

Quality of Tuberculosis Services Assessment

in Nigeria

Tools

July 2019



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ABBREVIATIONS

AFB	acid-fast bacilli
AHEAD	Academy for Health Development
ART	antiretroviral therapy
BCC	behavior change communication
CHEW	community health extension worker
CHO	community health office
CHW	community health worker
CPT	co-trimoxazole preventive therapy
CXR	chest X-ray
DOT	directly observed treatment
DOTS	directly observed treatment, short-course
DR	drug-resistant
DS	drug-susceptible
DST	drug susceptibility testing
FBO	faith-based organization
FDC	fixed-dose combination
INH	isoniazid
JSI	John Snow, Inc.
LED	light-emitting diode
LGA	local government area
LPA	line-probe assays
MDR	multidrug-resistant
MGIT	mycobacterial growth indicator tube
MTB	mycobacterium tuberculosis
MTD	mycobacterium TB direct test
NGO	nongovernmental organization
NTBLCP	National TB and Leprosy Control Programme (Federal Republic of Nigeria)
NTP	National Tuberculosis Control Program
QTSA	Quality of TB Services Assessment
RIF	rifampicin

SMS	short message service
SOP	standard operating procedure
TB	tuberculosis
TST	tuberculin skin test
USAID	United States Agency for International Development

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 Record Review (consisting of two parts). 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.

The tools exist in a generic 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, ward, or woreda) or the name of their TB registers (e.g., TB patient logbook or TB confirmed cases register). They are customized to fit the country priorities and context in which they will be used.

This document presents only the pilot QTSA tools adapted for use in Nigeria. It provides detailed information about the structure and content of the tools. More information on the QTSA purpose, methods, or results can be found in the individual QTSA reports. Nigeria's QTSA report is available at the following link: <https://www.measureevaluation.org/resources/publications/tr-19-361/>

QTSA documents for other countries are available here:

<https://www.measureevaluation.org/ourwork/tuberculosis/quality-of-tb-services-assessments>

FACILITY AUDIT

[Before the site visit to the facility, ensure that the staff who are best able to answer the questions are available. Some of the staff that may be required includes manager or in-charge for clinical services, TB designated staff, pharmacist, laboratory scientist, etc.]

Facility Identification		
001	State	<input type="text"/>
002	LGA	<input type="text"/>
003	Facility number/code	<input type="text"/>
004	Facility name	<input type="text"/>
005	Location of facility	<input type="text"/>

Facility Characteristics			
006	Type of facility	Tertiary	1
		Secondary.....	2
		Primary	3
007	Managing authority	Government/Public	1
		Military/Paramilitary.....	2
		NGO/Not-for-Profit	3
		Private-for-Profit	4
		Mission/Faith-based	5
		Other (specify)	96
008	Locality of facility	Urban	1
		Peri-urban	2
		Rural	3

009	TB service availability	Outpatient only	1
		Inpatient only	2
		Both inpatient and outpatient.....	3

Facility Visit			
010	(a) Visit Date	Interviewer ID and Name	(d) Result
Visit 1	___/___/___	(b) ID: <input type="text"/> <input type="text"/> (c) Name: _____	Completed 1 Partially completed 2 Respondent unavailable 3 Facility refused 4 Postponed 5 Other (specify) 96
Visit 2 (if needed)	___/___/___	(b) ID: <input type="text"/> <input type="text"/> (c) Name: _____	Completed 1 Partially completed 2 Respondent unavailable 3 Facility refused 4 Other (specify) 96

011	Survey start time [Use the 24-hour clock system, e.g. 14:30]	Visit 1: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hour Minutes	Visit 2: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hour Minutes
-----	--	--	--

1.	Availability of Services [In-charge or TB Focal Person]				
			Y	N	
1.1	Does this facility provide TB screening and diagnosis services?		1	0	
1.1.1	[ASK ONLY IF 1.1=YES] Does this facility provide those services to children?		1	0	
1.2	Does this facility provide TB care and treatment services?		1	0	
1.2.1	[ASK ONLY IF 1.2=YES] Does this facility provide those services to children?		1	0	
[IF 1.1 AND 1.2 ARE BOTH NO, END FACILITY AUDIT]					
1.3	Typically, how many days per week are TB-related services offered?	Days per week <input type="text"/> [No response] 99			
1.4	How many service points (i.e. number of places within the facility) deliver TB-related services in the facility?	Service points..... <input type="text"/> <input type="text"/> [No response] 99			
1.5	Approximately, how many years do you think TB-related services have been available at this facility? [IF LESS THAN A YEAR, RECORD "00"]	Years..... <input type="text"/> <input type="text"/> Don't know 98 [No response] 99			
1.6	Now, I will ask if the facility provides certain TB-related services. For each service, I want to know whether this facility ever offered the service. For those you answer yes, I will then ask if they were available in the past 12 months.				
	Services	(a) Ever provided the service at the facility	[ASK ONLY IF (a)=YES] (b) Available at all times in last 12 months		
		Y N [NR]	Yes, available for 12 or more months	No, available for <12 months	
1.6.1	[ASK ONLY IF 1.1=YES] Diagnosis of tuberculosis based on any type of specimen testing (smear, culture, rapid test)	1 0 99	1	0	
1.6.2	[ASK ONLY IF 1.1=YES] Diagnosis of tuberculosis based on clinical symptoms	1 0 99	1	0	
1.6.3	[ASK ONLY IF 1.2=YES] TB medicines given directly to patient by health provider	1 0 99	1	0	

1.	Availability of Services [In-charge or TB Focal Person]					
1.6.4	[ASK ONLY IF 1.2=YES] TB medicines given to patient by pharmacy	1	0	99	1	0
1.6.5	[ASK ONLY IF 1.2=YES] Treatment follow-up services for tuberculosis	1	0	99	1	0
1.6.6	[ASK ONLY IF 1.2=YES] Direct Observation of Treatment (DOT)	1	0	99	1	0
1.6.7	[QUESTION REMOVED]					
1.6.8	[ASK ONLY IF 1.2=YES] SMS text reminders to support patients' adherence to medications and treatment	1	0	99	1	0
1.6.9	Phone calls to TB patients, e.g. if they miss an appointment, to schedule a home visit, etc.	1	0	99	1	0
1.6.10	HIV testing and counseling for TB patients	1	0	99	1	0
1.6.11	Preventive treatment for TB infection (INH + Pyridoxine)	1	0	99	1	0
1.6.12	Screening of HIV+ patients for TB disease	1	0	99	1	0
1.6.13	ART for TB/HIV co-infected patients	1	0	99	1	0
1.6.14	CPT for TB/HIV co-infected patients	1	0	99	1	0
1.6.15	Viral load testing for TB/HIV co-infected patients	1	0	99	1	0
1.6.16	[ASK ONLY IF 1.2=YES] Treatment of drug-susceptible tuberculosis in people Infected with HIV	1	0	99	1	0
1.6.17	Identification of need for referral for all treatment failures	1	0	99	1	0
1.6.18	Management of MDR-TB	1	0	99	1	0
1.6.18.1	[ASK ONLY IF 1.6.18 (a)=NO] Diagnosis of MDR-TB	1	0	99	1	0
1.6.18.2	[ASK ONLY IF 1.6.18.1 (a)=YES] Referral for MDR-TB treatment	1	0	99	1	0
	[ASK ONLY IF 1.1=YES]				Y	N [NR]
1.7	Does the facility conduct TB diagnostic tests onsite?	1	0	99		

