

Quality of Tuberculosis Services Assessment

in the Democratic Republic of the Congo

Tools

March 2023



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TB DIAH

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the TB Data, Impact Assessment and Communications Hub (TB DIAH) Associate Award No. 7200AA18LA00007. TB DIAH is implemented by the University of North Carolina at Chapel Hill, in partnership with John Snow, Inc. Views expressed are not necessarily those of USAID or the United States government. TL-23-101 TB



Acknowledgments

Tuberculosis Data, Impact Assessment and Communications Hub (TB DIAH), funded by the United States Agency for International Development (USAID), extends its gratitude to all those who contributed to the Quality of Tuberculosis Services Assessment (QTSA) and Data Quality Review (DQR) in the Democratic Republic of the Congo (DRC).

We would like to acknowledge USAID for its support, leadership, and advocacy for the QTSA/DQR. Special thanks go to Jean-Felly Numbi, Begin Salumu, and Denise Ndagano at USAID/DRC, Dorcas Muteteke from the USAID STAR Program in the DRC, and Charlotte Colvin, Kenneth Castro, and Paul Pierre at USAID/Washington.

We thank Romain Kibadi, Stéphane Mbuyi, Gertrude Lay, Michel Kaswa, Erick Nzapakembi, from the Programme national de lutte contre la tuberculose (PNLT), for their support, leadership, and guidance. We also thank other partners of the QTSA/DQR in DRC, in particular Maximilien Nkiesolo from the Comité Interentreprises de lutte contre le VIH/SIDA (CIELS).

We extend our appreciation to the Pont Santé Afrique (POSAF) team, especially Henriette Wembanyama, Jean Pierre Kabuayi, Fabien Kabasele, Valentin Bola, Priscilla Kasongo Dioso, Patricia Bamikina Ndonga, Bertille Kayowa Kabulu, Caleb Marobe, and Sarah Kilima Diwa. We also thank the QTSA/DQR steering committee led by POSAF and all the data collection team leads and others who participated and supported the tool pretest.

We recognize the QTSA team at John Snow, Inc. (JSI) for leading the development and translation of the QTSA/DQR tools and their customization to the DRC context, in particular the DRC QTSA team lead by Jeanne Chauffour with the support of Elena Herrera, Kola Oyediran, Clarice Lee, and the other QTSA team members: Upama Khatri, Nikki Davis, and Stephanie Mullen. We also thank Jean Lambert Chalachala and Kayode Jones, consultants for JSI.

We thank the knowledge management team of TB DIAH, University of North Carolina at Chapel Hill, for editorial, design, and production services.

Suggested citation:

TB DIAH. (2023). Quality of Tuberculosis Services Assessment in the Democratic Republic of the Congo: Tools. Chapel Hill, NC, USA: TB DIAH, University of North Carolina.

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Abbreviations

ART	antiretroviral therapy
ARV	antiretroviral(s)
CHW	community-based health worker
CPT	co-trimoxazole preventive therapy
DK	don't know
DOT	direct observation of treatment
DR-TB	drug-resistant tuberculosis
DRC	Democratic Republic of the Congo
DS-TB	drug-susceptible tuberculosis
DST	drug susceptibility testing
FDC	fixed-dose combination
INH	isoniazid
IRIS	immune reconstitution inflammatory syndrome
MTB	<i>Mycobacterium tuberculosis</i>
NGO	non-governmental organization
NR	no response
NTP	national tuberculosis program
PATI	Programme anti-tuberculeux intégré aux soins de santé primaire
PLHIV	people living with HIV/AIDS
PNLT	Programme national de lutte contre la tuberculose
PPE	personal protective equipment
QA	quality assurance
QC	quality control
QTSA	Quality of Tuberculosis Services Assessment
RIF	rifampicin
RR-TB	rifampicin-resistant TB
SMS	short-message service
SOP	standard operating procedure(s)
TB	tuberculosis

TB DIAH	Tuberculosis Data, Impact Assessment and Communications Hub
TPT	tuberculosis preventive therapy
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

The Quality of Tuberculosis Services Assessment (QTSA) is conducted with the support of four tools: the Facility Audit, the Provider Interview, the Patient Interview, and the Register Review. MEASURE Evaluation—a project funded by the United States Agency for International Development (USAID)—developed these four tools with the assistance of colleagues at USAID. When MEASURE Evaluation ended in 2020, the QTSA portfolio was integrated into the Tuberculosis Data, Impact Assessment and Communications Hub (TB DIAH) project, an associate award of MEASURE Evaluation.

The tools exist in a standard format that is adaptable to any country wishing to conduct a QTSA. For instance, some countries may have different names for their health administrative units (e.g., district, province, or ward) or of their tuberculosis (TB) registers (e.g., TB patient logbook or TB confirmed cases register). The QTSA tools are customized to fit the country priorities and context in which they will be used.

For the Democratic Republic of the Congo (DRC), we added to the Facility Audit and Patient Interview a custom module on COVID-19 given the context of the 2020–2022 pandemic. Furthermore, we also developed an additional tool aimed at community actors who often serve as TB care providers, and we added a TB-focused Data Quality Review (DQR) to the QTSA so as to make the best possible use of the important human and financial resources required and expended for these types of country-wide surveys in the DRC.

This document presents only the QTSA/DQR tools adapted for use in the DRC. It provides detailed information about the structure and content of the tools. The standard (non-customized) QTSA Tools and more information on the QTSA purpose, methods, and results—found in the country QTSA reports, including the reports about the DRC QTSA and DQR—are available here: <https://www.tbdiah.org/assessments/quality-of-tuberculosis-services-assessments/>

The French version of the tools, which was the language used for data collection in the DRC, are also available at: <https://www.tbdiah.org/assessments/quality-of-tuberculosis-services-assessments/>

Quality of TB Services Assessment: Facility Audit

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start time [Use the 24-hour clock system, e.g., :30]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>					Hours		Minutes		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours		Minutes													
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>					Hours		Minutes		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours		Minutes													

Facility Identification									
		(a) Code	(b) Name						
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
011	Health zone	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
012	Facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							_____
013	Location of facility _____								
014	GPS coordinates of facility _____								

Facility Structure				
	[OBSERVE THE FACILITY OR WHERE TB SERVICES ARE DELIVERED AND INDICATE WHETHER THERE ARE SIGNS (E.G., CHEST CLINIC, PULMONARY SERVICES, ETC.) ANNOUNCING AVAILABILITY OF TB SERVICES AT EACH OF THE FOLLOWING LOCATIONS]	Yes	No	DK
020	Outside the building	1	0	88
021	Inside the building	1	0	88
022	On the door of the TB unit	1	0	88

DK = don't know

The staff member who is best able to answer the questions in the following sections is either the TB focal person or the in-charge for clinical services.

1. Facility Characteristics			
1.1	Facility Classification		
1.1.1	What type of facility is this?	Hospital/hospital center/clinic	1
		Reference health center	2
		Health center	3
		Other (specify) _____	96
1.1.2	Who is the managing authority of the TB clinic?	Government/public	1
		Military/paramilitary	2
		Non-governmental organization (NGO)/not-for-profit.....	3
		Private, for-profit	4
		Mission/faith-based	5
		Other (specify) _____	96
1.1.3	Is this location considered urban, peri-urban, or rural?	Urban	1
		Peri-urban	2
		Rural	3
1.1.4	Does this facility provide outpatient or inpatient services, or both?	Outpatient only	1
		Inpatient only.....	2
		Both inpatient and outpatient	3

1.2 Facility Capacity			
1.2.1	On average, how many patients are seen at this facility during a typical month?	Number of patients .. <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.2	Out of these patients, how many are TB patients? [PROBE: How many patients are evaluated or treated for TB during a typical month?]	Number of patients .. <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.3	How many staff are working in this facility (full- or part-time) as of the first of the year?	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....	888
1.2.4	Out of these staff, how many usually work full-time in the TB unit or interact with TB patients?	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.5	How many usually work part-time in the TB unit or interact with TB patients?	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....	888

2. Availability of TB Services			
	I would like to ask about TB services that are currently available at this facility.		
2.1	Does this facility provide any form of screening for TB?	Yes No	1 0
2.1.1	[ASK ONLY IF 2.1=YES] Does this facility provide screening for TB by clinical symptoms and signs?	Yes No	1 0
2.1.2	[ASK ONLY IF 2.1=YES] Does this facility provide screening for TB by X-ray?	Yes No.....	1 0
2.1.2.1	[ASK ONLY IF 2.1.2=YES] Are patients charged a fee for screening X-rays?	Yes No	1 0
2.2	Does this facility provide TB diagnosis services?	Yes No	1 0
	[ASK THE NEXT 5 QUESTIONS ONLY IF 2.2=YES]		
2.2.1	Does this facility provide diagnosis services for children?	Yes No	1 0

2.2.1.1	Are patients charged a fee for diagnostic laboratory tests?	Yes No	1 0
2.2.2	Is there an onsite laboratory for TB diagnosis at this TB facility (unit or clinic)?	Yes No	1 0
2.2.3	Does this facility request a sputum sample from new presumptive TB clients?	Yes No	1 0
2.2.4	Does this facility collect sputum specimens of persons presumed to have TB to send to an offsite diagnostic laboratory for testing (e.g., for TB diagnosis by GeneXpert or culture)?	Yes No	1 0
2.3	Does this facility provide any HIV-related services, such as counseling, testing, care, or treatment?	Yes No	1 0
2.4	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	Yes No	1 0
[ASK THE NEXT 3 QUESTIONS ONLY IF 2.4=YES]			
2.4.1	Are patients charged a fee for TB medicines?	Yes No	1 0
2.4.2	Does this facility provide TB treatment services to children?	Yes No	1 0
2.4.3	Does this facility provide treatment for drug-resistant TB (DR-TB)?	Yes No	1 0
2.4.3.1	[ASK ONLY IF 2.4.3=NO]	Yes No Don't know	1 0 88
	[ASK ONLY IF 2.4.3.1 (a)=YES]	Yes, electronic Yes, paper No Don't know	2 1 0 88
	[ASK ONLY IF 2.4.3.1 (b)=YES (1 or 2)]	Yes, observed Yes, not observed	2 1
	[OBSERVE]	No Don't know	0 88
2.5	Some health facilities use community-based health workers (the community relais [RECO] for example) to provide additional support to TB patients. Does this facility work with community volunteers who support TB patients?	Yes No	1 0
2.6	(a) Has this facility referred patients elsewhere for management of other medical conditions, e.g., diabetes, in the past 12 months?	Yes No Don't know	1 0 88

	<p>[ASK ONLY IF 2.6 (a)=YES]</p> <p>(b) Is there a record or register of the patient referrals for the management of other medical conditions?</p>	<p>Yes, electronic 2</p> <p>Yes, paper 1</p> <p>No 0</p> <p>Don't know 88</p>
	<p>[ASK ONLY IF 2.6 (b)=YES (1 or 2)]</p> <p>(c) Are the results recorded?</p> <p>[OBSERVE]</p>	<p>Yes, observed 2</p> <p>Yes, not observed 1</p> <p>No 0</p> <p>Don't know 88</p>
2.7	Does this facility provide transport assistance to patients?	<p>Yes 1</p> <p>No 0</p> <p>Don't know 88</p>
2.8	<p>Typically, how many days per week are TB-related services offered?</p> <p>[ENTER 0-7]</p>	<p>Days <input type="text"/></p> <p>Don't know 88</p>
2.9	<p>Approximately, how many years have TB-related services been available at this facility?</p> <p>[ENTER EXACT NUMBER OF YEARS; IF LESS THAN 1 YEAR, ENTER "0"; IF GREATER THAN 25 YEARS, ENTER "25"]</p>	<p>Years <input type="text"/> <input type="text"/></p> <p>Don't know 88</p>

3. TB Diagnosis [ASK ONLY IF 2.2=YES (diagnostic facility)]				
3.1	TB Diagnosis Methods			
	Now, I will ask if this facility provides specific TB diagnosis services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered last 12 months?		
		Yes	No	DK
3.1.1	Diagnosis of TB by clinical symptoms and signs	1	0	88
3.1.3	Diagnosis of TB by smear microscopy	1	0	88
3.1.4	Diagnosis of TB by culture	1	0	88
3.1.5	Diagnosis of TB by GeneXpert	1	0	88
3.1.2	Diagnosis of TB by X-ray	1	0	88
[ASK THE NEXT 4 QUESTIONS ONLY IF 3.1.2=YES]				
3.1.2.1	Diagnosis of TB by conventional X-ray	1	0	88
3.1.2.2	Diagnosis of TB by digital X-ray	1	0	88
3.1.2.3	Diagnosis of TB by computer assisted digital X-ray (CAD4TB)	1	0	88
3.1.2.4	Are patients charged a fee for diagnostic X-rays?	1	0	88
3.1.6	Diagnosis of TB by another method (specify) _____	1	0	88
3.1.6.1	[ASK ONLY IF 3.1.5=YES] Which Xpert cartridge is currently being used for TB diagnosis?	Xpert MTB/RIF	1	
		Xpert Ultra	2	
		Both	3	
		Don't know	88	
3.1.7	[ASK ONLY IF 3.1.3=NO/DK OR 3.1.5=NO/DK] (a) Has this facility referred patients elsewhere for TB diagnosis, either via smear microscopy or Xpert, in the past 12 months?	Yes	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.1.7 (a)=YES] (b) Is there a record or register of the patient referrals for TB diagnosis?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.1.7 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, observed	2	
		Yes, not observed ...	1	
		No	0	
		Don't know	88	

3.2		Drug Susceptibility Testing (DST)		
		Yes	No	DK
3.2.1	Is first-line drug susceptibility testing available at this facility?	1	0	88
	[ASK THE NEXT 6 QUESTIONS ONLY IF 3.2.1=YES] What methods are used to detect resistance to first-line drugs?	Yes	No	DK
3.2.1.1	Xpert MTB/RIF to detect resistance to Rifampicin	1	0	88
3.2.1.1.1	Xpert Ultra to detect resistance to Rifampicin	1	0	88
3.2.1.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	88
3.2.1.3	Solid culture	1	0	88
3.2.1.4	Liquid culture	1	0	88
3.2.1.5	Any other method used to detect resistance to first-line drugs? (specify) _____	1	0	88
3.2.2	Is second-line drug susceptibility testing available at this facility?	1	0	88
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.2.2=YES] What methods are used to detect resistance to second-line drugs?	Yes	No	DK
3.2.2.1	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	88
3.2.2.2	Solid culture	1	0	88
3.2.2.3	Liquid culture	1	0	88
3.2.2.4	Any other method used to detect resistance to second-line drugs? (specify) _____	1	0	88
3.2.3	[ASK ONLY IF 3.2.1=NO/DK OR 3.2.2=NO/DK] (a) Has this facility referred patients elsewhere for DR-TB diagnosis, e.g., drug-susceptibility testing, in the past 12 months?	Yes	1	
		No	0	
		Don't know	88	
3.2.3	[ASK ONLY IF 3.2.3 (a)=YES] (b) Is there a record or register of the patient referrals for DR-TB diagnosis?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know	88	
3.2.3	[ASK ONLY IF 3.2.3 (b)=YES (1 or 2)] (c) Are the results recorded?	Yes, observed.....	2	
		Yes, not observed .	1	
		No	0	
		[OBSERVE] Don't know	8	

3.3		TB Case Notification		
		Yes	No	DK
3.3.1	Does this facility report TB patients to the national TB program (NTP) (to at least one level of the programme)?	1	0	88
3.3.2	[ASK ONLY IF 3.3.1=NO OR DK] Does this facility keep a record of TB case notifications?	1	0	88
3.3.2.1	[ASK ONLY IF 3.3.2=YES] How are TB case notifications recorded? _____			

MTB = *Mycobacterium tuberculosis*

RIF = (resistance to) rifampicin

4. Contact Investigation and Management				
		Yes	No	DK
The next couple of questions are about contact investigation and management. I would like to know whether this facility offered the following services at any time in the past 12 months.				
4.1	Contact investigation and management according to TB program guidelines	1	0	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 4.1=YES]				
4.1.1	For adult contacts	1	0	88
4.1.2	For child contacts	1	0	88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]				
		Offered last 12 months?		
		Yes	No	DK
Now, I will ask if the facility provides specific TB/HIV services. For each service or for the combined service (“one stop shop”), I would like to know whether this facility offered the service at any time in the past 12 months.				
5.1	HIV testing and counseling for presumptive TB patients	1	0	88
5.2	HIV testing and counseling for confirmed TB patients	1	0	88
5.3	[ASK ONLY IF 5.1=YES OR 5.2=YES] Recency testing for HIV	1	0	88

5.4	[ASK ONLY IF 5.1=NO/DK OR 5.2=NO/DK] (a) Has this facility referred patients elsewhere for HIV testing and counseling in the past 12 months?	Yes.....	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 5.4 (a)=YES] (b) Is there a record or register of the patient referrals for HIV testing and counseling?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 5.4 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No.....	0	
		Don't know.....	88	
		Yes	No	DK
5.5	TB preventive therapy	1	0	88
	[ASK THE NEXT 5 QUESTIONS ONLY IF 5.5=YES] What type of TB preventive therapy (TPT) is available at this site?	Yes	No	DK
5.5.1	Isoniazid (INH) (6, 9, 12 months or continuous)	1	0	88
5.5.2	3HP (rifapentine and isoniazid)	1	0	88
5.5.3	Q-TIB (cotrimoxazole, isoniazid, and vitamin B6)	1	0	88
5.5.3.1	3RH	1	0	88
5.5.4	Is TPT available through a differentiated service delivery model (e.g., community support group, multi-month scripting, etc.)?	1	0	88
5.5.5	[ASK ONLY IF 5.5=NO/DK] (a) Has this facility referred patients elsewhere for TB preventive therapy in the past 12 months?	Yes.....	1	
		No.....	0	
		Don't know.....	88	
	[ASK ONLY IF 5.5.5 (a)=YES] (b) Is there a record or register of the patient referrals for TB preventive therapy?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know.....	88	
	[ASK ONLY IF 5.5.5 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, observed	2	
		Yes, not observed.....	1	
		No.....	0	
		Don't know	88	
		Yes	No	DK
5.6	HIV care and treatment services to TB/HIV coinfected patients	1	0	88
	[ASK THE NEXT 3 QUESTIONS ONLY IF 5.6=YES]			

5.6.1	Co-trimoxazole preventive therapy (CPT) for TB/HIV coinfecting patients	1	0	88				
5.6.2	Viral load testing for TB/HIV co-infected patients (whether on site or off site) Specify if needed: a facility that sends samples to another structure for analysis would qualify	1	0	88				
5.6.3	Antiretroviral therapy (ART) for TB/HIV coinfecting patients	1	0	88				
5.6.3.1	[ASK ONLY IF 5.6.3=YES] Screening for symptoms of anti-TB and antiretroviral (ARV) drug interactions	1	0	88				
[ASK THE NEXT 2 QUESTIONS ONLY IF 5.6.3.1=YES]								
	Do staff members provide the following information to TB/HIV coinfecting patients on ART and if so, is the information provided verbally and/or by written patient literacy materials?	(a) Provide information?			[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes	No	DK	Verbally	Written	Both	DK
5.6.3.1.1	What to do if patients experience anti-TB and ARV drug interactions	1	0	88	1	2	3	88
5.6.3.1.2	What to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident	1	0	88	1	2	3	88

6. TB Treatment Services [ASK ONLY IF 2.4=YES (treatment facility)]				
6.1	Available Services			
	Now, I will ask if the facility provides specific TB treatment services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered last 12 months?		
		Yes	No	DK
6.1.1	Prescription of drugs for TB treatment	1	0	88
6.1.2	TB treatment and follow-up during the intensive phase	1	0	88
6.1.3	TB treatment and follow-up during the continuation phase	1	0	88
6.1.4	Facility-based direct observation of treatment (DOT)	1	0	88
6.1.5	Community-based DOT	1	0	88
6.1.6	Video DOT	1	0	88
6.1.7	Home-based treatment	1	0	88
6.1.8	Reminder phone calls or short-message service (SMS) texts to support patients' adherence to treatment	1	0	88
6.1.9	Psychosocial or other adherence support	1	0	88
	[ASK THE NEXT 3 QUESTIONS ONLY IF 6.1.9=YES]			
6.1.9.1	Counseling with a psychologist or social worker	1	0	88
6.1.9.2	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88
6.1.9.3	One-on-one peer counseling (face-to-face) by lay counselor	1	0	88
6.1.10	Nutritional support or food baskets	1	0	88
6.1.11	Support group for TB patients	1	0	88
6.1.12	Patient tracking of those who miss an appointment	1	0	88
6.1.12.1	[ASK ONLY IF 6.1.12=YES] Follow-up phone calls or SMS texts to TB patients if they miss an appointment	1	0	88
6.1.12.2	[ASK ONLY IF 6.1.12=YES] Home visits to TB patients if they miss an appointment	1	0	88

6.2		Treatment Practices		
	Now, I will ask you about TB treatment practices at this facility.	Yes	No	DK
6.2.1	Does this facility review the progress of each TB patient registered for treatment at the facility at least once a month during the treatment period?	1	0	88
6.2.2	Do you ask patients about symptoms of drug side effects when they visit the facility for treatment?	1	0	88
6.2.2.1	[ASK ONLY IF 6.2.2=YES] Do you capture all reported side effects in the patient's chart?	1	0	88
6.2.2.2	[ASK ONLY IF 6.2.2=YES] How often are patients screened for side effects?	At every follow-up visit to the facility 1 Only during the initiation phase 2 Don't know 88 Other (specify) 96 _____		
6.2.3	Do you have ancillary medications to manage side effects?	1	0	88
	[ASK ONLY IF 6.2.3=YES] What ancillary medications are available at this health facility for drug-susceptible TB (DS-TB) patients?	Yes	No	DK
6.2.3.1	Antidepressants	1	0	88
6.2.3.2	Vitamin B6 (pyridoxine)	1	0	88
6.2.3.3	Serum or oral rehydration salts	1	0	88
6.2.3.4	Ibuprofen or paracetamol	1	0	88
6.2.3.5	Antihistamines	1	0	88
6.2.3.6	Chlorpheniramine	1	0	88
6.2.3.7	Gastric bandages	1	0	88
6.2.3.8	Other (specify)	1	0	88

6.3 Patient Counseling and Education on TB Treatment								
	Do staff members provide the following information to TB patients and if so, is the information provided verbally and/or by written patient literacy materials?	(a) Provide information?			[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes	No	DK	Verbally	Written	Both	DK
6.3.1	What test results mean	1	0	88	1	2	3	88
6.3.2	How TB is spread to others	1	0	88	1	2	3	88
6.3.3	The need for a treatment supporter	1	0	88	1	2	3	88
6.3.4	How TB medication should be taken, e.g., dosage, frequency, etc.	1	0	88	1	2	3	88
6.3.5	The importance of treatment adherence	1	0	88	1	2	3	88
6.3.6	Options available for treatment support, e.g., DOT	1	0	88	1	2	3	88
6.3.7	What to do when experiencing side effects	1	0	88	1	2	3	88
6.3.8	What to do if they run out of medicines	1	0	88	1	2	3	88
6.3.9	What to do if they need to leave for more than a month to an area beyond the facility catchment area	1	0	88	1	2	3	88
6.3.10	Is there a private room available for individual counseling where no one can hear or see what is going on?				Yes			1
					No			0
					Don't know			88
6.4 Patients Taking Treatment without Facility Supervision								
The next couple of questions ask about TB patients taking treatment without the supervision of a health professional from the facility (for example, someone who is taking treatment supervised by their family).								
6.4.1	Does this facility have TB patients taking treatment without the supervision of a health professional from the facility?				Yes			1
					No			0
					Don't know			88
[ASK THE NEXT 4 QUESTIONS ONLY IF 6.4.1= YES]								
6.4.1.1	How often does a typical TB patient in the <u>intensive phase</u> taking treatment outside the facility collect their medications?				Weekly			1
					Twice a month (every 2 weeks).....			2
					Monthly			3
					Don't know			88
					Other (specify)_____			96

