Sightsavers deworming programme, Nigeria – six states: Kebbi, Kogi, Kwara, Sokoto, Yobe and Taraba

GiveWell: schistosomiasis (SCH) and soil transmitted helminths (STH) project
Year three annual report: April 2019 – March 2020

Country: Nigeria
Location (region/districts): Kebbi state, Kogi state, Kwara state, Sokoto state, Yobe state and Taraba state
Start date: January 2017 for Kebbi, Kobi, Kwara and Sokoto; April 2018 for Yobe; and April 2019 for Taraba.

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

Project summary

Initially, in 2017, GiveWell funding was for 4 states (Kebbi, Kogi, Kwara, Sokoto). In 2018, we secured new funding for additional work in Taraba and Yobe. We now have 6 states that we report on together.

The project continued to provide SCH and STH treatments to school aged children (SAC) across Kebbi, Kogi, Kwara, Sokoto states for the third year and Taraba state for the first year. In Yobe state, only year 2 roll-over treatments were planned to be delivered in year 3.

Sightsavers works through local NGO implementing partners Health and Development Support Programme (HANDS) and Mission to Save the Helpless (MITOSATH) in Yobe and Taraba states respectively. As 6 states often suffer from insecurity, working with local partners on the ground allows the project better access and coverage, especially when travel from other states (where Sightsavers staff are based) is not advised.

Year 3 has been another successful year for our 6 States deworming project in Nigeria, with final data showing good coverage rates despite security issues in some states and late arrival of praziquantel across Nigeria.

As stated in Year 2 report, due to the late arrival of praziquantel in Nigeria, some LGAs in Kebbi, Sokoto and Yobe States had their deworming treatments rolled over Year 3. This Year 2 MDA was conducted for SCH in 1 LGA in Kebbi and 13 LGAs in Sokoto, in quarter 2, 2019, and 7 LGAs in Yobe in quarter 4 2019.

Project output summary

Output	Indicator	Year 3 target	Year 3 actual
Treat school aged children between 5-15 years for SCH and STH	No. of school age children between 5-15 years treated for SCH	3,019,250	3,349,662
	No. of school age children between 5-15 years treated for STH	731,669	936,835

Output	Indicator	Roll over from Year 2
Treat school aged children between 5-15 years for SCH and STH	No. of school age children between 5-15 years treated for SCH	723,766
	No. of adults treated for SCH	73,625

Total number of school aged children treated: 4,589,194
(the above figures include roll over from Year 2 and Year 3 total)

Activity Narrative

At the time of Year 2 reporting not all states had the required number of drugs available to complete their planned MDA. These outstanding treatments were completed in quarter 2 2019, while MDA planned for Year 3 were conducted from April 2019 to March 2020, when the required drugs were available at the state level.

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 some LGAs with a high SCH prevalence (>50%) that require the treatment of adults.

Advocacy, mobilization and sensitization activities were carried out at the LGA, community and school levels as a means to share key health education messages for MDA acceptance and NTD related social behavioural change communication (SBCC). Town announcers were engaged to go around the communities and make announcements with key health education messages often advertising the dates the MDA would take place.

For effective distribution and supervision of MDA in all LGAs, health workers were trained, cascading the training to teachers. In order to treat non-enrolled school aged children, CDDs were trained by health workers.

MDA was successfully delivered in all endemic LGAs requiring treatment for STH, oncho and LF. For SCH, it was delivered in 96% of all targeted LGAs. Only 1 LGA in Yobe state and 2 LGAs in Kogi state could not be delivered due to security issues and drugs shortage.

For some LGAs in Yobe state, insecurity made it difficult to meet the treatment threshold for SCH and drug shortage hampered effective treatment in some areas of Kogi State. In addition, Kwara suspended data retrieval for SCH MDA as a result of the lockdown in response to the COVID-19 pandemic.

