

Facility Baseline Assessment Tool for TB Program

National TB & Leprosy Control Program (NTBLCP)

Facility Baseline assessment tool for TB program

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Instruction for filling

1. The TB focal person for each facility should be the main respondent.
2. For assessment questions requiring a review of patient folders, the assessor should select 10-25 folders randomly depending on the patient load at the facility to make a judgement.

1. Facility Demographics			
Assessment Question	Responses or Yes/No	Means of Verification/Source document	Recommended Actions
1.Name of health facility			
2.Type of health facility	<input type="checkbox"/> Tertiary hospital <input type="checkbox"/> Secondary health facility <input type="checkbox"/> Primary health center <input type="checkbox"/> Other:		
3.Facility is managed by: (ownership)	<input type="checkbox"/> Public: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Mission <input type="checkbox"/> Private		
4.Location of facility	<input type="checkbox"/> Rural <input type="checkbox"/> Urban		
5. Is the facility easy to access via public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Once in a week Only on market	
6. Are patients charged for the following TB services?	<input type="checkbox"/> Registration card <input type="checkbox"/> Consultation fees <input type="checkbox"/> Laboratory tests fees <input type="checkbox"/> TB Drug costs <input type="checkbox"/> Other		
7. (a) Is the facility linked to any Zonal/Sub national laboratory? If No (b) Is there a system in place at the facility for sample shipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Human Resources			
Assessment Question	Responses or Yes/No	Means of Verification/Source document	Recommended Actions
8. Staff Strength - How many staff members provide TB services in this facility for the following cadre of HCWs? a. Medical doctor b. Nurse c. Pharmacist d. Lab scientist e. Pharm Tech f. Lab Tech g. Records officer h. DOTs officer i. Community Health Officer j. Environmental Health Officer k. Community Health Extension Worker (CHEW)			

9. TB-related Trainings - How many TB-related in-service trainings did healthcare providers at this facility participate in the past six months?		Training log book/ certificates	
10. GLP Training - How many laboratory staff in your clinic/site have completed training on Good Laboratory Practice (GLP)?		Training log book/ certificates	
11. Training on IPC, TB screening and diagnosis - Has any member of staff been trained on infection prevention control and TB screening and diagnosis? How many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training log book/ certificates	
12. Dedicated TBIC Staff - There is a designated person (and committee in larger facilities) responsible for implementing TBIC practices in the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Refresher training - Has designated TBIC focal person received documented TBIC training or refresher training within the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training log/ HR record	
14. Client load - Approximately how many clients are served per week at this facility?	DS TB MDR/TB XDR	TB Treatment register	

3. Infrastructure & Supplies

Assessment Question	Responses or Yes/No	Means of Verification/Source document	Recommended Actions
a. Infrastructure			
15. Power source - What is the source of electricity for this Facility?	<input type="checkbox"/> Generator <input type="checkbox"/> Electricity grid	Observation	
16. Power duration - How many hours per day is the electricity available?	<input type="checkbox"/> 24 hours per day <input type="checkbox"/> Less than 24 hours per day	Observation	
17. Generator use - If a generator is used, is there a consistent supply of fuel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
18. Water source - What is the water source available in the facility?	No running water Piped water from public tap Borehole Well water Other:	Observation	
19. Computer - Does the facility have a functional computer for TB program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
20. Phone - Does this facility have a functional phone for Loss to follow up (LTFU) tracking? If No b. Is fund available for LTFU tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
21. Internet - Is there access to email/the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
22. Waste disposal - How does this facility dispose of contaminated items (for example, syringes)?	<input type="checkbox"/> Burn in incinerator <input type="checkbox"/> Burn in open pit <input type="checkbox"/> Burn and bury <input type="checkbox"/> Throw in trash/open pit <input type="checkbox"/> Remove to offsite location	Observation	

