

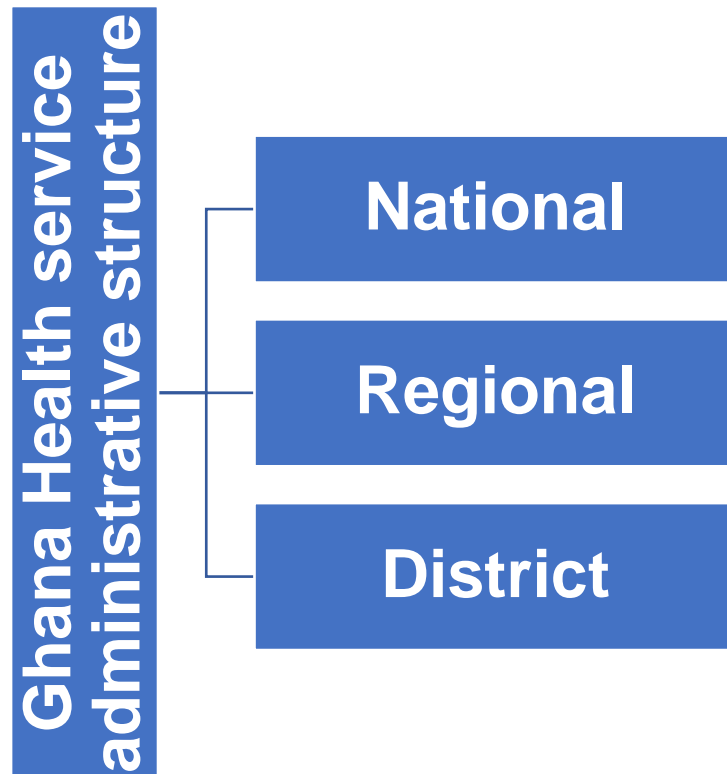
Seasonal Malaria Chemoprevention and role of CHW & CHVs in screening for TB in Ghana

