

## Sightsavers Deworming Program – Nigeria ex-Ascend States GiveWell Wishlist 6 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

**Country:** Nigeria

**Location (region/districts):** Adamawa, Borno, Kaduna, Kano, Katsina, Lagos, Niger and Zamfara

**Duration of project:** 2 years and 5 months

**Start date:** November. (November 2021 to March 2024)

Where necessary to avoid drugs already in country expiring, MDA will begin in December 2021, in other areas MDA will be completed by April 2022

### Goal

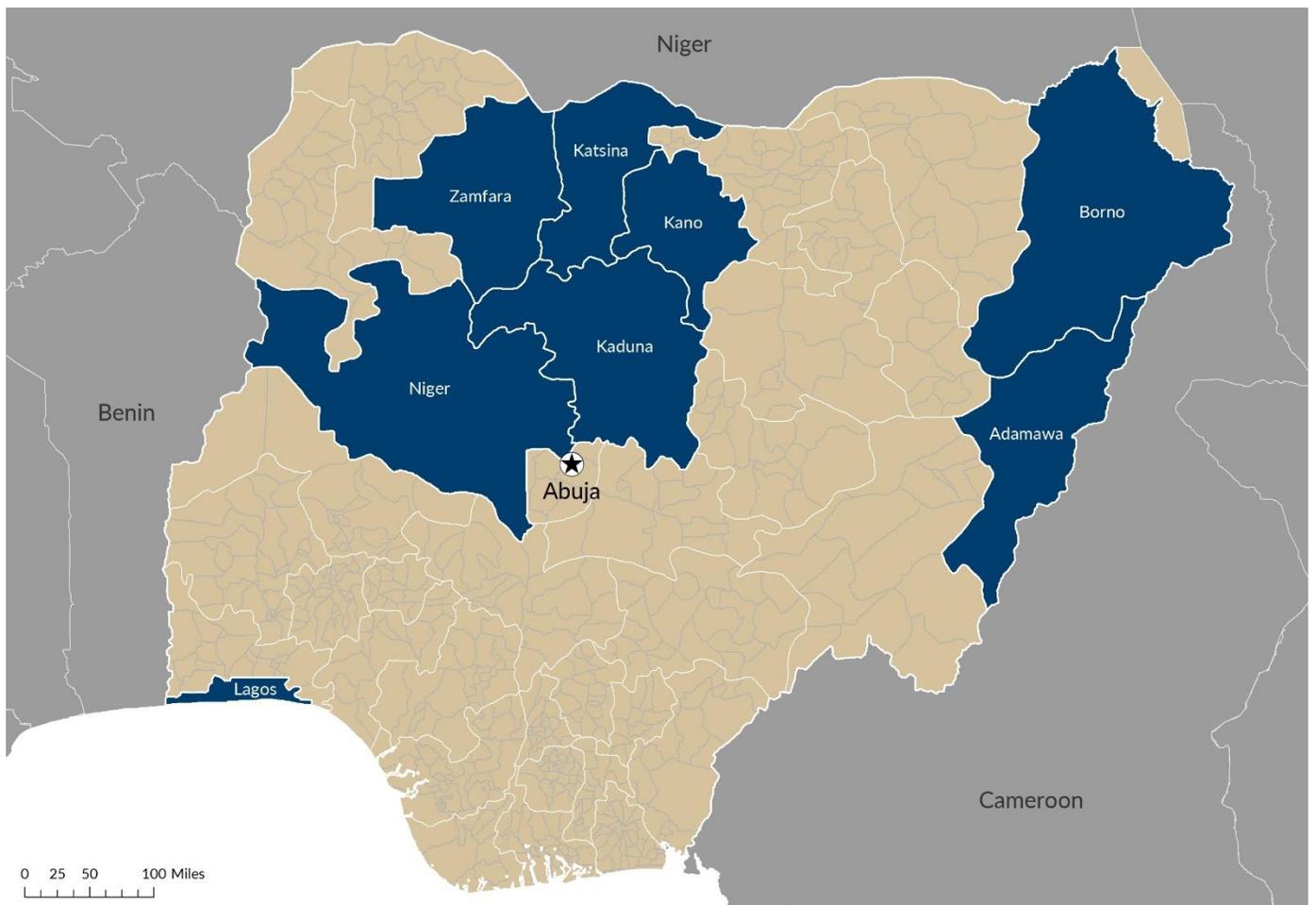
Reduction in the prevalence and intensity of SCH and STH amongst school age children.

