MINISTRY OF HEALTH

NATIONAL LEPROSY & TUBERCULOSIS CONTROL PROGRAM

Q2-2024 M&E Report

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List of Abbreviation

ACF	Active Case Finding
ART	Anti-retroviral Therapy
DHIS2	District Health Information Software Version 2
DOTS	Directly Observed Treatment Shortcourse
DR-TB	Drug Resistance Tuberculosis
DST	Drug Susceptibility Testing
LTFU	Loss to follow up
MRC	Medical Research Council
NLTP	National Leprosy & Tuberculosis Control Program
NPHL	National Public Health Lab
NSP	National Strategic Plan
NTRL	National Tuberculosis Reference Lab
OIC	Officer in charge
PSM	Procurement and Supply Management
PTB	Pulmonary Tuberculosis
RHD	Regional Health Directorate
RLTCO	Regional Leprosy TB Control Officer
SRN	Sample Referral Network
TB	Tuberculosis
HIV	Human Immunodeficiency Virus

TPT	Tuberculosis Preventive Therapy
VHWs	Village Health Worker
CHN	Community Health Nurse

Executive Summary

The National Leprosy and Tuberculosis Control Program (NLTP) conducted monitoring and supervision visit across TB service points in The Gambia. The visit aimed to assess data quality, offer mentorship, and evaluate the overall status of TB services in alignment with the National Strategic Plan for Tuberculosis Control 2022-2027.

The methodology employed involved data verification from facility registers, monthly reports, and DHIS2, as well as face to face engagement with healthcare providers.

The findings revealed a mix of successes and challenges in TB management. While several centers have achieve a high treatment success rates, others faced challenges such as case holding ultimately leading to a high patient loss to follow-up, suboptimal contact tracing, and inadequate active case finding. Disruptions in TB laboratory services especially faulty Gene-Xpert modules and staff shortage were also noted, along with incomplete documentation of patient record cards in many facilities. Additionally, underutilization of community health structures such as VHWs, CHNs among others in the management of patients has significantly contributed to the loss to follow up.

It is recommended for NLTP and partners shift focus on improving active case finding, strengthening contact tracing, enrollment of eligible children on TPT, enhancing lab services by ensuring in country modules are available, and ensuring accurate data management through routine supervision at all levels. By addressing these challenges and leveraging on the community health workers, the NLTP will set a course to meet national and global targets.

1.1 Background

In an effort to improving data quality, offering individualized mentorship, and assessing the overall status of TB services at various facilities, the Monitoring and Evaluation team of the National Leprosy and TB Control Program (NLTP) conducted a ten-day monitoring and supervision visit to TB service points nationwide.

In line with the National Strategic Plan for Tuberculosis Control and the M&E Plan, this report is a crucial document that provides a detailed analysis of the program's efforts, encompassing key TB metrics and the impact of interventions on individuals with TB. The report offers an indept analysis of key TB indicators, reflecting on program operations, highlighting strengths and identifying areas for improvement.

As we strive to meet the targets outlined in the National Strategic Plan (NSP) and align with global objectives, the National Leprosy and Tuberculosis Program (NLTP) remains dedicated to keeping all stakeholders informed about the progress of tuberculosis (TB) care and prevention. Our goal to ensure transparency and accountability in coordinating TB services across The Gambia remains unwavering

During a recent visit, our team engaged with a range of stakeholders, including Regional Health Directorates, health facility managers, and DOT center staff. This comprehensive approach allowed us to identify specific challenges and develop targeted solutions.

Summarily, this report is a crucial tool that helps us understand how well the TB services are working. It aids the Ministry of Health to determine where resources are most needed, catch potential issues early, and ensure that we are providing the best care possible. By highlighting

areas for improvement and showcasing our progress, this report reaffirms NLTP's commitment to fighting TB and making a real difference in the lives of those affected by the disease.

1.2 Objectives

a. To gather first-hand information about the current situation of TB services at various DOT centers.
b. To engage with regional and facility stakeholders improve TB service delivery.
c. To conduct data quality audits at DOT centers.
d. To identify and address challenges faced by staff and patients in accessing TB services.
e. To provide on-site mentorship and refresher training for LTIs.

2 Methodology:

The report outlines a comprehensive methodology for monitoring and providing supportive supervision to enhance the quality of TB services. This approach includes conducting face-to-face discussions with service providers and meticulously reviewing facility records.

2.1 Selection of Facilities

The Monitoring & Evaluation Team undertook a rigorous review of data for the specified period, selecting facilities based on the number of cases reported or issues identified in the previous review. Facilities with significant issues during prior monitoring were given priority. Facilities that did not attend the recent data review meeting were equally targeted.

2.2 Data Review and Verification

The core of the methodology involves verifying the accuracy and consistency of data processing at various levels. This includes:

I. Health Facility Registers: Examination of patient records and entries.

II. Monthly Facility Reports: Evaluation of the data submitted in monthly returns.

III. District Health Information Software 2 (DHIS2): Cross-checking data entered into the National Health Information System.

2.3 Engagement with Service Providers

Face-to-face discussions with service providers are conducted to understand the challenges they face and provide on-the-spot mentorship. This interaction facilitates a deeper understanding of the ground realities and helps in tailoring interventions to specific need.

3 Status of TB control & Prevention

3.1 TB Case Notification

The data on TB case notifications across regions and health facilities reveals stark regional disparities, with 1,444 total cases reported in the first half of the year. Of these, 1,411 were new or relapsed cases. The Western 1 Health Region stands out, accounting for 55.1% of the total, while Brikama District Hospital leads at the facility level, contributing 16% of all reported cases. Sukuta Minor Health Centre and Serrekunda Minor Health Centre follow closely behind. In contrast, the North Bank West and Lower River Regions reported significantly fewer cases, with just 2.4% and 3.7% respectively. Notably, in June, the Lower River Region recorded zero cases, underscoring the urgent need to strengthen active case-finding efforts both in communities and at healthcare facilities at the region. Children accounted for 65 (5%) of the notified cases, significantly lower than the national target of 10%.

