

## 7. Recording and Reporting

### Introduction

A recording and reporting system that allows assessment of each patient and of overall program performance is an essential element of the DOTS strategy. One key element is the TB patient register, in which the essential data for each patient are recorded in a single line. This allows easy monitoring and supervision, and it consolidates the information on TB patient management for a defined geographical area.

The TB register and the district reports on case detection, sputum smear conversion, and treatment outcomes based on the register provide the basic data to monitor and evaluate the TB program. Completeness and accuracy of data are important for operational and for epidemiological purposes. Such a system is useful not only to monitor progress and treatment outcomes of individual patients, but also to evaluate overall program performance at all levels (national, regional, and district), monitor program activities, and evaluate accomplishments.

Completeness and accuracy of data are key factors in the success of a reporting and recording system. The success of the NTP in controlling TB largely depends on its ability to maintain high cure and treatment completion rates. The NTP must receive complete and accurate information on treatment outcomes for every facility providing TB treatment to measure progress towards achieving high rates of treatment success and to identify weaknesses in the program. Quarterly reports that have missing or inaccurate data directly impact individual patient treatment and program planning.

### Indicators

- Completeness of reporting to NTP
- Accuracy of reporting to NTP

### Resources

*An expanded DOTS framework for effective tuberculosis control. WHO report 2002. Geneva, World Health Organization, 2002 (WHO/CDS/TB/2002.297).*

Pio A, Chaulet P. *Tuberculosis handbook. Geneva, World Health Organization, 1998 (WHO/TB/98.253).*

**Indicator 7.1**

**COMPLETENESS OF REPORTING TO NTP**

**Definition**

Percentage of basic management units submitting case-finding and treatment outcome reports to the NTP each quarter.

$$\frac{\text{Number of basic management units that submitted case-finding and treatment outcome reports to the NTP in the previous quarter}}{\text{Total number of basic management units required to submit case-finding and treatment outcome reports to the NTP each quarter}} \times 100$$

**What It Measures**

This indicator measures the completeness (i.e., submitting both case-finding and treatment outcome reports) and timeliness (i.e., as required by the NTP) of TB report submission, which is essential for efficient program management since it provides the data to evaluate TB program targets, guide efforts to allocate staff, and monitor results. The national TB surveillance system is the primary source of routine TB information. Interpretation of this indicator is based on the total number of reports submitted each quarter. Ideally, all required case-finding and treatment outcome reports should be complete and submitted on time. Each NTP should determine the acceptable level of completeness required for each report in the designated timeframe. If the total number of reports submitted falls below this threshold, this indicates a need to consider an appropriate course of action to increase to the acceptable level the number of complete reports submitted.

**How to Measure It**

The numerator is the number of units that submitted case-finding and treatment outcome reports to the NTP in the previous quarter. A unit is included in the numerator only if it submitted both reports to the NTP. The denominator is the total number of units required to submit case-finding and treatment outcome reports to the NTP in the previous quarter. This indicator shows completeness, and it is measured at the central level in a country on a quarterly basis. In addition, the indicator should be separated into different levels of reporting (district to region, region to NTP) and measured for the most recent reporting period for monitoring purposes. Normally, the reports would be found at the district headquarters or, in very large districts, at the subdistrict level.

### **Data Sources**

- NTP statistics and reports

### **Frequency & Function**

This indicator should be measured routinely on a quarterly and annual basis unless the NTP guidelines for recording and reporting specify another timeframe.

### **Strengths & Limitations**

Because recording and reporting systems vary widely in methodology, scope, and objectives, it is important to measure whether the systems function well. The success of any system to record and report depends on the proper balance of logistic support and infrastructure, and the ability of staff. Therefore, although this indicator does not measure the quality of these reports, it does measure whether the existing reporting and recording system is functioning.

**Indicator 7.2**

**ACCURACY OF REPORTING TO NTP**

**Definition**

Percentage of accurate TB case-finding and treatment outcome reports.

$$\frac{\text{Number of TB case-finding and treatment outcome reports that were recorded completely and accurately}}{\text{Total number of TB case-finding and treatment outcome reports examined}} \times 100$$

**What It Measures**

The success of the NTP in controlling TB largely depends on its ability to maintain high cure and treatment completion rates. The NTP must receive accurate information on treatment outcomes for every facility providing TB treatment to measure progress towards achieving high rates of treatment success and to identify weaknesses in the program. Quarterly reports that have missing or inaccurate data directly impact individual patient treatment and program planning.

This indicator measures the completeness and accuracy of the recorded TB case-finding and treatment outcome reports. Any basic management unit of the NTP must use NTP-approved forms to standardize information on case detection and treatment outcomes. Ideally, all required TB case-finding and treatment outcome reports should be complete and accurate. Each NTP should determine the acceptable level of accuracy required for each report in the designated timeframe. If the total number of reports submitted falls below this threshold, this indicates a need to consider an appropriate course of action to increase to the acceptable level the number of complete and accurate reports submitted.

**How to Measure It**

An evaluator compares the submitted TB case-finding and treatment outcomes reports with the data recorded in the TB registers, and measures the percentage of accurate and complete TB case-finding and treatment outcome reports. The numerator is the number of correct TB case-finding and treatment outcome reports examined. The denominator will be the total number of TB case-finding and treatment outcome reports examined. It is necessary to gather data on the case-finding report and treatment outcome report separately so that the accuracy and completeness of each can be assessed.

**Data Sources**

- NTP statistics and reports
- TB register

**Frequency & Function**

This indicator should be measured on a quarterly basis, unless the NTP guidelines for recording and reporting specify another timeframe.

**Strengths & Limitations**

This indicator can be used as an internal monitoring mechanism, or it can be used by external consultants for comparing success reported with their assessment of the data. Measurement of this indicator can be labor and time intensive.