

Regd. No.: 961/064/065

SWC No.: 24717



जापान - नेपाल स्वास्थ्य तथा क्षयरोग अनुसन्धान संस्था  
**JAPAN-NEPAL HEALTH & TUBERCULOSIS RESEARCH ASSOCIATION  
(JANTRA)**

*In collaboration with RIT/JATA*

**Ram Sharan Gopali (MPH)**  
**Executive Director**

# Basic Facts of Nepal

Nepal is a landlocked country located in the WHO Asian region at the edge of the Himalaya between India and the Peoples Republic of China

Area	147,181 Sq. km
Region	5
Zone	14
District	75
Treatment Centre	1140
Sub-treatment	2907
Microscope Centre	554
Gene-Xpert Center	22
MDR Centre	13
MDR Sub-Cen.	71



# Scenario:2015

- Major Public Health Problem
- Priority 1 Programme of the Government

- Population : 27 million
- Incidence rate (all TB cases) : 163 /100,000
- Prevalence rate (all TB cases) : 241/ 100,000
- Mortality rate :  
20/100,000
- TB patients co-infected with HIV : 2.4%
- Proportion of MDR-TB
  - *New cases* : 2.2%
  - *Previously treated cases* : 16%

# Who we are.....?

**JANTRA is a non-profitable, public service oriented non-government organization**

**JANTRA is affiliated with Research Institute of Tuberculosis/Japan Anti-Tuberculosis Association**

**JANTRA is a member of Nepal TB Control-Network**





# Mission

To franchise in the prevention/control of Tuberculosis, Public Health and Social Development issues in Nepal.

## Areas of Intervention;

- Policy and Advocacy at all level
- Community System Strengthening (CSS)
- Knowledge Management
- Partnership and networking  
(Nationally & Internationally)



## **Our Steps for.....**

- **To enhance collaboration between TB patients, NGO's/CSO's, Research Institutions, Universities, Government line agencies**
- **To care and support for those who are infected and affected by TB, for the purpose of controlling and caring all forms of TB (TB, DR, TB/HIV)**
- **To reduce stigma and discrimination related with TB and its co-infection**
- **To improve community health through innovative models up to grassroots level by knowing the local contexts**

# Current Projects



**Urban  
TB  
Control**

**RIT/JATA**



**TB  
REACH  
Wave 4**

**UNOPS/Stop  
TB  
Partnership**



**Post  
Disaster  
Recovery  
Project**

**UNOPS/Stop  
TB  
Partnership**

# 1. Quality DOTS services is provided for TB patients

- **Innovative DOTS and Sputum examination (8:00 AM-4/5 PM)**
- **Referral, cross-referral and counter referral from community and private sectors**
- **Operational partnership with partners and CSO's**
- **Capacity building of key stakeholders (Health care providers public and private), volunteers, local administrative authorities**





## 2. Community engagement and their

- **Active case finding**
- **door to door visit by volunteers**
- **monthly meeting for TB volunteers**
- **School health program**
- **Volunteer Trust Fund**
- **Referral and cross referral of presumptive cases**
- **Tracing of loss to follow up TB patients**
- **Organize advocacy and social mobilization**



# 3. Net-working and Social Protection

- **Communication and social mobilization activities for factory workers and vulnerable groups**
- **Strengthening coordination & collaboration with partners and synergy**
- **Tangible & intangible support for TB patients who are in need**
- **Initiation of TB patients club**
- **Empowerment of TB patients**
- **Enhanced understanding on Patient Character among service stakeholders and service providers**

