



Trishuli Plus Community Action Group (TPCAG)

SR Tuberculosis Program

Annual Report 2021



**Trishuli Plus Community Action Group
(TPCAG), Dhangadhi**

Table of Contents

Contents

Table of Contents	1
1. Background	2
2. Summary achievement on major intervention	2
2.2 : Contact tracing.....	2
2.3 : Childhood TB management.....	3
2.4 : DR TB management	5
2.5 : Active case finding among labor migrants.....	6
2.6 : Find Actively Separate and Treat (FAST) strategy	6
3 Summary of supportive events.....	8
3.1 Meeting with different hospital and college on strengthening FAST Strategy	8
3.2 District Level Orientation meeting at different districts.....	8
3.3 Health Workers orientation through Onsite coaching	9
3.4 Childhood refresher training.....	10
3.5 Capacity building training to TB affected communities and TB survivors.....	11
3.6. HMIS/DHIS2 Orientation.....	15
4. Key challenges and lesson learned during this year.....	20
5. Major priorities for next year	20
6. Financial Performance	20
Annexes.....	21
Annex 1: Annual Programmatic Target vs Achievement.....	21
Annex: 2 Photographs	31

1. Background

Tuberculosis (TB) remains one of the major public health problems in Nepal. According to the latest WHO Global TB Report 2019, there were an estimated 1.2 million TB deaths among HIV negative people in 2018. Among TB infected population, men accounted for 57% of TB cases in 2018 compared to 32% in female and 11% in children < 15 years age. South-East Asia accounts for 44% of total TB cases in 2018. As per Global TB report, 2019, 380 to 7300 people were dying per year from TB disease in Nepal. TB mortality is unacceptably high given that most deaths were preventable if early diagnosis and treatment of TB is in accessed to every individual requiring such services. In this context, Nepal has adopted the END TB Strategy as the TB control strategy of the country to reach people who need timely diagnosis and treatment for TB so that the epidemic condition of TB ended by 2030.

National Strategic Plan (NSP) 2016-021 is aiming that to reduce the TB incidence by 20% by the year 2021 compared to 2015 and increase case notifications by a cumulative total of 20,000 from July 2016 to July 2021, compared to the year 2015. According to annual report of 2017-18, total 32474 cases were notified and registered at NTP. Among them 71% were pulmonary TB. Case notification rate (CNR) of all forms of TB was 112/100,000 population.

Trishuli Plus Community action group (TPCAG) has been supporting National Tuberculosis Program (NTP and national strategic plan 2016-021 as a Sub Recipient of Global Fund/Save the Children International (GF/SCI). It has been implementing different activities of National TB program for case finding in 5 districts of Sudur Paschim province namely Kailali, Kanchanpur, Doti, Dadeldhura and Achham. The major interventions under this NTP supported project are sputum courier from non- microscopic center to microscopic center, contact tracing at family members of index case, childhood TB management, DR case management through DR suspects, DR suspect's sputum courier and DR index contact tracing, implement FAST strategy among major hospital, Active case finding among labor migrants and Tuberculosis Prevention Therapy (TBPT) initiation to U5 children identified from contract tracing.

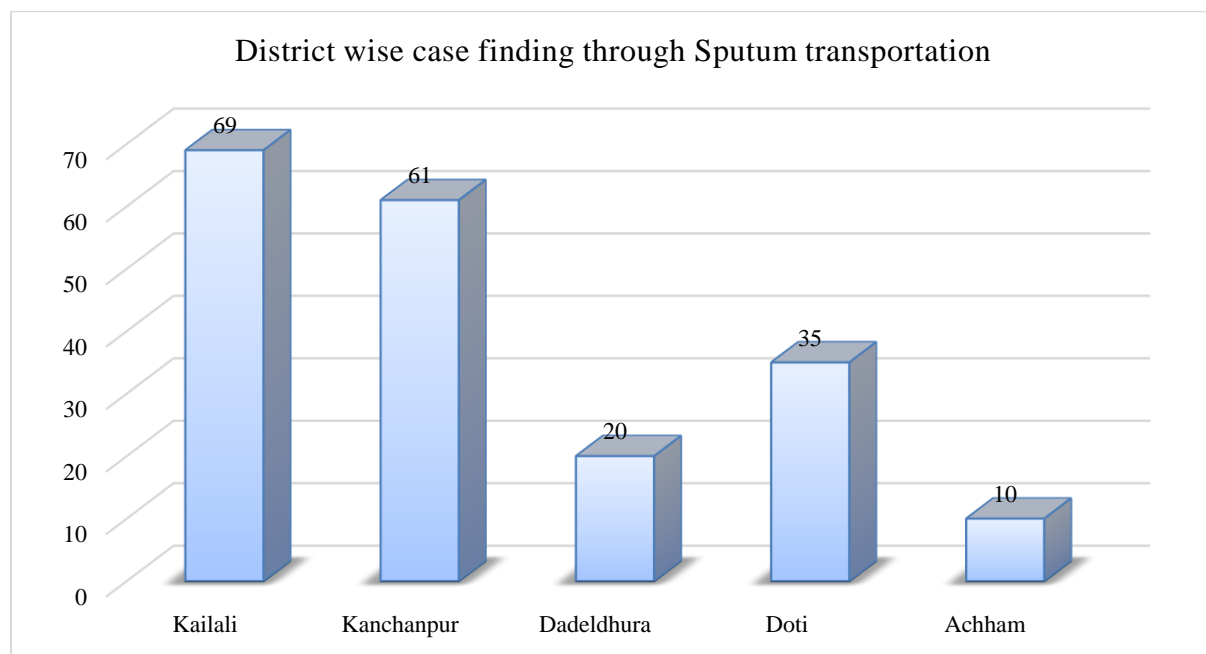
During the program implementation period in total 433 new TB cases are diagnosed and notified. The summary of the overall case findings targets, and achievement is as below:

Indicator	Compiled		%
	Target	Achieve	
TB cases diagnosed from sputum courier	419	194	46%
TB cases diagnosed from contact tracing	64	22	34%
TB cases diagnosed from childhood TB health Facility	92	2	2%
TB cases diagnosed from childhood TB major hospital	23	13	57%
TB cases detected under DR TB Management	244	19	8%
TB cases diagnosed for ACF migrants screening	80	23	29%
TB cases diagnosed from FAST	340	160	47%
U5 children enrolled under TPT	151	155	103%

2. Summary achievement on major intervention

2.1 : Sputum Courier:

