

Quarterly Newsletter

Habari

July 2021

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Dr. Redempta Mbatia
Executive Director

Welcome to the 4th Edition of the THPS Habari Newsletter! This quarterly Newsletter features activities and success stories for the January- March, 2021. We look forward to strengthened partnerships to ensure accessible and sustainable high-quality health care services to Tanzanians; Good reading!

THPS engages Community to address Gender based Violence and Violence against Children in Mkuranga district



Inception Meeting with health, legal managers and grassroots leaders

On January 14th, 2021 THPS through funding from the US PEPFAR Ambassador's Fund for HIV/AIDS Relief (AFHR) introduced 'Paza Sauti' Project to Mkuranga District Council's stakeholders. The project aims at engaging with grassroot community members and religious leaders to empower the community to prevent and address gender-based violence (GBV) and violence against children (VAC).

Mkuranga district council in Pwani region specifically the three target wards were found to have high incidences of GBV and VAC. From October 2019 to October 2020, 341 GBV cases were reported in Mkuranga district, whereby 41% were sexual violence targeted at females aged 15-19 (Source: DHIS2 data THPS ongoing PEPFAR funded HIV prevention, care and treatment support - Afya Kwanza project). Sociocultural norms in the area contribute to high prevalence of GBV and VAC and hence the need to empower communities to address both GBV and VAC.

The project introductory meeting was officiated by Pwani's Regional Medical Officer (RMO) represented by Dr. Mpangile, the Region's TB and Leprosy Coordinator. He committed the regions' and districts' leadership to make the project a success.

Participants included grassroots local government authorities from Kimanzichana, Vikindu and Mkuranga wards, religious leaders, district magistrate, social workers, community development officers, and THPS staff led by the Executive Director Dr. Redempta Mbatia.

'Paza Sauti' a Swahili phrase that means 'speak out' is a one-year project (October 2020-September 2021) aimed to address harmful gender norms that are barriers to accessing health care, prevent and respond to gender based violence (GBV) using gender transformative approach. The project envisions to strengthen the capacity of the community members through Men as Partners (MAP) approach; which is a gender synchronized approach focusing on both males and females. Deliberations reached in the meeting included:

- Improving the use of PF3 forms to ensure timely medical interventions to GBV and VAC victims.
- Involvement of religious leaders in sensitizing community on some of the cultural norms that enhance GBV and VAC incidences.
- Train children on life skills and empower them to speak out and timely report on GBV incidents
- Work within existing community systems e.g. engaging 'Mpango Kazi wa Taifa Kutokomeza Ukatili Dhidi ya Wanawake na Watoto (MTAKUWA)
- RMO's office should explore review of the Child Act with relevant authorities to revise clauses that hinders conviction of GBV/VAC perpetrators.
- RMO's office should consider establishment of a One Stop Center in the region to support addressing GBV/VAC incidences.

On her remarks at the meeting, THPS Executive Director, Dr. Redempta Mbatia applauded the District Council's strong commitment and collaboration with THPS in addressing their health and social challenges.

THPS engages Community to address Gender based Violence and Violence against Children in Mkuranga district



Dr. Mbatia addressing the meeting participants

Dr. Mpangile appreciated the US Ambassadors support in funding the project." *I am grateful to the People of America's financial support in ensuring Mkuranga citizens get access to reliable and quality health and social services*".



Dr. Mpangile responding to participants questions

Meeting participants were oriented on the 'Paza Sauti' project goal, objectives, and planned activities. Prevailing norms and activities contributing to GBV/VAC in the three wards were jointly discussed including possible solutions. Paza Sauti project coverage includes catchment area of eight health facilities including Mkuranga District hospital, four dispensaries and three health centers.

Women living with HIV access life saving Cervical cancer screening services in Pwani region

THPS in collaboration with Pwani's regional and council health management teams support provision of cervical cancer screening using visual inspection with acetic acid (VIA) to women in Pwani region as part of comprehensive HIV prevention, care, support and treatment services.

According to THPS Pwani Regional Manager, Dr. Rehema Msimbe, a total of 7,943 women were screened for cervical cancer from January 2020 to January 2021, among them 84 (1%) were VIA positive and six were found with larger lesions and referred to Ocean Road Cancer Institute & Tumbe hospital for further treatment.

