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Community based child TB control

**(Tanzania and DRC)
Under TO 2015, USAID**

**Childhood TB Subgroup
27 October 2014, Barcelona**

Dr. SS. Lal
TB Technical Director
PATH, Washington DC



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Addressing childhood TB in Tanzania

- High TB burden country
- Challenges in diagnosis and reporting
- Magnitude of childhood TB was difficult to ascertain
- Around 8% of all TB cases are childhood TB (NTP data)
- PATH assisted in
 - development and distribution of new guidelines/training materials/job aids
 - training of health care workers and ongoing mentoring
 - engaging community members and private health facilities



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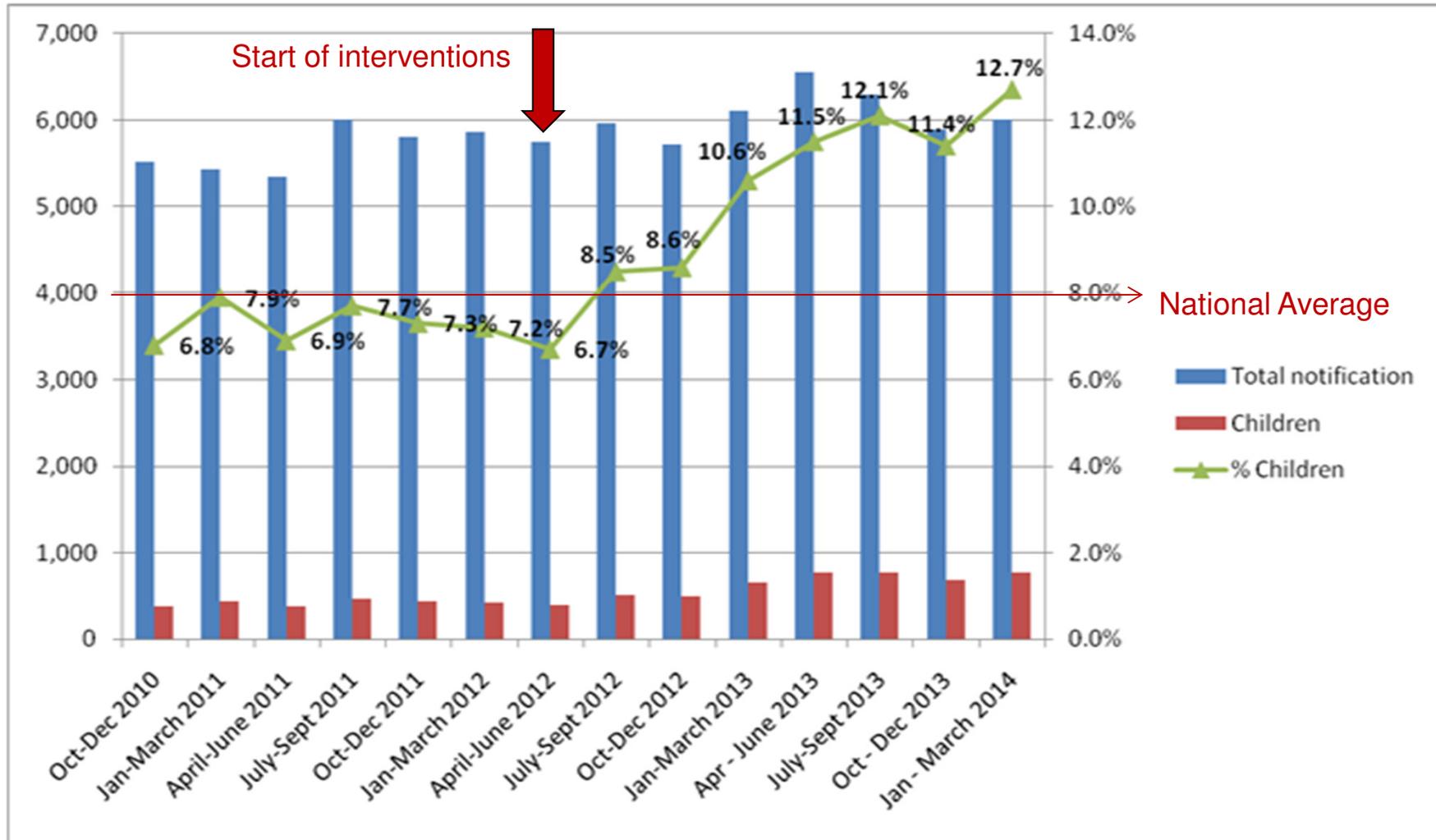
Community based interventions

- Developed appropriate ACSM strategy
- Package of community-based TB interventions
- Council of health management teams (CHMTs) supported
- Identified and trained community groups, supervised implementation
- Community groups: Traditional healers, former TB patients, private drug dispensers, community owned resource persons (CORPs) and CBOs
- Examples of interventions: photovoice, magnet theatres
- Percentage of child TB cases among all cases doubled
- Child TB cases detected by community doubled



