

DCC:

Date:

Supervision checklist for DCC

Supervision Team

	Name	Designation
1		
2		
3		
4		
5		
6		

Officers from which information was gathered

	Name	Designation
1		
2		
3		
4		
5		
6		

General observation

1	Location	
2	Access	
3	Environment	
	Outer environment:	
	Inner environment: (Observations on following aspects can be mentioned under key functioning areas of the clinic to avoid duplication)	Housekeeping: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
		Ventilation: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Illumination: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Space: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>

DCC staff

	Designation	Approved cadre	Available cadre
1	DTCO/ MO		
2	Nursing Officer		
3	Radiographer		
4	Dispensor		
5	PHLT/ MLT		
6	PHI		
7	Minor staff		

Clinic work load- Monthly				
	New patients (TB register)	Follow up patients (OPD register)	OPD attendance (OPD register)	People coming for medical (OPD register)
Number				

*For this provide information from most recent complete month.

Diagnosis		
1	Sputum collection	Sputum collection booth: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		Access: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
		Condition: Good <input type="checkbox"/> Poor <input type="checkbox"/>
		Knowledge of HCW regarding sputum collection: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Instructions given to patient to collect sputum (Observe): Yes <input type="checkbox"/> No <input type="checkbox"/>
		Labeling of cups: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
2	Sputum examination	Separate area available for staining and microscopy: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Condition: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
		Average no of samples/ Patient (Lab register) -For diagnostic purposes: -For follow up:
		Average work load/ person/ Month = <u>No of slides</u> No of persons x working days
		Correct procedure was adopted for microscopic examination: Yes <input type="checkbox"/> No <input type="checkbox"/>
		No. of samples sent for initial Gene-Xpert diagnosis:
3	Reagents	Adequate supply of reagents available: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Expiry dates mentioned: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Storage facility: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Preparation done by whom:
4	Documents	Availability of SOP's: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Availability of grading charts: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Lab manual in place: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Laboratory register -Updated by whom: -Updated timely: Yes <input type="checkbox"/> No <input type="checkbox"/> -Accurate: Yes <input type="checkbox"/> No <input type="checkbox"/> -Complete: Yes <input type="checkbox"/> No <input type="checkbox"/> -DTB number mentioned for all new patients: Yes <input type="checkbox"/> No <input type="checkbox"/>
5	CXR facilities	Availbale at DCC: Yes <input type="checkbox"/> No <input type="checkbox"/>
		No of CXR done per month (average):
6	Bio.chem testing	Facilities available: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Tests performed: Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Infection control	PPE available: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Exhaust fans available: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Collection and disposal of waste:Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>

Registration of patients

1	Registration area	Separate space for registration: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		Triage practiced: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Registration done by whom:
		Information obtained: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Communicated politely: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Average time taken for registration:
2	HE materials	HE materials displayed: Yes <input type="checkbox"/> No <input type="checkbox"/>
		HE videos demonstrated: Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Infection control	Spittoons available: Yes <input type="checkbox"/> No <input type="checkbox"/>
		PPE available: Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Documents	District TB register:
		Maintained by whom:
		Timely updated: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Information accuracy: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Completeness: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>

Notification of TB patients

TB notification	Done by whom:
	Timeliness in sending H816 A: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
	Availability of H816B in patient file: Available <input type="checkbox"/> Not available <input type="checkbox"/>
	Status of receiving H816B:

Patient examination

1	Examination area	Separate space for examination: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		Ventilation: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Space: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Illumination: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
2	Infection control	Exhaust fans: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		PPE available: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Air flow: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
3	Patient assessment	History taking: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Necessary investigations done: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Timely referrals done: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Back referrals done: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Completeness: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
4	Patient Counseling (Observe and cross check with patients knowledge)	Initial and follow up counseling done by whom:
		Counseling done in what aspects:
		Communication: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>

Case management

1	Treatment protocols	Adherence to treatment protocols: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/> (Check the duration of treatment, type of drugs, etc)
2	DOT provision	How many patients on daily DOTs:
		Who are DOT providers:

		How was DOT's assigned:
3	Treatment sustainability cross check information obtained verbally & from patient files* with treatment interrupters register	No of treatment interrupters (previous quarter):
		No of lost to follow up patients (previous quarter):
		Treatment Interrupters Register
		Maintained by whom:
		Register maintenance: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Timely action taken to trace interrupters: Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Treatment trials	Trial register maintained: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Completeness: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
5	EPTB cases	Consultants opinion sought for diagnosis of EPTB cases/ diagnosed patients: Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Treatment outcome	Indicated correctly: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please take at least 20 files of those patient who have completed treatment according to the DTB register number order (better to take one quarter)

Paediatric TB

Paed TB	Child TB cases detected during last quarter:	Number	Percentage
	0-4 years		
	5-14 years		
	Comment on the adequacy of child TB case detection:		