6.4.1.2	How often does a typical TB patient in the <u>continuation phase</u> taking treatment outside the facility typically collect their medications?	Weekly Twice a month (every 2 weeks) Monthly Don't know Other (specify) _____	1 2 3 88 96
6.4.2	Does the facility monitor the intervals at which the patient should collect treatment?	Yes No Don't know	1 0 88
6.4.2.1	[ASK ONLY IF 6.4.2=YES] How does the facility monitor the intervals at which the patient should collect treatment? [SELECT ALL APPLICABLE RESPONSES]	Check empty blisters Phone call SMS Through the patient card Don't know Other (specify) _____ _____	1 2 3 4 88 96

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]				
The next set of questions asks about the DR-TB treatment services at this facility.				
7.1	What is the <u>preferred</u> DR-TB treatment regimen to use at this facility?	Standard World Health Organization (WHO) long regimen Standard shorter regimen with injectables Shorter modified regimen without injectables Don't know Other (specify) _____ _____	1 2 3 88 96	
	Which DR-TB treatment regimens are available at this facility?		Yes	No DK
7.2.1	Standard WHO long regimen		1	0 88
7.2.2	Standard shorter regimen with injectables		1	0 88
7.2.3	Shorter modified regimen without injectables		1	0 88
7.2.4	Other (specify) _____ _____		1	0 88
7.3	Standard WHO Long Regimen [ASK ONLY IF 7.2.1=YES]			
	Which medications are used in the standard WHO long regimen?		Yes	No DK
7.3.1	Isoniazid strong dose		1	0 88
7.3.2	Levofloxacin or Moxifloxacin		1	0 88
7.3.3	Bedaquiline		1	0 88
7.3.4	Linezolid		1	0 88

7.3.5	Clofazimine	1	0	88
7.3.6	Cycloserine	1	0	88
7.3.7	Ethambutol	1	0	88
7.3.7.1	Delamanide	1	0	88
7.3.7.2	Pyrazinamide	1	0	88
7.3.7.3	Ethionamide or Prothionamide	1	0	88
7.3.7.4	Other (specify) _____	1	0	88
	[ASK ONLY IF 7.2.1=YES] Which patients are eligible for this regimen?	Yes	No	DK
7.3.8.1	Those with confirmed resistance or suspected ineffectiveness to a medicine in the shorter MDR-TB regimen (except isoniazid resistance)	1	0	88
7.3.8.2	Those with exposure to any of the second-line medicines in the shorter MDR-TB regimen for >1 month	1	0	88
7.3.8.3	Those with an intolerance or risk of toxicity (e.g., drug-drug interactions) to any of the medicines in the shorter MDR-TB regimen	1	0	88
7.3.8.4	Females who are pregnant	1	0	88
7.3.8.5	Those with extrapulmonary disease	1	0	88
7.3.8.5.1	Patients who do not have access to the LPA test	1	0	88
7.3.8.6	Other (specify) _____	1	0	88
7.3.9	[ASK ONLY IF 7.2.1=YES] What is the usual duration of the long WHO standard regimen? [ENTER 6–30 BASED ON THE NUMBER OF MONTHS]	Months <input type="text"/> <input type="text"/>	Don't know	88
7.4	Shorter Standard Regimen [ASK ONLY IF 7.2.2=YES]			
	Which medications are used in the short standard regimen with injectables?	Yes	No	DK
7.4.1	Bedaquiline	1	0	88
7.4.2	Levofloxacin or Moxifloxacin	1	0	88
7.4.3	Clofazimine	1	0	88
7.4.4	Pyrazinamide	1	0	88

7.4.5	Ethambutol	1	0	88
7.4.6	Isoniazid strong dose	1	0	88
7.4.7	Ethionamide or Prothionamide	1	0	88
7.4.7.1	Amikacine/Kanamycine	1	0	88
7.4.7.2	Other (specify) _____	1	0	88
	[ASK ONLY IF 7.2.2=YES] Which patients are eligible for the standard short regimen with injectables?	Yes	No	DK
7.4.8.1	Those with no resistance or suspected ineffectiveness to a medicine in the shorter MDR-TB regimen (except isoniazid resistance)	1	0	88
7.4.8.2	Those with no exposure to any of the second-line medicines in the shorter MDR-TB regimen for >1 month	1	0	88
7.4.8.3	Those with no intolerance to any medicine in the shorter MDR-TB regimen or risk of toxicity from a medicine in the shorter regimen (e.g., drug-drug interactions)	1	0	88
7.4.8.4	Females who are not pregnant	1	0	88
7.4.8.5	Those with no extrapulmonary disease	1	0	88
7.4.8.6	Other (specify) _____	1	0	88
7.4.9	[ASK ONLY IF 7.2.2=YES] What is the usual duration of this regimen? [ENTER 6-20 BASED ON NUMBER OF MONTHS]	Months <input type="text"/> <input type="text"/>	Don't know	88
7.5	Shorter Modified Regimen without Injectables [ASK ONLY IF 7.2.3=YES]			
	Which medications are used in this regimen?	Yes	No	DK
7.5.1	Bedaquiline	1	0	88
7.5.2	Delamanide	1	0	88
7.5.3	Levofloxacin or Moxifloxacin	1	0	88
7.5.4	Clofazimine	1	0	88
7.5.5	Pyrazinamide	1	0	88
7.5.6	Ethambutol	1	0	88

7.5.7	Isoniazid strong dose	1	0	88
7.5.7.1	Ethionamide or Prothionamide	1	0	88
7.5.7.2	Other (specify) _____	1	0	88
	[ASK ONLY IF 7.2.3=YES] Which patients are eligible for the short modified regimen without injectables?	Yes	No	DK
7.5.8.1	TB patients with a resistance to fluoroquinolones	1	0	88
7.5.8.2	Patients with a TB with a limited spread	1	0	88
7.5.8.3	Patients with an extrapulmonary TB that is not very severe	1	0	88
7.5.8.4	TB patients without resistance to second-line drugs	1	0	88
7.5.8.5	Patients for whom there is no knowledge that they took any second-line drugs for more than a month	1	0	88
7.5.8.6	Other (specify) _____	1	0	88
7.5.9	[ASK ONLY IF 7.2.3=YES] What is the usual duration of the short regimen modified without injectables? [ENTER 6-20 BASED ON THE NUMBER OF MONTHS]	Months <input type="text"/> <input type="text"/>		Don't know 88
7.6	Other Regimen [ASK ONLY IF 7.2.4=YES]			
	Which medications are used in this regimen?	Yes	No	DK
7.6.1	Other (specify) _____	1	0	88
	[ASK ONLY IF 7.2.4=YES] Which patients are eligible for this regimen?	Yes	No	DK
7.6.8.1	Other (specify) _____	1	0	88
7.6.9	[ASK ONLY IF 7.2.4=YES] What is the usual duration of this regimen? [ENTER 6-30 BASED ON THE NUMBER OF MONTHS]	Months <input type="text"/> <input type="text"/>		Don't know 88

7.7		Ancillary Drugs		
		Yes	No	DK
7.7.1	Does this facility have ancillary drugs for management of side effects for DR-TB patients?	1	0	88
	[ASK ONLY IF 7.7.1=YES] Which ancillary drugs are available?	Yes	No	DK
7.7.1.1	Antidepressants	1	0	88
7.7.1.2	Vitamin B6 (pyridoxine)	1	0	88
7.7.1.3	Serum or oral rehydration salts	1	0	88
7.7.1.4	Ibuprofen or Paracetamol	1	0	88
7.7.1.5	Antihistamines	1	0	88
7.7.1.6	Chlorpheniramine	1	0	88
7.7.1.7	Gastric bandages	1	0	88
7.7.1.8	Other (specify) _____	1	0	88
7.7.2	Does this facility participate in active pharmacovigilance, e.g., active TB drug-safety monitoring and management (aDSM)?	1	0	88
7.8		DR-TB Treatment Equipment		
7.8.1	Does this facility have at least one electrocardiogram (ECG) machine? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No	0	
		Don't know	88	
7.8.1.1	[ASK ONLY IF 7.8.1=YES, OBSERVED] Is the machine working?	Yes	1	
		No	0	
		Don't know	88	
7.8.1.2	[ASK ONLY IF 7.8.1=YES (1 or 2)] How many ECGs are performed per week, on average? [ENTER 0-99]	Number <input type="text"/> <input type="text"/>		
		Don't know	88	
7.8.2	Does this facility have audiometry equipment? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No	0	
		Don't know	88	

7.8.2.1	[ASK ONLY IF 7.8.2=YES (1 or 2)] What type of equipment?	Shoebox 1 Standard machine 2 Don't know 88 Other (specify) 96 _____
7.8.2.2	[ASK ONLY IF 7.8.2=YES (1 or 2)] How many audiometry tests are performed per week, on average? [ENTER 0-99]	Number <input type="text"/> <input type="text"/> Don't know 88
7.9	Pediatric DR-TB Treatment	
7.9.1	Does this facility provide DR-TB treatment for children under age 15?	Yes 1 No 0 Don't know 88
7.9.1.1	[ASK ONLY IF 7.9.1=YES] Does this facility have any pediatric formulations for second-line drugs available?	Yes 1 No 0 Don't know 88

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.2=YES (facility sees children)]					
8.1 Pediatric TB Diagnosis [ASK ONLY IF 2.2.1=YES (diagnostic facility sees children)]					
		Yes, unprompted	Yes, prompted	No	DK
8.1.1	Can you tell me how children are evaluated for TB disease?				
8.1.1	Identify children with presumptive TB by symptoms	2	1	0	88
8.1.2	Once identified, all children with presumptive TB are evaluated at this facility	2	1	0	88
8.1.3	Once identified, all children with presumptive TB are referred for evaluation to another site	2	1	0	88
8.1.4	Other (specify) _____	2	1	0	88
8.2 Children with Presumptive TB [ASK ONLY IF 8.1.2=YES (1 or 2)]					
		Yes, unprompted	Yes, prompted	No	DK
8.2.1	How are children with presumptive TB evaluated?				
8.2.1	Use clinical algorithm to determine if a child has TB	2	1	0	88
8.2.2	By X-ray	2	1	0	88

8.2.3	Use sputum induction to get samples from children for testing	2	1	0	88
8.2.4	Use gastric aspiration to get samples from children for testing	2	1	0	88
8.2.5	Test samples from nasopharyngeal aspirates	2	1	0	88
8.2.6	Test sputum with smear microscopy	2	1	0	88
8.2.7	Test sputum with culture	2	1	0	88
8.2.8.1	Test sputum with Xpert MTB/RIF	2	1	0	88
8.2.8.2	Test sputum with Xpert Ultra	2	1	0	88
8.2.9	Other (specify) _____	2	1	0	88
8.3	Children at Risk for TB				
	Can you tell me how children are identified as being at risk for TB?	Yes, unprompted	Yes, prompted	No	DK
8.3.1	Child contact of confirmed TB patient	2	1	0	88
8.3.2	Referral from a maternal and/or child health clinic	2	1	0	88
8.3.3	Child living with HIV/AIDS	2	1	0	88
8.3.4	Child exposed to HIV/AIDS	2	1	0	88
8.3.5	Other (specify) _____	2	1	0	88
8.4	Pediatric TB Treatment [ASK ONLY IF 2.4.2=YES (treatment facility sees children)]				
	The next set of questions asks about medications that are used to treat children with TB.		Yes	No	DK
8.4.1	Does this facility use fixed-dose combinations (FDCs)?		1	0	88
8.4.1.1	[ASK ONLY IF 8.4.1=YES] Are any of the FDCs available in liquid form?		1	0	88
8.4.2	Does this facility use loose or single-drug formulations (for treating TB disease, not TPT regimen)?		1	0	88
8.4.2.1	[ASK ONLY IF 8.4.2=YES] Which loose drugs are used? _____				
8.4.2.2	[ASK ONLY IF 8.4.2=YES] Does this facility use loose pills cut up or mixed with food?		1	0	88
8.4.3	Does this facility use the same medications used for adults but cut up for children?		1	0	88

8.4.4	How is the dosage determined for children?	Fixed in the kit	1
		Weight	2
		Don't know	88
		Other (specify) _____	96

9. Community-based Health Workers (CHWs) [ASK ONLY IF 2.5=YES (facility uses CHWs)]				
	In this section, we would like to learn about the links your facility has with CHWs that provide support to TB patients.			
9.1	Services Provided by CHWs			
	What types of services do the CHWs provide?	Yes	No	DK
9.1.1	Education about TB in the community	1	0	88
9.1.2	Screening for TB symptoms	1	0	88
9.1.3	Referral for TB diagnosis	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 2.2.4=YES (facility uses an offsite lab)]			
9.1.4.1	Collection of specimens to a diagnostic laboratory	1	0	88
9.1.4.2	Transportation of specimens to a diagnostic laboratory	1	0	88
9.1.5	[ASK ONLY IF 6.1.5=YES (community-based DOT facility)] Direct observation of treatment (DOT)	1	0	88
9.1.6	Adherence counseling	1	0	88
9.1.7.1	Trace or locate clients who miss follow-up visits (irregular patients or lost to follow-up)	1	0	88
9.1.7.2	Bring back clients who miss follow-up visits (irregular patients or lost to follow-up)	1	0	88
9.1.8	Contact tracing for confirmed TB patients	1	0	88
9.1.9	Psychosocial support	1	0	88
9.1.10	HIV testing and counseling	1	0	88
9.1.11	Other (specify) _____	1	0	88
9.2	Financial Support for CHWs			
		Yes	No	DK
9.2	Do the CHWs receive payment for their services?	1	0	88
	[ASK ONLY IF 9.2=YES] Who financially supports the CHWs?	Yes	No	DK
9.2.1	NGO(s)	1	0	88
9.2.2	FBO(s)	1	0	88
9.2.3	Government	1	0	88
9.2.4	Individual donors	1	0	88

9.2.5	Other (specify) _____	1	0	88
9.3	Management of CHWs			
9.3.1	Do CHWs associated with this facility receive training in TB, such as screening, diagnosis, or treatment?	1	0	88
9.3.2	[ASK ONLY IF 9.1.5=YES] Does the facility have an up-to-date list of CHWs who provide DOT?	1	0	88
9.3.3	Does the facility keep a record of the performance of the CHWs?	1	0	88
9.3.4	Does the facility TB focal person meet regularly (monthly or quarterly) with CHWs?	1	0	88
9.3.5	Do staff members from this facility do community-level supervision of the CHWs?	1	0	88
9.3.5.1	[ASK ONLY IF 9.3.5=YES] How many supervision visits to community level in the past 3 months were carried out by TB staff from this health facility? [ENTER 0–20]	Visits <input type="text"/> <input type="text"/> Don't know		88

10. Policies, Protocols, and Guidelines					
	Next, I'd like to assess the availability of copies of approved and required protocols, policies, and messages on TB services available at the facility. Do you have the following documentation, and if so, may I see it?	Yes, observed	Yes, not observed	Don't have	DK
10.1	General				
10.1.1	Flowcharts or algorithms on TB screening	2	1	0	88
10.1.2	Guidelines for diagnosis and treatment of TB among children and adolescents	2	1	0	88
10.1.3	Guidelines for TB infection control (PATI)	2	1	0	88
10.1.3.1	Guidelines for TB infection control for key populations	2	1	0	88
10.1.3.2	Guidelines on the quality of microscopy	2	1	0	88
10.1.3.3	Guidelines for infection control	2	1	0	88
10.1.4	[ASK ONLY IF 2.3=YES (facility provides TB/HIV services)] TB/HIV guidelines, i.e., management of HIV and TB coinfection	2	1	0	88
10.1.4.1	[ASK ONLY IF 6.1.10=YES (facility provides nutrition support)] Guidelines for nutritional support and food baskets to TB patients	2	1	0	88
10.1.5	TB posters on walls, leaflets, brochures, and/or pamphlets in local languages for distribution, i.e., educational materials about TB	2	1	0	88

10.1.5.1	[IF 10.1.5=YES, OBSERVED, DETERMINE THE AMOUNT OF TB EDUCATIONAL MATERIALS AVAILABLE TO PATIENTS]	Sufficient educational materials available in multiple forms (i.e., posters, brochures, or patient pamphlets)	1			
		Limited educational materials available (i.e., a single poster or few pamphlets, inadequate supply for all patients)	0			
10.2	Diagnostic Facilities [ASK ONLY IF 2.2=YES]					
	Do you have the following documentation, and if so, may I see it?	Yes, observed	Yes, observed	Don' have	DK	
10.2.1	Flowcharts or algorithms on TB diagnosis	2	1	0	88	
10.2.2	Guidelines on the use of chest X-ray for TB screening and diagnosis	2	1	0	88	
10.2.3	[ASK ONLY IF 3.1.3=YES (facility does smear microscopy)] Smear microscopy manual or guidelines	2	1	0	88	
10.2.4	[ASK ONLY IF 3.1.5=YES (facility has GeneXpert)] Algorithms for GeneXpert	2	1	0	88	
10.3	Treatment Facilities [ASK ONLY IF 2.4=YES]					
10.3.1	Essential drug or medicines list	2	1	0	88	
10.3.2	[ASK ONLY IF 6.1.4=YES or 6.1.5=YES (facility-based or community-based DOT facility)] A training manual for DOT providers or volunteers	2	1	0	88	
	[ASK THE NEXT 2 QUESTIONS ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]					
10.3.3	Guidelines on clinical management of DR-TB	2	1	0	88	
10.3.4	Guidelines on use of short regimens for DR-TB treatment	2	1	0	88	

11. Staff Capacity to Deliver TB Services					
	Did any providers of TB services at this facility receive new or refresher training in the following topics in the last 24 months?	Yes	No	DK	
11.1	Screening algorithm for TB	1	0	88	
11.2	Screening or diagnosis of TB based on X-rays	1	0	88	
11.3	Diagnosis of TB based on clinical symptoms or examination (for adults)	1	0	88	
11.4	Diagnosis of TB based on sputum tests using smear microscopy	1	0	88	
11.5	Diagnosis of TB based on sputum tests using culture	1	0	88	
11.6	Diagnosis of TB using Xpert	1	0	88	
11.7	Prescription of drugs for TB treatment	1	0	88	
11.8	Management of DS-TB treatment	1	0	88	
11.9	Identification of presumptive DR-TB	1	0	88	
11.10	Management of DR-TB treatment	1	0	88	
11.11	Management of TB/HIV coinfection	1	0	88	
11.12	TB infection control	1	0	88	

12. Supervision and Feedback Practices				
	Next, I would like to ask about supervision and feedback from upper levels.			
12.1	Has a supervisor from any upper-level office come here on a supervisory visit within the past 3 months?	Yes	1	
		No	0	
		Don't know	88	
[ASK THE REST OF THE QUESTIONS IN THIS SECTION ONLY IF 12.1=YES]				
12.1.1	During the past 3 months, how many supervisory visits has this facility received from an upper-level office? [ENTER 1–12]	Visits <input type="text"/> <input type="text"/>		88
		Don't know		
	The last time that a supervisor from outside the facility visited, did he or she do any of the following?	Yes	No	DK
12.1.2	Assess the pharmacy (e.g., drug stockout, expiry, records)	1	0	88
12.1.2.1	Assess the laboratory (e.g., TB diagnostic tests performed, TB records, turn-around time)	1	0	88
12.1.3	Assess the TB data (e.g., completeness, quality, and/or timely reporting of registers, treatment cards, quarterly or monthly reports)	1	0	88
12.1.4	Discuss the performance of the facility based on TB service data	1	0	88
12.1.5	Complete the supervisory checklist	1	0	88
12.1.6	Provide a record of written comments or suggestions from their visit	1	0	88
12.1.7	[ASK ONLY IF 12.1.6=YES] Check the supervision report for written comments or suggestions [OBSERVE]	1	0	

13. Availability of Basic Equipment and Supplies								
	[ASK TO OBSERVE IF THE FOLLOWING BASIC EQUIPMENT AND SUPPLIES USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Have equipment?				[ASK ONLY IF (a)=OBSERVED] (b) Functioning?		
		Yes, observed	Yes, not observed	Don't have	DK	Yes	No	DK
13.1	Equipment Adult weighing scale	2	1	0	88	1	0	88
13.2	Child weighing scale – 250-gram gradation	2	1	0	88	1	0	88
13.3	Infant weighing scale – 100-gram gradation	2	1	0	88	1	0	88
13.4	Measuring tape-height board or stadiometer	2	1	0	88	1	0	88
13.5	Thermometer	2	1	0	88	1	0	88
13.6	Stethoscope	2	1	0	88	1	0	88

13.7	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	2	1	0	88	1	0	88
13.8	Light source (flashlight acceptable)	2	1	0	88	1	0	88
13.9	Intravenous infusion kits	2	1	0	88	1	0	88
13.10	Oxygen concentrators	2	1	0	88	1	0	88
13.11	Oxygen cylinders	2	1	0	88	1	0	88
13.12	Central oxygen supply	2	1	0	88	1	0	88
13.13	Flowmeter for oxygen therapy (with humidification)	2	1	0	88	1	0	88
13.14	Oxygen delivery apparatus (key connecting tubes and mask or nasal prongs)	2	1	0	88	1	0	88

The staff member who is best able to answer the questions in the following section is either a lab technician or the TB focal person.