"THPS started provision of cervical cancer screening (CCS) services in Pwani region in 2011, and has trained 49 service providers in provision of CCS services. The program aims at screening all HIV positive women of reproductive age as they are more vulnerable

*to acquiring cervical cancer compared to their counterparts. Cervical cancer is 100% preventable if detected early through screening and treatment of pre-cancerous lesions with low cost VIA technology followed by cryotherapy or loop electrosurgical excision procedure (LEEP) when indicated."*Dr. Rehema added.

A beneficiary from Mkuranga district testified to have been saved by this program and she now lives a healthy and productive life.

"In March 2020 while getting medical treatment at Mkuranga District Hospital, the doctor referred me for cervical cancer screening at the reproductive and child health section. I was diagnosed to have early signs of cervical cancer. They told me my VIA result was positive. I was given cryotherapy treatment on the same day. I am now healthier and this year during my annual cervical cancer screening procedure I was found to be VIA negative and physically fit." LM explained.

Women living with HIV access life saving Cervical cancer screening services in Pwani region



LM pausing at Mukuranga DH waiting for her check up.

Another beneficiary SM accessed cervical cancer screening services at Kisarawe District Hospital in February 2013. She had learned about availability of these services through public announcements conducted in the streets of Kisarawe.



SM (left) attending medical advises from a nurse at Kisarawe DH

“When I heard of these announcements, I decided to come for check up because I had repeated low abdominal pains. After the screening they could not find any problems on my cervix, this removed the fears I had before. Since then, I have been attending the annual screenings as advised by the nurse. I am happy to learn that I don’t have any early signs of cervical cancer. Thanks to the service providers.” She said.

Mlandizi health center’s District reproductive and child health ccoordinator, Sr. Maria Kahema thanked THPS for supporting Chalinze District (and other Districts in the region) with knowledge,skills enhancement and equipment for provision of CCS services. Mlandizi health center has been receiving THPS support since 2011; and five service providers were trained on cervical cancer screening and provision of treatment to women diagnosed with early symptoms of cervical cancer.

*“Through THPS’s support from January 2020 to January 2021, over almost one thousand and five hundred (1,489) women living with HIV were screened for cervical cancer at our health center. Twelve women (0.8%) were found to be VIA positive and three were diagnosed as cancer suspects. The three cancer suspects were referred to Ocean Road Cancer Institute for treatment.”*Sr. Kahema added.



Sr. Kahema further clarified that the service providers at Mlandizi HC do not only wait for women to come for the services at the health center, but they also conduct quarterly outreach services to five wards of Mlandizi district (Magindu, Boko Mnemela, Kikongo, Kwala and Mlandizi). The outreach services have increased coverage of women with this lifesaving intervention and increased community members’ awareness on risky behaviours leading to women getting cervical cancer. Risk factors for cervical cancer include early debut and multiple sexual partners.

Women living with HIV access life saving Cervical cancer screening services in Pwani region

Tanzania Health Promotion Support supports the Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) to deliver comprehensive HIV prevention, care and treatment services in Kigoma and Pwani regions through Afya Kwanza Project in collaboration with MDH.

Cervical cancer screening and prevention services is a key intervention for women living with HIV. Other priority areas include adherence, psychosocial support and retention to ART; prevention of mother-to-child HIV transmission, early infant diagnosis; screening and prevention of tuberculosis and program monitoring.

Network/ Index testing improves HIV positive clients' identification at Uvinza District

"I am so grateful for the proper counselling and follow up I received from the service providers at Uvinza health center's HIV care and treatment clinic (CTC). My family is now in good health. Me and my wife live in peace and harmony despite being HIV positive. We are appropriately using our ARVs and we hope to live longer to fulfil our dreams! Thanks to the service providers for following up with us." Explained PS.

PS is among the clients whose sexual network partners were reached out with HIV testing and counselling services i.e. network/ index testing approach. According to him, he visited Uvinza health center for treatment in November, 2020 following repeated episodes of fever. While at the outpatient department, through conversations with service providers he was advised to take HIV test.

