

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

Contents

Background to project area and PCT NTD needs	1
Specific objectives	2
Planned activities	5
Sightsavers strategic logic for expansion	7
ANNEXES	10

Background to project area and PCT NTD needs

Bauchi State is situated in North Eastern Nigeria. It was created in 1976 and has a land area of 49,259sq.km. The projected population for 2014 is 5,284,657 (2006 census). The population is predominantly young, with children and youth aged 0-19 making up to 55.4% of the total population. Around 84% of the population live in rural areas, while 16% reside in urban centres.

The State is bordered by Gombe and Yobe States to the East, Kano and Jigawa States to the North, Kaduna State to the West and Plateau and Taraba States to the South.

Bauchi State has twenty Local Governments Areas (LGAs). These include: Alkali, Bauchi, Bogoro, Dambam, Darazo, Dass, Gamawa, Giade, Ganjuwa, Jama'are, Itas - Gadau, Katagum, Kirfi, Misau, Ningi, Shira, Tafawa Balewa, Toro, Warji, and Zaki. Within the LGAs there are 323 wards, and many settlements under the wards.

The State is multi-ethnic and multi-religious and two predominant religions are Islam and Christianity. Prominent among the ethnic groups are: Hausa, Gerawa, Fulani, Jarawa, Sayawa, Kanuri, Bankalawa and others.

The NGO Mission to Save the Helpless' (MITOSATH) support for NTDs began in Bauchi state in 2014 with funding support received in 2014 from END7 a programme of the Global network for neglected Tropical Diseases.

The NTDs Programme in Nigeria is being implemented in Bauchi State in collaboration with the Federal Republic of Nigeria and MITOSATH. Currently, UNICEF are supporting training for Onchocerciasis / Lymphatic Filariasis (LF) in six LGAs in 2017.

Endemicity of PCT NTDs and MDA needs

Mapping of the prevalence of onchocerciasis, LF, Soil Transmitted Helminths (STH), Schistosomiasis (Schisto) and Trachoma has been completed in all LGAs in partnership with MITOSATH and Sightsavers.

With mapping of these NTDs complete, there is a need to scale up support on treatment to full mass drug administration, in view of the 2020 National elimination plan. Mapping results from 2011 showed prevalence ranging from 0.0- 33.9% for Schistosomiasis and 1.6 - 19.3% for STH (see Annex for LGA level prevalence data). According to WHO thresholds for MDA, Schistosomiasis MDA is required in 16 LGAs (5 low risk and 11 high risk), while MDA for STH is not required in any of the LGAs. There has been no MDA in the State for schistosomiasis except in 2014 in one LGA (Ningi LGA).

Bauchi State is onchocerciasis endemic in 12 LGAs and LF endemic in 11 LGAs with 10 LGAs co-endemic for onchocerciasis and LF. Oncho and LF MDA have been at scale geographically since 2004 and 2014 respectively.

Efforts have been made to secure funding for the state over the years, however funding for Bauchi state has not been secured for 2017 (except for the UNICEF support to train in 6 LGAs for MDA). Funding is yet to be secured for 2018-19.

Over the years when there was little or no funding, the State's coordination team used other means of collaborating with health projects in state to transport NTD drugs to the LGAs and health facilities. This included onwards distribution to communities without conducting key activities such as community mobilization, sensitization and trainings of health workers and volunteers. This approach is not effective and treatment data and coverage is poor. Bauchi is one of the states included in the Trust support proposal for Trachoma elimination in Nigeria.

