

# **PROVINCIAL TB CONTROL PROGRAMME PUNJAB**

## **GUIDELINES & TOOLS**

**FOR**

### **MAPPING AND SELECTION OF PRIVATE PARTNERS FOR PPM DEVELOPMENT**



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***Prepared by***

**Tuberculosis Control Programme (NTP/PTP) Pakistan**

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# **GUIDELINES TO MAP & SELECT PRIVATE PARTNERS FOR PPM DEVELOPMENT**

**(Draft: September 09, 2007)**

## **BACKGROUND**

Pakistan ranks sixth among countries with highest burden of tuberculosis in the world. The total estimated annual incidence of TB cases is 271,500 (i.e. 181/100,000) whereas incidence of smear positive TB cases in the country is around 125,000 (i.e. 81/100,000), about two third of which belong to productive age group.

National TB Control Programme Pakistan is based on WHO recommended strategy package “DOTS”. The public sector has so far been the main source of providing TB-DOTS care in the country. Public-private partnership development, after covering the public sector DOTS, has been agreed as an approach to enhanced case detection and treatment outcomes to the desired level. The Programme has planned to implement a “district-led” model of public-private partnership development. Two types of private sector partners i.e. not-for-profit NGOs and for-profit private practitioners are the main focus for developing public-private partnership at district level.

Mapping of private clinics/hospitals and laboratories is required to select suitable partners for public-private partnership development. These guidelines would facilitate spatial mapping and transparent selection of the private providers in the areas where they are needed most. There are five main steps to map and select private partners in a district:

1. Enlist the potential private hospitals/ clinics
2. Select the priority geographic locations for PPM development
3. Assess and short list the private clinics/hospitals for PPM
4. Enlist and assess the private laboratories
5. Select the private clinics/hospitals and laboratories

## **1. ENLIST THE POTENTIAL PRIVATE HOSPITALS / CLINICS**

- 1.1 Get the lists of private hospitals/ clinics working in municipal area of the district. The private hospital/ clinics include both for-profit and not-for-profit setups. The preferred source of updated information about private hospitals/ clinics is the Drug Inspector in the district health office. Other potential sources of the list of private hospitals/ clinics are the pharmaceutical companies and/or medical associations working in the district. This listing at least includes the name and contact address of the private hospitals/clinics in municipal areas of the district.
- 1.2 In case of pharmaceutical company or medical association as a source, the EDO/DTC explains the purpose and make a request for the list.
- 1.3 The listed private hospitals/ clinics are grouped, by the union councils in which they are situated (municipality area).

## **2. SELECT THE PRIORITY LOCATIONS FOR PPM**

- 2.1 Priority localities are selected where adding PPM is expected to lead, especially for less-advantaged communities, to:
  - Enhanced “geographic coverage” of DOTS in the district, and/or
  - Enhanced “patient choice” in the areas already covered through public sector DOTS (especially for less- advantaged groups).
- 2.2 This can be achieved through the following steps.
  - 2.2.1 Get a map of urban localities from the municipality office (showing municipal localities by union councils).
  - 2.2.2 Get a list of public sector diagnostic centers from the EDO/PTP office
  - 2.2.3 Mark the public sector diagnostic centers on the map
  - 2.2.4 Mark, on the map, the less-advantaged communities including urban slums, and poor or peripheral localities (on the basis of available local population statistic).
  - 2.2.5 Identify 3 – 5 municipal localities (cluster of union councils) for PPM where:
    - a) access to public sector diagnostic centers is considered inadequate/difficult and/or
    - b) less-advantaged population is clustered.

