



Evaluation summary

An integrated approach to combating Neglected Tropical Diseases in Nigeria

END OF PROJECT EVALUATION KEY FINDINGS (2021–2025)



Above: In the absence of safe water sources, people often have no choice but to fetch water from dirty, contaminated water sources, increasing their vulnerability to NTDs.

Nigeria bears the heaviest burden of Neglected Tropical Diseases (NTDs) in Africa, accounting for about 25 percent of cases.¹ Despite progress made and ongoing national efforts to control and eliminate these diseases, including mass drug administration (MDA) campaigns, the scale of endemicity remains significant.

An estimated 84% of the population requires preventative chemotherapy for at least one NTD.

One of the key drivers of the high prevalence of NTDs is the lack of adequate access to clean water and sanitation. These gaps continue to fuel disease transmission and reinfection², creating cycles that are difficult to break through Mass Drug Administration (MDA) alone. While MDA remains an essential component of NTD control, it does not address the broader social, economic,

and mental health impacts experienced by affected individuals, their families, and their communities. This underscores the need for holistic approaches that go beyond single solution strategies - bringing together coordinated and complementary interventions capable of tackling the multiple dimensions of NTD vulnerability.

Neglected Tropical Diseases: what are they?

Neglected Tropical Diseases (NTDs) are a group of infectious conditions that thrive in places with poor sanitation, unsafe water, and limited access to healthcare. They spread through insects, contaminated water, soil infested with larvae or eggs, and human contact, and often cause long term pain, disability, and social stigma. Affecting more than a billion people worldwide³, NTDs can lead to swollen limbs, malnutrition, severe itching, vision loss and irreversible blindness, physical and cognitive development, poor mental health, and other complications that heavily impact daily life and economic wellbeing.

1 [The End Fund, \(2023\) 'Ending the Neglect: Cost-Benefit Analysis of Eliminating Neglected Tropical Diseases in Nigeria by 2023'](#)

2 [Ibid.](#)

3 [The World Health Organization, \(2025\) 'Neglected Tropical Diseases.'](#)

Front page: In the absence of safe water sources, community members often have no choice but to fetch water from dirty, contaminated ponds, increasing their vulnerability to NTDs.

In July 2021, CBM Australia, with support from the Australian Government through the Australian NGO Cooperation Program (ANCP), launched the third phase of the Integrated Control of Neglected Tropical Diseases (NTDs) project. Implemented by local partner Health and Development Support Programme (HANDS) with technical support from CBM Global, the four-year project worked across 22 NTD-endemic local government areas (LGAs) in Jigawa, Yobe and the Federal Capital Territory (FCT) to strengthen inclusive access to preventive and curative services for NTDs.

The project adopted a multi-pronged approach, delivering NTD prevention and treatment through a mutually reinforcing package of integrated modalities including **Mass Drug Administration (MDA), Morbidity Management and Disability Prevention (MMDP), water, sanitation and hygiene (WASH), and mental health support.** Aligning these interventions with the national priorities outlined in Nigeria's Second NTD Master Plan (2023–2027) proved highly advantageous, providing a strong platform to build and sustain strategic partnerships, leverage existing coordination mechanisms, and reinforce shared goals - enhancing ownership, coherence, and prospects for long term sustainability.



Above: Community Drug Distributor distributing NTD medicines during Mass Drug Administration.

ABOUT THE PROJECT

Project period: July 2021 to December 2025 .

Location: 22 LGAs across three states – Jigawa, Yobe and the Federal Capital Territory (FCT).

Implementing partner: Health and Development Support Programme (HANDS).

Funder: Funded by CBM Australia with support from Australian Government through the Australian NGO Cooperation Program (ANCP), and Australian public donors.

KEY ACHIEVEMENTS:

Improved mass drug administration:

The project strengthened MDA by supporting government efforts to expand “last-mile” access to preventive and curative chemotherapy for NTDs. This approach focused on overcoming logistical barriers to ensure that NTD medicines could be accessed through primary health care facilities, particularly by people living in remote, hard-to-reach, and socioeconomically disadvantaged communities.

Over the three-year period, more than **2.38 million people were treated for lymphatic filariasis (LF)** and **2.35 million were treated for onchocerciasis (river blindness)**, surpassing the project’s targets.

“We could only attain 20 percent therapeutic coverage prior to the project because of some distribution logistics challenges, but over the past MDA rounds, we have been supported to meet and even sometimes surpass recommended minimum therapeutic coverage benchmarks for onchocerciasis and LF in most project intervention communities.”

- Yobe State NTDs coordinator

Critical to the success of expanding MDA was the **training of 18,836 health workers, Community Drugs Distributors (CDDs), and state and local government NTD teams**, to administer two free government-provided drugs for LF and onchocerciasis, and facilitate awareness campaigns. Prepositioning CDDs in communities was also an effective strategy in ensuring convenient and predictable access to medicines.

Our recorded success in Mass Administration of Medicine coverage is due in no small measure to the HANDS project support, especially in the areas of medicines transportation, remote medicines distribution through the CDDs and trainings, as well as strong collaborative and supportive coordination with us.”

- State NTDs Coordinator, Jigawa State

Greater access to water, sanitation, and hygiene (WASH):

The project contributed to reducing the risk of NTDs by improving access to clean and safe water across remote and underserved communities in the FCT. A total of **79 boreholes were rehabilitated**, and **48 local artisans trained** to maintain them. These artisans were provided with technical and financial support through the project in collaboration with the Rural Water and Sanitation Agency (RUWASSA), which enabled them to take responsibility for keeping the boreholes in good working condition. Many are also now using their newly acquired skills to secure additional paid work, contributing to both sustainability and strengthened local livelihoods.

