

# 2024

## ANNUAL REPORT



**DRASA**  
Health Trust



@drasatrust



[www.drasatrust.org](http://www.drasatrust.org)

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# ABBREVIATIONS

## A

|             |  |
|-------------|--|
| ACDC        | Africa Center for Disease Control and Prevention         |
| ADSNOs      | Assistant Disease Surveillance and Notification Officers |
| AMR         | Antimicrobial Resistance                                 |
| AMR eduAID  | Antimicrobial Education Aid                              |
| AMR ITP     | AMR Intervarsity Training Program                        |
| AMRotS      | AMR on the Street  |
| AMR NAP 2.0 | Antimicrobial Resistance National Action Plan 2.0        |
| APHSS       | Africa Public Health Student Summit                      |
| AVF         | African Visionary Fund                                   |

## B

|      |                             |
|------|-----------------------------|
| BA-N | Breakthrough ACTION-Nigeria |
|------|-----------------------------|

## C

|        |   |
|--------|---|
| CICaPS | Centre for Infection Control and Patient Safety |
| CHES   | Community Hand Washing Education Session        |
| CHEWs  | Community Health Extension Workers              |
| CHOs   | Community Health Officers                       |
| Cis    | Community Informants                            |
| CSOs   | Civil Society Organizations                     |

## D

|       |  |
|-------|--|
| DIPC  | Diploma in Infection Prevention and Control    |
| DRASA | Dr. Ameyo Stella Adadevoh Health Trust         |
| DRHH  | DRASA Radio Half-Hour                          |
| DSNOs | Disease Surveillance and Notification Officers |

## E

|      |                                  |
|------|----------------------------------|
| EHOs | Environmental Health Officers    |
| EOCC | Emmanuel Osinowo Children Centre |
| EU   | European Union                   |

## F

|         |   |
|---------|---|
| FAO     | Food and Agriculture Organisation of the United Nations |
| FMAFS   | Federal Ministry of Agriculture and Food Security       |
| FMEEnv  | Federal Ministry of Environment                         |
| FMoH&SW | Federal Ministry of Health and Social Welfare           |

## H

HAIs Healthcare-associated Infections  
HEOs Health Education Officers  
HHSAF Hand Hygiene Self Assessment Framework

## I

IEC Information, Education, and Communication materials  
IPC Infection Prevention and Control

## K

KAP Knowledge, Attitude, and Practices

## L

LGA Local Government Area  
LGAs Local Government Areas

## M

MD Managing Director  
MoH Medical Officer of Health  
MOMTAN MotorMechs and Technicians Association

## N

NAP National Action Plan  
NAPPMED National Association of Patent Proprietary Medicine Vendors  
NaPSCQual National Patient Safety and Care Quality Policy  
NCIC National Conference on Infection Control  
NCDC Nigeria Centre for Disease Control and Prevention  
NHW Nigeria Health Watch  
NSIC Nigerian Society of Infectious Diseases  
NSIC Nigerian Society for Infection Control  
NYSC National Youth Service Corps

## O

OHDI One Health and Development Initiative

## P

PHC Primary Health Centre  
PHC-HH Primary Health Centre-Hand Hygiene  
PPes Personal Protective Equipment  
PPMVs Patent Proprietary Medicine Vendors

## S

|           |   |
|-----------|---|
| SDG       | Sustainable Development Goals   |
| SCKaR IDP | Strengthening Community Knowledge and Response on Infectious Disease Prevention |
| SOPs      | Standard Operating Procedures   |

## U

|        |  |
|--------|--|
| UHC    | Universal Health Coverage                              |
| UNEP   | UN Environment Programme                               |
| UNICEF | United Nations International Children's Emergency Fund |

## W

|             |                                      |
|-------------|--------------------------------------|
| WAAW        | World AMR Awareness Week             |
| WAOH        | World Organization for Animal Health |
| WHHD        | World Hand Hygiene Day               |
| WHO         | World Health Organisation            |
| WHO Nigeria | World Health Organisation Nigeria    |
| WPSD        | World Patient Safety Day             |



## 2024 At A Glance

In 2024, we achieved significant milestones, some of which include:



Conducting 26 health and hygiene campaigns



Reaching 271,910 people through our radio campaign

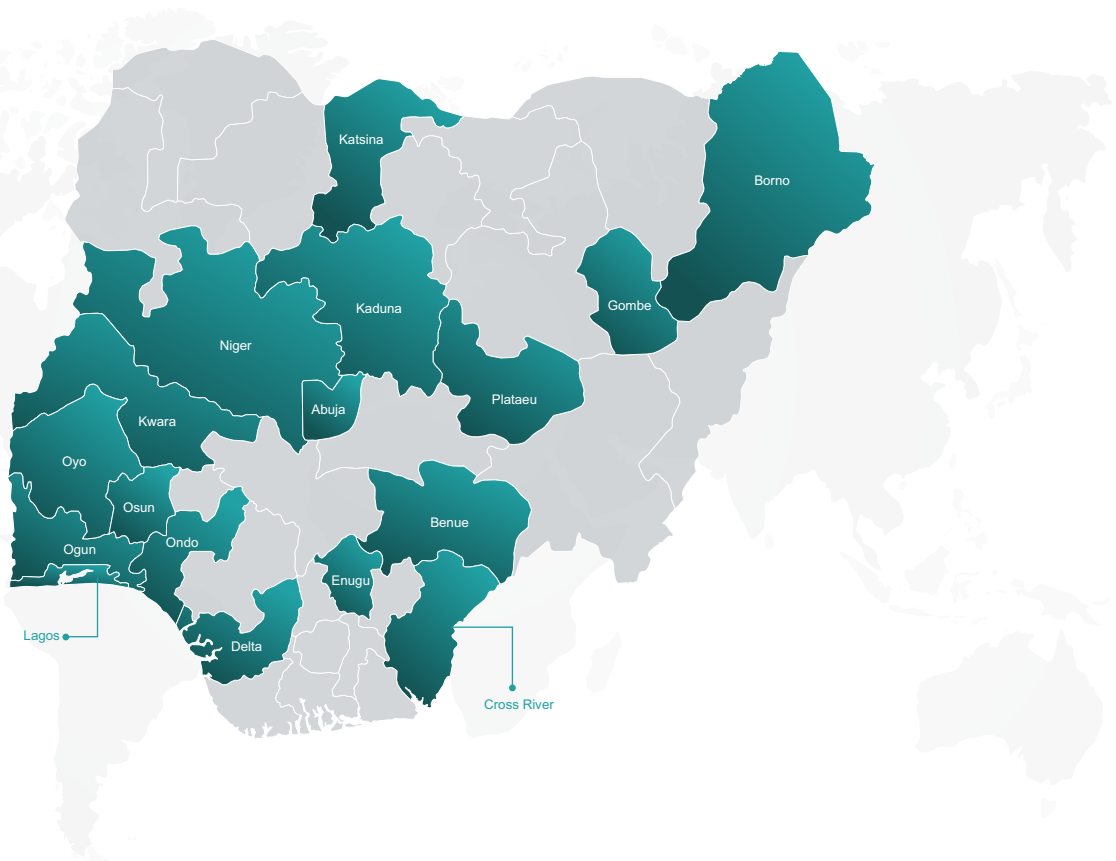


Engaging 887 health professionals and experts through our trainings and workshops



Leading 113 national and international stakeholders in strategic planning for health security

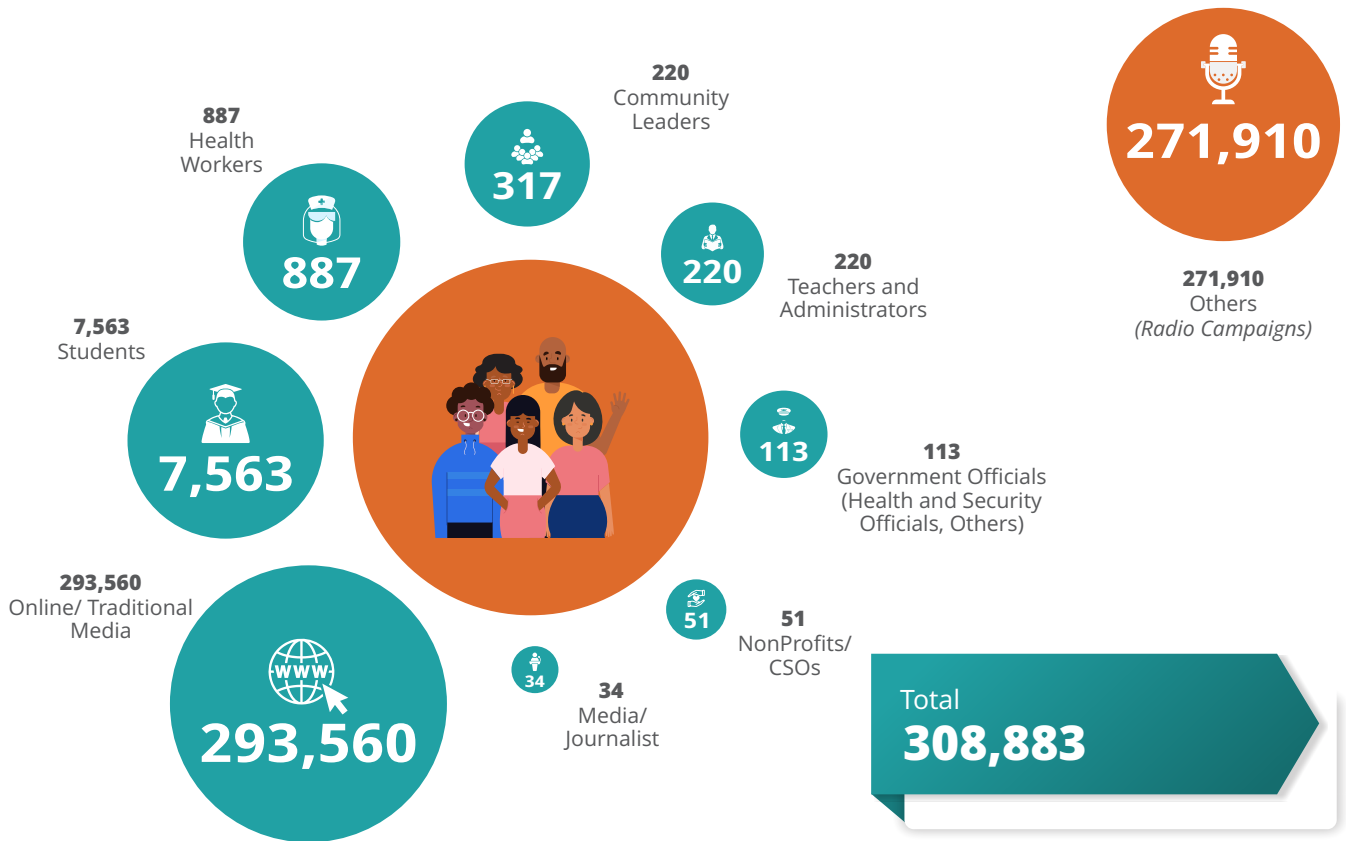
### Map of Nigeria Showing Impact States



