Supervision and Monitoring Strategy in Revised National Tuberculosis Control Program

March 2012

Contents

Annexure:

SUPERVISION and MONITORING STRATEGY

IN

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM

The Revised National Tuberculosis Control Program (RNTCP) has successfully completed fourteen years of implementation. Since its inception more than 14 million patients are initiated on treatment with more than 2.5 million lives saved. The program has been consistently achieving its objectives of Treatment Success Rate >85% and Case Detection Rate (CDR) >70% among the New Smear Positive Patients, since 2007, which is in alignment with the global targets.

While RNTCP is consolidating these achievements, it is also attempting to expand the horizon. The program is now looking towards achieving 'universal access', reaching out to the unreached and ensuring that all TB patients receive the highest quality diagnostic and treatment facilities. This therefore now urges to look beyond the objectives of 85/70. The programme is also facing the challenge of Multi-Drug Resistant – TB and that of HIV co-infection with TB. The programme has initiated steps to tackle these challenges and in a phased manner DOTS-plus services and Intensified TB-HIV package are being rolled out to achieve complete geographical coverage in the country by 2012.

It is recognized that management of TB control program is challenging both from technical as well as operational point of view. It has relatively complex diagnostics, treatment, and follow up dimensions. Further it faces dual challenge of keeping pace with the widening priorities and strengthening systems for provision of basic services. Although RNTCP has standardized set of program management guidelines, people tend to deviate from these over time especially, when supervision slackens. Another concern is complacency setting in and program activities becoming "routine". This demands intensive supervision and monitoring on a continuous basis.

RNTCP has a robust recording and reporting system in place along with multiple internal/external checks to ensure good quality data generation which forms the basis for existing RNTCP supervision and monitoring strategy. However in view of the expansion in program activities this strategy needs to be more comprehensive. The Joint Monitoring Mission (2009) has also recommended a need to have transition from target-focused monitoring of performance to analysis of key process and outcome indicators.

Document on Supervision and Monitoring Strategy:

Objectives:

1. To ensure that activities are implemented as planned, and that the data recorded and reported is accurate and valid
2. Incorporate a system of **analysis, supervision and review** which leads to remedial action to improve performance and improve indicators.
3. Serve as a tool to facilitate following:
    - **Commitment** of higher authorities at different levels
    - **Integration** of TB supervision and monitoring with General health system both in the state and the district
    - **Streamline** new programme activities –TB-HIV, MDR-TB etc.
    - **Engagement** of all care providers –PP / other government health facilities/ Medical college/NGO
4. **Ensure equitable provision** of services to all sections of the community, including vulnerable areas and populations such as urban slums, SC/tribal/minority pockets etc.
5. Understand the concept and applicability of supervision and monitoring at different levels
6. Serve as ready reference for different stake holders
7. Provide a set of standardized tools for supervision and monitoring for basic DOT services
8. Facilitate integration of RNTCP services with general health system

Structure of the document:

The layout of supervision and monitoring strategy document is as follows:

- **Section I** covers the concept of universal access for TB care and provides a holistic view for effective supervision and monitoring in RNTCP
- **Section II** describes the concept of program supervision and further details RNTCP supervision protocols and tools
- **Section III** discuss program evaluation protocol
- **Section IV** details the concept of program monitoring and various monitoring indicators, review protocols and job aides.
- **Annexure**: Include reporting formats, supervision checklist, supervisory register, program evaluation formats, monitoring indicators, job aides, review meeting protocols and various Records and Reports used in the Program.

Intended users of this document

Level	Administrators	Program mangers	General health system staff	Other stakeholders	Program staff
National	Secretary (Health), JS(PH)	DDG TB			
State	PHS/MD NRHM	- STO, - STDC director/IRL	- Director Health Services -Divisional level –DD	- PD SACS - STF chairperson -State level NGO partners	
District	DM /CEO/ Municipal Commissioner, NRHM staff –DAM / DPM	DTO	DHO/CMO/ CS	- Medical college core committee - Nodal Officer -District level NGO partners	- STS - STLS - TB-HIV DOTS Plus Supervisor
Sub-district / Block	BDO	MOTC / Taluka health officer	-Block level - BMO		
PHI			Medical officer		
Field workers			MPHS/ANM/ MPW		

Section I

Universal Access:

a conceptual framework for Supervision and Monitoring in RNTCP

Outline of the section

i) Concept of Universal Access in context of RNTCP

ii) Steps to Ensure early detection of all TB cases

iii) Steps to ensure complete treatment of all TB patients

i) Concept of Universal Access in context of RNTCP

RNTCP aims for universal access to TB care. To achieve this, it is necessary to ensure early detection of all cases and complete treatment in a manner that is affordable and convenient to the patient in time, place and person. The community must have full access to TB prevention, care and treatment, including children, elderly, migrants, people living with HIV and with other clinical risk factors. This necessitates a holistic approach in TB program implementation. Hence TB program managers should pay more attention to the 'processes' involved in case detection and case holding and not just focus on achievement of targets. The present section enlists various aspects to be considered for supervision and monitoring in view of Universal access to TB care.

ii) Steps to ensure early detection of all TB cases

1. Ensure identification of all TB suspects (pulmonary and extra-pulmonary)

- Chest symptomatic, EP TB suspects
- Screening of High risk groups for TB
    - **Contacts** of sputum positive patients
    - **HIV**: Intensive TB case finding in all HIV care facilities - ICTCs, ART centres, care and support centres etc.
    - **Diabetic patients**: Screen for TB in all diabetic patients
    - **Elderly people** suffering with COPD - routine screening for TB
    - **Smokers:** active association with Tobacco control programme, Chronic smokers with respiratory symptoms to be screened for TB
    - **Other High risk groups**:
        - Malnutrition, patients with silicosis and other chronic diseases

2. **Ensure referral** of all suspects for diagnostic sputum microscopy / investigation for EP TB from all OPDs and the community.

3. Address **issues of accessibility** of diagnostic services at District, TU and DMC levels
- Establish DMCs as per norm.
- Sputum collection and transportation system.
- Ensure that DMC are accessible to patients in time place and person

4. Ensure that all DMC are functional:
- Fulltime and trained LT
- Functional BM, quality reagents and logistics
- A well established EQA system

5. **Ensure complete evaluation** of the sputum negative symptomatic /EP TB as per diagnostic algorithm

6. **Minimize initial defaulters**: Strengthen referral and feedback mechanism to ensure that all diagnosed TB patients are started on treatment

7**.** Ensure best possible contribution from **high work load facilities** like Medical Colleges and district hospital
- Ensure involvement of all departments in TB case detection
- Strengthen referral and feedback mechanism

8. Use **ACSM** activities for early detection of all TB case
- **Disseminate information** regarding availability of services to community
- Use focused advocacy and communication strategies to reach different health care providers
- Promote use of International Standards of TB Care (ISTC)

9. Engage all care providers including other government sectors, NGOs and Private Practitioners
- Involving all other health care sectors including Railways/ESI/Defence, corporate sector, and practitioners of alternative medicine
- Promote formal involvement of NGO and PP

iii) Steps to ensure complete treatment of all TB patients under the program
- Pre-treatment counseling
- Organize patient friendly DOT - in terms of time, place and person
- Training and motivation of DOT provider
- Prompt management of side effects of drugs
- Prompt missed dose retrieval action

- Timely follow up sputum examinations
- Appropriate and timely adjustment in treatment regimen
- Linking to MDR TB diagnosis and treatment if required
- Facilitate care for co-morbidities like HIV/Diabetes:
    - Offer HIV diagnosis to all TB patients
    - Link co-infected patients to HIV care and support services
    - Management of Diabetes Mellitus

In view of above mentioned processes, it is important that program managers adopt a holistic approach to achieve universal access for TB care. Missing out on any one aspect may considerably affect the outcome of the program. To ensure that optimal efforts are directed towards each of these areas a systematic and comprehensive strategy for supervision and monitoring is essential. Following sections of the document details the concepts and tools required for implementation of the same.

Section II

Program Supervision

Outline of the section

- **i) Concept of supervision**
  - **a) Objectives of Supervision**
- **ii) Supervisory Protocol**
  1. **RNTCP Supervisory staff protocol (**Annexure 2.1)
  2. **ZTF/STF Supervisory protocol** (Annexure 2.2)
- **iii) Supervisory Tools**
  1. **Supervisory Checklist** (Annexure 3.1)
  2. **Supervisory Register** (Annexure 3.2)
- **iv) Pre-requisites for effective Supervision**

i) Concept of Supervision

Supervision is a systematic process for increasing efficiency of the health personnel by developing their knowledge, perfecting their skills, improving their attitudes towards their work and increasing their motivation. It is thus an extension of training.

Supervision is carried out in direct contact with the health personnel. It is a two-way communication between supervisors and those being supervised. It should not be a fault finding exercise but a collaborative effort to identify problems and find solutions.

It must also be realized that health personnel at all levels need ongoing support for solving problems and to overcome difficulties. They also need constructive feedback on their performance and continuous encouragement in their work. Such a supportive supervision ensures smooth implementation and continuous program improvement.

a) Objectives of supervision

i) To ensure equitable provision of services to all sections of the society
ii) To build capacity of the health staff to implement the program procedures correctly.
iii) To increase the involvement and commitment of staff at different levels.
iv) To provide timely and actionable feedback
v) To assess HR and training needs
vi) To ensure un-interrupted supplies
vii) To ensure accurate and valid data recording and reporting

ii) Supervisory Protocol

1. RNTCP Supervisory staff protocol for all category of Staff (Annex 2.1)
2. Supervisory protocol for Zonal Task Force/State Task Force (Annex 2.2)

iii) Supervisory Tools

1. Supervisory Checklist (Annexure 3.1)
2. Supervisory Register (Annexure 3.2)

iv) Pre-requisites for effective Supervision

- Plan ahead: Advance Tour Planning (ATP)
-Follow protocol
-Inform about your visit
-Acquaint yourself with baseline data of area/facility to be visited
-Use job aides and checklists
-Set example –demonstrate correct practices
-Use supervision register: Record important observations of the visit
-Communicate the observations to staff and appropriate authorities
-Keep track of actions taken on the recommendation

Section III

Program Internal Evaluation

Outline of the Section

i) Internal Evaluation Protocol

- **a. Objectives of IE**
- **b. IE team members**
- **c. IE Methodology**

ii) Internal Evaluation Formats (Annex 6.1)

iii) Internal Evaluation Field Visit Report (Annex 6.2)

i) Internal Evaluation Protocol

Internal Evaluation forms an integral component of RNTCP supervision and monitoring strategy. It acts as a tool to evaluate if good program practices are adopted and quality services are provided to the community. The evaluations also offer an opportunity for program managers to look into all aspects of program critically and swiftly. These activities help program managers in understanding determinants of good as well as poor performance for replication of good practices in other states /districts and take appropriate measures for improvement.

a) Objectives of IE

1. To provide a systematic framework for **assessment** of program performance, financial & logistics management, recording and reporting, and quality of care received by patients
2. To give **recommendations** for improving the quality of program implementation and performance with a realistic action plan and time line
3. To **monitor** efforts to improve and maintain program quality and performance over time

Centrally driven Internal evaluation (CIE): Central TB division selects 1 state per month for evaluation based on the performance so that all big states are visited once in every 2 years. In the selected state at least 2 districts are evaluated. CIE provides an opportunity to review performance in

select district and to review overall performance of the state, programmatic challenges. It facilitates the centre to understand, address and support actions for improving quality of RNTCP implementation in the state. The CIE team consists of representatives from CTD, NACO, WHO, STO's from other state etc.

b) State Internal Evaluation team members

1. State TB Officer or Deputy STO
2. STDC Director / representative (where STDC exists)
3. One DTO of a district other than the one being evaluated
4. WHO RNTCP consultants
5. Medical college representative
6. Consultant from other programme partners (IMA, CBCI etc.)
7. State Accountant and State IEC Officer

c) IE Methodology

Selection of districts: Upto 30 million – 2 districts per quarter; 30-100 million – 3 districts per quarter; >100 million – 3-4 districts per quarter. Aim to cover all districts at least once in 3-4 years. In States/UTs with 4 or less districts, 1 district or TU per quarter may be evaluated alternating selection between a well performing district and an under performing district

Selection of TB Units/ DMCs:

DMC are listed based on TB suspects examined in previous quarter. Five DMCs are selected out of these as follows:

1. DMC at DTC
2. Two DMC that are examining higher number of TB suspects (preferably from different TU)
3. Fourth and fifth DMCs is selected randomly from remaining DMCs (preferably from different TU)

Selection of DOT Centres:

- The team should visit the DOT Centres attached to each of the 5 selected DMCs (and Medical College conveniently selected).
- Also identify and visit 5 more DOT Centres in the district with unique characteristics such as those attached to a medical college (other than the one conveniently selected for visit), other sectors like ESI, Railways, NGOs, private sector, anganwadi worker, ASHA, community volunteer)

Selection of patients:

- In each of the **2 DMCs with low case load** 4 NSP patients are selected randomly and one previously treated case conveniently (5 X 2= 10 patients)
- In each of the **DMCs at DTC & 2 TU level DMC**, 4 NSP patients are selected randomly and 1 patient each of the types Relapse, TAD and Failure are conveniently selected. Also select 1 TB/HIV patient and 1 DOTS-Plus

patient (for districts implementing DOTS-Plus) (7 X 3 =21 + 3 +3= 27)
- Visit at least 2 pediatric patients undergoing DOTS treatment within the district. Thus a total of 36 to 39 patients should be interviewed in the district

Activities performed in IE:
- Triangulation of data, for all the TB Units in the district
- Visits to DMC, DOT Centre, ICTC, ART centre, Medical College etc. Patient home visit for interview
- Compilation of the report
- Communication of Key observations to district authorities
- De-briefing of the findings to RNTCP staff
- Submission of IE report to STC and CTD - soft copies are sent to CTD as soon as possible and the hard copies, with cover page signed by all members, by courier not later than a week.

* All relevant formats included in annexure

RNTCP has made incredible progress with regards to ensuring quality diagnostic and treatment services, but therein lies the risk of complacency creeping into the program. Further the program has expanded to involve all health care providers thorough PPM strategy, TB HIV collaborative activities, provision of DOTS plus services etc. which may compromise the quality of basic DOT services. Therefore it is important to ensure that basic components of DOTS are in place and Internal Evaluations are useful tool for the same.

ii) Internal Evaluation Formats (Annexure 6.1)

iii) Internal Evaluation Field Visit Report (Annexure 6.2)

Section IV

PROGRAM MONITORING

Outline of the section

- **i) Concept of Monitoring**
- **ii) Monitoring Tools**
  1. **Monitoring Indicators** (Annexure 1.1-1.5)
  2. **Review Meeting Protocols** (Annexure 4.1)
  3. **Review meeting Checklist** (Annexure 5.1-5..3)
  4. **Job Aides** (Annexure 7.1)
     - **a) Type of Job Aides**
     - **b) Need of a Job Aid**
     - **c) Purpose of a Job Aid**

i) Concept of Monitoring

Monitoring is the process of observing whether an activity or service is occurring as planned. It implies systematic and purposeful observation, aiming to identify any diversion from the planned course of action. It is a routine tracking of program using input, process, output and outcome data collected on a regular and ongoing basis. This helps identify the need for more formal evaluation of activities and find timely solutions to the problems.

Monitoring in TB programs is of paramount importance for ongoing program planning and implementation. A good monitoring strategy moves beyond the widely used case detection and treatment outcome indicators and applies the concept of input, process, output, outcome and impact indicators for measurement of key program activities.

Indicators: Input, Process, Output, Outcome, and Impact

Indicators	Definitions
Input Indicators	Human and financial resources, physical facilities, equipment, clinical guidelines, and operational policies that are the core ingredients of a program
Process Indicators	Array of activities that are carried out to achieve objectives of the program. It includes both **what** is done and **how well** it is done
Output Indicators	The results of program activities which are collected on a routine basis. These indicators **measure volume** of services provided to target population as well as **adequacy** of the service delivery system in terms of access, quality of care etc.
Outcome Indicators	Changes **measured** at the **population level**, some or all of which may be attributed to program intervention. Outcomes refer to specific results like improvement in case notification rate and treatment success rates (population denominator)
Impact Indicators	Program **results** achieved among the target population e.g., reducing morbidity and mortality as a direct result of introducing effective public–private partnerships).

E.g. –Involvement of Private Practitioners in RNTCP	
Input Indicators	Availability of trained faculty, availability of funds in IEC/training heads, availability of printed material for handouts, venue etc.
Process Indicators	Number of Sensitization meetings, CME and trainings conducted
Output Indicators	Number of MOU signed
Outcome Indicators	Increase in case notification rates and improvement in treatment success rates
Impact Indicators	Reduction in TB prevalence and incidence rates in the district

ii) Monitoring tools

1. Monitoring Indicators: The document provides a wide range of indicators tabulated as follows: (Annexure 1.1-1.5)
Table-1 details the monitoring indicators as per **program service delivery areas at different levels** of implementation (Annex1.1). It is organized according to service delivery areas like political and administrative commitment, human resources, diagnosis, TB-HIV etc. These include various input, process and outcome indicators

Table-2 details the monitoring indicators from **RNTCP records available at different levels** (Annex1.2) This table gives a comprehensive outlay of various input and process indicators drawn from available RNTCP records like Laboratory form, Treatment cards, etc. These can be used by program managers during supervisory visits.

Table-3 enlists possible monitoring indicators from **program performance reports** (Annex1.3)

Good understanding of various program service delivery areas and the data available in RNTCP records is important pre-requisite understanding of program performance indicators mentioned in table-3. These indicators are drawn from routine RNTCP reports like monthly PHI report, TU, district and state level quarterly reports, etc. Analysis of these indicators will help in monitoring improvement in program performance.

Table-4 enlists monitoring indicators to assess **program impact** (Annex1.4). These impact indicators provide a vision for tracking progress in the programs towards achievement of Millennium Development Goals. The indicators like TB prevalence rate, TB Incidence rates etc. discussed in this table.

Table-5 enlists the monitoring indicators in the context of the **STOP TB Strategy** and the progress made by the program in achieving the same (Annex1.5). These indicators should be reviewed after the indicators mentioned in all preceding tables are achieved to desired levels.

It is important to understand that program monitoring is not limited to indicators enlisted in this document nor should the program managers attempt to use them all. The choice of indicators should be need based. The overall purpose of using these indicators is to identify problem areas and find solutions to improve program performance. But at the same time it is necessary that the data sources for computation of these indicators are correct, complete and consistent for the indicators to act as a valid monitoring tool.

2. Review meeting Protocol (Annexure 4.1)

Review meetings are useful monitoring tools and effective use of the same helps ensure standard practices in the program and help improve performance.

The table in Annexure 4.1 enlists the different types of review meeting conducted under RNTCP. This is not an exhaustive list. More focused reviews of specific activities may be planned by the program managers.

Following aspects are crucial for effective review meetings:

- Organization at convenient pace and time
- Timely communication of the schedule, to allow preparation by the participants
- Advance planning of agenda items and thorough preparation by the organizers
- Two-way communication between the chair and participants
- Encouragement for experience sharing on important discussion points
- Review must be based on objective indicators and not opinion
- Prompt decision making and initiation of action
- Systematic recording and dissemination of minutes of the meeting including time bound action points
- Tracking of actions taken on decisions made in the meeting at the level of managers

3. Review Meeting Checklist (Annexure 5.1-5.3)

-Checklist for PS/MD-NRHM/PD-SACS meeting (Annex51.1)
-Checklist for DM/DHS/JD/DHO meeting (Annex5.2)
-Checklist for Medical College Core Committee meeting (Annex 5.3)

4. Job Aides (Annexure 7.1)

Job Aids are used on the job while performing the task at hand. It tells when to take action, gives directions on what actions to take (and, frequently, *how* to do each action) and reduces the amount of recall necessary.

a) Types of Job Aids-

Checklists, Worksheets, Decision tables, Algorithms (simplified flowcharts) etc.

b) Need of a Job Aid

1. They provide guidance and directions for resolving issues
2. Enable program managers to focus on Planning and Managerial issues
3. Ensure Standardization and Quality output

c) Purpose of a Job Aid

1. They outline General considerations
2. Provide a common starting point in a prescribed format
3. Offer flexibility

Job Aid should never be used in Isolation; together with Good Monitoring Indicators they form the basis for effective Program Monitoring

Annexure1. Monitoring indicators in RNTCP

Annexure 1.1 Table on monitoring indicators as per program service delivery areas at different levels

State-Level Indicators

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Political And Administrative Commitment	Number of State Health Society (SHS) meetings per year where TB was discussed and reviewed.	State Annual report	Annually
	Number of State level review meetings of DTOs in a year	State Quarterly report	Quarterly
	Number of State level review meetings of DTOs in a year chaired by Health Secretary/MD NRHM	State annual report	Annually
	State annual action plan received by CTD by 31 October of the preceding year	CTD records	Annually
	District action plan for current financial year as per program guidelines available-Yes/No	State Annual Action Plans	Annually
	% of available funds expended during the financial year	State Quarterly SOE	Quarterly
	Number (%) of other public sector health facilities involved	State Quarterly report	Quarterly
Human Resource	Number (%) of State TB Cell positions that are vacant	State Quarterly report	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Staffing of STDC / IRL / SDS as per RNTCP norms, % posts vacant	STDC & State Quarterly Reports	Quarterly
	Number (%) of vacancy of RNTCP key staff (DTO, STS, STLS & DMC LT)	State Quarterly report	Quarterly
	Number (%) of key program staff in place & trained	State Quarterly report	Quarterly
Diagnosis	AMC for binocular microscopes & IRL equipment in place - Yes/No	State Quarterly report	Quarterly
	Number (%) of DMC LTs/ Microscopists in place & trained	State Quarterly report	Quarterly
	Number and % of PHI's referring >2% new adult OPD attendees	State Quarterly reports / State Performance Report	Quarterly
	TB suspects examined per 100,000 population	State Quarterly reports / State Performance Report	Quarterly
	Number (%) of DMCs with slide positivity rate between 5-15%	EQA Annexure E	Monthly
	Number (%) of DMCs with ANSV < 300	EQA Annexure E	Monthly
	No.(%) of districts visited by IRL team for the purpose of OSE during the previous calendar year	IRL OSE report / State Quarterly report	Monthly/Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Diagnosis	No. (%) of STLS failing the panel testing during the previous calendar year	IRL OSE report / State Quarterly report	Monthly/Quarterly
	Number (%) of DMCs with High False Results (HFN and/or HFP) during the previous calendar year	EQA Annexure E / State Quarterly report	Monthly/Quarterly
	Number (%) of DMCs with High False Positive (HFP) Results during the previous calendar year	EQA Annexure E / State Quarterly report	Monthly/Quarterly
	Trends of smear positive PTB cases diagnosed	State Quarterly reports / State Performance Report	Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP DOTS treatment	State Quarterly reports / State Performance Report	Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP non-DOTS treatment	State Quarterly reports / State Performance Report	Quarterly
	Number (%) of smear positive PTB "initial defaulters"	State Quarterly reports / State Performance Report	Quarterly
	NSP case notification rate per lakh per year	State Quarterly reports /	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Diagnosis		State Performance Report	
	% of smear positive Retreatment cases out of all smear positive cases	State Quarterly Reports / Statewise Qly analysis	Quarterly
	% new sputum positive of total new pulmonary cases	State Quarterly reports / State Performance Report	Quarterly
	% of new EP cases out of all new TB cases	State Quarterly reports / State Performance Report	Quarterly
	Trends in case notification of NSP/all smear positive/NSN/ NEP/ Retreatment/total cases	State Quarterly reports / State Performance Report	Quarterly/Annually
	Trends in TB suspects examined per lakh population	State Quarterly reports / State Performance Report	Quarterly/Annually
	Contribution to referral of TB suspects by different Health care providers	PPM Site Report	Quarterly
	Contribution to NSP Case Detection by different Health care providers	PPM Site Report	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Drugs	Total first-line drug stock (unused boxes) in entire State (in months)	State Drug Store Monthly reports / State-wise analysis / State Quarterly Report	Monthly/Quarterly
	Total 2nd -line drug stock in entire state	SDS Monthly report and District Quarterly Reports / District-wise Quarterly analysis	Monthly/Quarterly
	% (and names) of districts having less than 3 months stock of drugs (adult & pediatric PWBs) at the end of quarter	District- & State-wise Quarterly analysis / State Quarterly Report	Monthly/Quarterly
	Any short-expiry drugs at SDS? If yes, quantity and date of expiry of the drug	State Quarterly Report	Quarterly
	Any expired stock of drugs (including 2nd line drugs) at SDS? If yes, quantity and date of expiry of the drug	State Quarterly Report	Quarterly
	Arrangement in place for transport of drugs from SDS to districts Yes/No	State Quarterly Report	Quarterly
DOT (includes private sector)	Number (%) of all smear positive patients started treatment within 7 days of diagnosis	State Quarterly Report/ State wise analysis	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
DOT (includes private sector)	Number (%) of patients registered during the quarter receiving DOT through a community volunteer	State Quarterly Report/ State wise analysis	Quarterly
	Sputum conversion rate (NSP/Retreatment)	State Quarterly Report/ State wise analysis	Quarterly
	Number (%) of all cured smear positive patients having end of treatment follow-up sputum examination done within one week of last dose	State Quarterly Report/ State wise analysis	Quarterly
	Treatment outcomes (NSP/Re-Rx / NSN /EP cases)	State Quarterly Report/ State wise analysis	Quarterly
	Trends in sputum conversion of NSP cases	State Q and Annual report/ State wise analysis	Quarterly/Annually
	Trends in treatment outcomes of NSP/NSN/EP/ S+ retreatment cases	State Q and Annual report/ State wise analysis	Quarterly/Annually
	Contribution to DOT provision by different health care providers	PPM Site report	Quarterly
	Contribution to Treatment Success of TB patients by different health care providers	PPM Site report	Quarterly
Recording and Reporting	Number (%) of NSP patients registered within 1 month of starting RNTCP DOTS treatment	State Quarterly Report/ State-wise analysis	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	% district quarterly reports received timely	STC records / Windows – EPICENTRE installed in STC/STDC computer	Quarterly
	% of district reports that are complete and correct for the quarter	[Review & validation of District Quarterly Reports at STC]	Quarterly
	% of districts given timely feedback	State-wise analysis/ State Annual reports	Quarterly/Annually
DOTS PLUS	Number of MDR-TB suspects identified and Line List available	State Quarterly Reports / State Quarterly & Annual analysis	Quarterly/Annually
	Number of MDR-TB suspects examined for culture and drug susceptibility testing.	State Quarterly Reports / State Quarterly & Annual analysis	Quarterly/Annually
	Number of MDR TB diagnosed	DOTS Plus site Quarterly CF reports	Quarterly
	Number of diagnosed MDR-TB put on treatment	DOTS Plus site Quarterly CF reports	Quarterly
	Number (%) of MDR-TB patients initiated on treatment a year ago who had their culture converted	DOTS Plus 12 monthly culture conversion reports	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Number (%) of MDR-TB patients initiated on DOTS PLUS treatment 31-33 months ago who were cured	DOTS Plus Q Results of Treatment reports	Quarterly
TB-HIV	State TB/HIV Co-ordination Committee established	State Annual report	Annually
	Number of meetings of State TB/HIV Co-ordination Committee held per year	State Annual report	Annually
	Number of TB/HIV Working Group meetings held during the quarter / year	State QUARTERLY REPORT & Annual report	Quarterly/Annually
	Proportion of Districts with one TB/HIV DCC meetings held in each of the last 4 quarters	District QUARTERLY REPORT report / State annual reports	Quarterly/Annually
	No.(%) of registered TB patients with known HIV status	District QUARTERLY REPORT report / State-wise analysis	Quarterly
	Trends in registered TB patients with known HIV status	District QUARTERLY REPORT report & Annual reports / State-wise analysis	Quarterly/Annually
	No.(%) of HIV positive TB patients receiving CPT	District QUARTERLY REPORT report / District & State-wise	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
		analysis	
	Trends in HIV positive TB patients receiving CPT	District QUARTERLY REPORT report & Annual reports / State-wise analysis	Quarterly/Annually
TB-HIV	No.(%) of HIV positive TB patients eligible for receiving ART put on ART	District QUARTERLY REPORT report / State-wise analysis	Quarterly
	Proportion of ICTCs / ART Centres reporting on TB/HIV ICF activities	SACS TB/HIV monthly report / State-wise analysis	Monthly/Quarterly
	Number of ICTC / ART Centre Clients referred to RNTCP as TB suspects	SACS TB/HIV monthly report / State-wise analysis	Monthly/Quarterly
	Trends in referral of TB suspects from ICTC / ART Centre to RNTCP	SACS TB/HIV monthly report & state annual report / State-wise analysis	Quarterly/Annually
	Trends in TB case detection from ICTC / ART Centre to RNTCP referrals	SACS TB/HIV monthly report & state annual report /State-wise analysis	Quarterly/Annually

