





### Social Franchising for TB Contact Investigation (SOFT) Project Final Report

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Country	Nigeria
State(s)	Kano
Project Name	Social Franchising for TB Contact Investigation (SOFT)
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Reporting period	End of Project Final Report







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## ACRONYMS

CHW	Community Health Worker
DOTS	Directly Observed Treatment Shortcourse
ED	Executive Director
GPS	Global Positioning System
HF	Health Facility
HR	Human Resources
LGAs	Local Government Areas
M&E	Monitoring and Evaluation
МоН	Ministry of Health
NGO	Non-Governmental Organization
NISA	Nigeria Implementation Science Alliance
NISA NTBCLP	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli
NISA NTBCLP QI	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One
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NISA NTBCLP QI Q2 Q3	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three
NISA NTBCLP Q1 Q2 Q3 SurveyCTO	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three Survey Community Treatment
NISA NTBCLP QI Q2 Q3 SurveyCTO	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three Survey Community Treatment Observatory
NISA NTBCLP QI Q2 Q3 SurveyCTO SOP	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three Survey Community Treatment Observatory Standard Operating Procedure
NISA NTBCLP QI Q2 Q3 SurveyCTO SOP TB CI	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three Survey Community Treatment Observatory Standard Operating Procedure Tuberculosis Contact Investigation
NISA NTBCLP QI Q2 Q3 SurveyCTO SOP TB CI TB LON	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three Survey Community Treatment Observatory Standard Operating Procedure Tuberculosis Contact Investigation Tuberculosis Local Organization Network
NISA NTBCLP QI Q2 Q3 SurveyCTO SOP TB CI TB LON TBLS	Nigeria Implementation Science Alliance National Tuberculosis, Leprosy and Buruli Ulcer Control Program Quarter One Quarter Two Quarter Three Survey Community Treatment Observatory Standard Operating Procedure Tuberculosis Contact Investigation Tuberculosis Local Organization Network TB Local Government Area Supervisor

# I EXECUTIVE SUMMARY

Kano state is one of the 14 states where KNCV Nigeria implements the TB LON 1&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 1&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, a total of 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 (SOSCCE)
- Youth Empowerment and Health Development Initiative (YEHDI)

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.

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 showcased the 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 ultimately 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.

## PHASE I: START UP ACTIVITIES

## 2.1: ADVOCACY AND ENGAGEMENT WITH THE STATE AND NATIONAL TB PROGRAM

To commence project implementation activities, KNCV Nigeria collaboratively engaged and worked with the National Tuberculosis and Leprosy and Buruli Ulcer Control Program (NTBCLP), which provided a sustainable framework for the project's success. Consequently, the NTBCLP provided technical guidance and oversight in all the phases of the project implementation. Recognizing the significance of community health workers (CHWs) in TB contact investigation and the project design, the National TB Program played a significant role in the development of training materials utilizing the USAID e-contact investigation modules and adaptation of Standard Operating Procedures (SOPs) for TB contact investigation.

Formal project introduction was facilitated by SOFT project introductory letters written to the National Coordinator, National TB and Leprosy Control Program (NTBCLP), the Kano State TB program manager, and the heads of private sector organizations. Introductory meetings were also conducted with the Kano state TB program, led by the state TB program Manager, Dr Ibrahim Umar-Gano where the operational plan and the proposed activities for the project with timelines were outlined.

### 2.2: ADVOCACY AND SENSITIZATION TO KEY PRIVATE SECTOR PARTNERS AND GOVERNMENT STAKEHOLDERS IN KANO STATE

To surmount the challenge with community entry, private sector leaders including the chairpersons and secretaries of Guild of Medical Directors, Guild of Medical Laboratory Directors, National Association of Proprietary and Patent Medicine Vendors, Association of Community Pharmacists of Nigeria and the Association of General Private Nursing Practitioners of Nigeria were invited for a project introductory meeting anchored by the state TB program and KNCV Nigeria. Commended by STP, this approach was central to nurturing strong and robust collaboration with the private sector and key stakeholders to ensure a smooth project implementation.

