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Final Report: FY 2021 TB Data Validation Activity in NCR, Region III, and Region IV-A

October 19, 2021

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ABBREVIATIONS AND ACRONYMS

AMELP	activity monitoring, evaluation, and learning plan
CHO	city health office
CLAIMHealth	Collaborating, Learning, and Adapting for Improved Health
CY	calendar year
DLSMHSI	De La Salle Medical and Health Science Institute
DOH	Department of Health
DOTS Clinic	Delivery of Tuberculosis Services Clinic
DQA	data quality assessment
DQC	data quality check
DR-TB	drug-resistant tuberculosis
DS-TB	drug-susceptible tuberculosis
FAST	Find TB Actively, Separate Safely, Treat Effectively strategy
HC	health center
HP	Health Project
HRH	human resources for health
IDOTS	integrated delivery of tuberculosis services
IP	implementing partner
IPT	isoniazid preventive therapy
ITIS	Integrated Tuberculosis Information System
LGU	local government unit
MOP 5	NTP Manual of Procedures, 5 th edition
MOP 6	NTP Manual of Procedures, 6 th edition
M&E	monitoring and evaluation
NTP	National Tuberculosis Control Program
OH	Office of Health, USAID
PHO	provincial health office
PLHIV	people living with HIV
PMDT	programmatic management of drug-resistant tuberculosis
PPMD	public-private mix DOTS
RHU	rural health unit
STC	satellite treatment center
TB	tuberculosis
TB IHSS	TB Innovations and Health Systems Strengthening
TB Platforms	TB Platforms for Sustainable Detection, Care, and Treatment
TPT	tuberculosis preventive treatment
UERMMMC	University of the East Ramon Magsaysay Memorial Medical Center
USAID	United States Agency for International Development
Xpert MTB/Rif	GeneXpert assay for <i>Mycobacterium tuberculosis</i> and rifampicin resistance

TABLE OF CONTENTS

EXECUTIVE SUMMARY	7
1. INTRODUCTION	9
2. METHODS.....	10
2.1. Scope and Coverage.....	10
2.2. Methods of Data Collection and Analysis	10
2.3. Site Selection	11
2.4. Limitations.....	12
3. RESULTS AND KEY FINDINGS	14
3.1. Recording and Reporting System	14
3.2. Training on Integrated Tuberculosis Information System	17
3.3. Consistency Checks.....	18
3.3.1. Bacteriological diagnosis coverage rate	18
3.3.2. Childhood TB notifications.....	19
3.3.3. Private sector TB notifications.....	20
3.3.4. Contact investigation coverage rate.....	21
3.3.5. TB Preventive Treatment enrollment.....	22
3.4. Findings of 2020 DQA vs. 2021 Data Validation	23
4. RECOMMENDATIONS	24
Annex A. FY 2020 TB DQA Checklist Matrix	25
Annex B. Interview and Records Review Tools Used for Data Validation	26
Annex C. Questions and Answers with TBIHSS and TB Platforms	27
Annex D. Site Selection Process.....	31
Annex E. Interview Results with Facilities	36
Annex F. Survey Result – LGU NTP Coordinators	38
Annex G. Survey Result – non-NTP Providers	40

LIST OF TABLES

Table 1.	Comparison of data provided by MOP 5 and MOP 6
Table 2.	TB HPPIs Data Source in MOP 6 Reports and Forms
Table 3.	Confirmed TB cases in ITIS data (table B) vs facility data, CY 2021
Table 4.	Bacteriologically confirmed cases in ITIS data (table B) vs facility data, CY 2021
Table 5.	Case of TB in children ITIS data (table E) vs facility data, CY 2021
Table 6.	Cases of TB in children ITIS data (table F) vs facility data, CY 2021
Table 7.	TB cases by private referrals in ITIS data (table G) vs facility data, CY 2021
Table 8.	Comparison of contact investigation in ITIS data (table P) vs facility data, CY 2021
Table 9.	Comparison of TPT enrollment in ITIS data (table Q) and facility data, CY 2021
Table 10.	Data limitations in TB DQA FY 2020 and FY 2021 TB Data Validation
Table 11.	Recommendations per TB HPPI

EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) Collaborating, Learning, and Adapting for Improved Health (CLAimHealth) activity conducts data validation activities as part of its mandate to support the USAID/Philippines Office of Health (OH) in data quality assurance of performance data used by the Health Project (HP). In line with this, we conducted a data validation activity in September 2021 in selected health facilities in the National Capital Region (NCR), Region III, and Region IV-A. Due to community quarantine restrictions brought about by the COVID-19 pandemic, we conducted the data validation activity remotely.

This data validation exercise aimed to: 1) follow up on the findings and recommendations of the FY 2020 TB DQA; 2) validate reported performance data on selected tuberculosis (TB) indicators for the period of quarter (Q)1 and Q2 calendar year (CY) 2021 in selected health facilities; 3) observe and review data management systems for selected TB indicators; 4) identify issues and challenges in ensuring data quality of selected TB indicators; and 5) recommend interventions to improve the data quality of TB.

We interviewed respondents from three public facilities that deliver of TB services (DOTS), one public programmatic management of drug-resistant tuberculosis (PMDT) satellite treatment center (STC), one private DOTS facility, and one private PMDT facility. After reviewing the data with the health facility personnel, we immediately conducted a debriefing session to discuss the findings of the data validation activity. We also interviewed the TB Team of the USAID OH and obtained inputs from USAID’s implementing partners (IPs), TB Platforms, and TB Innovation through e-mail correspondence.

CLAimHealth presented the findings and proposed recommendations to OH. The key findings and corresponding recommendations are presented in the table below.

Key findings	Proposed actions/interventions
<p>Recording and Reporting System</p> <ul style="list-style-type: none"> • Not all facilities have access to ITIS and supply of National TB Control Program (NTP) Manual of Procedures Version 6 (MOP 6) forms. As a result, some areas do not encode at the facility level. For instance, San Juan City only encodes TB data at the city level. • A third of respondents have data entry backlogs due to COVID-19 related activities. • Data for contact investigation were captured by treatment cards but were not encoded in the NTP’s Integrated TB Information System (ITIS). 	<ul style="list-style-type: none"> • Assist NTP and local government units (LGUs) in securing access to ITIS and MOP 6 forms for all facilities and managing ITIS accounts for health workers. Conduct a rapid survey to assess nationwide access to ITIS. • Assist NTP in streamlining the recording and reporting of TB data to address data entry backlogs. Assist in developing ITIS features that would improve the completeness of encoding in the case record. • Assist NTP in the dissemination of field guides on TB preventive treatment (TPT) and contact tracing. Emphasize during training the importance of recording and reporting contact investigation data.
<p>Training on the use of ITIS</p> <ul style="list-style-type: none"> • Many health workers have been oriented but were not trained on MOP 6. 	<ul style="list-style-type: none"> • Assist and support NTP and LGUs in conducting health facility orientation and training on NTP MOP 6: ITIS version 2 and associated forms.

Key findings	Proposed actions/interventions
<ul style="list-style-type: none">• Some health workers find ITIS version 2 more difficult to encode compared with the previous version.• Some health workers who recently took on the task of recording and reporting the data were unfamiliar with the overall process and require training, specifically on MOP 6.	

I. INTRODUCTION

The goal of the United States Agency for International Development's (USAID) Collaborating, Learning, and Adapting for Improved Health (CLAIMHealth) activity is to improve the health of underserved Filipinos through the effective implementation of USAID's Health Project (HP) (2019 – 2024). CLAIMHealth can achieve this by generating and using high-quality monitoring and evaluation data, as well as through continuous learning and adapting to changing contexts and new knowledge. The HP consists of activities that span both technical areas and health systems strengthening.

Throughout the project cycle, USAID underscores the need to ensure and assess the quality of collected and reported data. In November 2020, CLAIMHealth supported OH in conducting a DQA of selected TB HP performance indicators (HPPIs) in selected sites. TB data were found to have overall acceptable data quality in terms of USAID Data Quality Standards. However, TB in children was noted to be still under-reported due to the programmatic challenges such as the erratic availability of purified protein derivative skin tests and pediatric first-line drugs. Since the Department of Health (DOH) was still using MOP 5, the data for contact investigation was neither aggregated nor reported and the data for TB preventive treatment enrollment were limited to children and people living with human immunodeficiency virus (PLHIV) and did not meet scope as defined in the Performance Indicator Reference Sheet (PIRS). Moreover, the DQA revealed that there were potential risks for data manipulation and transcription errors because some facilities were found to be sharing accounts for the Integrated TB Information System (ITIS).¹

Consistent with its mandate of supporting USAID OH in ensuring the quality of HPPIs data, CLAIMHealth conducted this data validation activity of the TB performance indicator data for the period of Q1 and Q2 calendar year (CY) 2021.

The specific objectives of the TB data validation activity were to:

- Follow up on the findings and recommendations of the FY 2020 TB DQA.
- Validate reported performance data on selected TB indicators for the period of Q1 and Q2 CY 2021 in selected health facilities.
- Observe and review data management systems for selected TB indicators.
- Identify issues and challenges in ensuring data quality of selected TB indicators.
- Recommend interventions to improve the data quality of TB.

¹ USAID/Philippines Collaborating Learning and Adapting for Improved Health (CLAIMHealth) Activity. 2021. TB Health Project Performance Indicators Data Quality Assessment. Silver Spring, Maryland: Panagora Group.

2. METHODS

2.1. Scope and Coverage

This TB data validation activity covers the reported Q1 and Q2 CY 2021 TB data for select TB indicators. We assessed the TB recording and reporting system through key informant interviews with health care providers and local health officers and followed up with USAID/OH, TB Platforms, and TB IHSS on the findings and recommendations of FY 2020 TB DQA conducted last November 2020 to January 2021.