### Outcome

School aged children (SAC) between 5-15 years, and adults where prevalence dictates, within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required.

### Program implementation areas

Figure 1: Map of states requiring support for deworming interventions.



Ascend West and Central Africa was the UK government Foreign Commonwealth and Development Office (FCDO) flagship NTD program in the region, until its early closure in August 2021. Despite excellent progress against the output targets, the contract was terminated at no fault of the supplier. Due to the FCDO's decision to cut its global health programs, the upcoming round of SCH and STH MDA in Nigeria (scheduled for completion by March 2022) is at risk. The sudden termination of the funded Ascend contract at the beginning of the final project year will impact the control of SCH and STH if new funding cannot be found.

As you're aware we have shared a full list of all the Ascend funding gaps to a group of donors whom we are connected with. The list is being considered but it is unlikely they'll be able to meet the full funding requirements created by these cuts. Early indications show it is likely they will fill some MDA funding gaps from previous Ascend countries, particularly where drugs are due to expire before the end of 2021.

Although Sightsavers would normally request GiveWell support in an April-March project year, in this instance we are requesting more immediate support to allow the next round of MDA to go ahead. Where drugs are expiring, we are aiming for MDA to be delivered by December 2021, in other areas we're scheduling MDA for completion by the end of March 2022. This will sustain program gains and mitigate resurgence of infection intensity, given that most of the operational areas we're targeting have moderate to high endemicity, with poor access to water and sanitation.

This Wishlist 6 proposal looks to fill the funding gap left by Ascend in Nigeria's deworming program; helping control SCH and STH in compliance with the National NTD Program policies and not losing gains made over recent years.

We therefore request grant funding to continue implementation of the SCH/STH program in 8 additional states (Adamawa, Borno, Kaduna, Kano, Katsina, Lagos, Niger and Zamfara) from November 2021 to March 2024.

Table 1 below shows the prevalence of SCH and STH and the treatment schedule in the 8 States.

**Table 1: Prevalence and treatment schedule in program implementation areas**

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule
<b>Adamawa State</b>				
Demsa	31.7%	Annual	19%	Not required
Fufore	10.4%	Annual	6.9%	Not required
Ganye	12.6%	Annual	14.6%	Not required
Girei	9.6%	Biennial	3.2%	Not required
Gombi	17.2%	Annual	0.8%	Not required
Guyuk	13.2%	Annual	9.9%	Not required
Hong	12.8%	Annual	1.2%	Not required
Jada	7.7%	Biennial	25.5%	Via LF MDA until 2023
Lamurde	19.2%	Annual	2.8%	Not required
Madagali	5.6%	Biennial	5.6%	Not required
Maiha	10.7%	Annual	1.2%	Not required
Mayo-Belwa	18.4%	Annual	8.1%	Not required
Michika	4.8%	Biennial	4.4%	Not required
Mubi North	7.6%	Biennial	7.8%	Not required
Mubi South	12.0%	Annual	2%	Not required
Numan	16.2%	Annual	7.4%	Not required
Shelleng	18.8%	Annual	4%	Not required

