

## Sightsavers deworming program, Nigeria – four states: Kebbi, Kogi, Kwara and Sokoto

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

**Country:** Nigeria

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

**Start date:** January 2017

**Project goal:** The reduction in the prevalence and intensity of schistosomiasis (SCH) and soil transmitted helminths (STH) in school age children.

#### Project summary

The project continued to provide SCH and STH treatments to school aged children (SAC) across Kebbi, Kogi, Kwara and Sokoto states.

#### Project output summary

Output	Indicator	Year 2 target	Year 2 to date
Treat school aged children between 5-15 years for SCH and STH	No. of school age children between 5-15 years treated for SCH	1,804,634	1,572,660
	No. of school age children between 5-15 years treated for STH	642,489	773,231

**Total number of school aged children treated:** TBC

Total number of children will be calculated once all district level data has been submitted – see explanation below.

#### Activity Narrative

MDA began in January 2019, when the required drugs were available at the state level and schools had reopened after the Christmas break. In Nigeria, SCH/STH MDA is generally school-based, with the community approach used to treat out of school children. The community based approach is also used in the some local government authorities (LGAs) with a high SCH prevalence (>50%) that require the treatment of adults.

In Sokoto state, the programme trained staff from within the state NTD team and other agencies<sup>1</sup> in order to encourage collaboration with the NTD unit on multiple fronts, including ensuring vigilance of donated NTD drugs; mobilisation of key stakeholders at LGA level; and sensitisation on hygienic environment and behaviours.

A new method of sensitisation was to share jingles on WhatsApp groups, to spread the message to a wide range of people who might not have heard them on the radio. It also allows people to continue to share the jingles further around their own social circles.

<sup>1</sup> National Agency for Food and Drug Administration & Control, Department of State Security, Ministry of LGA, State Public Health Development Agency, RUWASA

The programme targeted marginalised groups, such as those marginalised by religion, tribe, and gender, ensuring that they nominate CDDs to represent them in NTD trainings. We know that if a CDD/teacher from a certain community is trained, drugs are more likely to reach and be accepted by children in their community.

By the end of March 2019 we had reached 22 out of 29 LGAs targeted for SCH treatment, due to delays in the availability of praziquantel. The remaining 7 LGAs are being treated throughout April and May 2019. The 'year to date' figures below run from April 2018 to March 2019. We plan to report on the remaining 7 LGAs when data becomes available.

### Results against targeted year one activity (April 2018 – March 2019)

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	4,294	9,003
	No. of health workers trained on SCH/STH MDA	1,218	1,322
	No. of CDDs trained on SCH/STH MDA	3,000	3,734
	No. of schools training at least one classroom teacher on school MDA.	4,294	5,400
a) Treat school aged children between 5-15 years for STH and for SCH through MDA	No. of school age children between 5-15 years treated for STH	642,489	773,231
	No. of school age children between 5-15 years treated for SCH	1,804,634	1,572,660
b) Treat adults for STH and for SCH through MDA where prevalence rates dictate	No. of adults treated for STH via MDA	-	88,148
	No. of adults treated for SCH via MDA	294,875	210,875
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	4	-
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.	8	5

The above data will not be formally approved by the Nigeria MoH until the entire treatment round is completed; therefore this data is not officially verified.

The SCH target for the 22 LGAs treated before the end of March 2019 was 1,470,022, meaning despite currently being under the overall target for year 2, we have over achieved coverage within the LGAs that had drugs available for treatment. The 7 remaining LGAs represent a SCH target of 334,611 SAC and 167,937 adult treatments, which are currently underway (data to follow).

## School vs community based treatments

As this data is as yet unverified, we do not have the split between school and community based treatments. This will follow with the final data set.

