

KTVE

# KNCV

TB | PLUS

KNCV  
TUBERCULOSIS  
FOUNDATION

# TECHNICAL ASSISTANCE PACKAGE

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# INTRODUCTION

KNCV Tuberculosis Foundation's (KNCV) overarching strategic direction focuses on assisting countries and national/local partners in accordance with their needs in the complementary areas of innovations and evidence generation, policy development and strategic planning, and supportive systems. Acknowledging the capacity which exists in many countries to lead and implement TB programs, KNCV increasingly supports introduction, in-country evidence generation and scale-up of innovations, like new approaches, tools and treatments, while strengthening surveillance for data-driven program management and strategic planning. KNCV's areas of work include the whole spectrum of TB Elimination and the patient pathway, from prevention to diagnosis, treatment and care. In addition, KNCV collaborates with partner organizations like the TB Alliance and IAVI by providing complementary services, especially regarding introduction of innovations.

### KNCV guiding principles

- Alignment of the KNCV strategy with the Universal Health Coverage agenda and SDGs;
- Consider the legal and ethical issues of TB care and a human rights-based approach;
- Identify the greatest impact at the lowest cost and least effort;
- Ensure country ownership and country-specific design of interventions;
- Value and build partnerships at all levels; and
- Ensure transfer of knowledge as an integral part of our technical assistance.

- ### KNCV core values

  - Humanitarian, people-centered focus
  - Delivering results
  - Reliability and accountability
  - Flexibility to respond to changing challenges and opportunities
- KNCV has over five decades of experience in technical assistance (TA) and project implementation in over 40 countries across four continents and understands the contexts and the complexities of different health systems. While being responsible to specific country TA requests, through its TA, KNCV's work is guided by international standards and aims to contribute to achieving global objectives. Drawing on lessons from its vast experience, KNCV adheres to the following best practices to ensure quality TA and rapid capacity transfer:
1. KNCV TA is focused, country-driven and coordinated with stakeholders;
  2. KNCV collaborates mainly with the Ministries of Health and National TB Programmes (NTPs) to develop regulatory frameworks and with stakeholders such as professional bodies and communities for early acceptance and implementation of innovations and change;
  3. KNCV aims to build capacity within health systems and their civil society and community partners to ensure sustainability of interventions;
  4. KNCV uses defined pathways for capacity transfer for local empowerment and ensuring ownership;
  5. KNCV focuses on sustainable results as well as on early gains; and
  6. KNCV assesses the effectiveness and value of interventions and investments through robust monitoring and evaluation.





# ILLUSTRATIVE KNCV TECHNICAL ASSISTANCE PACKAGES

KNCV provides TA at the request of governments, donor agencies and other stakeholders in TB Elimination. Depending on the expressed needs and locality, KNCV can provide short or medium term TA by local, regional or international consultants through country visits or longer term TA and/or managerial support for the duration of a project. Increasingly, KNCV is using remote support, including e-workshops and e-learning as integral element of its technical assistance. Please find KNCV's Theory of Change on page 6 and KNCV's Pathways on page 9.

Below is an illustrative list of KNCV TA packages:

## 1: National Strategic Plan (NSP) development or NSP updates

KNCV TA to NSP development would, depending on the request, consist of:

- Overall support and guidance to NSP development or partial contributions on request
- Implementation of the People-Centered Framework approach or conventional data-driven planning as required
- Leading or participating in program reviews
- Epi assessments, comprehensive data consolidation along the care continuum, Patient Pathway Analysis,
- TIME Impact Modeling for prioritization
- Multidisciplinary team of consultants under one roof

## 2: Support to success of Global Fund

KNCV TA to support Global Fund (GF) implementation and procedures can consist of:

