

CHAPTER VI

PRESENTATION

This chapter presents the keynotes used in the final thesis examination. The presentation consists of three parts: (1) essay, (2) data exercise and (3) proposal.

The essay part contains introduction of the TB situation and definitions of the key terms used in the thesis, the problem of access to DOTS, and the causes and consequences of the problem. Alternative solutions to the problem of access to DOTS are also presented in the essay part.

The data exercise part includes objectives, methodology applied and the key findings of the study. This part also closes with the lessons learned from the study.

The proposal part presents the background of the project area, rationale and objectives of the project. The project description part includes two project strategies followed by the activity plan. The activity plan consists of preparation, implementation and evaluation phases. The activity time table and the overall project budget are also presented in the proposal part.



Thesis Presentation

Increasing Accessibility to DOTS for TB Patients through a Decentralized and Community Based TB Control Program in Ashrang Health Post Area of Lalitpur District, Nepal

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MPH, June 2000**

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TB Situation


► Global

- 1/3rd population infected with TB bacilli
- 80 mil. people living with TB
- 8 mil. get new TB every year
- Kills 5,000 people every day
- 25% of all avoidable deaths
- 60% of all TB cases in age group of 15-55 years
- WHO declared “global emergency” in 1993

WHO, 1997, 98

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TB situation cont..

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- ▶ SEAR:
 - Bears 42% of total cases in the world
 - 1/3 of TB deaths in the world
 - ▶ Nepal:
 - Second highest incidence rate among the SEAR countries
 - High prevalence rate (200-300/100,000).
 - 45% population infected with TB bacilli
 - One of the five main killer infectious diseases

WHO, 1997 & 1998, DHS, 1998/99

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Definitions

Accessibility


“A continuous supply of care that is geographically, culturally, financially, and functionally within the easy reach of the whole community” (WHO, 1978)

DOTS

- Microscopic diagnosis of pulmonary TB
- Treatment under direct observation
- Short course regimen

DOT


- Treatment under direct observation



DOTS & Accessibility

- ▶ Aim of DOTS strategy
 - Increase treatment compliance
 - Improve cure rate
 - Improve case finding
- ▶ Inaccessibility a threat for DOTS
 - TB patients less compliant - low cure rate
 - Increased risk for MDR
 - Hinders case finding

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The Problem of Access

- ▶ Access to DOTS the biggest problem in the hills
 - Difficult geographical structure
 - Lack of transportation
 - Inadequate health infrastructure
 - Only 15% of people have access to PHC
 - DOTS is integrated in PHC
 - DOTS strategy itself affecting access
 - Diagnosis PTB needs microscopy
 - Periodical sputum examination
 - Initial 2/3 months daily observed treatment

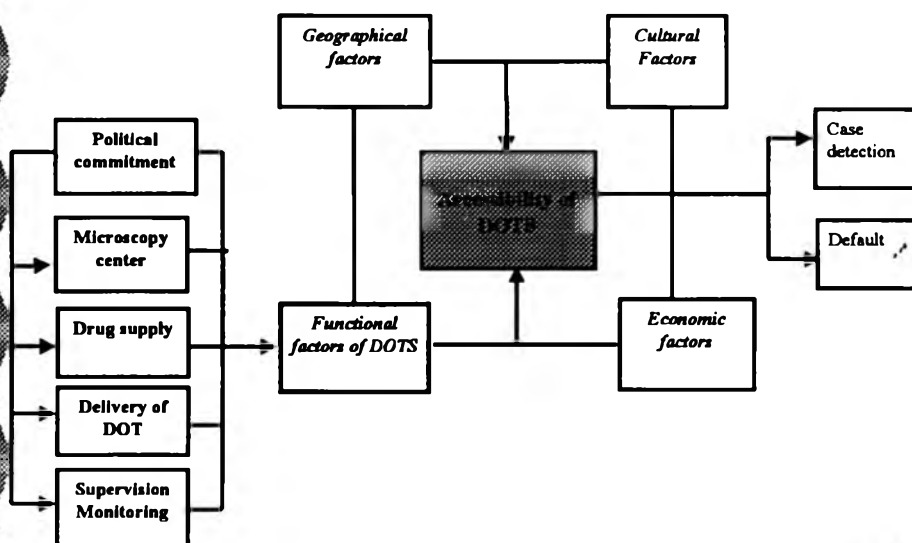
WHO, 1998,DHS, 1998/99, MOH, 1995

The Problem of Access cont..

- ▶ Functional factors of DOTS affecting access
 - DOTS centers only at hospitals & PHC centers
 - Travel time/distance/ means of transportation not convenient
 - Only 10% of TB patients can attend DOTS center daily

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Factors affecting accessibility



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Why to focus on functional factors?

