USAID Newsletter

Boresha Afya - Southern Zone

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Content

Foreword
COVID-19 has brought with it uncertainty all over the world and Tanzania is no exception.....

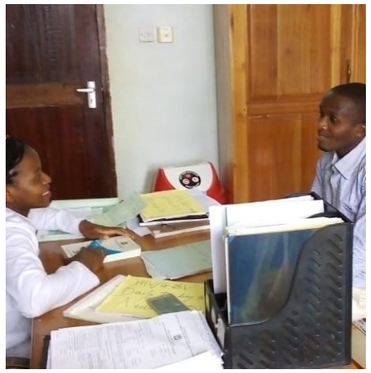
Program highlights
The Program conducted the 2020 World Tuberculosis Day commemoration activities at health facilities.....

Success stories
Over 1,700 men were mobilized and gained access to integrated male friendly health services in Newala.....

Wading Through Uncertain Times

Contents

USAID Boresha Afya - Southern Zone Newsletter | Issue 08 | May 2020



Foreword

Dear Friends of USAID Boresha Afya – Southern Zone

COVID-19 has brought with it uncertainty all over the world and Tanzania is no exception. Amidst these uncertain times, I hope you are all doing well and are keeping safe. Many thanks to the front-line healthcare workers who tirelessly continue to work to ensure those affected by the virus are taken care of and recover.

As we collectively navigate the 'new normal', we are taking as many precautions as we can in order to reduce transmission of the virus and protect our staff and partners, as their well-being is our top priority. I am deeply inspired by the commitment of our staff who have quickly adapted to continuing advancing the Program's work while balancing commitments to family, friends and themselves.

The 8th issue of our newsletter shares some great examples of how we continue to make an impact that matters in our communities during these unprecedented times. It highlights our commemoration of the World TB Day this year, our efforts to spur improvements in data quality assessments at the health facility and district levels and several success stories in delivering services across the program areas.

Kudos to all the teams responsible for these successes and to our prime partners, the Government through the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) and the Ministry of the President's Office Regional Administration and Local Government (PO-RALG), consortium organizations (FHI360, MDH and Engenderhealth) as well as program staff and CSOs implementing the project. Thank you again for all that you continue to do for our communities during these unprecedented times.
I hope you will enjoy reading through the pages as much as we have cherished every minute in service of our benefactors!

Dr. Marina Njelekela – Chief of Party, USAID Boresha Afya – Southern Zone Program.

Program highlights

Commemorations of the World Tuberculosis Day 2020: "It's Time"

The global commemorations of Tuberculosis (TB) Day takes place every year on 24th March, to create public awareness about the overwhelming health, social and economic consequences of TB, and to escalate efforts to end the worldwide TB epidemic.

The World TB Day also provides a platform the community, the government, development partners and health-care providers to promote, discuss and design further alliance to provide the community with quality TB prevention and care services.

The theme for this year's TB Day was "It's Time". This theme highlights that this is the time to scale-up access to prevention and treatment, to ensure sustainable resources are dedicated to TB research, and to ramp up an equitable global strategy to control an infectious disease that is responsible for immense social burdens.

Following the restrictions on outreach services and community gatherings issued by the government after the outbreak of the COVID-19 pandemic, the USAID Boresha Afya – Southern Zone Program conducted commemoration activities at health facilities only, in Morogoro Region.

In collaboration with Morogoro Councils' representatives, the Program carried out intensive TB screening in selected diagnostic centers, targeting all facilities' entry points including Outpatient Department (OPD), Reproductive and Child Health (RCH) and Care and Treatment Clinic (CTC), from 23rd to 27th March 2020.

During this period, a total of 5,004 attendees (clients) were screened for TB. Out of the total screened, 550 (11%) individuals were presumptive TB cases. Following the testing exercise, a total of 64 (12%) patients were diagnosed with TB and were immediately enrolled for TB treatment. Based on evidence from these results, identifying TB cases can be accelerated in health facilities if extra efforts are put in place to strengthen active case finding.

