STOP TB PARTNERSHIP-TB REACH GRANT

"ENGAGING PRIVATE HEALTH PROVIDERS AND NHIS TO SCALE UP ACTIVE TB CASE FINDING AMONG VULNERABLE POPULATIONS PROJECT"

APRIL ACTIVITY REPORT

PROJECT DESCRIPTION

The Aurum Institute and its consortium partners Ghana National TB Voice Network, Afro Global Alliance are working with the Kumasi Metro Metro Health Directorate and the Accra Metro Health Directorate to undertake a targeted TB case finding intervention using private health care providers in densely populated areas in Kumasi and Accra.

As a community mobilization strategy, TBVN is using football which is a national passion, to create awareness about TB and spread the message that TB is curable, and its diagnosis and treatment is free. This initiative dubbed "Kick TB Gala" under the "Know your Lungs" campaign is being done in five (5) Kumasi sub Metros -Asokwa, Subin, Bantama, Manhyia South & North.

TBVN intends to use evidence-based data to target high burden TB communities as one of the approaches to engage community actors to undertake and support community actions that reduces TB associated stigma and discrimination. The community actors -MPs, Assemblymen, women and key Opinion leaders, as well as the system in which they operate, will provide a safety net for trained TB detectors to undertake door-to-door TB awareness creation, oral TB screening, notification and treatment support.

In the active community TB case finding, screening of individuals for TB symptoms is being carried out by trained TB detectors using the standard TB questioner tool develop by NTP. Private health facilities screen all individuals who visit the OPD and other identified centres in the selected health facilities for TB symptoms while trained TBDs' visit homes of TB patients to screen all individuals and available household members for TB symptoms. TB symptoms are assessed via cough, fever, weight loss, night sweat, and lymph node, spine, bone and abdominal swellings.

Individuals with a cough of more than two weeks with or without other clinical presentations are identified as pulmonary TB.

In case of an absence of cough, if an individual has fever and the presence of one of the many TB related symptoms. Individuals identified as TB suspects will be referred to a TB clinic for further evaluation by a clinician. If no symptoms are reported, no further attempts will be made.

For diagnosis of TB among the suspects submits three sputum specimen (spot-morning-spot) at the health facility for microscopy. Trained lab staff will guide patients on how to produce good quality sputum samples. Diagnosis of TB is made in line with NTP guidelines. Pulmonary smear-positive is defined as a positive sputum smear confirmed with one or more positive smear. Pulmonary smear negative is defined by negative smear for AFB(Acid -ferbacillus) with radiology, clinical and or histology findings, consisting with active TB, followed by the decision made by a clinician to treat with a full course of TB chemotherapy. Extra pulmonary TB(EPTB) will be based on histological or strong clinical evidence consistent with active EPTB, followed by the decision made by a clinician to treat with a full course of TB chemotherapy. HIV counselling and testing will be provided to all persons with suspected TB during submission of their sputum for microscopy.

All newly diagnosed TB patients will start on first-line anti-TB drugs in accordance to the NTP guidelines. TBDs will follow up on patients who interrupted treatment and encourage them to commence or complete TB treatment.

Trained TB supervisors will visit the health facilities weekly to supervise and retrieve collated data. Data on all individuals screened for TB will be obtained from the screening forms/referral forms, while data on all TB treatment will be from treatment cards and TB registers. This include TB care registration, age, sex, HIV status, smear status, type of TB patient, patient's demographic and clinical characteristics.

Project goal:

The goal of the intervention is to improve TB case notification by finding the missing 30,000 undiagnosed cases yearly. To be able to do this the consortium partners will oral screen close to 1,300,000 vulnerable persons in Accra and Kumasi.

At least 1210 TB patients will be diagnosed, enrolled on national health insurance scheme (NHIS), receive free TB treatment and support during monthly review visits to the private clinics. Notification and treatment outcomes would be reported to NTP. Upon treatment completion, TBDs would visit these patients every 2 months over a 6 months period.

ACTIVITIES IMPLEMENTED BY TBVN IN APRIL 2019

- Organized one community entry and TB/HIV awareness creation campaign dubbed "*Kick TB Football Gala*" in Dakodwom-Kumasi.

- Organized one review meeting with TB detectors at the Regional Coordinating Council Conference Room – Kumasi.

Activity One:

Community Engagement Activity / Community Health Screening and Community house to house, door to door TB screening.

Date: 27th April 2019 **Venue:** Dakodwom- Kumasi

Objective:

- TBDs door to door, house to house TB oral screening.
- TB message dissemination through local community radio, house to house, door to door engagements.
- Outreach health screening for vulnerable populations using integrated community health promotion (ICHP).

