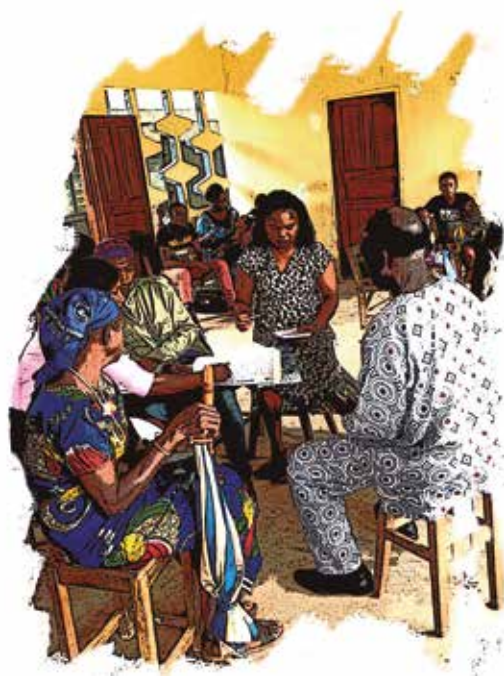


Nigeria

Ebonyi State Tuberculosis and Leprosy Control Programme

In conjunction with Centre for Reproductive Health (CDRH) Enugu, the Ebonyi State Tuberculosis and Leprosy Control Programme in Nigeria is implementing a TB REACH wave 3 project in one of the least socio-economically developed states in Nigeria. In the absence of paved roads, harvests are often sold at give-away prices during the harvest season, or are left to rot in the barn, leaving households grappling with deprivation much of the year. The vast majority of Ebonyi people live in rural communities where the primary occupation is subsistence farming. Stigmatizing cultural beliefs and practices, difficult transportation, and low literacy levels are associated with poor access to and low utilization of ANC/delivery services and child care services. User fees also impede utilization of ANC/ delivery and child care services at government and private for-profit health facilities since many women, especially those living in rural areas, are unable to afford these fees.



Prior to project start, the approach for TB case finding among the target population has been passive case finding in accordance with the NTBLCP guidelines. Symptomatic individuals self-reported to the health facilities where they were examined for TB. Contact tracing has also been mostly passive as index patients are asked to bring their contacts to the health facilities for examination, which usually does not happen due to financial constraints.



The project has focused on intensified TB screening among women attending ANC and MCH clinics in health facilities, PLHA attending HIV clinics, outpatient attendees, and rural populations in the project local government areas (LGAs). Additionally, contact tracing is conducted among household members of all registered index patients identified through the above-listed screening activities. As of early 2014, the Ebonyi team has trained nearly 70 paramedical staff and over 30 volunteers to screen for and refer people with suspected TB for diagnosis, and outfitted two buildings for DOTS services in two LGAs. Since project implementation began in 2013, the total number of TB suspects referred to doctors, paramedics and laboratory for diagnosis has increased by over 45%; and the number of TB cases diagnosed for all forms of Tuberculosis has increased by 21%.



Project activities have also benefitted the community in various other ways. Public awareness on tuberculosis has increased via various community, market and mobile health team outreach services and introduction of active screening in health facilities which hitherto rarely actively screened their patients for TB. The project has also been able to provide a means of livelihood to unemployed paramedics and graduates working with the project as ad-hoc staff, an essential component to the long term sustainability of this successful community health intervention.