1.	Availability of Services [In-charge or TB Focal Person]			
	[ASK ONLY IF 1.7=YES] Do you use the following methods for diagnosing TB in this facility?	Y	N	[NR]
1.7.1	Clinical signs and symptoms	1	0	99
1.7.2	Sputum smear microscopy examination – light microscope	1	0	99
1.7.3	Sputum smear microscopy examination – LED microscope	1	0	99
1.7.4	Culture – solid media	1	0	99
1.7.5	Liquid culture (ex, MGIT)	1	0	99
1.7.6	GeneXpert MTB/RIF based in facility	1	0	99
1.7.7	GeneXpert OMNI	1	0	99
1.7.8	Lateral flow urine lipoarabinomannan assay (LF-LAM)	1	0	99
1.7.9	Chest x-ray	1	0	99
1.7.10	Access to line-probe assays (LPAs)	1	0	99
1.7.11	Access to digital CXR	1	0	99

2.	Diagnostics Capacity and Testing [TB Focal Person or Lab Personnel]				
	[ASK ONLY IF 1.1=YES]	Y	N	[NR]	
2.1	Does the facility perform the Amplified Mycobacterium TB Direct Test (MTD)?	1	0	99	
2.2	Does the facility send specimens outside of the facility for TB testing?	1	0	99	
2.3	Does the facility keep records of results of sputum tests?	1	0	99	
2.4	Does the facility have an existing system for quality control (either internal or external) for the specimens assessed in this facility?	1	0	99	
2.5	Does the facility keep records of the results from the quality control (internal or external) procedures?	1	0	99	
2.6	[ASK ONLY IF 2.4=YES] Type of quality control practice followed by the facility	None..... Internal quality control only..... External quality control only..... Both internal and external quality control.		0 1 2 3	
2.6.1	[ASK ONLY IF 2.6>0] How often does the facility perform quality control?	Rarely..... Sometimes..... Always.....		1 2 3	
		Y	N	[NR]	
2.6.2	Does the facility send slides for re-reading?	1	0	99	
2.7	[ASK ONLY IF 1.7=YES] What type of TB test services are performed at the facility?	Y	N	[NR]	
2.7.1	Ziehl-Neelsen testing for TB (AFB)	1	0	99	
2.7.2	Xpert® MTB/RIF diagnostic testing for TB	1	0	99	
2.7.3	Were there any stock-outs of the diagnostic test supplies in the past 6 months?	1	0	99	
2.8	[ASK ONLY IF 1.7=YES] Please tell me if any of the following stains or test kits are available and there is at least one with a valid expiration date.	Observed	Reported, not observed	Not available	[NR]
2.8.1	Specimen containers	2	1	0	99
2.8.2	LED FM microscope	2	1	0	99
2.8.3	[ASK ONLY IF 2.7.1=YES] Ziehl-Neelsen test for AFB	2	1	0	99
2.8.4	Carbol fuchsin stain	2	1	0	99
2.8.5	Sulfuric acid (20 - 25% concentration) or acid alcohol	2	1	0	99
2.8.6	Methyl blue stain	2	1	0	99

2.	<i>Diagnostics Capacity and Testing [TB Focal Person or Lab Personnel]</i>				
2.8.7	Culture/growth medium (e.g., MGIT 960)	2	1	0	99
2.8.8	Biosafety hood/cabinet	2	1	0	99
	[ASK ONLY IF 2.7.2=YES]				
2.8.9.1	TB rapid diagnostic test (Xpert MTB/RIF) with valid calibration	2	1	0	99
2.8.9.2	Xpert MTB/RIF module unit with either desktop or laptop	2	1	0	99
2.8.9.3	Xpert MTB/RIF cartridge	2	1	0	99

3.	Policies, Protocols, and Guidelines [In-charge or TB Focal Person]				
	Next, I'd like to assess the availability of copies of approved and required protocols, policies, and messages on TB information (BCC materials) available at the facility:	Observed	Reported, not observed	Not available	[NR]
3.1	The NTBLCP national TB management and control guidelines (2015/6 th edition)	2	1	0	99
3.2	[ASK ONLY IF 2.6>0] Guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility	2	1	0	99
3.3	The NTBLCP 3I's for TB/HIV Control in Nigeria 2015 Edition	2	1	0	99
3.4	The NTBLCP Guidelines for clinical management of TB/ HIV related conditions in Nigeria (2 nd edition)	2	1	0	99
3.5	[ASK ONLY IF 1.2=YES] Protocol or guideline of essential drug list or essential medicines list	2	1	0	99
3.6	[ASK ONLY IF 1.2=YES] A training manual for DOT providers or volunteers	2	1	0	99
3.7	[ASK ONLY IF 1.2=YES] Guidelines related to MDR-TB diagnosis and treatment (or identification of need for referral)	2	1	0	99
3.8	[ASK ONLY IF 1.1=YES] Flowcharts or algorithms on TB screening	2	1	0	99
3.9	[ASK ONLY IF 1.1=YES] Flowcharts or algorithms on TB diagnosis	2	1	0	99
3.10	TB posters on walls, leaflets, brochures, and pamphlets in local languages for distribution, i.e. educational materials about TB available	2	1	0	99

4.	Management and Staff [In-charge or TB Focal Person]				
	Did any providers of TB services at this facility receive new or refresher training in the following topics in the last 24 months?	Within 24 months	Over 24 months	No trained staff	[NR]
4.1	Diagnosis of tuberculosis based on sputum tests for bacteriologic detection using AFB smear or culture	2	1	0	99
4.2	Diagnosis of tuberculosis based on clinical symptoms and/or examination	2	1	0	99
4.3	Diagnosis of tuberculosis using Xpert MTB/RIF	2	1	0	99
4.4	Treatment prescription for tuberculosis	2	1	0	99
4.5	Treatment follow-up services for tuberculosis	2	1	0	99
4.6	Management of TB-HIV co-infection	2	1	0	99
4.7	MDR-TB treatment or identification of need for referral	2	1	0	99
4.8	TB infection control	2	1	0	99

5.	Supervision and Feedback [TB Focal Person or In-charge]				
	When asking this question, document the evidence e.g., using the visitors register of the facility	Yes, according to guidelines	Yes, less frequently than guidelines	No, not at all	[NR]
5.1	In the past 12months, has the facility received a TB supervision visit from the higher level (LGTBLS or other)?	2	1	0	99
5.2	[ASK ONLY IF 5.1=YES (1 or 2)]			Y	N
5.2.1	During the last supervision visit, did the supervisor assess the pharmacy, e.g., drug stock out, expiry, records, etc.?	1	0	99	
5.2.2	During the last supervision visit, did the supervisor assess the data, e.g., completeness, quality, and timely reporting?	1	0	99	
5.2.3	Did the facility receive a report from the upper level management in the preceding three months on the TB service performance of the unit?	1	0	99	

6.	TB Information and Services [In-charge or TB Focal Person]			
	Do staff or personnel provide the following information to TB patients?	Y	N	[NR]
6.1	The importance of treatment adherence	1	0	99
6.2	The need for a treatment supporter	1	0	99
6.3	What to do if side-effects occur, they run out of medicines, or need to leave for another area beyond the facility catchment area	1	0	99
6.4	[ASK ONLY IF 1.2=YES] Review the progress of each TB patient registered for treatment at the facility according to the national guidelines (i.e. For DS-TB Patient, review at months 2 and or 3, 5 and end of treatment and for DR-TB, review monthly till end of treatment)	1	0	99
6.5	Refer TB patients for appropriate care when necessary	1	0	99
6.6	Manage contacts according to TB program guidelines	1	0	99
6.7	Offer HIV testing and counselling to all diagnosed TB clients	1	0	99

