

MANAGING INFORMATION FOR ACTION:
**DATA MANAGEMENT TRAINING FOR TUBERCULOSIS CONTROL STAFF
OF DHAKA AND SYLHET DIVISIONS, BANGLADESH**

Assignment Report: 2-11 February and 6-15 March 2008

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Acronyms

ACSM	Advocacy, communication and social mobilization
CDC	Chest diseases clinic
HEED	Health, Education, Economic development
MBDC	Mycobacterial Disease Control directorate
MIFA	Managing information for action
NGO	Nongovernmental organization
NTP	National Tuberculosis Control Programme
OPD	Out-patient department
TB	Tuberculosis
TLCA	Tuberculosis and leprosy control assistant
WHO	World Health Organization

1. Terms of reference

At the request of the National Tuberculosis Control Programme (NTP) Manager, the writer visited Bangladesh twice: from 2-11 February 2008 and from 6-15 March 2008.

During the first visit, he carried out the following terms of reference:

1. To present the aims, objectives, various components, pedagogic approach, implementation and expected outcomes of the data management course to the national tuberculosis (TB) control authorities;
2. To explain the pre-course assignment and obtain a consensus on the operationalization and supervision of the assignment;
3. To visit a limited number of districts in order to be able to tailor the course to the specific programme needs in the Bangladesh context; and
4. To discuss the practical arrangements for the course (target public, venue, facilitators, printing of materials, etc.)

The terms of reference for the second visit were as follows:

1. To facilitate a national workshop on TB data management; and
2. To assist with the post-course evaluation and planning of the post-course follow-up.

2. Background

Tuberculosis remains a major public health problem in Bangladesh. The country belongs to the 22 high-burden countries in the world.

The NTP can claim a series of positive achievements as was observed during the Fourth Joint Review in October 2007: the case-detection rate reached the 70% target in 2006 and the treatment success rate for the new smear-positive cases registered in 2005 was 91%. The NTP relies heavily on the support of nongovernmental organizations (NGOs).

Quarterly coordination meetings take place at district level, involving *upazila* health staff and staff from the NGOs concerned. Field supervision is carried out following a centrally developed supervision plan. The NGOs conduct supervision of their own staff in dialogue with the local health authorities. Field supervision visits are also carried out by World Health Organization (WHO) consultants based at the central and divisional level.

Data recording and compilation are done manually in all *upazilas* and districts. Some NGOs have computerized their own data management system. At the district level the programme management is mainly target driven. It is "evidence based" only to a very limited extent.

3. Activities undertaken

3.1 First visit

A briefing took place with the director and staff of Mycobacterial Disease Control, the NTP central unit, and WHO technical staff and consultants. The rationale of the data management training, the aims and objectives, the pedagogical approach and the expected outcomes

were presented. It was explained that the title “Data Management Training“ was a misnomer, as it suggests heavy emphasis on “statistics”. In reality the course is basically oriented towards transmitting the essential knowledge and skills to the TB control officers. This would enable them to analyze and interpret the performance data in their work area correctly and create a positive attitude towards routinely monitoring data as source of information which is useful for strengthening NTP implementation. Consequently the acronym *MIFA* (managing information for action) is preferred as it describes better the concept of the course.

The recent post-MIFA implementation assessments carried out in India (Rajasthan and Andhra Pradesh), where evidence of a substantial improvement in data management was obtained, were presented. This resulted in an increase in case finding and case holding at the district level. It also led to a more rational approach in identifying and solving problems of deficient programme performance.

The NTP expressed its interest in conducting such MIFA training in Bangladesh and offered full support in the preparation and the organization of the training.

The consultant visited three chest diseases clinics (CDCs) and three *upazila* health complexes. The list of places visited and people met is shown in Annex 1. Special attention was given to the data recording, compilation and reporting practices as well as to the analysis and interpretation; and to the feedback practices and the eventual use of the generated information for strengthening NTP implementation at the peripheral level. The data recording, compilation and reporting system is very well organized. A genuine concern for data-based information was noticed. The data analysis is mainly taken care of by the corresponding NGO. The interpretation of the findings focuses essentially on reaching the targets; this puts an important stress on the field data gathering process and could affect the quality of the data and the depth of the interpretation of the findings. Feedback is provided during the quarterly review sessions and through displaying graphs and tables at the district and *upazila* level.

