

Sightsavers deworming programme, Democratic Republic of the Congo (DRC)

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project
Year 1 annual report: January 2017 – March 2018

Country: Democratic Republic of the Congo

Location: Ituri Nord, Ituri Province

Duration of project: Three years, January 2017 – December 2019

Start date: January 2017

Project contact name: Dr. Arthur Nondo

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 has treated over 67,000 children for STH and over 320,000 children for SCH since January 2017. Project targets for the number of treatments delivered were exceeded, partly due to the project reaching a greater number of schools than initially planned.

Treatment coverage rates have exceeded the year 1 milestone two fold. The year 1 target was for 50% of the target population in target areas to be treated for both STH and SCH. We have reached 99.14% for SCH and 99.8% for STH. (World Health Organisation guidelines for the treatment of STH and SCH identify treatment coverage of 75% of the at risk population as necessary for control).

Project output summary

Output	Indicator	Year 1 target	Year 1 to date
Treat school-age 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	67,682
	Number of school-age children between 5-15 years treated for SCH	292,403	320,941

Overview of SCH and STH in DRC

The support from GiveWell covers eight districts that are SCH and/or STH endemic. Six of these districts required treatment in 2017 and as such, MDA was undertaken.

SCH and STH control is part of the DRC Strategic Plan for Neglected Tropical Diseases. United Front Against River Blindness (UFAR, our partner in DRC) contributes, through funding from GiveWell, support from Sightsavers and other partners, to the implementation of this master plan, which defines standards, strategies and objectives to be achieved each year, as well as the process to assess the achievement of these objectives.

In addition to its contribution to the capacity building of the Ministry of Health staff at each level, UFAR has supported the programme in mobilizing resources from donors and setting up appropriate strategies to achieve targets.

Through established agreements, Sightsavers has been providing financial support to UFAR to carry out the community directed treatment with ivermectin (CDTI) activities in DRC 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 the Ituri Nord project area for SCH and STH control with MDA.

Activity Narrative

The project delivers treatment in eight districts that are endemic with SCH and / or STH. Six of these districts required treatment in 2017; five for SCH and one for STH.

Project staff began an integrated MDA approach with treatments for SCH and STH which was completed before the end of 2017 and then continued in early 2018 with a distinct albeit sequential MDA for onchocerciasis and /LF.

Activities began in the first half of 2017 with project planning meetings; attendees included front-line health facility staff, community leaders and health development committees. The planning meetings acted as an opportunity to allow active participation in decisions such as scheduling and official launch dates.

Community meetings and sensitisation sessions were subsequently held to provide information about deworming and the importance of taking the drugs. These were opportunities for local communities to nominate volunteer CDDs and decide on the dates for training, MDA launch ceremonies and other associated activities.

The project reached 178 more schools than originally planned, which enabled the project to exceed targets for the number of children treated. Other contributing factors to over achievement of treatment targets, include;

- treating at secondary schools where older children (aged 15+) are often in the same the same class as the targeted age range and cannot be excluded from MDA.
- the population denominator used to plan the targets was under estimated due to the most recent census data was not available at the time of project planning.

Originally, the project planned to train two staff at each school. However, the increased number of participating schools meant that plans were adapted and one teacher per school was trained.

Training began in October and MDA was completed in all GiveWell supported districts by the end of December 2017.

Results against targets to date (January 2017 – March 2018)

Output	Indicator	Year 1 target	Year 1 to date
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	1,137
	Number of health workers trained on SCH/STH MDA	159	159
	Number of CDDs trained on SCH/STH MDA	3,299	3,111
	Number of schools training at least one classroom teacher on school MDA.	655	833
Treat school-age 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	67,682
	Number of school-age children between 5-15 years treated for SCH	292,403	320,941
	Number of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	1	1
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	30
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%	*0%

*The project gathered data on the number of districts reporting WASH indicators, none as yet are doing so. Our future work in this area will continue to encourage cross-sectoral coordination and advocate for a complementary approach.

Treatment coverage rates

The project achieved treatment coverage rates that far exceed World Health Organisation recommended levels of 75% for STH and SCH control. This will contribute to reducing the prevalence of both STH and SCH in DRC.

Outcome Indicator	Year 1 Jan 2017 - Mar 2018	
	Milestone year one	Achievements to date
% of all targeted people in targeted health zones treated with praziquantel for SCH (ultimate threshold at least 75%).	50%	99.14%
% of all targeted people in targeted health zones treated with at least one round of albendazole/ mebendazole against STH (ultimate threshold at least 75%).	50%	99.8%
% of existing schools in targeted health zones participating in the school deworming programme.	75%	127%

Sources: Provincial coordination. This data is unvalidated. It needs to be endorsed and released officially by the Central Ministry of Health.

