

CHAPTER I

INTRODUCTION

Despite the discovery of effective anti-Tuberculosis drugs almost 50 years ago, TB is still a major public health problem in the world. More people die of TB in the world than any other single infectious disease. The heaviest burden of the TB problem is in the developing countries. The South East Asia Region (SEAR) bears 42% of the global TB cases (WHO, 1998). The TB epidemic is not decreasing, rather it is getting worse with the development of multi-drug resistance and dual infection with HIV (WHO, 1999). Since TB kills people mostly in their productive age, it also has a great socio-economic impact on the society.

Nepal is one of the developing countries, which has the second highest rate of TB incidence within the SEAR. Half of the total population in the country has a primary infection of TB bacilli and TB is one of the five main infectious killer diseases.

The current situation of TB is not because of the lack of ways to detect and cure TB cases but because of lack of organizing TB control services to ensure widespread detection and cure of TB patients (WHO, 1999). To overcome the problems in TB control, WHO has recommended an effective strategy named as

Directly Observed Short-course Treatment (DOTS) since the early 90s. DOTS strategy has been proved to achieve high case finding and cure rates in TB control and is cost effective. Unfortunately, limited TB patients in the world have access to DOTS.

This study will focus on the problem of low accessibility of DOTS for TB patients in the hilly region of Nepal specifically in Lalitpur District. The adverse geographical condition and poor health service infrastructure have been a great challenge for the NTP to provide accessible DOTS for TB patients in the hilly region. This thesis proposes an intervention through which DOTS can be delivered closer to TB patients in the hilly area of Lalitpur District, Nepal.

In the second chapter, I have analysed the problem of low access to DOTS for TB patients in the context of hilly areas and the sparse health service situation. The factors affecting access to DOTS are described in general, followed by an exploration of problems in the context of Lalitpur. An analysis of the issues leads to identify alternative strategies to address the problem of low access to DOTS.

The third chapter deals with a rapid assessment, which was conducted to gather input for developing an intervention. The main objective of the assessment was to explore the feasibility of alternative strategies for delivering DOTS in the hilly area of Lalitpur District.

The fourth chapter presents a project proposal to address the problem of low access to DOTS in the hilly area of Lalitpur District. The project adopts two strategies for delivering DOTS in the hilly area. The first strategy is decentralization of DOTS centers and sub-centers to Health Post (HP) and Sub-Health Post (SHP) respectively. The second strategy is to mobilize Female Community Health Volunteers (FCHV) in the villages to deliver DOT to TB patients closer to their houses or working places. The project has been designed involving cooperation of the government health offices, an INGO, and the community leaders and volunteers in the TB control program. The project will be evaluated at the end to see its effectiveness, performance of the DOTS services and cooperation among stakeholders.

The fifth chapter provides an annotated bibliography on the literatures used for developing thesis. The sixth chapter offers a presentation with the key elements of the thesis. It includes a summary of the essay, an overview of data exercise and the proposal in the study.