THE UTED REPUBLIC OF TANZANIA

TUBERCULOSIS AND LEPROSY
ANNUAL REPORT 2016
LINDI REGION

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ACKNOWLEDGMENT

I am take this opportunity to thanks my DTLCs together with the TB/HIV Officers from the Districts for their tireless effort of generating all the important and validly information's which help in writing this annual report .I recognised the efforts and contribution from NTLP staff either during supportive supervision and various training sessions.

There are advices and contribution were of paramount important in the in implementation of the TB, Leprosy and Tb /HIV collaborative activity in the Region.

Gratitude goes to my dear colleagues at the Regional level for their time and support in full time participation of some of the activities and my TB/HIV Officers and DTLCs for the hard work.

I recognized the support from;
GRLA country office
EGPF Mtwara.
CHAI Lindi
TGPSH Lindi Office
And every one in one way or another assisted in the implementation of TB, Leprosy and TB/HIV activity in the Region.
Lastly but least I will like to recognized the following in person

- The Programme Manager Dr. Beatrice Mutayoba and all the TLCU staff, Ministry of Health ,Community development ,Gender ,Youth and Elderly for the technical, administrative and financial support.
- GLRA Representative for Tanzania Mr. Burchard Rwantoga , GLRA Medical Advisor Dr Bladus Njako and their supporting staff for the financial and transport support.
- The Regional Medical Officer Dr. Sonda Y.S for encouragement, support and advice.
- Regional Secretariat and Directors from all six Councils.
- The Regional Health Management Team for continued cooperation.
- The Council Medical Officers of Lindi Urban, Lindi Rural, Kilwa , Liwale, Ruangwa, Nachingwea and the Council Health Management Teams.
- The Administrators and Doctor In-charges and all staff of Nyangao, Mnero and Kipatimu Hospitals as well as Mtua Health Centre.
- All District TB/Leprosy Coordinators and their supporting staff for their diligent work.
- All the staff in the health department, without forgetting our esteemed customers-the Wananchi.

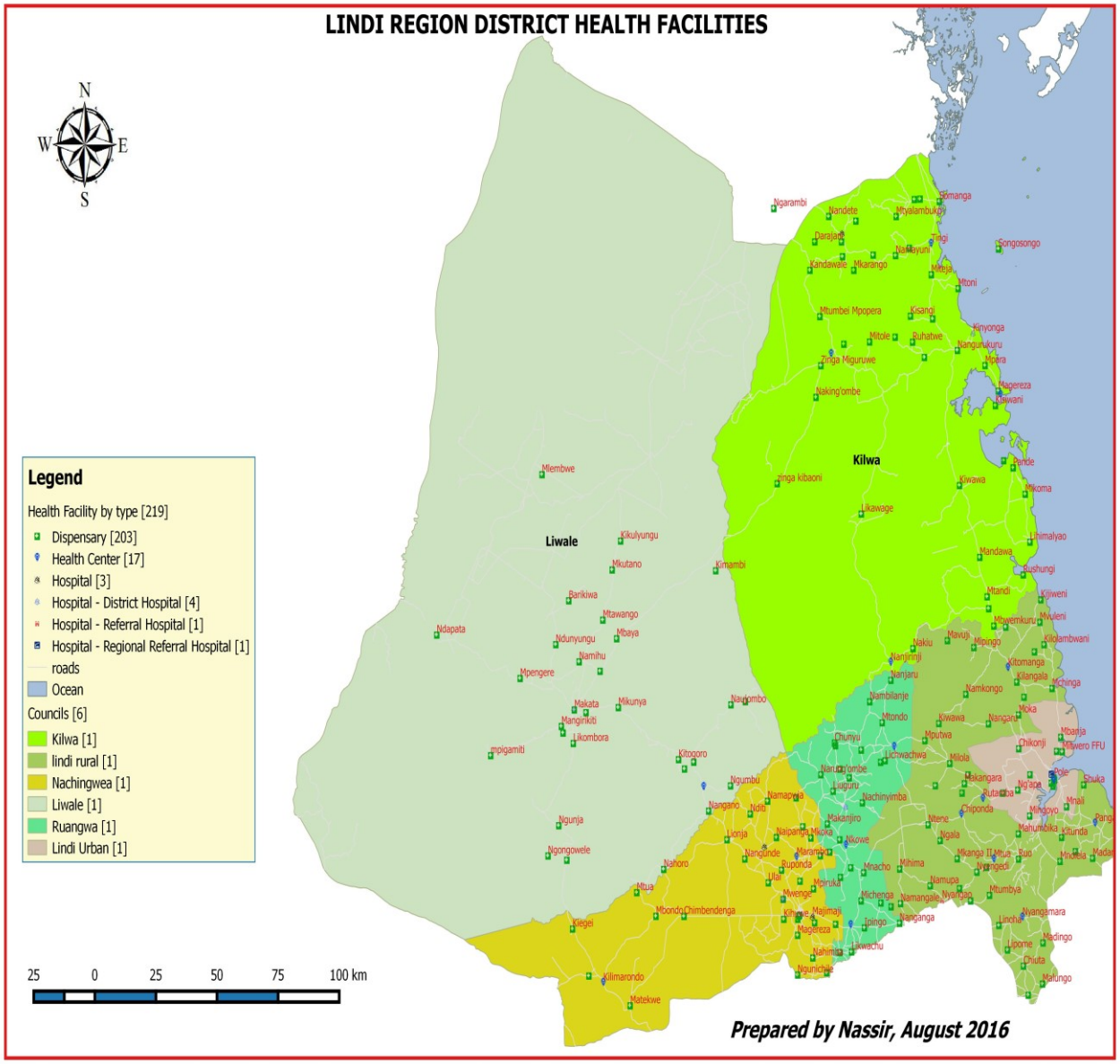
BACKGROUND INFORMATION

2.1. Regional profile

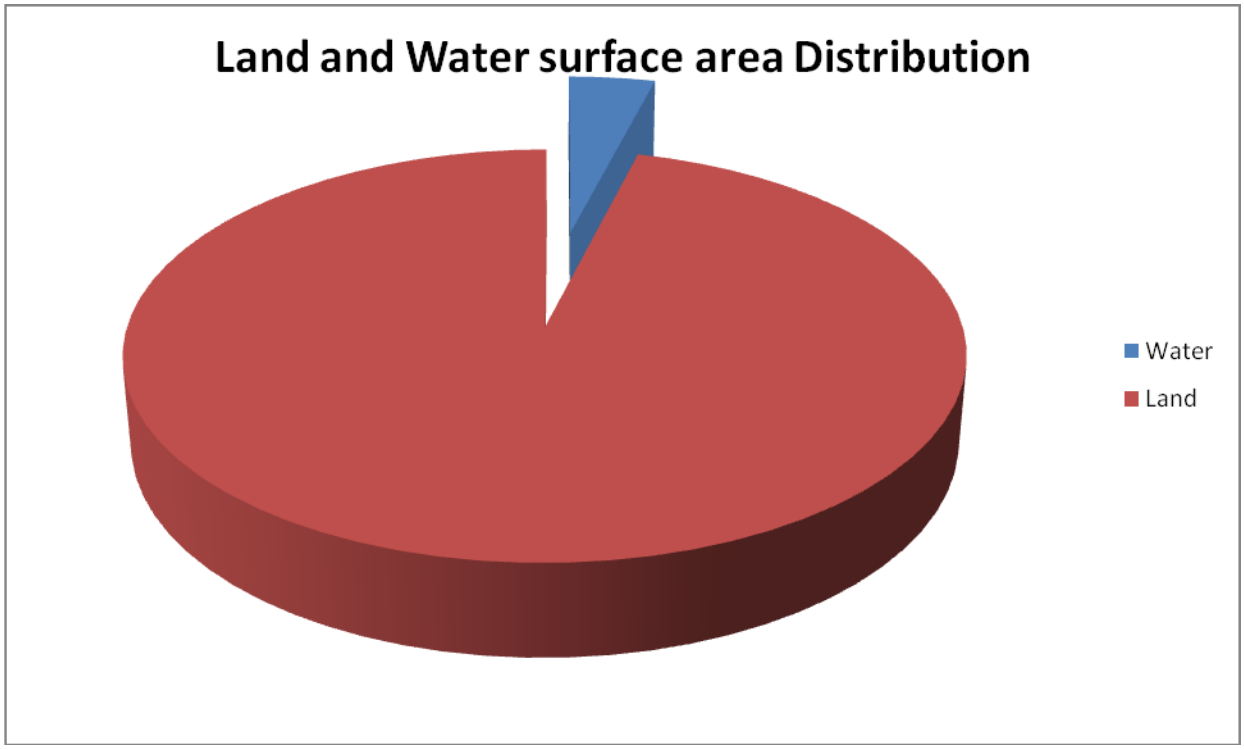
1.1 Location and Size

Lindi Region is found in the South Eastern Coastal part of Tanzania mainland. It lies between latitudes 7^0 55'S and 10^0 S, longitudes 36^0 51' E and 40^0E. It borders Morogoro Region on the West and Coastal Region on the North and Ruvuma Region in the South-West. It also borders with Mtwara Region on the south and Indian Ocean on the East as shown in the map below.

