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2025
ANNUAL
REPORT

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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 | Knowledge Network for disease Control and Vigilance (KNCV) |
| 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 |
| 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

Knowledge Network for disease Control and Vigilance (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 504 (Male - 63%, Female- 37%) 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 programming 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 in FY25 (October 2024 - September 2025), surpassed all targets across the TB screening cascade. Key outcomes include 12,900,554 (170% of annual target) clients screened for TB, resulting in the identification of 959,065 (159% of annual target) individuals with presumptive TB, of which 946,793 (165% of annual target) completed diagnostic evaluation. Of those clients who completed a diagnostic evaluation, 75,707 (164% of the annual target) active TB cases were diagnosed, with 71,951 (156% of the annual target) enrolled on treatment and care within the reporting period. All 71,951 patients enrolled in treatment and care were notified to the National TB program (NTP). Of these, Childhood TB cases contributed 10%. 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 Global Fund PPM grant implemented across five states to enhance private sector involvement in TB control achieved achieving over 113% of the PPM case finding target for 2025, 110% of the community notification target for 2025 and 31% of the target for pregnant women tested for HIV for 2025 in the first three quarters of the project (January to September 2025). In addition, KNCV Nigeria 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.

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 2025.

INTRODUCTION

WHO WE ARE

Knowledge Network for disease Control and Vigilance (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

KNCV Offices

In the year 2025, KNCV Nigeria maintained her Country head office in the same location:

Country head office: Block "B" AUJ Complex, 564/565 Independence Avenue, Central Business District, Abuja, Nigeria. 4 cluster offices (Akwa Ibom, Anambra, Nasarawa and Kano clusters) have also been maintained at the same office locations:

Akwa Ibom Cluster office: No. 27, M-line, Ewet Housing Estate, Uyo, Akwa Ibom State

Anambra Cluster office: 3 Hillary Udeanu Crescent, Abuja Housing Estate Phase II, Near Ngozika Estate, Awka, Anambra State

Nasarawa Cluster office: No. 17 Al-Makura Street, off Shendam Road, Lafia, Nasarawa State

Kano Cluster office: Plot 36, Tukura Avenue Farm Centre, Tarauni - Kano, Kano State.

Most of the state offices have continued to collocate with the various State ministry of health but for Cross River, Kaduna, Katsina and Taraba states where it was imperative for the organization to secure alternative office spaces at these locations. KNCV Rivers State is currently in the process of securing office location. 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. Meetings were hybrid (a combination of physical and virtual meetings). 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 project updates, departmental updates and deliberations on various issues concerning the organization.

Proceedings and records of BOT and MT are stored for record and reference.

Security

In the first quarter of 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 while they were still in operation. For the rest of the year, KNCV Nigeria continued working closely with partner security agencies and security platforms in addition to the organization's security advisor to ensure safety of staff and properties across the country.

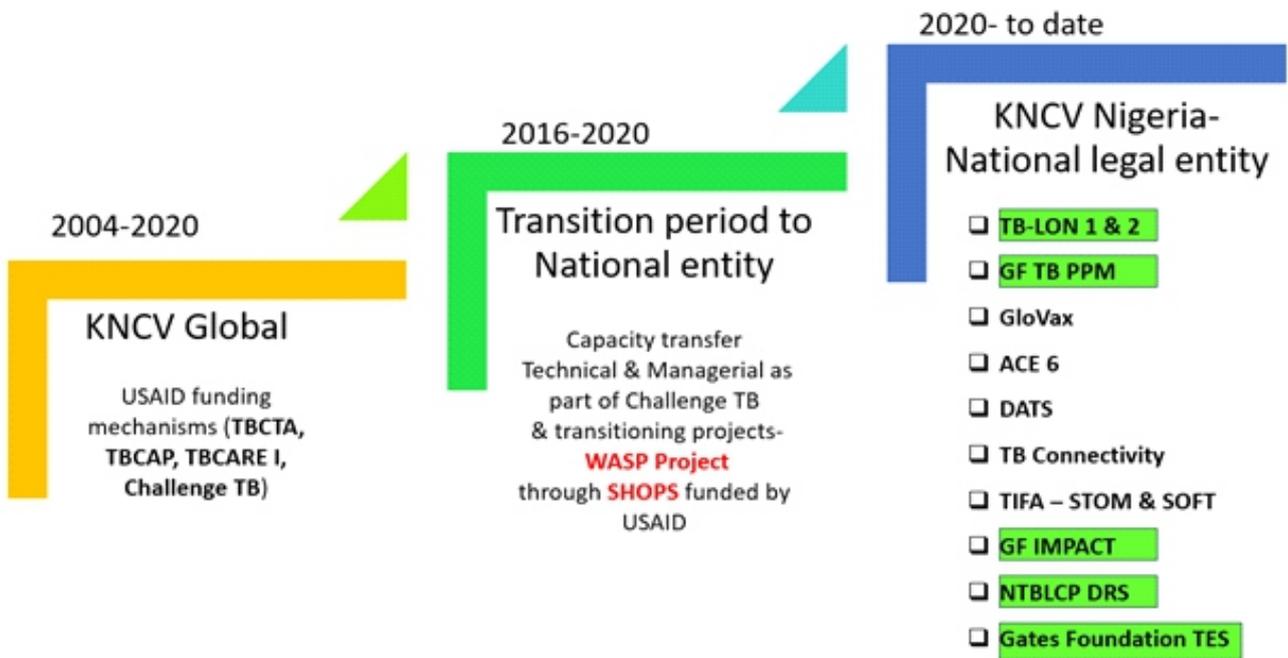


Figure 1: KNCV Nigeria Projects

KNCV NIGERIA PROJECTS' COVERAGE AND MAP

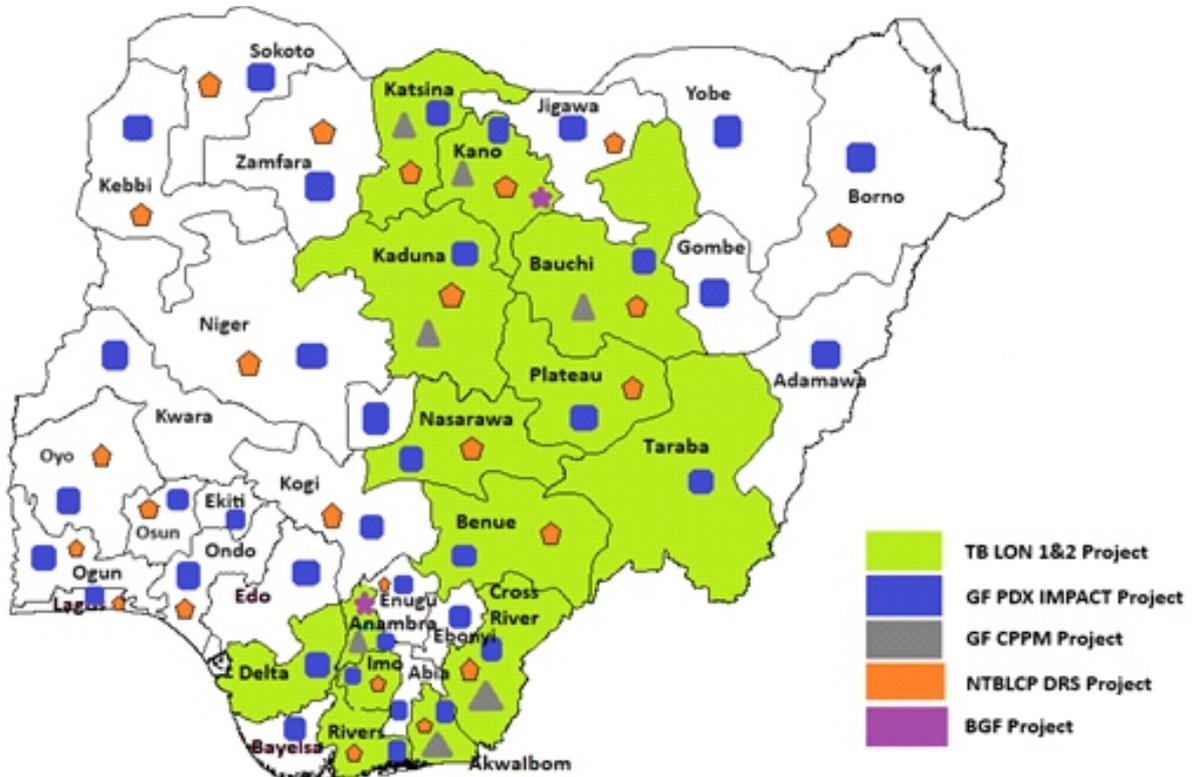


Figure 2: KNCV Nigeria project map Spread across 36 states and FCT

TB LON REGIONS 1 & 2 PROJECT

The TB LON 1 and 2 project, funded by the United States Government (USG), focuses on locally generated solutions to provide TB prevention, screening, diagnosis, treatment, and notification while addressing stigma and discrimination. The project implemented by KNCV Nigeria adopts a mixed model of community and facility-based, health systems strengthening strategies and digital solutions to achieve the project's objectives, which are to:

1. Improve access to high-quality, person-centered TB, DR-TB, and TB/HIV services
2. Strengthen TB service delivery platforms
3. Reduce TB disease transmission and progression and
4. Accelerate TB innovations with improved impact on program implementation.

The TB LON 1 and 2 project is implemented across 14 states in Nigeria, namely, Bauchi, Kaduna, Katsina, Kano, Nasarawa, Plateau, Taraba, Anambra, Akwa Ibom, Benue, Cross River, Delta, Imo, and Rivers State. For managerial and operational purposes, the project states are clustered into four: Akwa Ibom, Anambra, Kano, and Nasarawa clusters, as shown in the map below.

The project provides TB services in 1,207 public health facilities, 698 private hospitals, 2,779 Patent medicine vendors, and 135 community pharmacists, and targeted communities in 334 LGAs spread across 14 states of implementation. To target communities, the project employs multiple systems, including dynamic and predictive analytic models, as well as TB facility record reviews to identify TB hotspots.

