# The United Republic of Tanzania Ministry of Health, Community Development, Gender, Elderly and Children



# NATIONAL TUBERCULOSIS AND LEPROSY PROGRAM GUIDELINE ON DATA QUALITY ASSESSMENT

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#### **CHAPTER 1:**

#### INTRODUCTION TO DATA QUALITY

#### **Definitions**

What is quality data?

Data that is reliable and accurately represents the measure it was intended to present. High levels of data quality are achieved when information is valid for the use to which it is applied and when decision makers have confidence in and rely upon the data.

#### Dimensions of quality data

Data Quality Dimension Dimesion	Operational Definition
Accuracy	Accuracy refers to the extent to which the data reflect the actual/correct information. It defines validity of the data and is achieved by minimizing errors from recording or interviewer bias and transcription.
Complete- ness	Completeness means that an information system from which the results are derived is appropriately inclusive: it represents the complete list of records (eligible persons, facilities, units) and the fields in each record are provided appropriately.
Reliability	Data are reliable if they are arguably complete and accurate, measure the intended indicator, are consistent and are not subject to inappropriate alteration over time.

Precision	This means that the data have sufficient detail. For example, an indicator requires the number of individuals who received HIV counseling & testing and received their test results, by sex of the individual. In this case, an information system lacks precision if it is not designed to record the sex of the individual who received counseling and testing.
Timeliness	Data are timely when they are up-to-date (current), and when the information is available on time. Timeliness is affected by:  a) The rate at which the programme's information system is updated.  b) The rate of change of actual programme activities; and.  c) When the information is actually used or required.
Integrity	Data have integrity when the system used to generate them is protected from deliberate bias or manipulation for political or personal reasons.
Confidenti- ality	Confidentiality means that clients are assured that their data will be maintained according to national and/or international standards for data. This means that personal data are not disclosed inappropriately, and that data in hard copy and electronic form are treated with appropriate levels of security (e.g. kept in locked cabinets and/or in password protected files). Completed/used data collection and reporting tools should be stored as per existing national guidelines.

Why quality data is important?

- Plan and develop interventions
- Identify clients in need of services and/or referrals
- Improve efficiency through administrative organization
- Inventory resources to determine what to order and when
- Understand human resource capabilities and challenges at the facility level
- Inform policy and guideline development
- Understand if we are meeting national health-related goals

#### **Data Flow**

Data are collected at the point of service delivery, where they are aggregated into a summary report and sent to the council for entry into the DHIS2 database according to the National guidelines<sup>1</sup>

It is important that the *dimensions* of quality data are maintained at each stage of the data recording and compilation process and in both paper-based and electronic records. It is the responsibility of the Health Worker at TB clinic and in-charge at each facility to ensure that the appropriate procedures are in place to obtain quality data.

#### **Data Recording**

Data recording and reporting systems include:

- Paper-based systems (patient cards, log books, registers, summary forms, etc.)
- ➤ Electronic databases (e.g DHIS2, CTC2, etc.)

Standard Operating Procedures for Data Collection

These should be available to guide the HCWs on how to collect data/

<sup>1</sup> NTLP Data Management Guideline-to be developed. Currently the DHIS2 Manual is used as a guideline

#### Data collation and validation

An important step in the data flow process is data collation or aggregation and validation. Data collation is done at the facility by the focal person for each programme and should be counter checked by the facility in-charge before being sent to the council for entry into the DHIS2 system.

√ Timely submission of these reports is essential for the system to function properly and for data to be available at each level in a timely manner.

Standard Operating Procedures for Data Validation and Collation:

These should be available to guide the HCWs on collation and validation

#### Electronic data capture

Standard Operating Procedures for Electronic Data Capture/ Data Transcription

At the center of the national HMIS system is the DHIS2 system, which is an electronic data capture platform for aggregate data. Monthly summary forms from facilities are sent to the council where they are entered into the system in accordance with national HMIS guidelines, under the supervision of the DHIS2 focal person. Once data are entered into the DHIS2 system they are available to council, regional, and national authorities.

