

## Monitoring and Evaluation Checklist For MDR Facility Visit

**Particulars:**

Name:

Designation:

Visit's date:                 /                 /

Facility name:

Visit's objectives: \_\_\_\_\_  
\_\_\_\_\_

Key Indicators to Monitor	Yes	No	Remarks
<b>Meeting with key stakeholders</b>			
Hospital Administration			
MDR Facility staff			
Others			
<b>MDR TB Management Facility (MDR TB-MU)</b>			
1. Facility identified as MDR TB care services point (Board displayed)?			
2. Facility visited by NTP/PTP/NPO/DTC in the quarter under review?			
3. MDRTB management guideline was available?			
4. MDRTB management guideline is followed?			
5. Relevant staff is trained on management guideline?			
6. TB related IEC materials displayed?			
7. Enrollment mechanism was according to NTP protocols?			
8. Total enrolled MDR TB cases receiving treatment:			
9. Number of enrolled MDR TB cases receiving indoor treatment:			
10. Number of enrolled MDR TB cases receiving outdoor door treatment:			
11. Number & %age of treating MDR TB cases receiving incentives:			
12. Protocols exists and following for referral and enrolment?			
13. MDR TB suspects are referred from public/private health facilities?			
14. Cases referred to MDR outdoor treatment centers are documented?			
	Yes	No	Remarks
15. DR -TB 01 cards adequately filled?			
16. NTP protocols/regimen followed?			
17. DR-TB 03 adequately filled?			
18. Treatment monitoring (follow up) recorded?			
19. Retrieval of treatment interrupted cases documented?			
20. TSR (NSS+) in the quarter under review?			
21. Quarterly reports record maintained?			
22. MDR ATT drugs available in requisite quantity?			
23. MDR ATT drugs adequately stored?			
24. ATT drugs inventory/dispensing status adequate?			

25. Other MDRTB related supply present?			
<b>Laboratory</b>			
1. Lab properly upgraded to meet MDR TB needs			
2. Electricity back up present			
3. Effective infection control mechanism exists			
4. Culture/DST being performed			
5. Culture/DST materials available			
6. SOPs chart available			
7. Work load over/under			
8. DR-TB 06 register (C&DST) properly maintained			
9. DR-TB 06 tallies with DR-TB 03 for case detection and follow up			
10. DR-TB 04 register properly maintained			
11. DR TB 04 tallies with TB 03 for case detection and follow up			
12. Lab is under EQA system			
13. Lab reagents available			
14. Other lab supply available: sputum cups/slides			
15. Lab wastes properly disposed			
<b>Other activities undertaken during the visit:</b>			
<b>Issues/Challenges found during the visit:</b>			
<b>Actions taken:</b>			
<b>Feedback/Recommendations to MDR unit:</b>			
<b>Suggestions to NTP/PTP/SRs:</b>			

**Visitor's signatures & date**

\_\_\_\_\_

## Guidelines on Monitoring and Evaluation Checklist for Multiple Drug Resistance (MDR) Facility Visit

### Particulars:

Monitor/visiting officer will write name, designation, visit's date, facility name and precise specific objectives of the visit.

### Meeting with key stakeholders (Tick appropriate box)

- i. Hospital Administration
- ii. MDR Facility staff
- iii. Others

(Answer to these questions is in "Yes" or "No." In remarks column, specify the persons you visited/contacted or any other observation)

### MDR TB Management Facility (MDR TB-MU) (Tick appropriate box)

In each of the questions in this portion of table **tick** "Yes" or "No" whichever is applicable. In the remarks column, you may give some detail/explanation of your answer or any other specific observation.

1. Facility identified as MDR TB care services point (Board displayed)?

Board bearing menu of the services shall be displayed at appropriate & prominent place(s).

2. Facility visited by NTP/PTP/NPO/DTC in the quarter under review?

If answer is "Yes" please give name of person and designation in remarks column.

3. MDR-TB management guideline was available?

This refers to the availability of guidelines developed by National TB Control Program titled '**National Guidelines for Programmatic Management of Drug-resistance Tuberculosis (PMDT)**'. These Guidelines have been developed/adopted by National TB Control Program in line with WHO's guidelines.

4. MDRTB management guideline is followed?

Supervisor shall decide purely on the basis of: observation, discussion and record checking to write in the column of "Yes" or "No."

Management of MDR-TB is highly specialized and sensitive subject/area. Any patient who is diagnosed with DR-TB should fall under the diagnostic category IV and will require specialized treatment termed Category IV Regimen. The patient should be referred to the closest available and convenient treatment site. Drug Resistance TB patient must be managed in accordance to '**Treatment Strategies for DR-TB**'. For more details on 'Treatment strategies for DR-TB' refer to chapter 4 of the above-mentioned guideline.

