

NATIONAL TUBERCULOSIS AND LEPROSY PROGRAMME

First Edition

Quarterly Newsletter September 2020.



Inside Stories

- Regional TB case notification performance increased by 2.6% compared to last year.
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A word from the editor.

This quarter has been a “healing” period after a period which we witnessed interruptions of our normal implementation. The Program has continued to showcase its resilience as the activities across the regions returned to near normal. As we continue with our main mission: finding more people who are ill with TB and Leprosy, our determination and ability to focus to our priorities proves to be key ingredient to keep us on track. We still use the COVID-19 experience as a lesson learned and thus adapting to the “new normal”. We appreciate the strong leadership of our President Hon. John Joseph Pombe Magufuli whose support to our Minister Ummu Mwalimu has resulted to the stable situation in our country. Knowing that Covid-19 is a problem to other countries, our neighbours included, the Program -



*Dr. Zuweina Kondo-Sushy
Ag. Programme Manager*

continue to implement mitigation plans to make sure that services for TB and Leprosy patients are not affected but mostly importantly continue to take importantly preventive measures. In this edition, we will see how the case notifications progressively continue to improve for both TB and Leprosy especially comparing to last year performance. Two main case finding strategies for TB and Leprosy have been implemented during this period, the quality improved TB care and prevention in Prisons and the contact tracing for index leprosy cases under the PEP4LEp study. Further we received the state of art mobile occupational health services clinic van under the TB in mining SADC project, and continued with supportive supervisions and mentorship to the RHMTs. Through the supervisions we continue to witness several efforts to meet the targets, specifically in this issue we will show case how the utilization of existing systems can provide efficiencies in TB and leprosy programming. This is the case of using a Direct Facility Health Fund for the TB activities at the facility levels.

Importantly to note is how the implementing partners and the providers continues to dedicate their efforts in archieving Program targets. We acknowledge that gaps however still exist of which the Program commits to work on them. We hope you will enjoy this issue which is a very first one for the Program after quite some time. With your support we hope to have more.

A word from the Management

Availability of resources and capacity will remain to be essential pillars for Program performance. During this quarter the program has achieved significant milestones in building the Program's systems capacity but also making sure that resources are adequately mobilized. This include financial system capacity through use of EPICOR system. This system which has been developed by Softech for the purpose of Global Fund management, will have ability to produce financial reports both for Government and Global Fund. The Financial team spent a significant time for an intensive work of entering financial details from 2018. For the CDC/PEPFAR side the team received orientation on the use of Oddo System.



