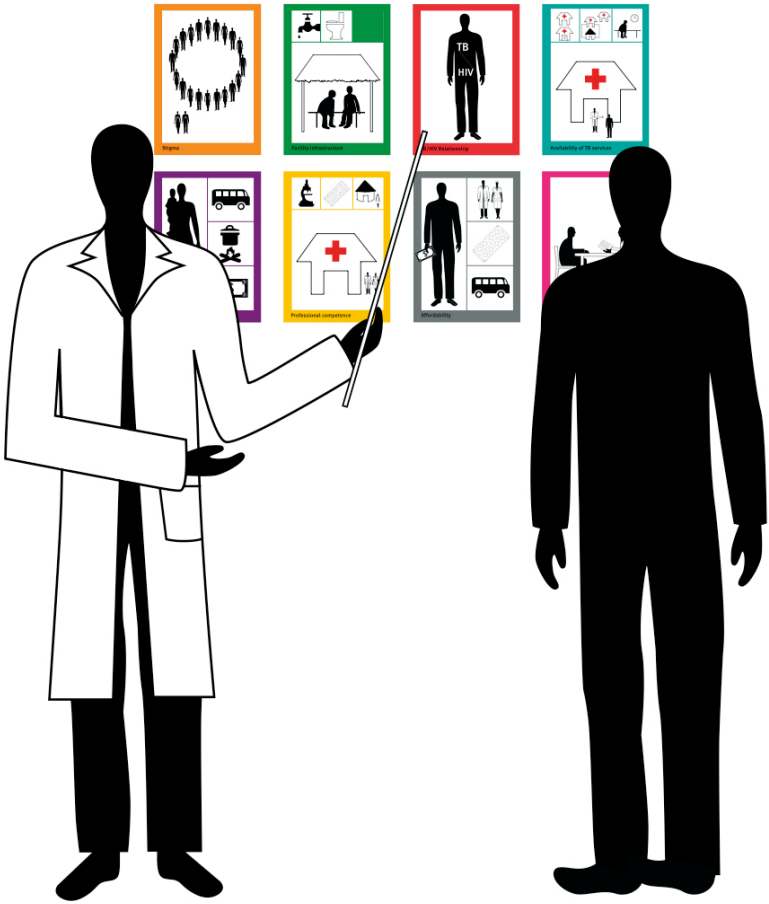
QUOTE TB LIGHT



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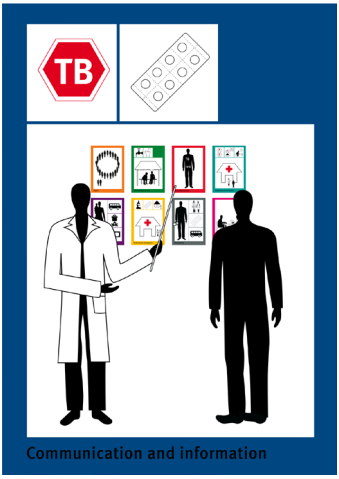
Designed by Tristan Bayly

Contents



1. Introducing QUOTE TB Light

1.1 Why QUOTE TB Light?

QUOTE is the acronym for Quality of Care as seen through the Eyes of the Patient.

The patients' perspective is an important element of improving care to better meet their needs, increase equity and improve access to services for diagnosis and treatment. TB patients are therefore considered to be one of the expert groups to assess the quality of TB care.

Prior to *QUOTE TB Light*, a more robust *QUOTE TB* tool was developed through TB CAP, in collaboration with KNCV Tuberculosis Foundation, the Netherlands Royal Tropical Institute (KIT), the Regional Centre for Quality of Health Care at Makerere University Uganda (RCQHC) and The Netherlands Institute for Health Research (NIVEL). *QUOTE TB* is a management tool that specifically measures the quality of TB care from the patient perspective. It combines both the performance and importance of TB care dimensions.

The development of *QUOTE TB* took place in three East African countries; Kenya, Malawi and Uganda. Eight quality dimensions specific to TB care were established through qualitative research among TB patients and healthcare providers. The eight quality dimensions were also tested quantitatively and validated through statistical analysis. The measurement of the quality of care is based on these eight TB specific dimensions as described in the original *QUOTE TB* tool[1].

***QUOTE TB Light* Quality Dimensions**

- Communication and Information
- Professional competence
- Availability of TB services
- Affordability
- Patient provider interaction and counseling
- Support
- TB/HIV Relationship
- Infrastructure
- Stigma

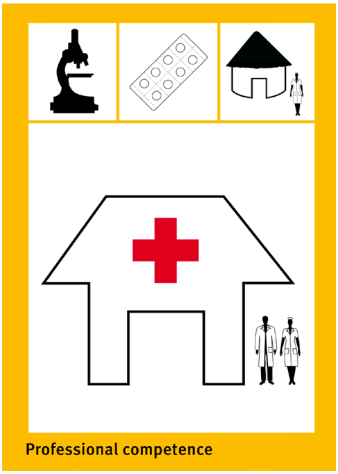
Stigma was not included as a separate quality dimension in the original QUOTE TB tool. It is included as the ninth quality dimension in QUOTE TB Light as it is understood to have an important impact on health seeking behavior. Four new questions on stigma are included in the questionnaire; they will be validated during pilot implementation.

1. QUOTE TB can be found here: http://www.tbcare1.org/publications/

NTP managers and **health care providers** were involved in the development of the tool. Using the tool allows them to become informed about the quality of care as experienced by the patients. The tool also facilitates prioritization of interventions for improvement.

This tool is unique because **TB patients** are involved in all stages of its application. Involving patients in the improvement process contributes to empowerment of TB patients and their communities, as underscored in the Patient Charter for TB Control and Care.

In 2007, TB CAP published the *QUOTE TB tool*. However; in its original form, it is considered a complex tool using a rather strict scientific and costly approach to implement. It is believed that this is one of the contributing factors to it not being used by National Tuberculosis Programs (NTPs) for implementation. For this reason a revised and simpler version was developed and is presented in this brochure: *QUOTE TB Light*.



1.2 What is QUOTE TB Light?

QUOTE TB Light is a simplified application of the original *QUOTE TB tool* . It includes the same components as the original tool but is revised as a "ready to use" package including standardized instruments for application, which make it more practical to use in all TB programs.

To use *QUOTE TB Light* only three steps need to be carried-out:

1. **Step one: Establish the importance ranking score of the quality dimensions;** Focus Group Discussions (FGDs) are conducted to establish the ranking of the nine quality dimensions specific to TB care that are important to patients. Pictogram cards illustrating each quality dimension are used to facilitate the ranking exercise during the FGDs.

2. **Step two: Establish the performance score for TB care as provided by the health facility;** Individual interviews are conducted to assess the performance of health facilities as experienced by TB patients using a standardized questionnaire. The performance assessment is based on the nine quality dimensions specific to TB care.

3. **Step three: Calculate the quality impact scores of the care;** Steps one and two are used to calculate the quality impact (QI) score, which is the heart of *QUOTE-TB Light*. This is done by multiplying the importance scores (step one) by the performance scores (step two). Thus the importance is used as a weighing factor to measure the quality of care. The direct results of the quality impact score can be used to improve TB care at the facility level by setting priorities and planning specific interventions.

