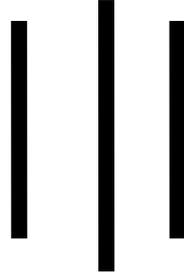
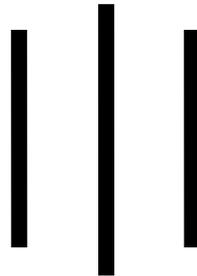




TB Nepal



Nepalgunj TB Referral Centre



Annual Report

2080-081

Nepalgunj - 4 Salyanibag, Banke

Shrawan 2081

TB Nepal
Nepalgunj TB Referral Centre
Nepalgunj-4 Banke
Annual Report of 2080/081

Summary of Target Vs achievement				
Main Activities	Carried out activities	Annual Target (2080-081)	Annual achievement (2080-081)	Progress in %
क्षयरोग बहिरंग सेवा (TB OPD)	Patients Visited in OPD.	30000	27647	92%
	Presumptive TB cases Examined	14000	9151	65%
	TB cases Diagnosed among Presumptive TB	1000	1096	100%
	TB Cases referred to other health facilities for treatment	988	1091	100%
	TB cases enrolled in treatment including referred form other treatment centers	12	9	75%
	TB DOTS visit	10000	15449	100%
	Health education about TB.	24000	27647	100%
क्षयरोग अन्तरंग सेवा (TB In-patients)	TB patient's admission in ward for complication management.	700	763	100%
	TB In-patients death rate	< 2 %	<1%	
	Bed occupancy rate	75 %	70%	
	Average length of stay (days).	6 Days	8 Days	
प्रयोगशाला (Laboratory)	TB new sputum smear test	10000	14678	100%
	TB follow-up sputum smear test.	1500	1717	100%
	Gene X-pert test for TB diagnosis.	1500	6151	100%
	Sputum sample send to reference Laboratory for Culture / drug sensitivity test.	100	463	100%
	HIV Test in new TB	1000	1016	100%
	Montoux test	500	335	67%
	Leprosy new skin smear test.	200	59	29%
	Leprosy follow-up skin smear test	50	13	26%
	Other general test (Basic Blood test)	20000	23052	100%
असाहाय सहयोग कोष (Charity Provision)	Charity provided based on Socio-economic assessment (Food, accommodation, medical investigation, general medicine and Patients travel cost etc).	7700	6122	79%

क्षयरोग व्यवस्थापन (General TB)	TB Treatment Success rate	90%	85%	
जिर्ण क्षयरोग व्यवस्थापन (MDR TB)	Presumptive DR TB cases screened in OPD	1500	2640	100%
	Presumptive DR TB cases examined	1450	2640	100%
	DR TB Cases Diagnosed from sputum examination	60	33	55%
	DR TB Cases referred for treatment to other health facilities	12	9	75%
	DR TB cases enrolled in treatment including referred form other treatment centers.	50	50	100%
	On treatment DR TB Cases	50	52	100%
	DR TB Treatment Success rate	70%	69%	

Abbreviation

NTRC : Nepalgunj TB Referral Centre

DR TB : Drug Resistance Tuberculosis

MDR : Multi Drugs Resistance

HIV : Human Immunodeficiency Virus

AIDS : Acquired Immune Deficiency Syndrome

DOTS : Directly Observed Treatment Short-Course

CB DOTS: Community Based Directly Observed Treatment Short-Course

OPD : Out Patient Department

Contents

Summary of Target Vs achievement.....	i
क्षयरोग बहिरंग सेवा (TB OPD)	i
प्रयोगशाला (Laboratory).....	i
Abbreviation	iii
1. INTRODUCTION	1
2. BACKGROUND	3
3. SERVICES AT TB NEPAL	3
3.1 OPD Service	3
3.2 TB Treatment Services	4
3.3 In-patients service	6
3.4 Laboratory.....	9
3.5 DR TB Hostel service	11
4. PROGRAMMATIC ACTIVITIES	12
4.1 Charity / poor fund.....	12
4.2 Health Education Session.....	12
4.3 DR TB CB DOTS Program.....	13
4.4 Awareness Rising.....	Error! Bookmark not defined.
4.5 Research (Study) activity	14
4.6 Skill sharing and Field level activities.....	14
4.7 TB Day Celebrations.....	15
4.8 Patients centric support from BNMT Nepal	17
5. MONITORING AND EVALUATION	17
Annex 1: Financial status.....	18
Annex II: Name List of Staffs.....	19
Annex III: New Building Construction photo of Nepalgunj TB Referral Centre	20

1. INTRODUCTION

TB Nepal is a non-religious, non-political, non-profitable and non-governmental organization working in the field of health particularly in TB / DRTB diagnosis, treatment, complication management, awareness raising and Community based DOTS Programme are the main component having 25 bed inpatient services and 20 beds DR TB hostel. It was legally registered at District Administration Office Nepalgunj, Banke (Regd. No 489 / 2060- 5 -10 B.S) and affiliated with Social Welfare Council, Kathmandu, Nepal (Affiliation No. 15748 / 2060 - 9 - 25 BS). The organization is dedicated to support the TB control program of Nepal. Additionally, the organization was established by the group of TB / Leprosy work experience staff in 2003 AD. Now TB Nepal is running the provincial level Nepalgunj TB Referral Centre in Banke District.

1.1 Organization Vision

To make Nepal free from Tuberculosis and Leprosy.

1.2 Organization Goal

To make community free from Tuberculosis, Leprosy and HIV/AIDS through preventing transmission and reducing morbidity and mortality rate of TB.

1.3 Organization objectives and strategies

- To control tuberculosis, Leprosy and HIV /AIDS.
- To provide DR TB service for MDR TB patients.
- To save poor and vulnerable communities people from TB, Leprosy, TB/ HIV and MDR TB.
- Provide quality based microscopic center.
- Increase awareness programs including health education about TB, Leprosy and HIV.
- Reduce social and economic burden raised from Tuberculosis, Leprosy and HIV.
- To provide equity service.

1.4 Project Goal:

To decrease incidence rate from 238 in 2020/21 to 181 patients per 100,000 population by 2025/26 and decrease mortality rate from 58 in 2020/21 to 23 per 100,000 by 2025/2026. End TB epidemic by 2035; eliminate TB by 2050 and reduce the catastrophic cost to zero.

