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JOHNS HOPKINS Health and Education in South Africa

TB – Community Dialogue Report

Nelson Mandela Bay District – Eastern Cape

15 to 16 March 2011

Introduction

The Eastern Cape Department of Health, Nelson Mandela Bay district department of Health in partnership with the URC conducted a community dialogue to engage with the community (traditional healers, religious leaders, URC facility managers) round key issues facing the community in the management of TB. The dialogue was conducted over a day and a half, and followed a five step process which would result in a district action plan which will be taken forward by the district. The steps are outlines below:

1. **Setting the scene** (overview of TB in Sedibeng and basic TB facts)
2. **Issue Identification** – groups were asked to identify three to four key issues per theme which they felt need to be dealt with as a matter of priority
3. **Setting objectives –** objectives were set for selected issues i.e. those issues which could be dealt with by the department and participants
4. **Actions/ Activities -** groups then came up with activities
5. **Defining roles of different stakeholder groups** - each of the groups also stated what their role would be in assisting to achieve the objectives

Workshop objectives

- Build support for Intensified Case Finding
- Establish TB/ HIV working group
- Strengthen DOTS coverage
- Produce district action plan
- Align community role players goals with the district goals in the management of TB and HIV

Participant Expectations

- Want to know more about infection control practices in general and in particular, in terms of resuscitating people with TB
- How can the department support community organisations who provide DOTS to patients in the community
- Know more about TB itself – from infection, treatment and X DR and MDR TB
- How to deal with people who are in denial – how to convince people to test and adhere to treatment

Key Issues – Nelson Mandela Bay District

The following key issues were highlighted by the district as key challenges in the management of TB

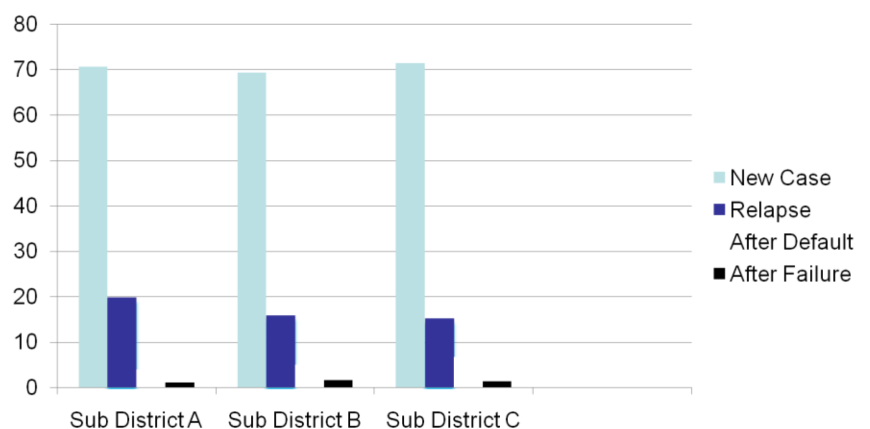
1. High defaulter rate especially amongst the treatment
2. Shortage of MDR-TB beds in the province – leading to long waiting list and waiting time for admission
3. Poor outcomes for Drug resistant TB less than 30%
4. Drug stock outs
5. Poor contact management
6. Lack of coordinated monitoring and support of NGOs
7. Poor infection control in health facilities
8. High death rate amongst co-infected patients

Key Evidence from the district

In general the case finding across all three districts is relatively high, averaging 70% (target is 70%)

The relapse rate after defaulting rages from 15% to 20%

Figure 1 Case Finding

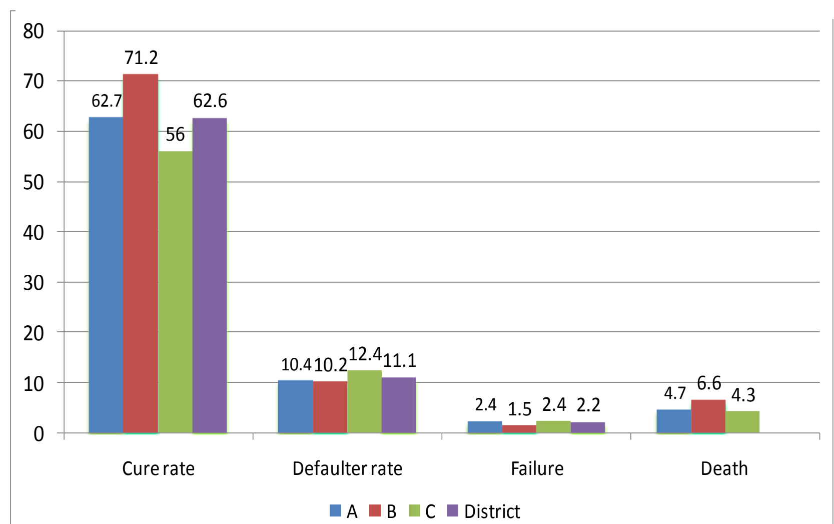


The Cure rate for the district is 63.6% , sub district Chas the lowest cure rate at 56% (target cure rate is 85 %)

Defaulter rate for the district is 11.1%, sub district B has the highest defaulter rate at 12.4%

Sub district B has the highest death rate at 4.3%

Figure 2 Treatment outcomes



From the presentation and evidence provided by the district, three groups identified the key barriers as it relates to the following priority issues:

1. Practising infection control in the community
2. Treatment adherence
3. Barriers to Case Finding and contact tracing

The table below captures the discussions and the groups responses in terms of the barriers relating to the three priority issues, the objectives for a section of the barriers identified, the activities that need to be conducted and the role-players responsible for implementing the recommended activities.

