

## **PRAZIQUANTEL MASS DRUG ADMINISTRATION CAMPAIGN FOR SCHOOL-AGED CHILDREN IN 3 PROVINCES OF ANGOLA**

**NOVEMBER 2014.**



**PROVINCES:** HUAMBO, UÍGE E ZAIRE

**DISTRIBUTION CAMPAIGN FROM:** 27 OCTOBER TO 08 NOVEMBER 2014

**IMPLEMENTING PARTNERS:**

- PROVINCIAL HEALTH DEPARTMENTS OF HUAMBO, UÍGE E ZAIRE
- PROVINCIAL EDUCATION DEPARTMENTS OF HUAMBO, UÍGE E ZAIRE
- THE MENTOR-INITIATIVE
- MUNICIPAL DEPARTMENTS OF HEALTH AND EDUCATION OF THE PROVINCES HUAMBO, UÍGE E ZAIRE.

## JANUARY 2015

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## I. INTRODUCTION

The MENTOR Initiative is an international non-governmental organization dedicated to reducing death and suffering from malaria and neglected tropical diseases (NTDs) in humanitarian crises. Currently MENTOR is providing support to the most vulnerable communities in Angola, Liberia, Kenya, Central African Republic, South Sudan and Chad.

The MENTOR is present in Angola since 2002, working with the National Malaria Control Program to reduce the burden of disease in the provinces of Huambo, Uíge and Zaire. Since 2011, MENTOR is implementing a private health sector malaria program in partnership with the Government and the NGO Population Services International (PSI), introducing combination therapies based on artemisinin (ACTs) and Rapid Diagnostic Tests (TDR) in private pharmacies. In partnership with the Government and the NGO World Learning, a public health malaria programme based on case management and capacity building within the National Health Structure is being implemented.

In 2013, the MENTOR Initiative started the Neglected Tropical Disease control programme with the overall purpose to support the Ministry of Health of Angola to achieve a significant reduction in infections of Schistosomiasis, Soil Transmitted Helminths and Lymphatic Filariasis, in areas of high endemicity. These infectious tropical diseases are particularly endemic in low-income populations in developing regions of sub-Saharan Africa, Asia and North and South America. It is estimated that these disease are causing between 500,000 and 1 million deaths per year, and a higher net charge than HIV.

The Government of Angola is prioritizing the control of Neglected Tropical Diseases such as Schistosomiasis, Soil Transmitted Helminths, Lymphatic Filariasis, Onchocerciasis and Trachoma. These diseases continue to challenge the Ministry of Health, which among other disease control measures, is relying on preventive and curative chemotherapy, implemented through mass drug administration campaigns in general, and in particular of school-based distribution and administration of Praziquantel as intervention aiming at reducing the incidence and the burden of Schistosomiasis.

This present report is giving an overview and the results of the activities performed during the process of Mass Drug Administration campaign Praziquantel held from 27 October to 7 November 2014 in the provinces of Huambo, Uíge and Zaire.

## II. PLANNING AND COORDINATION OF THE CAMPAIGN

Prior to the campaign, planning and coordination meetings have been held, attended by the delegations of the Provincial Health and Education Departments and The Mentor Initiative provincial team. The purpose of these meetings was to prepare the micro planning for two types of trainings at provincial and municipal level:

- Training of the trainers: addressing training of two representatives from the municipal level (one from the health and one from the education department) and the areal coordinators of all the municipalities.
- Training by the trained representatives of the directors and one teacher from each of the targeted schools for the MDA Praziquantel.

The MDA campaign target schools for the MDA Praziquantel were including the private schools that are not part of the education system under the authority of the Ministry of Education.

(see tables 1 and 2)

***Table 1: TRAININGS AT PROVINCIAL AND MUNICIPAL LEVEL***

	TRAINEES	TRAINERS	ACTIVITIES	PERIOD	PLACE
<b>PROVINCIAL TRAINING HUAMBO</b>	12 health technicians - 12 Social Mobilization workers – 13 school health supervisors.	3 from provincial level (Health and Education departments – MENTOR)	Training of trainers on the technical aspects of the MDA Praziquantel at provincial level.	23 and 24 October 2014	Central das Ambulâncias Huambo
<b>MUNICIPAL TRAINING HUAMBO</b>	1065 school directors; 37 areal coordinators	13 Trainers from Provincial and Municipal level	Training of trainers on the technical aspects of the MDA Praziquantel at the schools	28 and 29 October 2014	Municipals
<b>PROVINCIAL TRAINING UIGE</b>	16 Health department representatives and 16 Education department municipal representants	2 from provincial Education and Health departments and 1 from National level.	Training of trainers on the technical aspects of the MDA Praziquantel at provincial level	21 and 22 October 2014	21/10/2014 Caritas 22/10/2014 Centro de formação Provincial Health department
<b>MUNICIPAL TRAINING UIGE</b>	1 Director and 1 teacher from each of the 1083 schools	16 municipal areal coordinators	Training of trainers on the technical aspects of the MDA Praziquantel at the schools	From 21 to 30 October 2014	Municípios
<b>PROVINCIAL TRAINING ZAIRE</b>	12 areal coordinators (6 from health and 6 from education)	3 from provincial level (Health and Education departments –	Training of trainers on the technical aspects of the MDA Praziquantel at	21 and 22 October 2014	MENTOR office

