

Sightsavers Deworming Programme – Benue State Nigeria GiveWell Integrated NTDs Project Narrative

Project name: Benue State Nigeria GiveWell Integrated NTDs Programme

Country: Nigeria

Location: Benue State

Duration: 2 Years, in the first instance, January 2017 – December 2018

Proposed start date: Jan, 2017

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Reviewed by

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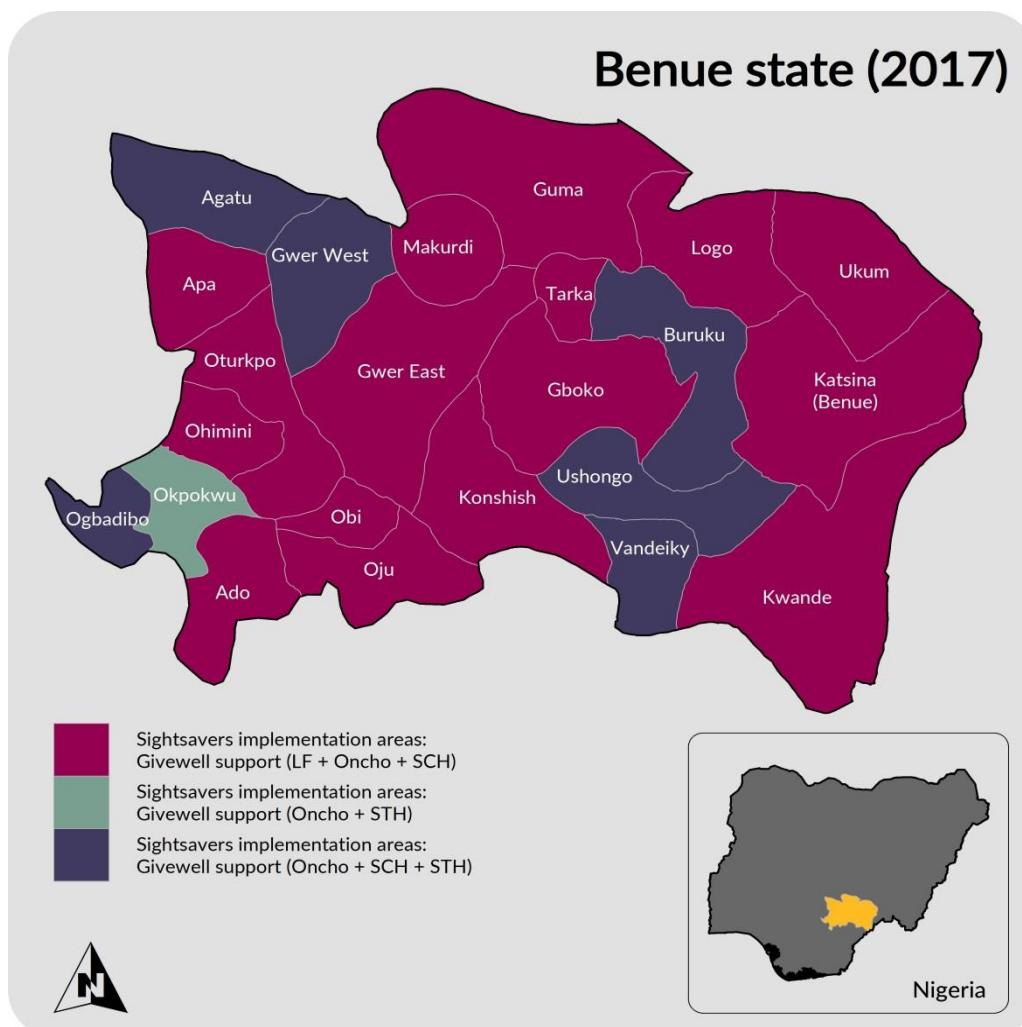
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Impact

Reduction in the prevalence and intensity of STH and schistosomiasis over time amongst school age children.

Outcome

School aged children between 5-15 years in all schools and communities within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel yearly. This will be integrated with onchocerciasis and Lymphatic Filariasis (LF) activities to provide 17.3 million treatments for onchocerciasis and LF in an integrated manner.



