

Sightsavers Deworming Programme Democratic Republic of the Congo (DRC)

GiveWell Schistosomiasis and STH project 2017

Mid-year report

Project name: DRC GiveWell schisto and STH project – Ituri Nord

Country: Democratic Republic of the Congo

Location: Ituri Nord, Ituri Province

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

Start date: January 2017

Project contact name: Dr. Arthur Nondo

Project goal: Reduction in the prevalence and intensity of schistosomiasis (SCH) and STH over time amongst school age children.

Project location: Ituri Nord; support from GiveWell in 2017 and 2018 facilitates SCH and STH mass drug administration (MDA) in all those health zones that reach the WHO-defined minimum thresholds for MDA:

Health Zone	Schistosomiasis	STH
Nyarambe	92.3%	
Angumu	78.6%	
Biringi (2018 only)	15.7%	
Aru	12.7%	
Mahagi	2.8%	
Logo	0.8%	
Augnba		22.9%

Activity Narrative

Through established agreements Sightsavers has been providing support to United Front Against River Blindness (UFAR) to support the community directed treatment with ivermectin (CDTI) project since 2011. In recent years support from the UK Government's Department for International Development (DFID) UKAID Match programme has facilitated the transition from onchocerciasis-only drug distribution to integrated onchocerciasis and LF programming. The new support received from GiveWell responds to the unmet needs in this project area for SCH and STH control with mass drug administration (MDA).

MDA will be managed through Ministry of Health (MoH) structures in every village within the targeted districts, without discrimination. The school based platform for deworming allows effective coverage of school-aged children. Community based community drug distributors (CDDs) will ensure that non-enrolled school age children within the community are also treated. This is particularly important in more rural areas where school enrolment is lower.

The project planning meetings are complete. Attendees included the front-line health facility personnel and stakeholders, community leaders and Health Development Committees. This allowed active participation in decisions such as changes to schedules, official launch dates and which treatments/diseases to tackle and when. Community meetings and sensitization sessions will subsequently be opportunities for beneficiaries to choose CDDs and decide on the dates for training, MDA launch ceremonies and other associated activities.

All required albendazole is currently in-country along with about 50% of the required praziquantel; the remainder is expected to arrive in September 2017. Upon arrival, the drugs will be transported to the implementation zones with a view to start CDD training in September/October and MDA in October/November. Training is kept as close to the implementation of MDA as possible so that the information is fresh in the minds of the trainee CDDs during MDA.

Key successes:

- Technical Advisors have been hired and will be based in Katanga and Ituri Nord whilst MDA is underway in order to provide close monitoring of the process.
- To avoid delays in drug procurement (as experienced in previous years with other NTD treatments), a committee has been set up to closely follow all the phases of procurement. This includes staff from the national NTD program, WHO, and implementing partners.
- The integration of the MDA for control and elimination program for the five NTDs in Ituri including SCH and STH not only follows the national NTD roadmap as described in the DRC NTD Master Plan, but also responds to the needs and expectations of the affected indigenous populations.

Key Challenges:

- With the upcoming election, clashes and strikes are expected to disrupt timelines and delivery of required items for MDA, resulting in potential delays of the project objectives.
- Previous experience of weak institutional capacity of implementing partners (particularly in Ituri Nord) has led Sightsavers to invest in training of staff in technical and financial procedures and requirements. This includes the location of Technical Advisors in the implementing regions supervising training, MDA and post-treatment coverage surveys.

Project monitoring and coverage survey activity

Monitoring and supervision is conducted from national and provincial level staff, down through all community levels. Health workers supervise the CDDs within their catchment areas (communities) during distribution, and district ward supervisors supervise health facilities and communities within their wards. The Provincial Coordinator and his assistants also monitor a sample of health facilities and communities.

The National NTD staff, UFAR personnel and Provincial Health Division personnel will visit targeted health facilities and communities to monitor and supervise implementation during the period of drug distribution and reporting. Joint monitoring will usually be performed between partners and MoH staff, aiming to increase sharing of skills and competences.

Having Technical Advisors on the ground in the implementing districts will ensure closer monitoring of process and a higher quality of data for the 2017 round of MDA.

A post-treatment coverage survey is planned for the end of December 2017, based on MDA taking place in late October/November.

Subsequent meetings to evaluate the outcome of treatments in health zones will provide an opportunity for beneficiaries to analyse local coverage and consequently make decisions where necessary to improve coverage in future distributions.

Looking ahead

MDA and treatment coverage survey activities will continue until the end of 2017 and verified results are expected during quarter one 2018.

Results against targets to date (January – August 2017)

Please note MDA is planned for October/November 2017, we currently have not 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	1,310	
	Number of health workers trained on SCH/STH MDA	159	
	Number of CDDs trained on SCH/STH MDA	3,299	
	Number of schools training at least one classroom teacher on school MDA.	655	
2. Treat school aged children between 5-15 years for STH and SCH through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	45,367	
	Number of school age children between 5-15 years treated for SCH	292,403	
	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.	30	
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.	75%	