Narration of Activity Undertaken:

TABLE :1 (PRTICIPANTS LIST OF TBDs', SUB-METRO CORDINATORS, MEDIA PERSONNEL AND OPINION LEADERS)

Category	**Male**	**Female**	***Sub-groups***			
			PWDs	***Children***	***Youth***	***Others (Specify…)***
Direct Reach	12	29				
Indirect Reach	5	0				
Total	**17**	**29**				

The community health screening and *Know Your Lung Campaign* was undertaken in Dakodwom in the Asokwa sub metro of Kumasi. The area was chosen because it is an urban slum.

Densely populated, low income, urban slum settlement inhabited by poor and lower middle-class families is a ripe environment for TB spread. Poor sanitary conditions are typical of any congested urban settlement. The slum is comprised largely of a heterogeneous group of people, dumpsites and displaced population; majority of whom are living in unstructured or informal temporary settlements with poor or no proper ventilation to allow for easy air circulation. These are conditions that facilitate easy spread of TB.

As part of the project implementation, TBVN is using evidence-based data to target high burden TB communities as one of the approaches to engage community actors to undertake and support community actions that reduces stigma and discrimination, improve TB case detection and TB notification. The community actors as well as the system in which they operate will provide a safety net for TBVN trained TBDs to undertake door-to-door TB awareness creation, oral TB screening, case finding and treatment support.

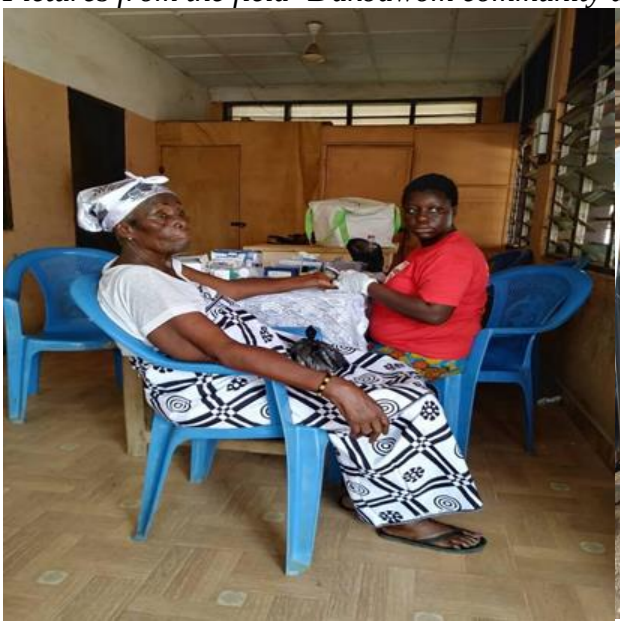
TBVN held sensitization meetings on the 20th and 25th of April with community leaders in Dakodwom with the aim of mobilizing community resources and support for the health screening intervention. TB messages were disseminated through the local radio at the Dakodwom community centre and churches with a focus on basic facts about TB and availability of the services in the local dialect - Twi and Hausa. The meetings prepared the ground for the community activation.

On 27th April 2019 trained TBDs conducted targeted community screening and referred presumed TB cases for testing. The Dakodwom community screening is intended to create the needed traffic to accredited private clinics and community pharmacies around Dakodwom and surrounding Enron's for TB screening and case finding. Presumed TB patients will be tested and enrolled on free treatment and NHIS for coverage of consultation to private clinics.

In collaboration with the Kumsai Sub-Metro health management team, outreach health screening sessions for 1400 men, women and youth was organized. The session also made available to women and men at their work sites and where possible, the door to door counseling and testing was adopted in order to allow easy accessibility to TB services. Provision of information health-related issues including hepatitis B screening, BMI, STIs and HIV/TB, malaria, blood sugar test, blood pressure monitoring and referrals for continuity of care and counselling on test results by a community health nurse. After the outreach health screening, 1201 people had access to health screening. Male 561 and female 640 with 19 referrals.

Through this activity, the level of health education and access to health services was improved.

