ANNUAL REPORT
2024

KNCV
NIGERIA

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ACRONYMS

ACF	Active Case Finding
ACS	Advocacy, Communication, and Social Mobilization
ADAPT	Assessing Diagnostics at Point-of-care for Tuberculosis
ART	Antiretroviral Therapy
CAD4TB	Computer-Aided Detection for Tuberculosis
CAT I	Category I Tuberculosis Medicines
CGPH	Centre for Global Public Health
CP	Community Pharmacists
CRID	Centre for Research and Innovation in Disease Control
DLB	Data and Logistics Bureau
DRS	Drug Resistance Survey
DR-TB	Drug-Resistant Tuberculosis
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FMoH	Federal Ministry of Health
FRSC	Federal Road Safety Corps
GC7	Global Fund Grant Cycle 7
GF	Global Fund
HALG_ACE	Heartland Alliance-led Accelerating Control of the HIV Epidemics Consortium
HIV	Human Immunodeficiency Virus
HRIS	Human Resource Information System
IHV	Institute of Human Virology
IHVN	Institute of Human Virology Nigeria
IEC	Information, Education, and Communication
IMPACT	Implementation of Portable Digital X-ray for Active TB Case Finding
IRB	Institutional Review Board
JHU	Johns Hopkins University
JSI	John Snow, Inc.
KNCV	KNCV Tuberculosis Foundation
LON	Local Organizations Network
MDR-TB	Multidrug-Resistant Tuberculosis
NCTSC	National Childhood Tuberculosis Steering Committee
NNT	Number Needed to Treat
NNS	Number Needed to Screen
NTBC	National TB Conference
NTBLCP	National Tuberculosis, Leprosy, and Buruli Ulcer Control Programme
NTP	National TB Program
PDX	Portable Digital X-ray
PDX+AI	Portable Digital X-ray with Artificial Intelligence
PI	Pathfinder International
PLSO	Partner Liaison Security Organization
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PMV	Patent Medicine Vendor
PPM	Public-Private Mix
PPMV	Patent Medicine Vendors and Community Pharmacists

SOPs	Standard Operating Procedures
SRL	Supranational Reference Laboratory
TAG	Treatment Action Group
TA	Technical Areas
TB	Tuberculosis
TBLS	Tuberculosis and Leprosy Supervisor
TBA	Traditional Birth Attendant
TPT	Tuberculosis Preventive Therapy
ToT	Training of Trainers
UCSF	University of California, San Francisco
USAID	United States Agency for International Development
W4SS	WHO 4-Symptom Screening
WHO	World Health Organization
WOW	Wellness on Wheels
XMAP	X-ray Mobile Application Platform

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 274 (704 program staff and 70 operations) staff across 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. Improving on the challenges and lessons learned in 2023 which informed adaptive and focused programing and the implementation of innovative strategies, ensuring that KNCV Nigeria remains at the forefront of public health advancements. In 2024, 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 provide administrative and financial support to USAID funded 2nd National Drug Resistance Survey.

Implemented in 14 states, the USAID-funded TB LON Regions 1 & 2 project surpassed all targets in FY24, which include 16,565,258 (133% of annual target) clients screened for TB, resulting in the identification of 1,442,920 (157% of annual target) individuals with presumptive TB, of which 1,419,294 (163% of annual target) completed diagnostic evaluation. Of those clients who completed diagnostic evaluation, 114,849 (157% of annual target) active TB cases were diagnosed with 110,006 (150% of annual target) enrolled into treatment and care. 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.

The ACE-6 project continued to strengthen TB surveillance and 95% preventive therapy coverage among over 85,000 ART clients in Bayelsa, Edo and Lagos states. Through the ACE 6 project, PDX was piloted in the 3 states among PLWHA who had clinical encounters (with 38%) TB yield in the ART clinic in FY24.

The XMAP platform supported the clinical diagnosis of 336 TB cases (45%) that could have otherwise been missed in the project.

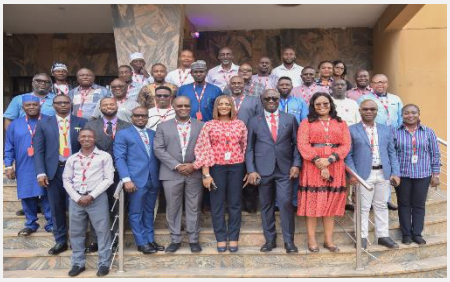
The Global Fund PPM grant implemented across five states to enhance private sector involvement in TB control achieved notable results surpassing the case finding target to KNCV Nigeria by achieving over 161% of the PPM case finding target, 94% of the community notification target and 5% of the target for pregnant women tested for HIV in the first three quarters of the project (January to September 2024)

Over the years, KNCV as an organization has played a pivotal role in innovative interventions and research aimed at enhancing TB detection and improving public health outcomes and has established the KNCV Nigeria Center for Innovation and Research in Disease Control (CRID) to drive the research agenda. KNCV Nigeria CRID is committed to supporting the generation of scientific evidence that will strengthen TB service delivery platforms, support health system strengthening, and inform policy change for the ultimate reduction and elimination of diseases of public health importance

This report showcases the achievements and footprints in the year 2024.

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.

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.

VISION

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

CORE VALUES

Integrity - We are trusted by the communities we serve

Our commitment to excellence over the years has earned us 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 diversity within our workforce.

ADMINISTRATION AND MANAGEMENT

Office Space & Setup

In the year 2024, 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 Akwa Ibom Cluster which was relocated from 65 Ufot Ekaete Street Ewet Housing Estate – Uyo, Akwa Ibom State to 27, M-line, Ewet Housing Estate, Uyo, Akwa Ibom State, Nigeria

Most of the state offices have continued to collocate with the various State ministry of health but for Cross River, Kaduna and Katsina 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

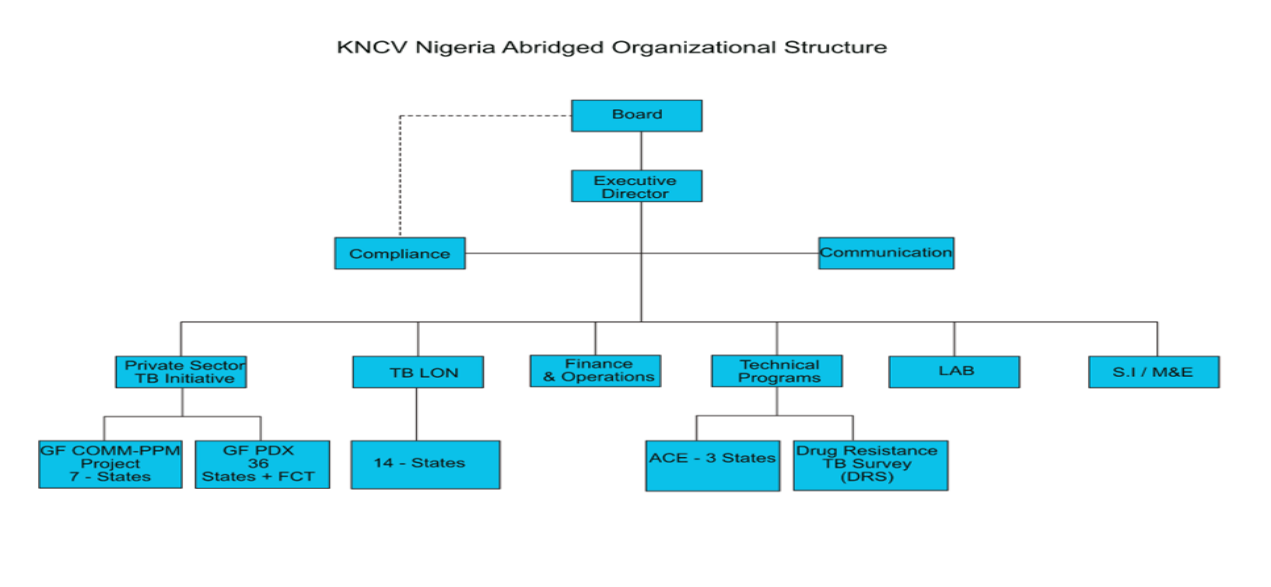
Management

The Board of Trustees (BOT) in line with KNCV Nigeria Corporate Governance policy, met quarterly this year. All meetings were hybrid (a combination of physical and virtual meeting). As 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

In the year, 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.



