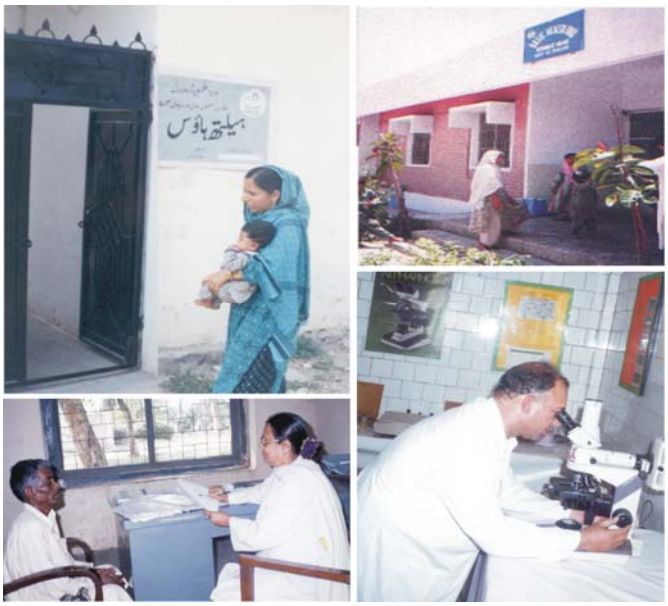
FACILITY LEVEL MONITORING EVENT

ON

COMMUNITY-BASED TB CARE - DOTS

GUIDELINES



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Guidelines
Facility Level DOTS Monitoring Events
(Draft: February 21, 2007)

This document describes two facility level events, inter-related but conducted separately, with different set of participants to achieve certain agreed outputs. These events are Cluster meeting and Facility Review and Plan Meeting.

1. Background

National TB Control Programme Pakistan has already achieved countrywide DOTS coverage in 2005. Since achieving the rapid expansion targets, the programme focus has mainly been to enhance the quality of DOTS implementation. Enhanced supervision and monitoring is considered to be a key to an improved quality of implementation. Pakistan is among few developing countries, where a systematic effort is being made to strengthen the monitoring and supervision of countrywide DOTS implementation. The Programme has already launched, with USAID/WHO support, a monitoring system with regular quarterly events at district, province and national levels. At each level, the monitoring event is expected to carryout the cohort analysis as well as to review and plan for the next quarter.

The facility level monitoring has the pivotal role in the whole monitoring process. To make the facility level monitoring supportive of the district level events, the facility level monitoring need to focus on the management of individual TB cases attending the facility. Whereas, the district level monitoring generally focuses on the group of TB cases being managed at various facilities. Preliminary review of the district monitoring experiences showed that the current arrangements for the facility level monitoring lack the structure, guidelines and tools for achieving the desired outputs. This lack of structure has been leading to sub-optimal/inefficient use of potential opportunity. The Provincial TB Control Programme Punjab and an NGO partner have developed a more structured format for the facility level monitoring of TB control activities. These guidelines and tools will be evaluated and revised through piloting in selected districts of Punjab, before further scaling-up.

The objectives and outputs for the facility level monitoring process (including cluster as facility review/planning meeting) are outlined. Then arrangement of the facility level monitoring events is described in section 4. The details of cluster meeting and facility review/planning meeting are described in sections 5 and 6 respectively. The tools for recording the cluster meeting data and facility review/planning meeting actions are given in Appendices-A and B.

2. Purpose and Objectives

2.1 The **aim** is to improve the TB case finding and treatment outcomes at the facilities. The **purpose** is to improve the onsite technical and management support to the facility staff. This would supplement the ongoing quarterly monitoring events at the district level and above.

2.2 The **objectives** are:

- To check and compile monthly data on availability of inputs and case management practices in the facilities (cluster meeting).
- To analyze every month the nine selected programme performance indicators, and suggest and record the actions for respective facilities (cluster meeting).
- To check and compile the quarterly case management data and prepare quarterly reports for the facilities i.e. TB07, TB08, and TB09 (cluster meeting during first month of each quarter).
- To enable the facility staff to collectively review the facility-level performance of case management and laboratory functioning, and plan actions accordingly (Facility review/planning meeting).

