TB CARE II Bangladesh Project
Final Programmatic Progress Report
April 2013- March 2015

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EXECUTIVE SUMMARY
(Highlights of major activities implemented and results achieved)

The Leprosy Mission International-Bangladesh (TLMI-Bangladesh) has been performing TB activities, with GFATM Support and with health department of GoB, in Thakurgaon and Panchagarh districts in northern part of Bangladesh. Thakurgaon and Panchagarh districts have 10 Upazila with 2,437,234 populations in 3,213 sq km. area. Nearly one fourth population constitutes ethnic minorities. With a per capita gross national product of $440, half of the population lives below the poverty line. They have higher fertility rate, underprivileged health outcomes, and insufficient poverty alleviation safety net priorities.

TLMI-Bangladesh's experience over the years indicate around 2,400 people get new sputum positive cases here with around 9,500 people getting all forms of TB. The multi-drug resistance is another emerging issue; the prevalence of this is also alarming.

The activities of TB control program, TLMI is aligned with the activities of National TB Control Program aiming to reach the targets of case detection rate of at least 70% every year and a cure rate more than 85%. The overall goal is to help Bangladesh reach MDGs by 2015. But in current situation the findings in smear negative TB, EPTB and TB in children seem less than expected. USAID funded TB Care II Bangladesh Project initiated in TLM working area through URC to minimize the gap and upgrade the performance and to achieve the national targets through maintaining the standards and quality TB work.

Two year reporting session on April 13 – March 15 of TLMI TB Care II Bangladesh Project, we had a big job to implement the awareness, coordination, capacity building, case finding/diagnosis, and treatment related activities specially meeting, training, activity perform, contact check, MDR orientation and community mobilization. It causes a great effect in the community as the participants received TB Messages and works as a stakeholder; increase NSP cases, referred suspects to the microscopy center, detected case and got treatment.

Besides that, we had some task to maintain effective coordination with government health department and we also arranged important event like as Project Launching Seminar, Advocacy meeting with Govt. Senior Health staff, orientation for the Govt. MOs on SS+, SS-, EPTB and Child TB, Meeting with TLM Other Project Staff Folk Song, Farmers Group Meeting, Court Yard Session, MDR-RB orientation, Social Mobilization. Positively it creates a friendly environment to aware community on TB, as well as we found easily diagnosis, new case and treatment.

50 volunteers and 10 Field Assistants were working in the community with the other stakeholders for TB Screening. They played a great role in awareness activities by implementing courtyard meeting, house hold visit, contact check etc. and also to diagnosis system as cough collection for sputum microscopy.
1 ACTIVITIES AND PERFORMANCE

1.1 Project staff trained on DOTS:
A total number of 23 Staffs have received a one day training in year on DOTS & recording, reporting, monitoring and supervision. Among them 9 were female staffs. After the training they are now able to perform their duty very well. Now the staffs are performing their duties in their own posting area.

1.2 Orientation of Project staff on community mobilization, child TB, MDR, reporting and documentation:
03 days long training for field level on MDR-TB, Child TB, mobilization, recording, reporting, monitoring and supervision was organized in the last year at TLMI-B, Thakurgaon. Project Support Manager, TB CARE Officer and M&E Officer were facilitated the training session. Total 20 no. field level staff were attended the training. Among them 8 were female staffs. After the training they are now able to perform their duty very well end of the project.

1.3 Clinic Support Assistant training:
Training on sputum microscopy for AFB was conducted in 01st year. The duration of this training was 5 days and the course was residential. The participants were 7 Clinic Support Assistants who are working with TLMI-B TB Care II Bangladesh Project. The sessions of this training were facilitated by the Sr. Medical Technologist of local Civil Surgeon Office, Program Organizer (Lab. & EQA Lab), Medical Officer of existing TB Control Project of TLMI. The contents of this training course were designed according to SOP (Provided by NTP) of TB Laboratory and National Guidelines and Operational Manual for Tuberculosis Control. Among the participants 3 were female. After this intervention the laboratory personnel of TB Care II project are working more efficiently in 7 microscopy centers in different area under Thakurgaon&Panchagarh district. They are independently handling the workload of these MC and the output results of this MC are contributing the overall performance of this project.