## 2.3 : MAPPING AND SELECTION OF PRIVATE HEALTH FACILITIES IN KANO STATE

Central to the success of the project was the strategic mapping of 668 health facilities in Kano State using the innovative hub-and-spoke model. This approach was aimed at optimizing the distribution of TB contact investigation activities to improve accessibility and enhance coordination among the CBOs. A dedicated team of twenty-five (25) enumerators employed geographical information systems (GIS) technology and a mapping checklist hosted on the SurveyCTO app for offline data capture. The mapping team were engaged and trained alongside private sector stakeholders and representatives of the state TB program to identify, categorize, and geographically map 668 health facilities across the state.

The successful mapping using the hub-and-spoke model resulted in a more organized, and interconnected system for an improved and efficient service delivery which also in turn strengthened the continuum of care for referrals within supported facilities.

### 2.4 : ENGAGEMENT OF COMMUNITY-BASED ORGANIZATIONS (CBOS) IN KANO STATE

Recognizing the importance of grassroots involvement, the SOFT project strategically recruited five (5) experienced and reputable CBOs to spearhead the contact investigation efforts. Each CBO played a pivotal role in mobilizing and overseeing a team of ten (10) Community Health Workers (CHWs) to ensure the comprehensive coverage of the assigned LGAs and health facilities. The recruitment process involved a meticulous selection of CBOs based on their track record, community reach, and commitment to public health initiatives in the TB program.

These organizations were chosen for their established presence and credibility within the state and their collaborative efforts which exemplify the project's commitment to community-driven strategies thereby marking a key milestone in the implementation of the project in Kano State.

As part of the engagement process, KNCV Nigeria facilitated a I-day physical pre-engagement meeting with the leadership of the five (5) identified CBOs which include Progressive and Development Initiative (P&DI), Youth Empowerment and Health Development Initiative (YEHDI), Society for Child Support and Economic Empowerment (SOCSEE), Rahama Community Development Association, and Grassroot Health Empowerment Foundation (GHEF).

### 2.5: TRAINING OF CBOS ON CONTACT INVESTIGATION AND TB PREVENTIVE THERAPY (TPT)

Pivotal to the project's success was the comprehensive training provided to fifty (50) Community Health Workers (CHWs) and the Executive Directors (EDs) of each CBO. The training focused on equipping and enhancing their capacities in conducting effective contact investigation and implementing strategies for TB Preventive Therapy (TPT). Key objectives of the training included equipping CHWs with skills in the identification and line-listing of index TB cases, elicitation of household contacts from the index TB case, conducting household visits for TB screening, sample collection and movement to diagnostic facilities, referrals and linkages for newly identified TB cases and household contacts eligible for TPT and the proper documentation of all TBCI activities.

The training which took place in collaboration with the state TB program involved, role plays to simulate scenarios for practicing contact investigation and TPT implementation in realistic community settings and case scenarios with real-world examples to analyze and strategize responses to complex situations that may be experienced in the field. The Kano State TB program manager, Dr Ibrahim Umar-Gano charged the CHWs to maximize the training opportunity to gather relevant knowledge and skills for TB contact investigation and TB Preventive Therapy (TPT) while recommending that the CHWs work closely with the Local Government Area (LGA) TB supervisors to identify, diagnose and treat TB patients and initiate eligible patients on TPT.

### 2.6 : TRAINING OF PRIVATE HF DOTS OFFICERS ON CURRENT TPT IMPLEMENTATION STRATEGIES

To ensure linkage to diagnosis, care and treatment of newly identified TB cases from contact investigation activities in spoke private health facilities and hub health facilities, DOT officers were trained on TB contact investigation and TPT implementation strategies. Specific modules were designed and adapted for DOT officers to enhance their capabilities in adherence monitoring for TPT and current TPT implementation

strategies. During the 2-day training comprising of four (4) sessions, DOT officers were also trained on reporting mechanisms for TBCI, to facilitate efficient data collection and management.

Challenges, such as varying levels of prior knowledge of TBCI were identified during the training and adaptive strategies including supplementary materials and TBCI job aides were provided to address these challenges effectively. The comprehensive training of DOT officers not only elevated their capabilities in TBCI and TPT implementation but also established them as crucial partners in meeting the objectives of the SOFT project.

The training produced knowledgeable DOT officers who were empowered to carry out efficient and effective TB contact investigation and TPT implementation across supported facilities, which significantly enhanced the overall success of the SOFT project.

### **3 PHASE II: FIELD ACTIVITIES**

#### **3.1 HOUSEHOLD TB SCREENING**

Equipped with national standardized TB screening tools, CHWs line-listed index TB cases from supported facilities to conduct household TB screening while providing patient education on TB transmission and emphasizing the importance of early detection. Through these household TB screenings, the SOFT project extended the reach of TB awareness, dispelled myths and misconceptions about TB within the community and facilitated the identification of presumptive TB cases for sample collection and diagnosis.

