



ZANZIBAR NURSES ASSOCIATION (ZANA)

TRAINING REPORT ON TUBERCULOSIS CONTACT INVESTIGATION AMONG HEALTH CARE PROVIDERS FROM PROJECT SELECTED SITES PEMBA

VENUE: PUBLIC HEALTH CONFERENCE HALL



DATE: 19TH -21ST JULY 2024

EXECUTIVE SUMMARY

Tuberculosis contact investigation is a TB control strategy used to identify, find, and assess TB contacts and provide appropriate treatment for latent TB infection (LTBI) or TB disease, effective contact investigations interrupt the spread of TB in communities and help prevent outbreaks of TB, effective Tuberculosis contact investigation implementors should acquire knowledge and skills,

Through this Zanzibar Nurses Association trained healthcare workers from project area health facilities at South Pemba (Chake Chake and Mkoani Districts) to equipped health care workers knowledge and skills on effective contact investigation method.

Opening Remark

The training officially opened by Assistance project Coordinator ZANA Pemba by welcoming the participants who are Health Care Providers from selected health facilities by said that it give me great please to speak to you for this training occasion of three days training organized by Zanzibar Nurses Association –ZANA I need to take my appreciation to leadership to take their effort to secure funds from USAID under JSI for 15 months project on TB contact investigation (TBCI).

On her remark highlighted the TB disease burden including morbidity and mortality, on importance of early notification all with TB symptoms during contact investigation and sent them for examination immediately, According 2022 report TB is the third leading courses of death and second leading infection disease killer after COVID 19 in 2021. Its estimated 10.6 million people fell ill with TB. Out of 133 cases among all incidents TB cases were among HIV clients, Males more effected (55%) female 33% and 12% children of 0-14 years. 30% of people globally infected with TB and Tanzania are among countries with burden of TB.

The Zanzibar TB prevalence survey conducted in 2012 estimated TB prevalence of 124/100,000 which is equivalent to 1,612 TB cases per year. Cases notified in 2023 was 1,135 which is **67.5%** of the estimated cases. Total of 1135 TB cases were reported in 2023 in which 1,090 (94.0%) were new cases, 350 (32.1%) cases were bacteriologically confirmed, 591 (54.2%) were pulmonary clinically diagnosed and 149 (13.7%) were extra pulmonary TB patients.

In her speech express her appreciation to the Zanzibar Integrated HIV, TB leprosy Program or their assistance and collaboration from the beginning of the project include the facilitation take place.

She tell the participants to work closely with ZANA as we have long way to go and joint effort to be able to identify suspect TB cases with the communities and take all measure to test and link to appropriate Hospital for further management, at the same time to work with

Community Health workers in identifying TB Contact investigation and refer to them for investigation and feedback after diagnosed.

Finally he thanks the facilitators who will make facilitation for participants

Participant Expectation

- Having understand each other and to know what is ZANA and its roles
- Get more knowledge on TB Contact investigation
- Getting new updates on TBCI implementation
- Know new innovations for TB case detection in relation to TBCI
- To know Infection Prevention control and how it will help in our day to day

Objective of the training

The goals of the meeting were to equip health care providers with knowledge and skills in TB contact investigation technique to consume successfully halt of TB transmission and prevent future cases and outbreaks of TB disease.

Background

The TB disease is caused by Mycobacterium TB which spreads from one person to the other through inhaled droplets infected with MTB. The droplets are expelled when the person with TB sneezes or coughs. Inhalation of the contaminated droplets may cause TBI and some of those with TBI may develop TB disease in their lifetime. Household contacts of bacteriologically confirmed patients, and people living in congregate settings are at increased risk of TBI whereas PLHIV, Children, elderly, people with diabetes mellitus, under nutrition, tobacco smoking and immune-suppressing therapy and alcohol misuse are at increased risk of progression from TBI to active TB disease.

