

CASCADE

How to use it

There is not always a test for everyone who needs one. CASCADE helps you decide who should be tested first, tells each person exactly what to do next, and keeps track so that nobody is forgotten between the test and the treatment.

This guide has no technical language in it. If you can use a phone, you can use this.

Two things to know before anything else

It decides who is tested first. It does **not** decide who has TB. Only the laboratory can say that — and this tool will never tell a person they have TB, and never tell them they do not.

It never overrules you. If the person in front of you looks unwell, send them. The list does not get a vote.

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1. Signing in

Your supervisor creates your account and gives you a role. Your role decides what you can see. You do not choose it and you cannot change it.

If you are a...	You will see	You will not see
Community health worker	People at your own health centre. You can check someone, collect a specimen, and record a result slip	Any other health centre
Facility officer	Everything a community health worker sees, plus setting how many tests are available today	Any other health centre
Laboratory staff	Which specimens have arrived and what to test	The questions the person was asked, or their HIV status. You do not need them
Treatment centre staff	People with a result who need to start medicine	The questions the person was asked
State programme officer	Counts and summaries for your whole state	Any individual person's answers. You cannot change anything

If you sign in and the screen says no role has been given to you yet, that is not a fault. Your supervisor has not finished setting up your account. Ask them.

2. The three screens

Along the top you will see three buttons. Each one is for a different job.

Screen	What it is for	Who mostly uses it
Triage channel	Going through the questions with a person, and telling them what to do next	Community health workers
Allocation console	Seeing today's list in order of who should be tested first	Facility officers
Cascade tracker	Following people up after the test, so nobody is lost	Everyone

You may not see all three. That depends on your role, and it is normal.

3. Checking someone

This takes about two minutes. Sit with the person and go through it together. Read each question out loud if they would prefer that.

Before you start

You enter their age and whether they are male or female. That is all. You do not type their name anywhere, ever.

The first four questions are the important ones

These come first on purpose:

- Have you coughed up blood?
- Are you struggling to breathe, even sitting still?
- Do you have chest pain now?
- Are you too unwell to eat or drink?

If the person says yes to any of these, **the questions stop immediately** and the screen tells you to send them for care today. Nobody who is seriously unwell has to sit through the rest of a form first.

Then the ordinary questions

Cough lasting two weeks or more. Clothes becoming loose. Night sweats. Fever. Anyone at home treated for TB. Whether they have had TB before. Diabetes. Whether they are very thin. Whether they smoke.

“Not sure” is a real answer. You never have to guess on someone’s behalf. If they do not know, tap “Not sure”. The tool records it and tells a health worker it is worth checking properly later.

The HIV question can be skipped. The screen says so. Skipping it does not change where the person is sent. If they do not want to answer, move on.

What comes out at the end

One card. One instruction. Not a score, not a percentage.

You should have a TB test today

Go to Odogunyan PHC today and ask for a TB test. Show this code.

Show this code TB-4KX9QM

What will happen

A health worker will ask you to cough into a small cup, or wipe a swab on your tongue. The swab takes seconds and does not hurt.

Testing and treatment cost nothing at government centres.

GO AT ONCE IF ANY OF THESE HAPPEN

You cough up blood
You find it hard to breathe sitting still

The card tells the person where to go, what it costs, what will happen, what to bring, and when to come back sooner. Read it to them. Give them the code.

The tool will never say “you have TB” and never say “you do not have TB.”

If someone is not being tested today, the card says “a TB test is not the right next step for you today” — and gives them a date to come back. That is an appointment, not a clearance. Say it to them that way too. People who believe they have been cleared do not come back.

4. Following someone up

Open the **Cascade tracker**. This is the list of everyone whose test you are waiting on. It is the most important screen in the whole tool, because this is where people get lost.

TB-4KX9QM Result available 5d · past 2d
Tell the person their result, and start
treatment the same day if TB was found.

TB-7PLM2R At the lab 6d · past 3d
Chase the result. If the lab has no record
of the specimen, that is a loss, not a delay.

TB-2QWE8N Specimen collected 1d
Get the specimen to the testing site.

Each line tells you the next thing to do. Anything showing “past” in red has waited too long and needs someone today.