1.5 Major Objective of the project:

1. To build and strengthen political commitment, sustainability and patient-friendly health system to end TB.
1. To ensure the identification of TB diagnosis, quality treatment and prevention.
2. To Increase case notification through improved health facility based diagnosis; increase diagnosis among children and those with diabetes mellitus.
3. To expand case finding by engaging providers for TB care from the public sector, medical colleges, NGO sector and private sector through results based financing schemes, with formal engagements to notify TB cases.
4. To create a patient friendly ambience in the health facilities, advocacy for TB patients regarding their rights which will, in turn, contribute to the diagnosis and management of TB cases.
5. To contribute to health system strengthening through HR management and capacity development, financial management infrastructure, procurement and supply management in TB.
6. To develop and strength comprehensive monitoring and evaluation system.
7. To develop plans so that NTP can function even at times of crises like natural disasters or public health emergencies.

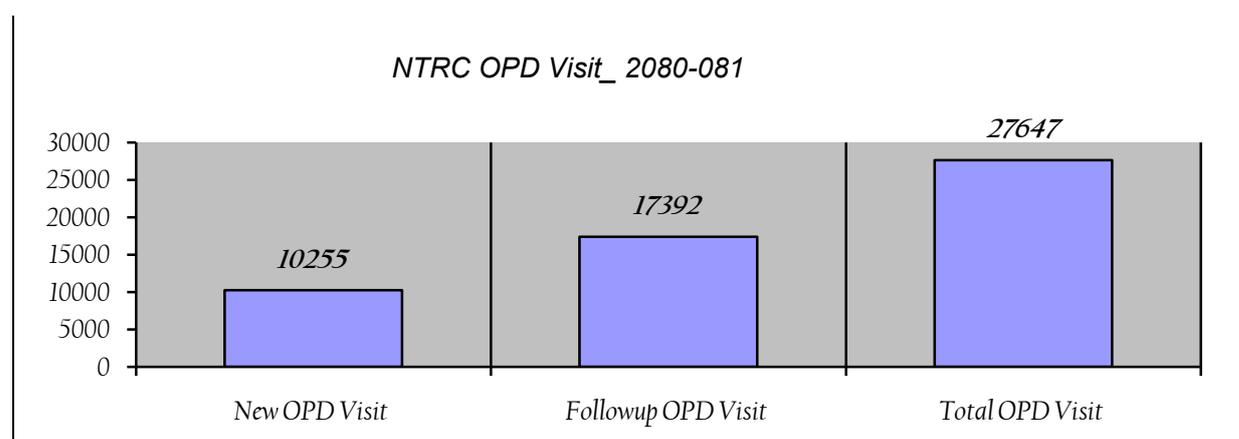
2. BACKGROUND

TB Nepal is located in Salyanibag Ward No. 4, in the heart of the Nepalgunj Sub-Metropolitan City. A rapidly expanding Sub-Metropolitan City, Nepalgunj is not far from the Indian border. It serves as the administrative center for the Banke district. The majority of the clients served by the TB Referral Center Nepalgunj are residents of Lumbini Province, Karnali province, Sudurpaschim province and the Indian border Region. Leprosy and Tuberculosis services are both offered by TB Nepal.

3. SERVICES AT TB NEPAL

3.1 OPD Service

Nepalgunj TB Referral Centre (NTRC) has two separate (TB and Leprosy) OPD services. TB suspect and TB patients visited for TB investigation, follow-up visit and their complication management at TB Nepal, Nepalgunj TB Referral centre Banke. In 2080-081, a total of 27647 patients (New OPD Visit 10255 and 17392 Followup OPD Visit) received OPD services.



Main Activities at OPD

- TB / Leprosy suspects' registration and screening.
- TB / Leprosy diagnosis's
- TB case registration and TB treatment on DOTS.
- TB/ Leprosy case Referrals after diagnosis.
- Counseling and advocacy of patients for appropriate care in respective center if needs.
- TB / Leprosy related Health education to inpatients and outpatients.
- Late or defaulted TB and Leprosy patients chasing.

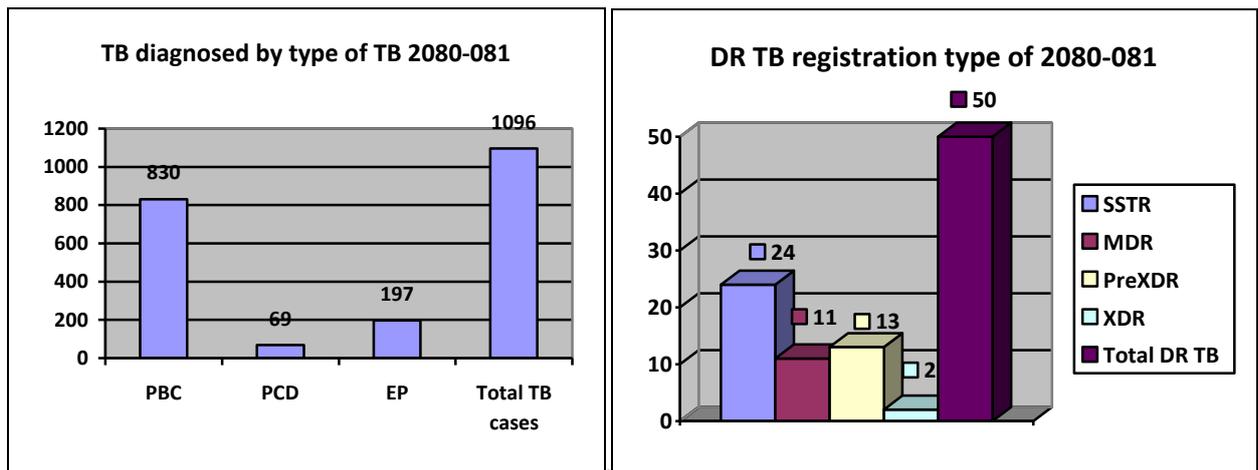


Fig: 1 Patients screening in OPD by Medical Officer

3.2 TB Treatment Services

Nepalgunj TB Referral Center (NTRC) is one of the 24 hrs DOTS (Directly Observed Treatment Short course) center of the district. The center provides daily DOTS (Directly Observed Treatment Short course) to first line TB patients and second line TB (MDR TB treatment) service to Multi-drug resistant TB patients. The centre also supervises and monitors MDR TB activities in the 12 MDR TB sub-center of the various part of this province. In total 50 DR TB cases were registered and 6 Transfer in cases with in the year 2080-081. Currently, 52 DRTB patients taking second line TB treatment from various center and sub- centre of the Province. DR TB treatment success rate of TB Nepal is 69%.

