Frequently Asked Questions: The Assessment of Data Collection, Reporting, and Analysis Capacity Tool

This document is a compilation of frequently asked questions (FAQs) for countries implementing the Assessment of Data Collection, Reporting, and Analysis Capacity (ARC) tool. It is meant to help provide guidance and clarity to the process of filling out the ARC tool and serve as a quick reference for users. It will be a living document, continuously updated as user questions are received.

Q: Is the ARC tool meant to be a one-time only exercise?

A: The ARC tool is designed to be used by United States Agency for International Development (USAID) missions in collaboration with national tuberculosis programs (NTPs) to carry out an assessment of the capacity of the current TB monitoring and evaluation (M&E) and surveillance system to collect, report, analyze, and use the data generated to improve the TB situation in their country. It will also help countries understand what is needed and what is available to track for key TB M&E indicators. To best serve this purpose, we recommend that the tool be completed every two years.

Q: How do I use the findings of this assessment?

A: The ARC tool systematically reviews the collected information against the indicators in the Performance-Based M&E Framework (PBMEF) and identifies the strengths and gaps in the surveillance system. This provides a critical first step in developing a comprehensive landscape analysis of a country's TB M&E and surveillance system.

Once the data are submitted, the findings from the ARC tool will be compiled in a report by the TB Data, Impact Assessment and Communications Hub (TB DIAH) with in-depth analysis and visuals. This ARC tool analysis will help USAID and the NTPs to identify gaps in TB data collection and reporting and inform the development of a TB M&E and surveillance system strengthening plan.

The data will also serve as a baseline for future assessments, conducted preferably every two years.

Q: Can I download the data diagram and share with the NTP or others?

A: Yes. We highly recommend that you share the data diagrams with the NTP or others to initiate discussions on how to address the gaps identified through this assessment.

Q: Some of the questions throughout the tool are not applicable to my country's context. How do I respond to these questions?

A: If the question is not applicable for your country, leave the box unchecked.

Q: What answer do I choose if my country's health facilities submit aggregate reports using paper forms and Excel spreadsheets? For example, data from these facility reports are entered in District Health Information Software 2 (DHIS2) at the district level. At the district level, facility data in DHIS2 are assigned to each health facility such that at the national level they can review facility data separately. ***[Example questions where this may be relevant include: ds.4, dr.6, cs.5, cd.5, sr.6, pr.6, c.10, tpt.6, hv.5, lb.4, dd.3, pv.6, hw.5]***

A: If data from health facilities in your country are reported using both paper and electronic (Excel spreadsheet) forms, choose the *Hybrid: paper & electronic* option as your answer. However, if data is entered in DHIS2 at the facility level, then choose *DHIS2* as your answer. In cases where data is reported by the health facilities using paper forms and the facility data is entered in DHIS2 at the district level, choose *Paper-based* as your answer since that is how health facilities are reporting.

Q: In some cases, multiple types of forms are used for reporting, such as Excel summary reports for monitoring purposes and DHIS2 for official reports. However, choosing more than one mechanism is not an option. How should this be reported? ***[Example questions where this may be relevant include: ds.4, dr.6, cs.5, cd.5, sr.6, pr.6, c.10, tpt.6, hv.5, lb.4, dd.3, pv.6, hw.5]***

A: If health facilities are entering the data directly in DHIS2, then choose *DHIS2* as the reporting option since Excel is used only for internal purposes. However, if health facilities are entering data in Excel for both their own internal monitoring use and for reporting to the district or higher level, and the data is entered in DHIS2 at the district level, then choose *Electronic (Excel files, sent by email or flash drive, etc.).*

Q: In some instances, data for some services—such as DOTs—may not be reported regularly. However, health facilities do still submit data at least once a year. Should I count those health facilities who are not submitting monthly/quarterly reports? ***[Example questions where this may be relevant include: ds.5]***

A: Yes. The question is assessing whether the health facilities have the capacity to report TB data. Even if they are submitting only once in a year, it shows that they have the capacity to do so. It does not matter that they are not submitting regularly.

