COMMUNITY ENGAGEMENT IN TUBERCULOSIS

COMMUNITY ENGAGEMENT

Community engagement is defined as the process of working collaboratively with and through communities to address issues affecting their well-being. Community-based TB activities are conducted outside the premises of formal health facilities (e.g. hospitals, health centres and clinics) in community-based structures (e.g. schools, places of worship, congregate settings) and homesteads.

INVOLVING THE COMMUNITY TO COMBAT TB

Community health workers (CHWs) and community volunteers (CVs) carry out community-based TB activities. A CHW is a person with some formal education who is trained to contribute to community-based health services, including TB prevention and patient care and support. A CV is a community member who has been systematically sensitized about TB prevention and care, either through a short specific training scheme or through repeated contact with professional health workers. Both can be supported by nongovernmental organizations (NGOs), faith-based organizations (FBOs), other civil society organizations (CSOs) and/or the government.

A strong coalition with civil society organizations and communities is one of the four principles of WHO’s Global End TB strategy.

TYPES OF COMMUNITY ENGAGEMENT THEMES AND ACTIVITIES

<table>
<thead>
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<th>Theme</th>
<th>Activities</th>
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<tr>
<td>Prevention</td>
<td>Awareness-raising, information, education and communication (IEC), behaviour change communication (BCC), infection control, training of providers</td>
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<td>Diagnosis</td>
<td>Screening, contact tracing, sputum collection and transport, providers training</td>
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<td>Referral</td>
<td>Linking with clinics, transport support and facilitation, accompaniment, referral forms, providers training</td>
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<td>Treatment adherence support</td>
<td>Home-based supervision and patient support, adherence counselling, stigma reduction, pill counting, training of 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 that extend choices and opportunities to the poor, training of providers, income generation</td>
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<td>Stigma reduction</td>
<td>Community theatre/drama groups, testimonials, patient/peer support groups, community champions, sensitizing and training facility and CHWs and leaders</td>
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<td>Advocacy</td>
<td>Ensuring availability of supplies, equipment and services, training of providers, addressing governance and policy issues, working with community leaders</td>
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MONITORING COMMUNITY ENGAGEMENT

WHO has developed a minimum set of standardized indicators to help national TB programmes monitor contributions made by CHWs and CVs, whether supported by government or by CSOs.

**Indicator 1**: Number and % of new patients with TB (all forms) diagnosed and notified who were referred by CHWs and CVs.

**Indicator 2**: Number and % of new patients with TB (all forms) successfully treated (cured plus completed treatment) who received support for treatment adherence from CHWs and CVs among all new patients with TB (all forms) provided with treatment adherence support by CHWs and CVs.

WHO & COMMUNITY ENGAGEMENT

WHO promotes community engagement by providing policy and programmatic guidance to national TB programmes (NTPs) and all stakeholders, promoting standardized monitoring and evaluation, brokering partnerships between national programmes and NGO/CSOs, and offering training and technical assistance.
THE ENGAGE-TB APPROACH

WHO recognizes the potential for integrating community-based TB activities into the work of NGO, FBO and CSO health and other development programmes. This is at the heart of the ENGAGE-TB approach.

Though diagnosed in clinics and hospitals, TB thrives in the community. Action in the community is therefore essential in country efforts against TB. It is also important to link community action on TB with the work of the NTPs so that efforts of the health system are extended and reach as many people as possible.

Collaboration between NTPs and NGOs and other CSOs helps nationwide scale-up of community-based TB activities. The NTP has a key role in encouraging NGOs and other CSOs that do not work yet on TB to integrate TB into their activities, by providing resources, facilitating support and responding to their needs. NGOs and other CSOs working in communities are in a unique position to contribute to community health.

ENGAGE-TB CORE PRINCIPLES for NTP and NGO/CSO collaboration

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

THE ENGAGE-TB APPROACH PROVIDES PRACTICAL GUIDANCE TO NTP AND NGOs AND OTHER CSOs ON HOW TO:

- Integrate TB activities into ongoing community-based activities of NGOs and other CSOs, in sectors such as reproductive, maternal, newborn and child health (RMNCH), HIV care, primary health care, education, agriculture and livelihoods development programs.
- Foster collaboration between NTPs or their equivalents and NGO and other CSOs.
- Ensure close alignment with national monitoring and evaluation systems so that community contributions are captured in national TB data.

ENGAGE-TB PILOT PROJECTS

ENGAGE-TB is being piloted in 5 African countries in NGOs/CSOs previously unengaged in community-based TB activities with funding from the Bristol-Myers Squibb Foundation – Secure the Future programme.

- **DRC**: Integrating TB into a community HIV CSO through active finding and contact tracing among urban poor.
- **Ethiopia**: Integrating TB into community-based RMNCH activities within remote, nomadic communities.
- **Kenya**: Reaching underserved nomadic and migrant communities with community-based TB and HIV care.
- **South Africa**: Strengthening reporting of community-based activities of NGO in routine TB monitoring systems.
- **Tanzania**: Using mobile technology to raise awareness, screen and refer communities for TB diagnosis.

For more information:

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