

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

Title of Project: Tuberculosis Control in Southern Malawi

Prime Implementing Agency: Project HOPE

Project Partners: Ministry of Health and TBCAP

Project start date: October 1, 2006

Project end date: September 29, 2011

Project description:

Project HOPE begun implementing Tuberculosis (TB) control activities in October 2006 in the Mulanje and Phalombe districts. These two districts are in the South Eastern Health Zone of the country. The main goal of the project is to reduce morbidity and mortality due to TB and TB/HIV co-infection in Mulanje and Phalombe with population of 548,250 and 256,960 respectively. Specific program objectives are to (1) improve proven cure rates and total treatment success rates of TB and TB/HIV co-infection in Mulanje and Phalombe, and (2) Increase case detection of TB and TB/HIV in Mulanje and Phalombe. The 2007 WHO TB Report (treatment data 2004, case detection 2005) shows that nationally Malawi reported 25,491 cases of all forms of TB, with 1,025 of those cases in Mulanje and Phalombe. This is likely due in part to lower case detection rates than other districts as well as problems in documentation and accessibility of health facilities. Only 1 facility in Phalombe and 3 in Mulanje were providing routine TB diagnosis at the start of this project, and 74% of Health Workers indicated a need for training in TB according to a 2006 baseline survey.

Successes:

- (1) A total of 40 Health Workers and 61 Health Surveillance Assistants have been trained in TB.
- (2) 8 microscopists received refresher training on microscopy.
- (3) 4 new microscopy sites in peripheral health facilities are now open and providing free TB service.
- (4) Old microscopes that were not in good working condition have been replaced with new CH31 Olympus microscopes at Mulanje Mission Hospital, Lugeru Estate Clinic and the Holy Family Mission Hospital to improve time and accuracy of TB diagnosis.
- (5) TB staff in 28 health facilities have received training/orientation on TB.
- (6) 15 community sputum collection points have been established where TB suspects can provide sputum samples for transportation to microscopy sites.
- (7) 156 volunteers and 20 drama group members have been trained in conducting community health education on TB.
- (8) 200 community local leaders have been given orientation on TB.
- (9) 138 drug sellers (Pharmacists) and 150 traditional healers received training about TB. All these groups are taking part in community education.
- (10) Training manuals and curricula have been adapted and developed for Health Workers, Microscopists and Community Groups involved in TB control and education.

Constraints:

- (1) At times delays in funding for the national partners (MOH) by the national treasury affected the timely implementation of ongoing TB activities.
- (2) Some peripheral health facilities targeted for microscopy activities need additional expensive renovations by the Ministry of Health, contributing to delays in expansion of additional microscopy labs.
- (3) Recent changes in National TB Program policy to universal access for TB diagnostics are impacting project activities, and adjustments are being made in activities to provide support for the national program and to make certain our activities are complementary to TB control needs.
- (4) Multiple activities targeting the same service providers have caused delays in implementation of some planned activities.
- (5) Access to ARVs is still limited and scale up program is slow and controlled.
- (6) Processes for transportation of sputum from community sputum collection points to microscopy sites are being developed and verified.
- (7) Frequent changes in the National TB management guidelines.
- (8) MDR cases have been reported in Mulanje and Phalombe and impact implementation of TB control and require adaptation to meet the needs of treatment for MDR patients.

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

- (1) Community sputum collection points are a good means of reaching the needs of the most underserved populations in remote rural areas.
- (2) Community health workers need a lot of support, including training and supervision.

Project Contacts:

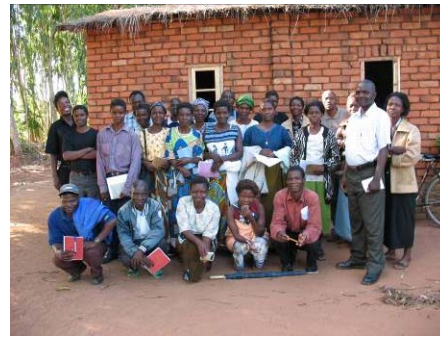
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Group work during a Health Worker TB training in June 08



Community volunteers smiling after attending an orientation on TB, Mulanje June, 08



Eagerly waiting for Community Health Education, TA Chiwalo, Phalombe, July 08



Project HOPE Africa Region Director, Dr. Jalipa, opening remarks at a HSA TB training session at Migowi in Phalombe, July 08

08



Local Leaders taking their turn to be orientated on TB, Mulanje, Sept. 08



Passing on the TB message through songs - a local drama group at TA Chiwalo, Phalombe.



A Traditional Healers' TB orientation session in progress in Mulanje, May 08.



Shop Owners being given orientation on TB in Phalombe, August 08



**Working on MDR-TB issues,
Mulanje, May 2008**