1.4 Refreshers Training course on Microscopy
01 day long Refreshers Training course on Microscopy for AFB was organized, in the last year at TLMI-B, Thakurgaon for Clinic Support Assistants. Kanchan Roy, Bodiul Islam, PO-Lab and Project Support Manager were facilitated the training session. 10 no out of 05 no female staff were attended the orientation session.
1.5 Volunteer training on DOTS:
50 volunteers have received day long training on TB suspect identification in 01st year through 2 sessions. Among the participants 13 were female. In these sessions the discussions were made regarding early signs & symptoms, technique of suspect identification, suspect referral and sputum carrying to the MC. After the training program the volunteers have started to aware community on TB symptoms, benefits of early screening and benefits of continuous full course TB treatment. As a result the ‘Community Paid Volunteers’ have identified 10,379 suspects and among them 405 cases were ensured in this reporting year and they are receiving treatment.

1.6 Training of Community Volunteers on community mobilization, child TB, MDR, reporting and documentation:
02 days long training for Community Volunteer on MDR-TB, Child TB, mobilization, recording, reporting, monitoring and supervision was organized in the last year at TLMI-B, Thakurgaon and Panchagarh into two sessions. Project Support Manager, TB CARE Officer and M&E Officer were facilitated the training session. Total 50 no. Community Volunteers were attended the training.

1.7 Project Launching Seminar:
Two Projects Launching Seminars were arranged in two districts. One was held in Thakurgaon Civil Surgeon’s conference room and another was held Panchagarh Civil Surgeon’s conference room. The honorable Civil Surgeons of two districts presided over the meetings. TB CARE II Bangladesh Project, TLMI-B is implementing in Thakurgaon & Panchagarh districts aligning with the activities of National TB Control Program, Bangladesh with the aim to reach the target of case detection rate of at least 70% every year and a cure rate more than 85%. The Project has initially started on 2nd April’13 but implementing in full phase from 1st July’13 with its activities. The Honorable Civil Surgeon of Panchagarh opened the launching seminar in presence of the honorable chief guest, a representative of Deputy Commissioner of Panchagarh. Beside them respected UNO, UH&FPO, RMO, PO-TB, TLCA, News Reporters and Religious Leaders of Panchagarh district were present there. To meet up objectives of the project; i.e. a) Increase access to quality TB and MDR TB services b) Mobilize communities to raise awareness about TB and utilization of services; discussion was done briefly about these objectives, activities and achievements in the period. In the discussion, it comes forward about the reduction of the chance of infection of TB and the prevention of MDR TB and TB CARE II Bangladesh Project, TLMI-B has more awareness related activities about TB.
messages. The honorable guests expressed their thoughts that the Project plays a great role in this perspective which is very needed in our country situation. Along with other participants the honorable representative of Deputy Commissioner expressed his view of continuing support to implement the project smoothly for the better interest of the people of Thakurgaon and Panchagarh and thanks TLMI-B to do so. A number of 45 male and 2 female, total 47 participants were expressing their views in awareness on TB.

### 1.8 FGDs for KAP baseline estimate:

The TLM Nilphamari Training Center at DBLM, Notkhana conducted FGDs for KAP baseline estimate by an experienced team in this connection. The facilitation team conducted 20 Focus Group Discussions (FGD) in Thakurgaon & Panchagarh district. 2 groups were selected from each Upazila. Villages and participants were selected by lottery through the staff of TB CARE II Bangladesh Projects. Different kinds of community people attended and expressed their opinion in those group discussions. Teachers, Village Doctors, Students, Farmers, Businessmen, Daily laborers & Housewives were presents in those discussions. In the focus group discussion total 314 participants attended in 20 villages of 10 Upazilas of Thakurgaon and Panchagarh district. 12% of the total participants were of age level 12 - 17, 70% participants of age level 18 - 50 & 18% participants of age level 50+. In the discussion people from different occupation attended. Among them Student 53, Farmer 81, Businessmen 33, Village Doctor 10, Teacher 13, Service holder 18, Housewife 93 and Retired was 13. Among the present participants education level was: class 0-5 - 40%, class 6-SSC level - 42% and HSC+ was 18%. The report of the FGDs for KAP baseline estimate helps us to assess in achieving the project objectives and help to make plan in future in this regard.