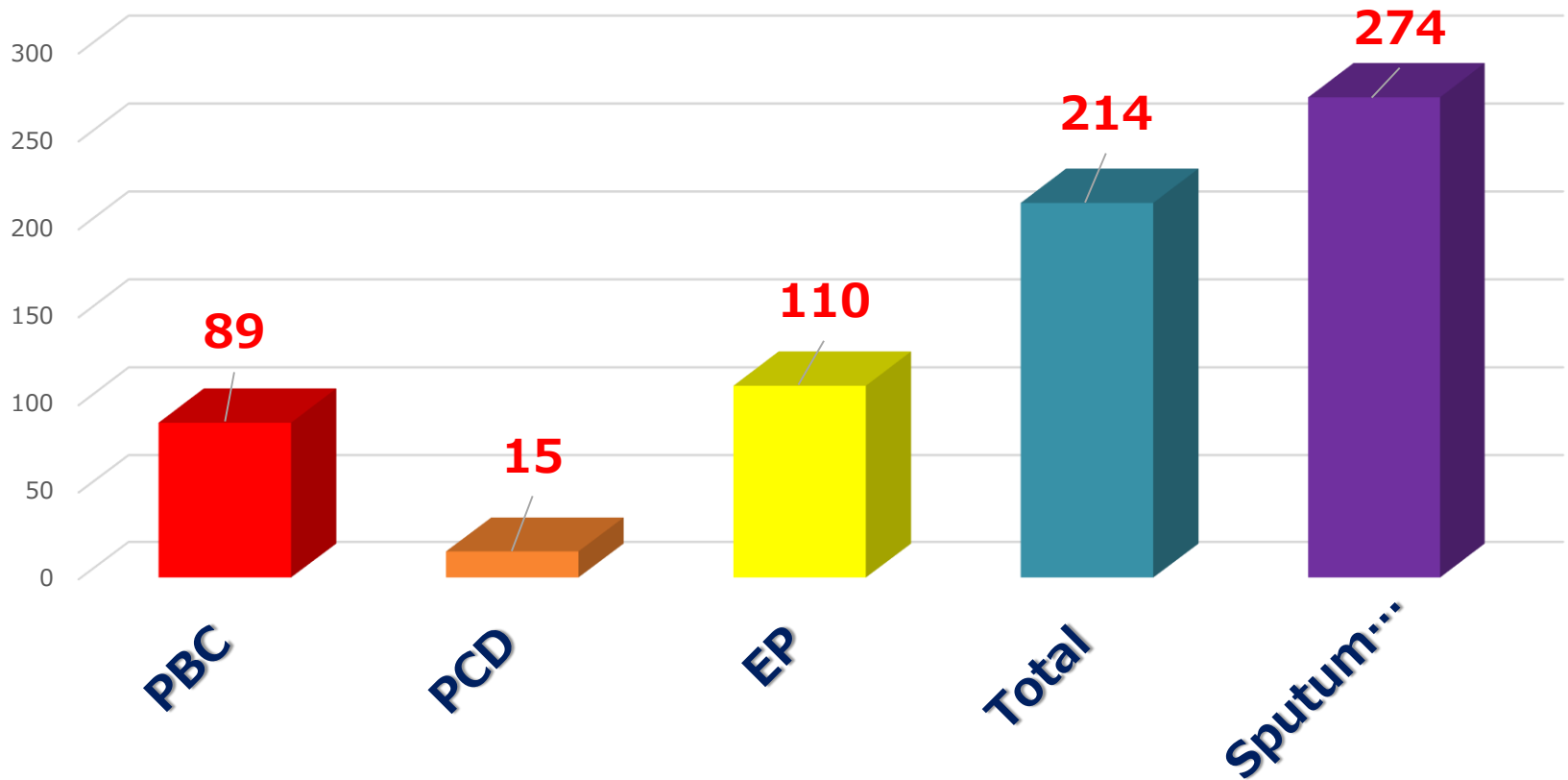


## 4. Strengthening Urban TB control

- **Organizing regular meeting with stakeholders and partners**
- **Carrying-out joint supportive supervision with concerned stakeholders and immediate feedback mechanism**
- **Establishment of Volunteers Trust fund**
- **Support for poor TB patients who are not eligible in public social protection scheme**
- **Logistic management support**