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Tanzania : Trend in pediatric TB notification





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“Having received this sensitization, we do follow-up of all cases reported as pneumonia or bronchitis to know exactly whether they are diagnosed correctly and [clinicians] don’t miss TB. We do this during our routine supportive supervisions

Community Health Management Team member,



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Addressing childhood TB in DRC

- High TB, high MDR-TB burden
- Children comprise 14.17% of TB cases
- PATH assisted NTP in setting up collaborations, developing guidelines & algorithm and training curriculum
- Worked in partnership with local NGOs to involve communities and community-based groups
- Initiatives Inc., partner, built capacity of local organizations for financial management, implementation of high-quality TB programs and for expanding programs



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Addressing childhood TB in DRC (2)

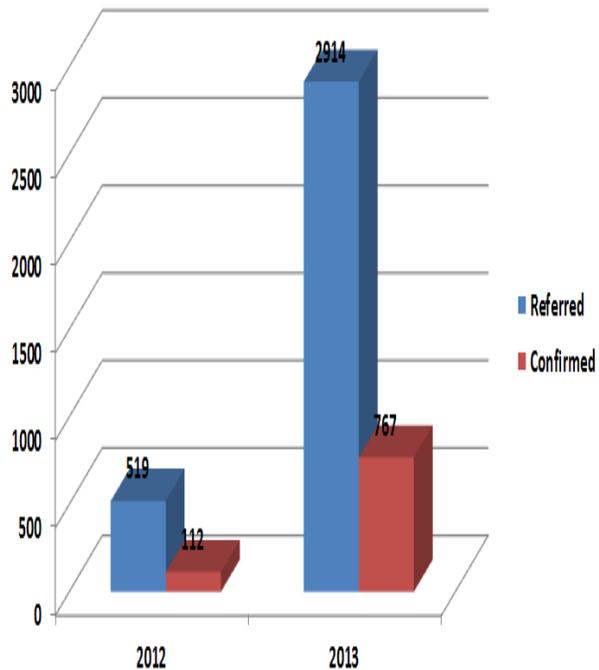
- Built capacity of NGOs through training, coaching and mentorship in program design, implementation, and M&E.
- Periodic assessment showed improved capacity for NGOs to collect data and report results
- NGOs supported NTP to train community health workers in TB suspect identification, referral, follow-up, data collection and reporting



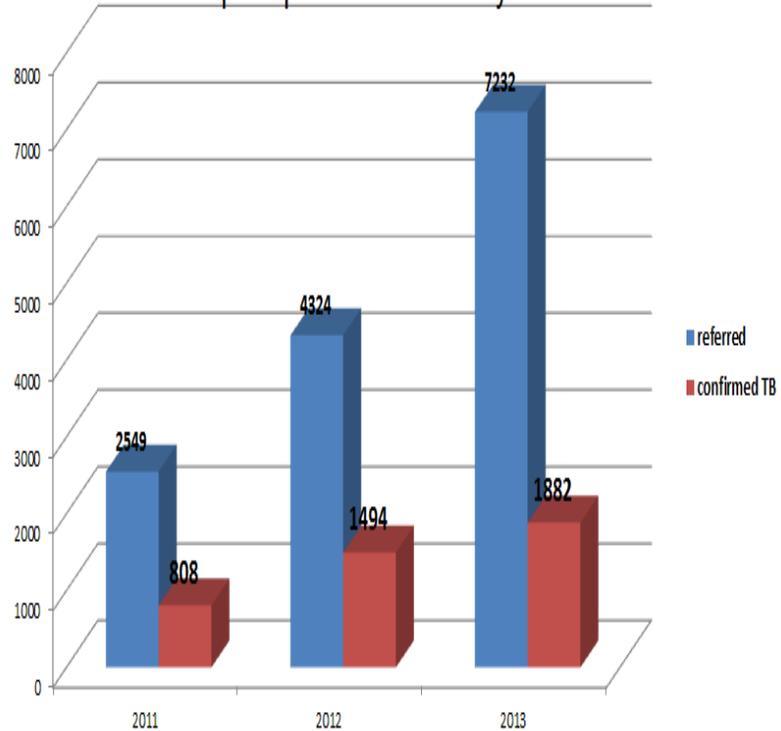
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Increase in TB referrals by local NGOs

Number of suspect persons referred by LNAC in 2012 and 2013



Number of suspect persons referred by CAD 2011 - 2013





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Lessons learned

- Involvement of community increases childhood TB notification significantly
- Situational analysis is important to identify the issues
- Collaborative approach among NTP, stakeholders and community creates ownership
- Training community members without continued support and supervision leaves no impact
- Long-term investment by governments and child health community is necessary for sustainability



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Thank You

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