Operational Guide
Find and Treat all Missing Persons with TB
M&E Framework

To eliminate TB
The FTMP M&E logical framework presents per implementation area the objectives, activities, and key results as presented in Chapters 4-7 (Table 3). This FTMP M&E Framework also includes suggested indicators per implementation area. Some of these indicators are listed under multiple implementation areas because they apply to more than one. More details about the indicators and how to measure them is outlined in Table 4. The M&E framework supports the monitoring and evaluation of the district FTMP annual plan (part of the District Annual Plan) on a quarterly basis. Districts can make use of this framework to develop their own FTMP M&E framework, which is part of the District M&E framework.

In general:
1. Select relevant indicators for quarterly (or more/less frequently if indicated) monitoring
2. Develop process indicators as appropriate
3. Add additional facility level indicators (if appropriate or deemed necessary by the project team)
4. Strengthen recording and reporting/surveillance systems for reporting of data:
   • Develop/adopt user-friendly data collection tools
   • Develop an integrated reporting system to ensure non-NTP programs (e.g., HIV, PMTCT, MCH, nutrition, NCDs) report data
   • Ensure routine reporting by non-public providers (for example through mandatory reporting and/or the use of simplified and/or electronic notification systems).
5. Establish baselines for the indicators
6. Set SMART (specific, measurable, achievable, relevant and time-bound) targets
7. Monitor the progress towards the targets each quarter.
Step 1: Conduct a joint gap analysis of:
   a. The TB situation in the district
   b. Community involvement and resources
   c. TB-related knowledge, attitudes, practices and (health seeking) behavior including TB stigma among community members including TB patients
   d. TB-related stigma in the community

Step 2: Prioritize the actions needed and develop the community M&E framework.

Suggested intervention areas:
   a. Strengthen involvement of CBOs/CSOs/FBOs in TB prevention and care
   b. Increase community’s TB literacy
   c. Reduce TB stigma
   d. Increase referral of presumed TB patients by CHWs and CVs
   e. Strengthen community support during treatment
   f. Improve access to quality patient-centered TB care
   g. Develop the community M&E framework

Step 3: Further engage and mentor communities to implement the community TB action plan:
   a. Provide technical assistance and mentor CBOs/CSOs/FBOs to implement the action plan
   b. Promote sharing and learning among CBOs/CSOs/FBOs
   c. Optimize linkages among the community organizations and the health facilities to share results, problem solving, develop innovative ideas, build trust and commitment
   d. Develop the community level TB awareness raising and health education program
   e. Develop guidelines, tools and job aids for CHWs, CVs, DOT providers etc. to do their specific tasks
   f. Develop training packages for CHWs, CVs etc. plan and implement TOT and trainings for the defined target group
   g. Collect and monitor community TB data as per the M&E framework

Step 4: Evaluate and redesign or optimize community TB interventions based on lessons learned.
   a. Evaluate the District Community Annual Plan quarterly
   b. Discuss the community M&E results, lessons learned and agree on improvements
   c. Annually discuss the community M&E results, lessons learned and agree on improvements

