

APPENDICES

Appendix-1

Guideline for Focus Group Discussion of FCHV

- Arrangement of Venue
- Arrangement for refreshment: Tea and Snacks
- Arrangement of daily incentive
- Arrangement for tape recording, note taking/observing
- Prepare moderator and recorder

Starting the FGD program

- Welcome to the participants
- Introduction of moderator and observer
- Introduction of the participants
- Explain about the objective of the discussion and importance
- Ask for permission for recording the discussion

Icebreaker game: *“what is similar among us?”*

Note the characteristics of the participants.

2. Do you know anybody who has/had TB in your village?
3. Have you helped a TB patient in any way in your village so far?
4. What are the problems in TB treatment in the community?
5. Have you heard about DOTS for TB?
6. What do you think about the possibility of TB DOTS in this area?
7. How should DOTS be delivered in the situation like Ashrang HP?
8. What do you think of delivering DOT by FCHVs in each ward?
9. What are the problems if you would do provide DOT?
10. What need to be done if you have to deliver DOT in your ward?

Summarize the discussion

Thanks and closing

Appendix-2

Guideline for Focus Group Discussion of HP/SHP staff

- Arrangement of venue
- Arrangement for refreshment
- Arrangement for tape recording and notekeeping/observing
- Prepare moderator and recorder

Program starting

- Welcome the participants
- Introduction among the participants, moderator and observer
- Explain the purpose of the discussion and its importance
- Ask permission for tape recording of the discussion

Note the characteristics of the participants

- No. Participants -Gender
- Level of staff -From (HP/SHP)

Guiding questions

1. How is the situation of TB problems in the community now?
3. What is the problem in TB treatment at HP now?

4. Should DOTS be implemented in this HP/area? Is it possible to implement it in this situation?
5. How to deliver DOT in this geographical situation?
6. What do you think of delivering DOT through FCHVs?
7. How to do it? What should be done to do it?

Summarize the discussion

Thank and closing

Appendix-3

Open Ended Questionnaire for interview with NTC Director

1. What are the problems to implement DOTS in the hilly region of the country?
2. What are the existing approaches to implement DOTS in the hilly region? What is the outcome of those approaches?
3. Is there any policy constraint for studying alternative approaches for delivering DOTS?
4. What resources would be available for studying an alternative approach for delivering DOT in the hills?

Open Ended Questionnaires for interview with DTLA, Lalitpur

1. What is the situation of DOTS program in Lalitpur district?
2. What is the problem to implement DOTS in the district?
3. What do you think of mobilizing FCHVs for delivering DOT in the hills?
4. What resources would be available to support such program from the district?

Appendix-4

Questionnaire for interview of Female Community Health Volunteer

Date of interview..... Place of interview.....
 Name of interviewer..... ID No. of the interviewee.....
 Name of the FCHV..... Age.....
 Address of FCHV: VDC..... Ward No.

- Educational level of FCHV: Illiterate
- Just literate (non-formal education)
- Primary education (1-5 grade)
- Lower secondary (6-7 grade)
- Secondary (8-10 grade)

| Questionnaire | Variable |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. How long have you been working as a FCHV? <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-8 years <input type="checkbox"/> More than 8 years | Work experience |
| 2. How satisfied are you to work as a FCHV? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Fair <input type="checkbox"/> Not satisfied | Satisfaction to work |
| 2.1. If not satisfied, why? | Reason for no satisfaction |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <p>3. Are you willing to do additional work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Willingness for additional work</p> |
| <p>4. If not, why?</p> | <p>Reason for unwillingness</p> |
| <p>5. What do you know about TB? Ask to say the symptoms/signs of TB and assess the correct information.</p> <p><input type="checkbox"/> Cannot say anything <input type="checkbox"/> Can state 1-3 signs/symptoms correctly</p> <p><input type="checkbox"/> Can state more than 3 signs/symptoms</p> | <p>Knowledge about TB</p> |
| <p>6. Do you know anybody who has/had TB in your community?</p> | <p>Knowledge about TB problem</p> |
| <p>7. Would you be willing to provide DOT to the TB patients in your ward?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Willingness to provide DOT</p> |
| <p>7.1. If not why?</p> | <p>Reason for unwillingness</p> |
| <p>8. What do you need to do to provide DOT for TB patients?</p> | <p>Need for FCHVs for doing DOT</p> |

Appendix-5

Interview Questionnaire for TB DOTS patient

Date of interview.....

Place of interview.....

Name of interviewer.....

ID No. of TB patient.....

Name/ethnicity of TB patient.....

Age/Sex.....

Address: VDC.....

Ward No.....