Song	8.4%	Biennial	5%	Not required
Toungo	11.4%	Annual	22%	Via LF MDA
Yola North	9.0%	Biennial	1.5%	Not required
Yola South	13.4%	Annual	4.7%	Not required
<b>Borno State</b>				
Adadara(abadam)	15.4%	Annual		Not required
Askir/uba	13.7%	Annual		Not required
Bama	9.2%	Biennial		Not required
Bayo	6.6%	Biennial		Not required
Biu	10.5%	Annual		Not required
Chibok	18.4%	Annual		Not required
Damboa	29.6%	Annual		Not required
Dikwa	28.3%	Annual		Not required
Gubio	2.0%	Biennial		Not required
Guzamala	12.2%	Annual		Not required
Gwoza	17.1%	Annual		Not required
Hawul	9.3%	Biennial		Not required
Jere	40.1%	Annual		Not required
Kaga	23.9%	Annual		Not required
Kala Balge	16.8%	Annual		Not required
Konduga	45.0%	Annual		Not required
Kukawa	11.8%	Annual		Not required
Kwaya Kusar	5.1%	Biennial		Not required
Mafa	19.4%	Annual		Not required
Magumeri	8.6%	Biennial		Not required
Maiduguri	71.9%	Annual		Not required
Marte	27.2%	Annual		Not required
Mobbar*	Not available*	Annual		Not required
Monguno	12.0%	Annual		Not required
Ngala	13.8%	Annual		Not required
Nganzai	13.1%	Annual		Not required
Shani	17.9%	Annual		Not required
<b>Kaduna State</b>				
Birni-Gwari	19.9%	Annual	24.3%	Via LF MDA until 2022
Chikun	11.3%	Annual	24.9%	Annual
Giwa	11.4%	Annual	39.5%	Via LF MDA until 2022
Igba	7.4%	Biennial	40.0%	Via LF MDA until 2022
Ikara	18.9%	Annual	21.3%	Via LF MDA until 2022
Jaba	5.6%	Biennial	9.2%	Via LF MDA until 2021
Jema'a	44.6%	Annual	9.7%	Via LF MDA until 2021
Kacha	39.7%	Annual	10.1%	Via LF MDA until 2021
Kaduna North	8.0%	Biennial	19.2%	Via LF MDA
Kaduna South	5.8%	Biennial	20.6%	Via LF MDA
Kagarko	5.4%	Biennial	14.5%	Via LF MDA until 2021
Kajeru	4.6%	Biennial	34.2%	Annual
Kaura	18.0%	Annual	4.2%	Not required
Kauru	19.8%	Annual	21.7%	Via LF MDA until 2020
Kubau	7.9%	Biennial	31.0%	Via LF MDA until 2022
Kudan	12.2%	Annual	28.7%	Annual
Lere	10.4%	Annual	23.8%	Via LF MDA until 2022
Makarfi	14.9%	Annual	18.7%	Via LF MDA until 2022
Sabo-Gari	17.6%	Annual	25.2%	Via LF MDA until 2022
Sanga	13.4%	Annual	12.7%	Via LF MDA until 2020

Soba	16.5%	Annual	25.8%	Via LF MDA until 2022
Zangon-Kataf	1.5%	Biennial	24.0%	Via LF MDA until 2022
Zaria	16.6%	Annual	19.5%	Not required
<b>Kano State</b>				
Ajingi	3.2%	Biennial	13.1%	Not required
Albasu	7.2%	Biennial	10.8%	Not required
Bagwai	32.2%	Annual	20.6%	Via LF MDA until 2022
Bebeji	20.2%	Annual	5.6%	Not required
Bichi	5.9%	Biennial	17.7%	Not required
Bunkure	26.6%	Annual	22.6%	Via LF MDA until 2022
Dala	2.0%	Biennial	8.4%	Not required
Dambatta	2.0%	Biennial	10.7%	Not required
Dawakin Kudi	4.3%	Biennial	12.3%	Not required
Dawakin Tofa	2.5%	Biennial	14.3%	Not required
Doguwa	19.1%	Annual	11.0%	Not required
Fagge	5.6%	Biennial	16.4%	Not required
Gabasawa	2.0%	Biennial	24.9%	Via LF MDA until 2022
Garko	17.6%	Annual	17.2%	Not required
Garum Mallam	42.1%	Annual	12.7%	Not required
Gaya	2.8%	Biennial	9.1%	Not required
Gezawa	2.8%	Biennial	30.8%	Via LF MDA until 2022
Gwale	6.8%	Biennial	8.7%	Not required
Gwarzo	29.8%	Annual	14.0%	Not required
Kabo	34.5%	Annual	33.7%	Via LF MDA until 2022
Kano Municipal	1.2%	Biennial	10.3%	Not required
Karaye	14.3%	Annual	22.7%	Via LF MDA until 2021
Kibiya	21.9%	Annual	19.5%	Not required
Kiru	17.8%	Annual	20.7%	Via LF MDA until 2021
Kumbosto	7.1%	Biennial	14.1%	Not required
Kunchi	19.0%	Annual	25.2%	Via LF MDA until 2022
Kura	33.0%	Annual	25.6%	Via LF MDA until 2022
Madobi	21.0%	Annual	26.5%	Via LF MDA until 2022
Makoda	6.3%	Biennial	17.5%	Not required
Minjibir	12.6%	Annual	11.9%	Not required
Nasarawa	3.9%	Biennial	12.0%	Not required
Rano	22.7%	Annual	18.5%	Not required
Rimin Gado	18.4%	Annual	21.1%	Via LF MDA until 2022
Rogo	20.3%	Annual	28.4%	Via LF MDA until 2021
Shanono	15.1%	Annual	24.2%	Via LF MDA until 2022
Sumaila	17.9%	Annual	21.8%	Via LF MDA until 2022
Takai	13.4%	Annual	12.4%	Not required
Tarauni	2.0%	Biennial	10.9%	Not required
Tofa	27.6%	Annual	24.0%	Via LF MDA until 2022
Tsanyawa	8.4%	Biennial	20.3%	Via LF MDA until 2022
Tudun Wada	26.4%	Annual	15.9%	Not required
Ungogo	3.2%	Biennial	7.9%	Not required
Warawa	10.7%	Annual	28.7%	Via LF MDA until 2022
Wudil	24.0%	Annual	16.7%	Not required
<b>Katsina State</b>				
Bakori	15.2%	Annual	11.6%	Not required
Batangarawa	6.8%	Biennial	4.4%	Not required
Batsari	7.8%	Biennial	10.2%	Not required
Baure	0.0%	Not required	0.7%	Not required

