

Sightsavers Deworming Program – Nigeria Benue GiveWell Wishlist 3 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: Nigeria

Location (region/districts): Benue state

Duration of project: 3 years

Start date: April 2019

Goal

Reduction in the prevalence and intensity of SCH and STH amongst school age children as part of an integrated NTD program.

Outcome

School aged children (SAC) between 5-15 years¹, within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required. This will be integrated with onchocerciasis and lymphatic filariasis (LF) activities treating people over five years old with ivermectin and albendazole as required.

Program implementation areas

The National NTD unit supports integrated NTD activities and each State MoH has its own integrated NTD elimination plan. Sightsavers is the only NGO supporting NTDs in Benue State and as such we are required to deliver an integrated program.

GiveWell funding supported the scale-up of deworming and integrated NTD activities in Benue in 2017, work which continues in 2018. Maintaining funding levels for integrated MDA for the years ahead (2019-2022) is essential to ensure we build on the progress towards control of SCH and STH.

In Benue, all 23 of the LGAs are endemic for onchocerciasis, 22 for SCH, 17 for STH and 16 for LF. Due to the overlap of the drugs used to treat for these diseases, onchocerciasis, LF and STH can all be treated simultaneously, where co-endemic.

Table to show prevalence and treatment schedule in program implementation areas

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Oncho	LF	Total population 2019 ²
Ado	12.0%	Annual	20.2%	Via LF MDA	Annual	Annual	246,591
Agatu	13.0%	Annual	23.0%	Annual	Annual	N/A	159,250
Apa	13.0%	Annual	22.0%	Via LF MDA	Annual	Annual	133,391
Buruku	24.3%	Annual	27.0%	Via LF MDA	Annual	Annual	280,831
Gboko	15.6%	Annual	20.8%	Via LF MDA	Annual	Annual	494,798
Guma	22.7%	Annual	24.0%	Annual	Annual	N/A	264,121
Gwer East	40.3%	Annual	18.0%	N/A	Annual	Annual	225,589
Gwer West	5.3%	Every 2 years	36.8%	Via LF MDA	Annual	Annual	168,379
Katsina-Ala	48.0%	Annual	25.0%	Via LF MDA	Annual	Annual	309,776

¹ and adults where prevalence dictates

² Based on population projections

Konshisha	45.0%	Annual	13.0%	N/A	Annual	Annual	311,091
Kwande	10.0%	Annual	12.0%	N/A	Annual	Annual	342,831
Logo	11.0%	Annual	26.3%	Via LF MDA	Annual	Annual	233,055
Makurdi	1.4%	Every 2 years	22.3%	Annual	Annual	N/A	409,966
Obi	2.0%	Every 2 years	23.3%	Via LF MDA	Annual	Annual	136,273
Ogbadibo	14.5%	Annual	21.9%	Via LF MDA	Annual	Annual	177,424
Ohimini	0.0%	N/A	13.0%	N/A	Annual	N/A	98,539
Oju	18.0%	Annual	14.0%	N/A	Annual	Annual	234,673
Okpokwu	14.6%	Annual	25.7%	Via LF MDA	Annual	Annual	243,510
Otokpo	24.8%	Annual	27.2%	Via LF MDA	Annual	Annual	360,710
Tarka	29.0%	Annual	19.0%	N/A	Annual	N/A	109,584
Ukum	18.0%	Annual	28.1%	Annual	Annual	N/A	299,040
Ushongo	12.0%	Annual	20.2%	Via LF MDA	Annual	Annual	259,630
Vandeikya	13.0%	Annual	23.0%	Annual	Annual	N/A	317,223
				Total			5,816,275

Prevalence and treatment strategy

GiveWell's continued support will enable SCH, STH, onchocerciasis and LF MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility.

In the case of SCH, we will implement MDA activities by meeting, or where the MoH deem it necessary, by intensifying the WHO-defined treatment strategies. In the case of Nigeria, please see the table below.

SCH endemicity	Nigeria FMOH ³	WHO strategy ⁴
High risk (≥50%)	Treat SAC every year	Treat SAC every year
Moderate (≥10 but <50%)	Treat SAC every year	Treat SAC once every two years
Low (≥0 but < 10%)	Treat SAC once every two years	Treat SAC twice during their primary schooling years (every three years)

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 3', for the full prevalence detail and treatment targets by district

Outputs

Output 1: Train health workers, teachers and community members to deliver SCH, STH, onchocerciasis and LF MDA to schools and endemic communities.

Output 2a: Treat school aged children between 5-15 years for SCH and STH through MDA.

Output 2b: Treat people aged over five years old, for onchocerciasis and LF through MDA.

Output 3: Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan.