		MENTOR)	provincial level		
<b>MUNICIPAL TRAINING ZAIRE</b>	1 Director and 1 teacher from each of the 258 schools	6 areal coordinators	Training of trainers on the technical aspects of the MDA Praziquantel at the schools	24 to 30 October 2014	Municipalities
<b>TOTAL</b>	<b>3865 Trainees</b>	<b>43 Trainers</b>			

***Tabela 2: TRAININGS AT MUNICIPAL LEVEL (details)***

**2.1. Huambo**

Municipality	Nº of schools	Areal coordinators	Total trainees	Dates of trainings	Supervisors
Caála	236	4	708	28 + 29/10/2014	Mentor
Ecunha	59	2	177	28 + 29/10/2014	
Longonjo	75	4	225	28 + 29/10/2014	Mentor
Ucuma	51	3	153	28 +29/10/2014	
Tchinjenje	52	2	156	28 +29/10/2014	
Huambo	187	3	214	28 +29/10/2014	DPS
Colégios	24				
Tchicala Tcholohanga	111	4	333	28 + 29/10/2014	DPS
Cachiungo	74	3	222	28 + 29/10/2014	DPS
Londumbali	60	5	180	28 + 29/10/2014	DPS
Bailundo	121	5	363	28 + 29/10/2014	
Mungo	39	2	78	28 + 29/10/2014	
<b>TOTAL</b>	<b>1089</b>	<b>37</b>	<b>2809</b>		

**2.2. Uíge**

Municipality	Nº of schools	Areal coordinator	Total trainees	Dates of training	Supervisors
Ambuila	19	2	32	27/10/2014	Mentor
Bembe	43	2	86	27– 31/10/2014	Mentor

Makela do Zombo	103	2	206	28/10/2014	DPS/DPE/Mentor
Cangola	66	2	132	27– 31/10/2014	Mentor
Milunga	65	2	130	27– 31/10/2014	DPE
Bungo	49	2	98	27– 31/10/2014	DPE
Buengas	78	3	160	27– 31/10/2014	Mentor
Puri	45	2	90	27– 31/10/2014	DPS/Mentor
Mucaba	42	2	90	27– 31/10/2014	Mentor
Sanza Pombo	116	2	232	27– 31/10/2014	DPS/DPE/Mentor
Negage	59	2	82	27/10/2014	DPS/Mentor
Songo	56	2	112	27– 31/10/2014	Mentor
Quimbele	119	2	280	27– 31/10/2014	Mentor
Quitexe	55	2	110	27– 31/10/2014	Mentor
Uige	91	2	180	27– 31/10/2014	DPS
Damba	77	2	154	27– 31/10/2014	Mentor
<b>Total</b>	<b>1083</b>	<b>33</b>	<b>2174</b>		

### 2.3. Zaire

Municipality	Nº of schools	Areal coordinators	Total trainees	Dates of trainings	Supervisors
Tomboco	27	2	54	24/10/2014	MENTOR
Noqui	32	1	58	27-28/10/2014	DPE

M'Banza Kongo	58	3	171	27- 29/10/2014	DPS/DPE/MEN TOR
Soyo	57	2	114	27/10/2014	DPS/DPE/MEN TOR
Kuimba	51	2	102	27/10/2014	DPS
N'zeto	33	2	66	28-30/10/2014	DPS/DPE/MEN TOR
<b>TOTAL</b>	<b>258</b>	<b>12</b>	<b>565</b>		

#### 2.4. Total of **trained teachers** at municipal level Huambo, Uíge and Zaire

Provinces	Total of trainees
Huambo	2209
Uíge	2207
Zaire	577
<b>TOTAL</b>	<b>4993</b>

### III. SCHOOL-BASED TREATMENT CAMPAIGN PRAZIQUANTEL

#### 1 - Methodology

The baseline for the treatment campaign are the data provided by the provincial departments of the Ministry of Education, on the numbers of enrolled students in the academic year 2014, the numbers of classes per school in all districts of Huambo, Uíge and Zaire (see table 3). These data were used to develop the distribution plan for the drugs, to determine the needed quantities of pills for each school, as well as to determine the needed support materials such as measuring scales, treatment registration lists and other material used during the campaign for each school.

For the determination of the necessary amount of pills, the factor 2.8 tablets for each enrolled student have been applied, WHO is recommending **using factor 2.5, for this distribution campaign 0.3 has been added to assure that drugs are available for treatment of non-enrolled children.**

The micro planning of the campaigns have been developed together with the involved partners DPS, DPE, the areal coordinators from the municipalities, MENTOR and the trained school directors and teachers.

