Supervision, Monitoring & Evaluation

RNTCP has a robust recording and reporting system in place along with multiple internal/external checks to ensure good quality data generation which forms the basis for existing RNTCP supervision and monitoring strategy.

However, in view of the expansion in program activities this strategy needs to be more comprehensive with transition from target-focused monitoring of performance to analysis of key process and outcome indicators. Establishing a reliable monitoring and evaluation system with regular communication between the central and peripheral levels of the health system is vital. This requires standardized recording of individual patient data, including information on treatment outcomes, which are then used to programme monitoring indicators in cohorts of patients.

The strong supervision, monitoring and evaluation ensure that activities are implemented as planned, and that the data recorded and reported is accurate and valid; incorporate a system which leads to remedial action to improve performance; serve as a tool to facilitate commitment of higher authorities at different levels, ensure equitable provision of services to all sections of the community, including vulnerable areas and populations such as urban slums, SC/tribal/minority pockets etc.; and above all, bring the transparency and accountability.

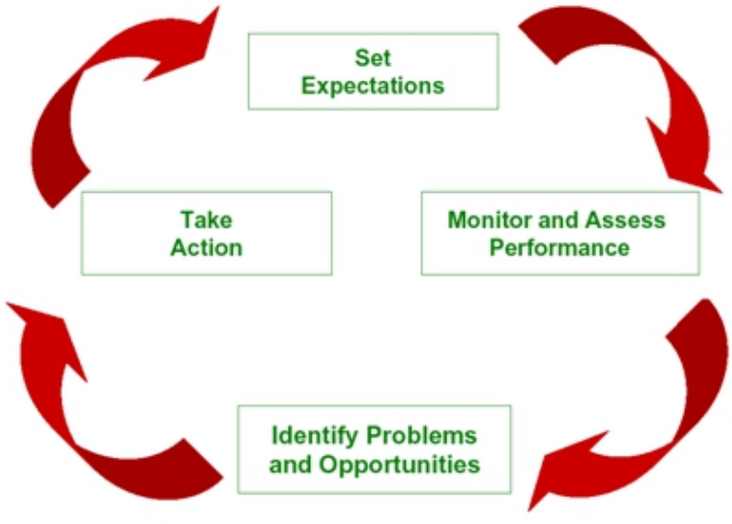
Program Supervision

Supervision is a systematic process for increasing efficiency of the health personnel by developing their knowledge, perfecting their skills, improving their attitudes towards their work and increasing their motivation. It is thus an extension of training.

Supervision is carried out in direct contact with the health personnel. It is a two-way communication between supervisors and those being supervised. It should not be a fault finding exercise but a collaborative effort to identify problems and find solutions.

It must also be realized that health personnel at all levels need on going support for solving problems and to overcome difficulties. They also need constructive feedback on their performance and continuous encouragement in their work. Such a supportive supervision ensures smooth implementation and continuous program improvement.

Process of Supervision



Guiding Principles for supportive supervision:

- Focus on processes and systems
- Nurture effective communication with staff
- Resolving conflicts
- Involvement and ownership-of supervisor and those supervised.
- Efficiency and delivery should be the target oriented
- Continuous learning, development, and capacity building of those supervised
- *Reinforcement on quality health outcomes at all levels*

Preparation for supervisory visit

1. Review of previous reports

Prior to undertaking the supervisory visit, monthly & quarterly reports and findings and recommendations of previous supervisory visit(s) are to be reviewed.

2. Prioritization of sites

Based on the data from above mentioned sources, it is important to prioritize on the sites to be visited and the key items to focus on during the supervisory visit.

There is a need to visit different types of health facilities at required intervals; some sites need more supervisory support than others. However a decision on this is based on certain performance indicators derived from various records and reports.

3. Preparation of Tour Programme

The visiting team has to prepare the travel plan well in advance to ensure availability of all concerned members of the supervisory team.

4. Intimation of tour programme to the Health Centre

It is always advisable to notify the in-charge of the health facility about the proposed visit so that the presence of the field staff can be ensured during the visit.

Occasionally, supervision can also be undertaken on a surprise visit to find out the factual situation.

5. Prepare objectives of supervisory visit

Objective of supervisory visit should be prepared in advance and should be shared with the supervisory team. The output of the supervisory visit will be to achieve those objectives in form of identification of reasons of the issues and solutions to address those issues and not merely fault finding. Since it may not be possible to evaluate all the activities on a single visit, it is important for the supervisory team to prepare their own objectives in continuation with observations made during earlier visits. Review of previous reports is useful for identifying the priority areas to be focused during the supervision.

6. *Supervisory Team:*

Supervisory team should possess a mix of skills and competencies keeping in mind the key areas and the sites to be visited.