The data-based information is being explored at the central level (NTP and NGOs), and gives rise to relevant decision-making. Little evidence, however, was found of data-based initiatives at district, *upazila* or CDC level.

The mission concluded that data management training for TB control officers was highly desirable. The course participants would be the divisional and district authorities involved in TB control and the corresponding NGO officers. It was highly advisable that relevant central-level NTP staff, WHO national and divisional consultants and the NGO officers participated in this training as facilitators.

The following training approach was proposed:

- A *pre-course assignment* to be carried out by all participants. This assignment would focus on three selected indicators: case finding and case holding (with the focus on defaulting) of new and retreatment smear-positive cases; and the quality of the information. Each participant would prepare a powerpoint presentation based on this pre-course assignment.
- The *course* itself. Six days of at least six hours were recommended as minimum required duration.
- The *post-course implementation* of the lessons learnt during the course. The success of the implementation will depend on the field supervision. The facilitators of the course would be assigned as MIFA coaches and would receive some additional guidance during the course so that they will be optimally prepared to provide this supportive supervision.

- *Assessment of the implementation* at the occasion of the quarterly review meetings. A template has been prepared and will be presented to the NTP authorities.

The findings of the field visits were detailed during the group debriefing in NTP and a concrete plan for the training was proposed. The emphasis was on the real focus of the course, which is “managing information for action” through transforming routinely collected data into information that is useful for decision-making in programme implementation. Given the size and population of the country and the number of districts, several course sessions would be necessitated. The first session, targeting Dhaka and Sylhet divisions, would be held from 8-13 March 2008.

3.2 Second visit

Between the first and second visit, the writer has adapted the course materials to the Bangladesh context. During the second visit from 6-15 March 2008, he acted as principal facilitator for the training course.

The course was structured around three main building blocs:

- A theoretical part which focused on: (i) key epidemiological indicators, statistical description and summarization through summary statistics; graphical display and mapping; and the culminating lecture on the time-place and person epidemiological description; and (ii) the causal analysis;
- Rehearsal of the acquired knowledge and insight gained through quizzes. These allowed not only a review of the concepts but also detection of eventual misconceptions and lack of understanding of their relevance in programme management; and
- Three conferences, each led by a representative of one of the NGO partners (BRAC, Damien Foundation and HEED). The BRAC and Damien Foundation conferences focused on the impact of their respective grass-roots workers — the *shasthya shebikas* (female community health volunteers) and the (male) village doctors.

The training course was attended by 36 participants excluding local facilitators. They included nine senior and junior consultants, 11 medical officers (from districts without CDC), a representative of the Director (Health) of Dhaka division, six NGO staff and nine NTP staff. Of the 36 participants, only eight were female. The list of participants is attached in Annex 2.

The teaching approach was based on adult learning principles and techniques and was very interactive. National or divisional WHO consultants acted as facilitators. During the daily facilitators meeting, the course implementation was reviewed, comments of the participants analyzed and the relevance of their suggestions for the course discussed. The exercises for the next day were also reviewed and the specific tasks of the facilitators rehearsed.

Implementation of the course was smooth, with the participation of all trainees and facilitators being exemplary. The facilitators actively participated in the teaching, summarized the key messages in Bangla and supported the group to which they were each attached.

There was an initial test that probed into residual knowledge and skills as well as attitudes towards evidence-based programme management. The participants had been given the opportunity to express their expectations from the course. There was also an assessment of the data management praxis before the course. This exercise confirmed that programme management is little based on evidence; that the quality of the available information receives limited attention and consequently the data are generally accepted as

valid; and that problems that can impede the NTP performance are observed during field supervision but rational actions to address these problems were rarely taken.

During the course there were a series of rehearsals (quizzes) that allowed a close monitoring of the knowledge acquisition. At the end of the training there was a post-test to assess the knowledge and skills acquired and the eventual change in attitude towards evidence-based management. Furthermore, the course in its entirety, including its building blocks and its practical arrangements, were assessed through an anonymous questionnaire. The assessment analysis showed that all participants had appreciated the course, its structure, teaching approach and practical organization. They also acknowledged a dramatic increase in their levels of knowledge and skills following the course. A positive change in attitude towards evidence-based programme management was observed in the majority of the participants.