Output 1

Train health staff, community members and teachers to deliver integrated MDA for schistosomiasis /STH, onchocerciasis and LF in schools and communities.

Activities

- Hold training of trainers for states and local government areas (LGAs).
- Hold training sessions to train and refresh front line health staff.
- Hold training sessions for teachers.
- Hold capacity building sessions for community directed drug distributors (CDDs) on schistosomiasis and STH drug distribution.

Output 2

School aged children between 5-15 years in all schools and communities within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel yearly, while children aged 5 years and above and community members treated with Mectizan[®] and albendazole in a manner integrated with schistosomiasis/ STH.

Activities

- Conduct planning meeting, sensitization workshop for Ministry of Education, school education boards, traditional and religious leaders and the media.
- Development/production of information, education and communication (IEC) materials (posters, flip charts).
- Production of logistic management information system (LMIS) forms and management information system (MIS) forms including yellow form.
- Production of measuring sticks
- Airing of radio jingles.
- Procurement and delivery of adequate praziquantel and mebendazole for targeted areas.
- Mobilisation of schools, parents and communities.
- Use existing social mobilization channels to disseminate information targeting non-enrolled children and parents on the need to feed children on the day of deworming
- Conduct MDA for schistosomiasis /STH to treat school age children and persons at risk.
- Conduct monitoring and supportive supervision of school based and community based MDA.
- Procurement and distribution of materials to manage adverse events.
- Collection and collation of treatment data (data entry and management).
- Conduct review meeting.
- Conduct integrated treatment coverage survey and data quality assessment (DQA).

Output 3

Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on schistosomiasis and STH.

Activities

- Collaborate with NTD coordination to improve programme implementation.
- Conduct advocacy to policy makers at state and LGA levels.
- Document and share case studies and success stories.

Output 4

Data on hand washing and latrine facilities in schools available at operational level.

Activities

- Identify specific LGAs where indicators for WASH will be collected with priority given to those with high schistosomiasis /STH endemicity.
- Revise school reporting forms to include information on availability and sanitary conditions of water points and latrines within school premises.
- Collect and report data on WASH in selected LGAs.
- Develop country specific cross cutting plans on WASH activities.

Risk and Assumptions

Project risks and assumptions are clarified in the log frame document. Risks that could affect programme implementation include:

- Environmental disaster such as flooding. Efforts will be made to carry out activities during the dry season.
- Socio-economic or political instability or civil unrest. In the event of crises, the programme office will be closed until the situation is calm as personal safety will be the priority.
- Partners not implementing agreed memorandum of understanding / project activities. We will conduct advocacy and hold stakeholders' meeting to address issues. Advocacy to government to increase funding to programme.

Inputs from Sightsavers, Partners and Governments

Stakeholder	Inputs to be provided
Sightsavers	<ul style="list-style-type: none">• Advocacy to state and other stakeholders.• Facilitate the distribution of NTDs control drugs to endemic communities working with the Federal Ministry of Health (FMOH).• Procurement of NTDs control drugs for the state.• Logistical support - donation of vehicles, equipment and instruments.• Provide information, education and communication materials.• Provide technical oversight on programme and financial activities for the programme.• Undertake monitoring and supervision.
Federal Ministry of Health (National NTDs Control Programme)	<ul style="list-style-type: none">• Undertake advocacy.• Technical support from FMOH staff (zonal and federal) to the states.• Review progress of programme implementation.• Facilitate requests for NTDs control drugs.• Monitoring and supervision.