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Number (%) of RNTCP districts visited during the quarter (By STO, Dy STO, MO at STCS and/or STDC officials)	State Quarterly Reports	Quarterly
Supervision	Number (%) of DTOs whose monthly consolidated tour reports are received by the state, for all 3 months of the previous quarter	STC records	Quarterly
	Number of districts for which an internal evaluation was performed in the quarter	State Quarterly Reports	Quarterly
	Number of District Internal Evaluation reports sent to CTD in the quarter	State Quarterly Reports	Quarterly
	Of the monthly consolidated tour reports received from the districts, the number (%) in which follow up action has been taken	STC records	Monthly
	IEC officer in place	State Quarterly Report	Quarterly
	% districts given feedback on IEC action plan	State records	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
ACSM	Number (%) of planned Patient-Provider meetings held during the quarter	State Quarterly Report & State annual action plan	Quarterly/Annual
	Number (%) of planned Community Meetings held during the quarter	State Quarterly Report & State annual action plan	Quarterly/Annual
	Number (%) of planned School based activities held during the quarter	State Quarterly Report & State annual action plan	Quarterly/Annual
	Number (%) of planned sensitizations of PRI / PPs/NGOs etc held during the quarter	State Quarterly Report & State annual action plan	Quarterly/Annual
	Number (%) of planned Outdoor publicity (Local folk/mass media campaign/mela) held during the quarter	State Quarterly Report & State annual action plan	Quarterly/Annual
	% of districts which have implemented at least 80% of planned IEC activities during the previous financial year	State records on review of IEC activities and District IEC action plans	Quarterly/Annual
	% districts visited by State IEC officer in last year	State records	Quarterly/Annual
Financial Management	% of approved budget received from GOI during the financial year	State QUARTERLY SOE & state approved Annual Plan	Annually

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Financial Management	% of available funds expended during the financial year	State Q SOE	Quarterly
	Whether any reallocation between heads was done last quarter	State Q SOE	Quarterly
	Books of accounts as per STCS guidelines maintained	State Annual audit report	Annually
	Latest month for which all RNTCP contractual staff (both state and district level) has been paid remuneration	State Quarterly Report	Quarterly
	Latest month for which all RNTCP contractual staff has been paid Vehicle maintenance / POL	State Quarterly Report	Quarterly
	Period up to which payments to NGO/PPs under signed schemes have been made	State Quarterly Report	Quarterly
	Period up to which payments to eligible Community DOT Providers has been made	State Q SOE	Quarterly
	Average time, in days, between funds received and actual release of funds to districts	State Annual report	Annually
	% districts submitting SOEs, Audit report (AR) and Utilization Certificate (UC) timely	State finance records	Quarterly
	State consolidated SOEs submitted by STC by 24th of the month following the closure of the quarter	State finance records	Quarterly
	% districts who did not have funds for at least one month requirements in balance at the end of	District SOE	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	the quarter		
	Priority areas and Districts identified for achieving the objective planned	State Annual Report	Annually
	Books of accounts maintained as per financial guidelines	State Annual Audit report	Annually

District –Level Indicators

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Political And Administrative Commitment	Number of District Health Society (DHS) meetings per year where TB was discussed	District Annual report	Annually
	% of DHS meetings chaired by DM	Dst Annual report	Annually
	DM/CMO sensitized	Dst Annual report	Annually
	District action plan for current financial year as per program guidelines available- Yes/No	Dst Annual Action Plans	Annually
	% expenditure of budget given in the annual action plan (last Financial Year)	SOE/Annual action plan	Annually
	Representation of NGO/PP/Medical college /other sectors in the district level monthly review meetings	Dst Annual report	Annually
	Functional computer with DEO and electronic connectivity - Yes/No	District Quarterly Report	Quarterly
	Transport availability for supervisory activity of DTO – Yes/No	District Quarterly Report	Quarterly
	No. (%) of other sector health facilities implementing RNTCP	District Quarterly Report	Quarterly
	No. of TB-HIV quarterly district co-ordination committee meetings held in the year	District Quarterly Report	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Human Resource	% of TUs with MOTC/STS/STLS in place and trained	District Quarterly Report	Quarterly
	% of DMCs with trained LT in place	District Quarterly Report	Quarterly
	% of staff retrained as per district action plan	District annual action plan	Annually
Diagnosis	% DMCs with functional BM (irrespective of source of BM	STLS OSE report	Monthly
	AMC for binocular microscopes in place- Yes/no	District Quarterly Report	Quarterly
	Number and % of PHI's referring >2% new adult OPD attendees	District Quarterly Report / Dst Qly analysis	Quarterly
	TB suspects examined per 100,000 population	District Quarterly Report / Dst Qly analysis	Quarterly
	Number (%) of DMCs with sputum positivity rate between 5- 15%	EQA Annexure M / DMC-wise Qly analysis	Quarterly
	Number of smear positive PTB cases diagnosed	District Quarterly Report / Dst Qly analysis	Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP DOTS treatment	District Quarterly Report / Dst Qly analysis	Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP non-DOTS treatment	District Quarterly Report / Dst Qly analysis	Quarterly
	Number (%) of smear positive PTB "initial defaulters"	District Quarterly Report / Dst Qly analysis	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Diagnosis	NSP case notification rate per lakh population.	District Quarterly Report / Dst Qly analysis	Quarterly
	% of smear positive Retreatment cases out of all smear positive cases	District Quarterly Report / Dst Qly analysis	Quarterly
	Trend of smear positive Retreatment cases per lakh population	District Quarterly Report / Dst Qly analysis	Quarterly/Annually
	Trends in relapse/TAD/Failure cases per 100,000 population	District Quarterly Report / Dst Qly analysis	Quarterly/Annually
	% of DMCs with high false errors in random blinding rechecking (RBRC)	District Quarterly Report	Quarterly
	% of DMCs with high false positive errors in RBRC	District Quarterly Report	Quarterly
	% new sputum positive of total new pulmonary cases	District Quarterly Report / District Qly analysis	Quarterly
	% of new EP cases out of all new TB cases	District Quarterly Report / District Qly analysis	Quarterly
	Trends in case notification of NSP/all smear positive/NSN/ EP/ Retreatment/total cases>last 2 years	District Quarterly Report / District Qly analysis	Quarterly/Annually
	Trends in TB suspects examined per lakh population (>last 2 years)	District Quarterly Report / District Qly analysis	Quarterly/Annually

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Drugs	Total drug stock (unused boxes) in entire district (in months)	District level stock register / District wise Qly analysis / District Quarterly Report	Quarterly
	Less than three months buffer stock of PWB in each category, at the end of a quarter in a district	District Quarterly Reports/ Annual analysis	Quarterly/Annual
	Any short-expiry drugs? If yes, quantity and date of expiry of the drug	District Quarterly Report	Quarterly
	Any expired stock of drugs? If yes, quantity and date of expiry of the drug	District Quarterly Report	Quarterly
DOT (includes private sector)	Number (%) of all smear positive patients started treatment within 7 days of diagnosis	District Quarterly Report/ District wise analysis	Quarterly
	Number (%) of patients registered during the quarter receiving DOT through a community volunteer	District Quarterly Report/ District wise analysis	Quarterly
	Sputum conversion rate (NSP/Retreatment)	District Quarterly Report/ District wise analysis	Quarterly
	Number (%) of all cured smear positive patients having end of treatment follow-up sputum examination done within one week of last dose	District Quarterly Report/ District wise analysis	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Treatment outcomes (NSP/Re-Rx / NSN /EP cases)	District Quarterly Report/ District wise analysis	Quarterly
	Trends in sputum conversion of NSP cases	Dst Q and Annual report/ District wise analysis	Quarterly/Annually
	Trends in treatment outcomes of NSP/NSN/EP/ S+ retreatment cases	District Quarterly and Annual report/ District wise analysis	Quarterly/Annually
	Contribution to NSP DOT provision by different health care providers	PPM Site report	Quarterly
	Contribution to Treatment Success of NSP patients	PPM Site report	Quarterly
Recording and Reporting	Number (%) of PHIs submitted monthly PHI reports for all 3 months in the quarter	District Quarterly Report	Quarterly
	Number (%) of DMCs submitted annexure – M for the last quarter	EQA reporting from DMC	Quarterly
	Number (%) of all smear positive patients registered within 1 month of starting RNTCP DOTS treatment	TB Register / TU-wise analysis / TU Quarterly Report	Quarterly
	DMC- wise summary indicator (microscopy activities)	Annexure E/ DMC wise Analysis	Quarterly
DOTS PLUS	Number of MDR-TB suspects line list available	District Quarterly Reports / Dst Qly analysis	Monthy/Quarterly
	Number of MDR-TB suspects from whom sputum was collected and transported to diagnostic lab	District Quarterly Reports / Culture and DST Register	Monthly/Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
TB-HIV	TB/HIV District Coordination Committee established	District Annual report	Annually
	No. of District TB/HIV Coordination Committee meetings held per year	District Quarterly Report / District Annual report	Quarterly/Annually
	No. of District level meetings for TB/HIV held with NACP staff during the quarter	District Quarterly Report	Quarterly
	No.(%) of registered TB patients with known HIV status	TU Quarterly Report / TU & Dst-wise analysis	Quarterly
	Trends in registered TB patients with known HIV status	TU Quarterly Report / TU & Dst-wise analysis	Quarterly
	No.(%) of HIV positive TB patients receiving CPT	TU Quarterly Report / TU & Dst-wise analysis	Quarterly
	Trends in HIV positive TB patients receiving CPT	TU Quarterly Report / TU & Dst-wise analysis	Quarterly
	No.(%) of HIV positive TB patients receiving ART	TU Quarterly Report / TU & Dst-wise analysis	Quarterly
	Trends in HIV positive TB patients receiving ART	TU Quarterly Report / TU & Dst-wise analysis	Quarterly
	Number of ICTC / ART Centre Clients referred to RNTCP facilities as TB suspects	ICTCs & ART Centres TB/HIV monthly report / ICTC, ART Centre & Dst-wise analysis	Monthly/Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Trends in referral of TB suspects from ICTC / ART Centre to RNTCP facilities	ICTCs & ART Centres TB/HIV monthly report / ICTC, ART Centre & Dst-wise analysis	Monthly/Quarterly
	Trends in TB case detection from ICTC / ART Centre to RNTCP referrals	ICTCs & ART Centres TB/HIV monthly report / ICTC, ART Centre & Dst-wise analysis	Monthly/Quarterly
Supervision	Number of review meetings per quarter (expected at least 1 per month)	District Quarterly Report	Quarterly
	Number (%) of TUs visited by DTO every Q	District Quarterly Report	Quarterly
	Number (%) of DMCs visited by DTO every quarter	District Quarterly Report	Quarterly
	Number of patients visited by DTO and MO-DTC per quarter	District Quarterly Report	Quarterly
ACSM	Number (%) of planned Patient-Provider meetings held during the quarter	District Quarterly Report & Dst annual action plan	Quarterly/Annual
	Number (%) of planned Community Meetings held during the quarter	District Quarterly Report & Dst annual action plan	Quarterly/Annual
	Number (%) of planned School based activities held during the quarter	District Quarterly Report & Dst annual action plan	Quarterly/Annual

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Number (%) of planned sensitizations of PRI / PPs/NGOs etc held during the quarter	District Quarterly Report & Dst annual action plan	Quarterly/Annual
	Number (%) of planned Outdoor publicity (Local folk/mass media campaign/mela) held during the quarter	District Quarterly Report & Dst annual action plan	Quarterly/Annual
Financial Management	% of planned budget received from State during the financial year	Q SOE & Dst Annual Plan	Quarterly/Annually
	% of available funds expended during the financial year	Q SOE	Quarterly
	Whether any reallocation between heads was done last Q	Dst Q SOE	Quarterly
	Books of accounts as per DTCS guidelines maintained	Dst Annual audit report	Annually
	Latest month for which all RNTCP contractual staff has been paid remuneration	District Quarterly Report	Quarterly
	Latest month for which all RNTCP contractual staff has been paid Vehicle maintenance / POL	District Quarterly Report	Quarterly
	Period up to which payments to NGO/PPs under signed schemes have been made	District Quarterly Report	Quarterly
	Period up to which payments to eligible Community DOT Providers has been made	District Quarterly Report	Quarterly

TB Unit Level indicators

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Political And Administrative Commitment	Vehicle available for MO-TC supervision	TU Quarterly Report	Quarterly
	Functional 2-wheeler present	TU Quarterly Report	Quarterly
Human Resource	% MOs of PHIs trained	TU quarterly analysis	Quarterly
Diagnosis	% of PHI's referring >2% new adult OPD attendees	TU Quarterly Report	Quarterly
	TB suspects examined per 100,000 population	TU Quarterly Report / TU-wise Qly analysis	Quarterly
	Number of smear positive PTB cases diagnosed	TU Quarterly Report / TU-wise Qly analysis	Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP DOTS treatment	TU Quarterly Report / TU-wise Qly analysis	Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP non-DOTS treatment	TU Quarterly Report / TU-wise Qly analysis	Quarterly
	NSP case notification rate per lakh population	TU Quarterly Report / TU-wise Qly analysis	Quarterly
	% new sputum positive of total new pulmonary cases (>45%)	TU Quarterly Report / TU-wise Qly analysis	Quarterly
	% of new EP cases out of all new cases (<15%)	TU Quarterly Report / TU-wise Qly analysis	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
	Trends in Total and NSP case notification (>last 2 years)	TU Q & reports / TU-wise analysis	Quarterly
	Trends in TB suspects examined per lakh population (>last 2 years)	TU Quarterly Report / TU-wise Qly analysis	Quarterly
Drugs	Total drug stock (unused boxes) in entire TU (in months)	TU stock register / TU-wise Qly analysis / TU Quarterly Report	Quarterly
DOT (includes private sector)	Number (%) of all smear positive patients started treatment within 7 days of diagnosis	TB Register /TU-wise analysis / TU Quarterly Report	Monthly/Quarterly
	Number (%) of patients registered during the quarter receiving DOT through a community volunteer	TB Register / TU-wise analysis /TU Quarterly Report	Monthly/Quarterly
	Sputum conversion rate (NSP)	TB Register / TU wise analysis / TU Quarterly Report	Quarterly
	Number (%) of all cured smear positive patients having end of treatment follow-up sputum examination done within one week of last dose	TB Register / TU-wise analysis / TU Quarterly Report	Monthly/Quarterly
	Treatment outcomes (NSP and Retreatment cases)	TB Register / TU-wise analysis / TU Quarterly Report	Quarterly
	Trends in sputum conversion	TU Quarterly Reports / TU wise analysis	Quarterly
	Trends in treatment outcome	TU Quarterly Reports / TU wise analysis	Quarterly

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Recording and Reporting	Number (%) of PHIs submitted monthly PHI reports for all 3 months in the quarter	TU Quarterly Report	Monthly/Quarterly
	Number (%) of DMCs submitted annexure – M for the last quarter	EQA reporting from DMC	Monthly
	Number (%) of all smear positive patients registered within 1 month of starting RNTCP DOTS treatment	TB Register / TU-wise analysis / TU Quarterly Report	Monthly/Quarterly
	DMC- wise summary indicator (microscopy activities)	Annexure E/ DMC wise Analysis	Quarterly
TB-HIV	No.(%) of registered TB patients with known HIV status	TU Quarterly Report / TU-wise analysis	Quarterly
	Trends in registered TB patients with known HIV status	TU Quarterly Report reports / TU-wise analysis	Quarterly
	No.(%) of HIV positive TB patients receiving CPT	TU Quarterly Report / TU-wise analysis	Quarterly
	Trends in HIV positive TB patients receiving CPT	TU Quarterly Report reports / TU-wise analysis	Quarterly
	No.(%) of HIV positive TB patients receiving ART	TU Quarterly Report / TU-wise analysis	Quarterly
	Trends in HIV positive TB patients receiving ART	TU Quarterly Report reports / TU-wise analysis	Quarterly

Supervision	Number of patients on treatment met by STS per quarter	TU Quarterly Report	Quarterly
	Number of DOT providers / centres visited by STS per quarter	TU Quarterly Report	Quarterly
	Number (%) of DMCs visited by STLS per quarter	TU Quarterly Report	Quarterly
	% DMCs with at least 1 visit per month from STLS	TU Quarterly Report	Quarterly
	Number (%) of PHIs visited by MOTC per quarter	Monthly PHI report	Monthly
ACSM	Number of patient-provider meetings held	PHI M report / TU-level analysis	Monthly/Quarterly
	Number of community meetings held	PHI M report / TU-level analysis	Monthly/Quarterly

DMC level Indicators

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Diagnosis	% of new adult OP referred for sputum examination	PHI M report / PHI-wise Qly analysis	Monthly/Quarterly
	Total number of TB suspects examined during quarter	PHI M report / DMC-wise Qly analysis	Monthly/Quarterly
	Number of smear positive PTB cases diagnosed	PHI M report / DMC-wise Qly analysis	Monthly/Quarterly
	Sputum positivity rate	Laboratory Register / DMC-wise Qly analysis	Monthly/Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP DOTS treatment	PHI M report / DMC-wise Qly analysis	Monthly/Quarterly
	Number (%) of smear positive PTB cases initiated on RNTCP non-DOTS treatment	PHI M report / DMC-wise Qly analysis	Monthly/Quarterly
Drugs	Stock of PWB drug boxes (unused) present at each PHI (in months)	TU level monthly analysis	Monthly
Recording and Reporting	Monthly PHI level report sent (last 3 months)	TU Qly report	Monthly/Quarterly
	DMC- wise summary indicator (microscopy activities and treatment initiation)	TB Lab register/ Annexure M	Monthly
DOTS PLUS	Number of MDR-TB suspects identified	TB Lab register	Monthly
Supervision	Number of documented visits to DMC PHIs by DTO/MOTC/STS/STLS	TU & Dis Qtr report	Quarterly
ACSM	Number of patient-provider meetings held	PHI M report / TU-level analysis	Monthly/Quarterly
	Number of community meetings held	PHI M report / TU-level analysis	Monthly/Quarterly

PHI Level Indicators

Service Delivery Areas	Monitoring Indicator	Data Source	Frequency
Human Resource	% MOs of PHIs trained	PHI report	Monthly
Diagnosis	% of new adult OP referred for sputum examination	PHI Monthly report	Monthly
Drugs	Stock of PWB drug boxes (unused) present at each PHI (in months)	PHI Monthly report	Monthly
Recording and Reporting	Monthly PHI level report sent (last 3 months)	TU Qly report	Monthly/Quarterly
Supervision	Number of documented visits to PHIs other than DMCs by DTO/MOTC/STS/STLS	TU & District Qtr report	Quarterly
ACSM	Number of patient-provider meetings held	PHI M report / TU-level analysis	Monthly/Quarterly
	Number of community meetings held	PHI M report / TU-level analysis	Monthly/Quarterly

Annexure 1.2 Table on monitoring indicators from RNTCP Records available at different levels

At PHI Level (other than Designated Microscopy Centre)		
Type of Records	**Program Indicators**	**Person responsible**
1. Laboratory form for Sputum Examination	No.(%) of Lab forms completely filled when received by Lab technician	Medical Officer of PHI/Person referring TB suspect for sputum examination
	No.(%) of sputum samples received with complete Lab forms within 7 days of sputum transport	Personnel at Sputum Collection centre
	No.(%) of sputum sample forms received and patient records entered in TB Lab register	Laboratory Technician at DMC
	No.(%) of results available within one day of request for examination	Laboratory Technician at DMC
	No.(%) of correct sputum results entered in the Lab form from the TB lab register	Laboratory Technician at DMC
2. Treatment Cards	No.(%) of legible address with contact no. and landmarks recorded in Address column as evidenced by randomly selected treatment cards	DOT provider/ANM/MPHS/ STS/MO PHI
	No.(%) of registered patients with initial visits completed before start of treatment	DOT provider/ANM/MPHS/ STS/MO PHI
	No.(%) of cards with TB numbers entered for patients initiated on DOTS within a month	ANM/MPHS/ STS/MO PHI/MO TC
	No.(%) complete documentation in H/O previous ATT column out of randomly selected retreatment cards	ANM/MPHS/ STS/MO PHI
	No.(%) of NSP started DOT within seven days of diagnosis	ANM/MPHS/ STS/MO PHI
	No.(%) of patients having taken 20 out of 24 doses in Intensive Phase out of randomly selected treatment cards	ANM/MPHS/STS/MO PHI

	No. (%) of children < 6yrs of sputum positive contacts receiving INH chemoprophylaxis	ANM/MPHS/STS/MO PHI
	No.(%) of default visits done before the next dose in IP and CP in treatment cards of defaulters	DOT provider/ANM/MPHS/ STS/MO PHI
	Number of times default visit supported by senior program staff	STS/MO PHI/MO TC
	No.(%) of patients started CP within one week of follow up sputum	ANM/MPHS/STS/MO PHI
	No.(%) of patients having end of treatment follow up sputum within two weeks of treatment outcome	ANM/MPHS/STS/MO PHI
	No.(%) of correct treatment outcome reported	DOT provider/STS/MO PHI/MO TC
	No.(%) of all patients initiated on DOTS in the month with known HIV status	ANM/MPHS/STS/MO PHI
	No. (%) of CPT/ART documented for all HIV-TB patients	ANM/MPHS/STS/MO PHI
3. Duplicate Treatment Cards	No.(%) of updated duplicate treatment cards	DOT provider/ANM/MPHS/STS
4. I-card DOTS	No.(%) of patients with updated I-cards in context of treatment and follow up results	DOT provider/ANM/MPHS
5. DOTS PLUS treatment cards	No. of cards with updated direct smear and Culture /DST results	DOT provider/DOTS PLUS supervisor
	No. of patients receiving supervised DOTS PLUS in IP and CP as recorded in the cards	DOT provider/DOTS PLUS supervisor
	No.(%) of prompt home visits made by DOT providers (within a day of missed dose) out of total defaulted patients	DOT provider/DOTS PLUS supervisor
	No.(%) of patients with prompt action documented on any sign of ADR out of all those patients reporting ADR	DOT provider/DOTS PLUS supervisor/DTO/DPS in charge
	No.(%) of cards with correct treatment outcome recorded out of the cards reviewed	DOT provider/DOTS PLUS supervisor

6. I-cards DOTS PLUS	No.(%) of patients with updated I-cards in context of details of treatment given and next appointment dates to DPS and DTC	DOT provider
7. Monthly PHI Report	**Indicators discussed in the Table for PHI Level (Annex 1.1)**	-
8. Supervisory Register	No.(%) of action taken reports columns filled from previous visits of any cadre of RNTCP supervisory staff	DTO/MO TC/STS/STLS
9. DOT Directory (with line list of private health care providers)	No.(%) of health care providers involved in referrals/diagnostic/treatment out of those enlisted in the line list	DOT provider/STS/MO PHI
10. Patient Provider Interaction records	No. of PPI meetings conducted in a month	DOT provider/STS/MO PHI
At DMC level		
Type of Records	**Program Indicators**	**Person responsible**
1. Laboratory form for Sputum Examination	**Indicators discussed in the Table for PHI Level (Annex 1.1)**	**As in PHI level**
2.TB Laboratory Register	No.(%) of legible address with contact no. and landmarks recorded in Address column of Lab register	Laboratory technician
	No.(%) of suspects referred from Outdoors of different PHIs located in DMC area to RNTCP laboratory	Medical Officer PHI/STLS/STS
	No.(%) of suspects referred from different sectors to RNTCP laboratory	Laboratory Technician
	No.(%) of correct sputum results recorded in TB lab register as evidenced by randomly selected positive and negative slides	Laboratory Technician
	No.(%) of smear positive patients diagnosed in the month	Medical Officer PHI/Laboratory Technician
	No.(%) of diagnosed smear positive patients put on DOTS within the month	MO PHI/STLS/DOT provider

	No.(%) of diagnosed smear positive patients which could not be traced within a month	MO PHI/STLS/LT
	No. of repeat sputum done in the month	MO PHI/STLS
	No.(%) of referred sputum positive patients with feedback received within a quarter	MO PHI/STLS
	No.(%) of patients with positive follow up sputum referred for C& DST	MO TC/MO PHI/STLS
	Workload of Laboratory Technician assessed by total no. of slides examined by the Lab technician in the month	DTO/MO TC/ STLS
3. STS Checklist	No. of times STS visits corresponding to visit entry in supervisory register(at least one form per month)	STS/MOTC/DTO
	Patient house visits documented in the checklist and supervisory register	STS/MO PHI/ MO TC/DTO
4. STLS Checklist	No. of times STS visits corresponding to visit entry in supervisory register(at least one form per month)	STLS/MOTC/DTO
	Whether comment on quality of smear/staining and remedial measures suggested is documented in the Checklist	STLS/MOTC/DTO
4. Annexure D RBRC	No. of times High false errors/Low false errors/Quantification errors reported from that DMC	LT/STLS
5. IQC forms	Fresh Reagents indent from TU as documented in IQC format	STLS/MO TC
	No. of concurrent results between LT reading and STLS preparation of Quality Control slides	STLS/LT
6. Referral Forms	No. (%) of referred patients and their referral forms filled in the last month	LT/DOT provider/STS
7. Treatment Cards	As above in PHI level	-
8. I-card DOTS	No.(%) of patients with updated I-cards in context of treatment and follow up results	DOT provider/ANM/MPHS
	No.(%) of HIV+TB patients receiving CPT	ANM/STS/MO DMC

