



**GUIDE FOR
PROGRAMMATIC
SUPPORT ON UTILIZING
AN EXCEL-BASED TOOL
FOR MAPPING OF COMMUNITY
SYSTEMS STRENGTHENING
AND COMMUNITY-LED
RESPONSES**



Acknowledgements

Brochure “Guide for programmatic support on utilizing an excel-based tool for mapping of community systems strengthening and community-led responses” is the result of an activity that received funding under the Community, Rights and Gender Strategic Initiative funded by the Global Fund.

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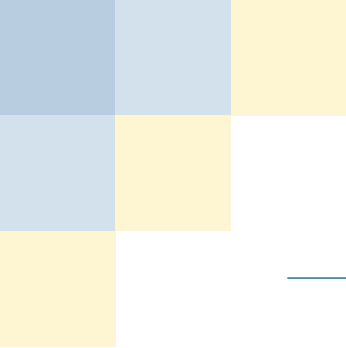


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Abbreviations

CAD/AI	- Computer-Aided Detection/Artificial Intelligence
CCM	- Country Coordinating Mechanism
CLM	- Community-Led Monitoring
CLOs	- Community-Led Organizations
CLR	- Community Led Responses
CRG	- Communities, Rights, and Gender
CSOs	- CSOs
CSS	- Community Systems Strengthening
EECA	- Eastern Europe and Central Asia
FR	- Funding Request
GC7	- Grant cycle 7 (of the Global Fund)
HIV	- Human Immunodeficiency Virus
KVP	- Key and Vulnerable Populations
MoU	- Memorandum of Understanding
NSP	- National Strategic Plans
NTP	- National Tuberculosis Program
PAS Center	- Center for Health Policies and Studies
PR	- Principal Recipient
RSSH	- Resilient and Sustainable Systems for Health
TB	- Tuberculosis
TBEC	- TB Europe Coalition
UHC	- Universal Health Coverage



ABOUT THIS GUIDE

This guide has been created to facilitate informed and meaningful involvement of civil society and communities in the preparation of NSP and funding requests for TB programs. Its purpose is to provide programmatic support on utilizing an [Excel-based tool for mapping of CSS and CLR](#), offering a specific list of actionable activities that can be implemented within countries to address TB.

The guide offers detailed instructions to assist CSOs and communities in identifying the CSS and CLR activities that are currently being executed within the country, along with the organizations responsible for their implementation. Additionally, it aids in identifying activities that are not yet in progress but have the potential to be included in the NSP and various funding requests, as well to monitor the inclusion of this activities during grant making and implementation of the project.

First version of the guide has been piloted in Azerbaijan within the communities' consultation for identifying priorities for GC7 country funding request. During the consultation communities expressed the need for more detailed information, description of template activities, this being incorporated in the following version of the tool. Also, in the discussions was identified that year of completion for some of the activities is very important (as some activities might have been completed long time ago and the results are not relevant anymore for the country), though this determinant was also added in the Excel tool. Bottlenecks identified during the consultation in Azerbaijan and peer review of other community members have been fully addressed and informed the final version of the tool and its guide.

WHAT ARE THE COMMUNITY SYSTEMS AND RESPONSES

Community systems are the processes, structures, and mechanisms that communities use to coordinate and deliver responses to their health-related challenges and needs. They are essential to strengthen health systems, improve the TB response and ensure that TB services are designed and delivered to be people-centered, accessible, equitable, cost-effective and accountable.¹

Community System Strengthening for TB

Community System Strengthening entails a comprehensive set of strategies aimed at empowering communities and bolstering their capacity to effectively respond to TB challenges. CSS is designed to enhance TB control efforts, improve health systems, and promote people-centered, equitable, and accountable TB services. It operates through four primary intervention areas:

Community-Led Monitoring: Empowers communities to hold service providers accountable for delivering quality, accessible, and affordable TB services. CLM generates data for evidence-based advocacy, ensuring service improvements.

Community-Led Research: Generates strategic information to advocate for policy changes addressing social and structural barriers to TB services. It supports reforms by identifying gaps and barriers.