For TB and Leprosy Program ; data are sent to the council-DTLC on quarterly basis

#### **CHAPTER 2:**

#### **ROUTINE DATA QUALITY ACTIVITIES**

Routine data quality activities are defined as activities that should be carried out on a regular basis and are part of the terms of reference of persons responsible for collecting, collating, capturing and reporting data. The responsible persons will be assessed on these activities during supportive supervision visits.

At the facility level, routine data quality activities include data cross-checks and spot-checks.

- ⇒ Spot checks are the verification of the actual delivery of services and/or commodities to the target populations.

NB: Routine data quality will not replace data quality assessments, which are periodic external assessments of priority indicators at the facility level.

#### **CHAPTER 3: DATA QUALITY ASSESSMENT**

Data Quality Assessment (DQA) is a procedure for determining whether or not a data set is suitable for its intended purpose. This assessment is an evaluation of data to determine if it is of the type, quantity, and quality needed.

For the purpose of good practice in data collection, assessments shall be used to evaluate how effectively data are collected and if data entry complies with the minimum quality control requirements. It is important that the person conducting the assessment be independent of the front-line data collectors as much as possible so as to be able to provide an objective assessment.

#### **Purpose**

Data quality assessments shall be performed periodically to serve the following purposes:

- √ Verification of reported data
- ✓ To provide clear indication of strengths and/or gaps in the system and to assist in planning to improve data quality
- ✓ Build M&E capacity to address M&E challenges found at each level
- ✓ Improve the overall quality of the data used at all levels to report to stakeholders

Frequency and type of DQA activities in TB and Leprosy Program (NTLP)

The frequency of conducting DQA activities shall differ depending on the level of the health care system.

Tools needed	<ul> <li>District Register</li> <li>NTLP Facility Data Quality Verification Form</li> <li>NTLP Data Quality Assessment Tool</li> <li>Reports from previously conducted DQA activities</li> </ul>
Site selection process	• Prioritize facilities with data management challenges
DQA activities	<ul> <li>Assess all priority indicators from the NTLP Facility Data Quality Verification</li> <li>Complete NTLP Data Quality Assessment Tool</li> </ul>
Frequency and level being assessed	Council Minimum (DTLC) of one DQA at a health facility each quarter
Level respon- sible	Council (DTLC)
No.	1.

Tools needed	<ul> <li>Results of DHIS2 minmax outlier analysis</li> <li>Results of DHIS2 validation rule analysis. (Currently Manually extracted from DHIS2 by TLCU)</li> <li>NTLP Facility Data Quality Verification Form</li> <li>National Data Quality Assessment Tool</li> <li>Reports from previously conducted DQA activities, including facility and CHMT scores</li> <li>Draft data review meeting agenda (Appendix 3)</li> </ul>
Site selection process	All RRHs should be visited once per year     All DTLCs should be visited once per year     Prioritize RRHs based on challenges faced
DQA activities	<ul> <li>Assess all priority indicators from the NTLP Facility Data Quality Verification Form</li> <li>Assess all priority indicators from the NTLP District Data Quality Verification Form as well as indicators flagged within DHIS2</li> <li>Complete NTLP Data Quality Assessment Tool</li> <li>Conduct data quality review meetings with DTLCS at least quarterly</li> </ul>
Frequency and level being assessed	Minimum     of one         DQA per     District     level each     years     Quarterly     data     quality     review     meetings
Level respon- sible	Regional (RTLC)
No.	Ö

Tools needed	Results of DHIS2 minmax outlier analysis Results of DHIS2 validation rule analysis. (Currently extracted manually from DHIS2 by TLCU)  NTLP Facility Data Quality Verification Form  NTLP Data Quality Assessment Tool  Reports from previously conducted DQA activities
Site selection process	<ul> <li>Schedule regional visits based on regions with more data quality issues challenges</li> <li>DQA should be conducted in a minimum of 2 councils in each region per visit</li> <li>In each council, DQA should be conducted at a minimum of 1 dispensary, 1 health centre and 1 hospital</li> </ul>
DQA activities	Assess all priority indicators from the NTLP Facility Data Quality Verification Form     Complete NTLP Data Quality Assessment Tool     Conduct annual data quality review meetings with RTLCs and DTLCs
Frequency and level being assessed	At least one DQA per district in three years     And at least one DQA per regional referral hospital in three years     One data quality review meeting
Level respon- sible	National
No.	ri e

#### Methodology and tools

The methodology used for DQA will depend on the level of the health care system being assessed. There are two primary tools that will be used for DQA for TB and Leprosy activities. These are the NTLP Data Quality Verification Form and the NTLP Data Quality Assessment Tool.

