

Janna Health Foundation (JHF)

Activity Report; April, 2018

JHF is implementing a Wave 5 TB REACH Project funded by STOP TB Partnership through the Gombe State Agency for HIV/AIDS Control (GomSACA) which started in July, 2017 and will come to an end on 30th June 2018.

The intervention targets Internally Displaced Persons (IDP) camps and Host Communities with Active TB and HIV Case Finding, linkage to treatment, care and support. This intervention is being implemented in 4 LGAs of Adamawa State namely Yola North, Yola South, Fufore and Mubi South. All activities planned in the month under review were successfully implemented among the target population. These activities include:

- Active screening for HIV and TB in the IDP Camps and Host Communities
- Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
- Active linkage of HIV positive and diagnosed TB cases to identified HIV/TB service delivery points for treatment, care and support
- Awareness creation among target population on HIV and TB
- Community outreach targeting IDP Host Communities.
- Condolences visit to the family of the late Yushau Ismaila CV from Mubi south
- Review meeting with CVs, TBLS, Lab staff and stakeholders (SMOH, ADPHCDA, ADSACA and ADSTBLCP)

These activities were implemented by Community Volunteers under the supervision of Janna Health Foundation, the State TB programme Team and the State Project Team headed by the Agency for HIV/AIDS Control.

Results:

In the 4 targeted LGAs for this intervention, 508 presumptive TB cases were identified in April, sputum samples collected was 484, out of which 40 new TB cases were detected. All 508 presumptive cases that submitted sputum had HCT out of which 11 were found to be HIV+. All TB and HIV cases detected are linked to treatment, care and support services.



Pictures from the field and the review meeting held at Kinasar suites Yola.

Key challenges encountered include:

- Low Capacity of CVs to conduct HCT
- Difficulties in managing childhood presumptive TB cases
- Inadequate numbers of CVs to cope with the inflow of IDPs especially in Mubi LGA

The following are recommendations proposed to meet the stated challenges:

- Adamawa SACA to build the capacity of CVs on HCT in collaboration with NEPWHAN
- JHF to liaise with other organizations involved in transporting children to Health Facilities
- JHF to advocate for increase in the number of CVs from TB REACH through GomSACA

We look forward to more fruitful work in the month ahead.

Thank you.

Report by Hunpiya B. Basason (M & E Officer, JHF)