REDAID NIGERIA

Voices of the communities we serve is paramount and we go extra miles to document them.
Empowering them to share their stories and what their experience means to them..

REDAID NIGERIA

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OUR VISION

Our vision is a world in which no one suffers from diseases of exclusion such as Buruli ulcer, leprosy, tuberculosis, and other diseases of poverty and their consequences such as disability and mental health challenges.

OUR MISSION

To provide integrated health services to indigent people affected by diseases of exclusion and other diseases associated with poverty and their consequences such as disability and mental health challenges.

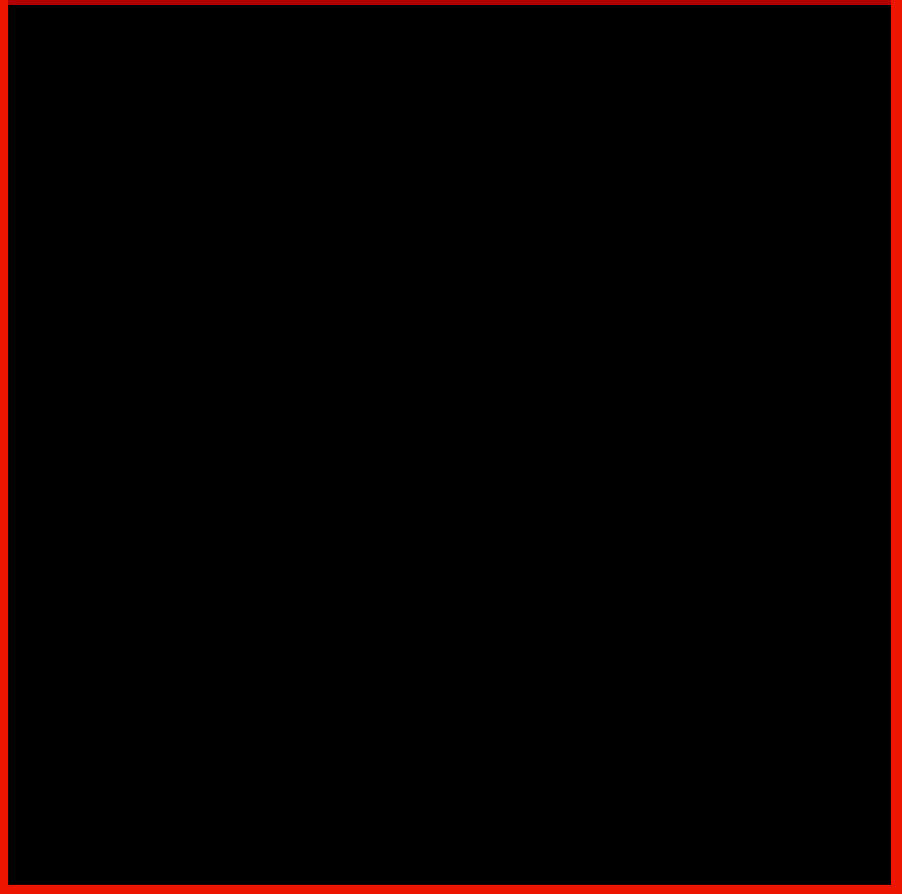
From the Chief Executive officer
REDAID NIGERIA

My Dear RAN Team,
As we reflect on the past year, I am filled with immense pride and gratitude for the strides we have made together at RedAid Nigeria. Our commitment to eliminating Leprosy, Buruli Ulcer, TB and other NTDs, fostering our organization's strategic growth, and building sustainable partnerships has not only strengthened our organization but has also made a tangible difference in the lives of those we serve.
This year, we have successfully expanded our reach, implemented several projects, and deepened our impact within communities, both locally and globally. Through collaboration and unwavering dedication, we have reinforced our position as a leader in the fight to end Leprosy, BU, TB and other NTDs in Nigeria.

Our success reflects the passion, resilience, and hard work of every team member. Your contributions are invaluable, and I am truly grateful for your commitment to our shared mission. As we step into the future, let us remain focused on our goals, embrace new opportunities, and continue making a lasting impact.

Dr. Daniel Egbule
Chief Executive Officer
RedAid Nigeria

HUMANITARIAN AID AND FOOD SECURITY FOR VICTIMS OF FLOOD DISASTER



Project title: Humanitarian aid and food security for victims of flood disaster in Southern
Nigerian.

Project site: Ogbaru LGA, Anambra State and Ogbia LGA, Bayelsa State

Project period: December 2023 – February 2025
Funder: DAHW Germany

Project Goal:
To promote food security among victims and vulnerable communities of flood disaster in two states in Southern Nigeria (Anambra and Bayelsa State). The vulnerable groups include women, children, elderly, persons with disabilities and persons affected by neglected tropical diseases (NTDs).

Project objective:
a) To provide immediate humanitarian aid to victims of flood disasters.
b) To promote good environmental hygiene and sanitation to the affected communities.

Target groups:
The target groups are victims of flood disasters and other vulnerable community members affected by the flood disaster. The LGAs were the worst hit areas in the states in 2022-2023 flood disaster in Southern Nigeria. The project planned to provide financial support to 600 vulnerable households in both LGA as well as provide water, sanitation and hygiene (WASH) materials in the affected communities in both LGA.

Key project achievements:
1.Carried out stakeholders meeting and advocacy to community gatekeepers of the two LGAs. The meetings and advocacy are excellent in securing local buy and collaboration.
2.Selected 20 community committee members who coordinated and joined in implementation of the project activities in both LGAs. The formation of the community committee humanitarian team also enhances local ownership and sustainability.
3.Identified and provided cash support to 652(313 and 339) in Ogbaru and Ogbia respectively vulnerable households' victims of flood disaster with support of the community

committee members.

4.Provided WASH materials (soap, disinfectants, sanitary pads and water guard) for the 659 vulnerable households in both LGAs awareness creation.

5.Conducted pre- assessment of WASH knowledge in the affected communities in the 2 LGAs.

6.Carried out community education on proper water purification using water guard for the vulnerable households in the affected communities.

7.Conducted post intervention survey on the impact of cash support to vulnerable households

8.Carried out 20 awareness creation in the affected communities (schools, markets, village meetings etc.) on the importance of handwashing, waste disposal and good personal and environmental hygiene. Handbills showing proper handwashing and disposal of waste materials were printed and used during the awareness. This activity was successfully carried out by the community committee members in both LGAs.

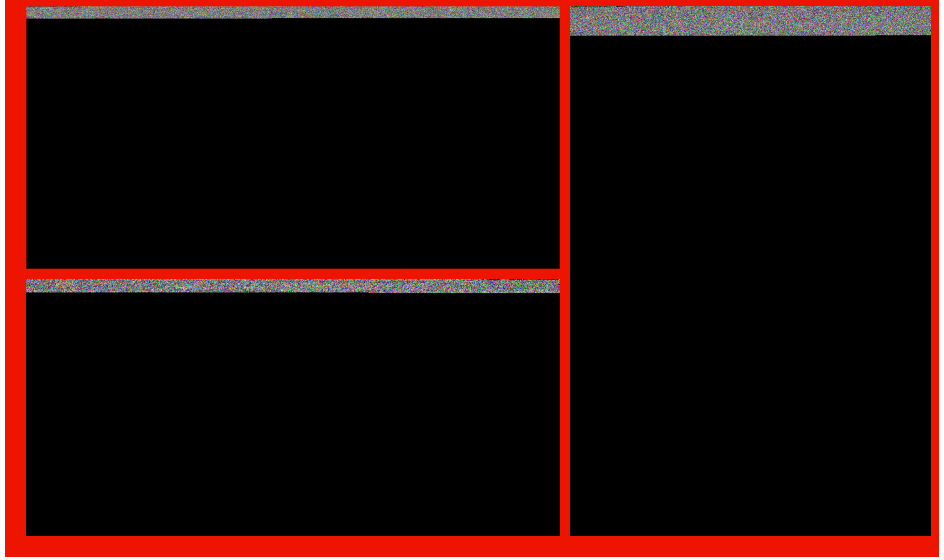
9. Built capacity of 20 community committee members and 2 state tuberculosis, leprosy and Buruli ulcer supervisor on WASH audio health messages using WhatsApp and MP3 devices to create awareness in the communities.

The audio WASH health messages were produced in local languages (Igbo and Pidgin English) for easy understanding by all community members.

10.Produced project documentary of activities.

The project is still going on and will end by February 2025.

PICTURES TAKEN DURING PROJECT IMPLEMENTATION OF ACTIVITIES.



Challenges:

Insecurity has been a major challenge encountered in Ogbaru LGA due to the activities of unknown gunmen in the area. This has hindered the accessibility of some communities in the LGA. Due to the high insecurity situation in Ogbaru LGA, RAN team was not able to go into some of the communities for compilation and validation of the eligible households. However, to mitigate the risk the heads of the selected households for financial support were asked to come to a central and more secure community for the validation of the bank details and other information earlier provided. The validation team also encountered some challenges reconciling the bank details and third-party National Identification Number (NIN) or Bank Verification Number (BVN). Some of the account details provided were either incomplete or wrong. Initially, some of the third party were afraid of releasing their BVN and NIN numbers but after explanations, they finally gave out the information required. Some of the heads of the households couldn't come to the agreed venue due to either illness or old age and the RAN team visited some of them in the community to validate their bank details and information. Some communities in the two LGAs are hard-to-reach and the only means of transport is through the river. To visit the communities, you are required to hire a boat for the trip and the price of hiring a boat is expensive.

READY4PEP PROJECT

Project Title: Preparing Mozambique and Nigeria for PEP: working towards zero transmission of leprosy (Ready4-PEP Nigeria Project – Nigeria)

Duration: 3 Years: 1st Jan. 2020 – 31st Dec. 2022 (extended to 2023 due to Covid-19 pandemic). No cost extension was approved for an extra one year (2024)

Funder: Netherlands Leprosy Relief (NLR)
Principal recipient: Leprosy TB Relief (LTR)

Location: Ebonyi, Ohaukwu, Afikpo North and South LGAs in Ebonyi state, Boki, Obubra, Ogoja, and Yakurr LGAs in Cross River state.



Objectives

a.To enhance early detection of leprosy and TB cases through proactive case-finding initiatives.
b.To identify and screen close contacts of diagnosed cases to detect and treat latent infections.
c.To provide Single-Dose Rifampicin Post-Exposure Prophylaxis (SDR-PEP) to eligible individuals to prevent the development of leprosy.
d.To implement measures to prevent disability among individuals affected by leprosy and TB through timely medical interventions and support

Key activities

The project was granted a no-cost extension for the year 2024. Key activities funded for the period include: Identification and referral of skin lesions, Combined Self-care Group Meetings, Contact tracing and administration of SDR and supportive supervisions. Leveraging the lessons learnt from the previous years, the project continued implementation of the allowable activities within the year.
Regular CSCG meetings continued for many groups during the year, with transport support provided as

needed. Self-care materials were procured and distributed to group members. CSCG members continued to improvement in their physical appearances and psychological well-being, evidenced by more cheerful and positive attitudes.

Supportive supervisory visits continued at all levels. The state team provided regular oversight to the LGAs. Moreover, both physical and virtual oversight were provided by the supervising ILEP (RAN) to the state to foster improvement in implementation and outcomes.

Nationwide stockout of MDT was a major challenge to the project during the year, negatively impacting on the number of leprosy cases notified and contact tracing activities.

The end of project evaluation was conducted by an external evaluator engaged by the PR in supported LGAs. RAN was represented in the "making sense of the evaluation meeting" held in Abuja. Other stakeholders including participating ILEP partners, representatives from the NTBLCP, STBLCP and LGTBLCP as well as IDEA were in attendance. During the meeting, outcome of the end-term evaluation was presented, lessons learned were shared and implication for policy and practice discussed

ACHIEVEMENTS

A total of 111 index cases had their contacts screened. Of these cases, 90 were newly diagnosed and registered in 2024, while the remaining (23) were new cases diagnosed in previous years whose contacts are yet to be screened for leprosy. These cases were distributed across six out of the eight project LGAs (see table below). 1218 contacts were identified and screened for eligibility for SDR PEP. Out of these, 1190 eligible contacts were placed on appropriate doses of SDR-PEP. Twenty-four (24) contacts were given vouchers, including 21 children under 2 years of age and 3 pregnant women. One leprosy case was suspected and diagnosed; the individual has been placed on treatment.

In addition, 146 individuals with skin lesions were referred by community leprosy workers (CLW), of whom 28 were suspected leprosy cases and 27 were confirmed and placed on treatment.

LGA	Index Cases covered	Contacts identified	Contacts screened	Contacts given SDR PEP	Children given voucher	Pregnant women given voucher	Excluded because of leprosy signs	Excluded for other reasons
Afikpo North	5	41	41	39	2			
Afikpo South	21	153	153	147	4	1		1
Ebonyi	46	448	448	428	15	2	1	2
Obubra	8	95	95	95	0			
Ogoja	15	229	229	229	0			
Yakurr	16	252	252	252	0			
Grand Total	111	1218	1218	1190	21	3	1	3

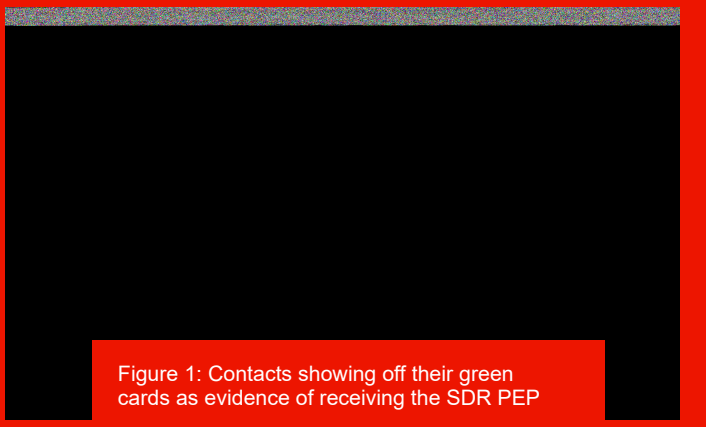


Figure 1: Contacts showing off their green cards as evidence of receiving the SDR PEP

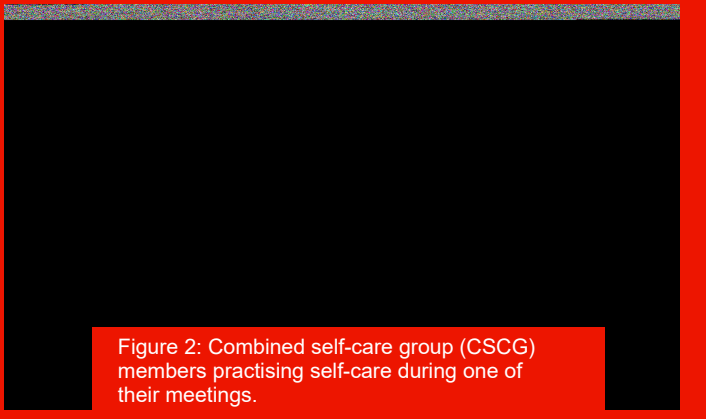


Figure 2: Combined self-care group (CSCG) members practising self-care during one of their meetings.

