THE UTED REPUBLIC OF TANZANIA

TUBERCULOSIS AND LEPROSY
ANNUAL REPORT 2017
LINDI REGION

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Contents

ACKNOWLEDGMENT **3**
BACKGROUND INFORMATION **4**
2.1. Regional profile 4
4.0 DISTRIBUTION OF HEALTH SERVICERS IN THE REGION **7**
4.0 DISTRIBUTION OF HEALTH SERVICERS IN THE REGION **9**
5.0. TRANSPORT AND COMMUNICATION **11**
5.1 Transport 11
5.2. Communication. 12
6.0. FINANCIAL: **12**
7.0. TB/LEPROSY SERVICES **12**
7.1 Staffing**:** 12
7.2 Drugs and other supply; 13
The number of diagnostic centre in the Region still remain constant due to inadequate HRH for laboratory and equipment. 13
8.0 TB notification in the Region 2017 14
TB Notificatio by Age distribution 14
TUBERCULOSIS CASE HOLDING OF NEW AND PREVIOUSLY TREATED PATIENTS NOTIFIED IN THE YEAR ENDING 12 MONTHS EARLIER (2016) **16**
8.2. Result of treatment for New smear positive Tuberculosis patients notified in the 17
year ending 12 Months earlier (2016) is shown in the table below:- **17**
8.3. Result of treatment for new smear Negative Tuberculosis patients notified in the 17
year 2016 is shown in the table below:- **17**
8.4. Result of treatment of new Extra pulmonary TB patients notified in the year ending 17
8.5.Result of treatment of previously treated TB patients (Re-treatment) notified in 18
the year ending 12 Months earlier (2016) is shown in the table below:- **18**
Treatment success is 94.7 % **18**
Death rate is 5.2% **18**
9.0. LEPROSY CASE NOTIFICATION(ALL CASES) 2017 LEPROSY **18**
MB **19**
Number 20
Number 20
Lindi Municipal **21**
10.0 ANNUAL REPORT ON PREVENTION OF DISABILITIES YEAR 2017 ..... **22**
11.0 DHIS 2 (DISTRICT HEALTH INFORMATION SYSTEM 2 ..... **22**
12.0. LABORATORY SERVICERS. **22**
14.0. TB/HIV ACTIVITY IN THE REGION **22**
15.0. ACCOMPLISHMENTS; **22**
15.1 .Facilitate quarterly TB/HIV coordinating committee meeting in Lindi Region. 23
15.2. Facilitate quarterly TB/HIV coordinating committee meeting in the districts; 23
15.3. Support TB/HIV Officer to participate in the council planning to incorporate TB/HIV activities in the CCHP 23
15.4. Training of Health care providers. 23
17.0. CHALLENGES AND WAY FORWARD; **25**

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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;
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BORESHA AFYA 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

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- 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.

