GROUP 3

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GROUP 3 DISCUSSION:

MODEL OF POTENTIAL PILOT PROJECTS THAT INTERGRATES TB AND CHRONIC LUNG CONDITIONS THROUGH COMMUNITY BASED ACTIVITIES.
COMMUNITY HEALTH WORKERS NEED:

- Proper
  - Training
  - Funding
  - Role definition
  - Identification
  - Resources
TB ACTIVITIES TO BE IMPLEMENTED COMMUNITY HEALTH WORKERS

• Awareness and education of communities and patients
• Screening communities and patients:
  - Symptom positive ----- refer
  - Refer or
  - Collect sputum and link patient to facility
  - Screening of household contacts
  - Screening of sputum negative patients with cough---- refer for special investigation
• Linkage
• Counselling patient (newly diagnosed)
• Adherence counselling
• Follow-up
• Palliative care (post TB Tx)
• Active follow-up of sequelae of tb
• Nutrition
• Prevention of TB in household
  - use of masks
  - ventilation
CHRONIC LUNG CONDITION ACTIVITIES TO BE IMPLEMENTED BY COMMUNITY HEALTH WORKERS

• Awareness and education on CLD
  ➢ Common symptoms
  ➢ Ex-mine workers
  ➢ Smokers

• Rehabilitation

• Palliative care (eg. Home O₂)

• Counselling and education of patient
  ➢ Correct use of inhalers/spacers
  ➢ Side effects of drugs

• Education on triggers:
  ➢ Allergens
  ➢ Infections and indoor pollutants
    – improve ventilation & use masks
  ➢ Active/passive smoking

• Nutrition
CROSS CUTTING ISSUES TO BE ADDRESSED

• Clean water
• Basic sanitation
MoH MODEL

Health facility

CHW

TEAM LEADER/COMMUNITY NURSE

SUPERVISOR/PUBLIC HEALTH NURSE

DHMT

HH HH HH HH HH HH HH
NGO MODEL

Health facility

CHW

SUPERVISOR

NGO MANAGEMENT

DHMT
MODELS CONT’D

• District supervisor
  • Conduct monthly supervision to facilities and communities
  • Data and report compilation
  • Feedback

• Facility manager to assign teams to communities to ensure coverage
  • Overall coordination
  • Mapping of community care services
  • Monthly joint meetings with MoH/ NGO leaders - feedback

• CHW supervisors assigned zones and teams of community health workers
  • Weekly supervision including site visits
  • Data collation

• Community health workers assigned 5-10 households
  • Daily visits to households –
  • Conduct household/ client assessments
  • Referral of clients to clinics (escorted/ on their own)
  • Reporting to supervisors
COMMUNITY INTERVENTIONS

• Community education
  ➢ Sensitization of the community
  ➢ Housing standards (well ventilated house and choice of building material)

Strengthening of bi-directional referral systems and feedbacks
RESOURCES NEEDED TO MAKE MODEL FUNCTIONAL

• Policies and legal frameworks for CHW

• Human resources:
  - Adequate number of skilled and competent CHW
  - Preferably youth
  - Clearly defined organogram:
    - Roles and responsibilities
    - Organised/structured line of reporting
    - Effective communication

• Training

• Financial resources (salaries/wages)
RESOURCES NEEDED TO MAKE MODEL FUNCTION CONT’D

• Enabling tools (additional points to be added to TB screening tool):
  ➢ Difficulty breathing
  ➢ Wheezing
  ➢ Coughing blood
  ➢ Chest pains
  ➢ Tobacco usage

• Manual of SOP’s for reference

• Standardized counseling tools (flip charts with pictures detailing basic chronic lung conditions and prevention messages)

• Identification (uniform/name tags)

• Information system: describe system data flow (how information must flow), data collection tools
INDICATORS OF SUCCESS

Core indicators:

1. Proportion of clients screened (total number of clients screened/total number people in the catchment area)
2. Proportion of clients who were symptomatic (number of clients with symptoms/total number of clients screened)
3. Proportion of the referred patients that reached the facility
4. Number of other chronic respiratory diseases diagnosis (feedback from facility)
5. Other indicators will need be considered
   • Eg. Adherence monitoring; education on spacers/inhalers; outcome