# Direct Beneficiaries (Health Champions) Engaged

## 2024

### Stakeholder Groups



## Our Social Media Impressions in 2024:

| Platforms | Impressions/ Reach | Engagement/ Interactions |
|-----------|--------------------|--------------------------|
| Instagram | 11,869             | 2,116                    |
| LinkedIn  | 239,778            | 1,153                    |
| Facebook  | 25,435             | 1,261                    |



# MANAGING DIRECTOR'S NOTES



**NINIOLA WILLIAMS**

*Managing Director,  
DRASA Health Trust*

**2024 was a year filled with impact, resilience, and a renewed sense of purpose. This year was more than just a continuation of our programs; it was a milestone in our journey to shift from direct delivery to systems strengthening, proving our models and laying the groundwork for long-term, sustainable public health impact across Nigeria.**



One of our most significant accomplishments was the successful implementation of the SCKaR-IDP project, which trained over 2,000 community members in Lagos, comprising market women, youth, transport workers, and service providers, to prevent, detect, and report infectious disease threats. These individuals, now serving as Health Champions, became ambassadors of health, identifying and solving public health challenges like leaking septic systems and poor personal and environmental hygiene practices in their communities. They also served as first responders during the 2024 cholera outbreak, a real-time validation of the power of community-based surveillance.

We also expanded our efforts to combat antimicrobial resistance (AMR) through policy leadership and cross-sector collaboration. DRASA played a pivotal role in the development and launch of the One Health AMR National Action Plan (NAP) 2.0, a landmark five-year strategy to address AMR across human, animal, and environmental health. This milestone followed 27 months of consultations with over 140 stakeholders, reflecting our commitment to evidence-based, people-centered public health solutions. We look forward to continued partnerships for implementation, supporting community engagement and driving

behavior change to reduce drug-resistant infections nationwide.

DRASA was founded because one person's actions in one city were enough to protect and save millions across the country and beyond. Today, we continue that legacy, empowering individuals and institutions to act boldly and protect public health for all. Our progress in 2024 would not have been possible without the tireless commitment of our team, the unwavering support of our partners, and the trust of the communities we serve. As we step into the next chapter, we are more energized than ever to build systems that outlast us and empower everyday citizens to become champions of health.

**Thank you for journeying  
with us.**



**Niniola Williams**

Managing Director, DRASA Health Trust

## About DRASA Health Trust:

The Dr. Ameyo Stella Adadevoh (DRASA) Health Trust is a public health non-profit organization established in memory of Dr. Ameyo Stella Adadevoh, the Ebola heroine who lost her life while courageously preventing the virus from spreading to the entire Nigerian populace. To continue her legacy and promote public health for the greater good, the organization was founded to develop Health Champions across all levels of society who are actively involved in protecting public health within their spheres of influence.

Our Health Champions cut across key group leaders in communities, health workers, government stakeholders, and students. Through community engagement, education and training, and advocacy, we inspire behavior change and advocate for policy change. This people-centered approach is the core of our top-to-bottom and bottom-up model of intervention to create a robust, resilient, prepared, and responsive health system that delivers quality care, protects communities, and fosters national security.



### Mission

Building a network of Health Champions who are preventing disease and saving lives through our education and training, community engagement, emergency planning, and policy change work



### Vision

A healthy society supported by a network of Health Champions who are equipped to prevent, detect, and contain infections and manage public health emergencies



### Values

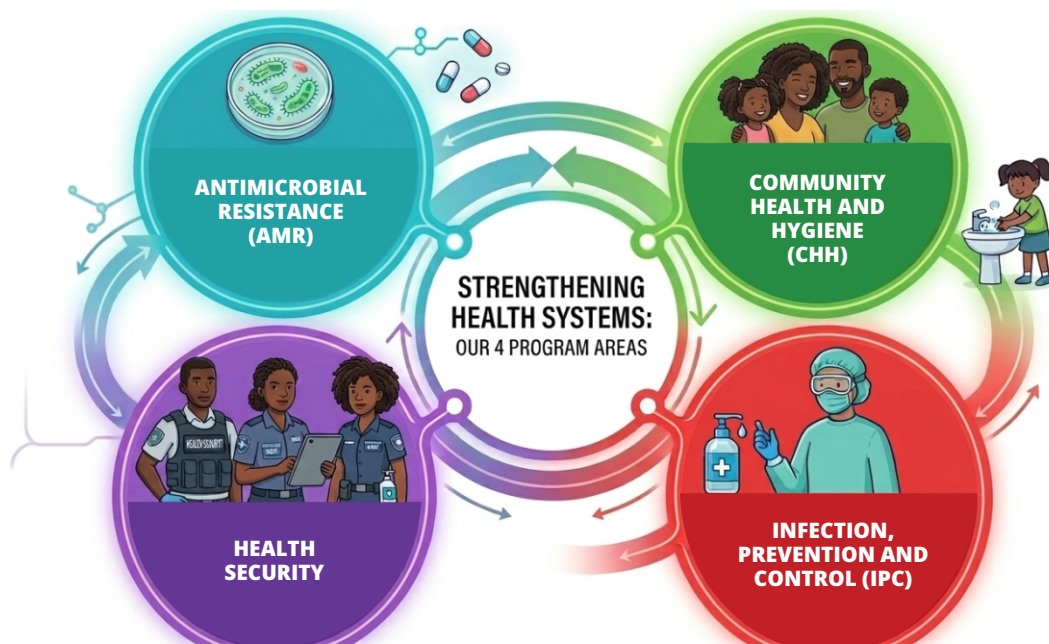
- Integrity
- Excellence
- Teamwork
- Passion



### Goals

- Expand our geographic reach to serve new areas
- Increase awareness of DRASA and our work
- Build new strategic partnerships locally and internationally

# Our Solutions



We develop Health Champions across 4 key program areas: ● ● ●

### Antimicrobial Resistance (AMR):

Ensuring safe and proper use of effective medications to treat infections and diseases

Antimicrobial Resistance (AMR) is a global health crisis where drugs no longer work against harmful microorganisms. It leads to prolonged illnesses, preventable deaths, and high economic costs. DRASA fights AMR by:

1. Establishing Health and Hygiene Clubs in schools to develop student Ambassadors who work to improve hygiene and responsible antimicrobial use in their schools, homes, and communities.
2. Training health workers to prevent misuse and overuse of antimicrobials.
3. Developing strategies and policies to address AMR at national and local levels.

### Infection, Prevention and Control (IPC):

Identifying and preventing the spread of preventable infections in hospitals and communities

IPC is a multi-disciplinary approach to stopping the spread of infections in hospitals and communities. It is important for patient safety and improving healthcare quality. DRASA contributes towards filling the IPC gaps in the health system by:

1. Educating and building the capacity of medical and non-medical health workers in IPC.
2. Conducting site assessments in healthcare facilities to identify and address infection prevention and control challenges.
3. Supporting the establishment of IPC programs in health facilities to deliver safe care and become centers of excellence.
4. Supporting the review and implementation of national and sub-national IPC policies, guidelines, manuals, and Standard Operating Procedures (SOPs).



high risk of suffering from the spread of infectious diseases. Our Community Health and Hygiene Program aims to address this by:

1. Providing hygiene education and vital health information to communities to encourage healthy habits like handwashing, safe food storage, and waste disposal.
2. Empowering community members to become Health Champions who drive behavior change that protects themselves and their loved ones from infectious diseases.
3. Advocating for water, sanitation, and hygiene improvements in communities

### Health Security

Building people and systems to protect and minimize the impact of events that endanger health across our borders and region.

Nigeria's epidemic preparedness, which assesses its ability to handle health crises, is at 54%. Despite improvements, the country faces ongoing threats like Lassa fever, COVID-19, and other diseases. DRASA helps enhance health security by:

1. Strengthening emergency response by creating systems and plans and training the health and security workforce at our nation's borders to detect and respond to outbreaks and other public health emergencies.
2. Improving collaboration through the establishment of cross-border surveillance forums to share information and improve notification of public health events between Nigeria and our neighboring countries.
3. Conducting simulation exercises to test the capacity of frontline health workers and border security officials to handle health emergencies.



### Community Health and Hygiene

Promoting good health and hygiene activities and behaviors, especially in vulnerable communities

In Nigeria, 68% of the population has no access to a toilet, and more than two-thirds of the population does not have access to adequate sanitation (UNICEF, 2020). In these communities, people face a

# **ANTIMICROBIAL RESISTANCE (AMR)**

## Antimicrobial Resistance (AMR)



### A Policy Development Approach to Combating Antimicrobial Resistance (AMR): The Launch of Nigeria's One Health AMR National Action Plan (NAP) 2.0

Antimicrobial Resistance (AMR) is a growing global crisis that threatens the effectiveness of life-saving medicines. In 2024, DRASA Health Trust supported one of Nigeria's most significant public health policy milestones—the launch of the One Health Antimicrobial Resistance (AMR) National Action Plan (NAP) 2.0. DRASA played a pivotal role in shaping this five-year strategy, bringing our expertise and vision to the forefront of Nigeria's fight against drug-resistant infections.

After 27 months of numerous meetings and working closely with over 200 One Health stakeholders, we successfully facilitated the development of Nigeria's One Health AMR National Action Plan (NAP) 2.0. Launched on the 18th of October by the Federal Ministry of Health and Social Welfare, Federal Ministry of Agriculture and Food Security, and Federal Ministry of Environment in Abuja, the NAP 2.0 is a 5-year strategy to guide multi-sector collaboration across the human, animal, and environmental sectors to protect citizens from the risk that AMR poses to our health.

Our mission at DRASA is to protect community health by developing a network of health champions across

the country. AMR threatens this mission directly when common infections become untreatable, families, communities, and health systems are pushed to the brink. That is why our involvement in shaping this national policy was both strategic and essential.

Our road to the development of this NAP 2.0 was one that used a participatory, consultative approach to develop well-defined strategic objectives for Nigeria's coordinated response to AMR and aimed to address challenges and outline priority AMR interventions for the country.