The indicators covered in this data validation activity were adapted from the scope of work for the data validation of TB HPPIs.² It covers the following TB HPPIs:

- Bacteriological diagnosis coverage rate - pulmonary TB (TBR2)
- Childhood TB notifications (TBR3)
- Private sector TB notifications (TBR4)
- Contact investigation coverage rate (TBR6)
- TPT enrollment (TBR9)

We reviewed the findings in the accomplished FY 2020 TB DQA checklists to prioritize TB indicators that warranted further assessment (summarized in [Annex A](#)). Based on our review of the FY 2020 TB DQA findings, the indicator on TB detection rate (TBR1) should have been included in the assessment, rather than TPT enrollment (TBR9). However, TBR9 warranted further assessment because resolving data issues for this indicator could involve changes in protocols at the service delivery level. Additionally, the expanded population definition for TPT was just recently disseminated. On the other hand, the issue³ with TBR1 can be resolved by considering changes in reporting protocol and data source when comparing TB cases detected over time.

The FY 2020 TB DQA showed that drug-resistant (DR-TB) facilities have better data quality than facilities for delivery of TB services (DOTS). In view of the said TB DQA finding, this data validation activity focused on data reported by drug-susceptible TB (DS-TB) facilities, private DOTS, and private notifying providers.

2.2. Methods of Data Collection and Analysis

The data validation activity was done in three parts: (1) validation of reported TB data for selected indicators; (2) review and assessment of the recording and reporting of TB data; and (3) follow-up assessment on the findings and recommendations of the FY 2020 TB DQA. However, because of community quarantine restrictions and high COVID-19 cases, we shifted to remote monitoring and evaluation (M&E) methods that are consistent with the USAID Guide for Adopting Remote Approaches

² CLAIHealth is also supporting OH in a data validation activity for selected community-based drug rehabilitation (CBDR) indicators using similar data collection methods and analysis. The findings from the data validation of CBDR performance data will be covered by a separate report.

³ Data used for TBR1 was reported to be based only on Report 3a (Quarterly Report on Case Finding of Drug-Susceptible TB Cases and IPT). Using Report 3a alone is not sufficient because the data will not be consistent with the quantifier of “all forms” in the definition of the said indicator. Data for TBR1 should be based on both Report 3a and Report 3b from ITIS.

during COVID-19.⁴ Since health workers were generally busy with their tasks, we adapted to the schedule of the health workers and customized the tools as needed. This ensured that the validation activity did not interfere with the health facilities' operations.

To validate the reported TB data for the selected indicators, we assessed whether the data in ITIS accurately reflect the information from the source documents, *i.e.*, TB notification forms, TB treatment cards, and TPT cards. According to the National TB Control Program (NTP) Manual of Operations (MOP) 6, the ITIS serves as the official TB register, and pertinent patient information may be encoded directly from the treatment card to ITIS.⁵ Hence, we used the treatment cards as the gold standard in estimating concordance between facility records and ITIS data. Using the same criteria of the FY 2020 TB DQA, items with data discrepancies of (\pm) 10 percent or greater suggest that the indicator has a data limitation on *validity*.

We also conducted a desk review of NTP protocols and policies to guide the assessment of the recording and reporting system for TB. We then developed various questionnaires and forms for this validation activity (see [Annex B](#)). We used a data validation form that we developed based on the 'Innovations and Multi-sectoral Partnership to Achieve Control of TB' project's data quality check (DQC) toolkit.⁶ We developed a questionnaire to capture a facility's status in terms of its recording and reporting, and the issues and challenges it has related to recording and reporting TB data. To assess issues and challenges with recording and reporting of TB data at the LGU level, we obtained the inputs of NTP coordinators of the LGUs using an online questionnaire. To assess private sector notifications, we sent out online questionnaires to non-NTP providers. To review USAID's TB Portfolio's contribution to improving TB data quality, we reviewed the Q1 and Q2 FY 2021 progress reports of TB Platforms and TB IHSS and obtained their inputs through an online questionnaire (see [Annex C](#)).

2.3. Site Selection

For this data validation activity, we selected facilities based on the following selection process steps and criteria:

- Select the province with the highest reported TPT in CY 2021 for each of the Big Three Regions.⁷
- From the selected province, select the city/municipality with the highest reported TPT in 2021.
- From the selected city/municipality, select the facility with the highest reported TPT in 2021.
- If two or more facilities have an equal number of reported TPT in CY 2021, select the facility with the more disaggregated reported TPT or the highest reported contacts identified in 2021.

We retrieved from ITIS the 2021 annual reports on TB and TB Preventative Notification and Treatment of the Big Three Regions. Using the retrieved data and following the presented selection process, we identified the following facilities:

⁴ USAID. Guide for Adopting Remote Monitoring Approaches during COVID-19. May 2020. Available at: <https://www.usaid.gov/digital-development/covid19-remote-monitoring-guide>

⁵ DOH. National Tuberculosis Control Program Manual of Procedures 6th edition. 2020

⁶ IMPACT. Guidelines in Conducting Data Quality Check. A step-by-step guide to conducting data quality check in support of the Tuberculosis Control Program. 2018.

⁷ National Capital Region, Region 3, and Region 4A.

- Malinta Health Center – integrated delivery of health services (IDOTS), Valenzuela City, Metro Manila
- Taal Rural Health Unit – DOTS, Taal, Batangas

The selection process for these two facilities is described in [Annex D](#). The above criteria only led to the identification of public DS-TB or DOTS facilities. For private DOTS facility selection, we selected the highest or at least not reporting zero diagnosed TB cases in 2021. We identified the following private DOTS facilities:

- De La Salle University Medical Center Health Sciences Institute (DLSMHSI) – DOTS, Dasmariñas City, Cavite
- University of the East Ramon Magsaysay Memorial Medical Center (UERMMM) – IDOTS, Quezon City

The TB data validation activity included the City of San Juan, a previous TB DQA site, even if its public facilities reported zero for numbers of contacts identified and individuals given TPT. This allowed us to compare the present status of the LGU's TB data recording and reporting with its previous status during the last TB DQA.

- Batis Health Center – IDOTS, San Juan City
- West Crame Health Center – programmatic management of drug-resistant tuberculosis (PMDT) satellite treatment center (STC), San Juan City

To evaluate private-sector TB notification through mandatory notification, we initially sent a survey form to six non-NTP private providers who have notified TB cases in 2021 from the Big Three regions. However, only two out of the six non-NTP private providers responded. To be able to have more respondents, we revised the criterion.⁸ However, we only received one response after sending e-mail blasts to non-NTP providers in NCR, Region 3, and Region 4-A.

2.4. Limitations

We initially planned to conduct the data collection and key informant interviews through field visits. However, we resorted to remote data collection and a mix of online and phone interviews due to the prevailing community quarantine restrictions and internet connectivity issues encountered. As a result, we were restricted to the data provided by the respondents through remote methods. We also conducted the data validation activity with the PMDT/public-private mix DOTS (PPMD) staff of De La Salle Medical Center and Health Science Institutes instead of the DOTS staff because the DOTS staff were in quarantine. Because of their tasks in their facilities and/or the absence of their colleagues, it was also difficult to schedule follow-up interviews with the health facilities.

To provide enough time for the respondents to accomplish the tools, we sent our introductory letters and tools days ahead of the scheduled interviews. Despite this, however, many respondents were not able to accomplish the forms or commit to an appointment due to competing priorities such as COVID-19 vaccination assignments. For instance, we were unable to get a response from the NTP Management Office to the questionnaire we sent them.

⁸ Initial criteria for selecting non-NTP providers are (1) in the Big Three regions and (2) reporting at least one case in CY 2021. The criterion of reporting at least one case in CY 2021 was removed to allow for more respondents.

In addition to the limited access to documents and health facility staff, because we used remote data collection methods, we also did not use probability sampling methods. Therefore, the data in this report cannot be used for statistical inference.

3. RESULTS AND KEY FINDINGS

3.1. Recording and Reporting System

The ITIS was developed and deployed in 2014 by the NTP. It is the official TB information system of the DOH, which is designed to collect, consolidate, and report TB data on time from all health facilities managing TB cases. However, the COVID-19 pandemic has disrupted the TB continuum of care and the transition to MOP 6. Specifically, some operating sites were repurposed for COVID-19 testing and health human resources for TB services became scarcer because many health workers were reassigned for COVID activities or were quarantined. Additionally, quarantine restrictions have led to low demand for consultation and testing.

Updated Integrated TB Information System based on MOP 6

In August 2021, the ITIS website was updated to version 2. The updated system utilizes records and generates reports based on MOP 6. Having transitioned to MOP 6, the system was expected to generate all data needed for all TB performance indicators of USAID HP. [Table I](#) shows the comparison between the data available in MOP 5 and MOP 6.