## **3. ASSESS & SHORTLIST THE PRIVATE CLINICS/HOSPITALS FOR PPM**

- 3.1 The listed private clinics/hospital situated in the identified priority localities are surveyed with the help of standardized questionnaire. The main purpose is to gather essential data required to assess the capacity and willingness of the listed private hospitals/clinics for their possible inclusion in the PPM.
- 3.2 The PPM Field Officer, a senior paramedic designated for PPM related field support, is oriented and supervised by the DTC, for gathering and compiling data on the listed private clinics/hospitals. The data collection process is facilitated through an introductory letter from the EDO(H). (see Appendix-C)
- 3.3 The short listing of private clinics/hospitals for inclusion in the PPM is based primarily on the findings of early assessment and interaction. The private clinics/hospitals are assessed mainly on the following four key aspects:
  - ✓ Stability and sustainability of the outlet
  - ✓ Current and potential utilization
  - ✓ Current capacity and gaps
  - ✓ Interest and commitment
- 3.4 The assessment survey data are compiled and each private clinic/hospital is objectively scored, on ten key variables reflecting four main aspects of assessment, with the help of scoring guidelines and sheet (see Appendix-F1 and F2). The DTC

would primarily be responsible for getting each surveyed clinic/hospital scored on the selected variables of interest.

3.5 Five top-scoring private clinics/hospitals, from each of the 3 -5 identified priority localities, are invited to the PPM consultation.

#### **4. ENLIST & ASSESS THE PRIVATE LABORATORIES**

##### 4.1 Listing of Private Laboratories:

4.1.1 Get the lists of private laboratories working in municipal area of the district. The preferred source of updated information about private laboratories in the identified geographic locations is the Drug Inspector in the district health office. This listing at least includes the name and contact address of the private laboratories in the identified priority municipal locations of the district.

4.1.2 Alternatively, each of the surveyed private clinic/hospital is asked: which private laboratories are working in their area, and to which laboratory would they prefer to send their patients for AFB microscopy? The private laboratories mentioned by the respondents are noted. The surveyor is also instructed to take note of the functioning laboratories while surveying the private clinics/hospitals in the area.

4.1.3 The PPM Field Officer compiles the listing of the functioning private laboratories in each priority location, by combining data from the above-mentioned sources. The PPM Field Officer provides the compiled list of the functioning laboratories in priority geographic locations to District TB Coordinator and District Laboratory Supervisor.

##### 4.2 Assessing the Private Laboratories

4.2.1 The listed private laboratories identified in the priority localities are surveyed with the help of standardized questionnaire. The main purpose is to gather essential data required to assess the capacity and willingness of the listed private laboratories for their possible inclusion in the PPM.

4.2.2 The District Laboratory Supervisor (DLS), already working with public sector facilities, is oriented and supervised by the DTC, for gathering and compiling data on the listed private laboratories. The data collection process may be facilitated through an introductory letter from the EDO(H). (see Appendix-C)

4.2.3 The short listing of private laboratories for inclusion in the PPM is based primarily on the findings of the early assessment, in the areas of:

- ✓ Stability and sustainability of the outlet
- ✓ Current and potential utilization
- ✓ Current capacity and gaps
- ✓ Interest and commitment

- 4.2.4 The assessment survey data are compiled and each private laboratory is objectively scored, on ten key variables reflecting four main aspects of assessment, with the help of scoring guidelines and sheet (see Appendix- G1 and G2). The DTC would primarily be responsible for getting each surveyed laboratory scored on the selected variables of interest.
- 4.2.5 One top-scoring private laboratory (only in special cases - two) from each identified priority geographic location is invited to the PPM DIP development exercise (District Implementation Plan – DIP).

