

Sightsavers Deworming Program – Nigeria, Yobe State GiveWell Wishlist 4 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: Nigeria

Location: Yobe State

Duration of project: 3 years

Start date: April 2020

Goal

The reduction in the prevalence and intensity of SCH in school age children.

Outcome

School aged children (SAC) between 5 -15 years within the intervention zone are effectively treated with praziquantel as required.

Program implementation areas

All 17 LGAs¹ are endemic for SCH. None of the LGAs in the state are above the WHO-defined prevalence thresholds for STH MDA.

Yobe is one of the four states in Nigeria supported by the NGOs CBM and HANDS in the implementation of NTD programs.

With funding from Wishlist 2, Sightsavers' worked with CBM and HANDS to deliver SCH MDA in 14 LGAs. The three remaining LGAs which were originally planned for GiveWell funded MDA, were able to secure funding from the Aisha Buhari Foundation. This allowed us to displace GiveWell funds.

We are currently implementing Wishlist 3, Year 2, SCH MDA in 14 of the 17 LGAs. Yobe State is looking to secure repeat funding for the remaining three LGAs from the Aisha Buhari Foundation.

For Wishlist 4 we will now be working directly with local partners HANDS. This will bring a saving in project costs of approx. \$15,000 annually.

Table to show prevalence and treatment schedule in program implementation areas

LGA	Prevalence	Treatment schedule	Total SAC JSRM ² 2019	Total SAC from MDA census*
Bade	40%	Annually	53,953	52,637
Bursari	24%	Annually	42,120	41,093
Damaturu	11%	Annually	33,972	33,143
Fika	1%	Biennial	52,839	51,550
Fune	8%	Biennial	116,088	113,257
Geidan	19%	Annually	60,713	

¹ Parasitological surveys conducted in 2013 and 2016 showed all LGAs endemic for SCH

² Population used in 2019 drug request: WHO Joint Request for Selected PC Medicines (JRSM)

https://www.who.int/neglected_diseases/preventive_chemotherapy/reporting/en/

Gujba	15%	Annually	50,212	
Gulani	6.20%	Biennial	39,953	38,979
Jakusko	33%	Annually	88,422	86,265
Karasuwa	21%	Annually	41,297	
Machina	4%	Biennial	23,779	
Nangere	7%	Biennial	33,898	33,071
Nguru	16%	Annually	58,141	56,723
Potiskum	5%	Biennial	79,465	
Tarmua	21%	Annually	29,799	
Yunusari	25%	Annually	48,565	
Yusufari	7%	Biennial	42,877	41,831

*As stated in Year 2 report, the new MDA targets will be set from the previous MDA census. Awaiting SAC population numbers from 7 LGAs

Prevalence and treatment strategy

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

We will implement SCH MDA activities by meeting, or where the MoH deem it necessary, by intensifying the WHO-defined treatment strategies. In the case of Nigeria, please see the table below.

SCH endemicity	Nigeria FMOH	WHO strategy
High risk ($\geq 50\%$)	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 every other year	Treat SAC twice during their primary schooling years (every 3 years)

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 MDA to schools.

Output 2: Treat school aged children between 5-15 years for SCH with MDA.

Output 3: Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH.

Key output indicator targets

	Year 3	Year 4	Year 5
	Apr'20 – Mar'21	Apr'21 – Mar'22	Apr'22 – Mar'23
No. of teachers trained on SCH MDA ³	4,308	2,300	4,308
No. of health workers trained on SCH MDA	499	170	499
No. of children aged children between 5-14 years treated for SCH	688,873	399,654	723,747
No. of adults treated for SCH	-	-	-

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

School vs community based treatments

Yobe state chooses to only train teachers on MDA. With previous GiveWell funding 100% of treatments given to children were distributed in schools, with 0.03% of those treated being non-enrolled school children.

The small number of 'adults' who have previously been treated in Yobe state were children who were over 15, but still attending school. We expect this to continue if we are successful with Wishlist 4.

Summary of planned budget

	Year 3	Year 4	Year 5	Total
Planned program costs	\$210,257	\$173,416	\$235,625	\$619,298

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

Please see attached 'Wishlist 4 budget' for more detail

Implementation

We will continue to implement through local NGO HANDS. We will continue to work to monitor the availability of praziquantel and security which both impacted the delivery of the program in Year 1.

Activities will be supervised by trained health workers, teachers will deliver school based treatment. School based MDA is the preferred platform for Yobe. Non-enrolled or absent children will be mobilized to attend school on the day of MDA.

All 17 LGAS will be included in the implementation planning process whilst we wait for notification of whether Aisha Buhair Foundation are able to fund the three LGAs they funded in Year 1.

Monitoring and evaluation

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

A Quality Standards Assessment Tool, (QSAT), used to appraise a program's performance, are planned every two years. We would expect the follow up QSAT to take place during Wishlist 4.

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	Supply praziquantel
GiveWell	Supported program since 2017 (SCH and STH)	Donor
Communities	Support MDA and sensitization with the supported LGAs	Implementing partners
HANDS	Local NGO partner since 2018	Implementing partner

Other funding opportunities/fungibility

Yobe State currently has no other funding opportunities for 14 out of the 17 LGAs requiring treatment for SCH over the next three years.

The FMOH approached Sightsavers to extend their support to Yobe state a couple of years ago because other than limited sporadic one off MDA, no other funders had been available. The FMOH was keen to scale up SCH MDA and reach all the LGAs in need of SCH MDA.

As in Year 1, Yobe State hopes to secure funding for three LGAs from the Aisha Buhari Foundation.