

Sightsavers Deworming Program – Cameroon GiveWell Wishlist 4 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: Cameroon

Location (region/districts): Littoral and South

Duration of project: 3 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, within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required.

Program implementation areas

Sightsavers began supporting SCH / STH mass drug administration (MDA) in three regions of the country, the West, Far North and North, with funding allocated from the GiveWell quarterly funds in 2018. This funding was allocated in response to a need identified following the end of ENVISION funding.

In Wishlist 3, the program increased to include Adamaoua, East, Far North, North and West for three years up to March 2022. Currently we are not delivering MDA in the North-West and South-West regions because of on-going security issues.

With funding from Wishlist 4 we aim to extend our support to two additional implementation areas (Littoral and South regions) where the Ministry of Health have not been able to secure stable funding. Both regions are endemic for STH whilst only Littoral region is endemic for SCH. Previously, ESPEN supported a one off SCH/STH MDA campaign in Littoral region in January 2019. The South region has not received any STH MDA since 2017 after the end of ENVISION LF funding (LF MDA is no longer required).

Table 1: Prevalence and treatment schedule in program implementation areas

Region / District	SCH prevalence*	SCH treatment schedule	STH prevalence*	STH treatment schedule	Total SAC[3]
Littoral					
ABO	0%	Not required	26%	Annual	7,578
BANGUE	3%	Every 3 years	25.5%	Annual	83,123

BOKO	4%	Every 3 years	21.0%	Annual	91,524
BONASSAMA	2%	Every 3 years	8.7%	Not required	110,634
CITE PALMIERS	4%	Every 3 years	6%	Not required	83,288
DEIDO	2%	Every 3 years	8.9%	Not required	155,886
DIBOMBARI	0%	Not required	48.8%	Annual	5,456
EDEA	14%	Annual	45.7%	Annual	32,381
JAPOMA	2%	Every 3 years	21.5%	Annual	37,309
LOGBABA	2%	Every 3 years	4.2%	Not required	59,797
LOUM	20.99%	Annual	23.5%	Annual	13,410
MANJO	3%	Every 3 years	57%	Annual	9,379
MANOKA	0%	Not required	40%	Annual	4,955
MBANGA	8%	Every 3 years	24%	Annual	16,365
MELONG	23.70%	Annual	61%	Annual	19,510
NDOM	1.92%	Every 3 years	53.8%	Annual	6,511
NEW BELL	0%	Not required	8.3%	Not required	78,096
NGAMBE	0%	Not required	47.6%	Annual	2,645
NJOMBE PENJA	30%	Annual	21%	Annual	12,440
NKONDJOCK	0%	Not required	53.5%	Annual	5,406
NKONGSAMBA	0%	Not required	49.5%	Annual	22,279
NYLON	0%	Not required	4.5%	Not required	107,024
POUMA	0%	Not required	52.5%	Annual	3,303
YABASSI	4%	Every 3 years	26%	Annual	3,679
					971,973
South Region					
AMBAM	NA	NA	60.40%	Annual	23,698
DJOUM	NA	NA	57.10%	Annual	10,813
EBOLOWA	NA	NA	46.40%	Annual	53,290
KRIBI	NA	NA	29.50%	Annual	38,006
LOLODORF	NA	NA	72.90%	Annual	10,718
MEYOMESSALA	NA	NA	69.10%	Annual	14,356
MVANGAN	NA	NA	75.50%	Annual	9,618
OLAMZE	NA	NA	95.90%	Annual	3,989
SANGMELIMA	NA	NA	55.10%	Annual	25,800
ZOETELE	NA	NA	33.70%	Annual	11,148
					201,435
				Total	1,173,408

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.

In the case of SCH, we will implement MDA activities as per the table below, or where the MoH deem it necessary, by intensifying the WHO-defined treatment strategies.

SCH endemicity	Cameroon MoH	WHO strategy ¹
High risk (≥50%)	Treat SAC every year	Treat SAC every year
Moderate (≥10 but <50%)	Treat SAC every year	Treat SAC once every two years
Low (≥0 but < 10%)	Treat SAC once every three years	Treat SAC twice during their primary schooling years (every three years)

Adult treatment, which is recommended by WHO in areas of high SCH prevalence (>50%), will not be required as part of this program since no health district in the Littoral region has such high SCH prevalence.

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 4', for the full prevalence detail and treatment targets by district.

Outputs

Output 1: Train health workers and teachers to deliver SCH/STH MDA to schools and endemic communities.

Output 2: Treat school aged children between 5-14 years for SCH/STH with 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 1	Year 2	Year 3
	Apr'20 – Mar'21	Apr'21 – Mar'22	Apr'22 – Mar'23
No. of teachers trained on SCH/STH MDA ²	4,489	4,030	4,030
No. of health workers trained on SCH/STH MDA	373	346	346
No. school aged children between 5-14 years treated for STH	741,216	629,341	645,704
No. of school aged children between 5-14 years treated for SCH	551,423	59,821	61,376
No. of adults treated for STH	-	-	-
No. of adults treated for SCH	-	-	-

Please see attached 'Combined Wishlist 4 logframe' for full outputs, outcomes, impact and associated risks and assumptions.

Summary of planned budget

	Year 3 2020/2021	Year 4 2021/2022	Year 5 2022/2023	Total
Planned program costs	\$458,375	\$437,431	\$442,201	\$1,338,007

NB. See country specific tabs in Wishlist 4 spreadsheet for ICR allocations

Please see attached 'Wishlist 4 budget' for more detail

¹ Based on estimated 25% of population

² No CDD's trained as all MDA through school based platform

Implementation

Implementation of SCH/STH MDA in Littoral and South regions will be run by Sightsavers' program staff in collaboration with the MoH and partners. Health workers and teachers will be trained to ensure the smooth implementation of planned activities.

In the Littoral region we will deliver MDA for both SCH and STH, whilst in the South region there is only a need for STH MDA.

Activities will be supervised by trained health workers, teachers will deliver school based treatment. School based MDA is the preferred platform for both regions. Non-enrolled or absent children will be mobilized to attend school on the day of MDA, where this is not possible they will be treated in the community.

Monitoring and evaluation

Treatment coverage surveys (TCS), will be used to indicate the success of MDA, and will be implemented after each GiveWell funded MDA.

A Quality Standards Assessment Tool, (QSAT), used to appraise the program's performance, will be scheduled to take place in 2021 in both regions after the implementation of year one activities.

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 Public Health	Partnership since 1996	Coordination Implementing partner
Ministry of Basic Education	Partnership since 2011	Coordination Implementing partner
Ministry of Secondary Education	Partnership since 2011	Coordination Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH and STH)	Donor
Communities		Beneficiaries
International Eye Foundation (IEF)	NGO partner for other projects since 1996	Implementing partner for South Region
Perspectives	NGO partner for other projects since 1996	Implementing partner for Littoral Region

Other funding opportunities

At the end of 2017, the ENVISION deworming funding was discontinued, leaving a large funding gap.

Of the SCH/STH endemic regions in Cameroon, the Centre region has been able to secure deworming funding from Good Neighbours NGO. Sightsavers', with funding from GiveWell, are currently supporting five regions. To date Littoral and South regions have struggled to secure stable deworming funding.

Sightsavers' continues to encourage the MoH to allocate funding to deworming; however, any additional support from the MoH will have limited geographic scope.