Training workshop for consultants of TB prevalence surveys

Feedback from observation visit during cluster (14) operations

3 March 2011
Phnom Penh, Cambodia
General strengths

- Staff experience and expertise was impressive
- Excellent team leadership (good motivator, involved with every aspect of the survey, taking good initiative; xls of sputum eligible participants)
- Community involvement and interaction with survey team exemplary (results in very high participation rate)
  - Local volunteers very involved, highly motivated, clearly taking ownership of the survey
- Operations flowed smoothly and allowed for timely "processing" of participants (189 in the morning session, 81 in the afternoon)
- Timely, finely tuned, well designed and executed!
Day 0

The good

• Two pre-visits by team leader and good preparation by village chief made this process flow smoothly and timely

Possible improvements

• In other settings (e.g. larger countries) the number of pre-survey visits would be restricted
Census day

The good

• Houses of the village are clustered within a compact, relatively small geographical area
• Excellent preparatory work (mapping of community) and involvement of village chief

Possible improvements

• One team pastes the number, another team follows to do the enumeration of the household. Could this not be done by one team/visit/household and save time?
Screening day 1; general

The good

• Participant flow was very well rehearsed and worked like a clock (12 minutes/participant)
• Floor plan mostly very well arranged (e.g. TL next to CXR reader)

Possible improvements

• Group instruction was given only once in the beginning of each session. Late-comers did not receive this. Add visual aid; floor plan
• Definition of sputum eligibility does not specify haemoptysis
Screening day 1; reception

*The good*

- Finely tuned operation!

*Possible improvements*

- Family invitation cards; worked in rural but would they in urban settings? African countries?
- Why always take fingerprint? Those who can write should be able to sign
Screening day 1; interview

The good

• Very experienced interviewers who seemed to be able to relate well to participants (difficult for us to comment on content, we stick to process)

• Local volunteers instrumental in facilitating the participant procession through the floor plan

Possible improvements

• 3 interview tables were too close to each-other with little to no privacy (also local volunteers sitting next to participant)

• No quality control (e.g. random re-interviewing of a small sample of participants)

• Interview time different between interviewers
Screening day 1; chest X-ray

The good

• Impressive pace and operations overall!
• Reader very experienced and good

Possible improvements

• Definition of "abnormal" includes all abnormalities. No obvious benefit to participant, nor to the survey objectives and could create confusion. Not to be exported to other settings
• Request by TL to re-read normal CXRs of participants who reported TB symptoms
• No confidentiality; men and women undressed together
• Use of disposable gowns?
• Use belt for all women of child-bearing age
Screening day 1; sputum collection

The good

• Placed at a good distance from the main part of the screening site

Possible improvements

• Privacy of sputum corner non-existent
• Instructions on how to produce sputa not given consistently
• Why only offer some (instead of all) eligible for sputum to brush their teeth?
• Labelling of specimen container; only lab serial no
• No form accompanying late-arriving morning specimen once the spot has been sent to lab