Progress of Engage TB project in Ethiopia
AMREF
Better Health for Africa

Doctors With Africa
CUAMM

Save the Children®

Federal Ministry of Health

World Health Organization
The process followed the principles of

– Mutual understanding and respect

– Consideration for local contexts and values

– Standardized indicators for monitoring
Step By Step Engage TB Approach
CBTC activities integrated to existing project

- HIV/MNCH
- MCH/ water and sanitation
- Cancer screening/HIV
Community Based TB prevention and control integrated with MNCH/RH and WASH projects
Levels of integration

• Integrated TB intervention Awareness creation at community level

• Integrated TB intervention at Health facility level

26 November 2013
TB Situation before project intervention

Situation community level

- awareness & knowledge to prevent TB and support TB patients.
- Opportunities
- stigma and discrimination about TB and HIV
- No community initiated TB suspect referral mechanism in the presence of community based structure—mother coordinators
- No mechanism existed to identify the community contribution

At health facility

- Few number of HF
- Poor TB suspect screening at OPD
- Low Intera-facility referral for TB Dx
- Low Sputum follow up(conversion test) for TB patients
- Lack of TB care service integration and linkage at MNCH
- Limited TB/HIV collaborative activities

26 November 2013
Integrated TB intervention Awareness creation at community level:

- **37** HEWs and **98** Mothers coordinators
- **3** Awareness creation with the integration of MNCH/RH and WASH projects *group*
- **1** case finding campaign integrated with TB, HIV/STI, malaria conducted
- **3** Community led-advocacy and sensitization meeting with local and religious leader conducted
- **13** community TB conversation sessions conducted

26 November 2013
Integrated TB intervention at Health facility level

- 45 care providers (TB, ART, OPD, MCH) were trained on comprehensive TB/HIV service provision.
- Guideline & tools (& treatment recording & reporting format: screening, referral, kinds of TB job aid posters) distributed to 18 health facilities (13 HP, 4 HC, 1 Hospital)
- TB screening and referral among HC and Hospital dep’t

26 November 2013
Integrated Community based TB, HIV and cancer screening project

26.03.2013

DOCTORS WITH AFRICA
CUAMM
Situation analysis project area TB, HIV services

**TB**
- 1 hospital with TB clinic and lab
- 8 TB clinic functional with 1 TB focal person each
- 6 labs functioning for sputum test
  - 4 TB staff trained
  - 67 HEW

**challenges**
- Referral system from HP poor and different for each facility
- Feed back to HEW given orally or informally
- Poor school community conversation specific to TB. Poor contact screening

**HIV**
- 1 hospital with ART clinic 6 adherence supporters
- 4 ART peripheral clinic
  - 8 HIV focal person
- 8 case managers 3 adherence supporters
- Referral system to other facilities functional
  - 4 PLWHA
- 12 HIV/AIDS Support groups

**challenges**
- No follow up after telling the status
- poor partner testing

26.03.2013
Activities implemented TB, HIV...

**Step 1:**
- Awareness
- Community mobilization and sensitization
- Megaphones, health education at hospitals, schools, and communities
- Production and distribution of IEC materials

**Step 2:**
- Test
- Quality of service provided
- Strengthen the referral system
- Distribution of formats, mentoring

**Step 3:**
- Stigma
- Sensitization to support groups representatives, PLWHA, youth groups
- Awareness creation during mass mobilization

26.03.2013
Activities implemented: TB, HIV

Step 4: Treatment
- Good quality thorough synergies mentoring integrated with other stakeholders
- Trainings to health professionals
- Informal communication

Step 5: Adherence
- Distribution of bicycles
- Facilitation of special cases
- Awareness on benefits of adherence

Review meetings
- Support group representatives, HC, zonal who partners discuss to identify gaps and find solutions together

26.03.2013
Awareness creation for cancer screening- TB integrated

26.03.2013
Health education on TB and HIV in health facility
Synergies created

- Quality and timely TB diagnosis with GenXpert technology
- Increased case detection rate of EPTB through pathologic service started for routine breast screening
- Relationship with communities and local government identified congregate settings (prison and flower farm) who will benefit of quality TB/HIV services
- Improved pediatric diagnosis through referral linkage in the communities reached by PHC program
- Integrated community based TB, HIV, cancer screening program

