



# USAID Afya Yangu Southern

*TITLE: A COMMUNITY GETAWAY TO REACH AND INCREASE  
TB NOTIFICATION TO TB-VULNERABLE POPULATIONS IN  
NJOMBE DISTRICT*

Donor: PEPFAR/USAID

Contractor: Deloitte Consulting Limited

Sub-Contractor: MDH and T-MARC

# OUTLINE

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Results

General Observation/Discussion

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# BACKGROUND

- According to the WHO TB Global report 2021, worldwide close to half of the people ill with TB missed out on access to care in 2020 and were not reported
- Tanzania misses approximately 48,209 TB cases of all forms annually
- One of the NTLP strategic plan VI 2020-2025 targets which is in line with the Stop TB Partnership, is for all countries to reach 90% of the key population with TB services including those with limited access to quality TB services
- Njombe DC is one of the Njombe Region councils with many geographical difficult-to-reach areas. This among other factors has attributed to low TB notification in the council
- For the first 6 months of FY22, the council recorded 8 TB cases, with three months recording 0 notification
- USAID Afya Yangu Southern in collaboration with NTLP and R/CHMTs is implementing a facility and community-based TB services
- Community services through campaigns aim at finding missing people with TB among the underserved at-risk population for TB in hard-to-reach areas.

# METHODS



*Community sensitization, TB screening and diagnosis using the mobile van*

- Community TB campaigns were conducted in Njombe DC.
- At the community level sensitization was done in collaboration with local leaders and Community Health Workers (CHWs).
- Events included the use of the NTLP mobile van but in the absence of the Van, coordination of the council vehicle and the team was done. The events took place between July (mobile van) and October.
- Ward and village levels TB sensitization and awareness meetings TB were done
- Mass TB presumptive screening and subsequent cascade management,
  - ❖ Anti-TB provision,
  - ❖ Contact tracing of households for the newly diagnosed clients and
  - ❖ IPT provision to eligible under 5 children

# RESULTS

- Around 305 individuals received health education about TB during campaign services and were screened for TB.
- Among them, 229 (75.1%) were identified as presumptive TB clients, and 201 (87.8%) of these people were tested for TB.
- A total of 40 cases of TB have been notified among all presumptive making a yield of 17% of those tested, 15 were bacteriologically confirmed TB (9 through GeneXpert and 6 through a microscope) and 25 were clinically diagnosed with TB.
- Out of diagnosed TB patients, all (100%) started TB treatment

## RESULTS CONT....

- Njombe DC Mobile Van- July 2022

Screened	Presumptive	Bacteriological confirmed	Clinical Diagnosis	Total TB Notification	Yield
153	107(70%)	8	8	16	14.9%

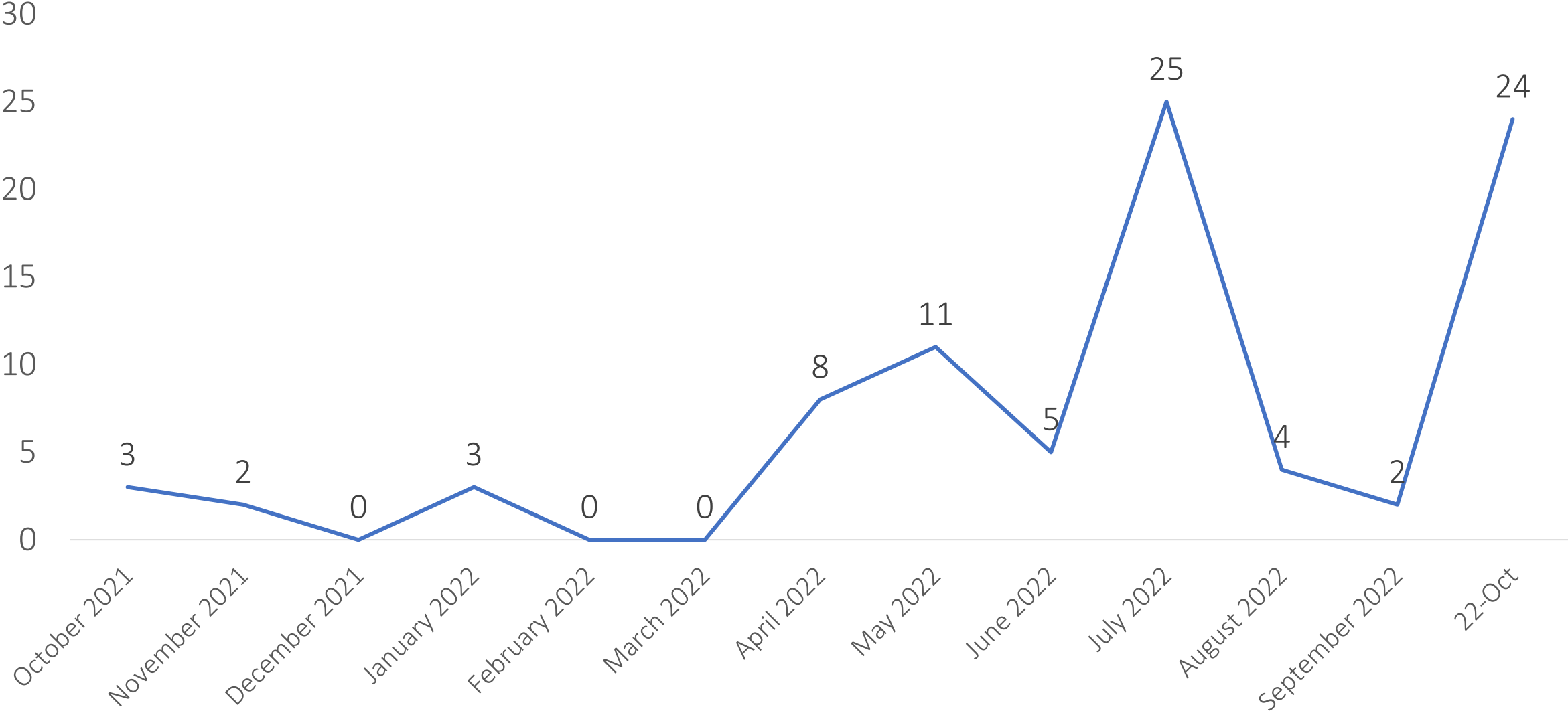
- Njombe DC TB Campaign 10th-14th Oct 2022

Ward	Screened	Presumptive	Gene Expert	Bacteriological Confirmed	Clinical Diagnosis	Total TB Notification	Yield
Ikondo	152	122	94	7	17	24	20%

- Njombe DC Total Mobile Van and TB Campaign

Screened	Presumptive	Gene Expert	Bacteriological confirmed	Clinical Diagnosis	Total TB Notification	Yield
305	229	96	15	25	40	17%

# Observation: Council Notification Trends





# Conclusion and Recommendations

- It is evident that we still have missed clients yet to be TB notified in our communities.
- Limited access to quality health services due to geographical location, as it was noted too, most of these communities lack proper TB education.
- Deliberate collaborative and multisectoral efforts by key regional and council stakeholders are still needed to reach these marginalized communities
- Community led campaigns even with limited resources at the council level to reach these key and vulnerable populations (KVPs) with quality TB education, screening, and subsequent management of notified TB cases are essential in efforts to end TB and save lives.
- Strengthening facility-community linkages is important to sustain the gains achieved in the community services offered



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- **SITE LEVEL IMPLEMENTORS:** CHW TB, Facility Incharges, Village and street leaders and HCWs
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