

Webinar: Dissemination of self-assessment results and sharing of best practices to improve TB service delivery for children and adolescents

Ethiopian Country Experience

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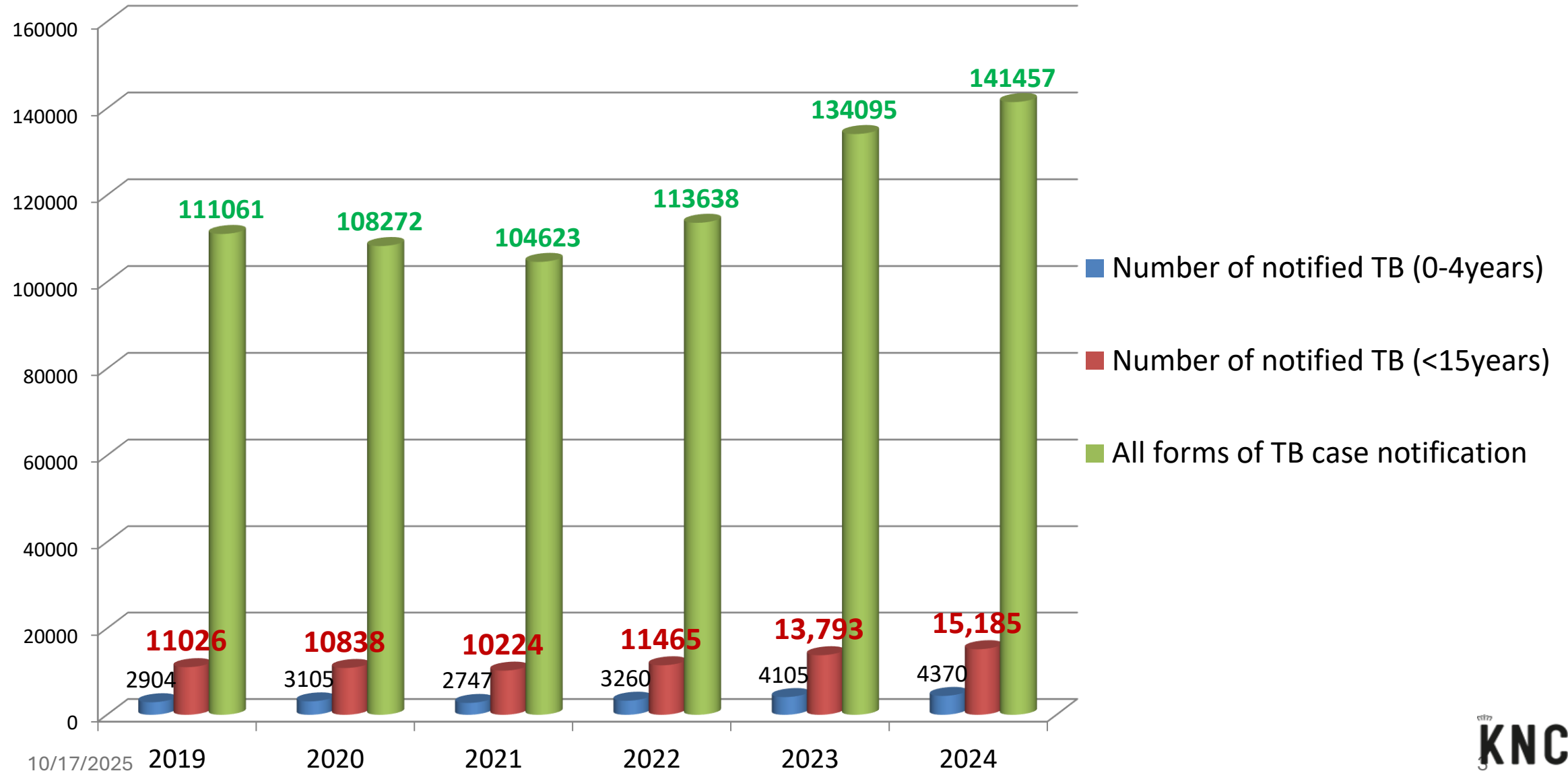
KNCV Ethiopia