Table I. Comparison of data provided by MOP 5 and MOP 6			
TB Performance Indicator	Definition in Health Project Performance Indicator Reference Sheets	Availability of data in:	
		MOP 5 Report 3a. Report on Case Finding of Drug-susceptible TB Cases and Isoniazid Preventive Therapy (IPT)	MOP 6 Report 3. Report on TB and TB Preventative Notification and Treatment
Bacteriological diagnosis coverage rate	<p>Precise Definition: Percent of new and relapse bacteriologically confirmed pulmonary TB cases among notified new and relapse pulmonary TB cases during the reporting period.</p> <p>Numerator: Number of new and relapse pulmonary TB cases, bacteriologically confirmed (smear-positive or culture-positive or positive by World Health Organization-recommended rapid diagnostics such as Xpert MTB/RIF) during the reporting year.</p> <p>Denominator: Number of notified new and relapse Pulmonary TB cases (and notified pulmonary TB cases with unknown previous TB treatment history) during the reporting period.</p>	Yes	Yes
Childhood TB notifications	<p>Precise Definition: Number of new and relapse childhood (0-14yr) TB cases (and childhood cases with unknown previous TB treatment history) who were notified in the reporting year.</p>	Yes	Yes

Table 1. Comparison of data provided by MOP 5 and MOP 6

TB Performance Indicator	Definition in Health Project Performance Indicator Reference Sheets	Availability of data in:	
		MOP 5 Report 3a. Report on Case Finding of Drug-susceptible TB Cases and Isoniazid Preventive Therapy (IPT)	MOP 6 Report 3. Report on TB and TB Preventative Notification and Treatment
Private sector TB notifications	Precise Definition: Number of new and relapse TB cases notified by private non-NTP providers (or Number of new and relapse cases of TB notified according to NTP guidelines by private providers) in the reporting year.	Data limited to cases handled by NTP providers that were referrals of private providers	Yes
Contact investigation coverage rate	Precise Definition: Percent of contacts of bacteriologically confirmed pulmonary TB patients who were evaluated for active TB and latent TB, out of those eligible. Numerator: number of HH contacts of bacteriologically confirmed new & relapse pulmonary TB cases notified in the reporting year, who have been evaluated for TB. Denominator: Total number of HH contacts of bacteriologically confirmed pulmonary TB, new and relapse cases notified in the reporting year.	No	Yes
TPT enrollment	Precise Definition: Number of eligible household contacts and PLHIV enrolled on T which includes: 1) household contacts (adult and children <5) of people with bacteriologically confirmed pulmonary TB, and 2) PLHIV enrolled in HIV care.	Data limited to children (>5 years old) and PLHIV	Yes

Aside from the shift toward ‘patient-centered care,’ MOP 6 also led to changes in the recording and reporting forms. Examples of the changes are the new laboratory forms for each diagnostic method, and the addition of fields for recording data on contact investigation. All public facilities we interviewed reported using the new forms. However, UERMMMC – DOTS was still using MOP 5 forms because of delays in obtaining the new forms they requested. [Error! Reference source not found.](#) shows the aggregate source and primary sources of data of the select TB indicators.

Table 2. TB HPPIs Data Source in MOP 6 Reports and Forms

TB Performance Indicator	Aggregate Source and Table	Primary Source of Data
Bacteriological diagnosis coverage rate	Report 3. Report on TB and TB Prevention Notification and Treatment – Table B. Diagnosed TB Cases	Notification Forms, DS-TB Treatment Cards, and DR-TB Treatment Cards
Childhood TB notifications	Report 3. Report on TB and TB Prevention Notification and Treatment – Table F. Diagnosed	Notification Forms, DS-TB Treatment Cards, and DR-TB Treatment Cards

Table 2. TB HPPIs Data Source in MOP 6 Reports and Forms

TB Performance Indicator	Aggregate Source and Table	Primary Source of Data
	All New and Relapse TB Cases (All Forms) by Age and Sex	
Private sector TB notifications	Report 3. Report on TB and TB Prevention Notification and Treatment – Table G. Source of All Diagnosed New and Relapse TB Cases (All Forms)	TB Register, DR-TB Register, and TB MN
Contact investigation coverage rate	Report 3. Report on TB and TB Prevention Notification and Treatment – Table P. Contact Tracing of Cases Started on Treatment	DS-TB Treatment Cards and DR-TB Treatment Cards
TPT enrollment	Report 3. Report on TB and TB Prevention Notification and Treatment – Table Q. Individuals Given TPT	TPT Cards

According to MOP 6, ITIS functions as the official TB register and TPT register maintained by health facilities. Patient data from the treatment card can be directly encoded into the system. All six respondent facilities reported having access to ITIS. On the other hand, LGU NTP coordinators reported that some facilities in their catchment area have no access to ITIS. We also found that facilities are still maintaining paper-based TB and TPT registers despite the availability of system-generated registers. Paper-based registers and treatment cards were used to validate encoded data.

Data encoding practices in TB facilities

Based on the interviews, we noted that facilities have variable TB data encoding practices. Most facilities follow quality standards⁹ for encoding and reporting and most health workers directly encode case-level data whenever they can. For facilities with relatively low caseload and workload, encoding is done daily or weekly. On the other hand, two facilities reported encoding on a monthly and quarterly basis. Because of other competing tasks, such as vaccination or COVID test swabbing assignments, some staff we interviewed have limited time for encoding. Most facilities perform data aggregation monthly. However, less than half of the respondents had data entry backlogs. It should be noted that one respondent commented that it was more difficult to encode data in ITIS version 2.

Data quality assurance in TB facilities

According to MOP 6, entries should be validated by the head of the facility before submission. However, some heads of the facilities did not have time to validate the entries. Therefore, they delegated task of validating the entries to the NTP coordinator or encoder (which is usually the nurse or midwife). In some areas, it is the city health office (CHO) that reviews the entries of health facilities. For instance, according to UERMMMCC – DOTS staff, Quezon City NTP coordinators review and validate their entries. The UERMMMCC – DOTS staff also has a misconception that having the data encoded was already sufficient. However, it should be noted that the staff interviewed recently took over the role of recording and reporting TB data last August 2021. This is because the person who was originally responsible for the task died recently.

Based on the interviews, we noted that most of the respondents have their own ITIS account to directly encode TB data. However, the NTP nurse coordinator in San Juan City reported that less than

⁹ Based on NTP MOP 6: Completeness, accuracy, and consistency.

half of their facilities have ITIS accounts. The NTP nurse coordinator also noted that San Juan CHO has a plan to cluster health facilities for recording and reporting TB data. However, the implementation of the plan was delayed because of the COVID-19 situation. As a result, the CHO was unable to complete the final registration of San Juan City health facilities staff for ITIS accounts. The NTP nurse coordinator of San Juan City also mentioned that some health workers were transferred to other facilities due to the city's COVID-19 response. Because of these deployment changes, some health workers lost their access to ITIS.

When discrepancies were found in encoded TB data, most respondents stated that they make corrections immediately. However, if the system is already locked for editing, the health facilities inform the DOH Knowledge Management and Information Technology Service or the NTP coordinator they report to about the data issue they found. In terms of reporting feedback, more than half of respondents reported getting feedback from higher reporting levels. In San Juan City, they use Facebook group chats to communicate concerns with reported data. However, only half of the facilities reported being visited for data quality checks. These visits have become remote and done less often (quarterly or semi-annually) because of quarantine restrictions.

Mandatory TB notification

One of the features of ITIS version 2 is it now reports figures from mandatory notifications. Private health care providers and facilities can notify through the 'Mandatory TB Notification' reporting system or ITIS Lite. Like ITIS used by public facilities, ITIS Lite can be accessed online using a computer or both online and offline using the application for Android-based smartphones. However, we noted that most of the diagnosed TB cases from MN were tagged as *unknown* in terms of TB disease anatomical site. This suggests that problems exist in the recording and reporting of private health care providers, or the encoding done by TB notification officers.

3.2. Training on Integrated Tuberculosis Information System

According to MOP 6 Chapter 5, health workers shall be trained on the use of ITIS through formal training or coaching by senior trained health staff. MOP 6 was published in 2020, but the launch of the training for it has been variable across regions because of the disruptions brought about by COVID-19. To support DOH, USAID's TB Platforms and TB Innovations helped develop online modules and conducted online training for MOP 6. Online trainings on MOP 6 were conducted by DOH in collaboration with TB Innovations and TB Platforms for both public and private health care providers in NCR, Region 3, and Region 4-A. TB Platforms also conducted self-paced learning courses on NTP MOP 6 and oriented private physicians on MOP 6 and ITIS Lite Application in Region 3.

All respondents reported that they were oriented on MOP 6, but only half were fully trained. Most respondents mentioned that the orientation and training were conducted by the DOH regional office, provincial/city health office, or NTP. However, UERMMMCC – DOTS staff reported that they were oriented by TB Innovations. Additionally, West Crame staff reported that only their facility head was trained on MOP 6. Most respondents agreed that having a copy of MOP 6 and orientation was not sufficient to carry out the updates of MOP 6. We also noted that some staff just recently took over the task of recording and reporting in ITIS due to unexpected circumstances. Some took over the task because the designated staff died or was in quarantine.

3.3. Consistency Checks

We checked whether Q1 and Q2 CY 2021 data for select indicators of the health facilities were consistent with data in ITIS. The figures in the treatment cards and registers were recorded by the respondents in the TB data validation tool provided. These were then compared with the figures in Report 3 retrieved from ITIS.

We started our consistency checks with the facilities' confirmed TB cases and noted some discrepancies in the number of confirmed TB cases in UERMMMCM-IDOTS and Batis HC-IDOTS (Table 1). In UERMMMCM-IDOTS, this was because the staff we interviewed only recently started handling the recording and reporting in August 2021. The discrepancy in Batis Health Center is within the acceptable standard deviation of 10 percent and is probably due to an error classifying the time period for a patient.

Facility	Period	ITIS Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center - IDOTS	Q1	48	48	0%
	Q2	45	45	0%
UERMMMCM - IDOTS	Q1	13	13	0%
	Q2	18	13	-28%
Batis Health Center – IDOTS	Q1	13	12	-8%
	Q2	14	15	7%
Taal Rural Health Unit - DOTS	Q1	38	38	0%
	Q2	69	69	0%
DLSMHSI - PMDT/PPMD	Q1	15	15	0%
	Q2	21	21	0%

Note: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

3.3.1. Bacteriological diagnosis coverage rate

We noted some discrepancies on bacteriological diagnosis data (**Error! Reference source not found.**). The discrepancy in Malinta HC-IDOTS was within acceptable standard deviation. This suggests that there may be a duplicate entry hence the overcount. The discrepancy in Batis HC-IDOTS is more than the acceptable standard deviation. This suggests that a case was counted in Q2 instead of Q1. The discrepancy in DLSUMHSI-PPMDT is suggestive of duplicates in encoded data.