### 1.9 FGDs for KAP ending estimate:

The TLM Nilphamari Training Center at DBLM, Notkhana conducted FGDs for KAP ending estimate by an experienced team in this connection. The facilitation team conducted 20 Focus Group Discussions (FGD) in Thakurgaon and Panchagarh 2 districts of 10 Upazilla of 20 village’s total 310 participants attended in the focus group discussion. Different occupations and different ages of community people attend in the discussion. The participants were enthusiastic and spontaneous to express their opinion, ideas and experience. Teachers, village doctors, students, farmers, business man, daily labors, service holder & housewife’s were presents in the discussions.
The age levels are as follows: out of 310,51 participants ages 12-17, 231 participants age 18-50 & 46 participants' age 50+.

In the discussion different occupation people were attended. Among them student 24%, agriculture 13%, business 5%, village doctor 2%, service man 4%, house wife 45% and retired 7%. The present participants educations level 44% 0-5, 43% 6-SSC, 13% HSC+

The below table and chart shows education level of the participants

**Transmission:** About the TB transmission participants mention different opinions. Among the present participants 23% participants mention Germ in the cause TB for transmission and 21% participants said that they don't know the cause of the disease. 56% Participant shared various opinions which they heard from their neighbor and from some other sources which is shown in the Colum.

**Magnitude of problem:** 45% of the participants mention that the consequence of TB is death if someone does not have the proper treatment. The other participants shared that TB patient and their family suffers with different problems which they mention are shown in the Colum. They also mention that if the patient receives the proper treatment it will be cure.
Who can affect: 299 participants mention all age population can affect by TB. The rest of the member thinks men are more affect by TB.

Cause of disease: 29% participants mention that cause of TB is the Germ. 12% participants said that they have idea about the cause of disease. Some participants mention causes from their assumption which is shown in the Colum.

<table>
<thead>
<tr>
<th>Points</th>
<th>By blood</th>
<th>Coughing &amp; Sneezing</th>
<th>Sharing Same house &amp; food</th>
<th>By air inhalation</th>
<th>By Spit through foot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants</td>
<td>13</td>
<td>132</td>
<td>61</td>
<td>42</td>
<td>62</td>
</tr>
</tbody>
</table>

TB Infection
About the TB infects from one to another the participants mentioned following points which are shown in the table:
Case detection:
The first column of the table shows about case detection of TB. Most of the people mentioned that TB case can be detected through sputum test which they saw in the health center and heard from health worker.

```
<table>
<thead>
<tr>
<th>Test</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sputum test</td>
<td>298</td>
</tr>
<tr>
<td>X ray</td>
<td>1</td>
</tr>
<tr>
<td>Blood test</td>
<td>11</td>
</tr>
</tbody>
</table>
```

Treatment: 21% participants said they do not know the treatment of TB. 79% participants mention the TB treatment is the Medication and have to receive from hospital or doctor.

Curable: During the FGD discussion members were asked whether TB is curable, all of the participants said that it is curable if the patients take proper medicine and complete the full course regularly. The participants also mention if someone becomes irregular about medication must be the complication will arise, patient will die.

Treatment duration: Participants were asked about the duration of TB treatment. Different participants answered the different duration. 164 (52%) participants mention 6 months is the full course.

```
<table>
<thead>
<tr>
<th>Duration</th>
<th>6 months</th>
<th>3 months</th>
<th>6-8 months</th>
<th>8 months</th>
<th>9 months</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of part.</td>
<td>214</td>
<td>8</td>
<td>77</td>
<td>1</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
```

MDR TB
Focus Group discussion has done in 20 groups. Out of 20 groups participants mentioned about MDR of TB, the other groups don’t know about MDR.

Treatment center:
All the Participants mentioned that people can receive Tb treatment from GOB Upazila Health complex (UHC). People also mentioned that NGO worker, Health worker assist for TB treatment like sputum pot distribution, collection and getting treatment.
Obstacle /barrier for treatment
Facilitators asked the FGD participant’s is there any obstacle/barrier in their area to receive TB treatment. Out of 20 locations 14 groups mentioned that they have experience to receive the treatment. Among those in one group’s one member mentioned after one year from Rampur doctor could diagnosed and then the treatment started. Groups mentioned that said that there is no barrier to get TB treatment. They mentioned following points about TB treatment in their community:

- Worker supply medicine in time & some time intake medicine (Danish Office)
- Free treatment is available
- TLM Workers provide good services and advice

Observation:
The Facilitators overall observation of the community people about TB is quite good:

- Most of the participants know about the sign symptoms of TB, case detection treatment center and its consequences.
- All the participants of FGD area have some concept about TB.
- The present participants of FGD were very much positive to share their ideas and experiences.
- About the cause of TB, transmission, treatment (FDC), MDR, prevention (BCG) community people have some yet gap.
- Most of the participants are willing to involve with the service and volunteer to protect the community from TB.