Table 3 1Drug Susceptible TB Case notification per facility and region

Region	Facility	Q1 Total	April	May	June	Q2 Total	Total for Semester
Central River Region	Bansang Hospital	12	3	7	2	12	24
	Chamen Minor Health Centre	3	0	0	1	1	4
	Dankunku Minor Health Centre	2	1	0	1	2	4
	Jahali NGO Min. Health Centre	11	0	1	3	4	15
	Janjanbureh Minor Health Centre	4	0	0	0	0	4
	Kaur Minor Health Centre	5	4	1	1	6	11
	Kudang Minor Health Centre	2	4	2	3	9	11
	Kuntaur Minor Health Centre	0	2	0	1	3	3
	Sami Karantab Minor Health Centre	4	0	1	0	1	5
Total	% of cases notified from the region = 5.6%					38	81
Lower River Region	Bureng Major Health Centre	4	0	1	0	1	5
	Jappineh Village OPD	3	0	0	0	0	3
	Kiang Karantaba Min Health Centre	1	1	0	0	1	2
	Kwinella Minor Health Centre	3	2	1	0	3	6
	MRC Keneba	5	0	0	0	0	5
	Soma District Hospital	21	6	5	0	11	32
Total	% of cases notified from the region = 3.7%					16	53
North Bank East	Farafenni General Hospital	17	7	9	9	25	42
	Kerewan Minor Health Centre	4	0	2	0	2	6
	Ngenyen Sanjal Minor Health Centre	2	0	0	0	0	2
	Njaba Kunda Minor Health Centre	5	0	0	1	1	6
Total	% of cases notified from the region = 3.9%					28	56
North Bank West	Albreda Minor Health Centre	0	2	0	0	2	2
	Essau District Hospital	12	4	4	1	9	21
	Kuntaya Minor Health Centre	2	2	5	3	10	12
Total	% of cases notified from the region = 2.4%					21	35
Upper River Region	Badja Kunda Major Health Centre	2	1	0	1	2	4
	Basse District Hospital	14	1	1	7	9	23

	Diabugu Minor Health Centre	6	0	0	3	3	9
	Fatoto Minor Health Centre	2	0	0	2	2	4
	Gambisara Minor Health Centre	6	0	2	3	5	11
	Garawol Minor Health Centre	2	0	0	3	3	5
	Koina Minor Health Centre	0	0	1	0	1	1
	Yorobawol Minor Health Centre	6	2	0	1	3	9
Total	% of cases notified from the region = 4.6%					28	66
Western I Health	Banjulinding Minor Health Centre	36	10	16	8	34	70
	Bundung Maternal & Child Hospital	48	7	11	6	24	72
	Edward Francis Small Teaching Hospital	19	6	3	4	13	32
	EFSTH Polyclinic	26	2	12	6	20	46
	Fajara Barrack	5	6	0	5	11	16
	Fajikunda Major Health Centre	63	23	20	21	64	127
	Kanifing General Hospital	54	5	18	9	32	86
	Mile (2) Prisons	2	0	1	1	2	4
	Serrekunda Minor Health Centre	64	26	25	25	76	140
	Sukuta Minor Health Centre	94	27	24	28	79	173
	Yundum Barracks Clinic	18	6	3	2	11	29
Total	% of cases notified from the region = 55.0%					366	795
Western II Health Region	Brikama District Hospital	115	38	39	37	114	229
	Bwiam General Hospital	13	5	7	7	19	32
	Gunjur Minor Health Centre	22	4	3	3	10	32
	Kafuta Min Health Centre	7	1	1	2	4	11
	Sanyang Major Health Centre	6	2	1	2	5	11
	Sibanor ECG NGO Clinic	6	5	5	1	11	17
	Tujereng Community Clinic	15	6	3	2	11	26
Total	% of cases notified from the region = 24.8%					174	358
Total for all the regions							1444

The chart below illustrates the distribution of TB patient categories across the different periods: Pulmonary Bacteriological Positive cases consistently represent the majority of TB cases, ranging from 77% to 81%, with slight fluctuations across the periods. This highlights the predominance of bacteriologically confirmed pulmonary TB. Pulmonary Clinically Diagnosed cases show a minor decline from 14% in Q1 to 11% in May, with a return to 14% in June, indicating their continued significance despite being fewer than bacteriological cases. Extra Pulmonary TB cases remain very low, consistently at or below 1%, suggesting either a lower prevalence or diagnostic challenges. Overall, the data underscores the importance of bacteriological confirmation in TB diagnosis while also noting the relevance of clinically diagnosed cases and the need to explore the low incidence of Extra Pulmonary cases.

