

RECOVERY II: Pilot scale up of nutritional support for recovery of people affected by TB in Nepal



BACKGROUND

Nepal has a high incidence of tuberculosis (TB). The TB prevalence survey in 2019 showed 69,000 Nepalese develop TB and 4,000 die every year. Our previous work revealed the depth of food insecurity and malnutrition among TB patients, and we designed the TB RECOVERY project to better support people during their recovery from TB.

Already poor, many people with TB experience catastrophic costs from having TB disease, losing their livelihoods and having to pay for medical tests and incorrect treatments. This can spiral them further into malnutrition and extreme poverty, which slows down recovery from the disease and also increases susceptibility to TB in other family members.

RECOVERY II expanded nutritional support to TB patients in Nepal providing nutritional support for 6 months to 200 TB patients during treatment in Banke, Makwanpur and Mahottari districts. We also conducted nutritional survey using 24 hour food recall and training to community health volunteers.

The project began in January 2023 and ended in December 2023.

OBJECTIVES

1. Provide six months of nutritional support to 200 families affected by TB in Banke, Mahottari and Makwanpur districts of Nepal.
2. Conduct a nutritional survey using validated food atlas in 150 people affected by TB receiving nutritional support and 100 people affected by TB not receiving nutritional support.
3. Design a nutrition educational program and train 50 female community health volunteers in two districts to identify households at risk and provide nutritional advice for people affected by TB.
4. Prepare a Project brief for policymakers and advocates to inform scale-up of nutritional support for all TB affected households in Nepal.



COLLABORATION

Funded by: John Burge Trust Fund (State Trustees Australia Foundation)

Collaborator: The University of Melbourne Australia

Partners: Ministry of Health and Population, National Tuberculosis Control Center, Provincial Health Directorate, Health Offices, Municipalities and TB partners.

KEY OUTCOMES

1. Families of 200 TB patients (90 female patients and 110 male patients), with 1,000 household members received monthly nutritional support during six months of their TB treatment.
2. The 24-hour food recall survey showed that half of study participants were underweight, with a BMI below 18.5 at start of treatment. By treatment completion this reduced to 35% for those receiving food support compared to 53% in TB patients without nutritional support.
3. Mortality was 0.06% in the nutritional support group and 3% among TB patients without nutritional support (control).
4. Fifty community health workers from three districts trained in assessing vulnerability to malnutrition and food insecurity in people affected by TB with an emphasis on supporting the most vulnerable families facing malnutrition and food insecurity
5. Fifty Community Health workers in three districts trained in providing nutritional support, counselling and advice on using local foods effectively for people affected by TB.
6. Policy dialogues conducted at local, provincial, and national level.
7. Catalyzed growing momentum around the importance of nutritional support for people affected by TB in low and middle-income countries who are vulnerable to food insecurity.
8. Generated awareness through training of community health workers that will change short and long-term practice in their fieldwork and, in turn, increase awareness in the community.
9. Support to contribute on the ongoing intensification of the National TB Control Program's socioeconomic support strategies for families affected by TB.



RECOMMENDATION

- ❖ Nutritional support is important for recovery from TB and can improve food security for the household. Half of the TB patients are malnourished (BMI < 18.5) at diagnosis. Nutritional support reduces mortality, improves treatment outcomes and reduces vulnerability to TB in family members. Therefore, there is an urgent need for integrating nutritional support as a component of comprehensive care for people affected by TB.

CONTACT INFO

Central Office

BNMT Nepal
PO Box: 20564 lazimpat-2, Kathmandu
Tel: +977 1 4536434
Email: bnmtnepal@bnmt.org.np

Regional Offices

Nepalgunj Sub-Metropolitan City-10
Bhrikutinagar, Nepalgunj
Tel. 081-525757

Biratnagar Metropolitan City-11
Janapath Tole, Biratnagar, Morang, P.O. Box - 9
Tel. 021-470608

Gyanendra Shrestha

National Program Coordinator/Project Manager
BNMT
Mobile: +977 9852023919
Email: gyanendra@bnmt.org.np

Raghu Dhital

Executive Director
BNMT
Email: raghu.dhital@bnmt.org.np

Dr Maxine Caws

Senior TB researcher
LSTM/BNMT
Email: maxine.caws@bnmt.org.np