26.03.2013
Integrating Community Based TB and TB/HIV services into Maternal, New born and Child Health Programs in Pastoralist Communities of Somali Region
Situational analysis

- Situation at the facility level
- Situation at the community level
Training of Health Extension Workers, Community Volunteers,

- Trainings on Behavior Change Communication (BCC) and Community Mobilization on TB:
  - 51 Community Health Committees
  - 14 HEWs
  - 52 peer educators who are mainly previous TB patients
  - 26 CVs
  - 15 Income-Generating Activity Group leaders
  - The training has also been given to 18 teachers in nine schools

- Health Extension Workers (HEWs) Training on TB and TB DOTs.

- Training to health workers from Facilities
14 Health Extension Workers are trained on Behavior Change Communication on TB. Photo by Rashid Ibrahim, Senior Project Officer
Community Wide Events Using Existing Safety Net Programs

Community-wide TB awareness creation activities have been organized by project staff during community gatherings and at Pastoralist Safety Nets Program food distributions sites. A total of 8,055 people have been reached in both woredas.
Primary school students meet with a community facilitator, HEW and a teacher in Suftu. *Photo by Rashid Ibrahim, Senior Project Officer*
Anti-TB Club members meet with a community volunteer and a health worker at Suftu Primary School
Using the school system

• After BCC training on TB organized by Save the Children to teachers and HEWs
  • organized meetings with their students in nine schools

• Ten Anti-TB clubs were formed in nine schools in Dollo Ado and Dollo Bay woredas (total of members is 600)

• TB messages in the morning assemblies at the nine schools (13,000 students are reached)
Through house to house visit by CVs

• Trained CVs visited 120 households to provide health education on
  – Immunization
  – For registration of newborns and pregnant women to link with HP for antenatal care, facility delivery
    » They are also look for suspected TB cases in the community refer them to Health Facilities (HFs) for diagnosis.
Through community conversation

• The community facilitators, with the support of the CVs and HEWs, have established 31 community conversation groups in Dollo Ado and Dollo Bay Woredas. A total of 2,240 community members (mothers, fathers, elders, and young people).
• Community conversation sessions are organized every month for each Communities Conversation group.
Consultative Meetings with Local Influential Leaders

• To ensure support and adopt or design appropriate communication and community mobilization interventions on TB, four consultative meetings were organized with (imams of mosques): 18 in Dollo Ado and 24 religious leaders six in Dollo Bay during the reporting period.

• Imams have started some TB Behavioral Change Communications (BCC) at mosques, which they are conveying at the conclusion of the services
Contribution of NGOs to case notification in the catchment area

**Contribution of NGOs in TB case Notification**

<table>
<thead>
<tr>
<th>NGOs</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>AMREF</td>
<td>36</td>
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<tr>
<td>Save the Children</td>
<td>46</td>
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<tr>
<td>CUAMM</td>
<td>13.4</td>
</tr>
</tbody>
</table>

11/26/2013
Contribution of NGOs to TB treatment in the catchment area

![Contribution of NGOs in supporting TB treatment bar chart]

- AMREF: 27.5%
- Save the Children: 45.6%
- CUAMM: 12.6%

11/26/2013
<table>
<thead>
<tr>
<th>S.No</th>
<th>Indicator</th>
<th>By the NGO support</th>
<th>Total in catchment area Woreda</th>
<th>Percentage of the contribution of the NGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of referred presumptive TB cases (TB suspects referred) from community</td>
<td>177</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Number of notified TB patients from community</td>
<td>87</td>
<td>242</td>
<td>36</td>
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<tr>
<td>3</td>
<td>Number of patients who receive(d) treatment support in the community*</td>
<td>87</td>
<td>316</td>
<td>27.5</td>
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Save the Children