1.10 Arrange orientation for the Govt. MOs on SS+, SS-, EPTB and Child TB:
Respected 10 Govt. MOs of two districts (Panchagarh and Thakurgaon) participated in the orientation. The honorable Civil Surgeon of Thakurgaon took the site of Chairman. Respected radiologist addressed the ins and out of diagnostic features in his lecture. Respected Medicine Specialist discussed the diagnostic criteria of TB, especially EPTB and Child TB, Burden of TB, Drugs of TB and its side effects, MDR TB and its threat towards human being. The respected Consultant, CDC, Thakurgaon mentioned in his lecture the importance of DOTS and finding out Child TB & EPTB. He emphasized to find and diagnosis Child TB and EPTB, where the Doctors play a great role for the better future of our community. The participants expressed their views as same with the discussion took place there. The Honorable Civil surgeon suggested giving emphasis to find out TB especially Child & EPTB in their diagnostic time, help them to complete treatment and reduce community burden from TB.
1.11 Non-graduate private provider orientation:
A number of 560 non graduate private providers have received orientation on TB in the end of the year through 28 sessions. In these sessions, discussions were made about early signs & symptoms, suspect identification, suspect referral mechanism etc. of TB. The objective of this activity was to have TB screening done by the private providers from the rural community at the very early stage of development of TB disease and it would be fulfilled by conducting the training session for the non-graduate private providers as they are committed to aware community, identify and refer suspect to the TB Microscopy center. They also are committed to reach out TB massages to the people who came to their private chamber and to support on DOTS provision time due to stop MDR TB in our community. They have already referred 2666 suspects to the Microscopy center.

1.12 Upazila govt. health staff (Field) orientation:
301 Govt. Health staffs (Field) were imparted orientation on TB in the end of the year through 12 sessions in 10 Upazilas under Panchagarh&Thakurgaon District. In these sessions discussion were made on early signs & symptoms, suspect identification, suspect referral etc. of TB. After the training session the Govt. Health staffs were committed to aware community, Identify and refer suspect to the nearest TB Microscopy center. The respective Upazila Health & Family Planning Officers attended in these sessions and they made aware the Health Staff regarding the job responsibilities relating to TB suspect identification and DOTs provision. The Government Health Staffs have referred 737 suspects to the TB Microscopy center. Among the suspects 41 TB cases were detected and they are now receiving treatment.

1.13 School & Madrasa Teachers Training on TB:
A total number of 247 teachers have received training in the end of the year through 10 sessions. Among them 37 participants were female teachers. They came from 10 Upazilas under 02 District. In these sessions discussion were made on early signs & symptoms, suspect identification, suspect referral etc. of TB. The objective of these sessions was to reach TB massage to the school going children and it may be fulfilled after conducting the training session.
with the teacher as they became committed to aware their students and community in TB and also they could provide support on DOTS provision time. The school teachers have started to aware their students as well as their community with TB messages; they referred 112 suspects to the TB Microscopy center. Among the suspects, 6 NSP cases were detected and they are now receiving treatment.

1.14 Advocacy Meeting for Govt. Senior Health Staff:
Four Advocacy meetings with Govt. Senior Health Staff had been arranged in two districts. Two took place in Thakurgaon CS conference room and another two in Panchagarh CS conference room. The honorable Civil Surgeon of Two districts presided over the meetings. Beside them the respected UH&FPO, DD Family Planning, PO-TB, TLCA and other Govt. Senior health staffs participated in the meeting. A number of 136 male and 24 female, total 160 participants expressed their views in awareness on TB. All became informed about the early signs & symptoms of TB and their referral system. They are now committed to aware community on TB and refer suspect to the microscopy center by themselves and through their colleagues as well.