3. Desired Outputs

The facility level monitoring process comprises two separate but inter-related events i.e. cluster meeting and a facility review/planning meeting. Each diagnostic center participates in the cluster meeting on monthly basis, whereas the facility review/planning meeting at a facility is held every 3 – 4 months (depending upon the number of facilities in a cluster).

3.1 Cluster Meeting (**all participating facilities**)

- Availability of human and material inputs reviewed, and actions taken or suggested and recorded for addressing the input gaps.
- Practices and gaps in screening of TB suspects and registering of TB cases reviewed, with the help of outpatient data and TB04, and action planned or taken accordingly.
- TB01 and TB03 updated, in light of TB04 data and other information available with the respective DOTS Facilitator.
- Practices and gaps in managing the registered TB cases reviewed, with help of TB01, TB03 and TB04, and noted.
- Nine selected key program indicators analyzed and actions suggested accordingly.
- Selected data compiled, by-facility, into a monthly facility monitoring form and record is maintained at the facility as well as with the District TB Coordinator.

In FIDELIS project districts

- ❑ *Access data cards are reviewed.*
- ❑ *Regional Coordinator's TB03 is updated.*

3.2 Facility Review and Plan Meeting (host facility only)

DTC and DLS with the host facility team (in-charge, laboratory staff, and DOTS Facilitator of the host facility) meet to:

- o Review and plan for input gaps
- o Review and plan for case management gaps
- o Review and plan for laboratory functioning gaps

The period under review is generally about three to four months (depending upon the number of facilities in a cluster). The action note table is used to record the planned actions for the facility.

4. Arrangements

4.1 Cluster Meeting: is attended by DOTS Facilitators from each partner facility in the cluster. There are 3 – 5 diagnostic centers in a cluster. This cluster size is considered technically and administratively appropriate and efficient. The inclusion of facilities in a cluster is determined mainly on the basis of geographic access between the facilities and the estimated TB caseload at each facility under consideration. The District TB Coordinator facilitates the proceedings of the cluster meeting.

The diagnostic centers in each district are grouped into 3 – 4 clusters, depending upon the number of total diagnostic centers. The cluster meetings are arranged every month, on rotation basis, at one diagnostic center in each cluster. The whole meeting generally requires about 2 - 3 hours time. The seating arrangement (preferably U shaped, where feasible) is required for about 8 - 10 persons. No audio-visual equipment or other hardware is required for the cluster meeting. The participants travel mainly through public transport, to reach the meeting venue at mutually agreed time. Modest refreshment/tea may be served to the participants, where feasible.

4.2 Facility Review and Plan Meeting is attended by: a) Medical Officer In-charge, DOTS Facilitator and laboratory person from the host facility under review, and b) District TB Coordinator and District Laboratory Supervisor from the district. The Medical Officer In-charge (facility) facilitates the proceedings of the facility review/plan meeting.

In FIDELIS project districts

Regional Coordinator ASD also participates in the cluster and the facility review/plan meetings.

5. Cluster Meeting: How to organize, conduct and document?

5.1 How to schedule the meeting and invite the participants?

District TB Coordinator prepares a tentative schedule of the cluster meetings for the next month. The tentative schedule for the next month cluster meetings is discussed during the current cluster meeting. The date for the next cluster meeting is decided, according to the availability of the participants. The venue of the next cluster meeting can also be adjusted in light of trouble-shooting needs of the partner facilities. All the participants note the agreed date and venue of the next meeting, before leaving the current meeting.

District TB Coordinator, in light of agreed dates and venues, finalizes the cluster meeting plan for the district. He gets the plan-approved from the district health authorities. Each health facility is informed, through a formal letter from the district authorities, about the dates, the venue and other instructions for the participants. The instructions mainly include a list documents/information that each participant is expected to bring from their respective facilities. The invitation letters, generally send through ordinary mail system, are dispatched at least ten days before the first cluster meeting in the district. The participant who does not receive the letter three days earlier than the agreed date of his cluster meeting, telephonically contacts the District TB Coordinator office for further instructions and action.

In cases where a DOTS Facilitator fails to attend his scheduled cluster meeting, the District TB Coordinator calls him to another cluster meeting so that the monthly review process is completed for the facility.

5.2 **How to prepare for the meeting**?