#### Process:

Identify services provided by districts (TB, leprosy)

Identify services provided by Facility (DOT; Diagnostic Centre)

#### DHIS2 data quality functions

#### **Validation Rule Analysis**

The DHIS2 system is able to provide data values that are invalid, e.g., you cannot have more positive test results than the number of tests conducted. Currently these are extracted manually from the system.

The assessor should request the NTLP staff who are responsible for DHIS2 data entry to run the validation rule analysis for all districts in the region for the time period being assessed. The report that is generated will help guide the prioritization of facilities for DQA activities.

#### Min-Max Outlier Analysis

The DHIS2 system contains an outlier analysis function called the Min-Max Outlier Analysis that can be applied to any indicator or data set. The application analyses historical data to assess trends and identify outliers, or inconsistent results. A report can be generated that highlights specific facilities and/or districts with inconsistencies in their data.

The assessor should request the DHIS2 person responsible for DHIS2 data entry to run this analysis for all Districts in the region for the priority indicators contained within the NTLP District Data Quality Verification Form. The report generated from this application will help guide the prioritization of districts for DQA

activities by highlighting those councils with inconsistencies in the priority indicators over the last twelve months.

#### NTLP Facility and District Data Quality Verification Form

The goal of the NTLP Data Quality Verification Form: Annex: IV and V is to assist with data verification at the health facility and district levels respectively. The purpose of data verification is to assess, on a limited scale, if facilities are collecting and reporting data to measure the assessed indicator(s) accurately and on time — and to cross-check the reported results with other data sources.

#### NTLP Data Quality Assessment Tool

The NTLP Data Quality Assessment tool (Annex I-III) is a checklist to contextualize the NTLP M&E system at the facility, council and regional levels. The tool is adapted from the National data quality Assessment tool and will assess the data management and reporting systems at the facilities, councils and regions as defined by the WHO guidelines. The following aspects are assessed in the NTLP Data Quality Assessment tool.

#### Steps to conducting a DQA

The tools and methods described above detail the practical steps to conducting a DQA while at the facility or during the assessment of a CHMT-DTLC or RHMT-RTLC. Standard protocols for visiting a facility, council or region should be followed, including notifying the relevant individuals of the upcoming visit and of what will be required from them during the assessment.

Facility-level DQA activities require more preparation and time than those conducted with CHMTs and RHMTs. Below are the steps for conducting a facility-level DQA.

#### Preparation

- The DTLC/RTLC should plan to spend up to half a day doing DQA at a dispensary or health center, and a whole day doing DQA at a district or regional referral hospital.
- Before the day of the facility visit, the DTLC should study

and extract the data for the indicators to be assessed from the district register

- The selected facility should be informed prior to the visit and requested to prepare the source documents that will be needed for the DQA.
- The DTLC should pull any previous data quality assessments and scores for that facility and should bring them to visit. Any issues flagged in previous visits should be followed up on.

#### Facility assessment

- Upon arrival at the facility the team should locate the facilityin-charge, explain their purpose, and request access to the records needed to conduct the DQA.
- The team should fill out Part 2 of the NTLP Data Quality Assessment Tool with the facility-in-charge.
- The team should complete the NTLP Facility Data Quality Verification Form and Part 1 of the NTLP Data Quality Assessment Tool at the same time.
- After completing the data verification exercise with the NTLP Facility Data Quality Verification Form, the team should complete Part 3 of the National Data Quality Assessment Tool.
- After completing the entire data quality assessment, the team should debrief with the facility-in-charge and Dot Nurse to discuss findings and to complete Part 4 of the NTLP Data Quality Assessment Tool. Any identified gaps and action points, as well as the person responsible and timeline for each action point must be documented for future follow-up.
- The assessor should leave one copy of the assessment with the facility in-charge.