Facility	Period	New BC-PTB			Relapse BC-PTB			All BC-PTB		
		ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center – IDOTS	Q1	16	16	0%	0	0	0%	16	16	0%
	Q2	12	11	-8%	1	1	0%	13	12	-8%
UERMMMCM – IDOTS	Q1	3	3	0%	0	0	0%	3	3	0%
	Q2	3	3	0%	0	0	0%	3	3	0%

Table 4. Bacteriologically confirmed cases in ITIS data (Table B in ITIS) vs. facility data, CY 2021

Facility	Period	New BC-PTB			Relapse BC-PTB			All BC-PTB		
		ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Batis Health Center – IDOTS	Q1	5	4	-20%	0	0	0%	5	4	-20%
	Q2	6	7	17%	0	0	0%	6	7	17%
Taal Rural Health Unit – DOTS	Q1	18	18	0%	1	1	0%	19	19	0%
	Q2	17	17	0%	2	2	0%	19	19	0%
DLSMHSI - PMDT/PPMD	Q1	9	9	0%	5	5	0%	14	14	0%
	Q2	6	6	0%	22	11	-50%	28	17	-39%

Color code: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

3.3.2. Childhood TB notifications

We retrieved data on TB in children from ITIS report 3 (ITIS Tables E and F) and compared it with facility data. In **Error! Reference source not found.**, we noted a discrepancy in Malinta HC-IDOTS which is probably due to a double entry.

Table 5. Case of TB in children ITIS data (Table E in ITIS) vs. facility data, CY 2021

Facility	Period	PTB in <15 y/o			EPTB in <15 y/o			All <15 y/o		
		ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center – IDOTS	Q1	3	3	0%	0	0	0%	3	3	0
	Q2	6	5	-17%	0	0	0%	6	5	-17%
UERMMMC – IDOTS	Q1	0	0	0%	0	0	0%	0	0	0
	Q2	0	0	0%	0	0	0%	0	0	0
Batis Health Center – IDOTS	Q1	1	1	0%	0	0	0%	1	1	0
	Q2	0	0	0%	0	0	0%	0	0	0
Taal Rural Health Unit – DOTS	Q1	0	0	0%	0	0	0%	0	0	0
	Q2	31	31	0%	0	0	0%	31	31	0
DLSMHSI - PMDT/PPMD	Q1	0	0	0%	0	0	0%	0	0	0
	Q2	2	2	0%	0	0	0%	2	2	0

Color code: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

In **Error! Reference source not found.**, discrepancies were noted in Malinta HC-IDOTS, Batis HC-IDOTS, and Taal RHU-DOTS. It is possible that there is a double entry for those facilities reporting more than one case of TB in children.

Table 6. Cases of TB in children ITIS data (Table F in ITIS) vs. facility data, CY 2021

Facility	Period	New and relapse TB among 0-4			New and relapse TB among 5-14			All <15 yo		
		ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table B (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center – IDOTS	Q1	1	1	0%	3	2	-33%	4	3	-25%
	Q2	5	5	0%	1	0	-100%	6	5	-17%
UERMMMC – IDOTS	Q1	0	0	0%	0	0	0%	0	0	0%
	Q2	0	0	0%	0	0	0%	0	0	0%
Batis Health Center – IDOTS	Q1	0	0	0%	1	0	-100%	1	0	-100%
	Q2	0	0	0%	0	0	0%	0	0	0%
Taal Rural Health Unit – DOTS	Q1	1	0	-100%	0	0	0%	1	0	-100%
	Q2	17	17	0%	14	14	0%	31	31	0%
DLSMHSI – PMDT/PPMD	Q1	0	0	0%	0	0	0%	0	0	0%
	Q2	1	1	0%	1	1	0%	2	2	0%

Color code: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

3.3.3. Private sector TB notifications¹⁰

We also noted some discrepancies between health facility and ITIS data on private-sector TB notification (**Error! Reference source not found.**). The discrepancy in Malinta HC-IDOTS was likely due to underreporting. Additionally, it appears that the staff of the private facilities erroneously accomplished the data validation tools. On the other hand, the discrepancy in Batis Health Center was likely because the staff who accomplished the data validation tool were unfamiliar with their facility’s records.

Table 7. TB cases by private referrals in ITIS data (table G) vs facility data, CY 2021

Facility	Period	ITIS Table G (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center - IDOTS	Q1	4	5	25%
	Q2	3	3	0%
UERMMMC - IDOTS	Q1	13	13	0%
	Q2	17	13	-24%
Batis Health Center – IDOTS	Q1	3	0	-100%
	Q2	8	0	-100%
Taal Rural Health Unit - DOTS	Q1	17	17	0%
	Q2	21	21	0%
DLSMHSI - PMDT/PPMD	Q1	0	0	0%
	Q2	4	0	-100%

Color code: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

¹⁰ Refers to number of new and relapse TB cases notified by private non-NTP providers or number of new and relapse cases of TB notified according to NTP guidelines by private provider in a reporting period.

3.3.4. Contact investigation coverage rate

We noted that the data for contact investigation were not consistent in some of the facilities (**Error! Reference source not found.**). Based on the interviews, respondents were aware of the importance of doing contact identification and screening and the requirement of recording the information on treatment cards. However, due to the heavy workload, many health workers were unable to encode contact investigation data in ITIS after inputting the data in the treatment cards. Additionally, some respondents were not aware that they were required to encode contact investigation data in ITIS. For instance, UERMMMC IDOTS staff were conducting contact investigation but were not encoding the data in ITIS likely because they (a) were not aware of this reporting requirement and (b) do not have MOP 6 forms. It should be noted that the NTP only recently disseminated the policy of expanded population definition for TPT. **Error! Reference source not found.** shows that some facilities did not encode contact investigation data in ITIS.

Table 8. Comparison of contact investigation in ITIS data (Table P in ITIS) vs. facility data, CY 2021													
Facility	Period	No. of contacts identified (children)			No. of contacts tested (children)			No. of contacts identified (adult)			No. of contacts tested (adult)		
		ITIS Data Table P (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table P (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table P (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table P (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center - IDOTS	Q1	0	26	100%	0	10	100%	0	44	100%	0	14	100%
	Q2	2	28	1300%	2	4	100%	6	74	1133%	6	9	50%
UERMMMC - IDOTS	Q1	0	0	0%	0	0	0%	0	0	0%	0	0	0%
	Q2	0	0	0%	0	0	0%	0	0	0%	0	0	0%
Batis Health Center – IDOTS	Q1	0	0	0%	0	0	0%	0	0	0%	0	0	0%
	Q2	0	0	0%	0	0	0%	0	0	0%	0	0	0%
Taal Rural Health Unit - DOTS	Q1	0	43	100%	0	5	100%	0	95	100%	0	29	100%
	Q2	0	51	100%	0	76	100%	0	93	100%	0	7	100%
DLSMHSI - PMDT/PPMD	Q1	8	17	113%	8	17	113%	4	32	700%	4	32	700%
	Q2	17	23	35%	17	23	35%	32	48	50%	32	48	50%

Color code: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

3.3.5. TB Preventive Treatment enrollment

We noted substantial discrepancies on TPT between ITIS and facility records in Malinta HC-IDOTS, Batis HC-IDOTS, Taal RHU-DOTS, and DLSMHSI - PMDT/PPMD (**Error! Reference source not found.**). However, it should be noted that most of the counts for all the facilities are less than 10. Therefore, a discrepancy of 1 is already beyond the threshold of <10 percent. It should also be noted that some private facilities did not report on TPT for some client groups.

Table 9. Comparison of TPT enrollment in ITIS data (table Q) and facility data, CY 2021																
Facility	Period	Total no. of HH Contact/ Close Contact age 0-4			Total no. of HH Contact/ Close Contact age 5-14			Total no. of HH Contact/ Close Contact Adult			Total no. of PLHIV			Total no. of cases from Clinical Risk Groups		
		ITIS Data Table Q (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table Q (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table Q (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table Q (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]	ITIS Data Table Q (A)	Facility Data (B)	Percent Difference from ITIS data [(B-A)/A]
Malinta Health Center - IDOTS	Q1	0	0	0%	1	2	100%	3	6	100%	0	0	0%	0	0	0%
	Q2	1	1	0%	3	1	-67%	0	0	0%	0	0	0%	0	0	0%
UERMMMC - IDOTS	Q1	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%
	Q2	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%
Batis Health Center – IDOTS	Q1	0	0	0%	0	3	100%	0	16	100%	0	0	0%	0	0	0%
	Q2	0	0	0%	0	0	0%	0	11	100%	0	1	100%	0	0	0%
Taal Rural Health Unit - DOTS	Q1	1	0	-100%	0	1	100%	0	0	0%	0	0	0%	0	0	0%
	Q2	1	1	0%	3	3	0%	1	1	0%	0	0	0%	0	0	0%
DLSMHSI - PMDT/PPMD	Q1	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%
	Q2	0	0	0%	0	0	0%	0	0	0%	0	2	100%	0	0	0%

Color code: Green – no discrepancy, Yellow – discrepancy less than (+/-) 10%, Red – discrepancy (+/-) 10% of more

3.4. Findings of 2020 DQA vs. 2021 Data Validation

In November 2020, USAID OH's TB team along with CLAIMHealth conducted DQAs of 10 TB HPPIs (using CY 2019 data) based on USAID's data quality standards. The DQA team found the TB data quality to be generally acceptable. This is still the case with TB data validation. The data for the five TB HPPIs are generally acceptable but not without any issues in terms of validity, timeliness, and integrity.

Discrepancies in the data suggest that there are *validity* issues. Although less than half reported having no backlog, *timeliness* remains an issue. Some health workers were unable to encode some data from treatment cards in ITIS due to other tasks. Based on the interviews, there is still a potential issue on *integrity* (i.e., data manipulation or encoding error) because the data were not encoded at the facility level. However, this can be considered as an isolated case since only San Juan City reported that some of its facilities did not have direct access to ITIS. We also noted that following the implementation of MOP 6, facilities started to reflect contact investigation in ITIS, while data on TPT enrollment now captures all target population segments. **Error! Reference source not found.** shows the data limitations identified during the 2020 TB DQA and the 2021 data validation activity.