5.2.1 District TB Coordinator:

- Gets the facility monitoring files, for each facility included in the cluster, and reviews the past performance and the gaps at each facility. Also gets himself updated on the progress made on actions agreed in the previous meeting. The DTC carries these files to the respective cluster meetings.
- Gets a supplement supply of print and other materials (where possible), for onsite replenishment of materials (if required). Also gets updated information about the resource availability at district level.
- Gets two blank sets of "Facility Monitoring Form" for each partner facility.
- Ensures that DLS is informed and he visits the host facility on the day of facility level monitoring meeting.

5.2.2 DOTS Facilitator

- Confirms the date, the venue, the timing and the instructions of the cluster meeting from the invitation letter.
- Collects in-time the required documents and information for the cluster meeting, and gets the "input availability" and the "facility functioning" data signed by the MO In-charge.
- Gets the records updated i.e. TB04, TB01, and TB03 for their respective facility. Also safe carriage of all the requested/required documents to the cluster meeting.

5.2.3 Host Facility

- Arrange the seating for 8 – 10 participants in a separate room.
- Arrange for light refreshments/tea for the participants.
- Also prepare for the Facility Review/Plan meeting, to be held after the cluster meeting.

5.3 **How to conduct the cluster meeting?**

The cluster meeting is conducted as an interactive event, with active involvement of all the participants. District TB Coordinator facilitates the participants to fill two copies of Facility Monitoring Form for their respective facility. Each facility maintains a file; in which filled monitoring form is filed every month. District TB Coordinator also maintains a separate file for each diagnostic center, in which all the relevant documents (including Facility Monitoring Form) for the respective facility are filed.

5.3.1 **Input Review Session**:

- Each DOTS Facilitator brings information about the current stock level of material inputs and availability of trained staff in their respective facilities. This data on input availability is recorded in the shaded cells of the four tables on page-1 of the Facility Monitoring Tool. These entries are crosschecked and signed by the Medical Officer In-charge of the respective facility.
- District TB Coordinator sits with the DOTS Facilitators, preferably in a "U" shaped sitting arrangement. This group reviews one table at a time for all the participating facilities, before moving to the next table on page 1.

- In case of **print materials** and **drugs**, the participants are asked to identify "material items" where current available stock levels are below the minimal stock levels at their respective facilities. The **recorded gaps** in the availability of print materials and drugs, at each of the participating facility, are discussed.
    - If gap is considered of an **urgent** nature (affecting the ongoing TB care process):
        - DTC supplies on-spot, where possible, a minimum quantity of the required material for the immediate use of the facility. The inputs supplied are recorded in the Facility Monitoring Tool.
    - If gap is **important but not urgent** (TB care is not currently being affected):
        - DTC discuss, agree and note the requirement and the replenishment plan/schedule for the identified input gaps.
        - The required action for material input gaps may include: a) facility to arrange through local purchase, b) indent to district office, c) any other (specify).
- In case of **staff** availability and capability, the participants are asked to identify staff category where gap has been reported at their respective facilities. The **recorded gap** in the availability and/or capability of the staff, at each of the participating facility, is discussed.
    - If gap is related with the staff **availability**:
        - DTC discuss and agree on either: a) adjusting the responsibilities of available but not functional staff so that he/she can give due time to DOTS work (e.g. placing a person from emergency department to the outpatient department), b) reassigning the job to another available person, c) requesting new staff from the district office, d) any other (specify)
    - If gap is related with the staff **capability**:
        - DTC discuss and agree on either: a) training or retraining the available staff, or b) a) reassigning the job to another available and potentially able person, c) any other (specify)
- In **Table D** on page 1:
    - Total number of **outpatient** attendance in recorded from:
        - general outpatient register at rural health center
        - medical and chest outpatient register at hospitals
    - **Interruption** in laboratory functioning is recorded in "number of days". This shows the number of working days that AFB testing has not been performed in the facility laboratory due to some arrangement gaps. The interruption count does not include the days when AFB test was not done just because no TB suspects or follow-up case actually visited the facility.
    - The **reasons** for interruption in the laboratory functioning may include: non-availability of staff, and/or equipment, and/or reagents/supplies.
    - The required **action** for the laboratory functioning interruption relates with addressing the resource gap (causing the interruption). The action is discussed, agreed and recorded in the relevant cell in Table-D.

