

MONITORING & EVALUATION CHECKLIST FOR BASIC MANAGEMENT UNIT (BMU)

Particulars

1. Monitor's Name: _____ 2. Designation: _____
3. Name of BMU: _____ 4. District: _____
5. Province: _____ 6. Total medical staff: _____
- Period under review: Quarter- / /201

General Information	Response	Remarks
1. Important findings of desk review of BMU performed by the monitor before conducting field visit		
2. Population of BMU (including catchment population of treatment centers) if applicable.		
3. NTP Branding (TB sign board/direction board available and displayed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. No. of treatment centers attached		
5. No. of treatment centers referring presumptive TB cases (suspects)		
6. Health education messages displayed in patient waiting area	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. National TB guidelines and training material for DOTS staff (training module and desk guide) available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
FUNCTIONAL/REPORTING STATUS OF BMU		
8. Laboratory is functional	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Presumptive TB cases are being identified in OPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Functional weighing scale is available in OPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. DOTS staff available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. RR tools are being used as per revised definitions and reporting framework-2013	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. All TB case management record (OPD register, contact register, TB01, 03, 04, 05, 06, 07 , 08, 09 etc.) available	Yes <input type="checkbox"/> No <input type="checkbox"/>	

14. All of the above management records are up to date for last month	None <input type="checkbox"/> Some <input type="checkbox"/> All <input type="checkbox"/>	
15. Patient identifier code practiced in RR tools for last month	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
16. Quarterly reports (TB07, 09) available and tallied with record for last quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Quarterly lab report available and tallied with record for last quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. Smoking status recorded at start of treatment in TB01, TB02 & TB03	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. Smoking cessation advice recorded in TB01, TB02, TB03	Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Smoking status recorded at treatment completion in TB01, TB02, TB04	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CASE MANAGEMENT PRACTICES		
21. Source of referral of presumptive TB cases (community/LHW/BHU/other) recorded	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
22. # of TB presumptive TB cases highlighted in OPD register	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
23. # of presumptive TB cases reported in DHIS report	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
24. # of Previously Treated Cases (PTCs) referred for examination in Ia	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
25. # of PTC confirmed as B+ through Gene-Expert (cross check with TB04)	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
TRAINING STATUS OF DOTS STAFF		
26. Number of untrained staff (Name & Designation, place of posting)		
27. Number trained within last two years		
28. Number of refresher trainings conducted for staff trained > 2 years		

29. Number of trainings on revised case definitions conducted		
30. Tobacco cessation advice training done	Basic Yes <input type="checkbox"/> No <input type="checkbox"/> Refresher Yes <input type="checkbox"/> No <input type="checkbox"/>	
MONITORING & EVALUATION		
31. M&E visits conducted during quarter under review (by whom with date) Feedback given on relevant record and shared with BMU staff	Name of monitor..... Date..... Feedback given If yes, mode of feedback.....	
TREATMENT SUPPORTERS		
32. # of TB cases registered at BMU during quarter under review		
33. # of TB cases provided with 'DOT'		
34. % of TB cases provided with 'DOT'		
LABORATORY		
35. Lab staff is available and properly trained	Yes <input type="checkbox"/> No <input type="checkbox"/>	
36. Lab properly ventilated & exhaust fan functional	Yes <input type="checkbox"/> No <input type="checkbox"/>	
37. Facility for hand washing available and functioning	Yes <input type="checkbox"/> No <input type="checkbox"/>	
38. Senior Lab Supervisor (SLS) visited the lab during quarter under review and feedback documented	Yes <input type="checkbox"/> No <input type="checkbox"/>	
39. District Lab Supervisor (DLS) visited the lab during quarter under review and feedback documented	Yes <input type="checkbox"/> No <input type="checkbox"/>	
40. Laboratory Manual available and accessible in lab	Yes <input type="checkbox"/> No <input type="checkbox"/>	
41. Lab charts (smearing /staining/grading) and lab SOP displayed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
42. Smears are properly prepared, stored and labeled	Yes <input type="checkbox"/> No <input type="checkbox"/>	
43. All examined slides properly stained	Yes <input type="checkbox"/> No <input type="checkbox"/>	