"While at the health center, following proper counselling from the nurses, I easily agreed to test for HIV. This was my first ever HIV test, but I was ready to receive the results; which turned out to be positive. I received counseling and my first dose of ARV drugs on the same day. However, my fear was how to disclose the status to my wife at home. I am grateful to the clinical tracker, Daimon who visited my home on the next day talked to us extensively on the benefits of HIV testing and tested my wife and the children." PS explained.

His wife tested HIV positive as well but their five children were all found to be negative. This made it easier for Daimon to share the HIV test results to PS's wife. Daimon did a proper adherence counselling to the couple. They all agreed to appropriately use their ARVs.

Two other sexual partners of the couple within Uvinza district have been identified to be HIV positive and enrolled on care and treatment services.

THPS in collaboration with Uvinza District Council's Health Center has increased the number of HIV positive clients enrolled into care and treatment services from 676 in April 2020 to 923 in March 2021. This has been achieved through using sexual network/ Index testing approach that involves tracking of all sexual network and biological children of a HIV positive client and provide them with HIV counselling and testing services. Needle sharing partners of HIV positive clients who inject drugs also receive counselling and testing. All identified HIV clients are enrolled on ART and followed to ensure retention on ART and care.



THPS clinical tracker Daimon (left) engaging with PS and his wife

Network/ Index testing improves HIV positive clients' identification at Uvinza District

Uvinza Health Center's HIV care and treatment clinic (CTC) tester Ms. Kabwe Ali explained that since May 2018 with support from THPS, Uvinza HC has been deploying sexual network /index testing approach that has proven a great success in identification of new people living with HIV.



Kabwe sorting ARV drugs ready for outreach service

Kabwe clarified that service providers have been targeting only index clients of PLHIV with counselling and testing services and hence proper utilization of test kits is done. *"In the past we tested all clients attending health services randomly but this targeted approach has enabled us to reach high risk clients i.e. sexual partners or children of HIV positive clients. Those found HIV positive are immediately enrolled in care and treatment services."* She added.

Peer Educators attachment improves Early Infant Diagnosis at Nyarugusu Refugee Camp Health Center

Nyarugusu refugee camp service providers in collaboration with THPS staff and peer educators (PE) have improved HIV early infant diagnosis (EID) from 40% in June, 2020 to 90% in March, 2021.

Nyarugusu camp health center's ART Nurse Ms. Sofia Sudi explained that in the past due to high mobility of the camp population, most mothers missed their appointments for dried blood spot (DBS) collection for their infants' diagnosis. *"It is recommended that any HIV exposed child i.e. born to a HIV positive mother, should be tested for HIV using DBS collected at 6-8 weeks after delivery."*

Ms. Kabwe noted that implementation of Index testing at Uvinza HC has enabled them to be more focused on identification and testing of HIV eligible clients and their enrolment on care and treatment service. *"Through collaboration with THPS, health providers, lay counsellors and peer educators, have been making a closer follow up to every client identified to ensure they remain in care and treatment services. This includes making home visits and conducting ART refill outreaches at the villages on a monthly basis at Tandala, Ilunde and Lugufu villages. This facilitates easily access to ART refill services and HIV viral load sample collection among the clients."* She added.

Implementation of targeted HIV testing and counselling through Index case identification is done by Afya Kwanza project funded by the American People through the US President's Emergency Fund for AIDS Relief through CDC. THPS is implementing this project in partnership with Management for Health and Development (MDH).

This was not observed because most mothers travelled to other places after delivery and hence missed their appointments." Sofia explained.

Other reasons leading to delayed EID included low awareness on the importance of HIV testing to all babies among post-natal HIV clients, inadequate follow up of post-natal HIV positive mothers and inadequate skills among health care providers.

Peer Educators attachment improves Early Infant Diagnosis at Nyarugusu Refugee Camp Health Center

In October 2018 through collaborating with THPS, the health center's reproductive and child health department started an intervention whereby all HIV positive mothers visiting RCH for prenatal care are attached to peer educators for follow up to ensure effective prevention of mother to child transmission of HIV (PMTCT).



Nurse Sofia reviewing clients' files at her office

"Through PE attachment, the mothers are followed up during pregnancy and for six months after delivery. We ensure they appropriately attend their ART refill appointments, and after delivery their HIV exposed infants are timely brought back for EID services within six to eight weeks after their delivery. This approach has reduced infant mortality rate as the infants are prevented from contracting HIV during pregnancy, delivery and breast feeding following proper education from the service providers and PEs attached to them." Sofia added.