In FY25 (October 2024 - September 2025), the project surpassed all targets across the TB screening cascade. Key outcomes attributable to the project's active TB case-finding interventions across the 14 supported states, as shown in Figure 1 below, include 12,900,554 (170% of annual target) clients screened for TB, resulting in the identification of 959,065 (159% of annual target) individuals with presumptive TB, of which 946,793 (165% of annual target) completed diagnostic evaluation. Of those clients who completed a diagnostic evaluation, 75,707 (164% of the annual target) active TB cases were diagnosed, with 71,951 (156% of the annual target) enrolled on treatment and care within the reporting period. All 71,951 patients enrolled in treatment and care were notified to the National TB program (NTP). Of these, Childhood TB cases contributed 10%.

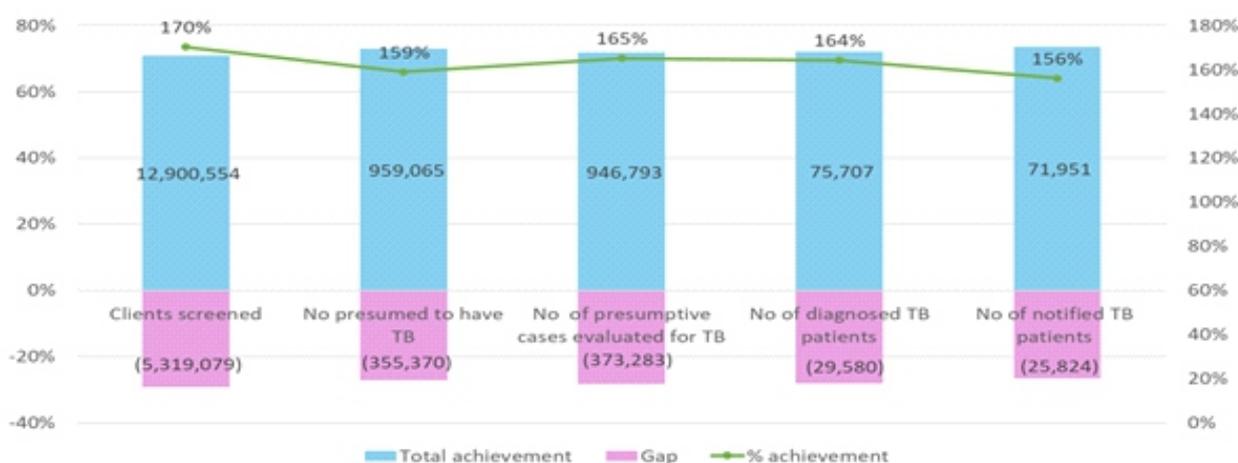


Figure 1: Graph of project achievement against annual FY25 target along key indicators

The Intensified Case Finding (ICF) intervention in public facilities contributed the highest TB cases (40%) to overall case finding in the FY (Figure 2). This was followed by the Patent and Proprietary Medicine Vendors and Community Pharmacists (PPMV / CP) strategy, which contributed a significant 22.1%. Community Active Case Finding (ACF) and Contact Investigation also showed substantial impacts, contributing 14.4% and 12.2% respectively. Other interventions and corresponding percentage contributions to case finding include ICF in private facilities (6.4%), Portable Digital X-ray (2.0%), and Standalone Laboratories (1.3%). The WOW Initiative and ACF in mobile populations made the least contribution, at 1.0% and 0.1%, respectively.

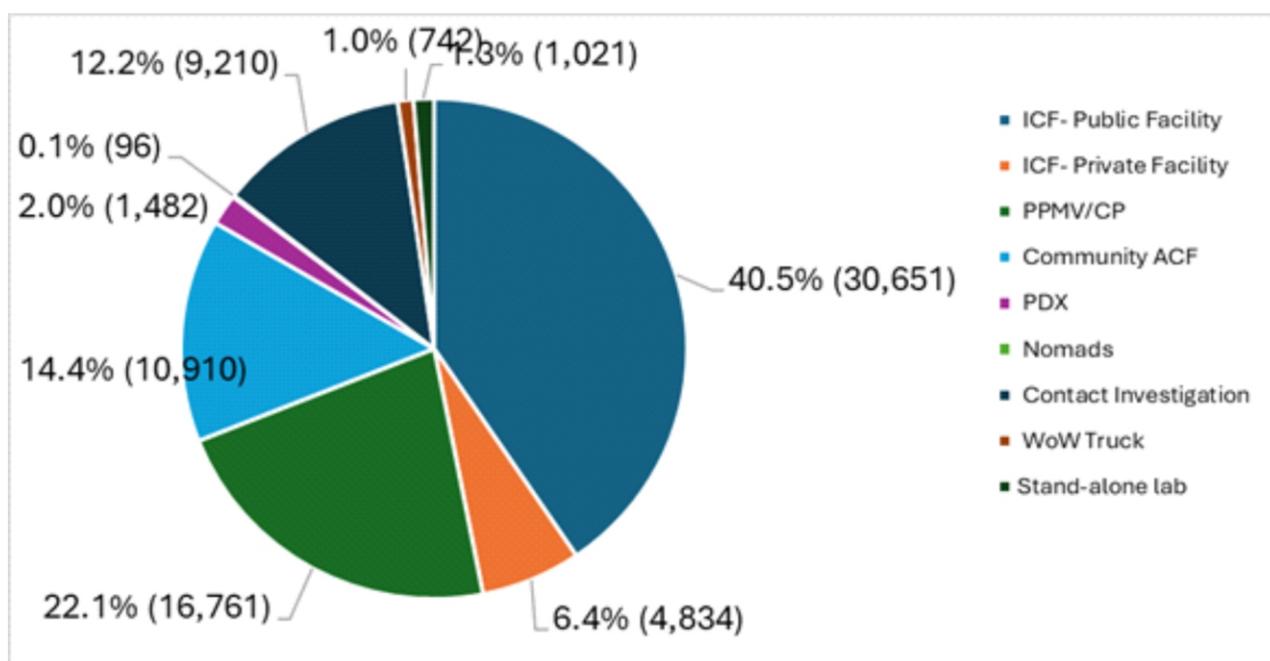


Figure 2: Percentage contribution to case finding by Intervention Type

The TB cascade analysis showed good efficiency with minimal cascade loss. Screening coverage was 98% and the presumptive TB yield was 7.4 % with 99% of the presumptives successfully completed diagnostic evaluation (Figure 3). Among those evaluated, 8.0% were diagnosed as TB patients, with 95% linked to treatment. The gap in treatment enrollment was mainly due to the nationwide drug stockout experienced during the first half of FY25; however, we worked closely with the NTP to mop up drugs from low-burden facilities and redistribute them to facilities with the greatest needs. We also keep a comprehensive line list for tracking all diagnosed patients not yet commenced treatment with detailed biodata, accurate phone numbers and traceable addresses to ensure patients are retrieved and enrolled on treatment as drugs are available. Of the 75,707 TB cases diagnosed, childhood TB accounted for 9.0% of cases, while drug-resistant TB (DR-TB) represented a small fraction at 0.4%

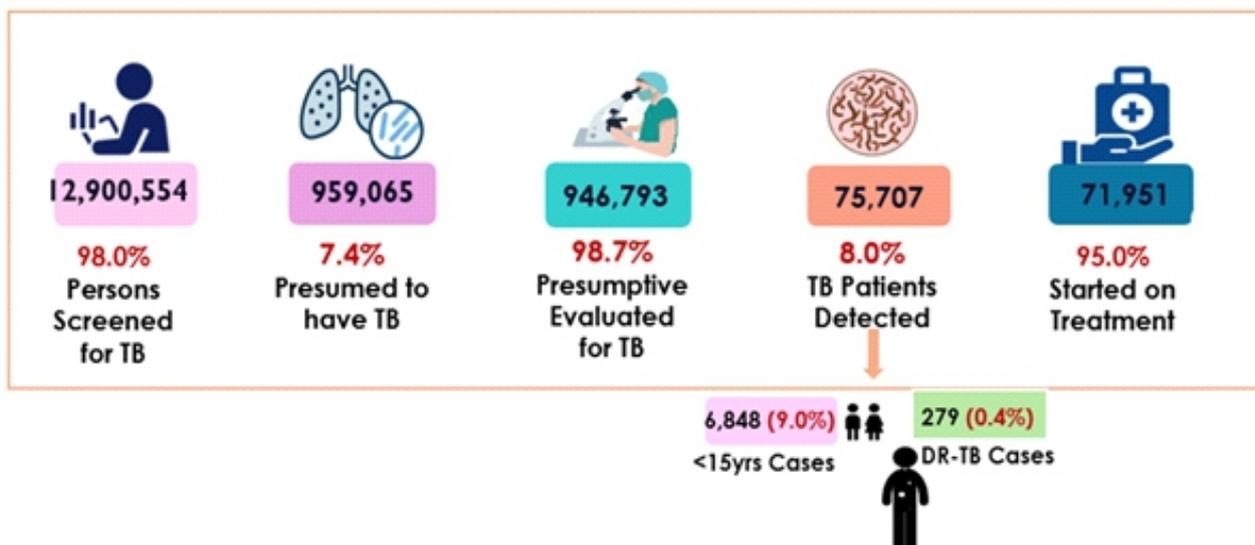


Figure 3: TB screening, diagnosis, and treatment cascade analysis

Comparing the four quarters of FY 25, TB case notification varied, with quarter 2 recording the least TB cases at 10,379, representing a 58% decrease from Q1 notification. FY 25 Q2 coincided with the period of the stop work order issued by the US government and lasted for 6 weeks. When the order was lifted, it took some time to reconvene the team and build momentum. Quarter 3 of FY recorded a significant improvement with a 92% increase in case notification from Quarter 2.

