

# Sightsavers Deworming Programme - Cameroon

## Scaling-up an Evidence-Based Approach for Schistosomiasis and Soil Transmitted Helminths control

---

September 2017

Following the submission of Sightsavers' Cameroon project concept note to GiveWell in June 2017, we are pleased to submit this updated document detailing finalised project plans.

Key updates in this document include:

- Finalisation of the number of districts the project will target to six.
- Revision of technical term to use Social Behaviour Change Communication (SBCC) instead of BCC.
- Updated text on project partners.
- Summary information on proposed goal, purpose, expected outcomes, outputs and year one activities. (Please note an updated Sightsavers GiveWell programme logframe has been submitted now also containing this information).
- Management information on assumptions, monitoring and evaluation, risk mitigation, cross-cutting issues.
- A timeline for project activities

## 1. Background

Sightsavers Cameroon has partnered with the Ministry of Public Health (MoH) since 1996, with early work focused on the fight against onchocerciasis. In 2010, Sightsavers expanded its support to three other targeted NTDs; lymphatic filariasis (LF), Soil-Transmitted Helminthiasis (STH) and schistosomiasis (SCH), in the North-West, South-West and West regions of Cameroon. For SCH and STH, drugs are distributed by school teachers to both enrolled and non-enrolled school aged children (5-14 years). National and regional NTD coordination teams and NGO staff ensure supervision and monitoring.

Despite continuous distribution of mebendazole and praziquantel, monitoring and treatment reports from the MoH have revealed outbreaks of haematuria in some project areas in the West region. Studies conducted in the Muyuka health district of the South-West Region have established evidence of high SCH and STH prevalence  $\geq 50\%$  in some rural communities. There is a significant association in parasite prevalence observed between water source and open field defecation, with increased risk observed in farmers and pupils (Ntonifon et al., 2013).

It is well documented that prevalence of infection tends to return to previous levels several months after treatment, and the WHO notes that the only definitive solution for eliminating SCH and STH infections is improvement in environmental conditions and a change in risk behaviours. As a result, the project might not attain its objective to reduce morbidity (measured by the intensity of worm infection) because of consistent reinfection and systematic non-inclusion of adult high risks groups such as fishermen. It is therefore important and feasible, in addition to refining SCH/STH MDA strategies based on new epidemiological information, to begin to address water, sanitation and hygiene practices (WASH) in endemic communities and schools.

Additional epidemiological surveys to inform MDA strategies and the introduction of WASH interventions in targeted high-risk areas will be key components to curbing the continuous transmission of SCH/STH in Cameroon and are highlighted in this project document.

**This project proposes to support the national SCH/STH control program by conducting new SCH/STH prevalence surveys in targeted sub-districts of the South-West, North-West and West regions to develop more effective treatment strategies for school-aged children and adults.**

### Background information and project rationale

## 1. Background

### Project partner(s)

In the context of the Cameroon GiveWell Social Behaviour Change Communication (SBCC) project, Sightsavers Cameroon country office will work with the Ministry of Public Health (MoH), Ministry of Basic Education (MINDUB), Ministry of Secondary Education (MINSEC), Ministry of Water and Energy (MINEE), communities and municipal councils in the implementation of the project. Sightsavers has an excellent working relationship with these partners, having worked with them in the implementation of the USAID grant through the ENVISION project for some years now. As government entities, they possess the necessary human resource and facilities to successfully accomplish the designated objectives.

Partner	History of work with Sightsavers	Role in the project
Ministry of Public Health	Partner since 1996	Coordination, monitoring and implementing partner
Ministry of Basic Education	Partner since 2011	Collaborator and implementing partner
Ministry of Secondary Education	Partner since 2011	Collaborator and implementing partner
Communities	Partner since 2011	Implementing and beneficiaries

### Organisations targeted for replication, and strategy to achieve scale

The MoH leads the national coordination of NTD control activities. The Sightsavers country office has worked in partnership with the MoH since 1996 in the fight against onchocerciasis, and since 2010 within the framework of eliminating NTDs. Implementation agreements are signed annually; agreements are also signed with regional delegation teams to ensure fulfilment of specific obligations.