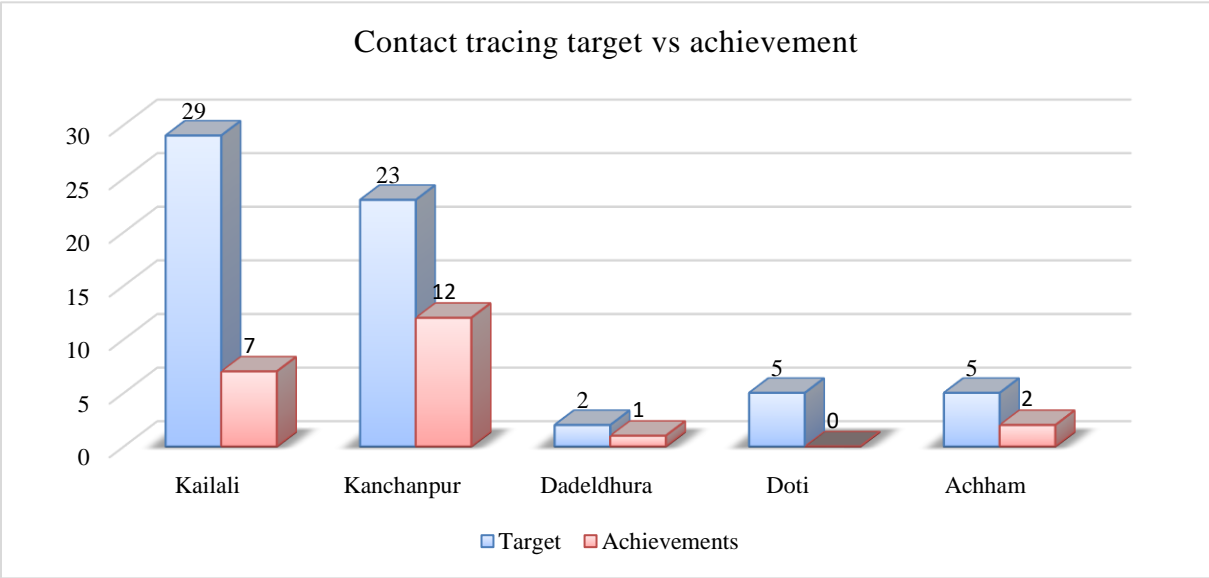
This intervention is most effective intervention for new TB cases findings where TB suspect's sputum is being collected and delivered to microscopic center through systematic screening and three-layer packaging. In total 194 HFs are participated in sputum courier intervention during the implementation period. In total, 194 new TB cases are diagnosed and contributed for new cases finding through this intervention in program districts. District wise cases finding contribution is as below where Kailali has contributed more (69), followed by Kanchanpur (61), Dadeldhura (20), Doti (35) and Achham (10).



Connecting to total 2890 presumptive cases tested for TB cases, overall positivity rate is 7% which is equal compared to national standard but below microscopic passivity standard, which guides us that sputum quality needed to be improved in coming period. Similarly, frequent onsite coaching and follow up helps to increase number of sputum delivery and strengthening of regular system.

2.2 : Contact tracing

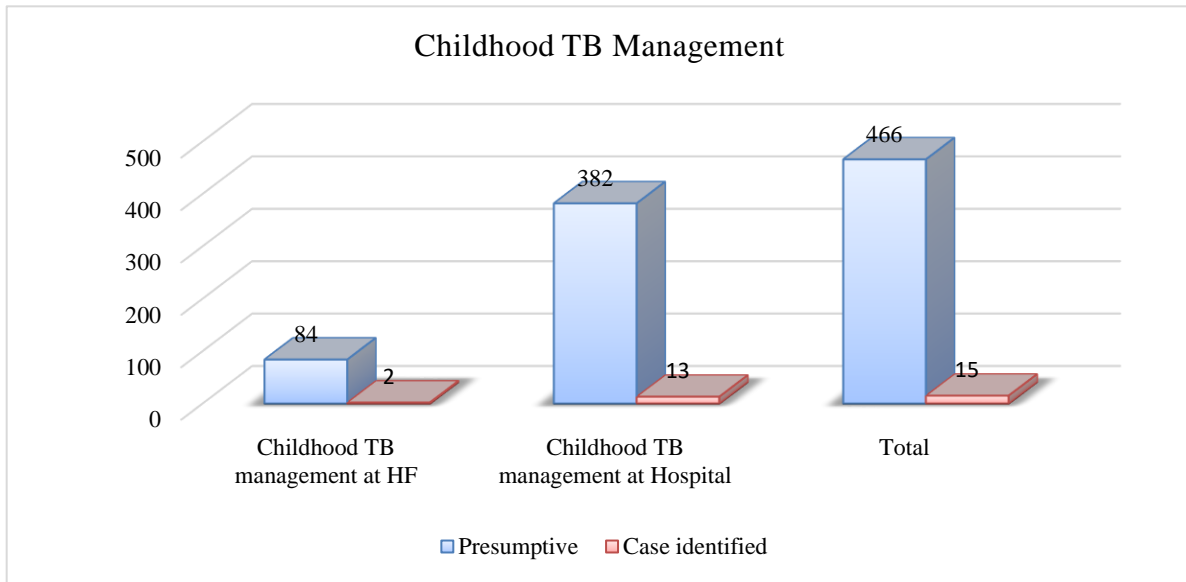
Mandatory Contact tracing is best recommended intervention to support new TB case finding in program districts where trained volunteers conduct contact tracing with systematic screening among all adult PBC index (family members) and all type of child cases. Total 1236 index cases are targeted to screen their family members index are made contact tracing this is included 947 index case family members screening as per the implementation guideline. The summary of contribution from this intervention is as below:



Seeing this achievement quality of contact tracing is not satisfactory only 22 cases are identified through this intervention where 64 are expected if national standard is to be met during the implementation period. In total, 889 family members of TB index cases are found presumptive where 883 are referred for further diagnosis but only 22 TB cases are diagnosed which is nearly 3% positivity. It is learnt that quality screening of family members supports to identify new TB cases among family members which drives early diagnosis and treatment, however seeing the presumptive case out of total screening is not in standard and needs to be improved quality screening of family members while making contact tracing.

2.3 : Childhood TB management

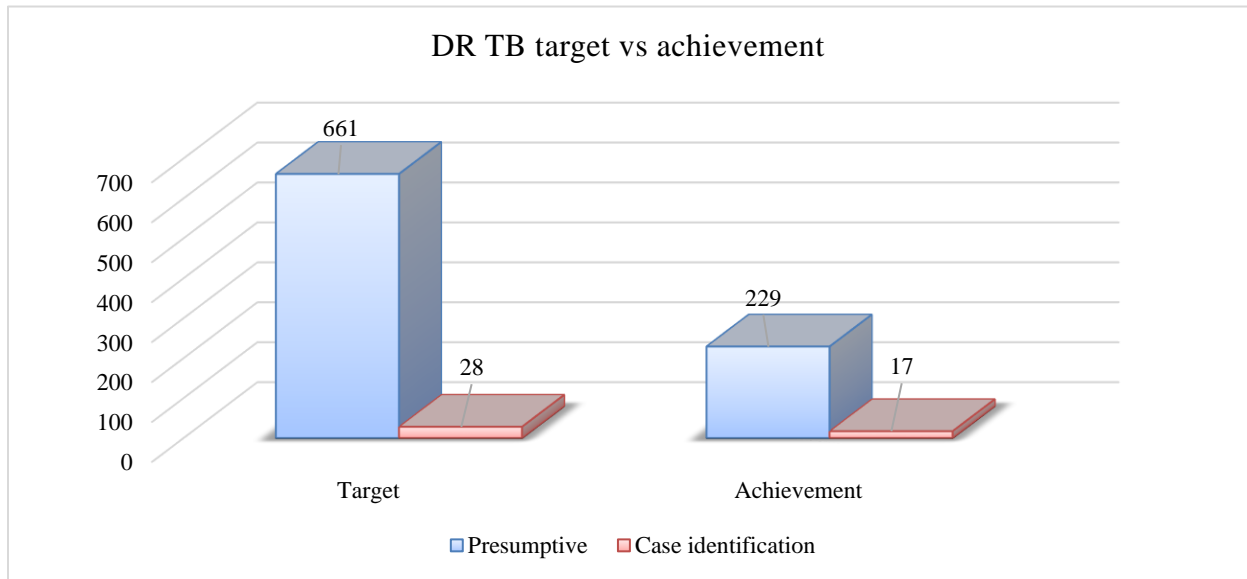
As per the WHO estimation, 11% of child cases are there among all type of TB cases however as per the NTP annual report only 5.5 % child TB cases are reported. Seeing this gap malnourished children/ARI from HFs and major hospitals are targeted to screen for TB and access for TB diagnosis. For this purpose, 122 OTC centers and HFs were linked under this intervention to manage the childhood TB cases at community level/HF level; similarly, two major hospitals were linked under this intervention.



