ENGAGE-TB PROJECT IN TANZANIA

Presentation on progress of implementation at Le Meridien Etoile Hotel, Paris - France

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Presentation outline

• Introduction – TB burden and control in Tanzania
• Progress of implementation
• Challenges
• Quantitative data from implementing NGOs
  • community referrals
  • patients identified
  • key enablers of success
  • Challenges faced
• Next Steps
TB profile in Tanzania

• Population 45 million (2012 census)
• TB prevalence: 295/100,000 (PST results 2013)
• Annual TB cases notification (all forms): 63,892 cases equivalent to 142/100,000 (NTLP report 2012)
• TB case holding: 97%
• Treatment success (2011) – 88%
• Home-based DOT = 78% of all TB cases.
• PCT – patients’ chance to choose
• Ex-TB clubs – treatment support & case finding
• MDR – TB started in 2009 – To date 180 patients initiated treatment; treatment success: 73% (2011)
Trend of TB Case Notified from 1979 - 2011

- Smear +
- Smear -
- Extra-P
- Relapse
- Return
- Failure
- Other
ENGAGE TB project

- Tanzania is one of the 5 pilot countries implementing ENGAGE TB project in Africa
- Implementation started in July 2012.
- National dialogue
  - Sensitized more than 25 CSOs; internal & external
  - Introduced to WHO guidelines
  - Agreed of partnership and defining relations
  - Formed NCB and selection of leadership
  - NCB – initial structure and functions
  - List of issues need to address
List of issues identified

- Formulate organizational structure
- Review and adapt WHO guidelines
- ToR
- Terms of collaboration and MoU (Gvt&CSOs Vs NCB&CSOs)
- Identify issues and tasks for members
- Priority areas & Formulate milestones
- Draw roadmap and agree on timelines
NCB members

- Representative members
  - AMREF
  - World Vision
  - PathFinder
  - Mewata
  - PSI
- WHO
- NTLP formed secretariat
- NTLP & WHO hosting meetings
**Progress of implementation**

- Formed NCB
- Quarterly meetings – 4 to date
  - Chair – AMREF
  - Secretary – CTBC coord. NTLP
  - Agenda; Progress, issues sharing & updates
- Develop inventory and strength identification (national down to community level)
- Development of working docs and tools
- Joint supervision
Progress

• Development of
  - National Operational guideline
  - handbook of community health worker
  - Translate handbook into swahili

• Paper on CSOs’ roles to Promote engage-TB
Progress ........................

- Review recording and reporting tools (Presumptive TB forms, referral forms, community TB registers, to capture community contribution including NGOs’ works in TB control

- Review the NTLP M&E tools (registers & district reporting form) to incorporate community TB control indicators
  - Referrals: self, CTC, Community/NGO, others
  - Number of TB patients notified through community

- Print & distribute community TB care handbook for community health workers
Quantitative data from implementing NGO (Pathfinder) from April to 30th September 2013

• 120 Home based care providers working in kinondoni community referrals: 614 (up to sept 2013)
• patients identified:
• Key enablers of success: $15 per person per month
• Challenges faced: R&R tools were not ready on the start of the project.
• Next steps:
  - Update the registers and continue to use the tools.
  - NTLP/NGO/local council regular joint supportive supervision
Challenges

- Lack of funds: Willngnesss of NGOs to engage in TB control but no funds
- CSOs’ readiness
- Attendance to NCB quarterly meeting
Next Steps

• Print and distribute community M&E tool countrywide by February 2014
• Develop community HWs training materials
• Sensitize RHMT and CHMTs on ENGAGE TB – to provide technical support to implementing NGOs & expand down to regions/districts
• Coordinate CSO sensitization meetings – 2 so far
• Strengthen supportive supervision to districts
• Collaborative Resource mobilization effort
Thank you for listening