

# **Situation Report on the Control and Elimination of Neglected Tropical Diseases in Taraba State**

**(Abridged Report)**



**TY DANJUMA**  
FOUNDATION



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# List of Abbreviations

CBM	Christian Blind Mission
CDDs	Community Drug Distributors
CDI	Community-Directed Interventions
CHEWs	Community Health Extension Workers
CHO	Community Health Officer
DSNO	Disease Surveillance and Notification Officer
FGDs	Focus Group Discussions
IDIs	In-depth Interviews
KIIs	Key Informant interviews
LGAs	Local Government Areas
MDA	Mass Drug Administration
MITOSATH	Mission to Save the Helpless
NOEC	National Onchocerciasis Elimination Committee
NGO	Non-Government Organisation
NTDs	Neglected Tropical Diseases
PMV	Patent Medicine Vendors
SAPI	Smartphone-Assisted Personal Interview
STH	Soil-transmitted Helminths
TYDF	TY Danjuma Foundation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

# Executive Summary

The TY Danjuma Foundation is a private independent philanthropic grant-making organisation established in 2009 by Lt. Gen. Theophilus Yakubu Danjuma (GCON), who began funding the fight against Neglected Tropical Diseases (NTDs) in Taraba State in 1996.

After 28 years of fighting NTDs, there is a need to understand the current situation of the NTDs control and elimination in line with the WHO NTDs road map by 2030. To address this need, the TY Danjuma Foundation commissioned a study aimed at assessing the gaps, barriers, and opportunities for NTDs control and elimination, focusing on onchocerciasis, lymphatic filariasis, and schistosomiasis in Taraba State and Nigeria.

This study used a mixed method involving the interlink of a systemic review, a qualitative and quantitative field study. Findings indicate considerable progress in the control and elimination of onchocerciasis, schistosomiasis, and lymphatic filariasis in Taraba State. The State, Local Government Areas (LGAs) and community members played active roles in the intervention, especially with the distribution of drugs. However, treatment gaps persist due to drug shelf-life limitations, poor research funding, irregular drug distribution, inadequate Incentive for community drug distributors (CDDs) and limited mobility hindering distribution reach.

Following the review and dissemination of findings among stakeholders from different ministries, departments and agencies key recommendations were:

- Identify at least three sentinel sites where massive implementation can occur with quality data obtained for strategic policy, programme, and financial decisions.
- Conduct a multisectoral strategic planning workshop to rethink and reshape the entire NTD control and elimination chain with written commitments for implementation by all partners.
- Implement an electronic data management and transmission system, using text and electronic media, to reduce data losses and ensure efficient transmission of CDDs' coverage data to LGAs.





# Background

Lt. Gen. Theophilus Yakubu Danjuma (GCON), as a young officer in the Nigerian Army in command of a company of soldiers, found themselves sleeping in tents in harsh conditions. He woke up one day with swollen eyes and itching all over his body, indicating a black fly had bitten him. His fear was confirmed when the doctor told him he had river blindness and might lose his sight. After this, he was convinced that he must do whatever he could to alleviate the diseases of neglected people.

The TY Danjuma Foundation is a private, independent philanthropic grant-making organisation established in 2009 by Lt. Gen. TY Danjuma (GCON). It is committed to improving the quality of life of Nigerians. Gen. TY Danjuma has been at the forefront of Nigeria's fight against Neglected Tropical Diseases (NTDs), especially in Taraba State.

The Foundation's NTDs elimination programme began in 1996 when Gen. TY Danjuma began funding Mission to Save the Helpless (MITOSATH) in response to a plea to eradicate onchocerciasis in Taraba State. This funding became essential as the African American NGO AfriCare withdrew from Taraba, prompting MITOSATH to intervene and collaborate with other partners. The General's interest in combating NTDs partly inspired the establishment of the TY Danjuma Foundation in 2009.

Since 1996, Taraba state has received over 20 effective rounds of Mass Drug Administration (MDA) treatment with ivermectin. The cumulative treatment from 1996 to 2023 is over 27 million (27,777,528).



Lt. Gen. TY Danjuma (rtd) received the World Bank APOC 2012 award of exceptional contributions in the fight against river blindness.

# Introduction

Neglected Tropical Diseases (NTDs) are a group of 20 diseases widely spread in tropical and subtropical regions, affecting more than 1 billion people globally. NTDs disproportionately affect impoverished communities and cause many chronic, debilitating, and disfiguring conditions. They interfere with labour productivity (agricultural and industrial), child development, and school attendance and cause social stigma at family and community levels.

Nigeria accounts for a significant proportion of the global NTDs burden and about 25% of the burden in Africa. River blindness (onchocerciasis), bilharzia (schistosomiasis), elephantiasis (lymphatic filariasis), soil-transmitted worms and trachoma are the most prevalent NTDs in Nigeria.

Category	Diseases	Category	Diseases
Helminth Infections	1. Taenia solium (neuro) cysticercosis/Taeniosis	Protozoan Infections	1. Chagas disease 2. Human African trypanosomiasis 3. Leishmaniasis
	2. Dracunculiasis	Viral Infections	1. Dengue and Chikungunya Fevers 2. Rabies
	3. Echinococcus		
	4. Foodborne trematodes	Fungal Infections	1. Mycetoma, chromoblastomycosis, deep mycosis
	5. Lymphatic filariasis	Ectoparasitic Infections	1. Scabies, Myiasis
	6. Onchocerciasis	Venom	1. Snakebite Envenoming
	7. Schistosomiasis		
	8. Soil-transmitted helminthiases (ascariasis, Hookworm diseases, trichuriasis, strongyloidiasis)		
Bacterial Infections	1. Buruli ulcer 2. Leprosy 3. Trachoma 4. Yaws		