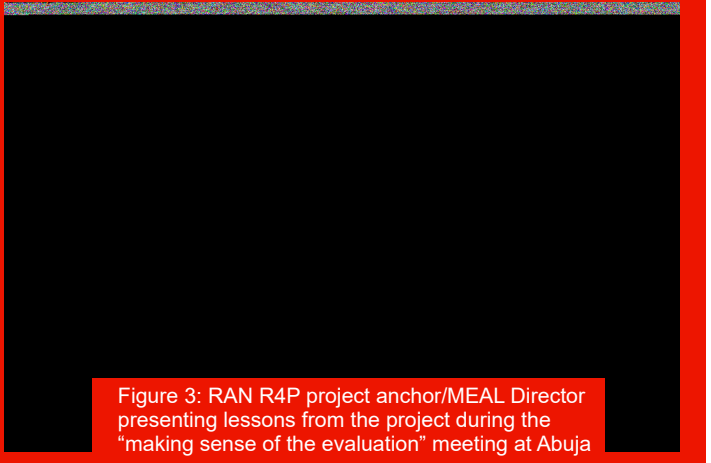


Figure 3: RAN R4P project anchor/MEAL Director presenting lessons from the project during the "making sense of the evaluation" meeting at Abuja

[redacted]

TITLE
Expanding Coverage and Access to Person-centered Quality Tuberculosis and Mental Healthcare through Integrated Services Delivery in Nigeria.

It is a pilot project integrating services for Tuberculosis, depression and substance Use disorder in Nigeria

Funder: Stop TB Partnership
Implementers : RedAid Nigeria
Initiative for Prevention and Control of Diseases

[redacted]

Anambra State: Awka North,Awka South, Nnewi North, Onitsha South Local government areas

TB REACH WAVE 10 PROJECT
2024 ANNUAL REPORT

Nasarawa State: Keffi, Nasarawa Eggon Local government areas

Implementation Date:
July 1st, 2023 -till 31st Dec 2024.

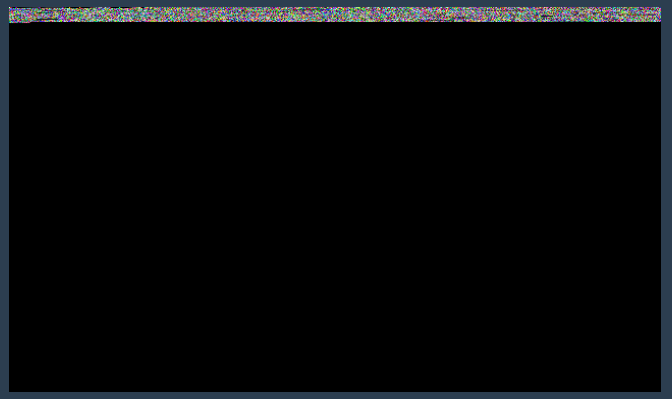
Objectives:
1.To increase community-driven detection of TB, Depression and Substance use disorder.
2.To increase detection of Depression and Substance use disorder throughout TB DOTS clinics, and General Out-patient Departments.
3.To increase the detection of TB among Mental Health department patients
4.To increase detection of TB, Depression and substance use disorders in
correctional centres
5.To contribute to increased quality of care for all 3 conditions

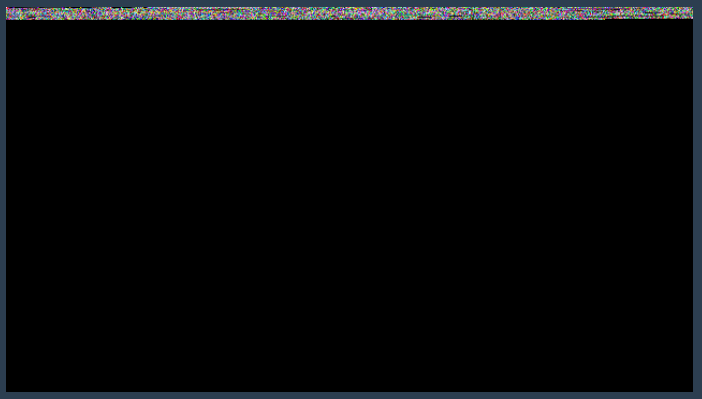
Strategies
•Advocacy for strengthened leadership and accountability
• Capacity building using WHO mhGAP
General healthcare workers
Community volunteers
• Task-shifting with regular supportive supervision and onsite mentoring by Mental Health experts
• Adopting integrated health management information system for TB, Depression and Substance use disorder
• Patient-centred integrated service delivery
• Ensuring availability of quality psychotropic agents.

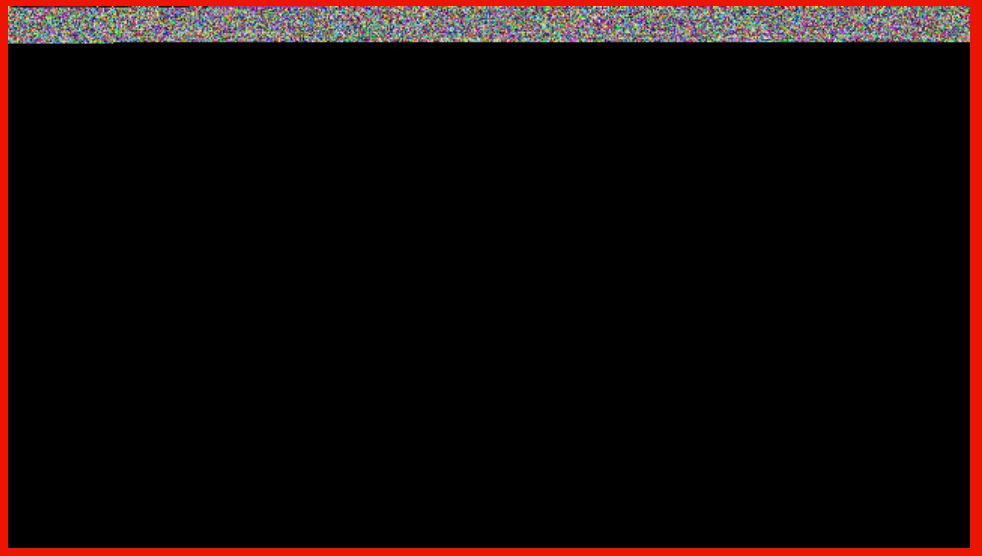
Integrated Service Delivery Model

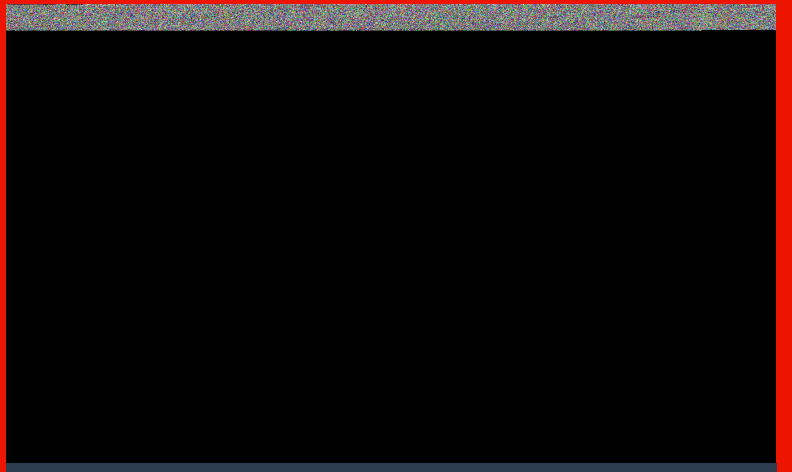
Integrated Services Delivery (ISD) for TB, Depression (CMD) and Substance use disorder (SD) at community level
●ISD for TB, Depression and Substance use disorder at facility entry points
●Screening for and management of TB in specialized Mental Health departments and facilities
●Screening for and management of Depression and Substance use disorder among newly diagnosed TB cases at DOTS

Project Anticipated outcomes
●20% increase in TB case detection in target LGAs
●25% of TB cases with depression identified and managed.
●10% of TB cases with Substance use disorders identified and managed









Project Dissemination meeting @Dannic Hotel Enugu.

Success Stories I

You met me when I had lost all hope of living (and) had attempted suicide. Your workers approached me and talked to me. They gave me instances of people whose situation were worst but yet survived. This made me to decide to go ahead and meet the lay counselling, Iam now the one encouranging others in same condition to be strong.
I thank the owners and sponsors of Redaid Nigeria program. I am surprised such services can still be offered free of charge.

... a TB/MH patient from Nnewi North

Success Stories II

I am very grateful for the treatment, medicines and words of encouragement from RedAid Nigeria and TB REACH. It is a rare thing to get such help at a time like this in our country. You saved (me) from spending so much money on cough drugs. All this while i did not know what was wrong with me and my son

... Another patient from Nnewi North

Success Stories III

Its really tough humanly to listen to 50 persons suffering in one way or the other. On the other hand, it is rewarding to offer some help.

Dr J.O. A Consultant psychiatrist, after attending to many cases of depression and substance use disorder in Onitsha south LGA

Title:
Contributing to Resilience of Communities in Southern Nigeria through Strengthened Neglected Tropical Diseases (NTDs) and TB Control.

Expected Outcomes:

Reduced grade 2 disability and category III rates in new leprosy and BU cases respectively in supported states.

Strengthened TB diagnostic quality and treatment adherence systems to bridge identified gaps.

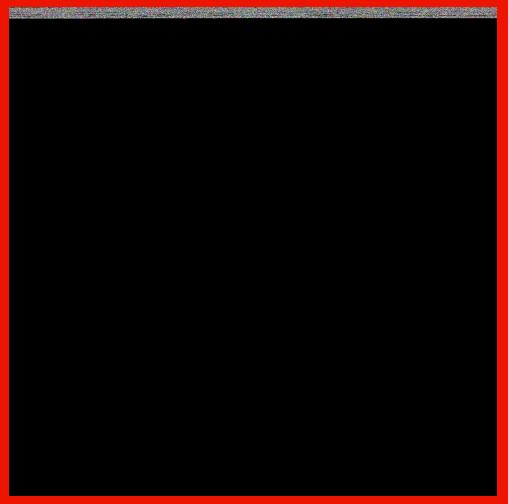
Empowered persons with disabilities and/or affected by NTDs who can engage meaningfully in society.

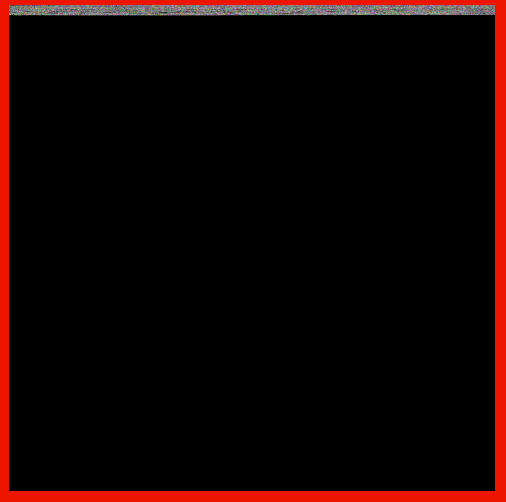
Objectives
To reduce leprosy related stigma while improving awareness of leprosy and Buruli Ulcer in supported states.
To build the capacity of the national, state and local government staff on leprosy and BU management,
To institute Active case finding and treatment for leprosy and BU
To improve Morbidity management during and after leprosy and BU treatment
To improve Management and utilization of leprosy and Buruli ulcer (BU) data
To bridge some identified gaps in the national TB response
To support persons with disability/NTDs to acquire relevant skills and to meet basic needs.

Location/Project States: Abia, Akwa Ibom, Anambra, Bayelsa, Benue, Cross River, Delta, Ebonyi, Edo, Enugu, Imo, Rivers and Taraba States.

Key Achievements in 2024
- Printed and distributed 150 T-shirts with anti-stigma messages
- Supported world leprosy and world NTDs days' commemoration by the 13 supported states and 2 organizations of persons affected by leprosy (Purple Hope Initiative and IDEA)
- Organized town-hall meetings in 10 communities to address leprosy related stigma.
- Trained 84 pers upported field work on leprosy by students of 2 medical institutions
- Offered small grants to an undergraduate student and a Masters in Public Health student to carry out 2 leprosy related research.
- Conducted supportive supervision in 10 out of the 13 supported states.
- Supported Active Case finding for leprosy and BU in 30 LGAs
- Supported LGA Active case finding teams diagnosed 61% (408 out of the 670) of the cases in the supported states
- Supported diagnosis of 169 cases of Buruli Ulcer
- Supported BU sample movements to PCR cases in the supported states
- Supported diagnosis of 169 cases of Buruli Ulcer
- Supported BU sample movements to PCR diagnostic centers..
- Supplied anti-BU antibiotics to 50 patients as a stop-gap measure.
- Leveraged state review meetings to build capacity of frontline workers on leprosy reactions and management.
- Funded surgeries for11 persons with leprosy or BU
- Supported 10 self-care group activities
- Trained national and states M&E officers of the management of leprosy and BU data as well as Leprosy Elimination Monitoring Tool.
- Supported External Quality Assurance on AFB microscopy for TB and Leprosy in 10 states.
- Conducted capacity building on proposal writing for grant applications for 3 organizations of persons affected by NTDs
- Engaged 2 persons with disability/affected by leprosy as interns in the office
- Provided monthly welfare support for 25 elderly persons affected by leprosy
- Supported physical participation of 13 states' leprosy.BU focal persons in states quarterly review meeting.
- Participated in international conferences in Indonesia, Malaysia,the Philippines, Kenya and Nigeria

Conducted annual Programme Managers' and partners' meeting.

