

Nigeria Work Plan

FY 2021

Program Year 3

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ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center (TCC); Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In Nigeria, Act | East Program activities are implemented by TCC in Plateau, Nasarawa, Edo, Delta, Enugu, Imo, Abia, and Ebonyi States and by RTI International in Cross River State and at the federal level.

COVID-19 PANDEMIC IMPACT ON ACT TO END NTDs | EAST (ACT | EAST) ACTIVITIES AND WORK PLANS

Act | East recognizes the impact that the coronavirus disease 2019 (COVID-19) pandemic has had on all programs. On April 1, 2020, the World Health Organization (WHO) issued interim guidance to neglected tropical disease (NTD) programs recommending that almost all in-person activities be postponed until further notice. With the support of USAID, Act | East stopped all activities that matched the criteria outlined in WHO's interim guidance.

On July 27, 2020, WHO issued further interim guidance on assessing whether NTD activities could restart safely. Alongside this, Act | East, in collaboration with Act | West and USAID, developed activity restart guidance and resource documents to support each country in safely implementing activities while adapting to the COVID-19 challenge and adhering to global guidance.

The timeline to restart activities will be context-specific, varying by country, region, and activity, and is subject to changes in COVID-19 dynamics. For the sake of brevity, all amendments to activity design to account for COVID-19 have not been listed in each country's work plans.

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FY21 Learning Activities are marked with this icon throughout the narrative.

ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East
AE	Adverse Event
ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCC	Behavior Change Communication
CDC	Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CIFF	Children’s Investment Fund Foundation
COVID-19	Coronavirus Disease 2019
CRS	Cross River State
DFID	U.K. Department for International Development
DHIS2	District Health Information System 2
DSA	Disease Specific Assessment
END Fund	End Neglected Tropical Diseases Fund
FAA	Fixed Amount Award
FMOH	Federal Ministry of Health
FTS	Filariasis Test Strips
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
HKI	Helen Keller International
HMIS	Health Management Information System
HSS	Health Systems Strengthening
HQ	Headquarters
IR	Intermediate Result
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
LGA	Local Government Area
LLIN	Long-Lasting Insecticide-Treated Net
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MITOSATH	Mission to Save the Helpless
NGDO	Nongovernmental Development Organization
NOEC	National Onchocerciasis Elimination Committee
NTD	Neglected Tropical Disease
NTDP	Neglected Tropical Disease Program
OV	Onchocerciasis
PC	Preventive Chemotherapy
R4D	Results for Development
SAC	School-Age Children
SAFE	Surgery–Antibiotics–Face cleanliness–Environmental improvements
SAE	Serious Adverse Event
SCH	Schistosomiasis
SMOH	State Ministry of Health

STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TCC	The Carter Center
TF	Trachomatous Inflammation—Follicular
TIS	Trachoma Impact Survey
TOT	Training of Trainers
TSS	Trachoma Surveillance Survey
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Nigeria is the most populous African nation, with an estimated 202.7 million people, expected to reach 260 million by 2025. The country is divided into six zones comprising 36 states and the Federal Capital Territory. The 774 Local Government Areas (LGAs) serve as the primary implementation units for the neglected tropical disease (NTD) control and elimination program. The national NTD program in Nigeria focuses on five diseases: lymphatic filariasis (LF), trachoma, onchocerciasis (OV), soil-transmitted helminths (STH), and schistosomiasis (SCH).

In 2007, Nigeria established integrated NTD programming to improve collaboration among partners. The Federal Ministry of Health (FMOH) leads and coordinates the national NTD program in collaboration with non-governmental development organizations (NGDOs), United Nations agencies, and other stakeholders, including the private sector. The FMOH is responsible for defining the criteria for partnership, expanding the partnership base, and streamlining partners' activities to avoid duplication of efforts. The FMOH encourages partners to work in an integrated approach, particularly where diseases are co-endemic. The state ministries of health (SMOHs) are responsible for establishing state NTD programs and appointing NTD focal points. The SMOHs ensure that policies and guidelines are adapted and implemented to meet the LGAs' needs, including the provision of sufficient technical and supportive supervision so that NTD activities are integrated into state and LGA health facilities.

Service delivery and activity reporting at the LGA level rely on a collaborative relationship between the Education Secretary and the LGA NTD coordinator, with the latter leading. This coordination occurs at the lowest level of operations in the schools and communities. Teachers play a role similar to that of community drug distributors (CDDs); both are responsible for operationalizing interventions to ensure impact. The teachers support all activities relating to mobilizing school-age children (SAC) for school-based deworming; water, sanitation, and hygiene (WASH) education; and data reporting from the schools to the Education Secretary. Community-selected CDDs ensure that mobilization, medicine distribution, and data collation and reporting to the health facility level are conducted efficiently. These frontline workers are critical to the success of intervention activities.

