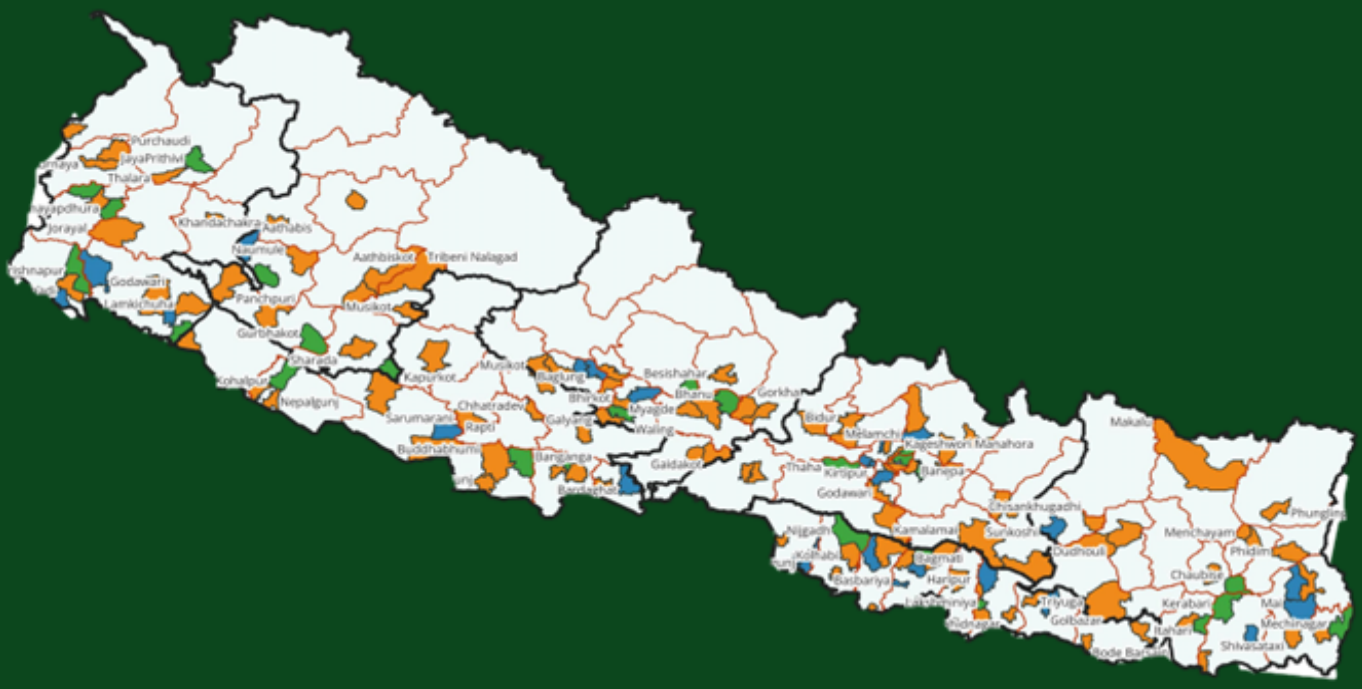
Assessment Report

On the Implementation of the Tuberculosis-Free Initiative in Nepal

2025



Government of Nepal

Ministry of Health and Population

National Tuberculosis Control Center

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EXECUTIVE SUMMARY

This report presents the findings from an assessment of the TB Free Nepal Initiative conducted in May 2025 (Baisakh 2082). The primary objective of the assessment was to identify operational gaps, issues, and challenges in the implementation of the initiative and to formulate recommendations for its improvement. The assessment focused on key thematic areas including governance, policy and planning, TB financing and human resources for health, multisectoral collaboration and community engagement, service provision at the periphery, program coordination, and monitoring and supervision. Field visits were conducted in 14 local levels/municipalities—two from each province—and in-depth interviews were held with key stakeholders such as mayors/deputy mayors, health care workers, community health volunteers, TB partners, and TB patients.

Encouragingly, the assessment revealed several positive developments. Many municipalities showed increasing local ownership and leadership, with active End TB Committees and budget commitments. Community engagement was strong, with active participation from Female Community Health Volunteers, youth groups, and civil society organizations. TB services—including screening, diagnosis, and treatment—were available even in remote areas, and high treatment success rates with minimal loss to follow-up were observed. Innovative practices such as AI-based X-ray screening and digital reporting tools were introduced in some provinces, enhancing case detection and monitoring. Additionally, social protection measures like nutritional support and ambulance discounts were implemented in several locations, contributing to improved patient care and support.

Despite these strengths, the assessment identified several key gaps in implementation. These included inefficiencies in budgetary planning and strategic allocation for TB-specific activities at the local level, inadequate provincial support, and lack of coherence and coordination among the three tiers of the health system. There were discrepancies in translating political commitment into actionable results, gaps in managerial capacities at the local level, uncertainty surrounding the short-term contracts of TB Free coordinators, passive engagement of community volunteers, absence of buffer stocks for drugs, stagnation in data use, and inadequate supportive monitoring and technical assistance.

To address these challenges, the assessment recommends strengthening TB advocacy and promoting a multisectoral approach to enhance economic viability and develop sustainable TB Free plans at the local level. A mechanism should be established to engage provinces in providing monitoring, supervision, and technical assistance to local levels. Strategies to motivate TB Free community volunteers should be implemented, and both managerial and technical capacities of human resources should be enhanced, including the placement of dedicated TB personnel. Furthermore, buffer stocks of drugs and laboratory commodities should be maintained to ensure uninterrupted service provision.

Overall, this assessment provides valuable insights into the current implementation status of the TB Free Initiative and offers practical guidance for programmatic improvements. It underscores the importance of reinforcing and elevating the national TB Free interventions to achieve sustained impact.

CHAPTER 1: INTRODUCTION, RATIONALE AND OBJECTIVES

1.1 Background and Rationale

Tuberculosis (TB) remains a major public health problem in Nepal. In 2023, WHO estimated 68000 incident TB cases with an estimated incidence rate at 229/100000 population. The number of TB deaths was estimated at 16000 and mortality rate at 54 TB deaths per 100000 population. Between 2015 and 2023, the estimated TB incidence rate decreased by 15% and TB mortality rate by 11% in HIV-negative and HIV-positive. In 2023, The incident MDR/RR-TB cases were estimated at 3000 with an incidence rate of 10 per 100000 population.[1] Nepal is among 30 high burden countries for DR-TB in the world.

TB prevention, care and control are organized in the framework of the National Tuberculosis Control Center (NTCC). The National Tuberculosis Program (NTP) has adopted all the strategies recommended by WHO: DOTS Strategy in 1996, Stop TB Strategy in 2006 and End TB Strategy in 2016. The structure of the programme includes 3 levels (the central unit, a coordination unit in each of the 7 provinces and 77 districts, TB management Unit as a fundamental element in the TB program network structure established in 753 local levels). The TB laboratory network is widespread across the national territory and is under the leadership of the National TB Reference Laboratory (NTRL).

For the past decade, Nepal has consistently reported between 28,000 to 38,000 TB cases each year, with a treatment success rate of over 90%. In 2024, 40,776 incident TB cases were notified- a 10% increase in case notification compared with that of 2023. This number accounts for 54% of the estimated TB burden in Nepal and indicates that 46% of estimated cases were not diagnosed and not reported. The country initiated various case finding interventions to increase case detection and notification in selected prioritized districts (42 out of 77) with the support from Global Fund since 2017.

Furthermore, the program had launched a TB Free Nepal Initiative campaign since 2021 as part of the ongoing national efforts towards TB elimination. This is a pivotal approach led by the government with an objective to build the ownership and accountability of local level government/municipalities in TB response towards ending TB in the country. The initiative is a comprehensive package of TB interventions for prevention, identification, diagnosis, treatment, care, and support and supported by a comprehensive guideline developed under the Public Health Services Act, 2075 aligned with the National Health Policy 2014 and the global END TB strategy. It started with 25 local levels/municipalities in FY 2078/79 (2021/22) and further expanded to 99 local levels/municipalities in FY 2080/81 (2023/24) and to 25 more in FY 2081/82 (2024/25) through additional domestic investments. While the country plans to scale up this initiative to all 753 local levels/municipalities, it has been crucial for the NTP to assess the implementation of this initiative and come up with recommendations to accelerate the country effort towards TB elimination.