	<ul style="list-style-type: none"> • Facilitate inclusion of CDDs for national immunization days programmes as a means of compensation.
State Ministry of Health	<ul style="list-style-type: none"> • State to provide office space for the NTD unit within the state MOH. • Personnel (minimum of five per state team, LGA coordinators, health facilitators) to run the project. • Support planning. • Undertake advocacy to LGAs. • Provide health education to communities on NTDs control and elimination activities. • Training of local government staff on CDI. • Liaise with Ministry of Education and SUBEC on schistosomiasis and STH control. • Monitoring and supervision. • Programme evaluation. • Contribute to running costs as agreed. • Provide day-to-day management of programme at the state. • Payment of staff salaries. • Collation and submission of reports for national level and Sightsavers
Ministry for Local Government and Chieftaincy Affairs	<ul style="list-style-type: none"> • Deploy qualified (LGA coordinators and their assistants in each LGA and health facilities staff) staff for the programme. • Plan and integrate CDI into primary health care. • Training of CDDs. • Provide health education, mobilize and sensitize communities and their leaders. • Procure NTDs control drugs from the state. • Pay staff salaries. • Maintain equipment and vehicles. • Monitor and supervise front line health staff (and communities). • Contribute to running costs as agreed. • Collect LGA/district treatment data.
Front Line Health Facility Workers	<ul style="list-style-type: none"> • Provide health education, mobilize and sensitize communities and their leaders. • Support planning. • Collect NTDs control drugs from the LGA. • Store and distribute NTDs control drugs to the CDDs. • Train and familiarise CDDs on CDI approach. • Monitor and supervise the CDDs. • Collect and collate community treatment data/reports.

Community	<ul style="list-style-type: none"> • Nominate volunteers – CDDs. • Mobilize and sensitize community members. • Participate in community self-monitoring. • Motivate and compensate volunteers in cash or in kind. • Select dates and process for distribution of NTDs control drugs. • Collect NTDs control drugs from collection centres. • Provide storage and ensure safety of NTDs control drugs. • Ensure that all eligible community members are treated. • Record keeping and reporting of activities.
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Target beneficiaries

Measures in place to address the barriers of people with disabilities accessing services

Disability results when the interaction between persons with impairments and attitudinal and or environment barriers hinder their effective participation in society on an equal basis with others. It is a complex phenomenon that reflects the interaction between features of a person's body and features of the society in which he or she lives.

In any project, therefore, it is very important to ensure that people with disabilities, women and other marginalised groups are participants in identifying the specific barriers that require interventions to overcome. An equity, gender and social inclusion strategy was developed in a cross cutting plan for the states. The programme will implement the plan.

Sightsavers launched its [social inclusion strategic framework](#) in June 2015. Through this framework, Sightsavers will:

- Focus on mainstreaming disability inclusion within our existing portfolio and operations;
- Develop demonstrable models of effective inclusive education;
- Scale up efforts to achieve diversity in the workplace.

Sightsavers follows a rights based approach as set out in the UN Convention on the Rights of Persons with Disabilities (UNCRPD) to help ensure that interventions are accessible to people with disabilities. We will continue to adhere to three key principles; participation, non-discrimination and comprehensive access.

Sightsavers will promote inclusion alongside NTD elimination activities. People will be reached irrespective of their gender, ethnicity, sexual orientation, disability or socio economic status. This will be achieved by working in collaboration with Disabled Persons Organization (DPO), relevant government departments and Community Based Organizations (CBOs) that promote women's participation.

Gender barriers that exist for women and girls to be addressed

Sightsavers Nigeria will continue a community directed approach that promotes the participation of women community leaders in drug distribution. Where practicable NTD treatments will be integrated into malaria activities and we will also ensure that women who

frequently use health services for other reasons get the opportunity to receive treatment. The participation of women as community drug distributors will be routinely monitored and efforts taken to encourage their participation. Minority groups will be encouraged to nominate CDDs in order to increase their uptake up of MDA.

Based on previous intervention, specific gender barriers no longer exist and in any area where this has tried to show up, the programme collaborated with Federation of Muslim Women's Associations in Nigeria (FOWMAN) to ensure that the community are adequately sensitised to ensure women and girls' inclusion and participation.

Input and feedback from patient and service provider beneficiary groups

Input and feedback from patient and service provider beneficiary groups will be documented during process monitoring and supervision of the intervention. This will be reviewed and used to improve the quality of implementation, the outcome and in the long run the impact of the project.

