

Sightsavers Deworming Program – DRC, Ituri Sud GiveWell Wishlist 4 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: DRC

Location (region/districts): Ituri Sud

Duration of project: 3 years

Start date: April 2020

Since 2011 Sightsavers has been supporting an onchocerciasis elimination project in DRC. Sightsavers provides support for this work through the United Front Against River Blindness (UFAR). UFAR have been delivering Sightsavers deworming programme in Ituri Nord through GiveWell funding since 2017.

In this new Ituri Sud program, the UK Government's Department for International Development ASCEND program will facilitate stable funding for oncho and LF MDA whilst GiveWell funding, through Wishlist 4, would respond to the need for SCH and STH MDA.

Goal

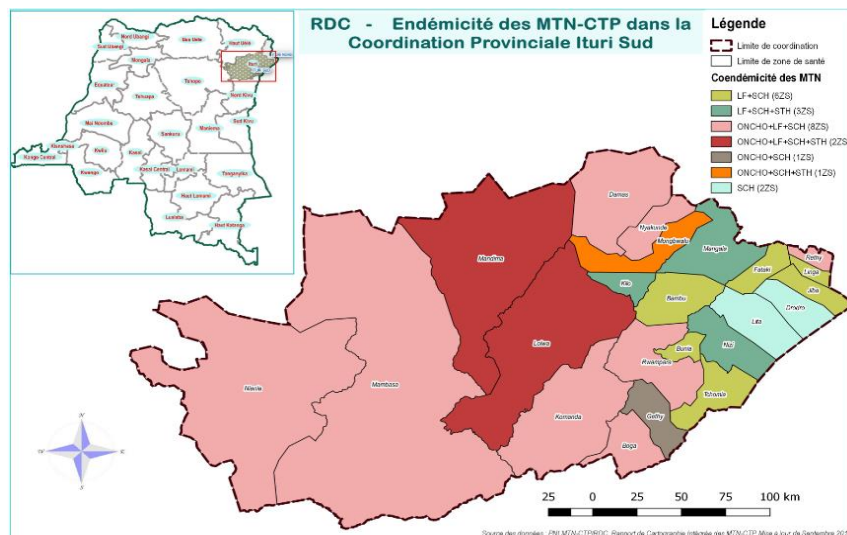
Reduction in the prevalence and intensity of SCH and STH amongst school age children

Outcome

School aged children (SAC) between 5-14 years within the intervention zone are effectively treated for SCH and STH with albendazole and praziquantel as required.

Program implementation areas

The program area comprises of 23 districts endemic to SCH (prevalence 1-90%), 5 for STH (ranging 29-35%). This program will support the National NTD control/elimination program in implementing high quality MDA to SAC in 23 endemic health districts.



Ituri Sud NTD endemicity map

Table to show prevalence estimates and treatment schedules for SCH/STH

Health Zone	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Oncho treatment schedule	LF treatment schedule
Bambu	8%	Every 3 years	18%	N/A	N/A	Annual
Boga	15%	Biennial	18%	N/A	Annual	Annual
Bunia	26%	Biennial	2%	N/A	N/A	Annual
Damas	3%	Every 3 years	4%	N/A	Annual	Annual
Drodro	36%	Biennial	13%	N/A	N/A	N/A
Fataki	1%	Every 3 years	6%	N/A	N/A	Annual
Gethy	20%	Biennial	1%	N/A	Annual	N/A
Jiba	8%	Every 3 years	7%	N/A	N/A	Annual
Kilo	14%	Biennial	29%	Annual	N/A	Annual
Komanda	30%	Biennial	10%	N/A	Annual	Annual
Mandima	4%	Every 3 years	20%	Annual	Annual	Annual
Linga	3%	Every 3 years	1%	N/A	N/A	Annual
Lita	9%	Every 3 years	9%	N/A	N/A	N/A
Lolwa	10%	Biennial	12%	N/A	Annual	Annual
Mambasa	41%	Biennial	12%	N/A	Annual	Annual
Mangala	4%	Every 3 years	29%	Annual	N/A	Annual
Mongbwalu	15%	Biennial	35%	Annual	Annual	N/A
Niania	32%	Biennial	10%	N/A	Annual	Annual
Nyakunde	35%	Biennial	3%	N/A	Annual	Annual
Ninzi	8%	Every 3 years	27%	Annual	N/A	Annual
Rwapara	10%	Biennial	1%	N/A	Annual	Annual
Rethy	4%	Every 3 years	1%	N/A	Annual	Annual
Tchomia	90%	Annual	4%	N/A	N/A	Annual

