

**Nigeria Integrated NTDs programme and the inclusion of Schistosomiasis/STH for delivery of a fully scaled-up integrated NTD programme in 5 states<sup>1</sup> in Nigeria**

**Important to note: This document is the supporting document to the ‘Full Budget plan for (existing & new) Nigeria integrated NTDs’ excel document. These documents are to be read together.**

**Background and Implementation context**

Nigeria has a population of over 180 million (projected from 2006 census figure). Nigeria has six geo-political zones comprising 36 States, a Federal Capital Territory (Abuja), and 774 Local Government Areas (LGAs). Over 70% of the population live below the poverty line without access to affordable healthcare and other basic social services. The socioeconomic burden of the endemic neglected tropical diseases (NTDs) in Nigeria will aggravate the current situation if not managed.

NTDs are currently being addressed by the Federal Ministry of Health using the NTD framework developed for 2013 – 2017. The Nigerian NTD Master Plan 2013- 2017<sup>2</sup> has set out the framework to address the following diseases: Lymphatic Filariasis (LF), Onchocerciasis, Schistosomiasis, Soil Transmitted Helminths (STH) and Trachoma. The strategic goal is to progressively reduce morbidity, disability and mortality due to NTDs using integrated and cost-effective NTD Programmes.

**Scope/ Magnitude of the Problem**

School-age children usually have the highest level of infection of both schistosomiasis and STH. These two NTDs can cause further health complications including cancer of the bladder, anaemia, liver dysfunction, Vitamin A deficiency, malnutrition, loss of appetite, stunted growth and reduced learning ability.

Mapping of both diseases in Nigeria has shown varying prevalence in each state. The table below shows the Schistosomiasis/ STH prevalence range in the five states discussed in this proposal:

<b>State</b>	<b>No of LGAs</b>	<b>Schisto_Prev range</b>	<b>STH_Prev range</b>
Kwara	16	0.3 - 38.3	8.3 - 57.0
Sokoto	23	0.03 -56.1	3.2 - 27.1
Kebbi	21	0.8 - 68.3	3.8 - 22.0
Benue	23	1.4 - 24.8	20.2 - 36.8
Kogi	21	0.0 - 21.4	16.2 - 39.0

<sup>1</sup> This proposal focuses on Sightsavers Integrated NTD work in four states where we run existing programmatic work; Kebbi, Kogi, Kwara and Sokoto. The fifth state of Benue would be a new area of programmatic work for Sightsavers – which will only go ahead with secured additional funding.

<sup>2</sup> NIGERIA MASTER PLAN FOR NEGLECTED TROPICAL DISEASES (NTDs) 2013-2017 is being revised to reach the Year 2020

## **Rationale/ Justification**

Control efforts are hampered by limited resourcing. Though there is a National Programme in place, Schistosomiasis and STH has not witnessed large-scale control efforts in Nigeria. Disease control to date has been limited in geographic and therapeutic coverages due to limited resourcing.

As part of the Nigeria's overall goal to achieve NTD elimination by 2020, one of the strategic objectives of the NTD programmes is scale-up of access to NTD interventions, treatment and capacity building. The rationale for mass drug administration (MDA) is to reduce worm burdens through deworming using Praziquantel & Mebendazole thereby reducing morbidity due to schistosomiasis/STH infection.

Furthermore, current geographic treatment coverage for Schistosomiasis/STH in Nigeria is below 40 percent of the school-age children amongst the at risk population. There is therefore a need to scale up treatment following completion of disease mapping in the country.

### **Project Goal:**

To reduce the prevalence of Schistosomiasis and STH to such a level they are no longer of a public health concern.

### **Project Objectives:**

1. To reduce morbidity of Schistosomiasis and STH among school aged children using preventive chemotherapy for 3 years.
2. To build the capacity of health workers at state and LGA levels to ensure effective supervision and data management.
3. To build the capacity of school teachers and community volunteers on mass drug distribution and data entry.

## **Q & A follow up from phone call with Thomas Mather, Krishantha Gunatunga and William Adamani (2<sup>nd</sup> December 2014)**

### **1. What impact would additional funding have on Sightsavers' work with integrated NTDs in Nigeria?**

- Please see worksheet 1, table 3 of the excel s/sheet attachment for an overview of the impact additional funding will have on the number of children we would be able to reach throughout our integrated NTD programme.
- Please see worksheet 1, table 1 & 2 for a summary of budget costs and outputs of planned and additional work.

**2. What would the shape of existing programme work look like if no additional funding was to be secured?**

We will continue with our existing programme work, working in line with an integrated programmatic approach where possible. Sightsavers' programmes in Kebbi and Sokoto would not be able to expand to include treatment for Schisto/STH due to lack of funds.

- Please see worksheet 2 of the excel s/sheet attachment for full detailed budget expenditure of planned existing work.
- Please see worksheet 4 of the excel s/sheet attachment for number of children currently reached in the states of Kebbi, Kogi, Kwara and Sokoto.

**3. Would Sightsavers have to scale back any current activity?**

Subject to planned income for 2015 we would not need to scale back on any activity in the Sightsavers' supported projects. We cannot however scale up without any additional funding.

**4. What programmes would not go ahead?**

If Sightsavers was unable to secure additional funding the following two areas of work would not be able to go ahead:

- a) Scale up work for schisto/STH (as part of integrated NTD programme) in Kogi, Kebbi, Kwara and Sokoto
- b) Entry into new state Benue for schisto/STH (as part of integrated NTD programme).

- Please see worksheet 3 of the excel s/sheet attachment for full budget expenditure of additional scale up activity in Kebbi, Kogi, Kwara and Sokoto
- Please see word document titled 'Benue project overview' for full description of Benue programme costs and activity.

**5. Where does Sightsavers get funding to cover existing activities?**

For our current planned work in 2015 programme we will look to fund activity through a range of funding streams; Government, individual and trusts and foundations are currently either secure or in the pipeline.

**6. What would Sightsavers do with any additional/new funding?**

With additional funding Sightsavers would be able to:

- a) carry out the scale up work required in the 4 states of Kebbi, Kogi, Kwara and Sokoto.
- b) We would also be able to start the delivery of a new integrated NTD programme in Benue.

- Please see worksheet 3 of the excel s/sheet attachment for full budget expenditure of additional scale up activity in Kebbi, Kogi, Kwara and Sokoto
- Please see word document titled 'Benue project overview' for full description of Benue programme costs and activity. Budget expenditure detail is also on worksheet 5 of the excel s/sheet

**7. What acknowledgements would Max Mind (where the donation would come from) get for supporting Sightsavers?**

Sightsavers' makes every effort to ensure that the huge contribution made by our corporate supporters is acknowledged in ways that add value, whether in the public sphere, among their industry peers or directly to their clients or customers. We work with corporate supporters to agree the most appropriate methods of communication, which may include press releases, a feature on our website, social media activity or copy in our supporter communications, including our US newsletter to high value supporters.

***December 2014***