This project will strengthen the national programme against SCH/STH by ensuring integration and implementation of water, sanitation and hygiene (WASH) activities in the national SCH/STH elimination master plan. The combination of MDA and SBCC will produce a synergistic effect that will reduce morbidity resulting from SCH/STH infection to an acceptable post intervention level of <1% heavy intensity infection in 2-3 years, as per WHO standards.

There is significant commitment from Government through the MoH to prioritise the control and elimination of NTDs. The learning component of this project will provide robust evidence required by the MoH and others to prioritise and finance WASH related SBCC activities as an integral part of the NTDs control/elimination agenda.

## 1. Background

Other organisations working on related issues in the project area, and how you propose to collaborate with them

**Ministry of Basic Education (MINEDUB):** ensures school aged children (SAC) are treated during school MDA campaigns. MINEDUB will join the regional WASH committee, to provide momentum and ensure implementation of SBCC activities in schools.

**Ministry of Secondary Education (MINESEC):** ensures distribution of drugs at secondary school level. As with MINEDUB, they will be represented on the regional WASH committee.

**Ministry of Water and Energy:** the WASH lead agency at both the national and regional levels. As such, they coordinate WASH activities carried out by sector partners that include the UN agencies, INGOs, local NGOs and communities. They also provide safe water and sanitation infrastructure, where communities require it.

**Local municipal councils:** as decentralisation is underway in Cameroon, local councils have authority over and responsibility for primary health care, hygiene and sanitation. They will play a key role in community sensitisation, mobilisation and participation. Local councils will also be engaged through advocacy to include both WASH hardware and software activities in their local development plans.

**UNICEF:** as a key player in all WASH interventions in Cameroon, the Sightsavers country office will work towards functional collaboration.

## 2. Summary of proposed Goal, Purpose, Expected Outcomes, Outputs and first year activities

Goal	Reduction in the prevalence and intensity of STH and schistosomiasis (SCH) over time amongst school age children.		
Purpose (Overall Objective)	Expected outcomes	Expected outputs	Illustrative activities (Yr 1)
<p>The project aims at contributing to the reduction of the transmission of the Soil Transmitted Helminths and schistosomiasis in the three Sightsavers supported regions through the promotion and adoption of healthy attitudes and hygiene behaviours in school aged children and communities.</p>	<p>Measurable positive change in hygiene and sanitation behaviour related to the risk factors associated with Schisto/STH within the timeframe of the project.</p>	<p>Establish baseline prevalence and intensity of SCH/STH in schools and communities.</p>	<p>Conduct a parasitological impact assessment survey in 15/16 health districts of the three supported regions. Carry out census of schools and endemic communities to collect specific WASH related information.</p>
		<p>To develop a responsive SBCC strategy based on the baseline results from the survey by April 2018.</p>	<p>Organize a national SBCC workshop. Organize regional planning meetings with main WASH actors (MINEE, MINEDUB, MINESEC, MOH, UCCC). Organize formative research in selected schools and communities based on sex, age and sociocultural context in relation to SCH/STH prevention. Carry out weekly demonstrative sessions on personal hygiene in targeted schools. Door to door sensitization by social mobilizers/community agents to promote positive behaviour change. Use of peer-to-peer educators as role models for awareness creation in communities related to SCH/STH prevention. Elaborate and diffuse key SBCC messages through local radio broadcasting. Carry out SBCC sensitisation sessions through religious organisations (churches, mosques etc.) for SCH/STH prevention. Elaborate and produce visual SBCC materials for sensitization in targeted schools for SCH/STH prevention.</p>
		<p>To train field actors (health professionals, community members and teachers) to undertake BCC activities in schools and communities.</p>	<p>Hold capacity building sessions to health personnel and community representatives on WASH related to SCH/STH prevention. Train local media personnel in WASH as pertains to SCH/STH prevention. Enhance school teacher capacity in WASH. Conduct WASH related monitoring and supportive supervision in both school and community.</p>

