

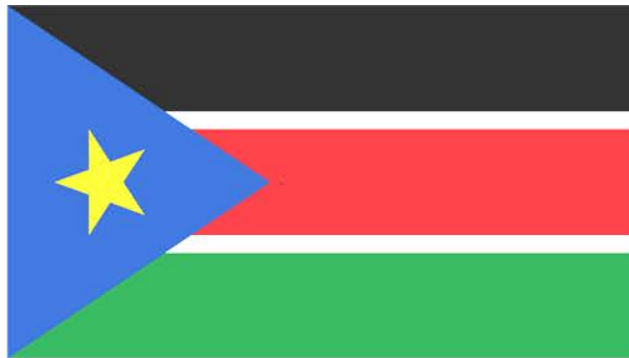


# USAID TB CARE I

FROM THE AMERICAN PEOPLE

## Saving Lives in Areas of Conflict or Disaster: Partnering for results

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# Presentation Outline

1. Background
2. Challenges to implementing TB services
3. Interventions applied
4. Results and lessons learned
5. Recommendations
6. Conclusion

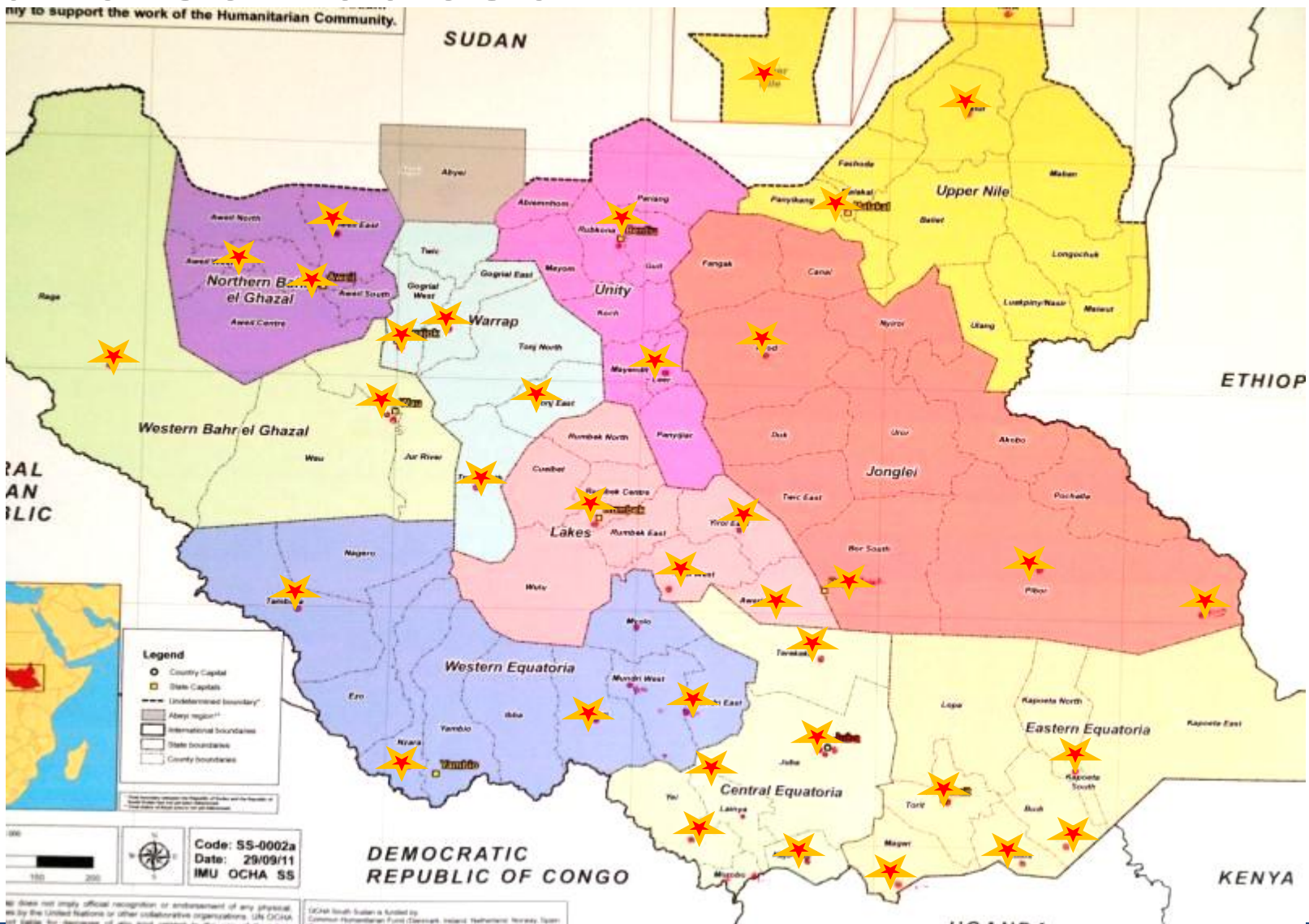
# South Sudan Health Situation

- Over 2 decade of civil war devastated health and TB services
- National TB Program (NTP) has staff at the national level and in each of the nation's 10 states
- No NTP staff in the nation's 79 counties

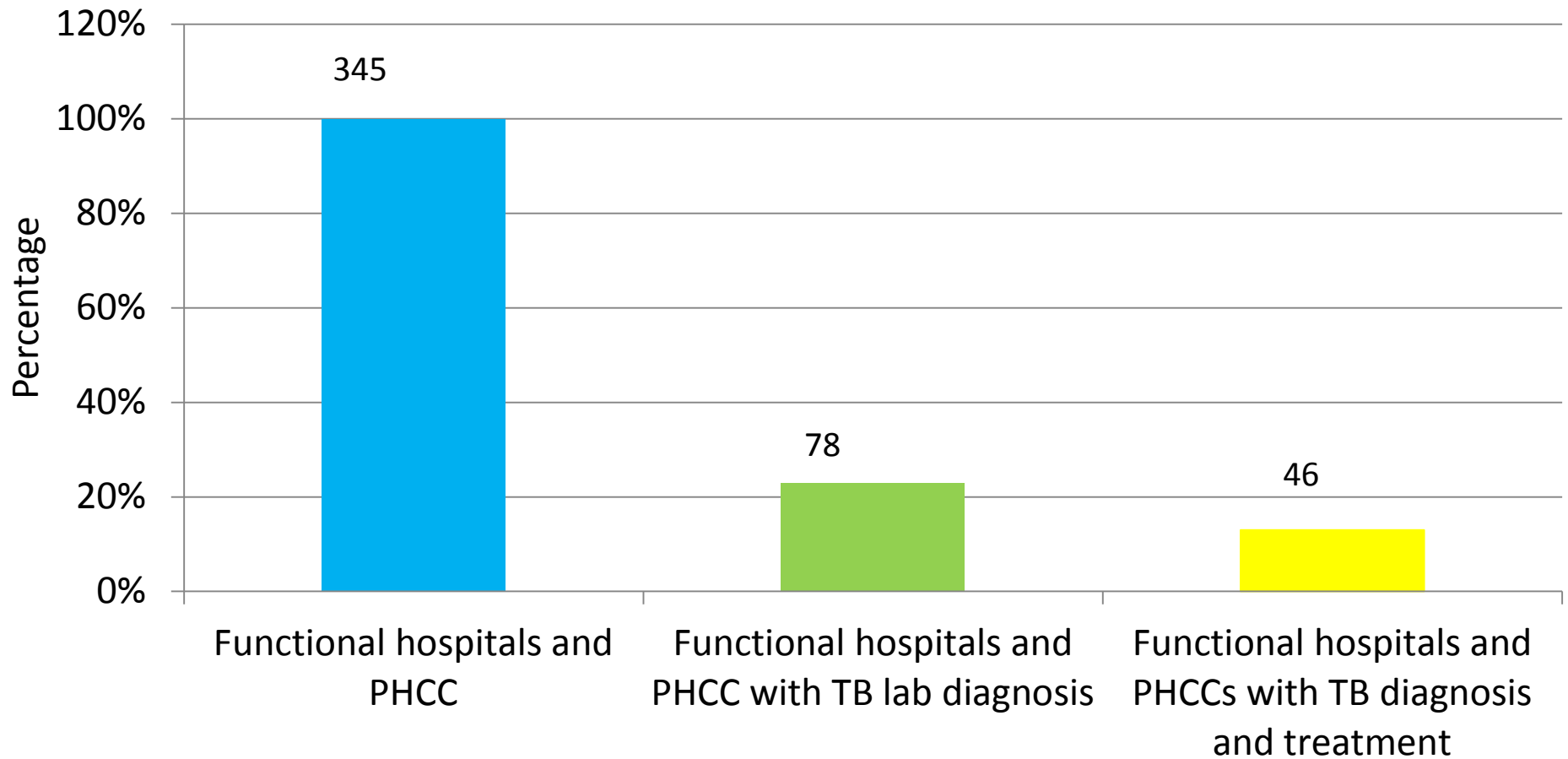
# Ministry of Health (MOH)'s Health Facility Mapping, 2011