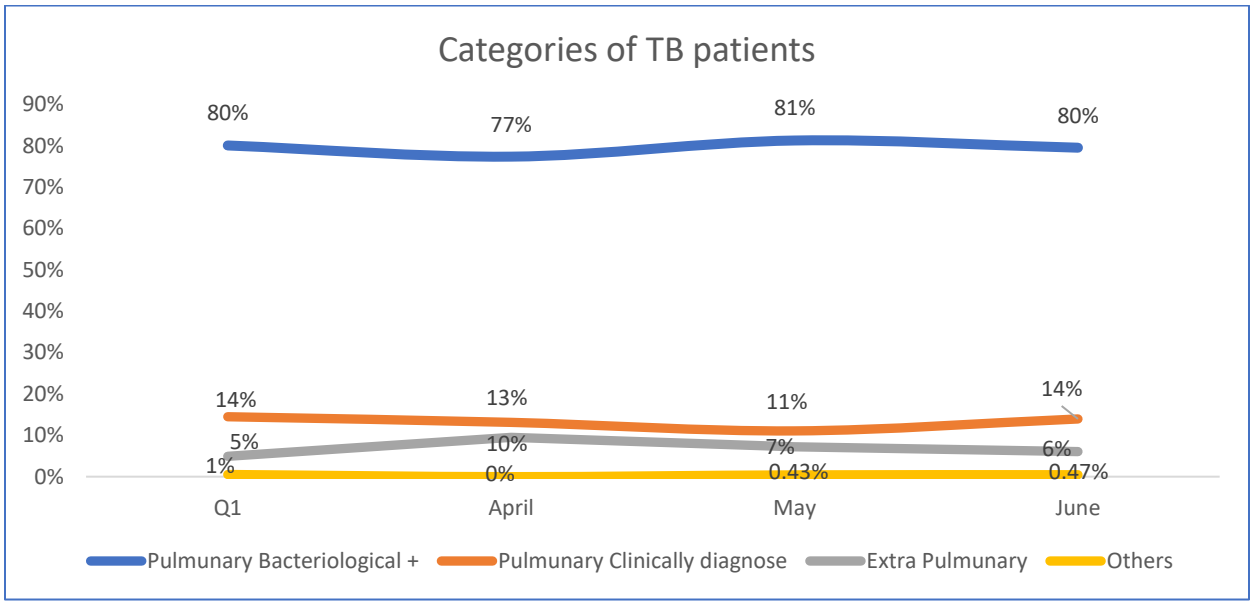

Figure 3 1 Categories of TB patients

3.2 Childhood TB

The chart illustrates the comparison between Adult and Childhood TB case notifications, the number of adult TB cases is significantly higher at 738, with Childhood TB cases at 35, making up 5% of the total cases. In April, both Adult and Childhood TB cases shows a substantial decline to 211 and 10, respectively, yet the percentage of Childhood TB remains at 5%. In May, there is a slight increase in cases, with Adult TB rising to 223 and Childhood TB to 12, still maintaining the 5% proportion. However, in June, adult TB cases dropped to 207, and childhood TB cases decreased to 8, reducing the percentage of childhood TB cases to 4%, marking the first decline in this ratio. Overall, while Adult TB cases consistently outnumbered Childhood TB cases by a wide margin, Childhood TB consistently represents a small but stable proportion of the total cases (4-5%).

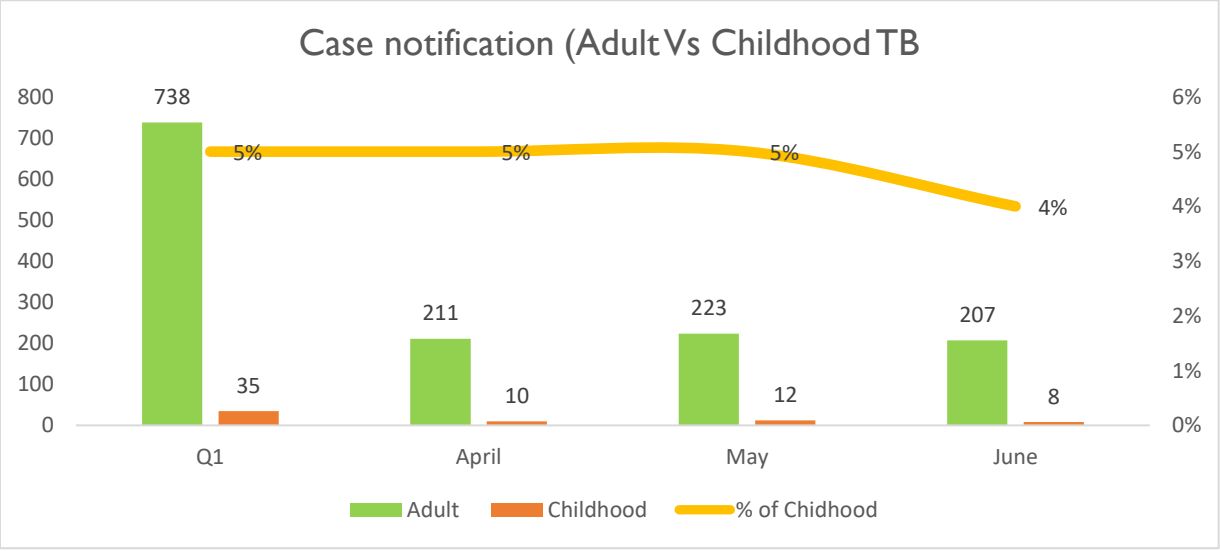

Figure 3 2 Childhood TB notification

3.3 Drug-Resistant TB

The graph illustrates the trend in drug-resistant TB (DR-TB) cases from 2018 to 2024, with 2024 data covering only the first six months. In 2018, DR-TB cases were at their lowest, with just 2 reported case. This number increased to 9 in 2019 and remained stable through 2020. A gradual rise continued, reaching 12 cases in 2021 and 13 in 2022. The year 2023 saw a notable spike to 22 cases, the highest level recorded over the seven-year period, likely reflecting improved diagnostics for DR-TB. In the first half of 2024, the number of notified DR-TB cases was 7 inclusive of both routine surveillance data and drug resistance survey.