9. Request for Culture and DST form	No. (%) of completely filled C&DST forms with corresponding entries in TB Lab register remarks column	LT/DOT provider/STLS/DOTS PLUS supervisor
10. DOTS PLUS treatment cards	No.(%) of DOTS PLUS cards updated in context of decisions taken in DPS Committee meeting	DOT provider/DOTS PLUS supervisor
	No. of cards with updated direct smear and Culture /DST results	DOT provider/DOTS PLUS supervisor
	No. of patients receiving supervised DOTS PLUS in IP and CP as recorded in the cards	DOT provider/DOTS PLUS supervisor
	No.(%) of prompt home visits made by DOT providers (within a day of missed dose) out of total defaulted patients	DOT provider/DOTS PLUS supervisor
	No.(%) of patients with prompt action documented on any sign of ADR out of all those patients reporting ADR	DOT provider/DOTS PLUS supervisor/DTO/ DPS incharge
	No.(%) of cards with correct treatment outcome recorded out of the cards reviewed	DOT provider/DOTS PLUS supervisor
11. I-cards DOTS PLUS	No.(%) of patients with updated I-cards in context of details of treatment given and next appointment dates to DPS and DTC	DOT provider
12. Drug-o-gram	No. of completely filled Drug-o-gram in context of prior h/o ATT with corresponding entries in TB Lab register remarks column	MO-DMC/LT/DOTS PLUS supervisor
13. OSE checklist	No.(%) of action taken reports columns filled from previous visits of STS	MO DMC/STS
14. Stock Register	Whether complete and updated Stock register present-Yes/No	DOT Provider/LT
	Stock of PWB drug boxes (unused) present at each PHI (in months)	DOT provider/MO PHI/STS
15. Supervisory register	No.(%) of action taken reports columns filled from previous visits of any cadre of RNTCP supervisory staff	DTO/MO TC/STS/STLS

16. DOT Directory	No. (%) of DOT centres with updated and complete DOT directory	DOT provider/STS
At TU Level		
Type of Records	**Program Indicators**	**Person responsible**
1.TB Register	No.(%) of TB patients registered within a month of Start of treatment	STS/MO TC
	No. (%) of TB patients registered towards the end of month in which treatment was started	STS/MO TC
	No. (%) of TB patients with correct treatment and disease classification out of randomly selected treatment cards of TB patients on treatment and having completed treatment	STS/MO TC
	No.(%) of randomly selected cards with correct entry of diagnostic and follow up smear results	STS/MO TC
	No.(%) of registered Tb patients with similar treatment outcome as reported in TB register	STS/MO TC
	No.(%) of registered TB patients with Known HIV status	STS/MO TC
	No.(%) of HIV+TB patients receiving CPT in the quarter	STS/MO TC
	No.(%) of HIV+TB patients receiving ART in the quarter	STS/MO TC
	No.(%) of pages with summary table at the end of each page of TB register	STS/MO TC
	Remarks Column being utilized for writing reasons for defaulters, DOTS refusal, treatment outcome, adverse reactions etc in the month of start of treatment	STS/MO TC
2.Referral Register	No. (%) of patients referred for treatment outside District and State	STS/MO TC
	No. (%) of feedback received of patients referred outside District for treatment	STS/MO TC
3.Stock Register	Whether complete and updated Stock register present-Yes/No	STS/Pharmacist/ MO TC
	Total drug stock (unused boxes) in entire TU (in months)	STS/Pharmacist/ MO TC

4.Reconstitution Register	Reconstitution register updated for the latest month	STS/Pharmacist/ MO TC
	No.(%) of Reconstituted boxes validated from TU Stock register	STS/Pharmacist/ MO TC
5.TU Quarterly report on CF,RT,SC and PM	**Indicators discussed separately in Annexure 1.3**	-
6. PPM Report	Contribution to referral of TB suspects by different Health care providers	STS/MO TC/DTO
	Contribution to NSP Case Detection by different Health care providers	STS/MO TC/DTO
	Contribution to NSP DOT provision by different health care providers	STS/MO TC/DTO
	Contribution to Treatment Success of NSP patients	STS/MO TC/DTO

At DISTRICT Level (all records at TU level and those mentioned below)		
Type of Records	**Program Indicators**	**Person responsible**
1.RBRC records	No. of Annexure B,C,D,E, F and M available for last three months	DTO/STLS
	No. (%) of Annexure F sent to IRL from DTC every month (for last three months)	DTO
2. Stock Register	Whether complete and updated Stock register present-Yes/No	Pharmacist/DTO
	No. of times there has been less than three months buffer stock of PWB in each category, at the end of a quarter	Pharmacist/DTO
	Any expired stock of drugs? If yes, quantity and date of expiry of the drug	Pharmacist/DTO
3. District Quarterly report on CF,RT,SC and PM	**Indicators discussed separately in Annexure 1.3**	**-**
4. Referral for Culture and DST register	No. (%) of MDR-TB suspects sample sent to diagnostic lab with NO result available for more than three months	LT(C&DST Lab/IRL)/IRL Microbiologist/DOTS PLUS Supervisor/DTO
	Number of diagnosed MDR-TB put on DOTS PLUS	DOT Provider/DOTS PLUS Supervisor/DTO
5. Request for Culture and DST forms	No. (%) of completely filled C&DST forms with corresponding entry in Referral for C&DST register	DTO/DOTS PLUS supervisor
6. DOTS PLUS Referral for treatment form	No. (%) of completely filled referral for DOTS PLUS treatment forms with corresponding entry in Referral for C&DST register	DTO/DOTS PLUS supervisor
7. District Action Plan	Need based activities planned for the following year	DTO/ MO DTC
	% of activities accomplished as per the previous Action Plan submitted	DTO/MO DTC
	% of amount actually spent in last four quarters from the total budget allocated in activities outlined	DTO/MO DTC

8. IEC Action Plan	Need based activities planned for the following year	DTO/IEC Officer
	Reporting of the outputs and outcomes of the activities panned in the previous year in the Action Plan	DTO
9. District Epi centre Reports	No.(%) of quarterly reports available in Epi-Centre from 2005 onwards	DEO/DTO
10. PPM Report	Contribution to referral of TB suspects by different Health care providers	STS/MO TC/DTO
	Contribution to NSP Case Detection by different Health care providers	STS/MO TC/DTO
	Contribution to NSP DOT provision by different health care providers	STS/MO TC/DTO
	Contribution to Treatment Success of NSP patients	STS/MO TC/DTO
At DOTS PLUS SITE Level		
Type of Records	**Program Indicators**	**Person responsible**
1. DOTS PLUS Committee meeting records in DOTS PLUS Treatment cards	Individual patient record evaluation during DOTS PLUS site Committee meeting with District TB Officers, C&DST Laboratory Representative and other Committee members	DPS Nodal Officer
2. DOTS PLUS TB register	Number of diagnosed MDR-TB put on DOTS PLUS	DPS Nodal Officer/ DPS Supervisor
	Number (%) of MDR-TB patients initiated on DOTS PLUS a year ago who had their culture converted	DPS Nodal Officer/ DPS Supervisor
	Number (%) of MDR-TB patients initiated on DOTS PLUS treatment 31-33 months ago who were cured	DPS Nodal Officer/ DPS Supervisor
	No. (%) of MDR TB patients with other treatment outcomes-Died/Default/Failure/Treatment stopped due to ADR/Transfer out	DPS Nodal Officer/ DPS Supervisor
3. DOTS PLUS Q Case Finding Report	Number of MDR TB diagnosed in the Quarter	DPS Nodal Officer/ DPS Supervisor
	Number of diagnosed MDR-TB put on DOTS PLUS in the Quarter	DPS Nodal Officer/ DPS Supervisor
4. DOTS PLUS Six months Interim Report	No. (%) of MDR-TB patients with Smear and culture negative results after 6 months of DOTS PLUS treatment	DPS Nodal Officer/ DPS Supervisor

	No.(%) of MDR-TB patients initiated on DOTS PLUS 6 month ago who have-Died/Default/Transferred out/ Treatment stopped due to ADR	DPS Nodal Officer/ DPS Supervisor/DTO
5. DOTS PLUS Quarterly Report on Culture Conversion	No. (%) of MDR-TB patients who have their Culture Converted after 12 months of DOTS PLUS treatment	DPS Nodal Officer/ DPS Supervisor
	No.(%) of MDR-TB patients initiated on DOTS PLUS 12 month ago who have-Died/Default/Transferred out/ Treatment stopped due to ADR	DPS Nodal Officer/ DPS Supervisor/DTO
6. DOTS PLUS Quarterly Report on Treatment Outcome	Number (%) of MDR-TB patients initiated on DOTS PLUS treatment 31-33 months ago who were cured/treatment complete/died/default/failure/transfer out/treatment stopped due to ADR	DPS Nodal Officer/ DPS Supervisor/DTO
At IRL Level		
Type of Records	**Program Indicators**	**Person responsible**
RBRC Records	Completely filled Annexure E,M,F and G available at IRL	STLS/DTO/IRL Microbiologist
	Number (%) of DMCs with slide positivity rate between 5-15%	MO-DMC/LT/STLS/MO-TC
	Number (%) of DMCs with ANSV < 300	MO-DMC/LT/STLS/MO-TC
	Number (%) of DMCs with High False Results (HFN and/or HFP) during the previous calendar year	LT/STLS
	Number (%) of DMCs with High False Positive (HFP) Results during the previous calendar year	LT/STLS
Accredited C&DST lab		
Culture and DST register	No.(%) of MDR TB diagnosed from the MDR TB suspects registered in C&DST register in previous quarter	IRL LT/IRL Microbiologist
	No.(%) of C&DST results reported to DTO and DPS within a week	IRL LT/IRL Microbiologist
Q IRL Report to CTD	**Indicators discussed separately in Annexure 1.3**	-

At STATE Level		
Type of Records	**Program Indicators**	**Person responsible**
RBRC Records (M&E)	Number (%) of DMCs with slide positivity rate between 5-15%	MO-DMC/LT/STLS/MO-TC
	Number (%) of DMCs with ANSV < 300	MO-DMC/LT/STLS/MO-TC
	Number (%) of DMCs with High False Results (HFN and/or HFP) during the previous calendar year	LT/STLS
	Number (%) of DMCs with High False Positive (HFP) Results during the previous calendar year	LT/STLS
IRL OSE Report	No.(%) of Districts visited by IRL and reports available at STC in a year	IRL Microbiologist/DTO
State Program Quarterly Reports	No. (%) Windows Epi centre reports received by 24th of the month following the reporting quarter	DEO/DTO/STO
District Action Plan	No.(%) of Action Plan received till Oct 31 at STC	DTO/STO
State Action Plan	Priority areas and Districts identified for achieving the objective planned	MO-STC/STO
IEC Action Plan	Need based activities planned for the following year	IEC Officer/STO
	Reporting of the outputs and outcomes of the activities panned in the previous year	IEC Officer/STO
	% expenditure for the activity during the financial year	IEC Officer/DTO/STO
STDC Level		
	No. (%) Windows Epi centre reports received by 24th of the month following the reporting quarter	DEO District and STDC/ DTO
	No. (%) of Quarterly feedback sent to Districts and CTD by 30th of the month following the reporting quarter	MO STC/STDC Director/STO

At STF level		
Medical College Quarterly Reports	No. (%) of Medical College with Key RNTCP staff in place and trained in Referral Unit	Nodal In charge of Medical College/ Area DTO/STO
	No.(%) of feedback received of patients referred for treatment in the last three months	Nodal In charge of Medical College/ MO Referral Unit/Area DTO/STO
	No.(%) of CME/Workshops held in the year	Nodal In charge of Medical College/ MO Referral Unit/ Area DTO/STO
	No. of Supervisory visits conducted/ Internal Evaluations participated by the Medical College in the last quarter	Nodal In charge of Medical College/ MO Referral Unit/ Area DTO/STO/STF Chairperson
STF Quarterly Reports	No. (%) of STF meetings held in the year	STF Chairperson/STO
	Number of Medical Colleges reporting quarterly Meeting of core committees	Nodal In charge Medical College/ MO Referral Unit
	Number of medical colleges reporting adequate funds being available for meetings, advocacy activities	Nodal In charge Medical College/ MO Referral Unit/ DTO
	Number of Medical College quarterly reports received at end of quarter	Nodal In charge Medical College/ MO Referral Unit
	No. (%) of Medical College with Key RNTCP staff in place and trained in Referral Unit	Nodal In charge Medical College/ MO Referral Unit/DTO
	Number of Medical Colleges reporting channeling of all diagnosed TB patients from all departments of the hospital through the DOT centre of the hospital	Nodal Ic Medical College/ MO Referral Unit
	Number of Medical College reporting the availability of a directory of relevant DTCs and TUs at the Medical College DOT Centre	Nodal Ic Medical College/ MO Referral Unit/DTO
	Number of Medical Colleges reporting the use of Prolongation Pouches for indoor patients	Nodal Ic Medical College/ MO Referral Unit/DTO

	Number of Medical Colleges reporting registration of inpatients in the same TU where the Medical College is located	Nodal Ic Medical College/ MO Referral Unit/MO TC/DTO
	Number of Medical Colleges reporting the use of referral for treatment register and referral for treatment forms for referring patients for treatment outside the hospital	Nodal Ic Medical College/ MO Referral Unit/ DTO
	No.(%) of feedback received of patients referred for treatment in the last three months	Nodal Ic Medical College/ MO Referral Unit/DTO/STO
	No. of Supervisory visits conducted to Medical Colleges by STF in the last quarter	Nodal Ic Medical College/ MO Referral Unit/STF Chairperson/ STO
	No. of OR proposals reviewed by STF and initiated in the year	Nodal Ic Medical College/ MO Referral Unit/STF Chairperson/ STO

Annexure 1.3 Table on monitoring indicators from Program Performance reports

Program Reports	Monitoring Indicator	Person responsible
Monthly PHI Report	**Indicators discussed in Table for PHI and DMC Level (Annex 1.1)**	**-**
RNTCP Quarterly Reports		At TU level – MO-TC is responsible with support from STS. At district level – DTO/Second MO is responsible At state level – STDC staff / designated officer if responsible for monitoring under the supervision of STO
Quarterly Case Finding Report	Case Notification rate for smear positive cases.	
	New smear-positive case notification rate	
	Proportion of new smear positive cases among all new pulmonary cases	
	Proportion of new extra pulmonary TB cases among all new TB cases,	
	Proportion of smear positive re-treatment cases among all smear positive cases	
	Proportion of new pediatric cases among all new cases	
	Number/ percentage of registered TB patients with known HIV status.	
	Number/percentage of registered TB patients found to be HIV-positive.	
Quarterly Sputum Conversion Report	New sputum positive smear conversion rate	
Quarterly RT report	Cure rate for New smear positive cases	
	Treatment Success rate of all registered TB patients	

	Default rate of all registered TB patients	
	Death Rate of all registered TB patients	
	Failure Rate of all registered TB patients	
	Transfer Out Rate of all registered TB patients	
Quarterly Program Management Report	TB suspects examination rate	
	% of smear positive patients amongst suspects	
	Percentage of initial defaulters	
	Percentage of smear positive cases having started on RNTCP DOTS with in 7 days of diagnosis	
	Percentage of cured smear positive cases having end of treatment follow-up sputum done within 7 days of last dose	
	Proportion of program staff in position (category-wise)	
	Proportion of staff trained in RNTCP (category-wise)	
	Proportion of equipment in working condition	
Quarterly PPM Report (Intensified PPM sites)	Contribution to referral of TB suspects by different Health care providers	STS/MO TC/DTO
	Contribution to NSP Case Detection by different Health care providers	STS/MO TC/DTO
	Contribution to NSP DOT provision by different health care providers	STS/MO TC/DTO
	Contribution to Treatment Success of NSP patients	STS/MO TC/DTO

Quarterly Medical College and STF report	**Indicators discussed in Annexure 1.2**	**-**
Quarterly DOTS PLUS CF, Interim, Culture Conversion and Treatment Outcome Report	**Indicators discussed in Annexure 1.2**	**-**
IRL Quarterly Report	The percentage of specimens received within 7 days of sputum collection	LT/MO DMC/DTO
	The percentage of all cultures reported as *Mtb.* complex	IRL Microbiologist LT/IRL
	The percentage of smear-positive diagnostic specimens reported as culture-positive	IRL Microbiologist LT/IRL
	The percentage of all specimens with culture-contaminated results	IRL Microbiologist LT/IRL
	The percentage of all cultures reported as non-tuberculous mycobacterium (NTM)	IRL Microbiologist LT/IRL
	The percentage of drug susceptibility results available within the benchmark turn-around time	IRL Microbiologist LT/IRL
	The percentage of patients with final culture results reported within three days	IRL Microbiologist LT/IRL
	The percentage of patients with final DST results reported within 3 days	IRL Microbiologist LT/IRL
	Most recent performance on Drug Susceptibility Testing panel from reference lab	IRL Microbiologist/ NRL Microbiologist

Annexure 1.4 Table on monitoring indicators to assess Program Impact

Indicator	Target	Measurement
Impact Indicators		
1. TB prevalence rate Number of bacteriologically confirmed TB cases per 100 000 population at a given point in time	Halving of prevalence by 2015 relative to 1990	Measured by a population-based disease prevalence survey where applicable. If conducting a disease prevalence survey is not applicable for a country, the TB prevalence can be measured indirectly from the TB incidence.
2. TB incidence rate Number of TB cases (all forms) occurring per year per 100,000 population	Having halted the incidence of TB by 2015 and begun to reverse (Millennium Development Goal 6, target 6.C)	The notification rate can be a close proxy of TB incidence where the coverage and quality of the routine surveillance system is high; the trend in TB incidence can be measured by assessing trends in case notifications if case finding efforts and/or recording and reporting practices have not changed significantly
3. TB mortality rate Number of deaths due to TB (all forms) per year per 100,000 population	Halving of mortality by 2015 relative to 1990	Requires a high quality vital registration system or interim systems such as population-based mortality survey (such as a verbal autopsy study) and sample vital registration.
Outcome Indicators		
1. Case notification rate New smear-positive TB patients reported to the program, among the new smear-positive TB patients estimated to occur countrywide each year (number and percentage)	At least 70%, aiming at 100% detection	Measured by routine recording and reporting system (quarterly report on TB case registration in districts or TUs
2. Treatment success rate New smear-positive TB patients cured plus completed treatment among the new smear-positive TB patients registered during a specified period ((number and percentage)	At least 85% successfully treated	Measured by routine recording and reporting system (quarterly report on TB treatment outcomes and TB/HIV activities)

Annexure 1.5 Table on monitoring indicators in the context of the STOP TB Strategy

Indicators	Data Source	Reporting frequency	Level of Record generation
1.Good Quality DOTS			
Annualised New Sputum Positive Case Notification Rates	Case Finding Report	Quarterly	TU/District
Total Sputum Case Notification Rate	Case Finding Report	Quarterly	TU/District
Treatment Success Rate	Result of Treatment Report	Quarterly	TU/District
2.Good Quality Diagnosis			
No.(%) of Sputum Positive Pulmonary TB among TB suspects	Program Management Report	Quarterly	TU/District
	TB Lab Register	Monthly	DMC
No.(%) of DMCs reporting high false errors in EQA	Annexure D	Monthly	District
	Annexure G	Monthly	State
3.Good Drug Stock Management			
No.(%) of TU/District reporting no stock out of first line ATT on last day pf quarter	Program Management Report	Quarterly	District/State
4.Good Reporting System			
No.(%) of TU/District submitted Epi-centre reports	Case Finding Report/Sputum Conversion Report/Result of Treatment Report/Program Management Report	Quarterly	TU/District
5.Address TB-HIV issues			
No.(%) of TB patients with known HIV status	Case Finding Report Treatment Cards	Quarterly Monthly	TU/District PHI
No.(%) of HIV+TB patients receiving CPT	Result of Treatment Report Treatment Cards	Quarterly Monthly	TU/District PHI
No.(%) of HIV+TB patients receiving ART	Result of Treatment Report	Quarterly Monthly	TU/District PHI

	Treatment Cards		
No.(%) of HIV+TB patients with successful TB treatment outcomes	Result of Treatment Report Treatment Cards	Quarterly Monthly	TU/District PHI
6.Address MDR-TB issues			
No.(%) of MDR TB suspects receiving Culture and DST	TB Lab Register Culture and DST register	Monthly Monthly	DMC TU
No.(%) of MDR TB patients put on treatment	DOTS PLUS Case Finding Report	Quarterly	DOTS PLUS Site
No.(%) of MDR TB on DOTS PLUS having negative culture at 6 months	DOTS PLUS 12 month Culture Conversion Report	Quarterly	DOTS PLUS Site
No.(%) of MDR TB patients successfully treated among those registered	DOTS PLUS Result of Treatment Report	Quarterly	DOTS PLUS Site
7.Health System Strengthening			
No.(%) of PHIs submitted monthly reports	Program Management Report	Quarterly	TU/District
No.(%) of Medical Officer at PHIs trained in RNTCP	Program Management Report	Quarterly	TU/District
Percentage of Chest Symptomatic among Adult OPD	Program Management Report	Quarterly	TU/District
8.Engage All Care Providers			
No.(%) of private sector involved with RNTCP	Program Management Report	Quarterly	TU/District
No.(%) of New Sputum Positive patients referred by different sectors under RNTCP	PPM Report	Quarterly	TU/District (PPM sites)
No.(%) of New Sputum Positive patients started on DOTS by different health care providers among all TB patients	PPM Report	Quarterly	TU/District (PPM sites)
No.(%) of New Sputum Positive patients successfully treated by specific type of Health care provider	PPM Report	Quarterly	TU/District (PPM sites)
No.(%) of Medical colleges with Referral Unit established in the area	Medical College and STF report	Quarterly	Medical College/STF

9.Empowering People with TB			
New Sputum Positive patient referred by Community among all New sputum positive TB patients diagnosed	TB Lab Register	Monthly	DMC
No. (%) of New Sputum positive patients provided DOT by Community DOT provider	Treatment Card	Monthly	PHI
No.(%) of CDP in RNTCP as DOT providers among all DOT providers in the area	Program Management Report	Quarterly	TU/District
10.Operation Research			
No. of OR undertaken in the period	Medical College and STF report	Quarterly	Medical College/STF

Annexure 2: Supervisory Protocol

Annexure 2.1 RNTCP Supervision, Monitoring, and Evaluation activities under RNTCP (Supervisory staff protocol)

S.No.	Levels	Category of Supervisor	Field visits (No. of days/month)	Objective	Facilities to be visited	Patients visits *
1.	National	Officials from Ministry of Health and Family Welfare, GoI.	RNTCP inclusive as a supervisory agenda in their routine field visits for supervision.	Supervision of Programme.	State TB Cell, DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	As required.
2.	National	DDG (TB) and other officials from Central TB Division.	10 days/month (1-2 days per visit)	Supervision of Programme.	State TB Cell, DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	As required.
3.	National	Central Internal Evaluation	One per month	Evaluation of Programme Performance including all aspects such as data validation etc…	State TB Cell, DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	As per protocol
4.	National	National Reference Laboratory	All states assigned to be visited at least once in a year.	Supervision and Evaluation of External Quality Assurance activities	IRL, One district and a few DMCs.	As required.
5.	National	NACO and CTD	One state per quarter	Supervision of TB-HIV collaborative activities	State TB Cell, SACS Office, DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	At least 3 patients per visit

S.No.	Levels	Category of Supervisor	Field visits (No. of days/month)	Objective	Facilities to be visited	Patients visits *
6.	State	Officials from Ministry of Health and Family Welfare, State and State Health Society.	RNTCP inclusive as a supervisory agenda in their routine field visits for supervision.	Supervision of Programme.	DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	As required.
7.	State	STO (Including visits by STC/STDC officers)	12-16 days/month (1-2 days per visit)	Supervision of Programme Performance. Cover all districts in the state every 6 month	DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	At least 3 patients per visit
8.	State	State Internal Evaluation	Upto 30 million – 2 districts per quarter; 30-100 million – 3 districts per quarter; >100 million – 3-4 districts per quarter. Aim to cover all districts at least once in 3-4 years.	Evaluation of Programme Performance including all aspects such as data validation etc…	DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	As per protocol
9.	State	Intermediate Reference Laboratory	All districts to be visited at least once a year	Supervision and Evaluation of External Quality Assurance activities	DTC and a few DMCs.	Not applicable.
10.	State	Joint visit by SACS and STC officials	One district per quarter	Supervision of TB-HIV collaborative activities	District AIDS Control office, DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	At least 3 patients per visit

S.No.	Levels	Category of Supervisor	Field visits (No. of days/month)	Objective	Facilities to be visited	Patients visits *
11.	District	District Health Society Members (District Magistrate, CMHO and other District Officials).	RNTCP inclusive as a supervisory agenda in their routine field visits for supervision.	Supervision of Programme.	DTC, TUs, DMCs, PHIs, DOT Centre, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	As required.
12.	District	DTO (including visits by MO-DTC)	20 days	Supervision of Programme, Cover all TU every month and all DMC every Quarter.	DOT Centre, DMC, PHI, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre, NGO and PP health facilities	At least 3 patients per visit
13.	Sub-district	Block Medical Officer/MOTC	RNTCP inclusive as a supervisory agenda in their routine field visits for supervision; at least 7 days per month	Supervision of Programme, Cover all DMC every month all PHI every quarter	DOT Centre, DMC, Drug Store, DOTS Plus Site, ICTC Centre, CCC, ART Centre	At least 3 patients per visit
14.	PHC level	MO-PHI	RNTCP inclusive as a supervisory agenda in their routine field visits for supervision.	Supervision of Programme, Cover all sub-centre every month	DMC, DOT Centre	At least 3 patients per visit
15.	District	Senior DOTS Plus- TB HIV Coordinator	18-20 days per month	Supervision of Programme, Visit DOTS Plus site in the district every week (if present) Cover all MDR – t centres / providers arterpreferable Cover all ICTC in a quarters, cover all ART centres and link ART centres every month, Cover all CCC/ DIC / NGO facilities every quarter	DOTS Plus Centre, ICTC Centre, CCC /DIC/NGO	2-3 patients every visits (co-infected or MDR-TB patient)

S.No.	Levels	Category of Supervisor	Field visits (No. of days/month)	Objective	Facilities to be visited	Patients visits *
16.	Sub-District	STS	18-20 days per month	Supervision of Programme, Cover all PHI at least every month, all DOT centres every quarter	DMC, Non-DMC PHI, ART centre (if present in TU) ICTC, DOT Centres, NGO and PP	All patients to be visited within one month of initiation of treatment; all patients interrupting treatment; all Category IV patients every month in IP and every quarter in CP
17.	Sub-District	STLS	18-20 days per month	Supervision of Programme, Cover all DMC at least twice a month	DMC; All sputum collection centres; all diagnostic centres	All patients with contaminated samples or invalid results.
18.	PHC level	PHI level supervisors (MPHS)	5-7 days	Supervision of Programme, Cover all sub-centre every month	DOT Centre	2-3 patients per visit
19.	PHC level	MPW/ANM		Supervision of Programme, Cover all DOT providers every month	DOT Centre	All patients on treatment during the month.

* MDR, pediatric, co-infected patients should be prioritized for interview

Annexure 2.2 ZTF/STF Supervisory protocol

Periodicity of visits and Sources of Funds for visits: As per recommendations

- All medical colleges in the state to be visited at least once every year by the STF
- All states in the zone to be visited at least once during every year by the ZTF
    - Such a visit can be made during an STF meeting or for a training/sensitization event

Guidelines for financial support for travel of STF and ZTF chairpersons:

- Funds are available from RNTCP, under the 'Medical College' head from the district where the ZTF/STF representative is headquartered.
- When they are unable to travel to all colleges/ states as per the periodicity indicated above, then funds are also available for their representative from amongst the members of the ZTF and STF
- For visits within the state, the travel can be undertaken and TA/DA paid as per the applicable state government rules in this regard
- In the normal course, plan for expenditure on such visits by the STF should be incorporated in the State Society action plan, and also incurred by the State society
- For travel outside the state (applicable in case of ZTF, and associated with a training/sensitization event as mentioned above), RNTCP norms provide for travel by air where the distance is greater than 500 kms. In the normal course, such expenditure should be undertaken by the State Society where the ZTF is visiting
- For training events undertaken during such visits, prescribed rates of honorarium applicable for Trainers under RNTCP guidelines can also be paid in lieu of DA
- Payments of such TA/DA by the applicable state society should be made promptly, to minimize inconvenience to the Medical College faculty members supporting the program.
- Where feasible, TA/DA advance can also be provided to the faculty member as per RNTCP guidelines

Annexure 3: Program Supervision tools in RNTCP

Annexure 3.1 RNTCP: Supervisory Checklist

(Supervisory Checklist for PMDT is at Annexure 9.5-9.9. Monitoring Indicators for PMDT are at Annexure 9.10.)