Results against targeted year three activity (April 2019 – March 2020)

Output	Indicator	Year 3 target	Year 3 actual
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	**17,628 (TOTAL)** 12,887 (4 States) 2,300 (Yobe) 2,441 (Taraba)	**14,980 (TOTAL)** 10,544 (4 States) 1,823 (Yobe) 2,613 (Taraba)
	No. of health workers trained on SCH/STH MDA	**3,790 (TOTAL)** 1,612 (4 States) 170 (Yobe) 2,008 (Taraba)	**2,704 (TOTAL)** 1,610 (4 States) 143 (Yobe) 951 (Taraba)
	No. of CDDs trained on SCH/STH MDA	**9,245 (TOTAL)** 8,953 (4 States) 292 (Taraba)	**7,440 (TOTAL)** 7,375 (4 States) 65 (Taraba)
	No. of schools training at least one classroom teacher on school MDA.	**13,447 (TOTAL)** 9,856 (4 States) 1,150 (Yobe) 2,441 (Taraba)	**10,321 (TOTAL)** 6,796 (4 States) 912 (Yobe) 2,613 (Taraba)
a) Treat school aged children between 5-15 years for STH and for SCH through MDA b) Treat adults for STH and for SCH through MDA where prevalence rates dictate	No. of school age children between 5-15 years treated for STH	**731,669 (TOTAL)** 600,878 (4 States) 130,791 (Taraba)	**936,835 (TOTAL)** 782,839 (4 States) 153,996 (Taraba)
	No. of school age children between 5-15 years treated for SCH	**3,019.250 (TOTAL)**	**3,349,662 (TOTAL)**

		2,110,597 (4 States) 248,483 (Yobe) 660,171 (Taraba)	2,357,053 (4 States) 225,261 (Yobe) 767,348 (Taraba)
	No. of adults treated for STH via MDA	**124,402 (TOTAL)** 124,402 (4 States) 0 (Taraba)	**7,147 (TOTAL)** 1,413 (4 States) 5,734 (Taraba)
	No. of adults treated for SCH via MDA	**429,600 (TOTAL)** 429,600 (4 States) 0 (Taraba)	**313,059 (TOTAL)** 302,304 (4 States) 10,755 (Taraba)
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	**6 (TOTAL)** 4 (4 States) 1 (Yobe) 1 (Taraba)	**0 (TOTAL)** 0 (4 States) 0 (Yobe) 0 (Taraba)
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.	**15 (TOTAL)** 12 (4 States) 2 (Yobe) 1 (Taraba)	**8 (TOTAL)** 11 (4 States) 1 (Yobe) 16 (Taraba)

Comments and explanations for the variances between targets and actuals achieved at the end of MDA are described below:

- The CDDs variance in Sokoto (58% of target achievement) is as a result of an error in the target reference. To ensure efficiency, the project team decided to train approximately 50 CDDs per LGA. The state will work with its logframe and budget to ensure it utilises the number of CDDs approved for the year and closely monitor its efficiency during implementation.

- Taraba State trained 951 health workers as trainers, representing 47% target achievement. This variance is a result of outdated baseline data used during the health workers planning. More than half of the health facilities planned for Year 3 are no longer functional due to insecurity. Going forward, the target for teachers and health workers in Taraba state will be revised based on the findings of this treatment round.
- In Kebbi, the -2% variance recorded during CDDs training is due to the inability of some people to attend training. It is a normal practice to invite at least 6 people with disabilities from each LGA in Kebbi. Some of those invited were unable to attend training because of other commitments.
- In Yobe, of the 7 LGAs targeted for treatment, 4 achieved coverage of over 75% SAC. In Karasuwa and Geidan, treatment coverages were low because drugs were inadequate (treatment conducted with balances of drugs), while Tarmua could not conduct treatment this year due to insecurity.
- Kwara achieved 95% of its SCH treatment target, being data validated for 8 LGAs and partially available for the remaining 6 LGAs. The variance of -6% is a result of suspension of data retrieval due to lockdown in response to the COVID-19 pandemic, in addition, during Year 3 due to the shortage of drugs none were made available to treat adults for STH. The balance of 5% for the treatment figures will be shared in May/June 2020. Kwara had initially targeted to train two teachers per school but found only one was available for training from each school.
- In Kogi the project did not train CDDs where MDA was delayed due to drug shortage but engaged health workers for community level treatment.
- Despite being under target overall on health worker and teacher training targets, in Sokoto state there was an overachievement of around 5% due to at least 2 teachers being trained in densely populated schools, with a corresponding number of health workers trained to supervise treatment.
- Treatment coverage survey (TCS) was postponed until further notice due to the COVID-19 pandemic.

School vs community-based treatments

Across all 6 States, most SAC were treated for SCH/STH in schools (85% for the 4 States, 82% in Taraba and 100% in Yobe) rather than in the communities.