Following the trainings at the different levels, the campaign was announced by the channels of Social Communication (Provincial Radio, Newspapers and ANGOP (Press Agency)). The message was also circulated through traditional authorities, churches and Community agents.

## 2 – Distribution of the drugs

The Praziquantel from the national central warehouse was delivered to the provincial stock at the end of October 2014.

The transportation to the different municipalities this was done with the support of the respective municipal bodies and Mentor - Initiative. The drugs have been provided from the to the area coordinators during the trainings.

The treatments have been done early November and were performed by the teachers and directors of all the target schools. (Table 3).

Teachers administered the drug to the target group students according the corresponding dose. The supervision of the distribution was made daily by DPS teams, DPE and Mentor.

***Table 3: School data per municipality***

### 3.1. Huambo

Municipality	# of schools	# of classes	# of enrolled school children 2014
Bailundo	121	2 510	66 930
Caála	236	2 200	82 929
Cachiungo	74	1 550	67 823
Tchicala Tcholahanga	111	654	25 021
Ecunha	59	825	30 242
Huambo	187	3 341	212 029
Longuimbali	60	516	23 755
Longonjo	75	536	21 788
Mungo	39	566	29 441
Tchinjenje	52	311	11 677



<b>Ucuma</b>	51	582	20 920
<b>Colégios Privados</b>	24		0
<b>TOTAL</b>	<b>1 089</b>	<b>13 591</b>	<b>592 555</b>

### 3.2. Uíge

<b>Municipality</b>	<b># of schools</b>	<b># of classes</b>	<b># of enrolled school children 2014</b>
<b>Ambuila</b>	19	245	8738
<b>Bembe</b>	43	329	8132
<b>Makela do Zombo</b>	103	686	22215
<b>Cangola</b>	66	351	12686
<b>Milunga</b>	65	254	10304
<b>Bungo</b>	49	261	9727
<b>Buengas</b>	78	Sem dados	14908
<b>Puri</b>	45	333	9221
<b>Mucaba</b>	42	359	11107
<b>Sanza Pombo</b>	116	580	22392
<b>Negage</b>	59	396	34616
<b>Songo</b>	56	615	18687
<b>Quimbele</b>	119	766	28373
<b>Quitexe</b>	55	Sem dados	8116
<b>Uige</b>	91	2209	101164
<b>Damba</b>	77	404	13841
<b>Total</b>	<b>1083</b>	<b>(NA)</b>	<b>334227</b>

### 3.3. Zaire

<b>Municipality</b>	<b># of schools</b>	<b># of classes</b>	<b># of enrolled school children 2014</b>
<b>Kuimba</b>	51	252	18 268
<b>M'banza Kongo</b>	58	730	26 693
<b>Noqui</b>	32	163	7 797
<b>N'zeto</b>	33	174	6 755
<b>Soyo</b>	57	300	28 767
<b>Tomboco</b>	27	271	12 283
<b>TOTAL</b>	<b>258</b>	<b>1445</b>	<b>100 563</b>

### **3- Treatment data collection and management**

The distribution data were recorded, counted and compiled by teachers, directors and area coordinators on three levels, class, school and province respectively. Subsequently, these data were collected and compiled by the provincial partnership DPS / DPE / Mentor. A recount of the data was carried out in the provincial offices of the Mentor - Initiative to ensure its accuracy.

### **4- Results**

The tables below are showing the general data of the deworming campaign. In total, **659,145** school children in schools of the provinces of Huambo (**356 765**), Uige (**214,529**) and Zaire (**87,851**) were dewormed with Praziquantel.

#### **4.1 Huambo**

##### ***Therapeutic coverage***

Considering the number of schools that participated in the campaign and the enrolled children, the treatment coverage is 75%. This percentage is also including 10.790 non-enrolled children that came to the distribution points and received treatment.

The number of enrolled children provided by the provincial Ministry of Education department (DPS) is different from the number of enrolled children provided by the schools. Taking the data from the DPS in account, the therapeutic coverage is 60% (also taking in account the non-enrolled dewormed children).

