

MANAGING THE TB CONTROL PROGRAMME AT A DISTRICT LEVEL: THE ROLE OF REGULAR MONITORING AND EVALUATION



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BACKGROUND

The National TB Directorate in South Africa has achieved considerable success in developing and implementing the National TB Control Programme (NTCP). Policies, guidelines and monitoring tools have been developed, indicators and targets have been set. However at a district level, a lack of management capacity, and inadequately trained and supported staff have resulted in poor implementation of the NTCP. As a result, South Africa has the seventh highest number of TB cases in the world. The HIV epidemic continues to fuel the TB epidemic.

METHOD

A tool named **The District Rapid Assessment Tool (DRAT)** was developed for assessing the implementation of the NTCP throughout South Africa. This tool is suitable for use throughout South Africa and can be used by district level staff with limited management experience or capacity.

The staff involved should include: TB or HIV/AIDS programme managers, clinic supervisors or PHC trainers. Key elements of the NTCP are assessed and scored:

- Workload
- Treatment Outcomes
- Implementation of DOT
- Systems Support
- Active Case Finding
- Clinical Management
- Recording and Reporting

Workload: The number of TB patients is compared to the number of Primary Health Care patients seen in a month.

Active Case Finding: The suspect register is examined to reflect the awareness of staff in looking for TB. The levels of suspicion of TB are assessed based on the positivity rate among suspects.

Treatment Outcomes: Three key treatment outcome indicators identified by the NTCP are assessed: Smear Conversion Rate, Interruption Rate, Cure Rate

Clinical Management: Patient cards are examined and scored according to whether the patients are on the correct treatment regimen.

Implementation of DOT: The implementation of DOT support is scored based on the three criteria: Regular meetings between facility level staff and DOT supporters, Details of DOT supporters recorded, Recording of treatment taken

Recording and Reporting: Patient cards are examined in detail and scored as to whether all information required is documented.

Systems Support: The turn around time is used to monitor laboratory services. To monitor pharmaceutical services, the range of TB drugs and drug management system are scored.



UMZIMKHULU TB REVIEWS
 September 2003/February 2004/May 2004/August 2004

Clinic	Staff No	Total PHC Patient Nos per nurse	TB Patients	Suspect	SCR	Interrupt rate	Cure	DOT	Record & Report	Drugs	Clinical	Score
Umvoti September '03	1 CPN 1 PN 1 EN 1 ENA	1147 1:26	23	0	0	0	0	2	12	1	2	17
Umvoti February '04	1 CPN 1 PN 1 EN 1 ENA	1104 1:25	26	0	1	2	1	2	12	1	2	21
Umvoti May '04	1 CPN 1 PN 1 EN 1 ENA	1133 1:26	28	1	1	4	4	2	14	4	2	32
Umvoti August '04	1 CPN 1 PN 1 EN 1 ENA	1003 1:23	23	2	4	0	0	2	10	4	2	34

VALUE OF THIS TOOL

At a district level:

- The tool is flexible and easy to use.
- The DRAT report provides a management record for district level staff.
- It provides a snap shot of the implementation of the NTCP within a district.
- Best and worst practices within a district can be identified and shared.
- District level staff are assisted in prioritising which facilities and problems need attention.

At a facility level:

- Staff are involved in the assessment process.
- The DRAT provides a snap shot of the management of TB patients at a facility.
- Staff get immediate feedback on the management of TB patients in their facility.
- In-service training is provided as part of the assessment process where necessary.
- Regular monitoring (quarterly reviews) ensures that staff are motivated to show improvement.
- Management problems are broken down into a manageable size, both at a facility and a district level.

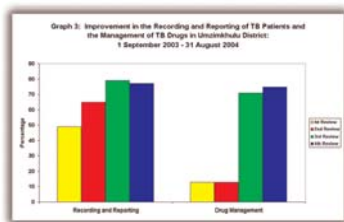
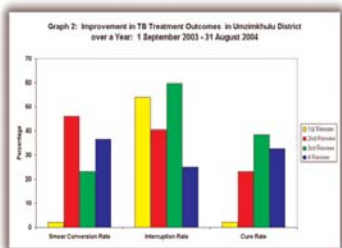
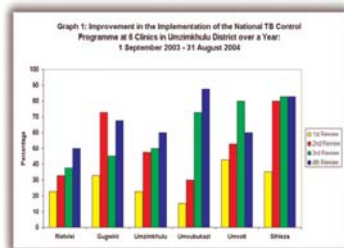
RESULTS

The DRAT was used on a quarterly basis to review the implementation of the NTCP in Umzimkhulu over the course of a year. Umzimkhulu is a remote rural District in the Eastern Cape Province of South Africa.

The implementation of the NTCP improved in all facilities. In Graph 1 the improvement in 6 facilities in the district is illustrated.

In Graph 2 the scores for treatment outcomes are illustrated. As can be seen there is improvement for the three treatment outcomes illustrated: smear conversion rate, interruption rate and cure rate.

In Graph 3 the recording and reporting of TB patients in Umzimkhulu district can be seen to have increased from 49% in the first review to 77% in the fourth TB review. The drug management of TB patients in Umzimkhulu district can be seen to have increased from 13% in the first and second review to 75% in the fourth TB review.



LESSONS LEARNT

- Workload and successful implementation of the NTCP are not always causally linked.
- Regular monitoring and evaluation improves the quality of care in the absence of any training. Facility level staff feel supported if visited regularly by district level staff.
- Quick feedback and on-the-job training motivates facility level staff.
- Monitor process indicators as improvements can be more rapidly noted. This is essential for the NTCP where outcome indicators can only be evaluated 9 – 12 months later.
- Clinic supervisors and programme managers also need support and monitoring.
- The DRAT has assisted in keeping district level staff focused on the implementation and improvement of the NTCP.
- The DRAT is flexible and can be adapted for local use.
- A simple reward system was introduced in Umzimkhulu. This led to good natural competition between the different facilities.