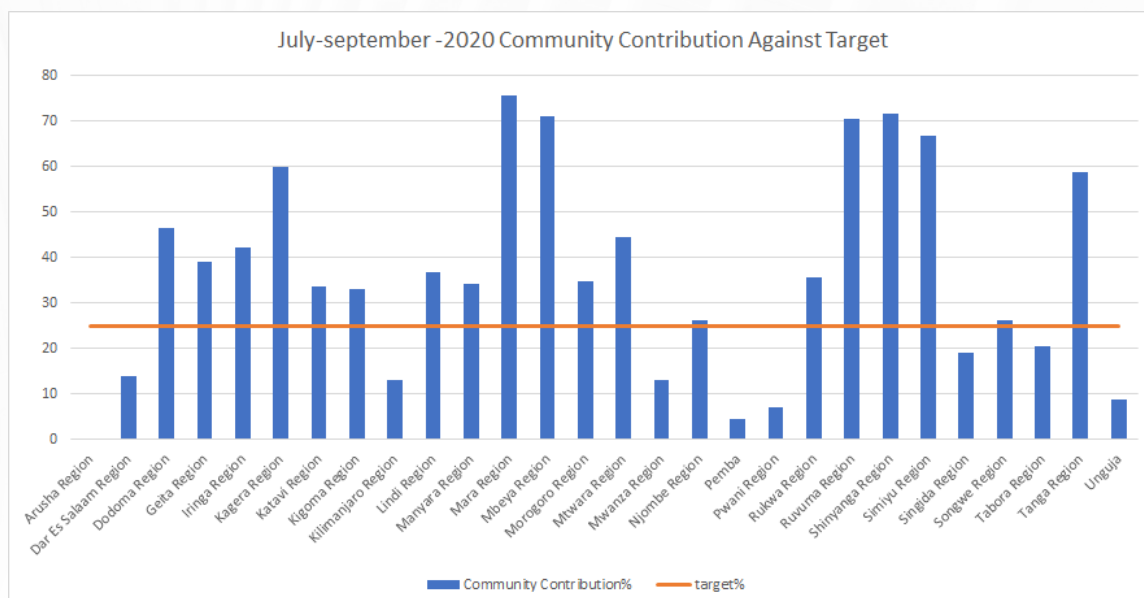
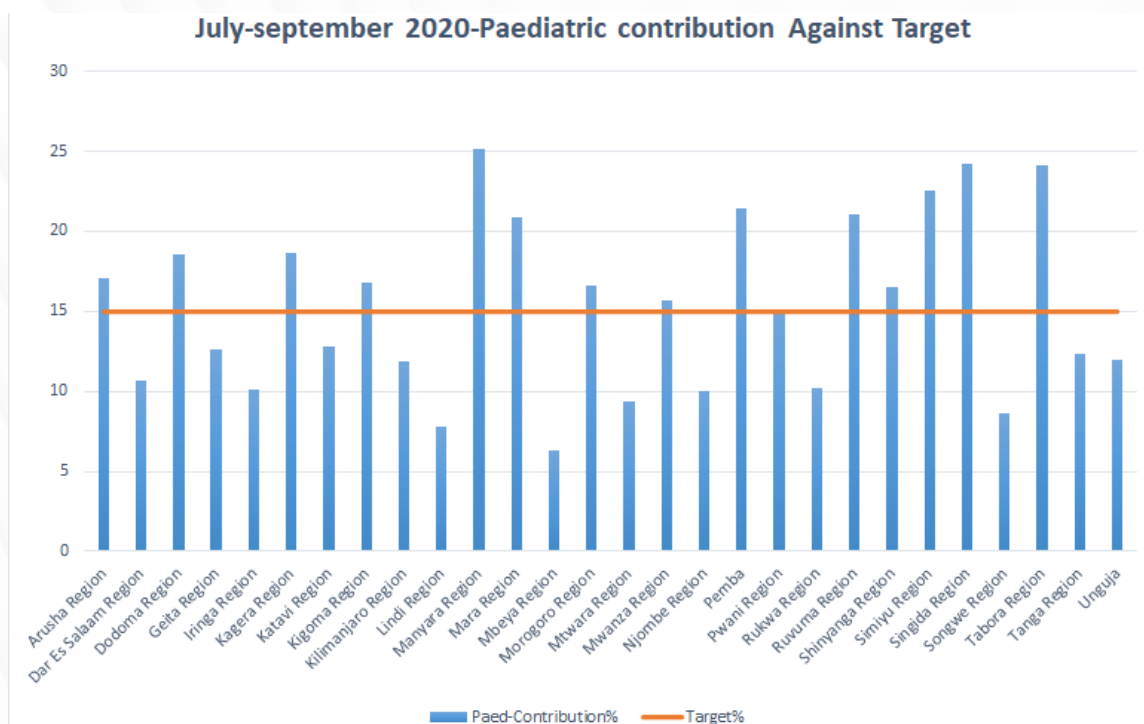
*Dr. Liberate Mleoh
Deputy Programme Manager*

Resource mobilization continued where by the Global Fund to fight AIDS, Tuberculosis and Malaria (GF) NFM 3 application for the 2021-2023 was approved and the grant making began in the last month of this quarter. The COP 20 grant application under the CDC/PEPFAR was also successfully submitted and processes are underway for final approval. In addition, the Program expects to receive a Local Network Grant (LON) support through the MOU with USAID and also processes have been initiated for a TB Implementation Framework Grant (TIFA) which is also under the USAID. These funding opportunities will continue to be distributed and averages across the country making sure that every region and district council receive core NTLP intervention package in addition to the tailored interventions based on the local needs.

The Ministry through NTLP acknowledges the efforts put forth by the Regional and Local Administrations under the lead of the PO-RALG Health and Social Welfare unit for the implementation of the TB and Leprosy control activities. NTLP appreciates for the continued cooperation and support for all implementing partners especially during these times whereby we needed to adapt with the "new normal" such as embracing the trending world of "virtual gatherings". We have witnessed commitments of partners and stakeholders besides the changes to the coordination modalities. NTLP promise continued support guidance to all partners.

Regional TB case notifications performance increased by 2.6 compared to last year.

A total of 22,262 TB patients were notified for the period of July to September 2020. This is 2.6% increased compared to the target for this quarter. The regions which continue to perform well at least 100% of their given targets are Iringa, Ruvuma, Dodoma, Kilimanjaro, Pemba, Kigoma, Katavi, Simiyu, Singida, Tabora, Tanga, Unguja, Manyara and Mara. On the other side there are some regions like Rukwa and Lindi were performed below 80% of their target. The good performance is mainly attributed to the ongoing efforts for the Quality Improvement in TB case detection at facilities and ongoing community based contact tracing and active case finding. Performance for other indicators are as shown in the figure below:



More prisons reached for improving TB Care and Prevention Services.