Our goal as a country was to ensure that all proposed intervention areas and activities in the new strategy were evidence-based so we began with a review of the first NAP which assessed its successes and shortcomings and provided insights that informed the development of the NAP 2.0. After the review, we supported the development of an in-depth situational analysis on the state of AMR across sectors which provided essential data to inform the development of the NAP 2.0.

Working with stakeholders across government, private sector, community, health, agriculture, civil society, environment, and international partners including the UN quadripartite: the Food and Agriculture Organization (FAO), the UN Environment Programme (UNEP), the World Health Organization (WHO), and the World Organization for Animal

Health (WOAH), we developed a strategy which has 6 strategic objectives, 40 strategic intervention areas, 143 activities, and 451 sub-activities, all of which were costed and planned for execution over the next 5 years. This refined strategy takes a holistic approach, involving the One Health sectors to promote behavior change among citizens and encourage stewardship over the use of antimicrobials in Nigeria which are essential to mitigate the threat posed by AMR. Executing and launching a national strategy of this scale required negotiating complex bureaucracies, aligning diverse agendas, and maintaining momentum across sectors. We learnt that achieving long-term public health goals demands persistent advocacy, inclusive dialogue, and unwavering commitment to putting people and evidence at the heart of policy.

“Ladies and gentlemen, as you are all aware, AMR poses a formidable threat to national and global health security, food systems, as well as economic development...

To address this challenge, our AMR NAP 2.0 takes an integrated and multi-sectoral approach. Effective implementation of the plan will improve the country’s strategies of addressing antimicrobial use; strengthen AMR surveillance in environment, livestock, and healthcare settings; while promoting sustainable standard practices that ensure food security, protection of the environment, and human health.”

**Balarabe Abbas Lawal**  
 Honourable Minister,  
 Federal Ministry Of Environment



At the launch of the NAP 2.0, our Managing Director, Niniola Williams, underscored the human cost of AMR:

“AMR is not just a threat in Nigeria, it goes beyond numbers and has many faces. From the babies with Colistin-resistant bacteria to the communities in Nigeria with water sources containing antibiotic-resistant genes to the poultry meat harbouring potentially resistant salmonella, AMR is here with us, and it is real.”

**Niniola Williams**  
 Managing Director, DRASA Health Trust

Today, DRASA continues to play a key role in supporting the implementation of NAP 2.0 through technical support, community engagement, and championing behavioral change. Our work on AMR is a testament to our belief that saving lives begins with smart policies, strong partnerships, and informed citizens.

## A Grassroots Approach to Combating Antimicrobial Resistance: Community Engagement as a Key Strategy



In Nigeria, the misuse and overuse of antimicrobial agents contribute to an alarming rise in resistant infections, increasing the risk of prolonged illness, disability, and death. Despite its severity, public awareness of AMR remains low, particularly in communities with limited access to formal health education. To bridge this knowledge gap, DRASA Health Trust launched the **AMR on the Street (AMRotS) campaign**—an initiative aimed at educating the public on AMR through direct engagement in everyday settings.

DRASA supported 12 youth-led AMR clubs across Nigerian universities to carry out awareness activities in schools, markets, farms, hospitals, and other high-traffic areas. The campaign leveraged the power of peer education, equipping young advocates with communication materials to drive discussions on AMR prevention and responsible antimicrobial use.

DRASA provided structured messaging and resources to ensure uniformity in outreach efforts. The campaign also integrated digital engagement strategies, using webinars, social media challenges, and online training to extend its impact beyond physical interactions. As a result, the AMRotS campaign successfully engaged **over 29,000 people** across Nigeria through both direct and online activities. Key highlights include:

- **Delta State University:** Reached 4,632 people, with **2,155 students** educated through school outreaches and **1,945 individuals** engaged on campus.
- **Federal University of Allied Health Sciences, Enugu:** Conducted a community campaign, school outreach, and a radio programme that reached **over 10,000 listeners**.
- **University of Calabar:** Organised a **social media challenge** against AMR that engaged **over 9,300 participants** online.
- **Obafemi Awolowo University:** Conducted outreach activities in schools, churches, and public spaces, engaging **965 people**.



With its proven success, the AMRotS campaign serves as a model for grassroots public health advocacy. DRASA aims to scale this initiative by expanding partnerships with youth organisations, integrating AMR education into school curricula, and leveraging media platforms to reach even larger audiences. We have seen the power of working with community-based organisations to broaden outreach and providing recognition programs to reward outstanding efforts and sustain motivation among these clubs.

By implementing these lessons, future iterations of AMRotS can achieve an even greater impact in Nigeria's fight against AMR, driving sustainable behaviour change and protecting the health of future generations.

## Watering Young Dreams in the Fight Against AMR: The AMR eduAID Project



The widespread and indiscriminate use of medication among community members worsens AMR and threatens public health. This misuse, often driven by self-medication and limited awareness about AMR, increases the risk of resistant infections, making common illnesses harder and more expensive to treat.

The Antimicrobial Education Aid (AMR eduAID) project was developed to educate community members, school students, Patent Proprietary Medicine Vendors (PPMVs), and the general public on the threat of AMR. With support from Ibrahim Qoseem, a member of Nigeria’s National Youth Service Corps (NYSC) posted to Ilesan-Remo, Osun state, and buy-in from the community leaders, DRASA reached 10 communities (Faturoti, Standard, Oke-Ayeso, Moroko, Isale General, Ilukosi-Farebami, Ilaje Inu Koko, Idasa, Gaari Ijebu, and Adenle) and educated 465 community members on the effective use of antimicrobials. We also visited Timsed Broadcasting Service to host a radio campaign to educate members of the general public on AMR. nition programs to reward outstanding efforts and sustain motivation among these clubs.

As part of the eduAID effort, we carried out screening tests for infectious diseases like malaria, hepatitis B, and HIV to not just attract and encourage participation in the AMR education but also to help 465 community members confirm their status and know how to take care of themselves going forward.

To create more sustained knowledge, we went on to engage an even younger generation — school

students.



A total of 280 junior and senior secondary school students of 4 schools were educated to understand the concept of AMR and the danger it poses to living a full and healthy life. After educating them, the school students were asked to present their knowledge to their classmates, after which the three best presenters in each school shared their knowledge on the assembly ground with their peers.

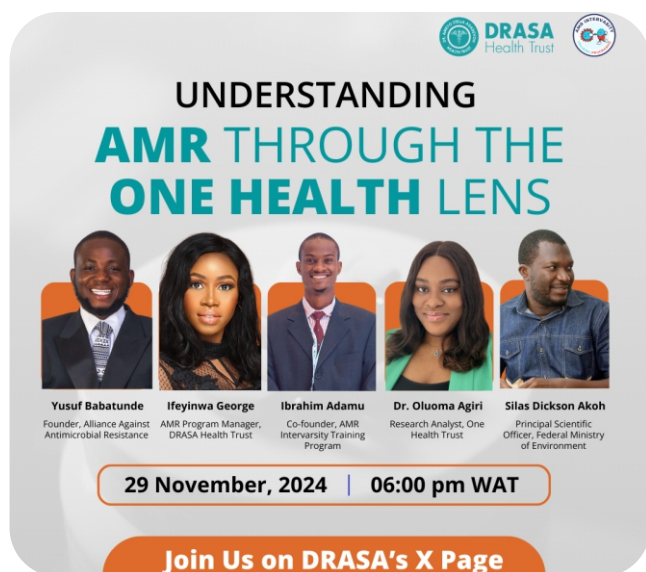


Aside from educating students on the dangers of consuming these medications, it is pertinent to also educate some of the primary dispensers of these medications — the PPMVs. These individuals are trusts within their communities to dispense antimicrobial medications for disease and non-disease-causing ailments. With the support of the National Association of Patent Proprietary Medicine Vendors (NAPPMED), Ilesha West branch, Osun state, we educated 150 PPMVs on the dangers of the indiscriminate prescription of antimicrobials to community members without a doctor’s advice.

The PPMVs reported they have observed a decline in the potency of antimicrobials over the years and also affirmed that some of their clients request antimicrobials without a doctor’s prescription. In their words, “Yes, patients do come for antibiotics without doctors’ forms”, further demonstrating the common behaviors that are driving the spread of AMR.

The eduAID project is a testament to DRASA’s commitment and belief in supporting youth engagement and mobilizing community participation in the fight against AMR. We believe that everyone across generations has a role to play in combating the abuse of antimicrobials.

### A One Health Approach to Understanding Antimicrobial Resistance



**UNDERSTANDING AMR THROUGH THE ONE HEALTH LENS**

**Yusuf Babatunde**  
Founder, Alliance Against Antimicrobial Resistance

**Ifeyinwa George**  
AMR Program Manager, DRASA Health Trust

**Ibrahim Adamu**  
Co-founder, AMR Interservice Training Program

**Dr. Oluoma Agiri**  
Research Analyst, One Health Trust

**Silas Dickson Akoh**  
Principal Scientific Officer, Federal Ministry of Environment

**29 November, 2024 | 06:00 pm WAT**

**Join Us on DRASA's X Page**

“Antibiotics are like cookies in a jar; if we take them all the time, we will finish them, and there’ll be a point in time when we will need them, but they won’t be available.”

**Yusuf Babatunde**  
Founder, Alliance Against Antimicrobial Resistance

With the low risk acceptance of Antimicrobial Resistance (AMR) as a danger to humans, animals,

and the environment among the general public, we are headed towards a reality where simple infections could become life-threatening cases because life-saving medication no longer works.

As such, on November 29, 2024, DRASA Health Trust and the AMR Interservice Training Program hosted an X Space discussion on AMR, bringing together experts from health, environmental, and agricultural sectors to shed light on this crisis. The objectives of the discussion were:

1. To educate the general public on the dangers of supergerms and antimicrobial resistance, including how the misuse of antimicrobials in humans, animals, and agriculture accelerates resistance, emphasizing the interconnected, One Health nature of the issue.
2. To provide actionable solutions for individuals to contribute to the fight against AMR through proper antibiotic use, good hygiene practices, and support for One Health initiatives.
3. To facilitate open dialogue between experts and the public in order to spark community-level action and raise awareness about practical steps to prevent the spread of drug-resistant infections.

"I remember back in pharmacy school, we were taught the five Rs: right patient, right drug, right dose, right duration, right route."

This powerful reflection from AMR professional Ifeyinwa George at DRASA Health Trust’s X Space conversation on Antimicrobial Resistance (AMR) encapsulates a teaching that is meant to combat one of the root causes of this global crisis—the misuse and overuse of antibiotics.

