

Sightsavers deworming and social behaviour change communication (SBCC) programme, Cameroon

Delivering MDA and scaling-up an evidence-based approach for schistosomiasis (SCH) and soil transmitted helminths (STH) control

Year two annual report: April 2018 – March 2019

Country: Cameroon

Location: Far North, North and West regions

Start date: SBCC January 2017; MDA April 2018

Project goal: To contribute to the reduction in prevalence, intensity and transmission of schistosomiasis (SCH) and soil transmitted helminths (STH) through MDA and the promotion and adoption of healthy attitudes and hygiene behaviours by school aged children and the wider community.

Project summary

This project year, Sightsavers has been supporting SCH/STH mass drug administration (MDA) in three regions of West, North and Far North Cameroon, with funding from GiveWell's quarterly payments. The need arose as the previous funding stream was discontinued at the end of 2017, leaving a large funding gap.

We initially planned to use the quarterly funding payments to continue SCH/STH MDA in its existing implementing regions of the North West, South West and West, but deteriorating security in the North West and South West regions meant delivering programmes in these regions was not possible for Sightsavers. As advised, funding was instead reallocated to the North and Far North regions, where Sightsavers were already implementing the trachoma programme (SAFE activities) in these regions. Existing relationships with regional MoH staff made the implementation of a SCH/STH project feasible and cost effective.

The original focus of the GiveWell Cameroon project aimed to build the evidence base for WASH Social Behaviour Change Communication (SBCC) alongside MDA, in controlling transmission of SCH and STH. This work focused on three health areas¹ in the West region of Cameroon, where SCH is highly endemic.

Project output summary

Output	Indicator	Year 2 target	Year 2 to date
Treat school-age children between 5-14 years for SCH and STH through MDA	No. of school-age children between 5-14 years treated for SCH	1,400,569	1,764,294
	No. of school-age children between 5-14 years treated for STH	1,677,195	2,090,834

Total number of school aged children treated: 2,118,648

¹ A health area is smaller than a district, generally containing 5-15 communities.

Activity Narrative

Impact survey summary

The impact survey was completed in the West region at the end of the last reporting period (March 2018) and in the North West region (April 2018). There was partial implementation of the survey in the South West region (May 2018); however, it was disrupted due to the security crisis that escalated in mid-May. The first draft of the report went out for review in July and was finalised in September 2018. These findings allowed us to locate the three health areas within the West region most in need of complementary WASH and SBCC interventions.

MDA summary

Project staff met with the SCH/STH national programme to plan school based MDA in the Far North, North and West regions. Regional training for the supervision of MDA then commenced, first with the District Medical Officers and then the regional and divisional delegates of basic and secondary education. Finally, there was district level training of inspectors of basic education, school directors and principals in drug distribution.

The Ministry of Education chose to start MDA in January 2019 in the 61 endemic districts across the three regions, when schools reopened after the Christmas break. Cameroon generally follows a school-based approach to SCH/STH MDA, with non-enrolled school children being mobilised to attend their nearest school during MDA to receive their treatment.

Once the MDA was finished, regional deworming appraisal meetings were held in each region in February. These meetings gathered stakeholders (MoH, MINEDUB, MINESEC, representatives of communities, municipal councils) involved at regional level. These meetings were an opportunity to discuss the MDA data collected from across the region, so as to verify a final data set to be included in the national reports, draw conclusions and identify learnings.

SBCC summary

This project is working to promote social behaviour change communication (SBCC) and water, sanitation and hygiene (WASH) activities to complement and build upon the SCH and STH MDA control programme. After the results of the impact survey were analysed, the project chose to focus on three health areas in the West region where SCH had been ongoing for around 8 years, but prevalence remained over 10%: Fouban Nord (16.67%), Foubot 1 (43.75%) and Matta (73.47%).

A regional start up meeting was held with stakeholders in the West region in November 2018, to develop materials, tools and key sensitisation messages for SBCC implementation. This also served as an advocacy meeting to launch a regional WASH committee, to facilitate the incorporation and practice of WASH in all domains, for the better health and wellbeing of the population.

SBCC baseline data on hygiene and sanitation practices was then collected in 28 primary schools. The objectives were to:

- Collect basic data on school enrolment;
- Evaluate the availability of handwashing stations with soap and clean water;
- Examine the sanitation situation of the schools;
- Observe some communities to verify if they are free from open defecation and animal faeces;
- Evaluate pupil's knowledge of basic hygiene and sanitation.