[1] *Global TB Report, 2024*

1.2 Objectives

The overall objective of this review is to perform an assessment of the progress of TB Free Nepal Initiative, identify the operational gaps and suggest strategic and operational recommendations for program improvement.

- Assess the programmatic progress in the implementation of TB Free Nepal Initiative in Nepal
- Identify the operational gaps, issues/challenges in program implementation
- Explore the opportunities for program improvement
- Document the lessons learned and best practices in the implementation
- Formulate a clear, practical, and efficient strategic as well as operational recommendations to NTP considering the implementation of the initiative

1.3 Key Thematic Areas of an Assessment

Below are the key thematic areas of an assessment:

- ❖ Governance, Policy, and Planning
- ❖ TB Financing and Human Resource for Health
- ❖ Multisectoral collaboration and community engagement
- ❖ Service Provision
- ❖ Program collaboration, coordination, monitoring and supervision
- ❖ Any innovation and research

CHAPTER 2: METHODOLOGY AND APPROACHES OF AN ASSESSMENT

2.1 Preparation and planning

The assessment began with the development of a concept note outlining the objectives, scope, and approach of the review. Preparatory meetings were held with the NTCC team to discuss and finalize the concept note. A mapping of review team members was conducted, comprising a mix of staff from the National Tuberculosis Program (NTP)/Ministry of Health and Population (MoHP), TB partners, civil society organization (CSO) representatives, and national/international TB experts. A detailed field visit plan was subsequently developed to guide the assessment process.

2.2 Preliminary Assessment

A desk review was conducted to examine the TB Free Initiative implementation guidelines, standard operating procedures (SOPs), and relevant monitoring and supervision reports. Based on this review, data collection tools—including semi-structured questionnaires and checklists—were developed to capture information across key thematic areas. These tools were finalized in consultation with the NTCC team to ensure alignment with the assessment objectives.

2.3 Field Assessment

Four assessment teams were formed, each consisting of five members with relevant expertise in the thematic areas under review. Prior to field deployment, all team members received orientation on the assessment objectives, methodology, and data collection tools.

Field visits were conducted in 14 purposively selected local levels/municipalities—two from each of Nepal's seven provinces—during the second week of Baisakh 2082 (April-May 2025). The selection of sites considered factors such as TB case notification rates, urban/rural classification, type of municipality, geographical distribution (hill/terai), and performance indicators. In-depth interviews were conducted with key informants including mayors/deputy mayors, health facility staff, local and provincial health officials, community health volunteers, TB partners, and TB patients.

2.4 Data Collection Tools and Techniques

Data were collected primarily through in-depth interviews using semi-structured questionnaires. Interviews targeted a wide range of stakeholders including policymakers and planners at MoHP/NTCC, members of federal, provincial, district, and local TB committees, elected representatives, female community health volunteers, youth groups, CSOs, and health facility staff. The interviews explored participants' understanding of their roles, engagement in TB Free Initiative activities, advocacy efforts, and commitment to implementation.

Additionally, checklists were used to assess Programmatic Management of Drug-resistant TB (PMDT) and laboratory services. These tools were embedded within a master data collection instrument to guide interviews with health workers and patients.

The field review focused on thematic areas such as:

- Coordination and financing of TB programs at various levels
- The TB care cascade (screening, linkage to care, treatment success)
- Management of TB and co-morbidities (HIV, diabetes, undernutrition)
- Drug-resistant TB care and newer treatment regimens
- TB laboratory network and referral systems
- Pediatric TB identification and treatment
- Engagement of private care providers
- TB prevention (infection control, contact management, preventive therapy)
- Procurement and supply chain management
- TB information systems and digitalization

2.5 Data Analysis and Management

Quantitative data related to TB notification, collected through desk reviews and field visits, were systematically recorded and analyzed using Microsoft Excel.

Qualitative data obtained from in-depth interviews and field observations were summarized in Excel sheets according to predefined thematic areas (refer to Annex 4). These thematic areas included governance, financing, service delivery, multisectoral collaboration, and community engagement, among others.

Each assessment team consolidated their findings and presented them to the NTCC. A dissemination meeting was held to discuss the results and collaboratively formulate preliminary recommendations aimed at strengthening the implementation of the TB Free Initiative.

CHAPTER 3: CONSOLIDATE FINDINGS AND RECOMMENDATIONS

The data was collected between 5-14 May 2025 (22-31 Baishakh 2082).

3.1 Tuberculosis Case Notification

The four-year data of tuberculosis case notification was seen stable; however, it was improved in following years compared to 2020/21.

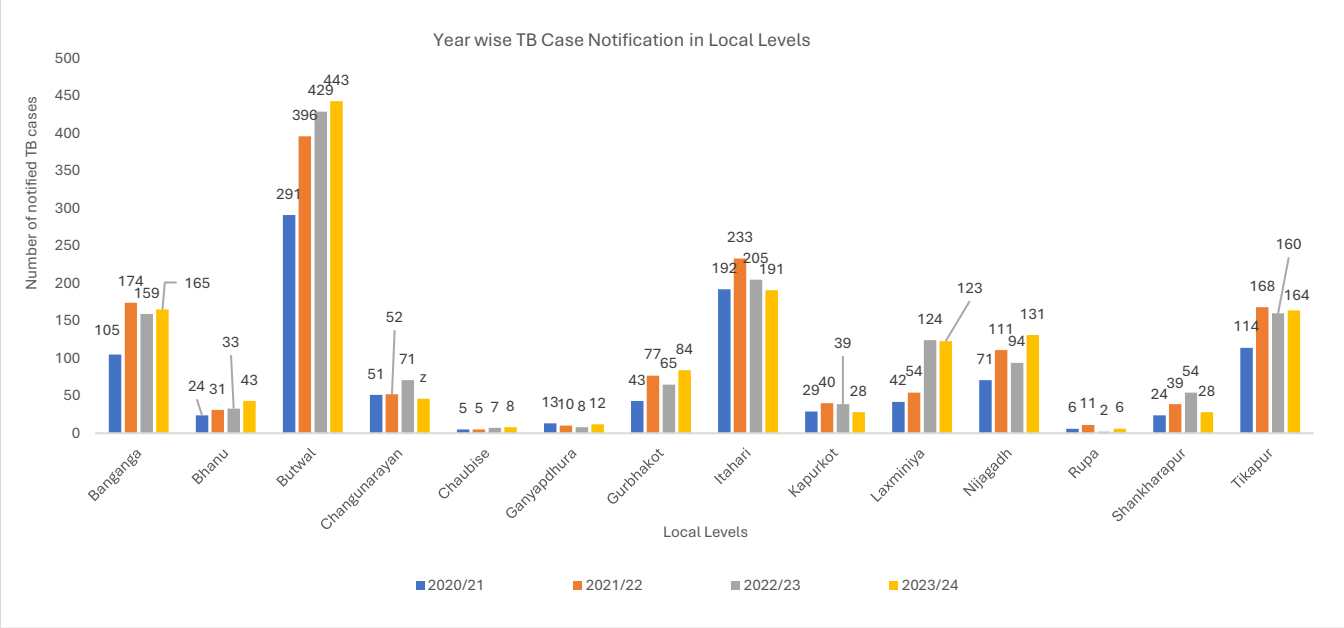

Figure: 1 Trends in TB Case Notification, 2020/21 – 2023/24

3.2 Governance, Policy and Planning, financing, and human resource for TB

Context:

Nepal is a Federal Democratic Republic country, with 7 provinces and 753 local levels/municipalities. Each province comprised of districts and each district is composed of the municipalities. These municipalities are led by an elected representative and each municipality comprise of wards which is the smallest administrative unit among the three tiers of the government[2].

The TB Free Nepal Initiative is a major policy action in the National Strategic Plan for Tuberculosis (2021/22 – 2025/26). Launched in 2021, this initiative aims for developing the ownership and accountability of the local government in TB response and ensure the provision of quality TB service delivery. Within the initiative, END TB committees, consisting of elected representatives and local stakeholders were formed at all levels - Ward, Local, Province and Federal to strengthen the implementation of the initiative.

