

HANDS

HEALTH AND DEVELOPMENT SUPPORT PROGRAMME 2021 ANNUAL REPORT



■ COVER PAGE INSERT

Idris Dallami 32, a town crier in Gada Community, Kazaure LGA of Jigawa state. He always creates community awareness on interventions brought on by HANDS.

■ THIS PAGE

Abubakar Mohammad, 34, receives praziquantel with joy during the MDA in Jigawa state

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Students of LEA Primary School Toge, a Fulani settlement in Lugbe. Sample collection for schistosomiasis and intestinal worms in school children.



ACRONYMS

AMAC	-	Abuja Municipal Area Council
CBM	-	Christoffel Blinden Mission
CDD	-	Community Directed Distributor
CDTI	-	Community - Directed Mass Administration of Ivermectin
DFAT	-	Department of Foreign Affairs and Trade
FMoH	-	Federal Ministry of Health
HANDS	-	Health and Development Support Programme
IEH	-	Inclusive Eye Health
JONAPWD	-	Joint National Association of Persons with Disabilities
LF	-	Lymphatic Filariasis
LGA	-	Local Government Area
M&E	-	Monitoring and Evaluation
MAM	-	Mass Administration of Medicines
MDA	-	Mass Drug Administration
MMDP	-	Morbidity Management and Disability Prevention
NTD s	-	Neglected Tropical Diseases
ONCHO	-	Onchocerciasis
PPE	-	Personal Protective Equipment
RUWASA	-	Rural Water Supply Agency
SAFE	-	Surgery, Antibiotics, Facial cleanliness and Environmental improvement
SAR MAAN	-	Safety and Antimicrobial Resistance of Mass Administration of Azithromycin in Children 1 - 11 Months in Nigeria
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



CDDs with disabilities undergoing training for MDA

A Message from the Programme Director

I am delighted to present the 2021 Annual Report of the Health and Development Support Programme (HANDS). This report gives an overview of the achievements of the organization. Over the years, HANDS has done a lot of work contributing to the control and elimination in the Neglected Tropical Diseases (NTDs) National control programme, prevention of blindness and disability inclusion.

We have impacted the lives of people through the work we do, especially through Mass Administration of Medicine (MAM), Eye Health, and Emergency Response with disability inclusion. These concerns have continued to remain public health challenges in Nigeria, and HANDS (with the help of our partners) is unrelenting in efforts until we achieve an inclusive society with quality lives and equal opportunities.

We appreciate the pharmaceutical companies and the World Health Organization (WHO) for donation of NTD medicines that are being distributed in endemic communities of Kano, Jigawa, Yobe, and the Federal Capital Territory (FCT). We also appreciate our partners for their tremendous support in providing financial and other resources. These enabled us to conduct Trachomatous Trichiasis (TT), Cataract, and hydrocele surgeries and provide reading glasses.

We have also delivered assistive devices, rehabilitated and sunk hand pumps that are inclusive with accessible platforms, as well as the training of artisans in the rehabilitation of boreholes to provide safe drinking water to rural communities.

Around April 2021, funding for ASCEND project was cut off in Kano state. This resulted in setbacks during the implementation of programme activities. However, with the assistance of Sightsavers, HANDS was able to secure support to cover some of the gaps.

Collaboration with the governments of Kano, Jigawa, Yobe, Bauchi, Plateau, and the Federal Capital Territory has been outstandingly strong and highly commendable. The relevant

government Ministries and Agencies provided personnel and conducive workspaces for training and deployment to the communities.

In the year under review, HANDS expanded to other projects. Our new activities covered Plateau State through the Trachomatous Trichiasis (TT) project in Langtang North and Wase LGAs. In the coming year, HANDS will partner with MiracleFeet to conduct clubfoot treatment and management for children under 15 years in Plateau and Benue states as well as the FCT.

As COVID-19 has become the 'new normal', HANDS abides by WHO COVID-19 guidelines as we carry out our programme implementation across the supported states, knowing full well that the virus might remain for an uncertain period.

A vital aspect of our safe programming in HANDS is the development, implementation and monitoring of Safeguarding policy. HANDS prioritizes the safety of all children and vulnerable adults. Therefore, the Management periodically assesses our Safeguarding policy, to see if the procedures and practices are fit for purpose both in the field and in all our office locations. Wherever gaps are identified, necessary modifications are done promptly. To that end, and with support from CBM and Sightsavers, HANDS engaged the services of two Safety & Security/Safeguarding Officers. The core tenets of our Safeguarding practices are to protect children and any vulnerable beneficiaries from various forms of harm or abuse, implement and sustain the programme safely, continue learning for improvement and elevate HANDS and its partners above reproach.

At the start of the year, HANDS launched a new department, Disability Inclusive Development (DID). Its activities cover the Clubfoot Treatment and Management, Morbidity Management and Disability Prevention (MMDP), Inclusive WASH, and Inclusive Emergency Response. In the coming year, we will commence the Reproductive Health and Gender Mainstreaming Department.

Finally, I would like to thank the Board, staff, and our partners for their ceaseless efforts and dedication over the past year. Despite the impact of the pandemic on the global economy, we maintained our focus, ever determined to bring an end to NTDs and continue with interventions in Eye Health, Reproductive Health and Gender Mainstreaming - with an inclusive approach - across Nigeria.

CHRISTOPHER S. OGOSHI
- PROGRAMME DIRECTOR -

Brief About HANDS

WHO WE ARE

Health and Development Support Programme (HANDS) is a registered Nigerian-based Non-Governmental Organization (NGO) that receives support from individuals and organizations to implement blindness prevention with disability inclusion, emergency response, inclusive WASH, and also the control and elimination of Neglected Tropical Diseases (NTDs) in Nigeria. The NTDs include Onchocerciasis (Oncho), Lymphatic Filariasis (LF), Trachoma, Schistosomiasis (Schisto), and Soil-Transmitted Helminths (STH).

OUR VISION:

Quality life with equal opportunities
in an inclusive society.

OUR MISSION:

To support and promote public health, development, and emergency services in collaboration with communities, governments, and development agencies.



OUR CORE VALUES AND PRINCIPLES

- Dedication and transparency;
- Commitment to human development;
- Accountability to partners and clients;
- Provision of services to all mankind, irrespective of nationality, tribe, gender, religion, colour, or race (without favouritism);
- Provision of correct information to the public on health and other matters.



Sarah Isaich undergoing eye examination at HANDS eye clinic to know the health condition of her eye.



Programme

This report covers the 2021 programme activities of HANDS, working hand-in-hand with our supported states of Yobe, Kano, Bauchi, Jigawa and the FCT. Our purpose is the elimination of NTDs, prevention of blindness and promote disability inclusion in all our supported states.

Key programme activities carried out in the year 2021 include: advocacy, training of Community Drug Distributors (CDDs) and teachers, monitoring and supportive supervision of programme implementation and drug distribution including data collection, analysis and reporting.

KANO

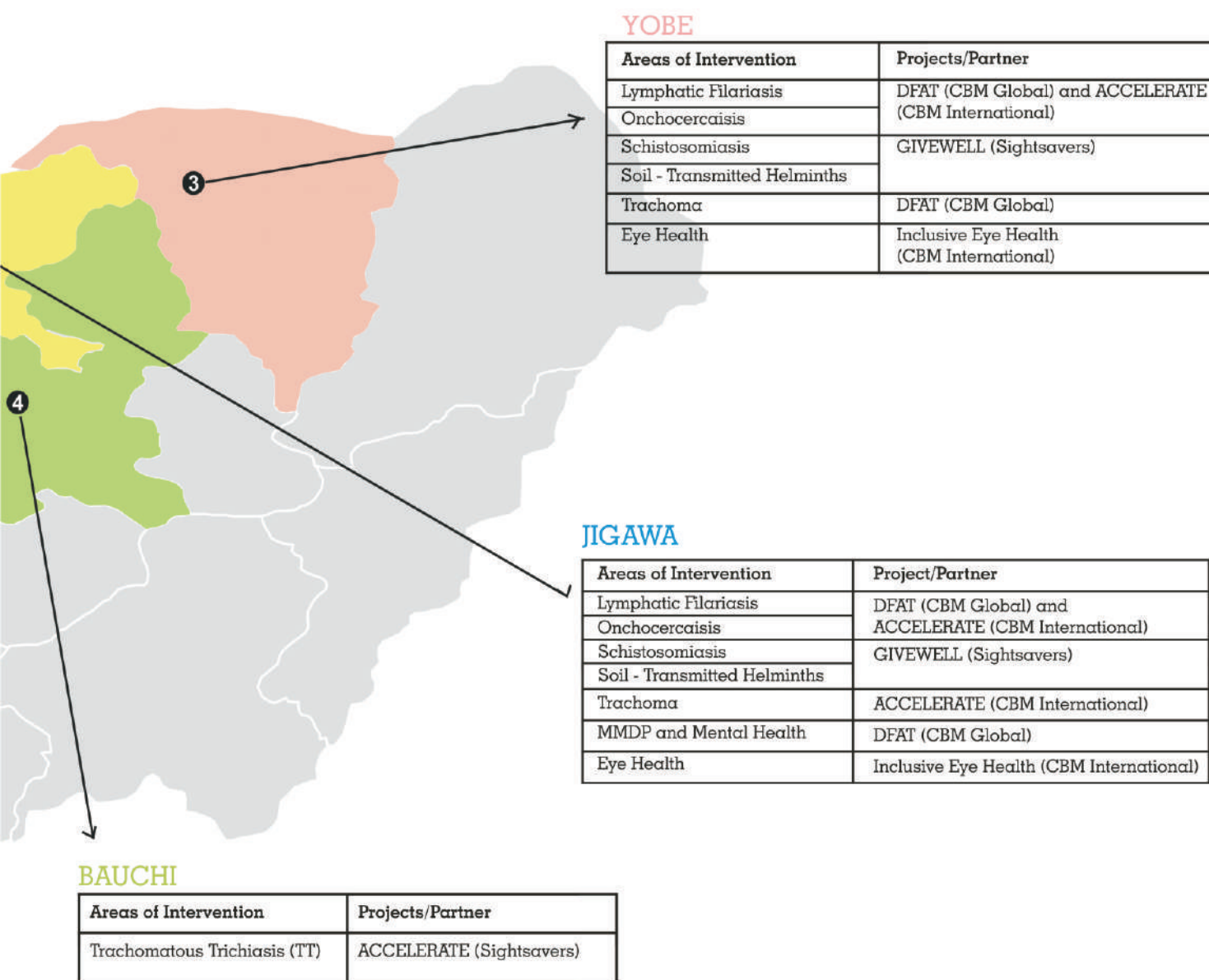
Areas of Intervention	Projects/Partner
Lymphatic Filariasis	EL-ARISE (Sightsavers)
Onchocerciasis	
Schistosomiasis	GIVEWELL (Sightsavers)
Soil - Transmitted Helminths	
Trachoma	Unrestricted (Sightsavers)
Inclusive WASH	DFAT (CBM Global)
COVID - 19 Intervention	Mectizan Donation Programme (MDP)
Eye Health	Inclusive Eye Health (CBM International)

FCT

Areas of Intervention	Projects/Partner
Lymphatic Filariasis	ENDFUND
Onchocerciasis	
Schistosomiasis	
Soil - Transmitted Helminths	
MMDP	DFAT (CBM Global)
Inclusive WASH	

Coverage Areas

Over the years, HANDS has been working in collaboration with the Federal Ministry of Health, State Ministries of Health and Education, Local Governments and communities to implement activities for the control and elimination of NTDs, disability inclusion, WASH programme and also provide eye care services to communities in 3 geo-political zones of Nigeria. They include: Kano, Jigawa and Katsina states (Northwest), Yobe and Bauchi states (Northeast), Plateau, Nasarawa states and Federal Capital Territory (Northcentral).