5. Relevant Staff is trained on management guideline?

Trainings record of staff (medics, paramedics and support) related to diagnosis, management (including follow up), and record keeping should be obtained/checked for their specific trainings in their spheres of MDR-TB management. In the remarks column, give the detail: how many are trained and for what duration they have been trained.

6. TB related IEC materials displayed?

Observe on the board or walls of the facility-interior as well as/exterior.

7. Enrollment mechanism was according to NTP protocols?

It must be examined that facility is following 'Guidelines for Patient Treatment Enrolment' given in chapter 4, page 38 of the PMDT Guidelines.

Tick "Yes" about points which are adhered upon in the sequence as prescribed in PMDT guidelines; tick "No" for missing points.

8. Total enrolled MDR TB cases receiving treatment?

The DR-TB Register is the record of all patients who start DR-TB treatment.

When the relevant health authority (such as a review panel) decides that a patient should start DR-TB treatment, the health staff of the treatment unit should enter the patient in the DR-TB ENRS Patient Register.

9. Number of enrolled MDR TB cases receiving indoor treatment?

Total number of patients receiving indoor treatment is assessed from DR-TB ENRS Patient Register and also from DR-TB01 cards.

10. Number of enrolled MDR TB cases receiving outdoor door treatment?

This is assessed from DR-TB ENRS Patient Register and also from DR-TB01 cards.

11. Number & %age of treating MDR TB cases receiving incentives?

This is assessed by first confirming the establishment/functionality of a Community and Hospital Based Care Center (CHBCC) or any other mechanism in place, at DR-TB at facility. Then check the record of services of CHBCC center.

NTP protocols call for establishment of a package of services that should be provided by a Community and Hospital Based Care Center (CHBCC) for DR-TB. Such center should be established at each DR-TB management facility. Guidelines on establishment and package of services for such a center are provided in 'PMDT Guidelines' page 77.

12. Protocols exists and following for referral and enrolment?

This refers to the development and availability by DR-TB facility of 'criteria and procedures' for referral of DR-TB patients to the associated CHBCC. A detail on this is provided in 'PMDT Guidelines' page 77.

13. MDR TB Suspects are referred from public/private health facilities?

Tick "Yes" or "No." A slight elaboration is required in remarks column.

14. Cases referred to MDR outdoor treatment centers are documented?

Refer to question 10.

15. DR -TB 01 cards adequately filled?

The staff should complete the Treatment Card when the patient is actually starting treatment. This is record of individual patient.

Physical verification is to be done whether the cards are filled accurately and completely.

16. NTP protocols/regimen followed?

"Yes" or "No" will be decided by observing and record checking by ascertaining whether facility is following step wise strategy '**Treatment strategy guide based on the availability of culture and DST**' prescribed in MPMDT guidelines at page 33.

17. DR-TB 03 adequately filled?

The DR-TB Register should be updated regularly from the DR-TB 01 Treatment Card and from the DR-TB 04 Laboratory Register for Smear, Culture and DST. Patients should be recorded consecutively by their date of registration. There should be a clear separation (extra line) when a new quarter is started.

The DR-TB Register is the record of all patients who start DR-TB treatment. This register allows quick assessment of the implementation of DR-TB, facilitating quarterly reporting and analysis of treatment started and outcomes.

More details are provided at 'DR-TB Recording and Reporting System' of PMDT guidelines.  
(Check the legibility, accuracy and completeness of the record)

18. Treatment monitoring (follow up) recorded?

It will be ascertained by random checking of DR-TB01 Forms at facility and by observing that cards are updated daily by marking tick on the supervised administration of drugs.

19. Retrieval of treatment interrupted cases documented?

Retrieval of defaulters and then putting them in correct category and treatment is important step. Record can be traced from patient cards and treatment register.

20. TSR (NSS+) in the quarter under review?

Check from 'Quarterly Six (Eight) Months Interim Assessment Report DR-TB 09' and 'DR-TB Annual Cohort Assessment Report.'

21. Quarterly reports' record maintained?

It will be confirmed by checking the record of unit managing DR-TB.

The unit managing DR-TB prepares the report. The report is made quarterly in line with the routines and protocols of the NTP. This report is used to assess the number of DR-TB cases detected (distribution and trends) and the number of DR-TB cases who start treatment.

22. MDR -ATT drugs available in requisite quantity?

The required drugs (full courses) shall be available for all those enrolled for DR-TB. A sufficient additional stock/buffer shall also be available for expected patients in accordance to the National protocols.