KM who lives in the Nyarugusu refugee camp is among the mothers who were attached to peer educators while attending Nyarugusu camp's reproductive and child health clinic for pre-natal care in July 2020. Explaining how PE attachment has helped her she said, *"My peer educator, has been making a close follow up on my adherence to HIV care and treatment services. She regularly makes phone calls to ensure I don't miss my ART refill appointments. Through her, I have earned courage in adhering to HIV care and treatment services."*

I safely delivered to my baby girl on April 15th 2021, I am planning to bring my infant back for HIV diagnosis services when she reaches six weeks old. I believe my child is HIV free as I have been religiously following the nurse and peer educators advise on preventing my baby from contracting HIV." KM added.



Nyarugusu camp HC's PMTCT section has three peer educators attached to HIV positive mothers during their visits at both pre-natal and post-natal care clinics. The PEs were mentored by THPS staff to ensure effective follow up and prevention of mother to child transmission of HIV.

Suzana Ngoy who works as a peer educator at Nyarugusu camp health center's PMTCT section explained that prior to starting the attachment initiative, most women had poor adherence to PMTCT services including missed appointments for ART refill.

"Through PE attachment initiative, we ensure every pregnant woman properly takes ARV drugs, attends both antenatal and post-natal clinics and bring back their infants for DBS collection six weeks after their delivery. We ensure all infants are tested earlier for HIV and those diagnosed HIV positive are immediately enrolled on pediatric ARVs to avoid infant's mortality." Suzana added.

Peer Educators attachment improves Early Infant Diagnosis at Nyarugusu Refugee Camp Health Center

Another mother AB from Zone 10 of Nyarugusu refugee camp happily, explained:

“In 2020, when I had my fifth pregnancy I was diagnosed HIV positive on my first visit at Nyarugusu HC’s antenatal clinic. I was attached to a peer educator who counselled me to accept my status. The peer educator ensured I appropriately take my ARV drugs and timely attend to my clinic appointments. This helped me to deliver to a healthy baby in December, 2020.

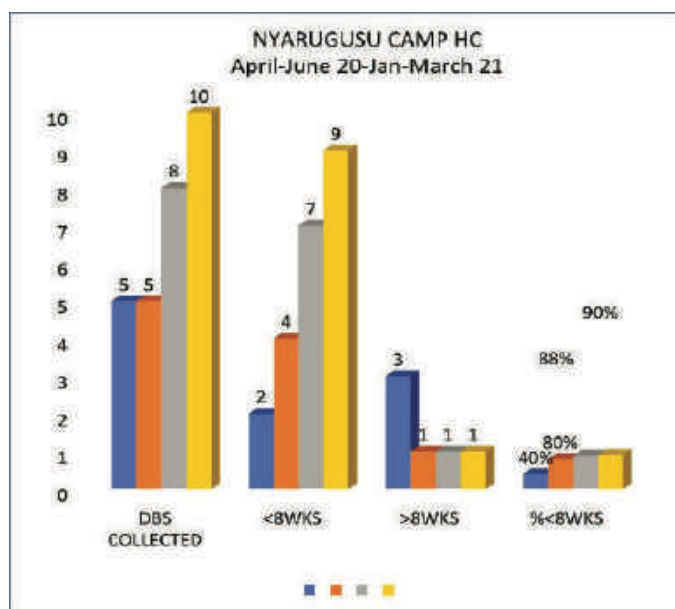
My child had DBS test for HIV when she was six weeks old. The results were HIV negative. I am so thankful to being attached to the peer educator Sophia. Without her I wouldn’t have the courage to adhere to HIV care and treatment services. Both of us are still being followed up at PMTCT section. Thanks to the good services I am receiving from the service providers and my peer educator.”



AB holding her healthy baby

Implementation of this initiative is part of Afya Kwanza project funded by the American People through the US President’s Emergency Fund for AIDS relief/CDC. THPS is implementing this project in partnership with Management for Health and Development (MDH).

THPS has been supporting HIV care and treatment services at Nyarugusu refugee camp since July 2015. PE attachment initiative to all identified HIV positive pregnant women at diagnosis has contributed to averting infections to twenty-eight (28) babies delivered by 28 HIV positive mothers for the period of April 2020 to March, 2021.