Executive Director

October 15, 2025

- Background
- Self assessment process
 - Review of the B&P tool
 - Facility Assessment
 - Stakeholders workshop
 - Stakeholders mapping
 - FGD
 - Lesson learned

Six-year trend of national all forms of TB case notification and proportion of children and adolescents

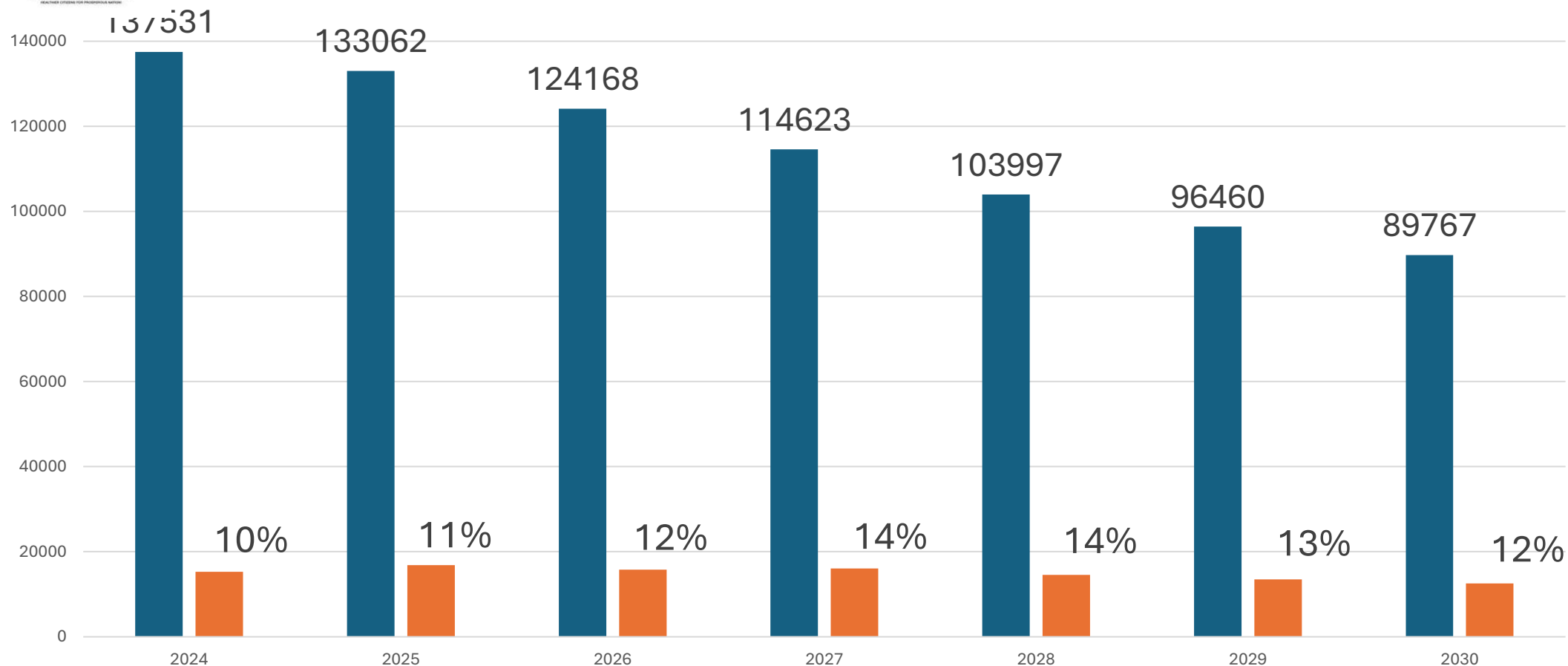




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TBLLD NSP 2023-2030



■ All forms of TB cases to be notified

■ Proportion of TB cases to be notified in <15 years children

Activities

- Review of the B& P tool
- Facility assessment
- Stakeholders workshop
- Stakeholders mapping
- Focus group discussion

