Evaluation Tool for Tuberculosis Programs among Refugee and Other Populations in Humanitarian Settings: 2026 update

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The findings and conclusions in this evaluation tool are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

This 2026 update represents a revised version of a tool created in 2009 and previously updated in 2013. The 2026 update reflects interim changes in diagnostic technologies and treatment regimens for tuberculosis.

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Evaluation Tool for Tuberculosis Programs among refugee and other populations in humanitarian settings

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The Purpose of this Tool

Why was this tool developed?

This tool is designed to support the effective operationalization, monitoring, and evaluation of tuberculosis (TB) control programs that serve refugees or other displaced populations in humanitarian settings.

Interim international guidance on TB control includes as one of its pillars the provision of "integrated, patient-centered care and prevention", which encompasses early diagnosis of TB, systematic screening of contacts and high-risk groups, treatment of all people with TB, management of co-morbidities, and preventive treatment of persons at high risk. Addressing these priorities entails a focus on populations at increased risk of TB transmission and poor access to TB prevention and care services, including refugees and other displaced populations in humanitarian settings. These populations may live in crowded or informal shelters that facilitate TB transmission, and their mobility can complicate follow up for TB diagnosis and treatment. Their access to TB drugs may be complicated in acute displacements, or in the case of refugees, they may not have access to National TB Program (NTP)-provided drugs.

To outline and address these challenges, and interagency consortium revised and released *An Interagency Field Guide: Tuberculosis prevention and care among refugees and other populations in humanitarian settings*[1] in 2022. While the Field Guide outlined unique considerations for TB care in these populations and provided broad guidance for managing TB programming in humanitarian settings, it did not go into detail of how to operationalize the monitoring and evaluation of such programming, including in a TB treatment site setting. This tool seeks to build upon the Interagency Field Guide to provide that operational framework. It focuses on four components of TB programming at TB treatment sites: laboratory services, health education, clinical management, and overall program management, including data recording and reporting, that are essential to TB programming in these populations, whether in camps or in a community setting.

Who is the primary user of this tool?

Given that the setting of these TB control programs is among refugees or other displaced populations in humanitarian settings, the evaluators could be representatives of the implementing partner providing healthcare services, a funding partner, national TB program, other government evaluator, or UNHCR or other UN agency. Evaluators from national or regional headquarters might be able to provide a broader perspective than those directly providing healthcare services. Because the tool can be used serially at TB treatment sites to monitor and improve the functioning and outcomes of TB programming conducted among refugees or other displaced populations in humanitarian settings, program managers and staff may use it to improve programming between evaluations in these and other resource-limited settings.

[1] Tuberculosis prevention and care among refugees and other populations in humanitarian settings: an interagency field guide (who.int)

Explanation of this Tool

What is in this tool?

This evaluation tool has four components that can be used in TB treatment sites:

1. Laboratory services
2. Health education
3. Clinical case management and treatment
4. Program management (including data recording and reporting, emergency planning, case finding, management of patients lost to follow up, and management of TB commodities)

Each component includes an evaluation worksheet that reflects key standards of care to consider in provision of TB services to refugees and displaced persons in humanitarian settings. An evaluator reviews each item, determining and documenting if the item is "present and adequate". Each item in the worksheets also provides a space for comments, where the evaluator can record specific findings pertinent to that item. Additionally, at the conclusion of each component's worksheet is a **Comments and Recommendations** section, where the evaluator can highlight site-specific deficiencies, summarize observations, and provide concrete recommendations for action to improve TB programming at the site. Ideas for linking findings to recommendations for improvements to TB programming in humanitarian settings can be found in Annex 3 of the *Interagency Field Guide*.[2] **If major deficiencies are observed in any component or sub-section during the evaluation, the evaluator can work with program managers to improve the program where needed.**

To provide a more systematic way to evaluate these points, we also created an Excel-based version of the tool to accompany the Word-based tool. In the Excel version, users can choose "Present and adequate", "Partially Present or In Progress," "Not Present or Inadequate," or "N/A" if "Not Applicable." The technical content remains consistent across both formats, allowing users the flexibility to utilize either the Word or Excel-based versions according to their preference.

Evaluation Team, Timing and Duration

This tool is designed to be used by both overseeing organizations and project managers and staff as a tool to improve program quality at TB treatment sites. Informing the clinic ahead of a planned evaluation visit helps staff prepare and coordinate opportunities for the team to observe patient interactions. This preparation is especially helpful for reviewing health education and clinical activities, which are best assessed by observing several patient encounters.

If staff are notified of a forthcoming evaluation, describing the team will primarily observe routine activities may help set expectations and reduce stress. Staff may be invited to answer questions about hypothetical or theoretical situations. In most cases, continuing standard daily routines can support a realistic understanding of site operations. Emphasizing that the evaluation is intended to examine processes and systems rather than individual staff performance may help alleviate anxiety and encourage typical workflow during the visit.

