

**GOMBE STATE AGENCY FOR CONTROL OF AIDS
(GomSACA)**

TB REACH Wave 5 Project



**Report of
1st and 2nd Quarter (July-December 2017) Progress Report
Submitted**

To

NATIONAL TB AND LEPROSY CONTROL PROGRAMME

By

**Dr Suraj Abdulkarim Abdullahi
Project Manager**



**Stop TB Partnership
TB REACH**

hosted by
 **UNOPS**

Contents

1. BACKGROUND	3
1.1 Introduction	3
1.1 Project Description	3
2. PROGRESS REPORT	5
2.1 Activities implemented in the 1st and 2nd Quarter 2017	5
PROJECT RESULTS	7
Lessons learnt	9
Challenges/Recommendations	10
Future Plan	10
Conclusion	10
ANNEX	11

1. BACKGROUND

1.1 Introduction

GomSACA is the multi-sectoral coordinating entity for HIV/AIDS response located in the Office of Executive Governor under the supervision of Hon. Commissioner of Health in Gombe State. Our Vision Is to halt and reverse the spread of HIV and in so doing contribute to the well-being and development of all Nigerians while our mission is advancing the multi-sectoral response to the HIV and AIDS epidemic to achieve effective and comprehensive control of HIV/AIDS including management of opportunistic infection such Tuberculosis.

The North Eastern region of Nigeria has the worst health indices in comparison to other regions. Activities of Boko Haram across the region led to wanton destruction of Health Facilities and the death of Health Workers. This has weakened the health system and Governments ability to manage the emerging crisis. Adamawa, Gombe and Yobe States are affected by massive movement of Internally Displaced Persons (IDPs) as a result of the ongoing Boko Haram insurgency in North Eastern Nigeria. With a combined estimated IDP population of over 1.76 million people; 56% were Children, 53% females and 7% were elderly above the age of 60 as captured by the IOM Round 10 Report of June, 2016. According to the same report, there were over 298,300 IDPs spread across 7 Camps and 1,300 Host Communities in 12 of the 49 LGAs in Adamawa, Gombe and Yobe States as at June, 2016. This placed a remarkable strain on the already overstretch health service delivery in these 3 States. The risks of contracting HIV and TB are known to be higher among IDPs in comparison to the General Population; the inflow of IDPs into the 3 States is therefore expected to result into a dilution effect thereby leading to an increase in the State-wide burden of HIV and TB. In addition, there is urgent need to find 'Missing TB Cases' (over 4m globally). To that effect, GomSACA with support from STOP TB Partnership through the TB REACH Wave 5 coordinate the innovative implementation of TB and HIV interventions among IDPs in the 3 States of Adamawa, Gombe and Yobe. This pilot project is being implemented in 12 of the 49 LGAs in the 3 States (4 LGAs in each State), runs from 1st July 2017 to 30th June 2018 and targets IDP Camps and Host Communities.

1.1 Project Description

GomSACA is a wave 5 TB REACH one-year case-finding project that is experimenting the use of screening of IDPs and their host communities to increase TB notifications within defined study population areas in North-Eastern Nigeria by the end of June 2018. The project has a coverage of 12 LGAs with a number of IDP camps and host communities: 4 LGAs in each of 3 States of Adamawa, Gombe, and Yobe while the grantee provides project leadership and coordination from Gombe State. There is a central Coordinating Team that coordinates the intervention in the 3 States while in each of the 3 States there is a State Project Team inaugurated by the Honourable Commissioners for Health and made up of 5 persons representing TB Programme, SACA, PHC Agency and the CBO. There are 60 CVs per CBO in Adamawa and Yobe while in Gombe their own 60 CVs are shared between 2 CBOs. The 180 community volunteers are the implementers of the TB screening activities. Community volunteers routinely execute two case finding interventions: door-to-door screening and HCT community outreach, to identify persons with presumptive TB,

collect sputum samples from them, transport them for GeneXpert testing, and link confirmed TB patients with DOTS centres for placement on anti-TB treatment.

Project Goal

To contribute to an Increase in TB & HIV Case Notification in Nigeria

Project Purpose

- To detect & notify additional TB cases among IDPs & Host communities in Adamawa, Gombe & Yobe States
- To conduct an operational research to estimate the prevalence of TB, HIV and TB/HIV coinfection among IDPs in north-eastern Nigeria.