Figure 1: Region's map showing the boundary of District, health facilities and their headquarters



The Region has a total area of 67,000 square kilometers of which 18,000 sq. km. are under the Selous Game Reserve. The Region's area is 7.1% of the Tanzania mainland as shown in the Figure 2 below



Source: Lindi Regional Commissioner's Office, 2015
Liwale, Nachingwea and Ruangwa Districts are in-land and do not have direct access to the Indian Ocean

Vegetation

The Region is characterized by woodland vegetation typical of coastal Tanzania. The natural forests offer a wide range of valuable trees like black hard wood (ebony) and mahogany to mention a few. These types of woods are highest quality for furniture, parquets, carvings and other crafts. The coastal areas are covered by the Mangrove Forests. Other valuable forest products include nutritious honey, and mushrooms and game meat.

1.2 Administrative Structure

Lindi Region is divided into 5 Districts: Kilwa, Ruangwa, Nachingwea, Lindi and Liwale. Moreover the Region has 1 Municipal and 5 Councils namely; Kilwa, Ruangwa, Nachingwea, Lindi, Liwale and Lindi Municipal.

The Region has 28 Division, 142 Wards, 541 Villages, 2,385 Hamlets and 80 Streets as stipulated in the table 2 below.

Table 2: Population size and number of Wards, villages, streets and hamlets

District	Population size	Area (Sq. Kms).	Divisions	Wards	Villages	Hamlets	Streets
Kilwa	196159	13920	6	21	97	276	-
Lindi	200145	7538	8	30	138	766	-
Lindi (M)	81079	308	3	18	20	93	63
Liwale	93974	36,084	3	20	76	351	-
Nachingwea	183530	7,070	5	32	126	531	17
Ruangwa	134801	2,080	3	21	89	379	-
Total	889688	67,000	28	142	546	2, 396	80

Source: NBS as per Census Projection of 2012
NB: Kilwa, Lindi District Council, Ruangwa and Liwale do not have town streets

1.3 Population Characteristics

Population is an important asset for development. The projected population is estimated to be 889,688 (NBS, 2012) of which 463414 are female which is equivalent to 52% and 42,6274 are males equivalent to 48% of population in Lindi region. The Region has 218303 households and the average size of the household is 3.8 whereby the female: male ratio is 100:92. The projection distribution of population in Lindi indicates that:

- Kilwa 196,159 (M 94,263, F 101,896)
- Lindi DC 200,145 (M 94,249, F 105,896),
- Lindi MC 81,079 (M 38,590, F 42,489)
- Liwale 93,974 (M 45,277, F 48,697)
- Nachingwea 183,530 (M 88,834, F 94,696); and
- Ruangwa 134,801 (M 65,061, F 69,740).

The life expectancy in Lindi at Birth for female is 60.7 and Male 57.3 (NBS 2012).

Fertility rate

The Region has the fertility rate of 4.1% (TDHS 2015). Meanwhile In Tanzania Mainland show those women in urban areas have 3 children on average compared to 6 children per women in rural areas, whereas, in southern zone, women have 3.9 children.

1.4 Socio-cultural Information

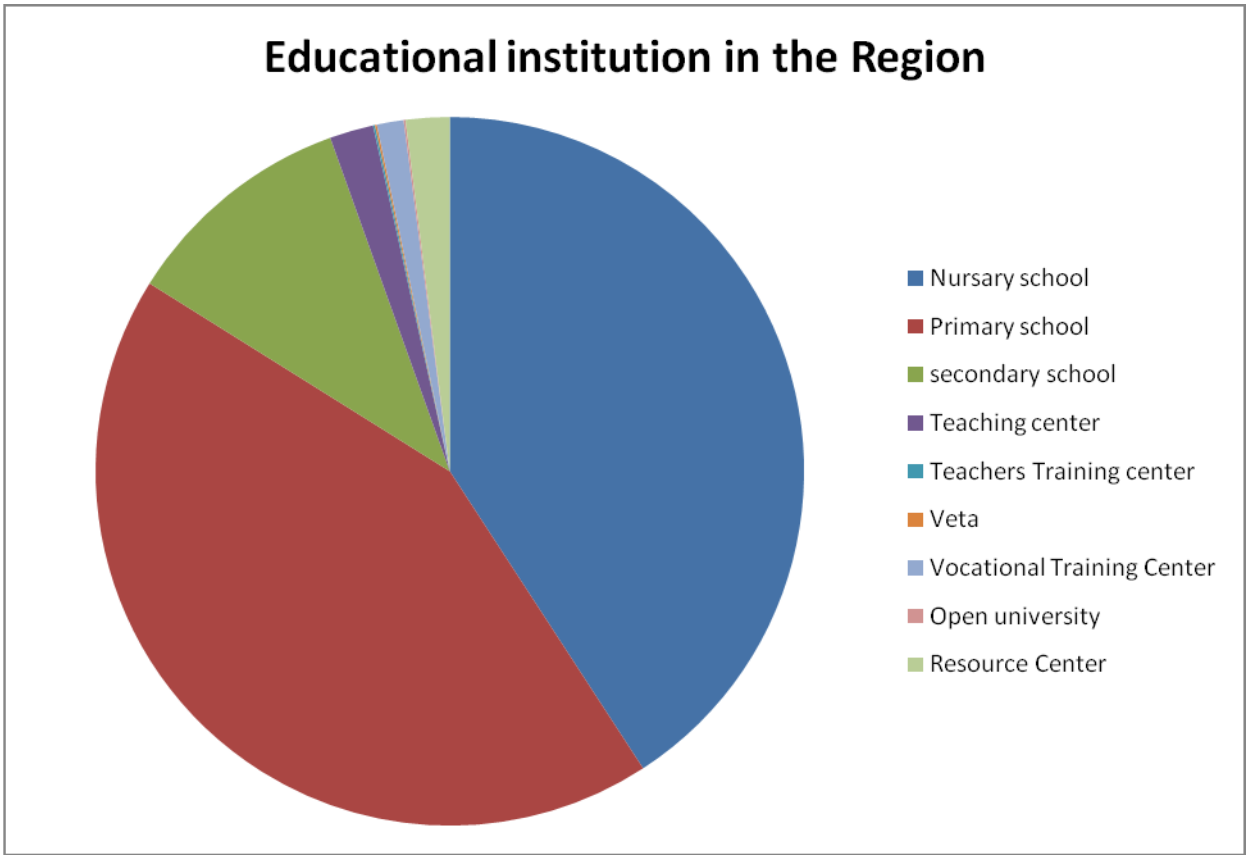
Ethnic Groups

Lindi Region has various tribes such as Mwera, Makua, Makonde, Ngindo, Matumbi and Yao. These indigenous tribes practice traditional Male circumcision and Unyago. Also there are various religious denominations in this Region which are Muslims, Christians and Budha.

Social Services

The provision of basic social services; Health, education, water, cultural and sports, in the Region has significantly increased since independence covering rural communities. In coalition with various stakeholders in provision of education service, the Region has 469 nursery schools, 495 primary schools, 122 secondary schools , Teaching centres 23, one Teachers' Training College, 1 VETA, 14 Vocation Training centres, 1 Open University of Tanzania (Branch) and 23 Teachers Resource centres (TRC) as shown in figure 3.

Figure 3: Educational institution in the Region



Lindi, Kilwa and Nachingwea District Councils have many education facilities as compared to other Councils. The number of education facilities gives learning opportunity to community and hence contribute to the literacy of the population. Literacy rate is an important population characteristic of public health interest; knowing how to read can be associated with ability to make informed choices patterning to healthy life style. The literacy rate for Lindi Region is 56%.

1.5 Economic Status

Economic activities in Lindi mainly consist of agriculture, livestock, exploitation and extraction of natural resources, tourism and economic infrastructure. Agriculture is the leading economic activity, providing a livelihood to 85% of the population. The main crops grown in the Region include cash crops such as Sesame, Cashew nuts sorghum nuts as well as staple crops such as cassava, maize, sorghum and paddy. Moreover, the sector provides opportunity for the establishment of cottage industry and food processing industries.