Treatment coverage rates

Outcome Indicator	Year 3 Apr 2019 – Mar 2020	
	Milestone Year 3	Actual Year 3
% of all targeted people among targeted local government areas (LGAs) treated with praziquantel for SCH (ultimate threshold at least 75%)	75%	82%
% 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%	96%
% of existing schools among targeted LGAs participating in the school deworming programme	90%	81%

Key successes:

- Despite security issues in some LGAs, a shortage of drugs supplied to one LGA and late arrival of praziquantel for Year 3 in Nigeria, the project achieved high treatment coverage rates, resulting in an over-achievement of treatment targets for SCH and STH.
- The attainment of project target is attributed to the commitment of key and relevant stakeholders who met during microplanning, sensitization, coordination and data validation meetings and ensured schools and communities were sensitized with the right message on benefits of MDA and ensured the right set of personnel for praziquantel and mebendazole distribution were trained.
- State and nationwide road walks, radio and TV talk-shows, press conferences by high ranking government officials and airing of jingles in commemoration of the first World NTDs day supported by Sightsavers in partnership with relevant line ministries increased awareness on NTDs, created demand for MDA and improved visibility for deworming activities.
- Translation of training manuals for health workers and teachers into the local Hausa language in Sokoto state, and interpretation of CDD training section to local dialect contributed to a better understanding and for effective project delivery.
- Collaboration with other organizations Rural Water Supply and Sanitation Agency (RUWASSA) and Tuberculosis and Leprosy Mission (TBLM) on WASH ensured wash components are being implemented at no cost to the project and were further strengthened by involvement of independent, local and state monitors who deliver hygiene and BCC messages at the same period.
- The project is promoting inclusions of people with disabilities through close collaboration with their associations, both at the state and LGA levels through their participation in project implementation as community volunteers, creating awareness and distributing medicines where possible. This is in promotion of the vision of leave no one behind.
- The engagement of health educators, ward development committee chairmen as community mobilizers has improved compliance in activities. They were a core part of the coordination meetings held in all LGAs.
- Health workers who usually serve as supervisors became distributors in locations where schools were closed due being severely rundown or to insecurity e.g. in Taraba State. This has helped to make the project more efficient and get medicines to where they were needed despite obstacles.
- Partnering with education secretary during monitoring and supervision to intensify data collection under the COVID-19 restrictions outbreak helped ensure the retrieval of 94% of the treatment data from the field in Kwara state.
- The use of independent monitors in the project has helped to monitor training and MDA in challenging and not easily accessible areas.
- During mobilization, health education officers used various channels such as town hall/market announcements, during religious or cultural gatherings and through women groups such as the Federation of Muslim Women Association Nigeria (FOMWAN) and volunteer community mobilizers (focussed on marginalized groups) to promote awareness of, and participation in, MDA.
- In Sokoto state, the airing of jingles during MDA implementation ensured that a wide range of people, including people with disabilities, was aware of the planned treatment and encouraged their participation.

Key challenges:

- Late arrival of praziquantel in country caused delay in project activities.
- The outbreak of the COVID-19 pandemic posed a challenge to finalize the implementation of project activities in Kwara State. This is due to the closure of schools, restrictions on movements and gatherings. Data validation spot-checks and the review meeting for SCH MDA had to be suspended in the state following WHO guidance.
- An inadequate supply of praziquantel medicines made it impossible to treat some LGAs in Kogi state. To prevent this from happening in the future, the project has flagged this situation with the FMoH who have promised to ensure Kogi is given priority in the next shipment to ensure these 2 LGAs are treated in the next treatment round.
- Yobe State continued to experience insecurity from Boko Haram insurgents in some LGAs, meaning it was not safe for project staff to reach all endemic LGAs.
- Banditry and kidnapping occurred in some LGAs in Kebbi and Yobe States. Any participants from these locations were asked to join other training centres located in secure locations. Community leaders of such places were trained to ensure MDA was conducted and reported through a community self-monitoring process.
- Due to insecurity, transportation and distribution of medicines in Yobe state was a challenge. Staff from HANDS were on ground to ensure the drugs arrived in the accessible communities. The state team and the LGA coordinators for each LGA ensured the drugs got to the communities, with collective efforts from the village heads and the community members.
- Outdated baseline information used for health workers and teachers training target for Taraba and Yobe states. The State has asked the education secretaries and Directors of PHC to update and share functional schools and health centre database with the project. This will be finalized during the planning meeting and before the next MDA.

