

Trishuli Plus Community Action Group (TPCAG)

SR Tuberculosis Program

Annual Report 2022



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Trishuli Plus Community Action Group
(TPCAG)
Dhangadhi

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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, 17000 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) 2021-2026 is aiming that to reduce the TB incidence from 238 to 181 compared to 2021.

According to annual report of 2078/79, total 37501 cases were notified and registered at NTP. Among them 72% were pulmonary TB. Case notification rate (CNR) of all forms of TB was 128/100,000 population.

Trishuli Plus Community action group (TPCAG) has been supporting National Tuberculosis Program (NTP and national strategic plan 2021-2026 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.

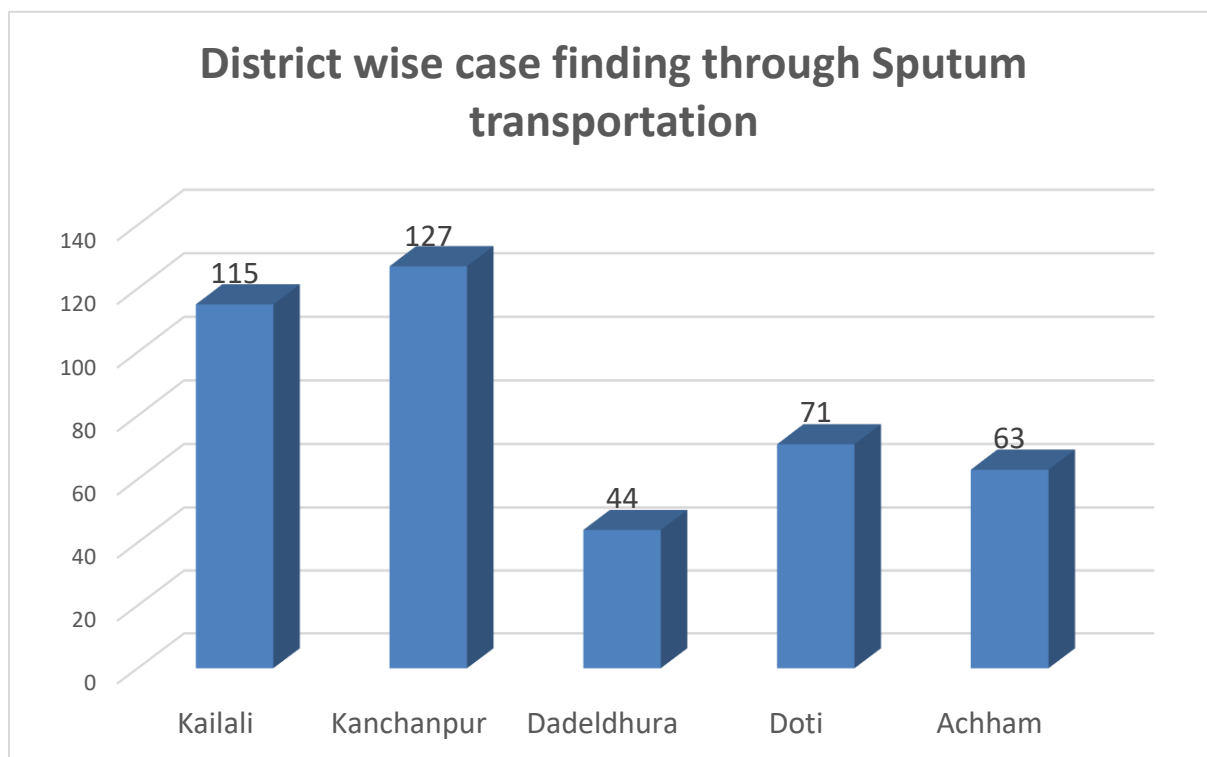
During the program implementation period in total 985 new TB cases are diagnosed and notified. The summary of the overall case findings targets and achievement is as below:

Indicator	Compiled		%
	Target	Achieve	
TB cases diagnosed from sputum courier	655	420	64%
TB cases diagnosed from contact tracing	180	88	49%
TB cases diagnosed from childhood TB health Facility	121	10	8%
TB cases diagnosed from childhood TB major hospital	30	56	187%
TB cases detected under DR TB Management	364	23	6%
TB cases diagnosed for ACF migrants screening	106	25	24%
TB cases diagnosed from FAST	452	363	80%
U5 children enrolled under TPT	201	161	80%

2. Summary of achievement on major intervention

2.1 : Sputum Transportation:

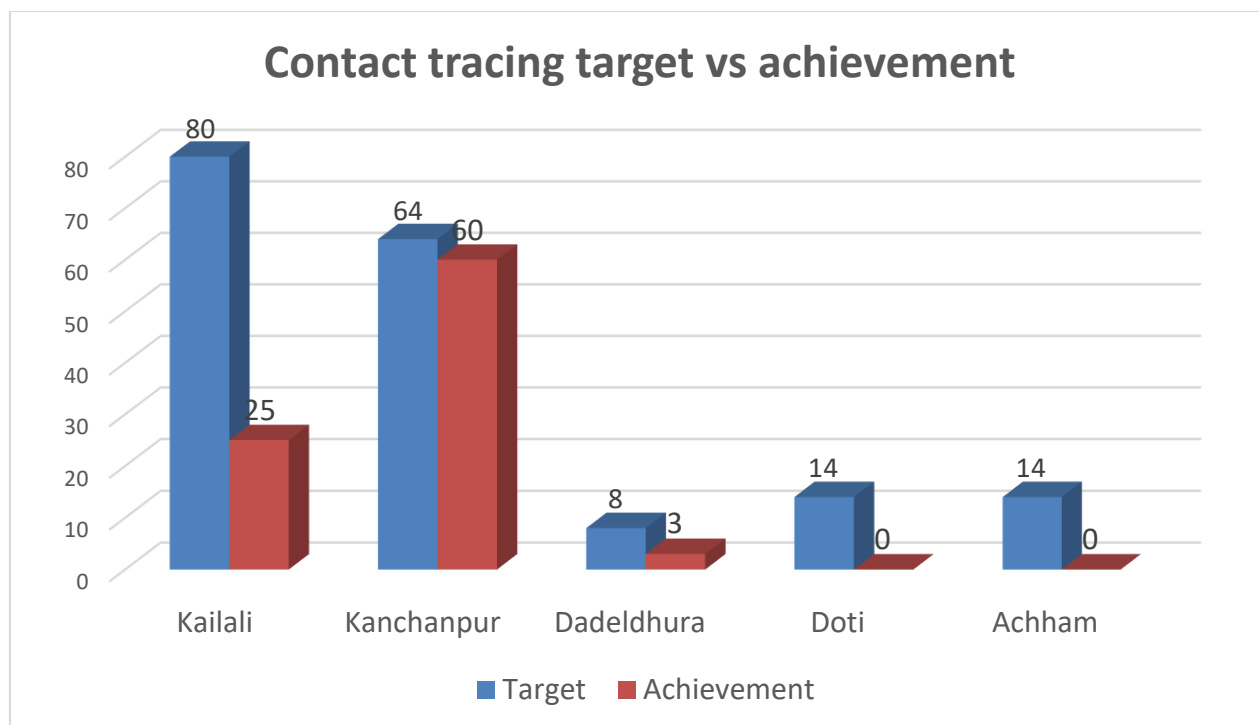
This intervention is most effective intervention for new TB cases findings where TB suspect's sputum is being collected and delivered to microscopic center through systematic screening and three-layer packaging. In total 194 HFs are participated in sputum courier intervention during the implementation period. In total, 420 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 Kanchanpur has contributed more (127), followed by Kailali (115), Dadeldhura (44), Doti (71) and Achham (63).