Note: All patients diagnosed should be recorded in the TB register (notified); and if they did not start TB treatment will be evaluated and reported as Lost To Follow-Up (LTFU).
<table>
<thead>
<tr>
<th>Implementation area</th>
<th>Objectives</th>
<th>Activities</th>
<th>Results</th>
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| Matching the services to the patient pathways | • To assess current capacity/utilization of diagnostic and treatment centers (supply) in their district against epidemiological situation and current patients’ needs (demand)  
• To match supply (health service capacity) with demand (patients’ needs and epidemic)  
• To monitor and evaluate the performance of the diagnostic and treatment networks | **Step 1: Identify patients’ needs regarding diagnostic and treatment services:**  
  a. Conduct an analysis of the key factors that influence patient health seeking behavior (in both the public and the private/informal sectors), through patients interviews and/or focus group discussions  
**Step 2: Assess current capacity and service gaps of diagnostic and treatment centers (public and private) in the district, capitalizing on the data from the TB diagnostic and care delivery systems and services national assessment (See Chapter 3):**  
  a. Conduct a situational analysis of selected diagnostic and treatment centers in the selected district(s)  
  b. Based on the findings of the situational analysis, set targets for KPIs and other indicators (see Chapter 8)  
**Step 3: Based on the assessment of the availability and capacity of TB diagnostic and treatment delivery systems and services in the district, establish a project team, choose optimization approach and develop a plan for interventions:**  
  a. Create a diverse team  
  b. Based on 1) the epidemiology data, 2) patients’ needs (step 1), 3) diagnostic and treatment centers’ capacity (step 2) and 4) available funding for interventions, decide which basic priority intervention(s) will be followed for the optimization.  
  c. Discuss and agree with stakeholders  
  d. Develop a plan of interventions that will be included in the District Action Plan.  
  e. Develop an operational plan using the selected optimization approach, detailing the overall goal, objectives, activities to address the identified gaps, responsibilities, time-frames, indicators with targets and budget  
  f. Cost the plan and identify funding sources  
**Step 4: Develop the M&E Framework**  
**Step 5: Implement the interventions**  
  a. Implement the costed intervention plan  
  b. Use the M&E framework to monitor implementation of the plan  
**Step 6: Evaluate and revise policies and redesign or optimize interventions based on evaluations and lessons learnt:**  
  a. Analyze the data from the district M&E framework (developed in step 4 and monitored in step 5)  
  b. Strengthen the TB recording and reporting system  
  c. Analyze changes and trends  
  d. Review interventions design if change/improvement is unsatisfactory | • Improved laboratory sample transportation systems  
• Improved diagnostic connectivity, and rapid feedback of lab examination result to requesting clinician  
• Improved utilization of diagnostic networks  
• Diagnostic delay reduced  
• Loss to follow-up reduced (initial and during treatment)  
• Increase of patients tested for DR-TB | • Diagnostic capacity utilization rate  
• Drug susceptibility testing (DST) coverage for TB patients (including Xpert MTB/RIF)  
• Number and percentage of notified TB patients who initiated treatment whom were diagnosed through a WRD  
• Number and percent of presumptive TB patients tested for TB, stratified by tests used if available  
• Initial loss to follow-up  
• Percentage of notified TB patients who were successfully treated  
• Medicine and consumables stockouts |
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<tr>
<td>Triage and Screening</td>
<td>• To assess which risk groups should be prioritized for TB case-finding</td>
<td><strong>Step 1: Identify and map populations at high risk, key stakeholders, and partner organizations for TB care and prevention:</strong>&lt;br&gt;a. Conduct a desk review&lt;br&gt;b. Organize consultative stakeholders meeting&lt;br&gt;c. Mapping&lt;br&gt;<strong>Step 2: Prioritize in which populations to intervene and how</strong>&lt;br&gt;a. Prioritize key populations and affordable case-finding interventions&lt;br&gt;b. Organize consensus meeting with relevant stakeholders&lt;br&gt;c. Select an appropriate screening and diagnostic algorithm&lt;br&gt;d. Set targets for key performance indicators&lt;br&gt;<strong>Step 3: Develop a plan to increase case-finding through triage and screening with stakeholders:</strong>&lt;br&gt;a. Use an existing multi-sectoral coordination mechanism or establish case-finding task force comprising all relevant stakeholders at all service levels, if no such mechanism exists. This task force will be responsible for:&lt;br&gt;a. Plan and cost&lt;br&gt;a. Work towards sustainability&lt;br&gt;<strong>Step 4: Develop the M&amp;E framework for triage and screening</strong>&lt;br&gt;<strong>Step 5: Implement case-finding interventions:</strong>&lt;br&gt;a. Engage local CSOs, CBOs, FBOs and private/informal service providers&lt;br&gt;b. Implement and/or scale-up case-finding interventions&lt;br&gt;c. Describe and replicate best practices&lt;br&gt;d. Integrate increased TB case-finding into existing service delivery models&lt;br&gt;e. Build capacity on increased case-finding&lt;br&gt;f. Use the M&amp;E framework developed in step 3 to monitor implementation of the plan&lt;br&gt;<strong>Step 6: Evaluate case-finding and revise policies and redesign or optimize interventions:</strong>&lt;br&gt;a. Analyze the data from the district M&amp;E framework (developed in step 4 and monitored in step 5) on a quarterly basis&lt;br&gt;b. Analyze changes and trends in KPIs and process indicators against the baselines</td>