Bindawa	13.2%	Annual	11.8%	Not required
Charanchi	4.8%	Biennial	10.6%	Not required
Dan Musa	26.0%	Annual	10.1%	Not required
Dandume	11.5%	Annual	9.9%	Not required
Danja	4.8%	Biennial	40.8%	Annual
Daura	0.8%	Not required	9.1%	Not required
Dutsi	0.8%	Not required	2.8%	Not required
Dutsin-Ma	15.0%	Annual	24.9%	Via LF MDA until 2022
Faskari	14.5%	Annual	20.4%	Via LF MDA until 2022
Funtua	4.1%	Biennial	13.5%	Not required
Ingawa	7.9%	Biennial	21.5%	Via LF MDA
Jibia	5.9%	Biennial	4.7%	Not required
Kafur	22.4%	Annual	13.3%	Not required
Kaita	12.9%	Annual	7.6%	Not required
Kankara	19.3%	Annual	13.4%	Not required
Kankia	26.1%	Annual	7.9%	Not required
Katsina	12.4%	Annual	7.6%	Not required
Kurfi	9.6%	Biennial	4.0%	Not required
Kusada	16.5%	Annual	9.4%	Not required
Mai'adua	4.9%	Biennial	4.0%	Not required
Malumfashi	25.2%	Annual	7.3%	Not required
Mani	16.0%	Annual	10.6%	Not required
Mashi	1.2%	Biennial	5.5%	Not required
Matazu	17.6%	Annual	14.4%	Not required
Musawa	20.4%	Annual	13.2%	Not required
Rimi	17.4%	Annual	8.6%	Not required
Sabuwa	9.6%	Biennial	7.5%	Not required
Safana	16.1%	Annual	12.4%	Not required
Sandamu	1.2%	Biennial	2.7%	Not required
Zango	0.0%	Not required	3.6%	Not required
<b>Lagos State</b>				
Agege	1.6%	Biennial	9.1%	Not required
Ajeromi-Ifeledun	1.2%	Not required**	33.3%	Annual
Alimosho	2.0%	Biennial	5.6%	Not required
Amuwo-Odofin	3.4%	Biennial	49.1%	Annual
Apapa	0.0%	Not required	47.5%	Annual
Badagry	0.0%	Not required	28.5%	Annual
Epe	0.0%	Not required	Data missing***	Annual**
Eti-Osa	0.4%	Not required	41.6%	Annual
Ibeju/Lekki	0.8%	Not required	72.7%	Biannual
Ifako-Ijaye	2.0%	Biennial	10.7%	Not required
Ikeja	1.2%	Biennial	7.8%	Not required
Ikorodu	0.8%	Not required	15.9%	Not required
Kosofe	0.4%	Not required	21.1%	Annual
Lagos Island	0.0%	Not required	22.1%	Annual
Lagos Mainland	1.8%	Biennial	42.9%	Annual
Mushin	0.0%	Not required	6.0%	Not required
Ojo	0.0%	Not required	68.7%	Biannual
Oshodi-Isolo	1.6%	Biennial	8.8%	Not required
Shomolu	0.0%	Not required	24.3%	Annual
Surulere	0.4%	Not required	14.4%	Not required
<b>Niger State</b>				
Agale	11.2%	Annual	44.4%	Via LF MDA until 2022