<b>3. Project Summary</b>	
<p><b>Rationale for choosing project approach</b></p>	<p>Research conducted in the South-West region in 2013 by H.N. NTONIFON and A.E. GREEN, presented high prevalence of SCH and STH amongst pupils between 11-20 years of age and the linkage with socio cultural and demographic determinants.</p> <p>Monitoring visits conducted by Sightsavers and the MoH partner using standard monitoring forms, provide key information that poor hygiene and sanitation lead to recrudescence of SCH/STH after yearly MDA. It was then agreed with MOH that efforts should be made to complement SCH/STH MDA activities with WASH interventions, health education for behavioural change and environmental improvement.</p> <p>Consequently this project was chosen to complement the school based MDA currently funded by USAID under the ENVISION grant. WASH related SBCC will be implemented in SCH endemic districts together with MDA (praziquantel and mebendazole).</p>
<p><b>Alignment with national/area development strategies and key partner priorities</b></p>	<p>In Cameroon, MDA for school aged children has been implemented for a long time, with limited sensitization and mobilisation focusing on the needs of children to be treated. Approaches to behaviour change and shifting social norms that will positively influence elimination of SCH/STH were routinely omitted as significant programme milestones. It is now well established that treatment alone will not interrupt transmission of SCH and STH. Health education for behaviour change and better environmental management are key. Combined approaches of intensive chemotherapy and educational interventions will ensure the elimination goal is achieved.</p> <p>The final call for the elimination of SCH was made during an international SCH conference in Cameroon (Towards Elimination of Schistosomiasis on the 22<sup>nd</sup>-23<sup>rd</sup> March 2017). The participants highlighted the need to have an integrated approach for the elimination of SCH/STH that involves both MDA and SBCC.</p>

<b>3. Project Summary</b>	
<b>Fit with Country/Area Office strategy and links to existing projects or programmes</b>	<p>The Government of Cameroon is fully engaged with NTDs. Indeed, a country Master Plan for integrated control of NTDs was launched in October 2012, with specific elimination targets. Sightsavers Cameroon has partnered with the MoH since 1996, with early work focused on the fight against onchocerciasis. In 2010, Sightsavers expanded its support to three additional PCT NTDs - LF, SCH and STH in the North-West, South-West and West regions. MDA with Mebendazole and Praziquantel (in STH and SCH endemic districts) takes place through schools and vocational training institutions once a year, in line with national protocol.</p> <p>The project will complement MDA through the promotion and adoption of healthy hygiene and sanitation practices, with the aim of lowering the SCH/STH endemicity over time. This is in line with the strategic objective of moving from control to elimination.</p>
<b>Alignment with Sightsavers scalability criteria and preferred programme approaches</b>	<p>The Sightsavers' NTDs strategy (2016- 2020), outlined as a core principle the support of integrated NTD projects in countries where we work. This includes both our support for MDA as well as our work in WASH, disease management, disability, and inclusion (DMDI).</p> <p>This project was designed in line with this strategic orientation. It will include coordinating and participating in technical sector meetings, conducting situational analyses of NTDs and SBCC activities, along with inventories of strategies and materials being used.</p> <p>Our work in this component of behaviour change will be framed by the WHO strategy in "Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases – A global strategy 2015-2020".</p>
<b>Programme assumptions</b>	<ul style="list-style-type: none"> <li>- Communities will adhere to positive behavioural change practices in regards to SCH and STH prevention.</li> <li>- Stakeholders (MoH, MINEDUB, MINEE) will agree with, and be available to participate in the WASH coordination meetings at national and regional levels.</li> <li>- Health personnel working for the NTDs programme will be available for training in all supported regions for SBCC activities.</li> <li>- The Education department will authorise the project to conduct hygiene promotion activities in the targeted schools.</li> </ul>

