

To achieve 80% reduction in the tuberculosis incident rate and 90% reduction in the absolute number of tuberculosis death by 2030 as compared to the levels of 2015

Identification

Project Title:	To achieve 80% reduction in the tuberculosis incident rate and 90% reduction in the absolute number of tuberculosis death by 2030 as compared to the levels of 2015
AMP ID:	87238117724133
IATI Identifier:	
Gender Marker:	Neutral
Climate Change	Neutral
Budget Head:	
Status:	On-Going
Status Reason:	
Budget Type	Off Budget
Input:	<ol style="list-style-type: none">1. Operation of TB Referral Centre and MDR TB centers in Nepalgunj, Kathmandu and Biratnagar2. TB Case finding intervention: sputum transportation & management3. household visits to Volunteer-Mandatory contact tracing of household member of PBC index and all child TB cases4. TB screening in border (transit point) between Nepal and India.5. Screening of prisoners with x-ray6. Establishment of DOTS Center in prison7. establish presumptive childhood TB screening at major hospital8. TB case notification from private Doctor to Recorder of those private provider and Private institution9. pharmacist to screen of all referred presumptive cases and recording/reporting & provide x-ray cost to Hub facilities for presumptive patient.10. Active case finding Interventions11. Message broadcasting through Television, Radio, FMs and other social media12. Program monitoring and supervision13. Mobilize FCHVS or community worker to trace and enroll initial defaulter on treatment.14. Initiation of TPT among children beyond 5 years, adult and adolescent contacts.15. Expansion of PPM activities to additional 5 Sub-metro cities.16. Strengthen Local level (LL) through micro planning in 50 districts.17. ACF in vulnerable and hard to reach areas using mobile Van18. TB screening among migrants and prison populations19. TB screening among slum, Monasteries, refugees, Madarasa, geriatric homes and kiln and cement factories.20. Web/based smartphones platform TB applications & Phone based, text and voice Automation to Reach to TB clients21. Establishing Quality Management System (QMS) in TB reference laboratories including National TB Reference Laboratory (NTRL)

22. Meeting with parliamentary (health and education) committee
23. Workshop to define role and function of high-level end TB committee
24. workshop to develop engagement strategy to develop and integrate TB component in the pre-service and in-service curriculum
25. Workshop to Revise CSS strategy
26. Meeting with youth to identify their role and responsibility in community TB care
27. Workshop to develop social media plan
28. Workshop to develop IEC/BCC materials for different platform
29. Workshop Re-designate the TB Microscopy centers
30. meeting of TB/HIV committee at national and provincial level
31. Workshop to develop guidelines of TB/diabetic collaborative activities
32. Coordination meeting to include TB-Diabetes in NCD PEN package
33. Collaborative meetings to initiate TB screening among diabetic
34. Workshop to develop standardized approach for screening of TB among diabetic patients
35. Workshop to develop guideline of TPT management
36. Workshop to develop interoperable reporting template between e-DR TB and DDA reporting
37. Workshop to identify flexible methods of DOTS in Nepal
38. Workshop for finalization of guideline of micro planning
39. Meeting with MoHP, DoHS and other relevant stakeholders to include FAST as part of hospital infection control guideline
40. Workshop to develop Active Case Finding (ACF) protocol
41. Workshops to identify and record the hard to reach and vulnerable population.
42. Kick off meeting/orientation/Semiannual meeting between PR/SR/MOHP at national level
43. Workshop to develop and finalize the training manual for paramedical and nursing staff.
44. Workshop to integrate TB screening and referral in regular childhood program - IMNCH, deworming, Vitamin A.
45. Workshop to develop/revise IMNCI and CB-IMNCI guidelines including childhood TB management and R&R tools
46. Meeting with hospital administration and relevant staff on implementing FAST approach
47. Trimester review meeting of hospital implementing FAST
48. Trimester review meeting of active case finding interventions aligning with trimester program review workshop at local level
49. Startup meeting with stakeholders of province/districts including PHD, health office, security personnel and other organization working in border
50. Stakeholder review meeting at border in every 3 months
51. Meeting/workshop with prison and other stakeholder
52. Regular meeting of survival groups at Provincial levels
53. Advocacy meeting at local level with service providers, local leaders & patients.
54. Workshop to finalize integrated sample transportation network plan.
55. Training to develop a pool of national trainers for clinical management of TB
56. Training to develop a pool of national trainers for programmatic management of TB
57. Childhood TB training at national/provincial level
58. Training for store management, commodity handling, safety and security for store support staff of Central and PHLMC Warehouse
59. Conduct CME / orientation on TB-diabetic coinfection
60. Training to develop capacity of health staff on TB diagnosis, Management and aDSM
61. ToT on micro planning
62. Orientation of Hospital staff on FAST approach
63. Training to the ORWs on the active case finding interventions.
64. Orientation to health worker on case finding interventions
65. Orientation to stakeholders working in border
66. Train Prion staff- Naike, Bhai Naike and other relevant staff
67. Training to health workers used in screening camp
68. Provide refresher training on childhood TB management for medical doctors and paramedic
69. Orientation to private doctors on NTP guidelines & R&R
70. Orientation of pharmacist on presumptive identification and referral in coordination with NCDA