## **5. SELECT THE PRIVATE CLINICS/HOSPITALS & LABORATORIES**

- 5.1 The district organizes a PPM DIP consultation with these identified private providers and laboratories. The event is chaired by the EDO(H) and facilitated by the DTC. The PPM DIP event would have two main components i.e. partner selection followed by implementation planning. The partner selection process is described below, whereas separate guidelines are used for District Implementation Planning.
- 5.2 The district and the private partners go through a working paper that explains the PPM purpose, model and broad implementation modalities (see Appendix-D). The partners are encouraged to seek additional information and discuss relevant matters so that they can take an informed decision. After going through the exercise, the potential partners are invited to join the PPM initiative in the district.
- 5.3 Those who agree to participate in the PPM exercise are requested to consider signing a partnership agreement (MoU) with the district. If a partner:
  - 5.3.1 Agrees to participate and found himself able to sign a MoU, then the district EDO and the partner (CEO) signs the agreement (see Appendix-E1 and E2).
  - 5.3.2 Agrees in-principle to participate, but requires time to consult with his/her colleagues, a deadline is agreed for the partner to inform the district about his/her final decision.
  - 5.3.3 Fails to take any tentative decision to participate, he/she is encouraged to keep in touch for the possible subsequent consideration for inclusion in the PPM exercise.
- 5.4 The DTC, on behalf of EDO, would coordinate with the partners (who consented to participate) to finalize the decision and sign MoU.
- 5.5 The selected private partners who sign the MoU are then invited for District Implementation Planning Workshop with the district and PTP staff.

**Appendices:**

Appendix-A: Survey Instrument (Private Hospital/ Clinic)

Appendix-B: Survey Instrument (Private laboratories)

Appendix-C Survey Introductory letter (from EDO)

Appendix-D: Partner Selection – Workshop Design

Appendix-E1: MoU (Hospital/Clinic)

Appendix-E2: MoU (Laboratory)

Appendix-F1: Hospital/Clinic Short listing – Scoring sheet

Appendix-F2: Hospital/Clinic Short listing – Scoring Guide

Appendix-G1: Laboratory Short listing – Scoring sheet

Appendix-G2: Laboratory Short listing – Scoring Guide

Private Hospital/ Clinic Survey – PPM DOTS (First Draft)

Name Clinic/hospital: \_\_\_\_\_

Name of lead doctor/owner: \_\_\_\_\_

Address (specify UC): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**1. Stability and sustainability of the clinic/hospital**

1.1 Number of years since established \_\_\_\_\_

1.2 Premises is doctor owned/ rented \_\_\_\_\_

1.3 If rented:

a) Rented for the last ? years (#) \_\_\_\_\_

**2. Current and potential utilization of the clinic/hospital**

2.1 Average number of daily outpatient attendance \_\_\_\_\_

2.2 Opening hours:

a) Morning \_\_\_\_\_

b) Evening \_\_\_\_\_

c) Less than 6 sessions per week \_\_\_\_\_

2.3 Patients: Generalist or specialist \_\_\_\_\_

If specialist (elaborate?) \_\_\_\_\_

3. **Current capacity and gaps**

- 3.1 Number of doctors working at the clinic for 5 years or more \_\_\_\_\_
- 3.2 Number of paramedic staff working at the clinic \_\_\_\_\_
- 3.3 Patient records system in-place (if any, elaborate) \_\_\_\_\_
- 3.4 Number of inpatient beds (if any) \_\_\_\_\_

4. **Interest and commitment** (Yes/No)

Explain that under PPM initiative, selected private clinics/hospitals would be supported for offering quality care (including free drugs) to TB patients attending these clinics. If this clinic is selected and supported then, would you be willing to:

- 4.1 Offering standardized care (NTP protocol) to TB patients \_\_\_\_\_
- 4.2 Getting doctor(s) trained for six sessions (2 hours each) \_\_\_\_\_
- 4.3 Getting paramedic trained for 3 days \_\_\_\_\_
- 4.4 Delivering free drugs to TB patients \_\_\_\_\_
- 4.5 Giving free consultation to TB patients \_\_\_\_\_
- 4.6 Keeping essential records (patients and logistics) \_\_\_\_\_
- 4.7 Participating in monthly (facility level) interactions \_\_\_\_\_
- 4.8 Participating in quarterly (district level) interactions \_\_\_\_\_
- 4.9 Any particular condition for participation in PPM?