The facilitators met after the end of the course to analyze the course implementation and performance in function of their own observations, feedback received during their regular interactions with the participants, review of the filled-in assessment questionnaires, and the results of the daily quizzes and the post-test. The general impression of the facilitators was that the course has sensitized the participants towards evidence-based programme management.

They expressed their concern about sustaining the acquired knowledge and maintaining the momentum towards data management. The following were suggested to maintain that momentum:

- The number of field visits should be increased; and sufficient attention should be given to data management during each field visit;
- Implementation of the lessons learnt during the training course should be pursued. A template to this effect was proposed to the NTP Manager;
- Adequate attention on data management should be provided during the next quarterly review meeting;
- A template should be given to each district with the key indicators expressed in time charts. The district authorities should add-up the corresponding indicators every quarter, so that those graphs are regularly updated; and
- The district authorities should be instructed to complement their quarterly report with a short analysis. A template on this should be provided. That analysis should be a special topic of discussion during the quarterly review meetings.

4. Assessment of the MIFA training

The assessment is carried out following the principles laid out by Kirkpatrick². It comprises the following four elements:

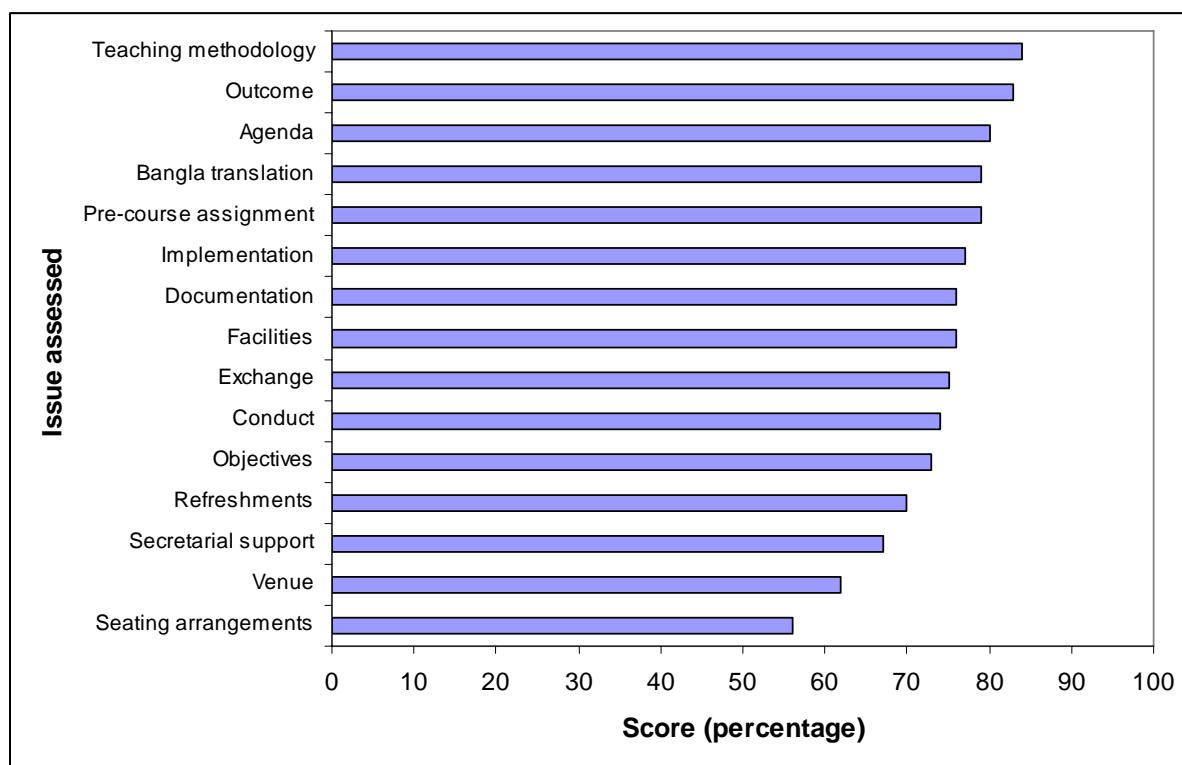
- Level of satisfaction of the participants;
- Acquisition of knowledge and skills and, subsequently, the change in attitude achieved;
- The change of practice as a consequence of post-course implementation; and
- The impact of the training on the NTP performance.

