Integrating self-sustaining community structures into TB control in Malawi.

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Background

- Limited knowledge and access are barriers to diagnosis and treatment of TB for poor communities
- Chronic cough and other common health complaints are already self-treated at a community level through grocery stores
- Integrating storekeepers has been successful in malaria and TB treatment, but has not been explored for TB case finding
- Ownership of interventions is key to sustainable participation of the public, private and voluntary sectors

Aims

1. To explore the potential role of storekeepers and community groups in TB control in a poor urban community
2. To empower an urban community and the city health team to develop a sustainable community-based health education intervention
3. To develop a research protocol to study the impact of the intervention

Some customers will say who do you want to become by asking us to do (go to hospital) like that [Storekeeper, focus group]

This (advisory role) is a new concept. Customers see store-keepers as businessmen so the community need to be sensitised [Health worker, in-depth discussion]

After training everyone will know you have been trained and when you advise you will be free. You can't even have problems referring the customer to the hospital [Storekeeper in a focus group]

1. A role for storekeepers in TB control?

Methods

- key informant interviews, in depth discussions, focus group discussions, drama in public meetings

Participants

- chiefs, counsellors, market managers, storekeepers, groups of men and women, health workers at community, City Assembly and National level

Findings

- Storekeepers know about the symptoms of TB and want to refer their customers but think that they may be ignored without accreditation
- A broader health advisory role for TB and malaria may decrease the stigma of addressing TB/HIV
- Community sensitisation of the new health role of storekeepers is essential
- Community based monitoring may motivate storekeepers
- Community leaders already promote health and seek further knowledge and skills
- HIV/AIDS health education and home-based care groups exist and want to support the storekeepers and community leaders in a health role

If we [community] can we watch them [storekeepers] then we can report to the chiefs, market managers or health worker if we do not receive proper advice [Community women, focus group]

Volunteers should have the same messages as store-keepers and leaders so they are all speaking the same language [Volunteer trainer/coordinator, NAPHAM]

2. Development of a community-based intervention

- Community health committee developed draft proposal at a 2 day workshop
- Community health committee presented the proposal to City Assembly health management team
- Project Steering Group elected to develop the budget and finalise the proposal
- Coordinators of the community HIV/AIDS health education groups reviewed draft plan

Intervention Objectives

- Adults with a chronic cough present earlier to diagnostic health services.
- Children with fever receive early appropriate treatment for malaria
- Improve advisory skills of storekeepers and health promotion skills of community leaders

3. Development of a research protocol

- Malawi National TB Programme, National Malaria Control Programme and the EQUI-TB Knowledge Programme (Malawi & Liverpool) developed the research components
- Project Steering Group, community leaders and health committee reviewed draft proposal

Research will describe

- Changes in registration of chronic coughs from the study areas
- Changes in care seeking behaviour (delay to presentation to a health facility) for chronic cough
- Changes in appropriate home management of malaria
- Acceptability of the intervention
- Cost effectiveness

Research Methods

- Survey of laboratory and clinic registers
- Household survey (cluster sampling)
- Simulated client survey
- Qualitative assessments
- Stakeholder analysis
- Economic analysis

Current status of the project

- The Operational Research project has been funded by the Malawi National TB Programme & the Norwegian Heart and Lung Association (LHL)
- The project commenced in April 2003 with the EQUI-TB Knowledge Programme, Lilongwe, Malawi
- The steering group are actively managing the project & developing the intervention
- Partners reviewed research strategy for baseline to commence November 2003

Composition of Steering Group

- 4 community health committee members
- 2 community based health workers
- The City IEC Officer
- The City Public Health Officer
- The District Malaria Control Officer

Partners and roles in the intervention

Steering:	City Assembly & Community
Trainers:	Health surveillance assistants, public health officer & IEC Officer
Monitoring:	Community health committee and health surveillance assistants
Targets:	Storekeepers, community leaders & HIV/AIDS volunteer groups

Key messages

- Qualitative methods allowed the identification of local structures with an existing health role
- Self sustaining local structures are willing to participate in improving healthcare
- Empowering communities facilitates active partnership with public partners
- Public-private partnerships require a slow negotiation process and an agreed project objective – the private partners must also benefit
- External facilitators can assist in establishing a collaboration between communities and the public sector rather than a traditional vertical structure