

Observation checklist

Section 1: Health facility demographics

1.1 Name of the health facility	
1.2 Address	
1.3 District/LLG/Province	
1.4 Region – Momase/Highlands	
1.5 Name of responsible person for infection control in this facility	
1.6 Participant's name	
1.7 Age	
1.8 Sex	
1.9 Position	
1.10 Contact details	
1.11 Years of work at health facility	
1.12 Educational qualification (MO,HEO,NO,CHW,Others)	
1.13 Facility ownership – Church/Government/Private	

Section 2: Observation of TBIC measures in this health facility

Adopted from 2019 WHO checklist for periodic evaluation of TBIC in healthcare facilities

[illegible]

11. Which respirator model/type is used in which department?									
12. Does the outpatient, TB, ward, x-ray and pathology use respirators?									
13. Is there a cough officer appointed to provide cough hygiene and education at the health facility?									

End of observation!!