Key Interventions

- Strategic Advocacy
- Active TB & HIV Screening:
 - Door-to-Door approach
 - Community Outreaches
- Sputum transport & Result retrieval
- Linkage to respective SDPs
- Adherence counselling
- Contact tracing & Examination

Project Targets

Number IDPs targeted to be Screened for TB	Additionality target for Bacteriological Positive	Additionality target for all forms	Number IDPs targeted to be Screened for HIV
307,585 ❖ 248,788 from Door to door screening ❖ 58,797 from community outreaches	1120 ❖ 906 from Door to door screening ❖ 214 from community outreaches	1933 ❖ 1536 from Door to door screening ❖ 370 from community outreaches	40,000 ❖ 12,000 from Door to door screening ❖ 28,000 from community outreaches

2. PROGRESS REPORT

2.1 Activities implemented in the 1st and 2nd Quarter 2017

The project started with a stakeholder analysis, mapping, selection and engagement across the 3 States. In collaboration with the 3 State TB Control Programmes, the State Emergency Management Agencies, the State Primary Health Care Agencies and other key stakeholders at the State and LGA levels, IDP Camps and Host Communities were mapped and clustered for easy intervention. Four Community Based Organizations (CBOs) were engaged formally to coordinate the intervention in the 3 States. Through these CBOs, 60 Community Volunteers (CVs) were identified in each of the 12 LGAs for the intervention. The project also identified 10 Health Workers (HWs) from DOTS centres and 10 laboratory staff from GeneXpert sites in each of the 3 States. The CVs were formally trained on identification of presumptive TB cases, sputum collection and transportation and result retrieval and linkage to further management while the HWs and Laboratory staff were reoriented on TB control including HIV Testing Services (HTS). In order to ensure smooth implementation of the project, a Central Management Team (CMT) was established by GomSACA while a State Project Team (SPT) was established by the Adamawa and Yobe State SACAs. Active screening for HIV and TB in IDP camps and host communities through continuous house-to-house screening and monthly outreaches and systematic screening of IDPs on arrival to the Camps was carried out by the CVs. Quarterly joint supervision by the CMT, SPT and the State TB Programme, and monthly supervision by the LGA TB Supervisors and LACA Coordinators were carried out. Data was managed in accordance with the existing system for the TB and HIV control programmes.

A number of advocacy visits were carried out during the quarters targeting key stakeholders in order to ensure project sustainability. The Honourable Commissioner for Health from Gombe State visited Adamawa and Yobe States and advocated to the Health Commissioners in the 2 States and the Executive Chairmen of State Primary Health Care Agencies for their support and increased funding to TB programme. GomSACA also advocated to National Agency for Control of AIDS for supply of more test kits to the project. We participated in the 3rd Northeast Zonal Review Meeting and presented our quarter 1 progress report.



