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The development and implementation of supervision and patient support approach in Drug Resistant TB management programme in Nepal



A psychosocial support intervention for MDR TB care in Nepal

Project Objectives:

- To develop and pilot an improved supervision and patient support approach in the existing DR-TB management programme
- To develop educational materials and support for different health care providers and patient care takers in line with this approach to supervision and patient support
- To evaluate the effectiveness of the approach
- To support scale-up of the proven approach across Nepal
- To develop a generic version of supervision and patient support materials for patients and health workers

Team Members:

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Project Summary

Emergence of Drug Resistant TB (DR- TB) is a continuous threat for the success of National TB Programme (NTP) in Nepal and in many developing countries. Although supervision and patient support is one of the strategic components of the Stop TB Strategy, there is limited evidence on how to operationalise this component in Nepal's context. The major focus of this research was to develop and assess supervision and patients support approach considering the local context. This was an operational research study aimed at contributing to the effective management of people with DR-TB through development and implementation of a locally feasible supervision and patient support approach in the existing DR-TB management programme, which is patient friendly and feasible to scale -up. The study was conducted in three phases:

- ⇒ Phase 1: Exploratory study to identify the needs of the patients
- ⇒ Phase 2: Development of supervision and patient support package;
- ⇒ Phase 3: Implementation of the package, Follow up and evaluation of the effectiveness of the package.

HERD's Approach

HERD adopted an embedded approach and worked closely with the National Tuberculosis Centre (NTC) for the development and implementation of this study. The intervention development phase was structured in a way to enable government ownership, to increase the likelihood of national scale-up and sustainability of the intervention. We engaged health workers, people with MDR-TB and their family members in the development of the intervention to ensure the feasibility and appropriateness of the proposed intervention.

Study outcomes

The intervention developed included psychosocial counseling taking into account of the patient's individual needs, support tailored to patient needs, particularly in terms of the level of social support, depression and anxiety experienced by patients.

Two main elements to the intervention:

- Improved health education for all patients and family members using various Information education and communication (IEC) materials (Flipbook and leaflets to patients and family members)
- Psychosocial counseling using the Healthy Activity Programme (HAP) module

The intervention developed was tested in 2 centres, Kathmandu and Rupandehi and 8 sub centres across 5 districts.

Major Findings:

- It is possible to screen and deliver range of psychosocial interventions in Nepal TB programme (feasible)
- Patients are willing to be screened and spend the time receiving the intervention (acceptable)
- Length of time is critical for patient engagement

Impact of the study

In the context where NTC, Nepal is exploring models of service delivery for making MDR TB management more patient centered, this study generates high quality, robust evidence on supervision and patient support which is effective to reduce the burden on DR-TB patients and their households.



HERD counsellor talking to MDR TB patient