A. DIAGNOSTIC ASPECTS

Please write "Yes" or "No" in the column "Observations"

S.No.	Check Points	Observations
Review of Resources		
1	Is at least one trained Medical Officer available in the health facility?	
2	Is a full-time trained Lab Technician (LT) available for sputum microscopy?	
3	Have provisions been made for sputum collection when LT is absent?	
4	Is a functional binocular microscope available?	
5	Is the Binocular microscope stored as per guidelines	
6	Has the binocular microscope undergone any servicing during last 12 months?	
7	Are all essential lab consumables available adequately?	
8	Is running water available for sputum microscopy?	
9	Is electricity available for the binocular microscope?	
10	Have civil works been done in the Lab as per RNTCP guidelines?	

S.No.	Check Points	Observations
11	Are printed reference materials on standard operating procedures available?	
12	Is at least one trained Medical Officer available in the health facility?	
13	Is a full-time trained Lab Technician (LT) available for sputum microscopy?	
14	Have provisions been made for sputum collection when LT is absent?	
15	Is a functional binocular microscope available?	
16	Is the Binocular microscope stored as per guidelines	
17	Has the binocular microscope undergone any servicing during last 12 months?	
18	Are all essential lab consumables available adequately?	
19	Is running water available for sputum microscopy?	
20	Is electricity available for the binocular microscope?	
21	Have civil works been done in the Lab as per RNTCP guidelines?	
22	Are printed reference materials on standard operating procedures available?	
Review of forms, registers, records and reports		
1	Are the Lab Forms for Sputum Exams filled correctly, completely and legibly?	
2	Is the Lab Register filled correctly, completely and legibly?	

S.No.	Check Points	Observations
3	Is it numbered 1 from 1 January?	
4	Are there 2 sputum smears for diagnosis in at least 8/10 patients?	
5	Are there 2 sputum smears for follow-up in at least 8/10 patients?	
6	Are positive results written as scanty, 1+, 2+ or 3+ in red and negative in black/blue?	
7	Are results up-to-date?	
8	Does the Lab register have the summary abstract completed at the end of each month?	
9	Are copies of supervisory reports of Senior TB Lab Supervisor available with LT?	
10	Are OSE and RBRC feedbacks available with LT?	
11	Is there evidence of supervision by STLS on lab register?	
12	Is monthly PHI-level report on sputum microscopy and logistics being submitted?	
13	Is the Lab register consistent with the treatment cards and TB register?	
Observe the Lab Technician during sputum collection procedure		
1	Did the LT check to ensure that the Lab Form was complete and correct?	
2	Is the sputum container clearly labeled on the side and not on the lid?	

S.No.	Check Points	Observations
3	Is the Lab Serial Number entered correctly, starting with 1 on 1 January of the year and continuing until 31 December?	
4	Are each set of sputum samples from a single patient given a single Lab Serial Number?	
5	Is the Tuberculosis Number written in the space provided for all patients whose Reason for examination is Follow-up of chemotherapy?	
6	Does the Lab technician demonstrate to patients how to bring up sputum?	
7	Does the Lab technician supervise patients when they provide spot sputum specimens?	
8	Does the Lab technician visually examine the sputum provided to determine if it is sputum or saliva only?	
Observe the Lab technician preparing smears for examination		
1	Does the Lab technician use only new slides?	
2	Does the Lab technician either engrave each slide or label it with a grease marker?	
3	Does the Lab technician use a different broom stick for each sputum smear?	
4	Are the sputum smears made on the slide of the correct size (2 cm X 3 cm) and thickness?	
5	Does the Lab technician wait for the slide to dry before heating the slide to fix it?	
6	When the Lab technician fixes the slide by heating, does he do it for the proper duration of time?	

S.No.	Check Points	Observations
7	Is only “freshly prepared” carbol fuchsin being used, instead of ready-made commercially-available solutions?	
8	Is the carbol fuchsin free of particles and properly filtered at least every month?	
9	When the Lab technician heats the carbol fuchsin, does s/he do it properly, avoiding boiling and allowing the slides to stand for 5 minutes after heating?	
10	Does the Lab technician tilt the slides after rinsing with water to remove excess water?	
11	Is the sulphuric acid allowed to stand on the slide for the appropriate time period (2–4 minutes)?	
12	Is the methylene blue allowed to stand on the slide for the appropriate time period (30 seconds)?	
Observe the Lab technician preparing smears for examination		
1	Does the Lab technician use only new slides?	
2	Does the Lab technician either engrave each slide or label it with a grease marker?	
3	Does the Lab technician use a different broom stick for each sputum smear?	
4	Are the sputum smears made on the slide of the correct size (2 cm X 3 cm) and thickness?	
5	Does the Lab technician wait for the slide to dry before heating the slide to fix it?	

S.No.	Check Points	Observations
6	When the Lab technician fixes the slide by heating, does he do it for the proper duration of time?	
7	Is only “freshly prepared” carbol fuchsin being used, instead of ready-made commercially-available solutions?	
8	Is the carbol fuchsin free of particles and properly filtered at least every month?	
9	When the Lab technician heats the carbol fuchsin, does s/he do it properly, avoiding boiling and allowing the slides to stand for 5 minutes after heating?	
10	Does the Lab technician tilt the slides after rinsing with water to remove excess water?	
11	Is the sulphuric acid allowed to stand on the slide for the appropriate time period (2–4 minutes)?	
12	Is the methylene blue allowed to stand on the slide for the appropriate time period (30 seconds)?	
Observe the Lab technician examining slides under the microscope		
1	While placing immersion oil on the slide, does the Lab technician take care to avoid touching the slide with the applicator?	
2	While examining the slide with the x100 lens, does the Lab technician take care to make sure that the lens does not touch the slide?	
3	Does the Lab technician examine negative sputum smear slides for at least 5 minutes?	

S.No.	Check Points	Observations
4	Does the lab technician have correct knowledge about grading?	
5	Does the lab technician see 100 fields before declaring the smear as negative?	
6	Does the Lab technician correctly complete the Lab Form for Sputum Examination and Lab Register?	
7	Does the Lab technician clean the x100 lens with lens paper or fine silk after completing the examination?	
8	Are slides correctly cleaned and maintained for review by the supervisor?	
9	Are all smear-positive results recorded in red ink in the Lab Register?	
10	After examining the slides, does the Lab technician put the sputum containers and lids (with lids removed), along with the broom sticks, into a foot-operated bucket containing either 5% phenol?	
11	Does the Lab technician dispose previous month slides after the EQA procedure is completed as per bio-waste management guidelines??	
Internal Quality Control Issues		
1	Is Record of Quality control slides maintained by LT?	
2	Are QC slides stored in the DMC?	

S.No.	Check Points	Observations
3	Are all reagent labeled with DOE, batch numbers?	
Interpersonal Communication of service providers with TB suspects/patients		
1	Does the MO/LT advice sputum examination for symptomatic family contacts in smear positive patients	
2	Does the MO/LT explain sputum negative patients to come back for sputum examination if symptoms persist?	
Exit-interviews of at least 2 patients undergoing sputum microscopy		
1	Do the patients know how to cough out good quality sputum properly?	
2	Do the patients know when they should return for the next sputum exams?	
3	Do the patients find the timings and location of the Lab convenient?	
4	Do the patients face any difficulties for undergoing sputum microscopy?	

B. TREATMENT ASPECTS

S.No.	Check Points	Observation
Review of TB Register		
1	Is it numbered 1 from 1 January?	
2	Are names and addresses and telephone numbers readable?	
3	Is the classification and outcome complete, correct and up-to-date?	
4	Are follow-up and results correct (Lab Number, slash if positive in follow-up) and up-to-date?	
5	Have pulmonary smear-negative patients been examined by sputum microscopy?	
6	Are all new patients who are smear-positive at the end of 5 months or more categorized as 'Failure' and re-registered in Category II as 'Failure' cases?	
7	Is HIV status record mentioned for all registered patients?	
8	Are dates mentioned for initiation of CPT and ART in all HIV positive patients?	
9	Does the STS complete the summary regularly and timely?	
Review of Treatment Cards		
	Are the entries correct and legible?	
	Is the correct treatment regimen prescribed?	

S.No.	Check Points	Observation
	Is the intensive phase of treatment prolonged for one month for all patients who remain sputum smears positive at the end of the intensive phase?	
	Are Treatment Cards maintained correctly and up-to-date?	
	Is DOT administration done correctly?	
	Are details on past history of TB treatment mentioned on the card?	
	Are follow-up sputum examinations done at the correct time?	
	Review the treatment of 5 smear-positive patients found to be AFB smear-positive during follow-up examination. Was the treatment correct?	
	Is the TB-HIV block on the treatment card filled for all patients?	
	Are all under 6 years contacts of sputum positive patients getting chemo prophylaxis?	

C. Patient Interview of at least 1 patients each among NSP, TB-HIV, and re-treatment /MDR TB case every field-visit day

1	Is the patient aware that he/she is/was undergoing treatment for TB? (Ask this question in private)	

2	Does the patient know the correct duration of treatment for his TB?	
3	Did the treatment of the patient start within 7 days of sputum microscopy?	
4	Has the patient taken more than 1 month of anti-TB treatment in the past?	
5	Did the patient take at least 20 of 24 doses (> 80% doses) under direct observation in the IP?	
6	Is participating in DOT convenient to the patient in terms of location?	
7	Is participating in DOT convenient to the patient in terms of timing?	
8	Is the patient referred to ICTC for HIV testing?	
9	If HIV positive –is the patient getting CPT?	
10	If HIV positive –was the patient referred to ART centre?	
11	Did the patient attend any Patient-provider/community meeting?	
12	Did the patient have to pay for sputum / culture DST /pre-treatment examination in MDR-TB, or TB drugs under RNTCP?	

13	Did the patient have to pay for travel/consultation to get injections (KM)?	
14	Did the patient mention that he provided 2 sputum samples before the start of treatment?	
15	Did the patient mention that he provided 2 sputum samples at the end of 2 months of treatment? Write NA, if this question is not applicable due to default, etc. (Correlate with TB register)	
16	Did the patient mention that he provided 2 sputum samples at the end of treatment? Write NA, if this question is not applicable due to default, etc. (Correlate with TB register)	
17	Was the patient satisfied with the interaction and support provided by the program staff?	
18	Are the findings of the patient interviews consistent with TB register?	

D. Interview and observe respective DOT-providers

1	Is DOT being administered correctly?	
2	Is retrieval action done within one day during the intensive phase and within one week during the continuation phase?	
3	Are the Tuberculosis Treatment Cards completed at the same time when treatment is given?	
4	Are patient-wise boxes marked for each patient?	
5	Are empty blister packets preserved in the PWB?	
6	Do the amount of drugs in the boxes tally with those mentioned in the Treatment Card?	
7	If community volunteers –did he receive honorarium for all patients treated successfully till date?	

E. Review organization of direct observation of treatment

1	Are alternative resources for observation (community volunteers, hospital staff, etc.) being used as necessary?	
2	Are sufficient stocks of drugs (including CPT) and other consumables available at the Peripheral Health Institution (PHI) level?	

F. Inspect the drug storage area

1	Is it locked?	
2	Are the shelves in place?	
3	Is the inventory system in place?	
4	Are drugs with an early date of expiry placed in the front?	
5	Are all drugs kept off the floor and away from the wall?	
6	Are there enough drugs and other consumables?	

G. Review ACSM activities

1	Is their visible IEC material in the area/centre?	
2	Is patient information booklet available/used?	
3	Number of patient provider meetings / community meeting held in the area/centre -_____	

Annexure 3.2: RNTCP Supervisory Register

Name of the Health facility visited:
Name and Designation of Supervisor filling this form:
Date and time:

Observations on Actions taken based on previous visit

Key observation	Recommendations
Politico administrative commitment and resource management	
Diagnosis	
Drugs and laboratory consumable	
DOT and Follow-up	
TB-HIV activities	
DOTS Plus:	
Records and Reports	
ACSM activities	
Comment on population and areas requiring special interventions (Slum, Industrial area, prison, TI group, Migrant population)	
Finding of patient home visit	

Signature of Supervisor

Annexure 4: RNTCP Review meeting Protocol

Annexure 4.1: Review meeting Protocol for all Program staff

Level	Type of Review	Chairperson	Participants	Frequency
National	RNTCP performance review	DDG (TB)	STOs	Biannual
	Medical College performance review	DDG (TB)	ZTF members	Annual
	TB-HIV collaborative activities	DDG-TB	Members of National Working Group for TB-HIV collaborative activities	Quarterly
	Laboratory Committee	Chairperson Laboratory Committee / DDG (TB)	Members of Laboratory Committee	Biannual
	National DOTS-Plus Committee	Chairperson National DOTS- Plus Committee / DDG (TB)	Members of National DOTS-Plus Committee	Biannual
	National Technical Working Group (NTWG) for PPM Activities	Chairperson NTWG for PPM Activities / DDG (TB)	NTWG for PPM Activities members	Biannual
	National Operational Research Committee	Chairperson National OR Committee / DDG (TB)	National OR Committee members	Biannual
	National Airborne Infection Control (AIC) Committee Members	National AIC Committee Chairperson / DDG (TB)	National AIC Committee members	Biannual
Zonal	Medical College performance review	ZTF Chairperson	STF members	Annual
	RNTCP Performance Review including one day exclusively for PMDT activities	DDG (TB)	Regional Directors, STOs, DTOs of selected districts	Annual
State	State Health Society Review (RNTCP included as an agenda item)	PS (Health), MD-NRHM	Director Health Services, CMHO , All programme heads in state,	Quarterly

Level	Type of Review	Chairperson	Participants	Frequency
	RNTCP performance review	STO	DTO	Quarterly
	Performance review of Under-performing districts	STO	DTO	Biannual
	Medical college performance review	STO/ STF Chairperson	Nodal Officers from all medical colleges	Quarterly
	State Operational Research Committee Meeting	STO/ STF Chairperson	State OR Committee Members	Quarterly
	State TB-HIV Co-ordination committee meeting	PS (Health)	Members of State TB-HIV Cordination Committee	Biannual
	State Working Group Meeting for HIV/TB collaborative activities	PD-SACS / STO	Members of State Working Group for HIV/TB collaborative activities	Quarterly
	State DOTS-Plus Committee meeting	PS (Health)	State DOTS-Plus Committee members	Quarterly
	Review of RNTCP Accounting	State Accountant	District level Accountant	Biannual Review and One for PIP
	Review of Drug management	State Drug Store Manager	District Drug Storekeepers	Biannual
	Review of data management	State epidemiologist and state Statistical Assistant	District DEO/Statistical assistant	Biannual
	Workshop for Other Sector Health Facilities such as Railways, ESI, CGHS, Mines, etc…	STO	Representatives from Other sector Health facilities	Annual
	Review Meeting of Partners	STO	All Partners	Biannual
District	District Health Society Review (RNTCP included as an agenda item)	District Magistrate / Chairman District Health Society.	CMHO, All programme heads in district, Block Medical Officers, MO-PHIs (infrequently)	Quarterly

Level	Type of Review	Chairperson	Participants	Frequency
	CMHO Monthly Meeting with Block Medical Officers and MO-In charge PHCs (RNTCP included as an agenda item)	CMHO	All Block Medical Officers, MO-In-charge PHC, and Superintendent CHC.	Monthly
	RNTCP performance review	DTO	MOTC, STS and STLS	Monthly
	Medical college performance review	Core Committee Chairman of the respective Medical College	Core Committee Members of the respective Medical College and DTO	Quarterly
	TB-HIV District Coordination Committee meeting	Chairperson of TB-HIV District Coordination Committee	Members of District TB-HIV Coordination Committee	Quarterly
	Review of Drugs and Logistics	DTO and DTC Pharmacist	Pharmacists/Incharge Storekeeper of all TUs and PHIs	Quarterly
	DOTS-Plus site committee meeting	Chairperson/Coordinator DOTS-Plus site	DOTS-Plus site committee members, DTOs / Sr.DOTS-Plus-TB-HIV Coordinator	Monthly
	Workshop with Partners and other sector hospitals such as Railways, ESI, CGHS, IMA, AYUSH, NGOs, External funded projects etc…	CMHO/DTO	Representative from Partners	Biannual
	Review of TB-HIV collaborative activities along with RNTCP monthly meeting	DAPCU/DTO	ICTC/CCC Counsellors, STS,_DOT-Plus-TB-HIV Coordinator	Monthly
Block	Block Level Meeting with MO-In-charge PHI and other staff. (RNTCP included as an agenda item)	Block Medical Officer	MO-I/C-PHC and other staff.	Monthly
PHI	Monthly Meetings with Staff (RNTCP included as an agenda item)	MOIC, PHC	MPHS/ANM/MPW/ASHA	Monthly

Annexure 5: RNTCP Review meeting Checklist

Annexure 5.1 Program Review meeting Checklist for Secretary Health/MD-NRHM

1. Are there any vacancies of DTOs, MOTCs, STSs and STLSs?
2. Are there any untrained DTOs, MOTCs, STSs and STLSs?
3. Are DTOs, MOTCs, STSs and STLSs touring and submitting their tour reports to appropriate authorities?
4. Are CDHOs formally sensitized and are monitoring the program adequately?
5. Are the NSP cure rates and conversion rates of all districts more than 80% and 85%, respectively? (Review vulnerable areas separately)
6. Are the NSP detection rates of all districts more than 70%? (Review vulnerable areas separately)
7. In addition to NSP are adequate proportion of NSN, EP and pediatric TB patients diagnosed in all districts?
8. Are all Medical Colleges and other big hospitals fully involved in the program? (i.e. referring at least 2-3% of their new adult outpatients for sputum microscopy)
9. Are the major health institutions of other sectors (public, private, NGOs, ESIS, Railways, corporate, trust) involved fully in the program?
10. Have urban slums been covered with decentralized DOT network? (Review separately)
11. Have inter-district referral and tracking mechanisms been established for all sputum positive cases (who are diagnosed in one district but are referred to another district for treatment)?
12. Have the DTOs and the STO submitted all quarterly reports (electronically) and statement of expenditures on time?
13. Have the DTOs and the STO submitted audit reports and utilization certificates?
14. Are funds that have been received from centre to state and released from state to districts adequate and timely?
15. Is the expenditure in important heads adequate:
    - Training
    - NGO PP
    - Honorarium etc.
16. If expenditure pattern is unsatisfactory, what are major hurdles in fund flow from district level down to implementation level? _____
17. Have all districts submitted their annual action plans to the state and whether the state has sent an annual action plan to the centre?
18. Are IEC activities in the state adequate?

Important points:

Review the programme with the RNTCP-WHO Consultants every month. See the DO-letters from the Government of India for the past one year.

Review the Action Taken Report of the last state-level meeting.

Review meeting checklist for State and district level TB-HIV collaboration for use by PD MSACS/DAPCU

1. Are DCC meetings conducted in all districts for previous quarter?

2. Are monthly TB-HIV meetings conducted in all past 3 months in all districts?

1.

Are all DTO/DPO/ART MO trained in TB-HIV module, Intensified TB-HIV package and ART centre staff module?

3. Are all District TB HIV and DOTS plus supervisor/ STS/counselors trained in TB-HIV module, Intensified TB-HIV package and ART centre staff module?.

4. Are all necessary logistics available in adequate amount for TB HIV collaboration –referral to ICTC forms, referral to ART centre form, CPT etc.?

5. Is the collaborative activities established at all TB and HIV care settings – ICTCs / ART Centres/CCCs and the RNTCP diagnostic and treatment services?

6. Are TB-HIV collaborative activities also established in NGOs and Private Medical Practitioners facilities involved in NACP and RNTCP?

7. What proportion of ICTC/ART centre/CCC clients/patients screened for TB symptoms in past quarter?

- What Proportion of above are diagnosed TB and
- Among those diagnosed TB number in DOTS

8. What proportion of registered TB patients in the districts screened for HIV in past quarter?

- What Proportion of above are found Sero-positive and
- Among those diagnosed sero-positive number linked to CPT and ART services

9. Are appropriate measures to prevent the spread of TB in facilities caring for HIV/AIDS patients taken in all districts?

10. Are measure taken to prevent spread of HIV infection through safe injection practices in those facilities providing RNTCP treatment services?

Annexure 5.2 Program Review meeting Checklist for DM/Municipal Commissioner /DHS

ADMINISTRATIVE ASPECTS

Please circle "Yes" or "No", and write any observations made in the column
"Observations"

	Indicators	Norm	Observation
1	Are DHS meetings held every quarter? Is RNTCP implementation being reviewed?	Quarterly Quarterly	Yes / No Yes/No
2	Are Medical Colleges, CBCI, PPs and other stakeholders in the program being represented in DHS meetings?		Yes / No
3	Is CMOH/CDHO formally sensitized about RNTCP? Is s/he reviewing RNTCP adequately during district-level meetings and field-visits?		Yes / No Yes / No
4	Are the posts of following key personnel filled/nominated? □ District TB Officer/2nd MO (MO-DTC) Medical Officers – TB Control (MOTCs) □ Medical Officers of DMCs □ DOTS Plus TB-HIV Supervisor Senior Treatment Supervisors Senior TB Lab Supervisors Laboratory Technicians of DMCs	100% for all these	 Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
5	Are the following key personnel trained? □ District TB Officer / 2nd MO (MO-DTC) □ Medical Officers – TB Control (MOTCs) □ Medical Officers of DMCs □ DOTS Plus TB-HIV Supervisor Senior Treatment Supervisors Senior TB Lab Supervisors □ Laboratory Technicians of DMCs □ District store keeper (Pharmacist)	100% for all these	 Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No

6	Are the following key personnel doing field supervision adequately? District TB Officer MO-DTC & MO-TB Control (MO-TCs) Senior Treatment Supervisors Senior TB Lab Supervisors	<u>Per month</u> 20 days 7 days 20 days 20 days	 Yes / No Yes / No Yes / No Yes / No
7	Are tour reports being submitted regularly by the key personnel? District TB Officer (to STO) Medical Officers – TB Control (to DTO) Senior Treatment Supervisors (to DTO) Senior TB Lab Supervisors (to DTO)	Should be submitted on a monthly basis within 7	 Yes / No Yes / No Yes / No Yes / No
8	Have vehicles been provided to the following key personnel for field supervision? District TB Officer (for at least 20 days) Medical Officers – TB Control (for 7 days) Senior Treatment Supervisors and Senior TB Lab Supervisors	Should be procured or hired as required, as per guidelines	 Yes / No Yes / No Yes / No
9	Finance Has district annual plan been submitted to STC within set time line? Are salary/reimbursement of POL being released to key staff on time? Is the State releasing funds to the district on time? Has the latest Statement of Expenditure been sent to STC/CTD within 10 days after end of quarter? □ Has the Audit Report and Utilization Certificate been sent to STC/CTD on time? □ Does the District pay the incentives to the DOT providers on time?		 Yes / No Yes / No Yes / No Yes / No Yes / No
10	Does the DTC have a functional computer with internet facility? Are all reports being submitted to STC/CTD Electronically within set time line?		Yes / No Yes / No
11	Do all DMCs have functional binocular microscopes? Are all binocular microscopes covered by Annual		Yes / No Yes / No

CHNICAL ASPECTS

12	Are all DMCs functional (i.e. have trained lab technicians, functional binocular microscopes, adequate lab consumables, located in PHIs with at least 50 new adult OPD/day)	Yes / No
13	Are all PHIs referring at least 2-3% of the new adult out-patients attendees for sputum microscopy examination for diagnosis? Are all DMCs examining at least 150 TB suspects per lakh population per quarter (by sputum microscopy)?	Yes / No Yes / No
14	Is the revised laboratory quality assurance protocol (including blinded re-checking) is in place in the district?	Yes / No
15	Has the DTO done a TU-wise enlisting of all health institutions/functionaries from various sectors? Have all major health institutions from the private, NGO and other sectors (with >100 new adult outpatients per day) been considered for designation as a DMC?	Yes / No Yes / No
16	What proportion of Smear Positive cases are truly receiving directly observed treatment (DOT) as per RNTCP guidelines?	100%
17	Is DOTS PLUS treatment being offered for all the MDR TB suspects diagnosed as MDR TB?	Yes/No
18	Are all the TB patients being offered ICTC councelling?	Yes/No
17	Does the district have a network of rural practitioners (RMPs) and/or community volunteers? If yes, have they been sensitized about the programme?	Yes / No Yes / No
18	Does the district have urban areas with populations of more than 25,000 (each)? If yes, have adequate number of DOT-providers been	Yes / No Yes / No
19	Have organized community meetings been conducted in the past one year for the following groups in all TUs? Anganwadi Workers/ASHAs Community leaders/Panchayats (e.g. sarpanch) School children Mahila mandals / Youth Groups / Self-help groups Slum leaders/NGOs/groups (if applicable)	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No

Note: Questions that have unfavorable responses require further inquiries and corrective actions.

Annexure 5.3 Checklist for Medical College Core Committee meeting

Checklist for Core Committees Meetings in Medical Colleges

1. **Briefing** by Nodal Officer on the progress made on decisions taken in the last Core-Committee meeting *(**minutes of the last core committee meeting** and other relevant documents)*

2. **Review of Performance** of the Medical College: *(based on latest Medical College quarterly report and other relevant documents- to be presented by the Nodal Officer or one of the Master Trainers)*

3. **Training and Sensitization**-

- Review status of training, CME and sensitization programmes organized since last meeting
- Master Trainers from the Medical College to draw and propose a plan for all training and sensitization activities for next quarter in consultation with DTO, nodal officer and the chairman core committee
- The core committee to finalize the plan

4. **Referral for treatment and feedback mechanism**:

- Review department-wise referrals of diagnosed TB patients for treatment
- Examine if all TB patients diagnosed in all departments are channeled through the DOT centre of the hospital
- Review if referral forms and registers are used and updated regularly
- Review feedback recorded in the register
- DTO to brief the committee regarding measures being taken to improve receipt of feedback

5. **Indoor DOTS**:

- Review number of indoor patients initiated on RNTCP treatment since last meeting
- Whether RNTCP drugs supply is uninterrupted
- Review if all admitted patients registered in local TU and “Transfer-out” on discharge through the DOT centre

6. **TB/HIV Coordination:**

- Review whether “all TB patients” diagnosed in medical college are offered HIV testing at ICTC?
- Review whether all co-infected patients referred to ART centre?
- Review whether referral for treatment/transfer form indicate HIV Sero-status / initiation of CPT
- Review cross referrals of TB suspects from ICTC and ART centre
- Review status of training of faculties/students in TB-HIV activities

7. **PMDT**:

If the medical college is a DOT Plus site review status of

- MDR TB patients managed
- Issues in supply of SLD and supporting drugs
- Coordination issues in relation to accredited culture and DST laboratory
- Coordination issues in relation to RFT and follow-up visits of patients to DPS

If the medical college is a not a DOT Plus site review the mechanism of

- Identification of MDR TB suspect in all departments
- Collection and transportation of specimen to culture and accredited DST laboratory
- Baseline investigations of the patients
- Initiation of patients in Category IV

8. **Operational research**

- Review proposals to be submitted by the college to RNTCP for funding
- Review status of any ongoing PG thesis or Operational Research project
- Dissemination of updates on RNTCP priority areas for research may be presented by the nodal officer

9. **Any other issues/ matters for strengthening RNTCP implementation in the Medical College**

Annexure 6: Internal Evaluation Protocol

Annexure 6.1 IE Formats

Annexure 6.2 IE Field Visit Report

The protocols and the formats have been annexed separately with the document.