KANO PROJECT STATE REPORT

Kano state is located in the northwest of Nigeria. It borders Katsina State to the northwest, Jigawa State to the northeast, Bauchi State to the southeast, and Kaduna State to the southwest. It has 44 Local Government Areas (LGAs) and a population of over 13 million people who are majorly community-level farmers and pastoralists. Kano state is endemic with the five NTDs, although Trachoma MDA is in the Post Elimination Surveillance (PES) stage and TT surgeries are ongoing to clear backlog. Kano state is endemic with the following NTDs. They are:

- 1.1 Lymphatic Filariasis
- 1.2 Onchocerciasis
- 1.3 Schistosomiasis
- 1.4 Soil Transmitted Helminths
- 1.5 Trachoma

HANDS was also involved in;
Eye Care and Inclusive WASH

1.1 Lymphatic Filariasis (LF)

Lymphatic Filariasis is transmitted when an infected mosquito bites a person and deposits larvae of the worm in the skin. The larvae travel to the lymphatic system, where they mature. The adults produce millions of worm larvae (called microfilariae) that circulate in the bloodstream and lymphatic system. The infection is spread when mosquito bites an infected person, then bites another person.

Intervention for control and prevention of Lymphatic Filariasis in the state started in 2010 in few LGAs. With the UNITED Project funding, Mass Administration of Medicine (MAM) was scaled up to the entire 44 LGAs. The World Health Organization (WHO) approach was adopted. This involved preventive chemotherapy (administration of donated Ivermectin + Albendazole tablets) at the endemic community level to eliminate microfilariae from the blood of infected individuals in order to interrupt transmission of the infection.

A milestone has been achieved placing Kano state on the path of LF elimination among the states. So far, Pre-Transmission Assessment Surveys (Pre-TAS) were conducted in 12 LGAs from the commencement of intervention and have all qualified for the TAS-1 stop MDA assessment. Out of this number, 7 LGAs (Bagwai, Bichi, Garko, Karaye, Kibiya, Sumaila, Tudun Wada) were assessed in 2021. As at the moment of compiling this report after 2020 MDA, 20 LGAs have qualified for LF Pre-TAS and will be assessed when funding is secured.

During the year under review, the project could not deliver the 2021 treatment for Lymphatic Filariasis due to non-availability of Ivermectin and Albendazole in the country.

1.2 Onchocerciasis

Since 1996 HANDS - with support from her partners - has been supporting the Kano state government in the elimination of Onchocerciasis in the 17 endemic LGAs. The Programme used APOC strategy to establish sustainable community-directed treatment with Ivermectin (CDTI) in onchocerciasis-endemic communities. The 17 LGAs are co-endemic with Lymphatic Filariasis, therefore Mass Drug Administration (MDA) programmes have been implemented that annually treat the majority of the eligible endemic populations. The project has delivered over 20 effective rounds of treatment since its inception. In 2013 first epidemiological assessment in sentinel sites using skin snip showed that the project is on track towards the elimination of the disease. Epidemiological and entomological surveys using Ov16 to indemnify the efficacy of the long-term treatment and possibly certify the LGAs as Onchocerciasis-free are yet to be conducted in the state.

Treatment for Onchocerciasis could not hold in 2021 due to non-availability of Ivermectin in the country.

1.3 Schistosomiasis and Soil-Transmitted Helminths (STH)

Schistosomiasis, also known as Bilharzia (snail fever), is endemic in all the 44 LGAs of Kano state.

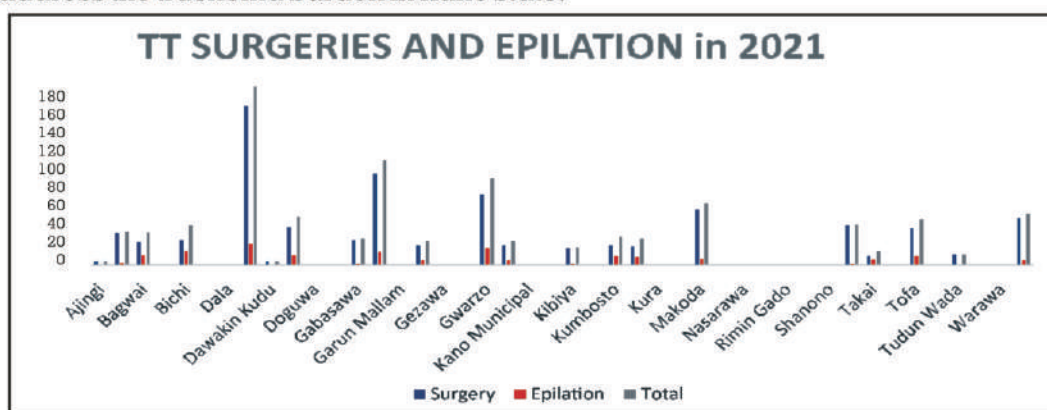
Treatment began in 2014 in 1 LGA and over the years, was scaled up to achieving 100% geographic coverage in all the 44 LGAs as at 2019.

In the year under review, Schistosomiasis MDA was implemented in 25 endemic LGAs of Kano state. Subsequently, treatment was scaled up to the remaining 19 LGAs that required one-round of treatment. This is in line with the National Schisto Elimination Programme.

Soil-Transmitted Helminth (STH) treatment in the 17 endemic LGAs is usually co-implemented with the Lymphatic Filariasis programme, hence, the ingestion of Albendazole during the LF treatment. This activity could not hold in 2021 due to late arrival of Albendazole. Almost all the STH endemic LGAs are qualified for impact assessment but this could not hold due to non-availability of funds.

1.4 Trachoma

Following the successful implementation of the antibiotic strategy aspect of Trachoma programme in the previously 10 endemic LGAs of the state, another milestone was achieved which now places Kano state on the path of Trachoma elimination. Trachoma Impact Assessment was conducted in Kura, Tudun Wada, Gabasawa, Shanono, Ajingi, Albasu, Bichi, Garum Malam, Gezawa and Gwale LGAs, and all passed. In 2021, the Trachoma National Programme conducted post-implementation surveillance survey to ascertain eminent trachoma re-infections in the same LGAs. In this also, all passed the surveillance survey. Due to this success, over 3 million people in the affected LGAs are no longer at risk of trachoma. The surgery and 'FE' components are concurrently on-going in the state, hoping to address the trachoma burden in Kano state.



1.5 Inclusive WASH, Kano State

In the year under review, 10 communities in 10 LGAs of Kano state were selected for WASH activities. The choice of the communities was based on the water needs assessment of RUWASA. 22 artisans were selected from 180 trained Inclusive WASHCOMM Committees from 10 communities in 10 LGAs. The 180 Inclusive WASHCOMM Committees consist of 15 persons including women and persons with disabilities, with each community having at least 3 to 5 persons with disabilities and 4-5 women in the committees. Three (3) accessible boreholes were constructed and 122 boreholes underwent rehabilitation using the trained artisans. Also, 14 accessible platforms were constructed in supported communities. The activity was a success as the artisans were not only trained for sustainability, but they also gained opportunities to earn a livelihood by providing services to their communities as they came to be in high demand.



1.6 Summary of WASH activity is shown below.

SN	LGA	New Borehole	Rehabilitated Borehole
1	Bichi	0	18
2	Makoda	0	7
3	Tsayawa	0	20
4	Minjibir	0	3
5	Warawa	1	40
6	Bunkure	0	2
7	Gabasawa	0	5
8	Ajingi	1	3
9	Kunchi	1	20
10	Kiru	0	4
	Total	3	122

1.7 MDP/PPE Implementation in Kano State

Mectizan Donation Program is an international program to eliminate River Blindness and Lymphatic Filariasis (LF). The vision of the Mectizan Donation Program (MDP) is to work with partners to achieve a future free of Onchocerciasis (River Blindness) and Lymphatic Filariasis (LF).

The Program was established by Merck to provide medical, technical, and administrative oversight of the donation of its drug, Mectizan, to control River Blindness (also known as Onchocerciasis) in Latin America, Africa, and Yemen. Merck's commitment is "as much as needed, for as long as needed."

The MDP also provided Personal Preventive Equipment (PPE). The PPE were distributed to 10 LGAs of the state, with HANDS staff present to supervise the distribution of the PPEs to State/LGA NTDs team, Front Line Health Facilities (FLHFs) and CDDs. The materials distributed were reusable face masks, hand wash buckets and soaps, temperature infrared and hand sanitizers. The behavioral change materials like the production and airing of jingles and posters were aired and distributed for awareness creation on COVID-19 mitigation.



PPEs Distribution per LGA									
SN	LGA	CDDs	FLHF	Soap	Buckets	Hand Sanitizer	Face mask	Posters	Temperature Thermometer
1	Ungogo	577	48	48	48	577	577	120	0
2	Albasu	400	34	34	34	400	400	85	0
3	Takai	360	45	45	45	360	360	112	0
4	Gezawa	0	37	37	37	0	0*	92	0
5	Madobi	310	33	33	33	310	310	82	0
6	Fagge	647	32	32	32	647	647	80	0
7	Tarauni	403	22	22	22	403	403	55	0
8	Nassarawa	350	26	26	26	350	350	65	0
9	Ajingi	532	36	36	36	0	0*	90	0
10	Kumbotso	815	36	36	36	815	815	90	0
11	Dawakin Tofa	336	51	51	51	0	0*	129	0
12	State NTDs Unit	0	0	0	0	0	0	0	16
	Total	4,730	400	400	400	3,862	3,862	1,000	16

* These LGAs are sponsored by the ASCEND project in Kano



Halima Usman 79, happy to take Praziquantel during a CDD visit to her community

JIGAWA PROJECT STATE REPORT

Jigawa State is situated in the northwest of Nigeria with an estimated population of over 6 million people (projected census population 2022). The state has 27 LGAs segmented into over 8,940 settlements. It is bordered on the West by Kano State, on the East by Bauchi and Yobe States and on the North by Katsina and Yobe States and the Republic of Niger. Eighty percent (80%) of the population is found in the rural areas and is made up of mostly Hausa, Fulani and Manga tribes. The pattern of human settlement is nucleated, with defined population centres. Migration of people into the state is highest during the dry season when cattle herders from neighbouring Niger Republic migrate to the south in search of pasture and water for their animals.

