

## Urban TB Control Program (RIT/JATA)

### Background

Japan-Nepal Health and Tuberculosis Research Association (JANTRA) is the prominent NGO in the field of Tuberculosis Control Programme. JANTRA is involved in Urban Tuberculosis Control activity through designing effective models and mobilizing urban TB volunteers in Kathmandu Valley for last eight years. JANTRA works in close coordination and collaboration with National TB Programme and District Public Health Offices (DPHO), Kathmandu Metropolitan City/Public Health Division, Urban Health Clinics and Urban TB volunteers for the control and prevention of Tuberculosis including Drug Resistance TB in Kathmandu valley.

Moreover, JANTRA is one of the active partners of National Tuberculosis Programme (NTP). JANTRA have gained wide experience of carrying PPM/ISTC, ACSM, Infection Control, TB/HIV collaboration and Urban TB Control in the 9 districts of the country from the well-



experienced and dedicated staffs. The TB trained and dedicated members are committed to start the project without any confusion in Kathmandu Urban. JANTRA has clear vision of a TB-free community; every person has the rights to access free TB care and community; every person has the rights to access free TB care and support without any stigma and discrimination and have a better quality of life

### Feasibility study and need assessment:

Organization has conducted feasibility study and assessment by reviewing National Tuberculosis Programme (NTP) annual report and interviewing with Tuberculosis patients and health workers working in Urban Health Clinics (UHC). After an assessment and discussion, we come to know that there is no any free health clinic in proposed project sites. Peoples from this community need to travel other area for the TB medication by spending



NPR 50 as transportation cost for every day. By perceiving total number of cases that are from that community, JANTRA decided to establish the office and run a DOTS Clinic to improve the access for the treatment, this project benefited more than 150,000 people that are living in local surroundings.

### Problem identified in Project area:

The project is proposed for Kathmandu urban; as those are most density populated city in the country. There is no regular collaboration between NTP and City Health Services as traditionally NTP's focus was on primary health care system, in addition there is lack of regular feedback mechanism within the urban health care providers. It is also estimated that

about two fold of the total population in Kathmandu Valley are migrated population and most of these reside in slum areas. Majority of the people working as factory, living in the slums, semi-slums area, and daily wages workers living in Kathmandu valley, do not have affordable access to the health services including TB. It is also estimated that approximately 50% of the estimated cases are not reach by government's regular health system.

## 1. Project Objectives:

- To increase the case finding rate in Kathmandu district through the active case finding among risk groups and congregate settings, TB suspects visits in private pharmacy and family members of Pulmonary Positive TB patients
- To Improving implementation of DOTS programme in urban setting and establishment of workable models for the National Tuberculosis programme is basic of this project in-term of early case finding and prompt treatment.
- To conduct ACSM activities by mobilizing local community health workers, volunteers and Community base organizations.
- The implementation of active case finding among above mention group will provide an opportunity to reach currently un-reach population. Active case finding in urban slum, factory workers and migrants people will improve case finding where the reach of current National TB DOTS programme is minimum and the case notification rate is less than 50%.



## Bottleneck and Constraints for case finding:

Kathmandu valley is one of the highly populated areas of the country. Currently around 50 DOTS Centres are functioning in the valley. Although DOTS centers are performing their care and support activity, there is very limited number of diagnostic centres. Within the valley there are around 20 Microscopy centres that are performing their TB activity in line with NTP and participate in External Quality Control (EQA) system. This evidence shows that the number of free TB microscopy centres is limited in terms of high burden of disease and the patient need to travel quite distance from their places for the sputum examination or visit private sector where they have to pay for the test.

## 2. Activities to be carried out under Project/Programme

### a) Sensitization meeting/baseline information:

One day sensitization meeting will be held for representatives from Regional Health Directorate Office (RHD), District Public Health Office (DPHO), Kathmandu Metropolitan

City/ Public Health Department (KMC/PHD), National Tuberculosis Centre (NTC), urban treatment centers and other potential partners who are working in National Tuberculosis Programme (NTP). Baseline information will be collected from the urban DOTS clinics. The outcome of the project will be compare with baseline information after the completion of the project.

**b) Re-motivation of Urban TB volunteers:**

All the volunteers who are working in the Urban TB control activities will be oriented on the policies, guidelines and recent progress of the NTP. In-addition JANTRA and NTP will take part in active case finding and awareness activities in Kathmandu urban. Volunteers will be trained to conduct door-to-door visit activities for the early referring of the suspects to the TB laboratory.