KNCV NIGERIA PROJECTS

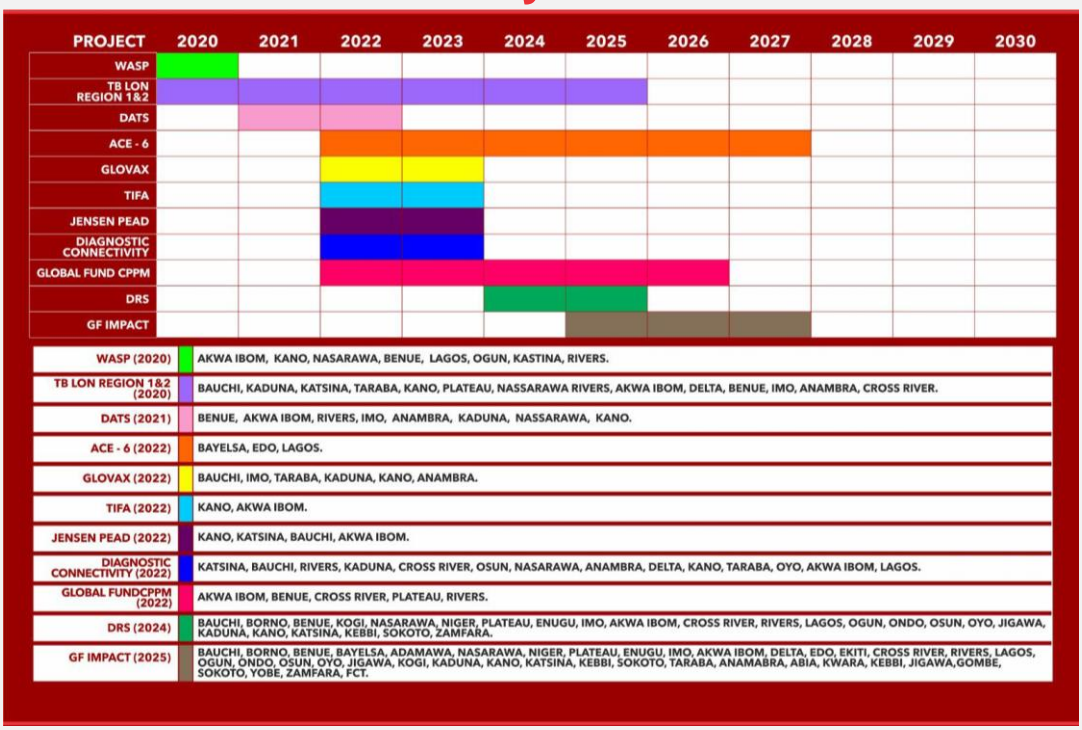


***Figure 1**: Current KNCV Projects across Nigeria*

KNCV NIGERIA PROJECTS' COVERAGE AND MAP

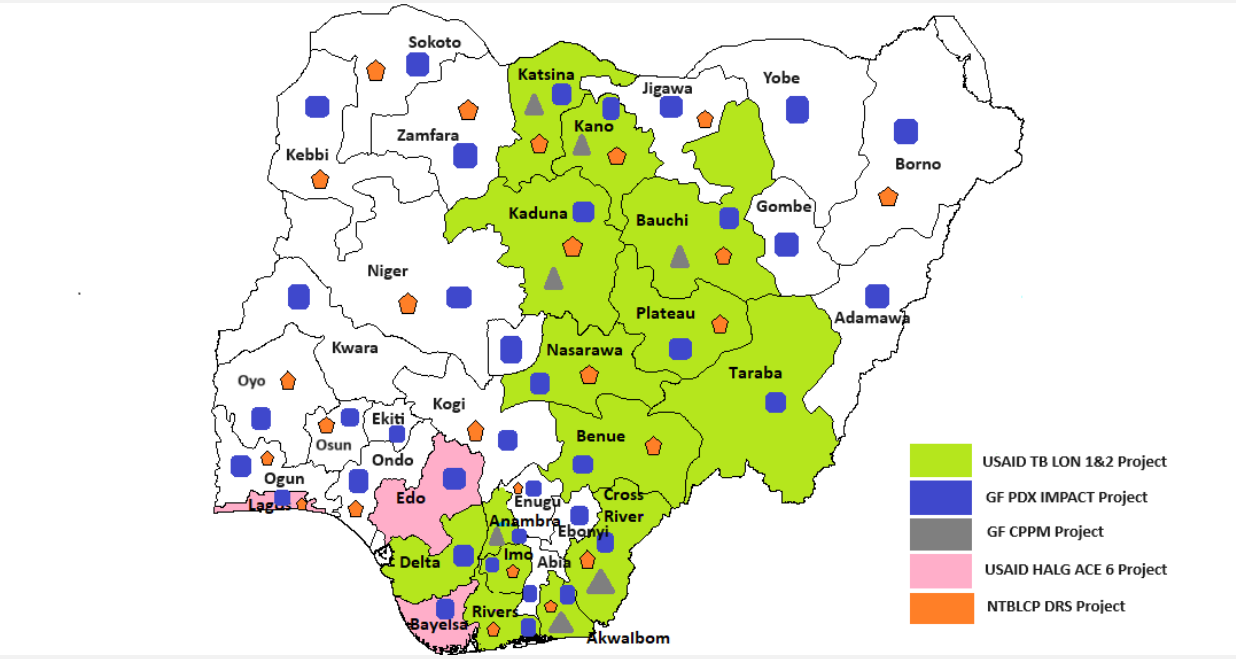


***Figure 2**: KNCV Nigeria project map Spread across 36 states and FCT*

TB LON REGIONS 1 & 2 PROJECT

The USAID-funded TB LON 1 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 198 core and 1208 ad-hoc 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 1 and 2. The project specifically improves access to high-quality, person-centered TB, DR-TB, and TB/HIV services through the 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.

The TB LON 1 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 1,187 public health facilities, 686 private hospitals and 2,914 Patent medicine vendors and community pharmacists and targeted communities in 334 LGAs spread across 14 states of implementation. To target communities the project utilizes multiple hotspot analytic systems including dynamic and predictive models to identify TB hotspots.

In FY24 (October 2023 - September 2024), 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 as shown in Table 1 below include 16,565,258 (133% of annual target) clients screened for TB, resulting in the identification of 1,442,920 (157% of annual target) individuals with presumptive TB, of which 1,419,294 (163% of annual target) completed diagnostic evaluation. Of those clients who completed diagnostic evaluation, 114,849 (157% of annual target) active TB cases were diagnosed with 110,006 (150% of annual target) enrolled into treatment and care within the reporting period. All 110,006 patients enrolled in treatment and care were notified to the National TB program (NTP).

Intervention type	# Person screened	# Presumed to have TB	# Presumptive evaluated for TB	# TB patients	# Started on TB TX	NNT	NNS	Presumptive yield	TB yield	% Contribution to total TB patients
ICF-Public facility	6,911,065	398,035	390,962	37,550	36,310	10	184	5.8%	9.6%	32.7%
ICF-Private facility	1,299,220	91,615	91,287	6,794	6,636	13	191	7.1%	7.4%	5.9%
PPMV / CP	4,698,260	428,866	421,461	32,192	30,003	13	146	9.1%	7.6%	28.0%
WOW Initiative	84,988	5,809	5,808	1,061	1,058	5	80	6.8%	18.3%	0.9%
Contact Investigation	524,637	167,738	162,640	14,509	14,093	11	36	32.0%	8.9%	12.6%

Community ACF	2,620,575	311,436	308,033	18,469	17,773	17	142	11.9%	6.0%	16.1%
ACF-Special Pop.	63,507	4,484	4,289	349	348	12	182	7.1%	8.1%	0.3%
Portable digital X Ray	148,662	12,117	12,113	2,575	2,545	5	58	8.2%	21.3%	2.2%
Standalone Lab.	214,344	22,820	22,701	1,350	1,240	17	159	10.6%	5.9%	1.2%
Total Achieved	16,565,258	1,442,920	1,419,294	114,849	110,006	12	144	8.7%	8.1%	100%
Annual Target	12,458,353	918,120	872,214	73,155	73,155	12	170	7.4%	8.4%	
% Achievement	133%	157%	163%	157%	150%					

Comparing the performance of FY24 to FY23, all set targets across the TB cascade (Screening, Presumptive identified, Evaluation, Diagnosis and Notification targets) were surpassed in both years. The number of TB patients notified significantly increased by 33,463 (43.7%) in FY24 compared to FY23. The recorded increase was despite the nationwide stockout of CAT 1 TB medicines that affected the enrolment of TB patients on treatment during the second half of FY24.

The mitigation measures adopted by the project to overcome these challenges and still record considerable success are described in section 1.3 below. The increase in TB notifications was observed across all interventions, with the most increases noted in community ACF, contact investigation and PPMV/CP activities. Compared to FY23, there were 97%, 67% and 56% increases in TB cases notified through contact investigation, community ACF and PPMV/CP activities, respectively. In the first half of FY24, there was a stepwise increase in TB case notification from 27,149 in Q1 to 28,232 in Q2, however, TB notification dropped to 26,912 in Q3 and 27,713 in Q4 due to nationwide stockout of CAT 1 TB medicine during the period (Figure 3: Trend of TB LON 1 & 2 project quarterly TB case notification)