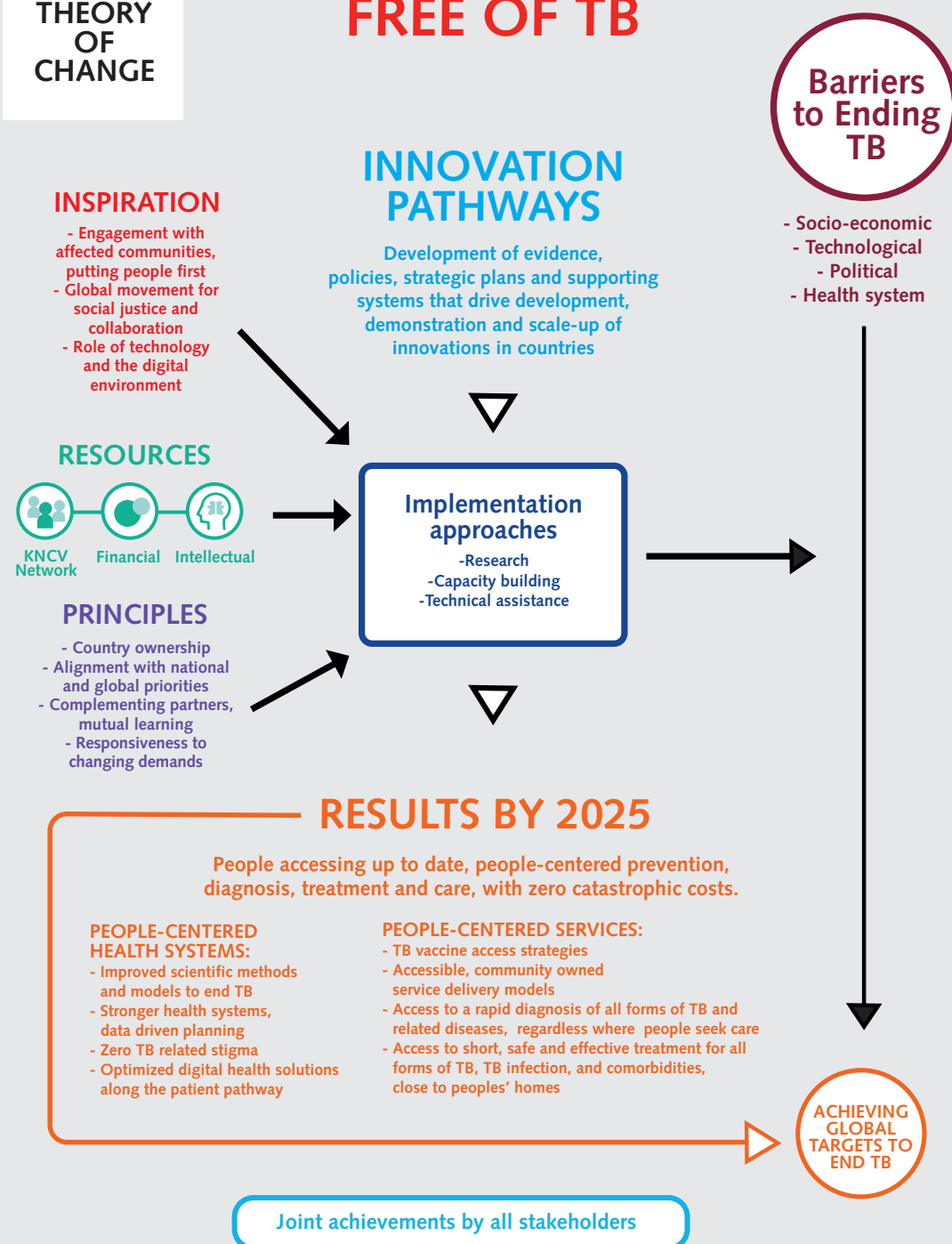
- Development of GF funding requests
  - > Based on NSP or program review
  - > Overall support and guidance to GF funding requests development or partial support on specific topics as requested
  - > Multidisciplinary consultants' team 'under one roof'
  - > TIME Impact modelling for prioritization of interventions
  - > TA to NTPs and other prime recipients in the process of grant making
- Global Fund implementation support
  - > Periodic technical review and TA to development of remedial actions
  - > Flexible TA to principle recipient to GF implementation (technical and/or managerial)
  - > TA for reprogramming of savings

## 3: Introduction and scale-up of innovations

KNCV supports development of evidence-based global and national policies and guidelines, as well as the development of generic technical tools, job aids and best practice documents. KNCV offers TA to countries to adapt global policies and generic tools to country specific contexts. KNCV provides TA to introduction and scale-up of innovations, with a systematic approach to the introduction (at pilot or demonstration sites) and management of nation-wide access scale-up.



# HEALTHY PEOPLE IN A WORLD FREE OF TB



## 4: TA in specialized areas:

### A: Epidemiological studies, research and surveillance, including local capacity building

1. KNCV provides TA to population surveys, consisting of planning and costing, development of protocol, tools, forms etc. TA to implementation, data collection and quality assurance, data management, analysis, reporting and utilization for decision making; and international publication of important studies. Examples include:
  - i. TB prevalence surveys; utilization of innovative techniques and methodologies
  - ii. Drug resistance surveys; assistance to innovative continuous surveillance of drug resistance
  - iii. LTBI surveys among populations of interest
  - iv. Risk group surveillance
  - v. Inventory studies
  - vi. Catastrophic cost studies
  - vii. Observational studies
  - viii. Diagnostic studies
2. Operational research: Effectiveness, safety, feasibility and costing studies, stigma measurement, patient and health worker surveys.