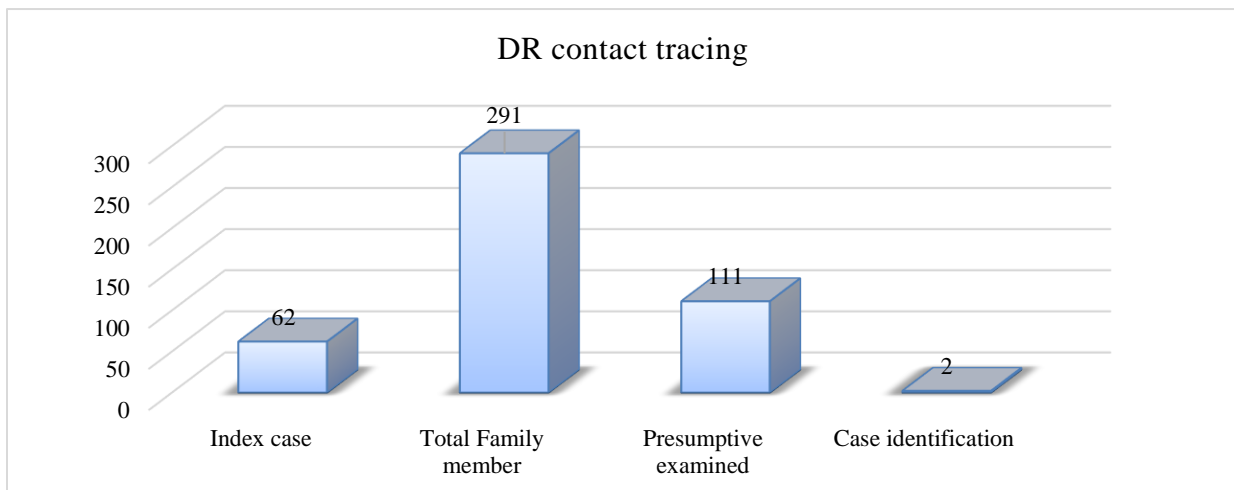
Seeing this achievement HF's level screening is little passive where only 84 cases of presumptive children are referred and out of them only 2 cases of childhood TB are identified. This urges the requirement of further acceleration in coming days. From major hospitals total 382 cases of presumptive childhood TB cases were referred and 13 child TB cases are diagnosed however gastric lavage aspiration practice needed to be improved and followed. Overall, 3.2 % child cases among total referred are diagnosed. More effort is needed to capture all malnourished and presumptive children from the community in coming days where all children could access to the TB service early diagnosis and early treatment with quality screening at their family members.

2.4 : DR TB management

This activity is related to increase DR Service access and treatment coverage where all DR suspects as per the national guidelines (all retreatment cases, all New PBC & PCD and TB HIV co-infection) are focused through sputum courier and contact tracing. Despite initial orientation was provided to health workers for this intervention and regular follow up through field level staffs, achievement is not satisfactory. The summary chart shows that 17 DR cases are diagnosed, out of total 229 DR suspect cases tested in GX which is only 7 % positivity rate. As per the set target 661 DR suspects are expected to be screened and delivered their sputum to gene x-pert sites however only 35 % of targeted numbers are delivered which requires more and more efforts in coming days to this intervention.

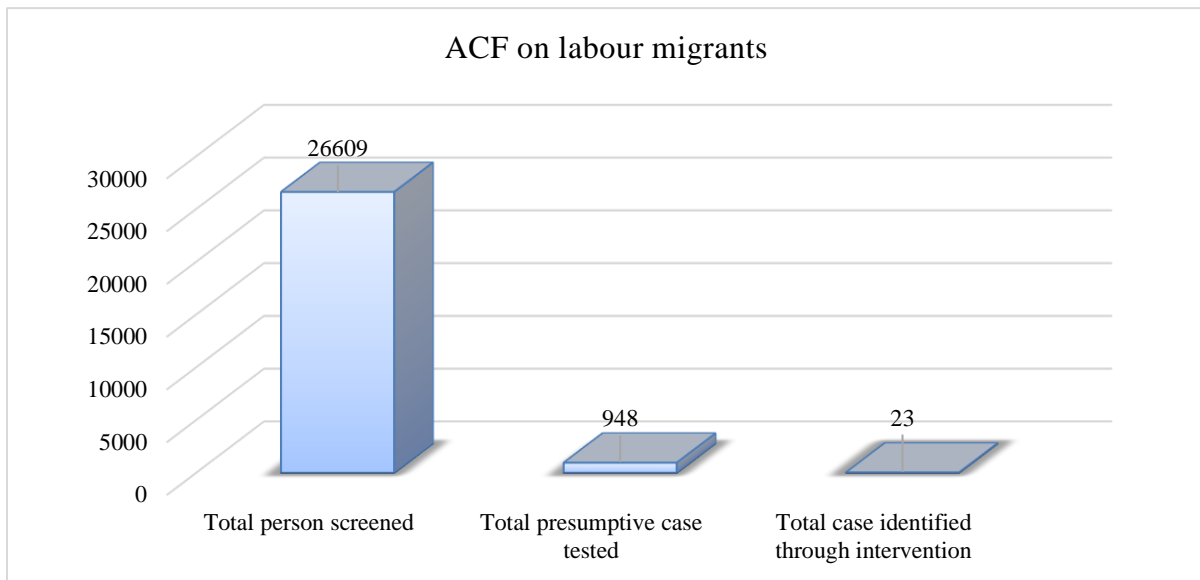


In DR TB contact tracing, 291 family members of TB index cases are screened where 124 family members were found presumptive and referred for further diagnosis and 111 TB cases were tested in GX. From it, only 2 cases of RR TB were detected which shows nearly 2 % of positivity rate.



