

Nigeria Work Plan

FY 2025

Program Year 7

October 2024–September 2025



This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

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 provides critical support to governments 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 The Carter Center in Abia, Delta, Ebonyi, Edo, Enugu, Imo, Nasarawa, and Plateau States and by RTI International in Akwa Ibom, Cross River, Katsina, Niger states and at the federal level.

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ACRONYMS LIST

ACES	Adaptive Coverage Evaluation Survey
ACSM	Advocacy, Communication, and Social Mobilization
AE	Adverse Event
Ag	Antigenemia
ALB	Albendazole
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
DBS	Dried Blood Spot
DHIS2	District Health Information System-2
DIP	Direct Inspection Protocol
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
EDC	Electronic Data Collection/Collector
EMS	Epidemiological Monitoring Survey
EU	Evaluation Unit
FCT	Federal Capital Territory
FLHF	Frontline Health Facility
FMOH	Federal Ministry of Health
HAT	Human African Trypanosomiasis
iTAS	Integrated Transmission Assessment Survey
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
MITOSATH	Mission to Save the Helpless
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NGO	Nongovernmental Organization
NGDO	Nongovernmental Development Organization
NOEC	National Onchocerciasis Elimination Committee
NTD	Neglected Tropical Disease
ODK	Open Data Kit
OV	Onchocerciasis
PC	Preventive Chemotherapy
PTS	Post-treatment Surveillance
RDT	Rapid Diagnostic Test
REMO	Rapid Epidemiological Mapping of Onchocerciasis
SAE	Serious Adverse Event
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool

SMOH	State Ministry of Health
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TBD	To Be Determined
TCC	The Carter Center
TWG	Technical Working Group
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 228.5 million people, which number is expected to reach 234.2 million by 2025. The country is divided into 6 geopolitical zones comprising 36 states and the Federal Capital Territory (FCT). The 774 Local Government Areas (LGAs) serve as the primary implementation units for the neglected tropical disease (NTD) program.

Nigeria is endemic for several NTDs including lymphatic filariasis (LF), trachoma, onchocerciasis (OV), soil-transmitted helminths (STH), schistosomiasis (SCH), rabies, snakebite envenoming, human African trypanosomiasis (HAT), leprosy, Buruli ulcer, Guinea worm, yaws, and leishmaniasis. The Federal Ministry of Health (FMOH) NTD Department sits within its public health division. The NTD Department oversees and implements all NTD activities. It is organized into five functional units: the Preventive Chemotherapy (PC) NTDs Unit (covering LF, trachoma, OV, STH, and SCH); the Intensified Disease Management (IDM) NTDs Unit (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 is headed by a Unit Lead or program manager, who reports to the National NTD Coordinator. The National NTD Coordinator reports to the Director of Public Health. Other key bodies collaborating with the NTD Department include the National NTD Steering Committee, the National Onchocerciasis Elimination Committee (NOEC), various disease and functional area technical working groups (TWGs), and the National NTD Nongovernmental Development Organization (NGDO) Coalition.

Each of the 36 states and the FCT has a state ministry of health (SMOH) with its own state NTD Department, led by a state NTD coordinator. These state NTD departments implement the FMOH NTD policies and guidelines in their state through interventions that include mass drug administration (MDA); community- and school-based mobilization; and all relevant trainings for state, LGA, health facility, and community drug distributors (CDDs). During disease-specific assessments (DSAs), the federal and state NTD departments collaborate to ensure effective implementation. For example, during the LF transmission assessment survey (TAS), the state NTD team collects school enrollment data and submits them to the relevant FMOH program manager for input into the survey sample builder. The federal and state teams then implement certain parts of the survey, explained in further detail in Section 2.

The U.S. Agency for International Development (USAID) Act to End NTDs Program | East, (Act | East), is one of the main partners supporting the Government of Nigeria's NTD control and elimination efforts. Act | East has gradually scaled up its support to the country; in fiscal year 2024 (FY24), Act | East provided technical and financial support to 12 states, 8 through The Carter Center (TCC), and 4 through RTI and a local NGDO, Mission to Save the Helpless (MITOSATH). As of FY25, the total number of states receiving Act | East support is 13. All new activities are described in Table 1 and detailed further below in this work plan.