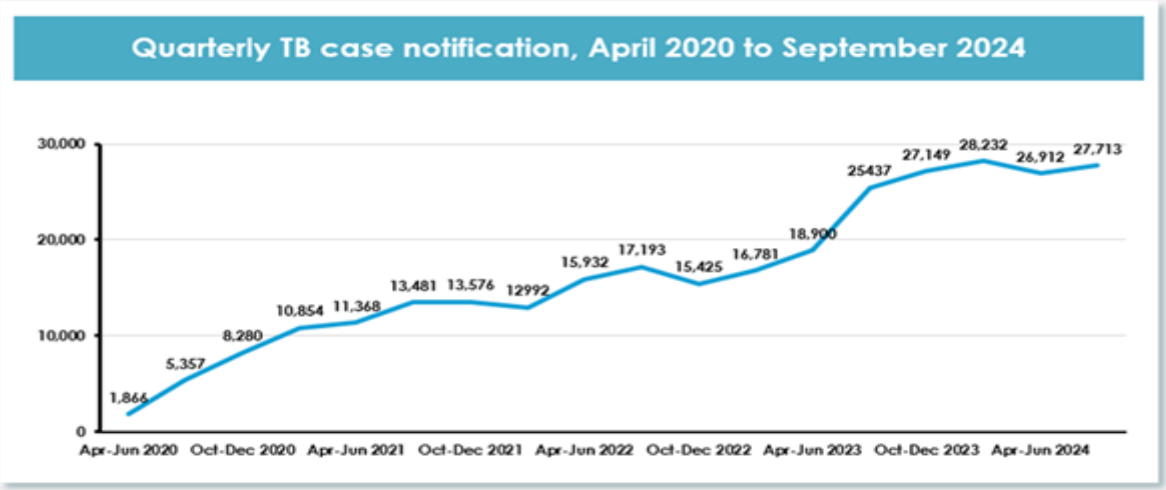


Figure 3: Trend of TB LON 1 & 2 project quarterly TB case notification

Over the years, the project has met and surpassed the annual targets set. 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 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

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

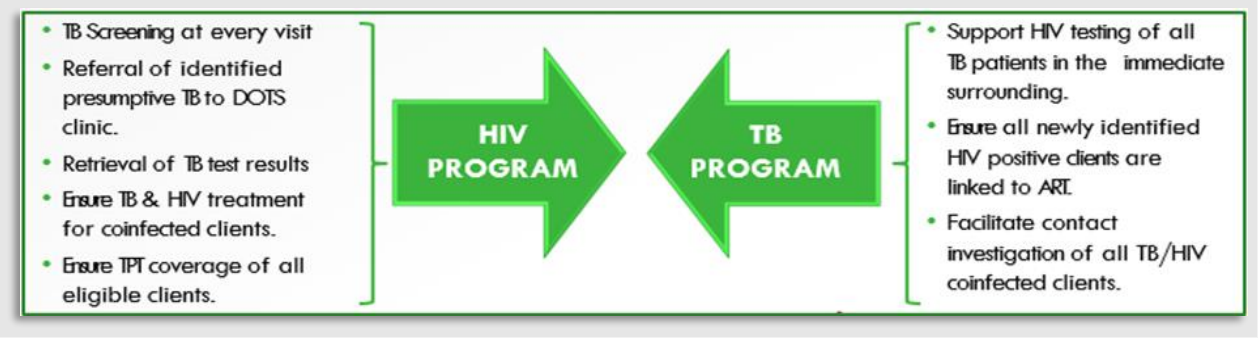
In Nigeria the lead partner is KNCV TB Foundation Netherlands while Zanklin is the local partner. Other partners include University of California San Francisco, and University Hospital of Heidelberg. Nigeria is evaluating a tongue swab-based Xpert & Truenat testing. Study tools such as protocol have 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.

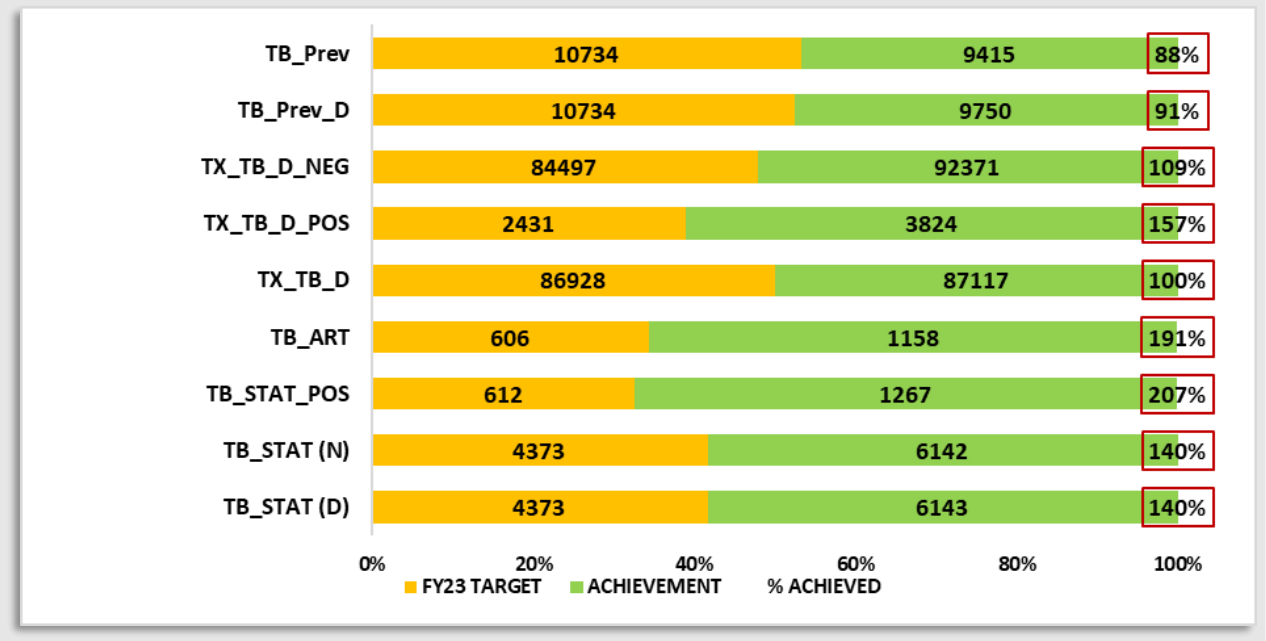
USAID HALG_ACE 6 PROJECT

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. The consortium also includes Pathfinder International-Nigeria (PI), John Snow, Inc. (JSI), and the University of Manitoba's Centre for Global Public Health (CGPH).

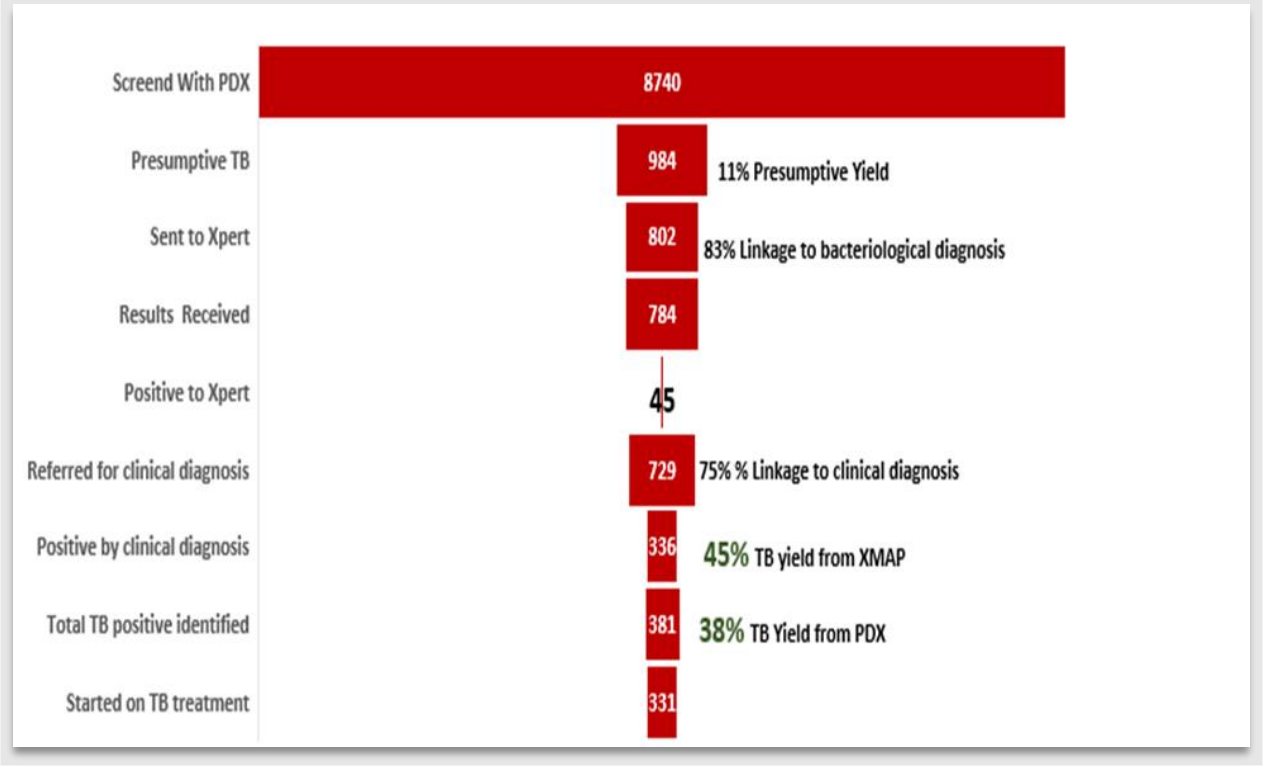
KNCV Nigeria is the leading consortium partner responsible for providing technical assistance towards effective TB/HIV implementation through facility and community-based strategies, particularly strengthened TB surveillance and 95% preventive therapy coverage among over 85,000 ART clients. KNCV Nigeria 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 coinfected clients are virally suppressed and achieve an effective treatment outcome

The illustration below summarizes the various project strategies:





While all targets were achieved across the 3 states, TB_PREV indicators remained an exception. Ongoing folder audits for TPT have yielded significant improvements in coverage, closing the existing gap



PDX was piloted in the ACE 6 project in the 3 states among PLWH who had clinical encounters in the ART clinic in FY24.