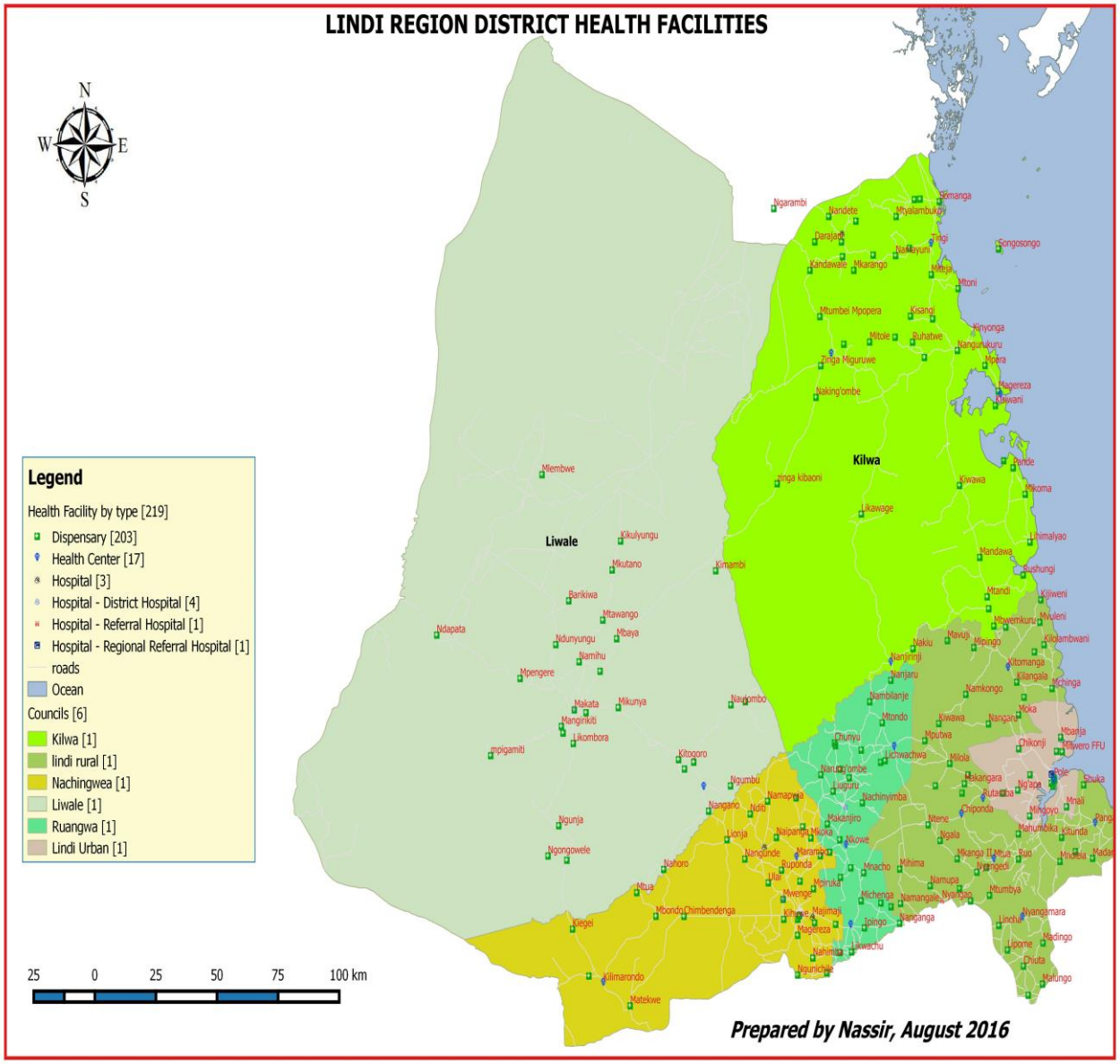
BACKGROUND INFORMATION

2.1. Regional profile

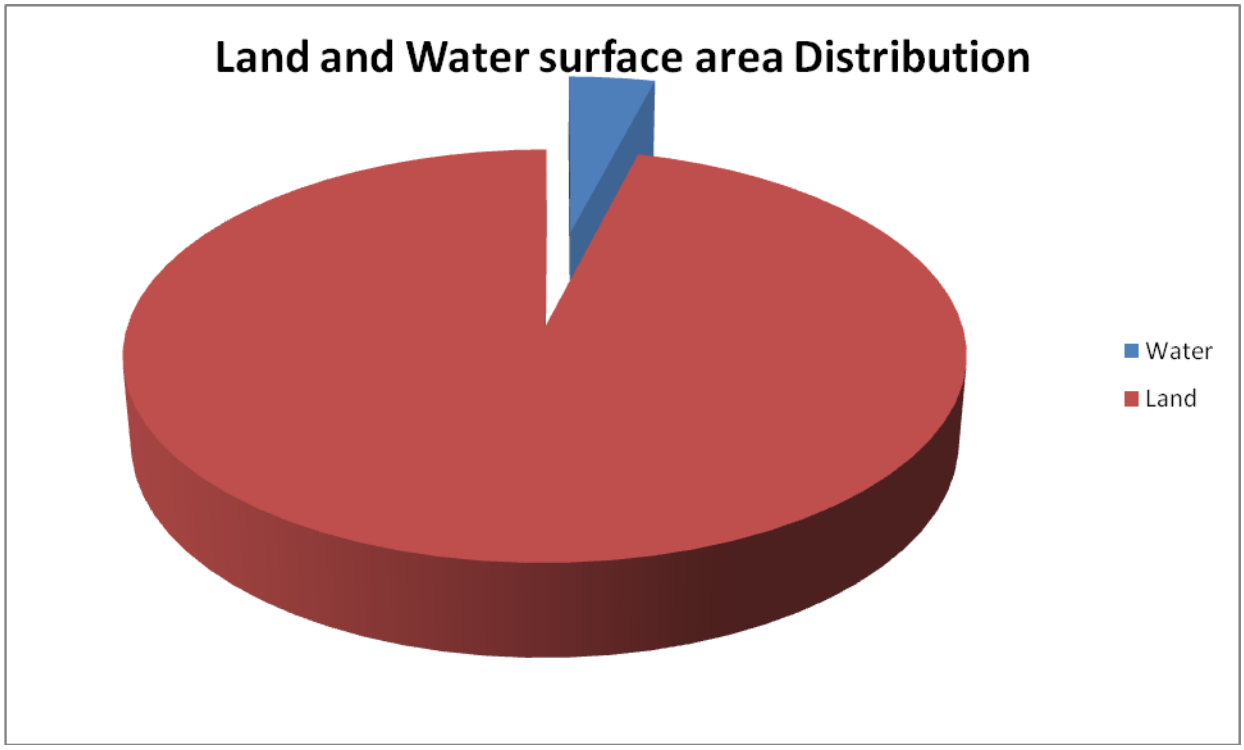
1.1 Location and Size

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

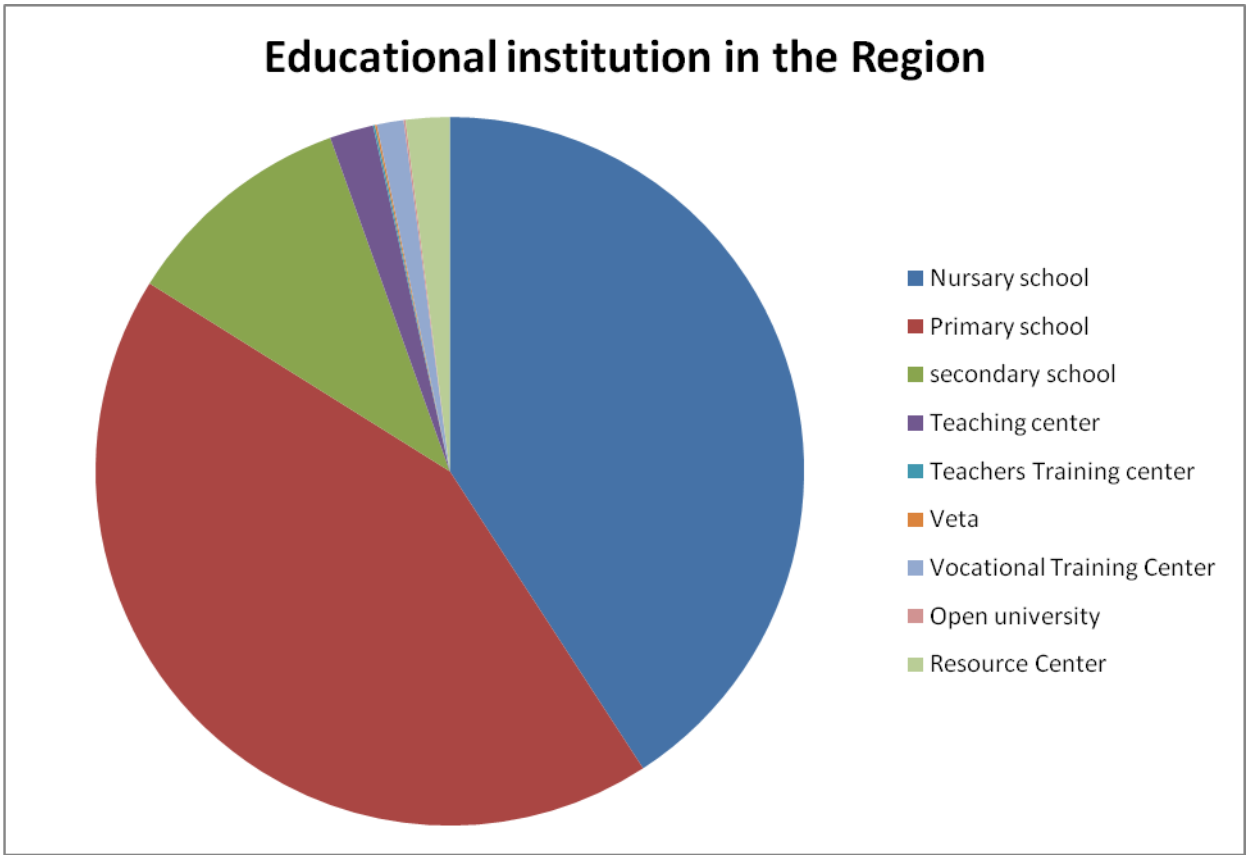
Ethnic Groups

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

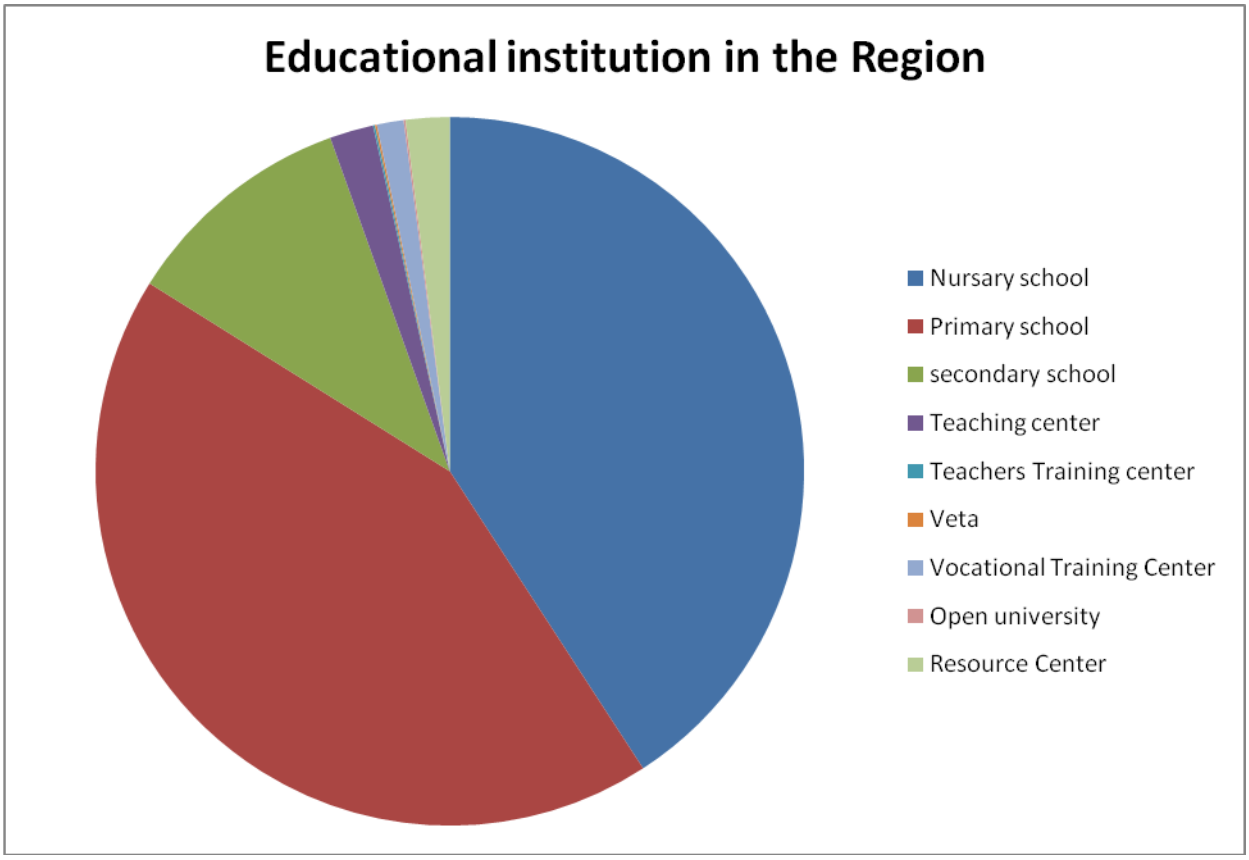
Council	Types of Ownership	Total	Remarks

	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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4.0 DISTRIBUTION OF HEALTH SERVICERS IN THE REGION

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Source: Lindi Annual Health Report 2016

Council Level

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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	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), followd 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 Dec 2017	Old with kilometer running up to 286,200kms	Toyota Land cruiser	RTLC supportive supervision on Tb,TBHIV and Leprosy other RHMT activities.
DFP 5787	Kinyonga Hospital Kilwa Kivinje	10 Nov 2017	Good	Motorcycle	TB/HIV Officer supportive supervision activity in the District of Kilwa
DFPA 347	Kinyonga Hospital Kilwa Kivinje	23 Nov 2017	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 3879	Nachingwea Hospital	2 Dec 2017	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 5786	Nachingwea Hospital	15 Dec 2017	Good	Motorcycle	TB/HIV Officer supportive supervision activity in the District of Nachingwea
DFP 6764	Ruangwa Hospital	12 Nov 2016	Out of order	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 4113 DFPA 2681	Nyangao Hospital	3 Nov 2017	Good	Motorcycle new issue on	DTLC supportive supervision and any other activity assigned by the DMO
DFP 3880 DFPA	Liwale Hospital	12 Dec 2016	Out of order	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 9396	Liwale Hospital	10 Dec 2017	Good	Motorcycle	For TBHIV Officer supportive supervision .

