

Project Feedback (continued)

TB Control in the elderly and vulnerable and in factories in Cambodia

Since 2010 ARC has provided funding support to Dr Mom Ky and his team from the Anti Tuberculosis Association (CATA) in Cambodia. Their program to combat TB has two points of attack: TB control in the elderly and vulnerable groups in villages and TB control in factories. The overall objective of the work undertaken is the early detection and cure of TB patients. This has been shown to be the most effective approach for controlling TB in these communities.

Over the last 3 years significant achievements have continued. Following is a snapshot of the components of the program which have been undertaken on a monthly basis throughout 2012 and is indicative of the work undertaken over the last three years.

Activities and results of TB control in Elderly & Vulnerable in Villages

Meetings with Volunteer Health Support Groups (VHSG's) and trainings to VHSGs

The objective of field visits is to motivate and upskill the village volunteers to conduct door to door education, mass meetings and referral of TB suspects to the local Health Clinic. The CATA team assists in planning and conducting these activities. Training the volunteers is an important aspect of the work. Role playing is used to train the volunteers in how to use the available resources to pass on TB messages. TB patients are visited at home on a regular basis throughout their six month treatment period to ensure they take the TB medication and to remind them of how important it is to continue taking the medication until completion.

Planning meetings have been held to hand over the management and control of VHSG's in 4 communities to local authorities. During these meetings the VHSG's role and responsibilities are outlined and an activity plan for the next month is compiled as an example for future management. CATA will continue to support a key VHSG of each village to encourage their colleagues and to collect data for monthly report. CATA will collect data from them to encourage continued commitment.

TB awareness campaigns in Villages

Sixteen community TB campaign campaigns have been conducted, with 40 – 50 participants per each session attended. These were conducted by CATA project staff and co-facilitated by local Health Clinic (HC) staff and VHSG. The objective of these campaigns is to increase awareness that TB can be cured and to reduce stigma and discrimination among community people. Participants share their knowledge with their neighbours, encouraging those with TB like symptoms to go to the Health Clinic for diagnosis and treatment. Untreated, someone with active tuberculosis will infect an estimated 10 to 15 people per year.

Successes:

- The Chiefs of the communities are participating in the training/ planning meetings. This in turn encourages more people to volunteer and to be involved at the local level
- Each month new villages have been visited and added to the program. In 2012, 34 new villages have been visited
- Recruitment of volunteers who are key figures in their communities is assisting the ongoing success of the program.

Quarterly follow-up meeting with VHSG and HC staff

Twelve quarterly follow-up meeting have been conducted with VHSGs, HC and Operational District(OD). The meetings are an opportunity to share problems and solutions taken and to prepare the work plan for the next period. It also strengthens the VHSG's compliance with completion of their activities and reporting requirements. This assists CATA to collect data. The meetings also provide the implementation of better methods based on shared experiences.

VHSGs Outreach Activities

The VHSGs conduct outreach activities by contacting people on a one to one basis and in groups in their local community. Outreach activities are flexible according to the location, season or based on the work-plan compiled at the quarterly meetings.

Month	Door to door education	Mass Campaign	Total
January	58	125	183
February	297	212	509
March	235	163	398
April	416	962	1,378
May	230	556	786
June	116	886	1,006
July	672	154	826
August	539	88	627
September	680	265	945
October	765	153	918
November	842	311	1,115
December	782	232	1,014
Total	5,632	4,107	9,739

Table 1: VHSG's outreach activities



Pin Popeo, a volunteer health support worker

Activities and results of TB control in Factory Training to Peer educators in factory

Ten training sessions were conducted for 161 peer educators in 10 factories. Sixteen participants, who are line leaders and factory clinic staff attended each session. The objective of peer education in factories is to increase the understanding of what TB is, how it is transmitted, treated and prevented. The peer educator then passes on TB messages to co-workers; to identify those with suspected TB symptoms and encourage co-workers to see the staff at the factory clinic. This provides workers with an opportunity to seek treatment which would otherwise not be available to them and without the fear of losing their job.

Follow-up Meeting with Peer Educator

Three follow up meetings were held in 10 factories which have a peer educator trained last year and 4 follow up meetings were held in 7 factories which have newly trained educators. The main objective of the meetings is to review the activities of the peer educator in supporting the TB control program. The peer educators show a willingness to help their co-workers understand TB and are encouraged, despite time restraints to do as much as possible to reduce the spread of TB in these congested work environments.

TB health education/promotion in factories

The CATA team, assisted by factory health clinic staff, conducted 55 lunchtime TB education sessions with 20 participants each session at factories in and around Phnom Penh. In these sessions interesting games, such as role playing are used to convey TB messages. These sessions have proved very popular, often attracting up to 100 other workers to stop and look, standing room only. . . . These workers become participants at future sessions.

Peer Outreach Activity

Trained peer educators conducted outreach activities at their workplace on a one to one and group basis. Basically, each peer educator contacts 5 to 10 people per month. They refer any person who may have TB to the factory clinic. The clinic staff will either send them to the local health centre for a sputum test or will collect the sputum and take it to the health centre.

Month	One to one contact	Group	Total
January	58	125	183
February	297	212	509
March	235	163	398
April	416	962	1,378
May	230	556	786
June	116	886	1,002
July	672	232	904
August	539	160	699
September	680	337	1,017
October	765	246	1,011
November	757	383	1,140
December	902	236	1,138
Total	5,667	4,498	10,165

Table 2: number of people educated by peer educator by month

Successes:

- More factories are signing up to the TB education/promotion program. At the beginning of 2012 there were 17 factories this has increased to 26 factories
- Follow up visits showed that peer educators were more confident and proactive in conveying TB messages to their co-workers
- Good collaboration has been developed between factory health staff and the local health clinic, which is important because it creates a strong referral system for TB.