Agawara	43.8%	Annual	34.2%	Annual
Bida	31.2%	Annual	31.0%	Annual
Borgu	51.2%	Annual	18.1%	Not required
Bosso	25.6%	Annual	36.3%	Annual
Chanchaga	14.9%	Annual	46.1%	Via LF MDA until 2022
Edati	23.0%	Annual	40.1%	Via LF MDA until 2022
Gbako	3.6%	Biennial	60.4%	Annual
Gurara	39.1%	Annual	31.4%	Annual
Katcha	28.5%	Annual	37.0%	Annual
Kontogora	31.6%	Annual	30.3%	Via LF MDA until 2021
Lapai	4.0%	Biennial	52.5%	Via LF MDA until 2021
Lavun	16.9%	Annual	26.1%	Via LF MDA until 2021
Magama	17.4%	Annual	26.0%	Via LF MDA until 2021
Mariga	28.9%	Annual	29.7%	Via LF MDA until 2022
Mashegu	41.4%	Annual	44.2%	Via LF MDA until 2022
Mokwa	52.5%	Annual	41.2%	Via LF MDA until 2021
Muya	10.1%	Annual	56.5%	Annual
Paikoro	18.6%	Annual	25.3%	Not required
Rafi	11.8%	Annual	13.9%	Not required
Rijau	56.4%	Annual	35.2%	Not required
Shiroro	20.6%	Annual	26.9%	Not required
Suleja	35.7%	Annual	23.4%	Annual
Tafa	38.2%	Annual	16.1%	Not required
Wushishi	44.2%	Annual	41.2%	Annual
<b>Zamfara State</b>				
Anka	19.6%	Annual	12.2%	Not required
Bakura	28.2%	Annual	5.3%	Not required
Birnin Magaji	32.2%	Annual	18.4%	Via LF MDA until 2022
Bukkuyum	24.8%	Annual	48.0%	Not required**
Bunguda	15.4%	Annual	40.0%	Not required**
Gummi	9.7%	Annual**	0.0%	Not required
Gusau	41.6%	Annual	26.0%	Not required**
Kauran Namoda	25.9%	Annual	0.0%	Not required
Maradun	47.5%	Annual	78.0%	Not required**
Maru	28.1%	Annual	12.5%	Not required
Shinkafi	24.2%	Annual	0.0%	Not required
Talata Mafara	39.8%	Annual	0.0%	Not required
Tsafe	37.8%	Annual	34.0%	Not required**
Zurmi	20.4%	Annual	0.0%	Not required

\* There is no % prevalence data for Mobbar district due to insecurity at the time of mapping. The MoH assigned a category of 'moderate prevalence' to Mobbar in the JRSM, based on the mapped prevalence in adjoining district.

\*\* Mapping data does not seem to support JRSM categorisation. In these cases, we have used the treatment schedule as per the JRSM as this is used to order drugs.

\*\*\* We will follow up on the missing data for this district

Many areas endemic for STH are also endemic for LF. Because the same drug (albendazole/mebendazole) is used to treat LF and STH, districts endemic for STH but receiving LF MDA are not targeted in our deworming treatment plan. This assumes a donor is found to cover the LF MDA, as this is also currently a gap caused by the Ascend West early exit.

After 5 rounds of effective LF MDA, a transmission assessment survey (TAS1) is conducted to see if LF prevalence has reached the threshold below which annual LF MDA is not required. The above STH treatment plan assumes that all districts pass TAS1 in their forecasted year.

