

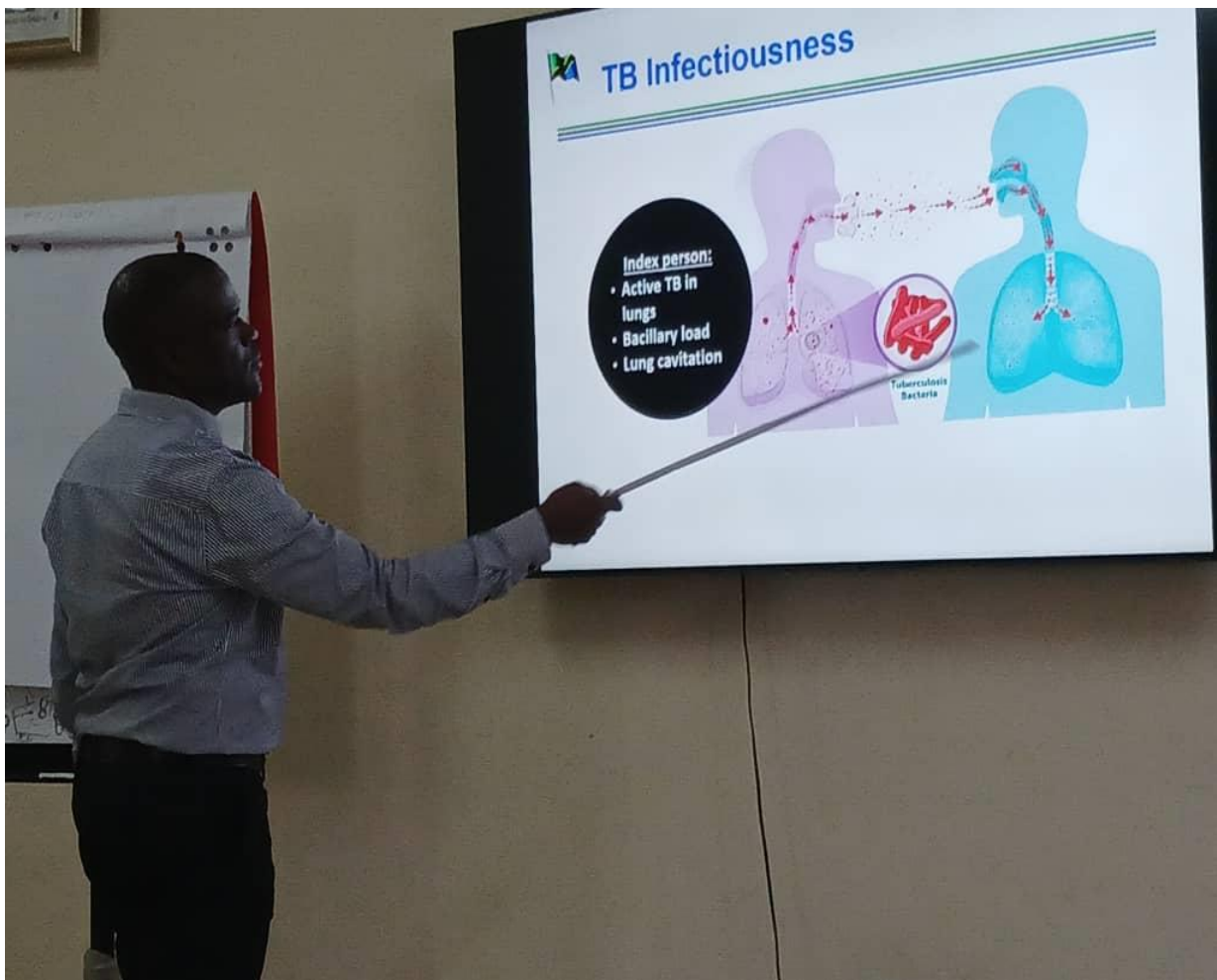


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ZANZIBAR NURSES ASSOCIATION ZANA

ACTIVITY REPORT



THREE DAYS TRAINING ON TUBERCULOSIS CONTACT INVESTIGATION TO HEALTH CARE PROVIDERS

12TH – 14TH July 2024

Kidongo Chekundu IRMCH Hall Mental Hospital, ZANZIBAR

ACKNOWLEDGEMENT.

We are deeply grateful to JSI, through ZANA, for their unwavering support in organizing this training under the USAID TIFA project. Their provision of funds and resources was instrumental in facilitating the three-day training for the health care workers from facilities under project sites in Mjini Magharibi and Kusini Pemba.