Annual Meeting of Child and Adolescent TB Working
Group

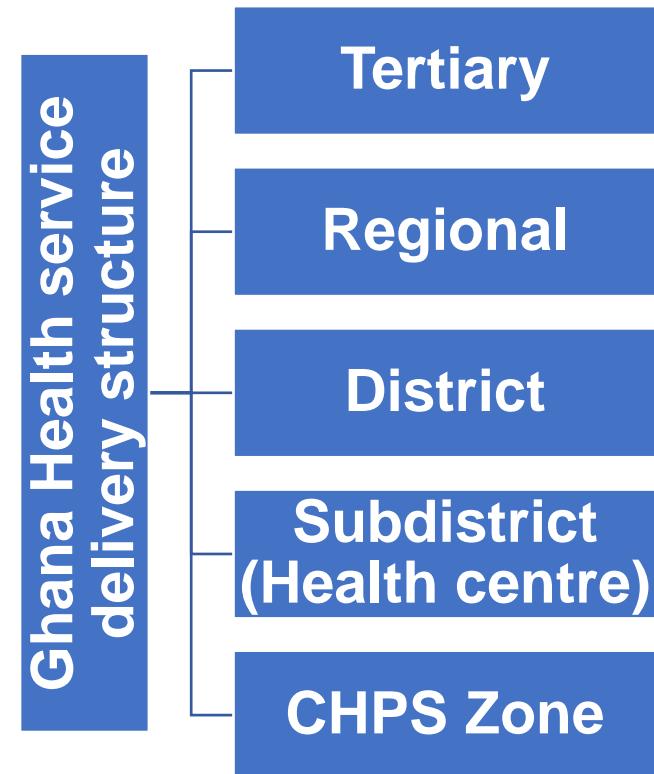
NTP- Ghana Team

1. Ghana Health Sector Organized in two ways

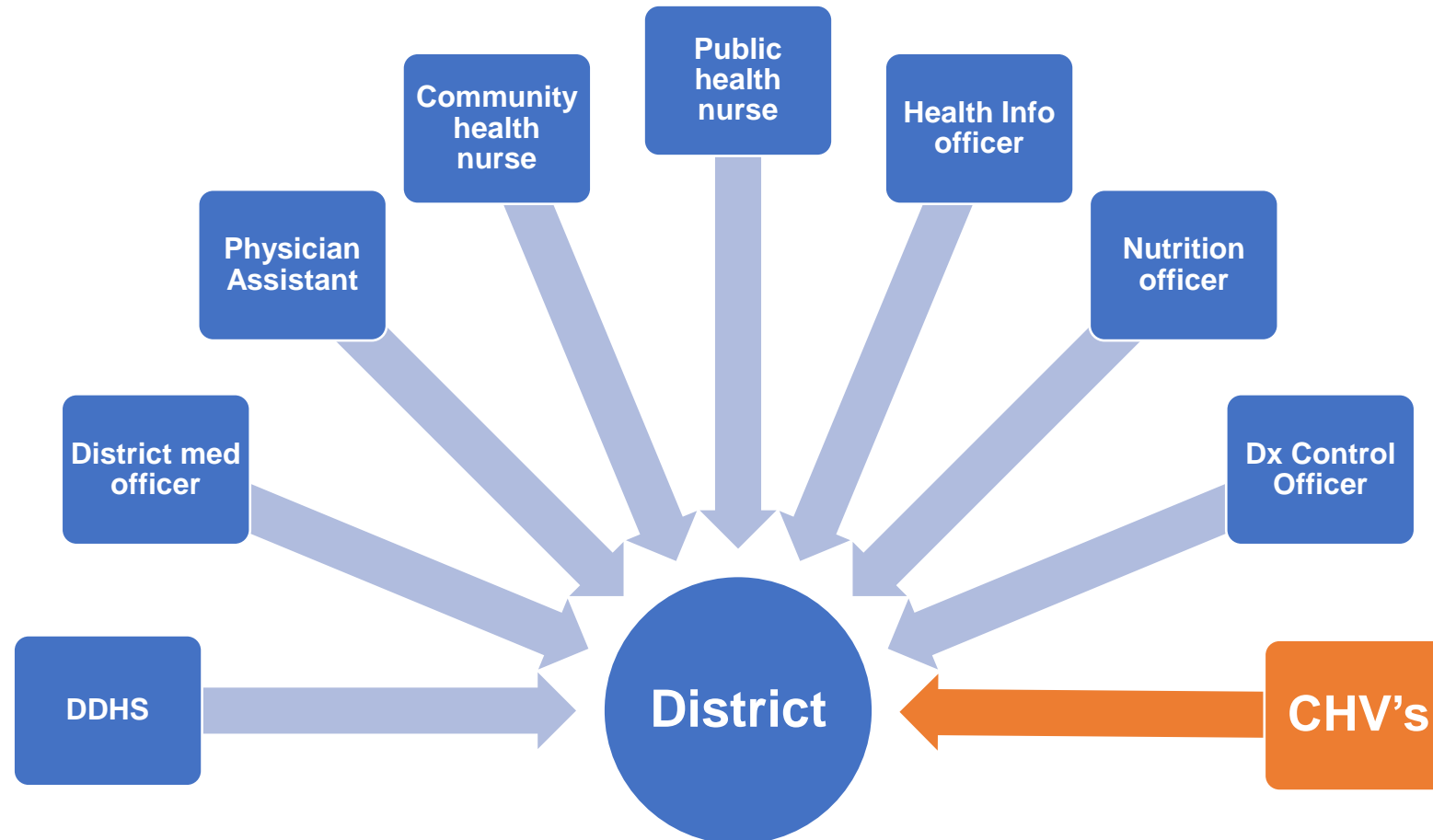
Administrative- three-tiered



A five-tiered service delivery structure



Cadre of District/Sub-district/community health staff



CHV's



CHV's

- Not professional HWs
- They live in the community
- Know the culture, norms & Language
- Act as Gate keepers;
- Have basic education;
- mainly farmers/ petty traders,
- very influential
- Link community with CHW
- Selected by village health c'ttee
- Integrated task- mal, TB, Epi, Reproductive

Basic TB services by CHW's & CHV's in the community

- **Provide information on TB**
- **Identify presumed cases and register them in the community registers and referral**
- **Contact tracing**
- **Defaulter tracing (Lost to follow – up patients)**
- **Treatment supporter**

2. Seasonal Malaria Chemoprevention

- **SMC existing service under NMCP during the rainy season**
- **Provides anti-malaria prophylaxis for under-fives in high burden areas**
- **CHWs and CBSVs are involved in providing SMC from house to house**