Connecting to total 6819 presumptive cases tested for TB cases, overall positivity rate is 6.15% which is equal compare 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

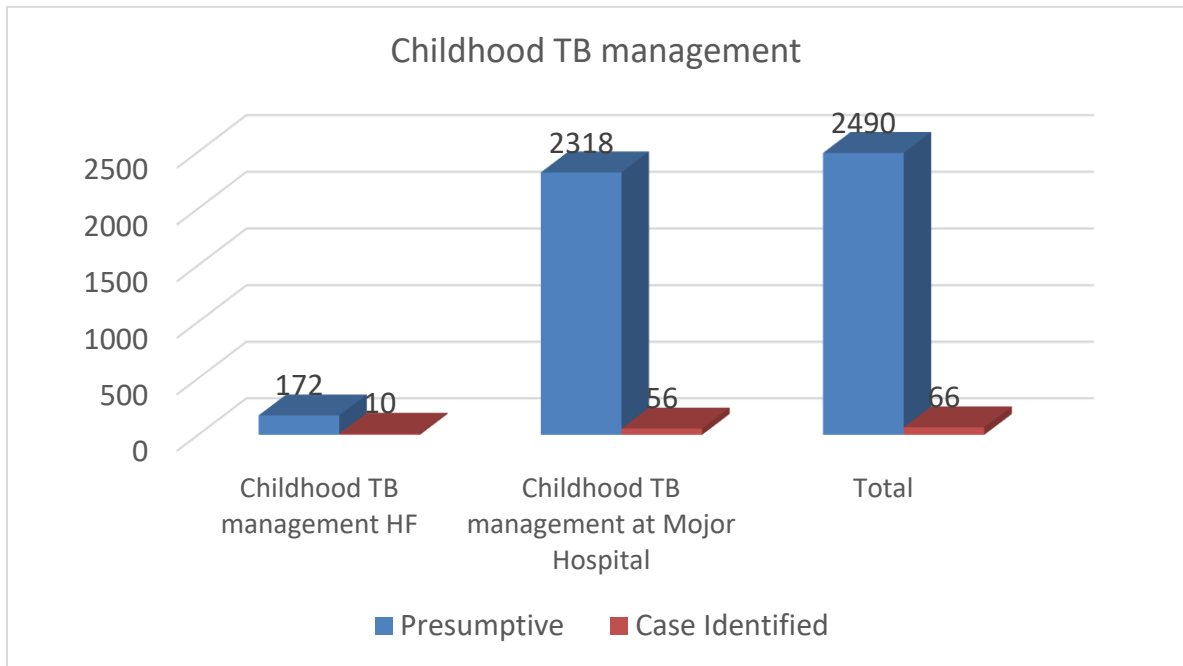
Mandatory Contact tracing is best recommended intervention to support new TB case finding in program districts where trained volunteers conduct contact tracing with systematic screening among all adult PBC index (family members) and all type of child cases. Total 2712 index cases are targeted to screen their family members index are made contact tracing this is included 1839 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 88 cases are identified through this intervention where 180 are expected if national standard is to be met during the implementation period. In total, 1935 family members of TB index cases are found presumptive where 1837 are referred for further diagnosis but only 88 TB cases are diagnosed which is nearly 4.8% 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.

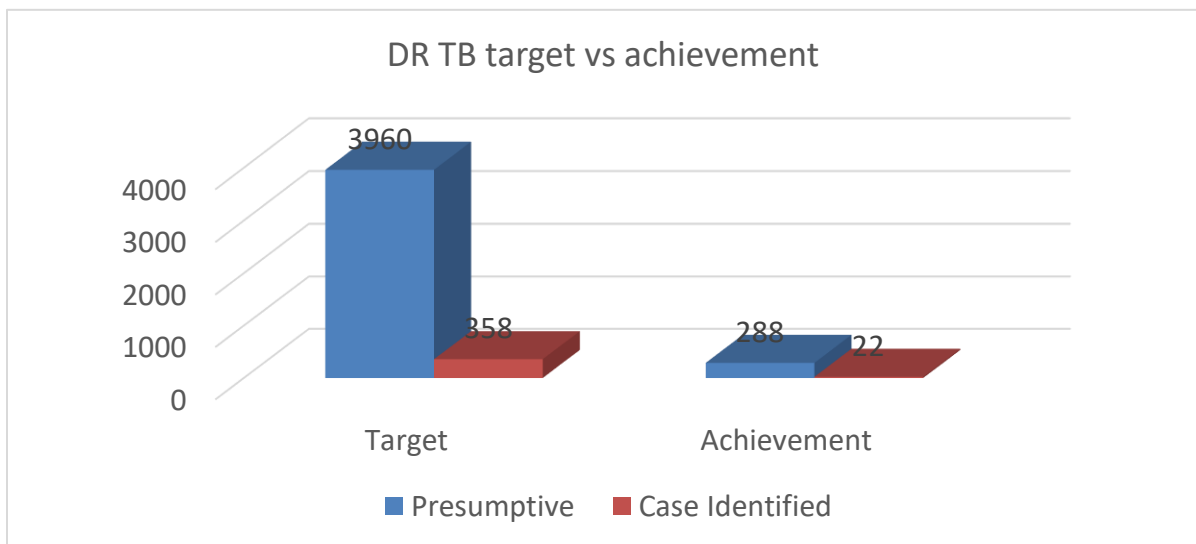
2.3 Childhood TB management

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, 2 major hospitals were linked under this intervention.



Seeing this achievement HF's level screening is little passive where only 172 cases of presumptive children are referred and out of them only 10 cases of childhood TB are identified. This urges the requirement of further acceleration in coming days. From major hospitals total 2318 cases of presumptive childhood TB cases were referred and 56 child TB cases are diagnosed however gastric lavage aspiration practice needed to be improved and followed. Overall, 2.7 % 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.