	<input type="checkbox"/> Sharps disposal container <input type="checkbox"/> Other:		
23. Lab services - Does the clinic have access to a lab that performs: a. microscopic sputum smear examination for acid-fast bacilli? b. mycobacterial culture? c. quality-assured susceptibility testing to first-line anti-TB drugs (1st line DST)? d. susceptibility testing to second-line anti-TB drugs (2nd line DST)? e. hematology tests: at minimum hemoglobin (Hb), haematocrit (Hct), white blood cell count (WBC)? f. biochemistry blood tests: at minimum sodium (Na), potassium (K), creatinin, alanine aminotransferase (ALAT), aspartate aminotransferase (ASAT), glucose, thyroid-stimulating hormone (TSH)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
24. X-ray - Does the clinic/site have X-ray services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Specimen transportation - How are specimen transported from point of collection of presumptive DR-TB cases to DR-TB diagnostic centers for DR-TB diagnosis and treatment follow up		Specimen dispatch and shipment	
b. Supplies			
26. Drug source - Where does this facility obtain its drug supply from?	<input type="checkbox"/> Central Medical Stores <input type="checkbox"/> Zonal Medical Stores <input type="checkbox"/> State Medical Stores <input type="checkbox"/> Development partner <input type="checkbox"/> 3 rd Party Logistics (3PL) <input type="checkbox"/> Other		
27. Drug supply frequency - How frequently do you place orders or receive drug supplies? To be answered to the LGA TBLS	Monthly..... Quarterly..... Semiannually..... Annually..... At enrolment of every new patient.....		LMIS CRRIF/ Stock cards
28. Anti-Koch's Turnaround time - What is the average turnaround time between placing an order and receiving the supplies at the pharmacy?	Week..... Month..... Two months..... More than two months..... Other.....		LMIS CRRIF/ Stock cards
29. Supply quantity - Do you generally receive the quantity that was ordered? (Ask LGA TBLS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		LMIS CRRIF/ Stock cards
30. Drug availability - For the following drugs, please specify if the drug is available in the pharmacy, if the pharmacy experienced a stock-out in the past three months, and the duration of the stock-out if one was experienced. (Ethambutol = E; Isoniazid =H; Rifampicin = R; Pyrazinamide = Z; Rifabutin	Is the following drug available in the pharmacy now	At any time in the past three months did the pharmacy stock-out of this drug?	Stock cards
a. RHZE (150mg + 75mg + 400mg + 275mg)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. RH (150mg + 75mg)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

c. Isoniazid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Ethambutol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Rifampicin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Pyrazinamide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Kanamycin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Moxifloxacin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Levofloxacin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Prothionamide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k. Clofazimine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l. Cycloserine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Reagent availability - For the following reagents, please specify if the reagent is available in the laboratory, if the laboratory experienced a stock-out in the past three months, and the duration of the stock-out if one was experienced.	Is the following reagent available in the laboratory now	At any time in the past three months did the laboratory stock-out of this reagent?	Stock cards
a. 1% carbol fuchsin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. 0.1% methylene blue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. 0.5% acid-alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. 0.3% methylene blue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. GeneXpert Cartridge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Service Delivery			
Standards	Yes/No	Means of Verification/Source document	Recommended Actions
a. Diagnosis			
32. Awareness of risk factors - Providers in the facility are aware of individual and group risk factors for TB (including Immunosuppression, HIV, Diabetes Mellitus, Low body weight, crowding and over-crowding etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interview	
33. Prompt clinical evaluations and appropriate testing - Providers perform prompt clinical evaluations and appropriate diagnostic testing for persons with symptoms and findings consistent with TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interview; Presumptive TB Register; Sputum smear register	
34. Cough evaluation - All patients, including children, with unexplained cough lasting two or more weeks or with unexplained findings suggestive of TB on chest radiographs are evaluated for TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presumptive TB register	
35. Sputum collection - All TB presumptives, including children who are capable of producing sputum have at least two sputum specimens submitted for smear microscopy or a single sputum specimen for Xpert® MTB/RIF* testing in a quality-assured laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presumptive TB register	
36. MDR TB diagnosis - An Xpert MTB/RIF test is the preferred initial TB diagnostics test for patients at risk for drug resistance, or who have HIV risks, or who are seriously ill or suspected to have TB meningitis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presumptive TB register, Lab register for AFB, Smear mcp, culture, LPA and DST	
37. Specimen collection for extra-pulmonary TB - All patients, including children, suspected of having extra-pulmonary TB have appropriate specimens	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presumptive TB register, sample collection log	

