

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

Country: Guinea Bissau

Location (region/districts): Nationwide

Duration of project: 3 years

Start date: April 2019

Goal

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

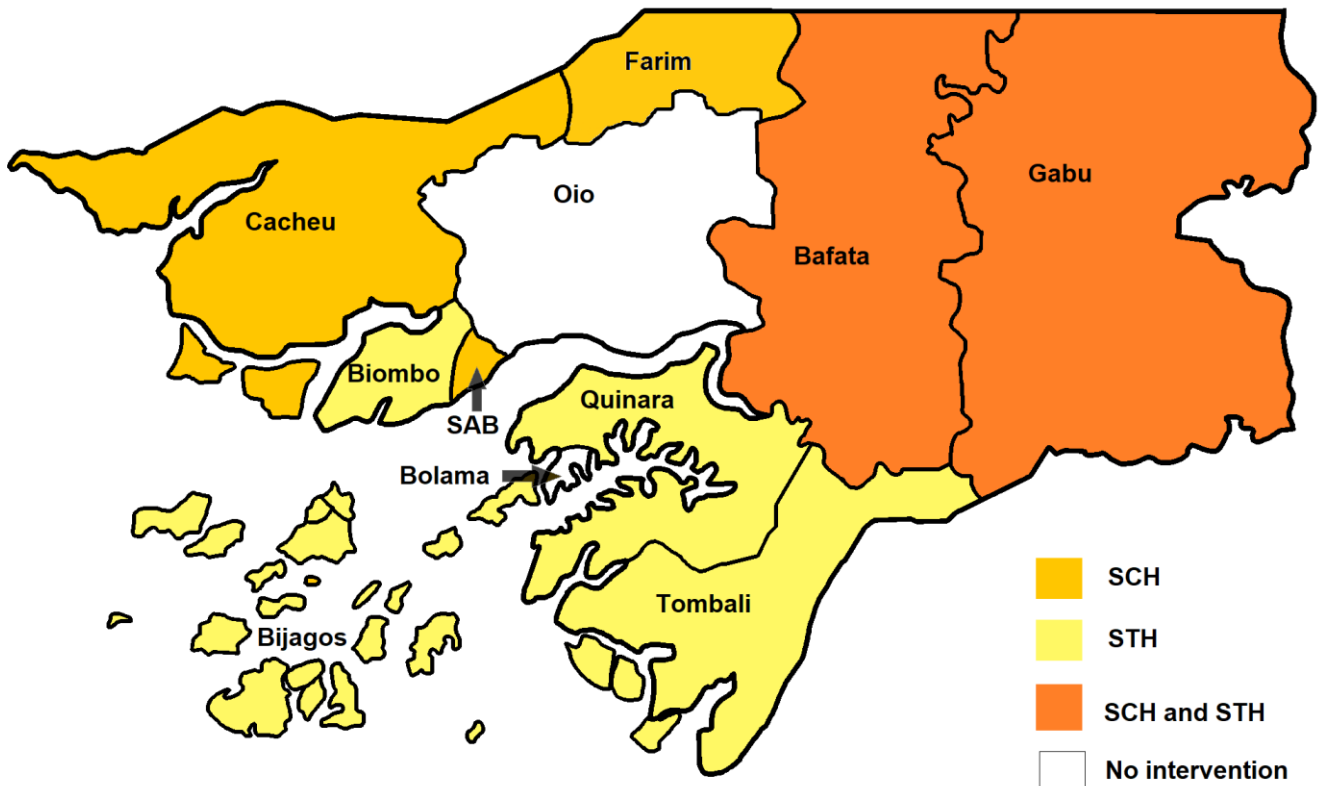
Outcome

School aged children (SAC) between 5-15 years¹ within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required.

Program implementation areas

The 2017/2018 nationwide SCH/STH re-mapping survey supported by GiveWell identified the need for SCH/STH MDA in nine of the country's eleven health regions. Disease prevalence is shown in the table and the need for MDA by region is shown in Figure 1 below. Wishlist 3 looks to extend support in existing implementation areas for an additional three years to help control SCH and STH in compliance with the National NTD Program policies.