The XMAP platform supported the clinical diagnosis of 336 TB cases that could have otherwise been missed in the project

USAID 2ND NATIONAL DRUG RESISTANCE SURVEY (DRS)

With funding from the United States Agency for International Development (USAID), KNCV Nigeria is implementing the 2nd National Drug-Resistant Tuberculosis (DR-TB) Survey in collaboration with the National TB, Leprosy, and Buruli Ulcer Control Programme (NTBLCP). The survey is being conducted across 60 randomly selected clusters (survey sites) across 24 states, ensuring equal representation across all states and zones. Technical oversight is provided by international experts from the World Health Organization (WHO), the Global Fund, and other key partners.

The primary goal of this survey is to determine the prevalence of multidrug-resistant and rifampicin-resistant TB (MDR/RR-TB) among both new and previously treated, bacteriologically confirmed pulmonary TB cases. The findings will be crucial for shaping national TB control strategies, strengthening DR-TB prevention and management efforts, and improving laboratory diagnostic capacity. Additionally, the survey will enhance laboratory quality assurance, optimize sample transport and referral systems, and contribute to overall health system strengthening.

Zonal/State Coverage

Zones	Selected States	# of States	# Clusters	States not covered
North East	Bauchi & Borno	2	2	Adamawa, Gombe, Taraba & Yobe (4)
North Central	Benue, Kogi, Nasarawa, Niger & Plateau	5	6	FCT & Kwara (2)
North West	All seven States	7	29	NA
South East	Enugu & Imo	2	2	Abia, Anambra & Ebonyi (3)
South-South	Akwa-Ibom, Cross River & Rivers	3	6	Bayelsa, Delta & Edo (3)
South West	Lagos, Ogun, Ondo, Osun & Oyo	5	15	Ekiti (1)
Total	**24**	**24**	**60**	**13**

National Drug Resistance Tuberculosis Survey in Nigeria

To achieve these objectives, a sample size of 2,157 new and previously treated TB cases (diagnosed using GeneXpert or Truenat) was determined for enrolment over an eight-month period. Following stakeholder engagement and survey protocol ethical approvals, the survey officially commenced with a Training of Trainers (ToT) from April 21–26, 2024, followed by specialized training for the laboratory team from April 28–May 3, 2024. Training sessions for six pilot survey sites took place from May 6–10, 2024, with participant enrollment across the pilot sites running from May 13–June 9, 2024. A rollout training for the remaining 54 clusters was conducted from May 28–June 3, 2024, leading to the full nationwide launch of the survey on June 17, 2024.

Cross section of participants with the honorable commissioner of health Cross River State, Dr Henry Ayuk at the joint USAID, NTBLCP, and TB/HIV partners supervisory visit to Cross River State

The survey has since made significant progress, with key milestones achieved through the implementation support of KNCV Nigeria, including:

1. Deployment of data collection software and digital data capturing tools
2. Mid-term review and evaluation of survey progress and preliminary findings
3. Routine national, zonal, and state-level supervisory visits
4. Shipment of the first batch of isolates to the Supranational Reference Laboratory (SRL) in Milan, Italy
5. Establishment and operationalization of the DRS data situation room for real-time monitoring

Progressively, the survey remains on track to generate critical evidence that will inform Nigeria's response to DR-TB, ultimately strengthening the fight against tuberculosis across the country.

KNCV NIGERIA GLOBAL FUND COMMUNITY AND PPM GRANT – GC7

KNCV Nigeria was awarded the Global Fund Community and 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 (2024 – 2026) grant with KNCV Nigeria supporting 7 states (Akwa Ibom, Anambra, Bauchi, Cross River, Kaduna, Kano and Katsina State) in the provision of TB and HIV control services. The overarching goals of the grant are:

1. To accelerate efforts at ending the TB epidemic in Nigeria by ensuring access to comprehensive and high-quality patient-centered and community-owned TB (TB. TB/HIV and DR-TB) services for all Nigerians by 2026.
2. To increase the PPM contribution to the National TB case notification from 24% in 2022 to 30% in 2026 and to increase community contribution to the National TB case notification from 43% in 2022 to 45% in 2026.
3. To achieve 100% HIV screening among pregnant and breastfeeding women in unconventional settings (TBAs and Home settings) in Nigeria by 2026

In this grant, KNCV Nigeria will support these 7 states to notify a total of 67,546 TB cases from private health establishments, and additional notification of 111,633 TB cases through community active TB case finding, and well as test 1,540,443 pregnant women for HIV during the lifespan of the project. In these supported states, KNCV Nigeria will also support TB sample transportation to testing sites, as well as implement the programmatic management of community MDR-TB.

The grant kicked off in January 2024, with stakeholder engagements carried out in all supported states, baseline assessments, mapping, engaged, and support to the following provider types to improve TB case finding from the private sector in the supported states:

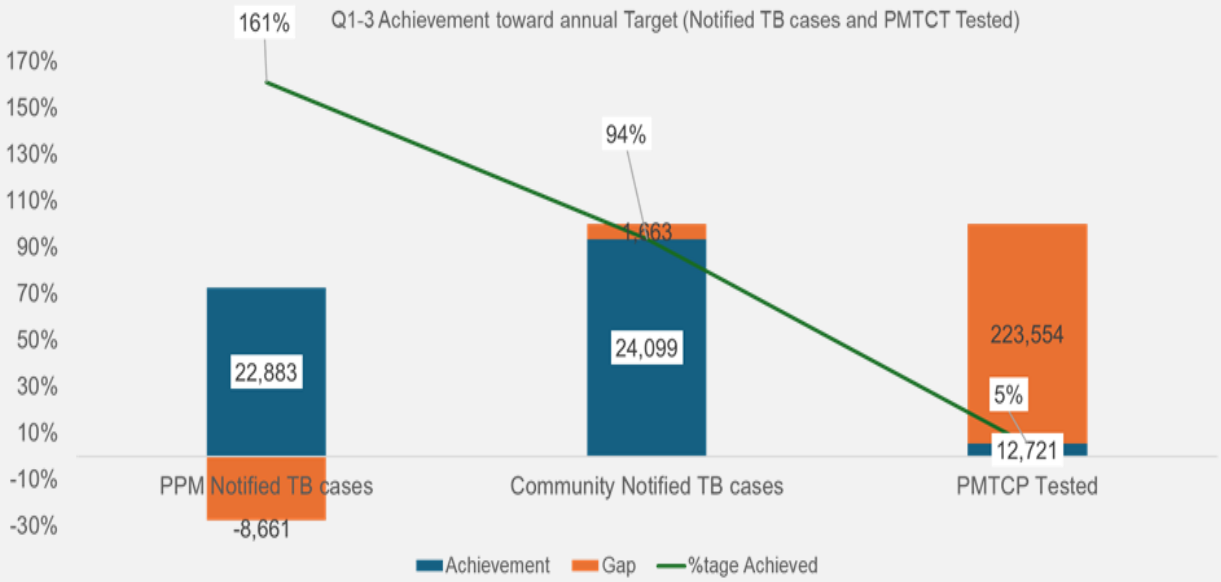
1. Faith based organizations.
2. Private for-profit hospitals.
3. Private Stand-alone laboratories.
4. Community Pharmacies.
5. Patent Medicine Vendors.
6. Informal private health providers.

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.

Similarly, KNCV Nigeria engaged a total of 18 community-based organizations across the supported states to drive active TB case finding efforts across all LGAs in these states, support the testing of pregnant women for HIV in these states and ensure optimal management of patients with Drug Resistant Tuberculosis in the Community. KNCV Nigeria also coordinates the TB sample transportation mechanism across the public and private health facilities in these states through the healthcare worker sample transportation mechanism.

The results from the project have been impressive, with the KNCV Nigeria's team achieving over 161% of the PPM case finding target, 94% of the community notification target and 5% of the target for pregnant women tested for HIV in the first three quarters of the project (January to September 2024). 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.

KNCV Nigeria Achievement in Q1 - Q3 PPM, Community and PMTCT



IMPLEMENTATION OF PORTABLE DIGITAL X-RAY FOR ACTIVE TB CASE FINDING (IMPACT) PROJECT

KNCV Nigeria in collaboration with the National TB and Leprosy Control Program (NTBLCP) as the Principal Recipient (PR), is supporting the deployment of 390 additional Portable digital X-rays with artificial intelligence (PDX+AI) across all states of the Federation and the FCT to improve TB case finding. The implementation of Portable Digital x-ray for Active TB case finding in Nigeria – (IMPACT Project) will scale up the utilization of portable digital X-rays (PDX) with Artificial Intelligence (AI) for TB case finding in hotspot communities and high burden facilities across all 36 states in Nigeria and the FCT. The IMPACT project aims to increase the number of TB cases detected, treated, and notified by 267,168 across all 36 states plus the FCT within 3 years of implementation (89,056 TB cases in year 1 of implementation of the project, 89,056 in year 2 and 89,056 in year 3 of implementation of the project).

