



**Coordinating Meeting of the Tanzania TB Community
Forum in support of National TB Response**

Meeting Report

**Corridor Spring Hotel, Arusha, Tanzania
Report Date: 13th August 2019**

ABOUT THE TANZANIA TB COMMUNITY NETWORK

Tanzania TB Community Network (TTCN) formerly known as Tanzania TB Community Forum brings together Civil Society Organizations (CSOs) including Community Based Organization (CBOs), Community Groups and Partners working in areas of Tuberculosis (TB) in Tanzania. TTCN works through leadership, collaboration, education and community based advocacy to generate the implementation and ambition to close gaps to end TB. TTCN operates through a secretariat currently hosted by the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) based in Arusha, Tanzania. The secretariat is governed by a Coordinating Board that sets strategic direction for the fight against TB in Tanzania. TTCN was established on June 9th, 2017 in Dodoma through TB Challenge for Civil Society Round 7 funded by the STOP TB Partnership Geneva and implemented by EANNASO. The overall role of TTCN is to increase networking, coordination, information sharing, learning and dialogue amongst CSOs/CBOs and Community groups in the TB response.

OPENING REMARKS

The opening remarks were provided by EANNASO Executive Director (Ms Olive Mumba). In her remarks Ms Mumba expressed how pleased she was to see everyone in the meeting. She also stressed the importance of these meeting which is to update each other on the status and activities of TTCN, members and share experience among each other. She welcomed the participants and encouraged fully participation of the participants.

INTRODUCTIONS AND EXPECTATIONS

In this session participants introduced themselves and shared their expectations from this meeting. The following are the participant's summary of expectations:

- i) Learn more on how Tanzania TB community groups work
- ii) Know what are the challenges for the development of the forum
- iii) Make sure that there is collaboration among various organizations in TB response.
- iv) Share experiences on how community group work in TB response.
- v) Come with a clear strategy on how to eradicate TB
- vi) See what the government has done and still doing in the TB response.

MEETING OBJECTIVES AND AGENDA.

To ensure that TB CSOs, implementing partners and NTLN are familiar with how they work together to support the TB response in Tanzania.

- i) To increase networking, coordination, information sharing, learning and dialogue amongst CSOs/CBOs and Community groups in the TB response.
- ii) To present the TTCF Strategic Plan for stakeholders to comment and to provide suggestions for finalization of the SP.
- iii) To build strategic partnerships among stakeholders for policy, strategy and law reforms for effective TB response in Tanzania.

Agenda of the meeting was then presented to the participants and it will be attached as Annex.

CURRENT STATUS AND COMMUNITY INTERVENTIONS.

- This part was done by Christine from NTLP, she gave an introduction, progression of implementation and achievements and challenges in community intervention. In her presentation she highlighted one among the goal of NTLP which is the decentralization of TB services beyond health facilities to communities through reduction of burden/cost for diagnosis and treatment among TB patients, early TB case detection, reduce TB transmission in communities and Improve TB treatment outcome.
- Among other roles of NTLP is to assign partners the regions that they need to provide their TB services. NTLP presented some of the partner's regions in Tanzania which are Kagera, Mara, Shinyanga, Dodoma, Tanga, Mbeya, Ruvuma and Simiyu are under **MDH**, Tabora, Singida, Manyara under EGPAF, Lindi mtwara, Iringa, Njombe and Morogoro under **Delloite**, Arusha, Pwani, Geita, Mwanza, Kilimanjaro were under **KNCV** but for Songwe, Rukwa, Katavi, Kigoma do not have a partner for now.
- Data shows that, community contribution has helped to increase active TB case finding from 15% in 2017 to 17% 2018 thus the contribution of the community can never be ignored.
- The challenges facing community's interventions include low coverage, inadequate supervision, monitoring and mentorship, little fund allocation for community TB interventions and long distance from communities to diagnostic centres.

Discussions

1. *Which regions are you supporting and what are your roles there?*

We work in all regions in the country in terms of payment to health care providers (nurses and doctors). We also develop and reviews national SP.

2. *There has been a problem on the accuracy of the data in the system. How do you deal with that?*

It is true but community need to be accurate in the data they put in the system. And the system is always being improved it has not been finalized.