MDR TB/ RRTB

MDR TB/ RR TB	Total number of patients under care:
	No of patients detected during the year:
	Percentage of patients detected:
	<u>No of patients detected during the year</u>
	Total number of MDR/RR patients under care
	Follow up done for RR patients not started on treatment: Yes <input type="checkbox"/> No <input type="checkbox"/>
Presumptive MDR/TB Patients (Culture register) *Take the previous quarter for this & cross check the DTB register with culture register	Samples sent to culture: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Samples sent for Gene Xpert testing: Yes <input type="checkbox"/> No <input type="checkbox"/>

HIV TB

HIV TB		Number	Percentage*
	Total number of patients offered HIV testing		
	No of co-infection patients under care		
	Timely maintenance of TB/HIV co-infection register: Yes <input type="checkbox"/> No <input type="checkbox"/>		

*(% of patients screened out of number registered during the previous month or quarter)

Active Contact Screening

1	Proportion of contacts screened= <u>No of contacts screened during previous quarter</u> Total contacts
2	Contact register : Available <input type="checkbox"/> Not available <input type="checkbox"/>
	Completeness : Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
	Accuracy: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
3	Screening of vulnerable population: Conducted <input type="checkbox"/> Not conducted <input type="checkbox"/>
	Procedures in national manual followed: Yes <input type="checkbox"/> No <input type="checkbox"/>
4	INAH Prophylaxis Register : Available <input type="checkbox"/> Not available <input type="checkbox"/>
	Completeness : Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
	Accuracy: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
	No of children on INAH prophylaxis-
	No of other patients on INAH prophylaxis-
	INAH prophylaxis given for total duration: Yes <input type="checkbox"/> No <input type="checkbox"/>
5	High risk groups (Homes, DM, CKD) No of high risk groups screened (previous quarter):

Monitoring and Evaluation

1	Recording and reporting formats	Cross check the previous quarterly returns TB 08, TB 09, TB 10, TB 12 for check for accuracy and completeness with the DTB register and other relevant records and patient files. Comments:
2	Supervision reports	DOT centre supervision reports : Available <input type="checkbox"/> Not available <input type="checkbox"/>
		MC's supervision reports : Available <input type="checkbox"/> Not available <input type="checkbox"/>
3	Spot map	Spot map available; Yes <input type="checkbox"/> No <input type="checkbox"/>

Drug store and outdoor dispensary

1	Drug store	Separate space for drug storage: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		Space: Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
		Drug storage: Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/>
		Air conditioning: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		Thermohygro meter: Available <input type="checkbox"/> Not available <input type="checkbox"/>
		Refrigerator: Available <input type="checkbox"/> Not available <input type="checkbox"/>
2	Status of Drugs (Type and quantities)	Out of stock drugs:
		Surplus drugs:
		Short expiry drugs:
		Expired drugs:
3	Maintenance of drug store book/ Balance (get from CP/CDS)	

4	Timeliness of sending returns (get from CP/CDS)	
5	Updating google drive/ E-PIMS (get from CP/CDS/ MRO)	

Managerial functioning, Planning activities and other issues

1	Availability of action plan	
2	Training needs	

MO should,

- Coordinate with the district level officers and organize the supervisory visit.
- Include supervision of at least one DOT center & Microscopy center if possible.
- Should organize transport facilities, camera etc.
- Should write a report and send it within two weeks after a visit.
Report should include brief general description, A table with columns on key activity, observations made during supervision, recommendations, responsibility, time frame
- Should monitor the follow up actions

MC Centre:

Date:

SUPERVISORY VISITS TO MICROSCOPY CENTERS

MC Staff

	Name	Designation
1		
2		
3		
4		
5		
6		

General Observation

Accessibility from Road/ OPD: Satisfactory Not satisfactory

Space: Adequate Not adequate

Cleanliness: Satisfactory Not satisfactory

Infrastructure facilities:.....

Displayed materials

Standard Operation Procedures (SOP): Yes No

Staining Procedure: Yes No

Grading chart: Yes No

EQA protocoal: Yes No

Availability of items/ Consumables/ reagents/ equipment's

	Availability
Consumables	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staining reagents with expire dates	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment's- Microscopes	Yes <input type="checkbox"/> No <input type="checkbox"/>
EQA	Yes <input type="checkbox"/> No <input type="checkbox"/>

Documentation

	Lab Register	Lab request form
Availability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completeness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accuracy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Up to date	Yes <input type="checkbox"/> No <input type="checkbox"/>	
TB Register number entered for positives (if not, check in the DTB Register)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Infection Control

Ventilation: Adequate Not adequate

PPE: Satisfactory Not satisfactory

Waste Disposal - Liquid waste

Solid waste

Infectious waste:

Training

		Date
EQA training	Yes <input type="checkbox"/> No <input type="checkbox"/>	
PHLT in-service training	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other training		

Patient instructions

Given by whom	
Collection of sputum	Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>
Staining procedures	Adequate <input type="checkbox"/> Not adequate <input type="checkbox"/>

Work load

Month	SLIDES EXAMINED IN THE LABORATORY DURING THE MONTH						PATIENTS EXAMINED			
	DIAGNOSIS			FOLLOW UP			DIAGNOSIS		FOLLOW UP	
	Positive	Total	Slide Positivity Rate	Positive	Total	Slide Positivity Rate	Positive	Total	Positive	Total

Recommendations:

.....

