

## Deworming Wish list - Yobe State, Nigeria 2018 – 19, explanatory narrative

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### Background to project area and PCT NTD needs

Yobe is one of the four Nigerian states supported by the NGOs CBM and HANDS in the implementation of NTD programmes. It is situated in the North-East geopolitical zone and lies mainly in the dry savannah belt. Conditions are hot and dry for most of the year, except in the southern part of the state, which has a milder climate. The state has 17 Local Government Areas (LGAs) with an estimated population of 3,122,280 (2018). It shares borders with Borno state to the East, Gombe state to the South, Bauchi and Jigawa states to the West and Niger Republic to the North.

The state began its NTD activities in 1996 with the control of onchocerciasis in 12 LGAs. It has since expanded its activities to include lymphatic filariasis (LF), trachoma and schistosomiasis elimination programmes. None of the LGAs in the State are above the WHO-defined prevalence thresholds for Soil Transmitted Helminths (STH) mass drug administration.

The result of parasitological surveys conducted in the state in 2013 and 2016 indicated that all 17 LGAs are endemic for schistosomiasis, with eight at low- ( $\geq 0$  but  $< 10\%$ ) and nine at moderate- ( $\geq 10$  but  $< 50\%$ ) risk. The estimated population of school age children at risk in these LGAs is 874,238 (2018). See Annex 1 for LGA level prevalence data, treatment and training targets.

In accordance with Federal Ministry of Health (FMOH) guidelines for the treatment of schistosomiasis, school age children (between the ages of 5 and 14 years) are to be targeted for treatment annually and bi-annually, in the moderate- and low- risk LGAs respectively (see Table 1).

**Table 1: Nigeria FMOH recommended schistosomiasis treatment schedules for school age children (compared with WHO recommendations) applied to Yobe state**

- SAC = School Age Children (between the age of 5 and 14 years)
- Endemicity risk categories are based on parasitological methods for intestinal and urinary schistosomiasis

Endemicity	Nigeria FMOH	WHO strategy	No. LGAs in Yobe	At risk population	Targeted population
High risk ( $\geq 50\%$ )	Treat SAC every year	treat all SAC every year	0	0	0
Moderate ( $\geq 10$ but $< 50\%$ )	Treat SAC every year	treat all SAC once every two years	10	2018 – 494,825 2019 – 507,196	2018 – 371,119 2019 – 380,397
Low ( $\geq 0$ but $< 10\%$ )	Treat SAC every other year	treat SAC twice during their primary schooling years	7	2018 – 379,414 2019 – 388,899	2018 – 284,560 2019 – 0

### Schistosomiasis intervention efforts in Yobe State

To date, schistosomiasis MDA has been conducted (with support from the NGO CBM) in the LGAs of:

- Bade and Jakusko in 2014 and 2016
- Bursari and Yunusari in 2015

The treatment in 2015 reached 122 schools and 21,172 school age children (SAC). None of these distributions targeted non-enrolled SAC or SAC attending non-government schools.

There is a need to secure funds to scale up activities Yobe state.

### Specific objectives and proposed activities

**Goal:** To reach a minimum of 75% of the at-risk population for schistosomiasis with Mass Drug Administration by 2020.

**Objectives:** To treat 655,679 and 380,397 school age children (SAC) for schistosomiasis in endemic communities in 2018 and 2019, respectively.

**The LGA-level treatment and training targets are detailed in Annex 1.**

**In brief, the project is targeting:**

Targets	2018	2019
No. of LGAs reached	17	10
SAC SCH at risk population*	874,238	896,094
No. of SAC treated for SCH (target based on 75% SAC at risk in targeted LGAs)	655,679	380,397
No. schools reached	1,077	563
No. teachers trained	2,154	1,126
No. of LGA teams trained	68	40
No. of front line health facility staff trained	366	170

\*28% of the annual projected National Population Commission (NPC) figure of the LGA is the at-risk population for school age children

**Implementation of the proposed project**

The following activities will be conducted:

- There will be an initial planning meeting involving the NGO HANDS, the Ministry of Education, State Universal Basic Education Board (SUBEB) and the officials of Ministry of Health of Yobe state to draw up work plan/budget.
- Training of health workers, SUBEB staff at the state, LGA staff, and teachers.
- Provision of information, education and communication materials (posters, flip-charts, flyers etc.) for awareness creation in the community/ at primary schools on schistosomiasis by the health workers and teachers.
- Mobilization and sensitization of communities and schools to participate in MDA activities. The strategy for reaching non-enrolled school aged children will be for health workers and/or community members to distribute praziquantel in communities, especially targeting Qur'anic/Sangaya schools in the evenings as is done in Kano and Jigawa states. The project will work with CDDs, health workers and women's community groups to mobilize the community members.
- Production and airing of jingles and talk shows on hygiene and environmental cleanliness.
- Teaching school pupils about frequent face and hand washing several times a day and to avoid open defecation. School-led Total Sanitation (SLTS) will be promoted.
- Teaching the community to protect their sources of water from pollution.
- Teachers to conduct MDA in schools and front line health facility staff to implement MDA in the communities.
- Monitoring and Supervision of MDA activities by HANDS, SMoH, SUBEB, and LGA NTDs teams.
- Data collection, collation and analysis and reporting writing.
- Monitoring and Evaluation including treatment coverage surveys and the establishment of sentinel sites.
- Organize a meeting to review the project implementation activities.

## **Programme Management**

In Yobe State Sightsavers will support the State MoH through the NGOs CBM / HANDS, who are the NTD NGDO partners for the State. Sightsavers has experience working with CBM / HANDS to support schistosomiasis control through our work in Jigawa State.

- HANDS has a long standing working relationship with the State in the control of NTDs (onchocerciasis, lymphatic filariasis, trachoma and schistosomiasis) since 1995. The structures already developed to support the implementation of this NTD programme will be fully utilized in the implementation of the new project.
- There is an existing collaboration with the State MoH, MoE, SUBEB, school based management committees, parent teacher associations, PHCMB, and LGAs in the implementation of NTDs control/elimination in the state.
- Endemic communities will be mobilized to participate in the project activities including MDA.
- CBM / HANDS and Federal and State MoH officials will be involved in the monitoring of implementation of project activities.

## **Sightsavers strategic logic for expansion**

Yobe state has been supported by the NGOs CBM / HANDS for the implementation of MDA for the five NTDs over the years. There is, however, an existing gap in the ability to scale-up support for schistosomiasis control to all the endemic LGAs in the state. The FMoH, therefore, approached Sightsavers to extend their support to Yobe state, which led to Sightsavers contacting CBM as member of the NGDO Coalition for funding collaboration to help achieve the desired objective of eliminating schistosomiasis in Yobe State.

Yobe is adjacent to other States supported by Sightsavers and is also among the States being supported under the expanded trachoma elimination programme that Sightsavers is coordinating.

**Figure 1: Map of Yobe State showing Schistosomiasis endemic LGAs**