1.15 Meeting with TLM other project staff to disseminate TB message:
186 respected staffs from TLM other projects participated in the meeting in 5 sessions. The honorable Program Leader of Community Program & Rural Health Program presided over the meeting. The respected experienced persons of TB Control Program, TLM-I-B and Medical Officers from DBLM Hospital also participated and addressed valuable issues in their lecture regarding awareness on TB and reducing the chance of infection in our community. Also all were informed about the early signs & symptoms of TB and the referral system. They are now committed to aware community on TB and refer suspect to the nearest microscopy center.

1.16 Annual Project Learning and Review Meeting:
Four Annual Project Learning and Review meetings were arranged in two districts. Two were in Thakurgaon CS conference room and another two were in Panchagarh CS conference room. The honorable Civil Surgeon of Two districts presided over the meetings. Besides them the respected UH&FPO, PO-TB, TLCA, UP and Ward Chairmen, Religious
leaders and TLM other project staffs were present in the meetings. All were informed about the early signs & symptoms and the referral system of TB along with the activities been performed by TB Care II Project in these two districts and their results. These participants were committed to keep providing their valued support towards the activities of TB Care II Project and aware community on TB and refer suspect to the microscopy center by themselves. A number of 66 male and 2 female, total 68 participants expressed their views in awareness on TB in the end of the project.

1.17 Advocacy meeting with Local Union Council members and pouroshova:

A number of 1,260 respected Members of 98 Union Councils participated in the meeting where male were 971 and female 289. All got informed about the early signs & symptoms of TB with their referral system. They became dedicated to aware their community on TB and refer suspects to the microscopy center also to assist on DOTS provision purpose. The UP members referred 10 cases out of 157 suspects in this opening year and they are now receiving treatment.

1.18 Court yard meetings conduct:

In the end of the year, the Volunteers have conducted 40,551 meetings in the villages under Thakurgaon and Panchagarh district, where 20,2693 male and 24,1876 female, total 4,44,569 participants were present. The participants were informed about the early signs & symptoms of TB. In this reporting year 10,121 suspects came through these activities and 678 TB cases were detected who are receiving TB treatment. It is the good way to awareness the community people easily and easily to provide the TB message.

1.19 Community group meeting organized:

135 community group meetings have been organized where 1080 male and 1485 female total 2565 participants attended. The members of managing committee of community clinics attended as participants. All are informed about the early signs & symptoms of TB. The Community Group Members have referred 495 suspects to the TB Microscopy centers and got 10 persons as NSP in the reporting year, who is now receiving TB treatment.
1.20 Drama & Folk Song:
44 events of Drama & Folk Song have been organized in the project area where about 22,565 male and 17387 female, total39,952 participants enjoyed the folk song on TB and they got aware about the early signs& symptoms of TB. In these places where we arranged the big show, the community leaders were present and they inaugurated the session and delivered their valuable massage on TB to the gathering. In the ending of the year 155 suspects came through these activities where male was 82 and female 73. Among the suspects,11 TB cases were detected who are now receiving TB treatment.

1.21 Awareness Meetings with Farmers Group:
108 farmer’s group meetings have been conducted through collaboration with Govt. Agriculture department and their activity called ‘Krishok Math School’ meaning ‘Farmer’s Field School’; where 1345male and 703 female, total 2048 participants were present. The participants were informed about the early signs& symptoms of TB. They started to refer suspects. Already they referred 188 suspects in this reporting year.

1.22 Orientation on TB/MDR TB:
In the project7797orientations conducted with messages on TB/MDR TB to the TB patient family members especially to positive patients’ family. 25,331 male and 29,254 female, total54,585 family members of TB patients received the message. The participants are informed about the early signs& symptoms, benefit of DOTS, prevention of MDR etc.1229suspects came from these orientations and 40 cases were detected, and these cases were registered.