[2] *https://en.wikipedia.org/wiki/Nepal; accessed on 13 June 2025*

Federal conditional grants with detailed activities and budgeting planned centrally by the National TB Control Center was provided to the local levels. In the first year of implementation, NPR 15 Crores was disbursed across 25 local levels to support the initiative activities. Accordingly in the second and third years, the federal grant was reduced to NPR 6 crores. By third year, these local levels had the autonomy to plan the TB activities from the federal grant as well as the local level budgets covering the comprehensive TB components; Prevention, Diagnosis, Treatment, Care and Support including community engagement. At the ward level, microplanning was supported through federal grants to strengthen a bottom-up approach to planning.
The TB Free Implementation Guidelines, 2021 highlighted for the need of at least one officer level staff in each local level and the assistant staffs as needed.

Key Strengths

- All the local levels had formed END TB Committees
- There was a commitment from the elected representatives/local leaders in municipalities
- Local leaders participated in the Active TB Screening Camps in the Community
- Local levels were sensitized on ending TB, and they showed their readiness for budget allocation in the TB Free Initiative. Few local levels were proactive in budget allocation for the initiative (In total, five out of 14 local levels allocated NPR 37 lakhs in the last 3 years following the initiation)
- Few local levels allocated budget for an additional staff as monitoring and evaluation assistant for the initiative

Key Gaps and Challenges

- Limited support from provincial government; particularly on budgeting, monitoring and supervision
- Political promises were not translated into actionable results such as for budget allocation, HR recruitment etc.
- Limited communication and coordination among three tiers of the government
- Administrative issues such as delay in hiring staffs and fund disbursement was seen
- Municipalities lack strategic allocation for TB-specific activities (Budgets were allocated in the activities that were not identified in the annual TB micro plan)
- Frequent turnover of TB Free Coordinator
- Weak skill execution post orientation to local level health staffs

Key Recommendations

- Strengthen TB advocacy: Leverage local levels to develop TB free sustainable plans
- Develop a mechanism to engage provincial government in close monitoring and mentoring in the implementation of the initiative
- Strengthen budgetary planning at local levels: municipalities need capacity enhancement for TB-specific budget tracking and need-based allocation

3.3 Multisectoral collaboration, community engagement and social protection

Context:

The current National TB Strategic Plan highlighted an importance to multisectoral approach in TB response as stated in Strategy 3 and Policy Action 3.4 as "Implementation of multisectoral approach and addressing of high risks due to TB comorbidities". The TB Free Initiative is a platform created within current NSP to strengthen the community involvement and ownership as mentioned in policy action 1.2, Strategy 1. The TB Free Implementation Guidelines, 2021 aims in developing the partnership and engagement of local level stakeholders in ending TB.

Key Strengths

- There had been regular engagement of Tole Bikash Sanstha and schools (School Health Nurses & teachers) in a community awareness program activity
- Survival groups for TB advocacy were formed, particularly in Sudurpaschhim (Peer-led advocacy reduces stigma)

Key Gaps and Challenges

- Prevalent TB stigma (especially among illiterate/lower-income groups)
- Passive TB Free volunteers. FCHVs were active compared to other TB free volunteers
- The elected representatives were not sensitized regarding the involvement of the sectors beyond health such as transport, education, labors etc in this initiative
- Limited collaboration with the marginalized communities and other civil society organizations

Key Recommendations

- Strengthen linkages between FCHVs, health facilities, and community leaders for advocacy and awareness
- Motivation for TB free volunteers: Formal recognition (badges, dress) and monetary incentives

3.4 TB Information System

Context:

Case based individual information of the people diagnosed and registered on TB treatment are being reported in the National TB Management Information System (NTPMIS) maintained at the National Tuberculosis Control Center from the health facilities within the local levels. Meanwhile, they also report the aggregate data in DHIS-2 health information system managed by management division within Department of Health Services (DoHS). These systems were made interoperable in 2024. Also, there is a module for reporting progress in key interventions such as active case finding/TB screening in the community of the TB free initiative in the NTPMIS. Most of the local levels were not

aware of this online reporting system, however, hardcopy reports were being maintained at the local level health unit.

Key Strengths

- Online reporting system is on place for reporting progress on key interventions of TB Free Nepal Initiative
- On-site monitoring, data verification, and patient interaction were being done in few episodes

Key Gaps and Challenges

- Lack of communication, knowledge, and orientation on the existing reporting platform for key interventions of TB Free Nepal Initiative
- Utilization of TB Free data in making decisions and in developing a micro-plan is limited

Key Recommendations

- Provide orientation on using the reporting platform for TB Free Interventions
- Support local level in using TB Free data for decision making in formulating micro-plan

3.5 TB Service Delivery

Context:

In fiscal year 2081/82, TB services were delivered through 6,241 DOTS centers, 29 MDR TB treatment centers, 98 MDR TB treatment sub-centers, 785 designated microscopy centers and 117 mWRD (Xpert RIF) sites including 21 mWRD (Xpert XDR) sites and 2 Culture and Drug Susceptibility Testing (DST) laboratories.

Key Strengths

- Reagents, sputum containers, and slides available as needed.
- Regular participation of DMC in EQA
- Sample transportation supported by TB Partner/Sub Recipient (SR) of Global Fund
- Few local levels have collaborated with Non-Communicable Diseases (NCDs) program to conduct community screening activities
- Partner, most particularly Global Fund/SR had been a key support in the activity implementation (External partnerships enhance capacity).

Key Gaps and Challenges

- No dedicated TB staffs during leave (service disruptions)
- Low-quality microscopes and outdated lab manuals were available
- No buffer stocks for drugs
- Case finding interventions from SR disrupted due to PR/SR transition of Global Fund

- Migration issues (e.g., In Tikapur/Itahari, there is huge flow of people that led to high loss to follow-up).

Key Recommendations

- Training back up staff for service provision during absence of dedicated staff
- Use of radio/media for community participation rather than door-door mobilization prior to screening camps
- Expanding the use of AI-based chest X-ray for screening activity
- Upgradation of equipment and ensuring the uninterrupted supply of Xpert cartridges
- Strengthen Family DOTS to reduce the time loss by the patients for traveling to health facility for the medication

ANNEXES

Annex -1: Timeline

S.N	Activity/Timeline	April	May				June	
		W4	W1	W2	W3	W4	W1	W2
1	Drafting and sharing of the concept note & checklist within NTCC team and stakeholders							
2	Discussion/finalization on the assessment tools							
3	Formation of core team and Pre-visit meeting							
4	Depart to field							
5	Field Data collection							
6	Post-visit meeting at NTCC among the team members and consolidation of data							
7	Debriefing meeting with NTP and all key stakeholders							
8	Submission of the draft report							
9	Submission of the final report							

Annex -2: List of selected local levels

Sn	Province	District	Local Level	Type
1	Koshi	Sunsari	Itahari	Sub-metropolitan city
2	Koshi	Dhankuta	Choubise	Rural Municipality
3	Madhesh	Bara	Nijgadh	Municipality
4	Madhesh	Dhanusha	Laxminiya	Rural Municipality
5	Bagmati	Kathmandu	Shankarapur	Municipality
6	Bagmati	Bhaktapur	Changunarayan	Municipality
7	Gandaki	Kaski	Rupa	Rural Municipality
8	Gandaki	Tanahu	Bhanu	Municipality
9	Lumbini	Kapilvastu	Banganga	Municipality
10	Lumbini	Banke	Kohalpur	Municipality
11	Karnali	Surkhet	Gurbhakot	Municipality
12	Karnali	Salyan	Kapurkot	Rural Municipality
13	Sudurpaschhim	Kailali	Tikapur	Municipality
14	Sudurpaschhim	Dadeldhura	Ganyapdhura	Rural Municipality

Annex -3: List of an assessment team

Field Assessment Team

Koshi Province

Dr. Rajendra Pd. Pant (Team Lead-TB Expert)
Ms. Basundhara Sharma (NTCC)
Ms. Sushmita Sharma (NTCC)
Ms. Barsha Thapa (WHO)

Madhesh Province

Dr. Naveen Prakash Shah (Team Lead- Chief Consultant, Chest Physician/NTCC)
Shivashankar Mahato (NTCC)
Mr. Bhakta Bahadur Khadka (NTCC)

Bagmati Province

Dr. Shree Ram Tiwari (Team Lead-Director/NTCC)
Ms. Thuma Pun (NTCC)
Dr. Ashish Shrestha (Save the Children)
Ms. Basundhara Sharma (NTCC)

Gandaki Province

Dr. Shree Ram Tiwari (Team Lead-Director/NTCC)
Mr. Ganesh Tamang (NTCC)
Ms. Meera Hada (NTCC)

Lumbini Province

Dr. Dipendra Raman Singh (Team Lead-Former DG)
Mr. Padmanav Ghimire (NTCC)

