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ECSCA-HC'S TIMS III PROJECT EMPOWERS COMMUNITY-LED MONITORING CHAMPIONS IN TANZANIA WITH ONE IMPACT PLATFORM

ECSCA-HC, under its TIMS III Project, recently conducted a series of community-led monitoring trainings in Tanzania. The trainings were conducted between 3rd -14th April and were aimed at 50 Community Led Monitoring (CLM) champions in two regions, namely Mwanza and Kilimanjaro, which have mining activities. These champions represented different groups of key populations and community members affected by TB in the mining sector, including ex-mine workers, current miners, peri-mining community members, and community leaders. The purpose of this diverse representation was to ensure that the data collected is inclusive and reflects the perspectives of all stakeholders. The training had four key objectives, which were to increase knowledge on TB prevention and treatment among the CLM champions, create a cadre of TIMS CLM Champions who have the capacity to collect and analyze CLM data using One Impact, increase knowledge on advocacy to address TB service delivery gaps and improve knowledge, skills, and competencies to engage policy makers on evidence generated using the One Impact tool.

The training employed participatory methodologies that ensured the CLM champions appreciated and understood data collection, analysis, and interpretation to inform any advocacy strategies informed by the data. The One Impact platform was tested and approved and the training materials should be developed and used by people affected by TB, first responders, lead community and/or civil society organizations and advocates, health district officers, and national TB programme staff.

The significance of One Impact CLM lies in the fact that it embraces human rights as an overarching goal. People affected by TB must know their rights to be empowered to claim them. Therefore, there are different training materials and tools to support these trainings. Data privacy and network security are critical for the success of One Impact CLM.



ECSCA-HC's TIMS III Project has conducted successful trainings in Tanzania that will go a long way in improving TB prevention and treatment among CLM champions. The use of the One Impact platform will enable the collection and analysis of CLM data, which can be used to address service delivery gaps and engage policy makers. It is important to note that the One Impact CLM embraces human rights as an overarching goal, and data privacy and network security are critical for its success.

ECSA-HC AND PARTNERS DEVELOP TELE-STEWARDSHIP PROGRAMME TO COMBAT ANTIMICROBIAL RESISTANCE

As rates of antimicrobial resistance (AMR) increase globally and few new antibiotics are developed, existing antibiotics are becoming a limited resource. It is essential that AMR trends are tracked, and antibiotics are only prescribed when necessary. Antimicrobial stewardship programs are critical in ensuring that antimicrobials are used correctly, reducing treatment costs, and improving patient outcomes while reducing the emergence of resistance.

Through the Commonwealth Partnerships for Antimicrobial Stewardship (CWPAMS 2) grant, ECSA-HC successfully developed a new partnership to encourage sustainability and sharing of best practices in-country centers of excellence. The project is led by ECSA HC in collaboration with the University of Nottingham, the Ministry of Health Kenya, Mbagathi Hospital, and Kisii Level 5 Hospital, among others, to strengthen the capacity of national and hospital health workforces and institutions to address AMR challenges through robust Antimicrobial Stewardship programs.

The Commonwealth Partnerships for Antimicrobial Stewardship (CWPAMS 2) program will run from 2023 to 2025 across eight African countries, including Ghana,

Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, the UK, and Zambia. The team prioritized areas for action based on gaps identified during the Capacity Assessment conducted for Laboratory AMR Surveillance and Antimicrobial Stewardship. The inception meeting brought together leadership at various levels from the National Antimicrobial Stewardship Interagency Committee (NASIC) secretariat, the Nairobi County Department of Health, the Mbagathi Hospital Leadership, and the Mbagathi Hospital AMS Committee members.

The project, titled Tele-stewardship An innovative approach to the establishment of antimicrobial stewardship programs in Nairobi and Kisii counties in Kenya, commenced on April 4th with an inception meeting in Nairobi for Mbagathi Hospital's Antimicrobial Stewardship Committee. The partnership leverages the expertise of UK health institutions and technical experts through regular short-term visits, virtual mentorship, and capacity building sessions to address predefined AMR challenges.



By developing and implementing effective Antimicrobial Stewardship programs, we can reduce the spread of AMR, preserve existing antibiotics, and improve patient outcomes. The new partnership led by ECSA-HC is a crucial step towards combatting the growing issue of AMR in Africa and beyond.

