

SFH COLLABORATES WITH KANO STATE GOVERNMENT DURING THE 2023 NATIONAL TUBERCULOSIS TESTING WEEK FOR CHILDREN

(MAY 22ND - 26TH)

SFH-KNCV TB LON 1&2 PROJECT

Tuberculosis (TB) is an air-borne disease which mostly affects the lungs though can occur in any other parts of the body. Studies has shown that TB is more common in men than women. Nigeria ranks as first in Africa and sixth in the world for TB, thereby accounting for 4.6% of the global TB burden.[1] Despite the efforts made in curding the transmission of TB in Nigeria, the burden of the missing cases fuelled by Stigma and discrimination continues to affect the progress the country has made in the ending TB.

Children are not exempted form the burden of the disease as various factors has been attributed and propelling the spread of TB amongst Children.

In 2023, the National Tuberculosis Leprosy and Buruli Ulcer Control program (NTBLCP) declared open the annual National Tuberculosis Testing week for Children to garner efforts towards active case finding, diagnosis and treatment of TB in Children. Society for Family Health (SFH) KNCV-TB Lon 1 & 2 project (Kano) launched activities targeted at children in line with the NTBLCP declaration.

The focus of SFH activities were provider driven community outreaches targeting children in the *Tsangayu* Schools in Kano State where the Islamic education is practiced also known as *Almajiranci*

Historically, the Almajiranci practice which began in the 11th century was prior to the British arrival in Nigeria had the Almajiri staying at home with their parents and attend Tsangayu to learn about the Quran, the education were funded by the Emirs, community and other community structures, however, with the arrival of the British in Northern Nigeria saw the restriction of the funds to these school which lead to the Malam (*Islamic Scholar & teacher in the Tsangayu*) encouraging the Almajiri to resort to menial jobs in the communities and in

some instance begging for alms to maintain and upkeep the Almajiri. This practice though in present day Nigeria a controversial system with some arguments for and against this system has seen the exposure of the Almajiri to some of the risk factors for childhood TB.

Such factors which include but not limited to the list below propel the continued spread of Childhood TB include:

- Poor Health Seeking behaviour of Care givers of Children
- Migration & itinerant nature of the Almajiri system
- Stigma and Discrimination



Activities

The SFH team conducted a number of activities in the selected Nine LGAs during the week-long testing week for TB in children. The list of activities conducted are as stated below:

- Advocacy with community leaders and Almajiri Schools in Nine (9) LGAs of Kano State.
- Sensitisation of community members on Tuberculosis
- Provider led Community outreaches
- Screening of all Almajiri in Makarantar Allo
- Collection of Sputum/Stool Samples
- Dispatch of collected samples to TB testing sites
- TB Diagnosis and placement on anti-TB drugs
- Contact tracing of index

Results:

At the end of the week, the team was able to reach **692** Children with TB messages with other achievements as stated below.

# Male	# Female	# Total
261	145	406
152	86	238
152	86	238
	261 152	261 145 152 86

Total number of DSTB positive cases (Ages 1-14years)	12	8	20
Description	# Male	# Female	# Total
Total number of DR-TB positive cases	0	0	0
Number of index TB cases whose contacts were screened for TB	4	2	6
Total number of contacts reached	26	16	42
Number of contacts of index tb cases eligible for TPT	19	11	30
Number of eligible contacts of index tb cases placed on TPT	11	3	14
Number of contacts of index tb cases with presumed tb	0	0	0



Discussion:

The output from our field activities gave rise to a screening of **406** children who are less than 18 years, with a presumptive yield of **59%.** Of the **238** children that were presumed to be TB positive, the testing of the collected samples for further evaluation gave rise to a **9%** (**20 persons**) TB yield. All confirmed TB cases were placed on treatment and notified, giving rise to **100%** treatment placement

We were able to trace the contacts of eight of the TB index cases reaching 42 of their contacts, out of which 72% of the contacts were placed on TB preventive treatment (TPT). The low-risk perception and fear of drugs resulted to the less than 100% TPT placement.

This low TPT uptake by contacts of TB index remains a challenge that requires

continued community enlightenment, engagement and sensitisation as imperative steps to achieve the needed progress in this space.

Conclusion:

The goal of reaching zero tuberculosis (TB) deaths among children worldwide is within our grasp. Achieving this requires sustained advocacy, greater commitment, mobilization of increased resources and a joint effort by all stakeholders involved in providing health care for children and in TB control [2]

References

- 1. https://www.kncvtbc.org/ 2020: Childhood TB
- 2. World Health Organisation 2013: The roadmap for Childhood Tuberculosis
- 3. https://en.wikipedia.org/wiki/Almajiranci.