

POST DISASTER RECOVERY TB PROGRAM

On April 25, 2015, Nepal was hit by an unexpected 7.8 magnitude earthquake, killed more than 10,000 people especially affected 11 districts. United Nations has estimated that 8 million people in 39 districts have been affected including 1.4 million in living under food and shelter starvation. Resorting health service, treatment continuation of TB patients and restructuration of health institution is challenging issues focusing to earthquake affected and infected population especially in earthquake highly damaged 11 districts.



Immediate Impacts of Earthquake in Nepal

- 4.2 Million affected and 88,482 displaced
- 21,925 injured and 8,569 deaths
- Numbers of Health Facilities damaged. Out of total 827 DOTS Centre, 338 are fully damaged and 235 partially damaged.
- Out of 124 Microscopic Centres, 26 are not functioning
- 282 TB patients are lost to follow up or not accounted for.
- Some health personnel also died.



Purposes of the Project

- To intensify TB case detection and referral for treatment among displaced populations at risk of TB outbreak due to possible increase in TB transmission, caused by displacement and overcrowding.
- Trace lost to follow up TB patients in the IDP settings.
- Assist in the post disaster need assessment of TB programme and revitalization of the TB services



Beneficiaries of the Project

A total of 31,387 Internally Displaced Population (IDP) from 45 priority IDPs sites in Kathmandu valley and Sindhupalchok.

Intervention Strategies



Objective 1: Intensifying TB diagnosis

Strategy 1: Advocacy, Communication and Social Mobilization: Through the mobilization of Volunteers (low paid) from the same IDP camps for dissemination of the TB information and screening of the TB suspects. These mobilizers will be used for contact tracing, follow up and tracing of lost to follow up cases as well. IEC materials will be designed and distributed.

Strategy 2: Chest Camps: Chest camp will be conducted in the major IDP camps for examination and treatment enrollment. The camp will include a medical team which will clinically screen the IDPs and also distribute some basic medicines.



Strategy 3: Referral System: A referral system will be implemented to transport the specimen from the IDP camps (Chest camps) to Gene Xpert Centre. In Kathmandu valley, messengers with motorbike and cold box will be mobilized for this. From outside of Kathmandu valley specimen will be transported by Courier.

Strategy 4: Operation of Gene-Xpert Centre: Install and operate one Gene-Xpert machine in JANTRA.

Objective 2: Tracing of lost to follow up cases

1. Tracing of loss of follow: This will be done through the mobilization of CHVs and CMs

Objective 3: Assist in the PDNA and Revitalization TB services

1. Close monitoring of data
2. Mapping of needs and gaps

3. Provide logistical support to select microscopic and DOT Centre which has urgent needs.
4. Linkages and coordination with other partners and donors for the revitalization of the microscopic and DOT Centre
5. **Capacity building and revitalization of Microscopic and DOTS Centre:** Selected Microscopic and DOTS Centre will be supported to be revitalized. The support can be staff training, construction of infrastructure or logistic support etc.



Expected Outcome

- A total of 28,801 IDPs will be screened for TB
- A total of 2,861 TB suspects will be identified and tested by Gene-Xpert.
- A total of 429 cases will be detected with TB and 408 will be enrolled in the treatment.
- A total of 1,716 family members of MTB positive cases will be reached through Contact tracing.
- Follow up and treatment adherence counselling will be provided to all positive cases
- At least 10 health institutions will be supported.