

HEALTH AND DEVELOPMENT SUPPORT PROGRAMME



HANDS

2020 ANNUAL REPORT



Partners:



Sightsavers



FEDERAL MINISTRY OF
HEALTH



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From the Programme COORDINATOR



As Programme Coordinator of Health and Development Support Programme (HANDS), it is my privilege to share our 2020 Annual Report which highlights the achievements recorded in the supported states of Kano, Jigawa, Yobe, Bauchi and the Federal Capital Territory (FCT). Mindful of our primary responsibility for the elimination of Neglected Tropical Diseases (NTDs) and the provision of highly effective Eye Health services in Nigeria, HANDS has continued to work with the Federal Ministry of Health, the respective states and local governments in ensuring the annual distribution of essential medicines in all endemic communities and management of complications to improve the quality of life of the people.

We highly appreciate the support of all our partners who have provided leadership, policies and ownership of our various programmes to guarantee elaborate success. Also, worth mentioning are the key donor agencies: CBM and Sightsavers. They have funded key programme activities during the period under review and have demonstrated oversight function of monitoring to ensure that implementation of all activities is in accordance with the Standard Operating Procedures (SoPs) of World Health Organization (WHO).

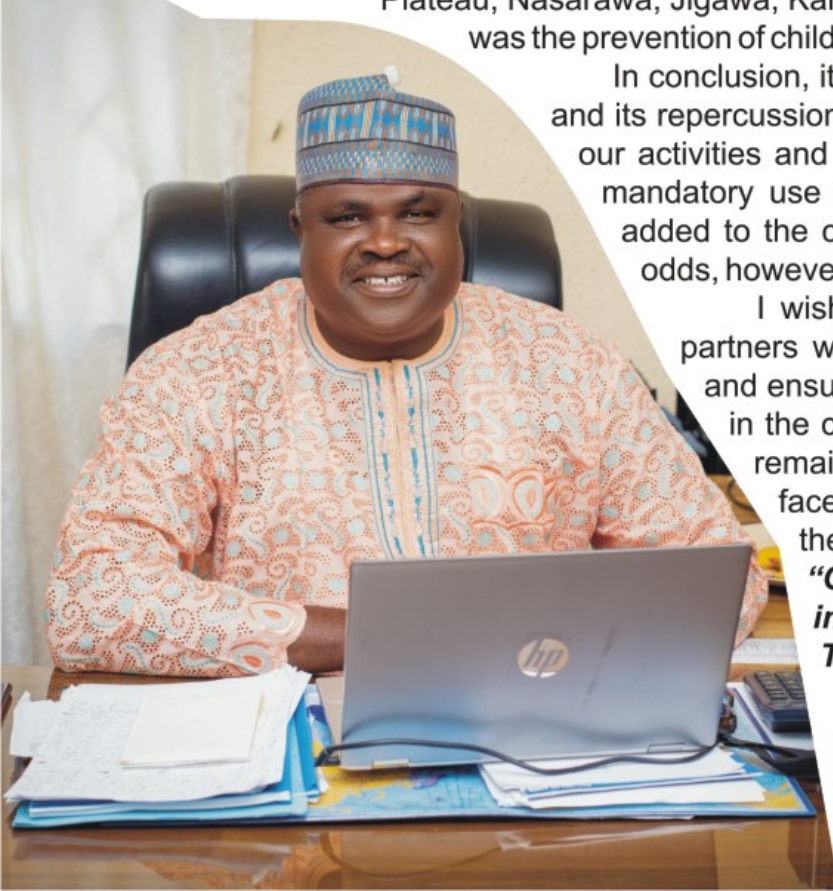
In the year 2020, interventions were provided for Onchocerciasis, Lymphatic filariasis (LF), Trachoma, Schistosomiasis and Soil Transmitted Helminths (STH) in endemic communities. There were mass administration of medicines to targeted population, Morbidity Management and Disability Prevention (MMDP), the provision of Eye Health services such as cataract, TT surgeries, Low Vision consultation and intervention.

The Seeing is Believing (SiB) programme ended during the period under review. The project was supported by CBM enabling HANDS to collaborate with six (6) states, namely: Plateau, Nasarawa, Jigawa, Kano, Katsina and the FCT. The cardinal goal was the prevention of childhood blindness.

In conclusion, it would be important to state that Covid-19 and its repercussions greatly affected and is still impacting on our activities and operations. The statutory lockdowns and mandatory use of Personal Protective Equipment (PPE) added to the cost of implementing activities. Against all odds, however, we made great strides and hope for more.

I wish to express my heartfelt gratitude to all partners who worked tirelessly in providing support and ensuring that services were provided to people in the communities. Our ultimate satisfaction has remained the smiles we constantly see on the faces of the beneficiaries. This has provided the impetus to actualizing HANDS vision of ***“Quality life with equal opportunities in an inclusive society.”***

Thank you.



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HANDS Identity



The Vision

Quality life with equal opportunities in an inclusive society.

The Mission



Support and promote improved public health, development, emergency services in collaboration with communities, government and development agencies.

The Objectives

1. To promote and provide low vision services and programmes in Nigeria.
2. To promote public health programmes including child survival activities, nutrition, immunization, vitamin A supplementation and general health and welfare of mothers and children.
3. To provide consultancy services on advocacy and programme development.
4. To carry out activities that will alleviate the suffering of people with disabilities and those afflicted with neglected tropical diseases.
5. To raise funds, accept gifts and donations from individuals, foundations, governments, governmental and non-governmental agencies and corporate organizations for the furtherance of the aims of HANDS.
6. To engage in income-generating ventures for sustainability and furtherance of the aims of HANDS.