#### ❖ RTLC assessments

- DTLCs will be assessed by the RTLCs and the RTLCs will be assessed by personnel from the national level. For these assessments the visiting party should inform the party being assessed (DTLC or RTLC) one week in advance through an official letter.
- Upon arrival at the DTLC or RTLC offices the assessor should meet with the presiding authorities (RMO or DMO) to explain the purpose of the visit and should also inform the HMIS (MTUHA) focal person.
- Any gaps identified should be discussed and actions to correct those gaps should be identified along with the peron(s) responsible and a timeline. This should be documented in Part 3 of the tool.
- The DTLC or RTLC should be left with a copy of the assessment as well as a scorecard.

#### Data quality review meetings

In order to improve the quality of the data it is important for there to be a strong feedback mechanism and an action oriented approach to resolving identified gaps as well as opportunities to share best practices within and across councils. In order to maintain data quality as a priority, data quality review meetings will be routinely conducted (At least Quarterly by each RTLCs and once per year at the national level) to review ongoing DQA activities and to determine immediate corrective actions and strategies to prevent future errors in data. The meetings will focus on ensuring that data quality is a priority at all levels of the system through the following:

- Information sharing, including sharing of best practices
- Review of data quality assessment reports and provision of feedback
- Discussions on appropriate actions to address data quality issues

and open discussion surrounding challenges encountered during the DQA process.



## **ANNEX I:** NATIONAL TUBERCULOSIS AND LEPROSY DATA QUALITY ASSESSMENT TOOL-FACILITY

Date of Assessment			
Period being assessed			
Facility Name		Type (DOT/Dia	agnostic:
Council Name			
Assessment Team (Names)	Title/position	Organization	Email/Phone

#### PART 1: DOCUMENTATION / TOOLS REVIEW

## Check availability and Completeness of all indicator source documents for the selected reporting period

	Circle: Y for Yes and N for No		Score (0 or 1)	Comments
Are treatment cards (TB 01; LEP 01 ) available	Y	N		
Are treatment cards (TB 01; LEP 01 )filled completely	Υ	Ν		
Is the TB Unit Register available	Υ	Ν		
Is the TB Unit Register filled Completely	Υ	N		

Is the Leprosy Unit Registers available	Υ	N		
Is the Leprosy Unit Register filled Completely	Y	N		
Are the Monthly Drugs form (LIMS) available	Υ	N		
Are the Monthly Drug forms (LIMS)Filled accurately	Y	N		
Is the Laboratory Register available	Υ	N		
Is the Laboratory register filled Completely	Υ	N		
Is the Laboratory Register filled correctly	Υ	N		
PART 2: S	SYSTEMS	SASSESS	MENT	
	Please circle the number of the answer that		Score	Comments
	the num	ber of	(0 or 1)	Confinents
How many staff are involved provision of TB and leprosy services	the num the answ	ber of		Comments
provision of TB and leprosy services  Are all staff providing TB and leprosy services received training on	the numithe answapplies  1. Yes-Com	ber of ver that		Comments
provision of TB and leprosy services  Are all staff providing TB and leprosy services	the numl the answ applies  1. Yes-Com 2. Not- 1. Yes-Com	per of ver that		Comments

Are Completed data recording and reporting		Yes- Completely		
tools stored as per national guidelines	2.	Partly		
	3.	No-Not at all		
PART 3: RESULTS (	OF C	OATA VERIFICA	TION EX	ERCISE
Was the data verification completed for all indicators included in the NTLP facility data quality verification form? Please attach report		1. Yes 2. No		
If inconsistence were found was the cause identified		1. Yes		
was the cause identified		2. No		
		3. N/A		
Is there improvement from		1. Yes		
the previous DQA		2. No		

#### PART 4: RECOMMENDATION FOR FACILITY /IMPROVEMENT PLAN

Identified gaps/Weakness	Action to be taken	Respon- sible Person	Time line



## ANNEX II: NATIONAL TUBERCULOSIS AND LEPROSY DATA QUALITY ASSESSMENT TOOL - DISTRICT

Date of Assessment			
Period being assessed			
Council Name			
Assessment Team (Name)	Tittle &	Organization	Email/Phone