Every person ends in one of three ways

Ending	What it means
Treatment started	They are on medicine. Good.
Ruled out	They were tested, TB was not found, and they were told what to watch for.
Lost	They left. You must say why.

The reason you give for a loss is the most useful thing you will type all week.

“Lost to follow-up” tells your programme manager nothing they can do anything about. “Could not afford transport” tells them to pay for transport.

That is why you pick from a list instead of typing freely. Most of the reasons on it name something that can actually be fixed with money or a phone call. Pick the true one, even when it is awkward.

5. Writing down a result

When the result slip comes back, select that person in the tracker and choose **Add a document**. Pick what kind of paper you are holding, then copy the fields from it.

The tool reads it and moves the person forward by itself. You do not have to remember what happens next — it tells you.

What the slip says	What the tool does
TB found	Says to start treatment today. Treatment is free and the case is registered with the national programme
Rifampicin resistance found	Flags it in red. This needs a different medicine and must be escalated the same day
“Trace”	Flags it for a clinician to decide. It means different things in a child, in someone who has had TB before, and in someone with HIV
Not found	Records it — but if the person still has symptoms, they keep their follow-up date. Not found is not the same as cleared
Invalid or error	Does not close the record. A test was used up and the person still needs one. Collect again

6. What to do when...

Situation	What to do
The person looks unwell but the list puts them low down	Send them anyway. The list is a suggestion about who to test first when tests are short. Your eyes beat it every time
They say they cannot afford to get to the clinic	Tell your facility officer now , and if they do not go, record that as the loss reason. It is the single most common reason people disappear, and it is fixable
They do not want to answer the HIV question	Skip it. Tell them it will not change where they are sent, because it will not
They do not have a phone	Take a second number — a neighbour, a relative. Without one, the result cannot reach them
The result has not come back and it has been days	Chase it. If the laboratory has no record of the specimen, that is a loss, not a delay — record it as such so somebody fixes the transport
They feel better and want to skip the follow-up	Keep the appointment. Feeling better does not mean the TB is gone, and a deferral was never a clearance
You made a mistake entering something	Tell your facility officer. Clinical records are deliberately hard to delete, which is correct — it means nobody can quietly change them
There is no network	Carry on. The questions and the advice work without network. Tell your supervisor what you recorded

7. Words you will see

Word	What it means
Triage	Deciding who is seen or tested first when there are not enough resources for everyone at once
Priority: Highest / Higher / Middle / Lower	Where this person sits in today's order. It is a position in a queue, not a measurement of how ill they are
Authorisation line	The red line across the list. Above it, tested today. Below it, an appointment to come back
Deferred	Not tested today, and given a date to return. Not cleared
Specimen	The sample — either spit in a cup, or a swab wiped on the tongue
Cartridge	The disposable part the testing machine uses. One per test. This is the thing there is never enough of
Voucher / code	The code on the person's card. They show it at the testing site so it can be matched to them
DOTS centre	Where TB treatment is given, free
Overdue	Something has waited longer than it should. Someone needs to act today

8. When to ignore the tool

This page matters more than the rest of the guide.

CASCADE is good at one thing: putting people in a sensible order when there are not enough tests to go round, and then making sure nobody is forgotten afterwards. That is useful, and it is all it does.

It has never met the person in front of you. You have.

Ignore the order and act, whenever:

- The person looks seriously unwell, whatever the screen says
- Your own judgement says this one should be tested today
- Something about them worries you that no question on the list asked about
- They are frightened, or they will not come back if you send them away

Nobody will be unhappy with you for testing someone the list ranked lower. The list exists to help you when you are unsure, not to decide for you when you are not.

Why the screen shows “Highest” and not “68%”

Because a percentage would look like a measurement, and this tool has not yet been tested against enough Nigerian patients for a percentage to mean what it appears to mean. The *order* is built from things that are well established — a cough lasting two weeks, losing weight, someone at home with TB, being underweight. That order is sound. The exact numbers are not ready yet, so they are not shown.

When that work is finished, the numbers will appear. Until then you are being shown what can be stood behind, and nothing more.

If something in this tool is wrong, says something confusing, or makes your work harder, say so. It is being tested with people doing your job, and the whole point of that is to change it before it reaches anybody else.

Remember the three sentences

It decides who is tested first.
It does not decide who has TB — the laboratory does.
It never overrules you.