

## Sightsavers Deworming Programme Nigeria – four states: Kebbi, Kogi, Kwara and Sokoto

### GiveWell schisto and STH project 2017 mid-year report

**Country:** Nigeria

**Location (region/districts):** Kogi state, Kwara state, Kebbi state and Sokoto state

**Duration of project:** 2 Years, in the first instance, January 2017 – December 2018

**Start date:** January 2017

**Project contact name:** Anita Gwom

**Project goal:** Sightsavers' goal is for the reduction in the prevalence and intensity of schistosomiasis (SCH) and STH over time amongst school age children.

**Project location:** GiveWell's support is enabling school based drug distribution in a total of 51 local government areas (LGAs) across four states, as follows<sup>1</sup>:

Name of state	No. LGAs treated for schistosomiasis	No. LGAs treated for STH
Kebbi	12	0
Kogi	13	9
Kwara	11	5
Sokoto	15	3
<b>Total</b>	<b>51</b>	<b>17</b>

### Activity Narrative

SCH and STH MDA generally uses a school based treatment strategy in all LGAs, and community based treatments in those LGAs with a prevalence rate of over 50%. Due to learning arising from this project, we have changed to a combination of school and community based treatments in all states in order to target out-of-school children. This is particularly important in areas where enrolment in public schools is low, for example in Northern states where the majority of children attend Islamic schools.

The use of community drug distributors (CDDs) and health workers in targeted communities to enable treatment of out of school children has improved the uptake of services for deworming activities in Kwara state. Efforts have also been made to reach other marginalised communities, for example training of church members as CDDs helped mobilize the Christian community and has increased awareness amongst Christians, who are a minority group in some of the states.

State level advocacy and sensitization workshops for Ministry of Education (MoE), Primary School Education Board, traditional and religious leaders, the media and other stakeholders were conducted in all states. Meetings were held to encourage other stakeholders to support deworming activities,

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<sup>1</sup> In 2017 Sightsavers received additional complementary funding from the Schistosomiasis Control Initiative (SCI) to support scaling up of our deworming work in these four states to full capacity as well as supporting work in Jigawa state. Full details were provided in our May 2017 submission to GiveWell.

especially the environmental and personal hygiene factors. This will help ensure effectiveness of NTD activities in the states, especially in school based treatments.

Drug donors approved allocations for the praziquantel, mebendazole, and Mectizan® and albendazole medicines to all states for 2017 MDA. The drug order of praziquantel was approved and its delivery is anticipated in September.

Regardless, the team has been able to start mass drug administration (MDA) using surplus praziquantel available from previous rounds of MDA in neighbouring states who do not need to use the drugs again this year. This effort is coordinated at a national level and Sightsavers has utilized the system to make a start on SCH MDA wherever possible.

### Results against targets to date (January – August 2017)

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

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	5,098	3,187
	Number of health workers trained on SCH/STH MDA	1,218	802
	Number of CDDs trained on SCH/STH MDA	4,000	904
	Number of schools training at least one classroom teacher on school MDA.	5,368	3,565
2. Treat school aged children between 5-15 years for STH and schistosomiasis through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	400,145	170,766
	Number of school age children between 5-15 years treated for SCH	2,944,560	1,135,332
	Number of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	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.	8	8
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.	10%	

**Key Successes:**

- Planning and review meetings were held with stakeholders at the state level. Key partners (state and LGA policy makers, Ministries of Health and Education, local government, water and sanitation agencies, people with disabilities, state and LGA teams and the Federal Ministry of Health), participated in the meetings and work plans were developed for the year.
- Involvement of parent teacher associations, traditional and religious leaders and community leaders in MDA activities improved awareness creation on feeding children before distribution of drugs for deworming activities, to reduce adverse reactions.
- Schools providing food for students during SCH treatment demonstrated their support to the programme and understanding of the sensitization work.
- The involvement of polio supervisors as CDDs during mass administration of medicines for SCH helped improve monitoring of activities and reporting.
- Markers used during school based treatment for SCH helped avoid double treatment.
- Integration of the programme into the health system is evidenced by the involvement of State Health Education officers in Kebbi during planning together with the use of mobile vans for sensitization in Kwara. Both of these approaches helped to improve awareness of SCH and STH treatment and reduce adverse side effects.

**Key Challenges:**

- During Ramadan some communities made the decision to treat during the night making it difficult for health workers to supervise them during the process. Health workers were advised to visit the communities the next day and check the reporting and ask pertinent questions.
- Some schools are unregistered with the government (including some private schools) and not accounted for in government documentation, but required treatment none the less. The team continue to work with the MoE to ensure a correct and updated list of schools is shared with the MoH.
- The schools have poor census records on the number of children attending, which affects the quantity of drugs provided to them. Schools were supported to update their school registers and additional drugs were provided as required.

**Project monitoring and coverage survey activity**

The state NTD team, Sightsavers and Federal Ministry of Health personnel visit targeted health facilities and communities to monitor and supervise implementation. This is done during the period of drug distribution and reporting. Records are checked in circumstances where due to the large number of communities not all can reasonably be visited.

Monitoring and supervision is conducted from the state down through the organisational structures to the community. Health workers supervise the volunteers within their catchment area (communities) during distribution, and district ward supervisors supervise health facilities and communities within their wards. The LGA Coordinator and their assistants monitor selected health facilities and communities.

A treatment coverage survey will be conducted following the completion of MDA towards the end of 2017.

**Looking ahead**

MDA activities are continuing. Full year MDA and treatment coverage survey results are expected to be available by the end of the year.