DFP 5643	Sokoine Hospital	19 Dec 2017	Good	Motorcycle	DTLC supportive supervision and any other activity assigned by the DMO
DFP 5785	Sokoine Hospital	15 Dec 2017	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.
DTLC Ruangwa motorcycle is out of order since 2016 and he is using alternative means of transportation to accomplish he work.

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.Many time DTLC computer run out order due to virus invasion.

6.0. FINANCIAL:

GRLA support the Region during this reporting period

- Funds from GRLA total received Tshs 10,280,000/=
  Total expenditure is Tshs 10,280,000/=
  Balance at the 31/12/2017 NIL

7.0. TB/LEPROSY SERVICES

7.1 Staffing**:**
Liwale have not TB/HIV officer but during the last Quarter Oct-Dec a new TB/HIV Officer was selected . 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	Augustina Mnape	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
12	District Tb/HIV Officer	Samson William	Liwale

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 3 MDR patient diagnosed in lindi region who were initiated MDR treatment at Sokoine Regional Hospital as Regional Initiation site .Three of the MDR TB patients were discharge after cured two from Nyangao Hospital and one from Ruangwa D. Hospital in the Region during this reporting period.

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	2	0	Doing fine and continue with treatment initiation phase
Lindi Municipal	0	1	Doing fine with treatment initiation 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	3	0
Lindi Rural	1	2	1
Lindi Municipal	1	0	1

The number and quality of a diagnostic centre in the Region is remain constant low due to inadequate HRH for laboratory and equipment. Something must be done to overcome this challenge both RHMT/CHMTs and implementing partners.