Programme Areas/Activity Coverage

Programme Areas

HANDS has five (5) states in the tropical part of Nigeria as its focal states. They are tagged as HANDS-Supported States and they include: Kano, Jigawa, Yobe and Bauchi States – the fifth being the FCT. We work in tandem with the state governments in these states to eliminate NTDs and provide eye care services to affected communities. We also work in the States of Plateau, Nasarawa, and Katsina in the implementation Eye Care programmes.

Activity Coverage

Map of Nigeria, isolating HANDS area of programme activity (sample shown below)



Training



Trainings were conducted in HANDS supported states of Jigawa, Kano, Yobe and FCT on the current trends of NTDs management.

The training was designed to help the teams implement value-based MDA ensuring effective supervision and aggregate treatment data using community registers. Strict compliance with Covid19 NTDs implementation guidelines provided by the Federal Ministry of Health was duly observed.

Table 12: Statistical representation of training for NTD Teams for 2020

NEGLECTED TROPICAL DISEASE (NTD) MAM Component																			
2020 Training Data for HANDS supported states																			
S/N	LGA	No of Community	No of State NTD team trained	No of FLHF	No of School per LGAs	No. of CDDs in State	Male LGA Team Trained	Female Team Trained	Total LGA team Trained	Male FLHF Trained	Female FLHF Trained	Total FLHF Trained	Male CDD Trained	Female CDD Trained	Total CDDs Trained	Male Teacher Trained	Female Teachers Trained	Total Teachers Trained	Edu. Supv. Trained
1	JIGAWA	8,353	16	769	4,483	10,214	122	3	125	727	43	770	8,602	1,008	9,610	5,939	255	6,194	312
2	KANO	6,940	15	1,188	7,582	21,100	307	1	308	1,006	182	1,188	17,102	3,998	21,100	3,626	504	4,130	38
3	YOBE	4,443	12	496	975	5,335	73	12	85	358	138	496	3,283	1,512	4,795	2,582	1,240	3,822	17
4	FCT	559	17	36	1,113	2,200	27	9	36	280	185	465	1,143	1,057	2,200	1,316	1,004	2,320	118
	TOTAL	20,295	60	2,489	14,153	38,849	529	25	554	2,371	548	2,919	30,130	7,575	37,705	13,463	3,003	16,466	485

Advocacy and sensitization

HANDS maintained strong partnership, working in synergy with the Federal, State and Local governments of Nigeria towards NTDs control and elimination. Advocacy visits were carried out to all stake holders in the supported states. This is paramount to ensuring programme ownership, sustainability and accountability.

Monitoring/Evaluation of NTD and Data management

In 2020 the Monitoring and Evaluation (M&E) unit coordinated all data collection and management. This systematic monitoring framework has improved quality of NTDs data from over 20,000 communities across the four supported states. The unit has also developed a plan for project-related capacity building on M&E and for software-based support. This has improved data collection while measuring achievements against performance indicators has been made easy using the softwares available.



NTDs Overview

Neglected Tropical Diseases (NTDs) are a diverse group of tropical infections which are common in low-income populations in developing regions of Africa, Asia, and the Americas. They have range of effects, from extreme pain, permanent disability to death. NTDs are classified into two group which are Preventive Chemotherapy (PCT) and Innovative Disease Management (IDM). Examples include;

PCT NTDs include Lymphatic filariasis, onchocerciasis (river blindness), schistosomiasis (bilharziasis), soil-transmitted helminthiasis (intestinal worms) and trachoma. IDM NTDs include Buruli ulcer, yaws, leprosy and rabies, etc.

One or more of the five (5) PCT NTDs are endemic in the four HANDS supported states of Kano, Jigawa, Yobe and FCT and over the years intervention has been going for the 5 PCT NTDs through Mass Drug Administration using the community and school platforms.

During the year under review treatment were conducted thus: Onchocerciasis/ Lymphatic Filariasis Mass Drug Administration (MDA) was in 93 LGAs, SCH/STH in 66 LGAs and trachoma 17 LGAs across the four supported states. In all a total of **2,368,167** were treated for Onchocerciasis (Oncho), **14,178,983** for Lymphatic Filariasis (LF), **3,774,986** for Schistosomiasis (SCH), **1,549,234** for **Soil Transmitted Helminths** (STH) and **2,808,014** for Trachoma in all endemic LGAs. The details can be found in tables 1-6.

The major challenge that the project encountered during the reporting year included, the Covid 19 pandemic, late arrival of drugs and insecurity in supported states among others.

Onchocerciasis

Oncchocerciasis (Oncho) also called river blindness is a parasitic disease caused by *Onchocerca volvulus*. The disease is transmitted by repeated bites from infected black flies that breed in fast flowing water. It is common in those who live in rural areas and persons who travel to endemic areas with fast flowing rivers. The symptoms include severe itching, bumps under the skin and blindness, etc. Since 1995, HANDS commenced support to the states for the elimination of onchocerciasis using the Community Directed Treatment with Ivermectin (CDTI). In the year 2020, training was carried out for Oncho at different levels for the MDA. CDDs distributed Ivermectin tablets to members of communities from the ages of 5 and above moving from house to house.

With the Covid-19 pandemic, personnel were trained on risk and mitigation for covid-19 and all MDA activities were carried out in strict compliance with national covid-19 guidelines. As part of mitigation measures, personnel trained such as health workers and CDDs among others were given personal protective equipment (PPE).

Table 1: *Onchocerciasis treatment in HANDS supported states*

STATE	No. of LGAs	Targeted	Treated	Achievement
YOBE	12	355,279	315,184	88%
JIGAWA	17	278,493	244,238	87%
Kano	17	1,145,801	955,480	83%
FCT	6	1,007,657	853,265	78%
TOTAL	52	2,787,230	2,368,167	85%

Trachoma

Trachoma as a Neglected Tropical Disease (NTD) is one of the major causes of blindness if left untreated. Trachoma is an ocular infection by *Chlamydia Trachomatis* initially causing inflammation of the conjunctiva. Repeated exposure to the bacterium without adequate treatment causes the upper eyelid to turn inwards which is known as trachomatous trichiasis (TT). Ultimately, this results in scarring of the eye which leads to blindness. The main form of the disease transmission occurs by direct contact between individuals who spread infective droplets from the eyes and nose, but the disease can also be spread by fomites (handkerchief, towel, eye-pencil, etc.) and flies. Trachoma tends to manifest more among young children who lack facial hygiene and mothers who have high contact hours with their offspring.