<td>• Increased triage and screening interventions with optimal screening and diagnostic algorithms&lt;br&gt;• Planned cost-effective triage and screening interventions among well prioritized key populations&lt;br&gt;• Systematic monitoring and evaluation of triage and screening interventions</td>
<td>• Number and percentage of people identified with presumptive TB among those triaged or systematically screened in health facilities or among key populations&lt;br&gt;• Number and percentage of TB notifications through triaging and systematically screened in health facilities or among key populations&lt;br&gt;• Number needed to screen to find 1 diagnosed TB patient by intervention&lt;br&gt;• Index patient coverage&lt;br&gt;• Contact investigation coverage&lt;br&gt;• Number and percentage of notified TB patients who initiated treatment whom were diagnosed through a WRD used in the context of triage or screening</td>
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| Quality prevention and care | • To assess the need for quality TB prevention and care to better find and treat all persons with TB  
• To determine the need for community and patient perspectives and their confidence in service providers and systems to ensure early and effective identification, diagnosis and care  
• To identify the steps in the quality improvement approach  
• To set national performance standards and benchmarks for TB identification, diagnosis and care.  
• To select the districts and health facilities to participate in the TB Quality Improvement (QI) Process  
• To determine and understand the quality gap, prioritize and implement quality improvement interventions at facility level  
• To monitor and evaluate the results of the TB QI interventions, learn lessons, and improve future interventions. | Step 1: Set the national performance standards and benchmarks for quality TB prevention & care  
Step 2: Select the health care facilities to participate in the quality improvement process:  
a. At national level identify the districts where FTMP interventions will take place based on the existing gaps identified to seek care  
b. Select per district the health facilities to implement the quality improvement (QI) activities  
Step 3: Build the project team(s) at district and facility level and develop the FTMP component of the district M&E framework:  
a. Train a team at the District Health Office as QI Facilitators.  
b. Create buy in of facility management and facility staff for QI for TB prevention and care  
c. Build a project team at facility level:  
d. Develop a the FTMP component of the district M&E framework  
Step 4: Assess quality in healthcare facilities and develop the facility QIP(s) (QIP)  
a. Assess quality performance in healthcare facilities  
b. Develop a facility QIP  
Step 5: Implement and monitor the facility QIPs  
a. Implementation of QI plan is guided by responsible staff  
b. Monitor implementation of QI activities  
c. Communicate successes  
Step 6: Evaluate Quality Improvement M&E data and redesign or optimize quality interventions based on results and lessons learnt:  
a. Analyze QI data per facility and at district level  
b. Annually the FQ team facilitates a discussion with (former) patients about the quality of TB care and review together with facility representatives the TB benchmarking (BM) tool  | Increased client confidence:  
a. High level of community & patient confidence in the health system and its service providers  
b. Increased self-reporting of symptoms and demand for screening  
c. Increased number of patients self-referred or referred by community health worker  
d. High level of client satisfaction about TB prevention and care services  
Increased technical performance:  
a. Improved patient-centered care  
b. Intensified triaging/systematic screening in health facilities and community outreach  
c. High level of diagnostic accuracy (for both bacteriologically confirmed and clinical diagnosis and DR-TB)  
d. Low levels of diagnostic and treatment initiation delays  
e. High levels of correct regimen prescription  
f. High levels of successful treatment completion  
Increased TB programmatic performance:  
a. Increased number of diagnosed patients notified  
b. No medicine and consumables stockouts  
c. Quality quarterly TB reports available  | Client confidence  
• Number and percentage of clients systematically screened among those attending facilities in the public and non-public sector  
• Number and percentage of people identified with presumptive TB among those attending facilities in the public and non-public sector  
• Number and percentage of presumptive TB confirmed as TB among those screened and identified with presumptive TB  
Technical performance  
• Percentage of clients with an average turn-around-time (TAT) from specimen collection to delivery of results <3 days (stratified by microscopy, Xpert)  
• Percentage of laboratory facilities showing adequate performance in EQA  
• Percentage of TB patients diagnosed in <5 days from first presentation to facility  
• Number and percentage of diagnosed initiated on correct treatment  
• Index patient coverage  
• Contact investigation coverage  
• Percentage of diagnosed patients notified  
• Percentage of notified TB patients who were successfully treated  
Programmatic performance  
• Increased number of diagnosed patients notified  
• No medicine and consumables stockouts  
• Quality quarterly TB reports available in time |
TABLE 4: SUGGESTED INDICATORS FOR FTMP M&E LOGICAL FRAMEWORK