Pictures from the field- Dakodwom community durbar/integrated health screening




GHANA NATIONAL
TB VOICE NETWORK

TABLE 2: SCREENING DATA FOR DAKODWOM TB ACTIVITY/ COMMUNITY DURBAR

	SCREENING			REFERRALS		
NAME	**MALE**	**FEMALE**	**TOTAL**	**MALE**	**FEMALE**	**TOTAL**
Sheila Amartey	25	35	60			
Alhassan Abu Safian	7	18	25			
Ofori Bless	8	12	20	2	2	4
Usama Abdul Malik	5	16	21			
Michael Yebaoh	21	19	40	1	1	2
Emmanuel Boadu	24	36	60			
Kofi Gyimah	24	30	54			
Mubarack Mohammed	24	20	44			
Rahina Abdul Rashid	14	23	37			
Vida Pokuwaa	31	39	70			
Amina Haruna	10	10	20			
Suad Yusif	10	13	23			
Huma Mohammed	11	15	26			
Mahmud Raihana	12	16	28			
Janet Antwiwaa	23	17	40			
Anastasia Appiah	23	17	40			
Harriet Boakye	15	25	40			
Boateng Vivian	18	22	40			
Daina Kusi Frimpong	19	17	36	1	1	2
Robila Mahammed	10	17	27	1	0	1
Iddriss Abdul Rauf	7	13	20	0	1	1
Zainab Yakubu	14	22	36	0	1	1

Linda Frimpomaa	26	8	40			
Emelia Anogya	18	33	51	0	1	1
Cynthia Yankey	10	10	20			
Naomi Owusu Bimpong	26	26	52	2	1	3
Angelina Danso	14	14	18			
Sarah Nsiah	7	13	20			
Veronica Awuah	5	15	20			
Hajaratu Rashid	19	11	30			
Amoo Aboakye	18	8	26			
Nkrumah Asher	29	11	40			
Wisdom Hipenu	29	11	40			
Afoakwa Rosemond	6	11	17			
Shirley Yeboah	23	17	40	1	0	1
TOTAL	**561**	**640**	**1201**			**19**

Activity Two:

National TB Voice Network Monthly Review Meeting with TB Detectors
Date: 29th April 2019 **Venue:** Regional Coordinating Council Conference Hall, Kumasi

Objective:

a) To review TBDs door to door, house to house oral screening activities undertaken for the month of March 2019.

b) Share implementation challenges, good practices and lessons learnt to promote Peer to Peer learning between TB detectors.

c) Capacity improvement for community-based sputum handling and transportation to GeneXpert and other diagnostic sites.

d) Capacity improvement for utilization of diagnostic algorithms (screening tool), data recording and reporting.

TABLE TWO: TBDS REVIEW MEETING ATTENDANCE

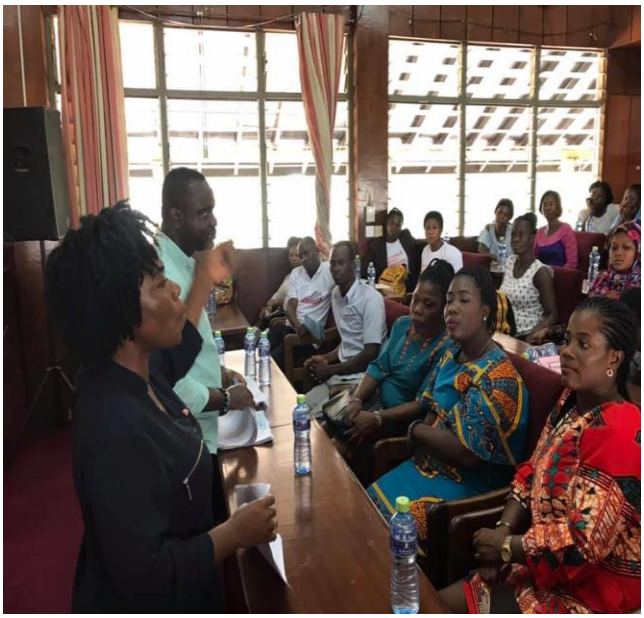
Category	**Male**	**Female**	***Sub-groups***			
			PWDs	***Children***	***Youth***	***Others (Specify…)***
Direct Reach	13	35				
Indirect Reach	10	2				
Total	**23**	**37**				