7.	TB Treatment [TB Focal Person or In-charge]			
	[ASK ONLY IF 1.2=YES]	Y	N	[NR]
7.1	Is the prescribed drug regimen in line with existing national recommendations for treatment of new TB patients?	1	0	99
7.2	Do you have DST for 1st and 2nd line drugs for each patient?	1	0	99
7.3	Do you ask patients for symptoms on side effects during every DOT visit?	1	0	99
7.4	Do you capture all reported side effects in the patient's chart?	1	0	99
7.5	Do you have enough ancillary medications to manage side effects?	1	0	99
7.6	Do you provide educational sessions or info to all your patients?	1	0	99
7.7	Have you distributed monthly social support packages or other adherence support for DR-TB patient?	1	0	99
7.8	Do you track patients who miss their treatment?	1	0	99
7.9	In your opinion, what proportion of bacteriologically positive TB patients at this facility have their follow –up sputum smear test performed according to the national guidelines (DS-TB patient: month 2 and or 3,5 and 6, DR-TB: monthly for the duration of the treatment)?	0-50 51-80..... 80+ [NR].....		1 2 3 99
7.10	[ASK ONLY IF 1.7 = YES] On average, how many working days does it takes to receive results from an onsite lab?	Days <input type="text"/> <input type="text"/> Don't know 98 [No response] 99		

8.	Information about diagnosis and treatment provided by community health workers (CHWs) [TB Focal Person or In-charge]			
	Some health facilities use CHWs to provide additional support to TB patients. In this section, we would like to learn about what links your facility has with CHWs or other organizations in the community that might provide support to TB patients.	Y	N	[NR]
8.1	Does this facility work with community-based health workers or volunteers? [IF NO OR NR, GO TO NEXT SECTION]	1	0	99
8.2	If Yes, do community-based health workers support TB patients? [IF NO OR NR, GO TO NEXT SECTION]	1	0	99
8.3	If Yes, what types of services do the community-based workers provide?	Y	N	[NR]
8.3.1	Referral for screening and diagnosis	1	0	99
8.3.2	Referral for treatment	1	0	99
8.3.3	Adherence counselling	1	0	99
8.3.4	Trace or locate clients who miss follow-up visits	1	0	99
8.3.5	TB preventive education	1	0	99
8.3.6	Emotional or social support	1	0	99
8.3.7	HIV counselling and testing	1	0	99
8.3.8	[ASK ONLY IF 1.6.6 (a)=YES] Direct Observation Treatment (DOT)	1	0	99
8.3.9	[QUESTION REMOVED]			
8.3.10	[ASK ONLY IF 1.6.8 (a)=YES] SMS text reminders to support patients' adherence to medications and treatment	1	0	99
8.3.11	[ASK ONLY IF 1.6.9 (a)=YES] Phone calls to TB patients, e.g. if they miss an appointment, to schedule a home visit, etc.	1	0	99
8.3.12	Other (specify) _____	1	0	99
8.4	Who financially supports the community-based workers?	Y	N	[NR]
8.4.1	NGO	1	0	99
8.4.2	FBO	1	0	99
8.4.3	Government	1	0	99
8.4.4	Individual donors	1	0	99
8.5	Do community health workers associated with this facility receive training in TB screening, diagnosis, treatment?	1	0	99
8.6	[ASK ONLY IF 8.3.8=YES] Does the facility have an up-to-date database of active DOT supporters?	1	0	99
8.7	Does the facility keep a record of the performance of the CHWs?	1	0	99
8.8	Does the facility TB focal person meet regularly (monthly or quarterly) with CHWs?	1	0	99
8.9	Does the facility TB focal person visit CHWs or volunteers in the field for supervision and support?	1	0	99

9.	Drug Regimens [TB Focal Person]			
	[ASK ONLY IF 1.2=YES] Do staff or personnel initiate and prescribe drug regimens in line with existing national protocol for:	Y	N	[NR]
9.1	Newly diagnosed patients	1	0	99
9.2	Re-treatment patients	1	0	99
9.3	[ASK ONLY IF 1.6.11 (a)=YES] Adult contacts - Preventive treatment for TB infection (INH + Pyridoxine)	1	0	99
9.4	[ASK ONLY IF 1.6.11 (a)=YES] Child contacts - Preventive treatment for TB infection (INH + Pyridoxine)	1	0	99

10.	Management of Children with TB [TB Focal Person]			
10.1	[ASK ONLY IF 1.1.1 & 10.1=YES] How are children screened and diagnosed?	Yes, Unprompted	Yes, Prompted	No
10.1.1	Identify children with presumptive TB	2	1	0
10.1.2	Refer all children for evaluation to an accessible site	2	1	0
10.1.3	Identify the child contacts of all smear positive, Xpert MTB/RIF positive, or all pulmonary TB patients	2	1	0
10.1.4	Use tuberculin skin test (TST) in children under five	2	1	0
10.1.5	Check the TST induration (reading of tuberculin skin test results)	2	1	0
10.1.6	Other (specify)	2	1	0
10.2	[ASK ONLY IF 1.2.1=YES] What kind of care do you provide children?	Yes, Unprompted	Yes, Prompted	No
10.2.1	[ASK ONLY IF 1.2.1=YES] Initiate drug regimens for children in line with existing national recommendations for treatment of childhood TB for children with active disease	2	1	0
10.2.2	[ASK ONLY IF 1.2.1=YES] Other (specify)	2	1	0

11.	Management of Adults with TB [TB Focal Person]			
	[ASK ONLY IF 1.1=YES] Do facility staff or personnel do the following?	Y	N	[NR]
11.1	List patients' names due for collection of sputum to assess conversion (i.e., those at the end of 2, 5, or 6 months of treatment)?	1	0	99
11.2	Implement the National Presumptive TB Register	1	0	99
11.2.1	[ASK ONLY IF 11.2=NO] How do you keep a record of TB Case Notifications?			

12.	<i>Patients taking treatment on their own responsibility</i> [TB Focal Person]			
	[ASK ONLY IF 1.2=YES]			
12.1	How often do the patients collect treatment medications?	Weekly	1	
		Twice a month	2	
		Monthly	3	
		No response	99	
		Y	N	[NR]
12.2	Does the facility monitor the intervals at which the patient should collect treatment?	1	0	99
12.3	Does the facility have any of the following outreach services for TB patients?			
12.3.1	Provide medicines to patients who have a difficulty in reaching the facility	1	0	99
12.3.2	Trace or locate patients who miss follow-up visits	1	0	99
12.3.3	Support group for TB patients	1	0	99
12.3.4	Provide nutritional support to TB patients	1	0	99

13.	Equipment Availability [TB Focal Person or In-charge]							
	[ASK TO SEE AND OBSERVE IF THE FOLLOWING BASIC EQUIPMENT AND SUPPLIES USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]							
	Equipment	(a) Available				(b) Functioning		
		Observed	Reported, not observed	Not available	[NR]	[ask only if (a)=Observed]		
						Y	N	DK
13.1	Functioning adult weighing scale	2	1	0	99	1	0	98
13.2	Functioning child weighing scale – 250 gram gradation	2	1	0	99	1	0	98
13.3	Functioning infant weighing scale – 100 gram gradation	2	1	0	99	1	0	98
13.4	Measuring tape-height board or stadiometer	2	1	0	99	1	0	98
13.5	Thermometer	2	1	0	99	1	0	98
13.6	Stethoscope	2	1	0	99	1	0	98
13.7	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	2	1	0	99	1	0	98
13.8	Light source (flashlight acceptable)	2	1	0	99	1	0	98
13.9	Intravenous infusion kits	2	1	0	99	1	0	98
13.10	Oxygen concentrators	2	1	0	99	1	0	98
13.11	Oxygen cylinders	2	1	0	99	1	0	98
13.12	Central oxygen supply	2	1	0	99	1	0	98
13.13	Flowmeter for oxygen therapy (with humidification)	2	1	0	99	1	0	98
13.14	Oxygen delivery apparatus (key connecting tubes and mask or nasal prongs)	2	1	0	99	1	0	98

14.	<i>Sputum Investigations</i> [TB Focal Person or Lab Personnel]			
	[ASK ONLY IF 1.2=YES] Do staff or personnel request appropriate sputum investigations for specific categories of patients?	Y	N	[NR]
14.1	Sputum sample for new presumptive TB	1	0	99
14.2	Sputum culture and susceptibility for TB re-treatments or patients who fail to convert on treatment or suspected DR TB	1	0	99
14.3	During the last week of initial phase of treatment and continuation phase of treatment	1	0	99
14.4	At 2 or 3 months on treatment for drug susceptible TB	1	0	99
14.5	At 5 months (new patients) and 7 months (re-treatment patients) on treatment	1	0	99