Additionally, we would like to express our heartfelt appreciation to the Zanzibar Nurses Association (ZANA) staff and the coordinators from the Ministry of Health's Tuberculosis Program for their outstanding efforts in organizing and managing the training, ensuring its smooth execution and success

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, undernutrition, 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 30 healthcare workers from health care facilities and Hospitals in Unguja Island.

TRAINING FACILITATION: The training was facilitated by Dr. John Msaki from the Ministry of Health - National Tuberculosis and Leprosy Programme (MoH-NTLP), Dodoma, in collaboration with the RTLC-Zanzibar, Dr Julius Mshana.

TRAINING VENUE: IRMCH Kidongo Chekundu Mental Hospital, Zanzibar, from 12th to 14th July 2024.

TRAINING OBJECTIVES

Main objective: To provide essential information about Tuberculosis Contact Investigation (TBCI) to healthcare providers, enabling the implementation of TBCI in health facilities across Zanzibar.

Specific objectives

- To orient 30 facilities health care workers on the newly developed TBCI policy Guidelines
- To train 30 facility health care workers on the TBCI training package for frontline workers
- To orient 30 health care workers on Infection Prevention Control

TRAINING METHODOLOGY

- Power point presentations
- Open discussion
- Demonstrations
- Interactive Q&A

TRAINING MATERIALS

- TBCI training PowerPoints
- TBCI Participants' Manual
- TB Monitoring and Evaluation recording tools

DAY ONE

Registration and Opening Remarks

The participants began arriving at 08:30, making the starting of the registration and introductory session.

Mr Omar Abdalla Ali from ZANA formally welcomed the attendees and provided an overview of the project's objectives and ZANA expectations from TIFA project.

He then introduced Dr Julius Mshana, the RTLC Zanzibar who represented the Ministry of Health-Zanzibar, to officially open the training and provide opening remarks. Dr Mshana emphasized on the importance of TBCI implementation in Zanzibar and its contribution in finding the missing cases. He urged participants to actively engage in the training sessions, as their understanding and skills gained would be essential for effectively training and supporting the TBCI implementers in Zanzibar.

Following the official opening, Dr Mshana introduced and welcomed the facilitator, expressing his gratitude for the collaboration with the Zanzibar team. The training formally commenced at 9:00 AM, with the facilitator guiding the participants through the agenda.

Then facilitators led the participants in establishing consensus on the training norms and setting clear expectations for the sessions as outlined below:

Norms:

- Active participation of the participants
- Keep distance and control personal contact
- Respect to once opinion
- Observing silence and put Mobile phones in silence or vibration mode
- Avoiding unnecessary movement
- Punctuality

Expectation:

- Get more knowledge on TBCI
- Getting new updates on TBCI implementation
- Know new innovations for TB case detection in relation to TBCI
- Know infection prevention Control (IPC)

Leadership selection

The participants selected the following leaders:

- Chairperson: Habib Mohd Mustafa
- Timekeeper: Amina Omar Haji

Session I: Pre - Test

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

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

The session covered the basics of tuberculosis (TB) and its prevalence in Tanzania. It included discussions on the mode of transmission, TB infectiousness, factors influencing chances of infection and disease progression, differences between TB infection (TBI) and TB disease, and the signs and symptoms of active TB disease. The session also addressed the burden of TB and TBI in the country, the relationship between TB and HIV, the concept of drug-resistant TB (DRTB), and the diagnosis and treatment of TB.

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 participants were briefed on the six steps for conducting TBCI, TBCI algorithm and the Infection prevention control measures during TBCI



DAY TWO

Recap: The day began with a recap session, during which facilitators asked questions focused on the previous day's sessions. This exercise served to reinforce key TBCI concepts covered on day one and helped participants connect with the upcoming sessions.

Session VI: Communication skills and ethics for TBCI

In this session, participants were briefed on the concept of communication and its importance in TBCI. The session covered the elements of effective communication and identifying communication channels. Participants also learned about the impact of good and poor communication skills, how to identify communication barriers, strategies to overcome these barriers, and the ethical issues related to TBCI.

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 IX: 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 X: 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.