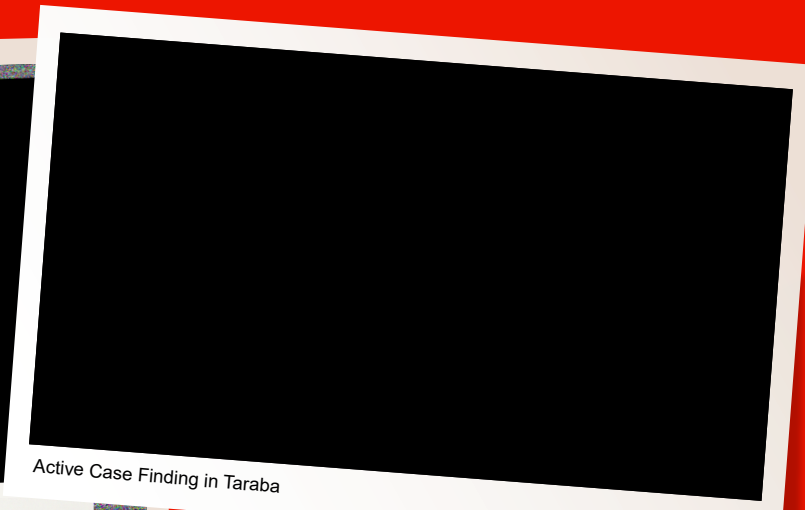




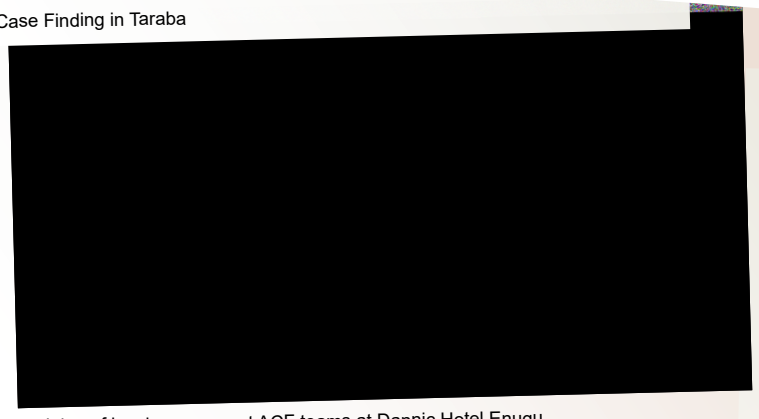




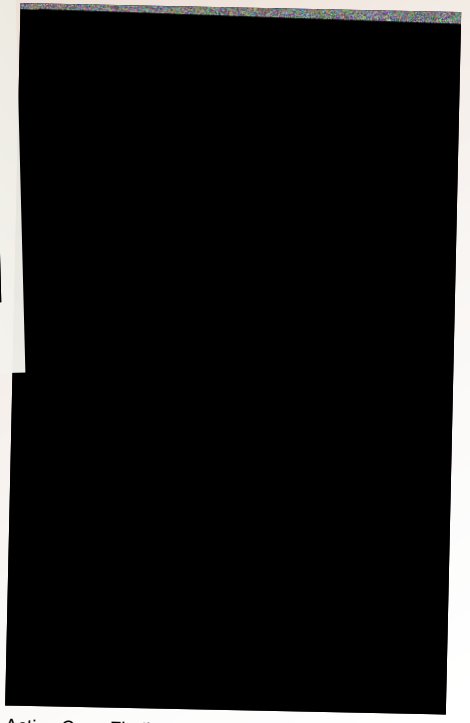
Active Case Finding in Taraba



Active Case Finding in Taraba



Training of local government ACF teams at Dannic Hotel Enugu



Active Case Finding in Taraba

RedAid Nigeria General Staff Retreat

24 - 28 November 2024, Nike Lake Resort Hotel, Enugu

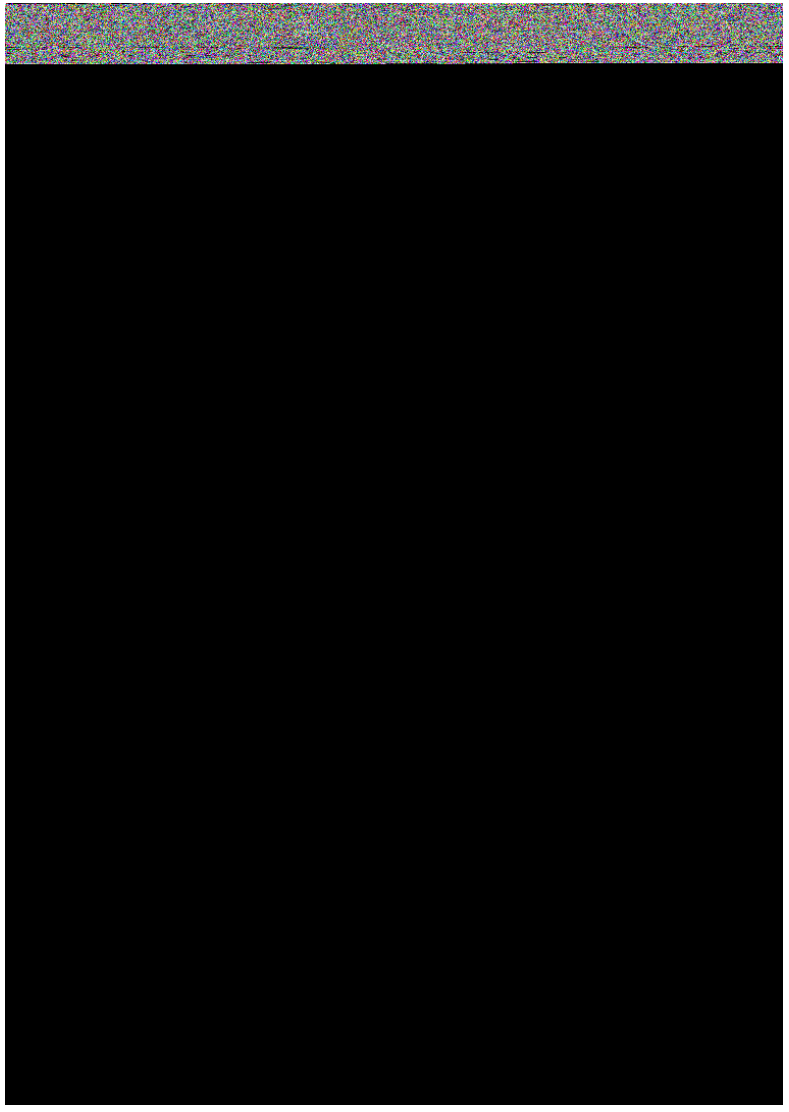
The first of its kind General Staff Retreat in the history of RedAid Nigeria (RAN) was held between the 24th and 28th November 2024 at Nike Lake Resort. The RAN staff arrived, checked-in, and had their welcome dinner. A cocktail party was organized about 7p.m. on the arrival day to officially kick-off the retreat. Also, at the end of the retreat on Wednesday 27th, a closing cocktail party was organized to mark the end of the retreat

The retreat started proper on Monday 25, with an opening remarks by the RAN Director of Programs (DoP), Dr. Charles Nwafor. Before the 2 external facilitators joined us in the hall to handle their topics, the DoP asked the staff to separate for a Departmental Self Appraisal Meeting where each department assessed themselves to check what they did well and areas to improve.

The following broad topics were handled:
-Program Management
-Risk Management
-Monitoring and Evaluation
-Leadership and Team Management
-Sustainability and Scalability

The retreat among other things:

1.Created opportunity for the staff to know and get better understanding of one another
2.Built stronger bonds among staff members
3.Established new working habits.
4.Strengthened teamwork, communication, and organizational culture.
5.Inspired participants to consider new ways of thinking and learn from other perspectives.
6.Improved knowledge and skills in project management, risk management, and monitoring and evaluation.
7.Enhanced leadership capacity and strategies for sustainability and scalability.
8.Renewed energy and motivation in staff members for future collaboration.



LIST OF REDAID NIGERIA RESEARCH -PUBLICATIONS (ver. 03.10.2024)

1)Investigation of community knowledge, attitudes, and stigma towards leprosy in Nigeria: a mixed-methods study.
Murphy-Okpala N, Dahiru T, Eze C, Nwafor C, Ekeke N, Abdullahi S, Iyama FS, Meka A, Njoku M, Ezeakile O, Ukwaja KN. Transactions of The Royal Society of Tropical Medicine and Hygiene. 2024 Aug 10:trae050.

2)Understanding the burden of poor mental health and wellbeing among persons affected by leprosy or Buruli ulcer in Nigeria: A community based cross-sectional study.
Ossai EN, Ekeke N, Esmai-Onyima A, Eze C, Chinawa F, Iteke O, Henry P, Chukwu JN, Nwafor C, Murphy-Okpala N, Njoku M. PloS One. 2024 Jun 17;19(6):e0304786.

3)Participatory Development and Assessment of Audio-Delivered Interventions and Written Material and Their Impact on the Perception, Knowledge, and Attitudes Toward Leprosy in Nigeria: Protocol for a Cluster Randomized Controlled Trial.
Murphy-Okpala N, Dahiru T, van't Noordende AT, Gunesch C, Chukwu J, Nwafor C, Abdullahi SH, Anyaike C, Okereke UA, Meka A, Eze C, Ezeakile O, Ekeke N. JMIR Research Protocols. 2024 Jan 24;13(1): e53130.

4)A cluster randomized trial for improving mental health and well-being of persons affected by leprosy or Buruli ulcer in Nigeria: A study protocol. Ekeke N, Ossai EN, Kreibich S, Onyima A, Chukwu J, Nwafor C, Meka A, Murphy-Okpala N, Henry P, Eze C. The International Journal of Mycobacteriology. 2022 Apr 1;11(2):133-8.

5)Effectiveness of self-care interventions for integrated morbidity management of skin neglected tropical diseases in Anambra State, Nigeria. Eze CC, Ekeke N, Alphonsus C, Lehman L, Chukwu JN, Nwafor CC, Stillwaggon E, Meka AO, Sawers L, Ikebudu J, Anyim MC. BMC Public Health. 2021 Dec;21(1):1-5.

6)Are there knowledge and attitude deficits on leprosy? A study among medical interns and final year medical students in southeast Nigeria. Ngozi Ekeke, Joseph N. Chukwu, Charles C. Nwafor, Anthony O. Meka, Emmanuel N. Aguwa, Kenechi Uwakwe, Uche Anyanwagu, Ijeoma Nduka, Ben Azuogu, Daniel Oshi, Edmund N. Ossai. Leprosy Review (2020) 91, 108-118. DOI: 0305-7518/20/064053+11

7)Investigating barriers and challenges to the integrated management of neglected tropical skin diseases in an endemic setting in Nigeria. Ukwaja KN, Alphonsus C, Eze CC, Lehman L, Ekeke N, Nwafor CC, Ikebudu J, Anyim MC, Chukwu JN. PLOS Neglected Tropical Diseases. 2020 Apr 30;14(4):e0008248.

8)Screening diabetes mellitus patients for tuberculosis in Southern Nigeria: A pilot study. Ngozi Ekeke, Elias Aniwada, Joseph Chukwu, Charles Nwafor, Anthony Meka, Chukwuka Alphonsus, Okechukwu Ezeakile, Adeyemi Ajayi, Festus Soyinka, Francis Bakpa, Victoria Uwanuruochi, Ezechukwu Aniekwensi, Chinwe Eze. Advances in Respiratory Medicine. 2020; 88: 6–12.

9)Support and unmet needs of patients undergoing multidrug-resistant tuberculosis (MDR-TB) treatment in southern Nigeria.
Oshi D, Chukwu J, Nwafor C, Ngozi E. Chukwu, Anthony O. Meka, Moses Anyim, Kingsley N. Ukwaja, Isaac Alobu, Ngozi Ekeke, Sarah N. Oshi. Int J Health Plann Mgmt. 2019;1–11

10)[Book publication] A Question of Justice: Persons affected by leprosy in Eastern Nigeria tell their stories in their own words.
Chukwu JN, Ekeke N (ed.). Abuja, Nigeria: Kayod Graphics; 2019. (ISBN 978-978-974-137-3)

11)Prevalence and predictors of tuberculosis among diabetes patients in nigeria; A multicentre study. Chukwu J, Ekeke N, Nwafor C, Aniwada E, Egbagbe E, Andrew Edo, Ekenechukwu Young, Miriam Ajuba, Ngozi Murphy-Okpala, Olubiyi F. Adesina, Adenike Enikuomehin, Abiodun Hassan. Journal of Tuberculosis. 2019; 2(1): 1013.

1**2)Assessment of community knowledge, attitude, and stigma of Buruli ulcer disease in Southern Nigeria.** Nwafor CC, Meka A, Chukwu JN, Ekeke N, Alphonsus C, Mbah O, Madichie NO, Aduh U, Ogbeifo M, IseOluwa-Adelokiki BO, Edochie JE. African health sciences. 2019;19(2):2100-11.

13)Worsening of the disability grade during leprosy treatment: prevalence and its determinants in Southern Nigeria. Chukwu JN, Ekeke N, Nwafor CC, Meka AO, Alphonsus C, Mbah OK, Eze CC, Ukwaja KN. Transactions of The Royal Society of Tropical Medicine and Hygiene. 2018 Nov 1;112(11):492-9.

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Participatory development of audio-delivered interventions and written material and assessment of their impact on the perception and knowledge of and attitudes towards leprosy: a cluster randomised trial in Nigeria

Project number	FP_22\15
Main research question	What is the impact of an audio-delivered intervention compared to written information on the perception of leprosy among community members in Nigeria?
Lead applicant and co-applicants	Principal investigator: Dr. Ngozi Murphy-Okpala[1] Co-Investigators: Tahir Dahiru[2], Anna Van 't Noordende[3], Carolin Gunesch[4] 1. RedAid Nigeria 2. Leprosy and TB Relief Initiative Nigeria 3. NLR International 4. DAHW-German Leprosy and TB Relief Association
Host institution	RedAid Nigeria
Total value of grant (in Euros)	143,346.20
Project start date	01 June 2022
Planned project end date	31 October 2024
Total project duration (in months)	30
Period of reporting: Final Report	
START OF PROJECT 01 June 2022	**END OF PROJECT** 31 October 2024

ABSTRACT

BACKGROUND/INTRODUCTION

In Nigeria, like in many leprosy-endemic countries, leprosy is highly stigmatized - among community members as well as internalized stigma among persons affected by leprosy, often resulting in negative psychosocial consequences for persons affected, worsened for persons with disabilities. It is therefore, important that context-specific behavioural change activities are carried out. However, although written material has been successful in improving knowledge and perception, written material is not suitable for populations with low educational levels. Audio-delivered interventions are likely to be more suitable in areas with low literacy. This project aimed to assess the impact of audio-delivered vs. written health education intervention material on the perception (knowledge, attitudes, beliefs) of community members about leprosy in Northern and Southern Nigeria. Also, the study assessed the impact of a participatory co-development of the audio and written interventions on internalized stigma and self-esteem of persons affected by leprosy who developed the materials.