15. Specimen Management [Lab Personnel or TB Focal Person]						
15.1	How is sputum collected?	Yes, Unprompted	Yes, Prompted	No		
15.1.1	Immediately out of bed in the morning (before eating or drinking anything), brush teeth and rinse mouth with water only	2	1	0		
15.1.2	Take deep breath through mouth (breath in and out 3 times)	2	1	0		
15.1.3	Cough up mucous from deep in the chest	2	1	0		
15.1.4	Spit the mucous into special plastic cup or jar – screw lid tightly	2	1	0		
15.1.5	Put the cup or jar into the bag it came in and seal the bag closed	2	1	0		
15.1.6	Put the specimen into the refrigerator until it is returned to the clinic	2	1	0		
15.1.7	Other (specify)	2	1	0		
[REQUEST COPIES OF EACH GUIDELINE TO BE SIGHTED BEFORE INDICATING “YES”; NONAVAILABILITY SHOULD BE REGARDED AS “NO”]			Y	N	[NR]	
15.2	Are SOPs for specimen collection available?	1	0	99		
15.3	Does the facility have the contact details of their laboratory?	1	0	99		
15.4	Are the approved laboratory request forms available?	1	0	99		
15.5	Is there an up-to-date specimen dispatch list?	1	0	99		
15.6	Were there any stock-outs of specimen supplies in the past 6 months?	1	0	99		
15.7	Is the laboratory onsite?	1	0	99		
15.7.1	[ASK ONLY IF 15.7=NO or NR] Does specimen transportation to the laboratory occur (within 48 hours)	1	0	99		
15.7.2	[ASK ONLY IF 15.7=NO or NR] Does the facility use a cooler box reserved for transportation of specimens?	1	0	99		
15.7.3	[ASK ONLY IF 15.7=NO or NR] On average, how many days does it take to receive the results at the facility?	Days <input type="text"/> <input type="text"/>		Don't know 98		
	How would you rate the following on a scale of 1 to 5 where 1=Never, 2=Seldom, 3=Half of the time, 4=Most of the time, and 5=Always?	Never	Seldom	Half of the time	Most of the time	Always
15.8	How often is the facility in compliance in the use of SOPs for specimen collection?	1	2	3	4	5
15.9	How often are specimen results returned to the facility in a timely way?	1	2	3	4	5

16.	Adequacy of Infection Prevention Measures [Infection Control Focal Person or TB Focal Person]				
	I'm going to ask about infection prevention measures and then I'd like to see the supplies used for infection control	Y	N	[NR]	
16.1	A staff member has been designated as an infection prevention and control focal point with specifically articulated duties	1	0	99	
16.2	TB infection prevention and control practices are followed according to national guidelines	1	0	99	
16.3	Patients are routinely asked about cough when entering the facility	1	0	99	
16.4	A system is in place to screen and evaluate staff for TB disease	1	0	99	
16.5	Staff are offered an HIV test annually and offered ART if HIV+	1	0	99	
16.6	INH (or other preventive therapy) is offered to HIV+ staff	1	0	99	
	PLEASE OBSERVE TO SEE IF THE FOLLOWING RESOURCES/SUPPLIES USED FOR INFECTION CONTROL ARE AVAILABLE IN THE FACILITY WHERE TB PATIENTS ARE RECEIVING SERVICES ON THE DAY OF ASSESSMENT. [ASK TO SEE THE ITEMS]	Observed	Reported, not observed	Not available	[NR]
16.7	An updated and approved infection prevention and control plan is available for the facility	2	1	0	99
16.8	A TB infection prevention and control risk assessment is completed at least annually	2	1	0	99
16.9	[ASK ONLY IF 1.2=YES] There is a facility reporting system for all patients diagnosed with TB and referred for treatment (in accordance with national policies)	2	1	0	99
16.10	Cough triage is implemented (patients that are coughing are separated from others and fast-tracked for evaluation)	2	1	0	99
16.11	A cough monitor or other designated person assists with separation and triage of coughing patients	2	1	0	99
16.12	Supplies are available to coughing patients (tissues, masks, etc.)	2	1	0	99
16.13	Specimens are collected in any of the following designated areas:	Observed	Reported, not observed	Not available	[NR]
16.13.1	Outside the service delivery point	2	1	0	99
16.13.2	Away from other patients	2	1	0	99

16.	<i>Adequacy of Infection Prevention Measures [Infection Control Focal Person or TB Focal Person]</i>				
16.13.3	In a well-ventilated area	2	1	0	99
16.14	A confidential log is kept for all staff with presumptive or confirmed TB	2	1	0	99
16.15	Patient waiting areas are outside or have access to fresh air continuously	2	1	0	99
16.16	Surgical masks are available and worn by presumptive and TB patients	2	1	0	99
		Observed	Reported, not observed	Not available	[NR]
16.17	N-95 and FFP2 respirators are readily available for staff	2	1	0	99
	[ASK ONLY IF 16.17=YES]			Y	N [NR]
16.17.1	Staff have been trained on proper fit of respirators			1	0 99
	[ASK ONLY IF 16.17=YES]	Never	Seldom	Half of the time	Most of the time Always
16.17.2	How would you rate the use of N-95 and FFP2 respirators by the facility staff on a scale of 1 to 5 where 1=Never, 2=Seldom, 3=Half of the time, 4=Most of the time, and 5=Always?	1	2	3	4 5

17. Availability of Drugs and Medicines [Pharmacy or TB Focal Person]							
[ASK ONLY IF 1.2=YES]							
[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 is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.							
17.1	Drugs and medicines available at the facility during the assessment according to NTP guidelines. [CHECK TO SEE IF AT LEAST ONE IS VALID. OBSERVE IF ANY OUT-OF-DATE MEDICINES ARE STOCKED WITH VALID MEDICINES]	(a) Available and valid, i.e. not expired			(b) Sufficient stock, i.e. 3 months		
		Y	N	[NR]	Y	N	[NR]
17.1.1	Ethambutol "loose"	1	0	99	1	0	99
17.1.2	Isoniazid "loose"	1	0	99	1	0	99
17.1.3	Pyrazinamide "loose"	1	0	99	1	0	99
17.1.4	Rifampicin "loose"	1	0	99	1	0	99
17.1.5	Isoniazid + Rifampicin (2FDC)	1	0	99	1	0	99
17.1.6	Isoniazid + Ethambutol (EH) (2FDC)	1	0	99	1	0	99
17.1.7	Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)	1	0	99	1	0	99
17.1.8	Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)	1	0	99	1	0	99
17.1.9	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (4FDC)	1	0	99	1	0	99
17.1.10	Streptomycin Injectable	1	0	99	1	0	99
					Y	N	[NR]
17.2	Does the facility maintain a buffer stock of TB medication?				1	0	99
17.3	Did TB medicine stock-outs occur in the last six months?				1	0	99
17.4	Did any patient go without TB treatment because of recent stock-outs?				1	0	99

18.	<i>Adequacy of Supplies and Commodities Storage Conditions</i> [Pharmacy or TB Focal Person]			
	The adequacy of supplies and commodities storage would be measured according to the following standards: [OBSERVE THE PLACE WHERE THE SUPPLIES AND COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING]	Y	N	[NR]
18.1	Room or store is clean and dust-free	1	0	99
18.2	Supplies and commodities are stored to prevent water damage	1	0	99
18.3	Room or store is adequately ventilated	1	0	99
18.4	Room or store is properly lit	1	0	99
18.5	Supplies and commodities are stored away from direct sunlight	1	0	99
18.6	Room or store has proper temperature	1	0	99
18.7	Supplies and commodities are stored without direct contact with walls or floors	1	0	99

