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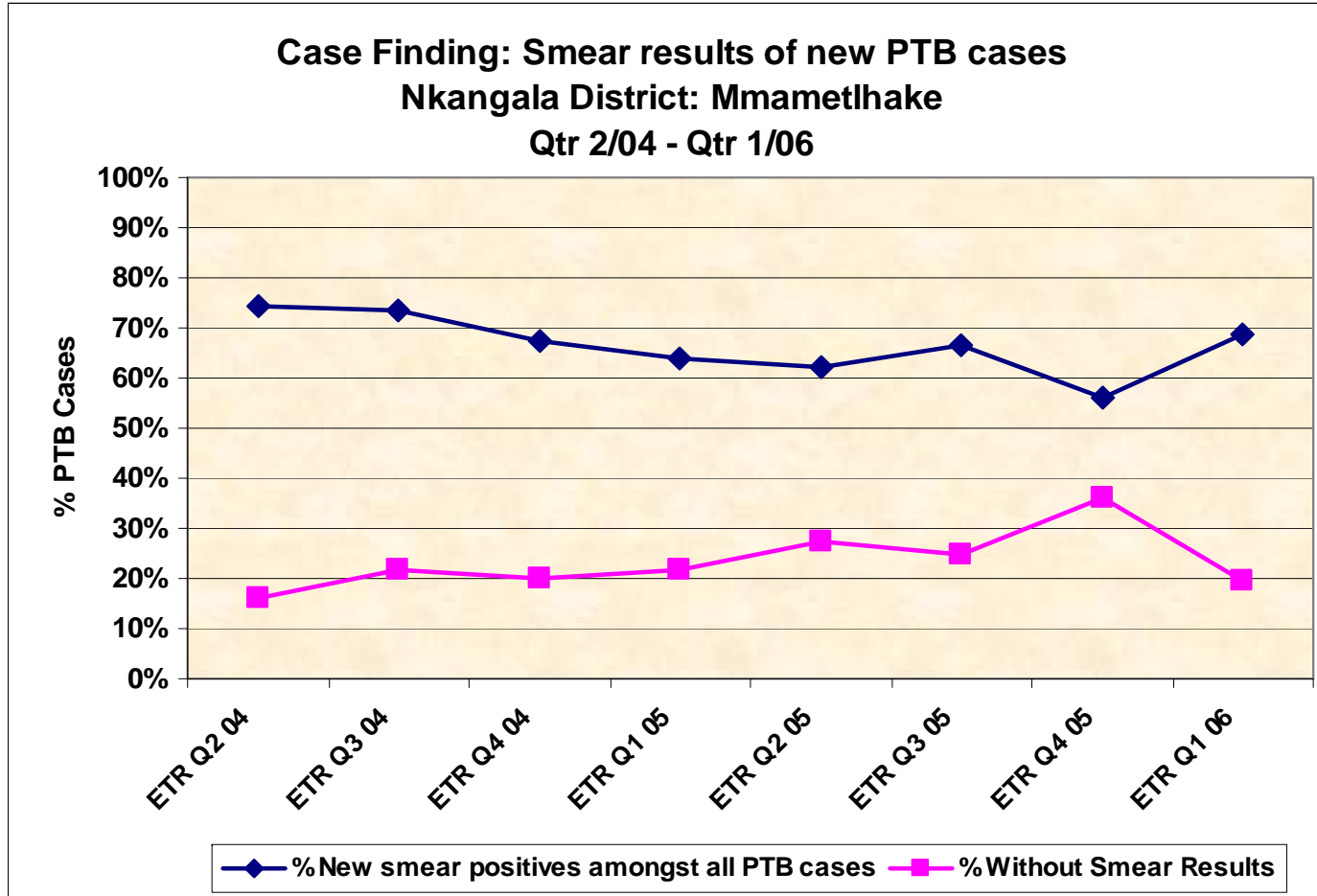
Challenges with TB Data Management: Dr. J.S. Moroka sub-district

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TASC TB Project: Monitoring & Evaluation