Educational status: Illiterate

Occupation: Agriculture

Just literate (non-formal education)

House hold work

Primary education (1-5 grade)

Regular job

Lower secondary (6-7 grade)

Student

Secondary (8-10 grade)

Daily wage

Higher secondary or above

Others (specify)

Duration of the treatment (Check the treatment card): Intensive phase

Continuation phase

| Questionnaire | Variable |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. How long does it take to come to the clinic for you?</p> <p><input type="checkbox"/> less than 30 min <input type="checkbox"/> 30 min-1 hour</p> <p><input type="checkbox"/> 1-2 hours <input type="checkbox"/> more than two hours</p> <p>2. How do you come to the clinic every day?</p> <p><input type="checkbox"/> by foot <input type="checkbox"/> by public transport</p> <p><input type="checkbox"/> by private car/motor bike <input type="checkbox"/> by other means (specify)</p> <p>3. Is it convenient for you to come to the clinic everyday for medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If it is inconvenient for you, what is the reason for inconvenience?</p> <p>5. Do you know your ward FCHV? Ask the name/identity for confirmation.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If you know, how is your relation with your ward FCHV?</p> <p><input type="checkbox"/> Very good <input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair <input type="checkbox"/> Not so good</p> | <p>Travel time</p> <p>Mode of transport</p> <p>Convenience</p> <p>Reason for inconvenience</p> <p>Familiarity with ward FCHV</p> <p>Relation with ward FCHV</p> |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <p>7. Have you ever taken any advice from your ward FCHV for any health problem for you/ family?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Previous contact with FCHV</p> |
| <p>8. If no, why?</p> | <p>Reason for no contact</p> |
| <p>9. Would you like to have your daily medicine from your ward FCHV at her home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Acceptance of FCHV</p> |
| <p>10. If you don't want, what is the reason?</p> | <p>Reason for no acceptance</p> |
| <p>11. What should be done so that your FCHV can provide DOT effectively?</p> | <p>Perception for effective DOT by FCHVs</p> |

Appendix-6

महिला स्वास्थ्य स्वयंसेविका अन्तवार्ता प्रश्नावली

अन्तवार्ता मिति: अन्तवार्ताको स्थान:

अन्तवार्ता लिने व्याक्तीको नाम:

म. स्वा. स्व. से. को नाम: उमेर:

म. स्वा. स्व. से. को ठेगाना: गा. वि. स. वडा नं.:

शिक्षा: क) साधारण लेखपढ

ख) प्राथमिक शिक्षा (१ देखी ५ कक्षासम्म)

ग) निम्न माध्यमिक शिक्षा (६ देखी ७ कक्षासम्म)

घ) माध्यमिक (८ देखी १० कक्षासम्म)

| प्रश्नावली | सूचकहरु |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| १. तपाईंले म. स्वा. स्व. से. को रुपमा काम गरेको कति वर्ष भयो? क) १-३ वर्ष ख) ४- ८ वर्ष ग) ८ वर्ष भन्दा माथी | कार्य अवधी |
| २. म. स्वा. स्व. से. को रुपमा काम गर्दा तपाईंलाई कतिको सन्तुष्टी मिलेको छ? क) अत्यन्त सन्तुष्ट ख) सन्तुष्ट ग) ठिकै घ) असन्तुष्ट | काम प्रतिको सन्तुष्टी |
| २.१. यदि असन्तुष्ट हुनुहुन्छ, भने किन? | असन्तुष्टीका कारणहरु |
| ३. के तपाईं थप काम गर्न तयार हुनुहुन्छ? क) छु ख) छैन | |

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| <p>३.१ यदि छैन भने किन?</p> <p>४. तपाईंलाई टि. बी. को बारेमा के थाहा छ? टि. बी. को लक्षण चिन्हहरू सोधेर सहि ज्ञान छ वा छैन पत्ता लगाउने</p> <p>क) केहि पनि थाहा छैन</p> <p>ख) आधारभुत ज्ञान (१ देखी ३ वटासम्म सहि लक्षण चिन्हहरू बताएमा)</p> <p>ग) पूर्ण ज्ञान (३ वटा भन्दा बढि सहि लक्षण चिन्हहरू बताएमा)</p> <p>५. के तपाईंको समुदायमा कसैलाई टि. बी. रोग लागेको थाहा छ?</p> <p>६. के तपाईं तपाईंको बडामा भएको टि. बी. रोगीलाई प्रत्यक्ष निगरानीमा गरिने उपचार सेवा पु-याउन तयार हुनुहुन्छ?</p> <p>क) छ ख) छैन</p> | <p>तयार नहुनुका कारणहरू</p> <p>टि. बी. सम्बन्धि ज्ञान</p> <p>समुदायमा भएको टि. बी. को समस्या बारे ज्ञान</p> <p>प्रत्यक्ष निगरानीमा गरिने उपचार सेवा सम्बन्धी ईच्छा</p> |
| <p>६.१ यदि छैन भने किन?</p> <p>७. टि. बी. रोग लागेको बिरामीलाई प्रत्यक्ष निगरानीमा गरिने उपचार सेवा गर्न तपाईंलाई के के कुराहरू आवश्यक पर्ला?</p> | <p>ईच्छा नहुनुका कारणहरू</p> <p>प्रत्यक्ष निगरानीमा गरिने उपचार सेवा गर्न आवश्यक पर्ने साधन तथा श्रोत</p> |

