Example of integration of NCDs and TB: Ethiopia
Purpose of the presentation

To share Doctors with Africa CUAMM’s experiences of integration of TB with Cervical Cancer Screening and Treatment Projects in Ethiopia
What is integration of Services?

• What does integration of services mean?
• The diseases as driving force for the integration
  • TB with other diseases which exacerbate tuberculosis infection
• The health care needed for an individual/community as driving force for integration
  • The care needed for the target population
    • Who are the people we are dealing with?( Urban, Rural, Pastoralist, Socioeconomic conditions, living conditions, epidemiology)
    • What kinds of projects/programs can be integrated?
    • Which kinds of integration need additional resources and which can be done with the resource that we al
Integration of TB with Cervical Cancer projects

• Work in the existing government facilities
• Use already existing community structures
• We have two projects in two different areas
• One in pastoralist community (Jinka) and one in Agrarian community (Wolisso)

• We integrated TB with Cervical Cancer because:
  • TB is really a problem for the country specially in pastoralist community
  • There is less resource for TB

We used the ENGAGE TB approach to integrate TB with the Cervical Cancer Project
## Community based activities for TB integration

### Possible activities

<table>
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<tr>
<th>Theme</th>
<th>Possible activities</th>
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<tbody>
<tr>
<td>Prevention</td>
<td>Awareness-raising, information, education, communication (IEC), behaviour change communication (BCC), infection control, training providers</td>
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<tr>
<td>Detection</td>
<td>Screening, contact tracing, sputum collection, sputum transport, training providers</td>
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<tr>
<td>Referral</td>
<td>Linking with clinics, transport support and facilitation, accompaniment, referral forms, training providers</td>
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<tr>
<td>Treatment support</td>
<td>Home-based DOT support, adherence counselling, stigma reduction, pill counting, home-based care and support</td>
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<tr>
<td>Social and livelihood support</td>
<td>Cash transfers, insurance schemes, nutrition support and supplementation, voluntary savings and loans, inclusive markets, training providers, income generation</td>
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<td>Advocacy</td>
<td>Ensure availability of supplies, equipment and services, training providers, governance and policy issues, working with community leaders</td>
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<td>Stigma reduction</td>
<td>Community theatre/drama groups, testimonials, patient/peer support groups, community champions, sensitizing and training facility and CHWs and leaders</td>
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Prevention (Awareness-raising, information, education, communication (IEC), behavior change communication (BCC), infection control, training providers)

- Awareness raising, IEC, Trainings
…Prevention

• 69 (45 in Wolisso and 24 in Jinka) HEWs received orientation training on Cervical Cancer and TB

• 124 (100 in Wolisso and 24 in Jinka) community leaders received orientation training on cervical cancer and TB

• 6 Lab Tech received training on TB diagnosis quality assurance

• 396 session of community conversation on cervical cancer and TB

• IECs on Cervical Cancer and TB was also held on community gatherings and schools
Detection/Referral (Screening, contact tracing, sputum collection, sputum transport, training providers)

Until Feb, 2017
Wolisso
• 2663 screened for Cervical Cancer and TB
• 168(6.3%) VIA positive. No TB cases
• 1351 presumptive TB cases referred
• 45(3.3%) TB cases
Jinka
• 746 presumptive TB case identified and 144(19.3%) started treatment in pastoralist community
Treatment support

• 189 TB patients received support from the community leaders to adhere on treatment
M and E tools

• ..\Jul,2017\Wolisso\M and E tools\Registers\Cervical Cancer Registers\Screening Form June 22.pdf
• ..\Jul,2017\Wolisso\M and E tools\Registers\Cervical Cancer Registers\Cervical cancer Registration Book.xlsx
• ..\Jul,2017\Wolisso\M and E tools\Registers\Engage TB\Presumptive TB Register Community Volunteers.docx
Thank you!