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2=YES (facility has an onsite lab)]									
Diagnostic Tests and Equipment									
	[ASK TO OBSERVE IF THE FOLLOWING TB TESTS/EQUIPMENT ARE USED IN THIS FACILITY AND ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Used in facility?			[ASK ONLY IF (a)=YES] (b) Observed?		[ASK ONLY IF (b)=YES] (c) Functioning?		
		Y	N	DK	Y	N	Y	N	DK
14.1	Light microscope	1	0	88	1	0	1	0	88
14.1.1	Ziehl-Neelsen test for acid-fast bacillus (AFB)	1	0	88					
[ASK THE NEXT 3 QUESTIONS ONLY IF 14.1.1 (a)=YES]									
14.1.2	Carbol fuchsin stain	1	0	88	1	0			
14.1.3	Sulfuric acid (20–25% concentration) or acid alcohol	1	0	88	1	0			
14.1.4	Methyl blue stain	1	0	88	1	0			
14.2	Fluorescence microscope (FM) LED	1	0	88	1	0	1	0	88
14.2.1	[ASK ONLY IF 14.2 (a)=YES] Auramine stain for fluorescence microscope	1	0	88	1	0			
14.3	Does the facility meet biosafety requirements for microscopy?						Yes		1
							No		0
							Don't know ...		88

14.3.1	[ASK ONLY IF 3.1.5=YES (facility has GeneXpert)] GeneXpert module [AT LEAST ONE SHOULD BE FUNCTIONAL]	1	0	1	0	88	
14.3.2	[ASK ONLY IF 3.1.6.1=1 OR 3] At least 1 valid Xpert MTB/RIF cartridge, i.e., not expired	1	0	1	0	88	
14.3.3	[ASK ONLY IF 3.1.6.1=2 OR 3] At least 1 valid Xpert Ultra cartridge, i.e., not expired	1	0	1	0	88	
14.3.4	[ASK ONLY IF 3.1.5=YES (facility has GeneXpert)] Does the facility meet biosafety requirements for GeneXpert testing?					Yes	1
						No	0
						Don't know ...	88
14.4	[ASK ONLY IF 3.2.1.3=YES OR 3.2.1.4=YES OR 3.2.2.2=YES OR 3.2.2.3=YES (facility uses solid or liquid culture)] TB culture or growth medium (e.g., BACTEC MGIT 960)	1	0	88	1	0	
14.5	Biosafety hood or cabinet	1	0	88	1	0	88
14.5.1	[ASK ONLY IF 3.2.1.3=YES OR 3.2.1.4=YES OR 3.2.2.2=YES OR 3.2.2.3=YES (facility uses solid or liquid culture)] Does the facility meet biosafety requirements for culture?					Yes	1
						No	0
						Don't know .	88
Quality Control/Quality Assurance							
I would like to ask you about quality control and quality assurance procedures for TB diagnosis services provided in the laboratory at this facility.							
14.6	What type of quality control (QC) and quality assurance (QA) do you use for laboratory tests conducted in this facility?	None					0
						Internal QC/QA only	1
						External QC/QA only	2
						Both internal and external QC/QA	3
						Don't know	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 14.6=1, 2, 3]							
14.6.1	Do you maintain records of the results from the quality control procedures?	Yes					1
						No	0
						Don't know	88
14.6.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes					1
						No	0
						Don't know	88
14.6.2.1	[ASK ONLY IF 14.6.2=YES] May I see the quality control guidelines? [OBSERVE]	Yes					1
						No	0

The staff member who is best able to answer the questions in the following section is either a lab technician, a nurse, or a sputum collector.

15. Management of Specimens				
15.1	Specimen Collection			
	<i>The next few questions are about specimen collection.</i>			
15.1.1	<p>[DON'T READ THE ANSWER UNTIL THE RESPONDENT HAS HAD A CHANCE TO ANSWER UNPROMPTED]</p> <p>When is sputum collected by patients or when do you ask the patients to collect sputum?</p> <p>[Answer: Immediately out of bed in the morning (before eating or drinking anything) after they have brushed their teeth and rinsed their mouth with only water.]</p>	<p>Correct, unprompted</p> <p>Correct, prompted ...</p> <p>Incorrect</p> <p>Don't know</p>		<p>2</p> <p>1</p> <p>0</p> <p>88</p>
15.1.2	<p>Are there standard operating procedures (SOP) for specimen collection?</p> <p>[OBSERVE]</p>	<p>Yes, observed</p> <p>Yes, not observed</p> <p>No</p> <p>Don't know</p>		<p>2</p> <p>1</p> <p>0</p> <p>88</p>
15.1.3	<p>Are there approved laboratory request forms?</p> <p>[OBSERVE]</p>	<p>Yes, observed</p> <p>Yes, not observed</p> <p>No</p> <p>Don't know</p>		<p>2</p> <p>1</p> <p>0</p> <p>88</p>
15.1.4	<p>Were there any stockouts of specimen management supplies (e.g., sealable, leakproof sputum containers) in the past 6 months?</p>	<p>Yes</p> <p>No</p> <p>Don't know</p>		<p>1</p> <p>0</p> <p>88</p>
15.2	Onsite Laboratory [ASK ONLY IF 2.2.2=YES (facility has an onsite lab)]			
	<i>Now, I would like to ask you about the management of sputum samples and turnaround time for the laboratory.</i>	Yes	No	DK
15.2.1	Do you maintain any sputum containers that are sealable and leakproof at this service site for collecting sputum?	1	0	88
15.2.1.1	<p>[ASK ONLY IF 15.2.1=YES]</p> <p>May I see a sputum container?</p>	1	0	
15.2.2	<p>On average, how many hours does it take to receive specimens in the laboratory at this facility?</p> <p>[ENTER 0-99]</p>	<p>Hours <input type="text"/> <input type="text"/></p> <p>Don't know</p>		88

15.2.3	On average, how many hours does it take to receive specimen results from the laboratory at this facility? [ENTER 0-99]	Hours <input type="text"/> <input type="text"/> Don't know	88	
15.3	Offsite Laboratory [ASK ONLY IF 2.2.4=YES (facility uses an offsite lab)]			
	<i>Next, I would like to ask you about offsite laboratory procedures.</i>			
	What testing services are offered by the offsite laboratory?	Yes	No	DK
15.3.1.1	Smear microscopy	1	0	88
15.3.1.2	Xpert MTB/RIF or Ultra	1	0	88
15.3.1.3	First-line drug susceptibility testing (other than Xpert)	1	0	88
15.3.1.4	Second-line drug susceptibility testing	1	0	88
15.3.1.5	Other (specify)	1	0	88
15.3.2	Does this facility have the contact details of their offsite laboratory? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No	0	
		Don't know	88	
15.3.3	Is there an up-to-date specimen referral register with the dispatch list, date sent, date results returned, etc.? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No	0	
		Don't know	88	
15.3.4	Does the facility maintain records of results of sputum tests conducted offsite? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No	0	
		Don't know	88	
15.3.5	Does the facility have access to a specimen transport service?	Yes	1	
		No	0	
		Don't know	88	
15.3.5.1	[ASK ONLY IF 15.3.5=YES] What type of service is used?	Lab staff	1	
		Courier service	2	
		Implementing partner	3	
		Don't know	88	
		Other (specify) _____	96	
15.3.5.2	[ASK ONLY IF 15.3.5=YES] What type of specimens are picked up?	Only TB	1	
		TB and others	2	
		Don't know	88	
15.3.6	Does the facility use a cooler box reserved for transportation of specimens?	Yes	1	
		No	0	
		Don't know	88	

15.3.7	On average, how often does specimen transportation to the laboratory occur? [ENTER 1 FOR DAILY, 2 FOR EVERY 2 DAYS, ETC.]	Days <input type="text"/> <input type="text"/>	Don't know	88	
15.3.8	On average, how many days does it take to receive the results back from the testing laboratory at the facility? [ENTER 0-40]	Days <input type="text"/> <input type="text"/>	Don't know	88	
	How are TB test results returned to this facility?	Yes, unprompted	Yes, prompted	No	DK
15.3.9.1	Phone calls	2	1	0	88
15.3.9.2	WhatsApp or text messages	2	1	0	88
15.3.9.3	Paper documents	2	1	0	88
15.3.9.4	Other (specify) _____	2	1	0	88
15.4	Sputum Investigation—Treatment [ASK ONLY IF 2.4=YES (treatment facility)]				
	<i>Now I would like to ask you about sputum investigations ordered during treatment.</i>		Yes	No	DK
15.4.1	[ASK ONLY IF 6.1.2=YES (facility provides intensive phase treatment)] Does this facility request sputum during the last week of the initial phase of treatment for DS-TB?		1	0	88
15.4.2	[ASK ONLY IF 6.1.3=YES (facility provides continuation phase treatment)] Does this facility request sputum in the last month of the continuation phase of treatment for DS-TB?		1	0	88
15.4.3	Does this facility request drug susceptibility testing for patients who were previously treated for TB, including Xpert?		1	0	88
15.4.4	Does this facility request drug susceptibility testing for patients who fail to convert on treatment, including Xpert?		1	0	88
15.4.5	Does this facility request any type of drug susceptibility testing for suspected DR-TB, including Xpert?		1	0	88
15.4.6	[ASK ONLY IF 2.4.3=YES (facility provides DR-TB treatment)] Does this facility request monthly smears and cultures throughout treatment for DR-TB?		1	0	88

The staff member who is best able to answer the questions in the following sections is a pharmacy staff person or the TB focal person.

16. Management of Supplies and Commodities

	[OBSERVE THE PLACE WHERE THE SUPPLIES AND COMMODITIES ARE STORED. EVALUATE IF THE STORAGE CONDITIONS CONFORM TO THE FOLLOWING NORMS.]	Yes (observed)	No (observed)	Not seen
16.1	Room or store is clean and dust-free	1	0	88
16.2	Supplies and commodities are stored to prevent water damage	1	0	88
16.3	Room or store is adequately ventilated	1	0	88
16.4	Room or store is properly lit	1	0	88
16.5	Supplies and commodities are stored away from direct sunlight	1	0	88
16.6	Room or store has proper temperature <i>Instruction:</i> Measure the temperature using a thermometer. If the temperature is inferior to 25°C, select yes (1), if the temperature is superior to 25°C select no. If no thermometer is available, select the response “not seen”.	1	0	88
16.7	Supplies and commodities are stored without direct contact with walls or floors		0	88

17. Drug Stock [ASK ONLY IF 2.4=YES (treatment facility)]

[ASK TO GO TO THE MAIN SITE IN THE FACILITY WHERE ROUTINE MEDICINES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.]

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention are stored in another location in the facility, please tell me where it is stored so I can go there to verify.

	Drugs and medicines available at the facility during the assessment according to NTP guidelines. [CHECK TO SEE IF AT LEAST ONE IS VALID, I.E., NOT EXPIRED]	Observed, at least one valid	Observed, none valid	No stock observed	Never stocked	DK
17.1.1	Isoniazid	3	2	1	0	88
17.1.2	Rifampicin	3	2	1	0	88
17.1.3	Pyrazinamide	3	2	1	0	88
17.1.4	Ethambutol	3	2	1	0	88
17.1.5	Isoniazid + rifampicin RH (2FDC)	3	2	1	0	88

17.1.7	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC)	3	2	1	0	88	
17.1.8	Isoniazid + rifampicin + ethambutol (RHE) (3FDC)	3	2	1	0	88	
17.1.9	Isoniazid + rifampicin + pyrazinamide + ethambutol (RHZE) (4FDC)	3	2	1	0	88	
17.1.10	Streptomycin injectable	3	2	1	0	88	
17.1.12	3HP (rifapentine and isoniazid)	3	2	1	0	88	
17.1.13	Q-TIB (cotrimoxazole, isoniazid, and vitamin B6)	3	2	1	0	88	
					Yes	No	DK
17.2	Does the facility maintain a buffer stock of anti-TB medication?				1	0	88
17.3	Did any anti-TB medicine stockouts occur in the last six months?				1	0	88
17.3.1	[ASK ONLY IF 17.3=YES] Did any patient go without TB treatment because of stockouts within the last six months?				1	0	88

The staff member who is best able to answer the questions in the following section is either the infection control focal person or the TB focal person.

18. Infection Control							
	<i>I'm going to ask about infection prevention measures, and then I'd like to see the supplies used for infection control.</i>				Yes	No	DK
18.1	General						
18.1.1	Has a staff member been designated as an infection prevention and control focal point with specifically articulated duties?				1	0	88
18.1.2	Are patients routinely asked about cough when entering the facility?				1	0	88
18.1.3	Is cough triage implemented (patients that are coughing are separated from others and fast-tracked for evaluation)?				1	0	88
18.1.4	Is there a separate waiting area in the facility to isolate potentially infectious individuals?				1	0	88
18.1.5	Does a cough monitor or other designated person assist with separation and triage of coughing patients?				1	0	88
18.1.6	Are surgical masks available for presumptive and confirmed TB patients?				1	0	88

18.1.6.1	[ASK ONLY IF 18.1.6=YES] Are surgical masks worn by presumptive and confirmed TB patients?			0		
18.1.7	Is a system in place to screen and evaluate staff for TB disease?			0		
18.1.7.1	[ASK ONLY IF 18.1.7=YES] Have any staff been diagnosed with active TB disease in the last 2 years?			0		
18.1.7.1.1	[ASK ONLY IF 18.1.7.1=YES] How many full-time staff had active TB disease in the last 2 years? [MUST BE 0-1.2.4 (# of full-time staff working in TB)]	Staff <input type="text"/> <input type="text"/> <input type="text"/>	Don't know		88	
18.1.7.1.2	[ASK ONLY IF 18.1.7.1=YES] How many part-time staff had active TB disease in the last 2 years? [MUST BE 0-1.2.5 (# of part-time staff working in TB)]	Staff <input type="text"/> <input type="text"/> <input type="text"/>	Don't know		88	
18.1.8	Are staff offered an HIV test annually?	1	0		88	
18.1.9	Are staff offered ART if HIV-positive?	1	0		88	
18.1.10	Where do HIV-positive staff receive ART?	Within the facility	Referred out	Don't know	Other (specify)	1 2 88 96
18.2	Resources in Service Areas					
	[PLEASE CHECK IF THE FOLLOWING RESOURCES USED FOR INFECTION CONTROL ARE AVAILABLE IN THE FACILITY WHERE TB PATIENTS ARE RECEIVING SERVICES ON THE DAY OF ASSESSMENT—ASK TO SEE THEM]	Yes, observed	Yes, not observed	Don't have	DK	
18.2.1	An updated and approved infection prevention and control plan	2	1	0	88	
18.2.2	An annual TB infection prevention and control risk assessment	2	1	0	88	
18.2.3	Supplies for coughing patients (tissues, surgical masks, etc.)	2	1	0	88	
18.2.4	A confidential log for all staff with presumptive or confirmed TB		1	0	88	

18.2.5	Patient waiting areas are either outdoors or indoors with access to continuous fresh air	2	1	0	88
18.3	Supplies in Examination Areas				
	[PLEASE CHECK IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE CLIENT EXAMINATION AREAS, E.G., TB TESTING AREA, SERVICE PROVISION, GENERAL LAB AREAS. FOR ITEMS THAT YOU DO NOT SEE, ASK TO HAVE THEM SHOWN TO YOU]	Yes, observed	Yes, not observed	Don't have	DK
18.3.1	Running water (piped, bucket with tap or pour pitcher)	2	1	0	88
18.3.2	Hand washing soap (may be liquid soap)	2	1	0	88
18.3.3	Alcohol-based hand rub	2	1	0	88
18.3.4	Medical waste receptacle (pedal bin) with lid and plastic bin liners	2	1	0	88
18.3.5	Other waste receptacle	2	1	0	88
18.3.6	Sharps container (i.e., safety box)	2	1	0	88
18.3.7	Disposable latex gloves	2	1	0	88
18.3.8	Disinfectant (e.g., chlorine, alcohol)	2	1	0	88
18.3.9	Single use standard disposable syringes with needles or auto-disable syringes with needles	2	1	0	88
18.3.10	Gowns	2	1	0	88
18.3.11	Eye protection/goggles or face protection	2	1	0	88
18.3.12	Injection safety precaution guidelines for standard precautions	2	1	0	88
18.3.13	Needles destroyer	2	1	0	88
18.3.14	Methylated spirit and glycerin 70:30	2	1	0	88
18.4	Specimen Collection				
	Are specimens collected in any of the following designated areas?	Yes, observed	Yes, not observed	No	DK
18.4.1	Outside the screening and treatment area	2	1	0	88
18.4.2	Away from other patients	2	1	0	88

18.4.3	In a separate room	2	1	0	88							
18.4.4	In a well-ventilated area, e.g., open air or with open windows	2	1	0	88							
18.5	N-95 and FFP2 Respirators [ASK TO SEE THEM]											
		Yes, observed	Yes, not observed	No	DK							
18.5.1	Are N-95 and FFP2 respirators readily available for staff?	2	1	0	88							
18.5.1.1	[ASK ONLY IF 18.5.1=YES (1, 2)] Have staff been trained on the proper fit of the respirators?		1	0	88							
18.5.1.2	[ASK ONLY IF 18.5.1=YES (1, 2)] How often do facility staff members use the N-95 and/or FFP2 respirators according to national guidance?		Never	Seldom.....	Half of the time.....	Most of the time....	Always.....	1	2	3	4	5

19. Impact of COVID-19 on TB Services											
	<i>Now, I will ask you some questions about how COVID-19 has affected TB services at this facility.</i>										
19.1	COVID-19 and TB Service Delivery										
19.1.1	Has COVID-19 affected the delivery of TB services at this facility?	Yes					No	Don't know	1	0	88
19.1.2	[ASK THE NEXT 16 QUESTIONS ONLY IF 19.1.1=YES] Have the following TB or related services been most affected, affected, or not affected by the COVID-19 response at this health facility?	No longer offered because of COVID-19	Highly disrupted by COVID-19	Somewhat disrupted by COVID-19	Not disrupted by COVID-19	Service never offered	DK				
19.1.2.1	Referrals of presumptive TB cases from the community	5	4	2	1	0	88				
19.1.2.2	Referrals of presumptive TB cases from private facilities/ practitioners	5	4	2	1	0	88				
19.1.2.3	TB diagnostic testing with smear microscopy	5	4	2	1	0	88				

19.1.2.4	TB diagnostic testing with GeneXpert or another WHO-recommended rapid molecular test	5	4	2	1	0	88
19.1.2.5	Specimen transport	5	4	2	1	0	88
19.1.2.6	Directly-observed therapy (DOT)	5	4	2	1	0	88
19.1.2.7	Supply of DS-TB medicines	5	4	2	1	0	88
19.1.2.8	Supply of DR-TB medicines	5	4	2	1	0	88
19.1.2.9	Treatment support for TB patients outside the health facility	5	4	2	1	0	88
19.1.2.10	Drug susceptibility testing	5	4	2	1	0	88
19.1.2.11	Reminder phone calls or SMS texts to TB patients to support adherence to treatment	5	4	2	1	0	88
19.1.2.12	Follow-up phone calls or SMS texts to TB patients for missed appointments	5	4	2	1	0	88
19.1.2.13	TB awareness and health education	5	4	2	1	0	88
19.1.2.14	Planned TB-related trainings for health facility personnel	5	4	2	1	0	88
19.1.2.15	TB-related supervision visits to the facility (i.e., by district or provincial Ministry of Health/National TB Program)	5	4	2	1	0	88
19.1.2.16	Other (specify) _____	5	4	2	1	0	88
19.1.3	Does this health facility provide in-patient services for DR-TB patients?	Yes..... No Don't know					1 0 88
19.1.3.1	[ASK ONLY IF 19.1.3=YES] Has this facility reduced the number of beds for in-patient treatment of DR-TB?	Yes..... No..... Don't know					1 0 88
19.1.3.2	[ASK ONLY IF 19.1.3=YES] Has this facility reassigned DR-TB beds for the care of COVID-19 patients?	Yes No Don't know					1 0 88

19.2		Counselling and Communication of COVID-19 Preventive Measures		
19.2.1	Are healthcare providers at this facility instructing TB patients to isolate according to Ministry of Health COVID-19 guidelines and recommendations?	Yes	1	
		No	0	
		Don't know	88	
19.2.2	Are healthcare providers at this facility instructing TB patients to attend outpatient services less frequently (e.g., for drug collection or treatment monitoring)?	Yes	1	
		No	0	
		Don't know	88	
19.2.3	Has there been expanded use of remote support services (e.g., SMS texts, WhatsApp group, etc.) to follow-up with TB patients and provide consultations since the onset of COVID-19?	Yes	1	
		No	0	
		Don't know	88	
19.2.3.1	[ASK ONLY IF 19.2.3=YES] What kind of remote support service(s) does this facility use? [SELECT ALL THAT APPLY]	Video DOT	1	
		Digital support groups (e.g., WhatsApp group)	2	
		Phone call	3	
		SMS text	4	
		Other (specify) _____	96	
		Don't know	88	
19.3		Reallocation of Facility Resources to Respond to COVID-19		
19.3.1	Have any resources been reallocated from TB services to COVID-19 screening, diagnosis, and/or treatment at this facility?	Yes	1	
		No	0	
		Don't know	88	
19.3.2	[ASK THE NEXT 13 QUESTIONS ONLY IF 19.3.1=YES] Which of the following resources that were used by the TB program were reallocated for the COVID-19 response?	Reallocated to COVID-19 response?		
		Yes	No	Don't know
19.3.2.1	GeneXpert machine(s)	1	0	88
19.3.2.2	Health facility building space	1	0	88
19.3.2.3	Health facility laboratory space	1	0	88
19.3.2.4	Health facility beds	1	0	88
19.3.2.5	TB healthcare providers	1	0	88
19.3.2.6	TB laboratory personnel	1	0	88
19.3.2.7	Supplies and reagents for diagnostic tests	1	0	88
19.3.2.8	Gloves	1	0	88
19.3.2.9	N-95 and/or FFP2 masks	1	0	88

19.3.2.10	Standard surgical masks	1	0	88
19.3.2.11	Other personal protective equipment (PPE)	1	0	88
19.3.2.12	Budget originally allocated to the TB program	1	0	88
19.3.2.13	Other (specify) _____	1	0	88
19.4	Impact of COVID-19 on TB Case Detection			
19.4.1	Has there been a change in the number of presumptive TB cases attending the health facility for testing and diagnosis services since the onset of COVID-19?	Yes	No	Don't know
		1	0	88
19.4.1.1	[ASK ONLY IF 19.4.1=YES] How has the number of presumptive TB cases attending the facility for testing and diagnosis services changed since the onset of COVID-19?	It has decreased by a lot	It has decreased by a little	It has increased by a little
		It has increased by a lot	Don't know	
		1	2	3
		4	88	
19.4.2	Has there been a change in the number of TB patients identified through active case finding (ACF) since the onset of COVID-19?	Yes	No	Don't know
		1	0	88
19.4.2.1	[ASK ONLY IF 19.4.2=YES] How has the number of TB patients identified through ACF changed since the onset of COVID-19?	It has decreased by a lot	It has decreased by a little	It has increased by a little
		It has increased by a lot	Don't know	
		1	2	3
		4	88	
19.4.3	Has there been a change in the number of TB diagnostic tests provided to presumptive TB patients since the onset of COVID-19?	Yes	No	Don't know
		1	0	88
19.4.3.1	[ASK ONLY IF 19.4.3=YES] How has the number of TB diagnostic tests provided to presumptive TB patients changed since the onset of COVID-19?	It has decreased by a lot	It has decreased by a little	It has increased by a little
		It has increased by a lot	Don't know	
		1	2	3
		4	88	
19.4.4	Has there been a change in the type of diagnostic tests provided to presumptive TB patients since the onset of COVID-19?	Yes	No	Don't know
		1	0	88
19.4.5	[ASK THE NEXT 6 QUESTIONS ONLY IF 19.4.4=YES]	Yes	No	Don't know
19.4.5.1	Presumptive TB cases are <u>MORE</u> likely to receive a smear microscopy test (instead of a rapid diagnostic test for TB?)	1	0	88