PART 1 DOCUMENTATION / TOOLS REVIEW	Check for availability and Completeness of all indicator source documents for the selected reporting period	TB TB7 TB8 TB9 TB11 LEP04 LEP LEP LEP LEP CB COT 09 (0-1)	S. NY NY NY NY S.	NY NY NY	y Reports YN	y Reports YN	space ments of data eporting
	and C	TB 04	Z >	Z >			
	Check for availability		Are all Registers available?	Are all available Registers filled Completely	Are all Quarterly Reports available?	Are all Quarterly Reports filled Completely	Please use this space to provide comments regarding the completeness of data recording and reporting tools
							-

PART	2. RI	EPO	RTIN	IG PE	ERFC	RMA	NCE
From for the district DHIS2 what was the reporting rate for the last quarter	TB 07	TB 08	TB 09	LEP 07	LEP 08	LEP 09	
From the DHIS2 what percent of reports were submitted on time in the last quarter							
PAF	RT 3:	SYS	STEN	IS AS	SSES	SMEI	NT
	nun the	ase le th nber ansv	of ver	1	Scor 0 or	_	Comments
Are DTLC/TBHIV Officer have received training on the data management processes and tools		Y/N					
Is the NTLP guideline for data recording and reporting tools available		Y/N					
Are the NTLP M&E tools available in all TB Clinics		Y/N					
Is there a buffer stock of the M&E tools at Council level? If yes verify the stock and comment		Y/N					

Are data used at CHMT meetings for planning and decision making? If yes ask them to describe what data they use and document their answer in the comment box	Y/N	
Are recent data (i.e. from within the last quarter)displayed on the notice board in or around DMO/DTLC office	Y/N	
Does the DTLC conduct data verify at facilities? How many in the last quarter (see supervision/data verification report)	Y/N	
Does the DTLC work with MTUHA focal person on the TB and Leprosy data	Y/N	
Are routine quarterly data review meetings held at Council level? Ask to see the review minutes from last meeting and Comment	Y/N	

Has the DTLC/ TBHIV Officer followed up on data quality issues identified during DQA activities at the facilities within last quarter?	Y/N		
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### PART 4: RECOMMENDATION FOR COUNCIL/IMPROVEMENT PLAN

Based on the findings of the system review and review of the data quality assessment activities, please describe any compliance requirements or recommended strengthening measures.

Identified gaps/ Weakness	Action to be taken	Responsible Person	Time line



### ANNEX III: NATIONAL TUBERCULOSIS AND LEPROSY DATA QUALITY ASSESSMENT TOOL - REGIONAL

Date of Assessment						
Period being Assessed						
Region						
Assessment Team (Name)	Tittle		Ora	anization	Email/Ph	one
1			3			
2						
3						
4						
Part 1. Reporting Performance for Region for period assessed – From DHIS2	the	YE	S	NO (N)	Score (Y=1, N= 0)	Comments
was the reporting rate for TB 07 and TB 08 > 759	%	Υ	′	N		
was the reporting rate for TB 09 > 75%		Υ	′	N		
was the reporting rate for LEP 07 and LEP 08 > 7	75%	Υ	/	N		
was the reporting rate for LEP 09 (a), (b) and (c)	> 75%	Y	/	N		
was the reporting on time rate for TB 07 and TB	08 > 75%	Y	,	N		
was the reporting on time rate for TB 09 > 75%		Y	,	N		
was the reporting on time rate for LEP 07 and LE 75%	P 08 >	Y	′	N		
was the reporting on time rate for LEP 09 (a), (b) 75%	and (c) >	Y	/	N		
					_	
Part 2: Systems Assessment	Circle Y for Yes or N f			re 0 or 1, 1,N=0)	Comm	nents
I-M&E Structure, Functions and Capabilities	110				l	
Does the RTLC run quality checks and review reporting rate of the data in the DHIS2	Y/N					
Does the RTLC provides the feedback to NTLP Districts (BMU) regarding the data quality of their reports, see the reports or DHIS2 messaging	Y/N					
Did Districts have been assessed using the NTLP DQA tools in the last year? Ask to see the reports	Y/N					
Are the biannual data quality review meetings held by the Region (RTLC).  Ask to see report	Y/N					
Has the RTLC followed up with the Data quality issues identify in the previous DQA visit? Ask to see the reports	Y/N					

