

Sightsavers deworming and social behaviour change communication (SBCC) programme, Cameroon

Delivering MDA and scaling-up an evidence-based approach for schistosomiasis (SCH) and soil transmitted helminths (STH) control

Year three annual report: April 2019 – March 2020

Country: Cameroon

Location: Far North, North, East, West and Adamaoua regions

Start dates:

Far North, North, West MDA Start date April 2018, project Year 2. MDA delivered in Jan 2019

East and Adamaoua: Start date April 2019, project Year 3. MDA delivered in Sept 2019

Social behaviour change communication in West: Start date April 2017, project year 3

Project goal: To contribute to the reduction in prevalence, intensity and transmission of schistosomiasis (SCH) and soil transmitted helminths (STH) through MDA and the promotion and adoption of healthy attitudes and hygiene behaviours by school aged children and the wider community.

Project summary

This project year, Sightsavers has been supporting SCH/STH mass drug administration (MDA) in five regions of East, West, Adamaoua, North and Far North Cameroon, with funding from GiveWell. The need arose as the previous funding stream was discontinued at the end of 2017, leaving a large funding gap.

As with last year, (Year 2) we were unable to implement MDA in the North West and South West regions due to insecurity. As advised, funding was instead reallocated to the North and Far North regions in Year 2, where Sightsavers was already implementing the trachoma programme (SAFE activities). For Year 3, as previously discussed, GiveWell Wishlist 3 funds were diverted from the South West and North West to be fully utilised by expanding our deworming work to cover new regions – East and Adamaoua. Existing relationships with regional MoH staff made the implementation of a SCH/STH project feasible and cost effective.

Last year was the final year of Social Behaviour Change Communication (SBCC) activities in three health areas in West Cameroon. These areas were targeted because SCH remained endemic despite previous rounds of SCH MDA.

Project output summary

Output	Indicator	Year 3 target	Year 3 actual
Treat school-age children between 5-14 years for SCH and STH through MDA	No. of school-age children between 5-14 years treated for SCH	1,513,410	1,994,140
	No. of school-age children between 5-14 years treated for STH	1,627,710	2,550,279

Total number of school aged children treated: 2,580,832

Activity Narrative

MDA summary

Cameroon originally followed a school-based approach to SCH/STH MDA, with non-enrolled school children being mobilised to attend their nearest school during MDA to receive their treatment. However, due to the low school enrolment rates verified in the north regions in Year 2, a hybrid school and community-based MDA was implemented in Year 3 in order to reach school age children (5-14 yrs) both enrolled and non-enrolled in all regions.

Project staff met with the SCH/STH national programme to plan the hybrid school and community-based MDA in the Far North, North, East and Adamaoua regions. Regional training for the supervision of MDA commenced in September 2019; District Medical Officers and regional and divisional delegates of basic and secondary education were trained. Finally, there was district level training of inspectors of basic education, school directors and principals, nurses and community distributors in drug distribution in a cascaded manner.

Following consultation with Sightsavers, the Ministries of Health and Education chose to conduct MDA in September 2019 in the 64 endemic districts across the five regions. Schools opened in September and the drugs expired at the end of the month, so teams worked quickly to ensure MDA was completed within the month.

The refugee camps hosting refugees from the Central African Republic in the East region of Cameroon were also treated during this MDA. They were treated via a combination of school and community MDA (in temporary schools in refugee camps). The CDDs trained to deliver these treatments were refugees.

Once the MDA was finished, regional deworming appraisal meetings were held in each region in November. These meetings gathered stakeholders (MoH, Ministries of Primary and Secondary Education, communities and municipal councils) involved at regional level. These meetings were an opportunity to discuss the MDA data collected from across the region, so as to verify a final data set to be included in the national reports, draw conclusions and identify learnings.

SBCC summary

The implementation of SBCC activities was completed in Year 3. These activities promoted social behaviour change communication (SBCC) and water, sanitation and hygiene (WASH) activities to complement and build upon the SCH and STH MDA control project. The project was focused on three health areas in the West region where SCH MDA had been delivered for around 8 years, but prevalence remained high. Prevalence in Fouban Nord was 16.67%, Foubot 1, 43.75% and Matta 73.47%.

WASH indicators were included in the data collection tools and behavioural change communication was incorporated in the trainings at all levels.¹

¹ GiveWell Specific WASH Indicators for Cameroon.

Community:

- % of population in endemic area who have basic knowledge of hygiene practices, including shoe wearing (STH prevention) and risks of open water bathing (SCH prevention).
- % of people observed to be practicing the desired hygiene behaviour.
- % of households where compound is free of human faeces.

Schools:

Information from the baseline study was used to plan activities. This information was helpful to show where interventions were needed. SBCC activity funded by GiveWell was focused on the health education and interventions that can practically implemented. In the future, data collected by the government as a result of this work could be used to target SBCC activities in other regions if funding was available.