Some indicators are routinely collected under programmatic conditions, while others would have to be collected under operations research activities.

<table>
<thead>
<tr>
<th>Implementation area</th>
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<th>Denominator</th>
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<tbody>
<tr>
<td>Community engagement</td>
<td>Number and percentage of patients who seek care within 4 weeks of developing TB related symptoms</td>
<td>Number of patients who seek care within 4 weeks of developing TB-related symptoms</td>
<td>Total number of patients who seek care for TB-related symptoms</td>
<td>Number and Percentage</td>
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<tr>
<td></td>
<td>Number and percentage of notified TB patients that were referred by CHWs and CVs</td>
<td>Number of notified TB patients referred by CHWs and CVs</td>
<td>Total number of notified TB patients</td>
<td>Number and Percentage</td>
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<tr>
<td></td>
<td>Number and percentage of TB patients who receive community treatment adherence support</td>
<td>Number of TB patients who receive treatment adherence support from CHWs/DOT providers</td>
<td>Total number of TB patients</td>
<td>Number and Percentage</td>
</tr>
</tbody>
</table>
|                     | Difference in number and percentage of lost to follow-up between TB patients who received community treatment support and those who did not. | a1. Number of patients lost to follow-up who received community adherence support  
b1. Number of patients lost to follow-up who did not receive community adherence support | a2. Total number of TB patients who received community adherence support  
b2. Total number of TB patients who did not receive community adherence support | Number and Percentage  
(a1/a2) – (b1/b2) |
|                     | Difference in number and percentage of treatment success (cured and completed) between TB patients who received community treatment support and those who did not | a1. Number of successfully treated patients who received community adherence support  
b1. Number of successfully treated patients who did not receive community adherence support | a2. Total number of TB patients who received community adherence support  
b2. Total number of TB patients who did not receive community adherence support | Number and Percentage  
(a1/a2) – (b1/b2) |
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<td>Matching services to the patient pathways</td>
<td>Diagnostic capacity utilization rate</td>
<td>(Example for Xpert MTB/RIF) Number of Xpert MTB/RIF tests performed over a given period of time</td>
<td>(Example for Xpert MTB/RIF) Possible number of Xpert MTB/RIF tests which could be done over the same period of time in the district. As a guidance, use 3 tests per module per 265 working days per year. That is a maximum of 795 tests per year per module. (Note: This indicator should be obtained for each facility in the district where Xpert MTB/Rif is done. In case if facility provide multiple diseases’ diagnostics using GeneXpert this should be taken in to consideration)</td>
<td>Percentage</td>
</tr>
<tr>
<td>Drug susceptibility testing (DST) coverage for TB patients (including Xpert MTB/RIF)</td>
<td>Number of TB patients with RR/MDR-TB results (Note: DST coverage includes results from molecular (e.g., Xpert MTB/RIF) as well as conventional phenotypic DST results)</td>
<td>Total number of notified patients in the same year</td>
<td></td>
<td>Percentage, stratified by new and previously treated patients</td>
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<tr>
<td>Number and percentage of notified TB patients who initiated treatment whom were diagnosed through a WRD</td>
<td>Number of notified TB patients who initiated treatment whom were diagnosed through a WRD test through triage or screening</td>
<td>Number of notified TB patients whom were diagnosed through a WHO recommended Rapid diagnostic test</td>
<td></td>
<td>Number and Percentage</td>
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<tr>
<td>Matching services to the patient pathways</td>
<td>Number and percent of presumptive TB patients tested for TB, stratified by tests used if available</td>
<td>Number of presumptive TB patients tested for TB</td>
<td>Total number of presumptive TB patients identified</td>
<td>Number and Percentage</td>
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<tr>
<td>Initial loss to follow-up</td>
<td>Number of TB patients diagnosed who were not started on TB treatment</td>
<td>Total number of TB patients diagnosed</td>
<td></td>
<td>Percentage</td>
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<tr>
<td>Percentage of notified TB patients who were successfully treated</td>
<td>Number of TB patients who were successfully treated (sum of cure and treatment completion)</td>
<td>Total number of TB patients notified</td>
<td></td>
<td>Percentage</td>
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<tr>
<td>Medicine and consumables stockouts</td>
<td>Number of health facilities that experienced a stockout of one or more required consumables during a defined period</td>
<td>Total number of health facilities using the consumables</td>
<td></td>
<td>Percentage</td>
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<td>Example for the district level: Number of health facilities that experienced a stockout of one or more required consumables during a defined period divided by the total number of health facilities using the consumables. Stratify by consumable type and critical/non-critical (first- and second-line anti-TB drugs, cartridges, X-ray films, reagents, etc.)</td>
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<tr>