2. How to apply *QUOTE TB Light*?

QUOTE TB Light is meant to be used as part of regular National Tuberculosis Program (NTP) supervision activities, during external reviews of NTPs and at the individual facility level[2]. It provides a harmonized approach that can be operationalized as the results/QI scores point to exact components of TB care that can be improved. The tool can also be used to gain insight into the quality of care as part of an operational research study.

QUOTE TB Light is applied with three standardized steps. Below is a description of how to apply each of the three steps with an explanation on how to calculate and interpret the results.

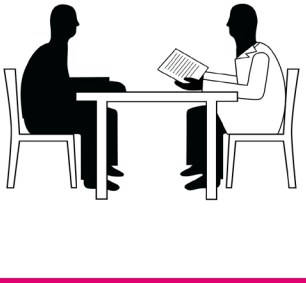
2.1 Step one: Establish the importance ranking of quality dimensions

In each new setting where *QUOTE TB Light* is applied one FGD with 8-12 participants should be conducted to establish the importance ranking of the nine quality dimensions (see Table 1 on page 9). The FGD needs to be conducted once every two years to capture any changes that may occur in how patients think about, and thus rank, the importance of the nine quality dimensions.

For example, when applying *QUOTE TB Light* at a health facility with 50 registered TB patients only one FGD is necessary to establish the importance ranking of the nine quality dimensions. If a second health facility is added within the same district it may not be necessary to conduct a second FGD. However, if the environment and cultural setting of the new health facility is different a second FGD will be necessary to make sure the importance ranking of the nine quality dimensions is representative.

2. Although the application of QUOTE TB Light is led by the NTP, it is recommended to partner with a University and or NGO with research experience. For example, University students can help with the data collection.

As the number of settings in which *QUOTE TB Light* is applied increases, such as Provincial and/or National, the FGDs planned need to be representative of the patients' experiences. For example, at least one FGD should be conducted per geo-political zone. It is also possible to plan FGDs according to gender and other social determinants, such as culture and environment.



Patient provider interaction and counseling

A. Recruitment of participants:

Purposeful sampling is used to recruit the TB patients[3] who will participate in the FGDs based on the following criteria:

1. Registered TB patients at a health facility (if possible also include patients that have stopped treatment -- a defaulter[4])
2. Have a history of at least 3 weeks visiting the facility for both TB diagnosis and treatment.
3. Able to present a patient card at the FGD
4. Representative of cultural/geographical setting (e.g. male, female, northern province or southern province)

Participants can be recruited by the health facility staff[5]. A minimum of eight and maximum of twelve participants should be recruited. Fewer than eight participants may not provide enough diversity for the discussion and ranking exercise. In a group larger than twelve it may become difficult to facilitate and to ensure everyone's voice is heard.

Invitations should be issued at least one to two days prior to the planned FGD. Where possible, FGDs should be conducted at a location outside of the health facility as this will ensure confidentiality. Beverages and snacks should be available for participants, as well as stipends for travel costs.

B. Instruments:

There are nine pictogram cards reflecting the nine quality dimensions. The

3. Patients participating in the FGD should not be interviewed to assess the performance of TB care because they will be familiar with the subject and may lead to biased results.

4. While it may be difficult to find or trace defaulters within the communities served by participating facilities; their perspective is very important in assessing the quality of services.

5. Health facility staff play an important role in planning for QUOTE TB Light and recruiting respondents. However, due to their close relationship to TB patients they should not be directly involved with the FGDs or individual performance assessment interviews to avoid any bias.

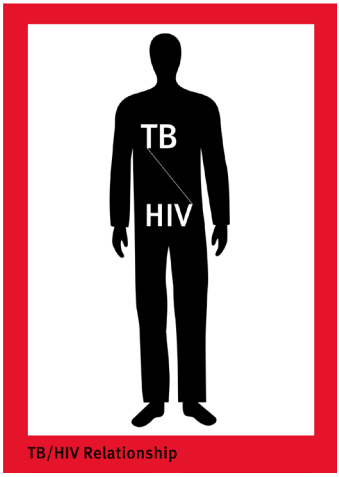
pictogram cards are used as memory support to facilitate the ranking exercise. Examples of the pictogram cards can be found throughout this brochure and in Annex 1. Pictogram cards for printing and laminating can be found on the CD-rom.

C. Conducting focus group discussion:

The total time to conduct the discussion is approximately 45 minutes to one hour. The FGD should start with an introduction followed by the ranking exercise.

Introduction:

The FGD begins with obtaining informed consent, explanation of the purpose of the FGD, which questions will be posed and how the results will be used. A round of individual introductions should be conducted to prepare the participants and to familiarize themselves with each other.



TB/HIV Relationship

Ranking Exercise:

1. The pictogram cards are reviewed one by one as the facilitator reminds the participants of the quality dimension illustrated by the card. Participants are asked to think about each of the quality dimensions and to try to make an individual ranking based on their own expectations/ experiences with TB services.

2. The participants are asked to choose the most important quality dimension. A short discussion is held until consensus is reached. Participants are then asked to choose the least important quality dimension. A short discussion is held until consensus is reached. The same steps continue until all nine quality dimensions are ranked. If consensus cannot be reached through discussion it is possible to take a vote.

3. The ranking of the nine quality dimensions is reviewed and presented again, using the pictogram cards, to make sure that all participants agree with the ranking.

4. The discussion is closed with a short summary of the conclusions

D. Importance ranking and data entry:

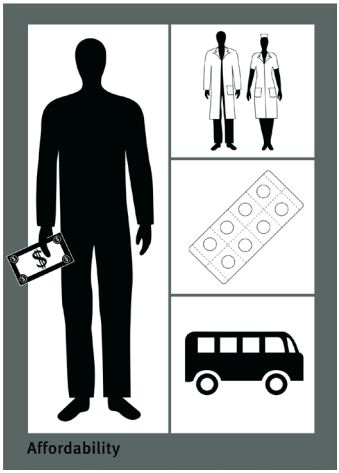
There are nine quality dimensions that will be ranked during the FGDs with the most important receiving a score of 9 and the least important a score of 1. If only one FGD is conducted the final scores can be used for the quality impact score calculation. However, if several FGDs are conducted it is necessary to calculate an average importance ranking score of each dimension.

Table 1: The Importance ranking of the Nine Quality dimensions

Nigeria FGD Results Quality of TB services	FGD1 Abuja	FGD2 Kaduna	FGD3 Kaduna	FGD4 Kwara	Average	Percentage
Communication and information	9	8	8	9	8.5	(8.5/9)100= 94%
Professional competence	8	9	9	4	7.5	83%
Availability services	6	6	4	7	5.8	64%
Affordability	4	5	7	6	5.5	61%
Patient provider interaction and counseling	7	4	3	5	4.8	53%
TB/HIV	5	3	2	8	4.5	50%
Support	2	7	6	2	4.3	47%
Infrastructure	3	2	5	1	2.8	31%
Stigma	1	1	1	3	1.5	17%

For example, Table 1 above illustrates the importance ranking scores from the field testing in Nigeria. Four FGDs were conducted with the following results; Communication and Information ranked as the most important quality dimension with an average score of 8.5 and Stigma as the least important with an average score of 1.5.

Once all FGDs are conducted and the data entry completed, the average percentage of importance ranking scores needs to be calculated. The average percentage is then used together with the performance scores to eventually calculate the quality impact score. The following calculation should be used; (average importance ranking/9) Thus following the example in Table 1 the final importance ranking score for quality dimension communication and information was derived by the following calculation; (8.5/9)100 = 94%.



