

Quality of Tuberculosis Services Assessment

in the Philippines

Tools

June 2019



Quality of Tuberculosis Services Assessment in the Philippines Tools

June 2019

MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-19-38

ISBN: 978-1-64232-154-8



ACKNOWLEDGMENTS

MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID), thanks those who contributed to the quality of tuberculosis services assessment (QTSA) in the Philippines.

First, we would like to acknowledge USAID for its support. Particular thanks go to our advisors, Charlotte Colvin, Kenneth Castro, Alexander Golubkov, and Amy Piatek, at USAID/Washington. We also thank Tito Rodrigo and Ernesto “Loloy” Bontuyan at USAID/Philippines.

Second, we thank Celine Garfin, Donna Gaviola, and Briccio Echo, Jr., from the Philippines National Tuberculosis Control Program, for their support and guidance.

Third, we extend our appreciation to the EpiMetrics, Inc. team, especially Jason Haw, John Wong, Joy Bagas, Angelie Maglasang, Nico Rabang, Johnny Tamon, Hadrian Lim, Bernell Go, and Jac Lin Yu.

Fourth, we recognize the core QTSA team for its contributions. Special thanks go to Soumya Alva, Suzanne Cloutier, Stephanie Mullen, Kolawole Oyediran, and Jeanne Chauffour of MEASURE Evaluation, John Snow, Inc. (JSI).

Finally, we thank the knowledge management team of MEASURE Evaluation, University of North Carolina at Chapel Hill, for editorial, design, and production services.

Suggested citation:

MEASURE Evaluation. (2019). Quality of Tuberculosis Services Assessment in the Philippines: Tools. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina.

CONTENTS

Introduction8

Philippines Quality of TB Services Assessment: Facility Audit.....9

Philippines Quality of TB Services Assessment: Provider Interview28

Philippines Quality of TB Services Assessment: Patient Interview37

Philippines Quality of TB Services Assessment: Register Review50

ABBREVIATIONS

ART	antiretroviral therapy
CHO	city health office
CHW	community health worker
CPT	co-trimoxazole preventive therapy
DOH	Department of Health (Republic of the Philippines)
DOT	directly observed treatment
DOTS	directly observed treatment, short-course
DR	drug-resistant
DS	drug-susceptible
DSSM	direct sputum smear microscopy
DST	drug susceptibility testing
FBOs	faith-based organizations
FDA	Food and Drug Administration (Republic of the Philippines)
iDOTS	integrated directly observed treatment, short-course
IPCC	interpersonal communication competence
ITIS	integrated TB information system
JSI	John Snow, Inc.
KMITS	Knowledge Management and Information Technology Service (Republic of the Philippines)
LGU	local government unit
LTFU	lost to follow-up
MDR	multidrug-resistant
MOP	manual of procedures
MTB	mycobacterium tuberculosis
NGO	nongovernmental organization
NTP	National Tuberculosis Control Program (Republic of the Philippines)
NTRL	National Tuberculosis Reference Laboratory (Republic of the Philippines)
PBSP	Philippine Business for Social Progress
PHO	provincial health office
PICT	provider initiated counseling and training
PMDT	programmatic management of drug-resistant tuberculosis

QA	quality assurance
QC	quality control
QTSA	Quality of TB Services Assessment
RHU	rural health unit
RIF	rifampicin
TB	tuberculosis
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 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.

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 QTSA tools adapted for use in the Philippines. 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. The Philippines' QTSA report is available at the following link:

<https://www.measureevaluation.org/resources/publications/tr-19-350/>

QTSA documents for other countries are available here: <https://www.measureevaluation.org/our-work/tuberculosis/quality-of-tb-services-assessments>

PHILIPPINES QUALITY OF TB SERVICES ASSESSMENT: 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 include manager or in charge for clinical services, TB designated staff, pharmacist, laboratory scientist, etc.

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	___/___/___	Hours Minutes		_____
002	Visit 2 (if needed)	___/___/___	Hours Minutes		_____

FACILITY IDENTIFICATION			
		(a) ID	(b) Name
011	Region		_____
012	Province/highly urbanized city		_____
013	Town (city/municipality)		_____
014	Facility		_____
015	Street name and number	_____	
016	Barangay	_____	

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

FACILITY CHARACTERISTICS			
Facility Classification			
021	What type of facility is this?	Private hospital Public hospital Rural health unit (RHU) Health center Standalone/private clinic Specialty clinic, e.g., cough center Other (specify) _____	1 2 3 4 5 6 96
022	Does this facility have DOH certification?	Yes No	1 0
023	Who is the managing authority of the TB clinic?	National LGU Military/paramilitary NGO/not-for-Profit Private-for-Profit Mission/faith-based Other (specify) _____	1 2 3 4 5 6 96
024	Is this facility in an urban or rural area?	Urban Rural	1 2
025	What type of TB patients are served at this facility?	Outpatient only Both inpatient and outpatient	1 2
Facility Capacity			
[ASK THE NEXT 2 QUESTIONS ONLY IF 021=HOSPITAL (1,2)]			
026a	On average, how many outpatients were seen and examined by this hospital in the last month? [MUST BE 1-88,800]	Patients Don't know	88
027a	How many presumptive TB patients (both DS and DR) were seen and referred for further evaluation in the last month? [MUST BE 0- 026a]	Patients Don't know	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 021≠HOSPITAL (>2)]			
026b	On average, how many outpatients were seen and examined by this health facility in the last month? [MUST BE 1-2400]	Patients Don't know	88
027b	How many presumptive TB patients (both DS and DR) were seen and referred for further evaluation in the last month? [MUST BE 0-026b]	Patients Don't know	88
028	How many staff usually work full-time in the TB unit or TB ward (for hospitals) as of January 31, 2018? [MUST BE 0-800]	Full-time staff Don't know	88
029	How many staff usually work part-time in the TB unit or TB ward (for hospitals) as of January 31, 2018? [MUST BE 0-800]	Part-time staff Don't know	88

1. SERVICE AVAILABILITY			
	I would like to ask about services that are currently available at this facility.		
1.1	Does this facility provide TB diagnostic services?	Yes No	1 0
	[ASK THE NEXT 3 QUESTIONS ONLY IF 1.1=YES]		
1.1.1	Does this facility provide TB diagnostic services within or outside the NTP protocol?	Within NTP Protocol Outside NTP Protocol ... Both.....	1 2 3
1.1.2	Does this facility provide diagnostic services to children?	Yes No	1 0
1.1.3	Is there an onsite laboratory for TB diagnosis at this TB facility?	Yes No	1 0
	[ASK THE NEXT 3 QUESTIONS ONLY IF 1.1=NO]		
1.2.1	Does this facility provide referral for drug susceptible TB diagnosis?	Yes No	1 0
1.2.2	Does this facility provide referral for drug resistant TB diagnosis?	Yes No	1 0
1.2.3	Does this facility collect clinical (i.e., sputum) specimens of persons presumed to have TB for submission to an offsite diagnostic laboratory?	Yes No	1 0
1.3	Do providers in this facility manage patients who are on TB treatment?	Yes No	1 0
	[ASK THE NEXT 3 QUESTIONS ONLY IF 1.3=YES]		
1.3.1	Does this facility provide treatment services to children?	Yes No	1 0
1.3.2	Does this facility provide treatment for latent TB?	Yes No	1 0
1.3.3	Does this facility provide treatment for drug resistant TB?	Yes No	1 0
1.4	[ASK ONLY IF 1.3=NO] Does this facility provide referral for drug resistant TB treatment?	Yes No	1 0
1.5	Some health facilities use community-based health workers (CHWs) to provide additional support to TB patients. This could include barangay health workers, faith-based volunteers, NGO volunteers, etc. Does this facility work with CHWs or volunteers who support TB patients?	Yes No	1 0
1.6	Does this facility provide any HIV-related services, such as counselling, testing, care, or treatment?	Yes No	1 0
1.7	[ASK ONLY IF 1.6=NO] Does this facility provide referral for HIV testing and counselling for TB patients?	Yes No	1 0
1.8	Typically, how many days per week are TB-related services offered? [MUST BE 1-7]	Days per week .. Don't know	88
1.9	Approximately, how many years have TB-related services been available at this facility (regardless of DOH certification, i.e. total years)? [MUST BE 0-80. IF <1 YEAR, ENTER 0. IF >80, ENTER 80.]	Years Don't know	88

1. SERVICE AVAILABILITY				
1.10	[ASK ONLY IF 022=YES (DOH Certified)] Approximately, how many years have TB-related services been available at this facility since DOH certification? [MUST BE 0-40. IF <1 YEAR, ENTER 0.]		Years Don't know	88

2. TB SCREENING AND DIAGNOSIS (ADULT) [ASK ONLY IF 1.1=YES (DIAGNOSTIC FACILITY)]				
	Now, I will go through a list of specific TB diagnostic services.			
	In the past 12 months, have you provided the following services?	Yes	No	DK
Contact Investigation and Management				
2.1.1	Contact investigation according to TB program guidelines	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 2.1.1=YES]			
2.1.1.1	For adult contacts	1	0	88
2.1.1.2	For child contacts	1	0	88
TB Screening and Diagnostic Methods				
2.2.1	Screening of TB by clinical symptoms and signs	1	0	88
2.2.2	Screening of TB by X-ray	1	0	88
2.2.3	Diagnosis of TB by X-ray	1	0	88
2.2.4	Diagnosis of TB by sputum tests (microscopy or DSSM)	1	0	88
2.2.5	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	1	0	88
2.2.5.1	[ASK ONLY IF 2.2.5=YES] Where is Xpert MTB/RIF (GeneXpert) diagnosis done?	Onsite	Offsite	DK
				1 2 88
2.2.5.1.1	[ASK ONLY IF 2.2.5.1=OFFSITE] Is it accessible?	1	0	88
2.2.6	Other TB screening or diagnosis method (specify) _____	1	0	88
Drug Susceptibility Testing (DST)				
2.3.1	Drug susceptibility testing for 1 st line drugs for each patient	1	0	88
2.3.2	Drug susceptibility testing for 2 nd line drugs	1	0	88
	[ASK THE NEXT 4 QUESTIONS ONLY IF 2.3.1=YES or 2.3.2=YES]			
2.3.3.1	Line probe assays (e.g., MTBDRplus to MTBDRsl) to detect resistance to 1 st or 2 nd line drugs	1	0	88
2.3.3.2	Solid culture to detect resistance to 1 st or 2 nd line drugs	1	0	88
2.3.3.3	Liquid culture to detect resistance to 1 st or 2 nd line drugs	1	0	88
2.3.3.4	Other method to detect resistance to 1 st or 2 nd line drugs (specify) _____	1	0	88
TB Case Notification				
2.4.1	Does this facility report TB patients to NTP?	1	0	88
2.4.2	[ASK ONLY IF 2.4.1=NO OR DK] Does this facility keep a record of TB case notifications?	1	0	88
2.4.2.1	[ASK ONLY IF 2.4.2=YES] How are TB case notifications recorded? _____			