5.3.2 **Case Management Review Session**

- This session relies mainly on reviewing the patient records and identifying the required actions for each participating facility. Main findings related with case management practices are recorded in Table E of the Facility Monitoring Form.

- The participants are asked to review the TB04 of their respective facilities (for the month under review).
    - The number of TB suspects examined for diagnosis (AFB) are counted and recorded in column 1 of Table E.
    - The number of TB suspects for whom one or more slide is found positive is counted and recorded in column 2 of Table E.
    - The number of registered TB patients examined for follow-up examination is counted and recorded in column3 of the Table E.
    - District TB Coordinator checks the data extracted by each DOTS Facilitator from their respective TB04.
- The participants are asked to separate the TB01 of all newly registered smear-positive and smear-negative TB patients (for the month under review).
    - Check if all the TB suspects found positive in TB04 have been registered (i.e. TB01 is available). The number of pre-registration default of smear-positive patients is also recorded in column 7 of Table E (Note: pre-registration default is patients found smear-positive in TB04 but found not registered in TB01).
    - The possible retrieval action (i.e. letter writing) is considered and taken, where found feasible, for the pre-registration defaults.
- The participants are asked to review the TB03 of all newly registered TB patients, and:
    - Check if all the newly registered TB patients (i.e. for whom TB01 has been prepared) have been entered completely and correctly in the TB03 (i.e. all the relevant cells have been filled and there is no discrepancy between TB01 and TB03 data).
    - In case of discrepancy in TB01 and TB03 data, the District TB Coordinator helps the DOTS Facilitator to review the relevant records and sort out the discrepancy in patient records.
    - Count and record the number of new smear-positive, re-treatment (CAT-II), and new smear negative patients registered in the columns 4, 5 and 8 respectively. Also add the new and re-treatment smear-positive cases and record in column 6 of Table E.
- The participants are asked to review the TB01 of all newly registered smear-positive (both new and re-treatment) TB cases.
    - The number of patients who have been prescribed right regimen in right dosage are counted and recorded in the columns 9 and 10 respectively. District TB Coordinator guides the participants about correct regimen and dosage for registered patients.
    - In case, deviation in regimen and/or dosage is observed, the District TB Coordinator takes note for further interaction with the concerned Medical Officer. The interaction may take place during:
        - A special event of either calling the doctor or visiting the facility.
        - Facility Review/Plan Meeting of the respective facility, or
        - Next District Review/Plan Meeting (if this happens earlier than the facility review/plan meeting)

- The number of newly registered TB patients for whom an identified treatment supporter has been noted on TB01 are counted and recorded in column 11 of Table E.
- In cases where treatment supporter is not noted for one or more smear-positive patients, the District TB Coordinator discuss the issue with the concerned DOTS Facilitator to understand the situation, and agree on feasible future actions.

- The participants are asked to review the TB03 for the cohort of patients registered in the same month previous quarter i.e. if 2nd month of quarter 3 is currently being reviewed then patients registered in the 2nd month of the quarter 2 are reviewed for smear conversion (i.e. intermediary outcome). Only new smear positive cases registered during that month are reviewed for:
  - Total number of new smear positive (NSS^+) cases registered during that month are counted and recorded in column 12 of Table E.
  - TB01 of all the NSS^+, registered during that month, are reviewed to check the regimen prescribed for the continuation phase. The number of patients for whom continuation phase regimen is found correct is counted and recorded in column 16 of Table E.
  - In case, deviation in continuation phase regimen is observed, the District TB Coordinator takes note for further interaction with the concerned Medical Officer. The interaction may take place during:
    - A special event of either calling the doctor or visiting the facility.
    - Facility Review/Plan Meeting of the respective facility, or
    - Next District Review/Plan Meeting (if this happens earlier than the facility review/plan meeting)
  - The number of NSS^+, registered during that month, found converted at the completion of 2/3rd month are counted and recorded in column 13 of Table E. The apparent non-conversion at 2/3 months can be due to: a) TB03 records not been updated, b) patient attended but not examined, c) patient examined but found not converted, and d) patient being defaulted, referred out or dead. TB01 and TB04 are reviewed for these non-converted patients, and action is suggested accordingly (with the help of Indicator analysis table – page 11).
  - The number of NSS^+, registered during that month, found defaulted by the completion of 2/3rd month are counted and recorded in column 14 of Table E. The reasons for high default are discussed and actions suggested during the indicator analysis process (see below).
  - The number of NSS^+, registered during that month, found transferred out by the completion of 2/3rd month are counted and recorded in column 15 of Table E. The reasons for high transfer out are discussed and actions suggested during the indicator analysis process (see below).
- The participants are requested to review TB01 of all under-treatment TB patients to identify those who have not collected their monthly supply of drugs for fifteen days or more after the due date. The number of such absentee patients is recorded (column 17), and retrieval action (letter writing and/or home visit) is ensured. The number of absentees for whom the required retrieval action has been taken is recorded in column 18 (Table E).

