FINAL EVALUATION OF THE DGD-DAMIEN FOUNDATION PROGRAMME (2022-2026)

"Support to the National Tuberculosis and Leprosy Control Programmes in Bangladesh"

Management Response – Bangladesh Report

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1. Context

This document presents the Damien Foundation (DF) management response to the final evaluation of the 2022-2026 DGD-funded programme "Support to the National Tuberculosis and Leprosy Control Programmes in Bangladesh", conducted from 13 to 21 May 2026. The evaluation covered five expected results: Result 1 (leprosy: earlier diagnosis and disability prevention), Result 2 (TB management and NTP collaboration), Result 3 (TB in industrial/factory settings), Result 4 (MDR/RR-TB management), and Result 5 (operational research).

The evaluation confirms that all TB and leprosy indicators were met or nearly met over 2022-2026, with the exception of the child proportion indicators for both diseases (6% against a target of 8% for TB; and, for leprosy, the child proportion remaining above the 2024 target of 8% and the 2026 target of 6%), which the evaluators interpret as a marker of continuing community transmission rather than a service-delivery failure. A recurring theme across both components is that some recommendations formulated at the 2024 mid-term review (mobile digital CXR units, IPC/ACH refresher training, VOT pilots, TBI management pilots, nasogastric-lavage training) were not implemented for lack of dedicated funding, and are therefore re-proposed here for the 2027-2031 cycle. This response follows the structure of the report (Part A: Tuberculosis, Part B: Leprosy) and reproduces, recommendation by recommendation, DF's position and the associated planned actions.

2. Part A – Tuberculosis: recommendations and managerial response

Recommendation A1	DF/Donors: plan and procure at least 2 mobile CAD-based digital chest X-ray (CXR) units (approx. 100,000 euros per unit) together with 2 additional TB & Leprosy Control Assistants (TLCA) per district, as a minimum X-ray-outreach package, to boost active case-finding and screening

	and to allow radiological rule-out of TB before initiating TB preventive therapy (TPT).
Managerial response	DF agrees with the recommendation. This recommendation was already made at the 2024 mid-term review and could not be implemented for lack of dedicated funding; the underlying gap (self-limited screening and active case-finding coverage, and no radiological rule-out ahead of TPT) persists unchanged into the new cycle. The 2027-2031 proposal cannot include a specific line for budget limits. However other sources of financing will be explored.
Reasons in case of disagreement or partial disagreement	N/A – recommendation accepted in full, subject to budget availability.

Planned action(s)

Action	**Department(s)/person(s) responsible**	**Planned date**
Include a dedicated budget line for 1-2 mobile CAD-CXR units and 2 TLCA/district in the 2027-2031 DGD proposal.	DF Bangladesh Coordination Office / DFHQ	Procurement Year 1-2 of the cycle, based on funding
If full funding is not secured, prioritise 1 unit for the highest-burden district(s) as a phased start.	DF Bangladesh Coordination Office	Year 1-2 of the 2027-2031 cycle Year 1-2 of the cycle, based on funding

Recommendation A2	DF/Donors: refresh training on TB infection prevention and control (IPC), including respirator use and air-changes-per-hour (ACH) calculation, and on TB diagnosis in children (procurement of one vaneometer per health unit; wider use of gastric/nasogastric lavage and of the MiniDock platform).
Managerial response	DF agrees with the recommendation. The report notes resistance among both DF and government clinicians to using nasogastric aspiration/gastric lavage for paediatric diagnosis, and that this mid-term recommendation was not met for lack of funding. Equipment needs are limited (essentially one vaneometer per unit), making this a low-cost, high-value action.
Reasons in case of disagreement or partial disagreement	N/A.

Planned action(s)

Action	**Department(s)/person(s) responsible**	**Planned date**
Procure 1 vaneometer per health unit and train 1 staff member per unit on ACH calculation.	DF Bangladesh Coordination Office	Year 1 of the 2027-2031 cycle
Deliver refresher IPC/respirator training and paediatric TB diagnosis	DF Bangladesh Coordination Office / DFCO	Year 1-2 of the 2027-2031 cycle

training (gastric lavage, MiniDock use), prioritising the 2 pilot sites identified for operational research on this topic.		
Recommendation A3	DF/Donors: establish a permanent global training centre at Jalchatra Hospital (capacity 20-25 trainees, quality accommodation at low cost) for the programmatic management of Post-TB Lung Disease (PTLD) in resource-limited settings, including transport, residential training (spirometry, quality-of-life testing, rehabilitation) and full-board accommodation; the centre could also host other courses.	
Managerial response	DF agrees with the recommendation. PTLD screening and rehabilitation at Jalchatra and Mymensingh has already produced two 2026 publications (IJTLD-CRD, IJID) and is described by the evaluators as the first large-scale programmatic model of its kind worldwide; formalising a training centre capitalises on under-occupied MDR-TB beds and existing residential capacity.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		