Tanzania is among the high TB burden countries and is committed to reducing TB burden in the country by 2030 by adaptation of the WHO recommended End TB strategy and its targets. The country has made significant progress in TB control in recent years, with a treatment coverage increasing from 65% in 2021 to 78% in 2022 and treatment success rate remaining above 90%. However, there are still challenges that need to be addressed, including the low number of bacteriologically confirmed TB cases, low detection of drug-resistant TB and low uptake of TB Contact Investigation (TBCI).

To ensure the End TB targets are achieved, two actions need to be deployed. Firstly, all people who develop TB disease should be diagnosed and kept on TB treatment. This will help reduce TB morbidity and mortality. Secondly, those people who are at a higher risk of TBI and progression from TBI to active disease need to be identified and kept on recommended medications for preventing TB (TPT). Contact investigation (active case finding) might identify more people with

TB disease and help early initiation of TB treatment. Hence improved TB epidemiology in the community.

In July 2024, Zanzibar Nursing Association (ZANA) under USAID Tuberculosis Implementation Framework Agreement (TIFA) conducted a three days training on TB contact investigation to health care providers.

Participants Profile: : The training was attended by 25 healthcare workers from health care facilities in Pemba.

Training Facilitators: The training was facilitated by Mrs Valeria Haroub from Zanzibar Integrated HIV, Hepatitis, Tuberculosis and Leprosy (ZIHHTLP), Dr Khamis Abubakar and Khalfan Kh. Khalfan from (ZIHHTLP) Pemba.

Training Venue:: Public Health Laboratory Chake chake –Pemba from 19th -21st July 2024.

This objective inflicted based on following topics.

- Epidemiology of TB in Zanzibar, definition, Transmission, Sign and symptoms, Diagnosis, Management, Risk of TB and TB prevention
- Burden of TB and TBI in Tanzania mainland and Zanzibar
- TB/HIV relationship
- Concept of Drug resistance TB (DR-TB)
- COVID 19 in relation to TB
- Infection prevention Control (IPC)
- Definition of contact investigation
- The importance of conducting a contact investigation
- The risk and vulnerable groups for the TBCI
- TB contact investigation terms
- Approaches used in TBCI
- TB Contact Investigation components

Methodology

- Presentations
- Entire discussion
- Brainstorming
- Buzzing
- Small group discussion and presentation
- Role play

Participants

The participants were health care providers from selected Health Facilities and Hospitals in South Region Pemba, ZANA project officers, other TB coordinator from TB and Leprosy program, all listed above assembled at Public Health Conference Hall on 19th - 21st July 2024 and actively participated on various discussion during training.



Picture above: training participants during facilitation

Session I: Pre - Test

Before the training sessions commenced, participants were administered a pre-test to assess their existing knowledge of TB contact investigation the result will be attached.

Day One

Session II: Environmental scanning, TBCI Guidelines briefing & Course Objectives.

The session reviewed the newly developed TBCI policy guide and its development processes. It highlighted the need for this guide, identified during the midterm review of the TB National Strategic Plan VI and the TBCI situational analysis conducted during implementation of the TIFA project by the Mkapa Foundation. These reviews revealed the absence of a TBCI policy guide to support implementation in the country. The policy guide was also informed by various documents, including the TB CRG and TPT guidelines, as well as international documents from WHO, STP, and USAID.

The session also included a presentation on the course introduction, outlining its goal and objectives.

Session III: Introduction to Tuberculosis

In this session participants were introduced on concept of tuberculosis, The discussion, revolved around TB and mode of TB transmission, TB infectious, factors that increases chance of infectious and Disease progression ,differences between TB infection and Tb diseases and DRTB.

Participants successfully were delivered the presentations which were followed by detailed discussion for further clarification of the subject matter.

Through this interactive session, it was showed that participatory approach achieves sustainability and efficacy when people are completely involved in the process.

Session IV: Introduction to Tuberculosis Contact Investigation

In this session, participants were introduced to the concept of contact investigation, its importance, and the risk and vulnerable groups for TB contact investigation. They also learned key terms used in contact investigation. Additionally, participants were briefed on the approaches used in TBCI in the country and the components of TBCI.