Annexure 7: Program Job Aides

7.1 Job Aides for State and District level Program Managers

Review Program Performance			
Activity for Review	**IF**	**AND**	**THEN**
	(Primary Situation)	**(Compounding/ Additional Factors)**	**(Action Points)**
Total case detection of the District is as per guidelines (≥ 70%)	Case Detection Rate <50% in all cases		Ensure that every TB suspect in all peripheral health facilities undergo sputum smear examination (in at least 2% of new adult outpatients).
			Ensure that all diagnosed sputum positive patients are traced and put on DOTS
			Ensure that sputum smear microscopy is done correctly (5%–15% positivity is expected among patients examined for diagnosis).
			Ensure that all smear-positives in the Laboratory Register are started on treatment and registered in the TB Register.
			Accessibility issues (for diagnostic and treatment facility) like location of DMC, HR (in place and trained), patient convenience in terms of distance and timing, setting up sputum collection centres, community awareness need to be assessed and addressed
			Need based assessment of all Health Care providers in the concerned area
			Sensitization of interested providers
			Formal involvement as per program guidelines

Percentage of Retreatment smear positive cases registered for treatment in the District (Expected is 30% of all smear positive cases)	Re-treatment cases are <20% of all smear -positive cases		Ensure that accurate history taking (h/o prior treatment) is done at all levels. Make sure that definitions (type/classification) are applied correctly.
	Re-treatment cases are >40% of all smear positive cases		Ensure that active case-finding is not being resorted to. Ensure that history-taking is accurate and definitions are being correctly applied.
50% of all new pulmonary cases will be smear positive	Among new pulmonary cases, proportion of smear-positive is <45%	EQA Trainings have been completed	Ensure that over-diagnosis of sputum smear-negative patients is not happening due to over reliance on radiography.
			Patients coughing for more than two weeks is undergoing sputum smear microscopy except for contacts of Smear Positive TB/MDR TB and HIV+ patients where cough duration is not significant
			Ensure repeat sputum smear examinations are being done
			Review RBRC and OSE procedures for correctness.
			Retraining/ On job training for defaulting Laboratory staff
Conversion rate is >90% of new smear positive patients at 3 months	Less than 85% of Smear positive patients become sputum smear negative at end of three months	EQA Trainings have been completed	Ensure that follow up sputum examinations are being done timely (Review supervisory records of MO TC/STS including random checking of entries in the Treatment Cards).
			Ensure that PHI/DOT centre staff understand the importance of follow-up sputum examinations (retraining/reinforcement)

			Make sure default rates in the first two months are <5%, and the number of patients who die or transferred out are minimized.
			Ensure that accurate history-taking takes place at all levels for correct categorization.
			Make sure that definitions (type and Classification) are applied correctly.
			Ensure that sputum microscopy is accurate. Review RBRC and OSE procedures
			Ensure accessibility of diagnostic and treatment centres.
			Review supervisory records of MO TC/STS including random checking of entries in the Treatment Cards with the drugs available in patient-wise boxes.
			Ensure that every dose of medication is observed during the intensive phase of treatment.
Cure rate for registered new smear positive cases is ≥85%	Cure rate of registered smear positive patients is <80%		Review MO TC/STS visit records, visit centres with low cure rates to discuss with patients and staff the reasons and possible solutions like- -Ensure that accurate history taking (h/o prior treatment) is done at all levels. Make sure that definitions (type/classification) are applied correctly. -Ensure that every dose of medication is observed during the intensive phase of treatment, and at least one dose per week in the continuation phase. -Ensure stacking of empty blister packs during IP and CP. -Ensure accessibility of Diagnostic and treatment centres.

			-Ensure that health workers are dispensing medication properly as per technical guidelines. -Ensure that follow-up sputum smear examinations are done according to guidelines.
Not more than 3% of new smear positive patients are given the treatment outcome 'completed'	Proportion of new smear positive patients who are classified as having 'completed' treatment is >5%		Ensure that follow up sputum examinations are being done timely (Review supervisory records of MO TC/STS including random checking of entries in the Treatment Cards). Resensitize/reinforce the PHI staff about the importance of follow-up sputum examinations. Ensure tracking of NSP patients who have recently completed treatment for obtaining the last sputum examination by DOT provider/STS.
Not more than 4% of new smear positive patients die during treatment	Proportion of new smear positive patients who die during treatment is >5%		During supervisory visits, review records and interview patients to ensure that every dose of medication is observed during IP and CP
			Ensure accessibility of Diagnostic and treatment centres
			Undertake verbal autopsy if possible to ascertain the cause of death.
			Consider evaluation of other co morbid conditions like HIV, Diabetes etc.
Not more than 4% of new smear positive patients continue to be smear positive at 5 months	Proportion of registered smear positive patients who fail treatment is >5%		Ensure that accurate history-taking is done at all levels. Make sure that definitions are applied correctly.
			During supervisory visits, review records and interview patients to ensure that every dose of medication is observed during IP and CP
			Ensure that treatment observation sites should be convenient to the patient.

or later from the start of treatment			Review District Drug store register to ensure that drugs are of acceptable quality, stored in appropriate conditions and FEFO is followed.
Default rate is <5%	Default rate of registered new smear positive patients is >8%		Review MO TC/STS visit records, visit centres with high default rates to discuss with patients and staff the reasons and possible solutions like- -Ensure that accurate history taking (h/o prior treatment) is done at all levels. Make sure that definitions (type/classification) are applied correctly. -Ensure that every dose of medication is observed during the intensive phase of treatment, and at least one dose per week in the continuation phase. -Ensure stacking of empty blister packs during IP and CP. -Ensure accessibility of Diagnostic and treatment centres. -Ensure that health workers are dispensing medication properly as per technical guidelines.
			Increased participation from NGO/Private sector
			Enhancement of RNTCP staff IPC skill during induction trainings/retraining
			Increase community meetings/patient provider meetings
Transferred out is <3%	Proportion of patients who are Transferred out' is >5%	Default rate of registered smear positive patients is <5%	Ensure compilation of transfer forms for each transfer out patient
			Review feedback received fo the transferred out patients with STS

High False Errors reported in RBRC	DMC with HFP/HFN reported	Trained LT in place	Retraining/On job training for Laboratory personnel
			Review STLS OSE visit report for any remedial measures/corrective actions
			Review TU level Stock register for checking Reagent supply and Dispatch with batch no. and dates
			Check AMC of BMs
	More of false negative smear results	Low Slide Positivity Rate (<5%)	Educate Medical Officers and Health Workers on for proper selection of chest symptomatics
			Check with STLS or during visits- Functional BM, Staining problems, LT requires retraining, Overutilised DMC

Annexure 7.2 - Job Aides for State Program Manager

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
Human Resource			
1	Is the State TB Cell adequately staffed including Regular Staff (one Deputy State TB Officer, 2-3 MOs and other support staff) and RNTCP contractual staff as per guidelines?		
2	Does the state have a fully equipped STDC in terms of adequate Human Resource and Physical Infrastructure as per guidelines? Does the IRL's, DOTS Plus site/s in the state have adequate human resource as per guidelines?		
3	Is all the staff at the state level including the State TB Cell, STDC, IRLs, DOTS-Plus site/s, trained?		
4	Is the staff of the Directorate of Health Services, NRHM office at the state level, the State AIDS Control Society, State level Training Institutes, any other state level institution trained/sensitized on RNTCP?		
5	Is the state monitoring the districts to ensure an adequate and trained human resource in each district in the state?		
6	Is there a selection procedure for DTO's to be appointed in the districts?		
Training			
1	Is every district maintaining the record of training of each staff name-wise and cadre-wise both in electronic version and as well as in a hard copy? Is it being updated monthly?		
2	Is the training status of the staff being correctly reported in the quarterly reports from the record maintained at the district level?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
3	What is the training status of the DTO's in the state?		
4	What is the training status of STS in the state?		
5	What is the training status of STLS in the state?		
6	What is the training status of MO - PHI's in the state?		
7	What is the training status of LT's in the state?		
8	What is the training status of TBHV's in the state?		
9	What is the training status of Pharmacists and Nursing Staff in the state?		
10	What is the training status of Multi-purpose Health Supervisors in the state?		
11	What is the training status of Multi-purpose Worker's in the state?		
12	What is the training status of DOT providers in the state?		
13	Has the state Identified the need for Re-Sensitization of any cadre of staff? Has this been similarly done by all districts?		
14	What are the training requirements the state has identified during this year? Is the need assessed for all kinds of training and trainee list prepared for each kind of training?		
15	Has the state prepared any training calendar based on the above requirements for the year? If yes is it being strictly followed for training activities? Is this activity being done by STDC? Have all districts also prepared a training calendar similarly?		
16	Is the state and the districts printing the modules and other logistics for Training purposes? Does the state and the district have any plan for modules and logistics? Has the state included this in the Annual Action Plan?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
17	Is the state recognizing the training activities well in advance and including the same in the State Annual Action Plan for budgets? Have sufficient funds been requested in the state annual action plan for the various training needs identified? Have all districts too done the same?		
18	Does the state have adequate availability of master trainers to carry out the various training requirements of the state? Does the state have a plan in place for the same?		
Physical Infrastructure			
1	Does the state have a fully functional State TB Cell and STDC as per norms and guidelines?		
2	Does the state have a fully functional state drug store as per norms and guidelines?		
3	Does the state have adequate nos. of IRL's to cater to the demands of EQA in the state and C&DST laboratories?		
4	Do the State TB Cell, STDC, State Drug Stores and the IRL's have adequate electronic connectivity?		
5	Does the state have adequate numbers of TUs and DMCs in every district?		
Monitoring & Supervision			
1	Is the DTO's review meeting happening on a quarterly basis?		
2	Are at least two districts evaluated every quarter by the state?		
3	Is the State TB Cell ensuring adequate supervisory visits to districts?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
4	Is the STDC ensuring adequate supervisory visits to districts?		
5	Are the districts provided regular, relevant and appropriate feedback on the quarterly reports?		
6	Is the programme reviewed in State Health Society meetings on a regular basis?		
7	Is the Principal Secretary monitoring the programme on a regular basis?		
8	Is the state providing prompt feedback to the districts, on the observations of supervisory visits by state level staff?		
9	Is the state ensuring submission of action taken reports from the districts on the observations of the supervisory visits by the state level staff within 15 days of providing a feedback?		
10	Is the state monitoring the districts for activities to be carried out under supervision and monitoring as per Job Aides for DTO's?		
Involvement of the Peripheral Health System			
1	Have all peripheral health staff been trained and/or sensitized in RNTCP in every district?		
2	Are all PHI's in all the districts in the state reporting on a monthly basis on the PHI Monthly Reporting Format?		
3	Are all PHI's in all the districts in the state referring all the TB suspects seen in their OPD for sputum examination at a convenient DMC (it is expected that the TB suspects would be more than 2 % of the New Adult OPD)?		
4	Are all the non-DMC PHIs in every district in the state functioning as sputum collection centers? If not which PHI's are not functioning as sputum collection centers and why?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
5	Are the MPW (Male or if required the ANM) transporting the drug boxes to the DOT provider? If yes is this activity happening in all the districts?		
6	Does the peripheral health staff visit the patient's home for address verification, before the treatment of the patient is initiated?		
7	Does the peripheral health staff carry out the activities of contact tracing and chemoprophylaxis during the initial home visit?		
8	Does the peripheral health staff, during the initial home visit, ensure that all the children of less than six years age in a sputum positive patient's home are referred to the MO-PHI for examination and further needful?		
9	Does the peripheral health staff update the treatment card at the PHI at least on a monthly basis?		
10	Do the PHI's have all the phone numbers of their peripheral health staff, DOT providers and also the patients initiated on treatment in their area?		
11	Have the PHI's maintained a register having the details of the DOT providers in their area ?		
12	Are the treatment cards being filed & maintained in DOT provider wise files at every PHI?		
13	Are the peripheral health staff identifying TB suspects in the field and referring them for sputum examination?		
14	Is the MO-PHI reviewing the programme with the help of the checklist provided?		
15	Is the BMO reviewing the programme with the help of the checklist provided?		
16	Is the peripheral health staff retrieving patients who are defaulting in their area?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
17	Is the CMO reviewing all the activities above and ensuring involvement of peripheral health staff in the programme.		
Medical College Involvement			
1	Has the state constituted a State Task Force and a State OR Committee for involvement of medical colleges in the state?		
2	Does the State Task Force and the State OR Committee meet quarterly?		
3	Is there a mechanism in place for submission, approval, timely disbursement of funds, execution and monitoring of operational research proposals?		
4	Have all medical colleges constituted a core committee and have in place a functional DMC?		
5	Are all medical colleges submitting their quarterly reports on the prescribed format?		
6	Is timely disbursement of funds being ensured for medical colleges for carrying out various activities?		
7	Have all medical colleges been sanctioned contractual staff as per norms? Are these in place in all medical colleges?		
8	Have master trainers been identified and trained in every medical college?		
9	Are all medical colleges imparting regular training to all faculty members, residents and students on RNTCP? Is the respective district providing necessary support towards this activity to medical colleges?		
10	Is the STF chairman visiting all the medical colleges at least once in a year?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
11	Is the STF Chairman with the help of STDC/State TB Cell ensuring compilation of quarterly reports from all the medical colleges in the state and submitting the STF report to the ZTF?		
12	Is the state ensuring adequate monitoring over the districts regarding involvement of medical colleges (Ref: Job Aide - DTO)?		
Laboratory Quality Assurance			
1	Does the state have sufficient number of IRL's and Microbiologists to ensure OSE visit by the IRL to all districts at least once a year?		
2	Do the IRL's have the necessary logistics and budget to conduct OSE visits to all districts?		
3	Does the IRL microbiologist submit a plan for OSE visit to the state during the beginning of the year followed by a monthly ATP?		
4	Does the IRL submit its OSE report to the state within 2-3 days of completion of each visit?		
5	Does the state provide a feedback to the districts based on the OSE report of the IRL to the respective district?		
6	Does the IRL ensure submission of an action taken report from each district within 15 days of receipt of feedback from the state?		
7	Is the IRL receiving Annexure M and E on a monthly basis from all districts?		
8	Is the IRL receiving Annexure F from all the districts on a quarterly basis?		
9	Does the state have an AMC for all the binocular microscopes in all districts?		
10	Do all DMC's have adequate infection control procedures in place? Is the biomedical waste being disposed as per guidelines?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
11	Is the IRL submitting Annexure G to the respective NRL on an annual basis?		
12	Is the state ensuring adequate monitoring over the districts regarding all EQA issues (Ref: Job Aide - DTO)?		
Involvement of NGO, PP and other Sectors			
1	Is there a comprehensive record of all NGO's and PP's involved in the state available at the state TB cell?		
2	Are all districts being released funds for payments to NGO's involved as per eligibility and requirements every six months?		
3	Are all the NGO's involved being ensured timely payments by the districts including advance at the start of a MoU?		
4	Are the districts monitoring at least on a quarterly basis the performance of the NGO's and PP's involved?		
5	Does the reported number of figures on involvement of NGO and PP in the quarterly reports match that of the records maintained?		
6	Is there a mechanism at the state to regularly monitor funds release to the NGO's and PP's? Have all districts maintained a register on "Financial and Physical Monitoring of NGO's" as per CTD guidelines?		
7	Is the state monitoring the districts for activities to be carried out for NGO/PP involvement as per Job Aides for DTO's?		
8	Is there a mechanism in the state to fast track approvals for schemes applied for by the districts?		
9	Has the state planned for any state level workshop for IMA and other forums at least twice a year?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
10	Has the state planned for any state level workshop for involvement of ESI Hospitals, Railway Hospitals, Central & District Jails, CGHS Hospitals and all other sector hospitals at least twice a year? Does the state have a mechanism to monitor the involvement of these institutes?		
11	Is the state monitoring the involvement of CBCI/IMA/ACSM project and other such projects being implemented in the state?		
ACSM Activities			
1	Is the IEC Officer in place in the state TB cell?		
2	Is the state preparing an annual action plan for ACSM activities? Is it being ensured within timelines?		
3	Has the state taken steps to sensitize and involve the parliamentarians and other public representatives/opinion leaders in the programme?		
4	Has the state planned to sensitize and involve the District Magistrates?		
5	Has the state planned to sensitize and involve the Chief Medical Officers?		
6	Are there any plans to involve the Panchayati Raj Leaders?		
7	Is the state printing IEC materials on a regular basis as per requirements and disseminating them?		
8	Has the state initiated and developed collaboration with the NGO's involved under Global Fund Round 9 ACSM project, if present in the state?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
9	Has the state translated the available IEC materials into local language for more effective use? Has the state developed any locally relevant IEC material and disseminated for use?		
10	Is the state ensuring adequate monitoring over the districts regarding all ACSM issues (Ref: Job Aide - DTO)?		
Procurement of Lab. Consumables and other Logistics			
1	Is a printed copy of the Procurement manual available in the State TB Cell?		
2	Are all the Quotations called for purchase of chemicals and reagents showing specifications as quoted in the procurement manual in case these are being procured by the state?		
3	Do all logistics and lab consumables procured meet CTD procurement guidelines?		
4	Are the quotations called on the prescribed format?		
5	Is the state receiving the procurement report from the districts and submitting it after compilation every quarter to CTD?		
6	Has the state clearly defined on what is procured from which level and circulated the necessary guidelines to all concerned?		
7	Is the state ensuring adequate monitoring over the districts regarding all procurement issues (Ref: Job Aide - DTO)?		
Documentation at State TB Cell			
1	Is the Cash book and ledger maintained in the standard format?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
2	Are all Receipts & Vouchers filed properly ?		
3	Are all SOE received from districts and sent to CTD being filed properly?		
4	Are all the Audit reports filed properly?		
5	Are all Procurement Quotations filed properly?		
6	Is the procurement register maintained in the standard format and updated regularly?		
7	Is the Meeting Proceedings Register maintained?		
8	Are all Annexure E, M and F filed district wise and month wise at STDC/IRL?		
9	Are all the quarterly reports filed properly in electronic version as well as in a hard copy?		
10	Are all documents pertaining to NGO's and PP's involvement filed and stored properly?		
11	Are all documents pertaining to medical college involvement including OR proposals filed properly?		
12	Is there a system to track the progress on any approvals or any action requested from the districts?		
13	Is there a system to track the action taken on the minutes of meetings held in past six months?		
14	Is there a system to ensure follow up on various orders issued from the state for compliance at respective level?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
15	Are hard copies of all modules, guidelines and other documents in the programme available in the state TB cell and STDC?		
16	Are all letters etc… received from CTD and various other sources filed in a manner that they are easily retrievable?		
17	Are all modules and guidelines downloaded from the TBC India Website and stored on the State and STDC computer and a hard copy kept for easy reference?		
Drugs and Logistics			
1	Is there a fully functional State Drug Store at the state?		
2	Is there adequate human resource available at the state drug store?		
3	Is there a transport mechanism available for transport of drugs to the districts? Is the contract being renewed annually before expiry of a contract period?		
4	Is a release order being prepared by the state drug store at the end of every quarter based on quarterly consumption and balance in each district?		
5	Is the state monitoring the reporting of drug management by the districts in the quarterly reports?		
6	Is the state assessing the presence of excess drugs in any district and ensuring it's timely relocation to other districts for utilization before expiry?		
7	Is the state monitoring the requirements of drugs on a quarterly basis and submitting Additional Drug Requests to CTD in time in case of any impending shortage?		
8	Are all districts preparing the WRDR and submitting it quarterly to the state?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
9	Is the state also preparing the WRDR on a quarterly basis?		
10	Is there a mechanism to monitor timely utilization of drugs before their due expiry?		
11	Is the state ensuring adequate monitoring over the districts regarding all drugs and logistics issues (Ref: Job Aide - DTO)?		
TB-HIV			
1	Has the state constituted a State TB HIV coordination committee and a State Working Group?		
2	Does the State TB HIV coordination committee meet at least every six months?		
3	Does the State Working Group meet at least every quarter?		
4	Have all the districts in the state constituted a District TB-HIV coordination committee?		
5	Is the State TB HIV Coordinator in place at the state TB cell, if sanctioned by CTD?		
6	Have all the state level staff at the State TB Cell, STDC and SACS been trained in TB HIV activities?		
7	Have all the DNO's, DTO's, ART centre staff, ICTC staff, MOTC's, STS, STLS, MO's, DOTS Plus & TB HIV supervisor, and the peripheral health staff been trained in TB HIV activities?		
8	Are their enough master trainers available in the state to ensure all the trainings?		

S.No.	Assess the situation in the State on the following points	Give an Objective assessment of the situation	Activities with time line to address the gaps identified.
9	Has service delivery coordination been established between all HIV care settings and RNTCP mechanisms?		
10	Is reporting under TB HIV activities happening in the state as per guidelines?		
11	Is the SACS and STC ensuring joint visit to the districts at least once quarterly?		
12	Is feedback being provided both to RNTCP staff and District AIDS programme staff by the SACS and State Tb Cell on the reports submitted by the districts?		
13	Is the state ensuring adequate monitoring over the districts regarding all TB HIV issues (Ref: Job Aide - DTO)?		