Appendix-7

टि.बि. बिरामी अन्तरवार्ता प्रश्नावली

अन्तरवार्ता मिति : अन्तरवार्ता स्थान :

अन्तरवार्ता लिने व्यक्तिको नाम :

बिरामीको विवरण :

१. क. सं. (कार्ड अनुसार) :

२. नाम थर : ३. उमेर : ४. लिंग : महिला पुरुष

५. ठेगाना : गा.वि.स. : वडा नं.:

६. शिक्षा : निरक्षर साधारण लेखपढ प्राथमिक शिक्षा

नि.मा.वि. स्तर माध्यमिक स्तर वा सो भन्दा बढि

७. पेशा : कृषी घरयासी काम जागिर

विचाथी ज्यालादारी अन्य (खुलाउने) :

८. उपचार गरेको अवधी (बिरामी कार्डमा हेरेर भर्ने) :

ईन्टेन्सिभ फेज

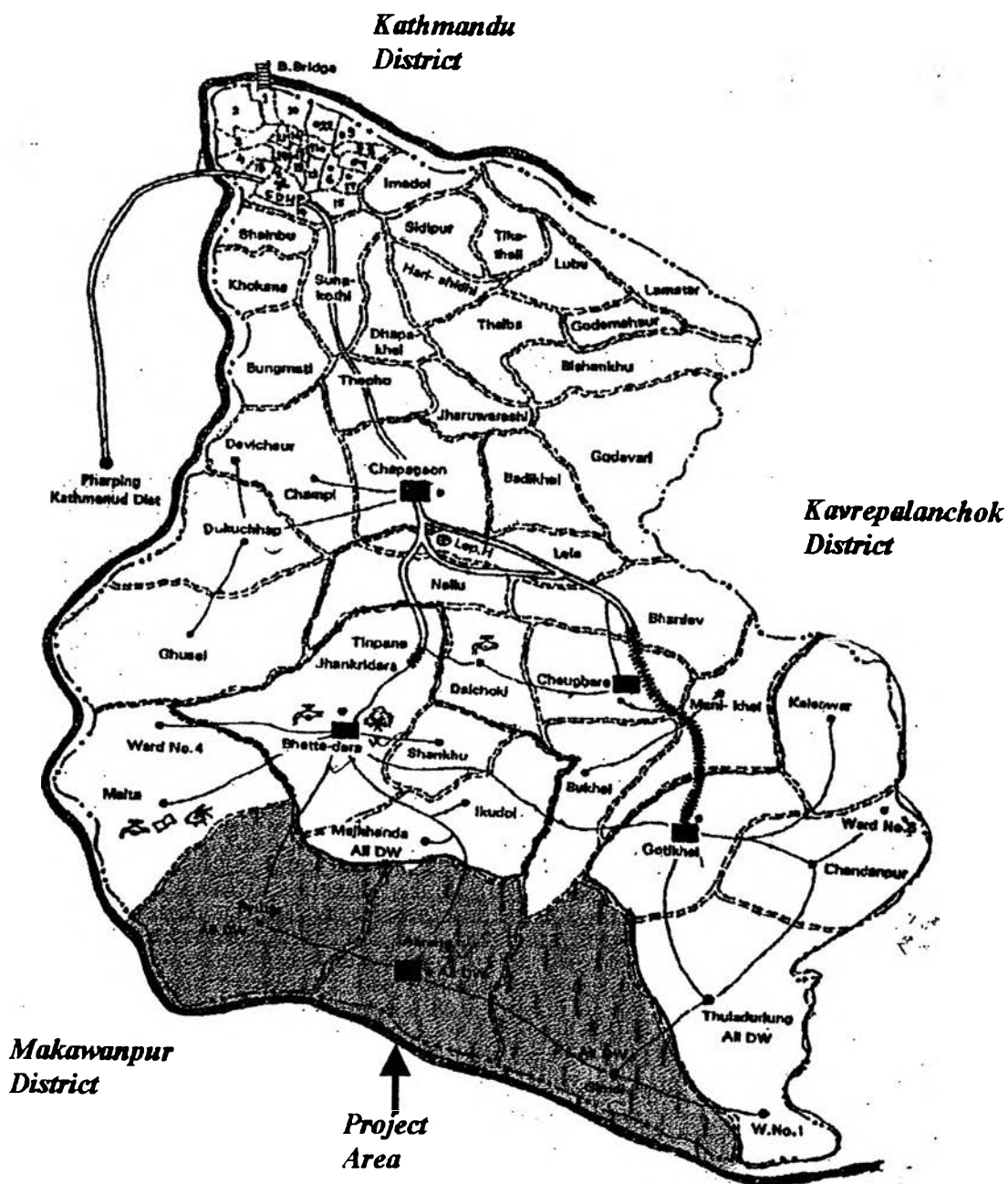
कन्टिन्युयसन फेज

| प्रश्नावली | सूचकहरु |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| १. तपाईंको घरबाट यो क्लिनिकमा आउन कति समय लाग्छ? <input type="checkbox"/> ३० मिनेट भन्दा कम <input type="checkbox"/> ३० मिनेट देखी १ घण्टा <input type="checkbox"/> १ देखी २ घण्टा <input type="checkbox"/> २ घण्टा भन्दा बढि | यात्रा समय |
| २. तपाईं घरबाट यहाँ सम्म कसरी आउनु हुन्छ? <input type="checkbox"/> हिडेर <input type="checkbox"/> यातायातको साधन (बस) चढेर <input type="checkbox"/> निजी गाडी चढेर <input type="checkbox"/> अन्य (खुलाउने) : | यातायातको साधन |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <p>३. तपाईंलाई दैनिक रूपमा औषधी खान आउन सजिलो छ?</p> <p><input type="checkbox"/> छ <input type="checkbox"/> छैन</p> | <p>औषधी खानको लागि सुविधा</p> |
| <p>३.१ यदि असजिलो छ भने के कारणले?</p> | <p>असुविधाका कारणहरू</p> |
| <p>४. तपाईंले आफ्नो वडाको म. स्वा. स्व. से. लाई चिन्नु भएको छ? (निश्चय गर्नको लागि नाम सोध्ने)।</p> <p><input type="checkbox"/> छ <input type="checkbox"/> छैन</p> | <p>म. स्वा. स्व. से. संग परिचय</p> |
