

TB REPORTING

MONTHLY TB REPORTING (cross sectional)

Informs resource utilisation & planning

QUARTERLY TB REPORTING (cohorts)

Measures patient outcomes & programme impact

PAPER-BASED

TIER.NET

PAPER-BASED

TIER.NET

FACILITY LEVEL

1. Aggregate the Presumptive TB data from TB Case Id register, and TB screening data from PHC Tick register.
2. Transcribe to MDI form.
3. Verify, sign off, and file MDI.
4. Submit MDI to sub-district by 5th.

1. Generate relevant TIER.Net line lists, and action them (e.g. patient recall & data cleaning).
2. Generate TB Case Id Report from TIER.Net.
3. Transcribe to MDI form.
4. Verify, sign off, and file MDI.
5. Submit MDI to sub-district by 5th.

1. Provide the relevant completed pages of the paper TB Treatment register to sub-district.

1. Generate relevant Line Lists from TIER.Net.
2. Action the lists, including patient recall and data cleaning.
3. Generate TIER.Net dispatch.
4. Submit dispatch to sub-district by 5th of Jan/Apr/Jul/Oct.

(SUB)DISTRICT LEVEL

1. Capture data from MDI forms into webDHIS.
2. Validate and submit to district by 10th.

1. Obtain facility TB Treatment register pages.
2. Capture patient-level data from paper TB Treatment register into ETR.Net.

1. Consolidate dispatches into TIER.Net to create a complete and up-to-date sub-district database.
2. Generate "Export to ETR" file from TIER.Net (one facility at a time).
3. Import this file into ETR.Net via "Import DES file" (one facility at a time).

1. Validate and verify data in ETR.Net.
2. Generate "Export to DHIS" from ETR.Net.
3. Unzip the export file, to obtain 2 zip files (FAC and SD).
4. Import both zip files into webDHIS.
5. Validate and submit to district by 10th.

NOTE: TB screening data are not digitized in TIER.Net, and must be sourced from PHC Tick register.

NOTE: "TB contact <5yrs start IPT" is not reported from TIER.Net, and must be sourced from paper TB Case Id register.

NOTE: The paper TB Case Identification register remains in place, irrespective of whether the facility is digitizing TB data in TIER.Net. This register is the source for capturing presumptive TB data into TIER.Net.

HIV REPORTING

MONTHLY HIV REPORTING (cross sectional)

Informs resource utilisation & planning

QUARTERLY ART COHORT REPORTING

Measures patient outcomes & programme impact

webDHIS Integrated instance

webDHIS Quarterly ART instance

PAPER-BASED

TIER.NET

TIER.NET (only)

FACILITY LEVEL

1. Aggregate the HTS data from the HTS register.
2. Aggregate the monthly ART data from ART register.
3. Transcribe to MDI form.
4. Verify, sign off, and file MDI.
5. Submit MDI to sub-district by 5th.

1. Generate relevant TIER.Net line lists, and action them (e.g. patient recall & data cleaning).
2. Generate HTS Report from TIER.Net.*
3. Generate ART Monthly Report from TIER.Net.
4. Verify, sign off, and file the HTS report, and ART Monthly report.
5. Transcribe to MDI form.
6. Verify, sign off, and file MDI.
7. Submit MDI to sub-district by 5th.

1. Generate TIER.Net line lists, and action them (e.g. patient recall & data cleaning).
2. Generate ART Quarterly Interpreted report from TIER.Net.
3. Verify, sign off, and file the ART Quarterly Interpreted report.
4. Generate TIER.Net dispatch.
5. Submit dispatch to sub-district by 5th of Jan/Apr/Jul/Oct.

(SUB)DISTRICT LEVEL

1. Capture data from MDI form into webDHIS.
2. Validate and submit to district by 10th.

1. Consolidate dispatches to create a complete and up-to-date sub-district TIER.Net database.
2. Generate "DHIS ART Export" file from TIER.Net (entire sub-district).
3. Unzip the export files for Quarterly and Pregnant12M, to obtain the XML files.
4. Import these into webDHIS.
5. Validate and submit to district by 10th of Jan/Apr/Jul/Oct.

* The TIER.Net HTS report can only be used as the source for reporting at facilities where all HIV testing data are digitised, i.e. where all positive as well as all negative HIV tests done in the facility are captured into TIER.Net, for all age groups. If the HTS module in TIER.Net is not used **in full**, the TIER.Net HTS report cannot be used as the source for reporting as data will be incomplete. In those facilities, the paper HTS register remains the source for reporting. Similar caution must be taken with regards to community-based HTS that is reported by facilities. Facilities that digitise all facility-based HTS, but use paper registers for community testing, may add the aggregate totals from community paper registers to the aggregate totals from the TIER.Net HTS report, to produce the facility total.