Living in a congregating setting is among the risk of high TB transmission. Thus, Prisoners are among the Tanzania TB key and vulnerable population. Recognizing this in 2018, NTLP initiated special comprehensive intervention targeted this group after small scale trainings which were conducted in 2016/2017. The Prison Intervention involve an activity package instituted through a comprehensive step wise approach embedded within the concept of the QI TB case detection adapted to the prison's environment. The intervention is being implemented in collaboration with prison department of the ministry of Internal Affairs and PO-RALG. The activities package included: -

- ▶ Introducing the innovative intervention to the regional and council administration and region/council prison and health offices.
- ▶ Conducting TB Risk Assessment in the prison premises.
- ▶ Training of the selected prison officers on the improved TB services in the prison facilities.
- Basics of TB and TB in prisons.
- Introduction to new TB screening forms in the prison for both inmates and soldiers and their respective families.
- How to organize periodic TB screening.
- Key components of Quality Improved TB services in the prisons.
- Roles and responsibilities of the prison sector, prison officers and inmates in ending TB in the prison facilities and corresponding communities.
- ▶ Preparation of prison plan to address issues emerged from the risk assessment and other necessary observations made during interaction with the prison community.
- ▶ Guiding trained officers to practicing on how to use new TB screening forms by conducting a systematic TB screening among inmates.

In this quarter 21 prisons were reached. In total 2493 inmates were sensitized on important preventive measures and screened for TB. Those found to be symptomatic were requested to submit early morning sputum sample for rapid molecular test using GeneXpert MTB Rif to rule out infectious pulmonary TB.

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NTLP and Prison officials discussing on how to improve TB Care and Prevention services at Mtego wa Simba Prison in Morogoro region.

1,233 people protected from Leprosy through PEP4PEP.

Tanzania is among 3 countries implementing Post Exposure Prophylaxis for Leprosy (PEP4LEP) study. The study is also implemented in two African leprosy endemic countries of Ethiopia and Mozambique. The aim of this operational research is to compare the efficiency between the health facilities and skin camps to see which is most yielding to reach those at most risk of developing leprosy in close contact with the targeted index case. The implementation began in December 2019, however was interrupted with the COVID19 pandemic erupted at the beginning of the year 2020. During this quarter some activities were able to resume such as household contact tracing and running of skin screening camps. During this period, 267 households in Mvomero DC, Morogoro DC and Lindi DC were reached with 1,233 eligible people given a single dose of rifampicin as chemo prophylaxis to prevent the progression of leprosy infection to disease state. Similarly, during this period, a total of eight (8) new leprosy cases were detected from the corresponding risk households and initiated on multidrug therapy for leprosy.



PEP4LEP Camp.

CTRL Maintains ISO 15,189.

To continue being a role model Program in country and outside, the NTLP current focus is to capacitate the Central TB Reference Laboratory (CTRL) to reach a supra national level. Thus efforts has been underway to achieve the accreditations where by in October 2018 the CTRL was assessed by international accreditation body SADCAS under ISO 15189:2012 Laboratory standards requirements for quality and competence and awarded with certificate of accreditation for Gene Xpert and Smear Microscopy (MED030). During this quarter the Laboratory underwent a second periodic surveillance assessment for the maintenance of the accreditation and succeeded to retain the certificate. The plan is also to accredit the Zonal TB laboratories and provides technical support to Regional and District TB laboratories to achieve accreditation.

We thank all of our partners who has made this process possible. Special appreciation goes to the GF, PATH under the IDDS USAID grant, THPS under the CDC/PEPPAR grant, and KNCV though Challenge TB USAID grant who directly supported the process. We thank the Ministry 's Directorate of Curative services through the Laboratory unit for their technical guidance throughout.



CTRL Manager Amri Kingalu handing over the ISO certificate to Ag. Programme Manager Dr. Zuweina Kondo-Sushy.

Direct Health Facility Finance (DHFF) a savior in TB services.

Direct health facility fund was first implemented in April-June 2020 under the TB Programme fund optimization support from the Global Fund.