By the end of the project, **99% of surveyed participants reported accessing water from a safe source** - most commonly a borehole (93%) - and **80% said they could access safe water both day and night.**

“We were using the pond when our borehole broke down, and we did not know it was what was causing us diseases. But now that the borehole has been repaired by HANDS, we have water, so we don’t use the pond anymore and sickness has seriously reduced.”

- Woman leader, FCT

As access to clean water improved, the project also generated valuable learning about how households use and manage water in their daily lives. Some families continued to collect limited water quantities, largely due to poor water storage practices, highlighting an opportunity to support more effective water storage and usage practices. The project also identified ways to further enhance inclusivity. While the rehabilitated water points were functional, their manually operated design coupled with the absence of features such as rails or ramps often presented barriers for people with disabilities. These insights provide key learnings for future programming, helping ensure that water facilities are not only safe and reliable but accessible and user friendly for all community members.



Above: Clean water pours from a community borehole, offering families essential access to safe water for drinking, cooking and daily hygiene.

Awareness raising and behavioural change:

The project helped reduced vulnerability to NTDs by promoting improved personal hygiene and community sanitation practices across communities and schools. A total of **94 water use management committees (WASHCOMs) were established - surpassing the target by 42% - with 1,392 members, including 410 women.** Each committee included community-led total sanitation (CLTS) facilitators responsible for promoting safe hygiene and sanitation practices within their communities. With **63 communities triggered on CLTS**, these structures played an important role in encouraging NTD prevention behaviours, supporting safe water use, and strengthening hygiene and sanitation norms at the community level. For example, many project participants reported noticeable shifts towards safer environmental practices, such as the proper disposal of household waste.

Importantly, **WASHCOMs also provided a meaningful entry point for women to engage in community water governance**, helping strengthen their visibility, voice, and influence in an area traditionally dominated by men. This increased participation has the potential to build confidence, shift local norms around women's leadership, and contribute to wider engagement of women in community decision making processes beyond WASH.

In schools, 35 WASH Clubs with 707 active members supported hygiene promoting activities among children and adolescents, helping build foundational habits and positioning young people as agents of change within their households.

While the project contributed to meaningful improvements in hygiene and sanitation practices, it is important to acknowledge that shifting long standing behaviours can be challenging. Many community members are still building their understanding of the importance of consistent hand washing, and open defecation remains common. For many households, this is linked to financial

Top right: Community member with LF.
Bottom right: Cream used during home-based care routines to manage skin conditions associated with LF.

constraints – 98% of respondents who practise open defecation said they lack the resources to build a toilet or latrine at home. These findings offer valuable lessons for future programming, highlighting the need for broader WASH investments that extend beyond the scope of the project.

Morbidity management and disability prevention:

Health facilities and community-based case management for NTDs was strengthened, leading to reductions in illness, disability, and death associated with onchocerciasis and LF. The project supported **mental health training for 89 health care providers**, supplied **317 sets of consumables for NTD management**, and **integrated mental health and psychosocial support through counselling and referral pathways.**

At the community level, the project provided access to home-based care by training affected people and their families, providing lymphedema care kits, and promoting disability prevention practices. This proved especially valuable for individuals with mobility limitations, reducing the burden of travelling long distances to health facilities for basic wound and skincare services.



Across the three years, the project supported **106 people with lymphedema through case management and facilitated surgery for 297 individuals with hydrocele. Mental health support reached 93 people** with NTD related psychological distress. These combined efforts contributed to stronger self care skills among affected households, with three-quarters of respondents reporting increased ability to manage NTD related complications at home. Project participants in Jigawa and Yobe valued the Morbidity Management and Disability Prevention (MMDP) and mental health components highly, noting that the project created rare opportunities to access specialised, cost-free care for onchocerciasis and LF associated complications (lymphedema, hydrocele, mental health challenges) - services that had previously been inaccessible or unaffordable.

Impact of gender dynamics

While the project strengthened access to high quality treatment and care, it also generated important learning about how gender dynamics influence care seeking behaviours. A lower proportion of women than men accessed facility-based services for onchocerciasis and LF complications, and only half of women experiencing conditions such as breast lymphedema sought clinical support. Discussions with community members highlighted the influence of social stigma, fear of discriminatory reactions, and cultural norms around intimate examinations on women's willingness to seek treatment. These insights provide valuable direction for future programming, underscoring the importance of tailored, gender responsive approaches that proactively address sociocultural barriers and support more equitable access to MMDP services.

Right: Community member carrying clean water collected from a rehabilitated borehole.

As many project areas move closer to eliminating onchocerciasis and LF, the lessons generated through this phase offer clear direction for closing the "last mile." Insights on inclusive WASH design, sustained behaviour change efforts, and gender responsive care provide a solid foundation for shaping more equitable and effective NTD programming as Nigeria continues toward its elimination goals.

This integrated approach is not unique to this project. Instead, it reflects the wider way CBM Global supports NTD elimination across Nigeria. A similar CBM UK supported initiative, the CiSKuLA project in Jigawa State, applies a holistic, person centred model, combining mental health support, inclusive WASH, livelihoods assistance, and morbidity management and disability prevention to address the full impact of NTDs at household, community, and health system levels. This shows that CBM's work goes beyond treating disease - it focuses on restoring dignity, inclusion, and long-term wellbeing. As one community leader put it: "The project didn't just treat illness; it helped heal the whole person." Learn more about the CiSKuLA project here: [Evidence Brief, Fact Sheet.](#)