# DOTS service & SPUTUM EXAMINATION (2014/2015)





# Case finding

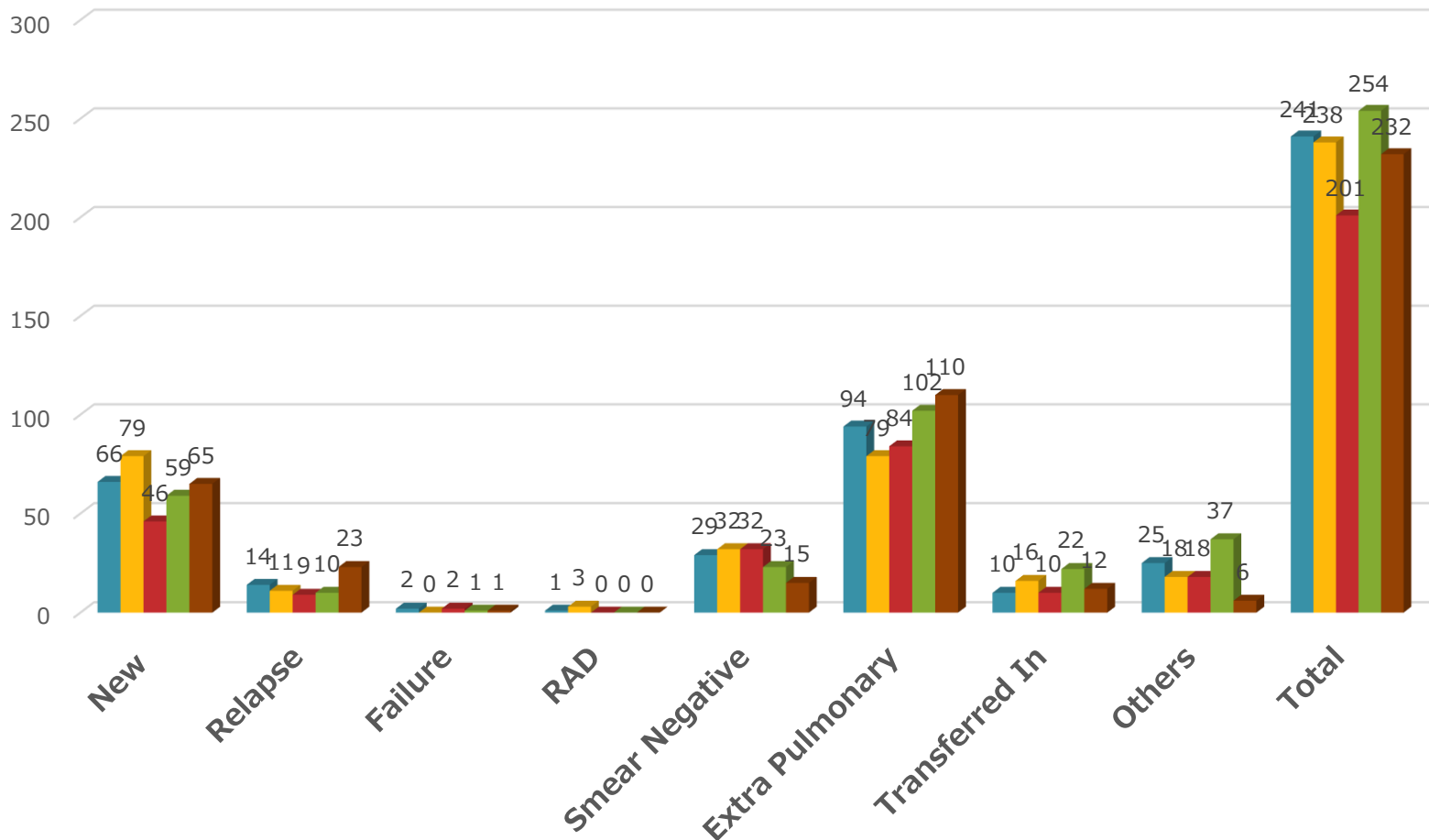
■ 2067/68 (2010/11)

■ 2068/69 (2011/12)

