

## **Sightsavers Deworming Programme - Guinea Bissau GiveWell Schistosomiasis / STH Project Narrative**

---

**Project name:** Guinea Bissau GiveWell schistosomiasis and STH project

**Country:** Guinea Bissau

**Location:** Bafata, Gabu, Oio, Farim, Bolama, Cacheu, Biombo, Tombali, Quinara, Bijagos and SAB/Bissau regions

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

**Start date:** January 2017

**Project contact name:** Balla Musa Joof, Country Director

**Reviewed by**

**Country Director:** Balla Musa Joof

**Programme Development Advisors:** Ndellejong Cosmas Ejong, Ronald Bannerman.

**Regional Director:** Aladji Bakary Marong

### **Project overview**

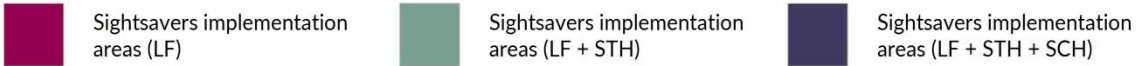
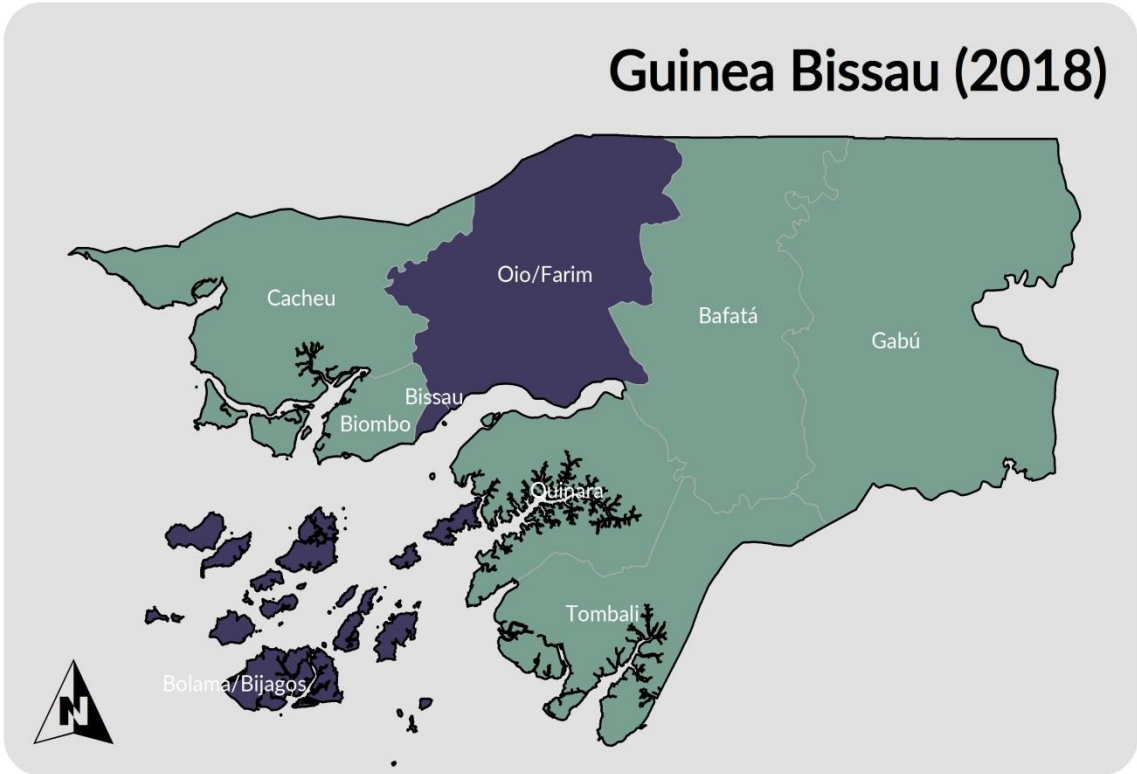
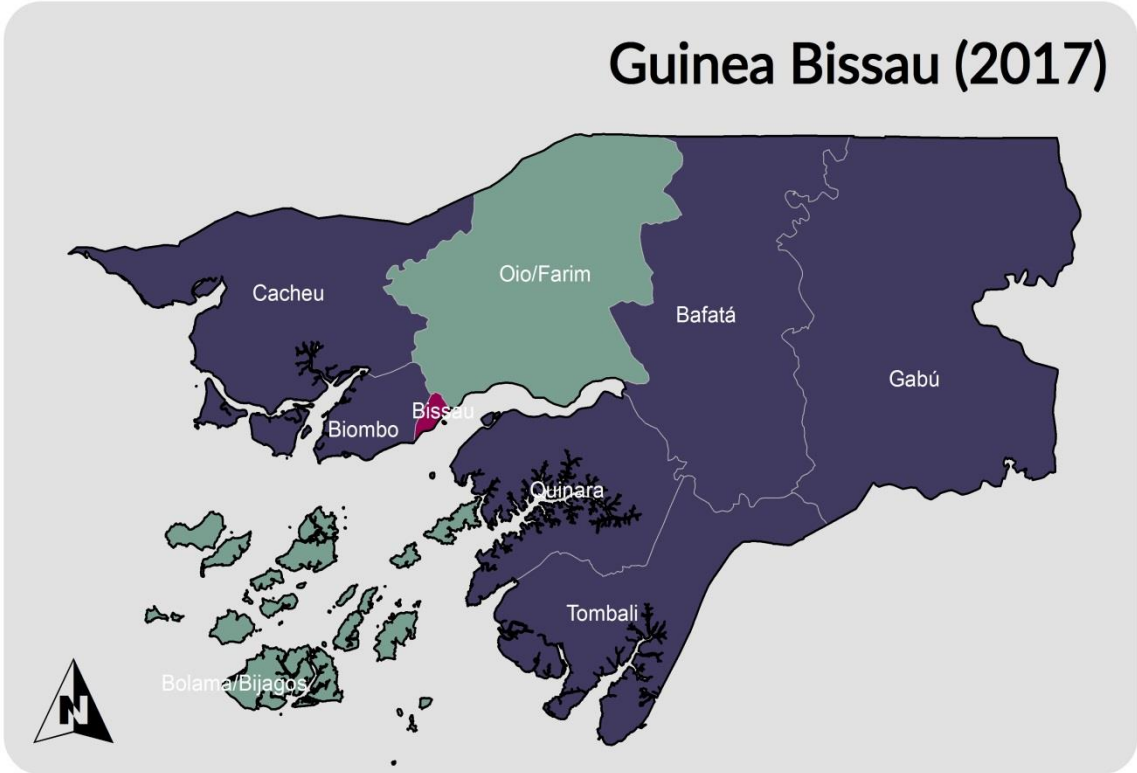
Guinea-Bissau has reached a major milestone in the elimination of lymphatic filariasis (LF) and onchocerciasis (oncho), by consecutively treating districts at a high coverage rate over years. Whilst some districts will continue mass drug administration (MDA) for LF and oncho, other districts require surveys to assess the impact of previous treatments on prevalence. The results will determine whether MDA can be safely stopped and so permit the onset of 4-6 years of surveillance. To protect any indirect gains of LF programme albendazole distribution on the prevalence of soil-transmitted helminthiasis (STH), it is vital, that at the time of assessing impact on LF, the endemicity levels of STH are assessed and plans for the continued distribution of albendazole developed accordingly.

The support from Givewell will enable the Ministry of Health (MOH) NTD programme to scale up to support programming for schistosomiasis and STH; this will start with a reassessment of baseline endemicity levels and corresponding treatment plans. The surveys supported by Givewell will support all provinces with the exception of the Bijagos archipelago – wherein high resolution baseline mapping is being supported by the London School of Hygiene and Tropical Medicine. Sightsavers is in close communication with LSHTM about this mapping and as planned will support the MOH with any required interventions in this archipelago. Given the planned surveys, Sightsavers expects a readjustment of treatment targets during 2017 for LF, oncho, schistosomiasis and STH.

