

MANAGING TB AT A DISTRICT LEVEL:

THE ROLE OF REGULAR SUPERVISION, MONITORING AND EVALUATION

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TB in South Africa

South Africa has the 5th highest number of TB cases in the world.

- The HIV epidemic continues to fuel the TB epidemic.
- Patient related factors including increased stigmatization due to the link with HIV/AIDS.
- Health service related factors leading to poor implementation of the NTCP.

Health Service Factors

Implementation of the NTCP at a district level:

- Lack of management capacity
- Poor management systems
- Inadequately trained and supported staff

Supervision Policy/ Procedures

2003 - Eastern Cape DoH with HST developed supervisory policy and procedures:

- Who should do supervision
- How often
- Role of district programme managers
- Reporting procedure for districts

DRAT

District Rapid Assessment Tool

- Assess key elements of the NTCP
- Integration of TB - HIV services
- Simple tool
- Quarterly basis

DRAT

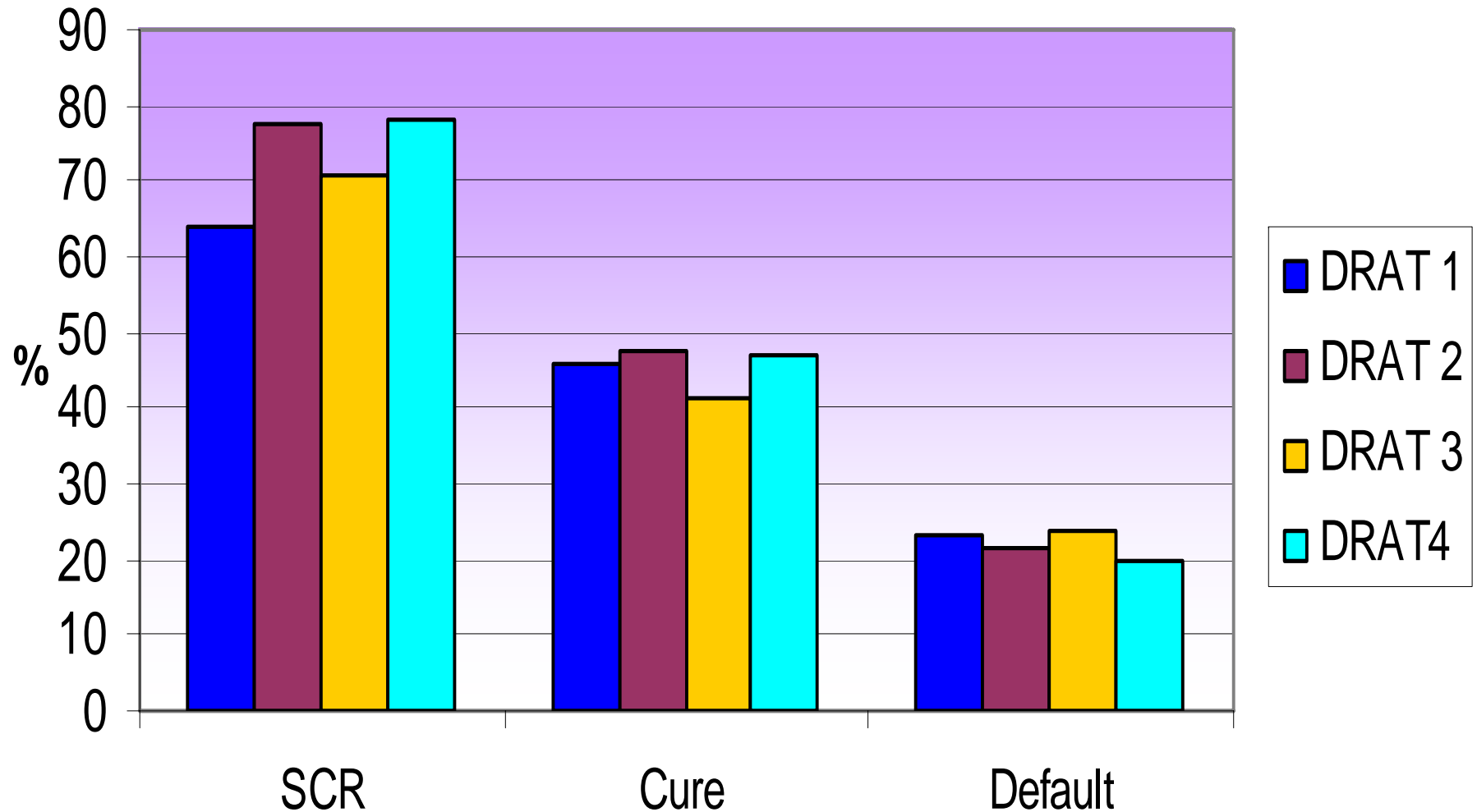
District Rapid Assessment Tool

- TB case load
- Diagnosis of (P)TB
- Treatment outcomes:
SCR, Cure rate,
Interrupter rate
- Programmatic
performance
- Laboratory support
- TB-HIV integration
- TB advocacy and
social mobilization
- Facility workload