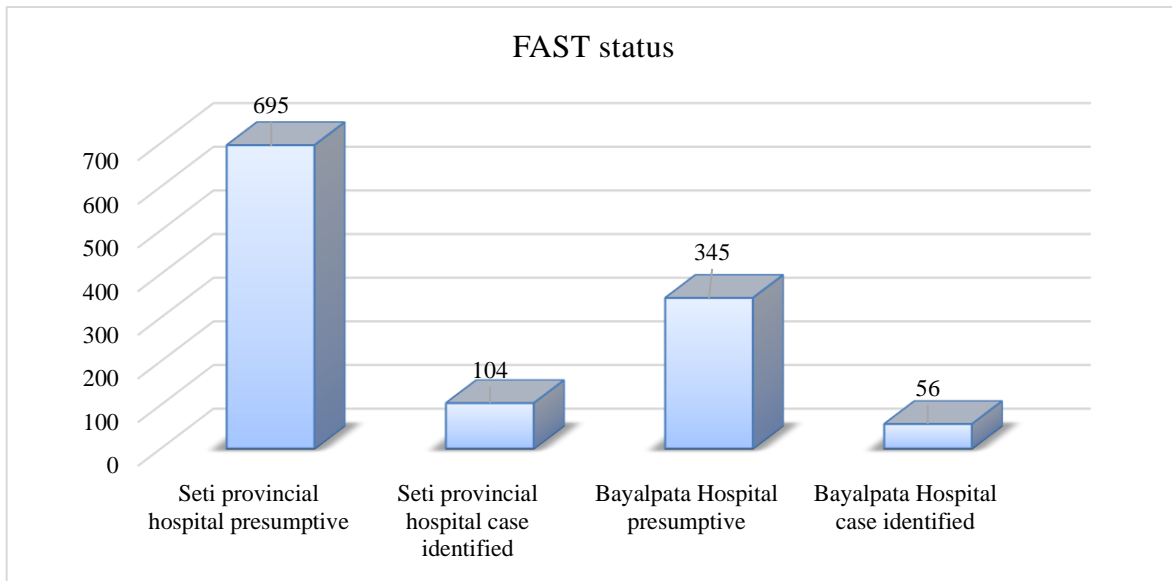
2.5 : Active case finding among labor migrants

This activity was focused to screen for TB of those people who worked outside the country and get back to Nepal. Especially in this activity social mobilizer screen labor migrants by asking TB sign and symptoms. If anybody shows even single symptoms then, social mobilizer collects sputum sample and transported to nearby gene x-pert center for testing. After test if anybody got positive result then social mobilizer do follow up of the case and support to enroll nearby DOTs center of the positive person residence. Similarly, if positive person's residence is outside of district, then social mobilizer circulate message to DPC and DPC in coordination with Save the Children enroll that person on DOTs anywhere in the country. In year 2021 at 2 sites totally 26609 people screened and 950 people found symptomatic and tested at gene x-pert out of them 23 person got TB positive. It is nearly 3% positivity shown by the intervention and it concluded that we need more and more efforts need for better result.



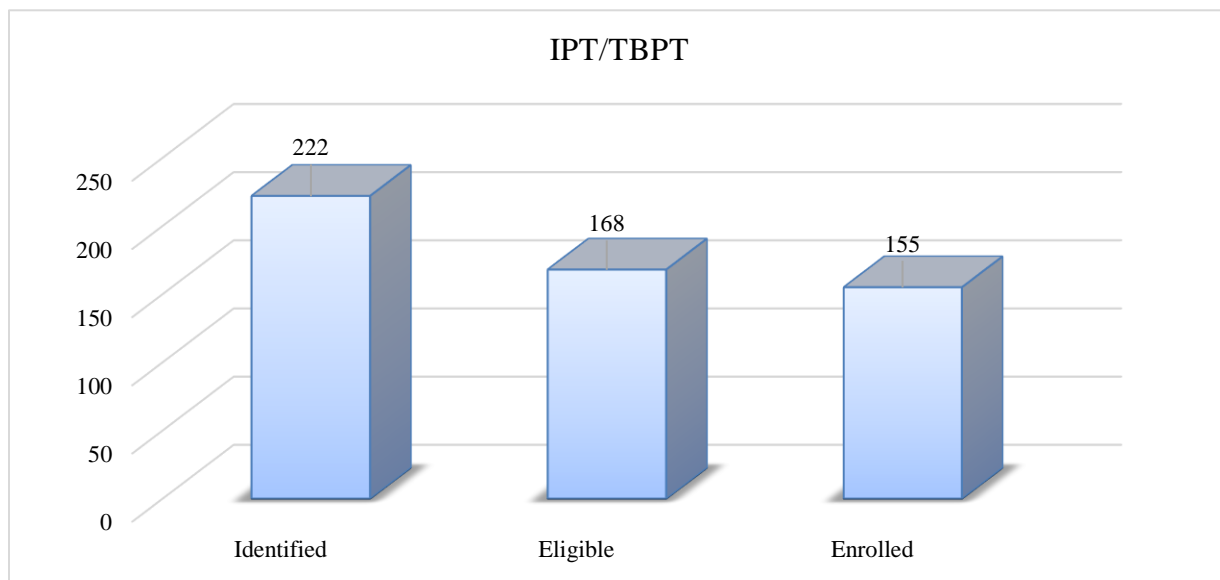
2.6 : Find Actively Separate and Treat (FAST) strategy

Aiming to prevent TB infection and support to new cases finding FAST strategy was planned to implement among 2 high cases loaded hospitals under province # 7 where total 160 cases are diagnosed and enrolled at treatment. Out of 160 cases identified 31 cases are PCD and 129 cases are PBC reflecting 81% of total cases. Among two hospital, Seti Provincial hospital contributed total 104 cases in FAST followed by 56 cases in Bayalpata Hospital, Achham. Positivity rate of this strategy is maintained at 15% considering 1040 of total presumptive cases identified from this strategy. If this activity could be extended in other hospitals more contribution will be reflected in new cases finding to National Tuberculosis Program (NTP) in coming days.



2.7 Isoniazid Preventive Therapy (IPT) /Tuberculosis Preventive Therapy (TBPT)

Aiming to control TB transmission among under 5 children within the TB case household and community, IPT initiation to U5 children identified from contact tracing was important activity under national tuberculosis program. Along with update in SR implementation guideline, IPT is also updated to Tuberculosis Preventive Therapy (TBPT) since April 2019 and HR is provided to eligible under 5 years child for 3 months instead of 6 months therapy of IPT. Total 222 Under 5 years child is contacted through contact tracing, among whom only 168 children were eligible and 92% of it, i.e., 155 children were enrolled in IPT/TBPT.



3 Summary of supportive events

Number of supportive activities and events were conducted during the period in program districts to supplement program activities and increase coordination with HF, local level and at provincial level. Activities conducted are described below:

3.1 Meeting with different hospital and college on strengthening FAST Strategy

Meeting with Seti Zonal Hospital and Bayalpata hospital was conducted on quarterly once in the year 2021. At each meeting there was participation of Director/Deputy Director (Medical Superintendent), representative from account section, nursing in charge, representative from Save the Children and representative from TPCAG. The meeting included sharing of status of FAST strategy implementation, importance of FAST strategy sharing and information about supporting new full time dedicated staff by TPCAG to strengthen FAST strategy implementation

Major objectives of orientation program were:

- Meeting was successful in getting commitment from all three site about providing necessary support for strengthening FAST strategy implementation.
- Seti and Bayalpata Hospital agreed on deputation of 4 full time FAST strategy staff recruited by TPCAG.
- To strengthen FAST strategy at seti hospital

3.2 District Level Orientation meeting at different districts

As SR implementation guideline has been updated since April 2021, it was high importance that health workers are oriented about the new changes and approach. Thus, series of orientation meeting were conducted at different district. Orientation was focused to health coordinators, health facility in-charge/TB focal person and lab assistants. At most of the orientation, support from Save the Children team and TPCAG cluster office was provided for facilitation of the program.

Objectives of the orientation program:

- To orient about the new changes and approach of SR implementation guideline to health workers and facilities.
- To introduce Outreach Worker of respective district with health workers and set day of courier in those health facilities where day for courier in not fixed.