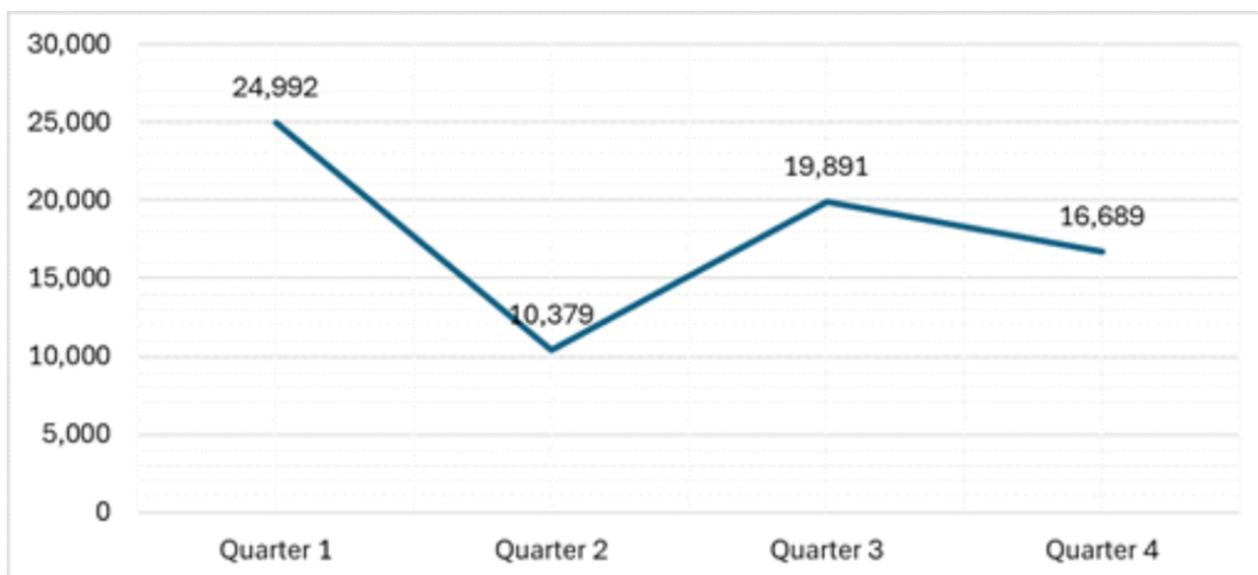


Figure 4: Trend of quarterly TB cases notified in Fy25

Over the years, the project has consistently met and surpassed its annual targets. The US government's focus on only life-saving activities led to the implementation of strategies to ensure optimal TB screening in facilities and communities, and digital solutions were utilized to achieve the targets. The project has studied implementation patterns and constantly addressed program challenges. We have also maintained a cascade reporting and analysis system, promptly identifying gaps and root causes at every step of the cascade and designing specific interventions to address these gaps.

The challenges encountered during the FY and the mitigation measures implemented are shown below:

| Challenges | Mitigation Measures |
|--|---|
| Technical | |
| <ul style="list-style-type: none"> Stock out of Commodities. These include GeneXpert Cartridges, Truenat and TB LAMP reagents <p>This has led to poor evaluation rate, increased sample turnaround time, non-viability of long-stayed samples, especially in sites with poor storage facilities and delayed treatment for those that eventually test positive</p> | <ul style="list-style-type: none"> Sample transport and redistribution to diagnostic facilities Following up with NTP to provide cartridges, TB LAMP, and Truenat reagents Worked with the state TB Program to ensure adequate quantification using QRIF All mandatory documents on failed Xpert modules were generated and shared with Cepheid. Following up for Xpert module replacement. |
| <ul style="list-style-type: none"> Treatment Enrollment gap due to drug stockout | <ul style="list-style-type: none"> Keep a comprehensive line list of patients yet to be enrolled on treatment. Track patients and enrolled them on treatment as drugs are available. |

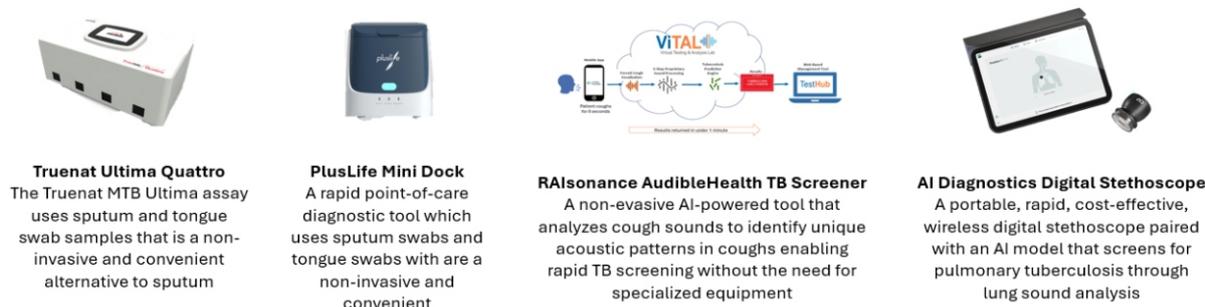
GATES FOUNDATION TES PROJECT

With funding from Gates Foundation, KNCV Nigeria is implementing the Tools Evaluation Studies (TES) project in two states (Anambra and Kano states) in collaboration with the National Tuberculosis, Leprosy and Buruli Ulcer Control Program (NTBLCP). The overall goal of the project is to evaluate the accuracy and operational feasibility of new point-of-care TB diagnostics among presumptive TB clients at primary care settings and patients being screened for TB in community settings. Specific objectives include;

- To demonstrate the use and integration of new diagnostics and screening tools, and assess the operational feasibility of the platforms, including ease of use at the primary health center and in the community setting
- To determine placement and integration of the platforms in the existing TB diagnostic algorithm and potential for scale-up
- To support the NTP in developing the normative guidance and training materials required for integration and scale-up.
- To collect vibro-acoustic measurements from screening populations to inform performance of RAISONANCE cough app as a screening tool for tuberculosis at the primary care and community levels

The project is being implemented using a dual implementation model that combines real-world field deployment with structured operational research. Field implementation focuses on integrating the tools into routine facility-based and community TB screening activities, including active case finding, while the research component will generate evidence to inform national policy, diagnostic algorithms, and potential scale-up. The project focuses on evaluating the feasibility, usability, and programmatic fit of two near-point-of-care (near-POC) molecular diagnostic platforms: PlusLife and Truenat Ultima alongside two AI-enabled TB screening tools: the Resonance Audible Health TB Screener and the AI Diagnostics Digital Stethoscope. Collectively, these technologies aim to address persistent diagnostic gaps at the primary healthcare and community levels, particularly in underserved populations.

The figure below summarizes the various tools to be evaluated:



In 2025, KNCV Nigeria completed key preparatory milestones, including stakeholder engagement meetings with NTBLCP, state TB programs in Anambra and Kano, receipt of diagnostic and screening tools from manufacturers, training-of-trainers (ToT) for PlusLife equipment and the procurement and logistics for equipment, consumables, and field deployment were finalized to support a smooth rollout. Field implementation is scheduled to commence in January 2026, beginning with clustered training for healthcare workers and community teams, followed by deployment of the tools in selected facilities and communities. These next steps will mark the transition from project setup to full implementation and evidence generation.



KNCV Nigeria delegation led by Executive Director Dr. Bethrand Odume during a project introductory meeting with the Honorable Commissioner for Health, Anambra State, Dr. Afam Ben Obidike.

2ND NATIONAL DRUG RESISTANCE SURVEY (DRS) PROJECT

To mitigate potential disruptions and ensure continuity of critical survey activities following the funding cuts from the United States Government (USG) in January 2025, the project successfully leveraged alternative funding through the Federal Ministry of Health Nigeria's Sector-Wide Approach (SWAp) office. This strategic financing enabled the continuation of program implementation across all 24 participating states during the approved project extension period. The SWAp funds were prioritized to address backlog payments for consultants, core project staff, and ad hoc field personnel, thereby stabilizing the workforce and sustaining momentum for survey completion.

With these financial gaps addressed, participant enrollment activities were completed across all 60 survey clusters, led by trained ad hoc staff operating within the cluster health facilities. Concurrently, national laboratory supervisory teams conducted targeted laboratory supervision visits to assess and strengthen readiness for isolate shipment. Laboratory coordination by designated lab associates ensured timely sample processing at culture laboratories, adherence to quality assurance protocols, and shipment of isolates to the zonal reference laboratories. Subsequently, isolates were shipped to the Supranational Reference Laboratory (SRL) in Milan, Italy, for advanced drug susceptibility testing and further analysis, in line with WHO DRS standards.



KNCV Nigeria Executive Director, Dr. Odume Bethrand accompanied by representatives from the NTBLCP and KNCV Nigeria, on a courtesy visit to the Director of Disease Control at the Lagos State Ministry of Health, Dr. Victoria Egunjobi as part of the End-Term DRS Supervisory Visit

An end-term review was also conducted in selected survey sites to assess operational performance; document lessons learned and validate data completeness and quality. Technical report writing also commenced with the drafting of the final DRS report, integration of preliminary laboratory results, epidemiological analyses, and operational insights. This phase marks a critical step toward generating nationally representative evidence to guide Nigeria's drug-resistant TB policy, programming, and future resource allocation

AIDA PROJECT

Developed by KNCV Tuberculosis Foundation, Netherlands and in collaboration with the National Tuberculosis, Leprosy and Buruli Ulcer Control Program (NTBLCP), KNCV Nigeria is piloting "Aida", a virtual treatment supporter available on WhatsApp and powered by OpenAI's GPT-4o model in eight DR-TB outpatient clinics across Kano State, reaching both drug-resistant and drug-susceptible TB patients. The project has a research component designed to assess Aida's feasibility and acceptability as a virtual treatment supporter. Through this, the project seeks to generate



valuable insights on patient engagement, user satisfaction, and the role of artificial intelligence in improving adherence by strengthening self-efficacy and encouraging active participation in TB management. The findings will help refine Aida further and shape strategies

for scaling AI-driven adherence technologies within the TB program.

Project implementation began after introductory meetings with the NTBLCP and the Kano State TB program, followed by training sessions for DOT officers, TB Local Government Supervisors, and state TB program representatives. These interactive sessions provided hands-on mentorship, guiding participants on how to register patients on Aida, support their treatment journey, and make full use of the chatbot's features. On-site onboarding sessions were then conducted to assist DOT officers with patient enrolment, while also documenting early observations from the field. To complement these activities, posters and pamphlets were distributed across implementing facilities, ensuring that patients were made aware of the benefits of enrolling on Aida.

Since the start of implementation, Aida has shown steady enrollment growth, with an average of approximately 5-6 new users enrolled per week, the number of unique users engaging with Aida each week also remained relatively stable over time, averaging around 10-15 active users per week during the reporting period. At the same time, the cumulative number of conversations has increased steadily, indicating repeated interactions by users rather than one-off use. More than half of Aida users (52%) interact in Hausa language. This highlights the importance of offering treatment support in languages that patients are most comfortable using. Aida is designed to support multiple local and national languages, enabling more accessible and inclusive engagement across diverse patient populations.