8.0 TB notification in the Region 2017

TB Notification 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	**1**				**7**	**3**	**22**	**39**	**44**	**63**	**51**	**106**	**19**	**78**	**20**	**37**	**19**	**23**	**183**	**349**	**532**
New smear negative	**7**	**9**	**7**	**7**	**3**	**14**	**14**	**14**	**39**	**24**	**34**	**41**	**25**	**39**	**14**	**37**	**17**	**36**	**160**	**221**	**381**
New extra pulm	**6**	**11**	**4**	**8**	**5**	**9**	**9**	**12**	**19**	**10**	**18**	**19**	**8**	**20**	**7**	**6**	**7**	**13**	**83**	**108**	**191**
Relapse								**2**		**3**		**6**	**2**	**8**	**1**	**4**		**3**	**3**	**26**	**29**
Failure								**1**				**1**		**1**						**3**	**3**
Return after lost to follow up												**1**		**2**						**3**	**3**
Others	**1**						**1**	**4**			**2**	**1**	**3**	**1**	**2**	**2**		**2**	**9**	**7**	**16**
MDR												**1**	**2**						**1**	**2**	**3**
Total	**15**	**11**	**11**	**15**	**15**	**18**	**45**	**72**	**102**	**100**	**105**	**176**	**59**	**149**	**43**	**86**	**43**	**77**	**439**	**719**	**1158**

Total number of all category patients notification in 2017 is **1,158.**
The Region have the Tuberculosis incidence of 287/100,000 population (2553) ,
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 newly diagnosed (3)
A total of 1,253 cases of tuberculosis all forms were notified in the year 2016 showing an decrease of 95 patient which is equal to 8.2 % patients less .
More efforts are needed to reach to Regional Set Target for Districts.

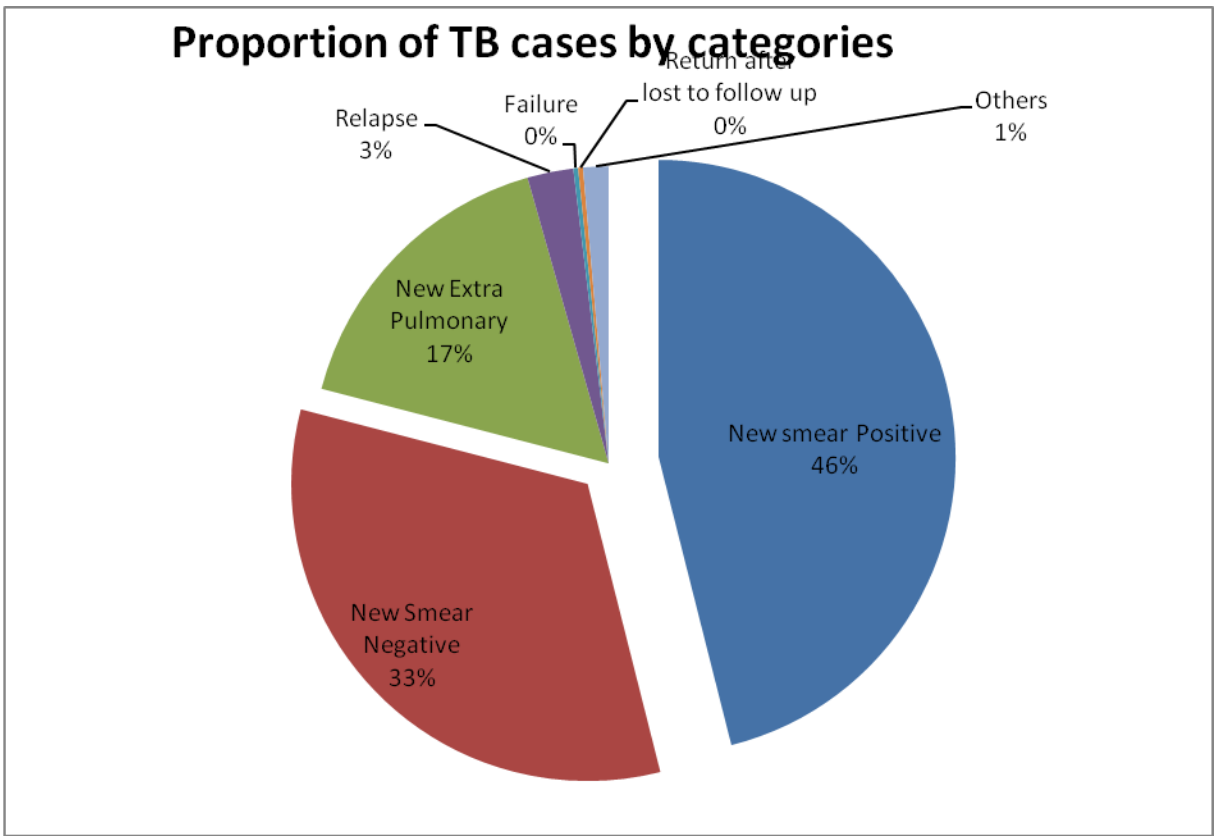
TUBERCULOSIS CASES NOTIFICATIONS TREND BY DISTRICTS JAN - DEC 2016 VS JAN - DEC 2017.

Region	Districts	Jan-Dec 2016	Jan-Dec 2017	Change	% Change	Target
Lindi	Kilwa District Council	181	184	3	2	196
	Lindi District Council	**271**	**222**	**-49**	**22**	**293**
	Lindi Municipal Council	278	241	-37	15	300
	Liwale District Council	108	92	-16	17	117
	Nachingwea District Council	216	199	-17	9	233
	Ruangwa District Council	***199***	***217***	***18***	***8***	***215***
Overall Total		**1,253**	**1158**			1354

Data collect in DHIS2
This shows annual case notification decreasing notable in Lindi DC by 22%,Lindi Municipal by 15%,Liwale by 17%, and Nachingwea by 9%.Only Ruangwa District have increased patient notification by 8% and reached Regional Set Target. While Kilwa increased notification by 3 patient but did not reached Regional set Target

Summary TB Notification 2017

categories	Number	Percentage
New smear Positive	532	45.9
New Smear Negative	381	32.9
New Extra Pulmonary	191	16.4
Relapse	29	3.3
Failure	3	0.2
Return after lost to follow up	3	0.2
Others	16	1.3



- The proportion of sputum smear positive in the new notified cases was found (532) 45.9% compare to (561) 42% of 2016 . The drop is due to non functional X ray for more than 6 month at Sokoine Hospital.
- The proportion of relapse is 29/51 (56.8%) compare to 38/67 (56.7%) of the previous year 2016.

