

ต้นฉบับ หน้าขาดหาย

Appendix A**Guideline for FGD on selection of community supervisors, their roles and methods to create awareness.**

- 1) What role can a community supervisor play in treatment of TB at home?
- 2) How should he/she supervise the treatment supervisor?
- 3) What should be the criteria for selection of community supervisors?
- 4) Who are the likely people in the community to be the community supervisors?
- 5) What methods and media would be appropriate to raise the awareness towards the treatment of TB?
- 6) Who would be the appropriate persons to give health education to the community?

Appendix B**Questionnaire for Pre and Post test survey**

- 1) What do you do when someone has cough and blood stained sputum?
 - a) advise to go to the PHC.
 - b) advise to go to a traditional healer.
 - c) advise to go to a temple.
 - d) don't know

- 2) Have you seen/known a TB patient?
 - a) Yes b) No (if yes answer 3 if no 4)

- 3) What was your behaviour towards him/her?
 - a) Had sympathy on him/her.
 - b) You thought serves him/her right.
 - c) You wanted help him.
 - d) Felt nothing.

- 4) What are the symptoms of TB?
 - a) Cough, fever
 - b) rashes
 - c) falling of the parts of the body
 - d) don't know

- 5) How is TB transmitted?
 - a) eating from the same plate
 - b) by drinking water
 - c) By coughing
 - d) by the curse

- 6) What do you do when you have TB?
 - a) Go to traditional healer
 - b) sacrifice a chicken
 - c) go to health facility
 - d) don't know
 - e) do not tell anyone

APPENDIX C**Guideline for FGD on knowledge of community towards TB**

- 1) What kind of disease is TB?
- 2) What is the cause of TB?
- 3) How can a person get TB?
- 4) What signs and symptoms make us suspect that the person has TB?
- 5) How can a person with TB be treated?
- 6) Where should the patient go for the treatment of TB?
- 7) Should a person continue taking the drugs even after the symptoms have disappeared? Why?
- 8) What should the patient do if he/she is not able to tolerate TB drugs?

Appendix D**OPERATIONAL DEFINITIONS**

New case of PTB is who has never been treated for TB or he has been treated for less than 4 weeks.

Sputum Positive is the patient who has 2 or more sputum smears positive for acid-fast bacilli (*M. tuberculosis*).

Died a patient who has died during the course of treatment.

Defaulter a patient who has not collected treatment for more than 8 weeks.

Failure case a patient whose sputum has not converted in the 5th or more (whose sputum is positive at 2nd and 5th month)

Relapse case a patient who has already completed the treatment and has been declared cured and comes to the health service with the TB .

Transfer out a patient who has been treated in one district and due to some reasons he cannot continue in this district and has to go another district to continue the treatment.

Transfer in a patient has come from another district to continue the treatment.

Lost a patient who has absconded from treatment and cannot be traced out .

Defaulter rate
$$\frac{\text{no. of who were registered but did not receive the treatment for 2 or more consecutive months}}{\text{number of patients evaluated}}$$

Death rate
$$\frac{\text{no. of patients dying from any cause during the course treatment}}{\text{number of patients evaluated}}$$

Transfer out rate
$$\frac{\text{no. of patients transferred out during the treatment}}{\text{number of patients evaluated}}$$

Cure rate $\frac{\text{no. of patients who complete the treatment with 2 negative sputum examination in which one this examination is at the end of the treatment}}{\text{number of patients evaluated}}$

Relapse rate $\frac{\text{No. of patients whose sputum become positive after being cured}}{\text{number of patients evaluated}}$

Failure rate $\frac{\text{No. of patients whose sputum remain (become) positive at the end of 5 th month}}{\text{number of patients evaluated}}$

Curriculum-vitae

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