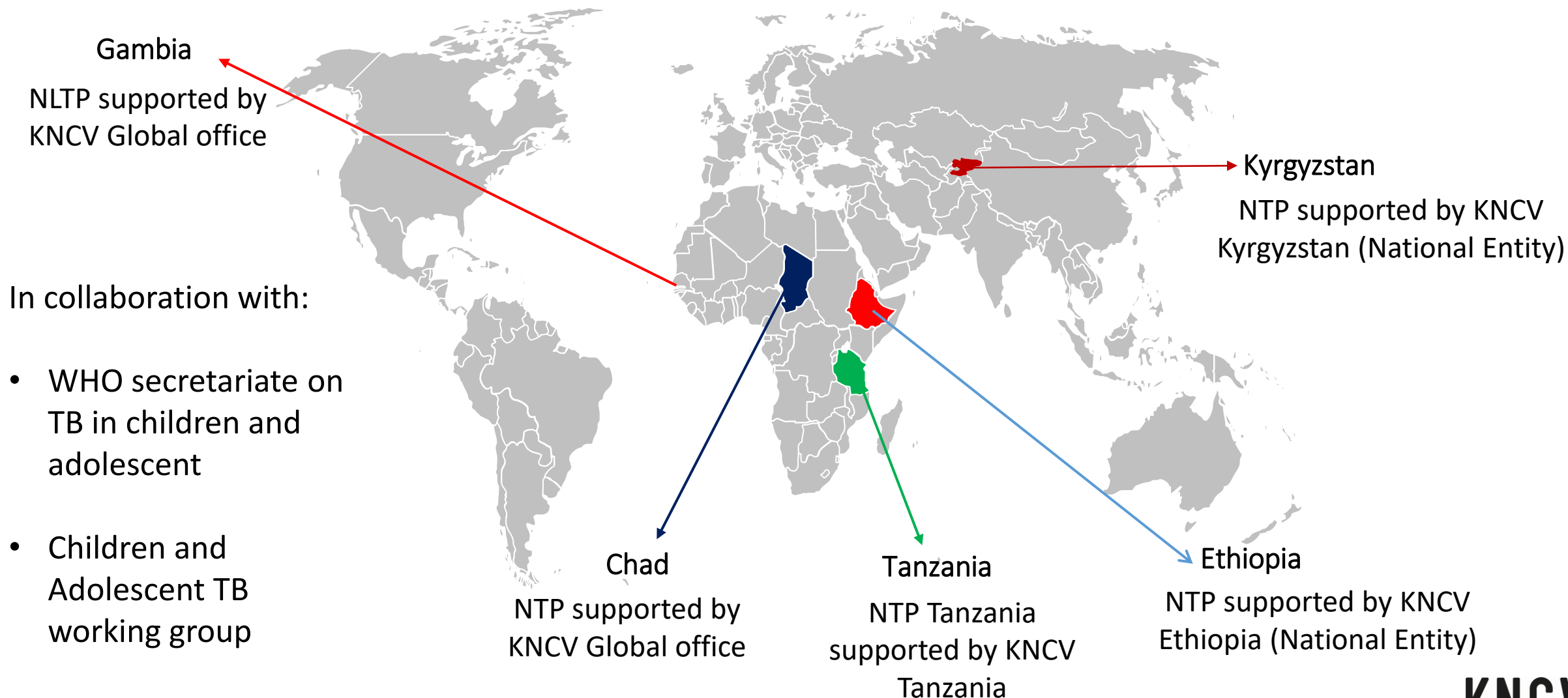
Distribution of resources and support

Name of the stakeholder	Contact person	Contact email	What are the overall key activities/roles of the stakeholder?	Main intervention / support area(s)	Geographic reach In which region(s) does the stakeholder work?	Current project(s) and project timelines (s)	Contribute How could the stakeholder contribute to the project to improve social well-being?	Engagement How to best engage the stakeholder?