In the first quarter of field implementation (January – March 2023), two-thousand, one-hundred and fiftyone (2,151) index TB cases were identified, and all their contacts were screened for TB. Ten thousand five-hundred and ninety-one (10,591) household contacts were identified and all screened for TB while four-thousand, four hundred and ninety-eight (4,498) eligible household contacts were placed on TPT. In the second quarter (April – June 2023), three-thousand one-hundred and fifty-five (3,155) index TB cases were identified, and all their household contacts were screened for TB. Fifteen thousand, eighthundred and fifty-five(15,855) household contacts were identified, and fifteen-thousand seven-hundred and seventy (15,770) contacts were screened for TB with six-thousand five-hundred and fifty-three (6,553) eligible contacts placed on TPT.

The implementation of household TB screening was not without challenges, especially in the first and second quarter affected by logistic/security constraints and hike in transportation costs affecting hospital attendance. This was majorly due to the government policy on naira redesign resulting in limited access to cash to facilitate transportation and home visits by the CHWs followed by national and state elections. KNCV Nigeria implemented adaptive strategies such as pooled transportation to mitigate these changes and in the last quarter (July -September 2023) of field activities, four thousand, four hundred and three (4,403) index TB cases were identified and had their contacts screened for TB, twenty-two thousand nine-hundred and ninety-two (22,992) household contacts were identified and twenty-two thousand nine-hundred and eighty-four (22,984) were screened for TB and three thousand nine-hundred and seventy three (3,973) eligible contacts were placed on TPT.



### **3.2 REFERRALS AND LINKAGES FOR TB DIAGNOSIS**

A key field activity was the implementation of a robust referral and linkage system which was strategically designed to ensure that household contacts identified through contact investigation received timely and comprehensive TB diagnosis services facilitated through an efficient sample movement mechanism. This involved establishing seamless connections between the CBOs conducting contact investigation and the healthcare facilities providing TB diagnostic services to provide a pathway from identification to diagnosis, enhancing the efficiency of the TB control efforts facilitated by the SOFT project.

In Q1, two-thousand eight hundred and seventy-five (2,875) household contacts were presumed to have TB and of this number two thousand eight-hundred and forty-eight (2,848) were evaluated for TB. In Q2, three thousand and four (3,004) presumptive TB cases were identified among household contacts on index TB cases and two thousand nine-hundred, and forty-four (2,944) household contacts were evaluated for TB and in Q3 four thousand eight-hundred and eight-two (4,882) household contacts were presumed to have TB and four thousand eight-hundred and eighty (4,880) of them were evaluated for TB. By strengthening connections between community-based efforts and diagnostic health facilities, the SOFT project contributed to reducing diagnostic delays, a critical factor in TB control.



## 3.3 REFERRALS AND LINKAGES FOR TB TREATMENT AND TPT COMMENCEMENT

To ensure 100% enrollment and notification of newly identified TB cases from the community, CHWs facilitated referrals and linkages for TB treatment and TPT commencement from the community to the health facility. This activity played a vital role in enhancing the continuum of care, ensuring that household contacts diagnosed with TB and eligible contacts for TPT received timely and comprehensive TB care and treatment. Through the SOFT project, CHWs from CBOs embedded in the community facilitated these referral and linkages, using structured protocols for referrals, follow-up mechanisms, and escort services to guarantee a smooth transition from diagnosis to treatment initiation at the health facility.

In Q1, seventy-four (74) household contacts of index TB cases were newly diagnosed with TB, three (3) were diagnosed with DR-TB and seventy-one (71) were diagnosed with DS-TB and all commenced on TB treatment. In Q2, one hundred and seventeen (117) household contacts were newly diagnosed with DS-TB, and all were notified and placed on treatment and in Q3, three hundred and forty-five (345) household contacts were diagnosed with DS-TB, and all started on treatment. The SOFT project maintained a 100% enrolment and notification rate across all three quarters of field implementation thereby contributing to improved treatment initiation rates and increased coverage of TPT among eligible contacts.