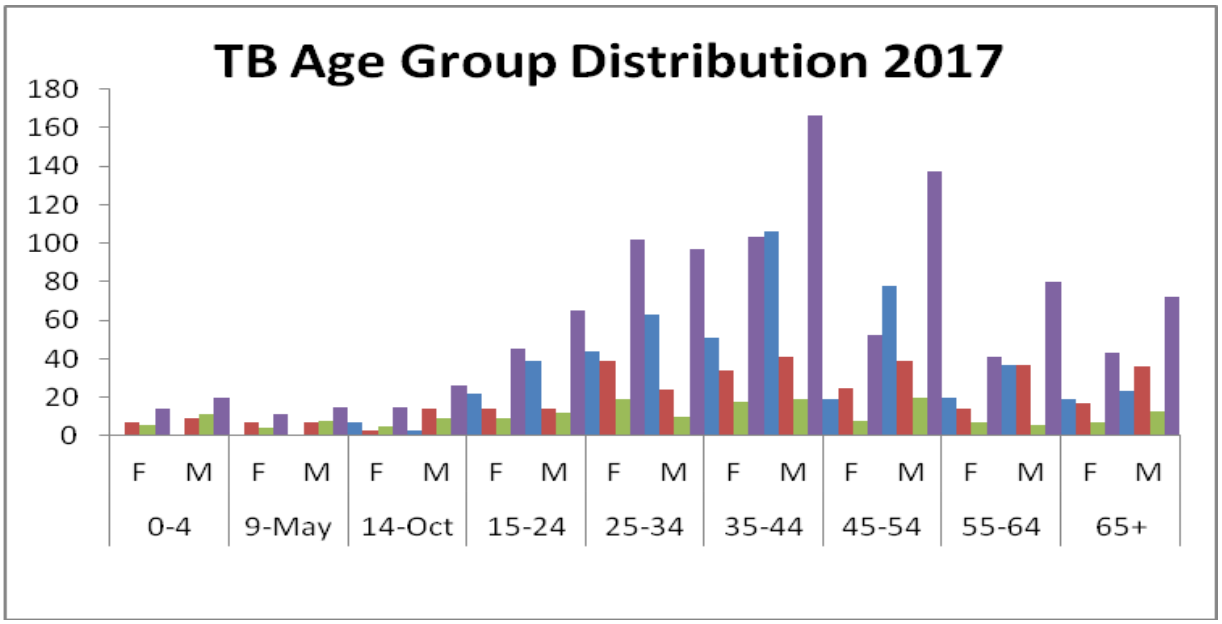
- Number of failure in 2017 notified is 3/51 (5.9%) compare to 0/67 in 2016
- Return Smear Positive were 0 compare to Positive7 (0.5%,) 2016

- The proportion of children is 85/1158 (7.3%) compare to 111/1253 (8.8%) of the year 2016 showing slightly decrease by 26 patients as compare to 2016.

Pediatric TB notification by 2018

District	TB Adult case notification 2017	Pediatric TB case notification 2017	Proportion of Pediatric TB 2017 in %
Kilwa	184	25	13.5
Liwale	92	11	12
Nachingwea	199	9	5
Ruangwa	209	14	7
Lindi DC	222	25	11
Lindi Municipal	241	17	7

- Proportions of New Smear Negative is 381 (33%) compare to 409 (34%) 2016



TUBERCULOSIS CASE HOLDING OF NEW AND PREVIOUSLY TREATED PATIENTS NOTIFIED IN THE YEAR ENDING 12 MONTHS EARLIER (2016)

Treatment success for New smear positive pulmonary Tuberculosis is 91.6% compare to 91.5% of 2016.

Treatment completion is87.7 % in the year 2017 for New smear Negative compare to 90.4% for New smear Negative in year 2016 and 86.6% Extra Pulmonary TB compare to 89% for Extra Pulmonary TB in 2016.

Cure rate 87.6% for New smear positive pulmonary Tuberculosis patients compare to 85.6% for New smear positive pulmonary Tuberculosis patients in 2016.

8.2. Result of treatment for New Smear Positive Tuberculosis patients notified in the year ending 12 Months earlier (2016) is shown in the table below:-

DISTRICT COUNCIL	CURED	%	TREAMENT COMPLETED	%	FAILURE	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	159	95	0	0	0	0	9	5	0	0	0	0	168
Lindi (R)	98	90	4	4	0	0	6	6	1	1	0	0	109
Liwale	19	76	4	16	0	0	2	0	0	0	0	0	25
Kilwa	36	82	10	18	0	0	3	0	2	0	2	0	53
Nachingwea	102	89	0	0	0	0	4	4	5	4	3	0	114
Ruangwa	92	85	5	5	1	1	9	8	1	0.9	0	0	108
TOTAL	506	88	23	4	1	0.2	33	6	9	2	5	1	577

Treatment success is 91.6 % for New Smear Positive
Cure rate is 87.6%,
Death rate 5.7%

8.3. Result of treatment for New Smear Negative Tuberculosis patients notified in the year (2016)is shown in the table below:-

DISTRICT COUNCIL	TREAMENT COMPLETED	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	79	90	9	10	0	0	0	0	87
Lindi (R)	106	89	11	9	2	2	0	0	119
Liwale	26	90	3	10	0	0	0	0	29
Kilwa	92	86	7	7	6	6	2	2	107
Nachingwea	47	87	6	11	0	0	0	0	53
Ruangwa	52	83	9	14	0	0	2	3	63
TOTAL	402	88	42	9	8	2	4	0.8	458

Treatment completion rate is 87.7%. for New Smear Negative TB

8.4. Result of treatment of New Extra Pulmonary TB patients notified in the year ending 12 Months earlier(2016) is shown in the table below:

DISTRICT COUNCIL	TREAMENT COMPLETED	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	36	97	1	3	0	0	0	0	37
Lindi (R)	36	84	7	16	0	0	0	0	43
Liwale	54	89	7	11	0	0	0	0	61
Kilwa	21	100	0	0	0	0	0	0	21
Nachingwea	38	76	9	18	0	0	2	4	49
Ruangwa	22	76	6	12	0	0	0	0	28
TOTAL	**207**	**87**	**30**	**13**	**0**	**0**	**2**	**0.8**	**239**

Treatment success is 86.6% for New Extra Pulmonary TB patient.