Throughout the discussion, the importance of a One Health approach to tackling AMR was reinforced. From a human health perspective, participants were reminded of the dangers of self-medicating and the importance of completing prescribed antibiotic courses to prevent the development of antibiotic resistance. The environmental health dimension highlighted how behaviors like open defecation,

improper waste disposal, and pollution can contaminate shared resources like water bodies, creating ideal conditions for resistant microbes to thrive and spread. On the animal health front, the conversation addressed the misuse of antibiotics in livestock, especially the practice of administering antibiotics without veterinary guidance or using them as growth promoters, both of which contribute to the rise of resistant germs that can spread from animals to humans.

Together, these insights emphasized that AMR is not confined to one sector but is a shared threat requiring collective action across the human, environmental, and animal health systems.



Through this conversation, 275 participants gained a deeper understanding of AMR, learning how everyday actions contribute to the spread of drug-resistant microbes. Nine individuals pledged to become AMR Champions, committing to raising awareness and promoting responsible antibiotic use in their communities.

The message is clear: Antibiotics are a shared resource, and their misuse threatens everyone. DRASA's commitment to tackling AMR goes beyond awareness—it is about inspiring behaviour change.

“Man is the chief of the environment and has control over every other existing entity in the environment and so would want to change the environment to suit their needs. Habits

that people have done over the years, like open defecation, can fuel AMR. For instance, a person on a full dose of antibiotics living in an area where the water source is a stream, when they practice open defecation into that water body, they contaminate the water, which provides a source of food for people.”

**Silas Dickson Akoh**  
 Principal Scientific Officer,  
 Federal Ministry of Environment

At the end of the conversation, listeners were encouraged to become AMR Champions within their spheres of influence and implement behavior change like thoroughly washing and cooking food and engaging in community surveillance to help monitor and address cases of antimicrobial misuse around them.

**AMR Communication and Media Advocacy**

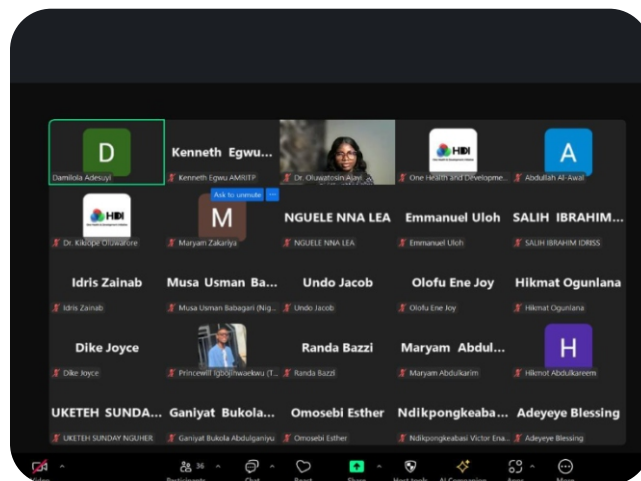
**A Strategic Communication Approach to Combating AMR**



Effective communication is advantageous in advocating for policy implementation and changes that can improve the likelihood of reducing and addressing AMR issues in the country. DRASA's AMR team supported an AMR Communication Training Program conducted by a team of young AMR professionals, Stop Superbugs Squad, in collaboration with the One Health and Development Initiative (OHDI) and the Microbiology Society.

The virtual training program held on the 16th of November 2024 was aimed at educating 24 young AMR enthusiasts in Nigeria on AMR communication and community engagement in preparation for their advocacy efforts during and beyond the World AMR Awareness Week (WAAW) 2024.

The training provided participants with knowledge about AMR and its interwoven nature that cuts across human, animal, and environmental health. The training also provided an overview of the existing policies, like the NAP 2.0, that are guiding the mitigation of AMR spread within the country.



We focused on educating these young AMR enthusiasts on the potential that effective communication holds in disseminating policy findings in a tailored manner across audiences and crafting compelling narratives that can foster behavior change and influence action in policymakers and other key actors. Furthermore, we emphasized the importance of adopting a strategic approach in media advocacy to propel urgent action for policymakers in addressing AMR challenges.

Overall, participants gained knowledge on utilizing communications and media advocacy to create urgency around AMR to pressure decision-makers to prioritize actions that advance policy change to address AMR challenges. We look forward to continuing engagements with youth to support their role in public health policy and governance through effective communication and advocacy.

## B-AN EIS: Co-Creation for Behavioural Change



DRASA participated in a national Antimicrobial Resistance (AMR) Campaign Development Workshop for journalists convened by Breakthrough ACTION-Nigeria (BA-N) in October. The workshop provided a strategic platform for collaboration, drawing together health experts, government representatives, and development partners to support 24 Media Fellows to jointly develop a cohesive communication campaign aimed at tackling the escalating challenge of AMR in Nigeria.

AMR remains one of the most urgent global health challenges due to its insidious spread and impact on health systems. With rising evidence of resistant pathogens in food animals and human populations alike, the workshop served as a critical step in Nigeria's multisectoral response, aligning national narratives, building capacity, and crafting compelling messages to drive public behavioural change.

The workshop began with a focus on technical knowledge-sharing and context-setting for the Media Fellows. They engaged in interactive sessions led by experts, who provided insights into the propagation of AMR in animals and its links to food systems and presented the national governance framework and multi-agency coordination mechanisms currently addressing AMR in Nigeria.

DRASA facilitated a session exploring AMR through the lens of community education and public

engagement. Our presentation, titled "AMR: The Silent Pandemic", spotlighted DRASA's ongoing work in behaviour change communication and underscored our leadership in equipping communities with the knowledge and tools to prevent the misuse of antimicrobials.



The workshop continued from theory to application, focusing on the creative strategy for the national AMR campaign. Media Fellows were introduced to the structure of an effective creative brief, including behavioural objectives, target audiences, key enablers and barriers, and communication channels. They then co-created the campaign's central message through a highly collaborative process which resulted in: "My Body, My Padi". This slogan they developed embodies personal responsibility while drawing on familiar cultural language (pidgin English) to ensure accessibility and resonance at the grassroots level.

DRASA played an integral role in drafting the video script synopses to form the foundation for campaign materials and the storyboarding exercises, a key step in transforming ideas into powerful visual narratives that can influence behaviour across diverse population segments.

The workshop concluded with renewed commitment from all stakeholders to address AMR through policy and technical interventions and strategic, culturally sensitive communication. DRASA's contribution, rooted in its community-driven approach and expertise in public health storytelling, was critical to the workshop's success.



As Nigeria continues to scale its response to AMR, sustained investment in media engagement remains vital. This ensures that accurate, compelling messages about AMR reach diverse audiences. This campaign marks a significant milestone that reflects how the media, when equipped with the right tools and knowledge, can amplify scientific insights and transform them into narratives that resonate with the public. DRASA will continue to support and collaborate with the Media Fellows to keep AMR at the forefront of their minds across their platforms, ensuring consistent, community-driven messaging that supports the national AMR response.



# **COMMUNITY** HEALTH AND HYGIENE

# Community Health and Hygiene (CHH)



## Strengthening Community Health and Grassroots Disease Surveillance: The SCKaR-IDP Project



DRASA does not only advocate for improved public health with policymakers, but also with community members who are the first recipients of policy implications. Our people-centred approach to combating public health challenges means that we co-create solutions and equip communities to build resilience against infectious diseases. As such, we embarked on a new model to strengthen knowledge, change behaviors, and improve the health of local community dwellers in two locations: Ajeromi-Ifelodun and Somolu Local Government Areas (LGAs) of Lagos State.

We began with advocacy visits where we met with the community leaders such as Village Heads, called Baales in Yoruba, and local health officers including Disease Surveillance and Notification Officers (DSNOs), Assistant DSNOs, Community Health Extension Workers (CHEWs), Health Education Officers (HEOs), and Community Health Officers (CHOs). We also met with Community Informants (Cis), Environmental Health Officers (EHOs), and key group leaders in both LGAs to build trust and a positive rapport with these stakeholders, while getting their feedback, buy-in and support for our approach as they all had roles to play.

We worked with these stakeholders to identify key group associations to engage together such as the fishermen's association, market women's association, association of artisans, MotorMechs and Technicians Association (MOMTAN), hairdressers and barbers' association, religious associations, youth associations, Traditional Birth Attendants, and transport workers' associations. This mapping exercise was useful in understanding the potential influence each key group could have in the role of identifying and combating infectious diseases in their communities. A total of 15 key groups were identified across 5 wards and 16 wards in Somolu and Ajeromi-Ifelodun LGAs, respectively.



After the mapping exercise, a baseline assessment was carried out to explore the existing community knowledge of infectious diseases, gain insight to help

us identify their needs and gaps, and set realistic targets and benchmarks for future comparison. With the insights gathered, we moved on to engage 2,089 community dwellers in the two LGAs.

Our project team, along with the local health authorities, carried out this exercise across various locations in the LGAs to raise awareness about infectious diseases, train the 2,098 people on how to identify and report possible cases, and develop their skills to serve as Health Champions for their local communities. Participants were educated on the visual signs of prevalent infectious diseases and preventive measures they should take. They were also taught the types, causes, and modes of transmission of these diseases and to ensure a lasting impact and encourage disease reporting, participants were given information cards and pocket cards containing the contact information of their respective DSNOs in both LGAs.

Key outcomes from this exercise resulted in:

- Increased knowledge, attitude, and practices (KAP) on hygiene, environmental sanitation, and infectious disease prevention among key group members of Somolu and Ajeromi-Ifeledun LGAs. Over 90% of community members were aware of how infectious diseases can spread, the common signs and symptoms, as well as how to prevent them.
- A 43.2% increase in knowledge of infectious diseases among the community dwellers.
- Strengthening of community-based surveillance in the 2 LGAs, as evidenced by the fact that within 3 months, our Health Champions reported 25 infectious disease cases to the local health authorities using the coordination and reporting platform we developed.
- 25 Health Champions providing support to the local government to respond to the cholera outbreak that affected their communities, after 3 months of engaging them.

Our Health Champions are active members of their communities who are connecting the people with the health system. Their role includes:

- Increasing Awareness and Behavior Change: Increasing understanding and driving healthy

behavior changes among community members to prevent the spread of infectious diseases.

- Supporting Community-Based Surveillance: Playing a major role in the early warning system to promptly identify and report possible infectious diseases cases to local authorities.
- Driving Locally-Led Innovations: Developing local solutions for the public health challenges they identify in their environments.

