Trishuli Plus Community Action Group (TPCAG)

SR Tuberculosis Program

Annual Report 2023

Prepared By:

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-EastAsiaaccountsfor44%oftotalTBcasesin2018.AsperGlobalTBreport,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) 2021-2026 is aiming that to reduce the TB incidence from 238 to 181compared to 2021.

According to annual report of 2078/79, total 37861 cases were notified and registered at NTP. Among them 72% were pulmonary TB. Case notification rate (CNR) of all forms of TB was 128/100,000population.

Trishuli Plus Community action group (TPCAG) has been supporting National Tuberculosis Program (NTP and national strategic plan 2021-026 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 contact tracing.

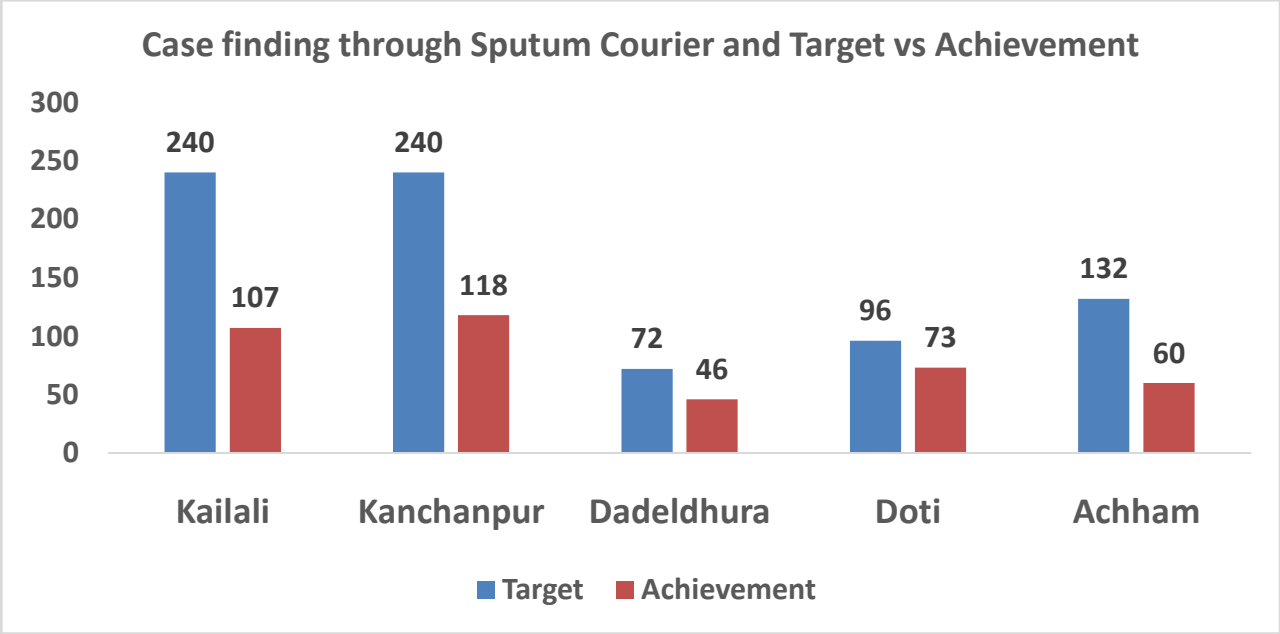
During the program implementation period in total 1067 new TB cases are diagnosed and notified. The summary of the overall case findings targets and achievement is as below:

Indicator	Compiled		%
	Target	Achieve	
TB cases diagnosed from sputum courier	780	404	52%
TB cases diagnosed from contact tracing	188	104	55%
TB cases diagnosed from childhood TB health Facility	120	14	12%
TB cases diagnosed from childhood TB major hospital	33	62	188%
TB cases detected under DR TB Management	60	24	42%
TB cases diagnosed for ACF migrants screening	108	17	16%
TB cases diagnosed from FAST	540	442	82%
U5 children enrolled under TPT	507	295	58%

2. Summary of achievement on major intervention

2.1 : Sputum Transportation:

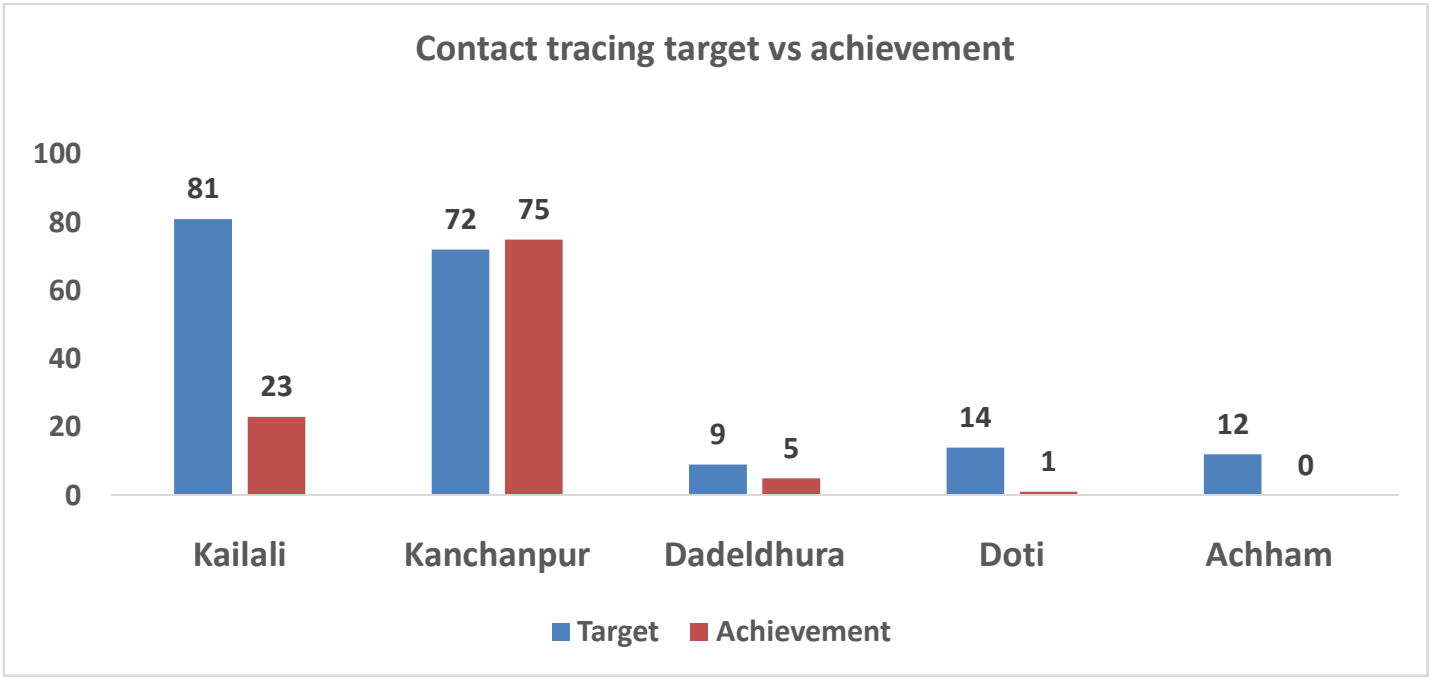
This intervention is most effective intervention for new TB cases findings where TB suspect's sputum is being collected and delivered to microscopic center through systematic screening and three-layer packaging. In total 194 HFs are participated in sputum courier intervention during the implementation period. In total, 404new 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 (118), followed by Kailali (107), Doti (73) and Achham (60) and Dadeldhura (46).



Connecting to total 6872 presumptive cases tested for TB cases, overall positivity rate is 5.88% 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

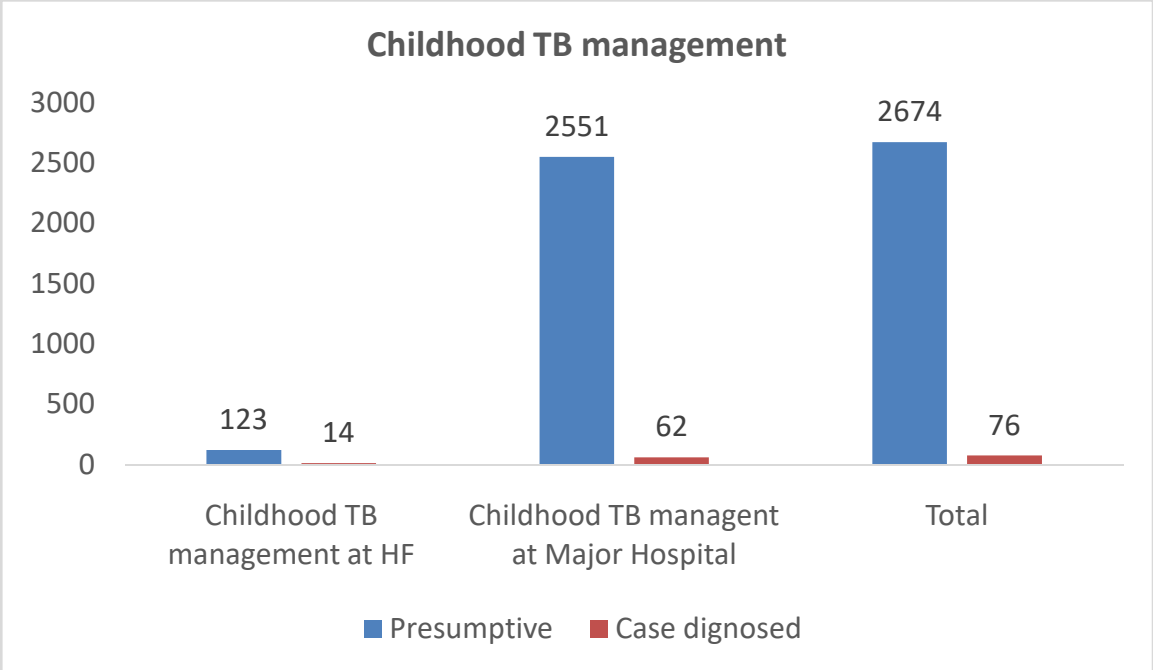
Mandatory Contact tracing is best recommended intervention to support new TB case finding in program districts where trained volunteers conduct contact tracing with systematic screening among all adult PBC index (family members) and all type of child cases. Total 3756 index cases are targeted to screen their family members index are made contact tracing this is included 2117 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 104 cases are identified through this intervention where 180(188) are expected if national standard is to be met during the implementation period. In total, 2355 family members of TB index cases are found presumptive where 2215 are referred for further diagnosis but only 104 TB cases are diagnosed which is nearly 4.7% 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.