Table 10. Data limitations in TB DQA FY 2020 and FY 2021 TB Data Validation		
TB Performance Indicator	Data limitations identified in TB DQA 2020	Data limitations identified in TB Data Validation 2021
Bacteriological diagnosis coverage rate	Validity, timeliness, and integrity	Validity, timeliness, and integrity
Childhood TB notifications	Validity, timeliness, and integrity	Validity, timeliness, and integrity
Private sector TB notifications	Validity, timeliness, and integrity	Validity, timeliness, and integrity
Contact investigation coverage rate	Not reported	Validity, timeliness, and integrity
TB Preventative Treatment (TPT) enrollment	Validity, timeliness, and integrity	Validity, timeliness, and integrity

4. RECOMMENDATIONS

The quality of health information highly depends on the functionality of the other areas of the health system such as human resources. We recommend that TB Innovations and TB Platforms organize activities with their respectively engaged respondent LGUs and facilities, anchored on key insights and specific recommendations presented below.

- Assist NTP and LGUs in securing access to ITIS and MOP 6 forms for all facilities and managing ITIS accounts for health workers. Conduct rapid survey to assess access to ITIS.
- Assist NTP in streamlining the recording and reporting of TB data to address data entry backlogs. Assist in developing ITIS features that would improve the completeness of encoding in the case record.
- Assist NTP in the dissemination of field guide on TPT and contact tracing. Emphasize during training the importance of recording and reporting contact investigation data.
- Assist and support NTP and LGUs in conducting health facility orientation and training on NTP MOP 6: ITIS version 2 and forms.







Error! Reference source not found. presents the recommendations to address identified data limitations of select TB indicators.

Table 11. Recommendations per TB HPPI	
TB Performance Indicator	Recommended actions to address identified limitations
Bacteriological diagnosis coverage rate	Assist NTP in developing and promoting the use of electronic laboratory requests and result form to automate reporting of diagnostic test results in patient records. Conduct regular data quality checks and train staff especially those that have only recently handled recording and reporting of TB data. Assist in the development and dissemination of clinical practice guidelines to promote bacteriological testing for patients.
Childhood TB notifications	Assist NTP and LGUs in the procurement of pediatric first-line drugs and development of screening for TB in children. Conduct regular data quality checks and train staff that are recently tasked to handle recording and reporting of TB data.
Private sector TB notifications	Assist NTP in developing protocols for evaluating cases notified by non-NTP providers and conducting advocacy activities targeting the private sector. Conduct regular data quality checks and train staff that are recently tasked to handle recording and reporting of TB data.
Contact investigation coverage rate	Assist NTP in the dissemination of field guide on TPT and contact tracing. Continue support for nationwide training on MOP 6. Emphasize the importance of doing and reporting contact investigation.
TPT enrollment	Assist NTP in the dissemination of policy on the expanded population for TPT. Assist NTP and LGUs to ensure an uninterrupted supply of TPT medications. Conduct regular data quality checks and train staff who have recently been assigned to handle recording and reporting of TB data.

Annex A. FY 2020 TB DQA Checklist Matrix

	TB Detection Rate (TBR1)	Bacteriological Diagnosis Coverage rate - Pulmonary TB (TBR2)	Childhood TB Notifications (TBR3)	Drug-Resistant TB Notifications (TBR4)	Private Sector TB Notifications (TBR5)	Contact Investigation Coverage Rate (TBR6)	TB Treatment Success Rate (TBR7)	Drug-Resistant TB treatment Success Rate (TBR8)	TB Preventive Treatment (TPT) Enrollment (TBR9)	Proportion of Domestic Financing for TB (TBR10)
Summary	Y: 10 N: 2 N/A: 3	Y: 10 N: 2 N/A: 3	Y: 10 N: 2 N/A: 3	Y: 11 N: 1 N/A: 3	Y: 10 N: 2 N/A: 3	Y: 2 N: 1 N/A: 12	Y: 11 N: 1 N/A: 3	Y: 11 N: 1 N/A: 3	Y: 11 N: 1 N/A: 3	Y: 12 N: 0 N/A: 3
VALIDITY										
1. Does the information collected measure what it is supposed to measure?	N	N	Y	Y	Y	Y	Y	Y	Y	Y
2. Do results collected fall within a plausible range?	Y	Y	N	Y	N	N/A	Y	Y	Y	Y
3. Is there reasonable assurance that the data collection methods being used do not produce systematically biased data?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y
4. Are sound research methods being used to collect the data?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RELIABILITY										
1. When the same data collection method is used to measure/observe the same thing multiple times, is the same result produced each time?	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
2. Are data collection and analysis methods documented in writing and being used to ensure the same procedures are followed each time?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TIMELINESS										
1. Are data available frequently enough to inform program management decisions?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y
2. Are the data reported the most current practically available?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y
3. Are the data reported as soon as possible after collection?	N	N	N	N	N	N/A	N	N	N	Y
PRECISION										
1. Is the margin of error less than the expected change being measured?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. Has the margin of error been reported along with the data?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. Is the data collection method/tool being used to collect the data fine-tuned or exact enough to register the expected change?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y
INTEGRITY										
1. Are procedures or safeguards in place to minimize data transcription errors?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y
2. Is there independence in key data collection, management, and assessment procedures?	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y
3. Are mechanisms in place to prevent unauthorized changes to the data	Y	Y	Y	Y	Y	N/A	Y	Y	Y	Y

Annex B. Interview and Records Review Tools Used for Data Validation

Tool for	Embedded files
Validation of facility records	 Data Validation Tool.docx
Interview with OH and implementing partners	 Questionnaire for OH and IPs.docx
Interview with DOH NTP MO	 Questionnaire for DOH NTP MO.docx
Interview with facility staff	 Questionnaire for Facility Staff.docx
Interview with LGU NTP coordinators	 Questionnaire for LGU NTP Coordinatc
Interview with MN providers	 Questionnaire for MN Provider.docx

Annex C. Questions and Answers with TBIHSS and TB Platforms

I. How often are data quality checks (DQCs) conducted by the Activity? How does the Activity disseminate results, and implement recommendations?

TB IHSS: Since OH indicators are directly from ITIS and are national data, DQC activities are being patterned to the regular NTP schedule. This is to avoid duplication of work. For specific implementation sites, DQC activities are aligned with M&E activities and being done in quarterly or depending on the nature of activities being implemented (span of 3 months, etc.). Results are being disseminated with the involvement of the CHD, City/Provincial Health Office, and the staff of the implementing sites.

TB Platforms: At central level, DQC activity is conducted during quarterly reporting that include documentation of proportion of missing reports from IT IS generated data. Internal reviews on project. For project level indicators, internal checks (e.g., Tracking of missing reports by facility and/or activity) were put in place to identify reporting issues. These are internally discussed during meetings and program reviews.

At the regional level, no structured DQC activities using the existing manual were conducted except during remote and limited face-to-face monitoring where quick reviews of paper-based records were conducted. These are during monitoring and mentoring visits in Taguig City for the strategy called Find TB Actively, Separate Safely, Treat Effectively (FAST).

For indicators on quality improvement, records reviews, and consistency of reports versus data capture tools were conducted.

For Activity level or technical assistance-specific indicators (ACF, ECF, FAST, TBCC, and ConnecTB) mostly cascade of care indicators, data quality assessment is being performed during facility visits or remote online monitoring and mentoring sessions. There are also five quality improvement sites in Nueva Ecija that are being monitored monthly and mentored accordingly. Data collected from the facilities is reported in a monthly basis and feedback is given to facilities through PPCs.

Pre-pandemic, DQCs are being held in a quarterly basis by other development partners wherein TB coordinators from different LGUs are convened to validate the data recorded in the facility and reported thru ITIS. DQC continued even during the pandemic, but restrictions were imposed with fewer validators conducting the activity

<p>2. What support has the Activity provided to DOH central office and regions in the conduct of training on 6th edition NTP MOP and ITIS?</p>	
<p>TB IHSS: TB IHSS has supported DOH through development of e-learning modules of NTP MOP 6th edition being used as the standard training modules. Also, the project has conducted Training of trainers of which it has supported regions for the conduct of training, by serving as resource persons for specific topics. TB IHSS also implemented Integrated training on MOP, NTP Adaptive Plan, and FAST Plus in all 66 Level 3 FAST Plus hospitals (3 Regions) being handled by the project.</p> <p>For ITIS, TB IHSS provides direct technical assistance on ITIS enhancement i.e., data warehousing, ITIS version 2 and mobile app launching and performance monitoring, ITIS Lite (mandatory notification) web platform and application. Also, the project is currently exploring integration of ITIS in hospital electronic medical record system, PhilHealth, PRC, and SSS.</p>	<p>TB Platforms: Our MDR TB specialist has collaborated with the TB IHSS in the development and rollout of the MOP 6th edition. 16 batches of MOP 6th ed training, both stand alone or integrated with FAST Plus were conducted in FY 2021.</p> <p>TB Platforms, in partnership with CLCHD, organized a Training of Trainers on the NTP MOP 6th edition last June 2020. TBP provided resource persons for the activity.</p> <p>With the assistance of TB Platforms, an online self-paced training on the NTP MOP 6th edition was also established wherein members of the team were assigned as facilitators.</p>
<p>3. Has the Activity updated its AMEL Plan to include new indicators to be monitored?</p>	
<p>TB IHSS: Yes, the project updates its AMEL Plan whenever new indicators are assigned for reporting. On-going update to accommodate the new indicators on continuous quality improvement and the transnational disease, for submission on September 30, 2021.</p>	<p>TB Platforms: Yes. New indicators were included in revised AMEL Plan dated April 2021.</p>
<p>4. Has the Activity provided capacities to TB service delivery points and managing units to collect and report data on new indicators?</p>	
<p>TB IHSS: Since project indicators are part of the DOH ITIS reporting, no special reporting arrangement were made with the TB service delivery points. Also, project has selected implementation sites and mainly reports regional and national data performance.</p>	<p>TB Platforms: In Region 3 (CLCHD), USAID's TB Platforms provided assistance in drafting a concept note for a 100 Days Accelerated TPT Implementation Strategy targeting 6,743 eligible people. This included contact investigations forms that capture data for TPT as well. 31 LGUs were oriented on the strategy but due to the competing task assigned of health care workers, implementation of this strategy was delayed in some sites. Contacts of the index case from January 2021 to present were listed and backtracked.</p>

