

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

TB DISTRICT SUPPORT VISIT CHECKLIST (revised 2006)

District.....

Health Facility.....

Date of visit.....//.....//.....

Date of previous visit.....//.....//.....

Instructions;

1. Grade the observed tasks, listed below, from 0 – 3

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|--------------------|----------|
| 0 = not done | 1 = poor |
| 2 = satisfactory | 3 = good |
| - = not applicable | |

2 Please make comments, especially for the underscored observations. Describe both what was observed as well as what was the intervention done by the visiting officer. Be as specific as possible in your comments.

3. In the first place, the outcome of this checklist is to be used at the district level for self evaluation and improvement of the services. Secondly, one copy will also be sent to the Central TB Unit of the Ministry of Health for overall supervision purposes.

1. Review of the Suspect and Sputum Dispatch Register

Task	Score	Comment
1. Register is regularly used		
2. All columns are completed		
3. All suspected cases have three sputum Examination		
4. All sputum results are correctly recorded		

2. Review of the facility TB Register

Task	Score	Comment
1. All confirmed patients are entered in the Register		
2. Patient's information is complete		
3. All sputum results are correctly recorded		
4. Patient's compliance is correctly recorded		
5. End of treatment is correctly recorded		
6. All HIV status results are correctly recorded		
7. IPT history recorded		
8. ARV status recorded		

3. Review of the treatment card

Task	Score	Comment
1. All confirmed patients have a treatment Card		
2. Patient's information is complete		
3. The given treatment regimen is correct		
4. All sputum results are correctly Recorded		
5. All HIV status results are correctly recorded		
6. Patient's attendance is correctly recorded		
7. IPT history recorded		
8. ARV status recorded		

4. Review of patient's card

Task	Score	Comment
1. All confirmed patients have a patient card		
2. Patient's information is complete		
3. The given treatment regimen is correct		
4. All sputum results are correctly recorded		
5. All HIV status results are correctly recorded		
6. Patient's attendance is correctly recorded		

5. Review of transfer forms

Task	Score	Comment
1. Notice of transfer is sent for all transfer out patients.		
2. Follow up is done for all transfer out Patients		
3. All transfer in patients are correctly registered.		
4. Acknowledgement of transfer is sent for all transfer-in patients.		

6. Review of the laboratory register

Task	Score	Comment
1. All sputum collections are recorded in the Register		
2. All the columns are completed		
3. All sputum collections are provided with Reports		
4. Interval between sputum collection and reports no more than one week		

7. Review of patient information and services

Task	Score	Comment
1. Patient information and education are being provided		
2. Patient counseling is being practiced		
3. Patients are assisted to produce sputum for Examination		
4. All patients swallow their drugs under Observation		
5. Defaulting patients are traced immediately		
6. All patients are tested for HIV status		
7. All HIV positive patients are referred for appropriate services ie ART, PMTCT, CPT		

8 Review of contact tracing

Task	Score	Comment
1. Contact form is being filled in at the registration of each new case.		
2. All identified contacts have been traced		
3. All coughing contacts submitted three sputum for examination		
4. All under-five contacts received PPD and decision on the outcome is taken		
5. All new-born and breastfeeding contacts are on prophylaxis		
6. All confirmed cases are registered and put on treatment		

7. Review of supplies

Task	Score	Comment
1. Estimate of all supply requirements is based on the latest quarterly report		
2. The facility regularly places supply orders		
3. The facility has adequate TB drug supply		
4. No expired TB drugs are present in the facility		
5. The facility has adequate supply of TB registers, cards and forms		
6. The facility has adequate supply of sputum containers		
7. The facility has adequate supply of HIV test kits		

Are there other observed areas of weakness?

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Have the weaknesses pointed out during the previous visit improved?

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What are the recommendations for improvement?

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Health Facility Officer.....

Visiting Officer.....

Signature.....

Signature.....