

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

	Parameter for assessment	Grading	Score
1	Empower others HCW in the facility	<ul style="list-style-type: none"> <li>a. Evidence of Ongoing Empowerment of all HCWs <b>(4-points)</b></li> <li>b. Evidence of Train all staff but utilize only few CME sessions <b>(3-points)</b></li> <li>c. Evidence of Empower only those working in TBDM Clinic <b>(2-points)</b></li> <li>d. Evidence of Empower only facility in charge/ administrators <b>(1-point)</b></li> <li>e. No evidence of any empowerment to other staff <b>(0 point)</b></li> </ul>	
2	Trained staff at the assigned distant health facility	<ul style="list-style-type: none"> <li>a. Evidence of Training staff and ongoing practice in the assigned facility <b>(2-points)</b></li> <li>b. Evidence of training but no ongoing practice in the facility <b>(1-point)</b></li> <li>c. No evidence of training in the facility <b>(0 point)</b></li> <li>d. Not Applicable</li> </ul>	
3	Trainer demonstrates knowledge/ ability/ skills/ on pharmacovigilance	<ul style="list-style-type: none"> <li>a. Knowledge of pharmacovigilance and Evidence of practice <b>(2-points)</b></li> <li>b. Knowledge of pharmacovigilance and no Evidence of practice <b>(1-point)</b></li> <li>c. No insight on pharmacovigilance <b>(0-point)</b></li> </ul>	
4	Trainer demonstrates knowledge/ ability/ skills/ on IPC	<ul style="list-style-type: none"> <li>a. Knowledge of IPC and Evidence of practice <b>(2-points)</b></li> <li>b. Knowledge of IPC and no Evidence of practice <b>(1-point)</b></li> <li>c. No insight on IPC <b>(0-point)</b></li> </ul>	
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	<ul style="list-style-type: none"> <li>a. Excellent <b>(4-points)</b></li> <li>b. Very Good <b>(3-points)</b></li> <li>c. Good <b>(2-points)</b></li> <li>d. Satisfactory <b>(1-points)</b></li> <li>e. Poor below <b>(0-point)</b></li> <li>f. Not applicable</li> </ul>	
7	Average Facility Performance reflecting cluster 1- Contribution	<ul style="list-style-type: none"> <li>a. <math>\frac{x}{10}</math></li> <li>b. Not applicable</li> </ul>	

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

10	Trainer demonstrated knowledge/ ability/ skills/ on IPC	<ul style="list-style-type: none"> <li>a. Knowledge of IPC and Evidence of practice <b>(2points)</b></li> <li>b. Knowledge of IPC and no Evidence of practice <b>(1point)</b></li> <li>c. No insight on IPC <b>(0 point)</b></li> </ul>	
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)	<ul style="list-style-type: none"> <li>a) Highly Oriented and committed (strong sense of ownership <b>(3points)</b>)</li> <li>b) Oriented and shows some commitment <b>(2 points)</b></li> <li>c) Was not oriented but demonstrates willingness to improve the services /Oriented but not willing <b>(1 point)</b></li> <li>d) Not oriented and not willing <b>(0 point)</b></li> </ul>	
2	A trained facility organizes clinics for managing patients with TB	<ul style="list-style-type: none"> <li>a) Presence of TB clinic <b>(2points)</b></li> <li>b) Available plan to establish the clinic in the near future <b>(1points)</b></li> <li>c) No TB clinic, no plan to establish the clinic in the near future <b>(0 point)</b></li> </ul>	
3	A trained facility organizes clinics for managing patients with DM	<ul style="list-style-type: none"> <li>a) Presence of DM clinic <b>(2points)</b></li> <li>b) Available plan to establish the clinic in the near future <b>(1point)</b></li> <li>c) No DM clinic, no plan to establish the clinic in the near future <b>(0point)</b></li> <li>d) Not Applicable (depends on the level/capacity of the facility)</li> </ul>	
4	A trained facility organizes clinics for managing those clients with dual TB and DM and multi morbidities.	<ul style="list-style-type: none"> <li>a) Presence of TBDM clinic <b>(2points)</b></li> <li>b) Available plan to establish the clinic in the near future <b>(1point)</b></li> <li>c) No TBDM clinic, no plan to establish the clinic in the near future <b>(0 point)</b></li> <li>d) Not applicable depends on the level of facility</li> </ul>	
5	A trained facility organizes referral of clients with dual TB and DM and multi morbidities.	<ul style="list-style-type: none"> <li>a) Presence of evidence of referred patients <b>(2 points)</b></li> <li>b) Demonstrates an organized referral mechanism (tracking referred client) <b>(1 point)</b></li> <li>c) No evidence of referred client or organized referral mechanism <b>(0 point)</b></li> </ul>	
6	Pharmacovigilance	<ul style="list-style-type: none"> <li>a) Presence of evidence of pharmacovigilance practice to patient</li> </ul>	

		<p>who have experienced severe adverse events <b>(2 points)</b></p> <p>b) Demonstrate knowledge of pharmacovigilance but no evidence of practice <b>(1 point)</b></p> <p>c) Absence of evidence and knowledge and practice of pharmacovigilance <b>(0 point)</b></p>	
<b>7</b>	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 <b>(2 points)</b></p> <p>b) Demonstrate knowledge of IPC but no evidence of practice <b>(1 point)</b></p> <p>c) Absence of evidence and knowledge and practice of IPC <b>(0 point)</b></p>	
<b>8</b>	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 <b>(2 points)</b></p> <p>b) Demonstrate Partial evidence of screening TB for DM <b>(1-point)</b></p> <p>c) No evidence of screening TB for DM <b>(0-point)</b></p>	
<b>9</b>	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 <b>(2 points)</b></p> <p>b) Demonstrate Partial evidence of screening DM for TB <b>(1-point)</b></p> <p>c) No evidence of screening TB for DM <b>(0-point)</b></p> <p>d) Not Applicable</p>	
<b>10</b>	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 <b>(2- points)</b></p> <p>b) Demonstrate Partial evidence of screening TB or DM or dual TBDM patients for other multi morbidities <b>(1-point)</b></p> <p>c) No evidence of screening TB or DM or dual TBDM patients for other multi morbidities <b>(0 point)</b></p>	