The objectives of the project are to:

- Drive targeted TB screening within identified TB Hot spots, most at risk population and high burden facilities.
- Improve the diagnostic efficiency of the molecular diagnostic tools e.g. TB LAMP, GeneXpert and Truenat.
- Ensure early TB case finding within the community and thus limiting TB transmission and infection.
- Drive the TB program scale up of TPT by identifying non-presumptive TB among contacts of diagnosed TB cases in the community for TPT.

The grant commenced in January 2024, with the takeover of 21 PDX platforms deployed in Lagos state in the GC6 grant. This comprised 18 fixed platforms in high volume facilities and 3 mobile X-ray platforms in mobile vans. The team supported the optimization of the platforms in the state and improved the efficiency of case finding strategies using these platforms. Similarly, 20 PDX platforms were deployed for use in Kano state to high volume facilities. This deployment was carried out in close collaboration with the Kano state Government (who provided the facilities for deployment, renovated the facilities and provided radiographers for their use).

In Quarter 3 of 2024, newly procured platforms were brought into the country, and these platforms were deployed as soon as they were available. At the end of 2024, a total of 124 additional PDX platforms had been deployed for use in the Southern (South-South, South-East and South-West) part of the country as well as the North-Central part of the country. KNCV Nigeria will deploy the remaining PDX platforms across the country and will ensure the optimization of the use of these platforms in the country in 2025

KNCV NIGERIA CENTER FOR RESEARCH AND INNOVATION IN DISEASE CONTROL (CRID)

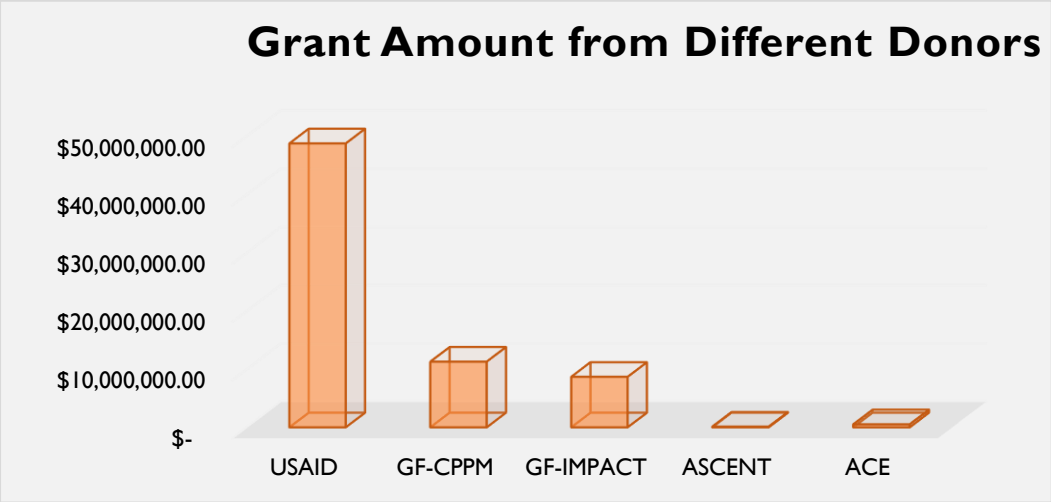
An area in which KNCV has demonstrated great strength is research and innovation. We have since 2020 conducted and published operational research (OR) work on pilot implementation of TB LAMP, Portable digital X-ray, Truenat, TPT and use of stool in Pediatric TB diagnosis in the TB control in Nigeria. Key findings from these ORs had informed program improvements and scale-up of these tools and interventions in the Nigeria TB program with outstanding results. Over the years, KNCV organization has played a pivotal role in innovative interventions and research aimed at enhancing TB detection and improving public health outcomes and has established the KNCV Nigeria Center for Innovation and Research in Disease Control (CRID) to drive the research agenda.

KNCV Nigeria CRID is committed to supporting the generation of scientific evidence that will strengthen TB service delivery platforms, support health system strengthening, and inform policy change for the ultimate reduction and elimination of diseases of public health importance. In 2025, in collaboration with the National TB and Leprosy Control Program, some evaluation studies on promising TB diagnostics tools, digital cough sound Apps, and digital stethoscopes (which use artificial intelligence for TB screening) yet to receive WHO endorsement will be piloted under CRID.

FINANCIAL MANAGEMENT

The table below represents funding from different donors across the years of implementation

S/No	Funder	Grant Amount	Grant Period
1	USAID	$48,720,899.94	12 March 2020 to 11 March 2025
2	GF-CPPM	$11,264,080.00	January 2024 to December 2026
3	GF-IMPACT	$8,666,619.98	January 2024 to December 2026
4	ASCENT	$117,634.00	28 October 2024 to 30 September 2025
5	ACE	$517,190.41	February 2022 to September 2026
	TOTAL	**$69,286,424.33**	



USAID Spot Check

None in the period under review

Audit Summary Findings and Management Response

Ref No.	Findings	Cause	Auditor's Recommendation	KNCV Nigeria Management Response
1.0	Failure to brand assets purchased under USAID grant.	Poor asset management. Some assets were absent from the fixed asset register, indicating a gap in recording and tracking mechanisms. Again, certain assets were observed to lack proper tagging and branding under USAID policies regarding the non-expendable property. Notable examples include Split air conditioning units, Dell laptop computers, Solar panels, and inverters	Necessary arrangements should be made to update the fixed asset register including proper branding of the assets to ensure compliance with regulations, transparency in resource utilization, and effective project management.	Based on KNCV Nigeria's Asset Management Policy, all assets are required to be tagged, and this has been the culture of KNCV Nigeria's policy to ensure the tagging of all assets procured with donor funds. The assets not tagged as revealed by the audits were due to the exhaustion of the produced asset tag. However, the printing of asset tags is ongoing.

STAFF WELFARE AND DEVELOPMENT

With our 204-program staff and 70 Operations staff across 14 state offices and over 1,500 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 and ages. KNCV Nigeria staff is made up of people from diverse indigenous ethnic groups in Nigeria, which includes a budding youthful and innovative staff that are skilled and adaptable to the challenges of our various projects in Nigeria. National staff make up 99.9% of staff and 1 international staff in our organization. We are currently a total staff of 275 individuals. (International staff included) having experienced approximately a staff growth rate of 20.7% in 2024.

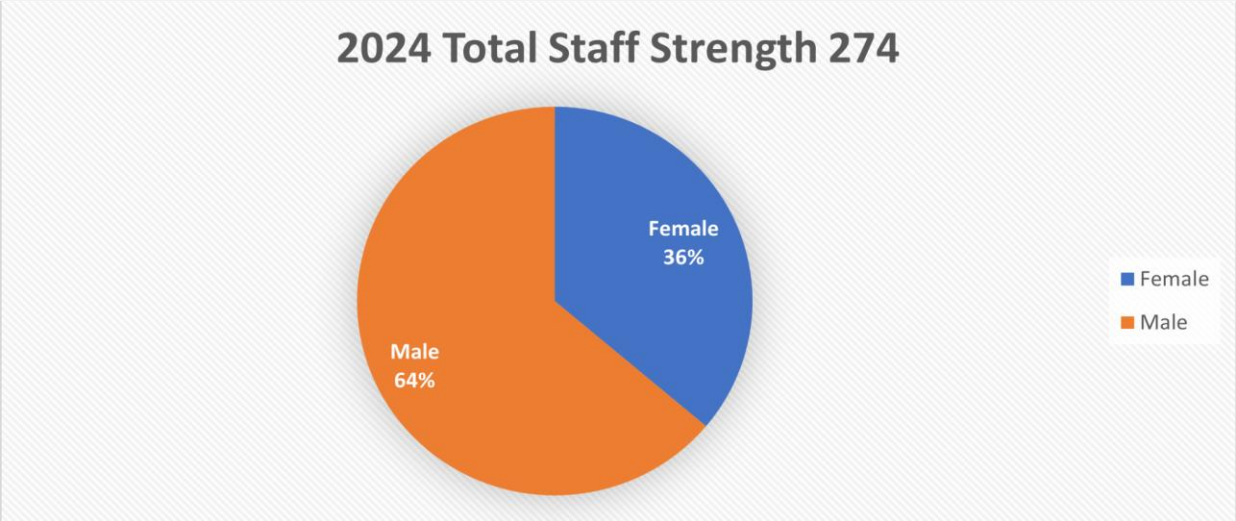
Retention:

KNCV Nigeria has high employee retention and retained 98% of its staff in 2024. Our high retention rate is anchored on our staff job satisfaction approval rates propelled by our KNCV Human Resource and Management strategy that prioritizes people and creates an inclusive culture and a healthy compensation strategy as well as a proactive staff welfare and cooperative that supports staff who have met certain requirements with short- and medium-term loans.

