

Tuberculosis

The Integrated Health Project Plus (IHPplus) was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. This USAID-funded project was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office's five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high impact family planning, maternal, newborn, and child health (FP/MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision-making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase from the 78 health zones supported by IHP).

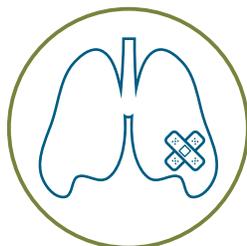
Integrated Health Project Plus
in the Democratic Republic of Congo



USAID
FROM THE AMERICAN PEOPLE



This fact sheet describes the work of the Integrated Health Project Plus in the Democratic Republic of Congo, which was made possible by the generous support of the United States Agency for International Development (USAID), the United States President's Malaria Initiative (PMI), and the United States President's Emergency Program for AIDS Relief, under Subagreement Number OAA-A-11-00024-01-MSH under USAID Cooperative Agreement Number AID-OAA-A-11-00024. The contents are the responsibility of the Integrated Health Project Plus and do not necessarily reflect the views of USAID or the United States Government.



STRATEGY

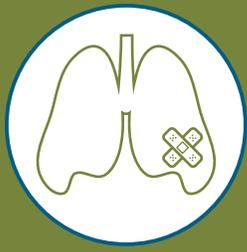
In the DRC, adherence to tuberculosis (TB) treatment remains weak, leading to resistance to the first line of TB treatment. Raising awareness among communities to increase use of services and engaging health care staff to adhere to national guidelines is crucial. Once families are aware of the signs and symptoms of TB and are able to seek treatment in a timely manner in facilities where staff are adhering to national guidelines, the reduction in TB morbidity will be significant.

RESULTS

93% Treatment success rate of new smear positive TB cases

3,441 TB case notification rate in new sputum smear positive pulmonary tuberculosis (TB)

152 Number of multi-drug resistant (MDR) TB cases detected



Tuberculosis

Challenge: TB is the leading cause of infectious disease, disability, and death in the Democratic Republic of Congo. Nearly half of all cases of TB go undetected and therefore untreated, resulting in a low treatment success rate for the disease and resistance to the first line of TB treatment.

DRC-IHPplus response: IHPplus assisted the Ministry of Health (MOH) to implement the National Tuberculosis Strategic Plan for 2014-2017. Success depended largely on community engagement in informing and educating families on TB and the importance of seeking care in health facilities, as well as on the engagement of health care providers to apply and adhere to national guidelines on diagnosis and treatment of TB patients.

Solution: actively test people for TB in the community and help guide patients to seek treatment.

In every health area, dozens of trained community health volunteers who were previously TB patients, as well as

community health workers, organized ‘mini-campaigns’ where they diffused messaging over the radio and went house to house in order to disseminate information on TB and assist those who live with TB-infected patients or those showing signs of TB to seek care. Volunteers identified potential TB cases during these household visits. Health workers supported community volunteers by examining and testing all suspected cases of TB, and providing treatment to those who tested positive, in accordance with the national guidelines and standards. Patients undergoing treatment received ongoing support and assistance from the community volunteers to ensure correct adherence to treatment. ■

I would have died of ignorance: a TB survivor’s story

Married to a soldier and the mother of eight, Yvonne Mbula lives in the Baka health zone in the Haut Lomami Province of the Democratic Republic of Congo. She supplemented her husband’s pay by taking in laundry. But a couple of years ago, she started coughing regularly and felt worn out and tired. Soon, she had lost 25 pounds and could barely get out of bed. She started to worry about what would happen to her children if she died.

TB is endemic in Haut Lomami, with 154 TB cases diagnosed and reported per 100,000 members of the population. Stigma and traditional beliefs hinder identifying and treating those with the disease.

In January 2016, during a door-to-door outreach campaign on tuberculosis on the army base, a team from the community-based organization “Batwa Bemba”—which means roughly, “Women who sing as they work”—found Yvonne lying prostrate on a mat in front of her house. They told her she was probably suffering from TB and urged her to get tested.

The USAID-funded Integrated Health Project Plus (IHPplus) contracts with Batwa Bemba to perform community verification on health facilities that receive results-based financing, ensuring that the facilities are reporting accurate data. In turn, the group uses a portion of the IHPplus funding to educate their community on key family health practices. Batwa Bemba’s outreach helped to increase the percentage of TB cases detected in the Baka health zone from 46% during January–March 2016 to 58% during October–December 2016.

Yvonne was reluctant to be tested, at first. She told the group she had already tried modern medicine, and it hadn’t worked. Still, the group insisted she submit a sputum sample for testing at the army base’s health center, and she learned that she indeed had tuberculosis. (Her husband and children were also screened, and were found to be TB-free.)

Yvonne began treatment and six months later, she was declared cured of tuberculosis. “I have totally recovered my health; I was going to die because of ignorance. Thanks to Batwa Bemba, I can once more help provide for my family.”