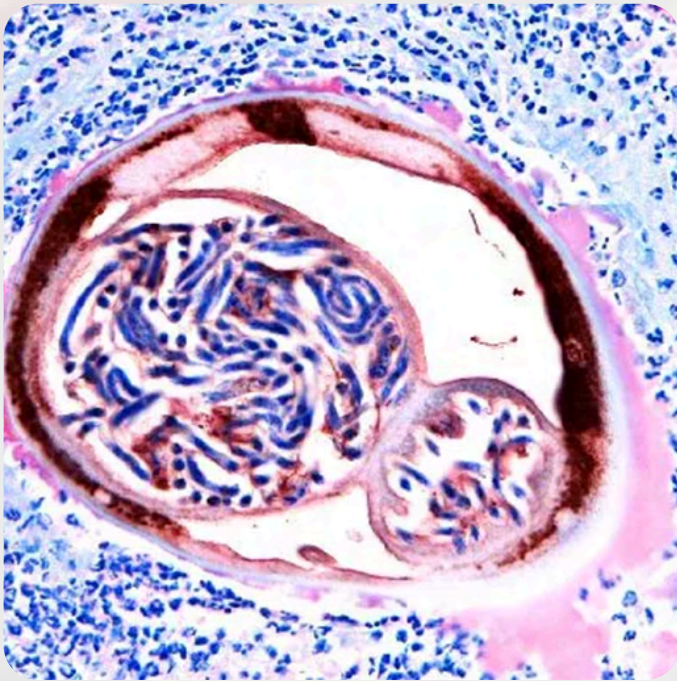
Table 1: Categories of NTDs



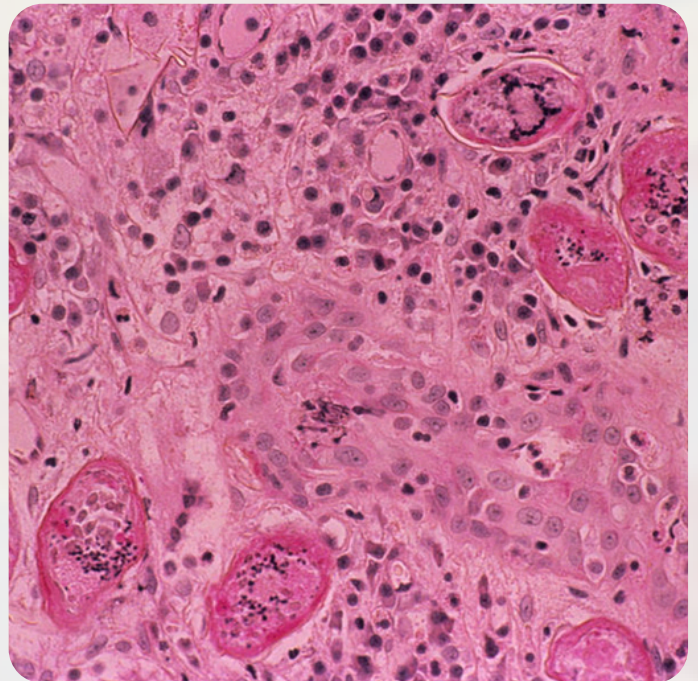
## NTDs in Taraba State

NTDs are prevalent in Taraba state, however, river blindness (onchocerciasis), bilharzia (schistosomiasis), and elephantiasis (lymphatic filariasis) are the most dominant.

Thirteen of the sixteen LGAs in Taraba State contain hyper and meso-endemic foci for onchocerciasis.



River blindness (Onchocerciasis)



Bilharzia (Schistosomiasis)



Elephantiasis (Lymphatic filariasis)

# River Blindness (Onchocerciasis)

Onchocerciasis is a parasitic disease caused by *Onchocerca volvulus*, which matures into larvae in the gut of blackflies that breed in fast-flowing rivers and streams.

Blackflies (of the *Simulium* species) inject larvae into human skin during a blood meal (bites), which develop into adult worms (that can live for about 10-15 years), with the female form producing microfilariae, which are released into the bloodstream and picked up when a new blackfly feeds on an infected human.



## Blackfly causes:

- Severe skin itching, rashes, skin discolouration, chronic skin thickening (lizard skin), and swellings (nodules) under the skin.
- Visual impairment, leading to vision changes and blindness (irreversible blindness).

## Prevention and Control

Prevention and control involve eliminating the blackfly vector through insecticide spraying and mass drug administration



# Elephantiasis (Lymphatic filariasis)

Elephantiasis is transmitted through the bites of infected mosquitoes, which carry larvae from parasitic roundworms (especially *Wucheria Bancrofti* in Africa).

The larvae develop into adult worms in the body of humans and reside in the lymphatic vessels and lymph nodes, damaging and obstructing them from draining fluid properly, leading to the accumulation of lymph fluid in the body tissues.



## Elephantiasis causes:

- Swelling of the legs and swelling on the scrotum/testes (hydrocele)

## Prevention and Control

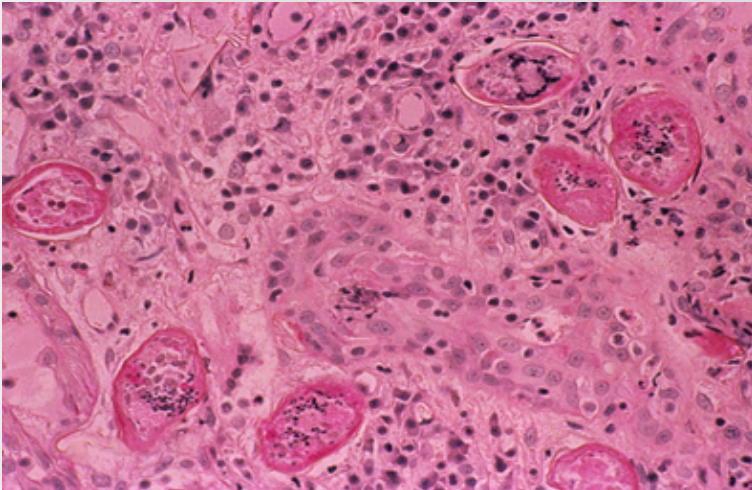
Prevention is by using insecticides to avoid mosquito bites.

Control is through mass drug administration (albendazole, ivermectin, and diethylcarbamazine) to reduce transmission and treatment of individual cases.

# Bilharzia (Schistosomiasis)

Schistosomiasis is common in areas without access to safe drinking water and sanitation. It is caused by parasitic flatworms called schistosomes found in freshwater snails.

The infectious larvae form of the parasite known as cercariae emerge from the snail into the water, penetrate the skin of people who encounter the contaminated water, and then migrate to their veins and bladder.



## Schistosomiasis causes:

- Itchy rash within 1-2 months of infection
- Urinary tract infections, blood in urine, bladder cancer
- Abdominal pain, enlarged liver, bladder cancer (chronic infection)

## Prevention and Treatment

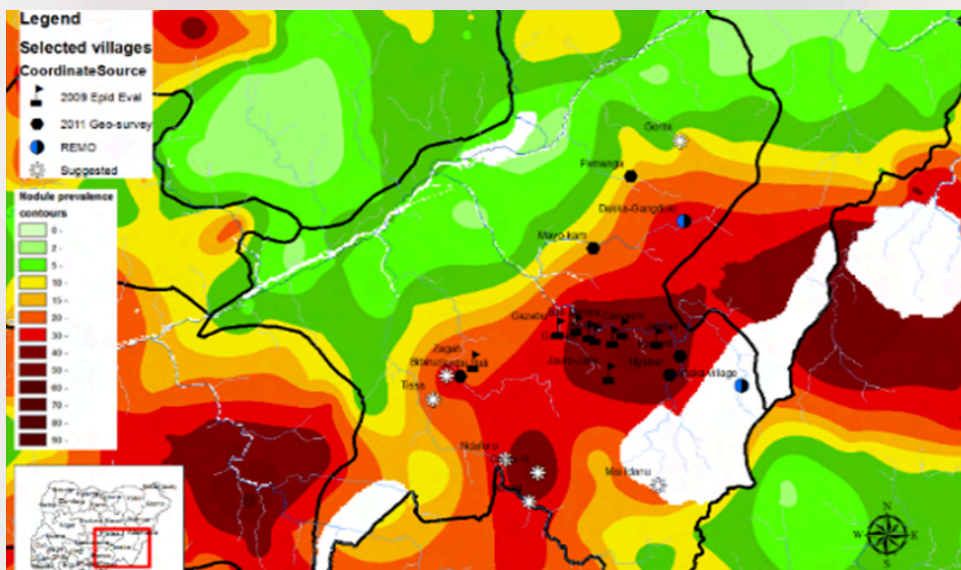
Prevention is by reducing exposure to contaminated water, snail control, and improving access to safe drinking water.

Treatment is by administering praziquantel through mass administration in endemic areas

# NTDs Programme in Taraba State

Taraba State has 16 local government areas (LGAs) where several neglected tropical diseases (NTDs) are prevalent. However, onchocerciasis, schistosomiasis, and lymphatic filariasis are the most prevalent NTDs in the state. The Taraba River, with a source from the Mambilla Plateau and a tributary of the River Benue, provides ideal breeding grounds for the Onchocerciasis vector—the female *Simulium* blackfly (FMOH, 2021; MITOSATH, 2015).

Onchocerciasis is prominent in 13 out of 16 LGAs, while lymphatic filariasis shows high prevalence in the same LGAs. Schistosomiasis prevalence varies across areas, with Donga, Cassol, and Kurmi LGAs reporting moderate prevalence.



Onchocerciasis pre-control map for Taraba

The NTD programme in Taraba State is a collaborative effort involving stakeholders such as the State Ministry of Health, MITOSATH, local government authorities, and affected communities with funding from the TY Danjuma Foundation. This partnership is crucial for an integrated approach to NTD management (Federal Ministry of Health, MITOSATH, TY Danjuma Foundation, Olamiju et al., 2023).