The importance ranking scores of each FGD discussion can be entered into the data analysis worksheet, which is available on the CD-rom. The worksheet has been designed and formulated to automatically do the necessary calculations to produce the final importance ranking scores. See Annex 3 for an example of the worksheet.

2.2 Step two: Establish the performance score of the services

In general, 10-20 individual performance assessment interviews should be conducted per health facility. However, when applying *QUOTE TB Light* at the District, Provincial and or National level respondents from several health facilities should participate. Per District, four to seven health facilities should be included and the number of interviews conducted will depend on the number of registered TB patients.

A. Recruitment of respondents:

Similar to the FGDs, purposeful sampling is used to recruit TB patients for the performance assessment interviews. Health facility staff can assist with the recruitment of TB patients, based on the following criteria:

1. Registered TB patient at respective health facility
2. Have a history of at least 3 weeks visiting the facility for diagnosis and treatment
3. And/or a patient that has stopped treatment—a defaulter
4. Did not participate in the FGD

B. Instruments:

Two items are needed; 1) an informed consent form to be signed by the patient and 2) a standardized questionnaire to be used for the individual interview. An example of the questionnaire can be found in Annex 2 and both documents can be found on the CD-rom

C. Conducting interviews:

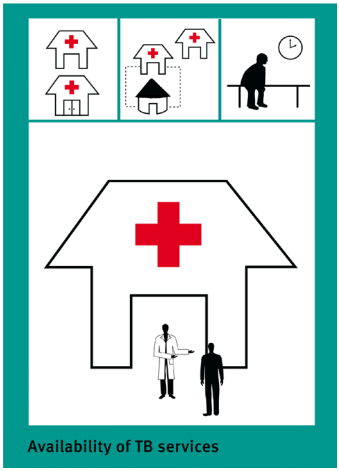
The interviews are conducted using the standardized questionnaire that includes questions based on the nine quality dimensions. The first section (A) of the questionnaire addresses basic demographics, the next section (B)

includes informative and evaluative questions addressing the performance of the facility and the last section (C) provides for a description of the interview setting. Section B of the questionnaire specifically contains a series of questions regarding issues that are linked to the nine quality dimensions. The answers are coded and range from never (1) to always (4), as well as yes (1) or no (2).

D. Performance scores and data entry:

The performance scores are calculated from the responses to the individual performance assessment interviews. As mentioned above, section B of the questionnaire provides the main body of information to assess the performance of the respective health facilities and thus produces the performance scores. Below is an example of a question measuring the performance of the availability of services, specifically this question is addressing waiting times.

Are the waiting time(s) before being served by providers of this facility acceptable to you?	1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always


Availability of TB services

The performance scores can be directly entered into the data analysis excel worksheet, which can be found on the CD-rom and as an example in Annex 3. The worksheet has been designed and formulated to automatically do the necessary calculations to produce the final performance scores.

A high performance score means that a large percentage of respondents interviewed provided negative responses and therefore the health facility is performing poorly. A low performance score means that a small percentage of respondents interviewed provided negative responses and therefore the health facility is performing well. The following calculation is used; (total negative answers/number of respondents)= performance score.

A high performance score means the health facility is performing poorly.

For example, 77 TB patients were interviewed during the field testing of *QUOTE TB Light* in Nigeria. Of the 77 interviewed, seven respondents gave a negative response ("never" or "sometimes") to the question addressing waiting times (see above) resulting in a final performance score of (7/77)100= 9%. Only

the negative score is used, indicating (in this example), that the health facilities assessed are performing well with regard to waiting times.

2.3 Step three: Calculate the quality impact scores of the care

The heart of *QUOTE TB Light* is the quality impact (QI) score. These scores are derived from combining the importance and performance scores. Below are two examples from the Nigeria field testing of *QUOTE TB Light*.

Example 1

Availability of services	Importance Ranking Score	(Poor) Performance Score	Quality Impact
Waiting times	64%	9%	(0.64 X 0.09)10= 0.58

Example one is a question addressing if the waiting times before being served by providers of the facility are acceptable. This specific issue received a quality impact score of 0.58, which was derived from multiplying the importance ranking (64%) by the performance score (9%) and multiplying by 10 -- thus (0.64 X 0.09) X 10=0.58.

Example 2

Communication and information	Importance Ranking Score	(Poor) Performance Score	Quality Impact
Stop spreading diseases	94%	34%	(0.94 X 0.34)10= 3.2

Example two is a question addressing if the health providers in the facility provide information on when the patient will stop spreading TB to others (no longer infectious). This specific issue received a QI score of 3.2, which was derived from multiplying the importance ranking score (94%) by the performance score (34%) and multiplying by 10 — thus (0.94 X 0.34)10= 3.2.

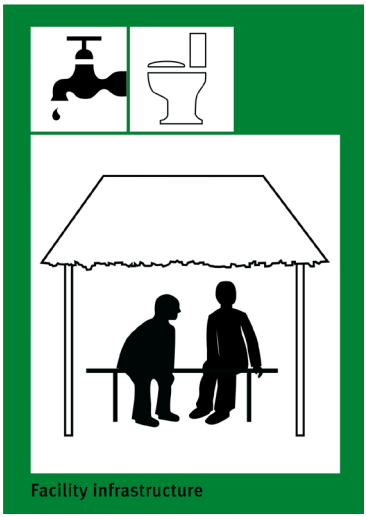
Theoretically, the maximum QI score is 10. This would indicate that 100% of the respondents perceive the health facility to be **performing** poorly on TB care services they consider to be extremely **important**. The higher the QI score, the more need for improvement.

The higher the QI score, the more need for improvement.

Although it is difficult to give exact criteria, in general QI scores above 0.75 indicate that improvement is possible and maybe necessary. The reason to target a QI score of 0.75 is because the average importance ranking score is 50% and 15% of the respondents will report negative performances.

The examples above show two different QI scores, the first falls under the cut off criteria of 0.75 and the second above. The first QI score of 0.58 indicates that a low percentage of TB patients (9%) perceive the health facility to be performing well regarding waiting times, which is a component of TB care considered to be important with an importance ranking score of 64%. It can be concluded that there is no need to improve this particular component of TB care.

However, the second QI score of 3.2 indicates that a higher percentage of respondents (34%) perceive the health facility to be performing poorly with regards to providing information on when the patient will stop spreading TB to others (no longer infectious). This is a component of TB care considered to be extremely important with an importance ranking score of 94%. It can be concluded that there is a clear need to address this issue for improvement.



If sufficient data are available, the scores can also be broken down by different subgroups of respondents (e.g. by gender, educational level, age category) or by TB facility and country characteristics (e.g. urban/rural, hospital/ health centre/dispensary, government/private, regular patient/defaulter).

3. Where and when to use *QUOTE TB Light*?

QUOTE-TB Light can be applied at various levels of health care. Below are some examples with important considerations for application.

3.1 Health facility level

- *QUOTE-TB Light* can be applied at health facilities with more than 50 registered TB patients .
- One FGD should be conducted once every two years to establish the importance ranking of the nine quality dimensions.
- Annually, 10-20 individual performance assessment interviews should be conducted. The quality impact score is calculated and used for benchmarking and interventions for improvement of TB care.
- Use *QUOTE-TB Light* for aggregate analysis of health facilities at district level.
- At health facilities with less than 50 registered TB patients the outcome of the individual performance assessment interviews can be used on their own

to measure the quality of services.
- The pictogram cards can be used in group discussions to improve TB care.

