

Trip Report: Abuja, Nigeria 3rd-5th June 2015

1. Timetable

Date	Location	Activity
03/06/2015	Abuja	Arrived in Abuja and spent the day looking through the Nigerian mapping protocol, report and other PM tasks
04/06/2015	Abuja	Attended the dissemination of the mapping report of 19 states and FCT in Nigeria Reviewed mapping report with authors
05/06/2015	Abuja → London	Left at 5am to London

2. People Met:

Person	Organisation
Dr Sunday Isiyaku	Country Director, Sightsavers
Christian Nwosu	Program Officer, Sightsavers
Benjamin Nwobi	Resident program Advisor, RTI
Uzoma Nwankwo	FMoH
Dr Obiageli Nebe	National Coordinator, SSTHCP, FMoH
Charles Ajibo	Mountry Manager, Merck
Professor Anthony Dakul	Schisto Consultant, Univeristy of Jos
Prof Florence O Nduka	Schisto Consultant
Dr Amuga Gideon	Schisto Consultant, Nasarawa State University
Nikhil Patel	Department Manager, Research and Evaluation, Ehealth Systems Africa Foundation

3. Activities

JW met with Dr Sunday Isiyako prior to the meeting. He was very helpful and ensured that I was introduced to the relevant members of the Sightsavers and MoH team.

Noted points from discussions

- There is a lack of technical expertise within the country of how to run a successful schisto MDA campaign. Previous campaigns have resulted in problems with adverse events due to lack of knowledge about eating before
- Sunday would like additional support with how to run and plan an MDA, not just financial support
- Given the fact they have been running other successful NTD MDA campaigns we would need additional information to know how we can help
- Sightsavers coordinated the mapping and sent the protocol to the various partners but it was up to the partners to support it in their areas when they were told it was the correct time to do so.
- The attendees at the meeting were donors, partners, State public health leaders and other local NGO health groups.
- It was noted that if you are wishing to do carry out an activity in a certain state in Nigeria you have to speak with them directly and have them fully on board otherwise nothing will go through. Sunday was slightly disappointed that not all head of states were present as this is who the meeting is aimed at to enhance their awareness and entice them to make Schisto a priority as the majority of funding is currently going to TB, HIV and Malaria.
- There are a few states that have no support and that needs to be addressed.
- After meeting with the team that wrote the report Sunday mentioned SCI supporting and reviewing any papers or future documents that will result from the mapping

JW met with Uzoma Nwanko and Dr Obiageli

- Lots of questions as to why SCI are not working in Nigeria – unfortunately I was not 100% sure of this answer so said many times its due to our capacity and funding within SCI however we are looking into how we can rectify this.
- Uzoma mentioned many times that there are two States in the south where SCI could implement on their own.
 - Additional information about these areas would be needed before any decisions are made
 - JW said she would follow up with management.

Review of meeting

The meeting itself was very formal with a number of high up individuals from the government attending. Two presentations were made regarding the mapping and how it was carried out and some of the results. I will send these on when we receive the minutes and presentations of the meeting.

The purpose of the meeting was to distribute the mapping report to the states and ensure that schisto should be a priority within their states.

In general the schisto team seemed very committed and proud of the huge amount of work that has been achieved. They understand that there are still many gaps i.e mapping of two more states and carrying out a successful MDA nationwide however are keen for additional support and endeavour to achieve it.

CIFF who are to fund the two additional states are delaying due to security. However, the country wishes to go ahead regardless and would like the funds to be made available so they may continue and complete the mapping by Oct 2015.

Unfortunately the majority of the comments and points of discussion in the report that were due to be raised before final sign off were not taken on board and will have to be dealt with before future publications. JW covered some of the questions raised during FF review however unless we are to partner further digging deeper may not be necessary.

There are 3 copies of the report and 1 of the protocol in the office should anyone wish to read it.

Prevalence Results table from draft report – will update if/when a pdf is sent round.

State	No of persons examined	Schistosomiasis		Soil Transmitted Helminths		SCHISTO_STH Co-Infection	
		No. infected	(%)	No. infected	(%)	No. infected	(%)
Akwa-Ibom	7866	22	.3%	4590	58.4%	12	.2%
Bauchi	4958	675	13.6%	496	10.0%	58	1.2%
Bayelsa	1943	17	.9%	639	32.9%	10	.5%
Benue	3452	451	13.1%	872	25.3%	135	3.9%
Cross River	4943	283	5.7%	1209	24.5%	45	.9%
Ekiti	3523	8	.2%	1084	30.8%	4	.1%
FCT	1003	204	20.3%	193	19.2%	42	4.2%
Jigawa	6529	743	11.4%	404	6.2%	66	1.0%
Kaduna	5861	811	13.8%	1279	21.8%	122	2.1%
Kano	11004	1531	13.9%	1923	17.5%	307	2.8%
Katsina	8336	944	11.3%	872	10.5%	127	1.5%
Kebbi	4854	1062	21.9%	480	9.9%	85	1.8%