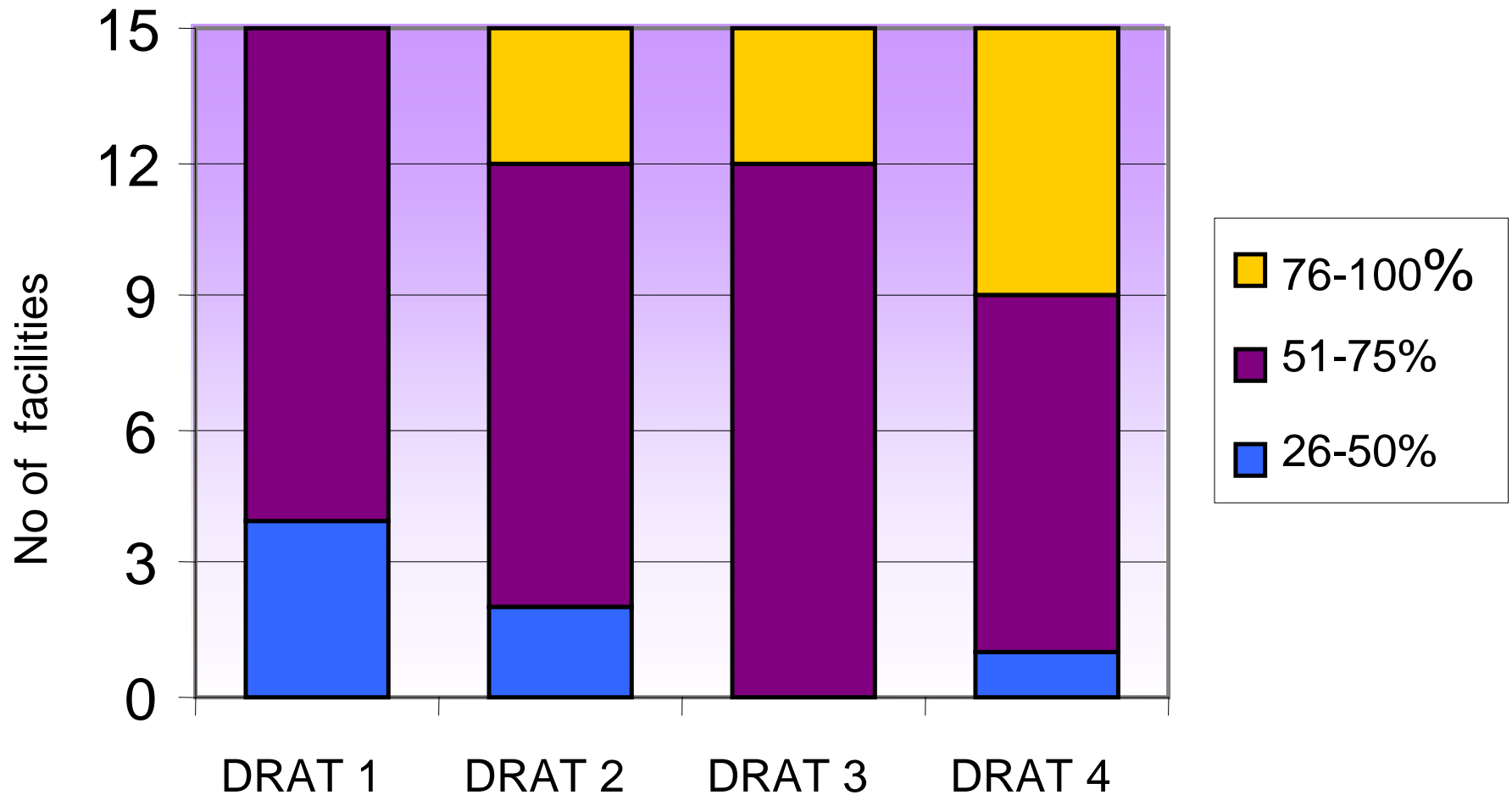
Results from Nelson Mandela Metropole (NMM)