Mass Drug Administration at Community Level



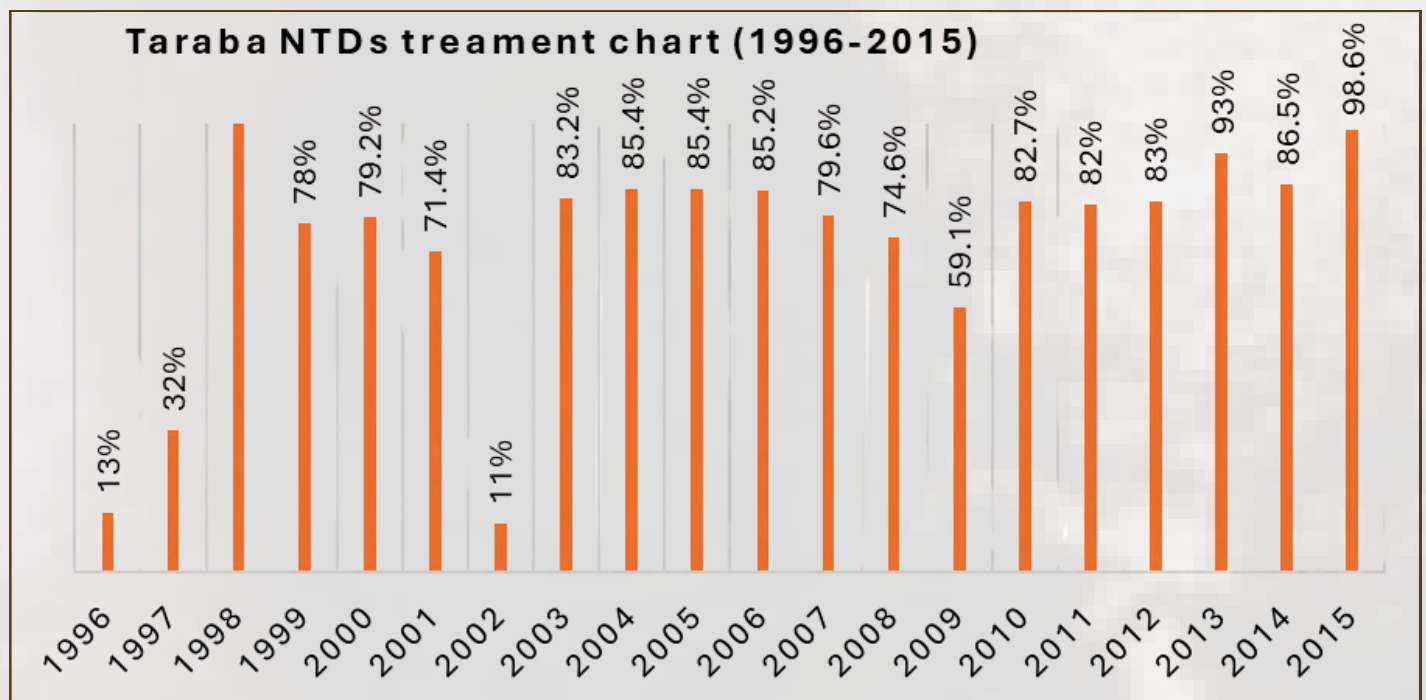
# Phases of Onchocerciasis Elimination

Achieving the elimination of onchocerciasis requires the following intervention phases as outlined by WHO guidelines:

- Phase one involves continuous mass drug administration with ivermectin to at least 65% of the population or 80% of eligible individuals, with complete geographical coverage for 12–15 years.
- Phase two starts with post-treatment surveillance, which usually lasts three to five years, to confirm transmission interruption and ends with entomological assessments.
- Phase three begins with post-elimination surveillance after demonstrating the elimination of disease transmission.

## The Role of TY Danjuma Foundation

For close to 30 years, TYDF has funded the NTDs elimination programme targeting onchocerciasis, lymphatic filariasis and schistosomiasis through MITOSATH. The programme includes annual and biannual mass drug administration (MDA) campaigns and the mobilisation of other resources and expertise required to carry out large-scale drug distribution.





## Impact Evaluation of NTDs Programme in Taraba

In 2015, the impact of NTDs treatment in Taraba was evaluated through an epidemiological survey of onchocerciasis using the skin snip method in selected villages. Samples were also collected to carry out operational research on using a highly sensitive and specific antigen of *Onchocerca volvulus* (OV16) to assess the transmission of onchocerciasis infection. 3,932 people were examined in 28 villages across 11 LGAs, and 32 samples were positive.

The epidemiology survey results showed that several communities had zero prevalence or downward trends in prevalence after several years of ivermectin treatment. Following this, an entomological assessment was planned to confirm the presence or absence of transmission.

From 2016 - 2017, an entomological survey was conducted. 189 female *S. Damnosum* flies collected from seven communities were analysed using a PCR assay, and the results revealed no infection with the *onchocerca* parasite.

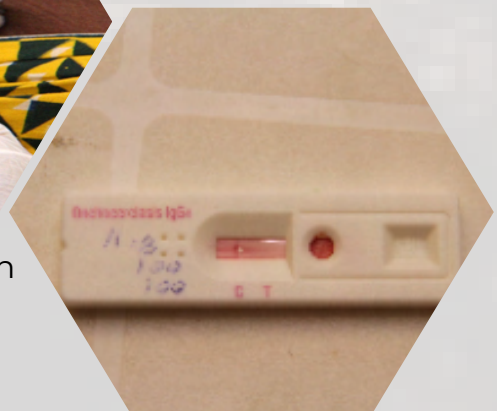
However, this fly count was significantly lower than the WHO-recommended threshold of 6,000 blackfly heads needed to decide to halt the mass administration of medicine (MAM). The National Onchocerciasis Elimination Committee (NOEC) recommended additional mass drug administrations, emphasising bi-annual administration in Bali and Gashaka LGAs, which had the highest prevalence of onchocerciasis.