HANDS in collaboration with donor agencies, Federal and States Ministries of Health, have been supporting trachoma control in some northern states of Nigeria, precisely Jigawa, Kano, Yobe and Bauchi states for several years. HANDS, as part of our mandate, provides quality treatment for those with trachoma and seeks to improve preventative measures through effective strategy to tackle and control the disease. These involve **S**urgery for trichiasis, **A**ntibiotic treatment through mass administration of medicine, **F**acial cleanliness, and **E**nvironmental improvement (**SAFE**). Impact Assessment Survey conducted recently shows a tremendous improvement in the fight against the trachoma disease, which has led to the stoppage of MDA activities in 10 endemic LGAs of Kano state, but surgeries for trichiasis have continued as a way of clearing backlogs in the state.

In the year under review, a significant number of people benefited from the annual antibiotic treatment in Jigawa and Yobe states, achieving above 80% therapeutic coverage as shown on the table below:

Table 2: *Treatment of Trachoma with Azithromycin in Jigawa and Yobe States*

STATE	No. of LGAs	Targeted	Treated	Achievement
YOBE	12	2,100,436	1,780,960	85%
JIGAWA	5	1,112,306	1,027,054	92%
TOTAL	17	3,212,742	2,808,014	87%

Lymphatic Filariasis

Lymphatic Filariasis (LF) is a disease caused by filarial parasites which is transmitted through the bites of infected mosquitoes. One of the symptoms of the disease is itching of the skin. Long time effects of LF includes swollen legs with rough-thickened skin. Other complications include elephantiasis which is characterized by severe swellings in the arms, legs, breasts or genitals (e.g., swollen scrotum also known as hydrocele). The infection can be acquired in childhood or adulthood and has no gender preference.

HANDS worked with her supported states to conduct mass administration of ivermectin and albendazole to 83 out of the 86 endemic LGAs for LF. 3 LGAs in Kano were not treated for LF because of insufficient albendazole. The MDA was

done using Community Directed Intervention Strategy (CDI) where CDDs distribute the medicines to community members.

Statistical distribution of people who benefited from the annual Lymphatic Filariasis treatment is shown on the table below:

Table 3: *Lymphatic Filariasis treatment in HANDS supported states*

STATE	No. of LGAs	Targeted	Treated	Achievement
YOBE	11	1,986,802	1,549,328	77%
JIGAWA	27	6,144,527	4,139,148	67%
KANO	41	11,939,357	7,994,428	67%
FCT	4	617,817	496,079	80%
TOTAL	83	20,688,503	14,178,983	69%

Morbidity Management and Disability Prevention (MMPD)

Morbidity management and disability prevention NTDs include lymphodema, hydrocele, yaws, buruli ulcer among others. Persons affected by the debilitation of NTDs are not only physically disabled, but suffer mental, social and financial losses contributing to stigma and poverty. Within the reporting year, CBM/HANDS collaborated with the supported states to provide morbidity management (lymphodema management and hydrocele surgery) to affected members of the community.

Key activities conducted in 2020 to manage lymphatic filariasis and disability prevention in Kano and Jigawa states include:

- Trainings
- Case search
- Patient care and treatment
- surgery for hydrocele;
- LF MDA

In addition, mental health services were provided to persons affected by NTDs in Birnin Kudu LGA of Jigawa State.

The total number of people who benefited from MMPD are as shown below:

SERVICES PROVIDED	Target	Achieved			
		Males	Females	Total	Achieved
Morbidity Management	100	551	41	592	592%
Hydrocele Surgery	50	42		42	84%
Mental Health Services for 100 persons	100	124	72	196	196%
TOTAL	250	717	113	830	332%



*Lymphoedema
Management*

Schistosomiasis & Soil Transmitted Helminths

Schistosomiasis (SCH) also known as Bilharziasis is a disease caused by parasitic worms. The parasites that cause schistosomiasis live in fresh water snails and are responsible for the transmission of the disease. Presence of water bodies (streams, rivers and ponds, etc.) which harbour the fresh water snails support the transmission of the disease. The prevalence and intensity of schistosomiasis are highest among school-age children, adolescents and young adults, and any other person who has frequent contact with contaminated water.

In 2020, HANDS supported the states in the prevention and control of SCH through health education and the mass administration of praziquantel to populations in endemic communities. The strategy includes both community and school-based deworming exercise. Teachers and CDDs are trained to administer the medicine. The MDA was conducted in 66 LGAs across the supported states.

Similarly, treatment was also carried out for soil transmitted helminths in 19 LGAs of FCT and Kano states.

Below are data obtained relating to treatments of these diseases

Table 4: *Schistosomiasis treatment in HANDS supported states*

STATE	No of LGAs	Targeted	Treated	Achievement
FCT	6	716,450	644,300	90%
Yobe	10	462,844	420,860	91%
Kano	25	1,804,037	1,446,319	80%
Jigawa	25	1,418,701	1,263,507	89%
TOTAL	66	4,402,032	3,774,986	86%

Table 5: *Soil Transmitted Helminths treatment in HANDS supported states*

STATE	No. of LGAs	Targeted	Treated	Achievement
FCT	2	308,027	300,521	98%
Kano	17	1,519,682	1,248,713	82%
TOTAL	19	1,827,709	1,549,234	85%

Eye Health Department

The Eye Health Department is one of the five (5) units that make up HANDS. The goal of the Eye Health Programme is to contribute to the reduction of avoidable blindness in the supported states of Kano, Jigawa, Yobe and the FCT. The activities of the department include Eye Health education, community eyes screening, carrying out consultations and giving treatments for minor eye diseases, refraction and dispensing of glasses, making referrals for surgeries and other complicated conditions that need expert hospital base treatments, as well as engaging in low vision consultation and dispensing low vision devices. The department runs the weekly Wednesday eye clinic consultations at the HANDS head office and also coordinates the eye care component in NTDs, such as trachoma where TT surgeries are conducted in the supported states.