Health workers in 15 facilities in NMM together with TASC-TB have used DRAT to monitor implementation of the NTCP

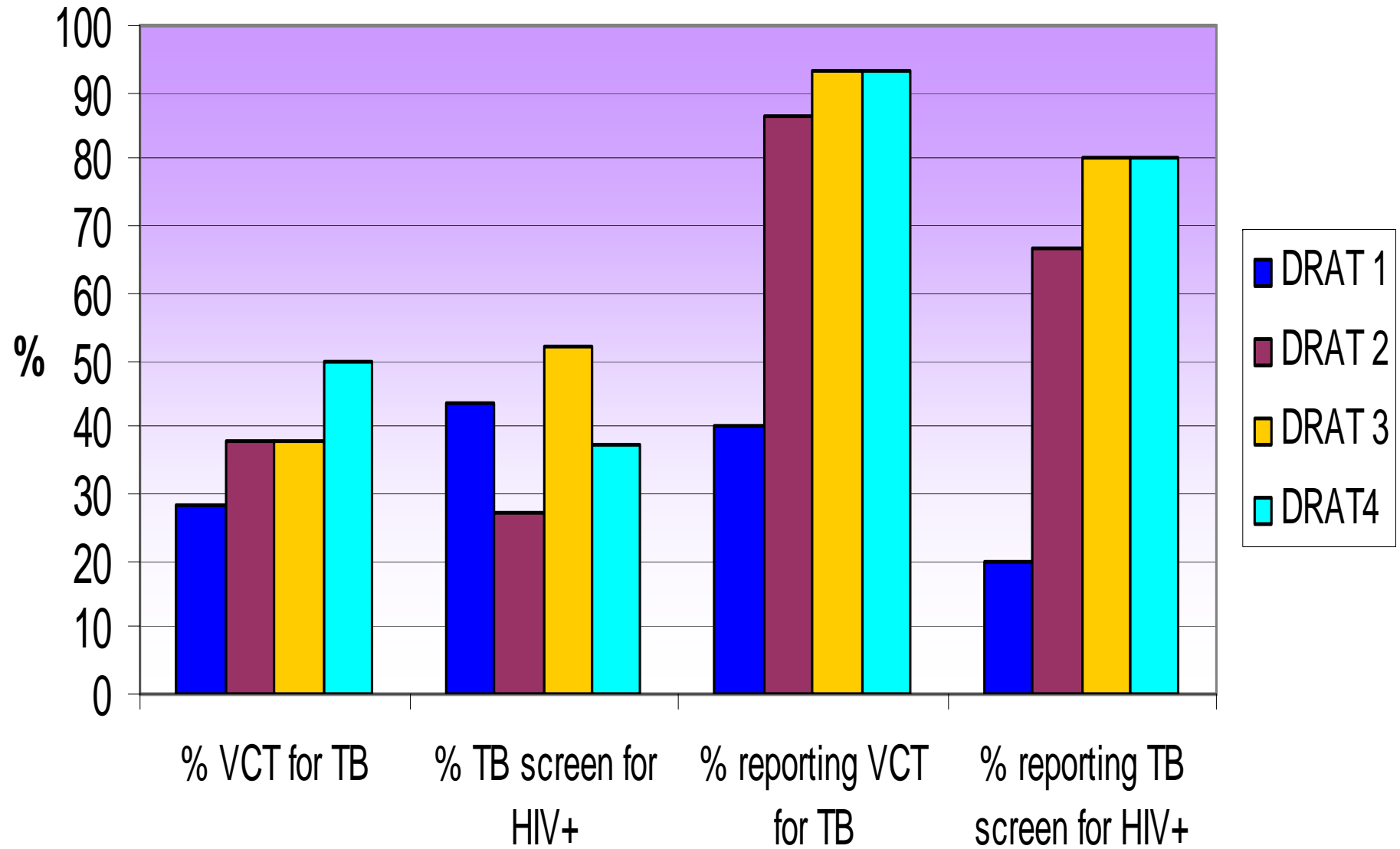
NMM Treatment Outcomes: 1 April 2005 - 31 March 2006



