

Sightsavers Deworming Programme Guinea Conakry

GiveWell schisto and STH project 2017 mid-year report

Project Name: Guinea GiveWell schisto and STH project

Country: Guinea

Location: Districts of N'zérékouré, Lola and Yomou.

Duration: Two years, in the first instance, January 2017 – December 2018

Start date: January 2017

Project contact names: Midiaou Bah, Alpha Bah

Project goal: The reduction in the prevalence and intensity of schistosomiasis (SCH) and STH over time amongst school age children.

Project location: The districts of N'zérékouré, Lola and Yomou in the South East of Guinea.

Activity Narrative

Mass drug administration (MDA) for SCH and STH was successfully completed in Guinea Conakry in May 2017.

A tight schedule was required in order to implement the MDA before the start of Ramadan (as treatment must be taken on a full stomach) and the closure of schools for the summer break. Despite the time constraints, the meticulous planning and organisation of the team led to a successful round of MDA.

The school health unit data was used as a baseline for the number of schools in indicator 1.4 in our project logframe during the planning stage. During implementation in the field, this figure was found to be an underestimate and more schools were reached, hence the target achieved being more than double what was expected.

The integration of NTD MDA activities over the entire country considerably reduced the cost in terms of training, sensitisation and supervision, showing increased value for money. Sensitization efforts included, but were not limited to, a launch ceremony of the MDA activity at district level; radio spots; round table discussions; town criers; and mobile sound systems.

Advocacy for the programme was done at the national level to enable the integration of NTD MDA into one nationwide calendar, rather than having separate MDA schedules for each implementing partner. The Sightsavers team were able to influence the incorporation of the SCH and STH deworming project for the three districts into the national integrated plan.

A review of existing information, education and communication /social behaviour change communication materials and social mobilization strategies for MDA activities, across the NTDs program, is underway. Through this process we will ensure targeted messaging, rational strategies and lay the ground work for complimentary behavioural interventions, particularly in water, sanitation and hygiene (WASH).

Results against targets to date (January – August 2017)

Please note that all '2017 to date' figures are currently unverified and subject to change.

Please see document 4.1 for preliminary results disaggregated by district and gender.

Output	Indicator	2017 target	2017 to date
1. 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	673	670
	Number of health workers trained on SCH/STH MDA	64	64
	Number of CDDs trained on SCH/STH MDA	365	368
	Number of schools training at least one classroom teacher on school MDA.	252	559
2. Treat school aged children between 5-15 years for STH and SCH through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	145,810	174,288
	Number of school age children between 5-15 years treated for SCH	145,810	174,288
	Number of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	1	1
3. 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.	2	2
4. 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.	33%	No results yet

Key Successes:

- The inception workshop was conducted in such a way that it was able to bring all key partners together such as MoH, Ministry of Education (MoE) and NGOs to participate and share ideas. This resulted in strong commitment for the implementation of the MDA activity.
- The people targeted for the training were reached.
- The treatment was accepted by the school age children.
- The occurrence of side effects was reduced due to sensitisation of the children to take the medication after food.
- The treatment coverage survey was successfully carried out and the results are being analysed.

Key Challenges:

- Due to the tight MDA implementation schedule, the treatment sensitisation information flowed less well at a community level than expected. Contrary to this, in schools the messages were well circulated.
- Preparation for social mobilisation could have started earlier to ensure that greater proportion of the population were better informed about the MDA.
- Since this zone was formally affected by Ebola it was a challenge to ensure the acceptance of the MDA. This was overcome by community sensitization activities.

Project monitoring and coverage survey activity

Field monitoring and supervision of the MDA was done at a community, district and regional level by:

- Sightsavers
- MoH (Programme National de Lutte L'onchocercose et de la Cécité Maladies Tropicales Négligées, Directeure Régionale de la Santé, Directeur Préfectorale de la Santé and chef de centre de santé)
- MoE (SNSSU, Inspecteur Régionale de l'Education, Directeur Préfectorale de l'Education and Directeur Sous-Préfectorale de l'Enseignement Élémentaire).

The Treatment Coverage Survey (TCS) was undertaken in June/July 2017.

Looking ahead

Data for the May 2017 round of MDA should be verified by the end of the year.

A treatment coverage survey was conducted in N'Zérékoré district from June 15-24, 2017. A total of 30 villages were randomly selected proportional to their population, segmented, and 12 households ultimately selected. A total of 778 children aged 5-14 years were surveyed in 322 households. The survey included questions on whether treatment was taken, where, sensitization of the campaign, and knowledge about of schistosomiasis and soil-transmitted helminths. Data were collected on Android mobile devices.

A preliminary report was drafted but is pending approval by the N'Zérékoré health department and national NTD program. The final report will be translated from French and available by the end of September.

Please see document 4.2 for a case study of program activity.