Private Laboratory Survey – PPM DOTS (First Draft)

Name of Laboratory: \_\_\_\_\_

Name of lead doctor/owner: \_\_\_\_\_

Address (specify UC): \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**1. Stability and sustainability of the laboratory**

1.1 Number of years since established \_\_\_\_\_

1.2 Premises is doctor owned/ rented \_\_\_\_\_

2.3 If rented:

a) Rented for the last ? years (#) \_\_\_\_\_

**2. Current and potential utilization of the laboratory**

2.1 Opening hours:

a) Morning \_\_\_\_\_

b) Afternoon/evening \_\_\_\_\_

c) Less than 6 sessions per week \_\_\_\_\_

2.2 Offer diagnostic services in the areas of:

a) Micro-biology (AFB) \_\_\_\_\_

b) Radiology (X-rays chest) \_\_\_\_\_

c) Hematology and others \_\_\_\_\_

**3. Current capacity and gaps**

3.1 Number of doctors working at the laboratory:

a) Pathologist \_\_\_\_\_

b) Medical Officer \_\_\_\_\_

- 3.2 Number of technicians working at the laboratory \_\_\_\_\_
- 3.3 Laboratory register/ record system in-place (if any, elaborate) \_\_\_\_\_
- 3.4 Number of associated referring hospitals/clinics (if any) \_\_\_\_\_
- 3.5 Any Quality Assurance mechanism in place (describe) \_\_\_\_\_

\_\_\_\_\_

4. **Interest and commitment** (Yes/No)

Explain that under PPM initiative, selected private laboratories would be supported for offering quality and subsidized AFB microscopy services to TB patients attending private partners. If this laboratory is selected and supported then, would you be willing to:

- 4.1 Offering standardized AFB testing to TB patients \_\_\_\_\_
- 4.2 Getting lab. staff trained for ten days (on NTP protocols):
  - a) Qualified Laboratory technician \_\_\_\_\_
  - b) Unqualified Laboratory technician \_\_\_\_\_
- 4.3 Delivering AFB testing services to TB patients:
  - a) Free of charge \_\_\_\_\_
  - b) Subsidized (in agreement with program) \_\_\_\_\_
  - c) Other (elaborate) \_\_\_\_\_
- 4.4 Keeping essential records (patients and logistics) \_\_\_\_\_
  - a) Patient records \_\_\_\_\_
  - b) Logistic records \_\_\_\_\_
- 4.5 Participating in monthly EQA exercise:
  - a) District led EQA \_\_\_\_\_
  - b) Any other EQA (specify) \_\_\_\_\_
  - c) Internal QC only \_\_\_\_\_
- 4.6 Any particular condition for participation in PPM? (specify)

## An Introductory Letter

Dear colleague:

As you know tuberculosis is among major communicable diseases in the district. In the last few years, the district health office has made encouraging progress in strengthening the network of public sector health facilities for provision of diagnostic and care facilities to TB patients. To further enhance the current access and quality of TB care in the district, we are going to engage a selected group of able and interested private clinics/hospitals and laboratories in the TB care delivery process.

A limited number of private clinics/hospitals and laboratories are being short listed from the identified priority geographic locations, with poor communities and limited access to TB care. As a part of partnership arrangements, the selected private clinics/hospitals and laboratories would be provided technical as well as material support, through provincial programme support, for delivering quality care, according to national guidelines.

The private clinics and laboratories in the priority geographic areas are being contacted to gather initial information about their willingness as well as capacity for the proposed public-private partnership initiative in the district. Your cooperation in this regard would be highly appreciated.

Looking forward to building partnerships with private sector partners, for control of tuberculosis in the district.

Dr. ????????  
Executive District Officer (Health)  
Sargodha

### **District Level Partner Consultation for PPM Development**

The following description broadly outlines the purpose and implementation modalities of PPM development in a district. The description provides the key stakeholders (i.e. district health office, short listed private clinics and laboratories, and PTP) an opportunity to collectively review, discuss and decide on the PPM development opportunity.