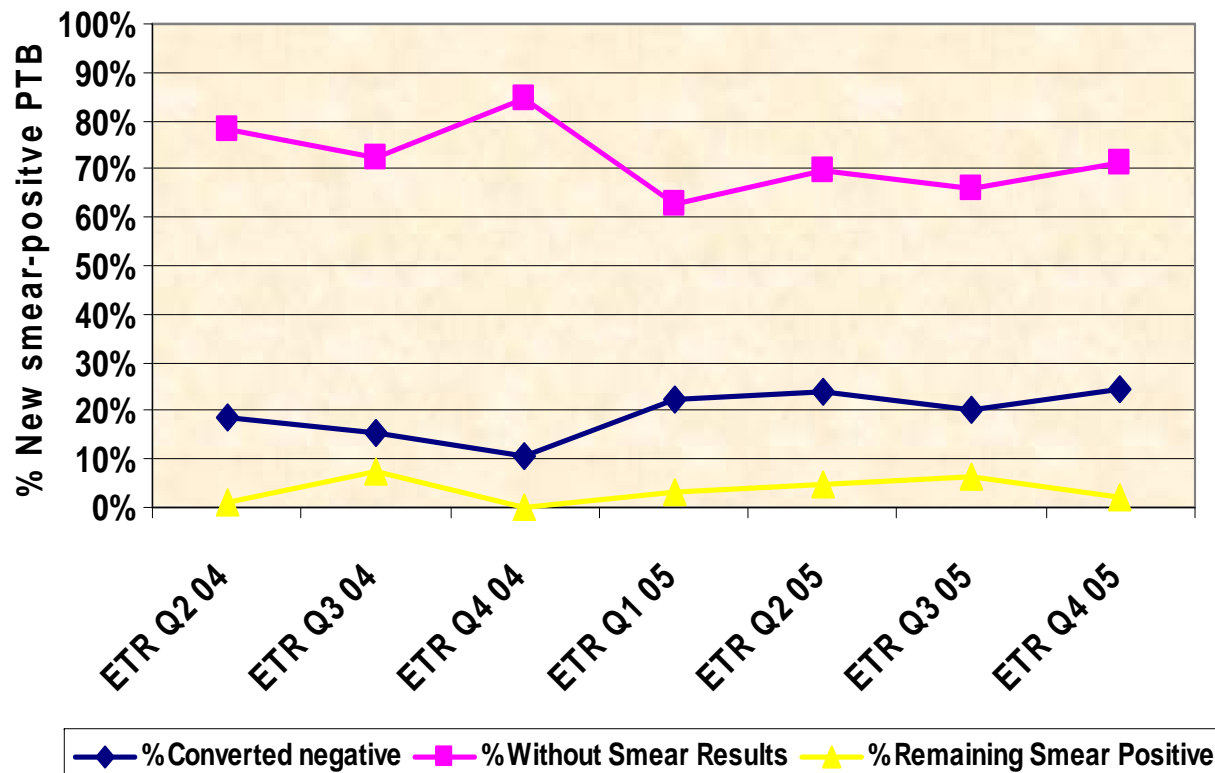
Background: Case Finding



- 15% – 40% of New PTB cases diagnosed without smear microscopy
- Backlogs in data capture

Smear Conversion

Smear Conversion Results: Qtr 2/04 - Qtr 4/05
Nkangala district: Mmamethake



- Late or non sputum collection end of TB intensive treatment phase
- Low smear conversion rates resulting in low cure rates

Exercise conducted to understand the Sub-District's data management procedures:

- Check that all facilities had submitted TB reports to data capture point during 2005-2006
- Verify that all TB reports had been captured
- Mechanisms used to track data forms submitted
- Adequacy of staff, equipment, working space and data storage facilities.

Findings: Staff and Storage of reports

- Two HAST coordinators provide TB support and collect reports. Support limited due to other supervisory responsibilities.
- TB Data Capture point located in the hospital's patient records centre
- Very limited working space, with a lot of traffic in and out of the office.
- No reliable data back-up system locally.
- Combination of envelopes, plastic bags and box-files used for data storage. Retrieval of forms very difficult.