3. TB TREATMENT [ASK ONLY IF 1.3=YES (TREATMENT FACILITY)]								
Now, I will go through a list of specific TB treatment services								
In the past 12 months, have you provided the following services?					Yes	No	DK	
Available Services								
3.1.1	Prescription of drugs for TB treatment	1	0	88				
3.1.2	TB treatment and follow-up during the intensive phase	1	0	88				
3.1.3	TB treatment and follow-up during the continuation phase	1	0	88				
3.1.4	Direct observation of treatment (DOT)	1	0	88				
3.1.5	Video DOT	1	0	88				
3.1.6	Reminder phone calls or SMS texts to support patients' adherence to medications and treatment	1	0	88				
3.1.7	Distribution of monthly social support packages or other adherence support	1	0	88				
3.1.8	Nutritional support/food baskets	1	0	88				
3.1.9	Facility-initiated support group for TB patients	1	0	88				
3.1.10	Patient tracking of those who miss an appointment	1	0	88				
[ASK THE NEXT 2 QUESTIONS ONLY IF 3.1.10=YES]								
3.1.10.1	Follow-up phone calls or SMS texts to TB patients, e.g. for a missed appointment, etc.	1	0	88				
3.1.10.2	Home visits to TB patients if they miss an appointment	1	0	88				
[ASK THE NEXT 2 QUESTIONS ONLY IF 1.3.3=YES (FACILITY PROVIDES DR-TB TREATMENT)]								
3.1.11	Treatment of drug resistant TB in iDOTS	1	0	88				
3.1.12	Treatment of drug resistant TB in decentralized setting	1	0	88				
Treatment Practices								
Now, I will ask you about TB treatment practices at this facility.					Yes	No	DK	
3.2.1	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				
3.2.2	[ASK ONLY IF 3.1.4=YES (DOT FACILITY)] Do you ask patients about symptoms of drug side effects during DOT visits (at least weekly)?	1	0	88				
3.2.3	Do you capture all reported side effects in the patient's chart?	1	0	88				
3.2.4	Do you report the adverse or side effects to the FDA (Suspected Adverse Reactions Form v5)?	1	0	88				
3.2.5	Do you have enough ancillary medications to manage side effects?	1	0	88				
TB Information								
	Do staff members provide the following information to DS-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
3.3.1	The importance of treatment adherence	1	0	88	1	2	3	88
3.3.2	The need for a treatment partner	1	0	88	1	2	3	88
3.3.3	What to do when experiencing side-effects	1	0	88	1	2	3	88
3.3.4	What to do if they run out of medicines	1	0	88	1	2	3	88
3.3.5	What to do if they need to leave for another area beyond the facility catchment area	1	0	88	1	2	3	88
3.3.6	Staff members provide information through the DR-TB contract to the patient	1	0	88	1	2	3	88
Patients Taking Treatment without Facility Supervision								

3. TB TREATMENT [ASK ONLY IF 1.3=YES (TREATMENT FACILITY)]			
	This next set of questions asks 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).		
3.4.1	How often do these TB patients taking treatment typically collect their medications?	Weekly Twice a month Monthly Other (specify) Don't know	1 2 3 96 88
3.4.2	Does the facility monitor the intervals at which the patient should collect treatment?	Yes No Don't know	1 0 88
3.4.2.1	[ASK ONLY IF 3.4.2=YES] How does the facility monitor the intervals at which the patient should collect treatment?	Check empty blisters Phone call SMS Through the patient booklet Other (specify) Don't know	1 2 3 4 96 88

4. PEDIATRIC SERVICES [ASK ONLY IF 1.1.2=YES OR 1.3.1=YES]					
	Next, I will ask about services provided to children.				
Diagnosis [ASK ONLY IF 1.1.2=YES]					
	How do you evaluate children for TB disease? Can you walk me through the process?	Yes		No	DK
		Unprompted	Prompted		
4.1.1	Identify children with presumptive TB by symptoms	2	1	0	88
4.1.2	Once identified, all children with presumptive TB are referred for evaluation to an accessible site	2	1	0	88
4.1.3	Once identified, all children with presumptive TB are evaluated at this facility	2	1	0	88
4.1.4	Identify the child contacts of all TB patients	2	1	0	88
4.1.5	Other (specify) _____	2	1	0	88
Treatment [ASK ONLY IF 1.3.1=YES]					
4.2	What drug formulations are given to children with drug susceptible TB? [DO NOT PROMPT – SELECT ALL THAT APPLY]	Fixed dosage/kits Loose/single drug formulations (specify which loose drugs) _____ Other (specify) Don't know			1 2 96 88
4.3	How is dosage determined?	Fixed in the kit Weight Other (specify) _____ Don't know			1 2 96 88

5. TB/HIV SERVICES [1.6=YES (FACILITY PROVIDES HIV SERVICES)]								
Now, I will go through a list of TB/HIV services.								
In the past 12 months, has the facility offered the following services?						Yes	No	DK
5.1	HIV testing and counselling for TB patients					1	0	88
5.2	Preventive treatment for TB infection (Isoniazid + Pyridoxine) either onsite or via referral					1	0	88
5.2.1	[ASK ONLY IF 5.2=YES] Preventive treatment for TB infection for HIV+ staff					1	0	88
5.3	HIV care and treatment services to TB/HIV co-infected patients through a treatment hub within the same facility					1	0	88
[ASK THE NEXT 6 QUESTIONS ONLY IF 5.3=YES]								
5.3.1	CPT (co-trimoxazole preventive therapy) for TB/HIV co-infected patients					1	0	88
5.3.2	Viral load testing for TB/HIV co-infected patients					1	0	88
5.3.3	ART (antiretroviral therapy) for TB/HIV co-infected patients					1	0	88
[ASK THE NEXT 3 QUESTIONS ONLY IF 5.3.3=YES]								
5.3.3.1	Identification of TB/HIV drug interactions					1	0	88
	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
5.3.3.2	What to do if they experience TB/HIV drug interactions	1	0	88	1	2	3	88
5.3.3.3	What to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident	1	0	88	1	2	3	88

6. COMMUNITY-BASED HEALTH WORKERS (CHWs) [ASK ONLY IF 1.5=YES (FACILITY USES CHWS)]							
In this section, I would like to learn about the links your facility has with CHWs that provide support to TB patients. This could include barangay health workers, faith-based volunteers, NGO volunteers, etc.							
Services Provided by CHWs							
	What types of services do the CHWs provide?	Yes	No	DK			
6.1.1	Referral for screening and diagnosis	1	0	88			
6.1.2	[ASK ONLY IF 1.2.3=YES (OFFSITE LAB USED)] Collection and transportation of sputum specimens to a diagnostic laboratory	1	0	88			
6.1.3	Referral for treatment	1	0	88			
6.1.4	Adherence counselling	1	0	88			
6.1.5	Trace or locate clients who miss follow-up visits	1	0	88			
6.1.6	TB education	1	0	88			
6.1.7	Emotional or social support	1	0	88			
6.1.8	[ASK ONLY IF 3.1.4=YES (DOT FACILITY)] Direct observation of treatment (DOT)	1	0	88			
6.1.9	[ASK ONLY IF 3.1.5=YES (FACILITY PROVIDES VIDEO DOT)] Video DOT	1	0	88			
6.1.10	[ASK ONLY IF 3.1.6=YES (FACILITY PROVIDES REMINDER PHONE CALLS/SMS)] Reminder phone calls or SMS texts to support patients' adherence to medications and treatment	1	0	88			
6.1.11	[ASK ONLY IF 3.1.10.1=YES (FACILITY PROVIDES FOLLOW-UP PHONE CALLS/SMS)] Follow-up phone calls or SMS texts to TB patients, e.g. for a missed appointment, to schedule a home visit, etc.	1	0	88			
6.1.12	[ASK ONLY IF 5.1=YES (FACILITY PROVIDES HIV T&C)] HIV testing and counselling	1	0	88			

6. COMMUNITY-BASED HEALTH WORKERS (CHWs) [ASK ONLY IF 1.5=YES (FACILITY USES CHWS)]				
6.1.13	Other services (specify)	1	0	88
Management of CHWs				
6.2.1	Do CHWs associated with this facility receive training in TB, such as screening, diagnosis, or treatment?	1	0	88
6.2.2	[ASK ONLY IF 6.1.8=YES (CHWs PROVIDE DOT)] Does the facility have an up-to-date list of CHWs who provide DOT?	1	0	88
6.2.3	Does the facility keep a record of the performance of the CHWs?	1	0	88
6.2.4	Does the facility TB point person meet regularly (monthly or quarterly) with CHWs?	1	0	88
6.2.5	Does staff from this facility do community level supervision of the CHWs?	1	0	88
6.2.5.1	[ASK ONLY IF 6.2.5=YES] How many supervision visits to community level in the past 3 months were carried out by TB staff from this health facility? [MUST BE 0-90]	Visits Don't know		88
Financial Support for CHWs				
		Yes	No	DK
6.3.1	Do the CHWs receive financial support for their services?	1	0	88
	[ASK THE NEXT 5 QUESTIONS ONLY IF 6.3.1=YES]			
	Who financially supports the CHWs?			
6.3.1.1	Non-government organizations (NGOs)	1	0	88
6.3.1.2	Faith-based organizations (FBOs)	1	0	88
6.3.1.3	Government	1	0	88
6.3.1.4	Individual donors	1	0	88
6.3.1.5	Other (specify)	1	0	88

7. PATIENT REFERRALS [ASK ONLY IF 1.2.1=YES OR 1.2.2=YES OR 1.4=YES OR 1.7=YES (REFERRALS FOR TB DIAGNOSIS, DR-TB TREATMENT, OR HIV SERVICES)]									
This next set of questions asks about TB referral services.									
I will ask whether this facility records the TB patients referred for specific services, as well as the results. For each of the referred services, I would like to know if there is a record or register of the patients referred and if so, whether it is electronic or paper, and then I'd like to see if any results are recorded. [NOTE: THE INTEGRATED TB INFORMATION SYSTEM (ITIS) STORES RECORDS FOR 7.3 - 7.4 ONLY, BUT OTHER ELECTRONIC RECORDS MAY BE AVAILABLE OTHER THAN ITIS. ASK TO SEE THESE.]									
	Referred service	(a) Referral record or register?				[ASK ONLY IF (a)=YES] (b) Are results recorded?			
		Yes		No	DK	Observed		Not seen	DK
		Electronic	Paper			Yes	No		
7.1	[ASK ONLY IF 1.2.1=YES] Drug-susceptible TB diagnosis	2	1	0	88	2	1	0	88
7.2	[ASK ONLY IF 1.2.2=YES] Drug resistant TB diagnosis	2	1	0	88	2	1	0	88
7.3	[ASK ONLY IF 1.4=YES] Drug resistant TB treatment	2	1	0	88	2	1	0	88
7.4	[ASK ONLY IF 1.7=YES] HIV testing and counselling	2	1	0	88	2	1	0	88

8. POLICIES, PROTOCOLS, AND GUIDELINES					
	Next, I'd like to assess the availability of approved and required protocols, as well as messages on TB information (i.e., behavioral change communication materials) available at the facility.				
	Do you have the following documentation, and if so, may I see it?	Yes		Do not have	DK
		Observed	Not observed		
8.1	NTP Manual of Procedures (5 th edition)	2	1	0	88
8.2	Department Memorandum 2016-0285: Implementation of Xpert Test as Primary Diagnostic Tool for Presumptive DS and DS TB among Selected Vulnerable Populations	2	1	0	88
8.3	TB posters on walls, leaflets, brochures, and/or pamphlets in local languages for distribution, i.e. educational materials about TB	2	1	0	88
8.4	Integrated direct observation of treatment short course (iDOTS)	2	1	0	88
8.5	Programmatic Management of Drug Resistant TB (PMDT) Implementation Guidelines	2	1	0	88

