

The Involvement of TB Counselors Increased the Case Finding Figures of Child TB in Fanayama and Maniamolo Sub-districts in South Nias Regency

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BACKGROUND

The number of TB case detection rate in 2017 in South Nias Regency is 18%.1 This figure is still far from the national target of TB case detection rate which is 70%. In addition, the absence of data for child TB cases in 2 health centers (Fanayama and Maniamolo) is another worrying problem considering that only 9% of TB patients in South Nias are treated properly according to standards.2

On the other hand, the role of cadres as public health promoters has increasingly developed. Cadres are used to being involved in Posyandu to monitor nutritional status and provide counseling for feeding infants and children. Realizing this, Wahana Visi Indonesia as a local NGO working in South Nias, proposed a solution to find more suspected TB children by involving cadres.

CASE

Since 2015, Wahana Visi Indonesia (WVI) in collaboration with the South Nias Health Office has trained TB counselors in 14 villages in the work area of 2 health centers covering 2 sub-districts in South Nias. As many as 55 TB counselors have been trained and actively involved in conducting case discoveries in their respective villages. One of the material that should be mastered by TB counselors is to use a scoring system in determining suspected child TB cases and then refer the patients to the health center for further treatment.

DISCUSSIONS

The involvement of TB counselors in the discovery of suspected child TB cases in their respective areas is expected to contribute to increase the number of case detection rate of child TB at the health center.

The hope of making cadres as a force to boost the number of case findings turned out to be answered by their involvement as TB counselors..

This can be seen from the number of suspects found in Figure 2 and 3

Child TB Suspect Assessment Sheet

Assessment of Symptoms of Child TB (circle the answer)					
TB contact	Not clear	Not present	Present, Sputum smear (-) / unknown	Present, Sputum smear (+)	
Child's weight for the last 3 months by looking at the growth chart/ KMS (for ages 0-59 months)	Increased	Not increased	2 times in a row does not rise (2T)	Malnutrition (under red ribbon at growth chart)	Unknown
Child's weight for the last 3 months (for ages 6-14 years)	Increased	Not increased	2 times in a row does not rise (2T)	Unknown	
Fever	Not present	Present, ≥ 2 weeks that did not heal - even though it was treated			
Cough	Not present	Present, ≥ 2 weeks			
Enlarged lymph nodes	Not present	Present, in the neck / armpit/ groin			
Swelling of the bones	Not present	Present, hip/ knee joint			

- o If at least 2 symptoms (grey zone) are found, then go to the TB Treatment History table.
- o If no symptoms found at all, then give compliment and advice to always be clean and healthy.

TB Treatment History	Advice given by cadres
Never take TB medicine	- Inform parents/ caregivers that TB examination and treatment can be done at the health center - Suggests that parents/ caregivers have their children checked into a health center
Currently taking TB medicine	- Ensure that the child already has a PMO (medicine taking companion) - If the child does not have a PMO, the cadre can help find a PMO approved by the parent / caregiver and health worker - If the child already have a PMO, cadres can provide guidance and motivation to the PMO so that the PMO can carry out its role properly
He/ she once took TB medicine and was not declared finished/ completed by a health worker	Checking the child back to the health worker at the health center
He/ she once took TB medicine and was declared finished/ completed by a health worker	Checking the child back to the health worker at the health center

Fig 1. Child TB scoring system used by cadres to refer child TB suspects to the Puskesmas

From figure 1, it can be seen that if a suspected child TB has a score of 2 or more he/ she then will be immediately referred to the TB medical history and finally referred to the health center.

Villages	Number of Counsellor	Number of suspect found			
		2016	2017	2018	
Hiligito Orahili Fau	2	2	3	5	
Onohondro	4	2	5	8	
Hilinawalo Fau	3	3	3	9	
Ete Batu	7	3	5	9	
Hilifarokha lawa	3	2	6	9	
Orahili Fau	5	3	5	8	
Hilikaramaha	3	2	3	10	
Siliwulawa	4	3	5	2	
Siwalawa	7	2	3	8	
Eho Orahili Fau	2	3	5	9	
Bawogosal	5	2	3	8	
Lahusa Fau	4	1	5	4	
Bonia	4	2	3	8	
Hilizihono	2	0	6	8	
		55	30	60	105

Fig 2. Distribution of the number of counselors compared to the number of suspected TB children found in 2016 - 2018.