**c) Training of urban health workers/Volunteers:**

All the health workers working in urban DOTS clinic will be trained and oriented on the NTP policies and guidelines. They will also receive training on active case finding focusing contact tracing, counseling and referral for treatment of all TB cases.

**d) Contact tracing:**

The project will ensure screening of all eligible contacts of pulmonary positive TB and Multi-Drug resistant TB patients in the project area as per NTP Policy. With WHO support a national strategy and guideline for contact tracing was developed in Dec 2008 however this has not been implemented widely so far for various reason. With this project we would like to implement the NTP contact tracing approach in all Public and Private sector DOTS Centres. This will provide an opportunity to field test the NTP contact tracing guidelines and make recommendations to the programme for optimum implementation. Contact tracing specific recording and reporting will be developed in order to ensure documentation and reporting of all suspects and patients identified through contact tracing approach.

**e) Intensified and focused ACSM:**

Advocacy: Orientation meetings will be held with key policy makers, concerned health authorities and other stakeholders to gain commitment for this project. Primary focus will be on Ministry of Health & Population, National TB Programme, Central Regional Health Directorate, Kathmandu District Public Health Officer, and concerned authorities of public and private sectors.

**f) Communication and social mobilization:**

Standardized materials will be used to raise awareness and encourage involvement of the target populations using posters, pamphlets. And other means of communication tools. Special orientation sessions for target population and staff will be conducted at regular intervals.

### 3. Project Implementation Process/Methodology

Sensitizing the concept and its approach with partners in local level will start the project.

The counterparts of the project will be National Tuberculosis Centre, Regional Health Directorate Office, District Public Health Office, Kathmandu Metropolitan city Urban Health Clinics and Health volunteers working in the community. The project aim to enhance the technical capacity of partners and stakeholders. Regular quarterly base, Door-door visit will be conducted by the trained urban health volunteers and health care providers. To maintain the quality and its effectiveness of the project activity, regular monitoring and supervision from the concern partners and authentic bodies will carry out in quarterly basis. The project also aim to share the best practices in the regular planning and reporting meeting which will be organize by the National Tuberculosis Centre.



#### Activities and Its Implementation

- Provide TB orientation for the health workers and volunteers working in the project sites
- Regular meeting with stakeholders and partners working in project sites
- Awareness campaign to create service demand in the project sites
- Free sputum examination of the suspects who are referred from the community
- Free sputum examination of the suspects who are referred from Urban Health Clinics.
- Provide standard TB treatment (DOTS) by trained health manpower
- Participate in regular district and regional level planning and reporting meeting
- Participate in national level Advocacy meetings and events to share the result of community based activities of the project sites
- Develop cross referral mechanism of TB patients and suspects with both public and private sectors
- Joint monitoring and evaluation





#### 4. Target group and no of beneficiaries:

The project is proposed for Kathmandu districts focusing TB suspects visiting in local pharmacy who cannot afford for higher level health care seeking, factory workers, people living in slum and semi-slum areas, contact tracing of index cases family members and daily wages workers working in low working status level and wages. As those are most density populated cities in Koteswor and Baneshowre surrounding areas. People living in those communities can receive information timely on TB diagnosis and treatment. TB suspects can go to right place in right time for their investigation/ diagnosis and treatment. At least more than 50 new pulmonary positive Tuberculosis Patients will be diagnosing yearly from the project sites. Patients can save NPR. 50 transportation fare per day by having DOTS Clinic within their own community. Any TB suspects and confirmed TB diagnosis person and patients can visit to clinic for counseling and treatment purpose without any charge. Approximately 150,000 local communities can get direct benefit from these interventions.



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#### 5. Expected Outcome/Results

- By achieving its goal and objective successfully, it will reduce mortality, morbidity and breakdown chain of transmission, so that Tuberculosis will be no more a public health problem in the community.
- Community can live free of Tuberculosis.
- 85% cure rate of total Tuberculosis patients, who are under treatment in JANTRA Clinic.
- Tuberculosis can be diagnosis without any delay.
- Social workers and volunteers will play major role in community to advocate about this disease to the community.
- By achieving its objective successfully, the project is expected to find at least more than 50 additional pulmonary positive TB patients in Kathmandu urban.
- The identified additional cases will be fully treat by the DOTS centres working in Kathmandu.
- Early diagnosis of the hidden cases and reach to unreached population by regular health system.
- Enhance the capacity and knowledge of Social workers and volunteers for the sustainable manner of the project.