19.	<i>Accessibility of the TB unit or facility</i> [Data Collector]			
	There are permanent signs indicating the availability of TB services displayed in each of the following 3 places: [OBSERVE THE FACILITY OR WHERE TB SERVICES ARE DELIVERED AND INDICATE WHETHER THERE ARE SIGNS ANNOUNCING AVAILABILITY OF TB SERVICES AT EACH OF THE FOLLOWING LOCATIONS]	Y	N	[NR]
19.1	Outside the building	1	0	99
19.2	Inside the building	1	0	99
19.3	On the door of the TB unit	1	0	99

20.	<i>Suitability of the TB unit infrastructure</i> [Data Collector]			
	[OBSERVE THE INFRASTRUCTURE AT THE PLACE WHERE TB SERVICES ARE BEING DELIVERED AND INDICATE YES OR NO FOR EACH OF THE FOLLOWING]	Y	N	[NR]
20.1	Separate room for sputum collection is available?	1	0	99
20.2	Private room for individual counselling where no one can hear or see what's going on is available	1	0	99
20.3	Separate waiting area exists in the facility to isolate potentially infectious individuals?	1	0	99

012	Survey end time [Use the 24-hour clock system, e.g. 14:30]	Visit 1: <input type="text"/> : <input type="text"/> Hour Minutes	Visit 2: <input type="text"/> : <input type="text"/> Hour Minutes
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PROVIDER INTERVIEW

Facility Identification		
001	State	<input type="text"/>
002	LGA	<input type="text"/>
003	Facility number/code	<input type="text"/>
004	Facility name	<input type="text"/>
005	Location of facility	<input type="text"/>

Facility Visit			
006	(a) Visit Date	Interviewer ID and Name	(d) Result
Visit 1	<input type="text"/>	(b) ID: <input type="text"/> (c) Name: <input type="text"/>	Completed 1 Partially completed 2 Respondent unavailable 3 Respondent refused 4 Postponed 5 Other (specify) 96
Visit 2 (if needed)	<input type="text"/>	(b) ID: <input type="text"/> (c) Name: <input type="text"/>	Completed 1 Partially completed 2 Respondent unavailable 3 Respondent refused 4 Other (specify) 96

Instruction and Consent**READ TO RESPONDENT:**

Greetings. My name is _____ and I am working with Academy For Health Development (AHEAD). My organization is collaborating with the National Tuberculosis and Leprosy Control Program of the Federal Ministry Health, Abuja, Nigeria. The organization I am working for, AHEAD and FMOH are interested in the quality of care that patients receiving diagnostic and treatment for TB are getting.

You have been randomly selected to be part of an assessment of the quality of TB care and this is why we would like to interview you. This assessment is being conducted by the [INSERT NAME of COUNTRY] in collaboration with MEASURE Evaluation and the United States Agency for International Development (USAID) and is being carried out by professional interviewers from *[name of institution]*. The assessment is taking place in several countries around the world.

The interview will take approximately 30-45 minutes. I will ask you some questions about your work as a health care provider, especially services related to TB disease, including the practices and experiences at this and other facilities where you work. The information you provide will be used only to understand about how the Ministry of Health and donors could better support service providers to improve the quality of TB care to ensure patients receive the best care.

The information you provide is totally confidential and will not be disclosed to anyone. It will be used only for the assessment purposes. The name and location of this facility will be removed from the questionnaire and only a code will be used to connect your answers with the facility without identifying you.

Your participation is voluntary and you are free to refuse to answer any question in the questionnaire. If you have any questions about this assessment you may ask me or contact *[name of institution and contact details]*.

007	[CIRCLE THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented	1
		No consent	0
008	Provider interview number [ASSIGN A NUMBER WHETHER OR NOT THEY AGREE TO PARTICIPATE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
009	Survey start time [Use the 24 hour clock system, e.g. 14:30]	Visit 1: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Hour Minutes	Visit 2: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Hour Minutes

Facility Characteristics			
010	Type of facility/Level of Facility	Tertiary Secondary Primary	1 2 3
011	Managing authority	Government/Public Military/Paramilitary..... NGO/Not-for-Profit Private-for-Profit Mission/Faith-based Other (specify) _____	1 2 3 4 96
012	Locality of facility	Urban Peri-urban Rural	1 2 3
013	TB service availability	Outpatient only Inpatient only Both inpatient and outpatient	1 2 3
014	Does this facility provide TB diagnostic services?	Yes No	1 0
015	Does this facility provide TB treatment services?	Yes No	1 0
016	[ASK ONLY IF 015=YES] Is this facility a DOTS site?	Yes No	1 0
017	How long ago did this facility start offering TB services?	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Don't know 98	
018	At this facility, how many clinics/locations can patients receive TB-related services?	Number <input type="text"/> <input type="text"/>	

1.	<i>Education, Training, and Experience</i>		
1.1	What was the highest level of schooling you reached to become a practicing health care provider?*	Senior School Certificate..... 1 Professional Certificates (e.g., WAHEB).... 2 Diploma (RN, RM, IAMLT-OND, HND)..... 3 Bachelor's degree 4 Master's degree 5 Doctorate 6 Non-formal degree (specify) _____ 95 Other health degree (specify) _____ 96 Other non-health degree (specify) _____ 97 [No response] 99	

1.	<i>Education, Training, and Experience</i>		
1.2	How would you best describe your current occupational category at this facility? For example, are you a registered nurse or physician?	Medical Doctor Dentist Pharmacist Laboratory Scientist Registered Nurse/Midwife..... Registered Nurse Registered Midwife Community Midwife..... Community Health Officer (CHO)..... Community Health Extension Worker (CHEW)..... Pharmacy Technicians Laboratory Technologist Laboratory Technician Auxiliary Nurse/Midwife Radiographer..... Radiography Technician Medical Record Officer Health Assistant..... Other (specify) [No response]	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 96 99

1.	Education, Training, and Experience		
1.3	What type of work do you usually do at this facility? [CIRCLE ALL THAT APPLY]	Direct patient care Consultation with agencies/professionals Administration/supervision Teaching and/or research Laboratory/diagnostic procedures Dispensing Record keeping Not a permanent staff Others (specify) _____ [No response]	1 2 3 4 5 6 7 8 96 99
1.4	Are you a manager or in-charge for any clinical services?	Yes No [No response]	1 0 99
1.5	Are you the tuberculosis focal or designated staff at this facility?	Yes No [No response]	1 0 99
1.6	Typically, how many hours a week do you usually work at this facility?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> Hours per week [No response]	99
1.7	In your current position and as a part of your work for this facility, do you personally provide any TB related services?	Yes No [No response]	1 0 99
1.7.1	[ASK ONLY IF 1.7=YES] How many hours a week do you provide TB related services?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> Hours per week for TB services [No response]	99

1.	Education, Training, and Experience		
1.7.2	[ASK ONLY IF 1.7=YES] How many years or months have you been providing TB related services at this facility?	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Don't know 98 [No response] 99	
1.8	Approximately how many patients have you personally seen/cared for in this facility in the last one week?	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> Don't know 998 [No response] 999	
1.8.1	[ASK ONLY IF 1.7=YES & 1.8=1-250] Out of these patients, how many were TB-related patients?	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> Don't know 998 [No response] 999	
1.9	Have you received any in-service training or any training updates on TB care and treatment in the past 24 months?	Yes No [No response]	1 0 99
1.10	Have you received any in-service training or any training updates on TB infection control in the past 24 months?	Yes No [No response]	1 0 99