- 1,147 health facilities
- 75% of health facilities need renovation or construction
- 30% (345) of facilities are hospitals and primary health care centers (PHCCs)
- Only 22% (78) of hospitals and PHCC provide TB services
- Most facilities providing TB services are concentrated in urban areas

# Facilities Providing TB Care are Mal-distributed



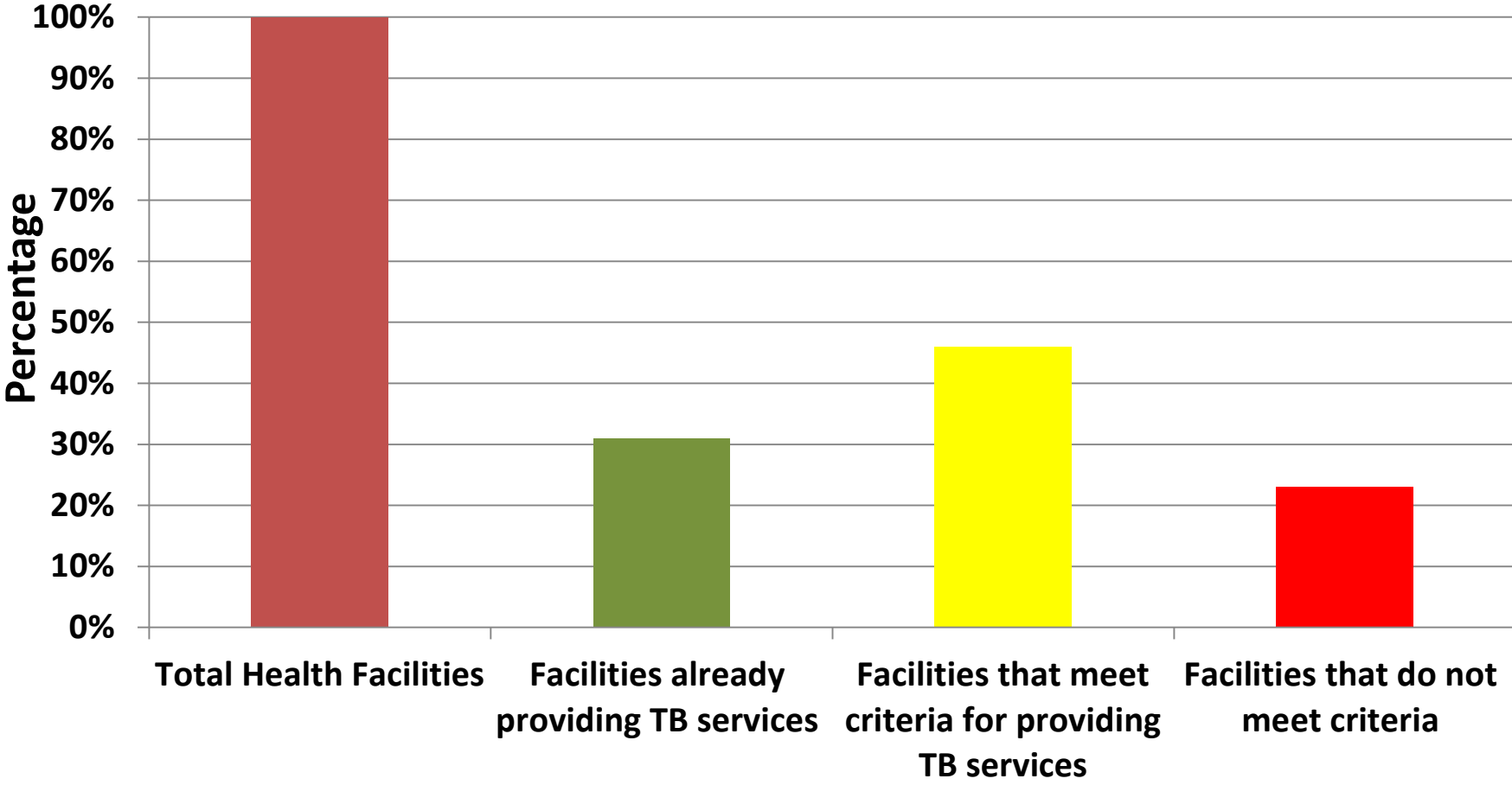
# Health Facility Coverage in TB Services



