Janna Health Foundation (JHF)

Activity Report: August, 2018

JHF is implementing a Challenge Facility Civil Society Round 8 project which started in June, 2018. The project targets 12 LGAs in the Northern and Central Senatorial Zones of Adamawa State. The intervention focused on NOMADIC school children and their host communities with much emphasis on the detection of childhood Tuberculosis (TB) cases. Through JHF’s collaboration with the Adamawa State Agency for Control of HIV/AIDS (ADSACA) and the Primary Health Authorities (PHAs) in the 12 LGAs, HIV Testing Services (HTS), consultation and treatment for Malaria, Helminthic and skin infections are offered. The LGAs targeted for these interventions are Madagali, Michika, Maiha, Mubi South, Mubi North, Hong, Gombi, Song, Girie, Yola North, Yola South and Fufore.

All activities planned in the month under review were successfully implemented among the target population except for Madagali LGA where there still exist some security challenges in some communities. Activities implemented include:

- Active screening for HIV and TB in the Nomadic schools and surrounding Communities
- Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
- Transportation of children under 5 years to the facilities where childhood TB cases can be diagnosed by Medical Officers
- Active linkage of HIV positive and diagnosed TB cases to identified HIV/TB service delivery points for treatment, care and support
- Awareness creation among target population on HIV and TB
- Community outreach targeting school children and their immediate Host Communities.

These activities were implemented by Community Volunteers under the supervision of Janna Health Foundation, the State and LGA TB programme Teams and the State Project Team led by the Adamawa State Agency for HIV/AIDS Control (SACA).

This Volunteer was well received in his target community, he screened Nomadic school pupils and community members and collected sputum samples from presumptive TB cases identified. He had lunch with the community leader and his team.

The Volunteer heads back with sputum samples to the nearest GeneXpert site.
Results:
12 Nomadic schools and 9 Nomadic Communities were actively screened for TB in the 12 targeted LGAs for this intervention. A total of 5,999 persons were verbally screened out of which 459 (8%) presumptive TB cases were identified in the month. 392 sputum samples were collected out of which 25 (6%) new TB cases were detected including 5 childhood TB cases out of which 1 was <5. Of all presumptive TB cases detected, 381 (97%) had HCT out of which 16 (4%) were found to be HIV+. All TB and HIV cases detected were linked to treatment, care and support services.

Key challenges encountered include:
- Difficulties in managing childhood presumptive TB cases
- Inadequate numbers of CVs
- Poor access of some of the Nomadic schools/communities to health facilities

The following are recommendations proposed to meet the stated challenges:
- JHF to continue to liaise with medical officers from the nearest secondary health facilities in the diagnosis of childhood TB/HIV
- JHF to intensify its advocacy to Nomadic Community Leaders for more CVs who will be trained on-the-job by the LGA TB Supervisor and JHF staff

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