

Sightsavers deworming programme Guinea Conakry - five health districts (5HD)

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project
Year two annual report: April 2018 – March 2019

Country: Guinea

Location: Fria, Coyah, Dubréka, Matoto, Ratoma

Start date: April 2018

Project goal: The reduction in the prevalence and intensity of schistosomiasis (SCH) in school age children.

Project summary

The 5HD project area was a new addition to the Guinea deworming programme in 2018. Matoto and Ratoma districts are in the region of Conakry and as such are considered urban; this requires different strategy to rural MDA.

As GiveWell has already been advised, MDA in these districts started in March 2019, but had to be stopped during the first day of distribution due to the escalation of rumours caused by adverse effects.

Activity Narrative

Planning for MDA in the 5HDs started with an inception workshop held in the Kindia region in September 2018. The following month, a training workshop was held for the 5HDs on MDA against SCH. This workshop involved teams from health districts as well as partners from school health and WASH organisations.

Despite planning being on-track, MDA activities could not begin due to the shortage of required drugs in country. The shortage was due to GiveWell funding for the 5HD project being secured after Guinea had already completed its annual drug order, and as such, the districts were not accounted for in the request for praziquantal (PZQ). A new drug order was placed, which didn't arrive until early March 2019.

In the meantime, the MoH, with assistance from Sightsavers offices, looked to borrow PZQ from neighbouring countries where it would otherwise expire unused. After some negotiation, agreement was obtained from the WHO Guinea Bissau office to ship a balance of PZQ to Guinea in February 2019. Both Sightsavers offices in Guinea and Guinea Bissau were instrumental in driving this cross-border collaboration.

Whilst waiting for the drugs to arrive, the MoH planned MDA campaign dates of 18th-22nd March for the districts of Coyah, Dubréka and Fria; and 25th-29th March for the urban districts of Matoto and Ratoma. Local health and education authorities from the targeted districts were engaged during a meeting in late February, ahead of the MDA. Two training of trainer sessions were organised in early March. This was followed by training of supervisors and CDDs in the subsequent weeks. Trainings on the MDA Management, the management of side effects and the distribution of management tools, were evaluated by pre-tests and post-tests during the various trainings to gauge understanding.

Advocacy meetings were held in 3 districts (Coyah, Dubreka and Fria) and social mobilization activities began the day before the MDA. In addition APROSAG, an NGO engaged with independent supervision of MDA, also carried out sensitisation of the communities. The main strategy used was 'sound vehicles' that conveyed messages about illness, symptoms and treatment as well as the management of side effects.

Distribution activities began on the 18th March 2019 with launch ceremonies in Coyah, Dubréka and Fria. Health officials, education officials and administrative authorities, such as the Prefect Mayor, attended the ceremonies.

Following the beginning of MDA, the Sightsavers staff and national NTD teams were alerted by independent APROSAG supervisors in some health centres to the occurrence of side effects in some children who ingested the drugs. The first district concerned was Coyah, where field teams reported parental unhappiness with the side effects felt by their children. The districts of Dubréka and Fria subsequently reported other cases of adverse effects, which led to community unrest in some schools and health centres within those districts. Rumours about the adverse effects continued to spread throughout the 3 districts, as well as on to the capital (Conakry) and even to other areas of the country.

The reported side effects were diarrhoea, vomiting, abdominal pain, dizziness and fever. Despite these adverse effects being relatively common with praziquantal, especially during the first round of treatment in an area, it was clear the communities were not adequately sensitised to fully comprehend the occurrence of these side effects and as such, understandably reacted negatively.

Incident management meetings were organised in all affected districts with involvement from the prefectural authorities, health authorities and Sightsavers. Informed of the situation, the MoH decided to suspend the distribution of the drugs until further notice. The National Director of Major Endemics gave a TV speech, reassuring the population that no deaths had occurred, as had been suggested by some of the rumours.

Sightsavers held its own incident response meetings chaired by our Director of Governance, Legal & Assurance, after which GiveWell, DFID and the UK Charity Commission were informed of the situation. The group received situation reports from the field and gave input on appropriate responses. This included a technical briefing to all Sightsavers programmes as to the potential for adverse effects when distributing praziquantal and what to do if they are encountered.