3.2 District level:

- Once every two years, at least two FGDs should be conducted per district to establish a representative importance ranking of the nine quality dimensions. It is also possible to plan FGDs according to gender and other social determinants, such as culture and environment.
- Annually, individual performance assessment interviews are conducted in four to seven health facilities. The number of interviews is dependent on the number of registered TB patients per facility. However, it is recommended to conduct a total of at least 70-100 TB patient interviews for valid quality impact scores.
- Analysis of all reviewed health facilities can be used annually for benchmarking in a particular district, as well as establish differences between health facilities.

3.3 Provincial and National level--TB Program supervision activities:

- Focus Group Discussions (FGDs) with TB patients should be performed once every two years to establish the importance ranking of the nine quality dimensions. At least one FGD should be done per geo-political zone for a representative sample. It is also possible to plan FGDs according to gender and other social determinants, such as culture and environment.
- Performance assessments should be conducted quarterly in order to collect data from TB patients using the standardized questionnaire. Performance assessments should be conducted during regular supervision activities with support of trained research assistants, such as University students.
- Analysis of the data from all reviewed health facilities can be used annually for benchmarking of districts provincially and/or nationwide.
- At least 150 performance assessment questionnaires need to be submitted to have a valid QI score.

3.4 Operational research projects:

- Depending on the size of the operational research study; the considerations described above should be followed.
- Use *QUOTE TB Light* in partnership with a University or local NGO with research experience.
- Within a limited time period (two to four weeks) it is recommended to conduct at least 70-100 patient interviews for valid quality impact scores and analyze data to address specific cultural or geographic settings.

- Analysis of data from participating health facilities can be used to develop specific benchmarking and interventions for a specific cultural or geographic setting.

4. Instruments for applying QUOTE TB Light

As mentioned earlier, the application of *QUOTE TB Light* consists of three steps for which instruments are provided on the CD-rom.

Step 1. Establish the importance ranking

Focus Group Discussions (FGD) are conducted to identify the ranking of the nine quality dimensions specific to TB care that are **important to patients**. Pictogram cards illustrating each quality dimension are used to facilitate the ranking exercise during the FGDs.

In Annex 1 you will find examples of the nine pictogram cards. They are also available on the CD-Rom in PDF format for printing. It is advised to have them printed in color and laminated for protection.

Step 2. Establish the performance scores

Individual interviews are conducted to assess the **performance** of TB care as experienced by TB patients using a standardized **questionnaire**. The performance assessment is based on the nine quality dimensions specific to TB services. The questionnaire can be found in word format on the CD-Rom for printing, as well as in Annex 2. Below are a few issues for consideration:

- It may be necessary to adjust the wording in some of the questions to better fit different cultural settings; however, it is not advised to totally change the questions.
- If the interviews are going to be held in a different language it is recommended to translate the questions before printing the questionnaire. This makes it easier for the interviewer and increases the quality of the respondent's answer.
- In addition to the questionnaire, an informed consent form is also available on the CD-rom in word format for printing. It is strongly recommended that each respondent sign the consent form before an interview is conducted.

Step 3. Calculate the quality impact scores

Steps 1 and 2 are used to calculate the **quality impact** (QI) score, which is the heart of *QUOTE-TB Light*. This is done by multiplying the the importance scores

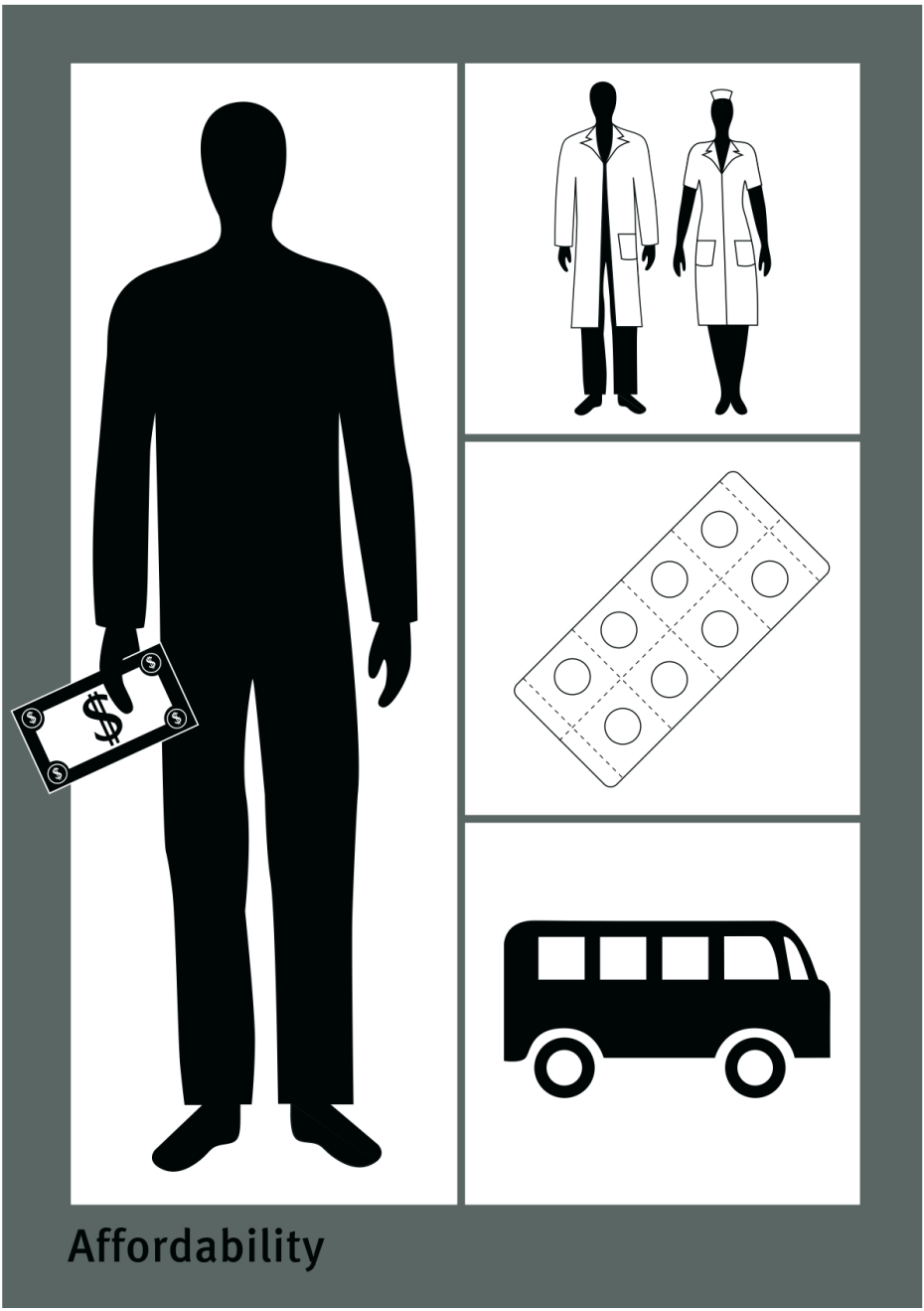
(1) by the performance scores (2). Thus the importance is used as a weighing factor to measure the quality of care. The direct results of the quality impact score can be used to improve services at the facility level by setting priorities and planning specific quality improvement interventions.
A data entry and analysis workbook in excel is available on the CD-rom and examples can be found in annex 3.