KNCV NIGERIA GLOBAL FUND COMMUNITY AND PPM GRANT - Gc7

KNCV Nigeria continued the implementation of 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 has a target to support 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.

In the year under review, KNCV Nigeria expanded implementation coverage and supported the states and community-based organizations as well as the private health establishments to optimize TB case finding from private and community structures, as well as improve testing for pregnant women for HIV.

For private health establishments, support was provided 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.

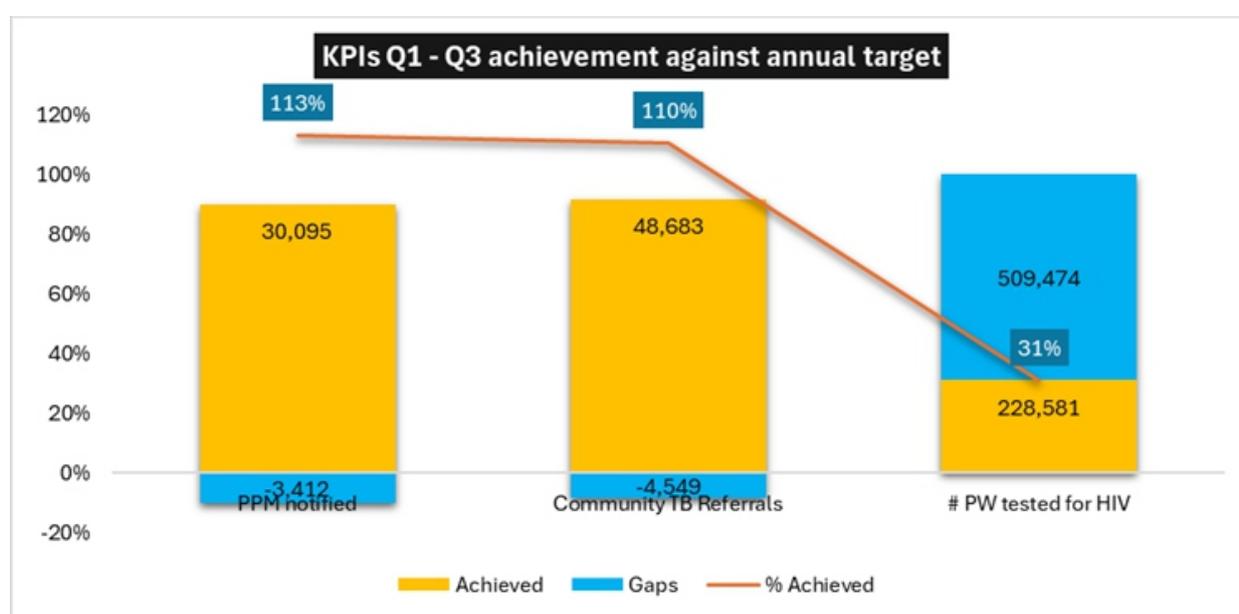
AIDA PROJECT

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, to optimize TB case finding from community structures, KNCV Nigeria continued engagement 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 113% of the PPM case finding target for 2025, 110% of the community notification target for 2025 and 31% of the target for pregnant women tested for HIV for 2025 in the first three quarters of the project (January to September 2025). 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 2025 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), coordinated the complete deployment of 390 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) has scaled 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 has a target 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:

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

In 2025, the focus of the grant was to ensure completion of the deployment of the PDX platforms across all states of the country and the FCT, for both the communities and facility-based platforms. In 2025, a total of 266 additional PDX platforms were deployed for use across all geo-political zones of the country. In the first three quarters of 2025 (January - September), over 780 thousand persons were screened for TB using the portable digital X-rays, and over 23 thousand TB cases diagnosed using this tool. KNCV Nigeria will ensure the optimization of the use of these platforms in the country in 2026.

IMPACT TB screening, diagnosis and treatment cascade analysis – IMPACT States in Q1- Q3 2025



789,557

Persons Screened for TB



125,208

16% Presumed to have TB



111,794

89% Presumptive Evaluated for TB



23,860

21% TB Patients Detected



19,292

81% Started on Treatment

ASCENT DR-TB Project

The ASCENT DR-TB project aims to accelerate and promote the responsible introduction of new drug-resistant tuberculosis (DR-TB) drugs and treatment regimens. It is funded by UNITAID through a three-year grant that commenced in 2024 and was originally scheduled to run until October 2025, with a total budget of USD 134,018. The grant is currently being implemented under a No-Cost Extension, extending activities until June 2026.

Implementation is carried out through a partnership consortium led by KNCV International, in collaboration with KNCV Nigeria, KNCV Indonesia, and the KNCV Central Asia Region covering Tajikistan and Uzbekistan. In Nigeria, the project is being implemented in Kano State, which serves as the primary geographical focus for the intervention. A major milestone was the successful establishment and convening of the quarterly Kano State aDSM Expert Committee meetings, which strengthened coordination among NTBLCP, STBLCP, NAFDAC, KNCV, and civil society organizations. These meetings enabled systematic review of adverse drug reactions, follow-up on prior action points, and identification of implementation gaps. Since the commencement of the project, table below is summary of achievements

A total of One hundred and five (105) participants (comprising 90 males and 15 females) were trained in 2 batches in December 2024 and February 2025 respectively.

25 facilities have received TOT training on the updated Infection Prevention and Control (IPC) materials in Q3 2025.

42% of targeted Facilities have up to date IPC guidelines

50% of targeted facilities have basic equipment for IPC measures

Across the 8 OPD cluster sites, the number of aDSM forms reported in 2025 from Q1 to Q3: Q1 (13), Q2 (10), and Q3 (8).

DRTB Cases enrolled in Kano state - Q1 2025, a total of 40 . In Q2 2025= 37, and in Q3 2025= 32.

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

The KNCV Nigeria Center for Research and Innovation in Disease Control (CRID) is the dedicated research arm of KNCV Nigeria, established to spearhead our strategic research agenda. CRID's mission is to pioneer research, foster innovation, and empower healthcare systems to respond effectively to pressing disease challenges.

Our Approach and Key Achievements

CRID drives progress in disease control through a multi-faceted approach centered on collaboration and the development of novel strategies for disease detection and control.

Pioneering Research: Conducting cutting-edge research in disease prevention and control and utilizing research findings to shape the future of healthcare in Nigeria through informed, evidence-based policy. Our research focus is on a broad spectrum of public health threats, including infectious diseases (e.g., TB, Malaria, HIV/AIDS), non-communicable diseases, genomic research, and disease tracking.

Innovative Solutions: Developing and introducing novel tools and technologies to improve diagnostics, treatment, and public health interventions. We Championed the introduction of state-of-the-art tools such as TB-LAMP, Stool-based Xpert testing, PDX, Truenat, and EWORS etc.

Strategic Evaluation: Evaluating novel and emerging screening and diagnostic tools for enhanced disease detection. CRID, through funding from the Gates Foundation, is currently evaluating Promising TB Screening and diagnostic tools in the pipeline for adoption and scale-up by the National TB and Leprosy Control Program.

Partnerships: CRID's success is bolstered by strong partnerships with key organizations. We collaborate with national and international partners to enhance health outcomes across the country. Some of our key partners include KNCV TB PLUS, Gates Foundation, Aurum Institute, Federal Ministry of Health, Nigeria Center for Disease Control (NCDC) and Global Health

Capacity Building and Partnerships: Building sustainable local capacity is a core tenet of CRID's mandate: We offer specialized training in diagnostics and epidemiology for Nigerian health professionals and implement professional development and mentorship programs.



Cross section of participants, facilitator and KNCV Executive Director at the Training of Trainers (ToT), session for the Gates Foundation Project



Capacity building session

HUMAN RESOURCES DEPARTMENT STRATEGIC REPORT 2025

In 2025, KNCV Nigeria deliberately strengthened its investment in human capital as a core pillar for programme effectiveness, institutional sustainability, and staff retention. With clear approval and strategic direction from Management, the Human Resources Unit led the implementation of a comprehensive capacity-building agenda designed to equip staff with the technical, managerial, ethical, and behavioural competencies required to excel in a dynamic public health and regulatory environment.

Guided by the approved 2025 training schedule, HR ensured that learning interventions were aligned with organizational priorities, donor compliance requirements, and evolving programme needs. Organization-wide trainings were delivered to all staff to reinforce shared standards, professionalism, and accountability. These included Whistle Blowing and Annual Risk Management Training and Personal Safety and Awareness in March 2025, Cultural Intelligence and Inclusivity in April 2025, and Agile Project Management Techniques, Carbon Footprint Reduction, and Virtual Meeting Ethics in May 2025. In June 2025, staff also participated in Data Integrity and Cyber Security Training and KNCV Recruitment and Selection Process Training, strengthening compliance, transparency, and internal capacity for people management.

To support career growth and staff retention, HR facilitated External and Internal Career Advancement Strategies in February 2025, reinforcing KNCV Nigeria's commitment to employee development and progression. In addition, Stakeholder Management and Conflict Resolution Training delivered in September 2025 further enhanced staff capacity to engage partners effectively and manage workplace and programme-related conflicts constructively.

Targeted technical and role-specific training were implemented to deepen programme excellence. Technical teams benefited from sessions on Understanding the TB Screening Cascade in June 2025 and TB Data Collection, Collation, Analysis, and Reporting for M&E Associates, Officers, and Advisors in August 2025. Laboratory and field teams received specialized training on Laboratory and Radiation Safety, ensuring adherence to safety standards across laboratory services, mobile units, and diagnostic platforms.

Leadership and governance capacity were equally prioritized. Performance Management Training for Mid-level and Top-level Managers held in April 2025 strengthened supervisory effectiveness, accountability, and results-based management. This was complemented by Leadership Training for Top-level Managers in September 2025 to enhance strategic leadership, decision-making, and organizational stewardship. Operational efficiency was further reinforced through Procurement and Vendor Management Training in January 2025 for Administrative and Procurement Committee staff, alongside Compensation and Benefits amidst the Nigerian New Tax Regulation for Finance and HR teams, ensuring compliance with evolving fiscal and labour regulations. Additionally, Legal Updates in Labour and Employment Law delivered in August 2025 enhanced organizational compliance and risk mitigation.