Project Activity Pictures from IDP Camps & Host Communities

Pictures

PICTURES of Community outreach

Advocacy Visit to Emir of Damaturu's Palace

Meeting with women groups

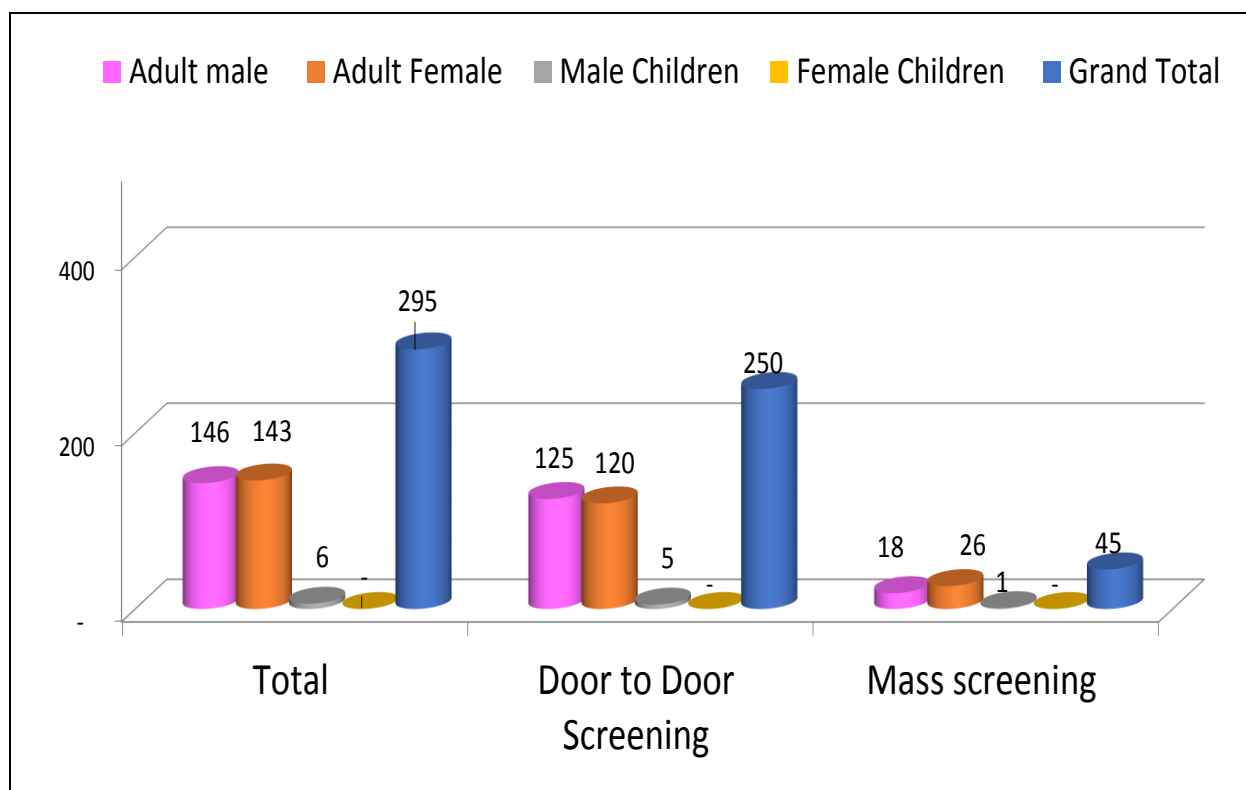


PROJECT RESULTS

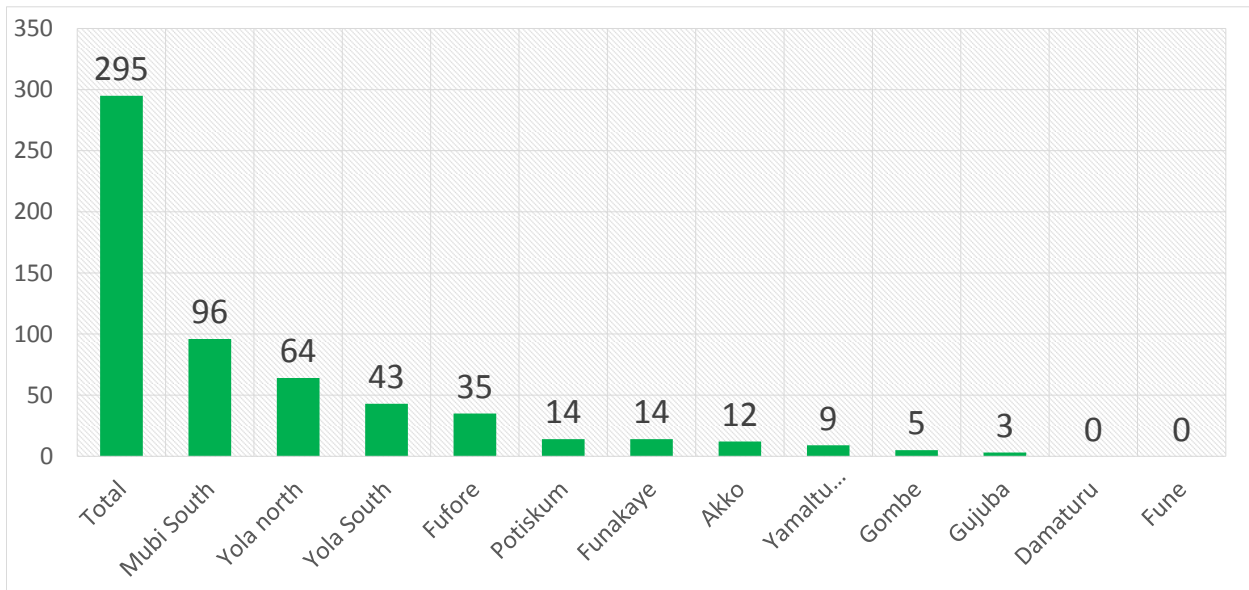
From 1st July to 31st December, 2017, a total of 78,611 presumptive TB cases were screened using GeneXpert out of which 665 (8.4%) were diagnosed with bacteriologically positive (B+) TB while 18 were diagnosed with Rifampicin Resistance. Similarly, 19,820 persons were screened for HIV, 173 (0.9%) were found to be HIV+. Although more males (10,415) were screened compare to females (8,798), HIV positivity rate was higher among females (1%) than males (0.8%). A total of 607 children (Male 315 and female 292) were screened over the same period, one child was detected with HIV. In addition, 56,000 pieces of condoms were distributed during the period.

