USAID TB Program South Africa
2009-2014

Dr Mpho Ratshikana-Moloko
Chief of Party
Who we are: USAID TB Program South Africa

- The Tuberculosis Program South Africa (2009–2014), managed through URC, LLC, works closely with the South African National Department of Health and other stakeholders to support the government’s health sector reform through the expansion of quality and accessible TB and TB/HIV services.

- **Provincial and district Level:** Work jointly in the development, implementation, and evaluation of needs-based strategies to combat TB, TB/HIV, and drug-resistant TB and to promote best infection control practices.

- **Community level:** Helps communities to create appropriate advocacy, social mobilization, and health systems strengthening and innovate service delivery models for the rapid expansion of Directly Observed Treatment Short course (DOTS) for the control of TB.
**USAID TB Program - Intermediate Results**

**IR 1**
Increased Quality of TB Services
- Illustrative activities:
  - Policy advocacy;
  - Review & updating clinical guidelines TB, MDR, TB/HIV;
  - Laboratory system review;
  - Strengthen all components of DOTS.

**IR 2**
Increased Availability of TB Services
- Illustrative activities:
  - Training of trainers; Training lab, facility, community workers; TB/HIV integration; PPM for case detection; NGO/CBOs in high TB areas.

**IR 3**
Increased Demand of TB Services
- Illustrative activities:
  - Train managers & Implement support systems in districts; Laboratory, Drug & Logistics management

**IR 4**
Improved Management of TB Support Systems
- Illustrative activities:
  - Capacity Building for NGOs/CBOs;
  - Linkages between NGOs & Public sector;
  - Use of cellphone technology.

**IR 5**
Tested new Approaches for Expanding DOTS Coverage

**Sub-IR 3.1**
Small Grants Program
- Illustrative activities:
  - Disburse Small Grants to NGOs/CBOs/FBOs;
  - Build Capacity of NGOs/CBOs/FBOs

**Sub-IR 3.2**
ACSM
- Illustrative activities:
  - Information, Education & Communication;
  - Behavior Change Communication.
Diagnostics
Key activities & achievements on TB Diagnosis

Increased knowledge & efficient use of TB tests by HCWs
- Development of training materials & trained HCWs (doctors, nurses and data capturers) on all TB diagnostic tests endorsed by SA NDOH, including LPA and GeneXpert
- Developed HCW IEC material on GeneXpert
- Trained TOT on Diagnostics

Support to national rollout of new technologies: GeneXpert
- Contributed towards the purchase of GXP instruments in several provinces
- Participated in refinement & dissemination of new diagnostic algorithms
- Systematic monitoring of GXP implementation
TB/HIV
Development of guidelines:
TB/HIV integration manual
IPT guidelines

**Tools:**
TB screening tool
IPT follow up register

**Capacity building:**
Training of district, provincial managers, HCWs, & CHCWs on TB/HIV.

**Capacitating HCWs on the use of data**
TB/HIV collaborative approach training

**Improving quality of TB/HIV data**
SoP developed to support facilities, sub-districts, districts & provinces to report quality TB/HIV data
Infection control

Training and information
- HCWs in 26 districts
- CHCWs of all funded NGOs (52)
- Develop IC IEC material

Risk assessments
- Conduct Risk Assessments in PHC facilities
- Follow up implementation of IC guidelines
MDR-TB
MDR TB activities

Support to National/provincial and district

• Contribution on policy and guidelines development on decentralization of DR TB service
• Facilitated the dissemination to provinces and districts with ad hoc meetings with senior management
• Multidisciplinary workshops to support implementation of c-PMDT (38/52)
• Training on clinical MDR TB, including ToT (20 trainers in 6 provinces)
• Scaling up best practice c-PMDT model
PPM
Public Private Mix (PPM) Linkage with funded NGOs and private sector

PPM DOTS Strategy

IR3: Increased demand of TB services

Sub IR3.1: Grants to NGOs

Advocacy; IEC; capacity building workshops

IR5: Tested new approaches for expanding DOTS coverage

Capacity building for NGOs/CBOs; linkages between NGOs & public sector; use of cellphone technology; etc.
Working with Private Sector in TB Control

- PPM funded NGOs for **ACSM**, TB case finding and DOT support in the workplace

- Mines and Mining
- Sending Communities
- Traditional Health Practitioners
- Communities
- Families
- Patient
- Correctional Services Health
- Private Companies
Working with Private Sector and Mines in TB Control (cont’d)

- Assessment of TB management in selected mines
- Integrating TB in existing resources (i.e. HIV, Wellness Workplace programmes, and Occupational Safety and Health programme)
- Training of private practitioners /Mine and private sector HCW

Strengthening Public-public partnership

- Advocacy for TB in the business sector
- Engaged Traditional Health Practitioners (THPs) in TB control
- Capacity building for the National Department of Transport, Department of Labour, and Department of Correctional Services (DCS)
Increase Demand for TB services

- USAID TB Program’s ACSM strategy draws on evidence based health communication frameworks developed through a partnership with Johns Hopkins Health and Education South Africa (JHHESA).

