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OPERATIONAL MANUAL FOR SCALING UP TB AND TB/HIV CARE IN PRIVATE HEALTH FACILITIES AT THE REGIONAL LEVEL IN ETHIOPIA

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PSP-Ethiopia

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OPERATIONAL MANUAL FOR SCALING UP TB AND TB/HIV CARE IN PRIVATE HEALTH FACILITIES AT THE REGIONAL LEVEL IN ETHIOPIA

CONTENTS

LIST OF FIGURES

ACRONYMS

AFB	Acid-fast Bacilli
CT	Counseling and Testing
DACA	Drug Administration and Control Authority
DOTS	Directly Observed Treatment, Short-Course
EHNRI	Ethiopian Health and Nutrition Research Institute
FMOH	Ethiopian Federal Ministry of Health
GLRA	German Leprosy and Tuberculosis Relief Association
HCT	HIV Counseling and Testing
IEC/BCC	Information, Education, and Communication/Behavior Change Communication
IHI	IntraHealth International
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
NTP	National TB Control Program
PICT	Physician-initiated Counseling and Testing
PIHCT	Physician-initiated HIV Counseling and Testing
PPM/TB	Public-Private Mix Tuberculosis Care
PSP-Ethiopia	Private Sector Partnerships-Ethiopia Project (USAID-funded; 2004- 2009)
RHB	Regional Health Bureau
TLCP	Tuberculosis and Leprosy Control Program
USAID	United States Agency for International Development
WHO	World Health Organization
WoHO	Woreda Health Office

1. INTRODUCTION

1.1 OVERVIEW

HIV/AIDS, Malaria, and tuberculosis continue to inflict tremendous impact on both morbidity and mortality in Ethiopia today. National and international attention is now focused on providing care in both the public and private health sectors. The private health sector has grown considerably in the last few decades. It plays a major role in ambulatory care, particularly in urban areas (WHO 2000, global assessment). Nationally, it was revealed that in the 2000 Addis Ababa regional health bureau review meeting, about one third of registered TB patients who are on treatment in the public health facilities were referred from the private sector. Attempts to forge partnerships between public and private sectors in health care provision for TB and TB/HIV, if successful, could have ripple effects on other diseases.

Ethiopia is a signatory to the Millennium Development Goals (MDG). Two of these goals and their associated targets relate closely to Tuberculosis and HIV/AIDS. The first target is to halve, by 2015, the proportion of people whose income is less than one dollar a day. The second related target is, by 2015, to have halted and begun to reverse the incidence of HIV/AIDS and other major diseases. The indicators associated with this target are the prevalence and death rates associated with TB and the proportion of TB cases detected and cured under Directly Observed Treatment (PPM DOTS guidelines).

TB control can help to meet the goal of reducing poverty in a number of ways. These relate largely to reducing the costs of being ill, lessening the cost of treatment for illness, limiting the period of reduced productivity due to illness, and reducing the likelihood of death due to illness.

Private Public Mix (PPM) undoubtedly enhances these effects as it reduces the time between diagnosis and treatment and the costs of treatment to patients by eliminating or reducing the common practice of "shopping" for care. PPM can also cut costs to patients by reducing transport expenses and ensuring free drugs and other services.

The MDG of reducing deaths from TB can be achieved if TB control efforts approach as closely as possible the global goals for case detection of smear positive PTB 70% and cure rate of 85% or above (WHO, 2000). Currently, Ethiopia's case detection rate of smear positive cases stands at 36% (WHO report, 2006), and unless the current efforts are intensified among other important interventions, such as the involvement of all relevant health care providers in service delivery to all segments of the population, It would be difficult to control the burden of TB in Ethiopia.

Increasing case detection, in particular, will depend on involving the private sector in TB control to a much greater extent than at present. Cognizant of the current situation in Ethiopia, one of the strategies of the Federal Ministry of Health of Ethiopia is commitment to involve the private sector in the control of TB and other infectious diseases which account for the lion's share of health problems in Ethiopia (PPM DOTS guidelines, FMOH 2006).

