

Global Coalition of TB Advocates (GCTA) & ITPC

Community-led Monitoring of TB services for children (ages 0-9 years) and young adolescents (ages 10-19 years)

Monitoring frameworks

Section 01: Background Information

| | | | | |
|--|---|--|--|---|
| SERVICE SITE DETAILS | | | | |
| Q1.1: Country | | | | |
| Q1.2: Region/State/Province where service is located | | | | |
| Q1.3: Name of service site (district) | | | | |
| Q1.4: Type of service site | <input type="checkbox"/> Hospital | <input type="checkbox"/> Health facility | <input type="checkbox"/> Community clinic or health centre | <input type="checkbox"/> Mobile clinic |
| Q1.5: Ownership level of service site | <input type="checkbox"/> Dept of Health | <input type="checkbox"/> NGO-run | <input type="checkbox"/> Community | <input type="checkbox"/> Other [PLS INDICATE] |
| DATA COLLECTOR INFORMATION | | | | |
| Q1.6: Name of data collector | | | | |
| Q1.7: Mobile # or contact of data collector | | | | |
| Q1.8: Name of organization of data collector | | | | |
| REPORTING INFORMATION | | | | |
| Q1.9: Date & Time of interview/discussion | Date: | Time: | | |
| Q1.10: Reporting Period (month/year) | | | | |

Section 02: Monitoring frameworks

Two interrelated indicator frameworks are provided below: 1) health service site framework; and 2) Availability, Accessibility, Acceptability and Quality (AAAQ) of services framework. These are meant to provide options for monitoring of TB services for children and young adolescents (YA)¹ depending on country and community priorities and monitoring scope.

Health service site indicator framework

The health service site indicator framework lists main quantitative indicators for monitoring TB diagnosis and treatment among children and young adolescents (YA). These are usually monitored and reported by health service sites to the national program either on a quarterly or annual basis. Health service sites should be able to provide data on the quantitative indicators listed. The list of indicators is not exhaustive of all relevant indicators; they represent the most basic ones. The number of indicators can be reduced or increased, and wording can be edited to reflect exact wording of national level TB indicators. The framework offers an example of how to record data as indicated in the yellow columns.

¹ Including children living with HIV as relevant for your country

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| # | Quantitative indicator | Disaggregation | Method of measurement | Numerator (include disaggregation) | Denominator | # or % (disaggregated results) <i>Calculation of % indicators: Numerator divided by denominator x 100</i> |
|---|--|---|--|--|--|--|
| 1 | Number of children/YA screened for TB disease (based on close contact with a person with TB disease) | Age: children, YA Type of screen: symptom screen, Chest X-Ray (CXR), both | Count the number screened for TB disease | # symptom screen = # CXR = # both symptom & CXR = | Leave blank | # symptom screen = # CXR = # both symptom & CXR = |
| 2 | % of children/YA screened negative for TB disease referred for TPT | Age: children, YA Type of TPT regimen ² : [INDICATE WHICH ONES ARE APPROVED IN YOUR COUNTRY] | Numerator: Number of children/YA referred for TPT Denominator: Number of children/YA screened negative for TB disease | # referred for TPT regimen 1 = # referred TPT regimen 2 = Etc. | # screened negative and referred for TPT = | % referred for TPT regimen 1 = % referred for TPT regimen 2 = Etc. |
| 3 | % of children/YA referred for TPT initiated on TPT | Age: children, YA Type of TPT regimen ³ : [INDICATE WHICH ONES ARE APPROVED IN YOUR COUNTRY] | Numerator: Number of children/YA initiated on TPT Denominator: Number of children/YA referred for TPT | # initiated on TPT regimen 1 = # initiated on TPT regimen 2 = Etc. | # referred for TPT = | % initiated on TPT regimen 1 = % initiated on TPT regimen 2 = Etc. |
| 4 | % of children/YA completing TPT within the prescribed timeframe | Age: children, YA Type of TPT regimen ⁴ : [INDICATE WHICH ONES ARE APPROVED IN YOUR COUNTRY] | Numerator: Number of children/YA completing TPT within the prescribed timeframe | # completed TPT regimen 1 = # completed TPT regimen 2 = Etc. | # completed TPT = | % completed TPT regimen 1 = % completed TPT regimen 2 = Etc. |