Note: Oncho and LF treatments funded by DFID ASCEND

Prevalence and treatment strategy

Endemicity of SCH and STH in Ituri Sud was identified through a 2010 Ministry of Health led integrated mapping, completed in 2015 with support from the WHO. SCH prevalence varied from 1% to 90%.

All 23 health zones in the program area are eligible for SCH MDA and five health districts for STH as prevalence estimates fell within WHO recommended threshold for MDA eligibility (SCH \geq 1% and STH \geq 20%).

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 4', for the full prevalence detail and treatment targets by district.

Adults will not be part of the target for praziquantel, despite very high SCH prevalence in Tchomia health zones but adults will benefit from oncho and LF treatment through integrated MDA

Table 2: Treatment targets

Health Zone	SAC Population	Year 1 SCH treatment target	Year 1 STH treatment target	Year 2 SCH treatment target	Year 2 STH treatment target	Year 3 SCH treatment target	Year 3 STH treatment target
Bambu	34,587	26,718	-	-	-	-	-
Boga	26,874	20,760	-	-	-	22,024	-
Bunia	100,146	-	-	79,684	-	-	-
Damasi	45,448	35,108	-	-	-	-	-
Drodoro	31,653	-	-	25,186	-	-	-
Fataki	51,093	-	-	40,653	-	-	-
Gethy	69,131	53,403	-	-	-	56,656	-
Jiba	40,111	30,986	-	-	-	-	-
Kilo	17,477	-	13,501	13,906	13,906	-	14,323
Komanda	81,096	62,647	-	-	-	66,462	-
Linga	44,525	-	-	35,427	-	-	-
Lita	51,386	39,695	-	-	-	-	-
Lolwa	23,114	17,855	-	-	-	18,943	-
Mambasa	40,659	31,409	-	-	-	33,322	-
Mandima	58,898	-	45,499	-	46,864	48,270	48,270
Mangala	33,942	26,220	26,220	-	27,007	-	27,817
Mongbwalu	51,545	39,819	39,819	-	41,013	42,244	42,244
Niania	26,880	20,765	-	-	-	22,030	-
Ninzi	34,357	26,541	26,541	-	27,337	-	28,157
Nyakunde	37,816	29,213	-	-	-	30,992	-
Rethy	81,246	-	-	-	-	66,584	-
Rwampara	53,440	41,283	-	-	-	43,797	-
Tchomia	25,821	19,947	-	20,545	-	21,161	-
Total	1,061,244	522,369	151,579	215,401	156,127	472,484	160,811

Outputs

Output 1: Train health workers, teachers and community members to implement SCH and STH, MDA activities in schools and endemic communities/villages.

Output 2: Treat school-aged children between 5-14 years for SCH and STH through MDA strategy.

Output 3: Ministry of Health coordinates and supports implementation of the National NTD Master Plan with focus on SCH and STH in the targeted regions, health districts.

Key output indicator targets

	Year 1	Year 2	Year 3
	Apr'20 – Mar'21	Apr'21 – Mar'22	Apr'22 – Mar'23
No. of teachers trained on SCH/STH MDA	1,989	1,323	1,575
No. of health workers trained on SCH/STH MDA	555	347	443
No. of CDDs trained on SCH/STH MDA	12,547	7,807	10,038
No. of school aged children between 5-14 years treated for SCH	522,369	215,401	472,484
No. of school aged children between 5-14 years treated for STH	151,579	156,127	160,811
No. of adults treated for SCH	-	-	-
No. of adults treated for STH	-	-	-

Please see attached 'Combined Wishlist 4 logframe' for full outputs, outcomes, impact and associated risks and assumptions.