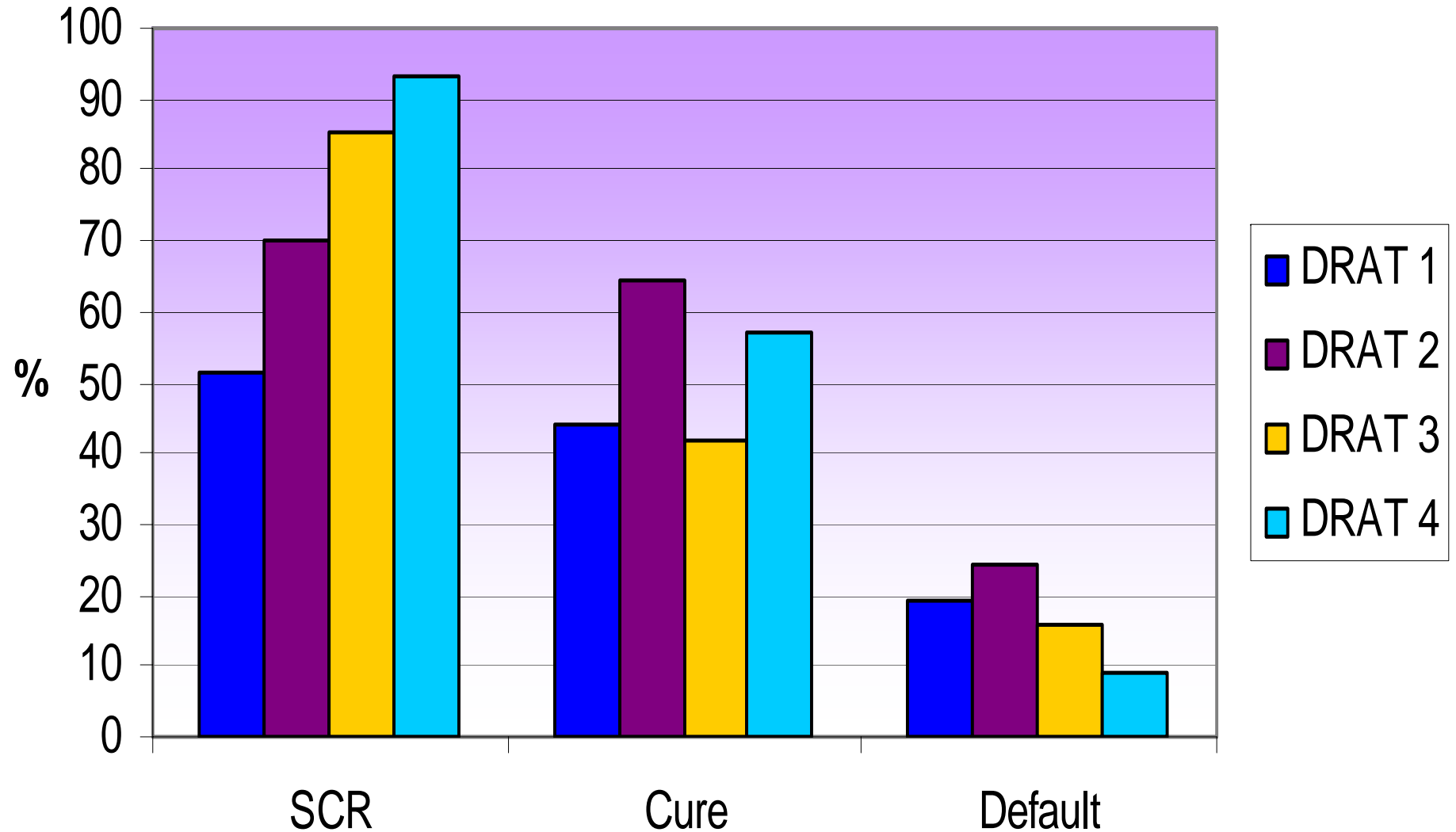
NMMM 1 April 2005- 31 March 2006: Comparing DRAT scores of 15 facilities over a year