This tool is optional and is not designed to provide a comprehensive overview of TB diagnosis, care, and management principles. Programs may find it useful to rely on guidelines from WHO and the National TB Program (NTP) in the host country and, when relevant, the refugees' country of origin, as primary references. Evaluations may be carried out in close collaboration with the NTP and, as applicable, with funding or implementing partners or agencies like UNHCR. Although all components highlighted in the tool are critical to a well-functioning program, an NTP may put greater emphasis on some components than on others. To keep the tool simple and user-friendly, the authors designed it to be administered by two evaluators in an 8-hour day.

[2] Tuberculosis prevention and care among refugees and other populations in humanitarian settings: an interagency field guide (who.int)

Reassessment Considerations

Following the conclusion of the evaluation and calculation of the final scores for each section, programs may require either a full re-evaluation of the TB site or targeted reassessment of specific components. The following considerations can guide scheduling of the next reassessment:

- If the component scores indicate different follow up intervals, the evaluator can, where feasible and within available budget and operational constraints, prioritize the shortest interval associated with the lowest-scoring component to protect patient safety and program continuity
- When any component is rated as Poor (<60%), consider planning a full site reassessment within 6 months and a targeted verification of corrective actions within 1-3 months. If budget, security, or access limit on-site assessment, consider using remote methods of evaluation until another on-site assessment can be completed.
- For mixed results (Good and Excellent), consider reassessing Good components within 6-11 months and then conduct a full site reassessment per National TB Program cycles.
- If all components are Excellent (>85%), consider scheduling the next full evaluation in 12-18 months.
- Regardless of overall scores, if any critical deficiencies are found, for example stock out of TB medication, infection control breaches, or laboratory safety concerns, strongly suggest corrective actions and verification within 1-2 months

COMPONENT 1: LABORATORY SERVICES

Site _____ **Country** _____ **Date** ____/____/____
dd/mm/yy

Explanation of Component 1: Laboratories form the foundation for diagnosing TB and can often be the first point of contact for people with presumptive TB. A well-functioning laboratory can play a crucial role in TB control. Some sites in refugee settings still use AFB smear microscopy for diagnosis, while others have transitioned to using GeneXpert for diagnosis, alongside smear microscopy for monitoring response to treatment. As a result, both modalities are included in the checklist below; site evaluators can review the modality(ies) used in a particular site.

For each item evaluated, in the column write "Present and Adequate", "Partially Present or In Progress," or "Not Present or Inadequate." Write *N/A* if "not applicable" or *N/E* if "not evaluated."[3]

In the "Score" column, assign the following scores: For "Present and Adequate" – 2; for "Partially Present or In Progress" – 1; for "Not Present or Inadequate" – 0; and if "N/A or N/E" then leave blank.

To calculate the final score, add up all the numbers in the score column and divide by the total possible score. If an item was marked "N/A or N/E," then it would not be included in the total possible score at the end.

Record any pertinent comment in the "Comments" column.

Item No.	Description	Present and adequate	Score	Comments
Record Keeping: ***Evaluator observes; if item not observed, ask staff open-ended questions about item, not yes or no questions***				
1	Key elements of the laboratory log/register, whether paper or electronic, are complete (patient name or identification number, specimen collection dates, quality of sputum sample [i.e., saliva], type of test [whether AFB or GeneXpert] and results) and recorded legibly			
2	Lab uses one result form (whether paper or electronic) per patient, with identification elements (patient name or identification number, age, sex, facility name), test type, and sample result			
3	Lab keeps all AFB smear slides (if performing microscopy) for at least 1 month (and preferably until end of treatment) and stores them appropriately *(Ask to see slide log and compare log to slide storage.)*			
Sputum Collection and Transport: ***Evaluator observes laboratory staff; if item not observed, ask staff open-ended questions about item, not yes or no questions***				
4	Adequate supply of clear, clean, disposable sputum containers with 20mm-50mm wide mouth openings and continuous-thread screw cap tops (enough for 1-2 months of patients at the facility) *(Ask if they have had a stock out of containers in the last 12 months.)*			
5	Collection procedures are explained to patients on how to give an adequate sputum specimen			
6	Among sputum samples collected (in accordance with NTP guidance), HCW obtains at least one early morning sample *(Ask technicians to explain sputum collection and timing; do not ask yes or no questions)*			
7	HCW collects sputum outside, away from others *(Ask to see location to ensure away from others)*			

[3] WHO consolidated guidelines on tuberculosis: rapid diagnostics for tuberculosis detection, 2021.