#### **3.4 DATA QUALITY ASSESSMENT**

KNCV Nigeria leveraged the data review meeting for September 2023 reporting period to conduct a Data Quality Assessment (DQA) exercise across all supported facilities within the state. The DQA focused on a review of documentation of TIFA achievements across primary and secondary source documents to the reported data within the period January – August 2023. The exercise was a joint activity with the state TB program and had in participation DOT providers across supported facilities, LGA TB Supervisors, CBOs and their CHWs as well as the KNCV Nigeria central office team.

Observed gaps in documentation were closed and updated real-time while providing mentoring to the CBOs and CHWs on proper documentation practices for capacity building purposes. The exercise ensured that all TIFA achievements have been correctly and completely captured by the state TB programs and at the facility levels while showcasing KNCV Nigeria's commitment to quality data reporting in line with donor-specified guidelines.

### 3.5 MONITORING & SUPERVISION

Monitoring and supervisory visits implemented in the SOFT project served as a dynamic framework for ensuring the project's success. By combining various modes of oversight, KNCV Nigeria maintained a high standard of service delivery and cultivated a collaborative system with the state TB program that played an essential role in achieving the project's objectives.

Joint supportive quarterly supervisory visits to health facilities and spot-checks of field activities enabled the evaluation of the effectiveness of contact investigation strategies. These visits were critical in identifying strengths and areas for improvement, enabling swift corrective actions that enhanced the overall quality of project service delivery. Concurrently, weekly check-in meetings with the state team served as forums for technical discussions, progress updates, and collaborative problem-solving. The virtual WhatsApp support groups further extended the support system to the CBOs, enabling real-time troubleshooting, and promoting knowledge sharing.

# **4 PROJECT ACHIEVEMENTS**

### 4.1: PERFORMANCE INDICATOR CHARTS

Within nine (9) months of field activities, 9,709 index TB cases were identified, and contact traced resulting in 100% index coverage. A total of 49,438 household contacts were identified, of which 49,435 household contacts were screened for TB at 100% screening coverage. 10,761 household contacts screened were presumed to have TB out of which 10,672 contacts were evaluated for TB at 99% evaluation rate and 5% TB yield from 536 newly identified TB cases. All 536 newly identified TB cases of them were enrolled on treatment and notified at 100% enrolment and notification rate. 15,024 eligible household contacts were placed on TPT.



In the three quarters of field implementation, the SOFT project maintained 100% index coverage and through strategic collaboration with the state TB program and consistent monitoring for CBOs, the SOFT project ensured all index TB patients identified had their contacts screened for TB.



49,438 household contacts were identified for TB screening out of which 49,345 household contacts were screened for TB at a 100% screening coverage, of which 10,761 presumptive TB cases were identified and 10,672 were evaluated for TB resulting in a 99% evaluation rate. 536 household contacts were diagnosed with TB at a 5% TB yield and 100% enrolment and notification rate. The progressive increase in the indicator achievement across the quarters reflects the consistency and dedication of the field teams to iterate and surmount challenges towards meeting project set targets and objectives.



A total of 15,024 household contacts of index TB cases were placed on TPT within the three quarters of project field implementation. The SOFT project achieved a remarkable success in surpassing the TPT targets through a robust implementation strategy, which involved active community engagement by the CBOs, and an effective referral and linkage system thus contributing to the increased uptake of TPT among the eligible household contacts.



The project achieved a presumptive yield of 22% from 10,761 presumptive TB cases identified and a TB yield of 5% from 536 newly identified TB cases from 10,672 presumptive TB cases evaluated. Following continuous on-site capacity building sessions and refresher training to build capacity of CHWs, there was a progressive increase in the TB yield on the SOFT project. The integration of various components of the project, including monitoring and supervisory visits, quarterly field assessments, and virtual support groups, not only ensured the project's continued improved TB yield but ensured the project objectivities were met.

TIFA SOFT - Contact Investigation Cascade Results vs Achievements						
Reporting Indicators	01	02	03	SOFT Achievement	Annual Target	Annual % Achievement
Number of index TB patients eligible for contact tracing	2,151	3,155	4,403	9,709	9,000	108%
Number of index TB patients whose contacts were screened for TB	2,151	3,155	4,403	9,709	9,000	108%
Number of household contacts identified	10,591	15,855	22,992	49,438	45,000	110%
Number of household contacts screened for TB	10,591	15,770	22,984	49,345	45,000	110%
Number of household contacts presumed to have TB	2,875	3,004	4,882	10,761	11,250	96%
Number of presumptive clients evaluated for TB	2,848	2,944	4,880	10,672	10,688	100%
Number of contacts diagnosed with TB (all forms)	74	117	345	536	1,283	42%
Number of contacts diagnosed with DR-TB	3	-	-	3		
Number of DS-TB cases who were started on treatment	71	117	345	533	1,218	44%
Number of DR-TB cases who were started on treatment	3	-	-	3		
Total number of TB cases (all forms) started on treatment	74	117	345	536	1,218	44%
Number of eligible household contacts placed on TPT	4,498	6,553	3,973	15,024	8,197	183%