METHODS

Study intervention was a 3-arm cluster randomized trial and evaluation applied mixed-methods design.

Research components were conducted in phases:

i). Exploratory study of 811 community members to ascertain a baseline assessment of knowledge, attitudes, perceptions, as well as understand the associated contextual factors

ii). Cross-sectional baseline assessment of internalized stigma and self-esteem among 20 persons affected by leprosy

iii). Participatory co-creation of audio-written intervention materials with 18 persons affected by leprosy

iv). Pilot and 3-arm cluster randomized trial to implement the intervention (audio, written and control arms) among at least 770 community members; and

v). Impact evaluation on both community members and persons affected by leprosy.

Alongside, we conducted a cross-cultural validation of four tools used to measure our intervention outcomes in the local Nigerian-Pidgin English and Hausa languages.
These are additional products/outputs from our project.

RESULTS
Among 811 respondents, 49.4% exhibited poor knowledge of leprosy, primarily driven by cultural beliefs and misconceptions regarding its transmission, contributing to high stigma levels (EMIC-CSS: 18.96 ± 7.73; SDS: 9.39 ± 7.03). An audio-based intervention significantly improved perceptions, with stigma scores declining by over 40% (EMIC-CSS) and 80% (SDS) compared to baseline, demonstrating greater efficacy than written or control interventions. Among 18 persons affected by leprosy, self-esteem scores increased significantly ($p < 0.001$), while internalized stigma scores progressively declined, with qualitative findings indicating increased empowerment and advocacy within their communities.
We hosted a national webinar titled, "Innovative Approaches to Health Education and Stigma Reduction: A Case Study on Audio vs. Written Intervention on Perceptions about Leprosy in Nigeria" on 31st October, 2024 to disseminate the study's preliminary findings.

CONCLUSION
Stigma levels in leprosy-endemic communities were unacceptably high, largely attributed to fear of contagion and fueled by misconceptions triggering poor attitudes towards people with leprosy. Targeted use of culturally sensitive contextual messaging successfully reduced participant's inclination to discriminate against affected persons. Findings show that audio-delivered messages were more impactful. We recommend meaningful application of participatory approaches as a sustainable lens for inclusive involvement of persons affected by leprosy.

STUDY ACTIVITIES SUMMARY

1.Development of study protocol and trial registration (PACTR202205543939385). Ethical clearance was received from Health Research and Ethics Committee of University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu, Nigeria, and approval secured from both Cross-River and Taraba states' Ministry of Health.

2.We trained a total of 12 field Research Assistants across both regions/study sites.

3.Translation and Cross-cultural validation of 4 scales in Nigerian Pidgin and Hausa languages done using Forward-backward translation in Nigerian Pidgin and Hausa languages, and comprehensive analysis was done for cross-cultural validation of tools.

4.Baseline assessment was done within the first half of 2023 with administration of several study instruments (KAP, EMIC-CSS, SDS, RSES and L-ISMI) among community members and persons affected by leprosy. This was followed by qualitative data (in-depth interviews and FGDs) to gain insight into specific fears, local beliefs and misconceptions about leprosy.

5.Participatory methodology was used to co-create the audio/written health education intervention materials alongside 20 persons affected by leprosy who led the process, guided by the research team. Content was specifically designed to address the identified contextual issues/misconceptions with emphasis on articulating cultural nuances to address stigma and discriminatory attitudes.

6.Field pilot testing was done in 1 month and subsequent refinement of the content (e.g. phrases, picture and some design adjustment) was made. Key modifications that resulted was the necessity to also produce the same written content of the Nigerian-Pidgin English material in standard English Language! This was because, while Nigerian-Pidgin English was the universal colloquial (spoken) language of communication, it was not necessarily a written language hence, most participants could not read it. To avoid introducing any bias, we similarly had to produce the same counterpart audio content in standard English language for uniformity.

7.Implementation of study interventions in the 3 clusters was done as had been randomly assigned through balloting by a visually impaired person outside the research team since the project's onset. Study arm LGAs are:
- Audio arm: Obubra & Zing
- Written arm: Calabar-south & Jalingo
- Control arm: Boki & Yorro

8.Periodic monitoring and supervisory visits to study sites were regularly conducted during the entire study period to ensure quality assurance, implementation fidelity, and data validity by continuously supporting the field research assistants. Also, a series of re-trainings was done at intervals through the project duration, particularly at the commencement of a new phase.

9.Administration of instruments for follow-up data collection: Post-intervention evaluation (quantitative and qualitative) data was collected using the same methods, tools and to the same people as with the baseline. The no-cost extension enabled a 3-point data collection for the persons affected to assess for long-term impact.

10.Comprehensive data analysis and write-up of the results have been completed, and manuscripts being finalized.

11.A national webinar was hosted on 31st October, 2024 to disseminate the study's preliminary findings with communities and local key stakeholders.

STUDY RESULTS

A. STUDY RESULTS BY OBJECTIVES:

a. Objective 1: Paper titled "Investigation of community knowledge, attitudes and stigma towards leprosy in Nigeria: a mixed-methods study" published https://doi.org/10.1093/trst-mh/trae050. Of 811 respondents, 401 (49.4%) had a poor knowledge of leprosy driven by cultural beliefs, fear of contagion and its means of transmission. High stigma levels reported: EMIC-CSS mean score of 18.96 ±7.73 and SDS of 9.39 ±7.03. Stigma levels were influenced by age, residence, education and knowledge of leprosy; Community members feared leprosy infectiousness and local illness misconceptions informed attitudes and behaviour towards leprosy.

b. Objective 2: Total of 778 respondents, Females 332(42.7%), Mean(± SD) age 37.9 ± 12.9, Married 496(63.8%). Respondents in Audio, Written and Control arms were 243, 224 and 311 respectively. Although there was a statistically significant difference in perception across clusters, it was markedly improved in the audio-arm were compared to baseline values, stigma scores declined by >40% in EMIC-CSS and 80% in SDS. The audio-delivered intervention was better received, demonstrated higher performance and most participants reckoned a change in perception post-intervention.

c. Objective 3: 18 persons affected by leprosy completed baseline, midterm and end-term assessments. There was a slight increase in knowledge score post-intervention though not statistically significant: mean (±SD) correct knowledge of leprosy score at 3-points was 8.11 ± 1.23 at baseline, 8.44 ± 0.92 at midterm and 8.39 ± 0.70 at end term ($p = 0.39$). However, the Rosenberg self-esteem scale mean (±SD) score was 17.78 ± 5.96, 20.94 ± 5.15 and 24.39 ± 2.73 ($p < 0.001$) at baseline, midterm and end-term respectively. Conversely, the L-ISMI scale mean (±SD) score was consecutively 68.29 ± 17.14, 59.83 ± 13.85, and 43.56 ± 9.63 ($p < 0.001$) at the 3 timepoints respectively. FGDs corroborated empowerment as their self-perception had reportedly changed; several of them now advocating and speaking up about leprosy in their communities.

B. REUSEABLE PROJECT OUTPUTS:

a. FREE culturally appropriate stigma-reduction health education/campaign materials on leprosy in both audio and written formats.

• Soft copy was used in another community-based project via WhatsApp/Social media.
• Audio version shared on AudioPedia platform for wider dissemination, licensed under Creative Commons(CC BY).
b. XML versions of translated tools submitted for FREE distribution through the InfoLEP/InfoNTDs platforms for the scientific community.

C. DISSEMINATION:

a.Journal Publications
• Study protocol at JMIR Journal https://www.researchprotocols.org/2024/1/e53130
• Manuscripts on Cross-cultural validation of 4 scales accepted at Leprosy Review journal.
b. Newspaper Publication Feature at El Pais
c. At LRI scientific conferences 2023/2024
d. National Webinar to promote empowerment of persons affected by leprosy on 31st October 2024 with 83 persons in attendance.
e.Abstract submitted for ILC 2025.

D. IMPLICATION/CONCLUSION:

Stigma levels in leprosy-endemic communities were unacceptably high, largely attributed to fear of contagion and fueled by misconceptions triggering poor attitudes towards people with leprosy. Targeted use of culturally-sensitive contextual messaging successfully reduced participant's inclination to discriminate against affected persons. Findings show that audio-delivered messages were more impactful. We recommend meaningful application of participatory approaches as a sustainable lens for inclusive involvement of persons affected by leprosy.

Section 4 - Layman's Summary of research findings and conclusions & Dissemination

Layman's summary

Layman's summary: Brief summary of the context and overall objectives of the project

In Nigeria, like in many leprosy-endemic countries, leprosy is highly stigmatized. High levels of stigma among community members as well as internalized stigma among persons affected by leprosy often result in negative psychosocial consequences for persons affected and persons with disabilities. To break this vicious cycle, it is important that context specific behavioural change activities are carried out. Although written material has been successful in improving knowledge and perception, written material is not suitable for populations with low educational levels. Audio-delivered interventions are likely to be more suitable for persons who are unable to read.

This study aimed to assess the impact of an audio-delivered intervention on the perception (knowledge, attitudes, beliefs) of community members about leprosy in Nigeria by comparing an audio-delivered intervention with written health education messages. This study was carried out in two states in Nigeria and included 18 persons affected by leprosy (for the participatory development of the interventions) and community members (the target group of the interventions).

The research was conducted in phases: (i)an exploratory study with 811 community members to assess baseline knowledge, attitudes, and contextual factors; (ii)a cross-sectional baseline assessment of internalized stigma and self-esteem among 20 persons affected by leprosy; (iii)participatory co-creation of audio-written intervention materials with 18 affected persons; (iv)Pilot-testing and three-arm cluster randomized trial (audio, written, and control arms) with at least 770 community members; and (v)impact evaluation on both community members and persons affected. Additionally, we conducted cross-cultural validation of four intervention outcome measurement tools in Nigerian-Pidgin English and Hausa, generating additional project outputs.

Stigma levels in endemic leprosy communities were unacceptably high, largely attributed to fear of contagion and fueled by misconceptions leading to poor attitudes towards people with leprosy. The study found that nearly half (49.4%) of 811 respondents had poor knowledge of leprosy, influenced by cultural beliefs and fear of contagion, with high stigma levels driven by misconceptions about the disease.

Targeted use of culturally-sensitive contextual messaging successfully reduced participant's inclination to discriminate against persons affected by leprosy. However, our findings show that the medium may be even more important than the message. Audio-delivered intervention significantly improved perceptions, reducing stigma scores by over 40% (EMIC-CSS) and 80% (SDS), making it more effective, although there improvement overall across all arms.

PROJECT OUTPUTS & PHOTOS

Among the 18 persons affected by leprosy, self-esteem significantly improved ($p < 0.001$), and internalized stigma decreased over time, with many participants becoming advocates for leprosy awareness in their communities. We strongly recommend meaningful application of participatory approaches as a sustainable lens for inclusive involvement of persons affected by leprosy because its ripple effects empowering them even in the long-term, reducing internalized stigma, improving self-esteem and transforming them into advocates.

To our knowledge, this is the first study of this kind in Nigeria. Project outputs are already being utilized for leprosy-related anti-stigma campaigns. Insight from the study is useful for practically guiding deployment of anti-stigma campaign activities that hope to influence not only knowledge but, improve perceptions and attitudes towards leprosy.