Microscopy of  
microfilaria worms



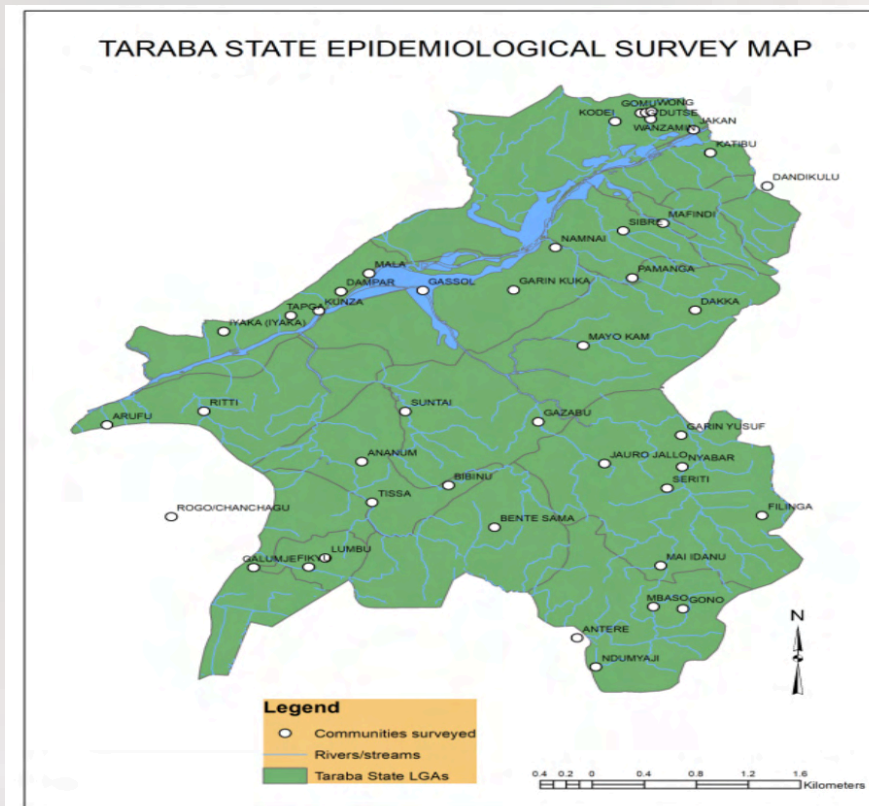
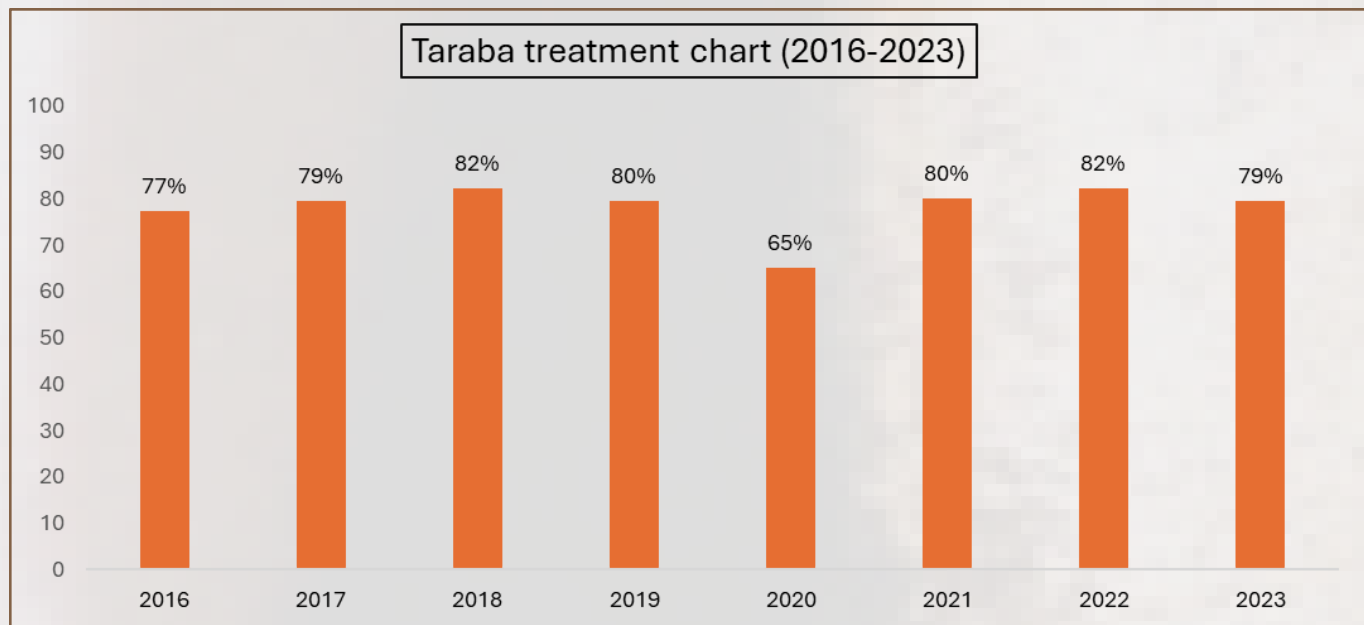
Skin snip collection



OV16 (Onchocerciasis  
IgG4 test kit) with  
samples



In 2016, Taraba State recorded seven effective rounds of ivermectin distribution in the onchocerciasis endemic communities. This was followed by another epidemiological survey in 2023 in line with the WHO-approved parasitological assessment criteria. Using a comprehensive approach to reach everyone in the target communities, including in the areas marked as inaccessible, 3,580 dried blood spot (DBS) samples were collected and analysed using APOV16 ELISA. The result indicated zero positivity and was presented in the 18th NOEC session in May 2024.



The 2023 EPID Survey Map shows Taraba free of onchocerciasis using WHO approved parasitological assessment criteria.



## Key statistics for:

2017

2018

2019

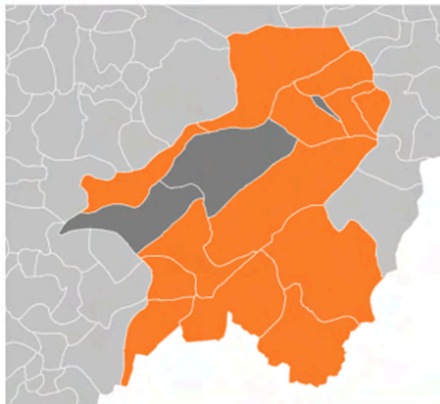
2020

2021

2,559,123  
Population requiring PC652,712  
Population targeted for PC697,652  
Population treated with PC14  
IUs requiring PC4  
IUs treated with PC4  
IUs achieving effective coverage

## Endemicity 2021

● Endemic ● Unknown



Links: [WHO guidance and publications search](#)  
[Download data from the ESPEN Portal](#)

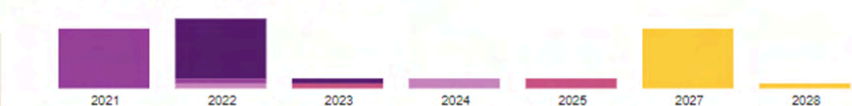
## Therapeutic treatment coverage

&lt;80% : 80-100% : &gt;100% IU population requiring and receiving treatment

Region	IU	Endemicity 2021	PC rounds	Effective PC rounds ≥2014	2017	2018	2019	2020	2021
Taraba	Ardo-Kola	Endemic	23	4	78.6	80.6	79.9	77.0	
Taraba	Bali	Endemic	25	6	82.9	81.0	79.7	87.9	80.5
Taraba	Donga	Endemic	23	1	79.0	83.6	77.7	70.0	
Taraba	Gashaka	Endemic	24	5	75.1	82.6	79.7	87.9	89.4
Taraba	Gassol	Unknown	15	4	85.8	98.8	96.8	96.9	
Taraba	Ibi	Endemic	23	5	87.9	84.5	80.1	75.2	
Taraba	Jalingo	Unknown	11	2	61.4	66.4	95.1		99.1
Taraba	Karim-Lamido	Endemic	23	5	87.5	80.7	80.0	79.8	
Taraba	Kurmi	Endemic	23	1	67.0	78.7	80.2	79.9	
Taraba	Lau	Endemic	14	2	79.8	80.2	80.4		
Taraba	Sardauna	Endemic	23	4	79.9	81.7	80.7	76.4	
Taraba	Takum	Endemic	23	1	72.9	81.3	79.9	71.6	
Taraba	Ussa	Endemic	23	4	79.5	80.4	75.6	76.8	
Taraba	Wukari	Unknown	11	2	76.7	83.0		90.9	
Taraba	Yorro	Endemic	23	4	76.3	80.5	80.3	64.7	
Taraba	Zing	Endemic	22	8	89.1	85.4	78.2		87.7

## Elimination forecast 2021-2030 - count of surveys by year

● OEM\_1stg ● OEM\_2stg ● pre-STOP ● full-STOP ● Surveillance



Therapeutic treatment coverage for onchocerciasis in Taraba (2017-2021)

## Key statistics for:

2017

2018

2019

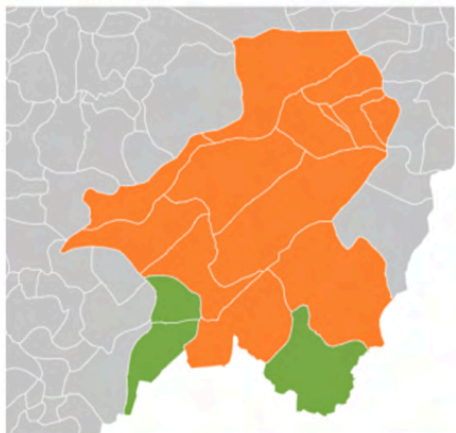
2020

2021

2,645,747  
Population requiring PC652,712  
Population targeted for PC697,652  
Population treated with PC13  
IUs requiring PC4  
IUs treated with PC4  
IUs achieving effective coverage