9. Staff Training					
	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	
9.1	NTP Manual of Procedure (MOP) training	1	0	88	
9.2	Programmatic management of drug resistant TB (PMDT) training	1	0	88	
9.3	Integrated TB information system (ITIS) training	1	0	88	
9.4	Diagnosis of TB by X-ray	1	0	88	
9.5	Provider initiated counselling and training (PICT)	1	0	88	
9.6	Interpersonal communication competence (IPCC) training	1	0	88	

10. Supervision and Feedback					
	Next, I would like to ask you some questions about supervision and feedback from upper levels.	Yes	No	DK	
Programmatic Supervisory Visit					
10.1	Has a supervisor from any upper level office come here on a programmatic supervisory visit within the past 3 months? A programmatic visit refers to a visit with focus on the NTP implementation, usually done by DOH-NTP, regional office, or LGU.	1	0	88	
[ASK THE NEXT 8 QUESTIONS ONLY IF 10.1=YES]					
10.2	During the past 3 months, how many supervisory visits has this facility received from an upper level office for a programmatic visit? [ENTER 1-12]	Visits Don't know			88
10.3	Who came here for the last programmatic supervisory visit?	DOH Central Offices (NTP, NTRL, KMITS) 1 DOH Regional Office 2 LGU (PHO/CHO) 3 Other (specify) 96			
	The last time a supervisor came for a programmatic supervisory visit, did s/he do any of the following?	Yes	No	DK	
10.4.1	Assess the pharmacy or drug inventory, e.g., drug stock outs, expiry, records, etc.	1	0	88	
10.4.2	Assess the data, e.g., completeness, quality, and/or timely reporting	1	0	88	
10.4.3	Discuss the performance or accomplishments of the facility based on TB service data	1	0	88	

10. Supervision and Feedback				
	The last time a supervisor came for a programmatic supervisory visit, did s/he do any of the following?	Yes	No	DK
10.4.4	Complete the supervisory checklist	1	0	88
10.4.5	Provide a record of written comments or suggestions from their visit, i.e., recommendations or action points	1	0	88
10.4.5.1	[ASK ONLY IF 10.4.5=YES] May I ask for a sample of the written comments or suggestions? [SELECT YES ONLY IF THERE ARE RECOMMENDATIONS/ACTION POINTS]	1	0	
Non-programmatic Supervisory Visit				
10.5	Aside from programmatic supervisory visits, has anyone else visited to check your work in the last three months?	Yes	No	DK
		1	0	88
10.5.1	[ASK ONLY IF 10.5=YES] Who came for a non-programmatic supervisory visit?	Infection control committee	PBSP (or other funders)	Other (specify)
		1	2	96
		Don't know		88

11. Equipment Availability								
	[ASK TO OBSERVE IF THE FOLLOWING BASIC EQUIPMENT AND SUPPLIES USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY. IF HOSPITAL, IT IS ACCEPTABLE IF THESE ARE AVAILABLE WITHIN THE WHOLE HOSPITAL, NOT JUST THE DOTS FACILITY.]							
	Equipment	(a) Have equipment?				[ASK ONLY IF (a)=OBSERVED] (b) Is it functioning?		
		Yes		No	DK	Yes	No	DK
		Observed	Not observed					
11.1	Adult weighing scale	2	1	0	88	1	0	88
11.2	Child weighing scale – 250-gram gradation	2	1	0	88	1	0	88
11.3	Infant weighing scale – 100-gram gradation	2	1	0	88	1	0	88
11.4	Measuring tape-height board or stadiometer	2	1	0	88	1	0	88
11.5	Thermometer	2	1	0	88	1	0	88
11.6	Stethoscope	2	1	0	88	1	0	88
11.7	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	2	1	0	88	1	0	88
11.8	Light source (flashlight acceptable)	2	1	0	88	1	0	88
11.9	Intravenous infusion kits	2	1	0	88	1	0	88
11.10	Oxygen concentrators	2	1	0	88	1	0	88
11.11	Oxygen cylinders	2	1	0	88	1	0	88
11.12	Central oxygen supply	2	1	0	88	1	0	88
11.13	Flowmeter for oxygen therapy (with humidification)	2	1	0	88	1	0	88
11.14	Oxygen delivery apparatus (key connecting tubes and mask or nasal prongs)	2	1	0	88	1	0	88
11.15	Glucometer	2	1	0	88	1	0	88
11.16	ECG	2	1	0	88	1	0	88
11.17	Nebulizer	2	1	0	88	1	0	88

The staff who are best able to answer the questions in the following section are either Lab Personnel, Nurse, Sputum collector, or the TB focal person.

12. Sputum and Specimen Management					
	Now I'm going to ask you if staff or personnel request appropriate sputum investigations for specific categories of patients.	Yes	No	DK	
Sputum Investigation – Diagnosis [ASK ONLY IF 1.1=YES (DIAGNOSTIC FACILITY)]					
12.1.1	Does this facility request a sputum sample from new presumptive TB clients?	1	0	88	
Sputum Investigation – Treatment [ASK ONLY IF 1.3=YES (TREATMENT FACILITY)]					
12.2.1	Does this facility request sputum culture and susceptibility testing for TB re-treatments, patients who fail to convert on treatment, or suspected DR-TB?	1	0	88	
12.2.2	[ASK ONLY IF 3.1.2=YES (FACILITY PROVIDES TREATMENT FOLLOW-UP DURING INITIAL PHASE)] Does this facility request sputum during the last week of the initial phase of treatment for drug susceptible TB?	1	0	88	
12.2.3	[ASK ONLY IF 3.1.3=YES (FACILITY PROVIDES TREATMENT FOLLOW-UP DURING CONTINUATION PHASE)] Does this facility request sputum in the last month of the continuation phase of treatment for drug susceptible TB?	1	0	88	
12.2.4	[ASK ONLY IF 1.3.3=YES (FACILITY PROVIDES DR-TB TREATMENT)] Does this facility request monthly smears and cultures throughout treatment for drug resistant TB?	1	0	88	
Specimen Management					
	[DON'T READ THE ANSWER UNTIL THE RESPONDENT HAS HAD A CHANCE TO ANSWER UNPROMPTED] What is the sputum collection procedure?	Yes		No	DK
		Unprompted	Prompted		
12.3.1	Two sputum specimens collected via frontloading	2	1	0	88
12.3.2	Two sputum specimens collected via spot-early morning specimens	2	1	0	88
12.3.3	Collected at most within 3 days	2	1	0	88
12.3.4	Immediately out of bed in the morning (before eating or drinking anything) after the patient has brushed their teeth and rinsed their mouth with only water	2	1	0	88
12.3.5	Other (specify) _____	2	1	0	88
[REQUEST TO SEE EACH DOCUMENT BEFORE INDICATING "YES"; NONAVAILABILITY SHOULD BE MARKED "NO"]					
		Yes	No	DK	
12.4.1	Are SOPs for specimen collection available?	1	0	88	
12.4.2	Does the facility have the contact details of their laboratory?	1	0	88	
12.4.3	Are the approved laboratory request forms available, i.e., NTP Form 2?	1	0	88	
12.4.4	Is there an up-to-date specimen dispatch list?	1	0	88	
12.4.5	Were there any stock-outs of specimen supplies in the past 6 months?	1	0	88	
Onsite Laboratory [ASK THE NEXT 4 QUESTIONS ONLY IF 1.1.3=YES (ONSITE LAB)]					
12.5.1	[ASK ONLY IF 2.2.4=YES (FACILITY USES DSSM)] On average, how many working days does it take to receive specimen results from the laboratory at this facility for DSSM? [MUST BE 1-60]	Days Don't know			88

12. Sputum and Specimen Management				
12.5.2	[ASK ONLY IF 2.2.5=YES (FACILITY USES Xpert)] On average, how many working days does it take to receive specimen results from the laboratory at this facility for Xpert? [MUST BE 1-60]	Days Don't know	88	
12.5.3	Does this facility process cultures?	Yes No Don't know	1 0 88	
12.5.3.1	[ASK ONLY IF 12.5.3=YES] On average, how many working days does it take to receive specimen results from the laboratory at this facility for cultures? [MUST BE 1-60]	Days Don't know	88	
Offsite Laboratory [ASK ONLY IF 1.2.3=YES (OFFSITE LAB USED)]				
	Next, I would like to ask you about offsite laboratory procedures.	Yes	No	DK
12.6.1	Do you submit directly the specimen to Xpert?	1	0	88
12.6.2	Does the facility use sputum specimen transport packaging?	1	0	88
12.6.2.1	[ASK ONLY IF 12.6.2=YES] May I see a sample of the sputum specimen transport packaging?	1	0	
12.6.2.1.1	[ASK ONLY IF 12.6.2.1=YES] Is triple packaging observed?	1	0	
12.6.3	Does the facility have access to a specimen transport service?	1	0	88
12.6.3.1	[ASK ONLY IF 12.6.3=YES] What type of specimen transport service is used?	Courier Staff Patient Other (specify) Don't know	1 2 3 96 88	
12.6.4	On average, how many days per week does specimen transportation to the laboratory occur? [MUST BE 1-7]	Days Don't know	88	
12.6.5	On average, how many working days does it take to receive specimen results from the laboratory at this facility? [MUST BE 1-60]	Days Don't know	88	
		Yes	No	DK
12.6.6	Does the facility have an agreement for TB test results to be returned to the facility either directly or through the patient?	1	0	88
12.6.6.1	[ASK ONLY IF 12.6.6=YES] How are the sputum results returned to the facility?	Courier Staff Patient Other (specify) Don't know	1 2 3 96 88	
		Yes	No	DK
12.6.7	Does the facility maintain records of results of sputum tests conducted offsite?	1	0	88
12.6.7.1	[ASK ONLY IF 12.6.7=YES] May I see the record?	1	0	

The staff who are best able to answer the questions in the following sections are a Pharmacy staff person or the TB focal person.