44. All examined slides stored in serial order	Yes <input type="checkbox"/> No <input type="checkbox"/>	
45. Type of Microscope being used	Binocular <input type="checkbox"/> LED <input type="checkbox"/>	
46. Average slides processed per day (Lab work load measure)		
47. TB 04 register properly maintained (diagnostic and follow up results entered in TB04 and TB03 (please cross check))	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>	
48. Availability of lab reagents in the reviewing period (for both AFB and LED microscopy.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
49. Availability of other lab supplies (sputum cups/slides etc.) Please specify name of items and days of stock out in case of shortage)		
50. Lab is under External Quality Assurance (EQA)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
51. EQA reports for previous quarter are available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
52. # of PTC confirmed as B+ through AFB/LED Microscopy (cross check with TB03)		
HH CONTACT MANAGEMENT		
53. # of HH contacts of all pulmonary TB cases entered in TB01 forms		
54. # of HH contacts screened		
55. HH Contact Screening Rate (HH contacts screened/# of HH contactsx100)		
56. # HH contacts confirmed as TB cases		
57. HH Contact Detection Rate (confirmed TB cases/Number of HH contacts screenedx100)		
GENE-EXPERT SCREENING		
58. # of eligible presumptive TB cases for Gene-Expert screening		
59. # of presumptive TB cases referred for Gene-Expert		
60. # of cases confirmed as RR cases		

61. # of staff trained on referring protocols for Gene-Expert screening		
62. Referral and transport mechanism exists and R/R tools available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
63. Feedback system in place for Rif Res/DR-TB cases	Yes <input type="checkbox"/> No <input type="checkbox"/>	
INFECTION CONTROL		
64. Use of safety measures (mask, gloves, cap etc.) by health staff/patients.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
65. Arrangement for ventilation and sunlight/UV lights in OPD	Yes <input type="checkbox"/> No <input type="checkbox"/>	
66. Space available for sputum collection	Yes <input type="checkbox"/> No <input type="checkbox"/>	
67. Arrangements for safe disposal of sputum (if yes, specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
68. Infection control measures practiced in BMU lab	Yes <input type="checkbox"/> No <input type="checkbox"/>	
69. Triage for TB cases visiting for follow up	Yes <input type="checkbox"/> No <input type="checkbox"/>	
TB DRUG MANAGEMENT		
70. Facility storekeeper trained in logistic management	Yes <input type="checkbox"/> No <input type="checkbox"/>	
71. Ceiling fan available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
72. Exhaust fan available and functional in drug store	Yes <input type="checkbox"/> No <input type="checkbox"/>	
73. Standardized storage/distribution/indenting practices observed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
74. Condition of drug store satisfactory (walls, roof, floor, ventilation, sunlight, seepage, security etc.)	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>	
75. No. of courses of ATT drugs (adult/children) matching the requirement. (please specify in case of shortage/expiry)		

76. Matching quantity of PPD vials (availability is according to the requirement) in the quarter under review	Yes <input type="checkbox"/> No <input type="checkbox"/>	
77. Refrigerator facility for PPD vials available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
78. Updated inventory record /bin cards/vouchers)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CHILDHOOD TB (0-14 years)		
79. Childhood TB case management guidelines developed /implemented	Yes <input type="checkbox"/> No <input type="checkbox"/>	
80. # pf facility staff trained on childhood TB management guidelines		
81. Children screened/evaluated according to guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/>	
82. Separate TB 03 maintained for children	Yes <input type="checkbox"/> No <input type="checkbox"/>	
83. PPA scoring chart available and record maintained	Yes <input type="checkbox"/> No <input type="checkbox"/>	
84. # of presumptive TB cases in children screened during quarter under review		
85. # of childhood TB cases detected during quarter under review		
86. INH preventive therapy is employed and documented	Yes <input type="checkbox"/> No <input type="checkbox"/>	
87. PPD administration register is available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
88. # of staff trained on PPD administration and reading result		
HOSPITAL DOTS LINKAGES & ADULT DIFFICULT TO DIAGNOSE TB CASES		
89. Availability of guidelines on adult difficult to diagnose TB cases at the facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	
90. Training status of staff on ADD guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/>	
91. Status of ADD case management practices as per NTP protocols?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