.....

.....

.....

.....

Date:

DOT Centre:

Check list for the supervision of DOT Centers

Staff met:

No of patients under care:

General Observation

Accessibility: Satisfactory Not satisfactory

Space: Adequate Not adequate

Cleanliness: Satisfactory Not satisfactory

Comments:

Infrastructure

Seating arrangement: Satisfactory Not satisfactory

Storage facilities for drugs: Satisfactory Not satisfactory

Availability of water: Available Not available

Comment:.....

Knowledge of "Dot Provider" about TB

About TB: Adequate Not adequate

TB drugs & dose: Adequate Not adequate

Adverse reactions to drug: Adequate Not adequate

Infection control: Adequate Not adequate

When to refer: Adequate Not adequate

How to assure that patient has taken drugs: Adequate Not adequate

Comments:

Knowledge of patient about "DOT"-

Choice of selection of DOT Centre: Satisfactory Not satisfactory

Why DOTs: Adequate Not adequate

Food: Adequate Not adequate

Side effects: Adequate Not adequate

When to examine next sputum: Adequate Not adequate

On the spot observations-

Drug arrangement: Satisfactory Not satisfactory

Availability of adequate drugs per patient: Adequate Not adequate

Interaction with patient: Satisfactory Not satisfactory

Administration of IM drugs: Satisfactory Not satisfactory

Damages in the blister pack: Present Not present

Health worker watches swallowing of drugs: Adequate Not adequate

Comments:.....

Record keeping-

Description	TB treatment card
Availability	Yes/ No
Completeness	Complete/Incomplete
Up to date	Yes/ No
Accuracy	Accurate/Inaccurate

Description	DOT register
Availability	Yes/ No
Completeness	Complete/Incomplete
Up to date	Yes/ No
Accuracy	Accurate/Inaccurate
Frequency of drug distribution	Daily/ Weekly
Drug consumption	Receiving – Remaining-

Comments:.....
.....
.....

Recommendations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Health Unit:

Date:

Supervision Check List - OPD

General Observation

Accessibility: Satisfactory Not satisfactory

Space: Adequate Not adequate

Cleanliness: Satisfactory Not satisfactory

IEC materials: Displayed Not displayed

HE about TB: Adequate Not adequate

Comments:.....
.....

Presumptive TB register

Presumptive TB Register (TB Suspect Register) – Available Not available

Maintained by whom:

Recording of data in the register:

-Completeness of each column: Yes No

-Up to date: Yes No

Instructions to patients: Yes No

OPD statistics

Description	Number/ %
No. of adult Out Patients within last month/Quarter:	
No of symptomatic referred for sputum examination:	
No of symptomatic referred for Xrays:	
No of symptomatic referred for Gene Xpert:	
Percentage referred of total OPD attendance:	
Percentage of presumptive cases examined by Sputum examination Xrays Gene Xpert	

Recommendations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

MOH office:

Date:

Checklist for monitoring of TB control activities at MOH offices

General Information	
1. Average number of TB cases in the MOH division per year:	
2. No of PHI areas:	Available no of PHIs at present:
3. No of PHM areas:	Available no of PHMs at present:
4. General attitude of the MOH staff towards supervision:	

Documentation at MOH office

1. Spot Map

Availability of a spot map with TB cases marked - Yes No

When it was last updated –

2. Registers maintained at MOH office

		Notification Register	TB Notification Register TB18
Maintained timely		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
By whom			
Completeness	All the columns filled		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Outcome mentioned		Yes <input type="checkbox"/> No <input type="checkbox"/>
No of TB cases notified during the last quarter			
Are there any delays in giving to range PHI for investigation			Yes <input type="checkbox"/> No <input type="checkbox"/>

3>Returns

1. H 816B	No.
H 816 B Notifications sent to DCC in a given quarter from the notifications received in same quarter *Select a quarter in which you can give total picture of notification	

Documentation at range PHI's Office (Should visit range PHI office if possible)

1. Spot Map-

Availability of a spot map with TB cases marked - Yes No

2. TB Investigation register (TB 19)

		TB Investigation register (TB 19)
Maintained timely		Yes <input type="checkbox"/> No <input type="checkbox"/>
Completeness	All the columns filled	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Outcome mentioned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Information on all the contacts mentioned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Follow up visits were made	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MOH conferences: Participation

TB agenda item included Yes No

How frequent:.....

Recommendations:

- 1.
- 2.
- 3.
- 4.