



ANNUAL REPORT

2025

HEALTH | DIGNITY | INCLUSION





A YEAR
OF ACCESS,
EVIDENCE
AND DIGNITY.

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Our Vision

A world in which no one suffers from diseases of exclusion such as Leprosy, Buruli ulcer, Tuberculosis and other diseases of poverty, or their consequences, including disability and mental-health challenges.

Our Mission

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

Our 2025 Impact Story

In 2025, RedAid Nigeria connected disease control, mental health, community leadership, research and human dignity across its programmes.

In 2025, RedAid Nigeria's work began with a simple but demanding question: how do we ensure that people affected by diseases of exclusion are not only found and treated, but also supported to recover their dignity, confidence and place within their communities?

Across the communities where we worked, the barriers were rarely medical alone. A person with symptoms of Leprosy, Buruli ulcer or Tuberculosis could live far from an appropriate health facility, delay seeking care because of fear, or complete treatment and still face discrimination. For many people affected by neglected tropical diseases, physical illness existed alongside anxiety, isolation, disability, economic insecurity and limited access to psychosocial support.

RAN responded by connecting interventions that are too often delivered separately. Community case finding was linked to referral and treatment. Primary healthcare workers were equipped to recognise mental-health needs. Peer-support groups created spaces for self-care and shared experience. Church leaders became allies in addressing stigma and identifying people requiring care. Portable screening technologies brought integrated lung-health services closer to hard-to-reach populations. Research and storytelling helped make invisible experiences visible.

This connected approach defined RAN's 2025 story: not a collection of isolated projects, but a growing system of community action, inclusive health services, evidence generation and institutional partnership.

Strengthening Access to People Centered Mental Healthcare for persons affected by NTDS (mhCAP-NTDs)

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 Foundation.

Project Consortium Partners: CBM Global Disability Inclusion, Federal Ministry of Health, University of Jos, TLMN, HANDS, IDEA Nigeria and IMPACT Group.

Project Site: Anambra State (Ogbaru) & Cross River State (Ogoja)

Project Beneficiaries: The direct beneficiaries of the project are persons affected by Neglected Tropical Diseases (NTDs), specifically Leprosy, Buruli ulcer and Lymphatic Filariasis. The indirect beneficiaries include family members and the wider community members of affected persons in Ogbaru and Ogoja Local Government Areas (LGAs), who benefit from increased awareness, reduced stigma, improved health-seeking behavior, and strengthened community support systems.

Project Close-out Event: The project concluded in September 2025, with close-out events successfully held in Ogoja and Awka. These events brought together a wide range of key stakeholders, including representatives from the Federal Ministry of Health (National Mental Health Programme and National NTD Unit), the University of Jos, CBM Global UK, CBM Global Disability Inclusion, RedAid Nigeria, senior officials from the State Ministries of Health of Cross River and Anambra States, community leaders, and persons affected by NTDs.

The close-out meetings provided an opportunity to present project achievements, share lessons learned, and discuss sustainability strategies. The events concluded with powerful and moving testimonials from persons with lived experience of NTDs, who highlighted the transformative impact of the project on their mental wellbeing, social inclusion, and access to care. They expressed profound appreciation to the Anesvad Foundation, the project's funder, for its support in making the initiative possible.

Project Outcomes:

- **Establishment of Mental Health Referral Pathways:** A functional mental health referral pathway was established across four (4) designated Primary Health Care (PHC) facilities in Ogoja and Ogbaru LGAs, where integrated mental health and NTD services are delivered. This demonstrated that integration of Mental Health and NTDs is achievable at the primary healthcare facility level.
- **Capacity Building of Health Workers and Community Case Notifiers:** The capacity of 40 personnel comprising 20 frontline health workers and 20 Community Health Workers (CHWs) was strengthened. The 20 frontline health workers were trained to provide basic mental health services at the PHC level using the WHO mhGAP Intervention Guide. They were equipped with skills to screen, assess, provide basic psychosocial support, and refer



persons affected by NTDs requiring specialized mental health care. Additionally, 20 Community Health Workers serving as case notifiers were trained to identify persons affected by NTDs within the community and facilitate timely referral to designated PHC facilities for appropriate management.

- **Strengthening of Peer Support Groups (PSGs):** Seventy (70) persons affected by NTDs were supported to conduct monthly Peer Support Group meetings across both project sites. These meetings enhanced psychosocial wellbeing, strengthened social cohesion, and reduced isolation among affected persons. The Peer Support Groups were formally registered as Cooperative Societies, enabling them to access government and financial support services.
- **Anti-Stigma and Community Awareness Campaigns:** Approximately 30,000 community members were reached through anti-stigma campaigns led by persons with lived experience of NTDs. These campaigns promoted inclusion, reduced discrimination, and encouraged early health-seeking behavior.
- **Livelihood Support and Economic Empowerment:** Seventy (70) persons affected by NTDs, organized within the Peer Support Groups, benefited from livelihood support interventions aimed at improving income generation and economic resilience. Two garri processing machines were provided to two PSGs in Ogoja while in Ogbaru, two PSGs were supported with a fish farming enterprise and a Point-of-Sale (PoS) business initiative.

Project Impact

- **Enhanced Social Inclusion:** Strengthened social interaction and community reintegration of persons with lived experience of NTDs, fostering greater acceptance and inclusion.
- **Reduced Stigma and Increased Community Awareness:** Improved community understanding of NTDs and mental health through anti-stigma campaigns, leading to reduced discrimination and more supportive community attitudes.
- **Improved Economic Resilience:** Strengthened business and financial management skills among beneficiaries through livelihood support initiatives, contributing to increased income-generating capacity and economic stability.
- **Expanded Access to Mental Health Services:** Increased access to integrated mental health services at the Primary Health Care (PHC) level through the establishment of functional referral pathways.
- **Strengthened Health Workforce Capacity:** Enhanced the ability of health workers to screen, assess, provide basic psychosocial support, and appropriately refer individuals requiring specialized mental health care.



COMMUNITY-LED LIVELIHOODS

Peer support, practical livelihoods and local referral pathways reinforced recovery, inclusion and economic resilience.

IMPACT IN PRACTICE

From community identification to recovery and inclusion

01

ACCESS

Mental-health referral pathways connected people affected by NTDs with appropriate care and follow-up.

02

CAPACITY

Frontline workers and community case notifiers strengthened identification, referral and supportive care.