Key successes:

- To avoid delays in drug procurement (as experienced in previous years with other NTD treatments), a committee was set up to closely monitor all the phases of procurement. This included staff from the national NTD program, World Health Organisation and implementing partners. This committee facilitated the timely procurement by Ituri Nord of sufficient deworming treatments, while other projects in other provinces received only 80% of the praziquantel needed.
- Technical advisors were hired and are based in the implementing province. This real-time monitoring of MDA lead to quicker problem solving and fewer delays in project activities. For example, it became apparent during MDA preparation that Ituri Nord did not have enough registers to report on the upcoming deworming treatments. The 1,280 registers were printed as a matter of urgency and dispatched to Ituri Nord in time for MDA to commence in late November.
- A grant from the mectizan donation programme contributed to a greater number of supervisions. This improved personnel motivation and allowed for better quality supervision, a significant factor to exceeding targets in both schools and communities activities.

Key Challenges:

- Previous experience with the institutional capacity of implementing partners in Ituri Nord has led Sightsavers to invest in staff training in technical and financial procedures and requirements.
- The inclusion of 178 more schools than planned in MDA activities was a huge challenge but project staff adapted and successfully included these schools in the treatment schedule. This accounts for some of the over-achievement of treatment targets, but a portion is also attributable to a lack of recent census data and the subsequent underestimation of the population denominator.

Despite a higher number of schools participating than planned, training targets per school were not met due to the increased number of schools. The new number of schools will be taken into account in future budgeting to ensure training budgets allow for the updated targets. Volunteer CDD targets were also not met because the Ministry of Health preferred to use Ministry of Health volunteers to work as CDDs. We will still advocate for the CDI approach (using volunteers chosen by the community for this specific work) as we think it's important that communities take ownership of the process.

- Despite the delayed elections in DRC, the project was not directly affected by the strikes and clashes related to the political situation. This however is a factor that will continue to be monitored throughout the duration of the project, as we anticipate disruption / violence to continue.

Project monitoring and coverage survey activity

Monitoring and supervision is conducted at various levels, from national and provincial level staff, down to community level. Health workers supervise the volunteer CDDs within their catchment areas 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, United Front Against River Blindness (UFAR) personnel and Provincial Health Division personnel have visited targeted health facilities and communities to monitor and supervise MDA implementation during the periods of training, drug distribution and reporting. Joint monitoring missions between Ministry of Health staff and UFAR personnel were conducted, intending to increase sharing of skills and competences. The results have been very encouraging and the monitoring reports have been shared..

Having Technical Advisors on the ground in the implementing districts, especially during the very active MDA period, ensured closer monitoring of the activities, and higher quality of data for the 2017 activities.

A post-treatment coverage survey (TCS) was completed March 2018, based on MDA activity that took place at the end of 2017. The results are currently being analysed and we are currently on track to submit the report to GiveWell by the end of June.

Subsequent meetings to evaluate the outcome of treatments in selected health zones will provide an opportunity for beneficiaries in the communities to analyse local coverage and consequently decide on where it might be necessary to improve coverage in future distributions.

A Quality Standards Assessment Tool (QSAT) to appraise the program's performance ran concurrently with the TCS in early March 2018..

Lessons learned

Monitoring visits showed a strong commitment by the provincial health authorities but highlighted the need for supervision and capacity building in reporting. It is important to foster a culture of respect for deadlines and the timely dispatching of financial and technical reports at the central level, so that appropriate decisions can be made in due time.

The contribution of local partners, such as Maltezer in the transport of NTD medicines from Bunia to Aru, is a proof of good collaboration between different partners supporting the health zones.

Support from Sightsavers M&E team to enhance UFAR's staff capacities was very helpful for achieving most of program objectives. Visits by Sightsavers' finance team helped support national and provincial teams in producing good reports. There is still a need for the UFAR technical advisors and assistants to be trained in Sightsavers-specific software programmes, and in additional monitoring and evaluation activities. Sightsavers intends to address further training needs for the UFAR technical advisors and assistants in upcoming cross-program monitoring and evaluation workshops.

Looking ahead to 2018

A recent surge in fighting in Ituri is cause for concern; in a wave of attacks beginning in December 2017, tens of thousands of members of the Hema community have fled the Djugu territory of Ituri to evade attack from the Lendu.

We will continue to monitor the political situation in the project areas and the escalation of violence. We are cautiously optimistic, as despite the worsening situation, project staff were still able to exceed treatment targets and deliver a highly successful round of mass drug distribution.

The fact that we were able to successfully complete the MDA, TCS and QSAT, show project staff are well equipped to navigate this volatile situation and will continue to do so to achieve our treatment targets in 2018.

Utilising GiveWell funding for year 2, we will continue to support SCH and STH treatments in Ituri in 2018.