All HIV and TB cases detected, including pregnant women and children, were linked to designated treatment centres for further management.

Bac+ TB cases notified (July-Sept., 2017)



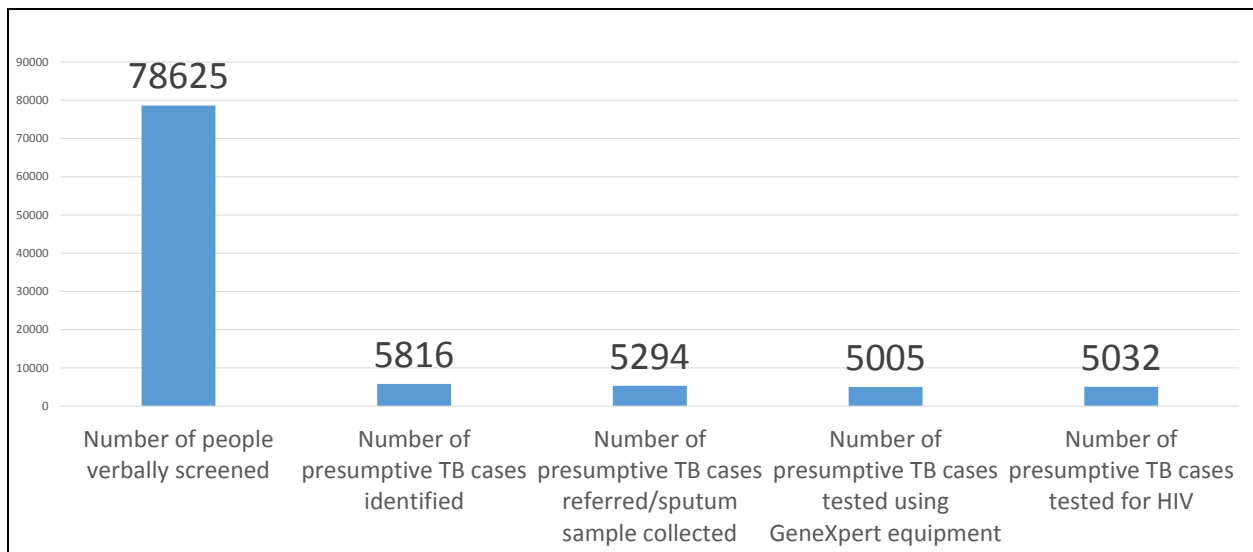
Reported cases by LGAs of intervention in 1st Quarter



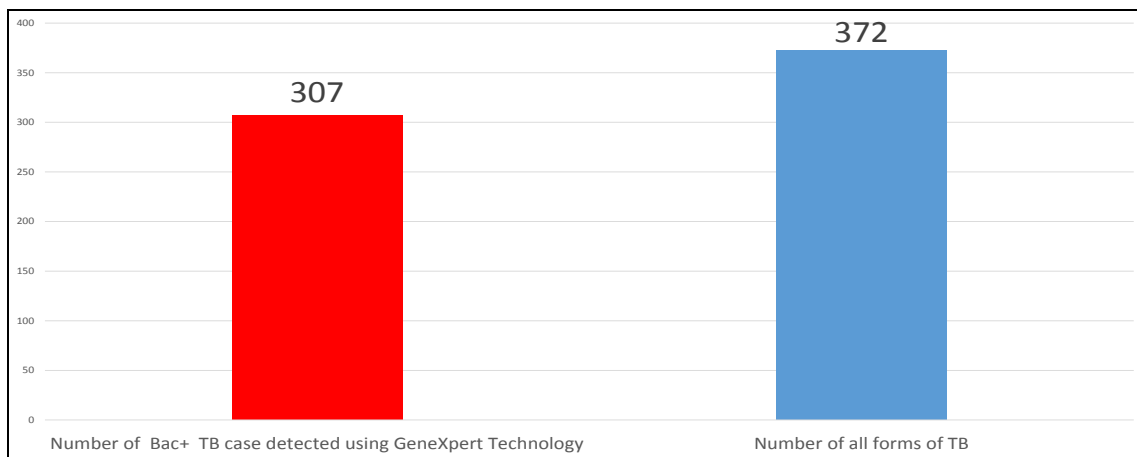
Additional Results in the 1st quarter

- 6 Rif Resistant Cases Detected
- 17 defaulted TB cases retrieved by CVs
- 3 New Leprosy Cass detected
- 20 TB cases detected through contact tracing
- Free consultations for skin conditions & other ailment during outreaches (Free anti-malaria drugs, worm expellers & m/vitamins)
- TB cases notified from 2 LGAs in Yobe State for the first time since 2014 due to insurgency

