TB Prevention & Control at the Community Level
Learning Objectives

By the end of the session, participants should be able to:

• Describe the major components of planning, implementing, & evaluating community involvements
• Discuss the characteristics of successful community involvement programs
• Critique community involvement approaches and provide suggestions for improvement
Reasons for Community Involvement

- Basic understanding of TB and how to prevent and control it
- Communities empowered to take control of health
- Improve demand for essential services
- Reduce workload at health facilities
- Strengthen general health promotion messages
- Provide platform for provision of other services at community level

Source: WHO, 2003
Objectives for Community Involvement

- To improve geographical and economic access to TB diagnosis and treatment through social mobilization and participation of communities.
- To increase referral of TB suspects by communities to diagnostic services (i.e. increase case-detection).
- To improve referral routines from curative to public health services in order to establish a patient-centred continuum of care at community level.

Source: WHO, 2003
Objectives for Community Involvement (contd.)

- To improve management of TB cases and treatment adherence
- To promote community empowerment through education on TB-related issues
- To reduce financial burden for patients and their families due to (a) transport costs and (b) income loss due to time spent on attending health facilities for follow-up visits.

Source: WHO, 2003
Challenges to Community Involvement

- Identifying appropriate long-term leadership & community groups
- Sustaining community involvement
- Maintaining linkages between the different service providers
Preparing for Community Involvement

- Conduct situational analysis & prepare debriefing
- Advocacy with political leaders and discussions with health authorities on community involvement
- Design participatory model with communities
- Develop guidelines and IEC materials
Training for Community Involvement

- Create or adapt training materials for health staff & community participants based on national guidelines
- Conduct sensitivity training for community leaders & members to foster a sense of shared responsibility on health matters

Source: WHO, 2003
Training of community members should include:
- How to include TB messages in health promotion activities
- Ways to increase case detection
- Emphasis on improved quality of care through patient-centered support
- Absentee follow-up
- Contact tracing

Source: WHO, 2003
Topics for community training

- How TB spread
- Open window in large community gatherings
- Cough etiquette in the community
- Health and safety of community health workers
- Mapping of community workers by facility
- Identification of hot spots in the community for TB infection prevention
TB Service Delivery Through Community Involvement

- Establishment of local referral/communication system
- Ensure regular contact & support with all participating community members
- Maintain regular drug supply
- Create & distribute treatment & referral forms, registers, & any other necessary documents

Source: WHO, 2003
Advocacy for Community Involvement

- Sensitize general population to TB issues, including the availability of services at community level
- Ensure that general health promotion materials and initiatives contain messages consistent with TB prevention & control
- Liaise and collaborate with employers & other health care providers to establish appropriate treatment networks that can be accessed near where people live and/or work
Budgeting for Community Involvement

• Staff time for the following:
  - Situation analysis
  - Development of IEC & training materials
  - Community outreach
  - Supervision of community health workers & monitoring of community involvement
  - Development of tracking forms at community level
Budgeting for Community Involvement (continued)

- External technical assistance in the preparation phase & for advocacy activities
- Printing of materials
  - Guidelines
  - IEC & Training Materials
  - Tracking Forms
Budgeting for Community Involvement (continued)

• Training & Meeting Costs
  - Meeting Venue
  - Per diem
  - Transport costs
• Cost of field visits
• Costs of designing and launching media campaigns
Indicators to Track Community Involvement

- Percentage of districts with community involvement
- Within districts, percentage of health facilities involving communities
- Percentage of TB cases detected/referred via community involvement
- Percentage of TB cases opting for community-based treatment
- Treatment outcome by facility- vs. community care

Source: WHO, 2003
Indicators to Track Community Involvement

- Budget line in district health budget for supervision of involved community members by public health staff (Yes/No)
- Visits from central level (Yes/No, dates)
- Reports of supervisory visits of local staff (Yes/No, date)
- Percentage of population covered by media campaigns
- Number of information campaigns
- Proportion of patients on community care referred by other health providers.

Source: WHO, 2003
Indicators for Tracking Contribution of TB Care

- Proportion of health facilities in district adopting community involvement
- Proportion of TB patients receiving DOT through community involvement
- Change in case detection in area implementing community-based care
- Treatment outcomes for TB patients treated – community vs. facility

Source: WHO, 2003
Best Practices to Sustain Community Involvement

• Strong collaboration between health services, TB control programs, & community (religious institutions, schools, women/men’s groups, etc.)
• Good education of TB patients & their families
• Good training of community supporters & health workers
• Strong supervision provided by TB program staff to community supporters

Source: WHO, 2003
Community Involvement Group Discussion & Presentation

Each group will be assigned to a case study of a community involvement program to present to the larger group.

• Critique the program, including a discussion of the topics presented during this module
• You have 45 minutes to prepare.
References


References (continued)