Partnership

Resources available from the partner(s)

- Sightsavers conducts advocacy to policy makers to ensure government releases funding for direct programme implementation. Some partners periodically release funds.
- State to provide office space for the NTD unit within the state MoH.
- Personnel, minimum of five per state team, LGAs coordinators, health facilitators, to run the project.
- Contribute to running costs as agreed.
- Provide day-to-day management of programme at the state and payment of staff salaries.

Input and feedback from partners

There will be various visits to partners to implement programme activities. During the process trip reports are written by the partner and actions will be followed up with to ensure they are implemented. In addition, annual planning, stakeholders' workshop and reviews meetings are held with partners to discuss and review programme implementation. Routine status reports provide feedback on programme implementation and community mobilization activities ensure discussion with communities. We will collate case studies from beneficiaries and by so doing get to hear their views.

Other organisations working on similar interventions in the project

World Health Organization (WHO) and United Nations Children Funds (UNICEF) support immunization for pre-school age children; the roll back malaria programme also supports vector control in the project area. The Leprosy Mission Nigeria supports leprosy case finding and socio- economic development activities for persons affected with leprosy in the programme area.

Plans or opportunities to engage/coordinate activities with organisations

WHO and UNICEF are supporting immunization campaigns, and water and sanitation programmes in the states. Health staff supporting immunization campaigns will be used for this programme.

There will be collaboration with water and sanitation (WATSAN) agency and others yet to be identified in the state. There will be further stakeholders' analysis to identify additional potential collaborators able to support school health, and water and sanitation interventions.

Community development associations and community based organisations, identified in a stakeholder's mapping exercise in 2010, are involved in community mobilisation activities prior to Mectizan[®] distribution.

Partnerships will be expanded to include new NGDOs (local and international) and relevant Ministries, Departments and Agencies at all levels.

Research and learning

Impact assessment will be conducted when due, for each disease. At the end of the programme, an end term evaluation would be carried out. The final evaluation will address the below questions. Process evaluation is also a possible approach to address some of these questions. The following specific learning questions will be answered:

Relevance

- How consistent is the programme with national and state NTD plans?
- How well does the programme engage with local communities and align with local health needs?

Effectiveness

- To what extent have the programme strategic objectives been achieved in terms of outputs and outcomes?
- What are the key determinants for the achievement of outputs and outcomes?
- What are the factors leading to the non-achievement of the objectives?

Scalability

- Assess the intervention approach in terms of scalability and if it can be replicated by the government or other agencies in the state.
- To what extent do the capacity for replication/scale exist within the health system?

Efficiency

- What are the most efficient aspects of the programme and why?
- Have resources (human, material and financial) been allocated in a way which maximizes their use?
- What mechanisms or approaches have been used that led to achievements of results at a lower cost? And how can these be effectively utilized post Sightsavers' support?
- Were activities cost-efficient and why?
- Were programme objectives achieved on time?

Impact

- To what extent has the programme lead to long term changes in terms of strengthening health systems?
- What specific long lasting outcomes have been achieved in terms of the six health systems strengthening building blocks, attributes and outcomes?

- What real difference has the programme made to the beneficiaries?

Sustainability

- To what extent has the state NTD programme demonstrated that it can be sustained after funding ceases?
- What were the major factors at the local, state or national health system which influenced or may influence the sustainability of the programme?
- Assess the sustainability of the programme in terms of capacity building and institutional development?
- How can the partner maintain sustainability of services and continue to support the programme after Sightsavers support?

Coherence

- How well integrated is the programme into other health programmes in the States?

Coordination

- What coordination mechanism was set in place and how well it was functioning?
- The programme's performance should be assessed for the desirable attributes (access, coverage, quality and safety) and outcomes (improved health, responsiveness, social and financial risk protection and improved efficiency).
- The analysis should be used to make recommendations on the future of the programme, particularly on how partner can continue to support programme and maintain sustainability of services post Sightsavers' support.

Monitoring and evaluation

Baseline data

Baseline data is already available; this was collected during the state mapping exercise. The result of the mapping revealed the prevalence level in each each Local Government Area (LGA) and determined whether or not they qualified for the intervention. Treatment coverage surveys will be undertaken annually to determine if the reported and actual treatments correspond.

