

Nigeria Stop TB Partnership

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Value added of the partnering initiative

- **Why was the partnering initiative established? What was the major problem that you wanted to address by establishing a partnering initiative?**

Nigeria has the highest tuberculosis (TB) burden in Africa and is 4th among the 22 countries with high TB burden globally (2009 Global TB report). The estimated incidence for all cases is 311 per 100,000 pop (460,000). Although the National TB control programme (NTP) aims at detecting 70% of these cases and cure 85% of them, only about a third are being detected annually. Some of reasons for this very low case detection include low level of awareness among the populace on TB as well as low political commitment from policy makers. The Nigeria Stop TB partnership (NSTBP) was created to support the NTBLCP address these challenges. It was envisaged that the NSTBP would be a platform where by all civil society organizations (CSOs) working in TB in the country will buy into the National TB plan according to their individual expertise so as to improve the above mentioned programme targets.

- **How has the partnering initiative responded to that problem? In what way has the situation changed? What has been the value added for different partners and for TB patients?**

The Nigeria Stop TB partnership (NSTBP) was launched in April 2009 to support the NTP address these and several other challenges. Following its take off, the NSTBP did a mapping of partners working in TB control in the country together with the TB services they provide. Based on their core competencies, each partner took activities from the National TB plan for implementation. Most of these activities are related to advocacy communication and social mobilization (ACSM) and were somehow related to achieve the other objectives of the national TB plan.

- Do you think the partnering initiative has worked so far?
 - If it has worked well, why? How have you set it up? What process have you used? What were the main steps?
 - If it has not worked that well, why? What do you think has hindered your efforts? Would you try it again, and why? How would you revitalize it?

Yes. From its inception to date, the NSTBP has made modest achievements such as the development of a constitution, strategic plan in line with the country's National Tuberculosis Control Programme (NTP) plan, and registration of the partnership with constituted authorities, formation of a functional website, engagement of the media, resource mobilization from the GF round 9.

However, in spite of these achievements, the NSTBP was inundated with teething challenges, which included lack of proper understanding of the vision and shared common goal of the partnership (individual partners focused on individual interests), non recognition of the common goal of the partnership, lack of clarity on role of partnership (contrasting perceptions such as some partners worrying about a controlling attitude of the NTP and the NTP itself worrying about the creation of a parallel body which may empty its institutional mandate) and lack of clarity about a roadmap for the completion of a partnering process.

It was against this background that the NTP requested for technical assistance from the Global Stop TB partnership secretariat with the main objective of reviewing the performance and current progress of the NSTBP and make recommendations on the next steps. The mission took place successfully from 23 to 28 May 2010 and provided clear and feasible recommendations to the NTP on ways forward for the NSTBP. Among the recommendations was a clear road map on how to implement the partnering process in Nigeria.

The NSTBP secretariat then decided to implement the partnering process as recommended by the mission through the implementation of the following steps:

1. Obtained and circulated the finalized version of the New National TB strategic 2010–2015 to its partners for information and comments. The comments obtained were related to the activities that the partners could implement under different areas of work. The comments were incorporated into the plan.
2. Compiled the list of key partners working in TB in Nigeria together with their e mail addresses and telephone numbers
3. Circulated a form to all the listed key TB partners in the country and collected information on TB services they provide
4. Carried out a detailed mapping of who does what and where (summary sheet).

- **Who among the following stakeholders – national TB programme, civil society (faith based organizations, non-governmental organizations, community based organizations) and the private/business sector – is involved? In what way?**

The NSTBP executive committee (protem) comprises of members from the Academia (Chair), WHO (secretariat), USAID, ILEP, civil society, professional associations, National HIV/AIDS control , NTP, private sector (vice chair) and the affected community.

- **What does each partner perceive as an advantage of being in the partnering initiative? What sustains their commitment? If partners are not engaged, what are you planning to do to attract and maintain their interest?**

Since the inception of NSTBP, many more partners have joined or indicated their interests in joining the initiative simply because doing so would earn them recognition by the NTP, enable them to contribute their expertise in addressing programme challenges as contained in the NTP plan and improve their organisations' profile.