### B: TB infection control and Tuberculosis Preventive Treatment (TPT)

1. Introduction and scale-up of contact investigation complemented by TB treatment and TPT
2. Introduction and scale-up of combined Active Case Finding and TB prevention treatment approaches in high prevalence populations (key affected populations)
3. TA to programming of introduction and scale-up of TPT, including the introduction of new, more effective and shorter regimens for TPT
4. TA to planning and introduction of TB infection control in facilities and communities: the full spectra of managerial, environmental and personal protection

measures and development of the regulatory frameworks and M&E systems

5. TA to design and maintenance of TB IC aspects of BSL2 laboratories and health facilities
6. Introduction of health care worker TB and TB Prevention surveillance

### C: Comprehensive diagnostic network strengthening

1. Conduct laboratory network assessments and development of laboratory strategic plans
2. Optimal placement and systematic introduction of new diagnostic tools within the laboratory network
3. Support to the planning, development and implementation of sample transportation network (see also Digital Health Solutions)
4. Supporting to optimal utilization of connectivity
5. Development of Access and Optimization strategy for all laboratory services
6. Introduction of digital X-rays (CAD4TB) and mobile diagnostic services
7. Introduction of multi-disease testing platforms

### D: M/XDR-TB

1. Support systematic and programmatic implementation of new medicines and shorter, all oral DR-TB treatment regimens, and operational research on modified shorter DR-TB regimens
2. Development of quality improvement systems, both for individual patient care and programmatic interventions
3. Introduction and/or strengthening of aDSM systems, and evaluation of implementation
4. Support to decentralization of PMDT
5. Surveillance, enhanced M&E and evidence generation

### E: Health systems

1. Development and implementation of strategies for finding the missing TB



patients including TB case finding among vulnerable groups

2. Capacity development and engagement in TB elimination for national and local NGOs including community based-organizations
3. Development of community systems for TB Elimination
4. Sub-national burden estimates, subnational TB Elimination planning, and TA to subnational resource mobilization for realization of NSPs
5. Assessments and planning for human resources for Health for TB Elimination in the framework of integrated health systems approaches

#### F: Human resource capacity building

1. TA to development of country specific human resources capacity building strategies and approaches, integrating pre-service and post graduate training, on the job support, supportive supervision and feedback
2. Development of accredited e-learning / blended learning packages in support of continuous professional development, with evaluation of results and health worker training tracking system
3. TA to development of context-specific, targeted training packages (conventional – e-learning – blended learning), with job aids and tools for instance on
  - a. Contact investigation
  - b. Tuberculin testing
  - c. Infection control
  - d. DR-TB, aDSM, introduction of new drugs and regimens, QT interval measurement
  - e. Operational research
  - f. Stigma, stigma interventions and stigma measurement
  - g. For other examples, please refer to all specific TA packages and see our website - [kncvtbc.org](http://kncvtbc.org) - for generic and country-specific courses and materials

#### G Digital Health solutions

1. TA to development of context-specific packages for digital adherence support
2. TA to development of mobile and digital solutions for education, TB screening and support for health care workers and communities
3. Package approach to the use of connectivity and interoperability of eHealth systems
4. Surveillance system assessments and strengthening of surveillance system at all levels
5. Design, (further) development and strengthening of electronic health information systems based on or interoperable with DHIS2 etc.
6. Design and implementation of e&m Health solutions for sample transportation networks

#### H Stigma prevention & reduction

1. Context specific measurement of stigma prevalence
2. Design holistic and relevant stigma reduction interventions to address core drivers and facilitators of stigma within diverse contexts
3. Implement integrated stigma reduction tools targeted at addressing context specific stigma drivers in health care providers; persons affected by TB; and communities (including tools such as 'The Allies Approach'; 'From the Inside Out' and 'Photovoices')
4. Adaptation of stigma reduction tools for use in TB co-morbidities and other stigmatized conditions
5. Monitoring and evaluation of interventions

#### I Community, Rights and Gender Approach

1. Ensuring interventions along the entire cascade of care are relevant; meeting the needs of, and addressing discrepancies in, all people groups; and are tailored per context
2. Ensure TB services are available; accessible; acceptable; and of high quality
3. Community ownership and effective collaboration between NTP and communities, for design, implementation, and adaptation of interventions

## KNCV'S PATHWAYS



Zero TB related stigma



Optimized digital health solutions along the patient pathway



Improved scientific methods and models to end TB



TB vaccine access strategies



Accessible, community owned service delivery models



Stronger health systems, data driven planning



Access to a rapid diagnosis of all forms of TB and related diseases, regardless of where people seek care



Access to short, safe and effective treatment for all forms of TB, TB infection, and comorbidities, close to peoples' homes

# 5. TA FOR PANDEMIC PREPAREDNESS

The immediate consequences of the COVID-19 pandemic on people affected by TB and TB programs included limited access to diagnosis and treatment and interruptions of care and prevention, caused by overburdening of the health systems, disruption of the supply systems and fear and stigma of COVID.