Since 2017, the unit has been superintending a comprehensive child eye health blindness prevention programme called **Seeing Is Believing** (SIB). This 3-year programme officially rounded up in February 2020 with close up meetings. The activity was carried out in 6 states, clustered into 3 each. FCT, Nasarawa and Plateau as cluster 2 and Kano, Katsina and Jigawa as cluster 3 with about 22,681,380 people benefitting from the programme in the 6 states in Nigeria.

Inclusive Eye Health

This is a 3-year programme funded by CBM for execution in 4 states, namely; Kano, Katsina, Jigawa and Yobe. It began in 2019 and is currently in its second year of implementation. The overall objective of the project is to improve the quality of life of persons with visual impairment and other disabilities through the provision of comprehensive, inclusive, affordable and accessible eye health services that are integrated into the health systems of Yobe, Kano, Jigawa and Katsina states.

Below is a tabulated achievement:

Table 6: *Eye screening*

CATEGORY	PERSONS WITHOUT DISABILITY		PERSONS WITH DISABILITY		TOTAL
Adults	Males	Females	Males	Females	11, 182
	5,196	4,941	495	550	
Children	Males	Females	Males	Females	4,614
	2,420	1,989	105	100	
TOTAL	7,616	6,930	600	650	15796
GRAND TOTAL	14, 546		1,250		

Table 7: *Cataract and other minor surgeries*

Surgeries conducted through HANDS (Adults)	CATARACT				MINOR SURGERIES				TOTAL
	Persons without disability		Persons with Disability		Persons without disability		Persons with Disability		
	Males	Females	Males	Females	Males	Females	Males	Females	
	123	95	39	43	31	12	11	6	
SUB TOTAL	300				60				360
Surgeries conducted at Katsina Eye Centre	CATARACT				MINOR SURGERIES				
	Persons without disability		Persons with Disability		Persons without disability		Persons with Disability		
	Males	Females	Males	Females	Males	Females	Nil		
	439	473	23	35	18	23			
SUB TOTAL	970				41				1,011
GRAND TOTAL									1,371

