



HEALTH AND DEVELOPMENT  
SUPPORT PROGRAMME

# 2023 ANNUAL REPORT



5A Naomi Jugu Drive, Rayfield, Jos, Plateau State, West Africa.

✉ [handsnigeria@gmail.com](mailto:handsnigeria@gmail.com) 🌐 [www.handsnigeria.org](http://www.handsnigeria.org)

PARTNERS





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## ACRONYMS

Disabilities  
**LF** - Lymphatic Filariasis  
**LGA** - Local Government Area  
**LTO** - Lost to Outreach  
**M&E** - Monitoring and Evaluation

**AMAC** - Abuja Municipal Council  
**AMR** - Antimicrobial Resistance  
**CBMI** - Christoffel-Blindenmission International  
**CBMG** - CBM Global Disability Inclusion  
**CDD** - Community Directed Distributor  
**CHAI** - Clinton Health Access Initiative  
**CHIPS** - Community Health Influencer Practitioners  
**CiSKuLa** - Cikakken Shirin Kula da Lafiya Al'umma  
**CLTO** - Cases Lost to Outreach  
**CLTS** - Community-Led Total Sanitation  
**DFAT** - Department of Foreign Affairs and Trade  
**DHIS2** - District Health Information System 2  
**DMPA-SC** - Depo Meclaxyl Provera Acetate Self-care  
**FCT** - Federal Capital Territory  
**FMoHSW** - Federal Ministry of Health and Social Welfare  
**GBV** - Gender-Based Violence  
**HANDS** - Health and Development Support Programme  
**JONAPWD** - Joint National Association of Persons with Disabilities  
**MAM** - Mass Administration of Medicines  
**MMDP** - Morbidity Management and Disability Prevention  
**NTD** - Neglected Tropical Disease  
**ODF** - Open Defecation Free  
**OPD** - Organisation of Persons with Disabilities  
**ONCHO** - Onchocerciasis  
**PHCDA** - Primary Health Care Development Agency  
**Pre-TAS** - Pre-Transmission Assessment Survey  
**RH&GM** - Reproductive Health & Gender Mainstreaming  
**RUWASSA** - Rural Water Supply and Sanitation Agency  
**SAC** - School-Age Children  
**SARMAAN** - Safety and Antimicrobial Resistance of Mass Administration of Azithromycin in Nigeria  
**SCH** - Schistosomiasis  
**STH** - Soil-Transmitted Helminths  
**TAS** - Transmission Assessment Survey  
**TIS** - Trachoma Impact Survey  
**TSS** - Trachoma Surveillance Survey  
**TT** - Trachomatous Trichiasis  
**WASH** - Water, Sanitation and Hygiene  
**WASHCOM** - WASH Committee

# FOREWORD



As we embark on the journey through the pages of the Health and Development Support Programme (HANDS) 2023 Annual Report, we are reminded of our organisation's unwavering commitment and resilience in the face of evolving global health challenges. With renewed determination, HANDS moved forward in 2023 with mixed feelings as we reflect on the accomplishments and obstacles of the year. Also, with deep gratitude and a sense of loss, we honour the memories of our late esteemed Programme Director, Mr. Christopher Sunday Ogoshi, and retired Programme Manager, Mr. Samuel Agagak, whose dedication and leadership have been pivotal in guiding our mission. We will always cherish their enduring impact on the organisation and remain committed to

upholding and building upon their legacy.

In this line, we are proud to report numerous achievements and significant progresses in our mission to improve living standards and ensure fair access to healthcare in inclusive communities. In partnership with organisations such as Sightsavers, CBM International (CBMI), CBM Global Disability Inclusion, ENDFUND, MiracleFeet, GiveWell, and the Federal and State governments of Nigeria, HANDS has continued to provide humanitarian and developmental aid to the people of Yobe, Plateau, Kano, Jigawa, Bauchi, and the FCT, among other expanding states. With the generous support of our esteemed donors, we have made a substantial impact on individuals and families lacking access to essential healthcare services. This has aided our expanded reach and strengthened communities through collaboration with local healthcare providers, government agencies, and communities.

HANDS supported states are making a tremendous effort to eliminate NTDs. The reporting year saw the Mass Administration of Medicines for Onchocerciasis, Lymphatic filariasis, Schistosomiasis, and Soil-Transmitted Helminths. In all, the treatments achieved minimum therapeutic and geographic coverage in all the implementation units in the states. Also, impact assessments were carried out for some of the NTDs which include LF Pre-Transmission Assessment Survey (Pre-TAS) in 13 LGAs Kano Jigawa, and Yobe states; SCH/STH Impact Assessment in 4 Area Councils of FCT, and the commencement of the collection of black flies for Onchocerciasis Evaluation in Jigawa and Yobe states. The assessment results, so far, indicate that the diseases are on the verge of elimination.

Our comprehensive strategy to address NTDs reflects our commitment to inclusivity. The collaboration with CBM

Global has resulted in the groundbreaking Comprehensive and Holistic NTDs Project (CiSKuLA), which provides essential aid to people with disabilities caused by severe NTDs. This initiative goes beyond traditional medical approaches - it integrates mental health services, livelihood support, WASH services, agricultural resources, and tailored assistance to empower those affected by NTDs. This approach will promote sustainable development in line with the dream of the United Nations by improving the overall quality of life for affected communities.

Again, in our resolve to promote child survival, the organization, in collaboration with Sightsavers, CBM International, and the Nigerian Institute for Medical Research (NIMR), implemented the 'Safety and Antimicrobial Resistance of Mass Administration of Azithromycin in Children 1-11 Months in Nigeria (SARMAAN) Project' in the 27 LGAs of Jigawa State. HANDS was able to carry out the second and third rounds of treatments on all the targeted populations within the reporting year.

The organization's commitment to enhancing eye health services is embodied in the Comprehensive and Inclusive Eye Health Initiative in Jigawa and Plateau States. We are grateful for the collaboration between HANDS, BMZ, CBM International and Sightsavers whose support and funding assured successes of the projects in the two states. Many individual and societal needs were addressed as a result of our dedication to ensuring equitable access to essential eye care, reducing preventable blindness, and promoting overall ocular well-being within the community.

Another active collaboration is with the FCT RUWASA, (with support from CBM Global), to implement Inclusive WASH initiatives in the FCT. This involves training artisans, forming WASHCOM, and school WASH clubs, as well as constructing accessible platforms and rehabilitating water points in communities. The overarching objective is

to ensure that water, sanitation, and hygiene services are accessible to all community members, promoting inclusivity and elevating overall living standards. Through these efforts, HANDS is making meaningful impact on the well-being and quality of life of the communities in the FCT and this will continue in the coming years.

With MiracleFeet, HANDS is able to demonstrate its dedication to treating clubfoot as a congenital condition. We have expanded our efforts to 11 states and the FCT and also established a network of clinics capable of providing comprehensive care to thousands of affected children.

We also conducted some reproductive health activities in Plateau State. HANDS, along with other development partners, conducted a scale-up to build CHIPS' capacity for community mobilization for acceptance of DMPA-SC (Sayana Press) in four underperforming LGAs—Pankshin, Kanam, Wase, and Shendam—and collaborated with the state and the LGAs to address gaps in uptake and self-injection.

In the pages that follow, we invite you to review the outcomes of our projects, the motivational stories of perseverance and hope, the team spirit that is the foundation of our mission, and our commitment to advancing health and development in Nigeria.

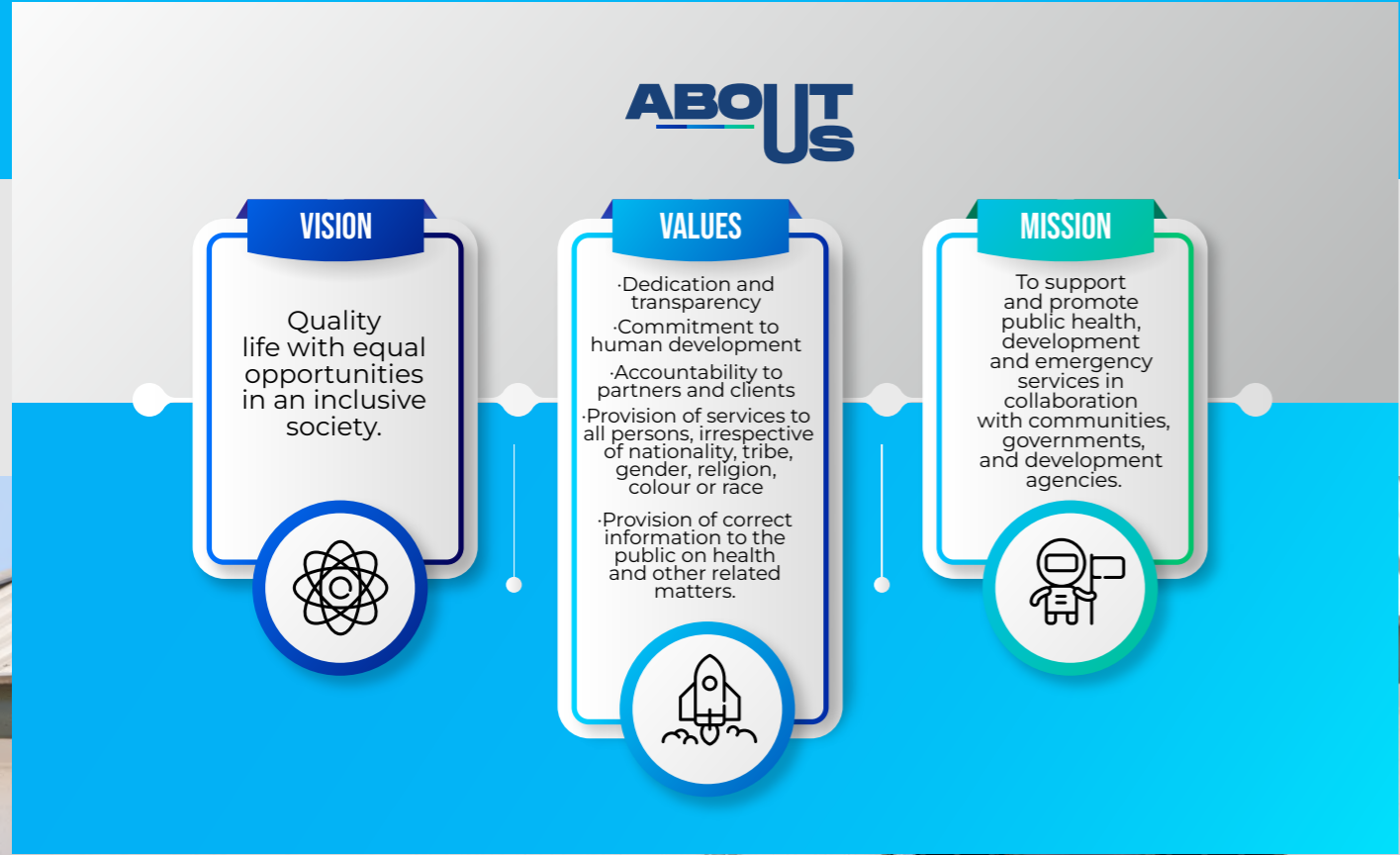
In closing, I would like to express my sincere appreciation to the Board, staff, and our partners for their unwavering commitment and hard work over the past year. This dedication has been instrumental to the collective success, and I am truly grateful for the contributions. It is through these efforts that we have been able to achieve our goals and overcome challenges. I am proud to be part of such a dedicated team, and I look forward to continuing our collaborative efforts in the future. Thank you for your outstanding work and for making a positive impact on our organization.

**Dr Innocent Emeruwa**  
*Ag. Programme Director*

# WHAT WE DO

HANDS, which stands for Health and Development Support Programme, is a registered Non-Governmental Organization based in Nigeria. It receives funding from various sources, including individuals and organisations, to carry out a range of initiatives. These

include efforts to prevent blindness, promote disability inclusion, respond to emergencies, and improve access to water, sanitation and hygiene (WASH) in an inclusive manner. HANDS also works to eliminate or control Neglected Tropical Diseases (NTDs), reproductive health, and clubfoot among children within Nigeria.