	29 TB Contact Centers were established and continuously supported. This initiative includes a TPT Monitoring tool.
<p>5. Has the Activity monitored transition to 6th edition NTP MOP forms? Has the new forms captured the required data for the new indicators?</p>	
<p>TB IHSS: Yes, the project has been in constant coordination with DOH NTP in terms of NTP MOP 6 transition. Current project and OH indicators being reported by the project are in ITIS, since the TB roadmap indicators are part of the WHO reporting.</p>	<p>TB Platforms: The new forms/ITIS V2 are recently being introduced. Not all facilities are using the new forms though these have been encouraged during the patient-centered care and FAST monitoring and mentoring. The use of ITIS version 2 was encouraged as well as the use of new recording and reporting forms.</p> <p>Pre-orientation and post-course orientation are being conducted using a Self-Paced Online Learning Course for the NTP MOP 6th Edition where the mandatory use of the new forms is reiterated. Limited hard copies of the new forms are allocated to provinces/highly urbanized cities while downloadable copies are made accessible thru the NTP official website and R3 Online TB Library (bit.ly/TBDocuments).</p>
<p>6. Does the Activity have any initiatives related to developing guidelines for mentoring and providing constructive feedback during monitoring and supervisory visits and data quality activities?</p>	
<p>TB IHSS: Yes, the project has provided initial assistance to NTP by reviewing the draft TB mentoring and monitoring guidebook in 2019. However, no further update as to the status as NTP did not include it as priority activity since 2020. TB IHSS has been participating in the M&E activities together with NTP.</p>	<p>TB Platforms: Yes. These tools cover TB cascade of Care and even the HSS component is being assessed.</p> <ul style="list-style-type: none"> • TPT Monitoring Tool • TBCC Monitoring Tool • Remote Monitoring Tool for PMDT Sites/ IDOTS/DOTS / RTDL
<p>7. Does the Activity have any initiatives related to developing guidelines for collection, aggregation, and management of TB data?</p>	
<p>TB IHSS: It was part of the draft TB mentoring and monitoring guidebook. Also, the project is a member of the NTP M&E Sub-Technical Working group where every quarter, analysis of NTP performance is being discussed. Initially, TB IHSS in 2018 assisted DOH NTP in the launching of the quarterly TB newsletter. TB IHSS did the analysis and presentation of TB data circulated quarterly by NTP. It was later on transitioned to the NTP</p>	<p>TB Platforms: Conduct of facility level data collected including non-service information not routinely reported (e.g., Patient satisfaction, health systems support, etc)</p> <p>Support to CHD (Region 3) for development of guidelines including reporting systems for the FAST, active case finding, intensive case finding, enhanced case finding, TPT, case finding among 4Ps beneficiaries and household members</p>

website TB dashboard for real-time monitoring of data.	
8. Does the Activity have any activity related to developing solutions and guidelines for contact tracing?	
TB IHSS: Yes, TB IHSS is the lead TA for the Contact Investigation and TPT Roadmap and Field Implementation Guide for Contact Investigation and TPT, both approved by DOH-NTP. In terms of specific service delivery, there are contact investigation and TPT activities linked with case finding activities being implemented.	TB Platforms: Activity supported human resource are tasked to assist facilities in contact tracing. ConnecTB app includes modules for contact tracing of MDR TB patients in 14 sites.
9. How frequently do you plan to collect indicator data for your Activity?	
TB IHSS: The project collects the indicators on a quarterly basis, except for indicators requiring specific annual timeline due to its data availability.	TB Platforms: Quarterly for ITIS-sourced indicators. Activity level cascade indicators from directly supported activities are collected weekly and/or monthly. With the help of the additional human resource, the collection of data aims to be done on a weekly to monthly basis.
10. How well do the data on your performance indicator(s) capture your Activity's performance?	
TB IHSS: Since the project is designed as technical assistance at the national level and also introduce and test selected modalities, OH indicators do not directly reflect the project performance. However, the project ensures that in the quarterly reporting specific service delivery activities are being reported via TB Cascade of Care and project milestones that can be attributed to the indicators.	TB Platforms: ITIS related indicators have historically been only partial or captured only 30-60 percent of quarterly reports at the time of data collection. These figures are adjusted in subsequent submissions. Activity level data, mostly cascade information from directly supported activities (e.g., ACF, FAST, ECF, TBCC, etc) likewise have data quality issues in terms of completeness of reports due to non-reconciliation of presumptive lists with data on testing and treatment initiation.
11. Does the Activity encounter any challenges and issues in data management and reporting – especially during this time of COVID-19?	
TB IHSS: Yes, implementation sites have expressed difficulty in reporting or performing TB services due to workloads related to COVID-19. Also, on-site monitoring activities have not been conducted since hospitals won't allow visits at the moment.	TB Platforms: Difficulty in gathering and limited staff in facilities to do data management work due to reassignments in COVID 19 swabbing and vaccination activities significantly affected the quality of data. Supported LGUs have requested HR support to man supported service delivery activities. Activity had to hire data encoders, limited nurses, midwives, and medical technologists to assist supported facilities in data collection and data entry.

Annex D. Site Selection Process

Data source: 2021 Report 3 table P (Contact Tracing of Cases Started on Treatment) and Q (Individuals Given TPT) retrieved from ITIS on September 7, 2021.

NCR Site Selection

Phase 1: City/Municipality with Highest TPT in 2021

City/Municipality	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
CALOOCAN CITY	0	0	3	0	0	3
LAS PIÑAS CITY	0	0	0	0	0	0
MAKATI CITY	0	0	0	0	0	0
MALABON CITY	0	0	0	0	0	0
MANDALUYONG CITY	0	0	1	0	0	1
MARIKINA CITY	0	0	2	0	11	13
MUNTINLUPA CITY	0	0	0	0	0	0
NAVOTAS CITY	0	0	2	0	0	2
CITY OF MANILA	0	0	0	0	0	0
PARAÑAQUE CITY	0	0	10	8	0	18
PASAY CITY	0	4	0	2	0	6
PASIG CITY	0	0	0	0	0	0
PATEROS	0	0	0	0	0	0
QUEZON CITY	0	0	0	0	0	0
SAN JUAN CITY	0	0	0	0	0	0
TAGUIG CITY	0	0	6	2	0	8
VALENZUELA CITY	0	10	6	7	0	23
Grand Total	0	14	30	19	11	74

Phase 2: Facility with Highest TPT in 2021

Facility in Valenzuela City	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
ALLIED CARE EXPERTS MEDICAL CENTER-VALENZUELA - DOTS	0	0	0	0	0	0
ARKONG BATO HEALTH CENTER - IDOTS	0	0	0	0	0	0
BAGBAGUIN HEALTH CENTER - IDOTS	0	0	0	0	0	0
BAHAY KALINGA - IDOTS	0	0	0	0	0	0
BALANGKAS HEALTH CENTER - IDOTS	0	0	0	0	0	0
BIGNAY 3S HEALTH CENTER - IDOTS	0	0	0	0	0	0
BIGNAY HEALTH CENTER - IDOTS	0	0	0	0	0	0
BISIG HEALTH CENTER - IDOTS	0	0	0	0	0	0
CABATUHAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
CANUMAY EAST HEALTH CENTER - IDOTS	0	0	0	0	0	0
CANUMAY WEST HEALTH CENTER - IDOTS	0	0	1	2	0	3
COLOONG HEALTH CENTER - IDOTS	0	0	0	0	0	0
CONCEPCION HEALTH CENTER - IDOTS	0	0	0	0	0	0

DALANDANAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
ELYSIAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
FATIMA UNIVERSITY MEDICAL CENTER - DOTS	0	0	0	0	0	0
GEN. T. DE LEON HEALTH CENTER 3S - IDOTS	0	0	0	0	0	0
GEN. T. DE LEON HEALTH CENTER I - IDOTS	0	0	0	0	0	0
ISLA HEALTH CENTER - IDOTS	0	0	0	0	0	0
KARUHATAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
KARUHATAN HEALTH CENTER - PMDT STC	0	0	0	0	0	0
LAWANG BATO HEALTH CENTER - IDOTS	0	0	0	0	0	0
LINGUNAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
MABOLO HEALTH CENTER - IDOTS	0	0	0	0	0	0
MALANDAY HEALTH CENTER - IDOTS	0	0	0	0	0	0
MALINTA HEALTH CENTER - IDOTS	0	3	0	1	0	4
MANOTOC HEALTH CENTER - IDOTS	0	0	0	0	0	0
MAPULANG LUPA HEALTH CENTER - IDOTS	0	0	0	0	0	0
MARULAS MEGA HEALTH CENTER - IDOTS	0	0	0	0	0	0
MARULAS PC HEALTH CENTER - IDOTS	0	0	2	0	0	2
MAYSAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
NORTHVILLE I HEALTH CENTER - IDOTS	0	0	0	0	0	0
NORTHVILLE II HEALTH CENTER - IDOTS	0	0	0	0	0	0
PALASAN HEALTH CENTER - IDOTS	0	0	0	0	0	0
PARADA HEALTH CENTER - IDOTS	0	0	0	0	0	0
PASO DE BLAS HEALTH CENTER - IDOTS	0	0	0	0	0	0
PASOLO HEALTH CENTER - IDOTS	0	0	0	0	0	0
PINALAGAD HEALTH CENTER - IDOTS	0	0	0	0	0	0
POLO HEALTH CENTER - IDOTS	0	0	0	0	0	0
PUNTURIN HEALTH CENTER - IDOTS	0	0	3	1	0	4
PUROK 4 HEALTH CENTER - IDOTS	0	2	0	0	0	2
RINCON HEALTH CENTER - IDOTS	0	0	0	0	0	0
SAN MIGUEL HEIGHTS HEALTH CENTER - IDOTS	0	1	0	3	0	4
SERRANO HEALTH CENTER - IDOTS	0	0	0	0	0	0
TAGALAG HEALTH CENTER - IDOTS	0	0	0	0	0	0