Karnali Province

Dr. Shree Ram Tiwari (Team Lead-Director/NTCC)
Ms. Meera Hada (NTCC)
Mr. Santosh Sharma (NTCC)

Sudurpaschhim Province

Dr. Prajjwal Pyakurel (SAARC TB and HIV/AIDS Center)
Mr. Ishwari Pd. Bhusal (NTCC)
Mr. Prasant V. Shahi (WHO)

Data Consolidation and Analysis Team

SN	Province	Team Lead	Support/Assist
1	Koshi	Basundhara Sharma	Barsha Thapa
2	Madhesh	Dr. Rabin Gautam	Shiva Shankar Mahato
3	Bagmati	Dr. Ashish Shrestha	Thuma Pun
4	Gandaki	Dr. Ashish Shrestha	Meera Hada
5	Lumbini	Dr. Rabin Gautam	Padmanav Ghimire
6	Karnali	Basundhara Sharma	Santosh Sharma
7	Sudurpaschhim	Dr. Prajjwal	Ishwari Bhusal Prasant Shahi

Checklist compilation: Lok Raj Joshi

Annex-4. Key information summarized in thematic areas

Koshi Province

Thematic Area (Municipality)	Sub-Area	Key Observations	Strengths	Challenges	Recommended Actions	Municipality
Governance, Policy & Planning	Local Ownership	Provincial TB efforts are limited, with low motivation among human resources.	There has been gradual increase in local-level engagement in TB activities.	Low prioritization of TB at the provincial/local level (e.g, budget allocation, HR motivation). Lack of clarity in roles for END TB Committee members.	Need to strengthen advocacy to sustain local-level ownership. Make the implementation guidelines clearer (ex- food basket support for the ultrapoor patients)	Chaubise RM
	Budget Allocation	No dedicated provincial budget; reliance on federal grants	Municipality allocating budget for the M& E activities along with the volunteer incentives	Decreasing budget ceilings of the municipalities along with low internal revenue at the local level	Need sustainable local funding	Itahari SMC
Financing & Resource Allocation	Budget Planning	Budget allocated but decreasing (5 lakh to 1 lakh) with different fiscal years		Federal grant budget ceilings are insufficient to plan for the tb free activities	Need sustainable local funding	Chaubise RM
	Budget Utilization			Budget not fully utilized	Simlify the federal grant reporting requirements to ease the local level management	Itahari SMC

3. Human Resources	Staff Motivation	TB coordinators are hired on short-term contracts; sustainability is uncertain. Health workers are demotivated due to lack of recognition from local/provincial levels.	-	Demotivated staff; overstaffing	Incentivize workers; clarify roles	Chaubise RM
	Staff Capacity		M&E assistant dedicated to TB	High workload for existing staff; no dedicated HR for TB.	Additional training needed	
Community Engagement	Stigma Reduction	Stigma persists (e.g., patients upset about privacy breaches when receiving food baskets).	Tole Bikash Sanstha (community groups) engaged in microplanning and screening camps.	More engagement of communitiies in tanglible things such as infrastructure than the engagement activitie for health	Tole-level awareness campaigns along with mobilizatio of school chikdren for TB Advocacyy	Chaubise RM
	Volunteer Role	Volunteers active in mobilization	Civil society groups involved	Stigma persists in educated groups	Expand stigma reduction programs	Itahari SMC
M&E	Data Systems	NTPMIS reporting is underutilized; hardcopy registers are still used.	-	NTPMIS platform not used	Strengthen online reporting and data use for decision-making.	Chaubise RM
	Supervision	Online reporting through DHIS2	Uses NTP M&E checklist	Limited federal/provincial monitoring	Conduct supportive supervision visits to local levels.	Itahari SMC
Service Delivery	Accessibility	Services available but limited	Catches catchment population	No X-ray services	Expand diagnostic capacity	Chaubise RM
	Comprehensive Care	DR-TB sub-center available	Serves multiple wards	High patient load	Dedicate more staff	Itahari SMC
TB Prevention	TPT Implementation	TPT (TB Preventive Therapy) is rarely provided	-	Unaware of protocol	Training on TPT needed	Chaubise RM
	Child Contacts	TPT given to eligible children	-	Parents of child contacts resist medication.	Counseling programs for families of child TB contacts.	Itahari SMC

Case Identification	Active Screening	Symptom-based screening	Volunteers help with transport	Limited ACF budget	Use AI-based screening	Chaubise RM
	High-Risk Groups	Focus on migrants, factory workers	On-spot sputum collection	High migration rates	Targeted screening	Itahari SMC
Diagnostics	Lab Capacity	Interrupted reagent supply halts lab services (e.g., Itahari).	Participates in EQA	Lack of biosafety cabinets and trained lab staff.	Need of upgrading the existing equipments	Chaubise RM
	Advanced Testing	TrueNAAT available	Does DST for all cases	Staff shortages	Dedicate lab personnel	Itahari SMC
Treatment	Adherence	Weekly medicine distribution	Good cure rates	No pediatric cases	Family-based DOTS	Chaubise RM
	DR-TB Care	Manages DR-TB cases	Few LTFU cases	Clinic space limited	Expand facilities	Itahari SMC
Social Protection	Patient Support	Food baskets provided but inconsistently	Ambulance discounts for TB patients	Inconsistent distribution of Food basket	Standardize support	Chaubise RM
	Nutritional Support	Food baskets to patients	-	No referral system	Improve coordination	Itahari SMC
Multisectoral Collaboration	Partnerships	Limited engagement	-	-	Integrate TB awareness into school health programs.	Chaubise RM
	Education Sector	School nurse training	Some awareness activities	-	Expand school programs	Itahari SMC
Innovation	Technology	No innovations reported	-	-	Introduce AI solutions	Chaubise RM
	Advanced Tools	-	TrueNAAT available	-	Expand digital tools	Itahari SMC

Madhesh Province:

Key Observations	**Key Observations**	**Strengths**	**Challenges**	**Recommended Actions**
Governance, Policy and Planning	New to TB Free Initiative	Clinical screening and microscopy available	No regular End TB Committee meetings	Appoint TB Free Coordinator

	Low case finding compared to previous year	Chest X ray services available	No TB Free Coordinator for past 3 months	Activate End TB Committee with regular meetings
	3 microscopy centers functional	Basic understanding of TB Free Initiative		
	Screening camps conducted as planne End TB Committee formed but inactive			
Financing and Resource Allocation	Budget allocation:	Budget utilization relatively high	No dedicated budget for TB Free Initiative this fiscal year	Allocate budget from central/provincial level
	2079/80 – NPR 3 lakh allocated (2.85 spent)		Budget breakdown not defined	Ensure timely release and breakdown of budget
	2080/81 – NPR 3 lakh allocated (2.91 spent)		Delayed budget release	
Human Resources			Frequent turnover of administrative officers	
	TB volunteers (FCHVs) mobilized for door to door visits and awareness	FCHVs oriented and involved in ACF camps	Lack of TB Free Coordinator and other HR	Recruit and train additional cadres
Community Engagement	No local partner involved		Limited community ownership	Engage local NGOs/CBOs for community mobilization
Monitoring, Evaluation and Supervision	Tools available		Monitoring and supervision irregular and ad hoc	Develop and implement regular supervision plan
TB Prevention	Contact tracing conducted			Strengthen contact tracing and TPT follow up
	TPT provided to eligible contacts			

TB Identification and Screening	Screening for TB among diabetes patients	Availability of screening protocols	Need for regular training and orientation	Conduct periodic training for health workers
	Protocols and guidelines available			
Diagnostics	Pediatric doctor available for diagnosis			Improve sample transport and turnaround time
	Samples sent to Kalaiya & Simara			
Treatment and Care for TB Patients	No loss to follow up	Good patient retention and clinical management	Occasional drug stock outs	Strengthen drug supply chain management
	Doctors managing side effects			
Social Protection	No on budget social protection		No financial/social protection mechanisms at local level	Advocate for local budget allocation for social support
	Federal budget used for allowances			
Program Collaboration & Multisectoral Approach	No multisectoral coordination		Lack of inter sectoral engagement	Orient school health nurses
				Integrate TB Free lessons in school health programs
Innovation				Explore digital tools for screening, reporting, and awareness

