

DCC:

Date:

## Supervision checklist for DCC

### Supervision Team

	Name	Designation
1		
2		
3		
4		
5		
6		

### Officers from which information was gathered

	Name	Designation
1		
2		
3		
4		
5		
6		

### General observation

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

### DCC staff

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

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

\*For this provide information from most recent complete month.

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

### Registration of patients

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

### Notification of TB patients

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

### Patient examination

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

### Case management

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

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

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

### Paediatric TB

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

### MDR TB/ RRTB

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

### HIV TB

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

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

### Active Contact Screening

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

### Monitoring and Evaluation

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

### Drug store and outdoor dispensary

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

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

<b>Managerial functioning, Planning activities and other issues</b>
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1	Availability of action plan	
2	Training needs	

MO should,

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