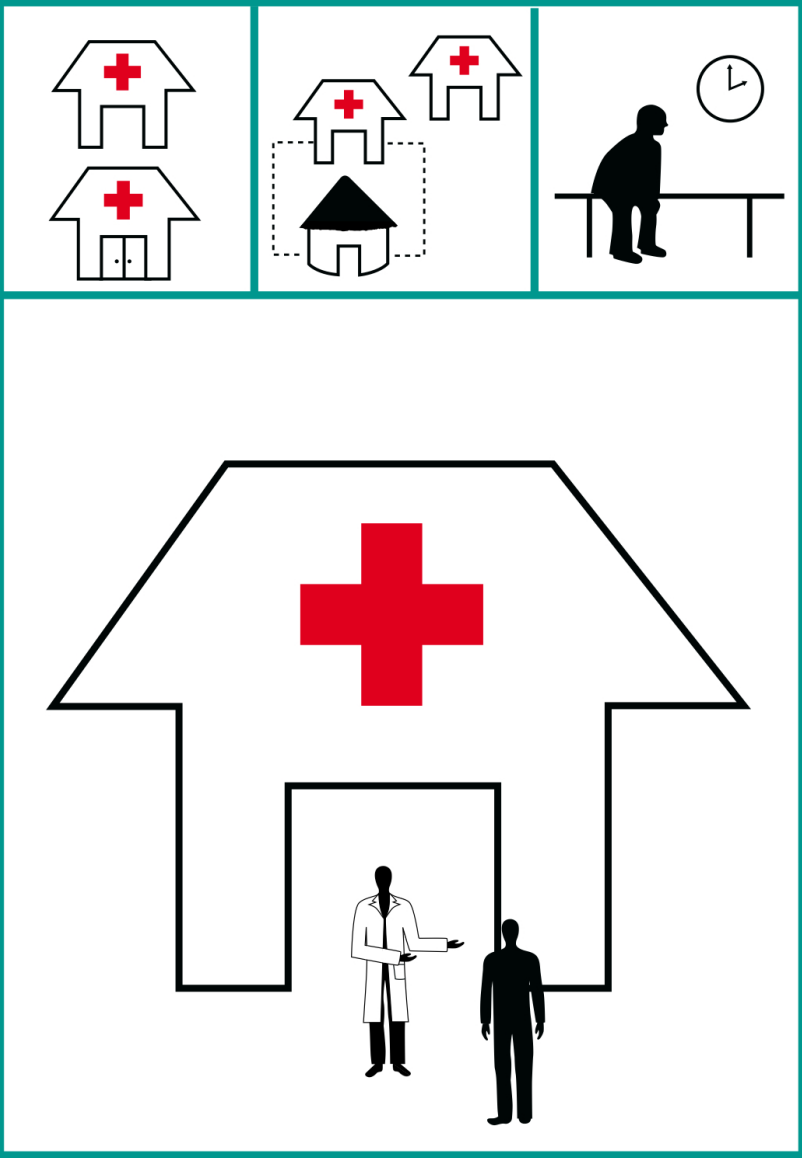
The data entry and analysis workbook includes two worksheets:

1. Importance ranking scores: this worksheet is organized by the nine quality dimensions. The final ranking results can be entered into the worksheet for each completed FGD. The worksheet includes the necessary formulas to calculate the final importance ranking score based on all completed FGDs.

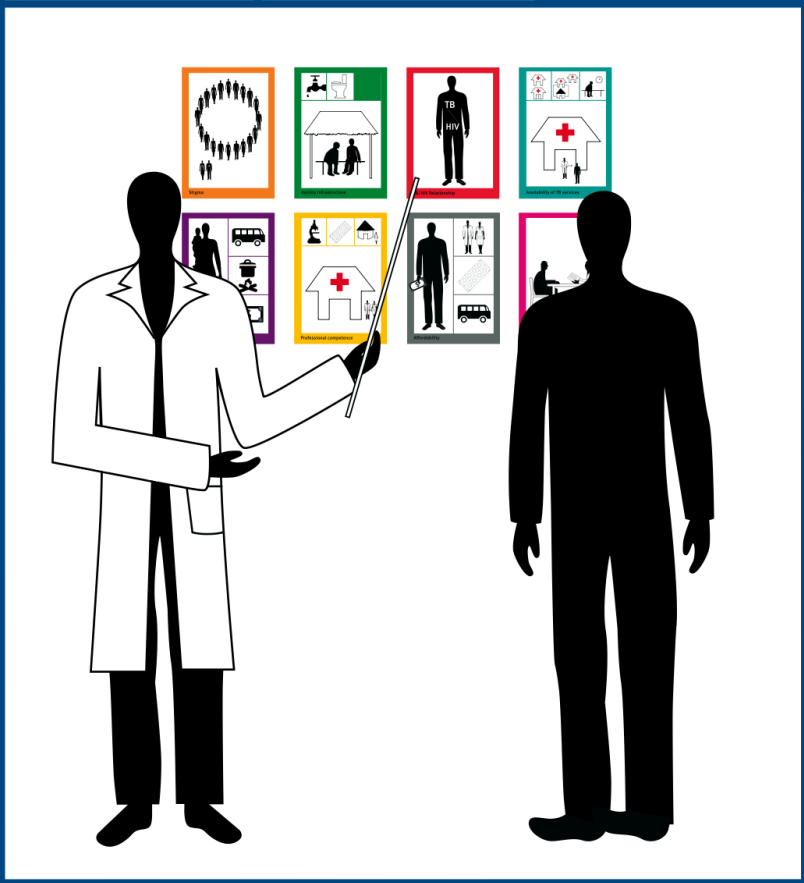
2. Performance assessment scores: this worksheet is organized to match the standardized questionnaire and includes formulas for basic data analysis. The data from the questionnaire should be directly entered into this workbook following the coding as indicated on both the questionnaire and performance assessment worksheet. It is possible to insert extra rows to accommodate the number of interviews completed. Furthermore, it is also possible to include additional formulas for other analysis such as comparison by gender, age, district and health facility.

