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THE STRUCTURED OPERATIONAL RESEARCH AND TRAINING INITIATIVE (SORT IT), SECOND WORKSHOP USING THE NATIONAL TUBERCULOSIS ROUTINELY COLLECTED PROGRAM DATA

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INTRODUCTION

Kenya is globally recognized as a pioneer in tuberculosis (TB) and leprosy control! The Kenya Health Sector Strategic Plan(1) and the National Tuberculosis, Leprosy and Lung Disease Program's (NTLD-P) strategy (2) routinely uses findings from analysis of the burden of TB and leprosy for making evidence informed decisions. Within Africa, Kenya is the first country to achieve World Health Organization (WHO) targets for case detection and treatment of TB with and without HIV including drug resistant TB (DR-TB). This success is attributed to, but not limited to, collective efforts of continuously improving surveillance system and developing a robust monitoring and evaluation framework. Key innovations in reporting using the Information from Basic Units (TIBU); a web based platform that is integrated with mobile technology, and with a robust quality assurance

mechanisms in place(3). In TIBU, data is collected electronically with tablet computers and uploaded into the central database of the NLTD. The inaugural Structured Operational Research and Training Initiative (SORT IT) 2015 trained Master trainer of trainers and targeted senior managers of the TB Program. Following this training the TB Program managers arrived at a consensus to have capacity building of the TB Senior program leaders from the Counties.

This second SORT IT training is unique because it focused entirely on the TB Program both at the national and county levels. The participants were Program leaders engaged in TB service delivery drawn from: Nairobi, Kisii, Narok, Vihiga, Bungoma, Kiambu and Kwale Counties. Facilitation was provided 100% by Kenyan

SORT IT Alumni with two drawn from the Inaugural Kenyan SORT IT Master Trainers. Facilitation was orchestrated through short didactic sessions and increased mentor to participant sessions. The scope covered proposal development, data analysis and scientific manuscript writing for peer review and publication.

During the workshop there were observers from the University of Nairobi, Department of Obstetrics and Gynaecology; James Cook University, Queensland Australia, Solomon Islands and from TDR. The cascaded model of training from national to county level is geared towards sustainability and scale up of evidence based practices. This culminates in health system strengthening, and informed policy direction to improve health service delivery so as to achieve key targets. Devolution of health in Kenya has provided additional opportunities for local prioritization and adaptation of TB and leprosy control activities that are targeted and patient-centered(4).

During this workshop data analyzed covered TB mapping, diagnostics, case management in children and adults, malnutrition, HIV and mortality. The TIBU platform is standardized nationally and accessible at all levels of the Public health sector, with robust quality assurance mechanisms. There are internal consistency checks and quarterly quality review meetings in place. The following limitations were identified: absence of socio-economic and mother-infant pairing variables. It was also noted that there is need to address prevention, risk assessment and interventions associated with health and gender inequities(5,6).

The value of program data lies in its use! This workshop not only generated evidence to inform policy both at national and sub-national levels but also highlighted the strengths and opportunities for improvement on the data capture approaches within TIBU. An example is the need for unique

identifiers to allow a seamless linkage between the various TB databases such as TIBU and GeneXpert databases

A sampled participant's feedback on the second Kenya SORT IT Workshop:

"This is the best workshop, as I have a deliverable the manuscript that will hopefully be published. I can confidently engage now in research and publication."

Conflict of Interest: None

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