**Impact:** Reduction in the prevalence and intensity of STH and schistosomiasis over time amongst school aged children (SAC).

**Outcome:** School aged children between 5-14 years in all schools and communities within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel yearly.

Map of program implementation areas



## Outputs

### Output 1

Train health staff, community members and teachers to deliver schistosomiasis / STH MDA to schools and endemic communities.

### Activities

- Develop and produce training materials for health workers, teachers and community drug distributors (CDDs); done as part of the MDA preparation. The development of materials will be participatory; using resources produced by WHO with guidance from Sightsavers technical advisers. Materials will be reviewed and revised, if necessary, after the first year of project implementation.
- Train health workers at regional and district levels who will supervise the MDA campaign in the schools and communities; health workers have an important role to play in project implementation. Given their experience in organising, training and supervising community volunteers, their participation is crucial. They will be trained on community mobilisation, monitoring and supportive supervision, data management, collection of beneficiary feedback, gender and social inclusion, reporting and management of side effects of praziquantel.
- Train teachers on schistosomiasis and STH MDA and reporting; the training of teachers will be facilitated by health workers. It will cover organising MDA in schools using the weighing scale/dose pole to determine the number of praziquantel tablets to administered, disseminating key messages on schistosomiasis /STH transmission in schools and communities, reporting of campaign data and identification and referral of any praziquantel side effects.

### Output 2

Treat school aged children between 5-14 years for STH and for schistosomiasis through mass drug administration (MDA).

### Activities

- Collaborate with the NTD team of the Ministry of Health (MoH), Ministry of Education (MoE) and other partners to annually plan MDA, targeting both schools and communities. Each region will be required to submit their annual regional plan, which will indicate the treatment targets for school aged children, the number of teachers, district health workers and CDDs to be trained, as well as plans for related activities such as social mobilisation, advocacy and information, education and communication (IEC) activities at school and community levels.
- Conduct a workshop to develop key schistosomiasis and STH IEC messages; it will be participatory, involve key project stakeholders including the MoH, MoE, WHO, Plan International and Federation of Persons with Disabilities. Any available existing materials from around the globe will be reviewed and adapted where appropriate.
- Produce and distribute IEC/behaviour change and communication (BCC) materials such that communities and schools are adequately educated and

sensitised. Sensitization sites are community centres, health posts, markets, churches, mosques and other public places.

- Conduct health education, sensitisation and social mobilisation in schools and communities.
- Conduct advocacy regarding ownership and sustainability of the programme.
- Produce measuring sticks and print treatment registers and forms for the MDA; distribute these to all schools and CDDs during training, before the start of MDA. Dose posts will also be calibrated on classroom walls.
- Conduct supportive supervision and project monitoring before, during and after MDA; done by the National NTD team, regional health team and district health workers. Independent monitors will be used to supervise and monitor training sessions, MDA coverage reporting, social inclusion and gender equity. Sightsavers will recruit a Monitoring and Evaluation Officer who will be based in Guinea Bissau to ensure joint monitoring with MoH during project implementation.
- Collect data and report on MDA (including provision of community registers, management information systems forms, dose poles); data collection on a daily basis during the campaign by participating teachers and CDDs. Data review and validation meetings will be organised at the end of the campaign before final submission to the national programme.
- Treatment coverage surveys and data quality assessment to validate reported treatments; conducted using mobile phones to verify reported treatment data and identify challenges reported during MDA. A data quality assessment may also be conducted.

### Output 3

Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on schistosomiasis and STH.

### Activities

- Joint planning meetings in preparation for MDA organised with MoH, MoE, community representatives and other partners.
- Conduct periodic project review meetings at regional level involving the MoH and MoE.

### Output 4

Data on hand washing and latrine facilities in schools available at operational level.

### Activities

- Identify specific health districts and schools where indicators for water, sanitation and hygiene (WASH) will be collected with priority given to those with high schistosomiasis /STH endemicity.

- Revise school reporting forms to include information on availability and sanitary conditions of water points and latrines within school premises.
- Collect and report school based data on WASH in selected health districts.
- Develop country specific cross cutting plans on WASH activities.