USAID Boresha Afya - Southern Zone Newsletter | Issue 08 | May 2020

Lugala Hospital, Malinyi District Council, Morogoro Region -Banner with the title and theme of the event. Photo taken in March 2020. ©USAID Boresha Afya – Southern Zone/E. Chogo

Lugala Hospital, Malinyi District Council, Morogoro Region – Health care workers providing TB education to clients before screening. Photo taken in March 2020. ©USAID Boresha Afya – Southern Zone/E. Chogo

Strengthening Data Quality and Reporting Through Data Quality Assessments

The USAID Boresha Afya Southern Zone Program, in collaboration with Regional and/or Council Health Management Teams (CHMTs), carried out internal Data Quality Assessments (DQAs) to 101 health facilities in 18 councils in Mtwara (3), Lindi (2), Morogoro (4), Iringa (1) and Ruvuma (8) regions. The assessments were conducted to review data for the period of October to December 2019 so as to verify the quality of data from key indicators at selected sites; assess the ability of data management systems to collect, manage and report data; and identify corrective measures and develop action plans for strengthening the data management and reporting system.

The DQA teams reviewed and verified quality of reported data against source documents, performed cross-checks between data recorded in the registers and data reported in the summary reports, reviewed functions and capacities of existing M&E structures, and demonstrated understanding of indicator definitions and guidance by health care workers at the visited sites.

In addition to the DQAs, the program conducted a thorough process review and documentation assessment of index testing together with other testing modalities in the 6 regions supported by the Program i.e. Iringa, Morogoro, Njombe, Ruvuma, Lindi and Mtwara. This activity aimed at identifying gaps, if any, and developing strategies to improve data consistency, accuracy and completeness in supported PEPFAR sites across the Program regions.

The assessment was conducted in March 2020 and covered the six regions concurrently. The project teams visited the Care and Treatment Clinics (CTCs) in selected tier 1 and 2 health facilities and interviewed several Health Care Workers (HCWs), Data Clerks, Expert Clients, Testers and Doctors to gather how the HIV testing modalities were being executed and documented.

Mgazini Dispensary, Songea District Council, Ruvuma - Program staff, CHMT and HCWs in supportive supervision. Photo taken in January 2020. ©USAID Boresha Afya -Southern Zone/L. Komba

Overall the DQA findings provided an insight on the progress the program has made towards improving quality of the reported data. The program used these findings to plan subsequent mentorship and supportive supervision visits particularly to sites that showed discrepancies in their data. This improved and strengthened data management systems, documentation and the quality of reported data over time. Also, HCWs were mentored to analyze their data for decision making hence improving health service delivery.

USAID Boresha Afya - Southern Zone Newsletter | Issue 08 | May 2020

Prevention of Mother-to-Child Transmission (PMTCT) Mother to Child (MC) Cohort Training

Significant changes have been made to PMTCT MC Cohort monitoring and evaluation tools i.e. HIV Exposed Infants (HEI) cards, MC Cohort registers, MC Cohort report forms as well as newly introduced MC Cohort tally sheets that were not previously used. Furthermore, an additional category of high-risk infants has been introduced to the MC Cohort system. High risk infants are infants born to HIV positive mothers with high viral load or those whose mothers, up until the time of birth, were not aware that they were HIV+ thus were not on Anti-Retroviral drugs.

In February 2020, the program in collaboration with RCHMTs ran a five-day refresher training to 329 (226 female) participants on PMTCT Mother to Child Cohort from eight councils in Ruvuma. The trained cadres included Clinicians (11), Nurses (220), District Data Officers (9), District Reproductive and Child Health Coordinators (8), Maternal and Child Health Aider (8), District Laboratory Technologist (8), Regional Laboratory Technologist (1), Monitoring & Evaluation officers (5), Medical Attendants (58) and 1 Mentor.

