Current status of integrated community based TB service delivery and the Global Fund work plan to find missing TB cases

Nigeria

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Background

- Population of about 190 million.
- 36 states and 774 LGAs.
- TB services are in 7321 health facilities.
- 390 GeneXpert facilities.
- 8 Reference Laboratories.
Background

• Among the 14 countries globally with high burden for TB, TB/HIV and MDR-TB.

• Notified 104,904 TB cases in 2017.

• Treatment coverage rate of 25%.

• Nigeria account for 8% of the total gap between TB incidence and reported cases.

• TB treatment success among DSTB cases and MDR/RR-TB cases: 84% and 74%(2014).

• TB Knowledge among general population – 27%.
Coverage of community TB activities

• 100% community based structure.
• TB based activities implemented in 163 LGAs (21% BMU) in 2017 (CTB =76 LGAs, GF =87 LGAs).
• A drop in community activity coverage (17%) in 2018.
• Community PMDT (c-PMDT) services is 100%.
• NTBLCP tools captured community TB based activities from all the BMUs.
Major gap include:

- Huge number of missing TB cases.
- Low knowledge of TB among General population (27% - KAP survey 2012).
- Limited coverage of health facilities with TB services.
Role of community activities

- Raising awareness.
- Creating demand for services.
- Tracing contacts of TB contact actively.
- Supporting adherence of TB treatment.
The follow are the community stakeholders

- Stop TB partnership.
- Civil Society Organizations eg TB Network.
- Community based Organizations.
- Community volunteers in all the BMUs.
- Religious leaders and Traditional leaders.
- Wards development committees in all the BMUs.
- Partners: GF, USAID, Challenge TB, PR, WHO.
Community TB implementers

Implementation Mechanism & cadre

National (eg TB Network)

State (State TB Network)

LGAs (CBOs)

CTW/CV

CTW/CV

CTW/CV
• New funding model implementation a total of N10.7m USD for Community TB activities under DSTB

  CBO staff = 148 USD
  Admin support = 230 USD

  CTWs/CVs = USD131 monthly
  Communication and transportation 60 USD

  Performance based funding = 3.5 USD per TB case diagnosed in current application.
Support for implementation

• Technical support from the National, State and LGA.

• Provide oversight, mentorship and on the job training.

• Support development of policy documents.

• Joint supportive supervision at all levels and by the implementing Networks and Community based Organization.

• The M&E officers, LGA TBLS, CBOs conduct monitoring and evaluation of CTWs/CVs performance.
Community TB Implementation Tools

- Checklist for TB Screening
- Household Tracking Forms
- Specimen Examination Request Forms
- Specimen Dispatch Forms
- Community TB Referral Register
- Community Referral Forms
- Contact Tracing Form
- Monthly/Quarterly M&E Reporting Template
Data flow

- NTBCLP
  - STBLCP
    - LGA
  - TB Network and HAF
    - HF
    - CBO
    - CTW/CVs

- PR
Indicators ... Number of

• Presumptive TB cases identified by CTWs.

• Presumptive TB cases tested for TB among those identified by CTWs.

• Sputum samples sent for Lab test.

• Samples collected, processed and received results.

• Diagnosed TB cases by CTWs.
Indicators ... Number of

• TB cases diagnosed by GeneXpert.

• TB cases diagnosed by AFB microscopy.

• TB cases placed on treatment among those referred by CTWs.

• Persons in the Households visited within the month.

• Households visited by CTWs in the LGA within the month.
Indicators.. Proportion of

• New DR-TB Index cases whose contacts were traced.
• Confirmed DR-TB cases among contacts of Index cases traced.
• Patients attending Support Group Meetings.
• New patients in the Community who have Treatment Supporters.
The following are the integrated activities with the community interventions

• Joint supervision.

• Joint On-site data validation.

• Linkage of community interventions with the regular facility services.

• Quarterly/Semester meeting with Stakeholders.
Coordination of community activities are integrated in the quarterly coordinating mechanism through Global Fund support.
Function of this group is for:

Policy advice

*Resource mobilization, Advocacy*

*Coordination*

*Setting standards*
Bottlenecks

- Limited Funds.
- Limited Coverage of community TB activities.
- Suboptimal capacity of the CBOs.
Challenges

• Suboptimal supportive supervision.

• Incomplete documentation.

• Inadequate capacity to implement interventions in hard-to-reach and during crisis areas.

• Suboptimal cooperation from facility staffs.

• Samples congestion in laboratories resulting in wastages.
Resolving the challenges will include provision of:

- enabling environment, funds and development of expanded country community TB implementation plan.
Implementation Success story

• increasing awareness among schools and communities.

• Use of and volunteers selected by community leaders has increased ownership of the project.
“Jump Over Tuberculosis”
Patients becoming CBOs

CBO - FADU, OYO STATE
Change lives
Increasing number of marriages
Community contribution to TB case notification 2015 - 2017

- Total number of TB cases from community referral: 21% contribution to TB case notification in 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of TB Cases</th>
<th>Total Number of TB Cases from Community Referral</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>90,584</td>
<td>19,755</td>
</tr>
<tr>
<td>2016</td>
<td>100,433</td>
<td>21,107</td>
</tr>
<tr>
<td>2017</td>
<td>104,904</td>
<td>21,660</td>
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</tbody>
</table>
These are total number TB Cases notified by CBOs through slum Intervention within 2016 to 2017.
INCREASING TB CASE FINDING FOR 12 KANO STATE LGAs engaged on ACF interv.
Increasing cases notified in the LGAs where the Active case search was implemented
Increase in cases notified
Warawa LGA

YEAR 2014: 7
YEAR 2015: 9
YEAR 2016: 76
YEAR 2017: 189
80% of the patients are managed by TS and they have good Treatment outcomes in 2017.

- Treatment success: 86%
- Died: 5%
- Trt Failed: 1%
- Loss to follow up: 6%
- not evaluated: 2%
What is the Country work plans for community based TB activities?

- **Objective:** To find the missing TB cases and increase case notification
- The key stakeholders are the TB programme players at all levels.
- The current GF extension grant is implemented in the slums in 5 states.
- DRTB implementation 100%
The country work plans for community based TB activities

• Activities planned include House-to-House TB Search, Contact Tracing of Index cases, Outreach for Sensitization and Mobilization.

• Work Plan is to be implemented in 2 years

• Responsibility

• Targets: 30% of national target
Country specific opportunities

• Community Leaders

• Organized congregate and religious settings.

• Committed and experienced CBOs and CTWs.

• Integration of TB services in other community health interventions: Community health influencers and promoters (CHIP)

• Increase government support.
It is good as we are about to answer the question: Who is the real community and how do we adequately engage them?
Thank you