In most settings, patients with symptoms suggestive of TB seek care from a wide array of health care providers outside of public sector TB services. These non-NTP providers may serve a large proportion of TB patients and suspects but may not always apply recommended TB management practices or report their cases to NTPs. Evidence suggests that failure to involve all care providers sought by TB

suspects and patients, hampers case detection, delays diagnosis, causes improper diagnosis as well as inappropriate and incomplete treatment, increases drug resistance and places a large and unnecessary financial burden on patients. The following is a progression of PPM in Ethiopia:

- Private sector provision of TB services was discussed for several years, but it was after 2005 that a draft policy and working documents were prepared and a technical working group formed.
- In April 2006, PPM programmatic activities began.
- USAID and PSP/IHI participated in developing working documents, organized a dialogue workshop and participated in the technical working group for PPM
- Technical working group members are: GLRA, WHO, USAID, PSP, DACA (Drug Administration and Control Authority), Medico Legal Department / FMoH, EHNRI (Ethiopian Health and Nutrition Research Institute), and the Regional Health Bureaus for Addis Ababa and Oromia.
- In April 2006 the Private Sector Program assisted the National TB Control Program by employing focal person for PPM in order to assist with developing national PPM guidelines, assessing private health sector facilities, organizing training for selected private providers, initiating TB/DOTS service provision, conducting supportive supervision and evaluating the project, and to design the scale-up strategy in the country.
- The Private Sector Program provided technical and program assistance to develop the implementation guideline for PPM/TB, train private providers in the 25 pilot sites, and initiate the supply of drugs and supportive supervision.
- The launch for the Public Private Mix policy and implementation guideline dissemination workshop held on March 28, 2007. Key stakeholders including the State Minister and USAID Mission Director participated. The event was covered in the media.

1.2 PURPOSE OF THE MANUAL

The purpose of this manual is to assist regional health bureaus to operationalize the integration and implementation of PPM (TB and TB/HIV) services at the regional and sub regional levels in the private sector. Discussions on the feasibility of providing these services in the private sector are frequently taking place in the absence of comprehensive, regional specific information on the resource implications of such activities.

This guide provides a step-by-step approach to rolling out and/or scaling up PPM (TB and TB/HIV) at the regional level. The manual does not advocate for a specific approach but merely recognizes that regions shall move forward with a comprehensive plan or estimate of the resource requirements. The guide provides a comprehensive framework within which to consider various options, and highlights the opportunities and constraints inherent in scaling up TB/HIV/AIDS provision in the private sector.