Q: Tuberculosis Preventive Therapy (TPT) was initiated only on selected health facilities (regional hospitals) and currently is being scaled-up to other facilities. In such cases, what would we consider as the denominator for this indicator? ***[Example questions relevant are: tpt.1, tpt.7]***

A: If any health facility in the country is collecting TPT data, select "Yes*"* as the answer and respond to the subsequent questions accordingly.

Choose the proportion of health facilities in the country that report on TPT out of all the health facilities providing TB services. This might include facilities who do not have the capacity to identify cases eligible for TPT, as well as those who have the service capacity but are not reporting.

For example, if only 200 out of 2,000 health facilities have the capacity to identify TPT cases and are submitting reports on TPT, that would mean that the TPT data aggregated at the national level is representative of only 10% of the health facilities in the country.

Q: Extrapulmonary TB is one of the categories for the types of TB in the summary report template that each facility in the country uses. Do I still need to answer question # ds.6?

A: Yes. The situation might not be the same in every country. This is just one example of how the tool will help to assess whether all health facilities providing TB services are able to record and report data on extrapulmonary TB.

Q: Age categories are specified for multiple indicators, but in some cases exact age is recorded and only aggregated for summary reports. In these cases, which age category should I pick?

[Example questions where this may be relevant include: cs.3, cd.3, cxd.3]

A: If exact age is recorded in the TB register, please check all of the age categories.

Q: At the health facility level there is individual-level recording of TB screening activity with detailed information on age and sex. However, summary reports (paper or DHIS2) lack sex and age groups. Which response option should I pick?

A: If health facilities are recording the age and sex of screened patients, then reply "Yes." However, since age and sex are not reported in the summary report, you can use the comments section to note that distinction.

Q: Some facilities have limited capacity to detect pediatric multidrug-resistant TB (MDR-TB), but if they diagnose MDR-TB they will report it. How do I respond to this question?

A: This question relates to service capacity versus data recording/reporting capacity. If health facilities do not have the capacity to diagnose pediatric TB cases then they do not record it. This assessment is to understand the national picture of what proportion of health facilities providing DR-TB services are also able to report pediatric DR-TB cases. Thus, if such facilities do not have the capacity to diagnose pediatric DR-TB cases, then they should not be counted in the numerator.

For example: say there are 10 health facilities that are able to diagnose DR-TB. Of these, four facilities do not have the capacity to diagnose pediatric DR-TB cases; on the other hand, one facility—even though they can diagnose pediatric DR-TB cases—does not report to any higher level. Therefore, out of the 10 health facilities, 4+1=5 health facilities do not report to a higher level. This makes the proportion reporting pediatric TB cases 50%.

Q: There are different tools and registers at the facility level to capture TB screening information, including TB contact register, presumptive TB register, and TB screening tool. How should I respond? *[Example question: sr.1]*

A: Since they are recording data, check the relevant boxes. You can note the use of multiple and/or unstandardized register books in the comments section.

Q: In my country, we use different platforms related to TB laboratory data, such as a summary Excel sheet for sputum sample transport and result feedback tracking, GXalert system (real-time information on Genexpert test), and DHIS2. Which option should I pick? *[Example question: ib.4]*

A: Select *Other electronic.* You can also write a note about this situation in the comments section.

Q: In my country, multiple platforms (other than DHIS2 or Excel spreadsheets) are used to collect logistics information. In such cases, which option should I pick? *[Example question: dd.3]*

A: Pick *Other electronic*.

Q: Private sector providers in my country are mainly involved with TB screening and diagnosis. Once TB is confirmed, the patient is linked to the nearby public health facility for treatment. The public health facility then reports the patient to the NTP. How do I respond to questions related to the private sector?

