



The Damien Foundation in Nicaragua

Supporting the National Tuberculosis Control Programme

The Damien Foundation supports the National Tuberculosis Control Programme in 10 out of 17 of the country's regions where special sanitary conditions apply. Patients may visit laboratories in district medical health care centres or hospitals for a diagnosis and to have their sputum examined. Suspect patients coming from peripheral units must be referred to a laboratory or have their sputum samples sent on for examination.

In theory, peripheral health care units and health care motivators may apply community-related Directly Observed Treatment Strategy. In practice however, treatment is usually given centrally through health care centres with laboratories. Patients living further afield take up temporary lodgings near the health centre or in a hospital during the primary intensive phase.

In the continuation phase, patients come in only once a month or more frequently according to how close they live to a health care centre. We can accept that because in the continuation phase, patients do not take rifampicine.

At provincial level, a nurse supervises how the programme is implemented in the regional districts. At national level, a small team has to follow up on, assess, train and generally supervise medical workers on all aspects, especially on which region sanitary measures ought to apply to. The 7 most problematic regions required special attention. So, the Global Fund has awarded these regions financial bonuses.

Acting upon a request from the National Tuberculosis Control Programme, the Damien Foundation supports and encourages supervision and training on how to detect and cure patients in 10 regions of western Nicaragua. When the last Panamerican Health Organisation-Department for International Development joint project ended, these regions were no longer being funded. We also fund home visits to rescue an irregular patient or visits to check up on household contacts. We have also set up mutual assistance clubs for patients with tuberculosis.

The Damien Foundation's team equally participate in action plans involving each region and help create and print educational and promotional material for the population. The state supplies medicines, people's wages and laboratory equipment.

Supporting National Leishmaniosis Control Programme

Cutaneous and muco-cutaneous leishmaniosis are diseases which rage throughout 16 districts in 6 different regions. So, the 16 districts have now been prioritised. Atypical leishmaniosis has spread to only 4 regions. Fortunately, the visceral kind is rare here. For 10 years now, we have constantly supported an effective combative programme to deal with the disease. This has enabled us to incorporate this programme into the primary medical care structure. Under our programme, we train

laboratory personnel and check the quality of examinations. We train health motivators working in heavily affected areas in swabbing and supervising treatment. We have set up mobile teams to work in the more affected, isolated areas. Lastly, we have produced promotional and educational material for the population at large. We have also set up an information network to update us on the programme and to assess the already very high cure rate of our patients.

Our challenge, how to deal with insufficient decentralization in detection and treatment

The health units and community agents are not doing enough to identify potential tuberculosis carriers and to treat them. The PNLT is soon going to start some pilot projects with a 6-month treatment for rifampicine. This will require patients to be directly supervised during the secondary phase of their treatment. Also most patients are unable to journey back and forth to a health centre or even to lodge near the centre for 6 months. So then, we have to decentralize treatment toward other health care units to reach patients living in more isolated, rural communities.

The same can be said about detection and treatment of patients suffering from cutaneous and mucocutaneous leishmaniosis. The more affected areas are very isolated, often needing more than a day's riding on horseback to reach a medical health care centre equipped with a laboratory. Thanks to the Damien Foundation's support, mobile teams have been created and community agents trained to take samples and inject Glucantime.

Repeatedly short supplies of Glucantime, this expensive but vital medicine, and lack of personnel in central management have both kept the leishmaniosis programme from running smoothly. Our team in the Damien Foundation now keep a very close eye on the Glucantime supplies. They have put pressure on the Ministry of Health in Nicaragua to ensure a constant plentiful supply. In addition, we have stressed the importance of increasing the technical means available in regions and districts where special sanitary conditions apply.

Summary

Start of the project	1990
Local partners	National Leishmaniosis Control Programme National Tuberculosis Control Programme
Project type	Starting with leprosy only Currently leishmaniosis since 1995 and tuberculosis since 2004
Population covered in 2006	2,088,395
Patients detected and treated in 2006	667 tuberculosis patients 2,287 leishmaniosis patients
Expenditure in 2006	€ 81,659