1.3 TARGET AUDIENCE

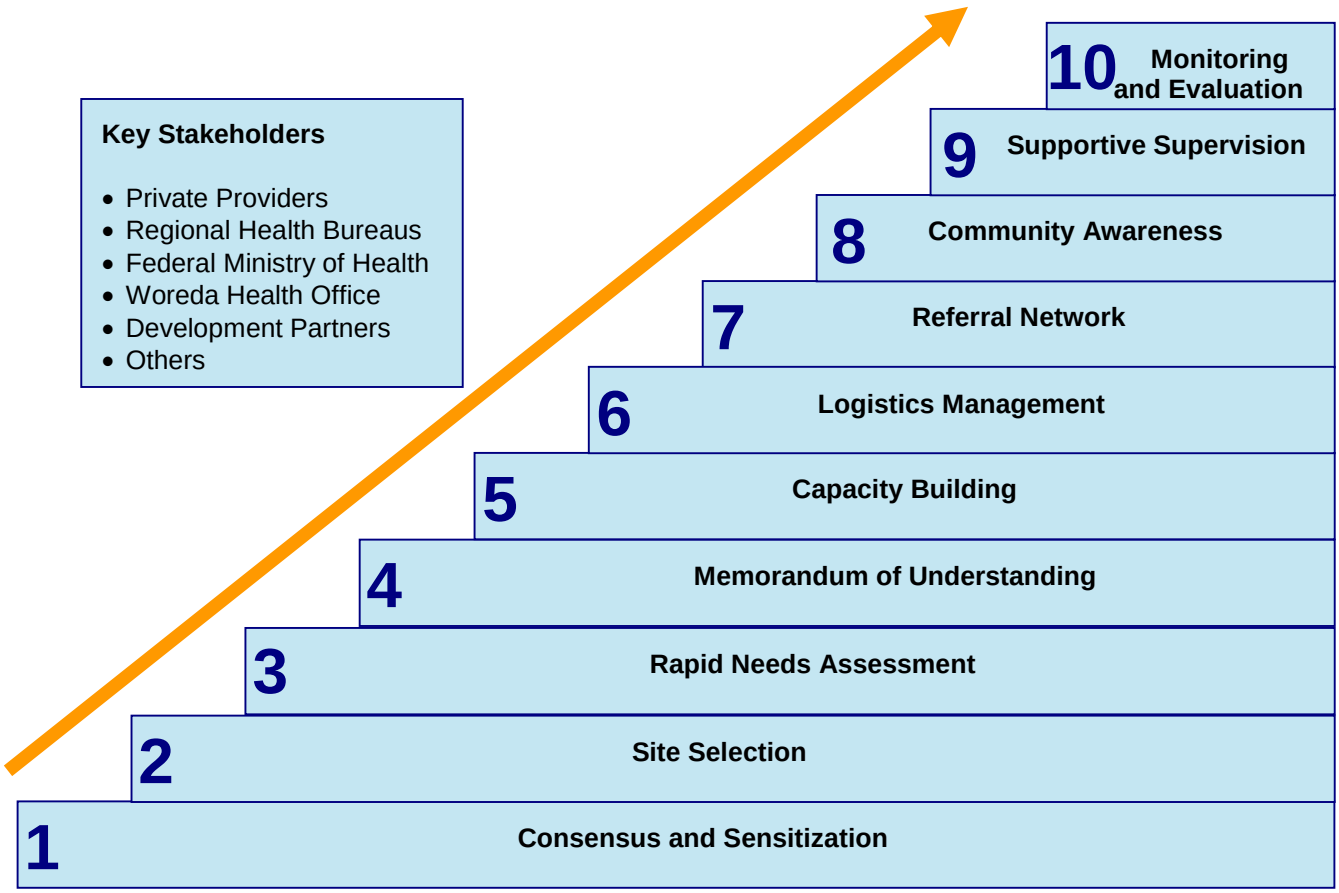
The intended audience of this manual includes program managers, regional health bureaus, federal health officials, policy makers, program planners, development partners, and other key stakeholders.

2. STEP-BY-STEP APPROACH

This manual provides a ten-step approach for scaling-up of TB and TB/HIV services delivery by private sector facilities, and provides tools for engaging stakeholders for obtaining consensus, establishing criteria, conducting assessments, building capacity, monitoring and evaluation, and managing logistics. The approach outlined in this manual is not a one-size-fits-all approach, but is an adaptable step-by-step approach that can be easily tailored to meet the specific needs and address the challenges unique to particular regions and sub-regions.

The approach emphasizes clearly defined roles, monitoring and evaluation, and capacity building, and requires a close and collaborative relationship between the RHBs and the private sector facilities. The Private Sector Partnership Project-Ethiopia (PSP-Ethiopia) will work with the MoH and the regions to support discussions on PPM, program planning, budgeting for PPM/TB, and implementation issues. The ten (10) key steps are outlined in the graphic below, and are further explained in this guide.

TEN KEY STEPS FOR SCALING UP TB CARE AND TB/HIV SERVICES IN PRIVATE HEALTH FACILITIES AT THE REGIONAL LEVEL



3. TEN KEY STEPS FOR SCALING UP TB CARE AND HIV COUNSELING IN PRIVATE SECTOR FACILITIES AT THE REGIONAL LEVEL

3.1 CONSENSUS AND SENSITIZATION MEETINGS

To engage stakeholders in the planning process, the Regional Health Bureau, with support from projects such as PSP-Ethiopia, should convene a meeting to build consensus and to sensitize stakeholders to the region's needs for the expansion of TB/HIV services. PSP-Ethiopia will provide support to develop the agenda, and manage planning logistics such as designating the time and location, and inviting participants. Below is a list of key participants in this meeting:

- Regional Health Bureau (RHB) Officials
- Woreda Health Office (WoHO) Officials
- Town Health Officials
- Private Providers

The meeting should serve as a forum for thoroughly explaining the approach, targets, and timeline for implementation. Topics such as logistics, supervision, reporting, and training should be addressed. By means of a participatory approach, the Consensus and Sensitization Meeting should accomplish the following:

- Describe the elements of the PPM program
- Explain the requirements of the PPM Implementation Guidelines, as well as the expectations of the RHB and PSP-Ethiopia for implementation
- Notify participants of roles and responsibilities: who will refer, who will treat, who will provide supplies, drugs, and reporting formats
- Clarify the Regional Health Bureau's expectations of the private facilities
- Discuss the site selection criteria to assure transparency
- Elicit a statement of the private sector's expectations of the Regional Health Bureau
- Discuss how the referrals would work (e.g. minimum requirements for referral – who does the testing, assessment of ability to pay)
- Discuss the financing dimension: who will pay for the services, particularly for the poor who are unable to pay

3.2 SITE SELECTION

It is important that Regions and Woredas develop and apply transparent criteria for the selection of private facilities. The Regions should ensure that adequate information on selection criteria is made available widely, and that decisions are fair. In developing the selection criteria, regions and woredas may want to consider targeting facilities with:

a. The potential to see a high volume of TB and HIV patients

b. Evidence of providing high quality services

c. Adequate infrastructure, including personnel

The RHB and WoHO should adapt the list of suggested selection criteria to meet the unique needs of its region. PSP-Ethiopia will set deadlines and provide active follow-up with the RHB on the decision-making process.

Suggested Selection Criteria

A. Facility's Willingness To Participate In PPM-TB and TB/HIV Care
- Accepts Training, Logistics And Reporting Requirements

B. Ability To Increase Access To Care For TB and TB/HIV Patients
- Location, And Socioeconomic Status Of Clients

C. Facility Already Has A High Case Load And Is Therefore Likely To See More TB and TB/HIV Cases

D. Good Infrastructure
- Well-Ventilated Rooms, Adequate Waste Disposal, Etc.

E. Human Resources
- Availability Of Sufficient Numbers Of Health Care Staff

F. Availability Of Complementary Services
- VCT And Other Services Which Facilitate Comprehensive Care

3.3 RAPID NEEDS ASSESSMENT

Using a standardized questionnaire, a rapid assessment of private health facilities should follow the selection of potential sites to identify the service provision capacity, resources available and the needs of the facility. The assessment should provide information on each facility outlining current infrastructure, human resources, training requirements for all staff, and laboratory facility and equipment. Each RHB should assess the existing tool (included in Annex A), and determine whether any further refinements are required.

Key elements of the assessment include:

- Background information
- Service assessment (types of services, fees, guidelines)
- Equipment and supplies
- Reporting and recording systems
- Human resources
- Willingness to commit to PPM/TB program

The RHB in collaboration with key partners should conduct the rapid assessment of the private health facilities to inform the development of a context-specific approach and to ensure delivery of high quality TB/HIV care.

3.4 MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN THE REGIONAL HEALTH BUREAU AND THE PRIVATE HEALTH FACILITIES

The MOU establishes a formal relationship between the RHB or WoHO and the private health facility, and should clearly articulate the roles and responsibilities of both the RHB and WoHO, and the private health facility. PSP-Ethiopia will ensure that both parties sign this necessary agreement before moving forward.

Some key private provider commitments are to:

- Follow the national clinical manuals for TB and TB/HIV
- Not sell drugs or use supplies for other services
- Report on program activities following MOH systems
- Communicate promptly with the RHB or HO regarding defaulters and absentees
- Collect information for defaulter tracking
- Participate in monthly or quarterly meetings with the RHB or Woreda Health office

Key responsibilities of the Regional Health Bureau and WoHO are to:

- Supply anti-TB drugs, reagents, and other supplies free of charge with adequate shelf life and establish a reliable system for re-supply
- Supply reporting and recording formats
- Monitor, evaluate and serve as steward for the program
- The RHB in collaboration with TLCP takes responsibility for any interruption of drug supply, and for the consequences to patients
- Establish referral relationships between public and private facilities (e.g. patients who are unable to pay should not be referred to private sector facilities, public sector facilities are prohibited from refusing to accept referrals from the private sites, etc.)