Community Engagement, Linkages, and Coordination: Strengthens community involvement in decision-making, enhances community-provider linkages, and improves service access. This fosters participatory governance and informed health choices.

Capacity Building and Leadership Development: Empowers CLOs to provide peer-led TB responses, enhancing programmatic outcomes and community involvement.

Community-Led Responses for TB

CLR are initiatives driven by communities to address TB-related challenges. CLR encompasses various activities undertaken by community-led organizations to promote TB control, advocacy, research, and support. Examples include:

CLR: CLOs conduct research to identify barriers, inform policy changes, and advocate for improved TB services from the community perspective.

CLM: CLOs independently monitor TB programs, ensuring service quality, accessibility, and responsiveness.

Community-Led Advocacy: CLOs advocate for policy reforms, social and structural changes, and resource allocation to enhance TB control and support.

Capacity Building and Leadership Development: CLOs strengthen their own organizational capacity to effectively lead TB-related initiatives, promoting sustainable community involvement.

¹ Community guide on TB. Grant cycle 7, ENNASO

Differences between CSS and CLR

Nature of Intervention:	
CLR pertains to specific community-led activities, such as research, monitoring, advocacy, and support services.	CSS focuses on enhancing community systems, involving strategies like monitoring, research, engagement, and capacity building.
Scope:	
CLR primarily revolves around TB-focused activities led by community organizations.	CSS encompasses a broader framework that strengthens community systems to address various health challenges, including TB.
Accountability:	
CLR emphasizes community-led accountability, where CLOs independently oversee and manage interventions.	In CSS, accountability lies with both communities and service providers, fostering improved service delivery.
Engagement with Health Systems:	
CLR may operate partially outside the formal health system, with CLOs driving interventions independently.	CSS aims to reinforce health systems by empowering communities and improving coordination with formal health institutions.
Funding and Management:	
CLR initiatives are often managed by CLOs, independently funded through contracts or grants, promoting community ownership.	CSS interventions may be supported through various funding channels, including the Global Fund, and are managed collaboratively.

Examples of difference between CSS and CLR activities

To better understand the specific differences in CSS and CLR activities, few examples are given below for different areas in TB response:

Area: CRG/TB stigma assessments:

CLR activities - Conduct the assessment (create the working group, organize the prioritization meeting, organize data collection, data analysis, writing of the report, presentation and validation of the report);

CSS activities - Develop costed action plan or TB stigma reduction strategy based on findings from the assessment, participate in country processes (NSP, GF FR development) and advocate for inclusion of the activities from the CRG action plan or TB stigma strategy, participate in processes to ensure that the proposed activities are adequately funded.

Area: CLM

CLR activities - Introduce a CLM tool, create a CLM response team, promote the use of CLM tool, collect data and provide immediate support in solving an individual problem;

CSS activities - Develop an algorithm of data exchange with national stakeholders, regularly present CLM data that shows gaps in the provision of services at local, regional and national fora, participate in advocacy for removal of the identified gaps, participate in the review of the documents to incorporate needed changes for improvement of TB care delivery.

Area: Advocacy

CLR activities - Organize the advocacy campaign on TB specific issues (general information about TB prevention and care, rights of people with TB, etc.);

CSS activities - Involve in advocacy activities (meetings, consultations, review of documents) to influence policy changes related to TB (removal of any discriminatory aspects from the legislation, inclusion of new models of care and support in the national guidelines, etc.);

Area: TB supportive service delivery

CLR activities - Provide the non-medical supportive services to people affected by TB (referral to screening, counseling, connecting them with support groups, or assisting with treatment adherence, etc).

CSS activities - Involve/lead in activities to develop/adapt the standards of services, involve/lead in advocacy to approve at national level the standards, involve/lead in activities that legitimate CSOs/CLOs/CBOs to provide non-medical supportive services for TB, involve/lead the advocacy to secure funding for non-medical supportive services for TB.

In summary, CSS and CLR constitute complementary approaches to enhance TB control and community involvement. **CSS focuses on strengthening community systems**, while *CLR emphasizes community-led initiatives driven by organizations to address TB challenges and promote accountability*. Both approaches contribute to more effective, people-centered TB responses and improved health outcomes.

