

In March 2012, health workers, community members and government officials gathered in one of the villages outside Musoma town to launch the Shiriki Project, funded by TB Reach Wave 2 to increase TB case detection and diagnostic capacity. The SHIRIKI Project derives its name from the Swahili phrase, “Get Involved!” and the event embodied the philosophy of the SHIRIKI Project: to bring all TB stakeholders together to be involved in the fight for TB.

The Project has three program platforms: (1) Increase early TB case detection through case finding in the community and implement provider-initiated screening in health facilities. (2) Build the capacity of laboratories and clinicians to improve diagnostic performance, (3) Ensure long-term sustainability through working with government health programs.

Tanzania is one of the least developed countries in the world with 35.7% of its population living below the poverty line; poverty increases the prevalence of TB due to overcrowding, poor housing, malnutrition and poor health seeking behavior. The health sector is severely underfunded and understaffed. Low penetration of TB screening and referral for diagnosis within communities means that many TB cases are never referred into the system. The project aims to implement the use of traditional healers, and community health volunteers to increase case referral and health seeking behaviors as many turn to them for an initial care provider.



University of Maryland, Baltimore (UMB)

Tanzania

Due to understaffing, uneven training and lack of diagnostic equipment, community health facilities consistently under-diagnose TB. Strengthening TB laboratory diagnosis in the evaluation areas by adding new laboratories supplied with light microscopes, LED microscopes and Gene Xpert MTB/RIF technology has improved TB diagnosis. Using Xpert MTB/RIF technology has also reduced turn-around time for as it takes less than 2 hours to receive results. People with TB are detected early and are correspondingly better motivated to visit health facilities for TB evaluation. Community volunteers also encourage symptomatic inhabitants and contacts of TB patients to come to the health facility for TB screening. This activity has been achieved at a low cost, the only motivators being bicycles, cell-phones, and a small stipend when screening exceeds estimated targets.

An increase in demand for services as a result of the increased number of TB cases in the project areas has necessitated a close working relationship with the TB Programme to ensure constant availability of anti-tuberculosis drugs and other supplies which will guarantee proper treatment and follow up. The project has screened 42,925 in the past two quarters including 12,000 from community screening, tested 14,831 and found 671 TB cases respectively. Through its regional and district coordination bodies the National Programme is organizing these screening activities in the evaluation districts as part of the sustainability strategy incorporated in the SHIRIKI project.

The University of Maryland, Baltimore (UMB) in understanding the high demand for mitigation of the TB endemic in Tanzania, has actively involved the political and social leadership. Through motivating them and involving them in implementing the project, UMB has seen a greatly increased community acceptance, with increased case notifications in the evaluation areas. Involving community leaders, community health volunteers and traditional healers has improved community TB health seeking behavior. Through these efforts, TB case notification within the evaluation area will be increased and, at the end of the project, local authorities will be able to continue the effort across Tanzania.



Community involvement and partnership coupled with improving diagnosis to increase case detection and early TB diagnosis

Stop TB Partnership
TB REACH



FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

The first wave of projects increased case detection by an average of 26% compared to the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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