1.23 Household visit (contact check):
In the end of the year,13155 contact checks have been conducted for TB screening in the TB patients’ houses, especially in positive patient’s houses. A number of 28, 560 male and 37,205 female, totally 65,765 family members have been checked for TB screening. 2375 suspects came from this visit where 155 TB cases were detected who is now receiving treatment.
Case Findings:

New Case Findings for 1st Year:

Figure 1: Quarterly type of new case finding for 1st year

Figure 2: Quarterly number of new case finding for 1st Year
New Case Findings for 2nd Year:

![Bar Chart: Quarterly number of new case finding for 2nd year](image)

**Figure 2: Quarterly type of new case finding for 2nd year**

![Pie Chart: Quarterly number of new case finding for 2nd Year](image)

**Figure 2: Quarterly number of new case finding for 2nd Year**
Year wise Total New Case Findings:

Figure 3: Yearly type of new case finding

Figure 2: Yearly number of new case finding
Al a glance New Case Findings:

Figure 1: Total new case finding

Figure 2: Total number of new case finding
Cost sharing report:
TLMI-B, working for the poorest especially for People Affected by Leprrosy and also dealing with Tuberculosis in the same community, is happy to share in the budget of TB CARE II Bangladesh Project. In this connection TLMI-B agreed to share 10% contribution as cost share according to MoU with URC for implementing the TB Care II Bangladesh Project. TLMI-B is sharing the contribution in kinds and utilization of materials and human resources to implement the project. The 10% of this cost sharing amount is calculating in the following areas:
- Management cost: The line management contributes their time to the project.
- HR utilization of existing TB Control Project: The existing TB staffs spend their time proportionately for the project activities.
- Facility rent: TLM facility is being used for the project office space, other facilities being used for conducting different activities.
- Government facilities utilization for conducting the activities are also treated as cost sharing because GoB (NTP) and TLM bonded with a MoU for implementing TB Program in these two districts of Thakurgaon and Panchagarh.
- TLMI-B Training Center utilization: for arranging different training we use the Government center and TLM’s training center also treated as cost sharing.

3. PROGRAM MANAGEMENT AND COORDINATION
(Discuss major management related activities, how the project coordinated with NTP and other partners)

The line management did necessary coordination with NTP and district health authority to initiate the TB Care II Bangladesh Project in Thakurgaon & Panchagarh. The focal person of TB CARE II Bangladesh Project communicated with the respective Civil Surgeons & CDC Consultant regarding the TB Care II Bangladesh Project and informed them about the set of activities of this project. It was also discussed with them about the ongoing activities of TB CARE II Bangladesh Project. He maintains time to time coordination with the local authority for conducting the activities proposed in the TB Care II Bangladesh project.

Quarterly Progress Review and Planning Meeting (URC):
A quarterly progress review and planning meeting were held in each quarter at URC, Dhaka Office. All partner of TB CARE II Bangladesh project were attended the progress review meeting. In this meeting, all partner Program Manager’s and URC was presented their quarterly achievements, challenge, learnings, way forwards and a developed a next quarterly plan.

Monthly Staff Coordination Meeting:
As our internal discussion and decision, we have arranged 20 no monthly staff coordination meeting at TLMI-B, All staff of TB CARE II Bangladesh Project was attended the progress review meeting. In this meeting, concerned Project Support Manager-PSM of TB CARE II Bangladesh Project was facilitated and disseminated different update information among the participants. Each upazila team members were presented their monthly achievements, challenge, learnings, way forwards and a developed a next month plan.
Quarterly Progress Review Jointly Meeting (TB CARE II and GFATM):
07 no quarterly progress review and jointly meeting were held in each quarter at TLMI-B, Regional Office. All staff average in each meeting, 75 of TB Control and TB CARE II Bangladesh Project were attended the progress review meeting. Our respective Medical Coordinator, Admin &Finance Manager, Project Manager-TB and Project Support Manager-TB CARE II Bangladesh Project were also attended. In this meeting, concerned Program Manager’s and Upazila team members were presented their quarterly achievements, challenge, learnings, way forwards and a developed a next quarterly plan.

Program Monitoring (DQA) by URC:
On 08-09 December, 2014 the respective Senior Advisor, Senior Sector Specialist, Activity Manager and Monitoring Officer of URC, Dhaka and Divisional Coordinator of Rangpur was visited our project office, Thakurgaon. The team has been visited at our working are Boda and Balidangi UHC and as well as field level. They reviewed our program, data validated and also checked different documents also field visit and DOTS follow-up. URC also follow up our reporting follow chart and system. A formal discussion session was held all project office staff including GFATM, PM and URC team members.

Financial and Program Monitoring by URC:
On 23 September, 2014 the respective Grants Manager, Accounts Manager of URC, Dhaka and Divisional Coordinator of Rangpur was visited our project office, Thakurgaon. They reviewed our program, data validated and also checked financial documents like bill voucher and necessary documents. URC also follow up our last monitoring findings and observation.