| <p>५. यदि चिन्नुहुन्छ भने वहाँसंग तपाईंको कस्तो सम्बन्ध छ?</p> <p><input type="checkbox"/> धेरै राम्रो <input type="checkbox"/> राम्रो</p> <p><input type="checkbox"/> ठिकै <input type="checkbox"/> त्यति राम्रो छैन</p> | <p>म. स्वा. स्व. से. संगको सम्बन्ध</p> |
| <p>६. के तपाईंले म. स्वा. स्व. से. संग तपाईं वा आफ्नो परिवारको स्वास्थ्य समस्या भएर कुनै सल्लाह लिनु भएको छ?</p> <p><input type="checkbox"/> छ <input type="checkbox"/> छैन</p> | <p>म. स्वा. स्व. से. संग सम्पर्क</p> |
| <p>६.१ यदि छैन भने किन?</p> | <p>परामर्श नलिनुका कारणहरू</p> |
| <p>७. के तपाईं आफ्नो दैनिक औषधी म. स्वा. स्व. से. मार्फत लिन चाहनु हुन्छ?</p> <p><input type="checkbox"/> चाहन्छु <input type="checkbox"/> चाहदैन</p> | <p>स्वीकार्यता</p> |
| <p>७.१ के कारणले गर्दा नचाहनु भएको?</p> | <p>अस्वीकार गर्नुका कारणहरू</p> |
| <p>८. म. स्वा. स्व. से. मार्फत औषधी लिनको लागि वहाँलाई के के कुरा गर्न आवश्यक पर्छ होला?</p> | <p>डट संचालन गर्न आवश्यकता</p> |

Apendix-8

Map of Lalitpur District with the project area



CURRICULUM VITAE

Name: Krishna Man Shakya
Gender: Male
Nationality: Nepalese
Date of Birth: September 1st, 1967
Place of Birth: Dhanding, Nepal
Marital status: Married

Education: 1997
 Bachelor in Arts (BA)
 Tribhuban University, Kathmandu, Nepal.
 1991
 Intermediate in General Medicine
 Tribhuban University, Kathmandu, Nepal.

Professional experience: May, 1998-May, 2000
 Program Coordinator
 Community Development and Health Project
 United, Mission to Nepal (UMN)
 July, 1995-May, 1998.
 Health Post Supervisor
 CDHP, UMN.
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