- ▶ Despite geographical, cultural, and financial factors:
 - TB is a management problem
 - TB epidemic because lack of organization of services
 - DOTS demands more responsibility from the health system than TB patients
 - Proper management of DOTS service is a must for access

WHO, 1997, 1999

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Revisiting the problem

- ▶ In Lalitpur, not all five elements of DOTS management are problematic
- ▶ A rapid assessment indicated
 - Drug supply, supervision/monitoring in place
 - DHO, HP/SHP and CDHP are ready to implement DOTS

Difficult geographical situation
 Poor access to health facilities

 - Inconvenient microscopy services
 - Present inconvenient DOT delivery

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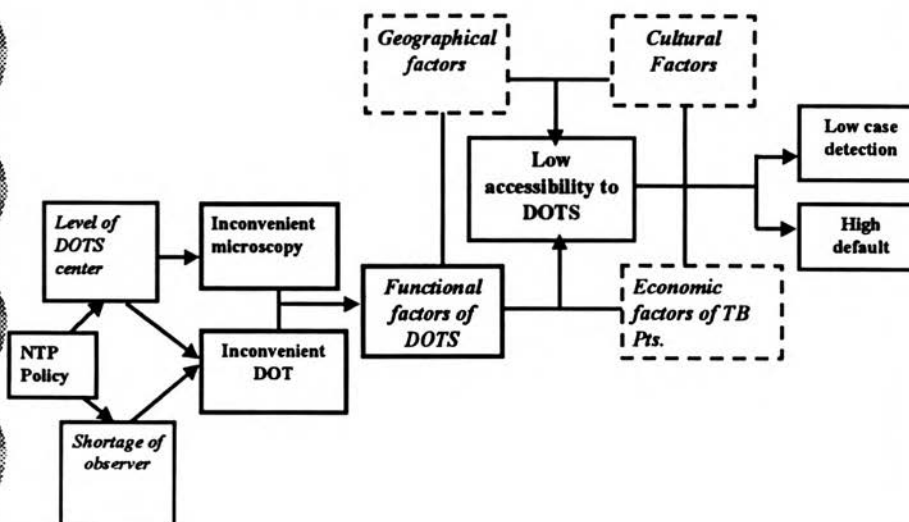
Inconvenient DOTS services

- ▶ Inconvenient Microscopy services
 - No accessible microscopy center
 - Difficult to deposit sputum samples
 - Delay in lab reports from the district center

- ▶ Inconvenient DOT
 - All DOT health institutions based
 - Health services too distant for daily DOT
 - TB patients seek self-administered treatment or non-DOT

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Causes of the problem



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Alternative solutions

1. Decentralizing DOTS center/sub center
2. Hospital/hostel based treatment of TB patients
3. Family based DOT
4. Community Based DOT

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DATA EXERCISE

*A Rapid Assessment on the Feasibility
of Alternative Strategies for
Delivering DOTS
in Lalitpur District*

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OBJECTIVE

- ▶ **General Objective**
 - Explore the feasibility of alternative strategies

- ▶ **Specific Objectives**
 - Identify the scope within the NTP
 - Describe the profile of FCHVs in Nepal
 - Explore the readiness of FCHVs
 - Assess the acceptance among TB patients
 - Describe perspectives of HP/SHP staff

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Methodology

- ▶ **Study design**
 - Rapid Assessment

- ▶ **Method**
 - qualitative and quantitative

- ▶ **Sampling**
 - Purposive sampling

- ▶ **Study location**
 - Six HPs in Lalitpur .

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Summary of methods applied

Method	Tools/techniques	Study group	Sample size
Qualitative	In-depth interview Semi-structured	NTC Director and DTLA	2
	Focus group discussion	HP/SHP staff	8
	Focus group discussion	FCHVs	13
Quantitative	Structured interview	FCHVs	13
	Structured interview	TB DOTS patients	21

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Discussion

- ▶ NTP policy is flexible for alternative strategies
- ▶ HP/SHP staffs indicated the need of decentralizing DOTS and accepted FCHVs as DOT observers
- ▶ The TB patients accept FCHVs as DOT observers
- ▶ FCHVs willing to become DOT observers
- ▶ FCHVs profiles indicate their appropriateness as DOT observers

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Lessons learned

1. Development of data collection tools is important
2. Sound planning of activities is needed
3. Triangulation of study methods was useful for cross check findings & helped better understand perspectives of respondents

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PROPOSAL

Increasing Accessibility to DOTS for TB Patients through a Decentralized and Community Based TB Control Program in Ashrang Health Post Area of Lalitpur District, Nepal

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Background of the project area

- ▶ Remote area
- ▶ Difficult geographical structure
- ▶ Lack of roads & transport
- ▶ Three VDCs for 9000 pop.
- ▶ The majority are farmers
- ▶ Low literacy and socio-economic level
- ▶ One HP and and two SHPs
- ▶ TB control program with non-DOTS
- ▶ High default rate

