Reduce Patients Delay in Seeking Treatment in Kingdom of Cambodia

National Tuberculosis Program Management
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Ministry of Health
INTRODUCTION

Rational

- Tuberculosis (TB) kills approximately 2 million people each year. The breakdown in health services, the spread of HIV/AIDS.

- The emergence of multi drug-resistant TB are contributing to the worsening impact of this disease.

* Cambodia is one of the 22 countries with the highest burden of tuberculosis (TB) in the world. The annual incidence rate of smear-positive pulmonary TB was estimated 241 per 100,000 inhabitants and the death rate of 90 per 100,000 inhabitants in 1997.

Up to 1998, DOTS increased its coverage to 88% of the population through hospital-based approach.
Up to the end of 2004, DOT was expansion in whole country with 840 health center. NTP was achieved with a high cure rate, increasing from 68% in 1994 to 89% in 1998. But case detection rate was still low-only 51% in 1998.

Moreover, a long delay in TB Treatment has been common (one month or more than one month).

**Literacy Review**

A number of studies on delay in TB treatment have explained the delay from two perspectives: patients’ delay in seeking care, and doctors’ delay in correct diagnosis and treatment.
Distance is one of the major causes of patients’ delay.

- Distance between Patients’ home and health facilities

- Lack of Transportation
- Poor Road conditions
Other cause for delay from the viewpoint of the TB Patients:

A - Socio-cultural:
- Traditional beliefs, - Stigma and discrimination,
  Gender

B - Economic (other than direct cost):
  indirect costs, - opportunity costs

C - Lack of health system responsiveness:
- poor services, high user fee
  (including under the table payment),
- attitude of health staff, - inadequate health service, etc.
TB/HIV
Cambodia is also among the countries with high burden of HIV/AIDS. The National HIV sero-prevalence among adult aged 15-49 and HIV sero-prevalence among TB patients are also high as shown in the below charts:

Fig.2 National HIV sero-prevalence among adult aged 15-49 year olds
Fig. 3 The trend of HIV sero-prevalence among TB patients in Cambodia
### Stakeholders Analysis

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Patients, Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing Agencies</td>
<td>NTP, Health Center, PHD, OD, NGO, health volunteer, Health worker, MOH, Government</td>
</tr>
<tr>
<td>Potential Opponents</td>
<td>Health center staff, people in community</td>
</tr>
<tr>
<td>Supporting Group</td>
<td>Health community, health worker, TB supervisor, OD TB, Funding Agencies NGO’s, Global Fund</td>
</tr>
<tr>
<td>Decision Maker</td>
<td>NTP, MOH</td>
</tr>
<tr>
<td>Detailed Analysis</td>
<td>Patients delay, low case detection rate, transmission to another person, increase morbidity and mortality rate, increase poverty</td>
</tr>
</tbody>
</table>
Stakeholders Analysis

• Characteristics of Problem:
  • Socio-cultural
  • Stigma and discrimination
    - Gender
    - Economic indirect costs, opportunity costs
    - Staff motivate
    - Lack of health system response
    - Poor service
    - Attitude of health staff, inadequate health service
Problem Analysis
Patient’s Delay in Seeking treatment

- Patients and people in community knowledge in TB is low
  - Improper health education by staff
  - Stigma
  - Sharpman do not refer symptomatic case to HC
  - Health staff are in responsible for their work

- Quality of health service is poor
  - The capacity of HC staff is insufficient to perform their job properly
  - Insufficient training of staff
  - Motivate is low

- In accessibility of HC
  - HC staff are occupied with other BS
  - HC volunteer are not utilized
  - Bad road condition
  - Lack of transportation

- Can not get archive of target of NTP
- Increase morbidity and mortality rate of TB disease
- Can not reduce poverty
- Transmission to another

- Increase morbidity and mortality rate of TB disease
- Can not reduce poverty
- Transmission to another
Objectives Analysis
Patient’s Delay in Seeking treatment is Reduced

Patients and people in community knowledge in TB is Improve

Quality of health service is Improve

The capacity of HC staff is sufficient to perform their job properly

Health staff are responsible for their work

Health are motivated to work

Sharman do refer symptomatic case to HC

Stigma is reduced

proper health education by staff

sufficient training of staff

Motivate is improve

salery of HC is better

HC staff are occupied with other BS is reduced

HC volunteer are utilized

Accessibility of hc. is improved

Bad road condition

Lack of transport

Can get archive of target of NTP

Decrease morbidity and mortality rate of TB disease

Reduced poverty

Reduced Transmission to another

Lack of transport

Decrease morbidity and mortality rate of TB disease

Reduced poverty

Reduced Transmission to another
## VI-Project Selection

<table>
<thead>
<tr>
<th></th>
<th>Health education approach</th>
<th>Quality health service approach</th>
<th>Health education and health service approach</th>
<th>Improved Accessibility approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs Benefit</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Feasibility</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Sustainability</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Available resources</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>14</strong></td>
<td><strong>19</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>
ACTION PLAN

