

# ANNUAL REPORT

# 2007

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NATIONAL TUBERCULOSIS & LEPROSY TRAINING  
CENTER

ZARIA

## **Introduction**

The National Tuberculosis and Leprosy Training Centre, Zaria is about four kilometres from Zaria town, along the old Zaria – Kaduna road, popularly called ‘layi.’ The Centre was established in January, 1991 to perform the following functions in respect of the National TBL Control Programme (NTBLTCP).

- i. Training of manpower for the National TBL Control programme (NTBLCP).
- ii. Provision of TBL services (diagnostic, chemotherapy etc.) for TBL patients.
- iii. Operational research relating to TBL.

The National TBL Training Centre comprises of the training as well as the hospital wings.

### **Training Department**

The training centre conducts the following courses:

1. Medical Officers Course
2. Tuberculosis and Leprosy Supervisor’s course
3. TBL Refresher Course
4. Hospital Staff course
5. Supervision course for state TBL control teams
6. TBL Laboratory course

In addition to the regular courses, several medical students and students from school of health Technology, Nursing and Midwifery from the catchments area have received orientations training in TB and Leprosy.

### ***The Major activities of the Hospital are:***

- ❑ Care for Leprosy, TB, HIV and AIDS patients
- ❑ Maternal and Child Health Care for the Community
- ❑ General out Patient care for Dermatological and other General Health services.
- ❑ TBL Operational research

### **Facilities:**

The Training Department has the following facilities:

- 3 classes(25-30 participant capacity) and 1 auditorium(200-300) participant capacity)
- 2 Facilitators’ common room with wireless internet facilities
- Library with Audio-visual room/computer resource centre with wireless internet facility
- Hostel accommodation for 40 students presently and 20 self contained under construction.
- Standard Cafeteria with qualified staff
- Sports and recreational facilities
- 3 students buses

The Hospital has the following facilities

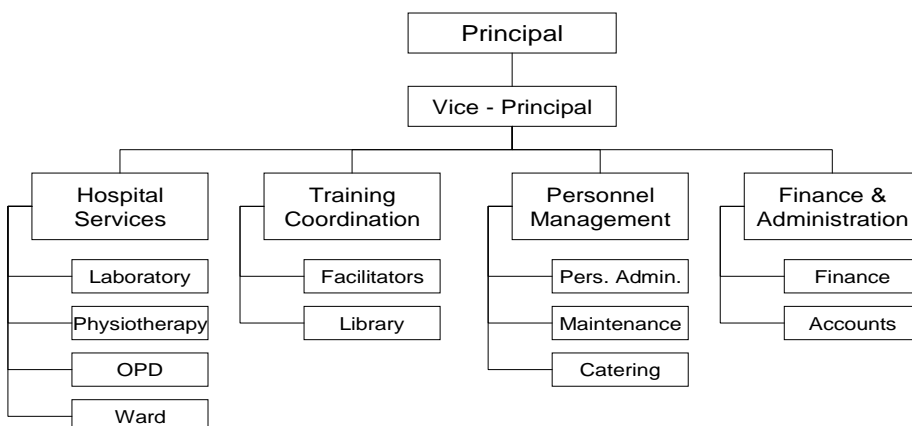
- Old General out patient Department (GOPD) with seven consulting rooms
- New GOPD with five consulting room, HCT unit, pharmacy unit and monitoring and evaluation unit.
- Five wards with 100 beds capacity, and a new two twin-wards with forty beds capacity (about to start functioning)
- Eye Clinic
- Laboratories: 1 multipurpose, 1 TB culture and DST under construction
- Physiotherapy Department ( under construction)
- Operating Theatre
- Shoe Workshop
- Laundry
- General store

### Administration

A principal who is responsible to the National Coordinator, NTBLTCP, heads the Centre. The following staffs, in the day-to-day management of the Centre, support the principal.