² Donald Kirkpatrick's Learning Evaluation Model (1959)

4.1 Assessment of the satisfaction of the participants

This assessment was based on the scheme used by the WHO Regional Office for South-East Asia to assess meetings, conferences and courses. The template was adapted to the specific particulars of the MIFA training. A total of 15 issues were assessed through an anonymous questionnaire which was completed by the participants. The overall results are summarized in Figure 1.

Fig. 1: Results of anonymous assessment of MIFA course



The participants in general expressed satisfaction with the course. The question: “was the teaching adequate in matching your personal expectation?” received the highest appreciation, followed by the question: “were the outcomes of the course relevant to the needs of your district?”. The third ranking was given to the issue “relevance of the course agenda to reach the objectives” and the fourth to the Bangla³ translation. The seating arrangements and the venue received the least number of comments of appreciation. A larger room would have provided better opportunities for interaction between the participants, they opined.

4.2 Acquisition of knowledge and skills and change in attitude

Quizzes were organized during the course to recapitulate issues discussed and to find out if there were topics which were not understood fully. The results of the quizzes are shown in Table 1. A correct answer received one point. Quiz 1 had 10 questions while Quiz 2 had 12. Most participants were found to have comprehended the key concepts of the course very well. Their performance also improved during the course (Quiz 2 was organized two days after Quiz 1).

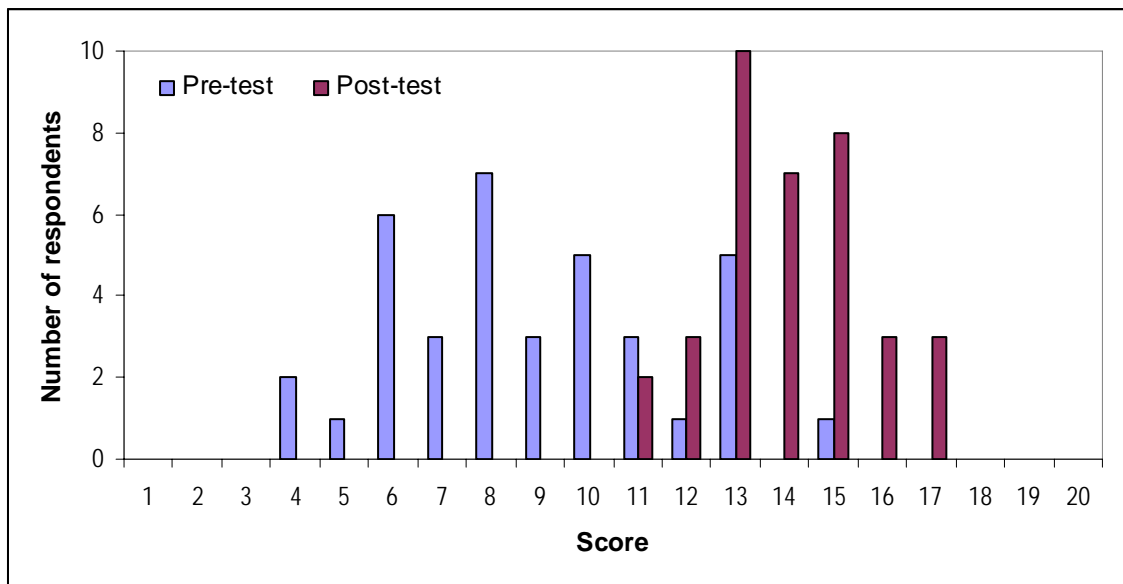
³ At regular intervals the teaching was summarized in Bangla by one of the facilitators. This helped in making the concepts much more clearer and overcoming possible lack of understanding due to language barriers.