Beyond structured classroom engagements, HR actively promoted on-the-job learning through coaching, mentoring, peer knowledge sharing, and performance feedback mechanisms, ensuring that training outcomes translated into measurable improvements in service delivery and staff effectiveness.

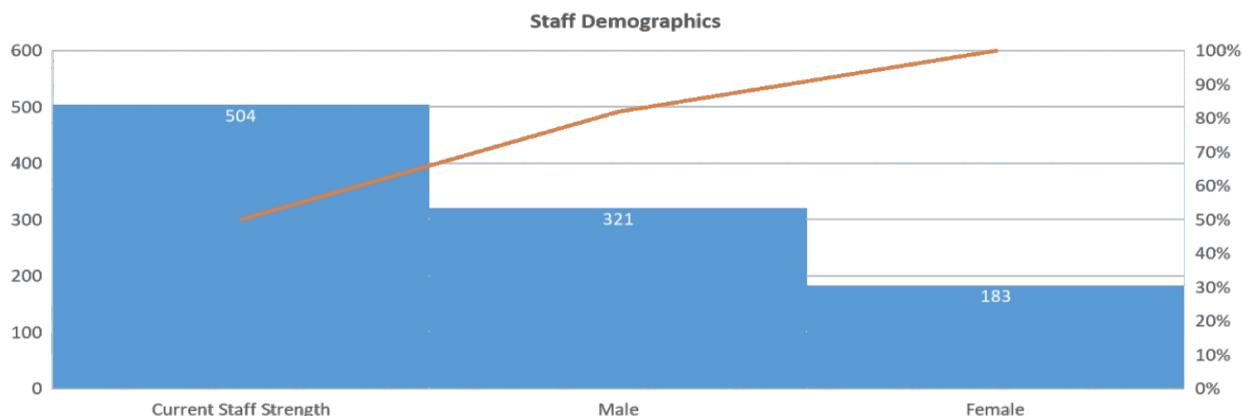
The breadth and depth of the 2025 training interventions underscore KNCV Nigeria's firm belief that sustained impact is driven by empowered people. As the organization continues to grow, Management remains committed to fostering a learning culture that supports staff capacity building, leadership development, and continuous professional growth in line with KNCV Nigeria's mission and strategic objectives.

Capacity Building and Training Highlights 2025

| S/N | Training Topic | Participant Group | Year (2025) |
|-----|---|---|----------------|
| 1 | Agile project management techniques | All Staff | May 2025 |
| 2 | Legal updates in labor and employment law | Operations | August 2025 |
| 3 | Whistle blowing and Annual Risk Management Training | All Staff | March 2025 |
| 4 | Understanding TB Screening Cascade | All Technical Staff | June 2025 |
| 5 | KNCV recruitment and Selection Process | All Staff | June 2025 |
| 6 | Data integrity and cyber security training | All Staff | June 2025 |
| 7 | Performance Management Training for Mid-level and Top levels Managers | All Supervisors | April 2025 |
| 8 | Procurement and Vendor Management Training | Admin and Procurement Committee Staff | January 2025 |
| 9 | Carbon Footprint Reduction | All Staff | May 2025 |
| 10 | Compensation and Benefits amidst Nigerian New Tax Regulation | Finance and HR | January 2025 |
| 11 | Virtual meeting Ethics- | All Staff | May 2025 |
| 12 | TB data collection, collation, analysis, and reporting | M&E Associates, Officers, and Advisors | August 2025 |
| 13 | Laboratory and Radiation safety | Lab Team/Delft/WOW Keke/WOW Truck Team and DLBs | August 2025 |
| 14 | Stake Holders Management and Conflict Resolution | All Staff | September 2025 |
| 15 | Leadership Training for Top Level Managers | | September 2025 |
| 16 | Cultural intelligence and inclusivity | All Staff | April 2025 |
| 17 | Personal Safety and Awareness | All Staff | March 2025 |
| 18 | External and Internal Career Advancement Strategies | All Staff | February 2025 |

Staff Demography and Strength in 2025

KNCV Nigeria currently employs 504 staff across all active projects, including the TB-LON Regions 1 & 2 operating in 14 states, the Global Fund CPPM Project, the Global Fund Impact Project implemented in all 36 states and the FCT, and the Gates Foundation Project running in 2 states. In addition, the organization manages 1,002 ad-hoc personnel, reflecting a steadily expanding workforce aligned with our growing programmatic reach. There are slight changes in the organization demography as the gender percentage in KNCV Nigeria had an upward movement for 2% for female which currently leaves the percentage at: Male - 63% Female- 37%



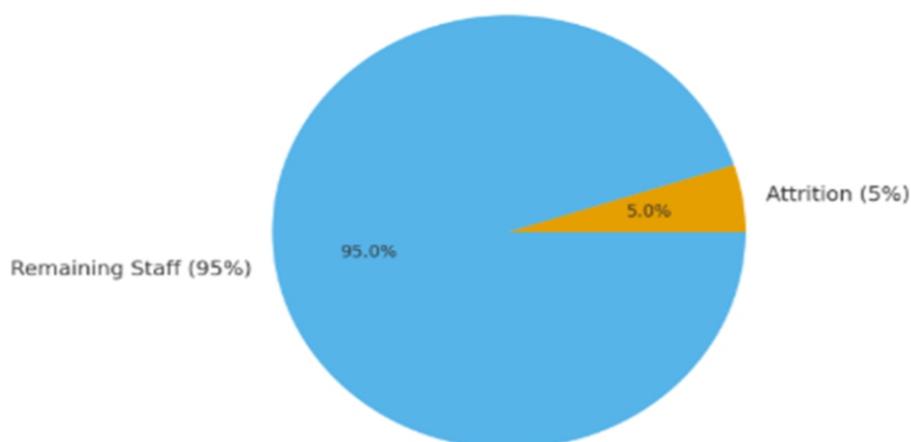
Staff Retention and Attrition in 2025

KNCV Nigeria has consistently demonstrated strong employee retention, reflecting the organization's people-centered Human Resource and Management strategy and its commitment to fostering an inclusive, supportive, and well-structured work environment.

In 2025, KNCV Nigeria recorded a 95% retention rate, corresponding to an attrition rate of 5%. This marginal decline in retention was largely attributable to external and project-related factors, most notably the issuance of a stop-work order by one of the organization's major donors, which resulted in some staff not returning to active service. Additionally, project closures and a limited number of mutually agreed separations, often associated with staff pursuing external career advancement opportunities, contributed to the overall attrition. Importantly, the 2025 attrition did not stem from systemic HR or workplace-related challenges.

Despite these external pressures, KNCV Nigeria maintained strong workforce stability, continued to invest in staff capacity development, and upheld its commitment to employee welfare, engagement, and professional growth. The organization remains well-positioned to sustain high retention levels as programmes stabilize and new strategic opportunities emerge.

Attrition Rate Comparison - 2025 (Total Staff: 504)



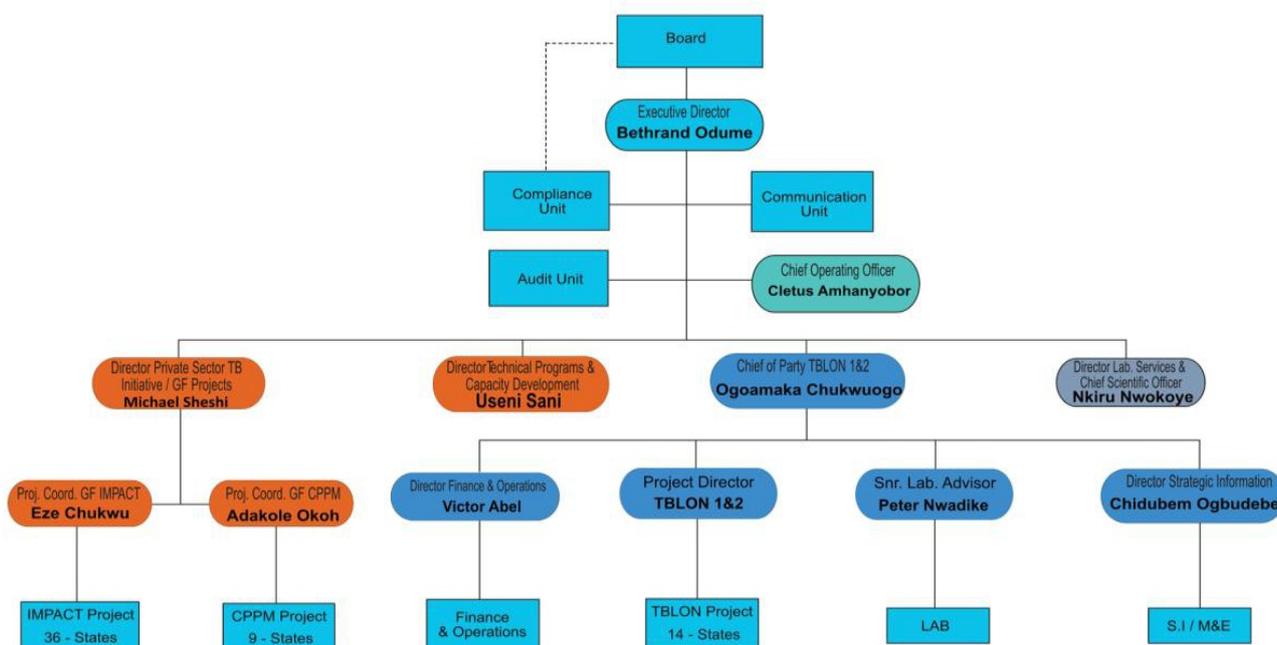
Restructuring and Realignment of Organization Structure

In response to the growing scope and complexity of its programmes, KNCV Nigeria implemented a strategic realignment of its organisational structure to ensure continued efficiency, accountability, and impact. This restructuring was driven by the organization's expanding capacity and the need to remain agile in a dynamic public health environment.

The revised organogram strengthens functional coordination, clarifies roles and reporting lines, and enhances collaboration across teams and stakeholders. It was intentionally designed to support capacity building, applied research, and the seamless implementation of projects, ensuring that human and technical resources are optimally aligned with programme objectives.

