



AMPA  
Resource Organization

# Ghana

## How a local NGO in Ghana utilized a front-loading approach to progressively increase TB case detection in the Nsawam-Adoagyiri and Suhum Municipalities

➤ **In April 2014**, AMPA Resource organization was awarded a grant of \$80,000 to implement the “Promoting High TB Case Notifications project” in the Nsawam-Adoagyiri and Suhum Municipalities. The objective of the project was to increase the annual tuberculosis (TB) case notification rate in these two municipalities.

The project targeted the most vulnerable populations, including women, children, and the elderly living under deprived conditions in Suhum and Nsawam- Adoagyiri. About 64% of the population in the evaluation group lived in remote areas, with limited access to healthcare services due to geographical, financial, traditional, or spiritual considerations. Individuals in these groups have a higher probability of contracting bacteria such as mycobacterium tuberculosis than do others, due to substandard living and working conditions, poor nutrition, and/or co-morbidity with HIV.

The common challenges of TB control in these two districts include low detection rates and lost to follow-ups before diagnosis; both of which are exacerbated by long distance between people’s homes and their healthcare facilities. Illiteracy, inadequate knowledge of TB, poor patient/provider interaction, and negatively perceived side effects of TB drugs also make TB control a challenge in these municipalities.

In order to increase case detection and reduce lost to follow-ups before diagnosis in the two municipalities, the project introduced different strategies and interventions. These included the setting up of sputum collection centres, training Community Based Health Volunteers in TB screening and sputum collection and help with transportation. The Community Based Health Volunteers collected sputum specimen/samples from TB-presumptive persons and transported them either to sputum collection centres to be transported later to microscopy canters by Health Officers or transported directly to microscopy centers by the volunteers themselves. Results were collected and communicated to the clients and, if indicated, treatment was initiated.

After implementing the project for almost two quarters, the project team observed that the interventions/ strategies described above had had little impact in terms of the number of presumptive persons identified, referred for examinations and diagnosed.

To improve on this, the organization no longer relied on individual volunteers who undertook screening in their respective communities but instead, in a form of community outreach, mobilized a number of the trained volunteers and transported them to particular project communities where screening activities were weak. Sometimes the transported volunteers, together with the project team, were able to cover a whole community in a day, depending on the size of the community.

During such outreach programs, two sputum samples were collected from presumptive persons on the same day that they were identified. The samples were labeled “spot and Xspot” and were sent to the nearest laboratory via a waiting motorbike. The ability of the organization to collect two sputum samples a day from presumptive persons (front-loading) reduced the number of presumptive persons who were lost to follow-ups before diagnosis. This increased the number of presumptive persons examined and diagnosed and eventually led to an increase in case detection.

**Stop TB Partnership**



# TB REACH

FINDING AND TREATING  
PEOPLE WITH TB  
IN THE WORLD'S POOREST  
COMMUNITIES



Government  
of Canada

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du Canada

More than nine and a half million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to these people by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to identify people who have TB, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

TB REACH has supported a total of 142 projects in 46 countries. To date, 33 million people have been screened for TB in project areas, of which, 1.7 million have received TB treatment, accounting for 856,000 lives saved. Some projects have seen increases in TB notifications of more than 100%.

Our partners are providing evidence for new case finding approaches and are working with community and policy leaders as well as donors such as The Global Fund to integrate those approaches into national strategies that improve TB case detection.

TB REACH was launched in 2010 thanks to a CAD\$ 120 million grant from Global Affairs Canada.

TB REACH acts as a pathfinder, providing fast track funding for innovative projects, monitoring effectiveness and leveraging funding for scale up.

**Stop TB Partnership**

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