

Indicators, Definition, Means of Verification, and Data Sources for DOTS in SDN

Planning a Monitoring and Evaluation (M&E) System commences as soon as the DOTS Network becomes functional. M&E for DOTS in SDN is proposed as one of the functions of the MSCC. If this function is concurred by your local MSCC, there should be an **M&E plan that includes performance targets and indicators for measuring DOTS in SDN performance.**

Some of the indicators that might measure performance are listed below. The MSCC/PHO/CHO can decide which indicators to monitor or can formulate their own set of indicators. These indicators can be collected and discussed during periodic program implementation reviews (PIRs).

Monitoring and Evaluation Indicators for DOTS in SDN

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
INPUTS			
Percentage of engaged providers (Membership)	Proportion of TB service providers who are engaged based on type Examples of Types of Providers <ul style="list-style-type: none"> • private hospitals • government hospitals • pharmacies • schools (government and private) • private diagnostic laboratories (e.g., TMLs, X-ray facilities) • stand-alone clinics • workplaces • community groups 	During monitoring: Count the number of engaged partners under a specific type. Compute for percentage using the formula in the definition.	Local DOTS directory Master list of all TB service providers involved in TB services classified into type of service (Updated annually)

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
	<p>Numerator: number of engaged TB service providers under one specific type</p> <p>Denominator: total number of specified type of service providers available in the Province/City</p>		
Functional Multisectoral Coordinating Committee (MSCC)	<p>Operational definition of “functional” MSCC</p> <ul style="list-style-type: none"> • With strategic plan • With organizational structure • With regular meeting 	<p>During monitoring</p> <ol style="list-style-type: none"> 1. Ask for a copy of strategic plan, organizational structure, and minutes of the meeting 2. Check which activities in the strategic plan have been implemented based on indicated timelines <p>Interview a member of the MSCC or the secretariat</p>	<p>Copy of the following:</p> <ol style="list-style-type: none"> 1. strategic plan 2. organizational structure 3. minutes of MSCC meetings <p>(Annual)</p>
Availability of local policy support for DOTS in SDN	Approved policy in the form of MOA/MOU, EO, resolution or local ordinance stipulating the budget, roles and responsibilities and agreements for DOTS in SDN	During monitoring	<p>Signed policy from PHO/CHO or city/provincial legislative council</p> <p>(Annual, updated as necessary)</p>

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
Availability of referral protocols and procedures	Referral protocols and procedures agreed on by participating TB service providers in the DOTS network	During monitoring	A copy of the manual on referral protocols and procedures (or equivalent) from PHO/CHO or MSCC (Annual, updated as necessary)
Availability of budget for DOTS	Amount allocated for activities in establishing and sustaining local DOTS	During monitoring	Approved AOP of PHO/CHO or of the MSCC Budget (Annual)
PROCESS			
Provision of services compliant with NTP policies	All TB services conducted within the SDN are following the standards and protocol stipulated in NTP policies and procedures	Observation during monitoring visits of partner service providers Partnership meetings Review of various NTP records and reports	Presumptive TB Masterlist Referral Logbooks TB Laboratory Registry TB Registry Treatment Cards (Quarterly to Annual)

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
Implementation of M&E activities	NTP core teams are able to gather, analyze and use data from TB service providers based on M&E subplan	Program Implementation Reviews Data quality checks MSCC meetings	M&E sub plan of MSCC strategic plan Monitoring reports of LGU core team Minutes of MSCC meetings Annual strategic plan reflecting analysis of NTP data (Quarterly to annual)
OUTPUT			
Number of referrals made	Number of referrals for a particular period from specific type of provider <ul style="list-style-type: none"> • private hospitals • government hospitals • pharmacies • schools (government and private) • private diagnostic laboratories (e.g., TMLs, X-ray facilities) • stand-alone clinics • workplaces • community groups 	During monitoring visits Review of quarterly reports from partners	Logbook of Referrals from referring facilities Presumptive TB Masterlist Reports from partner-representatives during MSCC meetings TB Register/ITIS (Quarterly)

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
Referral Acceptance Rate	<p>Proportion of referrals that were accepted by the TB service provider classified by type in a specified period</p> <p>Numerator: No. of referrals accepted by the TB service provider from specified type</p> <p>Denominator: Total number of referrals from the same type of TB service provider</p> <p>Example</p> $\frac{\text{\# of accepted referrals from private hospitals}}{\text{Total \# of referrals from private hospitals}}$	<p>Special surveys</p> <p>During monitoring visits</p> <p>During Data Quality Check workshops</p>	<p>Referral logbooks</p> <p>NTP records (presumptive master list and TB registers)</p> <p>(Quarterly)</p>
OUTCOME			
Percentage contribution of community (15%)	<p>Proportion of TB, all forms that are referred by the community</p> <p>Numerator: No. of TB cases, all forms registered that are referred by the community in a specified period</p> <p>Denominator: Total No. of TB cases, all forms registered in a specified period</p>	<p>Review of quarterly and annual NTP records and reports</p> <p>ITIS</p>	<p>NTP Records and Reports</p> <p>Agreed reports to be submitted by community groups</p> <p>(Quarterly, Annual)</p>

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
Percentage contribution of private sector (30%)	<p>Proportion of TB, all forms that are referred and managed by the private sector</p> <p>Numerator: No. of TB cases, all forms referred by private sector plus no. of TB cases, all forms managed by the private sector</p> <p>Denominator: Total No. of TB, all forms registered</p>	<p>NTP records and reports</p> <p>ITIS</p>	<p>NTP Records and Reports</p> <p>Other reports agreed upon by the LGU and the participating TB service providers from the private sector</p> <p>(Quarterly, Annual)</p>
Program turnaround time	<p>Time lapse (in days) between sputum collection and start of TB treatment.</p> <p>Average program TAT is less than 5 days for both DSTB and DRTB</p>	<p>Special Surveys</p> <p>During monitoring visits</p> <p>During Data Quality Check workshops</p>	<p>NTP records (Laboratory registers, TB registers)</p> <p>(one-time reporting, may be repeated as necessary)</p>
Percent of patients who faced catastrophic cost	<p>Proportion of registered TB cases who sold an asset or borrowed money while availing of TB services</p>	<p>Special surveys</p> <p>During monitoring visit</p>	<p>Special reports</p>
Diagnostic Delay	<p>Time lapse (in days) from cough to diagnosis</p>	<p>Special survey-Patient interview</p>	<p>Laboratory Register</p> <p>X-ray results</p> <p>Results of survey</p> <p>(one-time reporting, may be repeated as necessary)</p>

INDICATOR	DEFINITION	MEANS OF VERIFICATION	DATA SOURCE (FREQUENCY OF REPORTING)
Case Notification Rate (10-20% annual increase)	Numerator: Total number of TB cases (DSTB and DRTB) notified Denominator: Total population (expressed as per 100,000 population)	Through ITIS Checking of TB registers	NTP quarterly and annual reports TB registers
DRTB – 90% Treatment Coverage Rate	Numerator: Bacteriologically-confirmed RR-, MDR-, and XDR-TB cases that were notified and treated in current year Denominator: Estimate number of RR/MDR-TB cases in the same period	NTP reports	NTP reports (annual)
DSTB - 95% TSR DRTB - 85% TSR	Based on NTP MOP definition DSTB: Proportion of TB, all forms that were cured or completed treatment over total TB, all forms registered for the period DRTB: Sum of Cured and Treatment Completed over total DRTB registered for the period	NTP Reports	NTP reports (annual)