This realignment reflects KNCV Nigeria's commitment to delivering sustainable health impact through strong partnerships, evidence-driven practice, and operational excellence. Guided by its vision of advancing a future free from tuberculosis and related public health threats, and its mission to support national systems with expertise and collaboration, the organization continues to evolve—ensuring its structure remains fit for purpose and focused on results.

KNCV Nigeria Abridged Organizational Structure



COLLABORATION AND COORDINATION WITH OTHER STAKEHOLDERS



GOVERNMENT OF
NIGERIA & FMOH

During the period under review, the KNCV Nigeria maintained strong representation and active participation in key national tuberculosis (TB) coordination and review meetings convened by the National Tuberculosis, Buruli Ulcer, and Leprosy Control Program (NTBLCP). In January 2025, the project participated in the NTBLCP Quarter 4 (Q4) 2024 Zonal Review Meetings held across the six geopolitical zones where implementation is ongoing. These meetings provided an avenue for stakeholders to review performance, share best practices, and identify programmatic gaps. KNCV Nigeria's contributions to the national TB response were acknowledged, while challenges in Tuberculosis Preventive Therapy (TPT) implementation, Drug-Resistant TB (DR-TB) case identification, and childhood TB notification were highlighted as key priorities for intensified intervention. Similarly, in April, August and November 2025, the organization actively participated in the NTBLCP Quarter 1, 2 & 3 2025 Zonal Review Meetings across all six geopolitical zones of implementation. These sessions served as a platform for reviewing progress, strengthening collaboration, and aligning efforts with national strategic objectives, with continued focus on addressing challenges in TPT uptake, DR-TB detection, and childhood TB case identification. The organization also fully participated in the 2025 NTBLCP Annual Review meeting, which aimed to assess national and sub-national performance against TB control targets, review programmatic data, innovations, and implementation challenges. It also provided a platform to share lessons learned, align stakeholders on priorities, and agree on strategic actions to strengthen TB prevention, diagnosis, treatment, and reporting for the coming year.

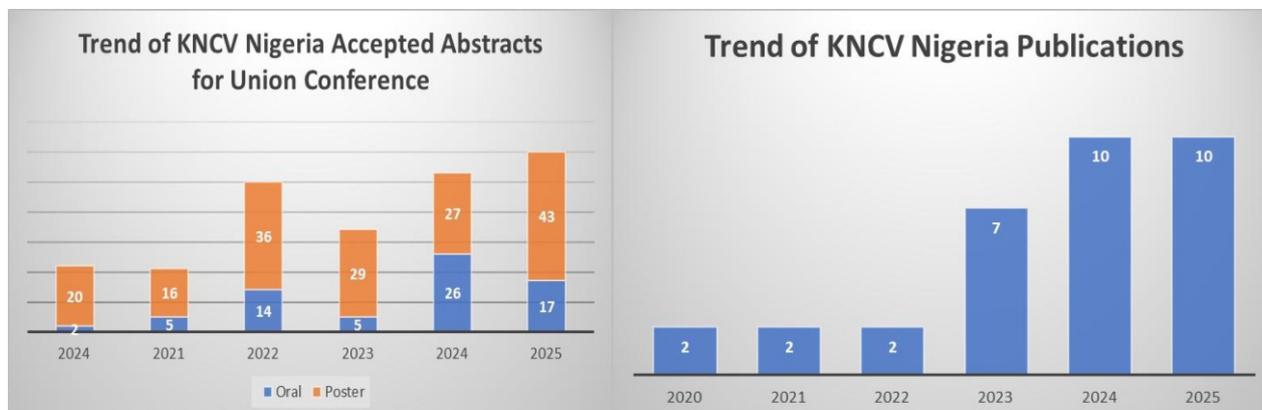
In February 2025, KNCV Nigeria participated in the Global Fund Country Team Mission to Nigeria aimed to engage national stakeholders to review grant implementation status and assess alignment with Global Fund priorities and country needs. It also sought to provide technical guidance, strengthen partnerships, and support timely decision-making to enhance program performance and grant compliance. April 2025 saw the organization participating in the NASCP/SASCP/IHVN/Sub-Recipients (SRs) Meeting. The meeting aimed to strengthen coordination and collaboration among implementing partners involved in HIV and TB service delivery. It provided an opportunity to review implementation progress, address operational challenges, clarify roles and expectations, and reinforce accountability mechanisms across Sub-Recipients.

In July 2025, KNCV Nigeria was represented at the NTBLCP/National AIDS and STI Control Program (NASCP) Stakeholders Consultation Meeting on Pediatric and Adolescent HIV/TB integration which aimed at the following: To review current progress, challenges, and gaps in paediatric TB/HIV Services in Nigeria, to deliberate on strategies to scale up integrated TB/HIV services for children and adolescents, to develop a set of actionable next steps and roles for stakeholders in improving outcomes, and to propose a framework for joint planning, monitoring and evaluation by NASCP and NTBLCP. KNCV Nigeria also took part in the Global Fund mission to Nigeria for mid-term review of the Global Fund Grant Cycle 7 Grant and strategic reprogramming of grant funds held in July 2025. This meeting focused on assessing progress toward Cycle 7 grant objectives, reviewing financial and programmatic performance, and determining the extent to which targets were being met. It further aimed to support strategic reprogramming of grant funds to address emerging gaps, optimize resource utilization, and ensure improved outcomes for HIV and TB interventions.

In August 2025, the Federal Ministry of Health's HIV/AIDS, Tuberculosis and Malaria (ATM) Generative workshop was held, and the organization was duly represented. The generative workshop brought together key stakeholders to co-create and inform policy and institutional frameworks, grounding findings and recommendations in Nigeria's institutional policy and operational realities. Specifically, the workshop aimed at reaching a convergence on the "what, how, when and by whom" of options decisions and priority actions to be taken during a three-year transitional period (2025 to 2028) and reaching a convergence on the principal sources and uses of funds and main gaps to be filled to enable a successful transition (emphasizing but not limited to AIDS TB, and malaria and with attention to vaccines). November 2025 saw KNCV Nigeria participating in the Global Fund mission to Nigeria for a joint HIV/TB Program Review (Strategic Review of Nigeria's HIV & TB Program), which aimed to conduct a comprehensive review of the performance, effectiveness, and alignment of Nigeria's HIV and TB programs with national and global strategic priorities. It also sought to identify implementation bottlenecks, document best practices, and provide evidence-based recommendations to strengthen program integration, sustainability, and impact.

The reporting period also saw significant visibility of KNCV Nigeria's work at both national and international fora. At the Nigeria Implementation Science Alliance (NISA) Conference held in September, KNCV Nigeria presented 5 oral abstracts, 3 e-poster abstracts and 7 paper abstracts by 12 authors, highlighting data-driven innovations from the TB LON projects. At the conference, KNCV Nigeria, in collaboration with NTBLCP and Stop TB Partnership, hosted a panel discussion titled "Accessing TB control through Innovation, Equity and Strong Partnership". The session highlighted field evidence from TB programs, demonstrating how frontline insights, smarter case-finding, and patient-centred support are transforming investments into measurable impact at all levels. Similarly, at the 2025 Union World Conference on Lung Health held in Copenhagen, Denmark, in November, KNCV Nigeria presented 60 scientific abstracts, comprising 17 oral and 43 poster presentations by 46 authors, showcasing field innovations and programmatic achievements and adding to the body of public health knowledge.

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



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LESSONS LEARNED

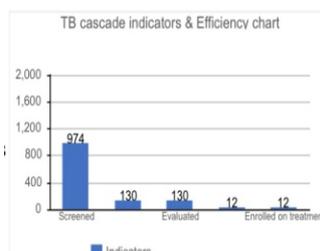
Targeting the Unreached: TB Screening at Local Drinking Spots in Akwa Ibom State

Individuals who frequent local alcohol joints—often located in underserved communities—may be at heightened risk of TB due to factors such as weakened immunity from chronic alcohol use, undernutrition, overcrowded living conditions, and poor healthcare access. Recognising this vulnerability, the Akwa Ibom State TB LON team adopted an innovative approach by integrating TB screening services into local alcohol drinking spots to target difficult-to-reach, high-risk populations and reduce barriers to TB detection.

Communities flagged by the Early Warning Outbreak Recognition System (EWORS) that also have a high number of drinking spots were prioritized for intervention. In collaboration with local stakeholders, the TB LON team mapped alcohol spots in two LGAs—Itu and Uruan which are semi-urban LGAs with a mix of agrarian and fishing communities. Community sensitization and engagement with bar owners was carried out by the LGA TBLS, and only bars that agreed to work with the teams were visited. Screening stations were strategically set up around the drinking spots, and between the peak hours of 5:00 pm to 9:00 pm, the WHO 4-symptom screening (W4SS) checklist was administered to patrons. Presumptive TB cases were identified, and sputum samples were collected for testing. The outreach spanned from January 5th to January 25th, 2025, covering eight different spots.

A total of 974 people were screened, and 130 presumptive TB cases were identified (13% yield). 12 TB cases were diagnosed, a yield of 9%. The proportion of males amongst the total screened was 74% and 26% were females. 92% of diagnosed cases were male. For both genders, 77% of the people screened were within the age ranges of 25-34 years and 35-44 years. A key lesson learned is Bringing TB screening to non-traditional settings like alcohol joints can significantly improve access to TB services

among high-risk populations, especially adult males who are often missed in routine facility-based TB case finding.



Driving Impact with Data: Using Portable Digital x-ray with AI Technology to Boost TB Detection in Awe LGA, Nasarawa State

Awe LGA, located in Nasarawa State, Nigeria, is a semi-urban area where access to diagnostic health services remains limited.

A review of historical data of TB case finding showed low TB case notification by the LGA across all interventions.

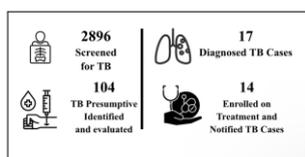
Access to TB services, insecurity, and a lack of a functional diagnostic platform in the LGA were identified as some of the root causes of the low case notification. In April 2025, the Nasarawa TB LON team deployed the Mobile Portable Digital X-ray (PDX) unit for active TB case finding in Awe LGA.