With years of experience in innovative people-centered approaches, KNCV provided immediate TA in the following areas, to mitigate the impact and maximize the response. They are an example of lessons learned and the type of immediate response we can deliver:

1. Supporting the NTPs in preparedness planning, funding requests and implementation of mitigating actions to maintain continuity of TB services
2. Support the use of eHealth solutions in areas of logistics: sample transportation through alternative routes and delivery of drugs for TB and TPT at the patient's home
3. Rapidly implementing digital tools to support patients to adherence to treatment, access-ing information and staying in contact with their health workers, enabling continuation of care during the pandemic
4. Support comprehensive implementation Xpert Xpress SARs\_COV -2 cartridges using the KNCV Xpert support platforms for capacity building, maintenance and connectivity to ensure effective utilization and rapid turn-around of COVID-19 results and surveillance
5. Research and documentation of the impact of COVID-19 on TB; observational research on the household transmission of COVID-19; inclusion of COVID surveillance in ongoing studies
6. Support NTPs in development of SOPs and guidelines in the framework of an integrated approach to COVID-19 in TB high burden countries
7. Sharing lessons learned on stigma in TB to effectively address stigma for COVID
8. Training and TA for integrated COVID and TB infection control (TB IC)
9. Capacity building on contact investigation for COVID

# SKILLS MATRIX

KNCV has 90 technical staff: around 30 of whom are based in The Hague and around 60 at country level. The skill matrix includes general TB advisors and highly specialized experts who are active in the following areas: data driven strategic planning for TB Elimination; development of funding requests (GF and other); DR-TB programming including patient triage, introduction of new drugs and shorter all oral regimens, aDSM, decentralization of DR-TB services; TB/HIV collaborative interventions, joint service delivery; LTBI diagnosis, treatment and surveillance; comprehensive laboratory network strengthening, introduction of new (molecular) laboratory techniques and quality assurance systems; epidemiology, prevalence and drug resistance surveys, TB surveillance and surveillance systems, epidemiological modeling; mobile and digital health solutions; health systems strengthening, including human resources for health, CME, e-learning and blended learning programs; decentralized financing of integrated TB programming; increasing access for vulnerable groups, including programming to address discrimination and stigma. In addition, KNCV has in-house wide project management experience. Assignment of an expert on a TA request, will be based on area of expertise, experience with the respective geographical area, and availability.

Apart from the experts employed by KNCV The Hague and branch offices, there is a network of affiliated offices and temporary consultants who on a regular basis attend and contribute to KNCV trainings, webinars

## KNCV country offices

- Ethiopia
- Kyrgyzstan
- Kazakhstan
- Nigeria
- Philippines
- Tanzania
- Vietnam

## KNCV affiliated offices

- Indonesia
- Nigeria
- Kyrgyzstan
- Tajikistan





## SKILLS MATRIX

and workshops, to exchange knowledge and experience and ensure all KNCV TA is based on the latest insights, policies and best practices.

In addition, KNCV has close links with academia and technical organisations with complementary skills around the world.

### Quality assurance mechanism for all TA

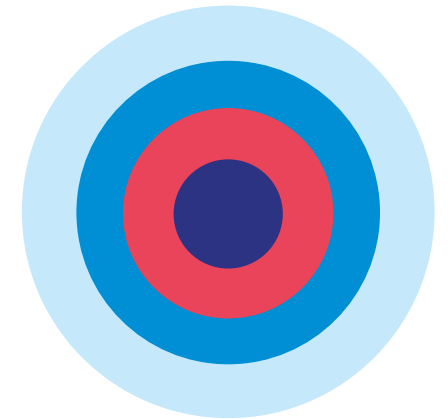
1. Feedback tool for the client
2. KNCV knowledge management for collaborating consultants
3. Standardized approach to consultancy with clear TOR and time management, including reporting
4. KNCV internal peer review of consultancy reports

### How to request KNCV technical assistance

After initial discussion of the possibilities, most KNCV TA is provided on the basis of a contract between the KNCV TB Foundation and the funding party regarding an agreed scope of work or defined project.

For each TA visit, a clear TOR and work schedule is developed with timelines and deliverables and agreed with the beneficiaries and, if so agreed, the donor.

For discussions on KNCV TA or TA requests, please contact Agnes Gebhard, Technical director KNCV: [agnes.gebhard@kncvtbc.org](mailto:agnes.gebhard@kncvtbc.org)  
Or Emmy van der Grinten, Operations director KNCV: [emmy.vandergrinten@kncvtbc.org](mailto:emmy.vandergrinten@kncvtbc.org)



- KNCV country/ National Staff
- KNCV HQ the Hague
- Pool of collaborating consultants
- Collaborating partners & Academia

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