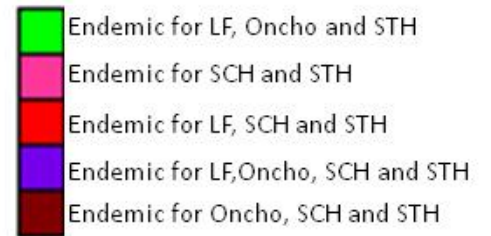
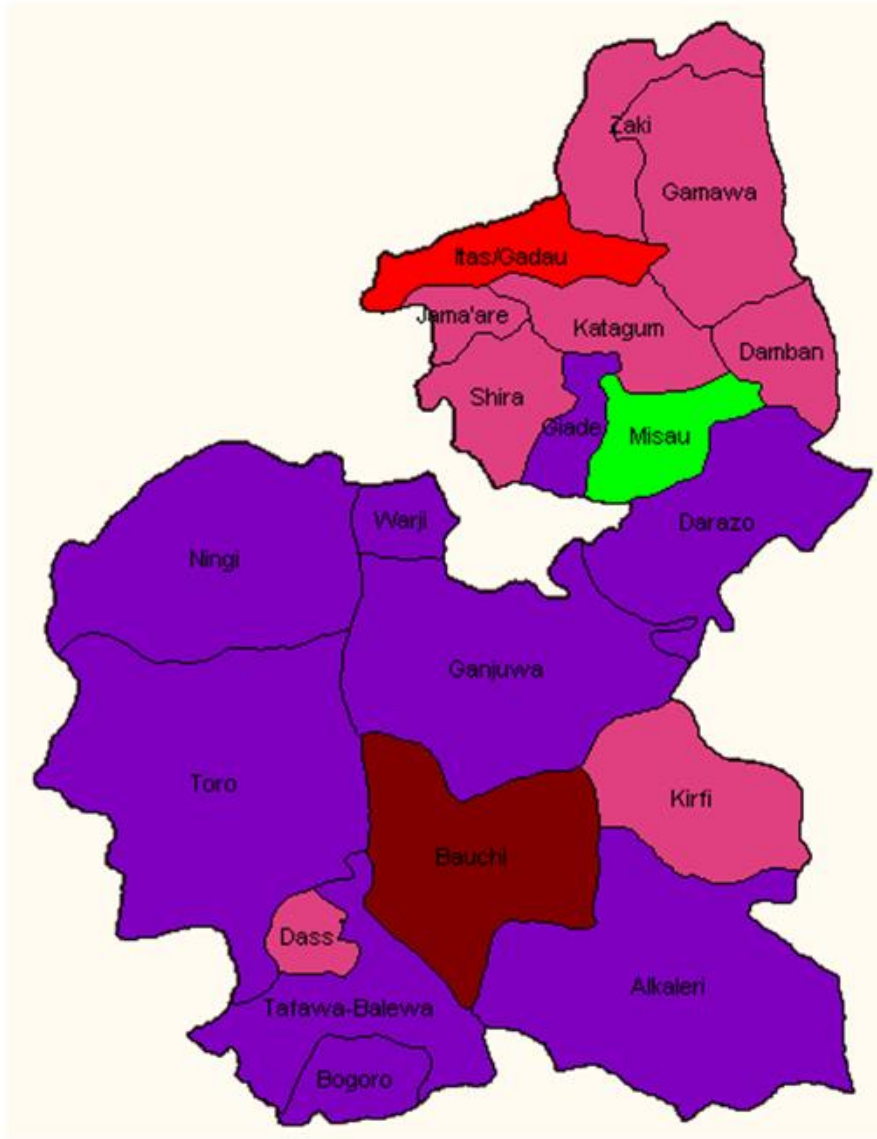
Bauchi State strategic goal

The goal of the Bauchi State NTD Strategy is to progressively reduce morbidity, disability and mortality due to NTDs in the State through 100% geographic treatment coverage for onchocerciasis, lymphatic filariasis and schistosomiasis infections; using integrated and cost-effective approaches.