Engagement of community gatekeepers and traditional leaders was carried out in collaboration with the TBLS. Screening was carried out in local markets, worship centres, and motor parks. Sputum samples from Presumptive TB cases were collected and tested using Genexpert.

Ten outreaches were conducted, and the PDX team screened 1,900 individuals across the LGA. Of these, 195 individuals with symptoms or CAD4TB scores ≥ 40 were identified as presumptive TB cases, a presumptive yield of 10%. GeneXpert testing confirmed 28

bacteriologically positive TB cases, a TB Yield of 14%. All positive cases were linked to treatment at the nearest DOTS centres.

Community awareness about TB also improved through the accompanying health talks and engagement sessions. A key highlight of this exercise is the strategic use of local TB notification data, enabled targeted deployment of Mobile Portable Digital X-ray and CAD4TB technology, leading to an increase in case detection and faster linkage to treatment. This highlights the effectiveness of data-driven planning in overcoming access barriers and achieving tangible public health outcomes

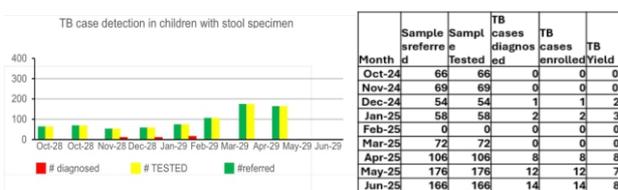


Mitigating Challenges Associated with Childhood TB Active Cases Search: Stool Sample Generation in Anambra State

Stool-based molecular testing for tuberculosis has emerged as a critical diagnostic innovation, addressing longstanding challenges in childhood TB case detection, such as children's inability to produce sputum and poor access to X-ray services. In Anambra state, stool sample generation and quality as well as yield from stool testing were suboptimal. Between October 2024 and March 2025 only 319 stool samples were referred for testing, and only 3 cases diagnosed

In April 2025, the Anambra team trained surge coordinators and facility staff on symptomatic screening of children, counselling of parents and quality sample collection and handling. The trained staff were positioned in selected high-volume PHCs across 15 LGAs where they prioritised screening on immunization and nutrition clinic days. They followed up the presumptive clients to their homes, retrieved samples and transported them to the lab for evaluation. From April-June 2025, 448 stool

samples were referred for testing, a 40% increase from the preceding 6 months. 34 cases were diagnosed and enrolled within this period, over 1000% improvement. The major lesson learned is that Targeted training of health workers, coupled with proactive community follow-up and quality sample management, can significantly improve stool-based TB diagnosis in children, turning a low-yield intervention into a high-impact strategy.



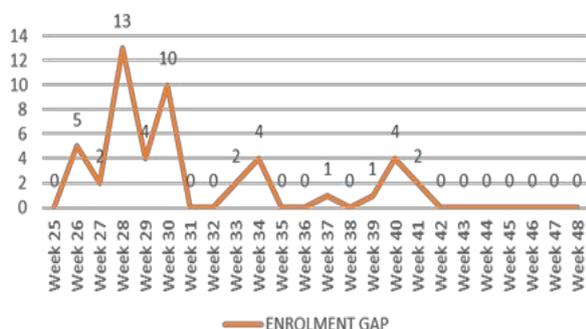
Operation Lafiya A Ko'ina: Using Community Motorbike Riders to Sustain TB Treatment in Security Compromised Areas of Dutsinma LGA

Dutsinma LGA has been plagued by insecurity and banditry for several years. This has impacted on the provision of TB services in the LGA. In March 2025 with heightened insecurity in the LGA, gaps in enrolment began to surface, especially from clients diagnosed through community ACF. From week 25 to week 30 of FY 25, an enrolment gap of 34 clients was experienced. In collaboration with the TBLS, the TB LON Katsina team launched Operation "Lafiya A Ko'ina," an initiative that utilised commercial motorbike riders within bandit-occupied areas to deliver medications to clients diagnosed in those areas. The DOTS officers identified such riders, shared descriptive addresses and phone numbers with them and gave them medicines to deliver. Before takeoff, it was ensured that the clients were available to receive the medication. The CTWs in those areas also provided a second layer of tracking to ensure the medication reached the right client. Counselling and follow-up of these clients was carried out by the DOTS officer via telephone to ensure adherence. Clients then returned to the clinic when it was safe. Of the 34 clients not enrolled from week 25 -31, 32 were enrolled by the intervention (2 clients died). Also, from week 31, there was a gradual decrease in the number

of clients not enrolled in treatment and by week 48, 7 consecutive weeks of a zero-enrolment gap were realised. Community-driven and context-specific solutions, such as leveraging trusted commercial motorbike riders, can bridge service delivery gaps during periods of insecurity, and TB treatment continuity can be maintained when interventions are flexible, locally adapted, and supported by strong collaboration between health workers and the community



Enrollment Gap Trend in Dutsinma LGA from March-August 2025 (TB LONFY25)



Bridging the Gap in TB Services: TB Case-Finding Successes from Isolated Settlements in Sardauna LGA

Sardauna LGA in Taraba State is one of the most difficult terrains for health interventions under the TB LON project. Characterized by mountainous topography, scattered settlements, and limited road access, communities in this LGA often remain underserved by routine health services. These geographic challenges contribute to delayed health-seeking, underdiagnosis of

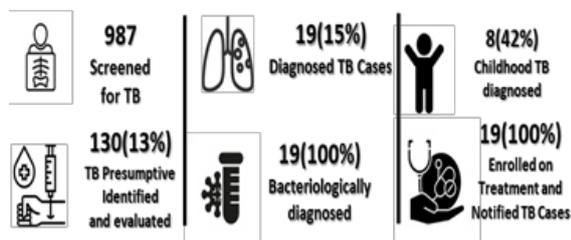
tuberculosis (TB), and gaps in linkage to care. To address persistent low TB case detection in hard-to-reach areas, in November 2025, the TB LON project prioritized targeted outreaches in extremely remote communities—specifically Vakude Village and Mbar Tulle Village

The CHWs embarked on the following activities in the communities visited:

- Engagement of community leaders and community sensitization
- Door-to-door mobilization and screening using the W4SS whilst prioritizing childhood TB screening due to historically low detection in this population
- Sample collection, transportation and testing of presumptive TB cases
- Immediate enrollment of TB patients diagnosed on treatment



Across 2 outreaches conducted, a total of 987 persons were screened and 130 presumptive TB cases identified (13% presumptive yield). All presumptive TB cases were evaluated, and a total of 19 TB cases were diagnosed (15% TB yield). Notably, 8 childhood TB cases were diagnosed, accounting for 42% of cases detected. 50% of cases detected in Vakude village were childhood TB cases. A key lesson is that hard-to-reach outreaches are essential for identifying missed TB cases, particularly among children who often have limited access to diagnostic services



| | Vakude Village | Mbar Tulle Village | Total |
|------------------------------|----------------|--------------------|-------|
| No Screened | 456 | 531 | 987 |
| Presumptive TB Identified | 60 | 70 | 130 |
| Evaluated | 60 | 70 | 130 |
| TB Cases Diagnosed | 12 | 7 | 19 |
| Childhood TB cases diagnosed | 6 | 2 | 8 |
| Enrolled on treatment | 12 | 7 | 19 |

Improving TB Detection Among High-Risk Diabetic Populations: Insights From Routine Screening at UUTH, Akwa Ibom State

People living with diabetes have an elevated risk of developing tuberculosis (TB) due to impaired immunity. Integrating TB screening into diabetes clinics provides a strategic entry point for early case detection among this high-risk group. Under the TB LON project, as part of intensified case finding in public facilities, routine TB screening was institutionalized within diabetic clinics in University of Uyo Teaching Hospital (UUTH) to improve case detection and linkage to care

A retrospective review of program data collected between October 2024 and November 2025 was conducted. All clients attending the diabetic clinic were screened for TB symptoms at each visit. Individuals identified as presumptive TB cases were evaluated using standard diagnostic algorithms, including GeneXpert testing and chest X-ray where

indicated. Data were analyzed to determine screening coverage, presumptive identification, diagnostic yield, and treatment enrolment. Across the 14 months, 2,896 diabetic patients were screened. A total of 104 presumptive TB cases were identified (4% yield), and all 104 (100%) were evaluated. Seventeen TB cases (17) were diagnosed, resulting in a TB yield of 16%. Of the 17 diagnosed, 14 (82%) were successfully enrolled on treatment. Chest X-ray supported diagnosis in several months, highlighting its complementary value for TB case evaluation among diabetics. The lesson learned is Integrating TB screening and diagnostic evaluation within diabetic clinics is highly feasible and produces meaningful yield in a high-risk population. The model is effective and scalable for similar settings, highlighting the importance of routine bidirectional TB–diabetes screening within Non-Communicable Disease clinics



Revitalising Intensive Case Finding through Quality Improvement: Strengthening Ad-hoc Staff Performance in Kano State

Intensive Case Finding in Public Health Facilities has remained a major contributor to case finding efforts by the Kano state TB LON project. However, in May 2025, a decline in case-finding numbers and overall efficiency in the intervention was observed. A root cause analysis found that ad hoc staff, the backbone of the

intervention, had become apathetic to their duties and the quality of screening services provided was not optimal. Between August and September 2025, the Kano state team embarked on a series of quality improvement visits to public facilities

These visits aimed to verify ad-hoc staff attendance, assess the quality of screening services, engage with facility management on ad-hoc staff management, and provide on-the-job mentoring to ad-hoc staff. Adhoc staff with poor performance were placed on Performance Improvement Plans and or reposted to another facility

September 2025 saw a 95% improvement in case finding numbers compared to August 2025 (which had the lowest case finding in FY25). Although screening coverage and presumptive yield did not improve, TB yield improved from 6% to 9% and evaluation rate from 88% to 94%. Quality Improvement visits have been routinised to ensure better efficiency across the screening cascade. This underscores that regular quality improvement visits, focused mentorship, and performance management of frontline staff can significantly enhance the effectiveness of TB case-finding interventions in public health facilities.



| periodname | Target population | Clients screened for TB | Clients presumed to have TB | Presumptive cases evaluate for TB | Clients diagnosed | TB patients started on treatment |
|----------------|-------------------|-------------------------|-----------------------------|-----------------------------------|-------------------|----------------------------------|
| March 2025 | 97407 | 80706 | 5110 | 4789 | 408 | 373 |
| April 2025 | 164317 | 142741 | 8097 | 7596 | 602 | 593 |
| May 2025 | 181975 | 149296 | 7673 | 6983 | 524 | 437 |
| June 2025 | 161784 | 138783 | 6204 | 5506 | 420 | 399 |
| July 2025 | 200303 | 173456 | 7477 | 6953 | 492 | 361 |
| August 2025 | 208331 | 179423 | 6347 | 5666 | 346 | 345 |
| September 2025 | 233432 | 181195 | 7725 | 7256 | 674 | 681 |

SUCCESS STORIES

From Illness to Healing: How Contact Tracing Helped Save a Family in Wase, Plateau State

In January 2025, Mallam S. Mohammed, a hardworking farmer from Wase Local Government Area (LGA) in Plateau State, received a life-changing diagnosis, he had Tuberculosis (TB). The news came as a shock to him and his family, but it marked the beginning of a journey toward recovery.