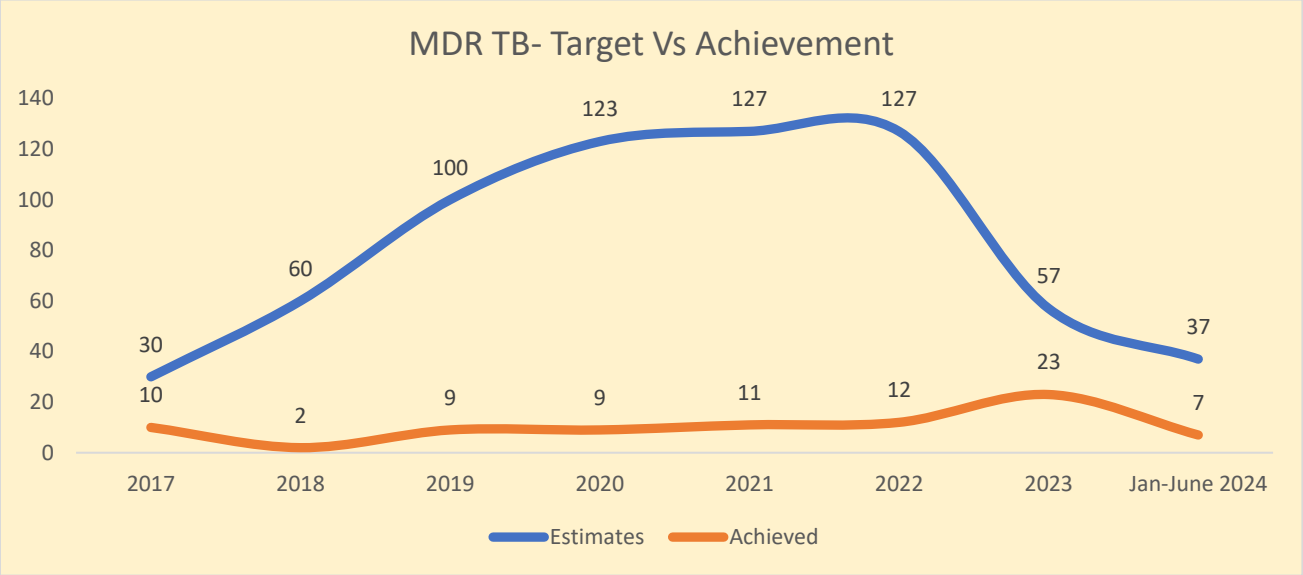

Figure 3 3 Trend of DR-TB Target versus Achievement

Gender wise comparison indicated that four (3) cases were male and three (3) female. All 6 cases are from within the Greater Banjul Area and Western II, while only one (1) case emanates from outside of the WHR 1 & 2.

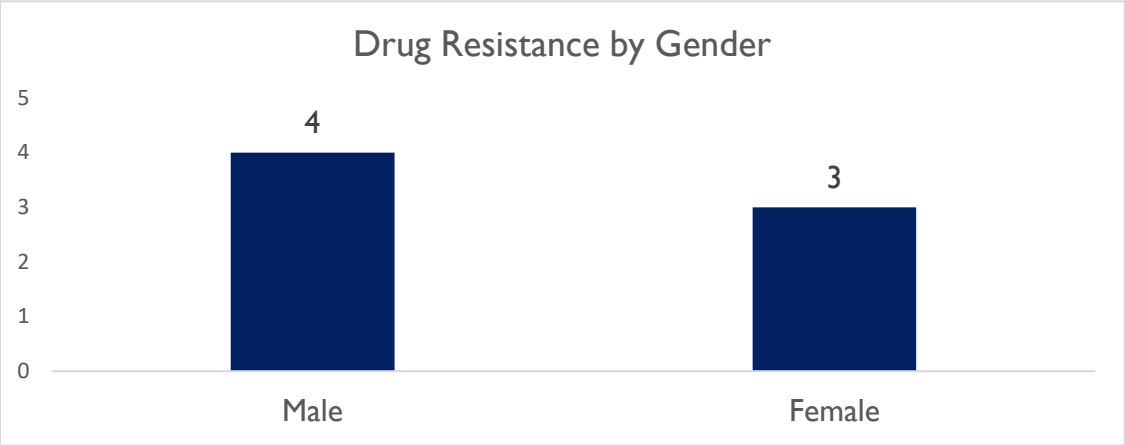

Figure 3 4 Drug Resistance by Gender

Resistance profile indicates that there was one (1) case of HIV positive drug resistance TB, 3 cases are confirmed to have Multi-drug resistance (resistance to both Rifampicin & Isoniazid) while the remaining cases are Rifampicin Resistance cases.

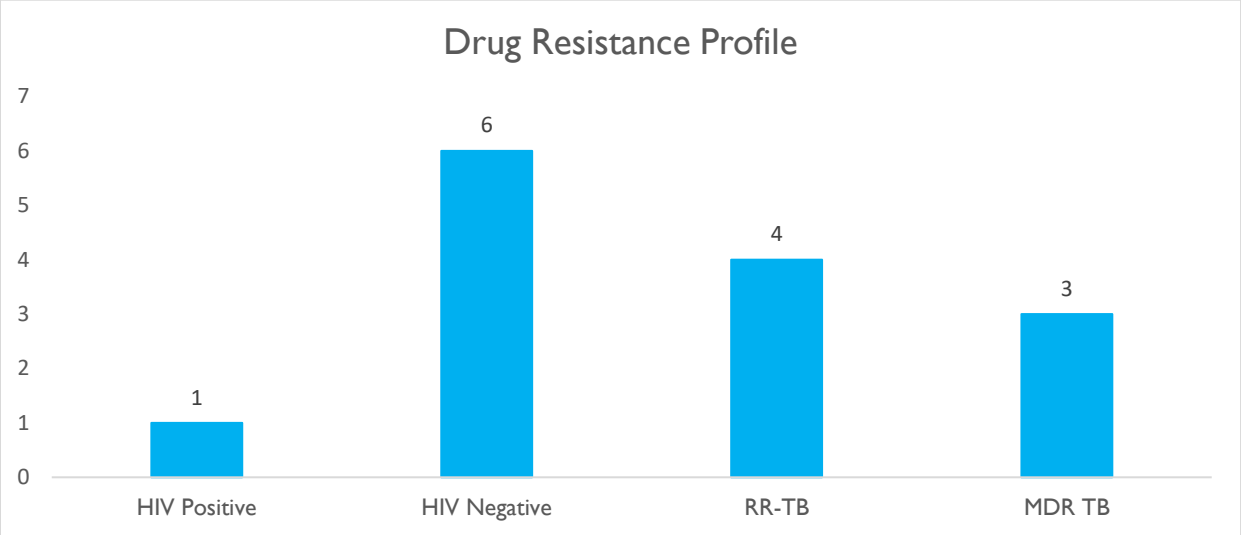

Figure 3 5 Resistance profile of diagnosed DR-TB cases

3.4 TB/HIV

The table 3.2 below shows TB/HIV testing coverage and enrollment on ART across the first semester of 2024. Overall, 94% of TB patients have been tested for HIV before or during their TB treatment. Of which 182 (13%) are HIV positive, with 28% of the cases being known status before TB treatment. Test and treat at DOTS appear to be enforced as enshrined in the national guidelines, thus a 91% enrollment of positive cases was achieved. However, 16 confirmed HIV positive TB patients are yet to be enrolled on ART.