Methodologies:

- Power Point presentation: Power point presentations were conducted regarding new changes
- Discussion: During the presentation, participants were encouraged to take active participation in discussion wherever they were confused.

Outcomes:

- All participants (representatives from Palika, Health Coordinators/ co-coordinators, health facility in charge/focal person, lab personnel) were made aware about the new changes on SR intervention guideline and approach.
- Current situation of district and local government was also presented with the present case notification rate and problems with discussion about the solution to the facing problems.

Status of orientation completed at different districts:

- Kailali
- Kanchanpur
- Doti
- Dadeldhura and
- Achham

3.3 Health Workers orientation through Onsite coaching

As SR implementation guideline has been updated since April 2019, it was high importance that health workers are oriented about the new changes and approach. Though series of orientation meeting have been conducted at different palikas of different districts about new changes and approach of SR implementation guideline. Thus, numbers of onsite coaching were conducted at different health facilities visit at health facilities and discussion about the program. Orientation was done with all health facility staffs present on that day. Support from Save the Children team was also received for facilitation of the program.

Objectives of the onsite coaching program:

- To orient about the new changes and approach of SR implementation guideline to health workers and facilities.
- To monitor recording and reporting practices at health facilities.
- To assess the status of logistics

Methodologies:

Discussion: During the onsite coaching, orientation about new SR implementation guideline was given through interaction with health workers about their current practice and new changes.

- Demonstration: Demonstration was also done for 3-layer packaging.
- Review of the records maintained at registers was also done

Outcomes:

- All health workers present at health facilities on the day were made aware about the new changes on SR intervention guideline and approach.
- Commitment from health workers to support NTP and sputum collection from those health facilities where there haven't been any couriers.

3.4 Childhood refresher training

Trishuli Plus in close coordination with Save the children and provincial health directorate organized and conducted two-day childhood refresher training on dated 20-21 Dec. 2021 at Hotel Astha, Kailali. In the program pediatric doctors and HA participated for major OTC sites of SR intervened districts. In totally 23 participants were participated on the training. The facilitators were invited form PHD. In the training mainly TB scenario, situations, its epidemiology, pathology, diagnosis, treatment, counseling, TPT, SR childhood program gaps and way forward were the key subject of teaching and learning. Finally, all participants were equally and actively participated and agreed to support SR childhood management program smooth operation.



Objectives

- Share current scenario and situations of TB among participants.
- Share epidemiology, pathology, and approach to childhood TB diagnosis
- Share treatment, counseling and TPT among participants.
- Share gaps, issues and challenges and way forward

Action Plans

- Segregate SAM, MAM and ARI children in the OTC center and send all SAM and TB presumptive of MAM and ARI to district hospital and major hospital.
- SR staff provides and maintain presumptive register and referral slip to the service site.
- Start and develop accompanies referral.
- Review the performance on the trimester basis.

3.5 Capacity building training to TB affected communities and TB survivors

A capacity building training/orientation organized by Trishuli Plus in coordination with APCASO and stop TB partnership program in the especial guidance of executive director of TP Mr. Achut Sitaula on 5th December 2021 at Hotel Astha, Kailali. In the program TB affected people were invited from Doti, Dadeldhura, Kialali, Kanchanpur and Achham. In totally 21 participants were participated on the program. The program was completely facilitated by Mr. Achut Sitaula and started by welcoming participants. Then, introduction done among people in the training hall. After that, Achut Sitaula presented about TB program, gender, rights and needs of community involvement in the program. In between presentation stories sharing also done by both facilitators and participants. Finally, sharing of challenges/problems and make them updated about their rights and capacitate for health seeking behavior.



Similarly, at the end of program press meet program also organized by inviting local journalist and that program also hosted by Achut Sitaula and briefly describes about TB scenario, status, and key challenges of the TB program provenance.

Major Objectives

- Capacitate TB survivors regarding their gender rights
- Share global, national, and local scenario, modality, and current service pattern of the government TB program
- Share about TPCAG goal, objectives, working modalities and support
- Prepare Action plan to improve adherence of drug and service utility
- Find out key challenges and prepare solutions

Key challenges

- No health insurance done yet by any TB patients.
- Less counseling to TB patients by health worker
- No counseling regarding side effects of drugs to TB patients by health worker
- Not frequently taking weight before giving TB drugs
- No corner developed for patients whenever they visited health facilities
- No financial provision (Nutritional) for TB patients
- Recommendation
- Do health insurance of every TB patient.
- Develop Counseling corner and waiting places for TB patients in every health facility.
- Provision to develop nutrition support program for patients.
- Create patient friendly environment at DOTs centers.
- Engage TB survivors in the program for accountability and effectiveness.
- Start CB- DOTs program in all districts
- Stakeholder meeting

Tuberculosis is one of the biggest problems of the world. One third of population be infected by TB in the world and nearly 10 million population estimated having new infection per year. It is the 10th leading cause of death of man in world whereas 7th leading cause of death of Nepal. Study shows that nearly half of country population infected by TB. The estimation shows that before prevalence survey annually 45000 new TB infection estimated in the year but after prevalence survey, the survey estimated 69000 new TB infection happened in Nepal. In totally 117000 people affected by TB annually. But in Nepal 32000 to 37000 cases registered and treated for TB per year and remaining were left in the community. One untreated TB case spreads infection to 10-15 new healthy people but in crowded population it nearly spreads infection up to 25 new healthy people. So, for management and reduces TB burden Nepal adopted end TB strategy 2015-35, its main objectives are to increase case notification by 90% based on 2015 report and decreases deaths by 95% as well as decrease catastrophic cost to zero of families due to TB identification and treatment.

Global fund supported Nepal government from many years and helps to overcome country form TB burden and helped in active case finding and system strengthening of Nepal. So,

क्षयरोग

संक्रमितको प्रदेश भेला

बन्नुपर्ने कामहरू

वर्षाको लागि १९ वर्षी । कैलालीको धनगढीमा क्षयरोग संक्रमितको प्रादेशिक भेला भएको छ ।

क्षयरोगबाट प्रभावितका समस्या र समाधानको उपाय निकाल्न विशुली प्लसको आयोजनामा आईतबार भेला गरिएको हो ।

सो भेलामा सरकारले क्षयरोग विरामी पहिचान गराउनमा गम्भिर नभएको निष्कर्ष निकालेको छ ।

'क्षयरोग निवारणका लागि सरकारले करोडौं रकम खर्च गरेको छ' विशुली प्लसका कार्यकारी निर्देशक अच्युत सिटौलाले भने - 'अझै पनि नयाँ संक्रमित पहिचान गर्ने र उपचार शैलीमा ठूलो खाटल रहेको छ ।'

समाजमा हेलाका रूपमा पहिचान भएको क्षयरोगका प्रभावितहरू पनि आफैँ उपचारमा आउन चाहँदैनन् । उनले कोभिड महामारीका कारण जारी गरिएको निषेधाज्ञाले यो समस्या बढाएको बताए । 'विगतमा समुदायमै पुगेर नयाँ संक्रमितहरूको परिक्षण गरि पहिचान गरिन्थ्यो' उनले भने - 'अहिले यो कामहरू पनि हुन सकेका छैनन् ।' यस वर्ष भ्रष्टाई दुई हजार आठ सयको हाराहारीमा नयाँ विरामी पहिचान भएको छ ।