- Medical Officer 8 of which 2 are part time
- NLR (Neither lands Leprosy Relief) Training Adviser
- Personnel officer 2
- Executive Accountant 3
- Clerical Account staff 2
- Community Health Officer 8
- Community Health Assistant 8
- Nurses 13
- A laboratory scientist, 2 scientific officer 1 microbiologist and 1 technicians
- Pharmacist 2
- Junior staff (cleaners, security, health attendants etc) 90

### NTBLTC Oganogram:

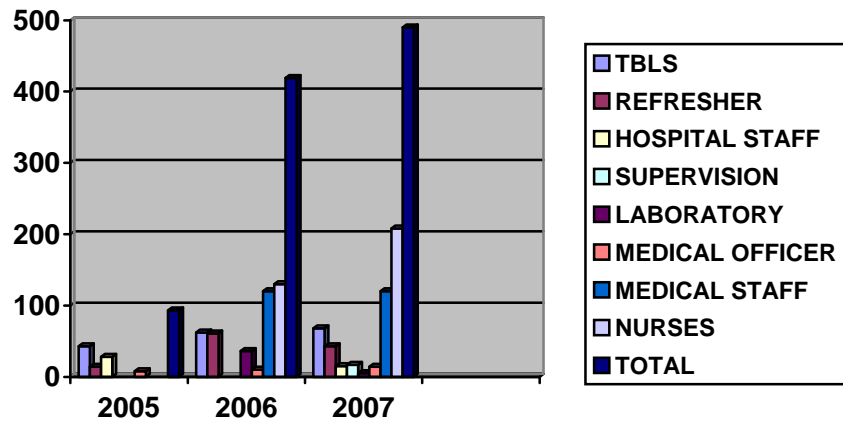


*Outcome of 2006 and 2007 activities:*

*Trainings:*

**1. In-House Training at the Centre:**

<i>S/No</i>	<i>Courses</i>	<i>Number trained 2006</i>	<i>Number trained 2007</i>
1	TBL supervisor's	62	68
2	TBLS refresher	61	43
3	Hospital staff	0	15
4	Medical officer's	10	14
5	TBL supervision	0	17
6	TBL laboratory	36	5
7	Heath System Research	0	24
8	Medical students	120	120
9	Nurses	130	208
10	Total	<b>419</b>	<b>490</b>



**Discussion:** There was improvement in the number of participants in most of the trainings as depicted in the graph above except for TBL laboratory course which recorded a downward trend. This is because the course has been decentralised.

The improvement recorded, no doubt, was the product of the stakeholders meeting held in the centre late 2005.

## 2. Field Training (Tuberculosis):

In line with the strategic direction of National Tuberculosis and Leprosy Training Centre Zaria (NTBLTC), the centre coordinated and participated in the training of General Health Workers in the field.

## 3. Field Training (Leprosy):

The NTBLTC in collaboration with NLR supported training of field staff in Leprosy Control in the NLR assisted projects.

### Human resource development:

- I. Medical officers, facilitators, nurses, lab staff and pharmacy were all trained on TB/HIV care (Counselling and Testing, Anti-retroviral therapy (ART), Management of Opportunistic Infections, and issues of adherence).
- II. Physiotherapist was trained on POD at ALERT
- III. The principal and 2 medical officers attended the Union conference at Cape Town.
- IV. Two medical officers were engaged on temporary basis to cope with the increasing workload.
- V. Procurement of personal laptop for all senior staffs, to enhance service delivery.
- VI. Converted all security men to junior workers
- VII. End of the year party organized to enhance good staff understanding, welfare and social mobilization.

## **Finances:**

The FMOH has been responsible for the staff salaries, overhead and capital projects for the centre; the government has released about of 100,000,000 million naira for capital projects in the year under review. These capital projects include, an administrative block, additional GOPD building, two patients kitchen, walk ways and landscaping.

The NLR purchase two vehicles, one corolla and a student bus and has contributed 2.5 million naira for the training centre and patient care.