Death rate 12.5%

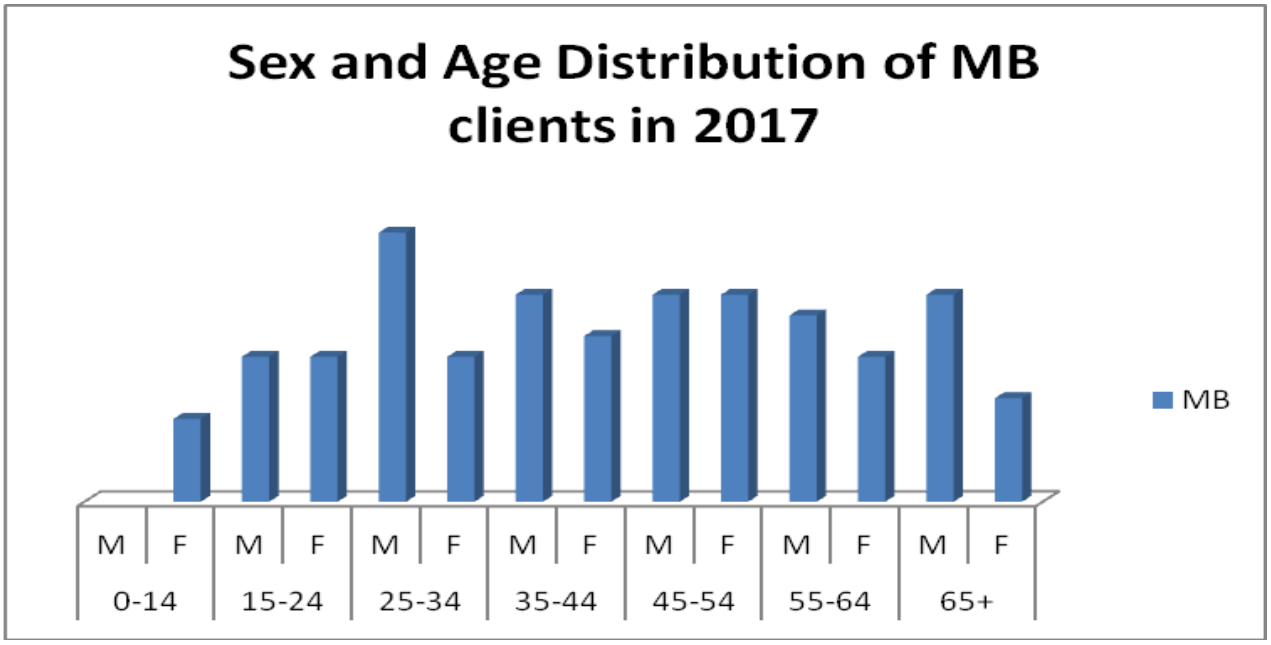
8.5.Result of treatment of previously treated TB patients (Re-treatment) notified in the year ending 12 Months earlier (2016) is shown in the table below:-

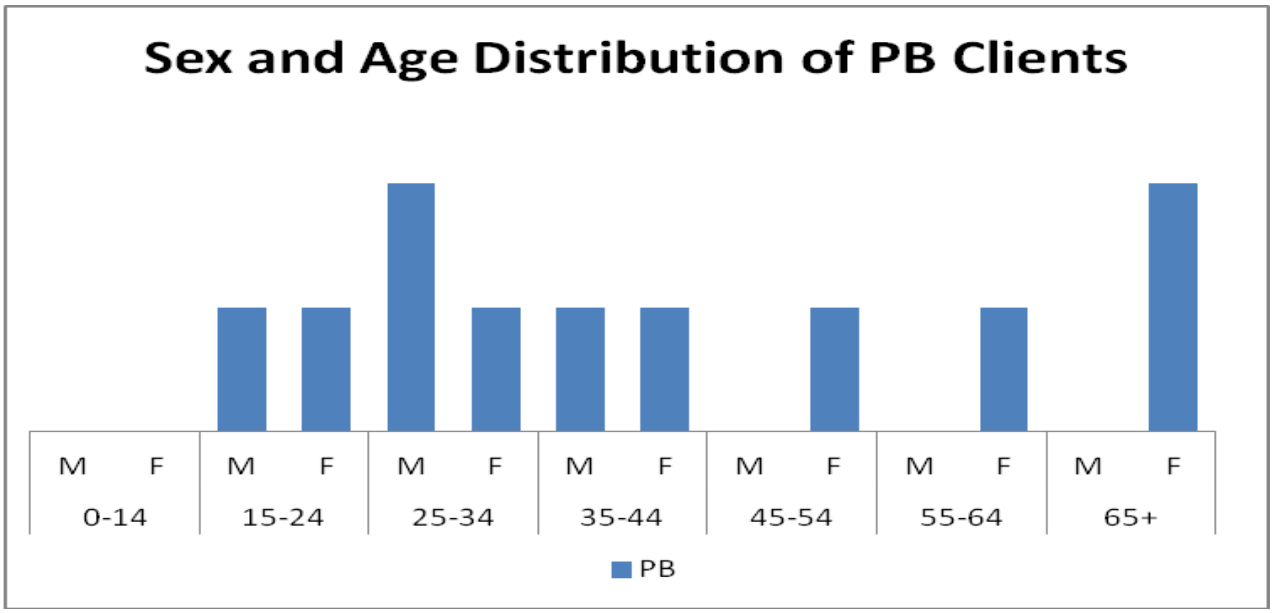
DISTRICT COUNCIL	CURED	%	TREAMENT COMPLE	%	FAILURE	%	DIED	%	LOST TO FOLLOW UP	%	NOT EVALUATED	%	TOTAL PATIENTS
Lindi (U)	30	34	49	55	0	0	8	9	2	2	0	0	89
Lindi (R)	11	46	9	38	0	0	4	17	0	0	0	0	24
Liwale	4	44	3	33	0	0	2	22	0	0	0	0	9
Kilwa	0	0	0	0	0	0	0	0	0	0	0	0	0
Nachingwea	4	24	11	65	0	0	0	0	1	6	1	6	17
Ruangwa	2	67	0	0	0	0	1	33	0	0	0	0	3
TOTAL	**51**	**36**	**72**	**50**	**0**	**0**	**15**	**11**	**3**	**2**	**1**	**0.7**	**142**

Treatment success is 86.6 % for Previously treated TB patient,
Cure Rate is 36 %
Death rate is 11 %

9.0. LEPROSY CASE NOTIFICATION(ALL CASES) 2017 LEPROSY

The new cases notified were 118 in year 2017 compare to 203 of the year 2016 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 118 (96 %) compare to 203 (88 %) of last year.
The Region has the prevalence rate of 1.3 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 % Compare to 0.19% of the year 2016