92. Evidence based diagnosis is made for extra-pulmonary/pulmonary/NSS-Ve cases	Yes <input type="checkbox"/> No <input type="checkbox"/>	
93. Lab procedures/investigations are performed for target cases in the facility	Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
94. Linkages amongst different units within the facility	Strong <input type="checkbox"/> Weak <input type="checkbox"/>	
95. Linkages outside the facility	Strong <input type="checkbox"/> Weak <input type="checkbox"/>	
96. Referral record (pre-registration and transfer out) available & maintained	Available <input type="checkbox"/> Maintained <input type="checkbox"/>	
97. Record maintained for diagnosis and management of ADD TB cases	Available <input type="checkbox"/> Maintained <input type="checkbox"/>	
TB HIV CO-INFECTION (if applicable)		
98. BMU is a TB/HIV sentinel site	Yes <input type="checkbox"/> No <input type="checkbox"/>	
99. ART center of NACP is available in facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	
100. Coordination B/W BMU staff & ART center staff exist	Yes <input type="checkbox"/> No <input type="checkbox"/>	
101. Availability of trained staff for TB/HIV activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
102. TB cases are counseled and screened for HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>	
103. TB cases are marked in TB 03 counseled and screened for HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>	
104. # of TB cases confirmed as HIV positive		
105. # of HIV+ cases screened for TB		
106. # of TB cases detected out of HIV+ screened		
107. # of HIV+ cases receiving IPT		
108. TB HIV register maintained and reports available	Available <input type="checkbox"/> Maintained <input type="checkbox"/>	
109. HIV kits and syringes are available	Yes <input type="checkbox"/> No <input type="checkbox"/>	

110.	Waste (syringes) is properly disposed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
111.	Refrigerator is available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
112.	Functioning for HIV kits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
113.	No. of TB patients, who were smokers at the start of treatment in last quarter			
114.	No of TB patients, given smoking cessation advice in the last quarter			
115.	No of TB patients, who had quit smoking at the treatment completion in the last quarter			
116.	GENE-EXPERT SCREENING (IF APPLICABLE)			
117.	HOSPITAL DOTS LINKAGES & ADULT DIFFICULT TO DIAGNOSE TB CASES (IF APPLICABLE)			
118.	TB-HIV COINFECTION (IF APPLICABLE)			
119.	TB & TOBACCO (IF APPLICABLE)			
120.	OBSERVATIONS & ISSUES (not more than 3/4 bullets)			
Date of last visit		Date of current visit		
121.	RECOMMENDATIONS (not more than 4 bullets)			

Signature (M&E Officer):

Date of visit:

Guidelines on M&E Checklist for BASIC Management Unit (BMU)

Particulars

The monitor will write his/her name, designation, name of BMU, district where BMU is located and name of the province. Period under review means quarter of the year. Write down the date, month & year.

General Note: For every item/point the monitor will write the answer/observation from the record or reply of the in-charge or concerned staff in the column of response; he could also write comments for every point if any.

General Information

1. Important findings of desk review of BMU

The BMU/diagnostic center is responsible for diagnosis, registration, treatment initiation, follow-up examination, cure confirmation and quarterly report preparation. The hospitals and Rural Health Centers work as diagnostic centers for TB patients.

According to the checklist, the monitor will write down the important points regarding the function of BMU based on secondary research before conducting field visit.

2. Population of BMU

Population means total population of diagnostic center including the population of its all attached treatment centers and hospitals.

3. NTP (National TB Control Program) Branding

Check, if proper sign boards, direction boards are available and displayed for easy access to the unit. Write either "Yes" or "No." Write down total number of treatment centers attached with this particular BMU.

4. Write down the number of treatment centers attached with this BMU.

Information can be taken from health facility in-charge. Check from the facility record and verify from the facility in-charge.

5. Write down the number of treatment centers that are referring the suspected cases to this particular BMU.

Check from the facility record and verify from the facility in-charge.

6. Health education messages displayed in patient waiting area

Observe whether messages, related to TB preventive measures, its spread and treatment etc. are displayed or not.

7. Check, if document of National TB Guidelines and training material for DOTS staff (training module and desk guide) is available or not.

Answer in "Yes" or "No."

Functional/Reporting Status of BMU

8. This refers to availability of required equipment, reagents and staff. Observing the equipment, reagents and asking the relevant staff for the tests being performed will ascertain the functionality. The supervisor should also have a glance to know the tests performed in few days.