Key Successes:

- Successful shipment of unused PZQ from Guinea Bissau to Guinea reduced drug wastage and encourage cross-border collaboration;
- The MoH was quick, assertive and transparent in its response. They were swift to take responsibility for the programme and understood the importance of stopping rumours before they got out of hand.

Key Challenges:

- As is often the case with the first distribution of praziquantal, adverse side effects were more pronounced due to the higher worm burden in children ingesting the drug;

- Rumours spread very quickly, including false information that there had been a fatality. The MoH was instrumental in addressing this fake news and used their national platform to stop further rumours spreading.

Project monitoring and coverage survey activity

We were alerted quickly to the instance of adverse side effects because of the strong monitoring and supervision structure that had been put in place. Using APROSAG as independent supervisors meant having more people on the ground in the communities being treated, therefore leading to a quicker response time.

TCS and QSATs will be conducted following a successful round of MDA.

Lessons learned

A number of lessons have been learned in this programme and will be used not only in Guinea, but in all areas where Sightsavers is administering an inaugural round of praziquantal and adverse effects are more likely to occur.

Although community sensitisation did take place, it is clear that it was not enough considering the programme was new to the area, as such; it will be recommended that community sensitisation in praziquantal naïve areas starts further in advance of drug distribution.

The Sightsavers technical team produced a briefing note to Sightsavers offices and MoH partners containing three guidance documents:

1. Prevention of adverse events following MDA – a position paper aimed at reminding field teams why side effects occur and corresponding mitigation measures;
2. Implementing SCH/STH urban MDA – a PowerPoint identifying challenges with urban MDA and strategies to address them;
3. Serious Adverse Event Guidelines – Sightsavers' organisational guideline aimed at providing clarity on case definition and management.

Lessons will continue to be documented as the project develops, including which sensitisation methods prove most effective over the coming months.

Looking ahead to 2019

Up to \$90,000 of GiveWell's 2018 Q4 quarterly funds have been allocated to strengthen community sensitisation in the wake of the adverse events. The programme is working to re-gain the trust of the communities through a number of different sensitisation activities, culminating in a second attempt at the SCH/STH MDA, hopefully in the latter part of 2019. Although this is a significant delay in project activities, both Sightsavers and the MoH believe it is important to have a period of thorough sensitisation before attempting the MDA a second time.

Results against targets to date (April 2018 – March 2019)

Although some trainings and treatments did take place in 3 of the 5 health districts, official output figures will be collected from the next successful round of MDA.

Some records were destroyed during the unrest. The below are therefore unverified estimates from the first day of MDA, based on treatment records we have access to. We are providing these estimates as we are aware that funding was spent on activities and associated outputs will be required for GiveWell's cost per treatment analysis. They should not be used other than for indicative cost per treatment calculations.

Output	Indicator	Year 2 target	Year 2 to date
Train health staff, community members and teachers to deliver SCH/STH MDA to schools and endemic communities	No. of Teachers trained on SCH/STH MDA	3,082	1,116
	No. of health workers trained on SCH/STH MDA	68	38
	No. of CDDs trained on SCH/STH MDA	377	377
	No. of schools training at least one classroom teacher on school MDA	1,541	558
Treat school aged children between 5-15 years for STH and SCH through MDA	No. of school age children between 5-15 years treated for STH	*411,260	
	No. of school age children between 5-15 years treated for SCH	411,260	22,805
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance	1	
Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH	No. of advocacy meetings conducted with stakeholders on SCH/STH interventions	2	1

* None of the 5 Health Districts have STH prevalence over 20% and therefore do not require STH treatment according to WHO guidelines. Guinea's MoH policy, however, is to add STH wherever SCH is being treated.

Total number of school aged children treated: 22,805 (Coyah= 7,273, Dubreka= 6,774, Fria= 8,758)

School vs community based treatments

In this round of MDA, 100 % of treatments given to children were distributed in schools, as activities were stopped before any mop-up activities in the community had taken place.