

United Republic of Tanzania

Community, Rights and Gender Country Profile

Working Document



Table of Contents



Quick Facts



UNHLM Targets



National Strategic Plan and Funding Opportunities



TB Situation



Community Engagement and Representation

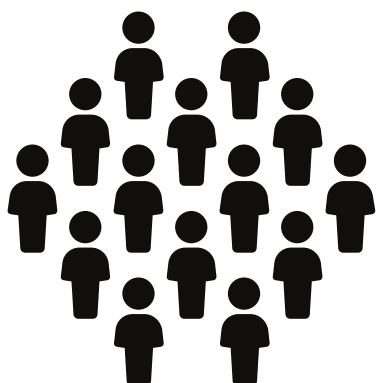


CRG Interventions



CFCS Round 10 Partners

Quick Facts



59.73 million people

Working Document



High TB and TB/HIV Burden

UNHLM Targets



Resource Needs (2022)

166.07 million (USD)

Available TB Funding 2020 (USD)

Domestic: 12.2 million

International (Excluding Global Fund): 6.5million

Global Fund: 12.1 million

Funding Needs: 76.1million

Diagnosis and Treatment Targets (2020)

TB Target: 124,000

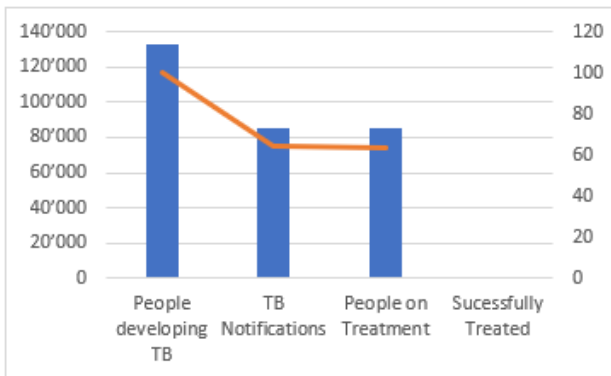
% Target Achieved: 69

National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: **2024**
- Next Global Fund funding request (proposal development): **2023**

TB Situation

Epidemiological Data (2020)



Source: Stop TB Country Dashboard
https://www.stoptb.org/static_pages/MappingTool_Main.html

Major Gaps in TB prevention and Care

- 48,209 Missing people with TB (8,410 were children)
- 17,000 people died because of TB
- 423 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Acceptability issues: include lack of privacy in health facilities, long wait times and long lines at clinics, lack of confidentiality and stigmatizing treatment by TB HCWs. There is no gender policies or plans in the TB programming including no gender-related community level interventions.

Quality issues include long wait times and long lines at clinics, poor sanitation at clinics, stigmatizing treatment by TB HCWs, self-medication and untrained TB HCWs.

Discrimination issues: there is no legal prohibition of TB discrimination. TB stigma and discrimination is widespread. People with TB experience usually employment loss.

Freedoms: law protects right to privacy of health status and confidentiality of personal data but does not specifically protect rights to privacy and confidentiality of people with TB. Key populations avoid healthcare for fear of disclosure of their health status due to lack of privacy and confidentiality at clinics. Lack of privacy and confidentiality with widespread TB stigma and discrimination deters health-seeking behaviours. Arbitrary arrest and detention of people with TB and MDR-TB interferes with treatment. High rates of arbitrary arrest and detention causes prisons overcrowding and drives TB in detention centers.

Gender impacts TB enrollment, treatment success and cure rates; often men seek care later than women. there is lack of sex and age diagnosis data for key populations. there are no gender policies or plans in the TB program including no gender-related community level interventions. Also, there is lack of information on the impact of gender-related impediments on the TB response, including stigma, GBV and gender imbalances.

Key and Vulnerable Populations: HCWs face high occupational TB risks. PWUD

prisoners and informal miners are at high risk of TB. There is no TB data for miners, IDU or HCWs. NSP recognizes children, IDU, miners and prisoners as key population but not HCWs, urban poor or mobile populations

Participation: there is a limited number of TB CBOs. Also there is lack of funding and support for TB CSOs/CBOs.

Remedies and Accountability: there is lack of enforcement of labor laws on accountability and remedies for workers with TB. HCWs lack access to compensation for occupational TB. Despite legal aid legislature promoting access to justice for the poor, people affected by TB face challenges accessing courts due to procedural delays.

Source: HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

Community, Rights and Gender Data

The CRG assessment conducted in 2018 showed the following:

Accessibility Barriers: distance to clinics and transportation challenges especially in rural and remote areas, long wait times and long lines at clinics, lack of access to nutrition during treatment, lack of information and knowledge about TB and TB services.