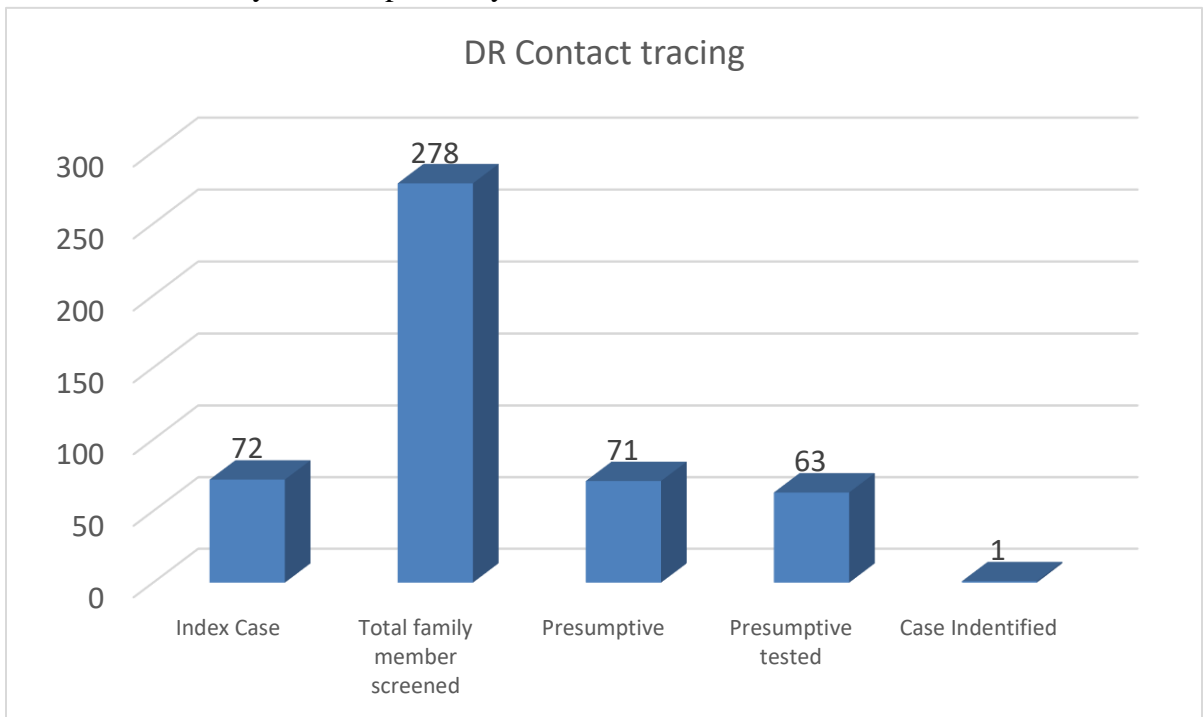
2.4: DR TB management



This activity is related to increase DR Service access and treatment coverage where all DR TPCAG Annual report 2022 GF TB Program

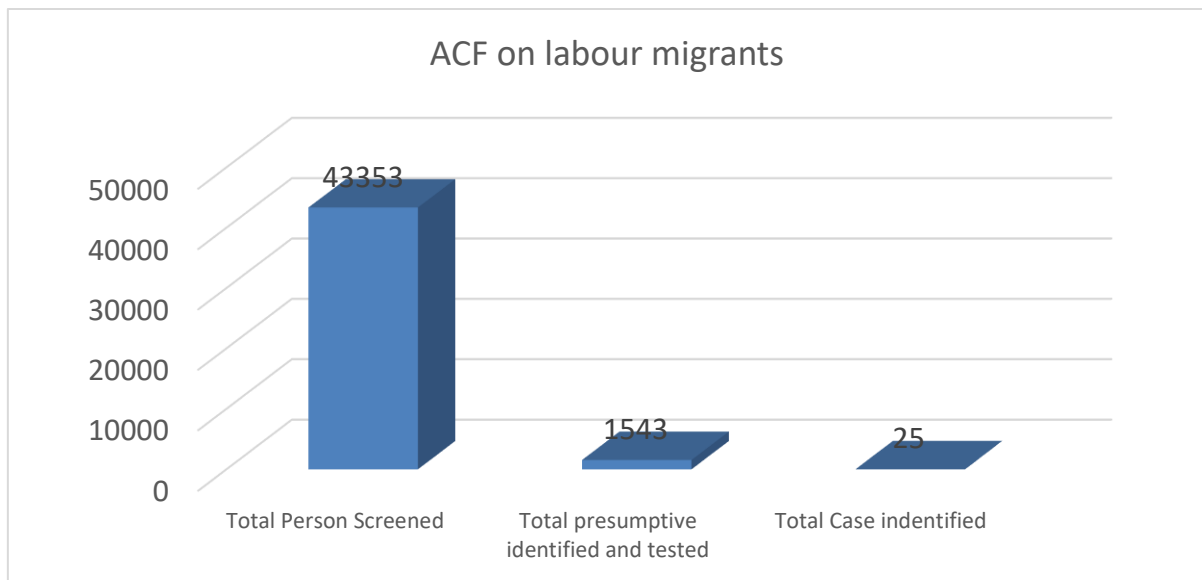
suspects as per the national guidelines (all retreatment cases, all New PBC & PCD and TB HIV co-infection) are focused through sputum courier and contact tracing. Despite initial orientation was provided to health workers for this intervention and regular follow up through field level staffs, achievement is not satisfactory. The summary chart shows that 22 DR cases are diagnosed, out of total 288 DR suspect cases tested in GX which is only 7.6 % positivity rate. As per the set target 3960 DR suspects are expected to be screened and delivered their sputum to gene x-pert sites however only 7 % of targeted numbers are delivered which requires more and more efforts in coming days to this intervention.

In DR TB contact tracing, 72 index cases 278 family members of TB index cases are screened where 71 family members were found presumptive and referred for further diagnosis and 63 TB cases were tested in GX. From it, only 1 cases of RR TB were detected which shows nearly 1.5% of positivity rate.