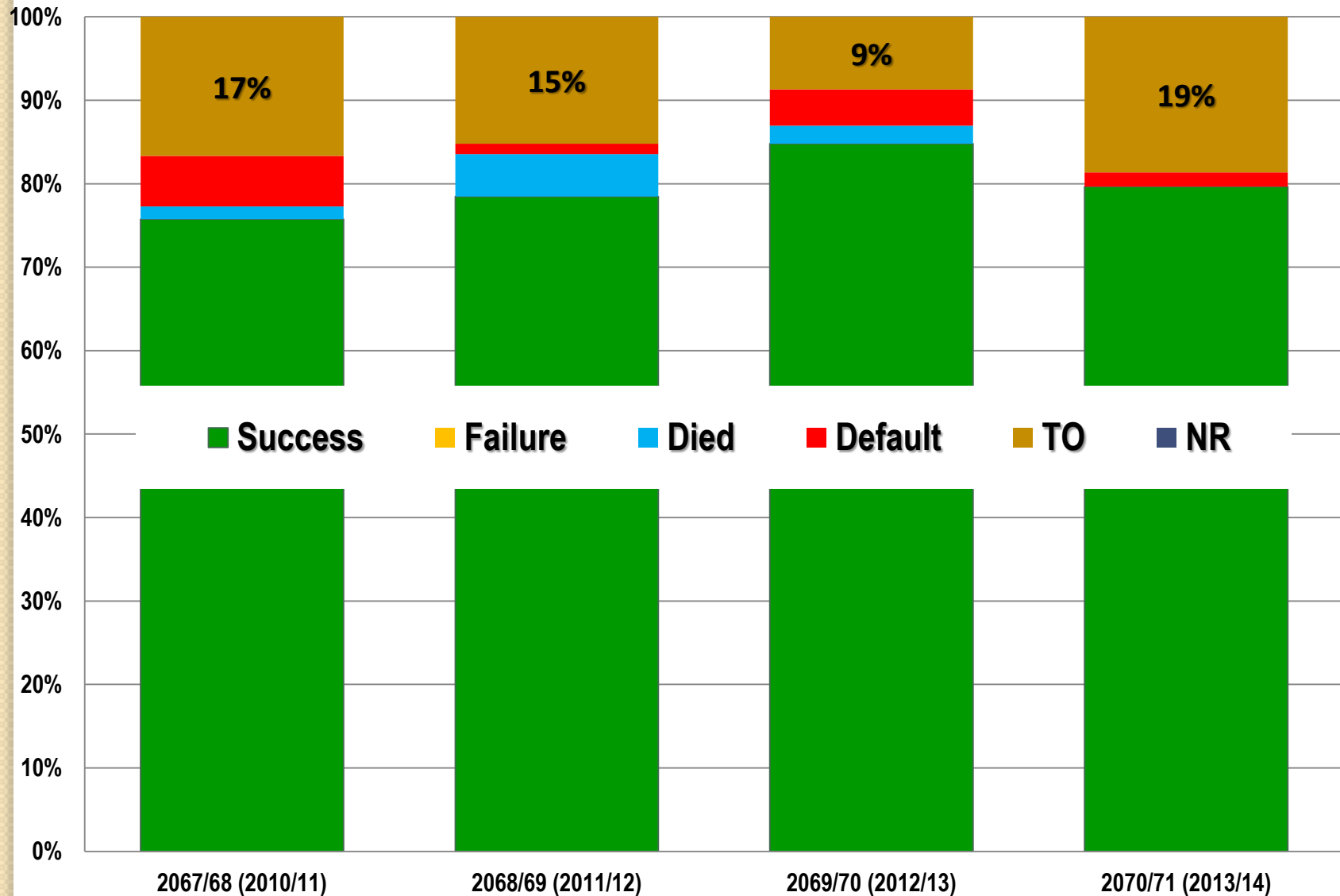
■ 2069/70 (2012/13)

■ 2070/71 (2013/14)

■ 2071/72 (2014/15)