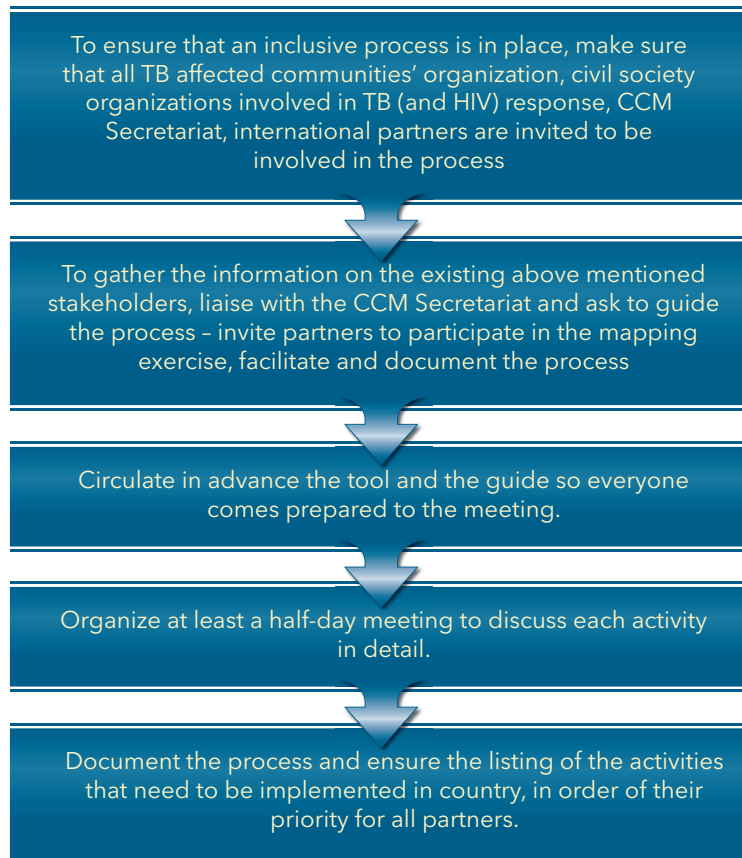
More information on CSS and CLR activities can be found on The Global Fund website in the following guidelines -

- [Technical Brief Community Systems Strengthening](#)
- [Information Note: Tuberculosis](#)
- [Information Note Resilient and Sustainable Systems for Health \(RSSH\)](#)
- [Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle](#)
- [Decision-making Guide for CSS Interventions in Global Fund Grants](#)
- [Technical Brief Gender Equality](#)
- [Technical Brief: Removing Human Rights related Barriers to TB Service](#)
- [Excel-tool: Country Mapping of Community Systems Strengthening \(CSS\) and Community-Led Responses \(CLR\) in TB](#)

For more resources also consult the [Community Engagement Toolbox](#).

Important! CSS and CLR activities should be guided by country priorities and aligned with the [TB essentials](#) included in the main funding request.

MAPPING EXERCISE



If circumstances allow and adequate resources (both human and financial) are available, it is advisable to undertake a rapid analysis of community and CSO currently engaged in TB response within the country. This analysis could involve a comprehensive review of publicly accessible data sourced from the NTP, CCM, and PR websites. Particularly, the activity reports of these stakeholders and published materials could yield valuable insights.

Furthermore, it might be beneficial to explore relevant regional entities operating within the European context, such as TBEC, EECA Platform, TBPEOPLE, and the PAS Center. These organizations could serve as additional valuable sources of information, especially in relation to CSS and CLR activities in the European and Central Asia region.

By conducting such review, we can potentially gain a better understanding of the landscape of active TB-affected community and CSOs, their roles, contributions, and the scope of their engagement in the TB response efforts, which will help significantly during the mapping exercise.



PROGRAMMATIC INFORMATION ON CSS AND CLR ACTIVITIES INCLUDED IN THE EXCEL TOOL

During the mapping process, collaborate with all partners to thoroughly assess and evaluate each of the suggested activities. Follow the guidelines outlined on the "Instructions" [page of the Excel tool](#) to appropriately categorize each activity which are listed according to GF Modular Framework. For a clearer comprehension of each template activity, a concise explanation is included in Annex A, along with references to relevant guidelines or deliverable templates (if applicable). The list serves as an illustrative guide specific to the EECA region and may be modified and tailored to align with the country and temporal context.