Action	Department(s)/person(s) responsible	Planned date
Develop a training-centre operating model and cost package (transport, board, spirometry/6MWT/QoL/rehabilitation modules) for Jalchatra Hospital.	DF Bangladesh Coordination Office	Year 1-2 of the 2027-2031 cycle
Pilot at least one residential PTLD training course and evaluate for scale-up to other DF/NTP audiences.	DF Bangladesh Coordination Office	Year 2 of the 2027-2031 cycle
Recommendation A4	DF/Donors: design one or more pilot projects on Video-Observed Therapy (VOT) to support treatment adherence and active drug-safety monitoring (aDSM).	
Managerial response	DF agrees with the recommendation. This recommendation is carried over unchanged from the mid-term review; treatment success is already high (94-95%), so VOT is proposed as a cost-effective way to optimise supervision rather than to address an underperforming indicator.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Design and cost a VOT pilot (technology choice, target sites, evaluation indicators).	DF Bangladesh Coordination Office	Year 1 of the 2027-2031 cycle

Implement the pilot in a limited number of districts and assess impact on adherence and supervision cost-effectiveness.	DF Bangladesh Coordination Office	Year 2-3 of the 2027-2031 cycle
Recommendation A5	DF/Donors: develop national capacity for quality TB-infection (TBI) management through one or two pilot projects combining a diagnostic test to rule TBI in (e.g. a skin test such as C-TB) with CXR to rule active TB out, ahead of TPT initiation.	
Managerial response	DF agrees with the recommendation. The report notes that the current TPT cascade in Bangladesh does not include systematic TBI diagnosis or CXR-based exclusion of active TB, which is consistent with national and WHO guidance but leaves a capacity gap that DF is well placed to help close through operational research.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Identify 1-2 pilot sites and secure a supply of a TBI skin test (e.g. C-TB) linked to the mobile CXR package under Recommendation A1.	DF Bangladesh Coordination Office	Year 2 of the 2027-2031 cycle, contingent on Recommendation A1 funding

Recommendation A6	DF/Donors: shift PTLD activities from pilot to programmatic management, maintaining 2-3 sites delivering the complete package (spirometry, 6-minute walk test, quality-of-life testing, rehabilitation, etc.).	
Managerial response	DF agrees with the recommendation. As of the mission, 6,968 patients had been screened, 1,909 diagnosed with PTLD, and 397 had completed pulmonary rehabilitation; consolidating this into 2-3 programmatic sites protects the results already achieved and supports the manuscripts in preparation.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Confirm the 2-3 sites to be maintained on a programmatic (non-pilot) budget line and align staffing accordingly.	DF Bangladesh Coordination Office / TB-REACH	Year 1 of the 2027-2031 cycle
Recommendation A7	DF: ensure rapid analysis of children's diagnostic results obtained with the MiniDock (near point-of-care NAAT) platform and rapid publication of the findings, given the scarcity of	

	paediatric evidence for this technology.
Managerial response	DF agrees with the recommendation. This is an internal process commitment rather than a funding-dependent action and can be implemented without a new budget line.
Reasons in case of disagreement or partial disagreement	N/A.

Planned action(s)

Action	**Department(s)/person(s) responsible**	**Planned date**
Set a standard turnaround time for MiniDock paediatric data analysis and assign manuscript authorship/timeline.	DF Bangladesh Coordination Office / research team	Ongoing from Year 1 of the 2027-2031 cycle