Leprosy case notification in the year 2017 per District Council is shown in the table:-

DISTRICT COUNCIL	REGISTERED BY THE ENDOF THE PREVIOUS YEAR 2016 (Prevalence)		NOTIFIED 2017								TOTAL NOTIFICATION		REMOVED FROM REGISTER 2017		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	95	7	16	2	0	0	0	0	0	0	16	2	3	2	95	3
Lindi Rural	58	48	8	5	0	0	0	0	0	0	8	5	17	14	54	36
Nachingwea	73	9	11	2	0	0	0	0	0	0	11	2	20	2	64	9
Kilwa	93	6	20	1	0	0	0	0	0	0	20	1	24	0	89	6
Ruangwa	128	5	21	1	0	0	0	0	0	0	21	1	7	0	112	3
Liwale	109	7	29	2	0	0	0	0	4	0	33	2	18	0	79	3
Total	556	82	105	13	0	0	0	0	4	0	183	55	89	18	493	60

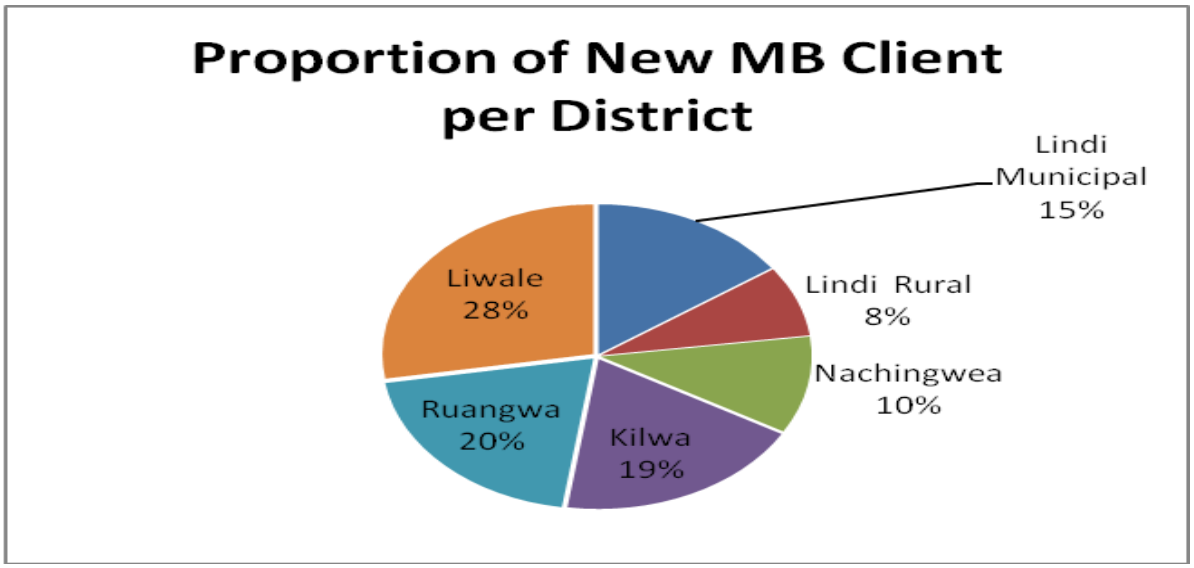


Table show Liwale contribute many MB patient by 28 % compare to 2016 of 38% while Lindi Rural show low contribution of 8% as compare to Kilwa reported the lowest percentage 7% in 2016

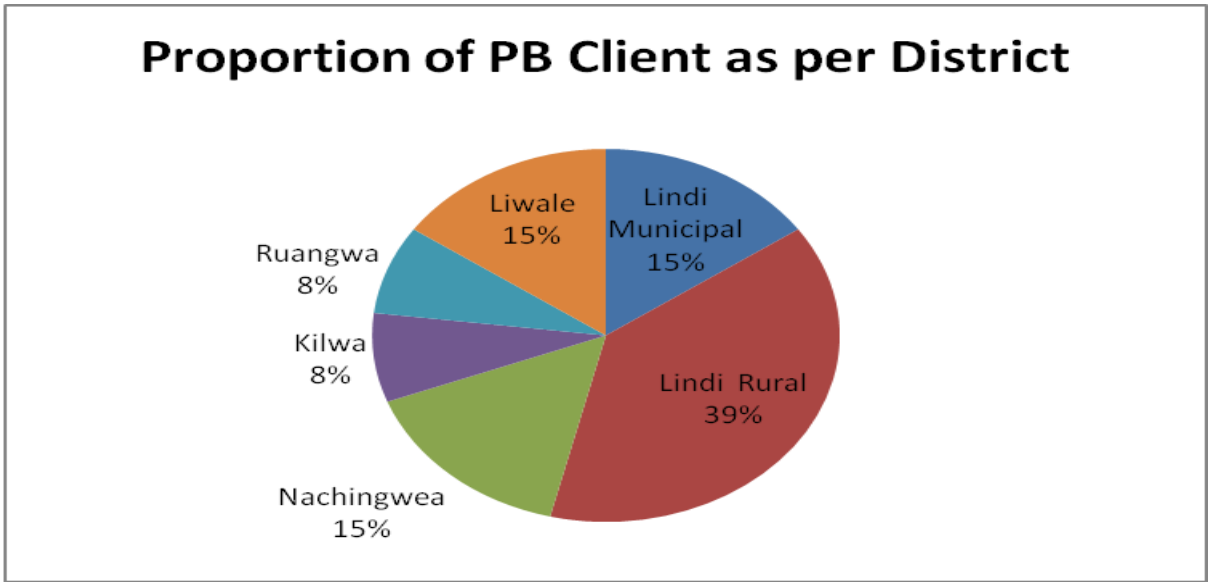


Table show Lindi Rural contribute many PB patient39% as compare to 43% in 2016 while Kilwa and Ruangwa reported 8% contribution .