Table 1. Summary of Act | East-supported states, disease focal areas, and FY25 activities

Act East-supported states	Implementer	Disease focal area	Number of LGAs	Proposed activity
Cross River State	RTI	OV	8	1 round of MDA
Cross River State	RTI	OV	2	Impact Assessment including river prospection
Katsina	RTI	LF	11*	Epidemiological Monitoring Survey (EMS)
		LF	14	Integrated TAS that includes river prospection
Akwa Ibom	RTI	LF	5	TAS1
Niger	Local NGO	OV	1	MDA
		LF	1	MDA
Ebonyi	TCC	LF	1	TAS2
		OV	10	MDA
Edo	TCC	OV	10	MDA
Enugu	TCC	LF	1	TAS1
		OV	10	MDA
Imo	TCC	LF	10	TAS1
		LF	5	TAS2

*One of these LGAs will conduct a security assessment before MDA starts

In 2024, the World Health Organization (WHO) country office and FMOH summarized the following nationwide achievements: only 14 states out of 36 are still conducting LF MDA (see Table 2). For OV, 8 states have eliminated and/or interrupted transmission, which means an estimated 29 million Nigerians are no longer at risk for the disease. Eleven more states are suspected to have interrupted OV transmission. For trachoma, 103 of 125 endemic LGAs have stopped MDA, and provision of surgical interventions is ongoing. Guinea worm disease was eliminated in 2013, and surveillance is ongoing. Progress in the disruption of other PC NTDs and IDM NTDs remains largely unmeasured due to lack of impact assessments or clear understanding of the disease burden.

Achievements in the Act | East-supported states include the following:

- Two states have passed all TAS3 (Nasarawa and Plateau).
- Three states have passed all TAS1 (Abia, Delta, and Cross River).
- Six have interrupted OV transmission and according to NOEC guidelines no longer require MDA (Abia, Delta, Enugu, Imo, Plateau, and Nasarawa).
- One state is preparing to conduct TAS3 (Cross River State).
- One state is confirming stop-MDA TAS for LF (Akwa Ibom).

Table 2. Progress toward LF elimination in Nigeria

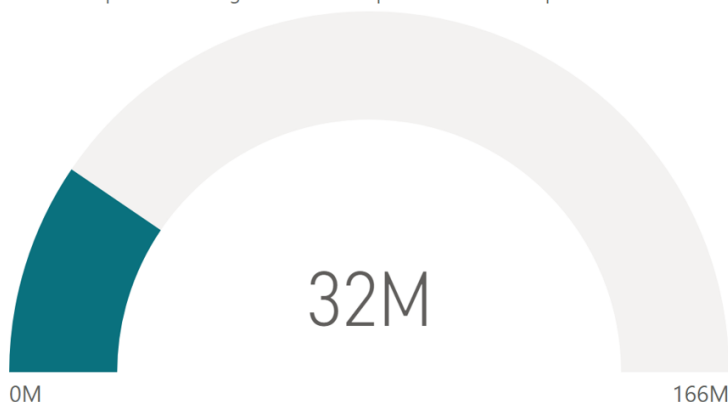
States with at least one LGA still requiring an effective MDA round	States with at least one LGA still requiring a EMS	States with at least one LGA/Evaluation Unit (EU) still requiring a TAS1	States where all LGAs stopped MDA
Adamawa ¹	*Enugu ¹	*Ebonyi ⁴	FCT ⁴
*Akwa Ibom ¹	Bauchi ²	*Ekiti ⁴	*Cross River ¹⁰
Kano ¹	Gombe ²	*Edo ⁷	*Nasarawa ¹³
Niger ¹	Kebbi ²	Kwara ⁷	*Delta ¹⁶
Sokoto ¹	Jigawa ³	Kogi ⁷	*Plateau ¹⁷
Taraba ¹	Kaduna ³	Yobe ¹⁰	*Abia ¹⁷
Bayelsa ⁵	Osun ¹²	*Imo ¹⁶	*Anambra ²¹
*Katsina ⁵	Zamfara ¹⁴	Ondo ¹⁷	
Oyo ⁵			
Benue ⁶			
Lagos ⁶			
Ogun ⁸			
Rivers ¹³			
Borno ¹⁴			
14 states	8 states	8 states	7 states
Data source: Nigeria FMOH PC-NTD snapshot as of May 15, 2024 Superscript numbers indicate number of LGAs in the state in that category *Indicates Act East-supported states			

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

Lymphatic Filariasis

Figure 1 Progress toward LF elimination, Nigeria

Progress toward LF elimination, Nigeria
Number of persons no longer at risk as compared to number of persons ever at risk



In FY25, Act | East will support the following activities:

- **LF/OV MDA in Niger State (1 LGA).** Act | East will support combined LF/OV MDA in 1 LGA in Niger, through a grant to local nongovernmental organization (NGO). Act | East support will include cascaded training, transportation of drugs, social mobilization, drug distribution, supervision by state and local NTD teams, and a data review meeting.
- **EMS in 11 LGAs in Katsina State (RTI).** Act | East will support EMS in 11 LGAs in Katsina. The EMS will collect samples from adults aged 20 and above in 2 sites per LGA. In each site, approximately 300 samples will be collected using random sampling of households. The EMS will take place over 1 month in Katsina State. Each team will comprise 1 FMOH staff member and 1 zonal MOH staff member (team leader and card reader) and 4 state-level staff members (enumerator, laboratory scientist, electronic data collection [EDC] officer, and local guide). Due to the insecurity in Katsina collection of night blood samples is not possible, so the teams will use the WHO guidance of a 2% level of antigenemia (Ag) cut-off.
- **LF TAS1 in 5 LGAs in Akwa Ibom State (RTI).** Act | East will support the FMOH to conduct TAS1 in schools in 5 LGAs in Akwa Ibom. A total of 10 teams comprised of 1 FMOH staff member and 1 zonal MOH staff member (team leader and card reader) and 4 state-level staff members (enumerator, laboratory scientist, EDC officer, and local guide) will work in the field for 11 days. Field data collection will use an Open Data Kit (ODK)-based tool, and data will be sent to an RTI server. A survey protocol detailing the training, field work, and supervision will be co-developed with the FMOH prior to the survey.
- **LF TAS1 in 1 LGA of Enugu State and 10 LGAs of Imo State (TCC).** Act | East will support community sensitization; survey planning meetings; pre-survey training; social mobilization; field work, including data collection on-site; and minimal support for data validation. Surveyors will capture data electronically, using an ODK-based data collection tool whose data is stored on a TCC server with access given to MOH partners. All LGAs to be surveyed have a total population below

500,000. A TAS1 expected in FY25 (17 LGAs/13 EUs) in TCC states will be covered with other funding.

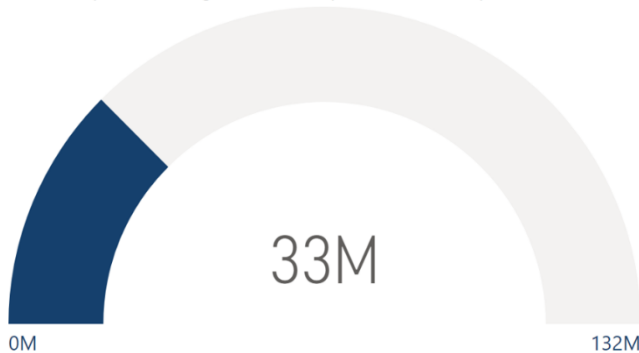
- **LF TAS2 in 1 LGA in Cross River State and TAS3 in 6 LGAs in Cross River State (RTI).** Act | East will support the FMOH to conduct TAS2 in 1 LGA and TAS3 in schools across 6 LGAs of Cross River State using 10 teams. The teams will comprise 1 FMOH staff member and 1 zonal MOH staff member (team leader and card reader) and 4 state-level staff members (enumerator, laboratory scientist, EDC officer, and local guide). TAS2 and TAS3 will be combined in Cross River training, and Act | East will use the same teams for field work to manage costs. Field data collection using the ODK-based tool will last for 12 days.
- **LF TAS2 in 1 LGA of Ebonyi State and 5 LGAs of Imo State (TCC).** Act | East will support community sensitization; survey planning meetings; pre-survey training; social mobilization; field work, including data collection on-site; and minimal support for data validation. Surveyors will capture data electronically, using the ODK-based data collection tool. All LGAs to be surveyed have a total population below 500,000.
- **Integrated Transmission Assessment Survey (iTAS) in 14 LGAs in Katsina State (RTI).** Act | East will support iTAS, including river prospection, in 14 LGAs in Katsina. The 14 LGAs are those expected to pass pre-TAS in FY24 that therefore will be due for TAS1 in FY25. These same LGAs are currently listed as hypo-endemic for OV as per rapid epidemiological mapping of OV (REMO), which the NOEC no longer recommends for treatment decisions. Using iTAS, Act | East will be able to combine LF and OV surveys, a first in Nigeria at this scale. In stage 1, dried blood spot (DBS) samples for OV will be collected from 100 adults in 5 first-line villages. In stage 2, approximately 30 schools will be targeted using the iTAS survey sample builder for OV DBS sample collection in children aged 5–9 and for LF antigen rapid diagnostic test (RDT) in grades 1–2. OV DBS from stage 1 will be analyzed in the lab by OV16 RDT. If stage 1 results are below the 5% OV threshold, the OV DBS samples from stage 2 will be analyzed by OV16 RDT. The survey will be conducted by 10 teams comprised of 1 FMOH staff member and 1 zonal MOH staff member (team leader and card reader) and 4 state-level staff members (enumerator, laboratory scientist, EDC officer, and local guide), who will work in the field for 30 days. Field data collection will use an ODK-based tool. Act | East will provide community sensitization, survey planning meetings, survey training, social mobilization, and on-site data collecting and review sessions. A survey protocol detailing the training, field work, and supervision will be co-developed with the FMOH.
- **Exploring integrated collection of direct inspection protocol (DIP) data (RTI).** In FY23, the FMOH completed the national LF MMDP guidelines and is currently working on disseminating them. In FY25, Act | East will support 2 FMOH and 1 Act | East Nigeria staff members to attend a global workshop (detailed further in the FY25 Act | East Program work plan) on developing a national MMDP Action Plan. A current gap that will need to be addressed in the action plan is how to collect data on health facility quality and availability of services, both for the LF elimination dossier and to inform service delivery improvements. Act | East will explore how the implementation of WHO's DIP to assess lymphedema management services can integrate with ongoing activities to compile data more efficiently for DIP indicators. For example, during OV MDA in Cross River State, Act | East will request the estimated 900 front line health workers who participate in the MDA training to complete a questionnaire confirming their lymphedema knowledge. In addition, Act | East will discuss with the USAID Mission and Measure Evaluation program staff whether data already exist that can be used to fulfil certain DIP indicators, such as medication availability in health facilities. Act | East also will explore opportunities with the USAID/Nigeria to collect a list of designated health facilities across the state through its other supported programs. This list will be