Recommendation A8	NTP: ensure an adequate, uninterrupted supply of Xpert cartridges and of the 3HP regimen for TPT, taking into account DF's demonstrated capacity to absorb and use these inputs.
Managerial response	DF agrees with the recommendation and notes that this action falls primarily within the NTP's remit rather than DF's own budget. The 2022 dip in TB notifications was attributed in part to Xpert cartridge shortages; DF's role is to continue documenting absorption capacity and

	stock-out episodes to support NTP-level advocacy.	
Reasons in case of disagreement or partial disagreement	N/A – DF will advocate for, but cannot unilaterally guarantee, this action, as procurement sits with the NTP/national supply chain.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Maintain systematic recording of cartridge/3HP stock-outs at DF-supported sites and share this evidence with the NTP for supply planning.	DF Bangladesh Coordination Office	Ongoing throughout the 2027-2031 cycle
Recommendation A9	DF: update education and communication materials covering Xpert, rapid diagnostic methods, IPC/N95 use, and TBI.	
Managerial response	DF agrees with the recommendation. This is a low-cost action that can proceed in parallel with the training activities under Recommendations A2 and A5.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Revise and reprint/redistribute IEC materials on Xpert, rapid diagnostics, IPC/N95 and TBI.	DF Bangladesh Coordination Office	Year 1 of the 2027-2031 cycle

3. Part B – Leprosy: recommendations and managerial response

Recommendation B1	Improve awareness of leprosy among susceptible individuals and patients, given continued stigma and late presentation reported by patients interviewed during the mission.	
Managerial response	DF agrees with the recommendation. Interviewed patients and field photographs documented late presentation and reported stigma (patient-estimated at around 5%); this is consistent with the still-elevated child proportion, which the report treats as a transmission marker.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Design a community awareness package targeting early symptom recognition and stigma reduction, coordinated with the National Leprosy Programme (NLP).	DF Bangladesh Coordination Office	Year 1-2 of the 2027-2031 cycle
Recommendation B2	Increase the capacity of experienced DF staff to transfer their diagnostic and clinical skills to newer staff, addressing the erosion of leprosy expertise as the disease becomes rarer.	
Managerial response	DF agrees with the recommendation. The mission and the 2024 mid-term review both flagged a shrinking pool of leprosy-experienced personnel and reliance on senior staff working past	

	retirement age as mentors; this is identified as both a strength and a sustainability risk if not formalised.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Formalise a mentoring/refresher-training scheme pairing senior leprosy staff with newer general-health and TB staff.	DF Bangladesh Coordination Office	Year 1-2 of the 2027-2031 cycle
Recommendation B3	Explore additional funding opportunities to expand digitalisation of leprosy data systems (currently largely manual/paper-based), including electronic contact-tracing and GIS mapping of transmission clusters.	
Managerial response	DF agrees with the recommendation. Electronic data capture and GIS mapping had already started in some districts at the time of the mission; the gap is one of scale and sustained funding rather than proof of concept.	
Reasons in case of disagreement or partial disagreement	N/A – dependent on securing funding beyond the core DGD envelope.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Identify complementary funding sources (e.g. digital-health or NTD-focused donors)	DF Bangladesh Coordination Office / DFHQ fundraising	Year 1-3 of the 2027-2031 cycle

to extend electronic data capture and GIS mapping to all DF leprosy districts.		
Recommendation B4	Involve cured leprosy patients in awareness-raising, case detection and control activities, building on the existing network of cured-patient volunteers.	
Managerial response	DF agrees with the recommendation. Cured-patient and village-doctor networks were already reported as active contributors during the field visits; the recommendation formalises and extends a mechanism that is already functioning.	
Reasons in case of disagreement or partial disagreement	N/A.	
Planned action(s)		
Action	**Department(s)/person(s) responsible**	**Planned date**
Formalise the role, basic training and (where relevant) modest incentive scheme for cured-patient volunteers in case detection.	DF Bangladesh Coordination Office	Year 1 of the 2027-2031 cycle
Recommendation B5	Publish the information collected during the field work in academic/peer-reviewed journals.	
Managerial response	DF agrees with the recommendation. One leprosy manuscript was already published in 2025 (Tropical Medicine and Infectious Diseases); the field-work dataset (patient narratives, case-detection-delay instrument, Annex 8/13) offers additional publishable material,	

	particularly on detection delay and transmission indicators.
Reasons in case of disagreement or partial disagreement	N/A.

Planned action(s)

Action	**Department(s)/person(s) responsible**	**Planned date**
Draft at least one additional manuscript using the case-detection-delay data and the child-proportion/transmission analysis.	DF Bangladesh Coordination Office / ITM Antwerp research team	Year 1-2 of the 2027-2031 cycle