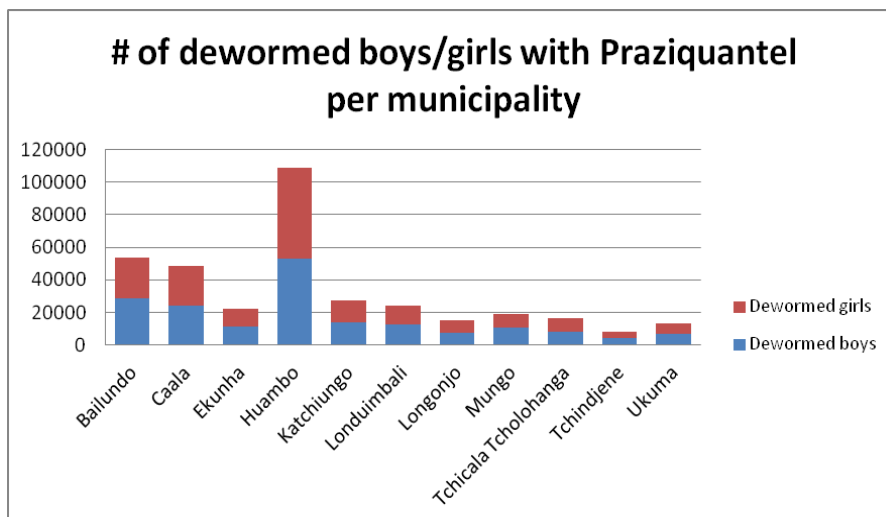
***Table 4: Results from the treatment campaign in Huambo: therapeutic coverage***

<b>Municipality</b>	<b>% of treated children (campaign data provided by the school authorities)</b>	<b>% of treated children (based on data provided by the Ministry of Education)</b>	<b># non*enrolled children treated (included in the therapeutic coverage )</b>
Bailundo	77%	80%	442
Caala	98%	59%	2216
Ekunha	85%	73%	2749
Huambo	68%	51%	292
Katchiungo	71%	40%	734
Londuimbali	80%	103%	1927
Longonjo	67%	69%	859
Mungo	75%	64%	494
Tchicala Tcholohanga	77%	67%	129
Tchindjene	57%	70%	926
Ukuma	79%	63%	22
<b>Total Geral</b>	<b>75%</b>	<b>60%</b>	<b>10790</b>

### ***Gender participation***

Overall, the gender proportional participation, as in previous events, remains relatively homogeneous with a slight predominance for boys, 181 371 (51%) boys and 175 391 (49%) girls. The chart below shows us the percentages of dewormed students by gender in each municipality.

### ***Grafic 1***



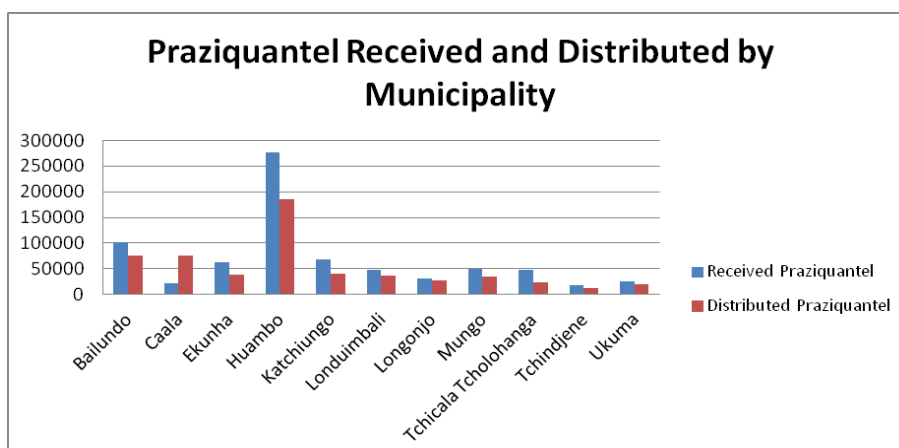
#### **Remaining tablets after administration**

A total of 566,757 tablets have been distributed. This means that an average of 1.6 tablets have been administered per child. The dose of pills to be administered per child is based on the height of the children and as such is variable (between one and four tablets of Praziquantel for the children of age 5-15).

A total of 182,610 unused tablets were collected during the data collection in the different municipalities. The lost tablets (eg spoiled during the administration because falling on the ground) are not counted because they were not recovered.

Graph 2 shows the proportional comparison between Praziquantel tablets received and distributed in each municipality. All tablets were returned deposited in the provincial warehouse in Huambo.