19.4.5.2	Presumptive TB cases are <u>LESS</u> likely to receive a smear microscopy test	1	0	88			
19.4.5.3	Presumptive TB cases are <u>MORE</u> likely to receive a GeneXpert or rapid molecular test	1	0	88			
19.4.5.4	Presumptive TB cases are <u>LESS</u> likely to receive a GeneXpert or rapid molecular test	1	0	88			
19.4.5.5	Presumptive TB cases are <u>MORE</u> likely to receive DST	1	0	88			
19.4.5.6	Presumptive TB cases are <u>LESS</u> likely to receive DST	1	0	88			
19.4.6	Has there been a change in the number of patients diagnosed with TB since the onset of COVID-19?	Yes	No	Don't know	1 0 88		
19.4.6.1	[ASK ONLY IF 19.4.6=YES] How has the number of patients diagnosed with TB changed since the onset of COVID-19?	It has decreased by a lot	It has decreased by a little	It has increased by a little	It has increased by a lot	Don't know	1 2 3 4 88
19.4.7	Is this facility doing contact investigation for COVID-19 cases?	Yes	No	Don't know.....	1 0 88		
19.4.7.1	[ASK ONLY IF 19.4.7=YES] Has conducting contact investigation of COVID-19 cases affected contact investigation of TB patients?	Yes	No	Don't know	1 0 88		
19.4.7.1.1	[ASK ONLY IF 19.4.7.1=YES] How has contact investigation of TB patients been impacted by COVID-19?	Contact investigation of TB patients has decreased	Contact investigation of TB patients stopped.....	Contact investigation of TB patients is only done virtually (i.e., through calls or text messages) instead of in person	There has been no change in contact investigation of TB patients	1 2 3 4	
19.5	Impact of COVID-19 on TB Case Management						
	[ASK QUESTIONS 19.5.1 – 19.5.9 ONLY IF 2.4=YES (facility provides TB treatment services)]						
19.5.1	Has there been a change in the number of confirmed TB cases initiated on treatment since the onset of COVID-19?	Yes	No	Don't know	1 0 88		

19.5.1.1	[ASK ONLY IF 19.5.1=YES] How has the number of confirmed TB cases initiated on treatment changed at your facility since the onset of COVID-19?	It has decreased by a lot It has decreased by a little It has increased by a little It has increased by a lot Don't know	1 2 3 4 88
19.5.2	On average, how many TB patients were attending this health facility per week for DS-TB treatment/treatment monitoring <u>before the onset of COVID-19?</u>	Number of patients <input type="text"/> <input type="text"/> Don't know.....	88
19.5.3	On average, how many TB patients are attending this health facility per week for DS-TB treatment/treatment monitoring <u>since the onset of COVID-19?</u>	Number of patients <input type="text"/> <input type="text"/> Don't know.....	88
19.5.4	[ASK ONLY IF 19.5.3<19.5.2] What are the reasons why the number of TB patients visiting the facility for DS-TB treatment/treatment monitoring has decreased since the onset of COVID-19? [SELECT ALL THAT APPLY]	Fear of exposure to COVID-19 at the health facility Health facility closure..... Reduced hours of operation of the health facility .. TB services no longer provided by the health facility TB healthcare workers are not available at health facility Healthcare workers told patients to come less frequently Lockdown/curfews Lack of transportation/restricted transportation ... Fear of using public transportation Fear of stigma Stock-out of DS-TB medicines Other (specify) _____ Don't know	1 2 3 4 5 6 7 8 9 10 11 96 88
19.5.5	Has there been a change in how DS-TB treatment services are delivered since the onset of COVID-19?	Yes No Don't know	1 0 88

19.5.5.1	[ASK ONLY IF 19.5.5=YES] How has the delivery of DS-TB treatment services changed since the onset of COVID-19? [SELECT ALL THAT APPLY]	Delays in scheduling routine TB care visits 1 Increased quantity of TB medications dispensed per visit..... 2 Delays in assigning TB treatment outcomes 3 Increased use of remote support services (e.g., telemedicine, phone consultations) instead of in-person visits 4 Increased use of remote adherence monitoring (i.e., text message follow-ups, voice reminders, etc.) 5 Increased reliance on community-based treatment supporters 6 Decreased capacity of facility to conduct follow-up smears for treatment monitoring 7 Other (specify) _____ 96 Don't know 88	
19.5.6	Has this facility increased the quantity of TB medication dispensed to patients per visit (e.g., multi-month dispensing of drugs)?	Yes 1 No 0 Don't know 88	
19.5.6.1	[ASK ONLY IF 19.5.6=YES] What amount of TB drugs are patients given to take home at one time?	Drug supply for up to one week..... 1 Drug supply for up to 2 weeks 2 Drug supply for up to 3 weeks 3 Drug supply for up to 1 month..... 4 Other (specify) _____ 96	
19.5.7	Can a TB patient nominate another household member to collect TB drugs from the health facility on their behalf?	Yes 1 No 0 Don't know 88	
19.5.7.1	[ASK ONLY IF 19.5.7=YES] Is this happening more frequently because of COVID-19?	Yes 1 No 0 Don't know 88	
19.5.8	Is home delivery of TB drugs to TB patients available?	Yes 1 No 0 Don't know 88	
19.5.8.1	[ASK ONLY IF 19.5.8=YES] How are TB drugs delivered to patients' homes?	Through community-based treatment supporters . 1 Through community health workers..... 2 Through village health committees 3 Other (specify) _____ 96	
19.5.9	Has the facility experienced any stock-outs of first-line drugs since the onset of COVID-19?	Yes 1 No 0 Don't know 88	
[ASK QUESTIONS 19.5.10 – 19.5.14.1 ONLY IF 2.4.3=YES (facility offers DR-TB treatment services)]			

19.5.10	On average, how many DR-TB patients were attending this health facility per week for DR-TB diagnostic and treatment services before the onset of COVID-19?	Number of patients <input type="text"/> <input type="text"/> Don't know	88
19.5.11	On average, how many DR-TB patients are attending this health facility per week for DR-TB diagnostic and treatment services since the onset of COVID-19?	Number of patients <input type="text"/> <input type="text"/> Don't know	88
19.5.12	[ASK ONLY IF 19.5.11<19.5.10] What are the reasons why the number of TB patients visiting the facility for DR-TB treatment/treatment monitoring has decreased since the onset of COVID-19? [SELECT ALL THAT APPLY]	Fear of exposure to COVID-19 at the health facility . Health facility closure..... Reduced hours of operation of the health facility TB services no longer provided by the health facility TB healthcare workers are not available at health facility..... Healthcare workers told patients to come less frequently..... Lockdown/curfews..... Lack of transportation/restricted transportation Fear of using public transportation..... Fear of stigma Stock-out of DR-TB medicines..... Stock-out of ancillary medicines for the management of side effects Other (specify) _____ Don't know.....	1 2 3 4 5 6 7 8 9 10 11 12 96 88
19.5.13	Has there been a change in how DR-TB treatment services are delivered since the onset of COVID-19?	Yes No..... Don't know	1 0 88

19.5.13.1	[ASK ONLY IF 19.5.13=YES] How has the delivery of DR-TB treatment services changed since the onset of COVID-19? [SELECT ALL THAT APPLY]	Delays in scheduling routine TB care visits 1 Increased quantity of TB medications dispensed per visit..... 2 Delays in assigning DR-TB treatment outcomes 3 Increased use of remote support services (e.g., telemedicine, phone consultations) instead of in-person visits 4 Increased use of remote adherence monitoring (i.e., SMS follow-ups, voice reminders)..... 5 Increased reliance on community-based treatment supporters 6 Decreased capacity of facility to provide laboratory tests (e.g., culture) needed to monitor response to treatment 7 Decreased ability of facility to monitor side effects (e.g., through audiometry testing, EKG, liver function)..... 8 Other (specify) _____ 96 Don't know 88	
19.5.14	Has this facility increased the quantity of DR-TB medication dispensed to patients per visit (e.g., multi-month dispensing of drugs)?	Yes 1 No 0 Don't know 88	
19.5.14.1	[ASK ONLY IF 19.5.14=YES] What amount of DR-TB drugs are TB patients given to take home at one time?	Drug supply for up to one week..... 1 Drug supply for up to 2 weeks 2 Drug supply for up to 3 weeks 3 Drug supply for up to 1 month..... 4 Other (specify) _____ 96	
19.6	Infection Prevention and Control		
19.6.1	Do the healthcare providers at this facility practice physical distancing when they examine patients?	Yes 1 No 0 Don't know 88	
19.6.1.1	[ASK ONLY IF 19.6.1=YES] How do healthcare providers practice physical distancing when they examine patients?	By keeping a distance of 1.5 to 2 meters between the provider and the patient 1 Avoiding touching the patients 2 Other (specify) _____ 96 Don't know 88	
19.6.2	Have there been any changes in the facility's infection prevention and control practices since the onset of COVID-19?	Yes 1 No 0 Don't know 88	

19.6.3	<p>What measures have the facility taken to minimize the spread of COVID-19? [SELECT ALL THAT APPLY]</p>	<p>Triaging and isolating patients with COVID-19 symptoms 1 Routine use of thermometers to take the temperature of patients and/or health workers 2 Reducing/capping the number of patients allowed inside the facility at any given time 3 Improved environmental controls (e.g., moved the waiting area outside, use of fans inside)..... 4 Limiting entrance to only patients (i.e., no accompanying family members)..... 5 Reducing patient waiting time 6 Ensuring all patients wear masks 7 Minimizing the number of staff that work within the health facility at any given time..... 8 Requiring all healthcare providers to use PPE 9 Disinfecting surfaces on a regular basis 10 Ensuring availability of hand-washing/ hand sanitizing facilities (e.g., running water and soap, disinfectant)..... 11 No additional measures are being taken 0 Other (specify) _____ 96 Don't know..... 88</p>	
19.6.4	Does the facility have sufficient quantities of PPE for all employed personnel?	<p>Yes 1 No 0 Don't know..... 88</p>	
19.6.5	Have you been consistently equipped with appropriate and sufficient quantities of PPE since the onset of COVID-19?	<p>Yes, I have consistently been equipped with appropriate PPE in sufficient quantities..... 1 I have been equipped with appropriate PPE but not in sufficient quantities 2 No, I have not been equipped at all with the appropriate PPE 3 Don't know..... 88</p>	
19.6.6	Are health facility staff (including laboratory staff) routinely tested for COVID-19?	<p>Yes 1 No..... 0 Don't know..... 88</p>	
19.6.7	Have facility staff (including laboratory staff) been offered a COVID-19 vaccine?	<p>Yes 1 No 0 Don't know 88</p>	
19.6.7.1	<p>[ASK ONLY IF 19.6.7=YES] Where do staff get the COVID-19 vaccine?</p>	<p>Onsite 1 Referred to another facility..... 2 Other specify) _____ 96 Don't know..... 88</p>	

19.6.8	Has this facility received any new or revised diagnostic, laboratory and/or treatment algorithms, protocols, or procedures since the onset of COVID-19?	Yes..... No..... Don't know.....	1 0 88
19.6.9	[ASK ONLY IF 19.6.8=YES] Please name the new or revised diagnostic, laboratory, and/or treatment guidelines or protocols	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	

End of Facility Visit			
		(a) Visit Result	(b) Visit End Time [Use the 24-hour clock system, e.g., 14:30]
003	Visit 1	Completed 1 Partially completed 2 Records unavailable 3 Facility refused 4 Postponed 5 Other (specify) _____ 96	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> </div> </div> <p style="text-align: center;">Hours Minutes</p>
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Records unavailable 3 Facility refused 4 Other (specify) _____ 96	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input style="width: 30px; height: 20px;" type="text"/> </div> </div> <p style="text-align: center;">Hours Minutes</p>

Comments/Observations	
005	Please share any comments you may have about the facility audit: _____ _____ _____ _____ _____

Quality of TB Services Assessment: **Provider Interview**

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification								
		(a) Code	(b) Name					
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
011	Health Zone	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
012	Facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						_____
013	Location of facility	_____						

Facility Characteristics			
020	Does this facility provide TB diagnostic services?	Yes	1
		No	0

021	Does this facility provide TB treatment services?	Yes	1
		No	0
022	[ASK ONLY IF 021=YES] Is this facility a DOT site?	Yes	1
		No	0
023	Does this facility provide any HIV-related services, such as counseling, testing, care, or treatment?	Yes.....	1
		No	0

Participant Consent			
030	Provider number	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Eligibility Screening Questions			
<p><i>Instructions to the interviewer:</i></p> <p>[Approach one of the clinic staff, introduce yourself (Hello. My name is) and ask him/her if s/he is willing to answer questions about their experience providing TB care at this facility. If the staff member agrees, tell him/her that you have a couple of preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information.]</p>			
031	Do you provide care to TB patients?	Yes	1
		No	0
032	[ASK ONLY IF 031=YES] Have you been working at this facility for more than 6 months?	Yes	1
		No	0
		[No response]	99
<p>[If either of the screening questions is No or No response, the provider is NOT eligible for this study—thank them and find the next available staff member. If the provider is eligible for the study (i.e., both screening questions are YES), it is essential that you gain their informed consent before beginning the interview. Read the service provider consent form to the provider and record their response below.]</p>			
033	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented	1
		Declined	0
<p>[If they declined to give consent, (1) thank the provider, (2) record 'Provider refused' in the "End of Facility Visit" section at the end of the survey, and (3) approach another provider.</p> <p>If consented, continue with the interview.]</p>			

1. Education and Experience			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female Other [No response]	1 2 3 99
1.2.1	In what year were you born? [YEAR MUST BE 1929-2004. IF UNKNOWN, SELECT 88, or IF NO RESPONSE, SELECT 99.]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	88 99
1.2.2	How old were you on your last birthday? [AGE MUST BE 92-18. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT]	Years <input type="text"/> <input type="text"/> Don't know [No response]	88 99
1.3	What was the highest level of schooling you reached to become a practicing healthcare provider?	A1 A2 A3 Graduate Postgraduate Doctorate Nonformal degree (specify) Other health degree (specify) Other non-health degree (specify) [No response]	1 2 3 4 5 6 95 96 97 99
1.4	How would you best describe your current occupational category at this facility? For example, are you a registered nurse or physician?	Community health worker Medical assistant Medical doctor/clinical officer Nursing associate or auxiliary Lab technician Registered nurse Other (specify) [No response]	1 2 3 4 5 6 96 99
1.5	Are you a manager or in-charge for any clinical services?	Yes No [No response]	1 0 99
1.6	Are you the TB focal or designated TB staff at this facility?	Yes No [No response]	1 0 99

1.7	How many years and months have you been working in this facility? [YEARS MUST BE 0-50. MONTHS MUST BE 0-11.]	Year .. <input type="text"/> <input type="text"/> Months .. <input type="text"/> <input type="text"/> [No response]	99
1.8	Typically, how many hours a week do you usually work at this facility? [MUST BE 1-60]	Hours per week <input type="text"/> <input type="text"/> [No response]	99
1.9	Approximately, how many patients do you personally see or care for in this facility in a typical week? [ENTER 1-200]	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> [No response]	999
1.10	How many years and months have you been providing TB related services at this facility? [MUST BE ≤ 1.7]	Years .. <input type="text"/> <input type="text"/> Months .. <input type="text"/> <input type="text"/> [No response]	99
1.11	How many hours a week do you provide TB-related services? [MUST BE ≤ 1.8]	Hours per week <input type="text"/> <input type="text"/> [No response]	99
1.12	Approximately, how many TB patients, or their contacts, do you personally see or care for in this facility in a typical week? [MUST BE ≤ 1.9]	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> [No response]	999

2. Training					
	Now I will ask about training you received on specific TB-related services. Have you received any training, initial or refresher, on the following services?	Yes, within 24 months	Yes, over 24 months	No	[NR]
2.1	TB/HIV Services				
2.1.1	HIV testing and counseling for TB patients onsite	2	1	0	99
2.1.2	Referral for HIV testing and counseling for TB patients	2	1	0	99

2.1.3	Preventive treatment for TB infection (INH + Pyridoxine), either on site or via referral	2	1	0	99
2.1.4	HIV care and treatment services to TB/HIV coinfecting patients	2	1	0	99
[ASK THE NEXT 6 QUESTIONS ONLY IF 2.1.4=YES (1, 2)]					
2.1.4.1	ART for TB/HIV coinfecting patients	2	1	0	99
2.1.4.2	Identification of TB/HIV drug interactions	2	1	0	99
2.1.4.3	Identification of immune reconstitution inflammatory syndrome (IRIS)	2	1	0	99
2.1.4.4	CPT for TB/HIV coinfecting patients	2	1	0	99
2.1.4.6	Collecting samples for measuring viral load (on or off site) for coinfecting patients	2	1	0	99
2.1.4.5	Viral load testing for TB/HIV coinfecting patients	2	1	0	99
2.2	TB Diagnostic Services				
2.2.1	Diagnosis of TB by clinical symptoms and signs	2	1	0	99
2.2.2	Diagnosis of TB by sputum smear microscopy (BAAR)	2	1	0	99
2.2.3	Diagnosis of TB by X-ray	2	1	0	99
2.2.4.1	Diagnosis of TB by Xpert MTB/RIF	2	1	0	99
2.2.4.2	Diagnosis of TB by Xpert Ultra	2	1	0	99
2.2.5	Diagnosis of drug-resistant TB	2	1	0	99
2.2.5.1	[ASK ONLY IF 2.2.5=YES (1, 2)] TB culture or growth medium (e.g., MGIT 960)	2	1	0	99
2.2.5.2	[ASK ONLY IF 2.2.5=YES (1, 2)] Line probe assays (LPAs)	2	1	0	99
2.2.6	Referral for drug-resistant TB diagnosis	2	1	0	99
2.3	TB Treatment Services				
2.3.1	Prescription of drugs for TB treatment	2	1	0	99
2.3.2	Direct observation of treatment (DOT)	2	1	0	99
2.3.3	Video DOT	2	1	0	99

2.3.4	TB treatment follow-up services, e.g., phone calls or home visits to TB patients if they miss an appointment, SMS text reminders to support patients' adherence to medications and treatment, etc.	2	1	0	99
2.3.5	Identification of and referral for patients who fail treatment	2	1	0	99
2.3.6	Treatment of drug-resistant TB	2	1	0	99
2.3.7	Referral for drug-resistant TB treatment	2	1	0	99

NR = No response

3. TB Services Provided				
	Now I will ask if you currently provide certain TB-related services. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.1.1	Screening of TB by clinical symptoms and signs	1	0	99
3.1.2	Screening of TB by X-ray	1	0	99
3.2	TB Diagnostic Services [ASK ONLY IF 020=YES (diagnostic facility)]			
3.2.1	Diagnosis of TB by clinical symptoms and signs	1	0	99
3.2.2	Diagnosis of TB by conventional X-ray	1	0	99
3.2.3	Diagnosis of TB by digital X-ray	1	0	99
3.2.4	Diagnosis of TB by computer assisted digital X-ray (CAD4TB)	1	0	99
3.2.5	Diagnosis of TB by smear microscopy (BAAR)	1	0	99
3.2.6.1	Diagnosis of TB by Xpert MTB/RIF	1	0	99
3.2.6.2	Diagnosis of TB by Xpert Ultra	1	0	99
3.2.7	What is the most common method you use for diagnosing TB in this facility? _____			
	I would like to return to asking about the TB-related services that you currently provide. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.2.8	First-line drug susceptibility testing	1	0	99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.8=YES] What methods do you use to detect resistance to first-line drugs?	Yes	No	[NR]
3.2.8.1.1	Xpert MTB/RIF to detect resistance to Rifampicin	1	0	99
3.2.8.1.2	Xpert Ultra to detect resistance to Rifampicin	1	0	99
3.2.8.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	99
3.2.8.3	Solid culture	1	0	99
3.2.8.4	Liquid culture	1	0	99

3.2.8.5	Any other method used to detect resistance to first-line drugs? (specify) _____	1	0	99
3.2.9	[ASK ONLY IF 3.2.8=NO or NR] Referral for first-line drug susceptibility testing	1	0	99
	I would like to return to asking about the TB-related services that you currently provide. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.2.10	Second-line drug susceptibility testing	1	0	99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.10=YES] What methods do you use to detect resistance to second-line drugs?	Yes	No	[NR]
3.2.10.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	99
3.2.10.3	Solid culture	1	0	99
3.2.10.4	Liquid culture	1	0	99
3.2.10.5	Any other method used to detect resistance to second-line drugs? (specify) _____	1	0	99
3.2.11	[ASK ONLY IF 3.2.10=NO or NR] Referral for second-line drug susceptibility testing	1	0	99
3.3	TB Treatment Services [ASK ONLY IF 021=YES (treatment facility)]			
	I would like to return to asking about the TB-related services that you currently provide. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.3.1	Prescription of drugs for TB treatment	1	0	99
3.3.2	TB treatment and follow-up	1	0	99
3.3.3	[ASK ONLY IF 022=YES (DOT facility)] Direct observation of treatment (DOT)	1	0	99
3.3.4	Video DOT	1	0	99
3.3.5	Reminder phone calls or SMS texts to support patients' adherence to treatment	1	0	99
3.3.6	Patient tracking of those who miss an appointment	1	0	99
3.3.6.1	[ASK ONLY IF 3.3.6=YES] Follow-up phone calls or SMS texts to TB patients if they miss an appointment	1	0	99
3.3.6.2	[ASK ONLY IF 3.3.6=YES] Home visits to TB patients if they miss an appointment	1	0	99
3.3.7	Treatment of drug-resistant TB	1	0	99
3.3.8	[ASK ONLY IF 3.3.7=NO or NR] Referral for drug-resistant TB treatment	1	0	99

3.4	TB/HIV Services [ASK ONLY IF 023=YES (facility provides TB/HIV services)]			
3.4.1	HIV testing and counseling for TB patients onsite	1	0	99
3.4.2	Referral for HIV testing and counseling for TB patients	1	0	99
3.4.3	TB preventive therapy	1	0	99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 3.4.3=YES] What type of TB preventive therapy (TPT) do you provide?	Yes	No	[NR]
3.4.3.1	INH (6, 9, 12 months or continuous)	1	0	99
3.4.3.2	3HP (rifapentine and isoniazid)	1	0	99
3.4.3.3	Q-TIB	1	0	99
3.4.3.4	3RH	1	0	99
3.4.4	HIV care and treatment services to TB/HIV coinfecting patients	1	0	99
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.4.4=YES]			
3.4.4.1	CPT for TB/HIV coinfecting patients	1	0	99
3.4.4.1.1	Collection of sample for viral load testing (on site or off site) for coinfecting patients	1	0	99
3.4.4.2	Viral load testing for TB/HIV coinfecting patients	1	0	99
3.4.4.3	ART for TB/HIV coinfecting patients	1	0	99
3.4.4.3.1	[ASK ONLY IF 3.4.4.3=YES] Screening for symptoms of anti-TB and ARV drug interactions	1	0	99

4. TB Case Management			
	Now, I want to ask you a few more questions about the management and care of TB patients as part of your work in this facility.		
4.1	Establishing Rapport and Building Trust		
	The interpersonal relationship between provider and patient is very important for successful treatment outcome, especially since TB requires taking medications for many months. What are some things you do to establish rapport and build trust with your patients? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Yes, spontaneously mentioned	No, not spontaneously mentioned
4.1.1	Be consistent in what is done and told to the patient	1	0
4.1.2	Be flexible in meeting the patient's needs	1	0
4.1.3	Communicate clearly	1	0
4.1.4	Have an open mind about the patient's cultural beliefs	1	0
4.1.5	Listen carefully to the patient	1	0
4.1.6	Recognize and address the patient's fears about the illness	1	0
4.1.7	Suggest behavior changes respectfully	1	0
4.1.8	Treat the patient with dignity and respect	1	0
4.1.9	Other (specify) _____	1	0
4.1.10	None of the above	1	0
4.2	Patient Assessment [ASK ONLY IF 020=YES]		
	As part of the initial patient assessment to determine their understanding of TB, what do you ask the patient to tell or explain to you? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Yes, spontaneously mentioned	No, not spontaneously mentioned
4.2.1	Patient's previous medical/psychosocial history	1	0
4.2.2	Attitudes/beliefs towards TB	1	0
4.2.3	Knowledge of TB	1	0

