

Community involvement in scaling up integrated TB and HIV services in Kenya

39th Lung Health Conference,

MCI Voyages, Paris, France

20th October, 2008



USAID
FROM THE AMERICAN PEOPLE

Introduction

- Kenya is 13th among the 22 high tuberculosis (TB) burden countries; 5th in Africa
- Case notification rate of 338/100 000,
- Case detection of 70% and cure rate of 84.8%
- TB-HIV co-infection of 48%
- This has called for scaling up of TB and HIV integration from national to community level



Community linked activities

- PATH in collaboration with the DLTLD made the initiative of increasing community participation in TB-HIV activities through:
 - mass media,
 - workplace program,
 - magnet theatre,
 - community leaders sensitization and
 - school health program with support from Global Fund for AIDS, TB and Malaria [GFATM].



Community linked activities (2)

- Objectives
 - Increase awareness and knowledge of TB and reduce its associated stigma in the general public and people with TB/HIV
 - Mobilize the community and build its capacity to respond to the TB epidemic
 - Increase demand for TB/HIV services



Methodology

- PATH developed TB-HIV communication and advocacy strategies for DLTLD which are being used to guide the implementation of the above activities.



1. Community-linked Mass media approach

- “Doctor-on-call” approach
- Radio spots and DJ promos
- TV and newspaper adverts
- WTBD TB stories



Mass Media (2)

- Choice of target region and media station
 - The leading three provinces with high burden of TB-HIV
 - The most popular radio stations using local languages were selected based on the Steadman's report on listenership and coverage



Mass Media (2)

- PATH, the DLTLD and other partners developed key messages on TB-HIV in areas of basics of TB-HIV, treatment and drug adherence, TB-HIV co-infection, diagnosis, prevention and TB-HIV in special groups
- Languages: English, Kiswahili, Vernacular
- Topics were aired weekly for twelve weeks
- Concentration around WTBD



Mass media (3)

- Who to pass message
 - MOPHS officials – policy makers, implementers
 - NGOs – PATH, IMC
 - CSOs – KANCO, NEPHAK
 - Former & current TB & TB/HIV patients



Mass Media (4)

- “Doctor-on-call” approach
 - Power breakfast
 - Interactive moderated radio talk show
- Media breakfast show - KANCO



Mass Media (5):

- Gauging Community Response
 - People from different parts of the country stimulated to call through their mobile phones, text messages and emails asking questions
 - This was an interactive radio talk show.
 - A total of 60 radio talk shows were aired from six radio stations over 6 months.



Mass Media (6): Real life story

- Kenyan Maasai and the wife
 - KShs. 300,000 = 3000 Euros = \$ 4,300



Mass media (7)

- “Radio spots and DJ promos approach”
 - Developed in-house
 - Addressing gaps in TB/HIV care
 - Reviewed by panel – PATH, DLTLD, partners
 - Pretested – time, content, voice play



Mass media (8): Radio spots

- Achievements
- Target – 240 Spots to be aired
- 431 aired in past 2 years in 6 radio stations - Royal Media, Kenya Broadcasting Corporation
 - Languages – English, Kiswahili and vernacular
- Monitored by Steadman
- Six (6) new Spots have been developed-phase II
- Targeted studios – The marginalized, small and localized



Mass Media (9)

- Media houses TB stories
- Week of WTBD
 - All health journalists
 - Visit to selected health units
 - High case notification - Mbagathi
 - Hard to reach – Kajiado
 - Private, NGO/FBO



Mass Media (10): Future plans

- Marginalized media houses
- Community based evaluation
 - Listenership
 - Knowledge retention & use
 - Behaviour change - “cough-cure pathway”



Mass Media (11): Challenges

- No baseline survey
- Funding
 - GFATM late release
 - Bureaucracy
- Competing priorities
 - Prime time – When is the right time?
 - Election crises



2. TB/HIV workplace program

- Innovative ideas from:
 - HIV in the workplace
 - Workplace health and safety committees
 - Welfare and Sacco committees



TB/HIV workplace program (2)

