

TB ARC 2: Finding the Missing TB Cases



An ISP and her clients in Tharaka Nithi County during KANCO's support supervision visit

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'Finding the missing TB cases calls for innovation'

KANCO

Finding the missing TB cases calls for innovation and as such one of the innovations KANCO came up with in 2015 was to work with Informal Health Service Providers' (ISP) to help find the missing TB cases. The pilot project was implemented in seven (7) Counties, with the area of implementation expanding to cover 35 counties in 2018, attributed to the success in the first phase, with the support of Centre for Health Solutions (CHS) Kenya, dubbed TB ARC II.

The project activities include; Conducting County Entry Meetings in the new counties as well as ISP's mapping including but not limited to herbalists, TBAs etc, sensitization of the ISPs on TB screening and referral, facilitating formal bi-annual meetings between the ISPs and health care service providers including CHVs and facility in charges. The project further provides relevant documents for TB screening and referral that have been endorsed by the national TB program, provides linkage with the formal Systems for the support of the referred TB patients, Provides non-financial incentives to ISPs and CHVs who are engaged in the project as well as conducting semi annual supportive supervision and monitoring and evaluation visits in partnership with Community Health Solutions (CHS), National Tuberculosis, Leprosy and Lung Disease (NTLD) and KANCO teams.

For quarter 2 routine supervision visits, the KANCO team visited Chogoria Hospital in Maara Sub County together with the regions County Tuberculosis and Leprosy Coordinators (CTLIC) and Sub County Tuberculosis and Leprosy Coordinators (SCTLIC). KANCO has four ISPs linked to Chogoria Hospital comprised of two herbalists and two Traditional Birth Attendants (TBAs). The two TBAs had so far referred 71 presumptive TB patients with 20 confirmed cases, as well as fully filled referral forms for all referred patients. From the interaction with the ISPs and the hospital staff, the team identified a disparity between the numbers referred by the ISPs and the number that actually reached the facility.

Case examples are the cases of Joyce Karimi, one of the ISPs who had referred 60 presumptive cases but only 44 reached the health facility and their sputum sent to the Laboratory for Genexpert where 10 of them turned positive and Nelea Kanjiru who had referred 40 cases but only 27 presumptive cases reached the facility, their sputum were taken and 10 of them were confirmed to be positive.

The team learnt that most of the patients that had been referred were either on treatment or had completed treatment however there were a few defaulter cases that had been identified and were being followed up by the ISPs with the support of the local administration. The team further noted that the major contributor to the increasing defaulter cases in the region was drugs and substance use.

Fighting TB in Boarder Counties

The TB epidemic is particularly critical in the borderlands where humans and microbes move across geographic borders. This has become more apparent in KANCO's efforts to combat TB in boarder counties under the TB-ARC II project in Tana River, Moyale, Turkana and the North Eastern Belt. The challenges in these areas emanate from predominantly migrant populations, occasional violence that fuels cross boarder movements as well cross boarder movements for economic and social reasons, curving a conduit for the transmission of infectious diseases. The TB-ARC II project working with the ISPs is seeking to make a difference in TB management and treatment in these counties and has created a trajectory between the informal and formal health service providers, strengthening the efforts to find the missing TB cases as well as TB management at the community level, as demonstrated in the stories below:

Sololo Makutano Dispensary- Marsabit

KANCO has 8 ISPs linked to Sololo Makutano Dispensary. The SCTLIC who has been supporting the ISPs in this facility, shared with the KANCO team that the community had benefitted alot from the project and that five of the ISPs were now referring suspected TB cases to the facility. This is despite the long-break since the end of phase one of the project. Through KANCO's support the ISPs have been trained on identifying potential TB cases and filling in referral forms, though in some areas illiteracy remains a challenge. In sololo Makutano Bahati Jaldesa an ISP has so far referred 4 presumptive TB patients whose forms have been well filled. Goddana Abduba, another ISP, has referred all his patients, but only gave two of them a referral form while noting the rest in his notebook due to illiteracy challenges. As a mitigation measure the ISPs have been linked with a CHVs to help them in filling the referral forms. During the meeting with KANCO team, the ISPs identified a number of challenges in the screening and referring their patients as follows:

- Illiteracy thus the ISPs referring by word of mouth only
- Drought which has caused most of the TB suspects to move elsewhere in search of food
- Intertribal wars which has caused most of families to relocate making follow-up difficult
- Communities contention: Most of the patients feel that the ISPs are now charging for their gifts and powers unlike before, something that is frowned upon
- Some of the TB suspects are repellent to the hospital and would rather stick to the conventional herbs.
- Stigma on TB patients as TB is seen as a "disease of death"
- Duplication of efforts: There are incidences of the ISPs in the same area referring the same patients.
- Vast distances making access to treatment difficult

Manyatta Njiru- Isiolo

CHEWs linked to Manyatta Njiru during a feedback meeting with the KANCO team shared that some of the TB patients had resulted to alternative medicines because of the effects of TB drugs like Isoniazid and stigma in the communities.