### ***NLR training adviser's activities:***

The training adviser visited Zaria seven times within the year 2007 and the following activities were carried out:

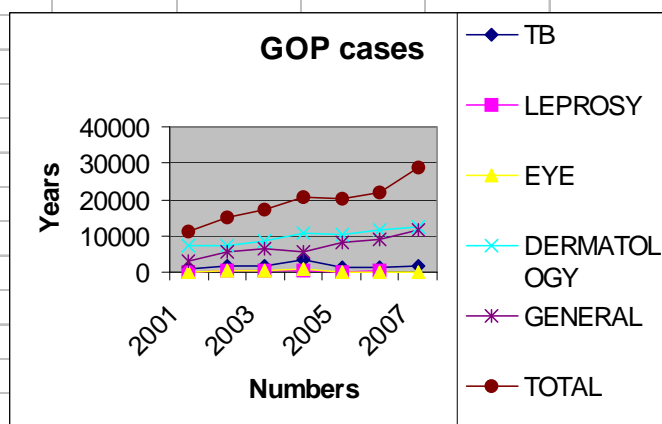
- I. Observation of training sessions during the TBLS course.
- II. Coaching of facilitators during the training sessions.
- III. Attending facilitators meeting.
- IV. Meetings with the management and individual facilitators on training and organizational matters.
- V. Meetings with Course Coordinators of different courses on the content, organizational matters and reports.
- VI. Together with facilitators: revision of the training material for the training of GHWs in leprosy.
- VII. Attended the strategic plan workshop for the centre
- VIII. Educational meeting with facilitators

*Recommendations of the training adviser are usually discussed and implemented where necessary.*

## Hospital utilization and achievements:

The table below shows the utilization of the General Out-Patient Department.

	2001	2002	2003	2004	2005	2006	2007
<b>TB</b>	962	1,590	1,619	3,397	1,376	1,463	1,566
<b>LEPROSY</b>	153	219	251	276	183	284	
<b>EYE</b>	10	263	430	677	183	91	61
<b>DERMATOLOGY</b>	7,101	7,518	8,533	10,934	10,443	11,564	12,275
<b>GENERAL</b>	2,952	5,397	6,484	5,528	8,017	8,929	11,739
<b>TOTAL</b>	11,178	14,987	17,317	20,812	20,202	22,079	29,003



**Discussion:** There is total integration at the GOPD level of the hospital and a good utilization of the hospital. These were most likely due to:

1. Increase number of medical officers.
2. Better laboratory services.
3. Affordable care for other general cases.
4. Simplicity of the hospital settings
5. Positive Attitude of all staff

## HIV/AIDS and TB:

HIV/AIDS diagnosis, care and support activities commenced at the centre in July 2006. These activities are being supported by the ACTION project implemented by Institute of Human Virology Nigeria (IHVN).

## VCT activities:

2007

- Number patients counselled = 4,592
- Number tested= 4,546
- Number positive= 1,376
- Number negative= 3,167

TB patients had VCT 361 of 446 (81% of TB patients Screened)

Number accepted 361

Number positive 145 (40%)

Number on ART/ anti-TB 56

Number on Co-trimoxazole prophylaxis therapy (CPT) 111 (77%)

N.B.: 1566 TB patients were seen last year at our GOPD as shown in the table above. This figure included patients that were registered late 2006 and had to continue their treatment in 2007, also those transferred to other clinics closest to them. The 446 were the newly registered in 2007 and managed in the centre.

**Discussion:** The prevalence of HIV among TB patients was 40%, compared to the national average of 19%. The utilisation of HIV Counselling and Testing (HCT) and ART services were modest. This is due to inadequate staff for HCT.

**ART:**

	2006	2007
<b>Total number on ARV</b>	<b>117</b>	<b>- 893</b>
<b>Total defaulted</b>	<b>18</b>	<b>- 197</b>
<b>Total Death</b>	<b>9</b>	<b>- 68</b>

The major challenge to the ART program is the high defaulter rate of 22%, there is a serious need to design a defaulter retrieval system and also improve on referral system.