² Recommended by WHO for use in children and adolescents: i) 6 months or 9 months of isoniazid daily (6H or 9H) (all ages); ii) 3 months of isoniazid plus rifapentine weekly (3HP) (age 2 years and over); iii) 3 months of isoniazid plus rifampicin daily (3HR) (all ages); iv) 1 month of daily isoniazid plus rifapentine (1HP) (aged 13 years and over) or 4 months of daily rifampicin (4R) (all ages) may be offered as alternative regimens. (Source: WHO operational handbook on tuberculosis. Module 5: management of tuberculosis in children and adolescents)

³ Ibid.

⁴ Ibid.

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| | | | Denominator: Number of children/YA completing TPT | | | |
|---|--|--|---|---|--|---|
| 5 | % of children/YA screened positive receiving a diagnostic evaluation | Age: children, YA Type of diagnostic evaluation: clinical examination (X-ray) or bacteriological confirmation (sputum-based: microscopy or CBNAAT ⁵) or both clinical and bacteriological | Numerator: Number of children/YA receiving a diagnostic evaluation Denominator: Number of children/YA screened positive for TB disease | # clinical exam (X-ray) = # bacteriological/sputum microscopy = # bacteriological/CNAAT = # both clinical and bacteriological = | # screened positive = | % screened positive from clinical exam (X-ray) = % screened positive from bacteriological/sputum microscopy = % screened positive from bacteriological/CBNAAT = % screened positive from both clinical and bacteriological = |
| 6 | % of children/YA confirmed with TB disease put on TB treatment | Age: children, YA Type of TB treatment: drug-susceptible, drug-resistant, extrapulmonary | Numerator: Number of children/YA initiated on TB treatment Denominator: Number of children/YA confirmed with TB disease, referred for TB treatment | # initiated on TB treatment for drug susceptible TB = # initiated on TB treatment for drug-resistant TB = # initiated on TB treatment for extrapulmonary TB = | # confirmed with TB disease, referred for TB treatment = | % initiated on treatment for drug susceptible TB = % initiated on treatment for drug-resistant TB = % initiated on treatment for extrapulmonary TB = |
| 7 | % of children/YA completing TB treatment within the prescribed timeframe | Age: children, YA Type of TB treatment regimen: [INDICATE WHICH ONES ARE APPROVED IN YOUR COUNTRY FOR EACH TYPE OF TB] | Numerator: Number of children/YA completing TB treatment within the prescribed timeframe | # completed TB treatment regimen 1 = # completed TB treatment regimen 2 = Etc. | # completed TB treatment = | % completed TB treatment regimen 1 = % completed TB treatment regimen 2 = Etc. |

⁵ Cartridge-Based Nucleic Acid Amplification Test

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| | | | | | | |
|--|--|--|--|--|--|--|
| | | | Denominator: Number of children/YA completing TB treatment | | | |
|--|--|--|--|--|--|--|

AAAQ of services framework

The AAAQ of services framework details each of the main categories followed by sub-categories for each AAAQ. When adapting/customizing the framework for country and community monitoring focus, priority and relevancy, specific AAAQ categories and sub-categories can be selected. Sub-categories may be added that are not listed. The right side the of the framework provides space for data collectors to record responses from any or all of the three key stakeholders listed, depending on the type/ownership of site to be monitored. The three stakeholders include: 1) affected families of children and young adolescents (YA) who are suspected, diagnosed or undergoing treatment for TB (infection, disease); 2) health service site staff; and 3) community care provider.

Interviews and discussions start with asking each stakeholder participant to score specific services and/or aspects of services. Scores are assigned as follows:

1 = Not satisfied

2 = Satisfied

3 = Not applicable (did not seek or need the service)

4 = Do not want to answer

Once a score has been provided, it is important to ask for and document an explanation for the score. For a score of 4 (Do not want to answer), if possible, ask why the participant does not want to answer as this can be helpful information. A column is provided for data collectors to record any recommendations for how to improve services, especially those that are scored “not satisfied”.