Specific objectives

1. To attain a maximum of 80% therapeutic coverage in all endemic LGAs in the State for Oncho, LF and 75% for Schisto in 2018 and 2019.
2. To strengthen coordination and relationship with partners at all level of implementation through stakeholders meetings in the state in 2018 and 2019
3. To conduct high level advocacy to all policy makers and traditional rulers in 19 LGAs of Bauchi State in 2018 and 2019
4. To ensure that Bauchi State builds the capacity of 10,720 community implementers, 1,738 frontline health facility staff, 95 Local NTD team members and 10 State NTD Team members each year.
5. To ensure effective monitoring and supervision of NTDs are conducted in the state in 2018 and 2019

Bauchi State PC-NTDs Co-Endemicity Map



Programme targets

Beneficiaries	2018 Targets	2019 Targets
No. of stakeholders and policy makers visited	300	300
No. of planning meetings	42	42
No. of participants at state stakeholders coordination meetings to harmonize interventions	42	42
No. of participants at the annual state review meeting	59	59
No. of State NTD team members trained	10	10
No. of LGA NTD team members trained	95	95
No. of front line health facility staff trained	1,738	1,738
No. of community based organisations trained	100	100
No. of national youth service corps members trained	100	100
No. of community/district leaders trained on social mobilisation	192	192
No. of community implementers trained	10,720	10,720
No. of school aged children treated for schistosomiasis	1,075,796 <i>75% of at risk SAC</i>	1,102,691 <i>75% of at risk SAC</i>
No. of people treated for Lymphatic Filariasis	2,871,026 <i>80% of population</i>	2,942,801 <i>80% of population</i>
No. of people treated for onchocerciasis	2,992,858 <i>80% of population</i>	3,067,679 <i>80% of population</i>

Planned activities

To achieve these targets, the following activities will be implemented:

Macro Level NTD Components	Activities
Advocacy and capacity building	State stakeholders meetings
	Planning and appraisal meetings
Mass Drug Administration	Drug procurement
	Data validation, collection and collation
Behaviour change communication / information material campaigns	Implementation of behavioural change communication (BCC) /Information, Education and communication (IEC) campaigns
	Printing of communications materials for campaigns in local languages
Trainings and capacity building workshops	Training of 10 State NTDs team members
	Training of 95 LGA NTDs team members
	Training of 1,738 Front Line Health Workers for oncho/ LF MDA and schisto MDA
	Training of community implementers, community based organisations, national youth service corps and community influencers
Monitoring and supervision of project	Monitoring of project activities in the State
	Supervision of project activities in the State

Please note: Teachers are not planned to be used for schistosomiasis MDA in Bauchi state due to previous experience in the pilot LGA where schisto intervention took place in 2014.

Monitoring and evaluation activities

The performance and impact of interventions will be monitored through:

- post treatment coverage surveys;
- establishment of sentinel sites for schistosomiasis / STH;
- support for LF pre-TAS (Treatment Assessment Survey) in two LGAs¹.

¹ Lymphatic filariasis MDA started in the state in 2011 in four LGAs and in 2014 it was scaled up to all the 11 LF endemic LGAs in the state. Currently two LGAs are eligible for LF pre-TAS (Treatment Assessment Survey) in the state .

Advocacy and planning activities

Planning meetings with all stakeholders: A planning meeting with all the partners including the Federal Ministry of Health (FMOH), State Ministry of health (SMOH), MITOSATH and LGAs will be held to ensure successful programme implementation. Gaining commitments from government structures at all levels from federal down to LGA and seeing that their respective commitments are received during programme implementation is key. At these meetings strategies will be mapped on implementation.

Advocacy to key policy makers: To ensure a successful project, advocacy visits will be carried out to the Commissioner for Health, Chairman Primary Health Care Development Agency, State Universal Basic Education Board (SUBEBE) and other state stakeholders to sensitize them on Sightsavers' intention for the support of MDA for four NTDs in the state.