# HANDS Trustees & Board Members

 <b>Dr. C. P. Ozemela</b> Trustee/Board Chair	 <b>Prof. Caleb Mpyet</b> Trustee/Board Member	 <b>Mr. Musa Goyol</b> Trustee/Board Member	 <b>Mrs. Elizabeth Sara</b> Trustee/Board Member
 <b>Barr. Elijah Iyanda</b> Legal Advisor/Board Member	 <b>Mr. Andrew Gwaivangmin</b> Member	 <b>Mr. Christopher S. Ogoshi</b> Secretary (Deceased Sept. 2023)	

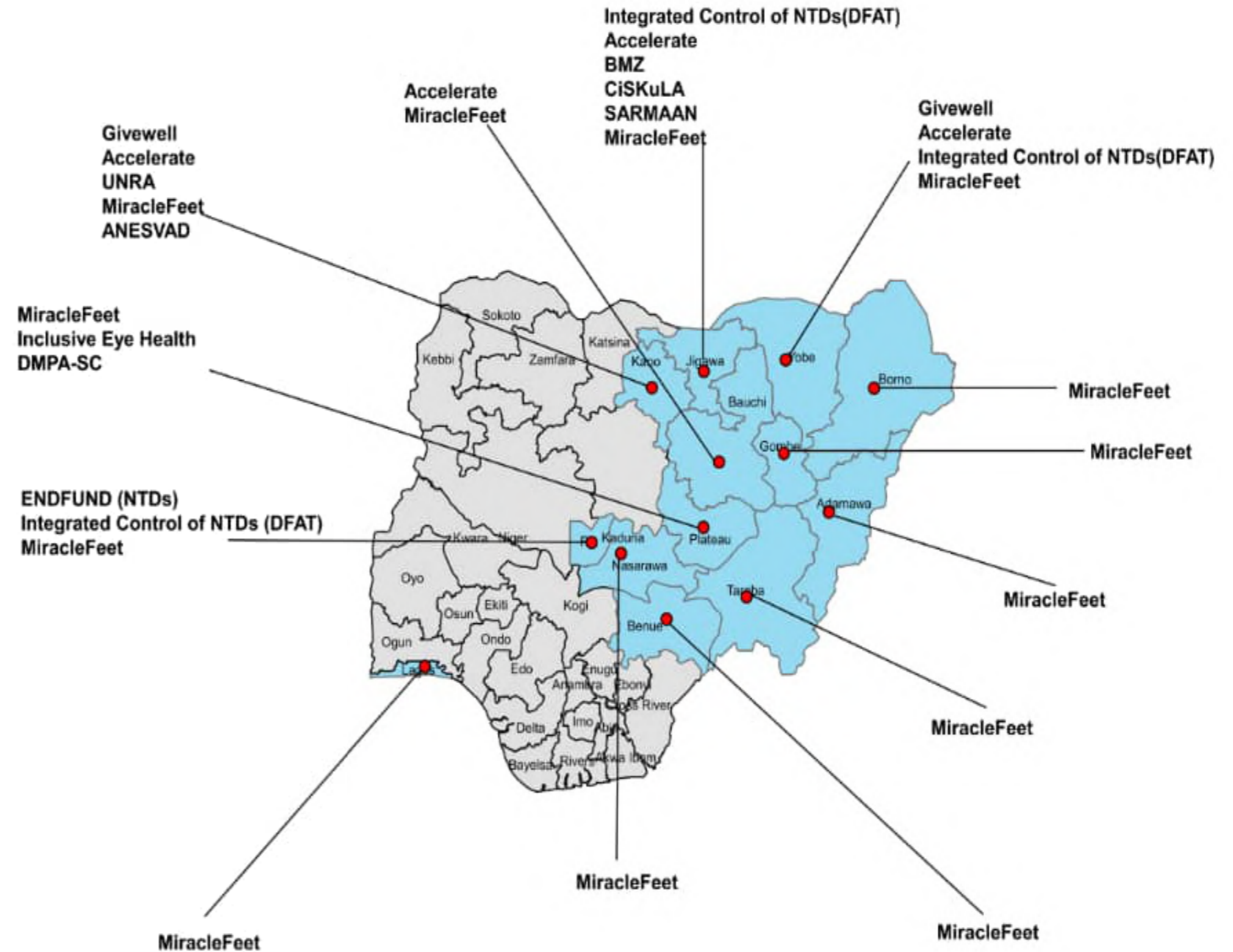
# HANDS Management Staff

 <b>Dr. Innocent Emereuwa</b> Ag. Programme Director	 <b>Mr. Elisha Samuel</b> (Admin & HR Manager)	 <b>Mrs. Nanring Kahansim</b> Finance Manager	 <b>Mr. Abalis Dasat</b> Eye Health Manager
	 <b>Mr. Rinpan Ishaya</b> NTDs Manager	 <b>Mr. Emmanuel Okewu</b> DID Manager	 <b>Dr. Bitrus Mwantiyi</b> RH&GM Manager

# PROGRAMME COVERAGE

The 2023 project year covers 12 states and the FCT. Among these states are the five HANDS Supported states of Bauchi, Jigawa, Kano, Yobe and the FCT where active collaboration with CBMI, CBMG and Sightsavers has led to extensive outcomes in the elimination of Neglected Tropical Diseases and provision of Eye Healthcare. Additionally, HANDS is collaborating with MiracleFeet to establish Clubfoot Clinics in Adamawa, Bauchi, Benue, Borno, Gombe, Kano, Lagos, Nasarawa, Plateau, Taraba, Yobe States and the FCT. The organisation collaborates closely with the respective state governments and healthcare facilities in these states to eliminate NTDs, deliver eye care services, and manage clubfoot cases among the affected population.

In very specific terms, the Federal and State Ministries of Health, Education, Women Affairs, the Rural Water Supply and Sanitation Agency (RUWASA), the Joint National Association of Persons with Disabilities (JONAPWD), Local Government Councils, community leaders, and communities have played key functions in the actualisation of our goals. These active partnerships with the various groups underscore the role of stakeholders in achieving developmental projects such as HANDS is embarking on. It further serves as catalysts for the attainment of HANDS goals and objectives of eliminating NTDs, fostering disability inclusion, and enhancing the health, welfare and development of the communities it supports.



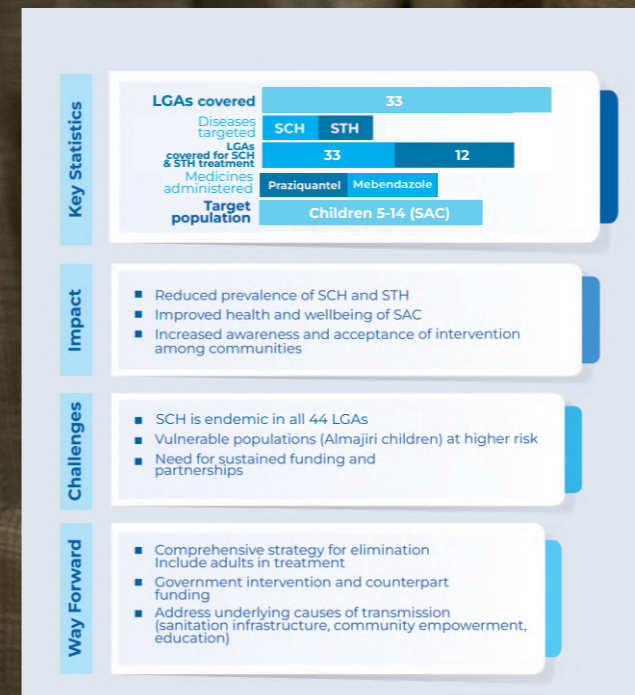
In the battle against Neglected Tropical Diseases, Kano State has taken a significant stride forward with the recently concluded Mass Administrations of Medicine for Schistosomiasis and Soil-Transmitted Helminths (STH) across 33 out of its 44 Local Government Areas (LGAs). This concerted effort, supported by Sightsavers/GiveWell and implemented by the State Ministry of Health and HANDS, marks a crucial step towards combating these debilitating diseases.

Schistosomiasis (SCH), a parasitic disease caused by flatworms, thrives in areas with poor sanitation and contaminated water sources. In Kano State, the prevalence of schistosomiasis is alarmingly high across all 44 LGAs. Although activities were implemented in high and moderate endemic wards across 33 LGAs, STH is endemic in only 17 LGAs. The non-endemic 16 LGAs covered, which constitute 48.5% of the area covered, was to ensure that adequate preventive measures are taken to reduce prevalence rate across the state. All targeted SAC were administered Praziquantel and Mebendazole for SCH and STH respectively. During the process of monitoring and supervision of the programme, HANDS witnessed distressing scenes of children urinating blood – a tell-tale sign of the disease's impact on the communities.

Of particular concern was the concentration of cases in Tsangaya schools, where Almajiri children receive Quranic education. These children, often neglected and living in unsanitary conditions, are highly vulnerable to Schistosomiasis and STH due to their frequent exposure to contaminated water sources. Their plight underscores the urgent need for targeted interventions and improved living conditions to break the cycle of transmission.

The Mass Administrations of Medicine (MAM) in the state garnered widespread acceptance despite initial hesitations from some community members. This is attributed to the diligent sensitization efforts by the programme implementers and the cooperation of all other stakeholders. When children were no longer experiencing haematuria (blood in urine), those who initially rejected the medication became convinced of the tangible impact of the intervention.

## ADDRESSING SCHISTOSOMIASIS AND SOIL TRANSMITTED HELMINTHS: A VITAL INTERVENTION IN KANO STATE



### Some Key strategies for moving forward

Going by the Kano programme experience, a long-lasting impact would require a comprehensive strategy for the elimination of Soil Transmitted Helminths and Schistosomiasis. Although the present programme focuses on children between the ages of 5 and 14, it is imperative to include adults who are also at risk. While we recognise the dynamic efforts of our major donors in this programme, the restricted scope highlights the need for government intervention, especially in providing counterpart funds. This will increase treatment, improve access and reduce the burden of disease for the whole community. Proactive steps also need to be taken to address the underlying causes of Schistosomiasis transmission as outlined below:

- **Enhancing Sanitation Infrastructure:** Proper investment in clean water sources, sewage systems, and hygiene education will curb the spread of Schistosomiasis and STH.
- **Community Empowerment:** While engaging with local communities, marginalized groups such as the Almajiri must be prioritised to raise awareness, promote preventive behaviours, and ensure equitable access to the services provided.
- **Integration with Education Systems:** Incorporating health education into school curricula and leveraging existing educational platforms, such as the Tsangaya Schools, can empower children with knowledge and skills to protect themselves from parasitic infections.
- **Sustainable Funding and Partnerships:** Long-term funding commitments and collaboration between government agencies, non-profit organisations, and the private sector is vital for sustaining intervention efforts and achieving lasting impact.

In conclusion, the recent mass administrations of medicine for Schistosomiasis and STH represent a significant milestone in Kano State's public health journey. This can be consolidated through sustained commitment, innovative approaches, and collaborative actions for a Schistosomiasis and STH-free community. By prioritizing the health and well-being of its citizens, Kano State can pave the way for a brighter, healthier future for generations to come.

# Training



TARGET TRAINED  
**49 43**  
MhGap Psychiatric  
nurses/FLHF



TARGET TRAINED  
**80 80**  
Livelihood support  
to People with  
Disabilities



TARGET TRAINED  
**723 655**  
CDDs on  
Lymphoedema  
identification and  
limb care



TARGET TRAINED  
**10 10**  
Artisans on  
rehabilitation and  
maintenance of  
water points



TARGET TRAINED  
**60 66**  
Participatory  
workshop for  
beneficiaries on  
adopting best  
practises for stigma  
intervention

# HOLISTIC, COMPREHENSIVE AND INCLUSIVE NTDS PROJECT (CiSKuLA)

Cikkaken Shirin Kula Da Lafiya Al'umma (CiSKuLA) is a build-up on the pilot Comprehensive NTDs Project earlier implemented in Jigawa state between 2018 to 2020. The lessons learned formed the basis for the design of the current project, which kick-started in 2022 spanning through 2024 with support from CBM Global Disability Inclusion (CBMG). The project aims to address the long-term effects of untreated and poorly managed NTDs which often results in serious physical impairments, poor quality of life and psychosocial issues usually exacerbated by stigma, poverty, social isolation, and disability. The CiSKuLA project caters to the wellbeing of persons affected by NTDs and persons with disabilities. The programme has four action points as a template to address the prevailing problematic: delivering on MMDP, Inclusive WASH plus, Mental Health and Livelihood support.

# Output



TARGET ACHIEVED  
**50 151**  
Access to mental  
health services



ACHIEVED  
**13**  
Received  
antidepressants



TARGET ACHIEVED  
**50 50**  
Hydrocele surgeries  
conducted



TARGET ACHIEVED  
**50 164**  
Lymphoedema cases  
managed



TARGET ACHIEVED  
**15 69<sup>12</sup>**  
Platforms rehabilitated  
and maintenance of  
water points



TARGET ACHIEVED  
**10 10**  
WASHCOMs and  
WASH Clubs formed



# BMZ PROJECT

BMZ project is a Comprehensive Eye Health Care Project in Jigawa state that aims to improve eye health through affordable, assessable and inclusive services. The project is supported by the German Government and its Federal Ministry for Economic Cooperation and Development. CBMI provides the platform for HANDS to be the implementing partner in this noble project.

The Jigawa Comprehensive and Inclusive Eye Health Care Project was launched on the 4th July, 2023 by the Jigawa State government with the support of CBMI & HANDS. The project donated various eye health equipment across the 5 emirates to further strengthen and improve eye health care services in the state. Community leaders and stakeholders were sensitized on the availability of eye health services in hospitals as well as behavioural change messages.

## IMPROVING EYE CARE IN JIGAWA STATE

PROJECT LAUNCH  
TUESDAY 4TH JULY 2023  
HANDS DEVELOPMENT INSTITUTE CONFERENCE HALL, KOTU  
SUPPORTED BY:

These equipment include optical workshops for 3 centres (3 edging machines lensometer, lens grooving machines and a set of crippling pliers and screws), 5 I-care tonometers, 15 Trial box sets, 15 Cataract sets, 15 electronic visual acuity charts, and 70 Snellen's charts, 10 Ophthalmoscopes and 10 retinoscopes, 5 A Scan machines, 5 Auto keratometer machines and 5 fundus cameras.

# CLUBFOOT PROGRAMME

Clubfoot, also known as congenital talipes equinovarus (CTEV) is a prevalent congenital birth deformity of the foot resulting from abnormal development of a baby's bones, ligaments, and muscles in utero. The deformity may impact one or both feet and the condition is more common among boys, with a ratio of 2:1 compared to girls. Global prevalence is estimated at 1 in every 1000 children, although the figures may vary by country due to numerous factors. Approximately 9.8 million people live with clubfoot with 7.8 million of the experience disability due to inadequate access to proper treatment.

While an estimated 200,000 children are born with clubfoot worldwide, there are approximately 10,000 cases occurring annually in Nigeria.