II - Data Collection and Reporting Forms/Too	Is and Use		
Do all NTLP Districts (BMU) currently have a buffer stock of the NTLP M&E tools? See delivery note & Issue voucher	Y/N		
Does the RHMT use TB and leprosy data for the development of their annual plans? If yes ask to give details and document	Y/N		
Part 4 Recommendation for Regional/Improv	ement plan		
Based on the findings of the system review and describe any compliance requirements or recom			
Identified gaps/Weakness	Description of action plan	Person responsible	Time line



# **ANNEX III:** NATIONAL TUBERCULOSIS AND LEPROSY DATA QUALITY ASSESSMENT TOOL-REGIONAL

Date of Assessment							
Period being assessed							
Region							
Assessment Team (Name)	Tittle	e&			Orgar	nization	Email/Phone
PART	1. RE	PORT	ΓING	PER	RFORM	IANCE	
							Comment/ Score
From DHIS2 what was the reporting rate for Region for the last quarter	TB 07	TB 08	LP 07	LP 08	LEP 09	LP 10	
From the DHIS2 what percent of reports were submitted on time in the last quarter							
PAR	T 2: S	SYST	EMS	ASS	ESSM	ENT	
	the r	se cir numbe answe ies	er of	t	Score	e (0 or 1)	Comments

I-M&E Structure, Funct	ions and Capabiliti	es	
Does the RTLC run quality checks and review reporting rate of the data in the DHIS2	Y/N		
Does the RTLC provides the feedback to Councils regarding the data quality of their reports	Y/N		
Was councils assessed using the NTLP DQA tools in the last year? Ask to see the reports	Y/N		
Are the quarterly data quality review meetings held by the Region(RTLC).Ask to see report	Y/N		
Has the RTLC followed up with the Data quality issues identify in the previous DQA visit	Y/N		
∥ - Data Collection and	Reporting Forms/	Tools and Use	
Do all Councils currently have a buffer stock of the NTLP M&E tools	Y/N		

Does the RHMT use data from DHIS2 for the development of their annual plans? If yes ask to give details and document	Y/N	
and document		

#### PART 4: RECOMMENDATION FOR COUNCIL/IMPROVEMENT PLAN

Based on the findings of the system review and review of the data quality assessment activities, please describe any compliance requirements or recommended strengthening measures.