- Methodology of sensitization
 - “Step-down” approach
 - PATH and DLTLD trained TOTs, managers
 - TOTs train peers
 - Peers and TOTs implement activities



TB/HIV workplace (3)

- Purpose
 - Suspect TB and help demystify myths that delay diagnosis
 - Appropriately refer suspects to health facilities for diagnosis
 - Trainees to act as CHWs and peer educators in the context of community TB care approach
 - Sensitize the company community, its neighbourhood and their residential environment on TB issues and available services – “cough-cure” pathway
 - Supervise DOTS
 - Identify and retrieve defaulters



TB/HIV workplace program (4)

- Choice of companies based on:
 - TB/HIV burden
 - Existing HIV workplace program
- Choice of participants – company based
- Number of trainings – 635 from 40 companies



3. “Magnet – theatre” approach

- What is magnet theatre?
- Methodology
 - Training of TOTs - 264
 - Recruitment - 47 groups/troupes
 - Activities and sessions



4. School children sensitization on TB/HIV

- Agents of change
- Found in every homestead
- Easy to use for defaulter retrieval



School children sensitization on TB HIV (2)

- **METHODOLOGY**
 - National TB/HIV officials sensitized
 - Provincial sensitization
 - District sensitization



School children sensitization (3)

- Implementation
 - Guides developed for sensitization
 - Baseline questionnaire administered
 - Implementing officials – PHOs/EOs
 - Supervision – National, provincial, district
 - 5 provinces covered



School children sensitization (4)

- Expected output
 - Increased awareness about TB and its impact on the communities
 - Improved health care seeking behavior
 - Increased tuberculosis case detection
 - Improved collaboration and integration
- Target
 - 3.4M children countrywide
 - 880,000 school children for PATH
- Achieved – 977,956 (111%) school children