Session V: Tuberculosis Contact Investigation steps

The session began with six tuberculosis contact investigation steps, and Tb algorithm. The session also had role play where the participants were divided in two, one participant act as household contact and another one was health care provider, questions were asked by health care worker and answered by TB patient

Session VI: Communication skills and ethics for TBCI

The session of communication skills and ethic for TBCI was one of the most interactive and discussion oriented during the training and it began with concept of communication, participants were asked questions about communication, importance of communication and what a communication skill is for TBCI.

Impact of good and poor communication and communication barriers and strategies to overcome barriers were discussed by the trainer, and after taking participants opinion, trainer shared some useful skills on communication barriers. More over the challenges which arise during communication skills and ethics for TBCI were also discussed and provided solution to these challenges, were also shared with participants.

Day Two

Session VII: Addressing CRG barriers to TBCI

The session introduced participants to the new concepts of Community, Rights, and Gender (CRG) and Community-Led Monitoring (CLM). It elaborated on their components, their importance in TBCI, and strategies to address CRG related barriers in TBCI.

Session VIII: Monitoring, Evaluation, Collaboration, Learning and Adaptation

The session defined the concepts of monitoring and evaluation, collaboration, learning, and adaptation. Participants were briefed on the importance of recording and reporting for TBCI healthcare workers. They were also introduced to key TBCI indicators, data collection tools, and

the data flow process from the community level through health facilities, districts, and regions, up to the national level.

Day Three

Recap: The day started with a discussion focused on the sessions from day two. Participants were asked to share their key takeaways from day two and any challenges they encountered with the new TBCI concepts introduced so far.

Session. Filling of the TBCI M&E tools

In this session, participants were guided through the M&E tools relevant to TBCI data collection, with detailed, step-by-step instructions on how to fill out each tool.

Session. Roles and responsibilities of frontline health workers and stakeholders

In this session, participants were guided through the TBCI implementation arrangements and the roles and responsibilities of all relevant stakeholders, with a specific focus on the context in Zanzibar.

Session. Infection Prevention Control .The participants oriented on general IPC measure, standard precautions with special focus on environmental control and IPC in special situation such as TB DR. IPC in congregate setting such as prisoners, barrack and Hospital setting. In this session the facilitators highlighted on TB IPC control including administrative control, Environmental control and Personal protection. The participants got opportunity to practice development of TBIPC plan so as to apply the knowledge skill back to their working areas

Issue raised and discussed during the Training:

Low number of presumptive TB

Response. This was clearly expanded during meeting that, there is under suspicious of TB. The participant committed themselves that, they will improve suspicious index.

Issue: Lack of follow up of presumptive TB

Response

Inadequate follow up of presumptive TB was observed during the meeting this is due to lack of knowledge in most of health care workers concomitant reason addressed was poor commitment finally advise even to conduct monthly on job training and mentorship.

Issue: The project will be sustainable after end of 15-month funding

Response: Will discussed at the end of project based on project result

Issue: Which tool will be used during contact investigation

Response: Existing TB contact investigation reporting tool (TB 01, TB 03, TB 17, TB 12, TB 13, TB 14 etc)

Issue : Who will transport the sputum sample during contact investigation

Response : Program sputum transporter hired by program will assist sputum transportation to **GeneXpert site** **BUT** the sample should be stayed at the health facilities

Issue

No TB awareness especial in most of community health care worker's; Majority of community Health care worker had poor awareness and knowledge on TB and contact investigation procedure

Response: Special training program was organized to train 40 Communities health **workers** during the project implementation, these will work closely to health care workers to referred suspected cases and to get feedback to those identified positive for follow up Tb contacts.

Issue: Lack of TB related ACSM materials

Response: ZANA program coordinator will supply developed IEC/BCC materials to community health care workers.

Issue: Lack of TB tool for community intervention especially TB 12, 14 and TB 17

Response: The project will lie with ZIHHTLP program to make sure that the tool are available during the data collection period.