Mass Drug Administration (MDA)

Drug collection, delivery and distribution: Drug requests for the year will be received from the MoH medical stores in Lagos, and handed over to the State for onward distribution to the endemic LGAs. Based on the APOC community directed intervention protocol, the drugs pass through various levels to get to the community. Drugs handed over to the state NTD team will be shared based on census data to the LGA Onchocerciasis coordinators who distribute the drugs to the front line health facilities in their LGA. Community Drug Distributors (CDDs) then access drugs for distribution through their front line health facility.

Social behaviour change communication / Information campaign

Community mobilization and sensitization: Effective mobilization and sensitization on health education is key for community participation in any health programme. Acceptability of the mass drug administration will be aided with behavioural change communication materials including airing of radio jingles and distribution of posters and flyers.

Trainings and capacity building workshop

Training of health personnel: This will improve the capacity of the health personnel on programme implementation, monitoring and data management resulting in better implementation strategies, plans and quality data management. Personnel to be trained include state, LGA and front line health facility staff.

Training of community volunteers: This will improve the capacity of CDDs on effective drug distribution and data management resulting in better distribution of drugs and quality data collection and collation. CDDs will be selected from each endemic community in the endemic LGAs; this selection will be done by community leaders.

Training of NYSC, community based organisations and community leaders: This training will be done alongside that of health workers and community volunteers to encourage community self monitoring of activities at the LGA and community level. These leaders and groups will also serve as agents of social behaviour change communication during the interventions in their respective LGAs and communities.

Monitoring and supervision of project

Monitoring and supervision of activities at different levels: For effective implementation of all activities, it is mandatory to monitor and supervise to ensure standard and resolve challenges as they arise. This is carried out at each level.

Data collection and collation and reporting: Data collection and collation takes place during each level of activity. The CDDs collate community data and provide to the front line health facility, who in turn summarizes this and provides to the LGA team. The LGA team collates all their front line health facility data and provides to the State, where data is verified.

Programme management

In Bauchi State, Sightsavers will support the state MoH through MITOSATH, the NTD NGDO partner for the state. The MITOSATH team include a Program Officer, an M&E Officer, a Finance Officer/Accountant, Project Drivers and an Office Cleaner.

MITOSATH will need to recruit a Program Officer, M&E Officer and a Driver who will be dedicated to the project for the duration. Other Sightsavers head office staff will work on the project alongside the dedicated project staff.

Sightsavers strategic logic for expansion

Nigeria has 36 states and each state has an NGDO supporting NTDs, but there are seven states that have received limited or no funding. The national NTD Steering Committee and the Federal Ministry of Health have appealed to NGDOs to extend support to Bauchi.

MITOSATH has indicated its interest to extend this support and are currently supporting a few LGAs and this is usually ad hoc i.e. the support is not consistent. Sightsavers has worked with MITOSATH on the UNITED Integrated NTD Project in Niger state and therefore has experience working with the organization.

Bauchi state is also part of the new funding secured for trachoma elimination in which Sightsavers is coordinating. This funding will further compliment the efforts of the state to achieving the state's NTD elimination / control targets. We believe that this is a strategic fit to ensure that we have an integrated NTD elimination programme in Bauchi, hence Sightsavers' decision to work with MITOSATH toward this goal.

Table 1: ONCHO/LF POPULATION AND TARGETS

2018 AND 2019 ONCHO AND LF TARGET POPULATION						
S/N	LGAs	2018 NPC PROJECTED POPULATION	2019 NPC PROJECTED POPULATION	2018 80% TARGETED POPULATION	2019 80% TARGETED POPULATION	INTERVENTION
1	Bauchi*	263,080	269,657	210,464	215,726	ONCHO ONLY
2	Tafawa Balewa	295,859	303,256	236,687	242,605	ONCHO/LF
3	Toro	471,254	483,035	377,003	386,428	ONCHO/LF
4	Bogoro	113,259	116,091	90,607	92,873	ONCHO/LF
5	Ningi	520,730	533,748	416,584	426,998	ONCHO/LF
6	Warji	154,286	158,143	123,429	126,514	ONCHO/LF
7	Ganjuwa	377,198	386,628	301,758	309,302	ONCHO/LF
8	Alkali	443,039	454,115	354,431	363,292	ONCHO/LF
9	Darazo	338,370	346,829	270,696	277,463	ONCHO/LF
10	Misau	354,361	363,220	283,489	290,576	ONCHO/LF
11	Giade	211,106	216,384	168,885	173,107	ONCHO/LF
12	Itas / Gadau	309,319	317,052	247,455	253,642	LF ONLY
13	Kirfi	198,530	203,493	158,824	162,794	ONCHO ONLY
	TOTAL	4,050,391	4,151,651	3,240,312	3,321,320	