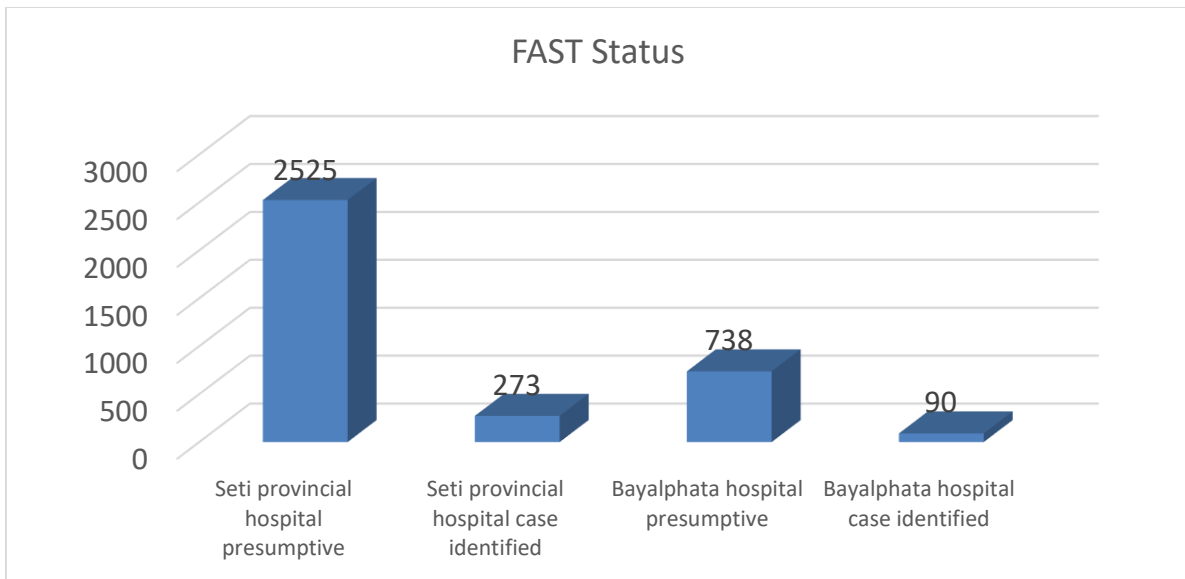
2.5: Active case finding among labor migrants

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 collect 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 2022 at 2 sites in total 43353 person screened and 1543 people found symptomatic and tested at gene x-pert out of them 25 person got TB positive. It is nearly 1.6% positivity shown by the intervention and it concluded that we need more and more efforts need for better result.



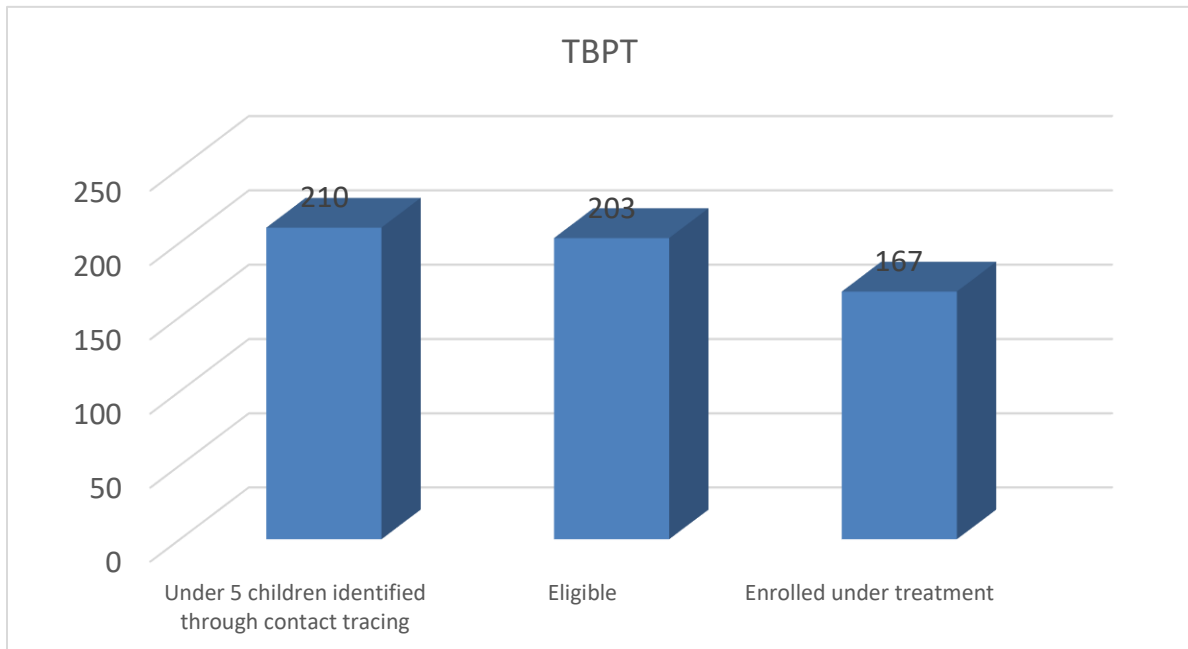
2.6: Find Actively Separate and Treat (FAST) strategy

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 363 cases are diagnosed and enrolled at treatment. Out of 363 cases identified 15 cases are PCD and 280 cases are PBC reflecting 77% of total cases. Among two hospital, Seti Provincial hospital contributed total 273 cases in FAST followed by 90 cases in Bayalpata Hospital, Achham. Positivity rate of this strategy is maintained at 11% considering 3263 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: Tuberculosis Preventive Therapy (TBPT)

Aiming to control TB transmission among under 5 children within the TB case house hold 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 210 Under 5 years child is contacted through contact tracing, among whom only 203 children were eligible and 82% of it, i.e., 167 children were enrolled in 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 Review and planning meeting

Trishuli conducted a two days Provincial Review, Reflection Workshop of global fund TB program from **24th and 25th March 2022**. The event gathered all the Trishuli Plus staff from the 5 districts, and the central office to review the activities conducted. The event helped Trishuli Plus disseminate the program activities to Government Stakeholders.



Participants

Trishuli Plus TB program staff members from the implementing district, Program managers, Admin & Finance Manager, Central Office representative, SCI, Provincial program team members and District Project coordinators and Social mobilisers attended the meeting. Representatives from MoSD, PHD, Health Offices.

Objectives

The event addressed the following objectives:

- Review, allow DPCs and the provincial program team members to share progress and update.
- To review the performance (program and finance) of each of the 5 district.
- Refresher Orientation Sessions on Programmatic intervention
- Planning and action Plan

Methodologies

- PowerPoint presentation.
- Discussion

- Group work

Venue

Hamro Ghar Temple resort, Dhangadhi, Kaialali

Action Plan

S.N.	Action plan	Rational	Responsible person	Deadline	Remarks
1	Sputum transportation of all microscopy negative samples to Gene Xpert centers. And transportation of sputum samples of all DR suspects to Gene Xpert centers.	Early identification of DR cases	ORW/DPC/TL	Regular	
2	Quality assurance of sputum sample by ORW before transportation, initiate rejection of sample by Examining sites	improve positivity rate and increase case finding	ORW	Regular	
3	Conduct Onsite coaching to HFs for quality screening and presumptive identification	improve positivity rate and increase case finding	ORW/DPC/PSC	End of April 2022	
4	Timely circulation of all important information from field level	Timely update of issues at field level and solution of the issues	ORW/DPC	Regular	
5	Regular coordination with health worker by TP team.	To improve interpersonal relation	ORW/DPC	Regular	
6	Line listing of all eligible cases for contact tracing in register and initiate system of register Handover to new staffs	Ensure contact tracing of eligible cases is done in time. Follow good documentation system.	ORW	Mid April 2022	