Targeted STH treatments are projected to start the year after a TAS1 is passed, although it is noted some districts may fail TAS1 and continue to receive MDA for LF. Though this is not currently being implemented in the Nigeria context, the program can explore the opportunities that exist to support the inclusion of STH Impact as part of the TAS1 protocol. This is because TAS1 is targeted at sampling school-aged children, which is a sample group that is also targeted for STH treatment. The result of this will help to provide some insight as to the impact of stopping LF MDA on STH.

### Prevalence and treatment strategy

GiveWell's support will enable SCH and STH MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility. Adult treatment, which is recommended by WHO in areas of high SCH prevalence (>50%), is required as part of this program.

In the case of SCH, we will implement MDA activities by meeting, or where the MOH deem it necessary, by intensifying the WHO-defined treatment strategies. In the case of Nigeria, please see the table below.

SCH endemicity	Nigeria FMOH <sup>1</sup> requirements	WHO strategy <sup>2</sup>
High risk (≥50%)	Treat SAC and adults every year	Treat SAC every year
Moderate (≥10 but <50%)	Treat SAC every year	Treat SAC once every two years
Low (≥0 but < 10%)	Treat SAC once every two years	Treat SAC twice during their primary schooling years (every three years)

\*Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 6', for the full prevalence detail and treatment targets by district.

In light of expected guidance changes from the WHO, the Nigeria MoH plans to move towards sub-district (ward) level treatment targeting over the next few years. The calculation of people needing treatment when sub district level treatment is implemented will be based on the WHO JRSM;

- In low endemic wards 33% of SAC are targeted.
- In moderate endemicity, 50% of SAC population and 20% adults are targeted.
- For high endemic wards all SAC and Adults are targeted.
- All wards will receive treatment annually.

Our Wishlist 6 request has been prepared using district level targeting, with a note that in future years, the MoH will likely want to move to a ward-level strategy. We will keep GiveWell informed of any effect this decision has on the number of SAC treated as and when it is implemented.

<sup>1</sup> 6.1 Standard Operating Procedures (SOPs) for NTDs in Nigeria doc.pdf provided Year 1 Interim Report August 2017

<sup>2</sup> [Helminth control in school age children: a guide for managers of control programs, Second edition](#), 2011, page 74-75

## Outputs

**Output 1:** Train health workers, teachers and community members to deliver SCH/STH MDA to schools and endemic communities.

**Output 2a:** Treat school aged children between 5-15 years through SCH/STH MDA.

**Output 2b:** Treat adults for SCH through MDA where prevalence rates dictate.

**Output 3:** Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH/STH

## Key output indicator targets

Output indicator	Year 5	Year 6	Year 7
	Apr'21 - Mar'22	Apr'22 - Mar'23	Apr'23 - Mar'24
No. of school aged children between 5-15 years treated for STH	2,466,816	3,293,478	5,517,575
No. of school aged children between 5-15 years treated for SCH	11,642,504	7,581,794	12,071,445
No. of adults treated for STH	-	368,718	-
No. of adults treated for SCH	491,543	503,831	516,427

In total over three years 36,030,986 SAC will be treated.

## Summary of planned budget

	Year 5	Year 6	Year 7	Total
SCH/STH MDA SAC	\$TBC	\$TBC	\$TBC	\$TBC

\*Please see attached 'Wishlist 6 budget' for more detail.

## Implementation

Sightsavers has a history of supporting deworming and other NTD programs in all 8 ex-Ascend states. The Federal MoH assigns lead NGDOs to each state to ensure support is properly coordinated to reduce the disease burden. Where this is not Sightsavers, we work closely with the lead NGDO, who acts as our implementing partner. For this document, the states are presented grouped by the implementing partner.

### Kaduna and Zamfara states - Sightsavers

Deworming interventions have been supported by Sightsavers in Kaduna and Zamfara states since 2015 and 2010 respectively. Prior to the FCDO Ascend funding, both states were supported as part of the Sightsavers led UK government's Department for International Development (DFID) UNITED contract. This program operated in Zamfara state between 2014 - 2019, and in Kaduna between 2015 - 2019.

