Reaching the unreached through community engagement

The ENGAGE-TB approach

Thomas Joseph
Persons with TB

- 67% Reached/reported
- 33% Unreached/not reported

- Reached/reported
- Unreached/not reported
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
What are CSOs?

► NGOs, CBOs, FBOs, networks or associations
► Operate outside the state and the private sector
► Familiar with local culture and language
► Can mobilize people and link them to external actors
Why are CSOs important?

► Able to reach

- neglected and isolated communities that the health system does not reach
- vulnerable and marginalized groups eg, migrants, refugees, sex workers, intravenous drug users, the very poor
Community Health Workers (CHWs) and volunteers

► CHWs, HEWs, VHWs

- People with some formal education who are given training. Often compensated in cash or kind or both

► Community volunteers (CVs)

- Community members who have been sensitized through short, specific training or through repeated contact with professional health workers

► CHWs and CVs

- Serve as important links between the health system and the communities they serve
- May be affiliated with NGOs/CSOs or with government
TB as %age of AIDS deaths

- 75%
- 25%
## Risks from TB in pregnancy for mothers

<table>
<thead>
<tr>
<th>Risk</th>
<th>Normal (per 1000 pregnancies)</th>
<th>TB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neonatal effects</strong></td>
<td></td>
<td></td>
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<tr>
<td>Low birth weight (&lt;2.5Kg)</td>
<td>165</td>
<td>342</td>
</tr>
<tr>
<td>Prematurity (&lt;37wk)</td>
<td>111</td>
<td>228</td>
</tr>
<tr>
<td>Small for dates</td>
<td>79</td>
<td>202</td>
</tr>
<tr>
<td>Perinatal death</td>
<td>16</td>
<td>101</td>
</tr>
<tr>
<td>Fetal death (16-28wk)</td>
<td>2.3</td>
<td>20.1</td>
</tr>
<tr>
<td><strong>Maternal effects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>47</td>
<td>74</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td>22</td>
<td>44</td>
</tr>
</tbody>
</table>

*Bjerkedal 1975; Jana 1994; Bothamley 2001; Khan 2001; Figueroa-Damian R, 1998*
Integrating TB

- Assisting early detection
- Preventing TB transmission
- Assisting treatment support
- Addressing the social determinants
Integrating TB

- HIV - screen for TB; help them receive IPT
- 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
ENGAGE-TB

Operational Guidance
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
Principles

- Mutual understanding and respect
- Consideration for local contexts and values
- A single national system for monitoring with standardized indicators
ENGAGE-TB Approach

Capacity Building

Situation analysis

Enabling environment

Guidelines and tools

Monitoring and evaluation

Task identification
Enabling Environment

• NGO coordinating body and regular meetings with NTP

• Supportive policies; simple procedures
Guidelines and tools

- National operational guidance
- Standardized tools
  - forms for referrals, diagnosis, treatment; registers
- Training curriculum
- Locally tailored “how-to” manual
# Broad range of TB Tasks

<table>
<thead>
<tr>
<th>Theme</th>
<th>Possible Activities</th>
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<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>Awareness-raising, IEC, BCC, infection control, stigma reduction, training providers</td>
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<tr>
<td><strong>Detection</strong></td>
<td>Screening, contact tracing, sputum collection, sputum transport, training providers</td>
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<tr>
<td><strong>Referral</strong></td>
<td>Linking with clinics, transport support and facilitation, accompaniment, referral forms, training providers</td>
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<tr>
<td><strong>Treatment adherence support</strong></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><strong>Social and livelihood support</strong></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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<td><strong>Advocacy</strong></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><strong>Stigma reduction</strong></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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Monitoring and evaluation

- **Two indicators monitored:**
  - New notifications - how many referred by CHWs and CHVs
  - 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

Thank you