

NATIONAL SCALE UP OF COMMUNITY INVOLVEMENT

UGANDA EXPERIENCE

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Uganda - Demographics

- Uganda population 27million -90% Rural communities.
- Population growth 3.4% (UBOS, 2002).
- 76 Administrative districts, 930 Sub-Counties and 5152 Parishes.
- IMR 88 per 1,000 live births.
- MMR 505 deaths per 100,000 live births (UDHS< 200)
- Life expectancy 47 years (UNDP, 2005)
- GDP USD 312 (2004/05)
- Proportion living below poverty line 38% UNHS(2003).

Background to Community involvement in TB control

- NTLP reactivated as a combined TB & Leprosy programme in 1990.
- Attained national coverage of activities in 1995 – **Manual, District Coordinators etc.**
- Performance remained low – CDR 50% and Treatment Success of about 60%.
- Health sector Reforms were in the offing and a new national constitution set in (1995).
- Decentralization policy (1997).

Key factors for poor performance

- Low community involvement and participation in TB control.
- Low community awareness about TB.
- Poor access to TB control services.
- High costs to patients, families and Health system in old care system – Admission for 2 months.
- Reinforced Stigma to TB by TB = HIV misconception.

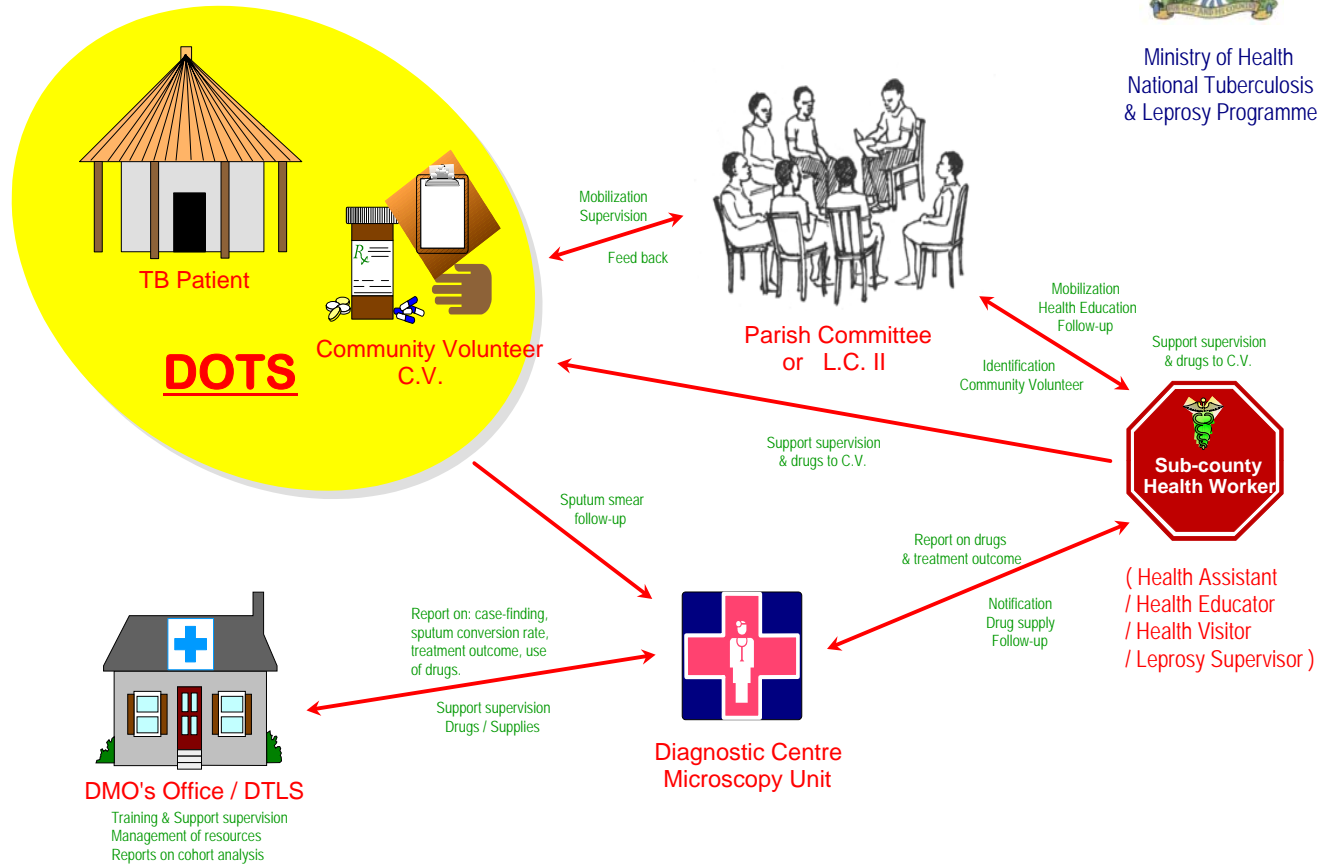
Community Based TB Care Model

- Conceived in 1997 and piloted in 1998 as part of the WHO multi-country study.
- Positive results after 12 months:
 - High CDR, High Cure rates above WHO targets.
 - High Acceptance by HWS, Communities and Patients (Key aspect in assessment).

Implementation of D.O.T.S. Referral System at district level



Ministry of Health
National Tuberculosis
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Presentation at Nsambya Centenary
Celebrations 14th /01/03

Key steps in CB TB care

- Introduced as a PARTNERSHIP between the providers and those served

Health Care Delivery system

in Partnership

with Communities served

(Political Leaders, Administrators, Communities and Patients)

Key steps in CB TB care II

District Review to assess capacity for CB-DOTS

**Consensus meeting with DHT followed by
Sensitization meeting of District Leaders**

**Identification and Training of SCH-Teams
(Clinical and Public Health workers)**

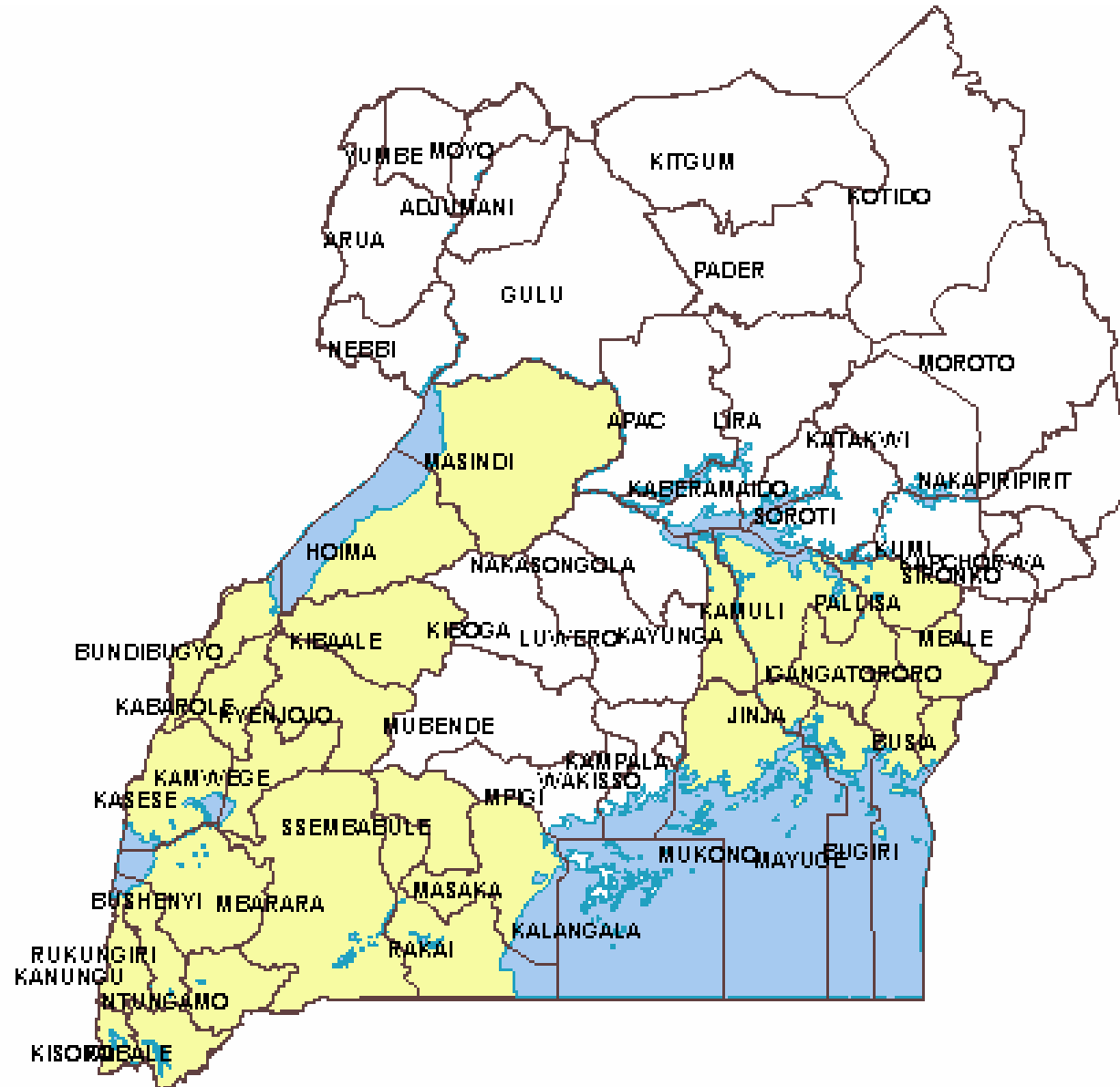
**Launching of CB TB care activities
And
Regular Support Supervision at all levels**