Other NTD Partners

In addition to the U.S. Agency for International Development (USAID), major donors for NTD control and elimination efforts in Nigeria include the U.K. Department for International Development (DFID), the Children's Investment Fund Foundation (CIFF), and the End Neglected Tropical Diseases (END) Fund. DFID funding is contributed through the Accelerating Sustainable Control and Elimination of NTDs (ASCEND) project, which came into effect in May 2019 through a consortium led by Sightsavers, in partnership with several organizations. The ASCEND project supports Nigeria's NTD program at the federal level and in five states.

USAID is continuing its support for NTDs in Nigeria through the Act to End NTDs | East (Act | East) Program, focusing on the federal and state levels. RTI International has directly deployed resources to the FMOH to boost the capacity of the federal and state cadres in various aspects of NTD program management. These resources include establishment of the WHO integrated NTD database at the national level, strategic planning, monitoring and evaluation (M&E), data reporting and management, training modalities, and general technical guidance roles.

At the state level, The Carter Center (TCC) delivered support in nine states (Abia, Anambra, Delta, Ebonyi, Edo, Enugu, Imo, Nasarawa, and Plateau). Due to a reduced budget ceiling in fiscal year 2020

(FY20), TCC will support eight states with Act | East funding. The Center will use other funding sources to support pre-transmission assessment survey (TAS) and mass drug administration (MDA) in Anambra State. In FY16, RTI began support in Cross River State (CRS) for OV/LF MDA, leveraging additional support from Evidence Action, which provided funding and technical support for school-based deworming. Evidence Action support ended in September 2019, and the CRS SMOH has not yet identified other funding sources for school-based deworming. Discussions are underway with UNICEF as a potential donor for the deworming activities in CRS.

Nigeria has a strong coalition of NGOs providing technical and capacity-building support to the FMOH. RTI, Sightsavers, CBM International, Health and Development Support, Helen Keller International (HKI), TCC, Amen Health and Empowerment Foundation, and Mission to Save the Helpless (MITOSATH) are the major NTD-focused NGOs in the country and draw their funding from various donors. These NGOs meet twice a year, before the National NTD Program's steering committee meetings, with the FMOH and SMOHs to facilitate coordination. Overlap and duplication of efforts are prevented because each NGO provides support to specific states. For example, the END Fund provides resources to MITOSATH for interventions in Ekiti and Ondo States, to the Amen Health and Empowerment Foundation for interventions in Gombe and Osun States, and to HKI for interventions in some LGAs in Akwa Ibom State. HKI will receive further support from ASCEND in support of Adamawa and Borno States. Evidence Action, although closing out of CRS, will retain its school-based deworming program in Rivers, Ogun, and Oyo States.

2. INTERMEDIATE RESULT 1 (IR1) PLANNED ACTIVITIES: LF, TRACHOMA, OV

Lymphatic Filariasis

In FY21, Act | East will support the following LF elimination activities in Nigeria, all carried over from FY20 due to the COVID-19 pandemic:

- **LF MDA:** A total of 80 LGAs will conduct MDA with Act | East support (TCC: 78, RTI: 2). Act | East will support the cascaded training, transportation of drugs, social mobilization, drug distribution, and supervision. In TCC-supported states, some of these activities may be co-supported with other TCC funding sources.
 - 44 LGAs have not yet achieved 5 rounds of effective coverage.
 - 4 LGAs have passed pre-TAS, but have not yet implemented TAS. Per FMOH policy, they should continue to treat for LF according to the annual MDA calendar until TAS1 is passed. They are co-endemic for OV and thus will add ALB to the IVM distribution, cost neutrally.
 - 32 LGAs are eligible for pre-TAS, but due to delays in FTS and COVID-19, have not yet implemented pre-TAS. They are co-endemic for OV and thus will add ALB to the IVM distribution, cost neutrally.
- **LF pre-TAS:** In FY21, the number of LGAs that are planned for pre-TAS are 77 (TCC: 76, RTI: 1). This includes 40 LGAs that were originally slated for pre-TAS in FY20 but delayed due to the COVID-19 pandemic, as well as 37 that Act | East expects to become eligible in FY21. From those, Act | East estimates that 64 (83%) will pass pre-TAS and qualify for TAS1, while 13 will require re-MDA in FY21. This prediction is based on the 2019 experience of TCC after analyzing the proportion of LGAs that passed their first pre-TAS. One LGA targeted by RTI, Yala in CRS, is a re-pre-TAS that did not pass a pre-TAS in 2018 but has since had two years of MDA with effective coverage. Trained teams at the FMOH will conduct both the pre-TAS and the TAS using

FTS via electronic data capture through the FMOH's KoboCollect system in CRS, and through TCC's electronic data collection system in the LGAs the Center is targeting. Small teams composed of TCC (in TCC-supported states) and RTI (in CRS), FMOH and SMOH staff, and local health workers, will cover each of the 77 LGAs, and five supervisors will oversee the process.