**Maternal and child health care Services**

Indicators	2002	2003	2004	2005	2006	2007
<b>ANC</b>						
Total number of Women Registered	92	89	43	72	34	0
Multigravidae	78	77	34	25	27	0
Primigravidae	14	12	9	47	7	0
Total number that completed 3 doses of tetanus vaccine	2	21	0	19	0	0
<b>Delivery</b>						
Normal Deliveries	0	0	0	0	0	0
<b>Referred</b>	43	24	22	18	0	0
Delivery at home/No Record		-	0		0	0



<b>CHS</b>					0	0
Under five Clinic attendance	40	132	142	92	0	0
Number of Babies that had BCG	10	0	0	20	0	0
No of Babies that have 3 OPV	18	0	0	65	0	0
No of Babies that have DPT	10	0	0	65	0	0
No of Babies that have Measles Vaccine	6	0	0	37	0	0

**Discussion:** The centre has deemed it fit to remain focused on its mandates. A lot of referral is done daily for many general cases, maternal and child health care services are not left out.

### Laboratory Services

Type of Test	2004		2005		2006		2007			
	Pos	Neg	Pos	Neg	Pos	Neg	POS	Neg		
<b>Fungal Scrapings</b>	<b>472</b>	<b>84</b>	<b>82</b>	<b>25</b>	<b>393</b>	<b>133</b>	<b>127</b>	<b>67</b>		
Sputum AFB	866	6,028	732	6,021	285	2174	84	555		
Stool Microscopy	8	20	7	4	12		1	-		
Skin Slit Smear	9	25	1	9	5	0	2	3		
Skin Snip	0	6	0	17	0	13	-	3		
Urinalysis	124	136	24	178	213		NA	NA		
HIV	97	178	64	126	157	3	1376	3167		
Others	85		27	30		123				

**Discussions:** The table shows that 13% of all sputa examined were positive. HIV screening is now regularly done using rapid test.

### X-Ray department.

Types	2001	2002	2003	2004	2005	2006	2007
Chest X-Ray	310	85	0	0	0	0	0
Lumbo-Sacral	6	0	0	0	0	0	0
Knees	-	2	0	0	0	0	0
Ankle	2	0	0	0	0	0	0
Leg	4	0	0	0	0	0	0
Feet	-	2	0	0	0	0	0
Abdomen	4	0	0	0	0	0	0
Total	326	89	0	0	0	0	0

### DISCUSSION

The X- ray department ceased functioning since 2003. All the films taken were done at Ahmadu Bello University Teaching Hospital Zaria (ABUTH).

A new X-ray machine is expected from CDC through IHVN following the completion of its building late 2007

## IN – PATIENT CARE

S/NO	INDICATORS	2001	2002	2003	2004	2005	2006	2007
1.	Hospital Beds	80	80	80	80	100	100	100
2.	Total Admissions	614	720	780	527	566	1,098	637
3.	Admissions (TB)	420	488	512	251	385	814	447
4.	Admission (Leprosy)	117	141	238	174	103	284	116
5.	Leprosy Reactions	53	75	71	72	48	148	51
6.	Ulcer	64	66	80	86	55	136	48
7.	Eye Care	12	1	87	16	225	43	27
8.	Dermatological cases Admitted	32	33	57	58	30	57	35
9.	Sputum Positive TB	150	298	312	158	180	208	246
10.	Sputum Negative TB	174	190	200	93	205	157	200
11.	TB with HIV Positive	100	42	98	47	57	72	141
12.	Total no of patients days (Leprosy)	12,410	13,140	14,342	17,520	14,600	13,140	11,600
13.	Total no of patients days (TB)	13,870	16,790	18,880	18,754	19,710	13,870	26,760
14.	Bed occupancy rate (Leprosy)	115%	100%	100%	94%	98%	100%	96%
15.	Bed occupancy (TB)	95%	110%	98%	100%	112%	95%	98%
16.	Surgery (total procedure)	45		141	194	221	299	NIL
17.	Septic Surgery	15		29	29	26	250	NIL
18.	Amputations	3		3	4	8	2	NIL
19.	Eye Surgery	-		86	131	152	43	NIL
20.	Other surgical conditions	27	0	23	30	35	4	NIL
21.	Number of Deaths	51	63	66	61	63	49	86
22.	Total no of patients on admission as at 31 <sup>st</sup> December	68	54	51	55	61	86	46
23.	No of general cases Admitted	37	58	40	22	48	36	40

