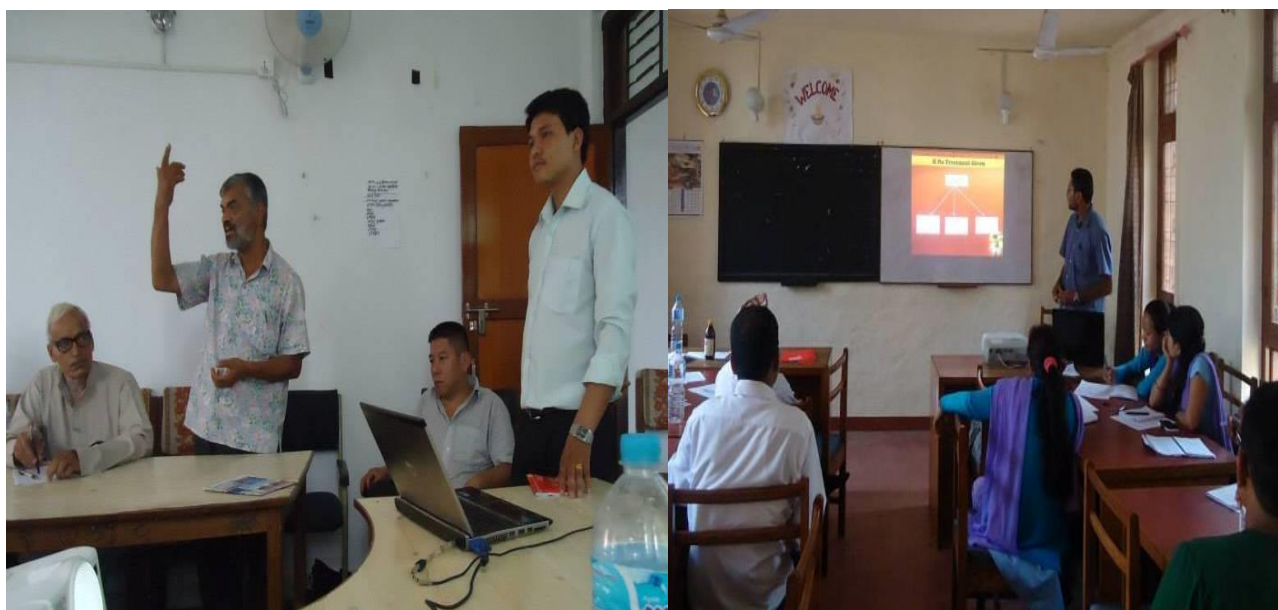


Global Fund to Fight against AIDS, Tuberculosis, and Malaria (National Strategic Application)



Japan Nepal Health & Tuberculosis Research Association (JANTRA)

Regional Project Office

Ramghat-10, Pokhara

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Abbreviations

ACSM:	Advocacy, Communication, and Social Mobilization
AIDS:	Acquired Immune Deficiency Syndrome
COPD:	Chronic Obstructive Pulmonary Disorder
DOTS:	Directly Observed Short course Treatment
GDP:	Gross Domestic Product
GFATM:	Global Fund to fight AIDS, Tuberculosis, and Malaria
HDI:	Human Development Index
ISTC:	International Standard for Tuberculosis Care
JANTRA:	Japan Nepal Health and Tuberculosis Association
JATA:	Japan Anti Tuberculosis Association
MCH:	Maternal and Child Health
MoH:	Ministry of Health
NSA:	National Strategy Application
NTC:	National Tuberculosis Centre
NTP:	National Tuberculosis Program
PAL:	Practical Approach to Lungs health
PHC:	Primary Health Care Center
PPM:	Public Private Mix
RIT:	Research Institute of Tuberculosis
SHP:	Sub Health Post
TBCN:	Tuberculosis control Network
TB/HIV:	Tuberculosis/Human Immuno Deficiency Virus
UNESCO:	United Nations Educational, Scientific, and Cultural Organization.
VDC:	Village Development committee
WDR:	Western Development Region

Introduction

Japan-Nepal Health and Tuberculosis Research Association (JANTRA) is leading, pioneer, a non-profitable, public service oriented and non-governmental organization especially in the field of the Urban Tuberculosis Program. JANTRA established with the support of Research Institute of Tuberculosis/Japan Anti-Tuberculosis Association (RIT/JATA). The mission and vision of the JANTRA encompass, to strengthen community support and involvement to promote NTP Tuberculosis control initiatives in urban settings and marginalized populations in close conjunction with the National Tuberculosis Program.