### Risks and assumptions

Project risks and assumptions are clarified in the log frame document. Risks include;

- Strike or disruption by school teachers;
- Political instability;
- Disruption of drug supply in country.

Assumptions include the following:

- Community ownership will be established;
- Teacher commitment to and ownership of the programme;
- Communities will motivate volunteers;
- Health personnel will be supportive of and professionally supervise volunteers;
- Drugs will be available on time;
- Refusal and absenteeism to treatment can be addressed;
- There will be no conflict of interest.

### Inputs from Sightsavers, partners and Government

Stakeholder	Inputs to be provided
<b>Sightsavers</b>	<ul style="list-style-type: none"> <li>• Provide technical and financial support throughout the project cycle;</li> <li>• Support in capacity building for partners, programme monitoring and quality assurance;</li> <li>• Advocate for increased government ownership;</li> <li>• Ensuring that donor requirements are met.</li> </ul>
<b>Ministry of Health</b>	<ul style="list-style-type: none"> <li>• Provide supervisors, vehicles and motorbikes during MDA;</li> <li>• Support the distribution of drugs from national to regional, districts, schools and community;</li> <li>• Lead on community mobilisation and sensitisation, training of CDDs, teachers, supervise and monitor MDA;</li> <li>• Monitor and report side effects related to praziquantel administration.</li> </ul>
<b>Ministry of Education</b>	<ul style="list-style-type: none"> <li>• Provide teachers to support the MDA;</li> <li>• Collaborate with the MoH and partners to plan, deliver and report during MDA;</li> <li>• Participate in annual review and planning meetings;</li> <li>• Coordinate and facilitate hygiene education sessions in schools.</li> </ul>
<b>Communities</b>	<ul style="list-style-type: none"> <li>• Provide volunteers (CDDs);</li> <li>• Mobilise community members during MDA;</li> <li>• Ensure all non-enrolled school age children are treated;</li> <li>• Collect and report community based MDA treatment data;</li> <li>• Identify and report praziquantel related side effects to local health facility.</li> </ul>
<b>Pharmaceutical companies</b>	<ul style="list-style-type: none"> <li>• Supply on time sufficient quantities of drugs as requested by MoH.</li> </ul>

## Target beneficiaries

The direct project beneficiaries are school aged children in all health regions of Guinea Bissau. Indirect beneficiaries are teachers, parents, health workers, community volunteers who will benefit from the project through the acquisition of knowledge and skills related to MDA and hygiene practices.

### **Specific measures to address the barriers of people with disabilities:**

- Implement Sightsavers' equity, gender and social inclusion plan;
- Persons with disabilities identified using the Washington Group Questions (WGQ) and assured access to project services;
- Mitigate barriers that prevent access to and uptake of services.

We will work with the Guinea Bissau Federation of Persons with Disabilities, MoE and community leaders to ensure that persons with disabilities are treated. We will ensure the use of appropriate local language to communicate key messages to community members including girls out of school and those with disabilities.

### **Gender barriers**

In line with Sightsavers policies, efforts will be made for the inclusion of girls, persons with disabilities and other marginalised communities (those living in Bijagos islands / hard to reach areas). Given the low school enrolment of children especially girls, we will reach non enrolled children in the communities using community volunteers.

### **Patient feedback**

Focus group discussions and interviews with project beneficiaries will be conducted as a way of assessing their knowledge, attitude and practices in relation to schistosomiasis and STH. Feedback will be analysed and key messages developed to counter misconceptions about the programme. Case studies will be documented on barriers, concerns, challenges and benefits of the project. During treatment coverage surveys and project evaluation, beneficiaries will share feedback on their experiences and suggestions for project improvement.

## Research and learning

Although specific research will not be undertaken, learning is integral to the project management cycle.

The following research questions will be addressed should funding become available:

- How do the side effects of praziquantel affect MDA compliance in Guinea Bissau?
- What are the barriers to accessing MDA for schistosomiasis and STH among girls and persons with disabilities outside schools?