Table 2: SCHISTOSOMIASIS POPULATION AND TARGETS

2018 AND 2019 SCHISTOSOMIASIS TOTAL AND TARGET POPULATION							
S/N	LGA	2018 NPC TOTAL POPULATION	2019 NPC TOTAL POPULATION	2018 SAC TOTAL POPULATION	2019 SAC TOTAL POPULATION	2018 SAC TARGET POPULATION	2019 SAC TARGET POPULATION
1	Bauchi	664,120	680,723	185,954	190,602	139,465	142,952
2	Tafawa Balewa	295,859	303,256	82,841	84,912	62,130	63,684
3	Dass	120,963	123,987	33,870	34,716	25,402	26,037
4	Toro	471,254	483,035	131,951	135,250	98,963	101,437
5	Bogoro	113,259	116,091	31,713	32,505	23,784	24,379
6	Ningi	520,730	533,748	145,804	149,449	109,353	112,087
7	Warji	154,286	158,143	43,200	44,280	32,400	33,210
8	Ganjuwa	377,198	386,628	105,615	108,256	79,212	81,192
9	Kirfi	198,530	203,493	55,588	56,978	41,691	42,734
10	Alkaleri	443,039	454,115	124,051	127,152	93,038	95,364
11	Darazo	338,370	346,829	94,744	97,112	71,058	72,834
12	Shira	314,723	322,591	88,122	90,325	66,092	67,744
13	Jama'are	158,540	162,503	44,391	45,501	33,293	34,126
14	Itas/Gadua	309,319	317,052	86,609	88,775	64,957	66,581
15	Zaki	257,488	263,925	72,097	73,899	54,073	55,424
16	Gamawa	385,160	394,789	107,845	110,541	80,884	82,906
	TOTAL	5,122,838	5,250,908	1,434,395	1,470,253	1,075,795	1,102,691

* School aged children at risk population is calculated at 28% of projected population. The School aged children targets are calculated at 75% of at risk school aged children. 2.5% annual growth rate was used to project the NCP population.

ANNEXES

Treatment of onchocerciasis with Ivermectin started in Bauchi state with UNICEF support in 1991. The project received additional support from APOC in the year 2000 for CDTI implementation in 13 LGAs. In 2004 REMO was refined and based on the result of the REMO, 7 LGAs were dropped and 5 new LGAs were added to the project area. Co-implementation of onchocerciasis and lymphatic filariasis started in the state in 2011 in four LGAs and in 2014 it was scaled up to all the 11 LF endemic LGAs. In 2014, the project changed its approach from oncho/LF to NTDs where by schisto/STH treatment was done in one LGA.