3.5 CAPACITY BUILDING

To maintain quality in implementation, health care providers must be appropriately trained to provide the best level of service. For some providers, outdated knowledge and skills must be updated to current evidence-based information. Training is also necessary to encourage adherence to national protocols and guidelines, introducing some degree of standardization in patient care. Currently available health provider trainings, most designed for use in the public sector, must be adapted to meet the needs of private providers. A training tailored for the private sector will:

- Use the FMOH tools
- Determine how to adapt the delivery of the training modules to the schedule constraints of the private sector
- Assess whether the existing training tools adequately address the integration of CT, TB, TB/HIV, PICT

- Provide training on reporting and recording

Training for the private sector should occur at the basic, refresher, and leadership levels, as well as on-the-job. Training should come from the National Training Manual. Some examples of core topics that should be covered in the private sector training include:

- Diagnosis & Management of TB in the HIV Context
- Supportive Supervision
- M&E and HMIS for TB/HIV
- Overview of HCT
- PIHCT Protocol
- HIV Rapid Testing
- Post-Test Counseling
- IEC/BCC for HIV (prevention, care, and treatment; AFB testing; and non-clinical training for program managers)

Beyond training, there is a need to build capacity through continuous supportive supervision. This type of on-the-job training combined with monitoring and evaluation warrants its own section, and will be discussed in a later section of this guide.

3.6 REFERRAL NETWORK

An effective referral network ensures continuity of care, is able to track patient progress, and gets patients the care that they need. Full cooperation and coordination by the public and private sector allows for full referral and feedback, handles complex and difficult to diagnose cases, provides appropriate follow-up and monitoring, and prevents transmission and the emergence of drug resistance.

Elements of the referral network must include:

- The RHB/WoHO helps to establish effective referral networks between all types of providers
- Referral arrangements must include two-way communication between facilities (bi-directional relationships)
- Referral to PPM facilities may reduce the load on public facilities - after systems are well established
- When the public sector refers to the private they must be sure that patients understand that there are fees for services, but not for anti-TB drugs
- Feedback systems between the facilities
- Defaulter tracing responsibility

PSP-Ethiopia will facilitate this through the following:

- Discussion with the RHB to come to a shared understanding of how the referral links between the public and the private sectors will work
- Map the geographic links between the facilities – based on proximity

- Strengthen the system – by analyzing the facilities, and their relationships to each other geographically
- Discussion with the RHB, sub-city/WoHO, and facilities about how referrals would work between the public and private facilities
- Revise existing forms if necessary

3.7 COMMUNITY AWARENESS

Community Awareness is essential to address barriers to TB/HIV prevention, diagnosis, and treatment; including both structural and personal barriers to health seeking behavior, access to treatment, and adherence to treatment regimen. In Ethiopia's case:

- Community awareness is important because population knowledge of TB and TB/HIV is low
- The community can help to identify TB cases
- Community involvement supports treatment adherence
- RHB's should support community awareness through mass media campaign, information leaflets, posters, etc.

There is a need to promote media coverage of PPM services to create public awareness of TB service in the private health sector. The public should be aware that:

- The private sector offers the services but does charge fees for consultations and lab exams
- The anti-TB drugs are provided without charge
- The RHB supervises the services and assures the quality
- Quality of care varies by provider and level of clinic. Special attention should be paid to clinics with good quality services.

3.8 SUPPORTIVE SUPERVISION

This topic is important for providing both internal and external quality assurance mechanisms in private sector facilities. Supervision ensures national guidelines are implemented for provision of care, laboratory (and pharmacy) services, and overall facility maintenance, including record keeping and reporting.

Supervision goes beyond the checklist and requires careful direct observation of:

- Facility infrastructure (ventilation, waste disposal, etc.)
- Register data entry and all record-keeping and reporting
- Referral tracking, and communication to RHB on defaulters
- Drug supplies, expiry dates, usage of other commodities

The Region must be committed to supervise private sites intensively for the first 3 to 6 months in each new site. After the initial start-up, quarterly supervision is advisable.

PSP-Ethiopia will strengthen the RHB and sub-city/town HO capacity through the provision of training. Moreover, PSP will ensure technical and financial support to RHB and sub-city/town HO to facilitate quarterly joint supervision.

3.9 LOGISTICS MANAGEMENT

Logistics are a critical part of the program because facilities must be assured that they will receive timely and adequate supplies of drugs.