Their commitments are sustained through continuous engagements in the implementation of various activities planned by the NTP such as the quarterly and annual review and planning meetings, WTB Day celebrations, resource mobilisation, local and international TB conferences, training sessions, M&E etc. Partners have also been encouraged to apply for grants such as the CFCS and the TB reach.

Building the partnering initiative

- **What have been some of your challenges in bringing the various stakeholders together in a partnering initiative?**

1. Inadequate funds to sponsor various stakeholders to NSTBP quarterly meetings
2. Contrasting perceptions among various stakeholders, for example some partners worrying about a controlling attitude of the NTP and the NTP itself worrying about the creation of a parallel body which may empty its institutional mandate
3. Lack of consensus among the stakeholders about the common goal of the partnership, as such partners were advancing individual interests to be the main agenda for the NSTBP.
4. Lack of knowledge and skills on how to go about building partnerships (roadmap for a partnering process).

However, these challenges were partly addressed following the Global stop TB partnership secretariat's mission to Nigeria in May 2010 as well as the securing of some funds from the GFATM round 9 grant for the partnership.

- **Have partners done a mapping/inventory of the resources (financial, technical, human, in-kind) that each can contribute to the implementation of the national TB plan and in which area of the country? If yes, could you share your plan showing various roles and responsibilities and highlighting possible remaining gaps?**

Yes. The following table shows an example of a few services covered by the NTP plan.

NATIONAL TUBERCULOSIS CONTROL PROGRAMME							
SUMMARY SHEET ON TASK/PARTNER/GEOPOLITICAL ZONE							
Service	Service/Task	North West	North East	North Central	South West	South East	South South
HIGH QUALITY DOTS	Identify TB suspects	1. HDAl Kano 2. DRC Kaduna 3. MF Katsina 4. CSI Kebbi 5. MDC Gusau	1. NCDF Yobe 2. NMA Jalingo	1. AA Kontagora 2. OF Nasarawa Eggon 3. HAF Ilorin 4. CfDC Abuja 5. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. PLAN Ibadan	1. CTF Awka 2. DDN Abakaliki 3. SLSS Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. TGN Obowu 7. LPF Enugu	1. AFHO Asaba 2. PDF Calabar 3. BDI Bayelsa 4. PLCGI Akwa Ibom
	Collect sputum samples	GAP	GAP	1. OF Nasarawa Eggon	GAP	1. SLSS Enugu 2. SOPAT Enugu	1. PDF Calabar
	Do smear microscopy	GAP	GAP	1. OF Nasarawa Eggon	GAP	GAP	GAP
	Do HIV test	1. DRC Kaduna 2. CSI Kebbi 3. MDC Gusau	1. NMA Jalingo	1. AA Kontagora 2. DHC Abuja 3. OF Nasarawa Eggon 4. HAF Ilorin 5. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. PLAN Ibadan	1. SLSS Enugu 2. LPF Enugu	1. PDF Calabar
	Diagnose TB (and HIV)	GAP	GAP	1. OF Nasarawa Eggon	GAP	GAP	GAP
	Treat TB	GAP	GAP	1. OF Nasarawa Eggon	GAP	1. LPF Enugu	GAP
ACSM	Conduct advocacy	1. HDAl Kano 2. DRC Kaduna 3. MF Katsina 4. CSI Kebbi 5. MDC Gusau	1. GEEED Damaturu 2. NCDF Yobe 3. NMA Jalingo	1. AA Kontagora 2. DHC Abuja 3. OF Nasarawa Eggon 4. CEPAT Lokoja 5. HAF Ilorin 6. CfDC Abuja 7. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. K&TRC Akure 3. JAAIDS Lagos 4. PLAH IJOKO-LEMODE 5. PLAN Ibadan	1. CTF Awka 2. DDN Abakaliki 3. SLSS Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. TGN Obowu 7. TEPPAC Awka 8. LPF Enugu	1. AFHO Asaba 2. PDF Calabar 3. BDI Bayelsa 4. PLCGI Akwa Ibom
	Train health staff on IPC and counselling skills	CSI Kebbi	GAP	1. DHC Abuja 2. CEPAT Lokoja 3. HAF Ilorin	1. FOCHRID Ado Ekiti 2. K&TRC Akure 3. JAAIDS Lagos	1. CTF Awka 2. DDN Abakaliki 3. SLSS Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. LPF Enugu	1. PDF Calabar
	Train treatment supporters and volunteers	1. HDAl Kano 2. CSI Kebbi	1. GEEED Damaturu 2. NCDF Yobe	1. AA Kontagora 2. DHC Abuja 3. CEPAT Lokoja 4. HAF Ilorin 5. CfDC Abuja 6. PHMI Makurdi	1. FOCHRID Ado Ekiti 2. K&TRC Akure 3. JAAIDS Lagos 4. PLAH IJOKO-LEMODE 5. PLAN Ibadan	1. CTF Awka 2. DDN Abakaliki 3. SLSS Enugu 4. CEYFD Owerri 5. SOPAT Enugu 6. TGN Obowu 7. LPF Enugu	1. AFHO Asaba 2. PDF Calabar 3. PLCGI Akwa Ibom