The training aimed at building their capacity on the revised MC Cohort recording and reporting tools in order to improve data quality and management at their respective health facilities. The MC Cohort training focused on the following key areas:

- Understanding PMTCT and Care & Treatment's client patient data flow and monitoring system
- Orienting on proper filling of the patient recording and reporting tools (i.e. CTC2 & HEI cards, MC Cohort register & Anti-Retroviral Treatment (ART) registers, Cohort analysis registers and Cohort reports, client referral/transfer forms)
- Compiling PMTCT Exposed Infants Diagnosis monthly reporting forms
- Adhering to aspects of data quality (i.e. Accuracy, Consistency, Timeliness, Integrity and Completeness)
- Informing changes of guidelines in the management of HIV to pregnant and breastfeeding mothers
- Monitoring of response to ART by HIV Viral Load

Vocational Education and Training Authority (VETA), Songea Municipal Council, Ruvuma - Participants of PMTCT Cohort Training attending the session. Photo taken in Feb 2020. ©USAID Boresha Afya -Southern Zone/M.Jongo

It is expected that the knowledge gained from this training will continue to equip the Health Care Workers (HCWs) with skills to better handle PMTCT data as well as to improve documentation recording and reporting tools. Moreover, HCWs are expected to improve the quality of MC Cohort reports. The right knowledge on data quality and data management is instrumental in transforming program performance towards achieving set targets.

The knowledge gained through this training helped the HCWs to improve documentation of the registers and reporting tools. For instance, during Q2 reporting we observed an improvement in the EID coverage from 91% to 100%. Previously, HCWs had inadequate knowledge in identification of exposed infants, how to take DBS sample and documentation of the results in the MC cohort register. In Q2, all exposed infants were tested and documented.

USAID Boresha Afya - Southern Zone Newsletter | Issue 08 | May 2020

CTC2 Database Upgrade

The Program worked with District Data Officers and Data Clerks in upgrading the CTC2 Database from version 10.11 to a newly released version 10.21 or 10.22 as per the PEPFAR and NACP requirements. The newly released version accommodates three modules namely: Pharmacy module, HTS module and HTS Recency.

This version is incredibly beneficial as it triangulates clients who visit the sites and are provided with drugs using CTC1 cards, but whose information is not documented in the CTC2 cards and CTC2 Database. This will help reduce Lost To Follow Up (LTFU) clients brought about by poor documentation.

Moreover, the system can also assist in improving clients' linkage by easily comparing the total identified POS (positive) clients from HTS module versus those newly initiated on ART in the CTC2 Database. The current status of the upgrade to the latest CTC2 Database version and export to CTC3 Macro per region is illustrated in Table 1.

Data clerk from Mafinga District Hospital, Iringa updating CTC2-database. Photo taken in March 2020. ©USAID Boresha Afya -Southern Zone/H, Mutayoba.

Table 1: Database version and export to CTC3 Macro per region

Region	Number of Health Facilities Under the Program	ART Operating Electronic Facilities	V10.21/ V10.22 Upgraded	Successfully Exported to CTC3	% of Sites with Latest Version Exported to CTC3
Iringa	107	104	102	98	94%
Lindi	92	92	77	77	84%
Morogoro	98	98	96	91	93%
Mtwara	102	102	102	99	97%
Njombe	109	109	108	77	71%
Ruvuma	110	66	66	64	97%
Total	**618**	**571**	**551**	**504**	**87%**

Despite impressive adaptation of the upgraded version of the database, some facilities are experiencing challenges. Poor internet connectivity in some areas has hindered frequent export of data to CTC3 macro. However, a list of 198 sites with internet connectivity issues have already been shared to University Computing Centre to request for export using on-behalf features. In addition, lack of Local Area Network (LAN) connection in most electronic sites has delayed the rollout of the new integrated Pharmacy module database. To address this, the Program is planning to install the LAN connection and conduct training to HCWs and Data Clerks in the process of rolling out the pharmacy module database in all electronic sites. Training budget has been developed and shared with National AIDS Control Programme (NACP) for further processes.