- Core pillars of the strategy are supported by NGOs funded through the small grants unit to form a critical community network involved in TB care within the 26 districts we support.
Community Activities

- Social Mobilisation structure
  - NGOs and Partners
    - Work in Prisons
    - Work in Schools
    - Private sector
    - Research
    - ICF and DOT support
  - USAID TB Coordinators
    - Funded NGO
  - Facility Support
    - Campaigns: Kick TB
      - Developed training toolkit
      - Funded activations and promotional material
Community Activities supported by USAID TB Program Grantees

Wave 1 (2009-2010)
16 NGO`s funded in 9 provinces

Wave 2 (2010-2012)
17 NGO`s funded in 9 provinces

Wave 3 (2012-2013)
18 NGO`s funded in 8 provinces

Wave 4 (2013-2014)
53 NGO`s Funded in 9 provinces
Outcomes of the ACSM Strategy

- Enhanced awareness of TB prevention, diagnostic and treatment services
- Increased early detection and management of TB and MDR TB, especially among PLHIV
- Increased treatment adherence/Improved Case holding, reducing the incidence of failed treatments and emergence of MDR/XDR TB
- Sustained high levels of case detection by encouraging the concept of “community fighting TB”
- Reduction of stigma/discrimination and improved treatment adherence through building and showcasing individual success.
Engaging *communities* in TB Care and Support

2009 launched a national brand on TB - ‘We Beat TB’

Key Interventions:

- Use of **Mass Media** – PSAs on TB/HIV
- **Social mobilisation** with funded NGOs for TB/HIV awareness, TB Screening and DOT support
- Host **community dialogues**
- Provision of appropriate **IEC material** on TB at community and facility level
- Participate and support national and district health events (World AIDS Day, World TB Day)
Mass Media
Mass Media

- 30 - 45 sec PSAs…
- Addressing specific focus in TB management
- Broadcast on national media (Television and Radio)
- Integrate community media (radio specific) for greater reach
- Develop talk-show scripts on TB to aid quality assurance for radio hosts
- Workshops for journalists or presenters on TB/HIV
On the backdrop of Media Campaign

Taxi strips and Taxi TV and Use of branded trucks

PSAs broadcast to date:
1) Infection Control (2009/2010)
2) Treatment Adherence (2010/11)
3) TB/HIV (2011)
4) Cough Etiquette (2012)
5) TB in Children (2013/2014)
6) TB symptoms (2014)

District activities
- 216 branded taxis
- PSA broadcast on 675 Mobile TV

4.3 million commuters reached
Support to Kick TB Campaign

www.kicktb.org

Fund activations
Provide technical support
Provide material
ACSM

Community Response to TB Care and Support

COMMUNITY ACTIVITIES
- Community Dialogues
- Campaigns: Kick TB

MASS COMMUNICATION
- Infection Control
- TB/HIV
- Cough Etiquette
- TB in Children
Children can also get TB!

If a child has been near someone who has or might have TB, the child needs to be tested for TB!

Don't Forget to Cover Your Cough!

Visit your nearest clinic and test for TB, it's free!
Childhood TB

**Background**

- Baseline Assessment of current practices in the management of TB in children at the different levels of service delivery viz, hospitals, CHC and clinics with a view to address:
  - Lack of demand for the service
  - Poor TB child contact tracing and evaluation systems
  - Limited clinical management skills of health care workers
  - Diagnostic difficulties
  - Provision of IPT for under five

*Raise community awareness of childhood TB*
Interventions to increase demand:

- Target awareness campaigns: schools, communities and clinics
- Use of mass media to communicate messages: National TV and radio
- Distribution of focus IEC materials
- Community activations around facilities
Childhood TB Interventions: Improving clinical management and skills

- Train HCW
- Train CHCW
- Funded NGOs:
  - School activities: school health linkages, training (Life Orientation), awareness campaigns (drama, comic books, ICF)
  - Trained on ACSM
  - Linked NGOs to health facilities to follow up child TB contacts and identify child cases
Tools and Resources

**IEC material**
- Develop and print IEC material
- To support community and clinics
- Distribute at national, provincial and district health level
- Support special printing requests from partners
  (Private sector, Correctional Services, Mines, Traditional Health Practitioners, NGOs)

NTP TB Tools:
- Printing of TB Tools
  - Case finding and Identification register:
    - TB Registers
    - Treatment Cards
    - Patient Cards
    - Transfer Cards

**DRS TOOLS**
- Registers, Identity, and Patient cards
- MDR guidelines

**USAID TB Program Tools and support**
- TB Diary
- IPT Follow up Register
- TB Screening Tools
- Training health care workers
- Support provincial community dialogues, outreach events
- Strategic Workshops and meetings of provincial health
Website: http://tbsouthafrica.org

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THANK YOU