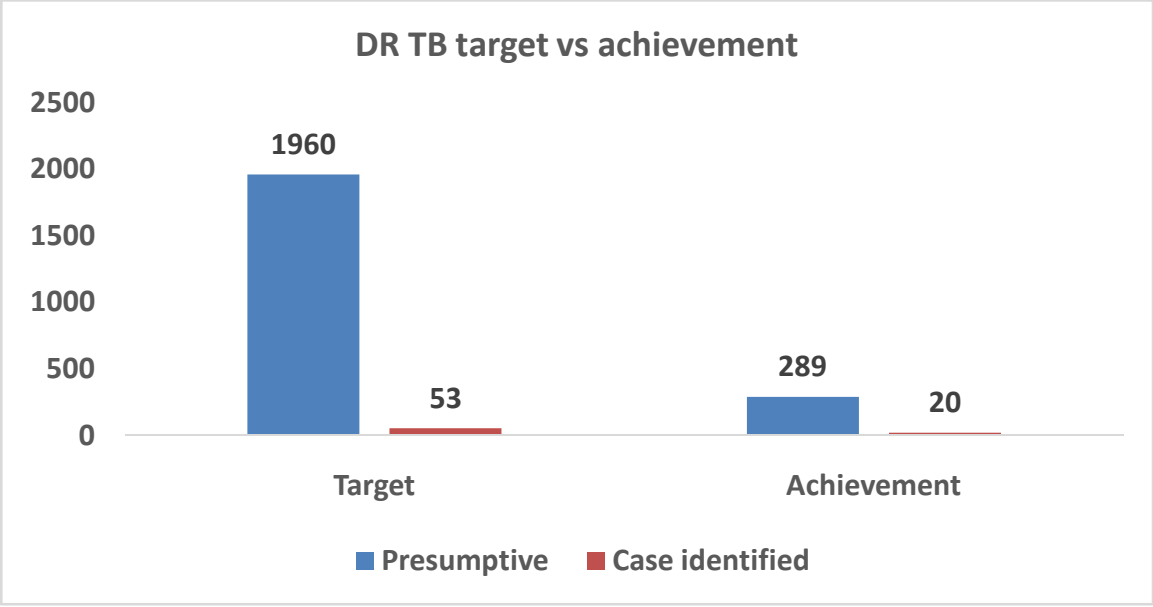
2.3 Childhood TB management

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 thisintervention.



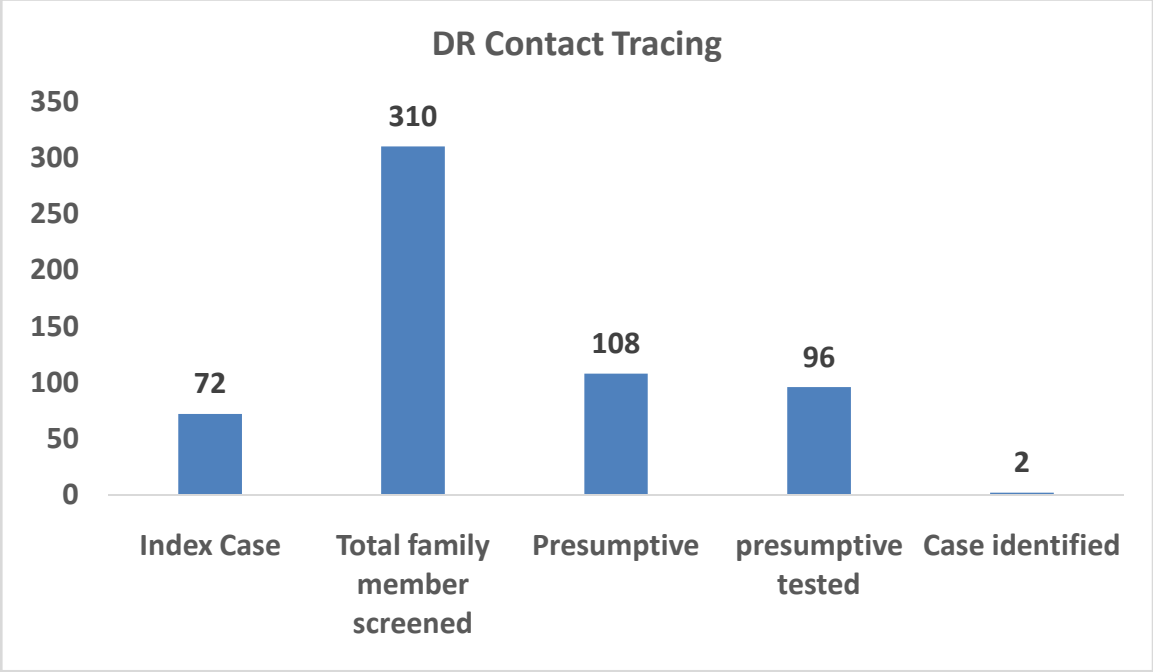
Seeing this achievement HFs level screening is little passive where only 123 cases of presumptive children are referred and out of them only 14 cases of childhood TB are identified. This urges the requirement of further acceleration in coming days. From major hospitals total 2551 cases of presumptive childhood TB cases were referred and 62 child TB cases are diagnosed however gastric lavage aspiration practice needed to be improved and followed. Overall,2.8 % 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 TBmanagement



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 20 DR cases are diagnosed, out of total 289 DR suspect cases tested in GX which is only 7% positivity rate. As per the set target 1960 DR suspects are expected to be screened and delivered their sputum to gene x-pert sites however only 14.7 % of targeted numbers are delivered which requires more and more efforts in coming days to this intervention.