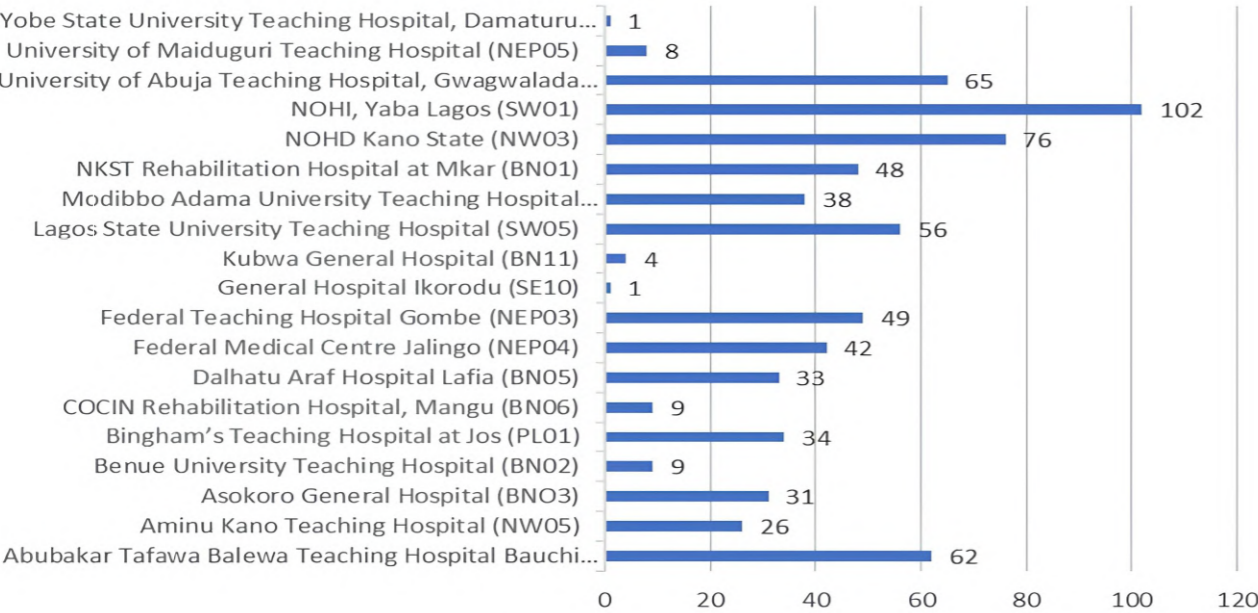
In 2023, HANDS focused on enhancing its internal capacity for clubfoot management through internal and external training of clinical staff, resulting in improved skills and quality of care for HANDS clinic partners. The organization, in collaboration with MiracleFeet, organized a two-day Advanced Africa Clubfoot Training for 15 clinic providers, and trained 60 clinicians on Basic Ponseti method and 16 clinic staff for the CAST Comcare app. The organization also

collaborated with INSEAD to address casting and bracing dropout challenges in Lagos State.

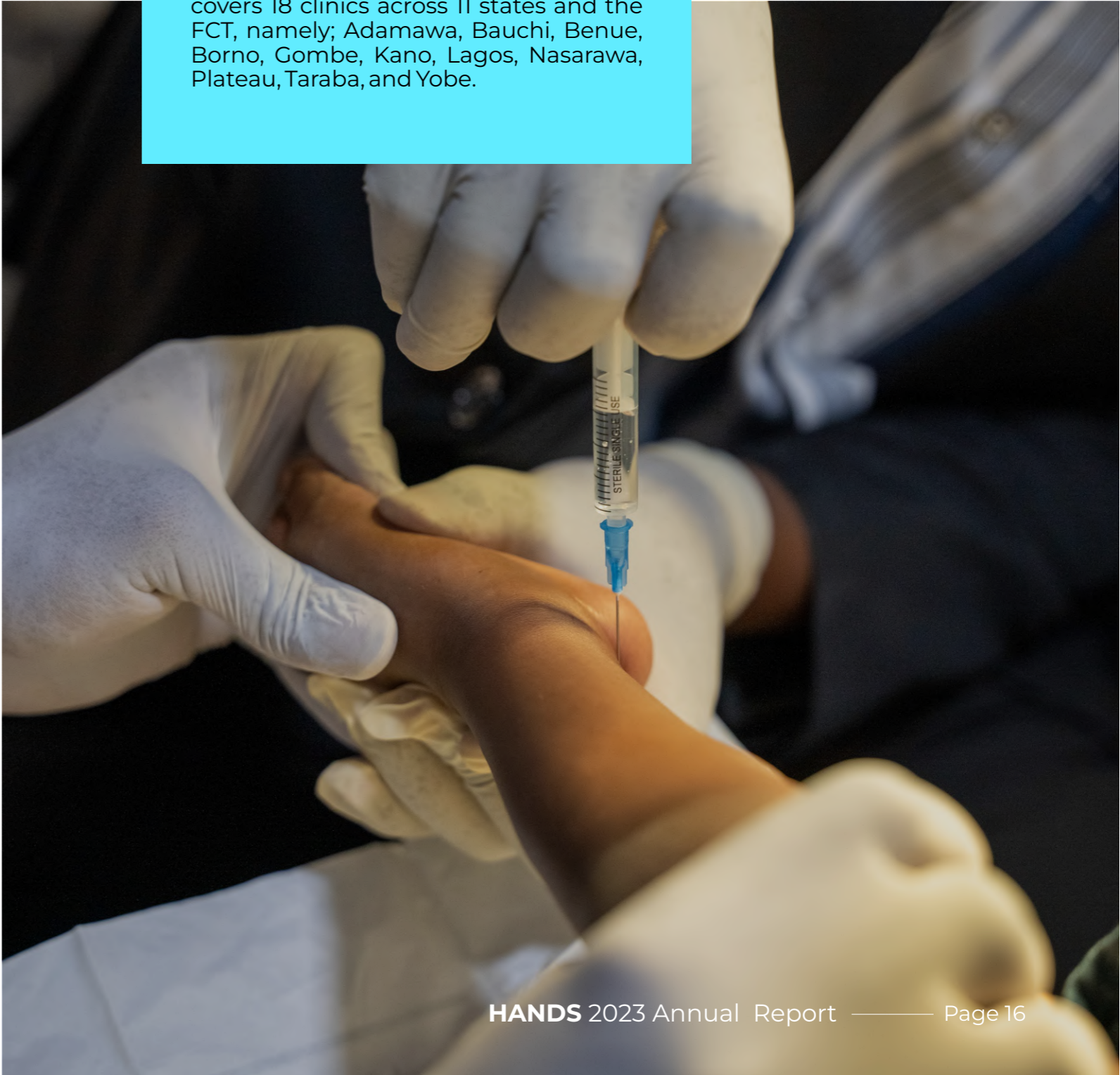
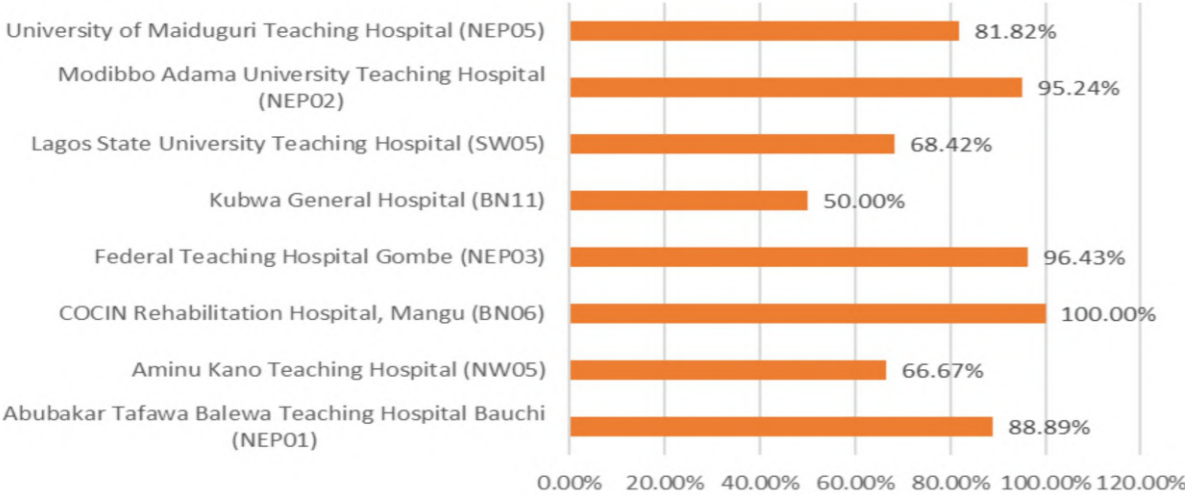
HANDS in 2023 provided 694 patients with free clubfoot management and supplied essential consumables to clinics, reducing financial burdens on families. The programme engaged in various activities such as fact-finding for new clinics, supportive supervision visits, and public awareness campaigns to increase early detection and referral of children with clubfoot.

The clubfoot programme currently covers 18 clinics across 11 states and the FCT, namely; Adamawa, Bauchi, Benue, Borno, Gombe, Kano, Lagos, Nasarawa, Plateau, Taraba, and Yobe.

New Patients 2023



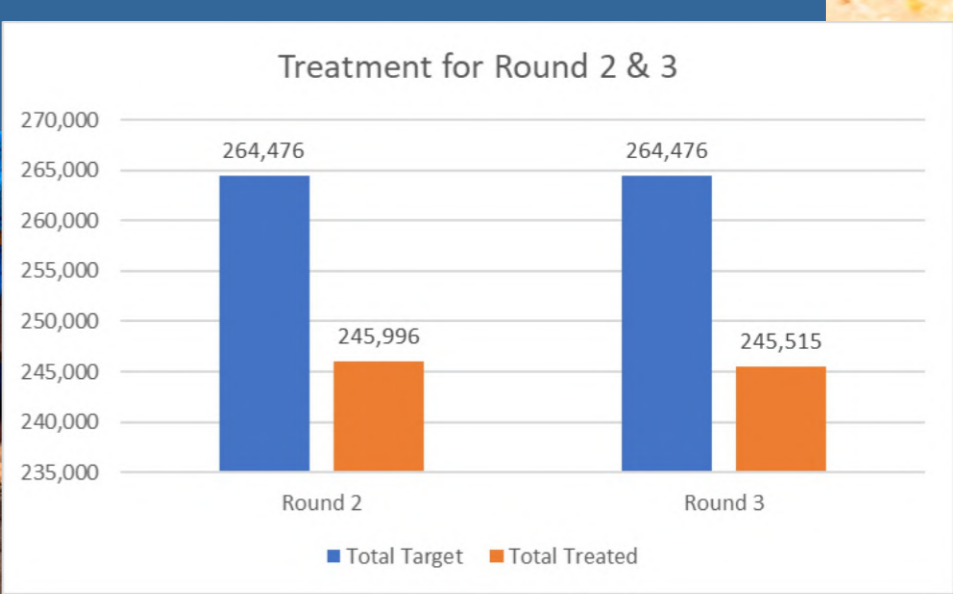
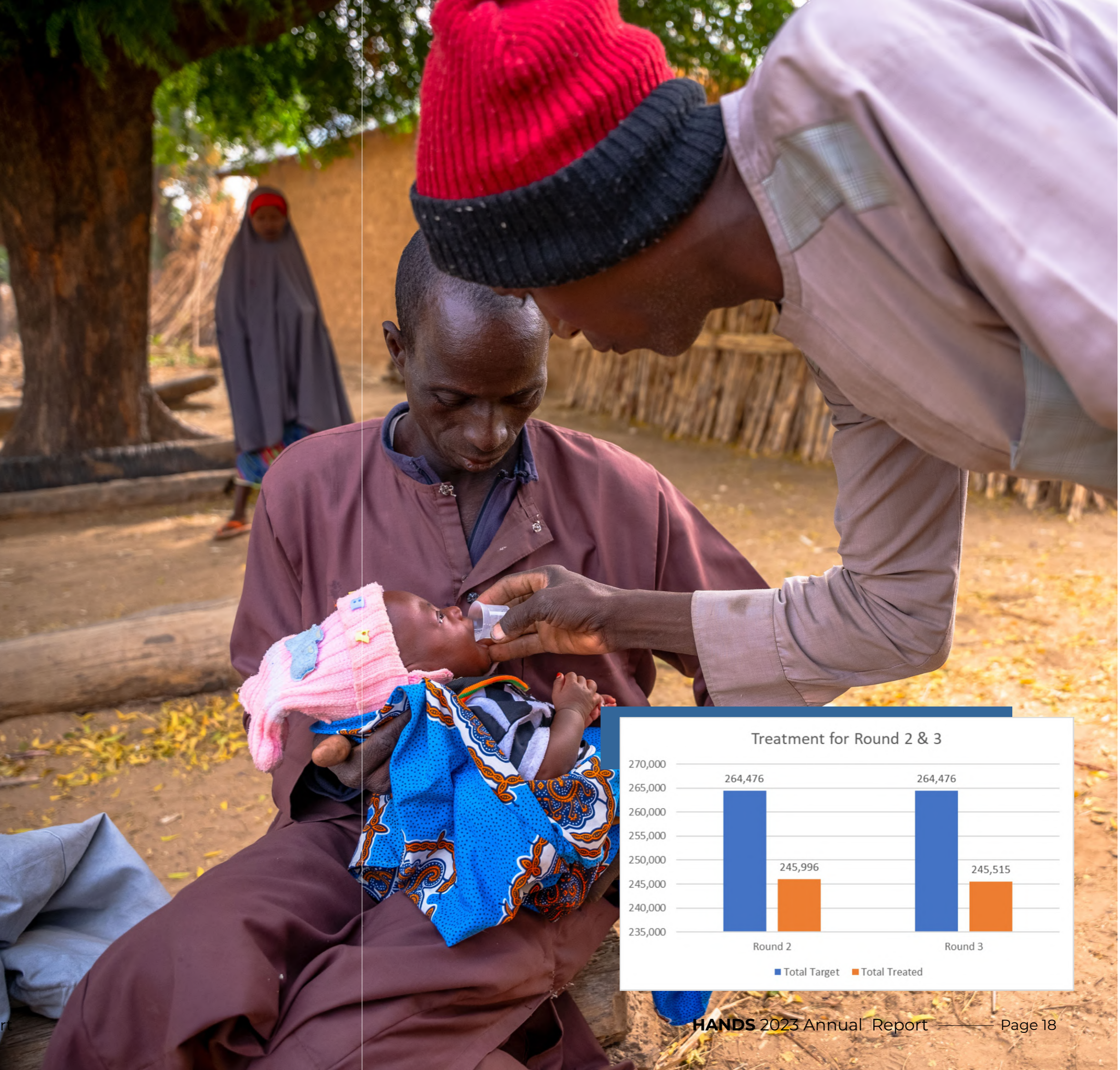
Tenotomy Rate



SAFETY AND  
ANTIMICROBIAL  
RESISTANCE OF MASS  
ADMINISTRATION  
OF AZITHROMYCIN  
IN NIGERIA (SARMAAN)  
PROJECT IN JIGAWA

The SARMAAN project is designed to reduce child mortality in Nigeria through the mass administration of azithromycin to children from 1 to 11 months, twice a year. Research data proves that administering Azithromycin to children reduces child mortality. The pilot project began in Jigawa state across the 27 LGAs to determine the effect of mass administration of azithromycin among children 1 to 11 months old on the safety and pattern of antimicrobial resistance (AMR) in children. It also sets out to determine the cost, cost-effectiveness, feasibility and acceptability of delivering azithromycin MAM through trachoma/NTDs platform in the state.