Bagmati Province

Key Observations	Strengths	Challenges	Recommended Actions	Remarks
Governance, policy and planning	Knows about burden, screening done, 3 TB DMCs, food baskets from center	Budget commitment from LL next FY	No separate budget, needs capacity building	Supervision and monitoring from central level

Financing and resource allocation	No LL budget this FY, advocacy with LL leaders	Previous budget allocation	Limited budget, counselling challenges	Continue federal support, build capacity
Human resources	Volunteers engaged, FCHVs mobilized	Orientation and door-to-door mobilization	Urban population less responsive	Provide ID cards, expand media advocacy
Community engagement	School health nurses, mother groups active	Multisectoral collaboration	Time-consuming mobilization	Pre-visit orientation for camps
Monitoring, Evaluation and Supervision	Checklists used; records kept	Monthly supervision of 2–3 HFs	No PME committee	Engage community, build capacity
Organization of services	Services available even in hard-to-reach areas	Guidelines available	Limited budget	Expand services and support
TB Prevention	TPT uptake among children	Referral system functional	Initial misdiagnosis and lack of awareness	Improve counselling and early diagnosis
TB Identification and Screening	Screening in brick factories, outreach clinics	Contact tracing effective	Limited budget	Scale up X-ray screening
Diagnostic	Weekly courier for MRWD testing	Skilled HR, EQA participation	Few TB positives diagnosed	Improve community screening
Treatment and Care	DOTS and Family DOTS used, no LTFU	Proper child TB referral	No major issues	Continue food basket support
Social Protection	No LL budget, food basket provided	Federal support ongoing	Limited financial protection	Expand social protection locally
Multisectoral Collaboration	School health nurses, factory coordination	Active engagement	Limited budget	Strengthen collaboration

Innovation	No innovation reported	—	Lack of budget and capacity	Introduce new tools and approaches

Gandaki Province

Thematic Areas	**Key Observations**	**Strengths**	**Challenges**	**Recommended Actions**
Governance, Policy and Planning	TB Free initiative launched	Strong local leadership	No ward level PME committees	Strengthen PME structures
	Functional End TB Committees at LL and ward levels	Committees formed and active	Coordination with partner agencies is difficult	Improve partner coordination
	High ownership and leadership involvement with microplanning conducted	Coordination with Provincial DHO		Scale up TB Free Palika profiling
Financing and Resource Allocation	Budget allocated from LL (e.g., NPR 1 lakh in Bhanu)	Local budget commitment	Low budget at LL	Prioritize TB Free in planning
	PTCC provisioned NPR 50 lakh for reagents and diagnostics	Nutritional support and insurance for DR TB patients	Delayed disbursement	Introduce co financing models
			No dedicated TB Free budget in Rupa	Improve budget release mechanisms
Human Resources	HR previously present, now lacking	FCHVs and volunteers engaged	No HR retention	Recruit and retain HR
	School teachers and FCHVs mobilized	Experienced staff in facilities	Low salaries	Provide adequate training and incentives

	TB coordinators present in Rupa		Lack of lab staff affects services	
Community Engagement	FCHVs, mother groups, and Red Cross involved	Community acceptance of FCHVs	Volunteer rejection by patients	Increase financial incentives
	Volunteers engaged in Bhanu, not in Rupa	Multisectoral engagement	No volunteers in Rupa	Expand awareness programs
Monitoring, Evaluation and Supervision	PME units active in Bhanu	Structured monitoring in Bhanu	No PME committee in Rupa	Establish PME committees
	Use of E TB and microplanning tools	Data tools available	Lack of scientific monitoring	Train staff in monitoring tools
Organization of Services	Screening, diagnosis, DOTS, and prevention services available	DMCs functional	Lack of SOPs and hard copies	Provide SOPs and manuals
	Catchment areas covered	Free ambulance services	Service interruptions due to HR gaps	Ensure HR availability
TB Prevention	Contact tracing conducted	Systematic screening of vulnerable populations	Mismanagement in some areas	Improve facility level awareness
	ANC and child TB screening done		No eligible cases for TPT	Monitor TPT eligibility and uptake
	No TPT given this year			
TB Identification and Screening	AI based X ray screening used	Collaboration with ANC	No X ray machines in Rupa	Scale up AI based screening
	Screening in camps and ANC settings	Screening of presumptive cases	Low yield despite high sample collection	Prioritize high risk groups

Diagnostics	GeneXpert testing available via referral	Lab coordination with PTCC	No diagnostic algorithms or manuals	Train lab staff
	Sample transport via JANTRA	External quality assurance in Bhanu	Poor infrastructure and reagent delays	Improve infrastructure and SOPs
Treatment and Care for TB Patients	DOTS centers functional	High patient satisfaction	Lack of management for child TB at local level	Refer child TB cases appropriately
	No LTFU reported	Family support for adherence	Diagnosis challenges	Strengthen diagnostic capacity
	Nutritional support provided			
Social Protection	Nutrition packages provided	Local support mechanisms in place	No dedicated TB social protection	Expand social protection schemes
	Free ambulance services in Rupa		Limited insurance awareness	Collaborate with CSR and banks
Program Collaboration & Multisectoral Approach	Collaboration with schools, NGOs, and media	Multisectoral engagement in Bhanu	Poor planning coordination	Institutionalize multisectoral collaboration
	Partner support in implementation	School health programs active	Programs are fund based only	Improve planning integration
Innovation	AI based X ray screening	Adoption of new technologies	Lack of research units and data teams	Promote digital tools and analytics
	Community based ACF and awareness	Microplanning and monthly meetings	No innovation in Rupa	Establish innovation hubs

Lumbini Province

S.N	Thematic Areas & Subareas	Key Observations	Strength	Challenges	Recommended actions	Remarks
1	Governance, policy and planning	Not aware of TB burden; Screening in all wards	Budget commitment; Coordination with leaders	Limited provincial support	Regular monitoring from center	Banganga Municipality
		End TB Committee formed (meetings 2x/year)	Role in budget requests and mobilization	No budget for prevention activities	Prioritize volunteer mobilization	Banganga Municipality
		172 new TB cases last fiscal year	Activities as per NTCC plan	Unable to mobilize ACF teams (budget)	Lab training	Banganga Municipality
2	Financing and resource allocation	No issues in local budget allocation	Can increase budget locally	None	N/A	Banganga Municipality
		6 lakh allocated for nutritional support	Pallika-level funding available	Zero budgeting from Province	Clear budget guidelines	Banganga Municipality
		Budget: 15 lakh (79/80), 9 lakh subsequent years	Ownership for 10+ years needed	N/A	N/A	Banganga Municipality
3	Human resources	No additional HR needed	Local HR sufficient for ACF	Training gaps	N/A	Banganga Municipality
		MO training at province level	Staff paid for field work	Lack of program-trained HR	Modular training	Banganga Municipality

		Dedicated teams needed for ACF	Incentives for coordinators	HR shortages during leave	Hire dedicated TB staff	Banganga Municipality
4	Community engagement	TB stigma in lower class	FCHVs active in all wards	N/A	Advocacy campaigns	Banganga Municipality
		1 volunteer for sputum transport	Coordination with civil society	Passive volunteer engagement	N/A	Banganga Municipality
5	Monitoring, Evaluation and Supervision	Only one AI-based X-ray in province	On-site monitoring and data checks	No M&E committee	N/A	Bhaluwang
		Screening forms and online data entry	Indicators reported as per formats	Delays in data verification	Train staff on LQAS forms	Banganga Municipality
6	Diagnostic	regular diagnosis ongoing	Reagents available need-based	Genexpert cartridge shortages	Upgrade lab equipment	Butwal-11
		Low-quality microscopes in labs	Linkage with other wards	No algorithm for diagnosis	Replace old lab manuals	Bhaluwang
7	Treatment and care for TB patient	Satisfied with treatment (husband's support)	Immediate diagnosis and care	No awareness of TB Free Initiative	Continue ACF budgets	Banganga Municipality
		Nutritional allowance provided	All patients enrolled	No buffer stock for drugs	Dedicated volunteers for Sukumashi	Banganga Municipality
8	Social Protection	Nutritional/transport allowance as per NTCC	Funds allocated for 10 activities	N/A	Increase budget for allowances	Banganga Municipality
		"No need" (Indian pensioner)	N/A	N/A	N/A	Banganga Municipality

9	Program collaoboration including multisectoral approach	Coordination with schools, labor unions	Chamber of commerce engaged	Gaps during PR/SR transition	N/A	Banganga Municipality
		No collaboration with other sectors	N/A	Low awareness in Tharu communities	Multisectoral workshops	Banganga Municipality