3. *What is going to happen to those regions that currently don't have a partner?*

For now, we are still looking for partners to those regions with no partners including those which were under KNCV because their project is over.

PARTNERS PRESENTATION ON THE COMMUNITY INTERVENTION, ACHIEVEMENTS, CHALLENGES AND LESSON LEARNT.

In this section partners (KNCV, MKUTA, SHDEPHA, MDH) presented the interventions made by TB community and the achievements, challenges as well as lesson learnt.

a) KNCV presentation

- KNCV is an NGO which had 5 years USAID funded project established under Challenge Facility for Civil Society with emphasis on the community TB care Interventions. It is working in 7 regions in Tanzania including Dar es Salaam, Pwani, Arusha, Mwanza, Geita, Zanzibar, and Kilimanjaro. The goal of its establishment was to end global TB epidemic.
- There are 4 key intervention areas including TB laboratory, Programmatic Management of Drug Resistance TB, QI for TB case detection, surveillance/M&E, TB/HIV integration and community TB care.
- Among the achievements of KNCV include contact investigation, active case finding, launching of self TB screening by using a mobile phone (mHelath implementation), Tracing lost to follow up at laboratory at TB clinic Sputum collection and transportation from community to diagnostic health facility, Monthly supportive supervision and mentorship to community volunteers and CBO members, Quarterly community performance review meeting to verify data (involves community volunteers & CBOs, RTLC, and DTLC/DTHO) and Sharing of best practices and success stories
- The challenges facing activities include, Since the NTLP has moved to an electronic TB register, challenges remain on recording community cascade data which is not

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captured in the system, the project depends on donors (no sustainability) and minimal coverage. The presenter recommended on Working with other partners to support contact investigation activities. For example, in Dar es Salaam contact investigation is also conducted by Management and Development for Health (MDH), NTLF to continue supporting the gains made by CHVs. Another challenge is the sustainability of the project. Currently the project is at end and the regions supported by the project has been left without a partner.

Discussions

1. your organization should start thinking of the sustainability of the project rather than leaving the regions hanging.

b) MDH Presentation.

- MDH is SR of AMREF Africa. Among the goals of MDH in TB is to reduce TB epidemic & burden in TZ by 2020. The project has two modules which are TB care and prevention and MDRTB. MDH covers 8 regions with 64 districts in Tanzania which are Mbeya, Mara, Dodoma, Shinyanga, Ruvuma, Mara, Kagera and Simiyu.
- MDH achievements include, Total Community TB notification achievement 194% (2642/1365), 50% achievement of Community contribution from all TB notified case, Increased TB case notification from mining sites (e.g. 48 TB cases notified at Kigeraetuma mining sites Musoma Dc –Single event), Engagement of Traditional healers contributed to increasing community TB notification (31 TB cases notified from 1067 referrals), Pediatric notified TB case 16.7% (884/5247).
- Challenges facing MDH include; Inadequate of reliable Transport to support Regional and District community activities, hence difficulties to complete some activities as planned in the work plan, Inconsistency/delays updating Data's into ETL system, Wrong recorded between facility and community contributions, duplications both facility and community, Inadequate gene expert machines in 44 districts, Lack of general services to Gene Expert as a result frequently break down of machines, Lack of support from approved work plan on CHVs/SFs/THs TB Program review meeting either quarterly, biannual or Annually, Lack of enablers for CHVs in supported regions.

Discussions.

1. *There are some targets that you have overachieved. Why is that?*



The targets were set by Global fund. And we over achieved because of the use of Community Health Workers.

2. *How are CHW involved in following up with MDR TB patient?*

They are involved especially in the early 80 days. A CHW is given 10000/= everyday as transport to follow-up on the sick person.

3. *Some of the traditional healers have been complaining of not getting their payment on time. How can you assist?*

If there is any person with payment problems, he or she has to report to the regional program officer. MDH have sky conference every Friday and each regional program officer gives feedback if there are any pending payments.

c) SHDEPHA presentation

- The organization has been implementing TB REACH project in Kahama and Shinyanga. The project tasks performed are TB education and awareness raising, TB screening and linkage and referral services, TB treatment initiation, patient tracking.
- Through the project, they have been able to notify TB cases more than the estimated in (2016 -162, 2017-200, 2018-197, 2019-207). They also have been able to raise TB awareness to the community and reach a large number of people.
- Challenges facing the project implementation include, few TB diagnostic centers with a long distance from Dx to Non-Diagnostic center, few laboratory personnel/technicians at HF, Some TB diagnostics centers have put restrictions in receiving community samples as it accepts only 3 samples a day, Mobility of Miners and FSW due to Discoveries of new Gold mining and thus makes it hard to track

Discussions.