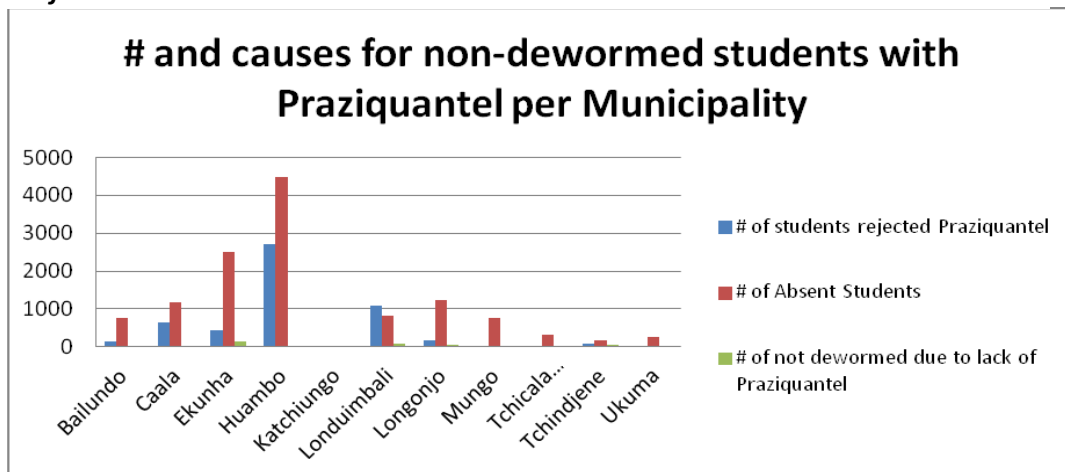
**Grafic 2**



### ***Non-treated enrolled children***

The data analysis is showing also the non-treated school children. However, it is likely that some schools didn't take proper records of the children that were not treated. Non-treated children are the ones who refused treatment, the ones that were absent and the children that couldn't receive treatment because the number of needed pills per school was underestimated and no drugs were available at the time of administration (for 305 children there were no drugs available). The absent children often were not registered as such; the totals of absent children (12,443) were calculated through subtracting the number of treated children and the ones refusing treatment from the total of enrolled children as reported by the school directors. 5.307 children have rejected to take Praziquantel after a case of side effects spread rumors about negative effects of taking Praziquantel.

**Grafic 3**



## **4.2. Uíge**

### ***Therapeutic coverage***

Considering the number of schools that participated in the campaign and the enrolled children, the treatment coverage is 73%. This percentage is also including 3.288 non-enrolled children that came to the distribution points and received treatment.

The number of enrolled children provided by the provincial Ministry of Education department (DPS) is different from the number of enrolled children provided by the schools. Taking the data from the DPS in account, the therapeutic coverage is 64% (also taking in account the non-enrolled dewormed children).

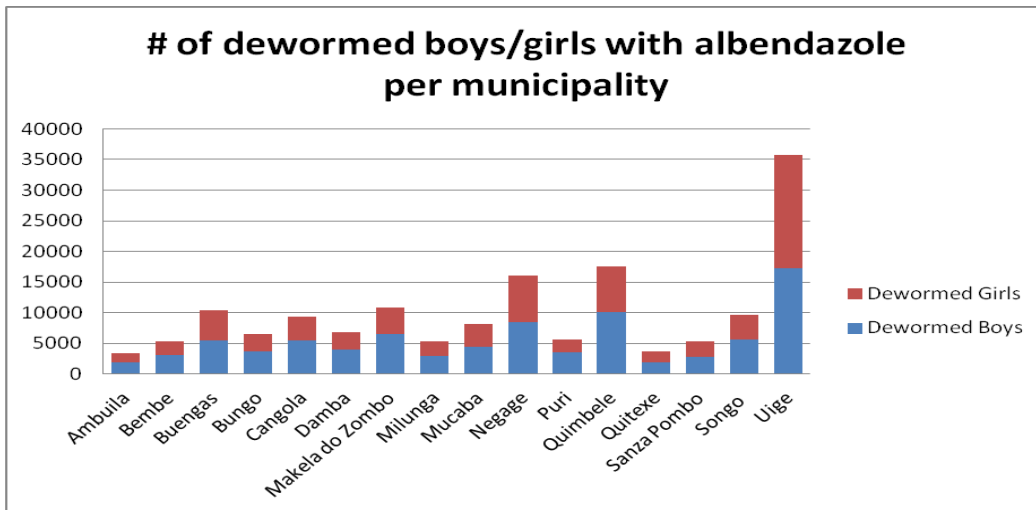
***Tabela 5: Results from the treatment campaign in Uíge: therapeutic coverage***

<b>Municipality</b>	<b>% of treated children (campaign data provided by the school authorities)</b>	<b>% of treated children (based on data provided by the Ministry of Education)</b>	<b># non-enrolled children treated (included in the therapeutic coverage )</b>
<b>Ambuila</b>	75%	58%	<i>(no data)</i>
<b>Bembe</b>	79%	86%	<i>(no data)</i>
<b>Makela do Zombo</b>	73%	69%	<i>(no data)</i>
<b>Cangola</b>	77%	73%	<i>(no data)</i>
<b>Milunga</b>	74%	74%	1348
<b>Bungo</b>	78%	65%	<i>(no data)</i>
<b>Buengas</b>	80%	90%	823
<b>Puri</b>	78%	79%	<i>(no data)</i>
<b>Mucaba</b>	88%	88%	<i>(no data)</i>
<b>Sanza Pombo</b>	71%	53%	40
<b>Negage</b>	63%	65%	228
<b>Songo</b>	87%	63%	289
<b>Quimbele</b>	81%	69%	7
<b>Quitexe</b>	74%	78%	<i>(no data)</i>
<b>Uige</b>	66%	45%	<i>(no data)</i>
<b>Damba</b>	75%	116%	<i>(no data)</i>
<b>Total Geral</b>	<b>73%</b>	<b>64%</b>	<b>3288</b>

### Gender participation

The gender proportional participation in Uíge, remains relatively homogeneous with a predominance for boys, 116 308 (54%) boys and 98 360 (46%) girls. The chart below shows us the percentages of dewormed students by gender in each municipality.