7	Contact tracing of all eligible cases	Achieve the case notification target of contact tracing	ORW/DPC	End of April 2022 and regular	
8	All ORW should participate and facilitate FCHVs monthly meeting and sharing about SR intervneed activities.	Identification of presumptive TB cases from community level.	ORW	Regular at their respective sites.	
9	Do reporting to every palika in every month by respective Social Mobilizer (SM).	Initiate and follow good reporting system and ownership by government.	ORW/DPC	Every month	
10	There is no financial provision of test other than TB at major hospital while doing childhood TB management. For this project office take approval form SCI and support on management.	Majority of mal nourished child are ultra poor cases, they do not have sufficient money for travel and medical expenses in higher center, our program only covers test cost dedicated for TB diagnosis. It would be better if we can cover all cost of childhood TB presumptive cases.	TL	Mid April 2022	
11	Each ORW referring at least 1 Presumptive childhood TB case to initiate the program from their Palika	Initiate Childhood TB referral from Health Facility from where zero child has been referred	ORW/DPC	1st week of April	
12	Set district wise Standard for childhood referral and in the cluster office do minuting of this task. Similarly, in the district amount will provide by DPC and in major hospital volunteer	Travel cost of hilly districts is more, referred cases do not come to major Hospital due to financial issues. For example a child coming from a Rural Municipality of a hilly district needs	DPC/TL/PSC	Mid April 2022	

	will facilitate and manage.	around 2000/- for one way travel only.			
13	Appoint palika wise SM for smooth SR activities implementation. For this task team leader lobby to SCI and prepare plan for its management.	SMs have to cover 2-3 Local levels, this have affected in both quality of work and target achievement. If a SM is dedicated for each Local level he will have good coordination with local level and also quality of work can be improved as he can give more time to HFs and onsite monitoring of Contact tracing.	ED/AFD/TL	End of April 2022	
14	Need to increase salaries and transportation cost of SM. Team leader take initiation for this task.	Due to hiking market prices and fuel prices it has been difficult for SMs to manage with the same travel cost. And also salary benefits have been a major reason for staff turnover which has a direct impact on the program.	ED/AFD/TL/SCI	End of March 2022	
15	Plan and conduct quarterly orientation program to community leaders.	Make ownership to Program. Capacity building of Community people.	ORW/DPC	End of every quarter	

16	Plan and conduct training for income generation activities to the TB survivors.	Some of the TB clients are too poor and have no income generating sources; if we can give income generating training to some of the clients they can get access to quality of life.	ORW/DPC/TL/ED	End of April 2022	
17	Jacket for boarder staff	This is for identification and security reasons.	DPC/TL	Mid of April 2022	
18	Tablet for NTPMIS data entry.	After starting of data entry in NTPMIS SMs need to do data entry but, they do not have proper gadgets for data entry.	TL/PM/SCI	End of March 2022	
19	Monthly HF wise excel sheet reporting by DPC	For proper reporting and recording system as well as keep back up data.	DPC/PSC	Every month	
20	Plan and conduct district wise event for TB survivors and project office team facilitate.	For capacity building of TB survivors and advocacy whenever needed.	DPC/PSC/TL	End of May 2022	
21	If possible, Instead of HW SM conduct Contact tracing and paid for the task.	To ensure quality of contact tracing this is must important.	ORW/DPC	End of March 2022	
22	TB massage broadcasting through radio and TV.	Public awareness and community level sensitization.	TL/AFO/AFD/	End of April 2022	
23	Advocacy and capacity building program or TB Survivors Group	For capacity building of TB survivors and advocacy whenever needed.	TL/AFO/AFD	Regular	

24	Case finding based incentive to SMs	<p>This will be a piloting implementation. SMs will be given incentive of 500 for each case. A SM has to identify at least 1 Case every month and for cases more than 1 they will be provided Rs. 500 for each case. This is for motivation and performance based reward. We are facing large number of staff turn over, major cause of this is salary benefits provided to SMs, Performance based incentive will help in praising the hard work of SMs and motivation the team.</p>	TL/AFO/AFD/ED	Mid April 2022	
25	Provision Monthly Staff Meeting at districts in regular Budget	<p>There is no provision of regular staff meeting at districts. SMs from different Palikas need to travel at Health office for documentation, bills verification, data compilation, data analysis and discussion on achievement. We need to take monthly budget approval from SCI, it would be better if we can keep this in regular budget.</p>	TL/AFO/AFD/ED	Mid April 2023	

List of Participants

S.N.	Name of Participants	Organization/Post	Contact no.	Remarks
1	Narendra Singh Karki	MOSD/Division Chief	9848429127	
2	Dr. Jagdesh Joshi	PHD/Director	9841943586	
3	Manoj Prasad Ojaha	PHD/TLI	9848770035	
4	Narendra Singh Rawal	HO, Kanchanpur/LTI	9848705500	
5	Hari Prasad Bhatt	HO, Dadeldhura/VCSI	9848789593	
6	Lal Bahadur Dhama	HO, Dadeldhura/PHO	9848720208	
7	MIn Bahadur Khadka	O, Achham/Med. Lab. tech. I	9848550566	
8	Susuil Raj Joshi	HO, Doti/ Med. Lab. tech. I	9848597740	
9	Parkash Chandra Lekhak	SCI/Sr. Coordinator	9848770138	
10	Chetendra Raj Joshi	SCI/M&E Coordinator	9851190539	
11	Keshav Bhatt	SCI/PC-GF	9851183354	
12	Mahesh Bhatt	TPCAG/PSC	9841080776	
13	Madan Reni Bhul	TP-Doti/ORW	9863189630	
14	Prashant Birkam Bam	TP-Doti/ORW	9868403317	
15	NateshKathayet	TP-Doti/ORW	9868553348	
16	Netra Kumar Bam	TP-Doti/ORW	9865606804	
17	Prashant BK	TP-Kailali/ORW	9868406614	
18	Jagat Mahata	TP-Kailali/ORW	9844586123	
19	Govind Bhatt	TP-Doti/ORW	9848660238	
20	Deepak Bahadur Mahata	TP-Kailali/ORW	9848496543	
21	Mohan BhadurKhati	TP-Kailali/ORW	9848671733	
22	Dilip Thapa	TP-Kanchanpur/ORW	9840284265	
23	Lalit Bist	TP-Kanchanpur/ORW	9805762300	
24	Rishu Pant	TP-Kanchanpur/ORW	9868795178	
25	Madhabi Joshi	TP-Kanchanpur/ORW	9848782741	
26	Manju Bist	TP-Kanchanpur/ORW	9864329331	
27	Puja Pant	TP-Kanchanpur/DPC	9858750272	
28	Bam Bahadur Bohara	TP-AChham/ORW	9860254322	
29	HimalBhadurBudha	TP-AChham/ORW	9862468859	
30	BinodDhungana	TP-AChham/ORW	9862792693	
31	Kalu Singh Bhnadari	TP-AChham/ORW	9863363203	
32	Lok Bahadur Bist	TP-Dadeldhura/ORW	9849939233	
33	PanKaJ Adhikari	TP-AChham/ORW	9865909446	
34	Hemant Madai	TP-Dadeldhura/ORW	9868810901	
35	Yogendra Bahadur Mali	TP-Dadeldhura/ORW	9840270917	
36	Anup Singh	TP-Doti/DPC	9844263434	
37	Ramesh Bahadur BK	TP-Achham/ORW	9846871453	
38	PadamBist	TP-Achham/ORW	9848689908	
39	Ashish Shah	TP-Kailali/DPC	9848421785	
40	Harish Chandra Rawal	TP-Achham/DPC	9848407534	
41	Shashank Kalouni	TP/TL	9848420324	
42	DurgamaniChataut	TP-Dadeldhura/DPC	9841611767	