Approach

- Reviewing the indicators
 - Alignment of the list of indicators with Ethiopian TB, TB/HIV and DR-TB reportable indicators
 - Are they all reportable indicators ; If yes; collect from DHIS2, If no
 - Which indicators
 - What will be the source data to complete the information for these additional indicators
 - Does the indicators follow countries reporting in terms of age category

Our finding

Challenges we faced while filling the indicators

- Age bands differ:
 - Age band of most of the indicators on the tool is defined based on:
 - Age bands used in the **WHO operational handbook on tuberculosis**, Module 5: Management of tuberculosis in children and adolescents (**<1,1-4,5-10,10-14,15-19 by Male and Female**) or
 - **WHO Global TB report** indicators for children and young adolescents (**0-4,5-15,or 0-14 by male and female**)
 - The **age bands used for most TB indicators** in our **national data source DHIS-2** is (**0-4,5-9,10-14,15-19**) do not fully align with both age bands used on KNCV B&P tool.

Challenges we faced while filling the indicators

Children and Adolescents TB Data Type	WHO operational hand book(M5)	WHO Global TB Report	National DHIS-2 age and sex disaggregated data	Remark
TB(DS-TB)	<1,1-4,5-9,10-14,15-19(M,F)	0-4,5-15,or 0-14(M,F)	0-4,5-9,10-14,15-19,20-24, 25-29...>=65(M,F)	By new bacteriologically, relapse, EPTB, clinically, resistance type(DR)
TB contacts screened –Ve for TB and put on (TPT)	<1,1-4,5-9,10-14,15-19(M,F)	0-4,5-15,or 0-14(M,F)	0-4,5-14,>=15(No sex dis aggregated data)	By age and Regimen separately
TPT (PLHIV)			<15, >=15(M,F)	Also available by regimen type
DR-TB	By resistance type		<15, >=15(M,F)	
TB treatment outcome	<1,1-4,5-9,10-14,15-19	0-4,5-15,or 0-14	Data not disaggregated by age and sex	By new bacteriologically, relapse, EPTB, clinically, resistance type(DR)
TPT Out come	<1,1-4,5-9,10-14,15-19	0-4,5-15,or 0-14	0-4,5-14,>=15(not disaggregated by sex)	Also available by regimen type

Challenges we faced while filling the indicators

- Unable to collect data for some of the Indicators **as defined on the tool:**
 - Number of children and adolescents **screened**
 - Number of **presumptive** children and adolescents identified
 - **Treatment out come of children** and adolescents
 - Number /and percentage of children and adolescents common **comorbidities** (e.g. meningitis, malnutrition, pneumonia, chronic lung disease, HIV) **evaluated for TB**
- We used different sources (Literature, systematic review...) and put general figures we got from this sources