Annexure 7.3 - Job Aides for District Program Managers

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
Human Resource			
1	Is DTO full time / in charge? Has he got additional Charges?		
2	Is 2nd MO in place in DTC? Is he trained in RNTCP?		
3	Is DEO in place? Is he trained in Epi-Center and other Data management?		
4	Do all the TU's have an MOTC identified? Are all trained?		
5	Are all STS in place?		
6	Are all STLS in place?		
7	Have all DMCs at least one LT trained in RNTCP working full time (full time implies availability in one DMC at least for 5 days a week and 8 hours in a day)?		
8	Have all DMC at least one full time MO trained in RNTCP?		
9	Has the DTC enough no. of TBHVs as per norm (1 per 100,000 urban population)?		
10	Is the District Store Keeper (Pharmacist) in place and trained in Drugs & Logistics management?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
11	Is the District having part time Accountant in place and trained in accounts management?		
12	Has the District employed a DOTS Plus & TB-HIV supervisor?		
13	Is the District making use of earlier Treatment Organizer post if available?		
14	Is the Urban TB Co-coordinator in place if sanctioned?		
Training			
1	Is the district maintaining the record of training of each staff name-wise and cadre-wise both in electronic version and as well as in a hard copy? Is it being updated monthly?		
2	Is the training status of the staff being correctly reported in the quarterly reports? And does it match the record maintained for the same?		
3	What is the training status of DTC Staff including the DTO, MO, Pharmacist, DEO, LT, TO, TBHV etc…?		
4	What is the training status of STS?		
5	What is the training status of STLS?		
6	What is the training status of MO - PHI?		
7	What is the training status of LT?		
8	What is the training status of TBHV (if available in the district)?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
9	What is the training status of Pharmacists and Nursing Staff?		
10	What is the training status of MPHS in the district?		
11	What is the training status of MPW district?		
12	What is the training status of DOT providers?		
13	Has the District Identified the need for Re-Sensitization of any cadre of staff?		
14	What are the training requirements the district has identified during this year? Is the need assessed for all kinds of training and trainee list prepared for each kind of training?		
15	Is the District preparing any training calendar on yearly basis? If yes is it being strictly followed for training activities? Is the calendar being shared with STDC?		
16	Is the District printing the modules and other logistics for Training purposes? Has the District any plan for modules and logistics? Is the District including this plan in the Annual Action Plan?		
17	Is the District recognizing the Training activities well in advance and including the same in the District Action Plan for budgets? Have sufficient funds been requested from the state for the various training needs identified?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
Physical Infrastructure			
1	Is the DTC having separate rooms for DTO office, computer Room, Laboratory, Drug Store, DOT center, office, Meeting Room?		
2	Is the District Drug store having minimum facilities to store all Drugs as per RNTCP guidelines? Are enough racks available in the store? Is the Store room having enough space to stake 3 months buffer stock for the District? Are adequate moisture and fire control measures in place?		
3	Does the DTO have availability of vehicle for minimum 20 days in a month?		
4	Are all the 2 wheelers provided to the STS / STLSs under running condition?		
5	Do all the TUs in the district have a designated room for drug store and recording/reporting activities of STS/STLS? Are there enough racks at TU drug store to stock the drugs to enable FEFO principles? Have all DMCs in the District civil works done as per the RNTCP Guidelines?		
6	Have all DMCs in the District continuous running water arrangements?		
7	Have all DMCs in the District continuous power supply arrangements?		
8	Have all DMCs in the District waste disposal protocol in place?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
9	Have all the DMCs in the District at least 1 Binocular Microscope in working condition and proper BM storage facilities?		
10	Have all DMCs in the District been supplied with lab consumables (slides, sticks, sputum cups, filter papers etc.) in enough quantities?		
11	Have all the DMCs in the District been supplied with enough and freshly prepared reagents for staining?		
12	Have all the DMCs in the District been supplied with enough phenol for disinfection and other activities?		
13	Have all DMCs in the District been supplied with enough quantities of forms and registers & other logistics for documentation?		
14	Have all the TUs been supplied with enough logistics as per requirements?		
Involvement of the Peripheral Health System			
1	Are all the non-DMC PHI's in the district functioning as sputum collection centers? If not which PHI's are not functioning as sputum collection centers? Why?		
2	Are the MPW (Male or if required the ANM) transporting the drug boxes to the DOT provider? If yes is this activity happening in the whole district?		
3	Does the peripheral health staff visit the patient's home for address verification, before the treatment of the patient is initiated?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
4	Does the peripheral health staff identify whether any children are present in contact of a sputum positive patient during the initial home visit? Are the children referred to nearby PHC for evaluation on whether they have TB or not? Are the children identified to be suffering from TB initiated on treatment? Are the children not suffering from TB initiated on chemoprophylaxis?		
5	Does the peripheral health staff carry out the activities of contact tracing and chemoprophylaxis during the initial home visit?		
6	Does the peripheral health staff update the treatment card at the PHI at least on a monthly basis?		
7	Does the PHI have all the phone numbers of their peripheral health staff, patents and also the DOT providers in their area?		
8	Has the PHI maintained a register having the details of the DOT providers in their area?		
9	Are the treatment cards being filed & maintained in DOT provider wise files at every PHI?		
10	Have all peripheral health staff been trained and/or sensitized in RNTCP?		
11	Are the peripheral health staff identifying TB suspects in the field and referring them for sputum examination?		
12	Is the MO-PHI reviewing the programme with the help of the checklist provided?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
13	Is the BMO reviewing the programme with the help of the checklist provided?		
14	Are all PHI's preparing their monthly report? Are they submitting monthly PHI report to TUs and District in time (within 7th of subsequent month)?		
15	Is the peripheral health staff retrieving patients who are defaulting in their area?		
16	Are all MOs providing pre-treatment counseling to newly diagnosed TB patients/and their families before initiating treatment?		
17	Are all MOs routinely referring TB patients to ICTCs for HIV counseling and testing? Are all HIV+ve TB patients given CPT? Are all HIV+ve TB patients promptly referred to ART centers?		
Monitoring & Supervision			
1	Is the RNTCP programme being given due priority in the District level review meetings?		
2	Is CMHO focusing on programme during his review? Is the DTO given at least one dedicated hour for review of the programme in CMHO review meeting?		
3	Is the DM giving due priority for RNTCP? Is he reviewing the programme using checklist?		
4	Is STLS conducting OSE visit as per norms (each DMC at least once a month)? Is he collecting RBRC slides every month? Is the documentation being done properly?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
5	Are the STS conducting supervisory visits as per norms and requirements? Is the tour diary available? Is he visiting all sputum positive patients within one month of initiation of treatment of the patient?		
6	Is the TB Register updated from Treatment card? If not from where it is being updated? Why?		
7	Is the programme being reviewed at every level (PHI, BMO, DTO, CMHO and DM) using checklists? If not what are the constraints?		
8	Are review meetings conducted being documented properly? Are the minutes available?		
9	Is action being taken on the grounds of meeting proceedings? If not what are the constraints?		
10	If Action is being taken, is the action taken report being sent to higher levels?		
11	Are the Tour diaries of STS/STLS being checked personally by DTO?		
12	Are all the Documents in the DTC being physically verified by DTO at least once in a Quarter?		
13	Is the DTO physically verifying all the stocks including drugs, laboratory consumables etc… at least once a year?		
14	Is adequate monitoring being ensured from CMHO & DM for administrative issues and during all District level Review meetings?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
15	Is the data being checked personally by DTO before finalizing for Quarterly reporting on Epi-center?		
Laboratory Quality Assurance			
1	Are the STLS visiting all the DMC's in their TU at least once monthly?		
2	Are the STLS using the OSE checklist for supervision of DMC and are these submitted monthly to DTC?		
3	Is the district calculating the sample size of RBRC Slides for each DMC at the beginning of the year?		
4	Is the Annexure B submitted to DTC in "sealed" cover with LTs signature along with the RBRC slides?		
5	Are the RBRC slides being submitted at the DTC before the 7th of every month?		
6	If there are less than 3 TU's in the district has it been coupled with another district for the purposes of RBRC?		
7	Is the Blinding register in the safe custody of DTO?		
8	Is the DTO himself coding the RBRC slides? Does he himself maintain the Blinding register?		
9	Has there been any Quantification Error in the last 3 months on RBRC?		
10	Is the RBRC feedback given to the DMC on Annexure D every month? Are all DMC keeping the feedbacks?		
11	Is the District submitting the Annexure E and M monthly and Annexure F quarterly to the IRL and STC?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
12	Has the District an effective documentation system for EQA activities? Has it been reviewed in the monthly review meetings?		
13	Are the Reagents freshly prepared at DTC?		
14	Are the reagents prepared as per RNTCP guidelines? Is the potency factor adjusted? Has it been documented?		
15	Is the district preparing enough QCP & QCN slides with each batch of reagents? Are they being distributed to DMCs along with reagents? Are registers to the effect maintained at the DTC and the DMCs		
16	Are the Chemicals & Reagents procured meet the specifications given in the procurement manual? Has it been certified by DTO?		
17	Are all the Binocular Microscopes in the District undergoing AMC as per schedule?		
18	Do all the DMCs have Waste management protocol in place? Are they disposing off the Sputum cups after proper disinfection?		
19	Do all the DMCs use 5% phenol to disinfect the sputum cups/lids, brooms sticks? How are the used slides being disposed off? Are they broken before disposal?		
Involvement of NGO/PP			
1	Has separate line list for NGO, Private Practitioner, Nursing Homes, Other Sector Hospitals been prepared?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
2	Has the identification of potential NGO, Private Practitioners and Nursing Homes been carried out for involvement?		
3	Are regular sensitization workshops being done for the involvement of NGO's?		
4	Are regular sensitization workshops being done for the involvement of PP's?		
5	Are regular sensitization workshops being done for the involvement of other stakeholders (ESI, Railway, Defense, Coal, Steel and Corporate sector)?		
6	Have all the suitable NGO's been involved in RNTCP?		
7	Have all the suitable Private Practitioners been involved in RNTCP?		
8	Have all the other stakeholders (ESI, Railway, Defense, Coal, Steel and Corporate sector) been involved in RNTCP?		
9	Has all documentation been maintained at the DTC as per guidelines for the NGO's involved into signed schemes i.e. MoU's, Undertaking of NGO, Copy of Registration of NGO, Record of supervisory visits to NGO by DTO etc… as may be applicable for individual schemes.		
10	Has the Financial Monitoring Register for the NGO's been maintained.		
11	Are the involved NGO's being regularly supervised and monitored.		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
12	Are efforts being done regularly to take out optimum work outputs from involved NGOs?		
13	Are the payments being done promptly and as per guidelines to the involved NGOs? Are utilization certificates submitted timely by the NGOs?		
14	Are efforts being done to assess continuously the need for involvement of NGO		
15	Has appropriate coordination been established in case that the districts is covered by the IMA/CBCI/ACSM projects, with the respective and relevant functionaries of these projects?		
	Pediatric DOTS		
1	Are all cadres of staff in the District trained in pediatric DOTS?		
2	Are all pediatric contacts of Sputum positive TB patient being screened for active TB before starting on chemoprophylaxis?		
3	Are all pediatric contacts of Sputum positive TB patient being started on chemoprophylaxis after ruling out active TB?		
4	Are all malnourished children at Nutritional Rehabilitation Centers (in case these are present in the district)/OPDs being screened for active TB?		
5	Are the Drugs for pediatric DOTS (PC 13 & PC 14) available in the district in enough quantities?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
6	Are all Medical Officers using PC 13 & PC 14 as per weight bands?		
7	Are all PHIs displaying diagnostic and treatment guidelines for pediatric TB in their OPDs ?		
8	Are all health care providers in private sector including medical colleges trained/sensitized in 'management of Pediatric TB in RNTCP'?		
9	Are school children having chest symptoms being screened for TB at school health programme?		
10	Are all children having symptoms suggestive of TB being sent to pediatrician from Anganwadis during quarterly health check up?		
DOTS Services			
4	Are all MOs in the District referring 2% of their new adult OPDs for sputum examination?		
5	Are all peripheral health staff identifying and referring chest symptomatics?		
6	Are the chest symptomatic with sputum negative results being put on antibiotics for 14 days as per guidelines??		
7	Are these patients being sent for repeat sputum examination if their symptom persists after 14 days of antibiotics before going for an X-Ray?		
8	Are they being referred for X-Ray examination if they are still negative for AFB?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
9	Are all TB patients diagnosed initiated on treatment within 7 days of diagnosis?		
10	Is it ensured that each patient is identified a DOT provider based on their mutually convenient place, time and person?		
11	Is the DOT provider trained for giving DOTS?		
12	Is the DOT provider Directly observing the consumption of 'ALL' doses during IP & at least 'first' dose of every week during CP strictly?		
13	Is the DOT provider initiating retrieval action himself or through health workers within stipulated time as per guidelines (within 1 day during IP & within 7 days during CP)?		
14	Are the NGOs (if signed under adherence scheme) involved in the retrieval action? Are they actively helping the DOT provider & Health staff in retrieval action?		
15	Are the treatment cards being updated daily at the DOT Center, at least weekly on the Health Worker copy of treatment card & at least once a month on the Original treatment card at the PHI?		
16	Are all TB patients diagnosed being offered HIV counseling and testing?		
ACSM			
1	Are any ACSM activities planned in the District during the year in their Annual Action Plan?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
2	Is community being involved in the ACSM activities? Are community meetings held regularly?		
3	Are all VHND being used for ACSM activities?		
4	Are all MOs giving small talks on RNTCP at Gram Panchayat Meetings?		
5	Are ACSM activities being conducted at Schools?		
6	Are any NGOs involved in ACSM scheme? If yes are they involved actively in ACSM activities?		
7	Are ACSM activities conducted by NGOs (if involved under signed ACSM scheme) being supervised and reviewed?		
8	Are patient provider meetings happening regularly?		
9	Has the District thought of any innovative Idea of IEC? Has the district identified the needs for ACSM adequately in the district?		
10	Are IEC materials printed and distributed to the PHIs?		
11	Are the IEC hoardings/banners/wall paintings etc displayed at strategic places?		
12	Are meetings organized between cured patient & patients on treatment?		
13	Are enough copies of patient information booklets available? And are they distributed to patients promptly?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
Involvement of District Hospital			
1	Are all MOs of the District hospital referring patients for sputum examination?		
2	Is the Superintendent/In-charge District Hospital taking initiative and reviewing the referral activities?		
3	Are all diagnosed patients referred for treatment at their respective PHIs?		
4	Are all admitted TB patients being initiated on DOTS? Are they being registered and transferred to the respective PHI for treatment as per guidelines?		
5	Are all diagnosed TB patients offered HIV counseling and testing?		
6	Are all MOs prescribing DOTS exclusively for all diagnosed TB patients?		
7	Are pediatric DOT services being provided at the District Hospital?		
8	Are other forms of TB (EP, NSN) being diagnosed in the District Hospital as per guidelines?		
Procurement of Lab. Consumables and other Logistics			
1	Is Procurement manual printed and kept in DTC?		
2	Are all the Quotations called for purchase of chemicals and reagents showing specifications as quoted in the procurement manual?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
3	Is the register for procurement of chemicals and reagents maintained in standard format and duly signed by DTO after every purchase entry?		
4	Do all chemicals and reagents procured show its content, percentage of chemical/reagent (potency), manufacturer's address, batch no, manufactured date & expiry date on its label? Is this been verified by DTO?		
5	Does all logistics and lab consumables procured meet CTD procurement guidelines? Is it being verified by DTO?		
Documentation at DTC			
1	Is the Cash book and ledger maintained in the standard format?		
2	Are all Receipts & Vouchers filed properly?		
3	Are all SOE sent, being filed properly?		
4	Are all the Audit reports filed properly?		
5	Are all Procurement Quotations filed properly?		
6	Is the procurement register maintained in the standard format and updated regularly?		
7	Is the Meeting Proceedings Register maintained and used regularly?		
8	Is the Reagent preparation register maintained in standard format and updated regularly?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
9	Is the Reagent & Chemical disbursement register maintained and used regularly?		
10	Is the QCP & QCN preparation and disbursement register maintained in standard format and updated regularly?		
11	Are all the OSE checklist from STLS filed and kept properly?		
12	Are all the Annexure B from DMCs filed and kept properly?		
13	Is the Blinding Register maintained in standard format and kept in the safe custody of DTO?		
14	Are all the Annexure C of RBRC being filed and kept properly?		
15	Are all the Annexure D of RBRC being filed in the DTC? Are copy of the same being sent to DMC as feed back?		
16	Are all copies of Annexure E that are being sent to STDC & STC being filed and kept properly?		
17	Are all copies of Annexure M that are being sent to STDC and STC being filed and kept properly?		
18	Are all "Tour Diaries" of DTO, MOTCs, STSs, STLSs & DOTS plus-TBHIV supervisors being filed separately and kept properly?		
19	Is Training Status Register for all Cadres of staff maintained and updated regularly?		
20	Is Line listing of NGO-PP being maintained and updated regularly?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
21	Is Line listing of DOT providers being maintained and updated regularly?		
22	Is Drug Stock Book maintained in standard format and updated regularly?		
23	Are all Invoices/ Receipts of Drugs & Logistics being done in standard format and filed properly?		
24	Is the Outward/Inward register maintained in standard format and updated regularly?		
25	Are copies of all Minutes of review meeting being filed and kept properly?		
26	Are the hard copies of the quarterly reports, TU quarterly reports, monthly PHI reports being file properly?		
27	Is a backup of all data on the computer being maintained at a separate and secure place? Is the backup taken every week?		
Drugs and Logistics			
1	Are the procurements (Laboratory Reagents and other consumables; printing material) being procured strictly as per technical specifications?		
2	Is there a person responsible at the DTC for procurements?		
3	Is the analyses (with the help of PHI reports) done on a quarterly basis of the requirement of various logistics?		
4	Are procurements done on a regular basis (at least six monthly) as per requirements?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
5	Is a buffer stock for at least a quarter maintained in the district for all logistics?		
6	Is the civil work in the DTC drug store as per norms?		
7	Is the civil work in all the TU drug stores as per norms?		
8	Do all the institutes where the drugs are stocked (DTC, TU, DMC and other PHI's) have the Drug Stock Register as per norms?		
9	Is there a mechanism for delivery of drugs to the TUs and then onward to the DMCs by a vehicle? *It may noted that the STS should not be used for this purpose.*		
10	Is there a reconstitution register at the DTC as per guidelines?		
11	Are the drug boxes of all patients who have been given the outcome of default, death and transfer out in a particular month transported to the DTC in the next month?		
12	Are these drugs immediately reconstituted by the DTC pharmacist?		
13	Have mechanisms been established in the DTC to ensure FEFO?		
14	Are the PHI reports analyzed monthly to assess the situation of the drugs in the districts? Is an ADR sent immediately to the SDS in case the district has less than 3 month's stock?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
1	Has a core committee been constituted in the medical college? Are all the heads of departments members of the core committee?		
2	Does the core committee meet quarterly?		
3	Doe the medical college have a functional DMC? Are all patients suspected of having TB being sent to the DMC for sputum examination?		
4	Has contractual staff as per norms been provided to medical college?		
5	Does the medical college have a functional DOTS Centre? Are all patients diagnosed of having TB being sent to the DOTS centre for initiation of treatment?		
6	Is there a referral register maintained at the DOTS centre? Are all patients referred out for treatment registered in the referral register?		
7	Are the records of patients transferred out maintained at the DOTS centre?		
8	Is prompt feedback obtained from the TU/District for patients transferred or referred out?		
9	Is there an annual plan for trainings and sensitizations of faculty members, residents and students? Is it being executed as per timelines?		
10	Are master trainers from the faculty of medical college available to impart the trainings in medical college?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
11	Are all departments considered for these sensitization and training programmes?		
12	Is the medical college being invited for internal evaluation of districts by the state?		
13	Is the medical college invited for garnering support and involvement of private providers in the programme?		
14	Is the medical college actively identifying programme issues and performing operational research to provide recommendations?		
15	Is timely release of funds being ensured to ensure above activities by the medical college?		
TB HIV activities			
1	Has the district constituted the District TB-HIV coordination committee?		
2	Is the committee meeting at least every six months to review the TB HIV coordination activities in the district?		
3	Has all the staff in the district - ART Centre staff; ICTC Staff; MOTC; MO; STS; STLS; Peripheral Health Staff and other relevant staff been trained in TB HIV activities?		
4	Is intensified case finding happening at all ICTC's and ART centre's in the district?		
5	Have appropriate linkages been built up between the ART centre/ICTC and a nearby DMC?		

	Assess the situation in your district on the following points	Give an Objective assessment of the situation	Activities with timelines to address the gaps identified.
6	Is the ICTC staff maintaining a record on the line list format for patients referred to a DMC for evaluation?		
7	Is the STS ensuring completion of the line list and providing it to the respective DMC?		
8	Are the ART centre and ICTC staff invited to the monthly RNTCP meeting? Are patient wise details discussed in the meeting?		
9	Is the ICTC preparing and submitting a month report on the cross referrals to the DTC and SACS?		
10	Is the DTO ensuring reporting of TB HIV activities in the quarterly report?		
11	Is a feedback on the report being provided on the report received to the ICTC's and other respective staff?		
12	Is the DTO ensuring a monthly visit to all the ICTC's and ART centre in the districts?		

Annexure 7.4 - Comprehensive Program Review Check Points for Health Secretary/ Principal Secretary/ MD – NRHM

Finance
Have all districts submitted their annual action plans to the state and whether the state has sent an annual action plan to the centre?
Requirement of additional budget for RNTCP under NRHM Flexipool?
Are funds released from state to districts adequate and timely?
Are MOU's in place for NGO/ PP involvement? Are Grant-In-Aid paid to the NGO/ PP timely as per guidelines?
Have the DTOs and the STO submitted audit reports and utilization certificates for the respective FY?
Is effective coordination in place between NRHM and RNTCP in the districts and the state? If Not, then what are the bottlenecks identified?
Do the State/ Districts pay remunerations including TA/ DA, POL etc. to all RNTCP staff timely? Is Honorarium to the community volunteers paid on time?
Are the DTOs and the STO submitting statement of expenditures on time?

HR & Training
Are there any vacancies of DTOs, Second MO-DTC, MOTCs, STSs, STLSs, DEO, Sr. TB/ HIV DOTS Plus Supervisor, Laboratory Technicians in the districts? Any vacancies in the State TB Cell & State TB Demonstration Centre (STDC)?
Are all RNTCP staff trained in: RNTCP, TB/ HIV Intensified Package, DOTS Plus, Drugs & Logistics, Management of Information for Action?
Is the State TB Cell and the STDC making adequate supervisory visits to the districts (all the districts to be visited at least once in six months)? Do the State TB Cell and the STDC have adequate capacity to conduct supervisory visits to all the districts effectively?
Are CDHOs/ CMHO's formally sensitized in RNTCP and are monitoring the program adequately?

Universal Access to TB care
Are the Total Case Notification Rate and other case finding indicators showing an increasing trend in the state and in all districts?
Have all the districts achieved 85% cure rates among the Smear Positive patients? (Review vulnerable areas separately)
Are the major health institutions of other sectors (public, private, NGOs, ESIS, Railways, Corporate, Trust) involved fully in the program?
Is their adequate coordination with the CBCI/IMA/Project Akshaye projects, in case they are working in the state? What is the contribution of these projects in the state?
Are all Medical Colleges and other big hospitals fully involved in the program? (i.e. referring at least 2% of their new adult outpatients for sputum microscopy)? Are the Medical College Core Committees regularly reviewing RNTCP performance in the medical college?
Does the state have an adequate DOT provider network to ensure that the patients are able to receive their drugs conveniently?
Have inter-district referral and tracking mechanisms been established to ensure that patients diagnosed in one district but are referred to another district for treatment are put on treatment?
Are IEC activities in the state/ districts adequate?

Quarterly Review Meetings
Is the State quarterly review meeting for DTOs taking place at least once in every quarter?
Is RNTCP reviewed in the State Health Society meetings and other review meetings on a regular basis at the state level?
Are State Health Society officials/ Medical College/ Other Program Partners invited in the quarterly meeting for DTOs?

Are District Health Society Meeting (chaired by DM) taking place once in every quarter and is RNTCP being reviewed in he meeting?
Is an action taken report being shared with the Principal Secretary (Health) of the review meetings held at the state level?
Have the DTOs and the STO submitted all quarterly reports (electronically)?
Are NGO/ PP Proposals/ Schemes reviewed in the State/District Health Society Meetings and decision given for their involvement?
What is the status of pending MOU on NGO/ PP Schemes?

Status of State Co-ordination Meetings (at least once in every quarter)
State Coordination Committee Meeting on TB/HIV
State DOTS Plus Committee/ DOTS Plus Site meetings
State Task Force meeting for involvement of medical colleges

Status of TB/ HIV Collaborative Activities
Are effective Co-ordination mechanisms existing and functioning efficiently (State/District TB-HIV coordination committees established and meeting once a quarter, staff of ICTC and ART centre invited to monthly RNTCP meetings at DTC etc…) at the state and in the districts?
Has all the respective staff trained (STO/ DTO's/ MO/ STS/ Counsellors/ Paramedics etc.) in TB-HIV activities?
Is Cross referrals happening as per guidelines between RNTCP institutions and ICTC/ART Centres?
Is Decentralized CPT provision for co-infected patients available through RNTCP mechanisms? Are the co-infected TB-HIV patients being provided with ART, if eligible.

Status of DOTS Plus
Status of IRL Accreditation
Status of Implementation through out the state
Training (STO/ DTO's/ MO/ STS/ STLS/ Peripheral Workers etc.)
Availability of diagnostic services
Availability of drugs

Status of Infrastructure/ Logistics
Civil works – IRL/ Dots Plus Site/ STBC/ DTC/ TU
Are all DMCs functional (i.e. have trained lab technicians, functional binocular microscopes, adequate lab consumables, etc…)
Do all the DMC have functional BMC and whether they are covered by AMC?
Does the State TB Cell/ STDC/ DTC have a functional computer with internet connectivity?
Have vehicles been provided to the key staff: 2 wheelers for STS/ STLS and hired vehicles for DTO/MO-TC etc.?

Annexure 7.5 - RNTCP Review Checklist for District Magistrate / Chief Medical and Health Officer

(**Please mark "Yes" or "No", and write any comment/possible course of action in respective places)**

Infrastructural Issues-

1- Are following key posts for RNTCP in the district filled -

MOTC(one in each TU)-	**Yes /No**
STS(one in each TU) -	**Yes /No**
STLS(one in each TU)-	**Yes /No**
TBHV(as per sanctioned by RNTCP)-	**Yes /No**
Comment for vacant post-	
Possible course of action-	

2- Are 100% of the following key personnel trained?

District TB Officer / 2nd MO DTC-	**Yes /No**
Medical Officers – TB Control (MOTCs)-	**Yes /No**
Medical Officers of DMCs-	**Yes /No**
Senior Treatment Supervisors-	**Yes /No**
Senior TB Lab Supervisors	**Yes /No**
Laboratory Technicians of DMCs-	**Yes /No**
All Paramedical Staff	**Yes /No**

3- Are *all* the DMCs functional (one LT and One MO) in the district-

Yes /No

If NOT; then possible remedial action –

Monitoring and Supervision Issues-

4a.Is monthly review meeting of RNTCP organized in the district on a regular basis-	**Yes /No**
4b. Is this meeting being attended by all MO-TC of respective TUs-	**Yes /No**
4c. In the monthly block level review meeting is RNTCP being reviewed-	**Yes /No**
4d. How many such block level monthly review meeting are being attended by DTO himself (Write down numbers)-	**Yes /No**
4e. Is RNTCP being reviewed in the District Health Society meetings on a regular basis	**Yes /No**
4f. Is RNTCP being reviewed, institution-wise, in the monthly meeting of the CMHO with the Block Medical Officers and/or other meetings being conducted at the district level.	**Yes /No**

5-Are tour reports being submitted regularly by the key personnel (should be submitted on a monthly basis (within 7 days of the next month)

DTO -	**Yes /No**
MOTC-	**Yes /No**
STS-	**Yes /No**
STLS-	**Yes /No**

6- Are the following key personnel performing field supervision as per norms -

DTO (20 days/month)-	**Yes /No**
MOTC(7 days/month)-	**Yes /No**
STS(20 days/month)-	**Yes /No**
STLS(20 days/month)-	**Yes /No**

7-Are vehicles available and serviceable for supervision purpose-

DTO -	**Yes /No**
MOTC-	**Yes /No**
STS-	**Yes /No**

Indicators Norms-

8- Percentage of PHIs NOT referring >2% of New adult OPD in last month (based on PHI reports)
<25% 25-50% 50-75% >75%

Name-
Action to be taken--

8- Percentage of PHIs NOT submitting the monthly PHI reports
<25% 25-50% 50-75% >75%

Name-
Action to be taken--

9- **Number of TU with default rate>5% in previous quarter –**

Name-
Action to be taken---

10- Number of TUs with cure rate <85% -

Name-
Action to be taken-

Directly Observed Treatment issues-

11- Has the district has oriented /trained (in DOT Provider module) **all** of the following field staff for RNTCP-

ASHA-
AWWs-
ANMs/MPWs-

If not trained then tentative training plan-

12- Does the district has a micro plan to ensure a DOT provider, at least, in every village of population >1000 –

Yes /No

(If NO then instruct DTO to map the PHI vise DOT centres and subsequently identify DOT providers for each village)

13- Have suitable linkages been developed by RNTCP with ICTCs, ART centres and Nutritional Rehabilitation Centre's (if available) in the district.

14- Is the CMHO and Civil Surgeon/Superintendent District Hospital ensuring that all Medical Officers in the district are prescribing ATT as per RNTCP guidelines (**and are not prescribing ATT from the market)**

15.Finance issues-

- Has honorarium been paid to all non salaried / volunteer DOT Providers as per norms for all the patients successfully completed their treatment in last month in all the districts
- Have NGO's been released payments as per MOU in all the districts
- Has the district submitted its Statement Of Expenditures in time (within 7th of each month)-Yes/No
- Is action being taken by DTO for diversion of funds, if any, between Heads of Expenditure - Yes/No
- Are all Contractual Staff paid salaries and POL for previous month.- Yes/No

16.Are the checklists from all the BMO's submitted for the previous month within 5th of this month to the CMHO office. –Yes/No

Annexure 7.6 - RNTCP Review Checklist for Block Medical Officer

(To be filled at least once a month)

1	Are all the DMCs In the block having at least one LT working fulltime 6 days in a week	**YES/ NO**
2	• Name of the DMC having <2% referral of Chest symptomatic for sputum examination out of the total adult OPD of DMC in the month? DMC 1 - DMC-3 DMC 2 - DMC-4 corrective action planned -	
3	• Whether all the ASHAs/Aanganwadi workers being trained as DOT providers	**YES/ NO**
	• Whether all ANMs and MPWs are referring TB suspects of two weeks cough to the DMC ? (information to be taken from the respective MO-DMC with the help of lab register)	**YES/ NO**
4	• Is drug stock being maintained as per RNTCP guidelines (1 month running stock+1 month reserve stock) at all DMCs	**YES/ NO**
	• Does any DMC has drugs of short expiry (CAT1-12mths;CAT2-14 mths.)	**YES/ NO**
5	• Are all the DMCs submitting the monthly RNTCP PHI report signed by the MO-DMC to the CMO office and the DTC?	**YES/ NO**
6	• Are all the ANMs being oriented and instructed to update the treatment cards from the DOT centers situated at villages under the respective sub center	**YES/NO**
	• If yes .whether the treatment cards at DMC are periodically being updated by ANMs at least monthly.	**YES/NO**
	• Is this being reviewed in the sectoral meeting and action being taken (All treatment cards to be physically verified by BMO/MO-PHC)	**YES/NO**

7	Are all MOs being ensured continuously to follow RNTCP Guidelines for Sputum Negative Suspects – • Sputum negative suspects to be given Anti-Biotics for 14 days • Repeat sputum examination after 14 days • Being referred for X-ray if he/she remains Negative after 14 days of Antibiotics.	**YES/NO** **YES/NO** **YES/NO**
8	• Are all the logistics (treatment cards, sputum container, reagents, Phenol, broom sticks ,identity cards, referral slips etc.) being supplied and available at the DMCs as per guidelines	**YES/NO**
9	Is waste management pit in place at each DMC	**YES/NO**

Note- this checklist is to be submitted within a week of the block meeting to the CMHO and DTO.