Table 1: Bauchi State Onchocerciasis endemicity

LGAs	Location/ Site/	Prevalence (numbers/ rate/propor tion) %	Study method	Year of survey and reference
Alkaleri	Pali, Bun ,Kufao, Gwana, Mansur, Kashete, Gajin Duguri, Gwana, Kwala, Portto, Yolani Pali, sharifuri, Garin Sarkin/R, Rafin Gora	4-42	Nodule rate	2000
Bauchi	Runde, Dimdina, Burum, Lugge, Gubi, Febas Dutse, Gurgu, Durbi, Gara, Rafin Gora, Gubi Dam Vil, Goskoram	2-14	Nodule rate	2000
Bogoro	Ling, Dasi	0-4	Nodule rate	2000
Darazo	Gabchiyari, Sade, Rampa, Duga, Kari, Soro, Darazo, Zindi/Misau, Garkar Kashi, Hashidu/G/Ab, Kili,	3.2-13	Nodule rate	2000
Dass	Bagel, Dangri	8	Nodule rate	2000
Gamawa	Dakasku	2	Nodule rate	2000
Ganjuwa	Ganjuma, Dakasku Sharifuri, Garin Sarkin/R, Dadin Kowa D, Lariski, Bara, Ringimi, Miya, Kadiye, Nasarawa, Marga, Gyaduwa, Zala, Daben	2-22	Nodule rate	2000
Kirfi	Zagama, Bure, Lariski, Bara, Badara, Arawa, Kirfi, Bigi, Soro, Abore,	4-18	Nodule rate	2000
Misau	New Liji, Kwagom, Dam site, Dadin Kowa	30-42	Nodule rate	2000
Ningi	Guda, Kafin Zaki, Tashan Maje, Ung/Sarkin Jakin, Ung/Tudu, Gardan Maiwa, Zindiga, Nasaru, Maya, Sama	5.7-26	Nodule rate	2000
Tafawa-Balewa	Lere, Burga, Bununu, Boto	0	Nodule rate	2000
Toro	Kayaure, Ribi, Rishi, Zendi, Ringim, Zango Zanga, Gumau, Geji, Rauto, Banga, Lame, Rafin Gora	4-30	Nodule rate	2000

Table 2: Bauchi State Lymphatic Filariasis endemicity

LGAs	Location/ Site/	Prevalence (numbers/ rate/proportion)	Study method	Year of survey and reference
Alkaleri	Kundak	17.2	ICT	2008
Bogoro	Lusa	34.0	ICT	2008
Darazo	Kanya	13.5	ICT	2008
Giade	Uzum	4.1	ICT	2008
Ganjuwa	Garim Galadima	3.9	ICT	2008
Misau	Beti	1.9	ICT	2008
Ningi	Tiffi	3.9	ICT	2008
Tafawa Balewa	Burga	8.0	ICT	2008
Toro	Nahuita Taba	14.0	ICT	2008
Warji	Dagu	34.0	ICT	2008
Dass	Dott	0.0	ICT	2013
Kirfi	Wanka	0.0	ICT	2013
Itas gadau	Ganjin Gabas	4.0	ICT	2013
Jama'are	Dogon Jaji	0.0	ICT	2013
Shira	Faggo	0.0	ICT	2013
Gamawa	Zindiwa	0.0	ICT	2013
Zaki	Kafin Larabawa	0.0	ICT	2013
Katagum	Ragwam	0.0	ICT	2013
Dambam	Garin Jarmai	0.0	ICT	2013
Bauchi	Buzaye	0.0	ICT	2013