The data collected will be used to help measure the impact of the project going forward.

SBCC materials and radio spots were developed for use in schools and communities. Local radio journalists, teachers and social mobilisers were trained on the project's SBCC messages. Finally, SBCC activities were implemented directly in the selected schools and communities:

- Teachers were trained on WASH activities related to the transmission of SCH;
- Social mobilisers were trained on data collection, promotion and sensitisation of health messages;
- Weekly practical sessions were held in schools on the use of toilets and hygiene promotion;
- Door to door sensitisation of the community on good hygiene practices;
- Focus group discussion with local and religious groups on WASH;
- Meetings to promote and encourage the building of toilets in communities;
- Local radio broadcasts for SCH/STH prevention.

A successful advocacy meeting took place in February 2019 with the Divisional Officer and Municipal Council of Magba in Malentouen health district. The project team advocated for the construction of water points and public toilets in Matta village, where SCH prevalence is 73.47%. This has subsequently been taken into account in the council's development plan, a particular success as it is integral in allowing people to positively change their behaviours.

Project outcomes

Output Indicator	Year 2 Apr 2018 - Mar 2019			
	Milestone Nov 19	Nov 19 actual	Milestone Mar 19	Mar 19 actual
1.2 No. of schools and communities censored and targeted for implementation of SBCC activities	8	28	10	28
2.2 West region completed the NTDs WASH data tool and update it yearly	-	-	1	-
2.3 No. of key sensitisation materials elaborated for use at community	3	4	3	4
2.4 No. of radio spots produced and broadcasted over local radio stations.	7	10	7	10
3.1 No. of routine health personnel, community representatives and teachers trainings that have SBCC component included on SCH preventions during MDA preparation	18	3	20	18
3.2 No. of training sessions organize to train school teachers on hand washing and sensitization activities towards SCH prevention	8	28	10	28
4.1 No. of weekly practical sessions carried on hand/face washing tips in targeted schools.	8	28	10	28
4.2 No. of community drug distributors used for awareness creation during MDA	124	-	124	124
4.3 No. of village sensitisation sessions carry out.	15	30	15	15
4.4 No. of focus group discussions organised in selected schools and communities based on sex, age and sociocultural context in relation to SCH prevention	10	12	5	8

Output Indicator	Year 2 Apr 2018 - Mar 2019	
	Milestone year two	Estimated achievements to date
1.1 No. of teachers trained on SCH/STH MDA	7,260	7,318
1.2 No. of health workers trained on SCH/STH MDA.	146	146
1.3 No. of CDDs trained on SCH/STH MDA	124	124
1.4 No. of schools training at least one classroom teacher on school MDA*	7,152	6,579
2a.1 No. of school aged children (5-14 years) treated for STH via MDA with mebendazole or albendazole	1,677,195	2,090,834
2a.2 No. of school aged children treated for SCH via MDA with praziquantel	1,400,569	1,764,294
2a.3 No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance	3	3
2b.1 No. of adults treated for STH	-	-
2b.2 No. of adults treated for SCH**	12,363	18,471
3.1 No. of advocacy meetings conducted with stakeholders on SCH/STH Interventions.	3	3

* See 'key successes' section

** Adults treated in Matte village due to high SCH prevalence (73.47%).

School vs community based treatments

Across all regions, 3.5% of school age children were treated in the community during this round of MDA, with the majority receiving treatment in schools. The lowest proportion of community treatments was in the West (1%), with the highest in the Far North (5.5%).

Treatment coverage rates

Outcome Indicator	Year 2 Apr 2018 - Mar 2019	
	Milestone year two	Achievements to date
% of all targeted people in targeted health zones treated with praziquantel for SCH (ultimate threshold at least 75%)	75%	85%
% of all targeted people in targeted health zones treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%)	75%	86%
% of existing schools in targeted health zones participating in the school deworming programme	100%	100%

Key successes:

- Successful implementation of SCH/STH MDA in the North and Far North regions for the first time under Sightsavers;
- High treatment coverage rates, resulting in over-achievement of treatment targets;
- Finalisation of the impact survey in the North West, South West and West regions with public endorsement of the report by MoH planned during upcoming SCH/STH Week in June 2019;
- 100% of existing schools were reached. The original planned target of 7,152 was incorrect, as 573 schools were not official and had been closed down by the beginning of the school year.