### 4.2 COST SUMMARY OF INPUT COSTS

S/N	Input Cost Item	NGN	USD
I	Transport to conduct household visit	3,000	7.32
2	Transport for Sample Movement	1,000	2.44
3	Payment for Chest Xray	3,500	8.54
4	Transport Support for Chest Xray	2,000	4.88
5	Transport for Diagnosed TB Patients to Treatment Centres	2,000	4.88
	Transport for Clients enrolled on TPT in the community to		
6	facility for follow up	2,000	4.88
7	Monthly Supervision by CBOs	10,000	24.39

## 5.CHALLENGES & MITIGATION MEASURES

Challenges	Mitigation Measures
<ul> <li>High cost of transportation due to fuel subsidy removal by government.</li> </ul>	<ul> <li>KNCV Nigeria worked with the CBOs to reassign CHWs to work in LGAs close to their place of residence to reduce transportation costs.</li> <li>Increase in monthly stipends and transportation support to the CHWs to ensure they are able to meet up with their deliverables.</li> </ul>
• Dip in hospital attendance especially in rural facilities affecting number of index TB identified.	<ul> <li>KNCV Nigeria worked state TB program to explore strategies on increasing index TB cases within the supported facilities.</li> </ul>
<ul> <li>Gaps in documentation on source documents and registers.</li> </ul>	<ul> <li>During the DQA exercise, KNCV Nigeria worked with the state TB program to identify and close all reporting gaps across source documents.</li> </ul>
• Gaps in screening coverage, due to large family size CHWs find it difficult to meet everyone in the household at the same time	<ul> <li>Following technical guidance by KNCV Nigeria, CBOs conducted return visits to household to ensure significant TB screening coverage of household contacts as well as improved appointment scheduling ahead of household visit</li> </ul>

# 6. PHASE III: CLOSE OUT

### 6.1: PROJECT DISSEMINATION MEETING

At the end of the SOFT project, a project dissemination meeting was conducted to share the comprehensive findings and project impact with stakeholders at both the national and state levels. The event commenced with a welcome address from the Honorable Commissioner of Health, Kano State represented with the Director of Public Health Kano State Ministry of Health, Dr Ashiru Rajab. In his address, he commended the KNCV Nigeria and funders for their continuous contributions to the control of tuberculosis in the state, noting that their efforts are aligned with the vision of the state government to expand access to universal health care for the citizens of Kano state. He further acknowledged the collaborations of the national and state TB programs in providing oversight and technical support towards the success of the TIFA-SOFT project.

Dr. Ibrahim Umar Gano, the State TB Program Manager, highlighted Kano State's significant progress in TB control during the opening remarks. He recognized the TIFA-SOFT project's role in achieving high TPT uptake and emphasized the importance of interventions in meeting End TB goals. Goodwill messages from implementing partners and academia underlined the project's success and its potential to guide future initiatives. The meeting featured sessions on the project's overview, results, and achievements, including an interactive segment where Community-Based Organizations shared their field experiences, providing valuable insights into the community-driven strategies employed by the SOFT project. The meeting concluded with remarks from key figures, expressing gratitude and reinforcing the potential for scaling up and sustaining the project gains.

The dissemination meeting is not merely a concluding event but a strategic initiative to foster a unified understanding of the project's outcomes. By engaging with stakeholders at various levels, KNCV Nigeria creates a shared narrative on TB contact investigation that extends beyond project closure. Through interactive sessions, presentations, and open discussions, the dissemination meeting not only highlights achievements but provides an opportunity to address any challenges, thus contributing to the continuous improvement of the SOFT model of TB contact investigation in Nigeria. This collaborative approach ensures accountability and the sustained impact of the SOFT project.