Trend of Drug Sensitive & Drug Resistance Tuberculosis Diagnosis type wise



5 years trend of DS and DR TB Treatment Success rate in TB Nepal

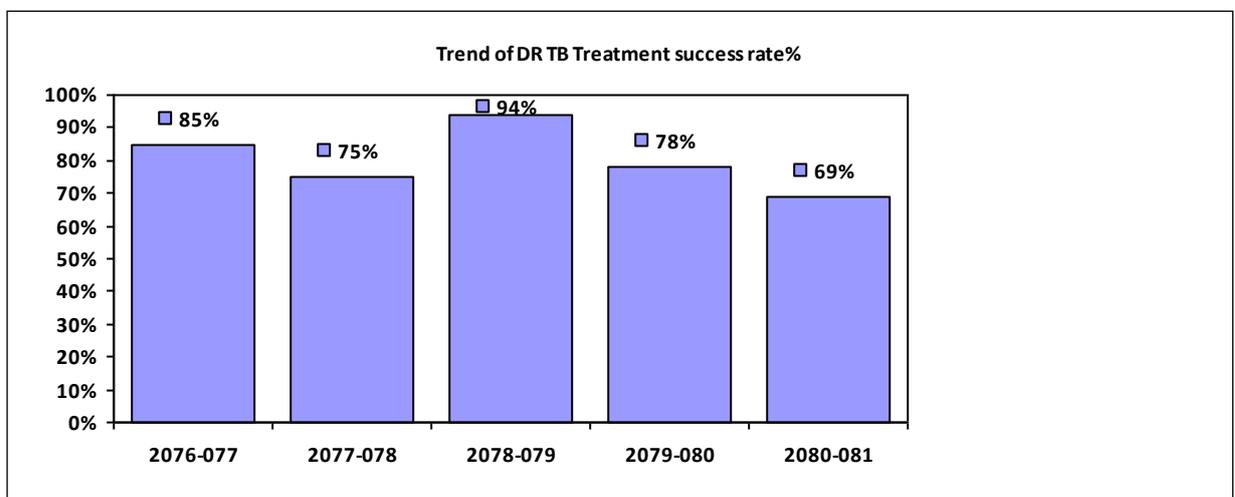
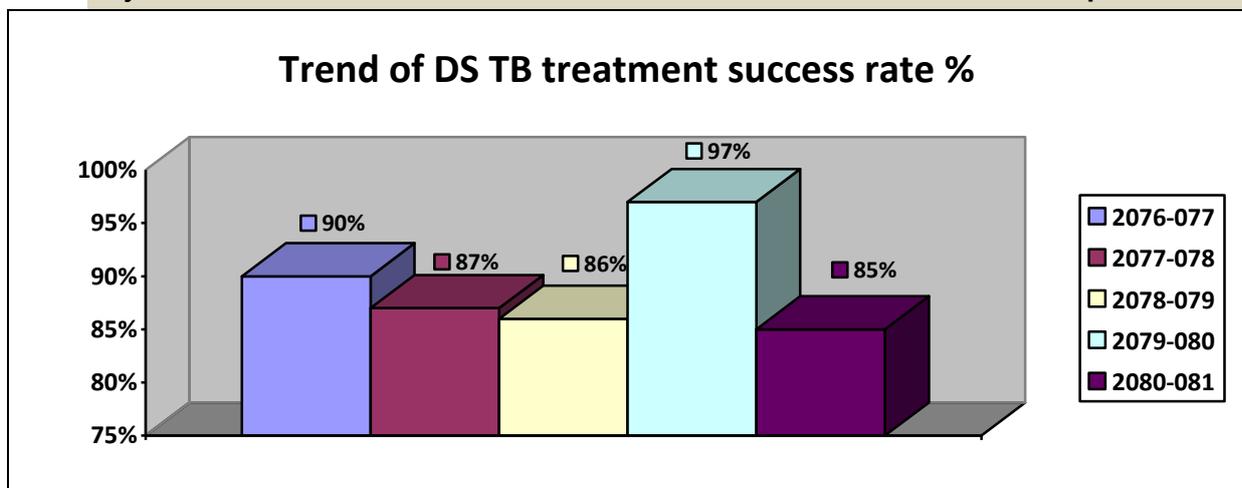




Fig: 2 Availability of 24 hours TB DOTS

3.3 In-patients service

The Nepalgunj TB referral Center has a 25-bed in-patient TB unit where care is given to very ill TB patients and TB suspects who need in-patient care but cannot receive such care elsewhere. The in-patient service is accessible around-the-clock every day. Both paramedics and medical professionals are always prepared for on-call duty and emergency management. For research and counseling, we have a very strong network with Medical College Hospital, Eye Hospital, Bheri Hospital, and different doctors. Patients with severe lung involvement, TB meningitis, spinal TB, MDR TB, TB patients with HIV/AIDS Co-infection, adverse drug reactions, and critically unwell TB suspects benefit from in-patient care. Patients and their family are also given access to patient recreation, counseling, advocacy, and health education services. Accommodation and nutritious food are free of charge. In the year 2080-081, a total of 763 TB patients were admitted. At the TB side, the average length of stay was 8 days and the bed occupancy rate was 70%. Patients admitted have a 1% mortality rate.