Table 3 2 TB/HIV testing coverage, positivity and ART enrollment

Period	TB case notification	Patients tested for HIV	HIV Positive	HIV Positive TB patients on ART
Q1	773	734	87	81
April	221	210	31	30
May	235	217	31	29
June	215	199	33	26
Total (%)	1444	1360 **(94.18%)**	182 **(13.38%)**	166 **(91.21%)**

3.5 Contact tracing & Tuberculosis Preventive Therapy

The cumulative data from April to June compared to Q1 reveals notable declines in TB prevention activities. Bacteriologically diagnosed TB cases decreased from 605 in quarter one to 528 in the second quarter. The number of contacts identified has also declined when we compare the two quarters, from 2170 in Q1 to 1965 in Q2, and a more pronounced reduction was seen among contacts under 15 years of age from 902 in Q1 to 740 in Q2. Three hundred and seventy four

(374) contacts were eligible for TPT in Q1, compared to 278 in Q2, of which 77% and 76% were respectively enrolled on TPT. Overall, contact tracing efforts remain suboptimal and needs to be improved upon to increase case finding and overall TB notification.

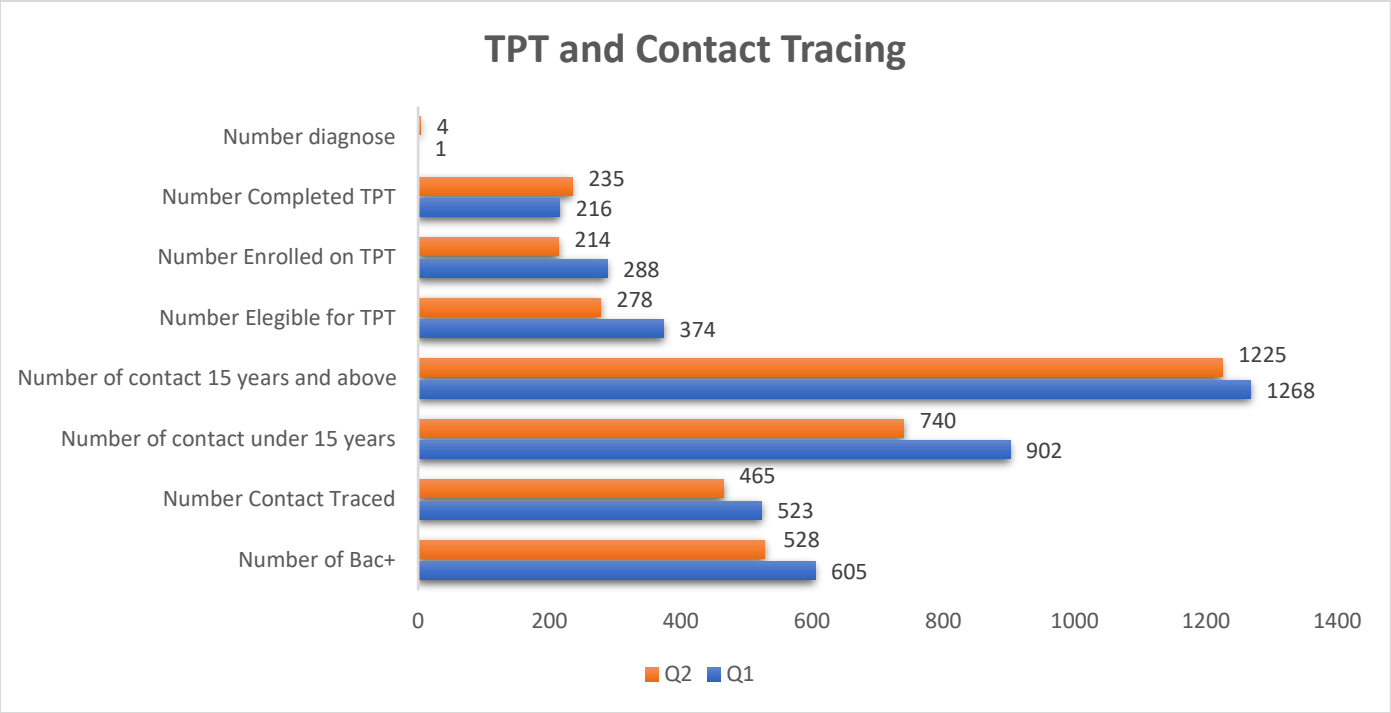

Figure 3 6 Contact Tracing & TPT enrollment for TB contacts

3.6 Treatment Outcome

Table 3.3 below shows the treatment outcome of the different facilities and the corresponding treatment success rates for the 2023 cohort for the period January - June. Worthy of mention is the high treatment success rate (94%) achieved at Brikama District Hospital despite managing about 15% of the TB cases in the country, similarly, sukuta with the third highest caseload achieved a 99% treatment success. Facilities that require urgent improvement in caseholding includes and not limited to Chamen Health Centre (0%) and Kudang Minor Health Centre (25%). Overall URR appears to have the highest treatment success of 95%.