TUGATOG HEALTH CENTER - IDOTS	0	0	0	0	0	0
UGONG HEALTH CENTER - IDOTS	0	4	0	0	0	4
VALENZUELA CITICARE MEDICAL CENTER - DOTS	0	0	0	0	0	0
VALENZUELA CITY JAIL - DOTS	0	0	0	0	0	0
VALENZUELA MEDICAL CENTER - IDOTS	0	0	0	0	0	0
VEINTE REALES HEALTH CENTER - IDOTS	0	0	0	0	0	0
WAWANG PULO HEALTH CENTER - IDOTS	0	0	0	0	0	0
Grand Total	0	10	6	7	0	23

Phase 3. Facility with Highest Number of Contacts Identified in 2021

Facility in Valenzuela City	Adult	Children	Total Contact Identified
MALINTA HEALTH CENTER - IDOTS	6	2	8
PUNTURIN HEALTH CENTER - IDOTS	0	0	0
SAN MIGUEL HEIGHTS HEALTH CENTER - IDOTS	0	0	0
UGONG HEALTH CENTER - IDOTS	0	0	0

Region III Site Selection

Phase I: Province with Highest TPT in 2021

Province	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
ANGELES CITY	0	1	16	2	0	19
AURORA	0	4	5	8	0	17
BATAAN	0	11	28	12	0	51
BULACAN	0	3	10	1	0	14
NUEVA ECIIJA	0	33	17	23	0	73
OLONGAPO CITY	0	20	6	11	6	43
PAMPANGA	0	1	4	0	0	5
TARLAC	0	21	37	17	0	75
ZAMBALES	0	0	7	1	1	9
Grand Total	0	94	130	75	7	306

Phase 2: City/Municipality with Highest TPT in 2021

City/Municipality in Tarlac	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
ANAO	0	0	3	3	0	6
BAMBAN	0	7	1	5	0	13
CAMILING	0	0	0	0	0	0
CAPAS	0	0	1	2	0	3
CONCEPCION	0	1	5	1	0	7
GERONA	0	0	4	0	0	4
LA PAZ	0	0	0	0	0	0
MAYANTOC	0	0	0	0	0	0
MONCADA	0	0	7	0	0	7
PANQUI	0	0	0	0	0	0
PURA	0	0	0	0	0	0
RAMOS	0	6	2	2	0	10
SAN CLEMENTE	0	0	0	0	0	0
SAN JOSE	0	0	0	0	0	0
SAN MANUEL	0	0	0	0	0	0
SANTA IGNACIA	0	0	3	0	0	3
TARLAC CITY	0	7	6	4	0	17

VICTORIA	0	0	5	0	0	5
Grand Total	0	21	37	17	0	75

Phase 3: City/Municipality with Highest TPT in 2021

Facility in Tarlac City	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
CAMP AQUINO STATION HOSPITAL - DOTS	0	0	0	0	0	0
TARLAC CITY HEALTH CENTER X - PMDT STC	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT I (POBLACION) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT II (MATATALAIB) - IDOTS	0	1	0	1	0	2
TARLAC CITY HEALTH UNIT III (SAN MIGUEL) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT IV (SAN ISIDRO) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT IX (SAN RAFAEL) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT V (MAPALACSIAO) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT VI (SAN MANUEL) - IDOTS	0	0	4	0	0	4
TARLAC CITY HEALTH UNIT VII (SALAPUNGAN) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT VIII (BARAS-BARAS) - IDOTS	0	0	0	0	0	0
TARLAC CITY HEALTH UNIT X (TIBAG) - DOTS	0	6	2	3	0	11
TARLAC PROVINCIAL HOSPITAL - DOTS	0	0	0	0	0	0
TARLAC PROVINCIAL HOSPITAL - PMDT STC	0	0	0	0	0	0
Grand Total	0	7	6	4	0	17

Region IV-A Site Selection

Phase 1: Province with Highest TPT in 2021

Row Labels	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
BATANGAS	0	1	13	6	0	20
CAVITE	0	0	2	0	0	2
LAGUNA	0	6	2	2	0	10
LUCENA CITY (CAPITAL)	0	0	0	0	0	0
QUEZON	0	0	15	0	0	15
RIZAL	0	0	0	0	0	0
Grand Total	0	7	32	8	0	47

Phase 2: City/Municipality with Highest TPT in 2021

Row Labels	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
AGONCILLO	0	0	0	0	0	0
ALITAGTAG	0	0	0	0	0	0
BALAYAN	0	0	0	0	0	0

BALETE	0	0	0	0	0	0
BATANGAS CITY	0	0	4	0	0	4
BAUAN	0	0	0	0	0	0
CALACA	0	0	0	0	0	0
CALATAGAN	0	0	0	0	0	0
CITY OF TANAUAN	0	0	0	0	0	0
CUENCA	0	0	0	0	0	0
IBAAN	0	0	0	0	0	0
LAUREL	0	0	0	0	0	0
LEMERY	0	0	0	0	0	0
LIAN	0	0	0	0	0	0
LIPA CITY	0	0	0	0	0	0
LOBO	0	0	0	0	0	0
MABINI	0	0	0	0	0	0
MALVAR	0	0	0	0	0	0
MATAAS NA KAHYOY	0	0	0	0	0	0
NASUGBU	0	0	0	0	0	0
PADRE GARCIA	0	0	0	0	0	0
ROSARIO	0	0	0	0	0	0
SAN JOSE	0	0	0	0	0	0
SAN JUAN	0	0	5	1	0	6
SAN LUIS	0	0	0	0	0	0
SAN NICOLAS	0	0	0	0	0	0
SAN PASCUAL	0	0	0	0	0	0
SANTA TERESITA	0	0	0	0	0	0
SANTO TOMAS	0	0	0	0	0	0
TAAL	0	1	2	3	0	6
TALISAY	0	0	1	2	0	3
TAYSAN	0	0	1	0	0	1
TINGLOY	0	0	0	0	0	0
TUY	0	0	0	0	0	0
Grand Total	0	1	13	6	0	20

Phase 3: Facility with Highest TPT in 2021

Row Labels	Clinical Risk Groups	Contact (without HIV) Adult	Contact (without HIV) Children age 0-4	Contact (without HIV) Children age 5-14	PLHIV	Grand Total
SAN JUAN RURAL HEALTH UNIT - DOTS	0	0	5	1	0	6
SAN JUAN RURAL HEALTH UNIT - PMDT STC	0	0	0	0	0	0
TAAL RURAL HEALTH UNIT - DOTS	0	1	2	3	0	6
TAAL RURAL HEALTH UNIT - PMDT STC	0	0	0	0	0	0
Grand Total	0	1	7	4	0	12

Phase 4: Facility with Highest Number of Contacts Identified in 2021

Facility	Adult	Children	Total Contact Identified
SAN JUAN RURAL HEALTH UNIT - DOTS	0	0	0
TAAL RURAL HEALTH UNIT - DOTS	0	0	0

Annex E. Interview Results with Facilities

Respondents:	
<ul style="list-style-type: none"> • Batis Health Center – IDOTS (Dr. Mel Gonzales and Ms. Analyn Subong) • West Crame Health Center – PMDT/STC (Ms. Leslie Ann Siron) • Malinta Health Center – IDOTS (Mr. Edward Angelo Velasco) • Taal Rural Health Unit – DOTS (Ms. Jennifer Honorica) • UERMMMC – IDOTS (Ms. Marie Fe Barcelon and Ms. Rona Taplan) • De La Salle Medical Center and Health Science Institute – PMDT/PPMD (Dr. Marissa Golla, Ms. Winchelle Santos, and Ms. Kristine Panganiban) 	
Questions	Responses
1. Did the facility staff ever received training on recording and reporting on TB data?	100% Yes
2. What are the trainings related to recording and reporting of TB data?	Encoding, recording, and reporting using MOP5
3. Does the facility have access to ITIS?	100% Yes
4. What version of the ITIS is used by the facility?	100% ITIS website + 1 user of ITIS Lite (Dr. Golla)
5. Do you know of document/manual that indicates the procedures and policies regarding TB data recording and reporting?	100% Yes
6. Do you have a copy of the documents/manuals?	100% Yes
7. Were staff oriented and trained in NTP Manual of Operations 6th edition?	100% Oriented 50% Trained
8. Who provided orientation and training on NTP MOP 6th edition?	DOH RO, PHO, CHO, NTP MO, and TBIHSS
9. Do staff have individual accounts to access ITIS?	83% Yes
10. Who is the registered user of the ITIS account?	Medical Officer/Physician Nurses and Midwives are assigned as coordinator or encoders
Data collection and aggregation	
11. Where do you record TB patient data?	TB patients are recorded on both paper-based forms and electronic records
12. What version of forms are in use?	17% 5th edition 66% 6th edition 17% Don't know/Unsure
13. When do you record TB patient data?	66% Upon patient's visit 17% Daily 17% Weekly 0% Monthly
14. Who is responsible for encoding patient data in ITIS in this facility?	0% Medical Officer/Physician 100% Nurse 33% Midwife
15. How often is case-level TB data entered in ITIS?	33% Daily 33% Weekly 17% Monthly 17% Quarterly
16. Are there any data entry backlog?	33% Yes 67% No
17. How are TB data aggregated across recording and reporting forms?	Automatically in ITIS but cross checked with manual records
18. Who is responsible for aggregating patient information across registers?	0% Medical Officer/Physician 100% Nurse 33% Midwife
19. How often is data aggregation performed?	0% Daily 17% Weekly