<b>3. Project Summary</b>	
<b>Cross-cutting issues</b>	<p><b>Gender:</b> Women’s groups are central in the promotion of hygiene and environmental improvement. The project will target specific actions that empower women in all aspects of the SBCC strategy.</p> <p><b>School aged children (5-14 yrs):</b> The project will bring positive change in hygiene practices amongst people living in SCH endemic areas, especially school aged children. School hygiene and SBCC will target this group both at school and in the communities.</p> <p><b>Disability:</b> This issue will be discussed in the WASH regional committees where all stakeholders will discuss the availability and accessibility of water and sanitation infrastructure. The project will ensure equitable assess of people with disabilities to improve hygiene and sanitation, as well as other services provided by the project.</p>
<b>Geographical project area and rationale for selecting this area</b>	<p>The project will be implemented in the Sightsavers Cameroon supported regions (South-West, North-West and West), but mainly focused on SCH and STH endemic districts.</p> <p>Based on the parasitological survey to be conducted in February 2018, the most SCH endemic health districts will be chosen to conduct SBCC activities related to SCH and STH. During this survey, sentinels sites will be established and will serve as reference points during impact assessment studies. A total of six health districts will be targeted by the project.</p>
<b>4. The Evidence Base</b>	
<b>Building the evidence base for demonstration and scale-up</b>	<p>The GiveWell SBCC project will complement SCH/STH MDA in the Sightsavers supported regions. This includes looking at, mechanisms and processes used for effective social mobilization, elements of social behaviour change and communication.</p> <p>Agreed indicators and monitoring plans to measure the impact of SBCC will be elaborated and integrated in the country Data Capture Logs. Evidence will be gathered on a continuous basis through periodic narrative and statistical reports and case studies.</p> <p>Evidence from the project will be captured and shared to influence the Government and its partners in order to sustain elimination efforts.</p>



<p><b>What new evidence do you plan to gather through the implementation of this project?</b></p>	<p>The new paradigm of SCH elimination has raised the challenges related, among others, to the availability of drugs, social and geographic environments, and behaviours of the targeted population.</p> <p>It has become urgent to implement complementary activities in order to reach the elimination objective. Engaging the communities and ensuring behavioural positive progress in terms of hygiene practices will boost the programme.</p> <p>The SBCC Cameroon project will provide robust evidence to the MoH and other partners to prioritise and finance this complementary component of the NTDs control/elimination programme.</p>
---	---

## 5. Project Proposal Development & Required Resources

<p><b>Proposal development process and timeframe:</b></p>	<p><b>Activities</b></p>	<p><b>Timeline</b></p>	<p><b>Person responsible</b></p>
	<p>Develop concept note</p>	<p>Feb 2017</p>	<p>Sightsavers' Cameroon country office (CCO) team</p>
	<p>Full proposal of the project</p>	<p>August 2017</p>	<p>Sightsavers' CCO team with stakeholders (regional partners)</p>
	<p>Develop impact survey protocol</p>	<p>October-November 2017</p>	<p>Sightsavers' CCO team with research team</p>
	<p>Impact survey in schisto endemic districts.</p>	<p>February 2018</p>	<p>Research team with support from Sightsavers</p>
	<p>Results of survey available for decision taking</p>	<p>April 2018</p>	<p>Research team</p>
	<p>Design workshop</p>	<p>April 2018</p>	<p>Sightsavers' CCO team with stakeholders</p>
	<p>Begin SBCC interventions in the six highly endemic districts.</p>	<p>May 2018 - 2019</p>	<p>Sightsavers' CCO team with stakeholders</p>

## 5. Project Proposal Development & Required Resources

Since 2011, Sightsavers has been supporting school based MDA in three regions of Cameroon using funds from USAID/RTI/HKI. In collaboration with MoH, MINEDUB, MINESEC and municipal councils; mebendazole and praziquantel tablets were given to school aged children in the endemic areas under annual agreements signed with the MoH. For the current project, resources from partners are defined as follow:

**Ministry of Public Health:** Human resources are available to be trained as trainers of community mobilisers for awareness creation. The MoH will also contribute some of its pooled transport materials for outreach activities and some of its integrated funding for monitoring and supervision.

**The Ministry of Basic Education & the Ministry of Secondary Education:** These two ministries have infrastructure and human resources that will be fully involved in the project implementation, as school hygiene is a central project component. Hygiene practices will need to be internalised by school children, who in turn will help to change behaviours of parents and non-school going friends.

