

Sightsavers Benue State Nigeria Integrated NTDs Programme

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project

Year 1 annual report: January 2017 – March 2018

Country: Nigeria

Location: Benue State

Duration: Two Years, January 2017 – December 2018

Start date: January 2017

Project contact name: Anita Gwom

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

Project summary

The project has treated over 150,000 children for STH and over 750,000 children for SCH since January 2017.

Despite challenging security issues Sightsavers supported the Ministry of Health to successfully delivered treatments to the majority of targeted communities. Project staff have responded quickly to the changing situation on the ground and delivered community based treatments in areas where schools were closed for long periods due to conflict.

Project output summary

Output	Indicator	Y 1 target	Y 1 to date
Treat school aged children between 5-15 years for STH and schistosomiasis through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	309,591	167,071
	Number of school age children between 5-15 years treated for SCH	1,074,108	775,420

Overview of SCH and STH in Nigeria

Nigeria has the highest burden of infection of intestinal helminth infections and cases of SCH. Mapping was completed in all the 36 states and the federal capital territory, and SCH and STH were suspected to be co-endemic in majority of the states.

Nigeria has the greatest number of cases of SCH worldwide, with about 29 million infected cases and about 101 million people are at risk of infection¹. This includes infections with *schistosoma haematobium* (urogenital schistosomiasis) and/or *schistosoma mansoni* (intestinal schistosomiasis).

Prevalence and intensity of these waterborne parasites are highest among school-age children, adolescents and young adults and they cause immense pain, suffering and disability. The debilitation

¹ Dawaki S, Al-Mekhlafi HM, Ithoi I, Ibrahim J, Abdulsalam AM, Ahmed A, et al. (2015) The Menace of Schistosomiasis in Nigeria: Knowledge, Attitude, and Practices Regarding Schistosomiasis among Rural Communities in Kano State. PLoS ONE 10(11): e0143667. doi:10.1371/journal.pone.0143667

caused by untreated infections hampers economic development in endemic areas. It is therefore essential to give due consideration to the control of morbidity and eliminating SCH infection as a means to contribute to achieving the Sustainable Development Goals in Nigeria.

There is a national NTD programme within the Federal Ministry of Health (FMoH) where the national SCH/STH units sits, headed by a programme Manager and her team. They support policy issues and deworming drug procurements for the country through technical supports to the states. The unit reviewed the Standard Operating Procedure for NTDs (FMoH, 2016) which is being followed by all the states.

The national NTD plan (2015-2020), has an SCH and STH roadmap timeline. Each state, including those supported by Sightsavers, have their state specific master plan and they report their activities to the FMoH.

The national NTD programme (of which the SCH / STH unit is part of) holds zonal, national review and task force meetings annually. Sightsavers supports its staff, and Ministry of Health staff to attend these meetings and make presentations.

Sightsavers works with other partners to support the states' NTDs programme. Sightsavers supports states to implement all aspects of deworming activities according to national standards and strategy. All data from Sightsavers supported states is fed into the national database.

Activity Narrative.

Benue state has an integrated MDA programme with distinct time periods for the delivery of treatments for; a.) onchocerciasis and LF b.) SCH and STH (in areas not treated for LF).

MDA in Benue was delivered under time pressure due to the late arrival in the state of both albendazole and praziquantal. We expected the drugs to arrive in October but the praziquantal only arriving at the end of December. Due to schools being closed for the Christmas holidays, MDA activities such as teacher training could not commence until early January 2018 when the schools were back in session.

In year 1, as the drugs did not arrive all together, the project team delivered pre MDA activities for STH and SCH separately from all other NTD activities. This meant that MDA training and sensitisation could not be fully integrated in year 1.

Conflict between armed groups of herdsmen and farmers over grazing rights also disrupted MDA activities in a number of LGAs within Benue. The insecurity in these areas led to a number of schools delaying the start of term until the combat had subsided, thus delaying MDA. Some LGAs in Benue are still affected by insecurity and where schools did not reopen a community approach had to be taken. MDA was none the less completed, but fewer schools were reached than targeted. More health workers and CDDs had to be trained for the increased community based MDA.

Despite hard work to mitigate the impact of school closures, the number of treatments delivered was still under target.

