

Table S1: Assessment tool: Nurse Officer (Cluster 1).

	Parameter for assessment	Grading	Score
1	Empower others HCW in the facility	a. Evidence of Ongoing Empowerment of all HCWs (4-points) b. Evidence of Train all staff but utilize only few CME sessions (3-points) c. Evidence of Empower only those working in TBDM Clinic (2-points) d. Evidence of Empower only facility in charge/ administrators (1-point) e. No evidence of any empowerment to other staff (0 point)	
2	Trained staff at the assigned distant health facility	a. Evidence of Training staff and ongoing practice in the assigned facility (2-points) b. Evidence of training but no ongoing practice in the facility (1-point) c. No evidence of training in the facility (0 point) d. Not Applicable	
3	Trainer demonstrates knowledge/ ability/ skills/ on pharmacovigilance	a. Knowledge of pharmacovigilance and Evidence of practice (2-points) b. Knowledge of pharmacovigilance and no Evidence of practice (1-point) c. No insight on pharmacovigilance (0-point)	
4	Trainer demonstrates knowledge/ ability/ skills/ on IPC	a. Knowledge of IPC and Evidence of practice (2-points) b. Knowledge of IPC and no Evidence of practice (1-point) c. No insight on IPC (0-point)	
5	Prepared nursing care plan to patients with TB and associated comorbidity/ multi morbidity	Minimum required number is 15 i.e. 100% (15points) a. $\frac{x}{15}$ Not applicable	
6	Quality of Generated care plans	a. Excellent (4-points) b. Very Good (3-points) c. Good (2-points) d. Satisfactory (1-points) e. Poor below (0-point) f. Not applicable	
7	Average Facility Performance reflecting cluster 1- Contribution	a. $\frac{x}{10}$ b. Not applicable	

Table S2: Assessment tool: Medical doctors/specialists (Cluster 1/mentors).

	Parameter	Grading	Score
1	Empower others HCW in the facility	<ol style="list-style-type: none"> 1. Evidence of Ongoing Empowerment of all HCWs (4 points) 2. Evidence of Train all staff but utilize only few CME sessions (3points) 3. Evidence of Empower only those working in TBDM Clinic (2 points) 4. Evidence of Empower only facility in charge/ administrators (1point) 5. No evidence of any empowerment to other staff (0 point) 	
2	Trained staff at the assigned distant health facility	<ol style="list-style-type: none"> 1. Evidence of Training staff and ongoing practice in the assigned facility (2 points) 2. Evidence of training but no ongoing practice in the facility (1 point) 3. No evidence of training in the facility (0 point) 4. NA (for Regional Mentors) 	
3	Trainer demonstrates knowledge/ ability/ skills/ on pharmacovigilance	<ol style="list-style-type: none"> 1. Knowledge of pharmacovigilance and Evidence of practice (2points) 2. Knowledge of pharmacovigilance and no Evidence of practice (1point) 3. No insight on pharmacovigilance (0 point) 	
4	Screening for DM in TB populations	X/10	
5	Screening for TB in DM population	X/10	
6	Screened for other multimorbidity in dual TBDM population	<ol style="list-style-type: none"> 1. Very good=Evidence of screening Hypertension, Malnutrition and HIV status (2 points) 2. Good= Evidence of screening at least one multimorbidity (1 point) 3. Poor = No evidence for screening multimorbidity (0 point) 	
7	Interpretation of finding for clinically relevant action	<ol style="list-style-type: none"> a. Very good=Evidence of screening height and weight and interpretation of BMI (2 Points) b. Good= Evidence of screening Height and Weight with no interpretation (1 point) c. Poor = No evidence for screening BMI (0 point) 	
8	HbA1c utilization practice	<ol style="list-style-type: none"> a. X/10 b. Not Applicable 	
9	Management of patients with dual TBDM comorbidity	<ol style="list-style-type: none"> a. Very good=Evidence of re-arrangement clinic for attending patients with dual TBDM and other multimorbidity (2 points) b. Good= Partial evidence of re-arrangement for attending patients with dual TBDM and other multimorbidity (1 point) c. Poor = No evidence available (0 point) d. Not Applicable 	