In the 2023, two rounds of treatment were conducted; in total, three rounds of treatment have been conducted since 2022. To achieve the needed goals, state and LGA teams were trained on the use of DHIS2, FLHF and CDDS.



# REPRODUCTIVE HEALTH & GENDER MAINSTREAMING (RH&GM)

Millions of Nigerians lack access to essential reproductive healthcare services. The HANDS Reproductive Health and Gender Department is committed to bridging this gap and empowering individuals to make informed choices about their health and well-being.

The year 2023 marked a significant year for the HANDS Reproductive Health

and Gender Department. We focused on establishing a strong foundation for future growth and impact by conducting a comprehensive landscape assessment in Yobe and Jigawa states. This crucial first step provided valuable insights that will guide our future program initiatives for the communities we serve.

We actively engaged with key stakeholders across various government departments, NGOs, and organizations working on gender and

reproductive health. This multi-level approach involved stakeholders in Kano, Bauchi, Plateau, Jigawa, Yobe, and Abuja. Importantly, we initiated strategic partnerships with NGOs in the reproductive health space including Society for Family Health (SFH), Women for Women International, CWEENS, APIN Public Health Initiatives, and CHARIS Healthcare Foundation among others.

**Scaling Up Access: DMPA-SC Self-Injection Project**

To enhance access to quality reproductive health services, we partnered with the governments of Plateau and Bauchi states to develop

impactful Annual Operational Plans (AOP), strengthening primary healthcare delivery. Recognizing the need for accessible family planning options, this collaboration extended to the community level, where we co-initiated the expansion of the Depo Meclaxyl Provera Acetate Self-care (DMPA-SC) project with the Plateau State Primary Healthcare Management Board. This innovative initiative focused on woman-centered contraception in four remote LGAs: Kanam, Wase, Pankshin, and Shendam. We trained 16 CHIPS, and 20 community-based healthcare workers on DMPA-SC self-injection. By leveraging existing Community Health Influencers (CHIPs) agents, we trained about 610 women to use the self-injectable contraceptive DMPA-SC.

## Addressing Gender-Based Violence

Understanding the importance of tackling social barriers, we facilitated community dialogue activities with community and youth leaders in Tudun Wada, Jos North LGA in Plateau state. This proactive approach aimed to address the critical issue of gender-based violence. We prioritized public awareness by conducting a series of TV, radio discussions, social media campaigns, and webinars during the 16-Day Activism. These efforts aimed to create a more informed and engaged community around reproductive health and gender issues.

The HANDS Reproductive Health and Gender Department is dedicated to creating a future where all individuals have access to essential healthcare services and can live free from gender-based violence. We invite you to join us in our mission by donating, or raising awareness. Together, we can achieve the critical goals of SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).



# INCLUSIVE WASH (Water, Sanitation and Hygiene)

Safe drinking water, sanitation, and hygiene play a pivotal role in human health and well-being. On the other hand, consuming unsafe water can lead to health impairments, including diseases such as diarrhoea, cholera and NTDs like Trachoma, Soil-Transmitted Helminths, and Schistosomiasis.

In vulnerable communities, untreated excreta may contaminate ground and surface waters used for various purposes, of drinking, irrigation, bathing, and household activities. Drawing from the 2030 NTDs elimination roadmap, CBMG and HANDS, in collaboration with the FCT Rural Water Supply and Sanitation Agency (RUWASSA), NTDs Unit, and Joint National Association of Persons with Disabilities (JONAPWD), conducted comprehensive training program for artisans.

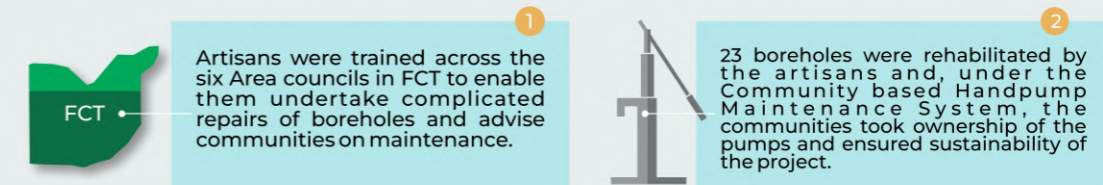
This initiative focused on the rehabilitation of boreholes, construction of accessible platforms for the elderly and persons with disabilities, community triggering for community members, establishment of inclusive WASH committees in communities to include women and

persons with disabilities for active participation, and formation of inclusive WASH clubs in schools. These activities yielded numerous benefits, including a positive shift in sanitation, behavioural change and improved maintenance of community WASH facilities.

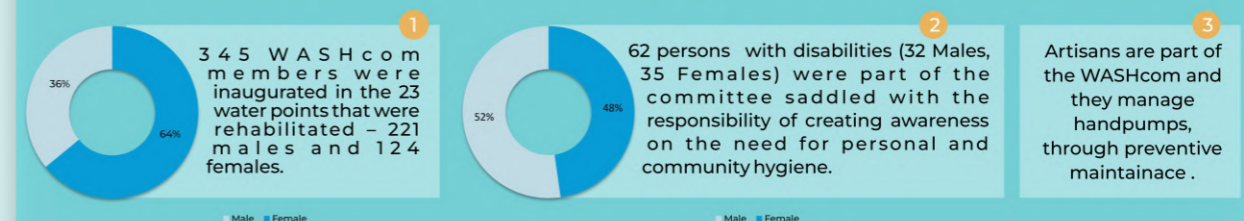
Furthermore, the program facilitated access to safe drinking water to communities in need through empowering artisans to rehabilitate boreholes, construct inclusive platforms (ramps) and trigger communities in these vital initiatives. The partnership between CBMG, HANDS, and RUWASSA have made significant strides in promoting sustainable access to safe water, sanitation, and hygiene, with a specific focus on disability inclusion. These efforts not only contribute to the prevention of waterborne diseases and NTDs but also foster positive changes in community behaviour and the establishment of essential infrastructure for improved public health and well-being. Through this, the inclusion of persons with disabilities in the WASH programme is ensured.

## Highlights of our WASH programmes

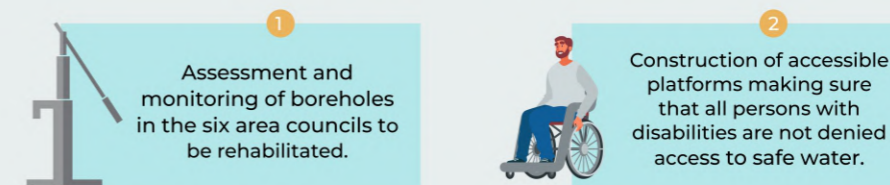
### Artisans Training on Rehabilitation of Water Points



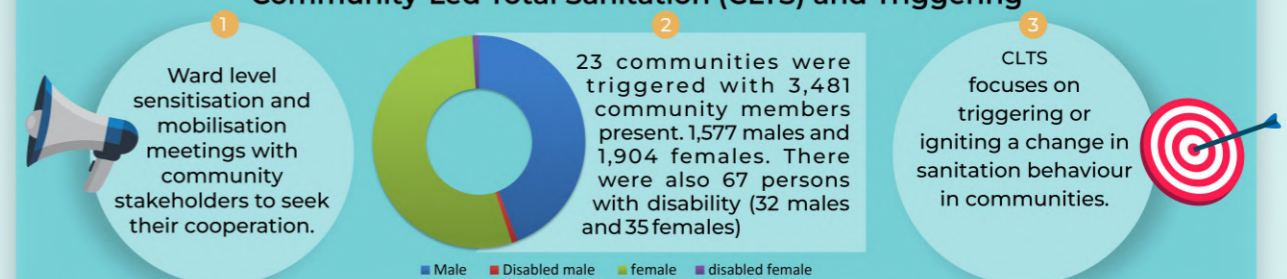
### Constituting of the WASHcom in Target Communities



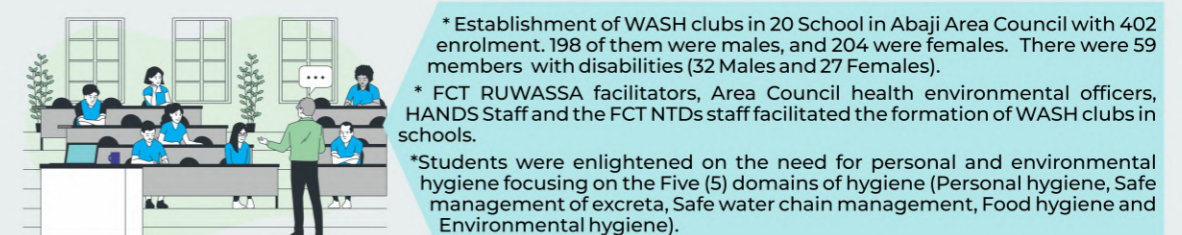
### Construction of Accessible Platforms



### Community-Led Total Sanitation (CLTS) and Triggering



### Formation of WASH Clubs in Schools



# MASS ADMINISTRATION OF MEDICINE (MAM)



Mass Administration of Medicine has been one of the mainstays of HANDS over the years. In this reporting year, treatments for Oncho and LF were carried out in the FCT, Jigawa, Kano and Yobe States. SCH treatment was carried out in the FCT, Kano and Yobe while STH was carried out only in FCT and Kano. Trachoma MAM was not done in the reporting year.

**Onchocerciasis/Lymphatic Filariasis (Oncho/LF)**

In 2023, Oncho/LF MAM was carried out in 27 LGAs in Jigawa State and 14 LGAs in Yobe State, with support from CBM Global Disability Inclusion. Kano State's UNRA Project supported 18 LGAs for Oncho and 12 LGAs for LF; while in the FCT, Oncho treatment was carried out in all 6 Area Councils, but LF was done in only 2 (Bwari and Gwagwalada).

**Schistosomiasis/Soil Transmitted Helminths (Schisto/STH)**

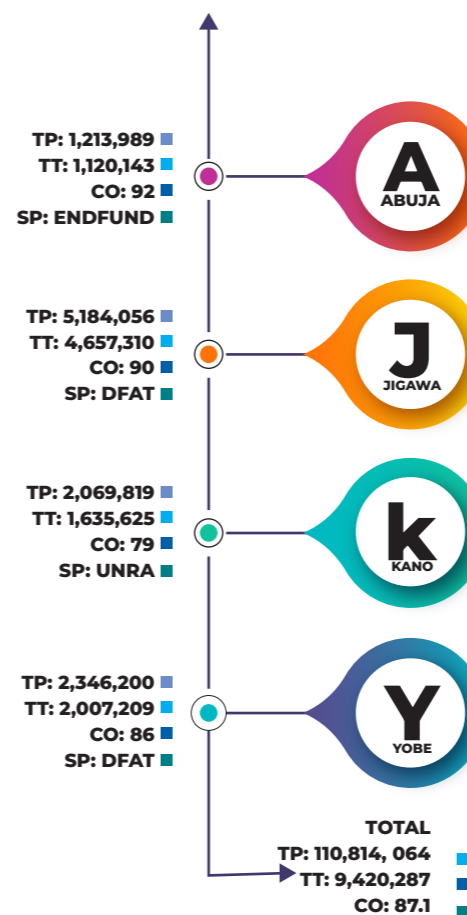
The Schisto treatment targets high and moderate endemic wards within LGAs in the states. The primary objective of the MAM is to reach at least 75% of the target population, i.e. the school age children (SAC) and adults at risk, with necessary essential medicine (Praziquantel) for the control and elimination of Schistosomiasis disease. This was achieved with high coverage rates in the treatments.

Under ENDFUND Project, treatment was conducted in all endemic wards of the 6 Area Councils in the FCT. It is noteworthy that triple drugs administration was piloted in 2 Area Councils of FCT (Abaji and Kwali) where treatment was administered for Oncho, LF and SCH at the same time, thereby reducing the cost of implementation.