Success stories

More Men Accessing Integrated Health Services Including HIV/AIDS Services in Newala

"In Newala District, the behavior of many adult and adolescent men places them and their partners at risk of contracting HIV. Sexually active men in both rural and urban settings have exhibited low levels of consistent use of condoms. This is associated with a variety of factors such as: low self-risk perception; lack of or limited access to condoms; the belief that unprotected sex is more pleasurable; and that pregnancy is proof of masculinity and fertility."

Juliet Kisakali,
Clinical officer,
Newala District Hospital

Engaging men more extensively in HIV prevention has a substantial potential to reduce both men and women's risk of contracting HIV. On that account, the USAID Boresha Afya Southern Zone Program integrated the new model of reaching men that offers comprehensive and integrated services that are male friendly and ensure privacy and confidentiality. This encouraged more men to participate and increased the number of men reaching for quality HIV and health services to over 1,700 in quarter two.

According to Juliet Kisakali, a Clinical Officer at Newala District Hospital, the integration of male friendly health services has increased the norm of HIV testing among men in the communities especially those at high risk and hard to reach by using trained male champions. Newala like many other parts of the world, has young and adult men who largely control when, and under what circumstances sex will take place and whether a contraceptive method will be used.

In many settings, only a small number of men participate in HIV services (voluntary counselling and testing, anti-retroviral treatment or preventing parent to child transmission), this is due to a variety of reasons, including limited access to health services and the common perceptions among men that clinics are "female" spaces and that "real men" do not get sick or participate in health care. Gender norms also place a disproportionate burden of HIV/AIDS related care on women.

Male beneficiary receiving male friendly health services in a private room in Newala, Mtwara. Photo taken in Feb 2020. ©USAID Boresha Afya – Southern Zone/R.Khalfan (Male Champion at the Newala District Hospital)

Within the period of three months, i.e. January to March 2020, the Program in Mtwara region has managed to reach over 1,700 men who were mobilized and gained access to integrated services (compared with 613 men who accessed health services in the previous quarter). 1,364 men were reached by male champions for educative sessions and accepted to test for HIV, 22 tested positive and were linked to ART. Several men also received other services such as information on family planning, condoms and gender-based violence screening.

"We are delighted to receive multiple health services at once and in a friendly environment this time around. Many times, male champions have been educating several men in the streets on the importance of checking their health, getting condoms and receiving counselling services. The services are free and not time consuming"

Abdulkarim Juma,
Male Beneficiary,
Newala District Hospital

Enhanced Optimized Provider Initiated Testing and Counselling in Ruvuma

Optimized Provider Initiated Testing and Counselling (PITC) performance improved in Ruvuma through the introduction of Bukoba Combination Prevention Evaluation (BCPE) testers and Outsourced BCPE mentors, demonstrated by an increase in regional screening rate to 61% and eligibility rate to 25% (see Graph 1).
Identifying HIV positive clients through Optimized PITC modality has been a challenge in Ruvuma region, particularly in Tier 1 facilities, throughout the first quarter of financial year 2020. This has largely been contributed by the unstable performance in our screening pattern which has resulted into a lower number of individuals eligible for HIV testing.

Among the challenges identified in the Region were problematic client flow which led to missed opportunities for screening, a lack of privacy at screening points, a shortage of expert clients to conduct screening and a knowledge gap among these experts.

Following this unsatisfactory performance, the regional team in collaboration with Regional and Council Health Management Teams (R/CHMT) met to discuss the challenges and came up with the following solutions:

- **Increase screening points in large facilities** (hospitals) with the aim of maximizing the number of screened clients at entry points such as NHIF, Dental clinic, Diabetes clinic and TB clinics;
- **Engage facilities' Health Care Workers** (HCWs) to conduct screening services on extended hours/extra time;
- **Conduct daily performance review meetings** with facility staff to identify gaps and recommend areas for improvement;

Despite the execution of these strategies, there was only a slight increase in performance in terms of screening coverage and eligibility rate. The screening rate increased from 36% in December to 42% in January and eligibility rate increased from 20% in December to 24% in January.