CONDUCTING SUPERVISION

The supportive supervision approach should emphasize on constructive feedback, joint problem solving, and two-way communication between supervisors and those being supervised.

There are several ways in which the information could be obtained during the visit. Identified priority areas will require a mix of approaches, some of which are mentioned below:-

1. Discussion with Medical Officers and health workers

The knowledge and practices of the medical officers and health staff regarding their tasks is to be assessed during the discussion. Inadequacies observed during such interactions may be resolved by mutual consultation. Good work done by the health staff should always be acknowledged .

2. Review of records

Efficiency of the performance can also be assessed through review of important documents. Records that should be reviewed include:

- Lab register
- Treatment cards
- Register for drugs and consumables
- TB notification register

The information entered in more than one record is compared and checked for consistency. For example, the results of sputum examination are entered in lab register, treatment card and TB notification register. Random checking of such information in various records should be done to ensure consistency. Any inconsistencies that are observed should be discussed with the concerned personnel. Good record keeping practices should be appreciated.

The following records and reports are cross-checked for consistency:

- TB notification register, lab register and treatment cards
- monthly PHI-level report and lab register
- monthly PHI report and register for drugs and consumables
- monitoring indicators and TB notification registers

1. OBSERVATION

a) Observation of activities

On-site observation of various programme activities during their actual performance is one of the most effective tools for supervision. The activities at DMCs and DOT centers may be observed closely to assess the adherence to the programme guidelines. Immediate feedback should be provided on the work performed. While the correct practices should be acknowledged, any deviations observed should be communicated with the intention of improving systems and processes rather than targeting the individual.

b) Observation of Interaction between health staff and patients

Observing interactions between MO/Health staff and patients is crucial for understanding how the programme is functioning and the areas that require improvement.

At Health Centre:

Observing the interactions during various activities like sputum collection, DOT, health education, etc. will help the supervisor to understand the information provided to the patients and the manner in which it is provided.

The supervisory team should take note of the following:

- Health staff behaves politely with the patients.
- The health education messages conveyed should be simple and clear.
- Instructions to the patients are communicated clearly to the patients for example, correct way of bringing out sputum, adherence to treatment regularity, cough hygiene, etc..

Home visit: Interaction with the patients and their families is crucial to gauge patient's understanding of the disease he/she is suffering from and the course of treatment to be followed. This also provides an indication of the quality of health service delivery. Selection of patients to be visited at their home will be at the discretion of the supervisory team. However, smear positive patients and patients who have interrupted the treatment should be given preference.. It would be preferable if the In-charge of the health facility accompany the team during home visit. Feedback on the observations made during the supervisory visit should be provided to the concerned health staff. Information obtained during the patient interview should be cross-checked with the available records.

2. Examination of supplies

The following items are to be checked to assess the adequacy:

Drugs	Laboratory forms for sputum examination
Needles and needle cutters	Tuberculosis Treatment Cards
Syringes	Tuberculosis Identity Cards
Ampoules of water for injections	Tuberculosis Transfer Forms
Sputum containers	Referral for Treatment forms
Laboratory consumables	Supervisory Register

Equipments are checked for their functional status. Reagents are checked for date of preparation and expiry. Patient-wise boxes are also checked. It is to be ensured that drugs and reagents with earlier expiry date are used before the stock with later expiry date. Drugs or consumables should not be kept beyond their date of expiry. During supervisory visits, unused portions of patient-wise boxes of patients who have defaulted, died or transferred out are to be taken back to DTC. The partially consumed boxes are not to be re-used for any other patient, as this may result in incomplete treatment. However the unused blister packs will be used for reconstitution at DTC.

The stock of drugs and lab consumable is cross-checked with monthly PHI- reports and registers, followed by physical verification of the existing stock.

Recording feedback on supervision

Observations and recommendations arrived at during the supervision should be entered in the register meant for supervision. Besides, a report on feedback of supervision should be sent promptly to the health centre visited for corrective actions. Higher authorities may be furnished with a brief report for any administrative intervention if needed. Feedback and problem solving are key to effective supervisory activity.

Problem solving

Problem solving is one of the important objectives of supervision. The process begins with description of the problem identified and then, possible causes are identified. Subsequently, solutions are identified and implemented. The problems identified and the possible solutions could be discussed as a team. The steps mentioned above may be followed during the discussion.