2.1 Why the need for childhood TB screening?

- **Proportion of childhood TB notified in Ghana is low at 5% and declining compared to Programme acceptable target of 8-10% of total case notification**
- **Limited health worker capacity to diagnose childhood TB in the region (usually missed in a facility)**
- **There are missed opportunities to find TB among population of high-risk children**

3. Objectives of integrating TB into SMC

- **General**

To pilot integration of TB Screening into SMC for potential TB case detection among U-5 in Ghana

- **Specific objectives**

Feasibility

Acceptability

4. Methods

- **Study Design: Cross-sectional Study**
- **Study Area: All 11 Districts**
- **Inclusion Criteria:**
 - **Children under 5 years in households of anyone with chronic cough**
 - **Children with swelling in the neck,**
 - **Children with poor growth**
 - **Children with symptoms (Very ill children)**
 - **Any other person coughing**

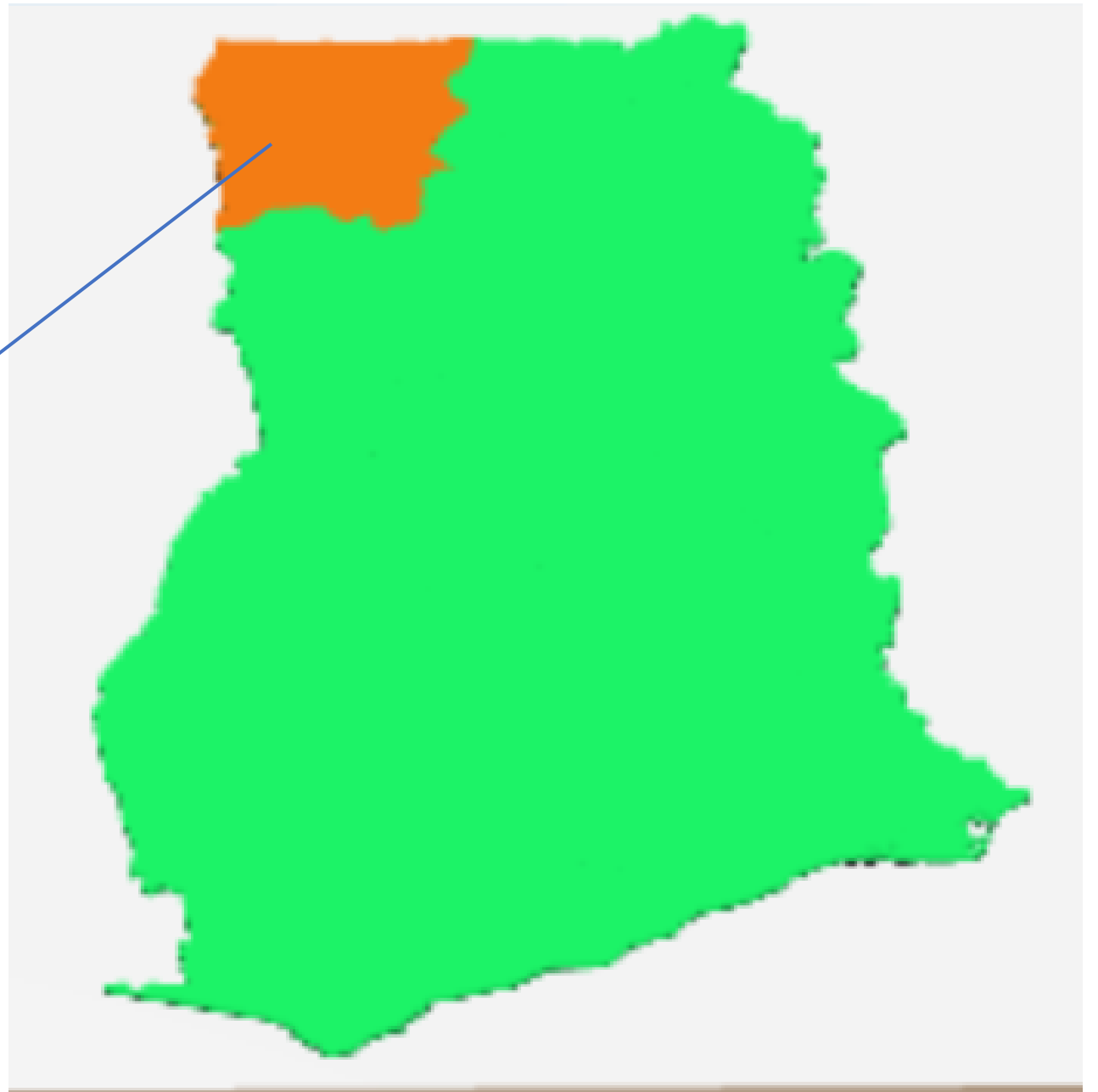
TB_SMC

Piggybacking



Map of Ghana

Upper West
Region of
Ghana
Under-5
Children: 19.7%
of pop (2016)



Assets for diagnosis



X'ray team



Gene X'pert



Trained Clinicians

Zoning of the Region for the purpose of the project



1. Stakeholder engagement

- Regional Director of Health Services
- Deputy Directors of Public Health, Clinical Care & Nursing Services
- District Directors of Health Services
- Medical Superintendents of District Hospitals
- Medical Doctors
- Physician Assistants
- District Disease Control Officers (Focal Persons for TB & Malaria)
- District Nutrition Officers
- CHV's

Districts engagement

-



Capacity Building for Clinicians



Preparing volunteers

- Through Sub-district trainings
- What kind of questionnaires will they use?



CHV's : Duties

**“Dosing of
the
children”-
Malaria
med**

**TB
Screening**

**Registratio
n of
children
Meeting
Eligibility
Criteria -
TB**

**Appointme
nt dates**

**Follow-up
of
diagnosis**

Study Tools – 1



Volunteer Screening Tool for Households

District Sub-District Community Volunteer

Mandatory Questions for Each Compound/Household. For MUAC Colour Please tick column for R if Red; Y if Yellow; G if Green

- Is there any child sick in this house?
- Is there any child not growing as expected in this house? Check MUAC.
- Is there any child or adult coughing in this house?

No.	Landlord/Head of Compound	Name of Child (Or Coughing Adult)	Age (Yrs & Mths)	Sex	Child Sick	Cough	Neck Swelling	MUAC Colour		
								R	Y	G
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

CHW's (Field Coaches) What do they do?