NB.

1. The summary sheet shown above is not finalized in the sense that more partners are still keying into the process. Additionally, other services within the NTP plan are being sought for among partners so that we can have information about what resources we have among the CSOs in all thematic areas of the National TB plan.
2. ACSM is cross cutting among all services of the plan and not a standalone activity.

- Have the partners jointly mobilized resources to implement a shared national TB plan? What type of resources have they mobilized (financial, technical, human, in-kind)? How did this process work?

Yes. Some examples of implemented activities are listed below:

1. Monitoring the airing of TB jingles in the media by the Society for the Prevention and Eradication of TB in Nigeria (SPETB). Resources for this activity were mobilized from GFATM. SPETB has also provided microscopes to some

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selected microscopic centres in Borno and Yobe States with funds mobilized from FIDELIS grant.

2. TEEPAC was able to mobilize resources from State Governments in the South East Zone to implement activities marking the 2011 World TB Day.
 3. NSTBP was able to mobilize resources from the GFATM round 9 to partially sponsor its quarterly meetings as well as establish its secretariat.
 4. Zankli Medical Centre, Abuja sponsored the NSTBP to have a stand for exhibition during the just concluded 18 IUATLD conference for the Africa Region March 2011 in Abuja. In addition, Zankli Medical Centre assigned an ad hoc staff to man the stand for the entire period of the conference.
 5. Zankli Medical Centre sponsored the design and launch of NSTBP website. The challenge has been to maintain it and keep it functional.
 6. Zankli Medical Centre has offered to provide for free a meeting hall and possibly tea breaks for the NSTBP executive committee meeting whenever the need arises.
 7. Journalist against AIDS (JAAIDS) has organized panel discussion on TB which was aired by private television station in Lagos.
 8. Professor Gregory Erhabor, Chair NSTBP, appeared in ‘‘Health report’ a programme of NTA international which featured discussions on TB.
 9. Positive Living Association of Nigeria (PLAN) has been supporting HCT among TB suspects and also involved in the training of treatment supporters and community volunteers in Ibadan, south west Nigeria.
 10. Nigeria Thoracic Society (NTS) has trained chest physicians on ISTC with funding from American Thoracic Society (ATS).
- **Which national TB plan activities are the partners contributing to?**
1. Identification of TB suspects
 2. Collection and sputum samples and its transportation to designated laboratories
 3. Performing smear microscopy
 4. Performing HIV test (HCT)
 5. Diagnoses of TB (and HIV)
 6. Treatment of TB
 7. Conducting advocacy
 8. Training of health staff on IPC and counseling skills
 9. Training of treatment supporters and volunteers
 10. Printing and dissemination of IEC materials
 11. Engagement of the media
- **How have partners organized their work? Do they regularly meet? What structure has been chosen (if this has been formalized)?**

Each partner selects activities from the National TB plan based on their competencies to be implemented at various levels (Federal, State and Local), depending on their location. The partner will now form a local implementation plan which shows activities, tasks and funding source. Reports of these activities are shared with the NTP through the NSTBP or the CSO TB network.