Jigawa state is endemic with the following NTDs:

1. Lymphatic Filariasis
2. Onchocerciasis
3. Schistosomiasis
4. Trachoma

HANDS was also involved in;

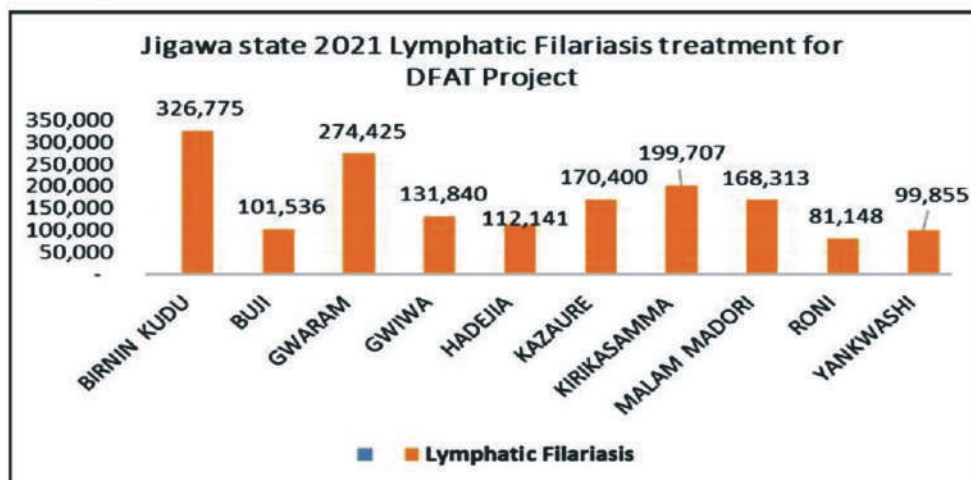
- a. Trachomatous Trichiasis surgery
- b. Morbidity Management and Disability Prevention (MMDP)
- c. Eye Health services

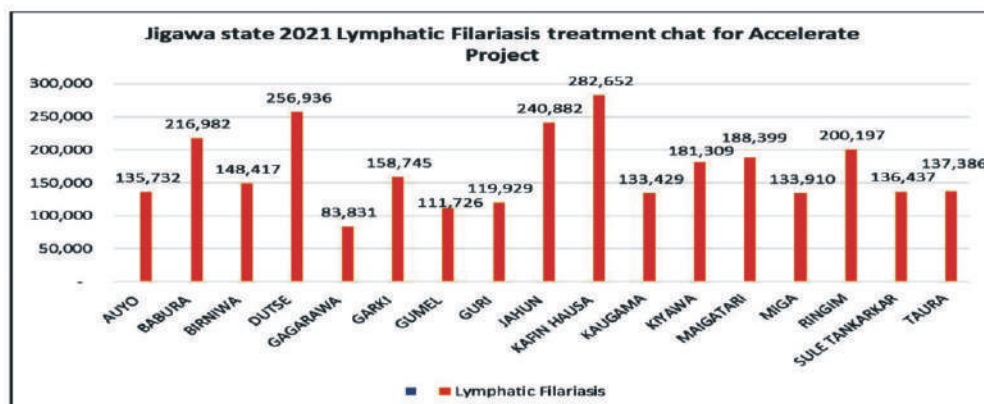
2.1 Lymphatic Filariasis (LF)

Lymphatic Filariasis infection involves asymptomatic, acute, and chronic conditions. The majority of infections are asymptomatic, showing no external signs of infection while contributing to transmission of the parasite. These asymptomatic infections still cause damage to the lymphatic system and alter the body's immune system.

As LF is endemic in all the 27 LGAs of the state, HANDS (in collaboration with Jigawa State Ministry of Health) has made efforts in the elimination drive of the disease in the state. Treatment commenced in 1 LGA in 2010 and over the years has expanded to all the 27 LGAs of the state. The principal elimination strategy has been to interrupt transmission through MDA with the combination of Albendazole and Ivermectin. This treatment is administered once a year for at least five consecutive years ensuring minimum therapeutic and geographic coverages.

A significant progress has been made placing the state on the path of LF elimination through achieved milestones. So far, 9 LGAs have passed LF Pre-TAS and have all qualified for LF-TAS 1. As at the end of 2021, LF Pre-TAS was conducted in 5 LGAs: Birnin Kudu, Dutse, Gwaram, Hadejia and Roni, in which all the mentioned LGAs passed the assessment.

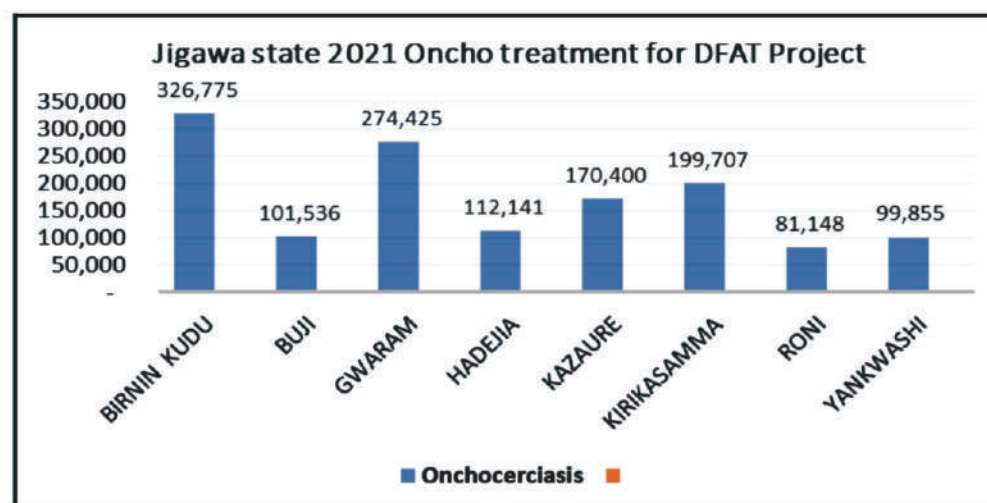
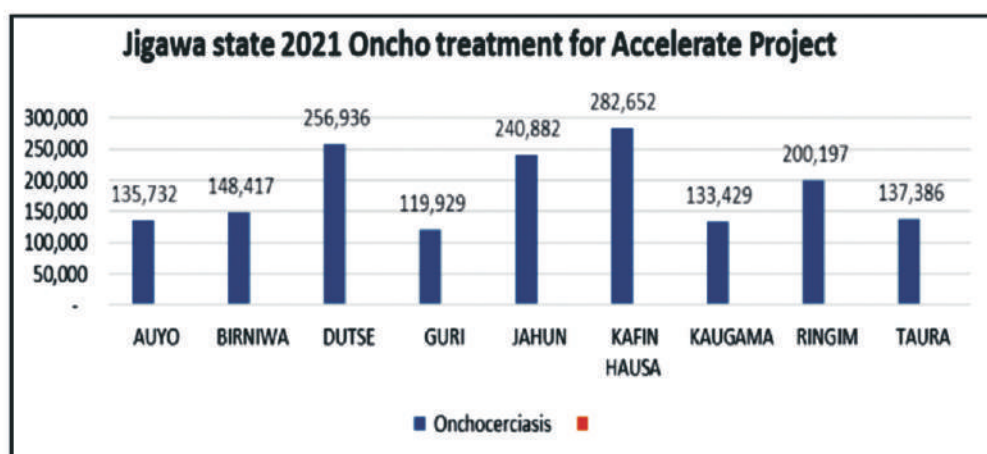




2.2 Onchocerciasis

Onchocerciasis is one of the NTDs that is a leading cause of visual impairment and blindness. The disease is caused by the filarial nematode *Onchocerca volvulus* that is transmitted by *Simulium* species also known as black flies.

Onchocerciasis is endemic in 17 LGAs of Jigawa state. HANDS, with support from partners, has been supporting Jigawa State Ministry of Health in the elimination of the disease. This is done through MAM of Mectizan in the communities. Personnel trained to administer the drugs include state and LGA health workers and community directed distributors (CDDs).



2.3 Schistosomiasis (SCH)

Schistosomiasis, also known as bilharziasis or "snail fever," is a waterborne parasitic infection that damages internal organs. The most common symptoms are blood in urine and/or faeces and an enlarged liver, diarrhea, abdominal pain, weakness, and anaemia. Schistosomiasis is contracted when a person has contact with contaminated water, often through daily activities such as bathing, laundry, and fetching water.

Schistosomiasis is endemic in 25 LGAs of the state with varying prevalences. Over the years the project has been able to reach 100% geographic coverage in all the endemic LGAs.

HANDS supported Jigawa state Ministry of Health in providing health education and Praziquantel to treat Schistosomiasis in 25 LGAs of the state using WHO ward level treatment approach. Schistosomiasis can be controlled and treated easily with a single annual dose of the donated drug Praziquantel, which can reverse up to 90% of the damage caused by the parasite.

So far, impact assessment has not been done for SCH as none of the LGAs are qualified for the assessment. Three (3) LGAs are however qualified for mid-term assessment.

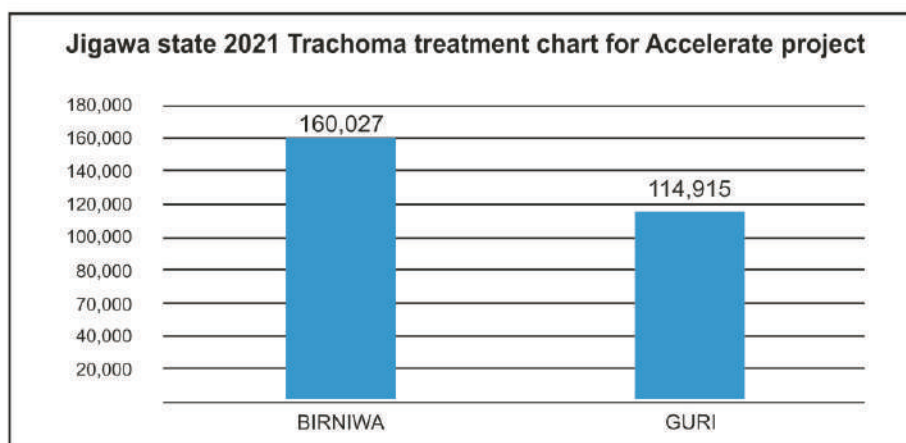
None of the LGAs in the state is endemic for STH as such MAM was not conducted in the state.

2.4 Treatment and Control of Trachoma

Trachoma generally occurs in poor communities where people live in close proximity, and have limited access to water, sanitation, and primary health care. The disease is spread through contact with discharge from the eyes and nose of an infected person through flies and the sharing of contaminated personal effects like towels, beddings, make-up and hand-to-hand contact. The flies that spread trachoma breed on human faeces.

Trachoma was endemic in 23 out the 27 LGAs of Jigawa state. Over the years integrated control of trachoma has impacted positively on the lives of the population. The project has achieved milestone in the elimination of Trachoma. So far, 21 out of the 23 LGAs endemic for trachoma have passed impact and/ or surveillance survey. Also, ten LGAs have passed impact assessment and are due for surveillance survey while 11 LGAs have passed surveillance survey.

In the year under review, MDA was conducted with the antibiotic Zithromax in the remaining 2 LGAs that are still endemic namely, Guri and Birniwa. This is the third round of treatment, which qualifies the LGAs for impact assessment after six months of administration as required by National Trachoma Elimination Programme.



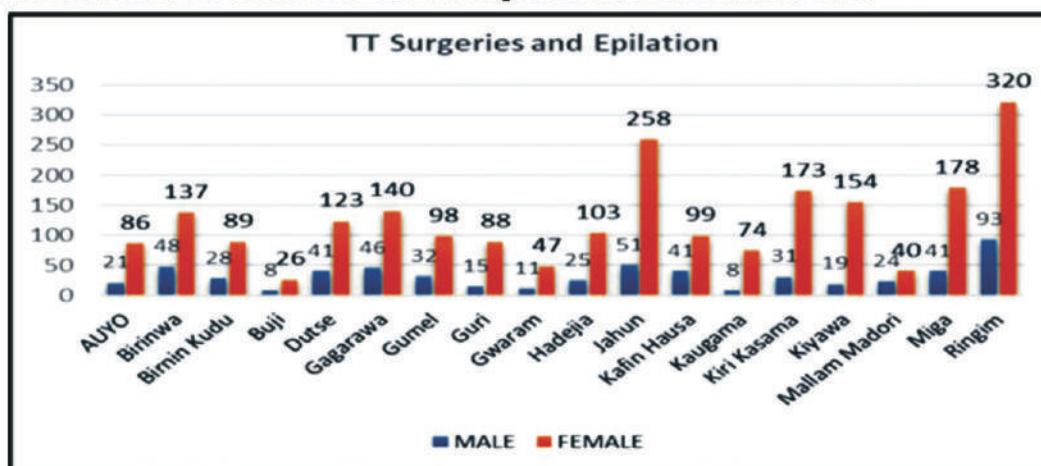
In 2021, trachoma impact assessment survey was conducted in 3 LGAs which are Kafin Hausa, Kaugama and Sule Tankarkar. The 3 LGAs passed the assessment and are due for surveillance survey. Also, trachoma surveillance survey was conducted in Birnin Kudu, Buji and Dutse LGAs. All the LGAs passed the assessment as such have sustained elimination.