उनले प्रदेशमा समुदायमा भ्रष्टाई

तीन हजार दुई सय हाराहारीमा नयाँ प्रभावितहरू प्रत्येक वर्ष पहिचान भइरहेको बताए । 'यो संख्या एकदमै कम हो' उनले भने 'सरकारले प्रत्येक वर्ष पाँच हजार बढी प्रभावितहरूको पहिचान गरि उपचार प्रक्रियामा न्याउन जरुरी छ ।'

उनले क्षयरोग प्रभावितहरूलाई दिइने औषधि उपचारमा नयाँ र कम भन्नुभेटिनो औषधिको व्यवस्था गर्नुपर्ने बताए । 'अन्य मूलुकमा अहिले क्षयरोगको नयाँ शैलीबाट उपचार भइरहेको छ' उनले भने - 'नेपालमा पनि सोही विधि न्याउन भन्दा उही पुरानै औषधि संक्रमितहरूलाई दिइने गरेको छ । यो एकदमै भन्नुभेटिनो र पहुँच योग्य छैन ।'

उनले संक्रमितहरूलाई 'नशुल्क स्वास्थ्य सेवा, पीपिएक आहार, निशुल्क स्वास्थ्य विमा, समुदायमा आधारित उपचार, महिलामैत्री स्वास्थ्य सेवा लगायतका उपलब्ध गराउनुपर्ने माग गरे ।

यस्तै संक्रमितहरूलाई शिक्षा पनि केही प्रावधान सरकारले राख्नुपर्ने बताए । उनले भने - 'क्षयरोगी विरामीहरूको आर्थिक अवस्था पनि कमजोर छ । विद्यालय शुल्क तिर्न नसक्दा उनीहरू पढाईबाट पनि वञ्चित हुनुपर्ने अवस्था रहेको छ । सरकारले छात्रवृत्ति, पोशाक, कापि कलमको व्यवस्था गर्ने गरि नयाँ प्रावधान न्याउनुपर्छ ।'

Save the Children plays important role for Nepal's TB management and remains PR for TB activities implementation and managements whereas TPCAG implemented program as SR from March 2021 onwards to Sudurpachim province. Especially, TPCAG implemented program on 5 districts of provenance as Kailali, Kanchanpur, Doti, Dedeldhura and Achham. SR interventions are implemented for active case finding and system strengthening. TPCAG has team to conduct activities and overall management of program. In the program totally 47 staffs are worked to achieve end TB objectives. The central office of TPCAG headed at Kathmandu and organization board, ED and AFD worked form center and project office established at Dhangadhi, Kailali and TL, PSC, AFO, ALA and support staff worked for project office Dhagadhi and similarly, In the 5 district one DPC worked form district headquarter and ORW worked at palika and local health facilities level. The main SR program activities are:

- Sputum transportation
- Contact Tracing (DS & DR)
- DR sputum transportation and managements
- TPT
- FAST
- ACF TB screening of immigrants
- Childhood TB managements (HF and Hospital)

For the coordination and smooth operation of field level activities it is needed to organize and conduct stakeholders meeting with all stakeholders including PHD. It helped to increase coordination, accountability, and effectiveness of SR intervention.

Major Objectives

- Share global, national, local scenario of TB and current situations.
- Coordination with district level stakeholders.
- Share issues/challenges of the program and conclude way forward
- Prepare action plan to improve service delivery and smooth operation of SR intervention

Activities carried out

On dated 3rd Dec. 2021 Trishuli Plus organized stakeholder meeting in close coordination with Save the Children and provincial health directorate at Hotel Astha, Dhangadhi, Kailali. Meeting was hosted by Mr. Manoj Ojha, TLA, PHD. In the meeting participants were invited from all five districts especially PHO, district TB focal person and gene x-pert center. Similarly, TPCAG ED Mr. Achut Situla, FROM NTCC Ratna Bhattra, from Save the Children all provincial team and



TPCAG project office team participated in the meeting. First, Mr. Mahesh Bhatt, PSC, TP presented target vs achievement up to March-November 2021 and issues and challenges of SR intervention program. Then, Open discussion held. On the discussion ORW salary, DPC office management logistics, program gaps, needs of coordination with local stakeholders, ACF event conduction and management, Health worker training conduction and management and organize and conduct review meeting were the key areas. Finally, all participants agreed to support from their sides for smooth operation and proper managements of planned SR activities.

Issues/Challenges

- ORW salary is low as compared to their workload
- Printer/photocopy machine, chair, Drinking water provision, raincoat, and heater for DPC office management.
- Less contact tracing due to unwillingness of health worker
- Improper management of testing sites i.e., low cartage availability, disturbance in x-pert module
- Low quality of sample collection at collection sites due to health worker improper handling and less time availability of health worker in the sites.

Recommendation

- ORW salary need to increase at least Rs.25000 monthly.
- Support needs of TP and SCI for DPC office management
- Supervised contact tracing conduction
- Government should accountable regarding testing site management.
- Organize and conduct health worker training and ACF event conduction in close coordination with district health team and PHD.

3.6. HMIS/DHIS2 Orientation

Meeting name	Orientation on TB HMIS/DHIS2
Date	27 May, 2021
Venue	Virtual meeting via Microsoft Teams meeting
Time	13:30 – 14:30 [NPT]
Purpose	To update project staffs on the use of DHIS2
Objective	To gain knowledge on DHIS2 user interface To increase optimum use of DHIS2 for ensuring sound R&R
Moderator	Mr. Prakash Chandra Lekhak, Save the Children
Note taking	Mr. Mahesh Bhatt, TPCAG
Attendees	<p>Save the Children Mr. Prakash Chandra Lekhak Mr. Keshav Bhatt Mr. Chetendra Joshi</p> <p>Trishuli Plus Mr. Bigyan Ojha Mr. Mahesh Bhatt Mr. Shashank Shaker Kalouni Ms. Puja Pant Mr. Durga Mani Chataut Mr. Kamlesh Joshi Mr. Harish Chandra Rawal</p>

Background:

Currently, Nepal's information system is functioning web-based at the central level and paper-based at health facilities. However, in some exceptional health facilities like PHC, the data is entered directly in the system through provided username and password. Since 2016, Department of Health Service (DoHS) is using the DHIS2 platform across the country which itself is integrated reporting system that includes all the programs and service statistics. In fiscal year 2051/52, the initiation of comprehensive reporting system was established by integrating the vertical reporting system. Government of Nepal has envisioned TB Free Nepal by 2050. Therefore, National Tuberculosis Program (NTP) is one of the government's priority programs and included in the health information system which is both paper-based (at health facilities) as well as web-based (at municipal level).

Orientation summary:

On 27 May 2021; Save the Children organized an orientation meeting for Trishuli Plus (SR) staffs on use of DHIS2 open platform as well as NTP's recording and reporting tools for clear understanding and eventually for effective program delivery. Mr. Prakash Chandra Lekhak, Senior Program Coordinator facilitated the entire orientation program and explained about different HMIS recording and reporting tools used in National Tuberculosis Program. Furthermore, he also demonstrated how DHIS2 functions.