JANTRA is involved in urban Tuberculosis control activities through designing effective models and mobilizing urban TB volunteers. JANTRA works in close coordination and collaboration with local partners and National Tuberculosis Program (NTP). JANTRA is a permanent member of the Nepal Stop TB Partnership (Tuberculosis Control Network, TBCN) and Sub-Recipient of GFATM-NSA (Global Fund to Fight AIDS, TB and Malaria - National Strategy Application) grant. JANTRA has been implementing multiple and multifaceted project from urban to rural areas of Nepal.

Profile of Western Development Region

Geographic

The western development region, one of the five development region of Nepal spans all three ecological zones- Mountain, hill and terai. Headquarter of the Western region is Pokhara, a famous tourism hub. The Western Development region comprises of three administrative zones (Dhaulagiri, Gandaki, and Lumbini), 16 districts, 12 municipalities and 865 VDCs. The populations are diverse and are of different religion and from diverse ethnic groups. The major religions of the region are Hindus, Buddhists and Muslims. Magars, Gurungs, Tharus are the major ethnic groups residing in the region. The region is host to numerous places of particular cultural and religious importance, including the birthplace of Lord Buddha in Lumbini (a UNESCO World Heritage site since 1997) and the Muktinath temple.

Map of Western Development Region



Human Development indicators of Western Development Region

Indicators	Western Region	Nepal
Population	4,571,013	19.70%
Total Area (Sq Km)	29'398	20%
Population growth	1.92	2.25
GDP /Capita (PPP US\$)	1,477	1,597
HDI	0.516	0.509
Human Poverty Index	33.2%	35.4%
Infant Mortality Rate	56/1,000	48/1,000
Life Expectancy at birth (2006)	64.12	63.69
Adult Literacy	55.65%	52.42%

Health Infrastructure in Western Development Region

S.N	Health Institutions	Number
1.	Health Post	145
2.	Hospital	20
3.	PHC	42
4.	SHP	693
5.	Total	900

Source: Department of Health Services, 2012

All total 21 district hospitals, 42 primary health centers, 145 health posts, and 691 sub-health posts provide health services to a total population of 4,571,013. International and national non-governmental organizations and private clinics also provide health care services in the region.

Despite some vacant posts and absenteeism, health care providers of PHCC, health post and sub-health posts in the VDCs provide basic health services and national immunization programmes. However, quality of health service delivery is low as illustrated by the reproductive health statistics. Although, there is regular and adequate supply of medicines, vaccines, equipment and essential drugs in health institutions of urban areas, there is lack of medicines, vaccines, equipment and essential drugs in rural areas especially in remote hills and mountains. Health institutions of remote places often suffer from problems of lack of trained health personnel, infrastructure and absenteeism.