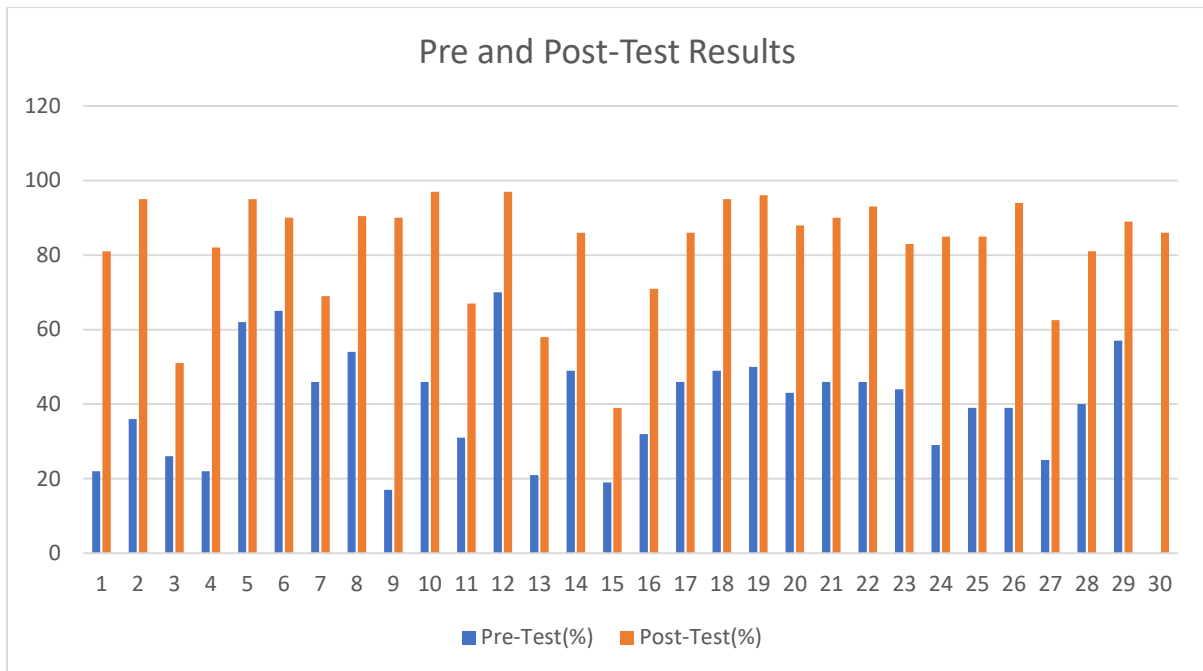
Session XI: The participants oriented on general IPC measure, standard precautions with special focus on environmental control and IPC in special situation such as TB DR. IPC in congregate setting such as prisoners, barrack and Hospital setting.

Sessin XII: 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.

Session XIII: Pre-Test and Post-Test assessment

Pre-Test: A pre-test was administered to a total of 29 participants to assess their existing knowledge of TB contact investigation. The results showed that 23 participants scored below 50%, while only 6 participants scored 50% or above

Post-Test: The session was concluded with a post-test to assess the participants knowledge gained from the completed sessions. A total of 30 participants took the test. Only one participant scored below 39% (compared to 19% in the pre-test), while the remaining 29 participants scored above 50%. These results indicate a significant improvement in the participants' level of knowledge.



LESSON LEARNT

1. Adequate time allocation is essential for longer sessions, particularly for the practical exercise on filling out M&E data collection tools.
2. Distributing updated M&E tools to facilities is necessary to ensure proper data collection.
3. Orienting healthcare providers on DHIS2-ETL is crucial to minimize the workload on the DTLC. Currently, all hardcopy forms are sent to the DTLC for data entry into the system, which could be streamlined.

CLOSING

The ZANA representative followed by RTLC Zanzibar officially closed the training session, acknowledging the training expectations had been successfully met.

The training was officially closed at 4:30 pm



Annex 1: Training Agenda

HCWs Training on TBCI-Zanzibar

12th-14th July 2024

DAY 1

Time	Session/ Topics	Responsible
08:00 – 08:30	Registration	Training Organizers
08:30 – 09:00	Welcome remarks	Guest of Honor
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: - 13:00	Session 8: Infection Prevention and control: Standard precaution	Facilitators
13:00 -14:00	LUNCH HOUR	ALL
14:00 – 15:00	Session 9: Infection Prevention and Control: TB IPC	Facilitators
15:00 – 15:15	Post test	Participants
15:15 - 4:00	Result , way for ward	Al.
	Close the session	

Annex 2: List of Participants and Facilitators

LIST OF FACILITATORS

SN	Facilitators	TITLE	Institution
1	DR. JOHN MSAKI	Facilitator	MoH-NTLP
2	DR. JULIUS MSHANA	RTLc	MoH-Zanzibar

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