4.0 DISTRIBUTION OF HEALTH SERVICERS IN THE REGION

Table 7: Hospital in the Region: As of December 2015

Name of Hospital	Type of ownership				Remarks
	GOV	Parastatal	FBO/NGO	Private	
Sokoine RRH	Yes				
Nyangao RRH			Yes		Is also used as CDH for Lindi DC

Source: Lindi Annual Health Report 2015

Table 10: Hospital in the Councils as of December 2015

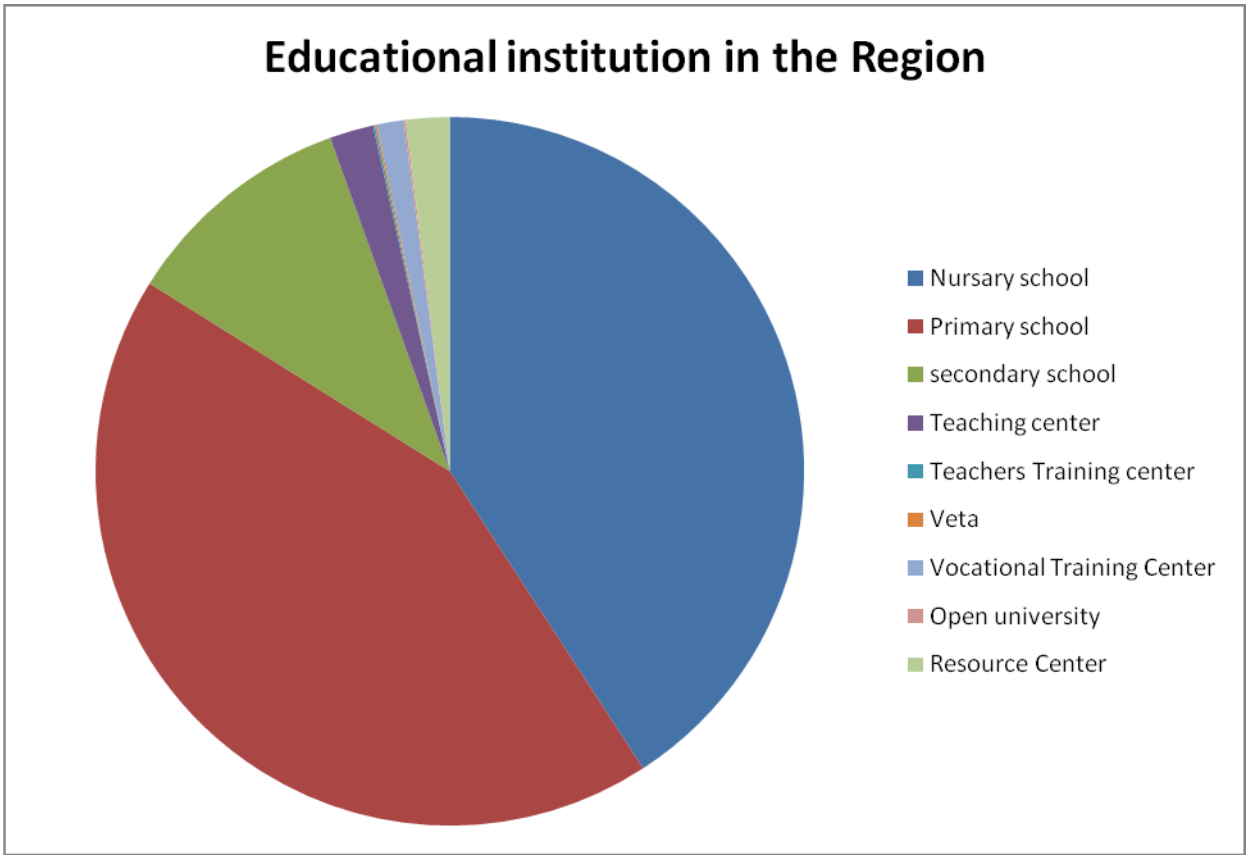
Council	Types of Ownership				Total	Remarks
	GOV	Parastatal	FBO/NGO	Private		

Lindi MC	1	0	0	0	0	RR Hosp is within Lindi Municipal, No Municipal Hosp.
Lindi DC	0	0	1		1	It serves as a RRH s well
Ruangwa	1	0	0	0	1	Needs renovation and construction of new buildings to accommodate all services
Liwale	1	0	0	0	1	Hospital need renovation
Nachingwea	1	1	1	0	3	Need renovation and construction of staff houses
Kilwa DC	1	0	1	0	2	
Total	5	1	3	0	9	

Source: Annual Health Performance Report 2015

While the public owned hospitals constitute 62% (12% parastatal), the FBO owned and operated hospitals makeup 38% of the functioning Council hospital. In the meantime, some of the district hospitals, particularly Ruangwa and Kilwa council hospital infrastructures are in a state of serious disrepair and will require immediate rehabilitation. Moreover since the population is expanding and the majority of the hospitals were designed to service for fewer populations, expansions and construction of new building are eminent. While the number of facility per population is adequate, the qualities of the buildings and services are far from the national and international standards. Therefore, special attention should be given to improve and upgrade the existing infrastructure and services.

Figure 3: Educational institution in the Region



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Source: Lindi Annual Health Report 2016

Council Level

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Ruangwa	1	0	0	0	1	Needs renovation and construction of new buildings to accommodate all services
Liwale	1	0	0	0	1	Hospital need renovation
Nachingwea	1	1	1	0	3	Need renovation and construction of staff houses
Kilwa DC	1	0	1	0	2	District hospital need renovation
Total	**5**	**1**	**3**	**0**	**9**	

Source: Annual Health Performance Report 2016

While the public owned hospitals constitute 66% including Parastatal hospital, the FBO owned and operated hospitals makeup 34% of the functioning Council hospital. Ruangwa and Kilwa council hospital infrastructures require immediate rehabilitation. Besides the population is expanding and the majority of the hospitals were designed to service for fewer populations, expansions and constriction of new building are eminent. Therefore special attention should e given to improve and upgrade the existing infrastructure and services.

Table 11: Health Centers as of December 2016

	Type of ownership					
Council	**Gov**	**Parastatal**	**FBO**	**Private**	**Total**	**Remarks**
Lindi MC	1	0	0	0	1	The implementation of PHSDP strategy for each ward to have Health center in not yet applicable in Lindi region
Lindi DC	5	0	1	0	6	
Ruangwa	4	0	0	0	4	
Liwale	1	0	0	0	1	
Nachingwea	2	0	0	0	2	
Kilwa	5	0	0	0	5	
Total	**18**	**0**	**1**	**0**	**19**	

Source: *(CHMT 2016)*

The public Health Centers constitute 94.7%, while FBO owned facilities makeup the rest of the 5.3%. Although according to the PHSDP, one ward requires one health centre, the 19 health centre we have are far behind the PHSDP requirements, The ratio of health centre to ward 1: 8, with this remark we have only 12.4% health centers according to PHSDP.

However, none of the available health centre is CEmONC compliance; the Regional target is to have 1 health centre per Council that performs CEmONC services by the end of June 2018.

Table 12: Dispensaries as of December 2016

Council	Type of ownership				Total	Remarks
	Gov	FBO	Parastatal	Private		
Lindi MC	11	0	3	2	16	The implementation of PHSDP strategy for each village to have Dispensary is not fully implemented in Lindi region
Lindi DC	40	1	1	0	42	
Ruangwa	33	0	0	0	33	
Liwale	31	0	1	0	32	
Nachingwea	36	0	2	1	39	
Kilwa	46	1	1	1	49	
2016	**197**	**2**	**8**	**4**	**211**	

Source: *(CHMT 2016)*

In the implementation of PHSDP which requires each village to have one dispensary. the LGAs in the year 2016 managed open 9 new dispensaries. Ruangwa DC is leading in costruction of new dispensary (5), follewd by Lindi DC (3), Nachingwea DC (2) and Kilwa DC (2). However, 1 Private despenasary closed in Liwale DC.

5.0. TRANSPORT AND COMMUNICATION

5.1 Transport

There are 155 kilometers of paved road and 3567 kilometers of Earth roads.