Trend of Inpatients Admission, death rate and Bed occupancy rate in TB Nepal

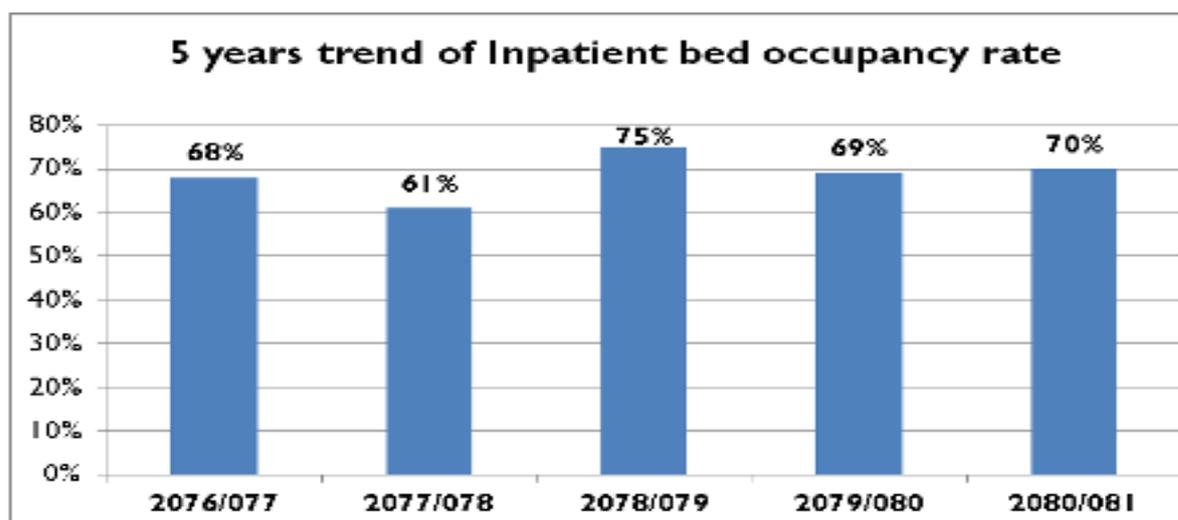
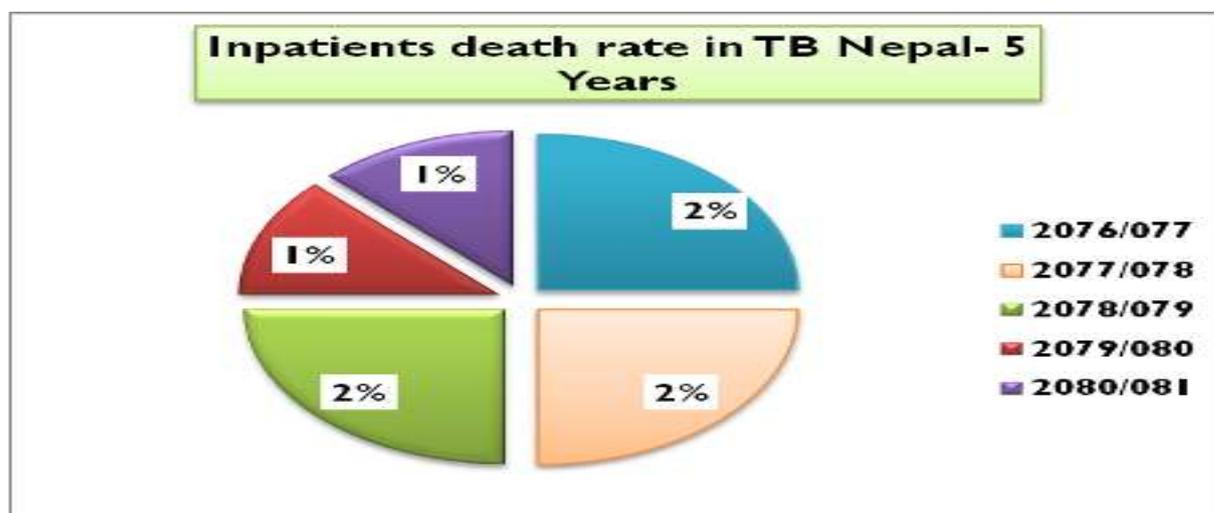
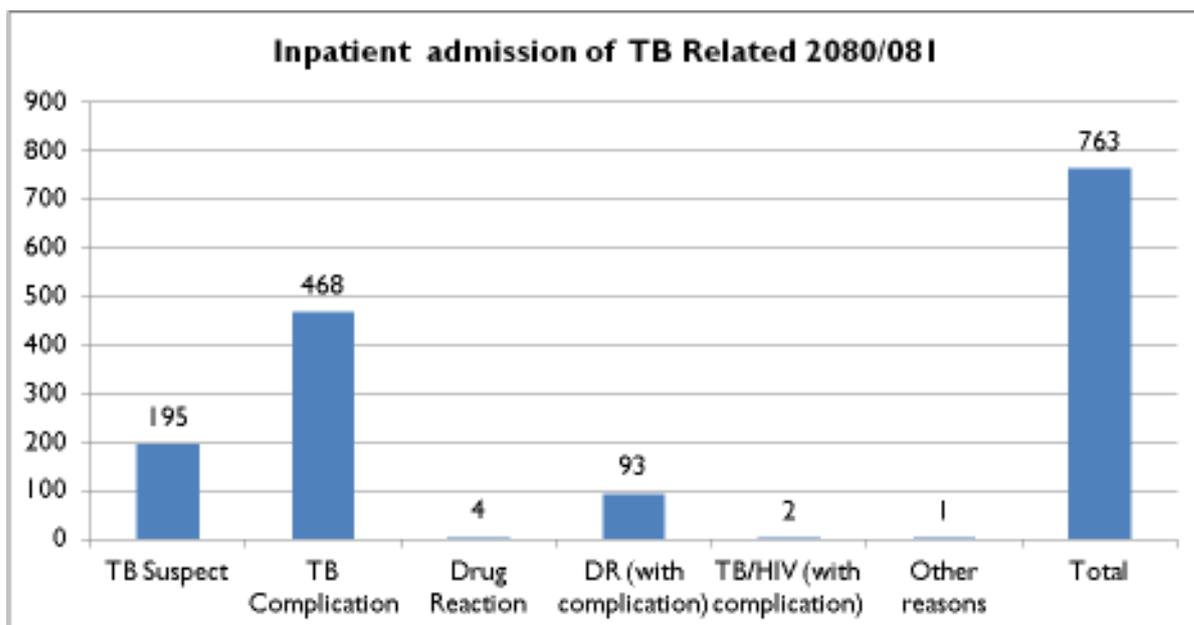




