ENGAGE TB initiative in Kenya
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Outline of presentation

• Background
• ENGAGE initiative
• Progress/achievement
• Enabling factors
• Challenges
• Future plans
Background

Kenya has a high dual TB/HIV burden

- Despite efforts to control TB, a good proportion of patients still remain undetected
- Extraordinary and new innovations aimed at involving all relevant stakeholders including unengaged CSOs is urgent
- Significant number of CSOs and community have been engaged in TB activities
- There are many unengaged CSOs with potential to participate in TB control interventions at the community level.
- Community based activities are mainly geared towards addressing: identification of presumptive TB, patient follow up & care and disease prevention
- Kenya is already participating in the ENGAGE TB pilot project since 2012
Implementing the ENGAGE-TB project:

- Establishment of stakeholders’ forum
- Formation of National coordination Body
- ENGAGE Policy guideline development
- Monitoring Tools
- Establishment of Community Models
- On job capacity building of CSOs to generate and document community activities
WHO/BMFST supported activities, 2012-2013: Achievements

• Stakeholders forum in May 2012- Mechanism of engaging CSOs
• Situational analysis on CSOs involvement: June 2012
• Establishment of a National CSO coordination committee: May 2012
• Development of Operational guidelines on CSOs engagement and M&E tools: June - July 2012
• Operational guidelines launched during a stakeholders forum in September 2012
• Establishment of 2 community based models: 2012-2013
  – Isiolo (CHAP)- add on TB agenda unto previously un-engaged community based health outlets
  – Kajiado (Taraku)- Patient follow up oriented approach
• Evaluation of the community interventions
• Dissemination of results- Int’l lung Conference by CHAP: October 2013

To render Kenya and its communities free of Leprosy, TB and Lung Disease.
Stakeholders forum, Evaluation mission in Isiolo and Kajiando
Community contribution to TB control

Referrals: In 2012, 99,159 TB cases were notified
About (88%) of the patients started on treatment in 2012 (N=99,159) had DOT at community level. The chart shows the support during treatment: DOTs by type:

- Family member: 86
- CHW: 2
- HCW: 10
- None: 2
Enablers of success

• Commitment within the Ministry/NTP
• Technical and Financial support from WHO
• Engage TB policy guidelines – developed in consultation with stakeholders (including CSOs)
• Existence of community structures implementing PHC interventions
• Partnerships: Strong collaboration between NTP and Communities
• An enabling environment embracing the previously unengaged organizations

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Challenges

• Limited funds for scale up to include more activities and a larger geographical area (mobile populations)

• Having organization currently not involved in TB to add on TB related activity in their interventions is not easily taken in

• A lot of community activities taking place but minimal documentation (e.g. no TB presumptive reg. )

• Slow pace of scale up of activities by CSOs due to limited logistics (administrative costs)

• Delays in implementing activities (funding mechanism, bureaucracies, feedback on funding proposals submitted)
Planned activities-2013-2014

- Convene a stakeholders review meeting- share progress report and plan for 2014 activities
- Support the rolling out of the engage policy guideline to wider stakeholders including printing of policy guidelines and M&E tools
- Continue with Joint supervision of the engaged CSOs
- Support the documentation of the Community based models in the 2 pilot sites
- Continue support to the CSOs to regularly submit related data to the NTP
- Sensitization of the new county Health teams on the role of the communities in the TB Control
- Support to the secretariat for the coordination of the CSO/community engagement
- Provide seed funding to the CSOs piloting the ENGAGE
Thank you