

Nigeria Work Plan

**FY 2024
Program Year 6**

October 2023–September 2024



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ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development (USAID) 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 provides governments critical support to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Nigeria, Act | East Program activities are implemented by RTI International and The Carter Center.

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ACRONYMS LIST

ACSM	Advocacy, Communication, and Social Mobilization
APOC	African Programme for Onchocerciasis Control
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
DSA	Disease-Specific Assessment
EU	Evaluation Unit
FTS	Filariasis Test Strip
FY	Fixed Amount Award
GESI	Gender Equality and Social Inclusion
HAT	Human African Trypanosomiasis
IR	Intermediate Result
IVM	Ivermectin
JAP	Joint Application Package
JRSM	Joint Request for Selected (PC) Medicines
LF	Lymphatic Filariasis
LGA	Local Government Area
LLIN	Long-Lasting Insecticide-Treated Net
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
NGDO	Nongovernmental Development Organization
NOEC	National Onchocerciasis Elimination Committee
NPELF	National Lymphatic Filariasis Elimination Program
NTD	Neglected Tropical Disease
OV	Onchocerciasis
Q	Quarter
PC	Preventive Chemotherapy
SCH	Schistosomiasis
SCM	Supply Chain Management
SMOH	State Ministry of Health
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TCC	The Carter Center
USAID	United States Agency for International Development
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

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 geopolitical zones comprising 36 states and the Federal Capital Territory. The 774 Local Government Areas (LGAs) of Nigeria serve as the primary implementation units for the neglected tropical disease (NTD) control and elimination program. The U.S. Agency for International Development (USAID) Act to End NTDs Program (Act | East) has historically provided technical and financial support to 9 states, 8 supported through The Carter Center (TCC) and 1 supported directly by RTI International.

In fiscal year 2023 (FY23), new opportunities for support emerged, as the Federal Ministry of Health (FMOH) identified gaps left by a shifting landscape of donors and implementing partners. Act | East has carefully explored these opportunities to determine where it can make the most impact and catalyze Nigeria’s progress to meet the country’s 2030 goals for curbing NTD transmission. Act | East proposes to support 10 states in FY24, 6 through TCC and 4, with various levels of support, through RTI. The identified opportunities are described in the table below and further in this FY24 work plan.

Table 1. Summary of expansion states, disease focal area and FY24 activities

Expansion States	Disease Focal Area	Number of LGAs	Proposed Activity
Akwa Ibom (RTI to implement)	Lymphatic Filariasis	3	Pre-TAS
Akwa Ibom (RTI to implement)	Lymphatic Filariasis	7	TAS1
Katsina (RTI to implement)	Lymphatic Filariasis	10	Pre-TAS
Taraba (FAA to local organization)	Onchocerciasis & Lymphatic Filariasis	13	MDA

Nigeria is endemic for several NTDs including lymphatic filariasis (LF), trachoma, onchocerciasis (OV), soil-transmitted helminths (STH), schistosomiasis (SCH), rabies, snake bite, human African trypanosomiasis (HAT), leprosy, Buruli ulcer, Guinea worm, yaws, and leishmaniasis. The FMOH’s National NTD Department, established in 2007, is responsible for the oversight and implementation of all NTD interventions in the country. The program works in collaboration with nongovernmental development organizations (NGDOs), United Nations agencies, and 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 NTD Department is structured into five functional units: the Preventive Chemotherapy (PC) NTDs Unit (which covers LF, trachoma, OV, STH, and SCH); the Case Management NTDs Unit (which covers rabies, HAT, yaws, and snakebite envenoming); the Monitoring and Evaluation (M&E) Unit; the Supply Chain Unit; and the Advocacy, Communication, and Social Mobilization (ACSM) Unit. Each unit and program is headed by a Unit Lead or Program Manager, all of whom report to the National NTD Coordinator, who then reports to the Director of Public Health. Other important bodies for NTDs in

the country include the National NTD Steering Committee, the National Onchocerciasis Elimination Committee (NOEC), several disease and function area technical working groups, and the National NTD NGDO Coalition. Please refer to **Appendix 1** for descriptions of implementing partners and the activities they support.

In Nigeria, the state ministries of health (SMOHs) each have state NTD programs with state NTD coordinators. The state NTD programs ensure that the national NTD policies and guidelines are adapted and implemented at the LGA level. State NTD programs implement key NTD interventions including mass drug administration (MDA) (called mass administration of medicines in Nigeria); community- and school-based mobilization before any NTD activity; and all relevant trainings for state, LGA, health facility, and community drug distributors (CDDs). During disease-specific assessments (DSAs), the federal and state NTD managers collaborate to ensure the activity is implemented effectively; for example, during the LF transmission assessment survey (TAS), the state NTD team will collect school enrollment data and submit the data to the relevant federal program manager for input into the survey sample builder. The federal and state teams will then implement certain parts of the survey, which are explained in further detail under Section 2.

As of FY23, FMOH reported that only 214 out of 583 LF-endemic LGAs received LF treatment, with all others having passed DSAs and/or stopped treatment. The status of LF morbidity management is largely unclear due to inconsistent reporting, with only 437 of the 774 LGAs nationwide reporting any data. For OV, 10 states have eliminated and/or interrupted transmission, leading to an estimated 29 million Nigerians no longer at risk for the disease. Eleven more states are suspected to have interrupted OV transmission. Other notable progress has been made against trachoma; 103 of 126 trachoma-endemic LGAs have stopped MDA and provision of surgical interventions is ongoing. Guinea worm was eliminated in 2013, and surveillance is ongoing for the disease. Progress in other PC NTDs and innovative and intensified disease management NTDs remains largely unmeasured due to lack of impact assessments or clear understanding of the disease burden.

