Sightsavers deworming program, Nigeria –Yobe State

GiveWell: schistosomiasis (SCH) and soil transmitted helminths (STH) project
Year two annual report: April 2018 – March 2019

Country: Nigeria
Location (region/districts): Yobe State

Project goal: The reduction in the prevalence and intensity of schistosomiasis (SCH) in school age children.

Project summary

Yobe state is situated in the North-East geopolitical zone and has 17 Local Government Areas (LGAs) with an estimated population of 3,122,280 (2018). It shares borders with Borno state to the East, Gombe state to the South, Bauchi and Jigawa states to the West and Niger Republic to the North.

The state began its NTD activities in 1996 with the control of onchocerciasis in 12 LGAs. It has since expanded its activities to include control/elimination programmes for lymphatic filariasis (LF), trachoma and sporadic SCH treatments. GiveWell funding has allowed the state to scale-up the SCH activities to meet WHO standards. None of the LGAs are above the WHO-defined prevalence thresholds for soil transmitted helminths (STH) mass drug administration (MDA).

April 2018 – March 2019 is the first year of GiveWell funded implementation in Yobe state, despite being in the second year of the overall GiveWell deworming programme.

Yobe is one of the four Nigerian states supported by the NGOs CBM and HANDS in the implementation of NTD programmes. Sightsavers implements the Yobe deworming project through these NGO partners at the request of the Federal Ministry of Health (FMOH), who identified the funding gap and requested Sightsavers' support.

The result of parasitological surveys conducted in the state in 2013 and 2016 indicated all 17 LGAs are endemic for SCH, with eight at low (≥0 but <10%) and nine at moderate (≥10 but <50%) risk. The estimated population of school age children (SCA) at risk in these LGAs at the time of project design wass 874,238 (2018). In accordance with FMOH guidelines for the treatment of SCH, school age children (between the ages of 5 and 14 years) are to be targeted for treatment annually and every 2 years, in the moderate and low risk LGAs respectively.

Project output summary

Output	Indicator	Year 1 target	Year 1 to date
Treat school aged children between 5-15 years for SCH	No. of school age children between 5-14 years treated for SCH	655,678	387,222

Total number of school aged children treated: 387,222

Activity Narrative

State level advocacy for the programme started in July 2018, where key stakeholders were informed of the impending deworming programme in the State. There was a consensus among stakeholders to give their maximum support and cooperation for the successful implementation of the programme and assistance in mobilizing communities to embrace the programme.

A micro planning meeting was also held, facilitated by a representative of the FMoH, to identify strategies for the smooth implementation of the deworming programme. The meeting produced a blueprint for effective programme coverage – treatment targets, training plans, timelines and strategies.

Additional funding was made available to the state from the Aisha Buhari Foundation to work directly with the MoH to provide SCH treatment 3 of the 17 LGAs. This meant that GiveWell funds were only required in the remaining 14 endemic LGAs.

As with other states in Nigeria, praziquantal (PZQ) did not arrive in state until early January 2019 and the quantity was not sufficient to treat all endemic LGAs. In Yobe ten LGAs were therefore selected for intervention, with the remaining 4 to be treated when more drugs become available. The selection of which LGAs received treatment was also affected by insecurity within the state, meaning not all LGAs were safe to work in.

Sensitisation and advocacy activities began at the end of January, with training of state NTD team, health workers, CDDs and teachers taking place sequentially throughout February.

MDA ran from the final week of February through to the first week of March and was followed by two weeks of data reporting. Once all data was submitted, it was collated at the state level and a review meeting was held in the second week of April to validate the results.

Below is a table showing treatments from the 10 LGAs reached before the end of March 2019.

LGA	enrolled SAC	non-enrolled SAC	TOTAL SAC	15+	TOTAL ALL
Bade	16,002	27	16,029	79	16,108
Bursari	23,563	48	23,611	375	23,986
DAMATURU	70,626	673	71,299	-	71,299
Fika	93,302	-	93,302	-	93,302
FUNE	31,814	483	32,297	1,036	33,333
GULANI	19,748	-	19,748	-	19,748
Jakusko	9,319	70	9,389	223	9,612
Nangere	65,350	-	65,350	-	65,350
Nguru	41,616	-	41,616	-	41,616
Yufusari	14,581	-	14,581	-	14,581
Grand Total	**385,921**	**1,301**	**387,222**	**1,713**	**388,935**

Results against targeted year one activity (April 2018 – March 2019)

Output	Indicator	Year 1 target	Year 1 to date
Train health staff, community members and teachers to deliver SCH/STH MDA to schools and endemic communities	No. of Teachers trained on SCH/STH MDA	4,308	1,219
	No. of health workers trained on SCH/STH MDA	499	52
	No. of CDDs trained on SCH/STH MDA	-	-
	No. of schools training at least one classroom teacher on school MDA.	2,154	1,219
Treat school aged children between 5-15 years for STH and for SCH through MDA	No. of school age children between 5-15 years treated for STH	-	-
	No. of school age children between 5-15 years treated for SCH	655,679	387,222
	No. of adults treated for SCH	-	1,713
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	1	Pending
Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH.	No. of advocacy meetings conducted with stakeholders on SCH/STH Interventions.	2	2

School vs community based treatments

Yobe State chooses to only train teachers on MDA In this round of MDA, 100% of treatments given to children were distributed in schools, with 0.03% of those treated being non-enrolled school children.

