



USAID | **SOUTHERN AFRICA**

FROM THE AMERICAN PEOPLE



TB Prevention & Control at the Community Level

URC

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.

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.

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

Training for Community Involvement (continued)

- 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



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

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.

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

Benenson, AS. (1995). *Control of Communicable Disease Manual, 16th Edition*.

Centers for Disease Control. (2005). *Guidelines for Preventing the Transmission of M. tuberculosis in Health Care Settings*. Accessed at <http://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>

Centers for Disease Control, World Health Organization, & International Union Against Tuberculosis & Lung Disease. (2006) *Tuberculosis Infection Control in The Era of Expanding HIV Care & Treatment: An Addendum to WHO Guidelines for the Prevention of Tuberculosis in Health Care Facilities in Resource-Limited Settings, 1999*.

EngenderHealth. (2001). *Infection Prevention: A Reference Booklet for Health Care Providers*.

EngenderHealth. (2004). *Infection Prevention: Online Course*. Accessed at <http://www.engenderhealth.org/IP/index.html>

Francis J. Curry National Tuberculosis Center. (2007). *Tuberculosis Infection Control: A Practice Manual for Preventing TB*.

International Centre for Research and Training. (2007). *Tuberculosis Infection Control: Preventing Transmission of Tuberculosis*. Presented at ...?

References (continued)

JHPIEGO Corporation. (2003). *Infection Prevention: Guidelines for Healthcare Facilities with Limited Resources*.

Management Sciences of Health (MSH). (2006). *Clinic Supervisor's Manual*.

World Health Organization (WHO). (2003). *Community Contribution to TB Care: Practice and Policy*.

WHO. (2004). *Compendium of Indicators for Monitoring & Evaluating National TB Programs*.

WHO. (2006). *Guidelines for Programmatic Management of Drug-Resistant Tuberculosis*.

WHO. (2003). *Practical Guidelines for Infection Control in Health Care Facilities*.

WHO. (2002). *Prevention of Hospital-Acquired Infections: A Practical Guide (2nd Edition)*.

WHO. (2007). *Tuberculosis Fact Sheet, N^o 104*.