Program Visit by TLMI-B, Newzeland:
On 10 December, 2014 the honorable member of Trusty Board of Newzeland and our respective Medical Coordinator of Nilphamari was visited our TB CARE II project and GFATM, Thakurgaon Sadar. The aims of the visit-to prepare a document on case study focus on TB. The teams were visited in Sadar Hospital and Akcha Union at Sadar Upazila and discussed out team and all types of patient.
Pre-Christmas Day Observed:
On 11 December, 2014 the Pre-Christmas day observed in TLMI-B, Thakurgaon office. The all staff of different project like TB CARE II, GFATM, CP, RHP and Nilphamari senior team, local administration, different NGO, local elites were attended the day observation. The honorable Civil Surgun inaugurated the observation ceremony. More than 500 hundred staff and guest were entertainment the observation. A colorful decoration was decorated and a cultural program and a drama was performed our project staff.

Establishment of ZeneXpert at Thakurgoan:
ZeneXpert was introduced by NTP in Bangladesh in March 2012 with the support of USAID TB CARE II project. NTP developed a diagnostic algorithm, SOP, training materials and other supporting documents for ZeneXpert implementation. As per URC plan, TB CARE II project established a ZeneXpert at Thakurgoan CDC on July 2014 for better TB diagnosis. Xpert MTB/RIF can rapidly and accurately diagnose TB and rifampicin resistance. So collection of good quality sputum is essential for good diagnosis, using Xpert and all other lab tests.

4. Program outcomes/results, learning and management challenge:

Outcomes/Results:
- Developed relationship among different stakeholders like TLMI-B, Govt.-NGO
- Increased community awareness on TB and also Leprosy
- Increased case findings including child TB
- Decreased risk and burden from TB
- Increased awareness on MDR TB
- Supported Leprosy early case findings

Challenges:
- Less of ownership of Village Doctor-UP members-Teachers & Farmers
- Lack of knowledge about TB
- Less of identified of Child TB
- Very short project duration
- Staff drop out
Overcome/Way Forward...

- More involvement Village Doctors, Community Leaders, Health workers, UP Members, Teachers & Farmers.
- Regular follow up the trained Village Doctors, Teachers, UP Members and Farmer Group.
- Early case findings
- Facilitating/conducting School Session at Primary and Secondary level on TB.
- Providing training or awareness activity with Adolescent Girls, Child group, NGO worker for utilization in community level.
- Long term/extension or ongoing the project support.

Learnings:

- TB Campaign, Video/Flim Show and Folk Songs are the best way to delivery more massage among the community people in a short time.
- Coordination and sharing is the best tools to support for achieving our target, Project Goal and Objective easily.
- When observed sign symptoms, people take initiated to examine presumptive themselves.
- Cure patient’s initiative to provide new case.
- Presumptive rate has increased due to mass awareness people on TB.
5. **Monitoring and Evaluation**  
*(Include the PMP table showing actual achievements against targets for all applicable indicators)*

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline 2013</th>
<th>Target Year 2 (To be revised based on Year 1 achievements)</th>
<th>Actual Year 2</th>
<th>% Achieved</th>
<th>Target Q1</th>
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<th>Target Q2</th>
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<td><strong>Number of total presumptive TB cases identified</strong></td>
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<td>108</td>
<td>2,714</td>
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<td>6,785</td>
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<td><strong>Number of TB suspects referred by private providers</strong></td>
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<td>Smear conversion rate of TB patients (at the end of intensive phase)</td>
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<td>#V AL UE!</td>
<td>&gt;85 %</td>
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<td>Treatment Success Rate of notified TB cases</td>
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<td>Number of drama and folk song</td>
<td>20  10  24  240  4  3  6  7  0  3  0  11</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
organized to raise awareness about TB