4.2.4	Ability to follow the TB treatment plan	1	0			
4.2.5	Potential barriers to treatment, e.g., lack of transportation, TB medications will be too expensive, etc.	1	0			
4.2.6	Resources, e.g., family, other social support, finances	1	0			
4.2.7	Other (specify) _____	1	0			
4.2.8	None of the above	1	0			
4.3	TB/HIV Information					
	What type of information do you discuss with patients concerning TB/HIV? For each type of information, please tell me if it is given verbally and/or in writing. [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. FOR THE TOPICS MENTIONED, ASK IF THE INFORMATION IS PROVIDED VERBALLY AND/OR IN WRITING.]					
	Topics	(a) Provide information?	[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes, unprompted	Verbally	Written	Both	[NR]
4.3.1	General information about TB/HIV coinfection	1	1	2	3	99
4.3.2	HIV prevention	1	1	2	3	99
4.3.3	Advise TB patients to get tested for HIV	1	1	2	3	99
4.3.4	HIV care and treatment services to TB/HIV coinfecting patients	1	1	2	3	99
4.3.5	TB/HIV drug interactions	1	1	2	3	99
4.3.6	What to do if they experience TB/HIV drug interactions	1	1	2	3	99
4.3.7	What to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident	1	1	2	3	99
4.3.8	Other (specify) _____	1	1	2	3	99
4.3.9	None of the above	1				

4.4		Counselling				
		To ensure your patients have a good understanding of the treatment process, what type of information or topics, excluding TB/HIV, are discussed with patients during diagnosis and treatment visits? For each type of information, please tell me if it is given verbally and/or in writing. [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. FOR THE TOPICS MENTIONED, ASK IF THE INFORMATION IS PROVIDED VERBALLY AND/OR IN WRITING.]				
Topics		(a) Provide information?	[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes, unprompted	Verbally	Written	Both	[NR]
		General TB Information				
4.4.1	Test results	1	1	2	3	99
4.4.2	What the test results mean	1	1	2	3	99
4.4.3	How TB is spread to others	1	1	2	3	99
4.4.4	That TB can be cured	1	1	2	3	99
		TB Treatment Information				
4.4.5	The need for a treatment supporter	1	1	2	3	99
4.4.6	How long treatment will last	1	1	2	3	99
4.4.7	The treatment phase they are in	1	1	2	3	99
4.4.8	Treatment status or progress	1	1	2	3	99
4.4.9	Importance of taking medications regularly	1	1	2	3	99
4.4.10	How the medications should be taken, e.g., dosage, frequency, etc.	1	1	2	3	99
4.4.11	Importance of taking medications for the full course of treatment	1	1	2	3	99
4.4.12	Options available for treatment support, e.g., DOT	1	1	2	3	99
4.4.13	What to do if they run out of their medications	1	1	2	3	99
4.4.14	Possible side effects of TB medication	1	1	2	3	99
4.4.15	What to do if they experience side effects from the TB medication	1	1	2	3	99

4.4.16	Other (specify) _____	1	1	2	3	99
4.4.17	None of the above	1				
	[ASK ONLY IF 021=YES (treatment facility)] What do you do when a patient misses their treatment? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]					Yes
4.5.1	Advise them to return for treatment					1
4.5.2	Counsel and continue treatment from where they stopped					1
4.5.3	Counsel and repeat lab investigation					1
4.5.4	Follow up and track by contacting their school or workplace or family					1
4.5.5	Follow up and track by home visit					1
4.5.6	Follow up and track by phone					1
4.5.7	Follow up and track by SMS					1
4.5.8	Record missed day and extend treatment					1
4.5.9	Other (specify) _____					1
4.5.10	None of the above					1

5. Infection Prevention and Control							
	Now I would like to ask you some questions about your knowledge and practices to prevent transmission of TB among healthcare workers and patients within the facility.						
5.1	Training						
5.1.1	Have you ever received any training on TB infection control?	Yes	1	No	0	[No response]	99
5.1.1.1	[ASK ONLY IF 5.1.1=YES] When did the training occur?	Within the past 24 months	1	Over 24 months ago	2	[No response]	99
5.2	Knowledge						
	I would like to ask you some questions about your knowledge of preventing transmission of TB within the facility.	Yes	No	DK	[NR]		

5.2.1	Should doors and windows be left open whenever a patient presumed or confirmed to have TB is in the room?	1	0	88	99
5.2.2	Can fans (ventilators) be used in TB wards to reduce the transmission of TB?	1	0	88	99
5.2.3	Should presumed or confirmed TB patients be separated from other patients?	1	0	88	99
5.2.4	Should healthcare providers minimize the time TB patients spend in the health facility?	1	0	88	99
5.2.5	Can surgical masks protect healthcare providers from inhaling the TB bacteria?	1	0	88	99
5.2.6	Can the use of respiratory protection, such as N95 particulate respirators, by healthcare providers protect them from inhaling the TB bacteria?	1	0	88	99
5.3	Practices				
	What do you do whenever you are with presumed or confirmed TB patients and/or working in the TB wards?		Yes	No	[NR]
5.3.1	Use a mask/respirator whenever treating TB presumptive or confirmed patients	1	0	99	
5.3.2	Give priority to coughing patients, i.e., attend to patients who are coughing first	1	0	99	
5.3.3	Educate TB patients on cough etiquette, i.e., covering their mouth with hand, tissue, or elbow while coughing or sneezing, not spitting on the floor, etc.	1	0	99	
5.3.4	Turn on fans to exhaust air outside the room, or blow air in the direction away from others while treating TB presumptive or confirmed cases	1	0	99	
5.3.5	Request for TB diagnostic testing if the patient is symptomatic	1	0	99	
5.3.6	Always screen all family members of confirmed TB patients for TB symptoms	1	0	99	
5.3.7	Discuss with family members or those living with your TB patients, basic information and skills to protect household members and contacts from infection	1	0	99	

6. Supervision			
	Now I would like to ask you some questions about supervision that you have personally received.		
6.1	Has anyone from a higher or upper-level office ever come for a supervisory and monitoring visit to check your work?	Yes	1
		No	0
		[No response]	99
6.1.1	[ASK ONLY IF 6.1=YES] When was the last time someone from an upper-level office came here on a supervisory visit?	Within the past 3 months	1
		More than 3 months ago	2
		[No response]	99
	[ASK THE REST OF THE QUESTIONS IN THIS SECTION ONLY IF 6.1.1=1]		

6.1.1.1	During the past 3 months, how many times have you been supervised or monitored by someone from an upper-level office? [ENTER 1-6]	Number of visits <input type="text"/> <input type="text"/> [No response]	99
	The last time you were personally supervised, what did your supervisor do during the visit? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]		Yes
6.1.1.2	Assess the pharmacy, e.g., drug stockout, expiry, records, etc.		1
6.1.1.3	Assess the data, e.g., completeness, quality, and/or timely reporting		1
6.1.1.4	Discuss the performance of the facility based on the TB service data		1
6.1.1.5	Complete a supervisory checklist		1
6.1.1.6	Other (specify) _____		1
6.1.1.7	The last time you were personally supervised, did your supervisor give you a record of written comments or suggestions? [ASK TO SEE IT]	Yes, observed Yes, not observed No [No response]	2 1 0 99

7. Incentives and Improvements			
7.1	In addition to your official remuneration, what other nonmonetary incentives have you received for the work you do? [READ THE OPTIONS BELOW "NONE" AND SELECT ALL THAT APPLY]	[None] Time off/vacation Uniforms, vests, caps, etc. Discount medicine, free medical care .. Training..... Other (specify) _____ [No response]	0 1 2 3 4 96 99
7.2	As a TB service provider or health worker, what are the three most important things that could be done to improve your ability to provide high quality TB care to your patients? 1) _____ 2) _____ 3) _____		

End of Facility Visit			
		(a) Visit Result	(b) Visit End Time [Use the 24-hour clock system, e.g., 14:30]
003	Visit 1	Completed	1
		Partially completed	2
		Provider unavailable	3
		Provider refused	4
		Postponed	5
		Other (specify) _____	96
			<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 10px;">Hours</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 10px;">Minutes</div> </div>
004	Visit 2 (if needed)	Completed	1
		Partially completed	2
		Provider unavailable	3
		Provider refused	4
		Other (specify) _____	96

Comments/Observations	
005	Please share any comments you may have about the interview: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: **Patient Interview**

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification									
		(a) Code	(b) Name						
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
011	Zone	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
012	Facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							_____
013	Location of facility _____								

Participant Consent			
020	Patient number	<input type="text"/> <input type="text"/>	
Eligibility Screening Questions			
<p>Instructions to the interviewer:</p> <p>[When a patient has finished his/her consultation with the clinic staff, introduce yourself (Hello. My name is) and ask him/her if s/he is willing to answer questions about their experience receiving TB care at this facility. If the patient agrees, tell him/her that you have a few preliminary questions. To ensure that the patient meets the criteria for the study, please obtain the following information:]</p>			
021	[Is the patient at least 18 years old? Ask if you're not sure.]	Yes No	1 0
022	[ASK ONLY IF 021=YES] Have you been diagnosed with TB or are you being treated for TB at this facility? If so, what type of TB do you have, i.e., drug susceptible or drug resistant (rifampicin-resistant TB [RR-TB], MDR-TB, etc.)?]	No, they do not have TB Yes, drug susceptible TB Yes, drug resistant TB Yes, unknown TB type Don't know if they have TB [No response]	0 1 2 3 88 99
023	[ASK ONLY IF 022=YES (1-3)] [If 022=1 (drug susceptible)] Have you been receiving TB treatment at this facility for at least 2 weeks? [If 022=2 or 3 (drug resistant/unknown)] Have you been receiving TB treatment at this facility for at least 4 weeks?	Yes No [No response]	1 0 99
<p>[If any of the screening questions are No, Don't know, or No response, the patient is NOT eligible for this study—thank the patient and wait for the next available patient.</p> <p>If the patient is eligible for the study (i.e., all questions are YES), it is essential that you gain their informed consent before beginning the interview. Read the patient consent form to the patient and record their response below.]</p>			
024	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented Declined	1 0
<p>[If they declined to give consent, (1) thank the patient, (2) fill in the patient refusal form, (3) record 'Patient refused' in the "End of Facility Visit" section at the end of the survey, and (4) wait for another patient.</p> <p>If consented, continue with the interview.]</p>			

1. Patient Characteristics			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female Other [No response]	1 2 3 99
1.2.1	In what year were you born? [YEAR MUST BE 1929-2004]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	 88 99
1.2.2	How old were you on your last birthday? [YEARS MUST BE 18-90. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT BY MORE THAN 3 YEARS]	Years <input type="text"/> <input type="text"/> Don't know [No response]	 88 99
1.3	What is the highest level of education you have completed?	None Primary Secondary Postsecondary [No response]	0 1 2 3 99
1.4	What is your marital status now?	Never married Currently living with a partner (unmarried) Married Separated Divorced Widowed [No response]	1 2 3 4 5 6 99
1.5	Do you live in an urban or rural area?	Urban Periurban Rural [No response]	1 2 3 99
1.6	What is your employment status?	Employed full-time Employed part-time Self-employed Unemployed Retired Student [No response]	1 2 3 4 5 6 99
1.7	What is your average monthly household income?	Under 50,000 FC 50,000-100,000 FC 100,000-200,000 FC More than 200,000 FC [No response]	1 2 3 4 99

1.8	Do you find this facility to be close enough for you to get here easily?	Yes No [No response]	1 0 99
1.10	What type of transportation do you use most often to get to this facility? [SELECT ALL THAT APPLY]	Bicycle Bus Car (personal) Motorcycle (personal) Taxi Moto taxi Walking Other (specify) [No response].....	1 2 3 4 5 6 7 96 99
1.9	On average, how long does it take you to get to this facility from your home using your usual method of transportation you just listed? [HOURS MUST BE 0–24; MINUTES MUST BE 0–59]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes </div> Don't know [No response]	88 99
1.11	Do you smoke?	Yes No [No response]	1 0 99

2. Cascade of Care			
Now, I would like to ask about the care that you have received for this disease.			
2.1	How long after you first started having symptoms, such as coughing, did you go to the clinic?	Within 1 week 1-2 weeks More than two weeks Don't know [No response]	1 2 3 88 99
2.2	When you found out that you might have this disease, where did you get tested?	At this clinic At a different clinic Don't know [No response]	1 2 88 99
2.3	How long after you were tested were you told you had this disease?	Within two days Within one week 1-2 weeks More than two weeks Don't know [No response]	1 2 3 4 88 99

2.4	How long after you were told you had this disease did you start treatment?	Within two days 1 Within one week 2 1-2 weeks 3 More than two weeks 4 Don't know 88 [No response] 99
2.5	How long have you been on treatment?	Less than 3 months 1 3-6 months 2 7-9 months 3 10-24 months 4 More than 2 years 5 Don't know 88 [No response] 99
2.6	What phase of treatment are you in now?	Intensive 1 Continuation 2 Don't know 88 Other (specify) _____ 96 [No response] 99

3. Availability of TB Services				
	Now I would like to ask you about your experience with this facility in general.	Yes	No	[NR]
3.1	Do you always talk to the same healthcare providers every time you visit this facility?	1	0	99
3.2	Do you have difficulties in getting care for your disease in this facility because of a language barrier?	1	0	99
3.3	Have you ever been turned away from receiving care for your disease during official working hours at this facility?	1	0	99
3.4	Do you collect the medicines for your disease at this facility?	1	0	99
3.4.1	[ASK ONLY IF 3.4=YES] Are the medicines always available?	1	0	99
3.4.2	[ASK ONLY IF 3.4=YES] Are you told how to take the medicines each time you collect them?	1	0	99
3.4.3	[ASK ONLY IF 3.4=YES] Have you been given written instructions on how to take your medicines?	1	0	99
3.5	[ASK ONLY IF 1.11=YES (patient smokes)] Has a healthcare provider at this facility talked with you about quitting smoking?	1	0	99
3.6	Are the clinic hours convenient for you?	1	0	99
3.6.1	[ASK ONLY IF 3.6=NO] Why is that? _____			
		Yes	No	[NR]

3.7	Are the waiting time(s) before talking to healthcare providers at this facility generally acceptable to you?	1	0	99
3.8	During today's visit, about how long did you wait to talk to any provider? [HOURS MUST BE 0–10; MINUTES MUST BE 0–59]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> </div> <p style="text-align: center; margin: 0;">Hours Minutes</p>		Don't know 88 [No response] 99
3.9	During today's visit, how long did you spend with your providers, e.g., healthcare provider, lab, pharmacist, etc.? If you saw more than one provider, please add up the total time. [HOURS MUST BE 0–5; MINUTES MUST BE 0–59]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> </div> <p style="text-align: center; margin: 0;">Hours Minutes</p>		Don't know 88 [No response] 99
		Yes	No	[NR]
3.10	Have you ever gone to another health facility to receive care for your disease?	1	0	99
3.10.1	[ASK ONLY IF 3.10=YES] Why did you go to another health facility? _____			

4. TB Practices			
	Next, I would like to ask you about practices related to your disease.		
4.1	Were you examined by a healthcare provider at this facility during your first visit for your disease?	Yes 1 No 0 [No response] 99	
4.2	Has a healthcare provider at this facility talked with people you have close contact with, i.e., members of your family or those living with you, about how to prevent the spread of this disease from one person to another?	Yes 1 No 0 [No response] 99	
4.3	Were your family or close contacts examined for this disease?	Yes 1 No 0 Don't know 88 [No response] 99	
4.3.1	[ASK ONLY IF 4.3=NO, DK, or NR] Have you been told where to have your family or close contacts evaluated for this disease?	Yes 1 No 0 Don't know 88 [No response] 99	
4.4	Who supervises your treatment, i.e., who is your treatment partner?	Health worker at this facility 1 Health worker in the community 2 Family 3 Coworker 4 Other (specify) _____ 96 [No response] 99	

4.5	On average, how many days per week does your treatment partner watch you take your medicines? [ENTER 0–7]	Days <input type="text"/> [No]	99
4.6	Have you ever stopped taking your medicines for a month or more, either on your own or because your doctor told you to stop?	Yes No Don' know [No]	1 0 88 99
4.6.1	[ASK ONLY IF 4.6=YES] Why did you stop taking your medicine? [SELECT ALL THAT APPLY]	My provider told me to stop Medicines were not available at the clinic Pharmacy was too far away Could not afford to buy medicines No time to buy or get medicines due to work Was travelling Forgot to take Was sick from the medicines or had side effects Other illness (not related to this disease) Other (specify) _____ [No response]	1 2 3 4 5 6 7 8 9 96 99

5. TB Knowledge						
	Now I would like to ask about your knowledge and awareness of TB. [ASK THE LEADING QUESTION FIRST AND SELECT "UNPROMPTED" FOR ALL RESPONSES FROM THAT RESPONDENT WITHOUT NEEDING A PROMPT. THEN START PROMPTING EACH ITEM THAT WAS MISSED AND ANSWER ACCORDINGLY.]					
5.1	TB Symptoms					
	There are various symptoms an individual with this disease would experience to know s/he has the disease.					
	Can you tell me what symptoms a person with this disease will have?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
5.1.1	Chronic cough (more than 3 weeks)	2	1	0	88	99
5.1.2	Coughing up mucus or phlegm	2	1	0	88	99
5.1.3	Blood-streaked mucus or sputum	2	1	0	88	99
5.1.4	Unexplained weight loss	2	1	0	88	99
5.1.11	Loss of appetite	2	1	0	88	99
5.1.5	Fever and/or chills	2	1	0	88	99
5.1.6	Night sweats	2	1	0	88	99
5.1.7	Persistent shortness of breath	2	1	0	88	99
5.1.8	Tiredness/fatigue	2	1	0	88	99
5.1.9	Pain in the chest or back	2	1	0	88	99
5.1.10	Other (specify) _____	2	1	0	88	99

5.2		TB Causes and Transmission				
	What do you think causes this disease or spreads it from one person to another?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
5.2.1	Microbes/germs/bacteria	2	1	0	88	99
5.2.2	Infected person coughing or sneezing	2	1	0	88	99
5.2.3	Crowded living conditions	2	1	0	88	99
5.2.4	Blood transfusions	2	1	0	88	99
5.2.5	Sharing utensils	2	1	0	88	99
5.2.6	Touching a person with TB	2	1	0	88	99
5.2.7	Through food	2	1	0	88	99
5.2.8	Mosquito bites	2	1	0	88	99
5.2.9	Sexual contact	2	1	0	88	99
5.2.10	Other (specify) _____	2	1	0	88	99
5.3		TB Risk Factors				
	What do you think makes a person more at risk of getting TB?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
5.3.1	Way of living (lifestyle)	2	1	0	88	99
5.3.2	Smoking	2	1	0	88	99
5.3.3	Alcohol drinking	2	1	0	88	99
5.3.4	Fatigue	2	1	0	88	99
5.3.5	Malnutrition	2	1	0	88	99
5.3.6	Unhygienic practices	2	1	0	88	99
5.3.7	Poor ventilation	2	1	0	88	99
5.3.8	Pollution	2	1	0	88	99
5.3.9	Being HIV infected	2	1	0	88	99
5.3.10	Contact with or living with someone who has this disease	2	1	0	88	99
5.3.11	Inherited	2	1	0	88	99
5.3.12	Other (specify) _____	2	1	0	88	99

5.4 Drug Side Effects						
	What are the possible side effects patients may experience from using or taking medicines for this disease?	Yes, Unprompted	Prompted	No	DK	[NR]
5.4.1	Nausea	2		0	88	99
5.4.2	Vomiting	2		0	88	99
5.4.3	Loss of appetite	2		0	88	99
5.4.11	Gain of appetite	2		0	88	99
5.4.4	Discolored urine or tears	2		0	88	99
5.4.5	Fever	2		0	88	99
5.4.6	Yellowish eyes	2		0	88	99
5.4.7	Problems with eyesight	2		0	88	99
5.4.12	[ASK ONLY IF 022=2 (PATIENT HAS DR-TB)] Loss of hearing (deafness)	2		0	88	99
5.4.13	Fatigue/somnolence	2		0	88	99
5.4.8	Joint pain	2		0	88	99
5.4.9	Rash	2		0	88	99
5.4.14	[ASK ONLY IF 022=2 (PATIENT HAS DR-TB)] Gastric pains	2		0	88	99
		Yes, Unprompted	Prompted	No	DK	[NR]
5.4.15	[ASK ONLY IF 022=2 (PATIENT HAS DR-TB)] Depression	2		0	88	99
5.4.16	[ASK ONLY IF 022=2 (PATIENT HAS DR-TB)] Palpitations (thoracic pains)	2		0	88	99
5.4.10	Other (specify) _____	2		0	88	99
5.5	Can this disease be cured?	Yes 1 No 0 Don't know 88 [No response] 99				
5.6	What is the usual time or typical period for treating drug susceptible TB? [MUST BE 0–12. ENTER '0' IF THEIR ANSWER IS <1 MONTH. ENTER '12' IF THEIR ANSWER IS >12 MONTHS.]	Months... <input type="text"/> <input type="text"/> Don't Know 88 [No response] 99				

5.7	<p>What is the usual time or typical period for treating drug resistant TB?</p> <p>[MUST BE 0–30.</p> <p>ENTER '0' IF THEIR ANSWER IS <1 MONTH.</p> <p>ENTER '30' IF THEIR ANSWER IS >30 MONTHS.]</p>	<p>Months... <input type="text"/> <input type="text"/></p> <p>Don't Know 88</p> <p>[No response] 99</p>	
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6. Stigma/Discrimination

Next, I would like to ask you to rate the following statements.						
	How are you treated by others at this facility, where 1 is strongly disagree and 5 is strongly agree?	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6.1	Overall, I feel welcome in this health facility.	1	2	3	4	5
6.2	Overall, healthcare providers here treat me with respect.	1	2	3	4	5
6.3	Overall, the healthcare providers are friendly to me.	1	2	3	4	5
6.4	Overall, the healthcare providers treat me the same way I am treated when I receive care for other illnesses.	1	2	3	4	5
6.5	Healthcare providers here turn their face away when speaking with me.	1	2	3	4	5
6.6	People within this facility show discriminatory attitudes toward me because of my disease.	1	2	3	4	5
6.7	Overall, I feel distressed, intimidated, or offended when interacting with healthcare providers at this facility.	1	2	3	4	5

7. Communication of TB Information					
	[ASK THE LEADING QUESTION FIRST AND SELECT “UNPROMPTED” FOR ALL RESPONSES FROM THAT RESPONDENT WITHOUT NEEDING A PROMPT. THEN START PROMPTING EACH ITEM THAT WAS MISSED AND ANSWER ACCORDINGLY.]				
	During your visits to this health facility, what information about this disease and its treatment were shared with you by the health workers?	Yes, Unprompted	Yes, Prompted	No	[NR]
7.1	How the disease is spread to others	2	1	0	99
7.2	Cough hygiene, i.e., how to reduce the risk of making others sick by covering your mouth when you cough	2	1	0	99
7.3	That this disease can be cured	2	1	0	99
7.4	How long your treatment will last	2	1	0	99
7.5	Danger signs of the disease getting worse	2	1	0	99
7.6	The importance of taking the medicines regularly	2	1	0	99
7.7	Side effects of the medicine	2	1	0	99
7.8	What to do if you have side effects from the medicine	2	1	0	99
7.9	The need for sputum tests at given points during your treatment	2	1	0	99
7.10	The importance of taking the medicines through the end of treatment	2	1	0	99
7.11	When to come back for the next care visit for this disease	2	1	0	99
7.12	Do you have materials (e.g., pamphlets) from the health facility to remind you of the treatment information provided by the provider or other facility staff?		Yes	No	1 0 99
			[No response] .		

