



Royal Tropical Institute



Stop TB Partnership

TB REACH

Project title

Mobilising and screening vulnerable TB communities in the Kanifing Municipal Council

THE GAMBIA

Implemented by

Health Promotion and Development Organization (HePDO)



Trained community screening volunteers

Executive summary

Approaches to Tuberculosis prevention and control have gained momentum and several efforts are being made to find the missing cases in countries where the disease still prevails. Finding the missing TB cases requires new and innovative interventions with focus on special target populations and areas. Reaching to these missing cases therefore requires capacity building, knowledges sharing and above all community involvement through active case search.

It was in in view of the above Health Promotion and Development Organisation (HePDO) obtained funding from the TB REACH to implement an 18 months project in the Kanifing Municipal Council (KMC) of the Gambia. The main focus of the project was on capacity building through sensitization so as to increase awareness and in through this on the promotion of mass community screening and referral in communities in order to detect TB cases early and refer them for timely diagnosis and treatment.

During the project implementation period a total of number of 106,811 people were contacted. The rational for reaching to these people was to raise awareness and identify those manifesting the signs and symptoms of TB or those who are in frequent contact with TB patients or suspects and then refer identified suspect for early diagnosis. As a result of the sensitization and screening sessions activities conducted, 2124 were identified as people with symptoms of TB of which 1463 were tested. Of the people that were examined a total of 171 were confirmed as TB cases (SS+/B+ and All forms). The additional unadjusted case found by the project was 83 for SS+/B+ and 138 for All forms.

The treatment of all the confirmed cases started in the day of confirmation in line with government policy. However, the adherence of the positive cases to their treatment courses has not been determined.

In conclusion, the gains made by the project will be sustained by integrating the sensitization activities into ongoing projects whiles the trained community volunteers will be linked to the NTP for continued support and monitoring.

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Introduction

In May 2014 HePDO successfully obtained and signed an agreement with TB REACH to implement a project titled “Mobilizing and screening Vulnerable TB communities in the Kanifing Municipal Council” (KMC) in The Gambia. The project duration was 18 months (15th May 2014 to 15th November 2015) and involved 12 months (1st October 2014 to 30th September 2015) of Active Case Finding at community level.

The intervention area comprises 17 communities that were divided into 4 BMUs also referred here as DOTS centres. KMC was selected for the intervention mainly due to its population density, proximity to swampy areas, overcrowding and with many residents living in poorly constructed and ill-ventilated houses. In view of these conditions and whilst people go about their daily activities and interact with each other at diverse places for different reasons, there exists the opportunity for TB to be transmitted from one person to another. Halting the TB transmission therefore requires different intervention key among which is active case finding for early detection and timely treatment

Prior to the TB REACH project, case detection was limited to sensitization, contact tracing and health facility based diagnosis. Active Case finding through mass community based screening is a very useful strategy in early TB case detection and diagnosis but was uncommon in the intervention area.

The target population for this project comprises the entire evaluation area KMC is an urban environment with a relatively mobile population and activities are mainly focused on awareness raising, including mass media campaigns, which will reach the whole community As a way of detecting TB cases early and referring them for diagnosis, the project primarily focused on conducting ACF with the aim of identifying 148 additional New SS+/B cases and 633 additional cases of All Forms of TB using the following key strategies:

Strategy 1 – Community Sensitization; This strategy involved sensitization of influential community people (religious leaders, women group leaders, ward counselors, traditional communicators and video club operators) for their participation and support of ACF volunteers. Also part of this strategy involved engaging with the mass media and GSM operators as a way of reaching the general public on the signs of TB and the need to go for early diagnosis and treatment.

Strategy 2 – Screening Sessions: Community volunteers were trained to conduct screening sessions using the following: Cough >2 weeks alone (plus any other TB-related symptom), or Night sweats alone (plus any other TB-related symptom), or Bloody sputum alone (plus any other TB-related symptom) to identify TB suspects and refer them for testing. During screenings, those suspected were further counsel and given referral cards to present to the any of the 4 DOTS centres for testing and initiation of treatment when positive.

Key achievements/Results of the project

The main objective of this project was to screen, identify and refer TB suspects for early diagnosis and treatment. Achieving this objective requires conducting several activities such as sensitization of influential leaders and municipal authorities in order to obtain their support for the implementation of the project within their communities. Focus group discussions were also another activity conducted followed by mass sensitization of the general public through the print and electronic media. In addition myths about TB were discussed so as to clearly explain how TB is caused and dispel the belief that the TB is disease caused by a devil. The massive sensitization activities using different channels also made it easy for mass mobilization of people in a given community within a short period and screened them for TB. During the screening sessions trained community volunteers discussed the signs and symptoms of TB and how it can be prevented. Counselling of suspects prior to referral led to majority of those referred by the project willing to receive the referral cards and give their personal data (names, address, and contact numbers) to the volunteers to be recorded. This was necessary to help for follow and ensuring that those referred had indeed gone for testing.



