

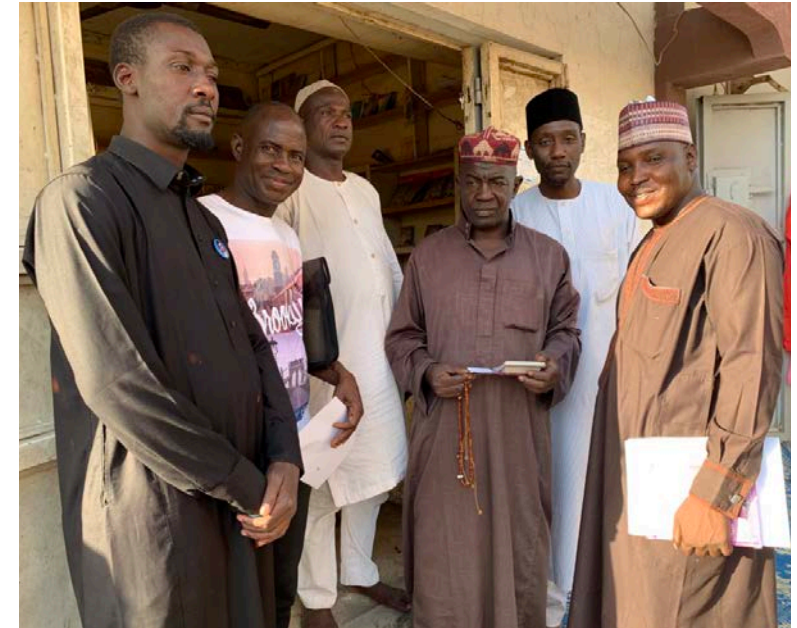
Breakthrough ACTION

SBC Flow Chart: Nigeria Tuberculosis Spotlight

February 2021



RESEARCH QUESTIONS



How might we increase **tuberculosis case detection rates** in Nigeria?

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BACKGROUND AND CHALLENGE

Catalyst

Tuberculosis (TB) is one of the top causes of mortality for men and women in Nigeria, with prevalence substantially higher among men than women and in urban compared to rural areas.

Testing and treatment for TB are free at government health facilities. Despite this, Nigeria has one of the lowest rates of TB case detection in the world, with only 24% of cases being notified to the National TB and Leprosy Control Program (NTBLCP).

Challenge

TB cases remain hard to find. People presumed to have TB often delay seeking care until advanced stages of the disease, and those who do seek care tend to do so at patent and proprietary medicine vendors (PPMVs) and community pharmacies rather than health facilities.

TB-related stigma and discrimination hinder health-seeking behavior. Overall awareness of TB is relatively high, but knowledge of transmission, symptoms, and prevention is low. Much emphasis had also been placed on the service delivery side of TB, with less attention to the drivers of behavior.

Objective

Ultimately, Breakthrough ACTION Nigeria sought to increase TB case detection together with NTBLCP, state TBLCPs, implementing partners and TB stakeholders. Using the SBC Flow Chart, the project aimed to

1. Obtain deeper insights into TB-related behaviors and apply them to program design in actionable ways.
2. Achieve collective vision and action toward shared solutions among TB stakeholders.
3. Strengthen the capacity of Breakthrough ACTION Nigeria staff, partners, and stakeholders to conduct the SBC Flow Chart process.

METHODS

Capacity strengthening throughout the SBC Flow Chart was both intrinsic and intentional. Engaging staff and partners in both training and learning-by-doing approaches enabled deep participation and introduced repeatable techniques and tools that participants will be able to apply to other design challenges in future.