13. Supplies and Commodities Storage Conditions

	[OBSERVE THE PLACE WHERE THE SUPPLIES AND COMMODITIES ARE STORED AND ASK THE FOLLOWING]	Yes	No	DK
	May I see the storage of supplies and commodities?			
13.1	Supplies and commodities are stored to prevent water damage, i.e., away from water sources, such as water pipes and faucets	1	0	88
13.2	Supplies and commodities are stored without direct contact with walls or floors	1	0	88
13.3	Supplies and commodities are stored away from direct sunlight	1	0	88
13.4	The stockroom is clean and dust-free	1	0	88
13.5	The stockroom is properly lit	1	0	88
13.6	There is some type of security measure inside the stockroom, e.g., locks or bolts on doors, CCTV camera, etc.	1	0	88
13.7	The stockroom is well-ventilated, as demonstrated by high ceilings with vents or some other method of ventilation, such as air conditioning or exhaust fan	1	0	88
13.8	The temperature is monitored regularly in the room, as demonstrated by the presence of a thermostat or a thermometer permanently installed in the room	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 13.8=YES]			
13.8.1	PPD and BCG are stored at temperatures 2-8 C	1	0	88
13.8.2	[ASK ONLY IF 2.2.5=YES (FACILITY USES XPRT)] Xpert MTB/RIF cartridges are stored below 28 C	1	0	88

14. Drug Supplies [ASK ONLY IF 1.3= 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.]

Drug Availability

Drug Availability

	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.					
	May I see the following medicines? [CHECK TO SEE IF AT LEAST ONE IS VALID, I.E. NOT EXPIRED]	Observed		Not observed	Never stocked	DK
		At least one valid	None valid			
14.1.1	Isoniazid as Single Drug Formulation (SDF)	3	2	1	0	88
14.1.2	Rifampicin as SDF	3	2	1	0	88
14.1.3	Pyrazinamide as SDF	3	2	1	0	88
14.1.4	Ethambutol as SDF	3	2	1	0	88
14.1.5	Category 1 kit (2HRZE4HR)	3	2	1	0	88
14.1.6	Category 2 kit (2HRZES1HRZE5HRE), or Category 1 kit with additional Streptomycin and Ethambutol	3	2	1	0	88
14.1.7	Pediatric kit (pediatric dosages)	3	2	1	0	88
14.1.8	Streptomycin Injectable	3	2	1	0	88
				Yes	No	DK
14.2	Does the facility maintain a buffer stock of at least one quarter of Cat 1 TB medication?			1	0	88
14.3	Did any TB medicine stock-outs occur in the last six months?			1	0	88

14. Drug Supplies [ASK ONLY IF 1.3= YES (TREATMENT FACILITY)]				
14.3.1	[ASK ONLY IF 14.3=YES] Did any patient go without TB treatment because of stock-outs within the last six months?	1	0	88
	[ASK ONLY IF 14.3.1=YES] How many patients went without TB treatment because of stock-outs within the last six months?			
14.3.1.1a	[MUST BE 0-027a (# OF TB PATIENTS) IF 021 = HOSPITAL (1,2)]	Patients	88	
14.3.1.1b	[MUST BE 0-027b (# OF TB PATIENTS) IF 021 ≠ HOSPITAL (>2)]	Patients	88	
Don't know				
Drug Storage Conditions				
	[OBSERVE THE FOLLOWING CONDITIONS AND INDICATE WHETHER OR NOT THEY ARE PRESENT. IF NOT OBSERVED, SELECT "Don't know".]			
14.4	Are the product names and expiry dates of the medicines clearly indicated?	Yes	1	
		No	0	
		Don't know	88	
14.4.1	[ASK ONLY IF 14.4=YES] Is there an allotted space for expired or damaged medicines?	Yes	1	
		No	0	
		Don't know	88	
14.4.1.1	[ASK ONLY IF 14.4.1=YES] May I see the space allotted for expired or damaged medicines?	Yes	1	
		No	0	

The staff who are best able to answer the questions in the following section are either an Infection control focal person or the TB focal person.

15. Infection Control				
	I'm going to ask about infection prevention measures and then I'd like to see the supplies used for infection control.	Yes	No	DK
General				
15.1.1	Is there a staff member designated as an infection prevention and control focal point with specifically articulated duties?	1	0	88
15.1.2	Are patients routinely asked about cough when entering the facility?	1	0	88
15.1.3	Is cough triage implemented, i.e., patients that are coughing are separated from others and fast-tracked for evaluation?	1	0	88
15.1.4	Does a separate waiting area exist in the facility to isolate potentially infectious individuals?	1	0	88
15.1.5	Does a cough monitor or other designated person assist with separation and triage of coughing patients?	1	0	88
15.1.6	Are surgical masks available for presumptive and TB patients?	1	0	88
15.1.6.1	[ASK ONLY IF 15.1.6=YES] Are surgical masks worn by presumptive and TB patients?	1	0	88
15.1.7	Is a system in place to screen staff for TB?	1	0	88
15.1.7.1	[ASK ONLY IF 15.1.7=YES] Have any staff been infected with TB in the last 2 years?	1	0	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 15.1.7.1=YES]				

15. Infection Control					
15.1.7.1.1	How many full-time staff have been infected with TB in the last 2 years? [MUST BE 0-028 (# OF FULL-TIME STAFF WORKING IN TB)]	Staff Don't know			88
15.1.7.1.2	How many part-time staff have been infected with TB in the last 2 years? [MUST BE 0-029 (# OF PART-TIME STAFF WORKING IN TB)]	Staff Don't know			88
			Yes	No	DK
15.1.8	Are staff offered an HIV test annually?		1	0	88
15.1.9	Are staff offered ART if HIV+?		1	0	88
15.1.9.1	[ASK ONLY IF 15.1.9=YES or NO] Where do HIV+ staff receive ART?	Within the facility Referred to a treatment hub Other (specify) _____ Don't know			1 2 96 88
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		Do not have	DK
		Observed	Not observed		
15.2.1	An updated and approved infection prevention and control plan	2	1	0	88
15.2.2	An annual TB infection prevention and control risk assessment	2	1	0	88
15.2.3	Supplies for coughing patients (tissues, masks, etc.)	2	1	0	88
15.2.4	A confidential log for all staff with presumptive or confirmed TB	2	1	0	88
15.2.5	Patient waiting areas are either outdoors or indoors with access to continuous fresh air	2	1	0	88
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		Do not have	DK
		Observed	Not observed		
15.3.1	Running water (piped, bucket with Tap or pour pitcher)	2	1	0	88
15.3.2	Hand washing soap (may be liquid soap)	2	1	0	88
15.3.3	Alcohol-based hand rub	2	1	0	88
15.3.4	Medical waste receptacle (pedal bin) with lid and plastic bin liners	2	1	0	88
15.3.5	Other waste receptacle	2	1	0	88
15.3.6	Sharps container (i.e., safety box)	2	1	0	88
15.3.7	Disposable latex gloves	2	1	0	88
15.3.8	Disinfectant (e.g. chlorine, alcohol)	2	1	0	88
15.3.9	Single use standard disposable syringes with needles or auto-disable syringes with needles	2	1	0	88
15.3.10	Gowns	2	1	0	88
15.3.11	Eye protection/goggles or face protection	2	1	0	88
15.3.12	Injection safety precaution guidelines for standard precautions	2	1	0	88
15.3.13	Needles destroyer	2	1	0	88
15.3.14	Methylated spirit and glycerine 70:30	2	1	0	88
Specimen Collection					
	Where are specimens collected?	Yes		No	DK

15. Infection Control						
	[OBSERVE]	Observed	Not observed			
15.4.1	Outside the screening and treatment area	2	1	0	88	
15.4.2	Away from other patients	2	1	0	88	
15.4.3	In a separate room	2	1	0	88	
15.4.4	In a well-ventilated area, e.g., open air or with open windows	2	1	0	88	
N-95 Respirators						
	[ASK TO SEE THEM]	Yes		No	DK	
		Observed	Not observed			
15.5.1	Are N-95 respirators readily available for staff?	2	1	0	88	
	[ASK THE NEXT 2 QUESTIONS ONLY IF 15.5.1=YES]		Yes	No	DK	
15.5.1.1	Have staff been trained on the proper fit of the respirators?		1	0	88	
		Never	Seldom	Half of the time	Most of the time	Always
15.5.1.2	How often do facility staff members use the N-95 respirators according to national guidance?	1	2	3	4	5

The staff who are best able to answer the questions in the following section are Lab Personnel.

16. TB Laboratory Procedures [ASK ONLY IF 1.1=YES (DIAGNOSTIC FACILITY)]			
Quality Control/Quality Assurance Questions			
	I would like to ask you about quality control and quality assurance procedures in the laboratory.		
16.1	For sputum tests, what type of quality control and quality assurance do you use in this facility?	None 1 Internal QC/QA only 2 External QC/QA only 3 Both internal and external QC/QA 4 Don't know 88	
[ASK THE NEXT 3 QUESTIONS ONLY IF 16.1=2, 3, 4]			
16.1.1	Are records maintained of the results from the quality control procedures?	Yes 1 No 0 Don't know 88	
16.1.2	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	
16.1.2.1	[ASK ONLY IF 16.1.2=YES] May I see the quality control guidelines?	Yes 1 No 0	
[ASK THE REST OF THE QUESTIONS IN THIS SECTION ONLY IF 1.1.3=YES (ONSITE LAB)]			

16. TB Laboratory Procedures [ASK ONLY IF 1.1=YES (DIAGNOSTIC FACILITY)]									
Diagnostic Tests and Equipment									
	[ASK TO OBSERVE IF THE FOLLOWING TB TESTS OR 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) Functional?		
	Test/Equipment	Y	N	DK	Y	N	Y	N	DK
16.2	Ziehl-Neelsen test for AFB	1	0	88					
	[ASK THE NEXT 3 QUESTIONS ONLY IF 16.2=YES]								
16.2.1	Carbol fuchsin stain	1	0	88	1	0			
16.2.2	Sulphuric acid (20 - 25% concentration) or acid alcohol	1	0	88	1	0			
16.2.3	Methyl blue stain	1	0	88	1	0			
16.3	Fluorescence microscope (FM) LED	1	0	88	1	0	1	0	88
16.3.1	[ASK ONLY IF 16.3 (a)=YES] Auramine stain for fluorescence microscope	1	0	88	1	0			
	[ASK THE NEXT 2 QUESTIONS ONLY IF 2.2.5.1=YES (FACILITY USES XPRT ONSITE)]								
16.4.1	Xpert MTB/RIF (GeneXpert)				1	0	1	0	88
16.4.2	At least 2 valid cartridges, i.e. not expired, for Xpert MTB/RIF (GeneXpert)				1	0	1	0	88
16.5	[ASK ONLY IF 2.3.3.1=YES (LPA DONE FOR DST)] Line probe assays (LPA)	1	0	88	1	0			
16.6	TB culture or growth medium (e.g., MGIT 960)	1	0	88	1	0	1	0	88
16.7	Biosafety hood or cabinet	1	0	88	1	0	1	0	88
Sputum Samples									
	Now, I would like to ask you about sputum samples.						Yes	No	DK
16.8.1	Do you maintain any sputum cups at this service site for collecting sputum specimen?				1	0	1	0	88
16.8.1.1	[ASK ONLY IF 16.8.1=YES] May I see a sample sputum cup?						1	0	
16.8.2	Do you maintain any sputum containers at this service site for collecting sputum specimen?				1	0	1	0	88
16.8.2.1	[ASK ONLY IF 16.8.2=YES] May I see a sample sputum container?						1	0	
Turn Around Time									
[ASK THE NEXT 2 QUESTIONS ONLY IF 2.2.4=YES (FACILITY USES DSSM)]									
16.9.1	On average, how many specimens are received daily by the laboratory at this facility for DSSM? [MUST BE 1-850. IF IT VARIES BY DAY OF THE WEEK, TAKE THE WEEKLY AVERAGE AND DIVIDE BY 7.]	Specimens			Don't know			88	
16.9.2	On average, how many specimens are processed daily by the laboratory at this facility for DSSM? [MUST BE 1-850]	Specimens			Don't know			88	
[ASK THE NEXT 2 QUESTIONS ONLY IF 2.2.5=YES (FACILITY USES XPRT)]									

16. TB Laboratory Procedures [ASK ONLY IF 1.1=YES (DIAGNOSTIC FACILITY)]			
16.9.3	On average, how many specimens are received daily by the laboratory at this facility for Xpert? [MUST BE 1-850]	Specimens Don't know	88
16.9.4	On average, how many specimens are processed daily by the laboratory at this facility for Xpert? [MUST BE 1-850]	Specimens Don't know	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 12.5.3=YES (FACILITY PROCESSES CULTURE)]			
16.9.5	On average, how many specimens are received daily by the laboratory at this facility for culture? [MUST BE 1-850]	Specimens Don't know	88
16.9.6	On average, how many specimens are processed daily by the laboratory at this facility for culture? [MUST BE 1-850]	Specimens Don't know	88

17. Lab Staff Training [ASK ONLY IF 1.1.3=YES (ONSITE LAB)]				
	Did any laboratory staff of TB services at this facility receive new or refresher training in the following topics in the last 24 months?	Yes	No	DK
17.1	Skills training for DSSM	1	0	88
17.2	Skills training for Gene Xpert	1	0	88
17.3	Skills training for culture and DST	1	0	88

The person who is best able to answer the questions in the following section is the Data collector or TB focal person.