Fig:3 Inpatient care at TB Nepal



Fig:4 Extraction of fluid for Tuberculosis diagnosis by experience doctor

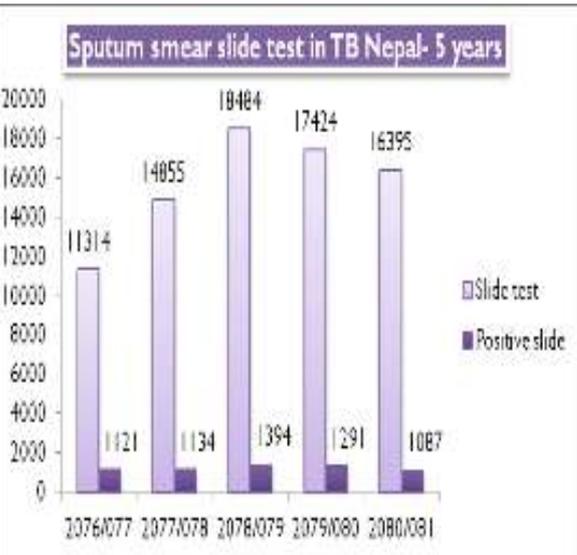
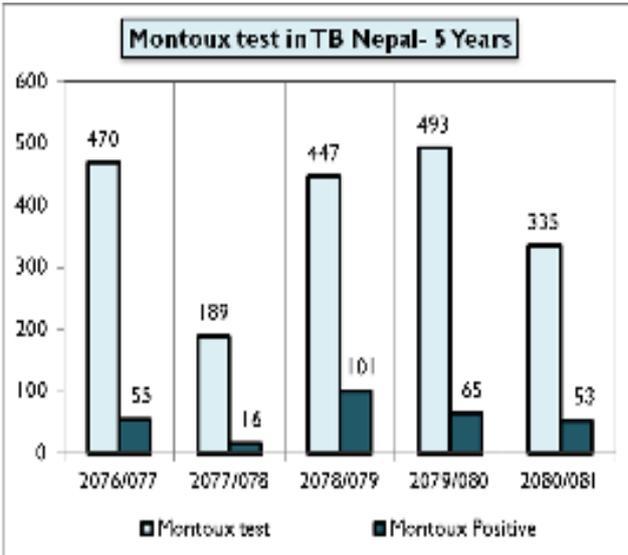
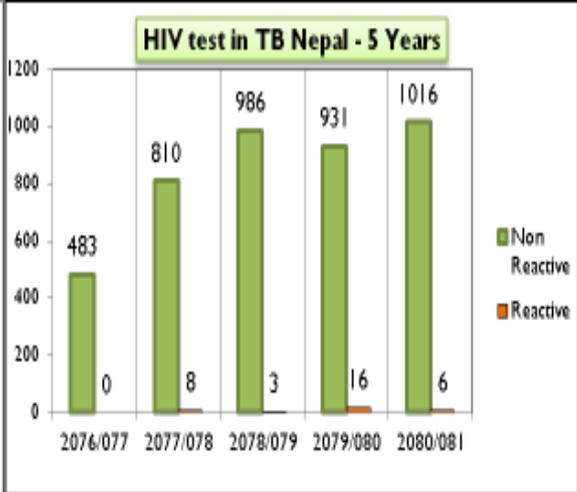
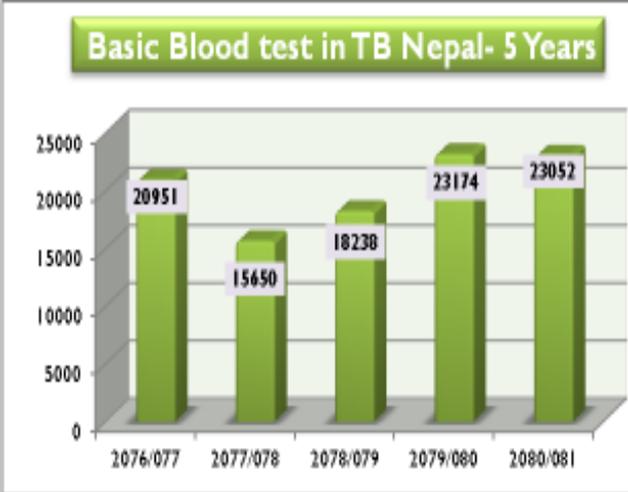
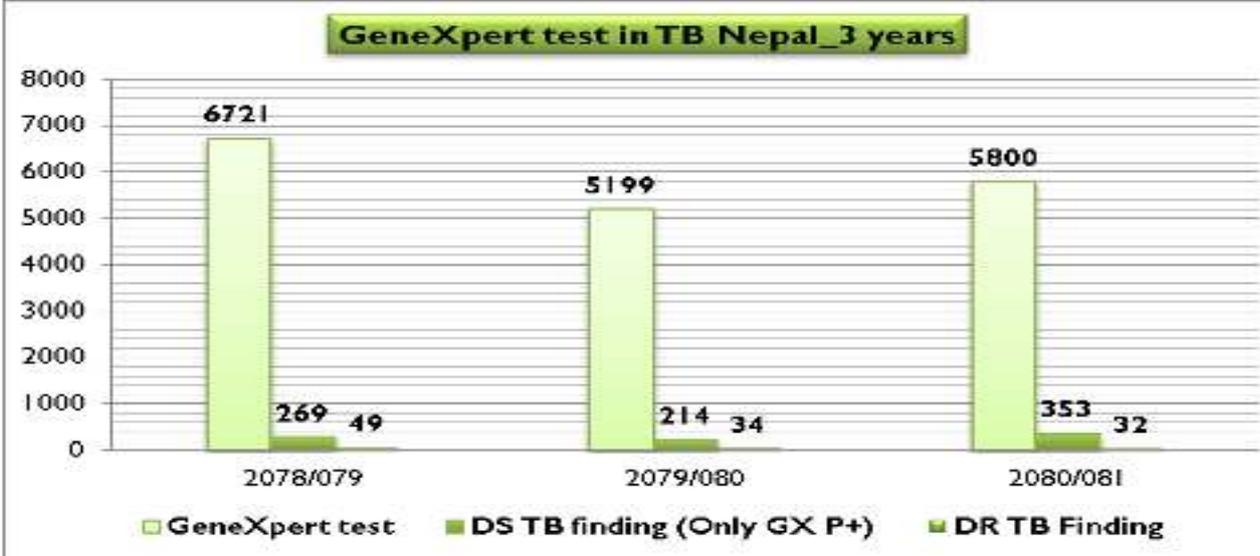
3.4 Laboratory