Table 1: Results of quizzes

Score	Number of participants (n=31)	
	Quiz 1	Quiz 2
12		0
11		9
10	0	13
9	8	2
8	13	3
7	5	1
6	3	3
5	2	0

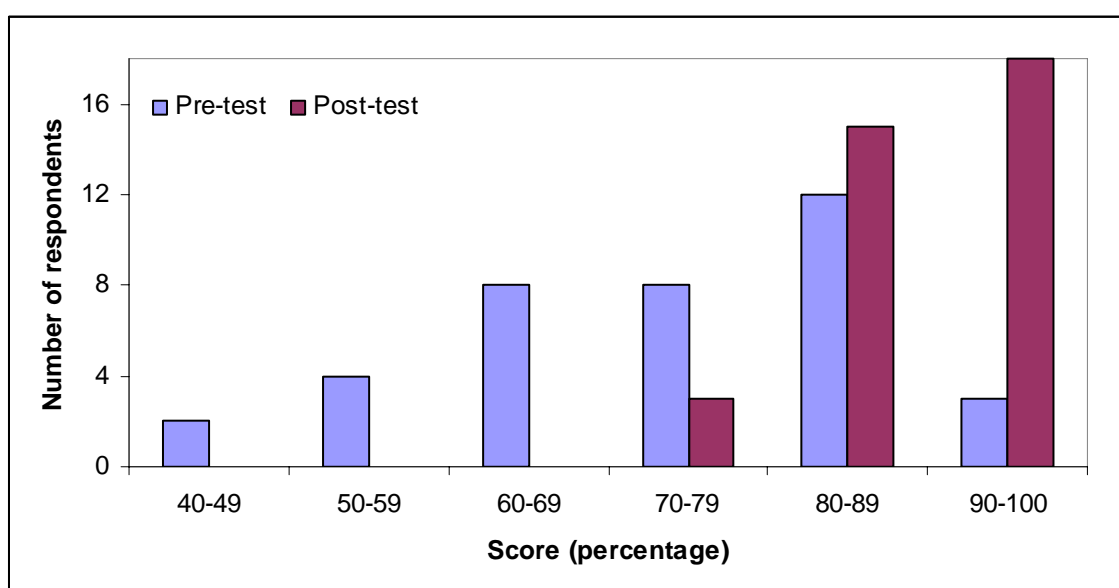
Pre- and post-tests focusing on epidemiological and statistical knowledge and skills were conducted. At the start of the training, there was very little residual epidemiological knowledge and/or statistical skills. A remarkable increase has been observed (Figure 2).

Fig. 2: Results of pre- and post-course assessment in relation to knowledge and skills



There was also a remarkable shift between the pre- and post-course attitude scores (Figure 3). Most participants (33 out of 36 respondents) were conscious of the need for evidence-based programme management by the end of the course, while at the start of it most had an attitude of “wait and watch what the higher authorities made out of the data”. “They will instruct us anyhow to undertake action, if they are of the opinion that extra intervention is needed” was what most felt then.

Fig. 3: Pre- and post-course attitude score



4.3 Assessment of data management praxis

Data management praxis at the start of the course

This MIFA course intended to strengthen evidence-based programme management. The question arises as to whether there was really a need to strengthen this? For participants who were already using data-based evidence to a big extent, the course may not have contributed to a substantial improvement of the programme performance.

All available evidence suggests that programme management at the district level is heavily target-based but minimally data-based. A tool had recently been developed and was applied in the Dhaka course for the first time.

Thirty-four participants responded to the practice questionnaire. As they were filled in anonymously, it was not possible to link the results with the other pieces of professional and personal information. Given that some participants joined their present position only recently, the praxis questionnaire referred to the most recent quarter the participant had spent in a job where field activities had taken place. Thus the window of time was not constant for every participant, although it refers for most participants to the most recent full quarter — the fourth quarter of 2007. The findings are summarized in Table 2.