It is important to note the achievements in the nine Act| East-supported states. Two states have eliminated LF (Nasarawa and Plateau); six have interrupted OV (Abia, Delta, Enugu, Imo, Nasarawa, and Plateau); and trachoma has been eliminated in three states (Ebonyi, Nasarawa, and Plateau).

2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES: LF, TRA, OV

Lymphatic Filariasis

Proposed FY24 Activities

- **LF TAS1 in 7 LGAs in Akwa Ibom (RTI) and 26 LGAs in Delta, Ebonyi, Edo, and Imo (TCC):** Act | East will support TAS1 in 33 LGAs (26 TCC and 7 by RTI). Surveyors will capture data electronically, using an open data kit (ODK)-based data collection tool. All LGAs have a total population below 500,000.
- **LF TAS2 in 3 LGAs in Cross River State (RTI):** Act | East will support TAS2 in schools in two LGAs and in communities in one LGA where school enrollment is suspected to be low. All LGAs have a total population below 500,000 and will make up three EUs.
- **LF pre-TAS in 14 LGAs in Katsina and 3 LGAs in Akwa Ibom (RTI):** Act | East will support community-based pre-TAS in 10 LGAs (in Katsina following confirmation of a funding gap in the

state. The pre-TAS will be conducted over a period of 1 month beginning with community mobilization, planning/training meetings, and field work. In 3 LGAs of Akwa Ibom we will support community based pre-TAS. Akwa Ibom shares a border and sociocultural and physical features with Cross River, which presents a feasible, cost-effective opportunity for combined support. The pre-TAS will be conducted over a 2-week period beginning with community mobilization, planning/training meetings, and work on-site.

Onchocerciasis

In FY24 Act | East will support the following:

- **Coverage evaluation survey (CES) in 1 LGA of Cross River State (RTI):** Act | East will support a CES in Calabar Municipality to help SMOH better understand any lessons to improve MDA uptake in this urban area. The survey will be conducted by 3 FMOH staff and 12 independent evaluators. This activity will help answer the learning question, *How is migration impacting MDA and surveys?*, by adapting the data collection tools. Gender equality and social inclusion (GESI) also will be considered in the development of the survey through engagement of WI-HER. The program will report results using the CES report and use those results to get a deeper understanding of missed and/or excluded populations and patterns within the respective populations, to improve MDA implementation, and to make programmatic decisions.
- **OV Entomological survey in 16 LGAs of Cross River State (RTI) (TCC):** In FY23, Act | East anticipates the NOEC will recommend that entomological surveys commence in 16 LGAs for a period of 12 months starting in FY24. Act | East will support fly collection using village-based and trained vector collectors for 31 communities, working 4 days a week for 2 weeks a month, for 12 months, as recommended by the NOEC.
- **Cross-border OV strategy development (RTI):** In FY23, the NOEC recommended that cross-border coordination between Nigeria, Cameroon, and Benin commence immediately. A cross-border working group was formed during the May 2023 NOEC meeting with leadership from Dr. Emeka Makata, Program Manager for the OV program and representation from the Cameroon Ministry of Health, Benin Ministry of Health, RTI, Sightsavers, Helen Keller International, and Mectizan Donation Program. This was after reviewing progress made on OV elimination, which is much further ahead in Nigeria than in Cameroon. This situation is particularly concerning in Cross River State, where OV transmission is suspected to be interrupted, yet which borders three health districts of Cameroon that have ongoing transmission. In FY24, Act | East will work with the FMOH to ensure that information is gathered on Cameroonian refugees in Cross River State and their impact on MDA and surveys. This information will be useful for future coordination of MDA across both countries.

How Is Migration Impacting MDA and Surveys?

What is the impact of cross border migration on MDA and OV survey results?

Learning Activity Overview:

Act | East will conduct research on the movements of Cameroonian refugees in Cross River State to determine how to reach them with OV MDA and the potential impact on OV surveys, based on similar methods used in Tanzania.

Data will be collected through a desk review of Cameroonian refugee movement from sources like the United Nations High Commissioner for Refugees and through the CES, which will be adapted to capture data on Cameroonian refugees living in Calabar Municipality.

3. IR2. SUSTAINABILITY AND HEALTH SYSTEM STRENGTHENING STRATEGY ACTIVITIES

IMPROVING CORE NTD PROGRAM FUNCTIONS

Data Security and Management

4. DRUG MANAGEMENT

- **Stores, Oshodi, Lagos State (RTI):** Support for quarterly, supervisory, and supportive visits to the Federal Central Medical Stores. These visits are intended to help FMOH verify accurately inventories of NTD medicines and give reports of medicine status to the technical working group for quarterly allocation of medicines requested by states.
- **Bi-annual SCM monitoring, supervisory, and supportive visits to the six zones (RTI):** Support for bi-annual SCM monitoring, supervisory, and supportive visits to two state central medical stores in each of the six geopolitical zones. These visits are intended to help the FMOH verify the inventories of NTD medicines and give support and supervision at all levels in the states (state, LGA, and frontline health facility). ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING (AS APPLICABLE BY COUNTRY)