

ABSTRACT

Background: Community Based DOTS is being implemented in 21 districts with a vision to expand in all 75 districts by 2021. However even after implementation of CB-DOTS, not all of the districts shows improved TSR, with some districts showing decreasing trend, which highlights that either CB-DOTS hasn't been initiated throughout all health facilities in the districts or may be it hasn't been effectively implemented. Hence it is important to find out how CB-DOTS is being implemented in Nepal by measuring implementation fidelity. We explore the adherence to national CB-DOTS guideline by DOTS providers, the quality of service provided by treatment supervisors and patient satisfaction towards CB-DOTS in districts with low and high TSR.

Method: A qualitative study was conducted in 8 health facilities from Chitwan (low TSR) and Palpa (high TSR) district. Eight in- depth interviews (IDIs) with DOTS focal person, 5 group discussions and 3 mini FGDs were conducted with FCHVs and 18 IDIs with TB patients were conducted. Secondary data was also assessed for time period of 1 year.

Result: Secondary data indicated the treatment success rate was 100% and treatment interruption was negligible. There was slight variation in adherence to CB- DOTS guideline between 2 districts. However in both the districts there was uniformity in selection of patient and treatment supervisors, supply of medicine to treatment supervisors and recording and reporting. There was lack of training to treatment supervisors in both the districts. In some patient there was delay in diagnosis and treatment initiation. However patients were highly satisfied with the CB-DOTS due to availability of medicine near to their home and support and care received from treatment supervisors.

Conclusion: CB-DOTS was associated with high treatment success rate. DOTS providers' adherence to CB-DOTS guideline was suboptimal. From the present study we also captured the need for improvements in delivery of service by treatment supervisors. Overall, patient satisfaction towards CB-DOTS in both districts was high.

Keywords: TB, community based, fidelity, adherence, guideline, quality of service, patient satisfaction, qualitative, barriers