Figure1: Map of Guinea Bissau health regions showing SCH/STH MDA requirements



¹ and adults where prevalence dictates

Table to show prevalence and treatment schedule in program implementation areas

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Total population 2018 ²	SAC ³ 2018
Gabu	4.21%	Every 3 years	1.11%	Every 2 years via LF MDA*	227,813	61,510
Bafata	5.42%	Every 3 years	2.14%	Every 2 years*	221,494	59,803
Bijagos	0%	Not required	23%	Annually via LF MDA**	24,339	6,572
Biombo	0%	Not required	32.6%	Annually	103,228	27,871
Quinara	0%	Not required	27.75%	Annually via LF MDA**	67,098	18,116
Tombali	0%	Not required***	28.86%	Annually	100,041	27,011
Cacheu	1.19%	Every 3 years	9.24%	Not required	202,959	54,799
Farim	17.06%	Every 2 years	2.91%	Not required	53,216	14,368
SAB/Bissau	1.33%	Every 3 years	5.41%	Not required	409,497	110,564
Oio	0.23%	Not required***	7.26%	Not required	184,128	-
Bolama	0.82%	Not required***	5.32%	Not required	11,180	-
				Total	1,604,993	380,614

Population source: National Institute of Information Systems Management (INASA) – 2018

* In line with WHO recommendations ([Helminth control in SAC – A guide for managers of control programmes 2nd edition](#), page 74-75), areas that have received ALB for 5-6 years require MDA for STH at a lower threshold (once every 2 years >1%-<10%). As Gabu and Bafata have received treatment for LF since 2008 and have STH prevalence of 1.11% and 2.14% respectively, they require MDA for STH every 2 years. Gabu failed a pre-transmission assessment survey (TAS) in 2017 and will therefore continue to treat for LF for at least the next 3 years. STH treatments in Gabu will therefore be incidental via LF MDA. Bafata passed a pre-TAS in 2017 and is therefore expected to stop treating for LF in 2018. STH MDA will therefore be required from 2019 onward.

** In Quinara and Bijagos, STH treatments are incidental to existing LF MDA.

*** Due to differing analysis in the 2017/18 re-mapping of Tombali, Oio and Bolama, as referenced in our Year 1 report. It was decided that these regions would receive SCH MDA in 2018 and would be reassessed before the 2019 MDA. Our assumption is that these regions will not require SCH MDA from 2019 onwards.

Prevalence and treatment strategy

GiveWell's continued support will enable SCH and STH MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility⁴.

Adult treatment, which is recommended by WHO in areas of high SCH prevalence (> 50%), is not required as part of this program.

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 3', for the full prevalence detail and treatment targets by district.

² Based on population projections

³ Based on estimated 27% of total population

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

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 and STH.

Key output indicator targets

	Year 3	Year 4	Year 5
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
No. of teachers trained on SCH/STH MDA	1,278	1,978	1,278
No. of health workers trained on SCH/STH MDA	149	312	149
No. of CDDs trained on SCH/STH MDA	641	660	664
No. of school aged children between 5-14 years treated for STH	117,107	57,301	122,109
No. of school aged children between 5-14 years treated for SCH	14,663	302,583	15,270
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 Sightsavers' program staff and in collaboration with the MoH, 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 Guinea Bissau to GiveWell was on July 6, 2018.

A Quality Standards Assessment Tool, (QSAT), used to appraise a program's performance, took place in May 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
Ministry of Health	Partnership since 2001	Coordination Implementing partner
Ministry of Education	Sightsavers has been working with the Ministry of Education through the Ministry of Health since 2009.	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH before 2008.	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH and STH)	Donor
Department for International Development UK (DFID)	Supported program since 2016 (oncho and LF)	Donor of oncho and LF program
Communities	CDDs support MDA. Community led sensitization since 2008	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.

Sightsavers is the only NGO partner working on NTDs in Guinea Bissau and as such is responsible for raising funds for the entire program. Whilst the London School of Hygiene and Tropical Medicine do provide funding directly to the MoH this is purely academic funding as they have a strong research interest in the Bijagos archipelago.

We continue to advocate for the MoH to allocate more resources to NTD control and elimination. However, without financial support through Sightsavers, the MoH would be unable to run SCH/STH interventions. With no other suitable funder identified, any progress already made on controlling the diseases could be lost, therefore this work remains a priority for Sightsavers.