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Community participation in TB control activities increases access to diagnostic and treatment services: Lessons from East Central Uganda

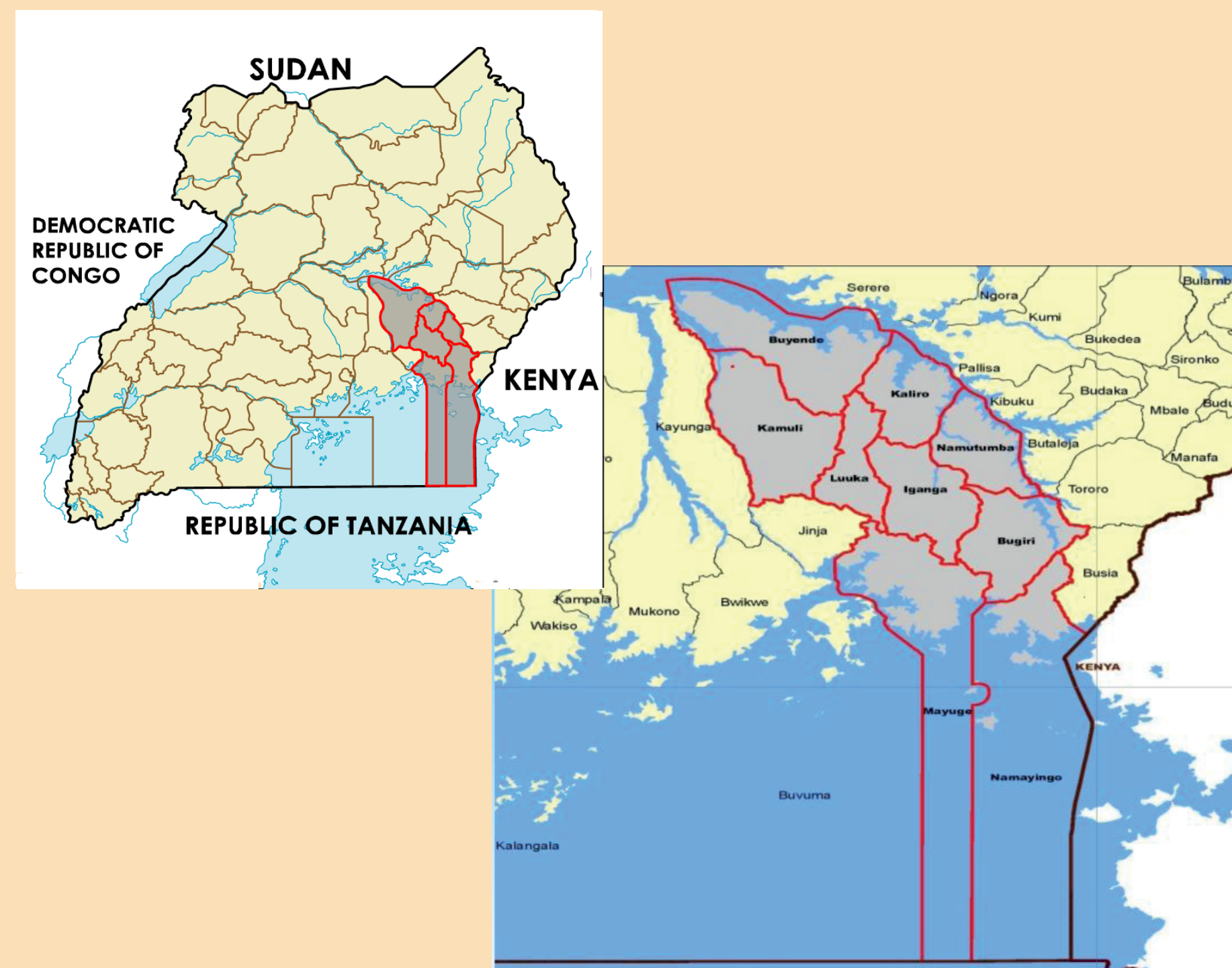
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Background

Whereas the National TB treatment success rate (TSR) target is set 85% and the default rate at 5%, in October 2009, the nine districts of East Central Uganda had poor treatment outcome indicators. TSR was only 67%, and the default rate and cure rate were a dismal 20% and 30% respectively. This was mainly attributed to inadequate community participation in TB control activities.