I. HMIS tools: Mr. Prakash Chandra Lekhak explained about the types of HMIS tools used in National Tuberculosis Program in Nepal. He further clarified stepwise data are recording and reporting through HMIS. Amongst all HMIS tools, HMIS 6.1 (Presumptive TB Register) is used in the very first step where details of patient are recorded. It is used for most of the interventions of NTP. The detailed information regarding types of tools and formats used in various types of NTP intervention is simplified in the table below:

S.N.	Interventions	HMIS tools
1	Sputum collection and transportation	HMIS 6.1 and sputum courier form
2	Contact tracing	HMIS 6.6, 6.7 and sputum courier form
3	Childhood TB management	HMIS 6.1, HMIS 6.9 (referral slip)
4	DR TB management	TB treatment register (HMIS 6.5 A) – DST
5	FAST Strategy	HMIS 6.1, HMIS 6.6
6	ACF in migrants-Borders	HMIS 6.1 and sputum courier form
7	TPT	HMIS 6.7, HMIS 6.8

II.DHIS2: After explaining about HMIS tools, Mr. Prakash Chandra Lekhak further displayed the functioning of DHIS2 software and shared how it can be used to ensure 100% reporting. He further demonstrated how we can observe the data in the software and analyze it to minimize discrepancies. Furthermore, he emphasized DPCs to retrieve data of their program district and follow-up with the health facilities where data are missing, and variance is observed. Since all DPCs are provided with login credentials for DHIS2, at the end of the orientation it is agreed that they will start reviewing data of their respective districts and engage in ensuring quality health information system.

3.7 Active case finding through Community Screening

Introduction:

Due to impact of COVID-19 pandemic there has been a significant decrease in number of TB cases reported globally and nationally. Likewise, the impact has affected Sudurpaschim province and Kailali district. The Active Case Finding intervention was designed to identify the hidden and missing TB cases in time. The ACF camps were conducted in 6 Clusters of

Kailali district in close coordination and support of Health Office Kailali.

Objectives:

- Identify missing TB cases in high prevalence areas of district
- Identify TB cases in vulnerable areas where case notification has decreased due to COVID-19
- Support in TB case finding of Hard-to-reach areas where reported TB cases are less than estimated numbers

Date of ACF	Address of ACF site-District/Palika/Ward	Type of Risk Group	Persons screened	Presumptive TB Identified	Person examined/tested for diagnosis				TB Cased diagnosed				Enrolled in treatment	Remark	
					MC	GX	X-ray	Other mention	PBC	PCD	EP	DR TB			
2078/8/8-2078/8/23	Kailali (Dhanshingpur, Pratappur, Udasipur, Darakh, Lalbhoji and Godawari)	Hard to reach area, with poor population in coordination with DPHO, area with high prevalence	12148	476		426	0	0		9	0	0	0	9	
2078/8/17-2078/8/26	Doti (Adarsha, Sayal and Badikedar)	Hard to reach area, with poor population in coordination with DPHO, area with high prevalence	243	175		175				2				1	
2078/8/12-2078/9/1	Achham(Dakari, turmakadh, Chaurpati and Mellakh)	Hard to reach area, with poor population in coordination with DPHO, area with high prevalence	4160	250	47	106	1			4	1			5	

2078/8/13- 2078/8/18	Dadeldhura (Nawdurga, Gynapdhura and Parshuram)	Hard to reach area, with poor population in coordination with DPHO, Area with high prevalence	2519	292		189			3				3	
2078/7/28- 2078/8/24	Kanchanpur(Dodhara, Laljhadi, Bhimdatt and Bedkot)	Hard to reach area, with poor population in coordination with DPHO, Area with high prevalence	5559	378		378			5				4	
Total			24629	1571	47	1274	1	0	23	1	0	0	22	

4. Key challenges and lesson learned during this year.

- COVID 19 2nd phase disturbed and halted the initial 3 months of the project which ultimately decreased project outcomes.
- With increase in number of sputum courier, positive number has not increased in same proportion. Maintaining quality of sample has been one of major challenges.
- Less positivity rate from contact tracing report though total number of contact tracing and presumptive numbers are high.
- Less number of screenings and referral in childhood TB.
- Reluctant of lab person in receiving couriered sputum have also issued challenges in smooth running of program activities
- Quality screening under contact tracing and monitoring of each index tracing, DR suspect referral and negative cases referral to gene X-pert sites were less initiated and mentored during the year.
- Shortage of cartridge hampered to test the negative cases from contact tracing.

5. Major priorities for next year

- Increase case finding contribution through intensive mobilization of ORW in each HFs. Conducting community screening on basis of vulnerable area and population mapping.
- Increase screening and referral of malnourished children from local health facilities as per the set plan.
- Accelerate the DR suspect and DR index contact tracing at HF level and ensure negative cases from sputum courier and contact tracing are referred and tested at gene X-pert sites in time.
- Boost FAST strategy for cases finding and notification to national tuberculosis program.
- Increase coordination among local PALIKAs, province and health office so that targeted activities are implemented smoothly and set targets will be achieved in dedicated time frame.
- Boost integration with HIV related service outlets for case findings and vulnerable group screening.

6. Financial Performance

- Total Budget: NPR. 26231650
- Total Expenditure: NPR.20179469
- Burn rate: 77%
- Overall financial performance during the year is 77%, which doesn't meet standard performance as expected. Major intervention related budget has not been expensed due to the programmatic under achievement.

Annexes

Annex 1: Annual Programmatic Target vs Achievement

S. N.	Indicator	Unit of Measurement	Achievement															Total		
			Achham			Dadeldhura			Doti			Kailali			Kanchanpur			Target	Achievement	%
			Target	Total	%	Target	Total	%	Target	Total	%	Target	Total	%	Target	Total	%			
Sputum Transportation at Hard-to-Reach Areas:																				
1	Number of DOTS Center linked in courier system	No. of DOTS center	0	368	0	0	141	0	0	276	0	0	301	0	0	132	0	0	1218	0
2	Number of DOTS Center sending sputum during the reporting period	No. of DOTS center	0	133	0	0	90	0	0	99	0	0	123	0	0	93	0	0	538	0
3	Number of sputum of presumptive TB cases collected for courier	No. of presumptive TB cases	0	694	0	0	416	0	0	387	0	0	883	0	0	510	0	0	2890	0
4	No. of sputum examined at microscopy center	No. of Sputum examined	0	1388	0	0	832	0	0	774	0	0	1766	0	0	1020	0	0	5780	0
5	Number of TB cases diagnosed	No. of TB cases	0	10	0	0	20	0	0	34	0	0	69	0	0	61	0	0	194	0

6	Number of TB diagnosed cases enrolled in treatment	No. of TB cases	0	10	0	0	20	0	0	34	0	0	69	0	0	61	0	0	194	0
Contact Tracing:																				
1	Number of households of index PBC and Child TB cases reached	No. of Index DS TB	0	55	0	0	37	0	0	39	0	0	398	0	0	299	0	0	828	0
2	Number of households of index PBC and Child TB cases visited	No. of visits	0	55	0	0	45	0	0	39	0	0	489	0	0	319	0	0	947	0
3	Number of family members screened for TB	No. of Family members	0	251	0	0	224	0	0	166	0	0	225 3	0	0	137 9	0	0	4273	0
4	Number of family members identified as presumptive TB and referred, or sputum collected for sputum Examination	No. of presumptive TB cases	0	113	0	0	90	0	0	28	0	0	263	0	0	395	0	0	889	0
5	No. of sputum examined at GX or	No. of presumptive TB cases	0	113	0	0	84	0	0	28	0	0	263	0	0	395	0	0	883	0

	microscopy Center																				
6	No. of DS TB cases diagnosed by GX or sputum microscopy	No. of TB cases	0	2	0	0	1	0	0	0	0	0	6	0	0	12	0	0	21	0	
7	Number of DS TB cases enrolled in treatment	No. of TB cases	0	2	0	0	1	0	0	0	0	0	6	0	0	12	0	0	21	0	
8	No. of RR-MTB cases detected	No. of RR-MTB cases	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	
9	No. of RR-MTB cases enrolled in treatment	No. of RR-MTB cases	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	
Childhood TB Management:																					
1	Number HF linked for screening of malnourished /ARI child cases	No. of HF	0	228	0	0	84	0	0	174	0	0	158	0	0	84	0	0	728	0	
2	Number HF referring malnourished /ARI child cases for diagnosis during the reporting period	No. of HF	0	2	0	0	4	0	0	0	0	0	13	0	0	6	0	0	25	0	

