

## Description

### Community referral & follow up of TB patients through the engagement of Lady Health Workers in TB Control Program Khyber Pakhtunkhwa

The Government of Pakistan created the post of LHW in 1994 to address growing inequalities between urban and rural areas in accessing health care. LHWs are recruited and trained to provide essential community-based primary health care services in urban slum and rural areas. However, despite TB being part of the LHWs' training and job description, operational research revealed that there was a general tendency to focus on poliomyelitis (polio), immunizations, family planning and mother and child health, and that TB was not being prioritized. Traditionally the contribution of LHWs to TB notification has historically been low. In order to address this important gap, development of guidelines on community referrals was undertaken.

TB Control Program KP has involved LHWs to improve TB case notification. Following are the strategies of LHWs involvement

#### Strategy 1: Engagement of LHW Program with Provincial TB Control Program

Engagement of LHW Program with Provincial TB Control Program at district level. Coordinated efforts between the two programs are necessary for TB control Program in Khyber Pakhtunkhwa. Existing role and responsibilities of LHWs will be considered to ensure better involvement of LHWs. Referral system will also be developed keeping in viewing organizational structure of both the programs. Following are some activities in this regard:

- Notification of provincial committee and their meetings
- Quarterly review of the project
- Dissemination of results on project completion

#### Strategy 2: Capacity building of LHWs

Capacity building of LHWs on identification, referral and follow up of TB presumptive cases. LHWs and members of village health committee will be trained in specific areas. Provincial TB control program will develop training module / desk guide. 1-day trainings will be conducted. These activities will be monitored monthly / quarterly. LHWs will be provided with directory of public and private healthcare units, where LHWs can easily refer presumptive TB cases to nearby facility.

#### Strategy 3: Identification & referral of presumptive TB cases

This is the core strategy of the project. LHWs will identify presumptive cases and refer them to nearby facilities, where doctor will diagnose TB cases. Besides LHWs will also play their role in follow up of patients and contact screening. This strategy will ultimately lead to increase in TB case notification. LHWs in their existing working responsibilities will identify TB presumptive through verbal screening during their routine household visits.

#### Strategy 4: Raising Awareness

This activity will indirectly contribute toward increase in TB case notification. This activity will be carried

out in parallel during routine household visits of LHWs. Besides awareness during routine household visits, other modalities of mass awareness will also be adopted. This strategy will increase acceptability (in general public) of all services of TB control program with special emphasis on relatively ignored areas such as preventive TB treatment.

#### **Processes Involved**

1. **Verbal screening:** Verbal screening by LHWs during household visits.
2. **Presumptive Identification:** Identification of persons with TB signs and symptoms.
3. **Referral of Presumptive:** Referral of presumptive cases to nearest public or private health facility for diagnosis or sputum transportation where required.
4. **Contact Screening:** Contact screening of all household members of registered persons with TB during household visits.
5. **Follow-up:** Follow-up of registered persons with TB to ensure treatment adherence.

#### **Expected Outcomes**

1. The project will help in bridging the gap between the LHW program and the Provincial TB Control Program and in strengthening the relationship between the two programs both at the provincial and district levels.
2. The project will help in mobilizing LHWs for TB prevention and care, during their regular interaction with communities.
3. The project will demonstrate that TB screening, follow up and treatment support can be streamlined in LHWs routine work without causing additional work burden on them, and can help in improving referrals and TB case notification.
4. The project will demonstrate that strengthening the capacity of LHWs, coupled with supportive supervision, can help increase the TB notification and ultimately improve health outcomes.
5. Verbal screening provide LHWs an opportunity to individually talk to each household member, which helped than in identifying people with signs or symptoms of TB who might otherwise be missed.
6. Engagement of LHWs can result in early diagnosis of TB cases.