Define

Mine Existing Knowledge

- Literature review
- Concept note

Intent

- Launch of NTBLCP Advocacy, Communication and Social Mobilization (ACSM) and working groups
- Two-day intent and SBC capacity strengthening workshop with 41 participants from 16 organizations
- Stakeholder interviews and synthesis

Deepen Understanding

- Lines of inquiry, Internal Review Board approval
- Research team training
- Discovery research across four states (Kano, Lagos, Enugu, Rivers) with 242 ethnographic interviews and observation activities
- Insights and empathy tools generation/validation

Design & Test

Imagine

- Ideation workshop with 42 participants from 14 organizations; generated over 760 ideas

Refine

- Refined ideas into 12 major concepts; prioritized five interventions

Prototype

- Built low fidelity prototypes to bring the five ideas to life

Test

- Tested five prototypes in four states (Kano, Lagos, Enugu, Nasarawa) with 750-plus people

Iterate

- Continuously reflected upon and improved prototypes based on testing feedback
- Piloted four of five interventions for 12 weeks in four local government areas (LGAs) across two states (Kano, Lagos)

Apply

Implement and Monitor

- Three prototypes piloted for 20 weeks. Ongoing monitoring and harvesting lessons learned for refinement and scale-up

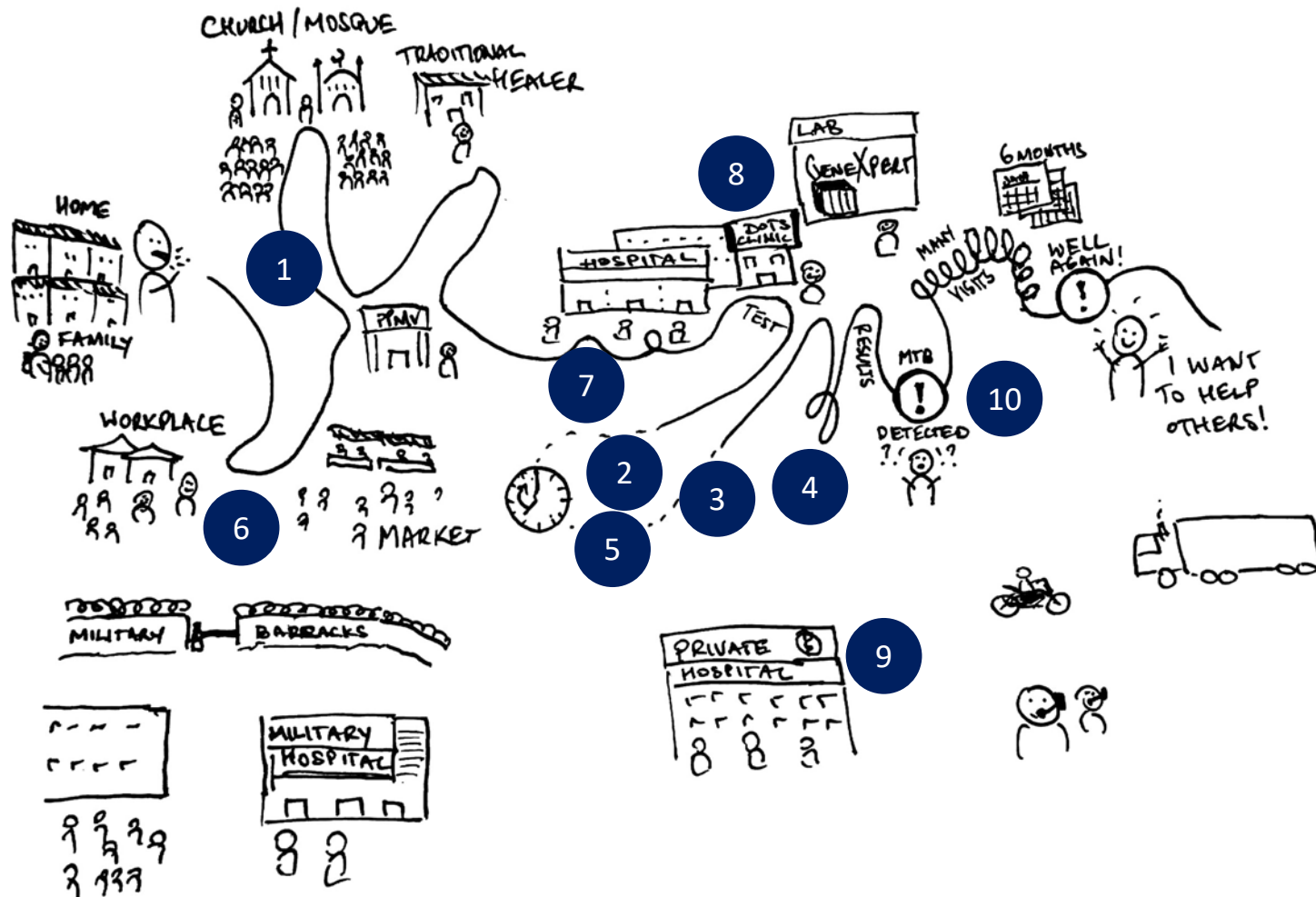
Evaluate and Refine

- Albishirin Ku! Monitoring audience engagement through omnibus survey and 3-2-1 platform data and adapt content for three prototypes
- Ongoing monitoring and harvesting lessons learned for refinement and scale-up

Adapt and Scale

- Albishirin Ku! Lessons learned from Season 1 applied to Seasons 2 and 3
- Expansion from Kebbi, Bauchi, Sokoto to also Federal Capital Territory and Ebonyi
- Three prototypes: Integrated and scaled-up into project. Ongoing monitoring and adaptation

KEY INSIGHTS: A JOURNEY THROUGH TB



1. People go to multiple places to seek help but may not be correctly diagnosed or referred.

2. An inability to immediately test sputum samples can mean presumptive TB patients do not receive their diagnosis.

3. Incomplete or incorrect data entry results in missed opportunities for diagnosis.

4. Providers lack systems to follow-up with presumptive TB cases and TB patients.