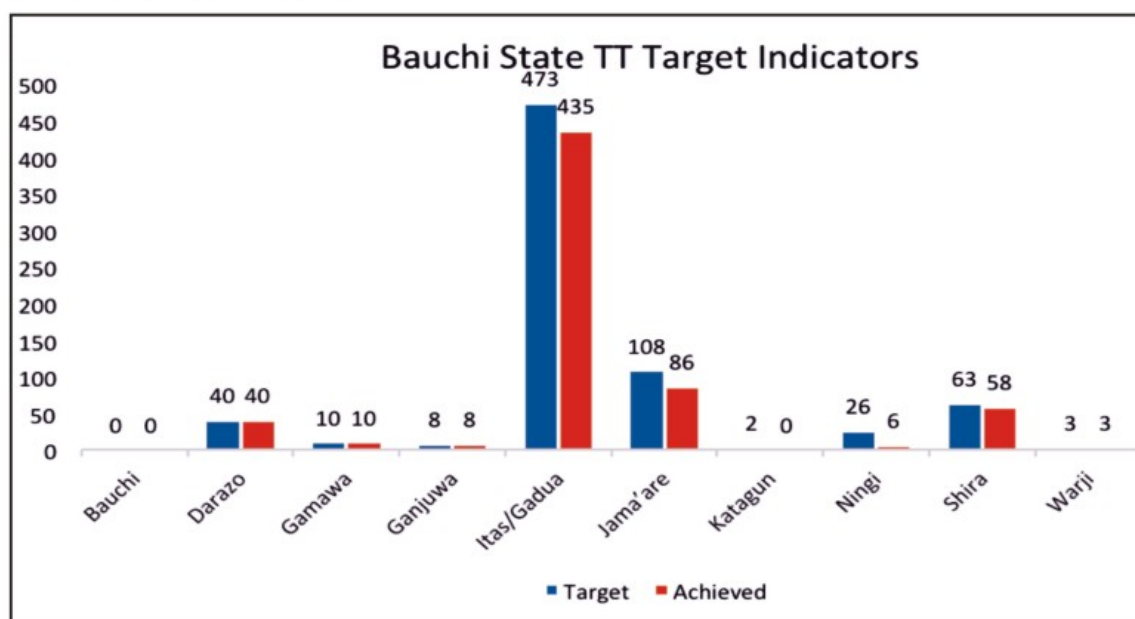
The Eye Clinic

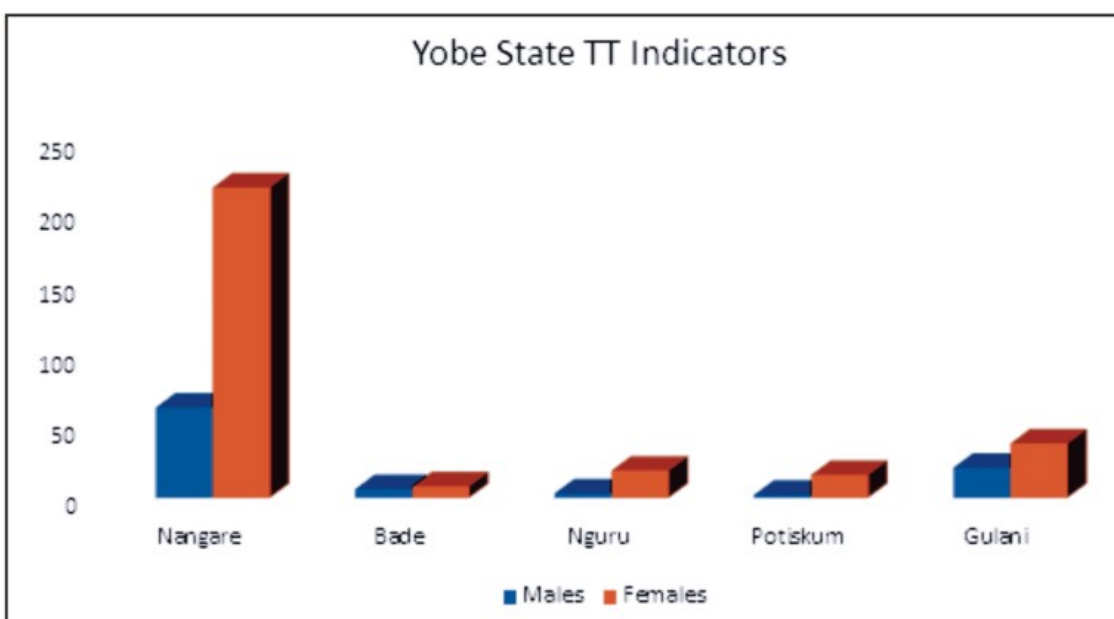
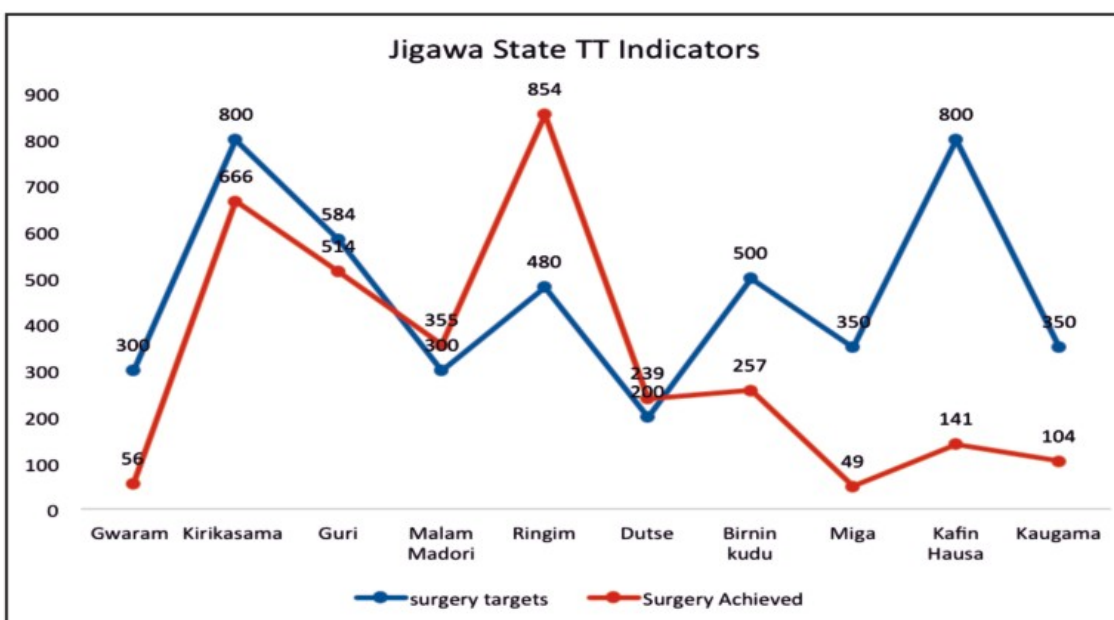
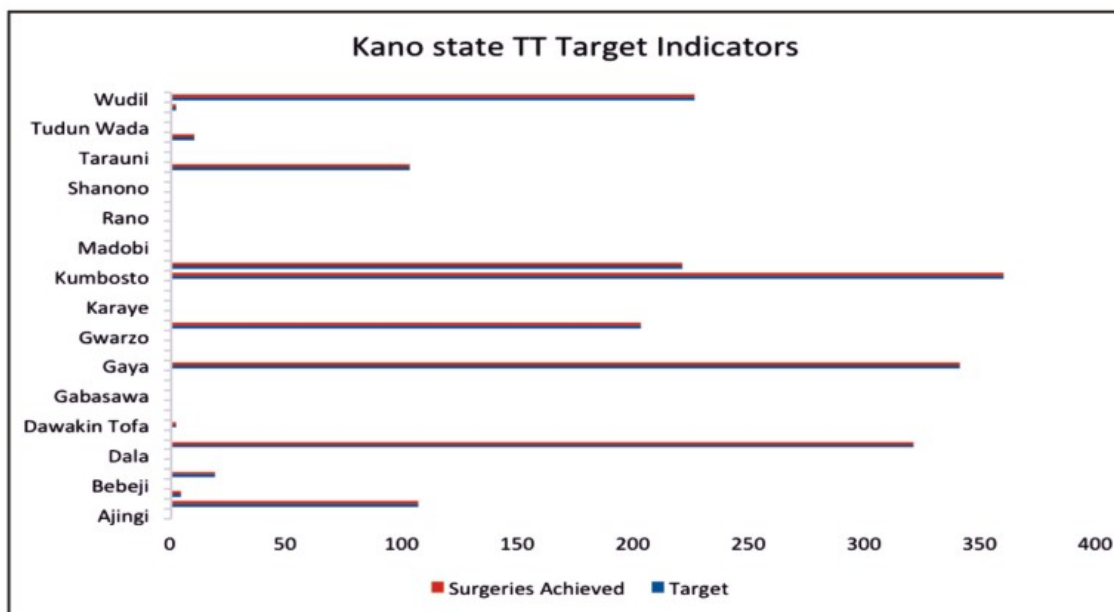
The clinic runs every Wednesday. In the period under review, a total of 647 clients were attended to – 316 males and 331 females. Of this number, 106 were children, 51 were males and 55 were females. 302 had refractive errors (73 of them were males while 229 were females). The low turnout of patients during this period is highly attributed to the Covid19 lockdown and some holiday as the case may be. The common cases that presented included allergic conjunctivitis in children as well as refractive errors.