03

INCLUSION

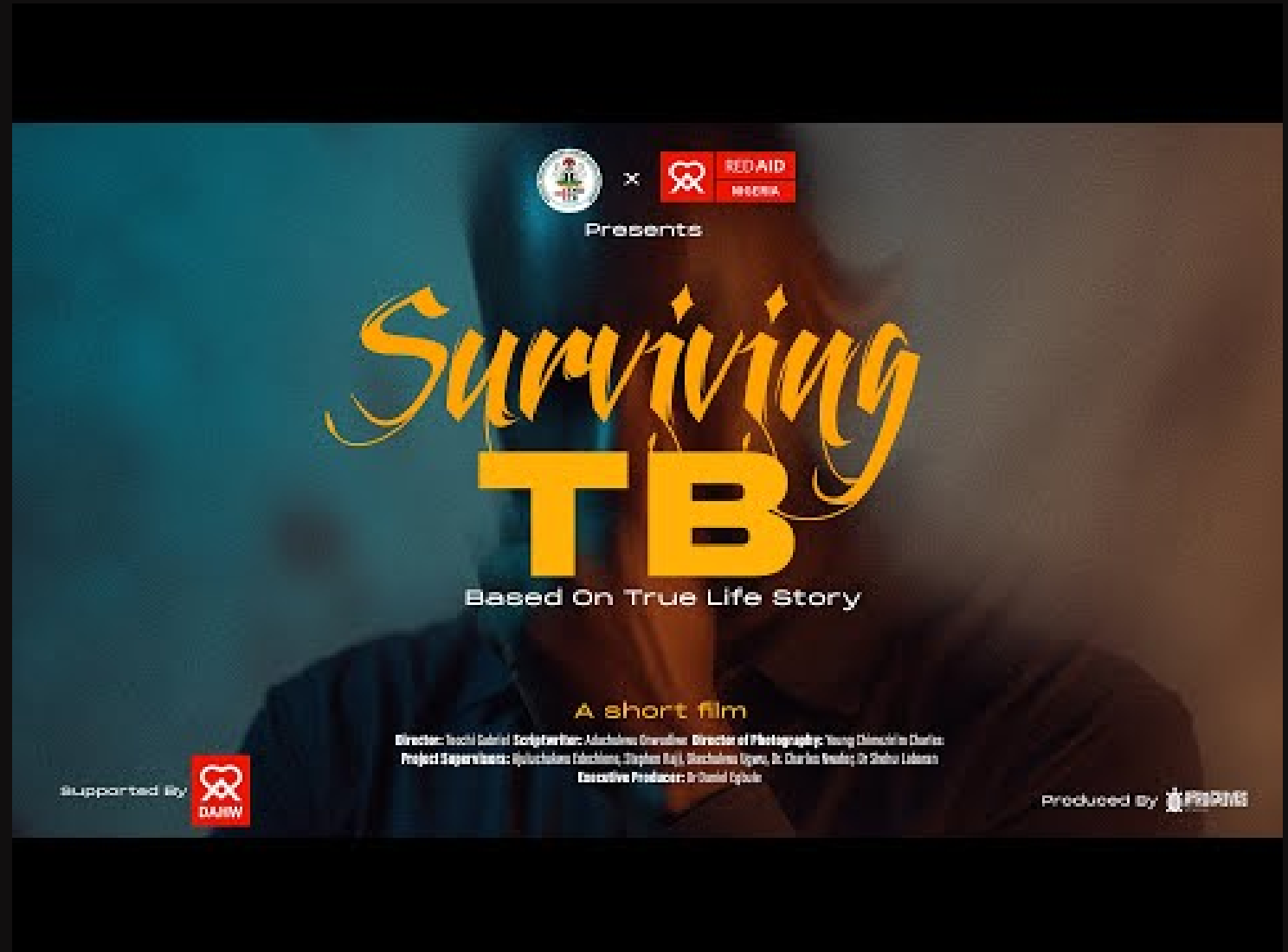
Peer-support, anti-stigma action and livelihood pathways reinforced dignity, recovery and participation.

A connected model of care: identify, refer, support and include.

SURVIVING TB

A short documentary addressing stigma that can persist after treatment.

World TB Day 2025



"It's not TB... I'm cured of it."

Even after recovery, stigma persists. *Surviving TB* is a short documentary that follows the journey of a young professional in Lagos whose life was disrupted not only by tuberculosis, but by fear, isolation, and discrimination that followed his diagnosis. Told through an anonymous lens to protect identity and dignity, the film centers lived experience as a critical tool for advocacy and awareness.

Why This Story Matters

Tuberculosis remains a significant public health challenge in Nigeria, yet beyond the clinical realities lies a deeper often unaddressed issue, stigma. Fear of discrimination continues to delay testing, disrupt treatment adherence, and isolate individuals at their most vulnerable moments. Through this documentary, RedAid Nigeria brings visibility to these hidden dimensions, reinforcing the need for a more compassionate and people-centered response to TB.

The Reality Behind the Story

The documentary highlights key systemic and social challenges experienced by people affected by TB:

- **Stigma within healthcare settings**, including breaches of confidentiality and fear-driven reactions
- **Workplace discrimination**, resulting in exclusion and loss of livelihood
- **Financial burden**, driven by out-of-pocket diagnostic and treatment-related costs
- **Mental health impact**, including isolation, anxiety, and suicidal thoughts
- **Post-treatment stigma**, where individuals continue to face barriers despite being cured



Communications as Intervention

Surviving TB was developed as a Social and Behaviour Change Communication (SBCC) tool to complement ongoing TB programming. It serves to:

- Promote early health-seeking behavior and TB testing
- Challenge stigma and misinformation at community and institutional levels
- Foster empathy and understanding for people affected by TB

By translating program realities into narrative form, the documentary strengthens community dialogue and supports behavior change efforts across multiple audiences.

Reach and Engagement

Since its release on World TB Day 2025, the documentary has:

- Reached over 200,000 viewers online
- Been featured in advocacy and stakeholder engagement events
- Served as a communication tool for community sensitization and awareness campaigns

A Call to Action

Tuberculosis is curable and preventable. Ending TB requires more than medication; it demands awareness, empathy, and collective action.

Surviving TB is a reminder that behind every diagnosis is a human story. Addressing stigma is essential to ensuring that no one is left behind in the fight against TB.

COMMUNITY PUBLIC-PRIVATE MIX (CPPM) PROJECT_2025

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.

In the year 2025 under review, implementation continued in the four states overseen by RAN already listed above. Coordination of various case-finding and management activities continued.

Screening of private health facility attendees for tuberculosis continued daily. In comprehensive health facilities (hubs), ad-hoc screening officers were responsible for this activity while in other lower (referral) entities (spokes), the operators of such facilities were responsible for the screening. The ad-hoc linkage coordinators were responsible for sample movement from points of collection to points of processing (diagnostic laboratories).



For the community component of the project, the stakeholders were coordinated by the community-based organisations (CBOs). It was in the year under review that portable digital x-ray (PDX) machines were introduced in large scale as a game changer in case-finding, first in the community and later at the facility level. To ensure adequate coverage of community activities, RAN increased the lead CBOs to three per supported state during the year.

Outreaches were conducted in commemoration of World TB Day 2025 in all the four supported states.