18. TB Unit Infrastructure				
		Yes	No	DK
18.1	Is there a private room available for individual counselling where no one can hear or see what is going on?	1	0	88
18.2	Is there a continuous source of electricity?	1	0	88
18.3	Is there internet access?	1	0	88
18.4	Is there running water?	1	0	88
	[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
18.5.1	Outside the building	1	0	88
18.5.2	Inside the building	1	0	88
18.5.3	On the door of the TB unit	1	0	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 Partially completed 2 Facility unavailable 3 Facility refused 4 Postponed 5 Other (specify) 96	Hours Minutes
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Facility unavailable 3 Facility refused 4 Other (specify) 96	Hours Minutes

PHILIPPINES 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	___/___/___	Hours Minutes		_____
002	Visit 2 (if needed)	___/___/___	Hours Minutes		_____

FACILITY IDENTIFICATION			
		(a) ID	(b) Name
011	Region		_____
012	Province/Highly Urbanized City		_____
013	Town (city/municipality)		_____
014	Facility		_____
015	Street name and number	_____	
016	Barangay	_____	

FACILITY CHARACTERISTICS			
		Yes	No
020	Does more than one person provide TB services at this facility?	1	0
021	Does this facility provide TB diagnostic services?	1	0
022	Does this facility provide TB treatment services?	1	0
022.1	[ASK ONLY IF 022=YES] Is this facility a DOT site?	1	0
023	Does this facility provide any HIV-related services, such as counselling, testing, care, or treatment?	1	0

Provider Consent				
030	Provider number			
Eligibility Screening Questions				
Instructions to the interviewer: <i>[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 they agree, tell them that you have a couple of preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information.]</i>				
		Yes	No	[NR]
031	[Do they provide direct care to TB patients?]	1	0	
032	[ASK ONLY IF 031=YES] [Have they been working at this facility for more than 6 months?]	1	0	99
[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.]				
033	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented ..		1
		Declined		0
If they declined to give consent, (1) thank the provider, (2) select ‘Provider refused’ in the “End of Facility Visit” section at the end of the survey, and (3) approach another provider. If consented, continue with the interview.				

1. Education and Experience			
1.1	Sex	Male 1 Female 2 Unknown 88 [No response] 99	
1.2.1	In what year were you born? [YEAR MUST BE 1928-2000.]	Year Don't know 88 [No response] 99	
1.2.2	How old were you on your last birthday? [MUST BE 18-90. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT BY MORE THAN 3 YEARS]	Years Don't know 88 [No response] 99	
1.3	What was the highest level of schooling you reached to become a practicing health care provider?	Associate degree 1 Diploma 2 Bachelor's degree 3 Master's degree 4 Doctorate 5 Non-formal degree (specify) 95 Other health degree (specify) 96 Other non-health degree (specify) 97 [No response] 99	

1. Education and Experience			
1.4	How would you best describe your current occupational category at this facility? For example, are you a registered nurse or physician?	Barangay Health Worker 1 Laboratory Aid 2 Medical Doctor 3 Medical Technologist 4 Nursing Aid 5 Registered Nurse 6 Rural Health Midwife 7 Other (specify) 96 [No response] 99	
1.5	Are you the TB focal or designated TB staff at this facility?	Yes 1 No 0 [No response] 99	
1.6	How many years and months have you been working in this facility (including engagements or employment in other units or departments of the facility if applicable)? [YEARS MUST BE 0-62. MONTHS MUST BE 0-11.]	Years ... Months ... [No response] 99	
1.7	Typically, how many hours a week do you usually work at this facility (including assignment in other units)? [MUST BE 1-80]	Hours per week [No response] 99	
1.8	Approximately, how many patients (including non-TB patients) do you personally see or care for in this facility in a typical week? [ENTER 1-250]	Number of patients [No response] 999	
1.9	How many years and months have you been providing TB related services at this facility? [MUST BE 0-q1.6]	Years ... Months ... [No response] 99	
1.10	How many hours a week do you provide TB related services? [MUST BE 1-q1.7]	Hours per week [No response] 99	
1.11	Approximately, how many TB patients do you personally see or care for in this facility in a typical week? [MUST BE 1-q1.8]	Number of patients [No response] 999	

2. TB Case Management		
	Now I want to ask you a few questions about the management and care of TB patients as part of your work in this facility.	
Establishing Rapport, Building Trust and Good Relationship with Patients		
	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? How do you create good relationship with your patients? What techniques do you use to establish rapport and good relationship with your patients? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	
2.1.1	Be flexible in meeting the patient's needs	1
2.1.2	Communicate clearly	1
2.1.3	Explain the procedure as it is being done to the patient	1
2.1.4	Have an open mind about the patient's cultural beliefs	1
2.1.5	Listen carefully to the patient	1

2. TB Case Management						
2.1.6	Recognize and address the patient's fears about the illness	1				
2.1.7	Suggest behaviour changes respectfully	1				
2.1.8	Treat the patient with dignity and respect	1				
2.1.9	Other (specify)	1				
2.1.10	[None of the above]	1				
Patient Assessment [ASK ONLY IF 021=YES (DIAGNOSTIC FACILITY)]						
	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]					
2.2.1	Patient's previous medical/psychosocial history	1				
2.2.2	Attitudes and beliefs towards TB	1				
2.2.3	Knowledge of TB	1				
2.2.4	Ability to follow the TB treatment plan	1				
2.2.5	Potential barriers to treatment, e.g., lack of transportation, TB medications will be too expensive, etc.	1				
2.2.6	Resources, e.g., family, other social support, finances	1				
2.2.7	Other (specify)	1				
2.2.8	[None of the above]	1				
Counselling						
To ensure your patients have a good understanding of the treatment process, I would like to know what type of information or topics are discussed with patients during diagnosis and treatment visits. First, I will ask about drug susceptible TB patients, then drug resistant TB patients.						
DS-TB Patients						
What type of information or topics are discussed with drug susceptible TB 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? Yes, unprompted	[ASK ONLY IF (a)=YES] (b) How is information provided?			
			Verbally	Written	Both	[NR]
2.3.1	TB and TB treatment, including duration and dosage	1	1	2	3	99
2.3.2	Basic information and skills to protect household members and contacts from infection prior to starting treatment	1	1	2	3	99
2.3.3	Importance of taking medications regularly for the full course of treatment	1	1	2	3	99
2.3.4	Options available for treatment support, e.g., DOT	1	1	2	3	99
2.3.5	What to do if they run out of their medicines	1	1	2	3	99
2.3.6	Possible side effects of TB medication	1	1	2	3	99
2.3.7	What to do if they experience side effects from the TB medication	1	1	2	3	99
2.3.8	Test results	1	1	2	3	99
2.3.9	What the test results mean	1	1	2	3	99
2.3.10	Information about TB/HIV coinfection	1	1	2	3	99
2.3.11	Information about what to do if they experience TB/HIV drug interactions	1	1	2	3	99

2. TB Case Management						
	Topics	(a) Provide information?	[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes, unprompted	Verbally	Written	Both	[NR]
2.3.12	Information about what to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident	1	1	2	3	99
2.3.13	Other (specify) _____	1	1	2	3	99
2.3.14	[None of the above]	1				
DR-TB Patients						
	Now I would like to know what type of information or topics are discussed with drug resistant TB patients during diagnosis and treatment visits? And again, 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]
2.4.1	A contract (Kasunduan)	1	1	2	3	99
2.4.2	Other (specify) _____	1	1	2	3	99
2.4.3	[None of the above]	1				
	[ASK ONLY IF 022=YES (TREATMENT FACILITY)] What do you do when a patient misses their treatment? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]					
2.5.1	Nothing					1
2.5.2	Advise them to return for treatment					1
2.5.3	Counsel and continue treatment from where they stopped					1
2.5.4	Counsel and repeat lab investigation					1
2.5.5	Follow up and track by contacting their school or workplace					1
2.5.6	Follow up and track by home visit					1
2.5.7	Follow up and track by phone					1
2.5.8	Follow up and track by SMS					1
2.5.9	Record missed day and extend treatment					1
2.5.10	Other (specify) _____					1
2.5.11	[None of the above]					1

[CHECKPOINT IF PROVIDER ENDS SURVEY]

3. Infection Prevention and Control					
	Now I would like to ask you some questions about your knowledge and practices to prevent transmission of TB among health care workers and patients within the facility.				
Training					
3.1.1	Have you ever received any training on TB infection control?	Yes	1		
		No	0		
		[No response]	99		
3.1.2	[ASK ONLY IF 3.1.1=YES] When did the training occur?	Within the past 24 months	1		
		Over 24 months ago	2		
		[No response]	99		
Knowledge					
	I would like to ask you some questions about your knowledge of preventing transmission of TB within the facility.	Yes	No	DK	[NR]
3.2.1	Should doors and windows be left open whenever a patient presumed or confirmed to have TB is in the room?	1	0	88	99
3.2.2	Can fans (ventilators) be used in TB wards to reduce the transmission of TB?	1	0	88	99
3.2.3	Should presumed or confirmed TB patients be separated from other patients?	1	0	88	99
3.2.4	Should health care providers minimize the time TB patients spend in the health facility?	1	0	88	99
3.2.5	Can surgical masks protect health care providers from inhaling the TB bacteria?	1	0	88	99
3.2.6	Can the use of respiratory protection, such as N95 particulate respirators, by health care providers protect them from inhaling the TB bacteria?	1	0	88	99
Practices					
	What do you do whenever you are with presumed or confirmed TB patients and/or working in the TB wards?	Yes	No		[NR]
3.3.1	Use a mask/respirator whenever treating TB presumptive or confirmed patients	1	0		99
3.3.2	Give priority to coughing patients, i.e. attend to patients who are coughing first	1	0		99
3.3.3	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
3.3.4	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
3.3.5	Request for TB diagnostic testing if the patient is symptomatic	1	0		99
3.3.6	Always screen all family members of confirmed TB patients for TB symptoms	1	0		99
3.3.7	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

4. 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 [Service]?	Yes, within 24 months	Yes, over 24 months	No	[NR]
4.1	NTP Manual of Procedure (MOP) training	2	1	0	99
4.2	Diagnosis of TB by X-ray	2	1	0	99
4.3	Diagnosis of TB by direct sputum smear microscopy (DSSM)	2	1	0	99
4.4	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	2	1	0	99
4.5	Integrated direct observation of treatment short course (iDOTS)	2	1	0	99
4.6	Programmatic management of drug resistant TB (PMDT) training	2	1	0	99
4.7	Provider initiated counselling and training (PICT)	2	1	0	99
4.8	Interpersonal communication and counselling (IPCC) training	2	1	0	99