1. *Did you include MSM and sex workers in your work as they are also prone to TB?*

During proposal writing this group was not included so we have not been working with them but in the next proposal we will put them as key population.

2. *How do you follow up with miners who have TB if they leave the mining site?*

We use peer educators who are also miners and health care providers. Those who are in treatment are given referral letter and we follow up in the referred health centre if that person started treatment. We also follow up to those



people who that person has written as his close person when they were first diagnosed with TB.

3. *Where did you get the data that you presented?*

The data were given to us by DMO and RMO in our regions.

d) MKUTA presentation.

- MKUTA is an organization that focuses on building a TB and HIV free Tanzania. It focusses in Tanzania mainland. Main activities include coordination, capacity building, advocacy, resource mobilization (of various TB/HIV partners, development partners, private sector, INGO`s, FBO and Academia) and evidence generation.
- MKUTA achievements include; Tremendous growth of TB clubs to ensure coverage of entire Tanzania Mainland (From 8 TB clubs in 2005 to 67 in 2019-35%), Gained technical and financial support from government and partners (MoHCDGEC, LHLI, MDH, ICAP, Jhpiegho, Open Society, CBI, MDM, DCEA, Stop TB partnership, Apopo), Increased Services delivery capacity of TB clubs and Ex-TB patients across the country, Development of Strategic plan and review of MKUTA constitution, Strengthened economic empowerment of individuals, Increased representation of Ex- TB patients in various policy dialogue forums (TNCM), Strong organizational leadership and unity among Ex-TB patients in the country, There is a trickledown effect of skills acquired by trained Ex TB patients from the Vocational training skills, computer skills, English course and IGA skills, Increased participation of Ex –TB patients in economic empowerment interventions such as VICOBA and IGAs supported by MUKIKUTE and self-initiatives
- The challenges facing MKUTA include; The sustainability of interventions is in jeopardy due to high donor dependence, Lack of permanent own office and premises for MUKIKUTE, about 60% of our strategic plan has not been implemented (due to inadequate funding, staffing, equipment's and infrastructure

Discussions.

1. *How did you manage to work with traditional healers?*

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They started by mapping them out. Then have a discussion with them on what MKUTA what to do. Then gave traditional healers awareness on TB including the symptoms of TB. They have been working together with ex TB patients (TB communities) on regular basis in identifying people who visit their work place with TB symptoms.

2. *Have you done any work with people who sell pharmacy as many people tend to visit them than how they visit hospitals.*

MKUTA has not done any work with pharmacist but it is within our work plan to include them in the process.

3. There was also a comment for MKUTA to start going into schools for the purpose of raising TB awareness in schools and TB screening.
4. TB clubs should also be created in schools.

TTCN ACHIEVEMENTS, CHALLENGES AND LESSONS LEARNT.

- This part was presented by Winifrida from EANNASO. She gave background of TTCN, achievements and challenges. TTCN was formed under the Challenge Facility for Civil Society Round 7 on 9th June 2017. CFCS R7's goal was to build recognized civil society/community networks that represent, support and are accountable to communities who can partner with one another and successfully engage in national TB responses.

The following are the TTCN achievements

- Institutionalization of the Tanzania TB Community Network and formed a transition steering committee as well as the development of the Vision, mission, objectives, constitution of the network. The network has also been registered and the name changed from Tanzania TB Community Forum to Tanzania TB Community Network. Development of the TTCN Five years (2020-2025) strategic plan, Community engagement in the UN High Level Meeting on TB, conducted TB awareness and screening schools in partnership with Sanaa Walipo in Meru District (773 students and 4 teachers were screened for TB- Presumptive cases 77 students and 4 teachers, the results were negative (none of the presumed was positive), development of community IEC materials and Policy brief development. Another achievement is the dissemination of the national TB strategy utilizing community friendly language. Conducted a

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dialogue between communities and parliamentarians focusing on domestic resource mobilization for TB and conducting Annual TB Community Network Meeting

The challenges facing TTCN are;

- The forum is not registered (it has been hard to register TTCN because of the current laws and regulations for registering NGO), Limited funding to complete various organization activities, Low coverage – Community TB interventions (no representatives from all regions in Tanzania), it has been hard sharing of information amongst members (there is a WhatsApp group but not all members have smart phones) but the forum is still looking for a way to share information among TB organizations.