Project monitoring

The programme will be monitored, supervised and evaluated throughout the entire process (process evaluation). Process evaluation will mainly concentrate on tracking the planned activities accomplishment and if set targets or activities output are being met at the end of each activity.

Monitoring will be cascaded (FMoH-State NTD team, LGA NTD Team, Front Line Health Workers, local government education supervisors and community implementers) and all the responsible persons are expected to attend the training sessions and deworming days around the programme area to monitor the process. In addition, the programme has built-in mechanisms for LGA, education and community level personnel to monitor activities in their areas.

The key performance indicators include: number of participants (teachers, health workers and/or community implementers) trained and number of children dewormed. Another important aspect of the programme is the reporting forms that will be completed on

deworming days. These forms will be included in the training materials. These forms will be completed at each school during the treatment and will then be summarized, collated and sent to the state ministry of health through the appropriate monitoring channel for data entry, cleaning and analysis.

Sightsavers' monitoring and evaluation framework contains a data collection log aligned with the project logframe indicators and means of verification. A treatment coverage survey will be undertaken after MDA to verify the reported treatment coverage and identify any issues that will inform programme implementation. Sightsavers has programme monitoring and evaluation officers who are based in the state to support and mentor the state officers to implement programme activities. This is necessary because the NTD project will require dealing with large data generation and analysis. This position will provide support to the state team in data management and ensure timely implementation of activities and reporting. In addition, Sightsavers has a global monitoring and evaluation unit in its UK headquarters and regions who provide support to country offices.

Key questions as part of the end of project evaluation

Impact indicators

- Prevalence of STH at sentinel sites;
- Prevalence of schistosomiasis at sentinel sites;
- Percentage of sentinel schools / sites with < 1% heavy / moderate intensity of STH infections;
- Percentage of sentinel schools / sites with <5% heavy intensity of schistosomiasis infections.

Sightsavers' Quality Standard Assessment Tool (QSAT) is used at the programme level to ensure quality standards measures are used during programme implementation. It will be used to assess the project during the first year of implementation. The report of this assessment will provide learnings and action points will be agreed. The agreed action points will be implemented at the project level.

Learning will be disseminated at country level through Sightsavers' existing links with government and civil society.

Sustainability

A sustainability plan was developed for the states. It states that, Sightsavers and the MoH will pursue seven strategic approaches to enhance the sustainability of gains in response to the NTDs elimination agenda:

Partnership and financing:

State government, LGAs and endemic communities are the main project partners. This ensures ownership of and commitment to the NTD control/elimination objectives. The government provides staff, office space and annually releases funds for NTDs control activities. Ideally funds from government budget will increase as a proportion of the total control/elimination costs over time.

Governance and coordination:

The State Ministry of Health, mandated to ensure good health, will take the onchocerciasis and LF elimination agenda to scale (full coverage) in line with the state's broader plan to control NTDs. Sightsavers will adopt existing management structures at the state and LGA levels for effective management and coordination of NTDs control and ultimately elimination.

Human resource development:

Sightsavers will enhance health professionals and community implementers to undertake MDA and DMDI activities through training. The capacity of State and LGA NTDs control staff will be enhanced in; programme management, epidemiological survey techniques for NTDs, carrying out MDA with multiple drugs; management of side effects; referral of adverse drug reaction cases; community self-monitoring; record keeping and data management.

Integrated service delivery:

Building on the successful CDI approach Sightsavers will now include the control of other NTDs. While onchocerciasis is transmitted by the black fly and LF is transmitted by the mosquito, both diseases are caused by an infection of a filarial worm that can be treated with the same medication - Mectizan[®]. As onchocerciasis and LF are frequently co-endemic in communities WHO recommends the coordinating treatment. By adding albendazole, a common de-worming medication, in areas where LF is co-endemic, both diseases can be successfully treated together in an efficient and cost-effective manner.

Information and Research:

The community will be sensitised to demand treatment, select CDDs, manage drug distribution, conduct community self-monitoring and ensure compliance to treatment by community members. A key indicator of sustainability is impact assessment. To determine areas of transmission disruption and progress towards elimination Sightsavers, working together with partners, will ensure that the minimum data requirement for the elimination dossier is attained.