Table 2: Praxis of data management
Information obtained from 34 participants

	No	Yes
Conducted field visit in the last quarter	9	25
Of the 25 who conducted field visits:		
visited the laboratory	1 never	3 rarely, 21 always
visited the DOTS clinic	1 never	4 rarely; 20 always
<i>Upazila</i> quarterly report		
Analysis of case finding indicators	8	26
Analysis of case holding indicators	13	21
Graphical display of findings	28	6
Cartographic display of findings	29	5
Problem recognition	9	25
Problem-based action taking	21	4
Level of confidence in <i>upazila</i> data	1	33
Level of confidence in district data	1	33
Verification of quality of <i>upazila</i> data	19	15
Verification of quality of district data	19	15
Feedback on last quarterly report		
To <i>upazila</i> staff	16	18
Staff of microscopy centres	16	18
Other public or private partners	26	8
Nature of feedback report	(13 verbal)	5 written
Coaching of <i>upazila</i> staff in analysis of quarterly report	18	16
Coaching of district staff in analysis of quarterly report	18	16

On examining this table, it is evident that the difference between supervision at *upazila* and district level was clearly not very well understood. The questionnaire confirms that the data management praxis prior to the course was certainly low and probably even lower than what the data suggest.

Change of data management praxis, as a consequence of this course

This aspect of the course can only be fully assessed after the lapse of a reasonable time of implementation.

During the wrap-up meeting with the local facilitators, this issue was discussed and the advice given was that each participant should receive a field supervision visit in the next months. The supervisor should preferentially be from among the facilitators of this MIFA course. The field supervision should use the questionnaire included in Annex 4.

The participants could not explore fully the case-finding and case-holding performance of their area during the pre-course assignment, as is usually done in other MIFA courses. The quality of the information had also not been given the necessary attention. Field supervision is, therefore, of fundamental importance to reach the long-term objectives of this training.

The participants need to be coached in correctly analyzing and interpreting their quarterly reports. It is suggested to give to each participant a copy of the main time trends observed in the districts and *upazilas* with respect to case finding and case holding. The participants should then manually update the graphs by adding the information of the latest quarter. In this way, the attention of the district authorities could be drawn to the time dynamics of the NTP performance.

It could also be instructed each district and *upazila* authority to write down the findings of the analysis of the latest quarterly report.

4.4 Impact of the MIFA training

The impact of the MIFA training on the NTP performance can only be measured after a prudent time of implementation. This impact can be assessed during the quarterly review meetings. The NTP authorities can assist in these quarterly report review meetings to assess the impact.

5. Conclusions and recommendations

Conclusions

- The knowledge and skills related to data management improved remarkably during the course.
- There was a substantial shift in attitude towards evidence-based programme management.
- The joint training of Government and NGO staff contributed to better understanding and cooperation.
- The NTP has accumulated a wealth of data that has till now insufficiently been analyzed.

Recommendations

- Additional rounds of MIFA trainings will need to be conducted to cover the remaining divisions.
- The MIFA training curriculum will need to be adapted to allow appropriate use for training of staff based at the *upazila* level or in city corporations.
- An in-depth analysis of the huge amount of epidemiological data should be conducted.

Annex 1

Places visited and people met

NTP Headquarters

Prof. Dr Pravat Chandra Barua, Director (MBDC) and Line Director (TB-Leprosy)
Dr Md Abdul Kuddus, Deputy Director (TB)
Dr Md Abdul Awal Miah, Programme Manager (TB)
Dr Shamim Sultana, Deputy Programme Manager (TB Procurement and Logistics), NTP
Dr Md Abul Quasem, Deputy Programme Manager (Administration and Finance), NTP
Dr Erwin Cooreman, Medical Officer (TB), WHO
Dr Md Khurshid A. Hyder, National Professional Officer (TB Control Management), WHO
Dr ABM Tauhidul Islam, National Consultant (TB Laboratory Services), WHO
Dr Md Mojibur Rahman, National Consultant (TB Epidemiology and Surveillance), WHO
Dr Sabera Sultana, National Consultant (Training), WHO
Dr Vikarunnessa Begum, National Consultant (TB Management), WHO
Dr Emdadul Hoque, National Consultant (ACSM), WHO
Mr Jahid Hossain, IT Consultant, WHO

TB Control and Training Institute, Chankharpool

Dr Sayara Choudhury, Epidemiologist
Dr Masudul Alam, Medical Officer (OPD)

