

Concept note:

ONLINE COMPETENCY BASED TRAINING FOR TB SURGE AND LABORATORY STAFF ACROSS FACILITIES IN THE 14 KNCV SUPPORTED STATES

BACKGROUND

The impact of the coronavirus (COVID-19) pandemic is unprecedented considering its socio-economic effect on the population. The pandemic has impacted on key TB program interventions and had made TB case finding more difficult. The virus has key symptoms like that of TB, and associated stigma has also rubbed off on TB making patients with cough, not coming out for TB screening even at the facility level. There are predictions of a global decrease in TB case detection by an average of 25% over a period of 3 months (compared to the level of detection before the pandemic), which will lead to an estimated additional 190 000 (range 56 000–406,000) TB deaths (a 13% increase), bringing the total number of TB deaths to 1.66 million (1.3–2.1) in 2020, near the global level of TB mortality for 2015¹²

Nigeria is ranked 1st in Africa in TB burden with a widening gap in TB case finding. The pandemic has recorded a great toll on TB case finding in the country. A study by KNCV team reported a progressive decrease of respectively 63%, 64%, 73% and 72% in clinic attendance, presumptive TB identification, TB cases detected and treatment initiation for the TB Surge ACF intervention since the emergence of coronavirus in Nigeria³. The pandemic has changed the way in which we interact significantly as the social distancing rule alongside personal protection, have been proven to be the best protection against community spread of the disease. Health workers in the frontline of patient care are at an increased risk of infection as well as program staff that interface with facility staff. This again provides unique challenges to implementation; from loss of man hours to the probability of infecting patients and can create an unending vicious cycle if we must continue our traditional way of implementing programs.

There is an upsurge of new practice relevant information in both TB programs and other programs which can no longer be disseminated in the traditional manner. It has become very imperative that for continuity of programs the double dilemma of training health workers in small cohorts and providing new information and guidance to widely dispersed health workers at short notice on a background of knowledge dearth and staff attrition must be addressed. The TB program is further challenged by the need to expand access and close the seemingly increasing gap in TB case notification. There is an urgent necessity to build the capacity of health care workers in a wide range of programs to meet needs including case detection, linkage to treatment, provision of treatment and support to initiate and retain patients in care.

In the final analysis, the pandemic has ushered in a period of unprecedented challenges to implementation of projects, challenging the economic efficiency of traditional training and support methods in the era of dwindling funding resources for TB control.

AIM & OBJECTIVES.

The aim of this consultancy is to provide qualitative, cost efficient, easily accessible, COVID-19 risk free Competency Based Training (CBT) to TB Surge and laboratory staff.

Objectives include:

1. Develop a bespoke course curriculum and content to meet the training needs of about 500 surge staff with specific focus on:
 - a. Routine TB screening in facilities
 - b. Referral for diagnostic evaluation
 - c. Collection and transportation of specimens

- d. Bacteriological investigations (Xpert including use of stool, TB LAMP and Truenat).
- e. Result retrieval and documentation
- f. Contact Investigation
- g. Client support in and off facility

2. Provide KNCV with individual learner evaluation to enable it plan support and supervision where necessary.

ACTIVITIES

Instructional Model

There should be an instructional design to guide the course development. The project team are to work very closely with the KNCV team during course content development. *KNCV will expect that* a blend of instructional design strategies are developed to deliver the course content. This course therefore, is to be designed to allow learners set their own pace and progress using microlearning, retrieval, feedback and scenario based learning.

Course development

The project team will meet with the KNCV team to determine project timelines and deliverables, define learning objectives, identify focal person on both sides and share existing subject contents if any. The Course development shall include recorded live teaching, voice over slides, quizzes, case scenarios and demonstration of best practices and methods of completing relevant tools.

Implementation/roll out

The finalized course content will be shared with the KNCV technical team for review and final approval before deployment.

Expectations from KNCV:

1. Efficiency: Capacity building will be provided for intended health care workers in a very cost-efficient manner.
2. Reinforcing learning: The course contents are available on demand and can be viewed by the health care workers at leisure or at point of service. This repetitive activity is a core component of continuous learning and knowledge gain.
3. Reach: The availability of course contents online and accessibility via mobile devices and creation in small data packages will allow KNCV reach staff in far-flung areas.

¹ Glaziou P. Predicted impact of the COVID-19 pandemic on global tuberculosis deaths in 2020. *MedRxiv*. 2020 doi: 10.1101/2020.04.28.20079582

² Hore R. 2020. The devastating effect of the COVID-19 pandemic on the TB response-A minimum of 5 years of progress lost and 6 million additional people ill with TB.

³ Odume B, Falokun V, Chukwuogo O, Ogbudebe C, Useni S, Nwokoye N, Aniwada E, Olusola Faleye B, Okekearu I, Nongo D, Odusote T, Lawanson A. Impact of COVID-19 on TB active case finding in Nigeria. *Public Health Action*. 2020 Dec 21;10(4):157-162. doi: 10.5588/pha.20.0037. PMID: 33437681; PMCID: PMC7790486.