71. CME among private service providers
72. TOT on laboratory quality management system
73. ToT on Logistic Management
74. Assessment on TB community rights, gender & TB stigma using STOP TB partnership tools on Stigma assessment & CRG assessment (community rights & gender)
75. Comparative study on the modality of initial defaulter follow-up.
76. rGLC each year
77. DR Survey
78. Operational research on TB
79. Printing IEC materials, posters, pamphlets, forms, formats, guidelines and other documents

Output:

1. TCP-1 Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases
2. TCP-2 Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases
3. TCP-5.1 Number of people in contact with TB patients who began preventive therapy
4. TCP-7a Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities
5. MDR TB-2 Number of TB cases with RR-TB and/or MDR-TB notified
6. MDR TB-3 Number of cases with RR-TB and/or MDR-TB that began second-line treatment
7. TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status
8. TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment
9. M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received

Outcome:

1. TB O-5 TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)
2. TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases
3. TB O-6 Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases
4. TB O-4 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated

Impact:

1. TB I-2 TB incidence rate per 100,000 population
2. TB I-3 TB mortality rate per 100,000 population
3. TB I-4 RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB

Treasury Type:

Humanitarian Aid: No

Location	
Location	Percentage
NEPAL	100.0%

National Plan	
Program	Percentage
[Health and Nutrition] [Social Development Policy] [National Development Plan (NDP)]	100.0%

Sector	
Sector	Percentage
Nepal Sector Classification HEALTH 0	100.0%

Implementing/Executing Agency	
Implementing Agency	
Save the Children	100.0%
Executing Agency	
Save the Children	100.0%
Responsible Organization	
Ministry of Health and Population	100.0%
Donor	
Save the Children	0.0%

Funding					
Transaction Date	Type of Assistance	Mode of Payment	Post Earthquake Assistance	Commitment	Disbursement
Save the Children					
UNDISBURSED BALANCE				null	

Transaction Date	Type of Assistance	Mode of Payment	Post Earthquake Assistance	Commitment	Disbursement
Actual					
3/16/2021	Grant Aid	Cash	No	16,678,143	1,519,758
12/31/2021	Grant Aid	Cash	No	0	4,155,080
6/30/2022	Grant Aid	Cash	No	0	2,599,152
Total				16,678,143	8,273,990
Total (Save the Children)				16,678,143	8,273,990
UNDISBURSED BALANCE					8,404,153

Progress Achieved

Progress Achieved:

Key Problems:

Steps Taken to Solve Problems:

Funding Information

Total Actual Commitment 16,678,143

Total Planned Commitment 0

Total Actual Disbursement 8,273,990

Total Planned Disbursement 0

Sustainable Development Goals

SDG Topic: Goal 3: Ensure healthy lives and promote well-being for all at all ages

SDG: Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Additional Information

Project Created By: savethechildren@amp.org

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