Strengthening Monitoring and Evaluation Systems in the TB program in Zambia

BACKGROUND

- An effective monitoring and evaluation (M&E) system is a critical component of a TB program for program management and implementation.
- The use of a paper-based system, inadequate data management, delayed data reporting, and inadequate human resources contribute to suboptimal quality of data and its utilization for decision-making.
- There was need to develop and implement an electronic case-based data management system.

OBJECTIVE

- To strengthen M&E systems in the National Tuberculosis and Leprosy Program (NTLP) in Zambia.

RESPONSE

The USAID-funded Challenge TB (CTB) project in Zambia supported the following activities:

- Development of the M&E Plan for the 2017-2021 National Strategic Plan.
- Revision and printing of the recording and reporting tools in line with new TB manual and guidelines.
- Revision of the NTLP quarterly reporting tool and development of a database to capture facility-level aggregate data.
- Onsite training of Ministry of Health (MoH) staff in data management and performance management to strengthen the data collection system and improve skills in data analysis and use of data for program monitoring and evaluation.
- Development of a patient-level database for drug-resistant (DR) TB.
- Semi-annual data quality audits (DQA).
- Secondment of an M&E specialist to the NTLP M&E unit.
- Production and distribution of DataToCare weekly reports with the NTLP.

• Challenge TB Zambia trained 118 Provincial and District TB managers in Performance Management.
• The NTLP now has access to DR-TB patient level data on a monthly basis for decision making. The patient-level database was designed to improve the quality of DR-TB services provided to patients by having a comprehensive patient level data captured from patients.
• Unlike in the past, the NTLP at national level is able to analyze facility-level data. The quarterly reporting database developed by Challenge TB allows for the capturing and storage of facility-level data at the central level and at all other levels.
• The percentage of facilities reporting quality data to the national level increased from 57 percent in 2017 to 67 percent in 2018. This was measured using the standardized M&E DQA tool which was assessing the systems and data reported on a quarterly basis.
• The TB case notification data reporting discrepancy decreased from 3 percent in 2017 to 1 percent in 2018. This discrepancy was measured by comparing what data is in the facility registers, quarterly reports filed at the facilities, and quarterly data reported at the national level at the NTLP.
LESSONS LEARNED

- A good M&E system requires adequate numbers of staff who are well-trained.
- Periodic review of data for completeness, timeliness and accuracy, including correct data entry, storage, verification, compilation and analysis improves the quality of data collected and used for decision-making. This requires well-structured tools and objectives as well as the involvement of all program staff, including clinical and M&E personnel.
- Weekly data reporting helps to track the performance of any innovation. DataToCare weekly reporting generated by CTB Zambia and submitted to the NTLP helped to identify and address challenges that facilities were facing.
- Data use at all levels is facilitated by good data management practices and capabilities.
- Continuous capacity building for facility staff, district and provincial TB coordinators should be encouraged to ensure sustainability of data use at all levels.

CONCLUSION

A strong national M&E system is essential for producing high quality data for decision-making. This requires continued capacity building at all levels in data utilization and overall data management.

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