2.5 Safety And Antimicrobial Resistance of Mass Administration of Azithromycin in Nigeria (SARMAAN)

HANDS, with support of CBM and Sightsavers, is set to commence the implementation of the SARMAAN project in 2022 in Jigawa state. The project is to contribute towards the reduction of child mortality through administration of azithromycin to children aged 1-11 months. The project is for a period of 24 months with four rounds of MDA.

2.6 TT Surgeries

This intervention was carried out in 18 LGAs as represented in the table below.



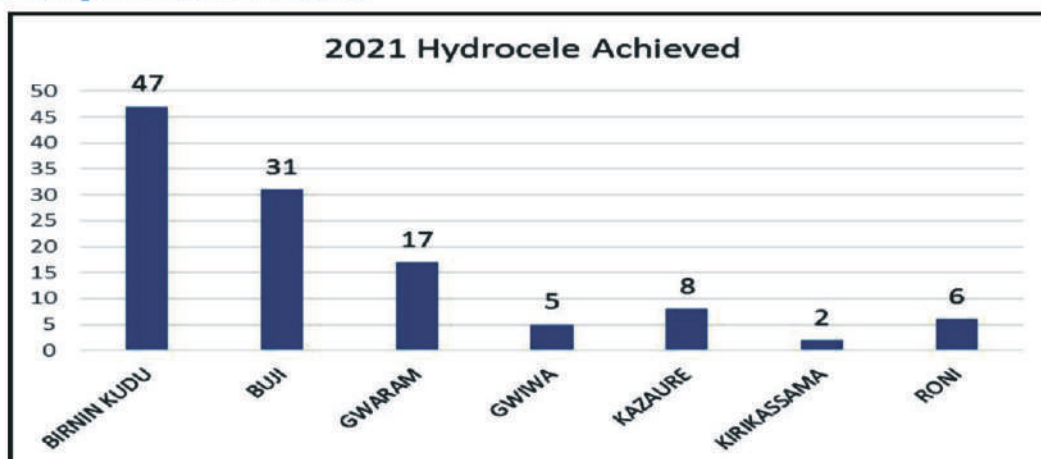
2.7 Hydrocele Surgery in Jigawa State

Hydrocele (HI-droe-seel) is a type of swelling in the scrotum that occurs when fluid collects in the thin sheath surrounding a testicle. Hydrocele is usually a result of an infection caused by Lymphatic Filariasis (LF). Hydrocele usually is not painful or harmful and might not need any treatment. But if the individual has scrotal swelling, then they need to see a doctor to rule out other causes before undergoing surgery.

HANDS has been supporting hydrocele surgery in some states over the years. In the year under review, hydrocele surgery was conducted in ten (10) DFAT LGAs of the state. The LGAs were clustered for easy accessibility from other surrounding LGAs.

The reason behind the surgery is to bring comfort to the affected person(s), as the enlarged scrotum makes the person uncomfortable during movement and it also creates fears of stigmatization from the community. Surgery is the only remedy for such an infection and is done by removing the volume of water stored in the scrotum that causes the enlargement of the scrotum.

2.8 Summary of Persons Achieved





Success Stories

from Jigawa State

Sani Adamu, Birnin Kudu, Jigawa State

Sani Adamu from Birnin Kudu, is a farmer by profession. For the past eight years, he has been suffering as a result of swelling of the scrotum (called gwaiwa in Hausa). Although the swelling was not painful, it caused him so much stigmatization among his friends, family and even in the community. He said he found it very difficult to move about freely, always felt ashamed because of people's reactions towards his physique. This made life so uncomfortable and made him withdraw from the public.

But with surgery that was done, which he got to know about through a town crier in his community, he said that he feels great and the swelling has gone down completely as compared to previously.

In his words, "I will like to say a big thank you to the people that organized such help for us in these difficult times. If I was to pay for it, I wouldn't have gotten the money for the surgery, because I am struggling to make ends meet. May Allah (God) reward them (the partners and government of the state) richly in all their undertakings."



Adamu Amadu, Gwaram LGA, Jigawa State

Adamu Amadu is one of the beneficiaries of DFAT Hydrocele Surgery from Gwaram LGA of Jigawa State. He is aged 45, married with 10 children. He is a farmer and is also into cattle rearing. Adamu has lived with hydrocele for the past 20 years, he stated that he had suffered a lot of discrimination from people, alongside the discomfort, and the heaviness of the swollen scrotum as the size constantly increased. Unfortunately, Adamu never went to the hospital to seek medical care but tried traditional herbs which did not work. He got to know about the surgery through their community leader. Responding to how he feels about the program, Adamu Amadu said: "I am very happy that I feel better and grateful for the support given to me by the program for I no longer feel the heaviness after the surgery, I am very grateful and God bless the organisation that brought this help to us."



Yagana Mustapha Umar is from Birniwa LGA in Jigawa State. She is a nurse by profession and works in the general hospital of her LGA. She also acquired more skills from the National Eye Center Kaduna as a registered ophthalmic nurse. Before her training as an ophthalmic nurse, the General Hospital in Birniwa had no eye care center. Her certification as an ophthalmic nurse led to the establishment of the eye clinic in Birniwa where she became the head of the center.

Her connection with the program was through the State NTD office where she was invited to be part of the Training for TT surgeons and assistants, that took place in 2018. Her experiences have been mostly within the hospital where she works but she also had the opportunity to move around the state to different LGAs as a result of the Accelerate TT Programme.

On gender issues, Yagana expressed her joy on how the TT Programme is designed to have women as Case Finders and it gives equal opportunities to both men and women to access the services. She also added that amongst the 22 surgeons trained as TT surgeons in Jigawa State, only 2 of them were females. She believes that there should be a deliberate effort to have more females trained as TT surgeons, because there are many who have graduated as ophthalmic nurses and need to perfect their skills and have added working experiences through programs like this. She also added that "with TT surgical outreaches, I understand that people are aware of the disease but know little or nothing about the cause. Therefore I feel the need to do more in creating awareness and education".

Key learning for Yagana in the TT Programme is the use of Trabut during surgeries. She expressed that the training allowed her to learn how to use the Trabut for TT operations which seemed easier than the Bilamellar tarsal rotation operation.

Generally, on the project she feels happy being a part of it. To her, the project has allowed her to give back to her state/community and has also given her some sense of fulfillment as a health care person.





Musa Gambo, 21, receives Ivermectin and Albendazole during the MDA in Jigawa state.

YOBE PROJECT STATE REPORT

Yobe state is situated in the Northeast of Nigeria. It has 17 LGAs with an estimated population of 3.4 million people who are mostly peasant farmers. It shares borders with Borno, Bauchi and Jigawa states and the Niger Republic. The state is affected by the activities of insurgency which makes access to certain communities impossible.

Yobe state is endemic with:

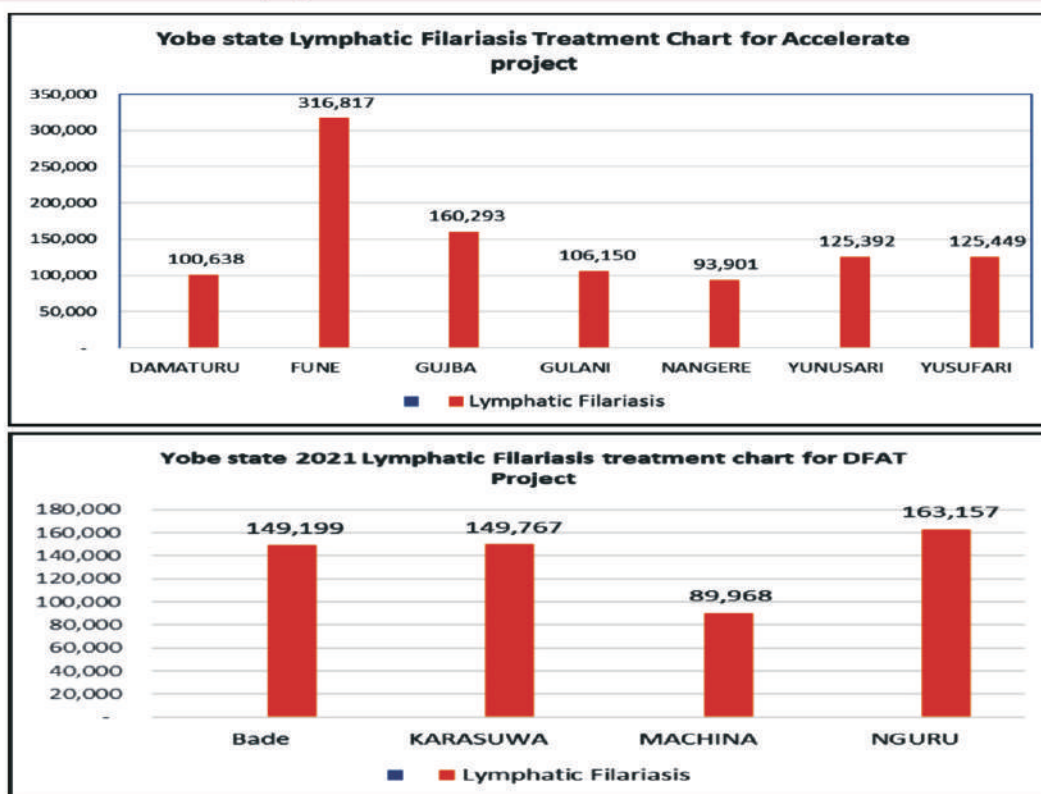
1. Lymphatic Filariasis
2. Onchocerciasis
3. Schistosomiasis and
4. Trachoma

HANDS was also involved in;

- a. Trachomatous Trichiasis surgery
- b. Eye Health services

3.1 Lymphatic Filariasis

Yobe state is endemic with Lymphatic Filariasis in 11 out of the 17 Local Government Areas (LGAs). Despite the activities of insurgency in the state, HANDS has continued to support the state in the control and elimination of lymphatic filariasis using community-based approaches. For LGAs that are security compromised, community members were invited to safe areas for training. After the training, NTDs commodities were given to them to distribute the medicines in their respective communities, as the communities are not accessible to external persons. In the year under review, Mass Administration of Medicine (MAM) was conducted in endemic communities, using a combination of Ivermectin and Albendazole for the control of lymphatic filariasis.