Trachoma Trichiasis (TT) Surgeries

In Bauchi, Kano and Jigawa states, the intervention has been in the area of TT surgeries. Presented below are three distinct charts, each describing targets and actual surgeries achieved in each of the states.





Comprehensive NTDs in Birnin Kudu LGA of Jigawa State

Jigawa State is one of the states supported by CBM/HANDS in the control and elimination of NTDs. The distribution of PC-NTDs medicines which is the WHO recommended approach for the control and elimination of Onchocerciasis, Lymphatic Filariasis, Trachoma and Schistosomiasis, has been ongoing in Birnin Kudu LGA of the state for many years. However, the attempt to provide a comprehensive approach to NTDs intervention that combines services for the physical and mental consequences of the diseases was only piloted in the year under review – being 2020 with sponsorship from Corner Stone/CBM. Considering the disabling nature of NTDs, this approach emphasizes an inclusion of people with disabilities, especially women and children.

Birnin Kudu became a choice area for this pilot scheme since it is endemic for Onchocerciasis, Lymphatic Filariasis, Trachoma and Schistosomiasis. Located in the southern part of Jigawa State, the LGA had a projected population of about 442,788 as at 2020. Furthermore, the concept of a pilot comprehensive NTDs control in Birnin Kudu LGA seeks to utilize successes and learning from this project to scale up interventions to additional LGAs in the state and other supported states.

Table 6: Statistics showing activities of the Pilot Comprehensive NTDs in Birnin Kudu, Jigawa State

Personnel Trained	Target	Training					
		Achieved				Total	% Achieved
		Male without Disability	Females without Disability	Males with Disability	Females with Disability		
DID and WASH training for DPOs	25	13	4	16	3	36	144%
Training of CDDs on inclusive and comprehensive NTDs	350	542	38	9	3	592	169%
Training of CDDs on Rapid survey of people with disabilities	350	561	15	9	3	588	168%
Training on Morbidity Management and Mental Health Services for 150 persons	150	632	32	11	2	677	451%
Training of Participants on Mental Health	47	61	7	0	0	68	145%
Total	922	1809	96	45	11	1961	213%

MDA Treatment DATA							
Type of Disability	Male without Disability	Females without Disability	Total Treated without Disability	Males with Disability	Females with Disability	Total Treated with Disability	Total
Without Disability	145,819	149,538	295,357				295,357
Deaf				50	22	72	72
Blind				71	46	117	117
Cripple				88	78	166	166
Leprosy				48	33	81	81
Hydrocele				42	0	42	42
Lymphodema				38	7	45	45
Total	145,819	149,538	295,357	337	186	523	295,880

Other Activities Carried Out in the Year 2020

Despite the global health challenge posed by Covid19, the organization was able to execute several projects ranging from field activities that relate to programmes and social responsibility gestures and tasks. HANDS also offered its contribution to the fight against the pandemic by providing essential palliatives as presented below:

Provision of safe drinking water to rural communities of Jigawa, Yobe and the FCT



One of the boreholes constructed by CBM and HANDS

Access to water encourages adequate hygiene and face-washing, and directly results in reduced incidences of NTDs, particularly trachoma and schistosomiasis.

CBM/HANDS in its effort to consolidate the gains achieved through MDA for the control of NTDs, nine (9) hand pump boreholes were constructed in the following communities:

Table 9: *Benefitting States, LGAs and communities for CMB/HANDS boreholes*

S/N	State	LGA	Community
1	Yobe	Potiskum	Yerimaram
2		Karasuwa	Gasma
3		Bade	Dawayo
4	Jigawa	Birnin Kudu	Biqidan
5		Gaqarawa	Garin Mada
6		Kafin Hausa	Taminjira
7	FCT	AMAC	Takushara
8		Bwari	Shishipe
9		Gwaqwalada	Pette

Table 10: Number of community members who benefited from the borehole of health promotion and environmental sanitation

S/ no	State	No. of LGA	No. of Community	Population				
				Adult Males (= 15 Years)	Adult Female (= 15 Years)	Boys (0 - 14 Years)	Girls (0 - 14) Years	Total
1	Jigawa	3	3	8,192	9,033	5,734	6,397	29,356
2	Yobe	3	3	6,282	7,949	2,437	3,098	19,766
3	FCT	3	3	254	336	229	281	1,100
		9	9	14,728	17,318	8,400	9,776	50,222

Prior to the construction of the boreholes, need assessment was carried out to find out communities with the most needs. This was done in collaboration with the states Ministry of Health, State Universal Basic Education Board (SUBEB) and Rural Water Supply Agency (RUWASA).

WASH committees were trained on how to manage the boreholes while members of the communities were trained on hygiene promotion. CBM/HANDS officially presented the boreholes to the communities.

The schools and community members of benefitting states expressed gratitude to CBM/HANDS for improving the health of their members and promised judicious use of the facilities.

Handwashing materials

To reduce NTDs spread and curb covid-19 mitigation, HANDS provided hand washing materials which included buckets with taps, liquid soaps and basins for water collection to the aforementioned host communities and schools. The hand washing materials were essentially designed and donated to limit the spread of Covid19 and many other infectious diseases. This will invariably promote personal hygiene for both community members and pupils.