Source of information utilized to fill the indicators

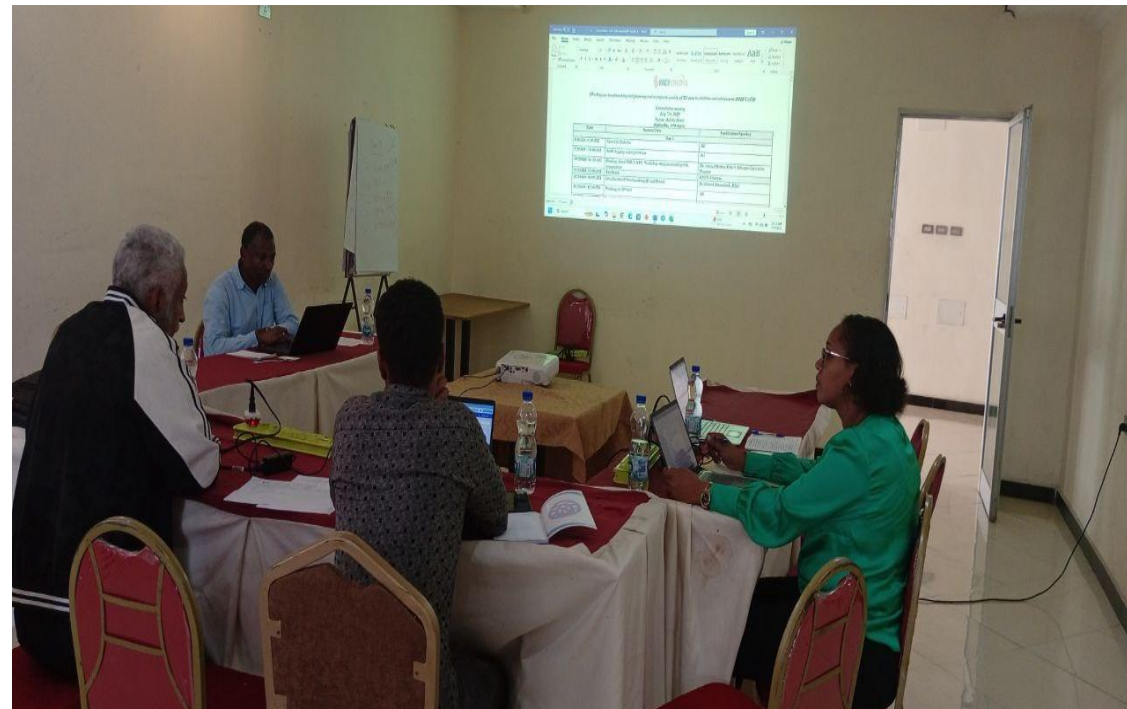
- Ethiopian "NATIONAL ADOLESCENTS AND YOUTH HEALTH STRATEGY(2021-2025)". *National adolescent defn(10-19 years)*
- DHIS-2. *Majority of TB indicators data*
- Ethiopian Statistical Service (ESS), formerly known as the Central Statistical Agency (CSA) of Ethiopia. *# of population*
- (Literature),systematic review done in Ethiopia,project report.*# screened and # presumptive,treatment outcome*
- EPI, National TB guidelines.*Eligible for BCG vaccination*
- Ethiopia: WHO and UNICEF estimates of immunization coverage: 2023 revision .*BCG vaccination rate*
- National strategic plan

Populating the tool

- KNCV Ethiopia team reviewed sections of the tool and developed action plan to **complete sections**(*Indicators, standard & Benchmarking, facility assessment, stake holder mapping*) of **B&P tool**.
- The team figure out ,**potential source of information** for list of **indicators (disaggregated by sex and age)** on the tool with the age and sex.
- The team **customized the age disaggregation** on the tool into our context as it does not align with the **tool's age disaggregation**.
- And **populate data for the indicators** section of the tool from different sources. and come up with the first draft.

Cont...

- 1st draft of indicators section further discussed and enriched by small group with representatives from NTLLD and AHRI.
 - 1st draft of “Indicators” section of the tool reviewed and enriched.
 - 1st draft of “Standards and benchmarking” section of the tool was completed.
 - “Facility assessement” section of the tool customized to our context, facilities selection criteria and assessment plan drafted.
 - Potential stakeholders identified and communication plan drafted



Facility Assessment

- Done before stakeholders' workshop as it is an input for the workshop

Objectives

- Support the KNCV Benchmarking and Planning Tool by:

- ✓ Assessing TB screening integration for children and adolescents
- ✓ Ensuring inclusion across the TB care cascade
- ✓ Identifying service delivery gaps
- ✓ Evaluating policy implementation and facility capacity : TB screening, Diagnosis Treatment & prevention





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facility assessment tool



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 ☐ Paediatric outpatient ☐ C	
What is the size of the health facility?	Availability of resources (guidelines, screening tools, capacity of staff, etc.)	
What type of TB/DR-TB service is the facility providing?	☐ Preventive ☐ Diagnostic ☐ Treatment ☐ None of the above	If None of the above, please specify in section B
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?	☐ Yes ☐ No	If YES, please specify available treatment regimen
Section B		

