

SUCCESS STORY

New tide to strengthen Client Centered TB Care

Kilimanjaro, Tanzania. Identification and notification of *Multi-Drug Resistance Tuberculosis (MDR-TB)* patients in rural areas need much more than high-technology machines for screening. Kilimanjaro region has been at a frontline to strengthen provision of TB services including identification and treatment of MDR-TB patients. Things has not been easy for the Regional Health Team in identification and notification of MDR-TB patients as it needed a lot of strategies and efforts.

“At regional level, we had our health priorities and among them, combatting TB is one of top priorities especially identification of MDR-TB patients. But we had a very low MDR-TB case detection rate.” Narrates Dr. Peter Nigwa, the Regional TB and Leprosy Coordinator.

In Tanzania, the burden of TB and drug-resistant TB (DR-TB) is a major cause of illness and death. In 2019, an estimated 32,000 people died from TB, and from the estimated 1,700 MDR-TB patients, only 567 (33%) were diagnosed and treated. Timely identification, notification, and treatment of MDR-TB patient is paramount to reduction of transmission and deaths resulting from drug resistance. For Kilimanjaro Region, the identification and notification of MDR -TB patients have been low due to low screening rate at health facilities, underutilization of GeneXpert machines for sample testing and inadequate documentation.

“We were struggling to identify and report cases of MDR-TB from health facilities ; thanks to the USAID Afya Endelevu in close collaboration with the MOHCDGEC and PORALG they allocated to us a Zonal MDR – TB Officer Dr. Mzee Hussein who coordinates and provide technical support in TB and MDR -TB management.” added Dr. Nigwa

For Dr. Nigwa his aspiration to strengthen provision of TB services is becoming a reality. Dr. Mzee arrived in Kilimanjaro since February this year and his presence has been a game changer. His work has enhanced TB screening and strengthened the use of GeneXpert through councils’ facilitated specimen collection and transportation network.

“When he arrived, we jointly reviewed regional TB reports and facilitated development of a comprehensive TB case identification plan in line with national programmatic management of DR-TB guideline. Then we embarked in empowering all council TB coordinators to utilize the plan and encouraged utilization of GeneXpert machine to enhance active case finding



through targeted supportive supervision and mentorship in councils and health facilities . Says Dr. Nigwa

With the plan being available the team managed to strengthen TB Screening at facilities’ entry points, timely collected and sent samples to Laboratory for testing, as a result the region was able to improve active case finding at facility and community level and strengthened screening and utilization of GeneXpert testing.

“We are grateful that with this revitalized strategy we have registered promising improvement; for example, our data shows that we have increased general TB cases identification from 613 cases in quarter one (January-March) to 621 cases in quarter two (April - June) and 706 cases in the quarter of July -September 2021. Also, during this time we were able to record 7 MDR TB patient during the quarter of July -September 2021 from 1 case identified in January to March 2021” narrates Dr. Nigwa

Salehe Rashid, a warden Guard at Kaloleni, Arusha who lives in Kilimanjaro narrates the struggle he went through when he was infected with TB. For him things were normal until he started experiencing long standing cough and chest pain which prompted him to go for checkup.

“I went to Mawenzi Regional Referral Hospital last year for a checkup, the result came positive that I had infected with TB. They gave me medicine which I used for almost two months without improvement . At the facility, I was requested to collect sputum again and at this time I was informed that I had MDR-TB. They decided to change medication which I have now used for five months , and I feel full recovered.” Said Mr. Rashid

As of September 2021, USAID Afya Endelevu managed a total of 1, 063 HCWs across 16 regions, 107 Councils and 499 health facilities , among those, 12 HCWs were supporting client centered TB care at national and sub-national levels.

The Activity is led by Benjamin Mkapa in collaboration with MOHCDGEC, PORALG and service delivery partners with a goal to Strengthen the delivery of quality HIV, TB and Reproductive, maternal, and Child health services in high-disease burden areas with shortage of health workers through sustainable investments in HRH in Tanzania.