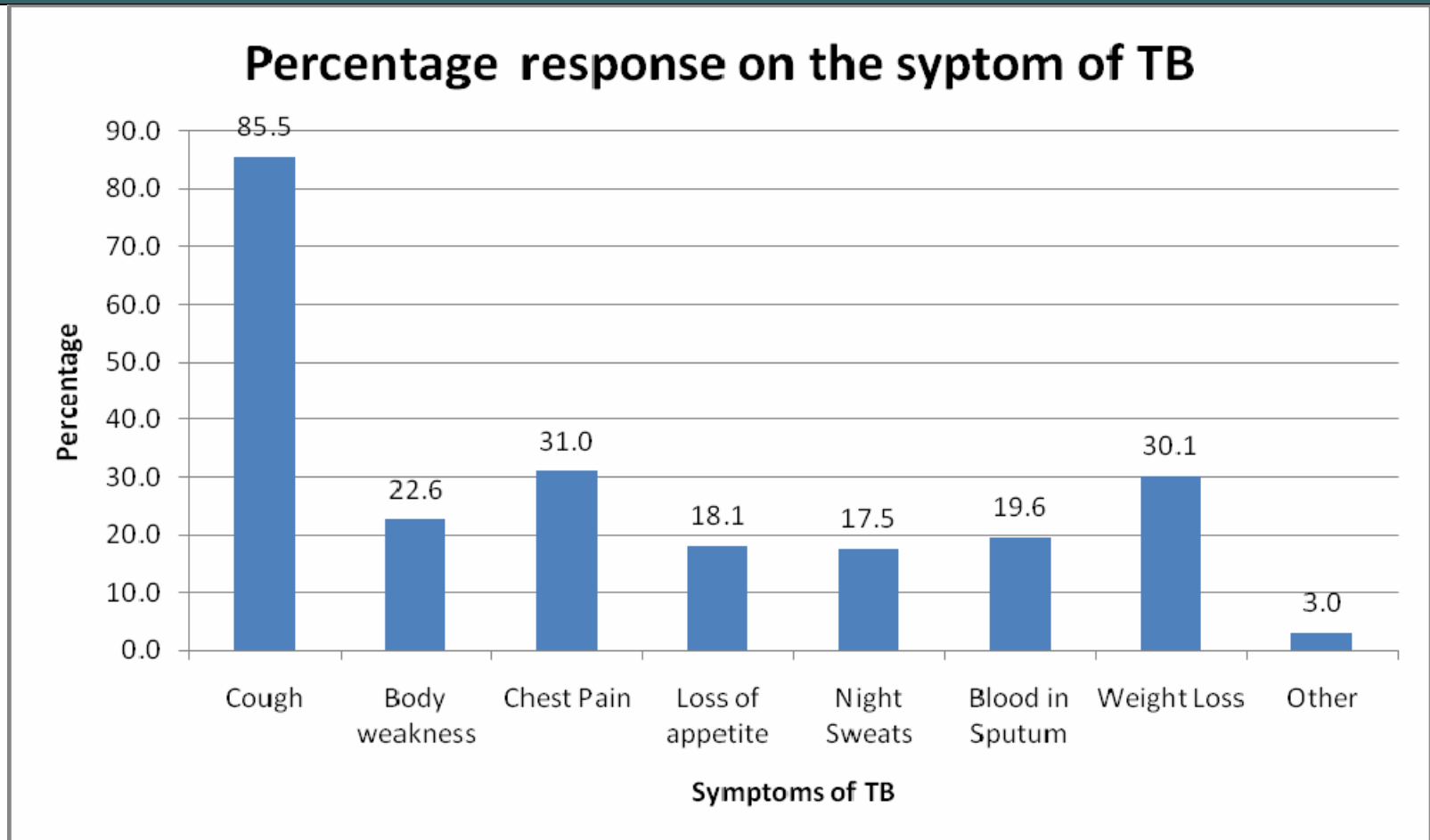


Analysis of baseline study

- Preliminary data (pre test evaluation)
- 52% males, Ages 8-21; mode 13
- 48% knew cause of TB-bacteria, 30% did not know cause
- 75% knew TB spread is airborne



Analysis – Awareness levels (2)



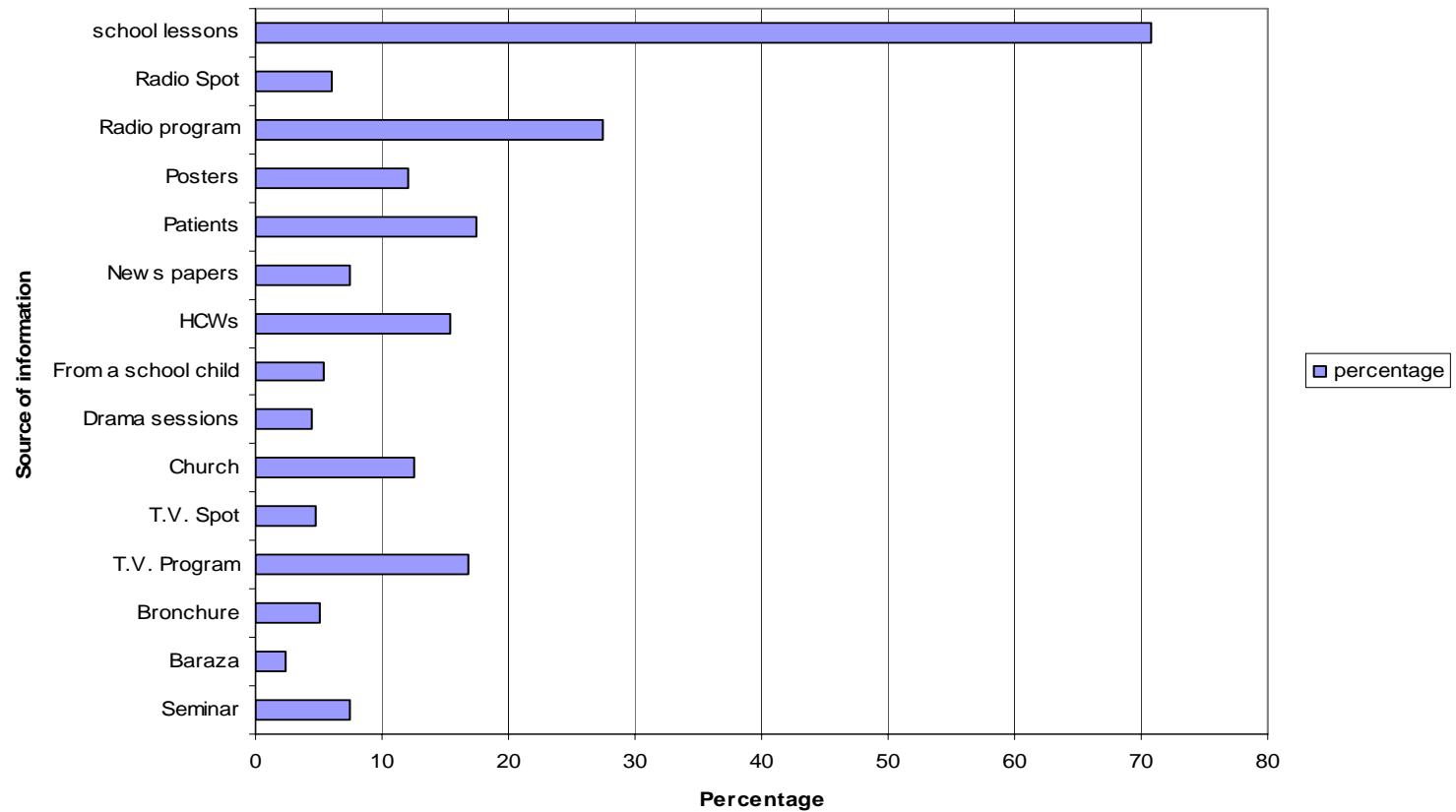
Analysis – Awareness levels (3)