### Eye Clinic

Indicators	2001	2002	2003	2004	2005	2006	2007
Leprosy Eye Care	6	257	27	42	20	51	27
Non Leprosy Eye Care	6	4	403	310	205	210	57
<b>Total</b>	12	261	430	352	225	261	84

**Discussions:** The table shows that 84 cases were seen, with 32% of them been leprosy.

## PHYSIOTHERAPY DEPARTMENT

<u>Activities</u>	2001	2002	2003	2004	2005	2006	2007
1. Production of protective Footwear to patients with DG 1 and 2 of the feet.							
a) MCR Sandals:						8	26
Field patients/Inpatients..	99	24	71	72	70	72	59
Saye Villagers.....		0	8		6		8
b) Moulded Sandals .....	14	8	6	6	12	12	11
2. Repair of patient shoes	9	**	6	14	0	11	-
3. Foot drop straps .....	10	11	3	3	2	6	4
4. Fabricated artificial limbs.....	-	0	0	0	0		0
5. Repair of artificial limbs.....	-	0	0	0	0		0
6. No of Crutches made.....	35	24	11	8	25	12	14
7. Miscellaneous work .....	-	0	Nil				NIL
8. Total nerve assessments made in and out patient	441	524	34	310	218	186	264
9. Health Education			1				
□ Eye Care .....	27	31		42			5
□ Film shows.....	-	0	55	0			0
□ Focus group discussion	-	0	0	0			0
□ Individual health education sessions.....	28	52	0	23	68		0
□ Cooking demonstration held.....	36	42	38	60	44	88	82
□ Farming demonstration held.....	-		32	0	18	88	163
10. Total daily attendance for group education (teaching)	3018	336	0		292	254	286
11. total daily attendance for Hand exercises.....	152	2	24	313	67	132	
12. Total number of field visits	-	105					17
13. Total number of home visit	-		94 nil nil	two wee kly to the self care grou ps.	2we ekly for self care	2weekly for self care	Twice weekly

## **Discussion:**

Most leprosy reactions are managed in the centre and most patients have to come to the hospital for footwear. There is a big problem with linking leprosy activity of the centre with the field activity, especially the management of leprosy reaction.

## **Immediate Problems**

Though the Centre witnessed remarkable achievements there are still some obstacles towards effective performance.

- More senior/professional staff required (Laboratory staff, Medical officers & Nurses)
- Infection control plan at all levels of the hospital
- Delay in sputum result, with many unclaimed result
- High defaulter rate
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## **Recommendations**

- The FMOH to recruit senior staff according to established posts.
- Set up an infection control team and develop an infection control plan
- Develop a defaulter retrieval system

## **Conclusion**

The NTBLTC made remarkable achievements in the year 2007. The level of funding was unprecedented and reflects the commitment of the Federal Government of Nigeria to TB Control.

TB and TB/HIV Collaborative activities were enhanced in the centre leading to the better patients care services. It also complements the quality of training.

The function of NTBLTC in respect of coordination of field trainings was strengthened in the year. This is more important in the face of the Global Fund Round five-implementation plan starting in January 2007.