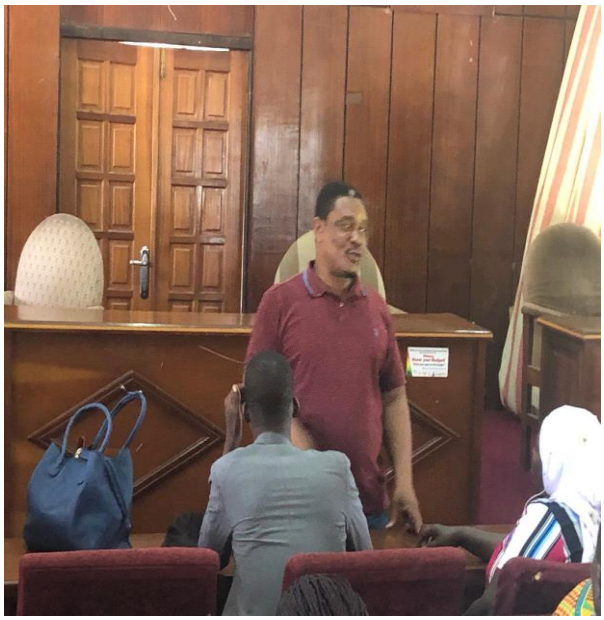
Narration of Activity Undertaken:
The April review meeting started at 10:00 am with an opening prayer by Genevieve Dorbayi followed by introductory messages from Jerry Amoa Larbi- Executive Secretary of the Ghana TB Voice Network. Dr Nii Nortey Hanson Nortey country director Aurum and Jabina Anaman-Program Manager, Aurum Institute then gave their opening remarks. Jerry Amoa-larbi commented that cases detected for the month of Aril was 24 case. He emphasized that TBDs should try and work hard to find the missing cases since the success of the project depended on increased TB case notification. He further stated that issues or challenges with screening tool entry should be a thing as we approach half way in project implementation.

Alfred Tsiboe Data officer for GNTBVN also commented that, TBDs were working hard and should be commended however there is still room for improvement on case notification if TBs

could improve on their judgement of clients. TBDs and their supervisors were given the chance to collate their screening data for the month and present based on their sub metro.

Presentations were made by Mallam Hussein, Afrifa Debrah and Ebenezer Opambour respectively.Kwadaso TBDs monthly screening and referral data was 1493 with 71 referrals. Bantama, Subin and Asokwa TBDs had 2201 screened and 41 referrals. Manhyia north and south had 2808 people screened with 71 referrals.





Key Issues Discussed:

Lilly Kusi TBD – "*I referred someone to martha dei but the original form I gave the facility was taken and replaced with another form and directed to another lab facility for diagnosis which the client couldn't afford so I took her to Atonsu. I have referred 3 cases to the same facility, and they were not taken care of*". This remark was responed to by Jabina Anaman. She said the nurses complained that a lab man came for the training instead of a nurse and that's why they refuse to direct patients for diagnosis.

Ano Efia Serwaa, TBD raised the point that "*To get a case is not easy, there should be more advertisement on radio and TV media to help create awareness.*

Emmanuel Boadi, TBD also commented on the fact that *"Motivation is also very little. The work we do and places we visit to get cases does not match the motivation given.*

Diana Kusi Frimpong TBD *"We also need a formal identification such as ID cards this makes individual more open to screening*".

The TBDs also had issues with the County hospital: According to Hussein Alhassan "*I took a case there and they said the quantity was small but trinity took up same sample for diagnosis though it was negative"*. Jabina Anaman mentioned that the minimum amount of sputum to be collected is 1 milimetre so she also said the quality of the sputum is necessary and should be yellowish in color.

Jabina Anaman mentioned that there has been an increase in the number of cases but then they cannot be recorded because they are not within the designated metro for the Aurum project. She added that, patients should be educated and advised to choose facilities within the project scope to ensure treatment support and recording of case to increase case findings.

Micheal Mensah Monitoring Manager for Aurum suggested that to make this possible facility names should be written on referral forms and not 'TBDs name' to ensure that cases are retuned to facility after diagnosis is complete. Chronic cases though, cannot be transferred to private hospitals since they may not have the capacity to treat patients.

Another issue was the restrictions on sputum collection at Trinity facility which wasn't helpful. But the Aurum management confirmed that they were still working on it. High charges was the main factor creating this issue.

Difficult clients who will not agree to treatment after diagnosis. Jabina emphasized the need to work or liase with TB coordinators in this issue, she stated that this is where they should be called on to offer their expertise in treatment support and adherence since they are professionals in that regard.

Dr. Nii Nortey also stressed on the fact that contact tracing was not being optimized. Adherence counselling for TB clients and TBDs should play their role as treatment supporters.