taken from the suspected sites of involvement for microbiological and histological examination.			
38. Specimen collection for Xpert MTB/RIF negative clients - Among smear- and Xpert MTB/RIF negative patients with clinical evidence strongly suggestive of TB, specimens are collected for culture examination and anti TB treatment is initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Culture Log book/ TB Treatment register, GeneXpert book	
39. Diagnosis of suspect Pulmonary TB - Sputum smear microscopy, an Xpert MTB/RIF test, and/or culture for bacteriological confirmation is performed for all children suspected of having pulmonary TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility TB Treatment register/ Presumptive TB register	
Standards	Yes/No	Means of Verification	Recommended Actions
b. Treatment			
40. Treatment regimen - The treatment regimen prescribed for patients in the facility is in line with the recommendations in the National TB Guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB treatment register	
41. New case regimen -All treatment naïve patients who are not at risk of drug resistance receive a WHO-approved first-line treatment regimen using quality assured drugs at the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB treatment register Initial phase = 2IRZE Continuation phase = 4IR FDCs are preferred	
42. Patient centered approach - A patient-centered approach is adopted at the facility in which providers and patients collaborate to develop an acceptable treatment plan which considers the needs of the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment readiness form/plan	
43. Treatment monitoring - Sputum smear microscopy is performed for patients at the completion of the initial phase of treatment i.e.2 Months to monitor treatment response in patients with PTB.	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment register	
44. Positive Sputum smear - Patients with positive sputum smear at completion of the initial phase, have sputum microscopy performed again at 3 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment register	
45. DST - Drug susceptibility test (DST) either rapid molecular of culture, is performed for all patients at risk of drug resistance e.g. patients with positive sputum smear at 3 months, patients in whom treatment has failed, and patients who have been lost to follow up or relapsed following one or more courses of treatment. (For facilities that treat DR-TB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment register/ Lab register for AFB, Smear mcp, culture, LPA and DST	
46. MDR Rx - Patients with drug-resistant TB are treated with specialized regimens containing quality-assured second-line anti-TB drugs with doses conforming to WHO recommendations (At least 5 drugs, pyrazinamide and 4 drugs to which the organisms are known or presumed to be susceptible, including an injectable agent for 6-8M = initial phase (For facilities that treat DR-TB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment register At least 5 drugs, Z and 4 drugs to which the organisms are known or presumed to be susceptible, including an injectable agent for 6-8M	
47. DOT - Patient-centered measures, e.g. observation of treatment, are done at the facility for MDR TB patients to ensure adherence.	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment register	

48. Patient Records - An accessible, systematically maintained record of all medications given, bacteriologic response, outcomes, and adverse reactions should be maintained for all patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB Treatment registers	
49. Adherence – How do you measure patient treatment adherence?	<input type="checkbox"/> Patient self-reporting <input type="checkbox"/> Pill counting <input type="checkbox"/> Prescription/refill tracking <input type="checkbox"/> Directly Observed Therapy (DOTS)		Patient Treatment card
50. Adherence strategies - Please describe what strategies you have found helpful in improving patient adherence.			
Standards	Yes/No	Means of Verification	Recommended Actions
c. HIV Infection and other Co-morbid Conditions			
51. HTC - HIV testing and counseling (HTC) is conducted for all patients with, or suspected of having TB at the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	HTC register, TB Treatment register, Presumptive TB register	
52. TB/HIV co-infection with CD4 <50 - Patients with TB/HIV co-infection at the facility and have CD4 counts <50 cells/mm are initiated on ART within 2 weeks of beginning TB treatment unless TB meningitis is present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-ART or ART register, TB treatment register	(For DOTs centers that are ART sites)
53. TB/HIV co-infection with CD4 >50 - All other patients with TB/HIV co-infection, regardless of CD4 counts, ART is initiated within 8 weeks of beginning treatment for TB.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-ART or ART register, TB treatment register	(For DOTs centers that are ART sites)
54. CTX Prophylaxis - All patients with TB/HIV co-infection receive Cotrimoxazole (CTX) as prophylaxis for other infections.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-ART or ART register, TB treatment register, Pharmacy worksheet	(For DOTs centers that are ART sites)
55. INH Preventive therapy (IPT) - All HIV patients who, after careful evaluation, do not have active TB are treated for presumed latent TB infection with isoniazid for at least 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-ART or ART register, TB treatment register, Pharmacy worksheet, INH card	
56. Co-morbid conditions - Individualized plan of care that includes assessment of other co-morbid conditions (such as diabetes and hypertension) and referrals for treatment of such illnesses are provided at the facility to ensure optimal TB treatment and outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient folders	
Standards	Yes/No	Means of Verification	Recommended Actions
d. Public Health and Prevention			
57. Contact-tracing - Providers at the facility evaluate close contact with patients who have infectious TB and managed them in line with national guideline.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact-tracing register	
58. Close contact INH Prophylaxis - Children <6 years of age and all close contact with patients who have infectious TB, and who, after careful evaluation, do not have active TB, are treated for presumed latent TB infection with INH for at least 6 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Register for U6 contact	