SBCC materials and radio spots were developed for use in schools and communities in Year 2. In Year 3, 255 primary school teachers from 28 schools, 10 health personnel and 90 social mobilisers were trained on SBCC implementation in schools and communities in the selected health areas.

SBCC activities continued to be implemented directly in the selected schools and communities in Year 3:

- 18 schools (9 in Foubot 1, 4 in Fouban Nord and 5 in Matta Barrage) carried out 972 practical sessions on the use of toilets and hygiene promotion: 9,748 school pupils (5,263 boys and 4,485 girls) participated in these practical sessions and educative talks.
- Door to door sensitisation of the community on good hygiene practices: 1,893 households (815 in Foubot 1; 429 in Fouban Nord and 649 in Matta Barrage) were visited and sensitized by social mobilisers.
- 5 local radios broadcasts and 1,655 radio spots (561 in Bamoun language, 661 in French, 183 in English and 250 in Pidgin English) were broadcast for SCH/STH prevention.
- 10 billboards for SCH and STH prevention were installed along the banks of the Matta Barrage Lake.

The NALA Foundation (an Israeli NGO) was interested in the SBCC strategy implemented in three SCH endemic health areas of the West region. They visited Cameroon and the project site with an interest in supporting the continuation of project activities with learnings from Ethiopia. Following their visit, they explored the possibility of a proposal to Merck for possible funding of the SBCC strategy against SCH and STH for three years. This was unsuccessful.

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- % of schools with soap and clean water at a hand/face washing station in or near toilet/s and accessible to all students
 - % of schools with soap and clean water at a hand/face washing facility where food is consumed and accessible to all students
 - % of students wearing basic footwear at school on a daily basis.

Project outcomes

Output Indicator	Year 3 Apr 2019 - Mar 2020	
	Target Year 3	Actual Year 3
1.1 No. of teachers trained on SCH/STH MDA	6,931 (TOTAL) 1,714 (North Region) 2,375 (Far North Region) 553 (West Region) 1,162 (East Region) 1,127 (Adamaoua Region)	7,871* (TOTAL) 1,627 (North Region) 2,701 (Far North Region) 574 (West Region) 1,560 (East Region) 1,409 (Adamaoua Region)
1.2 No. of health workers trained on SCH/STH MDA.	620 (TOTAL) 124 (North Region) 233 (Far North Region) 57 (West Region) 118 (East Region) 88 (Adamaoua Region)	769 (TOTAL) 187 (North Region) 232 (Far North Region) 76 (West Region) 146 (East Region) 128 (Adamaoua Region)
1.3 No. of CDDs trained on SCH/STH MDA	10,246** (TOTAL) 2,700 (North Region) 3,150 (Far North Region) 96 (West Region) 2,150 (East Region) 2,150 (Adamaoua Region)	10,169 (TOTAL) 2,774 (North Region) 3,410 (Far North Region) 100 (West Region) 2,217 (East Region) 1,668 (Adamaoua Region)
1.4 No. of schools training at least one classroom teacher on school MDA	6,931 (TOTAL)	7,871 (TOTAL)

	1,714 (North Region)	1,627 (North Region)
	2,375 (Far North Region)	2,701 (Far North Region)
	553 (West Region)	574 (West Region)
	1,162 (East Region)	1,560 (East Region)
	1,127 (Adamaoua Region)	1,409 (Adamaoua Region)
2a.1 No. of school aged children (5-14 years) treated for STH via MDA with mebendazole or albendazole	1,627,710 (TOTAL) 377,932 (North Region) 725,760 (Far North Region) 79,737 (West Region) 205,344 (East Region) 238,937 (Adamaoua Region)	2,550,279 (TOTAL) 629,646 (North Region) 1,185,462 (Far North Region) 143,049 (West Region) 272,796 (East Region) 319,326 (Adamaoua Region)
2a.2 No. of school aged children treated for SCH via MDA with praziquantel	1,513,410 (TOTAL) 359,403 (North Region) 690,121 (Far North Region) 40,637 (West Region) 184,312 (East Region) 238,937 (Adamaoua Region)	1,994,140 (TOTAL) 525,504 (North Region) 811,767 (Far North Region) 77,134 (West Region) 238,984 (East Region) 340,751 (Adamaoua Region)
2a.3 No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance	5 (TOTAL) (1 in each Region)	5 (TOTAL) (1 in each Region)
2b.1 No. of adults treated for STH	-	-
2b.2 No. of adults treated for SCH***	9,544 (TOTAL) 9,544	9,718 (TOTAL) 9,718

	(only in West Region)	(only in West Region)
3.1 No. of advocacy meetings conducted with stakeholders on SCH/STH Interventions.	<p style="text-align: center;">5 (TOTAL)</p> <p style="text-align: center;">1 (in each Region)</p>	<p style="text-align: center;">5 (TOTAL)</p> <p style="text-align: center;">1 (in each Region)</p>

* Only the school directors were trained directly by the GiveWell Project. However, if we include the classroom teachers briefed by these school directors, the actuals are 30,340 (cascade trainings).