Engagement with stakeholder

Area of intervention, timelines and project activities

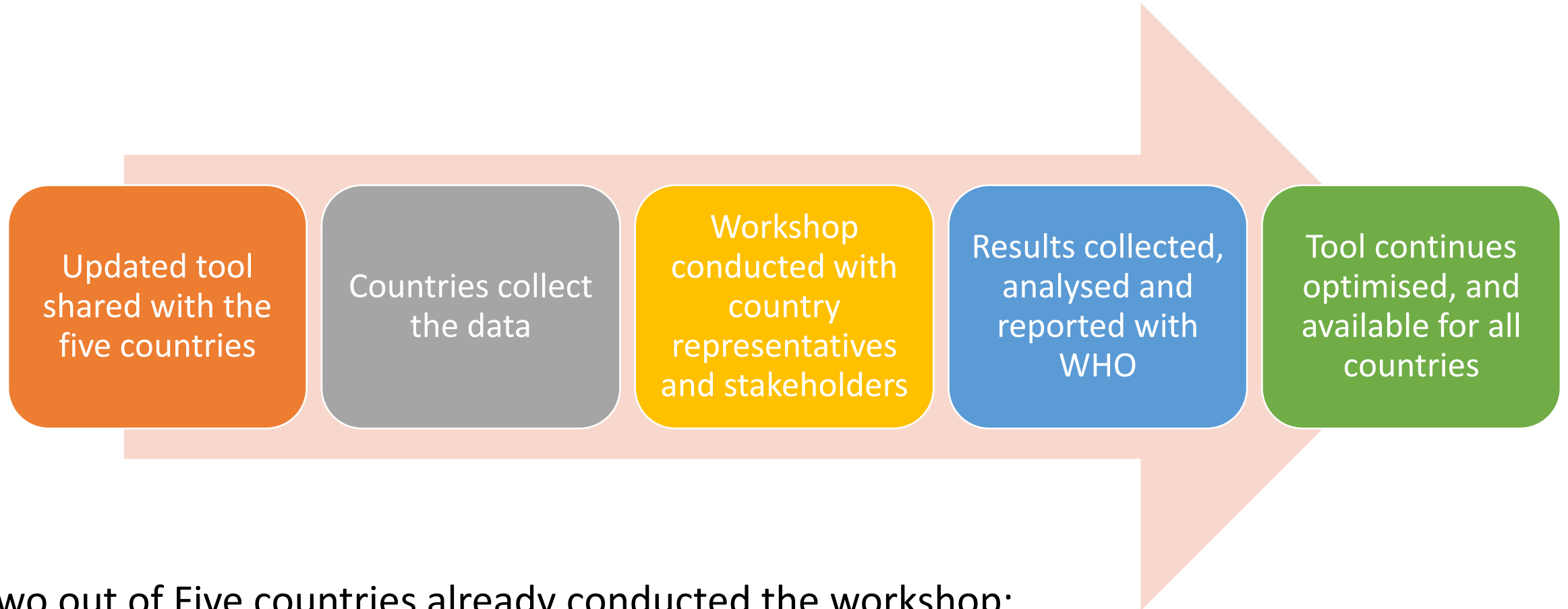
Project: Ensure no child suffers from TB through EARLY detection, RIGHT diagnosis, and RIGHT treatment



Project goals

- Ensure that children are included in every aspect of the TB care cascade and social support
- Supports NTPs to conduct self-assessment and gap identification using KNCV benchmarking and planning tool
- Design a TA roadmap based on identified gaps and challenges
- Mobilize and leverage funding to fill the identified gaps and overcome challenges
- Experience sharing at national, regional and global level

Project outline



Two out of Five countries already conducted the workshop; feedback will be shared soon.

Conclusion

- B&P tool can be used to assess achievement, challenges and gaps affecting TB care for children and adolescents
- B&P tool is included in the latest WHO roadmap for TB in children
- B&P tool is available in 3 different languages (English, French and Russian)
- Can be downloaded from the KNCV website
 - [Knowledge base | KNCV Tuberculosis](#)
 - [Webinar: Accelerating the uptake of latest WHO recommendations on TB in children and adolescents and the use of KNCV benchmarking and planning tool | KNCV Tuberculosis](#)

Acknowledgement

Colleagues at KNCV, NTPs and partners

Thank you
Questions

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<https://www.kncvtbplus.com/>