License number	Location	Last PPM	Condition	Type	Major purpose of use

DFP 3997	Sokoine Hospital Lindi	16 Oct 2016	Old with kilometer running up to 252,483kms	Toyota Land cruiser	RTLC supportive supervision on Tb,TBHIV and Leprosy other RHMT activities.
DFP 5787	Kinyonga Hospital Kilwa Kivinje	10 Nov 2016	Good	Motorcycle	TB/HIV Officer supportive supervision activity in the District of Kilwa
DFPA 347	Kinyonga Hospital Kilwa Kivinje	23 Nov 2016	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 3879	Nachingwea Hospital	2 Dec 2016	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 5786	Nachingwea Hospital	15 Dec 2015	Good	Motorcycle	TB/HIV Officer supportive supervision activity in the District of Nachingwea
DFP 6764	Ruangwa Hospital	12 Nov 2016	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 4113	Nyangao Hospital	3 Nov 2016	Good	Motorcycle new issue on	DTLC supportive supervision and any other activity assigned by the DMO
DFP 3880	Liwale Hospital	12 Dec 2016	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 9396	Liwale Hospital	10 Dec 2016	Good	Motorcycle	For TBHIV Officer supportive supervision .
DFP 5643	Sokoine Hospital	19 Dec 2016	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 5785	Sokoine Hospital	15 Dec 2016	Good	Motorcycle	TB/HIV Officer supportive supervision activity in the District of Lindi Mu/Rural

Table : AVAILABILITY OF TRANSPORT FACILITIES: VEHICLE AND MOTORCYCLES

Transport:

TB/HIV officer of Ruangwa and Lindi DC do not have motorcycles where Liwale District have one motorcycle for TB/HIV officer how have not yet reported to his/her working station.
The DTLC motorcycles maintenance and fuel support is still provided by GRLA and sometimes from their respective CCHPs.

5.2. Communication.

RTLC officer is situated at the Regional Referral hospital. Have desk top computer with internet connectivity using broadband.
DTLCs and TB/HIV officer usually share the same office.
All the DTLC have computer which they share with TB/HIV Officer supplied by NTLP in 2011 and have internet connective is via broadband but most have weak signals which also assist to update antivirus programmers.

6.0. FINANCIAL:

GRLA support the Region during this reporting period

- Funds from GRLA total received Tshs 10,225,600/=
  Total expenditure is Tshs 10,225,600/=
  Balance at the 31/12/2015 NIL

7.0. TB/LEPROSY SERVICES

7.1 Staffing**:**
Liwale have not TB/HIV officer and TB/HIV activity are done by respective the DTLCs although a brand new motorcycle was supplied now used by DTLC . The rest of the District have one DTLC ,one TB/HIV officer and at least one Dot nurse per Dot centre.
Table below give illustration

S/N	Title	District Tb/Leprosy Coordinator	District
1	District Tb/Leprosy Coordinator	Gaufred Mtendachi	Lindi West
2	District Tb/Leprosy Coordinator	Allutuphine Damaru	Lindi Municipal
3	District Tb/Leprosy Coordinator	Thobias Jafary	Kilwa
4	District Tb/Leprosy Coordinator	Richard Komba	Liwale
5	District Tb/Leprosy Coordinator	Filbert Ndunguru	Nachingwea
6	District Tb/Leprosy Coordinator	Elamu Marekano	Ruangwa
7	District Tb/HIV Officer	Alfred Chinyeu	Kilwa
8	District Tb/HIV Officer	Rishadi Mohamed	Lindi Municipal
9	District Tb/HIV Officer	Agnes Marando	Nachingwea
10	District Tb/HIV Officer	Adreas Gai	Lindi west
11	District Tb/HIV Officer	Alex Mwambe	Ruangwa

NTLP activities were implemented at the level of Region ,Districts and lower health facility as Case detection, Treatment and follow up of both tuberculosis and Leprosy patients, Supervision, Recording and Reporting ,Training of other health staffs and conducting meeting on quarterly bases as scheduled.
During this reporting period there are about 4 MDR patient diagnosed in lindi region where reffered to Kibongoto for initiation MDR treatment are still on medication.4 of the previous MDR TB patients were discharge after cured.

District	Sex of Multidrug Tuberculosis patient		States
	Male	Female	
Liwale	0	0	No patient
Kilwa	0	0	No patient
Nachingwea	0	0	No patient
Ruangwa	0	0	No patient
Lindi DC	3	3	Doing fine and continue with treatment continuation phase
Lindi Municipal	1	1	Doing fine with treatment continuation phase

7.2 Drugs and other supply;
During this reporting period the Lindi Regional continued to receive Drugs and other supplies from NTLP smoothly form MSD Mtwara Southern Zone via eLMIS of Tb and Leprosy drugs in which each District is now responsible to order its drugs direct supply via MSD.

TABLE SHOWING NUMBER OF DIAGNOSTIC CENTER PER DISTRICT

DISTRICT	**HOSPITAL**	**HEALTH CENTER**	**DISPENSARY**
Kilwa	2	7	0
Liwale	1	1	0
Nachingwea	3	2	1
Ruangwa	1	2	0
Lindi Rural	1	2	1
Lindi Municipal	1	0	1

The number of diagnostic centre in the Region still remain constant due to inadequate HRH for laboratory and equipment

8.0 TB notification in the Region 2016

TB Notificatio by Age distribution .

Age group Distribution	0-4		5-9		10-14		15-24		25-34		35-44		45-54		55-64		65+		Total		Total
Sex	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
New positive	2	1	3		1	4	26	30	49	74	53	94	26	78	15	46	24	35	199	362	561
New smear negative	9	8	6	8	16	2	13	19	28	32	56	58	32	44	21	48	21	34	202	253	455
New extra pulm	6	15	6	7	6	11	6	4	12	23	27	29	19	15	8	10	6	27	96	141	237
Relapse							2	4	2	5	4	7	1	8	2	2	1	0	12	26	38
Failure																					
Return after lost to follow up										1	1	3	0	1	0	1	0	0	1	6	7
Others				1	0	1	0	1	2	0	2	2	1	4	1	2	1	4	7	15	22
MDR																					

Total number of all category patients notification in 2016 is **1,253.**
The Region have the Tuberculosis incidence of 306/100,000 population (3026) ,
Mortality rate excluding HIV Positive is 56/100,000
Mortality of TBHIV cases 47/100,000
TB with MDR-DR TB incidence in the Region is 1.3% NEW and 4.7% Previous Treated (18)
A total of 1,213 cases of tuberculosis all forms were notified in the year 2015 showing an increase of 40 patient which is equal to 3 % patients. Regional increase case notification target was 7%.
More efforts are needed to reach to regional target for District of Lindi and Lindi Municipal were Kilwa and Nachingwea huge effort is required to

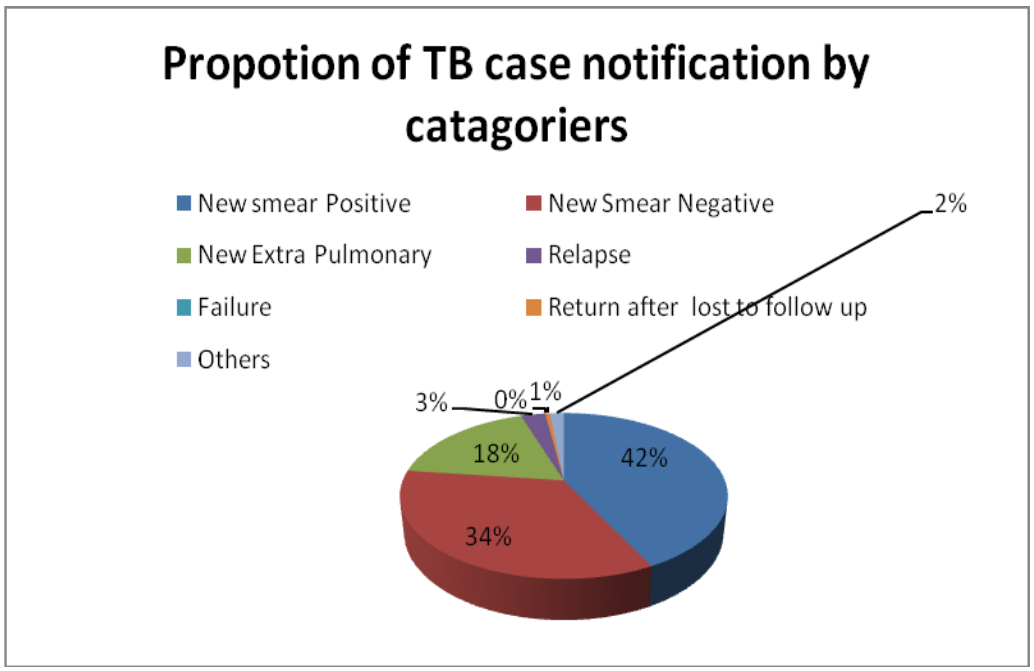
TUBERCULOSIS CASES NOTIFICATIONS TREND BY DISTRICTS JAN - DEC 2015 VS JAN - DEC 2016

Region	Districts	Jan - Dec 2015	Jan - Dec 2016	Change	% Change
Lindi	Kilwa District Council	196	181	-15	-8%
	Lindi District Council	266	271	5	2%
	Lindi Municipal Council	274	278	4	1%
	Liwale District Council	99	108	9	9%
	Nachingwea District Council	225	216	-9	-4%
	Ruangwa District Council	153	199	46	30%
Overall Total		**1213**	**1,253**	40	3%

Data collect in DHIS2
This shows annual case notification increasing probable and this is mainly through passive case detection modality.

