

# Sightsavers Benue State Nigeria Integrated NTDs Programme

## GiveWell integrated NTD elimination project

### 2017 mid-year report

**Project name:** Benue State Nigeria GiveWell Integrated NTDs Programme

**Country:** Nigeria

**Location:** Benue State

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

**Proposed 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. Children aged 5-15 years in all schools and communities within our target intervention zones will be effectively treated with mebendazole/ albendazole and praziquantel yearly. This is integrated with onchocerciasis and lymphatic filariasis (LF) activities to provide 17.3 million treatments for onchocerciasis and LF.

**Project location:** GiveWell's support is enabling school based drug distribution in all districts within Benue state, South East Nigeria.

### Activity Narrative

Benue covers a large geographic area, with some regions up to four hours' drive away from the state capital through often difficult terrain. It contains 23 local government areas (LGAs) split into three health zones. The team will tackle this by building the capacity of health workers and LGA staff zone by zone. This way, any lessons learnt from one zone can easily be passed onto the next, rather than training them all simultaneously and losing the opportunity to immediately implement lessons learned.

A fully integrated programme is being implemented in Benue. In practice, this means implementing multiple MDA activities together:

- Simultaneous advocacy for four or five interventions (depending on which diseases the LGA is endemic for);
- Integrated planning and review meetings for all required interventions;
- Integrated trainings of state, LGA, health workers and community drug distributors (CDDs) to implement and distribute two or three drugs;
- Community sensitization for all required interventions;
- Supervision and monitoring of MDA activities.

We are not always able to integrate all activities due to the timing and availability of drugs. In LGAs co-endemic with SCH, STH, onchocerciasis and LF, we aim to integrate CDD training, community sensitization and advocacy. If all necessary drugs arrive at the same time, we are also able to integrate drug distribution, taking into account an interval of two weeks for the distribution of the actual drugs (as required by the Standard Operating procedures for NTDs in Nigeria Sept 2015 – see document 6.1).

For example, in an onchocerciasis, LF and SCH endemic community, CDD training, community sensitization and advocacy will happen together. Mectizan® and albendazole are then administered simultaneously, whilst praziquantel will be distributed two weeks later. We do not implement triple drug treatments even when other activities are integrated.

Although Benue MDA has not yet begun due to delays in the arrival of albendazole and praziquantel, the drug order has been approved and national drug deliveries are expected in September.

Once the drugs arrive in state, the deworming programme will immediately begin. Training of CDDs and teachers to administer treatments is timed to coincide with the arrival of the drugs. It is beneficial for trainees to be able to start drug administration immediately after the training whilst it's still fresh in their minds, rather than having a break between completing the training and beginning their work.

UNICEF is supporting sanitation and WASH activities in Benue State and Sightsavers is collaborating with them to promote WASH components of the deworming activities in the state.

### **Key Successes:**

- Integrated trainings on onchocerciasis, LF, SCH and STH to state personnel were conducted. This was more cost effective than holding multiple training events.
- Benue state conducted community validation activity to update the list of communities and have standard community data for the state.
- Recruitment of programme staff for Benue is complete, with the new staff starting August 2017.
- Whilst waiting for the drugs to arrive, sensitization and advocacy activities are underway.

### **Key Challenges:**

- There is delay in the arrival of praziquantel, which has delayed deworming activities in Benue state.
- In the early part of the year, Benue state experienced conflicts between armed herdsmen and bandits in some districts; this initially delayed collection of the community validation reports.

### **Project monitoring and coverage survey activity**

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

Monitoring and supervision will be 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 supervises health facilities and communities within their wards. The LGA Coordinator and their assistants monitor selected health facilities and communities.

A post-MDA Treatment Coverage Survey is scheduled to be completed at the end of 2017, with results expected to be available in the first quarter of 2018. We will also hope to use any transferrable lessons learnt from the TCS conducted in the other four project states in Nigeria to inform MDA activities in Benue.

## Looking ahead

Anticipating the arrival of praziquantel in state by the end of September, MDA activities for SCH will start immediately and we expect to have initial MDA figures by the end of the year. MDA will then be followed by a treatment coverage survey.

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

Please note MDA is planned for October 2017, we currently have no outputs to report at this time.

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	5,400	
	Number of health workers trained on SCH/STH MDA	264	
	Number of CDDs trained on SCH/STH MDA	2,000	
	Number of schools training at least one classroom teacher on school MDA.	5,152	
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	309,591	
	Number of school age children between 5-15 years treated for SCH	1,074,108	
	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.	1	1
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%	