Graph 4



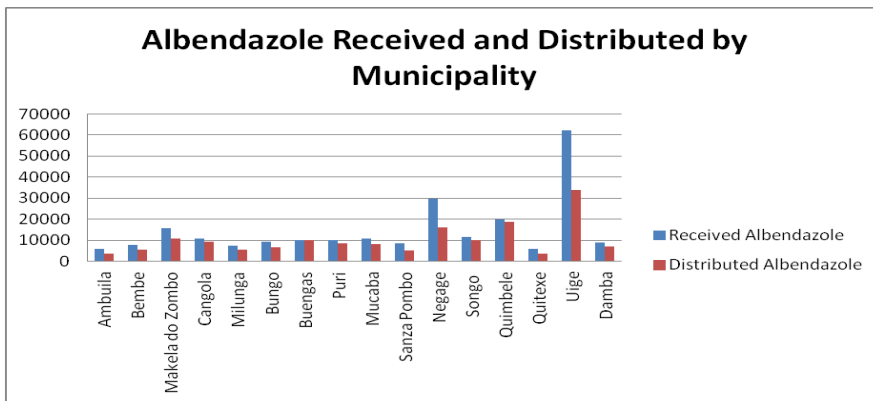
### Remaining tablets after administration

In Uíge, a total of 448,754 tablets have been administered, which makes that an average of 2 tablets per child have been administered. The children have been measured using scales, to define the number of tables that they have to take to assure effective results of the treatment (variation between one and four tablets of Praziquantel for the children of age 5-15).

A total of 126,577 unused tablets were collected during the data collection in the different municipalities. The lost tablets (eg spoiled during the administration because falling on the ground) are not counted because they were not recovered.

Graph 5 shows the proportional comparison between Praziquantel tablets received and distributed in each municipality. All tablets were returned deposited in the provincial warehouse in Uíge.

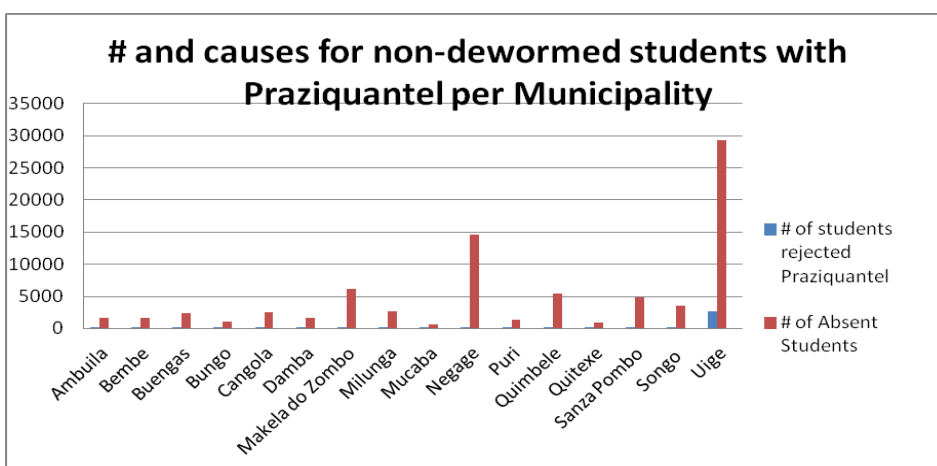
Graph 5



**Non-treated enrolled children**

The enrolled children that not were treated during the campaign have not been adequately recorded by the teachers and directors, many schools have recorded only the treated children. The totals of absent children were calculated through subtracting the number of treated children from the total of enrolled children as reported by the school directors (74.656 absent children). Other non-treated children are the ones, who refused treatment (3.919). This figure is relatively high and can be explained because some panic reaction based on rumors has taken place after a few children have showed some side effects (70 % of the refusals were in Uíge municipality). No stock-outs of Praziquantel have been recorded.

**Graph 6**





### 4.3. Zaire

Based on the numbers of schools that participated in the distribution campaign and the enrolled children, 87 % of the children have been dewormed. As the school reported numbers are corresponding with the data provided by the DPE, this high percentage of 87 % coverage applies equally to the DPE figure

In total, 3 187 non-school enrolled children (3.6% of the total) have received treatment.

