INTEGRATING TB SERVICES AMONG FISHING COMMUNITIES

The GAPP experience in Kenya

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Grassroots Poverty Alleviation Program (GAPP) is an NGO working to empower fisher communities through activities that address ignorance, poverty, disease and injustice in collaboration with other stakeholders.
GAPP is integrating TB into its mainstream activities:
- Agriculture and livelihoods,
- health,
- education and
- Human rights
Currently GAPP is rallying fisher communities in Siaya and Busia Counties against TB through frequent meetings with the key stakeholders:

- Beach management units,
- Community health units - CHVs and CHAs,
- Local administration,
- Church leaders,
- Chemists,
- Private health providers
- Traditional healers
- And local CSOs

Vernacular Radio talk shows about HIV/TB on the vernacular platform also help spread messages.
The main activities include

• screening for TB,
• tracing defaulters,
• supporting alternative sources of income and nutrition,
• confirming cure of cases that finished treatment,
• implementation of CB DoT,
• intensive case finding procedures, and
• community referral mechanism
Integrating TB into primary health

- GAPP trained community health volunteers who also integrate TB services into their work in primary healthcare.

- Beach fisher folk communities commonly follow the fish to remote islands of Uganda by migrating from Kenyan shores to Ugandan shores and back again.

- When fishermen are away for long periods across the border, they lack similar support and access to medicine and care that is commonly available on the mainland to support their livelihoods.
TB Integration by GAPP has led to a reduction in HIV/TB related stigma and discrimination.

- It has contributed to demystifying TB care through community sensitization and community health education.

- Messages that “TB is not HIV”, “TB is curable” and “TB treatment is free” are having impact.

- Improved screening and referral of presumed TB patients has led to increased HIV/TB case notifications.
Integrating TB into GAPP’s work has resulted in increased confidence and profile of CHVs themselves.

CHV motivation can be ascribed to the following elements:
• sense of achievement and service to the community,
• recognition and enhanced status they enjoy in the community,
• increased knowledge due to training in TB,
• increase in income from small incentive payments and
• positive support they receive from community members to remain in service as a CHV.

Patients are deeply appreciative of the assistance they receive from CHVs.
Successful integration of TB into GAPP activities is because of:

* leadership buy-in
* financial support for training, small incentives, transportation and communications support to CHVs,
* comprehensive training and refresher training for CHVs
* supportive supervision of CHVs by the development partners
* nutritional and other types of social support for TB patients.

The positive collaboration between GAPP, BMUs, CSOs and local government staff has resulted in a genuine desire to continue expanding the engagement to reach the whole population.
The main challenges have been

- Cross-border referral and follow-up of TB patients in Lake Victoria on Uganda side
- The out of pocket payment required for TB X-rays by presumptive cases,
- increased demand for nutritional supplementation, and
- constant training and support needed for CHVs who are semi-illiterate but dedicated to work.

In some cases, CHVs themselves also provide social support from their own personal resources such as

- financial support for the transportation of seriously ill TB patients
- funds to cover out-of-pocket payments for X-rays,
- provision of food to patients in need.
A kitchen garden is a simple garden established at a homestead/compound to provide nutrition for household consumption.

Kitchen garden is an innovative activity implemented by GAPP and CHVs in collaboration with the Ministry of Agriculture and Livestock to improve TB patients’ and their families’ nutritional status and prevent malnutrition.

Kitchen gardens bring together two sectors: agriculture and health, to improve TB treatment outcomes.

TB patients are trained to grow nutritious vegetables in their own homestead on plots as small as 8 square metres using simple irrigation methods and are encouraged to supplement their diets.
GAPP supports 96 patients (63 females & 33 males) with kitchen gardens to improve nutrition, increase household income and diversify production of vegetables and crops to attain food security.

TB patients are trained on their own farms by agriculture extension officers in collaboration with the Ministry of Agriculture on:
- new and improved technologies,
- control of diseases and pests,
- simple irrigation techniques, especially during drought season and
- marketing of the surplus produce.
There was improved nutritional status and treatment adherence among 60 vulnerable patients from the total 275 cases due to readily available vegetables and the income received from the sale of the surplus.

Due to the kitchen garden initiative there is improvement in the quality of relationships between patients and the CHW/CV.

The provision of training on kitchen gardening also sustains CHVs own motivation and performance.
The TB patients produce more vegetables than before and earn more household income.

The other community members have also started establishing kitchen gardens.
A caregiver harvests vegetables and sells it on the lake shore.
A new source of income

- A cured person selling her harvested vegetables to her customers. The income earned is used to cater for her basic needs and used for saving in the buddy group.
We appreciate our partners:
* WHO
* BMSF
* GOK- Ministry of Health, NLTP staff
* BMUS
* People of good will.

* THANK YOU