Table 3 3 TB treatment outcome per facility (2023 Semester 1 Cohort)

Facility	Case Notified	Cured/Treatment Complete	Deaths	Loss to follow up	Treatment Failures	Not Evaluated	Treatment Success
Bansang Hospital	26	22	3	0	1	0	85%
Chamen Min. Health Centre	2	0	0	2	0	0	0%
Dankunku Min Health Centre	7	6	0	1	0	0	86%
Jahali NGO Min. Health Centre	18	16	1	0	1	0	89%
Janjang-bureh Min. Health Centre	4	4	0	0	0	0	100%
Kaur Minor Health Centre	22	18	3	1	0	0	82%
Kudang Min. Health Centre	8	2	1	5	0	0	25%
Kuntaur Major Health Centre	15	14	0	1	0	0	93%
Sami Karantaba Min. Health Center	3	3	0	0	0	0	100%
Total for CRR	105	86	8	9	2	0	82%
Bureng Major Health Centre	6	6	0	0	0	0	100%
Jappineh Village OPD	4	2	0	2	0	0	50%
Kiang Karantaba Min. Health Centre	1	1	0	0	0	0	100%
Kwinella Min. Health Centre	4	2	1	1	0	0	50%
MRC Keneba	3	2	0	0	1	0	67%
Soma District Hospital	21	9	2	9	1	0	43%
Total for LRR	39	22	3	12	2	0	56%
Farafenni General Hospital	39	33	1	1	4	0	85%
Kerewan Min. Health Centre	10	9	0	0	1	0	90%
Ngenyen Sanjal Min. Health Centre	5	5	0	0	0	0	100%

Total for NBE	54	47	1	1	5	0	87%
Albreda Min. Health Centre	6	4	0	2	0	0	67%
Essau District Hospital	39	31	5	2	1	0	79%
Kuntair Major Health Centre	2	2	0	0	0	0	100%
Total for NBW	47	37	5	4	1	0	79%
Baja Kunda Major Health Centre	9	9	0	0	0	0	100%
Basse District Hospital	38	35	1	2	0	0	92%
Diabugu Minor Health Centre	6	5	1	0	0	0	83%
Fatoto Min. Health Centre	4	4	0	0	0	0	100%
Gambisara Minor Health Centre	9	9	0	0	0	0	100%
Garawol Minor Health Centre	6	6	0	0	0	0	100%
Koina Minor Health Centre	2	2	0	0	0	0	100%
Yorobawol Minor Health Centre	6	6	0	0	0	0	100%
Total for URR	80	76	2	2	0	0	95%
Banjulnding Min. Health Centre	60	41	2	15	2	0	68%
Bundung Maternal Child Health Hospital	102	101	1	0	0	0	99%
Edward Francis Small Teaching Hospital	18	12	2	4	0	0	67%
EFSTH Polyclinic	20	17	1	2	0	0	85%
Fajara Barracks	19	19	0	0	0	0	100%
Faji Kunda Major Health Centre	127	106	6	13	2	0	83%
Kanifing General Hospital	51	44	1	6	0	0	86%
Mile (2) prison	6	6	0	0	0	0	100%

Serekunda Min. Health Centre	149	111	6	31	1	0	74%
Sukuta Min. Health Centre	145	143	2	0	0	0	99%
Yundum Barracks Clinic	21	21	0	0	0	0	100%
Total for WHR 1	718	621	21	71	5	0	86%
Brikama District Hospital	216	202	6	7	1	0	94%
Bwiam General Hospital	41	29	4	5	3	0	71%
Gunjur Minor Health Centre	23	19	2	1	0	1	83%
Kafuta Min. Health Centre	11	10	1	0	0	0	91%
Sanyang Major Health Centre	18	17	0	1	0	0	94%
Tujereng Minor Health Center	20	17	0	3	0	0	85%
Total for WHR 2	329	294	13	17	4	1	89%
The Gambia	1372	1183	53	116	19	1	86%

Overall, the country as it stand for the quarter ending June 2023 has achieve a treatment success rate of 86% commulative. Regionally, URR has outperformed all regions with a 95% treatment success and one of the lowest death rates, closely followed by WHR 2 with 89%. WHR 1 with the highest regional caseload has a success of 86% with a significant number of Loss to follow ups, facility wise analysis indicates this is significantly skewed by Serrekunda Minor Health Centre, Banjulinding Minor Health Centre and Fajikunda Major Health Centre. Lower River Region appears to have significantly lower success in managing diagnosed TB cases compared to other regions with a 56% treatment success and a whooping 30% loss to follow up, pointing to the need to intensify case holding activities.

Table 3 4 TB treatment outcome regionally (2023 Semester 1 cohort)

Treatment Outcome Regionally (2023 Cohort - Semester 1)					
Region	**% Treated successfully**	**% Deaths**	**%LTFU**	**% Failures**	**% Not Evaluated**
CRR	81.9%	9.3%	8.6%	1.9%	0.0%
LRR	56.4%	7.7%	30.8%	5.1%	0.0%
NBE	87.0%	1.9%	1.9%	9.3%	0.0%
NBW	78.7%	10.6%	8.5%	2.1%	0.0%
URR	95.0%	2.5%	2.5%	0.0%	0.0%
WHR 1	86.5%	2.9%	9.9%	0.7%	0.0%
WHR 2	89.4%	4.0%	5.2%	1.2%	0.3%
Gambia	86.2%	3.9%	8.5%	1.4%	0.1%