USE OF MAPPING

The mapping of CSS and CLR can serve as a pivotal tool in enhancing the effectiveness, inclusivity, and impact of TB response efforts. As evident from the comprehensive steps outlined in this guide, the mapping process offers a structured approach to gather, assess, and leverage the collective strength of community organizations, civil society entities, and other stakeholders involved in TB response. This process facilitates a holistic understanding of existing activities and resources while guiding future strategic actions.

By engaging TB-affected community organizations and CSOs, the mapping exercise ensures an inclusive and collaborative approach. This active involvement helps in identifying key stakeholders, fostering partnerships, and establishing a shared commitment to address the complex challenges posed by TB.

The mapping process is multifaceted, enabling an in-depth analysis of CSS and CLR activities. Through data collection, collaboration, and systematic assessment, the tool empowers TB-affected community organizations and CSOs to categorize, prioritize, and strategize the implementation of various activities. The provided instructions, coupled with the intuitive structure of the tool, streamline the process, ensuring accuracy and reliability in capturing information.

The generated insights from the mapping exercise offer actionable intelligence for decision-makers, policymakers, and TB program managers. The visualization of activity status using color-coded indicators on the "Status" page provides a quick and comprehensible overview of the implementation landscape. These visual cues facilitate informed decision-making, enabling the identification of strengths, weaknesses, and areas requiring attention.

The mapping exercise's ultimate value lies in its capacity to inform evidence-based interventions and resource allocation. The categorized activity statuses guide the allocation of resources, ensuring that planned activities are adequately funded and that gaps are addressed promptly. Moreover, the mapping outcomes guide strategic planning, fostering alignment with national TB programs, and catalyzing efforts towards achieving TB control goals.

In the broader context of TB response, the mapping of CSS and CLR activities contributes to advance a more people-centered, equitable, and accountable approach. By identifying and strengthening community-led initiatives and engagement, the mapping process empowers communities to be active partners in the TB response. It promotes the utilization of local knowledge, resources, and expertise to overcome barriers, reduce stigma, and enhance access to TB services.

In conclusion, the mapping of CSS and CLR is a dynamic tool that transforms data into actionable insights, fostering collaboration, strategic planning, and targeted interventions. As a result, it stands as an indispensable instrument in advancing the fight against TB, promoting community-driven solutions, and working towards a TB-free future.

ANNEX A. DESCRIPTION OF TEMPLATE CSS AND CLR ACTIVITIES

Nr	Activity	Short description	Additional resources
1	Conduct TB CRG assessment to assess barriers of people to TB care.	A CRG Assessment is a multi-stakeholder participatory process comprising four primary stages: (1) inception, adaptation of the assessment protocol, and secondary data collection; (2) training and primary data collection; (3) data analysis and validation, and report writing; and (4) dissemination and costed action planning.	Communities, Rights and Gender (CRG) Resources Stop TB Partnership.
2	Develop CRG costed action plan based on identified findings.	A CRG costed action plan is needed to operationalize and cost a response to the findings and recommendations of the CRG assessment. <i>Important! This activity is dependent to the CRG assessment - if the CRG assessment has not been conducted, the costed action plan is not possible to be developed. If you selected in the mapping tool "Not planned", "Not applicable" for the CRG assessment, this activity automatically should be graded the same.</i>	TB CRG Costed Action Plan Development Guidance Stop TB Partnership.
3	Advocacy activities to remove identified CRG barriers.	A set of activities that aim to raise awareness, mobilize support, and drive positive change by influencing policies, attitudes, and behaviors to remove barriers identified through CRG assessment. Here are some advocacy activities that can be undertaken to remove CRG barriers in TB care: Policy Advocacy; Empower community leaders; Capacity Building; Generate evidence on the impact of CRG barriers in TB care through research and studies. <i>Important! This activity is dependent to the CRG assessment - if the CRG assessment has not been conducted, the costed action plan is not possible to be developed. If you selected in the mapping tool "Not planned", "Not applicable" for the CRG assessment, this activity automatically should be graded the same.</i>	A TB COMMUNITY SUPPORT PACKAGE.
4	Advocacy activities for CRG prioritization and inclusion in national TB response.	Advocacy activities for CRG prioritization and inclusion in national TB response involve strategic efforts to champion the recognition and prioritization of community, rights, and gender considerations within the national tuberculosis control strategy.	A TB COMMUNITY SUPPORT PACKAGE. UNAIDS Community Action Kit.
5	Conduct TB stigma assessment to assess level of TB stigma.	Conducting TB stigma assessment involves evaluating the extent and impact of tuberculosis-related stigma within a specific community or population.	TB Stigma Assessment.
6	Conduct KAP study to assess knowledge, attitudes and practices of population for TB	Conducting a Knowledge, Attitudes, and Practices (KAP) study involves assessing the understanding, beliefs, and behaviors of a population towards tuberculosis (TB) and its prevention and treatment.	Tuberculosis in Moldova: knowledge, attitudes and practices in general population, 2021 (pas.md).