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 and those of Malaria Program as they were supposed to have been conducted by the TB and HIV and Malaria



program 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. In addition, RAN with GC7 resources from the PR, supported the commemoration of the National Childhood TB Testing Week in the 4 assigned states. As part of project implementation, RAN ensured conduct of Monthly and later LGA Data Harmonisation Meetings across the supported states. To ensure quality project activities implementation, 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 State technical Officers (STOs), State TB-HIV Technical Assistants (STHTAs), PPM Cluster Coordinators (PPMCCs), State TBHIV Cascade Monitors (STHCMs) and Sample Movement Consultants (SMCs) conducted various levels of project monitoring and supportive supervision of field staff. 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.

NTD-MISSION (HRI) PROJECT

Project Title: Partnering with network of local churches in active case finding and holistic management of skin-NTDs in Akwa Ibom State, Nigeria.

Project Location: Etinan and Ibiono Ibom of Akwa Ibom State.

Funder: Hope Rises International (HRI).

Project Duration: 1st July 2025 – 30th June 2026 (1 year).

Project Summary: This project seeks to strengthen skin-NTD control by leveraging local church networks which hold significant community influence to reduce stigma, enhance early detection, and improve holistic care for affected individuals, including provision of psychosocial support for affected individuals. Innovatively, this project seeks to address the root cause of stigma by engaging previously misinformed religious leaders as change agents, linking church-based networks with healthcare systems for timely diagnosis and programmatic management.

The project locations namely; Etinan and Ibiono Ibom Local Government Areas (LGAs) of Akwa Ibom State, Nigeria have relatively high case notification of leprosy or Buruli ulcer and other NTDs, compounded by high-level stigma—often perpetuated by local church leaders due to misconceptions—leading to delayed diagnosis (20% of new leprosy cases present with WHO Grade 2 disabilities), poor mental health, and social exclusion.

Key activities include capacity building of local church leaders for early detection and holistic care including psychosocial support of persons with NTDs (especially leprosy, Buruli ulcer, lymphatic filariasis). Community NTDs awareness campaigns and stigma reduction organized by a joint team of church leaders, frontline health workers and persons with lived NTDs experience, with referral of complicated cases to Christian mission hospitals for expert care and quarterly supportive supervision by RedAid Nigeria team. Trained church leaders work in collaboration with local health authorities.

Project Goal:

To contribute to strengthening skin-NTDs control through partnership with local church networks in Akwa Ibom State.

Project Objectives:

1. To build the capacity of local church leaders for early case detection, psychosocial counselling, compassionate care and/or referral of persons affected by NTDs.
2. To collaborate with Christian mission hospitals for referral/care of persons affected by skin-NTDs and related disabilities.
3. To establish, train and strengthen peer support groups (PSGs) of persons affected by skin-NTDs and link all identified cases to appropriate disease programs.
4. To enhance community awareness and reduce stigma associated with skin-NTDs using churches and other communication channels.
5. To detect and diagnose persons affected by skin-NTDs and connect them to care.

The beneficiaries:

- Direct beneficiaries are over 100 persons affected by NTDs
- Indirect beneficiaries include about 4000 family members of the persons affected by NTDs as well as more than 270, 000 community members in the project LGA.
- 15 Church leaders
- 18 State and Local Government Leprosy/BU control programme staff

Project Outcomes in 2025:

- 35 stakeholders mapped and engaged, including government officials, church leaders, and persons affected by NTDs.
- 49 persons comprising RAN staff, NTBLCP, FMoH NTD division, State GoN team, Chairmen of Christian Association of Nigeria (CAN), Academia as well as persons affected by NTDs gained understanding, acceptance, and support for the project, and its potential impact.



PROJECT IMPACT

- Improved case detection and treatment of skin NTDs.
- Enhanced community awareness and reduced stigma.
- Church leaders and health workers equipped to identify and refer cases.

- 17 stakeholders (Church-leaders, State team, Persons affected by NTDs and RAN staff) co-created the design and implementation strategies of the project.
- 15 church leaders and 18 state/LGA team members trained on early case recognition, referral, and psychosocial counseling.
- 100 Peer Support Group (PSG) members trained in self-care, wound management, and disability prevention.
- 466 social and behavioral change communication (SBCC) materials produced and distributed.
- 10 Peer Support Group (PSGs) Leaders trained to provide direction, facilitate self-care activities, manage conflicts and foster supportive environment for PSG members.
- 10 PSGs formed to meet monthly for self-care, experience sharing, psycho-social support and motivation.
- 4,704 community members received sensitization and awareness on skin-NTDs in 2nd semester of 2025.
- 29 PSG members who had a low score (0-13) in the baseline WHO well-being assessment in the last quarter, received psychosocial counselling/support.
- 2 Quarterly coordination meetings held with local implementing teams and health workers.
- 65 NTD patients diagnosed and linked to treatment and care, comprising 20 Leprosy, 36 BU, 7 hydrocele, and 2 Elephantiasis patients.
- 1 Cat III BU patients (7-year-old boy) got admitted for further treatment and care in a BU referral hospital St. Joseph Adazi-Nnukwu, Anambra which is supported by RedAid Nigeria.
- Monthly supportive supervision and on-site mentoring conducted to church leaders and other health workers.

Project Impact:

- § Improved case detection and treatment of NTDs, comprising Leprosy, BU, and LF.
- § Enhanced community awareness and reduced stigma around NTDs
- § Empowered church leaders and health workers to identify and refer NTD cases
- § Established Peer Support Groups (PSGs) for persons affected by NTDs, promoting self-care and psychosocial support
- § Strengthened referral pathways and linkages to care.
- § Improved mental well-being and quality of life for persons affected by NTDs

Success Stories:

1. Church Leaders as Agents of Change: Pastor Samuel Okon Nwop and Rev. Iniekong Akpabio, church leaders in Etinan LGA, discovered 6 church members with undiagnosed NTD cases through active case finding. They provided awareness and counseling, and the individuals received treatment.
2. Peer Support Group Transforms Lives: Mrs. Margaret, a peer support group member, shared her testimony: "Through this group, I met others affected by leprosy and realized I'm not alone on this journey. Our shared experiences have been incredibly uplifting, and I've learned valuable self-care practices."
3. Hydrocele Surgeries Transform Lives: The project team successfully performed 7 hydrocele surgeries, restoring dignity and improving quality of life.
4. Revealing Hidden Cases of Buruli Ulcer: The church-led approach led to the identification, diagnosis, and treatment of previously unreported 7 BU cases in Etinan LGA (predominantly known for high leprosy endemicity).



Faith networks connected awareness, compassionate care and referral.

LivEx-2 Project

Title:

Improving the physical and mental well-being of persons affected by neglected tropical diseases (NTDs) in southern Nigeria.

Objectives:

To improve the autonomy of persons affected by Neglected Tropical Diseases (NTDs) to independently practice and sustain effective self-care.

