Wave 6 Project Summary:
STOP TB PARTNERSHIP - TB REACH
W6 NGA CDT2 KNCV

Background:
This TB REACH WAVE 6 project aimed to bridge barriers of TB service delivery to communities of a vulnerable group; the highly mobile culture and remote locations of nomads in the North East of Nigeria by linking nomadic settlements, resting points, grazing reserves as well as health facilities proximal to nomadic cattle routes. This intervention was successfully piloted in Wave 2 year 1 and 2 in Adamawa (in 2012 and 2013) which informed the need for scale-up.

Objectives:
The key objectives included providing access to sustainable, high-quality, patient-centered TB prevention, diagnosis, and treatment services to nomadic communities in Adamawa, Taraba and Gombe States.

Interventions:
The four main TB interventions include:
1. Tent-to-tent screening
2. Mass screening for TB and HIV
3. TB contact investigations
4. Screening for childhood TB

Implementation:
The project was implemented by the KNCV Tuberculosis Foundation (KNCV) in collaboration with two community-based organizations: Janna Health Foundation and Suffabel Community Initiative from 1 October 2018 to 31 January 2020 with a no-cost extension up to April 2020 followed by another three months extension due to the COVID-19 situation to implement an operations research on point prevalence and associated factors of bovine TB among nomads.
Community leaders, both male and female, were engaged as TB advocates. A cadre of volunteers, both male and female, were recruited and many were provided with motorcyles to reach rural areas for screening and to transport sputum specimens to TB laboratories. All activities in all three states were subsequently carried forward with funding from the Global Fund (via the NTLP) with matched funding from TB REACH as well as USAID with funding limited to Taraba state.

From 01/01/2019 to 31/12/2019, 456,050 nomads were screened of whom 2,926 were diagnosed with TB (90% laboratory confirmed and 10% clinically confirmed). 2,882 (98%) of those diagnosed with TB were put on anti-TB treatment.

New Bac+ during and implementation and expected values during implementation based on baseline linear trend.