Profile of JANTRA

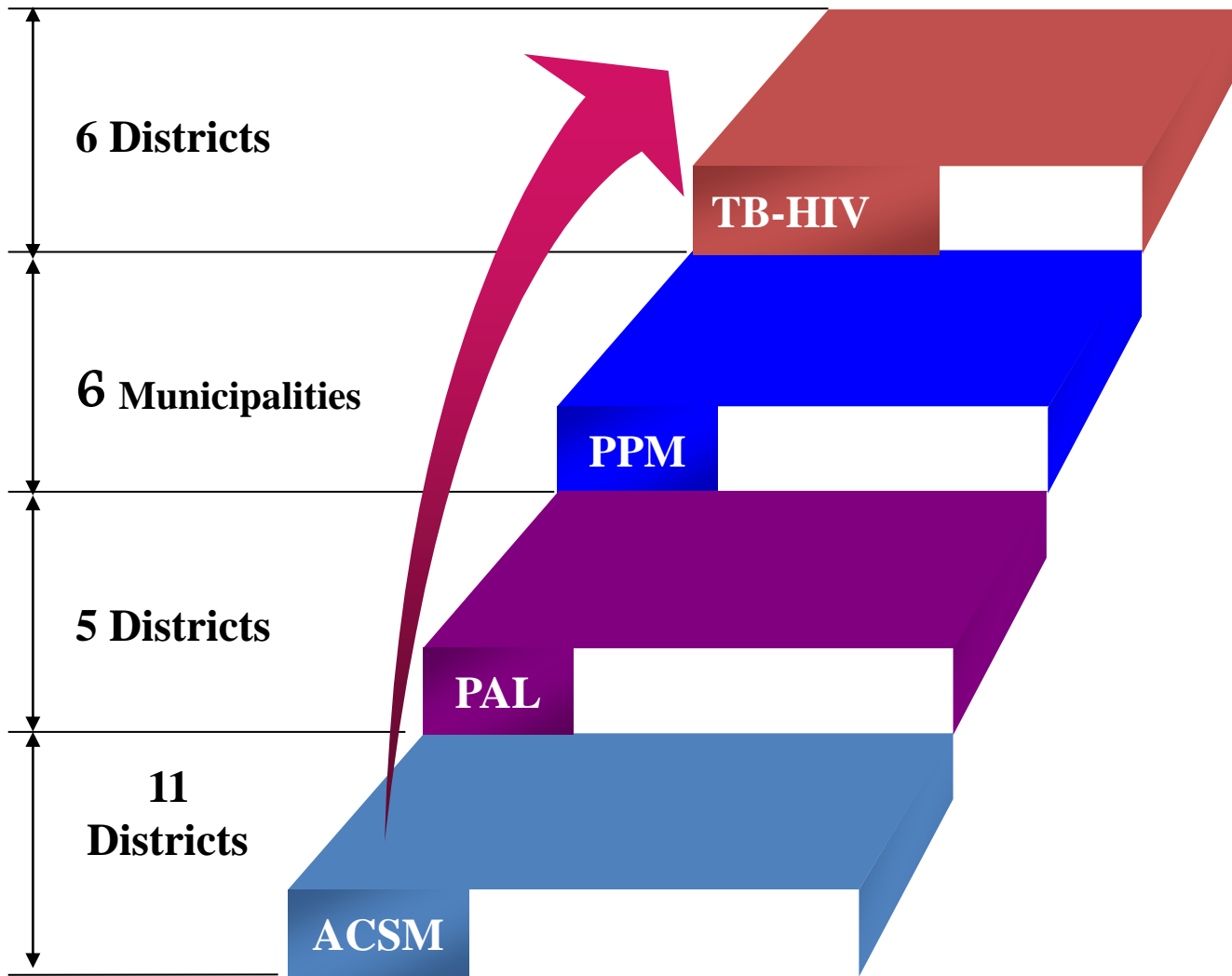
JANTRA is leading and pioneer non-profitable, public service oriented and non-governmental organization especially working in the field of Tuberculosis Control Tuberculosis Program. JANTRA established with support of Research Institute of Tuberculosis/Japan Anti-Tuberculosis Association (RIT/JATA). The objective of the JANTRA is to strengthen community support and involvement to promote NTP Tuberculosis control initiatives in defined districts, urban settings, and marginalized populations in close coordination and collaboration with the National Tuberculosis Program, local partners, and stakeholders.

Programs and Projects of JANTRA

Program	Partner	Thematic Areas	Project Area
Urban TB Control Program	RIT/JATA	TB Care in urban areas	Kathmandu Valley
TB Data Base Program	Japan Postal Fund	Electronic TB Care Data base system	Kathmandu
School Health Program	FIDR, Japan	Nutrition, MCH, Child Friendly Education	Dhading
TB Reach Program	WHO	Increased Case finding among high risk groups by mobilizing frontline health workforce in Kathmandu Valley	Kathmandu Valley
GFATM NSA-II Phase	MoHP, NTC	TB Care	WDR

JANTRA has been implementing the GFATM-NSA second phase in rural and urban areas of 12 districts of the Western region of Nepal. JANTRA is in charge for implementation of PAL, TB/HIV, PPM/ISTC, and ACSM in Western region.