Nelson Mandela Bay District – Action Plan

Issue 1: Barriers to practising infection control

Barriers/ Reasons	Objectives	Activity	Responsibility
1. Lack of Knowledge about TB	• To increase the knowledge about TB so they can practise infection control by 2014	• Conduct home visits to teach people how to practice infection control and other key TB facts and refer contact to the clinic for testing and/ or screening - will focus on "Joe Slovo"	Religious leaders, traditional healers
2. Denial, although signs and symptoms are there/ Careless behaviour although the knowledge is given/ Taking for granted the available information about TB	• To change people's attitude toward TB prevention and adherence by 2014	• Conduct workshops and cottage meetings per ward (to include people who have TB or have been cured of TB to address communities) - focus on Joe Slovo	Religious leaders, traditional healers

Issue 2: Barriers to completing treatment (high defaulter and death rates)

Barriers/ Reasons	Objectives	Activity	Responsibility
1. Smoking and drinking	• To reduce the number of cigarettes from 10 to 1 by 2015 • To reduce the number of glasses of alcohol per week from 7 to 1 by 2015 • To increase the awareness of the dangers of drinking and smoking by 2015	• Counselling of TB patients at the clinics when they come for check-ups • Church leaders to speak about the dangers of cigarette smoking and alcohol use • Do shebeen visits – speak to shebeen owners to refer clients who have not eaten to soup clinics and ensure that their clients eat before they have alcohol	• URC facility management • Church ministers • URC facility managers
2. Stigma	• To reduce the TB/ HIV related stigma amongst community by 2015	• Conduct imbiso's where people who have had TB address the community	Religious leaders, traditional healers
3. When symptoms are gone/ lack of understanding of importance to complete treatment	• To decrease the defaulter rate by 5% by 2015 • To reduce the number of patients who develop MDR and XDR by 5% by 2015 • To increase the number of TB clients who finish their TB treatment by 5% by 2015	• Council patients on the importance of completing treatment • Family support ?	URC facility managers
4. Attitude by nurses			

Issue 3 . Barriers to Case Finding and contact tracing

Barriers/ Reasons	Objectives	Activity	Responsibility
1. Cultural Beliefs / spirituality	• To increase the number of cases visiting clinics for contact tracing by 20% by 2013 • Change the mindset around treatment and management of TB and HIV by 2013	• Conduct awareness campaigns through imbizo's, door to door campaigns and distribution of pamphlets • Declare a TB day for NMBD (May Day) and then every 2 months have a TB focused day (including talk shows on local radio stations, mobile clinics to conduct screening and testing • Train traditional healers and religious leaders on TB in order for them to refer patients to the hospital • Conduct workshops for contacts in order to educate and mobilise to promote prevention and clinic visits	Religious leaders, traditional healers Department of Health
2. Attitudes of health workers/ long waiting periods	To change the attitudes of HCW in order to increase the number of cases by 2013 at a rate of 8%	• Establish clinic committees and have community involvement and participation by 1st week April • Counselling for nurses in order to be able to cope with workload	Religious leaders, traditional healers Department of Health
3. Discrimination 4. Disclosure and stigma 5. Human Rights (choice not be test or be treated)			

Roles and Responsibilities

The group was divided by sector in order to identify and commit to their roles in the management of TB. Groups consisted of the religious sector, the traditional healers, URC staff and the representatives from the District department of Health. The table below outlines the roles of each sector as well as resources they have available.

Sector	Roles	Resources to be contributed

Traditional Healers	• To unite as healers, so we have a common purpose pertaining to TB problems by
	  o Awareness campaigns
	  o Workshops
	  o Working with other stakeholders like NGO's, churches etc
	• Referral at appropriate times
	• Education of patients and the community
	• Treatment support
	• By using modern techniques in dealing with treatment and healing e.g. sterilising equipment, using hygienic practices
		Need assistance for venues, but can also fund raise

Religious sector	• Motivate and educate defaulters • Encourage healthy conditions in the home, cleanliness and opening windows • Partner with government to be involved in campaigns conducted by youth peer educators • Information sessions during church functions, bible study groups etc. • Provide meals to the community (soup kitchens) • Provide DOT supporters	• Human resources including (youth groups, Women's Manayno, Men's fellowship) • Building (venues) • Land for gardening
URC	• TB Co-ordinators are doing home based visits and treatment • Build interpersonal relations with patients in order to provide counselling • Provide information to patients about TB • To visit patients when do not report to the clinic on schedule • Contact tracing with newly diagnosed patients • Education for the families of TB sufferers (accompany CHCW's) • Also visit schools and workplaces of TB patients	
Department of Health	• Support community activities • Offer training • Integration of PHC program • Distribution of IEC materials • Strengthening of CHC • Advocate for organisations to respond to community needs • Visiting all facilities to check the representation of all sectors	• Flyers and pamphlets, posters • Social mobilisation • Services on wheels (mobile) to support campaigns •

Way Forward

- Religious leaders – to call a meeting of clergy and invite DoH to speak – will do this on an ongoing basis (religious leaders want to be capacitated to deal with public health issues)
- The religious and traditional healers committed to work together towards the common goal of serving the people for a healthier Metro, religious sector also committed to share resources (such as buildings) with the traditional sector
- Sectors also want a meaningful partnership with the DoH
- The District will take this plan forward with the involvement of the other sectors who participated in the dialogue.

Working Group

Representatives from each sector volunteered to form the TB working group. The names and contact numbers of the representatives are listed below

Working group members (2 per sector)

Sector	Representative
Traditional Healers	Thandiwe Dolly Mazamane – 0785266708) Nompendulo Sokunentsa – 073 8816647
Religious sector	Bishop Jika – (IDAMASA) – 0738365343 Christina Jika (IDAMASA) - 078 9757017
URC	Nomsa Jonas (0828240582) Tandeka Dayman
Department of Health	T Bantshi N Mafongosi