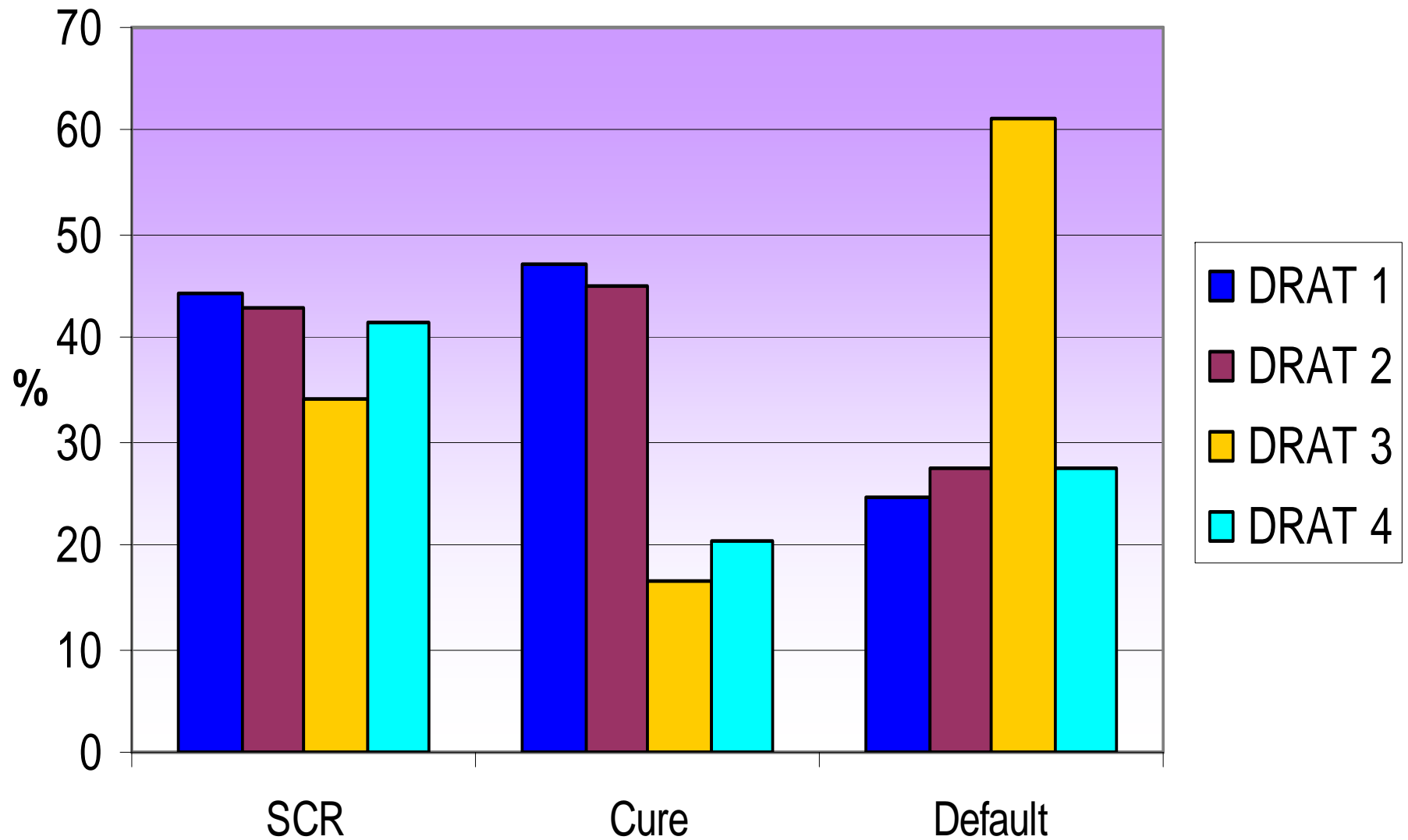
NMM: TB-HIV Integration: 1 April 2005 - 31 March 2006



Clinic A: Treatment Outcomes: 1 April 2005 - 31 March 2006



Clinic B: Treatment Outcomes: 1 April 2005 - 31 March 2006



DISCUSSION 1:

Regular Supervision, Monitoring and Evaluation (M & E)

- Regular supervision with M & E improved the quality of care.
- Regular visits to facilities supported staff and increased both commitment and motivation.
- Regular monitoring enabled supervisor and facility level staff to monitor changes.
- Sites of best and worst practice identified
- Priority facilities for remedial intervention identified
- Staff get immediate feedback
- Regular use of the DRAT kept staff focused on the implementation and improvement of the NTCP.

DISCUSSION 2: Design of the Tool

- Simple: Easy to understand and easy to use
- Flexible: Can be adapted for local use
- Focus: NTCP - operational issues
- Supervisor engaged in all aspects of the NTCP
- Active involvement of facility level staff in evaluation process
- In-service training is provided as part of the assessment process where necessary
- Monitoring process indicators valuable as improvements can be more rapidly noted. In NTCP outcome indicators only available a year later

DISCUSSION 3:

Supervisors / District Management Team

- Snap shot of the management of TB patients at a facility.
- Management problems broken down into a manageable size, at both facility and district level
- Problems identified are attended to rapidly
- Clinic supervisors and programme managers also need support and monitoring. The DRAT can be used by District Managers to monitor district level staff.

Conclusion

- Process of regular supervision, monitoring and evaluation is important
- DRAT is one tool which can be used and has been shown to be effective in improving service delivery in the absence of training