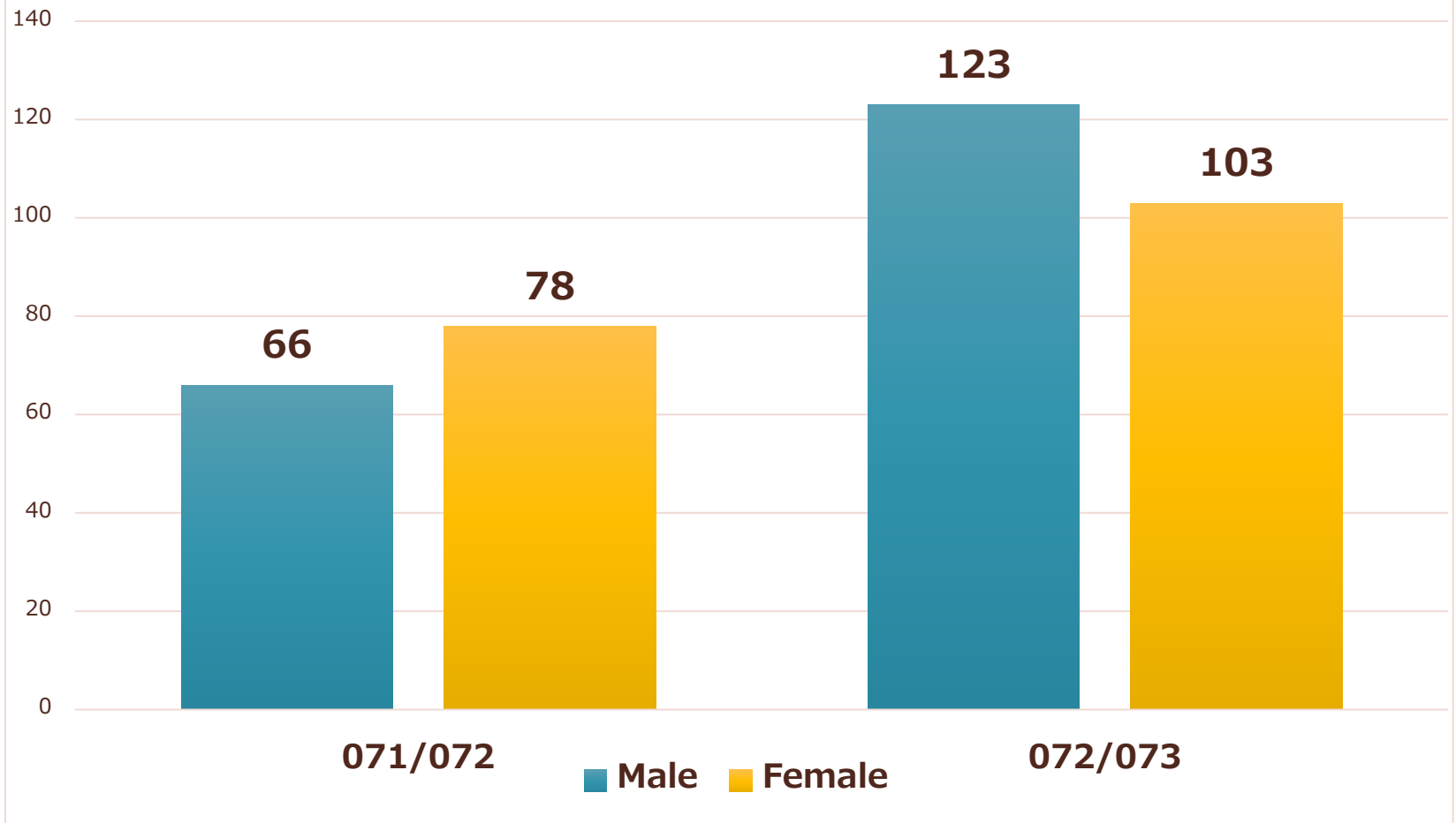


# Trend of Treatment Success Rate



# Hotline Consultation

## Consultation from Hotline telephone



## Key Q & A of hotline consultation

## Hotline Consultation

- Sign and Symptoms of Tuberculosis
- Location of DOTS Centre
- Venue of Microscopic Camps
- Information about daily DOTS and assurance of treatment
- Minor side effects
- Clinic opening time



