Group work

Finding the missing cases through integrated community-based TB activities (The ENGAGE-TB approach)
Meeting objectives:

- Review tools and models for implementation
- Develop country roadmaps/identify TA needs
- Share best practices and implementation strategies
- Identify programme gaps and opportunities

Nationwide scale up of quality integrated community based TB activities for finding missing TB cases
<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
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<tbody>
<tr>
<td>Moderator (E Masini)</td>
<td>Moderator (T Joseph)</td>
<td>Moderator (L Syed)</td>
<td>Moderator (W Nkhoma)</td>
<td>Moderator (M Gasana)</td>
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<td>Rapporteur</td>
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<td>Tools and processes for</td>
<td>Support, capacity building</td>
<td>Monitoring and evaluation:</td>
<td>Coordination mechanisms: NGO-NTP coordination body</td>
<td>Integration of community based TB services (HIV, MCH, Malaria)</td>
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<td>community based TB prevention,</td>
<td>and sustainability for</td>
<td>recording, reporting, indicators,</td>
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<td>diagnosis and treatment</td>
<td>CHW/CHV programmes</td>
<td>DHIS2</td>
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<td>support</td>
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## ENGAGE-TB activity matrix:
to prevent, find and treat the missing cases

<table>
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<tr>
<th>Theme</th>
<th>Possible Activities</th>
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<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 DOT support, patient education, adherence counselling, stigma reduction, pill counting, training providers, home-based care and support</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>
</tr>
<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 facility and CHWs and leaders</td>
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Group 1: WHAT?

1. Describe what is being done in community settings for each of the themes below:
   a. Prevention
   b. Detection
   c. Referral
   d. Treatment adherence support
   e. Social and livelihood support
   f. Advocacy
   g. Stigma reduction

2. Discuss how these contribute to TB control efforts in general and to new case finding in particular

3. Discuss challenges/bottlenecks faced in implementation around each of the above areas
Group 2: WHO?

Community health workers (CHWs) are people with some formal education who are given training to contribute to community-based health services, including TB prevention and patient care and support. Their profile, roles and responsibilities vary greatly among countries, and their time is often compensated by incentives in kind or in cash.

Community volunteers (CVs) are community members who have been systematically sensitized about TB prevention and care, either through a short, specific training scheme or through repeated, regular contact sessions with professional health workers.
Group 2: Questions

• What cadres of CHW and CV exist

• How are CHWs and CVs supported?

• How are CHWs and CVs trained?

• What incentives or payments are provided to CHWs and CVs?

• To what extent are the enablers/incentives harmonised across HTM in different countries? Is there scope for further harmonisation? How?

• How is sustainability of CHW/CV programme addressed in different countries in the group? What more should be done?
Group 3: M&E

1. List all indicators being used

2. Are the two core indicators of the ENGAGE-TB approach integrated into the national M&E systems

3. List forms, registers and tools used to support monitoring and evaluation of community-based TB activities

4. Are there other sources of information on community TB activities in countries? How are these harmonized?

5. What is current status of adoption of DHIS2? List bottlenecks and challenges in nationwide scale up of core TB community indicators under DHIS2?

6. Will DHIS2 be used for routine R&R or for analyses?
Group 4: Coordination

1. What body or platform exists (if any) for coordination between the ministry of health, NGOs and other CSOs working on community based TB activities at different levels (BMU, district, National level)?

1. For above platform/mechanisms please describe
   - Current membership
   - Frequency/regularity of meetings/interactions of this group
   - Are meetings deliberations/outcomes/decisions systematically recorded and use for follow up actions
   - Does a joint work plan exist with budget
   - How are outputs from above engagements linked with the National TB Programmes
   - Current role of WHO (as broker/facilitator or other)

2. Discuss **what can be the best coordination mechanism** between MoH and NGO/other CSOs, for optimal contribution of community based TB activities if none exist or to strengthen the existing mechanism.
Integration

Community-based TB activities can be integrated with all these themes/sectors and target **high risk groups** below to find missing cases.

- Household contacts
- Workplaces with silica exposure (e.g. miners)
- Prisoners
- Homeless, migrants, refugees
- Other **vulnerable groups with >1% prevalence**
Group 5: Integration

1) What opportunities exist to integrate community-based TB activities into the work of other programmes and interventions (e.g. HIV, RMNCAH, Malaria)? How can TB be integrated into other sectors such as livelihoods or education?

2) Is there a community health strategy in participating countries in the group? Which health areas does it cover? Is TB integrated in different areas?

3) Has a mapping of HIV and/or Malaria community-based activities ever been conducted (e.g. national health plan/national strategic plan for TB)? If yes, how were the results used to strengthen integrated community-based TB activities?