**Expansion to other districts – 100% April 2005
Continued Advocacy to sustain community interest and participation**

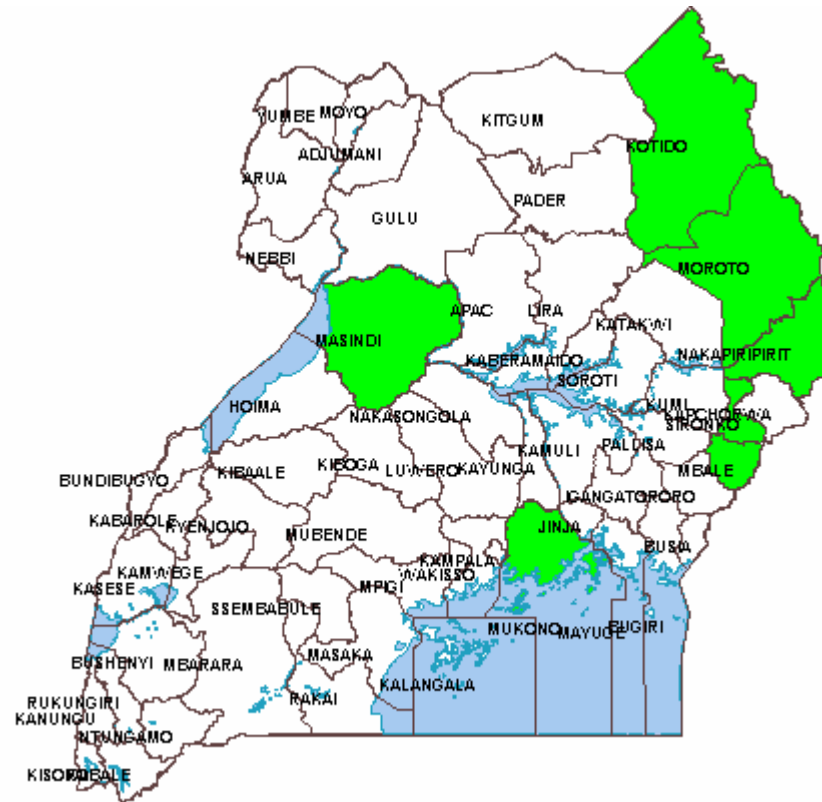
Major lessons for community involvement

- The **Principles of Partnership** are key.
- Formal Health system is limited in capacity for rapid scale up – **Partnerships** are key to achievement of 100% DOTS coverage:
 - **AIM/USAID** – 16 districts.
 - **GLRA** – 12 Districts.
 - **International Medical Corps** – 7 Districts.
 - **Malaria Consortium** – 4 districts.
 - **CIDA and Uganda STOP TB partnership.**
 - **CDFU/MSH/USAID** – Communication strategy.
 - **National TB/HIV Coordination Committee and WGs.**
 - **WHO/Italian Cooperation/STOP TB.**
 - **Partnership/IUATLD** – Technical Support.
 - **Deliver-JSI-USAID** –new LMI system/IPH.

