



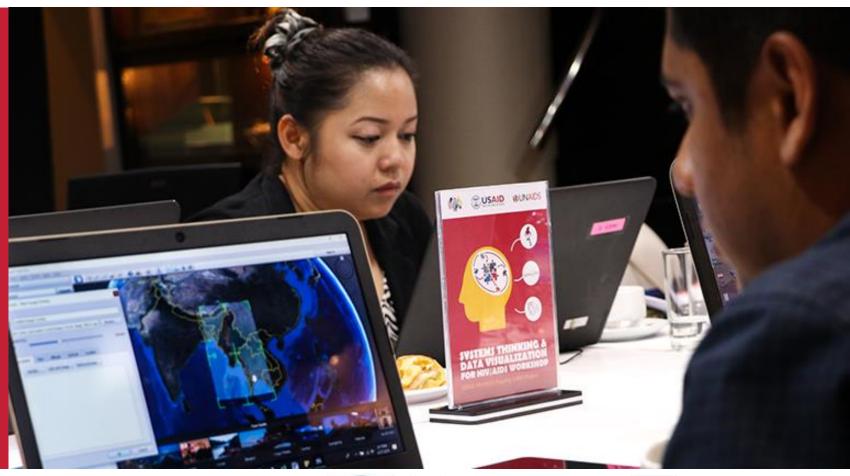


HIV/TB Agency, Information and Services Activity

Role of Community Volunteer in DR-TB Support

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The Union

15.12.2023































HIV/TB Agency, Information and Services Activity



PILLAR 1

Integrated, patientcentered TB care and prevention

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PILLAR 2

Bold policies and supportive systems



PILLAR 3

Intensified

research and

innovation

Government stewardship and accountability, with monitoring and evaluation

Building a strong coalition with civil society and communities

Protecting and promoting human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration

NATIONAL STRATEGIC PLAN 2021-2025

NATIONAL TB PROGRAMME

| Strategic direction three: Expand partnerships and community engagement, and improve communications | |
|---|--|
| Intervention area | Essential interventions |
| 3.2 Promote and strengthen community engagement | 3.2.1 Scaling up Community-based TB Care (CBTBC) |
| | 3.2.2 Regular update and review of CHWs guidelines for community-based TB Care |
| | 3.2.3 Promote TB awareness to address stigma and discrimination through community engagement |
| | 3.2.4 Strengthen coordination mechanisms for community-based • TB care |
| | 3.2.5 Establish and strengthen support groups |
| | 3.2.6 Enhancing the capacity of CHWs and CSOs |
| | 3.2.7 Strengthening monitoring and evaluation of community engagement |

The comprehensive standardized package of activities of community volunteers involved in Patient centered community based MDR-TB Care is as follows:

- Evening DOT provision for MDR-TB patients
 Help in delivering of patient support package through cash giving or ATM card and help nutritional support
 Home based Care Activities including asking and checking the patient about treatment adherence, regular follow up to MDR-TB treatment center, follow-up smear and culture examination, side effects,
- ☐ Contact Tracing and referral of family contact if they become symptomatic

infection control measures of patient's home,

- Health talk to patient and family members on TB, MDR-TB and Infection Control Measures
- ☐ Transportation of sputum specimens and blood specimens to MDR-TB treatment center if necessary
- Record on the list of DOT
- □ Provide patient support through cash for pre-enrolled confirmed MDR-TB patients

GUIDELINES FOR THE MANAGEMENT OF
DRUG RESISTANT TUBERCULOSIS (DR-TB)
IN MYANMAR

February 2017

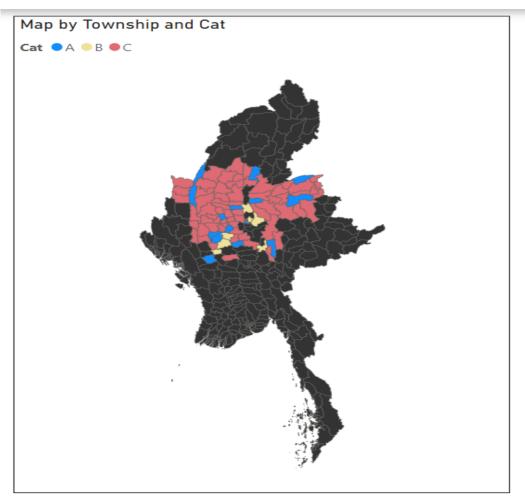
စေတနာ့ဝန်ထမ်း ဆေးတိုက်ကျွေးသူ၏ အခန်းကဏ္ဍ