Identified gaps/ Weakness	Action to be taken	Responsible Person	Time line

#### **ANNEX IV: NTLP FACILITY VERIFICATION FORM**

										ľ					
MINISTRY OF H	MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER ELDERLY AND CHILDREN: NILP FACILITY DATA QUALITY VERIFICATION FORM	JENI GENDER	ELDERLY AF	ND CHILDRE	NILP FA	CILITY DATA	QUALITY	VERIFICALI	ON FORM						
		į									į			Score(0 or1): If (Y) are 3 and above give	Comments or reasons for non
Duration / Ilme	period	Guar	Quarter		duar	Quarter		duarre	Quarter		Guar	Quarter		1. below that is u	agreement
		District Register	<b>a</b>	Do result	District	i.		-		sult			o result		
INDICATOR DESCRIPTION	CRIPTION	Result	Result	agree Y/N Result	Result	Result	N/N	Result	Result	N/N	Result	Result	agree Y/N		
bacteriologically	Number of all forms of 1B cases (i.e. bacteriologically confirmed plus clinically														
1 diagnosed)								T	1			+			
2 Number of bact	2 Number of bacteriologically confirmed TB								1						
Number of bactors 3 resistant RR-TB a	Number of bacteriologically confirmed drug resistant RR-TB and/or MDR-TB cases Notified														
Number of previ	Number of previously treated TB cases with														
4 DST result for bc	DST result for both isoniazid and rifampicin							T	1			†			
and/or MDR-1B,	and/or MDR-TB) registered and started on a														
5 follow-up by the	follow-up by the end of month 6 of their														
reporting period	reporting period who had an HIV test result														
recorded in the	recorded in the TB register at the time of TB														
6 diagnosis									1						
Number of HIV-	Number of HIV-positive TB patients, registered														
7 started on or cor	eterted on or continue previously initiated APT														
Number of patie	Number of patients with disability grade 2							Ī	Ī			l			
8 among newly dia	among newly diagnosed leprosy patients														
9 Number of childs	Number of children notified among new cases														
TREATMENT OU	TREATMENT OUTCOME INDICATORS-							Ī							
PREVIOUS YEAR															
									1						
Number of all to	Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically														
diagnosed) in a s	diamosed) in a specified period who														
subsequently we	subsequently were successfully treated (sum of														
WHO outcome c	WHO outcome categories "cured" plus														
10 "treatment completed")	pleted")														
Number of bact	Number of bacteriologically-confirmed RR														
and/or MDR-TB	and/or MDR-TB cases enrolled on second-line														
11 treatment)	anti-18 treatment (cured plus completed treatment)														
Name of facility /Council:	/Council:				Facility dat	Facility data verifiaction Score:	Score:								
Council:						Total score based on indicator assessed (a)	ased on ir	ndicator as	sessed (a)						
Date of Verification	tion					Total number of indicator assessed (b)	r of indica	ator assesse	ad (b)						
Teams and Signature:	ature:					Percentage Score a/b	Score a/b								
Please attach this form to facilitity/District DQA Tool	Please attach this form to the NTLP facilitity/District DQA Tool					%06<	Meets	Meets basic quality expectations	ity expect	ations					
						%02-06	-	Needs Improvement	rovement						
						<70%	2	Need Urgent remediation	temediati	000					
					•					5					