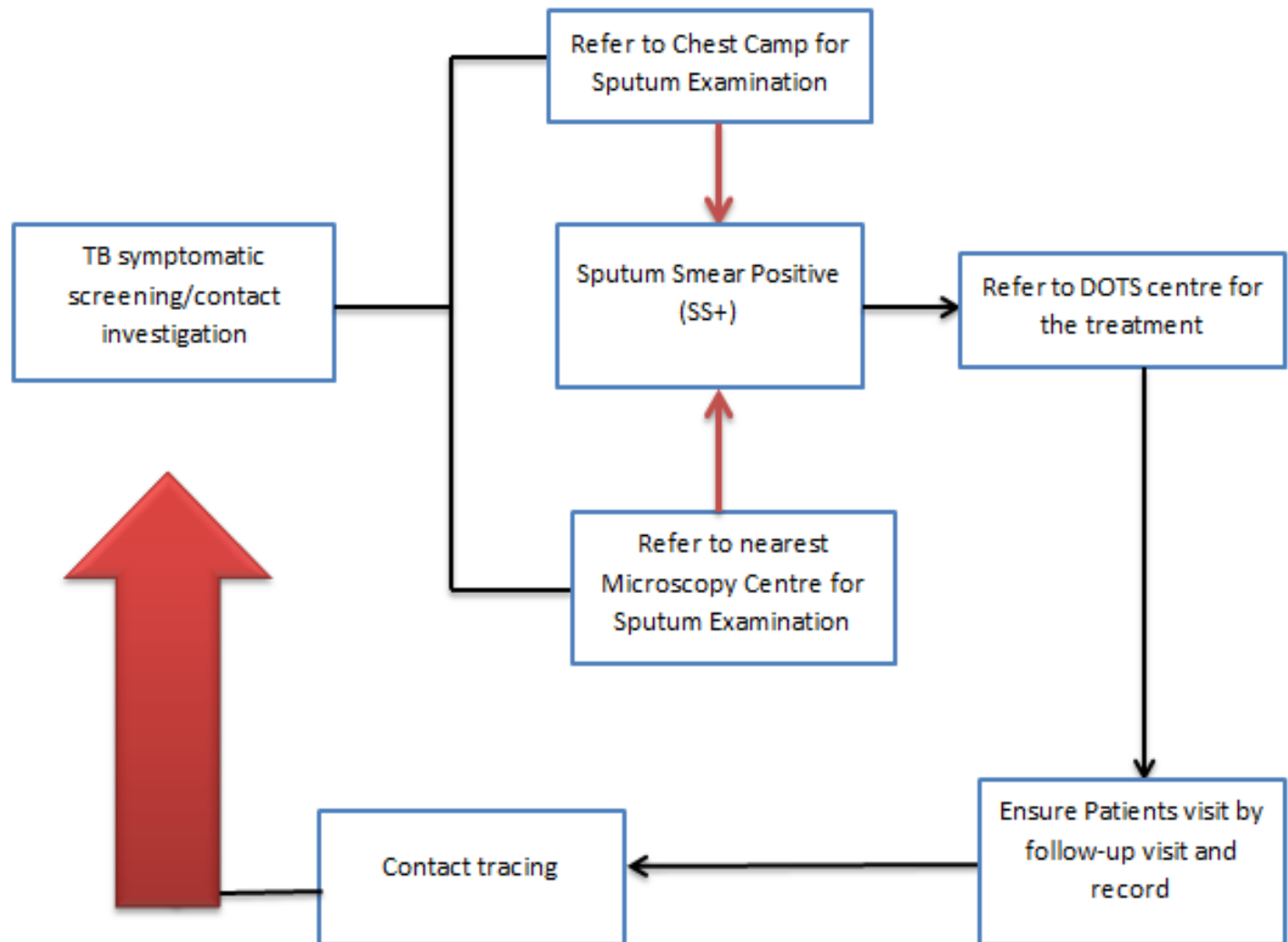


# Systematic Screening of target populations & microscopy camps

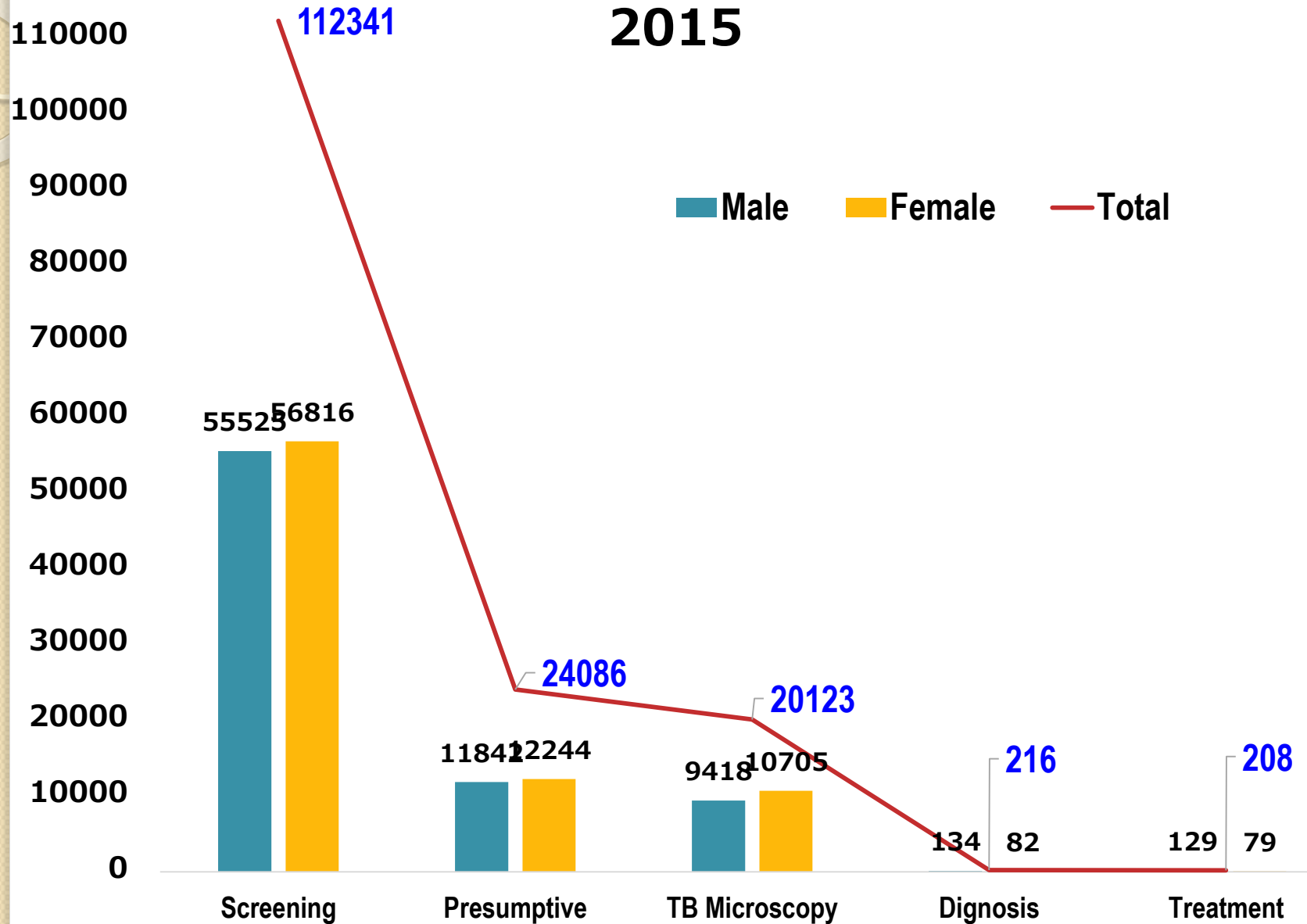
- **Community-Based;**
  - TB screening / presumptive TB identification / examination / treatment enrollment and contact investigation
  - Awareness raising
- **PPM**
  - Strengthen cross referral mechanism
  - Refer TB suspects to microscopic camp and other laboratories
  - Collaboration with private laboratory
- **Meaningful involvement and mobilization of health workers (Public and Private and volunteers)**