Karnali Province

Thematic Area	**Key Observations**	**Strengths**	**Challenges**	**Recommended Actions**	**Municiaplity**
Governance, policy and planning	TB Free Initiative is new; DR treatment needs strengthening	Daily TB services ongoing; political commitment	Inadequate budget and HR; low community engagement	Develop sustainability plan; increase supervision	Kapurkot
	Local level responsible and accountable; more undiagnosed cases	Political commitment; budget allocation	Low LL budget; prioritization challenges	Continue federal support; training and orientation	Gurvakot

Financing and resource allocation	Budget for AI screening, ancillary drugs, DR TB	Budget allocated from LL; participation in TB Free activities	No partner support; low community engagement	Co-financing; utilize available HR	Kapurkot
	HR managed from health section; TB coordinator hired	Lab personnel hired in 4 HFs	Audit issues with HR continuity	Dedicated staff; training support	Gurvakot
Human resources	Technically feasible; financial challenges	TB coordinator hired; awareness increased	Lack of competent HR; low budget	Continue federal HR support	Kapurkot
	Budget allocated at Palika and ward levels	Budget allocated in each FY; ward-level support	Low budget and infrastructure	Continue federal support; increase FCHV incentives	Gurvakot
Community engagement	Collaboration with local groups; low awareness	Youth club involvement: TB cases increased	No PME committee; resource constraints	Continuous orientation for FCHVs	Kapurkot
	Active committees; community prioritization	Leaders help track LTFU; school and youth engagement	Youth group not active	Strengthen youth engagement and microplanning	Gurvakot
Monitoring, Evaluation and Supervision	Strengthen M&E; technical support needed	Recording and reporting tools used	No PME committee at LL	Follow NTPMIS; improve coordination	Kapurkot

	PME committee formed, recording via DHIS2, HMIS	Monitoring visits conducted	Need stronger data management	Strengthen tracking and reporting	Gurvakot
Organization of services	Case notification increasing; food basket distributed	All services available; treatment algorithm used	Few hard-to-reach areas	Increase screening; community involvement	Kapurkot
	Awareness increased; service utilization improved	ANC and OPD screening; PHC/ORC in hard-to-reach areas	Geographical barriers	Expand services to other LLs	Gurvakot
TB Prevention	No current TPT cases; previously given	Service available	—	—	Kapurkot
TB identification and screening	Less case finding; DR treatment needs strengthening	Screening camps; school health programs	Sample transport challenges	Increase AI-based screening	Kapurkot
	ACF camps conducted; contact tracing done	Contact tracing in all wards; TPT provided	Low case notification	Increase budget and awareness	Gurvakot
Diagnostic	Routine services ongoing; DR treatment needs strengthening	EQA participation; good microscope	No diagnostic algorithm; sample rejection	Increase screening; community involvement	Kapurkot

	5 microscopic centers; sample transport to Surkhet	Functional DMC; RR tools available	No mWRD; audit issues	Establish mWRD; improve sample quality	Gurvakot
Treatment and care for TB patient	Treatment success satisfactory; DR services need strengthening	Home visits; food basket support	IPC needs hospitalization	Strengthen IPC and tracing	Kapurkot
	DOTS and CB DOTS functional; good compliance	No LTFU; child TB referred to Surkhet	Stigma among literate patients	Continue CB DOTS; improve advocacy	Gurvakot
Social Protection	Food basket and ancillary drug support	Budget allocated for DR TB	DR services need strengthening	Continue support for poor patients	Kapurkot
	Food basket and referral support	Local support for referral and food	Low LL resources	Maintain food basket and referral support	Gurvakot
Program collaboration including multisectoral approach	No multisectoral mechanism at province level	Collaboration with local groups	Lack of alignment with NGO priorities	Training and orientation	Kapurkot
	Active committees; school and media engagement	School and youth engagement	Youth group not active	Strengthen collaboration and planning	Gurvakot
Innovation	School health programs; screening camps	Local leaders engaged			Kapurkot

Sudurpashim Province

Thematic areas	Key Observations	Strengths	Challenges	Recommended Actions
Governance, Policy and Planning	43% TB cases among migrated population	Adequate HR	Open border without health desk	Link TB Free with multisectoral nutrition plans
	Active implementation in 19 out of 88 palikas	Access to health care	No ward level committees	Strengthen ward level committees
	Effective in 5 palikas, average in 10	Active FCHVs and TB volunteers	Lack of innovation and data analysis capacity	Promote research and data analysis
	TPT coverage: 180/236	Budget allocation initiated by palikas		
	Committees formed at palika level			
Financing and Resource Allocation	HR salaries covered by palikas	Budget allocated for lab staff	Inadequate budget	Introduce co financing and copayment systems
	Income generation via agriculture to sustain TB Free efforts	Local level funds initiated	Logistic issues (e.g., cartridge shortage)	Improve budget planning and timely release
			Delayed disbursement leading to budget freezing	

Human Resources	Adequate HR but need for capacity building	Experienced DOTS focal persons	Inadequate training	Conduct regular training
	School teachers mobilized	Budget allocated for lab staff	Low salaries, administrative delays	Improve HR incentives and retention
Community Engagement	Committees at palika and ward levels	Strong civil society role	Limited structured engagement in some areas	Strengthen school and community partnerships
	Active TB volunteers and FCHVs	Home visits by FCHVs		Expand awareness campaigns
	Schools and teachers involved			
Monitoring, Evaluation and Supervision	Recording/reporting system exists	Palika level committees conduct monitoring	Lack of scientific monitoring tools	Develop standardized M&E tools
	Micro planning done		Poor data analysis and dissemination	Train staff in data analysis
	Phone based data collection			
Organization of Services	Smooth service delivery in some areas	Service accessibility good in some palikas	Irregular reagent supply	Ensure regular supply chain
	TB DMCs functional in places like Tikapur		No TB DMC in some areas	Expand DMC coverage
TB Prevention	Discrepancies across palikas with Tikapur showing good practices	Patient awareness in some areas	Mismanagement and poor knowledge in others	Strengthen patient education

TB Identification and Screening	AI based X ray screening used	Political leaders support screening	Discrepancies in implementation across palikas	Standardize screening protocols
	DR centers and hostels established	Screening seen as key to success		Expand AI based tools
Diagnostics	GeneXpert (12 units), microscopy available	Microscopy managed by palikas	Cartridge shortage	Train lab staff
	Sample transport system in place	External quality assurance in some areas	Poor sputum sample quality	Improve infrastructure and SOPs
			Lack of SOPs and lab manuals	Strengthen sample collection
Treatment and Care for TB Patients	713 DOTS centers	High patient satisfaction	Medicine shortages	Ensure consistent drug supply
	Treatment success rate >90%	Family and community support	Need for refresher training	Conduct refresher training
				Address stigma
Social Protection	Free ambulance in Krishnapur	60% enrolled in health insurance (Ganyapdhura)	No food basket or transport support in some areas	Collaborate with banks, transport, agriculture
	Nutrition support in some wards		Poor awareness of insurance	Improve leadership and regulation
Program Collaboration &	Collaboration with schools, NGOs, media	Smooth decentralization	Poor recording/reporting by FCHVs	Institutionalize multisectoral collaboration

Multisectoral Approach	Role of Tole committees and FCHVs	Advocacy through media partners	Programs are fund based only	Improve documentation and reporting
Innovation	Use of AI based X ray	Adoption of new screening technologies	Lack of research units and data teams	Establish innovation hubs
	TB volunteers active			Promote digital tools and analytics

Annex -4: Tools used for the assessment

4.1 Interview Guide for Mayor/ Deputy Mayor/ Chief Administrative Officer at Local Level

Name: Local Level:
Date of Interview:

Q.N. 1 What is the current situation of TB in your local level? *(Probe for TB Burden, Availability of TB services such as screening, prevention, diagnosis, treatment, care and support etc)*

Q.N.2 What do you know about TB Free Initiative? *(Probe for the understanding of the initiative, initiation, objective, implementation timeline, his/her role and responsibilities etc)*

Q.N.3 What priority is given for this initiative at the local level? How is this priority being reflected in the planning process? *(Plan, budget, policies, political commitment, support from province, engagement of local leaders in TB activities/specific actions taken? Etc)*