Way forward

1. ZANA will conduct semiannual meeting to see the progress of the project
2. To strengthening implementation of active case finding through contact investigation close follow up will be conducted quarterly to see the best performance.
3. Improve documentation in facility TB tools
4. The program of live TV and Radio program as well as community health education in TBCI will be done during the project implementation to raise awareness on diseases
5. ZANA in collaboration with ZIHHTL Program will circulate TB related ACSM material and Posters
6. Active routine monitoring of patient on first line anti TB during contact investigation

SUMMARY OF ACTION PLAN

S/No	Issue	Wayward	Time frame	Responsible
1	Lack of ACSM material at facility level	ZANA in collaboration with ZIHHTLP should find some IEC/BCC materials and distributed to the health facilities.	Starting from August 2024 on ward	ZANA Project Manager Unguja and Pemba
2	Missing of some community TB tool	ZANA will find way of printing TB community tool and distributed at health facilities and communities.	August 2024 to June 2025	ZANA Unguja and PEMBA
		Five days training on TBCI will be conducted to 40 HCWs to equip with knowledge and skill and identify cases at their communities.	August 2024 to June 2025 during project implementation	ZANA Project team, Health Care workers and CHWs
4	Feedback to local communities leaders (shehias) where the project will be implemented	Trainees should be conduct feedback at their communities and health facilities within project area	Soon after Training	Health care providers who attend the training

Annex 1: Training Agenda for HCWs Training on TBCI-Zanzibar

DAY 1

Time	Session/ Topics	Responsible
08:00 – 08:30	Registration	Training Organizers
08:30 – 09:00	Welcome remarks	Guest of Honour
09:00 – 09:20	Session 0: Environmental scanning, TBCI Guidelines briefing & Course Objectives.	Facilitators
09:20 – 10:00	Pre - Test	Facilitators
10:00 – 10:30	TEA BREAK	ALL
10:30 – 11:50	Session 1: Introduction to Tuberculosis	Facilitators
11:50 – 12:50	Session 2: Introduction to Tuberculosis Contact Investigation	Facilitators
12:50 – 13:00	Q&A	All
13:00 -14:00	LUNCH HOUR	ALL
14:00 – 16:00	Session 3: Tuberculosis Contact Investigation steps	Facilitators
16:00 – 16:15	Day evaluation and closing	Facilitators
16:15 – 16:30	EVENING TEA	ALL

DAY 2

Time	Session/ Topics	Responsible
08:00 – 08:30	Recap	Facilitators
08:30 – 10:00	Session 4: Communication skills and ethics for TBCI	Facilitators
10:00 – 10:30	TEA BREAK	ALL
10:30 – 11:50	Session 5: Addressing CRG barriers to TBCI	Facilitators

11:50 – 13:00	Session 5: Addressing CRG barriers to TBCI	Facilitators
13:00 -14:00	LUNCH HOUR	ALL
14:00 – 15:00	Session 6: Monitoring, Evaluation, Collaboration, Learning and Adaptation	Facilitators
15:00 – 16:20	Session 6: Monitoring, Evaluation, Collaboration, Learning and Adaptation	Facilitators
16:35 – 16:45	Day evaluation and closing	Facilitators
16:45 – 17:45	EVENING TEA	ALL

DAY 3

Time	Session/ Topics	Responsible
08:00 – 08:30	Recap	Facilitators
08:30 – 09:10	M&E Tools filling	Facilitators
09:10 – 10:00	M&E Tools filling	Facilitators
10:00 – 10:30	TEA BREAK	ALL
10:30 – 12:00	Session 7: Roles and responsibilities of frontline health workers and stakeholders	ALL
12:00 - 13:00	Inaction prevention control (IPC)	Facilitator
13:00 -14:00	LUNCH HOUR	ALL
14:00 – 15:00 pm	Session 8: Feld Visit and Feedback	Facilitators
15:00 -16: 00	Session 9: Using of teaching aids	Facilitators
16:0 – 16:30	Posttest and way forward	all

List Facilitators

SN	Facilitators	TITLE	Institution
1	DR. Khamis Abubakar	Facilitator	Private
2	MRS Valeria Haroub	Facilitator	MoH-Zanzibar
3	Khalfan Khamis Khalfan	Facilitator	ZIHHTLP

List of participants

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