As another day begins for Sridevi Chaudhary of Phattepur VDC, Bara district, a Female Community Health Volunteer (FCHV), she continues door-to-door visits to households in her community. Sridevi is conducting a contact tracing exercise where she will interview members of each household, screen them for TB, and collect their sputum. She will send the collected samples of sputum to the government operated microscopy center closest to her village. Sridevi Chaudhary is one of the 510 community volunteers who have been trained in contact tracing of index TB patients. She and the other volunteers are an integral part of the “active case finding through contact tracing” initiative introduced by The Britain Nepal Medical Trust (BNMT). In Nepal, many cases of TB go unidentified due to social issues of stigma and discrimination, limited geographical and economic access to health facilities and a general lack of information and awareness about TB. To remedy these barriers to TB identification, BNMT trained FCHVs, other community volunteers and health workers to actively inform their community members about TB infection, transmission and symptoms, as well as about the free treatment services offered by the Government of Nepal. Sridevi and her colleagues work to identify hidden TB cases as a compliment to the passive case finding and treatment under the public system.

Nepal

To address this problem, BNMT brought mobile chest camps to the sub-health post of areas in need.

The Britain Nepal Medical Trust

Four months into the project the BNMT’s TB REACH team realized that it was difficult to identify cases where there was only limited access to a microscopy laboratory. To address this problem, BNMT brought mobile chest camps to the sub-health post of areas in need. Eleven of these portable microscopy laboratories have tested 1,811 individuals, identifying 52 new cases of previously unidentified TB. Another challenge faced by the team was the difficulty in matching the index patients to their addresses in the villages. To help with this challenge, BNMT utilized local volunteers as well as 89 of the TB patients to identify their community members being treated with DOTS. These volunteers also provide continuous follow up support to the DOTS centers where the GoN provides free treatment.

During the 10-month duration of the project, BNMT’s TB REACH team members were able to reach and test 21,874 individuals for TB symptoms from an index case population of 4,265. They found 1,177 new sputum smear positive TB cases in the 9 eastern and central districts of Nepal where the project is active. Seventy-five lab personnel were also trained for quality sputum microscopy and TB case identification and follow up.

BNMT hopes to increase TB case detection in high-case-load areas of Nepal, supporting the National TB Programme to increase case finding. The project is also working to make it possible for the poorest, most vulnerable and at-risk populations to access the free TB services for detection and appropriate treatment.
More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

• TB REACH was launched in 2010 and will run until 2016, thanks to a CAD$ 120 million grant from the Canadian International Development Agency.
• TB REACH is committed to getting funds to our partners with a very short turnaround time.
• TB REACH has committed nearly $50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
• Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US $0.15.