- **LF TAS1:** A total of 9 LGAs will conduct TAS1 in FY21 with USAID support. This includes 9 LGAs (TCC: 7, RTI: 2) that originally planned to conduct TAS in FY20 but postponed due to the COVID-19 pandemic. It is important to note that the 64 LGAs estimated to pass pre-TAS in FY21 will not be targeted for TAS1 until FY22 due to logistical constraints, including human resource and FTS availability. Trained teams at the FMOH will conduct both the pre-TAS and the TAS using FTS and electronic data capture. As with the pre-TAS, small teams composed of TCC (in TCC-supported states) and RTI (in CRS), FMOH and SMOH staff, and local health workers will cover each of the 9 LGAs, and five supervisors will oversee the process. More days and effort are required to recruit an appropriate number of participants for TAS1 due to school closure as a result of the COVID-19 pandemic.
- **Refresher pre-TAS/TAS training of survey teams in Southeast Zone:** A cohort of four national and two zonal NTD trainers trained in the national-level training of trainers (TOT) will travel to the Southeast Zone, where the USAID-supported pre-TAS/TAS activities are taking place, to lead a four-day refresher training for 39 people. The training will include survey implementation, electronic data collection, interpretation of results, and a one-day field practice.
- **LF elimination dossier workshop:** Dossier development has not yet begun in Nigeria. The FMOH has requested a dossier preparation orientation workshop in FY21. RTI's LF technical lead, will assist the FMOH LF Focal Person and RTI Nigeria staff in developing the agenda, adapting standardized dossier orientation PowerPoints to the Nigeria context, and dossier preparation. As part of the workshop, RTI will work with the FMOH and other LF implementation partners to review required data and develop a plan for filling gaps. Act | East will support 15 FMOH staff with local transport support and refreshments to all participants including 25 partner representatives, for a total of 40 participants in the four-day dossier workshop.

Trachoma

In FY21, the National Trachoma Program will conduct a trachoma surveillance survey (TSS) in 1 LGA of Edo State with Act | East support. This support will include a refresher training of graders (15) and recorders (13) for 4 days and an estimated 4 days of data collection by 2 FMOH, 2 SMOH, 10 graders, and 10 recorders with 30 local guides. RTI will provide logistics support for the field during the duration of the activities.

Onchocerciasis

In FY21, Act | East will support the following OV activities:

- **OV MDA:** A total of 105 LGAs will conduct a single round of OV MDA (90 through TCC and 15 through RTI) with Act | East support. Act | East will support cascaded training, transportation of drugs, social mobilization, drug distribution, and supervision. In the TCC-supported states, some of these activities may be co-supported with other TCC funding sources. It is important to note that 12 additional TCC-supported LGAs have been added to the OV treatment roster in Delta, Ebonyi, and Edo States. These 12 LGAs were added because of a decision by the FMOH, in pursuit of OV elimination, to include LGAs that initially had two or more communities with

nodule rates of 10% and above as opposed to the original APOC control model, which required treatment for LGAs with 20% and above nodule rates.

- **Support for Nigeria's NOEC: Act | East** will provide support for one three-day National Onchocerciasis Elimination Committee (NOEC) meeting in FY21. The NOEC aims to provide the FMOH with a roadmap to pursue nationwide interruption of OV transmission. The committee meets twice a year and comprises national and international experts. Its subcommittees also meet to advise states on epidemiological and entomological assessments to re-classify LGAs according to their elimination status and stop treatment where appropriate.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 AND IR3)