Covid-19 Relief Response in the FCT

In order to reduce the economic impact of covid-19 on the communities, CBM/HANDS provided and distributed palliatives and PPE to the vulnerable (people with disabilities, women headed households, children headed households, etc.) in the communities of Abaji Area Council. Items distributed include rice, maize, beans, seasoning, cooking oil, tablets of medicated soaps, hand sanitizer and face masks.

The 700 households targeted to benefit from the palliatives were distributed over five zones. The Distribution of Palliatives commenced on the 4th – 8th of August 2020 with Abaji Central Zone and ended with Gawu zone. A list earlier provided by Jointed National Association with Persons With Disabilities (JONAPWD) containing names of persons with disabilities was considered in arriving at the distribution schedule and the prospective beneficiaries below.



Table 11: Distribution of palliatives and PPEs in the FCT

A/C	ZONE	HOUSEHOLDS			HWs/LOCTs/JONAPWD	Total
		CDDS	PWDs	NO OF HOUSEHOLDS (HH)		
ABAJI	ABAJI	30	250	20	20	320
ABAJI	PANDAGI	20	50	35	2	107
ABAJI	GAWU	30	50	38	2	120
ABAJI	GURDI	30	20	8	2	60
ABAJI	YABA	20	41	30	2	93
ABAJI	TOTAL	130	411	131	28	700

COVID-19 Mitigation in Kano State

In Kano, HANDS with support from Sightsavers implemented a Behaviour Change Communication (BCC) strategy as a mitigation measure against the spread of Covid19. This campaign covered the entire 44 Local Government Areas of the state, with the aim of dispelling misinformation while promoting health recommendations and medical guidelines set by the Federal and State Ministries of Health.

The campaign involved the training of personnel under the existing NTDs state structure, production of posters, handbills in English and Hausa languages, stickers, mounting of billboards, production and airing of jingles, dissemination of messages on various social media platforms by influencers, provision of PPEs to Frontline Health Facilities and some selected schools.



Success Stories



Saved from Impending Blindness



Before Surgery



After Surgery

Izawaka Abubakar, a 57-year-old woman living with TT from Panshekara village of Kumbotso Local Government Area of Kano State.

The beneficiary has been very useful in identifying TT patients in the community she resides and other neighbouring communities. Her effort was triggered by her own personal experience when she was operated upon and the manner through which she was treated by a TT surgeon living in her community.

At the screening, it was confirmed that she had TT in both eyes and will benefit from lid surgery. She had previously managed the entropion (turning of the eyelashes inwards such that they rub against the eyeball and cause discomfort) by using a technique in which she applied force on the upper eyelid with a tight rope as shown in the picture on the left above.

According to her: “I didn’t believe I would be cured of “Gira” (Trachomatous Trichiasis)”. She invited all members of her family to the surgeon to show appreciation. She was consistent in calling the surgeon and she indicated her interest in participating in case finding, if given the opportunity. Izawaka was selected as a case finder in her community. She contributed immensely in finding other people with TT and counselled them on the importance of accepting TT intervention using herself as a case study. Izakawa's story has further buttressed the need to use beneficiaries as case finders.

Ability in Disability

Fatima Ibrahim volunteered to be a community mobilizer in Pandanlafi community of Kibiya LGA of Kano State. Her physical disability made her community to decline her volunteer status as a case finder, however, since HANDS promotes disability inclusion, the community was educated and Fatima was reinstated as a case finder.

Additionally, HANDS provided a wheelchair for Fatima as part of ensuring participation in an



Fatima Ibrahim, age 30 of Pandanlafi community in Kibiya Local Government Area of Kano State.

inclusive environment and to facilitate her movement. She expressed her gratitude and promised to work harder at identifying cases within her community.

Similarly, the District Head's representative and the Local Government Health Coordinator appreciated HANDS for an inclusion-driven intervention to Fatima and to Kibiya LGA at large.



Regaining Source of Livelihood



HANNATU ZUBAIRU is a TT Tracker with ID number: NG1BA653. She is 56 years old and living in Kariya B Ward (Bunga village). She had depended on the sales of akara (bean cake) as the only source of livelihood.

As a TT client, she lived with the disease for about ten years, and always had discomfort, especially when the eyelashes touch the cornea. As a result, Hanatu was unable to perform certain tasks or partake in some activities.

Hanatu heard about this intervention from a case finder, who examined her and told her about the programme and the date for the surgery. Hanatu consented to have the surgery and now feels relieved.

Hannatu said, ***"I am indeed so happy because I now can go back to business and do my daily activities with no pain or discomfort"***. She appreciated the donors, implementing partners and the whole team while praying to God for more blessings on them for putting back the smile on her face.

A Committed Community Directed Distributor

Yusuf Aminu is a Community Directed Distributor (CDD) in Birnin-Kudu LGA of Jigawa state. He is 45 years old and married with 10 children (4 males and 6 females). He is a volunteer at Kiyako Primary Health Care Center. Before embarking as a volunteer, Yusuf was a local barber and farmer.

Yusuf is one of the long serving NTD CDDs in Jigawa State. He stated distributing NTDs medication since 1996 and has remained committed to the work – with all cheerfulness and zeal. He was assigned to cover only one community, but out of his desire to serve his people, he covered two other Fulani settlements, which had no volunteers. During every distribution, Yusuf will make the sacrifice to reach those communities.



According to him, ***“I feel the need to serve my people as they are willing to take the medicine. I am glad to provide the service without payment”***.

When asked why he is so committed to the work, he says he enjoys doing the work because of the fulfillment he gets in providing the services. He added that in the course of the work he has seen many lives being transformed, particularly those who have received free surgeries – those who gained full sight or those who were relieved from the burden of living with hydrocele and lymphoedema.