To strengthen the autonomy of persons affected by NTDs to lead and sustain peer-driven psychosocial support that enhances mental well-being

To strengthen the ownership and sustainability of Peer Support Groups (PSGs) among persons affected by NTDs.

To strengthen the leadership and governance capacities of persons affected by NTDs, enabling them to effectively manage, represent, and sustain their Peer Support Groups independently.

Locations/Project States:

Abia State (Bend, Obingwa, and Umunneochi LGAs), Enugu State (Aninri and Oji River LGAs), and Bayelsa State (Ogbia LGA).

Expected Outcomes:

Improved health and well-being of people affected by skin NTDs in the southern region of Nigeria

Improved participation of members in peer support groups (PSGs)

Improved ownership of PSG activities among group members

Improved capacity of NTD-Cs / HCWs to guide morbidity management practices and mental health practices, as well as facilitate PSGs

Improved skills of PSG leaders and peer supporters



People affected by NTDs strengthened self-care, peer leadership and psychosocial support.

Training and community coordination strengthened the capacity of peer-support leaders, champions and health workers to promote self-care and psychosocial wellbeing.



Peer-support session in the community.

Medicine Delivery and Consumables

Receipt, inspection, warehousing and distribution report - May 2025

To: The Global Advisor - Christian Partnerships
 Organization: Hope Rises International (formerly American Leprosy Missions)
 From: RAN Procurement/Logistics Manager
 Date: June 3, 2025
 Subject: Receipt and Completion of Delivery of Donated Medicines and Consumables

1. Introduction: In May 2025, a consignment of essential medicines and consumables was donated to RedAid Nigeria (RAN) by Hope Rises International (HRI). This report provides a comprehensive overview of the receipt, inspection, warehousing, distribution, and completion of delivery of these donated items to various RAN-supported mission health facilities in the Southern part of Nigeria.

The goal of this report is to ensure that all stages of the supply chain are adhered to, assess any challenges encountered, and highlight the impact of this donation on RAN's healthcare interventions in Southern Nigeria through the support of HRI.

2. Summary of Donated Items: The consignment included various categories of medicines and consumables vital to RAN's programs. A detailed breakdown of the items received is as stated in the packing list and air waybill number 074 ATL 02341765.

3. Receipt and Inspection Process: Upon the arrival of the consignment at the Nnamdi Azikiwe International Airport, a rigorous inspection process was carried out by the relevant government bodies (Customs, NAHCO, NDLEA, etc.) and RAN's Clearing Agent (Timeline Logistics and Supply Chain Solutions) following standard operating procedures (SOPs) at the airport. On arrival of the consignment at RAN's Enugu Office, the following steps were undertaken:

- Verification of Quantities and Documentation:** The actual quantities received were cross-checked by RAN Logistics Team against the shipment packing list provided by HRI.
- Quality Assessment:** Physical inspection was conducted to ensure no damaged goods or visible quality issues.
- Storage and Documentation:** All items were properly documented, categorized for warehousing, and stored according to their specific requirements.

4. Warehousing and Inventory Management: The consignment was stored in RAN's main warehouse facility, where inventory control measures were implemented to ensure stock accuracy and traceability.

5. Distribution Plan and Execution: Following receipt and warehousing, a distribution plan was developed in collaboration with RAN's program team to ensure equitable allocation of the donated items across various RAN-supported mission health facilities in Southern Nigeria. The allocation was based on each facility's patient load and specific programmatic needs.



DELIVERY RECEIVED AND VERIFIED

01

Receipt

02

Inspection

03

Distribution

Supply-chain accountability

Documented receipt, quality checks, inventory control and equitable allocation to supported mission health facilities.

Distribution Timeline, Reach and Completion

6. Distribution Timeline and Method

a. Timeline: Distribution commenced on May 23, 2025, and was completed by June 2, 2025.

b. Method: Deliveries were executed through RAN-owned vehicles following a route optimization strategy that was implemented to maximize efficiency and reduce transportation costs.

c. Facilities Served: Medicines and consumables were distributed to fourteen mission health facilities, and some quantities were retained by RAN for outreaches in facilities located in hard-to-reach areas. The facilities are:

- i. St Patrick Hospital Mile 4, Abakaliki, Ebonyi State
- ii. St Joseph Hospital Adazi, Anambra State
- iii. St Benedict Hospital, Ogoja, Cross River State
- iv. Regina Caeli Hospital, Awka, Anambra State
- v. St Joseph Hospital, Asaba, Delta State
- vi. Bishop Shanahan Hospital, Nsukka, Enugu State
- vii. Annunciation Hospital Enugu, Enugu State

viii. Good Shepherd Hospital Enugu, Enugu State

ix. Presbyterian Hospital Uburu, Ebonyi State

x. Qua Ibo Church (QIC) Hospital Ekpenebom, Akwa Ibom State

xi. Daughters of Mary Mother of Mercy Hospital, Ahieke, Umuahia, Abia State

xii. Iyieniu Hospital, Ogidi, Anambra State

xiii. St Charles Borromeo Hospital, Onitsha, Anambra State

xiv. Joint Hospital Achi, Enugu State

Please find attached the handover documentation.

7. Impact Assessment: The timely delivery of medicines and consumables has positively impacted the quality of healthcare services provided by RAN-supported mission facilities through the support of HRI. Key outcomes include increased service coverage, and the availability of essential medicines donated by HRI has allowed for the treatment of illness in vulnerable and indigent persons and improved patient access to high-quality medicines and consumables, free of charge.

**DELIVERY
COMPLETED**

23 MAY - 2 JUNE 2025

14 mission health facilities served

8. Conclusion: The receipt, inspection, and successful distribution of medicines and consumables donated by HRI have bolstered RAN's capacity to deliver essential health services. These donations have played a crucial role in improving patient care and supporting RAN's public health goals. RAN looks forward to continued collaboration with HRI to sustain and expand these positive impacts in the health sector.

We hereby extend our deepest gratitude to HRI for its support in assisting vulnerable and indigent persons in Southern Nigeria.

Ugwu Okechukwu Elias
RAN Procurement/Logistics Manager

DAHWSupported Project 2025

Project 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 to engage meaningfully in society.

Objectives: To

- reduce leprosy related stigma while improving awareness of leprosy and Buruli Ulcer in supported states.
- build the capacity of the national, state and local government staff on leprosy and BU management,
- institute Active case finding and treatment for leprosy and BU
- improve Morbidity management during and after leprosy and BU treatment
- improve Management and utilization of leprosy and Buruli ulcer (BU) data
- bridge some identified gaps in the national TB response
- 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 2025

- Printed and distributed 1000 copies of paper-based Social Behavioral Change Communication (SBCC) materials
- Supported World Leprosy and World NTDs days' commemoration activities by the 13 supported states and 3 organizations of persons affected by leprosy (Purple Hope Initiative, IMPACT group and IDEA Nigeria)
- Organized town-hall meetings in 10 communities to address leprosy-related stigma.
- Trained 135 community and facility health workers on active NTDs case finding in selected 45 endemic local government areas (LGA Active Case Finding teams).
- Funded training of 3 new Programme managers and 5 new Local government TBL supervisors at National TB Leprosy and Buruli ulcer Training Center (NTBLTC), Zaria
- Supported field work on leprosy by 307 students of 3 neighbouring medical institutions.
- Conducted supportive supervision in the 13 supported states.
- Supported Active Case finding for leprosy and BU in 45 LGAs across 13 states
 - Diagnosed and reported 416 new leprosy cases from the 45 LGAs representing 65% of the total 641 cases notified by 257 LGAs in the 13 supported states.