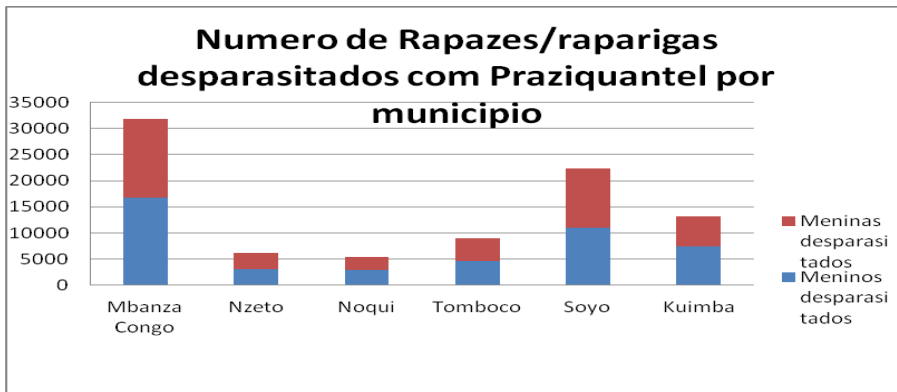
***Table 6 Results from the treatment campaign in Zaire: therapeutic coverage***

<b>Municipality</b>	<b>% of treated children (campaign data provided by the school authorities)</b>	<b>% of treated children (based on data provided by the Ministry of Education)</b>	<b># non*enrolled children treated (included in the therapeutic coverage )</b>
M'Banza Kongo	119%	93%	1 887
N'Zeto	90%	72%	393
Noqui	68%	77%	23
Tomboco	73%	81%	285
Soyo	78%	96%	373
Kuimba	72%	79%	226
<b>Total</b>	<b>87%</b>	<b>87%</b>	<b>3 187</b>

#### ***Gender participation***

The participation of boy and girls in the campaigns was equally balanced (see graph 7), 52 % (45 868) of the treated children are boys, 48 %(41 983) are girls.

#### ***Grafic 7***



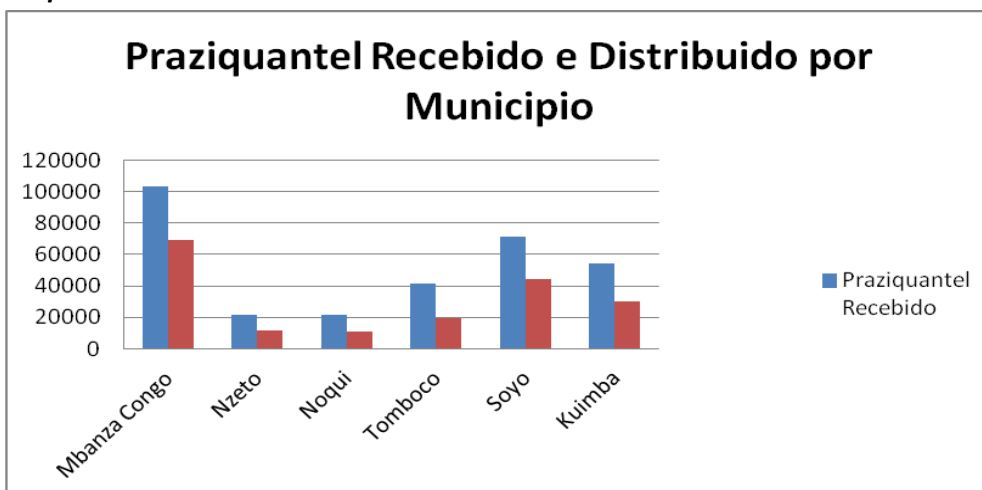
### Remaining tablets after administration

In Zaire, a total of 185 759 tablets have been administered, which makes that an average of 2 tablets per child have been administered. The children have been measured using scales, to define the number of tables that they have to take to assure effective results of the treatment (variation between one and four tablets of Praziquantel for the children of age 5-15). The lost tablets (eg spoiled during the administration because falling on the ground) are not counted because they were not recovered.

The remaining tables were collected during the data collection in the different municipalities and deposited in the provincial warehouse in Mbanza Congo.

Graph 8 shows the proportional comparison between Praziquantel tablets received and distributed in each municipality.

Graph 8



### ***Non-treated enrolled children***

In Zaire, 14 % (14.709) of the enrolled children were absent during the deworming campaign, 1.467 children have refused treatment, and there was a shortage of tablets for 72 children in the municipality Nzeto.