Prior to this, in Zamfara state MDA was supported by the Africa Program for Onchocerciasis Control (APOC) from 2010 to 2013.

Zamfara's baseline survey was in 2010 and as such, no worm species data is available. Kaduna's baseline survey was carried out in 2013.

All districts within Kaduna (23) and Zamfara (14) are endemic for SCH, with 14 and 1 districts endemic for STH respectively.

- In Zamfara, no STH treatments would be required under GiveWell due to co-endemicity with LF.
- In Kaduna, 11 of the 14 STH endemic districts are co-endemic with LF and therefore do not require STH MDA until LF MDA finishes.

### **Adamawa, Borno and Katsina states – HKI**

In the above states, Sightsavers works through implementing partner Helen Keller International (HKI). Sightsavers began working with HKI in Nigeria in 2012, during the Global Trachoma Mapping project. Since then, we have worked together on several NTD programs, most recently Ascend. Activities included MDA, disease mapping and impact assessments. Sightsavers works with HKI as the coordinating partner and HKI reports to Sightsavers as a downstream partner in these states.

Although Borno was included in the Ascend program, few project activities were able to be delivered over the past two years due to insecurity in the state. MDA for trachoma, oncho/LF and SCH MDA have all been missed. A large attack directed at the humanitarian and NGO community in Dikwa Local Government Area (LGA) in March 2021 prompted a temporary suspension of all Ascend activities in Borno state. Although we are including Borno in this funding request, we note that implementation in Borno will only take place if the security situation allows. Borno is not endemic for STH, but SCH MDA is required in all 27 districts, one of which is high prevalence and also requires adult treatment. There is no % prevalence data for Mobbar district due to insecurity at the time of mapping. The MoH assigned a category of 'moderate prevalence' to Mobbar in the JRSM, based on the mapped prevalence in adjoining district.

Borno was mapped in 2017 and Katsina in 2013. Adamawa was first mapped for SCH/STH in 2016<sup>3</sup>. Unfortunately, prevalence data disaggregated by worm species is not available for Adamawa. Prior to Ascend starting in 2019, Adamawa state received one round of SCH/STH MDA funded by WHO and the Aisha Buhari Foundation. Katsina state was previously supported under the DFID UNITED contract, led by Sightsavers.

- All 21 districts within Adamawa are endemic for SCH, with only 2 endemic for STH. Of the 2 STH endemic districts, 1 is expected to continue LF MDA until 2027 and as such does not require treatment for STH.
- The other endemic district is due for TAS1 in 2022 and we therefore project STH treatment being required in 2023.
- Of the 34 districts in Katsina 30 are endemic for SCH, with 4 endemic for STH.
- Of the 4 STH endemic districts, one is not co-endemic for LF, whereas the other 3 are expecting TAS1 in 2022 (Dutsin-Ma, Faskari) and 2024 (Ingawa).

### **Lagos and Niger states – MITOSATH**

Sightsavers already works with MITOSATH under our GiveWell funded program in Taraba state. A similar implementing model would be used in Lagos and Niger. Sightsavers began working with MITOSATH in 2012 during the Global Trachoma Mapping project and has since worked together on a number of different NTD projects within the state, most recently Ascend. Sightsavers work with MITOSATH as the coordinating partner and MITOSATH reports to Sightsavers as a downstream partner in these states.

Both Lagos and Niger states were mapped for SCH/STH in 2014. Prior to Ascend in 2019, Niger state was covered under the DFID UNITED contract, led by Sightsavers. Lagos state has had sporadic support for MDA with MITOSATH providing funds for MDA in 2 districts for 1 year. As Ascend supported STH MDA in areas that were co-endemic with SCH, the NGDO Evidence Action funded the STH MDA in areas that were not endemic for SCH.

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MITOSATH reached out to Sightsavers to request funding for SCH/STH MDA in Lagos indicating it has not been funded or MDA delivered following the Ascend MDA last year. We understand Evidence Action is or has submitted a funding proposal to GiveWell for Lagos state, we seek your advice on whether Lagos state remains a funding gap.

Of the 20 districts in Lagos, only 7 are endemic for SCH, and 12 are endemic for STH.