Sex Distribution of New leprosy cases in the Supported LGAs

Sex	Child	Adult	Total
Male	4	213	217
Female	11	188	199
Total	15	401	416



2025				
Classification of the leprosy cases diagnosed in the 45 supported LGAs				
45 LGAs	Child	Adult	Grand Total	Proportion
MB	9	391	400	96%
PB	6	10	16	4%
Grand Total	15	401	416	100%

Age Distribution of the leprosy cases diagnosed in the 45 LGAs			
45 LGAs	Child	Adult	Total
Number of new leprosy cases	15	401	416
WHO Grade 2 Disability	1	82	83
	7%	20%	

- Diagnosed and reported 140 cases of Buruli Ulcer

BURULI ULCER CASE-FINDING AND CONFIRMATION			
New cases during the reporting year		No of recurrent cases	Total new and recurrent cases
Total number detected and registered	138	2	140
New cases confirmed by at least one laboratory method	85		
Number of BU suspected cases tested by PCR	184		
New cases confirmed by PCR	55		

CLINICAL CLASSIFICATION OF NEW CASES						
Total number of BU (all forms)	Cat I	Cat II	Cat III	Number with limitations of movements	Non-Ulcerative	Ulcerative
140	9%	32%	59%	5	18	122

- Facilitated BU sample movements to the Nigerian Institute of Medical Research (MIMR) Lagos and St. Joseph's Hospital Adazi-Nnukwu for PCR diagnosis.
- Provided 50 patients with anti-BU medicines to support the national response
- Leveraged state review meetings to build capacity of frontline workers on leprosy reactions and management.
- Funded reconstructive/rehabilitative surgeries to 26 persons with severe complications of Leprosy or BU
- Supported 10 self-care group activities of persons affected by leprosy
- Supported External Quality Assurance on AFB microscopy for TB and Leprosy in 10 states.
- Conducted capacity building on proposal writing for grant applications for 4 organizations of persons affected by NTDS/persons with disability.
- Engaged 2 persons with disability/affected by leprosy as interns in the office
- Provided monthly welfare support for 21 elderly persons affected by leprosy
- Supported physical participation of 13 states' leprosy.BU focal persons in states quarterly review meeting.
- Participated in The Union World Conference on Lung Health in Copenhagen Denmark and Neglected Tropical Diseases Non-governmental Network (NNN) conference in Kampala, Uganda



TBReach Wave 11 Project

TITLE: Piloting an innOvative inTegrated tubErculosis aNd pracTical Approach to Lung health Services in hard-to-reach communities of southern Nigeria (P.O.T.E.N.T.I.A.L.S)

The project, funded Stop TB Partnership Geneva, innovatively pilot an integrated service delivery (ISD) model for Tuberculosis (TB), Community-Acquired-Pneumonia (CAP) and Chronic Obstructive Pulmonary Disease (COPD) control for improved identification, diagnosis and treatment while addressing key risk factors – smoking and indoor air pollution - in Hard-to-reach areas in Southern Nigeria.

PROJECT LOCATIONS

- Aniocha-North LGA, Delta state.
- Ndokwa-East LGA, Delta state.
- Akoko-Edo LGA, Edo state.
- Etsako-central LGA, Edo state.
- Ovia-NorthEast LGA, Edo state. church leaders work in collaboration with local health authorities.

PROJECT OBJECTIVES

- To increase detection of TB in intervention LGAs by at least 70%.
- To ensure at least 90% TB treatment success rate among diagnosed cases.
- To achieve case detection of 536 CAP cases and properly linked to treatment
- To achieve case detection of 801 COPD cases and properly linked to treatment.
- To provide health promotion interventions to address risk factors (smoking and indoor air pollution) to identified individuals.



STRATEGIES

- Community and facility based integrated screening of patients using the Integrated TB, CAP, COPD and Asthma symptom checklist (ITCCAS)
- Community based chest camps with integrated screening of patients using AI-enabled portable digital chest-Xray (PDX).
- Community house-to-house screening using ITCCAS checklist.
- Symptom screening by patent medicine vendors (PMVs) using the ITCCAS checklist.

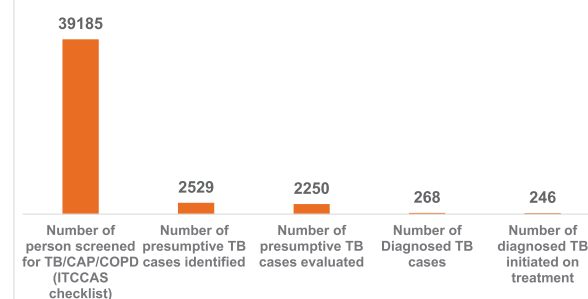
PRIORITIES

- Integrated Lung Health Approaches: Combining TB screening with care for other respiratory diseases.
- Health System Strengthening: Building community-level and primary healthcare capacity to find and treat TB.
- Equity and Access promotion: Reaching groups who face systemic barriers to TB services, including rural communities, migrants and marginalized populations.
- Innovation and Evidence Utilization: Testing new models, tools, and approaches to improve TB outcomes, with a strong focus on generating scalable evidence.

S/N	Training Activity	Males	Females	Total
1.	Training of Medical Doctors on PAL for ISD	9	2	11
2.	Training of General Healthcare workers	5	40	45
3.	Training Frontline field workers (CHWs & Sols)	16	26	42
4.	Training/Orientation for Patent Medicine Vendors	16	11	27
5.	Training/Orientation on the use of AI-CXR by Qure.ai	11	7	18

RESULTS - 2025**Tuberculosis (TB)**

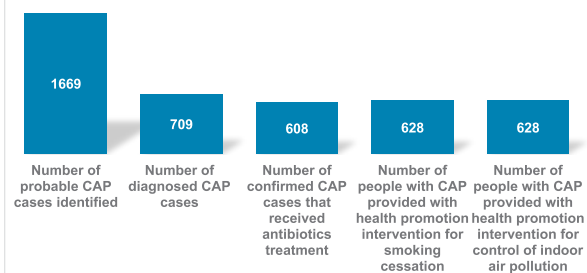
Indicators	Achieved
Number of people screened	39185
Number of persons with presumptive TB	2529
Presumptive TB evaluated	2250
Number of TB Diagnosed	268
Number initiated on treatment	246