#### ANNEX V: NTLP DISTRICT VERIFICATION FORM

Marrier of placetor (19 cases)   Counted to the content of placetor (19 case	MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER ELDERLY AND CHILDREN: NTLP DISTRICT DATA QUALITY VERIFICATION FORM	ENDER ELC	ERLY AND	CHILDREN	I: NTLP DIS	TRICT DAT	A QUALITY	VERIFICAT	TION FORM						
Pack														Score(0 or1): If	
Packer   Dot   Dot   Packer														(Y)are 3 and above give	Comments or reasons for non
Total core to the NTIP folithy/bistrict  Total core to the State of th	INDICATOR DESCRIPTION	ğ	arter		ð	uarter		۵	uarter		3	\uarter		1.Below that is	agreement
I scinically diagnosed)  so clinically diagnosed)  so clinically diagnosed)  reterologically confirmed the cases  reterologically confirmed the cases  who were locates worthed the cases with DST result  and and firm duction that the period of  stered and started on a prescribed MDR-  who were lost to follow-up by the end of  patients registered during the reporting  ad an HV text result recorded in the 'B  patients registered during the reporting  ad an HV text result recorded in the 'B  teme of I diagnosis  V. positive TB patients, registered over the  loost, wind receive ART (are started on or  rousy mitted ART)  so st chinical delianced ART)  so st chinical delianced ART)  rousy patients and an expective period  re categories "cured" plus "treatment  reterologically confirmed RR and/or MDR-  liden notified among mew cases  OUTCOME INDICATORS-REEVOLDS VEAR  Total number or  reterologically confirmed RR and/or MDR-  place on second-line anti-TB treatment  reterologically confirmed RR and/or MDR-  place on second-line anti-TB treatment  reterologically confirmed RR and/or MDR-  place on the form to the NTLP facilities/ District  popurous  place and the cases (i.e. basic registered on the categories "cured" plus "treatment  reterologically confirmed RR and/or MDR-  place on the form to the NTLP facilities/ District  property of the cases (i.e. basic registered on the categories "cured" plus "treatment  reterologically confirmed RR and/or MDR-  place on the case (i.e. basic registered on the case (i.e. basic registered on the land		DHIS2 Result	Register Result	Do result agree Y/N	DHIS2 Result		4	DHIS2 Result	Register result	=		Register result	Do result agree Y/N		
reteriologically confirmed 18 cases  Another 18 cases Nortified  Another 19 cases (I.e. bacteriologically  Informs of 18 cases (I.e. bacteriologically  Incrementally diagnoses)  Another 18 treatment  Increlogically confirmed RR and/or MDR-  Incrementally Instance of	Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed)														
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outcome in the motified among new cases  Outcome in the case (i.e. bacteriologically is clinically diagnosed) in a specified period in a specified specified on second line anti-TB treatment in the order of the categories "cured" plus "treatment in mapleted treatment)  Total score base in y Council it in a verification in the NTLE facilitity/District in period number in this form to the NTLE facilitity/District in this form to the NTLE facilitity District in this form to the NTLE facilitity in the NTLE facilities in the NTLE facil	8 diagnosed leprosy patients														
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te categories "cured" plus "treatment terentologically confirmed RR and/or MDR.  Inspired or second-line anti-18 treatment mitted freatment)  Council data verifiaction 5  Total number or 1 Total and score bas and	confirmed plus clinically diagnosed) in a specified period who subsequently were successfully treated (sum of	0													
rateriologically-confirmed RR and/or MDR-  lead on second-line anti-TB treatment  Council data verification S  Total score base  Inty Council  Interpreted to the NTLP facilitry/District  106-7096  27096	WHO outcome categories "cured" plus "treatment 10 completed")														
(ured plate completed on second-line anti-TB treatment) (ured plate) (ured plate completed treatment) (ured plate) (council data verifiaction S  Council:  Date of Verification  Paren and Signature: Percentage so  Pherse etach this form to the NITP facilitity/District  SOA Tool  SOA Tool  SOA Tool  SOA TOOR  SOA TOO	Number of bacteriologically-confirmed RR and/or MDR-	-1													
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Council data verification S.  Total number or Percentage Sco	11 (cured plus completed treatment)					-									
10/al score base 10/al score base 10/al score base 20/al	Name of facility /Council:				Council da	ita verifiact	ion Score:								
Potentification   Potentificat	Date of Verification					Total score	bor of indic	indicator a	sessed (a						
>90% 90-70% >70%	Teams and Signature					Percentage	Score a/h		(2) 22						
>90% 90-70% <70%	Please attach this form to the NTLP facility/District					9	2								
	DQA Tool					%06<	Meets	basic qua	lity expect	ations					
						80-70%		Needs Imp	provement						
						%0/>	Ne	ed Urgent	remediativ	no					



## **ANNEX VI:** NATIONAL TB AND LEPROSY PROGRAM ROUTINE DATA QUALITY ASSESSMENT REPORT

Duration of the Assessment: .....

Region:							
Names of Districts	s Assessed:						
Names of facility	Assessed:						
i		District					
ii		District					
iii		District					
iv		District					
V		District					
		District					
FINDINGS: Regional Assessme	FINDINGS:						
Score	Remarks	Action Plan					
		1. e.g RTLC to collect the Treatment Cards					

High Priority/Red flag "data"/ M&E matter or Other: (Reported to TLCU immediately): and the action taken ......

from neighbor Region by

4<sup>Th</sup> July 2017

		Sco	ore	
No.	District Name	System Assessment	Data Verification	Action Plan and Remarks
1.				e.g 1. MTUHA focal person to orient himself on the NTLP data record and reporting system by end of July 30 <sup>Th</sup> .
2.				
3.				
4.				

High Priority/Red flag "data"/ M&E matter or Other: (Reported to TLCU immediately): and the action taken ......

		Sco	ore	<b>] _</b>		
No.	District Name	System Assessment	Data Verification	Action Plan and Remarks		
1.				e.g. 1. DOT nurse to receive RnR Orientation from the DTLC by end of July 30 <sup>Th</sup> .		
2.						
3.						
4.						
_	-	_		ther: (Reported to		
Any a	dditional Rema	rks regarding	this field Visi	t:		

Score

#### Annexes:

I. Names of Assessors, Position and Organization:

II. Names of Assesses: Names of Assessors: Position and Organization/Unit

		_	
		_	

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		_	