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There is a provision (partial) in GFATM round 9 for quarterly meeting of NSTBP as well as one general meeting of NSTBP general assembly once per year. The TB CSO network also meets regularly with funding from GFATM HSS. The NTP also organises zonal quarterly review and planning meetings as well as annual review meetings with representations from partners.

Thinking through and taking stock
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- **Which stakeholders of society do you see as essential or ideal members to a partnering initiative, if you want to effectively address TB in your country context (please answer this independently of whether these stakeholders are currently partners of your initiative)?**

1. Academia (University Teaching Hospitals, Federal Medical Centres, Medical Schools, Schools of Nursing and Midwifery, Schools of Health Technology, Schools of Medical Laboratory Sciences).
2. Nigeria Thoracic Society (NTS)
3. Civil Society Organisations (CSO)
4. Traditional and religious leaders
5. Alternative health care providers
6. Private Health Institutions (both for profit and non profit, including faith based)
7. Professional associations (Nigeria Medical Association, Guild of Medical Directors, National Association of Nigerian Nurses and Midwives, Pediatrics Association of Nigeria etc).
8. Private corporate bodies such as banks, industries, oil companies etc.
9. The affected community
10. National HIV/AIDS control programme
11. National Tuberculosis control programme (National, State and LGA levels)
12. USAID and USG supported partners
13. Other bilateral organizations e.g. DFID, CIDA, JICA etc.
14. International anti leprosy organizations (ILEP)
15. World Health Organisation

- **What do you think the major outcomes of the partnering initiative are? In what way the partnering initiative has benefited the work of the partners? What do you think could be strengthened/improved?**

1. The NSTBP has become a platform where partners came together and started implementing activities from the National TB plan as explained above.
2. This has undoubtedly addressed the much needed co-ordination of partner activities as well as provided an opportunity to measure the contribution of these activities (using the National M & E system) to the overall national programme targets.
3. The NTP has the ownership of the programme and partners, who decide to buy into one national TB control plan, work together to contribute to the achievements of the TB control goals in the country

The NSTBP has brought several benefits, few examples of which are:

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1. Recognition at National level
2. Many have built additional capacity to perform certain tasks in TB control following various trainings, meetings and supervisory activities they have participated in
3. Many partners can now measure in concrete terms their individual contributions to the NTP plan. For instance, how many TB suspects were referred for diagnosis and treatment, how many community volunteers trained, how many chest physicians trained, how many microscopes donated, how TB jingles produced and aired, how many TV programmes produced and aired, how many IEC materials produced and printed, how many advocacy visits conducted, how many TB events were sponsored such as WTB Day etc.
4. Partners have improved their organisation's profile by joining the partnering initiative.

The following areas need improvement/strengthening:

1. Resource mapping needs to be expanded to cover all service areas of the NTP plan.
 2. The NSTBP needs to improve its resource mobilisation efforts so as to be able to support the NTP better and complete the partnering process (partnering agreement and National workshop). The aim of the workshop will be to endorse the finalized national plan, including mapping of partners' roles and responsibilities and related costing, and a partnering agreement, including all the guiding principles that partners chose as foundation of their collaboration. It will also mark the transition of the partnership to its operational phase.
 3. The NSTBP website needs to be maintained and made functional at all times
 4. The NSTBP secretariat needs to be strengthened.
- **Do you have any example you would like to share about occasions (implementation of activities of national TB plan) in which having a partnering initiative in place has made a difference?**

Yes, see above for examples of activities of national TB plan implemented by partners.

- **How do you think the Stop TB Partnership could support your partnering initiative?**

Yes, in the following ways:

1. Provision of TA such as that of May 2010
2. Funding support (Partnering initiatives could be made to benefit from grants like CFCS, TB reach etc. just like constituent CSOs have been benefitting). In this regard, the Stop TB partnership secretariat could provide the NSTBP with a TA to write a proposal to TB reach, for instance.
3. Opportunities to study best practices in other countries with good stop TB partnerships such as Ghana, India, Swaziland etc.
4. Continuous consultations with country stop TB partnerships through telephone conferences, e mails etc (already being done very well).
5. Provision of relevant materials: reading, IEC, advocacy and promotional for dissemination at various levels during the WTB Day and other similar gatherings