## Treatment coverage rates

Outcome Indicator	Year 2 Apr 2018 - Mar 2019	
	Milestone year 2	Achievements to Date
% of all targeted people among targeted local government areas (LGAs) treated with praziquantel for SCH (ultimate threshold at least 75%)	75%	80%*
% of all targeted people among targeted local government areas (LGAs) treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%)	75%	90%
% of existing schools among targeted LGAs participating in the school deworming programme	85%	TBC

\* Coverage rate of the 22 districts targeted up until the end of March 2019 only

## Key successes:

- The states involved Nigeria Food and Drug Control Agency (NAFDAC) by sharing notification letters, involving them in planning meetings on NTD drug donations to LGAs. This enabled NAFDAC to track quantity, batch number and expiry dates to prevent pilferage and waste;
- In Kwara state, engagement with Parent Teacher Association and Teachers Union ensured proper coordination of deworming activities within schools, including the provision of meals for students during MDA;
- Sensitising parents and care givers about MDA not only ensures we obtain informed consent, but also reduces the likelihood of Severe Adverse Reactions (SAE), as they understand the need for the children to eat before treatment;
- In the first year, the official list of schools was not accurate because many were unregistered and therefore not recorded by the MoE. This year, we used the list of schools treated in year 1 as a basis for the year 2 MDA; there are still some variations as unregistered schools come and go, but we have still seen improvement in the accuracy of the schools list;
- Despite significant delays in praziquantel delivery, we were able to successfully treat 22 LGAs, achieving good coverage rates.

## Key challenges:

- Praziquantel only arrived in the country at the end of 2018 and wasn't transported to the states until early 2019, causing a significant delay in programme activities (as mentioned above);
- Due to the late arrival of praziquantel, project activities overlapped with the spring school holidays. In these cases activities were either further delayed or where appropriate, a community MDA strategy had to be used.

### Project monitoring and coverage survey activity

Monitoring strategies have continued as in the first year of the project. Community leaders were happy to find people from their own communities engaged as part of the monitoring team (independent supervisors), boosting sustainability and acceptability of the programme.

During the QSAT conducted in project year 1, interviews were conducted with project beneficiaries. In year 2, the recommendations arising from these interviews helped guide the planning of effective strategies so as to ensure improved quality of project activities.

TCS will take place in all four states once MDA has been completed; dates for these are currently in negotiation with the MoH. The results will be shared with GiveWell once available and recommendations from the TCS will be used to improve the programme in the future.

### Lessons learned

It has proven useful to share the findings of data spot-checks with partners, encouraging them to see the value in accurate data collection and the role it plays in delivering quality MDA. Data verification also helps strengthen data systems from the community level upwards, through CDDs, health workers and local government coordinators. This has enabled stakeholders to report correctly using the required templates.

The below are examples of activities that have created and increased awareness of the programme:

- a) Using town announcers, health educators, radio jingles etc. helps spread sensitisation messages;
- b) Giving copies of IEC materials to music traders who play at market places increases the number of people who hear the messages;
- c) Using a mobile van has proven useful for sensitisation in an urban setting;
- d) Sensitising LGA health educators to NTD messages enhances community understanding of NTDs and available treatments;
- e) In Kwara and Kogi states, community sensitisation activities were conducted before the training of health workers and CDDs. Having a better understanding of the intervention from the beginning resulted in community members being more willing to volunteer as CDDs;
- f) The new use of WhatsApp groups were useful in spreading information to the target audiences, allowing people to share deworming jingles around their social networks.

### Looking ahead to 2019

As mentioned above, due to delays in the availability of praziquantel we were not able to treat all 29 targeted LGAs by the end of March 2019. The remaining 7 LGAs are being treated throughout April and May and we anticipate having this treatment data available by the end of June 2019, with TCS to follow.

Security was less of an issue in the four states this year for the programme, with only sporadic outbreaks of insecurity in Sokoto state. Going forward we will continue to monitor security in Nigeria and work with local authorities to mitigate its impact on our work.

Funding from Wishlist 3 will be used to extend the four states deworming project until March 2022, which allows for up to five rounds of SCH/STH MDA in endemic districts.