59. Staff monitoring - TB symptoms occurring among staff are immediately investigated and, if TB is diagnosed, is treated, registered and reported in the confidential occupational health records or in the TB register.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational health records/ Presumptive TB register	
60. Cough etiquette - Patients with a cough are identified on arrival at the facility, given guidance on cough etiquette, separated from other patients and fast-tracked through all waiting areas, including consultation, investigations and drug collection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
61. Length of diagnosis - The median time between clinical screening positive for TB symptoms and actual diagnosis is no more than one day.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presumptive TB register, laboratory register or patient records	
62. Length of treatment initiation - The median time between actual diagnosis and treatment initiation is no more than one day.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presumptive TB register, TB treatment register or patient records	
63. Length of drug collection - What is the median waiting time for drug collection during each visit		Observation	
64. Waiting area - Waiting area is well ventilated (i.e. windows and doors open when feasible) and there is clear display of messages on cough hygiene in all areas frequented by patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
65. Sample collection area - Sputum samples are collected in a well-ventilated, clearly designated area away from others, preferably outdoors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
66. Defaulter tracking - Facility has system for identifying and tracking patients who default in their treatment appointments.	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB treatment register/card	
67. PPE Availability - Respirators are readily available and being used by staff, particularly for high-risk aerosol-generating procedures and for providing care to patients with diagnosed or suspected infectious MDR-TB and XDR-TB, as per national guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
68. Use of respirators - Staff have been trained in the proper fit and use of respirators.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
69. IEC - Are there patient education and information materials to support client-provider interaction in your facility? (These can be posters, patient handouts or brochures)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
70. IEC Type - Please indicate the type of materials that you use.	Poster <input type="checkbox"/> Yes Brochure <input type="checkbox"/> Yes Leaflet <input type="checkbox"/> Yes Other	Observation	
71. IEC Content - Please describe the content of the materials	Specific drug info Specific disease info TB prevention/treatment info Other	Observation	

5. Caseload and Treatment Outcome for Treatment Cohorts

		2014				2015				2016			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
72. New smear +ve cases - Total number of TB patients with no previous exposure to anti-TB drugs who were smear positive for TB in your facility in the last 3 years (2014, 2015, 2016)													
73. New treatment initiation - Total number of TB positive clients with no previous exposure to anti-TB drugs who started treatment for TB in this facility													
74A. Retreatment cases (Relapse) - Total number of non-newly diagnosed TB patients assessed treatment in this facility in the last 3 years (2014, 2015, 2016)													
75. Retreatment cases (Defaulters) - Total number of non-newly diagnosed TB patients assessed treatment in this facility in the last 3 years (2014, 2015, 2016)													
76. Treatment re-initiation (Relapse) - Total number of retreatment cases that that started treatment for TB in the last 3 years (2014, 2015, 2016)													
77. Treatment re-initiation (Defaulters) - Total number of retreatment cases that that started treatment for TB in the last 3 years (2014, 2015, 2016)													
78. Treatment completion - What number of clients completed treatment for TB (2014, 2015, 2016)													
79. Proportion of HIV +ve - What number of TB patients seen in your facility were HIV positive (2014, 2015, 2016)													
80. Retention rate - What was the facility's retention rate among TB patients (Not seen for 2 months)													
81. Outcome for naïve smear +ve clients - For the last three annual treatment cohorts (2014, 2015, 2016), what was the treatment outcome for TB smear positive clients with no previous exposure to anti-TB drugs													
Outcome		2014				2015				2016			
		Number				Number				Number			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
a. Treatment Success	Cured												
	Completed Treatment												
b. Failed													
c. Defaulted													
d. Died													
e. Transferred out													
Total													
82. Outcome for treatment exposed clients - For the last three annual treatment cohorts (2014, 2015, 2016), what was the treatment outcome for non-newly diagnosed TB patients on treatment													