2.	[ASK ONLY IF 1.7=YES] Tuberculosis Services							
	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related in-service training or training updates.	Do you provide [Read Service]?			Have you received training or training update on [Service]?			
	[READ THE QUESTIONS FROM BOTH COLUMNS (a) AND (b)]	(a)			(b)			
		Y	N	[NR]	Yes, within 24 months	Yes, over 24 months	No training	[No response]
2.1	TB screening, diagnosis, or treatment	1	0	99	2	1	0	99
2.2	Diagnosis of tuberculosis based on sputum smear tests or cultures	1	0	99	2	1	0	99
2.3	Diagnosis of tuberculosis using GeneXpert	1	0	99	2	1	0	99
2.4	Diagnosis of tuberculosis based on clinical symptoms and medical evaluation	1	0	99	2	1	0	99
2.5.1	[ASK ONLY IF 016=YES] Directly-observed therapy (DOT)	1	0	99	2	1	0	99
2.5.2	[ASK ONLY IF 016=NO] Treatment prescription for tuberculosis	1	0	99	2	1	0	99
2.6	Treatment follow-up services for tuberculosis	1	0	99	2	1	0	99
2.7	Screening of TB patients for HIV	1	0	99	2	1	0	99
2.8	ARV initiation for TB patients who tested positive for HIV [NOT APPLICABLE]	1	0	99	2	1	0	99
2.9	Management of TB/HIV co-infection	1	0	99	2	1	0	99
2.10	Treatment of drug-susceptible tuberculosis in people infected with HIV	1	0	99	2	1	0	99
2.11	Management of MDR-TB or identification of need for referral	1	0	99	2	1	0	99

3.	[ASK ONLY IF 014=YES] Tuberculosis Diagnostic Services		
3.1	What methods are used by providers in this facility for diagnosing TB? [CIRCLE ALL THAT APPLY]	Sputum smear 1 X-ray 2 GeneXpert 3 Clinical symptoms/evaluation only 4 Other (specify) 96 _____ [No response] 99	
3.2	[ASK ONLY IF 1.7=YES] In your current position and as a part of your work for this facility, do you personally conduct laboratory tests? [CIRCLE "NO" IF THE PROVIDER ONLY COLLECTS SPECIMENS]	Yes 1 No 0 [No response] 99	

4.	Tuberculosis Case Management		
	Now, I want to ask you a few more questions about the management and care for TB patients as part of your work in this facility.		
4.1	[ASK ONLY IF 014=YES & 1.7=YES] <i>Patient Assessment:</i> 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? [CIRCLE ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Y	N
4.1.1	Patient's previous medical/psychosocial history	1	0
4.1.2	Knowledge of TB	1	0
4.1.3	Attitudes towards TB	1	0
4.1.4	Beliefs about TB	1	0
4.1.5	Ability to follow the TB treatment plan	1	0
4.1.6	Resources (e.g., family, other social support, finances)	1	0
4.1.7	Anticipated barriers to treatment (e.g., lack of transportation)	1	0
4.1.8	Perceived barriers to treatment (e.g., TB medications will be very expensive)	1	0
4.1.9	Other (specify)	1	0

4.	Tuberculosis Case Management		
4.2	[ASK ONLY IF 1.7=YES] To ensure your patients have a good understanding of the treatment process, what are the general topic areas discussed with patients during diagnosis and treatment visits? [CIRCLE ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Y	N
4.2.1	Test results and what they mean in clear terms	1	0
4.2.2	Basic information and skills to protect household members and contacts from infection prior to starting treatment	1	0
4.2.3	Accurate, simple information on TB and TB treatment including duration and dosage	1	0
4.2.4	Information about TB-HIV coinfection	1	0
4.2.5	Possible side effects of medication and what to do	1	0
4.2.6	The importance of taking medications regularly for the full course of treatment, and options available for DOT/treatment support	1	0
4.2.7	Other (specify)	1	0
4.3	[ASK ONLY IF 015=YES & 1.7=YES] What do you do when a patient misses their treatment? <hr/> <hr/> <hr/>		
4.4	[ASK ONLY IF 1.7=YES] 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? [CIRCLE ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Y	N
4.4.1	Treat the patient with dignity and respect	1	0
4.4.2	Listen carefully to the patient	1	0
4.4.3	Communicate clearly	1	0

4.	Tuberculosis Case Management		
4.4.4	Be flexible in meeting the patient's needs	1	0
4.4.5	Have an open mind about the patient's cultural beliefs	1	0
4.4.6	Recognize and address the patient's fears about the illness	1	0
4.4.7	Suggest behavior changes respectfully	1	0
4.4.8	Be consistent in what is done and told to the patient	1	0
4.4.9	Other (specify)	1	0
		Y	N [NR]
4.5	[ASK ONLY IF 1.7=YES] Do you discuss with family members/those living with your TB patients' basic information and skills to protect household members and contacts from infection?	1	0 99

5.	Working Conditions in the Facility		
	Now I would like to ask you some questions about supervision you have personally received.		
5.1	In the past 12 months, have you been visited or supervised/monitored?	Yes, according to guidelines Yes, less frequently than guidelines No, not at all [No response]	2 1 0 99
5.2	[ASK ONLY IF 5.1=YES (1 OR 2)] The last time you were personally supervised, what did your supervisor do during the visit? [CIRCLE ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Y	N
5.2.1	Check your records or report	1	0
5.2.2	Observe your work	1	0
5.2.3	Provide feedback (either positive or negative) on your performance	1	0
5.2.4	Give you verbal or written feedback that you were doing your work well	1	0
5.2.5	Provide updates on administrative or technical issues related to your work	1	0
5.2.6	Discuss problems you have encountered	1	0
5.2.7	Other (specify)	1	0

5.	Working Conditions in the Facility		
5.3	In addition to your official remuneration, what other non-monetary incentives have you received for the work you do?	None [DON'T READ]	0
		Time off/vacation	1
		Uniforms, vests, caps, etc.	2
		Discount medicine, free medical care	3
	[READ THE OPTIONS AND CIRCLE ALL THAT APPLY]	Training	4
		Others (specify)	96
		[No response]	99

6.	[ASK ONLY IF 1.7=YES] 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 care services?	<hr/> <hr/> <hr/> <hr/>
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019	Survey end time [Use the 24 hour clock system, e.g. 14:30]	Visit 1: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; width: 100%;"> Hour Minutes </div>	Visit 2: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; width: 100%;"> Hour Minutes </div>
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Thank your respondent and move to the next data collection point if different from current location.

[Update Facility Visit if necessary]

PATIENT INTERVIEW

Q	ORIGINAL		MODIFIED		JUSTIFICATION FOR THE MODIFICATION			
006	Type of facility	Teaching/National Referral Hospital	Type of facility*/level of care	Tertiary	Adapted to reflect in-country situation			
		General /Provincial/Regional Hospital		Secondary				
		District/Provincial Hospital		Primary				
		Primary Health Centre						
		Health Centre/ Clinic						
		Health Post						
		Other (specify)						
		007		Managing authority		Government/Public	Managing authority	Government/Public
NGO/Not-for-Profit	Military/Paramilitary							
Private-for-Profit	NGO/Not-for-Profit							
Mission/Faith-Based	Private-for-Profit							
	Mission/Faith-based							
	Other (specify)							
(Pg. 4) 2.4 During your visits to this facility, are the toilets always usable?			ASK ONLY IF 2.3=1 was introduced During your visits to this facility, are the toilets always usable?		Revised to aid clarity and flow			
(Pg.5) 4 Now I would like to ask about your knowledge and awareness of tuberculosis.								
4.1	There are various symptoms an individual with TB would experience to know s/he has been infected with TB. What symptoms will a person with TB have?		There are various symptoms an individual with TB would experience to know s/he has been infected with TB. What symptoms will a person with TB have?		The “don’t know” option was introduced to this section. (4.1.1 – 4.1.96) as it was necessary based on the outcome of the pre-test			
4.1.1	Chronic cough (more than 3 weeks)		Cough (more than 2 weeks)		Adapted to reflect in-country guideline stipulation			
4.1.3	Blood-streaked saliva		Coughing up blood		Revised to reflect in-country terminology			
4.1.8	Pain in the chest or back		Pain in the chest		Adapted to reflect in-country guideline stipulation.			
4.1.9			Loss of appetite		Introduced to reflect in-country guideline stipulation			
4.1.10			Malaise (feeling of unwell)					