Gender and Inclusion:

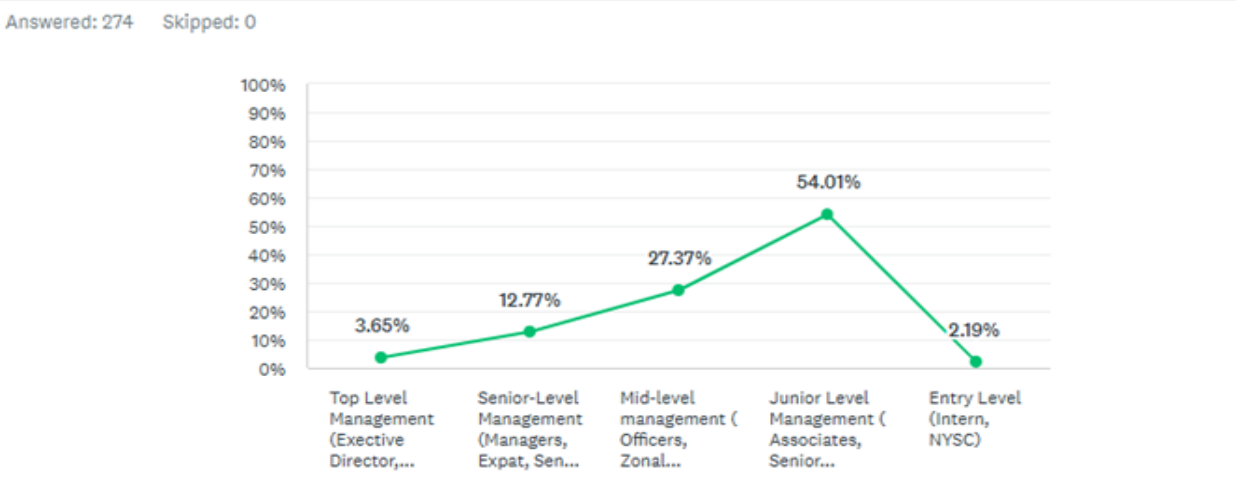
KNCV Nigeria is an equal opportunity employer, and the Human Resource Department is still progressing in balancing the gender demographics within the organization. When maintaining the need specification and qualification during hiring KNCV Nigeria experienced a slight change in the gender distribution within the organization as there was 1% increment in the female gender in 2024.

Gender	Sum of Gender
Female	99
Male	175
Grand Total	**274**



Job Levels in KNCV Nigeria:

In 2024 KNCV Nigeria had a dynamic 5 level job grade system. Like many organizations, staff at these levels make up for our total staff strength of 274. They are the top-level Management, Senior-Level mid-level Management, Lower-level Management, and entry-level job roles, as can be seen below. In 2024, our Top-level management staff contributed 3.65% of our total staff strength, Senior-level Management contributed 12.77%, Mid-Level Management staff contributed 27.37% of our total staffing strength, the Junior level contributed to 54.01% of our total strength while the Entry level made up 2.19% of our total staff strength.



Performance Management & Promotions

Between September and November 2024, KNCV Nigeria's Human Resources Department successfully conducted its annual performance appraisal, with approval from management ensuring a seamless process. The exercise led to the promotion of 53 staff members, with 98% of these promotions awarded to entry-level staff and 2% to mid-level positions.

Leveraging the HRIS system, the department recorded an impressive 98% overall staff performance success rate, while only 2% of staff were identified for placement on a Performance Improvement Plan. This achievement underscores the department's commitment to fostering growth, recognizing excellence, and addressing areas for development across the organization.

Capacity Building and Training Highlights - 2024:

In 2024, KNCV Nigeria successfully achieved 100% of its Capacity Building and Training goals, fully utilizing the allocated budget for the year. Staff members participated in the following training sessions.

S/N	Training Name	Participant Group	Trainer	Year	Status
1	PSEA Training	All Staff	Ms. Nancy Nickaf	April 2024	Done
2	Communications, Team Building and Conflict Management Training	ACE Team	Mr. Onuoha Daniel	April 2024	Done
3	Whistle blowing and Annual Risk Management Training	All Staff	Mr. Clement Agbo	May 2024	Done
4	Understanding TB Screening Cascade	Dr. Sani/ Dr Ogoamaka	Dr Ogoamaka/ Mr. Chidubem	May 2024	Done
5	Data integrity and cyber security training	All Staff	Zunido Nigeria	October 2024	Done
6	Leadership Acceleration Program (LAP) Training	Leadership Team	Ceed Academy/ Sabi Writers	September 2024	Done
7	Finance Training and Systems	Finance/Operations	Mr. Victor Abel	July 2024	Done
8	TB data collection, collation, analysis, and reporting	M&E Team	Mr. Chidubem Ogbudebe	August 2024	Done
9	Understanding and Using WHO guidelines on Tuberculosis -	Central technical staff, SPOs, SPMs	Dr Sani/ Dr Ogoamaka	June 2024	Done
10	Procedural Training	Lab Team/Delft/WOW Keke/WOW Truck Team and DLBs	Dr Nkiru/Mary Izokpu and Chimezie Dimpka	August 2024	Done
11	Human Resource and Operations Best Practices	Operations and Finance team	FTI Consulting	August 2024	Done
12	Laboratory and Radiation safety	Lab Team/Delft/WOW Keke/WOW Truck Team and DLBs	Dr Nkiru/Mary Izokpu and Chimezie Dimpka	August 2024	Done
13	Safe Driving Training	Drivers	FRSC	September 2024	Done

COLLABORATION AND COORDINATION WITH OTHER STAKEHOLDERS

GOVERNMENT OF NIGERIA & FMoH

KNCV Nigeria was represented at the statutory NTBLCP Quarterly program review meetings through TB LON 1 & 2 and Global Fund Projects in all six geographical zones of the federation. All states' efforts were examined, and ongoing issues with TPT implementation, DRTB case detection, and Childhood TB case notification were highlighted for prioritization. The project was also represented at several installments of the National Childhood Tuberculosis Steering Committee (NCTSC) Meeting. The purpose of these sessions was to provide NCTSC members with updates on the latest developments in childhood TB control and reviewing and finalizing the National guidelines on the integration of TB care with Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition programs. They also aimed at reviewing the implementation of Childhood TB Week as well as the performance of Implementing Partner's projects in Childhood TB case finding.

For ACSM activities, KNCV was represented in all ACSM technical working group meetings throughout the year, KNCV Nigeria also supported the planning and implementation of the World TB Day celebrations, National Testing Week, National Childhood TB Testing Week as well as National Youth Service Corps Orientation Camp Screenings.

An inaugural meeting of the Tuberculosis Research Task Force was held in June. The meeting was aimed at constituting a task force geared toward driving TB research in Nigeria, developing priority areas for TB research and collating a compendium of research in the country KNCV Nigeria was represented by the Director of Lab services. The month of September saw the project participating in the 3-day NTBLCP planning cell meeting aimed at reviewing all facets of the TB program.

The NTBLCP held its Procurement and Supply Management Technical Working Group Meeting in November and the project was represented by the Senior Technical Advisor. The objectives of the meeting were providing technical guidance and oversight on the TB Program's procurement and supply chain activities, strengthening coordination among stakeholders to minimize stockouts, overstocking, and wastage of health commodities and identifying and addressing bottlenecks in the supply chain system. The project participated in the TB stakeholders meeting for the scaling of Community Led Monitoring (CLM) implemented by Dure Technologies. The meeting was held to introduce the CLM platform to TB stakeholders and to solicit support as the platform is scaled to the whole country.

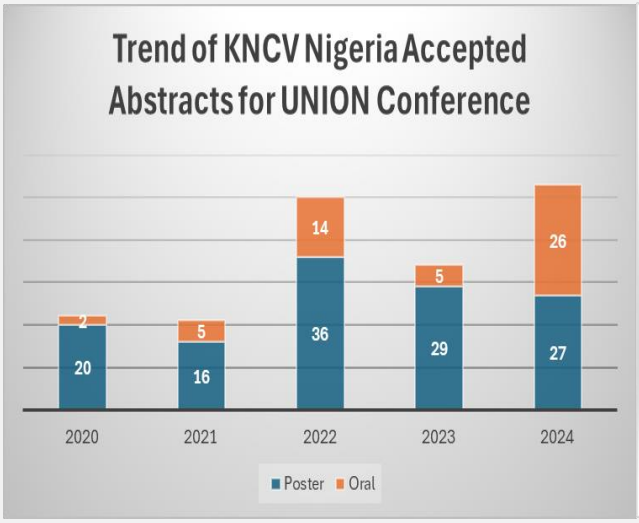
In January 2024, a follow-up meeting of the National Drug Resistance Survey was held and KNCV Nigeria was duly represented. The meeting was geared towards fine-tuning protocols for carrying out the survey. The month of March saw KNCV represented at the USAID joint portfolio review which was aimed at assessing progress, and results achieved and discussing challenges ahead. The project was represented by the TB LON project director.