Availability Barriers: some TB drug stock-outs, low availability of quality TB diagnosis and treatment, lack of counselling services, limited rapid molecular tests, insufficient number of DOT centers in mining areas, healthcare workers (HCWs) stigmatizing and discriminatory treatment of key population, distance to clinics and the availability of rapid molecular tests only at district clinics



Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- **Tanzanian TB Community Network**

TB Network represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10

- **Mwitikio wa Kudhibiti Kifua Kikuu na Ukimwi Tanzania (MKUTA)**
- **Women Injecting Drug Users Initiative Tanzania (Widuit Health Consult)**
- **Tanzania TB Community Network (TTCN)**
- **Family Welfare Foundation**

CFCS Round 10 Regional Partners

- **African Coalition on TB (ACT)**



Global Network:

- **TB People**
- **Lean on Me Foundation/ TB Women**



Community Rights and Gender



- CRG Assessment Complete 
- Costed CRG Action Plan Available 
- TB Stigma Assessment Conducted 
 - No
- TB Stigma Elimination Plan Available 
 - No
- Community-led Monitoring Mechanism 
 - In progress (Round 10)

CFCS Round 10 Grantees

Mwitikio wa Kudhibiti Kifua Kikuu na Ukimwi
Tanzania (MKUTA)

- **Global Fund Grant: No**
- Project Location: Kigoma and Temeke
- Timeline: January 2022 - January 2023
- Objectives
 - To empower and create awareness on CRG in TB, among community health workers in Kigoma and Temeke, Tanzania.
 - To collect data on the TB challenges facing people affected by TB, using OneImpact in Kigoma and Temeke, Tanzania.
 - To analyze and use CLM data to overcome TB challenges at the individual level, community level and programmatic level in Kigoma and Temeke, Tanzania
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Women Injecting Drug Users Initiative Tanzania (Widuit Health Consult)

- **Global Fund Grant: No**
- Project Location: Dar es Salaam, Mwanza, and Mbeya cities of Tanzania.
- Timeline: December 2021 - December 2022
- Objectives
 - To strengthen awareness on people who use drugs as a TB key and vulnerable population in Dar es Salaam, Mwanza, and Mbeya cities of Tanzania.
 - To increase access to timely TB screening, case finding, diagnosis and treatment support across public and private health sectors, including community pharmacies for people who use drugs in Dar es Salaam, Mwanza, and Mbeya cities of Tanzania.
 - To build an understanding and overcome the challenges and barriers faced by the community of people who use drugs in Dar es Salaam, Mwanza and Mbeya cities of Tanzania and to advocate for their needs based on the evidence.
 - To increase community leadership and advocacy in the TB response from prioritizing and designing interventions to implementing, monitoring, and evaluating TB services.
 - To orient people who use drugs on their rights and the OneImpact CLM platform in Dar es salaam, Mwanza, and Mbeya cities of Tanzania.
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.
 - To orient duty bearers on the links between TB and human rights and to orient people who use drugs to legal services.
 - To strengthen the involvement and participation of PWUDs in TB response in Dar es salaam, Mwanza and Mbeya cities of Tanzania.

CFCS Round 10 Grantees

Tanzania TB Community Network (TTCN)

- **Global Fund Grant: No**
- Project Location: Tanzania (national level)
- Timeline: December 2021 - December 2022
- Objectives
 - To orient people affected by TB on their rights and the OneImpact Community-led Monitoring Platform.
 - To orient the media, judiciary, duty bearers and decision makers on the links between TB and human rights.
 - To advocate for community priorities, based on OneImpact CLM data.
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Family Wealth Foundation

- **Global Fund Grant: No**
- Project Location: Mwanza Region
- Timeline: November 2021 - November 2022
- Objectives
 - To meaningfully engage TB affected communities including women with and affected by TB in the promotion and protection of the rights of women with and affected by TB to mitigate human rights violations, TB related stigma and harmful gender norms that are barriers to TB and COVID services in Mwanza region, Tanzania.
 - To introduce and utilise CLM concept including OneImpact for facilitating active engagement of TB affected communities and women with and affected by TB in CLM advocacy and linkages to both community-based and national TB responses decision making spaces for addressing and overcoming TB related barriers to services, TB human rights violations, gender-based violence and TB related stigma in the context of COVID 19 and TB.
 - To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels

Questions? Contact us.

cfcs@stoptb.org