## Annex 1

### Hospital activities with outcome:

<i>NO</i>	<i>ACTIVITY</i>	<i>Remarks</i>
1.0	<b>DIAGNOSIS</b>	
1.1	Employ 2 medical officers and 10 nurses	1 medical officer employed by FMOH and 2 part time engaged by the centre, no nurse was employed.
1.2	Redeployment of focal person for community HIV/AIDS care	<b>Reached:</b> There is a focal person for care and support
1.3	Provide a visiting surgeon quarterly for constructive surgeries for leprosy.	<b>Not reach:</b> The theatre has been under construction.
1.4	Training of 4 nurses and 2 medical officers on VCT and HIV/AIDS	<b>Reached:</b>
1.5	In-service training of medical officer and CHO on skin diseases.	<b>Reached:</b> Medical officer was trained in Kano leprosy hospital
1.6	Training of physiotherapist at ALERT	Reached:
1.7	In-service training of ophthalmic nurse on eye care	Not reached, plan for 2008.
1.8	Provision to attend international conference for 2 medical officers	Reached: 3 medical officer attended Union conference in Cape Town.
<b>2.0</b>	<b>Diagnostic activities</b>	
2.1	Ensure availability of AFB reagents, sputum containers, microscope and slid.	Reached
2.2	Ensure regular supplies of lab reagent for HIV/AIDS management.	Reached:
2.3	Provide other laboratory services	Reached
2.4	Completion and activation of new laboratory to include AFB culture and X-ray services	Partial reached:, culture yet to start.
<b>3.0</b>	<b>Treatment and patient care</b>	
3.1	Ensure that all TB patients detected are managed according to the national guideline	Reached:
3.2	Ensure all TB patients received VCT	81% TB Patients Screened
3.3	Ensure patients who are co-infected are treated appropriately.	Reached
3.4	Ensure availability of anti-TB drugs	Reached:
3.5	Ensure availability of ART and drugs for OIS	<b>Reached</b>
3.6	Ensure all cases of leprosy ulcers are managed appropriately	<b>Reached:</b>

3.7	Ensure the availability of MDT and prednisolone for all patients	<b>Reached</b>
3.8	Provide eye care for leprosy and non leprosy patients	<b>Reached</b>
3.9	Set-up a care and support groups for PLWHA	<b>Reached</b>
3.11	Provide basic health care services to the community	<b>Reached</b>
3.12	Managed all cases of skin diseases	<b>Reached</b>
3.13	Established a good referral system	<b>Reached</b>
3.14	Ensure contact screening of all index cases of TB & Leprosy patients	<b>Partially reached</b>
3.15	Provide INH for children of index cases	<b>Reached: number</b>
3.16	Provide free medical services for all leprosy patients	<b>Reached</b>
3.0	<b><u>CASE HOLDING</u></b>	
3.1	Provide 2 set of television and video for OPD	<b>Not Reached</b>
3.2	Provide health education to all patients on treatment	<b>Reached:</b>
3.3	Set up a defaulter retrieval system with a focal person	<b>Not reached</b>
4.0	<b>PREVENTION OF DISABILITY AND REHABILITATION</b>	
4.1	Ensure regular VMT/ST for all leprosy cases and RFT	Reached:
4.2	Teach all leprosy patients on self-care and link them to self-care groups	Continuous:
4.3	To provide protective footwear to all leprosy patients with WHO grade II disabilities or I.	Reached:
4.4	To provide protective sun glasses to all leprosy patients with lagophthalmos.	Reached:
4.5	Provide crutches for leprosy patients with ulcers	Reached:
4.6	Refer all cases of leprosy in need of prosthesis to Yadakunya leprosy hospital Kano.	Reached:
4.7	To maintain a very good referral system with other health institutions.	Reached:
<b>5.0</b>	<b>PUBLIC EDUCATION</b>	
5.1	To assist the NTBLCP and KDTBLCP in all public educational activities.	Reached:
5.2	To observe the World TB Day.	Reached:
5.3	To observe the World Leprosy Day.	Reached:
6.0	<b>SUPERVISION, MONITORING AND</b>	