# Case finding framework



# TB REACH (WAVE 4) Achievement From July 16, 2014 to November 15, 2015



# Post Disaster Recovery Project

## Thematic Program Thrust-

**Early TB Case finding**

## **Target Beneficiaries-**

**Internally Displaced People  
of Kathmandu valley and  
Sindhupalchok district**





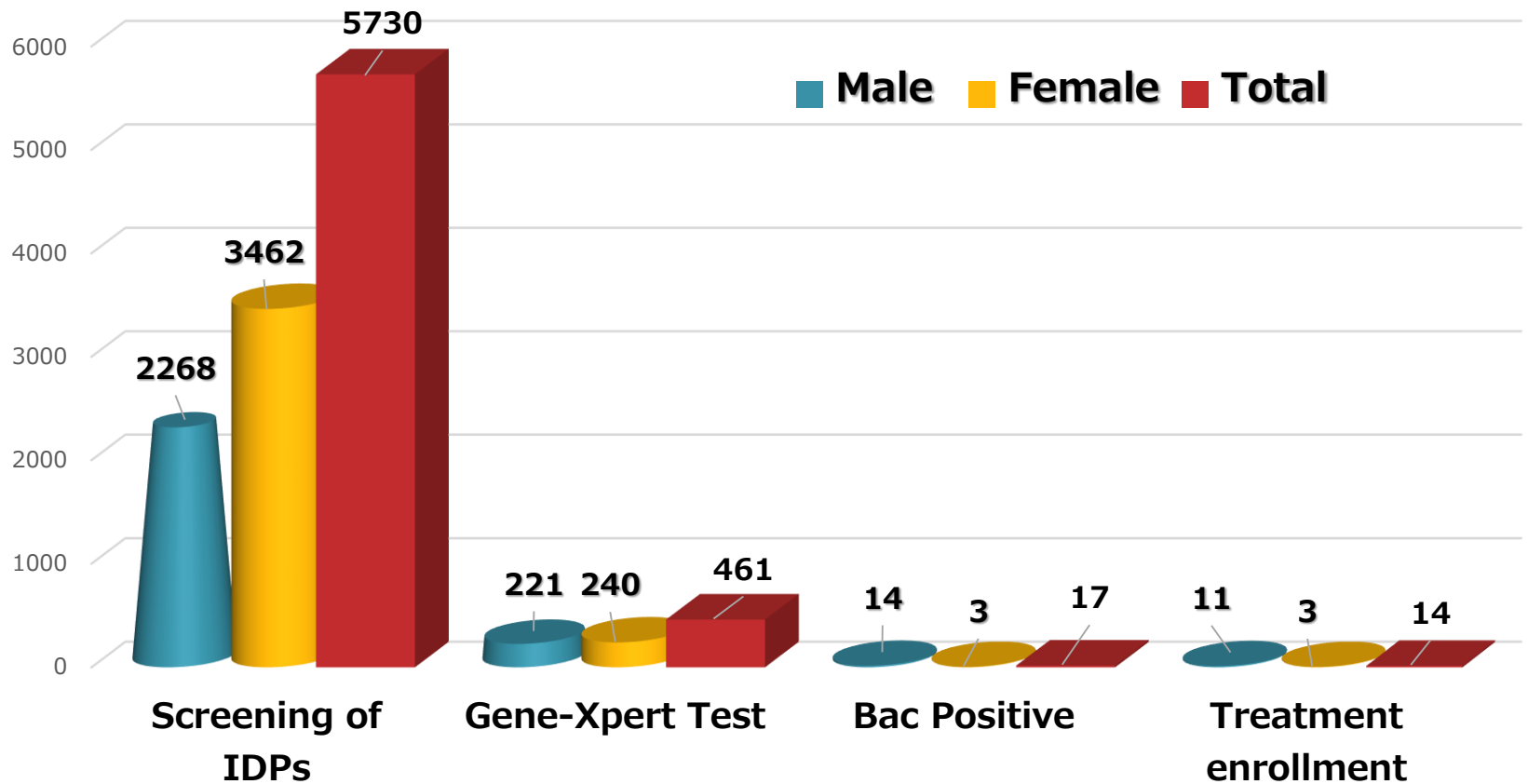
# Intervention

- Mapping of IDP s Camps
- Capacity building of Volunteers and key stakeholders
- Presumptive TB Case identification
- Sputum sample collection, sputum transportation & Test by Gene Xpert
- Chest Camp
- Treatment enrollment and follow up



# Post Disaster Recovery TB Program

Sep 2015- 20 Jan 2016



# Lesson Learnt .....

- **Support from NTP:**
  - ✓ leads to sound implementation of the planned activities
- **Proper Orientation & consistent follow-up:**
  - ✓ To continue engagement of stakeholders (*sample transportation from community to Microscopy Centre*)
- **Intensive Advocacy Programme:**
  - ✓ More partners are interested to collaborate (*local CBOs shows their interest for the collaboration*)



# Lesson Learnt.....

- **Highly enthusiastic and committed volunteer;**
  - ✓ Leads to productive and sustainable programme in the community
- **Establishment of Patients club;**
  - ✓ Leads to effective contact tracing and peer education in the community
- **Consistent IEC/BCC Programme:**
  - ✓ To change service seeking behavior





# Supportive Supervision & Result based monitoring

- Result based M&E and discussion with NTC
- Regular follow-up and monitoring from the RHD and respective project districts
- Project review and assessment from the TB REACH & RIT/JATA



## **Issues to be address;**

- Sustainability and ownership
- Compatibility of TB Program inline with Sustainable Development Goal.
- Factor affecting TB Treatment and its success; co-morbidity for instance- diabetes, malnutrition etc
- Funding gap
- Logistic, documentation and monitoring.
- Research and development ; TB and Gender, PPM, Community Engagement, UHC

# Acknowledgements

- National Tuberculosis Centre
- Research Institute of Tuberculosis/JATA
- UNOPS/Stop TB Partnership
- Global Affairs, Canada
- World Health Organization
- Regional Health Directorate Office
- District (Public) Health Offices
- Urban Health Clinics
- Health care Providers (Public & Private)
- Female Community Health Volunteers
- TB Patients and Family members



**Thank you**