9. Observe if presumptive TB cases (suspected cases of TB) are being identified in OPD. Answer in "Yes" or "No."

10. Check, if functional weighing scale is available in OPD (monitor can also use it to check). Write "Yes" or "No."

11. DOTS staff available
Check the availability of staff (doctor, DOTs facilitator, lab assistant) on the date of visit.
12. Check the availability of Recording and Reporting tools (RR) in the BMU and whether it is being used (See if they are updated). Write "Yes" or "No."
13. All TB case management record available and maintained
Check the availability of different registers and forms (OPD register, contact register, TB01, 03, 04, 05, 06, 07, 08, 09 etc.) used in case management and also note whether these are properly filled in and updated.
14. The information on these tools is provided in relevant sections. Check all information is up to date.
15. Check if Patient Identifier Code practiced in Recording and Reporting tools is written or not.
Patient Identifier Code is the identity of an individual patient through which, its Records and Reports can be traced out. Write "Yes" or "No."
16. Quarterly reports (TB07, 09) available and tallied with record
Check the availability of reports and crosscheck it with the record available in registers (TB03, TB04).
17. Quarterly lab report available and tallied with record - Check the availability of reports and cross-check it with the record available in Lab registers and can also be checked from patient treatment register. Write "Yes" or "No."
18. Check if Smoking status recorded at start of treatment in TB01, TB02 & TB03, recode accordingly.
19. Check if Smoking cessation advice recorded in TB01, TB02, TB03 and record accordingly.
20. Check if Smoking status recorded at treatment completion in TB01, TB02, TB04 and record accordingly.

Case Management Practices

21. Source of referral of presumptive TB cases (community/LHW/BHU/other) recorded
Check the source of referral of suspected cases recorded or not. Mention the source also. Write "Yes" or "No."
22. Check the OPD register to find out the number of suspected cases.
23. Write and check the DHIS reports to find out the number of suspected cases.
24. Write the number of Previously Treated Cases (PTCs) referred for examination in lab
Check the laboratory register for number of PTCs.
25. Write the number of PTC confirmed as B+ through Gene-Expert (cross check with TB04)
Check the laboratory register for confirmed B+ cases.

Training Status of DOTS Staff

26. Untrained staff (Name & designation, place of posting)
Write down the particulars of each untrained staff member.
27. Trained within last 2 years
Write down the particulars of staff members who were trained within last 2 years.
28. Refresher trainings conducted for staff trained > 2 years

Ask about the refresher trainings whether conducted for those staff members who were trained 2 years before.

29. Check, if training on revised case definitions (TB cases, their classification and the treatment outcome categories) is conducted. Training conducted on revised definitions and reporting framework 2013. Write "Yes" or "No."
30. Check if the Tobacco cessation advice training done

Monitoring and Evaluation

31. Monitoring & Evaluation visits conducted during quarter under review

If visit has been conducted, then give the name of monitor and date of visit. Also check, if the feedback of the monitoring visits have been given and shared with BMU staff. What is the mode of feedback (verbal or documented?)

Treatment Supporters

32. Number of TB cases registered at BMU during quarter under review
Write down the number from OPD register.
33. Number of TB cases provided with 'DOT'
Write the number of patients treated with DOTs from the register (TB01, TB02)
34. Write the percentage of TB cases provided with DOT from the relevant registers.
(Percentage is given as TB cases provided with DOTs/Total number of cases or patients registered with TB *100).

Laboratory

35. Write about the availability of Lab staff (lab assistant). Is he properly trained?
Write "Yes" or "No." Verify from the training certificate.
36. Lab properly ventilated & exhaust fan functional?
Give the status of laboratory for ventilation and exhaust facility. Write "Yes" or "No."
37. Is there any facility for hand washing and is it functional?
Answer in "Yes" or "No."
38. Verify the visit of Senior Lab Supervisor (SLS) and District Lab Supervisor (DLS) from the record (either from the visit book or see if they have signed on any register)
39. Check the availability of laboratory manual. Are they easily accessible to the staff?
Answer in "Yes" or "No."
40. Are there any lab charts (smearing/staining/grading) and Lab SOP displayed on walls or in the room? Write "Yes" or "No."
41. Smears are properly prepared, stored and labeled?
All examined slides properly stained
All examined slides stored in serial order according to the registration number or date of examination. Write "Yes" or "No."
42. Type of Microscope being used
Write down the type (specifications) of microscope being used in lab e.g., binocular or LED
43. Lab work load (average slides per day)
Give the number of slides prepared every day from lab register.
44. TB 04 register properly maintained?

Check the register for requisite entries and updated. Diagnostic and follow up results should be updated. Also check from TB03 register. Write "Yes" or "No."