Supervisory Protocols

1. RNTCP Supervisory staff protocol for district level category of Staff

Supervisor	Methodology	Frequency
DTO/MO – DTC	• Conduct interview with health staff and RNTCP key staff and other sectors • Conduct interview with health staff of Private/NGO hospitals • Interact with community and local opinion leaders • Randomly interview patients and community leaders. • Inspect records of the TU, PHC and CHC, and stock of anti-TB drugs and laboratory consumables. • Randomly check the microscopy centre and DOT Centers	Visit all TUs every month and all DMCs every quarter. Visit all CHCs and Block PHCs in the district every quarter, one sub-centre from each Block PHC area and a proportion of treatment observation centres every quarter. Conduct supervisory visit at least 3-5 days a week. Visit at least three patients at their homes per visit Visit prioritized private/NGO and other sector health care centres.
District PMDT TB-HIV coordinator	• Interview MPHS and MPWs at the PHC sub-centre. • Inspect records, PMDT Treatment Cards and PMDT Treatment Register. • Visit PMDT treatment observation centres and interview the treatment supporters • Randomly interview DR-TB patients and PLHIV with TB. • Inspect records, line list of presumptive TB referral at ICTC and ART centres, and HIV-TB register at ART centres • Interview health staff of identified Private/NGO/other sector health care centres	Visit DR-TB centres at every month and attend every coordination meeting at DR-TB centres Visit all TB Units once every quarter. Visit all sputum collection centres at least once a quarter. Visit all CBNAAT laboratories once in a month. Visit all DR-TB patients at their home within one month of treatment initiation. Visit all ART/Linked ART centres in a month Visit all ICTCs in a quarter Visit 3 HIV-TB patients during each visit Visit prioritized private/NGO and other sector health care centres.
District PPM Coordinator	• Interview health staff of identified Private/NGO/other sector health care centres • Inspect records, notification registers at private health facility, other records as prescribed for relevant services. • Randomly interview patients treated in private.	Visit prioritized private practitioners in a month Visit prioritized private hospitals in a month Visit prioritized laboratories in a month Visit prioritized chemists in a month Visit prioritized NGOs in a month Visit prioritized coroporate sectors in a month

Supervisor	Methodology	Frequency
		Visit Public Sector Units Visit at patients treated in private at their homes during visit Visit patient provider meeting, community meeting, school activity, sensitization of PRI/ASHA, outdoor publicity.
MO-TC	• Interview the MO I/C Block PHC/CHC/PHC./Private/NGO hospitals • Randomly interview patients and community leaders. • Interact with community and local opinion leaders • Randomly check the microscopy centre and DOT Center • Stock of anti-tuberculosis drugs and laboratory consumables.	Visit all DMCs every month. Visit all CHCs/BPHCs/ PHCs and a proportion of treatment observation centres at least once every quarter. Conduct supervisory visits 7days a month. Visit at least three patients at their homes per visit. Visit prioritized private/NGO and other sector health care centres.
STS	• Interview MPHS and MPWs at the PHC sub-centre. • Inspect records, Tuberculosis Treatment Cards and Tuberculosis Notification Register. • Randomly interview patients. • Interview health staff of identified Private/NGO/other sector health care centres	Visit all PHIs at least once every month and all DOT centers once every quarter. Visit all TB patients at their home within one month of notification from both public sector and private sector. Conduct supervisory visits at least 5 days a week. Visit prioritized private/NGO and other sector health care centres.
STLS	• Inspect all microscopy centres, review laboratory records, check stocks, inspect sputum collection centres and PHIs including that of private/NGO and other sectors	Visit all microscopy centres and CBNAAT laboratories in the jurisdiction at least once a month. Visit all specimen collection centres at least once a month. Visit prioritized private/NGO and other sector health care centres.

PROGRAM MONITORING

Monitoring is the process of observing whether an activity or service is occurring as planned. It implies systematic and purposeful observation, aiming to identify any diversion from the planned course of action. It is a routine tracking of program using input, process, output and outcome data collected on a regular and ongoing basis.

This helps identify the need for more formal evaluation of activities and find timely solutions to the problems.

Monitoring in TB programs is of paramount importance for ongoing program planning and implementation. A good monitoring strategy moves beyond the widely used case detection and treatment outcome indicators and applies the concept of input, process, output, outcome and impact indicators for measurement of key program activities.

A. Monitoring Indicators:
Various components of programme service delivery are feed in NIKSHAY from where various input, process, and outcome indicators drawn for different levels of health facilities. Analysis of these indicators will help in monitoring improvement in program performance. List of monitoring indicators is placed at Annexure 16.

B. Review meeting Protocol
Review meetings are useful monitoring tools and effective use of the same helps ensure standard practices in the program and help improve performance. The table is placed in annexure17 for the different types of review meeting conducted under RNTCP. More focussed reviews of specific activities may be planned by the program managers.