## **IV. CHALLENGES**

- The short timeframe between the approval of the campaign at the Central Ministry of Health and the effective dates for the implementation of the campaign has caused many challenges related to the organization of the logistic aspects of the campaign.
- The side effects caused by Praziquantel in some schools caused some panic effect among some teachers, health professionals, parents and children, and may have contributed to a reduction in the number of children dewormed. To mitigate this situation, radio broadcasting and other media campaign has been launched in the early days of the treatment campaign to clarify the various aspects of the treatments as well as possible side effects of Praziquantel. After the media campaign the reluctance of some parts of the population seems to have faded out.
- The medication from the central deposit was received in the provincial warehouse of Uíge on 22 October 2014, which was also the last day of the provincial trainings. This has caused concerns about the feasibility of timely distribution to the municipality and schools. Intensive collaboration and constant contact was held by the responsible persons from DPS, DPE and Mentor with the central and provincial stock managers to assure timely delivery and distribution of the drugs.
- The received medication in the province of Uíge and Huambo (partly) was manufactured by the pharmaceutical company Macleods and not by MERK, the WHO partner for supply of Praziquantel to the Governements. The medication boxes from Macleods unlike MERK, are not including rulers to measure the children and define the dose of the medication they need. Defining the needed dose is important to avoid side effects. The areal coordinators have anticipated the problem of the lacking rules by copying and manufacturing rulers as seen during the mapping surveys of SCH/STH earlier in 2014.
- Some Municipal Departments of Health and Education have expressed that they were facing logistic challenges to get to the schools for the distribution of the drugs and the collection of data. Where possible, assistance on logistics has been delivery by the partners DPE/DPS/Mentor.
- Some municipal supervision teams were not fully functional during the monitoring of the field activities. Some areal coordinators have referred to the lack of internal cooperation. Where possible, the DPS / DPE / Mentor supervisors have assisted to mitigate those situations.

- The data collection system based on the ripple effect, Class - School - County that was not entirely effective; there have been some inconsistencies in data consolidation. Before entering the data in the data management system, a recount of the treatment lists has been effectuated. This time-consuming and intense labor has caused delays in the data entry process, which delayed consequently the data analysis and reporting.
- The campaign took place near the exam period, preceding the end of the school year, which has hindered the data collection, the schools were closing and no staff was available to assure the delivery of the data to the municipalities..
- Lack of human resources for monitoring of the activities and the data entry with the Mentor – Initiative. Additional staff has been hired to assist the data entry.

## **V. OPPORTUNITIES**

- Create a stronger pre-campaign strategy to initiate the planning and preparation of deworming at least three weeks to a month in advance to allow effective social mobilization and dissemination of all necessary information, including the policies on the possible side effects of the medication.
- A viable strategy for food distribution at the drug distribution points (schools) should be initiated to mitigate the side effects of the treatment with Praziquantel. Consider seeking advice from other organizations like WFP and UNICEF who have experience in food distribution.
- Product checking of the medication intended for MDA before delivery to the provinces and informing the partners in the MDA campaigns on the nature and origin of the medication.
- Consider creating new teams of area coordinators in the municipalities where the teams have not been fully functional.
- The training of aerial coordinators should put more emphasis on the importance of timely collection of the data and the quality of the data compilation.
- Increasing supervision efforts of the trainings at the municipal level.
- Avoiding MDA campaigns to be organised close to holiday periods or important school events such as exams periods.
- Collect data of the target group students (from 5 to 15 years old) and not of all students enrolled per school. The data provided by the DPE are including large numbers of enrolled children that are not part of the treatment target group.

- The partnership between DPS and Mentor have to focus on increasing ownership of the program by the Government and provincial Health authorities and capacity building in the management of the provincial NTD program.

## VI. SUMMARY

The present report describes the Mass Drug Administration (MDA) campaign of Praziquantel as curative and preventive treatment against schistosomiasis infections, carried out at the end of October and early November 2014 in the provinces Huambo, Uíge and Zaire. The campaign has been designed, planned and implemented by the partnership DPS, DPE and MENTOR - Initiative and has targetted all school-age children (5-15 years).

- The therapeutic coverage of the treatment campaign in Huambo is 75%, representing 356.765 treated children. The MDA campaign took place in 849 schools out of 1065, or a geographic coverage of 80 %.
- The therapeutic coverage of the treatment campaign in Uíge is 73%, representing 214.529 treated children. The MDA campaign took place in 920 schools out of 1083, or a geographic coverage of 86 %.
- The therapeutic coverage of the treatment campaign in Zaire is 87 %, representing 87.320 treated children. The MDA campaign took place in 258 schools out of 330, or a geographic coverage of 78 %.

In total **8.858** persons received training on NTDs and MDA strategies (3.865 health and education staff, 4.993 teachers).

The results of the Praziquantel distribution campaign are demonstrating increasing therapeutic coverage compared to the Albendazole distribution campaign in the same provinces and with the identical target group:

	Huambo	Uíge	Zaire
<b>Albendazole 2013</b>	71 %	63 %	87 %
<b>Praziquantel 2014</b>	75 %	73 %	87 %

With the purpose to further improve the impact of future activities to cure and prevent the target population against schistosomiasis and geohelminthiases through MDA campaigns, following considerations to be taken into account:

- The official approval from the National Health Authorities for the MDA campaigns has to allow the partners to prepare all related activities within a reasonable timeframe, which will contribute to improved outputs.
- The partnership between the Governments bodies DPS in the three provinces and The MENTOR Initiative has been very supportive to the implementation of the MDA campaign and should further focus on capacity building within the DPS and programme ownership from the DPS.
- The implementation level for health care in Angola is the municipalities. The role of the municipalities in the implementation of the NTD programme and the related MDA campaigns is crucial and capacities at this level have to be further developed and supported by the partner organizations.