Participants at a mass community TB screening session in the EP

As a result of the sensitization activities and screening session hosted, a total of 106,811 individuals were verbally screened. Among them, 2124 were identified with symptoms of TB within a period of 12 months of active case search. A total of 1463 (69%) submitted sputum for examination. 171 (11.7%) of the presumptive were bacteriologically confirmed with TB which represented 8% of the total symptomatic people identified.

On treatment results all those confirmed cases were supposed to start treatment immediately in line a national policy. However only 145 (85%) agreed and started their treatment immediately. For the rest, it is assumed that they have register with other treatment facilities outside the intervention area It is not certain if these individuals are still continuing or will complete their treatment.

TB notified data received and reported by the NTP during the project implementation period was 555 and 871 for SS+/B+ and All forms respectively. From the notification data it is observed that SS+ /Bac+ had slightly increased in quarters 3 of 2014 and quarters 2 and 3 of 2015 when

compared to the corresponding baseline periods of 2013 and 2014. However there was a decline in quarter 1 of 2015 when compared to the corresponding period of the previous year. A similar trend was also observed in the case of All forms of TB notifications.

The tables below show the notification data for the Evaluation Population.

Table1. New SS+/B+ TB notification in Evaluation Population

New SS+/B+	Additionality target New SS+/B+								New SS+/B+ notification target											
					148								633							
	2011				2012				2013				2014				2015			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Evaluation	114	116	110	124	147	151	103	111	128	136	118	126	144	105	110	110	141	116	151	147
Control	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Target																	158	158	158	158

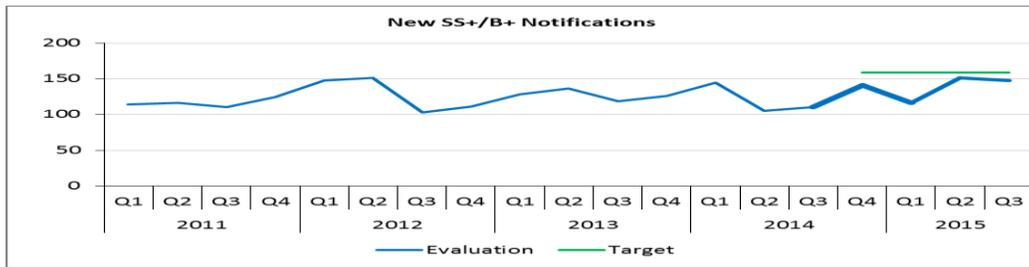
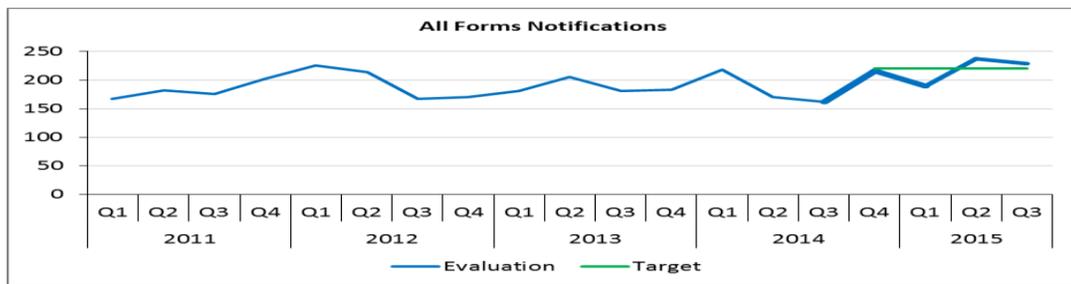


Table2. All Forms of TB notification in Evaluation Population

All Forms	Additionality target All Forms								All Forms notification target											
					148								881							
	2011				2012				2013				2014				2015			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Evaluation	167	182	176	202	225	214	167	170	181	205	181	183	218	170	162	162	216	189	237	229
Control	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Target																	220	220	220	220



Although the introduction of a community based treatment was not a focused and neither is it promoted by the national program in the intervention area but its existence have the potential to reduce treatment defaulter rate. During the implementation of this project the trained volunteers were urged to serve as community based treatment supervisors by visiting on monthly basis the person that have been identified by the project and encourage them to go for their routine treatment. This is not however a community based treatment activity but a way of ensuring that TB positive persons do not default in their treatments course.