Summary TB Notification 2016

categories	Number	Percentage
New smear Positive	561	42.5
New Smear Negative	455	34.4
New Extra Pulmonary	237	17.9
Relapse	38	2.8
Failure	0	0
Return after lost to follow up	7	0.5
Others	22	1.6



- The proportion of sputum smear positive in the new notified cases was found (561) 42% compare to (561) 44.1% of 2015 . This is mainly to availability of Gene X pert machine at the Regional hospital which is the referral of patients from the districts.

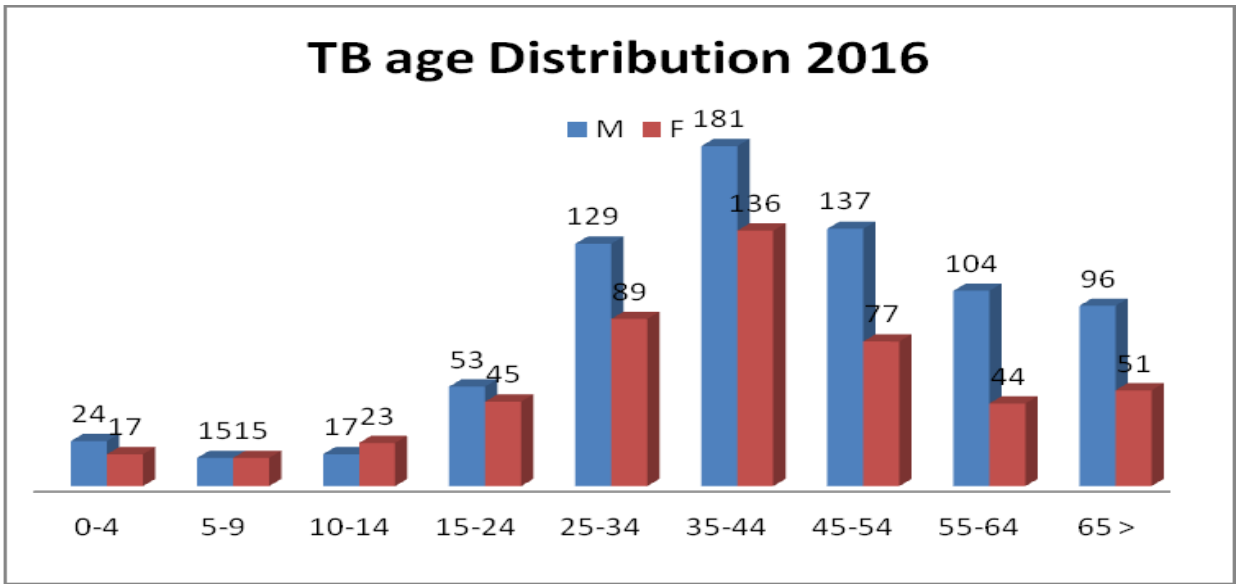
- The proportion of Relapse is 38/599 (6.3%) compare to 25/586 (4.2%) of the the previous year 2015.

- Failures .No failure in 2016 notified compare to 1/59 (1.6%) in 2015
- Return Smear Positive were 7 (0.5%) compare to Positive1 9 (32%,) 2015

- The proportion of children is111/1253 (8.8%) compare to 105/1213 (8.6%) of the year 2015 showing slightly increase of 6 patients as compare to 2015.

District	TB Adult case notification 2016	Pediatric TB case notification 2016	Proportion of Pediatric TB 2016 in %
Kilwa	181	10	5.5
Liwale	108	10	9.2
Nachingwea	216	11	5
Ruangwa	199	22	11
Lindi DC	271	20	7.3
Lindi Municipal	278	38	13.6

- Proportions of New Smear Negative is 409(34%) compare to 455 (34.4%) 2015



TUBERCULOSIS CASE HOLDING OF NEW AND PREVIOUSLY TREATED PATIENTS NOTIFIED IN THE YEAR ENDING 12 MONTHS EARLIER (2015)

Treatment success for New smear positive pulmonary Tuberculosis and Treatment completed patients is 91.5% compare to 96.4% for New smear positive pulmonary Tuberculosis and Treatment completed patients in the year 2015.

Treatment completion is 90.4 % in the year 2015 for New smear Negative compare to 91.8% for New smear Negative in year 2014 and 89% Extra Pulmonary TB compare to 88.8% for Extra Pulmonary TB in 2014

Cure rate 85.6% for New smear positive pulmonary Tuberculosis patients compare to 87.2% for New smear positive pulmonary Tuberculosis patients in 2015

8.2. Result of treatment for New smear positive Tuberculosis patients notified in the year ending 12 Months earlier (2015) is shown in the table below:-

DISTRICT COUNCIL	CURED	%	TREAMENT COMPLETED	%	FAILURE	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	138	95.8	0	0	0	0	6	4	0	0	0	0	144
Lindi (R)	88	80	9	8.1	1	0.9	2	1.8	4	3.6	6	0	110
Liwale	21	91.3	2	8.6	0	0	0	0	0	0	0	0	23
Kilwa	53	81.5	12	18.4	0	0	0	0	0	0	0	0	65
Nachingwea	92	88.4	0	0	1	0.9	6	5.7	5	4.8	0	0	104
Ruangwa	75	75.7	9	9	0	0	12	12	2	2.6	1	1	99
TOTAL	467	85.6	32	5.8	2	0.3	26	4.7	11	2	7	1.2	545

Treatment success is 91.5 %,
Cure rate is 85.6%,
Death rate 4.7%

8.3. Result of treatment for new smear Negative Tuberculosis patients notified in the year 2015 is shown in the table below:-

DISTRICT COUNCIL	TREATMENT COMPLETED	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	88	93.6	6	6.3	0	0	0	0	94
Lindi (R)	94	90	8	7.6	0	0	2	1.9	104
Liwale	44	95.6	2	4.3	0	0	0	0	46
Kilwa	69	93.2	3	4	2	2.7	0	0	74
Nachingwea	50	86.2	4	6.8	0	0	4	6.8	58
Ruangwa	25	75.5	8	24.2	0	0	0	0	33
TOTAL	370	90.4	31	7.5	2	0.5	6	1.4	409

Treatment completion rate is 90.4%.

8.4. Result of treatment of new Extra pulmonary TB patients notified in the year ending 12 Months earlier(2015) is shown in the table below:-

DISTRICT COUNCIL	TREATMENT COMPLETED	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	32	94	2	5.8	0	0	0	0	34
Lindi (R)	48	94	2	3.9	0	0	1	1.9	51
Liwale	24	80	6	20	0	0	0	0	30
Kilwa	29	100	0	0	0	0	0	0	29
Nachingwea	54	85.7	8	12.6	0	0	1	1.5	63
Ruangwa	16	76	4	19	0	0	1	4.7	21
TOTAL	**203**	**89**	**22**	**9.6**	**0**	**0**	**3**	**1.3**	**228**