5.3.3 **Indicator Analysis Session**

- The participants are asked to calculate the statistic for nine selected indicators on the basis of given formulae, and record the figure in the column "Observed" in Table F.
- The District TB Coordinator and the participants, with the help of indicator analysis table, tries to understand the possible reasons for the situation and suggest tentative actions accordingly. These suggested actions are "tentative" and "advisory" in nature, for the Medical Officer to consider. These reasons and suggested actions are recorded in "Table F" of the Facility monitoring form. The actions proposed, on current case management practices, to the Medical Officer In-charge of the facility may include the following two type of activities:
    - Exploratory activity to further clarify the situation and/or reasons
    - Corrective activity to address the problem/gap
- Two copies of Facility Monitoring Form are filled for each participating facility. Each filled copy is signed by the respective DOTS Facilitator, and counter signed by the District TB Coordinator or his representative.
- The Medical Officer In-charge is expected to review the filled form for his respective facility, and consider implementing, as per his circumstances, all/some of the suggestions made in the cluster meeting.

- *During the cluster meetings held in the first month of a quarter, each participant also prepares TB07, TB08 and TB09 (i.e. quarterly reports) for their respective facilities.*
- *In FIDELIS supported districts, the Regional Coordinators also: a) completes/updates their TB03, b) review and update patient access data, c) and note the number of NSS+ registered during the same month last year.*

Indicator Analysis Table

Indicator	Expected range	If less than expected		If more than expected	
		Reasons	**Actions**	**Reasons**	**Actions**
% OPD suspected for TB	2 or more	- Suspect identification practice not correct. - Laboratory does not entertain all suspects.	- Train/ instruct the doctor - Modify the laboratory functioning	- Doctor incorrect practice	- Train/ instruct doctors to follow NTP guidelines
% suspects found NSS^+	8 – 12%	- Poor quality of AFB testing. - Poor clinical screening of TB suspects	- Strengthen the EQA - Train/ instruct doctors to follow NTP guidelines	- Poor quality of AFB testing - Only highly probable cases are referred for AFB testing.	- Strengthen the EQA - Train/ instruct doctors to follow NTP guidelines
% of S^+ not registered.	0%	-	-	- Pts. transfer out to another diagnostic center/ district - Pts. fail to re-visit the facility.	- Review the referral arrangements. - Improve retrieval & registration of pre-register defaults.
Proportion of CAT-II cases among total smear-positive registered	10 – 20%	- Poor categorization of newly registered TB patients.	- Train/ instruct doctors to follow NTP guidelines	- Diagnosis practice not correct. - High default of new cases in the district	- Train/ instruct doctors - Improve default rate through better support & retrieval.
% NSS^+ among new patients of pulmonary TB.	40 – 60%	- Poor quality of AFB testing - Diagnosis practice not correct.	- Strengthen the EQA - Train/ instruct doctors to follow NTP guidelines	- Poor quality of AFB testing (FP) - NTP criteria to diagnose smear-negative cases are not followed.	- Strengthen the EQA - Train/ instruct doctors to follow NTP guidelines