Due to a temporary "Stop Work Order" that happened between February and March, contact tracing was delayed, leaving his household vulnerable. When TB program activities resumed in April, healthcare workers swiftly traced and screened a total of nine household contacts; out of the nine, three were found to be presumptive TB cases, including two children. Sputum and stool samples were collected from the three contacts and evaluated. Thankfully, all results came back negative. As a precaution, the entire household was placed on Tuberculosis Preventive Therapy (TPT) to protect against future infection.

Prior to the 'Stop Work Order'. The Directly Observed Treatment (DOTS) officers had been responsible for monitoring TPT adherence, but follow-ups were inconsistent. To improve this, the Plateau State TB LON team introduced a new strategy: monthly home visits and phone calls by trained contact tracers to ensure clients stayed on track with their treatment.

During one of these visits, a Community Health Worker noticed that two children, Safiya, age 6, and Atika, age 2, were coughing persistently. Out of concern, the CHW collected stool samples for further testing. The results confirmed that both girls had drug-susceptible TB.

They were immediately enrolled in treatment. Under the close supervision of the TB LON team, both children began to recover. Their coughs subsided, their energy returned, and they resumed their playful routines, which became a source of joy and relief to their family.

By July 2025, the index client, Mallam Mohammed, had completed his treatment and was officially free from TB. His family continued to receive regular follow-up visits to ensure full recovery and adherence to therapy.

This story is a testament to the power of contact tracing, preventive therapy, and community-based follow-up. What began as a frightening diagnosis became a journey of healing, thanks to the dedication of health workers and the resilience of a family in Wase.



Mallam S, Mohammed, during one of the team's monthly visits.

Contact Tracing Saves Lives: Aondofa Apar's Journey to TB Prevention in Gboko South

When 50-year-old Aondofa Apar, a dedicated farmer from the Gboko South community in Benue State, received the news that his younger brother had been diagnosed with tuberculosis (TB), he had no idea that it would mark a turning point not just for his brother but for his entire family.

His brother, a 35-year-old student at a tertiary institution, was bacteriologically diagnosed with TB after seeking care for a persistent cough. Fortunately, after comprehensive counselling from a DOTS (Directly Observed Treatment Shortcourse) Officer, he was immediately started on treatment. What followed, however, was a vital component of Nigeria's TB control strategy: contact tracing.

Recognizing that close contacts of TB patients are at an increased risk of infection, the DOTS Officer promptly initiated contact investigation. Aondofa and his four siblings were identified as household contacts and screened using Sputum samples, which were collected and sent to the General Hospital in Gboko for analysis using the GeneXpert protocol, and the results returned bacteriologically negative. Additionally, Mr. Aondofa underwent a chest X-ray due to complaints of cough and chest pain; however, the findings were also negative.



Mr. Aondofa Apar

Though all five tested negative for active TB, they were enrolled on TB Preventive Therapy (TPT), a globally recommended intervention aimed at preventing the progression of latent TB infection to active disease. Since March 2025, the Apar family has been receiving TPT at Favour Medical Centre in Gboko, a private facility supported by KNCV Nigeria through the TB LON I & 2 Project. They will complete their preventive treatment in May 2025. For Mr. Aondofa, the experience has been transformative.

"I am grateful for the health worker who traced us," he said. "Without them, we wouldn't have known we were at risk. TPT gave us peace of mind. I want others to know it's worth it. Don't wait until it's too late."

Mr. Aondofa's story underscores the lifesaving potential of contact tracing and preventive therapy. Tuberculosis remains one of the world's leading infectious disease killers, yet it is preventable and curable when communities are reached early and systematically.



Dr. Diara Johnson, KNCV Nigeria Senior Program Officer in Benue State, alongside Mr. Aondofa Apar, during a follow-up visit at Favour Medical Centre, Gboko.

Contact tracing enables health systems to identify and assess individuals who have been exposed to an infectious TB case, especially within households where transmission risk is highest. When combined with TPT, this approach not only prevents future cases but also disrupts the transmission cycle, making it a cornerstone of national and global TB elimination strategies. The World Health Organization (WHO) recommends TPT for all eligible contacts of bacteriologically confirmed TB cases, particularly in high-burden settings like Nigeria.

Through its robust support for the Private Mix model, KNCV Nigeria continues to extend the reach of TB prevention and care across underserved communities. By equipping private and faith-based facilities, such as Favour Medical Centre, with the necessary tools, training, and supervision to deliver TPT and conduct effective contact tracing, KNCV Nigeria is helping ensure that no family is left behind.

Our Stories in Pictures



- This year, we celebrated all five members of Northern Wellness on Wheels (WoW) TB Diagnostic Truck team, who are redefining what it means to be frontline health workers.
- The KNCV Nigeria Lagos State IMPACT project team hosted their PDX/CXR Annual Review Meet. KNCV Nigeria participated in the session with the Executive Director, Dr. Bethrand Odume, in attendance.
- Finance System Enhancement session for KNCV Nigeria - Finance, Compliance, Audit, Procurement, HR and Admin Units in readiness for the deployment of new Finance Management System - Microsoft Dynamics 365
- WTBD sensitization and screening at community Primary and secondary school Umundonor Oyigbo
- Ms. Husna Baffa receives an award as the 3rd best poster abstract at the 2025 NISA Conference
- Dr. Nkiru Nwokoye, Director of Laboratory Services at KNCV Nigeria, warmly received visiting delegates from Eiken Chemical Co. Ltd. Yasuyoshi Mori, Ph.D. (Senior Vice President, R&D Division), Norihiro Tomita (General Manager, Fundamental Research Laboratory), and Junji Arita (Head, Global Health Department) alongside Ms. Elizabeth Maduka (Managing Director) and her team from McPage Investment Ltd. during their courtesy visit to the Central Office in Abuja.

KNCV NIGERIA 2025 ANNUAL STAFF AWARD

The Knowledge Network for disease Control and Vigilance (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.

KNCV Nigeria recently held her Annual Staff Awards Ceremony, a memorable and inspiring event themed "Champions of Excellence: Advancing Health, Inspiring Impact." The ceremony brought staff, both physical and virtual, together to reflect on a year of resilience, innovation, and unwavering commitment to improving health outcomes.

The awards ceremony was not just a celebration but also an expression of gratitude to staff who consistently go above and beyond. The KNCV Nigeria Executive Director, Dr. Bethrand Odume, commended staff for their professionalism, adaptability, and passion, especially in a year that demanded resilience and creative problem-solving.

In his goodwill message, Prof. Idoko, the KNCV Nigeria Board of Trustees Chairman, highlighted the expansion of KNCV Nigeria's footprint and programming, emphasizing how this growth has translated into expanded reach, strengthened partnerships, and deepened impact across states and communities. He acknowledged that the organization's progress is a direct result of the commitment and excellence demonstrated by staff at all levels, and he encouraged everyone to sustain this momentum as KNCV Nigeria continues to scale its impact in advancing public health.

The event was a special moment to pause, celebrate, and recognize individuals and teams whose dedication and outstanding performance have significantly contributed to our mission, particularly in advancing tuberculosis (TB) interventions and strengthening health systems across our operations.

Ultimately, the ceremony highlighted the collective power of teamwork and excellence. It reaffirmed our shared values while reinforcing our collective commitment to excellence, accountability, and lasting impact. With renewed motivation and shared purpose, we step into the new year energized and ready to build on these successes.





2025 Awardees:

The KNCV Nigeria 2025 Staff Award Evening celebrated the exceptional contributions and dedication of KNCV Nigeria's staff in the following categories:

- Above and Beyond: Recognizing those who go above and beyond in their roles without seeking the spotlight.
- Frontline Staff of the Year: Celebrating frontline ad-hoc staff who have distinguished themselves in the discharge of their duties.
- 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.
- Employee Ambassador: Celebrating staff that exemplify KNCV Nigeria's core values and practice these values.

Impact and Future Vision:

The Knowledge Network for disease Control and Vigilance (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

2025 KNCV Nigeria Social Media Insights

| Social Media Analysis | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|-----------------------|-----------|-----------|-----------|-----------|
| Facebook Engagement | 32,225 | 31,495 | 60,936 | 118,587 |
| Facebook Followers | 11,582 | 11,642 | 11,643 | 11,695 |
| Instagram Engagement | 3,379 | 4,234 | 15,261 | 19,378 |
| Instagram Followers | 925 | 968 | 1,010 | 1,053 |
| LinkedIn Impressions | 21,014 | 23,346 | 31,119 | 327,381 |
| LinkedIn Followers | 4,182 | 5,392 | 5,670 | 6,535 |

KNCV NIGERIA WEBSITE INSIGHTS

Stats at a Glance

| All Time Stats | | Most Popular Times | | |
|--|--------|--------------------------------|--------------------------------|-------------------------------|
|  Total Page Views | 85,741 | Top days | | |
|  Total Sessions | 56,906 | Thu 18.73% of Views | Wed 16.86% of Views | Tue 16.33% of Views |
|  Number of Posts | 0 | Top hours | | |
|  Number of Pages | 92 | 11 AM 6.81% of Views | 10 AM 6.47% of Views | 2 PM 6.38% of Views |
|  Number of Comments | 0 | | | |