“From this program, I now understand things I didn't even know before. We need to maintain good hygiene in our business environment and at home. Also, if you feel sick, it is best to go to the hospital and complain to a doctor rather than self-medicating, as this can lead to further complications.”

**Rahimi Arowolo**

Food Seller

We continue engaging our Health Champions through our two online community platforms where they discuss challenges faced and their progress so far, and share stories of how they identified and reported suspected infectious disease cases in their communities, and get recognized for their efforts. We also hold periodic review meetings, refresher trainings (especially when there is an infectious disease outbreak in the state), and focus group discussions to maintain community momentum and encourage active participation alongside the local health authorities.

Our Community of Practice on WhatsApp connects them with their local health authorities which remind them of their roles as Health Champions. We encourage them to ask questions as we share engaging content, quizzes, and polls about infectious diseases, and communicate with them in their local languages. They also use the Community to report cases which go into the state infectious disease surveillance system.

“When we see anyone coughing persistently, we advise them to go to the hospital to get checked instead of visiting a chemist because, while it might seem like an ordinary cough, it could be something worse. The same applies to diarrhea as well, as it is one of those common diseases that can cause a lot of harm to people. For some things that we normally disregard, we have now learned that they are serious issues that we need to pay more attention to in our community.”

**Alhaja Bamidele Omotayo**  
Iya Oloja Ashogbon Market

The impact our Health Champions have made in their communities and respective associations to fight infectious diseases is significant. They have embraced their roles as Health Champions, dedicating their time to save lives by educating their neighbors about proper refuse and human waste disposal, enacting laws in their respective associations to ensure colleagues uphold personal hygiene, taking time out of their busy schedules to take sick neighbours to local health facilities to receive care, and reporting stubborn neighbours to concerned health authorities to take action.

Ayodele Temidayo’s neighbours had refused to call the concerned authorities to clear out their already full septic tank. Understanding the adverse effect this action could cause on their health, she went with the support of her landlady to report the house as a defaulter, and authorities came in and closed the compound till the neighbours complied. In her words,

*“Whenever I try to correct them, they start to ask me, ‘What’s your own? Are you the landlady?’ But that did not stop me from doing what was right. I was the one who reported them to*

*the authorities. They were very surprised, but they later thanked me.”*



The SCKaR-IDP project is true evidence that if equipped with the right knowledge and capacities, community members can become Health Champions who will drive change that improves the public health of their communities.

## Community Handwashing Education Session (CHES)

### Community Handwashing Education for School Children: DRASA's CHES 2024 Campaign at University Staff School, Lagos



Hand hygiene is one of the simplest and most cost-effective strategies to reduce the burden of communicable diseases, particularly diarrhoeal and respiratory infections that claim the lives of over 150,000 Nigerian children annually. Recognising schools as critical platforms for behaviour change, on 17th October 2024, DRASA Health Trust launched its Community Handwashing Education Session (CHES 2024) at the University Staff School, University of Lagos, Akoka, a strategic initiative aimed at curbing preventable diseases in children through proper hand hygiene practices.

Against rising infection-related child mortality rates in Nigeria, CHES 2024 sought to empower pupils not just as recipients of knowledge but as active champions of hygiene within their homes and communities. This intervention focused on building sustainable hygiene habits among school-aged children while promoting safe, healthy school environments.

Through a dynamic, instructor-led session, 126 Basic 4 pupils were engaged in a participatory training programme that included live demonstrations, educational games, and interactive quizzes. Pupils were introduced to the five-step handwashing technique using soap and clean water, a skill set reinforced with pre- and post-test assessments. The results were telling: 79.2% of the 98 assessed pupils

showed increased understanding of proper hand hygiene, surpassing the programme's original knowledge improvement target.

As part of its commitment to reinforcing hygiene habits, DRASA equipped the school with eight improvised handwashing stations and donated essential supplies, including cartons of liquid soap and hand sanitisers. Information, Education, and Communication (IEC) materials like customised posters on "how to handwash" and handrub were distributed to promote ongoing visual reminders. Pupils also received DRASA-branded water bottles, notebooks, and souvenirs, while ten standout participants were celebrated with Health Champion T-shirts, fostering a sense of pride and responsibility.

The campaign's strategic design extended beyond pupil engagement. DRASA conducted advocacy visits with the school's leadership team, ensuring stakeholder buy-in, logistical alignment, and sustainability of the intervention. Eight teachers and administrators also participated in the training, reinforcing a whole-school approach to infection prevention and control (IPC).

What set CHES 2024 apart was its ability to inspire and ignite action among the pupils.

*"I learned a lot about handwashing today,"*

one pupil shared.

*"When I get home, I will teach my mummy and daddy the five steps so their hands will be safe from germs."*

Another echoed,

*"Handwashing keeps us healthy so we won't miss our school work. It makes our parents happy."*



The CHES campaign represents a scalable model for infection prevention in school settings, aligning with national goals under SDG 6 to ensure equitable access to water, sanitation, and hygiene. It further affirms DRASA's leadership in health education and its ability to design context-appropriate interventions with measurable impact.

It also exemplifies the kind of low-cost, high-impact programming that not only saves lives but also cultivates generations of health-conscious citizens. Continued investment in initiatives like CHES will accelerate Nigeria's progress toward universal hygiene education, reduce disease burden, and strengthen community resilience.

# **INFECTION, PREVENTION AND CONTROL**

## Infection Prevention and Control (IPC)



### Infection Prevention and Control: The Cornerstone of Patient Safety

At DRASA, we believe that every Nigerian deserves safe, dignified healthcare care, because safety is not optional; it's fundamental. That is why we were honored to be part of the process of developing Nigeria's first National Patient Safety and Care Quality Policy and Implementation Strategy document. Our efforts to support the policy over the last 27 months culminated in the 2024 World Patient Safety Day celebration on September 17th, where our commitment to strengthening health systems took center stage. In collaboration with the Federal Ministry of Health and Social Welfare (FMOH&SW) and other key stakeholders, the celebration marked not just a day of awareness, but a significant policy milestone for the country: the official launch of Nigeria's National Patient Safety and Care Quality Policy.

Patient safety remains a critical issue in our health system and one of the persistent challenges the policy addresses is the prevalence of unsafe care and diagnostic errors. However, the lesson is clear: improving outcomes starts with informed patients and empowered health workers which this policy and its dissemination seek to achieve.

The theme for 2024, "Improving diagnosis for patient safety" and its call to "Get it right, make it safe!" could

not have been more timely. In addition to attending the launch ceremony, we also joined the early morning World Patient Safety Day sensitization walk alongside staff of the FMOH&SW, World Health Organization (WHO), and fellow civil society organizations, engaging with the public about their rights to safe, informed care.

This event served as a moment of reflection and reaffirmation. We learned that multisectoral collaboration is essential to driving national change, and that our role as a connector between policy and practice, between community and institution, is more important than ever. The enthusiastic response from the press, professional associations, and other partners reinforced a shared commitment to safer care and a healthier Nigeria.

Our involvement extends beyond development of the policy and participation in the launch as we are also supporting the department at the FMOH&SW to plan a National virtual dissemination event for the newly launched policy document. The relevant professional associations and regulatory bodies have been identified, and other planning is ongoing to ensure this vital resource reach the hands of healthcare workers, administrators, and advocates across the country. Together, we are moving closer to a health system where every diagnosis is correct, every voice is heard, and every life is protected, one safer step at a time.

## Safe Hands, Safe Care: Equipping Primary Healthcare Workers for a Healthier Tomorrow



Primary Healthcare Centres (PHCs) are the cornerstone of sustainable healthcare delivery and achieving Universal Health Coverage (UHC). These facilities are the first point of call for community members to access basic healthcare needs and address emergencies within the community. The centres are designed to be affordable and built at strategic locations for easy and quick access to community members when they need to access care.

While administering and receiving health care, health workers and patients can sometimes contract infections through contact with each other or the healthcare environment. This exchange of microbes leads to healthcare-associated infections (HAIs), whereby patients or health workers acquire a new infection while seeking care. HAIs are proven threats to patient safety, causing prolonged hospital stays, preventable deaths, and large financial burdens for families. Recognizing the need to address this, we aimed to strengthen the capacity of primary healthcare workers on standard Infection Prevention and Control (IPC) practices to protect themselves and their patients.

Before the implementation of our IPC training sessions in Ibeju-Lekki, Ikorodu, and Badagry Local Government Areas (LGAs) of Lagos state, we conducted advocacy visits to the Medical Officers for Health (MOH) in each local government to sensitize them on the project activities and gain their buy-in. The MOH in each LGA recommended select PHCs for

the implementation of this project, which were selected based on certain criteria like the high volume of patients they care for, the services they provide, and their status of operating for 24 hours. This 24-hour status also means that they are susceptible to higher HAI rates, underscoring the need for strong IPC practices for safe and quality healthcare delivery.

The selected PHCs per LGA were:

- Awoyaya 1, Bogije, and Ibeju PHCs in Ibeju-Lekki LGA
- Emmanuel Osinowo Children Centre (EOCC) and Ipakodo PHCs in Ikorodu LGA
- Ajara and Pota PHCs in Badagry LGA

After the criteria-based selection, a needs assessment was conducted using the WHO Hand Hygiene Self Assessment Framework (HHSAF) 2010 and the WHO Infection Prevention and Control (IPC) Minimum Requirements for Primary Health Care in each of the PHCs to identify gaps in their practice of standard IPC within their facilities and then tailor the training sessions to address their unique challenges.



The training sessions across these 7 PHCs were centred on educating the health workers (doctors, nurses, medical laboratory technicians, pharmacists, public health officers, midwives, security personnel, medical record officers, cleaners, and community health extension workers) on various aspects of IPC as it relates to their jobs. They were trained on germ transmission, hand hygiene, the appropriate handling and disposal of Personal Protective Equipment (PPEs), waste segregation, and management of various types of hospital waste, and

effective cleaning strategies for performing environmental sanitation within the healthcare facility.

Our training sessions were a mix of an instructor-led approach (didactic sessions), and practical sessions (demonstration and return demonstration) where participants were given the opportunity to demonstrate what had been learned such as the correct steps of handwashing as well as donning and doffing gloves. This action boosted their confidence in applying these practices in their daily routines.