The RHB and WoHO must:

- Establish systems to provide and monitor the supply of drugs and other supplies
- Initiate supplies provision to the facilities
- Provide recording/reporting tools to the facility

Facilities must provide for:

- Proper storage of drugs and other supplies in a locked dry room on shelves
- Systems for stock management and tracking
- Timely requests for new drug supplies
- Drugs and supplies stock that last for a minimum of three months

3.10 MONITORING, AND EVALUATION

A monitoring and evaluation system must be in place to ensure appropriate use of resources, to assure quality, and to generate data for decision-making. Monitoring and evaluation of implementation activities will help to evaluate the outcomes achieved while measuring both short and long term impact.

The RHB should provide simple and standardized tools for private sector facilities to conduct self-assessments, in addition to tools for external verification through the supervisory visits. Semi-annual review meetings will be held with all stakeholders. Annual meetings should be held to highlight achievements, discuss problems, and disseminate and discuss M&E in private sector facilities. PSP-Ethiopia is available to provide supervision, monitoring and evaluation assistance for the following:

- Support to the RHBs in analysis of case loads, and referral intervention
- Definition of indicators
- Measuring program progress
- Identifying additional program needs
- Provide RHBs with reporting formats
- Provide support for computerization of data
- Documenting best practices
- Annual and mid-term evaluation. Private sector facilities are supposed to submit monthly and quarterly reports to sub-city or town health offices.

ANNEX A: HEALTH FACILITY ASSESSMENT

STRENGTHENING TB AND HIV CARE

RAPID ASSESSMENT OF HIV AND TB SERVICES IN THE PRIVATE SECTOR IN ETHIOPIA

June 2007

INTRODUCTION

(Greetings) I am here on behalf of RHB and USAID/PSP Ethiopia to obtain information on the provision of TB, ART, PMTCT and VCT Services in your institution. PSP in collaboration with FMOH/RHB are conducting an assessment of private health sector facilities with a focus on HIV/AIDS and tuberculosis services. The objective of the assessment is to quantify existing and required human and service capacity, identify type and distribution of health workers needed to provide HIV and TB services in the private sector. The assessment thus, will provide RHB, FMOH, USAID, PSP/Ethiopia and other key stakeholders valuable information to use in planning for scaling up of HIV/AIDS and TB services in Ethiopia. We are gathering information from this facility on staffing, type of service offered, number of patients/clients services. Please note that any information you give will not be divulged to anyone else and will only be used for the intended purpose.

A. BACKGROUND INFORMATION

Date: _____ (day/month/year)		
Interviewer's name:	_____	
Name of Facility:	_____	
Region		
Zone		
Woreda		
Level of Facility:	☐ Specialized Hospital	☐ Higher Clinic
	☐ Health Clinic	☐ Medium Clinic
	☐ Others (specify)	

Interviewees:

	Name	Title and position
1		
2		

B. FACILITY INFORMATION

	Question	Answer	Observe and remark
1	Level of government which gives license to the HF	a) WHB b) ZHB c) RHB d) FMOH	
2	When was the clinic first provided with license? (month/year)		
3	Is the license currently valid?	a) Yes b) No	
2	Is inpatient service available?	a) Yes b) No	
3	Does the facility have the following items?	a) Adequate lighting b) Ventilation c) Toilet for staff d) Toilet for patient	
5	Does the facility have room/space for DOTS consultation/dispensing?	a) Yes b) No	
6	If yes, does the facility meet the standard?		
7	Does the facility have space that can be reorganized for VCT services?	a) Yes b) No	
8	Does the facility have rooms for: OPD? CT? TB/DOTS?		

C. TYPE OF SERVICES PROVIDED IN THIS FACILITY

3. Which of the following services are provided at this facility?

	Services	Are these services provided at this facility? [Circle appropriate number]
3a	VCT	Yes……1 No……..2
3b	Antiretroviral therapy	Yes……1 No……..2
3c	STI	Yes……1 No……..2
3d	PMTCT	Yes……1 No……..2
3e	Tuberculosis	Yes……1 No……..2
3f	Malaria	Yes……1 No……..2
3g	Maternal Health	Yes……1 No……..2
3h	Family Planning/Reproductive Health	Yes……1 No……..2
3i	Child Health	Yes……1 No……..2
3j	Antenatal Care	Yes……1 No……..2
3k	Laboratory Services	Yes……1 No……..2