	EVALUATION.	
6.1	To maintain an appropriate hospital information system (recording and reporting).	Reached:
6.2	To maintain an effective supervisory system at all levels including weekly inspection for cleanliness.	Reached
6.3	To prepare quarterly financial report.	Reached:
6.4	To attend the NLR meetings	Reached:
6.5	To attend Control Officers meeting	Reached:
6.6	To prepare the annual report of 2003	Reached:
7.0	<b>LOGISTICS AND MAINTENANCE</b>	
7.1	Provision of physiotherapy equipment	Reached:
7.2	Completion of new physio unit	Reached
7.3	Completion of new theatre	Partially reached, most likely by April 2008:
7.4	Procurement of theatre equipment	Reached:
<b>8.0</b>	<b>HEALTH MANPOWER AND DEVELOPMENT</b>	
8.1	To organise a training on Tropical Dermatology for the Moi/c Hospital	Reached
8.2	To organise monthly clinical meetings	
8.3	To contribute to the training of TBLS and general health care staff.	Reached:
8.4		Reached:
	<b>PLANING AND ORGANIZATION</b>	
9.0	To conduct monthly hospital staff meetings.	
9.1	To prepare the annual Budget	Reached:
9.2	In collaboration with KDTBLCO and NLR office to plan and conduct one HSR activity.	Reached:
9.3		Reached:

## Annex ii

### Facilitations and Examination

In the year 2007 the following participated in the training activities in the areas of facilitation, examination and consultancy.

#### (A) *External Facilitators/Examiner*

1. Dr. P. Patrobas MBBS, MPH - NPO - WHO
3. Dr Gebi U MBBE, FWCP IHVN
4. Dr. J.O. Osho MBBS - Medical Adviser, DFB
5. Dr. T. Tahir MBBS, MPH - Medical Adviser, NLR
6. Mrs. Tubi O - Lab consultant CDC
7. Mr Moses - lab Consultant GLRA
8. Mr. A.S. Shehu - Asst. Chief Nursing Officer, MOH, Katsina
10. Mr. Issac Alobu - TBL Control Officer, MOH, Ebonyi
11. Mrs. J. Ebenso - Chartered Physiotherapist/State Registered (UK) TLMI
12. Dr. C.O. Chukwukezie - Principal Medical Officer, NTBLCP Central Unit FCT Abuja.
13. Dr Opkapi MBBS, FWCP Department of Medicine ABU Zaria
14. Dr Hussaini N MBBS Medical Adviser TLMN
15. Dr Kuden U MBBS, Dip Opthamology I/C Mangu Leprosy Hospital
16. Dr Meshelia MBBS, NPH TBL control officer Borno State
17. Dr Omoniyi F MBBS, MPH TB/HIV WHO
18. Mal Abdul Razak D Community TB care GHAIN
19. Mr Olanisebe Lab Consultant GLRA
20. Mr Alfred Lab Consultant IHVN
21. Dr A. Belel MBBS, MPH Medical Adviser NLR
22. Dr Namadi A MBBS, MPH Medical Adviser NLR
23. Dr Emeka MBBS Medical Adviser GLRA

#### (B) *Internal Facilitators/Examiners*



1. Dr. J.O. Obasanya MBBS, MPH - Principal NTBLTC
  2. Mr. E Banji Lab scientist - HOD Lab
  3. Dr. M. Gidado MBBS, MPH - Medical Officer, Training Coordinator
  4. Adamu Idris Tari. Ophthalmic nurse - Snr Nursing Off.,
  5. Abubakar Dalhatu. Community health officer -Snr. Community Health Off. Health Tutor
  6. Alh. Haliru D. Liman. Nurse, community health officer, HND - Snr Nursing Off.,
  7. Dr. Clement A. MBBS - Medical Officer, NTBLTC Zaria
  8. Jonathan Huji. Nurse, orthopedic nurse- Snr Nursing Off.
  9. Aminu A. Zuntu. Community health officer - Health Tutor
  11. Mr. Jimoh - Scientific Officer
  12. Dr Sani M MBBS - Medical officer
  13. Dr Udo Medical officer
- (C) **Advisor**
- Ellie-Plomp - Training Adviser