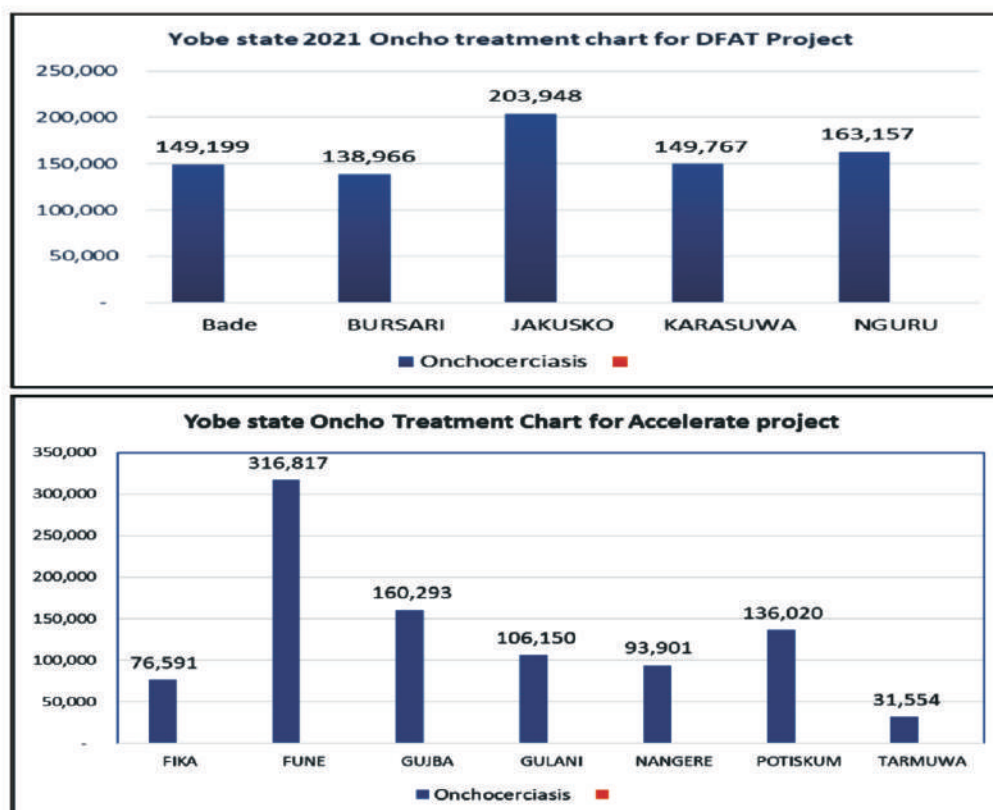


As the project moves towards elimination, LF Pre – TAS was conducted in 3 LGAs of the state in 2021 which are Fune, Machina & Yusufari. The LGAs all passed the assessment and are qualified for the next stage of assessment (LF TAS1).

3.2 Onchocerciasis

Yobe state is endemic with onchocerciasis in 12 out of the 17 LGAs. HANDS in collaboration with the State Ministry of Health has been intervening in the treatment and control of onchocerciasis in the state since 1995. Insurgency has severely affected the health sector of the state but HANDS has continued to support Yobe State Ministry of Health in the elimination of Onchocerciasis.

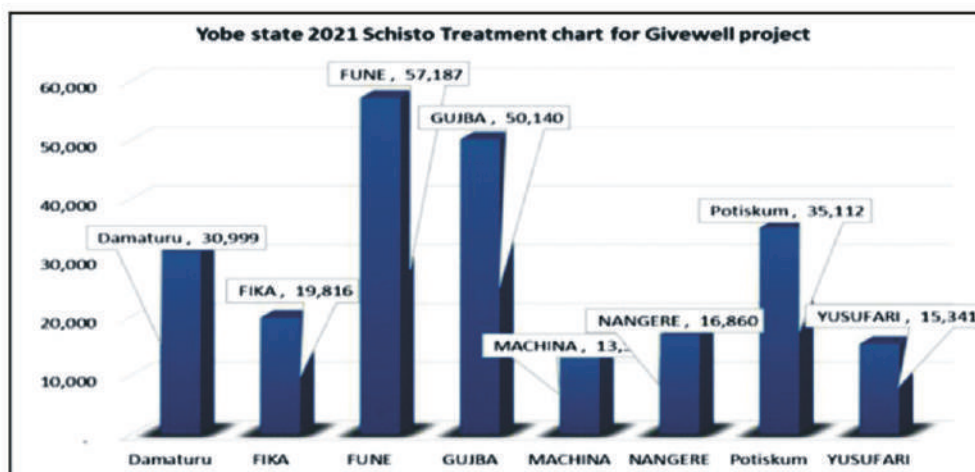
In the period under review, treatment was conducted in the 12 endemic LGAs for Onchocerciasis and the number treated is as shown in the table below.



During the reporting period there was no evaluation in the state. However, the dry blood spot (DBS) samples collected for epidemiological evaluation in 2018 were analyzed within the year using OV-16 RDT and the results were all negative. This shows there is evidence that the disease is suspected to be on the verge of elimination. The National Onchocerciasis Elimination Committee (NOEC) recommended a repeat of epid evaluation in the state using OV-16 ELISA and the entomological assessment (assessment of the status of elimination in the black fly vector).

3.3 Schistosomiasis control and elimination

Schistosomiasis is caused by infection with the trematode blood-flukes schistosomes. In sub-Saharan Africa, two major forms of human schistosomiasis occur: intestinal schistosomiasis caused by mainly *Schistosoma mansoni* infection and urinary schistosomiasis due to *Schistosoma haematobium* infection. All the 17 LGAs of Yobe state are endemic for Schistosomiasis. Intervention for the control and possible elimination of the disease in the state started since 2014 with Jakusko and subsequently scaled up to other LGAs. In the year under review, HANDS in collaboration with the State Ministry of Health has coordinated and successfully implemented Schistosomiasis mass distribution of Praziquantel using the new World Health Organization (WHO) schistosomiasis ward level treatment algorithm in 8 LGAs, shifting paradigm from control to elimination. Since inception of the schistosomiasis control programme in Yobe state, no assessment has been conducted to measure efficacy and efficiency of the MAM to benefitting population. Summary of the number of persons treated is as shown below;



3.4 Trachoma control and elimination

Trachoma MAM commenced in Yobe state in 2011 in Karasuwa and Machina LGAs and has expanded to other LGAs over the years. The FMOH remapped the disease in 2017 and 16 out of 17 LGAs were found to be endemic. Milestone have been achieved in Fika, Damaturu, Fune and Potiskum LGAs which passed impact assessment placing the LGAs on the path of disease elimination.

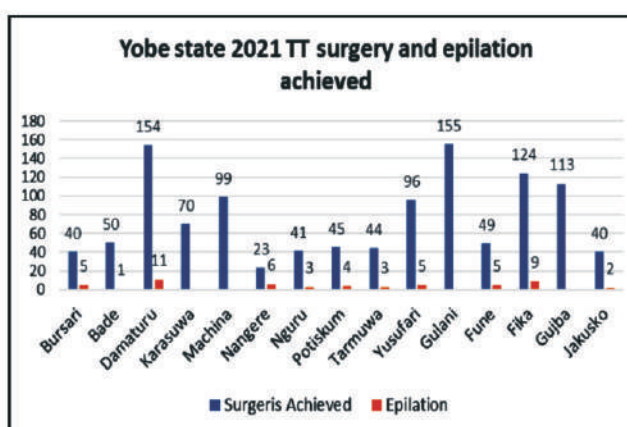
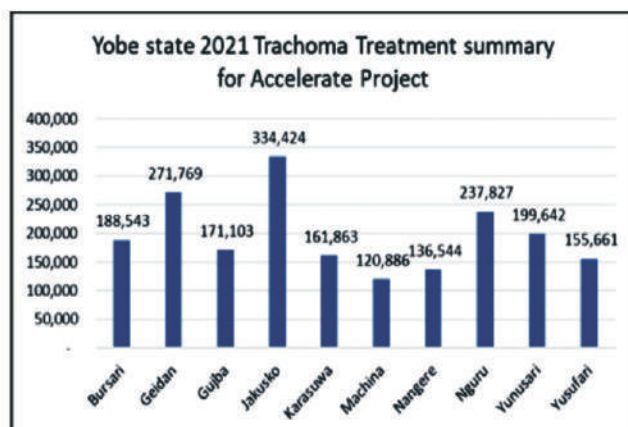
In the year under review, MAM with azithromycin tablets and pediatric oral suspension (POS), and tetracycline ointment were given to the eligible population of the 10 endemic LGAs using the new World Health Organization (WHO) guidelines for trachoma treatment.

In 2021 Trachoma Impact Survey (TIS) was conducted in 5 LGAs which are Bade, Bursari, Jakusko, Nangere, Tarmua. Two LGAs, Bade and Tarmua passed the assessment and will no longer require treatment with antibiotics. Three LGAs, Bursari, Jakusko and Nangere could not achieve WHO ultimate intervention goal of <5% for TF and as such, will require additional 1 round of MDA before it will be assessed.

3.5 TT Surgeries

Due to the problem of insecurity, a new strategy was deployed for use in certain communities. Case finders from those communities hitherto trained to identify suspected cases and an indigenous surgeon, confirmed these cases. The patients are transported out of the community to a safer location and have their eyes operated upon. They are subsequently reviewed in those safer locations during follow-ups.

The surgical component of the intervention was carried out in 15 LGAs of the state as indicated in the table below.





Success Stories from Yobe

There was a case of twins among those who benefitted from the TT outreach, Hassan and Hussaini, 22 years old From Dumburi community, in Bursari LGA. They were previously confirmed to have TT in both eyes but refused the surgery on both eyes rather allowed for one eye each due to fear despite the counseling during the TT outreach in April 2019.

They did not even know the cause of their ailment as they suddenly found out that both eyes were red and itchy at the same time and the eyelashes were rubbing against the eyeball causing the twin brothers a lot of discomfort. This had been the ailment for five (5) years which deprived them of helping their father in farming activities.

Fortunately for them, during the recent July 2021 TT mop-up in Bursari LGA, both of them returned with joy and accepted the surgeries in the remaining eyes. According to them, they enjoyed the previous service and they could see clearly, that was why they returned.

The parents of the twins were also among those who benefitted from the surgery during the TT outreach and all had enjoyed the services.

During the two weeks follow up, both of them showed their gratitude for the timely and free intervention to their community. They said: "This intervention has brought tremendous changes in our lives and our entire family. Life has greatly improved and we have gone back to the farm. May Almighty Allah bless and increase this organization for bringing this assistance to us."

A CDD with a Disability

Malah Mohammad, age 22, from Jaji-Maji of Karasuwa LGA in Yobe state. He is living with his family of six brothers and seven sisters and his mother. He is a CDD who partook of the MDA (MAM) for Trachoma. Although he is without a job, he is eager to further his education. He already has a diploma in Science Laboratory Technology, but he is also interested in starting his own business. He is a person living with physical disability.

He has been observant of the interventions brought to their community by HANDS over the years and has seen the health benefits to the people around him. As a result, he had always wanted to be a part of the process, but he saw his disability as a hinderance. However, when he discovered that HANDS programmewas inclusive, he asked to be a part of the CDDs and was accepted along with several others. He started off with the Oncho/LF MDA and then Trachoma MDA. His joy is in educating people on the health benefits of taking the drugs given to them and seeing the transformation as a result of taking the medication.

He said: "My benefit is the thanks I received from people for giving them the medicine. Others need to be enlightened on the importance of the medicine, as the eye is the window to the world."

Although his disability left his legs in a bent state, it is not a limitation to his speed when walking. Because of the quantity of medicine he has to carry and the process of preparation, especially the POS, he is constantly accompanied by a friend who helps in mixing and administering the drugs on his behalf. When asked of the difficulties encountered as a CDD, he said that there was a community he visited that rejected the drug saying that it was bad. It took him longer time to convince them. In the long run, they accepted the intervention. He is most grateful to HANDS and partners for bringing such intervention to his people. "I have seen the medicine at work with my own eyes. There was a child with discharge that I gave the medicine to, the next day the discharge stopped and the child's eyes had no discharge."

He also said, "I enjoyed working with HANDS. We are so grateful to HANDS for involving us in their interventions, as we have seen some NGOs work here but never include people like us in their activities. We wish the government of the state can support by employing people like us, as we too are becoming educated."