A nurse at Pota PHC, Badagry shared:

*“Through this training, I have learned about the other moments of hand hygiene like washing hands before attending to patients. I have also learned about performing hand hygiene before wearing gloves. I believe that this training will help improve my work as I will not only contribute to reducing the spread of infection in the facility but also protect my patients as well.”*



This training not only impacted clinical staff but also non-clinical staff. A cleaner at Ibeju PHC shared:

*“As a member of the cleaning staff at this Primary Health Center, I have learned the importance of wearing a mask while cleaning and washing my hands or using hand sanitizer if water is not available after cleaning. I will ensure to apply what I have learned today when carrying out my duties.”*



We also held a fun and interactive session called the Hand Hygiene Café, where participants answered questions based on what they had just been taught. They also took pictures with props that featured key messages about infection prevention which they held up while taking the hand hygiene pledge to adhere to standard IPC practices while performing their duties.

At the end of the intervention, we trained 201 health workers across these three local governments, and recorded an average of 49.7% increase in knowledge through our pre and post-assessments across these facilities.



In the coming year 2025, the baseline assessment findings will be disseminated to all stakeholders involved in the project to support the development of facility-specific IPC improvement plans.

Our goal is to promote and uphold standard infection prevention and control (IPC) practices throughout the state, focusing on one Primary Health Center (PHC) at a time. By enhancing the skills of health workers, we aim to reduce the risk of disease transmission and improve overall public health outcomes in these facilities and our commitment does not end here. We are dedicated to providing technical support, mentoring, and advocacy to ensure these PHCs adopt IPC as a routine practice to deliver safe, quality healthcare in the communities they serve. Our aim is for these facilities to become models of standard IPC practices which others can learn from and replicate.



# **ADVOCACY AND MEDIA**

# ADVOCACY AND MEDIA



In 2024, DRASA's advocacy found new ground and new audiences. With support from subject experts, we turned urgent issues into powerful narratives that moved minds and mobilised action. Each campaign, story, and spotlight further conveyed our message: health is a human right, and change begins with awareness.

## 1st Edition: Patient Safety Promotion

In the weeks leading up to World Patient Safety Day 2024, DRASA Health Trust hosted the first edition of the DRASA Radio Half Hour on 92.3 FM Lagos, promoting safer healthcare experiences for Nigerians. For 4 weeks, the show aired every Wednesday morning, reaching 137,769 listeners across the megacity of Lagos.

### DRASA Radio Half Hour (DRHH) SHOW



This four-part series spotlighted issues central to patient well-being—from the dangers of diagnostic errors and unsafe procedures to the legal rights of patients, patient safety in health facilities and the importance of World Patient Safety Day. The campaign leaned on compelling storytelling, like the case of Roseline, who contracted hepatitis C from an improperly sterilized dialysis machine, making abstract risks tangible and relatable.

Listeners were not only informed but invited to participate through weekly call-in quizzes. Winners received carefully curated DRASA Hygiene Packs, reinforcing the practical importance of the lessons shared. Supported by a robust social media push that reached over 670 unique accounts, this edition successfully brought patient safety into public consciousness, one radio wave at a time.

## 2nd Edition: Environmental Hygiene Awareness

Building on the momentum of its first series, DRASA returned to Inspiration 92.3 FM Lagos with a fresh focus: environmental hygiene. Between October 16th and November 6th, the DRASA Radio Half Hour continued its Wednesday morning broadcasts, capturing the attention of 134,141 listeners across the city.

This edition explored how daily hygiene habits can impact health outcomes. Through episodes with catchy titles like “How Can I Maintain My Steeze Even When I Sneeze?”, the series blended humor, science, and storytelling to highlight key sanitation practices.

Listeners joined the conversation during a special episode on open defecation, offering heartfelt, candid feedback about the challenges of finding clean public toilets in Lagos. This participatory approach emphasised the urgency of the issues addressed.

### DRASA Day X Space on the 10th posthumous anniversary of Dr. Adadevoh

Ten years after Dr. Ameyo Stella Adadevoh’s courageous stand against Ebola saved Nigeria from a devastating outbreak, DRASA led a powerful moment of national reflection. In collaboration with Nigeria Health Watch, we hosted a special X Space event on

August 19, 2024—an evening of memory, dialogue, and renewed commitment to building a resilient health system.

This event reminded us why DRASA exists. Dr. Adadevoh’s selfless decision to isolate Nigeria’s index Ebola patient, at great personal risk, defined the values we uphold: courage, integrity, and public service. This event connected the past to our present-day advocacy for infection prevention and control (IPC), patient safety, and stronger health systems.

Moderated by Dr. Ayodele Renner and featuring leaders like Dr. Tochi Okwor The Head, Disease Prevention and Control, NCDC and Prof. Asekham Isemede, Director, Patient Safety Africa, the conversation highlighted how far we have come and how far we still have to go. We discussed some of the ongoing health sector challenges: inadequate PPE, workforce strain, and limited IPC adoption, but we also celebrated progress: our national IPC program, policy advocacy, and DRASA’s role in shaping education and curricula.

364 people tuned in to listen, actively engage, and contribute to the conversations, reflecting the deep public resonance of Dr. Adadevoh’s story and sacrifice. The conversation reinforced a key lesson: that ethical leadership in healthcare saves lives, and systemic resilience begins with preparation, training, and empathy

|                   |            |
|-------------------|------------|
| Tuned in          | 364        |
| Live listeners    | 357        |
| Recording replays | 7          |
| Co-hosts          | 1          |
| Speakers          | 5          |
| Duration          | 1h 29m 35s |

## World Patient Safety Day: Roadwalk and Ministerial Press Briefing



For DRASA Health Trust, patient safety is a core part of our mission to build a stronger, more resilient health system. That is why our involvement in the 2024 World Patient Safety Day celebration was more than ceremonial. Held at the Federal Ministry of Health and Social Welfare (FMoH&SW), this year's event raised awareness around the theme, *"Improving diagnosis for patient safety,"* and marked a turning point: the official launch of Nigeria's first-ever **National Patient Safety and Care Quality Policy**.



Our support for this milestone underscored our belief that safe, high-quality care must be a standard, not a privilege. By partnering with stakeholders and contributing to the dissemination of the new policy, DRASA helped bridge the gap between policy and practice.

The morning began with a public awareness walk with FMoH&SW, WHO, and other partners, taking messages of patient rights and safe diagnosis directly to the streets. This was followed by a ministerial media briefing and formal launch, where dignitaries and stakeholders reinforced the need for shared accountability in health care.

This event reaffirmed a crucial truth for us: policy change is people-centred work. It takes collaboration, visibility, and the courage to demand better. We will continue pushing for a safer, more dignified experience for every Nigerian patient.



## Understanding AMR Through the One Health Lens: One Health X Space



On the 29th of November 2024, we hosted an X (formerly Twitter) Space event in collaboration with AMR Intersarsity Training Program (AMR ITP) titled "Understanding AMR Through the One Health Lens".

The conversation aimed to highlight the importance of collaboration across the human, animal and environmental sectors to help combat AMR through a truly one health approach and our selected speakers included:

- Ifeyinwa George, AMR Program Manager at DRASA Health Trust
- Dr. Oluoma Agiri, Research Analyst, One Health Trust
- Silas Dickson Akoh, Principal Scientific Officer, Federal Ministry of Environment
- Ibrahim Adamu, Co-founder, AMR Intersarsity Training Program
- Yusuf Babatunde, Founder, Alliance Against Antimicrobial Resistance

The audience of 275 people learned about the impact of human practices on antimicrobial resistance (AMR), specifically how the misuse and indiscriminate purchase of antimicrobial medications without a doctor's prescription

contribute to this issue. They also discovered that harmful practices, such as open defecation, can release antimicrobial-resistant organisms into the environment, posing a threat to human health. Additionally, the use of antibiotics as growth boosters in poultry products was highlighted as another harmful practice.



Ibrahim Adamu emphasized the need for greater student engagement in addressing antimicrobial resistance through research. He also advocated for the inclusion of AMR topics in university curricula as a more sustainable approach to fighting this challenge,

a solution DRASA is passionate about and advocating for.

Overall, the audience recognized the interconnectedness of these three sectors in contributing to the AMR burden in Nigeria and pledged their support for community surveillance efforts within their areas of influence.

## Nigeria Health Watch Future of Health Youth Pre-conference



Building a climate-resilient health system requires the voices, energy, commitment and innovation of young people. In a step towards inclusive and sustainable action, on October 23, 2024, DRASA Health Trust proudly led a panel session and hosted an exhibition at the 2024 Future of Health Youth Pre-Conference in Abuja, themed *“Building Climate-Resilient Health Systems Through Youth Innovation.”*

Our side events were designed to spotlight the urgent connection between climate change and infectious disease, and to position DRASA as a thought leader in this critical space. Through our panel discussion titled *“Climate-Driven Health Risks: Strengthening Community Health and Hygiene to Combat Emerging Threats”*, we engaged 69 youth leaders in conversations around how their communities can adopt safer hygiene practices and responsible antimicrobial use in the face of climate disruptions. The diverse panel of DRASA experts and external partners highlighted solutions rooted in community ownership, youth leadership, and cross-sector collaboration.



At our exhibition stand, we showcased the impact of our SCKAr-IDP Community Health Champion model using a story wall that highlighted how 2,089 community members in Lagos’ urban slums were empowered to identify and prevent climate-related infectious diseases. We learned that investing in youth pays off: many attendees expressed interest in joining future DRASA initiatives as Health Champions.

By engaging future leaders, showcasing our work, and listening to real community concerns, we reaffirmed the power of youth-driven health advocacy, and we look forward to growing these relationships in the future.



## AMR Campaign Development Workshop with Breakthrough Action Nigeria



DRASA participated in the Media-EIS Fellowship Co-Creation Workshop designed to foster media advocacy to address the pressing global health threat, Antimicrobial Resistance (AMR). The 2-day workshop brought together 24 media experts from various fields to brainstorm and develop creative solutions that will drive a unified campaign for AMR advocacy in Nigeria.

The 1-week training which began on the 21st of October kicked off with introductions and personal reflections on the misuse of medications, followed by technical sessions led by representatives of other organizations. Our team led a technical session facilitated by the AMR Program Manager, Ifeyinwa George titled: "AMR, The Ongoing Pandemic" which educated participants about the global drivers of AMR and its impact on human and animal health. We also shared insights on our efforts in combating AMR through education, and policy advocacy.

Subsequent sessions highlighted the importance of storytelling in translating complex information about AMR into creative action through powerful storytelling. The DRASA team joined other participants in a collaborative session with participants to design a campaign themed: "My Body, My Padi" the Nigerian pidgin translation for "My Body, My Friend" which speaks to the personal responsibility of every individual to take care of their bodies, their health, their environment, and the animals around them to reduce the risk of AMR. The

relatable approach was designed to engage the public in understanding how improper antimicrobial use can lead to AMR and how they can take action to prevent it.

