Standardized M&E and integrated community based TB activities

Lana Syed
Global TB Programme

Consultation meeting on finding missing TB cases through integrated community-based TB service delivery
11-13 April 2018, Addis Ababa
Data collection rationale (why)

• Everyone agrees systematic data collection is crucial
• Strong M&E systems are necessary
• Good quality standardized data for:
  – Development of policy and implementation strategies
  – Programme management
  – Special purpose such as finding missing cases
Standardized data collection (why)

<table>
<thead>
<tr>
<th>Country</th>
<th>DRC</th>
<th>IND</th>
<th>KEN</th>
<th>MOZ</th>
<th>MYA</th>
<th>NIG</th>
<th>TAN</th>
</tr>
</thead>
<tbody>
<tr>
<td># presented tools</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>6</td>
</tr>
</tbody>
</table>

Multiplicity of forms and registers:

- Balance between what is **essential programmatically** & from community perspective
- Optimizing collecting and compiling information (processes, tools, time spent, transmission of data to higher levels) to ensure quality and completeness
- Only data useful for **analysis of (improvements in) programme management** should be collected
Data collection (what)

- Global emerging theme: *household contact investigation*
Data analysis (how)

• **Routine data collection** - necessary elements for day to day programme management

  1. Percentage of new notifications from community referrals
  2. Treatment success rates among those receiving support from CHWs and CVs

Role of DHIS2 and digital health?
Data analysis *(how)* - 2

• **Periodic evaluations**
  
  1. Coordination mechanism and quality
     (national/subnational/service delivery level)
    - membership (all key stakeholders for community based service delivery)
    - frequency of meetings
    - minuted meetings feeding into programme evaluation and improvements
  
  2. Trends in notifications and contribution of community referrals
Summary

In view of rationale for data collection (the “why”) within the context of national NTP M&E systems:

1. **What data** needs to be collected?

2. How to ensure **quality** and **completeness** of **standardized** recording and reporting? (including role of **DHIS2** and **digital health**)
   - Up to **8 M&E community tools** per country

3. Which data is best recorded and reported:
   - On **routine basis** vs.
   - Through **periodic evaluations**?
Background slide
Growing number of countries reporting data to WHO

2013: 13
2014: 22
2015: 41
2016: 49
2017: 53
Considerations

- First data point is **community health worker**
  - Part time
  - Responsibilities based on consideration for needs and capacities from community and programmatic angle
  - Multiple responsibilities (different programmes)
  - Considerations around motivation
  - Considerations around remuneration