Annex 1: Pictogram Cards





Availability of TB services



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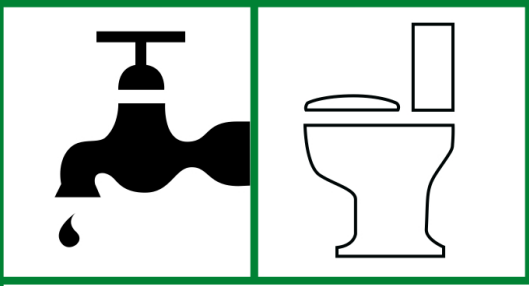
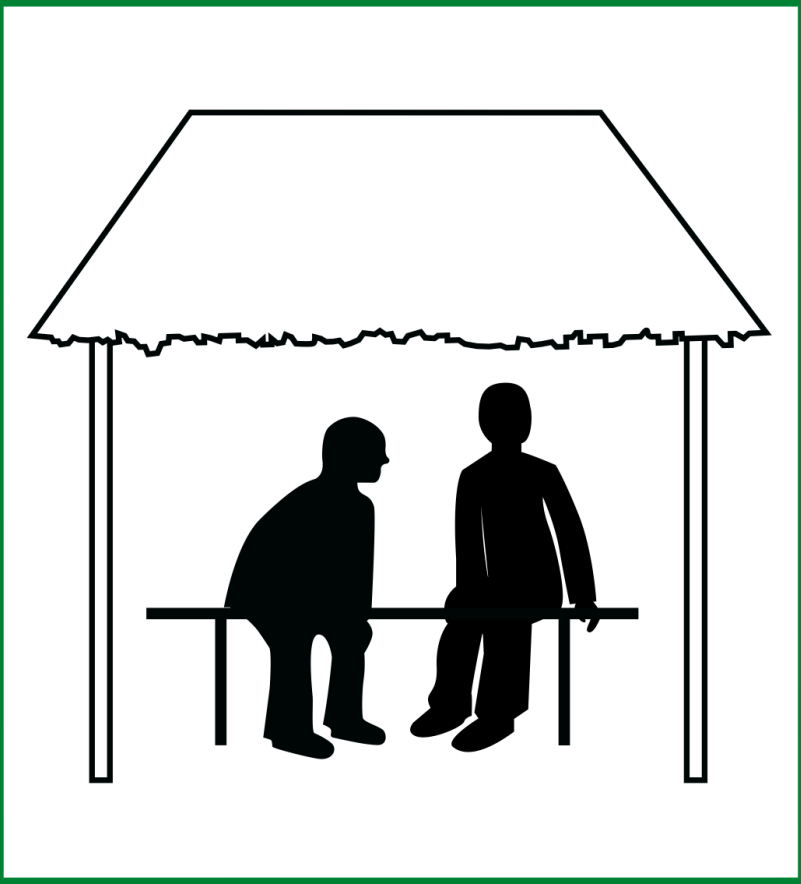
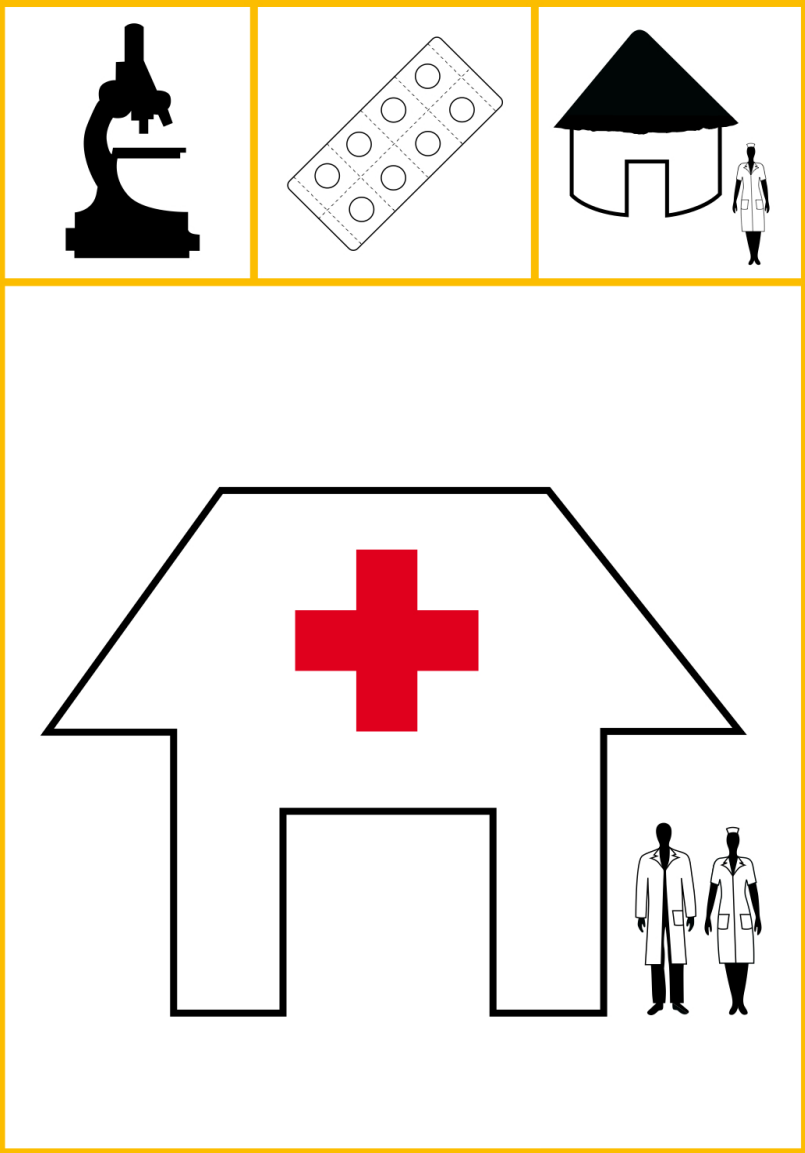