4. 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 [Service]?	Yes, within 24 months	Yes, over 24 months	No	[NR]
4.9	Integrated TB information system (ITIS) training	2	1	0	99

[CHECKPOINT IF PROVIDER ENDS SURVEY]

5. 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]	
TB Diagnostic Services [ASK ONLY IF 021=YES (DIAGNOSTIC FACILITY)]					
5.1.1	Screening of TB by clinical symptoms and signs	1	0	99	
5.1.2	Screening of TB by X-ray	1	0	99	
5.1.3	Diagnosis of TB by X-ray	1	0	99	
5.1.4	Diagnosis of TB by sputum tests (microscopy or DSSM)	1	0	99	
5.1.5	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	1	0	99	
5.1.6	What Is the most common method you use for diagnosing TB in this facility?				
5.1.7	Drug susceptibility testing for 1 st line drugs for each patient	1	0	99	
5.1.8	Drug susceptibility testing for 2 nd line drugs	1	0	99	
	[ASK THE NEXT 2 QUESTIONS ONLY IF 5.1.7=YES or 5.1.8=YES]				
5.1.9.1	Line probe assays (e.g., MTBDRplus to MTBDRsl) to detect resistance to 1 st or 2 nd line drugs	1	0	99	
5.1.9.2	Culture, solid or liquid, to detect resistance to 1 st or 2 nd line drugs	1	0	99	
TB Treatment Services [ASK ONLY IF 022=YES (TREATMENT FACILITY)]					
5.2.1	Prescription of drugs for TB treatment (defined as when a patient is given a prescription for TB treatment and has to buy his or her own medicines)	1	0	99	
5.2.2	Management of TB treatment	1	0	99	
5.2.3	[ASK ONLY IF 022.1=YES (DOT FACILITY)] Direct observation of treatment (DOT)	1	0	99	
5.2.4	Video DOT	1	0	99	
5.2.5	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.	1	0	99	
5.2.6	Treatment of drug-resistant TB	1	0	99	
TB/HIV Services [ASK ONLY IF 023=YES (PROVIDE HIV SERVICES)]					
5.3.1	HIV testing and counselling for TB patients	1	0	99	
5.3.2	Isoniazid preventive therapy (IPT) – preventive treatment for TB infection (Isoniazid + Pyridoxine), either on site or via referral	1	0	99	
5.3.3	HIV care and treatment services to TB/HIV co-infected patients	1	0	99	
	[ASK THE NEXT 3 QUESTIONS ONLY IF 5.3.3=YES]				
5.3.3.1	Co-trimoxazole preventive therapy (CPT) for TB/HIV co-infected patients	1	0	99	
5.3.3.2	Viral load testing for TB/HIV co-infected patients	1	0	99	
5.3.3.3	ART for TB/HIV co-infected patients	1	0	99	
	[ASK THE NEXT 2 QUESTIONS ONLY IF 5.3.3.3=YES]				
5.3.3.3.1	Identification of TB/HIV drug interactions	1	0	99	
5.3.3.3.2	Identification of immune reconstitution inflammatory syndrome (IRIS)	1	0	99	

5. TB Services Provided				
Patient Referrals				
	Now I will ask you about referring patients out to other facilities. Do you refer out the following services?	Yes	No	[NR]
5.4.1	Drug susceptibility testing and/or evaluation for drug resistant TB	1	0	99
5.4.2	Drug resistant TB treatment	1	0	99
5.4.3	HIV testing and counselling for TB patients	1	0	99

6. Supervision and Feedback				
	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 programmatic supervisory visit to check your work? A programmatic visit refers to a visit with focus on NTP implementation, usually done by DOH-NTP, RO, or LGU.	Yes	No	1 0 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 programmatic supervisory visit?	Within the past 3 months	More than 3 month ago	1 2 99
	[ASK THE NEXT 9 QUESTIONS ONLY IF 6.1.1=WITHIN THE PAST 3 MONTHS]			
	Programmatic Supervisory Visit			
6.2	During the past 3 months, how many times have you been supervised or monitored by someone from an upper-level office for a programmatic visit? [ENTER 1-12]	Number of visits	[No response]	99
6.3	Who came here for a programmatic supervisory visit the last time? [SELECT ALL THAT APPLY]	DOH Central Offices (NTP, NTRL, KMITS) DOH Regional Office LGU (PHO/CHO) Other (specify) [No response]	1 2 3 96 99	
	The last time you were personally supervised programmatically, what did your supervisor do during the visit? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]			
6.4.1	Assess the pharmacy or drug inventory, e.g., drug stock outs, expiry, records, etc.			1
6.4.2	Assess the data, e.g., completeness, quality, and/or timely reporting			1
6.4.3	Discuss the performance/accomplishment of the facility based on the TB service data			1
6.4.4	Complete a supervisory checklist			1
6.4.5	Other (specify) _____			1
6.4.6	[None of the above]			1
6.4.7	Did your supervisor give you a record of written comments or suggestions, i.e. recommendations or action points? [ASK TO SEE THE RECORD]	Yes, observed Yes, not observed No [No response]	2 1 0 99	
	Non-programmatic Supervisory Visit			
6.5	Aside from a programmatic supervisory visit, has anyone else visited to check your work in the last three months?	Yes No [No response]	1 0 99	

6. Supervision and Feedback			
6.5.1	[ASK ONLY IF 6.5=YES] Who came for a non-programmatic supervisory visit?	Infection control committee PBSP-Global Fund (or other funders) Other (specify) [No response]	1 2 96 99
Incentives			
6.6	In addition to your official remuneration, what other non-monetary incentives have you received for the work you do? Note that these are not part of the NTP protocol. [READ THE OPTIONS BELOW [NONE] AND SELECT ALL THAT APPLY]	[None] Certificate/recognition awards..... Discount medicine, free medical care ... Health Insurance Priority lane for services..... Shirts, bags, umbrellas, etc. Training Other (specify) [No response]	0 1 2 3 4 5 6 96 99
6.7	What additional incentives should be given to TB health workers?		

7. TB Care Suggestions	
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 Partially completed Provider ineligible Provider refused Postponed Other (specify) 96	1 2 3 4 5 96 Hours Minutes
004	Visit 2 (if needed)	Completed Partially completed Provider ineligible Provider refused Other (specify) 96	1 2 3 4 96 Hours Minutes

Thank your respondent and move to the next data collection point if different from current location.

PHILIPPINES 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	___/___/___	Hours Minutes		_____
002	Visit 2 (if needed)	___/___/___	Hours Minutes		_____

FACILITY IDENTIFICATION			
		(a) ID	(b) Name
011	Region		_____
012	Province/Highly Urbanized City		_____
013	Town (city/municipality)		_____
014	Facility		_____
015	Street name and number	_____	
016	Barangay	_____	

Participant Consent			
020	Patient Number		
Eligibility Screening Questions			
Instructions to the interviewer: [Do your best to not mention TB publicly, but the patient should know that it's about TB.] [Before the prospective respondent starts their consultation with the clinic staff, introduce yourself and say: "Hello, I am _____. We are doing a study on the quality of care that is given to patients like you. There are some questions about your experience on receiving care for your disease at this facility. Anything you say will remain confidential. May we start the interview?"] [If they agree, tell them that you have a few preliminary questions. To ensure that the patient meets the criteria for the study, please obtain the following information.]			
021	[Are they at least 15 years old?]	Yes No	1 0
022	[ASK ONLY IF 021=YES] [Have they been diagnosed with the disease or are they being treated for the disease at this facility? If so, what disease type do they have, i.e. drug susceptible or drug resistant (RR-TB, MDR-TB, etc.)?]	No, they do not have TB Yes, drug susceptible ("regular") TB Yes, drug resistant ("special") 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)] [Do they collect their medicine for their disease at this facility?]	Yes No [No response]	1 0 99
024	[ASK ONLY IF 023=YES] [If 022=1 (drug susceptible): Have they been receiving treatment at this facility for at least 2 weeks? If 022=2 or 3 (drug resistant/unknown): Have they been receiving treatment at this facility for at least 4 weeks?]	Yes No [No response]	1 0 99
[If any of the screening questions are No, Don't know, or No response, the patient is NOT eligible for this study – thank them and wait for the next available patient.] 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.]			
025	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented Declined	1 0
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. If consented, continue with the interview.			

1. Patient Characteristics			
1.1	Sex	Male Female Unknown [No response]	1 2 88 99
1.2.1	In what year were you born? [YEAR MUST BE 1928-2003.]	Year Don't know [No response]	88 99
1.2.2	How old were you on your last birthday? [YEARS MUST BE 15-90. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT BY MORE THAN 3 YEARS]	Age Don't Know [No response]	88 99
1.3	What is the highest level of education you have completed?	None Pre-primary/Pre-school Primary/Elementary Secondary/High School Post Secondary Non-Tertiary/Technical Vocational Tertiary, First Stage/Baccalaureate Tertiary, Second Stage/Post-Graduate Other (specify) [No response]	0 1 2 3 4 5 6 96 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 Rural [No response]	1 2 99
1.6	What is your employment status?	Full time employed Part-time employed..... Self employed Unemployed Retired..... Student..... [No response].....	1 2 3 4 5 6 99

1. Patient Characteristics			
1.7	What is your average monthly household income?	0 – 5000 1 5,001 – 10,000 2 10,001 – 20,000 3 20,001 – 40,000 4 40,001 and above 5 [No response] 99	
1.8	In your opinion, is this health facility easy to get to from where you live?	Yes..... 1 No..... 0 [No response] 99	
1.9	On average, how long does it take you to get to this facility from your home? [HOURS MUST BE 0-4. IF MORE THAN 4 HOURS, ENTER '4'. MINUTES MUST BE 0-59]	Hours Minutes Don't know 88 [No response] 99	
1.10	What type of transportation do you use most often to get to this facility?	Walking 1 Bicycle 2 Tricycle 3 Motorcycle 4 Car 5 Taxi 6 Transportation Network Vehicle Service 7 Bus 8 Other (specify) 96 [No response] 99	
1.11	Are you smoking?	Yes 1 No 0 [No response] 99	

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

2. Cascade of Care			
2.4	How long after you were told that you had this disease did you start treatment?	Within 2 days 1 Within 1 week 2 More than one week 3 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 7-12 months 3 More than 12 months 4 Don't know 88 [No response] 99	
2.6	What phase of treatment are you in now?	Intensive 1 Continuation 2 Other (specify) 96 Don't know 88 [No response] 99	
2.7	In your current phase of treatment, how often do you visit the facility to pick up your medicines, have lab exams, or have a consultation?	Daily (5-7 times per week) 1 Weekly 2 Every 2 weeks 3 Monthly 4 Less frequently than once a month 5 [No response] 99	
2.8	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 Co-worker 4 Other (specify) 5 [No response] 99	
2.9	On average, how many days per week does your treatment partner watch you take your medicines?	Days [ENTER 0-7] [No response] 99	
2.10	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 1 No 0 Don't know 88 [No response] 99	
2.10.1	[ASK ONLY IF 2.10=YES] Why did you stop taking your medicines? [SELECT ALL THAT APPLY]	Could not afford to buy the medicines 1 Medicines were not available at the clinic 2 Forgot 3 My provider told me to stop 4 No time to buy or get medicines due to work 5 Pharmacy was too far 6 Was travelling 7 Was sick from the medicines or had side effects..... 8 Other illness (not related to this disease)..... 9 Other (specify) 96 [No response] 99	