Key Challenges:

- The West region had more people requiring treatment than expected due to displacement of people from the North West region, causing pressure on regional drug supply. An urgent drug request was successfully issued to cover the additional needs in the West region;
- The new electronic SBCC data template was a challenge for some health district staff. Going forward, it is agreed that regional supervisors will support and guide users of the new data template in its correct use and completion.

Project monitoring and coverage survey activity

Monitoring and supervision was conducted at various levels, from national and regional level staff, down to community level, involving partners from MoH and the education sectors. Health workers and staff from the MoE supervised teachers within their catchment areas during distribution. In Cameroon, regional, district and health area staff monitored and senior education staff supervised teachers during the MDA campaign.

In March 2019, a treatment coverage survey (TCS) was implemented in the West region. Thirty communities from two health districts (Foumbot and Malantouen) were selected through random sampling. In the West region, 3,749 children were surveyed in the 60 communities. The analysis is ongoing, and results will feed into future MDA planning.

TCS were planned in Bibemi and Poli (North Region) and Guere and Tokombere (Far North) and completed in April/May 2019. These fell outside of the reporting year 2 (April 18-March 19) due to MoH competing priorities, but still carried out within the recommended time frame for a TCS. Funds allocated for these activities will be reconciled in reporting year 3.

Mid-term review of GiveWell funded SBCC activities took place in February 2019. Participants reviewed the activities implemented, sensitisation and data collection tools used. The achievements of the first phase of activities were presented by each health district.

Recommendations included:

- Intensifying community meetings and focus group discussions in schools and communities;
- Data collection tools amended for printing;
- Practical sessions on hygienic behaviours should be implemented once in a school assembly and thereafter weekly in classes;
- It was deemed necessary to brief teachers on the correct usage of 'tippy tap' (a simple hand/face washing device) and the chart for 'good and bad habits' during educational talks on SCH/STH prevention;

- District and health area teams to transfer all hard copy data collected during the first phase into the new SBCC electronic template;
- Use the social mobilisers household data on the use and availability of latrines in the communities for advocacy. Continue to advocate with councils for households to construct and use latrines, closing those that drain directly into water bodies;
- Organise community meetings in the health areas on the need to promote behavioural practices that prevent SCH/STH transmission.

Lessons learned

Cameroon's official strategy to reach out to non-enrolled school aged children is by mobilising them to come to the nearest school on an MDA day to receive their treatment. However, this was not feasible in the North and Far North regions. Security issues, mainly caused by Boko Haram, prevented some non-enrolled children from getting close to the school campuses. In these cases, health workers and social mobilisers were used to reach out of school children within their communities. In subsequent campaigns, we plan to train more social mobilisers and ensure all satellite health facilities are involved in the campaign, in order to reach as many children as possible.

During the regional deworming appraisal meetings in the North and Far North Regions, it was realised that 573 of the targeted schools were 'unofficial' and therefore no longer existed. This meant some districts did not meet their targeted number of schools (output indicator 1.4). As a mitigation strategy, nurses and social mobilisers were trained to conduct community based distribution of the treatments for the children whose schools had been closed down.

Cross-learning from other countries has told us that SBCC materials should be reviewed and adapted to ensure campaigns remain effective year on year. We will take this learning forward in Cameroon by continuing to review our SBCC materials on a regular basis.

Looking ahead to 2019

Over the past two years, GiveWell's funding for SBCC has enabled the training and sensitisation of teachers and school children in promoting healthy attitudes and hygienic behaviours. Going forward, we hope to identify potential donors who would be interested in further exploring the relationship between complimentary WASH interventions and SCH transmission.

Sightsavers will be using GiveWell Wishlist 3 funding to extend the MDA activities in the West, North and Far North regions for a further three years, up to March 2022.

Due to ongoing security concerns in the South West and North West regions, Sightsavers is unable to deliver MDA in these regions. In the interim, the MoH is trying to treat for SCH/STH where feasible.

As previously discussed GiveWell Wishlist 3 funds will be diverted from the South West and North West to be fully utilised by expanding our deworming work to cover new regions – currently planned for East and Adamaoua.