Data forms for from 2003 - 2006 were sorted out



Systematic filing by facility & reporting period



Some records with missing or inconsistent data

Registration No.	Patient Surname / Name	????DATA QUERY (Identified March 5-9 2007)	CORRECT DATA FROM PATIENT BLUE CARD	UPDATED ON ETR BY: (SIGNATURE)
06/05		NO SITE OF DISEASE		
07/05		INCONSISTENT SMEAR COLLECTION AND TREATMENT-END DATES		
08/05		TWO DIFFERENT TREATMENT-END DATES		
09/05		THREE DIFFERENT TREATMENT-END DATES		
10/05		TWO DIFFERENT TREATMENT-END DATES		
13/05		INCONSISTENT SMEAR COLLECTION AND TREATMENT-END DATES		
14/05		INCONSISTENT SMEAR COLLECTION AND TREATMENT-END DATES		
16/05		INCONSISTENT SMEAR COLLECTION AND TREATMENT-END DATES		
2006				
QUARTER 1 / 2006: MISSING YELLOW AND GREEN FORMS' RECORDS				
NOTE: CULTURE SPECIMENS NOT COLLECTED, OR RESULTS RECORDED FOR RE-TREATMENT CASES!!!				

Findings: Data

- More TB cases registered in district and provincial ETR than reflected at the national level
- New facilities, Moripe, Valschfontein and Waterval established; changes not cascaded to higher levels.
- One facility appeared twice on the ETR / National level, due to use of dual facility names by sub-district

Findings

- Most TB cases are transferred in from other districts, resulting in low Case Finding for the sub-district and a “hidden” high case-load
- Many “Moved in” cases on registers, which were never registered as “New” elsewhere: Good outcomes not contributing to S-D’s Cure rates
- R & R errors: More than one CF report with overlapping patients. Patient particulars not completely identical.

Findings

- New patients recorded on SC or TO forms, or facility copy, but not in Case Finding.
- Discrepancies between treatment start and specimen collection dates.
- Electronic and paper records not always the same: Some updates / corrections previously done telephonically. Changes not documented

Comparing electronic records to original TB register and CF, SC & TO forms. Records updated



Some changes in outcomes following updates

	Smear Conversion		Cure	
	Before data validation	Post data-validation	Before data validation	Post data-validation
Qtr 1/06	28.9%	26.2%	33.9%	37.7%
Qtr 2/06	41%	43.5%	33.8%	39.7%
Qtr 3/06	35.6%	47.1%	32.9%	34.7%
Qtr 4/06			26.3%	31.6%

Recommendations

- Development of guidelines on data management.
- Numbering TB register pages during printing in future to facilitate matching of CF, SC & TO reports & track missing ones.
- Provision of basic equipment for the data capture point: Printer, back-up system for captured data and Uninterrupted Power Supply

Recommendations

- The key data management personnel (Data Capturer & TB focal person need to attend regular updates on the ETR.NET, to acquire skills to validate data.
- Need to strengthen R & R: Some 2007 records entered into a 2002/3 TB Register
- Stress importance of timely sputum collection: Successful treatment completion of 72%, compared to 35% cure rate: Potential to improve cure rates exists.

Recommendations ctn.

- To ensure systematic filing of records, ease of retrieval, and to avoid over-counting of facilities, the sub-district consider using official names only; communicate these to ETR & DHIS Data Managers. [Kalkfontein / Katjibane; Pankop / Diphlane; Bloedfontein / Senotlelo; Haakdorilaagte / Ga-Maria]
- Sub-district utilise existing data management capabilities to improve TB data quality: Staff roles & responsibilities in DHIS section well laid out, and staff more experienced in data analysis

Mrs. Mandala (PHC Manager) briefed on challenges identified and progress made



THANK YOU

- **Selita Mgwenya** Provincial TB Coord.
- **Modikwe Kwenaithe** TB Data Capturer
- **Lilian Kekana** HAST Coordinator
- **Pinkie Mahlangu** HAST Coordinator
- **Betty Kegakilwe** TASC TB NW Advisor
- **Tumi Mbengo** TASC TB MP Advisor
- **Madibata Matji** TASC TB M & E Advisor