3. 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.	Y	N	DK [NR]
3.1	During your visits to this facility, do you find the clinic area to be clean?	1	0	99
3.2	Are there enough comfortable places to sit in this facility?	1	0	99
3.3	During your visits to this facility, is drinkable water available?	1	0	88 99
3.4	During your visits to this facility, are the comfort rooms usually clean?	1	0	88 99
3.4.1	[ASK ONLY IF 3.4=YES OR NO] During your visits to this facility, are the comfort rooms always useable?	1	0	88 99

4. Availability of TB Services				
	Now I would like to ask you about your experience with this facility in general.	Yes	No	[NR]
4.1	Do you always talk to the same health providers every time you visit this facility?	1	0	99
4.2	Have you ever been turned away from receiving care for your disease during official working hours at this facility?	1	0	99
4.3	Are you instructed how to take your medicine every time you collect it?	1	0	99
4.4	Have you been given written instructions on how to take the medicine?	1	0	99
4.5	Are the medicines always available?	1	0	99
4.6	Are the clinic hours convenient for you?	1	0	99
4.6.1	[ASK ONLY IF 4.6=NO] Why is that? _____			
4.7	Are the waiting time(s) before talking to health providers at this facility generally acceptable to you?	1	0	99
4.8	During today's visit, about how long did you wait to talk to any provider? [HOURS MUST BE 0-8; MINUTES MUST BE 0-59]	Hours Minute Don't Know [No response]		88 99
4.9	During today's visit, how long did you spend with your providers, e.g. health provider, lab, pharmacist, etc.? If you saw more than one provider, please add up the total time. [HOURS MUST BE 0-8; MINUTES MUST BE 0-59]	Hours Minute Don't Know [No response]		88 99
		Yes	No	[NR]
4.10	Have you ever gone to another health facility to receive care for your disease?	1	0	99
4.10.1	[ASK ONLY IF 4.10=YES] Why did you go to another health facility? _____			

[CHECKPOINT IF PATIENT ENDS SURVEY]

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.]					
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	Blood-streaked mucus or sputum	2	1	0	88	99
5.1.2	Chronic cough (2 weeks or more)	2	1	0	88	99
5.1.3	Coughing up mucus or phlegm	2	1	0	88	99
5.1.4	Fever or chills	2	1	0	88	99
5.1.5	Night sweats	2	1	0	88	99
5.1.6	Pain in the chest or back	2	1	0	88	99
5.1.7	Persistent shortness of breath	2	1	0	88	99
5.1.8	Tiredness or fatigue	2	1	0	88	99
5.1.9	Unexplained weight loss	2	1	0	88	99
5.1.10	Other (specify) _____	0	0	2	88	99
TB Causes						
	What do you think causes this disease or spreads it from one person to another? [DO NOT PROMPT – SELECT ALL OPTIONS MENTIONED]					
5.2.1	Infected person coughing or sneezing					1
5.2.2	Fatigue					-1
5.2.3	Smoking					-1
5.2.4	Alcohol drinking					-1
5.2.5	Inherited					-1
5.2.6	Crowded living condition					1
5.2.7	Sharing utensils					-1
5.2.8	Microbes/germs/bacteria					1
5.2.9	Blood transfusions					-1
5.2.10	Mosquito bites					-1
5.2.11	Sexual contact					-1
5.2.12	Through food					-1
5.2.13	Touching a person with TB					-1
5.2.14	Other (specify) _____					-1
TB RISK FACTORS						
	[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.]					
	What do you think makes a person more at risk of developing TB?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.3.1	Alcohol drinking	2	1	0	88	99
5.3.2	Being HIV infected	2	1	0	88	99
5.3.3	Fatigue	2	1	0	88	99
5.3.4	Smoking	2	1	0	88	99
5.3.5	Inherited	0	0	2	88	99

5. TB Knowledge						
	What do you think makes a person more at risk of developing TB?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.3.6	Contact with or living with someone who has TB	2	1	0	88	99
5.3.7	Malnutrition	2	1	0	88	99
5.3.8	Pollution	2	1	0	88	99
5.3.9	Poor ventilation	2	1	0	88	99
5.3.10	Unhygienic practices	2	1	0	88	99
5.3.11	Other (specify) _____	0	0	2	88	99
			Yes	No	DK	[NR]
5.4	Can your disease be cured?		1	0	88	99
5.5	What is the usual time or typical period for treating drug susceptible ("regular") TB? [MUST BE 0-10. ENTER '0' IF THEIR ANSWER IS <1 MONTH. ENTER '10' IF THEIR ANSWER IS >9 MONTHS.]	Months..... Don't Know [No response]				88 99
5.6	What is the usual time or typical period for treating drug resistant ("special") TB? [MUST BE 0-25. ENTER '0' IF THEIR ANSWER IS <1 MONTH. ENTER '25' IF THEIR ANSWER IS >24 MONTHS.]	Months..... Don't Know [No response]				88 99
Drug Side Effects						
	[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.]					
	What are the possible side effects patients may experience from using or taking medicines for this disease?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.7.1	Discoloured urine or tears	2	1	0	88	99
5.7.2	Fever	2	1	0	88	99
5.7.3	Joint pain	2	1	0	88	99
5.7.4	Loss of appetite	2	1	0	88	99
5.7.5	Nausea or vomiting	2	1	0	88	99
5.7.6	Problems with eyesight	2	1	0	88	99
5.7.7	Rash	2	1	0	88	99
5.7.8	Yellowish eyes	2	1	0	88	99
5.7.9	Other (specify) _____	0	0	2	88	99

[CHECKPOINT IF PATIENT ENDS SURVEY]

6. Stigma						
	Next, I would like to ask you to rate the following statements.					
	How you are treated by others at this facility, where 1 is strongly disagree and 5 is strongly agree?	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
6.1	I feel welcome in the health facility.	1	2	3	4	5
6.2	Overall, health providers here treat me with respect.	1	2	3	4	5
6.3	Overall, the health providers are friendly to patients like me	1	2	3	4	5
6.4	Overall, the health providers treated me the same way I am treated when I receive care for illnesses other than TB.	1	2	3	4	5
6.5	Overall, health providers here turn their face away when speaking with the patients.	1	2	3	4	5
6.6	Overall, I get services of worse quality than what is normally offered for the treatment of my disease.	1	2	3	4	5
6.7	Overall, I feel distressed, intimidated, or offended when interacting with a healthcare provider.	1	2	3	4	5

7. Communication and 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 was 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	Danger signs of the disease or condition worsening	2	1	0	99
7.3	That this disease can be cured	2	1	0	99
7.4	Importance of taking the medicines regularly	2	1	0	99
7.5	Importance of completing treatment	2	1	0	99
7.6	When to come back for the next care visit for this disease	2	1	0	99
7.7	Side effects of the medicine (nausea, vomiting, red discolouration of the urine)	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	How long your treatment will last	2	1	0	99
			Yes	No	[NR]
7.11	Do the health providers at this facility discuss your status or progress with you at every scheduled appointment?		1	0	99
7.12	Do the health providers at this facility listen to your opinion and ideas on the best way to follow your treatment?		1	0	99
7.13	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?		1	0	99

8. Patient – Provider Interaction and Counselling				
	Next, I would like to ask you about your face-to-face meetings with health providers at this facility.	Yes	No	[NR]
8.1	During your visits to this facility, do the health providers usually explain things in a way you can understand?	1	0	99
8.2	During your visits to this facility, do the health providers tell you clearly how to take your medicines?	1	0	99
8.3	During your visits to this facility, do you think the health providers give you a chance to ask questions about anything that concerns you?	1	0	99
8.4	During your visits to this facility, do the health providers listen carefully to 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 health providers?	1	0	99
8.6	During your visits to this facility, do the health providers tell you how this disease can affect your everyday life?	1	0	99
8.7	Has a health provider at this facility told you about cough hygiene, i.e. how to reduce the risk of making others sick by covering your mouth when you cough?	1	0	99
8.8	Has a health provider at this facility talked with members of your family or those living with you about how to prevent the spread of the disease from one person to another?	1	0	99
8.9	During your visits to this facility, do you worry that other patients can hear your conversation with your health providers?	1	0	99
8.10	During your visits to this facility, do you think you have enough privacy during the physical examination?	1	0	99
8.11	[ASK ONLY IF 8.11=YES] Has a health provider at this facility talked with you about quitting smoking?	1	0	99
8.12	DO YOU HAVE ANY OTHER WORRIES OR CONCERNS THAT HAVE NOT BEEN MENTIONED?	1	0	99
8.12.1	[ASK ONLY IF 8.12=YES] In what ways do the healthcare providers at this facility address your worries when you visit the facility? _____			

9. TB/HIV Services				
	It is widely known that both TB and HIV are diseases that are related to each other. Patients infected with HIV have weak immune systems and are consequently more susceptible to developing TB. While this does not mean people who have TB will necessarily have HIV, it is still important to ask some questions on the link between TB and HIV.			
		Yes	No	DK [NR]
9.1	Have any health providers in this facility told you about the link between TB and HIV?	1	0	88 99
9.2	Have any health providers in this facility told you how to prevent HIV infection?	1	0	88 99
9.3	After being told you had TB, were you counselled to take an HIV test by any of the health providers in this facility?	1	0	88 99
9.4	Have any health providers in this facility told you where to seek help after being counselled on HIV?	1	0	88 99

[CHECKPOINT IF PATIENT ENDS SURVEY]

10. Services Availed					
	Next, I would like to ask you about practices and tests for your disease.	Yes	No	DK	[NR]
10.1	Were you examined by a healthcare provider at this facility during your first visit for services or care for your disease?	1	0		99
10.2	Have you been counselled to have your family or close contacts evaluated for the disease?	1	0	88	99
10.3	Were any of your family or close contacts evaluated for the disease at a facility?	1	0	88	99
10.4	Was your sputum (mucus or phlegm) examined when you were diagnosed with this disease?	1	0	88	99
10.4.1	[ASK ONLY IF 10.4=YES] How many working days were there between your first sputum examination and when you got your results? [MUST BE 1-30]	Days Don't Know [No response]			88 99
		Yes	No		[NR]
10.5	Have you been advised or prescribed other items to get?	1	0		99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 10.5=YES]				
10.5.1	Was it other medicines?	1	0		99
10.5.2	Was it nutritional supplements?	1	0		99
10.5.3	Was it food?	1	0		99

11. Support			
	I would like to ask you about any support you receive from this facility.		
11.1	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 No Don't know [No response]	1 0 88 99
11.1.1	[ASK ONLY IF 11.1=YES] Who has discussed your other medical conditions with you?	No one Only healthcare providers at this facility Only healthcare providers outside this facility Both healthcare providers at this facility and outside this facility [No response]	1 2 3 4 99
11.1.2	[ASK ONLY IF 11.1=YES] Have your other medical needs been met?	None have been met Some have been met Most have been met All have been met No response	1 2 3 4 99

11. Support			
11.2	To support its patients, this facility offers various services to help you complete your treatment for this disease. Which, if any, of the following supportive services have you received from this facility? [SELECT ALL THAT APPLY – READ EVERY ITEM UNDER [NONE] AND ONLY SELECT NONE IF NOTHING ELSE IS SELECTED]	[None] Free chest X-ray Free medicines..... Home based treatment Meeting with a psychologist Meeting with a social worker Nutritional support/food basket One-on-one counselling (face to face) by medical staff (doctor or nurse) One-on-one peer counselling (face to face) by lay counselor Small group health education session for this disease Rehabilitative services Transport assistance Other services (specify) [No response].....	1 2 3 4 5 6 7 8 9 10 11 12 96 99
11.3	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? [SELECT ALL THAT APPLY – READ EVERY ITEM UNDER [NONE] AND ONLY SELECT NONE IF NOTHING ELSE IS SELECTED]	[None] Free chest X-ray Free medicines..... Home based treatment Meeting with a psychologist Meeting with a social worker Nutritional support/food basket One-on-one counselling (face to face) by medical staff (doctor or nurse) One-on-one peer counselling (face to face) by lay counselor Small group health education session for this disease Rehabilitative services Transport assistance Other services (specify) [No response].....	1 2 3 4 5 6 7 8 9 10 11 12 96 99

12. Affordability											
	Now, I would like to ask you about the costs of care at this facility for your disease.					Yes	No	[NR]			
12.1	Have you ever been unable to come to the health facility because of the cost, e.g. transportation?					1	0	99			
12.2	Do you have to pay to see your provider, e.g., doctor?					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) Have to pay?					
					Yes	No	[NR]	Yes	No	[NR]	
12.3	Sputum tests					1	0	99	1	0	99
12.4	Blood tests					1	0	99	1	0	99
12.5	X-rays					1	0	99	1	0	99

13. Overall Satisfaction						
	On a scale of 1 to 5, how satisfied are you overall with the care you have received at this facility so far, where 1 is very dissatisfied and 5 is very satisfied?					
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied	[NR]
13.1	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?					