| AAAQ category | Sub-category | Description | Ranking from families affected | Reason for ranking | Ranking from facility-based health care provider | Reason for ranking | Ranking from community care provider | Reason for ranking | Recommendations for improvements (indicate the type of respondent) |
|---|--|---|--------------------------------|--------------------|--|--------------------|--------------------------------------|--------------------|---|
| Availability <i>Are the services available/do they exist at the service site?</i> | Availability of TB prevention services | TB Preventive Treatment (TPT) | | | | | | | |
| | Availability of TB diagnosis | TB test, lab services | | | | | | | |
| | Availability of TB treatment | Paediatric formulations of TB medicines to treat drug-susceptible (DS) and drug-resistant (DR) TB | | | | | | | |

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|--|-------------------------------------|--|--|--|--|--|--|--|--|
| | Availability of integrated services | Integrated services that cater to the broader health needs of children and YA (immunization, nutrition support, mental health support, etc.) | | | | | | | |
| Accessibility <i>If the services are available, can they be readily and adequately accessed?</i> | Physical Accessibility | Facility location (reasonable distance, safe neighbourhood etc) | | | | | | | |
| | | Spaces are inclusive and accessible for individuals with disabilities (wheelchair ramp, lifts) | | | | | | | |
| | Financial Accessibility | Service affordability | | | | | | | |
| | | Indirect costs associated with accessing services (e.g., transport, food) | | | | | | | |
| | Administrative Accessibility | Procedural steps needed to access the service | | | | | | | |
| | | Literacy needed to access service | | | | | | | |
| | | Facility opening times (convenience level) | | | | | | | |
| | | Service delivery times (convenience level) | | | | | | | |
| | Information Accessibility | Provision of clear and relatable information on services for children and YA | | | | | | | |
| | | Information dissemination channels (appropriateness and reaching target audience) | | | | | | | |
| | | Receiving relevant, updated information on program changes and updates that affect services | | | | | | | |
| | | Confidentiality in how personal information is handled | | | | | | | |
| Acceptability <i>Are services acceptable</i> | Acceptability in service provision | Services are welcoming to children and YA and their families (of all diversities – socioeconomic status, ethnic group, culture, | | | | | | | |

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| <i>and appropriate for children and adolescents?</i> | | religion, language, literacy level, etc.) | | | | | | | |
| | | Confidentiality and informed consent provision | | | | | | | |
| | | Gender sensitivity in service provision | | | | | | | |
| | | Age sensitivity in service provision for children (0-9 years) and YA (10-19 years) | | | | | | | |
| Quality <i>Is the quality of services following WHO-approved standards and protocols?</i> | Competency | Service providers' training and skill | | | | | | | |
| | Drugs, commodities | Drugs and tests meet global standards, not expired | | | | | | | |
| | | Drugs and tests are appropriate for children and young adolescents | | | | | | | |
| | Supplies and equipment | Sufficient supplies, functioning/well maintained equipment (lab) | | | | | | | |
| | Standard of care | Non-discriminatory | | | | | | | |
| | | Hygienic/sanitary environment | | | | | | | |
| | | Privacy and confidentiality respected | | | | | | | |
| | | Treating children and YA and their families with dignity while accessing services | | | | | | | |
| | Quality feedback mechanism – client centred | Incorporating feedback from children and YA and their families into service delivery | | | | | | | |
| | Timeliness | Services provided in a timely manner, waiting time - to access services, to receive test results, to get prescription filled | | | | | | | |

Section 03: Data analysis

Data collectors themselves can do an initial analysis of the information they collected by writing a short summary in response to the following questions:

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Health service site indicators

- a. Was data available for all of the indicators? Including disaggregated data? Note what was not able to be filled out in the table.
- b. Compare the disaggregated results. Did you expect the results? Were results higher or lower than expected for which indicators? Note why your expectation(s) did not match the result(s).
- c. As applicable, compare results across the same type of service sites, same ownership level of the site, or across different types and ownership levels of sites. What differences do you see when you do these comparisons?

AAAQ of services

- a. By each type of stakeholder group interviewed, which AAAQ category and sub-categories received the most “satisfied” scores? And the most “not satisfied” scores? Were there differences across the stakeholder groups perspectives and experiences?
- b. Do most families interviewed have similar or same reasons for the services provided? Are reasons from families consistent with those from community care providers? With facility-based health care providers?

