

Deworming Wish list DRC 2018 – 19, explanatory narrative

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Geographic expansion of support in DRC Background to project area and PCT NTD needs

Ituri Sud in the DRC borders the Sightsavers and GiveWell-supported Ituri Nord area in the Ituri region of North East DRC. Among Ituri Sud's 23 zones de santes (health zones), the prevalence of onchocerciasis, lymphatic filariasis (LF), soil transmitted helminths (STH) and schistosomiasis reaches the WHO recommended thresholds for mass drug administration (MDA) in 12, 19, 5 and 23 health zones respectively (see Table 1).

Among these 23 schistosomiasis endemic health zones:

- one is categorised as high risk ($\geq 50\%$ prevalence),
- 12 are categorised as moderate risk ($\geq 10\%$ but $< 50\%$) and
- 10 are categorised as low risk ($\geq 0\%$ but $< 10\%$)

The WHO recommended treatment schedule for high, moderate and low - risk health zones is for the treatment of school age children (SAC) every year¹, every other year and every three years² respectively. Among the five health zones exceeding the WHO-recommended threshold of 20% for STH MDA, all are categorised as low risk ($\geq 20\%$ but $< 50\%$) and therefore require the treatment of school age children every year. The distribution of albendazole through the LF MDA platform covers the STH MDA needs in four of these health zones (due to STH-LF co-endemicity). Trachoma mapping is currently underway.

The onchocerciasis CDTI (Community Directed Treatment with Ivermectin) programme started in 2012 and is now in its seventh year of implementation. In 2016, with support from WHO ESPEN the project expanded to support LF, schistosomiasis and STH. This support has continued through to 2017 and 2018 due to the lack of any NGDO NTD partner for this area.

¹ In high risk districts it is also recommended that adults are treated. The DRC Ministry of Health is not currently adopting the strategy of including adults in treatment targets.

² The actual WHO recommendation in districts categorised as low risk for SCH (i.e. $< 10\%$) is for the treatment of school age children (SAC) twice during primary schooling age – this is often interpreted as once every three years.

Programme scope & targets: In line with the position of the Ministry of Health (MoH) for clear geographic delineation of NGDO support and integrated programming (with as much as possible a single partner supporting all PCT NTD needs), this proposal covers onchocerciasis, lymphatic filariasis, schistosomiasis and soil transmitted helminths.

Treatments: District level epidemiological data and 2019 treatment targets (according to WHO thresholds for treatment) are provided in Annex 1. Summary treatment targets by disease are provided in Table 1.

Table 1: Summary treatment targets (2019)

	LF	Oncho	Schisto	STH
Target	2,025,579	1,254,269	331,195	156,325
No. of health zones	19	12	8	5

Note: Targets for oncho/LF and SCH/STH are defined as 80% and 75% of the at risk population, respectively. The at risk population for SCH/STH corresponds only to school age children (5-14 years) – estimated at 35% of the total population.

Monitoring and Evaluation: Monitoring of impact and performance will be achieved through therapeutic coverage surveys and the establishment of sentinel sites for subsequent impact surveys.

Programme management

In line with the mode of support in Ituri Nord, Sightsavers will be supporting the MoH through the NGDO United Front Against River blindness (UFAR). Activities in the project area will be overseen by a UFAR Technical Assistant / Project Officer based in Bunia³ with support from the UFAR Country Representative and additional specialist M&E support from Sightsavers' staff and consultants. In addition to supporting the MoH Project Coordinating Officer for the Ituri Sud project area, the housing of the new UFAR post in Bunia will also facilitate the strengthening of regional-level NTD support from the MoH.

Strategic logic for expansion

Sightsavers is committed towards supporting 'integrated' NTD programming in DRC. Having supported NTD efforts in the Ituri region since 2011, it is a logical next step to extend support from Ituri Nord to Ituri Sud – a project area where UFAR already have relationships with the local coordination team. The call for support in Ituri Sud is being covered by WHO-ESPEN in the short-term, opening an opportunity for an NGDO partner to step-in.

In line with Sightsavers' organizational priorities and MoH call for partners to support all PCT NTD needs in any project area, Sightsavers would not expand into Ituri Sud to support deworming efforts only, therefore this proposal covers oncho, LF, schisto and STH. As part of expansion, our key focus will be on strengthening the capacity of both our partner and the MoH.

³ the capital of Ituri region

Strengthening capacity and M & E and supervision in existing project area

The strengthening of capacity, supervision and M&E in the existing project area of Ituri Nord will be achieved through:

- Support for an additional treatment coverage survey;
- Support for the establishment of sentinel sites;
- Increased frequency of M&E support missions (from Sightsavers and external consultants);
- Additional provision for support with financial management.