Summary of planned budget

	Year 1	Year 2	Year	Total
Planned program costs	\$401,151	\$287,457	\$391,152	\$1,079,760

NB. See country specific tabs in Wishlist 4 spreadsheet for ICR allocations

Please see attached 'Wishlist 4 budget' for more detail.

Implementation

The project will contribute to an effective control of SCH and STH through MDA.

SAC (35% of total population) are the principal target for SCH and STH interventions with the aim of reaching at least 75% in all endemic health zones. Supervised by trained health workers, school based treatment with praziquantel tablets for SCH will be distributed by teachers to ensure optimal coverage. Non-enrolled or absent children will be treated through community based MDA by community drug distributors (CDDs).

Albendazole treatment will be given alongside praziquantel in health zones co-endemic to SCH and STH. Teachers and other community members will benefit from health education and sensitization campaigns that will be conducted before, during and after MDA.

The major challenges of delivering in Ituri Sud is its geographical location and distance from the decision-making centre of the National Program, located in Kinshasa. Through robust planning the program will address the logistical constraints, particularly in terms of drug transportation and frequent follow-up of field activities, such as training of teachers and CDDs. The recent outbreak of Ebola presents challenges for program delivery and is a situation that will be continue to be monitored by the program team and Sightsavers internal security team.

Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA.

A Quality Standards Assessment Tool, (QSAT), used to appraise the program's performance, will be scheduled to take place in Year 2 of the program.

Follow-up parasitological surveys (surveys at sentinel sites / surveys for the reassessment of baseline prevalence levels) will be supported as relevant, in accordance with guidance from WHO / expert groups. These surveys will a) assess progress towards the control of morbidity / elimination of SCH and STH as a public health problem; b) reassess treatment strategies.

Inputs from key partners, governments and other stakeholders

Partner*	History of work with Sightsavers	Role in the project
United Front Against River blindness (UFAR)	Implements Sightsavers and DFID interventions in DRC since 2011	Technical support Implementing partner,
Ministry of Health	Partnership since 2011	Coordination Implementing partner
Ministry of Primary Education	Partnership since 2014 with MoH. 2017 with Sightsavers	Implementing partner Sensitization for adoption of healthy behaviour
WHO/ESPEN	Partnership since 2000 with MoH oncho elimination.	Provide technical support to central MoH
Communities	Support MDA and sensitization since 2011 within the supported districts	Implementing partners Beneficiaries

Other funding opportunities/fungibility

Following the closing of African Programme for Onchocerciasis Control (APOC), ESPEN provided limited funding to continue MDA in some endemic communities. This support was primarily for oncho and was insufficient for the unmet need to treat SCH and STH.

In 2016, the National NTD program and UFAR (United Front Against River Blindness) requested support from Sightsavers to meet the need for SCH and STH MDA in Ituri Sud, similar to the support currently provided in Ituri Nord. However Sightsavers was not in a position to meet this need because of a lack of available funding.

Earlier in the year Sightsavers was awarded the Department for International Development's 'Accelerating Sustainable Control and Elimination of NTDs' (Ascend) contract, worth approximately £91.6m over three years. Sightsavers was awarded the contract for West and Central Africa cover a range of countries including DRC. Under Ascend five NTDs are being

tackled, with LF being the lead priority (47% of all planned MDA treatments¹). Additional to MDA, Ascend funds patient care activities for trachoma and LF and system health strengthening.

When Sightsavers bid for the Ascend contract an integrated NTD program for Ituri Sud was not included because of limited available funds. However, during the recent inception period it became apparent there was some funding available to cover some additional NTD treatments in DRC (following Ascend disease priorities)

The Ministry of Health have requested that an integrated program is delivered. As Ascends has committed to address oncho and LF with its remaining available funds we are requesting GlveWell, through Wishlist 4, provide funding for SCH and STH MDA in Ituri Sud.

¹ The percentage breakdown of treatment allocations: river blindness 32%, LF 47%, SCH 15%, STH 4% and trachoma 2%. This allocation is just for MDA – only 19% of MDA treatments will be for SCH/STH