[Example questions where this may be relevant include: pv.1–pv.7]

A: If private providers are actively recording data on TB patients, even if they only diagnose and then refer, check the relevant boxes. If private providers are not submitting any report to the NTP (district and/or higher level), then choose *Not reported* for question # pv.5. The goal is to assess whether the private sector is actively engaged in providing TB data to the NTP.

Q: In the last section on sustainability indicators, what does this question mean: *Provinces where relevant subnational governance units adopted all decentralized TB-related legal frameworks?*

A: This question refers to maintaining documentation or records of adoption/implementation of TB-related legal frameworks in a decentralized manner by subnational entities, such as provinces, oblasts, regions, states, etc., as it applies to a country. The TB-related legal framework includes, but is not limited to, TB-related development/adoption of policies and standards of practice (e.g., related to TB notification, contact tracing, patient confidentiality, reporting, governance, stewardship, funding, planning, conducting monitoring and surveillance of TB, DR-TB, TB-HIV etc.), accountability at subnational levels, policies and procedures for strong coalitions with civil society organizations and communities, protection and promotion of human rights, ethics and equity, and adaptation of the strategy and targets in a decentralized manner.

Q: In the last section on sustainability indicators, how is the question on *Women TB survivors included in any NTP event in the reporting year* different from the other questions related to participation of TB survivors?

A: This question is related to all other questions on participation of TB survivors. This question specifically asks if women TB survivors were involved in those activities mentioned in other questions. Therefore, if you have not checked the other questions related to keeping records of TB survivors' involvement, leave this question unchecked as well. On the other hand, if records are maintained to specifically capture the participation of women TB survivors in different activities organized by the NTP, then check this box.

Q: In the last section on sustainability indicators, what is meant by *subnational entities participation in any one of the 3 available platforms (NSP consultation, program review, or JMM)*?

A: Subnational entities include provinces, states, regions, oblasts, and/or districts.

Q: Should I check the box if the receipt of any social and economic benefits provided to TB patients is recorded, but that recording is not done to indicate whether the benefit was received during the first month of treatment? [*Example question: ds 1.4*]

A: Check this box only if records are maintained to indicate that the social and economic benefits are received during the first month of treatment.

Q: What is meant by diagnostic evaluation? [*Example question: pr.7.6*]

A: Diagnostic evaluations generally include diagnostic tests for active TB disease, such as WRD molecular assays (e.g., Xpert MTB/RIF).

Q: Should I check "Yes" or "No" if contact tracing of all TB patients are conducted, not just for bacteriologically-confirmed TB cases? [*Example question: c.1*]

A: This question is asking, specifically, if data on contacts of bacteriologically-confirmed TB cases are recorded or not. If, in your country, even though contacts of all cases of TB are traced and investigated, check "Yes" only if data on contacts of bacteriologically-confirmed TB cases are recorded separately in a way that it is possible to specifically trace the contacts of bacteriologically-confirmed TB cases.

Q: If age-disaggregated data for TB contacts are not recorded, but only eligible individuals who started on TPT are recorded, should I check "Yes?" [*Example questions: c.8.1, c.8.2*]

A: Check both boxes only if age-disaggregated data on contacts, especially for children under 5 and ages 5-14, are recorded. Otherwise, leave them unchecked.

Q: Is the targeted time frame set by the NTP, or is it set through project guidance? [*Example questions: Ib.5.2, Ib.5.3*]

A: The time frames are set by the NTP. If no such guidelines are available in your country, or if guidelines are there but time of receipt and testing of specimen or reporting of the results are not recorded, then leave the boxes unchecked.

Q: Who do we consult if we have any challenges filling out the ARC tool?

A: There are multiple resources to help you complete the ARC tool, including a short instructional video, *How to use the ARC tool* (https://vimeo.com/tbdiah/arctool), as well as a guidance document. The project can provide a virtual orientation to the focal person(s) designated by a USAID Mission or NTP. If necessary, TB DIAH can hire a local consultant who can liaise with the USAID Mission and NTP and lead the data collection process. More general questions can be directed to the TB DIAH team by sending a request via email to tb_diah@jsi.com.

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