<table>
<thead>
<tr>
<th>Number of advocacy meetings organized with Union Council members</th>
<th>98</th>
<th>0</th>
<th>0</th>
<th>#DIV/0!</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people reached through household visits/community group/advocacy meetings</td>
<td>356,339</td>
<td>98,000</td>
<td>30,256</td>
<td>309</td>
<td>14,700</td>
<td>86,906</td>
<td>29,400</td>
<td>113,306</td>
<td>29,400</td>
<td>25,490</td>
<td>36,526</td>
<td>0</td>
</tr>
<tr>
<td>Number of families of TB/MDR TB oriented on infection prevention</td>
<td>2,838</td>
<td>2,500</td>
<td>4,959</td>
<td>198</td>
<td>500</td>
<td>1,595</td>
<td>750</td>
<td>1,394</td>
<td>750</td>
<td>1,060</td>
<td>500</td>
<td>910</td>
</tr>
</tbody>
</table>

Note:
* Yearly and quarterly targets are inclusive of baseline
** 2013 data has been used for baseline number
6. **SUCCESS STORIES**  
*(Report any success stories of the project with relevant photos)*

![Image of Sumi Akhtar]

**History of Sumi Akhtar**

Sumi Akhtar, D/o, Ajgor Ali, a TB patient with registration no: 210/13 lives in Botpaligao under the Pirgonj Upazila. At present she is receiving treatment from UHC Pirgonj. She got infected by TB when she was in class nine. Her family is very poor and she lives with her father, mother and two brothers. After a few months, her right hand got infected by a tumor. Day by day the infected areas were spreading up. She had continuous fever and cough. She took some treatment through as per a doctor’s suggestion. She felt good from time to time after taking those medications, though she felt weak most of the time. Her parents tried to show her to various doctors from a number of Upazilas, but it did not help her in getting cured. Her fever continued and her family became hopeless. Day by day her condition was becoming worse and her suffering knew no bounds. One day Mr. Lalani Kanto Roy, Field Assistant of TB Care II Project, came to her village to give suggestion on TB. He suspected that she might not only have pulmonary TB but may also have been infected with EPTB. Then he consulted with her parents and advised how she can get proper treatment from Dinajpur. He also assured that they will get some financial assistance for her diagnosis and that the treatment was free. Her parents admitted that they got many suggestions from Doctor, but those did not bring good result. After diagnosis it was confirmed that she had TB problem as was suspected by TB Care II staff. Then she started to receive treatment and medicine from UHC Pirgonj free of cost and took it regularly. At present she is fully cured. She and her family are so happy and thankful to TB Care II Bangladesh Project.
Success stories
(Report any success stories of the project with relevant photos)

**History of Jahanara Begum**

Jahanara Begum is a smear negative patient living in cakla hut union of Panchagarh district. She is suffering from continuous fever and cough for almost one year. After having taking treatment from village doctors she also took treatment from Kabiraj for three months. She has no son. Often she live in her daughters house. Her daughter also could not bear the treatment cost of her mother. Jahanara work in neighbors’ house and collect some money. With this small amount she goes to Rangpur for her treatment. Although having treatment from doctors of Rangpur she does not get well. One day community volunteer goes to Jahanaras house. After knowing all her history of disease community volunteer (Md: Asaduzzaman Noyon) asked her for cough test. In cough test she becomes a smear negative patient in spite of having all symptoms of TB. In the assistance of TB Care II project she received social support and gets opportunity to more test and become a pulmonary TB patient. Jahanara now receiving DOTS treatment. She is now feeling well. All this happy events comes true only because TB Care II project.
Success stories:

**Sweaty is now cure and happy for TB CARE II**

Mrs. Sweaty Akhtar age 12 years father name Babul Hassain they are living in the Gila Bari village under the Mahamadpur UP, hakurgaon District. She is suffering from fever long days and taking medicine from treatment center so that recover from fever, but her fever days after days was grew up and physical health broken down. Mr. Babul Hassain is a day labour, he earns a very small amount of money, and with this small earning it’s become very difficult for him to maintain his family. Sweuty Akhtar is a student so her father thinking about her study. The patient took treatment from different health facilities area but result is zero. One day they meet a village doctor who received training from TB CARE II Project. He referred the patient to Rangpur Medical College Hospital and attaining medical officer advise them for different type of test but had not able to do so, because they are too poor to do the test, .So Village doctor introduced the patient to TB CARE II Project, Field Assistant Mr, Kazal Kumar Roy for social support from TB CARE II Project. He arranged the social support money for the patient from TB CARE II project to have done the test. She is found infected with a TB bacteria whose registration no 222/14. Now she takes medicine regularly and filling well. She is very grateful to the TB CARE II Project and all project staff.