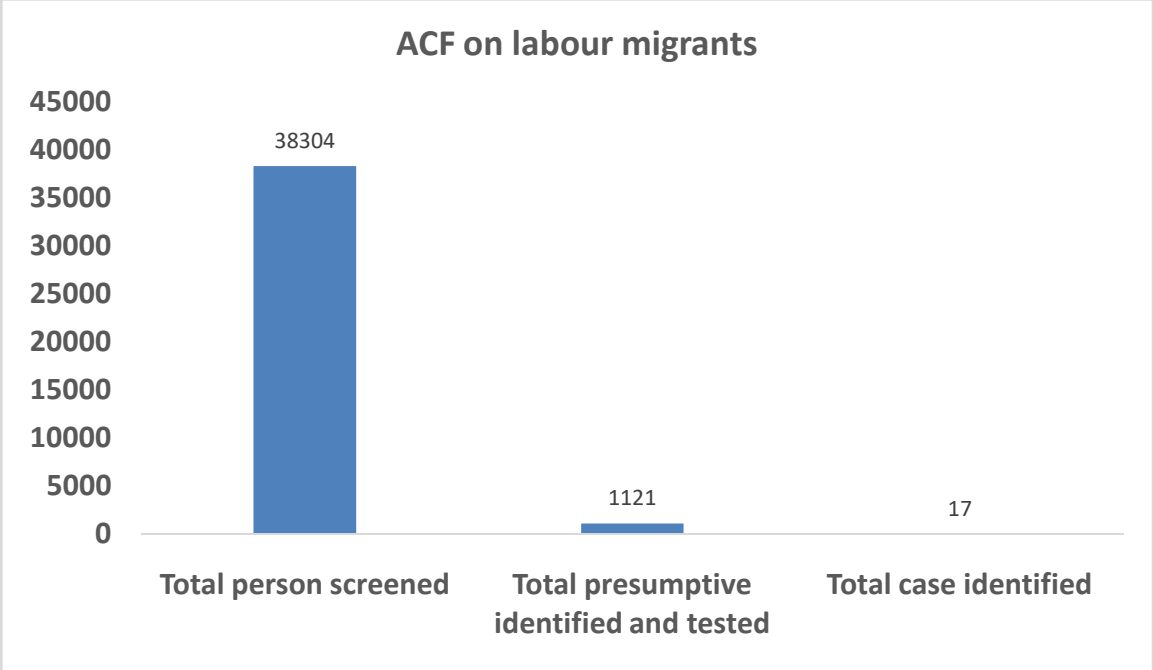
In DR TB contact tracing, 72 index cases 310 family members of TB index cases are screened where 108 family members were found presumptive and referred for further diagnosis and 96 TB cases were tested in GX. From it, only 2 cases of RR TB were detected which shows nearly 1.5% of positivity rate.



2.5: Active case finding among labor migrants

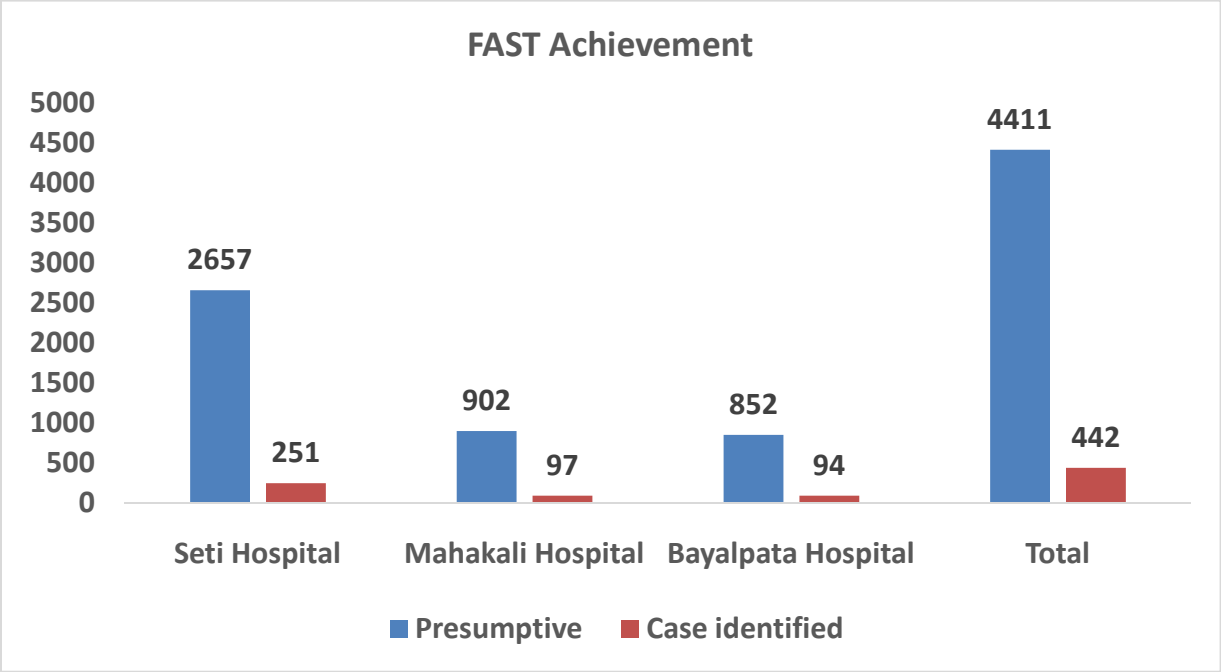
This activity was focused to screen for TB of those people who worked outside the country and get back to Nepal. Especially in this activity social mobilizer screen labor migrants by asking TB sign and symptoms. If anybody shows even single symptoms then, social mobilizer collects sputum sample and transported 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 2023 at 2 sites in total38304 person screened and 1121 people found symptomatic and tested at gene x-pert out of them 17 person got TB positive. It is nearly 1.5% positivity shown by the intervention and it concluded that we need more and more efforts need for better result.