5. There are real and perceived costs in getting diagnosed for TB, despite testing and treatment being free.

6. Stigma exists across communities and professionals, which can be a barrier to health-seeking behavior.

7. Myths and misconceptions about TB transmission are prevalent in the community and among health professionals.

8. TB providers and program managers can often identify high-risk areas for TB in their communities.

9. Some private facilities offer high quality health services but do not want to be associated with TB.

10. Counseling is difficult because it needs to be tailored to be effective.

Insight: Long treatment journeys

People go to multiple places to seek help but may not be correctly diagnosed or referred

Some presumptive TB clients spend a lot of time seeking care from different places, but do not go to the right places, do not receive the right diagnosis or referral, or go to an appropriate health facility only when they are critically ill. Patent and proprietary medicine vendors (PPMVs) are often the first point of contact due to proximity and low cost.



Some go to the chemist, because the proximity is very close and because of cost. At the facility you have to buy a patient card, go for a malaria test, another test. At the chemist they just prescribe drugs.

My first care-seeking was to PPMV.

I had a series of tests before finally being referred to DOTS [Directly-Observed Treatment Short-Course] center.

Most community members when infected with TB take herbs. If that doesn't work, then they come to hospital.

How might we make PPMVs the top referrers of presumptive TB cases to health facilities?

Insight: Indirect costs to testing

There are real and perceived costs in getting diagnosed for TB, despite testing and treatment being free

While TB testing and treatment are free, many people are unaware, don't believe it's true, or still incur costs (e.g., transport to the facility, missed work, patient folders, other diagnostic tests prior to TB diagnosis). These issues impact initial health-seeking behavior and adherence to treatment.



I heard it is free, but in Nigeria nothing is free.

Yes, the drugs are free, but I still have to get to the DOTS center.