43	Rekha Phulara	TP-Doti/ORW	9868714039	
44	Chakra Bahadur Katuwal	TP-Doti/ORW	9868898968	
45	Kalpana Batala	TP-Achham/ORW	9865578491	
46	Sarjina Kumari Chaudhary	TP-Kailali/ORW	9814638226	
47	Sanu Sunar	TP-Kailali/ORW	9861605451	
48	Priyanka Joshi	TP-Kailali/ORW	9849810159	
49	Purna Kala Sinjali	TP/Support staff	9848515601	
50	BhagrathiKathayat	TP-Kailali/ORW	9865682027	
51	Durga Bist	TP-Kailali/ORW	9848442991	
52	Hari Lal Joshi	TP-Kailali/ORW	9868425398	
53	Ram Bahadur Chunara	TP-Dadeldhura/ORW	9868737938	
54	Achut Prasad Sitaula	TP/ED		
55	Sadhuram Sapkota	TP/AFD		
56	Khagendra Prasad Joshi	TP/AFO	9848641438	
57	Nischal Poudyal	TP/ALA		
58	Kamala Kumari Sharma	TP-Achham/ORW		

Schedule		
Day 1		
Time	Sessions	Responsible
Opening Session		
8:30-9:00 A.M	Registration, Chairing, Introduction and Objective Sharing, welcome speech	Team Leader/ Trishuli Plus Team
9:00-9:30	Provincial situation update on Tuberculosis	Manoj Ojha
9:30-10:30	Opening Remarks	Guests (SecretaryMoSD, Chief Health Division MoSD, Director PHD, Chief HO Kailali)
10:30-10:45	Tea Break	
Technical Session :		
10:45-11:15	Update on National Tuberculosis Strategic Plan 2021-26	Keshav Bhatta
11:15-11:45	Basics of Tuberculosis	Dev Joshi

11:45-12:15	Discussion on Sputum transportation intervention lesson learned, issue challenges and way forward	Harish Rawal
12:15-12:30	Refreshment Break	All
12:30-1:00	Discussion on Contact tracing intervention lesson learned, issue challenges and way forward	Mahesh Bhatt
1:00-1:30 P.M	DR TB Management	Puja Pant
1:30-2:00 P.M	Lunch	All
2:00-2:30	Childhood TB Management	Anup Singh
2:30-3:00 P.M	TBPT	Harilal Joshi
3:00-3:30 P.M	Tea Break	All
3:30-4:00 P.M	FAST & ACF Migrants	Priyanka Joshi/Shashank
4:00-5:00	Financial Management, Organizational Policy and Safeguarding Policy	Sadhuram Sapkota
Day 2		
8:30-9:00	Recap of Day 1 and Introduction	All Participants
9:00-10:30	District wise Presentation	Achham, Dadeldhura and Doti
10:30-10:45	Refreshment Break	All participants
10:45-11:45	District wise Presentation	Kailai and Kanchanpur

11:45-12:30	Achievement from 2021 to March 2022	Mahesh Bhatt
12:30-1:15	Lunch Break	All participants
1:15-2:00	Experience Sharing by Social Mobilizers	Group Work (Challenges faced, lesson learned- positive experience)
2:00-2:45	Overview of NTPMIS	SCI/NTCC Representative
2:45-3:00	Refreshment	All
3:00-4:00	Action Plan Development for improved quality standard	All
4:00-5:00	Closing	All

3.2 Meeting with field staff Kailali and GF TB program

Venue: Lotus Café, Dhangadhi, Kailalali

Time: 10:30 AM to 4:00 PM

Date: 6 June 2022

Objective of Meeting:

1. Progress update sharing Jan. to April
2. Discussion filed Level Issue and challenge and way forward
3. AOB

Participants:

S.N.	Name	Organization	Remarks
1	Mim Bahadur Shingh	Save the Children	
2	Prakash Chandra Lekhak	Save the Children	
3	Dr. Samir Mainali	Save the Children	
4	Chetendra Joshi	Save the Children	
5	Keshav Bhatt	Save the Children	
6	Dr. Pramita Sharma	Save the Children	
7	Dev Datt Joshi	Health Office Kailali	
8	Sunil Shingh	Save the Children	
9	Shashank Kalouni	Trishuli Plus	
10	Mahesh Bhatt	Trishuli Plus	
11	NIshchal Poudyal	Trishuli Plus	
12	Abhiyan Ghimire	Trishuli Plus	
13	Harilal Joshi	Trishuli Plus	
14	Deepak Mahata	Trishuli Plus	

15	Mohan Khati	Trishuli Plus	
16	Priyanka Joshi	Trishuli Plus	
17	BhagrathiKhatayat	Trishuli Plus	
18	Jagat Mahata	Trishuli Plus	
19	Sanu Sunar	Trishuli Plus	
20	Prashant Bishokarma	Trishuli Plus	
21	Durga Bist	Trishuli Plus	
22	SarjinaCHaudhary	Trishuli Plus	
23	Purna Kala Sinjali	Trishuli Plus	

Discussed Content:

Mr Shashank Kalouni started program by welcoming participants and then, introduction done among participants. After that Shashank shared about the agenda of meeting and then started presentation. Presentation started by Mahesh Bhatt and in the presentation Mr. Mim Bahadur Singh facilitated discussion and made clear concept on every matter and at lastly suggested for making action plan for timely achievement of targets and action plan is developed and finally Mr. Shashank Kalouni end the program by giving thanks to every participant.