**The Ministry of Water and Energy:** This Ministry has a leading role in the national and regional WASH committee, which constitutes a host of national and international NGOs and local associations, working in the domain of hygiene and human and sanitation. It has the required expertise and human resources needed to deliver against its mandate, namely in safe water provision and sanitation.

**Local municipal councils:** Given decentralisation, whereby local councils are being empowered to determine their priorities and implement their plans of action, it is vital to have these entities as full project partners throughout the project cycle. The local councils will provide the human resources, funding and logistics to support project activities mainly for the sensitisation of communities, construction and effective use of latrines. They will also support with water supply and management of local service delivery staff.

**UNICEF:** CCO will collaborate with UNICEF for key messages related to hygiene improvement to be delivered in schools.

Partner resources available

## 5. Resource Mobilisation & Sustainability Potential

<p><b>Potential to raise funds for this project.</b></p>	<p>This project is being supported by GiveWell. Sightsavers will continue to engage funding teams to secure funding for the life span of the project and beyond.</p>
<p><b>Technical resources required for successful implementation</b></p>	<p>CCO has built substantial experience and expertise in NTD interventions. This experience will enhance implementation. Sightsavers' SBCC/WASH programme development advisor will be solicited to support specific needs such as SBCC strategies and tools, planning and quality assurance during implementation. We will also rely on existing local capacity available in the structures of our local partners (Ministry of Water, MINEDUB, MOH, UNICEF).</p>
<p><b>Planning for sustainability</b></p>	<p>Behaviour change communication will complement MDA through increased participation and coverage of MDA activities and through promotion and adoption of healthy hygiene and sanitation practices.</p> <p>The aim is to lower the SCH/STH endemicity over time, which is in line with the strategic objective of moving from control to elimination. The SBCC component will play an important operational role in affecting the target population on behavioural aspects such as improving personal hygiene, provision of clean water for hand-washing and use of basic or safely managed sanitation, which are essential for the elimination of these diseases.</p> <p>This initiative will show the move towards integrated NTD elimination requires projects to be restructured towards integration; although MDA is currently the main activity, improving on individual and environmental hygiene will be essential to ensure sustainability of elimination.</p>

## 6. Management of the project

The current SBCC project is complementary to the existing SCH/STH MDA programme. It is more of a pilot intervention with multi stakeholders intervening in different aspects of the WASH component. The project will ensure reinforcement of coordination through the regional WASH committees whose members are already implementing activities linked to personal and environmental hygiene. The Regional Coordination will be ensured through the Minister of Public Health and Ministry of Water and Energy WASH focal point persons. Their roles will include ensuring coordination and cross fertilisation of different components of the project. Stakeholders will meet regularly to assess progress and re-orientate project activities if/when the need arises. Regarding the financial management of the project, plans of action will be drawn regionally, and financial resources will be used in line with Sightsavers internal/donor procedures. Standardised reporting tools will be developed and the Regional Coordinator team will be charged to ensure timely reporting.

## 7. Implementation plan

Activities for this project will begin with the parasitological survey scheduled for February 2018. SBCC activities will follow thereafter. No particular challenge is currently foreseen.

## 8. Monitoring and Evaluation plan

The integrated NTDs project activities make provision of opportunities to share and learn from evaluation and monitoring activities. The current SBCC project is built on initiatives carried out since 2011 under existing Sightsavers' oncho/LF, SCH/STH MDA campaigns.

Yearly review and planning meetings organised across the country to discuss challenges and plan for better interventions in the communities, will allow discussion and reorientation of activities. Stakeholders will be encouraged to discuss issues related to SCH/STH in the regional WASH committees.

The project will organise rapid assessment of behaviour improvement and will learn from the initiatives.

## 9. Risk management

The planning process has not identified any particular risks for the project. An assumption was made that the schools strike observed in 2017 in the North-West and South-West regions, which led to closure of schools, will not be organised in 2018. If this is the case, the project will focus implementation of activities in communities.