GFATM Program Intervention Thematic Areas



Program Coverage / Service Delivery Areas

In Fiscal Year 2070/71, JANTRA has been implementing activities on different thematic areas: PAL, PPM/ISTC, TB/HIV and ACSM as Sub-Recipient (SR) of GFATM-NSA grant. The activities include strengthening DOTS, establishing referral linkage, enhancing capacity of infection control, training of health workers on TB/HIV co-infection management and PAL, aware the community on tuberculosis to reduce the

prevalence and incidence rate of Tuberculosis in the Western region of Nepal. We have planned and implemented the activities related to thematic areas in 12 districts of Western Development Region.

Thematic Areas and Districts of Western Development Region



Key Progress and Achievement

JANRA had executed activities as a contract made between JANTRA and NTC. In Fiscal Year 2071/72, JANTRA had implemented PAL, PPM/ISTC, TB-HIV and ACSM related activities in different pre-determined districts and municipalities. In this fiscal year, JANTRA has accomplished more than 85% of the planned activities.

Immediate outcomes of the program activities are as follows:

PAL

PAL is a syndromic approach to the management of patients who attend primary health care services for respiratory symptoms. The PAL strategy targets multi-purpose health workers, nurses, doctors, and managers in primary health care settings with successful TB control programs in low and middle-income countries.

PAL activities developed capacity of health care providers on quality of respiratory case management for the individual patient. It increased the efficiency and cost-effectiveness of respiratory care at the operational level of health systems. It promoted rational use of corticosteroids especially antibiotics and awareness on importance of smoking cessation among the patients and the community.



PPM/ISTC

PPM/ISTC activities enhanced capacity of health worker in TB care; it increased number of referral, cross referral and strengthened referral mechanism between private health institutions and public DOTS centres and diagnostic centers. PPM/ISTC enabled mobilization of volunteers for early case finding and follow-up of dropout cases in the community.

TB-HIV

TB/HIV activities updated health workers and stakeholders on government policy, strategies, and implementation approaches on TB/HIV collaboration. It enhanced

capacity among volunteers and support groups on TB/HIV co-infection management and related activities. It sensitized vulnerable groups, DOTS committees, VDC members on the issues of TB, HIV, and TB/HIV co-infection. TB/HIV program promoted early diagnosis and treatment of suspected TB cases among HIV vulnerable groups.

ACSM

ACSM activities increased understanding of TB transmission, diagnosis, and treatment among slum dwellers, school and college students, school teachers and other marginalized and vulnerable groups. ACSM activities motivated TB patients to complete the full course of TB treatment and refer the suspected TB cases for early diagnosis and treatment.

Expected Results Versus Actual Achievement

SN	SDA	Activities	Target	Achievement	Percent
PAL					68.75%
1.	4.1.1.8	Conduct training for district supervisors, HA, SN and other BHS	1	1	100%
2.	4.1.1.10	Conduct PAL training to BHS (Hospitals, PHC, HP and SHP) with collaboration of medical colleges, Regional and Zonal hospitals	15	10	66.67%
TB-HIV					100%
3.	5.3.5	Basic TB/HIV training for BHS staff (DOTS and VCT centers) and NGOs	3	3	100%
4.	5.3.7	TB/HIV training to PLHIV group through their existing network in TBHIV implementing district	2	2	100%
5.	5.3.9	Treatment literacy and treatment adherence training to TB/HIV co-infected	2	2	100%
6.	5.3.10	Basic TB training for health workers working in HIV/AIDS (public NGOs, private sector)	1	1	100%