4.1.96		Others (specify)	Introduced option
(Pg.6)	4	What do you think causes tuberculosis or spreads it from one person to another?	
4.2.1		Microbes/germs/bacteria	Introduced to reflect in-country guideline stipulation
4.2.2		Infected person coughing or sneezing	
4.3	What put you at risk of for getting tuberculosis?		
4.3.1	Inherited	Way of living (lifestyle) [NOT APPLICABLE]	Options were reshuffled to follow sequence.
4.3.2	Way of living (lifestyle)	Smoking	
4.3.3	Smoking	Alcohol drinking	
4.3.4	Alcohol drinking	Fatigue	
4.3.5	Fatigue	Malnutrition	
4.3.6	Malnutrition	Unhygienic practices	
4.3.7	Unhygienic practices	Poor ventilation	
4.3.8	Poor ventilation	Pollution	
4.3.9	Pollution	Being HIV infected	
4.3.10	Being HIV infected	Contact with or living with someone who has TB	
4.3.11	Contact with or living with someone who has TB	Inherited	
4.3.12		Other (Specify)	Introduced option
4.6	What are the side effects of the TB drug?		
4.6.9		Other (Specify)	Introduced option
7	Patient-Provider Interaction and counselling		
7.12	Do you smoke?	Have you ever smoked in the past 12 months?	Re-worded to reflect in-country guideline stipulation
(Pg.9)	8	Next, I would like to ask you about the link between TB and HIV.	
8.1		Have any health providers in this facility told you about the link between TB and HIV?	The “don’t know” option was introduced to this section. (8.1 – 8.5) as it became necessary after the pre-test
8.2		Have any health providers in this facility told you how to prevent HIV infection?	
8.3		After being told you had TB, were you told to take an HIV test?	
8.4		Do you know where to get HIV treatment in case you might need this?	
8.5		Do you know how to get TB and HIV treatment at the same time if you might need this?	

RECORD REVIEW PART 1: REGISTERS

Facility Identification		
001	State	<input type="text"/>
002	LGA	<input type="text"/>
003	Facility number/code	<input type="text"/>
004	Facility name	<input type="text"/>
005	Location of facility	<input type="text"/>

Facility Characteristics			
006	Type of facility*	Tertiary	1
		Secondary	2
		Primary	3
007	Managing Authority	Government/Public	1
		Military/Paramilitary.....	2
		NGO/Not-for-Profit	3
		Private-for-Profit	4
		Mission/Faith-based	96
		Other (specify) _____	
008	Locality of facility	Urban	1
		Peri-urban	2
		Rural	3
009	Type of TB Register	Paper	1
		Electronic	2

Facility Visit			
010	(a) Visit Date	Interviewer ID and Name	(d) Result
Visit 1	___/___/___	(b) ID: <input type="text"/> <input type="text"/> (c) Name: _____	Completed..... 1 Partially completed..... 2 Records unavailable..... 3 Facility refused 4 Postponed 5 Other (specify) 96
Visit 2 (if needed)	___/___/___	(b) ID: <input type="text"/> <input type="text"/> (c) Name: _____	Completed..... 1 Partially completed..... 2 Respondent unavailable..... 3 Respondent refused..... 4 Other (specify) 96
011	Survey start time [Use the 24-hour clock system, e.g. 14:30]	Visit 1: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hour Minutes	Visit 2: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Hour Minutes

[TO COMPLETE THIS TOOL, KINDLY REQUEST FOR THE FOLLOWING DOCUMENTS: FACILITY CENTRAL REGISTER, PRESUMPTIVE TB REGISTER, LABORATORY REGISTER, DR-TB REGISTER FOR 2 ND LINE TREATMENT]			
A	Does this facility have a Presumptive TB Register? [NOTE: A green colored register.]	Yes No	1 0
B	Does this facility have a Facility Central Register? [NOTE: A Blue colored register]	Yes No	1 0
C	Does this facility have a Laboratory Register? [NOTE: A brown colored register]	Yes No	1 0
D	Does this facility have a DR_TB Register? [NOTE: A brown colored register]	Yes No	1 0

<i>Indicators</i>		Value/ Numerator	Denominator
1.	Screening and Diagnosis [PRESUMPTIVE TB REGISTER]		
1.1	<p>% of presumptive TB patients who are bacteriologically positive [CAN BE FOUND IN THE PRESUMPTIVE TB REGISTER]</p> <p>Numerator: Number of patients with presumptive TB with positive bacteriological results</p> <p>Denominator: Number of patients with presumptive TB with bacteriological results</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
1.2	<p>Number/% of bacteriologically positive PTB patients who became sputum converted at month2 of treatment among cases registered in the past 12 months [JULY 2015 –JUNE 2016], i.e. sputum conversion rate at the end of the initial phase of treatment [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p>Numerator: Number of new bacteriologically positive pulmonary TB cases registered in a specified period that were bacteriologically negative at the end of the initial phase of treatment</p> <p>Denominator: Total number of new bacteriologically positive pulmonary TB cases registered for treatment in the same period</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
1.3	<p>Number/% of sputum test results received within specified turnaround time in the past 3 months [APRIL 1- JUNE 30, 2016] [CAN BE FOUND IN THE LABORATORY REGISTER OR PRESUMPTIVE TB REGISTER]</p> <p>Numerator: Number of bacteriological results received from the laboratory within 48 hours of the specimen being taken (spot specimen) including weekends and public holidays</p> <p>Denominator: Total number of bacteriological samples submitted within the past 3 months (April 1, 2016 to June 30, 2016)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
1.4	<p>[VALID ONLY IF 009=PAPER] [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p>Number/% of new and relapse TB cases reported during the 12 months preceding June 2017 i.e. (June 2016-May 2017)</p> <p>Numerator: Number of notified new and relapse TB cases during the 12 months preceding the survey</p> <p>Denominator: Total number of new and relapse TB patients registered in the TB register during the past 12 months preceding the survey</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