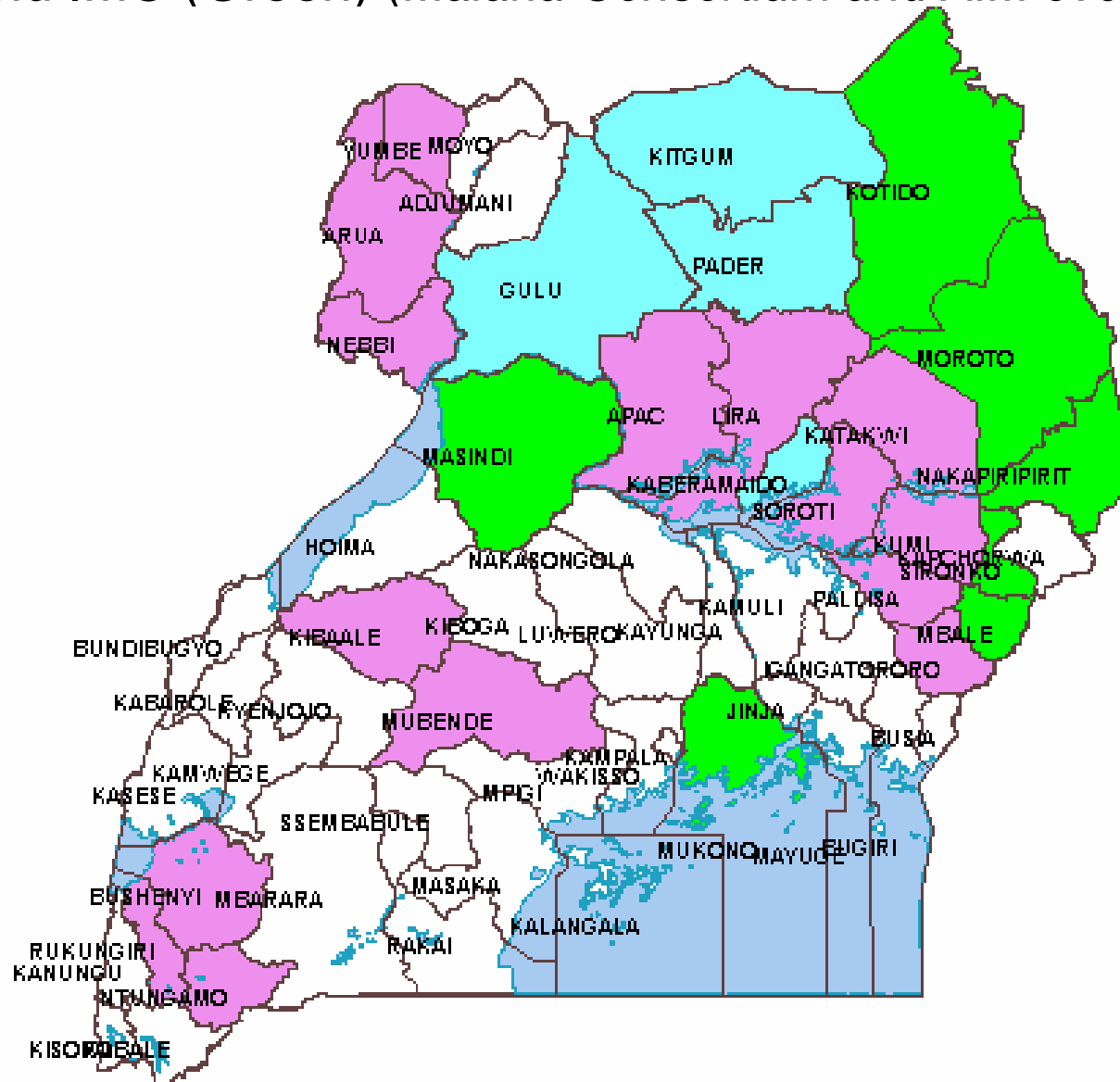
GLRA SUPPORTED Districts



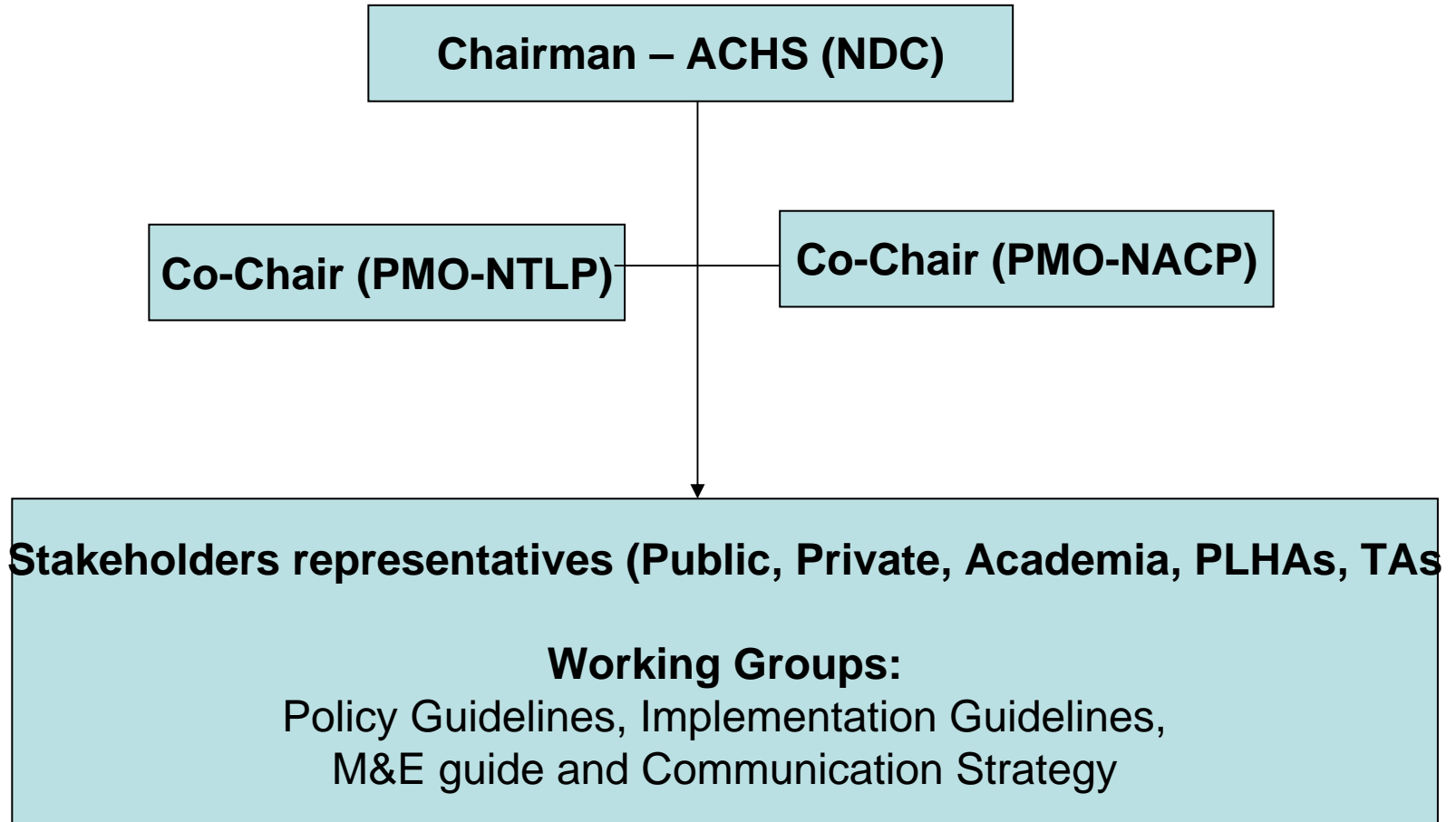
IMC Supported Districts



Districts supported by AIM (Purple), Malaria Consortium (Blue) and IMC (Green) (*Malaria Consortium and AIM overlap in Pader*)