Indicator Analysis Table

Indicator	Expected range	If less than expected		If more than expected	
		Reasons	Actions	Reasons	Actions
% NSS$^+$ got converted at completion of 2/3 months.	80 – 90%	1. Pt. examined but not recorded in TB03. 2. Patients attend but smears not done. 3. Smears done but conversion low due to: 3a) Inadequate treatment 3b) Low patient compliance 3c) Poor quality of AFB testing 4. Patients don't attend (default, died, transfer)	Update the TB03. 2. Train/ instruct doctors & lab. staff 3a) Train/ instruct doctors 3b) Improve patient support arrangements. 3c) Strengthen the EQA 4. See rows below.	- High patient compliance - Poor quality of AFB testing	- Encourage the staff. - Strengthen the EQA
% NSS$^+$ defaulted in the first 2/3 months.	5% or less	- Reporting error (defaulters are classified as transferred out etc.) - Good case management work	- Review and exclude/rectify the reporting errors. - Acknowledge the good work.	- Poor treatment support - Poor retrieval arrangements - Poor perceived quality of care	- Improve Rx. support - Enhance retrieval arrangements - Understand/ address the perceived quality of care issues.
% NSS$^+$ transferred out in the first 2/3 months.	5% or less	- Reporting error (transfer out is reported as defaulters) - Good case management work	- Review and exclude/rectify the reporting errors. - Acknowledge the good work.	- Reporting error (defaulters are classified as transfer out etc.) - Facility registers too many patients from far areas. - Facility transfer out many pts. for some other reason	- Review and exclude/rectify the reporting errors. - Encourage registration of pts. from catchment pop. - Identify the reason and respond.
% absentee retrieval action taken	100%	- Poor staff knowledge and supervision. - Poor recording of addresses - Inadequate logistic support	- Train and supervise staff - Improve provision of printed letters/ envelops.	-	-

6. How to organize, conduct and document the facility review/plan meeting

- Facility Review and Planning Meeting is attended by:
    a) Medical Officer In-charge, DOTS Facilitator and laboratory person from the host facility under review, and
    b) District TB Coordinator and District Laboratory Supervisor from the district.

  The Medical Officer In-charge (facility) facilitates the proceedings of the facility review/planning meeting.

- The meeting follows the cluster meeting, hosted in the facility. The participants from other facilities do not attend the facility review and planning meeting. Every three to four months (depending upon number of facilities in the cluster), a facility gets an opportunity to have this meeting held for their respective facility.

- The two main documents that inform the discussion and decision making in the meeting are: Facility monitoring forms and the EQA-1 forms for the last 3 - 4 months. These forms are available with the facility as well as the District TB Coordinator.

- The deliberations focus mainly on three interest areas i.e. the inputs, the case management practices, and the laboratory functioning.

    - The inputs availability is reviewed, as discussed earlier for the cluster meeting. The main reasons and the decisions to address the input gaps are recorded in the action note table (see Appendix-A2).

    - The case management practices are reviewed, as described earlier for the cluster meeting. The main reasons and the decisions to address the case management practice gaps are recorded in the action note table (see Appendix-A2).

    - The laboratory functioning, including EQA, is reviewed in light of DLS observations/feedback during the last 3 – 4 months. The main reasons and the decisions to address the laboratory performance gaps are recorded in the action note table (see Appendix-A2).

- Two copies of Action Note Table are filled for the respective facility. Each filled copy is signed by the respective Medical Officer In-charge, and counter signed by the District TB Coordinator or his representative.

- The facility files the filled action note form in their respective file. District TB Coordinator also maintains a separate file for each diagnostic center, in which all the relevant documents (including action note) for the respective facility are filed.

7. How to compile the facility monitoring data and inform the district official?

District TB Coordinator, after completing the facility level monitoring events, compiles data from all facilities on the "monthly summary sheet" (see Appendix-C). For each facility (i.e. diagnostic center) the input and practice gaps, and the proposed actions and input required from the district office are recorded. The facility data recorded in "Facility Monitoring Form" and "Action Notes" provides the basis for filling the monthly summary sheet for the district.

The **input** gaps covers both material and staff. Write either "no gap reported" or "all staff available and functioning" if all key materials and staff have been available. Specify, if there is any material or staff gap noticed.

The **proposed actions** vary according to the type of gap and the circumstances for addressing these gaps.

The **required inputs** from the district specifically spell out the actions expected from the district office.

The monthly summary sheet is used as a tool to provide the district officials feedback on the progress and request them for specific actions/measures. This is done in an hour-long exclusive meeting with the concerned district official. District TB Coordinator presents the summary, and takes note of the district official decisions on each identified gap. The monthly summary sheet is filed in the district DOTS monitoring records.