## Endemicity 2021

● Endemic ● Non-endemic



Links: [WHO guidance and publications search](#)  
[Download data from the ESPEN Portal](#)

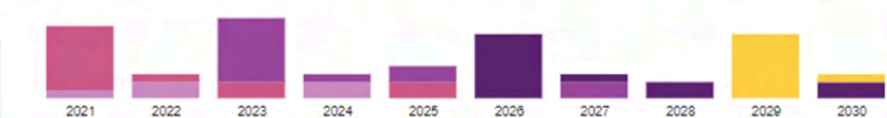
## Epidemiologic treatment coverage

&lt;65% : 65-100% : &gt;100% IU population receiving treatment

Region	IU	Endemicity 2021	PC rounds	Effective PC rounds ≥2014	2017	2018	2019	2020	2021
Taraba	Ardo-Kola	Endemic	12	7	78.6	80.6	80.0	77.1	
Taraba	Bali	Endemic	15	8	82.9	81.0	79.9	88.1	89.6
Taraba	Donga	Endemic	14	4	79.0	83.6	77.8	70.2	
Taraba	Gashaka	Endemic	15	7	75.1	82.6	79.8	88.0	89.5
Taraba	Gassol	Endemic	15	4	88.8	79.0	77.4	77.6	
Taraba	Ibi	Endemic	12	6	87.9	84.5	80.3	75.3	
Taraba	Jalingo	Endemic	11	2	49.1	53.1	76.1		79.3
Taraba	Karim-Lamido	Endemic	14	7	87.5	80.7	80.2	79.9	
Taraba	Kurmi	Endemic	12	5	67.0	78.7	80.4	80.0	
Taraba	Lau	Endemic	14	6	79.8	80.2	80.5		
Taraba	Sardauna	Non-endemic	0	0					
Taraba	Takum	Non-endemic	0	0					
Taraba	Ussa	Non-endemic	0	0					
Taraba	Wukari	Endemic	11	2	61.3	66.4		80.0	
Taraba	Yorro	Endemic	15	6	76.3	80.5	80.5	64.8	
Taraba	Zing	Endemic	15	7	88.1	85.4	78.3		87.8

## Elimination forecast 2021-2030 - count of surveys by year

● pre-TAS ● TAS1 ● TAS2 ● TAS3 ● Surveillance



Epidemiologic treatment coverage for lymphatic filariasis in Taraba (2017-2021)

# Situation Analysis of NTDs Programme in Taraba State

This study was commissioned by the TY Danjuma Foundation to understand the current situation of the NTD's control and elimination in Taraba state, focusing on river blindness, bilharzia, and elephantiasis. This comprehensive study assessed gaps, barriers, and opportunities for NTDs control and elimination in Taraba state and Nigeria.

Key stakeholders from the national, state, LGAs, public, non-profit organisations, and the community levels were involved in the planning and implementation stages:

## Research Methodology

The research combined systematic document review, literature review, qualitative field studies, and quantitative field studies involving key national, state, LGA, and community stakeholders.

### Systematic review

- Review of the TY Danjuma Foundation's project outputs and outcomes in the related programme area of NTDs and community health.
- Review of documents, reports, and publications on NTDs in Nigeria and Taraba State.

### Qualitative field study

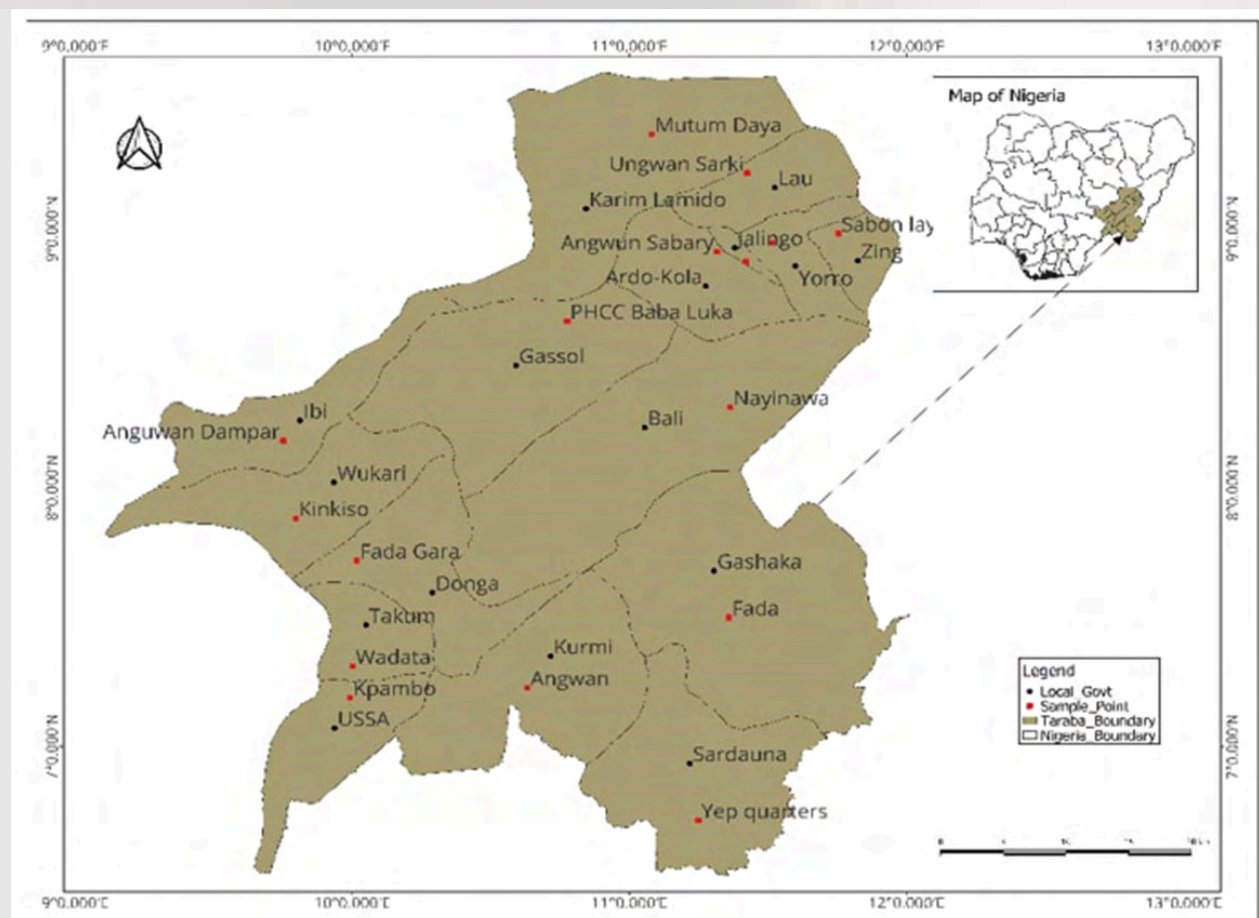
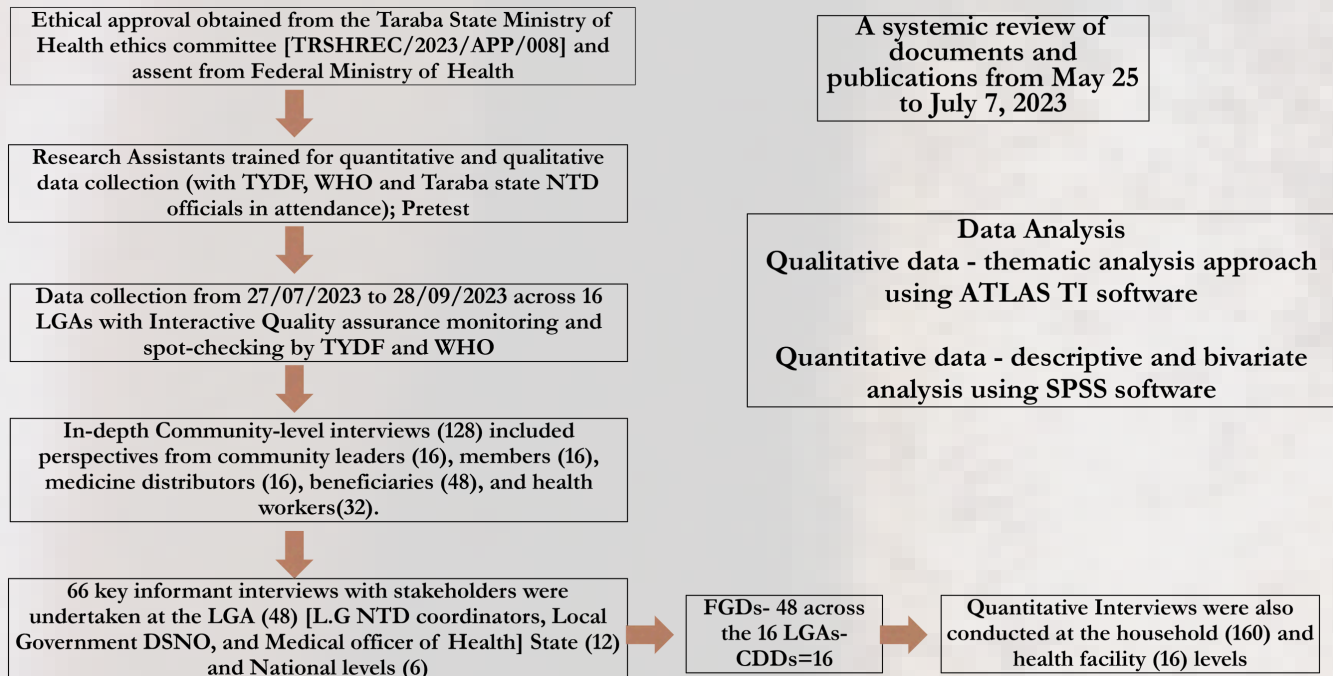
Qualitative interviews in communities with high prevalence of the diseases through:

- In-depth Interview (IDI)
- Key Informant interview (KII)
- Focus Group discussion (FGD)

### Quantitative field study

- Questionnaire Interviews across the 16 LGAs .
- Household Interviews done using a multi-stage sampling method.
- Interviews conducted at health facilities

# Data Collection and Analysis Process



LGAs and community locations where data was collected in Taraba State



## Desk Review

Key points from desk review of NTDs in Taraba State from 1993 to 2022 includes:

- Moderate prevalence of onchocerciasis, schistosomiasis, and lymphatic filariasis varies with LGAs.
- Onchocerciasis was prominent in 13 out of 16 local government areas.
- Lymphatic filariasis was prevalent in the same LGAs.
- Schistosomiasis had varying prevalence across areas, with Donga, Gassol, and Kurmi LGAs reporting moderate rates.

*TY Danjuma's involvement in NTDs management began around 1997/98 through General TY Danjuma, predating the foundation's establishment by about three years. The TY Danjuma Foundation (TYDF) supports MITOSATH with grants for jointly agreed programme.*



- The NTDs programme in Taraba State is a collaborative effort with stakeholders such as the State Ministry of Health, MITOSATH, TY Danjuma Foundation, local government authorities, and communities. It operates cohesively and has defined roles for integrated NTDs management.
- Lymphatic filariasis (LF) treatment with albendazole has been ongoing since 2009.
- Mass drug administration for schistosomiasis began in 2014, with several LGAs receiving between one to five rounds of praziquantel due for assessment.
- Distribution of Ivermectin started in 1991 under the Community-Based Ivermectin Treatment (CBIT) strategy and the Community-Directed Treatment with Ivermectin (CDTI) approach in 1997.

# Findings

All stakeholders at the state, LGA, health facility, and community levels clearly understood NTDs, their causes, symptoms, preventive measures, and treatments. However, 10 % of community members still had incorrect knowledge of NTDs causes and treatment. Based on the symptom analysis, onchocerciasis (7.5%) is the most dominant disease, followed by lymphatic filariasis (3.8%) and schistosomiasis (2.1%) respectively.

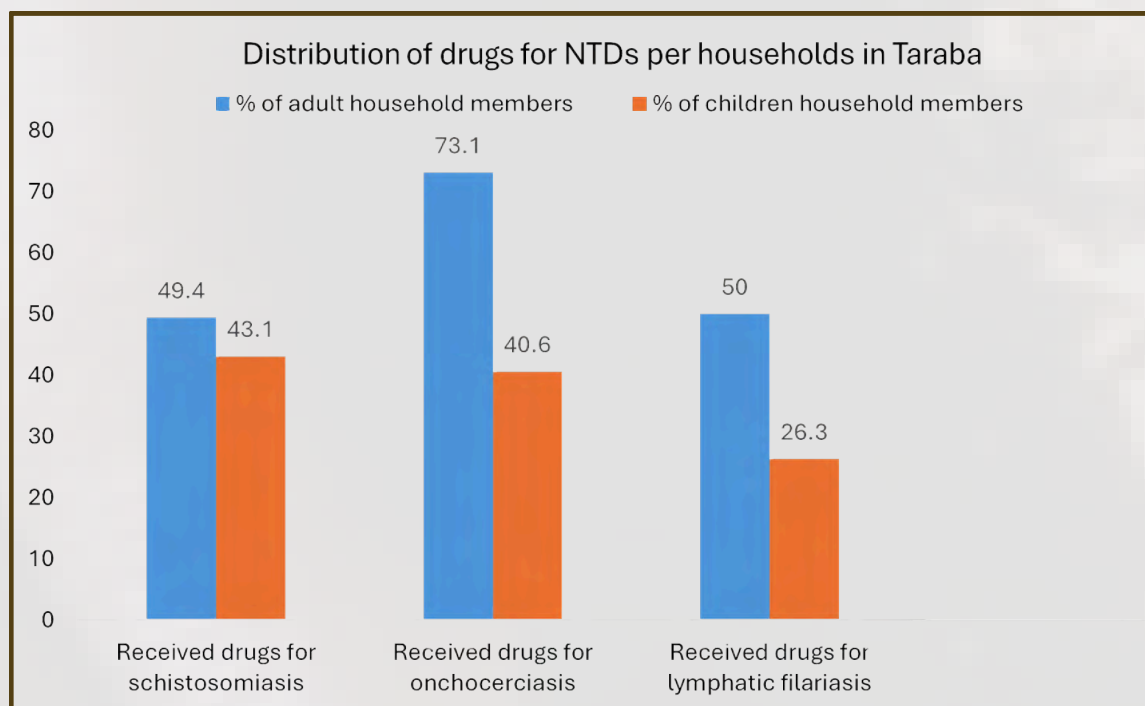
## Preventive chemotherapy

95% of stakeholders surveyed demonstrated a comprehensive knowledge of the drugs used to treat onchocerciasis, lymphatic filariasis, and schistosomiasis. Only 5% of individuals sampled at the community level were not able to identify the exact drug for specific diseases.