4. What is the average number of patients seen per week for each of the following services at this facility?

	HIV/AIDS services	Average number of patients seen per week in this facility
4a	Voluntary Counseling and Testing (VCT)	
4b	Prevention of Mother to Child Transmission (PMTCT)	
4c	Tuberculosis (TB) as an Opportunistic Infection (OI)	
4d	Antenatal Care	
4e	Family Planning/Reproductive Health	
4f	Outpatient Department (OPD)	
4g	Demographics of Patient Population a. Number of adult males b. Number of adult females	

	c. Number of children	

5. What is the average number of new patients seen per month for TB services at this facility?

TB services		Average number of patients seen per week in this facility
5a	Directly Observed Therapy (DOTS)	

6. HUMAN RESOURCES

In this health facility, do the following staff types provide the services listed and if yes, what percentage does each member spend on patients on an average day?

Type of Service		VCT	ART	TB	TB/HIV
Staff Type	**Total number**	**Total number Number trained in VCT**	**Total number Number trained in ART**	**Total number Number trained in TB**	**Total number Number trained in TB/HIV**
Doctors					
Nurses					
Lab technicians					
Counselors					
Pharmacist					

Indicate the number of trained staff lost to attrition (resigned, fired, death) the institution in 2006

Staff Type	Number Trained	Number Lost to Attrition
Doctors		
Nurses		
Lab technicians		
Counselors		
Pharmacist		

7. CLINICAL GUIDELINES/PROTOCOLS

Do you have guidelines/ protocol for the following services?

	Type of Guidelines	Yes	Observed and Date of Guideline	No
1	TB			
2	TB/HIV			
3	VCT			
4	ARV treatment			
5	STI			

6	Clinical management Of HIV & OIs			
7	Others (specify)			

8. RECORD KEEPING & REPORTING SYSTEM

Does this facility have or use the following reporting forms?

Type form or Register	Yes	Observed and Date of Form/Register	Remark
1.VCT registers			
2. TB registers			
3. TB patient transfer, referral form			
4. TB/HIV forms			
5. Basic lab. request form			
6. ART register form			
7. Hospital referral form			
8. ART reporting form			

9. Where does the facility send its reports to?

Health Bureau	Reports Sent (Yes/No)	Frequency
FHB		
RHB		
ZHB		
WHB or sub city		
Others (specify) _____		

Frequency can be monthly, quarterly, every 6 months (bi-annually), yearly, or others (specify).

10. How often does this facility receive supervision?

Health Bureau	Supervision Received (Yes/No)	Frequency	Date of last visit	Observe: Is a copy of the report available?
FHB				
RHB				
ZHB				
WHB or sub city				
Others (specify)_____				

Frequency can be monthly, quarterly, every 6 months (bi-annually), yearly, or others (specify).

11. EQUIPMENT AND SUPPLIES

Does the facility have the following equipment and supplies?

	Equipment and supplies	Yes	Observed	No
1	Microscope			
2	HIV Test kits			
3	Reagents for TB and HIV for rapid test			
4	Disposal, detergents, disinfectants			
5	Hematology auto-analyzer			
6	Clinical chemistry auto-analyzer			
7	Refrigerator			
8	Others			

12. LABORATORY SERVICES

Service	Yes / No	Date of Last Training for Staff	Remark
1. Full blood Count (WBC & diff)			
2. Hemoglobin			
3. Platelet count			
4. AFB			
5. LFT			
6. RFT			
7. Sexually Transmitted Infections (RPR / VDRL)			
8. HIV rapid test			
9. Gram stain			
10. Indian ink			
11. External Quality Control System By who? _____			

13. COMMITMENT TO PARTICPATE IN TB/HIV CARE

		Yes	No	Remark
1	Are you interested in sending 2 health providers for training for 5-6 days			
2	If no, why?			
3	Is the facility interested in cost sharing to train providers?			
4	Is the facility interested in providing DOTS?			
5	Is the facility interested in assigning staff to provide DOTS?			
6	Is the facility interested in and able to handle logistics for PPM?			
7	Is the facility interested in reporting PPM data and information to the relevant authority?			