** In Wishlist 3 plan, CDDs training was planned just for 1 health area (96 CDDs). However, after reviewing the TCS results of the first deworming campaign, a hybrid deworming campaign was recommended in the northern regions due to the low school enrolment rate. With this feedback, 10,246 CDDs were planned to be trained in four regions and in one health area of the West region in order to reach the non-enrolled school-aged children in the communities. See 'key successes' section.

*** Adults treated in Matte village due to high SCH prevalence (73.47%).

A variance analysis was carried out between the targets and the actuals achieved at the end of MDA. Comments and explanations for the variances are described below:

- Due to the creation of new schools in the five respective regions, the number of teachers trained and the number schools training at least one classroom teacher on school MDA increased.
- More health personnel were trained than planned to ensure proper coordination of community distribution by CDDs and management of side effects, especially in health districts that distributed praziquantel for the first time.
- SCH and STH targets were set on 75% of the targeted aged group. However, with the hybrid campaign of both school and community distribution, more school-age children (5-14 years) were treated with mebendazole/albendazole against STH, and with praziquantel against SCH. An increased population was also witnessed in some of the regions because of internal displacement related to insecurity issues in other regions of the country, such as the Boko Haram insurgency in Far North region. We anticipate continued population fluctuations going forward and we need to factor this in when ordering drugs.

School vs community-based treatments

Across all regions, 22% of SAC were treated for STH and 15% for SCH in the communities during this round of MDA, with the majority receiving treatment in schools. The lowest proportion of community-based treatment was in the West (4% for both SCH and STH), with the highest in the Far North (31.7% for STH and 18% for SCH), which is in line with the school enrolment rates in both regions, as discussed in the TCS.

Treatment coverage rates

Outcome Indicator	Year 3 Apr 2019 - Mar 2020	
	Milestone Year 3	Actual Year 3
% of all targeted people in targeted health zones treated with praziquantel for SCH (ultimate threshold at least 75%)	75%	99%
% of all targeted people in targeted health zones treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%)	75%	118%
% of existing schools in targeted health zones participating in the school deworming programme	100%	114%

Key successes:

- Successful implementation of SCH/STH MDA in the East and Adamaoua regions for the first time under Sightsavers, including 9 health districts in the East Region that received praziquantel for the first time. The regional and district teams worked closely with their communication focal points and local radio stations to intensify sensitisation activities in the new districts.
- High treatment coverage rates resulted in the over achievement of treatment targets.
- Complementing the school-based MDA with community distribution was an important move in ensuring that marginalised children were reached in their communities. The partners welcomed the idea and efforts were made to reach the non-enrolled SAC, especially with the low school enrolment rates and numerous refugee camps in the regions.
- MDA took place in the East region which hosts camps for refugees from the Central African Republic. The community strategy greatly supported this campaign and ensured non-enrolled children were dewormed.
- We are building the capacity of local partners and MoH to understand the process of coverage surveys and supporting them to write the reports, so in the long term they will take ownership of the TCS process (though with supervision from Sightsavers).
- Sightsavers is sharing learnings on the GiveWell funded hybrid MDA strategy and SBCC activities and other partners are adopting our approach to improve treatment coverage rates. Good Neighbours, one of the NGOs who visited this project, decided to implement Sightsavers hybrid MDA strategy and SBCC activities in their SCH/STH projects in the central region of Cameroon.
- Women groups were central in the promotion of hygiene and environmental improvement in the three SBCC health areas of the West region. The project targeted specific actions that empowered women in the implementation of SBCC activities.
- The unit cost for the training of teachers, inspectors of basic education and principals during the implementation of school-based MDA was based on the benchmark used during previous school-based campaigns and other projects such as the USAID/ENVISION project.

Key Challenges:

- Meeting the tight window between the drugs expiry date and schools opening to ensure timely MDA. However, MDA campaigns were successfully implemented before 30th September.
- Before the MDA campaign a medication need analysis was undertaken and identified a mebendazole shortage in the East region. Additional quantities of mebendazole (18,000 tablets) were sourced from the central medical supply and supplied to the East region to make up the deficit.
- Adamaoua region had a surplus of praziquantel tablets in stock, more than required for the campaign. The national programme notified all regional partners regarding the situation, and the surplus tablets were allocated to North region.
- Awareness raising work can be more time consuming in refugee camps as the acceptance of treatments can be more challenging. In addition, there is a need to communicate in different languages. This challenge was overcome with detailed planning, strong partnerships and willingness to flex, and meant that the project was able to reach more people.