ECOSA-HC AND AFECN COME TOGETHER TO ACCELERATE EARLY CHILDHOOD DEVELOPMENT OUTCOMES

Every year, at least 250 million children under the age of five are at risk of not attaining optimal development due to poverty, poor health, malnutrition, exposure to violence, and lack of nurturing care. Shockingly, over 65% of these children live in Africa, representing a significant gap in social, economic, and human capital development that impacts communities' health, wealth, and economic prosperity.

To combat this problem, Comprehensive Early Childhood Development (ECD) programs provide a crucial opportunity to improve young children's health, nutrition, and well-being and ensure they reach their full developmental potential. Evidence shows that ECD partnerships through national and regional ECD networks can accelerate positive ECD outcomes by facilitating systematic alignment and action across sectors to support country systems, strengthen political will, and increase investment in young children.

Recognising the importance of early childhood development, ECOSA-HC, in partnership with African Early Childhood Network (AFECN), established the Responsive Caregiving Experts Committee, composed of senior officers from various departments within ministries of health, covering child and maternal health, community health and nutrition, and country ECD networks. During the Southern Africa regional ECD conference, this committee met to update and share milestones on the implementation of the 2022 workplan and identify the priorities of the committee's 2023 workplan to advance the ECD agenda in the region.



ECOSA-HC acknowledged the existing ECD related commitments at global, regional, and country levels, and underscored the importance of strengthening multisectoral partnerships to drive the ECD agenda. They also appreciated the efforts made by governments and partners in Southern Africa through existing coordination mechanisms to spearhead ECD initiatives. Recalling the 67th ECOSA-HC Health Ministers Conference, which directed the ECOSA-HC secretariat to support countries to scale up implementation of evidence-based high-impact nutrition interventions and responsive caregiving, ECOSA-HC reaffirmed the position of the ECOSA-HC Health Ministers urging member states to collaborate with other sectors and partners to scale up ECD programs.

ECOSA-HC has committed to strengthening established collaborations with regional and country partners to accelerate the implementation of the above resolution, facilitating cross-country learning and knowledge exchange, supporting ECOSA-HC member states and beyond to adopt the global Nurturing Care Framework, advocating for prioritizing and increasing resource allocation for the ECD agenda in existing platforms, including the ECOSA-HC Health Ministers Conference, and coordinating and supporting countries to update the landscape analysis report and implement agreed workplans through the Responsive Caregiving Experts Committee. By coming together and prioritizing early childhood development, we can ensure that all children have the opportunity to reach their full developmental potential and build healthy, prosperous communities for the future.

STRENGTHENING CROSS-BORDER TB CARE WITH CBRS: CAPACITY BUILDING TRAININGS CONDUCTED IN LESOTHO AND NAMIBIA

The Cross Border referral System (CBRS) is an electronic platform that facilitates sharing of patient medical information/ patient files of TB patients across borders for continuum of care. Good implementation of the CBRS would strengthen continuity of care, reduce loss to follow-up and lead to better treatment outcomes amongst the Key Populations (Miners, ex-miners their families and per-mining communities). The system has been installed in 10 of the 16 countries of SADC, namely: Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe.

The CBRS was conceptualized in TIMS Phase I, where 4 countries (Eswatini, Lesotho, Mozambique and Zimbabwe) piloted the CBRS, whilst the remaining 6 rolled-out implementation under Phase 2. The National TB Program (NTP) staff and peripheral sites were trained on the use of the CBRS during equipment hand-over. However, a baseline assessment conducted by the new Principal Recipient (ECSA-HC) found that although personnel were trained at the country level, virtual trainings were not deemed effective in terms of skills transfer. Additionally, countries reported that some personnel forgot how to use the system or their user credentials (passwords), while others either moved to other departments or stopped working for the NTP. Furthermore, there was a lack of technical support for countries when they needed it.

Between 3rd-14th April the TIMS III project conducted a round of capacity building trainings involving two countries of Lesotho and Namibia on Cross Border referral system (CBRS). The objective of the trainings was to build capacity in the use and maintenance of the CBRS for regional, national, sub-national, and health facility level personnel. The specific goals included building the capacity of regional IT staff to host and provide technical support for the CBRS, training national IT personnel on the front-end and back-end of the CBRS for troubleshooting and technical support, and providing a refresher training for CBRS site personnel on the front-end usage of the CBRS and training. The aim is to ensure optimal usage of the CBRS and provide peer-to-peer support across countries. During this round of trainings a total of 32 participants were reached that included TB health information assistants, TB district coordinators from Occupational health centres.





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