Annexure 7.7 - RNTCP Review Checklist for Medical Officer In-charge –
Peripheral Health Institute

(To be filled at least once a month)

1. ACSM Activities-

Whether adequately Visible and meaningful IEC material /messages regarding RNTCP activities available & displayed inside and outside PHI	Yes/No
Whether adequate discussion is carried out by MO and Field staff regarding RNTCP activities in all Monthly Meetings and Sector meetings –	Yes/No

2. Training/Awareness-

Whether all category of staff of PHI are aware of RNTCP services and how to guide TB Suspects to the nearest DMC –	Yes/No
Whether all concerned PHI staff and Field staff trained in RNTCP in respective modules -	Yes/No

3. Referral Services –

Is the field staff(ANM,MPW,ASHA) sending/referring the TB suspects of two weeks cough for sputum microscopy to DMC	Yes/No
Is the Person sitting at the registration aware of symptoms of TB Suspects, the need of their referral to the DMC for sputum examination.	Yes/No
Is every MO in the PHI referring all the TB suspects for the sputum examination?(expected 2% of the new adult OPD)	Yes/No
Is the Medical Officer/person at the registration marking the TB Suspects referred, with some special mark like AFB or Sputum etc so as to easily identify them-	Yes/No
At the end of the day, is a Daily Summary of the No. of New Adult OPD and No. of Chest Symptomatics referred for sputum examination being made and reviewed by MO in-charge(PHI)	Yes/No

4. Diagnostic Services-

Is Diagnostic Algorithm for Pulmonary TB, displayed in the OPD at a visible and accessible place, close to MO.	Yes/No
Is there a Functional Binocular Microscope in the DMC-	Yes/No
Is there a full time LT, trained in RNTCP available for the full day for 6 days in a week	Yes/No
Is there a trained person/persons responsible for Sputum Collection & Labeling in the occasional absence of LT	Yes/No
Is LT maintaining a TB Lab register, up-to-date and with Complete address, Name of the referring Health Facility & Contact Nos. of TB suspects examined along with the TB number of Follow- up patient -	Yes/No
In the Lab register in remarks column, is there evidence (Cat/date) of all diagnosed TB patients being put on DOTS within 7 days of diagnosis. –	Yes/No
Are SOPs displayed in TB Lab-	Yes/No
Is TB Lab Waste disposal mechanism proper –	Yes/No

5. Treatment Services-

Are there trained and designated DOT Providers in the PHI to dispense DOTS to TB patients as per RNTCP guidelines-	Yes/No
Are sufficient (1 month running+1 month reserve) RNTCP Drugs available at the PHI.	Yes/No
Are all running PWBs marked with Patient's name, TB No and Date of Starting Treatment –	Yes/No
Are all Treatment Cards properly Filled and up-to-date in all aspects(MO-PHI must verify all the cards physically) –	Yes/No
Are TB patients given TB Identity Cards and updated regularly as per the Treatment progress –	Yes/No
Is there a Weighing Machine at the PHI/DMC-	Yes/No
Is PHI staff following INH prophylaxis for < 6yr children who are contacts of smear positive TB patients (it should be only after initial formal checkup and ruling out of active TB by an MO)	Yes/No
Are all the contacts of Sputum positive TB patient with cough of any duration being subjected for sputum microscopy	Yes/No
Is adequate space available for the storage of Anti TB drug as per guidelines	Yes/No
Is follow up sputum examination of patients initiated on treatment being done as per schedule (a line-list of the same should be maintained by the MO)-	Yes/No

Is the guidelines of bringing patient missing even a single dose of DOT, back to schedule being followed as per guidelines	Yes/No

6. Records & Reports-

Is a Monthly PHI Report prepared by MO-PHI and forwarded to concerned authorities every month-	Yes/No

Duly filled in Check List should be submitted to BMO and DTO, before 7th of every month.

Name & Signature of MO-PHI

Date

Annexure 8: Records & Reporting Formats

RNTCP uses a whole spectrum of records and reports as a mechanism of routine surveillance and for effective supervision and monitoring. The various lists of records and reports in RNTCP is as below:

8.1 RNTCP Laboratory Form for Sputum Examination

8.2 Referral for Culture and DST form

8.3 Referral for Treatment Form

8.4 ICTC Referral form

8.5 ART Referral form

8.6 Patient I-Card

8.7 DOTS PLUS I-Card

8.8 RNTCP Laboratory Register

8.9 Tuberculosis Laboratory Monthly Abstract

8.10 Annex D, F, G in EQA

8.11 DOTS PLUS Referral for Culture and DST register

8.12 DOTS PLUS Drug-o-gram

8.13 RNTCP Treatment Card

8.14 DOTS PLUS Treatment Card

8.15 RNTCP Tuberculosis Register

8.16 DOTS PLUS Site Register

8.17 ART TB-HIV Register

8.18 RNTCP Referral Register

8.19 RNTCP Transfer Form

8.20 RNTCP Stock Register

8.21 RNTCP Reconstitution Register

8.22 RNTCP Quarterly Report on Case finding

8.23 RNTCP Quarterly Report of Sputum Conversion

8.24 RNTCP Quarterly Report on Results of Treatment

8.25 RNTCP Report on Program Management and Logistics for Peripheral Health Institution Level

8.26 RNTCP Report on Program Management and Logistics for Tuberculosis Unit Level (including Tuberculosis Unit at DTC)

8.27 RNTCP Report on Program Management and Logistics for District Level

8.28 RNTCP Report on Program Management and Logistics for State Level

8.29 DOTS PLUS Case Finding Report

8.30 DOTS PLUS Interim Report

8.31 DOTS PLUS Culture Conversion Report

8.32 DOTS PLUS Treatment Outcome Report

8.33 IRL Quarterly Report

8.34 Medical College Quarterly Report

8.35 STF Quarterly Report

8.36 PPM Quarterly Report

Maintenance of Medical Records –

- All states have / do not have laws and practices regarding maintenance of medical records.
- As per MCI regulation on **Maintenance of medical records:** 1.3.1 Every physician shall maintain the medical records pertaining to his / her indoor patients for a period of 3 years from the date of commencement of the treatment in a standard proforma laid down by the Medical Council of India. 1.3.4 Efforts shall be made to computerize medical reports for quick retrieval.
- RNTCP has an electronic recording and reporting system for reporting of programme data from district upwards. All the respective records and reports there under, available in soft copies, would be maintained at DTC/STC/STDC respectively for the purpose of review and records based research in coming years. Back-up of the data in appropriate & safe data storage devices including newer devices like external hard disk in addition to the existing desktop to be kept at safe place other than the location of desktop, Data would be stored locally for the time period till timelines specified otherwise by the Programme.
- RNTCP policy
    - Maintenance of all records except Treatment Cards and other patient-related records for five years at the DTC
    - Treatment Cards and other patient-related records would be as per the law prevailing in the state on maintenance of medical records. The records however would preferably be stored at the District Tuberculosis Centre.
    - All reports to be maintained for ten years at the DTC.

Annexure 9: DOTS Plus – Monitoring tools

Annexure 9.1

District Quarterly status report on Preparatory activities on DOTS Plus services scale-up plan

(Towards universal access)

Name of the District:…… status at the end of:……Qtr of yr …….

BASIC INFORMATION:		
1	Population	
2	C-DST Laboratory to which the district is assigned	
3	DOTS Plus site for the District	
4	Suspects Criteria to be adopted	**A / B / C**
5	DTO trained at National level	**Yes / No**
6	DOTS Plus / TB HIV Supervisor in place?	**Yes / No**
7	If Yes, is s/he trained?	**Yes / No / NA**
8	Are all printed materials for DOTS Plus available	**Yes / No**
9	Is a mechanism for transport of sputum samples to the designated Laboratory in place	
a	Are adequate Falcon Tubes available	
b	Packaging materials for sputum samples	**Yes / No**
c	Courier agency	**Yes / No**
d	Cold chain system	**Yes / No**
10	Has the District Drug Store been upgraded	**Yes / No**
11	Is a plan for transport and storage of DOTS Plus Drugs from State Drug store to the DOTS Plus provider in place?	**Yes / No**
12	Has the district undergone State appraisal for implementation of DOTS Plus?	**Yes / No**

TRAINING STATUS			
Training	**Norm**	**Number (%) completed the activity**	**Number (%) planned for next quarter**
No and percentage of MO-TCs trained in RNTCP (1-9 modules for Programme Managers)	**100%**		
No and percentage of MOs trained in RNTCP (1-4 modules for Medical Officers)			
No and percentage of MO-TCs trained in RNTCP DOTS Plus Module for Medical Officers at STDC			
No and percentage of MO-DMCs trained in RNTCP DOTS Plus Module for Medical Officers			
No and percentage of STSs trained in RNTCP DOTS Plus Module for para medical workers at STDC			
No and percentage of STLSs trained in RNTCP DOTS Plus Module for para medical workers at STDC			
No and percentage of LTs trained in RNTCP DOTS Plus Module for para medical workers at STDC			
No of districts undergoing central level DOTS-Plus appraisal			

Annexure 9.2

State Quarterly status report on Preparatory activities on DOTS Plus services scale-up plan

(Towards universal access)

Name of the state:…… status at the end of:……Qtr of yr …….

Indicator	Total in the state	Implementing / Covered under DOTS-Plus	Planned to be covered in the coming quarter
Population			
No of districts (By MDR TB suspect criteria)		Criteria A: ___ Criteria B: ___ Criteria C: ___	Criteria A:___ Criteria B:___ Criteria C:___
No of C&DST Labs (as per Plan submitted to CTD)		Accredited: __ Serving DP:__	Accredited: __ Serving DP:__
No of DOTS-Plus sites (as per Plan submitted to CTD)		Upgraded:__ HR exists:__	Upgraded:__ HR exists:__
No of SDS upgraded			
No of DDS upgraded			

Information in below table below to be filled for districts yet to start the DOTS-Plus services

Training, appraisal	Total	Number completed the activity	Planned in next quarter
No of DTOs trained in RNTCP (1-9 modules for Programme Managers)			
DTO's trained in DP guidelines at national level			
DOTS-plus site committee members' training DP guidelines at national level			
C&DST laboratory Microbiologists' training DP guidelines at national level			

C&DST laboratory Microbiologists' training in Lab SOPs at national level			
No of districts undergoing state level DOTS-Plus appraisal			
No of districts undergoing central level DOTS-Plus appraisal			

Annexure 9.3

Guidelines for conducting central appraisal for implementation of DOTS Plus

Introduction

RNTCP has been successful in implementing DOTS across the country. Though it had been successful in preventing the emergence of drug resistance to a great extent by achieving desired levels of favorable outcomes of treatment, it also has taken up the responsibility to adequately diagnose and treat the multi drug resistant TB cases which have emerged during the course.

DOTS Plus being the strategy to diagnose and manage multidrug resistant TB cases, is being implemented across the country with a definite and time bound scale up plan to achieve universal access. The status of preparation for implementation of DOTS Plus is assessed through regular appraisals by Central TB Division.

Objectives

1. *To assess the preparedness of the state/district to launch DOTS Plus services.*
2. *To identify the gaps in the preparatory activities and suggest possible solutions with timeline.*
3. *To support the state/districts in establishing all the 5 components of DOTS Plus strategy.*

The team

The team may be constituted with 6-8 members including program managers at the central and peripheral levels

1. CTD Representative (one per district being appraised)
2. STO of the state being appraised.
3. STDC Director
4. IRL Microbiologist
5. Chairperson of the DOTS Plus site to which the district is assigned to.
6. WHO-RNTCP Medical Consultant/s of the state being appraised.

The DTO of the districts being evaluated and the WHO Consultant monitoring the district being evaluated would facilitate in the evaluation. TA/DA for the National Institutes would be drawn from their respective institutions. The STO/Deputy STO/ STDC Director/ NTF-STF may draw TA/DA from their local State Health Society funds. TA/DA and other expenses for the State level team members will be drawn from the State Health Society funds. DTO of the district being evaluated would be required to make transportation arrangements for the field visits from the district society. RNTCP staff of the district will assist the team in the process of CIE.

Selection of Institutions.

All the key institutions are to be visited by the team. Other institutions may be selected at random as per the below list.

Key institutions:

1. State TB Cell
2. C-DST Lab (IRL/MC/Private)
3. DOTS Plus site
4. State Drug store
5. District TB centre
6. District Drug store
7. Any other lab under consideration for C&DST services under DOTS Plus.

Other institutions

1. At least two TUs per district
2. At least 1 DMC per TU other than the TU-DMC.
3. At least one PHI per TU other that the DMC-PHI

Process of Appraisal

The team must be provided with the state level appraisal report of the district selected for the central appraisal. The state must be informed sufficiently early regarding the visit. The appraisal team will thoroughly review each and every aspect of the preparatory activities as per the central appraisal format. At the end of the appraisal all stake holders have to be debriefed about the appraisal findings and suggestions. A meeting with the Secretary Health and Director Health of the State must be fixed by the STO in advance in consultation with the CTD. The team also has to appraise the CMO and District Collector on the district level observations.

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Annnexure 9,4

DOTS Plus appraisal format for State, DOTS Plus site, Intermediate Reference Laboratories (IRL), State Drug Store (SDS) and Districts

Section 1: Format for State Appraisal

A	State	
1	Name of the State	
2	Population of the State	
3	Number of districts in the state	
4	Is the state already implementing DOTS Plus	❑ Yes ❑ No
5	***If 'Yes' answer question (a) to (d)*** ***If 'No' go to question 6***	
(a)	When did the State start diagnostic services	
(b)	When did the State start treatment services	
(c)	Number of districts presently implementing DOTS Plus	
(d)	Total number of patients initiated on Cat IV treatment since start of Cat IV services in the implemented districts	
(e)	Number of patients currently on Cat IV treatment	
6	Has the State DOTS Plus Committee been constituted	❑ Yes ❑ No
(a)	If 'Yes' date of constitution and number of meetings held till date	Date: No. of meetings held:

(b)	If 'No' expected to be constituted by			
7	Key staff at State level	**In Place**	**Trained in DOTS Plus**	**Period of training, place of training and Comments**
	STO	❑ Yes ❑ No	❑ Yes ❑ No	
	STDC Director	❑ Yes ❑ No	❑ Yes ❑ No	
	MO-STC	❑ Yes ❑ No	❑ Yes ❑ No	
	Asst Programme Manager/Epidemiologist	❑ Yes ❑ No	❑ Yes ❑ No	
8	Have 'Master Trainers' been identified and trained for conducting State level DOTS Plus training (If 'Yes' attach list of Master Trainers)	❑ Yes ❑ No		

Section 2: Format for appraisal of DOTS Plus Site

B	DOTS Plus Site			
1	Name of the DOTS Plus site under appraisal			
2	Details of all DOTS Plus sites (functional and proposed) in the State	Name and location of the DOTS Plus sites	Whether Functional/proposed	Districts linked to the DP site
		1		a. b. c. d. e.
		2		a. b. c. d. e.
		3		
		4		
4	Does the DOTS Plus site under appraisal have a DOTS Plus committee constituted?	❑ Yes ❑ No		
4.a	If 'No' expected date of constitution of the Committee			
5	Has the DOTS Plus site been upgraded?	❑ Yes ❑ Ongoing ❑ No		
6	If 'Ongoing' expected date of completion of upgradation			

7	If upgradation has not started reasons for the same	1. 2. 3.	
8	What is the number of MDR cases anticipated for this DOTS Plus site annually?		
9	Is there separate ward for male and female MDR patients?	❑ Yes ❑ No	
10	What are the number of beds in the DOTS Plus site in patient facility?		
11	Infection Control Measures at the DOTS Plus site (Refer to Infection Control Guidelines)	❑ Adequate ❑ Inadequate	
	Sufficient space between beds	❑ Yes ❑ No	
	Adequate Ventilation	❑ Yes ❑ No	
	Adequate sputum disposal mechanism	❑ Yes ❑ No	
12(a)	Does the DOTS Plus site have all the facilities for undertaking pre-treatment evaluation?	❑ Yes ❑ No	Comments:
12(b)	If 'No" have alternative arrangements been made	❑ Yes ❑ No	Details

13	Are sufficient quantity, including one month buffer, of Cat IV drugs available at the DOTS Plus site	❑ Yes ❑ No		
13	Does the DOTS Plus site have a computer with Internet connection	❑ Yes ❑ No		
14	**Are printed and electronic copies of the following recording and reporting formats available**	**Printed**	**Electronic**	
	DOTS Plus TB Register	❑ Yes ❑ No		
	DOTS Plus treatment Cards	❑ Yes ❑ No	❑ Yes ❑ No	
	Referral for treatment forms	❑ Yes ❑ No	❑ Yes ❑ No	
	Request for Culture and DST forms	❑ Yes ❑ No	❑ Yes ❑ No	
	Case finding report	❑ Yes ❑ No	❑ Yes ❑ No	
	6 month culture conversion report	❑ Yes ❑ No	❑ Yes ❑ No	
	12 month culture conversion report	❑ Yes ❑ No	❑ Yes ❑ No	
	Treatment Outcome report	❑ Yes ❑ No	❑ Yes ❑ No	
15	**Key staff at DOTS Plus Site**	**In Place**	**Trained in DOTS Plus**	**Comments**
	Faculty involved in DOTS Plus (Give numbers)			
	Medical Officer DOTS Plus Site	❑ Yes ❑ No	❑ Yes ❑ No	
	Statistical Assistant*	❑ Yes ❑ No	❑ Yes ❑ No	

	Nursing staff/Paramedics of the DP ward sensitized	❑ Yes ❑ No		
16	**Quality of training**	**Number assessed**	**Satisfactory**	**Comments**
	Faculty involved in DOTS Plus		❑ Yes ❑ No	
	Medical Officer DOTS Plus Site		❑ Yes ❑ No	
	Statistical Assistant*		❑ Yes ❑ No	

*Trained in DOTS Plus Recording and Reporting

Section 3: Format for appraisal of Culture and DST laboratories

C	Culture and DST Laboratories						
1	Details of all the Culture and DST laboratories (accredited and proposed) in the State, including the one being appraised.						
	Name and Location	Status (Accredited/proposed)	Lab is accredited for	If not accredited expected date of accreditation	Capacity (no./year)	Is the MoU signed with the Lab	If MoU is not signed expected date of signing
A			Solid ❑ liquid ❑ LPA ❑		Cultures: DSTs:		
B			Solid ❑ liquid ❑ LPA ❑		Cultures: DSTs:		
C			Solid ❑ liquid ❑ LPA ❑		Cultures: DSTs:		
D			Solid ❑ liquid ❑ LPA ❑		Cultures DSTs:		

2	Details of the staff at the laboratory under appraisal				
	Staff	**Number Sanctioned (In case of IRL only)**	**Number in Place**	**Number trained in C &DST**	**Number trained in DOTS Plus**
A	Microbiologist				
B	LTs				
C	LA				
D	DEO (In case of IRL)				
3	Quality of Training				
	Staff	**Number assessed**	**Satisfactory**	**Comments**	
a	Microbiologist		❑ Yes ❑ No		
b	LTs		❑ Yes ❑ No		
3	Does the lab have a computer with Internet connection	❑ Yes ❑ No			
4	**Are the printed and electronic copies of the following recording and reporting formats available**	**Printed**		**Electronic**	
A	IRL lab register	❑ Yes ❑ No			
B	Referral for culture and DST forms	❑ Yes ❑ No		❑ Yes ❑ No	

Section 4: Format for appraisal of State Drug Store

D	State Drug Store	
1	Has the State received the Cat IV drugs?	❑ Yes ❑ No
2	Does the Store have sufficient quantity of drugs	❑ Yes ❑ No
2	Is there sufficient space at the SDS for storage of Cat IV drugs?	❑ Yes ❑ No
3	Has the SDS been upgraded for storage of Cat IV drugs?	❑ Yes ❑ Ongoing ❑ No
4	Is the infrastructure satisfactory for storage of Cat IV drugs?	❑ Yes ❑ No
5	Are there temperature control measures in place?	❑ Yes ❑ No
6	Does the SDS have a computer with Internet connection?	❑ Yes ❑ No
7	Is the Pharmacist trained in the management of Cat IV drugs	❑ Yes ❑ No
8	Is sufficient packing material available for making Cat IV drug boxes?	❑ Yes ❑ No
9	Are transportation arrangements for Cat IV drugs to districts and TU drug stores in place?	❑ Yes ❑ No
10	Is the Store Assistant in place	❑ Yes ❑ No

Section 5: Format for appraisal of Districts**

E	Districts			
1	Name of the district			
2	Population			
3	Number of TUs			
4	Number of DMCs			
5	Programme performance			
	NSP Case Detection rate (Annualised for the last year)			
	Rx success Rate ((Annualised for the last year)			
	Default rate amongst Cat II cases			
	No. of Cat II failures (Last 4 quarters)			
	No of Cat I failures (Last 4 quarters)			
6	**Key staff at District**	**In Place**	**Trained in DOTS Plus**	**Comments**
	District TB Officer	❑ Yes ❑ No	❑ Yes ❑ No	
	Second Medical Officer	❑ Yes ❑ No	❑ Yes ❑ No	
	DOTS Plus –TB HIV supervisor	❑ Yes ❑ No	❑ Yes ❑ No	
7	**Quality of training**	**Satisfactory**	**Comments**	
	District TB Officer	❑ Yes ❑ No		
	Second Medical Officer	❑ Yes ❑ No		
	DOTS Plus –TB HIV supervisor	❑ Yes ❑ No		
8	Have 'Master Trainers' been identified for conducting District level DOTS Plus training	❑ Yes ❑ No		
9	**District Drug Store (DDS)**			
	Is there sufficient space at the DDS for storage of Cat IV drugs	❑ Yes ❑ No		
	Has the DDS been upgraded for storage of Cat IV drugs	❑ Yes ❑ Ongoing ❑ No		

	Is the infrastructure satisfactory for storage of Cat IV drugs	❑ Yes ❑ No
	Are there temperature control measures in place at	❑ Yes ❑ No
	Is a pharmacist trained in RNTCP Drug logistics available at District Drug Store?	❑ Yes ❑ No
10	**Details of the laboratory to which the district will send the samples**	Name : Location: Accreditation date: Lab Capacity: Cultures/year: DSTs/Year: Is the MoU signed with the lab: ❑ Yes ❑ No If 'No' expected to be signed by:
11	**Sputum collection and transportation for solid culture and DST**	
	Where are the CPC containing Mc Cartney bottles being prepared	❑ IRL ❑ DTC
	Is sufficient material available to prepare CPC bottles	❑ Yes ❑ No
	Are CPC containing McCartney bottles/centrifuge tubes and packing material available at all DMCs	❑ Yes ❑ No
	Do the CPC bottles have an expiry date mentioned	❑ Yes ❑ No
	Has the sputum transportation mechanism been finalized	❑ Yes ❑ No
	If 'Yes' how will the sputum be transported to the laboratory	❑ Courier ❑ Speed post ❑ Any other
	If 'No' by when will the sputum transportation mechanism be finalized	

12	**Sputum Collection and transportation for LPA/Liquid culture**			
	Are sufficient sputum collection tubes (Falcon tubes) available at DMCs	❑ Yes ❑ No		
	Has the mechanism for transporting the sputum samples in cold chain (4^0-15^0C) to the laboratory finalized	❑ Yes ❑ No		
	If 'Yes' details thereof			
13	Is there a mechanism/facility to conduct pre-treatment evaluation at the district level of patients who refuse to go to the DOTS Plus site for treatment initiation	❑ Yes ❑ No	Comments:	
14	**Key staff at Sub-District**	**Number Sanctioned**	**Number in Place**	**Number trained in DOTS Plus**
	STS			
	STLS			
	MO-TC			
	LTs (of DMCs)			
	MO-PHIs			
15	**Quality of Training**	**Number assessed**	**Satisfactory**	**Comments**
	STS		❑ Yes ❑ No	
	STLS		❑ Yes ❑ No	
	MO-TC		❑ Yes ❑ No	
	LTs (of DMCs)		❑ Yes ❑ No	
	MO-PHIs		❑ Yes ❑ No	
16	Is there a mechanism for tracing MDR suspects, confirmed as MDR cases, for referral for treatment initiation?	❑ Yes ❑ No	**Comments:**	

17	**DOT Provision**		
	Are there facilities for provision of daily DOT including injectables available	❑ Yes ❑ No	**Comments if any:**
	Number of DOT providers identified for administering Cat IV treatment		
	Whether all the DOT providers identified in the concerned districts trained for administering Cat IV treatment.	❑ Yes ❑ No	**Comments if any:**
	Are ancillary drugs for treatment of adverse reactions available at DOT Centres	❑ Yes ❑ No	**Comments if any:**
18	**Are the printed and electronic copies of the following recording and reporting formats available**	Printed	Electronic
	Referral for Culture and DST Register	❑ Yes ❑ No	
	Referral for Culture and DST forms	❑ Yes ❑ No	❑ Yes ❑ No
	Referral for Treatment	❑ Yes ❑ No	❑ Yes ❑ No
	DOTS Plus treatment Cards with additional sheets for recording adverse reactions	❑ Yes ❑ No	❑ Yes ❑ No
	DOTS Plus treatment identity cards	❑ Yes ❑ No	❑ Yes ❑ No
	DOTS Plus module for MOs	❑ Yes ❑ No	
	DOTS Plus module for Paramedical staff	❑ Yes ❑ No	
19	Are there any NGOs in the district for promoting treatment adherence	❑ Yes ❑ No	

**** Use separate forms for each district**

Annexure 9.5

Supervisory checklist for PMDT

Level – for use at the District (DTC) level
Name of District: _____
Filled by: _____ Date: _____

Sr. No.	Indicator	Norm	Observation
1	How many times has the implementation of PMDT in the district been reviewed in the District Health Society (RNTCP) meeting by the Chairman in the last one year?	Once a quarter	
2	Does the CDHO/CDMO/CMO/CS review the DOTS-Plus activities?	Monthly	Yes / No
3	Does the DTO review DOTS-Plus implementation regularly	Twice a month	Yes / No
4	Is the Senior DOTS Plus and TB HIV supervisor in place		Yes / No
5	Are the following key personnel trained in DOTS Plus:	Norm	Trained / In place
	DTO	100%	/
	Senior DOTS Plus and TB HIV supervisor		/
	MO-TC		/
	MOs		/
	STS		/
	STLS		/
	LT		/
	Pharmacist		/
	Diagnosis		
6	Is the TU wise data compiled and updated in the MDR-TB suspect line list?		Yes / No
7	Does the DTO review this for ensuring the referral of sputum samples of MDR suspects		
8	Proportion of identified suspects in the last quarter whose sputum was sent to the designated Lab for C-DST	> 95%	/
9	Average delay / time taken in sample collection after identification of MDR-TB suspect (last quarter)	Median < 7 days	
10	Average delay in sending the collected sample to C&DST laboratory (last quarter)	Median < 1	
11	Sputum Collection at which level (PHI / DMC / TU / DTC)	TU / DMC	

12	Collected samples are transported through which mechanism? (speed post / courier /Any other, specify)		
13	Cold chain maintained while transporting the sputum samples to C&DST lab?	Yes	Yes / No
14	How are the Results of C&DST received by the district shared with TUs / DMCs / PHIs?		
15	Proportion of Rifampicin (with or without resistance to other drugs) resistant patients diagnosed in last quarter referred to DOTS-Plus site	>90%	/
16	Proportion of patients who reached the DOTS-plus site out of all Rifampicin (with or without resistance to other drugs) resistant patients referred in last quarter		/
17	Average delay in referral of patients to DOTS-Plus site (last quarter)	Median < 3 days	/
18	Proportion of patients whose Pre-Treatment Evaluation done at district level (last quarter)	< 10 %	
19	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who were initiated on cat IV		
20	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who refused treatment		
21	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who died before referral to DOTS-Plus site		
	Drugs and Logistics management		
22	Is the last quarter report (PMR- Drugs & Logistics) available?	Yes	
23	Does this tally with the stock register at the DTC level?	Yes	
24	Does the actual physical stock match with the entries in the stock registers?	Yes	
25	Are there adequate buffer stock of DOTS Plus drugs at the DTC drug store?	Yes	
26	Are there adequate stocks of Falcon Tubes for one quarter?	Yes	
27	Is there a record of adequacy of stocks of sputum transport boxes at the points of collection?	Yes	

28	Are the DOTS Plus drugs stored as per guidelines in an environment controlled setting?	Yes	
29	Are there adequate stocks of Annexure I, II, V and VIII in the latest CTD prescribed formats available?		
30	Are there adequate stocks of standard counseling tools, checklists and flow charts in the latest CTD prescribed formats available? Review whether they are being used by the supervisory staffs as envisaged		
31	Are there enough IEC materials and are they being used?		
	Recording Reporting		
32	Is the compiled MDR-TB suspect line list maintained by the Senior DOTS Plus and TB HIV supervisor as per guidelines?		
33	Are updated copies of DOTS Plus TB Treatment Card available at the DTC?		
34	Co-relate the data in the MDR-TB suspect line list with the treatment cards for the patients initiated on treatment in the last quarter		
35	Are remark columns duly and correctly filled in TB register for the patients put on CAT IV regimen?		
	Supervision and Monitoring		
36	Are there records of visits (tour reports, tour diaries, copies of supervisory register etc) by DTO / DOTS Plus supervisors / STS / STLS maintained at the DTC?		
37	No of patients visited by DTO / MO-DTC in last 3 months		
38	Number of patients who interrupted treatment; visited by the DTO in the last 3 months		
39	Are all the records and reports reviewed by DTO/MODTC every month (Interview of DTO/MODTC) • MDR-TB suspect line list register • DOTS Plus patient cards		
40	Are TB registers periodically supervised by DTO/MO DTC to facilitate early identification of MDRTB suspects?		