‘Wateja Marafiki’ approach improves new clients’ retention in HIV Care and Treatment services at Kakonko Health Center

Peer educator’s attachment to clients commonly known as ‘Wateja Marafiki’ approach has helped in improving new clients’ retention on antiretroviral treatment (ART) services at Kakonko Health Centre from 83% in April 2020 to 95% in March, 2021.

According to Kakonko HC’s ART nurse, Mr. Molati Kashwaba, this initiative was introduced at the health center’s HIV care and treatment clinic (CTC) by THPS in October 2018 with the objective of ensuring all the clients enrolled onto care and treatment adheres to services.

‘Wateja Marafiki’ approach improves new clients’ retention in HIV Care and Treatment services at Kakonko Health Center

Prior to implementation of Wateja Marafiki we observed poor attendance to ART refill appointments among the new clients enrolled on ART services. This was contributed by clients living far from the health facility, forgetfulness, travelling without prior information and self-transfer to other health facilities without reporting to Kakonko HC’s care and treatment clinic. *“Through this initiative we have minimized the number of clients not been adhering to HIV care and treatment services including those who did self transfers, missing their clinical appointments and even lost from treatment.”* Added Mr Molati.

Explaining how ‘wateja marafiki’ initiative works, Mr. Molati said the CTC has been linking all newly enrolled clients to peer educator attached at the health center to ensure the clients’ adherence to care and ART services including timely attendance to their clinical appointments for HIV viral load test monitoring and ART refills. *“PEs are also responsible for making home visits to clients who missed appointments to explore the challenges encountered. They also make phone calls to remind the clients on their clinical appointments two days before their appointment dates.”* He added.

Kakonko HC’s CTC has three peer educators dedicated to ensure all the newly enrolled clients adheres to HIV care and treatment services. This is done through filling their details in the map cue for follow up and making a closer follow up when need arises.

ND, KM and JL work as peer educators at Kakonko HC. According to them, when a new client arrives at the CTC they ensure documentation of the client’s details are well filled in the mapcue, and each new client is allocated a peer educator for follow up.

Their responsibilities include making phone calls to remind the clients on their clinical appointments, conduct home visits on challenges encountered by clients and advise them accordingly. Each PE has approximately 185 clients attached to him/her as friends and they all ensure proper follow up on them. *“To us every client at the CTC is a friend, we provide them with proper counselling to ensure they comfortably and timely take their ARV drugs; make phone calls to remind them on their clinic days’ visit appointments and when any client misses her/his clinical appointment we make home visits to explore if they are facing any challenges. Through ‘wateja marafiki’ approach we have retained most of the new clients enrolled on ART services. Thanks to THPS for empowering us with the required skills and equipment to implement our responsibilities.”* Explained Nicholaus Damiano.



PEs following up with the clients attached to them

‘Wateja Marafiki’ approach improves new clients’ retention in HIV Care and Treatment services at Kakonko Health Center

NN who lives at Mbizi village of Kakonko district is among many clients attached to PEs for follow up. He was diagnosed HIV positive at the age of ten. He contracted HIV through mother to child transmission and his mother died while he was five years old. His father is also HIV positive and enrolled into HIV care and treatment services at Kakonko health center’s CTC. Working as a painter in the past NN occasionally missed his clinical appointments due to the mobile nature of his job. After being attached to a peer educator, for the past two years this has not happened again.

“Thanks to brother Nicholaus who has been reminding me on my clinical appointments. Ever since he took my phone number, he has been calling to remind me on my clinical appointments three days prior to the date. He is like a father to me, visiting my home and checking if I am appropriately taking my ARVs. I really appreciate his support and dedication to ensure I am always in good health.” NN added.



NN (left) chatting with his peer educator Nicholaus

‘Wateja marafiki’ initiative has helped in improving new clients’ retention on ART at Kakonko health center’s CTC from 917 in April 2020 to 1156 in March, 2021. The number of clients that missed their appointments at the CTC has been reduced from 122 in April 2020 to 44 in March, 2021.

Implementation of this initiative is part of Afya Kwanza project funded by the American People, the US President’s Emergency Fund for AIDS relief through CDC. THPS is implementing this project in partnership with Management for Health and Development (MDH).