Who carries the burden of TB?

People living in crowded & poorly ventilated settings

TB linked to HIV infection, malnutrition, alcohol, drug and tobacco use, diabetes

Migrants, prisoners, minorities, refugees face risks, discrimination & barriers to care
Rationale

- TB is the largest killer among infectious diseases
- A third of those with TB are either not diagnosed or not reported
- Risk of TB in PLHIV: 20-40X
- Maternal TB causes 2 fold increase of mother to child transmission of HIV
- TB is preventable. And curable
- A wider range of stakeholders needs to be involved

NGOs and other CSOs are able to reach remote and marginalized populations
Purpose

- Provide guidance on the implementation of community-based TB prevention, diagnosis, treatment and care activities
- Provide guidance on collaboration between NTPs and NGOs and other CSOs working on community-based TB activities

ENGAGE-TB approach
Integrating TB

- Assisting early detection
- Preventing TB transmission
- Assisting treatment support
- Addressing the social determinants
# Broad range of TB Tasks

<table>
<thead>
<tr>
<th>Theme</th>
<th>Possible Activities</th>
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<tbody>
<tr>
<td>Prevention</td>
<td>Awareness-raising, IEC, BCC, infection control, stigma reduction, training providers</td>
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<tr>
<td>Detection</td>
<td>Screening, contact tracing, sputum collection, sputum transport, training providers</td>
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<tr>
<td>Referral</td>
<td>Linking with clinics, transport support and facilitation, accompaniment, referral forms, training providers</td>
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<tr>
<td>Treatment adherence support</td>
<td>Home-based treatment support, patient education, adherence counselling, stigma reduction, pill counting, training providers, home-based care</td>
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<tr>
<td>Social and livelihood support</td>
<td>Cash transfers, insurance schemes, nutrition support and supplementation, voluntary savings and loans, inclusive markets, training providers, income generation</td>
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<tr>
<td>Advocacy</td>
<td>Ensuring the availability of supplies, equipment and services, training providers, governance and policy issues, working with community leaders</td>
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<tr>
<td>Stigma reduction</td>
<td>Community theatre or drama groups, testimonials, patient and peer support groups, community champions, sensitizing and training CHWs and leaders</td>
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</tbody>
</table>
Integrating TB

- HIV - screen for TB; help them receive preventive therapy
- RMNCH - HIV testing at pregnancy; screen for TB; watch children under 5
- Education - TB messages in curricula; children recognize TB symptoms
- Agriculture/ income generation/WASH
  - Raise awareness
  - Encourage those with symptoms to get their sputum examined
  - Provide support eg, nutritional, psychosocial, treatment adherence, transport
1. Situational analysis

- Collect basic data
- Review the main actors and factors
- Gather qualitative information
- Analyse SWOTs
2. Enabling Environment

- Supportive policies; simple procedures

- NGO coordinating body and regular meetings with NTP
3. Guidelines and tools

- National operational guidance
- Standardized tools
  - forms for referrals, diagnosis, treatment; registers
- Training curriculum
- Locally tailored “how-to” manual
4. Task identification

- NTPs should include NGO\CSO engagement in their plans
- NGOs should consult with NTPs and link with facilities
- NTP\NGOs\CSOs should offer a full range of community-based TB services e.g. prevention, screening, referral, treatment support, advocacy
5. Capacity building

• Human resources
• Financial resources
• Physical assets
• Management and leadership
• Systems and processes
6. Monitoring and evaluation

• Two indicators to monitor
  1. New notifications from referrals by CHWs and CHVs
  2. Treatment success rates among those receiving support from CHWs and CHVs

• Periodic evaluation – qualitative information as well
  - Presence of an NCB, trends in membership, etc.
  - Quality of NTP interaction with NCB
Key achievements

ENGAGE-TB

8 MILLION
Population covered with community-led access to TB services in project areas

4000
TB patients newly identified and treated in 2014

90%
TB patients provided treatment adherence support in the community

GLOBAL MONITORING AND EVALUATION SYSTEM established for community-based TB activities
Isabella’s story

Isiolo District

CHAP Kenya

Hella CHV

Thank you