Logistics:

Sightsavers will facilitate the request and collection of allocation of medicines for five NTDs. The State will ensure drugs are sent to the state medical stores and distributed to endemic LGAs subsequently. These drugs are to be kept in stores that have good conditions and storage facilities. Good drug inventory will be kept at all levels.

Exit strategy

The project is part of the Sightsavers' NTD elimination plan and will work with other partners to support NTDs programmes through resource mobilisation. The government will be advocated to support the state programme and release funds for programme implementation and ensure the year 2020 elimination targets for the five NTDs are met.

Sightsavers added value

The project is a control/elimination programme that targets school age children in endemic communities. This has the potential to bridge the gap between the community and the PHC

through ensuring the PHC health workers work closely with communities bringing the PHC closer to the community, thereby strengthening the health system.

Sightsavers uses an integrated approach for NTDs elimination including Schistosomiasis and STH programme implementation. Delivering this project will be cost effective as it is a part of NTDs programme which is already ongoing in all the beneficiary states. It will also improve Sightsavers' contribution to achieve NTDs elimination with 2020 in focus and this will have a long lasting impact on poverty reduction by contributing towards achieving goals 1, 3, 4, 5 and 6 of the sustainable development goals and making sure no one is left behind.

Transparency and Accountability

Sightsavers has a technically sound NTDs team in Nigeria supported by exceptional financial and support service units. Further, there is a team of three NTD technical advisors appropriately qualified working alongside a project director who will systematically track progress.

NTD implementation in Nigeria has a well-established structure and process. The project supports the strengthening of the management and coordinating structures of the state and LGA levels for effective management and coordination of NTDs control activities in the state. Sightsavers has shared its partnership policy with the state partners, which guides the working relationship. Partners are involved in programme design, and all project cycle processes. Each state has signed a programme funding agreement that states the terms and conditions of Sightsavers' support and donor requirements to each state. Sightsavers has a management and finance system that the state programmes use, and a robust financial framework on which all partners are trained to use. Programme expenses are monitored on Sightsavers' Global Accounting system and online financial system CLAIMS, indicating expenditure versus outputs on a quarterly basis. There is also the due diligence assessment conducted for partners to assess their own systems and capability to manage donor funds.

Responsibility for project performance

Sightsavers applies standard monitoring and evaluation practices as outlined in our programme implementation manual. The indicators specified in the project log frame will be used to measure the project's progress, as well as achievement of the outputs, outcomes and impact at the end of the project. A monitoring and evaluation plan will be drawn up which includes tools, timelines and roles and responsibilities. The indicators will be added to Sightsavers' programme portal.

The programme will use the national harmonised Integrated NTD programme monitoring, evaluation and learning approach with the relevant ministries and coordinating bodies in the state from the outset. Monitoring tools including NTD Community registers, NTD summary data forms (health facility, district and region) and supervision checklists will either be adapted or created as necessary in accordance to the needs outlined in the monitoring and evaluation plan. Training on monitoring will be integrated into partner staff training. Our partners already benefit from existing world-class frameworks for monitoring and evaluation of integrated NTD control programmes, to demonstrate quantifiable impacts in terms of process, health, cost and social indicators. They will help identify the data collection tools to be used in the project, when they are used and what they capture.

Sightsavers has a monitoring and evaluation structure managed through its global headquarters, regional and country offices. This consists of the global monitoring and evaluation unit, Technical Advisors for NTDs and regional monitoring officers who support the country offices to ensure quality programmes are implemented according to standards. At the country office, monitoring visits by Sightsavers will take place quarterly, using standard monitoring forms customised as needed.