Adjustment and interpretation of additional cases found

Adjustment and interpretation of addition cases found by the project from 1st October 2014 to 15th November 2015 through ACF in the EP were calculated as below:

- Estimated number of SS+/B+ and overall TB from 1st October – 15th November 2015 was calculated by multiplying Q3 2015 data by factor 1.5
- Historical baseline of SS+/B+ and overall TB was calculated by multiplying 1-year historical baseline with factor 1,125 (=13,5/12)

The table below provides the additionality unadjusted data based on these estimations.

Table 3 Standard additionality table

		Historical Baseline Notifications				Implementation Period Notifications				Extrapolated data 15-nov-15	Unadjusted Additional Cases	% Change From Baseline	Additionality Target	O score
		Q4/13	Q1/14	Q2/14	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15					
SS+/B+	EP	126	144	105	110	141	116	151	147	74	83	15%	148	56%
	CP	-	-	-	-	-	-	-	-	-	-	-	-	-
All Forms	EP	183	218	170	162	216	189	237	229	115	138	20%	148	93%
	CP	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 4 Trend adjusted additionality data

		3-Year Trend Adjusted Expected Notifications					Implementation Period Notifications				Extrapolated data 15-nov-15	Adjusted Additional Cases	% Change From Expected	Additionality Target	O score
		Q4/14	Q1/15	Q2/15	Q3/15	15-nov-15	Q4/14	Q1/15	Q2/15	Q3/15					
	SS+	115	114	112	111	55	141	116	151	147	74	122	24%	148	82%
	overall	172	170	167	164	82	216	189	237	229	115	230	30%	148	156%

Predicted number of TB cases 1st October 2015-15th November 2015 is based on estimation of number of TB cases in Q4 2015 based on 2 quarters historical trend and dividing this by factor 2 to capture half quarter (1,5 month).

Although it is natural that TB cases are detected in the Gambia but most of the time at late stage, there is no doubt that TB REACH intervention contributed immensely in identifying additional cases. All most all the cases reported by this project would not have been found on time due to absence of ACF. In addition the TB REACH intervention created series of awareness activities to discourage going to the tradition healers as first health seeking point. Discouraging the suspects from going to the Traditional Healers was therefore a contribution to detecting cases earlier than would have normally been the situation.

Effectiveness of the strategies used to increase case finding

The target population for this project was defined as all residents in the KMC. There was no control population. However more concentration was given to those living in the swampy settlements where the favorable condition exists for TB transmission.

The population was contacted through house to house and invited to attend mass community screening sessions in designated areas. Screening and referral of suspects were conducted by trained community volunteers. During screening, people found presenting or complaining of cough >2 weeks alone (plus any other TB-related symptom), or Night sweats alone (plus any other TB-related symptom), or Bloody sputum alone (plus any other TB-related symptom) were regarded as suspects. For those sent on Sputum Smear Microscopy and found to have bacilli in their sputum were confirmed as TB patients and classified as either SS+/B+ or negative depending on the results from the lab.

Main intervention	Numbers planned	Numbers actually found
Numbers contacted/screened	102,500	106,811
Numbers identified with symptoms of TB	2,050	2,124
Numbers of tested (by type of test)	1,568	1463
Numbers testing positive (By type of test)	148	171
Numbers started on treatment	148	145

Among the total number of 106,811 screened, 2,124 persons were suspected as cases with symptoms. From the total suspected cases, of 1463 that were tested, 171 (11 %) were bacteriology confirmed as positive cases. From the results observed above, it can be seen that more than half of those referred went for testing and this happen as a result of intensive follow and support provided to the suspects to go for testing and as well provision of sputum cups by the project to the National Health Laboratory.

The achievements registered by this project were as a result of conducting several strategies which proofed to be effective in active case finding. Key among the strategies was capacity building of Kabilo Representatives (community volunteers) which provided them with the required skills and knowledge to be able to identify TB suspects and refer them for diagnosis It had also enable them counselled identified suspects before going for testing. This has contributed to allaying fears and thus making many of those referred willing to go for testing.

Sensitization of influential community leaders, religious leaders and local authorities had contributed greatly towards the results of the project. Equipping these groups of people with

knowledge on TB prevention and control had led to their acceptance and support of the project in reaching their community members and followers in the case of the religious leaders. The sensitized traditional communicators had also played a crucial role by composing songs and performed roles play during communal or traditional ceremonies. The activities of the Traditional Communicators (TCs) had led to the appreciation of the TB REACH funded project. The sensitization activities had also contributed in raising awareness and interest among the communities in ensuring the TB is less stigmatized and that all those suspected of having TB need to be supported to access testing and treatment services in any of the DOTS centres.