45. Availability of lab reagents (solutions) for making slides to see under both Acid Fast Bacilli (AFB) and LED microscope in the reviewing quarter?
Check the availability of reagents from the stock register as well as do the physical verification
46. Check the availability of laboratory supplies item-wise (sputum cups/slides, slides box) from the stock register as well as do the physical verification.
47. Lab is under External Quality Assurance. Check for the availability of document/reports given by the relevant Quality Assurance Lab. for previous quarter. Write "Yes" or "No."
48. Write the number of Previously Treated Cases confirmed as B+ through AFB/LED Microscopy (cross check with TB03)

HH Contact Management

49. Write the number of household contact of all pulmonary TB cases entered in TB01 forms.
50. Write the number of household contacts screened.
Check from the forms and registers and enter the number.
51. Write the HH Contact Screening Rate (House Hold Contacts screened/# of HH contactsx100)
Give the rate in percentage.
52. Write the number of HH contacts confirmed as TB cases.
Check the figure from the relevant register.
53. Write the HH Contact Detection Rate
Rate is in percentage. Formula is confirmed TB cases/Number of HH contacts screenedx100

Gene-Expert Screening

54. Write the number of eligible probable TB cases for Gene-Expert screening (it's a new technology/procedure for detection of TB) from the relevant register.
55. Write the number of presumptive TB cases (expected TB cases) referred for Gene-Expert from relevant register.
56. Number of cases confirmed as Rifampicin Resistant (RR) cases
All the above mentioned questions require the number and it can be obtained from relevant registers
57. Staff trained on referring protocols for Gene-Expert screening
Check, if the available staff is trained or not for such technique. If possible see, if they have got any training certificate as a proof. Write "Yes" or "No."
58. Referral and transport mechanism exists and R/R tools available
Check the availability of reporting and recording tools and if they are updated. Is there any proper mechanism for referral (e.g., referral cards)? Is there any transport available to carry the patient to the referred place?
59. Is there any feedback system in place for Rifampicin Resistance/ Drug Resistance TB cases?
Write "Yes" or "No." Ask briefly about the feedback system and write in remarks column.
Verify from the record.

Infection Control

60. Use of safety measures (mask, gloves, cap etc.) by health staff/patients.
Check the availability of such items in the Facility. Write "Yes" or "No."

61. Arrangement for ventilation and sunlight/UV lights in OPD
Observe for such arrangements and Write "Yes" or "No."
62. Space available for sputum collection
An ample space (open, isolated, designated and ventilated space) should be available in the facility. Write "Yes" or "No."
63. Are there proper arrangements for safe disposal of sputum? Write "Yes" or "No." If yes, specify. (According to standards, burning and burying is the appropriate disposal of the specimen).
64. Observe the premises for such measures adopted by the staff. Specify the arrangements done by staff for safe disposal of sputum.
65. Triage (degree for urgency to treat the case) for TB cases visiting for follow up
Observe and ask for the procedure to prefer the patient to receive immediate treatment by the relevant staff and Write "Yes" or "No."

TB Drug Management

66. Ask the facility storekeeper, if he has got any training for logistic management. Ask, if he has any certificate as a proof. Write "Yes" or "No."
67. Check, if there is any ceiling fan available. Write "Yes" or "No."
68. Check, if there is any exhaust fan available and functional in drug store. Write "Yes" or "No."
69. Standardized storage/distribution/indenting practices observed. Write "Yes" or "No."
70. Condition of drug store satisfactory (condition of walls, roof, floor, ventilation, sunlight, seepage, security etc.) Write "Yes" or "No."
71. Give the total no. of Anti Tuberculosis Treatment (ATT) courses available and also write down the actual requirement from the stock register. Number of courses should be available according to the number of identified cases. Mention in remarks column about the shortage or expired drugs.
72. Check if the available quantity of (Purified Protein Derivatives (PPD) vials is according to the requirement in the reviewing quarter from the stock register.
73. Check for the Refrigerator facility for PPD vials available. Write "Yes" or "No."
74. Check if the inventory records/vouchers/ bin cards are updated or not. Write "Yes" or "No." Supervisor should verify the quantity from the stock register and also verify the stock physically.

Childhood TB (0-14 years)

75. Check, if there is any document available for childhood TB case management guidelines.
Write "Yes" or "No."
76. Ask the staff about specified trainings on childhood TB management guidelines. Write "Yes" or "No." Training shall be verified from the training certificate/record.
77. Children screened/evaluated according to guidelines
Check whether such guidelines are being implemented by observation. Write "Yes" or "No."
78. Separate TB 03 maintained for children
Check TB 03 card for its maintenance, either it is properly filled or updated. Write "Yes" or "No."
79. Check, if Pakistan Pediatric Association Scoring Chart (PPA) available and maintained for diagnosis of TB in children and recorded? Write "Yes" or "No."
80. Write the number of presumptive TB cases in children screened in review quarter from OPD register

81. Number of childhood TB cases detected in review quarter from the relevant register (lab register)
82. Check, if the INH (Isoniazid) preventive therapy is being used and documented
Check from the Treatment registers/and Patient Treatment Card. Write "Yes" or "No."
83. PPD (Purified Protein Derivative) administration register is available
Write "Yes" or "No."
84. Ask, if staff trained on PPD administration and reading result
If possible, check the training status (certificate) of staff. Write "Yes" or "No."

