

Sightsavers Behaviour Change Communication Programme Cameroon

Scaling-up an evidence-based approach for schistosomiasis and Soil Transmitted Helminths control

2017 mid-year report

Country: Cameroon

Location: South-West, North-West and West regions

Duration of project: Three years

Start date: January 2017

Project contact name: Serge Akongo, NTDs Programme Manager

Project goal: This project will contribute to the reduction in transmission of schistosomiasis (SCH) and STH through the promotion and adoption of healthy attitudes and hygiene behaviours by school aged children and the wider community.

Project location: The project focuses on six districts in the South West, North West and West regions of Cameroon where SCH and STH are co-endemic.

SCH and STH in Cameroon - context

Sightsavers is supporting mass drug distribution to tackle SCH and STH in the three regions of South West, North West and West Cameroon with funding from Helen Keller International (USAID) and Sightsavers unrestricted funds.

With GiveWell's support, our project approach is to promote social behaviour change communication (SBCC) and water, sanitation and hygiene (WASH) activities that will complement and build upon the SCH and STH mass drug administration (MDA) control programme also supported by Sightsavers.

The table below shows the prevalence rates, target treatments and treatments achieved so far in 2017 in Sightsavers' three targeted regions. The six chosen health districts for this SBCC project (highlighted in red) show high baseline prevalence; therefore, effective SBCC and WASH activities are likely to significantly reduce transmission of SCH and STH.

School based MDA is nationally preferred for deworming of school-aged children (5-14 years) because of the high school enrolment rate, which is above 80%. Non-enrolled children are encouraged to attend school on treatment days through targeted sensitization and mobilisation activities.

In April/May 2017 a round of MDA took place. A school teachers strike in the North-West and South-West regions meant that house to house MDA was used to ensure that children received treatment. This resulted in good therapeutic and geographical coverage rates. During community MDA, volunteer community directed drug distributors (CDDs) were directly supervised by Chief of Centres (COCs) and indirectly by Health District teams. Health Districts, regional and national teams of the Ministry of Health collected and analysed MDA data after each distribution campaign. NGO staff were also part of

the supervision and monitoring of field activities.

During the school based MDA, teachers trained in drug administration were supervised directly by inspectors of basic education and health personnel at the health area and district level. The regional teams and the NGO staff were indirect supervisors and verified the data.

Treatments to date in 2017

Regions	District	STH prevalence	SCH prevalence	Target treatments in 2017	Achieved treatments in 2017
South-West	Buea	41%	38%	37,344	30,594
	Kumba	63%	46%	80,081	64,874
	Mbonge	22%	86%	19,596	17,664
	Nguti	26%	18%	7,003	6,433
	Muyuka	16%	0%	24,426	22,735
	Ekondo Titi	62.6%	54%	12,213	10,434
North-West	Ako	14%	86%	12,517	10,284
	Kumbo East	12.2%	12%	47,607	40,124
	Ndu	8.2%	10%	19,512	18,779
West	Galim	7%	0%	20,443	19,015
	Foumban	2.4%	3.8%	61,586	59,634
	Foumbot	7.1%	18.3%	29,629	27,177
	Kouoptamo	1%	0%	17,465	14,887
	Malentouen	7.1%	38.1%	35,965	31,775

Activity Narrative

With GiveWell funding a participatory planning workshop was held in Yaoundé in early August during which the parameters of the SBCC research project approach under the guidance of Sightsavers' WASH adviser were agreed. Participants were drawn from relevant sectors within the three targeted regions, including local government, WASH and health professionals.

A further output of the planning workshop was the finalisation of the project documentation. This includes a detailed narrative description and Logframe with activity log and output targets for 2018-19. Both of these documents are included in this submission to GiveWell.

The SBCC /WASH preparatory process will continue in line with the Logframe throughout 2017 into the first quarter of 2018. The SCH and STH impact survey is planned for early 2018, such that impactful implementation of WASH activities directly in schools will begin in the second quarter of 2018.