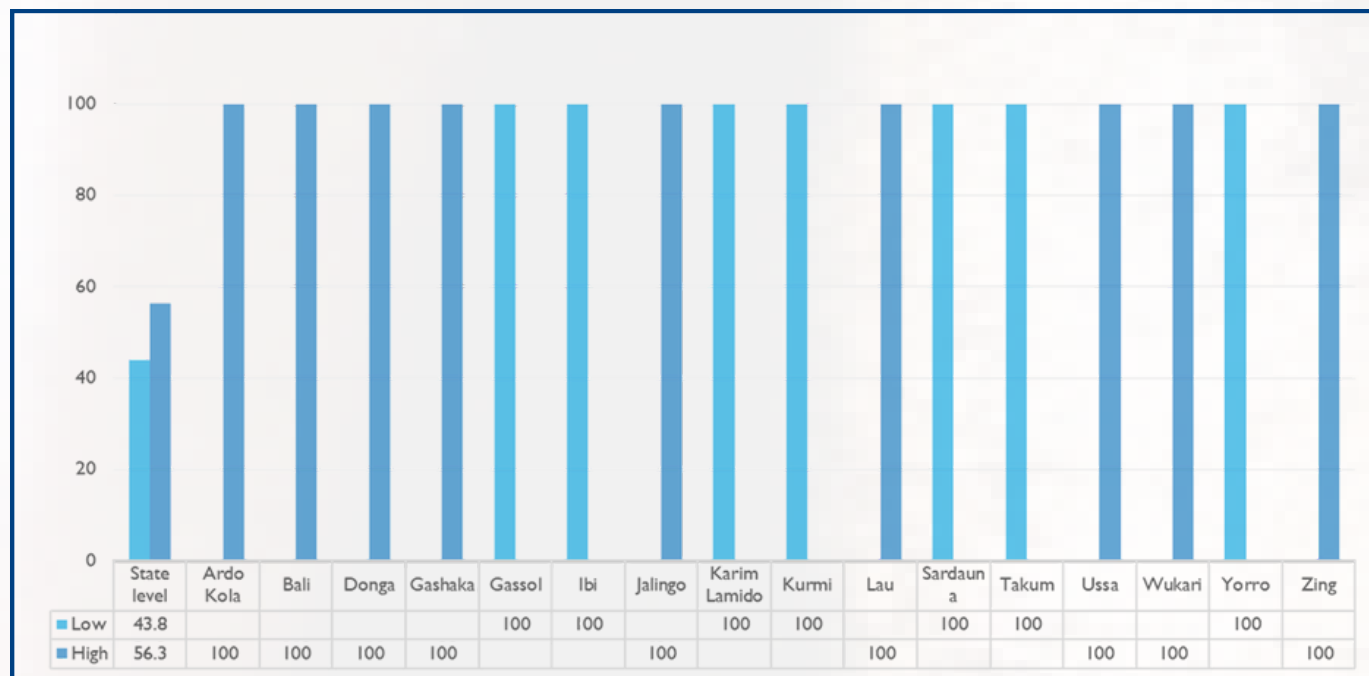
## Community drug distribution

All sampled stakeholders agreed that community drug distribution was an important and successful model for combating NTDs. All stakeholders played active roles in implementing and supporting various aspects of the programme, indicating strong community engagement and considerable ownership. Awareness of drug distribution was 91% at the state level, with lower levels of awareness in Ardo Kola (60%), Donga (70%) and Gassol (70%). Community drug distribution coverage was higher for adults (57.5%) than children (36.3%) for the three diseases. However, coverage in adults was highest for onchocerciasis (73.1%) compared with lymphatic filariasis (50%) and schistosomiasis (49.4%).

*TY Danjuma's involvement in NTDs management began around 1997/98 through General TY Danjuma, predating the foundation's establishment by about three years. The TY Danjuma Foundation (TYDF) supports MITOSATH with grants for jointly agreed programmes.*



Most health personnel (91%) expressed the need for continuing community drug distribution in their communities. While most households rated community drug distributors' (CDDs) performance as high, issues such as drug hoarding and drug reaching populations not targeted to receive the drugs persisted in LGAs like Jalingo, Karim Lamido, and Takum.



Reported Level of Performance of CDDs by Community Members.

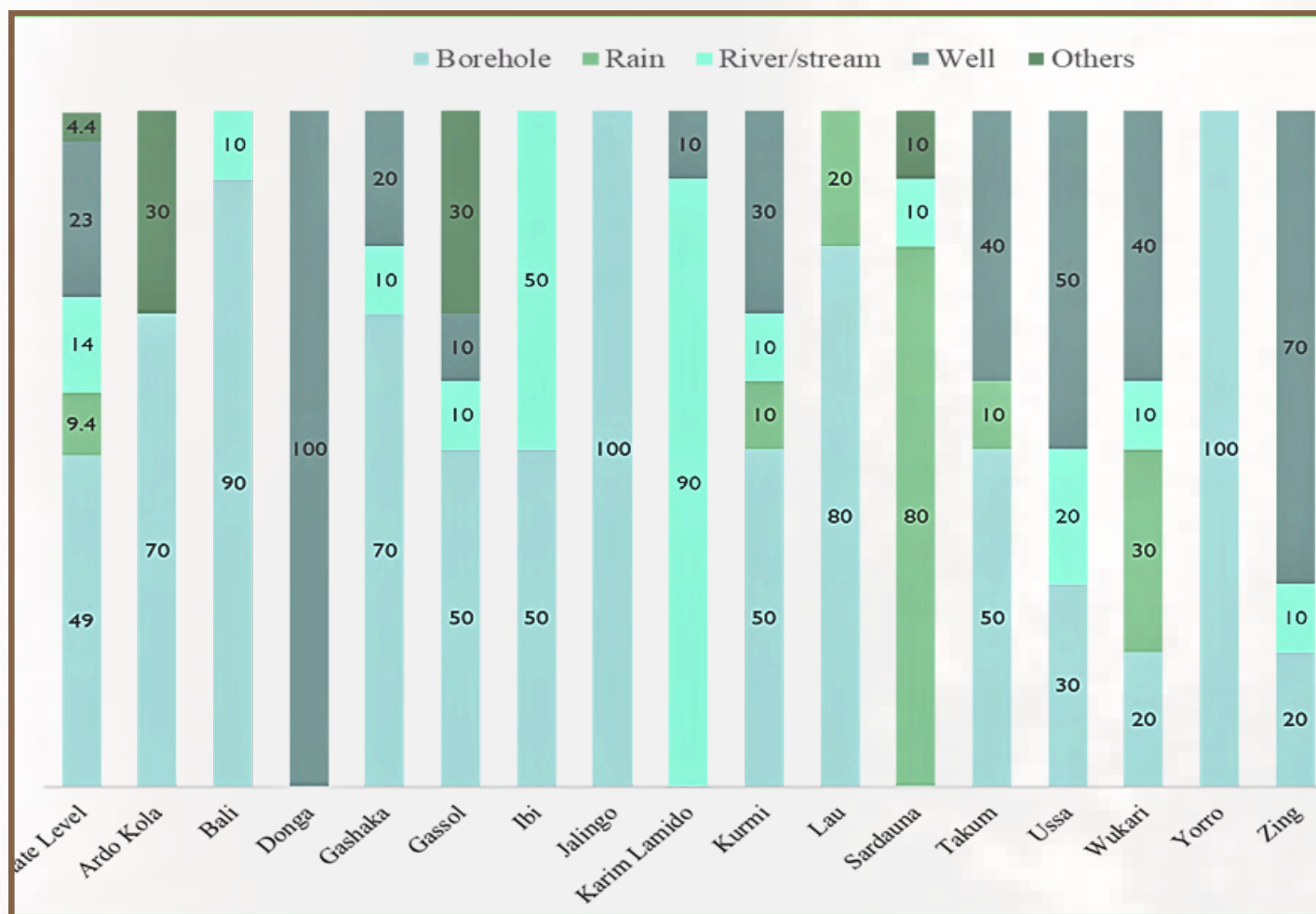




## Water sanitation and hygiene (WASH)

Stakeholders noted that enhanced WASH activities in the state and communities lead to improved sanitation. Local governments, community leaders, health workers, and CDDs have actively promoted health education and hygiene practices. Nonetheless, 37% of households at the state level practice open defecation, while up to 60% of households in Karim Lamido LGA do the same. The use of rivers and streams as water sources remains high in Sardauna (90%) and Ibi (50%).