Challenges and mitigations strategies

Consultative stakeholders' workshop

- Invited different stakeholders and partners
- Staff from high load facilities



Approach

- Presented the process with passed through when conducting
 - The desk review /review of the B&P tool
 - The populated tool itself(indicators, standard and benchmark)



Approach

- Divided the team into three groups ; 4 standard with its benchmarking per group
 - For each benchmark indicate/validate whether this benchmark is 'met' or 'not met'
- If standard is 'Not Met' or 'Partially Met',
 - To describe actions or next steps agreed to improve the quality of this standard.
- To propose possible stakeholders for the action and the timelines for completion.

Number of standards(20) and benchmarks(94) reviewed by the team

Team 1 (7S, 27B)		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)
Team 2 (7 S, 31 B)		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)
Team 3 (6 S, 36 B)		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)



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		
3.3 The strategy on the management of TB in children and adolescents is fully implemented	Necessary technical assistance for the prevention and management of TB in children and adolescents is identified			not met			
	Technical assistance is monitored	The country is not receiving TA from partner organizations due to lack of funding	Not Met				
	Action plans are developed based on TA recommendations		Met				
	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 support by the NTP	Not Met	not met	Design intergration and training plan for the private section	NTP and private partners	
	The management of TB in children and adolescents is integrated into the community health strategies	Not yet integrated	Not Met		Design integration policy	NTP and partners	

Standard

Benchmark

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



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Self-assessment and planning process

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

Group presentation

- Each group presented their work
- Hot discussion on some of the indicators
- Final consensus
- Group submitted the final agreed group work to organizing team



Summary report

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	partially 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	partially met
H:4.2 All providers of paediatric care are involved in Prevention, diagnosis and treatment of TB in children and adolescents	partially met
I: 5.1 All eligible children receive BCG vaccination	Met
J: 6.1 Investigation of child and adolescent contacts of people with infectious TB is part of the national strategy	Met
K: 6.2 Investigation of child and adolescent contacts of people with infectious TB is fully implemented	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	partially met
N: 8.1 Special approaches for diagnosis of TB in children and adolescents are included in the national guidance on TB	Met
O: 8.2 Special diagnostic approaches for TB in children and adolescents are applied	partially 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	Met
R: 9.3 The national treatment strategy on the management of TB in children and adolescents is universally accessible	partially met
S: 10.1 Data on TB in children and adolescents are available and used at the NTP	partially met
T: 11.1 There is a plan for human resource capacity building for the prevention and management of TB in children and adolescents	partially met
U: 12.1 The NTP and partners deploy specific initiatives to promote people- and family centred TB care for children and adolescents	partially met

Stakeholders mapping

- Objective
 - Engage stakeholders actively supporting children and adolescent activities including TB, social well-being, etc.
 - Identify their roles in the comprehensive TB care cascade in the country, as well as technical assistance area and geographical locations
 - The stakeholder mapping tool shared with stakeholders and partners
 - Completed and shared by most