Following aspects are crucial for effective review meetings:
- Organization at convenient place and time
- Timely communication of the schedule, to allow preparation by the participants
- Advance planning of agenda items and thorough preparation by the organizers
- Two-way communication between the chair and participants
- Encouragement for experience sharing on important discussion points
- Review must be based on objective indicators and not opinion
- Prompt decision making and initiation of action
- Systematic recording and dissemination of minutes of the meeting including time bound action points
- Tracking of actions taken on decisions made in the meeting at the level of Managers

C. Monitoring tools:
Monitoring tools should never be used in Isolation; together with Good Monitoring Indicators they form the basis for effective Program Monitoring. Refer to document on supervision and monitoring strategy under RNTCP.

Program Internal Evaluation

Internal Evaluation forms an integral component of RNTCP supervision and monitoring strategy. It acts as a tool to evaluate if good program practices are adopted and quality services are provided to the community. The evaluations also offer an opportunity for program managers to look into all aspects of program critically and swiftly. These activities help program managers in understanding determinants of good as well as poor performance for replication of good practices in other states /districts andtake appropriate measures for improvement.

Objectives of IE

1. To provide a systematic framework for **assessment** of program performance, financial & logistics management, recording and reporting, and quality of care received by patients
2. To give **recommendations** for improving the quality of program implementation and performance with a realistic action plan and time line.
3. To **monitor** efforts to improve and maintain program quality and performance over time

Centrally driven internal evaluation (CIE): Central TB division selects 1state per month for evaluation based on the performance so that all big states are visited once in every 2 years. In the selected state at least 2districts are evaluated. CIE provides an opportunity to review performance in select district and to review overall performance of the state, programmatic challenges. It facilitates the centre to understand, address and support actions for improving quality of RNTCP implementation in the state.

The CIE team consists of representatives from CTD, NACO, WHO, STO's from other state, partners and consultants etc.

State Internal Evaluation team consists of State TB Officer or Deputy STO, STDC Director / representative (where STDC exists), One DTO of a district other than the one being evaluated, WHO RNTCP consultants, Medical college representative, Consultant from other programme partners (IMA, CBCI etc.), State Accountant and State IEC Officer

IE Methodology

Selection of districts: Upto 30 million – 2 districts per quarter; 30-100million – 3 districts per quarter; >100 million – 3-4 districts per quarter.

Aim is to cover all districts at least once in 3-4 years. In States/UTs with 4 or lessdistricts, 1 district or TU per quarter may be evaluated alternating selectionbetween a well performing district and an under performing district.

Selection ofTB Units/ DMCs:

DMC are listed based on presumptive TB cases examined in previous quarter. Five DMCs are selected out of these as follows:

1. DMC at DTC
2. Two DMC that are examining higher number of presumptive TB case (preferably from different TU)
3. Fourth and fifth DMCs is selected randomly from remaining DMCs (preferably from different TU)

Selection of DOT Centres /Treatment support centres:

- The team should visit the DOT Centres attached to each of the 5 selected DMCs (and Medical College conveniently selected).

- Also identify and visit 5 more Treatment Support Centres in the district with unique characteristics such as those attached to a medical college (other than the one conveniently selected for visit), other sectors like ESI, Railways, NGOs, private sector, anganwadi worker, ASHA, community volunteer)

Selection of patients:

- In each of the **2 DMCs with low case load** 4 NSP patients are selected randomly and one previously treated case conveniently (5 X 2= 10 patients)
- In each of the **DMCs at DTC & 2 TU level DMC**, 4 NSP patients are selected randomly and 1 patient each of the types Relapse, TAD and Failure are conveniently selected. Also select 1 TB/HIV patient and 1 DR-TB patient (7 X 3 =21 + 3 +3= 27)
- Visit at least 2 pediatric TB patients undergoing treatment within the district. Thus a total of 36 to 39 patients should be interviewed in the district.

Activities performed in IE:

- Triangulation of data, for all the TB Units in the district
- Visits to DMC, Treatment Support Centre, ICTC, ART centre, Medical College etc. Patient home visit for interview
- Compilation of the report
- Communication of Key observations to district authorities
- De-briefing of the findings to RNTCP staff
- Submission of IE report to STC and CTD - soft copies are sent to CTD as soon as possible and the hard copies, with cover page signed by all members, by courier not later than a week.

RNTCP has made incredible progress with regards to ensuring quality diagnostic and treatment services, but therein lies the risk of complacency creeping into the program. Further the program has expanded to involve all health care providers thorough PPM strategy, TB HIV collaborative activities, provision of PMDT services etc. which may compromise the quality of basic DOT services. Therefore it is important to ensure that basic components of DOTS are in place and Internal Evaluations are useful tool for the same.

Internal Evaluation Formats and Internal Evaluation Field Visit Report – Refer to the strategy document on supervision and monitoring available at www.tbcindia.gov.in