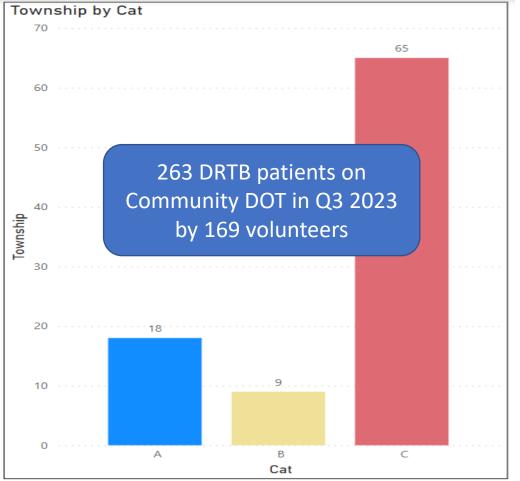
အမျိုးသားတိဘိရောဂါတိုက်ဖျက်ရေးစီမံကိန်း

ပြည်သူလူထုအခြေပြု ဆေးယဉ်ပါးတိဘိရောဂါ
ပြုစုစောင့်ရှောက်ခြင်း

- (၁) လူနာဆေးသောက်မှုမပျက်ကွက်အောင် စောင့်ကြပ်ကြည့်ရှုဆေးတိုက်ကျွေးခြင်း
- (၂) ဆေး၏ဘေးထွက်ဆိုးကျိုးများအား စစ်ဆေးခြင်းနှင့် လိုအပ်ပါက ကုသမှုပေးနေသည့်ဌာနသို့ လွှဲပို့ခြင်း
- (၃) ပြန်လည်ပြသရမည့် ရက်ချိန်းများ၊ သလိပ်၊ သွေးနှင့် ရင်ခေါင်းဓါတ်မှန်စစ်ဆေးမှုများကို အသိပေးခြင်း
- (၄) နှစ်သိမ့်ဆွေးနွေးပညာပေးခြင်း
- (၅) လူနာနှင့် အတူနေသူများအား တီဘီဖြစ်နိုင်ခြေရှိသည့် လက္ခဏာများစစ်ဆေးပေးခြင်းနှင့် လိုအပ်ပါက ဆက်လက်စစ်ဆေးရန်လွှဲပို့ခြင်း

The Union's Community Based DRTB Care Project Townships in 2021-2023





Activities of The Union's CBDRTBC Project



Treatment
adherence support
to DR-TB patients: in
person DOT & using
mobile DOT app



Supporting
Systematic contact
screening of DRTB's
contacts



Counselling and health education to patients and family members



Supporting patient for easy access to diagnosis, care and treatment and infection control



Volunteer
counsellors for
appropriate patient
counselling



Through trained Volunteers

DOT provision by community volunteer







Contact screening of DRTB contacts





Health Education to DRTB patient and family members











Supporting patient for easy access to diagnosis, care and treatment







Support infection control items and strengthen the practice





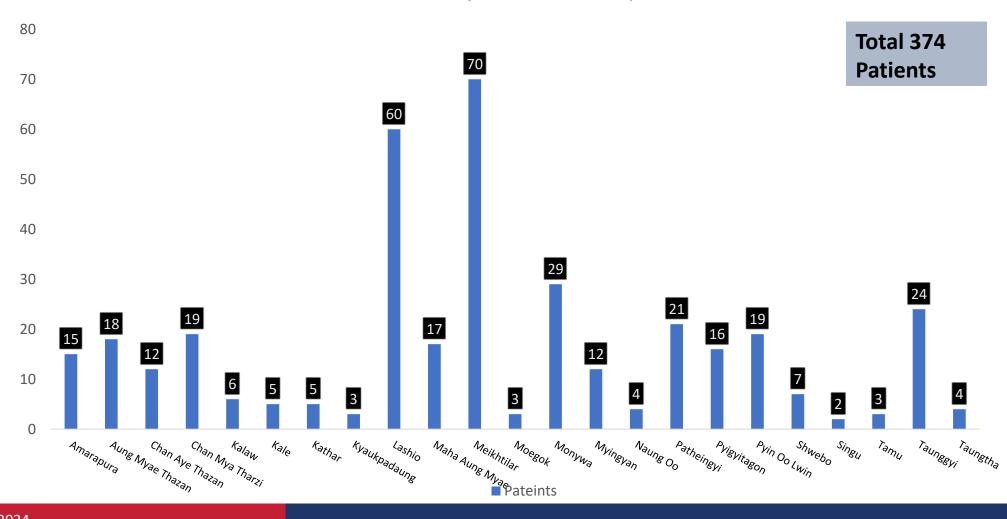
AIS Social Protection Support Packages by The Union