The laboratory at the Nepalgunj TB Referral Center is fully stocked with the essential tests to diagnose Tuberculosis. Our laboratory's primary role is sputum testing. Additionally, various tests are performed in the lab, including routine blood testing, HIV, Mantoux tests, urine tests, and stool tests. TB Nepal has a colter machine for hematological analysis as well as a chemical analyzer for laboratory testing. For the TB investigation, this center has a facility for fluorescence microscopy, Gene X-pert testing and LPA testing. For sputum culture and drug sensitivity testing, we have a strong network with the national reference laboratory. 463 samples of sputum were sent to Genet-up Kathmandu this year for culture and sensitivity testing. This year, our laboratory conducted 16395 sputum smear slide tests & 1087 Positive Slide, 1016 HIV testing & 6 HIV Positive , 335 Mantoux tests, near to 23052 routine blood tests, 6151 Gene X-pert tests, and 5800 individual tests. Our four-monthly quality control report is outstanding, according to the Government Quality Control Laboratory.



Fig:5 Sputum microscopy and Gene X-pert service

Trend of GeneXpert test, Basic Blood test, HIV test , Montoux test and Sputum Smear Slide test in TB Nepal



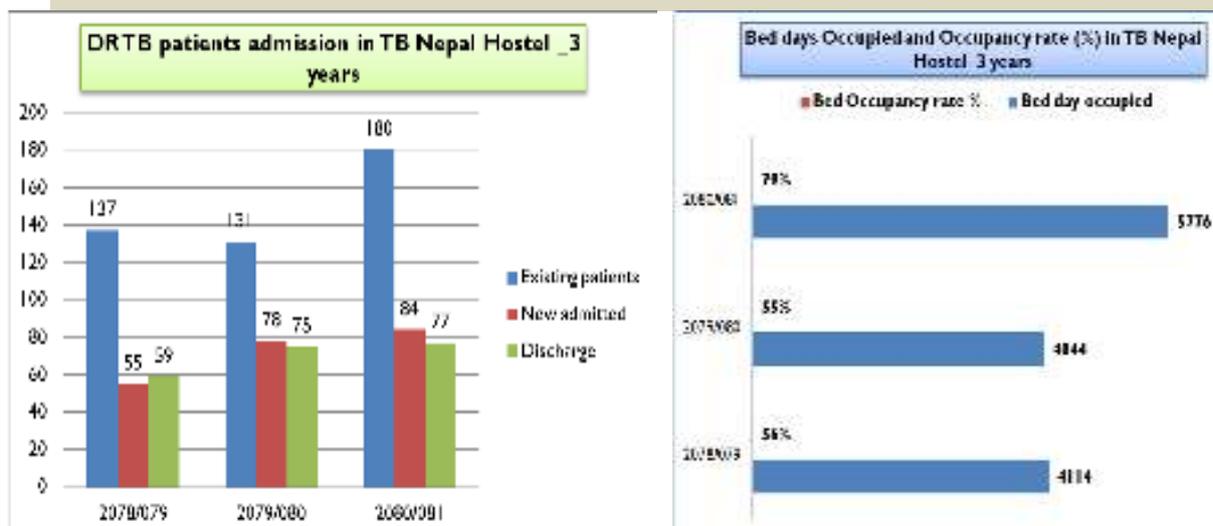
3.5 DR TB Hostel service

Nepalgunj TB Referral Centre is strategically based in Banke districts headquarter. The surrounding areas are highly affected by TB and there is still a high prevalence rate in the country. MDR TB Patients are from different parts of the Lumbini province, Karnali province and sudharpachim province for DR TB service. TB related medicines are free supplying from the National Tuberculosis Center.

❖ **Problem facing to manage with DR TB patients are as below:**

- i. The duration of treatment period is long for 9 to 24 months and DR TB service is not available at all health facilities. DR TB patients are not allowed to take medicines to their homes as the medicines have severe reactions, side effects and being compulsory institution based DOTS.
- ii. Some of the patients escaped from the clinic for their own work and fun due to the weak infrastructure and open boundaries.

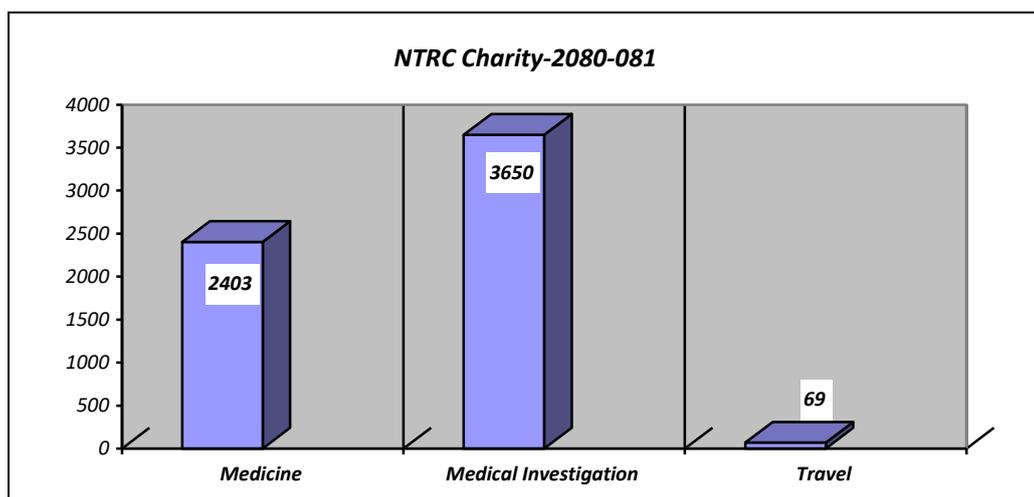
3 years trend of DR TB Patient's admission, Bed days occupied and Occupancy rate in TB Nepal Hostel



4. PROGRAMMATIC ACTIVITIES

4.1 Charity / poor fund

TB Nepal is managing charity fund for the vulnerable and ultra-poor. Nearly 6122 patients are being benefited from this Charity/Poor Fund in year 2080-081. Through medicine charity, investigation charity, support in transportation fare and food and accommodation. Charity is providing after the socio-economic assessment form filled from the patients and their families. Food and accommodation are free for all admitted patients.