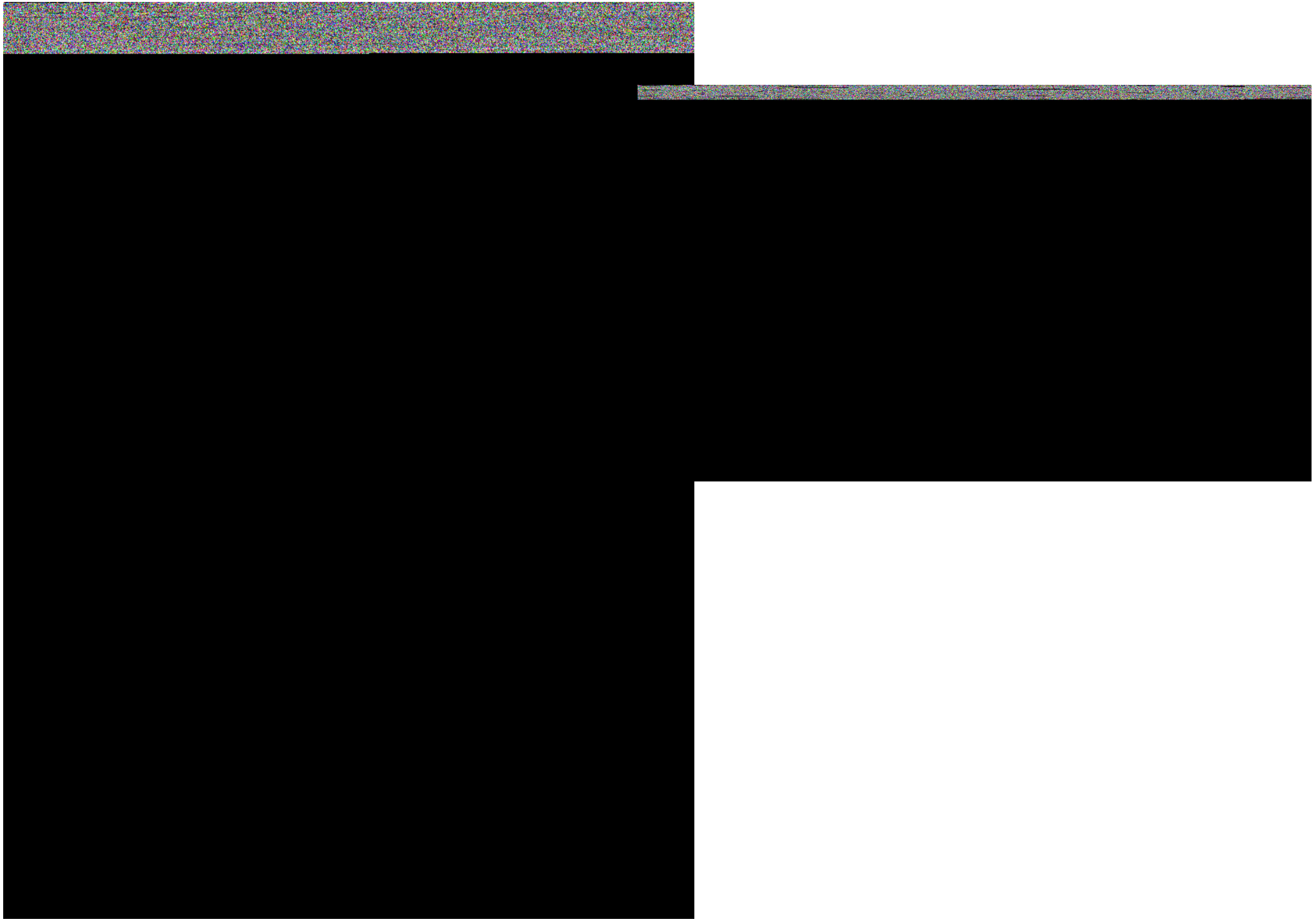
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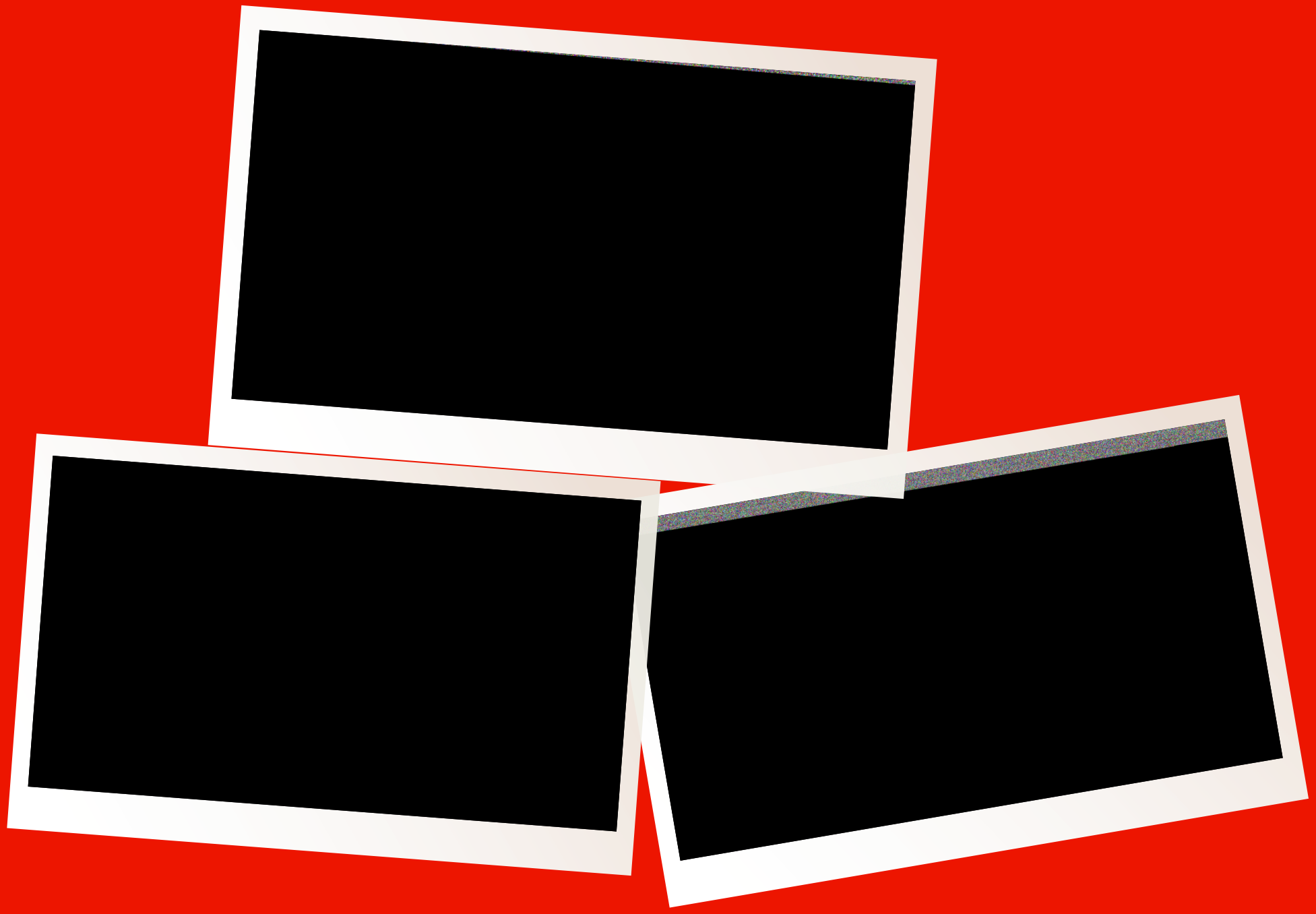
Participatory Development and Assessment of Audio-Delivered Interventions and Written Material and Their Impact on the Perception, Knowledge, and Attitudes Toward Leprosy in Nigeria: Protocol for a Cluster Randomized Controlled Trial

Ngozi Murphy-Okpala [1], Tahir Dahiru [2], Anna T van 't Noordende [3], Carolin Gunesch [4], Joseph Chukwu [1], Charles Nwafor [1], Suleiman Hudu Abdullahi [2], Chukwuma Anyaike [5], Ugochinyere Angelic Okereke [6], Anthony Meka [1], Chinwe Eze [1], Okechukwu Ezeakile [1], Ngozi Ekeke [1]

Affiliations + expand

PMID: 38265859 PMCID: PMC10851127 DOI: 10.2196/53130





GLOBAL FUND GRANT CYCLE 7 (GC7)
COMMUNITY PUBLIC-PRIVATE MIX (CPPM) PROJECT

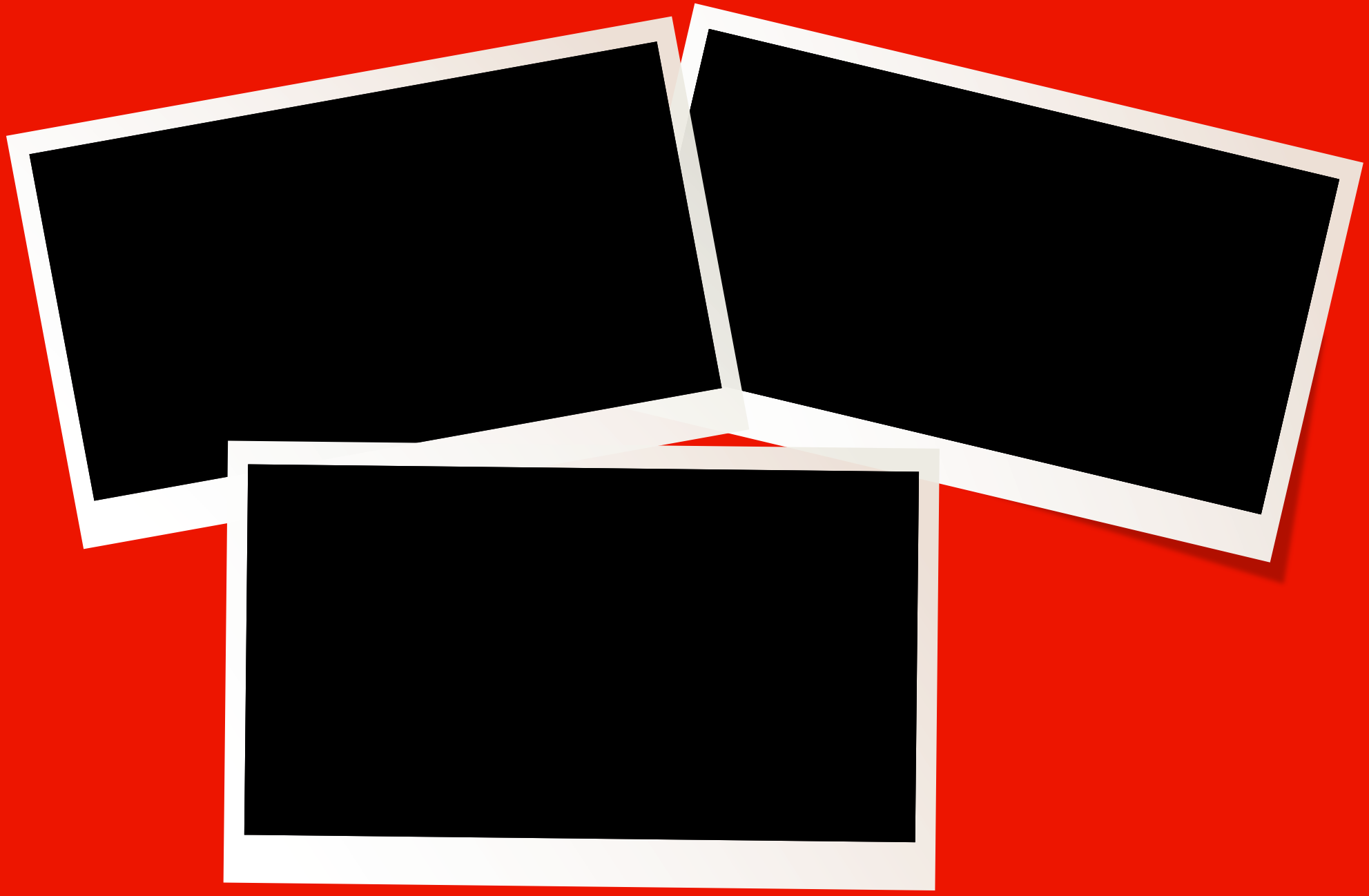
TITLE: National TB & HIV Reach and Impact Project (N-THRIP).

RAN is a sub-recipient (SR) to Institute of Human Virology Nigeria (IHVN) in the Global Fund grant GC7 under Community and Public-Private Mix (CPPM) components (January 2024 to December 2026). It oversees 4 states namely Benue, Delta, Edo and Taraba.

Following the handover of the present RAN GC7 states (Benue, Delta, Edo and Taraba) by the GC6 SRs in January 2024, RAN held entry meetings in these states with state stakeholders. The entry meetings were aimed at introducing the GC7 CPPM project and the SR to the respective states. The meeting held simultaneously in the 4 states in the week of 5th to 9th February 2024.

In order to ensure effective coordination of and smooth take-off of the GC7 activities in the 4 assigned project states, RAN recruited various cadres of staff needed to make up the state workforce.

Those included the state technical officers (STOs), public-private mix cluster coordinators (PPMCCs), TB-HIV cascade monitors (THCMs), sputum movement consultants (SMCs), linkage coordinators (LCs) and screening officers (SOs). Due procurement and recruitment processes were followed. In the same quarter one 2024, RAN established state offices in the four states assigned to it as an SR. It also carried out assessment, engagement and orientation of community-based organisations for implementation of the community component of the project. Conduct of World TB Outreaches in 5 local government areas (LGAs) per states in the 4 supported states and 2 internally displaced persons (IDP) camps in Benue State were supported. To ensure effective coordination of various TB-HIV activities in the supported states and as provided for in the GC7 CPPM budget for SRs, RAN ensured conduct of the Director of Public Health (DPH) led TB-HIV coordinating meetings in the 4 supported states. Part of the deliverables of this meeting is data harmonisation as well as review of all TB-HIV collaborative activities as they were supposed to have been conducted by the TB and HIV stakeholders in the quarters under review. A total of 4 meetings were held each quarter and each was a one-day meeting. RAN also participated in all the quarterly state and zonal review meetings held in the year under review as well as in other programme routine meetings. RAN also participated in the National Programme Boot Camp that held in Lagos Sheraton Hotel between 13th and 17th May 2024. The key TB-HIV stakeholders met to review program performance for the year 2023 and the current standing of the national HIV and TB responses, including financial gaps among others. In addition, RAN with GC7 resources from the PR, supported the commemoration of the National Childhood TB Testing Week in the 4 assigned states. Following the approval of training plans submitted to the principal recipient (PR) by RAN on training of CPPM service providers in the four supported states, different cadres of staff were trained across the four states in the year under review. For DOTS Expansion, two categories of training were conducted. The first targeted service providers from private hub facilities providing both diagnostic and treatment TB-HIV services in the four states. Staff of RAN working in different capacities and levels in the four states were also among the participants in this training category. The second category of training hosted participants from spokes/referral facilities and representatives of community-based organisations (CBOs). Also, during the period under review, RAN HQ staff were part of the Training of Trainers (TOT) programmes held at the FCT Abuja both for the DHIS and Community HIV Testing Service (HTS). As part of project implementation, RAN ensured conduct of Monthly LGA Data Harmonisation Meetings across the supported states. To ensure quality project activities implemetation, different levels of project monitoring and supportive supervisory visits to field and facility workers were conducted in the 4 RAN supported states. Different state officers, namely the STOs, PPM Cluster Coordinators (PPMCCs), TBHIV Cascade Monitors (THCMs) and Sputum Movement Consultants (SMCs) conducted various levels of project monitoring and supportive supervision. During those visits, health-workers delivering various services were observed performing their roles while on-site mentoring was done based on need. The CBOs were also visited and mentored to strengthen them while addressing various identified challenges. RAN HQ technical and Finance staff also visited the 4 assigned states where supportive onsite mentorship was delivered both to the RAN state field staff and those of the CBOs.



MENTAL HEALTH CARE ACCESS FOR PERSONS AFFECTED BY NTDS (MH-CAPS NTDS) PROJECT

Project Title: Strengthening access to people-centred mental healthcare for women, men, girls and boys with Neglected Tropical Diseases (NTDs) in Nigeria.

Duration: August 2023 to September 2025.

General objective: Contribute to improved mental health and wellbeing of women, men, girls and boys living with NTDs in Nigeria and the West Africa region.

Specific objective: Support government and civil society actors to develop and pilot test a comprehensive intervention for integration of MH and NTDs based on global and national frameworks.

Funder: Anesvad.
Direct beneficiaries: Persons affected by NTDs: 120
Indirect beneficiaries: Family and community members: 20,000
Location: Anambra State (Ogbaru) & Cross River State (Ogoja).

Project Achievements:

1.Establish Mental Health Referral pathway: There are two designated health facilities in each project site. Trained frontline health workers screen persons affected by NTDs at the facility and community level using PHQ9 assessment tool. Persons with mild score were provided psychosocial support by the health workers while those with moderate to severe mental health conditions were referred to a mental health specialist. Health worker documented the mental health screening and assessment results and thereafter harmonized the data with the facility records for proper documentation at the hub health facility. This approach aims to promote the sustainability of integrated mental health care and NTD services at both community and facility levels.