41	Is there an audit process for died, default and failure patients in place?		
	Follow up		
42	Check 10 randomly selected DOTS Plus treatment Cards and record the following data		
42-a	Number of patients whose Follow up sputum smear examination done on time		
42-b	Number of patients whose Follow up sputum was sent to CDST lab on time		
42-c	Number whose S. Creatinine (for patients in IP) was carried out as per schedule		
42-d	Number whose monthly weight and clinical examination were carried out as per schedule		
42-e	Number of those who had experienced ADR		
42-f	Of those number treated successfully for these ADRs		
	Enablers		
43	Are the pts and one accompanying person being reimbursed for travel to district and DOTS Plus site?		
44	Does the patient have to pay for treatment of ADR if any?		
45	Does the patient have to pay for investigations conducted at district level?		
46	Does the patient have to pay for any services (syringes etc)		
47	Have all eligible DPs received their honorarium on time (For this review number of patients completed IP and number of patients completed CP)?		
Important Remarks:			

Annexure 9.6

Supervisory checklist for PMDT

Level – for use at the TB Unit level
Name of District: _____ Name of TB Unit: _____
Filled by: _____ Date: _____

Sr. No.	Indicator	Norm	Observation
1	Number of times the DTO has visited this facility in the last one quarter as per available documentation	Once a quarter	
2	Does the MO-TC review the DOTS-Plus activities?	Monthly	Yes / No
3	Does the Block Medical / Health Officer In Charge review DOTS-Plus implementation regularly with his staff?	Twice a month	Yes / No
4	Number of times the Senior DOTS Plus and TB HIV supervisor has visited this facility in the last one quarter as per available documentation	At least once a month	
5	Are the following key personnel trained in DOTS Plus:	Norm	Trained / In place
	MO-TC	100%	/
	MOs		/
	STS		/
	STLS		/
	LT		/
	Pharmacist		/
	DOTS Plus Providers		/
	Diagnosis		
6	Is an updated MDR-TB suspect line list in the standard CTD prescribed format available?	Yes	Yes / No
7	Review the TU level DMC's Lab register. Have all the positive sputum follow up results been entered in the TB register?	Yes	Yes / No
8	Review the Annexure M of all the DMCs in that TU. Are the total numbers of patients who are sputum positive on follow up examinations (as per the Annexure M) entered in the TB register for last quarter? What is the proportion of sputum follow up		/

	results that have not been entered in the TB register? (***Denominator: No of patients who are sputum positive on FU as per Annex M. Numerator: Out of Den, number not reflected in the TB register***)		
9	Review the efforts being made to ensure that all the positive sputum follow up results from all the DMCs are promptly reported to the concerned PHI.		
10	Review the TB registers for MDR TB Suspects in the last one year. Have all of them been entered in the MDR-TB suspect line list?	Yes	Yes / No
11	Do the MO-TC and Senior DOTS Plus and TB HIV supervisor review this for ensuring the referral of sputum samples of MDR suspects?	Yes	Yes / No
12	Proportion of identified suspects in the last quarter whose sputum was sent to the designated Lab for C-DST	> 95%	/
13	Average delay / time taken in sample collection after identification of MDR-TB suspect (last quarter)	Median < 7 days	
14	Average delay in sending the collected sample to C&DST laboratory (last quarter)	Median < 1 day	
15	Sputum Collection at which level (PHI / DMC / TU / DTC)	TU / DMC	
16	Collected samples are transported through which mechanism? (speed post / courier /Any other, specify)		
17	Cold chain maintained while transporting the sputum samples to C&DST lab?	Yes	Yes / No
18	Are the Results of C&DST received by the TU from the district shared with DMCs / PHIs?		
19	Proportion of Rifampicin (with or without resistance to other drugs) resistant patients diagnosed in last quarter referred to DOTS-Plus site	>90%	/
20	Proportion of patients who reached the DOTS-plus site out of all Rifampicin (with or without resistance to other drugs) resistant patients referred in last quarter		/

21	Average delay in referral of patients to DOTS-Plus site (last quarter)	Median < 3 days	/
22	Proportion of patients whose Pre-Treatment Evaluation done at district level (last quarter)	< 10 %	/
23	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who were initiated on cat IV		/
24	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who refused treatment		/
25	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who died before referral to DOTS-Plus site		/
	Drugs and Logistics management		
26	Is the last quarter report (PMR- Drugs & Logistics) available?	Yes	Yes / No
27	Does this tally with the stock register at the TU level?	Yes	Yes / No
28	Who maintains the stock at the TU level drug store?		
29	How is the Drug Box sent to the DP from the TU store?		
30	Does the actual physical stock match with the entries in the stock registers?	Yes	Yes / No
31	Are there adequate buffer stock of DOTS Plus drugs at the TU drug store?	Yes	Yes / No
32	Are there adequate stocks of Falcon Tubes for one quarter?	Yes	Yes / No
33	Is there a record of adequacy of stocks of sputum transport boxes at the points of collection?	Yes	Yes / No
34	Are the DOTS Plus drugs stored as per guidelines in an environment controlled setting?	Yes	Yes / No
35	Are there adequate stocks of Annexure I, II, V in the latest CTD prescribed formats available?	Yes	Yes / No
36	Are there adequate stocks of standard counseling tools, checklists and flow charts in the latest CTD prescribed formats available? Review whether they are being used by the supervisory staffs as envisaged	Yes	Yes / No

37	Are there enough IEC materials and are they being used?	Yes	Yes / No
	Recording Reporting		
38	Is the MDR-TB suspect line list maintained by the STLS & STS and updated regularly? Is this supervised by the MO-TC and the Senior TB HIV and DOTS Plus supervisor?	Yes	Yes / No
39	Is the MDR-TB suspect line list sent to DTC on bimonthly basis and reviewed Senior DOTS Plus and TB HIV supervisor as per guidelines?	Yes	Yes / No
40	Are updated copies of DOTS Plus TB Treatment Card available at the TU?	Yes	Yes / No
41	Co-relate the data in the MDR-TB suspect line list with the treatment cards for the patients initiated on treatment in the last quarter		
42	Are remark columns duly and correctly filled in TB register for the patients put on CAT IV regimen?	Yes	Yes / No
	Supervision and Monitoring		
43	Are there records of visits (tour reports, tour diaries, copies of supervisory register etc) by MO-TC / DOTS Plus supervisors / TB-HV / STS / STLS maintained at the DTC?	Yes	Yes / No
44	No of patients visited by MO-TC in last 3 months		
45	Number of patients who interrupted treatment; visited by the MO-TC in the last 3 months		
46	Are all the records and reports reviewed by MO-TC every month (Interview of MO-TC) • MDR-TB suspect line list register • DOTS Plus patient cards	Yes	Yes / No
47	Are TB registers periodically supervised by MO-TC to facilitate early identification of MDRTB suspects?	Yes	Yes / No
48	Is there an audit process for died, default and failure patients in place?	Yes	Yes / No
	Follow up		
49	Check 10 randomly selected DOTS Plus treatment Cards and record the following data		

49-a	Number of patients whose Follow up sputum smear examination done on time		/
49-b	Number of patients whose Follow up sputum was sent to CDST lab on time		/
49-c	Number whose S. Creatinine (for patients in IP) was carried out as per schedule		
49-d	Number whose monthly weight and clinical examination were carried out as per schedule		
49-e	Number of those who had experienced ADR		
49-f	Of those number treated successfully for these ADRs		
	Enablers		
50	Are the pts and one accompanying person being reimbursed for travel to district and DOTS Plus site?		
51	Does the patient have to pay for treatment of ADR if any?		
52	Does the patient have to pay for investigations conducted at district level?		
53	Does the patient have to pay for any services (syringes etc)		
54	Have all eligible DPs received their honorarium on time, (For this review number of patients completed IP and number of patients completed CP)?		
Important Remarks:			

Annexure 9.7

Supervisory checklist for PMDT

Level – for use at the DMC level

District / TB Unit / DMC: _____/_____/_____

Filled by: _____ Date: _____

Sr. No.	Indicator	Norm	Observation
1	Number of times the DTO has visited this facility in the last one quarter as per available documentation	Once a quarter	
	Number of times the MO-TC has visited this facility in the last one quarter as per available documentation	Once a month	
2	Does the MO-DMC / Block Medical / Health Officer In Charge review DOTS-Plus implementation regularly with his staff?	Monthly	Yes / No
4	Number of times the Senior DOTS Plus and TB HIV supervisor has visited this facility in the last one quarter as per available documentation	At least once a month	
5	Are the following key personnel trained in DOTS Plus:	Norm	Trained / In place
	MOs	100%	/
	LT		/
	Pharmacist		/
	DOTS Plus Providers		/
	Health workers (M/F) and Health Supervisors		/
	Diagnosis		
6	Is an updated MDR-TB suspect line list in the standard CTD prescribed format available?	Yes	Yes / No
7	Is the month of follow up mentioned in the lab register?	Yes	Yes / No
8	Review the DMC's Lab register. What is the proportion of MDR TB suspects not entered in the MDR-TB suspect line list? (***Denominator: No of patients who are MDR TB suspects as per the Lab register. Numerator: Out of Den, number not reflected in the MDR-TB suspect line list***)	Yes	Yes / No
9	Review the efforts being made to ensure that all the positive sputum follow up results are promptly reported to the concerned PHI.		

10	Does the MO-DMC review this for ensuring the referral of sputum samples of MDR suspects to C&DST laboratory?	Yes	Yes / No
11	Proportion of identified suspects in the last quarter whose sputum was sent to the designated Lab for C-DST	> 95%	/
If Sputum samples are being collected and sent from the DMC, then review the following (12-16):			
12	Average delay / time taken in sample collection after identification of MDR-TB suspect (last quarter)	Median < 7 days	
13	Average delay in sending the collected sample to C&DST laboratory (last quarter)	Median < 1 day	
14	Sputum Collection at which level (PHI / DMC)	TU / DMC	
15	Collected samples are transported through which mechanism? (speed post / courier /Any other, specify)		
16	Cold chain maintained while transporting the sputum samples to C&DST lab?	Yes	Yes / No
17	Are the Results of C&DST received by the DMC from the district / TU shared with PHIs?		
18	Proportion of Rifampicin (with or without resistance to other drugs) resistant patients diagnosed in last quarter referred to DOTS-Plus site	>90%	/
19	Proportion of patients who reached the DOTS-plus site out of all Rifampicin (with or without resistance to other drugs) resistant patients referred in last quarter		/
20	Average delay in referral of patients to DOTS-Plus site (last quarter)	Median < 3 days	/
21	Proportion of patients whose Pre-Treatment Evaluation done at district level (last quarter)	< 10 %	/
22	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who were initiated on cat IV		/
23	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who refused treatment		/
24	Proportion of Rifampicin (with or without resistance to other drugs) resistant eligible patients who died before referral to DOTS-Plus site		/

	Logistics management		
25	Are there adequate stocks of Falcon Tubes for one month?	Yes	Yes / No
26	Is there a record of adequacy of/ adequate stocks of sputum transport boxes at the points of collection?	Yes	Yes / No
27	Are there adequate stocks of Annexure I, II and V in the latest CTD prescribed formats available?	Yes	Yes / No
28	Are there adequate stocks of standard counseling tools, checklists and flow charts in the latest CTD prescribed formats available? Review whether they are being used by the supervisory staffs as envisaged	Yes	Yes / No
29	Are there enough IEC materials and are they being used?	Yes	Yes / No
	Recording Reporting		
30	Is the MDR-TB suspect line list maintained by the MO-DMC and LT updated regularly? Is this supervised by the MO-TC, STLS & STS and the Senior TB HIV and DOTS Plus supervisor?	Yes	Yes / No
31	Is the MDR-TB suspect line list sent to TU twice a month and reviewed by the MO-TC and STLS / STS as per guidelines?	Yes	Yes / No
32	Co-relate the data in the MDR-TB suspect line list with the referral for culture DST forms and referral for treatment forms for the patients initiated on treatment in the last quarter		
33	Are remark columns duly and correctly filled in Lab register (for MDR TB Suspects and samples sent for C-DST)?	Yes	Yes / No
	Supervision and Monitoring		
34	Are there records of visits (tour reports, copies of supervisory register etc) by MO-TC / DOTS Plus supervisors / TB-HV / STS / STLS maintained at the DMC?	Yes	Yes / No
35	No of MDR TB patients visited by MO-DMC in last 3 months		
36	Number of patients who interrupted treatment; visited by the MO-DMC in the last 3 months		
37	Are all the records and reports reviewed by MO-DMC every month (Interview of MO-DMC) • MDR-TB suspect line list register • DOTS Plus patient cards of PHI	Yes	Yes / No

38	Is the Lab register periodically supervised by MO-DMC to facilitate early identification of MDR-TB suspects?	Yes	Yes / No
39	Is there an audit process for died, default and failure patients in place?	Yes	Yes / No
	Follow up		
40	Check 3 randomly selected DOTS Plus treatment Cards and record the following data		
40-a	Number of patients whose follow-up sputum smear examination done on time		
40-b	Number of patients whose follow-up sputum was sent to CDST lab on time		
40-c	Number whose S. Creatinine (for patients in IP) was carried out as per schedule		
40-d	Number whose monthly weight and clinical examination were carried out as per schedule		
40-e	Number of those who had experienced ADR		
40-f	Of those number treated successfully for these ADRs		
	Enablers		
41	Are the patients and one accompanying person being reimbursed for travel to district and DOTS Plus site?	Yes	Yes / No
42	Does the patient have to pay for treatment of ADR if any?	Yes	Yes / No
43	Does the patient have to pay for investigations conducted at district level?	Yes	Yes / No
44	Does the patient have to pay for any services (syringes etc)	Yes	Yes / No
45	Have all eligible DPs received their honorarium on time, (For this review number of patients completed IP and number of patients completed CP)?	Yes	Yes / No
Important Remarks:			

Annexure 9.8

Patient Interview checklist

Inital

ASSESS	Does the patient understand anti-TB drug resistance Y/N Does the patient understand how he/she was infected with a drug-resistant Strain Y/N Does the patient understand the importance of MDR-TB therapy Y/N Has the patient demonstrated an ability to keep appointments, and to adhere to medications Y/N Does the patient knows his/her HIV sero status Y/N Does the patient know about cough hygiene Y/N Does the patient know the importance of good ventilation Y/N
ADVISE	Drug-resistant TB: • is created when TB patients do not take anti-TB drugs regularly; • can be transmitted to family and friends; • can be easily transmitted to people living with HIV. MDR-TB treatment lasts for at least 2 years. There is no other treatment for MDR-TB. Every single dose must be taken at the correct time of the day, under supervision. If not, there is a good chance treatment may fail. Second-line anti-TB drugs may have some side-effects, but these can be managed. The patient must communicate closely with the treatment supporter about side-effects. Offer HIV testing if the patient does not know their serostatus. Windows and doors should be left open in the home to increase ventilation. Cover your mouth while coughing and do not spit anywhere & everywhere All household contacts with cough of any duration must undergo sputum examination

AGREE	Is the patient willing to undergo at least 2 years of treatment with second-line anti-TB drugs? Y/N Is the patient willing to receive Directly Observed Therapy? Y/N Who will observe the therapy? CHV / health worker / Others Is the patient willing to come monthly to Health facility for follow-up (may be at the district hospital) ? Y/N
ARRANGE	For injections to be given at a facility nearest to the patient's home To educate the treatment supporter about MDR-TB and how to observe MDR-TB therapy(if not trained)
ASSIST	Discuss how taking medications can be integrated into work and home routines Provide for nutritional support if available Provide support for transportation. If the patient lives in a remote area, discuss options Refer the patient to an MDR-TB therapeutic support group by NGO etc. if available

During Follow up

ASSESS	Does the patient understand the information given previously—make sure the patient understands the illness, treatment, follow up and possible side effects Y/N Have your TB symptoms improved? Y/N – Cough? Sputum? – Difficult breathing? – Fever/night sweats? – Weight loss? Is the patient taking the correct dose - Review the medications (use *Dosing Job Aid*). Y/N Is there is an adherence problem. Y/N If yes, Ask questions in a respectful and non-judgmental way. - Pose the questions in a manner that makes it easier for the patients to be truthful:

	- "Few patients have trouble taking their medications. What trouble do you have?" - "Can you tell me when and how you take each pill?" - "When is it most difficult for you to take the pills?" If there is poor adherence, determine the nature of the problem: - Side-effects? Y/N - Forgot? Y/N - Problems with the treatment supporter (time, place, person problem)? Y/N - Financial or transport problems? Y/N - Not enough food? Y/N - Work problems? Y/N - Seldom at home, disorganized? Y/N - Another medical problem? Y/N - Alcohol abuse? Y/N - Depression? Y/N Is the patient coming for regular follow up examinations, including sputum Y/N If missed follow up examinations, specify months Did the patient need urgent medical care any time? If yes, ask for record/diagnosis.
ADVISE	Reinforce the information given previously, and why adherence and follow up examinations are important. • Explain which drugs are likely causing the side effects. • Suggest simple/home remedies that could help with side effects • Be empathetic and supportive • Obtain help from family and friends
ASSIST	Is the patient given some tools or skills that could improve adherence to follow up schedules and treatment? Y/N Is the problem discussed with the treatment supporter to find solutions? Y/N Has a repeat home visit been planned if adherence is a problem? Y/N Is the patient referred to the Hospital/DP site for management of side effects? Y/N

	Is the drug regimen changed by the DP site? Y/N Is the patient referred to any MDR-TB therapeutic support group? Is the patient referred for nutritional support/social welfare scheme/economic support etc? Y/N
ACT	• Check and/ or Fill the MDR-TB treatment card. • Set the dates for follow up examinations • Set the date for next visit • Make sure that the patient and treatment supporter understand the follow-up plan and how/whom to contact if there is a problem.

Annexure 9.9

Supervisory checklist for PMDT

Level – for use at the DOTS-Plus Site
Name of DOTS-Plus site: _____
Draining 1) districts: _____ 2) Population:_____
Filled by: _____ Date: _____

Sr. No.	Indicator	Norm	Observation
1	Does the DOTS-Plus Site Nodal Officer attend state level DTO review meeting to review the DOTS-Plus activities?	Once a quarter	Yes / No
2	Is the DOTS-Plus Site Nodal Officer a member of the State DOTS-Plus Committee?	Yes	Yes / No
3	Does the DOTS-Plus Site Nodal Officer attend the state DOTS-Plus committee meetings?	Biannual	Yes / No
4	How frequently does the DOTS-Plus Site Committee meet?	Weekly	Yes / No
5	Are the minutes of DOTS-Plus site committee meeting maintained and shared with State TB Cell?	Yes	Yes / No
6	Are the following staff in place at DOTS-Plus Site ▪ Contractual DOTS plus senior Medical Officer ▪ Statistical Assistant cum DEO		Yes / No Yes / No
7	Are the following key personnel trained in DOTS Plus:	Norm	Trained / In place
	Nodal Officer DOTS-Plus Site	100%	/
	Members of DOTS-Plus Site committee		/
	Nursing staff		/
	Contractual DOTS Plus senior Medical Officer		/
	Contractual Statistical Assistant		/
8	Is a functional computer with internet facility available?	Yes	Yes / No
9	Does the DOTS-Plus site uses the official email ID on RNTCP website?	Yes	Yes / No
10	Is this being used for transmitting reports to State and districts?	Yes	Yes / No

	Investigations and Treatment		
11	Are all the relevant clinical examinations and investigations completed for each patient?	Yes	Yes / No
12	Are these recorded in the Clinical Information Format (CIF)?	Yes	Yes / No
13	Are these investigations carried out free of cost?	Yes	Yes / No
14	Are consultations from other departments like Medicine, Psychiatry, Nephrology etc taken and recorded?	Yes	Yes / No
15	Is pre treatment counseling of patient and attendant carried out?	Yes	Yes / No
16	Standard counseling tool used for counseling the patient?	Yes	Yes / No
17	What is the average delay between admission of patient and initiation of DOTS Plus drugs? (examine data for the last one quarter)	Median <3 days	
18	What is the average duration of stay for admitted patients?	7 Days	
19	Are drugs given under DOT?	Yes	Yes / No
20	Are ADR observed during treatment, managed effectively and free of cost?	Yes	Yes / No
21	Has the civil works been carried out at DOTS-Plus site?	Yes	Yes / No
	Infection Control		
22	Is the ward well ventilated?	Yes	Yes / No
23	Total area of windows and doors > 20% of the floor area?	Yes	Yes / No
24	Spacing between any two beds > 6 feet?	Yes	Yes / No
25	Calculate average ACH on the day of visit		
26	Are there spittoons available for each TB patient?	Yes	Yes / No
27	Is 5% phenol used in the spittoons for disinfecting the sputum?	Yes	Yes / No
28	Sputum disposal as per NAIC guidelines?	Yes	Yes / No
29	Have masks been provided to all the patients?	Yes	Yes / No
30	General hygiene and sanitation (universal precautions) followed?	Yes	Yes / No
31	Hand washing facility, soap, basins etc available?	Yes	Yes / No

	Drugs and Logistics management		
32	Are DOTS Plus loose drugs available for one month?	Yes	Yes / No
33	Does this tally with the stock register at the DOTS Plus site?	Yes	Yes / No
34	How are these drugs received at the DOTS Plus site?		
35	Are quarterly and monthly drug reports sent to the State	Yes	Yes / No
36	Does the actual physical stock match with the entries in the stock registers?	Yes	Yes / No
37	Are there adequate supplies of Clinical Information Formats (CIF), Treatment Cards and Patient ID cards?	Yes	Yes / No
38	Are the DOTS Plus drugs stored as per guidelines in an environment controlled setting?	Yes	Yes / No
39	Are there adequate stocks of standard counseling tools, checklists and flow charts in the latest CTD prescribed formats available? Review whether they are being used by the staffs as envisaged	Yes	Yes / No
40	Are there enough IEC materials and are they being used?	Yes	Yes / No
	Recording Reporting		
41	Is the DOTS Plus site receiving advance intimation of patients sent for admission?	Yes	Yes / No
42	Is the DOTS Plus site informing the districts about impending discharge of patients, at least 3 days prior?	Yes	Yes / No
43	Are updated copies of Clinical Information Format for each patient updated with information from DOTS Plus TB Treatment Card?	Yes	Yes / No
44	Are the copies of quarterly reports available?	Yes	Yes / No
45	Who prepares the reports?		
46	How are these reports transmitted to the State?	By email	
47	DOTS Plus TB Register in place and maintained?	Yes	Yes / No
48	Are all patients discharged with 4 copies of treatment card and Patient ID Card?	Yes	Yes / No
49	Is one week's medication given to the patient during discharge?	Yes	Yes / No

	Supervision and Monitoring		
50	Are all the records and reports reviewed by DTO/DOTS Plus site Nodal Officer / Senior DOTS Plus site MO regularly (Interview of concerned staff) • Referral for treatment forms • Clinical Information Sheet • DOTS Plus patient cards	Yes	Yes / No
51	Is there an audit process for died, default and failure patients in place?	Yes	Yes / No
52	Are the quarterly reports analysed for interpretation?	Yes	Yes / No
53	Is the analysis of the data and findings discussed with the STC, STDC, C&DST labs & DTOs for reducing the missing patients, preventing delays at various levels etc.	Yes	Yes / No
	Follow up		
54	Check 3 randomly selected DOTS Plus treatment Cards and record the following data		
54-a	Median delay between diagnosis and initiation of treatment		
54-b	Number of patients whose investigations and consultations were completed prior to initiation of treatment		
54-c	Number of those who had experienced ADR		
54-d	Of those number treated successfully for these ADRs		
	Enablers		
55	Are all the pts and one accompanying person being reimbursed for travel to district and DOTS Plus site?	Yes	Yes / No
56	Does the patient have to pay for treatment of ADR if any?	Yes	Yes / No
57	Does the patient have to pay for investigations conducted at the DOTS Plus site?	Yes	Yes / No
58	Does the patient have to pay for any services (syringes etc)	Yes	Yes / No
Important Remarks:			

Annexure 9.10

Monitoring Indicators for DOTS Plus:

Sl	Indicator	Num / Den	Data Source	Norms
1	Percentage of districts Implementing DOTS Plus	Num: Number of Districts implementing DOTS Plus Den: Total number of RNTCP districts in the State	Incorporate this in State PMR	100%
2	% of proposed DP Sites which are functional	Num: Functional DP Sites Den: Proposed DP Sites	Incorporate this in State PMR	100%
3	Proportion of population that have access to MDR TB services under RNTCP	Num: Total population of districts covered under DOTS Plus Den: Total Population of the State		100%
4	Percentage of MDR TB Suspects subjected to C-DST	Num: Number of MDR TB suspects who were subjected to C-DST Den: Total number of MDR TB suspects in the district (depending on suspect criteria being followed)	TB Register / Line List / Annexure III	100%
5	Number of MDR TB Cases detected		C-DST Register	
6	Proportion of MDR TB Cases diagnosed who were registered and initiated on Cat-IV treatment	Den: Total number of MDR TB cases diagnosed in a particular cohort Num: Of those, Number of MDR TB cases who were initiated on Cat-IV treatment and registered.	C-DST Register DP TB Register	100% This would be available after one quarter

7	Proportion of MDR TB Cases registered 6 months prior who are alive, on treatment and culture negative	Den: Total MDR TB Patients registered in the cohort 6 months prior Num: Of those, number who are alive, on treatment and culture negative	DP TB Register 6 month Interim Report	100%
8	Proportion of MDR TB Cases registered 12 months prior who are alive, on treatment and culture negative	Den: Total MDR TB Patients registered in the cohort 12 months prior Num: Of those, number who are alive, on treatment and culture negative	DP TB Register 12 month Interim Report	
9	Cure Rate of MDR TB Cases registered	Den: Total MDR TB Patients registered in the cohort 31-33 months prior Num: Of those, number declared as Cured as per DOTS Plus definitions	DP TB Register	
10	Treatment Success Rate of MDR TB Cases registered	Den: Total MDR TB Patients registered in the cohort 31-33 months prior Num: Of those, number declared as Treatment Success as per DOTS Plus definitions	DP TB Register	
11	Death rate of MDR TB Cases registered	Den: Number of MDR TB cases registered and initiated on Cat IV treatment in the cohort 31-33 months prior. Num: Of those, number given an outcome of Died	DP TB Register	

12	Default rate of MDR TB Cases registered	Den: Number of MDR TB cases registered and initiated on Cat IV treatment in the cohort 31-33 months prior. Num: Of those, number given an outcome of Default	DP TB Register	
13	Failure rate of MDR TB Cases registered	Den: Number of MDR TB cases registered and initiated on Cat IV treatment in the cohort 31-33 months prior. Num: Of those, number given an outcome of Failure	DP TB Register	
14	Proportion of registered MDR TB patients who are aware of their HIV Status	Den: MDR TB Patients registered in a quarter Num: Of these, number who have had their HIV status tested within last 6 months	DP TB Register Clinical Information Sheet	100%