Q.N.4 Do you have END TB committee formed at your local level? *(Knowledge/committee role/use of committee/challenges, how often they meet? What are the discussion agendas in the meeting, If available, review the meeting minutes/records)*

Q.N.6 What challenges have you encountered in financing TB Free Initiative locally and what are the recommendations to improve the local financing? *(delay in fund disbursement, utilization issues, other priorities, any partner's involvement etc)*

Q.N.7 How is HR for the TB activities including TB Free Initiative being managed? *(Source of support; federal, provincial, local level, capacity enhancement, In the absence of federal grant, is local level able to managed a dedicated HR for TB Free Initiative? Etc)*

Q.N.8 What are the strengths and key challenges in managing HR for the TB including initiative? How can we address the issues with HR? *(Availability of HR, experience, dedication, motivation, clarity in roles, turnover, shortages etc as issues and incentive, training, retention factors, additional recruitment etc)*

Q.N.9 How is multisectoral collaboration working in the initiative? What challenges have been experienced in collaborating across these sectors and how can it be strengthened? *(Sectors of collaboration such as schools/education, social welfare, labor, transport and others, mechanism of engagement with these sectors, any example for engagement etc)*

Q.N.10 What other challenges you encountered in implementing this initiative, any opportunities you see in this initiative and what can be done to strengthen this initiative? *(Budget, HR, Coordination, Multisectoral collaboration/partnership, sustainability, community engagement, ownership transfer mechanisms etc)*

4.2 Interview Guide for Health Section Chief at Local Level

Name: Local Level:
Date of Interview:

Q.N.1 What is the current situation of TB in your local level? *(Probe for TB Burden, Availability and coverage of TB services such as screening, prevention, diagnosis, treatment, care and support, issues in service delivery/strengthening services delivery sites etc)*

Q.N.2 What do you know about TB Free Initiative? *(Probe for the understanding of the initiative, initiation, objective, implementation timeline, his/her role and responsibilities etc)*

Q.N.3 What priority is given for this initiative at the local level? How is this priority being reflected in the planning process? *(Plan, budget, policies, political commitment, support from province, engagement of local leaders in TB activities/specific actions taken? Etc)*

Q.N.4 Do you have END TB committee formed at your local level and ward level? *(Knowledge/committee role/use of committee/challenges, how often they meet? What are the discussion agendas in the meeting, If available, review the meeting minutes/records)*

Q.N.5 Is there a dedicated budget allocated for TB program including TB Free Initiative from the local level budget? *(Yes/No, If Yes, amount allocated, If allocated please note the budget for FY 2079/80, 2080/81 & 2081/82, areas of allocation (screening/prevention/diagnostic/treatment/care support), budget utilization/mobilization etc)*

Q.N.6 What challenges have you encountered in financing TB Free Initiative locally and what are the recommendations to improve the local financing? *(Delay in fund disbursement, utilization issues, other priorities, any partner's involvement etc)*

Q.N.7 How is multisectoral collaboration working in the initiative? What challenges have been experienced in collaborating across these sectors and how can it be strengthened? *(Sectors of collaboration such as schools/education, social welfare, labor, transport and others, mechanism of engagement with these sectors, any example for engagement etc)*

Q.N.8 How are communities involved in the initiative? Does your local level have at least one designated TB Free Community Volunteers at each ward level? *(Who are engaged, how often they are engaged, areas of engagement, who does it, platform or any innovation for involvement etc)*

Q.N.9 How effective is this engagement in terms of community awareness, TB advocacy, screening activities or treatment support? *(Any increase in demand for TB services, barriers for engagement such as stigma/socio-cultural barriers, turnover, how can they be better engaged? Etc)*

Q.N.10 How is monitoring, and supervision being done? How are TB Free activities being monitored? Have you formed any participatory monitoring and evaluation committee at local level? *(Process of monitoring-distance or onsite, tools being used, knowledge of the participatory monitoring, If committee formed, who are the members of the committee, how frequently they meet or conduct monitoring visits, if available, review the meeting minutes or records of the supportive visit etc)*

Q.N.11 What are the information you collect for TB including TB Free? How do you keep records? *(Screening, Prevention, Diagnosis, Treatment, Contact tracing, care and support etc)*

Q.N.12 What are the social protections available for TB patients in your province? *(Any specific measures in the province being taken, how can TB patient have been benefited?)*

Q.N.13 Do you feel capacitated and resourced to take over the responsibilities of TB Free Initiative in the local level? *(Gaps- budget, HR, capacity building, support needs etc)*

Q.N.14 What other challenges you encountered in implementing this initiative, any opportunities you see in this initiative and what can be done to strengthen this initiative? *(Budget, HR, Coordination, Multisectoral collaboration/partnership, sustainability, community engagement, ownership transfer mechanisms etc)*

4.3 Interview Guide for Health Facility In charge/DOTS focal person

Name: Local Level:
Date of Interview: Name of HF:

Q.N.1 What kind of TB services are currently available in your health facility?
1. Clinical Screening
2. Prevention
3. Diagnosis (TB DMC, mWRD)
4. DOTS
5. Others, Specify

Q.N.2 Are TB services accessible across your catchment area? *(Probe for hard-to-reach areas, barriers for access etc)*

Q.N.3 Is there an algorithm, SoP or guidelines for TB diagnosis and treatment available in the health facility? *(Look for the algorithm, check for appropriate quality and use of it)*

Q.N.4 How do you identify presumptive TB in your area? *(Who are the high risk and vulnerable population for TB in your community, how is mapping of high-risk and vulnerable population done, community screening, screening tools being used (symptom only or Xray or both), linkage to other services such as NCDs, MCH, any innovation)*

Q.N.5 Is contact tracing being done? If so, how is it done? *(Explore for process, tracer mobilization, frequency, household or social contact/linkage with sputum courier-patient transfer or sample transport, logistics for sample transportation/screening tools used – symptoms only or X-ray or both)*

Q.N.6 Do presumptive and/or diagnosed TB patients are tested in mWRD (Xpert)? *(Access to mWRD-Xpert, all presumptive, all diagnosed, all new TB patients, all previously treated, pulmonary/extrapulmonary, sputum courier, -patient transfer or sample transport, onsite testing etc)*

Q.N.7 If sample transportation, who does it, how and where is the sample tested? *(Frequency/packaging and storage of sample, tracking of samples, report sharing mechanism, ensuring treatment enrollment)*

Q.N.8 How do you ensure TB patients are taking daily TB medicines? *(DOTS, Facility based/community based/family-based DOTS, treatment compliance present or not,*

Q.N.9. Is there any loss to follow up patients and what measures were taken to track the loss to follow up patients? *(Volunteer mobilization, Phone tracking etc)*

Q.N.10 How is presumptive childhood TB managed? *(Presumptive childhood TB identification, referral, linkage to care, issues, challenges, any suggestions for improvement)*

Q.N.11 How is TB Preventive Therapy being given? *(TPT enrollment, managing medicines, any issues and challenges with the implementation of TPT in terms of acceptance, knowledge, follow up monitoring etc)*

Q.N.12 What is the provision (existing & additional) of care and support services to TB patients? *(yes/no, if yes, type of support-financial/social, referral services, side effect management, any innovation etc)*

Q.N.13 What issues and challenges are faced in providing TB treatment, care and support services? *(Patient adherence, drugs availability/stock out, follow up monitoring, tracking loss to follow up, availability/use of R&R tools etc)*

Q.N. 14 What do you know about TB Free Initiative? How are you engaged and what can be done to strengthen this initiative? *(Sustainability, budget, social protection mechanism, community engagement, coordination among three tiers, ownership transfer)*

4.4 Interview Guide for Laboratory Focal Person (For those HFs with lab facility only)

Name: Local Level:
Date of Interview: Name of HF:

Q.N. 1 Do you have a diagnostic algorithm and tools in place? *(Yes/No, Lab manuals or SoPs, R&R tools, Check for the availability)*

Q.N.2 Is there a linkage for diagnosis with other HFs without labs? *(Yes/No, if yes, how is linkage established? - Patient referral/sample transport)*

Q.N.3 Is there a coordination mechanism established with local level for community screening activities? *(Yes/No, if yes, how is coordination being done involvement in activities since planning, during implementation, monitoring etc)*

Q.N.4 How is the quality of sputum monitored? Have you participated in microscopy EQA regularly? *(During collection in the community or during receipt on lab, visual inspection, sample rejection and recollection, Check for EQA reports and slide storage etc)*

Q.N.5 Are lab commodities (reagent, R&R tools, sputum containers, slides etc) available and how are they supplied and managed? *(Frequency, Who? Etc)*

Q.N.6 What issues and challenges are faced in providing TB diagnostic services? *(Recent stockouts or frequent shortages of TB supplies/reagents, R&R tools, staff turnover/training, status of microscope, budget, coordination, any)*

Q.N.7 How can TB diagnostic services be improved?

