

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



**NATIONAL TUBERCULOSIS AND LEPROSY  
PROGRAM GUIDELINE ON DATA QUALITY  
ASSESSMENT**



## 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*

<b>Data Quality Dimension</b>	<b>Operational Definition</b>
<b>Accuracy</b>	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.
<b>Completeness</b>	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.
<b>Reliability</b>	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.

<b>Precision</b>	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.
<b>Timeliness</b>	Data are timely when they are up-to-date (current), and when the information is available on time. Timeliness is affected by: <ul style="list-style-type: none"> <li>a) The rate at which the programme's information system is updated.</li> <li>b) The rate of change of actual programme activities; and.</li> <li>c) When the information is actually used or required.</li> </ul>
<b>Integrity</b>	Data have integrity when the system used to generate them is protected from deliberate bias or manipulation for political or personal reasons.
<b>Confidentiality</b>	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/

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1 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**.

- ⇒ Cross-checks are the verification of reported totals against other data-sources (e.g., inventory records, laboratory reports, registers, etc.),
- ⇒ 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.

No.	Level responsible	Frequency and level being assessed	DQA activities	Site selection process	Tools needed
1.	Council (DTLC)	Minimum of one DQA at a health facility each quarter	<ul style="list-style-type: none"> <li>Assess all priority indicators from the NTLP Facility Data Quality Verification</li> <li>Complete NTLP Data Quality Assessment Tool</li> </ul>	<ul style="list-style-type: none"> <li>Prioritize facilities with data management challenges</li> </ul>	<ul style="list-style-type: none"> <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>

No.	Level responsible	Frequency and level being assessed	DQA activities	Site selection process	Tools needed
2.	Regional (RTL)	<ul style="list-style-type: none"> <li>● Minimum of one DQA per District level each year</li> <li>● Quarterly data quality review meetings</li> </ul>	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>● All RRHs should be visited once per year</li> <li>● All DTLCs should be visited once per year</li> <li>● Prioritize RRHs based on challenges faced</li> </ul>	<ul style="list-style-type: none"> <li>● Results of DHIS2 min-max 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>

No.	Level responsible	Frequency and level being assessed	DQA activities	Site selection process	Tools needed
3.	National	<ul style="list-style-type: none"> <li>● At least one DQA per district in three years</li> <li>● And at least one DQA per regional referral hospital in three years</li> <li>● One data quality review meeting per year</li> </ul>	<ul style="list-style-type: none"> <li>● Assess all priority indicators from the NTLF Facility Data Quality Verification Form</li> <li>● Complete NTLF Data Quality Assessment Tool</li> <li>● Conduct annual data quality review meetings with RTLCs and DTLCs</li> </ul>	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>● Results of DHIS2 minmax outlier analysis</li> <li>● Results of DHIS2 validation rule analysis. (Currently extracted manually from DHIS2 by TLCU)</li> <li>● NTLF Facility Data Quality Verification Form</li> <li>● NTLF Data Quality Assessment Tool</li> <li>● Reports from previously conducted DQA activities</li> </ul>

### ***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-RTLTC. 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/RTLTC 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 facility-in-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.

### ❖ **RTL<sup>C</sup> assessments**

- DTLCs will be assessed by the RTL<sup>C</sup>s and the RTL<sup>C</sup>s will be assessed by personnel from the national level. For these assessments the visiting party should inform the party being assessed (DTLC or RTL<sup>C</sup>) one week in advance through an official letter.
- Upon arrival at the DTLC or RTL<sup>C</sup> 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 person(s) responsible and a timeline. This should be documented in Part 3 of the tool.
- The DTLC or RTL<sup>C</sup> 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 RTL<sup>C</sup>s 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/Diagnostic:		
Council Name			
Assessment Team (Names)	Title/position	Organization	Email/Phone

<b>PART 1: DOCUMENTATION / TOOLS REVIEW</b>				
<b>Check availability and Completeness of all indicator source documents for the selected reporting period</b>				
	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	Y	N		
Is the TB Unit Register available	Y	N		
Is the TB Unit Register filled Completely	Y	N		

