

A conversation with Sightsavers, June 7, 2018

Participants

- Sunday Isiyaku – Country Director, Nigeria, Sightsavers
- Amanda Jordan – Trusts Manager, Sightsavers
- Morna Lane – Head of Major Donors & Trusts, Sightsavers
- Philip Downs – Technical Director, Neglected Tropical Diseases, Sightsavers
- Chelsea Tabart – Research Analyst, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Isiyaku, Ms. Jordan, Ms. Lane, and Dr. Downs.

Summary

GiveWell spoke with Mr. Isiyaku, Ms. Jordan, Ms. Lane, and Dr. Downs of Sightsavers as part of its 2018 update of its review of Sightsavers' deworming program. The conversation focused on country updates from Sightsavers about how its GiveWell-supported programming has progressed over the last year.

Nigeria

Yobe State

Sightsavers supports Yobe State's deworming program through NGOs CBM and the Health and Development Support Programme (HANDS). Sightsavers' plan for its work in Yobe State remains roughly the same as described in the explanatory narrative Sightsavers provided to GiveWell in September.

Prior to this year, CBM and HANDS had funding from another source for their NTD work in Yobe State. They had been supporting schistosomiasis and soil-transmitted helminths (STH) treatment; however, due to funding limitations, they had not been able to adequately treat the entire state.

In Yobe state, Nigeria, Sightsavers provides:

1. Technical support to other NGOs, such as CBM and HANDS, to ensure that MDA programs are implemented in line with World Health Organization (WHO) guidelines, state guidelines, and Sightsavers' minimum standards.
2. Program monitoring, including a) site visits every six months to monitor whether children are being treated, whether treatment is school-based and/or community-based, etc., and b) use of a Quality Standards Assessment Tool (QSAT) every one or two years.
3. Financial monitoring to ensure that its implementing partners' expenditures match their agreements with Sightsavers.
4. Management of coverage surveys.

In 2018, the first mass drug administration (MDA) will begin in July and finish before the end of the year.

Other states

In Sightsavers' four states project, about 90% of treatment is school-based and 10% is community-based. The community-based treatment is primarily done in the states of Sokoto and Kebbi. In Benue State, all treatment for schistosomiasis and STH has been school-based; only onchocerciasis and LF treatments have been community-based.

Sokoto impact assessment methodology

Sightsavers has some concerns about the methodology of impact assessment surveys conducted in Sokoto State. It may be necessary to go back and collect additional survey data, so the final results have been delayed.

The mapping process included five schools per district. Initially, Sightsavers planned to revisit those schools for impact assessment. Sightsavers now intends to instead use sentinel sites to try to get a broader picture of impact at the community level. Sightsavers is concerned that, by focusing only on schools, it might miss children who are absent from school, did not receive school-based treatment, and consequently act as reservoirs for diseases.

Because schistosomiasis and STH distribution tends to be highly focal, impact survey results might be diluted if the evaluation units are too large. It might be beneficial to go back and break evaluation units into smaller units for analysis.

Nigeria's FMOH recently convened stakeholders, including Sightsavers, CBM, and Hellen Keller International (HKI), to develop a standardized survey protocol so that different NGOs across different states will all follow the same protocol. That protocol will be finalized soon.

Treatment coverage surveys

Most treatment coverage surveys (TCSs) in Nigeria are on schedule. TCSs are typically scheduled for three to six months after the MDA. The TCS for Benue State is scheduled for June, so Sightsavers is unlikely to have results before the end of the year.

Circumstances when Sightsavers supports community-based deworming MDA

In larger cities in Nigeria, almost all children attend school. School attendance is lower in more rural communities, and very low in some areas. While school-based treatment is Sightsavers' first choice of treatment model, in some areas school attendance is too low for school-based treatment to achieve adequate coverage. In those cases, community-based treatment may also be necessary. Sightsavers decides whether to do community-based treatment on a case-by-case basis (i.e. there is no set threshold of school attendance below which Sightsavers deems community-based treatment necessary).

Community-based treatment is always done after school-based treatment (usually two or three days later).

Treatment during Ramadan

Sightsavers and its partners try to avoid scheduling MDA during Ramadan in predominantly Muslim areas, however, logistical factors may make that infeasible. If MDA occurs during Ramadan, Sightsavers alters its protocols to ensure that children take the deworming treatments in their homes when they eat with their families, as WHO guidelines require that children consume the treatments with food. In 2017, a small percentage (less than 10%) of Sightsavers' treatments were delivered during Ramadan. In 2018, because of the timing of the shipment of drugs, Ramadan will be over by the time treatments start.

Amendment to Sightsavers' 2017 report for the four states project

Sightsavers had not originally expected to target any adults for treatments during 2017. However, 78,023 adults were in fact treated in the Kebbi district in Sokoto State, and the initially reported number of school-age children treated should be reduced by that amount.

Other countries

Guinea-Bissau

When Sightsavers reviewed the results of remapping in Guinea-Bissau with the Ministry of Health (MOH), there were three regions where there was disagreement on whether to treat. This was based partially on additional evidence that the MOH had concerning proximity of communities to high endemicity areas and movement of people between areas.

Sightsavers treated those areas in 2018. It does not plan to treat these three areas in 2019, but does plan to return to sentinel sites for a more in-depth evaluation to determine treatment recommendations going forward. In the mapping that Sightsavers did in consultation with the WHO, the evaluation units were relatively large; Sightsavers thinks it will likely make sense to break those evaluation units into smaller areas. It seems possible that some of the smaller areas within a region may end up needing routine treatment while others will not.

Guinea

A new prevalence assessment by Guinea's MOH identified a gap for schistosomiasis and STH treatment in five districts that have not previously been covered, in part because they are not endemic for LF. Sightsavers plans to start treatment for schistosomiasis and STH in those districts. This will not be an overlay on any existing Sightsavers work in the districts (i.e. not part of an integrated NTD program).

Budget

Sightsavers' actual spending for 2017 was in-line with what was projected. Sightsavers' wish list had included some extra funding for additional costs in already-funded programs; those funds were primarily used in 2018 to purchase motorcycles for Sightsavers' partners so that they are able to reach all treated communities for monitoring activities.

DFID has extended its funding for UNITED (the Sightsavers-led consortium of groups targeting NTDs in Nigeria) by 18 months (until March 2019).

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