

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

**Country:** DRC

**Location (region/districts):** Ituri Nord

**Duration of project:** 2 years

**Start date:** April 2020

### Goal

Reduction in the prevalence and intensity of SCH and STH amongst school age children.

### Outcome

School aged children (SAC) between 5-14 years<sup>1</sup> within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required.

### Program implementation areas

GiveWell's support currently enables SCH and STH mass drug administration (MDA) in eight districts of Ituri Nord in North-Western DRC, implemented through United Front Against River blindness (UFAR).

Wishlist 3 will extend this support in existing implementation areas for an additional two years to help control SCH and STH in compliance with the National NTD Program policies.

**Table to show prevalence and treatment schedule in program implementation areas**

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Total population 2020 <sup>2</sup>	SAC <sup>3</sup> 2020
Angumu	<b>79%</b>	Annual	<b>0%</b>	Not required	187,181	65,513
Aru	<b>13%</b>	Every 2 years	<b>1%</b>	Not required	213,948	74,882
Augnba	<b>5%</b>	Every 3 years	<b>23%</b>	Annual	188,850	66,098
Biringi	<b>16%</b>	Every 2 years	<b>18%</b>	Not required	154,988	54,246
Logo	<b>1%</b>	Every 3 years	<b>2%</b>	Not required	307,146	107,501
Mahagi	<b>3%</b>	Every 3 years	<b>1%</b>	Not required	204,570	71,600
Nyarambe	<b>92%</b>	Annual	<b>0%</b>	Not required	304,360	106,526
Rimba	<b>1%</b>	Every 3 years	<b>11%</b>	Not required	249,192	87,217
				<b>Total</b>	<b>1,810,235</b>	<b>635,582</b>

### Prevalence and treatment strategy

GiveWell's continued support will enable SCH and STH MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility<sup>4</sup>.

<sup>1</sup> and adults where prevalence dictates

<sup>2</sup> Based on population projections

<sup>3</sup> Based on estimated 35% of total population

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

Adult treatment, which is recommended by WHO in areas of high SCH prevalence (> 50%), will not be part of this program, as it is not currently part of the National Strategic Plan

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 MDA to schools and endemic communities.

**Output 2:** Treat school aged children between 5-14 years for SCH / STH through MDA.

**Output 3:** Ministry of Health coordinates and supports targeted regions / districts to implement the National NTD Plan with focus on SCH/STH.

### Key output indicator targets

	Year 4	Year 5
	Apr'20 – Mar'21	Apr'21 – Mar'22
No. of teachers trained on SCH/STH MDA	1,324	756
No. of health workers trained on SCH/STH MDA	274	192
No. of CDDs trained on SCH/STH MDA	6,735	4,606
No. of school aged children between 5-14 years treated for STH	49,573	51,060
No. of school aged children between 5-14 years treated for SCH	304,040	190,747
No. of adults treated for STH	-	-
No. of adults treated for SCH	-	-

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 UFAR, health workers, teachers and community drug distributors (CDDs) will be trained to deliver SCH / STH MDA.

Supervised by trained health workers, school based treatment will be distributed by teachers to ensure optimal coverage. Non-enrolled or absent children will be treated through community based MDA by CDDs.

## Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA. Submission of the Year One TCS for Ituri Nord to GiveWell was on July 13, 2018.

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
United Front Against River blindness (UFAR)	Implements Sightsavers planned interventions in DRC since 2011	Technical support Implementing partner
Ministry of Health	Partnership since 2011	Coordination Implementing partner
Ministry of Primary Education	Partnership with Sightsavers' program for school-based MDA in Ituri Nord since 2017	Implementing partner Sensitization for adoption of healthy behaviour
Pharmaceutical companies	Pharmaceutical companies donate drugs to the MoH for use in Sightsavers programs since 2011	Supplies the quantity of required drugs requested by the MoH
GiveWell	Supported Ituri Nord program since 2017 (SCH and STH)	Donor
Department for International Development UK (DFID)	Supported Ituri Nord program since 2011 (oncho and LF)	Donor of oncho and LF program in Ituri Nord
Communities	CDDs support MDA. Community led sensitization since 2011 in Ituri Nord	Volunteer support Beneficiaries

### **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.

Through established agreements with the MoH, Sightsavers has been providing support to UFAR to implement NTD MDA in Ituri Nord, since 2011. We currently have DFID funding for onchocerciasis and LF MDA until March 2019, work that we hope to be able to extend through a donor we are in the process of approaching. To date, other than GiveWell, we have not been able to identify a donor able to fund SCH / STH in DRC.