They are the sub-district supervisors of the malaria SMC

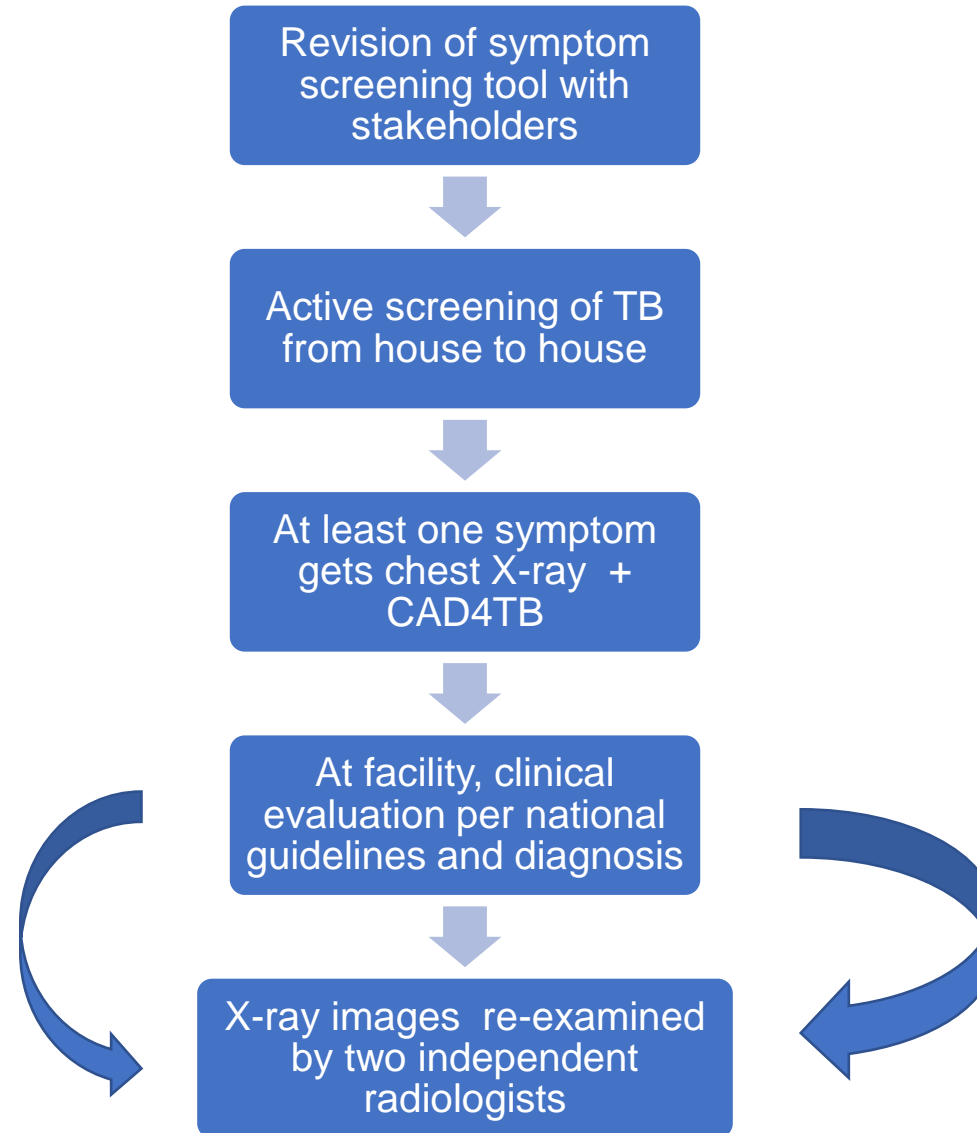
They will supervise volunteers

Collect data on children Meeting Eligibility Criteria - TB

Give appointment dates