provided to the MDA supervisors, who will be equipped with a copy of a modified DIP checklist, containing only indicators that do not exist from other data sources, which they will complete during their supervisory visit to the health facilities.

Onchocerciasis

Figure 2 Progress toward OV elimination, Nigeria

Progress toward onchocerciasis elimination, Nigeria
Number of persons no longer at risk as compared to number of persons ever at risk



In FY25, Act | East is making concerted efforts to address these hypotheses through its activities and learning questions. The following activities will be implemented:

- **OV MDA in 8 LGAs of Cross River State (RTI).** Act | East will support the FMOH to conduct one round of MDA including cascaded training, transportation of drugs, social mobilization, drug distribution, and supervision using the Supervisor’s Coverage Tool (SCT).
- **OV MDA in 30 LGAs of Ebonyi, Edo, and Enugu States (TCC).** Act | East will support cascaded training, drug distribution, and supervision.
- **LF/OV MDA in Niger State (1 LGA).** See LF section above.
- **iTAS in 14 LGAs in Katsina State:** See LF section above.
- **ACES in 2 LGAs of Cross River State (RTI).** Act | East will conduct ACES in two sentinel LGAs to try to identify the cause of ongoing transmission. The ACES will include additional questions designed to assess refugee movement in Cross River State as a potential driver of ongoing transmission. The survey will involve 3 FMOH staff, 2 SMOH staff, and 12 independent evaluators. The ACES report will help identify strategies for 100% geographic and 80% therapeutic coverage in identified hotspot communities. Following the ACES, the team will hold a data discovery meeting internally to review data and recommendations to strengthen MDA activities.
- **ACES in 6 LGAs in 3 states (TCC).** Act | East will support ACES in 6 LGAs, 2 in each of Ebonyi, Edo, and Enugu States. The surveys will be conducted by TCC staff, State NTD Coordinators, state and LGA integrated health team members, and health facility staff. TCC works to ensure that personnel are not evaluating their own programs by deploying supervisors from neighboring states or LGAs and recruiting independent data collectors. The program will use results of the surveys to develop a deeper understanding of missed and/or excluded populations and patterns within the respective populations, which will help improve MDA implementation and facilitate

informed programmatic decisions. Following the ACES, the team will hold a data discovery meeting internally to review data and recommendations to strengthen MDA activities.