8	HCW transports sputum samples to laboratory immediately after collection or stores in refrigerator for less than 2 days (or for time period specified by NTP guidance) until transported to laboratory. *(Ask to see log and check for turn around time.)*			
9	If transported, sputum samples are packaged appropriately (tightly sealed, no leakage) to prevent leakage *(Ask staff procedure for transportation if procedure cannot be observed directly.)*			
Pediatric specimen collection: ***Evaluator asks staff; if item not observed, ask staff open-ended questions about item, not yes or no questions***				
10	Site has standardized specialized procedures for obtaining specimens from children *(Ask to see copies of procedures.)*			
Note: The next three sections focus on AFB smear microscopy. If the lab does not use AFB smear microscopy, please skip to section on GeneXpert use.				
Smearing method measures: ***Evaluator observes laboratory staff (ensuring that evaluator has required PPE for entering laboratory); if item not observed, ask staff open-ended questions about item, not yes or no questions***				
11	AFB slides are labeled permanently with identification number, patient's name, or barcode			
12	HCW uses new, clean slides and has an adequate supply (enough for 2-3 months of patients) *(Ask if they have had a stock out of new, clean slides in the last 12 months.)*			
13	HCW uses clean applicator for smearing			
14	Technician air-dries slides *(Ask technicians about drying procedures; do not ask yes or no questions)*			
15	Technician heat-fixes slides (with flame or slide warmer to 65-75°C *(Ask technicians about heat-fixing procedures; do not ask yes or no questions)*			
16	HCW makes appropriate smear size (1-2 cm x 2-3 cm)			
17	Site has been able to provide continued smear microscopy services over the previous three months without service interruptions longer than 24 hours because of: *(Ask staff if any of the following occurred)*			
	a. Reagent stock outs			
	b. Microscope deficiency or failure			
	c. Lack of trained personnel to do the work			
Stain/Reagent Preparation: ***Evaluator observes laboratory staff (ensuring that evaluator has required PPE for entering laboratory); if item not observed, ask staff open-ended questions about item, not yes or no questions***				
18	Site uses reagent grade stains (commercial or prepared onsite)			
19	Site has adequate stock of stains for at least one month of patient tests *(Ask if they have had a stock out of stains in the last 12 months.)*			
20	Technician stores stains away from bright light or heat source			
21	Technician uses commercial stains within expiration date *(Check expiration dates on stains.)*			
22	Technician uses stains (commercial or prepared on site) within 12 months of opening/preparing (preferably within 6 months) *(look for recorded dates)*			

Microscopy and Reading: ***Evaluator observes laboratory staff (ensuring that evaluator has required PPE for entering laboratory); if item not observed, ask staff open-ended questions about item, not yes or no questions***				
23	Technician has 100X magnification (plus 10X eye piece)			
24	Technician uses microscope that is in good working order, i.e., has mechanical stage that moves freely in both axes and is well maintained			
25	Technician uses clean oil for slide and removes oil from slide before storing with absorbent paper (reduces risk of fungus)			
26	Technician reads each slide for 5 minutes or 100-150 fields *(Evaluator observes technician. Ask technicians about the amount of time needed to determine slide is negative; do not ask yes or no questions.)*			
27	Microscope area has appropriate lighting (good ambient light on cloudy days) and sufficient seating space and without distraction or vibration			
28	Technician uses positive control smear at least every week and after new reagent stain, or in conjunction with each batch of stained slides *(Evaluator asks how often/when technician uses positive control smear.)*			
29	Technician uses negative control smear at least every week and after new reagent stain, or in conjunction with each batch of slides stained *(Evaluator asks how often/when technician uses negative control smear.)*			
30	Site performs external proficiency testing at least every 6-12 months and results observed by evaluator 1-2 months after performed			
31	Technician uses internationally accepted grading system for reporting results *(Evaluator asks to see copies of past reports.)*			
32	Technician performs second reading on all positive slides			
33	Site meets the smear result report turnaround time of ≤24 hours in >90% of smears examined *(Evaluator randomly selects 20 smear results from the previous month and examines turnaround time [time from receipt of specimen to time test result was reported]).*			
Note: This section focuses on GeneXpert. If the lab does not use GeneXpert, please skip to section on safety measures.				
GeneXpert instrument use[4]: ***Evaluator observes;*** ***if item not observed, ask staff open-ended questions about item, not yes or no questions***				
34	GeneXpert instrument is on a stable benchtop with at least 5 cm clearance on either side, free of clutter, and protected from dust			
35	Assured electricity supply (or backup generator)			
36	Documented monitoring and review of environmental temperatures (15-30°C) at the testing and storage areas, with corrective action taken for out-of-range readings			
37	Adequate supply of Xpert MTB/RIF kits for at least one month of patients *(Ask if they have had a stock out of kits in the last 12 months.)*			
38	Xpert MTB/RIF test kits are in-date, labeled with receive date, and stored between 2 and 28°C			

[4] Practical Guide to Implementing a Quality Assurance System for Xpert MTB/RIF Testing | Stop TB Partnership