Ensure care-givers+ chdn to lab centres

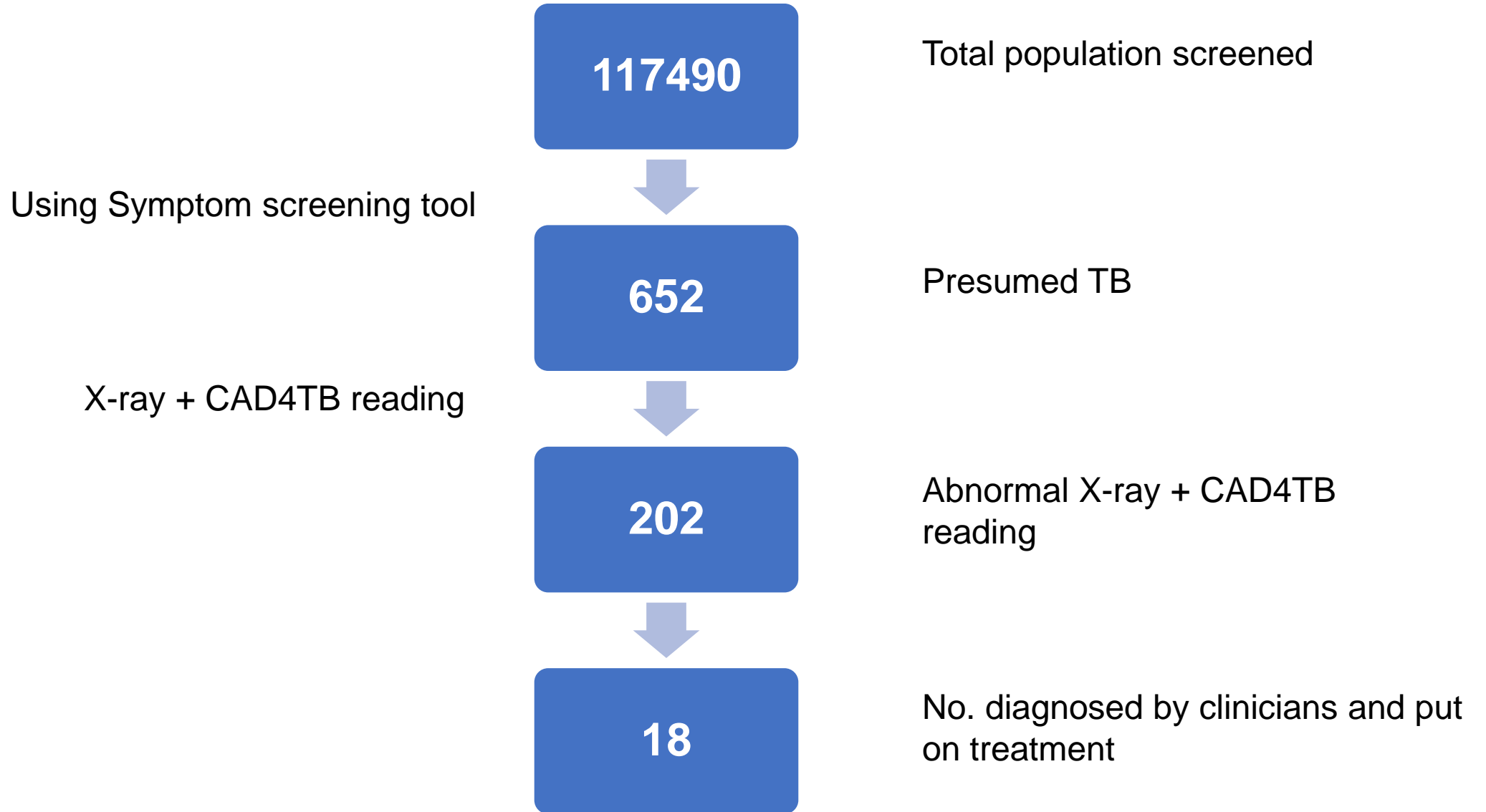
Methods



5. Results-1/2

- High Participation rate
- High household coverage
- Same resources were used with minimal marginal cost