## Monitoring and evaluation

### **Baseline data**

Baseline data on schistosomiasis / STH prevalence is available following mapping that was conducted in 2005. This data is now out-dated and a re-mapping of schistosomiasis and STH is planned for 11 regions of Guinea Bissau in 2017.

The surveys supported by Givewell will support all provinces with the exception of the Bijagos archipelago – wherein high resolution baseline mapping is being supported by the London School of Hygiene and Tropical Medicine. Sightsavers is in close communication with LSHTM about this mapping and as planned will support the MOH with any required interventions in this archipelago.

### **Project Monitoring**

This project will be monitored using guidelines in the Sightsavers Programme Implementation Manual. Project monitoring tools including log frames, activity logs, data collection logs and detailed activity budgets have been developed to guide project monitoring.

Gender disaggregated data and reporting tools will be used to collect information during programme implementation and will be routinely reported. Treatment coverage surveys will be conducted to compare survey findings and coverage rates reported by partners.

In addition to the above tools, Sightsavers country office will recruit an M&E Officer for the project. This new staff member will conduct periodic monitoring visits to the partner as well as joint field monitoring visits and annual project review and planning meetings.

Treatment data will be logged onto Sightsavers' programme portal and viewed by country and senior management teams.

### **Project Evaluation**

#### **Key impact indicators:**

- Prevalence of STH at sentinel sites;
- Prevalence of schistosomiasis at sentinel sites;
- Percentage of sentinel schools / sites with < 1% heavy / moderate intensity of STH infections;
- Percentage of sentinel schools / sites with <5% heavy intensity of schistosomiasis infections.

There are plans to assess the project using Sightsavers' quality standard assessment tool (QSAT) during the first year of the project. Findings will be used to develop an action plan aimed at addressing the partner's weaknesses related to quality services delivery. Technical support will be provided by Sightsavers' global and regional technical staff.

### **Sustainability**

Sightsavers will enhance project sustainability through:

**Governance and Coordination:** The national NTD programme and regional health teams, mandated to protect and promote the health of the population, will be supported to take the schistosomiasis and STH elimination agenda forwards in line

with the Guinea Bissau national NTD Master Plan to control/eliminate NTDs. Sightsavers will continue to support the MoH to strengthen the existing management and coordination structures at both national and regional levels. This support will include strengthening the newly established national NTDs committee, with representation from Government, UN agencies, NGOs and the private sector. The project will support efforts towards gender equity and inclusion in NTDs programme delivery.

**Partnership and Financing:** In line with the community directed treatment approach, regional health teams and communities in the intervention regions are the main implementing partners. This is a good platform to enhance ownership and commitment to schistosomiasis / STH project and other NTDs elimination agenda. The government provides personnel, office space and annually releases funds for NTDs elimination activities. Ideally, funds from government budget will increase as a proportion of the total elimination costs over time. Over time, partnership will be further strengthened with the MoE and other government ministries, UN agencies, NGOs and private sector to ensure increase resources to NTDs control and elimination.

**Human Resource Development (HRD):** The MoH and Sightsavers will enhance the capacity of health professionals, teachers and community volunteers to undertake MDA and hygiene education and promotion activities in the schools and communities. The capacity of regional health staff will be enhanced in programme and financial management, epidemiological survey techniques for schistosomiasis and STH, implementing MDA with multiple drugs, management of side effects, community self-monitoring, record keeping, data management, social mobilisation and IEC.

**Integrated Service Delivery:** Building on our experience with the community directed treatment approach used by Sightsavers Guinea Bissau onchocerciasis and LF elimination project funded by the UK Government's Aid Match programme, the MoH and Sightsavers will conduct integrated MDA to include schistosomiasis and STH. According to the national NTDs master plan, both LF and STH are endemic in all the 11 health regions of the country.

**Research/Learning and Health Information Systems:** Cognisant of the emphasis made on evidence based programming, Sightsavers will continue to support the partner's capacity to generate evidence through improved data management and surveys. The evidence generated will be used to determine the attainment of set milestones towards NTDs control and elimination in Guinea Bissau.