Project monitoring and coverage survey activity

Monitoring and supervision were conducted at various levels, from national and regional level staff, to community level, involving partners from MoH and the education sectors. Health workers and staff from the MoE supervised teachers and CDDs within their catchment areas during distribution. In Cameroon, regional, district and health area staff monitored community and school MDA, and senior education staff supervised teachers during the MDA campaign.

Three treatment coverage surveys (TCS) for Year 2 MDA (conducted in Year 3) were implemented in the West, Far North and North regions between March and May 2019 after Year 2 school-based MDA in January 2019. Six health districts were randomly selected from the three regions with 2 health districts per region and 30 communities per health district. The results of the TCS showed some health districts attained the 75% treatment coverage target, as was described in the final report shared with GiveWell. As previously advised these TCSs fell outside of Year 2 reporting (April 2018 to March 2019) due to MoH competing priorities but were still carried out within the recommended time frame for a TCS. Funds allocated for these activities have been reconciled in reporting Year 3.

For the Year 3 treatment, following the completion of school/community MDA in September 2019, TCS were implemented in the five MDA regions (Adamaoua, East, Far North, North and West) between December 2019 and February 2020. 125 surveyors (25 per region) were trained for three days after which, 100 surveyors (20 per region) were retained after interview, pre and post-test, and direct observation. The 20 retained surveyors ensured the implementation of TCS in the 10 randomly selected health districts (2 health districts per region). 7,701 households were randomly sampled (with the WHO methodology of probability sampling with segmentation²) and 18,541 children were interviewed from the five regions. The analysis is ongoing, and results will feed into future MDA planning.

² <https://apps.who.int/iris/bitstream/handle/10665/329376/9789241516464-eng.pdf?ua=1>

Lessons learned

As a cross-learning from other countries, prior to the implementation of the TCS for Year 3, the NTDs Technical Hub from Sightsavers provided support remotely in setting up the CommCare app³ in all smartphones and platform for monitoring. They also reviewed the protocol and provided learnings from other countries for effective planning and implementation of the TCS. Sightsavers Global Technical Lead for SCH and STH facilitated the first training of surveyors in the West Region during his visit to Cameroon, while the NTD team was trained to cascade this surveyors training in the other regions. TCS training was conducted in one region and cascaded to the other regions.

With the commencement of the UK aid's flagship NTD programme, Ascend West & Central Africa, key learnings from planning start-up of Ascend projects have been useful to share with the GiveWell project. For example, updating our guidelines for the implementation of urban MDA protocol and the management of severe adverse events following MDA in new communities.

Looking ahead to 2020

Over the past three years, GiveWell's funding for SBCC has enabled the training and sensitisation of teachers and school children in promoting healthy attitudes and hygienic behaviours. To finalise the SBCC project, an impact survey will be conducted in the 9 communities (3 health areas) where the SBCC activities were developed to compare the prevalence and intensity of SCH/STH with the baseline. Knowledge, attitudes and practices (KAP) questions will be integrated into the epidemiological survey to measure the impact of SBCC on knowledge and perception of the population in the communities where we worked in comparison with areas with where no SBCC activities took place. This activity cannot currently go ahead because of COVID-19, but we hope to be able to undertake the survey in later 2020 and to share a final report with GiveWell.

Going forward, we hope to identify potential donors who would be interested in further exploring the relationship between complimentary WASH interventions and SCH transmission.

We now have drugs in stock with a two-year expiry date, which means the expiry dates of SCH and STH treatments will not be an issue if MDA cessation due to COVID-19 continues. The MoH is currently seeking funding for other interventions such as vector control and intensifying WASH activities.

The World Bank is looking to fund a performance-based financing (PBF) Health System Performance Reinforcement Project for refugees and host communities in Cameroon, along its borders with Nigeria and CAR. One element of the project will be to provide clinic based deworming treatments, targeting under-fives and pregnant women only. From the conversations between Sightsavers, the MoH and the World Bank, it is understood that there are currently no plans by the World Bank to fund SCH/STH MDA for school aged children in Cameroon, or to deliver deworming treatments outside the areas impacted by conflict and the refugee crisis. The World Bank is also in the process of planning analytical work on deworming in Cameroon, to which Sightsavers has already offered to collaborate. Sightsavers will continue to closely monitor the situation in Cameroon and aims to continue to be in contact with the World Bank in the coming months to understand their future plans / aspirations regarding Cameroon.

³ We have developed use of the CommCare platform to collect data within research and NTD programmes, and to collect baseline data on disability using the Washington Group questions

The results of three Year 3 TCS are currently being analysed and the report is expected to be submitted in quarter 3, 2020.

We will continue to implement MDA in five regions as included in Wishlist 3. Sightsavers will, as planned be using GiveWell Wishlist 4 funding to extend the MDA activities in the Littoral and South regions for three years, up to March 2023.