
## Module 10

# EVALUATION OF CHILD TB MANAGEMENT

International Union Against Tuberculosis and Lung Disease

World Health Organization

# Priorities for Child TB and NTPs

"Best Practices in Tuberculosis Control" September 2010, Kigali, Rwanda

1. Develop and adapt child TB guidelines
2. Operationalise child TB guidelines
3. Identify child TB champion
4. Focal person for child TB at NTP – working group
5. Training – provide child TB training and incorporate into ongoing training related to TB and TB/HIV
6. Incorporate child TB into annual plans and 5-year strategic plan
7. Incorporate child TB into budget
8. Include child TB data in routine reporting and reviews
9. Operational research to determine constraints and barriers
10. Research aimed to improve child TB and contact management



**Training**

Content will depend on context

To meet the needs of the target population

Consistent with national guidelines

# Childhood TB and NTPs

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TOWARDS ZERO DEATHS

**Desk-guide for diagnosis and management of TB in children**

International Union Against Tuberculosis and Lung Disease
*Health solutions for the poor*

Operational research is a critical tool

- Identify barriers
- Identify main management issues
- Identify OR priorities
- Advocacy
- Implementation
- Monitoring progress


TOWARDS ZERO DEATHS

# Revised TB recording and reporting forms and registers – *version 2006*

**WHO also now recommends that all cases of child TB should be registered and reported within age bands: 0-4 years and 5-14 years**

rogramme

Form 6

Quarterly Report on TB Case Registration in Basic Management Unit

_____ Facility:_____

rdinator:_____ Signature: _____

Patients registered during[1]

_____quarter of year_____

Date of completion of this form: _____

**Block 1: All TB cases registered** [2]

| Pulmonary sputum smear microscopy positive | | | | New pulmonary sputum smear microscopy negative | | | Pulmonary sputum smear microscopy not done / not available | | | New extrapulmonary | | | Other previously treated [3] | TOTAL All cases |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| New cases | Previously treated | | | 0-4 yrs | 5-14 yrs | ≥ 15 yrs | 0-4 yrs | 5-14 yrs | ≥ 15 yrs | 0-4 yrs | 5-14 yrs | ≥ 15 yrs | | |
| | Relapses | After failure | After default | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

**Block 2. New pulmonary sputum smear microscopy positive cases – Age group**

| Sex | 0-4 | 5-14 | 15–24 | 25–34 | 35–44 | 45–54 | 55–64 | ≥ 65 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M | | | | | | | | | |
| F | | | | | | | | | |

**Block 3: Laboratory activity - sputum smear microscopy** [4]

| No. of TB suspects examined for diagnosis by sputum smear microscopy | No. of TB suspects with positive sputum smear microscopy result |
|---|---|
| | |

**Block 4: TB/HIV activities** [2]

| | No. patients tested for HIV before or during TB treatment [5] | No. patients HIV positive [5] |
|---|---|---|
| New sputum smear microscopy positive TB | | |
| All TB cases | | |

1 Registration period is based on date of registration of cases in the *TB Register*, following the start of treatment. Q1: 1 January–31 March; Q2:1 April–30 June; Q3: 1 July–30 September; Q4:1 October–31 December.

2 Transferred in' and chronic cases are excluded. In areas routinely using culture, a separate form for unit using culture should be used.

3 Other previously treated cases include pulmonary cases with unknown history of previous treatment, previously treated sputum smear microscopy negative pulmonary cases and previously treated extrapulmonary cases. Transferred in' and chronic cases are excluded.

4 Data collected from the TB *Laboratory Register* based on "Date specimen received" in the laboratory during the quarter, without including patients with examination because of follow-up.

5 Documented evidence of HIV tests (and results) performed in any recognized facility before TB diagnosis or during TB treatment (till end of the quarter) should be reported here.

# What is Operational Research?

- Research into ***strategies, interventions, tools*** or ***knowledge*** in real-world setting that can ***improve*** health care delivery

- Operational Research is also called decision science

# Randomised trials and/or Operational research

**RCT**

- Objective: to provide data on **efficacy** of interventions in specific groups of patients
- Tests “gold standard” solutions to healthcare problems

**OR**

- Objective: to provide data on **effectiveness** in the real world of patient care
- Tests “practical approaches” to healthcare challenges

# Why operational research?

- Improve programme outcomes
  - Improve program processes – efficiency
- Assess feasibility of new strategies or interventions in new settings
- Advocate for policy change

# Guiding principles in setting a research agenda

- Define programme ***objectives and priorities***
- ***Identify constraints*** to meeting objectives
- ***Ask research*** questions around constraints
- Identify measurable and relevant ***performance indicators –*** be SMART

# Evaluation of child TB and NTPs

SMART: a definition for goal setting:

- **S** - specific, significant
- **M** - measurable, meaningful
- **A** - agreed upon, attainable, achievable, acceptable, action-oriented
- **R** - realistic, relevant, reasonable, rewarding, results-oriented
- **T** - time-based, time-bound, timely, tangible, trackable

# Evaluation of child TB and NTPs

## Exercise – group work:

Identify a priority challenge

Provide a rationale

Define research objectives

State measurable outcomes

Construct methodology

Timeframe

Personnel and budget required

Dissemination of findings

**Figure. Interventions that target stages of the continuum in children from susceptibility to disease and outcome**