Tuberculosis (TB)**Community-Acquired-Pneumonia (CAP)**

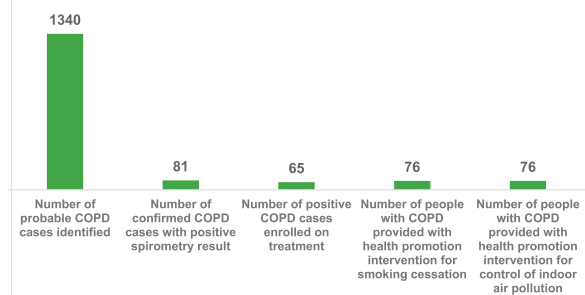
Indicators	Achieved
CAP diagnosed	709
CAP initiated on treatment	608
Number of people with CAP provided with health promotion intervention for smoking cessation	628
Number of people with CAP provided with health promotion intervention for control of indoor air pollution	628



Community Acquired Pneumonia (CAP)



COPD



Indicators	Achieved
Number of people diagnosed with COPD	81
Number of people with positive COPD case enrolled on treatment	65
Number of people with COPD provided with health promotion intervention for smoking cessation	76
Number of people with COPD provided with health promotion intervention for control of indoor air pollution	76



Field documentation, mentorship and routine review helped teams translate integrated lung-health screening into consistent practice. Portable diagnostics and community outreach supported referral and treatment linkage across participating locations.



Field documentation and mentorship.

SUCCESS STORIES

- **Name:** Awaji Matilda
- **Age:** 62 years
- **Occupation:** Fish Trader
- **Location:** Ogbe-eze Quarter, Ashaka, Delta State

Awaji Matilda, a 62-year-old fish trader from Ogbe-eze Quarter in Ashaka, recalls her struggles with severe chest pain and breathing difficulties. Despite her worsening symptoms, she was initially reluctant to seek medical attention until she heard encouraging testimonies from her neighbors who had benefited from community health screening activities. Encouraged by their experiences, she decided to attend the screening exercise. She was impressed to see that the screening process involved the use of a diagnostic machine, which further strengthened her trust in the intervention. Following the screening and diagnosis, Awaji was referred to Ashaka General Hospital, where she received prompt and compassionate care from the attending doctor. She was treated with antibiotics and soon began to recover. Since then, she has not experienced the distressing symptoms that once disrupted her daily life. Awaji expresses her heartfelt gratitude to RedAid Nigeria for bringing quality healthcare closer to her community. Her story stands as a testament to the impact of accessible screening and timely treatment for community-acquired pneumonia (CAP).

"I am deeply grateful to RedAid Nigeria. Since my treatment, I can breathe freely again."



Patient Success Story: Relief from C.A.P.

Morba Theresa, a 16-year-old S.S.2 student at Ashaka Mixed Secondary School, Ashaka, was recently treated for Community Acquired Pneumonia (C.A.P.). She was screened and diagnosed during a school chest camp organized at her school. Following her diagnosis, she was promptly referred and given antibiotics, which have significantly relieved the persistent cough and difficulty breathing she had been experiencing.

Theresa is now feeling much better and grateful for the timely care she received, highlighting the importance of school-based health screenings in ensuring the wellbeing of students.



FINANCIAL PERFORMANCE 2025

Verified headline figures from the audited financial statements

₦3.858bn TOTAL INCOME	₦3.504bn TOTAL EXPENDITURE	₦354.1m EXCESS OF INCOME	₦931.2m TOTAL ASSETS
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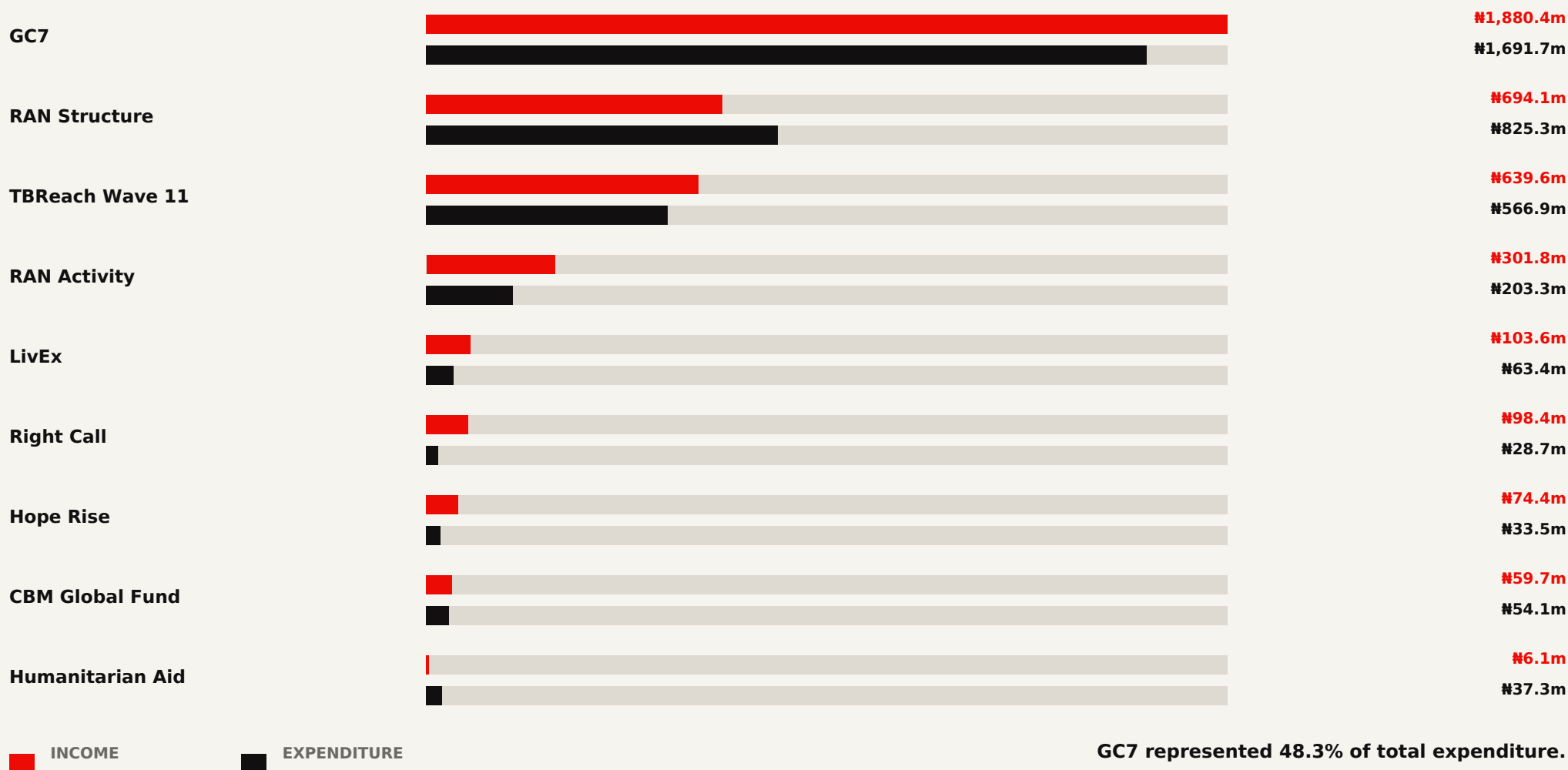
FINANCIAL POSITION: 2024 → 2025

TOTAL ASSETS	₦580.9m	→	₦931.2m	+60.3%
CASH & EQUIVALENTS	₦412.3m	→	₦710.4m	+72.3%
PAYABLES	₦114.8m	→	₦35.4m	−69.2%

Reported excess of income over expenditure: 9.2% of total income.