8. Patient – Provider Interaction				
	Next, I would like to ask you about your face-to-face meetings with healthcare providers at this facility.	Yes	No	[NR]
8.1	During your visits to this facility, do the healthcare providers usually explain things in a way you can understand?	1	0	99
8.2	During your visits to this facility, do the healthcare providers listen to your opinion and ideas on the best way to follow your treatment?	1	0	99
8.3	Do the healthcare providers at this facility discuss your status or progress with you at every scheduled appointment?	1	0	99
8.4	During your visits to this facility, do you think the healthcare providers give you a chance to ask questions about anything that concerns you?	1	0	99
8.5	During your visits to this facility, do you usually have enough time to discuss your health needs with the healthcare providers?	1	0	99
8.6	During your visits to this facility, do the healthcare providers tell you how this disease can affect your everyday life?	1	0	99
8.7	Do the healthcare providers at this facility address your worries about your disease seriously when you visit the facility?	1	0	99

8.8	During your visits to this facility, do the healthcare providers listen carefully to you?	1	0	99
8.9	During your visits to this facility, do the healthcare providers explain how to cope with your problems?	1	0	99
8.10	During your visits to this facility, do you worry that other patients can hear your conversation with your healthcare providers?	1	0	99
8.11	During your visits to this facility, do you think you have enough privacy during the examination?	1	0	99

9. TB/HIV Services					
	Next, I would like to ask you about the link between TB and HIV.	Yes	No	DK	[NR]
9.1	Have any healthcare providers in this facility told you about the link between TB and HIV?	1	0	88	99
9.2	Have any healthcare providers in this facility told you how to prevent HIV infection?	1	0	88	99
9.3	After being told you had this disease, were you told to take an HIV test?	1	0	88	99
9.4	Have any healthcare providers in this facility told you where to get HIV treatment if you might need it?	1	0	88	99
9.5	Have any healthcare providers in this facility told you that you can get treatment for HIV and your disease at the same time if you might need this?	1	0	88	99
9.6	Are you taking treatment for HIV?	1	0	88	99
9.6.1	[ASK ONLY IF 9.6=YES] Have any healthcare providers in this facility told you about conditions in which the HIV treatment can make the symptoms of your disease worse?	1	0	88	99
9.6.2	[ASK ONLY IF 9.6=YES] Have any healthcare providers in this facility told you what to do if your symptoms get worse after starting HIV treatment?	1	0	88	99

10. Support			
	I would like to ask you about any support you receive from this facility.		
10.1	People with this disease sometimes also have other medical conditions, such as diabetes, HIV infection, or other illnesses. Do you have any other medical conditions?	Yes	1
		No	0
		Don't know	88
		[No response]	99
10.1.1	[ASK ONLY IF 10.1=YES] Who has discussed your other medical conditions with you?	No one	0
		Only healthcare providers at this facility	1
		Only healthcare providers outside this facility	2
		Both healthcare providers at this facility and outside this facility	3
		[No response]	99

10.1.2	[ASK ONLY IF 10.1=YES] How do you feel your other medical needs have been met?	None have been met	0		
		Some have been met	1		
		Most have been met	2		
		All have been met	3		
		[No response]	99		
10.2	To support its patients, this facility offers various services to help you complete your treatment. Which, if any, of the following supportive services have you received from this facility?	Yes	No	DK	[NR]
10.2.1	Free TB medicines	1	0	88	99
10.2.2	Home based treatment	1	0	88	99
10.2.3	Nutritional support/food basket	1	0	88	99
10.2.4	Rehabilitative services	1	0	88	99
10.2.5	Transport assistance	1	0	88	99
10.2.6	Small group TB health education session	1	0	88	99
10.2.7	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88	99
10.2.8	One-on-one peer counseling (face-to-face) by either a lay counsellor or a cured TB patient	1	0	88	99
10.2.9	Meeting with a social worker	1	0	88	99
10.2.10	Meeting with a psychologist	1	0	88	99
10.2.11	Other services (specify) _____	1	0	88	99
10.3	Which of the following services do you think would help you the most in continuing and completing your treatment, regardless of whether it is currently offered by this facility?	Yes	No	DK	[NR]
10.3.1	Free TB medicines	1	0	88	99
10.3.2	Home based treatment	1	0	88	99
10.3.3	Nutritional support/food basket	1	0	88	99
10.3.4	Rehabilitative services	1	0	88	99
10.3.5	Transport assistance	1	0	88	99
10.3.6	Small group TB health education session	1	0	88	99
10.3.7	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88	99
10.3.8	One-on-one peer counseling (face-to-face) by either a lay counsellor or a cured TB patient	1	0	88	99
10.3.9	Meeting with a social worker	1	0	88	99
10.3.10	Meeting with a psychologist	1	0	88	99
10.3.11	Other services (specify) _____	1	0	88	99

11. Affordability							
	Next, I would like to ask you about the costs of the care for your disease.			Yes	No	[NR]	
11.1	Have you ever been unable to come to the health facility because of the cost?			1	0	99	
11.2	Do you have to pay to see a healthcare provider at this facility?			1	0	99	
	Next, I want to ask if you have received certain tests at this facility, and if so, I will ask if you have to pay for them.			(a) Have you had [test]?			[ASK ONLY IF (a)=YES] (b) Did you have to pay for it?
				Yes	No	[NR]	Yes
11.3	Sputum tests			1	0	99	1 0 99
11.4	Blood tests			1	0	99	1 0 99
11.5	X-rays			1	0	99	1 0 99

12. Infrastructure							
	Next, I would like to ask you about physical features of this facility. Please answer the questions about this facility only. Do not include any other facilities in your answer.						
				Yes	No	DK	[NR]
12.1	During your visits to this facility, do you find the clinic area to be clean?			1	0		99
12.2	Are there enough comfortable places to sit in this facility?			1	0		99
12.3	During your visits to this facility, is drinkable water usually available?			1	0	88	99
12.4	During your visits to this facility, are the toilets usually clean?			1	0	88	99
12.4.1	[ASK ONLY IF 12.4=YES OR NO] During your visits to this facility, are the toilets always usable?			1	0	88	99

13. Overall Satisfaction			
13.1	Overall, how satisfied are you with the TB care you have received at this facility so far?	Very dissatisfied Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied [No response]	1 2 3 4 5 99
13.2	Is there anything you would like to see changed at this facility to improve the quality of care that you receive for your disease? _____ _____ _____		

14. Impact of COVID-19 on TB Services			
Now, I will ask you some questions to get your thoughts about how COVID-19 has affected TB services at this facility.			
14.1	Has COVID-19 affected your ability to access TB care at the health facility?	Yes No Don't know	1 0 88
14.2	[ASK ONLY IF 14.1=YES] Which of the following affected your decision or ability to access TB care at the health facility? [SELECT ALL THAT APPLY]	Fear of exposure to COVID-19 at the health facility. Health facility closure Reduced hours of operation of the health facility . TB services no longer provided by the health facility TB healthcare personnel were not available at health facility Health workers told me to come less frequently... Lockdown/curfews Lack of transportation/restricted transportation... Fear of using public transportation Fear of stigma Stock-out of TB medicines Other (specify) _____ Don't know	1 2 3 4 5 6 7 8 9 10 11 96 88
14.3	[ASK ONLY IF 14.1=YES] What TB services have you had difficulty accessing? [SELECT ALL THAT APPLY]	TB diagnosis services Starting TB treatment Treatment follow-up visits Pharmacy visits/medication pickups Other (specify) _____ Don't know	1 2 3 4 96 88
14.4	Has COVID-19 affected how frequently you are scheduled to visit the health facility to receive TB services?	Yes No Don't know	1 0 88

14.5	Did your healthcare provider tell you to come to the health facility less frequently?	Yes No Don't know	1 0 88
14.6	Have you been coming to the health facility less frequently for TB diagnostic testing because of COVID-19?	Yes No Don't know	1 0 88
14.7	Have you been coming to the health facility less frequently to collect TB drugs because of COVID-19?	Yes No Don't know	1 0 88
14.8	Did your healthcare provider suggest that you take special precautions during COVID-19?	Yes No Don't know	1 0 88
14.8.1	[ASK ONLY IF 14.8=YES] What precautions did the healthcare provider suggest? [DO NOT READ LIST] [SELECT ALL THAT APPLY]	Self-isolating at home Observing Social distancing Wearing a mask in public Minimizing trips outside the home Frequent hand washing Getting vaccinated Other (specify) Don't know	1 2 3 4 5 6 96 88
14.9	Has your doctor increased the amount of TB drugs you can take home because of COVID-19?	Yes No Don't know	1 0 88
14.9.1	[ASK ONLY IF 14.9=YES] What amount of TB drugs do you take home at one time?	Drug supply for up to one week Drug supply for up to 2 weeks Drug supply for up to 3 weeks Drug supply for up to 1 month Other (specify)	1 2 3 4 96
14.10	Can you nominate someone else from your household to collect TB drugs from the health facility on your behalf, if you are unable to?	Yes No Don't know	1 0 88
14.10.1	[ASK ONLY IF 14.10=YES] Have you nominated a household member to collect your TB drugs for you?	Yes No Don't know	1 0 88
14.11	Is there someone who can deliver TB drugs to your home if you are unable to pick them up from the facility?	Yes No Don't know	1 0 88
14.11.1	[ASK ONLY IF 14.11=YES] If yes, who usually does this?	The community-based treatment supporters The community health workers The village health committees Other (specify)	1 2 3 96
14.12	Are there any remote support services available to TB patients?	Yes No Don't know	1 0 88

14.12.1	[ASK ONLY IF 14.12=YES] If yes, what type of remote support services are available to TB patients? [SELECT ALL THAT APPLY]	Video DOT	1
		Digital support groups (e.g., WhatsApp group)	2
		Phone call	3
		SMS text	4
		Other (specify) _____	96
		Don't know	88
14.12.2	[ASK ONLY IF 14.12=YES] Have you received any remote support services for TB?	Yes	1
		No	0
		Don't know	88

End of Facility Visit				
		(a) Visit Result		(b) Visit End Time [Use the 24-hour clock system, e.g., 14:30]
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Patient unavailable	3	
		Patient refused	4	
		Postponed	5	
		Other (specify) _____	96	
004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Patient unavailable	3	
		Patient refused	4	
		Other (specify) _____	96	

Thank the participant and move on to the next patient.

Comments/Observations	
005	Please share any comments related to the interview: <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: Community Actor Interview

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification								
		(a) Code	(b) Name					
003	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
004	Zone	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
005	Facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						_____
006	Location of facility _____							

Participant consent			
007	Participant number	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	
Eligibility Screening Questions			
<p>Instructions to the interviewer:</p> <p>[Introduce yourself (Hello. My name is) and ask him/her if s/he is willing to answer questions about their experience providing TB care at this facility. If the community actor agrees, tell him/her that you have a couple of preliminary questions. To ensure that the participants meets the criteria for the study, please obtain the following information.]</p>			
008	[Is the participant at least 18 years old? Ask if you're not sure.]	Yes No	1 0
009	Are you a community actor?	Yes No	1 0
010	Have you been a community actor at this health facility for at least 6 months?	Yes No [No response]	1 0 99
<p>[If either of the screening questions is NO or NO RESPONSE, the participant is NOT eligible for this study—thank them and find the next available community actor. If the participant is eligible for the study (i.e., all three screening questions are YES), it is essential that you gain their informed consent before beginning the interview. Read the community actor consent form to the participant and record their response below.]</p>			
011	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented Declined	1 0
<p>[If they declined to give consent, (1) thank the participant, (2) record 'Participant refused' in the "End of Facility Visit" section at the end of the survey, and (3) approach another participant.</p> <p>If consented, continue with the interview.]</p>			

1. Participant Characteristics			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female Other [No response]	1 2 3 99
1.2.1	In what year were you born? [YEAR MUST BE 1929–2004.]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	 88 99
1.2.2	How old were you on your last birthday? [YEARS MUST BE 18–93. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT BY MORE THAN 3 YEARS]	Years <input type="text"/> <input type="text"/> Don't know [No response]	 98 99
1.3	What community actor group are you a member of? <u>Key:</u> RECO = Relai communautaire MOCO = Mobilisation communautaire CAD = Club des Amis Damien OAC = Organisation assise communautaire LNAC = Ligue nationale anti-tuberculeuse anti-lépreuse au Congo	RECO MOCO CAD OAC LNAC TB Ambassador Former patient Other (specify) _____	1 2 3 4 5 6 7 96
1.4	What is the highest level of education you have completed?	None Primary Secondary Postsecondary [No response]	0 1 2 3 99
1.5	What is your marital status now?	Never married Currently living with a partner (unmarried) Married Separated Divorced Widowed [No response]	1 2 3 4 5 6 99

1.6	What is your employment status?	Employed full-time Employed part-time Self-employed Unemployed Retired Student [No response]	1 2 3 4 5 6 99
1.7	Do you find this facility to be close enough for you to get here easily?	Yes No [No response]	1 0 99
1.8.1	How long have you been working as a community actor? [YEARS HAVE TO BE 0-65, MONTHS 6-11. IF MORE THAN 1 YEAR, DO NOT INCLUDE ANY MONTHS.]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years Months Don't know [No response]	88 99
1.8.2	How long have you been working as a community actor at this health facility? [YEARS HAVE TO BE 0-65, MONTHS 6-11. IF MORE THAN 1 YEAR, DO NOT INCLUDE ANY MONTHS. RESPONSE HAS TO BE INFERIOR OR EQUAL TO 1.8.1]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years Month Don't know [No response]	88 99
1.9	Have you ever received training on TB or community activities related to TB?	Yes No [No response]	1 0 99
1.10	[ASK ONLY IF 1.9=YES] What was the date of the most recent training you received? [YEARS HAVE TO BE 2000-2022]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	88 99
1.11	Are the paid for the work that you do as a community actor?	Yes No [No response]	1 0 99

2. TB Care

2. TB Care						
	Now, I would like to ask you questions about the services you provide to TB patients.					
2.1	How do you identify presumptive TB patients?					
	[SELECT ALL THAT THE PARTICIPATN MENTIONS, BUT DO NOT PROMPT. MULTIPLE RESPONSES POSSIBLE.]					
	Observing signs and symptoms of TB during my home visits					1
	Observing signs and symptoms of TB during sensitization campaigns					2
	When patients come to me and say they are feeling sick					3
	Relatives/neighbors tell me when they suspect someone they know has TB					4
	Other method used (specify): _____					96
	Don't know					88
	[No response]					99
2.2	Can you describe the signs and symptoms of someone with presumptive TB?	Yes, not prompted	Yes, prompted	No	DK	[NR]
2.2.1	Chronic cough (more than 2 weeks)	2	1	0	88	99
2.2.2	Coughing up mucus or sputum	2	1	0	88	99
2.2.3	Blood-streaked mucus or sputum	2	1	0	88	99
2.2.4	Sudden and/or unexplained weight loss	2	1	0	88	99
2.2.12	Loss of appetite	2	1	0	88	99
2.2.5	Fever and/or chills	2	1	0	88	99
2.2.6	Night sweats	2	1	0	88	99
2.2.7	Persistent shortness of breath	2	1	0	88	99
2.2.8	Tiredness or fatigue	2	1	0	88	99
2.2.9	Pain in the chest or back	2	1	0	88	99
2.2.10	Swelling of the lymph nodes in the neck	2	1	0	88	99
2.2.11	Other (specify) _____	2	1	0	88	99

2.3	Which of the following measures do you take after identifying a presumptive TB patient? [SELECT ALL THAT APPLY]	Yes	No	[NR]
2.3.1	Provide education on TB	1	0	99
2.3.2	Verbally refer the patient to a nearby facility for TB screening (without giving them a ticket)	1	0	99
2.3.3	Send the patient to the health facility for TB screening with a referral ticket	1	0	99
2.3.4	Accompany the patient to the health facility for TB screening	1	0	99
2.3.5	Collect and transport the patient's sputum to the health facility	1	0	99
2.3.6	Obtain the results of the patient's sputum from the health facility and inform the patient of the result	1	0	99
2.3.7	Other (specify) _____	1	0	

3. Accompaniment of TB patients				
	Now, I would like to ask you questions about the support you provide to TB patients.			
3.1	What kind of support do you provide once a presumptive patient has been diagnosed with TB? [READ SENTENCES ONE AFTER THE OTHER. SELECT THOSE THAT APPLY]	Yes	No	[NR]
3.1.1	Provide counseling on adherence to treatment	1	0	99
3.1.2	Trace and locate patients who miss a facility visit or appointment	1	0	99
3.1.3	Provide health education on TB	1	0	99
3.1.4	Provide psychosocial support	1	0	99
3.1.5	Provide directly observed therapy (DOT)	1	0	99
3.1.6	Make phone calls and/or send text/Whatsapp messages to patients as a reminder to support treatment adherence	1	0	99
3.1.7	Make phone calls and/or send text/WhatsApp messages to patients as a reminder when they miss an appointment, to schedule a home visit, or for other follow-up	1	0	99
3.1.8	Refer patients to the health facility for a follow-up exam or visit	1	0	99

3.1.9	Counsel and refer patients for HIV testing	1	0	99
3.1.10	Administer rapid HIV tests at the patient's home	1	0	99
3.1.11	Active case investigation of contacts of the TB patient	1	0	99
3.1.12	Identify children under five who have been in contact with a TB patient and refer their parents to the health facility for TPT	1	0	99
3.1.13	Provide isoniazid preventative treatment (IPT) to children under five who were in contact with a TB patient	1	0	99
3.1.14	Identify and report adverse reactions to TB drugs to the health facility	1	0	99
3.1.15	Other services (specify): _____	1	0	

4. Training and supervision					
Now, I would like to ask you questions on the training you have received.					
4.1	Training				
	Did you receive the following training in the past 24 months, more than 24 months ago, or never?	In the last 24 months	More than 24 months ago	Never	[NR]
4.1.1	Training on community DOT	1	2	0	99
4.1.2	Identification and referral of presumptive TB patients	1	2	0	99
4.1.3	TB prevention	1	2	0	99
4.1.4	TB screening	1	2	0	99
4.1.5	TB treatment and follow-up	1	2	0	99
4.1.6	TB infection control	1	2	0	99
4.1.7	Nutritional and mental health support to patients	1	2	0	99
4.1.8	Health education pertaining to TB	1	2	0	99
4.1.9	Recording and reporting TB cases	1	2	0	99
4.1.10	Other training (specify) _____	1	2	0	99
Now I would like to ask you questions on the supervision you have personally received.					

4.2 Supervision			
4.2.1	Have you already received a supervision visit?	Yes No [No response]	1 0 99
[ASK THE NEXT FOUR QUESTIONS ONLY IF 4.2.1=YES]			
4.2.2	When was the last time you received a supervision visit?	Within the last 3 months Between 3 and 6 months Between 6 and 12 months Over a year ago Don't know [No response]	1 2 3 4 88 99
4.2.3	Who was the person who conducted the most recent supervision? [SELECT ALL THAT APPLY]	Community animator Other facility staff NGO supervisor Other (specify) Don't know	1 2 3 96 88
4.2.4	Within the last 12 months, how many times were you supervised? [ENTER VALUE BETWEEN 1-12]	Number of visits..... <input type="text"/> <input type="text"/> [No response]	99
4.2.5	Did the supervisor provide written comments following the visit (e.g., recommendations or an action plan)?	Yes No Don't know	1 0 88
4.2.6	[ASK ONLY IF 4.2.5=YES] Do you have written feedback from your last three supervision visits? If so, please help me observe it. [OBSERVE]	Yes (observed) Yes (not observed) No Don't know [No response]	1 2 0 88 99
Monthly meeting			
4.4	Do you regularly meet with staff from your health facility/NGO or with Ministry of Healthstaff? If yes, please indicate the frequency of these meetings.	No Yes, twice a Yes, once a Yes, every other Yes, once a qu Yes, once a Don't know [No response]	0 1 2 3 4 5 88 99
4.5	[ASK ONLY IF 4.4 =1-5] Are TB services discussed during these meetings?	Yes No Don't know [No response]	1 0 88 99

5. Impact of COVID-19 on TB services			
Now I would like to ask you questions to know more about what impact you think COVID-19 has had on the TB services at this health facility.			
5.1	Has COVID-19 affected your ability to accompany patients to the health facility?	Yes No Don't know	1 0 88
5.2	[ASK ONLY IF 5.1=YES] Which of the following elements have influenced your decision or your capacity to accompany TB patients to the health facility? [SELECT ALL THAT APPLY]	Fear of exposure to COVID-19 at the facility Facility closure Reduced opening hours at the facility TB services no longer offered at the facility TB providers no longer available at the facility Staff at the facility told me to come less often Confinement/curfew Patient refusal and fear of home visits Other (specify) _____ Don't know	1 2 3 4 5 6 7 8 96 88
5.4	Have the staff at the facility given you recommendations for specific precautions to take during COVID-19?	Yes No Don't know	1 0 88
5.5	[ASK ONLY IF 5.4=YES] What precautions have providers at the facility recommended? [DO NOT READ] [SELECT ALL THAT APPLY]	Self-isolating at home..... Observing social distancing Wearing a mask in public and at the health facility . Frequent hand washing Getting vaccinated..... Other (specify) _____ Don't know	1 2 3 4 5 96 88
5.6	Have you been assigned to oversee remote DOT by your facility since the start of the pandemic?	Yes No Don't know	1 0 88
5.7	[ASK ONLY IF 5.6=YES] How does remote DOT happen? [SELECT ALL THAT APPLY]	Video DOT Text messages or WhatsApp Phone call Other (specify) _____ Don't know	1 2 3 96 88

6. Experience at the health facility and patient care				
	Now, I would like to ask you questions about your impressions on the work of the providers working at this health facility.	Yes	No	[NR]
6.2.1	Do providers usually treat patients with dignity and respect?	1	0	99
6.2.2	Do providers usually communicate to patients in a way they can understand?	1	0	99
6.2.3	Do providers listen to patients regarding ideas and suggestions regarding the best way to follow their treatment?	1	0	99
	I am going to read some sentences. I would like to know, for each answer, if you believe this is a reason why patients come to this health facility.	Yes	No	[NR]
6.3.1	The providers are welcoming and do their job well	1	0	99
6.3.2	Diagnostic equipment are available	1	0	99
6.3.3	TB drugs are free and available	1	0	99
6.3.4	Convenience/proximity	1	0	99
	I want to ask you a few more questions about TB services at this facility.	Yes	No	[NR]
6.4.2	When you visit the facility, do you find that the TB service unit is clean?	1	0	99
6.4.3	Is there enough space to sit comfortably in this health facility?	1	0	99
6.4.4	Is there something that you would like to see change at this health facility to improve the quality of TB services?	1	0	99
6.4.4.1	<p>[ASK ONLY IF 6.4.4=YES]</p> <p>What are the things that should change to improve the quality of TB services?</p> <p>_____</p>			DK 88 NR 99

6.4.5	In general, how satisfied are you of the quality of TB services offered at this facility?	Very unsatisfied	1			
		Unsatisfied.....	2			
		Neutral	3			
		Satisfied.....	4			
		Very satisfied	5			
		99			
		[No response]				
					