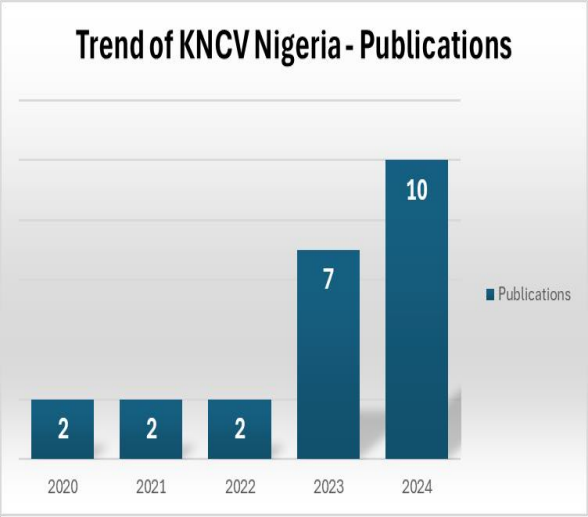
KNCV Nigeria represented by the Director of Lab Services, participated in the supervision of Primestore pilot facilities in conjunction with USAID in May 2024. In June 2024 the project also participated in the joint supervision with USAID to sites conducting the National Drug Resistance Survey in Lagos state Nigeria. In August 2024, the Financial Sustainability Index for TB Validation workshop was held, and the Director of Technical Programs represented the project. The workshop aimed to validate and reflect on TB Financial Index scores and develop an action plan that supports the country in identifying challenges and opportunities along the pathway to sustainability finance efforts to end TB.

The project also participated in USAID FY24 data review meetings which were geared towards reviewing the FY24 data management process across project implementation

The Global Fund procured a total of 411 portable digital x-ray machines for TB active case finding for which the NTBLCP is the principal recipient and the KNCV Nigeria is the technical lead. Following the planned massive deployment of PDX across the 36 states and FCT, there was the need for national guidance on its implementation hence the need to bring all the critical stakeholders to a table to develop a national document and road map to guide the country's implementation of these machines across the 36 states and FCT. A five-day meeting was held in July 2024 to develop the national guidelines for PDX implementation and participation included both USAID-funded and GF IPs, CBOs, regulatory authorities, PDX services providers and the government of Nigeria.

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





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	Onyinye KeneEneh1 , Bethrand Odume1 , Chidubem Ogbudebe1 , Ogoamaka Chukwuogo1 , Debby Nongo2 , Amarachi ObinnaNnadi2 , Cyril Dim3 , Jumoke Adebari4 , Chukwuma Anyaike4 Success Stories as Essential Tool for Tuberculosis Awareness Creation on Social Media: A Case Study of KNCV Nigeria	Nigerian Journal of Medicine, Volume 33, Issue 2, April-June 2024

LESSONS LEARNED

Could this be an epidemic of Tuberculosis in Guma IDP Camp, Benue state? – the WOW truck story from the World TB Week

The Government of Benue State has set up Internally Displaced Persons (IDP) camps for temporal resettlement of the displaced communities affected by heightened insurgency, Guma IDP camp was targeted for sensitization and awareness creation for TB screening during the 2024 World TB Day (WTBD) in the state and the results showcase Active TB Case Finding activities in the Guma IDP camp utilizing the WOW truck.

The WoW truck was deployed to the Guma IDP camp following ACSM to the camp authorities for TB screening during the WTBD 2024. Consenting members of the IDP camp were screened using chest X-ray with AI and W4SS. Identified TB presumptives were tested with the GeneXpert machines in the WOW truck and the GeneXpert negative presumptive TB had their digital x-ray films sent through XMAP, a web based virtual x-ray reporting platform for radiologist's review.

Within a week, 1,175 clients (M,525, F 650) were screened for TB with 98 (8%) presumptive TB identified and evaluated and 25 (26%) TB cases diagnosed. The significant number of bacteriologically diagnosed TB cases (84%) detected within one week has raised a great concern as the IDP may have been a reservoir for TB spread within the nearby communities and beyond due to the mobile nature of most IDP inhabitants.

This success story underscores the effectiveness of targeted TB active case finding using mobile diagnostic units, emphasizing the importance of proactive screening in high-risk populations to prevent outbreaks and transmission.

Innovation in Action: Effective Strategies Deployed During Childhood TB Testing Week in Rivers State

National Childhood TB Testing Week is an initiative of NTBLCP aimed at increasing the TB case finding in children. During this week, healthcare facilities across the country intensified efforts to screen targeted populations, test, and diagnose TB in children.

This focused approach involves enhancing community activities, optimizing resource allocation, deploying innovative diagnostic techniques, and strategic planning for successful implementation. During the Childhood TB Testing Week in Rivers State, teams were mobilized and deployed across all 23 LGAs in Rivers State. Each team was equipped with necessary resources including screening tools, IEC materials, banners, sputum cups, and transportation.

These teams focused on high-risk areas such as urban slums, refugee camps, orphan and vulnerable children (OVC) facilities, healthcare settings, schools, and regions with high TB burdens. To effectively track and monitor field activities throughout the period, an online Google form was created for daily data reporting, ensuring timely collation and reporting.

To support the increased testing demand, sample tracking and redistribution mechanisms were enhanced via the creation of WhatsApp platform. This allowed lab focal persons to provide real-time updates on sample volumes at their respective laboratories, facilitating efficient sample redistribution. This comprehensive approach ensured successful implementation during the testing week.

A total of 9,465 children were reached with screening services. Of these, 1,974 were identified as presumptive and evaluated (20% yield) and 146 were diagnosed and placed on treatment (7% yield). Ages 0-4 years constituted 27% (40 children) of the total diagnosed while ages 5-14 yrs constituted 73% of cases diagnosed Key lessons learned include providing teams with essential resources to ensure that they are well-equipped to operate efficiently in high-risk areas.

Focusing efforts on targeted settings allowed for maximizing impact and reaching vulnerable populations more effectively. The creation of a real-time reporting tool for data reporting was instrumental to maintaining accurate and timely records, which facilitated smooth collation and onward reporting of data.

Workplace Contact Investigation: Lessons from Akwa Ibom State

Contact investigation is primarily implemented in Nigeria among household contacts of index TB patients. This was hinged on the principle that household members are most likely to have shared a significant amount of time and space with the index TB patient, which suggests that they are most at risk of TB infection and disease. This same principle can also be applied to certain workplaces that share similar conditions expected in a household setting; especially as people spend more hours working now than ever before (extended hours, work travel, meetings, etc.)

The index patient here was a primary school teacher who lives with 4 of her grandchildren. Both household and workplace (a primary school) contacts were traced and screened by the Akwa Ibom state KNCV team. At the school, 117 pupils and co-teachers were screened from primary 1-6, 38% were identified as presumptive TB clients, and all were evaluated. Six pupils (13%) were diagnosed with TB and all enrolled in treatment. Worthy note is that 50% of the children diagnosed were from the same class of index TB patient, while the other 3 were from different classes.

The bacteriologically negative household contacts were initiated on TPT. The lesson learned is that it is imperative to document and investigate the occupation of index TB people. This could suggest that the workplace replicates the household setting that favors TB transmission and contact investigation can be explored to break the chain of transmission.

Strengthening Childhood TB and TPT Enrollment in Kaduna State: Impact of Enhanced Contact Investigation in the Private Sector

Childhood TB case finding has been an underperforming indicator for the Kaduna state TB LON project. On the CI-Private intervention, childhood TB case finding has been especially poor with only 4 TB cases being diagnosed through the intervention in FY 23.TPT enrollment in the 0-14yrs age group has also consistently performed poorly. Local government Supervisors have led contact investigations in the private sector in Kaduna state.

However, it was fraught with many inefficiencies and poor yield. In May 2024, the TB LON team

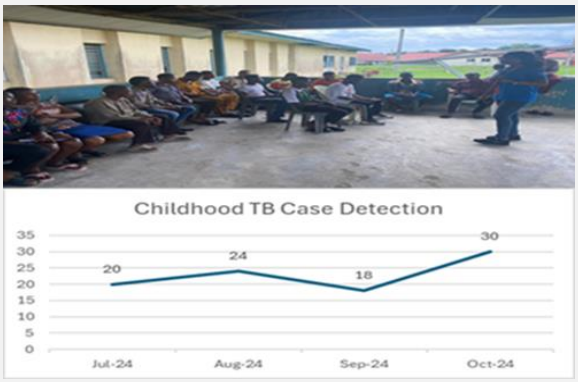
empowered linkage coordinators to conduct contact investigations equipped with the requisite knowledge and tools to perform the activity. It was ensured that the TAT for tracing a client was shortened to a maximum of 72 hrs after enrollment and emphasis was paid to screening child contacts. TPT enrollment was prioritized with community enrollment carried out where possible.

Compared to FY 23, children screened in by the CI-private intervention rose by 905% and presumptive cases identified and evaluated rose by 874% in FY 24. TB cases diagnosed and notified rose by 1675% in FY 24. TPT enrollment also improved from no eligible contact enrolled at the start of the FY to 67% of eligible contacts being enrolled by September 2024. Empowering linkage coordinators with training and resources for rapid contact investigation and child-focused screening can substantially improve childhood TB case detection and TPT enrollment.

Strengthening Patent Medicine Vendors' Engagement for Enhanced Childhood Tuberculosis Case Detection in Akwa Ibom State

The engagement of Patent Medicine Vendors (PMVs) has been instrumental in improving tuberculosis (TB) case detection in Akwa Ibom State. However, recent declines in vendor participation and morale necessitated renewed efforts to sustain their involvement. Monthly data review meetings have served as a platform to foster a sense of ownership among PMVs while building their capacities in childhood TB case-finding strategies.

Prior to September 2024, inadequate funding limited the scope of PMV data review meetings. A significant 300% increase in funding enabled the expansion of these meetings to cover more clusters, enhancing their reach and effectiveness. The meetings included refresher training, emphasizing strategies for identifying and managing childhood TB cases. The intervention demonstrated measurable improvements across the TB care cascade.