Overall, the workshop exposed media creatives to various approaches to create powerful narratives that can drive behavioral change towards the abuse of antimicrobials. These animation, scripting and jingle production skills went on to form the backbone of an AMR campaign which the fellows collaborated on.



In addition to our technical session, DRASA provided creative guidance to ensure that the final campaign was not only impactful but also reinforced our commitment to driving AMR awareness and behaviour change.

## Climate Change and Health: African Public Health Student Summit Conference



The Africa Public Health Student Summit (PHSS) is a youth-led initiative that takes place annually, organized by the Africa Public Health Student Network Initiative in collaboration with key partners across Africa.

This year's conference was held over four days, from August 22nd to August 24th, at the University of Lagos. The theme for this year's event was "*Climate Change and Health: African Youth for a Climate-Resilient Continent.*" The summit brought together young leaders from across Africa, both virtually and in person, to address the interconnected issues of climate change and health and how they impact human well-being.

The conference featured multiple subtracks that explored various intersections between climate change and health across different sectors. Speakers included representatives from the World Health Organization (WHO), Africa Center for Disease Control and Prevention (ACDC), ReACTAfrica, Susty Vibes, IFMSA, and the Lagos State Ministry of Environment, who provided sector-specific insights on the topic.

DRASA participated in a panel session focused on the intersection of climate change and antimicrobial resistance (AMR) where we shared valuable insights on the panel theme of "*Existing Work at the*

*intersection of Climate Change and Antimicrobial Resistance: Key Priorities for Africa.*" The discussion emphasized innovative solutions and youth-driven strategies aimed at mitigating the effects of climate change on vulnerable populations through data-driven, evidence-based solutions, community surveillance, and multi-sector collaboration using a One Health approach.

A major highlight of the event was the launch of the first African Youth Position Paper on Climate Change and Health, which represents a unified youth voice in advocating for climate and health policies across the continent.

Overall, the Summit showcased the energetic commitment of African youth to engage in discussions about public health issues and to propose innovative, youth-led solutions for addressing climate change and its impact on health, all aimed at protecting future generations.

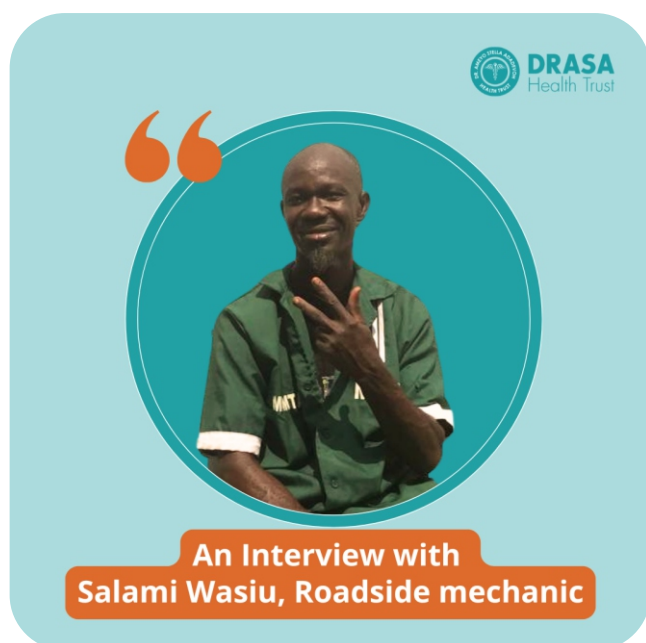


**VOICES FROM THE FIELD:**  
HEALTH CHAMPION IMPACT STORIES

## Voices From the Field: Health Champion Impact Stories

Our Strengthening Community Knowledge and Response on Infectious Diseases (SCKaR-IDP) initiative significantly impacted the residents of two communities in Lagos State. Post-intervention, the stories of the Health Champions we developed showcase how our intervention led them to take informed action in improving their personal hygiene, environmental hygiene, disease detection skills, and also gave them a sense of responsibility to protect their neighbors and communities from the spread of infectious diseases.

### Salami Wasiu, Secretary of the Motor Mechanics - Somolu LGA



After engaging with DRASA, Salami Wasiu, the Secretary of the Motor Mechanics and Technicians Association in Somolu Local Government, took bold steps to maintain hygiene standards among his members. He implemented a ₦2,000 fine for anyone whose uniforms were repeatedly found dirty. He believes strongly that neatness and cleanliness is a principal step in preventing infectious diseases. In his words,

*“They would rather buy soap of 100 Naira to wash their uniforms because it is cheaper than paying the fine of*

*2,000 Naira. Once I catch them looking unclean, I seize their uniforms and make sure they pay that fine.”*

Wasiu shared that ever since the intervention and the enactment of new laws to ensure cleanliness among his colleagues, he has observed a significant decline in illnesses.

Although he experienced some challenges with implementation, as his older colleagues were resistant to change, Wasiu’s leadership and resolve have been instrumental in shifting mindsets. He believes that if given a higher positional power in the Association, he would implement more innovative changes, ensuring that all members are safe from infectious diseases.

### Kehinde Omolade, Traditional Birth Attendant - Ajeromi-Ifelodun LGA



The story of Kehinde Omolade, a traditional birth attendant from Alayabiagba ward in Ajeromi-Ifelodun LGA, is truly transformative. Previously unwilling to prioritise any other initiatives above her business, she has since become a true Health Champion always looking out for her neighbours. She shared how she helped save the life of her neighbor, who had been coughing up blood for weeks and refused to go for a hospital check-up,

simply because he believed he was under some spiritual siege. When she noticed that her efforts to convince him fell on deaf ears, she reported his case to the authorities in the nearest primary healthcare centre, described his house to them, and they went in to pick him up and treat him. Her neighbour was furious when he found out and accused her of being wicked, but when he got well, he thanked her immensely and gave her a token monetary gift, understanding that her action had saved his life.

When asked about the challenges she has faced in advocating for healthier habits within her neighbourhood, she mentioned that sometimes when she tries to correct her neighbors who leave their children's potties open carelessly in the corridor, they often shrug and talk back at her. In her words,

*"Ah, I have faced a lot of challenges. Many of them leave their children's potties open in the corridor and sometimes flies perch on them and those same flies get on people's food too. People have called me different names, some have even called me agbepo [potty carrier]."*

We asked her how she has handled the namecalling and insults from her neighbours and she said,

*"How I handle it is through patience. There is an adage that says that patience is the chief of all virtues, and if you are trying to educate people, you have to exhibit patience and good character and not get angry easily."*

### **Ayodele Temidayo, Ladystars Hairdressers' Association - Somolu LGA**



After learning about infectious diseases and various environmental hazards that could predispose people to contracting them, Temidayo took the knowledge gained seriously. This is why when she observed that the septic tank in her compound was full she encouraged her neighbors who share the compound to pay some money so they could call the authorities in charge to dispose of it. After informing them several times, her neighbors remained nonchalant so with the support of the compound's landlord, she reported to the local Environmental Health Officers. She said,

*"They refused to make an effort so we could clear it out so I went to report the entire compound to the environmental health officers, wole wole [local name for sanitation or environmental health officers]. They came to lock our house and we all slept outside till they opened it the next day. I did not even act like I was the one who reported because I had been complaining and none of them complied. It was after they cleared the septic tank that I now reported"*

*[to neighbors in the compound] that I was the one who reported them to the authorities. They were very surprised but they later thanked me.”*

Community surveillance is the bedrock of sustainable public health protection, and our Health Champions have been very instrumental in achieving this within their communities. Many of them have become influences of change and models to look up to within their communities when it comes to waging war against infectious diseases and ensuring environmental cleanliness and we are very proud of the impact they have made in their communities so far.



# **AWARDS, FEATURES AND RECOGNITIONS**

# Awards, Features, and Recognitions

## Addressing the Challenges of Antimicrobial Resistance in Africa: WHO Feature with DRASA



DRASA is known for the recognisable effort we make in combating AMR challenges within the country, from education and training with school students and communities, to AMR policy formation with government stakeholders, our AMR work is the embodiment of our top-down and bottom-up approach to change.

The World Health Organisation Nigeria (WHO Nigeria) spotlighted DRASA's work on their website after an interview with our AMR Program Manager, Ifeyinwa George, who shared insights on the varying complexities of addressing antimicrobial resistance in Africa from the impacts and projects that DRASA has implemented over the years to combat the spread of AMR.

Ifeyinwa stressed that addressing the antimicrobial resistance (AMR) crisis in Africa requires the development of national action plans tailored to the specific needs of each country. This evidence-based approach is essential for effectively tackling the problem. She cited Nigeria's One Health National Action Plan 2.0 as an example, highlighting DRASA's active engagement in its development to support policy advocacy for AMR. In addition, she highlighted the importance of government institutions earmarking specific amounts within their budget allocation to drive AMR initiatives listed in their national action plans to improve health outcomes for the general populace, especially vulnerable populations.

Speaking on potential solutions to curb the spread of

AMR, she emphasized the importance of community influencers in driving behavioral change among their members, explaining that raising awareness about AMR in local languages and involving familiar figures who have influence within the community can motivate local residents to adopt precautions against behaviors that contribute to the spread of AMR.

She also emphasized the significance of engaging youth in developing a more sustainable approach to mitigating AMR risks on the continent. She highlighted DRASA's work in schools, which has successfully involved over 2,000 students across 30 secondary schools in learning about AMR. The knowledge and awareness they gained have created a ripple effect of positive change that extends to their families and neighbors. She stated,

*“The unique strength of young people lies in their ability to connect with their peers. When young people are involved, they bring energy, creativity, and a sense of ownership that makes AMR projects more innovative and appealing to others their age.”*

Believing that challenges are not without solutions, she shared that while the continent faces diverse challenges such as health financing, political commitment, and lack of awareness, she believes that community surveillance and multisector collaboration will help overcome these challenges.

## Cureus: The Heroic Story of Dr. Stella Adadevoh



Review Article



Open Access



Peer-Reviewed



More info



## One Woman, One Nation: The Heroic Story of Dr. Stella Adadevoh

Muhammed Raji Modibbo  • Hadiza Ibrahim • Fatima S. Ahmed

On October 16, 2024, Cureus, an online medical journal, published an article detailing Dr. Ameyo Stella Adadevoh's heroic story.