Second Quarter Data (October-December, 2017)



Number of Bac + TB case detected and All forms reported in the 2nd Quarter



Lessons learnt

- Early and sustained stakeholder engagement was key to the successes recorded
- Use of LGTBLS as CVs proved effective in the intervention
- Being a target driven intervention stimulated improved commitment from the CVs and CBOs
- A WhatsApp forum group chat was initiated for the project which enabled first-hand information from on-going activities to be posted as they were happening in the field
- Number of out reaches conducted was far above the set target due to the higher number of host communities encountered
- Identification cards was produced for all CVs which motivated them more
- More IDPs were accessed through the door-to-door approach in Adamawa State. This made the Honourable Commissioner for Health to direct all Programmes & partners to improve their focus on door to door

- Poor adherence to HIV guidelines by partners in the humanitarian crisis was an issue as these partners had different guidelines

Challenges/Recommendations

Challenges	Recommendations
<ul style="list-style-type: none"> • Poor access to some remotely located IDP Host Communities • Delays in release of Xpert results from some Xpert sites • Low capacity of some CVs to deliver HCT • Shortage of Xpert Cartridges & Storage facilities • Xpert equipment issues at 5 of 13 Sites • Strike action by Health Workers for 3 weeks • Shortages of HIV RTKs • Instances of compliance issues during House-to-House screening, • Inadequate number of CVs especially in Mubi LGA of Adamawa State • childhood TB diagnosis 	<ul style="list-style-type: none"> • LGTBLS to liaise with IDP Camp Officials for more information on IDPs • States QAO to strengthen supervision to Xpert sites • SACAs to build capacity of CVs on HCT • Advocate to NTBLCP/Partners for cartridges • GomSACA to discuss for the provision of solar panels for Xpert sites with TB REACH • NTP to install Xpert equipment in private health facilities • CBOs to strengthen collaboration with community leaders • Liaise with the Project for more CVs in Adamawa State • Discuss inclusion of support for Childhood TB with TB REACH

Future Plan

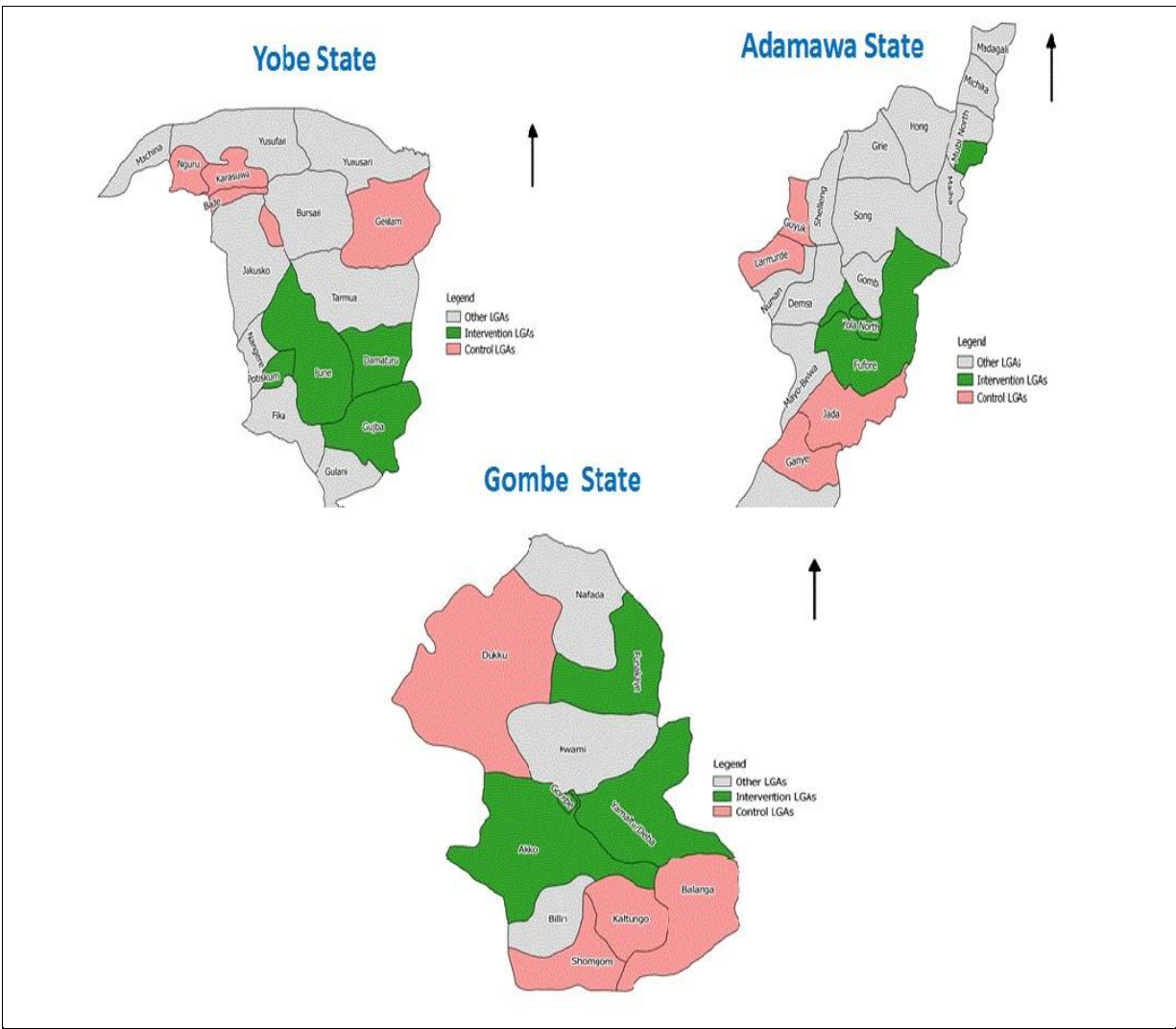
- Engage more CVs in Adamawa
- Address childhood TB among IDPs through collaboration with IPs
- Plan & implement capacity building on HCT for selected CVs
- Set the stage for Operational Research in collaboration with McGill University, Montreal Canada
- Scale up of intervention to include Borno State in the coming waves
- Develop Multi-Country/Border intervention (Cameroon, Tchad, Niger & Nigeria) on IDPs in partnership with Liverpool School of Tropical Medicine (LSTM)
- CBOs to strengthen collaboration with community leaders
- Discuss inclusion of support for Childhood TB with TB REACH