As a result, the region re-strategized additional interventions to boost screening coverages and eligibility. Following several regional meetings and support from the Program's head quarter, the following additional strategies were proposed and implemented:

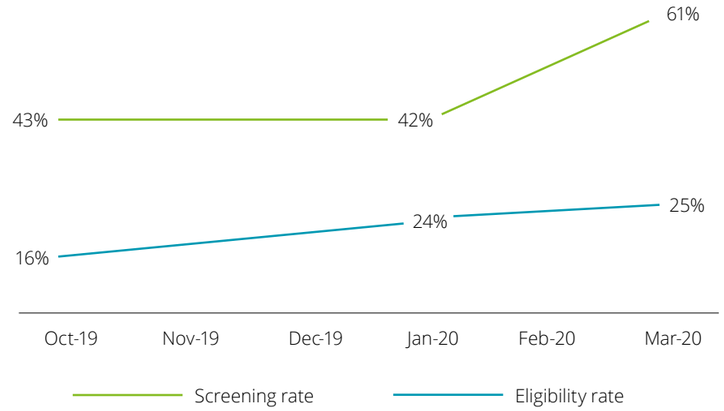
- **Recruitment of additional expert clients** to tier 1 facilities (17 expert clients recruited);
- **Outsourcing BCPE mentors** from other regions for mentoring and building capacities of expert clients and HCWs conducting screening services to tier 1, 2 and 3 facilities (a team of mentors from Dar es salaam and Morogoro);
- **Recruitment of clinical interns/ BCPE testers** who are qualified medical personnel hired to support screening services to tier 1 facilities and help to capacitate the existing expert clients on the use of the screening tools; and
- **Support partitioning of some screening points** to increase confidentiality during screening.

Implementation of phase two's strategies resulted in significant rise in performance in terms of screening coverage, eligibility and absolute number of positives obtained from OPITC. **Data from January to March 2020 show that the screening rate increased to 61% and the eligibility rate increased to 25%.**

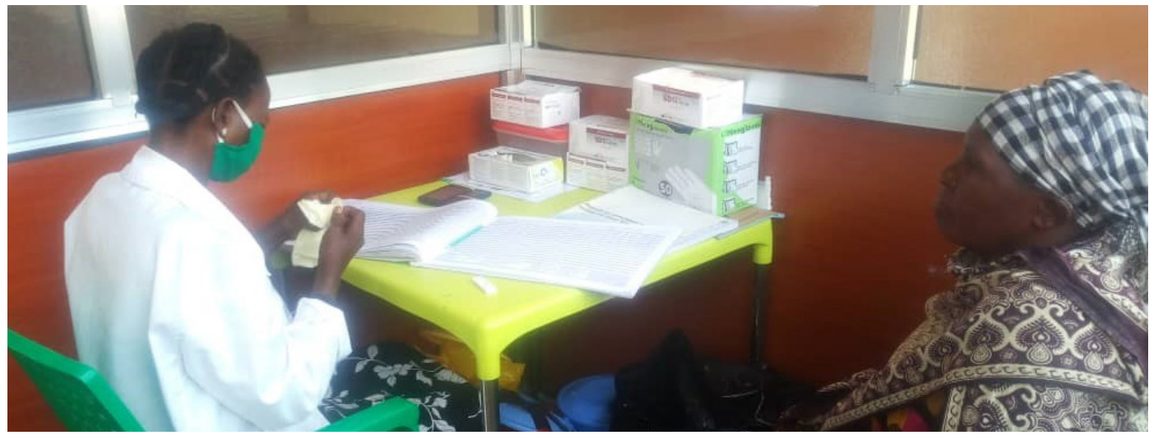
While the region performed relatively better overall, **Tunduru District Hospital deserves special mention for its stellar performance**. The Hospital had experienced a sharp drop in its screening coverage from 75% in December 2019 to 42% in February 2020. With the introduction of testers and BCPE mentors in mid- February to early March, **the screening coverage rose to 73%, the eligibility rate rose from 28% to 45% and the absolute number of OPITC increased from 4 in January to 15 in March, a 275% increase.**