10 years ago, on October 20, 2014, the World Health Organization declared Nigeria Ebola-free, a victory made possible by the courageous actions of Dr. Ameyo Stella Adadevoh and the team she led. A consultant physician at the First Consultants Hospital in Lagos, her quick action, critical diagnosis, and defiance of diplomatic pressure to release Nigeria's first Ebola patient, Patrick Sawyer, saved countless lives. This selfless leadership earned posthumous honors from numerous global health bodies, recognizing her as a symbol of medical ethics and decisive action in public health emergencies.

At DRASA, we remain committed to amplifying stories of courage, resilience, and ethical leadership that inspire future generations to act for the greater good. Dr. Adadevoh's legacy continues to guide our work in strengthening health systems and promoting community health resilience.

We are deeply grateful for this and all other recognitions of Dr. Adadevoh's extraordinary sacrifice and are honored to share her story as a testament to the power of one individual's resolve to protect a nation.

## African Visionary Fund (Now African Collaborative) Feature



In 2024, DRASA Health Trust was featured by the African Visionary Fund (now known as the African Collaborative) in a powerful blog post highlighting our leadership in advancing Nigeria's public health strategy. The feature recognized DRASA's pivotal role in developing the country's second National Action Plan on Antimicrobial Resistance (AMR), a groundbreaking five-year strategy that reflects a "One Health" approach, integrating human, animal, and environmental health perspectives.

The article spotlighted the inclusive and multi-sectoral nature of the strategy development process, coordinated by DRASA with input from over 100 stakeholders across government, civil society, and international partners. It also acknowledged our efforts to prioritize youth engagement, community input, and data-driven decision-making in shaping Nigeria's health future.

We are honored by this recognition and remain deeply grateful to the African Collaborative for amplifying our work. It reaffirms our commitment to building a resilient, community-centered health ecosystem and training the next generation of public health leaders through initiatives like our IPC certification program and the DRASA Public Health Academy.

## IPC Award at the National Conference on Infection Control



On the 6th of December, 2024, DRASA Health Trust received an award of recognition for our significant contributions to advancing Infection Prevention and Control (IPC) in Nigeria.

The award was given during the three-day National Conference on Infection Control (NCIC) 2024, themed 'Strengthening IPC in Nigeria' organized by the Nigerian Society for Infection Control (NSIC) to celebrate Nigeria's exceptional achievements in IPC.



DRASA Health Trust remains steadfast in our commitment to raising Health Champions, infectious disease prevention and outbreak response. Receiving a recognition award at the NCIC 2024 not only validates our ongoing efforts but also affirms the significant impact of our work. This acknowledgment underscores our unwavering dedication to advancing Infection Prevention and Control (IPC) and strengthening Nigeria's health security.

## +1 Global Fund Case Study Recognition

In 2024, DRASA Health Trust was selected by the Roddenberry Foundation's +1 Global Fund as an organization to be featured in a special case study series. This recognition highlights DRASA's ongoing impact and innovation in strengthening Nigeria's health ecosystem. Following a detailed selection process, including interviews with our team and a review of our work, the case study was developed to share our approach to systems change and our achievements with global audiences. The case study was also used as an example in a series of capacity-building workshops for fellow +1 Awardees.

We are honoured to be profiled alongside other impactful initiatives and grateful to the +1 Global Fund for this recognition which reinforces our commitment to preventing infectious diseases, strengthening health systems, raising health champions, and continuing to serve as a model for effective, community-centered health initiatives in Nigeria and beyond.

Financial Report

Annual Review

ANNUAL REPORT

ANNUAL REPORT & ACCOUNTS

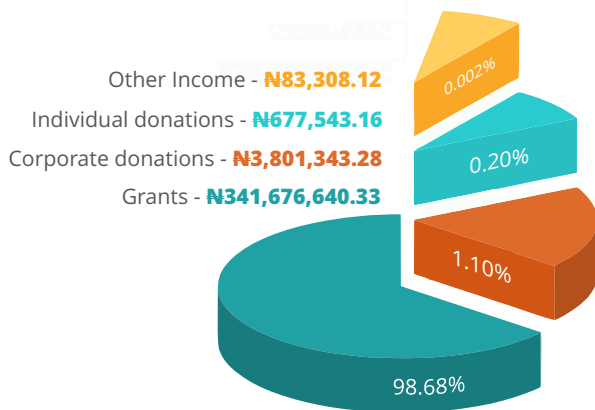
ANNUAL REPORT AND ACCOUNTS

INTERIM REPORT

# FINANCIALS

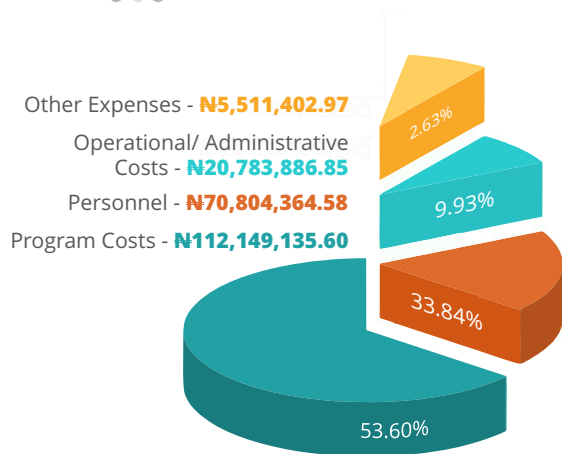
# Financials

## Revenues



| Category              | Actual FY 2024 (N)     |
|-----------------------|------------------------|
| Other Income          | ₺83,308.12             |
| Individual Donations  | ₺677,543.16            |
| Corporate Donations   | ₺3,801,343.28          |
| Grants                | ₺341,676,640.33        |
| <b>Total Revenues</b> | <b>₺346,238,834.89</b> |

## Expenses



| Category                          | Actual FY 2024 (N)     |
|-----------------------------------|------------------------|
| Other Expenses                    | ₺5,511,402.97          |
| Operational/ Administrative Costs | ₺20,783,886.85         |
| Personnel                         | ₺70,804,364.58         |
| Program Costs                     | ₺112,149,135.60        |
| <b>Total Expenses</b>             | <b>₺209,248,790.00</b> |



# Appreciation

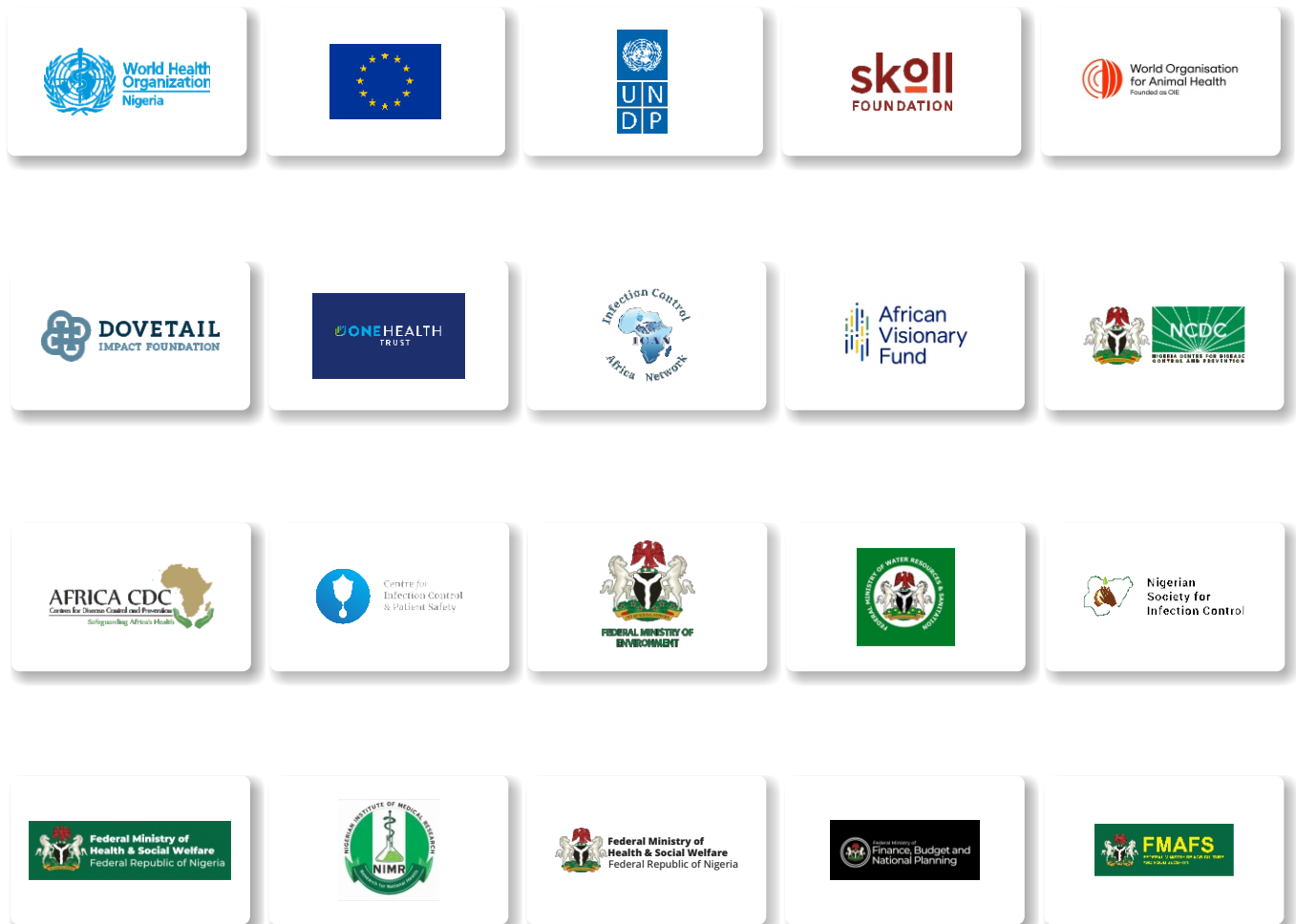
To all our partners, donors and supporters, thank you for being a vital part of DRASA's journey in 2024.

Your trust and partnership made it possible for us to reach more communities, equip more health workers, and respond to the public health needs of Nigerians with passion and hope. Every milestone we achieved this year carries your fingerprint. Because of you, we are closer to a healthier and safer Nigeria.

We are deeply grateful to you for believing in our vision and supporting us again on this journey to lasting change.

Thank you for the impact we made together in 2024, while we look forward to all that is still to come.

## Partners



# 2024 IN PICTURES















## Support DRASA



**Your generosity allows our team to continue our lifesaving work**



**Join the community**



**Share our work**



**Volunteer Time & Expertise**



**Partner with us**





**Donate to our cause**



# DRASA

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