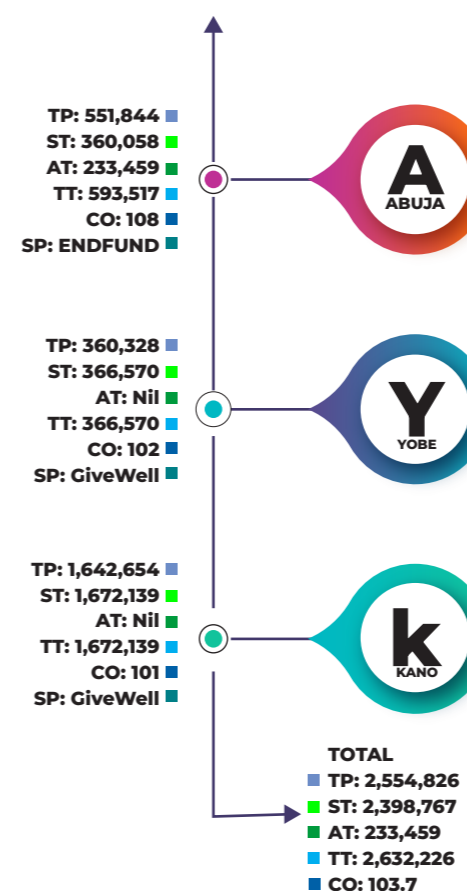
Yobe state has a total of 175 wards that are endemic for schistosomiasis. The endemic distribution is as follows: 2 were high, 105 were moderate and 68 were low endemicity. However, 18 wards of moderate endemicity were not treated due to security concerns.

STH treatment was carried out in FCT with the ENDFUND Project in 2 Area Councils (AMAC and Gwagwalada). Treatment in Gwagwalada was carried out using Albendazole since the LGA is co-endemic for LF, while Mebendazole was used in AMAC as it is not endemic for LF. On the other hand, a total of 17 LGAs were targeted and treated for STH in Kano State with support from GiveWell and UNRA.

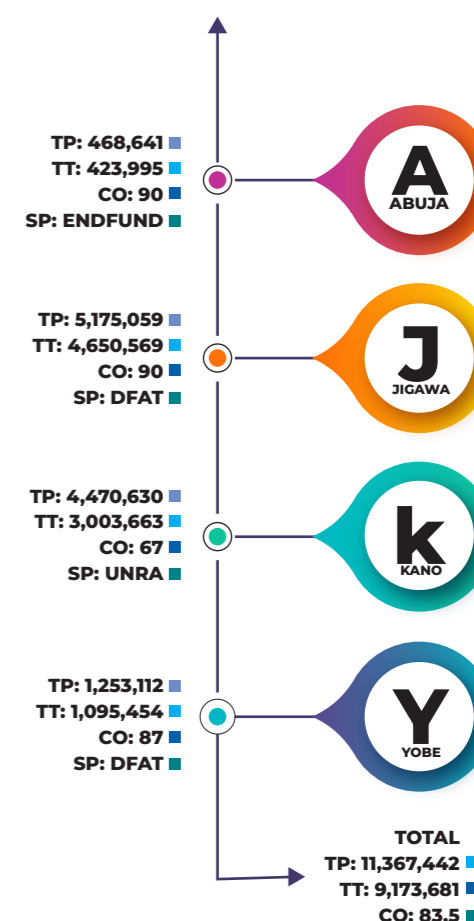
## Onchocerciasis Treatment



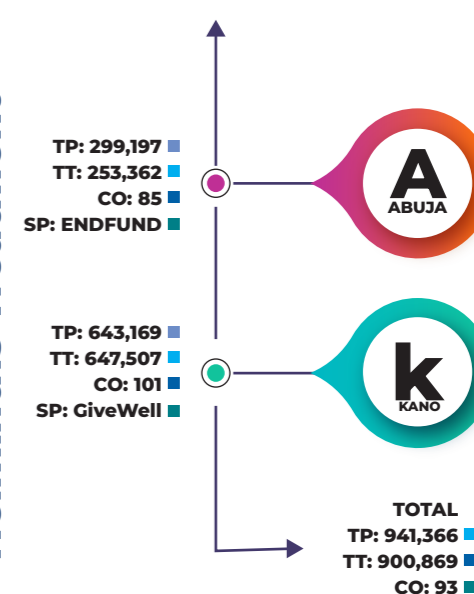
## Schistosomiasis Treatment



## Lymphatic Filariasis Treatment



## Soil-Transmitted Helminths Treatment



### GENERAL KEY

- TP - Target Population
- ST: SAC Treated
- AT: Adult Treated
- TT: Total Treated
- CO: Coverage (%)
- SP: Supported Project

# Assessments

HANDS is making tremendous effort towards the elimination of NTDs. To achieve this, assessments are carried out to see if the diseases have reached elimination and therefore treatments can be safely stopped.

Within the year under review, series of assessments were conducted across HANDS supporting states. The report of the assessments showed that steady progress is being done towards the elimination of Onchocerciasis, Lymphatic Filariasis, Trachoma, Schistosomiasis and Soil Transmitted Helminths (STH).

## LF Pre-TAS/TAS

Lymphatic Filariasis Pre-Transmission Assessment Survey (LF Pre-TAS) is an assessment used to determine whether LF infection has been reduced to a level where transmission is no longer sustainable at sentinel and selected spot check sites. It is a prelude to conducting a more robust and rigorous assessment called Transmission Assessment Survey (TAS).

## Onchocerciasis Epidemiological Survey

This is where dry blood sample (DBS) are collected for analysis. In Kano State, the survey was conducted in 20 LGAs and the result of the survey showed that two children tested positive to Onchocerciasis. Therefore, skin snip was carried out in the two communities, Azoren Waje and Massu, of Kura and Sumaila LGAs respectively. The skin snip samples collected were sent for PCR analysis to further ascertain whether the positives recorded were due to Onchocerciasis burden or not. They have been given provisional approval to move Tan pending skin PCR on the two positive samples.

### JIGAWA

L.G.A	Assessment Type	Outcome
Kiri Kasamma, Jahun, Gumel, Gagarawa and Maigatari	Trachoma Surveillance Survey (TSS)	Passed
Birniwa and Guri	Trachoma Impact Assessment (TIA)	Passed
Ringim, Maigatari and Kazaure	LF-PreTAS	Pending
Buji, Birnin Kudu, Gwaram, Jahun, Ringim, Taura, Roni, Kazaure, Birniwa, Guri, Kirikassamma, Kafin Hausa, Auyo, Malam Madori, Kaugama and Dutse	Oncho Epidemiological Survey	Passed
Malam-madori, Buji, Guri, Kaugama, Ringim, Roni, Kafin-Hausa, Babura, Gwaram, Jahun and Kiyawa, and all blackflies breeding sites in the state.	Entomological Evaluation Survey	Ongoing

### KANO

L.G.A	Assessment Type	Outcome
Gabasawa, Gezawa, Kano Municipal, Kumbotso, Makoda, Rano, Tsanyawa, and Warawa	Pre-TAS	Passed
Ajingi, Albasu, Bebeji, Dawakin Kudu, Doguwa, Tudun Wada, Gabasawa, Gaya, Karaye, Kibiya, Kura, Makoda, Shanono, Sumaila, Takai, Ungogo, Rogo, Dambatta, Bichi and Tsanyawa	Onchocerciasis Epidemiological Survey	Pending

### YOBE

L.G.A	Assessment Type	Outcome
Damaturu and Gulani	Pre-TAS	Passed
Bade and Tarmua	Trachoma Surveillance Survey (TSS)	Passed
Busari, Nguru, Karasuwa, Yusufari, Bade, Jakusko, Nangere, Potiskum, Fika, Fune, Geidam, Gulani and Gujba	Onchocerciasis Epidemiological Survey	Passed
12 LGAs and all breeding sites for blackflies in the state.	Entomological Evaluation Survey	Ongoing

### ABUJA

L.G.A	Assessment Type	Outcome
AMAC, Bwari, Gwagwalada and Kuje	SCH/STH Midterm Assessment	Pending

## Entomological Evaluation

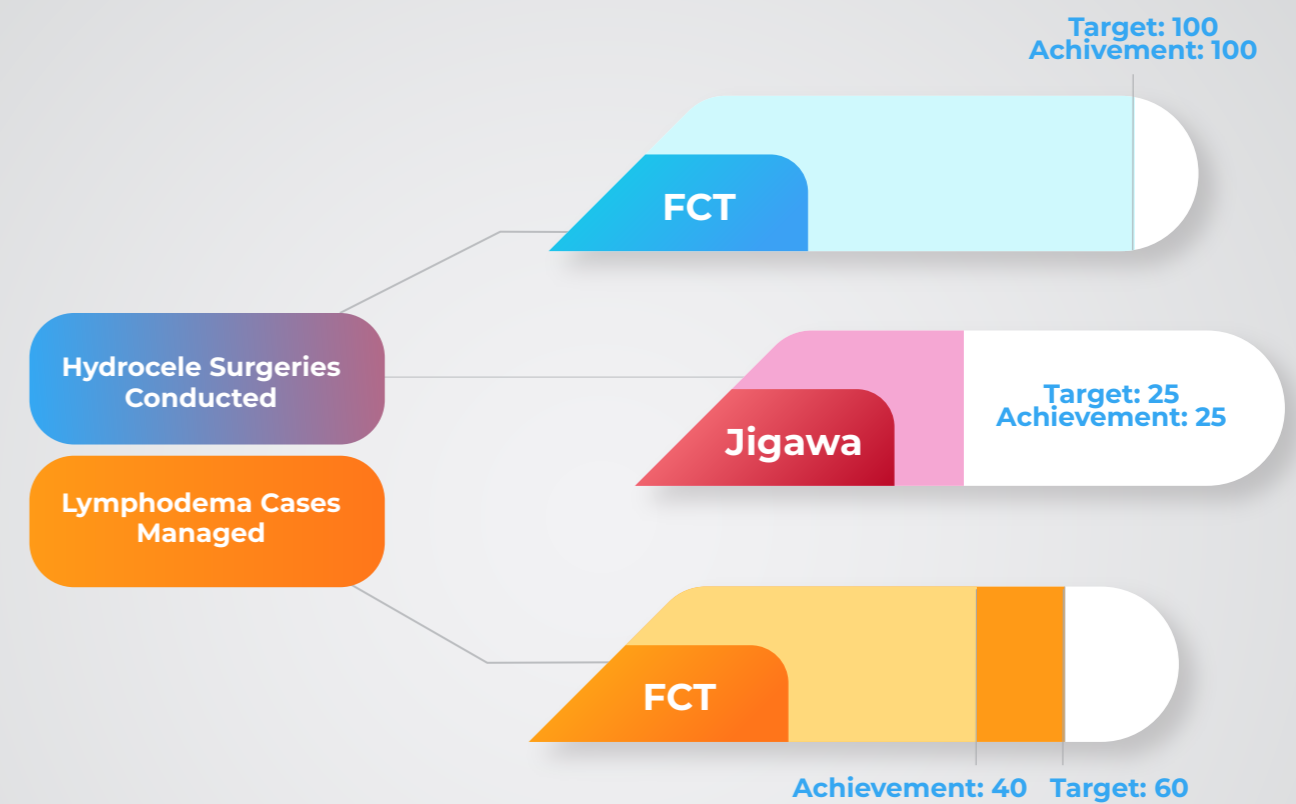
This is the collection and tracking of data on blackfly vectors in time and space to assess progress in Onchocerciasis control or elimination. The 12 months blackflies collection is ongoing in two states Yobe and Jigawa and will span for one year (October 2023 to October 2024 in Yobe State, and November 2023 to October 2024 in Jigawa State, respectively).

The assessments conducted in 2023 and their outcome are as shown.



# MORBIDITY & DISABILITY PREVENTION (MMDP)

HANDS activities for Morbidity Management and Disability Prevention (MMDP) were conducted in Jigawa State and the FCT. 25 hydrocele surgeries were conducted under the Integrated Control of NTDs in Nigeria (DFAT Phase III) in Jigawa, while a total of 100 surgeries were conducted in the FCT - 80 surgeries were conducted under the ENDFUND and 20 by the FCTA.



## MMDP Cases Managed



## TRACHOMATOUS TRICHIASIS (TT) ACTIVITIES ACROSS HANDS SUPPORTED STATES

Through its implementing partners, HANDS over the years has been supporting Trachomatous Trichiasis surgeries in Kano, Bauchi, Jigawa, Plateau, Edo and Yobe States, with the aim of preventing vision loss by turning the eyelid margin outwards. This prevents any in-turned eyelashes from rubbing against the eye.

The 2023 activities across HANDS supported states involved the following: completion of full

geographic coverage (FGC) - household validation where the project recorded 100% coverage, management of identified TT cases, 7-14days/ 3-6 months follow ups, tracing of lost to outreach suspected cases (LTOs) and transitioning.

Community leaders were mobilized and case finders were engaged for case search in their respective communities. Monitors were equally engaged to ensure house to house TT case search. The monitors track the activities of case

finders and effectively monitor their actions to ensure total geographical coverage of allocated scope. Afterwards, suspected TT cases identified were scheduled for surgical outreaches.

Bauchi state also conducted activity on hygiene promotion and behavioural change with an emphasis on Trachoma in 5LGAs, through the support of UNICEF. 8 LGAs have so far been pronounced Open Defecation Free (ODF).