Treatment success is 89%,
Death rate 9.6%

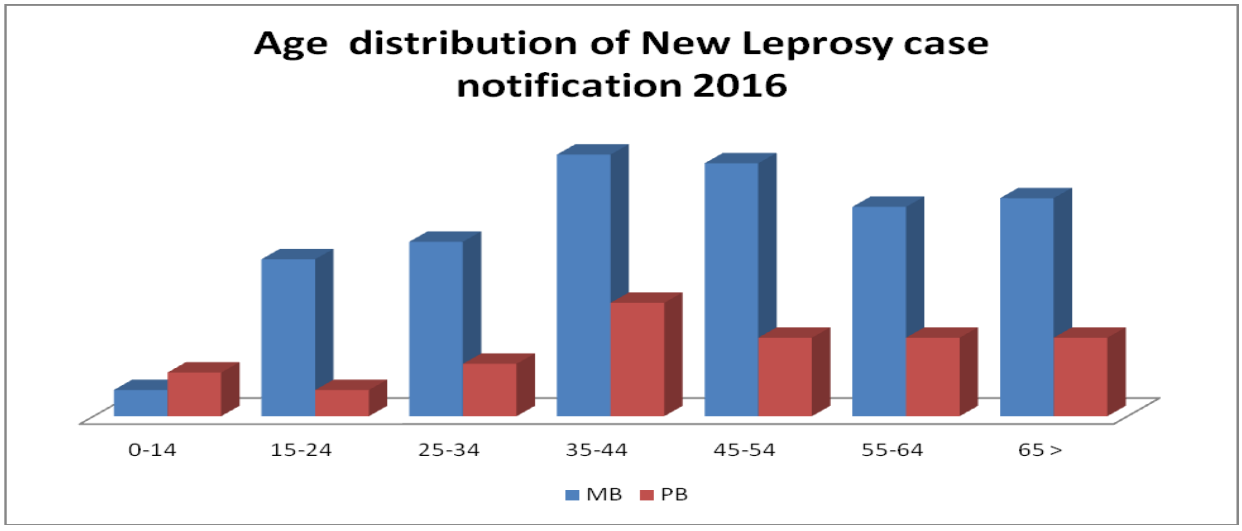
8.5.Result of treatment of previously treated TB patients (Re-treatment) notified in the year ending 12 Months earlier (2015) is shown in the table below:-

DISTRICT COUNCIL	CURED	%	TREATMENT COMPLE	%	FAILURE	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	10	40	14	56	0	0	1	4	0	0	0	0	25
Lindi (R)	3	18.7	12	75	0	0	1	6.2	0	0	0	0	16
Liwale	3	100	0	0	0	0	0	0	0	0	0	0	3
Kilwa	1	100	0	0	0	0	0	0	0	0	0	0	1
Nachingwea	6	66.6	3	33.3	0	0	0	0	0	0	0	0	9
Ruangwa	2	66.6	0	0	0	0	1	33.3	0	0	0	0	3
TOTAL	25	43.8	29	50.8	0	0	3	5.2	0	0	0	0	57

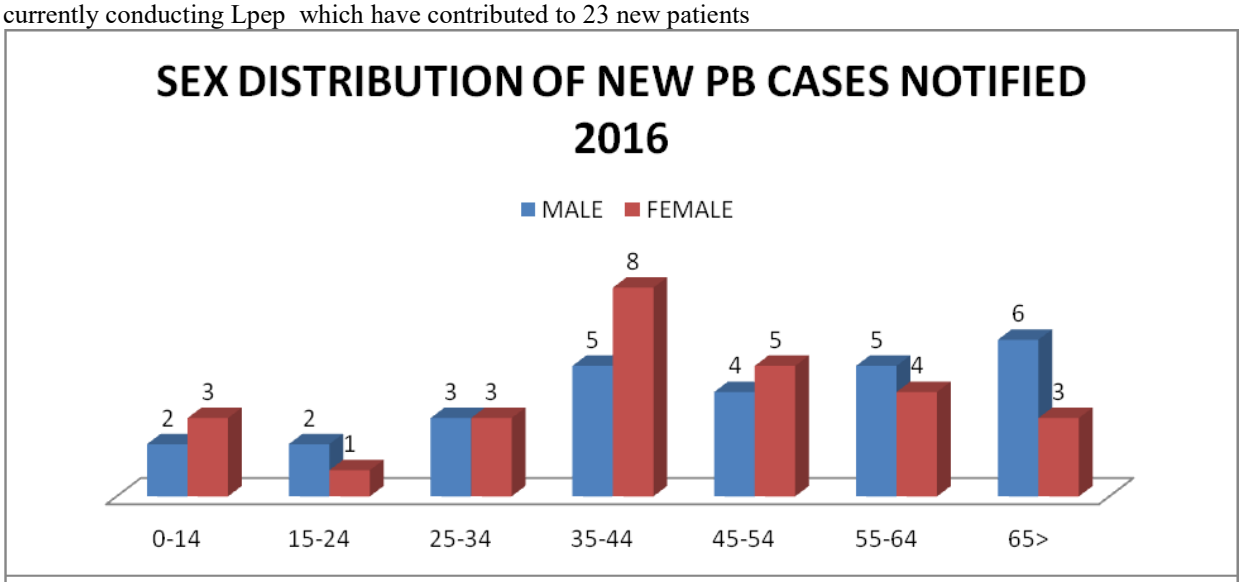
Treatment success is 94.7 %
Cure Rate is 43.8 %

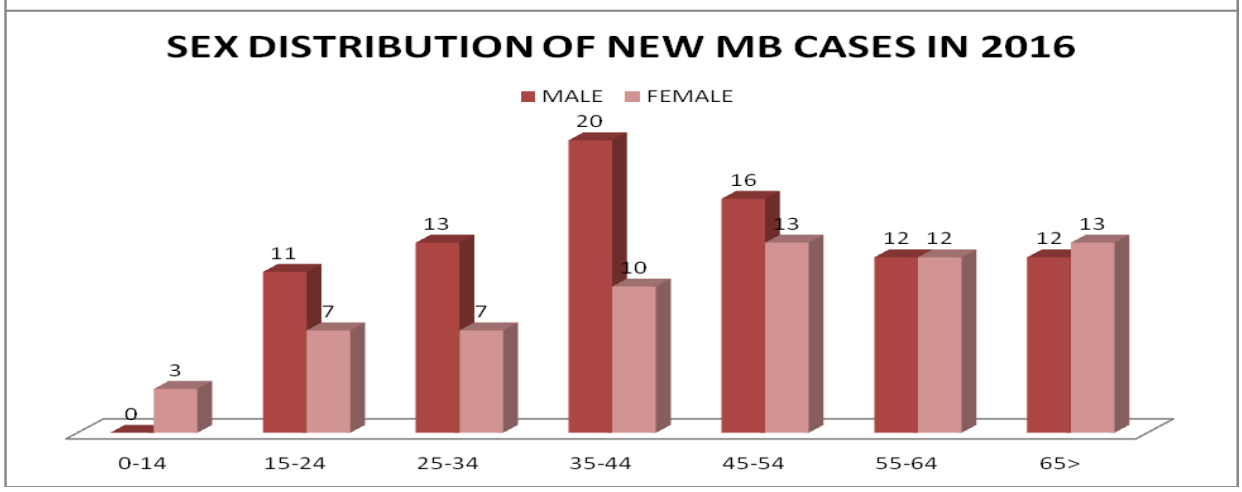
Death rate is 5.2%

9.0. LEPROSY CASE NOTIFICATION(ALL CASES) 2016 LEPROSY



The new cases notified were 203 in year 2016 compare 367 of the year 2015 which shows an decrease of 164 cases (45%).This is mainly due to the fact that Leprosy notification activity has reduced . Only Liwale are currently conducting Lpep which have contributed to 23 new patients





The proportion of new cases were 93 % compare to 43.8 % of last year.
The total registered cases at the end of the year 2016 were 1032 compare to 712 of the year 2015

The Region has the prevalence rate of 2.3 per 10,000 population is above WHO target for elimination of Leprosy . The WHO target for Elimination of Leprosy means having the prevalence of less than 1per 10,000 population.

The proportion of Relapse for MDT were 0.19 % Compare to 1.5% of the year 2015

Leprosy case notification in the year 2016 per District Council is shown in the table:-

DISTRICT COUNCIL	REGISTERED BY THE ENDOF THE PREVIOUS YEAR 2015 (Prevalence)		NOTIFIED 2016								TOTAL NOTIFICATION		REMOVED FROM REGISTER 2016		REGISTERED AT THE END OF THE YEAR (Prevalence)	
			NEW CASES		RELAPSE MDT		RELAPSE DDS AND OTHERS		RETURN AFTER DEFAULT							
	MB	PB	MB	PB	MB	PB	MB	PB	MB	PB	MB	PB	MB	PB	MB	PB
Lindi Municipal	136	22	12	2	0	0	1	0	0	0	13	2	51	12	98	12
Lindi Rural	51	30	19	30	1	0	0	0	2	1	22	31	17	14	56	48
Nachingwea	127	11	17	3	0	0	0	0	0	0	17	3	28	8	116	6
Kilwa	89	8	14	3	0	0	2	0	0	0	16	3	12	5	93	6
Ruangwa	105	6	34	4	0	0	0	0	1	0	35	4	32	6	122	8
Liwale	426	562	55	10	2	0	6	1	17	1	80	12	101	29	394	50
Total	934	639	151	52	3	0	9	1	20	2	183	55	241	74	879	130