DISTRICT COUNCIL	DISABILITY GRADE O		DISABILITY GRADE 1		DISABILITY GRADE 2 NEW REGISTERED PATIENTS		TOTAL NUMBER
	Number	%	*Number*	%	Number	%	
Lindi Municipal	8	44.	5	28	**5**	28	**18**
Lindi Rural	7	54	6	38	**0**	0	**13**
Nachingwea	9	69	0	0	**4**	30	**13**
Kilwa	15	71	6	29	**0**	0	**21**
Ruangwa	20	91	0	0	**2**	9	**22**

Liwale	28	90	1	3	**2**	**6**	**31**
REGION	**87**	73	**18**	14	**13**	11	**118**

The proportion of Disability grade 2 in the Region is (11%) higher than National average of 2%

9.1 Leprosy Post exposure Prophylaxis (LPEP)

The Leprosy Post-Exposure Prophylaxis is a study project implemented in Liwale District and is a three years project to demonstrate the impact of PEP added to contact tracing activities as a strategy to interrupt transmission of leprosy the project was launched in Makata Ward in Liwale District in 2015 and it is involves identification of index case households and the corresponding health facility, contact tracing ,leprosy screening and provision of a single dose rifampicim (SDR)to those how screened Leprosy negative.

The project have now remaining with only seven months of implementation and the preliminary report shows

a) High level of community acceptance .
b) High performance of more than 100%.

The number of targeted index cases and contact screened in the project in Liwale.

Index case	Households contacts	Suspect cases	New case detected
277	2727	50	46

9.2 Leprosy Case Holding

Leprosy patients completed their treatment with good results.

Treatment outcome for New Pauci Bacillary (PB) patients registered year 2016.
(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	0	0	0	0	0	0	0	0	**2**
Lindi Rural	0	0	0	0	0	0	0	0	**5**
Nachingwea	0	0	0	0	0	0	0	0	**2**
Kilwa	0	0	0	0	0	0	0	0	**1**
Ruangwa	0	0	0	0	0	0	0	0	**1**
Liwale	0	0	0	0	0	0	0	0	**2**
Regional	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**13**

Treatment completion rate 0%

Treatment outcome for Multi Bacillary (MB) patients registered year 2015.
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	5	42	0	0	0	0	0	0	**12**
Lindi R	7	32	0	0	0	0	0	0	**22**
Nachingwea	0	0	0	0	0	0	0	0	**17**
Kilwa	6	38	0	0	0	0	0	0	**16**
Ruangwa	0	0	0	0	0	0	0	0	**28**
Liwale	39	52	0	0	0	0	0	0	**69**
Regional	**51**	**31**	**0**	**0**	**0**	**0**	**0**	**0**	**164**

Treatment completion is 31%,

10.0 ANNUAL REPORT ON PREVENTION OF DISABILITIES YEAR 2017

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 150 pairs from size 5 to 11.

11.0 DHIS 2 (HEALTH FACILITY BASED DISTRICT INFORMATION SYSTEM 2)

The region have covered to training all DTLCs and some TB/HIV Officer on the facility based electronic Tb DHIS 2. Lindi Region requires to train 4 of the remain TBHIV Officer on the facility base DHIS2.

12.0. LABORATORY SERVICERS.

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

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 to meet the following main objective. 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 1158 compare to 1320 client in 2016.

1,151 (98%) were test for HIV compare to 1290 (98%) in 2016 .

Tested HIV positive were 81 (23%) in 2017 compare to 302 (23%) in 2015 found been co-infected .

Major challenges is poor uptake of ARTs among TB co-infected patients due to pills burden and weak clininian suspicious index among PHLIVs.

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.

This activity was not implemented.

Objective 1:

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

Activities: This activity was not implemented

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

The regional coordinating meeting was not conducted .

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

All six councils managed to not conducted .

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 in 2017.

a. Not yet allocated in Masoko urban Health center Room with adequate ventilation for TB/TBHIV services.
b. 2,3 and 5th Month sputum outcome results are not available in many facilities including Masoko Urban Health Center and Kivinje Hospital, Nachingwea Mnero Hospital .
c. No any Leprosy activity incorporated into CCHP 2016/207 especially Liwale and Ruangwa have high Leprosy disease burden.
d. Low number of TB presumptive in many health facility.
e. No records for IPT services to children and infants from mother with active TB contacts.
f. Few number of health facility is reporting on pediatric TB cases among all notifying facilities in the Region 2017
g. Proportion of PLHIV diagnosed for TB is low 0.3% to some health facilities.
h. Kibutuka HC Microscopy *Olimpus* 3D 12344 is not function.

15.4. Training of Health care providers.

Region manage to conduct 6 training sessions and covered about 156 health care workers.

S/No	Title of the Training	Name of the Districts	Date training conducted	Cadre/Qualification	Number Trained
1	Training of 54 HCWs on 3Is	All District in the Region	5-9 June 2017	Medical Office Assistant Medical Officers Clinical OfficersTB/HIV Officer DTLC	2 5 15 2 5

				Nurses Medical Attendant	20
Total					**54**
2	Sputum Fixers Training for 5 day	All District in the Region	24-28 July 2017	Community volunteers	30
Total					**30**
3	Training to Community health care workers for 3 days	All District in the Region	24-26 July 2017	Community volunteers	30
Total					**30**
	X ray reading and interpretation training for 5 days	All District in the Region	31/7-4/8/2017	DM DTLC CTC CLINCIAN	6 2 2
Total					**10**
5	Paediatric TB training for HCWs 5days	All District in the Region	31/7-4/8/2017		**15**
	Total				
6	3 day Orientation to HCWs on Facility based DHIS2	All District in the Region	19-21Oct 2017	NTLP Regional Staff	**17**
Total					**17**
GRAND TOTAL					**156**

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	1
	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	0
Total		36	5	13.88	0
Lindi Rural	Hospital	1	1	100	1

	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 2017

Indicator	**Jan -Mar 2017**	**Apr-Jun 2017**	**July – Sept2017**	**Oct-Dec 2017**	**Total (2017)**
Number of TB/HIV services delivery outlets providing PITC	200	200	200	193	200
Number of all newly registered TB patients	266	262	331	296	1155
Number of all newly registered TB pts who were tested for HIV and received their results	264 (99.2%)	262 (96%)	329 (99%)	296 (100%)	1151 (98%)
Number of registered TB patients who tested HIV positive	18(6.8%)	23(24%)	33(24%)	25(24%)	81(23%)
Number of TB patients co-infected with HIV referred to CTC	34(12.8%)	43(100%)	64(100%)	50(95%)	191(100%)
Number of TB patients co-infected with HIV who are registered to CTC	18(100%)	23(100%)	33(100%)	25(100%)	81(100%)
Number of TB patients co-infected with HIV who are receiving CPT	18(100%)	23(100%)	33(100%)	25(100%)	81(100%)
Number of TB patients co-infected with HIV who started ART	18(100%)	23(100%)	33(100%)	25(100%)	81(100%)

17.0. CHALLENGES AND WAY FORWARD;

- 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.

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