Use of TISAT in East & Southern African Countries:

Summary of Findings

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To Fight AIDS, Tuberculosis and Malaria
Objectives

**Overall**
- To strengthen M&E of TB control towards the ultimate goal of directly measuring cases and deaths from surveillance data.

**Specific**
- To assess the quality and characteristics of the TB Information Systems in a country;
- To support the development of country TB M&E plans and guide strategic investments based on identified weaknesses.
TB Information Systems Assessment Tool (TISAT)

• Assessed various components of the TB Information system:
  – Overall description of TB Notification System;
  – Data Governance and Training;
  – Indicator Definitions and Data Collection & Reporting;
  – Data Management Processes;
  – Feedback and Data Use;
  – Links with other systems which may record TB cases.

Feedback Provided
Summary of Findings …..
The Onion Model

A framework for assessing the fraction of TB cases accounted for in TB notification data, and how this fraction can be increased:

Supervision and investment in recording and reporting systems

Cases with no access to health care

Cases with access to health services that do not go to health facilities

Cases presenting to health facilities but not diagnosed

Cases diagnosed by public or private providers but not notified

Cases diagnosed by NTP or collaborating providers but not reported

Cases recorded in TB notification data

Accuracy of Data & Reporting Performance
Accuracy, Reporting Performance, M&E System

Global Dashboard - Overall Summary Statistics

Data Management Assessment - Global Aggregate Score

- M&E Structure, Functions and Capabilities
- Indicator Definitions and Reporting Guidelines
- Data Collection and Reporting Tools
- Data Management Processes
- Links with National Reporting System

Data and Reporting Verifications - Global Aggregate Score

- % Available: 88%
- % On Time: 52%
- % Complete: 73%
- Verification Factor: 89%
Overall Observations on TISAT

- Easy administration of tool by participants;
- Facilitates achieving workshop objectives;
- Provides a broad picture of country TB Information System;
- Facilitated further development of national TB M&E Plans;
- Overall coherent answers;
- Tool may need further adjustments:
  - Difficulty in the interpretation of some questions
National TB Notification Systems

• **Geographic coverage**: 100% in 15/17 countries;
• **Population coverage**: 100% in 13/17 countries;
  (50-79%) in Nigeria.
• **Recording of Case Data**: Recorded in paper in majority;
• **Data Aggregation**:
  – At Service delivery Unit: 20%
  – At first admin. level: 60%
  – At second admin. Level: 10%
  – Case level data at national level: 10%
• **Data Transmission**:
  – Aggregated data by hard copy: 70%
  – Aggregated data electronically: 30%
Data Governance & Training

- **National TB Control Strategy**: All countries,
  - Except Mozambique?
- **National TB M&E Plan**: All countries,
  - Except Mozambique
- **TB M&E Staff**: requirements and availability vary widely.
  - Mapping of M&E staff requirements?
  - Availability of training plans varies
- **Review of DQ at National Level**: 80% of countries
- **Review of DQ at Sub-national Level**: 80% of countries
- **Clear Budget linked to M&E Plan**: 70% of countries
  - % of NTP budget for M&E (varies, up to 21% in Burkina Faso);
  - Need to better define M&E budget;
  - SDA for M&E needs to be defined?
Indicator Definitions, Indicator Targets and Data Collection Tools

- Indicator Definitions: In >90% of countries;
- Indicator Targets in M&E Plan: In >90% of countries.
- Standard Data Collection forms/tools: Uniformly available across all countries

- Infrastructure (computers) – Not assessed
Data Management Processes & DQ Controls

- **System identifies all outcome categories**: Complete in most countries.
- **Procedures to deal with late and incomplete reporting**: No,
  - Except in Zambia and Zimbabwe.
  - What happens when there is no procedure?
- **Levels at which data are verified for quality**:
  - From service unit upwards: only in 35% of countries;
  - From district-level upwards: 35% of countries:
  - From regional-level upwards: 25%
  - Only at national level: 1 country
- **Capacity to link patient’s records**: Varied.
  - 5 countries cannot link patient records.
- **Supervision and data verification**: across all countries
  - Supervision plan? Data verification tool/methodology?
  - Number of sites visited?
Feedback and Data Use

- **Feedback on Data Quality**: Yes, across all countries in varying degrees;
  - What information on data quality is provided? How often? How is it done?
  - What action is taken?

- **Feedback on Program Performance**: Yes, across all countries in varying degrees;

- **National TB Reports Produced and Disseminated**: Yes, in nearly 90% of countries.

- **Data Use**: Are the countries using their data?
  - Capacity to analyse data, at various levels: Not assessed
  - Levels at which data are used: Not assessed.
Links with Other Notification Systems

- **HIV/AIDS:**
  - Not at all in 5 countries;
  - Completely linked only in Ethiopia

- **Vital Registration:**
  - No links in >80% of countries;
  - Is there a vital registration system in the country?
  - Botswana?

- **Public non-NTP Providers (ex. Prisons):**
  - Links to some degree in 75% of countries.

- **NGO-supported TB Programs:**
  - Links to some degree in 70%

- **Private Sector:**
  - Links to some degree in 85%
• Maita Basa
• Siyabonga
• Merci
• Thank you