TABLE THREE: TBDs SCREENING DATA FOR APRIL 2019

Name	Screened Male	Screened Female	Total	Male Referred	Female Referred	Total Referred	Confirmed Cases
Sakina Amadu	64	56	120	1	0	1	
Wisdom Hupenu	64	86	150	0	4	4	
Gladys Pinamang	93	123	216	2	6	8	1
Gifty Woode	94	113	207	3	8	11	2
Grace Osei Kusi	20	40	60	2	4	6	
Amma Sarpong Asante							
Vivian Boateng	53	87	140			3	
Rashid Hajaratu	65	75	140			4	
Linda Frimpomaah	46	54	100			4	
Harriet Boateng	84	76	160			1	
Eno Afia Serwah	46	51	97			0	
Afoakwa Rosemond	33	99	132	5	9	14	2
Emmanuel Boadi	153	107	260	4	2	6	2
Mubarik Mohammed	59	101	160	1	2	3	
Haruna Amina	89	131	220	5	1	6	
Sheila Amarety	78	100	178	4	6	10	1
Veronica Awuah							1
Shaddres Akomah							
Vida Pokuaa	84	96	180	0	2	2	1
Nkrumah Asher	81	110	191	3	2	5	
Sarah Nsiah Sarfo	60	115	175			2	1
Janet Antwiwaa Boateng	74	94	168			3	1
Anastasia Appiah	70	74	144			1	
Angelina Danso	64	76	140			4	1
Mabel Peprah	50	50	100			0	
Bless Ofori	61	80	141			3	
Priscilla Benson	66	94	160			3	
Ebenezer Opambour Agyemang							
Humu Mohammed	82	118	200	4	2	6	

Mudu Salamatu	62	58	120	4	0	4	
Naomi Owusu-Bimpong	44	96	140	3	8	11	3
Diana Kusi Frimpong	28	36	64			4	
Cynthia Agyekum	75	87	162			3	
Abigail Afranewaa	24	52	76	1	5	6	2
Kofi Gyimah	30	39	69	4	0	4	1
Michael Yeboah Anin							1
Rahina Abdul Rashid	70	92	162	5	0	5	1
Zainab Yakubu	74	86	160	1	0	1	
Suad Yussif	83	97	180	4	1	5	
Amoo Aboagye	36	36	72	0	0	0	
Iddries Abdul Rauf	78	88	166	3	1	4	
Alhassan A. Safian	60	94	154	5	2	7	1
Robila Mohammed	68	108	176	2	1	3	
Mahmud Raihana	75	105	180	0	7	7	
Usama Abdul Malik	98	106	204	2	11	13	1
Shirley Yeboah	77	83	160			1	
Hussien Alhassan							
kofi Debra Afrifa							
Emelia A. Anogya	64	104	168	0	0	0	
Lily Kusi	68	82	150			5	1
Total	**2847**	**3655**	**6502**	**68**	**84**	**193**	24

Activity Outputs/Results:

1. 48 TB detectors sensitized on how to undertake community entry-House to house, door to door TB oral screening.
2. TBDs updated on the use of the social media platform as an information sharing platform and using TB Sub metro coordinators as linkages to private health facilities/clinics.
3. 48 TB detectors equipped in the use of the TB screening tool and referral forms.
4. 48 TBDs capacity built on how to report on TB cases detected.

CHALLENGES

- Contact tracing by TBDs – clarification of inclusion and exclusion criteria as well as capturing contact tracing as a separate activity.
- Geographical Scope of work by TBDs – targeting screening within only the 5 sub metros as well as screening sites i.e community, household contact tracing and household TB screening.
- Referrals to public health facilities outside the TB reach approved facilities/ private facilities.

RECOMMENDATIONS

1. Increase Frequency of Community Activities to improve on Case Notification and Detection -*Kick TB Gala and Know your lung Campaigns* can be used to scale up the OTCMS, Pharmacy and Facility interventions.
2. TBDs Assigned to OTCMS/Pharmacies to follow up on referrals, supervision of sputum production and collection should be supported with T&T and communication remuneration.
3. HIV testing during community activations *Kick TB Gala and Know your lung Campaigns should be captured as part of first 90 campaign and integrated into the Aurum TB Reach reporting and shared with NACP*

4. Collaboration with healing centers and prayer camps for TB screening – Developing a message that allows both TBDs and institutional heads to reach the clients within their centers and camps.
5. TB case finding information cards for TBDs to enhance community active case finding.
6. Re-packaging of the KYL messages for TBDs and OTCMS/Pharmacies –*free TB testing, diagnosis and treatment to get clients to easily submit themselves for TB screening.*
7. Bi monthly OTCMS, pharmacy monitoring and supervision field visits/Meetings –
8. This will ensure accurate TB screening, client judgement, data entry and referrals.
9. Optimization of collaboration with TBDs and supervisors

WORKPLAN FOR MAY-JUNE

- **25th – 29th May Stakeholder Engagements with Opinion leaders**
- **30th May - 1st June KYL Activity at Atasemanso community park**
- **2nd June - 3rd June Aurum M&E coordinators Meeting**
- **4th June - 5th June TBVN review meeting**
- **6th - 9th June Imams engagement, Ed Eddar festival Kick TB gala and community health screening activities**
- **14th – 15th June KYL Activity at Old Tafo**
- **29th – 30th June Kick TB Gala, Ohwim/Amanfrom**