Nr	Activity	Short description	Additional resources
7	Awareness campaign on TB to increase knowledge of the populations and decrease stigma towards TB.	An awareness campaign on tuberculosis (TB) seeks to educate the general population, dispel myths, and reduce stigma associated with TB, thereby promoting early detection, treatment adherence, and support for affected individuals.	Examples of activities: Public Service Announcements (PSAs) through Media; Social Media Campaigns; Collaborative Events with Influencers; Artistic Performances and Exhibitions; Engaging Religious and Community Leaders; Street Campaigns and Information Booths. Advocacy strategy for the transition to outpatient treatment of tuberculosis: Republic of Moldova 2016-2018 (pas.md)
8	Conduct patients' satisfaction evaluation study.	Carry out a comprehensive study to assess the satisfaction levels of TB patients with the quality of care, services, and support received during their treatment journey.	User experience and patient satisfaction with tuberculosis care in low- and middle-income countries: A systematic review - PubMed (nih.gov)
9	Advocacy to remove challenges identified in the satisfaction evaluation study.	Engage in targeted advocacy efforts to address specific challenges and shortcomings identified in the patient satisfaction evaluation study, advocate for policy changes and reforms - aiming to improve the quality of TB care and services.	Please, refer to other advocacy related activities with a focus on policy changes and reforms.
10	Assessment of legal, policy and other barriers that limit involvement of communities/CSOs in the TB response.	Conduct a comprehensive assessment to identify and analyze legal, policy, and structural barriers that hinder the active participation of communities and CSOs in tuberculosis (TB) response efforts.	Mapping and needs assessment of NGOs, CSOs in Azerbaijan report (eap-csf.az).
11	Advocacy for addressing the identified barriers that limit involvement of communities/CSOs in the TB response.	Advocacy to change or eliminate/change laws, policies, administrative barriers and other obstacles that hinder the registration or/and activity of CSO/CBOs. campaigning for decriminalization of TB.	Advocacy activities to facilitate CSO/CBO registration, exemption of taxes, pushing for policies that enable community-based treatment models, etc.
12	Technical support and training to develop and undertake campaigns, advocacy and lobbying for improved health services.	Technical assistance and capacity building providing guidance and education to enable planning, execution, and advocacy for TB campaigns and lobby for enhanced health services effectively.	Course: Advocacy, Communication, and Social Mobilization in Tuberculosis Control (teachmetb.net)