*37% of households at the state level practice open defecation, and up to 60% of households in Karim Lamido LGA practice open defecation.*



Sources of water for community members in Taraba State.

## Case management of NTDs

Stakeholders acknowledged accessible healthcare facilities but had concerns about costs, staff shortages, and equipment deficits. Health workers practice passive surveillance for NTDs within these facilities despite a substantial number (93%) of the sampled facilities having microscopes, which is crucial for NTDs diagnosis. A significant portion (39%) of households initially sought care at health facilities for NTDs symptoms, while 15% opted for community drug distributors. Distance was a barrier for 33% of respondents when accessing healthcare facilities, and key staff shortages were reported.

## Vector control

Community members and beneficiaries take the lead in vector control measures, which include spraying the environment with insecticides, using insecticide-treated nets (ITN), wearing protective clothing, clearing bushes, and employing the traditional technique of burning dry orange peels. Government involvement in vector control is minimal and mainly focused on ITN distribution at health facilities, while NGOs handle distribution at the community-level. Approximately 90% of households in the state possess mosquito nets, with Jalingo having a lower rate of 60%. About 49% of households in the state engage in spraying their surroundings with insecticide.

*Approximately 90% of households in the state possess mosquito nets.*

*About 49% of households engage in insecticide spraying in their surroundings.*





## Stakeholder roles and collaboration

Several NGOs, including TYDF, MITOSATH, WHO, and UNICEF, are involved in the control of NTDs in Taraba State, each contributing differently according to their missions. TYDF primarily supports NTDs treatment through training of health workers and CDDs, drug procurement and distribution logistics. The WHO also recognises TYDF's vital role, highlighting its free medical interventions, support for surgical procedures, and drug supply.

The success of NTDs management in Taraba State is attributed to the effective collaboration and support from the state and local government levels, TYDF, MITOSATH, and the Global Health Plus Initiative, among other stakeholders.

Community-level stakeholders particularly applauded the role of TYDF and MITOSATH in reducing NTDs in their communities.





# Strength of the NTDs Control Programme in Taraba State

## 1. Long-term Funding Commitment to River Blindness Control by TYDF

For nearly 30 years, the Chairman of the TY Danjuma Foundation funded the control and elimination of river blindness through MITOSATH, demonstrating a unique financing mechanism that contributed to the successful reduction of the disease's prevalence and its associated blindness.

## 2. Enhanced community perception and access to river blindness medicines

95% of community members, including those in hard-to-reach areas, identified the medicine for treating river blindness. This is probably because over 8,000 CDDs are engaged in the intervention.

## 3. Treatment for bilharzia

Nearly 50% of community members in endemic areas received the appropriate dose of Praziquantel for Bilharzia treatment.

## 4. Stakeholders played an active role in the NTDs control efforts

TYDF, MITOSATH, and community leaders played proactive team roles in advocating for and monitoring medicine supply and CDDs treatment of river blindness at the community level.

## 5. The existence of a considerable number of trained CDDs engaged in river blindness treatment

The CDDs (over 8000) have been trained in the treatment of river blindness with most of them serving for more than 10 years. This pool of CDDs is a tremendous human capital that can be annexed by the FMoH in dealing with other diseases.

*The TY Danjuma Foundation (TYDF) has played a significant role in NTDs management. TYDF has expended approximately \$3 million funding borehole projects, medical treatment, eye care, and drug distribution.*

# Gaps/Challenges

## 1. Inconsistent drug availability and stock shortages

- Delay in the supply of drugs to the LGAs leads to inconsistent drug availability and frequent stock shortages.
- Stockpiling of drugs and delayed drug supply pose serious challenges.

## 2. Financial incentives and limited coverage of programme

- Insufficient financial incentives for CDDs impact programme effectiveness.
- Limited drug distribution coverage was reported in hard-to-reach communities.

## 3. Data management and access issues

- Inadequate collection of NTDs data at LGA levels.
- Loss of coverage data by CDDs poses a data management challenge.
- Inadequate transmission of coverage data from LGAs to the state NTD coordinator.

## 4. Inadequate Health worker staffing and surveillance

- Inadequate number of health workers in health facilities across all LGAs impairs the effectiveness of NTDs control and elimination programmes.
- Insufficient disease mapping and surveillance at the community level hinders effective monitoring.

## 5. Infrastructure and environmental concerns

- Limited access to boreholes and wells was noted in Karim Lamido LGA.
- Indiscriminate disposal of human waste in bushes was observed in Karim Lamido and Ussa LGAs.

## 6. Vector control challenges

- Irregular outdoor spraying of insecticides across affected areas in all LGAs poses a challenge.
- Lack of coordination in the distribution of insecticide-treated nets at the LGAs affects programme consistency.
- Insufficient disease vector surveillance at the community level was identified as a key gap.
- The government's passive role in vector control activities, especially mapping of disease vectors, is recognised as a significant challenge for NTDs elimination.

# Recommendations

Following findings from the situation analysis of the control and elimination of NTDs in Taraba State, the government should consider the following recommendations:

- Conduct multisectoral and multilevel (state, LGA, community, schools, health facilities) strategic planning workshop to rethink and reshape the entire NTD control and elimination chain with written commitments for implementation by all partners.
- Support the implementation of an electronic data management and transmission system, using text messages and electronic media, to reduce data losses and ensure efficient transmission of drug distribution coverage data to LGAs.
- Engage local experts, especially retired health personnel, to volunteer as advocates to support NTD sensitisation and community engagement.
- Consolidate community funding activities with NGOs, and pool resources to support the existing Community Drug Distributors (CDD) model thus ensuring wider drug distribution and equitable coverage.
- Provide social amenities like boreholes and public toilets to communities in need to address issues related to poor access to clean water and open defecation.

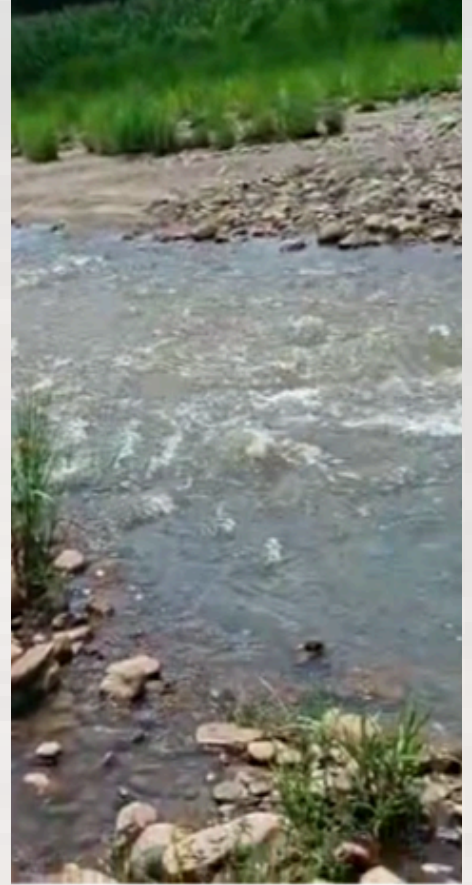
## Next step

- Post-treatment surveillance by the State Ministry of health and its partners to confirm interruption of onchocerciasis transmission.
- Entomological assessments to provide additional evidence towards stopping mass drug administration.









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