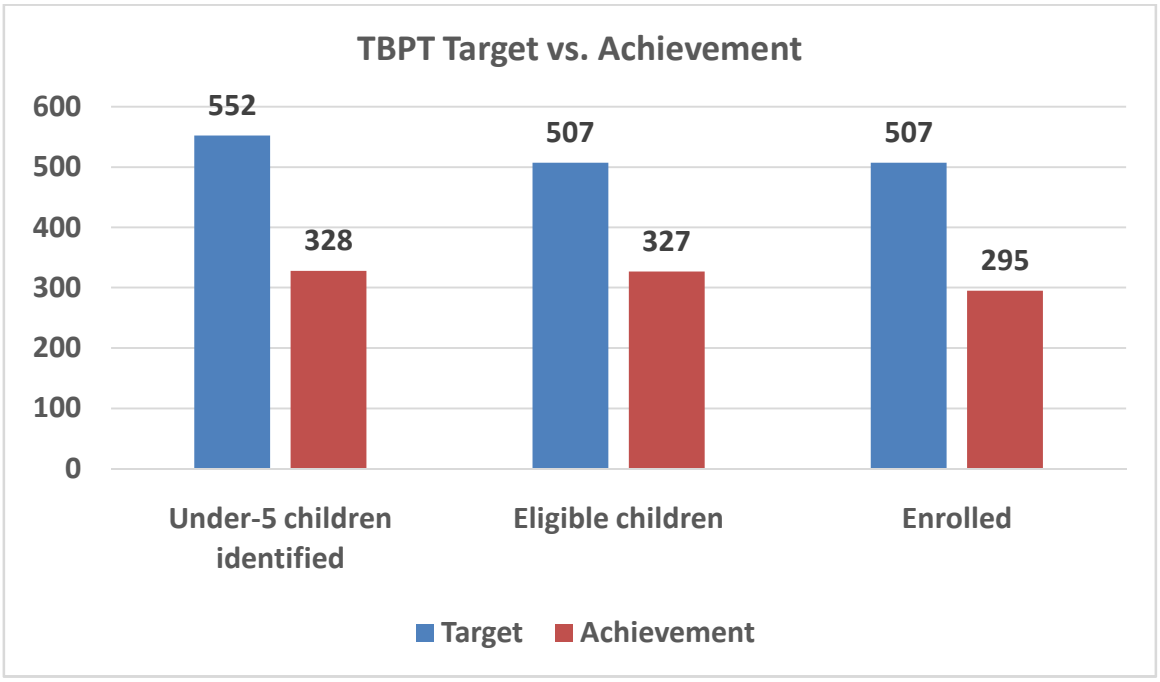
2.6: Find Actively Separate and Treat (FAST)strategy

Aiming to prevent TB infection and support to new cases finding FAST strategy was planned to implement among 3 high cases loaded hospitals under Sudur paschim Province where total 442 cases are diagnosed and enrolled at treatment. Out of 442 cases identified 18 cases are PCD and 353 cases are PBC reflecting 78% of total cases. Among Three hospital, Seti Provincial hospital contributed total 251 cases in FAST followed by 97 cases in Mahakali Hospital, and 94 cases in Bayalpata Hospital Achham. Positivity rate of this strategy is maintained at 10% considering 4411 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 328 Under 5 years child is contacted through contact tracing, among whom only 327 children were eligible and 90% of it, i.e., 295 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

Introduction

Trishuli Plus conducted one day Provincial Review, Reflection Workshop of global fund TB program on 6th June 2023. The event included participants from Trishuli Plus District Program coordinator and the TB Focal person from districts and Health offices chief. The program was facilitated by health directorate team, NTCC team and SCI team with their active participation and provided their valuable suggestion. The event also helped Trishuli Plus disseminate the program activities among Government Stakeholders.

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 districts.
- Refresher Orientation Sessions on Programmatic intervention
- Planning and action Plan

List of participants:

S.N.	Name of Participants	Organization	Position
1	Dr. Jagdish Joshi	Health Directorate	Director
2	Narendra Shingh Karki	MoSD	Division Chief
3	Dr.Sharad Kumar Sharma	NTCC	Undersecretary (Stat)
4	Rajendra Basnet	NTCC	Sr. PM
5	Ramesh Malashi	HO, Doti	Sr. PHO
6	Ram Prasad Ojha	PPHL	Act. Director
7	Ishwari Prasad Bhusal	NTCC	TB focal person Su. Pa. Predesh
8	Hari Prasad Bhatt	HO, Dadeldhura	VCSC
9	Dev Joshi	HO, Kailali	TLSI
10	Min Bahadur Kunwar	HO, Achham	MCTI
11	UdhhavThugunna	HO, Kanchanpur	DTLO
12	Chetendra Raj Joshi	SCI, Dhangadhi	M&E coordinator
13	Dr. Samir Mianali	SCI, Dhangadhi	Sr. TC
14	Rajesh Pokheral	SCI	Grant and Finance coordinator
15	Prakash Chandra Lekhak	SCI, Dhangadhi	Sr. PC
16	Kesher Saud	HO, Dadeldhura	Sr. PHO
17	Manoj Prasad Ojha	Health Directorate	TLO
18	Daya Krishna Pant	HO, Kanchanpur	Sr. PHO
19	Ratna Bhattrai	NTCC	
20	Pankaj Prasad Kalouni	HO, Doti	TB Leprosy Inspector
21	Mahesh Bhatt	Trishuli Plus	PSC
22	Amir Rijal	Trishuli Plus	DPC, Kailali
23	Manohar Karki	Trishuli Plus	DPC, Kanchanpur