<i>Indicators</i>		Value/ Numerator	Denominator
2.	Treatment [DR-TB AND CENTRAL FACILITY REGISTER]		
2.1	<p>Number/% of bacteriologically confirmed TB patients tested for drug resistance [CAN BE FOUND IN THE DR-TB REGISTER]</p> <p>Numerator: Number of bacteriologically confirmed TB cases with drug susceptibility testing results for both isoniazid and rifampicin resistance in the last 24 months (e.g. January 2015– December 2016)</p> <p>Denominator: Number of bacteriologically confirmed TB cases identified in the last 24 months (e.g. January 2015– December 2016)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2.2	<p>Number/% of bacteriologically positive patients put on treatment [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p>Numerator: Number of bacteriologically positive TB patients who are initiated on treatment in the past 12 months (e.g. January – December 2016)</p> <p>Denominator: Total number of bacteriologically positive patients recorded in the past 12 months (e.g. January – December 2016)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.	TB/HIV		
3.1	<p>Number/% of TB patients who had an HIV test result (status) recorded in the TB register [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p>Numerator: Total number of registered TB patients in the past 12 months (e.g. January – December 2016) who had their HIV status documented in the TB register</p> <p>Denominator: Total number of registered TB patients registered in a 12-month period (e.g. January – December 2016)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.2	<p>Number/% of registered HIV positive TB patients given anti-retroviral therapy during TB treatment [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p>Numerator: Number of HIV positive TB patients who are started on or continue previously initiated ART, during TB treatment in the past 12 months (e.g. January – December 2016)</p> <p>Denominator: Total number of all HIV positive TB patients registered in the past 12 months (e.g. January – December 2016)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Indicators		Value/ Numerator	Denominator
3.3	<p>Number/% of HIV positive TB patients on CPT [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p>Numerator: Number of HIV positive TB patients receiving CPT (for whom CPT is indicated) during TB treatment in the past 12 months (e.g. January – December 2016)</p> <p>Denominator: Total number of all HIV positive TB patients registered in the past 12 months (e.g. January – December 2016) for whom CPT is indicated</p>	<input type="text"/>	<input type="text"/>
4.	TB Outcomes		
4.1	<p>Number/% of new TB patients who are lost to follow-up in the past 12 months [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p><i>Numerator:</i> Number of new bacteriologically confirmed PTB patients who did not start treatment or whose treatment was interrupted for 2 consecutive months or more</p> <p><i>Denominator:</i> Total number of new bacteriological confirmed PTB cases registered. (January-December 2016)</p>	<input type="text"/>	<input type="text"/>
4.2	<p>Number/% of new TB patients who failed treatment in one year [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p><i>Numerator:</i> Number of new bacteriologically confirmed PTB patients whose sputum smear or culture is positive at month 5 or later during treatment.</p> <p><i>Denominator:</i> Total number of new bacteriological confirmed PTB cases registered. (January-December 2016)</p>	<input type="text"/>	<input type="text"/>
4.3	<p>Number/% of new TB patients who died while on treatment in the past 12 months (e.g. January – December 2016) [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p><i>Numerator:</i> Number of new bacteriologically confirmed PTB patients who for any reason died before starting or during the course of treatment (January-December 2016)</p> <p><i>Denominator:</i> Total number of new bacteriological confirmed PTB cases registered. (January-December 2016)</p>	<input type="text"/>	<input type="text"/>

<i>Indicators</i>		Value/ Numerator	Denominator
4.4	<p>Number/% of new TB patients who were not evaluated for a treatment outcome in the past 12 months [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p><i>Numerator:</i> Number of new bacteriologically confirmed PTB patients for whom no treatment outcome is assigned. (This includes “transferred out” to another treatment unit and where the treatment outcomes is unknown to the reporting unit.)</p> <p><i>Denominator:</i> Total number of new bacteriological confirmed PTB cases registered. (January-December 2016)</p>	<input type="text"/>	<input type="text"/>
4.5	<p>Number/% of new TB patients treated successfully in one year (completed treatment) [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p><i>Numerator:</i> Number of new bacteriologically confirmed PTB 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 the at least one pervious occasion are negative, either because they were not done or because results were not available (January-December 2016)</p> <p><i>Denominator:</i> Total number of new bacteriological confirmed PTB cases registered. (January-December 2016)</p>	<input type="text"/>	<input type="text"/>
4.6	<p>Number/% of TB that were cured [CAN BE FOUND IN THE FACILITY CENTRAL REGISTER]</p> <p><i>Numerator:</i> Number of new Pulmonary TB patients (PTB) with bacteriologically confirmed (smear or culture positive) TB at the beginning of treatment who was smear negative in the last month of treatment and on at least one previous occasion. (January-December 2016)</p> <p><i>Denominator:</i> Total number of new bacteriological confirmed PTB cases registered. (January-December 2016)</p>	<input type="text"/>	<input type="text"/>

Indicators		Value/ Numerator	Denominator
5.	MDR-TB Patients [DR-TB REGISTER]		
5.1	<p>Number/% of cases with drug resistant TB (MDR-TB) that began second-line treatment in the past year [CAN BE FOUND IN THE DR-TB REGISTER]</p> <p>Numerator: Number of cases with drug resistant TB (MDR-TB) started on a prescribed MDR-TB treatment regimen in the past 12 months (e.g. January – December 2016)</p> <p>Denominator: Number of MDR-TB patients diagnosed with MDR-TB in the past 12 months (e.g. January – December 2016)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5.2	<p>Number/% successfully treated MDR-TB patients [CAN BE FOUND IN THE DR-TB REGISTER]</p> <p>Numerator: Number of MDR-TB patients or cases registered in 2014 that were cured plus the number that completed treatment</p> <p>Denominator: Total number of new MDR-TB cases registered in the same period (e.g. 2014)</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

012	<p>Survey end time [Use the 24-hour clock system, e.g. 14:30]</p>	<p>Visit 1: <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/></p> <p>Hour Minutes</p>	<p>Visit 2: <input type="text"/><input type="text"/> : <input type="text"/><input type="text"/></p> <p>Hour Minutes</p>
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RECORD REVIEW PART 2: PATIENT CARDS

Q	ORIGINAL		MODIFIED		JUSTIFICATION FOR MODIFICATION
006	Type of Facility	Teaching/National Referral Hospital	Type of Facility	Tertiary	Adapted to reflect in-country categories
		General/Provincial Hospital		Secondary	
		District/Provincial Hospital		Primary	
		Primary Health Centre			
		Health Post			
		Other (specify)			
007	Managing Authority	Government/Public	Managing Authority	Government/Public	Adapted to reflect in-country categories
		NGO/Not-for-Profit		Military/Paramilitary	
		Private-for-Profit		NGO/Not-for-Profit	
		Mission/Faith-based		Private-for-Profit	
		Other (specify)		Mission/Faith-based	
				Other (specify)	
(Pg.3) 3.1	Was the patient diagnosis based on <u>2 of 3 sputum</u> specimens being positive or GeneXpert test positive? [INCLUDE ANY FORM OF SPUTUM EXAMINATION (smear, culture, or Xpert MTB/RIF)]		Was the patient diagnosis based on <u>1 of 2 sputum</u> specimens being positive or GeneXpert test positive? [INCLUDE ANY FORM OF SPUTUM EXAMINATION (smear, culture, or Xpert MTB/RIF)]		Adapted to reflect in-country guideline stipulation
3.3	Was patient diagnosis based on at least one <u>Xpert MTB/RIF result</u> ?		Was patient diagnosis based on at least one <u>positive GeneXpert result</u> ?		Adapted to reflect in-country guideline stipulation
(Pg. 4) 8.0	Sputum Microscopy		Sputum Microscopy (DS-TB)		Adapted to reflect in-country guideline stipulation
8.1.2/8.0.2 respectively	Was a sputum microscopy result documented at <u>the ?? month</u> of treatment ?		Was a sputum microscopy result documented at <u>the 3rd month</u> of treatment for patients who did not smear convert at month 2? <u>*(N/A) was added to the multiple choice options.</u>		Adapted to reflect in-country guideline stipulation
(Pg.5) 8.2.2	Was a sputum microscopy result documented at the ?? month of treatment?		WAS REMOVED FROM THE MODIFIED VERSION		This was deleted and reworded into three questions 8.1.1 - 8.2.3 to reflect in-country guideline stipulation
8.1.1	Was not part of the original version		Was a sputum microscopy result documented monthly for the first 8 months (intensive phase) of treatment?		

8.1.2	Was not part of the original version	Was a sputum microscopy result documented every two months of treatment during the continuation phase?	
8.1.3	Was not part of the original version	Was a sputum microscopy result documented during last month of treatment?	
8.2.1	Was not part of the original version	culture Was a culture result documented every two months during the intensive phase of treatment (i.e. the first 8 months of treatment)?	
8.2.2	Was not part of the original version	culture Was a culture result documented every three months during the continuation phase of treatment?	
8.2.3	Was not part of the original version	culture Was a culture result documented for the last month of treatment?	
(Pgs. 5&6) 11.1	Was clinical monitoring checking for weight changes documented for at least 90% of the visits?	Was clinical monitoring checking for weight changes documented for at least 75% of the visits?	Adapted to reflect in-country guideline stipulation
11.2	Was clinical monitoring checking for symptom changes documented for at least 90% of the visits?	Was clinical monitoring checking for symptom changes documented for at least 75% of the visits?	Adapted to reflect in-country guideline stipulation

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