#### **Background:**

Pakistan ranks sixth among countries with highest burden of tuberculosis in the world. The total estimated annual incidence of TB cases is 271,500 (i.e. 181/100,000)<sup>1</sup> whereas incidence of smear positive TB cases in the country is around 125,000 (i.e. 81/100,000)<sup>1</sup>, about two third of which belong to productive age group<sup>7</sup>. The emergence of multi-drug resistance as a public health issue and a potentially threatening link between tuberculosis and HIV/AIDS has contributed to the revived interest in tuberculosis control in Pakistan.

National TB Control Programme Pakistan is based on WHO recommended strategy package "DOTS". The main components of the strategy package include strengthening of health services (for standardized diagnosis based on quality assured sputum microscopy, uninterrupted treatment with standardized drug regimen, and recording and monitoring of treatment process and outcomes) and supporting of TB patients.

The public sector has so far been the main source of providing TB-DOTS care in the country. The public sector TB care in a district is provided through a network of hospitals, rural health centers, basic health units, and community based lady health workers. The district health authorities are responsible for planning, financing, implementing and monitoring TB care in their respective districts. However, the Provincial TB Control Programme assist the districts through provision of training, drugs, print materials and supplement of laboratory supplies.

Public-private partnership development, after covering the public sector DOTS, has been agreed as an approach to enhanced case detection and treatment outcomes to the desired level. Pakistan is among leading countries in the world that have adopted systematic approach to developing public-private partnership in tuberculosis control. This includes developing PPM strategic framework through nationwide consultation with stakeholders, developing a set of guidelines and adapted materials for PPM implementation and monitoring, and addressing major implementation requirements through public sector support.

Two types of private sector partners i.e. not-for-profit NGOs and for-profit private practitioners are the main focus for developing public-private partnership at district level. Various small-scale studies have confirmed wide variation in case management abilities and practices among private sector providers. This indicates the need for joint efforts to address the capacity gaps and offer quality care to TB patients attending private sector partners.

The National TB Control Programme, through country wide consultative exercise, has drafted a set of roles, guidelines and materials for optimizing the functioning of public private partnerships in a district. As per national strategic framework, for the public-private partnership development in a district:

- a) District health office leads the planning, development and establishment of operational public-private partnerships in their districts,
- b) Public-private partnership should initially be considered with a limited number of private partners, selected through an acceptable and transparent process. A MoU to be signed with each selected partner.
- c) National and Provincial TB Control Programmes technically and logistically assist the public-private partnership development in districts.
- d) Learning in early implementation districts to inform public-private partnership expansion in respective provinces.
- e) Private sector institutions (i.e. poly clinics and hospitals) are given priority over clinics of solo-practitioners.

### **District-level Implementation - Roles and Arrangements:**

#### **Roles:**

The TB Control Programme assists the district health offices by:

- a) Enabling the District TB Coordinator and PPM Field Officer in each district.
- b) Providing standardized set of guidelines and tools for implementing PPM in a district.
- c) Supplementing material inputs i.e. quality drugs, laboratory supplies, print materials.
- d) Supporting staff training through training materials, trainers and logistics.
- e) Supervising and monitoring the district level implementation of PPM.
- f) Supplementing the ongoing BCC campaign, by adding partnership related messages.

The District Health Office implements the PPM interventions by:

- a) Mapping and transparent selection of private providers/partners (including MoU)
- b) Facilitating the district level implementation planning of PPM interventions
- c) Arranging and getting the staff training conducted (doctors, paramedics and lab. staff)
- d) Assisting the private partners by provision of material inputs i.e. drugs, recording reporting materials, microscope and laboratory supplies (lab. only),

The selected private provider/laboratory implements the PPM interventions by:

- a) Participating in the district level implementation planning of PPM interventions
- b) Participating and getting the staff trained (doctors, paramedics and lab. staff) on NTP guidelines

#### Staff Training for Private Sector

Staff Category	Training			Remarks
	Duration	Materials	Location	
Doctors	6 sessions	Adapted NTP Module	District	NTP Module adapted in light of training needs assessment.
Paramedics	3 days	Adapted NTP Module	District	NTP Module with minor adapting.
Lab. person	10 days	NTP Module	Province	Prefer: Provincial Reference Laboratory

- c) Delivering TB care (i.e. diagnosing, prescribing, administering free drugs, recording/reporting) as per agreed guidelines
- d) Cooperating with district level arrangements for monitoring/assuring quality of TB care (including EQA of laboratory)
- e) Contributing in the programme's evolving the regulatory framework for public-private partnership development.