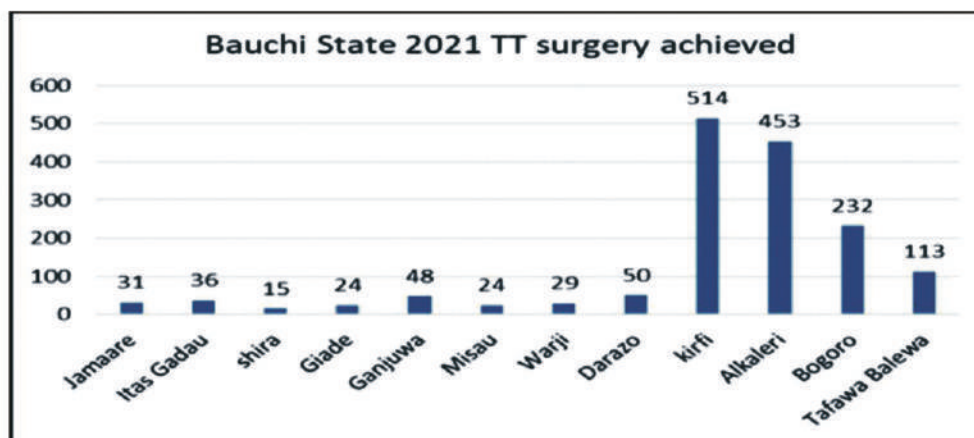
Zainab Suraja, 71, after her TT surgery in Kano state

BAUCHI PROJECT STATE REPORT

Bauchi state is located in north-eastern Nigeria. It is bound by Jigawa and Kano states on the northwest, Kaduna on the west; Plateau, Taraba, and Gombe on the south and Yobe on the east. The highlands in the southwestern part of the state are an extension of the Jos Plateau. It has 20 LGAs with an estimated population of about 7.7 million people, of which the total percentage of the involvement of persons with disabilities in the labour market is three percent (3%) at the state level while five percent (5%) at the National level. Seven (7) to eight (8) out of ten (10) physically impaired persons are living on begging.

Although Bauchi is endemic for various NTDs, HANDS activities are limited to only Trachomatous Trichiasis (TT) surgeries.

In 2021, implementation of TT activities continued under the Accelerate Project with the target of 3841 across 13 LGAs of Bauchi state. Nine LGAs (Jama'are, Shira, Giade, Misau, Darazo, Ganjuwa, Warji, Itas/gadau and Ningi) were for sweeping to achieve full geographic coverage, while the remaining 4 LGAs (Alkalari, Kirfi, Toro and Bogoro) had not had activities conducted before. At the end of the year, 1,925 surgeries were achieved as against 3,841 targets. A total of 4,105 case finders were selected by the community leaders and trained by TT surgeons on how to follow house to house to identify TT cases.



Success stories from Bauchi

Reaching people with disabilities

Maryam Abubakar, a 68-year-old resident of UngwanFada community in Kirfi LGA of Bauchi state. She is a mother of seven children and lives with physical disability, precisely a mobility impairment. Maryam was a petty trader but her trade experienced hiccups and subsequently halted because of the severe Trachomatous Trichiasis she suffered from.

Maryam had battled with trichiasis for over 10 years which caused her a lot of discomfort in both eyes. The senior citizen informed us that she found temporary relief by epilating (plucking out) her lashes whenever she felt discomfort. She was examined and informed about the surgery date by the case finder who visited her at home. Thereafter, she accepted to undergo the surgery and

benefitted during surgery outreach in her community.

Maryam expressed her deepest gratitude to the implementing partners, the donors, and government agencies for their effort towards restoring her sight and giving her hope.

A FORMER TT PATIENT NOW A CASE FINDER

Baba Bubu, 60 years old-resident of Bubu community in Maimadi Ward of Alkaleri LGA, Bauchi State.

Ten years ago, Baba battled with Trachomatous Trichiasis and had to pay a token (Twenty thousand naira) for TT surgery to be performed on him. Knowing the danger attached to the disease if unmanaged and the benefits if managed motivated him to voluntarily support the project. He went round informing his loved ones who were suffering from the discomfort and pains of TT.

Baba Bubu brought in Hauwa his younger sister and his daughter Sa'adatu to access the services. Since then, he took it upon himself to help his community get rid of the TT through house-to-house search and keeping in touch with the programme team in Bauchi state.

Baba Bubu profound gratitude goes to the implementing partners, the donors, and government agencies for bringing the free intervention at the door steps for all to benefit.



Baba Bubu with his daughter after her surgery



Asabe Ismail, 60, taught how to manage lymphedema, an outcome of lymphatic filariasis in Jigawa state

THE FEDERAL CAPITAL TERRITORY (FCT)

The FCT is located in central Nigeria with an estimated population of over 2.08 million people within six Area Councils. The territory is located just north of the confluence of the Niger and Benue Rivers. It is bordered by the states of Niger to the West and North, Kaduna to the northeast, Nasarawa to the east and south and Kogi to the southwest.

FCT is endemic for:

1. Lymphatic Filariasis
2. Onchocerciasis
3. Schistosomiasis
4. Soil Transmitted Helminths

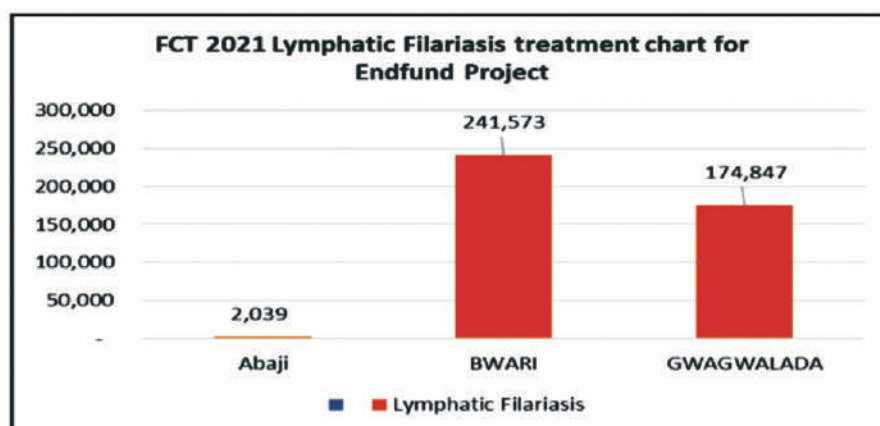
HANDS was also involved in;

Morbidity Management and Disability Prevention (MMDP) and Inclusive WASH

5.1 Lymphatic Filariasis Control

Lymphatic Filariasis is endemic in 4 out of 6 Area Councils of the FCT. HANDS has been supporting Public Health Development of the Federal Capital Territory in the control and elimination of the disease in the endemic communities of the 4 Area councils.

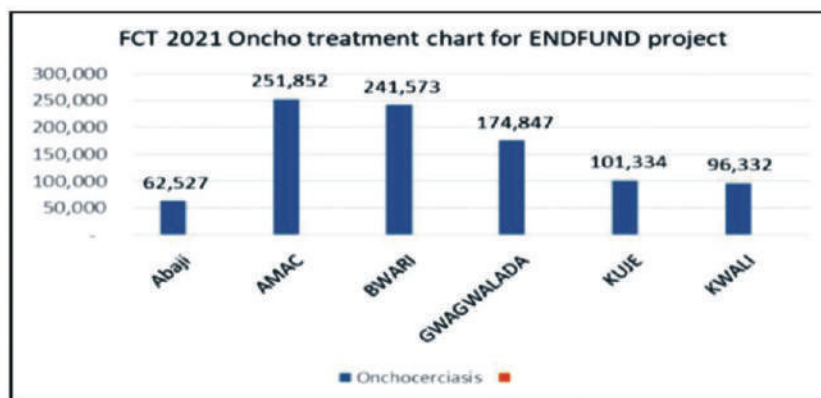
In the year under review, the mass administration of medicine using Ivermectin and Albendazole was conducted in three area councils namely, Gwagwalada, Bwari and two communities in Abaji. Kuje Area Council has passed Transmission Assessment Survey (TAS 1) and is on the path of elimination therefore, no treatment in these area councils.



5.2 Onchocerciasis control

All the six area councils are endemic for Onchocerciasis (ONCHO) in the FCT. Since 1995, HANDS with support from her partners and partnership with the Public Health Department of FCT for the Control and Elimination of Onchocerciasis, has been using Community Directed Treatment with Ivermectin (CDTI) platform in few ONCHO communities. Subsequently, it was scaled up to all communities of the endemic area councils recording 100% geographical coverage in line with National Onchocerciasis Elimination Programme.

In January 2021, epidemiological assessment using the WHO approved OV16 ELISA was conducted. Over 3,000 blood samples were collected from the six area councils and analysed for onchocerca volvulus and were all found to be negative. With the outstanding performance of the assessment, the NOEC recommended that the state proceed with entomological assessment to find out the transmission status of the disease in the black fly vector. Prior to the commencement of assessment, fly catchers were trained for both the human landing and those who will oversee the Esperanza trap which have been set in all the black flies breeding sites approved by the national programme. The activity is expected to last for 1 year before the samples will be analysed.

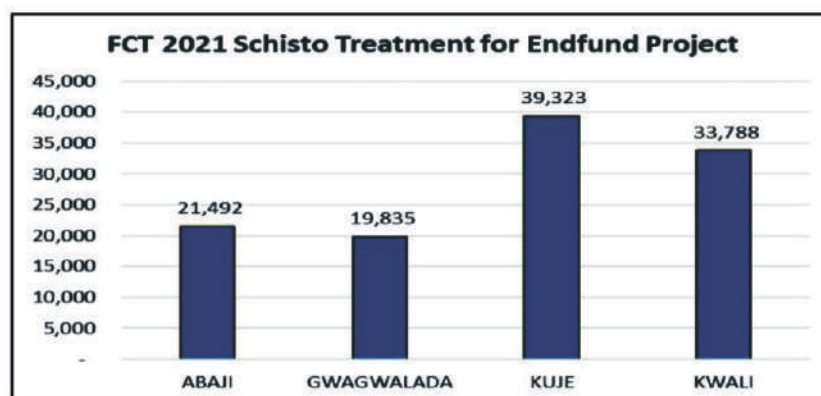


5.3 Schistosomiasis control

Human schistosomiasis is an acute and chronic, water-associated parasitic disease that remains a major public health problem in Nigeria. All the six Area Councils of FCT are endemic for Schistosomiasis. Intervention for the control and treatment of Schistosomiasis started in Abuja Municipal and Kuje Area Councils in 2014 and subsequently scaled up to other area councils. In 2021, HANDS worked in close collaboration with the Public Health Department of the FCT to deliver appropriately, the World Health Organization's (WHO) reclassification ward level Schistosomiasis treatment algorithm for the control and possible elimination of the disease in 3 Area Councils which are Abaji, Kuje and Kwali LGAs and 1 ward of Gwagwalada Area Council.

Note: School-based treatment was not conducted because schools were not in session as at the time of the MAM.

At the end of the exercise, a total of one hundred and fourteen thousand, four hundred and thirty-eight (114,438) persons were treated consisting of both school age children (SAC) and adults as shown below.

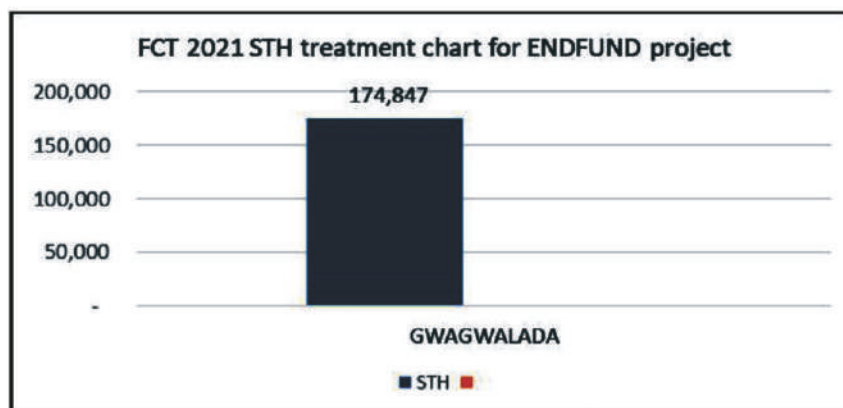


Impact Assessment Survey has not been conducted in the implementing units of the FCT since inception of the intervention. This is largely because of inadequate Praziquantel in the country.