SUMMARY

There were no cases of child TB recorded at those 2 health centers before. Then, 3 cases reported in 2016. In 2017 there were 6 cases of child TB recorded in 2 health centers. This number increased to 12 in 2018. The cause of this increase is due to the involvement of TB counselors using a scoring system and applied referral mechanisms.

Graphic/Image

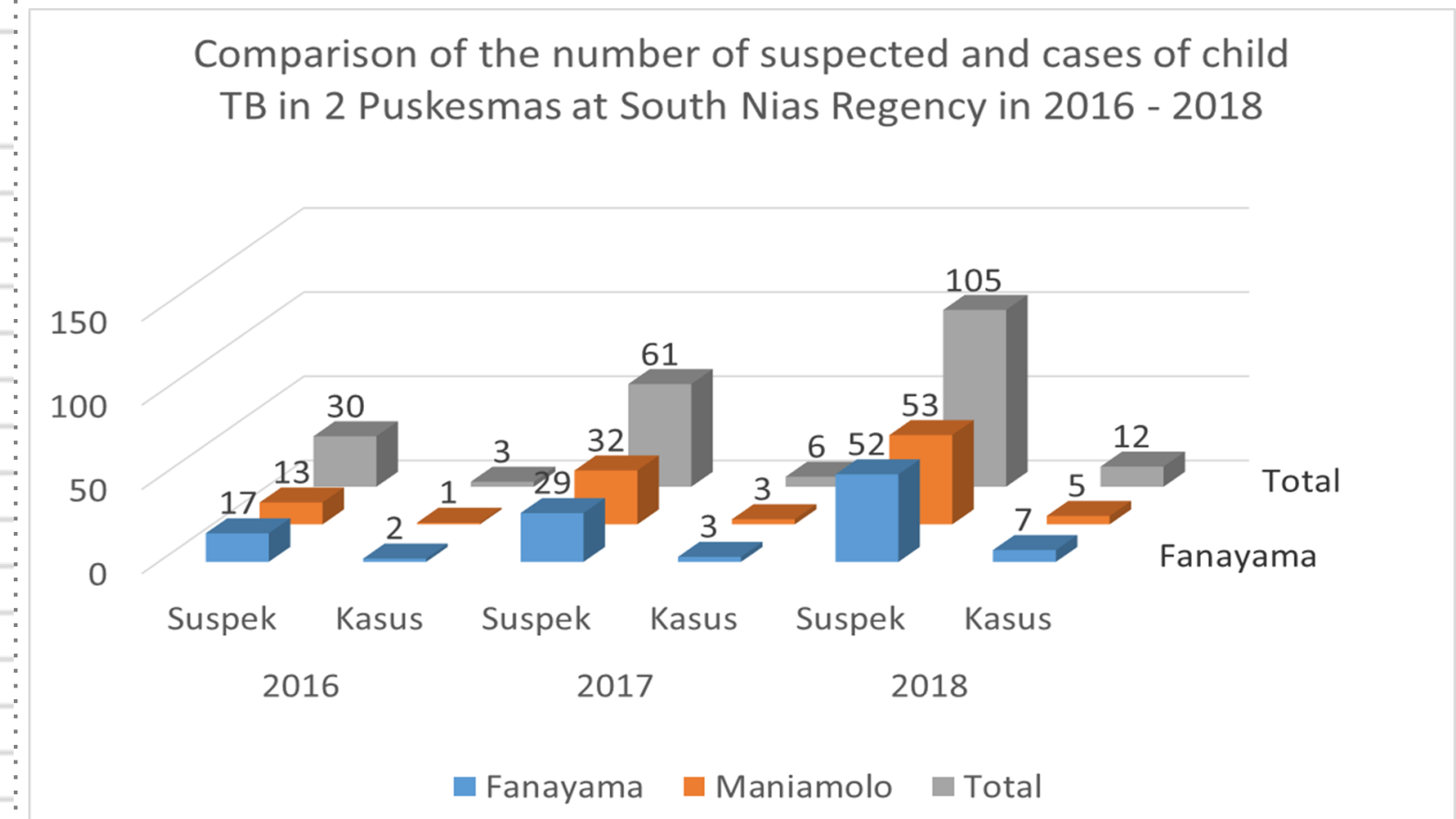


Fig 3. Comparison of the number of suspected and cases of child TB in 2 health centers at South Nias Regency in 2016 - 2018.

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