Table 3: Bauchi State Schistosomiasis endemicity

District/ Region/ State	Location/ Site/	Prevalence (numbers/ rate/proportio n)	Study method	Year of survey and reference
Alkaleri	Jor, Natsira, Yelwan Duguri, Abbas & Gacci	15.6	Urine filtration	2014
Bauchi	Birshin Fulani, Digam Yaya, Kangere, Miri & Rafin Makaranta	12.9	"	"
Bogoro	Yabran Kufai, Dutsen Lawan, Bogoro, Lafiyan Sara & Banram South	26.4	"	"
Damban	Damiyo, Dambam, Garuza, Yandabayo & Zaure	0.4	"	"
Darazo	Wahu, Ramfa, Fate, Darazo & Darazo	5.9	"	"
Dass	Bangim, Dass, Darussalam, Bajar & Baraza	10	"	"
Gamawa	Galjiri, Gololo, Abutta, Kuran Jeji & Gamawa	23.2	"	"
Ganjuwa	Futuru, Siri zurhu, K/Madaki, Miya & Soro	18	"	"
Giade	Kafin Hardo, Galdimari, Isawa, Rumbuna & Abba korawa	0.8	"	"
Itas/Gadu a	Gululu, Itas, Diga, Gadau & Magarya	5.6	"	"
Jama'are	Yola, Hanafari, Majebun-Narewa, Fatiske & Allah Yayi	13.6	"	"
Katagun	Mango, Fanfon Shanu, Chinade, Yayu & Abatiyo	0.4	"	"
Kirfi	Mainari, Bara, Jauro kawu, kirfi/cheledi & Lariski	4	"	"
Misau	Jarmari, Hardawa, Halayidi, Ajili & Muttarwo	0		
Ningi	Gwandabi, Kurmi, Kyata, Agwarmaje & Luntu	17.1	"	"
Shira	Yana, Shira, Adamami, Disina & Isore	12		
Tafawa- Balewa	Duklin Bauchi, Gandu bula, Lar, Bununu & Katsinawa	27.9	"	"
Toro	Lame, Gumau, Nabordo, Taka Bundu & Toro	2		
Warji	Baima, Digawa/Dairu, Tudun Alheri, Aru & Katanga	28	"	"
Zaki	Lodiyo, Agusha, Sakwa, Matara & Katagum	30.8		

Table 4: Bauchi State Soil Transmitted Helminths endemicity

LGAs	Location/ Site/	Prevalence (numbers/ rate/propor tion)	Study method	Year of survey and reference
Alkaleri	Jor, Natsira, Yelwan Duguri, Abbas & Gacci	11.6	Kato- katz	2014
Bauchi	Birshin Fulani, Digam Yaya, Kangere, Miri & Rafin Makaranta	4.7	"	"
Bogoro	Yabran Kufai, Dutsen Lawan, Bogoro, Lafiyan Sara & Banram South	1.6	"	"
Damban	Damiyo, Dambam, Garuza, Yandabayo & Zaure	7.2	"	"
Darazo	Wahu, Ramfa, Fate, Darazo & Darazo	9.5	"	"
Dass	Bangim, Dass, Darussalam, Bajar & Baraza	5.6	"	"
Gamawa	Galjiri, Gololo, Abutta, Kuran Jeji & Gamawa	5.6	"	"
Ganjuwa	Futuru, Siri zurhu, K/Madaki, Miya & Soro	2.8	"	"
Giade	Kafin Hardo, Galdimari, Isawa, Rumbuna & Abba korawa	15.6	"	"
Itas/Gad ua	Gululu, Itas, Diga, Gadau & Magarya	11.6	"	"
Jama'are	Yola, Hanafari, Majebun-Narewa, Fatiske & Allah Yayi	9.6	"	"
Katagun	Mango, Fanfon Shanu, Chinade, Yayu & Abatiyo	19.3	"	"
Kirfi	Mainari, Bara, Jauro kawu, kirfi/cheledi & Lariski	12.4	"	"
Misau	Jarmari, Hardawa, Halayidi, Ajili & Muttarwo	14.8	"	"
Ningi	Gwandabi, Kurmi, Kyata, Agwarmaje & Luntu	13.6	"	"
Shira	Yana, Shira, Adamami, Disina & Isore	16.8	"	"
Tafawa- Balewa	Duklin Bauchi, Gandu bula, Lar, Bununu & Katsinawa	5.2	"	"
Toro	Lame, Gumau, Nabordo, Taka Bundu & Toro	5.2	"	"
Warji	Baima, Digawa/Dairu, Tudun Alheri, Aru & Katanga	15.6	"	"
Zaki	Lodiyo, Agusha, Sakwa, Matara & Katagum	2.8	"	"