Conclusion

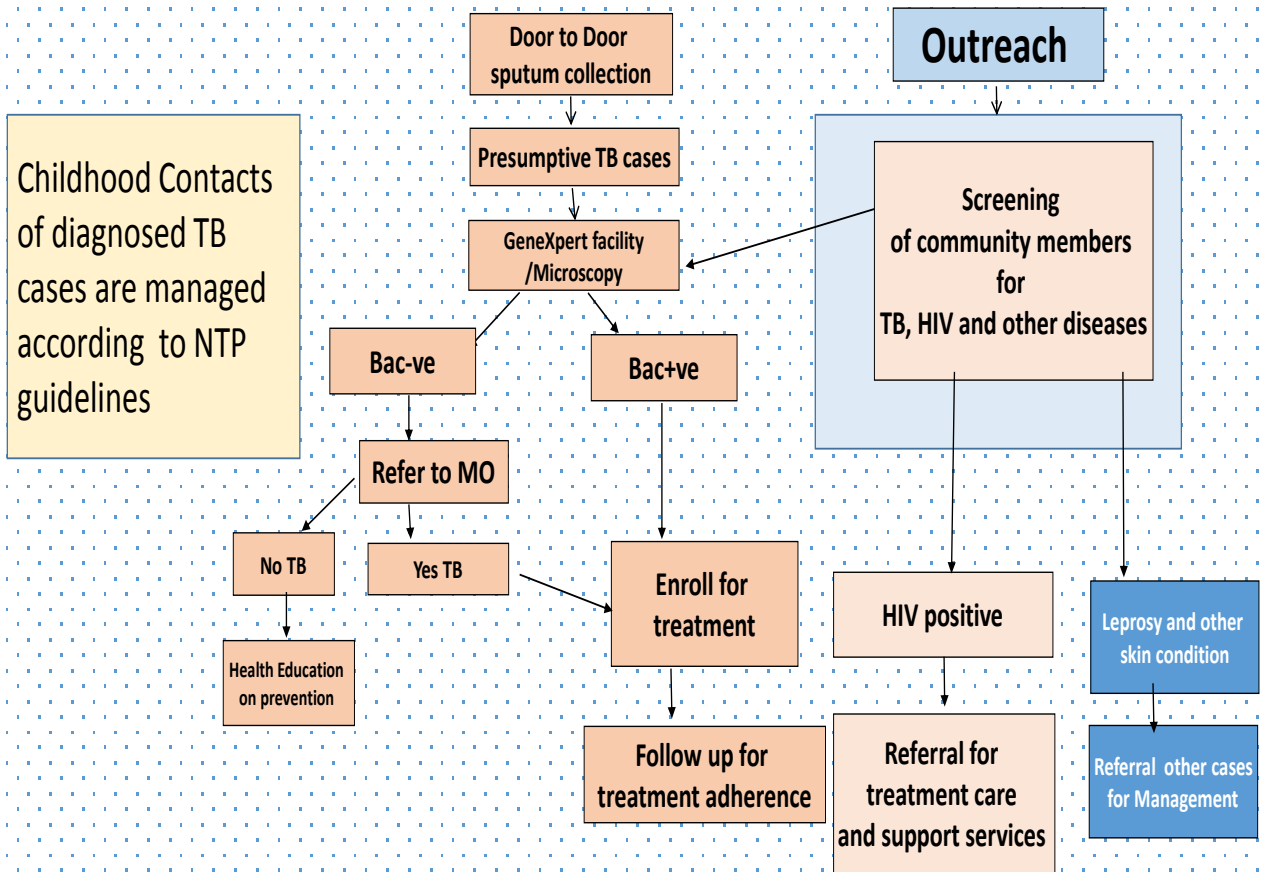
These preliminary findings imply that TB and HIV are prevalent among IDPs and require specific attention to support the scale up to cover all LGAs and States in the Zone. We appreciate the support from the National and the State TB and Leprosy Control Programme.

