

## **Janna Health Foundation (JHF)**

*CFCS Activity Report; September, 2018*

JHF is implementing a Challenge Facility Civil Society Round 8 project which kicked started in July, 2018. The project area covers the Northern and Central Senatorial Zones of Adamawa State. The intervention focused on Nomadic school children and their host communities with emphasis on diagnosis of Nomadic childhood TB cases.

The LGAs involved include; Michika, Maiha, Mubi south, Mubi north, Hong, Gombi, Song, Girie, Yola north, Yola south, Fufore and Madagali. As a result of security challenges, not all communities in Madagali LGA are involved.

All activities planned in the month under review were successfully implemented in the target population. These activities include:

- Active screening for HIV and TB in the nomadic schools and Host Communities
- Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
- Management of childhood TB cases especially under 5s and linkage to diagnostic and treatment services.
- 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 TB (and HIV) services
- Community outreach targeting school children and their immediate Host Communities.

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

### **Results:**

In the 12 targeted LGAs for this intervention, 4756 people were verbally screened, 340 presumptive TB cases were identified in September. Sputum samples were collected from 298 presumptive TB cases out of which 20 new TB cases were detected. A total of 72 presumptive Childhood TB cases (including 16 under 5s) were detected and screened for TB; of these 2 new TB cases (both under 5s) were diagnosed with TB, bringing the total number of TB cases detected in the month to 22. All 298 presumptive TB cases that submitted sputum had HCT out of which 6 were found to be HIV+. All TB and HIV cases detected are linked to treatment, care and support services.



Key challenges encountered include:

- Difficulties in managing childhood presumptive TB cases; especially under 5s
- Inadequate numbers of CVs
- Low capacity for TB contact investigation

The following are recommendations proposed to meet the stated challenges:

- JHF to continue to liaise with Medical Officers on the diagnosis of childhood TB
- JHF to advocate to Nomadic community leaders on engagement of more CVs
- JHF and LGA TB Supervisors to ensure that DOTS staff play an active role in TB contact investigation

We look forward to engaging more Nomadic schools and communities in the coming months.

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