- **ACES in 1 LGA in Niger State (RTI).** Act | East will support ACES in 1 LGAs in Niger State to assist the SMOH with improving MDA uptake. The survey will be conducted by 3 FMOH and 2 SMOH staff members, along with 12 independent evaluators. The program will use the ACES results to gain a better understanding of missed and/or excluded populations, as well as patterns within those populations, and to improve MDA implementation and make programmatic decisions. Following the ACES, the team will hold a data discovery meeting internally to review data and recommendations to strengthen MDA activities.
- **Data Quality Assessment (DQA) in Cross River State (RTI).** Act | East will conduct a DQA after the ACES in the 2 LGAs in Cross River State. The DQA will address FMOH recommendations stemming from the FY24 ACES where data collection and reporting gaps are identified. Act | East support will include 2 days' training for 10 participants and 12 days of fieldwork, where the teams will visit data health facilities to review CDD registers. Findings will be compiled into a detailed report, highlighting key issues affecting the reporting of coverage and recommendations to address them.
- **OV Post-treatment Surveillance (PTS) Entomological Survey in 15 LGAs in Delta State (TCC).** Act | East will support TCC to conduct a PTS entomological survey in Delta State, following an approach agreed upon at the May 2024 NOEC, in 15 LGAs for a period of 12 months starting in late FY24 and continuing for 9 months of FY25. TCC will support fly collection using village-based and trained vector collectors for 35 communities, with human landing catchers working 2 days per week for 12 months. These captures will be supplemented by Esperanza Window Traps where possible. Results will determine whether transmission remains interrupted in Delta, and the state can maintain its PTS status.
- **OV Impact Assessments in Abi and Calabar South LGAs in Cross River State (RTI)** Act | East will support an OV impact assessment in Abi and Calabar South LGAs of Cross River State. These LGAs have received previous MDA for LF; they were considered hypo-endemic following REMO and did not receive OV MDA. Because of this, the NOEC recommended that these locations complete this impact assessment instead of OV elimination mapping.
- **Tracking Blackfly Infectivity in Four Sentinel Sites in Cross River State (RTI).** At each of the four sentinel sites, field teams will collect blackflies over 10 weeks for 3 days per week. The flies will be analyzed at the TCC laboratory in Jos to determine the infectivity rate, which indicates the proportion of blackflies carrying *O. volvulus* larvae. The collections will be timed such that they happen at least 6 months after a round of MDA.

3. IR2 SUSTAINABILITY AND HEALTH SYSTEM STRENGTHENING STRATEGY ACTIVITIES

IMPROVING CORE NTD PROGRAM FUNCTIONS

Data security and management

In FY25 Act | East will support DHIS2 training meeting reflected in Appendix 2 and the following:

- **DHIS2 Training (RTI).** Act | East will support a training for FMOH, SMOH, and LGA officials covering the following topics: an introduction to the DHIS2, data entry using DHIS2, data monitoring, data analysis and presentation.

Drug management

In FY25, there is an opportunity to continue to support strategic functions to improve SCM processes. Act | East will continue to support the SCM TWG meeting reflected in Appendix 2 and the following:

- **Annual Visit to the Federal Central Medical Stores, Oshodi, Lagos State (RTI).** The visit intends to help the FMOH verify accurate inventories of NTD medicines, give reports of medicine status to the TWG for quarterly allocation of medicines to states, and review past warehouse delivery and storage records.
- **Annual SCM Monitoring, Supervisory, and Supportive Visits to the Six Zones (RTI).** Act | East will support 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 [FLHF]).
- **Reverse Drug Supply Chain Logistics in Ebonyi and Edo States (TCC).** An issue that impacts drug supply is incorrect reporting or lack of reporting regarding outstanding drugs following MDA. At times the FMOH has received balance reports from LGAs or states that suggest that more drugs are available than is truly the case, resulting in under-allocation of drugs to the areas assisted by Act | East. To address this, TCC will facilitate five days of cascaded reverse drug supply chain logistics meetings in Ebonyi and Edo States, from zones to states to LGAs to FLHFs, and finally to CDDs. The goal of the meetings is to reconcile outstanding drug supply by physically tracking every level where drugs may remain, from the community volunteers back up to the zonal level. Meeting locations will include zonal, state, LGA, and FLHF medical storage facilities. Participants will include TCC facilitators and auditors, a finance representative (auditor) from the state level, a focal person from each LGA, and leaders from the state and LGA integrated health teams. LGA focal persons will be required to communicate to LGAs their responsibility to collect outstanding medicines and return them to a central location. Reports will be collected from CDDs by the health facilities, then collated and passed upward to LGAs, then states, then zones.

ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING (AS APPLICABLE BY COUNTRY)

4. IR3 PLANNED ACTIVITIES: SCH, STH:

In FY25, Act | East will support the following activities:

- **Strategy Development Meetings to Mainstream SCH/STH Programs (TCC).** TCC will conduct strategy development meetings in three states (Delta, Enugu, and Imo) to guide state programs on incorporating SCH and STH programming into their own budgets. These meetings will include state and LGA MOH and ministry of education staff. Topics will include clarifying the roles of the government entities involved, recommending logistics for transitioning MDA to full government ownership, transporting and tracking drug supply, and selecting the best platforms for MDA implementation.