4.2 Health Education Session

In addition to providing the usual services, the center actively engages in health education of patients about TB and its symptoms, transmission, diagnosis and treatment at OPD and in-patients



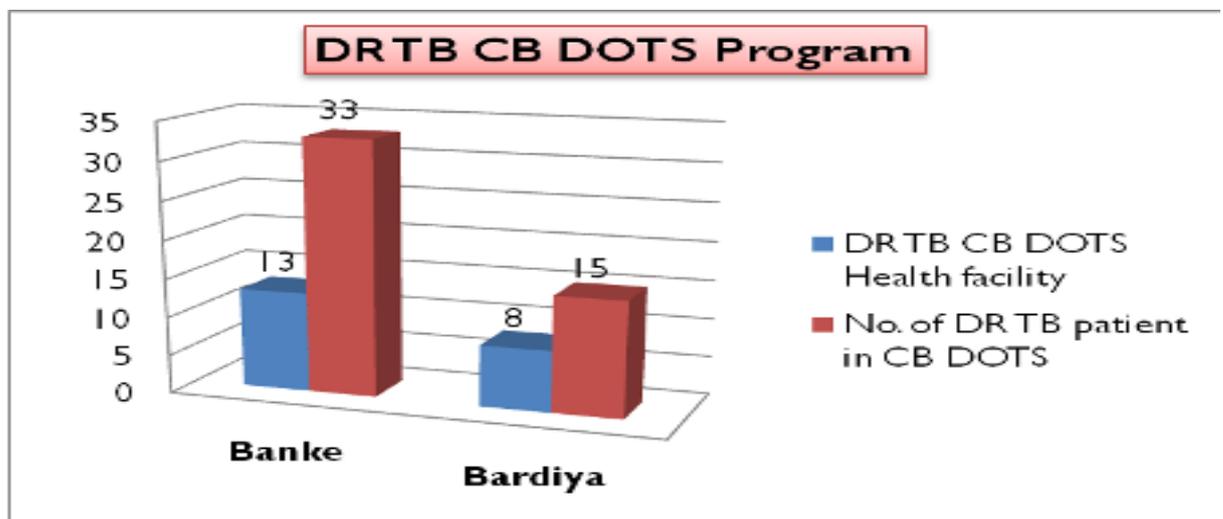
Fig: 6 conducting health education session by TB Nepal staff

4.3 Awareness Rising

Beside the regular services, the center was actively involved in awareness raising activities in World Tuberculosis Day, Leprosy Day and HIV/AIDS Day in coordination with the District public Health Office Banke.

4.4 DR TB CB DOTS Program

Community based MDR TB DOT treatment management is a system to provide daily treatment to MDR TB patients under direct supervision by community health worker for those DR TB patients who are unable to attend DR TB centre and DR TB sub-centre daily for DOT. Mainly our target is those patients who live far from 8 Kilometer or takes 30 minutes walk from DRTB centre or sub-centre for daily treatment. TB Nepal has been running the CB DOTS program for the patients in Banke and Bardiya, who want to go to their own place to get the medicine from the nearest health facility as TB patients have to take the medicine for a long time, out of which 48 DR TB patients are currently receiving this service from various 21 health facility of Banke and Bardiya district of this province. DR TB Community based DOTS programme was supported by Damien Foundation Due to the budget unavailability we could not continue the program effectively.



4.5 Research (Study) activity

TB Nepal Nepalgunj TB Referral Center and the **BNMT Nepal** collaborated to launch the TARGET TB study activity (**Birat Nepal Medical Trust**). It was a research project on Mycobacterium tuberculosis Gene sequencing. We exclusively collect sputum samples from patients who have smear tests that are positive and send those samples to the GENETUP laboratory. Altogether, 958 samples were collected and send to GENETUP laboratory. Similar to This, The Government of Nepal and The TB Nepal Nepalgunj TB Referral Center partnered on the DR TB survey during this fiscal year, and 185 samples have been collected.

We are also involved in the National TB Program's research on the issue of TB patient defaulter and sputum courier mechanisms. We contribute to field-level initiatives in Bardiya, Banke, Dang, Surkhet, and Salyan.



Fig 7: Involvement of NTP Research Program

4.6 Skill sharing and Field level activities

We provide technical support for the TB free initiative program in Rajapur Bardiya, as well as micro planning for municipality operations related to the TB free initiative to make the community free of Tuberculosis. We also continue to support the leprosy elimination campaign. We also assist Rajapur Municipality with leprosy elimination initiatives such as facilitation and active case finding.

During the current fiscal year, we share skills, to two lab assistants from Khajura Municipality on lab-related skills, including TB diagnosis tests and procedures.



Fig 8: Rajapur, Bardiya Municipality level orientation- TB Free initiative



Fig 9: Technical support to Municipality, Health Team

4.7 TB Day Celebrations

The Health Office, Banke organized World TB Day 2023, which was celebrated on March 24 with the theme "Yes! We can end TB!" Staff members from TB Nepal took an active part in the rally, which began from outside the Nepalgunj Sub-Metropolitan City Office area and wrapped up at the Nepalgunj Tuberculosis Referral Center with a speech from Health Office Banke. The celebration includes participation from NGO/INGOs, the private sector, and students studying health sciences from several colleges. Patients suffering from Tuberculosis who undergoes treatment to TB Nepal, received fruits and juice as part of their care.

We also celebrated World Milk Day, with respected Agriculture and Land Management Minister Mr. Bhandari Lal Ahir as our main guest, and we raised awareness and distributed milk to Tuberculosis patients, as well as shared information about the role of milk and other healthy foods in TB treatment success.