He also observed that, ***“I have also seen that as years go by so many of the NTDs have reduced. I pray for more opportunities, wisdom and open doors for the organization so that there will be more support”***.



Case Story of Mr Marvelous Ukachu



Worm expelled from Mr Mavelous' eye after taking ivermectin

Mr Marvelous Ukachu is a thirteen-year old male and a student of GSS Area 11 in Abuja Municipal Area Council. His mother, **Mrs Ebere Ukachu** confirmed that he had issues with his eyes since he was five years old. He had regular itching and reddening of both eyes. They had visited many hospitals and were given a lot of prescribed eye drops but none of those yielded any positive results.

A CDD brought Mectizan to their household and the mother at first was hesitant and very skeptical about allowing her children swallow the medicine. The CDD persisted and sensitized the mother on the benefits of the medicines. She finally allowed the medicine to be administered to her children. **Marvelous** amongst other children swallowed the medicines and two days later a whitish worm fell out of his eye. The mum quickly took a

picture of the worm and notified the CDD.

Marvelous confirmed that since the expulsion of the worm from his eye, the itching reduced tremendously. He also disclosed that he and other children go to the nearby river in Kagini to bath and swim. He appreciates the programme and thanked the health workers and donors responsible for bringing these medicines to his community.

Case Story of Salamatu Salihu (CDD) in Kagini-FCT Abuja



During implementation, one particular story from the field stood out from the others. It was the tale of **Mrs Salamatu Salihu**, a CDD in Kagini community of Abuja Municipal Area Council. She called the attention of one of the Independent Monitors (Mr John Ibrahim) to the special case of **Marvelous Ukachu** in her community.

Salamatu Salihu is a twenty-five-year-old female. She has been involved as a CDD for two years now in

the Kagini community. Salamatu finds pleasure in the work and describes it as a very interesting experience. She said the medicines are really helpful and its level of acceptance in her community is very high. She disclosed that the case of **Marvelous Ukachu** had greatly increased demand for the medicines as community members now see its efficacy. She ended by praising the donors for their commitment and prays that the programme continues to positively impact and improve the livelihood of communities across the country.

Lost Hope Restored

Dauda Mohammed is 71 years old and married with 12 children: 7 males and 5 females. He is a retired civil servant and a small scale farmer who lives in a community known as Majigin Gari in Birnin-Kudu LGA.

In 2005 he began experiencing consistent and severe stomach pains. He decided to visit the general hospital for treatment when he noticed increased pain and swelling on his testicles. Diagnosis showed that he had hernia and needed operation but since he could not afford the bills (which was N7,000.00 at that time), he made do with pain relief medications and ice therapy to relieve the



pain. According to Dauda, he had the surgery in 2007, when he was able to raise the money, but developed complications (hernia and hydrocele) due to inadequate management, which he suffered for 18 years.

*In August 2020, Dauda got help through a community directed distributor (CDD), who identified and referred him to the designated hospital for a free surgery. On the 28th of August 2020, Dauda had surgery that relieved him of his pain and gave him hope for life. Eight (8) months after the surgery, this is what Dauda has to say: **“My hope to live was restored after the surgery because I had concluded that this condition will lead to my death. I had been in severe pain all the while. Often in the past, I could not go seven (7) days without getting that painful attack. I had always dreaded Ramadan due to the constant pains”.***

*He further expressed joy and gratitude for the support given to him: **“I am thankful to God and those who have sent this money to help people like us because apart from me I saw others too who got the same support that I got. I pray that God will continue to bless and protect all those working and providing this support”.***



2020 IN PICTURES



PICTURE SPEAKS



In line with the WHO NTD Road map 2021-2030, we at HANDS are committed to the drastic reduction and elimination of Neglected Tropical Diseases in Nigeria.

Our Retired Models

In respectful acknowledgement of your many years of diligent and selfless service to HANDS, we here announce the retirement of 2 outstanding performers in the history of the organization, as named below:

- **Mr. Elisha Agagak (Employed 2009, retired December 2020)**
- **Mr. Stephen Abari (Employed 2007, retired December 2020)**

Together they have created a record of selfless service for the progress of HANDS which will be remembered eternally. They impacted positively on others, especially the younger staff, and contributed immensely toward the success stories that HANDS can today share with the world. We wish them every success in all future endeavours!



Mr. Elisha Agagak



Mr. Stephen Abari

List of **ABBREVIATIONS**

AMAC	- Abuja Municipal Area Council
CBM	- Christoffel Blinden Mission
CDD	- Community Directed Distributors
CDTI	- Community-Directed Mass Administration of Ivermectin
FMoH	- Federal Ministry of Health
HANDS	- Health and Development Support Programmes
IDM	- Intensive Disease Management
IEH	- Inclusive Eye Health
JONAPWD	- Joint National Association of Persons with Disabilities
LF	- Lymphatic Filariasis
LGA(s)	- Local Government Area(s)
M&E	- Monitoring and Evaluation
MAM	- Mass Administration of Medicine
MDA	- Mass Drug Administration
MMDP	- Morbidity Management and Disability Prevention
NTDs	- Neglected Tropical Diseases
ONCHO	- Onchocerciasis
RUWASA	- Rural Water Supply Agency
SCI	- Schistosomiasis Control Initiative
SiB	- Seeing is Believing
SUBEB	- State Universal Basic Education Board
TAS	- Transmission Assessment Survey
TIS	- Trachoma Impact Survey
TT	- Trachomatous Trichiasis
WASH	- Water Sanitation and Hygiene

Appreciation

HANDS extends appreciation to the following partners (among others):

- CBM
- Sightsavers
- DFID
- Ma'anah Foundation
- The Federal Ministry of Health
- States Ministries of Health
- The NGDO Coalition

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