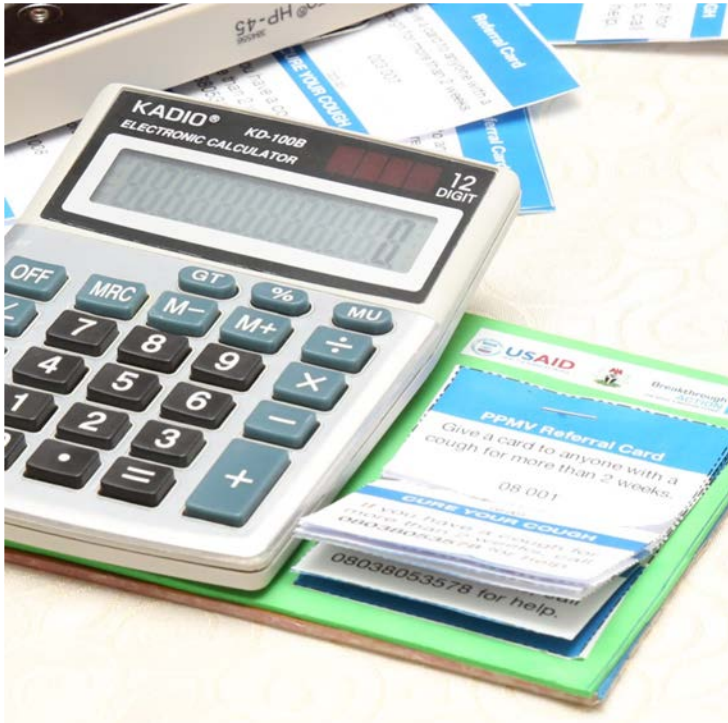
When you get to the hospital you find out it is not free.

Money, money, bring money. If money is not available, the doctors will not come.

How might we make getting a cough diagnosed a true zero-cost proposition?

PRIORITIZED SOLUTIONS

Simplified Referrals from Medicine Stores



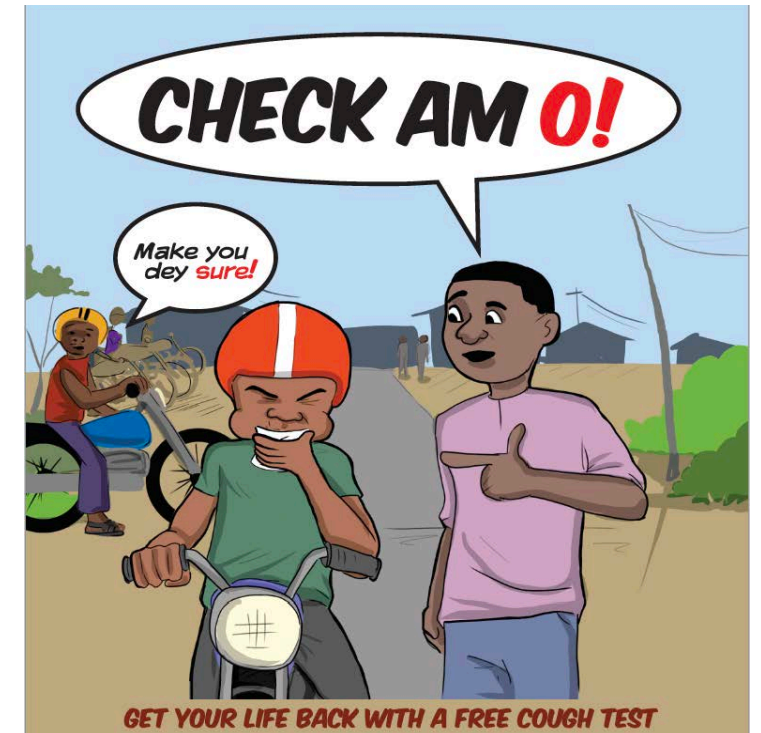
PPMVs refer clients who have been coughing for two weeks or more for expedited TB testing at a health facility by tearing off a referral slip from a calculator or calendar.

Detection in Religious Settings



Enlists religious leaders as leading advocates for TB control through the co-design of TB messages that are integrated into sermons and other religious activities.

“Check Am O” SBC Campaign



Multichannel campaign that builds upon collective nature of Nigerian culture to inspire people to encourage anyone they encounter with a prolonged cough to get tested for TB.

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