The areas CHEW however commended KANCO for integrating ISPs in the project since most of the TB defaulters had resulted to their medicines.

During the visit the KANCO team met Yoba an ISP in Manyatta Njiru. She is both a herbalist and a TBA, aged 50 and a mother 6. At the time of visit at her house which doubles as her place of work, the team found her attending to clients with over 15 women waiting in line. She informed them that she attends to an average of 80 clients in a day with different issues most of which are of reproductive health nature, contact that the project seeks to leverage on to refers suspected TB cases.

Yubo is also a TB survivor and since getting integrated into the TB-ARC program, she has learnt and appreciated the trainings that have transformed her life including remodeling her house and creating ventilation through windows, based on her improved knowledge on TB. KANCO has equipped Yubo with a screening tool and requested her to screen all her patients for TB and conduct referrals.



A section of the KANCO Kakamega DIC

Introduction/Background

Key populations (KPs) - Female Sex Workers (FSWs), Men who have Sex with Men (MSM) and injecting drug users, contribute around 30% of new HIV infections in Kenya. They disproportionately have higher HIV prevalence rates ranging from 29.3% among Female Sex Workers and 18.2% among MSMs. Stigmatization and criminalization of Key Populations behavior remains a major obstacle to successful HIV prevention, care and treatment. Epidemiologically, Key Populations increased risk and vulnerability are due to a combination of biological, socioeconomic and structural factors. KANCO has 3 Drop in Centers all offering services to key populations, one of them being the Kakamega DIC supported

by LINKAGES, seeking to increase access to relevant services to the Key Populations.

The DIC located within Juakali hotspot was established in April 2017 due to constant requests and petitions from the peers. The then DIC was part of the regional office located on Kholera house adjacent to the KANCO regional. This raised a number of issues revolving around accessibility and conduciveness of the environment. Generally, service uptake at the DIC was very low with an average of 4 peers per day a decision that informed the relocation of the DIC. About three years down the line the DIC has earned national recognition due to its good practices which include, good working collaboration with the government agencies, quality data reporting and service delivery guided by the Standard Operating Procedures, (SOPs) registering great client satisfaction and community acknowledgment of change as a result of its institution. These efforts led to the KANCO Kakamega DIC being appreciated as the first site of KPs in Kenya to get into the DHIS2 platform. Making presentation at the Key Populations National Annual Stakeholders Meeting 2019, Dr. Mike, the CASCO Kakamega attributed this great stride to the close working relationship between KANCO and the Kakamega County Ministry of Health.

The safe space was established to help increase demand for the interventions provided at the DIC and improve service uptake by KPs. In additions to core services at the DIC, the safe space provides: a resting area for KPs: The safe space is fitted with couches, chairs and mats to provide KPs with a place to rest and relax. 60% of the KPs entering the safe space come to relax, access entertainment, get a hot shower, access sanitary amenities for female clients as well as Manicure and Pedicure services, offered on Tuesdays and Wednesday a strategy adopted in the first quarter of 2018. A HIV&AIDs resource center within the safe space was also instituted equipped with materials on HIV&AIDs transmission, prevention and care. Also, SOPs for various issues are available (Condom use, Self-screening for various conditions etc). The facility also offers Health education which outreach workers spend at least 5hours a week on within the safe space to impact behavioral change.

Results

- ◆ Increased number of KPs accessing the DIC for services from an average of 4 per day to 9 per day.
- ◆ Better condom use attributed to constant condom use demonstrations and health education at the DIC, 100% access.
- ◆ DIC ART site.
- ◆ KPLHIV, FSW Psychosocial Support Group established
- ◆ Improved general interaction of KPs within the program

Lessons Learnt

- ◆ After a long cold night, KPs need a place they can relax and interact with each other therefore entertainment is very crucial in motivating KPs to access the safe space.
- ◆ A safe space makes it easier to maintain and track a cohort.



Sex workers enjoying a Manicure at the DIC

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