

Sightsavers deworming programme, Democratic Republic of the Congo (DRC)

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

Country: Democratic Republic of the Congo

Location: Ituri Nord, Ituri Province

Start date: January 2017

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

Project summary

Year 2 has been another successful year for the DRC deworming project, with the final data exceeding target treatment numbers despite the late arrival of Praziquantel in the region.

Sightsavers continues to work with implementing partner United Front Against River Blindness (UFAR) for the GiveWell funded deworming work in DRC.

Project output summary

Output	Indicator	Year 1 target	Year 1 to date
Treat school-age children between 5-15 years for SCH and STH through MDA	No. of school-age children between 5-15 years treated for SCH	159,971	172,309
	No. of school-age children between 5-15 years treated for STH	46,728	63,303

Total number of school aged children treated: 235,612

Activity Narrative

The project delivers treatment to eight districts that are endemic with SCH and/or STH. In 2018-19, four of these districts required treatment, three for SCH and one for STH. As in the previous year, advocacy meetings with parents and school managers were held prior to the MDA. Community sensitisation focussed on both the necessity of giving treatment to children against worms, and good hygienic practices. The contribution from CDDs and town criers during sensitisation was invaluable in ensuring community engagement.

The original project plan to integrate intervention planning and training for four NTDs (onchocerciasis, lymphatic filariasis (LF), SCH and STH) had to be adapted, due to late delivery of Praziquantel, the drug used to treat SCH. Onchocerciasis, LF and STH treatments went ahead as scheduled, with SCH MDA taking place once the Praziquantel was available. The December 2018 election proved largely peaceful and did not negatively impact on project implementation and delivery.

Results against targets to date (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	770	750
	No. of health workers trained on SCH/STH MDA	178	178
	No. of CDDs trained on SCH/STH MDA	1,911	1,911
	No. of schools training at least one classroom teacher on school MDA.	385	385
Treat school-age children between 5-15 years for STH and SCH through MDA	No. of school-age children between 5-15 years treated for STH	46,728	63,303
	No. of school-age children between 5-15 years treated for SCH	159,971	172,309
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance	1	1
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	20	20

School vs community based treatments

In this round of treatment, around 51% of children received their treatment in schools, with the remaining 49% being treated in the community. This statistic is slightly skewed as Biringi district delivered all of its treatments via community-based MDA, as shown in the table below. Teachers were trained in advance of the MDA, but shortly before the MDA started, there was a new migratory flow of South Sudanese refugees who were housed in foster homes, schools and churches, making it more appropriate to search for children in the communities than to carry out school treatment.

District	School treatments	Community treatments
Angumu	48%	52%
Aungba	61%	39%
Biringi	0%	100%
Nyarambe	75%	25%

Treatment coverage rates

Outcome Indicator	Year 2 April 2018 - Mar 2019	
	Milestone year two	Achievements to date
% of all targeted people in targeted health zones treated with Praziquantel for SCH (ultimate threshold at least 75%).	75%	84%

% of all targeted people in targeted health zones treated with at least one round of Albendazole/Mebendazole against STH (ultimate threshold at least 75%)	75%	99%
% of existing schools in targeted health zones participating in the school deworming programme	95%	64%

Key successes:

- The programme continued to achieve STH treatment coverage rates above 90% for a second year, showing excellent MDA compliance by the endemic communities;
- SCH treatment coverage rates exceeded the threshold by almost 10%;
- Despite substantive delays in the arrival of Praziquantel in the required provinces, SCH MDA was completed by mid-April 2019, though full treatment data will not be provided until May;
- The vast majority of the training targets were met, with only a small number of schools not being able to train two teachers to conduct MDA;
- Over the last two years, health workers in supported districts have benefited from training on finance management, data collection and analysis, M&E activities and reporting deadlines. This training has improved capacity at the health worker level, leading to a more efficient and sustainable programme.

Key Challenges:

- The late delivery of Praziquantel to DRC resulted in the delayed implementation of SCH MDA in Ituri Nord and the associated treatment coverage survey. The drugs arrived in-country at the end of December, but then had to be transferred to the provinces before MDA could begin;
- The percentage of schools taking part in the deworming programme was lower than the target because Biringi did not treat in schools. Despite this, MDA went ahead via the community approach and treatment coverage rates were still met.

Project monitoring and coverage survey activity

Monitoring and supervision is conducted at national, provincial and community levels. Health workers supervise the CDDs within their communities during distribution and district ward supervisors supervise health facilities within their wards. The provincial coordinator and assistants also monitor a sample of health facilities and communities.

As in the first year of the project, UFAR have continued to closely monitor MDA, with technical advisors on the ground in the implementing districts. This ensures closer monitoring of the activities, and higher quality of data.

A post-treatment coverage survey (TCS) took place May 2019, following the MDA that took place during GiveWell project year 2 and the report is currently being finalised.

Lessons learned

The 2018 list of schools was revised following the identification of additional schools during the 2017 MDA. This allowed for a realistic target of 385 schools to be set, which was achieved.

An action plan was developed for implementing recommendations from the QSAT and TCS conducted in year 1. As per the QSAT findings/recommendations, the provincial NTDs Coordination Unit drafted an announcement that was read across mass media during the campaign. The purpose of the announcement was to clearly explain that drugs would be freely distributed during MDA, to whom and why, so as to encourage community acceptance.

Data has been split by treatment settings (communities or school), to make it easier in the future to plan accurate training numbers for teachers and/or CDDs in each district, ensuring the project reaches as many children as possible according to context.

The MoH should continue to anticipate and plan for potential issues related to drug procurement (quantity and delivery time) and the impact that this can have on activity implementation and reporting.

Looking ahead to 2019

Wishlist 3 funding will see the Ituri Nord SCH/STH programme extended for another two years up to March 2022, aiming to continue the exceptionally high treatment coverage rates year on year.

In 2019, in partnership with the MoH, sentinel sites will be selected to undergo epidemiological testing to give an indication of worm burden in these areas. The results of these tests will guide the implementation of the project in future years and give an indication of progress against disease prevalence rates.

Neighbouring province Ituri Sud has been dealing with an ongoing Ebola outbreak. This was further exacerbated during the elections, when some Ebola treatment centres were destroyed and patients fled to other areas. Although this has not affected the implementation of the Ituri Nord NTD programmes to date, Sightsavers and UFAR continue to keep a close eye on the situation.