### Progress on Surgeries

Description	Bauchi	Jigawa	Kano	Yobe
2023 AIO Target	730	1613	1044	532
Screened	5,855	2172	2808	1617
Managed	764	1613	1176	629
7-14 days follow-up	744	1583	1176	629
3-6 months follow-up	64%	64%	62%	78%

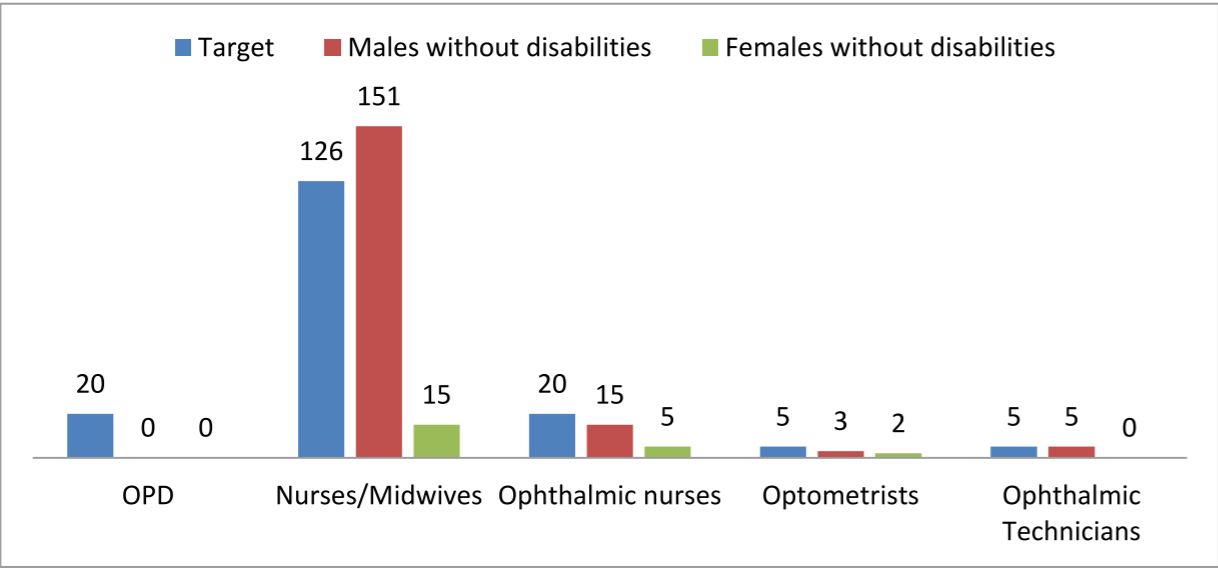
### Tracing of Lost to Outreach (LTO)

Description	Bauchi	Jigawa	Kano	Yobe	Plateau	Edo
LTO Target	5,625	8,731	1540	872	356	119
LTO Traced	4,606	4,486	2808	558	356	119
LTOs Managed	1,322	444	199	21	92	9
LTOs Remaining	1,019	4,245	179	314	0	0

# TRAINING

Training plays a crucial role in ensuring the effective distribution of medications to the targeted communities. The training will not only enhance the knowledge and skills of the participants but also contribute to the sustainability of the program by building the capacity of local stakeholders. Well-trained health workers and CDDs will be better equipped to carry out their roles effectively and efficiently by ensuring

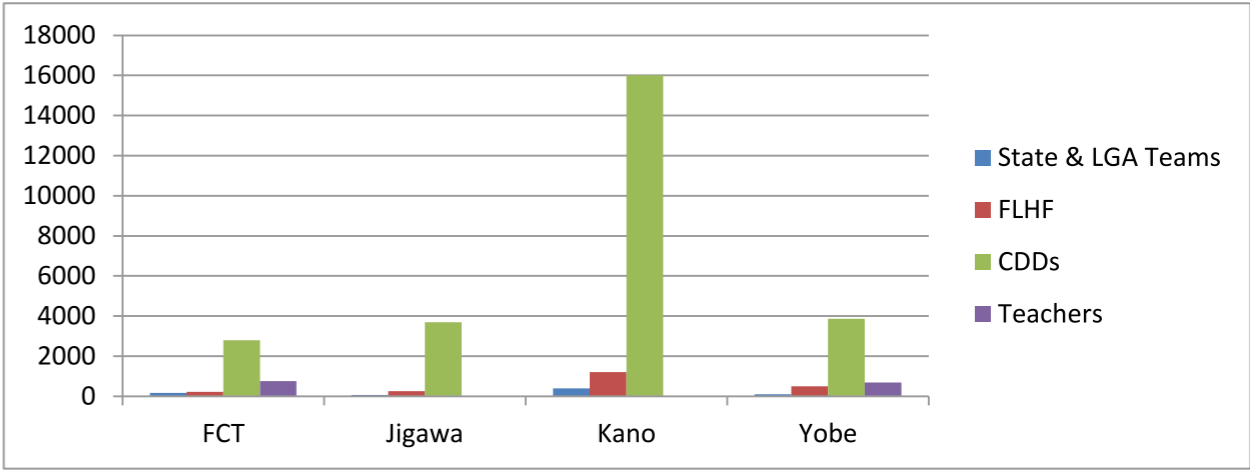
the success of the mass drug distribution efforts. Health workers and CDDs were trained prior to the MAM to ensure that they had the necessary knowledge and skills to administer drugs. The CDDs were trained on how to properly distribute the drugs to ensure that each individual received the correct dosage. Health workers, on the other hand, played a monitoring role. They supervised the CDDs to ensure that the drugs were administered correctly and to address any potential concerns or issues that arose.



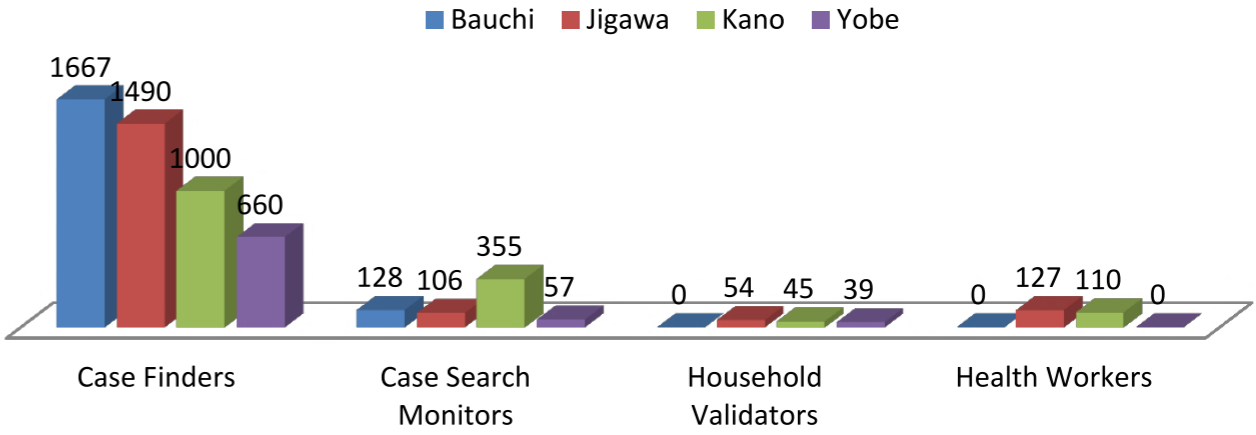
Jigawa State Comprehensive Eye Health Training Data (BMZ)

Category	Round 2		Round 3	
	Target	Achieved	Target	Achieved
State & LGA Team	147	147	147	145
FLHF	773	773	773	773
CDD	9620	9620	9720	9720
DHIS2	81	81	0	0
Total	10621		10638	

Round 2 & 3 SARMAAN Training



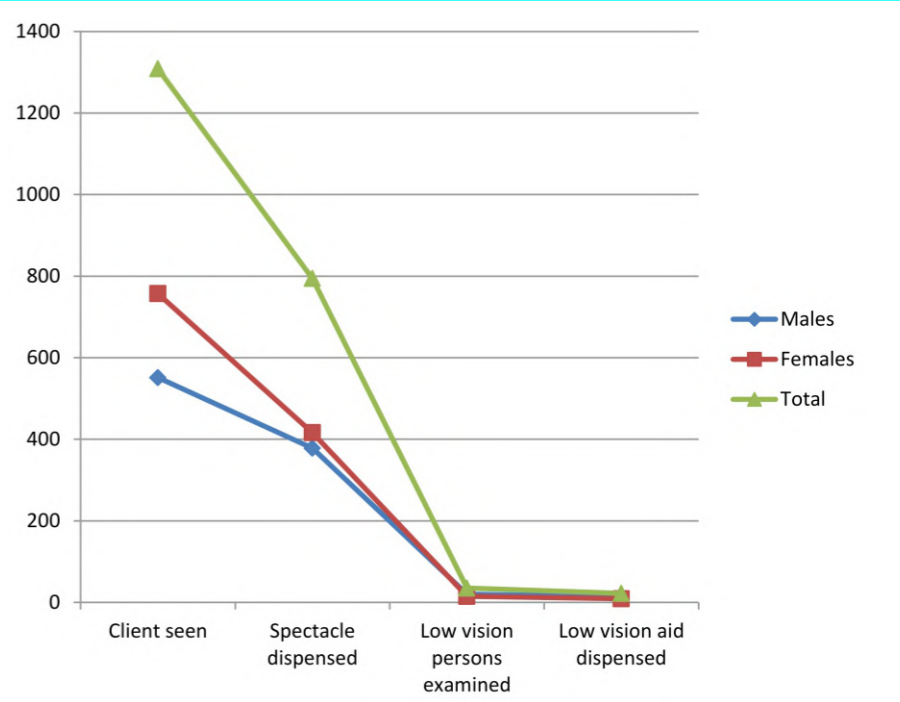
MAM Training



TT Training

## HANDS EYE CLINIC

As part of its community service efforts, HANDS operates a weekly eye clinic at the head office for the general public. The clinic offers various services including general eye screenings and treatments, refraction and distribution of eyeglasses, low vision services, as well as referrals for surgeries and specialized eye care when needed.





# ADVOCACY, COMMUNITY MOBILIZATION & AWARENESS

HANDS collaborates with the Federal and State Ministries of Health, Education, Women Affairs, RUWASA, the Joint National Association of Persons with Disabilities (JONAPWD), Local Government Authorities, community leaders, and community members in carrying out advocacy, sensitization and mobilization to relevant stakeholders across all targeted LGAs. These visits are done before the commencement of any activity in the states, to create awareness on project aims and objectives as well as facilitate community entry and uptake of services.

## MONITORING & EVALUATION

The M&E Unit of HANDS stands at the forefront of programme monitoring, evaluation and accountability practices. We improve our systems continually through capacity building and lessons learned in the course of programme implementation.

In collaboration with the Federal, State, NGO partners and Independent Monitors, we have implemented a rigorous monitoring and supervision system to ensure the effectiveness of MDA campaigns against NTDs and other organizational programmes. This approach involves training a team of supervisors to conduct community-based monitoring and evaluation, utilizing the adapted FMoH supervisory NTDs checklist deployed on Kobo Collect, a digital data collection tool. As part of this effort, supervisors also conduct mini coverage evaluation surveys with randomly selected household members to assess MDA coverage. We also collect WASH indicators, which are critical for fast-tracking NTD elimination. Real-time data visualization on a supervision dashboard enables key stakeholders to track progress, identify areas for improvement, and make data-driven decisions to optimize MDA campaigns, address WASH gaps, and ensure minimum thresholds for therapeutic and geographic coverage are met, ultimately strengthening NTD control efforts and improving the health and well-being of vulnerable populations.



### Innovations/Best Practices

As a team of highly motivated members, who are poised to implementing best practices towards the eradication of NTDs and other diseases in line with HANDS and Global goals, the M&E department have come up with various e-innovations to ease the programme phases in HANDS. These include the following:

- Electronic Supervisory checklist via Kobo Collect was used for supervision of ONCHO/LF & Schisto/STH MDAs and this facilitated real-time reporting and informed decision making.
- A Monitoring & Supervision Dashboard was created for different campaigns and shared with all relevant stakeholders. This dashboard served as a hub for quality improvement. Resource allocation was also informed by the output on the dashboard thereby improving data use for programmes.
- Establishment of operations Room where M&Es were stationed to monitor MDA campaigns in real-time. By this, programme actions, issues regarding low coverage, wards and communities where MDA has not started, and incorrect inflows of data were all addressed real-time.
- We encouraged some community leaders to undertake community self-monitoring as a way of ensuring that distribution goes on as planned and to create more awareness on the importance of the campaign thereby increasing acceptance of the MDA.
- Setting up of Rapid Response Centres for Adverse Drug Reaction (ADR) Referral Services to address all cases of adverse reaction due to intake of Praziquantel.

# SAFEGUARDING

As we navigate the complex landscape of humanitarian work and community development, guaranteeing the safety and well-being of all individuals involved remains paramount. At HANDS, we recognize that our commitment to safeguarding is not just a moral imperative but a fundamental aspect of our mission – to create positive and sustainable change in the world.

HANDS as an organisation deeply rooted in the principles of integrity, accountability, and respect for human rights, approach safeguarding not as an obligation, but as a core value that guides every decision and action we

take.

At HANDS, we have policies to prevent and respond to instances of harm, abuse, and exploitation. From robust training programmes for staff and volunteers to rigorous risk assessments and reporting mechanisms, our approach to safeguarding is proactive, transparent, and continuously evolving in response to emerging challenges and best practices.

We are delighted to express our gratitude to individuals, communities, and partners who have entrusted us with their conviction and collaboration.

It is through their invaluable support and feedback that we are able to strengthen our safeguarding efforts, build resilience, and foster environments of dignity, equity, and safety for all.


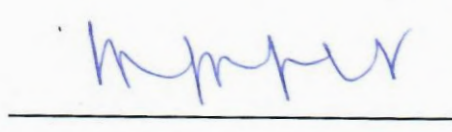
As we reflect on the achievements and lessons learned over the past year, we remain steadfast in our commitment to advancing the cause of safeguarding, both within our organisation and the wider humanitarian community. Together, we can create a world where every individual, regardless of age, gender, or background, can thrive free from harm and exploitation.