39	Site has been able to provide continued testing services over the previous three months without service interruptions longer than 24 hours because of: *(Ask staff if any of the following has occurred.)*			
	a. Xpert MTB/RIF reagent stock outs			
	b. Xpert MTB/RIF instrument or computer failure			
	c. Power failure			
	d. Lack of personnel to run GeneXpert machine			
40	Xpert kit cartridges labeled permanently with identification number, patient's name, or barcode			
41	Site is participating in an EQA program for Xpert MTB/RIF testing *(Ask lab staff. If they do not know, ask lab manager.)*			
42	Site meets the Xpert MTB/RIF test report turnaround time rate of ≤24 hours in >90% of Xpert MTB/RIF tests performed *(Evaluator randomly selects 20 Xpert MTB/RIF results from the previous month and examines turnaround time [time from receipt of sample to time test result was reported]).*			
Safety Measures: ***Evaluator observes laboratory; if item not observed, ask staff open-ended questions about item, not yes or no questions***				
43	Technician uses biological safety cabinet (BSC). If no BSC, performs smear processing in separate area with good ventilation (open window with airflow)			
44	Site has a hand washing facility with soap *(Ideally, evaluator observes hand washing technique with brisk rubbing of one hand over the other)*			
45	Technician disposes of contaminated material appropriately, especially sputum and used smear-making materials (*Ask to see incinerator, area of burning or burial)*			
46	Technician cleans bench tops before and after smear preparation and immediately after all spills with appropriate disinfectant			
47	Technician stores flammable reagents in flammables storage cabinet			
48	Technician uses standard operating procedures (SOPs) in the laboratory (to include SOPs for specimen management, operation and maintenance of GeneXpert instrument, and Xpert MTB/RIF testing procedures) (*Ask to see the SOPs)*			
Cultures, including drug resistance: ***Evaluator asks staff; if item not observed, ask staff open-ended questions about item, not yes or no questions***				
49	Technician has access to cultures, which can include a system of referral to another laboratory, at least for relapsed or continued smear-positive patients			
50	Technician has access to first line drug sensitivity testing (DST), which can include a system of referral to another laboratory, at least for relapsed or continued positive smears. (NB: Rifampin resistance will be reported by GeneXpert.)			

Total Score:	
Total Possible Score*:	
Percentage: (Total Score/Possible Score)*100	

**Exclude items marked as N/A from total possible score*

Suggested Scoring Guide

Percentage	Rating	Suggested Time Until Next Assessment
>85%	Excellent	12-18 months
60-84%	Good	6 -11 months
<60%	Poor	Less than 6 months

COMMENTS AND RECOMMENDATIONS

COMPONENT 2: HEALTH EDUCATION

Site _____ **Country** _____ **Date** ____/____/____
dd/mm/yy

Explanation of Component 2: Use this section to observe the operations of the TB clinic on a typical day to include interactions with people with TB disease initiating treatment, being provided directly observed therapy (DOT) or refilling medication, as well as contacts being screened for TB disease or initiating or refilling TB preventive treatment (TPT). For people with TB disease, evaluator should try to observe health care workers interacting with patients in the intensive phase and at the beginning of and during the continuation phase of treatment.

This tool should be used in combination with the clinical encounter evaluation tool (Component 3), as items are not repeated between the two.

For each item evaluated, in the column write "Present and Adequate", "Partially Present or In Progress," or "Not Present or Inadequate." Write *N/A* if "not applicable" or *N/E* if "not evaluated."[5]

In the "Score" column, assign the following scores: For "Present and Adequate" – 2; for "Partially Present or In Progress" – 1; for "Not Present or Inadequate" – 0; and if "N/A or N/E" then leave blank.

To calculate the final score, add up all the numbers in the score column and divide by the total possible score. If an item was marked "N/A or N/E," then it would not be included in the total possible score at the end.

Record any pertinent comment in the "Comments" column.

Item No.	Description	Present and adequate	Score	Comments
Individual Patient Education: ***Evaluator observes healthcare workers (HCW) with 3-5 patients; if item not observed, ask HCW open-ended questions about each item***				
Adherence to TB disease treatment				
1	HCW asks patients (or caregivers, if patients are children) if they missed any days of treatment since last visit			
2	If patient missed days, HCW asks what the patient/caregiver did (e.g., took the next day) and counsels to identify factors influencing missed doses and improve adherence *(If no missed days, ask HCW how they would counsel patient if patient had missed medication doses)*			
3	HCW reminds patients about the need to remain adherent to treatment, including counseling on how to re-engage with the clinic (what number to call, who to contact) to re-initiate treatment after interruption			
4	If patient starting continuation phase, HCW tells patients differences between medications in intensive and continuation treatment phases *(If not observed, ask HCW how they would explain differences)*			

[5] WHO consolidated guidelines on tuberculosis: rapid diagnostics for tuberculosis detection, 2021.

Side Effects of TB disease treatment				
5	HCW asks patients about improvements in TB symptoms (cough, fever, fatigue, night sweats), and asks about any new symptoms (possible side effects of treatment)			
6	HCW reminds patients to come to the clinic immediately if they have severe side effects, such as cola-colored urine, yellow eyes, or rash			
7	HCW asks female patients about pregnancy. Stresses that it is important to take the medications if pregnant (as TB is what harms pregnancy and pregnant persons). If on rifapentine, counsels that it can reduce effectiveness of oral contraceptives and counsels to use other contraceptive method			
8	HCW asks about eyesight and inability to see red and green colors if patient is on ethambutol			
9	HCW offers pain medication if patient is having joint pains. Avoids any ibuprofen or aspirin in a patient who has had hemoptysis. If using acetaminophen/paracetamol, ensures dosing is within guideline limits			
10	HCW provides pyridoxine (vitamin B6) if treatment regimen includes isoniazid			
Health risks while on TB treatment				
11	HCW tells patients about risks to their liver of drinking alcohol and to avoid taking excess acetaminophen/paracetamol while on TB treatment. Discusses options to support alcohol cessation and risk of alcohol withdrawal if alcohol dependence suspected.			
12	HCW tells patients about risks to their lungs if smoking, and counsels to avoid smoking			
13	HCW offers patients HIV testing, even if offer has previously been extended but not accepted			
Contingency planning/counseling for patients on TB treatment				
14	HCW provides and reviews patient “care card” with patient, to include regimen			
15	HCW provides and reviews contact information for alternative TB treatment sites in case of sudden displacement			
16	HCW provides “go pack” of at least two weeks or longer of TB treatment medications			
17	HCW provides alternative means of virtual contact with clinic, such as phone/text number, WhatsApp, email, website to contact clinic, especially if patient is temporarily displaced or needs to transfer care			