Results- under-5



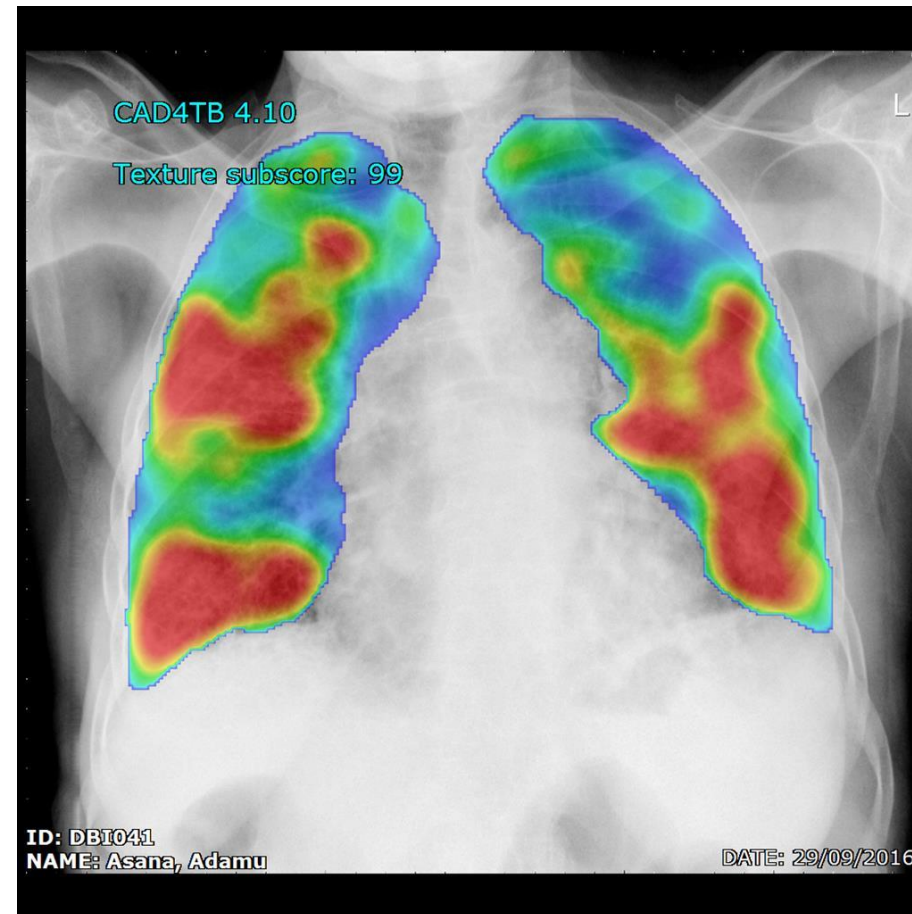
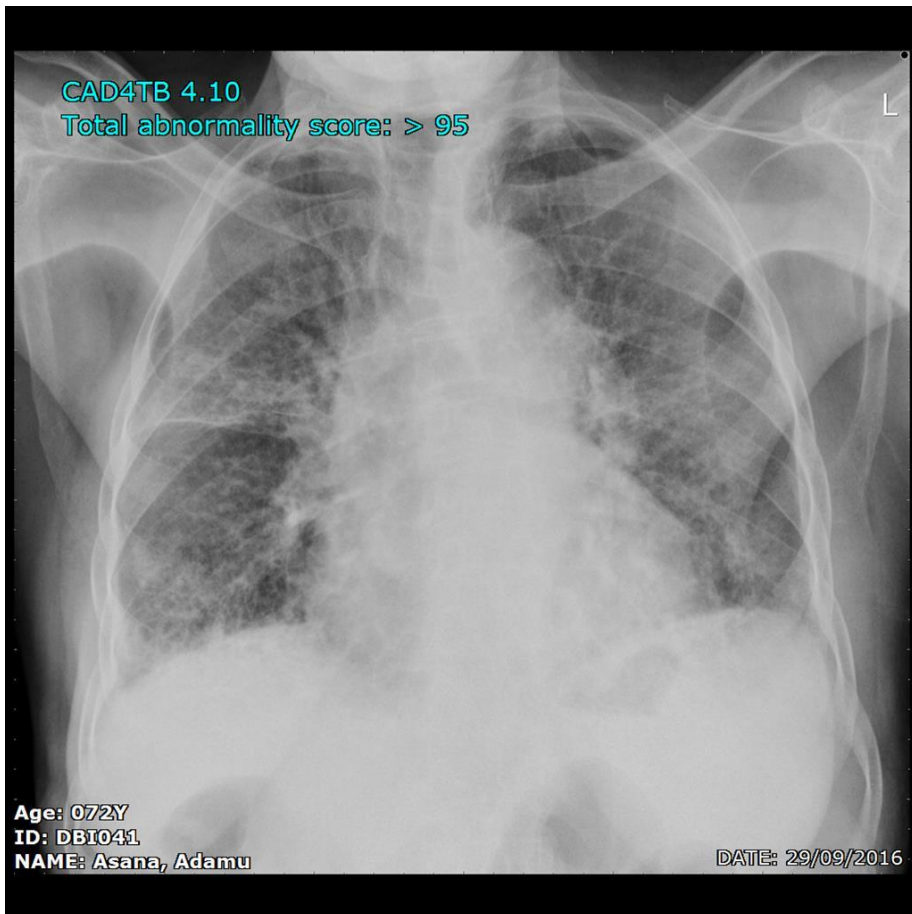
Results 2/2 in one week

Parameter	No. diagnosed of TB
Children <15	30
Children >5 and <15	12
Children <5	18
Adulthood Genexpert confirmed	20
Children with TB put on treatment	30
Children malnourished (0-14)	26
Total number of people: sputum collected	397

Children taking x-rays



A typical xray + CAD4 reading



6. Challenges

- Equipment breakdowns
- Vehicle breakdowns
- Long travel distances to facilities
- Lack of child friendly attractions during x-ray taking
- Lack of protective shields for care providers and children

7. Successes 1/2

- All cases notified had never been diagnosed of TB by the programme prior to the project
- 2015: 1 case of under-five notified by programme (in one year)
- 2016: 20 cases of under-fives notified, 90% (18 in one week) through TB-SMC

7. Successes 2/2

- Engagement of large numbers of health staff including volunteers(capacity built)
- Several adult TB cases identified during the activity

8. Conclusion

- Integration of SMC in Ghana is feasible and acceptable (full results analyses will be available soon especially cost).
- There are prospects for scale-up in Ghana
- Through presentation at WARN-TB, Guinea has decided to pilot it this year
- Burkina Faso-2018

9. Recommendation

- This should be scaled up to the national level
- Advocacy for potential funding
- Lessons learnt from the pilot study should be used for proper planning and implementation

Acknowledgments

- All care-givers and Stakeholders, upper West Region of Ghana
- WHO-tdr
- WARN-tb
- Global Fund.
- MOH
- NMCP
- Paediatric Society of Ghana