Figure 1:
STAR-EC's Geographical
area of coverage



Methods

JSI with funding from USAID is implementing the STAR-EC program that supports the National TB and Leprosy program (NTLP) to strengthen TB control activities in nine districts of East Central Uganda. STAR-EC supported the training of volunteers as sub-county health workers (SCHWs) to deliver drugs to treatment supporters in the communities. In addition SCHWs were oriented on sputum slide preparation and infection control to perform slide preparation in their respective communities for index case contacts and client sputum follow up for patients on treatment. SCHWs additionally oriented and collaborated with rural private clinics, drug shop attendants, traditional healers and civil society organizations on patients' adherence and defaulter tracing. During the district quarterly review meetings, the SCHWs were engaged in register triangulation. Defaulters and treatment interrupters were identified, followed up in their respective communities and brought back on treatment

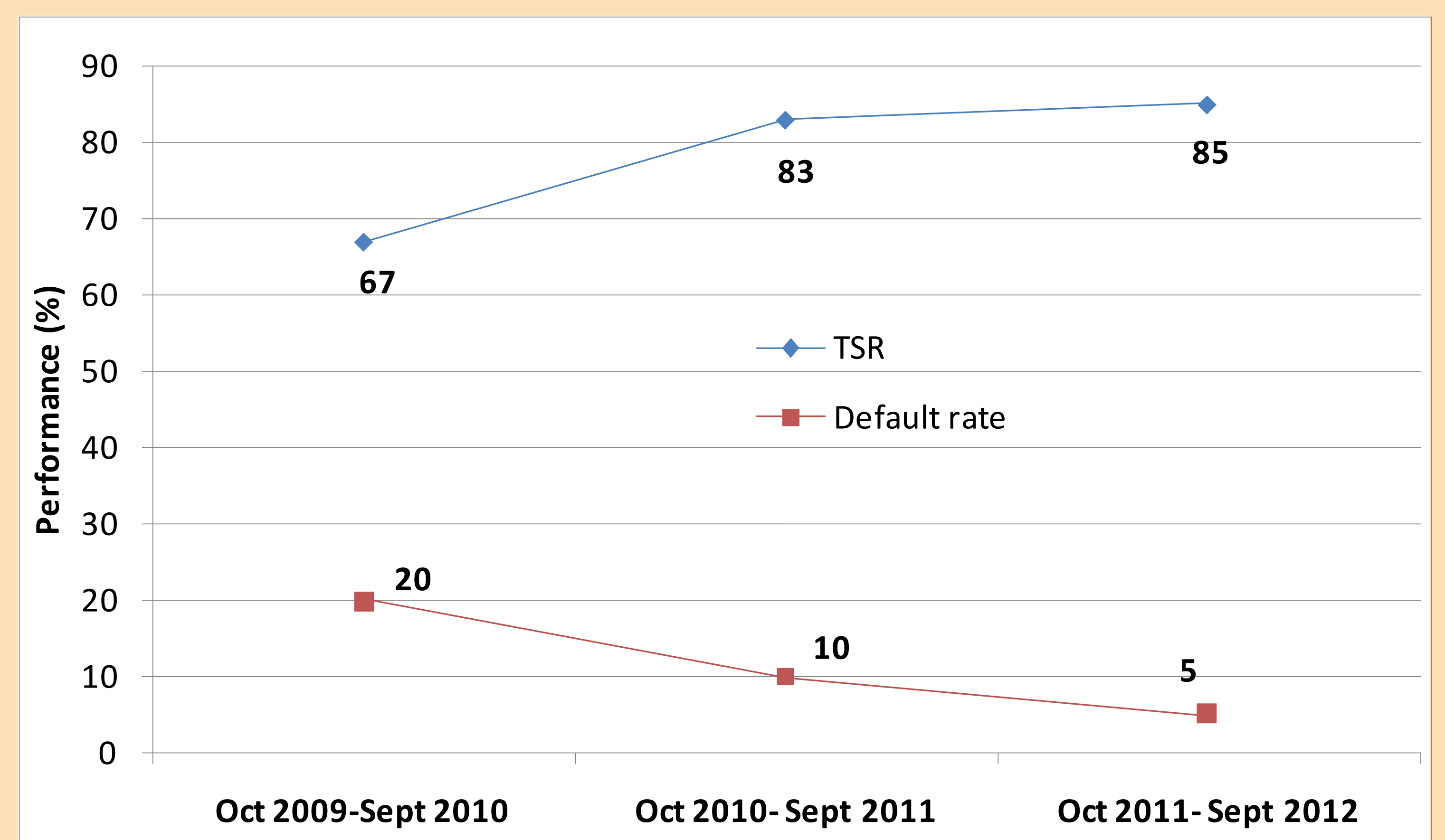
**Register triangulation
during a review meeting
in Kamuli district**



Results

Over a period of three years, there has been progressive improvement in the treatment outcome indicators. TSR has improved from 67% to 85%, default rate has dropped from 20% to 5% and cure rate has risen from 30% to 61%

Figure 2: Progress on selected TB treatment indicators



Conclusion

- Active involvement of the community in TB control activities improves key treatment outcome indicators
- Routine register triangulation by key implementers leads to early detection of treatment interrupters and prevention of defaulters

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