

USAID REGIONAL HEALTH INTEGRATION
TO ENHANCE SERVICES – NORTH, LANGO

WORKING WITH COMMUNITIES TO RESPOND TO TUBERCULOSIS



RHITES-N, Lango has trained more than 600 community volunteers, like Santa Odongo (left), to educate their communities about TB prevention and treatment, screen for TB, track treatment interrupters and help them return to care, and more.

BACKGROUND

Uganda is among the 30 TB/HIV high-burden countries in the world, with a high incidence of 200/100,000 population in 2018. A significant proportion of tuberculosis (TB) cases are not detected each year, which is a risk factor for spreading TB among the general population. The Lango sub-region has the highest proportion of bacteriologically confirmed cases at 72% (Uganda NTLP report, 2019).

Empowering communities to conduct TB screening, refer presumed cases, and conduct contact tracing can reduce Uganda's TB burden. USAID RHITES-N, Lango is helping to strengthen the community-level response to increase TB case detection, link people to treatment, improve treatment success rates, and reduce morbidity and deaths due to TB.

EQUIPPING COMMUNITY GROUPS TO RESPOND TO TB

USAID RHITES-N, Lango equips civil society organizations (CSOs), private not-for-profit organizations, and other community groups to conduct activities to prevent TB, improve case notification, and improve treatment outcomes. To date, the project has trained more than 600 community volunteers (including village health teams and community linkage facilitators) to:

- Educate their communities about TB prevention and treatment
- Conduct TB screening using intensified case finding methods
- Assess and plan for TB treatment adherence

- Put in place infection control measures
- Counsel and support TB patients, including conducting home visits to observe TB treatment (DOT) and educating the families of TB patients
- Conduct contact tracing
- Track treatment interrupters and help them return to care
- Collect sputum samples and ensure their transportation to labs
- Use monitoring tools (e.g. TB contact tracing register; presumptive register; intensive case finding and referral forms, patient follow-up register) to ensure the availability and use of reliable TB data

REACHING PEOPLE LIVING IN TB HOTSPOTS

Using available data, RHITES-N, Lango mapped and profiled TB hotspots in the sub-region and trained community resource people living within the hot

spots to deliver tailored messages about TB during integrated outreach sessions. Community resource people include village health teams, community linkage facilitators, interpersonal communication agents, local councils, and opinion leaders.

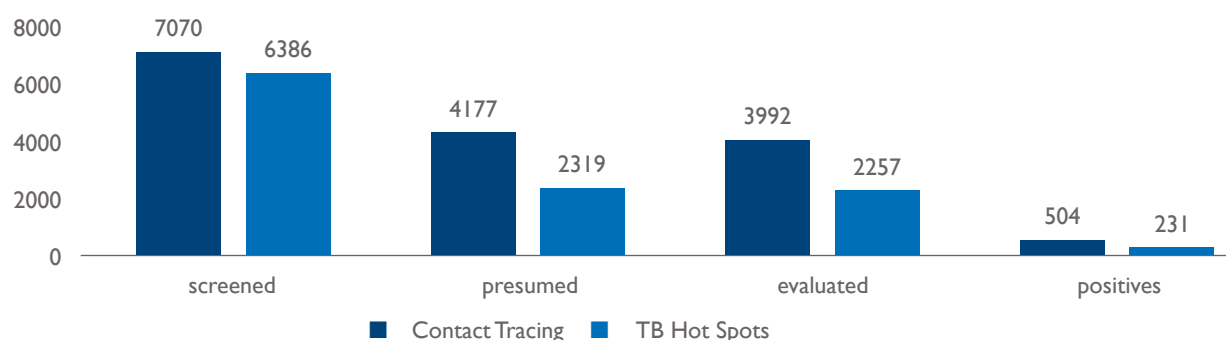
COMMUNITIES CONDUCT TB CONTACT TRACING

RHITES-N, Lango works closely with CSOs through sub-grants, village health teams and facility health care workers to conduct contact tracing for people and children diagnosed with TB.

From October to December 2020, of the 13,456 clients from contacts and TB hotspot screening, 6,496 were presumed TB cases, 96% (6,249) were evaluated with a 735 (11%) yield.

Additionally, the project scaled up TB community engagement training for communities to all nine districts.

Performance in community TB contact tracing and TB hot spot screening over a 3-month period



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For further information, please contact:

Med Makumbi, Chief of Party
RHITES-N, Lango
Plot 5/7, Obote Avenue
2nd Floor, Citadel Towers, Lira, Uganda
Tel: +256772731075
www.jsi.com

The USAID Regional Health Integration to Enhance Services-North, Lango project (RHITES-N, Lango)

works with the Government of Uganda to increase people's use of sustainable, high-quality health services in Uganda's Lango sub-region. The project provides a platform for communities, local governments, civil society organizations, and private sector actors to work together to improve the health of all residents. RHITES-N, Lango strengthens and integrates health services in HIV, tuberculosis, maternal and child health, family planning, malaria, nutrition, and water and sanitation. The project also addresses system-level issues such as having enough well-trained health workers and ensuring health data is used to make programming, budgeting, and other decisions.