# STATEMENT OF FINANCIAL POSITION

HEALTH AND DEVELOPMENT SUPPORT PROGRAMME (HANDS)  
CONSOLIDATED STATEMENT OF FINANCIAL POSITION  
AS AT 31 DECEMBER,

	NOTE	2023 ₦	2022 ₦
<b>ASSETS</b>			
Property, plant and equipment	2	257,397,661	257,979,456
Accounts receivable	3	50,964,959	42,080,000
Cash and bank	4	396,467,430	367,316,755
Building work in progress		25,029,500	-
<b>TOTAL ASSETS</b>		<b>729,859,550</b>	<b>667,376,211</b>
<b>EQUITY AND LIABILITIES</b>			
Accumulated fund	6	458,381,612	513,258,733
<b>LIABILITIES</b>			
Accounts payable	5	73,972,727	18,618,860
Projects ongoing	7	197,505,211	135,498,618
<b>Total liabilities</b>		<b>271,477,938</b>	<b>154,117,478</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>		<b>729,859,550</b>	<b>667,376,211</b>

Approved by the Board of Trustees on 15th June 2024 and signed on its behalf by:

BOARD OF TRUSTEES

# HANDS CLUBFOOT CLINICS

HANDS CLUBFOOT CLINICS AND CLINIC DAYS		
S/N	CLINIC	CLINIC DAYS
1	NKST Rehabilitation Hospital, Mkar (Benue State)	Fridays
2	Benue State University Teaching Hospital, Makurdi (Benue State)	Wednesdays
3	Bingham University Teaching Hospital, Jos (Plateau State)	Fridays
4	Asokoro District Hospital, Abuja	Fridays
5	Dalhau Araf Specialist Hospital, Lafia (Nasarawa State)	Wednesdays
6	National Orthopaedic Hospital, Dala (Kano State)	Mondays
7	National Orthopaedic Hospital, Igbobi (Lagos State)	Mondays/Tuesdays
8	Abubakar Tafawa Balewa Teaching Hospital, (Bauchi State)	Thursdays
9	Aminu Kano Teaching Hospital, (Kano State)	Wednesdays
10	Federal Medical Centre, Jalingo (Taraba State)	Thursdays
11	Federal Teaching Hospital (Gombe State)	Mondays
12	Lagos State University Teaching Hospital, (Lagos State)	Tuesdays
13	Modibbo Adamu University Teaching Hospital, (Adamawa State)	Thursdays
14	University of Abuja Teaching Hospital, Abuja	Thursdays
15	Kubwa General Hospital, Abuja	Thursdays
16	COCIN Hospital and Rehabilitation Centre Mangu, (Plateau State)	Wednesdays
17	University of Maiduguri Teaching Hospital, (Borno State)	Wednesdays
18	Yobe State University Teaching Hospital, (Yobe State)	Wednesdays
19	General Hospital Odan, (Lagos State)	Wednesdays
20	Jos University Teaching Hospital, (Plateau State)	Thursdays

# SUCCESS *stories*

Mallam Umar a 45-year-old man with over 14 years of teaching experience in a government Primary school in Yobe, participated in the distribution of praziquantel to his pupils for the treatment of schistosomiasis and attested that the impact of the medicine was great.

In his words “One of my pupils who before the intervention was urinating blood and frequently missing class as a result of illness, is now back to class healthier with much concentration after taking the dose of the medicine.

I didn't know much about the disease (Schistosomiasis), but after training, I now

## Alhamdulillah! My Pupil is Back to Class and Healthier!

have knowledge and a better understanding of it.”

Additionally, Mallam Bukar shed light on the challenging circumstances in their community, including the absence of clean drinking water and proper sanitation facilities. He expressed gratitude for the timely and cost-free intervention provided by HANDS and its donors, recognizing its substantial impact on their community.

## “I Was Afraid of Losing My Little Sight”

“I have lived with Trachoma (Gyra) for almost 45 years now, and it has been a terrible experience. The pain and discomfort are constant companions, making every day a struggle. I never wish to experience this again and not even for anyone around me” says a 78-year-old Yusuf from Gezawa- in Kano state.

Trachoma interventions by your organization is known in our area for some time. However, when I was screened and advised to undergo surgery four years ago, I hesitated. There was a prevailing belief that surgery would worsen our already compromised vision.

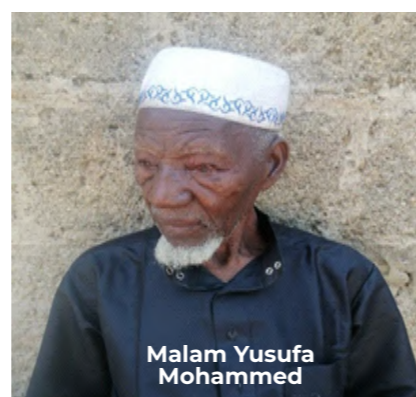
Years back, I volunteered to support evening control of traffic movement (Yellow fever) in my areas before Trachoma negatively altered my life and

cut short my social interactions within and around my localitay.

Fortunately, Fatihatu Abdulrahman, a member of our community and a case finder, intervened. She recognized my symptoms and urged me to consider surgery. Despite my initial reluctance, I'm grateful I didn't miss this chance. Since the operation, I've experienced relief and even enjoyed proper night's sleep—a luxury I hadn't known in a long time.

I and many others who benefitted from this kind of intervention pray that Allah

abundantly reward all who rekindled our hopes, who worked to ensure our sight were restored and gave us a reason to smile again.”



Malam Yusuf Mohammed

## Our Gratitude: There's Now Clean and Safe Drinking Water



### Water source before intervention

Rafin Zurfi community of Gwagwalada Area Council of Abuja, with more than 320 households has long grappled with the dire lack of access to clean and safe water. This unfortunate circumstance has resulted in the rampant spread of diseases like Schistosomiasis and other NTDs due to the consumption of contaminated water. Consequently, residents have faced significant financial burdens in seeking treatment for these ailments. Their only source of potable water, the boreholes, had remained non-functional for an extended period, forcing community members to rely on polluted water from nearby streams for all their daily needs.

CBM Global and HANDS responded positively to this challenge by carrying

out advocacy in the community, selecting and training certain members of the community on borehole rehabilitation and maintenance with the assistance of RUWASSA staff. These rehabilitated water points were also equipped with accessible platforms for persons with disabilities to ameliorate their suffering.

The community's overwhelming joy was evident in their actions and expressions, as they uttered deep gratitude to the sponsors of the programme by prioritizing and delivering clean and safe water HANDS and its partners are contributing to positive change in the life of communities such as Rafin Zurfi.



Ummahari is a young mother from a Northern Nigerian hamlet. She was horrified to discover that her son had clubfoot after giving birth and noticed that his feet were

## “ Ummahari's Renewed Hope

turned inward. She felt helpless and alone, fearing that her son would never walk or run like other children. However, her outlook changed when she learned about HANDS in collaboration with MiracleFeet, offers free clubfoot treatment for children.

Despite her initial skepticism, she decided to give it a try. At the clinic, health workers fitted her son for his first cast, marking the beginning of his journey towards healing. With each passing day, Ummahari anxiously awaited the removal of each cast, and each time, she noticed a remarkable improvement in her son's feet. Her optimism soared as she witnessed her son's feet becoming increasingly normal with each visit.

Ummahari's story is a testament to the invaluable support provided by organizations like MiracleFeet and HANDS, offering hope and a way forward to parents like her in communities where despair once reigned supreme. She is now filled with joy, knowing that her son will soon experience the happiness of playing and running with his friends, thanks to the transformative intervention provided by these organisations.

## “The Training Opened More Doors for Me”

A 42-year-old farmer, Danladi from one of the communities of Kwali Area Council of Abuja, has been impacted positively by the DFAT project in the FCT. As a beneficiary and a trained artisan, he was given tools to be used in the rehabilitation of boreholes.

Mr. Adamu embarked on a mission to rehabilitate hand pumps within his communities. He successfully repaired 15 hand pumps across 10 different communities. In each community he visited, residents contributed funds to replace worn-out spare parts and compensated him for his services.

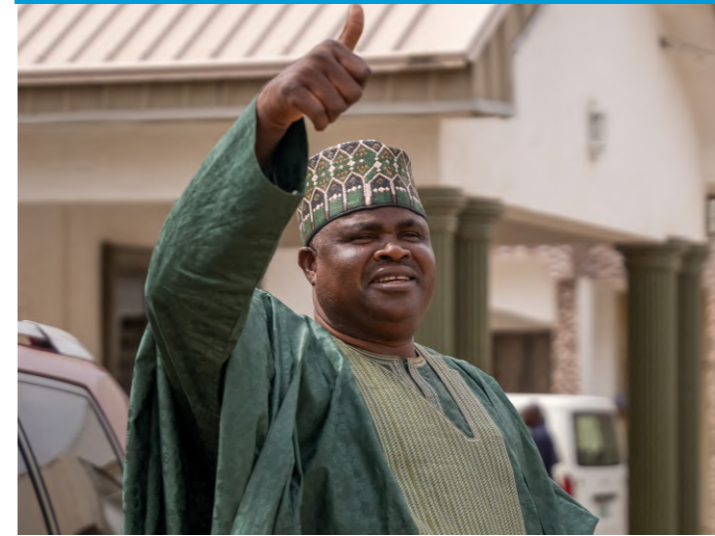
Mr. Adamu expresses immense joy and gratitude for the opportunity provided by

HANDS/CBMG. The training he received not only equipped him with valuable skills but also provided him with an additional source of income. This newfound source of livelihood enables him to fulfil his family's needs and address other challenges effectively



## TRIBUTE

In honor of our dearly cherished Programme Director Chris Ogoshi,



In the intricate landscape of organisational endeavours, there are those whose guidance serves as a beacon of wisdom and inspiration. Our beloved Programme Director was one such luminary - his dedication, foresight, and unwavering commitment shaped the very fabric of our lives.

With a profound understanding of strategy and an innate ability to navigate complexity,

he orchestrated projects with finesse, transforming vision into action and ambition into achievement. His leadership was marked by clarity of purpose, empowering staff to excel and fostering an environment where innovation thrived and challenges were met with resilience.

Yet, beyond his strategic acumen lay a heart of boundless empathy and a spirit of inclusivity. He championed not only the success of projects but also the well-being and growth of every member of the organization. His mentorship was not just about achieving milestones but about nurturing talents, building confidence, and fostering a culture of collaboration and mutual respect.

As we honour Chris' memory, let us carry forward the legacy of integrity, compassion, and excellence he so beautifully exemplified. Though he may no longer guide our endeavours, his impact will endure, guiding us through the challenges ahead and reminding us of the transformative power of visionary leadership.

In loving memory of our Programme Director Chris Ogoshi. His legacy will continue to inspire and uplift us as we strive to reach new heights of success and fulfillment.

## WALL OF REMEMBRANCE



SARMAAN Round 2							
STATE	LGA	Total Children 1-11 months (Males) - Census	Total Children 1-11 months (Female) - Census	Total Children 1-11 months - Census	Total Treated - Children 1-11 months (Male)	Total Treated - Children 1-11 months (Female)	# Individuals Treated
Jigawa	AUYO	3,892	4,088	7,980	3,721	3,868	7,589
Jigawa	BABURA	6,548	6,013	12,561	6,510	5,326	11,836
Jigawa	BIRNIN KUDU	9,811	9,375	19,186	9,400	8,298	17,698
Jigawa	BIRNIWA	4,045	4,585	8,630	3,684	4,090	7,774
Jigawa	BUJI	2,809	3,153	5,962	2,213	2,970	5,183
Jigawa	DUTSE	6,540	6,462	13,002	6,517	6,419	12,936
Jigawa	GAGARAWA	2,094	2,817	4,911	2,048	2,737	4,785
Jigawa	GARKI	5,064	4,260	9,324	5,047	4,040	9,087
Jigawa	GUMEL	2,716	3,436	6,152	2,654	3,337	5,991
Jigawa	GURI	3,338	3,929	7,267	3,127	3,745	6,872
Jigawa	GWARAM	9,825	9,050	18,875	8,242	8,993	17,235
Jigawa	GWIWA	3,183	4,407	7,590	2,907	3,951	6,858
Jigawa	HADEJIA	2,915	3,716	6,631	2,667	3,477	6,144
Jigawa	JAHUN	5,925	7,429	13,354	5,521	6,889	12,410
Jigawa	KAFIN HAUSA	7,231	9,687	16,918	6,585	8,848	15,433
Jigawa	KAUGAMA	3,627	4,083	7,710	3,389	3,778	7,167
Jigawa	KAZAURE	4,475	6,240	10,715	4,220	5,933	10,153
Jigawa	KIRIKASAMMA						
		4,625	5,265	9,890	3,928	4,645	8,573
Jigawa	KIYAWA	5,137	5,820	10,957	4,504	5,500	10,004

Jigawa	MAIGATARI	4,672	6,356	11,028	4,329	5,856	10,185
Jigawa	MALAM MADORI	4,077	5,743	9,820	3,780	5,300	9,080
Jigawa	MIGA	3,656	4,311	7,967	3,007	3,900	6,907
Jigawa	RINGIM	6,182	5,725	11,907	5,958	5,360	11,318
Jigawa	RONI	1,773	2,430	4,203	1,660	2,256	3,916
Jigawa	SULE TANKARKAR	3,714	4,954	8,668	3,207	4,320	7,527
Jigawa	TAURA	4,332	3,713	8,045	4,162	3,570	7,732
Jigawa	YANKWASHI	2,468	3,460	5,928	2,334	3,269	5,603
Grand Total		124,674	140,507	265,181	115,321	130,675	245,996

SARMAAN Round 3							
STATE	LGA	Total Children 1-11 months (Males) - Census	Total Children 1-11 months (Female) - Census	Total Children 1-11 months - Census	Total Treated - Children 1-11 months (Male)	Total Treated - Children 1-11 months (Female)	# Individuals Treated
Jigawa	AUYO	4,116	4,268	8,384	3,669	3,880	7,549
Jigawa	BABURA	5,282	6,382	11,664	5,044	6,186	11,230
Jigawa	BIRNIN KUDU	7,638	11,442	19,080	7,566	11,330	18,896
Jigawa	BIRNIWA	4,133	4,764	8,897	3,643	4,226	7,869
Jigawa	BUJI	3,007	3,853	6,860	2,545	3,364	5,909
Jigawa	DUTSE	7,350	7,737	15,087	6,736	7,053	13,789
Jigawa	GAGARAWA		2,736			2,529	4,528
		2,124		4,860	1,999		
Jigawa	GARKI	4,507	4,970	9,477	4,368	4,850	9,218
Jigawa	GUMEL	2,890	3,605	6,495	2,709	3,347	6,056
Jigawa	GURI	3,116	3,567	6,683	2,722	3,114	5,836

