

# Nigeria Work Plan

FY 2020

Program Year 2

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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, Anambra, Enugu, Imo, Abia, and Ebonyi States and by RTI International in Cross River State and at the federal level.

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## ACRONYM LIST

APOC	African Programme for Onchocerciasis Control
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
CDC	Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CIFF	Children’s Investment Fund Foundation
CRS	Cross River State
DFID	U.K. Department for International Development
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
END Fund	End Neglected Tropical Diseases Fund
FMOH	Federal Ministry of Health
FY	Fiscal Year
HKI	Helen Keller International
HSS	Health Systems Strengthening
IR	Intermediate Result
IVM	Ivermectin
LF	Lymphatic Filariasis
LGA	Local Government Area
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MITOSATH	Mission to Save the Helpless
NGDO	Nongovernmental Development Organization
NOEC	National Onchocerciasis Elimination Committee
NTD	Neglected Tropical Disease
OV	Onchocerciasis
R4D	Results for Development
SAC	School-Age Children
SAFE	Surgery–Antibiotics–Face cleanliness–Environmental improvements
SCH	Schistosomiasis
SMOH	State Ministry of Health
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TCC	The Carter Center
The Trust	Queen Elizabeth Diamond Jubilee Trust
TIPAC	Tool for Integrated Planning and Costing
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 197.8 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 nongovernmental 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. 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 Queen Elizabeth Diamond Jubilee Trust (The Trust), 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. The Trust supports implementation of the surgery (S), facial cleanliness (F), and environmental improvements (E) components of the trachoma SAFE strategy (surgery–antibiotics–facial cleanliness–environmental improvement). The Trust has a particular focus on surgery, with some complementary support for the F and E components in Katsina State, but will come to an end in September 2019.

USAID is continuing its support for NTDs in Nigeria through the 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 support to carry out work planning and costing through the Tool for Integrated Planning and Costing (TIPAC), 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) led the ENVISION project to deliver support in nine states (Abia, Anambra, Delta, Ebonyi, Edo, Enugu, Imo, Nasarawa, and Plateau). Due to a reduced budget ceiling in fiscal year 2020, TCC will only support eight states with Act | East funding. They will use other funding sources to support pre-TAS, TAS, and MDA in Anambra state. In fiscal year 2016 (FY16), RTI began support in Cross River State (CRS) for OV/LF MDA, leveraging additional support from Evidence Action, which provides funding and technical support for school-based deworming. Unfortunately, the Evidence Action support comes to a close in September 2019, and SMOH has not yet identified other funding sources for school-based deworming.

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 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 Neglected Tropical Diseases (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 the ASCEND project 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 FY20, Act | East will support the following LF elimination activities in Nigeria:

- **Failed pre-TAS investigation (proposed learning activity):** In October 2019 (Quarter 1 of FY20), RTI will work with TCC to conduct an investigation in the three LGAs that did not pass pre-TAS (Onitsha North, Anambra State; Ohaukwu, Ebonyi State; Njaba, Imo State). These investigations will include supporting members from the FMOH, SMOHs, RTI, and TCC, who will travel as a team to the LGAs in question. Together with the LGA NTD focal person, the team will conduct key informant interviews and focus group interviews with CDDs and members of the community. Particular focus will be given to the sentinel or spot-check sites in which positive cases were found. The findings from the investigation will inform mitigation measures during the re-MDA implementation, which might include, but are not limited to, a greater focus on urban areas, increased supervision, the use of tailored social mobilization tools, and the use of the Supervisor Coverage Tool to highlight areas which may need mop-up to increase coverage, aid in supervision, and detect any compliance issues.
- **LF MDA:** 93 LGAs will conduct MDA (90 through TCC and 3 through RTI). This will be the second round of re-MDA in Ohaukwu and Njaba LGAs. 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 including the use of the Supervisor Coverage Tool.
- **LF pre-TAS:** In FY20, the estimated number of LGAs that are planned for pre-TAS are 41 (TCC: 40, RTI: 1), provided that they achieve a fifth year of good coverage in 2019. From those, Act | East

estimates that 29 (70%) will pass pre-TAS and qualify for TAS, while 12 will require re-treatment in FY21. This prediction is based on the historical experience of the Carter Center after analyzing the proportion of LGAs that ‘passed’ their first pre-TAS. It is important to note that the 1 LGA targeted by RTI, Yala in CRS, is a re-Pre-TAS which did not pass a pre-TAS in 2018 and has since had two years of MDA with strong coverage. Trained teams at the FMOH will conduct both the pre-TAS and the TAS using filariasis test strips via electronic data capture through the FMOH’s KoboCollect system. 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 50 LGAs over a period of 30 days, and five supervisors will oversee the process.