Action Plan

S.N.	Theme	Discussion	Action Plan	Responsible	Deadline	Remarks
1	Sputum transportation	Low achievement in sputum transportation and Yield. What about the sputum rejection system i.e. based on quality, what about the quality of screening i.e. over screening for TB. Need to analyze age and sex wise data for sputum sample transportation mechanism. Are we ensuring the quality of sputum?	ORW wise monthly analysis need to be done and identify the valid reason behind low achievement in sputum courier. Need to analysis age and sex wise presumptive cases.	DPC / PSC	ASAP	Reasons behind low/high achievement need to be submit while sending the report
2	HF linked during the period	Very low achievement in the intervention, what is the cause behind it. What about the linking of Basic Health Service centre, are we tracking and working for it? It would be better to likn the HFs from hard to reach area or vulnerable area. We need to increase the no of HFs linked in	Considering the increasing number of the HFs and the number of OPD visits list out the probable HFs for sputum transportation and link accordingly. Mainly focus on Kailali and Kanchanpur.	ORWs guided by DPCs	ASAP	Reasons behind low/high achievement need to be submit while sending the report

		sputum transportation for better result.				
3	Quality of Sputum	Sample reject system is practicing. Health workers defense and ignore the requests for quality sample in most of the Sample collection sites. We need to track the sample reject details for documentation and further planning.	Ensure the quality of sputum before transport. Coordination with HF staffs and strengthen the sample reject system.	IRWs/DPCs	ASAP	Reasons behind low/high achievement need to be submit while sending the report
4	Community engagement	What about the thought of local bodies regarding the tuberculosis? Are they supporting to implement the community level activities in the field. What will be need to do for better community engagement towards Tuberculosis.	Coordination with different stakeholders. Identify the areas where more coordination is needed and request to Health Office for field visit and mitigate the issues.	DPCs	ASAP	Reasons behind low/high achievement need to be submit while sending the report
5	Contact Tracing	very low achievement in the intervention, what is the What is the cause of very low Yield from the presumptive,	Ensure the sample quality. Ensure the real presumptive are screened by Contact tracing team.	IRWs/ DPCs	ASAP	Reasons behind low/high achievement need to be submit while sending the report
6	Childhood HF	Very low linked HFs, very low presumptive identification	Increase the number of HFs linked. Coordination with other organizations working in the field of nutrition. Collect the valid	IRWs/DPCs	ASAP	Reasons behind low/high achievement need to be submit while sending the report

			justifications behind the low achievements.			
7	Low / High achievement	Need to write justification from the field effective from next month	DPCs will send the justifications behind the low/high achievements in different interventions and PSC will compile the justifications. Team leader will plan the mitigation measures.	DPCs / PSC and Team leader	every month while submitting progress report	Reasons behind low/high achievement need to be submit while sending the report
8	DR management	Need to line list all DR and DS cases	Need to line list all DR and DS cases diagnosed at District and ensure his/her enrollment in treatment. Coordination with respective authorities regarding the initial defaulters. List all the RR cases i.e. diagnosed and enrolled in treatment. Notify immiately if RR case is diagnosed.	ORWs/ DPCs	weekly basis	Reasons behind low/high achievement need to be submit while sending the report

3.3 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. The Active Case Finding intervention was designed to identify the hidden and missing TB cases in time. The ACF camps were conducted in 20 Clusters of SR intervened district in close coordination and support of District Health Office and municipalities of respective district.

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

The details of activities as mentioned below:

S · N	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	Remarks
						M C	G X	X - r a y	Oth er (me ntio n)	P B C	P C D	E P	D R T B		
1	Dec.9, 2022	Achham, Panchadawal Binayak municipality-5, 9, layati	Population belongs to high TB prevalence in last fiscal year, low case finding on this year, border of Dailekh and Kalikot and high movement to the India	812	73		46								
2	Dec. 10, 2022	Achham, Panchadawal Binayak municipality-9, Kalekada	Population belongs to high TB prevalence in last fiscal year, low case finding on this year and high movement to the India	951	120		25								
3	11 Sept. 2022	Doti, Purbic houki	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	743	64		45			1				1	
4	16 Sept. 2022	Doti, KI singh	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high	806	47		29								

			movement to the India												
5	6 Sept. 2022	Doti, Joroyal	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	851	50		15								
6	10 Dec. 2022	Doti, DepayalSilgadhimunicipality	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	815	130		79			1				1	
7	Agust 24, 2022	Kailali, Bardagoriya-3, Ranikunda	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1230	136		93			4				4	
8	Sept. 8, 2022	Kailali, Lamki-8, Malbhunga	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1199	124		53			1				1	
9	11/4/2022	Kialali, Kailari-5, Pabera	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1060	52		32								

10	28-Nov-22	Kailali, Bhajani-3, Theki	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1235	86	46				1				1	
11	25-Nov-22	Kailali, Mohanrayal-5, Kuine	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1626	126	90				1				1	
12	Dec.7, 2022	Kialali, Godawari-2,3,4,10	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1612	80	37									
13	18-Aug-22	Kanchanpur, Krishnapur-1	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	466	144	129				1				1	
14	September 6, 2022	Kanchanpur, Betkot-5	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1426	76	66									
15	9-Sep-22	Kanchanpur, Beldandi-3	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the	1115	80	64									

			India												
16	18-Sep-22	Kanchanpur, Punarbash-4	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	1221	53		42								
17	18-Aug-22	Dadeldhura, Nabdu rga-1	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	660	138		91								
18	9-Sep-22	Dadeldhura, Alital-5.6	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	841	98		71								
19	12-Sep-22	Dadeldhura, Bhageshor-3	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	823	131		74			1				1	
20	11-Dec-22	Dadeldhura, Nabdu rga-5	Population belongs to high TB prevalence in last fiscal year, low case finding on this year due to COVID 19 Impact and high movement to the India	914	102		56			2				2	
				20406	1910	0	118	0	0	13	0	0	0	13	

4. Key challenges and lesson learned during this year.

- 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 Xpert sites were less initiated and mentored during the year.
- Shortage of cartridge and malfunctioning of x-pert module hampered to test the negative cases from contact tracing.

5. Major priorities for next year 2023

- 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 xpert 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 timeframe.
- Boost integration with HIV related service outlets for case findings and vulnerable group screening.

6. Financial Performance

- Total Budget: NPR 29249238
- Total Expenditure: NPR 27177237
- Burn rate: 93%

The financial expenses and burn rate has increased compared to previous, though we targeted to utilize more than 95% of allocated budget, in coming we have plans to achieve the target as well as increase budget expenses near and reach near 100 percent.