The use of the media with clear messages on the prevention and control of TB has help to reach a wider target population. This strategy was effective as many people now access and listens to either radio stations or read newspapers on daily basis. Further it has help to dispel the myth on TB since many people believe that whatever is aired or published is deemed to be true information.

Another important strategy and the core activity was mass screening at community level. This intervention which was focused on Mobilizing and Screening people at community level resulted in the identification and referral of all the TB cases detected by the project. Some key effectiveness of this intervention was that it had enabled communities to identify on their own people with symptoms of TB and link them to services.

Lessons learned

Reaching people in a cosmopolitan area for programs like the prevention and control of TB need real involvement and full participation of the inhabitants. From what we have noted the TB REACH intervention created awareness with many people willing to go for voluntarily testing so as to know their TB status. The involvement of influential leaders and local authorities had contributed immensely towards breaking the barriers towards early TB diagnosis and treatment.

Another important thing well noted was the importance of proper recording. At the beginning of the project implementation, it was realized that laboratory technicians were not properly recording all TB REACH referred suspect in their registers. This act led to some of the referred suspect who went for testing not captured by the project. Re-orientation was organized for the laboratory technicians and TB inspectors to address the situation which resulted in improved recording.

However a key challenge that still remains is people trust and preference of consulting with traditional healers for many social issues including their health conditions. At national level, efforts have been made by different health program to sensitized and even trained where necessary these traditional healers so that they can quickly recommend to the people who visit them for health seeking to go for medical checkup in health facilities. In addition to national and others development partners efforts to reach to traditional healer, this project also targeted them during its opinion and influential leaders and as well as during mass media sensitization activities. Another

critical barrier noted to people unwillingness to go for TB testing voluntarily and disclose their TB status if positive is for fear of been isolated by their families or friends.

Early case detection and initiation of treatment

Conducting active case finding which was the main focused of this project is can be effective way of detecting TB cases early and boarding them treatment. The TB REACH intervention contributed in the early TB case detection by going from one community to another to gather, sensitized and screen people for TB signs and symptoms. As a result of the TB REACH funded activity most of the cases reported by the project accepted to go for testing to designated diagnostic centres instead of visiting the traditional healers. From the cases reported by this project most were additional as they would not have reported for testing but would have gone to the traditional healers. Thus discouraging the suspects from going to the Traditional Healers was therefore a contribution to detecting cases earlier than would have normally been the situation.

The project intervention which led to the early detection of case and resulted in 145 cases initiating their treatment soon after confirmation. However it is assumed that the rest might have register in other treatment facilities outside the intervention area or are lost to follow up due to relocation.

Project sustainability and expansion

From the experience gained and lessons learnt during the project implementation, there is great potential for sustainability of the activities since knowledge and awareness built leading to a population that will promptly seek for early and appropriate TB diagnosis upon suspecting any of the signs of TB. To ensure that the benefits gains from the project are sustained, HePDO will continue to look for resources to support and maintain active TB case finding activities at community level. When resources are available, a similar intervention will be replicated in other regions.

However in the absence of funding efforts will be made to maintain the sensitization activities of the project by integrating it into other projects that has IEC components. The community volunteers used during the implementation of the TB REACH funded project will be linked to the NTP to be supervised and supported so as to enable them continue their monthly screening and referral activities at their own communities. Furthermore in the absence of funding, ACF through mass screening camps by volunteers can be integrated in ongoing efforts to control TB either by the NTP or actors. On the other hand, the NTP will incorporate key activities such as community based screening, counselling, referral and follow ups in their National TB Control Strategies using their TB Inspectors. The awareness creation built during this project will be sustained by the National TB Program and the Directorate of Health Promotion through their education programs at national, district and community levels.

Recommendations

Though lots of efforts have been made globally to combat TB the disease still remains a burden in some countries especially sub Saharan Africa, Asia and South America. Thus it is our thought that to effectively combat the disease in the future, the following needs to be considered:

- Strong political commitment
- Resources mobilization
- Linkage with hospitals and individual private medical practitioners and traditional healers
- Revitalization of community health workers programs as an intermediate solution to bring health care to remote or underserved areas
- Sustainability of community volunteers: issued of remuneration
- Development of tools for monitoring and evaluation

Conclusions

The primary goal of this project was to conduct ACF in the intervention area by training community volunteers who were tasked with carrying out community screenings to detect and refer suspects for timely diagnosis. Two key strategies such as sensitization and community screening were used that resulted to 171 positive cases detected.