## Exit strategy

Due consideration is given to project exit from the design stage with the participation of the partner. Part of this includes the development of a sustainability plan which covers critical areas such as governance and coordination, partnership and financing, human resource development, integrated service delivery, research/learning and health information systems. Special focus will be given to the development of partnerships and local linkages, building partner institutional and human capacity, mobilising local and external resources and encouraging ownership by the partner.



## Support to partners

As indicated above, Sightsavers country office and technical advisors will provide the required support for partners to access up to date technical information and best practices in schistosomiasis / STH in particular and NTDs in general through the following ways:

- Project start-up workshops;
- Learning visits to other countries;
- Cross border meetings;
- Project review meetings;
- Participation in surveys and project evaluations;
- Participation in Sightsavers review and planning meetings;
- Joint field visits;
- Training sessions on finance and programme;
- Data management and reporting.

## Sightsavers' added value and comparative advantages

Sightsavers' added value in the project will be in the area of technical and financial support to the partner and other stakeholders. This will be achieved through capacity building for partners, programme and financial monitoring, quality assurance, advocacy for increased government ownership and commitment, and timely reporting to ensuring donor requirements are met.

Sightsavers unique advantage to deliver this project in Guinea Bissau is based on having a long term partnership with the MoH and other stakeholders and its knowledge of the country's health system. Technical skills and knowledge of Sightsavers country office staff, and Sightsavers' regional and global technical lead staff on schistosomiasis and STH will be an asset to the project.

## Planning for additional funding

Project funds are mainly devoted to MDA activities leaving the WASH and behaviour change components underfunded. These areas will be prioritised in future, should funding become available. Knowing that deworming can take several years, there will be the need to continue treatment beyond the current funding period.

## Transparency and accountability

The following measures will be taken by the country office to ensure transparency and accountability throughout the project period:

- Financial management will be in line with the Sightsavers financial framework as it promotes strategic and effective use of resources;
- Partner financial guidelines will be adopted when they meet the minimum standards laid out in the financial framework;
- Joint project review and planning with the partners and other stakeholders and field visits;
- Conduct internal spot checks and audits when necessary;

- Sharing of monthly project updates (programmatic and financial) with project director and others concerned.

### **Responsibility for performance:**

This project will be implemented within the existing country office structure and benefit from the recruitment of an additional staff member, an M&E Officer who will be based in Guinea Bissau. In addition, Sightsavers' Gambian based staff will periodically conduct monitoring visits to provide support for effective project delivery.

Within the NTDs team at the MoH, a dedicated coordinator for schistosomiasis and STH has been recently recruited to support in project coordination. Furthermore, the recently established national NTDs committee will play a crucial role in ensuring that project deliverables are attained.

### **Value for Money**

The following considerations have been made to ensure value for money:

- Allowances for health workers, teachers and volunteers will be paid based on existing national guidelines and practice;
- International procurement will be made through Sightsavers central procurement system standard list which goes through a competitive process;
- Local procurements will require invoices, which will be shared with Sightsavers' procurement team in UK for cost comparison;
- Partners will submit a detailed activity based budget for review and approval.

### **Project efficiencies**

The project team will ensure efficient project implementation through:

- Supporting the MoH to develop annual work plans that align with the National NTD Master Plan and schistosomiasis / STH project proposal;
- Informing organisational development plans and supporting efforts to enhance partner organisation capacities through due diligence;
- Using accepted standards and operational guidelines such as community directed interventions approach;
- Improving on inventory management, reporting and timely supply of drugs to from the Central Medical Stores to the Regional Stores;
- Strengthening supportive supervision of MDA;
- Implementing recommendations from post treatment coverage surveys so that MDA coverage thresholds are consistently met;
- Implementing strategies to reach marginalised and vulnerable groups using the outcomes of the equity tool;
- Training community volunteers to enhance participation and reduce cost;
- Integrating onchocerciasis / LF and schistosomiasis/STH MDA;
- Using classroom teachers in schools;

- Conducting joint monitoring visits with finance and programme staff;
- Using Sightsavers technical advisors and staff from neighbouring countries to support project activities.