INCOME AND EXPENDITURE BY FUNDING STREAM

Year ended 31 December 2025 · amounts in ₦ millions



FINANCIAL POSITION

As at 31 December 2025 · comparative figures for 2024

STATEMENT ITEM	2025	2024	CHANGE
Cash and cash equivalents	₦710.4m	₦412.3m	+72.3%
Other current assets	₦220.8m	₦168.7m	+30.9%
TOTAL ASSETS	₦931.2m	₦580.9m	+60.3%
Accumulated fund	₦807.7m	₦421.0m	+91.9%
Payables	₦35.4m	₦114.8m	-69.2%
Staff reserve fund	₦88.1m	₦45.2m	+95.0%

SOURCE NOTE

Figures extracted from RedAid Nigeria's audited financial statements for the year ended 31 December 2025. Independent auditors: ANOC Professional Services, Chartered Accountants.

RESEARCH, EVIDENCE AND PUBLICATIONS

18

OUTPUTS AND ABSTRACTS
RECORDED IN THE SOURCE REPORT

1

Implementation research

2

Stigma and social inclusion

3

Mental health and quality of life

4

Tuberculosis service delivery

5

Leprosy and lived experience

6

Measurement tools

REDAID NIGERIA PUBLICATIONS

S/N	Journals/Abstracts	Paper type	Publication Status	Author	Co-Authors	Date Published	Link
1	Evaluating the impact of social and behavior change communication intervention on improving documentation practices among healthcare workers in southern Nigeria: a before and after study	Publication	Published	Chinwe Eze	Chinwe Eze, Ngozi Murphy-Okpala, Okechukwu Ezeakile, Joseph Chukwu, Ngozi Ekeke, Chibuike Agu, Ifeyinwa Ezenwosu, Sode Matiku, Beatrice Kirubi, Anthony Meka, Martin Njoku, Francis S. Iyama, Edmund Ossai Akpan Bassey, Johnson Babalola, Obioma Chijioke-Akaniro and Charles Nwafor	9 April 2025	https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1462944/full
2	Enhancing programmatic scale-up: Applying the consolidated framework for implementation research to evaluate decentralized drug-resistant tuberculosis services in Southern Nigeria	Publication	Published	Dr. Ngozi Murphy Okpala	Ngozi Murphy-Okpala, Chinwe Eze, Edmund Ndudi Ossai, Chibuike Innocent Agu, Ifeyinwa Ezenwosu, Charles Nwafor, Ngozi Ekeke, Anthony Meka, Sode Matiku, Beatrice Kirubi, Okechukwu Ezeakile, Martin Njoku, Francis S. Iyama, Joseph Chukwu, Jacob Creswell, Victor Babawale, Chukwuma Anyaike,	21 February 2025	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0318274
3	Prevalence, impact and solutions to Buruli ulcer disease in Nigeria: a review	Publication	Published	Dr Anthony Meka	Anthony O. Meka, Edmund N. Ossai, Joseph N. Chukwu, Ijeoma A. Meka	19 June 2025	https://tnhjph.com/index.php/tnhj/article/view/1090
4	Evaluating effectiveness of self-help groups in reduction of stigma in patients with neglected tropical diseases in Southern Nigeria: A cluster randomised study	Research	Published	Chinwe Eze	Chinwe C. Eze, Ngozi Ekeke, Wim van Brakel, Edmund Ndudi Ossai, Precious Henry, Amaka Onyima-Esmali, Charles C. Nwafor, Ngozi Murphy-Okpala, Anthony Meka, Okechukwu Ezeakile, Martin Njoku, Francis S. Iyama, Chukwuma Anyaike, Daniel Egbule, Joseph Chukwu	30 October 2025	https://www.researchgate.net/publication/397064566_Evaluating_effectiveness_of_self-help_groups_in_reduction_of_stigma_in_patients_with_neglected_tropical_diseases_in_Southern_Nigeria_A_cluster_randomised_study
5	Quality of life and stigma among persons affected by leprosy or buruli ulcer in Nigeria: a community-based cross-sectional study	Publication	Published	Amaka Esmali-Onyima	Amaka Esmali-Onyima, Ngozi Ekeke, Ifeyinwa Ezenwosu, Edmund N. Ossai, Chinwe Eze, Francis Chinawa, Obiora Iteke, Precious Henry, Charles Nwafor, Ngozi Murphy-Okpala, Martin Njoku, Anthony O. Meka, Chukwuma Anyaike and Joseph N. Chukwu	3 July 2025	https://www.researchgate.net/publication/393366421_Quality_of_life_and_stigma_among_persons_affected_by_leprosy_or_buruli_ulcer_in_Nigeria_a_community-based_cross-sectional_study