- 33% knew suspect TB if cough of 2-3 weeks
- Only 40 % knew treatment is 6-8 months; 26% did not know duration
- 41% knew diagnosis is by microscopy, 31%-blood test



School children sensitization (4): Analysis

Where did you get this information from?



5. Community leaders' sensitization on TB/HIV

- Objectives
 - Advocacy
 - Increase awareness and knowledge of TB and reduce its associated stigma in the general public and people with TB/HIV
 - Mobilize the community and builds its capacity to respond to the TB epidemic



CHOICE OF BUSINESS/COMMUNITY LEADERS

- SMALL SCALE BUSINESS OWNERS
- RELIGIOUS LEADERS – ACROSS ALL FAITHS
- ADMINISTRATORS – COUNCILLORS, CHIEFS, ASS. CHIEFS
- CBOs
- LOCAL JOURNALISTS
- COMMUNITY GROUP LEADERS
- PROVINCIAL AND DISTRICT HEADS IN PROVINCIAL SENSITIZATION FOR SCHOOL CHILDREN



Community and business leaders' sensitization: Achievements

PROVINCE	DISTRICT	# OF DIVS SENSITIZED	# OF PERS SENSITIZED
Nyanza	Gucha	7	639
	Homa-Bay	5	357
Provincial school sensitizations	Various	5	150
Total			946



