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TECHNICAL
BRIEF. 3

Community Strategy

Clinical Services

Health Communication

Monitoring & Evaluation

TB/HIV Interventions: Overview

APHIA^{plus} Nuru ya Bonde is a five-year program working with the Ministries of Health (MOH) of the Government of Kenya in 11 counties of the Rift Valley region to increase access and utilization of HIV/AIDS prevention, care and treatment services in public and selected private health facilities in eleven counties of the Rift Valley region.

APHIA^{plus} Nuru ya Bonde, in collaboration with MOH, is to strengthen and expand the planning and implementation of the TB-HIV collaborative activities in line with the WHO Stop TB strategy.

The WHO strategy aims to pursue high-quality internationally-recommended approach to TB control (DOTS) expansion and enhancement; address TB/HIV, MDR-TB, and the needs of poor and vulnerable populations; contribute to health system strengthening based on primary health care; engage all care providers; empower people with TB, and engage communities through partnership; and promote research.

APHIA^{plus} Nuru ya Bonde strategies contribute to the national goals and WHO Stop TB strategy. These program strategies, as outlined below hinge on close collaboration with MOH to enhance health system strengthening, quality improvement, integration of TB/HIV services, increased focus on the patient and greater community engagement.

Technical Strategies

- APHIA^{plus} Nuru ya Bonde is supporting the MOH to scale up TB/HIV services through the following strategies:
- Capacity building of health care workers (HCWs) including CHWs in effective management of TB-HIV co-infection through follow-up care, adherence support and prevention of transmission of both diseases. TB/ART Clinical Mentors stationed will work closely with health care workers to provide on-the-job training and continuous technical support.
- Enhancing patient knowledge of TB-HIV co-infection and TB infection control measures.
- Community engagement through dedicated community health workers, stronger community-facility linkages and localized education efforts to strengthen preventive measures and strengthen a patient-focused approach to TB management.
- Promoting environmental infection control measures in line with MOH guidelines on health facility settings with adequate ventilation.
- Strengthening TB/HIV collaborative activities through routine HIV testing of all TB clients and routine CD4 counts for all HIV-positive TB clients.
- Intensifying TB case finding in all departments at the health facilities among HIV positive patients and at community level by working with community based health workers (CHWs).
- Building capacity to manage MDR-TB by supporting models as recommended by WHO (2011): (i) hospital-based isolation until consecutive smear-negativity, (ii) clinic-based ambulatory care with home-based confinement till consecutive smear-negativity, and (iii) clinic-based ambulatory non-confined community care.
- Improving records by documentation of numbers of patients diagnosed and treated [The project will ensure the TB screening tools are routinely used in facilities].

Key TB/HIV activities

Key activities under APHIA^{plus} Nuru ya Bonde TB/HIV interventions include intensified case finding, patient care and follow-up at health facility and the community level, and administration of TB infection control measures to protect health care workers, patients and the community from the spread of TB.

Priority activities

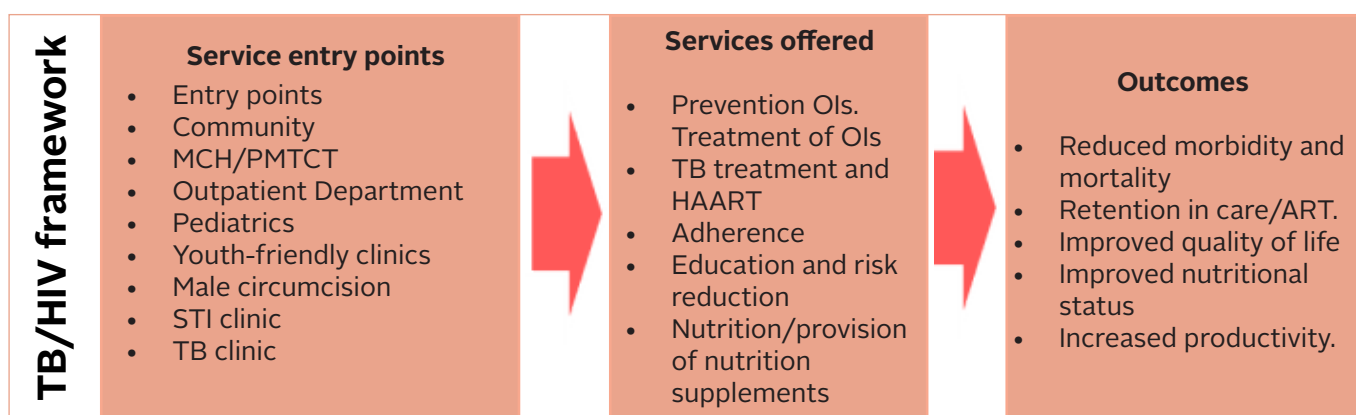
APHIAplus Nuru ya Bonde will enhance the integration of the priority “5” strategies of the TB/HIV collaborative activities in the management of co-infected patients among established and networked private providers. Other priority activities for Year 2 include the following:

- Orientations and ongoing mentorship of HCWs in the effective screening, diagnosis and early referral for TB management of HIV infected patients as well as TB infection control measures.
- Support the scale up of Isoniazid prophylaxis for those without active TB.
- Orientation and education of CHWS in TB-HIV co-infection and TB infection control and improving their capacity to provide comprehensive adherence counseling coupled with provision of relevant job aids and IEC materials.
- The project will help scale-up of the orientation and use of TB screening tools in health facilities to improve TB management and to promote expanded screening of TB within HIV service sites.
- Working with DLTLD coordinators to scale-up facility-based TB infection and prevention control measures, including administrative, environmental measures through renovations and refurbishment of facilities to ensure adequate ventilation and protection of health workers and patients, including provision of face masks for patients where necessary.
- Integrating and strengthening the TB/HIV links through opt-out provider-initiated HIV testing of TB patients and CD4 testing for all HIV-positive TB patients to ensure effective management of co-infections through early and appropriate referral for antiretroviral therapy (ART).
- Working with the DLTLD to monitor quarterly External Quality Assurance (EQA) for sputum microscopy.
- The project will link private providers to the regional and national laboratory networks for referral laboratory services for diagnosis and monitoring of HIV, TB and related conditions.
- Strengthening intensified case finding at facility level by actively looking for TB patients in ART clinics, patient education and dissemination of locally appropriate information materials. [Facilities will be encouraged to come up with innovative practices for defaulter tracing to increase retention to care and strengthen inter and intra-facility referral. The project will promote the treatment of HIV in TB and MNCH clinics].
- Conducting active screening for TB in pre-ART clients.
- Strengthen intensified case finding at the community level by training CHWs to identify symptoms of and signs of TB in HIV/TB co-infected patients and make immediate and appropriate referrals.

Collaboration with TB Care

Working in partnership with the USAID-funded TB CARE Project, APHIAplus Nuru ya Bonde will link private providers managing TB/HIV co-infected patients with dedicated community health workers in Nakuru County for intensified TB case finding through household contact tracing, facilitate default tracing surveillance and management of MDR-TB.

Private sector providers who diagnose MDR-TB will be facilitated to access treatment and care drugs and services from the National TB program. The project will work with CHWs in selected CHUs linked to the district hospital in Kajiado Central in collaboration with the District TB and Leprosy Department (DLTLD) to conduct active TB case finding during targeted integrated outreaches among the nomadic population targeting manyattas and transporting the sputum samples to laboratory at the district hospital.



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