# MOH Response to Expand TB Services and Increase Access

- Added TB to the national Basic Package for Health Services (BPHS)
- Integrated TB services into primary health care (PHC)
- Assessed health facilities that meet minimum criteria
- Found that 46% of facilities met minimal criteria to needed integrate TB services

# Opportunities for TB Service Scale Up





# Scale-up TB Services

- Health Sector Development Plan
- National TB Strategic Plan
- NTP and partners developed integration framework
  - Rapid assessment identified facilities where TB could be integrated
  - NTP and partners supported renovation of the identified facilities

# TB Facility Renovation

Before



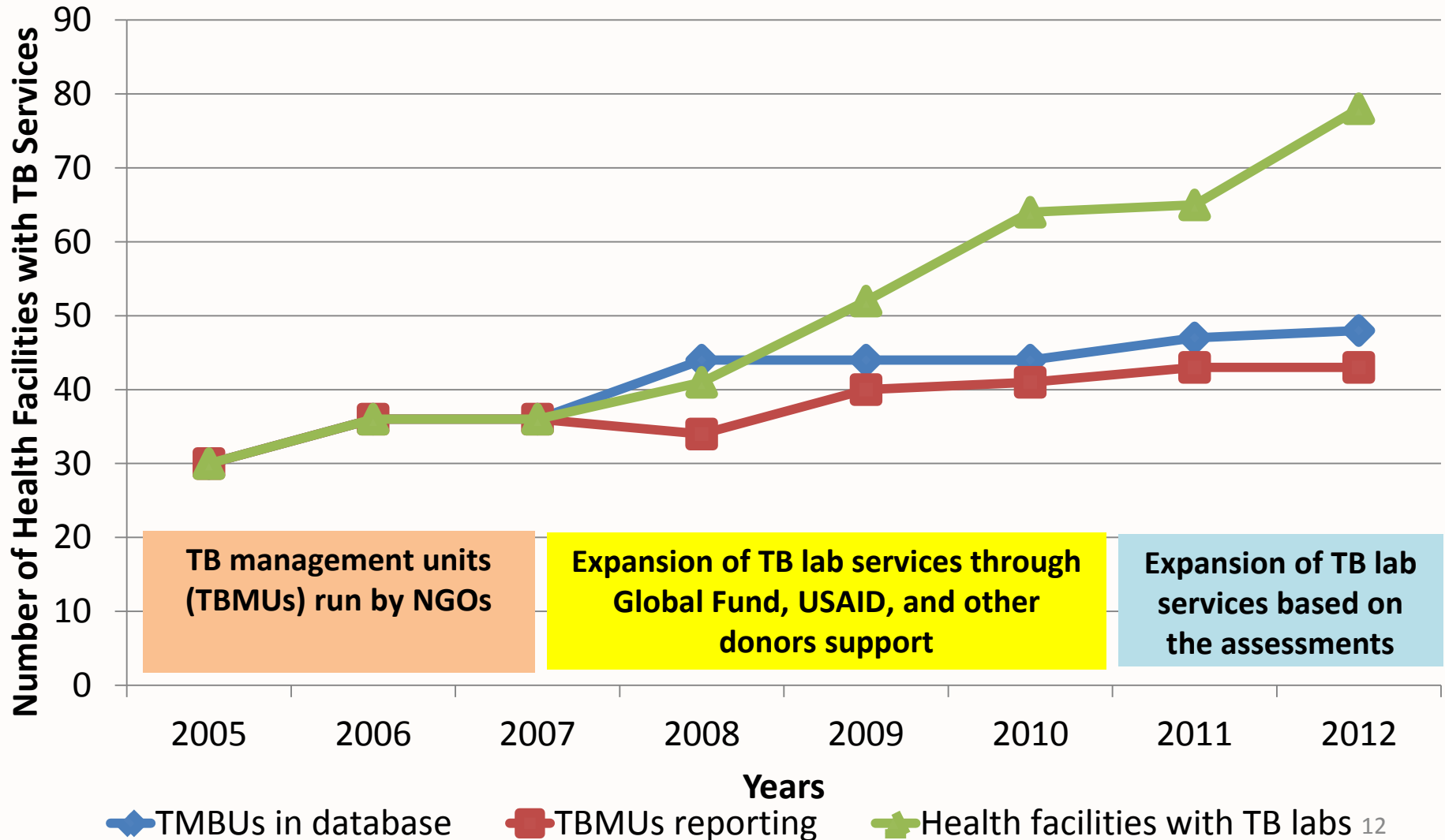
After



# Post-renovation NTP Facility Interventions

- Trained and oriented staff on integration
  - Suspect recognition
  - Clinical diagnosis
  - Treatment
  - Provider-initiated testing and counseling
  - Patient follow-up
  - Sputum smear microscopy (lab staff)
  - Recording and reporting (M&E staff)
- Provided supplies, commodities, and equipment
- Monitored, supervised, and evaluated TB implementation

# Number of Health Facilities with TB Services 2005 - 2012



# Human Resource Challenges

- Total health staff =14,667
- Total qualified health staff = 3,802

Staff Type	Government	NGO	Total
TB	193	95	288
Clinicians	151	49	200
Laboratory Technicians	42	46	88

# Funding and Security Challenges

- Huge gap in funding (2012 – 2016)
  - NTP strategic plan - \$ 91,602,288
  - NTP available funding - \$ 10,645,718
- Security challenges
  - Poor road infrastructure
  - Ethnic & border conflicts
  - Internally displaced persons and returnees
  - Inflations due to poor economy

# Unsafe Transportation



# Service Challenges

- TB is highly stigmatized, even among health care workers.
- Inadequate and poor quality of services
- Access to health services



# Access to Health Facilities



# Lessons Learnt

Lesson	Follow-up action
Integration of TB services into PHC can rapidly expand services and improve access	Expansion of TB treatment services
TB not perceived as a public health problem in some communities	Community involvement
Number of health workers must increase	Recruitment
Health workers skills must improve	Training
TB/HIV stigma hinders delivery of services	Education
NGOs and stakeholders should be involved in TB service scale-up	Advocacy
NGO and stakeholders can help to promote TB management policies	Dissemination

# Conclusion

- NTP rapid assessment showed TB services can be integrated into 94 health facilities.
- MOH and donors can provide funds for integration
- NTP and partners can be involved in refurbishment, provision of supplies, and training
- Community can be involved in TB control
- Existing health workers for TB service provision



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