The small number of 'adults' treated in Yobe state were children who were over 15, but still attending school.

Treatment coverage rates

Initial results show high coverage rates, with 94% of the SAC recorded receiving treatment. As this was the first round of SCH MDA Sightsavers provided in Yobe, targets were set on population estimates. During the MDA it was found populations within the 10 targeted LGAs varied significantly from what was expected (see table below).

Population fluctuations are thought to be a combination of inaccurate population data[1] due to it being the first round of MDA in these regions performed by Sightsavers and internal displacement due to conflict.

[1] Provided by the State

Going forward census populations from this round of MDA will be used as a baseline for future MDAs, to ensure a more accurate eliminator can be used in future rounds, although internal displacement will still play a part if insecurity continues in the state.

LGA	SAC census population At time of MDA	Estimated population at time of target setting
Bade	18,965	52,637
Bursari	25,382	41,093
Damaturu	78,668	33,143
Fika	93,702	51,550
Fune	34,280	113,257
Gulani	22,274	38,979
Jakusko	13,315	86,265
Nangere	66,122	33,071
Nguru	41,755	56,723
Yusufari	15,739	41,831
TOTAL SAC:	**410,202**	**548,551**
	Difference:	*-138,349*

Key successes:

- There were some rumours surrounding side effects after some children did not eat before taking treatment in Yusufari LGA, which slowed down implementation in some communities. These rumours were however resolved by the State and LGA NTD team, leading to high overall coverage rates and no adverse events being noted in any other LGAs;
- Data collection by teachers was highly accurate, showing good comprehension of their training.

Key challenges:

- The Aisha Buhari Foundation previously implemented SCH treatment in three LGAs of the State, but delays in submission of their treatment reports from previous years slowed down the approval processes for the allocation of 2018 praziquantel to the State. Following the late submission of the report, the State closely followed-up so as to ensure approval was obtained and drugs delivered to the State before the end of January 2019;
- Delay in arrival of praziquantel in the State was been a major setback in the commencement of the programme implementation;
- Yobe State recently experienced insecurity from Boko Haram insurgents in some LGAs, meaning it was not safe for programme staff to reach all endemic LGAs;
- Health worker training numbers were lower than expected as on the day of the training, information was received that the insurgency were planning to attack health personnel. Some participants therefore withdrew from the training;
- As this is a new programme, some of the state NTD staff were initially reluctant about the requirement for MDA to be completed in line with project funding dates, which caused delays.

Project monitoring and coverage survey activity

Monitoring and supervision was done by dividing the LGAs into 3 political zones, each being supervised by staff from the MoH (state and LGA level) and HANDS. It was observed that some pupils in some schools did not eat before the drugs were given to them and there were some minor adverse

effects because of this. Sensitization on this issue will be increased in future MDAs. Data entry by the teachers was found to be at a high level, showing good comprehension of the training.

A treatment coverage survey is planned and results will be shared with GiveWell once they are available.

Lessons learned

As this was the first round of SCH MDA in Yobe for Sightsavers, a number of lessons were learned.

Although planning activities started early in the project year, it is clear more advocacy and sensitisation to the project is still required with LGA staff, in order to increase their enthusiasm and engagement in programme activities and further explain the importance of the timeliness of activities in relation to grant funding.

It is clear the population data used for planning was inaccurate. As such, we will use this year's MDA census data for future target setting.

Looking ahead to 2019

Sightsavers and the MoH are looking into ways to treat the remaining endemic LGAs, though insecurity may mean some are unable to receive treatment in the near future.

We will still include the 3 LGAs treated by the Aisha Buhari Foundation in our planning as this funding is not guaranteed in future years, but we will not displace this funding with GiveWell funding should it be forthcoming. When we have finalised year 1 and year 2 MDA plans for the 4 LGA's yet to be treated and confirmed any funding by the Aisha Buhari Foundation that could contribute to Year 2 MDA, we will update our overall Yobe budget and confirm what GiveWell funds are needed."

GiveWell funding is currently secured for Yobe state until March 2020; Sightsavers will look to extend support for Yobe state in future Wishlist proposals.