Additionally, the introduction of qualified personnel at Tunduru District Hospital and subsequent use of BCPE mentors for coaching has increased the capacity of our ECs to use the screening tool and improve our positive yield in terms of absolute numbers.

Graph 1: Ruvuma region eligibility and screening rates in Q1 & Q2 2020



Building of movable cubicles improved the privacy of screening and number of screening points which helps to increase screening coverage and eligibility rates. Photo taken in March 2020. ©USAID Boresha Afya – Southern Zone/Dr. C Nyalusi (PMTCT/EID Advisor)



A program supported BCPE Tester performing counseling and testing at St Joseph Mission Hospital-use of program supported trained personnel for BCPE testing improves the quality of screening outcomes. Photo taken in March 2020. ©USAID Boresha Afya – Southern Zone/ Dr. C Nyalusi (PMTCT/EID advisor)

Disclosing Her HIV Status Saved Lucia's Life

"I always thought I was going to die because I did not have any help from my family. No one knew my HIV status because I was afraid of being rejected and stigmatized. Provision of a community-based HIV service gives me new hope."

Lucia Adrian

Lucia Adrian is a 47-year-old woman living with HIV. She got married in 1996 at the age of 23, however; she lost her husband to HIV in 2002. Three years after her husband's death, Lucia developed symptoms suggestive of HIV/AIDS such as progressive weight loss, frequent fevers and prolonged diarrhea. This prompted her to seek HIV testing services in which her results came out positive. Lucia started her medication the same year at the Morogoro Regional Referral Hospital.

Unfortunately, Lucia discontinued her medication in 2011 because some of her family members had suspected that she was HIV positive. No one wanted to see her, nor be near her. Thus, she felt like an outcast and felt that some of her family members were ashamed of her. Therefore, Lucia decided to move to Tabora region, away from her family, to start a new life. However, in 2015, Lucia's parents sent her back to Morogoro region because she had fallen very ill.

As a result of her poor health condition, Lucia decided to disclose her HIV status to her parents and relatives. Her parents then found a Community Based HIV Services (CBHS) provider, in their ward, to help and guide Lucia to 'back to care and treatment' counselling. Following this, the CBHS provider linked her to her former Care and Treatment Clinic (CTC) at Morogoro Regional Referral Hospital. At the CTC, Lucia was counselled, re-initiated on ARTs and enrolled to CBHS.

Furthermore, the CBHS provider linked Lucia to a People Living with HIV (PLHIV) support group for psycho-social mentorship. She was also linked to a Savings and Internal Lending Communities (SILC) group to strengthen Lucia's economic status and raise her living standard.

Morogoro Regional Referral Hospital, Morogoro Municipal Council, Morogoro, Care and Treatment Clinic where Lucia was enrolled back to treatment. Photo taken in April 2020. ©USAID Boresha Afya – Southern Zone

The extensive support from the PLHIV group resulted in Lucia being able to improve ARV drugs adherence. Consequently, in January 2020, her HIV viral load was suppressed, and she moved from being an unstable client to a stable one. This enabled her to receive 3 months ARV prescription in contrast to unstable clients who receive 1-month ARV prescriptions.

Currently Lucia is happy, healthy and an active member of her community. Through the SILC group, Lucia has been able to start and operate a drinks-grocery that helps her earn an income. She is using part of the income to build her own house in Bigwa ward.