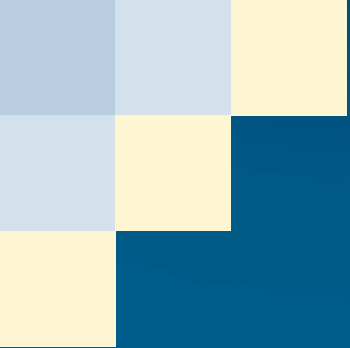
Nr	Activity	Short description	Additional resources
13	Ensuring continuous CLM of data collection for the four new WHO indicators.	Activities to monitor and produce short monitoring reports on how the new WHO indicators are collected at the national level.	Online-meeting on the Algorithm of data collection for the four WHO Europe indicators.
14	Ensuring continuous CLM of MAF-TB assessment.	Activities to monitor and produce short monitoring reports on how the MAF-TB assessment's recommendations are implemented at the national level.	<p>MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TB (MAF-TB).</p> <p>COMMUNICATION TO FACILITATE INITIATION AND LAUNCH OF MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TB AT THE COUNTRY LEVEL.</p> <p>UNPACKING MULTISECTORAL COLLABORATION & ACCOUNTABILITY IN THE END TB RESPONSE.</p>
15	Ensuring participatory involvement of communities and CSOs in development of national TB related strategies (NSP, roadmaps, etc).	Capacity building of the communities and CSOs to meaningfully engage in national strategic process related to TB response.	Strengthening Community Engagement - Funding Model - The Global Fund to Fight AIDS, Tuberculosis and Malaria.
16	Training for CSOs and communities on the use of appropriate new information communication and coordination tools and technologies, including digital tools (OneImpact, VST).	Capacity building activities for communities and CSOs on how to implement and use the new tools te.	TB Research Literacy (teachmetb.net).
17	Development of advocacy strategies for better information, communication and social mobilization (based on CRG, stigma, KAP, patients' satisfaction assessment, but not limited to).	Based on different assessments or observations lead by or conducted by CSOs and communities, develop a systematic and well-thought-out plan or approach designed to achieve specific goals and objectives, targeted to improve the current situation and address the identified gaps.	Advocacy strategy for the transition to outpatient treatment of tuberculosis: Republic of Moldova 2016-2018 (pas.md).

Nr	Activity	Short description	Additional resources
18	Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors.	Convening regular stakeholder meetings, workshops, and forums to facilitate collaboration and communication between community organizations, healthcare providers, and government agencies, enhancing the coordination of TB awareness campaigns and service delivery initiatives.	CCMs, technical working groups under CCMs may serve as such platforms.
19	Development/update and signing of memorandum of understanding between TB platforms and NTPs, other stakeholders in TB response for (improved) linkages with health system, joint outreach activities and bi-directional referral mechanisms.	Develop or update the MoU to consolidate the collaboration with NTP or other relevant stakeholders on different areas in TB response. Signing of Memorandum between NPCT and CSOs working in TB care (pas.md) .	MANUAL ON CONDUCTING THE SITUATIONAL ANALYSIS OF CURRENT NATIONAL TB PROGRAMS, SERVICE PROVISION AND THE ROLE OF CIVIL SOCIETY IN THE COUNTRIES OF EASTERN EUROPE AND CENTRAL ASIA.
20	Representation, participation and engagement of community actors in high-level health advisory or governing bodies, oversight committees (including clinic health committees), disease councils and other decision-making fora.	Capacity building activities for communities and CSOs and advocacy activities for inclusion and meaningful engagement in high-level health advisory or governing bodies, oversight committees.	Country Coordinating Mechanism Policy Including Principles and Requirements.
21	Trainings on delivering high quality supportive non-medical services for TB (based on standardized package).	Capacity building activities to deliver high qualitative non-medical supportive services in TB.	Here to be the link to online course on standardized package.
22	Peer-learning exchange visits (to other countries in the region and within the country).	Organize peer-learning visits to other CSO and community partners in the region to learn on better practices on areas of CSO involvement in TB response.	N/A
23	Trainings on organizational management, project management, human resources, etc.	Identify the needs of your organization or/and partners organization in organizational and project management and access online trainings or organize in-person capacity building events.	Capacity Development for CSOs - CSO Partnership for Development Effectiveness.
24	Capacity building to develop and	Organize trainings on development and implementation of advocacy campaigns for domestic resource	Mechanisms of financing HIV and TB