Kogi	5272	149	2.8%	1481	28.1%	51	1.0%
Lagos	4774	41	.9%	1341	28.1%	12	.3%
Niger	7197	1879	26.1%	2531	35.2%	645	9.0%
Osun	7579	405	5.3%	3426	45.2%	203	2.7%
Oyo	8110	435	5.4%	3828	47.2%	216	2.7%
Rivers	5720	7	.1%	2467	43.1%	2	.0%
Taraba	1847	103	5.6%	103	5.6%	12	.6%
Yobe	3701	579	15.6%	51	1.4%	9	.2%
Total	108472	10349	9.5%	29269	27.0%	2163	2.0%

4. Questions raised with the authors of the report

Who were the partners that were trained?

- One scientist, one technician, phone recorder and a driver per team
- They travelled to two schools per day then went back to a central lab location to analyse and record the results
- All scientist were hospital lach techs and the phone recorders were recent graduates

Not all areas within a state were mapped in this round?

- No some were mapped last time – phase 1, phase 2 but all but two states are now fully mapped
- There are just two states and a few other LGA's in one other that needs mapped now.

How did you select the schools from within the areas?

- There was not a great deal of clarification around this.
- In areas that didn't have any 'large water bodies' a list of schools from the LGA's were compiled and 5 were randomly selected.
- In areas where there were large water bodies schools that were in close proximity were weighted - before selection they had info on what water bodies were close to each school and then used that to purposely select more from that area.
 - I did not dig any deeper into this as it seemed futile as the report has been printed and we may not be assisting with anything further.
 - If we are to help them with their analysis we will need to gather more information on how this was done

What classed as a large water body?

- This was not entirely clear, they said river, lake etc. Not familiar with the geography of Nigeria but I would assume there are other smaller water sources that are suitable habitats.

- Again if we were to assist with the analysis we should find out more

Data entry – why was there double entry if you did this on the phones?

- The double data entry that is mentioned is to do with the fact that all the information was also recorded on paper forms. It was the first time phones had been used and they were worried about losing data or the phones not working.

How did you calculate CI's and what analysis did you use

- I don't have the names of everyone that did the analysis for this, some of them had some statistical background however they didn't seem to know about the concept of clustered data.
- They used SPSS and Epiinfo to carry out the analysis and did it twice once in each package to check the results
- They have included confidence intervals in the report but there is not mention of how these were calculated.
- They were not familiar with the clustering of data or how to take it into consideration while doing the analysis.
- They also didn't take into account the weighting of their sample selection when calculating state prevalence.
- LGA's in some states had been mapped previously. It was not clear how those state prevalence's were calculated if phase 1&2 data was combined and then analysed or carried out separately and averaged.

It became clear when talking to them about the analysis that we could provide assistance with this to ensure that the results are robust. I offered our services to the team stating that we had a lot of experience with schisto mapping data and our highly competent biostatistician could provide additional support to their statistical team.

This was received well and I have followed up with them again offering our time if they wish it.

Other points to note

- If any child did not produce both samples then they would recruit another child
- JW mentioned the bias this could cause in the results it was noted by the team

Very low coverage – why was this?

- Many states have reported very low treatment coverage during the 2013 campaign. They are expecting the 2014 results to be markedly improved, however they have not yet received the data from all of the districts.
- Due to lack of finances the states were not able to target all LGA's or carried out patch treatments, however they had to report state wide coverage which explains the low results.
- In areas that they did target the coverage was much higher ~70-80%
- JW mentioned that this should be made aware to prospective donors as it looks more appealing to know that the country is capable when there is adequate support

Coverage survey

They intend on carrying out a coverage survey after the next MDA. JW mentioned that SCI have a protocol that is relevant for SCH and also uses the phone platform which they could replicate given the fact that they were very successful with the phones during the mapping. JW has followed up with an email offering assistance should they want it.

5. Main Outcomes of Visit

- Received formal mapping report and protocol
- Meet with Nigerian partners and Sightsavers to discuss report, possibilities of collaborating with SCI and where we can offer support
- Determine gaps within the Nigerian program that SCI could fill

6. Action Points

- JW to follow up with Sightsavers Nigeria regarding technical assistance for report – done
- JW to follow up with MoH Nigeria regarding orphan states after thorough discussion with FF, AF, WH, LB, MF
- JW to look into possibility of phone use for MDA recording/registers with MF, FF, ND and Ehealth Africa
- JW, FF and finance to determine hours worked to charge to Sightsavers account