ANNEX

Map of Intervention LGAs (Control and Evaluation)



Active Case Finding algorithm



Detailed Statistics (1st and second Quarter)

						MONTH:	First quarter
Number of Number of Host Communities Screened							265
		INDICATORS	Adult		Children		Grand Total
		Female	Male	Female	Male		
Number of people verbally screened		37,470	31,261	2,354	2,521		73,606
	Door to door screening	33,389	26,944	1,810	1,931		64,074
	community outreaches	4,081	4,317	544	590		9,532
Number of presumptive TB cases identified		2,979	2,550	125	98		5,752
	Door to door screening	2,620	2,014	87	62		4,783
	community outreaches	359	536	38	36		969
Number of presumptive TB cases referred/sputum sample collected		2,690	2,317	67	66		5,140
	Door to door screening	2,411	1,880	47	49		4,387
	community outreaches	279	437	20	17		753
Number of presumptive TB cases tested using GeneXpert equipment		2,615	2,230	66	64		4,975
	Door to door screening	2,334	1,823	45	44		4,246
	community outreaches	281	407	21	20		729
Number of presumptive TB cases tested using Other methods (Microscopy, LPA E.t.c) equipment		10	2	8	7		27
	Door to door screening	4	0	5	5		14
	community outreaches	6	2	3	2		13
Number of presumptive TB cases tested for HIV		2,606	2,066	25	32		4,729
	Door to door screening	2,248	1,648	20	23		3,939
	community outreaches	358	418	5	9		790

Number of Bac+ TB case detected using GeneXpert Technology		143	146	6	-	295
	Door to door screening	125	120	5	-	250
	community outreaches	18	26	1	-	45
Number of Bac+ TB cases detected using AFB Microscopy		0	0	0	0	0
	Door to door screening	0	0	0	0	0
	community outreaches	0	0	0	0	0
Number of all forms of TB		157	166	8	1	332
	Door to door screening	139	144	8	2	293
	community outreaches	18	22	2	1	43
Number of Bac+ TB cases patients started on treatment		143	146	6	-	295
	Door to door screening	125	120	5	-	250
	community outreaches	18	26	1	-	45
Number of all forms TB patients started on treatment		157	166	8	1	332
	Door to door screening	139	144	8	2	293
	community outreaches	18	22	2	1	43
Total number of positive TB cases detected through contact examination		9	11	-	-	20
Number of Rif Resistant Cases Detected		1	5	-	-	6
Number of people (IDPs/Host community members) screened for HIV		8,117	6,550	122	87	14,876
Number of persons HIV positive		59	72	1	-	132

						Second Quarter
					MONTH:	
Number of IDP Camps/Number of Host Communities Screened						371
	INDICATORS	Adult		Children		Grand Total
		Female	Male	Female	Male	
Number of people verbally screened		33339	37776	3686	3824	78625