In year 2, activities will be implemented together where possible, provided the availability of drugs allows. In local government areas co-endemic with SCH, STH, onchocerciasis and LF, we will integrate

volunteer CDDs training, community education and advocacy, when all necessary drugs arrive at the same time. Where possible we will integrate MDA, taking into account an interval of two weeks for the delivery of actual treatments (as required by the Standard Operating procedures for NTDs in Nigeria Sept 2015). We do not implement triple drug treatments even when other activities are integrated.

Results against targets to date (January 2017 – March 2018)

Output	Indicator	Y1 target	Y1 to date
Train health staff, community members and teachers to deliver SCH/STH MDA to schools and endemic communities	Number of Teachers trained on SCH/STH MDA	5,400	4,516
	Number of health workers trained on SCH/STH MDA	264	1,307
	Number of CDDs trained on SCH/STH MDA	2,000	5,323
	Number of schools training at least one classroom teacher on school MDA.	5,152	3,441
Treat school aged children between 5-15 years for STH and schistosomiasis through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	309,591	167,071
	Number of school age children between 5-15 years treated for SCH	1,074,108	775,420
	Number of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	1	*0
Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH.	Number of advocacy meetings conducted with stakeholders on SCH/STH Interventions.	1	1
Data on hand washing and latrine facilities in schools available at operational level.	Proportion of LGAs reporting on government collected indicators on hand washing and latrine facilities in schools.	10%	**0%

* The TCS is currently planned for May / June 2018.

** The project gathered data on the number of LGA's reporting WASH indicators, none as yet are doing so. Our future work in this area will continue to encourage cross sectoral coordination and advocate for a complementary approach.

Treatment coverage rates

The time pressures on completing MDA, insecurity in some areas and the resulting school closures meant that coverages rates for STH were not as high as anticipated. The results of the TCS will inform year 2 delivery and we will strive to improve coverage rates in this challenging state.

Outcome Indicator	Y 1 Jan 2017 - Mar 2018	
	Milestone Y1	Achievements to Date
% of all targeted people among targeted local government areas (LGAs) treated with praziquantel for SCH (ultimate threshold at least 75%).	50%	54%
% of all targeted people among targeted local government areas (LGAs) treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%).	50%	40%
% of existing schools among targeted LGAs participating in the school deworming programme.	50%	67%

Key Successes:

- Despite challenges in the field project staff delivered the majority of SCH treatments to the targeted school aged children.
- Integrated trainings on onchocerciasis, LF, SCH and STH to state personnel were conducted. As expected, this was more cost effective than holding multiple training events.
- Benue state conducted community validation activity to update the list of communities and to ensure standard community data for the state and a clearer idea of the number of potential beneficiaries.
- Programme staff were employed in Benue in August 2017 to ensure closer monitoring of the project.
- In an effort not to waste time, education and advocacy activities went ahead whilst the state waited for the drug deliveries.

Key Challenges:

- Benue state has continued to experience conflict between armed herdsmen and farmers in a number of local government areas. This has repeatedly delayed MDA activities and resulted in issues such as, not being able to treat in schools that are closed and not being able to recover treatment data from insecure areas.
- The delay in the arrival of praziquantel delayed deworming activities in Benue state.

Project monitoring and coverage survey activity

- The state NTD team, Sightsavers and Federal Ministry of Health personnel visit targeted health facilities and communities to monitor and supervise implementation. This was done during the period of drug distribution and reporting.
- A post MDA TCS is scheduled to be completed by June 2018. We will also hope to use any transferrable lessons, learnt from TCS's conducted in the other states in Nigeria, to inform MDA activities in Benue.
- The QSAT in Benue state has been completed and is currently being finalised with the Programme Systems and Monitoring Team.

Lessons learned

- The use of the Head of Department for the Ministry of Health for supervision facilitated the collection of reports in security challenged areas of Benue.
- A flexible approach to MDA implementation needs to be taken in areas of conflict. The closure of schools and the non attendance of children and teachers meant that staff had to adjust their plans for a largely school based MDA and change the proportion of community to school MDA. Instead of the community based approach being used to mop up out of school children, it was used as main treatment delivery strategy.

Looking ahead to 2018

The conflict is very unlikely to resolve itself in 2018. This will impact on project delivery. As far as we can see the drug delivery situation is currently on schedule. We aim to deliver MDA via a school based platform however, should school closures continue in 2018 we will deliver MDA via the community approach where necessary.

Utilising GiveWell funding for year 2, we will continue to support SCH and STH treatments in Benue state in 2018.