From August to October 2024, the number of children screened increased by 38%, the number of presumptive cases identified and evaluated rose by 43%, and the number of diagnosed childhood TB cases grew by 20%.

Enhancing TB Detection Among Internally Displaced Persons: A Collaborative Response to Communal Clashes in Bomadi LGA

Communal Clashes in the Okuama community of Bomadi LGA resulted in the deaths of 17 soldiers and the subsequent displacement of people from that community. The Niger Delta Development Commission held outreaches in July to the IDP Camp in Ughelli South to alleviate some medical issues encountered by the IDPs. NDDC reached out to the TB LON 1 & 2 project through STBLCP to collaborate and provide TB screening Services during the outreach. The outreach was integrated with various diseases programs such as TB, HIV and malaria.

The TB LON 1 & 2 project deployed a Portable Digital X-ray with Artificial Intelligence to outreach. Chest X-ray with AI and the WHO 4 Symptom Screening were used to screen camp participants who gave their consent. TB presumptive cases were identified, and samples were evaluated at GH Otujeremi, positive cases were started on treatment at the same facility. Over a 5-day period 1,055 people were screened out of approximately 2500 camp inhabitants (42% screening) coverage of which 202 were children. 91 TB presumptive cases were identified(9% yield)and evaluated.

A total of 24 people (14M,10F) were diagnosed with TB(26% TB yield). Only 1 child was diagnosed during the outreach. Treatment adherence plans were set up in conjunction with the TBLS and camp officials to ensure treatment completion. The cases identified during the outreach accounted for 27% of all cases diagnosed in the quarter through the PDX intervention. The Key lesson from this engagement is that leveraging innovative technologies such as Portable Digital X-ray with Artificial Intelligence in outreach settings can significantly enhance TB detection, particularly among vulnerable populations like internally displaced persons, contributing substantially to local TB control efforts

Scaling Up Success: Monthly Childhood TB Testing Drives in Cross River State

The National Childhood TB Testing Week was instituted by NTBLCP as a means of boosting childhood TB case finding and this has proven to be an excellent strategy in finding childhood TB cases. However, outside of the testing week, Cross River state has struggled and underperformed on this indicator, especially in Community ACF. Given the success of Childhood TB Testing Week, the Cross-River team instituted a monthly Childhood TB testing exercise. Every third week of the month, community outreaches focus on screening children using the Childhood TB Testing Week strategies. This was piloted in 6 LGAs in July 2024.

9 Childhood TB cases were diagnosed, the highest diagnosed in 2024 outside of the childhood testing week. 32% of presumptive samples evaluated were stool samples and 44 % of cases diagnosed were through stool testing a significant improvement from previous months.

A key takeaway is that regular community outreach, modeled on successful strategies, can significantly improve childhood TB case detection, especially through innovative diagnostic approaches like stool testing.

The Role of Community Volunteers in Improving TB Case Detection in Stand-Alone Labs: The Plateau State Experience

Since the introduction of the Stand-Alone Lab intervention in Plateau state in October 2022, the intervention was plagued by issues such as poor patient volume, staff attrition and refusal of labs to screen clients. This led to poor TB case detection by the intervention.

The KNCV plateau state team conceptualized the use of community volunteers who would be tasked with creating awareness about the SALs and referring possible presumptive TB cases for screening and evaluation. Training of the community workers took place in July 2023 and implementation of the concept began in August 2023. Post-implementation, an increase in the number of TB cases detected was seen from months with 0 cases detected to double-digit case detection. There was also a month-on-month increase in the number of people screened and presumptive cases identified.

A lesson learned was that effective community engagement and utilization of volunteers can significantly improve intervention outcomes.

SUCCESS STORIES

Celebrating Excellence, Innovation, and Partnerships to End TB in Nigeria at the National TB Conference 2024

The 2024 National TB Conference (NTBC), themed "Public-Private Partnership and Integrated Service Delivery: Panacea to End TB in Nigeria," brought together stakeholders from across the country and beyond. The conference was organized by Stop TB Partnership Nigeria and National TB and Leprosy Control Program (NTBLCP) in collaboration with other stakeholders. It also provided the platform to deliberate on topical issues in TB control, foster and harness inter-sectoral and institutional collaboration to end TB in Nigeria.

The conference used plenary and poster presentations, panel discussions, interactive sessions, cross-learning/experience sharing, and exhibition booths as its implementation strategies to ensure inclusive participation. Each panel session was chaired and anchored by seasoned professionals and with discussions drawn from accepted oral abstracts or invited speakers.

The KNCV Nigeria team across USAID TB LON, GF C PPM, GF IMPACT and USAID ACE 6 projects presented 22 oral and 31 poster abstracts showcasing best practices and innovations in TB, HIV and TB/HIV Program implementation in Nigeria. KNCV Nigeria shone brightly at the event, clinching the top three positions in the NTBC Poster Abstract Presentations.

1st Place: Mr. Salau Omotayo (Senior M&E Officer)

"Paradigm Shift in Classification of Eligible Index TB Clients for Contact Investigation: Case Series Evidence from Selected Tertiary Health Facilities in North Central Nigeria"

2nd Place: Ms. Blessing Noah (Senior M&E Officer)

"Intensified Childhood TB Case Finding: Lessons Learnt and Results from the Childhood TB Testing Week in Rivers State - The TB LON Experience"

3rd Place: Dr. Suleiman Bello (TB Advisor)

"Assessing Computer-Aided Detection for Tuberculosis (CAD4TB) Scores' Impact on TB Detection: Insights from Katsina State, Nigeria."

Congratulations to our exceptional team for their ground-breaking research and dedication to ending TB in Nigeria.

Our Stories in Pictures

- A group photograph of the KNCV Nigeria Team including two former Country Directors and former staff at a KNCV Nigeria post -conference Dinner in Bali.
- Matthew Fila the Southern Wellness on Wheels Radiographer receiving the Best Poster Abstract Award at the 2024 NISA Conference.
- GF IMPACT Project training of Radiographers, PMs, SRs, CBOs in the North Central Zone on the use of the Minxray/Qure.ai for the TB ACF in the communities.
- KNCV Nigeria PDX team screening for TB at the Festival organized by NACA for HIV awareness and sensitization as part of the activities to mark World AIDS Day.

KNCV Nigeria 2024 Annual Staff Award

The KNCV Nigeria Staff Awards is an annual event dedicated to celebrating the extraordinary contributions and achievements of the KNCV Nigeria team. This gala event has become a cornerstone in KNCV's calendar, symbolizing a night of recognition, gratitude, and inspiration for everyone involved in advancing public health in Nigeria.

Highlights of the Event:

- Award Categories: The event honors individuals and teams across various categories, such as innovation, long service, leadership, and departmental excellence. These awards recognize the dedication, hard work, and impactful contributions of staff members.
- Distinguished Guests: Each year, the event attracts esteemed guests from the public health sector, partner organizations, and stakeholders, underscoring the significance of KNCV Nigeria's work.
- Inspirational Speeches: The evening features speeches from key figures in the organization and the public health community. These speeches serve as a source of motivation and reflection on the collective mission to combat health challenges.
- Entertainment: Adding to the celebratory atmosphere, the event includes musical performances, cultural displays, and other entertainment activities, making it a night to remember.
- Acknowledgment and Motivation: The awards not only recognize individual and team achievements but also foster a sense of pride and motivation among all staff members. The event reinforces commitment to excellence and innovation in public health initiatives.

2024 Awardees:

The KNCV Nigeria 2024 Staff Award Night, aptly themed "The Titans," celebrated the exceptional contributions and dedication of KNCV Nigeria's staff in the following categories:

- Unsung Hero: Recognizing those who go above and beyond in their roles without seeking the spotlight.
- Long Service Award: Celebrating long-standing dedication and loyalty to the organization.
- Department of the Year: Highlighting the exceptional performance of both operational and program departments.
- Excellence in Research: Honoring outstanding contributions to research and evidence-based practices.
- Emerging Leader: Recognizing up-and-coming leaders within the organization.
- Innovator of the Year: Celebrating innovative solutions and forward-thinking initiatives.

Impact and Future Vision:

The KNCV Nigeria Staff Awards serve as a powerful reminder of the collective effort and dedication required to tackle public health issues. By recognizing the outstanding work of its staff, KNCV Nigeria not only motivates its team but also inspires others in the public health community to strive for excellence and innovation.

As the organization looks to the future, the annual awards night will continue to be a beacon of recognition and celebration, shining a light on the remarkable individuals and teams driving positive change in Nigeria's public health landscape.

REACH VIA SOCIAL MEDIA

2024 KNCV Nigeria Social Media Insights

Social Media Analysis	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Facebook Engagement	8,009	8,245	7,653	14,029
Facebook Followers	11,307	11,408	11,506	11,757
Instagram Engagement	6,089	6,582	7,079	8,346
Instagram Followers	781	819	888	920
LinkedIn Impressions	29,614	27,133	33,108	42,993
LinkedIn Followers	3,943	4,660	4,955	5,368

KNCV NIGERIA WEBSITE INSIGHTS FOR THE LAST 30 DAYS