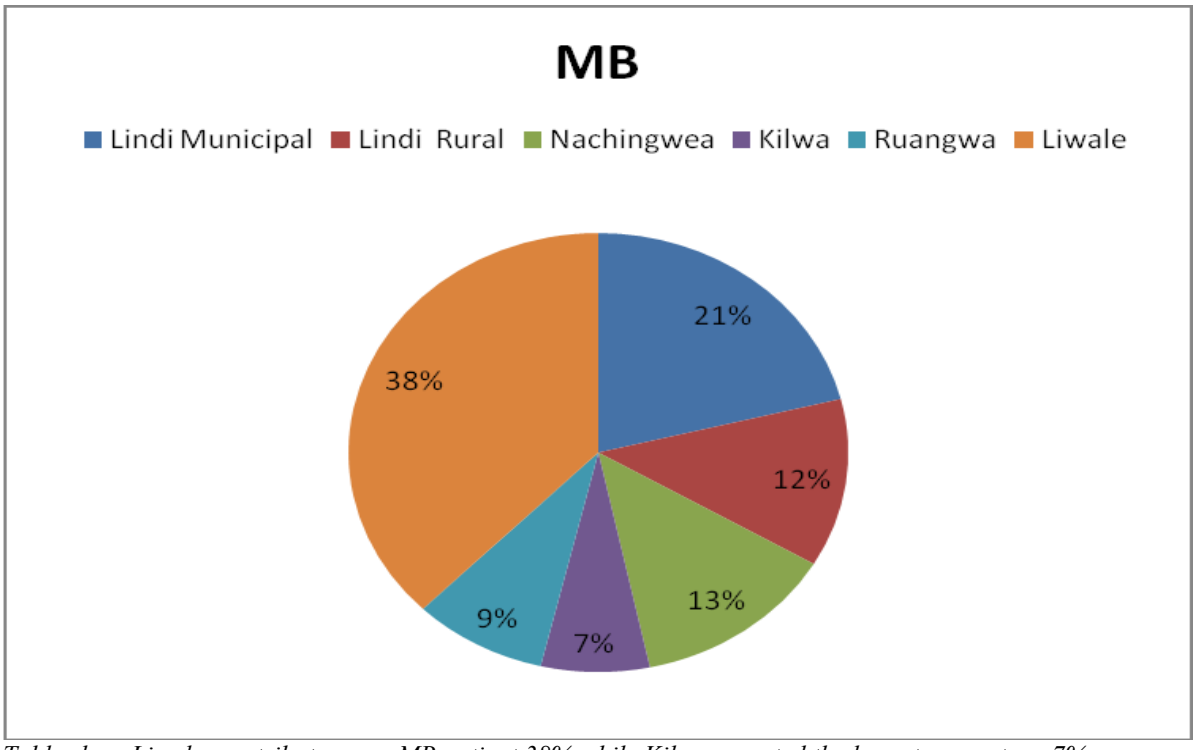


Table show Liwale contribute many MB patient 38% while Kilwa reported the lowest percentage 7%

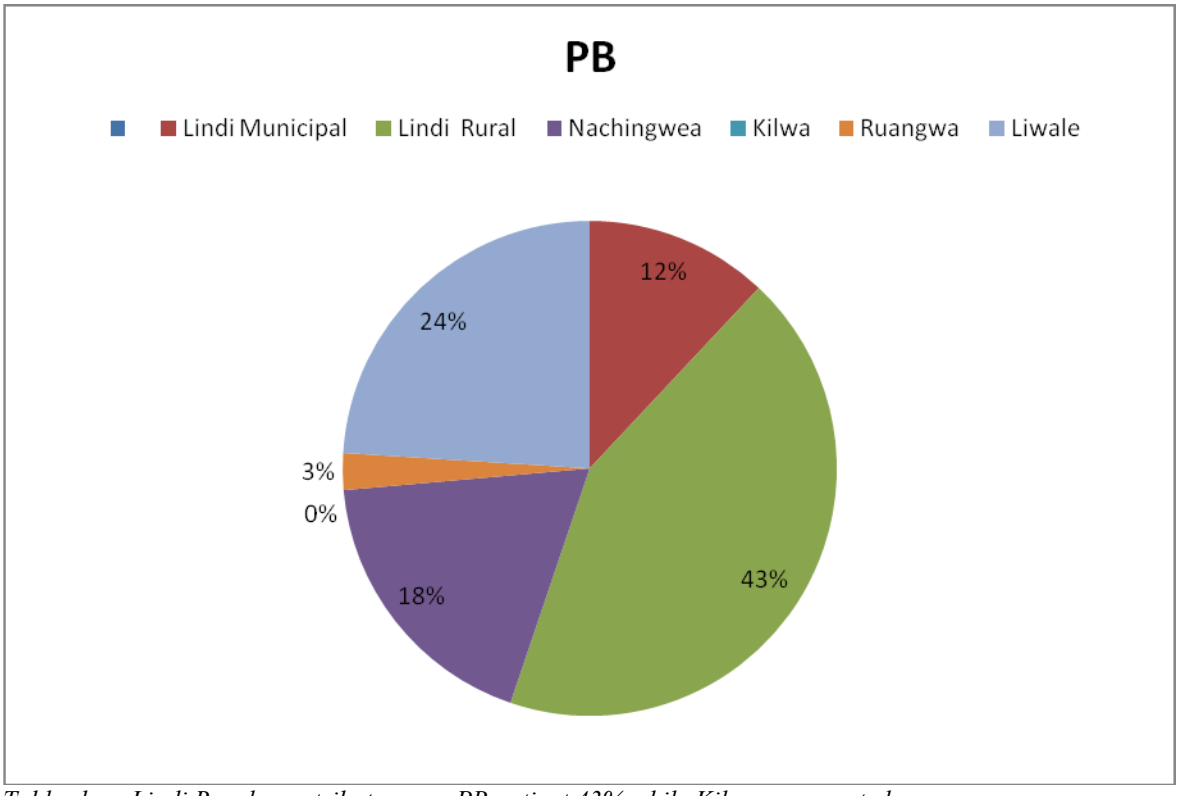


Table show Lindi Rural contribute many PB patient 43% while Kilwa no reported .

DISTRICT COUNCIL	DISABILITY GRADE O		DISABILITY GRADE 1		DISABILITY GRADE 2 NEW REGISTERED PATIENTS		TOTAL NUMBER
	Number	%	*Number*	%	Number	%	
Lindi Municipal	3	21.4	9	64.2	**2**	**14.2**	**14**
Lindi Rural	48	97.9	1	2	**0**	**0**	**49**
Nachingwea	15	75	0	0	**5**	**25**	**20**
Kilwa	13	76.4	3	17.6	**0**	**0**	**17**
Ruangwa	38	100	0	0	**0**	**0**	**38**
Liwale	57	87.6	8	12.3	**0**	**0**	**65**
REGION	**175**	86.2	**21**	10.3	**7**	**3.4**	**203**

9.1 Leprosy Case Holding

Leprosy patients completed their treatment with good results.

Treatment outcome for New Pauci Bacillary (PB) patients registered year 2015.
(Outcome of PB Patients notified in the year ending 12 months earlier)

DISTRICT COUNCIL	TREATMENT COMPLETED		DIED		TRANSFERRED OUT		OUT OF CONTROL		TOTAL NUMBER
	Number	%	Number	%	Number	%	Number	%	
Lindi Municipal	15	100	0	0	0	0	0	0	**15**
Lindi Rural	15	27.7	0	0	0	0	39	72.2	**54**
Nachingwea	23	100	0	0	0	0	0	0	**23**
Kilwa	1	100	0	0	0	0	0	0	**1**
Ruangwa	3	100	0	0	0	0	0	0	**3**
Liwale	19	63.3	0	0	0	0	11	36.6	**30**
Regional	**76**	**60**	**0**	**0**	**0**	**0**	**50**	**39.6**	**126**

Treatment completion rate 60%

Treatment outcome for Multi Bacillary (MB) patients registered year 2014.
Outcome of MB Patients notified in the year ending 24 months earlier

DISTRICT COUNCIL	TREATMENT COMPLETED		DIED		TRANSFERED OUT		OUT OF CONTROL		TOTAL NUMBER
	Number	%	Number	%	Number	%	Number	%	
Lindi Municipal	13	100	0	0	0	0	0	0	**13**
Lindi R	48	96	0	0	0	0	2	4	**50**
Nachingwea	21	100	0	0	0	0	0	0	**21**
Kilwa	10	90.9	0	0	0	0	1	9.1	**11**
Ruangwa	28	93.3	1	3.3	0	0	1	3.3	**30**
Liwale	66	100	0	0	0	0	0	0	**66**
Regional	**186**	**97.3**	**1**	**0.5**	**0**	**0**	**4**	**2**	**191**

Treatment completion is 97.3%,

10.0 ANNUAL REPORT ON PREVENTION OF DISABILITIES YEAR 2016

DISTRICT	LINDI MUNICIPAL		LINDI (R)		KILWA		NACHINGWEA		LIWALE		RUANGWA		REGION		
	<35	≥35	<35	≥35	<35	≥35	<35	≥35	<35	≥35	<35	>35	<35	≥35	TOTAL
No. of disabled leprosy pts registered at the end of the year	0	3	11	40	1	1	3	6	0	0	3	79	18	51	129
No. of pts staying in a camp/settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Supply of Protective foot wear in the Region were about 360 pairs from size 5 to 11.