FACILITY MONITORING TOOL

Name of Health Facility _____ **Catchment Population**_____

Month under reporting _____ **Visit/Meeting Date** _____

A. PRINT MATERIALS

Item	Minimal Stock Level	Stock available	Stock Replenishment		Comments/Required Action
			Supplied	To Arrange	
TB01	150				
TB02	150				
TB03	1 register				
TB04	1 register				
TB05	2 pads				
TB07, 08, & 09	1 register				
Treatment Support Card	150				
Request for Rx. Support	1 pad				
Hard to access cards	50				

B. DRUG

Drugs	Minimal Stock Level	Stock available	Stock Replenishment		Comments/ Required Action
			Supplied	To Arrange	
HRZE	2640				
HE	4320				
S	120				
RHE	1200				
Weighing Scale	1				

C. STAFF AVAILABILITY

Category	Staff		Comments/ Required Action
	#Available	#Trained	
DOTS Doctor			
DOTS Facilitator			
Lab. Person			

D. FACILITY FUNCTIONING (last month)

Outpatients	Laboratory Functioning		
Total OPD attendance	Interruption in laboratory functioning (# days)	Reasons	Required Action
D1	D2	D3	D4

Note: Data in "Grey cells" to be brought from the health facility, by the respective DOTS Facilitator.

Stock entries checked: **Signatures of SMO/ I/C:** _____

E. CASE MANAGEMENT PRACTICES Facility: _____ Month under review:_____

Lab. (TB 04)			Registration (TB 03)					Case management (TB 03)									
Number Examined			Number of patients registered					Pt who started their intensive phase during month under review			Pt who started their treatment same month previous quarter (i.e. 1st, 2nd or 3rd month of the previous quarter)					Absentee patients (TB01)	
Suspects		Patient	Smear Positive				Smear Negative	Smear Positive only			Conversion (NSS+)					#	Action taken
Tested last month	Found positive	Follow-up	New	Retrea-tment (CAT2)	Total (CAT 1 & 2)	Pre-reg default	New	# Correct Regimen (TB01)	# Correct Dosage (TB01)	Treat-ment support noted	# Total started	# Convert	# Default	# T. Out	# Correct Regimen (contin.)		
E1	E 2	E 3	E 4	E 5	E 6	E 7	E 8	E 9	E 10	E 11	E 12	E 13	E 14	E 15	E 16	E 17	E 18

F. INDICATORS/ ANALYSIS

Activity / Indicator	Formula (x100)	Situation		Reason for Variation	Proposed Actions
		Expected	Observed		
1. Proportion of OPD suspected for TB	**E.1 / D.1**	**2%**			
2. Proportion of suspects found new smear positive (NSS^+)	**E. 4 / E.1**	**10%**			
3. Proportion of S^+ not registered (i.e. pre-registration default)	**E. 7 / E. 2**	**0%**			
4. Proportion of S^+ registered as Cat II	**E. 5 / E. 6**	**> 10%**			
5. Proportion of NSS^+ among all new pulmonary TB patients	**E.4 / (E.4 + E.8)**	**> 40%**			
6. Proportion of NSS^+ found converted	**E. 13 / E. 12**	**> 85%**			
7. Proportion of NSS^+ found defaulted	**E. 14 / E. 12**	**< 5%**			
8. Proportion of NSS^+ transferred out	**E.15 / E.12**	**< 5%**			
9. Proportion of absentee retrieval action	**E.18 / E.17**	**100%**			

G. FIDELIS Specific Data

Updating of Coordinators TB03	Patient Access Data				NSS+ registered during same month last year
	# Hard		# Easy		

Prepared by: _____ **Counter signed by:** _____

Appendix-B

FACILITY DOTS REVIEW/PLAN MEETING: FACILITY: _____, Date: _____

ACTION NOTES (Facility Level)

Main Gaps	Agreed Action	Responsible	Dead line	Remarks
Inputs				
Case management				
Laboratory functioning				

Prepared by: _____ **Counter signed by:** _____

Appendix-C

MONTHLY SUMMARY SHEET: FACILITY DOTS REVIEW/PLAN District: _____, Month: _____

Facility	Main Gaps		Proposed Actions	Required inputs from the district
	Input gaps	Practice gaps		