³ 6.1 SOP for NTDs in Nigeria doc.pdf provided Year 1 Interim Report August 2017

⁴ [Helminth control in school age children: a guide for managers of control programmes, Second edition](#), 2011, page 74-75

Key output indicator targets

	Year 3	Year 4	Year 5
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
No. of teachers trained on SCH/STH MDA	5,000	5,600	5,600
No. of health workers trained on integrated MDA	2,342	2,275	2,342
No. of CDDs trained on integrated MDA	6,048	6,048	6,048
No. of school aged children between 5-15 years treated for STH	839,921	860,920	882,443
No. of school aged children between 5-15 years treated for SCH	1,170,281	985,817	1,229,526
No. of adults treated for STH	-	-	-
No. of adults treated for SCH	-	-	-
No. of people treated for oncho	4,653,020	4,769,346	4,888,579
No. of people treated for LF	2,736,518	2,804,931	2,875,054

NB. STH SAC treatment numbers includes incidental treatments via LF MDA.

Please see attached 'Combined Wishlist 3 logframe' for full outputs, outcomes, impact and associated risks and assumptions.

Summary of planned budget

Please see attached 'Wishlist 3 budget' for more detail.

Implementation

Through Sightsavers' program staff and in collaboration with the MoH, health workers, teachers and community drug distributors (CDDs) will be trained to deliver SCH, STH, onchocerciasis and LF MDA.

Supervised by trained health workers, school based SCH/STH treatment will be distributed by teachers to ensure optimal coverage. Non-enrolled or absent children will be treated through community based MDA by CDDs. Onchocerciasis and LF MDA is distributed via community based MDA to people over five years old.

Due to the overlap of drugs used, onchocerciasis, LF and STH can all be treated simultaneously where co-endemic. In STH endemic LGAs, where LF is not present, we treat STH specifically.

In LGAs co-endemic with SCH, STH, onchocerciasis and LF, we aim to integrate CDD training, community sensitization and advocacy. If all necessary drugs arrive at the same time, we are also able to integrate drug distribution, taking into account an interval of two weeks for the distribution of the actual drugs (as required by the Standard Operating procedures for NTDs in Nigeria Sept 2015⁵).

⁵ 6.1 SOP for NTDs in Nigeria doc.pdf provided Year 1 Interim Report August 2017

For example, in an onchocerciasis, LF and SCH endemic community, CDD training, community sensitization and advocacy will happen together. Ivermectin and albendazole are then administered simultaneously, whilst praziquantel will be distributed two weeks later. We do not implement triple drug treatments even when other activities are integrated.

Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA.

A Quality Standards Assessment Tool, (QSAT), used to appraise a program's performance, took place in March 2018, the recommendations of which are currently being implemented in a 2 year action plan. The next QSAT is scheduled for 2020. It will monitor progress in implementation of previous QSAT and TCS recommendations and their impact on the quality of MDA implementation.

Follow-up parasitological surveys (surveys at sentinel sites / surveys for the reassessment of baseline prevalence levels) will be supported as relevant, in accordance with guidance from WHO / expert groups. These surveys will a) assess progress towards the control of morbidity / elimination of SCH and STH as a public health problem; b) reassess treatment strategies.

Inputs from key partners, governments and other stakeholders

Partner	History of work with Sightsavers	Role in the program
Ministry of Health	Partnership since 2016	Coordination Implementing partner
Ministry of Primary Education	Sightsavers has been working with the Ministry of Primary Education through the MoH since 2016.	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH since 1993.	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH, STH, oncho and LF)	Donor
Department for International Development UK (DFID)	Long-term partner in Nigeria. Supported 5 LGAs as part of the Benue project since 2016 (oncho and LF)	Donor (current funding ends March 2019)

Communities	CDDs support MDA. Community led sensitization since 1993	Volunteer support Beneficiaries
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Other funding opportunities/fungibility

Sightsavers’ current approach for funding integrated NTD programs is to identify and support outstanding MDA needs for LF, SCH and STH in areas where we are already supporting trachoma or onchocerciasis MDA.

Due to the high co-endemicity of oncho, LF, SCH and STH throughout Benue, Sightsavers believes that a single-funder integrated program offers significant improvements in overall value for money. When treating all four NTDs in an integrated manner it vastly increases the overall number of treatments, without a directly proportionate increase in costs. To highlight this, the attached spreadsheet details our current analysis of the treatment numbers associated with this integrated project (please see ‘Benue Integrated Treatments’).

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Given the time-bound and geographically restricted profile of our existing donor support for oncho/LF we do not believe we would be able to deliver the SCH/STH treatments without GiveWell’s support of our integrated program.

Sightsavers continues to work closely with the State level MoH and LGAs to encourage their continued commitment to this NTD program. However, it is unlikely that we would see any significant financial contribution due to other priorities/pressures.