

Current TB Grants from USAID's Child Survival Health Grants Program

Title of Project:

Thanzi – Tuberculosis Health Project in Zambia
(Partner for NTLT Tuberculosis Control in Eastern Province, Zambia)

Prime Implementing Agency: CARE

Project Partners: MOH, CDC, Churches Health Association of Zambia (CHAZ)

Project start date: October 1, 2007

Project end date: September 30, 2012

Project description:

CARE International Zambia has been implementing Thanzi project since October 2007. The project's goal is to partner with the NTLT to strengthen the DOTs program reduce mortality and morbidity associated with TB and TB-HIV in the four Districts of Eastern Province of Zambia. The Project will achieve this goal through the following strategic objectives which are to (1) to intensify and expand systemic approaches to community-based control of TB through DOTs (expanding community based structures working in TB and building their capacity to participate in DOTS). (2) Strengthen the delivery capacity of the district and provincial TB programs to address the impact of co-infection on TB (here the project has Activated and strengthened TB collaborative bodies and encouraged participation of TB-HIV agencies at District and Provincial level to improve implementation and outcomes; (3) to increase private participation in the TB program. Thanzi focuses on four of eight districts of Eastern province, covering a total population of 1.05million (2005 est.), the four Districts had the lowest Case Detection Rates (CDR) in the country, at 23% of estimated smear positive cases and 30% of all cases while the case notification was 55/100,000 and 155/100,000 respectively

Successes:

- 615 new smear positive and 1,575 all new TB cases were notified (July 07 to June 2008)
- Increase in the number of new smear positive detected from 57/100,000 in the period July 2007 to June 2008 compared to 55/100,000 baseline data of 2007
- For TB/HIV collaboration activities; there was increased access of TB patients, accessing counseling and testing as a result 674(64%) out of 1,054 All new TB were tested for HIV compared to 37% at baseline
- 560 TB patients out of 852 that were referred for counseling and testing and ART services, tested HIV positive and 217(29%) were put on ART.
- 125 NHC committees and 50 FBO/women groups and church groups were identified and activated to participate in TB DOTS awareness and building of community support for health seeking, treatment adherence and completion and as well as reaching out to the community.
- Trained 40 health workers in TB DOTS using Certified NTLT trainers to improve service delivery and capacity of Health workers to engage with and provide support to the community based structures involved in TB control
- Strengthened TB-HIV coordination bodies at Provincial level as well as District level with the full participation of all Projects' partners.
- 34,758 people were sensitized on TB/HIV key messages
- 400 volunteers have been identified for the role of community based treatment supporters in the four districts and trainings to start after September 2008 (FY 02).
- Identified 30 local companies to engage in TB/HIV co-infection activities at workplaces and Trainings to be undertaken after September 2008 (FY 02).
- Total of 125 Health Facilities staff have been oriented on TB DOTS program to enhanced high quality expansion within health facilities services area.

- Involved all Projects' Partners in all aspects of Project programming from Developing the DIP right through execution of activities.

Constraints:

- Staffing at government primary health care facilities, especially for laboratory technicians in all four districts has been very poor. This has prevented meaningful TB case diagnosis
- Limited TB microscopy services due to vastnesses of the four districts. This again has prevented meaningful TB cases diagnosis
- Lack of regular Technical supervision on TB/DOTS to Health Centers by the NTLP
- Inaccessibility of some Health centres during the Rainy season due to floods.

Lessons Learned about community-based TB, or reaching marginalized people, or involving civil society:

- Having a well defined structure for TB Control at community level helps in implementing TB Control activities ,Community volunteers plays an important role in case finding, treatment support and adherence ,Defaulter tracing and contact tracing. Treatment supporters are able to focus and work within their zones and report to the Zonal leaders who in turn report to the Health centre focal point person. Having this structure in the community has proved to promote sustainability as it instills a sense of ownership of TB Control strategies and the project among community members, and it also promote referral of patients from the community to Health centres and vice versa. In addition to this, having a well defined structure at community level also ensures proper flow of information from the community up to the Health centres and vice versa.
- Conducting joint Technical Support to Districts/Health centres with all Partners involved in TB promotes collaboration and coordination among all key players. It also promotes sustainability of the project's interventions after the end of the Project since all partners are be familiar with the project's interventions/strategies.
- Strengthening of the TB-HIV coordination bodies has helped to increase collaboration and coordination among all key players at Provincial , District level and Health centres, partners are now able to share work plans and strategies on how best to implement programmes and thus reducing on duplication of efforts. Further more TB-HIV Coordination meetings provides a flora for analyzing the performance of the two programmes and to see to it that feedback and advice is given to poor performing Districts.

Project Contacts:

Dr. Khrist Roy. CARE USA. 151 Ellis St. NE Atlanta, GA 30303

Phone: 404-979-9147. Fax: 404-589-2624. Email : kroy@care.org

Bryan Baleke Ng'ambi/Mike Kasoka. CARE Zambia, Plot No. 1471, Moth, P.O Box 510728, Chipata, Zambia

Phone: +269 216 221292. Fax : +260 216 221317. Email: bryanngambi@ymail.com, kasokamike@yahoo.com



Treatment Supporters just trained in TB DOTS
DOTS Workshop



Community volunteers attending a
DOTS Workshop