Is the Leprosy Unit Registers available	Y	N		
Is the Leprosy Unit Register filled Completely	Y	N		
Are the Monthly Drugs form (LIMS) available	Y	N		
Are the Monthly Drug forms (LIMS) Filled accurately	Y	N		
Is the Laboratory Register available	Y	N		
Is the Laboratory register filled Completely	Y	N		
Is the Laboratory Register filled correctly	Y	N		
<b>PART 2: SYSTEMS ASSESSMENT</b>				
	Please circle the number of the answer that applies		Score (0 or 1)	Comments
How many staff are involved provision of TB and leprosy services				
Are all staff providing TB and leprosy services received training on recording and reporting	1. Yes- Completely 2. Not-not all			
Is the NTLP guideline for data recording and reporting tools available	1. Yes- Completely 2. No-Not at all			
Are data used at facility meetings for planning and decision making? If yes ask them to describe what data they use and document their answer in the comment box	1. Yes- Completely 2. No-Not at all			

Are Completed data recording and reporting tools stored as per national guidelines	1. Yes- Completely 2. Partly 3. No-Not at all		
<b>PART 3: RESULTS OF DATA VERIFICATION EXERCISE</b>			
Was the data verification completed for all indicators included in the NTLF facility data quality verification form? Please attach report	1. Yes 2. No		
If inconsistency were found was the cause identified	1. Yes 2. No 3. N/A		
Is there improvement from the previous DQA	1. Yes 2. No		
<b>PART 4: RECOMMENDATION FOR FACILITY /IMPROVEMENT PLAN</b>			
<b>Identified gaps/Weakness</b>	<b>Action to be taken</b>	<b>Respon- sible Person</b>	<b>Time line</b>



**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 04	TB7	TB8	TB9	TB11	LEP04	LEP 06	LEP 07	LEP 08	LEP 09	Score (0-1)
Are all Registers available?	Y N					Y N	Y N				
Are all available Registers filled Completely	Y N					Y N	Y N				
Are all Quarterly Reports available?		Y N	Y N	Y N	Y N			Y N	Y N	Y N	
Are all Quarterly Reports filled Completely		Y N	Y N	Y N	Y N			Y N	Y N	Y N	
Please use this space to provide comments regarding the completeness of data recording and reporting tools											



<b>PART 2. REPORTING PERFORMANCE</b>						
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						
<b>PART 3: SYSTEMS ASSESSMENT</b>						
	Please circle the number of the answer that applies	Score (0 or 1)	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		
<b>PART 4: RECOMMENDATION FOR COUNCIL/IMPROVEMENT PLAN</b>			
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.			
<b>Identified gaps/ Weakness</b>	<b>Action to be taken</b>	<b>Responsible Person</b>	<b>Time line</b>



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

Date of Assessment					
Period being Assessed					
Region					
Assessment Team (Name)		Title	Organization	Email/Phone	
1					
2					
3					
4					
<b>Part 1. Reporting Performance for Region for the period assessed – From DHIS2</b>					
	YES	NO (N)	Score (Y=1, N= 0 )	Comments	
was the reporting rate for TB 07 and TB 08 > 75%	Y	N			
was the reporting rate for TB 09 > 75%	Y	N			
was the reporting rate for LEP 07 and LEP 08 > 75%	Y	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 LEP 08 > 75%	Y	N			
was the reporting on time rate for LEP 09 (a), (b) and (c) > 75%	Y	N			
<b>Part 2: Systems Assessment</b>					
	Circle Y for Yes or N for No	Score 0 or 1, (Y=1,N=0 )	Comments		
<b>I-M&amp;E Structure, Functions and Capabilities</b>					
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, <i>see the reports or DHIS2 messaging</i>	Y / N				
Did Districts have been assessed using the NTLP DQA tools in the last year? <i>Ask to see the reports</i>	Y / N				
Are the biannual data quality review meetings held by the Region (RTLC). <i>Ask to see report</i>	Y / N				
Has the RTLC followed up with the Data quality issues identify in the previous DQA visit? <i>Ask to see the reports</i>	Y / N				