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>By the NGO support</th>
<th>Total in catchment area woreda</th>
<th>Percentage of the contribution of the NGO</th>
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<tbody>
<tr>
<td>1</td>
<td>Number of referred presumptive TB cases (TB suspects referred) from community</td>
<td>172</td>
<td>204</td>
<td>84%</td>
</tr>
<tr>
<td>2</td>
<td>Number of notified TB patients from community</td>
<td>26</td>
<td>57</td>
<td>46%</td>
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<tr>
<td>3</td>
<td>Number of patients who receive(d) treatment support in the community</td>
<td>26</td>
<td>57</td>
<td>100</td>
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<tr>
<td>No</td>
<td>Indicator</td>
<td>By the NGO support</td>
<td>Total in catchment area woreda</td>
<td>Percentage of the contribution of the NGO</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Number of notified TB patients from community</td>
<td>46</td>
<td>343</td>
<td>13.4</td>
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<tr>
<td>3</td>
<td>Number of patients who receive(d) treatment support in the community</td>
<td>34</td>
<td>269</td>
<td>12.6</td>
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</table>
CUAMM

Cancer screening vs TB

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Number of suspect women screened for breast mass</td>
<td>1543</td>
</tr>
<tr>
<td>2</td>
<td>Number of breast mass identified</td>
<td>153</td>
</tr>
<tr>
<td>3</td>
<td>Number with Breast CA</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Number of TB Mastitis</td>
<td>11</td>
</tr>
</tbody>
</table>
At National Level
Sensitization workshop done with CRDA
Supervisions conducted

• External reviewers
• Infernal reviewers
  – WHO
  – RHB
  – Implementing partners
Monitoring tools standardized for all implementers

<table>
<thead>
<tr>
<th>1</th>
<th>Communication and Social mobilization</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Number of people reached with TB messages.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Number of community conversations/dialogue sessions conducted on TB</td>
<td></td>
<td></td>
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<tr>
<td>1.3</td>
<td>Number of consultative meeting sessions conducted with local, opinion, religious leaders.</td>
<td></td>
<td></td>
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<tr>
<td>1.4</td>
<td>Number of CHVs and /CHWs and /Health development army, trained on social mobilization specific to TB.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Number of students, teachers attended orientation on TB &amp; number of TB orientation sessions conducted at school</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>2</th>
<th>TB suspect Referral</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Number of total TB suspects seen in the health facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Number of TB suspects referred to the health facility by the NGO</td>
<td></td>
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<table>
<thead>
<tr>
<th>3</th>
<th>TB Case detection</th>
<th>Number</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Number of TB cases identified from the catchment areas</td>
<td></td>
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</tr>
<tr>
<td>3.2</td>
<td>Number of TB cases identified from the catchment areas through support of the project</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Contact tracing for TB and ensuring adherence</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Number of index TB cases whose contacts are traced/screened for TB.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Number of TB treatment interrupters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Number of TB treatment interrupters traced, &amp; linked for re-treatment</td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>5</th>
<th>HTC for TB patients</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Number of TB patients tested &amp; counseled on HIV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>Number of HIV positive TB patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Number of HIV co-infected TB cases linked for care</td>
<td></td>
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</tr>
</tbody>
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<thead>
<tr>
<th>6</th>
<th>Health system strengthening</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Number of health facilities newly engaged in TB diagnostic services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Number of health facilities [ HP, HC] newly engaged in treatment (DOT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Number of supportive supervision made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td>No of review meetings made</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>7</th>
<th>TB Treatment success</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Number of new TB patients (all forms) successfully treated with the support of NGO/ CSO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Percentage of New TB patients (all forms) successfully treated with the support of NGO/ CSO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Review meeting workshop on progress of NGOs community based Tuberculosis care implementations, **11 February 2013, Desalegn Hotel, Addis Ababa**
National documents for guidance

- PPPH document
  - Pricy frame document to create partnership with profit making and non-profit making stakeholders

- National strategic plan for TBL and TB/HIV
  - Documentation and expansion of the pilot find has been included in the reviewed NSP

- Review and Update CBTC implementation GL
  - To include chapter on engage TB approach
Next steps

- Strengthen CCRDA in engaging More NGOs and CSO
- Finalize PPPH policy document
- Follow up the scale up of pilot finding as per the NSP
- Include engage TB approach in CBTC implementation GL
- Documentation of Pilot project

11/26/2013
Thank you