6	Translation and cross-cultural validation of four tools for assessing stigma among community members and self-esteem among persons affected by leprosy in Nigeria	Publication	Published	Dr. Ngozi Murphy Okpala	Ngozi Murphy-Okpala, Tahir Dahiru, Kingsley N. Ukwajac, Anna Van't Noordende, Chinwe Eze, Charles Nwafor, Francis Iyama, Wim van Brakele, Anne Schoenmakerse, Anthony Meka, Ngozi Ekeke, Suleiman Abdullahi, Martin Njoku, Okechukwu Ezeakile, Jonah Offor Bassey, Chukwuma Anyaie, Omayeli Sesere, Joseph Chukwu	1 September 2025	https://www.researchgate.net/publication/395369725_Translation_and_cross-cultural_validation_of_four_tools_for_assessing_stigma_among_community_members_and_self-esteem_among_persons_affected_by_leprosy_in_Nigeria
7	A preliminary cross-cultural validation of the Pidgin version of the Rosenberg Self-esteem Scale and the leprosy-adapted Internalized Stigma of Mental Illness Scale among persons affected by leprosy in Southern Nigeria	Publication	Published	Dr Joseph Chukwu	Joseph Chukwu, Kingsley N. Ukwajab, Ngozi Murphy-Okpala, Ngozi Ekeke, Chinwe Eze, Francis Iyama, Anthony Meka, Martin Njoku, Okechukwu Ezeakile, Tahir Dahiru, Suleiman Abdullahi, Wim van Brakele, Chukwuma Anyaie & Charles Nwafor		https://www.researchgate.net/publication/395370463_A_preliminary_cross-cultural_validation_of_the_Pidgin_version_of_the_Rosenberg_Self-esteem_Scale_and_the_leprosy-adapted_Internalized_Stigma_of_Mental_Illness_Scale_among_persons_affected_by_leprosy_i
8	A preliminary cross-cultural validation of the Hausa version of the Rosenberg Self-Esteem Scale and the leprosy-adapted Internalized Stigma of Mental Illness Scale in Northern Nigeria	Publication	Published	Suleiman Abdullahi	Suleiman Abdullahi, Ngozi Murphy-Okpala, Tahir Dahiru, Joseph Chukwu, Charles Nwafor, Chinwe Eze, Ngozi Ekeke, Auwal Dikko, Anne Schoenmakers, Chukwuma Anyaie & Kingsley N. Ukwaja	1 September 2025	https://www.researchgate.net/publication/395372181_A_preliminary_cross-cultural_validation_of_the_Hausa_version_of_the_Rosenberg_Self-Esteem_Scale_and_the_leprosy-adapted_Internalized_Stigma_of_Mental_Illness_Scale_in_Northern_Nigeria
9	The Burden of Depression and Stigma Among Individuals With Tuberculosis Within the Integrated Tuberculosis-Mental Health Project: A Multisite Mixed-Methods Study Protocol	Publication	Published	Dr. Ngozi Murphy Okpala	Ngozi Murphy-Okpala, Charles Nwafor, Chinwe Eze, Martin Njoku, Okechukwu Ezeakile, Anthony Meka, Ngozi Ekeke, Francis Iyama, Daniel Egbule, Chukwuma Anyaie, Obioma Chijioko-Akaniro, Joseph Chukwu, Beatrice Kirubi, Jacob Creswell, Justus U. Onu	22 July 2025	https://www.researchgate.net/publication/393931736_The_Burden_of_Depression_and_Stigma_Among_Individuals_With_Tuberculosis_Within_the_Integrated_Tuberculosis-Mental_Health_Project_A_Multisite_Mixed-Methods_Study_Protocol
10	Cross-cultural validation of the Pidgin-English version of the EMIC-CSS and SDS among adults in Southern Nigeria	Publication	Published	Dr Charles Nwafor	Charles Nwafor, Ngozi Murphy-Okpala, Chinwe Eze, Kingsley N. Ukwaja, Joseph Chukwu, Wim van Brakel, Francis Iyama, Anthony Meka, Martin Njoku, Okechukwu Ezeakile, Tahir Dahiru, Suleiman Abdullahi, Jonah O. Bassey, Omayeli Sesere & Ngozi Ekeke	1 September 2025	https://www.researchgate.net/publication/395367533_Cross-cultural_validation_of_the_Pidgin-English_version_of_the_EMIC-CSS_and_SDS_among_adults_in_Southern_Nigeria

11	Validation of the Hausa version of the EMIC-CSS and SDS among adults in Northern Nigeria	Publication	Published	Tahir Dahiru	Tahir Dahiru, Ngozi Murphy-Okpala, Suleiman Abdullahi, Auwal Dikko, Wim van Brakel, Chukwuma Anyaie, Joseph Chukwu, Charles Chukwunalu Nwafor, Anthony Meka, Ngozi Ekeke, Kingsley N. Ukwaja, Chinwe Eze	1 September 2025	https://www.researchgate.net/publication/395371296_Validation_of_the_Hausa_version_of_the_EMIC-CSS_and_SDS_among_adults_in_Northern_Nigeria
12	The role of informal health care providers in TB epidemic prevention and care in Nigeria	Abstract	Published	Chinwe Eze	Chinwe Eze, Charles Nwafor, Anthony Meka, Francis Iyama, Daniel Egbule, Aderonke Agbaje, Adekola Adekunle, Obioma Chijioke-Akaniro, Clement Adesigbin, Margaret Zamzu, James Ssekitooleko, Okechukwu Ezeakile	19 November 2025	TB Union Conference 2025
13	Sustained Impact of Active Community Case Finding on Tuberculosis Detection and Notification Trends in Benue State, Nigeria: A 13-Year Comparative Analysis (2010-2023)	Abstract	Published	Odume Oluchukwu Francisca	C. Nwafor, A. Meka, C. Eze, S. Tanze, D. Ugo, T. Adetiba, O. Olupitan, E. Ubochioma, O. Chijioke- Akaniro, J. Kimeu, A. Reilly	19 November 2025	TB Union Conference 2025
14	Developing a pilot clinical and programmatic handbook on integrated service delivery of TB, community-acquired pneumonia, asthma and COPD in Nigeria	Abstract	Published	Dr. Ngozi Murphy Okpala	N. Murphy-Okpala, C. Eze, C. Nwafor, M. Njoku, O. Urhioke, D. Egbule, C. Adesigbin, O. Chijioke-Akaniro, A. Muhammad Ozi, E. Sadoh, O. Ezeakile,	19 November 2025	TB Union Conference 2025
15	Integrated TB-Mental Health Services in Nigeria: A Task-Shifting Model for Underserved Communities - POSTER.	Abstract	Published	Dr Martin Njoku	M. Njoku , O. Ezeakile , C. Eze , N. Murphy-Okpala , A. Meka , C. Nwafor, N. Ekeke , D. Egbule , J. Chukwu , C. Esekhaigbe, O. Chijioke-Akaniro, B. Kirubi	20 November 2025	TB Union Conference 2025
16	Improving knowledge and access to health and development information for illiterate women and girls in three urban slums in Southeast Nigeria	Abstract (oral)	Published	Iyama Francis	A.Edechiene, E.N Ossia, L.C Ugwu, C. Gunesch, O. E. Ezeakile1, J. N. Chukwu, U.A Okereke, O.A Chikwendu, D. Egbule, A. Meka, C. Eze, M. Heyne, C. Nwafor, C.Njoku,	20 November 2025	TB Union Conference 2025
17	Translation and validation of the Igbo version of the Warwick-Edinburgh Mental Well-being Scale in Nigeria	Journal	Accepted	Kingsley N. Ukwaja		20 November 2025	
18	Decentralising drug-resistant TB treatment initiation services	publication	Published	Dr Ngozi Ekeke	N Murphy-Okpala, C Eze, IN Orabueze, I Ezenwosu, C Nwafor, N Ekeke, O Ezeakile, JN Chukwu, S Matiku, A Meka, M Njoku, B Kirubi, F Iyama, E Ossai, O Chijioke-Akaniro, J Creswell	10 December 2025	https://pmc.ncbi.nlm.nih.gov/articles/PMC12699969/



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