4. Findings from the facilities

No.	Facility Visited	Good Practices/Discussions	Issues Identified	Recommendation
1	Banjulinding Minor Health Centre	• 0.4% presumption for TB among outpatient attendees. • 61% treatment success among the Q2-2023 cohort. • Increasing number of TB patients accessing services at the facility. • No data Discrepancy	• Non-use of community structures as treatment supporters (I.e VHWs, CHN). • Issues with case holding (30% of patients loss to follow up). • TB laboratory services have been temporarily suspended due to staff leave. • Low active Case finding	• LTI to link with CHNs and ensure the use of community health structures for improved treatment outcomes. • Head of lab to ensure services are covered while staff are on leave. • LTI to improve on patient follow up to improve case holding
2	Mile II Prisons	• 100% treatment success among the Q2-2023 cohort of TB patients • All patients diagnosed were tested for HIV.	• Use of outdated TB centreal register (Has no Xpert Column) • Suboptimal contact tracing	• Improve on contact tracing for inmates • Collaborate on the mass screening of inmates for TB.
3	Brikama District Hospital	• Managing the highest number of TB patients in the country. • 93.5% treatment success among the Q2-2023 cohort of TB patients. • 95% of diagnosed TB patients tested for HIV •	• Suboptimal Contact Tracing (175 bact + yielded 590 contacts) • 12 Gene-Xpert modules working perfectly out of 16. • Enrollment of eligible contacts on TPT suboptimal (85 eligible-7 enrolled) • Treatment supporter not indicated for most patients on the card • Drug account book not up to date.	• LTIs to improve on Contact tracing and counselling for TPT • NPHL/NAS/PSM to facilitate module replacements for the faulty modules. • LTI/incharge to ensure drug account book is upto date. • LTI/incharge to ensure all variables on the treatment card are updated for all patients.
4	Gunjur Minor Health Centre	• 89% treatment success for diagnosed patients (Q2-2023) cohort. • Functional Lab services. • 100% counselled and tested for HIV among diagnosed TB patients.	• Sub-optimal contact tracing • No child enrolled on TPT • Identified TB clinic not utilized by the LTI.	• LTI to improve contact tracing and RLTCO to strengthen supervision at the facility. • OIC to ensure the identified clinic is utilized as designated.

5	Tujereng CCF Clinic	• 100% counselled and tested for HIV among diagnosed TB patients. • No co-infection • Functional TB Lab services. • 89% treatment success among the Q2-2023 cohort of TB patients.	• Seven of the current cases on treatment not reviewed as per national guideline • Evidences to commence treatment of clinic cases not filed with other patient records. • Record cards not completely filled out.	• LTI to ensure all documentations relating to the patient are filled and kept safe for reference. • LTI and with support from RLTCO to ensure clinical and/or laboratory reviews is conducted for all diagnosed TB patients as per national schedule.
6	Albreda Minor Health Centre	• 60% treatment success among the Q2-2023 cohort of TB patients • Functional TB lab services • Low Presumption at OPD and limited community referral.	• Outcome of patients who are supposed to finish treatment not declared. • TB Lab register in use did not capture all variables • LTFU cases within the community - Limited follow up of defaulters	• LTI with support from the RLTCO to declare the outcome of all patients on treatment. • RLTCO to supply the lab with updated register • LTI to follow up on cases that have defaulted treatment.
7	Kuntair Major Health Centre	• <1% presumption for TB among OPD attendees – Low presumption for TB •	• Suboptimal TB case finding • Sample transport and reporting of feedback remains challenging	• In charge and facility staff especially OPD to improve on facility based ACF. • NPHL to scale up the SRN
8	Kerewan Minor Health Centre	• 89% treatment success among the Q2-2023 cohort of TB patients • 1% presumption for TB among OPD attendees	• Incomplete record of treatment record cards • Low presumption for TB among OPD attendees. • Minor data discrepancies	• LTI to ensure all records relating to patient information are completely filled in the treatment record card. • In charge and facility staff especially OPD to improve on facility based ACF.
9	Farafenni General Hospital	• Optimal contact tracing done for all bacteriologically diagnosed TB cases (Average: 8 Contacts per case)	• Only 1 Gene-Xpert module working • Minor data discrepancy	• NPHL/NAS/PSM to facilitate module replacements at Farafenni General Hospital.

		• TB/HIV service integration well advanced. • Facility based ACF ongoing	• Incompletely filled patient record cards.	• RLTCO to support the correction of data discrepancies at the clinic • LTI to ensure all variables on the patient record card are completely filled.
10	Dankunku Minor Health Centre	• TB lab servces not available at the facility – Reason given is that no electricity, however, fans and other light bulbs were working at other service points including the TB clinic. • 89% treatment success among the Q2-2023 cohort of TB patients.	• No Functional TB lab services – reason given no electricity • Treatment cards and registers not updated • Clinic not used • Evidences to commence treatment of clinic cases not filed with other patient records. • Suboptimal ACF at facility • Data Discreapncies noted – Corrected and submitted to RHD.	• NPHL/RHD to look into the reasons for the halt in TB lab services as electricity was available at the time of our visit. • LTI to ensure patients are seen at the TB clinic • OIC and facility staff to strengthen ACF at the facility • RHD to consider another personnel for TB services at the facility.
11	Janjanbureh Minor Health Centre	• 100% treatment success for Q2-2023 cohort of TB patients • CT optimally done • Low presumption for TB at the OPD • SRN supporting sample collection and feedback. • Motorcycle and other resources available.	• Some challenges understanding TB recording and reporting tool – New deployment • Suboptimal case finding at OPD • LTI not giving adequate time to focus on the clinic work due to staff shortage.	• RLTCO to strengthen supportive supervision at the facility. • OIC and Facility staff to improve on case finding • OIC to give the LTI adequate time to complete TB clinic work including contact tracing before other assignments.
12	Bansang Hospital	• 88% treatment success among the 2023 cohort during the same period. • Low presumption for TB at the OPD/A&E • Gene-Xpert machine optimally functional.	• Suboptimal contact tracing- 11 bacteriologically diagnosed cases and total yield from contact tracing was 32 contacts. • Incompletely filled patient record cards.	• LTI to improve on contact tracing and the enrollement of eligible clients on TPT. • LTI with supervision of the RLTCO to ensure all records are completely filled on the treatment card.