Nr	Activity	Short description	Additional resources
24	implement advocacy campaigns for domestic resource mobilization for TB and UHC	mobilization for TB and UHC.	services from budget funds.
25	Development, support and strengthening of community-based mechanisms that monitor health budget, health financing allocation decisions and health expenditures.	<p>Technical assistance to identify/develop a relevant mechanism to allow CSOs and communities to monitor health budget, health financing allocation decisions and health expenditures.</p> <p>Trainings monitor health budget, health financing allocation decisions and health expenditures.</p> <p>Trainings on use of the monitoring mechanism.</p>	N/A
26	Costification of services using the standardized package of non-medical supportive services for TB	Using the Excel based tool from the standardized package, estimate the real costs for non-medical supportive services for TB. This might need involving health financing and costing specialists to provide technical assistance. The exercise should be done through multi-stakeholders consultation involving CSOs, NTP, MoH, governmental body in charge with allocation and management of finances in health (Ministry of Finance, Health Insurance Agency, etc.).	Standardized package of community-based support services to improve tuberculosis outcomes. A guide for affected community and CSOs, national tuberculosis programmes and policy-makers in eastern Europe and central Asia.
27	Accreditation of community-based service providers to enhance the transparency and accountability of the CSOs as service providers, including revision of regulations to allow CSOs/communities workers to deliver non-medical supportive services based on WHO certification (certificate of completion of WHO course on Standardized package).	Undertake an assessment on the current legislation in your country on the legislative requirements to enable CSOs to provide non-medical services.	
28	Trainings for healthcare workers on specific needs of people affected by TB, human rights, communities and gender specific issues for TB affected communities (TA for	Technical assistance to develop/adjust training curricula for healthcare workers on specific needs of people affected by TB, human rights, communities and gender specific issues for TB affected communities.	N/A


Nr	Activity	Short description	Additional resources
28	curricula development).		
29	Trainings for healthcare workers on specific needs of people affected by TB, human rights, communities and gender specific issues for TB affected communities (training).	Technical assistance to develop/adjust training curricula for healthcare workers on specific needs of people affected by TB, human rights, communities and gender specific issues for TB affected communities.	N/A
30	Measures for safety and protection of health and CSO workers, including mental health.	Identify current needs for safety and protection of health and CSO workers (for example needed during pandemics, natural disaster, armed conflicts, etc) and organize trainings through involvement of specialized trainers.	N/A
31	Awareness campaigns on TB symptoms.	To raise the awareness on TB symptoms, organize social media campaign, disseminate information materials, organize flashmobs, broadcast video and audio with information about TB symptoms.	<p>In children and adolescents, tuberculosis does not manifest itself in the same way as in adults- YouTube.</p> <p>Get screened for tuberculosis upon returning from work abroad - YouTube.</p> <p>How is TB transmitted - YouTube.</p> <p>Resources - Info TB (tuberculoza.info).</p>
32	Screening for TB using ultra-portable digital x-rays with CAD/AI in hard to reach populations.	<p>Advocacy for procurement and introduction ultra-portable digital x-rays with CAD/AI.</p> <p>Under the guidance of NTP, identify and support screening activities in hard to reach populations.</p>	<p>Early user experience and lessons learned using ultra-portable digital X-ray with computer-aided detection (DXR-CAD) products: A qualitative study from the perspective of healthcare providers PLOS ONE.</p>
33	Revision of national guidelines to allow non-health workers to conduct screening with ultra-portable Xrays with CAD/AI.	Technical assistance to revise national guidelines for introduction and roll-out of the ultra-portable Xrays with CAD. Involvement of specialists in radiography/radiology, as well as from responsible agency for certification of Xrays should be considered.	<p>CAD and X-ray Practical Implementation Guide Stop TB Partnership.</p> <p>WHO consolidated guidelines on tuberculosis: module 2: screening:</p>

Nr	Activity	Short description	Additional resources
33			systematic screening for tuberculosis disease.
34	Support to hard to reach-populations in accessing TB screening and diagnostic services (verbal screening, accompaniment, transportation).	Organize activities for verbal screening, accompaniment and transportation for hard to reach populations in accessing TB screening and diagnostic services. Please refer to the standards described in the supportive package and real costs estimated using the Excel tool.	Standardized package of community-based support services to improve tuberculosis outcomes. A guide for affected community and CSOs, national tuberculosis programmes and policy-makers in eastern Europe and central Asia.



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2023