IR2 Planned Activities


Data Security and Management

- **Joint Application Package (JAP) submission meeting:** This two-day event will focus on the completion of the JAP for 2021. It will include participants from the FMOH, the WHO country office, zonal offices, and implementing partners to ensure that all data are consistent and submitted on time. The monitoring, evaluation, research, learning, and adaptation (MERLA) focal person from RTI HQ and the RTI Nigeria MERLA Officer will help lead sessions and coordinate data collection as required, together with the FMOH NTD program officers. Act | East will support a total of 25 participants; 11 FMOH-Abuja and 6 zonal NTD staff, for a two-day meeting to finalize the JAP, enabling FMOH to submit it to the WHO country office.
- **Annual State Data validation meetings for eight States (TCC):** There will be eight two-day meetings, one in each TCC-supported state, convening the states and LGAs to check mid-year on the progress of MDA data collation. Attendees will include the state NTD coordinators, the LGA coordinators, state data managers, and the TCC data manager. The purpose of these meetings is the annual compilation and cross-check of LGA level data. This hands-on, collaborative approach will help address data issues, improve data quality and data management, and facilitate better response to data inquiries by Act | East.
- **Data Validation meeting for USAID-supported States Workbook entry of Annual Treatment Data (Enugu):** Act | East and other TCC funding will co-support a 5-day data validation meeting for the nine states supported by USAID in Nigeria. This meeting helps to achieve two important objectives, it provides clarity and data quality checks for both RTI MERLA Specialist and TCC Data Manager to understand the condition affecting reported data by each State across all LGAs. This process will result in reporting of high quality data in the workbooks while ensuring that treatment data for these states are ready and good state for submission to FMOH JAP process in timely manner. Act | East, through TCC, will support fuel costs and one day of per diem for 32 participants comprised 24 persons at 3 per state (State Program Manager, Data Manager, Driver), and 8 TCC staff. In addition RTI will support travel and per diem costs for all five days for 2 RTI staff members.

Drug Supply and Commodity Supply Management and Procurement

- **FMOH supervision and monitoring of supply chain management across Nigeria (RTI):** Act | East will support two levels of supervisory visits respectively to Federal and State stores. Two FMOH staff will conduct three 2-day visits to the Federal Central Medical Store in Oshodi, while three of the six geopolitical zones will be assigned two FMOH Staff for two, two 2-day visits for this supervision and monitoring activity. Act | East will support these supervision and monitoring

visits by covering travel and per diem costs for the teams. These visits are intended to help the national NTD program verify an accurate inventory of medicines at the state and federal medical stores, which has been one of the largest supply chain weaknesses. The stock balances are used to feed into the JAP submission, enabling the national NTD program to submit an accurate request for medicines, aimed at reducing expiry and waste. The FMOH has not yet started the process to mainstream NTD drugs into the national system, but Act | East will support the cross-departmental coordination necessary to move this process forward.

- Act | East will support three days of travel and per diem for the CRS NTD Coordinator and State Pharmacist to collect NTD medicines allocated for FY21 MDA from Federal Central Medical Stores, Oshodi, Lagos.
-  **Enhancing MDA Safety (RTI):** The Nigeria NTD program does not currently have a well-established protocol concerning MDA harm reduction and SAE reporting. Before FY20, Nigeria was fortunate in that SAEs during MDA had not occurred (or possibly had not been reported) for the past several years. The challenge created by this is that proactive SAE protocols based on prevention have not played a significant role in NTD programming. This has resulted in adverse event (AE)/SAE reporting and investigative procedures that are not well understood by state-level NTD focal persons or implementing partners. The danger inherent with these missing elements was underlined when an SAE due to medical error occurred in FY20. There are also currently no national SAE sections specifically focusing on maximizing MDA harm-reduction within the MDA training modules. Rather, SAEs are discussed within the parameters of data management and reporting during the cascade training module.

As part of the new NTD roadmap, WHO has launched an effort aimed specifically at eliminating medical error during NTD-related activities. Part of this effort includes the creation of guidance focused on enhancing MDA safety and AE/SAE prevention, which the WHO completed in September 2020 together with the Task Force for Global Health (TFGH).

In FY21, Act | East proposes turning this guidance into applicable learning modules and reference tools and piloting them at a regional training and country-level trainings in Nigeria & Ethiopia. Each of these pilot trainings will provide opportunities for Act | East, working together with the WHO Geneva, ESPEN, and TFGH, to adapt and improve upon the training materials in preparation for their availability to the global NTD community as a common resource. Act | East, in coordination with the Task Force for Global Health and WHO, will support a three-day training on the use of these new AE/SAE reporting and prevention tools for 25 FMOH-level staff and pharmacovigilance officers (SAE focal points, M&E staff, and preventive chemotherapy [PC] NTD program managers) with the goal of a national rollout.

IR3 Planned Activities

Soil-Transmitted Helminths

In FY21, Act | East will provide financial support for supervision of the school-based MDA for STH in 118 LGAs in the TCC-supported states. All other costs associated with the school-based distribution platform are covered by other TCC funding sources. As stated previously, the FMOH is still seeking support for school-based deworming in CRS.

Schistosomiasis

In FY21, Act | East will provide financial support for supervision of the school-based MDA for SCH in 44 LGAs in the TCC-supported states. All other costs associated with the school-based distribution platform are covered by other TCC funding sources.