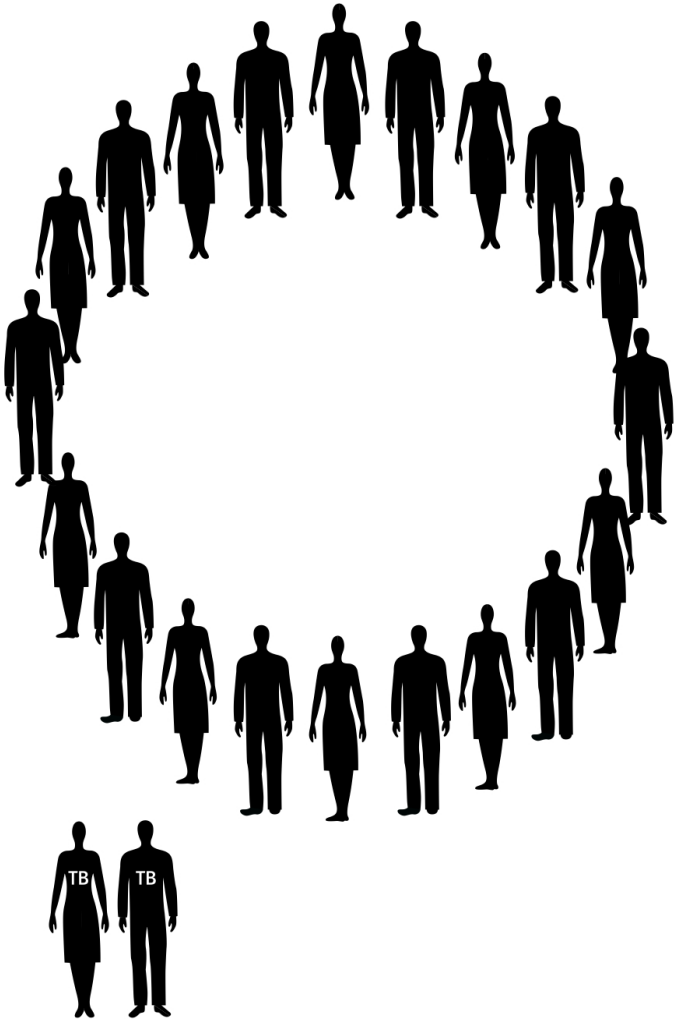


Facility infrastructure

Patient provider interaction and counseling

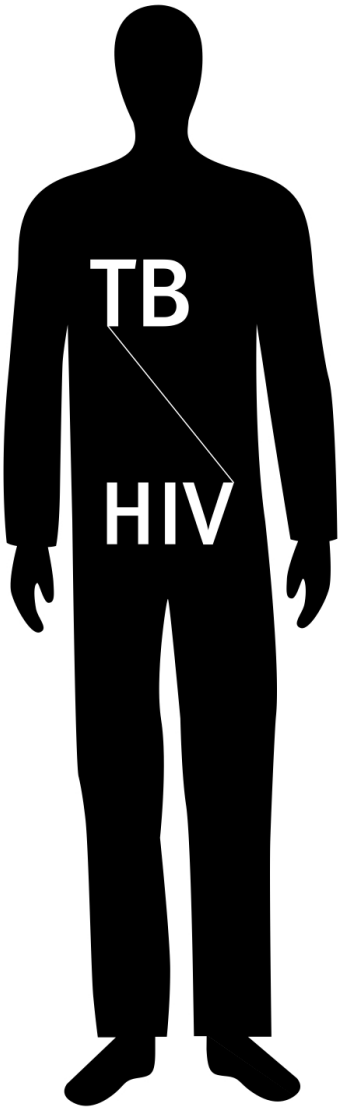


Professional competence



Stigma


Support



TB/HIV Relationship

Annex 2: Questionnaire

Code number: / / /

QUOTE-TB Light

PERFORMANCE INTERVIEW

Instructions to the interviewer
When a patient has finished his/her consultation with the clinic staff, ask him/her if he/she is willing to answer questions about the quality of TB services he/she has received. It is essential that you gain his/her **informed consent** before beginning the interview, so the following introduction should be given.

Greet the patient: "Hello. My name is ....."
I am interested in what you think about the TB services provided at this health facility. I would like to ask you questions about your visits to this health facility and the health providers that work in this facility. I would be very grateful if you could spend some time talking with me. I will not write down your name, and everything you tell me will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any questions you do not want to. Participating in this interview will not negatively affect the subsequent services you will get. Do I have your permission to continue?"

If no > stop the interview, thank the patient, note 'one refusal' on the non-respondent form, wait for another patient

If yes > continue with the interview

Name Interviewer
Date of interview
Interview conducted in: Specify language. .....
Interview conducted at: Clinic: [1]☐ Yes [2]☐ No
Community, specify where:.....

SECTION A : SOCIO-DEMOGRAPHIC CHARACTERISTICS AND GENERAL QUESTIONS

1. Patient's sex 1☐ Male 2☐ Female

2. Patient's age .....years

3. What is your highest level of education?
[1]☐ None
[2]☐ Primary (Primary 1-6)
[3]☐ Junior Secondary (JSS 1-3)
[4]☐ Senior Secondary (SSS4-6)
[5]☐ Tertiary
[6]☐ Other: .....

4. What is the main source of your livelihood?
.....

5. When were you diagnosed with TB after onset of symptoms?
(write response in dotted space and also check the corresponding option below)
.....
[1]☐ Within three (3) weeks after the onset of symptoms
[2]☐ Three (3) to eight (8) weeks after the onset of symptoms
[3]☐ More than eight (8) weeks after the onset of symptoms

6. How many times did you visit this facility for your illness?
[1]☐ First time
[2]☐ More occasions

7. After diagnosis, when did you start TB treatment?
[1]☐ Within two (2) days
[2]☐ Within one (1) week
[3]☐ More than one (1) week

8. What was/were the reason(s) for your visit to the health facility? (Multiple answers possible)
[1]☐ Diagnosis, specify: .....
[2]☐ Drug collection, specify: .....
[3]☐ Information/advice, specify: .....
[4]☐ Follow up sputum examination
[5]☐ Other, specify: .....

9. In case of defaulter: why did you stop coming?
(write response in dotted space below)
.....

SECTION B : PERFORMANCE OF THE FACILITY

The next part of the survey is about the quality of TB care that you received during your visits to this facility. Please answer the questions in this part of the survey about this facility only. Do not include any other facilities in your answer.

B-1 : AVAILABILITY OF TB SERVICES
First, I would like you to rate nine aspects that have to do with the availability of TB services.

1. Are the waiting time(s) before being served by health providers of this facility acceptable to you?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
2. How often are you attended to by the same health providers in this facility?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
3. How often are the service hours of this facility inconvenient for you to get your TB treatment?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
4. How often are drugs not available when you require them?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
5. How often do you experience difficulties in obtaining TB services in this facility because of language barriers?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
6. How often do you have to go to another health unit for TB services or treatment?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
7. Is this health facility easy to reach (distance)?	[1]☐ Yes [2]☐ No
8. How often are TB services available during the working hours of this facility?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
9. How often are the relevant health providers you come to see in this facility available?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always

B-2 : COMMUNICATION AND INFORMATION
Next, I would like you to rate seven items that have to do with communication and information about TB and its treatment.

1. Do the health providers in this facility tell you when you stop spreading TB to others?	[1]☐ Yes [2]☐ No
2. Do the health providers in this facility tell you that TB can be cured?	[1]☐ Yes [2]☐ No
3. Do the health providers in this facility tell you about the importance of observed treatment?	[1]☐ Yes [2]☐ No

4. Do the health providers in this facility tell you about the side effects of TB drugs?	[1]☐ Yes [2]☐ No
5. Do the health providers in this facility tell you about the need for sputum tests at given points during your treatment schedule?	[1]☐ Yes [2]☐ No
6. Do the health providers in this facility tell you about the duration of the TB treatment?	[1]☐ Yes [2]☐ No
7. During your visits to this facility, do health providers tell you about how to store your drugs obtained for your treatment?	[1]☐ Yes [2]☐ No
8. Does the health provider in this facility tell you when next to come back for TB services?	[1]☐ Yes [2]☐ No

B-3 : PATIENT – PROVIDER INTERACTION AND COUNSELLING

Next, I would like to ask you about eight aspects that have to do with the interaction between TB patients and health care providers.

1. During your visits to this facility, how often does the health provider treat you with respect?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
2. During your visits to this facility, how often does the health provider listen carefully to you?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
3. During your visits to this facility, how often do health providers explain things in a way you can understand?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
4. During your visits to this facility, how often do you have sufficient time to discuss your problems?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
5. During your visits to this facility, how often do health providers discuss with you how to deal with your problems?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
6. During your visits to this facility, how often do you experience discrimination because you have TB?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
7. During your visits to this facility, how often is your privacy respected during examination?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
8. Do health providers at this facility tell you how TB can affect your every day life	[1]☐ Yes [2]☐ No

B-4 : TB – HIV RELATIONSHIP

Next, I would like to ask you four questions about the link between TB and HIV.

1. Did health providers in the facility inform you about the link between TB and HIV?	[1]☐ Yes [2]☐ No
2. Were you informed by the health providers in this facility on how to prevent HIV infection?	[1]☐ Yes [2]☐ No
3. After being diagnosed with TB, were you advised to take an HIV test?	[1]☐ Yes [2]☐ No
4. Were you informed where to get HIV-treatment in case you might need this?	[1]☐ Yes [2]☐ No [9]☐ not applicable
5. Were you supported in case of being HIV positive in taking TB and HIV treatment at the same time?	☐ Yes [2]☐ No [9]☐ not applicable

B-5 : INFRASTRUCTURE

Next, I would like to ask you about four aspects that have to do with the infrastructure of the TB facility you are visiting.