10	Trainer demonstrated knowledge/ ability/ skills/ on IPC	a. Knowledge of IPC and Evidence of practice (2points) b. Knowledge of IPC and no Evidence of practice (1point) c. No insight on IPC (0 point)	
11	Average Facility Performance reflecting mentors- Contribution	X/10	

Table S3: Assessment tool_3. Performance of the cluster 1/cluster 2 health care facilities.

	Parameters	Grading	Score
1	Facility in charge is aware and shows ownership in improving TBDM services (Any innovation/ Best practice for improving TBDM services)	a) Highly Oriented and committed (strong sense of ownership (3points) b) Oriented and shows some commitment (2 points) c) Was not oriented but demonstrates willingness to improve the services /Oriented but not willing (1 point) d) Not oriented and not willing (0 point)	
2	A trained facility organizes clinics for managing patients with TB	a) Presence of TB clinic (2points) b) Available plan to establish the clinic in the near future (1points) c) No TB clinic, no plan to establish the clinic in the near future (0 point)	
3	A trained facility organizes clinics for managing patients with DM	a) Presence of DM clinic (2points) b) Available plan to establish the clinic in the near future (1point) c) No DM clinic, no plan to establish the clinic in the near future (0point) d) Not Applicable (depends on the level/capacity of the facility)	
4	A trained facility organizes clinics for managing those clients with dual TB and DM and multi morbidities.	a) Presence of TBDM clinic (2points) b) Available plan to establish the clinic in the near future (1point) c) No TBDM clinic, no plan to establish the clinic in the near future (0 point) d) Not applicable depends on the level of facility	
5	A trained facility organizes referral of clients with dual TB and DM and multi morbidities.	a) Presence of evidence of referred patients (2 points) b) Demonstrates an organized referral mechanism (tracking referred client) (1 point) c) No evidence of referred client or organized referral mechanism (0 point)	
6	Pharmacovigilance	a) Presence of evidence of pharmacovigilance practice to patient	

		<p>who have experienced severe adverse events (2 points)</p> <p>b) Demonstrate knowledge of pharmacovigilance but no evidence of practice (1 point)</p> <p>c) Absence of evidence and knowledge and practice of pharmacovigilance (0 point)</p>	
7	A trained facility considered IPC particularly the clinics arrangements (Documentation/posters of IPC for the best practice available at the HF)	<p>a) Presence of evidence of IPC practice (2 points)</p> <p>b) Demonstrate knowledge of IPC but no evidence of practice (1 point)</p> <p>c) Absence of evidence and knowledge and practice of IPC (0 point)</p>	
8	A trained Facility screen for DM in TB population and actively use DM screening register in TB unit	<p>a) Demonstrate evidence of screening all TB patients for DM (2 points)</p> <p>b) Demonstrate Partial evidence of screening TB for DM (1-point)</p> <p>c) No evidence of screening TB for DM (0-point)</p>	
9	A trained facility screen for TB in DM population and actively use TB presumptive register.	<p>a) Demonstrate evidence of screening all DM patients for TB (2 points)</p> <p>b) Demonstrate Partial evidence of screening DM for TB (1-point)</p> <p>c) No evidence of screening TB for DM (0-point)</p> <p>d) Not Applicable</p>	
10	Other comorbidities such as hypertension, BMI, are screened and documented	<p>a) Demonstrate evidence of screening TB or DM or dual TBDM patients for other multi morbidities (2- points)</p> <p>b) Demonstrate Partial evidence of screening TB or DM or dual TBDM patients for other multi morbidities (1-point)</p> <p>c) No evidence of screening TB or DM or dual TBDM patients for other multi morbidities (0 point)</p>	