#### Implementation Process:

- o The district health office, in consultation with the programme staff, identifies a "Field Officer" for coordinating PPM activities in the district.
- o Mapping and transparent criteria-based selection of private partners, to achieve DOTS coverage and quality objectives, including signing of MoU.
- o District health office and private partners jointly develop an "Implementation plan", which documents the agreed scheduling and responsibility of activities/tasks.
- o District health office, through Provincial TB Control Program, arranges the material inputs for PPM implementation.
- o District health office, with PTP support, organizes training for doctors, paramedics and laboratory staff working at selected private clinics/laboratories.
- o The private hospitals/clinics and laboratories start offering TB care, according to agreed set of guidelines.
- o The "PPM Field Officer" visits each private provider, on twice-a-month basis, to review the progress and provide onsite technical support to the facility staff.
- o The DLS visits each private laboratory, on once-a-month basis, to: assess AFB examination arrangements/practices; cross-examine and store a sample of slides; record his observations and provide onsite feedback to the laboratory in-charge; and replenish material supplies (where needed).

## Memorandum of Understanding

between

**District Health Office Sargodha**

and

**?????????? Clinic/Hospital, Sargodha**

### Whereas both the organizations recognize

Tuberculosis is a major public health problem in the country as well as in district Sargodha. The government of Pakistan is fully committed to the control of tuberculosis through countrywide implementation of WHO recommended strategy package “DOTS”. The district, with the help of TB Control Programme, has already been effectively implementing DOTS in a network of public sector health facilities.

Further enhancement of coverage as well as quality of TB care in the district requires building of public sector partnership with the private partners (including not-for profit as well as for-profit). In view of this fact the district health office Sargodha (hereinafter called The District) and the ?????????? Clinic/Hospital (hereinafter called The Clinic) have common aspirations to sign this MoU for the period of three years, starting from the date of signing.

### The District will:

- a) Ensure transparent selection of interested and able private partners.
- b) Facilitate the district level implementation planning of PPM interventions.
- c) Arrange training of doctors and paramedics working at The Clinic.
- d) Assist The Clinic, through TB Control Programme support, by provision of material inputs i.e. drugs and print materials including guidelines, recording reporting tools, education materials, and list of LHWs in the locality.
- e) Assist The Clinic, by Field Officer/Coordinator’s periodic and regular visit, to provide TB care according to agreed guidelines.
- f) Include The Clinic in the district quarterly reporting system.

### The Clinic will:

- a) Participate in the district level implementation planning of PPM interventions
- b) Participate in the training events arranged for doctors and paramedics.
- c) Deliver TB care, as per agreed guidelines, through its doctors and paramedics. This includes diagnosing, prescribing, registering, educating, administering free drugs, arranging treatment support, recording and following-up at The Clinic.
- d) Cooperate with The District arrangements for providing material inputs, quarterly reporting, as well as monitoring and enhancing the quality of TB care at The Clinic.

Executive District Officer (Health)  
Sargodha

Chief Executive/Clinician  
?????????? Clinic

## Memorandum of Understanding

between

**District Health Office Sargodha**

and

**?????????? Laboratory, Sargodha**

### Whereas both the organizations recognize

Tuberculosis is a major public health problem in the country as well as in district Sargodha. The government of Pakistan is fully committed to the control of tuberculosis through countrywide implementation of WHO recommended strategy package “DOTS”. The district, with the help of TB Control Programme, has already been effectively implementing DOTS in a network of public sector health facilities.