4.5 Interview Guide for TB Patient (Under treatment)

TB Registration No: Local Level:
Date of Interview: Health Facility:

Q.N. 1 What is TB? What are TB symptoms? *(Symptoms for TB, myths)*

Q.N.2How did you get information or education on TB? *(Whom? What do you know on prevention, diagnosis, treatment? etc)*

Q.N.3 How did you know that you had TB? *(Patient Pathway-Onset of symptoms to diagnosis etc)*

Q.N.4 When did you get TB treatment after getting diagnosed? *(Time between dx & t/t, reasons for delay etc)*

Q.N.5 Did you feel comfortable and safe visiting TB clinic for treatment? *(Afraid to tell others that I have TB, Lost friends/relatives while sharing about TB, Afraid of going to TB clinic, Worried about having TB, Do people feel uncomfortable being near and keep distance, Do people feel uncomfortable to eat, drink, touch, talk, experience/avoidance in social work/activities/job, Do family members behaved differently, Do health workers behaved same as other patient?)*

Q.N.6 After getting diagnosed how were you guided on treatment? *(Who helped you on treatment? Decision making on treatment, clarity on Treatment initiation, treatment duration, counseling, treatment compliance, follow up? etc)*
Q.N.7 Did you get any financial or social support during your treatment period? *(Transportation cost, Food basket etc)*

Q.N.8 Is there any difficulty you faced throughout treatment? *(Related to cost, family support, other reasons)*

Q.N.9 How satisfied are you with the TB services provided? *(Highly satisfied/satisfied/not satisfied, reasons for no satisfaction)*

Q.N.10 Do you know about the TB free Initiative? *(How did you hear it? What do you know? What can be done for strengthening this initiative?)*

4.6 Interview Guide for Community Health Workers (TBFCVs/FCHVs)

Name: District:
Date of Interview: Local Level:

Q.N. 1 What do you know about TB Free Initiative?

Q.N.2 Did you receive any orientation, training, or materials related to this initiative? If so, do you think, it is useful and adequate?

Q.N.3 How are you engaged in TB Free Initiative? *(Planning, implementing activities such as ACF, contact tracing, awareness, tracing loss to follow up patients, sample transportation, monitoring, counseling TB patients etc)*

Q.N.4 What challenges have you faced in the implementation of TB Free Initiative activities in the community? *(Community acceptance, denial, cultural norms, stigma, ...etc)*

Q.N.5 What measures can be taken to enhance your engagement in the initiative? What can be done to strengthen TB Free Nepal Initiative?

4.7 Interview Guide for TB Partner Organization

Name: Name of the Organization:
Date of Interview: Contact No.:

Q.N. 1 What do you know about TB Free Initiative?

Q.N.2 Is your organization engaged in TB Free Initiative? If so, how is your organization been involved in the initiative? *(planning/implementation/monitoring, role & responsibilities etc)*

Q.N.3 What challenges and opportunities do you see in the implementation of the TB Free Initiative and in your engagement in the initiative?
Q.N.4 What is your feedback and suggestions to strengthen the initiative?

4.8 Interview Guide for Director/TB Focal Person, Health Directorate, Province

Name: Province:
Date of Interview:

Q.N. 1 What is the current situation of TB in your province? *(Probe for TB Burden, Availability of TB services such as screening, prevention, diagnosis, treatment, care and support, any)*

Q.N.2 What do you know about TB Free Initiative? *(Probe for the understanding of the initiative, initiation, objective, implementation timeline, his/her role and responsibilities etc)*

Q.N.3 Is there a dedicated budget allocated for TB program including TB Free Initiative from the province? *(Yes/No, If Yes, amount allocated, If allocated please note the budget for FY 2079/80, 2080/81 & 2081/82, If allocated please note the budget for FY 2079/80, 2080/81 & 2081/82, areas of allocation (screening/prevention/diagnostic/treatment/care support), budget utilization/mobilization etc)*

Q.N.4 What are the social protections available for TB patients in your province? *(Any specific measures in the province being taken, how can TB patient have been benefited?)*

Q.N.5 How is multisectoral collaboration working in the initiative? What challenges have been experienced in collaborating across these sectors and how can it be strengthened? *(Sectors of collaboration such as schools/education, social welfare, labor, transport and others, mechanism of engagement with these sectors, any example for engagement etc)*

Q.N.6 Do you feel capacitated and resourced to take over the responsibilities of TB Free Initiative in the province? *(Gaps -Budget/HR/training, support needs, if in the absence of federal budget etc)*

Q.N.7 What challenges and opportunities you see in this initiative and what can be done to strengthen this initiative? *(Budget, HR, Coordination, Multisectoral collaboration/partnership, sustainability, community engagement, ownership transfer mechanisms etc)*

4.9 Checklist for the assessment of key TB indicators in TB Free Local Level

Date of visit/interview:

Name: **Province:** **District:**

Designation: **Local Level:**

QN	Questions	Response	Remarks
TB screening (TB screening camp and contact investigation)			
1	Total number of TB screening camps conducted	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
2	Total number of people screened for TB	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
3	Total number of presumptive TB identified	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
4	Total number of TB diagnosed	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
5	Total number of people with TB initiated on TB treatment	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
6	Proportion of PBC patients underwent contact tracing	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	Review the records in NTPMIS along with local level
Diagnosis			
7	Is TB designated microscopy center (TB DMC)/mWRD exist in your local level?	1. Yes 2. No	Verify with the records at PPHL and/or NTCC

8	Number of TB DMCs in the local level	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
9	Number of mWRD site in the local level	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
10	Number of health care facilities that have access to mWRDs (onsite or through sample transportation)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
11	Percentage of new and relapse TB pateints tested using a WRD at the time of diagnosis (No. notified tested using a WRD/total number of notified)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	Review the records in NTPMIS along with local level
12	Percentage of notified, bacteriologically confirmed TB cases with DST results at least for rifampicin (No. with DST results/no. notified)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
Notification			
13	DS TB case notification (numbers)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	Review the HMIS reports
14	DR TB case notification (numbers)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	

15	Childhood TB notification -(numbers)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
16	Proportion of registered new and relapse TB patients with documented HIV status	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
17	Proportion of HIV positive new and relape TB patients on ART during TB treatment	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
18	Family based DOT (FB-DOT) services available in all health facilities?	1. Yes 2. Yes, Partial (Specify the no. _____) 2. No	
19	Treatment Success Rate (TSR) for DS TB	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	Review the HMIS reports
20	Treatment Success Rate (TSR) for childhood TB	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
Nutritional and transportation support			
21	Number of DS TB patients received nutritional support	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____ 4. Records not available	Review the records
22	No. of DR TB patients received nutritional and travel allowance/cost	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____ 4. Records not available	

23	Number of DR TB patients enrolled in national health insurance scheme	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____ 4. Records not available	
Prevention			Review the HMIS reports
24	Number of individuals eligible for TPT	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
25	Percentage of individuals initiated on TPT out of those eligible (Total number of individuals eligible for TPT who initiated treatment /Total number of individuals eligible for TPT)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
26	Percentage of individuals completing TPT out of those initiated treatment (Total number of individuals who completed a course of TPT initiated/Total number of individuals who initiated a course of TPT)	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
Data reporting and budget utilization			
27	No. of HFs reporting case based information in eTB register	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
28	No. of TB cases reported in eTB register	1. FY 2079/80 _____ 2. FY 2080/81 _____ 3. FY 2081/82 _____	
29	Budget Allocation	1. FY 2078/79 _____ 2. FY 2079/80 _____ 3. FY 2080/81 _____ 4. FY 2081/82	
30	Budget Expenditure	1. FY 2078/79 _____ 2. FY 2079/80 _____ 3. FY 2080/81 _____ 4. FY 2081/82	

Annex-5: Glimpses from the field


आधारभूत स्वास्थ्य केन्द्र बेदौरे


पिपरा अस्पताल


गाउँ कार्यपालिकाको कार्यालय

World Health Organization

Nepal