23. MDR ATT drugs adequately stored?

Drugs should be stored in separate and secured place. Storage must be in compliance with protocols for storage of drugs generally and ATT specifically.

24. ATT drugs inventory/dispensing status adequate?

Stock register and Bin cards should be properly filled and updated.

25. Other MDRTB related supply present?

This refers to availability of linen, disposable syringes and distilled water etc.

### **Laboratory (Tick appropriate box)**

1. Lab properly upgraded to meet MDR TB needs?

Essential elements to be noted for a laboratory for MDR TB are:

- Availability of infrastructure and capacity for:
  - Microscopy, culture and Drug Sensitivity Testing (DST)
  - Hematology, biochemistry, serology, and urine analysis
- Rigorous Quality Assurance System in place
- Referral link with National/Provincial Reference Laboratory

Further details on these are available at page 22 of PMDT guidelines.

2. Electricity back- up present?

Functional UPS, generator etc. are available or not?

3. Effective infection control mechanism exists?

Infection control measures need to be checked at three levels: administrative (managerial), environmental and personal respiratory protection as each level operates at a different point in the transmission process:

- Administrative controls reduce HCW and patient exposure
- Environmental controls reduce the concentration of infectious droplet nuclei
- Personal respiratory protection protects HCWs in areas where the concentration of droplet nuclei cannot be adequately reduced by administrative and environmental controls.

Details are provided in 'PMDT guideline' at page 70 and 'National Guidelines for TB Infection Control, NTP.'

3. Culture/DST being performed?

Examination of records from DR-TB 03 ENRS Patients Register and DR-TB 04 DR-TB Laboratory Register for Smear, Culture and DST will testify the question.

5. Culture / DST Materials available?

Materials availability will depend upon use of medium (solid or liquid). This should take into account the medium being used and other details provided in the 'PMDT Guideline' under the head of 'Case Finding Strategies and Laboratory Aspects.'

6. SOPs chart available?

Ask and verify for the availability of SOPs chart. Laboratory should display SOPs related to operation of the facility at reception and SOPs for the staff for performance of procedures at their place of work.

7. Workload over/under?

This has to be determined by the monitor through the number of tests performed as compared to scope and strength of trained staff.

8. DR-TB 06 register (C&DST) properly maintained?

This register keeps record of the 'Quarterly DR-TB Laboratory Confirmed Case Detection'. Check the register whether it is complete and accurate in all aspects. Details are provided in PMDT Guideline section of recoding and reporting.

9. DR-TB 06 tallies with DR-TB 03 for case detection and follow up?

This is assessed by random or complete (if time is available or number of patient is small), comparison of the record of both the registers. The discrepancy if found is helpful to include any missed one to management of DR-TB.

10. DR-TB 04 register properly maintained?

DR-TB 04 Laboratory Register for Smear, Culture and DST is properly maintained.

Check the register whether it is complete and accurate in all aspects?

11. DR TB 04 tallies with TB 03 for case detection and follow up?

This is assessed by random or complete (if time is available or number of patient is small), comparison of the record of both the registers. The discrepancy if found is helpful, to include any missed one, to management of DR-TB.

12. Lab is under EQA system?

(Check the agreement with the external firm/department for this system).

13. Lab reagents available?

Reagents availability will depend upon use of medium (solid or liquid). This should take into account the medium being used and other details provided in the 'PMDT Guideline' under the head of 'Case Finding Strategies and Laboratory Aspects.'

14. Other lab supply available sputum cups/slides?

Check the availability of specified supplies.

15. Lab wastes properly disposed?

Facility waste management plan (for waste segregation, collection, storage and final disposal) must be seen. Details are provided in 'PMDT guideline' at page 70 and 'National Guidelines for TB Infection Control, NTP.'

- **Other activities undertaken during the visit:**

Write if any other supplementary tasks have been performed by the monitor during this visit.

- **Issues/Challenges found during the visit:**

Monitor should identify the problems (by examination of records and discussions with the staff) related to patient, staff and facility that are hindering the satisfactory performance of the program

- **Actions taken:**

Write down the remedial actions taken by the monitor to tackle the problems. Also mention the proactive actions/suggestions to avoid issues and smooth functioning of the center.

- **Feedback/Recommendations to MDR unit:**

Write the strengths and weaknesses of the staff/program and recommendations to further improve the program.

- **Suggestions to NTP/PTP/SRs:**

Monitor should write down some precise suggestions for overall improvement of the program as well as for this specific health facility. These suggestions will help the managers at national, provincial and district level to solve the problems and further in depth study of the program.

**Visitor's signatures and date**

Monitor should sign at the bottom of the checklist along with the date.