- **LF TAS1:** An estimated 9 LGAs will conduct TAS in FY20 with USAID support. This is a conservative estimate, which includes 7 of the 16 LGAs in TCC-supported states (excluding the 9 LGAs in Anambra) and the 2 LGAs in CRS that successfully passed pre-TAS in FY19. It is important to note that the 41 LGAs targeted for pre-TAS in FY20 will not be targeted for TAS until FY21 due to time constraints within the fiscal year. Each LGA will be a separate evaluation unit for TAS1. Trained teams at the FMOH will conduct both the pre-TAS and the TAS using filariasis test strips and electronic data capture. 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 over a period of 30 days, and five supervisors will oversee the process.
- **National Training of Trainers for pre-TAS and TAS survey teams:** Act | East will support a national-level TAS training of trainers for a cohort of 13 FMOH and partner staff so they can train state-level staff and supervise implementation of TAS activities. This activity was included in the FY19 ENVISION work plan but could not be implemented due to conflicting priorities within the FMOH. RTI will engage a self-funded trainer of trainers from the Centers for Disease Control and Prevention (CDC) to lead the training together with three FMOH facilitators. The training will include survey implementation, electronic data collection, interpretation of results, and a one-day field practice. These trainers will be a valuable resource for TAS training needs throughout the country.
- **Refresher Pre-TAS/TAS Training of Survey Teams in Southeast Zone:** A cohort of the trainers trained in the National level TOT will travel to the Southeast Zone, where the USAID-supported Pre-TAS/TAS activities are taking place, to lead a five-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 though the FMOH recognizes its importance. The FMOH has requested dossier preparation activities in FY20, and RTI will work with the FMOH and other LF implementation partners to collect the required data with the expectation that partners will cover participants’ expenses from states they support. Currently, all LF MDA and DSA data is available at the national level through December 2018. Representatives from the FMOH and from LF implementing partners will attend this 3-day workshop. Molly Brady, RTI’s LF technical lead, will orient the FMOH LF Focal Person and RTI staff on dossier preparation and provide technical guidance where necessary.

## Trachoma

Given the successful results of the recently conducted trachoma impact survey in Edo and Ebonyi States, there will not be further trachoma support required from Act | East in FY20. However, these two states are expected to undertake trachoma surveillance surveys in 2021.

## Onchocerciasis

In FY20, Act | East will support the following OV activities:

- **OV MDA:** A total of 93 LGAs will conduct a single round of OV MDA (78 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.
- **Support for Nigeria's NOEC:** Act | East will provide support for two 3-day NOEC meetings in FY20. 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*

- **JAP Submission Meeting:** This two-day event will focus on the completion of the Joint Application Package for 2020. It will include participants from the FMOH, the WHO country office, zonal offices, and implementing partners to ensure that all data is consistent and submitted on time. RTI will also work with the FMOH to align this activity with a proposed ESPEN-supported Integrated NTD database training in FY20. The 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.
- **Annual State Data validation meetings for 8 States (TCC):** There will be eight 2-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 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.

##### *Drug Supply and Commodity Supply Management and Procurement*

- **FMOH supervision and monitoring of supply chain management across Nigeria (RTI):** Act | East will support seven 2-day visits to the federal medical stores and selected state medical stores. The FMOH will conduct three 2-day visits to the central medical store in Oshodi, while each of the six geopolitical zones will be assigned 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 Program verify an accurate inventory of medicines which is used to feed into the JAP submission, enabling the National 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.

**MDA Harm Reduction and SAE Awareness (RTI):** The Nigeria NTD program does not currently have an established protocol concerning MDA harm reduction and SAE reporting. Nigeria has been fortunate in that SAEs during MDA have not occurred (or possibly have 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.

At the 72<sup>nd</sup> World Health Assembly in May 2019, 194 countries came together to support WHA Resolution 72.6, which established 17 September as World Patient Safety Day. The Neglected Tropical Disease Network of NTDs (NNN) conference which took place in September, signed the Liverpool Commitment to Safety in NTDs to celebrate this important day. Using this event and subsequent safety commitments as a catalyst, RTI will propose a series of cost-neutral initiatives for discussion at the next National Steering Committee meeting aimed at greater harm reduction practices during MDA for nation-wide implementation. Possible indicators proposed for adoption by the Steering Committees for these initiatives are derived from the September 2019 NNN working group which included Chair Dr. David Addis from the Task for Global Health and panellist Dr. Mwele Malecela, WHO NTD Director. These proposed indicators could be tracked during routine training, MDA supervision, coverage surveys, etc. if adopted by the Steering Committee:

#### Pre-MDA

- Sufficient emphasis and guidance on safety in training modules
- Awareness of, and readiness for, appropriate response to SAEs at each administrative level
- An indicator of community awareness of, empowerment for, or ownership of, MDA
- Adequate shelf-life remaining on MDA drugs
- Proper drug storage

#### During MDA

- MDA drug(s) administered by properly trained personnel
- Calm atmosphere; adequate crowd control
- Appropriate doses given
- Community drug distributors trained in the Heimlich maneuver (or equivalent)

#### Occurrence of serious adverse events (SAEs)

- Timeliness and accuracy of reporting to appropriate authorities
- Capacity for SAE Investigation
  - Are SAE investigative teams properly trained?
  - Does a checklist exist to aid in collection of data that will be useful for prevention?
  - Is contact information of the investigative team available?
- ‘Blameless’ process indicators
  - Are community drug distributors and other MDA staff encouraged to report errors or adverse events?
  - Do community drug distributors and other MDA staff have a mechanism to report errors and adverse events during MDA without reprisal?

## **Building Advocacy**

In FY20, Act | East will support the following activities, targeted for both advocacy and MDA mobilizations:

- **State Government Leadership Sensitization Meetings:** This meeting will be held in the eight states supported by TCC with the goal of advocating for verbal and/or written commitments for follow-through by government leadership to provide financial support and buy-in for NTD interventions.
- **LGA Sensitization Meetings:** This meeting will be held in the LGAs supported by TCC. TCC and the SMOH will undertake advocacy visits to inform LGA Chairpersons and their Directors of NTD activities in their areas and to solicit their support. The goal of these meetings is to follow through with the government leadership to provide more financial support and buy-in for NTD interventions.

## **IR3 PLANNED ACTIVITIES**

### ***Soil-Transmitted Helminths***

In FY20, Act | East will support MDA for STH (via existing MDA platforms) in 118 LGAs in the TCC-supported states. As stated previously, Evidence Action support for school-based deworming in Cross River State will not continue in FY20.

### ***Schistosomiasis***

In FY20, Act | East will support MDA for SCH (via existing MDA platforms) in 44 LGAs in the TCC-supported states.