Jigawa	GWARAM	7,236	8,311	15,547	6,658	7,677	14,335
Jigawa	GWIWA	3,755	3,853	7,608	3,242	3,297	6,539
Jigawa	HADEJIA	3,150	3,277	6,427	2,553	2,482	5,035
Jigawa	JAHUN	5,577	7,592	13,169	5,441	7,398	12,839
Jigawa	KAFIN HAUSA	7,399	8,922	16,321	7,290	8,774	16,064
Jigawa	KAUGAMA	3,551	4,230	7,781	3,528	4,227	7,755
Jigawa	KAZAURE	4,034	5,549	9,583	4,029	5,549	9,578
Jigawa	KIRIKASAMMA	5,279	6,187	11,466	5,161	5,993	11,154
Jigawa	KIYAWA	4,808	5,568	10,376	4,701	5,389	10,090
Jigawa	MAIGATARI	5,187	5,693	10,880	4,458	4,960	9,418
Jigawa	MALAM MADORI	3,100	4,503	7,603	3,079	4,468	7,547
Jigawa	MIGA	3,146	4,564	7,710	3,095	4,501	7,596
Jigawa	RINGIM	4,412	6,676	11,088	4,384	6,609	10,993
Jigawa	RONI	2,099	2,514	4,613	2,083	2,494	4,577
Jigawa	SULE TANKARKAR	3,310	4,516	7,826	3,252	4,431	7,683
Jigawa	TAURA	3,818	4,166	7,984	3,673	3,963	7,636
Jigawa	YANKWASHI	2,931	3,233	6,164	2,771	3,025	5,796
Grand Total		116,955	142,678	259,633	110,399	135,116	245,515

ONCHO/LF Summary Data for Jigawa State				
STATE	LGA	Target Population	Number of Individuals Treated for ONCHO	Number of Individuals Treated for LF
JIGAWA	BIRNIN KUDU	381,468	319,441	319,441

JIGAWA	BUJI	8,997	6,741	-
JIGAWA	GWARAM	331,812	277,860	277,860
JIGAWA	GWIWA	151,574	126,918	126,918
JIGAWA	HADEJIA	128,580	107,680	107,680
JIGAWA	KAZAURE	196,586	164,637	164,637
JIGAWA	KIRIKASAMMA	233,140	191,988	191,988
JIGAWA	MALAM MADORI	196,488	164,545	164,545
JIGAWA	RONI	94,729	79,318	79,318
JIGAWA	YANKWASHI	116,566	96,417	96,417
JIGAWA	AUYO	160,684	158,337	158,337
JIGAWA	BABURA	253,320	242,764	242,764
JIGAWA	BIRNIWA	173,257	172,117	172,117
JIGAWA	DUTSE	299,629	286,038	286,038
JIGAWA	GAGARAWA	97,864	87,675	87,675
JIGAWA	GARKI	185,312	173,939	173,939
JIGAWA	GUMEL	130,446	122,233	122,233
JIGAWA	GURI	140,012	124,147	124,147
JIGAWA	JAHUN	278,875	246,023	246,023
JIGAWA	KAFIN HAUSA	329,957	300,779	300,779
JIGAWA	KAUGAMA	155,760	140,491	140,491

JIGAWA	KIYAWA	210,486	184,491	184,491
JIGAWA	MAIGATARI	218,766	202,399	202,399
JIGAWA	MIGA	156,330	142,331	142,331
JIGAWA	RINGIM	233,749	231,689	231,689
JIGAWA	SULE TANKARKAR	159,282	159,417	159,417
JIGAWA	TAURA	160,387	146,895	146,895
GRAND TOTAL		5,184,056	4,657,310	4,650,569

ONCHO/LF Summary Data for Kano State				
STATE	LGA	Target Population	Number of Individuals Treated for ONCHO	Number of Individuals Treated for LF
KANO	AJINGI	66,298	52,525	-
KANO	BEBEJI	131,744	104,340	-
KANO	DALA	517,582	-	495,833
KANO	DAMBATTA	74,347	59,447	-
KANO	DAWAKIN TOFA	149,097	117,710	-
KANO	DOGUWA	130,578	104,792	
KANO	GABASAWA	363,326	-	256,257
KANO	GARUN MALAM	109,670	83,098	-
KANO	GAYA	63,685	51,887	-
KANO	GEZAWA	481,046	-	342,269

KANO	GWARZO	108,154	90,204	-
KANO	KABO	51,574	46,460	-
KANO	KMC	528,250	-	439,089
KANO	KARAYE	66,200	55,169	-
KANO	KIRU	78,375	62,158	-
KANO	KUMBOTSO	524,108	-	342,052
KANO	KURA	71,280	54,474	-
KANO	MADOBI	55,957	43,624	-
KANO	MAKODA	364,146	269,865	269,865
KANO	MINJIBIR	328,601	-	259,808
KANO	RANO	248,896	-	182,171
KANO	ROGO	39,370	32,424	-
KANO	SUMAILA	107,981	82,510	-
KANO	TAKAI	82,719	65,087	-
KANO	TOFA	146,777	113,966	113,966
KANO	TSANYAWA	236,638	-	192,860
KANO	TUDUN WADA	171,867	145,885	-
KANO	UNGOGO	538,899	-	448,840
KANO	WARAWA	192,361	-	156,486
GRAND TOTAL		6,029,526	1,635,625	3,003,663

ONCHO/LF Summary Data for Yobe State				
STATE	LGA	Target Population	Number of Individuals Treated for ONCHO	Number of Individuals Treated for LF
YOBE	BADE	170,156	135,996	-
YOBE	BURSARI	132,836	108,596	-
YOBE	JAKUSKO	278,862	221,776	-
YOBE	KARASUWA	130,241	103,845	103,845
YOBE	MACHINA	74,992	64,530	64,530
YOBE	NGURU	183,363	151,330	151,330
YOBE	DAMATURU	107,139	98,568	98,568
YOBE	GUJBA	158,355	128,265	128,265
YOBE	GULANI	126,002	103,322	103,322
YOBE	FIKA	166,642	149,978	-
YOBE	FUNE	366,114	353,634	353,634
YOBE	NANGERE	106,906	91,960	91,960
YOBE	POTISKUM	250,612	215,526	-
YOBE	Tarmua	93,980	79,883	-
GRAND TOTAL		2,346,200	2,007,209	1,095,454

ONCHO/LF Summary Data for FCT				
STATE	LGA	Target Population	Number of Individuals Treated for ONCHO	Number of Individuals Treated for LF
FCT	KUJE	118,525	115,497	-
FCT	ABAJI	142,286	136,383	-
FCT	AMAC	275,559	257,552	-
FCT	KWALI	208,978	186,716	-
FCT	BWARI	276,589	268,166	268,166
FCT	GWAGWALADA	192,052	155,829	155,829
GRAND TOTAL		1,213,989	1,120,143	423,995

SCH Summary Data for FCT					
STATE	LGA	Target Population	Number of SAC Treated for SCH	Number of Adults Treated for SCH	Total Treated for SCH
FCT	AMAC	265,487	152,487	140,153	292,640
FCT	BWARI	34,877	23,870	13,274	37,144
FCT	GWAGWA LADA	150,836	108,776	42,414	151,190
FCT	KUJE	36,150	26,524	11,797	38,321
FCT	ABAJI	30,684	23,205	11,228	34,433
FCT	KWALI	33,810	25,196	14,593	39,789
GRAND TOTAL		551,844	360,058	233,459	593,517

SCH Summary Data for Kano State					
STATE	LGA	Target Population	Number of SAC Treated for SCH	Number of Adults Treated for SCH	Total Treated for SCH
Kano	Albasu	19,232	14,804	-	14,804
Kano	Bagwai	69,382	62,785	-	62,785
Kano	Bebeji	72,788	63,604	-	63,604
Kano	Bichi	36,353	27,912	-	27,912
Kano	Bunkure	53,881	68,393	-	68,393
Kano	Doguwa	56,283	48,551	-	48,551
Kano	Fagge	11,455	8,925	-	8,925
Kano	Garko	47,302	52,118	-	52,118
Kano	Garun Mallam	45,312	46,644	-	46,644
Kano	Gwale	10,288	10,794	-	10,794
Kano	Gwarzo	63,669	58,491	-	58,491
Kano	Kabo	58,442	70,367	-	70,367

Kano	Karaye	47,429	41,936	-	41,936
Kano	Kibiya	53,300	52,594	-	52,594
Kano	Kiru	105,184	113,463	-	113,463
Kano	Kumbots o	13,952	12,851	-	12,851
Kano	Kunchi	47,300	49,304	-	49,304
Kano	Kura	54,838	73,182	-	73,182
Kano	Madobi	53,789	52,728	-	52,728
Kano	Makoda	7,727	8,035	-	8,035
Kano	Minjibir	71,791	72,458	-	72,458
Kano	Nasaraw a	23,688	24,296	-	24,296
Kano	Rano	58,164	53,742	-	53,742
Kano	Rimin Gado	41,247	49,045	-	49,045
Kano	Rogo	85,380	98,855	-	98,855
Kano	Shanono	44,604	43,038	-	43,038
Kano	Sumaila	80,602	65,464	-	65,464
Kano	Takai	68,113	78,867	-	78,867
Kano	Tofa	39,707	48,241	-	48,241
Kano	Tsanyaw a	8,112	11,162	-	11,162
Kano	Tudun wada	88,937	88,226	-	88,226
Kano	Warawa	42,092	38,315	-	38,315
Kano	Wudil	62,311	62,949	-	62,949
GRAND TOTAL		1,642,654	1,672,139	-	1,672,139

SCH Summary Data for Yobe					
STATE	LGA	Target Population	Number of SAC Treated for SCH	Number of Adults Treated for SCH	Total Treated for SCH
Yobe	BADE	43575	42,313	-	42,313
Yobe	BURSARI	31765	32,711	-	32,711
Yobe	DAMATURU	25947	26,316	-	26,316
Yobe	FUNE	8538	10,488	-	10,488
Yobe	GEIDAM	32279	27,519	-	27,519
Yobe	GUJBA	27847	23,590	-	23,590
Yobe	GULANI	8843	7,239	-	7,239
Yobe	JAKUSKO	71416	83,232	-	83,232
Yobe	KARASUWA	29014	30,766	-	30,766
Yobe	MACHINA	3005	2,437	-	2,437
Yobe	NANGERE	5940	6,095	-	6,095
Yobe	NGURU	19334	24,325	-	24,325
Yobe	POTISKUM	2101	3,303	-	3,303
Yobe	TARMUWA	18293	16,053	-	16,053
Yobe	YUNUSARI	27496	25,548	-	25,548
Yobe	YUSUFARI	4935	4,635	-	4,635
GRAND TOTAL		360,328	366,570	-	366,570

ANNEX

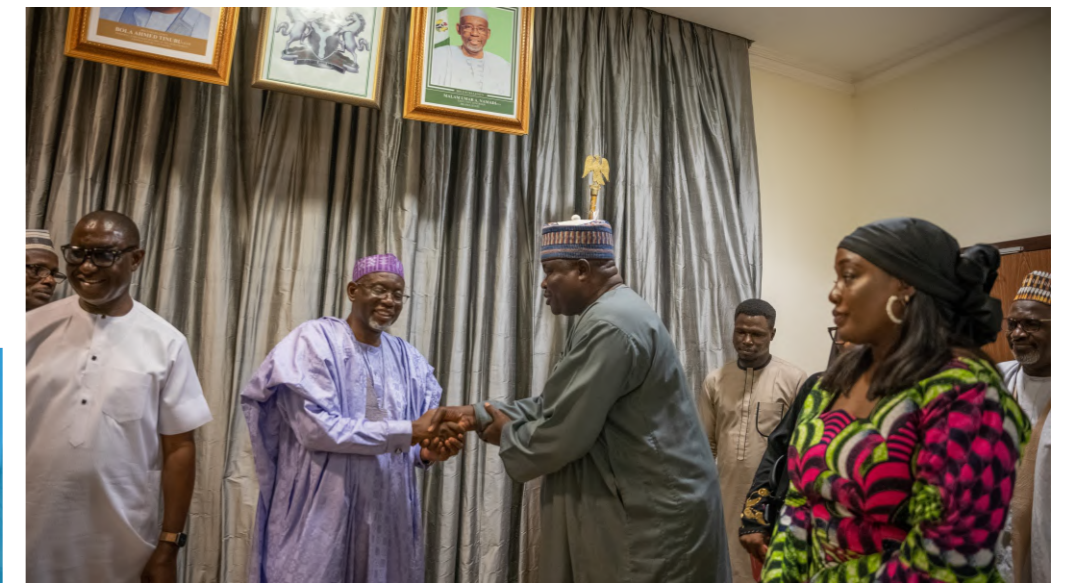
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- HANDS extends appreciation to the following partners, among others:
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- NKST Rehabilitation Hospital Mkar, Benue State
- Benue University Teaching Hospital, Makurdi Benue State
- Alliance Hospital, Garki, Abuja
- Asokoro District Hospital Asokoro, Abuja
- Dalhatu Araf Specialist Hospital Lafia, Nasarawa State
- National Orthopedic Hospital Dala, Kano State
- Abubakar Tafawa Balewa Teaching Hospital, Bauchi State
- Aminu Kano Teaching Hospital, Kano State
- Federal Medical Centre, Jalingo Taraba State
- Federal Teaching Hospital Gombe State
- Lagos State University Teaching Hospital, Lagos State
- Modibbo Adamu University Teaching Hospital, Adamawa State
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## NOTEWORTHY PICTURES





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