		• SRN working well and supporting sample movement		
13	Basse District Hospital	• <1% presumption for TB at the OPD • All diagnosed patients counselled and tested for HIV. • Hospital supporting SRN sample movement, reception and feedback.	• Minor data discrepancy on the TPT reporting • Some patient due for review yet to report to the facility • Suboptimal yield of the contact tracing efforts.	• LTI/RLTCO to correct data discrepancy on the TPT return • LTI to follow-up on patients who have yet to report for their review • LTI to improve on contact tracing and the enrollment of eligible children on TPT.
14	Sami Karantaba Minor Health Centre	• 100% treatment success for diagnosed TB patients in the Q2-2023 • Low presumption for TB at the OPD • 100% testing of TB patients for HIV • Low case detection in Q3 compared to preceding quarter. • Optimal contact tracing (7 contacts on average per index)	• Low ACF at facility • TB register number not indicated for some patients • Information on patients not completely updated on treatment card and register	• OIC and Facility staff to improve on case finding • LTI with supervision of the RLTCO to ensure all records are completely filled on the treatment card.
15	Kudang Minor Health Centre	• 66% testing for HIV among diagnosed TB patients • Low case detection • Construction work still ongoing-disrupting some services • SRN sample processing and feedback supported by Bansang Hospital. • Optimal contact tracing for current patients	• 0% success in treating diagnosed TB patients in Q2-2023 • Suboptimal ACF at OPD • Frequent staff changes affecting TB services – esp outcome • Sub-optimal testing of TB patients for HIV – June patients not tested due to unavailability of determine. • 1 case of PTB in the community of Kudang refusing to be treated.	• NLTP & Region to prioritise Mamud Fana and surrounding for sensitization sessions as most TB cases emanates from there. • OIC and staff to strengthen ACF at OPD • OIC and staff to utilize the existing SRN for test not available at their facility (i.e June patients could have been tested at Bansang) • RHD/Chief Public Health Officer to enforce the Public Health Act by

				ensuring the patient refusing to be treated is managed accordingly. • RLTCO to ensure close supervision for new deployments at the TB clinic – this will improve outcome.
16	Bureng Minor Health Centre	• 50% treatment success among current patients within the semester 1 of 2024. • Suboptimal ACF at Facility • 100% success among the Q2-2023 cohort of TB patients • Optimal contact tracing (1 index-13 contacts), peculiar, is the fact the no child contact was identified. • Lab services available – only one personnel	• Poor treatment outcome especially within the current period (50% in Q1, 0% in Q2) • Low presumption for TB at the OPD	• LTI to initiate cross-border counselling as part of treatment initiation process. • RLTCO to supervised Contact tracing ensuring adherence guidelines (i.e challenges might be visiting at school hour etc) • OIC and staff to strengthen ACF at OPD
17	Soma District Hospital	• 38% treatment success among the Q2-2023 cohort of TB patients • 3 Gene-Xpert modules working • Regional Lab Scientist Supporting operations at the lab • All cases of TB within the reporting period counselled and tested for HIV • All co-infected cases enrolled on ART • Good TB/HIV collaboration at the clinic	• Limited capacity at the hospital to run Gene-Xpert (errors increase when some staff are away) • AC not working at the Xpert room • Faulty Xpert module • Low ACF at the OPD (No case diagnosed in June 2024) • Poor treatment outcome and poor case holding.	• NPHL to consider augmenting the capacity of the hospital to ensure optimal resource utilization • OIC to consider repairing the AC at the lab either within their resource or reach out for support to RHD or Programs • NAS/NPHL/PSM to facilitate module replacement. • OIC and staff to strengthen ACF at OPD • LTI to initiate cross-border counselling as part of treatment initiation process.

18	Kiang Karantaba Minor Health Centre	• <1% presumption for TB among OPD attendees • 50% treatment success among current patients within the semester 1 of 2024. • Low case detection • Construction work still ongoing- disrupting some services • Optimal contact tracing (2 index-19 contacts), peculiar, is the fact the no child contact was identified	• Low case detection (2 cases from January – June) • TB lab services not available • No operational SRN currently • Incomplete filling of patient record cards	• OIC and staff to strengthen ACF at OPD • NPHL/RHD to consider augmenting the capacity of thehealth centre to offer microscopy services • LTI with support from the RLTCO to ensure completely filling of all variables on patients record card
19	MRC Keneba	• Low presumption for TB among OPD attendees (5 presumptive cases for Q2-2024) • Low case detection • 66% treatment success among diagnosed patients in semester 1 of 2023. • MRC supporting transport of staff for contact tracing	• Low case detection (4 cases from January – June) • TB lab services not available • No operational Sample Referral Network currently • Incomplete filling of patient record cards	• MRC to consider supporting Keneba Field station with Gene-Xpert for testing • NPHL to support MRC keneba with a microscope to support services. • Head of clinical services and team to improve on facility based Active Case Finding. • LTI/RLTCO to consider the orientation of clinicians on the presumptive register to ensure all cases are entered. • M&E - NLTP to consider MRC for scale up of DHIS2 e-tracker as the resources (computer, internet) are already available. • LTI to improve on case holding and follow up.

				• LTI with support from the RLTCO to ensure completely filling of all variables on patients record card
20	Kafuta Minor Health Centre	• Low presumption for TB among OPD attendees (2 presumptive cases for Q2-2024) • Low case detection (4 cases) • 100% treatment success among diagnosed patients in semester 1 of 2023.	• Incomplete filling of patient record cards • Suboptimal contact tracing (8 contacts elicited from Contact Tracing of 2 bact+) • Outcome of most patients in the register not declared. • Low presumption for TB at OPD	• LTI with support from the RLTCO to ensure completely filling of all variables on patients record card • OIC and staff to strengthen ACF at OPD • LTI to improve on contact tracing and the enrollment of eligible children on TPT
21	New Yundum MDR Centre	• 1 case currently managed at the new facility, foreign national. • Resources supplied (request forms, registers)	• Some resources unavailable (i.e sputum cups, RHD notified to supply) • Still no constant food supply- patient dependent on MDR provisions and lunch from the community. • Baseline culture, DST and microscopy yet to be done	• RHD/RLTCO to facilitate sputum cups for the facility. • EFSTH to use the resources made available by the program through the MDR nutritional support to provide food for the patient. • LTI to send samples for baseline culture and DST to NTRL.

5. Appendix

3.1 Monitoring Team

1.	Musa B Jallow	Principal Leprosy TB Control Officer
2.	Seedy Jaiteh	Monitoring & Evaluation Officer
3.	Sainey Cham	Senior Leprosy/TB Control Officer
4.	Muhammed Lamin Darboe	Monitoring & Evaluation Officer

4.2 Pictures from the field