5.4 Soil Transmitted Helminths (STH) Control

FCT is endemic with STH in Gwagwalada and Abuja Municipal Area Councils. Treatment for the control of the disease with Mebendazole once a year targeting School Aged Children (5-14 years) began in Gwagwalada in 2013 and subsequently scaled up to AMAC in 2014.

In 2021, treatment for STH was conducted in Gwagwalada Area Council using Albendazole during the Oncho/LF MAM. The number of persons treated is as shown below:



Milestone was achieved in the course of implementation but the Federal Ministry of Health is yet to conduct Impact Assessment. Although much is yet to be achieved in AMAC due to inadequate Praziquantel.



Practical section - Artisans taught how to install handpump at Pyakasa community



Construction of Inclusive (accessible) platform in Takushara



Installation successful - Handpump in Pyakasa set for use

5.5 Training of Artisans for Borehole Rehabilitation and Inclusive Platform Construction in FCT

Artisans across six 6 Area Councils in 6 different communities in FCT were trained on rehabilitation of boreholes and construction of Inclusive (accessible) platforms for persons with disabilities.

This is to enable them carry out complicated repairs on boreholes and advise communities on effective ways of maintaining their boreholes. The primary objective is to increase pump functionality. The training encouraged the active participation of community stakeholders in the WASH project and helped drive home the concept of community ownership and sustainability. HANDS also distributed

Toolboxes to six 6 communities in FCT. There were 12 Artisans from 6 across 6 area councils of the FCT that were trained. Field testing were also carried out.

S/N	Personnel	Age				SEX		PLWDs				Total
		Boys <18	Girls <18	Men >= 18	Women >= 18	Male	Female	Boys <18	Girls <18	Men >= 18	Women >= 18	
1	Community Artisans	-	-	12	-	12	-	-	-	-	-	12
2	RUWASA Technician	-	-	3	-	3	-	-	-	-	-	3
3	RUWASA State Team	-	-	1	-	1	-	-	-	-	-	1
4	SNTDs Team	-	-	1	-	1	-	-	-	-	-	1
5	HANDS Staff	-	-	5	-	5	-	-	-	-	-	5
Total		-	-	22	-	22	-	-	-	-	-	22

• Case Story (FCT) •

Theophilus Andrew is a young man from Abaji Central in Abaji Area Council in FCT Abuja. He is 24 years old. After the State and LGA Focal Person paid an advocacy visit to the 'Ona' of Abaji who is the paramount traditional ruler of Abaji area council, One of the District Heads approached our MMDP Focal Person, **MR ABDULMUMIN NASADA** and told him of the story of this young man who has been suffering from Hydrocele. This was a very famous case in the town as the patient has gone for screening into the Army but was rejected when they discovered the hydrocele.

The patient had been suffering from this case for more than five years now and he explained that he had sunk into depression as his lifelong dream has always been to get enlisted in the army and serve this country. He had tried several options but no success. He expressed surprise when **MR NASADA** traced him to his house and collected his details promising that his ailment will be treated. He added that he was very surprised but he was also in doubt due to many failed promises from previous persons and organizations.

On the day scheduled for the surgery, the patient along with other patients were transported to the venue for the surgeries. He expressed happiness seeing patients go into the theatre and come out with successful surgeries. He was tense and also eager for his to be completed. When his time came, he went into the theatre and was operated on, when he came out of the theatre, he couldn't hold back the tears as he explained that he was overjoyed that this ailment was now history. He lay on the ward bed and could not hold back the tears of joy as his ordeal was now over and behind him. He said that he looked forward to his full recovery and hopefully being enlisted in the army.

Lymphedema Management

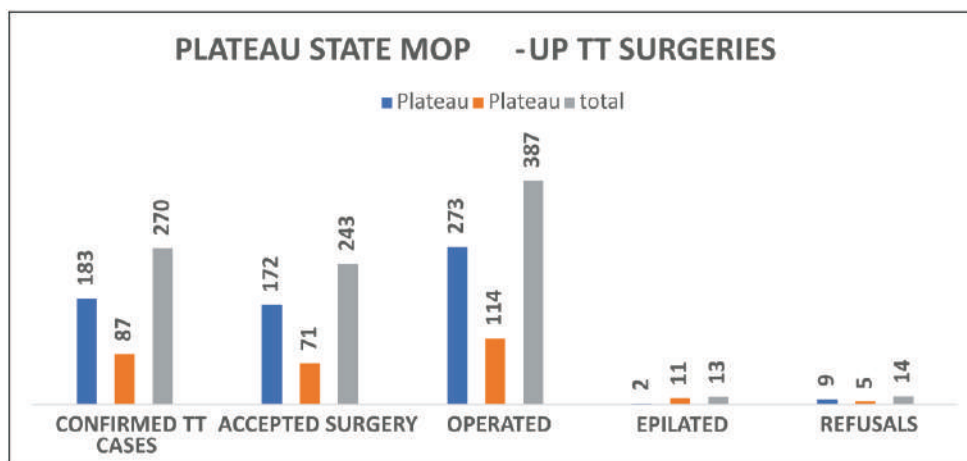




Cataract surgery in progress in Jos,
Plateau state

PLATEAU STATE

6.1 Trachoma Trichiasis Project in Plateau State The Federal Ministry of Health consulted HANDS to clear TT backlog of 154 and 24 in Langtang North and Wase LGAs respectively. Below is the outcome of the intervention.



A passionate Case Finder: Kumdong Nancit

Kumdong Nancit, from Dadur Naki, a community in Langtang North local government area of Plateau state, is a volunteer who worked as a case-finder in the Trachoma trichiasis outreach programme that took place in her community. Her work was to go from house-to-house to identify people with cases of Trachoma Trichiasis and to encourage them to undergo surgery. Nancit was distinguished for her genuine concern towards her patients who were hesitant to visit the surgery centre due to doubts on the efficacy of the surgery.

A sole trader, Nancit missed her community market days and the opportunity to showcase her commodities in order to help persuade her patients to come for the surgery. When asked about the motivation behind the work she did, she said:

"During the training, when the sample pictures detailing the signs of Trachoma infection was distributed, I was horrified. I could not believe there were people in my community living with such an illness. This motivated me to provide help in any way I could in order for them to get the help they need".

Nancit said her success was due to the training she received "The training I received helped me to identify people with Trachoma and separate it from other eye illnesses. Two women in my



community who were suffering from Trachoma, had fears and convincing them was difficult. So I reached out to the Trachoma team that came to supervise me. On the day of the surgery, I took the team to their houses and they were able to convince the women, I was very happy with this progress. My favourite part is the joy in their faces after the surgery. It is a huge motivation and a blessing, knowing that I have helped these women find the peace that comes to a life free of TT”.

Story of Mr Binkap Cifrat, TT Beneficiary

Mr Binkap Cifrat, from Mabe community in Langtang North LGA of Plateau state, has been suffering from trachoma trichiasis and was in constant discomfort. He consistently had watery eyes due to extreme sensitivity to light, his condition made it difficult for him to grow crops and sell his produce at the local market. After trying several traditional methods, he was dissatisfied with the outcome and had given up hope on ever getting rid of this dreadful condition. Binkap was approached by case finders during the house-to-house case search and informed of the TT intervention programme in his community but he had fears if the surgery would be a success due to his previous failed experiences.

During a supervisory visit, the case finder took the supervisors to Mr Binkap's house and they confirmed the in-turned lashes. They were able to convince Mr Binkap to visit the surgery centre close to his home. On the day of the surgery, he developed cold feet and when approached by the surgical team, Mr Binkap said: *“I didn't think I'd be able to undergo the surgery because my children said you'll use needles to blind my eyes. If I agree to lie down and allow you work on me, I'll end up blind in both eyes. I don't want that, at least I can see with one of my eyes, I'll just endure the pain and discomfort in the other eye.”*



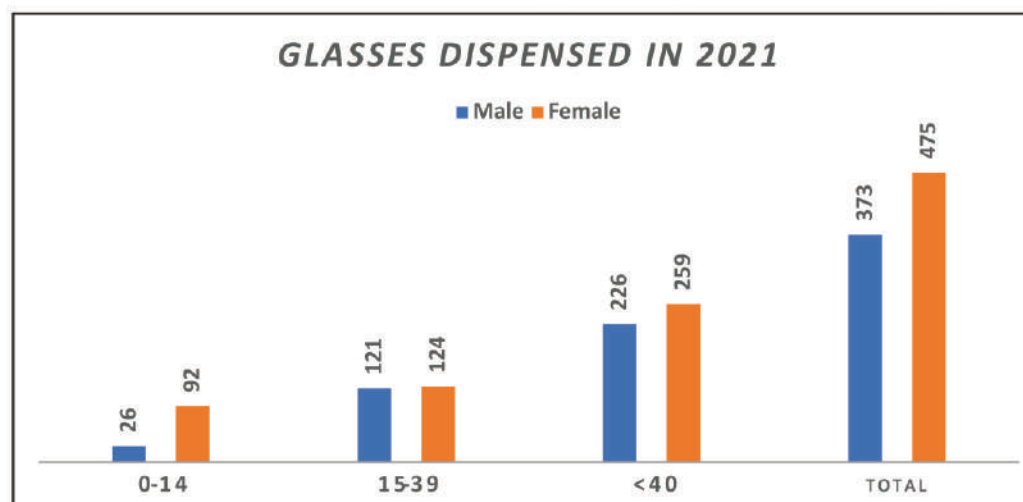
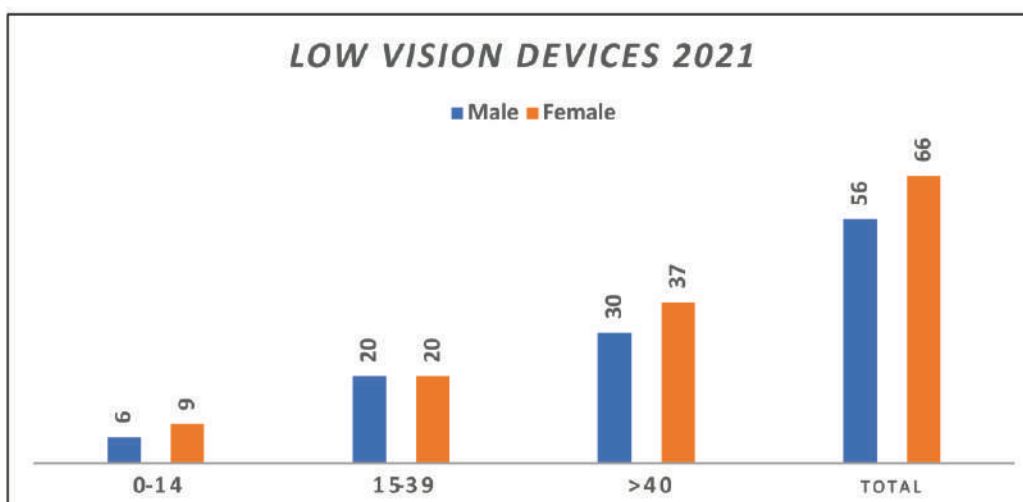
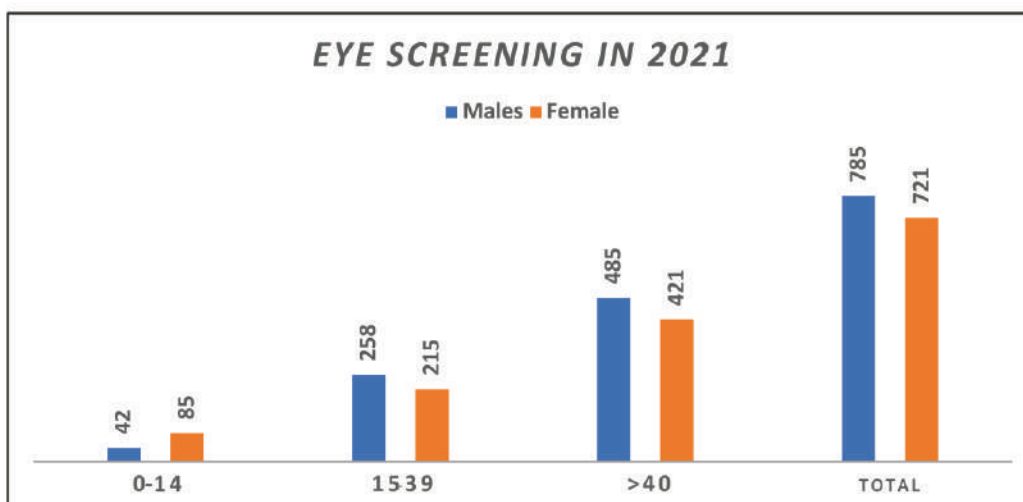
Despite the health talk and counselling given by the Surgical team, he did not agree to have the surgery, the padding he saw on the faces of people that had the surgery only cemented his stance on the surgery. The supervisors that previously visited him were then called to speak with him and after much dialogue he agreed to have the surgery. On the day his padding were removed he expressed much gratitude and apologized for doubting the efficacy of the surgery. According to him;

“I don't feel that pain and itching anymore, it's like my eyes were removed and I've been given a new set of eyes free of pain and the everyday discomfort I felt previously. I want to thank the surgical team and the organization that brought this programme to my community for their thoughtfulness and consideration for people like me, God bless you abundantly”.