Improved Pediatric Viral Suppression in Njombe

A campaign known as **"KANYAGA TWENDE"** was introduced to fight the pediatric low viral suppression rates that exists in many children in Njombe region. By the end of the second quarter, the campaign had resulted in an increase in pediatric viral suppression rates from 72% to 86%.

Viral suppression rates of HIV pediatric patients are well below the target when compared with those of adult patients across the region. This is attributed to poor adherence to medication which is a known cause of low viral suppression among children. A child's adherence to Antiretroviral Therapy (ART) is strongly influenced by caregiver(s) who physically make the medicine available to children. However, it was noted that some care givers had not been executing their task as expected due to various limitations.

To address this, the Program held a meeting with the Council Health Management Teams (CHMTs) and Health Care Workers (HCWs) in July 2019 to discuss measures to improve pediatric viral suppression. As a result of the meeting, the Program trained two district mentors from each council to provide knowledge on appropriate pediatric medication, use of dosing chart and discloser processes to care givers in the Program supported sites. The training also provided mentorship skills and pediatric HIV education to the mentors.

Although this intervention helped to increase the pediatric viral suppression rate from 69% to 72% within a period of three months, the rate was still low. The Program, therefore, held a two-day meeting with Regional AIDS Control Coordinator (RACCs), District AIDS Control Coordinators (DACCs), District Medical Officers (DMOs), District Pediatric Mentors (DPMs) and CTC (Care and Treatment Clinic) In charges. In the meeting, the team deliberated the region's pediatric performance and ways to improve pediatric viral load suppression by sharing best practices from best performing sites and listening to challenges from the facilities which had low suppression rates.

Subsequently, members agreed to run a campaign that would promote appropriate use of medication to improve the well-being of children infected with HIV. The name of the campaign was **'KANYAGA TWENDE'** and it was held from September to December 2019. The agreements of the campaign were as follows:

- **Pediatric Antiretroviral Drug Optimization (PADO).** Pediatric clients receive a default first line regimen, according to the national guidelines, which include Abacavir, Lamivudine and Lopinavir boosted with Ritonavir (ABC+3TC+LPV/r) instead of Zidovudine, Lamivudine and Nevirapine (AZT+3TC+NVP) that was used by 70% of them;
- **Introduction of pairing to all pediatric clients with high viral loads.** Pairing is the attachment of a client with a high viral load to a Health Care Worker (HCW) who is responsible for reminding this client on proper dosage and period of medication.

Pairing is to be done by coupling a child with HIV to a Health Care Worker (HCW) and to a peer educator who follows up on the child daily

- **Introduction of viremia clinics in Program supported sites.** Clinic sessions are conducted on Saturdays with the aim of mobilizing pediatric and youth clients with high viral loads to discuss the challenges on medication as well as to emphasize on proper adherence so to increase suppression rate
- **Promotion of Effective Enhanced Adherence Counselling (EAC).** This involves monthly counselling sessions for patients with high viral loads to identify barriers to adherence and provide strategies to overcome them
- **Delivery of simulation at clinics.** Clients who are virally suppressed describe to others how they take their medication and what they do to keep themselves safe

Nazareth Hall, Njombe - Health Care Providers and Peer Educators when receiving a 3-day orientation on psychological pairing towards improving pediatric viral load suppression. Photo taken in July 2019. ©USAID Boresha Afya – Southern Zone/ James Benjamin

- **Provision of incentives to Health Care Workers (HCWs)** who made their paired children virologically suppressed. This is done by giving them a form of extended working hours pay

Following the campaign, facilities observed a higher clinical attendance by caregivers and pediatric clients, and as a result pediatric viral suppression rates increased in December 2019 from 72% to 76% and then from 83% to 86%. Likewise, as a result of the campaign, a center like St. Joseph Ikelu Hospital in Makambako District has been able to maintain a 100% pediatric viral suppression rate.

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