Project monitoring and coverage survey activity

All MDA activities conducted in Year 3 were monitored and supervised using standard and approved monitoring checklists (community/school monitoring checklist and frontline monitoring checklist) by supporting partners and key line Ministries of Health and Education. Treatment data and unused medicines were retrieved across supported states except in places where curfew or insecurity prevented this from happening.

LGA level data validation meetings were conducted with key stakeholders (coordinators and assistants, health education officers, area education officers/ward focal persons) to collate and review treatment data and address any identified gap.

A post-treatment coverage survey (TCS) was conducted in Nigeria in August 2019 (Year 3), assessing the Year 2, 2018-2019 SCH/STH treatment in Benue, Kebbi, Kwara and Sokoto States. The report was finalized in May 2020 and is attached to this Narrative Report. A total of 2,738 households in 272 clusters of 10 LGAs across four States were randomly selected, with 7,904 children interviewed. The surveyed coverages were within the WHO benchmark for SCH treatment of reaching at least 75% school age population in seven LGAs (3 in Benue, 1 in Kebbi, 2 in Kwara and 1 in Sokoto) while three LGAs were below the benchmark (2 in Kebbi and 1 in Sokoto). Reported project coverage in four LGAs were validated as these fell within the 95% CI of the survey report (2 in Benue, 1 in Kwara and 1 in

Sokoto). Two LGAs in Benue State conducted MDA for STH using MBD (Gwer West and Vandeikya). The reported coverage in Gwer West was validated by the survey report and the survey report was also above the minimum 75% WHO benchmark. Vandeikya LGA was not validated and the survey reported coverage was below the WHO benchmark.

Following the completion of Year 3 school/community SCH/STH MDA in Kebbi, Kogi, Kwara, Sokoto, Yobe and Taraba in quarter 1 of 2020, treatment coverage surveys (TCS) were scheduled for April 2020 but these have been postponed following the restrictions imposed due to COVID-19 pandemic.

Lessons learned

- Involving the education secretaries during the monitoring and supervision of SCH/STH MDA helped in timely retrieval of treatment data from schools.
- In Kebbi and other states, identification and public notification of fix-point treatment centres in urban areas such as transport hubs, housing estates, residential barracks, schools, churches helped the project meet its targets and reach non-enrolled SAC in urban areas.
- The involvement of village heads during CDD training and supporting them with phone credit to follow up on MDA activities during monitoring and supervision has also increased engagement and compliance with treatment by community members.
- The project adopted the beneficiary feedback from the UKAid Match project. The feedback topics considered relevant to improve service delivery, and that are in line with the leave no one behind objective, are now incorporated into activities.
- The use of school health clubs as a driver of SBCC, and the end process review meetings at the LGAs to promote ownership were shared learnings and best practices adopted from the UNITE project,
- The use of Kobo Collect application will help the project put together a comprehensive listing and location of schools in the LGAs in 4 states for future use. It will help track the monitoring and supervision activities of team members with the GPS coordinate authenticating the communities and schools visited during MDA.
- Updated and validated data base of schools, target populations, teachers, CDDs and health workers will be obtained ahead of planning meetings.
- There is a need for the project, in partnership with other stakeholders, to develop a protocol for mitigating the impact of unexpected events such the current COVID-19 pandemic on NTD interventions.

Looking ahead to 2020

As mentioned above, due to the restrictions imposed by COVID-19 in Kwara State, the project was not able to finalize SCH MDA data collection and validation from a few schools. The remaining treatment figures will be shared in May/June 2020.

Security was an issue in Yobi, Kebbi and Taraba states in Year 3. 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 4 will be used to extend SCH treatment in Yobe State until March 2023, which allows for up to 5 rounds of SCH/STH MDA in the 17 endemic districts. We will include the 3 LGAs treated previously by the Aisha Buhari Foundation in our planning MDA (in Wishlist 4 we advised that this donor was unlikely to award repeat funding for these 3 LGAs)

When the restrictions imposed by COVID-19 are lifted, a TCS may be implemented in Kebbi, Kwara, Sokoto, Taraba and Yobe States. Considering the time limit of 6 months between MDA and survey to minimize recall bias among respondents, if it is not able to take place before early July, it is unlikely to go ahead at all.