6.2 HANDS Eye Clinic, Jos

As part of community service, HANDS runs a weekly eye clinic for the benefit of members of the community. Services provided are general eye screening and treatment, refraction and dispensing of spectacles and low vision services as well as referrals for surgeries and other specialized eye care.

In the year under review, an optometrist was engaged on part-time basis. This helped boost services and ensured an all-year-round service. A few essential equipment were also procured to aid the services and a mini clinic was fully established with examination couches and dedicated consulting rooms. Summary of services is as shown in the table below.





A child undergoing eye examination at HANDS eye clinic.

INCLUSIVE EYE HEALTH

HANDS in partnership with the supported states of Kano, Jigawa, Yobe and Katsina, also with support from CBM, rounded off the above 3-year programme.

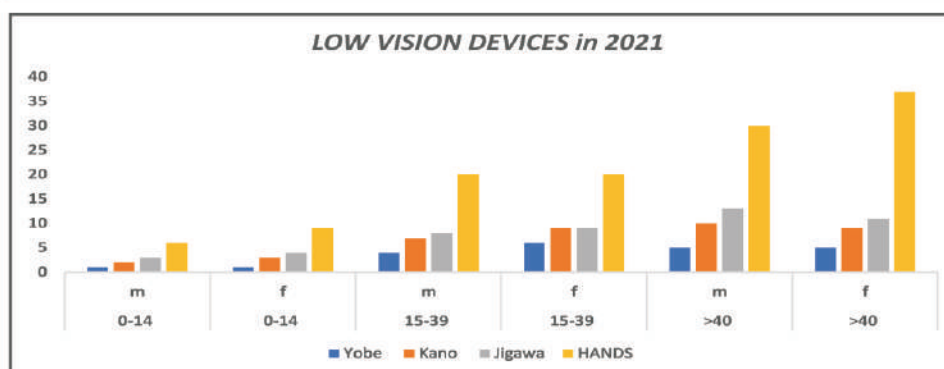
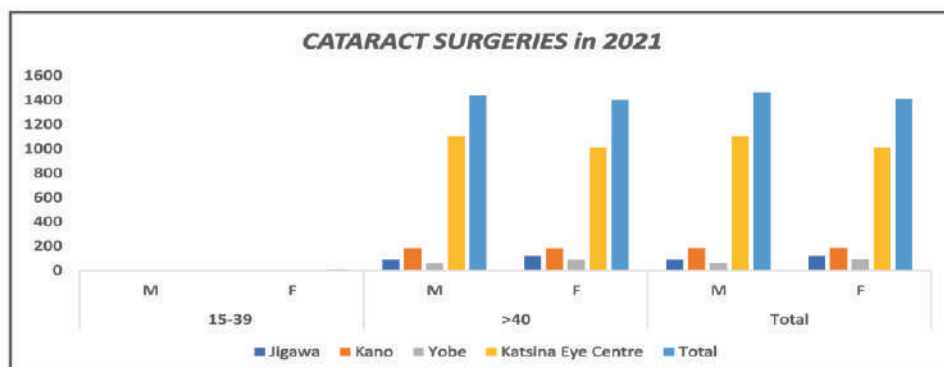
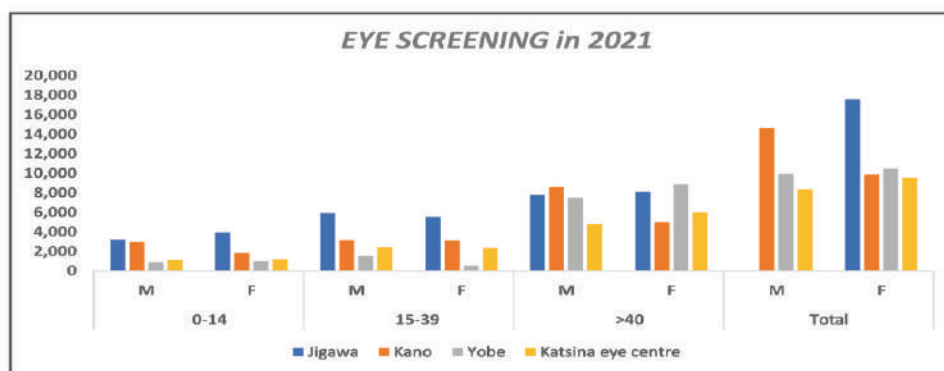
The programme objective is to have a Nigeria where no one is needlessly visually impaired, and that those with unavoidable vision loss and other disabilities, can achieve their full potential with equitable access to quality, comprehensive and inclusive Eye health services.

Specific Objective

To improve the quality of life of persons with visual impairment and other disabilities through provision of comprehensive, inclusive, affordable and accessible Eye health services that are integrated into the health systems of Yobe, Kano, Jigawa and Katsina states.

Interventions were carried out in 3 thematic areas, cataract surgeries, primary eye care training for community Health extension workers, low vision services, advocacy for inclusion of persons with disabilities and general eye screening.

The tables below are the summaries of activities in the year under review.





• Monitoring and supervision of the MDA register by HANDS staff and Partners

Monitoring, Evaluation and Learning.



At the programme level, the purpose of M&E is to track implementation and outputs systematically, measuring the effectiveness of programmes. It helps determine exactly when a programme is on track and when changes may be needed, forming the basis for modification of interventions and assessing the quality of activities being conducted.

M&E has developed standardized training tools in line with FMOH standard operation procedures and has trained all stakeholders on usage of those data tools over the years. As a way of innovation and technological drive, the M&E unit has developed modern electronic MDA monitoring tools using the KoboCollect platform for routine supervision of mass distribution of medicine, which is for the treatment and control of NTDs programmes across HANDS supported states. The M&E unit has been responsible for analyzing NTD treatment data and the analytical report being used to ascertain if the programme efforts have had a measurable impact on expected outcomes and have been implemented effectively or not. The reports generated are essential in helping managers, planners, implementers, policy makers and donors acquire the information and understanding they need to make informed decisions about programme operations.

Monitoring and evaluation have been critical for building a strong evidence - based programme implementation and for assessing the wide, diverse ranges of interventions being implemented by HANDS. Guidance provided by M&E help identify the most valuable and efficient use of resources. This is critical for developing objective conclusions regarding the extent to which programmes can be judged a "success" by delivering the necessary data to guide strategic planning, to design and implement programmes and projects, and to allocate, and re-allocate resources in better ways.





Happy children of the LEA Koroko
Primary School, Yangoji Ward in Kweli Abujia

EVERYONE IS RESPONSIBLE FOR SAFEGUARDING

A vital aspect of our safe programming in HANDS is the development, implementation and monitoring of Safeguarding policy. HANDS prioritizes the safety of all children and vulnerable adults. Therefore, the Management periodically assesses our Safeguarding policy, to see if the procedures and practices are fit for purpose both in the field and in all our office locations. Wherever gaps are identified, necessary modifications are done promptly. To that end, and with support from CBM and Sightsavers, HANDS engaged the services of two Safety & Security/Safeguarding Officers. The core tenets of our Safeguarding practices are to protect children and any vulnerable beneficiaries from various forms of harm or abuse, implement and sustain the programme safely, continue learning for improvement and elevate HANDS and its partners above reproach.

Objectives

HANDS Staff or representative, Programmes and Operations are expected to “do no harm” (neglect, physical, emotional or sexual harm) to men, women, girls and boys.

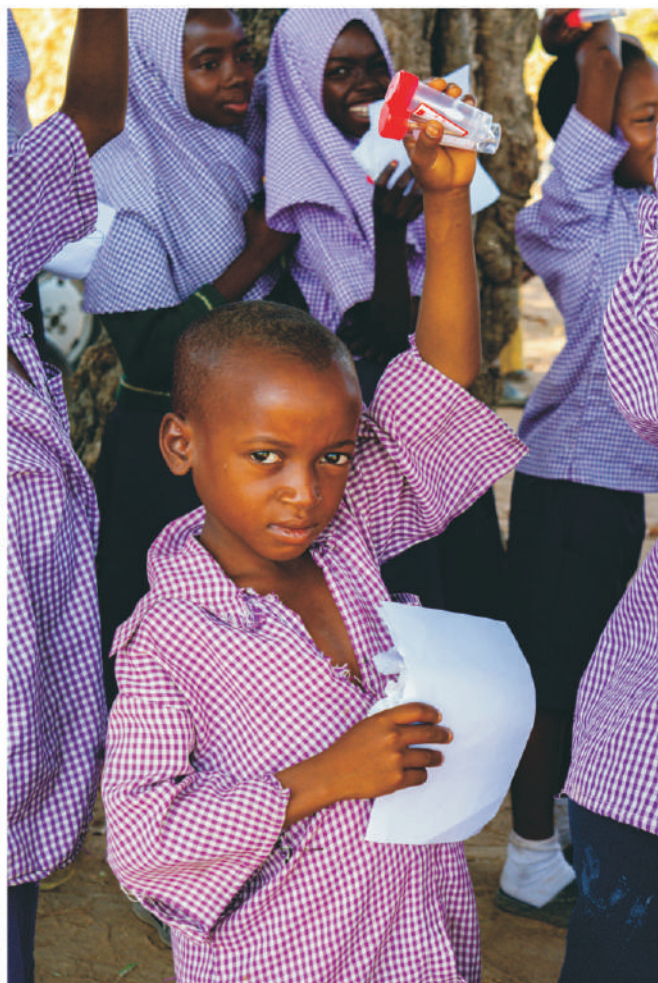
Safeguarding Focal Person

If you have any **questions, fears** or **suggestions** about child (or adults at risk), safeguarding, please contact the safeguarding focal person on 09168639588.

Reporting

To report any concerns of actual or possible harm towards children or adults in regards to HANDS Staff or representative, programmes or operations, immediately inform the Safeguarding Focal Person who will collaborate with the necessary people to help, or email: safeguarding@handsnigeria.org

Note-worthy photos





APPRECIATION

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

- CBM International
- Sightsavers
- DFAT
- The Federal Ministry of Health
- State Ministry of Health
- The NGDO Coalition
- CBM Global
- ENDFUND





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