6.4.6	I would now like to get your opinion on your impression of how TB patients are treated by providers at this health facility. Please answer each of the following three questions with 1 to 5, where 1 means that you strongly disagree and 5 means that you strongly agree.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
6.4.7	I feel like TB patients are welcome at this health facility	1	2	3	4	5
6.4.8	Providers look away when they talk to TB patients	1	2	3	4	5
6.4.9	People who work at this facility have discriminatory behaviors towards TB patients	1	2	3	4	5

End of Facility Visit						
		(a) Visit Result		(b) Visit End Time [Use the 24-hour clock system, e.g., 14:30]		
012	Visit 1	Completed	1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes		
		Partially completed	2			
		Participant unavailable	3			
		Participant refused	4			
		Postponed	5			
		Other (specify) _____	96			
013	Visit 2 (if needed)	Completed	1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes		
		Partially completed	2			
		Participant unavailable	3			
		Participant refused	4			
		Other (specify) _____	96			

Comments/Observations

014

Please share any comments you may have about the interview:

Quality of TB Services Assessment: Register Review

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification								
		(a) Code	(b) Name					
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
011	Health Zone	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
012	Facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						_____
013	Location of facility _____							

Data Collection Tools				
	Are the following documents used at this facility to record TB data?	Yes, electronic	Yes, paper	No
023	TB register	2	1	0
025	DR-TB register	2	1	0
028	MDR-TB register	2	1	0
022	TB laboratory register	2	1	0
029	Sample submission register	2	1	0

030	TB Xpert register	2	1	0
031	Contact cases register	2	1	0
026	TB preventive therapy register	2	1	0
032	Isoniazid prophylaxis register (used for adult cases)	2	1	0
033	Isoniazid prophylaxis register (used for pediatric cases)	2	1	0
034	ART cohort register	2	1	0
027	Other (specify) _____	2	1	0

Screening questions			
1.2	Does this facility perform smear microscopy, and if so, is it done on site or are specimens/slides sent to another facility?	No Yes, on site Yes, sent out Don't know	0 1 2 88
1.3	Does this facility perform culture, and if so, is it done on site or are specimens/slides sent to another facility?	No Yes, on site Yes, sent out Don't know	0 1 2 88
1.3.5	[ASK ONLY IF 1.3=1 OR 2] Are cultures performed for TB diagnosis, for drug susceptibility testing (DST), or for both?	For TB diagnosis only ... For DST only For both	1 2 3
1.4	Does this facility perform GeneXpert tests, and if so, are they done on site or are specimens sent to another facility?	No Yes, on site Yes, sent out Don't know	0 1 2 88
2.3.8	[ASK ONLY IF 1.4=1] Does this facility perform GeneXpert tests with an Xpert MTB/RIF Ultra cartridge?	No Yes Don't know	0 1 88
6.1.1	Does this facility provide TPT to people living with HIV (PLHIV)?	No Yes Don't know	0 1 88
6.2.1	Does this facility provide TPT to child contacts of confirmed TB patients?	No Yes Don't know	0 1 88

1. Presumptive TB Cases		
1.0	<p>[LOCATE RECORDS FOR THE PERIOD OF JANUARY 1, 2021 TO MARCH 31, 2021]</p> <p>[ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]</p> <p>[ASK THE PROVIDER WHERE THESE DATA CAN BE FOUND. IT IS POSSIBLE THAT THEY MAY BE FOUND IN AN INFORMAL REGISTER.]</p>	
1.1 TB Screening and Diagnosis Totals		
1.1	Number of patients with presumptive TB [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	□ □ □
1.1.2	Number of patients with presumptive TB who had any type of diagnostic test done (e.g., smear, culture, Xpert MTB/RIF, chest X ray, clinical assessment, etc.) [MUST BE ≤ 1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	□ □ □
1.1.3	Number of patients with presumptive TB confirmed by clinical diagnosis [MUST BE ≤ 1.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	□ □ □
1.1.4	Number of patients with presumptive TB who received either a smear microscopy, culture, or Xpert MTB/RIF (GeneXpert) test [MUST BE ≤ 1.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	□ □ □
1.1.5	Number of patients with presumptive TB with bacteriological test results [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	□ □ □
1.1.6	Number of patients with presumptive TB with <u>positive</u> bacteriological test results [MUST BE ≤ 1.1.5] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	□ □ □
1.1.7	<p>[SKIP THE NEXT 9 QUESTIONS IF ALL OF THE ANSWERS IN 1.1-1.1.6 ARE 999]</p> <p>What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section?</p> <p>Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).</p>	
1.1.7.1	A. Name of document 1: _____	B. Standardisation Standard1 Improvised2 DK88

1.1.7.2	Was another document used?	Yes1 No0
1.1.7.3	[ASK A AND B ONLY IF 1.1.7.2=YES] A. Name of document 2: _____	B. Standardisation Standard1 Improvised2 DK88
1.1.7.4	Was another document used?	Yes1 No0
1.1.7.5	[ASK A AND B ONLY IF 1.1.7.4=YES] A. Name of document 3: _____	B. Standardisation Standard1 Improvised2 DK88
1.1.7.6	Was another document used?	Yes1 No0
1.1.7.7	[ASK A AND B ONLY IF 1.1.7.6=YES] A. Name of document 4: _____	B. Standardisation Standard1 Improvised2 DK88
1.1.7.8	Was another document used?	Yes1 No0
1.1.7.9	[ASK A AND B ONLY IF 1.1.7.8=YES] A. Name of document 5: _____	B. Standardisation Standard1 Improvised2 DK88
1.2	Smear Microscopy [VALID ONLY IF 1.2>0 AND 1.1.4>0]	
1.2.1	Number of patients with presumptive TB who received a smear microscopy test [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.2.2	Number of patients with presumptive TB with smear microscopy test results [MUST BE ≤ 1.2.1 & ≤ 1.1.5] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

1.2.3	Number of patients with presumptive TB with <u>positive</u> smear microscopy test results [MUST BE ≤ 1.2.2 & ≤ 1. 1.6] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.2.4	[SKIP THE NEXT 9 QUESTIONS IF ALL OF THE ANSWERS IN 1.2.1-1.2.3 ARE 999] What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section? Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).	
1.2.4.1	A. Name of document 1: _____	B. Standardisation Standard1 Improvised2 DK88
1.2.4.2	Was another document used?	Yes1 No0
1.2.4.3	[ASK A AND B ONLY IF 1.2.4.2=YES] A. Name of document 2: _____	B. Standardisation Standard1 Improvised2 DK88
1.2.4.4	Was another document used?	Yes1 No0
1.2.4.5	[ASK A AND B ONLY IF 1.2.4.4=YES] A. Name of document 3: _____	B. Standardisation Standard1 Improvised2 DK88
1.2.4.6	Was another document used?	Yes1 No0
1.2.4.7	[ASK A AND B ONLY IF 1.2.4.6=YES] A. Name of document 4: _____	B. Standardisation Standard1 Improvised2 DK88
1.2.4.8	Was another document used?	Yes1 No0

1.2.4.9	[ASK A AND B ONLY IF 1.2.4.8=YES] A. Name of document 5: _____	B. Standardisation Standard1 Improvised2 DK 88
1.3	Culture [VALID ONLY IF 1.3.5=1 OR 1.3.5=3, AND ONLY IF 1.1.4>0]	
1.3.1	Number of patients with presumptive TB who received a culture test [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.3.2	Number of patients with presumptive TB with culture test results [MUST BE ≤ 1.3.1 & ≤ 1. 1.5] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.3.3	Number of patients with presumptive TB with <u>positive</u> culture test results [MUST BE ≤ 1.3.2 & ≤ 1. 1.6] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.3.4	[SKIP THE NEXT 9 QUESTIONS IF ALL OF THE ANSWERS IN 1.3.1-1.3.3 ARE 999] What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section? Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).	
1.3.4.1	A. Name of document 1: _____	B. Standardisation Standard1 Improvised2 DK88
1.3.4.2	Was another document used?	Yes1 No0
1.3.4.3	[ASK A AND B ONLY IF 1.3.4.2=YES] A. Name of document 2: _____	B. Standardisation Standard 1 Improvised2 DK88
1.3.4.4	Was another document used?	Yes1 No 0
1.3.4.5	[ASK A AND B ONLY IF 1.3.4.4=YES] A. Name of document 3: _____	B. Standardisation Standard 1 Improvised2 DK88
1.3.4.6	Was another document used?	Yes 1 No0

1.3.4.7	[ASK A AND B ONLY IF 1.3.4.6=YES] A. Name of document 4: _____	B. Standardisation Standard 1 Improvised2 DK88
1.3.4.8	Was another document used?	Yes 1 No0
1.3.4.9	[ASK A AND B ONLY IF 1.3.4.8=YES] A. Name of document 5: _____	B. Standardisation Standard 1 Improvised2 DK88
1.4	GeneXpert [VALID ONLY IF 1.4>0 AND 1.1.4>0]	
1.4.1	Number of patients with presumptive TB who received a GeneXpert test [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.4.2	Number of patients with presumptive TB with GeneXpert test results [MUST BE ≤ 1.4.1 & ≤ 1. 1.5] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.4.3	Number of patients with presumptive TB with GeneXpert test results <u>positive</u> for TB [MUST BE ≤ 1.4.2 & ≤ 1. 1.6] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.4.4	Number of patients with presumptive TB with GeneXpert test results <u>positive</u> for rifampicin resistance [MUST BE ≤ 1.4.3] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
1.4.5	[SKIP THE NEXT 9 QUESTIONS IF ALL OF THE ANSWERS IN 1.4.1-1.4.4 ARE 999] What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section? Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).	
1.4.5.1	A. Name of document 1: _____	B. Standardisation Standard1 Improvised2 DK88
1.4.5.2	Was another document used?	Yes 1 No0
1.4.5.3	[ASK A AND B ONLY IF 1.4.5.2=YES] A. Name of document 2:	B. Standardisation

	_____	Standard1 Improvised2 DK88
1.4.5.4	Was another document used?	Yes1 No 0
1.4.5.5	[ASK A AND B ONLY IF 1.4.5.4=YES] A. Name of document 3:	B. Standardisation
	_____	Standard 1 Improvised2 DK88
1.4.5.6	Was another document used?	Yes 1 No 0
1.4.5.7	[ASK A AND B ONLY IF 1.4.5.6=YES] A. Name of document 4:	B. Standardisation
	_____	Standard 1 Improvised2 DK88
1.4.5.8	Was another document used?	Yes 1 No 0
1.4.5.9	[ASK A AND B ONLY IF 1.4.5.8=YES] A. Name of document 5:	B. Standardisation
	_____	Standard 1 Improvised2 DK88

2. TB Laboratory Register		
2.0	[LOCATE RECORDS FOR THE PERIOD OF JANUARY 1, 2021 TO MARCH 31, 2021] [ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]	
2.1	Smear Microscopy	
2.1.1	Number of diagnostic smears submitted to the laboratory [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
2.1.2	Number of diagnostic smear results received from the laboratory [MUST BE ≤ 2.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
2.1.3	Number of diagnostic smear results received from the laboratory within 2 days [MUST BE ≤ 2.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

2.1.4	Number of <u>positive</u> diagnostic smear results received from the laboratory [MUST BE ≤ 2.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.1.5	Number of smear conversion tests submitted to the laboratory [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.1.6	Number of smear conversion test results received from the laboratory [MUST BE ≤ 2.1.5] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.1.7	Number of smear conversion test results received from the laboratory within 2 days [MUST BE ≤ 2.1.6] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2	Culture [ONLY VALID IF 1.3.5=1 OR 1.3.5=3]	
2.2.1	Number of diagnostic culture tests submitted to laboratory [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.2	Number of diagnostic culture test results received from laboratory [MUST BE ≤ 2.2.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.4	Number of diagnostic culture <u>positive</u> results received from the laboratory [MUST BE ≤ 2.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.3	Number of diagnostic culture <u>positive</u> results received from laboratory within 8 weeks [MUST BE ≤ 2.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.5	Number of culture conversion test submitted to the laboratory [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.6	Number of culture conversion test results received from the laboratory [MUST BE ≤ 2.2.5] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.7	Number of culture conversion test results received from the laboratory within 8 weeks [MUST BE ≤ 2.2.6] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.2.8	Number of culture conversion test that are <u>positive</u> [MUST BE ≤ 2.2.7] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3	GeneXpert	
2.3.1	Number of Xpert tests submitted to laboratory [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

2.3.2	Number of Xpert test results received from the laboratory [MUST BE ≤ 2.3.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3.3	Number of Xpert test results received from the laboratory the same day [MUST BE ≤ 2.3.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3.4	Number of Xpert tests with <u>positive</u> result for TB [MUST BE ≤ 2.3.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3.5	Number of Xpert tests with <u>positive</u> result for resistance to rifampicin [MUST BE ≤ 2.3.4] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3.6	Number of Xpert tests with <u>negative</u> result for TB [MUST BE ≤ 2.3.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3.7	Number of Xpert tests with <u>error</u> result [MUST BE ≤ 2.3.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
2.3.8.1	[VALID ONLY IF 2.3.8=YES] Number of Xpert MTB/RIF Ultra tests with a trace result [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

3. TB Treatment Register		
3.0	[LOCATE RECORDS FOR THE PERIOD OF JANUARY 1, 2021 TO MARCH 31, 2021] [ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]	
3.1	TB Treatment	
3.1.1	Number of new and relapse patients who started treatment (total cohort number) [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.1.2	Number of clinically diagnosed TB patients (new and relapse) who started treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.1.3	Number of bacteriologically confirmed TB patients (new and relapse) who started treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

3.1.4	Number of new or relapse smear positive pulmonary TB cases registered for treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.1.5	Number of new or relapse smear positive pulmonary TB cases registered that were smear negative at the end of the initial phase of treatment [MUST BE ≤ 3.1.4] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.2	TB/HIV	
3.2.1	Number of registered TB patients (new and relapse) who had their HIV status documented in the TB register [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.2.2	Number of registered <u>HIV-positive</u> TB patients (new and relapse) [MUST BE ≤ 3.2.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.2.3	Number of HIV-positive TB patients (new and relapse) receiving CPT during TB treatment per NTP guidelines [MUST BE ≤ 3.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.2.4	Number of HIV-positive TB patients (new and relapse) referred to ART care during TB treatment [MUST BE ≤ 3.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.3	TB Treatment Outcomes for New Cases and Relapses	
3.3.1	Number of new and relapse TB patients whose treatment was interrupted for 2 or more consecutive months (i.e., <u>lost to follow-up</u>) [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.3.2	Number of new and relapse TB patients whose sputum smear or culture is positive at Month 5 or later during treatment (i.e., treatment <u>failed</u>) [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.3.3	Number of new and relapse TB patients who <u>died</u> for any reason before starting treatment or during treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
3.3.4	Number of new and relapse TB patients for whom no treatment outcome is assigned—includes “transferred out” to another treatment unit and unknown treatment outcomes (i.e., <u>not evaluated</u>) [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

3.3.5	<p>Number of new and relapse TB patients at the beginning of treatment who were smear negative in the last month of treatment and on at least one previous occasion (i.e., <u>cured</u>)</p> <p>[MUST BE ≤ 3.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.3.6	<p>Number of new and relapse TB patients who completed treatment without evidence of failure, BUT there is no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion are negative, either because they were not done or because results were not available (i.e., <u>completed treatment</u>)</p> <p>[MUST BE ≤ 3.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.3.7	<p>[ASK ONLY IF SUM OF 3.3.1 TO 3.3.6 IS DIFFERENT FROM 3.1.1]</p> <p>The sum of the counts from 3.3.1 to 3.3.6 should be equal to the 3.1.1 count. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4 TB Treatment Outcomes for Retreatment Cases		
3.4.1	<p>Number of retreatment TB patients (includes treatment after failure, treatment after lost to follow-up, or other previously treated patients without a documented outcome) who initiated a retreatment regimen</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4.2	<p>Number of retreatment TB patients whose treatment was interrupted for 2 or more consecutive months (i.e., <u>lost to follow-up</u>)</p> <p>[MUST BE ≤ 3.4.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4.3	<p>Number of retreatment TB patients whose sputum smear or culture is positive at month 5 or later during treatment (i.e., <u>treatment failed</u>)</p> <p>[MUST BE ≤ 3.4.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>

3.4.4	<p>Number of retreatment TB patients who <u>died</u> for any reason before starting treatment or during treatment</p> <p>[MUST BE ≤ 3.4.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4.5	<p>Number of retreatment TB patients for whom no treatment outcome is assigned— includes “transferred out” to another treatment unit and unknown treatment outcomes (i.e., <u>not evaluated</u>)</p> <p>[MUST BE ≤ 3.4.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4.6	<p>Number of retreatment TB patients who were smear negative in the last month of treatment and on at least one previous occasion (i.e., <u>cured</u>)</p> <p>[MUST BE ≤ 3.4.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4.7	<p>Number of retreatment TB patients who completed treatment without evidence of failure, BUT there is no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion are negative, either because they were not done or because results were not available (i.e., <u>completed treatment</u>)</p> <p>[MUST BE ≤ 3.4.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input type="text"/> <input type="text"/> <input type="text"/>
3.4.8	<p>[ASK ONLY IF SUM OF 3.4.2 TO 3.4.7 IS DIFFERENT FROM 3.4.1]</p> <p>The sum of the counts from 3.4.2 to 3.4.7 should be equal to the 3.4.1 count. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="text"/> <input type="text"/> <input type="text"/>

4. DR-TB Laboratory Register		
4.0	<p>[LOCATE RECORDS FROM JANUARY TO MARCH 2021]</p> <p>[ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]</p>	
4.1 DR-TB Screening and Diagnosis		
4.1.1	<p>Number of presumptive TB cases eligible for and who received drug susceptibility testing (DST)</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
4.1.2	<p>Number of presumptive TB cases with DST results</p> <p>[MUST BE ≤ 4.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
4.1.3	<p>Number of bacteriologically confirmed TB cases eligible for and who received DST</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
4.1.4	<p>Number of bacteriologically confirmed TB cases with DST results</p> <p>[MUST BE ≤ 4.1.3]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
4.1.5	<p>Number of bacteriologically-confirmed TB cases with DST results for rifampicin resistance</p> <p>[MUST BE ≤ 4.1.4]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
4.1.6	<p>Number of bacteriologically-confirmed TB cases with DST results for rifampicin resistance who have RR-TB</p> <p>[MUST BE ≤ 4.1.5]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
4.1.7	<p>Number of bacteriologically-confirmed RR-TB cases with DST results for fluoroquinolones</p> <p>[MUST BE ≤ 4.1.6]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

4.1.8	Number of bacteriologically-confirmed RR-TB cases with DST results who are resistant to fluoroquinolones [MUST BE ≤ 4.1.7] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
4.1.9	[SKIP THE NEXT 3 QUESTIONS IF ALL OF THE ANSWERS IN 4.1.1-4.1.8 ARE 999] What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section? Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).	
4.1.9.1	A. Name of document 1: <input type="text"/>	B. Standardisation Standard 1 Improvised2 DK 88
4.1.9.2	Was another document used?	Yes1 No0
4.1.9.3	[ASK A AND B ONLY IF 4.1.9.2=YES] A. Name of document 2: <input type="text"/>	B. Standardisation Standard 1 Improvised2 DK 88
4.2 RR-TB Treatment [VALID ONLY IF 4.1.6>0]		
4.2.1	Number of bacteriologically-confirmed RR-TB cases who started second-line treatment [MUST BE ≤ 4.1.6] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

5. DR-TB Treatment Register		
5.0	<p>[LOCATE RECORDS FROM JANUARY TO MARCH 2021]</p> <p>[ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]</p>	
5.1 DR-TB Treatment Outcomes		
5.1.1	<p>Number of DR-TB cases who started second-line treatment</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
5.1.2	<p>Number of DR-TB cases whose treatment was interrupted for 2 or more consecutive months (i.e., <u>lost to follow-up</u>)</p> <p>[MUST BE ≤ 5.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
5.1.3	<p>Number of DR-TB cases with treatment failure per WHO guidelines and NTP specifications, which include the following: lack of culture conversion at the end of the intensive phase of treatment, reversion of culture from negative to positive during treatment, or evidence of acquired resistance to fluoroquinolones or second-line injectable drugs, or adverse drug reactions (i.e., <u>treatment failed</u>)</p> <p>[MUST BE ≤ 5.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
5.1.4	<p>Number of DR-TB cases who <u>died</u> for any reason before starting treatment or during treatment</p> <p>[MUST BE ≤ 5.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
5.1.5	<p>Number of DR-TB cases for whom no treatment outcome is assigned, includes “transferred out” to another treatment unit, those still taking treatment for DR-TB, and those with unknown treatment outcomes (i.e., <u>not evaluated</u>)</p> <p>[MUST BE ≤ 5.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
5.1.6	<p>Number of DR-TB cases who were <u>cured</u></p> <p>[MUST BE ≤ 5.1.1]</p> <p>[ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

5.1.7	Number of DR-TB cases who <u>completed treatment</u> without documentation of cure [MUST BE ≤ 5.1.1] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
5.1.8	[ASK ONLY IF SUM OF 5.1.2 TO 5.1.7 IS DIFFERENT FROM 5.1.1] The sum of the counts from 5.1.2 to 5.1.7 should be equal to the 5.1.1 count. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<input type="text"/> <input type="text"/> <input type="text"/>

6. TB Preventive Therapy (TPT) Register [VALID ONLY IF 6.1.1=YES OR 6.2.1=YES]		
6.1	TPT for PLHIV [VALID ONLY IF 6.1.1=YES]	
6.1	[LOCATE RECORDS FOR THE PERIOD OF JANUARY 1, 2021 TO MARCH 31, 2021] [ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]	
6.1.2	Number of PLHIV initiated on TPT [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.3	Number of PLHIV on TPT who interrupted TPT due to any type of adverse event [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.4	Number of PLHIV on TPT who interrupted TPT due to <u>death</u> while taking TPT [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.5	Number of PLHIV on TPT who interrupted TPT due to developing <u>active TB</u> while taking TPT [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.6	Number of PLHIV on TPT who interrupted TPT due to <u>loss to follow-up</u> [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>

6.1.7	Number of PLHIV on TPT with <u>no outcome</u> recorded [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.8	Number of PLHIV on TPT who <u>completed treatment</u> [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.9	[ASK ONLY IF SUM OF 6.1.3 TO 6.1.8 IS DIFFERENT FROM 6.1.2] The sum of the counts from 6.1.3 to 6.1.8 should be equal to the 6.1.2 count. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____	<input type="text"/> <input type="text"/> <input type="text"/>
6.1.10	[SKIP THE NEXT 3 QUESTIONS IF ALL OF THE ANSWERS IN 6.1.2-6.1.8 ARE 999] What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section? Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).	
6.1.11	A. Name of document 1: _____	B. Standardisation Standard 1 Improvised2 DK 88
6.1.12	Was another document used?	Yes 1 No 0
6.1.13	[ASK A AND B ONLY IF 6.1.12=YES] A. Name of document 2: _____	B. Standardisation Standard 1 Improvised2 DK 88
6.2	TPT for Child Contacts [VALID ONLY IF 6.2.1=YES]	
6.2	[LOCATE RECORDS FOR THE PERIOD OF JANUARY 1, 2021 TO MARCH 31, 2021] [ANY INCOMPLETENESS OF REGISTERS/PAGES OR POOR UPKEEP OF THE REGISTERS SHOULD BE REPORTED IN THE COMMENT SECTION AT THE END OF THE TOOL]	