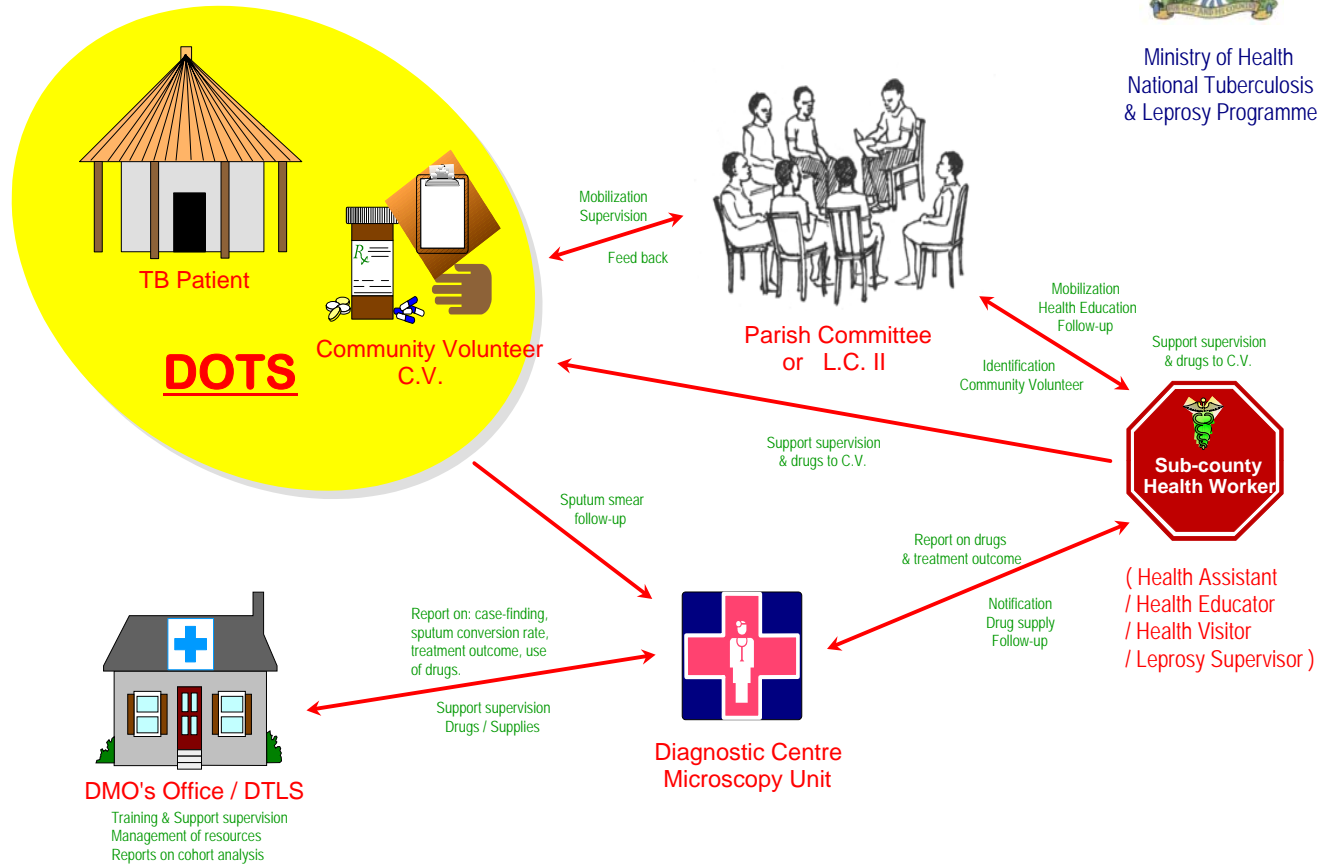
National TB/HIV Coordination Committee



Implementation of D.O.T.S. Referral System at district level



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Major lessons continued

- Major **gap of Advocacy and Communication strategy** was identified. This area needs wider participation of various stakeholders – Global Funds were of immense assistance.
- The need for **Continued Medical Education & Tools** to address issues of:
 - New health workers,
 - high turnover of staff,
 - rotation staff within health facilities.
- **Training manuals, Plans and Job Aides for clinical and field use).**

Key challenges

- Funds for advocacy and IEC are disproportionately high and usually out of reach.
- Expertise in advocacy and preparation of effective tools is outside the Health system.
- Maintaining coordination of all stakeholders and Partners especially in TB/HIV collaborative activities.

Acknowledgements

- IUALTD and WHO for continued Technical Support.
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- Uganda STOP TB partnership.
- MSH-CDFU, CUAMM, AVSI, UPMB, UCMB, Global Fund.
- Other Country Programme Managers.

THANK YOU ALL

FOR

LISTENING TO