Shyamoli Chest Diseases Clinic

Dr Enamul Haque, Junior Consultant

BRAC Headquarters, Dhaka

Md Akramul Islam, Coordinator, BRAC Health Programme
Dr Mahfuza Rifat, TB Specialist

Damien Foundation Coordinating Office, Dhaka

Dr Md Abdul Hamid Salim, Country Director

Civil Surgeon Office, Manikganj

Dr Md Jamal Uddin, Civil Surgeon
Md Muzibur Rahaman, Programme Organizer

DOTS clinic, BRAC Office, Manikganj

Dr Subrata Biswas, Medical Officer, BRAC
Md Saheed Hossain Swarordi, Regional Health Coordinator, BRAC
Mr Bina Pani Ghosh, Programme Organizer, BRAC

Upazila Health Complex, Ghior, Manikganj

Dr Reza Md Zaman, *Upazila* Health and Family Planning Officer

Office of the Civil Surgeon, Tangail

Dr SM Abu Taher, Civil Surgeon

Tangail Chest Diseases Clinic

Dr Ratan Chandra Saha, Junior Consultant
Mr KH Arif, Project Director, Damien Foundation (Tangail TB and Leprosy Control Project)
Dr Goutam Kumar Biswas, Medical Officer, Damien Foundation

Upazila Health Complex, Madhupur, Tangail

Dr Dulal Chandra Datta, *Upazila* Health and Family Planning Officer, Madhupur, Tangail
Dr Md Fazlul Karim, Assistant Surgeon, Madhupur *Upazila* Health Complex
Dr Syed Khaled, Medical Officer, Madhupur *Upazila* Health Complex

Upazila Health Complex, Dhanbari, Tangail

Md Abul Kalam Azad, TLCA, Damien Foundation

Upazila Health Complex, Trishal, Mymensingh

Md Nura Alam Siddique, TLCA, Damien Foundation

Office of the WHO Representative

Dr Khaled Hassan, Acting WHO Representative

Annex 2

MIFA training course: List of participants and facilitators

Participants

Dr Sajeda Begum, Deputy Director, Office of the Director (Health), Dhaka
Dr MA Wahhab, Deputy Civil Surgeon, Habiganj
Dr Md Abdur Rafique, Deputy Civil Surgeon, Netrakona
Dr Md Enamul Haque, Junior Consultant, Shyamoli CDC
Dr Md Najrul Islam, Superintendent, TB Control & Training Institute, Chankharpool
Dr Bikash Chandra Tarafdar, Junior Consultant, Faridpur CDC
Dr Ahmed Ali Akand, Junior Consultant, Jamalpur CDC
Dr Niamul Haque, Junior Consultant, Kishoreganj CDC
Dr Badrul Alam, Junior Consultant, Madaripur CDC
Dr Md Nawab Tahsin Uddin, Junior Consultant, Mymensingh CDC
Dr Ratan Chandra Shaha, Junior Consultant, Tangail CDC
Dr Md Serajul Islam, Junior Consultant, Moulvibazar CDC
Dr Md Shah Alam, Junior Consultant, Sylhet CDC
Dr Md Fazlul Kabir, Medical Officer, Civil Surgeon Office, Dhaka
Dr Shafiqur Rahman, Medical Officer, Civil Surgeon Office, Gazipur
Dr Mst Halima Khatun, Junior Consultant, Gopalganj CDC
Dr KM Tarik, Medical Officer, Civil Surgeon Office, Manikganj
Dr ASM Fakhru Ahsan, Medical Officer Munshiganj CDC
Dr Md Abul Hossain, Medical Officer, Civil Surgeon Office, Narayanganj
Dr Nazib Ahmed, Medical Officer, Civil Surgeon Office, Narsingdi
Dr SK Md Shamsuzzaman, Medical Officer, Civil Surgeon Office, Rajbari
Dr Parikshit Kumar Pal, Medical Officer, Civil Surgeon Office, Sherpur
Ms Insana Begum, Anthropologist, BRAC, Dhaka
Dr Shayla Islam, Medical Officer, BRAC, Dhaka
Sk Md Hossain Shaheed Sharawardhi, District Manager, BRAC, Manikganj
Mr Priojit Nandi, Field Coordinator, Damien Foundation, Dhaka
Dr Pankaj Kumar Das, Field Supervisor, Damien Foundation, Mymensingh
Mr Rajendra Kairi, TB and Leprosy Control Officer, HEED Bangladesh, Moulvibazar
Dr Md Ishaq Ali, Deputy-Director (Leprosy), MBDC
Dr ASM Aminul Mowla, Assistant Director (Leprosy), MBDC
Dr Roksana Hafiz, Medical Officer (Epidemiology), MBDC
Dr Md Abul Quasem, Deputy Programme Manager (Administration and Finance), NTP
Dr Shamim Sultana, Deputy Programme Manager (Procurement and Logistics), NTP
Dr Abdul Mazid Khan, Medical Officer, NTP
Dr Shamim Ara Ferdous, Medical Officer, NTP
Dr Bipul Kanti Biswas, Medical Officer, NTP