Follow-up of patients on TB treatment				
18	HCW asks about and addresses any patient fears, misunderstandings, and questions			
18a	HCW asks patient about their diet and their food sources. Connects patient to further food resources if needed			
18b	HCW weighs patient if patient has been underweight and assesses for weight gain or loss. Connects patient to further food resources and follow up as needed			
19	HCW makes next appointment for patients and tell them exactly where they need to return, including for sputum sample provision			
20	If patient has relocated, HCW seeks information on new location and informs health services in the new location to enable follow-up of the patient			
Contacts of patients with TB disease				
21	HCW tells (or told at start of treatment) patients about risk of transmitting their TB disease to others, how to minimize chance of transmission, and when infectious period is finished			
22	HCW discusses that TB patients can share food and utensils with household, and that food access should not be limited			
23	HCW discusses infection prevention/safety for household contacts (avoid enclosed spaces and use separate sleeping areas, if possible, but patient can be with them outside)			
24	Alongside patient, HCW facilitates listing and recording patient household and other close contacts of all ages and facilitates their coming to the clinic for TB symptom screening and evaluation for TPT			
Management of people without TB disease who are starting or continuing TPT (TB Preventive Treatment)				
25	HCW reviews benefits of TPT and reminds patients about the need to remain adherent to TPT			
26	HCW asks patients (or caregivers, if patients are children) if they missed any doses of TPT since last visit			
27	HCW provides health information in language of the patient and/or support to those taking TPT to ensure completion			
28	HCW asks patients about interim development of symptoms of potential breakthrough TB disease (cough, fever, fatigue night sweats), and asks about any new symptoms of possible side effects to TPT			

29	HCW reminds TPT patients to come to the clinic immediately if they have severe side effects, such as cola colored urine, yellow eyes, or rash			
30	HCW asks female patients on TPT about pregnancy. If on rifapentine-containing TPT, HCW counsels that it can reduce effectiveness of oral contraceptives and counsels to use other contraceptive method			
31	HCW provides pyridoxine (vitamin B6) if patient's TPT regimen includes isoniazid			
Health Outreach Program				
32	Site provides group education sessions on TB for patients/caretakers (for instance, in waiting room or with community groups)			
33	Site uses patients who have completed treatment as teaching resources (e.g., peer educators)			
34	Information is provided in language spoken by the displaced population and by educators knowledgeable of the population's cultural needs and barriers to treatment			
35	Health education sessions include role and importance of contact referral and TPT as well as TB disease treatment			

Total Score:	
Total Possible Score*:	
Percentage: (Total Score/Possible Score)*100	

**Exclude items marked as N/A from total possible score*

Suggested Scoring Guide		
Percentage	**Rating**	**Suggested Time Until Next Assessment**
>85%	Excellent	12-18 months
60-84%	Good	6 -11 months
<60%	Poor	Less than 6 months

COMMENTS AND RECOMMENDATIONS

COMPONENT 3: CLINICAL CASE MANAGEMENT AND TREATMENT

Site _____ **Country** _____ **Date** ____/____/____
dd/mm/yy

Explanation of Component 3: Use this section to observe interactions between healthcare workers and patients coming for various stages of TB treatment (intensive versus continuation), and to evaluate management of contact tracing and administration of TPT. The evaluator should be a TB clinician or expert on clinical care of people with TB. This should be used in conjunction with the health education tool.

For each item evaluated, in the column write "Present and Adequate", "Partially Present or In Progress," or "Not Present or Inadequate." Write *N/A* if "not applicable" or *N/E* if "not evaluated."[6]

In the "Score" column, assign the following scores: For "Present and Adequate" – 2; for "Partially Present or In Progress" – 1; for "Not Present or Inadequate" – 0; and if "N/A or N/E" then leave blank.

To calculate the final score, add up all the numbers in the score column and divide by the total possible score. If an item was marked "N/A or N/E," then it would not be included in the total possible score at the end.

Record any pertinent comment in the "Comments" column.