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Rationale

- ▶ This strategy addresses the need of NTP
- ▶ WHO recommends to study alternative approaches
- ▶ This study tests an alternative strategy for the hilly area
- ▶ The project will function as a demonstration and training site
- ▶ Involves government, an INGO, and community
- ▶ Cost effective
- ▶ Capacity building in the local community for sustainability

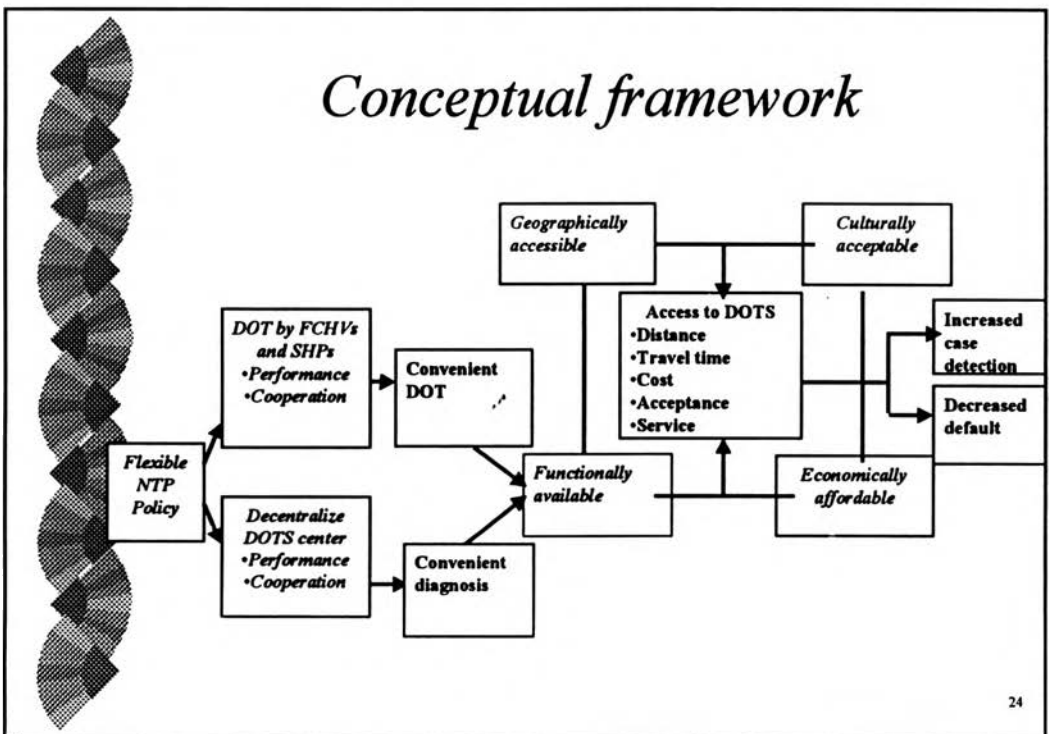
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OBJECTIVE

- ▶ **General Objective**
 - Increase accessibility to DOTS

- ▶ **Specific Objectives**
 - TB diagnostic services available at the HP
 - The SHPs provide DOT
 - FCHVs in each ward providing DOT
 - Referral and communication network established

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PROJECT DESCRIPTION

► Strategy

- Decentralized TB services
 - HP as DOTS center and SHP as sub-center
- Community mobilization
 - Community base DOT by FCHVs
 - Community support

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Activity plan

I-Preparation phase

- Step 1. Decide to introduce DOTS
- Step 2. Form DOTS committees
- Step 3. Establish DOTS center and sub-center
- Step 4. Train staffs and volunteers
- Step 5. Review criteria for starting DOTS

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Activity plan cont...

II- Implementation phase

Step 6. Start DOTS

Step 7. Supervision

Step 8. Report and cohort analysis

III- Evaluation phase

Step 9. Evaluation of the project

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Evaluation

Purpose

Assess process, output, and outcome of the strategies

Objectives

- Describe performance of staff & volunteers
- Describe the cooperation among key program partners
- Define the effectiveness of the strategy in terms of access, case detection and default rate

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Activity Time Plan

Activity	First Year						Second Year																	
	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
I. Preparation Phase																								
Step 1. Coordination meeting	x																							
Step 2. Formation of DOTS committees	x																							
Step 3. Fix DOTS center/sub-center	x																							
Step 4. Train staffs/volunteers			x	x																				x
Step 5. Review criteria for DOTS				x																				
II. Implementation phase:																								
Step 6. Start DOTS					x																			
Step 7. Supervision				x	x	x	x		x		x		x		x		x		x		x		x	
Step 8. Cohort analysis							x				x			x				x						x
III Evaluation phase.																								
Step 9. Design and conduct evaluation.																								x
																								x

Budget

• Total budget	4879.74 US\$
• Government contribution	698.80 US \$
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