Can CRD be integrated with TB

• Yes
• Tanzania has an existing Community health care provision structure at almost all levels
• Community volunteers and CHWs for different programs ie TB, HIV, MCH (6000 for TB)
• Have CSOs, (NGOS, CBOs) for different health programs
Practical approach

• Revise curriculum and tools (CHWs, HCWs) to add other characteristics of cough and age into our training curriculum and tools as triggers for referral and action

• Train health care workers and CHWs on revised curriculum and tools

• Awareness building and advocacy to CHWs, volunteers and community

• Revise the supervision tools and systems to incorporate CRDs monitoring

• Tasks- Screening, Patient referral and feedback on diagnosis, treatment support including some simple technical aspects ie correct use of inhalers advice on smoking cessation, indoor cooking etc

• Mobilize resources for trainings, tool revisions
Opportunities within the Health care system

- Community Health Worker cadre is now being formalized by the Government
- Existence of a formal training curriculum for CHWs
- Opportunity to expand the TB component in the CHWs curriculum to add CRD, including tobacco cessation and other env exposures component
- Existence TB diagnostic algorithm which can be modified to raise the suspicious index for other CRDs
- Piloting the system to a few districts
CHALLENGES

• Training curriculum is already too packed might face challenges to add more component

• Uptake of the CHWs in the public sector is too slow, nationwide coverage will take a long time

• Health care workers and health facilities not up to speed with knowledge and response to CRDs (CHWs may not feedback and reduce motivation or credibility)