## 6. Linkage with district line agencies and coordination with DDC/VDC/Municipality and other concerned agencies

- Organization will make coordination with District Development Committee, National Tuberculosis Centre, District Public Health office, Kathmandu, Kathmandu Metropolitan City Public Health Department and other NGO and INGO's who are working in Tuberculosis Control activities to run the programme effectively and to achieve the National Tuberculosis Programme's goal and objective.



## 7. Monitoring and Evaluation of the Project

- National Tuberculosis Centre, Kathmandu Metropolitan City Public Health Division and District Public Health Office Katmandu will come for regular supervision at least once per month.
- Clinic staff will take part in regular district level planning and reporting meeting.
- Participate in monthly HMIS reporting system in district level.
- Social Welfare Council (SWC) will take part in regular monitoring and Evaluation of the activities, conducted by the organization.



## 8. Preparation and submission of Regular Progress report

- Every quarter, organization will submit progress report to National Tuberculosis Programme (NTP) through District Public Health Office, Kathmandu.
- Annual progress report will be submitted to District Administration Office Katmandu, Social Welfare Council and Donor agencies.

## **9. Sustainability of the Project**

Organization is involving local community for their active participation, enhancing their knowledge and skills and organize orientation to take ownership, so that they will locally take initiation to sustain the clinic.

### **Program Summary of 2015**

#### **OVERALL GOAL**

Tuberculosis morbidity in project site is decreased in 2015

#### **PROJECT PURPOSE**

With the involvement of volunteers quality DOTS will be implemented

#### **OUTPUTS**

##### **1. Quality DOTS service is provided for TB patients**

- 1.1 Implement adequate clinic activity
- 1.2 Human resource development for volunteers
- 1.3 Improvement the services for case findings

##### **2. Community empowerment through ACSM**

- 2.1 Implement adequate volunteer activity
- 2.2 Share the community activity with other organizations

##### **3. Network of urban TB control is strengthen**

- 3.1 Strengthen the TB control network in Kathmandu
- 3.2 Ensure the activity of other clinic in Kathmandu

#### **ACTIVITIES**

##### **1. Quality DOTS service is provided for TB patients**

- 1.1 Provide DOTS service at clinic
- 1.2. Two days training for newly appointed urban TB volunteers
- 1.3 Refresher training for those TB volunteers who have already taken TB training before
- 1.4) Establish Microscopy center in project site

## **2. Sputum Examination**

- 2.1 Sputum examination of the suspects refer by urban DOTS clinic (ward no.10 & 35)
- 2.2 Sputum follow-up examination of the patients who are taking treatment from project site and nearby DOTS clini

## **3. Community empowerment through ACSM**

- 3.1 Conduct active case findings, door to door visit by urban health volunteers (2 times in 6 months)
- 3.2 Organize monthly meeting for TB volunteers to update the information about TB situation in project site
- 3.3 Organize ACSM activities in project site Health Camp activity during World TB day
- 3.4 Jointly organize ACSM activities with NTC, DPHO, KMC and NATA during world TB day
- 3.5 Support central NATA office to conduct the planned activities in Kathmandu valley (as per request
- 3.6 TB education Program for public and private schools of project site (4 times per year)
- 3.7 Organize communication social mobilization in factory of project site (4 times per year)
- 3.8 Support Central NATA office to revise IEC Curriculum (as per request)
- 3.9 Organize meeting with other NGO's such as Chimeki to take part in ACSM Activities

## **4. Network of urban TB control is strengthen**

- 4.1 Organize CAT meeting by inviting TB stakeholders working in Kathmandu urban 3 times per year
- 4.2 Organize joint supervision meeting with NTC, DPHO and KMC (3 times per year)
- 4.3 Support quarterly monitoring and evaluation meeting 3 times per year (District, Region, and National)

## **5. OBJECTIVELY VERIFIABLE INDICATORS**

- 1. TB morbidity is decreased (or maintained) as follows



2. Incidence of new smear positive TB will be decreased (or maintained) from 55/100,000 population to 50/100.000 by 2015

## **6. OUTPUT**

At the end of 2012, the following indicators will be attained:

1. Cure rate of new smear positive TB patient is more than 85% in project site
2. At least 120 cases of all forms of TB will be treat in project site per year