Item No.	Description	Present and adequate	Score	Comments
Presumptive TB Patient Evaluation: ***Evaluator observes healthcare workers (HCW); if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
1	HCW evaluates persons with presumptive TB (based on symptoms) referred by other clinical points of care (general outpatients, people receiving TPT, People Living with HIV (PLHIV)) or community (e.g., camp registration)			
2	HCW takes a history to determine if TB disease is likely or a possibility necessitating investigations (imaging and/or diagnostics)			
3	Site has (or has a referral mechanism for) services for patients needing imaging and/or diagnostics and HCW informs patient where to receive these services			
4	Diagnostic algorithms of the site (in accordance with NTP policies) are displayed[7]			
Bacteriologically confirmed or clinically diagnosed TB Patient Evaluation: ***Evaluator observes healthcare workers (HCW); if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
5	HCW can describe the mechanism of how the site accepts referrals in of TB patients new to the clinic but already on TB treatment (e.g., new arrival to camp or clinic area)			
6	HCW provides the patient with a simple explanation of TB disease and how it is contracted and transmitted			
7	HCW asks new patients about any known history of TB exposure			

[6] WHO consolidated guidelines on tuberculosis: rapid diagnostics for tuberculosis detection, 2021.
[7] Tuberculosis prevention and care among refugees and other populations in humanitarian settings: an interagency field guide (who.int)

8	HCW asks and documents new patients' history of prior TB and TB treatment (if any), including medications given and treatment outcome			
9	HCW asks/reviews and documents allergies to medications and reaction (if known)			
10	HCW asks/reviews and documents past medical history, along with medications currently being taken			
11	HCW ensures that each patient has had an HIV test, results recorded, and patient connected to integrated counseling and HIV care			
12	HCW performs screenings for key co-morbidities (diabetes, mental health disorders, and alcohol, tobacco, or other substance use disorders) and if present, implements management plan			
13	HCW ensures that each patient (and their provider) has signed a "TB patient rights and duties" charter (Appendix A) (if aligned with NTP guidance)			
14	HCW provides patient treatment card at the first visit, completes follow-up documentation on subsequent visits			
15	HCW records weight and discusses importance of maintaining/gaining weight			
15a	HCW connects underweight or patients facing risk of food insecurity to supplemental food resources			
16	HCW discusses risks, signs, and symptoms of possible drug resistance			
Clinic Infection Control: ***Evaluator observes;*** ***if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
17	Patients' waiting areas and examination rooms are well ventilated, in sunlight, with ventilation options available for different weather conditions			
18	Masks are available for patients, visitors, and HCWs			
19	Site has mechanism whereby presumptive TB cases are triaged and seated separately from general patient waiting areas			
20	HCW wears particulate respirator/N95 or equivalent during each indoor patient encounter			
Medication Management: ***Evaluator observes or speaks with HCW;*** ***if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
21	HCW knows the intensive phase and continuation phase medications given for first line treatment (aligned with WHO and/or national guidelines)[8]			
22	HCW knows intensive phase and continuation phase medications for retreatment			
23	HCW has access to and uses weight-based dosing guidelines for fixed dose combination pills			

[8] WHO consolidated guidelines on tuberculosis: module 4: treatment: drug-susceptible tuberculosis treatment

24	HCW has access to or knows the treatment guidelines for MDR-TB, including need to modify treatment regimen (aligned with WHO and/or national guidelines)[9]			
25	HCW knows the treatment duration for first-time treatment of drug-sensitive and drug-resistant TB			
26	HCW ensures that people co-infected with HIV are on or are started per protocol on antiretroviral treatment (ART). HCW knows to modify ART or connect patient to HIV clinic for ART modifications when needed (aligned with WHO and/or NTP guidelines)			
27	HCW uses alternative forms of communication (photographs, texts, video calls) for medical questions or observed therapy as needed, such as when insecurity prevents clinic visits			
28	Site has mechanism for admission or transfer to acute care facility which has oxygen and beds that will accept patient			
29	Site has criteria and monitoring to determine who needs a higher level of care, such as respiratory rate and oxygen monitoring			
30	Site has mechanisms (including tools/referral sheets, follow-up or clinical handoff requirements, permitted medication quantities) for managing transfers out or displacement of patients receiving TB treatment			
31	Site has adaptations in place for treating TB in patients unable to regularly come to clinic (e.g., because of insecurity or displacement) such as community-based treatment			
32	HCW can describe how to recognize and manage extrapulmonary TB (symptoms, exposures, diagnosis, etc.)			
Repeat Laboratory Testing: ***Evaluator observes or speaks with HCW; if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
33	HCW knows to repeat sputum samples for follow up of smear-positive pulmonary TB at established intervals (per WHO guidelines and/or national guidelines)[10]			
34	HCW records results of sputum testing in TB register or can show in register where results are recorded			
Contact Tracing and TPT: ***Evaluator observes or speaks with HCW; if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
35	HCW collaborates with patient counselor/nurse in listing and facilitating TB patient's household and other close contacts to come to clinic for TB symptom screening and evaluation for TPT			

[9] WHO consolidated guidelines on tuberculosis. Module 4: treatment - drug-resistant tuberculosis treatment, 2022 update
[10] WHO operational handbook on tuberculosis: module 4: treatment: drug-susceptible tuberculosis treatment