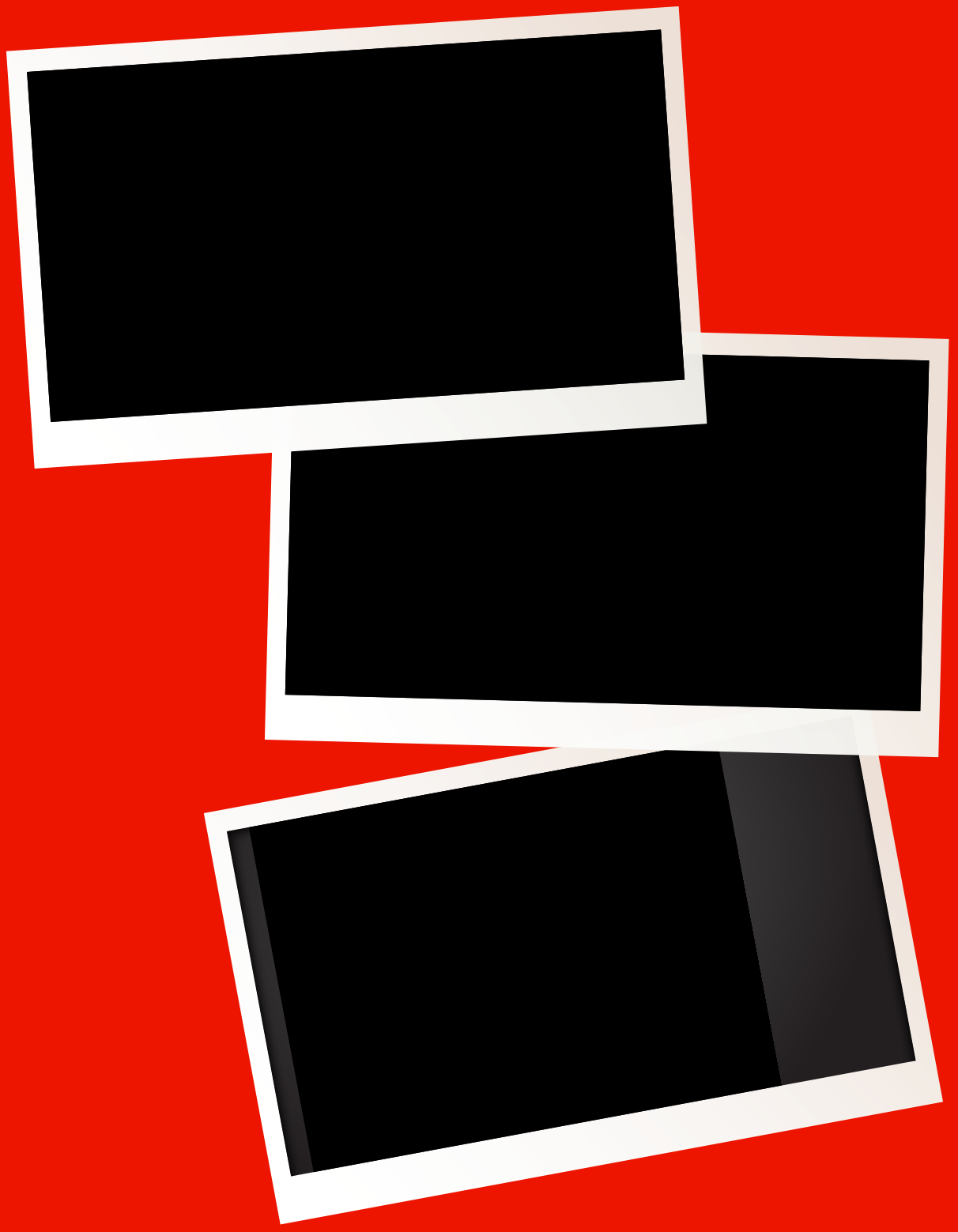
2.Peer wellbeing support: Monthly Self-Help Group (SHG) meetings were held across both project sites, fostering improved social interaction among persons affected by NTDs. These gatherings have significantly enhanced members' psychosocial and mental well-being through peer support and group activities. The Self helps were registered as Co-operatives Societies. This registration is done to increase the opportunity of the group to assess available services. This was borne out of desire to increase sustainability of the intervention, increase legal recognition and opportunity to access funding from other donors.
Key Benefits:
- Enhanced Mental and Psychosocial Well-Being: Group activities and peer interactions have contributed to improved mental health and a stronger sense of psychosocial well-being.
- Inclusive Participation: All members were encouraged to speak and contribute equally during discussions, fostering a sense of belonging and respect.
- Boosted Self-Esteem: Active participation in SHG activities has enhanced members' self-confidence and self-worth.
- Members of the group continue to provide peer well-being support to one another through their regular monthly meetings in Ogoja and Ogbaru. These gatherings serve as a safe space where members openly share personal experiences, challenges, and coping strategies, fostering mutual understanding and emotional resilience. This peer support system helped reduce feelings of isolation, boosts self-confidence, and strengthens their ability to navigate daily challenges.

3.Livelihood support: A significant milestone was achieved with the handover of a garri processing machine to the Ogoja Self-Help Groups. Two machines were produced to support the groups' livelihood activities, providing a sustainable source of income for members. Members of the Self-Help Group (SHG) in Okpoko, Ogbaru Local Government Area, have launched a fish farming initiative as part of their livelihood support efforts. A fish pond was constructed, stocked with fingerlings, and equipped with a water pumping machine to maintain quality. Before receiving these resources, the SHG members participated in a two-day refresher training led by a local expert, covering key business management skills such as record-keeping, accountability, and profit generation strategies. In addition Ogbaru group were supported to start a small business with two Point of Sale (PoS) machines. This initiative aims to strengthen the financial independence of SHG members and promote community resilience.

4.Anti-Stigma Campaigns:
Anti-stigma campaign was done through town hall meetings for community leaders and members. These campaigns were led by individuals with lived experiences of neglected tropical diseases (NTDs). Key social contacts in the community, including

the Town Union President, representatives of women's groups, age grades, and youth leaders, attended these events. It is also a medium to interact with community members on the need to end all forms of discrimination and stigmatization against persons affected by NTDs while promoting inclusion and protection of their rights. Individuals with lived experiences shared personal stories, highlighting the impact of NTDs and the stigma they faced. They passionately appealed to community members to end all forms of stigma and discrimination against persons affected by NTDs.

The speakers emphasized the importance of providing equal rights and opportunities for affected individuals to participate in socioeconomic and political activities Anti-stigma campaign fliers and posters were distributed during the meeting and community members joined in the campaign by sharing the flyers in the community.



LIVEX PROJECT: KEY ACTIVITIES & ACHIEVEMENTS IN 2024

Project Title: Improving physical and mental well-being of persons affected by NTDs: A 4-Arm cluster randomized trial)

Duration: Start Date: 1st October 2022, End date: 30th June, 2024

Funder: Effect hope Canada and DAHW Germany
Principal recipient: Dr Ngozi Ekeke

Location: Abia State (Bende LGA), Enugu State (Aninri & Oji River) and Ondo State (Akure South LGA).

This report captures the activities and achievements of the LIVEX project from October 2022 to June 2024. The project aimed to integrate mental health and self-care interventions to improve the quality of life and reduce healthcare costs for families affected by NTDs.

Key Goal and Objectives

- Goal: Improve the physical and mental well-being of persons affected by NTDs in Nigeria.
- Primary Objective: Assess the effectiveness, acceptability, and feasibility of integrated mental health and self-care interventions.
- Secondary Objectives:

1. Compare outcomes of interventions by healthcare workers (HCWs) and NTD Champions (NTD-Cs).
2. Evaluate if self-care groups alone can improve mental health.
3. Explore sustainable approaches through community participation.



4.Assess feasibility and acceptability of integrated services.
5.Determine the impact of integrated approaches on mental health and quality of life.
6.Compare effectiveness of NTD-Cs versus HCWs facilitated services.

Key Achievements

●Improved capacity of NTD Champions: NTD Champions demonstrated enhanced skills in facilitating SHG meetings, organizing events like World Leprosy Day and leading awareness campaigns.
●Increased awareness of NTDs: Community sensitization reached 169 stakeholders, raising awareness of physical and mental health needs of persons affected by NTDs.
●Improved Skills in Mental Health services and Morbidity Management: The project recorded improved skills and capacities in delivery of mental health services and morbidity management/disability prevention among the NTD Champions and HCWs, compared to baseline assessment. This contributed to better mental health outcomes and morbidity care.
●Proven acceptability and feasibility of integrated NTD service delivery: The outcomes of the project showed high acceptability and feasibility of integrated NTD service delivery as well as resourceful engagement of NTD champions.
●Reduced Stigma and Discrimination: About 90% (n=151) of study participants in intervention groupsreported significant reduction in self-stigma at the end of the project.
●Improved Morbidity Management Practices: Notably, all study participants involved in self-care in the intervention group showed significant improvement in their physical conditions especially, ulcers and edema.

Strengthened Health System: Capacity of frontline health workers on psychosocial counselling skills was improved. NTD Champions were found to be highly resourceful in contributing to health care delivery for persons affected by NTDs in the community. This community participation by NTD Champions remains a huge and sustainable achievement of the project for health system strengthening.

Table 1: Key outcome indicators showing percentage achievement versus target.

Key Outcome Indicators	Target %	Achievement %
Proportion of NTD persons with improved disability status	60	87
Proportion of NTD persons with improved quality of life	60	89
Proportion of NTD persons with reduced cost of healthcare	60	92
Proportion of persons with NTD with improved MH status from baseline	60	95

Table 2: Outcome variables for Groups A,B and C

Variable	Group A (n=60)		Group B (n=50)		Group C (n=41)		Group D (n=47)	
	Baseline	Post intervention	Baseline	Post intervention	Baseline	Post intervention	Beginning of study	End of study
Depression total score								
Mean±(SD)	7.7±3.9	1.2±2.0	7.1±4.6	2.5±3.2	7.3±3.8	2.8±2.6	6.3±5.2	5.6±3.6
Quality of life total score								
Mean±(SD)	70.9±9.4	89.2±10.2	69.4±13.4	87.0±10.0	69.0±11.4	87.8±7.1	76.2±10.3	75.5±11.5
Disability total score								
Mean±(SD)	25.6±6.5	21.1±9.4	27.0±8.7	18.0±8.2	31.1±8.5	18.5±6.9	30.6±10.3	31.9±6.4
Self-esteem total score								
Mean±(SD)	17.2±3.8	23.6±4.3	15.4±5.6	22.2±4.9	15.6±4.9	21.5±3.9	16.5±3.6	16.3±2.9

CHALLENGES

●Economic Challenges: High inflation, hike in fuel price, and currency devaluation strained the budget and affected transport allowances.
●Political and Economic Instability: 2023 elections and the Naira redesign policy caused delays and logistic issues.
●Security Concerns: Civil unrest in south-east Nigeria occasionally disrupted field activities.
●Short duration of intervention: The 8-month intervention period was grossly insufficient to enable essential skill transfer and demonstration of psychosocial counselling skills for the NTD Champions and some health workers.

LESSONS LEARNED

●Integrate Interventions: Combining self-care and mental health interventions is effective and feasible.

●Possibility for task-shifting and task-sharing: The project demonstrated the possibility of task-shifting mental health services to low cadre HCWs and even persons with lived experience (NTD-Champions).
●Potentials of selected and trained persons with lived experience (NTD-Champions) to contribute to human resources for health was amplified.
●SHG meeting locations: Proximity to participants' residences increased attendance, active participation and engagement in SHG meetings.

RECOMMENDATIONS

1.Engage NTD Champions: Their involvement in providing self-care and psychosocial support to persons affected by NTDs significantly improves self-esteem, mental health, and quality of life.
2.Establish Integrated SHGs: Include community volunteers in each group for better support and sustainability.
3.Adopt Joint Monitoring: Include policy makers (Government agencies) in project monitoring visits to promote seamless policy adoption for integrated mental health and morbidity management practices.
4.Subsequent projects of this nature deserve a relatively longer period of intervention to enable essential skill transfer and effective demonstration of psychosocial counselling skills among the NTD Champions and health workers.

The project has demonstrated significant improvements in the physical, mental, and social well-being of persons affected by NTDs in Nigeria, highlighting the effectiveness of integrating mental health services into NTD service delivery.



Figure 1: MH expert Dr. Chinawa mentoring the NTD-Cs in Uzuakoli group on PHQ-9 administration and counselling skills. November 2023



Figure 2: Combined self-care group (CSCG) members practising self-care during one of their meetings

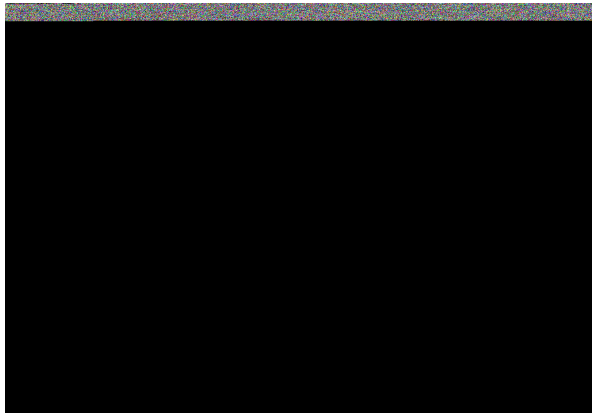


Figure 3: Training of 2 Community Volunteers by RedAid Senior Programme manager (Left) accompanied by trained NTD Champion (Middle)



Figure 4: Combined self-care group (CSCG) members practising self-care during one of their meetings(Exercise).

LRI MENTAL HEALTH PROJECT (2020 to 2024)

PROJECT TITLE:
IMPROVING MENTAL HEALTH AND QUALITY OF LIFE OF PERSONS AFFECTED BY LEPROSY OR BURULI ULCER IN SOUTHERN NIGERIA.