Stakeholders

Number of
stakeholder
supporting children
and adolescents

Area of intervention, timelines and project activities

Engagement with stakeholder

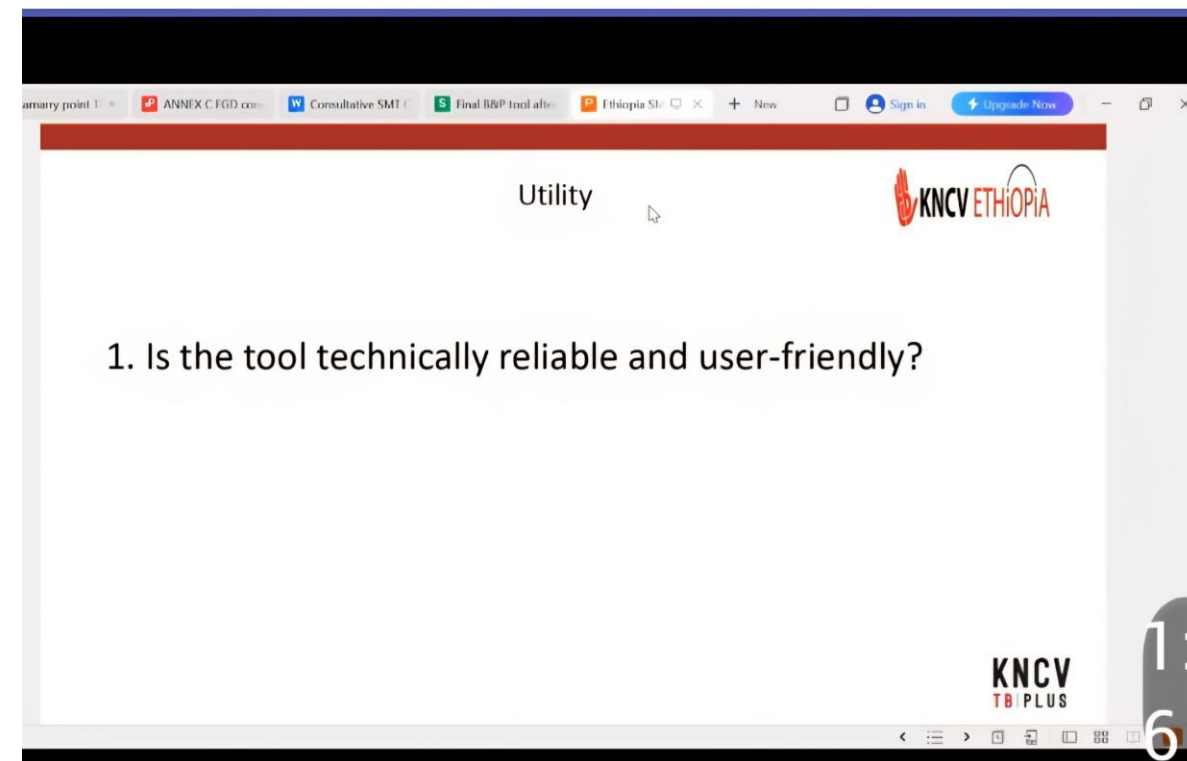
Distribution of resources and support

	Main vention / support area(s)	Geog In v does	timelines and project activities	Contribute How could the stakeholder contribute to the project?	Engagement How to best engage the stakeholder?
stakeholder supporting children and adolescents					
Engagement with stakeholder					
Distribution of resources and support					

Focus group discussion

- Objective
 - Explore key areas to assess the utility and acceptability of the benchmarking and planning tool
- Invited those participants involved in the stakeholder's workshop
- Conducted virtually on October 10, 2025

← FDG for CATB project Fri. Oct 10. 2:29 PM



Discussion points of FGD

- Utility
 - Is the tool technically reliable and user-friendly?
 - Can it be adapted to different health system levels (national, regional, facility)?
 - Does it generate practical, actionable recommendations?
 - Has the tool improved efficiency in resource allocation or decision-making?
- Acceptability
 - What are users' perceptions of the tool's benefits vs. administrative burden?
 - Does it align with ethical and patient-centered care principles?
 - Are there any concerns or resistance to its use?
 - How easily does the tool fit into existing workflows?
 - What are the main challenges in rollout and sustained use?

Current status

- Analysis and report writing

Lesson learned

- A useful tool
 - Evaluate and improve policies and practices for managing TB in children and adolescents
 - Assess implementation status for the TB program in children and adolescent
 - Identify gaps and design planning and mitigation strategy
 - Evaluate the performance and action plan at different timeline(biannually, annually and etc) and re plan accordingly
- Countries need to align their indicators and age category with WHO recommendation : Keep us outdate and easy reporting

Thank you