• BASE ON PDM          Date: 2006-February-21

• Project name: Reduce Patient’s Delay in Seeking Treatment Among TB Patients in Cambodia

• Duration          October 2006- September 2009

• Target area : 8 PROVINCE AMONG 24 PROVINCE

• Target group : Patients and People in Community, Health staff who work on TB in health center ,Provincial TB Supervisor, OD TB Supervisor ,CENAT TB Supervisor and of Survey
## PDM (Project Design Matrix)

### Over all goal

<table>
<thead>
<tr>
<th>Narrative Summary</th>
<th>Objectively Verifiable Indicators</th>
<th>Means of Verification</th>
<th>Important Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Over all goal</strong>&lt;br&gt;TB burden is reduced</td>
<td>Number of morbidity and mortality in 8 province falls by 30% by September 2009</td>
<td>MOH, NTP TB Project Report and Evaluation</td>
<td>NTP guideline remains unchanged</td>
</tr>
</tbody>
</table>
## Project Purpose

<table>
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<tr>
<th>Narrative Summary</th>
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<th>Means of Verification</th>
<th>Important Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients’ delay in seeking behaviour is Reduced</td>
<td>Patients’ seeking behaviour delay is Reduced from 1 Month to 2 week</td>
<td>MOH, NTP TB Project Report - Patients Treatment Card, Lab. Registry, Interview.</td>
<td>Trained health staffs have skill enough for daily operation of the project</td>
</tr>
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<td>Narrative Summary</td>
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<tr>
<td>OUTPUTS 1-Patients and People in community’s knowledge in TB are Improved. 2-Quality health Service is Improved. 3-Accessibility of health center is improved.</td>
<td>- Knowledge of TB patients are increase by 50% by 2009 base on Baseline KAP Survey. - Percentage rate of health center staff that work during official working hours increase by 20 % with increase double salary from the government - Percentage rate of symptomatic cases that come to health center increase by 30 %.</td>
<td>MOH,NTP TB Project Report,PHD ,OD. -Authority and Ministry of Transportati on.</td>
<td>-The road condition does not get worse to make the accessibility worse. The patients remain support the project. -MOH,NTP,GF Support the Project</td>
</tr>
</tbody>
</table>
ACTIVITIES

• OUTPUTS 1

• 1-1-To submit necessary items and personnel expenses to NTP manager.

• 1-2- Conduct Kap survey.
  • 1-2-1- To coordinate with the people in charge
  • 1-2-2- Go to the field for interview by questionnaire
  • 1-2-3- Supervision, monitoring and evaluation, data record

• 1-3-To conduct meeting with Sharman and village leader

• 1-4-To training for health education on TB to the shaman.
• 1-5-Refresh course for staff health center on TB health education including communication skill development (PATH)

• 1-6- To conduct meeting with health staff on their role job.

• 1-7-To produce guidelines and training materials for health staff, recording, reporting forms, IEC materials.

• 1-8-To train health center staff for health education and IEC to community.
OUTPUTS 1

• 1-9-To assign as and a DOT watcher health education for TB patients in the community.
• 1-10-To distribute IEC materials (leaflet, brochure, poster etc…) to health staff in community
• 1-11-To conduct Kap survey to identified patients delay in seeking treatment.
OUTPUTS 2

• 2-1- To conduct meeting with TB supervisor to go to the quality supervision on the job training during supervision at health center.
• 2-2- To meeting with health staff with give conduct the contest certificate for motivate their job.
• 2-3- To conduct meeting with the donor for motivate staff at health center.
• 2-4- To conduct quarterly workshop for TB health staff.
• 2-5 – To conduct meeting with MOH to requested increase Salary for staff TB from the Government.
OUTPUTS 3

• 3-1-To conduct Refresher training with health volunteer in collaboration with NGO on TB health education.
• 3-2- Utilize health volunteers as DOT watcher and refer symptomatic cases to health centers.
• 3-3-Invite health volunteer for world TB day, workshop to stimulate and increase their motivate.
INPUTS

- NTP:
  - Project manager
  - Project implementation and management cost.
  - Project coordinator
  - TB supervisor and OD
  - Health center staff, People in community
  - Health post staff, Health worker, Health volunteer
  - IEC material
  - Gasoline
  - Car, motorbike
  - Drivers
  - Check list for questionnaire interview
  - Computer for data analysis
Important Assumptions

- Collaboration and Support from Several Concerned such as MOH, NTP, PHD Staff, Fund
Pre-Conditions

• Patients and people in community are strongly support the project.
• Partner agencies does not oppose the project.
• Government staffs willing to work in the field.
Study Sites

Population 13M
2004
181,035 km²
8 PROVINCE WILL BE SELECTED FOR SURVEY
ORKUN-Thank you