7. Annexes

7.1. Annex 1: Annual Programmatic Target vs Achievement

SN	Activity Description	Indicator	Unit of Measurement	Target	Achievement
Sputum Transportation at Hard to Reach Areas:					
1	TB case detection in hard to reach population by establishing sputum courier system to Microscopic centers	Number of DOTS Center linked in courier system	No. of DOTS center	194	194
		Number of DOTS Center sending sputum during the reporting period	No. of DOTS center	194	194
		Number of sputum of presumptive TB cases collected for courier	No. of presumptive TB cases	6,552	6,819
		No. of sputum examined	No. of Sputum examined	13,104	6,813
		Number of TB cases diagnosed	No. of TB cases	654	420
		Number of TB diagnosed cases enrolled in treatment	No. of TB cases	654	420
Contact Tracing:					
2	Mandatory contact tracing to Family members of DS TB (all PBC and Child TB)	Number of household of index PBC and Child TB cases visited	No. of visits	2,712	1,839
		Number of family members screened for TB	No. of Family members	9,496	8,017
		Number of family members identified as presumptive TB	No. of presumptive TB cases	1,425	1,935
		No. of sputum examined	No. of presumptive TB cases	1,425	1,867

		No. of TB cases diagnosed	No. of TB cases	180	88
		No. of TB cases enrolled in treatment	No. of TB cases	180	88
Childhood TB Management :				-	-
3	TB screening in malnourished children in Health facility	Number HF linked for screening of malnourished/ARI child cases	No. of HF	122	122
		Number HF referring malnourished/ARI child cases for diagnosis during the reporting period	No. of HF	122	74
		Number of presumptive child TB cases referred to Hospital for diagnosis	No. of presumptive child TB cases	1,735	172
		Number of child TB cases diagnosed	No. of child TB cases	122	10
		Number of Child TB cases enrolled in treatment	No. of child TB cases	122	10
4	TB screening in malnourished children in major hospitals	Number Hospital linked for childhood TB diagnosis and management center.	No. of hospitals	2	2
		Number of hospitals submitted the reports during the period.	No. of hospitals	2	2
		Number of children identified as presumptive TB	No. of presumptive child TB cases	595	2,318
		Number of child TB cases diagnosed	No. of child TB cases	30	56
		Number of Child TB diagnosed cases enrolled in treatment	No. of child TB cases	30	56
DR TB Management :				-	-

5	Screening and testing of all DR TB suspects (all PBC and PCD, presumptive retreatment nRBand sputum non converter)	Number of DOTS and MC Center linked in courier system	No. of DOTS and MC Centers	196	196
		Number of DOTS and MC Center Sending Sputum during the reporting period	No. of DOTS and MC Centers	196	156
		No. of sputum samples of presumptive DR TB cases examined	No. of sputum sample	3,961	286
		No. of RR MTB TB cases detected	No. of TB cases	358	20
		No. of RR-MTB cases enrolled in treatment	No. of TB cases	358	20
6	Screening and testing of Family members of DR TB Cases.	Number of household of Index DR TB cases visited	No. of households	54	72
		Number of family members screened for TB	No. of Family members	320	278
		Number of family members identified as presumptive TB and collected sputum for examination	No. of screening	50	71
		No. of sputum examined	No. of samples	50	63
		No. of RR MTB TB cases detected	No. of TB cases	7	1
		No. of RR-MTB cases enrolled in treatment	No. of TB cases	7	1
7	Diagnosis and treatment of previously treated Presumptive TB	Number of sputum collected from presumptive TB cases who were previously treated	No. of patients	-	2
		Number of sputum samples tested in GX	No. of samples	-	2
		Number of TB cases diagnosed	No. of TB cases	-	2
		Number of TB Cases enrolled on Treatment	No. of TB cases	-	2
PPM:		TB		-	-
8	TB Case Notification from	No. of private practitioners (doctors) engaged in the Pay for Performance approach	No. of doctors	-	-

	Private Sector (Pay for Performance)	No. of doctors notifying TB during the reporting period	No. of doctors	-	-
		Number of TB cases notified in eTB-Private Practitioner (online notification)	No. of TB cases	-	-
		Number of TB cases reported as hold by doctors in eTB-Private Practitioner (online reporting system)	No. of TB cases	-	-
9	TB case finding from referral of Pharmacy	No. of Pharmacy linked in TB screening and referral mechanism	No. of Pharmacy	-	-
		No. of Pharmacy screening and referring TB cases during the reporting period	No. of Pharmacy	-	-
		No. of patients screened for TB	No of Persons	-	-
		No. of presumptive TB cases identified among screening	No. of presumptive cases	-	-
		No. of referred presumptive TB cases reached to doctors or hospitals for diagnosis	No. of presumptive cases	-	-
		No. of presumptive TB cases tested for TB	No. of presumptive cases examined		-
		No. of TB cases diagnosed	No. of TB cases	-	-
		No. of TB cases enrolled in treatment	No. of TB cases	-	-
FAST Strategy:				-	-
10	FAST	Number of Hospitals linked for FAST Strategy	No. of hospitals	2	2
		Number of Presumptive TB cases identified in the screening	No. of presumptive cases	2,646	3,263
		Number of presumptive TB cases examined for TB diagnosis	No. of presumptive cases examined	2,646	3,260

			ed		
		Number of TB cases diagnosed	No. of TB cases	452	363
		No. of TB cases enrolled in treatment	No. of TB cases	452	363
ACF among risk and vulnerable population				-	-
11	ACF in Migrants (Cross borders)	No. of Cross border sites covered	No of Sites	2	2
		No. of Migrants screened for TB	No of Person	84,000	43,353
		No. of presumptive TB cases identified among screened	No. of presumptive cases	4,200	1,543
		Number of presumptive TB cases examined for TB diagnosis	No. of presumptive cases examined	4,200	1,543
		No. of TB cases diagnosed	No. of TB cases	106	25
		No. of TB cases enrolled in treatment	No. of TB cases	106	25
12	ACF in Prison Population	No. of prison covered	No of Perison	-	-
		No. of prison inmate screened	No of Person	-	-
		No. of presumptive TB cases detected	No. of presumptive cases	-	-
		Number of presumptive TB cases examined for TB diagnosis	No. of presumptive cases examined	-	-
		No. of TB cases diagnosed	No. of TB cases	-	-
		No. of TB cases enrolled in treatment	No. of TB cases	-	-
IPT:				-	-

13	Initiation of Isoniazide Preventive Therapy (TBPT)	No. of children (<5 years of age) identified in household contact tracing of index TB cases	No. of Children	347	210
		Number of children (<5 years of age) eligible for TBPT	No. of Children	287	203
		No. of children (<5 years of age) enrolled under TBPT	No. of Children	201	167
		No. of children completed TBPT course	No. of Children	201	189
		No. of children discontinued TBPT	No. of Children	-	2

7.2. Annex: 2 Photographs



END!!!