	66% Monthly 17% Other: immediately
Data linkage and reporting	
20. How is TB data at this facility communicated to ITIS?	83% Directly encoded in ITIS 17% Submitted to Provincial/Municipal Health Office for encoding
21. Who is responsible for preparing and submitting TB data?	0% Medical Officer/Physician 100% Nurse 33% Midwife
22. How often are these reports submitted?	33% Monthly 50% Quarterly 17% Does not submit
Data validation and review	
23. Who reviews and validates encoded data in ITIS in this facility?	0% Medical Officer/Physician 50% Nurse/Midwife (facility NTP coordinator/encoder) 33% CHO NTP coordinator 17% all (doctors, nurses, and midwives)
24. Does the facility follow quality control procedures for TB data entry and reporting?	83% Yes 17% No
25. Does the facility have data quality standard operating procedures for the reporting process?	83% Yes 17% No
26. Do you have a tool that can be used to conduct internal data quality checks?	17% Yes 83% No
27. How often are data quality checks done?	33% Daily 33% Quarterly 17% Semi-Annually 17% No response
Data reporting feedback systems	
28. What happens when problems/discrepancies with encoded TB data are found?	
29. Who is responsible for correcting these problems/discrepancies?	0% Medical Officer/Physician 66% Nurse/Midwife 17% LGU NTP Coordinator 17% Whoever identifies the error
30. Do you receive feedback from higher reporting levels on the quality of TB reports?	67% Yes 33% No
31. Does the facility receive visits from local/regional/national level to check the quality of TB program data?	50% Yes 50% No
32. How often do you receive these visits?	0% Monthly 66% Quarterly 33% Semi-Annually

Annex F. Survey Result – LGU NTP Coordinators

Respondents:	Ms. Ma. Cristina Basilo, NTP Nurse Coordinator, San Juan City Health Department	Ms. Vivian B. Hernandez, NTP Nurse Coordinator, Batangas Provincial Health Office	Dr. Armand J. Dotollo, NTP Medical Coordinator, Cavite Provincial Health Office
	9/21/21	9/22/21, 9:15pm	
Questions	Response		
1. Have you been oriented and trained on NTP Manual of Procedures 6th edition?	Yes	Yes	Yes
2. Who provided orientation and training on NTP MOP 6?	DOH	DOH NTP	DOH, USAID, URC
3. What portion of facilities have been oriented and trained on NTP MOP 6?	Less than 50% but not 0%	More than 50% but not 100%	More than 50% but not 100%
4. What portion of facilities have access to ITIS?	Less than 50% but not 0%	100%	More than 50% but not 100%
Data collection and aggregation			
5. At what level are data encoded in ITIS?	City-level	Facility-level	Facility-level
6. Are data further aggregated after being reported by facilities?	Yes	Yes	Yes
7. How are TB data aggregated across sites for reporting?	Automatically by the system	Automatically by the system	Automatically by the system
8. How often is data aggregation performed?	Quarterly	Quarterly	Quarterly
Data linkage and reporting			
9. How often are new TB data received from sites?	Quarterly	Quarterly	Monthly
10. Have there been challenges with collecting and reporting on TB indicators? Describe.	Yes, not all facilities have ITIS account due to change of assignment of facilities of the staff	Yes, there are challenges with encoding. No extra hands to do the reports because of COVID-19 related activities	Yes. The challenges are with internet connection and NTP personnel assisting in COVID response
11. How are reports on TB data submitted to the next reporting level?	TB registers are collected by the coordinator		
12. How often are these reports submitted?	Quarterly	Quarterly	Quarterly
Data validation and review			
13. Are data from service delivery facilities reconciled with other data sources (laboratories)?	Yes	Yes	Yes
14. What kind of routine data quality checks and validations happen for reported TB data?	review of TB registers and lab registers	Quarterly data validation	Monitoring and quality checks done by NTP coordinators
15. How frequent are checks and validations for TB data conducted?	Quarterly	Quarterly	Monthly

16. Who is responsible for conducting data quality checks?	NTP nurse coordinator	Region and provincial health office (PHO)	NTP team
Data reporting feedback systems			
17. What happens when problems/ discrepancies with reported TB data are found?	It is coordinated thru the health staff	Discussion with validator and facility staff	Corrected and inform facilities of discrepancies thru phone, call and SMS
18. Who is responsible for correcting these problems/discrepancies?	Nurse coordinator and health staff	Facility	NTP team
19. Are there mechanisms or routine feedback systems in place to ensure quality TB data is used?	Yes	Yes	Yes
20. What are these mechanisms or routine feedback systems?	Through FB group chat any concerns with the reporting are being discussed or personally relayed thru messenger of the health staff	ITIS	Data quality checks
21. Do you receive visits from higher reporting levels to check the quality of TB program data? How often?	From DOH TB PA assigned in our city to check our itis reporting	Yes. Quarterly.	Yes. Monthly.

Annex G. Survey Result – non-NTP Providers

Respondents		Dr. Elizabeth V. Sario, DMO V – Provincial Health Team Leader, Provincial DOH Office	Joanna Rica L. Alcantara, TB DOTS Nurse, Our Lady of Mercy General Hospital, Inc.
		9/20/21, 3:25 PM	
Questions	Answers/Skip rules	Answer	
1. Did you or your staff ever received training on recording and reporting on TB data?	a. Yes b. No (go to Question 4)	Yes	Yes
2. What were the trainings related to recording and reporting of TB data?		As of today, I cannot give my comments. Still have to ask my nurse and med tech for TB program	Self-paced Learning Course on the National Tuberculosis Control Program Manual Procedures, 6th Edition
3. Who provided the trainings?		DOH CHD 4A	DOH-CLCHD Region 3
4. Does the facility have access to the DOH NTP's Integrated Tuberculosis Information System (ITIS)?	a. Yes b. No (go to Question 6)	No	Yes
5. What version of the ITIS is used by the facility?	a. ITIS website b. ITIS mobile c. Other, please specify		ITIS website
6. Do you know of document/manual that indicates the procedures and policies regarding TB data recording and reporting?	a. Yes b. No	Yes	Yes
7. Do you have a copy of the documents/manuals?	a. Yes, please specify b. No	Yes	Yes
8. Were staff oriented and trained in NTP Manual of Operations 6th edition?	a. Yes b. No (go to Question 10)	Yes	Yes
9. Who provided orientation and training on NTP MOP 6th edition?		CHD 4A	DOH-CLCHD Region 3
10. Do staff have individual accounts to access ITIS?	a. Yes (go to Question 12) b. No	Maybe	Yes
11. Who is the registered user of the ITIS account?	a. Medical Officer/Physician b. Nurse c. Midwife d. Other, please specify	Don't know	n/a
Data collection and aggregation			
12. Where do you record TB patient data?	a. Paper-based forms b. Electronic forms c. Both	Paper forms	Both
13. What version of forms are in use?	a. 5th edition b. 6th edition c. Don't know/Unsure d. Other, please specify	Don't know	6 th edition

14. When do you record TB patient data?	a. Upon patient's visit b. Daily c. Weekly d. Monthly e. Other, please specify	Upon patient's visit	Monthly
15. Who is responsible for encoding your patients' data in ITIS in this facility?	a. Medical Officer/Physician b. Nurse c. Other, please specify	Nurse	Nurse
16. How often is case-level TB data entered in ITIS?	a. Daily b. Weekly c. Monthly d. Other, please specify	During patient's consult	Monthly
17. Are there any data entry backlog?	a. Yes b. No	Yes	No
Data linkage and reporting			
18. How is TB data at this facility communicated to ITIS?	a. Directly encoded in ITIS b. Submitted to City/Municipal NTP Coordinator for encoding c. Other, please specify	Submitted to City/Municipal NTP Coordinator for encoding	Directly encoded in ITIS
19. Who is responsible for preparing and submitting TB data?	a. Medical Officer/Physician b. NTP Nurse Coordinator c. Other, please specify	Nurse	Nurse
20. How often are these reports submitted?	a. Daily b. Weekly c. Monthly d. Other, please specify	Monthly	Monthly
Data validation and review			
21. Who reviews and validates encoded data in ITIS in this facility?	a. Medical Officer/Physician b. NTP Nurse c. City/Municipal NTP Coordinator d. Other, please specify	City/Municipal NTP Coordinator	Nurse
22. Does the facility follow quality control procedures for TB data entry and reporting?	a. Yes b. No	Yes	Yes
23. Does the facility have data quality standard operating procedures for the reporting process?	a. Yes b. No	Yes	Yes
24. Do you have a tool that can be used to conduct internal data quality checks?	a. Yes b. No	No	Yes
25. How often are data quality checks done?	a. Daily b. Weekly c. Monthly d. Other, specify please	No response	Monthly
Data reporting feedback systems			
26. What happens when problems/discrepancies with encoded TB data are found?		Call a meeting	Inform main ITIS holder

27. Who is responsible for correcting these problems/discrepancies?	<ul style="list-style-type: none"> a. Medical Officer/Physician b. NTP Nurse c. City/Municipal NTP Coordinator d. Other, please specify 	City/Municipal NTP Coordinator	Nurse
28. Do you receive feedback from higher reporting levels on the quality of TB reports?	<ul style="list-style-type: none"> a. Yes b. No 	No	Yes
29. Does you receive visits from local/regional/national level to check the quality of TB program data?	<ul style="list-style-type: none"> a. Yes b. No (end) 	Yes	Yes
30. How often do you receive these visits?	<ul style="list-style-type: none"> a. Weekly b. Monthly c. Quarterly d. Other, please specify 	Monthly	Monthly