24	Anup Singh	Trishuli Plus	DPC, Doti
25	DurgamaniChautat	Trishuli Plus	DPC, Dadeldhura
26	Harish Chandra Rawal	Trishuli Plus	DPC, Achham
27	HikmatShingh Badal	PPHL	Sr. lab. Assistant
28	Shashank Kalouni	Trishuli Plus	Team Leader
29	Kahgendra Prasad Joshi	Trishuli Plus	AFO
30	Purna Kala Sinjali	Trishuli plus	Support staff
31	Mohan Bahadur Khati	Trishuli Plus	ALA
32	Sadhuram Sapkota	Trishuli Plus	AFD
33	Reecha Puri	Trishuli Plus	Project officer
34	Lal Bahadur Dhsami	HO, Kailali	Sr. PHO
35	Bandhu Lal Chaudhary	SCI, Dhangadhi	FA & SC
36	Om Prakash Joshi	Health Directorate	Sr. PHO

Program Implementation:

The review and planning meeting was organized by Trishuli Plus for sharing about SR activities implemented as TB SR in five districts of Sudur Paschim Province. Program was formally conducted and chaired by health director Dr. Jagdish Joshi and facilitated By Manoj Ojha, TLO. Initially, letter dispatched from health directorate to all five districts for the participation in the program. NTCC, health directorate, health offices, PPHL, SCI and Trihuli Plus was participated in the program. NTCC and health directorate presented about the current policy, program, scenario and issues and challenges of TB. Similarly, PSC of Trishuli Plus presented about all five district wise activities target vs achievement of Trishuli plus and discussion and suggestion provided by participants and finally, action plan was prepared to track Trishuli Plus activities towards better achievements. Agreed and signed action plan was mentioned below.

Opening Remarks/ Situation Update:

In this session Dr. Sharad Sharma, PMU Chief of NTCC did presentation on updates of National Tuberculosis Program, Presentation included current scenario of NTCC, recent updates, issues and challenges of the program. He also elaborated the role of SR system to support NTCC.

The opening session was closed by remarks of PHD director Dr. Jagadish Joshi. Dr. Jagadish mentioned about support of SR system in the province, he welcomed SR to go jointly in SR activities and also praised the activities conducted by Trishuli Plus in the Province.

A brief on SR activities in the Province:

Brief introduction of SR activities conducted by Trishuli Plus in the province was explained by Team Leader.

SR Achievement Jan-May 2023 :

The major presentation of the event was very participative. The presentation was done starting from program linkage and coverage. Very healthy discussion was done from start of the presentation. The presentation was done by PSC, Mr. Mahesh Bhatta and supported by Team Leader. Presentation was done district wise and intervention wise. Discussion was done on under achievement areas which is explained in action plan.

Action Plan Preparation:

After the end of programmatic presentation, Action Plan was prepared to overcome the gaps in Program. The action plan preparation was done in a participative way where challenges were noted from the participants and the possible way forward and action were discussed and noted in the action plan sheet. During this session discussions included reform of program linkage as per need, increasing program coverage, increase the effectiveness of program in terms of quality of presumptive screening, good quality sputum sample and increase yield rate. Coordination with Local health facilities, palika and Health offices through regular communication, follow up and field visits.

Closing of the Program:

At the end the program closing was done with remarks from Trishuli Plus representative, Health office

representative, Representative from NTCC and PHD. The closing concluded with consensus of making joint efforts from Government sector, Trishuli Plus and SCI to achieve the national goals of TB program.

Action Plan

Trishuli Plus community action Group (TPCAG)

10	ACF Migrants	Difficulty in screening at POE, People escaping from screening track	1. Coordination with Home Ministry for mandatory screening at POE	NTCC, SCI, PHD, TPCAG Team	July	
11		Quality of Sputum Sample	1. IEC about Sputum sample Quality 2. Monthly feedback system by examining Laboratory 3. Onsite feedback by lab presonnel to low positivity sites	SCI, Trishuli Plus, Lab Staff SCI	July	
12		Quality TB screening and presumptive identification	1. Onite coaching and orientation to Health centers 2. Requlor follow up 3. Joint monitoring to sites 4. IEC Materials distribution 5. TB related message through audio media	SCI, Trishuli Plus	July	
13		Initial defaulter Tracing team meeting	1. Budget Approval by PR 2. Meeting initiation by SR	Rajendra Basnet, Team Leader, Prakash Lekhak	July	

Annex 1: Program Schedule

Program Schedule		
Time	**Sessions**	**Responsible**
Opening Session		
10:00- 10:30 A.M	Registration, Chairing, Introduction and Objective Sharing, welcome speech	Manoj Ojha
10:30 -11:00 AM	Opening Remarks/ Situation Update	NTCC
11:00 -11:30 AM	A brief on SR activities in the Province	Shashank Kalouni
11:30:12:15 PM	Opening Remarks	Guests (Chief Health Division MoSD, Director PHD)
12:15-12:30	Tea Break	All Participants
Technical Session :		
12:30- 3:00	SR Achievement Jan-May 2023	Mahesh/Shashank
3:00-4:30	Action Plan prepration	Shashank (All Participants)
4:30- 5:00	Closing	All Participants