	Door to door screening	25022	30596	2981	3228	61827
	community outreaches	8317	7180	705	596	16798
Number of presumptive TB cases identified		2618	2701	238	259	5816
	Door to door screening	1667	1996	147	172	3982
	community outreaches	951	705	91	87	1834
Number of presumptive TB cases referred/sputum sample collected		2409	2457	197	231	5294
	Door to door screening	1480	1784	118	148	3530
	community outreaches	929	673	79	83	1764
Number of presumptive TB cases tested using GeneXpert equipment		2285	2349	170	201	5005
	Door to door screening	1457	1782	101	134	3474
	community outreaches	828	567	69	67	1531
Number of presumptive TB cases tested using Other methods (Microscopy, LPA E.t.c) equipment		0	0	0	0	0
	Door to door screening	0	0	0	0	0
	community outreaches	0	0	0	0	0
Number of presumptive TB cases tested for HIV		2371	2328	168	165	5032
	Door to door screening	1354	1527	96	104	3081
	community outreaches	1017	801	72	61	1951
Number of Bac+ TB case detected using GeneXpert Technology		131	162	8	5	306
	Door to door screening	94	124	4	3	225

	community outreaches	37	38	4	2	81
Number of Bac+ TB cases detected using AFB Microscopy		0	0	0	0	0
	Door to door screening	0	0	0	0	0
	community outreaches	0	0	0	0	0
Number of all forms of TB		161	197	9	7	374
	Door to door screening	119	157	3	3	282
	community outreaches	42	40	6	4	92
Number of Bac+ TB cases patients started on treatment		131	160	8	5	304
	Door to door screening	94	123	4	3	224
	community outreaches	37	37	4	2	80
Number of all forms TB patients started on treatment		160	196	9	7	372
	Door to door screening	119	156	3	3	281
	community outreaches	41	40	6	4	91
Total number of positive TB cases detected through contact examination		7	11	0	0	18
Number of Rif Resistant Cases Detected		5	7	0	0	12
Number of people (IDPs/Host community members) screened for HIV		2298	2248	193	205	4944
Number of persons HIV positive		22	19	0	0	41

					MONT H:	First and Second Quarter Combined
Number of IDP Camps/Number of Host Communities Screened						371
	INDICATORS	Adult		Children		Grand Total
		Female	Male	Female	Male	

Number of people verbally screened		70,809	69,037	6,040	6,345	152,231
	Door to door screening	58,411	57,540	4,791	5,159	125,901
	community outreaches	12,398	11,497	1,249	1,186	26,330
Number of presumptive TB cases identified		5,597	5,251	363	357	11,568
	Door to door screening	4,287	4,010	234	234	8,765
	community outreaches	1,310	1,241	129	123	2,803
Number of presumptive TB cases referred/sputum sample collected		5,099	4,774	264	297	10,434
	Door to door screening	3,891	3,664	165	197	7,917
	community outreaches	1,208	1,110	99	100	2,517
Number of presumptive TB cases tested using GeneXpert equipment		4,900	4,579	236	265	9,980
	Door to door screening	3,791	3,605	146	178	7,720
	community outreaches	1,109	974	90	87	2,260
Number of presumptive TB cases tested using Other methods (Microscopy, LPA E.t.c) equipment		10	2	8	7	27
	Door to door screening	4	-	5	5	14
	community outreaches	6	2	3	2	13
Number of presumptive TB cases tested for HIV		4,977	4,394	193	197	9,761
	Door to door screening	3,602	3,175	116	127	7,020
	community outreaches	1,375	1,219	77	70	2,741
Number of Bac+ TB case detected using GeneXpert Technology		274	308	14	5	601

	Door to door screening	219	244	9	3	475
	community outreaches	55	64	5	2	126
Number of Bac+ TB cases detected using AFB Microscopy		-	-	-	-	-
	Door to door screening	-	-	-	-	-
	community outreaches	-	-	-	-	-
Number of all forms of TB		318	363	17	8	706
	Door to door screening	258	301	11	5	575
	community outreaches	60	62	8	5	135
Number of Bac+ TB cases patients started on treatment		274	306	14	5	599
	Door to door screening	219	243	9	3	474
	community outreaches	55	63	5	2	125
Number of all forms TB patients started on treatment		317	362	17	8	704
	Door to door screening	258	300	11	5	574
	community outreaches	59	62	8	5	134
Total number of positive TB cases detected through contact examination		16	22	-	-	38
Number of Rif Resistant Cases Detected		6	12	-	-	18
Number of people (IDPs/Host community members) screened for HIV		10,415	8,798	315	292	19,820
Number of persons HIV positive		81	91	1	-	173