6.2.2	Number of child contacts initiated on TPT [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.3	Number of child contacts on TPT who interrupted TPT due to any type of adverse event [MUST BE ≤ 6.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.4	Number of child contacts on TPT who interrupted TPT due to <u>death</u> while taking TPT [MUST BE ≤ 6.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.5	Number of child contacts on TPT who interrupted TPT due to developing <u>active TB</u> while taking TPT [MUST BE ≤ 6.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.6	Number of child contacts on TPT who interrupted TPT due to <u>loss to follow-up</u> [MUST BE ≤ 6.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.7	Number of child contacts on TPT with <u>no outcome recorded</u> [MUST BE ≤ 6.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.8	Number of child contacts on TPT who <u>completed treatment</u> [MUST BE ≤ 6.2.2] [ENTER 0 FOR NONE AND ALL 9's IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/>
6.2.9	[ASK ONLY IF SUM OF 6.2.3 TO 6.2.8 IS DIFFERENT FROM 6.2.2] The sum of the counts from 6.2.3 to 6.2.8 should be equal to the 6.2.2 count. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<input type="text"/>

6.2.10	<p>[SKIP THE NEXT 3 QUESTIONS IF ALL OF THE ANSWERS IN 6.2.2-6.2.8 ARE 999]</p> <p>What documents (registers, notebooks, consultation lists) did you consult in order to obtain the data to respond to the questions in this section?</p> <p>Only include the documents used to obtain answers for this section. Please give the exact name of the document. Specify if the document is standard (issued by the Ministry of Health) or improvised (unique to the facility).</p>	
6.2.11	A. Name of document 1:	B. Standardisation
	_____	Standard 1 Improvised..... 2 DK 88
6.2.12	Was another document used?	Yes 1 No 0
6.2.13	<p>[ASK A AND B ONLY IF 6.2.12=YES]</p> <p>A. Name of document 2:</p>	B. Standardisation
	_____	Standard 1 Improvised..... 2 DK 88

End of Facility Visit				
		(a) Visit Result		(b) Visit End Time [Use the 24-hour clock system, e.g., 14:30]
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center;">Hours Minutes</p>
		Partially completed	2	
		Records unavailable	3	
		Facility refused	4	
		Postponed	5	
		Other (specify) _____	96	
004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center;">Hours Minutes</p>
		Partially completed	2	
		Records unavailable	3	
		Facility refused	4	
		Other (specify) _____	96	

Comments/Observations

005

Please provide comments or observations you may have about the quality of the record keeping:

TB Data Quality Review: **Systems Assessment and Data Verification**

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start me [Use the 24-ho clock system, e.g., :30]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>					Hours		Minutes		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours		Minutes													
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>					Hours		Minutes		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours		Minutes													

Facility Identification					
		(a) ID	(b) Name		
011	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
012	Health zone	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
014	Facility	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
015	Location of facility		_____		

Find the person most knowledgeable about the facility routine reporting system, introduce yourself, explain the purpose of the survey, and ask the following questions:

1. Facility Reporting System Assessment Tool				
M&E Structure and Function				
100	Is the responsibility for recording the delivery of services on source documents clearly assigned to the relevant staff?	Yes	1	
		Partly (assigned staff not appropriate)	2	
		Not assigned	0	
101	Have staff responsible for data collection and compilation of reports received the appropriate training?	Yes	1	
		Mostly (all staff have received training, but not in the past 5 years)	2	
		Partly (some staff have received training)	3	
		Not at all.....	0	
102	Is there designated supervisor for reviewing aggregated numbers prior to submission to the next level (e.g., HA, HZ, Province, etc.)?	Yes	1	
		Partly (the data are reviewed, but no one is designated with the responsibility)	2	
		Not at all.....	0	
Indicator Definitions and Reporting Guidelines				
		Yes, observed	Yes, reported but not seen	No
103	Do you have a copy of the TB M&E framework?	1	2	0
104	Do you have a copy of the guidelines for TB data collection (PATI)?	1	2	0
105	[ASK THE NEXT 5 QUESTIONS ONLY IF 104=2 OR 104=0] Does the facility have standard written definitions of the following indicators?	Yes	No	N/A
105.1	TB cases notified	1	0	99
105.2	Number of DS-TB cases, i.e., bacteriologically confirmed and clinically diagnosed, includes new and relapses	1	0	99
105.3	Number of DR-TB cases	1	0	99
105.4	Number of registered new and relapse TB patients with documented HIV status.	1	0	99
105.5	Number of HIV-positive new and relapse TB patients on ART during TB treatment	1	0	99
106	Is there an electronic manual that contains guidelines on reporting protocols for the DHIS2?	Yes, observed	1	
		Yes, reported but not seen.....	2	
		No	0	

107	[ASK ONLY IF 104=2 OR 104=0 AND 106=2 OR 106=0] Are there written guidelines available at the facility on electronic or paper-based reporting protocols which includes the following?	Yes	Mostly (there are guidelines, but they are not printed, or available at the facility)	Partly (there are guidelines, but they are informal— i.e. not written or not standard)	Not at all
107.1	What they are supposed to report on	1	2	3	0
107.2	How (e.g., in what specific format) reports are to be submitted	1	2	3	0
107.3	To whom the reports should be submitted	1	2	3	0
107.4	When the reports are due	1	2	3	0
Data Collection Tools and Reporting Forms					
108	Have you been provided clear instructions on how to complete the data collection and reporting forms/tools? (Either from a training, or from supervisor)	Yes Mostly (instructions have been provided, but they are unclear) Partly (instructions have been provided, but they are incomplete) Not at all			1 2 3 0
The next series of questions will ask about standard source documents that are supposed to be used and available at this facility. Kindly show them to me if they are available. If a document below is not available at the facility because the service is not offered, answer “not-applicable”.					
109	Source documents	Available?			
		Yes, observe	Yes, reported but not seen		Not Applicable
109.1	TB register	1	2	0	99
109.6	DR-TB register	1	2	0	99
109.10	MDR-TB register	1	2	0	99
109.4	TB laboratory register	1	2	0	99
109.11	Sample submission register	1	2	0	99
109.12	Xpert TB register	1	2	0	99
109.13	Contact cases register	1	2	0	99
109.8	TPT register	1	2	0	99
109.14	Isoniazid prophylaxis registry (pediatric)	1	2	0	99
109.15	ART cohort register	1	2	0	99
109.3	Patient treatment cards (TB treatment cards)	1	2	0	99
109.7	Electronic patient record system	1	2	0	99

109.16	DR-TB screening register and initiation to second line drug treatment	1	2	0	99					
109.17	Pediatric sampling register	1	2	0	99					
109.18	HIV screening register	1	2	0	99					
109.9	Other (specify)	1	2	0	99					
[IF A SOURCE DOCUMENT ABOVE WAS OBSERVED, PLEASE ANSWER QUESTIONS (B) THROUGH (E)]										
110	Source documents	(B) Is it a standard or improvised source document?		(C) Are the entries in the tool up to the current day?		(D) Has there been a stock-out of the source document in the last 12 months?		(E) Are completed forms available for the last 12 months?		
		Standard	Improvised	Yes	No	Yes	No	Yes	Partly	No
110.1	[ASK ONLY IF 109.1=YES] TB Register	1	2	1	0	1	0	1	2	0
110.6	[ASK ONLY IF 109.6=YES] DR-TB register	1	2	1	0	1	0	1	2	0
110.10	[ASK ONLY IF 109.10=YES] MDR-TB register	1	2	1	0	1	0	1	2	0
110.4	[ASK ONLY IF 109.4=YES] TB laboratory register	1	2	1	0	1	0	1	2	0
110.11	[ASK ONLY IF 109.11=YES] Sample submission register	1	2	1	0	1	0	1	2	0
110.12	[ASK ONLY IF 109.12=YES] Xpert TB register	1	2	1	0	1	0	1	2	0
110.13	[ASK ONLY IF 109.13=YES] Contact cases register	1	2	1	0	1	0	1	2	0
110.8	[ASK ONLY IF 109.8=YES] TPT register	1	2	1	0	1	0	1	2	0
110.14	[ASK ONLY IF 109.14=YES] Isoniazid prophylaxis registry (pediatric)	1	2	1	0	1	0	1	2	0
110.15	[ASK ONLY IF 109.15=YES] ART cohort register	1	2	1	0	1	0	1	2	0
110.3	[ASK ONLY IF 109.3=YES] Patient cards (TB treatment cards)	1	2	1	0	1	0	1	2	0
110.7	[ASK ONLY IF 109.7=YES] Electronic patient record system	1	2	1	0	1	0	1	2	0
110.16	[ASK ONLY IF 109.16=YES] DR-TB screening register and initiation to second line drug treatment	1	2	1	0	1	0	1	2	0

110.17	[ASK ONLY IF 109.17=YES] Pediatric sampling register	1	2	1	0	1	0	1	2	0
110.18	[ASK ONLY IF 109.18=YES] HIV screening register	1	2	1	0	1	0	1	2	0
110.9	[ASK ONLY IF 109.9=YES] Other (specify)	1	2	1	0	1	0	1	2	0
Quarterly Reporting Forms										
111	Does this facility submit quarterly reports to the NTP?	Yes							1	
		No							0	
112	[ASK ONLY IF 111 = YES] Does this facility use any of the following methods for submitting quarterly reports to NTP?	Paper-based only							1	
		Electronic only							2	
		Both paper-based and electronic							3	
		Don't know							88	
113	[ASK ONLY IF 112=1 OR 112=3] Has there been a stock-out of PNLT/HMIS forms in the last 12 months?	Yes							1	
		No							0	
		Don't know							88	
114	Aside from the NTP, to whom does the facility report quarterly results for TB indicators? [SELECT ALL THAT APPLY]	None							0	
		NGO/ Not for profit							1	
		Mission/ Faith Based							2	
		Others (specify) _____							96	
Data Quality and Supervision										
[THE NEXT SERIES OF QUESTIONS SHOULD BE ANSWERED BY A HEALTH PROVIDER OR FACILITY STAFF RESPONSIBLE FOR COMPILING THE QUARTERLY REPORTS. THIS SECTION ASSESSES THE DATA QUALITY AND SUPERVISION IN LIGHT OF DATA QUALITY MANAGEMENT IN THE FACILITY.]										
115	Is there a routine and systematic process within the facility for checking the quality of compiled reports?	Yes							1	
		Mostly (there is a system, but it is not routinely applied at the facility)							2	
		Partly (data quality is checked occasionally, but not systematically)							3	
		Not at all							0	
		Don't know							88	
116	Are accuracy checks routinely conducted by the supervisor? (i.e., re-compilation of priority indicators by a supervisor for a given reporting period and comparison with reported values for the same period)	Yes							1	
		Partly (accuracy checks are conducted, but not routinely)							2	
		Not at all							0	
		Don't know							88	
117	Are consistency checks of summarized data routinely conducted? (e.g., evaluation of trends, looking for outliers, consistency between paper and electronic records)	Yes							1	
		Partly (consistency checks are conducted, but not routinely)							2	
		Not at all							0	
		Don't know							88	

118	Are checks for timely entry and completeness of registers routinely conducted by the supervisor?	Yes Partly (checks for timely entry and completeness are conducted, but not routinely) Not at all Don't know	1 2 0 88
119	Is there written documentation at the facility of the results of data quality controls?	Yes No Don't know	1 0 88
120	Is there a written policy or guidance document (e.g., SOP) at the facility on when and how to conduct data quality checks?	Yes Mostly (there is guidance, but it is not available) Partly (there is guidance, but it is informal) Not at all Don't know	1 2 3 0 88
121	Does the facility receive regular supervisory visits (i.e., at least quarterly) from the province/zonal level (or higher)?	Yes Partly (there are supervisory visits but they are not routine) Not at all Don't know	1 2 0 88
122	Has a documented supervisory visit focused on data quality been conducted at the facility in the past 6 months?	Yes Partly (there was a visit but there is no supporting documentation) No Don't know	1 2 0 88

Data Maintenance and Confidentiality:

[THE NEXT SERIES OF QUESTIONS SHOULD BE ANSWERED BY A HEALTH PROVIDER OR FACILITY STAFF RESPONSIBLE FOR COMPILING THE QUARTERLY REPORTS. THIS SECTION ASSESSES HOW FACILITIES MAINTAIN THEIR DATA AND KEEP THE CONFIDENTIALITY OF INFORMATION.]

125	Are archived registers (either in paper or electronic) organized such that records are easily retrievable (e.g., by service and date)?	Yes No	1 0
126	Is there appropriate (e.g., clean, dry) and adequate space (sufficient size) for the secure organization and storage of source documents and reports?	Yes Mostly (the space is clean, but not big enough) Partly (the space is big enough, but not clean) Not at all	1 2 3 0
127	Is access to archived registers limited to the appropriate staff (e.g., the storage area can be locked, or electronic records accessible only to designated staff)?	Yes Partly (access is limited, but not all the time) Not at all	1 2 0

128	<p>[ASK ONLY IF 112 =2 OR 112=3] For computerized systems, is there a clearly documented and actively implemented database administration procedure in place? This includes access control and backup/recovery procedures.</p>	Yes (the procedure is documented and actively implemented)..... Mostly (there is a procedure, but it is not documented Partly (there is a procedure but it is not followed routinely Not at all.....	1 2 3 0
129	<p>[ASK ONLY IF 128>0] Was the latest date of back-up appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or monthly)?</p>	Yes No.....	1 0
130	Is the computerized system password protected?	Yes No Not applicable	1 0 99
131	Are relevant personal data maintained according to national or international confidentiality guidelines (e.g., in a locked cabinet)?	Yes No.....	1 0

2. Data Verification Tool

Source Documents and Reports: DS-TB Cases

Number of notified DS-TB cases, i.e., bacteriologically confirmed and clinically diagnosed, includes new and relapses

204	<p>What is the source document used by this facility for quarterly reporting of notified DS-TB cases?</p> <p>We are primarily interested in the main document used for compiling quarterly summary statistics for total number of notified DS-TB. Please report if any improvised documents are used.</p> <p>[IF MULTIPLE DOCUMENTS ARE USED, PLEASE INDICATE WHAT IS THE SUMMARY DOCUMENT USED (FOR COMPILING ALL THE INFORMATION) AS THE SOURCE DOCUMENT FOR REPORTING.]</p>	<p>TB register 1</p> <p>TB laboratory register 2</p> <p>Patient cards (TB treatment cards) 3</p> <p>Electronic patient record system 4</p> <p>Other (specify) _____ 96</p>	
205	<p>[BASED ON THE RESPONSE TO QUESTION 204, PLEASE ASK THE PERSON IN THE FACILITY WHO REGULARLY PREPARES THE FACILITY QUARTERLY REPORTS TO PROVIDE YOU WITH THE DS-TB REGISTERS THAT ARE USED TO COMPILE AND SUMMARIZE INFORMATION FOR QUARTERLY REPORTING FOR TOTAL NUMBER OF NOTIFIED DS-TB CASES]</p>		
205.1	<p>Confirm if the DS-TB register is the period of January to March 2021</p> <p>[*PARTLY: DS-TB register is AVAILABLE, BUT SOME INFORMATION IS MISSING]</p>	<p>Yes, available and complete 1</p> <p>Yes, available but partly* complete 2</p> <p>Yes, available but no data recorded 3</p> <p>No 0</p>	
205.2	<p>[ASK ONLY IF 205.1=1 or 2]</p> <p>Recount number of notified DS-TB cases (between January and March 2021)</p>	<p>A= <input type="text"/></p>	
206	<p>[ASK ONLY IF 205.1=1 or 2]</p> <p>From the registers, count the total number of DS-TB patients that were transferred-in for the period of January to March 2021. Please record the total number for the quarter.</p>	<p>B= <input type="text"/></p>	
207	<p>[ASK ONLY IF 205.1=1 or 2]</p> <p>Calculate C: Total number of notified DS-TB cases minus the transferred-in cases (transferred-in cases are not included in the receiving unit's case registrations)</p>	<p>Number of DS-TB cases that should be reported</p> <p>C=A-B <input type="text"/></p>	

208	[ASK ONLY IF 205.1=1 or 2] [ASK TO SEE THE DS-TB REGISTER] Count the number of notified DS-TB cases from January to March 2021 with missing information for each of the following columns in the unit of the DS-TB register.	Number of cases (rows) with missing data [IF N/A, PLEASE USE 9999]	
208.1	Year of registration	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.2	Sex	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.3	Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.4	Disease classification/Anatomical site of disease	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.5	Type of patient/History of previous TB treatment/Patient registration group	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.6	Laboratory results	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.7	Treatment outcomes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208.8	Number of cases missing data in at least 1 of the 7 rows listed above	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
[REVIEW THE QUARTERLY REPORT FOR DS-TB CASES AND ANSWER THE FOLLOWING QUESTIONS]			
209	Please confirm the availability of the quarterly report for number of notified DS-TB cases for January to March 2021. If available, please record the number of notified DS-TB cases as recorded in the quarterly report for January to March 2021.		
209.1	Quarterly report available for Quarter 1 2021 (January to March 2021) [*PARTLY: THE QUARTERLY REPORT IS AVAILABLE, BUT SOME INFORMATION IS MISSING]	Yes, available and complete..... Yes, available but partly* complete Yes, available but no data recorded..... No, but electronic report has been provided by NTP No	1 2 3 4 0
209.2	[ASK ONLY IF 209.1=1 OR 2 OR 4] Record number of notified DS-TB in quarterly report	D= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Discrepancies [ASK ONLY IF 209.1=1 OR 2 OR 4 AND IF 209.2 IS NOT EQUAL TO 207]			
210	What are the reasons for the discrepancy between C and D? [SELECT ALL THAT APPLY UNLESS ANSWER IS "1"]	Data entry errors..... Arithmetic errors..... Information from all source documents not compiled correctly..... Source document and/or quarterly report not available Other (specify) _____	2 3 4 5 96

Source Documents and Reports: DR-TB Cases			
Number of notified DR-TB cases, i.e., bacteriologically confirmed and clinically diagnosed, includes new and relapses			
220	Does this facility provide RR-TB and/or MDR-TB diagnosis and/or treatment?	Yes No	1 0
[IF 220= NO, GO TO "END OF FACILITY VISIT"; OTHERWISE CONTINUE]			
225	What is the source document used by this facility for quarterly reporting of notified DR-TB cases ? We are primarily interested in the main document used for compiling quarterly summary statistics for total number of notified DR-TB cases . Please report if any improvised documents are used. [IF MULTIPLE DOCUMENTS ARE USED, PLEASE INDICATE WHAT IS THE SUMMARY DOCUMENT USED (FOR COMPILING ALL THE INFORMATION) AS THE SOURCE DOCUMENT FOR REPORTING.]	TB register DR-TB register MDR-TB register Xpert TB register DR-TB screening register and initiation to second line drug treatment TB laboratory register Patient cards (TB treatment cards) Electronic patient record system..... Other (specify) _____	1 2 3 4 5 6 7 8 96
226	[BASED ON THE RESPONSE TO QUESTION 225, PLEASE ASK THE PERSON IN THE FACILITY WHO REGULARLY PREPARES THE FACILITY QUARTERLY REPORTS TO PROVIDE YOU THE 2021 DR-TB REGISTER(S) WHICH WERE USED TO COMPILE AND SUMMARIZE INFORMATION FOR QUARTERLY REPORTING (I.E. REGISTERS, TALLY SHEETS, ETC.) FOR JANUARY TO MARCH 2021 FOR TOTAL NUMBER OF RR-TB AND/OR MDR-TB CASES]		
226.1	Confirm if the DR-TB register is available for the period of January to March 2021 [*PARTLY: DR-TB register is AVAILABLE, BUT SOME INFORMATION IS MISSING]	Yes, available and complete Yes, available but partly* complete Yes, available but no data recorded..... No	1 2 3 0
226.2	[ASK ONLY IF 226.1=1 or 2] Recount the number of notified DR-TB cases from January to March 2021	A= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
227	[ASK ONLY IF 226.1=1 or 2] From the DR-TB register, count the total number of DR-TB cases that were transferred in for January to March 2021. Please record the total number. These cases are marked as "TI" under registration group.	B= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
228	[ASK ONLY IF 226.1=1 or 2] Calculate C: Total number of notified DR-TB cases from the DR-TB register minus the transferred-in cases (transferred-in cases are not included in the receiving unit's case registrations)	Number of DR-TB cases that should be reported C=A-B= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

229	[ASK TO SEE THE TB (DR-TB) REGISTER] Count the number of notified DR-TB cases entered in the treatment register for the period of January to March 2021 with missing information for each of the following columns in the DR-TB register	Number of cases (rows) with missing data [IF N/A, PLEASE USE 9999]	
229.1	Year of registration	<input type="text"/>	
229.2	Sex	<input type="text"/>	
229.3	Age	<input type="text"/>	
229.4	Disease classification/Anatomical site of disease	<input type="text"/>	
229.5	Type of patient/History of previous TB treatment/Patient registration group	<input type="text"/>	
229.6	Laboratory results	<input type="text"/>	
229.7	Treatment outcomes	<input type="text"/>	
229.8	Number of cases missing data in at least 1 of the 7 rows listed above	<input type="text"/>	
[REVIEW THE QUARTERLY REPORT FOR DR-TB CASES AND ANSWER THE FOLLOWING QUESTIONS]			
230	Please confirm the availability of the quarterly report for number of notified DR-TB cases for January to March 2021. If available, please record the number of notified DR-TB cases as recorded in the quarterly reports for the period of January to March 2021.		
230.1	Quarterly reports available for January to March 2021 [*PARTLY: THE QUARTERLY REPORT IS AVAILABLE, BUT SOME INFORMATION IS MISSING]	Yes, available and complete..... Yes, available but partly* complete Yes, available but no data recorded..... No, but electronic report has been provided by NTP No	1 2 3 4 0
230.2	[ASK ONLY IF 230.1=1 OR 2 OR 4] Record number of notified DR-TB cases notified in quarterly reports	D= <input type="text"/>	
Discrepancies [ASK ONLY IF 230.1=1 OR 2 OR 4 AND IF 230.2 IS NOT EQUAL TO 228]			
232	What are the reasons for the discrepancy between C and D? [SELECT ALL THAT APPLY UNLESS ANSWER IS "1"]	Data entry errors..... Arithmetic errors..... Information from all source documents not compiled correctly..... Source document and/or quarterly report not available Other (specify) _____	2 3 4 5 96

End of Facility Visit			
		(a) Visit Result	(b) Visit End Time [Use the 24-hour clock system, e.g., 14:30]
003	Visit 1	Completed.....	1
		Partially completed	2
		Records unavailable	3
		Facility refused	4
		Postponed	5
		Other (specify) _____	96
			<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Hours Minutes</p>
004	Visit 2 (if needed)	Completed.....	1
		Partially completed	2
		Records unavailable	3
		Facility refused	4
		Other (specify) _____	96

Interviewer's Observations	
005	Comments: <hr/> <hr/> <hr/> <hr/>

TB DIAH

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the TB Data, Impact Assessment and Communications Hub (TB DIAH) Associate Award No. 7200AA18LA00007. TB DIAH is implemented by the University of North Carolina at Chapel Hill, in partnership with John Snow, Inc. Views expressed are not necessarily those of USAID or the United States government. TL-23-101 TB