Further enhancement of coverage as well as quality of TB care in the district requires building of public sector partnership with the private partners (including not-for profit as well as for-profit). In view of this fact the district health office Sargodha (hereinafter called The District) and the ?????????? Laboratory (hereinafter called The Laboratory) have common aspirations to sign this MoU for the period of three years, starting from the date of signing.

### The District will:

- i. Ensure transparent selection of interested and able private laboratories.
- ii. Facilitate the district level implementation planning of PPM interventions.
- iii. Arrange training of laboratory staff working at The Laboratory.
- iv. Assist The Laboratory, through TB Control Programme support, by provision of microscope, laboratory reagents and supplies, and print materials (laboratory register).
- v. Assist The Laboratory, by DLS monthly visit, to provide quality assured microscopy services according to agreed guidelines.

### The Laboratory will:

- i. Participate in the district level implementation planning of PPM interventions
- ii. Participate in the training events arranged for laboratory staff.
- iii. Deliver AFB microscopy services, as per agreed guidelines, through its setup. This includes collecting sputum specimens, examining smears, reporting, and keeping records at The Laboratory.
- iv. Cooperate with The District arrangements for providing material inputs as well as monitoring and enhancing the quality of microscopy services at The Laboratory.

Executive District Officer (Health)  
Sargodha

Chief Executive/Pathologist  
?????????? Laboratory



**Hospital/Clinic Short listing – Scoring sheet**

Clinic/Hospital	Stability	Utilization		Capacity		Commitment				Overall Score	Remarks (premises, patient types)	
	# Yrs.	# OPD	Open	Drs.	Paramed	Train	Drugs	Record	QC			Condition
	1	2	3	4	5	6	7	8	9			10

### Hospital/Clinic Short listing - Scoring Guide

Variable	High Score (5)	Medium Score (3)	Low Score (1)	Remarks
# years since established	> 5 years	2 – 5 years	Less than 2 years	
# Daily OPD attendance	> 100	50 – 100	Less than 50	
Opening hours	Morning and evening	Morning or evening	Less than 6 sessions a week	
# Doctors	3 or more	2	1	
# Paramedics/Assistants	3 or more	2	1	
Training commitment	Doctor and paramedic	Doctor or paramedic	One but for lesser time than required.	
Deliver free drugs to patients	Free drugs and consultation	Free drugs but charge the consultation fee	Charge for consultation and drugs	
Patient records	Patient records and Logistic records	Patient records or Logistic records	Any one but on their own format	
Program QC support	Participate in monthly and quarterly interactions	Participate in monthly or quarterly interactions	Share the quarterly data	
Condition	None	Within project plans	Beyond project plans	

Laboratory Short listing – Scoring sheet

Laboratory	Stability	Utilization		Capacity		Commitment					Overall Score	Remarks (premises, # tests /day, referring)
	# Yrs.	Open	Offer?	Drs.	Techn.	Train	Subsidize AFB	Record	EQA	Condition		
	1	2	3	4	5	6	7	8	9	10		

### Laboratory Short listing - Scoring Guide

Variable	High Score (5)	Medium Score (3)	Low Score (1)	Remarks
# years since established	> 5 years	2 – 5 years	Less than 2 years	
Opening hours	Morning and evening	Morning or evening	Less than 6 sessions a week	
Diagnostic services offer	AFB, X-rays & others	AFB and others (no X-rays)	No AFB, but other tests only	
# Doctors	Pathologist and M.O	Medical Officer(s) only	Laboratory technician only	
# Laboratory Technicians	2 or more qualified	1 qualified and 1 or more unqualified	1 or more unqualified	
Training commitment	Laboratory technician	Non laboratory technician	Any one but for lesser time than required.	
Deliver subsidized AFB to TB patients	Free of charge	Subsidized in agreement with the program	Subsidized as per its own criteria	
Patient records	Patient records and Logistic records	Patient records or Logistic records	Any one but on their own format	
Participate in EQA system	District EQA	Any other EQA	Internal QC only	
Condition	None	Within project plans	Beyond project plans	