



# PHSP SUPPORTED PRIMARY CLINICS PRESUMPTIVE TB CASE IDENTIFICATION AND REFERRAL SERVICE SUMMARY PERFORMANCE REPORT

## Private Health Sector Project



## **Introduction**

Engaging all relevant health care providers in TB care through PPM approaches is an essential component of the WHO's End TB Strategy. By involving the private providers in Presumptive TB case identification and referral, TB diagnosis and management of TB patients, we can increase case detection, reduce diagnostic and treatment delays, and enhance patients' access to the service. Early diagnosis of TB cases is also essential for reducing TB transmission and improving favorable treatment outcomes.

Since 2006, USAID has been supporting the involvement of the private health sector through various projects and programs and has significantly contributed to the national TB prevention and control efforts. However, until the end of 2016, the private health facilities engagement was limited to TB diagnosis and treatment service, leaving out facilities that could potentially provide presumptive TB case identification and referral service.

Ethiopia has a growing private health sector and there are more than 5000 Primary clinics that operate in underserved and poor communities serving as initial entry point and consultation in health care system. Cognizant of this, USAID/PHSP in collaboration with National TB program and Regional Health Bureaus has planned to demonstrate the role and contribution of Primary clinics in the national TB prevention and control effort.

In order to engage primary clinics in presumptive TB case identification and referral service, the project in collaboration with regional health bureaus has carried out site assessment and selection in Addis Ababa, Drie dawa, Harari, SNNP, Amhara, Tigray and Oromia regions and provide a one day orientation training for health care workers of selected facilities. In addition, Presumptive TB case referral pad, register logbook and reporting format were also prepared and provided to the facilities.

## **Implementation strategy**

This activity was implemented through active participation and engagement of district or town health office. The district/ town health office TB focal person were responsible in conducting primary clinic assessment and selection which are eligible to participate in presumptive TB case identification and referral service (site selection were made based on client volume, location, and willingness of the facility).

District/town health office has been conducting regular supportive supervision and other necessary follow-ups. The sustainability strategy has been addressed from the inception of the implementation through the involvement of woreda/town health office TB focal persons in supervising and monitoring of primary clinics. Besides, TB focal persons have been also collecting and reporting the performance of primary clinics on quarterly basis.

PHSP along with Woreda TB officers have been conducted site visit in selected primary clinics. During the site visit performance of the clinics in identification and referral of presumptive cases were reviewed and accordingly, based on the findings onsite technical support have been provided. Moreover, the level of engagement of Town/Woreda health offices in providing continuous technical support and data compilation and reporting have been observed and the opportunities on sustainability of technical support and monitoring activities to the facilities have been also discussed.

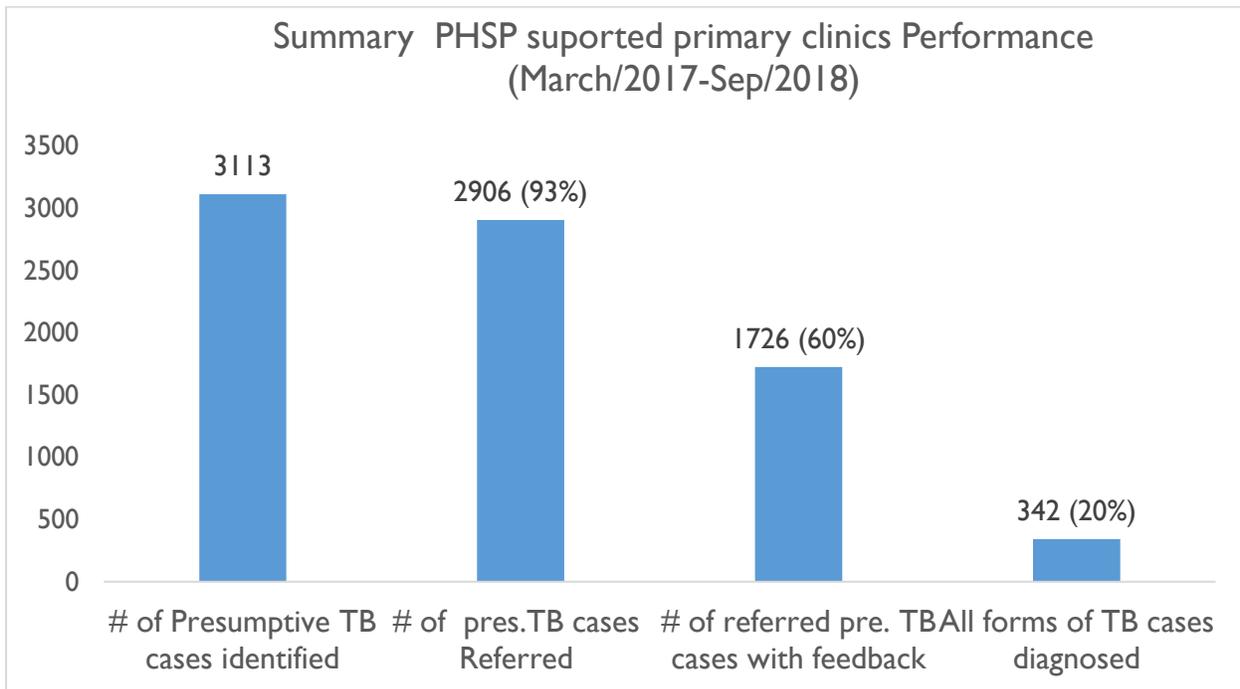
### **Findings**

PHSP in collaboration with woreda/town health offices have been supporting 291 primary clinics in presumptive TB case identification and referral service and from March/2017-September/2018 a total of 3113 presumptive TB cases were identified by the primary clinics and 2906 (93%) of them were referred for TB diagnosis. Out of 2906 Presumptive TB cases referred feedbacks were obtained for 1726 (60%) of cases and active TB disease were diagnosed in 342 (20%) of them. Of the total TB cases diagnosed, 184 are bacteriologically confirmed PTB, 74 clinically diagnosed PTB and the rest 84 are EPTB cases.

### **Presumptive TB case finding and referral performance by primary clinics (March/2017-September/2018)**

Region	# of Primary clinics engaged in presumptive TB case identification and referral	# of Presumptive TB cases identified	# of pres. TB cases Referred	# of referred pre. TB cases with feedback	All forms of TB cases diagnosed
Addis Ababa	24	8	8	4	4
Amhara	87	635	631	329	104
Drie Dawa	4	99	86	45	18
Harar	4	367	356	170	21
Oromia	92	1271	1112	578	96

SNNP	61	438	427	380	72
Tigrai	19	295	286	220	27
Total	291	3113	2906	1726	342



The engagement of primary clinics in presumptive TB case identification and referral service has taught us some important lessons. Among other things, we know that the strategy offers an opportunity to engage all health care providers towards TB prevention and control activities. It also contributed to the finding of missed cases and reducing diagnostic delays. The implementation, however, does not come without any challenges. Suboptimal performance of primary clinics in Presumptive TB cases identification, closing/upgrading of primary clinics and lack of feedback for identified and referred presumptive TB cases are the important challenges that needs to be addressed going forward.

### **Conclusion and Recommendation**

The yield for active tuberculosis cases from patients referred with presumptive TB from primary clinics is encouragingly high which should be scaled up by the Regional Health Bureau.