Outcome		2014				2015				2016			
		Number				Number				Number			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
a. Treatment Success	Cured												
	Completed Treatment												
b. Failed													
c. Defaulted													
d. Died													
e. Transferred out													
Total													

6. Policy documents, M&E system, processes and Documentation

Assessment Question/Standard	Responses or Yes/No	Means of Verification	Recommended Actions
a. Policy documents			
82. TB Documents - Which of the following documents are available at the facility?			
a. TB Guideline - Current Guidelines for clinical management of Tuberculosis is available at the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. DR TB Guideline - Current Guidelines for clinical management of Drug Resistant Tuberculosis is available at the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Desktop guides - Pediatric TB desktop guides	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. SOPs - Relevant Standard operating Procedures and Job Aides e.g. - Algorithm for diagnosing TB in HIV-positive people	<input type="checkbox"/> Yes <input type="checkbox"/> No		
83. Guideline use - Do Providers use or refer to the national guidelines listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
84. Facility specific IPC plan - There is a written facility-specific infection control plan (that includes TB infection control (TBIC).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility infection control plan	
85. Display of IPC plan - Are written facility-specific infection control plan displayed around the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
b. M&E system and processes			
86. M&E system - What type of M&E system is available at the facility for; <ul style="list-style-type: none"> • DS TB • DRTB 	<input type="checkbox"/> Paper-based <input type="checkbox"/> Electronic <input type="checkbox"/> Paper-based <input type="checkbox"/> Electronic	Observation	
87. EMR - Does the facility make use of an electronic information management system (e.g. eTB Manager, DHIS2) for routine documentation and reporting of the care and treatment of TB patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	
88. Data Storage - Where is data stored at the facility?	<input type="checkbox"/> In cabinet/shelves <input type="checkbox"/> Electronically	Observation	
89. Data collection tools - Are the following data collection tools/registers available <ol style="list-style-type: none"> 1. TB clinic suspects register 2. TB laboratory register 3. TB facility register 4. INH prophylaxis register 5. TB treatment card 6. DR-TB suspect register 7. Category IV treatment card 8. Category IV treatment register (Parts A-D) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Observation	

9. Laboratory register for DR-TB	<input type="checkbox"/> Yes <input type="checkbox"/> No		
90. TB Data Quarterly Report submission – The facility submits TB quarterly data reports to the LGA TB Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly case finding report form	
c. Program Management			
91. QI team - Does the facility have a QI team?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TB monthly data	
92. QI Meeting - How often does the QI team meet?	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually	QI team meeting minutes	
93. QI Meeting Agenda - Does facility discuss quality related issues during meetings e.g. turnaround time, quality of specimens, results, infection control etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	QI team last meeting agenda	
94. QI information storage - Does the facility have a folder with information – Performance Measurement results – QI project reports – Monthly supervisory visit reports – Training materials	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	QI team folder	
95. Supervision - Systematic supervision and monitoring is performed by the LGA TB Supervisor at least once every quarter to supervise workers and assess laboratory equipment and supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervision reports	
96. On site data validation (OSDV) – NTBLCP conducts at OSDV to the facility at least once in every quarter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	OSDV report	
97. State review meetings - The facility participates in quarterly state review meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly state review meeting report	