<td>Triage and Screening</td>
<td>Number and percentage of people identified with presumptive TB among those triaged or systematically screened in health facilities or among key populations</td>
<td>Number of patients with presumptive TB</td>
<td>Number of persons triaged or systematically screened</td>
<td>Number and Percentage</td>
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<tr>
<td></td>
<td>Number and percentage of TB notifications identified through triaging and systematic screening in health facilities or among key populations</td>
<td>Number of TB notifications through triaging and systematic screening</td>
<td>Total number of TB notifications</td>
<td>Number and Percentage</td>
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<td>Number needed to screen to find one diagnosed TB patient by intervention</td>
<td>Number of diagnosed TB</td>
<td>Number of people screened</td>
<td>Number</td>
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<td></td>
<td>Index patient coverage</td>
<td>Number of index patients of whom the contacts have been investigated</td>
<td>Total number of index patients</td>
<td>Percentage</td>
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<tr>
<td></td>
<td>Contact investigation coverage</td>
<td>The number of contacts of people with bacteriologically confirmed TB who were evaluated for TB</td>
<td>Total number of eligible contacts identified</td>
<td>Percentage</td>
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<tr>
<td></td>
<td>Number and percentage of notified TB patients who initiated treatment out of those diagnosed through a WRD used in the context of triage or screening</td>
<td>Number of notified TB patients who initiated treatment after diagnosis were diagnosed through a WRD used in the context of triage or screening</td>
<td>Number of notified TB patients whom were diagnosed through a WRD used in the context of triage or screening</td>
<td>Number and Percentage</td>
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<tr>
<td>Quality prevention and care</td>
<td>Number and percentage of clients systematically screened for TB among those attending facilities in the public and non-public sector</td>
<td>Number of patients with presumptive TB</td>
<td>Number of persons triaged or systematically screened</td>
<td>Number and Percentage</td>
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<td>Number and percentage of people identified with presumptive TB among those screened for TB while attending facilities in the public and non-public sector</td>
<td>Number of patients with presumptive TB among those screened for TB while attending facilities in the public and non-public sector</td>
<td>Total number of persons screened for TB while attending facilities in the public and non-public sector</td>
<td>Number and Percentage</td>
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<td>Number and percentage of presumptive TB confirmed as TB among those screened and identified with presumptive TB</td>
<td>Number of presumptive TB patients confirmed with TB among those screened and identified with presumptive TB</td>
<td>Total number of presumptive TB patients among those screened while attending facilities in the public and non-public sector</td>
<td>Number and Percentage</td>
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<td>Percentage of clients with average turn-around-time (TAT) from specimen collection to delivery of results &lt;3 days (stratified by microscopy and Xpert)</td>
<td>Number of clients with average TAT from specimen collection to delivery of results &lt;3 days</td>
<td>Total number of results delivered</td>
<td>Percentage</td>
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<td>Percentage of laboratory facilities showing adequate performance in EQA</td>
<td>Number of laboratory facilities showing adequate performance in EQA</td>
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<td>Percentage of TB patients diagnosed in &lt;5 days from first presentation to facility</td>
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<td>Percentage</td>
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<tr>
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<td>Number and percentage of diagnosed initiated on correct treatment</td>
<td>Number of diagnosed initiated on correct treatment</td>
<td>Total number of diagnosed patients on treatment</td>
<td>Number and Percentage</td>
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<td>Medicine and consumables stockouts</td>
<td>Number of health facilities that experienced a stockout of one or more required consumables during a defined period</td>
<td>Total number of health facilities using the consumables</td>
<td>Percentage</td>
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<td>Example for the district level: <em>Number of health facilities that experienced a stockout of one or more required consumables during a defined period divided by the total number of health facilities using the consumables.</em></td>
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*Stratify by consumable type and critical/non-critical (first- and second-line anti-TB drugs, cartridges, X-ray films, reagents, etc.)*
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<td>Quality prevention and care</td>
<td>Quality quarterly TB reports available in time</td>
<td>Number of health facilities that report into the relevant HMIS system within one month of the end of the reporting quarter</td>
<td>Total number of health facilities</td>
<td>Percentage Example for the district level: Number of health facilities that notify their patients by cohort and report on their treatment outcome within one month of the end of quarter.</td>
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