3.2 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 Sudur paschim province. The Active Case Finding intervention was designed to identify the hidden and missing TB cases in time. The ACF camps were conducted in 18 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	Screened No.	Presumptive No.	Person examined/tested for diagnosis				TB Cased diagnosed				Enrolled in treatment
						MC	GX	X-ray	Other	PBC	PCD	EP	DR TB	
1	30 Nov, 2023	Achham, Mellekh R.M. 2 Rishidaha	Population belongs to high TB prevelance in last fiscal year, low case finding on this year and hard to reach and high seasonal migrants area.	980	59		24			1				1
2	4 Dec, 2023	Achham, Ramaroshan R.M. 3 Santada	Population belongs to high TB prevelance in last fiscal year, low case finding on this year and high movement to the India	961	32	28								
3	6 Dec, 2023	AchhamSanfebagar M. 11 Debisthan	Population belongs to high TB prevelance in last fiscal year, low case finding on this year and high movement to the India.	727	53	28								
4	24 Aug, 2023	Doti,Bhumirajmandu Health Post	Population belongs to high TB prevelance in last fiscal year, low case findingand high movement to the India.	682	71		36							
5	8 Dec, 2023	Doti, Dipayalsilgadhi, Tikha HP	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India.	579	108	48								
6	5 Jul, 2023	Kailali, Godawari-4, Hatkholi UHC	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1186	42		18							
7	9 Aug, 2023	Kailali, Gaurigangа-1, Mangalpur	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1011	52		26							

8	11 Aug,2023	Kialali, Lamki-4, Bewastinagar&Chisapani	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1314	75		31			2				2
9	1 Nov, 2023	Kailali, Gaurigangа-5, Andiya	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1082	23		10							
10	13 Dec, 2023	Kailali, Lamki-5, Narmada UHC	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1912	49		20							
11	25 Jun, 2023	Kanchanpur, Suklaphata-12, Kalagauadi	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	2106	260		59							
12	23 Jul, 2023	Kanchanpur, Dodharachadani-12, Kanjabhoj	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1104	250		44			2				2
13	7 Aug, 2023	Kanchanpur, Belauri-10, Bhagawanpur	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India.	2861	108		53							
14	4 Aug, 2023	Kanchanpur, Punarbas-8, Punarbas	Population belongs to high TB prevelance in last fiscal year, low case findingand high movement to the India	1898	88		61			1				1
15	6 Dec, 2023	Kanchanpur, Dodharachadani-7	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1264	50		48			2				2
16	21 Jun, 2023	Dadeldhura, Nawadurga- 2	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	864	194		62							

17	9 Jul, 2023	Dadeldhura,Prashuram- 10	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	1005	147		72			1				1
18	6 Aug, 2023	Dadeldhura, Bhageshwar- 3	Population belongs to high TB prevelance in last fiscal year, low case finding and high movement to the India	793	68		51							
				22410	1732	107	620	0	0	9	0	0	0	9

3.3 Palika Level Tuberculosis- SR review meeting

Introduction: -

Trishuli Plus conducted one day palika level Tuberculosis SR review meeting in 18 palikas of the province. The overall events are conducted in close coordination and collaboration of District Health Office and respective palikas focal person in participation of local level leaders, representatives from HO and TB focal of HFs and other relative stakeholders.

Objectives:-

1) Discussion on Overall TB Program Situation at National, provincial, District and Palika Level.
2) Brief overview of TB, terminologies, treatment algorithm and treatment situation of District,
3) Orient the participants about the TB target of the palika and the contribitution of SR in supporting TB program of the palika
4) To prepare a joint plan to achieve the goal assigned by National Tuberculosis Program

The details of events:-

Districts	Palika Name	Male	Female	Total
Doti, 2 events	DipayalSilgadhi	18	6	24
	K.I. Singh	14	3	17
Kailali, 5 events	Godawari	30	11	41
	Ghodaghodhi	25	5	30
	Bhajani	26	4	30
	Gauriganga	28	6	34
	Dhangadhi	22	7	29
Achham, 8 events	Chaurpati	15	3	18

	Turmakhand	12	4	16
	Dhakari	15	3	18
	Kamal Bazar	16	4	20
	Panchdewal Binayak	17	3	20
	Ramaroshan	20	5	25
	Sanfebagar	24	3	27
	Mangalsen	17	7	24
Dadeldhura, 5 events	Bhageshwor	17	2	19
	Nawadurga	16	3	19
	Ganyapdhura	12	3	15
	Aalitaal	12	6	18
	Prashuram	25	2	27
Kanchanpur, 4 events	Suklaphata	16	4	20
	Belauri	18	5	23
	Bedkot	13	4	17
	Bhimdatta	28	11	39
Total Participants		456	114	570

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 2024

- 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

Budget Description	Budget	Expenditure	Percentage
NFM3	30,124,152	27,341,075	91
C19RM	2,830,850	1,005,141	36
Total	**32,955,002**	**28,346,216**	**86**

The overall financial performance during the period was 86% whereas in regular programmatic budget of NFM 3 the burn rate was 91%, the expenditure was only 36% in C19RM. There was low budget expenditure in Nutritional support to DR TB Patients because the budget was planned for nutritional support to DR TB patients taking medicines from home. The major intervention related budget were almost utilized except the budget in palika level review meeting which were not accomplished to some technical issues.