#### 6.2: LESSONS LEARNED

**Community Engagement** : The project reinforced the importance of community engagement as a cornerstone for successful TB programming. Establishing trust, understanding local dynamics, and involving community-based structures in decision-making processes significantly enhanced project acceptance and impact.

**Result-Oriented Continuous Training of Health Care Workers:** Capacity building of CHWs and CBOs with consistent support mechanisms such as virtual WhatsApp groups, proved imperative in addressing emerging challenges promptly and also empowered the frontline workers to effectively carry out contact investigation activities.

**Data-Driven Decision-Making:** Regular monitoring and supervision, field spot-checks, and quarterly assessments ensured that interventions were timely, targeted, and aligned with project goals.

**Flexibility in Implementation:** Adapting strategies based on real-time feedback, community needs, and unexpected challenges enabled the project to navigate bottle-necks such as the hike in transportation costs effectively.

**Tailoring Strategies for Diverse Settings:** Understanding the unique challenges of diverse communities where the SOFT project was implemented within Kano state allowed for more effective and context-specific interventions.

### 6.3: CONCLUSION

With funding from the United States Agency for International Development (USAID) through the John Snow Incorporated (JSI) TIFA project, the Social Franchising for TB Contact Investigation (SOFT) project has achieved milestones that showcase its impactful contribution to TB contact investigation in Kano State. From maintaining a commendable 100% TB screening coverage across three quarters to surpassing targets in TB Preventive Therapy (TPT) uptake, the project's effectiveness rests on meticulous planning, strategic collaborations with Community-Based Organizations, and robust monitoring mechanisms embedded in the project design.

The objective to enhance contact investigation coverage among targeted private healthcare facilities in Kano State witnessed an extraordinary leap, surging from an initial 25% to an impressive 100% across our supported facilities. The SOFT project exceeded expectations by identifying a substantial 48,809 household contacts eligible for TPT within the three quarters of implementation showcasing the project's robust engagement with communities and its effectiveness in reaching at-risk populations for TB. Additionally, the project's objective to increase the uptake of TPT among eligible contacts experienced an exceptional feat, surpassing the set target by an impressive 183%. This not only highlights the efficiency of the project's strategies but also highlights its significant contribution to advancing TB preventive efforts in Kano State

The results from the project underscore the importance of integrating community-based networks into TB contact investigation strategies for optimized outcomes especially in difficult-to-reach rural areas with high TB burden like Kano state. By working collaboratively in accordance with franchise standards, CBOs can be engaged in meaningful and effective ways to provide culturally and linguistically appropriate contact investigation activities that are accessible and inclusive for all members of the community. The integration of various components of supervision, including on-site monitoring and supervisory visits, quarterly field assessments, and virtual support groups, ensured the project's fidelity and strengthened the quality of project results.

The project has imparted valuable lessons, emphasizing the pivotal role of community engagement, the impact of continuous training and support leading to a progressive increase in TB yield across the three quarters of field implementation, the importance of data-driven decision-making, the necessity of flexibility in implementation, and the significance of tailoring strategies to diverse settings. These lessons are integral not only to the success of this project but also to informing future TB programs for greater effectiveness and impact.

# 7. PROJECT PHOTOS



L-R: State TB Program Manager Dr Ibrahim Umar-Gano addressing participants at the training for CHWs from CBOs, KNCV Nigeria Director Private Sector Initiative Dr Sheshi facilitating a training session for CHWs.



Cross section of participants in a batch of training for DOT officers flanked by Yusuf Lawan – representative of Kano State Primary Health Care Development Board and Iboro Gordon, TIFA project coordinator.



KNCV Nigeria TB Advisor, Abdurazaq Dikko facilitating a session in another batch of training for DOT Officers



KNCV Nigeria Senior Program Officer, Dr Mustapha Tukur facilitating the training session for enumerators engaged to map facilities within Kano state.



Sample collection by CHWs in the community



CHWs weighing and initiating eligible household contacts on TPT.



TIFA project coordinator, Iboro Gordon flanked by CHWs and EDs of PD&I and GHEF during quarterly supervisory visits



Advocacy visit to the facility-in-charge of Dawakin Kudu General Hospital, Dr. Aliyu to advocate for increased uptake of clinical diagnosis.



Out brief meeting by the TIFA Project Coordinator Iboro Gordon, with State TB program manager Dr Ibrahim Umar-Gano, flanked by KNCV Nigeria Senior Program Manager Dr Mamman Bajehson and Eds of CBOs