End of Facility Visit				
		(a) Result of Visit		(b) Visit End Time [Use the 24-hour clock system, e.g. 14:30]
003	Visit 1	Completed	1	Hours Minutes
		Partially completed	2	
		Patient ineligible	3	
		Patient refused	4	
		Postponed	5	
		Other (specify) _____	96	
004	Visit 2 (if needed)	Completed	1	Hours Minutes
		Partially completed	2	
		Patient ineligible	3	
		Patient refused	4	
		Other (specify) _____	96	

Thank your respondent and move to the next patient available.

PHILIPPINES 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	___/___/___	Hours Minutes		_____
002	Visit 2 (if needed)	___/___/___	Hours Minutes		_____

FACILITY IDENTIFICATION			
		(a) ID	(b) Name
011	Region		_____
012	Province/Highly Urbanized City		_____
013	Town (city/municipality)		_____
014	Facility		_____
015	Street name and number	_____	
016	Barangay	_____	

Data Collection Tools					
	Are the following documents used at this facility to record TB cases (all types)?	Yes			No
		Both	Electronic	Paper	
021	Presumptive TB Masterlist	3	2	1	0
022	NTP Laboratory Register (Microscopy and Xpert MTB/RIF)	3	2	1	0
023	Drug-susceptible TB Register	3	2	1	0
024	(drug resistant) DR-TB Register	3	2	1	0
025	Hospital TB Referral Logbook	3	2	1	0
026	Other (specify) _____	3	2	1	0

INSTRUCTIONS

- For all the counts, enter 0 for none and 999/9999 if unable to determine the count
- For item numbers marked with “(a)”, the data extraction will be done via review of the register
- For item numbers marked with “(b)”, the data can be extracted from the quarterly and annual reports to the NTP via the ITIS (integrated TB information system)
- Do the paper-based extraction first because some facilities may have two or more lists (due to catchment areas and for those dual facilities) and the numbers have to be combined to come up with the aggregate data in the case of the register review

1. Presumptive TB Masterlist [VALID ONLY IF 021=YES or 025=YES]		
TB Screening and Diagnosis (Refer to Form 1. If Form 1 is Not Available, refer to Form 8.)		
LOCATE RECORDS FROM 01/01/2017 TO 12/31/2017		
1.1 (a)	Number of patients with presumptive TB who had a sputum examination, TST (tuberculin skin test), chest X-ray, or other diagnostic test (Form 8: marked as PR) [MUST BE 0-900]	
1.2 (a)	Number of patients with presumptive TB who requested for a sputum test, DSSM or Xpert (If not available in Form 8, input 999) [MUST BE ≤ 1.1]	
1.3 (a)	Number of patients with presumptive TB with bacteriological results (DSSM or Xpert (GX), both positive and negative results) [MUST BE ≤ 1.1]	
1.4 (a)	Number of patients with presumptive TB with positive results on DSSM or Xpert (GX) (Form 8: marked as BC) [MUST BE ≤ 1.3]	

2. NTP Laboratory Register (Microscopy and Xpert MTB/RIF FOR DIAGNOSIS) [VALID ONLY IF 022=YES]		
Smear Microscopy		
LOCATE RECORDS FROM 01/01/2016 TO 12/31/2016		
2.1.1 (a)	Number of patients who submitted their smear to the laboratory for DSSM [MUST BE 0-5000]	
2.1.2 (b)	Number of patients with smear results from the laboratory for DSSM, both positive and negative [MUST BE ≤ 2.1.1]	
2.1.3 (b)	Number of bacteriologically confirmed TB patients, i.e., positive smear results for DSSM [MUST BE ≤ 2.1.2]	
Xpert MTB/RIF		
LOCATE RECORDS FROM 01/01/2015 TO 12/31/2015		
2.2.1 (b)	Number of presumptive DR-TB patients who submitted their sputum to the laboratory for Xpert [MUST BE 0-1500]	
2.2.2 (b)	Number of presumptive DR-TB patients with DST (drug susceptibility testing) results for rifampicin (marked as R, T, TI, N in the laboratory register) [MUST BE ≤ 2.2.1]	
2.2.3 (b)	Number of bacteriologically confirmed DR-TB cases with DST results for rifampicin who have rifampicin resistant TB (marked as RR in the laboratory register) [MUST BE ≤ 2.2.2]	

3. Drug-susceptible TB Register [VALID ONLY IF 023=YES]		
LOCATE RECORDS FROM 01/01/2016 TO 12/31/2016		
TB/HIV		
3.1.1 (a)	Number of new and relapse patients who received PICT (provider-initiated counselling and training) marked as Y [MUST BE 0-900]	
3.1.2 (b)	Number of new and relapse patients with positive HIV results who received PICT [MUST BE ≤ 3.1.1]	
3.1.3 (b)	Number of new and relapse patients with positive HIV results who received PICT, receiving CPT (co-trimoxazole preventive therapy) [MUST BE ≤ 3.1.2]	
3.1.4 (b)	Number of new and relapse patients with positive HIV results who received PICT, receiving ART (anti-retroviral therapy) [MUST BE ≤ 3.1.2]	
3.1.5	Add the counts from 3.1.3 to 3.1.4 and enter here. The total should be ≤ 3.1.2. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	
TB Cases		
3.2.1 (b)	Number of new and relapse DS-TB cases [MUST BE 0-900]	
3.2.2 (b)	Number of new and relapse patients marked as CD for bacteriological status [MUST BE ≤ 3.2.1]	
3.2.3 (b)	Number of new and relapse patients marked as BC for bacteriological status [MUST BE ≤ 3.2.1]	
3.2.4	Add the counts from 3.2.2 to 3.2.3 and enter here. The total should be ≤ 3.2.1. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	
TB Treatment Outcomes – New Cases and Relapse Only		
3.3.1 (b)	Number of new and relapse TB patients marked as CURED [MUST BE ≤ 3.2.1]	
3.3.2 (b)	Number of new and relapse TB patients marked as COMPLETED [MUST BE ≤ 3.2.1]	
3.3.3 (b)	Number of new and relapse TB patients marked as DIED [MUST BE ≤ 3.2.1]	
3.3.4 (b)	Number of new and relapse TB patients marked as FAILED [MUST BE ≤ 3.2.1]	
3.3.5 (b)	Number of new and relapse TB patients marked as LOST TO FOLLOW UP [MUST BE ≤ 3.2.1]	
3.3.6 (b)	Number of new and relapse TB patients marked as NOT EVALUATED or UNKNOWN TREATMENT OUTCOME [MUST BE ≤ 3.2.1]	

3. Drug-susceptible TB Register [VALID ONLY IF 023=YES]		
LOCATE RECORDS FROM 01/01/2016 TO 12/31/2016		
3.3.7	Add the counts from 3.3.1 to 3.3.6 and enter here. Compare to the 3.2.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	
TB Treatment Outcomes – Retreatment Patients Registered as TAF, TALF, PTOU, or Other		
3.4.1 (b)	Number retreatment TB patients registered as treatment after failure, treatment after lost to follow up, or previous treatment outcome unknown, who initiated a retreatment regimen [MUST BE 0-900]	
3.4.2 (b)	Number of retreatment TB patients marked as CURED [MUST BE ≤ 3.4.1]	
3.4.3 (b)	Number of retreatment TB patients marked as COMPLETED [MUST BE ≤ 3.4.1]	
3.4.4 (b)	Number of retreatment of TB patients marked DIED [MUST BE ≤ 3.4.1]	
3.4.5 (b)	Number of retreatment TB patients marked as FAILED [MUST BE ≤ 3.4.1]	
3.4.6 (b)	Number of retreatment TB patients marked as LOST TO FOLLOW UP [MUST BE ≤ 3.4.1]	
3.4.7 (b)	Number of retreatment TB patients marked as NOT EVALUATED or UNKNOWN TREATMENT OUTCOME [MUST BE ≤ 3.4.1]	
3.4.8	Add the counts from 3.4.2 to 3.4.7 and enter here. Compare to the 3.4.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	

4. DR-TB Register of Bacteriologically Confirmed RR, MDR, XDR Cases [VALID ONLY IF 024=YES]		
LOCATE RECORDS FROM 01/01/2015 TO 12/31/2015		
Treatment Outcomes – BC RR/MDR/XDR		
4.1.1 (b)	Number of BC RR/MDR/XDR cases [MUST BE 0-900]	
4.1.2 (b)	Number of BC RR/MDR/XDR patients marked as CURED [MUST BE ≤ 4.1.1]	
4.1.3 (b)	Number of BC RR/MDR/XDR patients marked as COMPLETED [MUST BE ≤ 4.1.1]	
4.1.4 (b)	Number of BC RR/MDR/XDR patients marked DIED [MUST BE ≤ 4.1.1]	

4. DR-TB Register of Bacteriologically Confirmed RR, MDR, XDR Cases [VALID ONLY IF 024=YES]		
LOCATE RECORDS FROM 01/01/2015 TO 12/31/2015		
4.1.5 (b)	Number of BC RR/MDR/XDR patients marked as FAILED [MUST BE ≤ 4.1.1]	
4.1.6 (b)	Number of BC RR/MDR/XDR patients marked as LTFU [MUST BE ≤ 4.1.1]	
4.1.7 (b)	Number of BC RR/MDR/XDR patients marked as NOT EVALUATED, UNKNOWN TREATMENT OUTCOME, or TREATMENT ON PROGRESS [MUST BE ≤ 4.1.1]	
4.1.8	Add the counts from 4.1.2 to 4.1.7 and enter here. Compare to the 4.1.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	

5. Comments/Observations	
5.1	Please provide comments or observations you may have about the quality of the record keeping: _____ _____ _____ _____ _____

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	 Hours Minutes
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Records unavailable 3 Facility refused 4 Other (specify) _____ 96	 Hours Minutes

MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-19-38

ISBN: 978-1-64232-154-8