Hospital DOTS Linkages & Adult Difficult to Diagnose (ADD) TB Cases

85. Check the availability of guidelines (document), whether it is available or not. Write "Yes" or "No."
86. Ask if the staff is being trained on ADD guidelines. If possible check the training certificate.
Write "Yes" or "No."
87. Status of ADD case management practices as per NTP protocols
Check the status of ADD case management as per protocols (monitor should be aware about the standard protocols of the treatment) whether it is satisfactory or not. Monitor should observe few random cases for standard protocols, being followed or not.
Evidence based diagnosis is made for extra-pulmonary/pulmonary/New Sputum Smear Negative (NSS-Ve) cases. Write "Yes" or "No."
88. To give evidence based treatment, proper lab test with diagnosis should be done. Treatment should not be given on the clinical experience of the doctor. Monitor should observe few random cases for evidence based treatment.
89. Lab procedures/investigations are performed for targeted cases in the facility? Write "Yes" or "No."
90. Linkages or communication amongst different units (e.g., laboratory, x-ray department and treatment center) within the facility are strong or weak.
91. Similarly linkages outside the facility (for referrals) are strong or weak.
Check the status and write down "Strong" or "Weak."
92. Referral Record maintained for pre-registration and transfer out cases
93. Referral Record maintained for diagnosis and management of ADD TB cases
Check availability and updated records for verification and Write "Yes" or "No."

TB HIV CO-INFECTION (if applicable)

94. Ask the staff or check if BMU is a TB/HIV sentinel site? Write "Yes" or "No."
95. Anti-Retroviral Therapy of National AIDS control Proforma (NACP) is available in facility or not. Write "Yes" or "No."
96. Check if any document available to show coordination B/W BMU staff & Anti-retroviral therapy (ART) center staff exist? Write "Yes" or "No."
97. Check if there is availability of trained staff for TB/HIV activities. Is there a separate staff for this purpose or the present staff is trained for TB/HIV activities. Write "Yes" or "No."
98. Ask the staff if TB cases are counseled and screened for HIV or not. Is there any document available for that? Write "Yes" or "No."
99. TB cases are marked in TB 03 counseled and screened for HIV
Check the TB 03 register for this finding. Write "Yes" or "No."
100. Write the number of TB cases confirmed as HIV positive from the TB03 register.

101. Write the number of HIV+ case screened for TB from TB03 register.
 102. Write number of TB cases detected out of HIV+ screened from TB 03 register.
 103. Write the number of HIV+ cases receiving Isoniazid Preventive Therapy (IPT) from TB03 register.
- Answer to the Q. No.93-96 in numeric order and may be obtained from relevant TB register
104. Check the availability of TB - HIV reports, register and its maintenance. Write "Yes" or "No."
 105. Check the stock register for availability and also conduct physical verification of stock. Write "Yes" or "No."
 106. Check for syringe waste disposal method (Are they properly cut down), observe whether it is disposed off according to Standard Operating Procedures (SOPs). Write "Yes" or "No."
 107. Check by observation method, if refrigerator is available?
 108. Check if HIV kits are functioning?
 109. Check the No. of TB patients, who were smokers at the start of treatment in last quarter
 110. Check the No of TB patients, given smoking cessation advice in the last quarter
 111. Check the No of TB patients, who had quit smoking at the treatment completion in the last quarter
 112. Observations and issues:
Write down some important observations and issues in the specified space
 - i. On the last date visited
 - ii. On date of current visit
 113. Some important recommendations may be given to improve the performance of BMU/program
 114. GENE-EXPERT SCREENING (IF APPLICABLE)
 115. HOSPITAL DOTS LINKAGES & ADULT DIFFICULT TO DIAGNOSE TB CASES (IF APPLICABLE)
 116. TB-HIV COINFECTION (IF APPLICABLE)
 117. TB & TOBACCO (IF APPLICABLE)

At the end of the checklist the monitor will do signatures.