Funding agency: Leprosy Research Initiative (LRI)
Project Number: 708.20.15/LRI
Project Period: 01 July 2020 to 30 June 2024
Project Location: Akwa Ibom, Anambra, Bayelsa, Cross River, Delta and Ebonyi States
Project Lead: Dr Ngozi Ekeke
Project Co-Applicants: Dr. Edmund N. Ossai (Ebonyi State University, Abakaliki); Mrs. Amaka Onyima-Esmai (Person affected by Buruli ulcer)
Project Team members: Precious Henry (Project Coordinator), Dr Francis Chinawa (Clinical Psychologist) & Dr. Obiora Iteke (Psychiatrist)
Total value of Grant: 199,933 euros

EXECUTIVE SUMMARY:
BACKGROUND/INTRODUCTION: Leprosy and Buruli ulcer (BU) are often associated with high levels of stigma and discrimination owing to their tendency to cause visible deformities. Over time, stigma and discrimination negatively impact patients' mental well-being, resulting especially to depression or anxiety. Mental health services in Nigeria suffer from multiple gaps. In view of the dearth of mental health professionals coupled with absence of mental health services for leprosy and BU patients in the National Tuberculosis and Leprosy Control Programme, there is need to explore sustainable ways to make mental health services accessible to those in need.
This project seeks to determine the burden/extent of mental illness (especially depression) among persons affected by leprosy/BU and ascertain whether a holistic (multi-layered) community-oriented approach involving patient self-help groups, lay community counsellors and non-specialist health workers improves the mental health and well-being of leprosy/BU patients in southern Nigeria. We hypothesize that a coordinated system of self-help groups (SHG), community lay-counsellors and trained healthcare workers will reinforce and complement each other in a synergistic manner, resulting in optimum outcomes.
METHODS: This cluster-randomized study involved ten Local Government Areas with the highest number of notified leprosy/BU patients in southern Nigeria, randomized into five intervention and five control groups. Advocacy visits to relevant groups preceded training/engagement of 25 community lay-counsellors to provide counselling for patients with depression or anxiety and promote social inclusion/participation. Additionally, 25 frontline healthcare workers were trained to ensure effective mental health treatment and/or referral services for patients.
Furthermore, 33 SHGs of persons affected by leprosy/BU were established to provide peer-support through regular interactions/meetings, reduce their self-stigma and promote self-esteem. Before and after intervention, mental health status and quality of life of leprosy/BU patients were assessed using qualitative and quantitative tools including: PHQ-9, GAD-7, WEMWBS, SARI Stigma scale and WHOQOL-BREF. The cut-off points for analysis include, depression (PHQ-9 Score>4), anxiety disorders (GAD-7 score>4), good mental well-being (WEMWBS Score>48.5) and quality of life (WHOQoL-BREF Score≥78).
RESULTS: Overall, 635 leprosy/BU patients were enrolled at baseline and 543 at endline survey. Median age is 44years; female proportion, 49.3%. During the intervention, a total of 650 psychosocial counselling sessions, and 392 patient-SHG meetings were conducted. In the intervention group, the proportion of those with depression and anxiety disorders declined significantly from 94.5%(n=362) at baseline to 2.4%(n=286) post-intervention; and 84.5%(n=362) to 2.4%(n=286), respectively (McNemar $\chi 2$, $p< 0.001$). Similarly, mental wellbeing and quality of life improved from 22.7%(n=362) at baseline to 100%(n=286) post-intervention; and 23.5%(n=362) to 96.5%(n=286), respectively (McNemar $\chi 2$, $p< 0.001$). The control group showed an opposite picture: the proportion of patients with depression and anxiety disorders increased from 83.5%(n=273) at baseline to 98.8%(n=257) post-intervention; and 72.5%(n=273) to 96.5%(n=257) respectively, (McNemar $\chi 2$, $p< 0.001$). Mental wellbeing and quality of life declined significantly from 48.7% (n=273) at baseline to 5.4%(n=257) post-intervention, and from 37.0%(n=273) to 11.3%(n=257) respectively, (McNemar $\chi 2$, $p< 0.001$).

CONCLUSION: Mental health and quality of life improved significantly in the intervention arm compared to the control. Currently, the Federal Ministry of Health, Nigeria has adopted the findings of this research project for nationwide application.

INTRODUCTION:

Between July 2020 and June 2024, key activities conducted to achieve project goals ranged from preparatory activities to baseline survey, intervention and post intervention activities.
Prior to baseline survey, the research team (including mental health experts, academia, persons affected by NTD) finalized study protocols, obtain ethical approval and engaged a young female with disability and lived experience of mental disorder (depression) as project coordinator.
Advocacy visits to community leaders, persons affected by leprosy or BU, frontline healthcare providers and leprosy/BU programme managers at national and state levels and other relevant stakeholders were conducted. Baseline survey to determine mental health status and quality of life of leprosy/BU patients was conducted across all 10 LGAs. The mental health status of eligible patients was assessed using PHQ-9, GAD-7, WEMWBS, SARI Stigma scale and WHOQOL-BREF. Focus group discussion (FGD) and key informant interview (KII) guides were used for qualitative data collection.

MAJOR ACTIVITIES

1. Design and production of recording and reporting materials - SHG Registers, SHG member's Card, Logbook for community lay-counsellors (CLC) and healthcare workers (HCWs).
2. Development of Standard Operating Procedures (SOP) for SHG operations.
3. Training of Trainers by a team of mental health experts (including Psychiatrist, Clinical Psychologist and research team).
4. Training and engagement of community lay counsellors (including teachers, religious/community leaders, and women/youth leaders) and healthcare workers.
5. Training and re-training community lay-counsellors (CLC) and healthcare workers (HCWs) on delivery of basic mental health services, referrals to mental health experts and appropriate documentation.
6. Establishment of self-help groups (SHGs) and training of SHG members (persons affected by leprosy/BU), leaders and facilitators on SOP for effective SHG management.
7. Facilitated monthly meetings of SHG members using SOP and ensuring appropriate documentations in SHG registers and other tools.
8. Quarterly supportive supervision and onsite mentoring by project team (including mental health experts) to ensure quality delivery of mental health services by HCWs and CLCs in accordance with the protocol. Mentoring of SHG members on peer support through sharing of personal experience during group meetings was done.
9. Project monitoring and real time support for SHG leaders was strengthened through online community of practice in digital (WhatsApp) platforms. PHQ-9 recordings in registers were posted, reviewed and feedback provided.
10. Rehabilitation and skill acquisition training for SHG members and empowerment with income generating projects such as garri processing factory, rice milling and poultry farming was carried out. This dimension has continued to add great value to improving the quality of lives of persons affected by leprosy and Buruli ulcer.
11. Baseline and endline surveys using qualitative (FGD/KII) and quantitative tools. Data collection, collation, analyses and reporting.
12. Dissemination of study findings: presentation at meetings, workshops and national and international conferences. Submission of three journal articles and publication of two articles in peer-reviewed journals.
13. Post intervention activities: Leprosy and BU patients in the control areas were provided with mental health interventions to address the very high levels of mental disorders identified in the endline survey.

Some key achievements of the project:
• Establishment of 33 SHGs of persons affected by leprosy/BU to provide peer-support, reduce self-stigma and promote self-esteem. Over 300 persons affected by leprosy/BU meaningfully participated in SHGs meetings.
• Training/retraining/engagement of 25 community lay-counsellors to provide counselling for patients with depression or anxiety and promote social inclusion/participation.
• Training/retraining of 25 frontline healthcare workers to ensure effective mental health treatment and/or referral services for patients.
• Successful utilization of SOPs and recording/reporting tools by CLC and HCWs.
• Successful validation of WEMWBS with score for good mental well-being (WEMWBS Score>48.5). Cut-off points: depression (PHQ-9 Score>4), anxiety disorders (GAD-7 score>4), and quality of life (WHO-QOL-BREF Score≥78).
During intervention:
• A total of 650 psychosocial counselling sessions were conducted by CLC/HCWs
• A total of 392 patient-SHG meetings sessions were conducted
• Vocational rehabilitation projects were successfully established for many SHGs: three cassava processing mills, two mobile palm oil processing machines, a rice mill and poultry farm at various locations.

Final Survey Results:
• At baseline, 635 (leprosy=501; BU=134) patients were surveyed (study arm=362; control arm=273). Median age is 44years; female proportion, 49.3%,

and those with tertiary education, 4%.

• At endline, bio-demographic characteristics were similar but 543 (leprosy=392; BU=151) patients were surveyed (study arm=286; control arm=257). Burden of mental disorders and overall quality of life at baseline compared to post-intervention:

• The proportion of leprosy/BU patients with depression and anxiety disorders declined significantly from 94.5% (n=362) at baseline to 2.4%(n=286) post-intervention; and 84.5%(n=362) to 2.4%(n=286), respectively (McNemar $\chi 2$, $p< 0.001$).

• Similarly, mental wellbeing and quality of life improved from 22.7%(n=362) at baseline to 100%(n=286) post intervention; and 23.5%(n=362) to 96.5%(n=286), respectively (McNemar $\chi 2$, $p< 0.001$).

• The control group showed an opposite picture: the proportion of patients with depression and anxiety disorders increased from 83.5%(n=273) at baseline to 98.8%(n=257) post-intervention; and 72.5%(n=273) to 96.5%(n=257) respectively, (McNemar $\chi 2$, $p< 0.001$).

• Mental wellbeing and quality of life declined significantly from 48.7%(n=273) at baseline to 5.4%(n=257) post intervention, and from 37.0%(n=273) to 11.3%(n=257) respectively, (McNemar $\chi 2$, $p< 0.001$).

Conclusions/Implication:

Mental health and quality of life improved significantly among persons affected by leprosy/BU in the intervention arm compared to the control. Currently, the Federal Ministry of Health, Nigeria has adopted the findings of this research project for nationwide application. Project findings were scaled up to other states by policy makers at the Federal Ministry of Health with other NTD partners through thoughtful involvement of the project team in a new consortium for nationwide intervention geared to promote delivery of quality mental health services to persons affected by NTDs in Nigeria.

Research impact on Persons affected by Leprosy/BU: A 30-year-old male affected by leprosy whose mental wellbeing was positively impacted through SHGs activities became very resourceful to his community. Eventually, he effectively designed and implemented anti-stigma media campaigns through his lived experience in national television/radio during 2024 World Leprosy Day. He continues to inspire others affected by leprosy/BU and actively participated in a national workshop for development of anti-stigma activities in 2024. Presently, he has been employed in RedAid Nigeria as a Programme Officer.

OTHER SIGNIFICANT ACHIEVEMENTS/MILESTONES OF THE LRI MENTAL HEALTH PROJECT:

●In 2023 LRI Spring Meeting in the Netherlands, this project was selected among several projects funded by the LRI for the LRI Highlight Meeting.

●This project has successfully inspired the conceptualization and operationalization of three major Mental Health projects in Nigeria:

oLIVEX Project funded by Effect Hope Canada and DAHW Germany

oTB REACH Wave 10 project: Integrated TB and Mental Health

●The project inspired a similar mental health project by DAHW Togo titled, "Improving mental health and quality of life of persons affected by leprosy or Buruli ulcer in Togo" in 2024.

●The project also contributed to the nationwide pilot of mhCAP-NTDs project by CBM Global/ANESVAD and Federal Ministry of Health



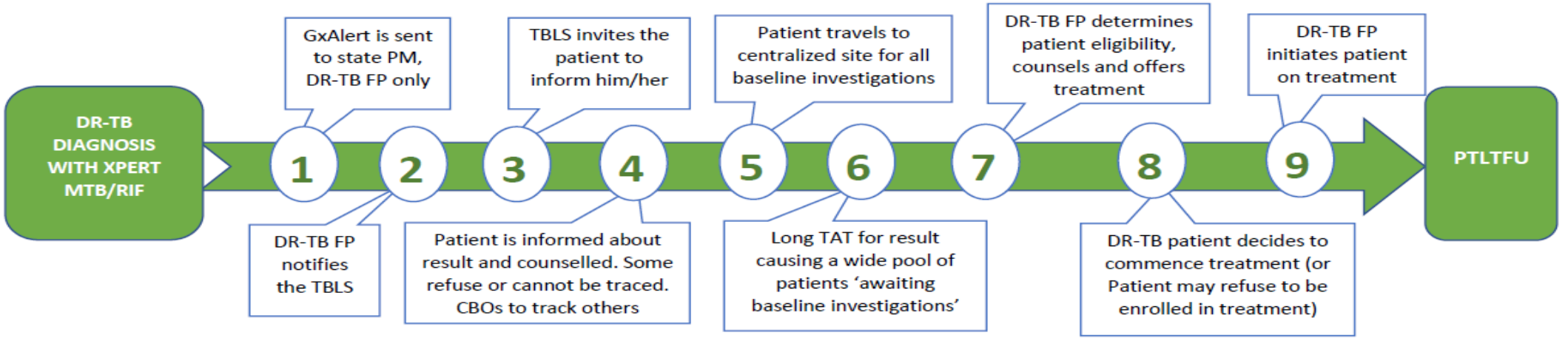
Reported by: Dr. Ngozi Ekeke (2025)

TBR W9 Project

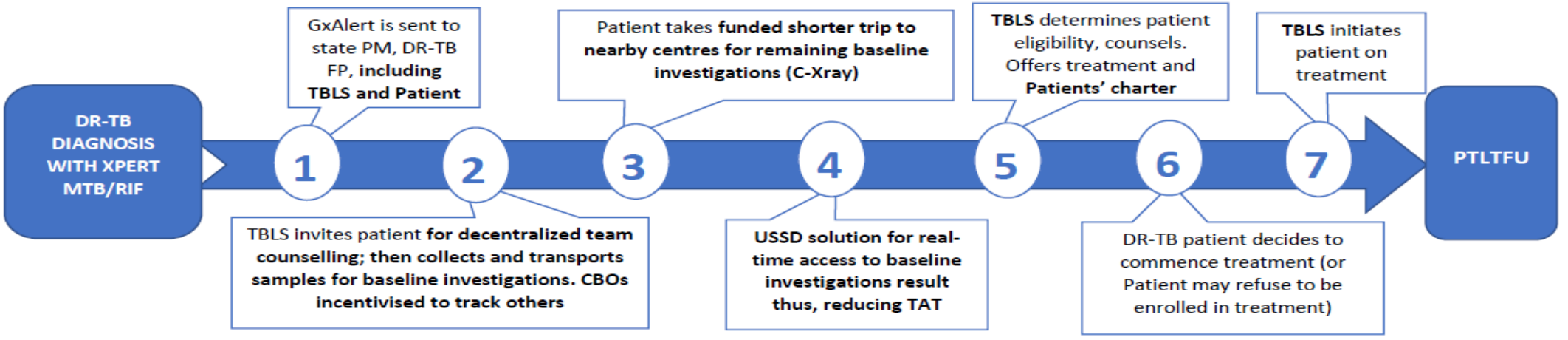


Specimen Examination Request Form HIGHLIGHTED

CURRENT STANDARD OF CARE (DR-TB patient pathway to treatment initiation)