1. How often is this facility clean?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
2. Is there safe drinking water in this facility?	[1]☐ Yes [2]☐ No
3. How often are the toilets in this facility usable?	[1]☐ Never [2]☐ Sometimes [3]☐ Usually [4]☐ Always
4. Are there enough comfortable places to sit on in this facility?	[1]☐ Yes [2]☐ No

5. Are people who come in with a cough given priority by the health providers?	☐ Yes ☐ No

B-6 : PROFESSIONAL COMPETENCE
Next, I would like to ask you seven questions about TB procedures and tests.

1. Does this facility offer services to examine your sputum?	☐ Yes ☐ No
2. Does this facility offer home based TB treatment?	☐ Yes ☐ No
3. Were you physically examined during your first visit to this health facility?	☐ Yes ☐ No
4. Was your sputum examined when you were diagnosed with TB?	☐ Yes ☐ No
5. How many working days were there between your first sputum submission and the time you got your results?	☐ 0 – 2 working days ☐ 3 – 5 working days ☐ more than 5 working days
6. In case of germs in your sputum that cause TB, were your close contacts examined by the TB facility?	☐ Yes ☐ No
7. How often is there a treatment observer checking on your daily intake of TB drugs?	☐ Never ☐ Sometimes ☐ Usually ☐ Always

B-7 : AFFORDABILITY
Next, I would like to ask you about three aspects that have to do with the costs of TB services.

1. How often do you have to pay for your regular TB services (e.g. sputum tests, TB-drugs, X-rays, etc.)?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
2. How often do you have to pay a tip in order to receive TB services?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
3. How often do costs (e.g. transport) prevent you from getting to the health facility?	☐ Never ☐ Sometimes ☐ Usually ☐ Always

B-8 : SUPPORT
I would like to ask you about two aspects that have to do with the support received from the TB facility you are visiting.

1. How often do you receive transport support from the health facility?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
2. How often do you receive food support from the health facility?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
3. How often do you receive money support from the health facility?	☐ Never ☐ Sometimes ☐ Usually ☐ Always

B-9 : STIGMA
To conclude this exercise, I would like to ask you about three aspects that have to do with stigma issues in relation to the TB facility you are visiting.

1. Does the health provider talk to you the same way you are spoken to when you receive services other than TB? Friendly?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
2. Does the health provider welcome you into the health facility when you visit for TB services?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
3. Does the health provider turn his/her face away when speaking with you?	☐ Never ☐ Sometimes ☐ Usually ☐ Always
4. Do you feel that you are treated with dignity when you visit the health facility?	☐ Yes ☐ No

SECTION C : INTERVIEW SETTING

1. Facility

Health facility name	
District	
TB Zone	

2. Level of facility (country specific)
[1]☐ Tertiary Hospital
[2]☐ General Hospital
[3]☐ Primary Health centre
[4]☐ Dispensary

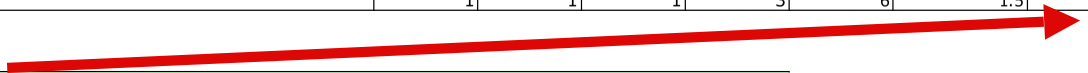
3. Type of facility (country specific)
[1]☐ Government
[2]☐ Private for profit
[3]☐ Private not for profit
[4]☐ NGO/ Missionary

4. Locality of facility
[1]☐ Rural
[2]☐ Urban

Importance Ranking Focus Group Discussion

Instructions:
1. Enter the scores of each FGD for an automatic calculation of the average scores and percentages to be used for the quality impact score. This workbook is linked to the perfomrace assessment workbook where the final calcualtions are made.
2. If more than four FGDs are conducted it is possible to insert extra columns.
3. Please note that if you do not fill in the imporatnce ranking scores, the calcualtions in the performance assesment worksheet will have errors.

Quality of TB services	*FGD 1*	*FGD 2*	*FGD 3*	*FGD 4*	*Total*	*Average*	**Percentage**
Communication and information	9	8	8	9	34	8.5	94%
Professional competence	8	9	9	4	30	7.5	83%
Availibility services	6	6	4	7	23	5.8	64%
Affordibility	4	5	7	6	22	5.5	61%
Patient provider interaction and counseling	7	4	3	5	19	4.8	53%
Support	5	3	2	8	18	4.5	50%
TB/HIV	2	7	6	2	17	4.3	47%
Infrastructure	3	2	5	1	11	2.8	31%
Stigma	1	1	1	3	6	1.5	17%



These scores are automatically entered in the Data Performance Assessment sheet

Individual Performance Assessment Interview.

Section B: B-1 Availability of TB Services	Individual Performance Assessment Interviews								
	1. Are the waiting time(s) before being served by providers of this health facility acceptable to you?	2. How often are you attended to by the same health providers in this facility?	3. How often are the service hours of this facility inconvenient for you to get your TB treatment?	4. How often are drugs not available when you require them?	5. How often do you experience difficulties in obtaining TB services in this facility because of language barriers?	6. How often do you have to go to another health unit for TB services or treatment?	7. Is this health facility easy to reach (distance)?	8. How often are TB services available during the working hours of this facility?	9. How often are the relevant providers you come to see in this facility available?
	1=never	1=never	1=never	1=never	1=never	1=never	1=yes	1=never	1=never
	2=sometimes	2=sometimes	2=sometimes	2=sometimes	2=sometimes	2=sometimes	2=no	2=sometimes	2=sometimes
	3=usually	3=usually	3=usually	3=usually	3=usually	3=usually		3=usually	3=usually
	4=always	4=always	4=always	4=always	4=always	4=always		4=always	4=always
	Waiting times	Same provider	Convenient hours	Drugs available	Language barrier	Other unit	Easy to reach	Service available	Providers available
	4	4	1	1	1	1	1	4	4
	4	4		1	1	1	1	4	4
	4	4	2	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	4	4	4	1	1	2	4	4
	4	4	1	1	1	1	1	4	4
	4	4	4	1	1	4	1	4	4
	4	4	4	1	1	1	1	4	4
	2	4	2	2	4	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	4	4	1	1	1	1	4	4
	4	4	1	2	1	1	1	4	4
	4	4	4	1	1	1	1	4	4
	4	4		1	1	1	1	4	4
	4	4	1	1	1	4	1	4	4
	4	4	1	1	1	1	1	4	4
	4	4	4	4	1	1	2	4	4
	4	4	1	1	1	1	1	4	4
	4	4	4	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	1	1	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	2	1	1	1	1	1	4	3
	4	3	4	3		4	1	4	4
	3	4	4	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	4	4	1	1	1	1	1	4	4
	3	4	4	2	1	1		4	4
Mean Performance	3.866666667	3.896551724	2.142857143	1.366666667	1.103448276	1.3	1.068965517	4	3.966666667
Negative Performance	1	1	10	3	1	3	2		
(Poor) Performance Score	0.033	0.034482759	0.357142857	0.1	0.034482759	0.1	0.068965517		
Importance Score	64%	64%	64%	64%	64%	64%	64%	64%	64%
QI score	0.2	0.2	2.3	0.6	0.2	0.6	0.4	-	-
	B1-1	B1-2	B1-3	B1-4	B1-5	B1-6	B1-7	B1-8	B1-9
n	30	29	28	30	29	30	29	30	30