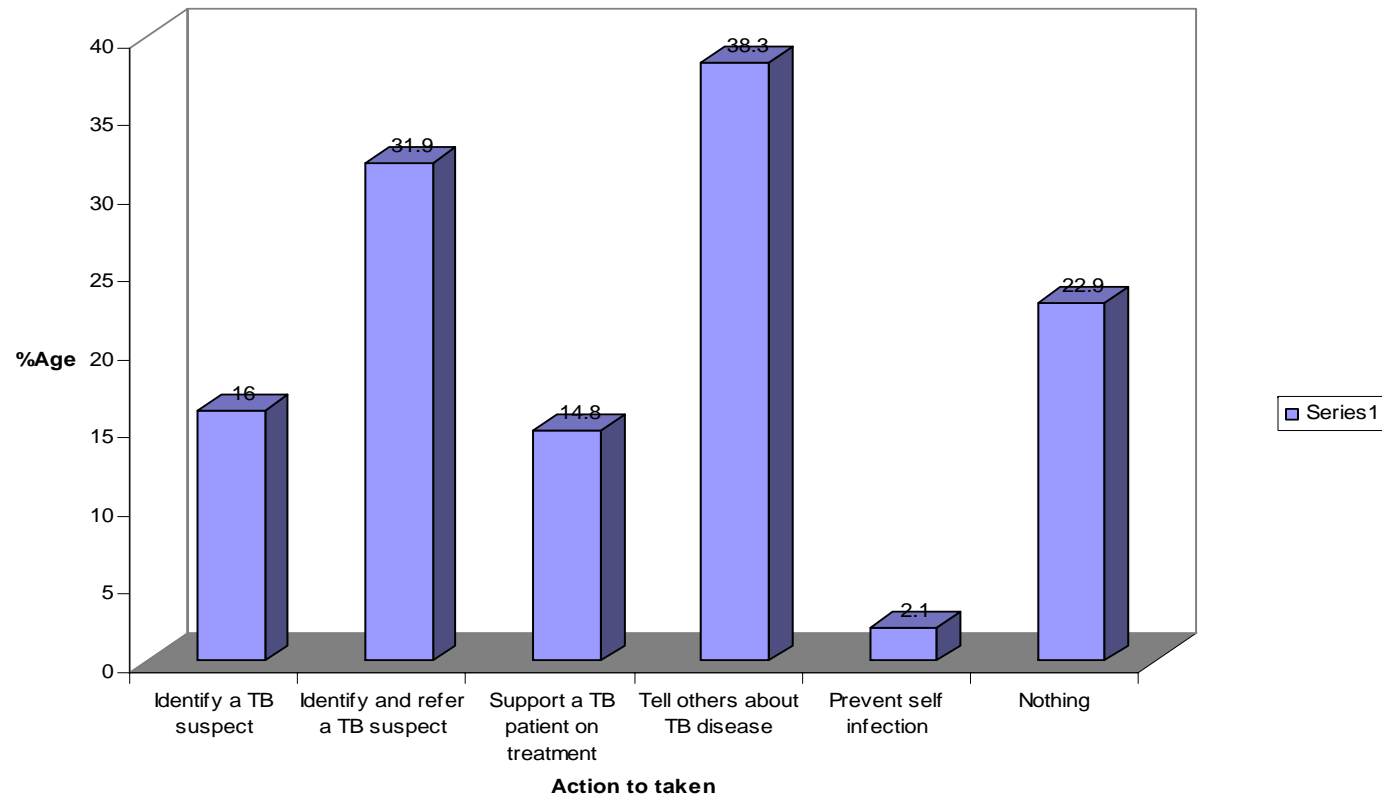
METHODOLOGY OF BUSINESS/COMMUNITY LEADERS SENSITIZATION

- DISTRICT SENSITIZATION – DMOH, DTLC, DASCO, DPHO, PHOs I/C OF DIVISIONS
- ACTUAL SENSITIZATION AT DIVISIONAL LEVEL
- PARTICIPANTS GIVEN QUESTIONS ON TB, THEY TACKLE AS A GROUP AND PRESENT.
- CORRECTIONS AND APPRECIATIONS DONE ACCORDINGLY BY FACILITATORS



Community leaders sensitization

How information gained will be used



Lessons Learnt

- Rapid Results Initiative in the field e.g. jiggers eradication, ITNs
 - Blessing in disguise to DMOHs/PHOs
- Swap
 - All inclusive – MOE, provincial administration, local leaders
 - Improvement of intersectoral collaboration
 - At least 3 schools for the deaf & another 1 for the mentally and physically handicapped. Interpreters from among their teachers.



Future plans

- Scale up to cover whole country
- Evaluate impact
 - Mid term – currently ongoing by KEMRI
 - End term



Challenges

- Funding
- Competing interests and interested parties
- School calendars in relation to fund release time



Acknowledgement

- PATH TB Team
- USAID
- MOPHS staff
- MOE staff
- Media Houses
- Partners e.g. PSI, KANCO



- Thank you



Ng'uela Ronald, MPH

TB Program Officer

rngiela@path.org

+254 722 543 724/733 769 194

www.path.org



USAID
FROM THE AMERICAN PEOPLE