Current TB Grants from USAID's Child Survival Health Grants Program

Title of Project:

Ndwedwe Integrated TB/HIV/AIDS Project

Prime Implementing Agency:

Medical Care Development International

Project start date: October 2004 **Project end date:** September 2009

Project description:
The Ndwedwe Integrated Tuberculosis, HIV and AIDS Project (NITHAP) is a project designed to reduce tuberculosis (TB) transmission, morbidity and mortality, as well as to decrease the disease burden from TB-HIV co-infection in Ndwedwe, a sub-district of the Ilembe District in KwaZulu Natal Province, South Africa. This is accomplished through a three-pronged strategy:

(1) Strengthen existing government health services
(2) Build community-based and community-owned support structures
(3) Facilitate linkages between all community-based stakeholders to work in partnership.

Successes:
NITHAP has trained approximately 200 individuals to support community based TB treatment programs and has recruited and trained dedicated Patient-Facility Liaisons, who have in turn trained and helped supervise over 1000 family and community members as DOT supporters. The project has trained multiple healthcare providers from every health facility in the sub-district in TB and TB/HIV treatment protocols and has adapted and enhanced the District Rapid Appraisal Tool II (DRAT II) to assess both the quality of TB services at each health facility and to comply with provincial and national TB indicators while also allowing for individualized feedback to each facility's staff on their performance. Recent data collected using DRAT II has revealed significant improvement in TB indicators, which is partly a reflection of our project's success. Since March of 2007, the TB cure rate has increased by 30%, the treatment completion rate has increased by over 20%, and the treatment success rate has increased by 20%. Furthermore, thanks largely to the work of the community based DOTS supporters and Facility-Patient Liaisons over the last 8 months, the DOT coverage rate has increased from 78% to over 90%.

Constraints:
Although NITHAP has achieved many of its goals, the project's overall success has been hindered by several unforeseen circumstances. Exceedingly high attrition rates of health facility staff —at some facilities, TB nurses are replaced 2 to 3 times every year— have necessitated frequent repeat trainings and ongoing mentoring support.

Widespread implementation of the DRAT II has revealed chronic insufficiencies in existing reporting systems as well as inconsistent data reporting, both of which are largely the result of high staff turnover rates and the lack of training among newly placed TB staff. Furthermore, in the summer of 2007, all public employees, including health facility staff, participated in a month long strike, which delayed several critical facility assessments by two to three months. In addition to delaying project work, the strike also interrupted delivery of TB services and patient care and resulted in additional staff turnover lasting several months as TB nurses did not receive salary increases as an outcome of the strike. This contributed to the increased potential for treatment defaulting and the spread of both Multidrug Resistant TB (MDR-TB) and Extensively Drug Resistant TB (XDR-TB). Finally, although our program activities are remarkably successful at monitoring patients within the sub-district, we also discovered that many Ndwedwe residents who initially seek care within the sub-district later opt to receive treatments at the Osindisweni Hospital, which despite being located in the bordering eThekwini district is actually geographically closer to many patients than the Ndwedwe facilities.

Lessons Learned about community-based TB, or reaching marginalized people, or involving civil society:

- It is essential to partner with local government health services and focus on strengthening those. Improving government health services is the best way to prevent MDR and XDR TB.
- Positioning DOTS support squarely in the community with family members, teachers, and other community members serving as DOTS supporters is critical to boosting cure rates. This is especially true in rural regions where many patients do not have access to government facilities.
- It is critical that the community's voice is represented in policy discussions. One way to accomplish this is by conducting formative research at the community level.

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Community DOTS Supporters

Traditional Healer TB Training