OUR PROPOSAL TO CATALYZE IMPROVEMENTS IN DRTB CARE IN NIGERIA



KEY: PM= State Program Manager, DR-TB FP= State DR-TB Focal Person, TBLS= TB Local Government Supervisor, C-Xray= Chest Xray, ECG= Electrocardiogram, USSD= Unstructured Supplementary Service Data, TAT= Turnaround Time, PTLTFU= Pre-Treatment Loss To Follow-Up, PPE2= Proportion of Persons Enrolled in 2weeks

SOP for TB Survivors Counsellors

SOP FOR COUNSELLING DR-TB PATIENTS

Name of Patient: _____ **Sex:** _____

Phone Number: _____ **LGA:** _____

Current Home Address: _____

CHECKLIST FOR COUNSELLING DR-TB PATIENTS

S/N.	ACTION	YES	NO	REMARKS
1.	**Greeting and introductions** *Make the patient feel relaxed*			
2.	**Explanation of the TB diagnosis** *Inform patient of result in simple clear terms. Empathize. Share your own story!*			
3.	**Understanding patient's perceptions about TB and concerns about being diagnosed with DR-TB** *Agree with facts and clarify misconceptions*			
4.	**Provide health education on TB** *Confidently communicate. Avoid information overload*			
5.	**Assessment of available support** *Consider barriers. Helping to identify coping mechanisms. Disclosure- explore whom to inform*			
6.	**Give and explain the Patients' Charter** *Discuss both rights and responsibilities*			
7.	**Patient watched the video and has received the file** *(REMARK: Indicate means of transfer e.g., Bluetooth, Xender, Wi-Fi direct, Memory stick, Email, WhatsApp, etc.)*			
8.	**Next steps: Schedule next visit, Referrals** *Address any concerns about treatment and follow-up care*			
9.	**Please indicate where this counselling session took place:**	☐ Laboratory ☐ OPD Clinic/Hospital ☐ Primary Health Centre (PHC)		
10.	**Please indicate the other members of the counselling team involved in counselling this patient:**	☐ TB Survivor ☐ DR-TB Focal Person ☐ OPD Clinician/Doctor ☐ DOTS Provider	☐ CBO Member ☐ TBLS ☐ Patient Relative ☐ Others	

Name: _____ **Designation:** _____

Signature: _____ **Date:** _____

Key message to communicate while counselling a DR-TB patient

1. Anybody can get TB.
2. Most people (about 90%) who develop the disease are adults, and it commonly affects more males than females in their most productive years, so it is economically devastating to families.
3. TB is caused by a germ (Mycobacterium tuberculosis) that is transmitted through the air when a person who is sick with TB coughs or sneezes. A healthy person can get infected from breathing in those germs.
4. TB cannot be spread by sharing food, eating utensils, or clothes. It is not transmitted through physical (e.g., shaking hands) or sexual contact.
5. TB usually affects the lungs, but may affect other parts of the body as well. It is a serious disease, but it can be cured with a combination of medications. Without correct and complete treatment, a patient can become very ill and can die from TB.
6. TB treatment is free of charge.
7. Taking the medicines as prescribed will help you feel better quickly and will also help you prevent spreading the disease to others. It is important to take all the medicines as directed to keep the TB germs from developing resistance to the medicines as prescribed, which then requires a much more complicated and longer treatment.
8. Drug resistant TB (DR-TB) is a form of TB that does not respond to the usual TB medicine. It can be resistant to one or many of the available anti-TB medicines and is therefore, a health security threat.
9. People with TB (especially DR-TB) may also be co-infected with HIV therefore, it is strongly recommended that you get tested to know your HIV status, and receive treatment as well if needed.
10. Taking TB treatment for about six to eighteen months can be difficult. It is very important to do so to avoid getting sick again. To help patients take treatment properly and get cured, different forms of treatment support will be provided for you. You have several options for how and where you will receive your medicines, and you can choose the best option for you.
11. Based on your health condition, the health worker will decide and explain how long your treatment will be, the frequency of visits, and where to go for treatment or additional tests.
12. We encourage you to receive your treatment from home so you can remain close to your family, friends and work. However, we recommend getting admitted into a hospital facility if you are feeling too sick at the moment; but you will be discharged to receive care at the community as soon as you are strong enough to do so.
13. Anti-TB medicines can have side effects in some people. Most side effects are minor and disappear over time. Your health provider will review the serious side effects to watch out for, and you should report back to the facility immediately so these side effects can be treated properly.
14. Sputum tests will be repeated to monitor improvement in your condition. They will be repeated at set intervals and at the end of your treatment. Several other tests, including blood tests, will be done periodically to carefully monitor your body's response to the anti-TB medicines.
15. Tell us if you plan to travel or relocate, so we can arrange for you to continue treatment without interruptions.
16. We will be careful about keeping your records in a secure location and not revealing them to others.
17. You can prevent the spread of TB to others by:
    - Start your treatment immediately!
    - Taking medicines that are prescribed by your health provider according to the recommended schedule.
    - Cough into your bent elbow. Cover your mouth and nose with a handkerchief when you cough or sneeze.
    - Open windows to allow proper ventilation with fresh air into your home.
    - Limit close contact with young children, the elderly, or other people with weakened immune systems in the first stage of your treatment.
18. All your family members and close contacts, especially those less than 5years and persons living with HIV (PLHIV) need to be screened for TB, and treated if needed.



German Institute Patients Tuberclosis Chat Landscape-PRINT

FINANCE DEPARTMENT INPUT FOR ANNUAL REPORT (FY 2024)

1. Financial Overview
The fiscal year 2024 marked a period of growth, improvement and continued financial resilience. Despite ongoing macroeconomic uncertainties, dwindling donor funding and unstable exchange rate in the country, the organization maintained strong liquidity management, managed both on-going and new grants successfully and
operating costs/expenses were managed effectively. The grant and the fund accountability are shown in the table below:

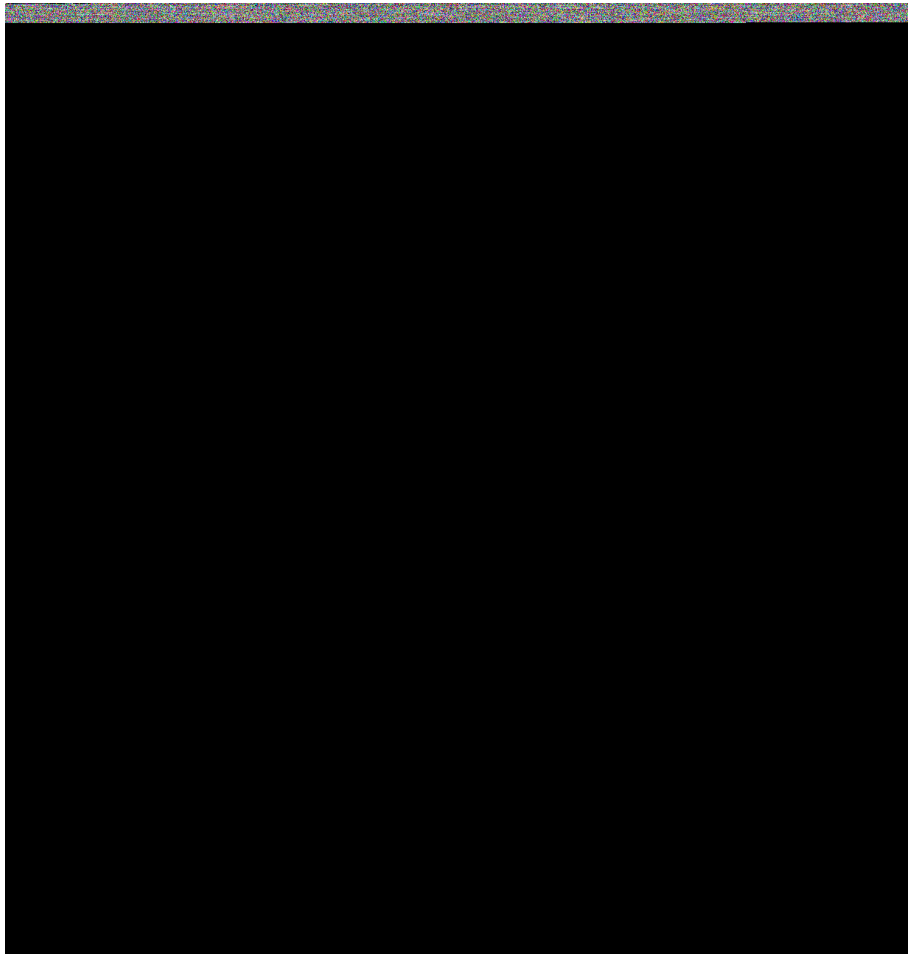
2. Key Financial Highlights
●Grant portfolio amounting to NGN.3,359,352,111.18 (equivalent of 3,443,301.55 EUR) were successfully managed by the finance department.
●Automation of financial reporting with the introduction of QuickBooks
●3 years tax clearance certificate was obtained from FIRS.
●Finance Assistants were recruited and trained in the GC7/GF implemented states to strengthen the finance department
●Internal Control and Compliance unit was established to strengthen internal control mechanism.
●RAN 2023 audit was successfully completed in 2024 with no major audit finding/issue.
●Successful audits were carried out on donor funded projects
Finance related manuals were updated to be in line with international standards

3. Budget vs. Actual Performance
The department maintained tight controls on expenditures, with actual expenses remaining on track and within budget parameters for all the grants in 2024.

4. Risk Management & Compliance
Enhanced internal controls and financial reporting
●Completed annual financial audit with an unqualified opinion
●Strengthened compliance with updated financial reporting manuals.
5. Looking Ahead in 2025
The Finance Department remains focused on:
●Enhanced financial reporting and forecasting models
●Supporting finance staff capacity development and training
●Improving compliance and cost-efficiency measures across departments
●Strengthening of compliance and internal control unit.
●Strengthening the financial capacity of RAN sub-recipients and CBOs partnering with RAN
Strict quarterly finance supervision to ensure that donor policy and compliance is strengthened.

Project Name & Title	Donor	Total Budget (NGN)	Euro
LIVEX: Improving Physical and Mental Wellbeing of Persons Affected by Neglected Tropical Diseases (NTDs): A 4-Arm Cluster-Randomized Trial (1.57.22.06)	Effect Hope Canada & RAN	59,422,658.00	32,753.29
LRI Mental Health: Improving Mental Health & Quality of Life of PAL & BU in Southern Nigeria. 7.18.20.26)	Leprosy Research Initiative (LRI	79,573,334.34	199,933.00
RIGHT CALL 2023: Transforming the Treatment and Prevention of Leprosy and Buruli ulcers in Low and Middle-Income Countries (LMICs). + Sustainability Study in SE Nigeria. 1.57.20.02	University of Birmingham	121,872,747.00	67,175.28
RAN Activity: Contributing to Resilience of Communities in Southern Nigeria through Strengthened Neglected Tropical Diseases (NTDs) and TB Control (1.57.24.02)	DAHW	170,841,500.00	138,339.00
RAN Structure (2024): Admin Cost 1.57.24.01: DAHW	DAHW	600,036,787.91	500,378.00
TB Reach Wave 10: (Person-Centred Quality TB+Mental Health Care 1.57.23.01: Stop-TB-Partnership - TB Reach	STOP-TB-Partnership/STOP TB/UNOPS	404,135,251.35	222,756.10
LRI Written Audiopedia: Participatory development of audio-delivered interventions and written material and their impact on the perception and knowledge of and attitudes towards leprosy: a mixed-methods study in Nigeria. 7.22.24.04	Leprosy Research Institute (LRI)	65,103,342.00	150,810.06
Ready4Pep:Preparing Mozambique & Nigeria for PEP:Working Towards Zero Transmission of Leprosy 1.57.20.01	Funder: Netherlands Leprosy Relief (NLR); Principal recipient: Leprosy TB Relief (LTR)	28,287,240.00	15,591.70
STRENGTHENING ACCESS TO PEOPLE CENTRED MENTAL HEALTH CARE FOR PEOPLE WITH NTDs (AVESVAD). 1.57.23.04 - CBM	CBM	31,130,483.70	17,158.87
STRENGTHENING ACCESS TO PEOPLE CENTRED MENTAL HEALTH CARE FOR PEOPLE WITH NTDs (AVESVAD). 1.57.23.04 - CBM	DAHW	31,130,483.70	112,275.00
COMMUNITY AND PRIVATE-PUBLIC-MIX EXPANSION IN TB AND HIV PREVENTION, DIAGNOSTIC AND TREATMENT SERVICES (GF GC7): GF	Funder - Global Fund; Principal Receipiant - IHVN	989,168,502	1,590,997
TB Reach Wave 11: Piloting & innovative integrated TB & Practical approach to lung health services in hard to reach communities of southern Nigeria - TB Reach	STOP-TB-Partnership/STOP TB/UNOPS	716,873,033	395,135
TOTAL		3,359,352,111.18	3,443,301.55

Message from the Chairman, Board of Trustees



Message from the Chairman, RAN Board of Trustees

RedAid Nigeria – 2024 Annual Report

Dear RedAid Nigeria Family,

It is with deep appreciation and optimism that I reflect on the remarkable journey RedAid Nigeria has embarked upon over the past year. This period has been defined by purposeful transformation, effective partnerships, strategic expansion, and impactful service delivery, growth made possible in large part by a pivotal leadership transition that ushered in renewed energy and direction. The Board of Trustees recognizes and celebrates the resilience, innovation, and integrity demonstrated across the organization under this new leadership. The change at the helm has brought with it a sharpened focus, inspiring a culture of accountability, excellence, and inclusive progress. Together, we have not only sustained our core mandate of tackling Leprosy, Buruli ulcer, TB, and other NTDs but have also elevated our standing as a trusted partner and changemaker in public health.

As we move forward, the Board remains steadfast in its support of RedAid Nigeria's core mandate of working towards a society in which no one suffers from poverty-related diseases such as leprosy, Tuberculosis (TB), other Neglected Tropical Diseases (NTDs), and their consequences, Non-Communicable Diseases (NCDs) including mental health. We will continue to provide strategic guidance, ensure good governance, and advocate for systems that reinforce our growth and sustainability. Let us stay united in purpose, inspired by progress, and driven to make an even greater impact in the years ahead.

With warm regards,

Dr. Chijioke Osakwe, PhD, MSc, MB.,Bch
Chairman, Board of Trustees
RedAid Nigeria