<b>II - Data Collection and Reporting Forms/Tools and Use</b>			
Do all NTLP Districts (BMU) currently have a buffer stock of the NTLP M&E tools? See <i>delivery note &amp; Issue voucher</i>	Y / N		
Does the RHMT use TB and leprosy data for the development of their annual plans? <i>If yes ask to give details and document</i>	Y / N		
<b>Part 4 Recommendation for Regional/Improvement plan</b>			
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.			
<b>Identified gaps/Weakness</b>	<b>Description of action plan</b>	<b>Person responsible</b>	<b>Time line</b>



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

Date of Assessment							
Period being assessed							
Region							
Assessment Team (Name)	Tittle&		Organization		Email/Phone		
<b>PART 1. REPORTING PERFORMANCE</b>							
							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							
<b>PART 2: SYSTEMS ASSESSMENT</b>							
	Please circle the number of the answer that applies		Score (0 or 1)		Comments		

<b>I-M&amp;E Structure, Functions and Capabilities</b>			
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		
<b>II - Data Collection and Reporting Forms/Tools and Use</b>			
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		
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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.

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





ANNEX V: NTLP DISTRICT VERIFICATION FORM

MINISTRY OF HEALTH COMMUNITY DEVELOPMENT GENDER ELDERLY AND CHILDREN: NTLP DISTRICT DATA QUALITY VERIFICATION FORM																	
INDICATOR DESCRIPTION	Quarter.....			Quarter.....			Quarter.....			Score(Or): If (Vare 3 and above give 1.Below that is agreement							
	DHIS2 Result	Register Result	Do result agree Y/N	DHIS2 Result	Register Result	Do result agree Y/N	DHIS2 Result	Register Result	Do result agree Y/N	Quarter.....	Quarter.....						
Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed)																	
1 Number of bacteriologically confirmed TB cases																	
2 Number of bacteriologically confirmed drug resistant TB cases																	
3 IIR: TB and/or MDR: TB cases Notified																	
4 Number of previously treated TB cases with DST result MDR: TB registered and started on a prescribed MDR-TB treatment who were lost to follow-up by the end of month 6 of their treatment																	
5 Number of TB patients registered during the reporting period who had an HIV test result recorded in the TB register at the time of TB diagnosis																	
6 Number of HIV-positive TB patients registered over the reporting period, who receive ART (late started on or 7 continue previously initiated ART)																	
8 Number of patients with disability grade 2 among newly diagnosed leprosy patients																	
9 Number of children notified among new cases																	
<b>TREATMENT OUTCOME INDICATORS-PREVIOUS YEAR</b>																	
10 Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "Treatment completed")																	
11 Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment (cured plus completed treatment)																	
<b>Name of facility /Council:</b>	Council data verification Score:																
<b>Council:</b>	Total score based on Indicator assessed (a).....																
<b>Date of Verification</b>	Percentage score a/b.....																
<b>Teams and Signatures:</b>																	
<b>Please attach this form to the NTLP Facility/District DQA Tool</b>																	
	<table border="1"> <tr> <td>&gt;90%</td> <td>Meets basic quality expectations</td> </tr> <tr> <td>90-70%</td> <td>Needs improvement</td> </tr> <tr> <td>&lt;70%</td> <td>Need urgent remediation</td> </tr> </table>											>90%	Meets basic quality expectations	90-70%	Needs improvement	<70%	Need urgent remediation
>90%	Meets basic quality expectations																
90-70%	Needs improvement																
<70%	Need urgent remediation																



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

Duration of the Assessment: .....

Region: .....

**Names of Districts Assessed:**

- i. ....
- ii. ....
- iii. ....

**Names of facility Assessed:**

- i. .... District .....
- ii. .... District .....
- iii. .... District .....
- iv. .... District .....
- v. .... District .....
- vi. .... District .....

**FINDINGS:**

Regional Assessment:

Score	Remarks	Action Plan
		1. e.g RTLC to collect the Treatment Cards from neighbor Region by 4 <sup>th</sup> July 2017

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

No.	District Name	Score		Action Plan and Remarks
		System Assessment	Data Verification	
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 .....

No.	District Name	Score		Action Plan and Remarks
		System Assessment	Data Verification	
1.				e.g. 1. DOT nurse to receive RnR Orientation from the DTLC 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 .....

Any additional Remarks regarding this field Visit: .....  
 .....

Annexes:

I. Names of Assessors, Position and Organization:

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