Monitoring is not limited to outputs in the project logframe; it also includes process management and finances. Data collected will be disaggregated by gender and age, enabling us to assess gender balance in our reach. It will be entered into Sightsavers' programme portal on a quarterly basis, providing project staff with a clear and up to date picture of progress. Any problems such as delays in activities, procurement or meeting targets will be flagged immediately with the partner and a provisional action plan will be drawn up. The issues and action plan will be reviewed by the Country Director and Programme Manager if necessary and any revisions will be communicated to the partner. This action plan will contain critical targets that must be met and the Programme Officer and monitoring and evaluation officer will monitor their progress carefully and ensure targets are met. In addition the Sightsavers has monitoring and evaluation officers based in each of the state working directly with the state to provide direct support for timely and quality programme implementation.

Sightsavers has developed quality standards (integrated into its Quality Standards Assessment Tool, QSAT) to act as a reference point against which a programme may be evaluated. We have developed combined standards for onchocerciasis, LF, schistosomiasis and STH. They represent the minimum level that all Sightsavers programmes are expected to reach. Targeted partners will undergo a QSAT assessment in Year 1 and 2 which will identify strengths and challenges, and enable the development of a continuous quality improvement plan to meet those challenges.

Transparency of activities and finances

All Sightsavers management systems will be adhered to:

- Project planning process;
- Due diligence;
- Monitoring and evaluation framework;
- Programme implementation manual;
- Financial management framework;

Data will be systematically managed through;

- Status reports;
- Sightsavers' online financial system (CLAIMS);
- Programme portal;
- Strategy implementation manual

Value for Money

A cross cutting theme document has been developed for the state programmes and this contains a value for money plan which is being followed.

Strategic approach Effectiveness

The effectiveness of interventions will be enhanced by:

- Contributing to and working within the; National NTD Master Plan; NTD Committee, and Onchocerciasis Elimination Expert Advisory Committee;
- Aligning interventions with; the WHO (2011) Roadmap for Accelerating Work to Overcome the Impact of NTDs; Sightsavers Ten-Year Strategic Plan 2011-2021 for fast tracking elimination of onchocerciasis;
- Working in partnership with MoH, WHO/ESPEN, UNICEF, UNDP, the private sector and NGOs;
- Advocating for increased resource allocation for NTDs.

Efficiency

The efficiency of interventions will be enhanced by our planning, approach, accountability and M&E.

Planning

- Sightsavers Nigeria Office will support MoH annual work plans that align with the National NTD Master Plan and GiveWell project proposal;
- Inform organisational development plans and support efforts to enhance partner organisation capacities through due diligence.

Approach – we will:

- Use accepted standards and operational guidelines: a) community directed interventions (CDI) approach; b) WHO Guidelines for Certification of Elimination of Onchocerciasis; c) drugs, supplies, surgical procedure for hydrocele surgery and management of lymphedema;
- Improve on inventory management, reporting and timely supply of drugs to from the Central Medical Stores to the State Stores;
- Strengthen supportive supervision of MDA, lymphedema management and hydrocele surgery at all levels of services delivery;
- Implement recommendations from post treatment coverage surveys so that MDA coverage thresholds are consistently met;
- Implement strategies to reach marginalised and vulnerable groups using the outcomes of the equity tool;
- Training of community volunteers at community level to reduce transport cost and enhance participation.

Financial accountability

- Financial management will be in line with Sightsavers' financial framework as it promotes strategic and effective use of resources;
- Partner financial guidelines will be adopted when they meet the minimum standards laid out in Sightsavers' financial framework.

Monitoring and Evaluation – we will:

- Roll out Sightsavers' Monitoring and Evaluation framework;
- Conduct annual post treatment coverage surveys;
- Identify sentinel sites and implement sentinel surveillance;
- Conduct epidemiological surveys (OV16) and entomological surveys (PCR and fly catches) to assess progress towards elimination;
- Conduct quarterly partner monitoring visit (programmatic and financial);

- Conduct annual review and planning meetings;
- Carry out end of project evaluation to assess achievements against the impact and outcome.

Economy

The economy of interventions will be enhanced by:

- Procurement of supplies and inputs will conform to Sightsavers procurement policy and procedures. We will ensure that goods and services procured are of high quality at the best available prices; meet the needs of end users and are in the right place at the right time. We will ensure accountability and internal controls at all levels is maintained, and procurement is in compliance with relevant laws and regulations.
- The development and implementation of an annual procurement plan.