7.	5.3.11	TB/HIV orientation to volunteers and support groups	1	1	100%
8.	5.4.3	Situation analysis (district level) to identify stakeholders for TB/HIV collaboration and map service providers	1	1	100%
9.	5.4.6	Strengthen referral system between VCT and DOTS and/or integration of VCT/DOTS in existing centre	1	1	100%
10.	5.5.1	Workshop to establish and scale up cross referral system between VCT and DOTS center/sites	1	1	100%
11.	5.5.2	Establish DOTS centres in certain VCT/ART sites	2	2	100%
12.	5.5.3	Carry out intensified case finding among HIV vulnerable groups	3	4	133.33%
13.	5.6.2	TB/HIV advocacy campaign for NGOs/CBOs working in HIV	1	1	100%
14.	5.6.8	TB/HIV sensitization to DACC, TB HIV coordination subcommittee, DDC	1	1	100%
15.	5.6.9	TB/HIV orientation to VDC members, DOTS committees	1	1	100%
PPM/ISTC			100%		
16.	7.1.9	Mapping of diverse health service providers	1	1	100%
17.	7.2.3	Establish and strengthen TB service delivery centers/sub centers in line with PPM/ISTC (eg. Factories, slum area)	4	4	100%
18.	7.2.4	Establish linkage (referral, feedback etc) between existing DOTS centers and private health	3	3	100%

		care providers			
19.	7.3.4	PPM/ISTC orientation at institute of health sciences providing education to paramedical, Nurses, community health workers	3	3	100%
20.	7.3.15	Strengthen existing DOTS centers in reference to PPM/ISTC	6	6	100%
21.	7.3.24.2	Strengthen PPM through municipality/support	3	3	100%
22.	7.5.3	Private health care providers (Pharmacist, private lab medical shops, paramedical and other health care providers) reporting	27	27	100%
ACSM					73.91%
23.	8.2.4	Develop capacity to school health teachers on TB education in districts	11	11	100%
24.	5.6.13	Street Drama on TB/HIV by HIV positive women infected with TB/HIV (HIV positive street drama exist in most HIV infected area)	12	0	0%
25.	8.2.12	Identify cured TB patients in the target districts and orient them to motivate other TB patients (currently on treatment as well as their family to continue TB treatment effectively	20	20	100%
26.	8.3.9	TB awareness activities among urban colleges	3	3	100%

Recommendation

Based on the experiences and empirical findings, JANTRA Regional team would like to propose following recommendation to NTP partners

ACSM

- Majority of the district TB focal person suggested the number, magnitude and volume of ACSM program is limited. Therefore, review the number and volume of the program.
- There is inequality in the accessibility of health services due socio-economic, geographic variations in the region. So, plan and approve the program based on contemporary issues and needs of the particular district.
- All the districts of Dhaulagiri zone has low case finding rate compared to national figure. Hence, plan and execute active case finding related activities in Dhaulagiri zone of Western region.
- Teacher training program is very effective to increase awareness among school students and the community. So, increase the number of participants and program districts of teachers training.

PPM

- Four monthly review meeting among private pharmacist is an effective program, so continue the program. However, the budget limited and the channel of monitoring and supervision is not functioning well. Hence, increase the budget in the program and improve the mechanism of monitoring and supervision.
- Mainstreaming of private health care providers and private health institutions has decisive step in TB control program. Therefore, implement workshop and other related activities periodically to mainstream private health care providers and private health institutions.

TB-HIV

- Treatment literacy and adherence program to TB/HIV Co-infected persons is highly effective and efficient program. Hence, increase and expand the volume, number and catchment areas
- Coordination between DACC, DTLI/DTLO, DACC Coordinator of DHO/DPHO is challenging issues in terms of TB-HIV Collaborative program. So, establish effective coordination mechanism from central to district level between the health care providers of TB and HIV.
- Intensified TB case finding among HIV vulnerable groups is an effective program. So, increase the number and catchment areas of the program.



PAL

- Train all the health care providers at district level to enhance their capacity to managed respiratory illness or disorders.
- Strengthen reporting and recording system of PAL by developing appropriate mechanism of supportive supervision and monitoring.
- Ensure regular and adequate supply of medicines, equipment related to respiratory illness.

Capacity Building

- Capacity building program of SRs has substantial impacts on program implementation, monitoring, and impact assessment. So, initiate the capacity-building program of SR.

Coordination and Monitoring & Evaluation

Organize experience sharing and operational coordination activities between multiple NTP partners



- Conduct regional level coordination and inception workshop among NTC, DHO/DPHO and SRs
- Organize periodic supportive supervision by NTC to SRs

Financial Summary

JANTRA had received global fund grants 6,598,000 and total expenditure is 6,517,698. Expenditure is more than 98 percent of the total grant.



References

- MoH, Annual Report 2011/2012