- Lagos does not currently receive MDA for LF and so all 12 STH districts are included in our treatment plan.
- Under Ascend, there were plans to implement LF confirmatory mapping in Lagos as the MoH were concerned that LF prevalence might be higher than initially thought. Unfortunately, this mapping did not take place before the FCDO's early-exit. Sightsavers does not plan to find a funder for LF MDA in Lagos until mapping confirms it is required.

Under Ascend, SCH MDA was conducted in Lagos state in 2019 in the following 7 districts: Agege, Alimosho, Amuwo-Odofin, Ifako-Ijaye, Ikeja, Lagos mainland, Oshodi-Isolo. STH MDA, funded by Ascend, was conducted in Amuwo-Odofin and Lagos mainland.

All 25 districts in Niger state are endemic for SCH, with 3 qualifying for adult treatments (>50%).

- Of the 22 districts endemic for STH, 6 are not co-endemic with LF and therefore require targeted STH treatments.
- In the districts that are co-endemic with LF, most have TAS1 due between 2020-2022 and as such are included in the STH treatment plan the following year.

### **Kano state – HANDS**

Sightsavers already works with HANDS under our GiveWell funded program in Yobe state. A similar implementing model would be used in Kano. Sightsavers began working with HANDS in Kano state in 2014 with funding from DFID UNITED. Since then, we have also worked together on both the Accelerate and Ascend programs. Activities included MDA, trichiasis surgery and LF related morbidity management in 44 districts. Sightsavers work with HANDS as the coordinating partner and HANDS reports to Sightsavers as a downstream partner.

Kano state was mapped for SCH/STH in 2013 and prior to Ascend was covered by the DFID UNITED program, led by Sightsavers.

Kano is the most populous state in Nigeria, with all 44 districts endemic for SCH and 17 for STH. LF is endemic in all districts with TAS1 due state-wide by the end of 2022.

### **Monitoring and evaluation**

Coverage evaluation surveys (CES), used to indicate the success of MDA, will occur after each GiveWell funded MDA.

Baseline QSATs were conducted by Ascend in Kano (September 2019), Lagos (February 2020) and Niger (March 2021) states. Follow-up QSATs are therefore scheduled in these states 2 years after the baseline to measure progress in implementation. Baseline QSATs will be scheduled in the other 4 states. Costs of QSATs in these states will be shared with oncho/LF funders as they are integrated for all 4 diseases.

## Inputs from key partners, governments and other stakeholders

Partner	History of work with Sightsavers	Role in the program
Ministry of Health, including the 8 States Ministry of Health	Partnership since 1995.	Coordination Implementing partner
Ministry of Primary Education	Sightsavers has been working with the Ministry of Primary Education through the MoH since 2015.	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH since 1995.	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH and STH).	Donor
Helen Keller International (HKI)	Partner since 2012.	Implementation partner in Adamawa, Borno and Katsina states.
HANDS	Local NGO partner since 2018.	Local NGO Implementation partner in Kano state.
Mission to Save the Helpless (MITOSATH)	Worked in collaboration as partners in the United program in other countries since 2013.	Local NGO Implementation partner in Lagos and Niger states.
Communities	CDDs support MDA. Community led sensitization since 1995.	Volunteer support Beneficiaries

### Other funding opportunities/fungibility

Sightsavers' current approach for funding integrated NTD programs is to identify and support outstanding MDA needs for LF, SCH and STH in areas where we are already supporting trachoma or onchocerciasis MDA. The early termination of the Ascend contract has left significant gaps in Nigeria for all five preventative-chemotherapy NTDs and Sightsavers is working to fill these gaps with other funding sources.

As you are aware, Ascend funding gaps have been shared with a consortium of funders for their consideration. For Nigeria we have submitted an urgent case for funding for all the Ascend funding gaps including SCH/STH treatments originally covered under Ascend West. We have prioritised MDA where the drugs are due to expire. Recent conversations indicate this group of donors may be interested in funding some but not all the gaps.

In addition, we have contacted the Aisha Buhari Foundation, who previously funded some deworming treatments in Northern Nigeria, to see if they would be interested in again supporting

some of this work. We are awaiting a response but expect that any support they could offer would be small scale.

Sightsavers continues to work closely with state level MoH and LGAs and encourages their continued commitment to NTD programs.