Covered Townships- Mandalay (Mandalay Downtown 7 Townships, Myingyan, Meikhtila, Taungtha, NyaungOo, Kyaukpadaung, Moegoke, Singu, Pyinoolwin), Sagaing (Monywa, Shwebo, Katha, Kalay, Tamu), Shan(Taunggyi, Kalaw, Lashio, Muse)

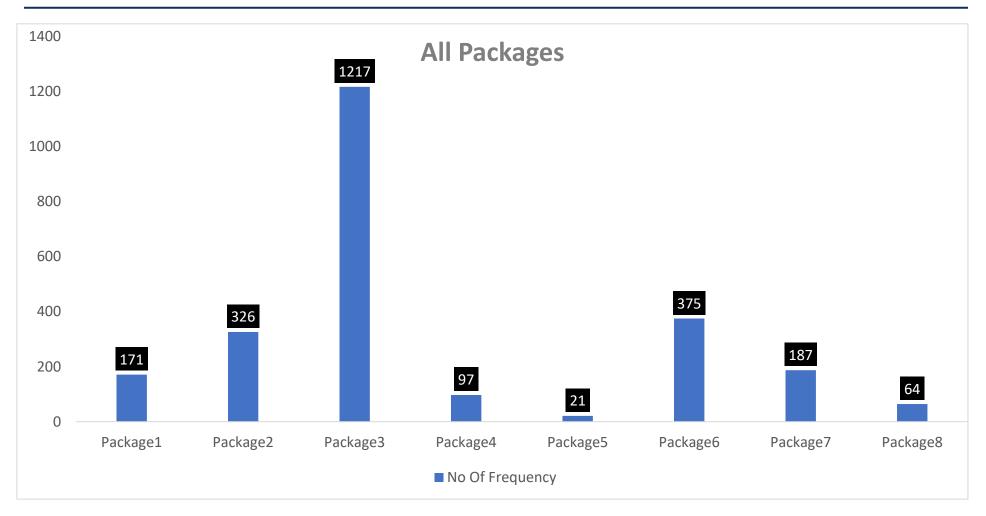
| 1 | TA & specialist consultation at private facilities which cannot be covered by public facilities |
|---|---|
| 2 | Investigations which cannot be covered by NTP |
| 3 | Medication support with fair price in the market (cannot be covered by NTP) |
| 4 | Hospitalization support |
| 5 | In kind award for "TB champion" |
| 6 | Housing support for Homeless |
| 7 | Education support for the children of DR TB patients |
| 8 | Injection fees for LTR within Intensive Phase (6 month) |

Number Of Total Patients SPS supported by Each Township from Oct,2022 to Sep,2023





No of frequency count for each SPS Packages (ALL Townships) From October,2022 To September,2023



Success story of DRTB patient with SPS support

☐ 38 yrs old patient from CATZ township with history of 3 times anti-TB treatment and underlying asthmagot diagnosed as MDRTB on 9.12.21. (GXP-RR) He started DRTB treatment with OLTR on 15.12.21 at Mandalay. He did not even improve with DRTB treatment and his sputum smear results being positive until month 4. ☐ Patient was admitted to Aung San TB Hospital for regimen modification on 15.6.22 and he went on with individualized treatment regimen (Bedaquiline extended for 15 months, Lfx was changed to Mfx) and follow up visits at ASTBH while taking treatment at Mandalay. The Union provided support on medications for treatment for his asthma (inhaler), hospitalization, housing and education for his children. (total 56 of packages) He got cured on 14.9.23. He was very thankful for the support and care by the volunteer and the treatment would not be successful without provision of support for his hospitalization and other packages.

3/4/2024 16

Involvement of the community could be vital to maintain the quality of care in situations where work load of basic health staffs in managing MDR-TB becomes overstretched due to an increase in number of patients.





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THANK YOU.