It is a mechanism to decentralize health services including those for Tuberculosis to health facilities. In 2019 NTLP made a decision of utilizing this structure to foster efficiencies by instituting ownership of the facility and thus the community at the catchment area

General Strength

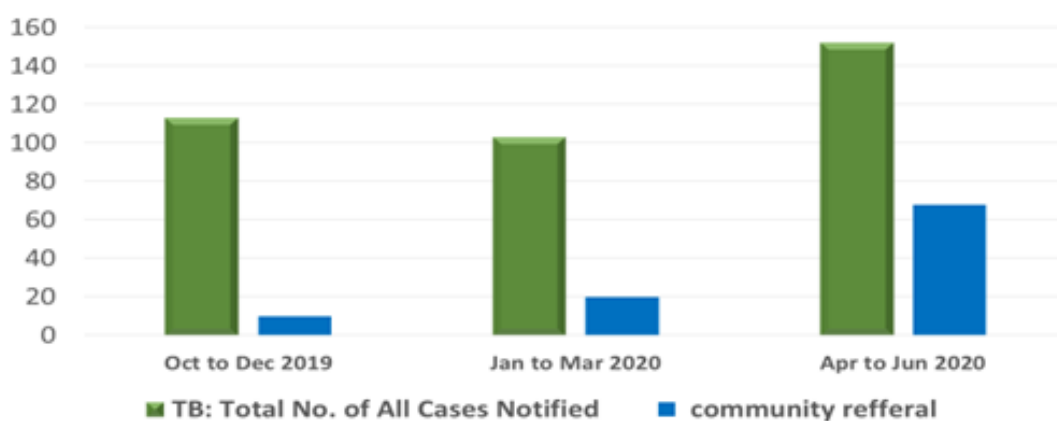
- ▶ The Council and all HFs in 15 GF supported regions were able to access funds as per shared plan.
- ▶ Availability of TB reporting and recording tools in the region at all levels.
- ▶ Positive acceptance of use of DHFF mechanism for Community TB activities.

A case of Magu DC:

Magu District council in Mwanza region was one of the beneficiaries of the DHFF under the TB program GF grant. The council received a total of Tsh 34,846,098/=, Tsh 26,352,000/= being specific for community TB interventions. During supervision which was done by PoRALG , NTLP Partners, Magu DC was identified as a council as a best council for DHFF-TB programme. Through DHFF, the council achieved the following:

- ▶ Engagement of Traditional Healers in Active TB Case finding in Magu DC.
- ▶ Effective collaboration between Magu DTLC and Community Volunteers resulted significant community contribution in April-June 2020 over 44% of patients notified in that quarter were community referrals.
- ▶ Community TB activities were revived in councils.
- ▶ The council identified and trained 8 traditional healers whose among their referrals, 6 people were confirmed TB and 2 of them were MDR TB patients.

Trends of TB case notification Vs Community Contribution in Magu District Council: Q4 2019 – Q2, 2020



A state of art OHSC mobile clinic procured to reach small miners.

A state of Art OHSC mobile clinic procured to reach small miners. Tanzania is among ten (10) SADC counties implementing regional grant for TB in the mining sector. This strategic intervention aimed at reducing the burden of TB among mineworkers, their families and surrounding communities. Tanzania having largest number of artisan mineworkers (ASM) among all participating countries has received a mobile clinic van to support TB and occupational lung diseases care and prevention services in hard to reach mining areas. The Mobile van is equipped with modern equipment for radiology and laboratory services, specifically digital X- Ray, Xpert Machine, spirometer, Audiometry and digital weighing scale for BMI are fitted.

The Mobile van will be deployed at Kibong'oto Infectious Disease (KIDH) and will be rotating periodically to six (6) TIMS implementing districts across the country, these districts include Simanjiro DC, Kahama TC, Geita TC and DC, Msalala DC and Tarime DC. For the next quarter (Oct-Dec 2020) the mobile clinic van is expected to reach out more than 100,000 mining population. The mobile clinic will be attached to health facilities nearby mining areas for its fully operations.



A mobile clinic van that procured to reach small miners in Tanzania.

Farewell.

Early on during the period, the Program bid farewell to the long serving officers whose times for their retirements were done. The officers have been and will continue to be assets for the Program and thus the farewell was to wish them good health as they continue to be ambassadors and technical guidance for NTLP. They include Mrs. Florentina Mallya , Ms. Diana Msamila, Ms. Agatha Mshanga and Mr.Cornel Wambura.



A former Training Coordinator Mrs. Diana Msamila (right) receiving appreciation certificate from Ag. Programme Manager Dr. Zuweina Kondo-Sushy during farewell ceremony.



A former Supply Officer Mrs. Florentina Mallya (right) sharing a box of chocolate with Mr Cornel Wambura.



A former Advocacy and Communication Coordinator Agatha Mshanga and her husband.