3	Number of presumptive child TB cases referred to hospital for diagnosis	No. of presumptive child TB cases	0	2	0	0	6	0	0	0	0	0	47	0	0	29	0	0	84	0
4	Number of child TB cases clinically diagnosed	No. of child TB cases (PCD+EP)	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	0
5	Number of bacteriologically confirmed childhood TB cases	No. of child TB cases (PBC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Number of Child TB diagnosed cases enrolled in treatment	No. of child TB cases	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	0
7	Number Hospital linked for childhood TB diagnosis and management center.	No. of hospitals	0	0	0	0	6	0	0	0	0	0	6	0	0	0	0	0	12	0
8	Number of hospitals submitted the reports during the period.	No. of hospitals	0	0	0	0	3	0	0	0	0	0	5	0	0	0	0	0	8	0

9	Number of children identified as presumptive TB examined for TB	No. of presumptive child TB cases	0	0	0	0	93	0	0	0	0	0	289	0	0	0	0	0	382	0
10	Number of child TB cases clinically diagnosed	No. of child TB cases (PCD+EP)	0	0	0	0	2	0	0	0	0	0	9	0	0	0	0	0	11	0
11	Number of bacteriologically confirmed childhood TB cases	No. of child TB cases (PBC)	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2	0
12	Number of Child TB diagnosed cases enrolled in treatment	No. of child TB cases	0	0	0	0	3	0	0	0	0	0	10	0	0	0	0	0	13	0
DR TB Management:																				
1	Number of DOTS and MC Center linked in courier system	No. of DOTS and MC Centers	0	366	0	0	132	0	0	282	0	0	258	0	0	138	0	0	1176	0
2	Number of DOTS and MC Center Sending Sputum during the	No. of DOTS and MC Centers	0	10	0	0	7	0	0	1	0	0	56	0	0	48	0	0	122	0

	reporting period																			
3	No. of sputum samples of presumptive DR TB cases examined by GX	No. of Sputum Sample	0	10	0	0	11	0	0	1	0	0	110	0	0	97	0	0	229	0
4	No. of Rifampicin Resistant TB (RR-MTB) cases detected	No. of RR-MTB cases	0	2	0	0	0	0	0	1	0	0	9	0	0	5	0	0	17	0
5	No. of RR MTB TB cases enrolled in treatment	No. of RR-MTB cases	0	2	0	0	0	0	0	1	0	0	8	0	0	5	0	0	16	0
6	Number of households of Index DR TB cases reached	No. of Index DR TB	0	3	0	0	0	0	0	0	0	0	28	0	0	29	0	0	60	0
7	Number of households of Index DR TB cases visited	No. of visits	0	3	0	0	0	0	0	0	0	0	30	0	0	29	0	0	62	0
8	Number of family members screened for TB	No. of Family members	0	31	0	0	0	0	0	0	0	0	138	0	0	122	0	0	291	0

9	Number of family members identified as presumptive TB and collected sputum for examination	No. of screening	0	24	0	0	0	0	0	0	0	0	40	0	0	60	0	0	124	0
10	No. of sputum examined at GX	No. of samples	0	11	0	0	0	0	0	0	0	0	40	0	0	60	0	0	111	0
11	No. of RR MTB TB cases detected	No. of TB cases	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	0
12	No. of RR-MTB cases enrolled in treatment	No. of TB cases	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	0
IPT:																				
1	No. of children (<5 years of age) identified in household contact tracing of index TB cases	No. of Children	0	7	0	0	24	0	0	11	0	0	92	0	0	88	0	0	222	0
2	Number of children (<5 years of age) eligible for TBPT	No. of Children	0	6	0	0	21	0	0	9	0	0	55	0	0	77	0	0	168	0

3	No. of children (<5 years of age) enrolled under TBPT	No. of Children	0	1	0	0	14	0	0	6	0	0	60	0	0	74	0	0	155	0
4	No. of children completed TBPT course	No. of Children	0	1	0	0	18	0	0	3	0	0	76	0	0	67	0	0	165	0
5	No. of children discontinued TBPT	No. of Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FAST Strategy:																				
1	Number of Hospitals linked for FAST Strategy	No. of hospitals	0	7	0	0	0	0	0	0	0	0	7	0	0	0	0	0	14	0
2	Number of Presumptive TB cases identified in the screening	No. of presumptive cases	0	345	0	0	0	0	0	0	0	0	695	0	0	0	0	0	1040	0
3	Number of presumptive TB cases examined for TB diagnosis	No. of presumptive cases examined	0	345	0	0	0	0	0	0	0	0	695	0	0	0	0	0	1040	0
4	Number of bacteriologically confirmed TB cases with Sputum Microscopy,	No. of PBC TB cases	0	55	0	0	0	0	0	0	0	0	74	0	0	0	0	0	129	0

	Gene-Xpert, or Culture																					
5	Number of TB cases clinically diagnosed	No. of PCD and EP TB cases	0	1	0	0	0	0	0	0	0	0	30	0	0	0	0	0	0	31	0	
6	No. of TB cases enrolled in treatment	No. of TB cases	0	56	0	0	0	0	0	0	0	0	104	0	0	0	0	0	0	160	0	
ACF at Migrants/ANC mothers/Refugee camp/Prison:																						
1	Total number of persons screened for TB	No. of persons	0	0	0	0	0	0	0	0	0	0	131	16	0	0	134	93	0	0	26609	0
2	Total number of presumptive TB cases identified in the screening	No. of Presumpti ve TB cases	0	0	0	0	0	0	0	0	0	0	393	0	0	0	557	0	0	0	950	0
3	Total number of sputum samples collected	No. of sputum samples	0	0	0	0	0	0	0	0	0	0	393	0	0	0	555	0	0	0	948	0
4	Total number of sputum samples examined at GX	No. of sputum samples	0	0	0	0	0	0	0	0	0	0	393	0	0	0	555	0	0	0	948	0
5	Total number of MTB cases detected from GX	No. of MTB cases	0	0	0	0	0	0	0	0	0	0	10	0	0	0	13	0	0	0	23	0

6	Total number of RR/MDR TB detected from GX	No. of RR/MDR TB cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Total number of MTB cases enrolled in treatment	No. of MTB cases	0	0	0	0	0	0	0	0	0	0	10	0	0	10	0	0	20	0
8	Total number of RR/MDR TB cases enrolled in DR-TB treatment	No. of RR/MDR TB cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Annex: 2 Photographs



End!!!