36	Clinic has a process for clinical evaluation of people referred for TPT consideration (PLHIV, household/close contacts of known TB cases)			
37	HCW evaluates those referred for TPT consideration for eligibility and contra-indications, refer for investigations if need to rule out TB disease (consider IGRA testing)			
38	HCW offers TPT per WHO or national guidelines[11], to household/close contacts, especially children <5 years old and people living with HIV with exposure to a bacteriologically confirmed case			
39	HCW recommends BCG vaccination for unvaccinated infants and children in accordance with WHO and/or national guidelines			
	Hospital Evaluation: ***Evaluator observes hospital setting or speaks with hospital staff; if item not observed, ask HCW open-ended questions about item, not yes or no questions***			
40	Patients' hospital rooms or wards are well ventilated, in sunlight, with ventilation options available for different weather conditions			
41	Masks are available for patients, visitors, and HCWs in hospital			
42	HCW wears particulate respirator/N95 or equivalent during each indoor patient encounter			
43	Hospitalized TB patients are isolated from general hospitalized population, and patients with drug-sensitive TB are separated from those with drug-resistant TB			
44	Hospitalized TB patients have access to food while hospitalized			
45	Hospital has one month of predicted stock for TB treatment medication and ART for co-infected patients *(Ask if they have had a stock out of medication for TB treatment and ART in the last 12 months.)*			
46	Healthcare workers routinely care for hospitalized patients co-infected with TB and HIV or have had trainings on TB and HIV co-infection hospital care			

Total Score:	
Total Possible Score*:	
Percentage: (Total Score/Possible Score)*100	

**Exclude items marked as N/A from total possible score*

Suggested Scoring Guide		
Percentage	**Rating**	**Suggested Time Until Next Assessment**
>85%	Excellent	12-18 months
60-84%	Good	6 -11 months
<60%	Poor	Less than 6 months

[11] WHO consolidated guidelines on tuberculosis: tuberculosis preventive treatment

COMMENTS AND RECOMMENDATIONS

COMPONENT 4: PROGRAM MANAGEMENT

Site _____ **Country** _____ **Date** ____/____/____
dd/mm/yy

Explanation of Component 4: Program management, including emergency planning, case finding, management of patients lost to follow up, and management of TB commodities, encompasses those activities of a TB treatment site that go beyond the laboratory and clinical interactions. The elements of program management determine whether the program operating at a site is performing according to accepted standards.

For each item evaluated, in the column write "Present and Adequate", "Partially Present or In Progress," or "Not Present or Inadequate." Write *N/A* if "not applicable" or *N/E* if "not evaluated."[12]

In the "Score" column, assign the following scores: For "Present and Adequate" – 2; for "Partially Present or In Progress" – 1; for "Not Present or Inadequate" – 0; and if "N/A or N/E" then leave blank.

To calculate the final score, add up all the numbers in the score column and divide by the total possible score. If an item was marked "N/A or N/E," then it would not be included in the total possible score at the end.

Record any pertinent comment in the "Comments" column.

Item No.	Description (explanations of these items are on the next sheet)	Present and adequate	Score	Comments
Emergency preparedness and planning: *Evaluator reviews with clinic manager*				
1	In conjunction with guidance from the NTP and clinic program management, the site has a "TB in emergencies" response plan in place, to include program contingency planning (if current services are disrupted) of mapping of alternative TB services and TB commodity inventory, procurement, and management			
2	Treatment for TB at the site is free of charge to patients and indirect costs (travel costs, waiting time) are minimized			
Case finding: *Evaluator reviews with clinic manager*				
3	Initial registration of people at the camp/settlement includes symptom screening for TB and referral pathways to the site if symptoms are present (note: applies only to sites in or receiving referrals from camp/settlement settings)			
4	Initial registration of people at the camp/settlement includes identification of people already on TB and/or HIV treatment with a referral pathway to the site for continuation of treatment (note: applies only to sites in or receiving referrals from camp/settlement settings)			
5	Site has policy to screen all PLHIV and household/close contacts of TB patients and refer those eligible for TPT (excluding those with contraindications or who have already had TPT course) to receive TPT			

[12] WHO consolidated guidelines on tuberculosis: rapid diagnostics for tuberculosis detection, 2021.