Fig 10: TB Day Celebration Rally



Fig 11 : Fruits and juice Distribution in TB Nepal



Fig 12 : World Milk Day Celebration with Agriculture and Land Management Minister Mr. Bhandari Lal Ahir

4.8 Patients centric support from BNMT Nepal

For TB patients who received treatment on-site during this fiscal year, BNMT Nepal donated beds, carpets, bed seats, blankets, and various clothing items, including jackets, shoes and trousers under **sustain V project**. In order to ensure that patients, visitors, and employees have access to safe drinking water, **BNMT Nepal** also supports water filtering system.



Fig 15 : Health product and other item distribution program by BNMT

Nepal

5. MONITORING AND EVALUATION

The Nepalgunj TB Referral Center maintains an up-to-date client and activity log. Staff from the TB Center attended a quarterly conference regarding TB held at the provincial, district, and Palika Levels. Supervisory visits by the Save the Children team, DTLO, RTLO, and NTCC supervisor occurred periodically. This year, NTCC and Save the Children/Global Fund performed a supervisory visit to assess and supervise the TB activities.

The Nepalgunj TB Referral Center conducts internal monitoring and evaluation of the center's performance on a monthly, quarterly, and annual basis. This includes interviewing patients and having those interviews documented by a third party. TB Nepal is actively involved in Provincial-Level TB-related training, supervision, and meetings every four months.

ANNEXES

Annex 1: Financial status

TB Nepal Total Income & Expenditure of FY 2080/081			
Particulars	Income Rs.	Expenses Amount Rs.	Expenses %
Save the Children US/Global Fund (For Nepalgunj TB Referral Centre)	2,12,72,961	1,99,46,245	93.76%
Lumbini Province (For Nepalgunj DR TB Hostel)	26,64,993	29,65,955.95	111.29%
Karnali Province (For Nepalgunj DRTB Hostel)	4,69,222	5,09,994.82	108.69%
Damien Foundation Nepal (For Nepalgunj Leprosy Referral Centre & CBDOTS Program)	8,55,331.47	8,55,331.47	100%
DHO Banke (For DRTB Patients Nutrition allowance)	9,98,750	9,98,750	100%
TB Nepal Core fund	37,59,689	42,80,988.96	113.87%
Total Rs.	3,00,20,946.47	2,95,57,266.2	98.4%

Annex II: Name List of Staffs

S.N	Name of Staffs	Designation	Contact No
1	Mr. Hikmat Bdr. Khadka	Program Manager	9848029335
2	Mr. Kamal Dhakal	Clinic In-charge	9848086945
3	Mr. Mahesh Kumar Puri	Liaison Officer	9848056407
4	Dr. Satya Kumar Shahi	Medical Officer	9843414875
5	Dr. Rahul Kurmi	Medical Officer	9864782322
6	Mrs. Meena Regmi	Nursing Supervisor	9812517522
7	Mr. Chewan Kumar Sharma	Lab In-charge	9847892350
8	Mr. Amar Bahadur Sunar	Admin / Finance Officer	9866711012
9	Ms. Sanjita Chaudhary	Ward In-charge	9848109165
10	Ms. Megha B.K	Staff Nurse	9816506134
11	Ms. Reshmi KC	Staff Nurse	9868939092
12	Mr. Karna Bdr Kc	Lab technician	9810910849
13	Mr. Rabindra Dhamala	Radiographer	9811416465
14	Mr. Narayan Chaudhary	CMA	9858034286
15	Ms. Bhimkala Pandey	Data Recorder / M&E	9864851627
16	Mr. Roshan Shah	Store-Asst.	9868041791
17	Mr. Dharma Nath Yogi	Lab Assistant	9804545307
18	Mr. Sushil Kumar Tharu	Admin Finance Asst.	9868069743
19	Mr. Bibek Regmi	Lab Asst.	9841895679
20	Mr. Suk Bahadur Roka	CMA	9816547833
21	Mrs. Manju Thapa	CMA	9800544243
22	Mr. Chandra Prasad Dangi	CMA/Dispenser	9848020609
23	Mr. Prakash Rana	CMA	9844850358
24	Mr. Jag Bahadur Chaudhari	Defaulter tracker/chaser	9848198371
25	Mr. Prem Bahadur Rokaya	CMA-Registration assistant	9818731439
26	Mrs. Tej Kumari Bista	Lab Asst.	9804564702
27	Ms. Gita Kunwar	ANM	9844839792
28	Mrs. Pooja Nepali	ANM	9819572359
29	Mrs. Aarati Kumari Barma (Kurmi)	ANM	9820449428
30	Ms. Yagya Laxmi Budhathoki	Volunteer (Staff Nurse)	9745497298
31	Mrs. Sushma Thapa	Patients Advocator	9848135831
32	Mr. Krishna Kumar Khatri	Office Helper	9848034269
33	Mrs. Shova Regmi	Office Helper	9848199772
34	Mrs. Sara Thapa	Office Helper	9848174440
35	Mrs. Hairani Tharu	Office Helper	9800537082
36	Mrs. Shobha Sunar	Office Helper	9815500143
37	Mr. Uttam Midhun Magar	Office Helper	9858043700
38	Mr. Baburam Tharu	Office Helper/Night watchman	9866728254
39	Mr. Ramesh Chaudhary	Night Watchman	9808369620

**Annex III: New Building Construction photo of Nepalgunj TB Referral Centre
Raptisonari GP-9 Dhakeri, Banke**



We would like to express our hearty gratitude towards National Tuberculosis control Centre, Province Health Directorate, Nepalgunj Sub-Metropolitan Health Section, Health Office-Banke, Save the children US/Global fund and Leprosy control Division for proper guidelines and cooperation in relation to work. This is our opportunity to learn from National Tuberculosis Control Centre (NTCC) and save the children. We are proud to be a partner of NTCC, save the children US / global fund, BNMT and Leprosy Control Division (LCD). Working with partnership with NTCC and LCD in controlling and treating Tuberculosis and Leprosy disease in the Lumbini province of the country. We would like to keep continue this relationships with NTCC , LCD , Save the children US / global fund , Damien Foundation Nepal , BNMT, individual and other Funding agency for the help to the people affected by the TB / DR TB and Leprosy.

Kamal Dhakal

Clinic In-charge

TB Nepal

Nepalgunj TB Referral Center

Nepalgunj-4, Salyanibagh Banke