7.Annexes

7.1 Annex 1: Annual Programmatic Target vs Achievement

SN	Activity Description	Indicator	Unit of Measurement	Target	Achivement
Sputum Transporation at Hard to Reach Areas:					
1	TB case detection in hard to reach population by establishing sputum courier system to	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	**7740**	**6918**
		No. of sputum examined	No. of Sputum examined	**7740**	**6872**

	Microscopic centers	Number of TB cases diagnosed	No. of TB cases	**780**	**404**
		Number of TB diagnosed cases enrolled in treatment	No. of TB cases	**780**	**394**
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	**3756**	**2117**
		Number of family members screened for TB	No. of Family members	**11136**	**8941**
		Number of family members identified as presumptive TB	No. of presumptive TB cases	**1668**	**2355**
		No. of sputum examined	No. of presumptive TB cases	**1668**	**2215**
		No. of TB cases diagnosed	No. of TB cases	**188**	**104**
		No. of TB cases enrolled in treatment	No. of TB cases	**188**	**104**
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**	**79**
		Number of presumptive child TB cases referred to Hospital for diagnosis	No. of presumptive child TB cases	**1,740**	**123**
		Number of child TB cases diagnosed	No. of child TB cases	**118**	**14**
		Number of Child TB cases enrolled in treatment	No. of child TB cases	**118**	**14**

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	**588**	**2551**
		Number of child TB cases diagnosed	No. of child TB cases	**29**	**62**
		Number of Child TB diagnosed cases enrolled in treatment	No. of child TB cases	**29**	**54**
DR TB Management :					
5	Screening and testing of all DR TB suspects (all PBC and PCD, presumptive retreatmetnR Band 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**	**179**
		No. of sputum samples of presumptive DR TB cases examined	No. of sputum sample	**1960**	**289**
		No. of RR MTB TB cases detected	No. of TB cases	**53**	**20**
		No. of RR-MTB cases enrolled in treatment	No. of TB cases	**53**	**19**
6	Screening and testing of Family members of DR TB Cases.	Number of household of Index DR TB cases visitied	No. of households	**104**	**72**
		Number of family members screened for TB	No. of Family members	**308**	**310**
		Number of family members identified as presumptive TB and collected sputum for examination	No. of screening	**28**	**108**
		No. of sputum examined	No. of samples	**28**	**96**

		No. of RR MTB TB cases detected	No. of TB cases	**7**	**2**
		No. of RR-MTB cases enrolled in treatment	No. of TB cases	**7**	**2**
7	Diagnosis and treatment of previoiusly 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 Private Sector (Pay for Performance)	No. of private practitioners (doctors) engaged in the Pay for Performance approch	No. of doctors	**-**	**-**
		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 ineTB-Private Practitioner (online reporting system)	No. of TB cases	**-**	**-**
9	TB case finding from referral of Pharmacy	No. of Pharmacy linked in TB screeing and referral mechanism	No. of Pharmacy	**-**	**-**
		No. of Pharmacy screening and refering TB cases during the reporting period	No. of Pharmacy	**-**	**-**
		No. of patients screened for TB	No of Persons	**-**	**-**
		No. of presumptive TB cases identifed 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	**3**	**3**
		Number of Presumptive TB cases identified in the screening	No. of presumptive cases	**3180**	**4582**
		Number of presumptive TB cases examined for TB diagnosis	No. of presumptive cases examined	**3180**	**4411**
		Number of TB cases diagnosed	No. of TB cases	**540**	**442**
		No. of TB cases enrolled in treatment	No. of TB cases	**540**	**442**
ACF among risk and vulnerable population					
11	ACF in Migrants (Cross borders)	No. of Crossborder sites covered	No of Sites	**2**	**2**
		No. of Migratns screened for TB	No of Person	**84000**	**38304**
		No. of presumptive TB cases identifed among screened	No. of presumptive cases	**4200**	**1121**
		Number of presumptive TB cases examined for TB diagnosis	No. of presumptive cases examined	**4200**	**1121**
		No. of TB cases diagnosed	No. of TB cases	**104**	**17**
		No. of TB cases enrolled in treatment	No. of TB cases	**104**	**15**
12	ACF in Prison Populatio	No. of prison covered	No of Perison	-	-
		No. of prison inmate screened	No of		

	n		Person	-	-
		No. of presumptive TB cases detected	No. of presumptive cases	-	-
		Number of presumptive TB cases examined for TB diagnosis	No.of presumptive case 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) identifed in household contact tracing of index TB cases	No. of Childre n	**552**	**328**
		Number of children (<5 years of age) eligible for TBPT	No. of Childre n	**507**	**327**
		No. of children (<5 years of age) enrolled under TBPT	No. of Childre n	**507**	**295**
		No. of children completed TBPT course	No. of Childre n	**507**	**251**
		No. of children discontinued TBPT	No. of Childre n	**-**	**4**

7.2. Annex: 2 Photographs

TPCAG TB Program review meeting at Dhangadhi

Program monitoring by PHD Director Dr. Jagadish Joshi and team

Palika level review meeting at Ghodaghodi of Kailali

ACF Orientation and Camp:

Volunteers Orientation

Joint monitoring with DHO:

ACF camp activities at Dadeldhura

Palika level review meeting

Deputy Mayor, PHO,Palika Health Coordinator, Medical Superintendent of Jogbuda hospital

Palika Chairperson Mr. Sher Singh Parki delivering speech in palika level review

Palika level Review meeting at Belauri of Kanchanpur

ACF orientation at Dododhara of Kanchanpur

DPC of Achham Mr. Harish Chandra Rawal
Inspecting Sputum sample quality during field visit

Routine Field Visit at Health Facility of Achham

Field Visit at Achham

Onsite coaching during field visit

ACF orientation Doti, Baglekh HP

Palika Level review meeting Doti, Dipayal Silgadi Municipality

!!! THE END!!!