Registers: ***Evaluator observes; if item not observed, ask HCW open-ended questions about item, not yes or no questions***				
6	The site's registers (presumptive TB register, TB register, contacts register, TPT register) are available, are used consistently, and show no systematic data gaps			
6a	All patients on TB treatment at the site have their age, weight, treatment start date, and HIV status recorded in the register			
Reporting, monitoring, and evaluation: ***Evaluator observes***				
Reports: ***Staff can provide to evaluator***				
7	Site can generate program indicators (indicators of service performance and service coverage) for monitoring and evaluation, in alignment with those in Annex 6 of Tuberculosis prevention and care among refugees and other populations in humanitarian settings: an interagency field guide[13]			
8	Site can generate monthly or quarterly (every 3 months) reports on the total number of patients referred for evaluation of presumptive TB and total number of patients with presumptive TB			
9	Site can generate monthly or quarterly TB patient registration/enrollment reports by age, sex, and TB patient type—pulmonary/extrapulmonary, bacteriologically confirmed or clinically diagnosed			
10	Site can generate monthly or quarterly reports for patient outcomes— rates of cure, treatment completion, treatment failed, died, lost to follow up, not evaluated			
11	Site's indicator of "Percent Known HIV Status" among TB patients on treatment is 100% each quarter over previous four quarters			
12	Site's indicator of "Lost to Follow-Up among TB cases on treatment" (i.e., the proportion of TB cases on treatment who did not start treatment or whose treatment was interrupted for two consecutive months)[14] is <10% each quarter over previous four quarters			
13	Site's indicator of "Percent TB Treatment Completed/Success" is ≥ 90% each quarter over previous four quarters			
14	Site's indicator of "LTBI treatment coverage" is ≥90% each quarter over previous four quarters			
15	Site's indicator of "Coverage of TB contact investigation" (i.e., the proportion of household contacts of bacteriologically confirmed TB who were screened for TB disease) is ≥90% each quarter over previous four quarters			
16	Site submits report on TB case registration and TB treatment outcomes to the National TB Program on at least quarterly basis			
17	Site submits report to iRHIS (health information system of UNHCR—put N/A if not refugee camp setting) monthly for at least the last 6 months consistently			

[13] Tuberculosis prevention and care among refugees and other populations in humanitarian settings: an interagency field guide (who.int)

[14] Definitions and reporting framework for tuberculosis – 2013 revision (updated December 2014 and January 2020) (who.int)

Tracing of patients lost to follow-up: ***Evaluator reviews with clinic manager***				
18	Site begins tracing patients with TB disease within 1 day after overdue appointments in intensive phase			
19	Site begins tracing patients with TB disease within 1 day, if phone call possible, otherwise within 7 days after overdue appointments in continuation phase			
20	Site begins tracing patients on TPT within 30 days after overdue appointments			
TB Medications: ***Evaluator reviews with clinic manager***				
21	Site has sufficient supply of first- and second-line anti-TB drugs and vitamin B6 to have had no stock outs in the previous six months			
22	Site has sufficient supply of TPT drugs, including vitamin B6 to have had no stock outs in the previous six months			
23	Site maintains drugs in an appropriate location (clean, dry, temperature-controlled, managed access)			
24	Site's drugs are obtained from a reputable source, such as the National TB Program (NTP)			
25	Site does not use expired drugs *(Evaluator checks all lots available in the clinic)*			
26	Site has pediatric dosing of TB medications			
27	Site has fixed dose combination pills for intensive and continuation phases of drug sensitive TB treatment			

Total Score:	
Total Possible Score*:	
Percentage: (Total Score/Possible Score)*100	

**Exclude items marked as N/A from total possible score*

Suggested Scoring Guide		
Percentage	**Rating**	**Suggested Time Until Next Assessment**
>85%	Excellent	12-18 months
60-84%	Good	6 -11 months
<60%	Poor	Less than 6 months

COMMENTS AND RECOMMENDATIONS

Appendix A: TB Patient Rights and Duties

(Sample charter that can be adapted for use in the evaluation.)

By signing this charter, you are promised the following about your tuberculosis (TB) care while in this clinic (the healthcare worker will check each item as it is discussed with you):

CARE

- □ You will not be asked to pay for your sputum tests, your medical exams, or your TB treatments. All services are free.
- □ You will receive advice by clinic staff about your treatment and your health.

RESPECT

- □ You will be treated with respect when you come to this clinic. You will not be treated any differently because of your gender, religion, culture, health status, ethnicity, or nationality.
- □ Your medical information will be shared with healthcare workers only.

INFORMATION

- □ You will get information about your health and risks to your children, family, friends, neighbors, and others so you can help protect them.
- □ You will be told about your treatment program and common risks to medicines and how to manage them.
- □ You will know the names of your medications, how much of each you will take, and how they work.
- □ Your TB card is yours to keep as a record of your treatment and will be filled out each time you come to the clinic to show you your progress.

SUPPORT

- □ You have the right to complain if you have any problem with your treatment.
- □ You have the right to seek support and advice and share experiences. You may do so at the tuberculosis clinic or other areas.

By signing this charter, you agree to the following (the healthcare worker will check each item as it is discussed with you)**:**

TREATMENT

- □ You will take your medication exactly as it is explained to you. You will take it every day for the entire time.
- □ You will tell us if you have any problems with your medicine, if you start feeling sick, if you miss any days of medicine, or if you stop taking your medicine for any reason.

INFORMATION

- □ You will tell us about your health—both in the past and now, including past illnesses, treatments, and side effects so that we can best help you.
- □ You will tell us about people you are close to, including your children, family, friends, and neighbors so we can see if they have TB disease.

FAMILY AND COMMUNITY HEALTH

- □ You will tell us if any of your family, neighbors, or community show signs of TB disease.
- □ You will tell others to come to the clinic if you think they have TB disease.

RESPECT

- □ You will respect other TB patients, their privacy, and their dignity.

Patient Name	Staff Name
Patient Signature	Staff Signature

Date: _____