Discussion

- TTCN meetings should be scheduled in line with TNCM such that they can feed each other with information.
- EANNASO and MDH should consider increasing the number of days for the meeting. This is because one day is not enough to discuss all the issues facing TTCN members.

TTCF NSP

A consultant (Claudio Msengezi) took the participants through TTCN Strategic Plan of 2020-2025. He mainly focused on chapter 4 (four) strategic goal, objectives and actions. He presented the four (4) objectives in the SP and gave more clarification of each objective to the participants. After his presentation participants were divided into four (4) groups as regards to the objectives. Participants were given a task to comment, input basing on the objectives. During the group discussions, the challenges facing Tanzania TB Community were addressed including lack of enough fund, little participation among TB actors, Stigma for people with TB, low understanding on TB issues. Participants presented these challenges among others and collected what their presentations to the consultant to be included in the SP.

WAY FORWARD

- TTCN secretariat will write and share the meeting report will be shared with all participants after its finalized.



- TTCN secretariat to continue with registration process, members will be informed of the status. And Members to submit their registration certificates to support the process.
- Secretariat and the consultant will continue with finalization of the strategic plan based on stakeholders. A final will be shared with everyone where possible translation will be made.

CONCLUSION.

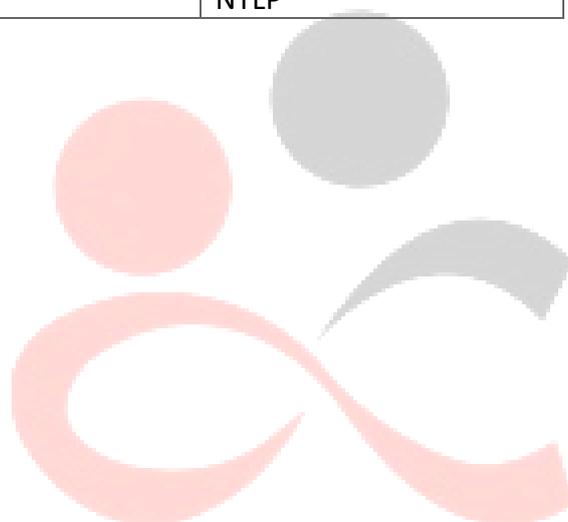
The meeting was a success. Most of the participants invited were able to attend. It was also a very good platform for the community and CSOs to update each other and share experience on what have they been doing in TB.



Agenda

Moderator: Rodrick Mugishagwe

TIME	ACTIVITY	SPEAKER
08:00-08:30	Arrival and Registration	Beatrice Mdobi
08:30-09:00	Introductions	All Participants
09:00-09:30	Welcome Remarks	Olive Mumba
09:30-10:00	Workshop Objectives Expectations and Agenda and Logistics	Winifrida John
10:00-10:30	Current Status and Community interventions (hali ya sasa na uhusishwaji wa jami)	NTLP
10:30-11:00	Tea Break	All
11:00-12:00	Updates on Community TB Activities	NACOPHA MKUTA SHDEPHA+ MDH KNCV
12:00-12:30	Compensation Plan for Community Health Volunteers	Dickens Mbwana
12:30-13:00	TTCF Achievements, Challenges and Lessons learnt	Winifrida John
13:00-14:00	Lunch Break	All
14:00-14:30	The 2020-2024 TTCF Strategic Plan	Claudio Msengezi
14:30-15:30	Group Work: 2020-2024 TTCF Strategic Plan TTCF 2020-2024)	Groups
15:30-16:30	Group Presentation and Discussion	Groups
16:30-16:45	Way forward	Olive Mumba
16:45-17:00	Vote of thanks	CHWs
17:00-17:30	Closing Remarks	NTLP



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