

National Tuberculosis Control Programme, Bangladesh

Supervision Checklist

Date of supervision:

Site of Supervision:

Name of the supervisor/s:

Population:

Data Reviewed:

Month/Quarter

1. HR available at the visiting site

Name & Designation	Organization	Training received on	Comments

2. Availability of NTP Guidelines / Manuals:

3. Availability of Tracer health products at the day of visit:

Name of the health products	Available		Not applicable
	Yes	No	
First line drug adult			
First line drug child			
Gene Xpert cartridges			
Reagents/ Kits for LED microscopy			

4. Review TB Laboratory Activity

Did the health worker explained to patient how to produce good sputum?	Yes/No	Demonstrate if necessary
Did the MT Lab check the quality of sputum?	Yes/No	
Overall cleanliness of the lab	Excellent/good/average	
	Comments:	If necessary provide feedback

4.1 Microscopy Laboratory:

Check smears size/ shape/ thickness/ evenness/ stain and Comment:

No. of Presumptive TB Tested	No. of Bacteriologically Confirmed	Presumptive Positivity Rate	No. of Non-converter at 2months (from Bacteriologically confirmed cases in previous quarter)	No. of Non-converter at 5 months	Follow-up Positivity Rate
Date of Last EQA Performed (Microscopy)					

Any major observation during last EQA by EQA center	Observation:	Action taken:
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4.2 GeneXpert Laboratory:

No. of Machine	No. of Module	No. of Non-functional Modules	Action taken for nonfunctional modules/others:	Equipment Maintenance Log (Yes/No)	Aspect Connectivity Status (Yes/No)	Comments

Total No. of Presumptive Tested	No. of MTB Detected	No. of RR/MDR Detected	No. of RR/MDR not Enrolled for Treatment with Reason

Is the ERROR/INVALID rate is below 5% (Yes/No):

What type of ERROR is frequent and what are the actions taken (if applicable):

Date of Last EQA Performed (GeneXpert)		
Any major observation during last EQA by EQA center	Observation:	Action taken:

4.3. Truenat Laboratory:

- ❖ Functionality status of machine:
- ❖ Logistic related issue of Truenat (if any):
- ❖ Aspect connectivity status:

Total No. of Presumptive Tested	No. of MTB Detected	No. of RR/MDR Detected	No. of RR/MDR not Enrolled for Treatment with Reason

- ❖ Is the ERROR/INVALID rate is below 5% (Yes/No):

What type of ERROR is frequent and what are the actions taken (if applicable):

Date of Last EQA Performed (Truenat)		
Any major observation during last EQA by EQA center	Observation:	Action taken:

5. Review TB Register and Lab register:

Patients recorded in lab register of the visiting facility documented in TB register (please ensure e-TB manager number is present for	No. of Bacteriologically confirmed cases recorded in Lab register	No. recorded in TB register	Comments
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positive patient in lab register)			
Yes/ No			

- All information (sputum results, treatment outcome, loss to follow-up etc) correctly recorded – Yes/No

6. TB Treatment Card (Check randomly 5 treatment cards)

Review Points	Encircle correct answer	Comments
Patient Information complete	Yes/ No	
Previous Treatment history recorded	Yes/ No	
Treatment regimen is correct	Yes/ No	
Documentation in favor of diagnosis for EP/P-ve cases (X-ray with report, biopsy results etc) available?	Yes/ No	

7. Review Electronic Recording and Reporting:

Number registered last quarter in TB register vs Number entered in e-TB manager	Number registered last quarter in TB register		Number entered in e-TB manager during the same quarter	
	Male	Female	Male	Female
Matched / Not matched				
Reason for any difference				
No of Case Tags	Comments:			

8. Review PMDT:

No. of presumptive DR TB tested	RR/ MDR detected	RR/ MDR enrolled

9. TPT/CI

No of Bac+ ve in last quarter	No. of Home visit completed among last quarter cases	No. Eligible for TPT	No. Enrolled for TPT	No. Enrolled for TPT 2 Q. Back	No of TPT completed

10. TB-HIV:

No of TB patients tested for HIV in last quarter	No of patients screened HIV positive before or during TB treatment	No referred to HIV screening center

11. Overview of the last quarter reports:

- No of All Cases Registered:
- Case Notification Rate (all forms):
[no of all cases in last 4quarter x 1,00,000) / Population]
- Treatment Coverage Rate/Case Detection Rate (all forms):
(No of all cases in last 4quarter x 100) / No of expected cases for a year)
- No of Pulmonary Bacteriologically Confirmed Cases detected:
- No of Pulmonary Clinically Diagnosed Cases detected:
- No of Extra Pulmonary Cases detected:
- No of Child TB (all forms)detected:
- No of DR-TB detected:
- No of patients referred by: Graduate PP: Non Graduate PP: GFS:
SS/NGFS: VD: CV: Govt Hosp:
Private Hosp: CHCP: TB Patient:
- Sputum Conversion Rate:
[(No of PBC cases that become negative at the end of the intensive phase / No of new PBC) x 100]
- Treatment Success Rate:
(No of Bac. confirmed cured & completed/ No of new Bac. confirmed cases registered 9-12 months ago)
- Treatment Outcome of Tb patients registered 9-12 months earlier:

Patients registered (same quarter of previous year)	Cured	Treatment Completed	Died	Treatment Failure	Loss to Follow-up	Transferred out/ Not Evaluated

12. Review storage and supply system:

- Condition/Ventilation/Temperature:
- Supply of Cards, forms & Register:
- Supply of Sputum Cups, Slides & Lab Reagents:
- Any Short Expiry Drugs / Consumables:
- FEFO Principle: Applying/Not
- Bin Card: Maintaining/Not

❖ **e-LMIS status: Updated/ Not Updated:**

13. Review of patient knowledge and quality of service (Interview few patients if available)

Knowledge about disease	Good/satisfactory/poor	Comment:
Knowledge about Treatment	Correct/ wrong	Comment:
How does he/she receive DOT	Daily/	Comment:

14. Infection Control:

- ❖ Knowledge of staff: Satisfactory / Average / Need to be improved
- ❖ Use of Personal Protective Equipment(PPE): Properly / Not
- ❖ Ventilation system of the Facility: Well Ventilated / Not

15. Waste Management: Waste bin / Incineration / Waste Management Company / Others

16. IEC Materials (e.g. leaflets, stickers, posters about TB) are in place:

17. Observations:

20. Recommendations:

Signature of the Supervisor/s: