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EXECUTIVE SUMMARY

KNCV Tuberculosis Foundation Nigeria also known as KNCV Nigeria is a non-profit organization and a national center of excellence for TB control with a mission to promote and support the prevention and control of TB and other diseases of public health concern in Nigeria through the implementation of innovative and evidence-informed disease control strategies. With 159 program staff, 68 operations staff, 14 state offices and over 2,000 ad hoc health care workers across 248 facilities, KNCV Nigeria has remained a leading public health institution in Nigeria.

Working in close collaboration with stakeholders, KNCV Nigeria remained focused on overall organizational goals and strategic objectives that resulted in various project-level achievements. The challenges encountered in 2023 will inform future programming and the implementation of innovative strategies, ensuring that KNCV Nigeria remains at the forefront of public health advancements. In 2023, KNCV Nigeria continued to implement her legacy project, the USAID funded TB LON 1 and 2, the GF funded PPM project, the USAID funded ACE project, and closed out the USAID funded GLOVAX project and two the USAID funded TIFA projects.

Implemented in 14 states, the USAID-funded TB LON Regions 1 & 2 project surpassed all targets in FY23, screening 13,149,943 (150% of annual target) clients for TB, identifying 1,062,679 (155% of annual target) individuals with presumptive TB, and diagnosing 77,929 (159% of annual target) active TB cases. Despite challenges like the cash crunch and the impact of elections and fuel subsidy removal, the project reported a steady quarterly increase in TB case notifications. The project has consistently met and surpassed annual targets by deploying effective strategies for optimal TB screening, leveraging digital solutions, and promptly addressing challenges through cascade reporting and analysis.

Through the USAID-funded Stop TB Partnership Introducing New Tools Project (iNTP), Truenat machines were effectively utilized in 2023 to detect 3,319 MTB from 33,813 sputum samples with a 10% yield across 28 Truenat platforms. The ultra-portable digital X-ray devices, strategically deployed by KNCV Nigeria facilitated active case finding in remote areas, yielding impactful results. Additionally, 11,646 individuals received 3HR TB Preventive Therapy (TPT).

The COVID-19 Vaccination Acceleration project surpassed its donor-set targets, achieving a total of 4,902,178 vaccinations over 18 months of implementation, with a focus on both initial and booster doses. Diverse strategies, including house-to-house vaccinations, mass campaigns, community outreaches, and integrated screenings, were employed to overcome vaccination hesitancy and to enhance access to the integrated health care services provided by the mobile vaccination teams.

The Global Fund PPM grant implemented across five states to enhance private sector involvement in TB control achieved notable results surpassing the case finding target by over 120% by the end of Q3 2023 and achieving a 90% treatment coverage. Throughout the project duration, KNCV Nigeria played a pivotal role in screening 1.6 million individuals for TB, evaluating 397,000 presumptive TB clients, and placing 34,000 diagnosed individuals on treatment, demonstrating significant contributions to TB control efforts within the private sector.

With funding from USAID, and JSI (John Snow Inc) as the Principal Recipient, KNCV Nigeria implemented two (2) TIFA fixed grant awards, the Social Franchising for TB contact investigation (SOFT_CIP Project) and the Spot to Tent Onion Model of TB Contact investigation (STOM Project). Within 9-months of field implementation the SOFT_CIP project contributed 536 diagnosed TB cases placed on treatment and 15,024 eligible contacts placed on TPT while the STOM project contributed 947 diagnosed TB cases placed on treatment and 10,337 eligible contacts placed on TPT.

This report showcases the achievements and footprints in the year 2023.



INTRODUCTION

WHO WE ARE

KNCV Tuberculosis Foundation Nigeria also known as KNCV Nigeria is a non-profit organization formed with the support and collaboration of the KNCV Tuberculosis Foundation International (KNCV TB PLUS), an umbrella organization for Dutch Tuberculosis Control which has been operating in Nigeria since the year 2001 and providing support to the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTBLCP) in Tuberculosis control efforts.

We are a national center of excellence for TB control that promotes effective, efficient, innovative, and sustainable tuberculosis control strategies in a national context.

We are duly registered with the Corporate Affairs Commission of Nigeria with Head Office located in the Federal Capital Territory, Abuja and state offices across the country.

MISSION

Our mission is to promote and support the prevention and control of TB and other diseases of public health concern in Nigeria through the implementation of innovative and evidence-informed disease control strategies.

Our vision is to be a globally recognized center of excellence for the prevention and control of Tuberculosis and other diseases of public health concern in Nigeria.

OUR VISION

CORE VALUES

Integrity — We are trusted by the communities we serve.

Our commitment to excellence over the years has earned us a pride of place as a trusted source of high-quality programmatic evidence and knowledge in the field of public health.

Innovation — We explore all possibilities.

We are committed to seeking out novel approaches in all that we do – our operations, evidence generation, and stakeholder engagements.

Partnerships — We are stronger together.

Our best results are realized by working collaboratively with partners at all levels. In each of our partnerships, we seek the best from each other as we collectively work together to improve health outcomes.

Responsiveness — We act decisively.

We respond passionately and efficiently to the needs of those we serve, and constantly seek new ways of serving them better.

Inclusion — We embrace diversity.

We recognize, respect, and appreciate differences in age, gender, ethnicity, education, physical abilities, race, and religion among our respective stakeholders. Internally, we strive to achieve greater impact in the work we do by leveraging on the diversity within our workforce.



OUR PEOPLE

Our staff and board of trustee members comprise of notable and experienced public health physicians, multidisciplinary, passionate professionals that cover a broad range of expertise such as programmatic TB control, research, clinical management, social science, education, digital health, and project management in Nigeria and the Netherlands.



ADMINISTRATION AND MANAGEMENT

Office Space & Setup

In the year 2023, KNCV Nigeria maintained her Country head office in the same location Block “B” AUJ Complex, 564/565 Independence Avenue, Central Business District, Abuja, Nigeria.

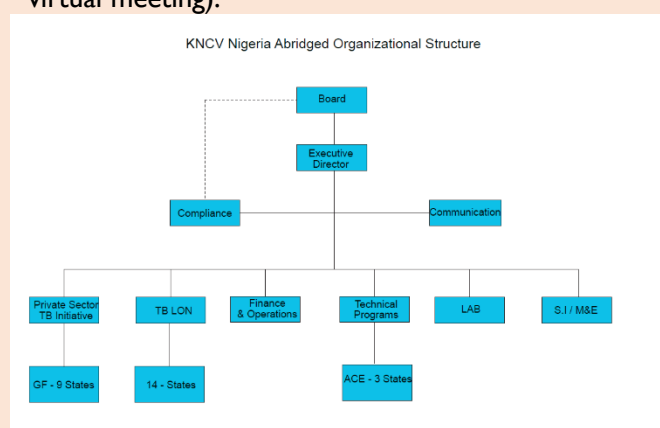
4 cluster offices (Akwa Ibom, Anambra, Kano and Nasarawa clusters) have also been maintained at the same locations except that of Kano Cluster which was relocated from No. 76A Sir Kashim Street Nasarawa GRA - Kano to Plot No. 36 Farm Centre Tarauni, Kano state.

The state offices have continued to collocate with the various State ministry of health but for Cross River and Kaduna states hence it was imperative for the organization to rent office spaces at these locations.

All KNCV Offices at the time of this report are fully operational and secure.

Management

The Board of Trustees (BOT) in line with KNCV Nigeria Corporate Governance policy, met quarterly this year. One of the meetings was held virtually while three of these meetings were hybrid (a combination of physical and virtual meeting).



As a usual practice also, the Management team (MT) maintained a weekly meeting held usually on Monday of every week. These meetings are held virtually except otherwise advised and are characterized by departmental updates and deliberations on various issues concerning the organization.

Minutes of meetings held by the BOT and those of the MT are available on request.

Security

The first quarter of the year was also filled with security concerns about the General elections in February 2023.

Prior to the general elections here in Nigeria, there were several security meetings held with partners, KNCV Nigeria security consultant as well as the Global security Advisor, KNCV International. These meetings were aimed at strengthening KNCV Nigeria’s security systems. A general election preparedness plan was shared with funders before the election and Staff were made to telework during the election period due to the heightened tension across the country. Thankfully, there were no direct threats or attacks on KNCV Nigeria staff/offices during this period.

In the year also, KNCV Nigeria worked closely with Partner Liaison Security Organization (PLSO), a USAID funded project aimed at supporting the security structure of USAID Implementing Partners. The organization offered free training on safe driving and Security awareness and in these, over 25 staff/drivers participated.

CURRENT KNCV NIGERIA PROJECTS

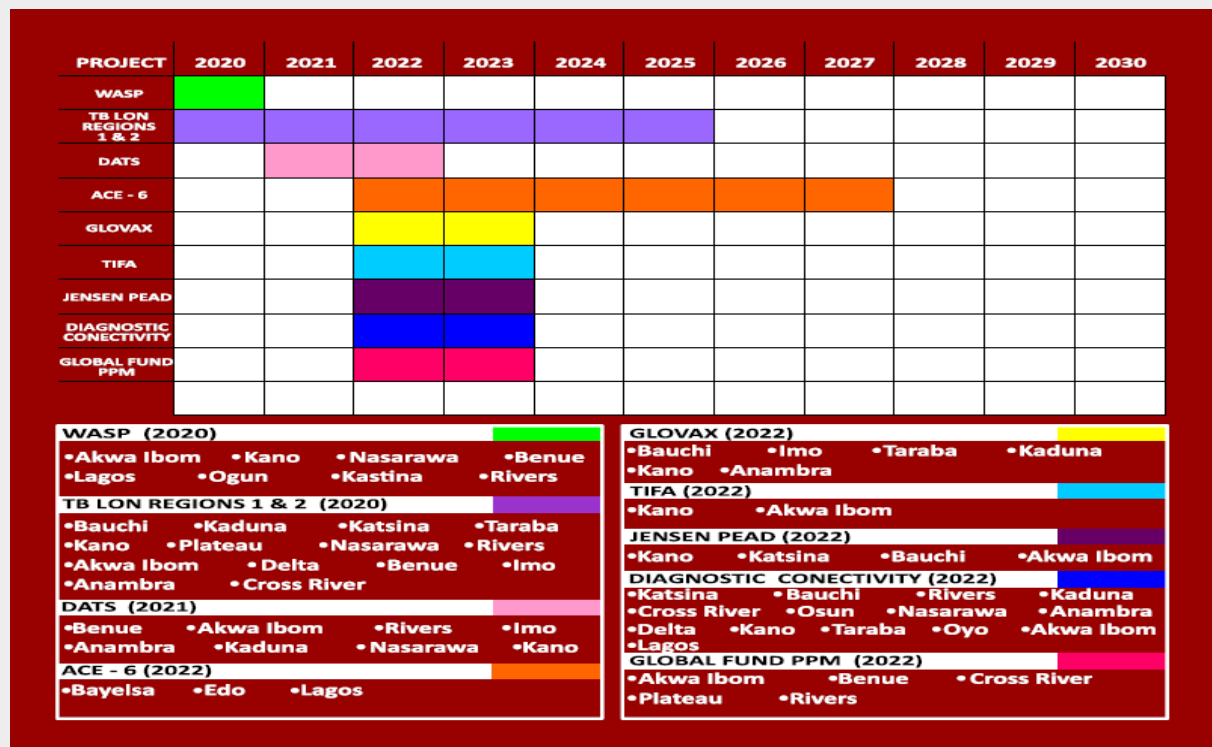


Figure 1: Current KNCV Projects across Nigeria

KNCV NIGERIA PROJECTS' COVERAGE AND MAP

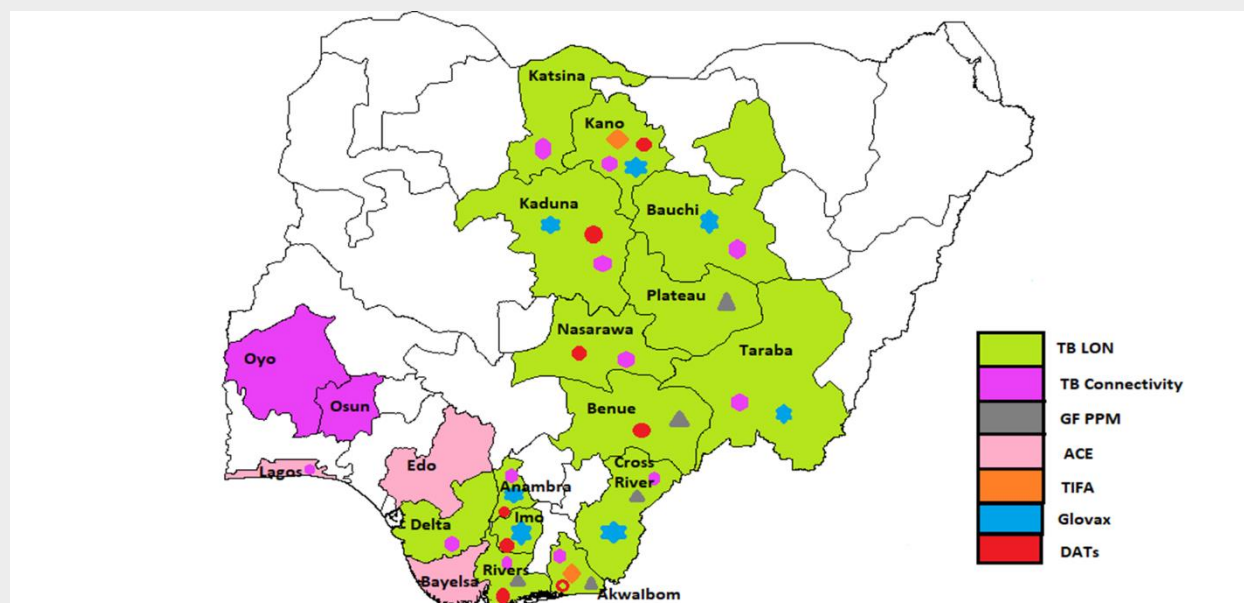


Figure 2: KNCV Nigeria project map Spread across 19 states.

TB LON REGIONS I & 2 PROJECT

Funder: USAID

Project period: 2020 - 2025

Actively finding missing TB cases in Nigeria and placing them on treatment

The USAID funded TB LON I and 2 project led by KNCV Nigeria is a five-year grant that utilizes locally generated solutions to provide TB Prevention, screening, diagnostics, treatment, and notification while addressing stigma and discrimination. The project is implemented by KNCV Nigeria working with 180 core and 643 adhoc staff in 14 states namely: Bauchi, Kaduna, Katsina, Kano, Nasarawa, Plateau, Taraba, Anambra, Akwa-Ibom, Benue, Cross River, Delta, Imo, and Rivers. The project aims to increase TB cases detected, treated and notified to a cumulative number of 437,895 in 14 states of LON I and 2. The project specifically improves access to high quality, person-centered TB, DR-TB, and TB/HIV services through engagement of the public and private (formal and informal) sectors, umbrella and local chapters of health and allied professional associations, faith-based institutions, communities and civil society organizations while accelerating TB innovations and research.

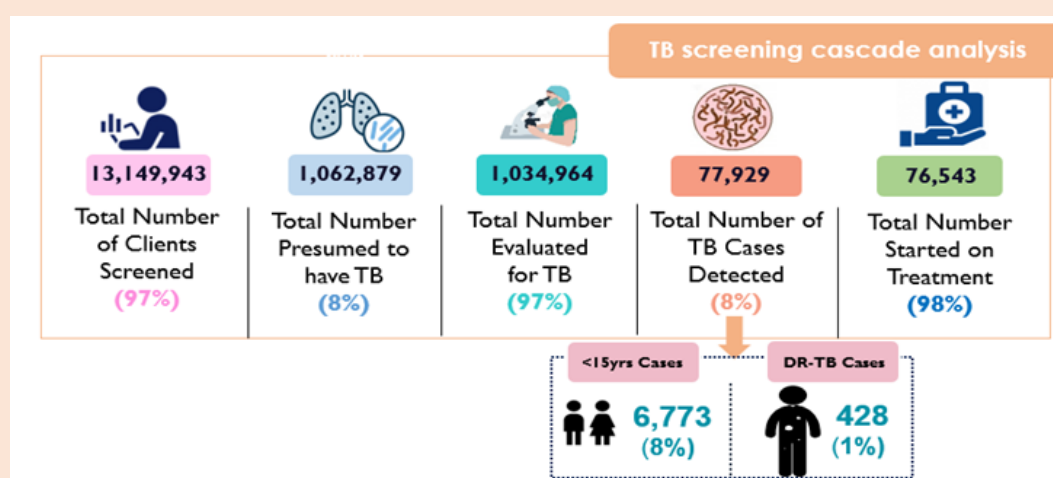


Figure 3: TB LON I & 2 Project Performance (FY23: Oct 2022 - Sep 2023)

The TB LON I and 2 project is implemented by KNCV Nigeria in collaboration with its consortium partners: two sub-recipients- CCCRN and KNCV International and seven strategic service package providers- Intrastat Global, IPCD, Janna Health Foundation, Diadem Consult, Public Health Concerns Ltd and TB Network and Society for Family Health. KNCV Nigeria and partners adopt a mixed model of community and facility based, health systems strengthening strategies and digital solutions to find TB cases in a roll in, roll on and roll out phased approach. The project provides TB services in 1082 public health facilities, 673 private hospitals and 2,896 Patent medicine vendors and community pharmacists and targeted communities in 334 LGAs spread across the 14 states of implementation.

To target communities the project utilizes multiple hotspot analytic systems including dynamic and predictive models to identify TB hotspots. In FY23, (October 2022- September 2023), the project surpassed all targets across the TB screening cascade. Key outcomes attributable to the project active TB case finding interventions across the 14 supported states in the figure below include: 13,149,943 (150% of annual target) clients screened for TB, resulting in the identification of 1,062,679 (155% of annual target) individuals with presumptive TB, of which 1,034,984 (159% of annual target) completed diagnostic evaluation.

Of those clients who completed diagnostic evaluation, 77,929 (125% of annual target) active TB cases were diagnosed with 76,543 (123% of annual target) enrolled into treatment and care within the reporting period. All 76,543 patients enrolled on treatment and care were notified to the National TB program (NTP). All through FY23, there was a stepwise increase in case notification 15,425 in Q1, 16,781 in Q2, 18,900 in Q3 and 25,437 in Q4 (Figure 1). This was a quarterly increase of 9%, 26% and 65% in the TB case notification compared to Q1 of FY23. The recorded quarterly increase was despite some macropolitical challenges that bedevilled FY 23. The most critical ones being the protracted cash crunch in FY23 Q2 associated with Nigeria's currency redesign in a hitherto liquid economy and 2023 elections having consequences of movement restrictions the magnitude of that of COVID with extremely poor clinic attendance and decreased community-based interventions.

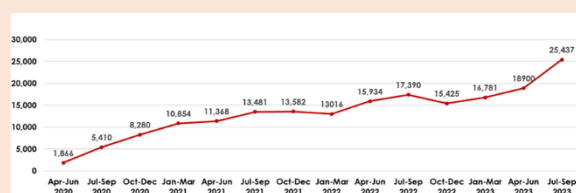


Figure 4: TB LON project quarterly TB notification trend, Q3 FY20 - Q4 FY23

The other grave challenge was the removal of fuel subsidy FY 23 Q3 resulting in a sudden hike in fuel price and overall increase in cost of goods and services with effect on project implementation ranging from absenteeism of adhoc and facility staff, poor clinic attendance due to high transportation cost and widening enrolment gaps. The mitigation measures adopted by the project to overcome these challenges and still record considerable success are described in the TB LON 1 and 2 FY23 annual report. Over the years, the project has met and surpassed the annual targets set.

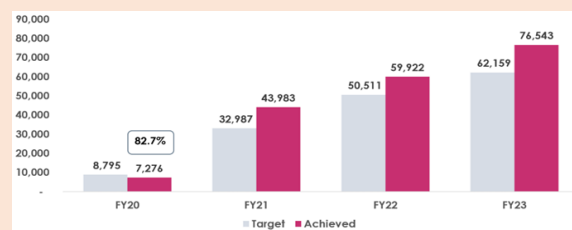


Figure 5: TB notification Annual Target vs Achievement, FY20 - FY23

Even though the targets increased year on year, strategies were deployed to ensure optimal TB screening in facilities and communities and digital solutions were leveraged to achieve the target.

The project has studied the implementation patterns and constantly addressed program challenges. We have also maintained cascade reporting and analysis, promptly identifying gaps and root causes in every step of the cascade and designing specific interventions to address the gaps. In FY 20 however, the target achievement was 82.7%. This was due to slow project start up and the impact of COVID-19. The project was mindful of the unmet FY20 target and intensified efforts in FY 21 to overachieve and adjust for the FY20 gap. Most states mirrored the picture of the overall project target achievement apart from Plateau, Anambra, and Delta states. The project is closely monitoring these states and has designed specific strategies to support the achievement of set targets.

From inception, TB LON 1 and 2 project has documented and shared its progress, best practices, strategies, innovations, challenges, and mitigation measures via quarterly and annual reports to its funder, national and international conference presentations, webinars, dissemination meetings, social media, monthly newsletters, and manuscript publication. The project has overall published 11 articles in peer reviewed international journals with impact factor. Five of these articles were published in FY23. The project is poised to make maximal impact and improve treatment coverage in Nigeria. Further details are in TB LON 1 and 2 FY23 annual report.

USAID NEW TOOLS PROJECT – PDX WITH CAD, TRUENAT & 3HR

The United States Agency for International Development (USAID) in collaboration with the Stop TB Partnership through the *introducing New Tools Project (iNTP)* provided 11 high TB burden countries with a package of interventions that includes digital technologies for screening and monitoring of tuberculosis treatment adherence, Truenat diagnostic platforms, tuberculosis preventive treatments (3HR), next-generation sequencing, diagnostics connectivity solutions. The project commenced with the donation of 38 Truenat platforms, 10 Portable digital X-rays and 20,000 courses of 3HR medicines to the National TB and Leprosy Control Program in 2021. The implementation of the new tools project in Nigeria is coordinated by KNCV and IHVN.

Truenat

Truenat is the first WHO-recommended rapid molecular test for the detection of TB and rifampicin resistance that can be used at a peripheral level. The instrument is well suited for tropical climates, it has integrated batteries, in-built connectivity, and can be used at



Donation of the new tools to NTBLCP by USAID

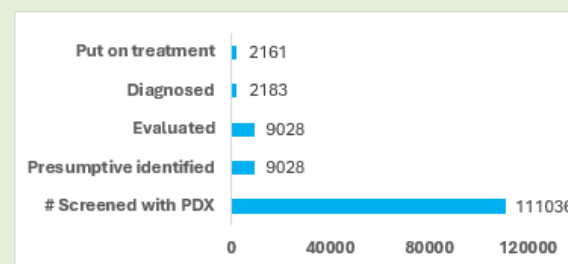
temperatures up to 40°C. In addition to using the instrument at a peripheral level, KNCV Nigeria also utilizes the instrument in a mobile fashion for community active case-finding activities in conjunction with the ultra-portable digital X-ray systems where available.

Utilization of Truenat for TB diagnosis was sustained in 2023. Between October 2022 to

September 2023, a total of 3,319 MTB was detected from testing 33,813 sputum samples with 28 platforms representing a 10% yield.

Ultra-portable digital X-ray with CAD

KNCV Nigeria received 7 out of the 10 ultra-portable X-ray devices donated to Nigeria. The X-ray device is well suited for community active case finding; it is battery-operated, emits lower doses of radiation, and can be packed into backpacks. The ultra-portable X-rays are used in conjunction with CAD solutions and Truenat molecular diagnostics for the detection of TB in hard-to-reach populations that currently face barriers to accessing services. It presents an opportunity for finding TB cases in the most remote settings. Below is the cascade of results derived from the implementation of the ultra-portable digital X-ray in 2023.



PDX Cascade

3HR TB preventive therapy (TPT)

TPT is given to people exposed to TB infection, people with latent disease, or those at higher risk of developing the disease than the general population. The goal is to destroy any TB bacteria before the development of active disease. Nigeria received about 20,000 courses of 3HR for the prevention of TB disease. Out of 133,924 Number of people eligible for TPT among contacts screened, 11,646 received 3HR in 2023. Operation research studies were conducted on the newly introduced tools, manuscripts were sent to reputable journals for publication.

THE COVID-19 VACCINATION ACCELERATION PROJECT

Funder: USAID

Period: 2022-2023

The COVID-19 Vaccination Acceleration project has an overall goal of promoting COVID-19 vaccine access, acceptability, and uptake, while strengthening adverse drug reaction feedback and timely response, by leveraging on the ongoing USAID-funded Tuberculosis Local Organizing Network (TB LON) 1 & 2 project structures. To ensure acceptance and address the challenges posed by vaccine hesitancy, the project strategically integrates the vaccination program within the KNCV Nigeria TB LON community outreach TB Active Cases Finding (ACF) intervention while also leveraging on our structure in the supported public and private health facilities. The project's objectives are to ensure access to COVID-19 vaccinations at the community level and support health system strengthening and integration of services at supported service-delivery points. It was implemented in 10 states: Anambra, Bauchi, Benue, Cross River, Delta, Imo, Kaduna, Kano, Rivers, and Taraba.



Integrated Health Care services by the vaccination teams

Vaccinations kicked off on the 18th of July 2022 in the first set of states: Anambra, Bauchi, Cross River, Imo, Kaduna, Kano, and Taraba while the second set of states kicked off vaccinations on the 13th of March 2023. These states are Benue, March 2023 also saw the shutdown of vaccination activities in states namely Bauchi, Cross-River, Imo, Kano, and Kaduna. Vaccination activities concluded in the other states in December 2023. Over the lifetime of the project, a total of 491 mobile vaccination teams and 4 fixed teams were supported across 240 LGAs in ten states. These teams were 6-man teams that carried out vaccination in communities employing various strategies to overcome hesitancy and improve access to vaccinations at the community level. Strategies employed to boost vaccination numbers included;

- House-to-House vaccinations
- Mass vaccination campaigns
- Community Outreaches
- Integration of TB screening in vaccination activities
- Provision of screening for diabetes, malaria, and hypertension as well as incentives such as condoms during vaccination exercises.
- Deployment of 16 reconfigured “Wellness on Keke” (WOK) to hard-to-reach areas. These WOK were equipped with TB diagnostic equipment and delivered a comprehensive integrated services that included vaccination, TB screening and screening for chronic diseases.
- Targeting of specific institutions such as religious institutions, markets, transportation hubs, Schools and universities, government screening exercises, and workplaces.
- Flexible scheduling of vaccinations especially in rural areas as well as simplifying the entire vaccination process.

Results And Achievements

The project made great strides in achieving the targets for the Key Performance Indicators (KPIs) set at the project's outset. Over the eighteen (18) months of active vaccination in the field, a total of 4,902,178 vaccinations were achieved. The earlier set target of 179,123 each for the first and the last doses of vaccination at the beginning of the project was for the first seven supported states for a twelve (12) month period. However, implementing states later increased to ten (10) with the period extending beyond one year.

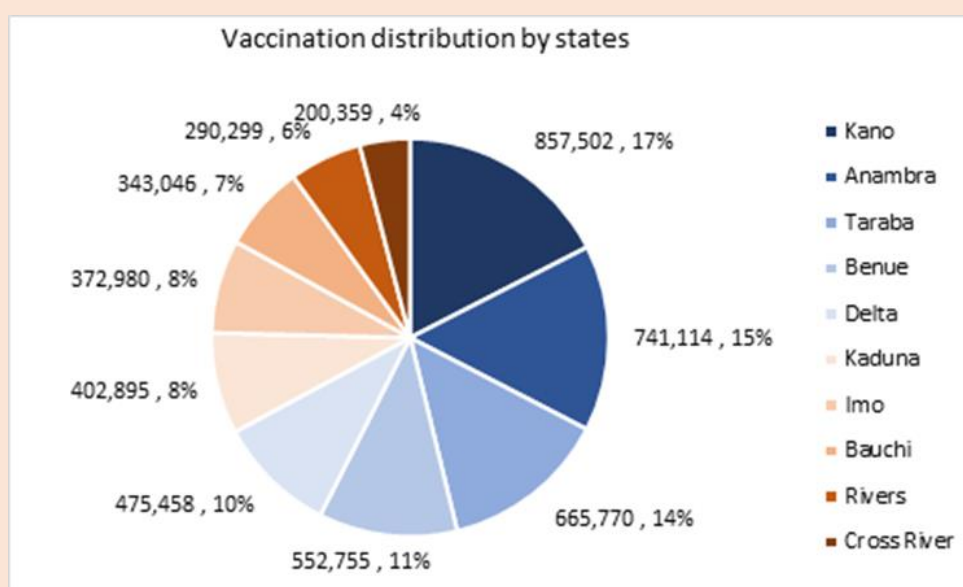
Capacity building was an integral part of target attainment in the project. Capacity building was done using traditional classroom methods and computer-based training to ensure continuous learning for mobile teams. From July 2022 to October 2023, the project trained a total of 1452 Female and 1,913 Male ad hoc staff on COVID-19-related topics. Tracking of AEFIs (Adverse Events Following Immunization) (Adverse Events Following Immunization) was also an integral activity during the project's lifetime. AEFI (Adverse Events Following Immunization) reporting was done through traditional paper-based reporting and a dedicated toll-free line which clients and health workers call and report AEFIs. Tracking of AEFIs was also an integral

activity during the project's lifetime. AEFI reporting was carried out through traditional paper-based reporting as well as a dedicated toll-free line which clients and health workers call and report AEFIs.

Minor cases of AEFI were line-listed in the source documents while the serious cases were promptly reported to the Disease Surveillance and Notification Officers (DSNOs) through the reporting form to instance management. All support provided for AEFIs was directly done. 11,153 AEFIs were reported, out of which 11,138 were minor and 15 were serious. 10,772 were from J&J antigen while 381 were from Pfizer.

Challenges

A Lack of backend viewing access to the National Primary Health Care Development Agency's EMID platform affected the day-to-day monitoring of mobile teams' performance. This was mitigated by the intensification of supportive supervision of mobile teams and the validation of uploaded data by the zonal coordinators. Unpaid stipends by other interventions affected the start-up of the Project at the LGA level. This was mitigated by ensuring that stipends were paid within the first week of vaccination activities. This assuaged the fears of the LGA teams and further strengthened the relationship between the project and the state.



TB DIAGNOSTIC INSTRUMENT CONNECTIVITY PROJECT

Funder: Stop TB Partnership/UNOPS (through USAID)

Project period: May 2022 – September 2023

TB diagnostics connectivity solutions are designed to accurately and instantly transmit results from diagnostic instruments to a connectivity platform for real-time diagnostic information and decision-making. With funding from Stop TB Partnership/UNOPS through the United States Agency for International Development (USAID) New Tools Project, TB diagnostic connectivity project was implemented by three (3) partners, the National Tuberculosis, Leprosy, and Buruli Ulcer Control Program (NTBLCP), KNCV Nigeria and SystemOne with a scope of integrating the thirty-eight (38) Truenat instruments across fourteen (14) states to the ASPECT platform. The New Tools Operational Research was also funded through the project for three (3) research topics.

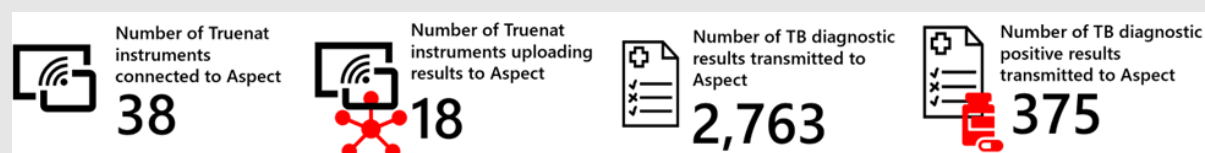
Through a collaborative process, KNCV Nigeria worked with the National TB Program to finalize the signing of the End User Agreement (EUA) with Molbio Diagnostics. The document was reviewed on specific clauses related to data ownership, data sharing and intellectual property and through the consent of the NTP and after legal review, KNCV Nigeria signed off the EUA on behalf of the country while ensuring that the EUA complied with local laws, regulations, and international best practices to protect the data privacy and confidentiality of TB patients.

Following the release of stable software version by Molbio Diagnostics, SystemOne conducted on-site installations of Aspect software and T-26 SIM cards between December 2022 and January 2023. This was followed by facility-based training sessions where participants were equipped with knowledge of the Aspect software's capabilities and use of the connectivity dashboard, which offered insights into clinical response, Truenat device activity, and inventory management while providing real-time results (see figure below) securely and promptly to providers and stakeholders.



Use of Truenat Machine at Primary Health Center, Ebom Abak, Akwa Ibom State

SystemOne engineers conducted monitoring and supervisory visits as an integral part of the TB Connectivity Project, ensuring the seamless integration of Truenat devices into the Aspect platform. The TB Diagnostic Connectivity Project achieved a significant milestone with the successful integration of 38 Truenat devices into the Aspect platform. Despite having only 18 devices uploading results to Aspect, the project's success lies in the continuous efforts by technical partners to resolve existing challenges and technical bottlenecks. This accomplishment signifies a substantial improvement in data accessibility and management, laying the groundwork for informed decision-making in TB patient care.



On-site capacity training for Truenat Focal Persons

The final project report is available via the link:

[TB Diagnostic Connectivity Project Final Project Report](#)

Key Achievements

- Connectivity has been successfully established for all the 38 Truenat instruments in-country.
- EUA with Molbio Diagnostics was signed by KNCV Nigeria on behalf of the country.
- Aspect Connectivity dashboard tracks device connectivity and results upload across 18 devices.

Challenges

- Delay in Aspect software updates release by Molbio Diagnostics.
- Limited features releases by Molbio Diagnostics e.g., RIF status, LOT number not available.
- Stock-out of Truenat reagents affecting device results upload to Aspect between January 2023 to March 2023.
- Technical difficulties with connectivity leading to Laboratory Information Management System (LIMS) disconnection.

SMART4TB ‘SUPPORTING, MOBILIZING, AND ACCELERATING RESEARCH FOR TUBERCULOSIS ELIMINATION

USAID launched the Supporting, Mobilizing, and Accelerating Research for Tuberculosis Elimination (SMART4TB) Consortium in August 2022, it a five-year cooperative agreement, of about \$200 million investment geared towards identifying more effective methods and tools for finding, treating, and preventing tuberculosis (TB) with an emphasis on locally driven research and capacity building in USAID priority countries. The overarching goal is to ensure a decline in TB incidence and mortality and also help prepare priority countries for managing the disease.

SMART4TB aims to strengthen research capacity in high TB burden countries and support studies that evaluate novel approaches, interventions, and tools to combat TB, including diagnostic tests, new regimens for treatment and prevention, socioeconomic and health system interventions, methods to interrupt TB transmission, and TB vaccine readiness and delivery. The Consortium has five primary partners organized around seven technical areas (TAs).

SMART4TB Consortium/Partners

The SMART4TB Consortium/partners consists of Johns Hopkins University (JHU) and its partners the University of California, San Francisco (UCSF), KNCV Tuberculosis Foundation (KNCV), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the Treatment Action Group (TAG), and regional collaboratives strategically based at research institutions in high-burden countries.

Technical Areas

Five TA teams address important research needs in Diagnostics (TA1), Therapeutics (TA2), Operational Research (TA3), Interrupting Transmission (TA4), and Vaccine Preparedness (TA5), Capacity Strengthening (TA6) and Policy Translation (TA7) to ensure lasting impact. Nigeria is one of the 3 countries (Nigeria, Philippine and Zambia) conducting research in the area of diagnostics. The study is known as **Assessing Diagnostics At Point-of-care for Tuberculosis (ADAPT) study**. The study objectives are

- To conduct large-scale validation studies of the diagnostic accuracy and yield of the tongue swab in Nigeria, inclusive of key sub-populations and
- To assess the usability and acceptability of tongue swab

ADAPT study in Nigeria

In Nigeria the lead partner is KNCV TB Foundation Netherlands while Zanklin is the local partner. Other partners include University of California San Francisco, and University Hospital of Heidelberg. Nigeria is evaluating a tongue swab-based Xpert & Truenat testing. Study tools such as protocol has been developed and approved by KNCV IRB and IRB in Nigeria. SoPs and data collection tools (RedCap) were also developed. Two study sites. General Hospital Nyanya and Township Hospital Gwagwalada were selected as study sites. Finalization of the SoPs to reflect country-specific procedures will be done in October 2023. Enrollment of participants, sample processing and documentation of findings commenced in August 2023.

TIFA TBCI GRANT

Funder: USAID through JSI

Project period: 2022-2023

Actively finding missing TB cases in Nigeria, placing them on treatment and providing TB preventive treatment to household contacts of people with TB

TIFA (Tuberculosis Implementation Framework Agreement) is a part of USAID's TB business model, the "Global Accelerator to End Tuberculosis," which contributes to meeting the UN TB targets. It uses an efficient phased approach of fixed amount awards called TB Commitment Grants (TCGs) that are tracked routinely using milestones. TIFA is implemented in 23 TB priority countries around the globe including Nigeria. With funding from USAID, and JSI (John Snow Inc) as the Principal Recipient, KNCV Nigeria implemented two (2) fixed grant awards from TIFA:

- **Social Franchising for TB contact investigation (SOFT_CIP Project)**
- **Spot to Tent Onion Model of TB Contact investigation (STOM Project)**

Social Franchising for TB contact investigation (SOFT_CIP Project)

Kano state is one of the 14 states where KNCV Nigeria implements the TB LON I&2 project. The state has a viable private sector which has been utilized to increase TB case finding in the state. In FY22 (October 2021 to September 2022), private health facilities in Kano state contributed 52% of the 16,485 TB cases diagnosed from the LON intervention in Kano state. Despite various incentives introduced by the TB LON I&2 project to motivate these private health practitioners to carry out home visits to investigate the contacts of index TB cases, the index patient coverage among these private health facilities has remained below 25%.

Social franchising using community-based organizations (CBOs) has been identified as a sustainable model to improve the coverage of investigated contacts of index TB cases. Social franchising involves the engagement of a highly visible network of health care providers who are contractually obligated to deliver specified TB services in accordance with franchise standards.

The objectives of the SOFT project included,

- To increase the coverage of contact investigation among targeted private healthcare facilities in Kano state from 25% to 95%
- To identify all eligible contacts for TB Preventive Therapy (TPT) among the contacts of the index TB patients who were investigated.
- To increase the uptake of TPT among eligible contacts of infectious TB cases notified from private health facilities in Kano state from 4% to 25% within a year.

Following the advocacy visits and sensitization to key private sector partners and government stakeholders in Kano state on the objectives of the SOFT project, KNCV Nigeria identified and conducted a mapping of private and public health facilities within the state using the hub and spoke model. Twenty-five (25) enumerators paired with community stakeholders and representatives of the Kano State TB program were trained and mobilized to carry out the mapping exercise. Using a mapping checklist, six hundred and sixty-eight (668) private and public facilities were mapped and included in the facility database.

To facilitate contact investigation activities within these mapped facilities, KNCV Nigeria engaged five (5) community-based organizations (CBOs) to implement the Social Franchising for TB Contact Investigation (SOFT) project in Kano State. The five (5) CBOs engaged included.

- Rahama Community Development Association
- Progress and Development Initiative (PD&I)
- Grassroot Health Empowerment Foundation (GHEF)
- Society for Child Support and Economic Empowerment (SOSCE)
- Youth Empowerment and Health Development Initiative (YEHD)

These CBOs were contractually engaged to conduct contact investigation using ten (10) community health workers across their assigned health facilities and Local Government Areas (LGAs). Leveraging revised USAID e-learning modules on contact investigation and TPT, training manuals and SOPs were adapted for the training of fifty (50) community health workers, executive directors of CBOs, and one hundred and seventy (170) DOT officers on contact investigation and current TPT implementation strategies.



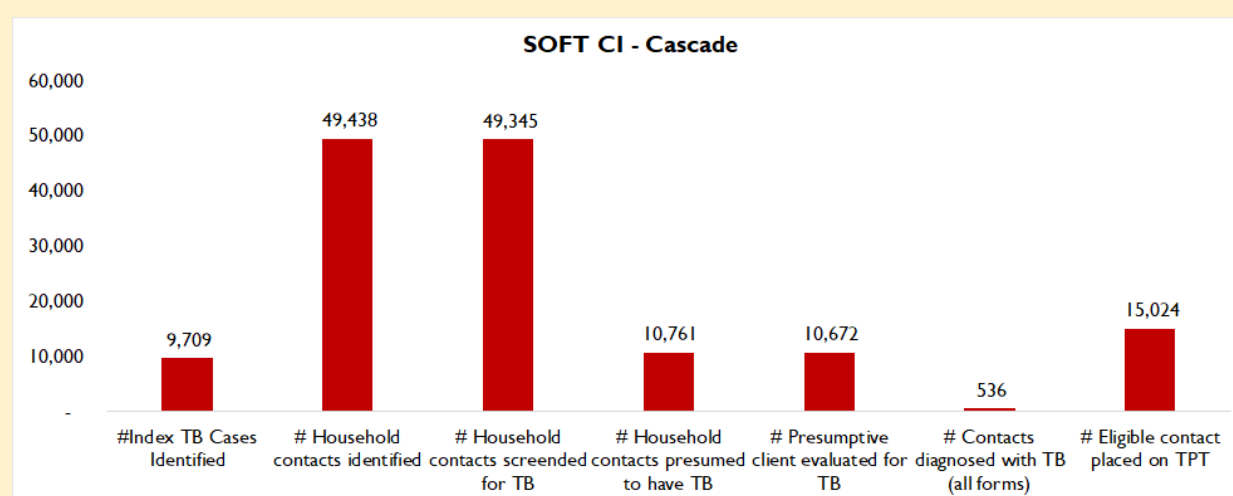
Sample collection and facility referrals for TPT by community health care workers

Working with and through the collaboration of CBOs with oversight from the state TB program, the SOFT project worked to increase the uptake of TPT as well as improve coverage of contact investigation activities by conducting home visits for TB screening among household contacts of identified index TB cases. Field implementation spanned through January 2023 to September 2023, this involved the line-listing of index TB cases at the health facilities, conducting TB screening of household contacts of identified TB cases, sputum or stool sample collection for presumptive TB cases and referrals for chest x-ray and escort services for newly identified TB cases and household contacts eligible for TPT for commencement on treatment.

In addition to program implementation, the SOFT project contributed to the body of knowledge through an e-poster abstract presentation at the 2023 Nigeria Implementation Science Alliance (NISA) conference on the topic: *Evaluating the Impact of Community-Based Organizations in Closing the Implementation Gap in TB Contact Investigation: Evidence from the Social Franchising for TB Contact Investigation Project in Kano State*. This displayed a significant increase in TPT uptake and a 391% increase in the number of households screened for TB within private sector facilities in only 3-months of project implementation in the state.

After fourteen (14) months of program implementation, the SOFT project has recorded significant successes and crucial lessons. Most importantly, the SOFT project has demonstrated that TPT uptake can be significantly improved in close coordination with a local network of partners and organizations with oversight from the state TB program. In addition, technical capacity-building of DOT officers and CBOs were enhanced through trainings, refresher trainings and on-site technical support to supported DOT facilities which have been effective in ensuring the sustainable provision of TPT to eligible contacts as well as contact investigation activities.

The key programmatic lessons learned during the SOFT project include the need for active utilization of clinical diagnosis in TB case finding to reduce missed opportunities. During the project implementation, negatively diagnosed household contacts of index TB cases with high suspicion for TB were referred for clinical diagnosis leveraging chest x-ray platforms and a significant TB yield was observed among this cohort of patients. Also, continuous collaboration with the TB program at the state and LGA levels is a strategic tool for ensuring ownership and sustainability of project gains. By integrating DOT officers, LGA TB supervisors and the state TB program in the program design and implementation, this enabled patients to feel confident about the program.



The SOFT project demonstrated that with meaningful investments to build capacity and engage a highly visible network of health care providers, access to TB services can be scaled rapidly and effectively. KNCV Nigeria will continue to collaborate with the national and state TB programs alongside local and international partners to improve TB care and treatment services critical to achieving a Nigeria free of tuberculosis.

Spot to Tent Onion Model of TB Contact investigation (STOM Project)

With funding from USAID through JSI Research and Training Institute, the Tuberculosis Implementation Framework Agreement (TIFA) Spot to Tent Onion Model of Contact Investigation (STOM) project was implemented by KNCV Nigeria. STOM employed a systematic approach of TB contact investigation to actively screen household contacts of index TB cases identified from treatment registers of DOT facilities across the thirty-one (31) Local Government Areas (LGAs) of Akwa Ibom state while placing eligible household contacts on TPT.

The project which commenced on October 1st, 2022, spanned through November 2023 within a 14-month period covering the start-up, field activity and close-out phases. Leveraging the innovative spot to tent onion model, the project achieved significant success in investigating the contacts of index TB patients notified across private and public facilities in the state using a community-based approach for referrals and linkages. The STOM model comprises two integral components: the "spot" involving the location of the index TB case where the CHWs conduct contact investigation among household contacts,

while the "tent" involves a house-to-house TB screening of extended contacts within a 2-kilometer radius from the index TB case location. This strategy enables a more comprehensive reach, facilitating the identification of both missing and newly diagnosed TB cases while addressing the cultural sensitivities associated with household visits, promoting community cooperation, and reducing stigma.

To implement the STOM model, 75 (seventy-five) community health workers (CHWs) were enrolled in an innovative Competency Based Training (CBT) on TB contact investigation. The training was self-paced with gradings per module, and CHWs who achieved a pass-mark of 100% were awarded a certificate of course completion. The CBT modules which were adapted from the United States Agency for International Development (USAID) e-learning modules for TB contact investigation in collaboration with the National TB program. These modules post-course completion served as a reference resource for CHWs and a continuous learning platform in line with the project's objective to improve the capacity of CHWs on contact investigation through a CBT approach.

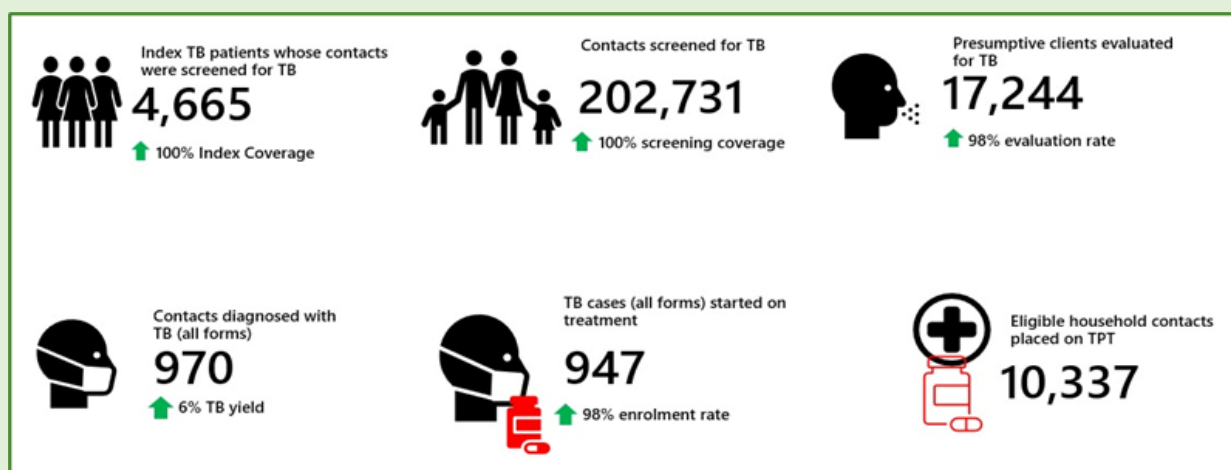


Figure: Spot to tent screening cascade January to September 2023

Within the 9-months of field implementation, the STOM project maintained 100% index coverage from 4,665 index TB cases who were identified, and contact traced. 22,341 household contacts were identified alongside 180,671 extended contacts within 2km of the index TB case identified, totaling 203,012 household and extended contacts. Of the total number of contacts identified, 202,731 contacts were screened for TB at a TB screening coverage of 100%, of which 22,248 household contacts and 180,483 extended contacts were screened for TB. A total of 5,001 household contacts screened were presumed to have TB out of which 4,918 were successfully evaluated for the SPOT intervention while 12,541 extended contacts were identified as presumptive TB cases, of which 12,326 were evaluated giving a 98% evaluation rate for both the house-to-house TENT and SPOT intervention. This resulted in an 8% TB yield from 402 household contacts newly diagnosed for TB and a 5% TB yield from 568 extended contacts newly diagnosed for TB in the SPOT and TENT interventions, respectively. Cumulatively, 10,337 eligible household contacts were placed on TPT in the implementation period.

The STOM project not only contributed to the immediate goals of TB case finding and improved TPT uptake but has also left an enduring legacy in the form of empowered CHWs, strengthened community collaborations, and a blueprint for responsive and adaptable TB screening strategies as a testament to the power of community-led initiatives in the fight against tuberculosis.

Accelerating control of the HIV Epidemics in Nigeria (USAID Cluster 6 “HALG_ACE Consortium”)

Funder: USAID

Project Period: 5- years (2022- 2027)

ACCELERATING CONTROL OF THE HIV EPIDEMIC (ACE 6) PROJECT

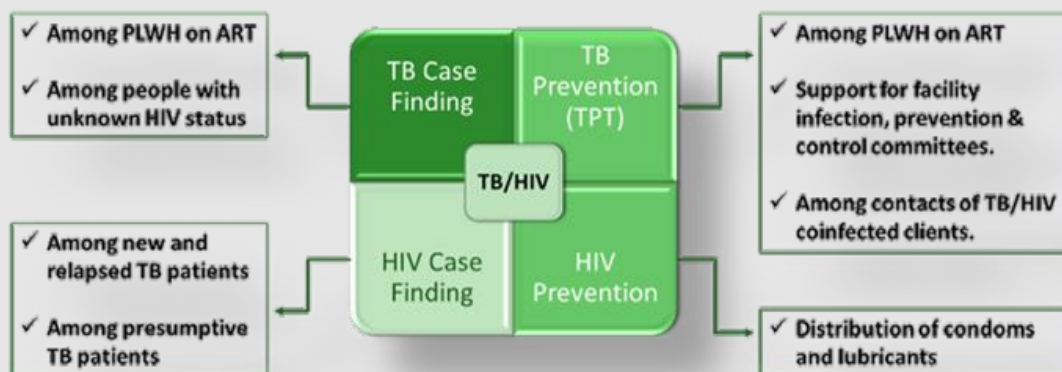
The ACE 6 (Accelerating Control of the HIV Epidemic Cluster 6) Project is being implemented in three states namely Bayelsa, Edo and Lagos states with a consortium of partners led by the Heartland Alliance as the principal recipient and KNCV Nigeria as one of the sub grantees. The project employs a rights-based approach that integrates contextual health systems strengthening with comprehensive HIV care.



KNCV Nigeria ACE-6 team collaborating with the DLB team for TB screening.

KNCV Nigeria is the leading consortium partner responsible for providing technical assistance towards effective TB/HIV implementation through facility and community-based strategies particularly strengthened TB surveillance and 95% preventive therapy coverage among over 85,000 ART clients. KNCV Nigeria also ensures that at least 95% of all presumptive and diagnosed TB patients in supported LGAs know their HIV status, at least 95% of those with HIV positive status are linked to ART, and at least 95% of TB/HIV coinfectd clients are virally suppressed and achieve an effective treatment outcome.

The illustration below summarizes the various project strategies:



KNCV NIGERIA GLOBAL FUND GRANT – NFM3

Funder: Global Fund PPM grant

Project Period: 3-years (2021 – 2023)

KNCV Nigeria implemented the NFM 3 Global Fund PPM grant as a sub-recipient, with the Institute of Human Virology (IHVN) being the principal recipient for the grant. The grant is a 3-years (2021 – 2023) grant with KNCV Nigeria supporting 5 states (Akwa Ibom, Benue, Cross River, Plateau and River State), with the overall aim of increasing private sector participation in TB control activities, and a cumulative contribution of 35% from the private sector to TB control in each of the supported states. The grant aimed to support private health establishment in these 5 states to identify, treat and notify 31,100 TB patients over the 3- years lifespan of the project, as well as maintain a treatment success rate (TSR) of at least 90% of all TB cases notified.

To achieve these goals, KNCV Nigeria carried out baseline assessments, mapped, engaged, and worked with the following provider types to improve TB case finding in the states:

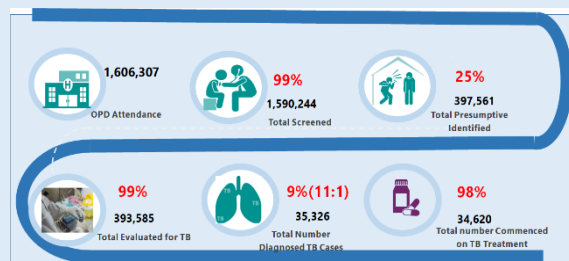
1. Faith based organizations.
2. Private for-profit hospitals.
3. Private Stand-alone laboratories.
4. Community Pharmacies.
5. Patent Medicine Vendors.
6. Informal private health providers.

In each of these facility types engaged, KNCV worked with the providers to institute 100% OPD screening and linkage to testing, diagnosis and enrolment of TB cases, sputum transport for TB testing, contact investigations and TB preventive Therapy (TPT) placement, as well as management of TB patients on care to ensure a favorable treatment outcome. KNCV Nigeria also worked with these providers to institute active TB case search and demand for TB services in their localities.



Review of documentation at private facilities

The results from the project were impressive, with the KNCV Nigeria's team achieving over 120% of the case finding target by the end of 2023 Q3. and achieving a treatment coverage of 90%. In addition, KNCV provided technical support to the state TB programs on TB control and supported the NTP to achieve the targets detailed in the National Strategic Plan for TB. During the project's lifespan (January 2021 – September 2023), 1.6 million persons were screened for TB, with 397,000 persons identified as presumptive TB clients evaluated, and 34,000 persons diagnosed with TB and placed on treatment.



STAFF WELFARE AND DEVELOPMENT

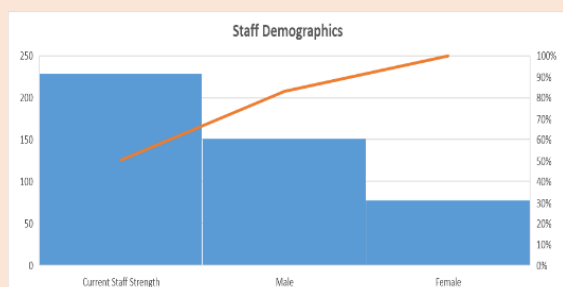
Staffing:

With our 159-program staff and 68 Operations staff. 14 state offices and over 2,000 ad hoc health care workers across 248 facilities. KNCV Nigeria has remained a major player in TB Program implementation and a leading organization in innovative healthcare system strengthening in Nigeria. Our staff are highly qualified individuals from different academic fields and backgrounds.

KNCV Nigeria staff is made up of people from diverse indigenous ethnic groups in Nigeria, which includes a budding youthful and innovative staff number that are skilled and adaptable to the challenges of our various projects in Nigeria. National staff make up 99.9% of staff 1 international staff in our organization. We are currently a total staff of 227 individuals. (International staff included)

Retention:

KNCV Nigeria has high employee retention and retained 97% of its staff in 2023. Our high retention rate is anchored in the KNCV Human Resource and Management strategy of creating a conducive work culture where diversity and inclusion are priorities. We also have a well remunerated staff as well as a good welfare system as well as a proactive employee cooperative that supports staff who have met certain requirements with short- and medium-term loans.



Gender and Inclusion:

KNCV Nigeria is an equal opportunity employer, and the Human Resource Department is currently making conscious

progress in balancing to a great measure the gender demographics within the organization while ensuring we also recruit the most qualified and suitable talents within the various departments and clusters of KNCV Nigeria.

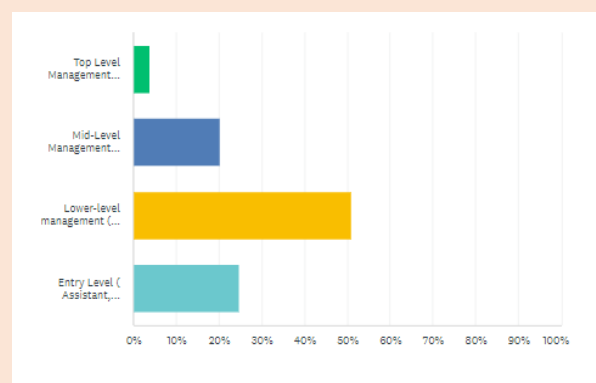
The current gender percentage

66% for male

34% for female.

Job Levels in KNCV Nigeria:

KNCV Nigeria has a dynamic 4 level job grade system. Like many organizations, staff at these levels make up our total staff strength. They are the top-level Management, mid-level Management, Lower-level Management, and entry-level job roles, as can be seen below. In 2023, our Top-level management staff contributed 3.92% of our total staff strength,



Mid-Level Management staff contributed to 20.26% of our total staffing strength, the lower level contributed to 50.98% of our total strength while the Entry level made up 24.84% of our total staff strength.

KNCV Nigeria Cooperative Society:

Established on November 27, 2020, under the Nigerian Cooperative Society Act of 2004 (CAP No. 98), the KNCV Nigeria Cooperative currently comprises 101 active members, with a total membership of 119, and has seen a withdrawal of 18 members. As of December 2023, the cooperative has provided loans totaling N107,345,000 and accumulated savings amounting to N127,662,240.

KNCV NIGERIA STAFF DEVELOPMENT 2023:

S/N	Training Topic	Participant Group	Name of Trainer	Date (2023)
1	Sexual Harassment Training	All Staff	External Trainer	January and June of 2023
2	Procurement Training	Admin and Procurement Committee Staff	External Trainer	April 2023
3	Admin Training	Admin	Tari Horsfall	April 2023
4	Finance Training	Finance	Cletus Amhanyobor	April 2023
5	HR Training	HR	Anita Soje	May 2023
6	Data integrity and cyber security training	All Staff	Hope Ohiembor	January and May 2023
7	Basics of TB data collection, collation, analysis, and reporting	M&E Associates, Officers, and Advisors	Chidubem Ogbudebe/ Stephanie Gande	June 2023
8	Program Management and Leadership skills	SPMs, SPOs, TB Advisors	Dr Micheal Sheshi	June 2023
9	Laboratory and Radiation safety	Lab Team/Delft/WOW Keke/WOW Truck Team and DLBs	Dr Nkiru/Mary Izokpu and Chimezie Dimpka	June 2023
10	Program Management Course	SPOs and M&E Associates	NTBLCP Training Centre Zaria	June 5 th – 24 th , 2023
11	Delft ACF Training	Delft Associates Staff	(External Trainer) Nigeria Institute of Radiographer	June 2023
12	Managers Leadership Training	Managers	CEED Academy	September 2023
13	Stress, mental health, and Psychological Safety Training	All Staff	Onuoha Daniel	September 2023
14	Organogram and Reporting lines	All Staff	Onuoha Daniel	November 2023
15	360 Performance Management and Staff Appraisals	All Staff	Eunice Lawanson/Onuoha Daniel	October 2023

COLLABORATION AND COORDINATION WITH OTHER STAKEHOLDERS



GOVERNMENT OF
NIGERIA & FMoH

KNCV Nigeria through TB LON 1 & 2 and Global Fund Projects was represented in the statutory NTBLCP Quarterly program review meetings across the 5 geopolitical zones the project is present in. Efforts across all states were reviewed and persistent challenges in childhood TB case notification, DRTB case detection and TPT implementation were identified for prioritization. KNCV Nigeria participated multiple times in a NTBLCP ACSM Sub-committee national TB testing weeks' planning meetings. The national TB testing week held in August as well and was a success especially in terms of collaboration with the National and State TB program, Local government Tb teams, TB and HIV implementing partners, the school board, institutions of higher learning and the media.

In August 2023, participated in NTBLTC's LGA TBLS Course on Innovation and digital solutions to improve TB ACF in Nigeria, virtually. There, participants were sensitized on relevant solutions developed by NTBLCP & IPs to improve active TB case finding in the country.

In September 2023, participated in the planning and implementation of the maiden edition of The NYSC Engagement and TB Screening Campaign in collaboration with the N/STBLCP & other IPs (BA_N & IHVN specifically).



USAID
FROM THE AMERICAN PEOPLE

In December 2023, participated in a 3 days' planning Committee meeting of National Drug Resistance Survey at Lagos, to review, finalize the protocol and implementation period. KNCV Nigeria will provide technical support during its implementation as well as manage financial administration of the Survey.



UNITED NATIONS GENERAL ASSEMBLY

In September 2023, KNCV Nigeria participated in the second United Nations High Level Meeting (HLM) on Tuberculosis – one of the three HLMs at the 78th session of the United Nations General Assembly (UNGA) which held at the UN Headquarters in New York, United States, from September 18 – 24, 2023. In addition, KNCV Nigeria participated in the several side events on tuberculosis in the days leading the UN HLM to deliberate on key issues bordering on global TB control efforts.

The theme of the UNGA second high-level meeting on TB which took place on September 22, 2023 was *'Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular, by ensuring equitable access to prevention, testing, treatment and care'* The plenary session was presided over by Mr. Dennis Francis, the President of the 78th session of the UNGA and UN Member Countries, including Nigeria, declared their commitment towards ending TB. The Nigerian government was represented by the Minister of State for Health and Social Welfare, Dr. Tunji Alausa. He underlined Nigeria's commitment towards the elimination of TB, emphasizing the innovations that have been brought about the Nigeria TB Program towards increasing TB diagnosis and treatment. At the end of the deliberations, the United Nations Member States formally adopted the Political Declaration of the HLM on the Fight Against Tuberculosis 2023-2027. Between 2023 and 2027 Member states committed to:

- Provide life-saving TB treatment to 45 million people, including up to 4.5 million children and up to 1.5 million people with drug-resistant tuberculosis.
- Provide TB preventive treatment to 45 million people, including 30 million household contacts of people with TB, including children, and 15 million people living with HIV.
- Increase annual global TB funding levels to over four times the current level (\$5.4 billion) towards reaching \$22 billion annually by 2027, increasing to \$35 billion by 2030, through domestic and international investment mechanisms, innovative financing mechanisms, and costed action plans.
- Mobilize \$5 billion a year by 2027 for tuberculosis research and innovation - a five times increase from the current \$1 billion a year - towards the development of point of care diagnostics, vaccines for all forms of tuberculosis, and shorter, safer and more effective treatment regimens.



In September 2023, KNCV Nigeria participated in Grant Making workshop for the Global Fund Grant Cycle 7 (GC7) grant which will be implemented in Nigeria between January 2024 and December 2026. The purpose of the grant making workshop was to harmonize and finalize the GC7 grant application for Nigeria, respond to feedback from the technical review panel (TRP) ensure integration of activities for the TB and HIV grants, and ensure that all partners are aware of the grant objectives and goals. KNCV Nigeria supported this process and was able to secure two projects following the grant making process – the PDX (Portable Digital Xray) implementation (as a Strategic service provider to the NTBLCP)

In 2023, KNCV Nigeria participated in the DELFT summit in the Hague to exchange information and ideas that will further enhance the effectiveness of systematic screening for active TB in Nigeria using digital technology and data. The summit was coordinated by Delft Nigeria in country Partner Mcpage.

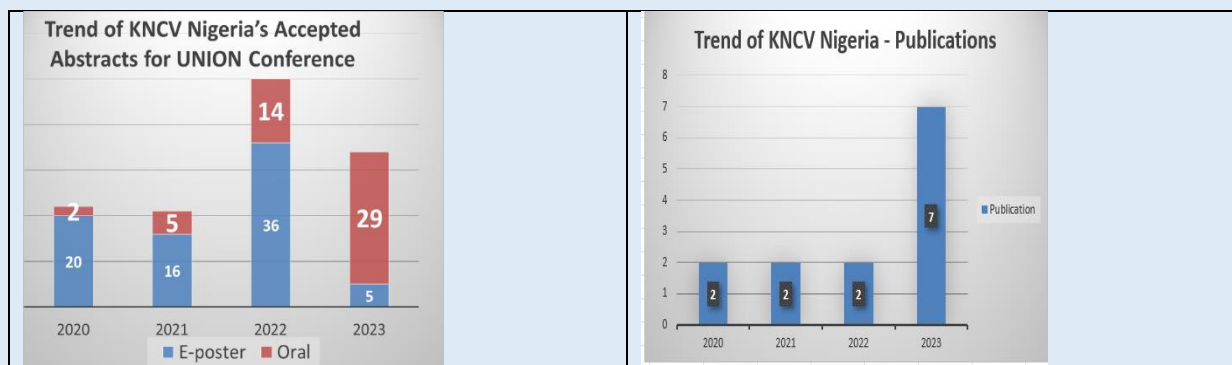
Nigerian delegates in attendance included National GF (Global Fund) Program Manager, National TB M&E Manager, the KNCV Nigeria Executive Director, KNCV Nigeria New Tools coordinator, IHVN TBLON Chief of Party and HALG ACE-6 Chief of Party and Mcpage CEO. The summit took place between 15th to 21st of October 2023.

There were a series of workshops. The first workshop held at Delft office in Den Bosch highlighted presentations on:

Discussions emanating from the presentation included:

- How will digital technology and data be used to find the missing people with TB most cost effectively?
- Which next innovation technology development should Delft focus on to enable Nigeria implements the WHO End TB strategy more effectively?
- How best could Delft strengthen its in country presence with his Nigeria Partner Mcpage

TREND OF KNCV NIGERIA'S ACCEPTED ABSTRACTS FOR UNION CONFERENCE AND PUBLISHED MANUSCRIPTS



Year	S/N	Title of Publication	Reference
2020	1.	M. Gidado, B. Odume, C. Ogbudebe, S. Useni, M. Tukur, O. Chukwuogo, P. Ajiboye, I. Sadiq, K. Yahaya and L. Adebola (2020). Early experience in implementation of an integrated COVID-19 and TB community-based active case finding	<i>African Journal of Respiratory Medicine</i> . Vol 15 No. 2 Oct 2020 https://www.africanjournalofrespiratorymedicine.com/archive/ajrm-volume-15-issue-2-year-2020.html
	2.	B. Odume, V. Falokun, O. Chukwuogo, C. Ogbudebe, S. Useni, N. Nwokoye, E. Aniwada, B. Olusola Faleye, I. Okekearu, D. Nongo, T. Odusote and A. Lawanson (2020). Impact of COVID-19 on TB active case finding in Nigeria.	<i>Public Health Action</i> . 10(4): 157–162. Published online 2020 Dec 21. doi: http://dx.doi.org/10.5588/pha.20.0037
2021	1.	B. Odume, N. Nwokoye, I. Spruijt, A. Slyzkyi, C. Dim, O. Chukwuogo, S. Useni, O. Chidubem, I. Anaedobe, P. Nwadike, E. Elom, D. Nongo, R. Eneogu, T. Odusote, O. Oyelaran and A. Lawanson (2021). Diagnostic Accuracy of TB-LAMP for Diagnosis of Pulmonary Tuberculosis among Adult Presumptive TB in Nigeria.	<i>Greener Journal of Medical Sciences</i> , 11(2): 122-129. https://www.gjournals.org/2021/10/11/092921097-odume-et-al/
	2.	M. Tukur, B. Odume, M. Bajehson, C. Dimpka, S. Useni, C. Ogbudebe, O. Chukwuogo, N. Nwokoye, C. Dim, D. Nongo, R. Eneogu, T. Odusote, O. Oyelaran, I. Umar, and C. Anyaike (2021). Outcome of Tuberculosis Case Surveillance at Kano Central Correctional Center, Northwest Nigeria: A Need for Routine Active Case Findings for TB in Nigerian Correctional Centers. [OBJ]	<i>International Journal of TROPICAL DISEASE & Health</i> https://www.journalijtdh.com/index.php/IJTDH/article/view/30536/57267
2022	1.	B. Odume, E. Chukwu, T. Fawole, N. Nwokoye, C. Ogbudebe, O. Chukwuogo, S. Useni, C. Dim, E. Ubochioma, D. Nongo, R. Eneogu, T. Lagundoye Odusote, O. Oyelaran and C. Anyaike (2022). Portable digital X-ray	<i>Public Health Action</i> , Vol 12 (2), 21 June 2022, pp. 85-89(5) International Union Against Tuberculosis and Lung Disease https://doi.org/10.5588/pha.21.0079

		for TB pre-diagnosis screening in rural communities in Nigeria.	
	2.	B. Odume, E. Chukwu, T. Fawole, N. Nwokoye, C. Ogbudebe, O. Chukwuogo, S. Usen, C. Dim, E. Ubochioma, D. Nongo, R. Eneogu, T. Lagundoye Odusote, O. Oyelaran and C. Anyaike (2022). Portable digital X-ray for TB pre-diagnosis screening in rural communities in Nigeria.	<i>Public Health Action</i> . 2022 Jun 21;12(2):85-89. https://doi.org/10.5588/pha.21.0079 .
2023	1.	C. Ogbudebe, D. Jeong, B. Odume, O. Chukwuogo, C. Dim, S. Useni, O. Okuzu, C. Malolan, D. Kim, F. Nwariaku, N. Nwokoye, S. Gande, D. Nongo, R. Eneogu, T. Odusote, S. Oyelaran, O. Chijioke-Akaniro, N. Nihalani, C. Anyaike and M. Gidado (2023). Identifying Hot Spots of Tuberculosis in Nigeria Using an Early Warning Outbreak Recognition System: Retrospective Analysis of Implications for Active Case Finding Interventions	<i>JMIR Public Health Surveillance</i> 2023;9:e40311. https://publichealth.jmir.org/2023/1/e40311 doi: 10.2196/40311.
	2.	Chukwuogo, O.; Odume, B.; Ogbudebe, C.; Useni, S.; Nwokoye N.; Dim, C.; Nongo, D.; Eneogu, R.; Odusote, T.; Oyelaran, O.; Ubochioma, E.; Anyaike, C. and Gidado, M; (2023). Strategic approach to optimization of TB contact investigation in Nigeria	<i>The International Journal of Tuberculosis and Lung Disease</i> , Volume 27, Number 2, 1 February 2023, pp. 161-163(3). https://doi.org/10.5588/ijtld.22.0369
	3.	Odume, B., Sheshi, M., Chukwuogo, O., Sani, U., Ogbudebe, C., Aniwada, E., Emperor, U., Nongo, D., Eneogu, R., Oyelaran, O., Efo, E., Dare, D., Anyaike, C. (2023). Drug resistant tuberculosis treatment service alignment with health seeking behaviour in selected states in Nigeria.	<i>Journal of Public Health and Epidemiology</i> , Vol. 15(3), 158-165. DOI:10.5897/jphe2023.1448
	4.	Ogoamaka, C.; Bethrand, O.; Lotanna, U.; Chidubem, O.; Sani, U.; Nkiru, N.; Mamman, B.; Daniel, E.; Chijioke, O.; Oloruntobi, N.; Austin, I.; Debby, N.; Rupert, E.; Omosalewa, O.; Emperor, U.; Chukwuma, A. The TB Surge intervention: an optimized approach to TB case-finding in Nigeria. <i>Public Health Action</i>	<i>Public Health Action</i> , Volume 13, Number 4, 1 December 2023, pp. 136-141(6) https://doi.org/10.5588/pha.23.0039
	5.	Babayi, A. P.; Odume, B. B.; Ogbudebe, C. L.; Chukwuogo, O.; Nwokoye, N.; Dim, C. C.; Useni, S.; Nongo, D.; Eneogu, R.; Chijioke-Akaniro, O.; Anyaike, C. (2023) Improving TB control: efficiencies of case-finding interventions in Nigeria	<i>Public Health Action, International Union Against Tuberculosis and Lung Disease</i> Volume 13, Number 3, 21 September 2023, pp. 90-96(7) DOI: https://doi.org/10.5588/pha.23.0028 Improving TB control: efficiencies of case-finding interventions ...: Ingenta Connect
	6.	Odume, B., Babayi, A., Chukwuogo, O., Ogbudebe, C., Aniwada, E., Efo, E., Dare, D., Sani, U., Nwokoye, N., Ubochioma, E., Akaniro, O.-C., Nongo, D., Eneogu, R., Lagundoye-Odusote, T. and Anyaike, C. (2023) Patient Health Seeking Behavior and Choice of Place of Care among Tuberculosis Clients in Selected States in Nigeria.	<i>Journal of Tuberculosis Research</i> , 11, 149-161 https://doi.org/10.4236/jtr.2023.114015

LESSONS LEARNED

Rural Markets & Motor Parks: Missing Links to Improved Case Yield in Community Active TB Case Finding

The WoW truck was mobilized to rural markets and motor-parks of 4 LGAs for 5-day outreaches in Q1 2023. Sensitization campaigns and mobilizations were done by leveraging on the LGA TBLS, and local leadership. Results from 4 weeks of screening in the rural and semi



WoW-powered outreach at T/Balewa LGA Motor Park

urban areas, a total of 4,119 people were screened, only 150 presumptive TB were identified. All were evaluated and 19 cases diagnosed (TB yield of 12.6%) and put on treatment. The lesson learned was that rural markets and motor parks offer unique and measurable opportunities to find new TB cases in LMIC due to population heterogeneity in settings where communal interactions like trade are heightened.

Improving Access to TB Diagnostic Services: The Anambra Story

The TB notification gap has been a persistent challenge in Nigeria, and the TB LON I & 2 Project is being implemented to primarily address this across 14 states. One of these states is Anambra in the south-south region of the country. Through the project, the state was recently supported with a TB LAMP diagnostic platform which was strategically placed at PHC Omor in Ayamelum LGA. Previously the facility referred specimens/clients to GH Umuere in Anambra east LGA, about 1hr 45mins away on a bad terrain. The project strategically supported the state TBLCP in identifying PHC Omor which had potential for case finding but no capacity for TB testing. In Q1 2023 the facility identified no presumptive TB. After engaging and re-sensitizing the staff, they identified 84 presumptive TB in April and May. A TB Lamp platform was placed in the facility on the 9th of June 2023, and in the same month, the facility identified 192 presumptive TB and 26 confirmed

TB cases. The lesson here is that TB cases are out there in areas without adequate TB services, especially for testing. To mitigate leakages from referrals and challenges associated with transportation, it is important to bring TB testing services closer to distant communities. Strategic selection of sites for TB service expansion is key to ensure optimal performance.

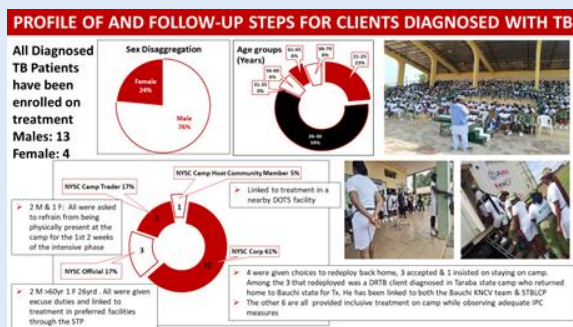
Closing the Evaluation Gap in Kano: Utility of a Customized Sample Tracker

The TB LON Regions 1 & 2 Project had been faced with a growing evaluation gap in Kano state in 2022. To mitigate this, a specialized tracker was developed after a deep dive analysis. The tracker was deployed in November 2022 & it enabled close monitoring of samples from identified presumptive TB for Xpert assay, as well as across other available mWRD testing platforms (Truenat and TB Lamp). The tool was collated weekly, analyzed and evidenced-based decisions taken on closing observed gaps. Results showed evaluation gaps as high as 19% (5,680) in November 2022, there was significant improvement observed from January 2023 which was at 1% (222) and has since not gone above a 5%. A significant and consistent effort was made by the team in reducing the evaluation gap. The tracking tool is very effective and has been adopted by other states.

2023 NYSC TB Screening Campaign: The TB LON I&2 Experience.

By guidance provided by USAID Nigeria, the TB LON I&2 team deployed various strategies, key among which were the WoW & WoK-driven diagnostic platforms, to conduct a project-wide TB screening campaign across the 14 supported states targeting the Batch B NYSC stream camp locations for 2023. All supported KNCV Nigeria field offices participated in the campaign. 7,638 people in attendance were sensitized on TB, of which 96% were screened. 449 presumptive TB (yield of 6%) were identified and all were evaluated for TB. At a yield of 4%, 17 TB clients were diagnosed with 56% bacteriologically and 1 DRTB. All diagnosed TB clients have been linked to treatment.

The lesson learned is that TB can be found among the young educated & seemingly healthy individuals in their prime, such as members of the NYSC corps, defying known determinants of TB. Low TB awareness is also a persistent gap that requires more attention for mitigation. Finally, there is need to routinize TB screening across various congregate settings to break the chain of transmission.



Leveraging on TB public messaging “CHECK AM O!” to facilitate vaccine acceptance.

One of the barriers that needed to be surmounted by the GLOVAX project on inception was the low vaccine acceptance rate and vaccine hesitancy. To mitigate this barrier, the project leveraged on the ongoing USAID-funded campaign, “CHECK AM O!” implemented by Breakthrough-ACTION



Nigeria.

The campaign which included Mass Media and Social Media Campaigns, aimed at improving TB case detection, and the slogan was widely recognizable by the

public. The project capitalized on the slogan’s popularity and incorporated it into the gear used by the vaccination teams during house-to-house and mass vaccinations as well as community outreaches. Leveraging on existing platforms can serve as a tool to drive demand for new health

interventions. It is also a means of saving costs in a resource-constrained environment as well as avoiding duplication of interventions.

The pivotal role of strategic community engagement in TB programming.

The TIFA-SOFT project leveraged community structures of five (5) Community Based Organization (CBOs) to actively engage the local communities and optimize implementation strategies. This lesson was particularly evident in the significant increase in the uptake of TB Preventive Therapy (TPT) by eligible household contacts of index TB cases identified, 15,024 contacts were placed on TPT surpassing donor set targets of 8,197 contacts. Through the CBOs, the project tapped into local knowledge, networks, and cultural nuances of the rural communities in Kano state, fostering trust and wider acceptance of TPT as reflected in the high volume of referrals and linkages of eligible contacts including children to supported facilities for commencement on TPT.



Additionally, the strategic community engagement by CBOs allowed for the adaptation of TB awareness messaging and TB contact investigation methods to align with the community's unique needs, reducing stigma

and improving the acceptability of TB services thereby breaking the barriers to TB diagnosis, and treatment initiation. The lesson learned emphasizes that sustainable and effective TB programming cannot be achieved in isolation from the communities it aims to serve; their active involvement is fundamental for program success, and ensuring that interventions are contextually relevant, culturally sensitive, and embraced by the very individuals they seek to benefit.

REACH VIA SOCIAL MEDIA

2023 KNCV Nigeria Social Media Insights

Social Media Analysis	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Facebook Engagement	19,086	21,909	24,633	30,014
Facebook Followers	11,500	11,695	11,727	11,782
Instagram Engagement	2,603	3,436	4,078	5,585
Instagram Followers	588	677	724	761
LinkedIn Impressions	23,035	8,819	20,841	14,211
LinkedIn Followers	3,297	3,322	3,366	3,544
X Impressions	16,601	3,264	7,293	3,202
X Followers	413	454	500	518

KNCV NIGERIA WEBSITE INSIGHTS FOR THE LAST 30 DAYS

KNCV Nigeria 15 0 New Insights WPForms 7 SEO UpdraftPlus				
Last 30 Days Insights for:	Sessions	Pageviews	Avg. Duration	Total Users
Your Website	613	989	1m 10s	480

SUCCESS STORIES

Saleh Abdulhamid Story of Triumph

Saleh Abdulhamid is a 60-year-old man and a recently diagnosed DR-TB patient during the recently concluded 2023 National TB testing week at Angwan Tudun OC, Nasarawa Gwom Jos North Plateau State.

Saleh had been ill with cough, weight loss, and fever for over a month and had tried seeking medical attention which cost him a lot without improvement. He also tried taking traditional herbal medications but still did not get better. Despite being aware of Tuberculosis (Tarin fuka), he did not think his illness was TB.

Fortunately, Mallam Saleh heard his community's town announcer mobilizing people for the free screening, testing, and treatment for all coughing

persons during a scheduled community outreach to commemorate the NTW. His result was retrieved two days later, and he was diagnosed with Drug-Resistant Tuberculosis (DR-TB). He has since had his baseline investigations done and enrolled for DR-TB treatment at the JUTH treatment center.

After his diagnosis and enrollment, he was counseled by the DOTS officer on contact tracing of his family for TB screening. Saleh has a polygamous family with 18 members. His family was screened, and 8 members were found to be presumptive DR-TB cases. Their samples were collected and tested, and all were negative. He is excited about the free testing and treatment and has also asked extended family members to be tested too.



In his words (translated to English)

“I want to thank the funders of this program and KNCV Nigeria staff that interviewed me at the clinic. I would like to let people know, including my friends and family that TB is real and there is a cure people should come out and be tested because testing and treatment for those diagnosed are free”

OUR STORIES IN PICTURES



NYSC Camp sensitization and screening exercise across TB LON 14 States

The Nigerian team in a picture with Dr Tereza Kaseava, Director of WHO Global TB Programme by the NTBLCP booth at the UNION Conference in Paris.

Integrated COVID-19 and TB Screening outreach at a Grain seeds/tomatoes market in Onitsha-North Anambra State.

TB Screening outreach at a correctional center in Delta State.