South Sudan

Arkangelo Ali Association

Stop TB Partnership
TB REACH

Door-to-door TB screening in Kwajok provides access to TB care for families

Tuberculosis control is limited in South Sudan, covering only 25% of the total population.. Arkangelo Ali Association (AAA) implements TB services in Warrap county, among 12 other counties where the target population consists of poor and highly mobile nomadic communities living in crowded and unsanitary conditions. The poor infrastructure and the nomadic lifestyle in Warrap limits the access to diagnosis and care. Distances to health facilities are between 50 and 100 kilometers, leading to delays in diagnosis and poor adherence to treatment. The door-to-door TB screening intervention supported by the wave 3 TB REACH initiative attempts to "reach the unreached" by ensuring services are closer to the community, thus promoting early diagnosis and prompt initiation of treatment. This approach is conducted by formal health staff who provide technical information and updates to the community leaders. Selected from within the community, TB mobilizers provide support to health providers by reaching deeper into the community where the nomadic population resides in order to pasture their cattle.

Yiethliet village is located 44 kilometers from Kuajok State Hospital which serves as the nearest TBMU. On a typical door-to-door TB screening mission the TB Officer and TB mobilizer visited the family of a 15 year old newly diagnosed as smear positive for TB. A symptom of poverty, TB is easily spread in crowded dwellings where families may live in close proximity to an if individual sick with TB. This particular home was typical, as it accommodated 14 people. The house had no windows, no pit latrine, no chair or table and no cup for demonstrating DOT to the family members. Through this visit, the TB Officer and TB mobilizer identified two contacts as having presumptive TB. Their sputum was safely transported to the TBMU and both were diagnosed as smear positive patients. Although both contacts were in poor health they had not sought treatment for TB, as the work of cattle grazing was their priority.

Although in the above cited case a daily 88 km round-trip to the TBMU without vehicles could very possibly affect adherence to and completion of treatment, this door-to-door screening intervention of TB contacts and the involvement of community TB mobilizers is likely to reduce the amount of TB in the village, thereby minimizing further TB infection in a community with an ongoing nomadic culture.