11.0 DHIS 2 (DISTRICT HEALTH INFORMATION SYSTEM 2

The region have covered to training both DTLCs and the TB/HIV Officer on this electronic Tb District Health Information System . Since Lindi Region is also suffering from repeated Brain Drain we therefore we requires new training for the newly appointed DTLC/TBHIV Officers currently working .During this report writing period all data data were entered into the DHIS2 system.

12.0. LABORATORY SERVICERS.

13. EQA REPORTS.
The Region have submitted EQA reports on quarterly bases**.**

14.0. TB/HIV ACTIVITY IN THE REGION

14.1 Its a brief notes to explaining what has been happening in the implementation of TB/HIV collaborative activities in the Region. During this reporting period the following major objective were conducted fully

- ✓ **Objective 0** : To maintain agency operations
- ✓ **Objective 1**: To establish/maintain collaborative TB/HIV services in 6 Districts.
- ✓ **Objective 2**: To strengthen the capacity of HCWS in both public and private sectors to manage TB/HIV co-infected patients in 6 districts.
- ✓ **Objective 3**: To strengthen surveillance system of collaborative TB/HIV activities in 6 Districts
- ✓ **Objective 4**: To enhance community participation in TB/HIV services through awareness creation in the 6 Districts.
- ✓ **Objective 5**: To strengthen laboratory capacity to diagnose TB and mult drugs resistance TB including Quality assurance for AFB microscopy in all diagnostics centre in Lindi region.

During this reporting period a total of newly diagnosed TB registered patients were 1320 compare to 1217 client in 2015

1,290 (98%) were test for HIV compare to 1271 (100%) in 2015

Tested HIV positive were 302 (23%) in 2016 compare to 293 (24.6%) in 2015 found been co-infected .

Major challenges is poor uptake of ARTs among TB co-infected patients due to pills burden .

15.0. ACCOMPLISHMENTS;

Objectives 0:
To maintained collaborative TB/HIV activities in 6 District councils in Lindi Region.

Activities:

0.1 To provide administrative , motor cycle maintenance and running cost for the Regional and Districts with and without TB/HIV Officers.

5 Districts with TB/HIV officers and 1 districts without plus the Region were provided with funds for office support.

The 5 TB/HIV and 1 DTLC officer conducted supervision from two different sources. One was through CDC funds and the other was through Basket funds from their respective Districts. Supervision reports including the financial retirements' are kept to their District and copy is available to RTLSCs office

Objective 1:

To establish/maintain collaborative TB/HIV services in 6 Districts

Activities:

15.1 .Facilitate quarterly TB/HIV coordinating committee meeting in Lindi Region.

The regional coordinating meeting was conducted and the main issue raised during the meeting was

- Poor advocacy of tuberculosis disease in the community.
- Limited plans of TB/HIV collaborative activities in the CCHPs.

15.2. Facilitate quarterly TB/HIV coordinating committee meeting in the districts;

All six councils managed to conduct the meeting as scheduled and the minutes of the meetings including financial reports are available to the Districts themselves .

The technical reports is copy to RTLC.

15.3. Support TB/HIV Officer to participate in the council planning to incorporate TB/HIV activities in the CCHP

This activity was not conducted due to lack of funds.

Objective 2:

To strengthen the capacity of health care workers in both private and public to manage TB/HIV co-infection patients.

Activities;

2.1 To conduct supportive supervision and mentorship to TBHIV activity in the District was done by RTLC only and unfortunately the Districts have no funds for supervision

Major Observation and challenge during RTLC supervision.

1.No supervision schedule available.

2. Knowledge gap among newly employed staff.

3. TB screening not done as required.

4. No involvement of ADDOs in TB case notification.

5. No DQA done to the District.

15.4. Training of Health care providers.

Region manage to conduct 4 training sessions and covered about 124 health care workers.

S/No	Title of the Training	Name of the Districts	Date training conducted	Cadre/Qualification	Number Trained
1	Training of 34 Health Care Workers on paediatric TB for 4 days.	All District in the Region	9-12 Aug 2016	MA CO RN NM MD AMO	7 7 6 6 2 6
Total					34

2	Comprehensive management of HIV/AID for HCWs in the Region for 5 Day	All District in the Region	1-5 Aug 2016	MO CO RN EN M/A AMO	1 2 2 10 2 7
Total					24
	Orientation on new Record and reporting Tools for 2 days	All District in the Region	18-20 April 2016	Lab Tec MD CO AMO EN	6 3 4 4 22
Total					**39**
	2Is training to HWCs for 4 days	All District in the Region	2-5 May 2016	RN MA EN	9 4 14
Total					**27**
GRAND TOTAL					**124**

Objective 3:
To strengthens surveillance system of the collaborative TB/HIV activity.
The activity was not conduct due to shortage of funding.

Objective 4:
To enhance community participation oin TB/HIV servicers through awareness creation in the Districts.

Activities:
14.6. Support region to sensitization campaigns on TB/HIV during the commemoration of the world TB day. Activity was not conducted due fund shortage.

Name of the District	Type of health facility	Number of health facility	Facilities implementing TB/HIV activities	Proportion %	Facility providing ART in TB clinics
Lindi Town Council	Hospital	1	1	100	1
	Health Centre	1	1	100	0
	Dispensary	11	7	63.6	0
Total		13	9	81.8	1
Nachingwea District	Hospital	3	3	100	0
	Health Centre	2	2	100	0
	Dispensary	31	3	0	
Total		36	5	13.88	0
Lindi Rural	Hospital	1	1	100	0
	Health Centre	6	6	100	0
	Dispensary	41	7	17	0
Total		48	14	29	0
Ruangwa	Hospital	1	1		0
	Health Centre	3	3	100	100
	Dispensary	22	8	36.36	0
Total		25	11	44	100
Liwale District	Hospital	1	1	100	0
	Health Centre	1	1	100	0
	Dispensary	23	0	0	0
Total		25	2	8	0

Kilwa district	Hospital	2	2	100	0
	Health Centre	4	4	100	100
	Dispensary	45	0	0	0
Total		51	6	11.76	100

TB/HIV case Notification Jan - Dec 2016

Indicator	**Jan -Mar 2016**	**Apr-Jun 2016**	**July – Sept2016**	**Oct-Dec 2016**	**Total (2016)**
Number of TB/HIV services delivery outlets providing PITC	195	200	200	193	200
Number of all newly registered TB patients	376	318	352	274	1320
Number of all newly registered TB pts who were tested for HIV and received their results	365(97%)	306(96%)	350(99%)	274(100%)	1295(98%)
Number of registered TB patients who tested HIV positive	78(21%)	76(24%)	85(24%)	66(24%)	305(23%)
Number of TB patients co-infected with HIV referred to CTC	75(96%)	76(100%)	95(100%)	63(95%)	309(100%)
Number of TB patients co-infected with HIV who are registered to CTC	75(100%)	76(100%)	94(100%)	63(100%)	308(99.6%)
Number of TB patients co-infected with HIV who are receiving CPT	75(100%)	76(100%)	94(100%)	63(100%)	308(100%)
Number of TB patients co-infected with HIV who started ART	75(100%)	76(100%)	94(100%)	63(100%)	308(100%)

17.0. CHALLENGES AND WAY FORWARD;

- Minimal resource from Region and district to support TB, Leprosy and TBHIV .
- IPT scale up still a major challenge
- Low TB notifications all forms compared to estimated burden
- Number of the designated diagnostic centers in the Region are not providing TB diagnostic services (11.7%)
- Low Leprosy *suspicion* index among clinicians in the Region
- Low Community sensitization and empowerment on Leprosy in the Region.
- Inadequate facility Tb control plan activity

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