Local facilitators

Dr Md Mojibur Rahman, National Consultant (Epidemiology and Surveillance), WHO
Dr Sabera Sultana, National Consultant (Training), WHO
Dr Vikarunnessa Begum, National Consultant (TB Management), WHO
Dr Mirza Nizam Uddin, Divisional Consultant (TB), Dhaka, WHO
Dr Kausari Jahan, Divisional Consultant (Training-ACSM), Dhaka, WHO
Dr Md Monjur Rahman, Divisional Consultant (TB), Sylhet, WHO

Principal facilitator

Prof. Dr Aimé De Muynck, TIP (TB Epidemiology), WHO/SEARO

Annex 3

MIFA training course: Programme

Time	Sat 8 March	Sun 9 March	Mon 10 March	Tue 11 March	Wed 12 March	Thu 13 March	
0900-0930		Basic statistics (Lecture and exercise)	Bivariate analysis (Lecture)	Quiz 2 (Review)	Incidence and prevalence (Review)	Causal modeling (Lecture and exercise)	
0930-0945	Inaugural session		Quiz 1 (Review)	Descriptive epidemiology (Exercise)	Feedback on quarterly report (Lecture and exercise)		
0945-1015							
1015-1030							
1030-1100	Pre-test		Epidemiology (Lecture and exercise)				
1100-1120	<i>Tea break</i>	<i>Tea break</i>		<i>Tea break</i>	<i>Tea break</i>	<i>Tea break</i>	
1120-1130							
1130-1150	Health management information system (Lecture and exercise)	Basic statistics (contd) (Exercise)	<i>Tea break</i>	Involvement of <i>shasthya shebikas</i> (Conference by BRAC)	Descriptive epidemiology: Time, place and persons (Lecture and exercise)	HEED experience (Conference by HEED)	
1150-1215			Epidemiology (contd) (Exercise)	Case notification and case holding		NTP epidemiology (Conference)	
1215-1230							
1230-1300							Post-test
1300-1330							Closing session
1330-1345			Practice of data management (Test)			Involvement of village doctors (Conference by Damien Foundation)	
1345-1430							

Annex 4

Questionnaire

Name: _____

1. Did you carry out field visits during the previous quarter? Yes No

1.1 If Yes, how often did you in the last quarter supervise the:

Laboratory: Every time Rarely Never

DOTS clinic: Every time Rarely Never

1.2 If Yes, did you examine the following:

Laboratory Register: Every time Rarely Never

Patient Records: Every time Rarely Never

Treatment Register: Every time Rarely Never

Upazila quarterly report: Every time Rarely Never

2. Based on the data of the previous quarter, did you:

2.1 Analyze the case notification data by *upazilas*: Yes No

2.2 Analyze the case holding data by *upazilas*: Yes No

2.3 Plot the data in graphs: Yes No

2.4 Represent the data in maps: Yes No

2.5 Observe any problems: Yes No

If yes, list the two most important problems:

Problem 1: _____

Problem 2: _____

2.6 Did you take any action to solve the problems identified? Yes No

If yes, what action for:

Problem 1: _____

Problem 2: _____
