

Sightsavers Deworming Program – Guinea GiveWell Wishlist 3 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: Guinea

Location (region/districts): Nzérékoré, Lola, Yomou, Fria, Coyah, Bdubreka, Matoto, Ratoma + Beyla, Guéckédou, Macenta

Duration of project: 2 years

Start date: April 2020

Goal

Reduction in the prevalence and intensity of SCH and STH amongst school age children.

Outcome

School aged children (SAC) between 5-15 years, and adults where prevalence dictates, within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required.

Program implementation areas

GiveWell's support is currently enabling mass drug administration (MDA) for SCH/STH in eight health districts. Wishlist 3 contains two priorities; the first looks to extend this support in existing implementation areas for an additional two years, and the second looks to administer a second round of STH MDA in areas with particularly high prevalence (>50%) for three years.

To ensure an effective treatment strategy, Sightsavers will only expand cumulatively, i.e. we will only implement Priority 2 if Priority 1 is also funded.

Priority 1: SCH/STH MDA in our existing health districts: Nzérékoré region: Nzérékoré, Lola and Yomou; Kindia region: Coyah and Bdubreka; Boke region: Fria; and Conakry region: Matoto and Ratoma.

GiveWell already supports SCH/STH MDA in these districts. Priority 1 looks to continue this work for an additional two years to help control SCH and STH in compliance with the National NTD Program policies.

Priority 2: Biannual STH treatments for SAC in 4 health districts in the Nzérékoré region

Four health districts within the Nzérékoré region have STH prevalence above 50%. In line with WHO guidance, the Guinea MoH have identified the need to start biannual STH MDA to reduce prevalence and intensity over time. Sightsavers are already delivering the first SCH and STH treatment in Nzérékoré health district. Priority 2 would see us expand the existing STH MDA here from once to twice a year.

The other three health districts (Beyla, Guéckédou, Macenta) are not currently covered by Sightsavers. They currently receive their first STH treatment incidentally via LF MDA provided by HKI who also provide SCH treatment for SAC in these districts.

As HKI's funding is LF based, they have advised the MoH that they are not able to support the second STH-specific MDA. The Guinea MoH have therefore asked Sightsavers to cover this

treatment, as we already conduct SCH/STH MDA in other health districts within Nzérékoré region. As the MoH opt for a region-based treatment strategy, they require the four health districts in Nzérékoré region to have biannual STH treatment.

There will be an LF Transmission Assessment Survey (TAS) in these three districts during 2019/20. If passed, LF MDA will stop, meaning STH specific treatments will be needed twice a year. It is practical for SCH/STH treatment post-LF to be sustained by simply expanding this school-based STH program to biannual treatments rather than beginning a new program when LF MDA cease.

Table to show prevalence and treatment schedule in program implementation areas

Region	Health District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Total population 2020 ¹	SAC ²
Nzérékoré	Nzérékoré	77.6%	Annual + adult	54.7%	Biannual	453,657	113,414
Nzérékoré	Lola	79.2%	Annual + adult	28.8%	Annual	190,428	47,607
Nzérékoré	Yomou	70%	Annual + adult	17.20%	Annual	136,527	34,132
Nzérékoré	Beyla	66%	Covered by HKI	51%	Biannual	378,453	94,613
Nzérékoré	Guéckédou	77%	Covered by HKI	68%	Biannual	315,702	78,926
Nzérékoré	Macenta	46%	Covered by HKI	68%	Biannual	294,226	73,557
Boke	Fria	2.4%	Every 2 years	0.4%	Every 2 years	99,126	24,782
Kindia	Coyah	5.2%	Every 2 years	7.2%	Every 2 years	433,283	108,321
Kindia	Dubreka	2.0%	Every 2 years	12.0%	Every 2 years	599,724	149,931
Conakry	Matoto	12.9%	Every 2 years	7.6%	Every 2 years	757,846	189,462
Conakry	Ratoma	10.4%	Every 2 years	9.60%	Every 2 years	739,326	184,832
					Total	4,398,298	1,099,577

Prevalence and treatment strategy

GiveWell's continued support will enable SCH and STH MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility³.

Adult treatment, which is recommended by WHO in areas of high SCH prevalence (> 50%), is required as part of this program.

Guinea MoH choose to treat STH alongside SCH even if STH is not above the 20% prevalence threshold.

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 3', for the full prevalence detail and treatment targets by district.

¹ Based on population projections

² Calculated as 25% of total population

³ [Helminth control in school age children: a guide for managers of control programmes, Second edition](#), 2011, page 74-75

Outputs

Output 1: Train health workers, teachers and community members to deliver SCH/STH MDA to schools and endemic communities.

Output 2a: Treat school aged children between 5-15 years for SCH/STH through MDA.

Output 2b: Treat adults for SCH/STH through MDA where prevalence rates dictate.

Output 3: Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH/STH.

Key output indicator targets

Priority 1:	Year 4	Year 5
	Apr'20 – Mar'21	Apr'21 – Mar'22
Number of teachers trained on SCH/STH MDA	3,084	2,234
Number of health workers trained on SCH/STH MDA	94	102
Number of CDDs trained on SCH/STH MDA	1,998	1,854
Number of children aged between 5-15 years treated for STH	427,085	336,530
Number of children aged between 5-15 years treated for SCH	427,085	336,530
Number of adults treated for STH	322,002	329,086
Number of adults treated for SCH	322,002	329,086

Priority 2: additional to priority 1	Year 3	Year 4	Year 5
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
Number of teachers trained on SCH/STH MDA	1,928	1,928	1,928
Number of health workers trained on SCH/STH MDA	58	58	58
Number of CDDs trained on SCH/STH MDA	-	-	-
Number of children aged between 5-15 years treated for STH	265,656	270,382	276,330
Number of children aged between 5-15 years treated for SCH	-	-	-
Number of adults treated for STH	-	-	-
Number of adults treated for SCH	-	-	-

Please see attached 'Combined Wishlist 3 logframe' for full outputs, outcomes, impact and associated risks and assumptions.

Summary of planned budget

Please see attached 'Wishlist 3 budget' for more detail.

Implementation

Through Sightsavers' program staff and in collaboration with the MoH, health workers, teachers and community drug distributors (CDDs) will be trained to deliver SCH / STH MDA.

Supervised by trained health workers, school based treatment will be distributed by teachers to ensure optimal coverage. Non-enrolled or absent children will be treated through community based MDA by CDDs. As mentioned above, biannual STH treatments will be implemented under Priority 2.

Adult treatment, which is recommended by WHO in areas of high SCH prevalence (> 50%), is required as part of this program and will be delivered through community based MDA.

Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA. Submission of the Year 1 TCS to GiveWell was in October 2017, and the Year 2 TCS was submitted on July 6, 2018.

A Quality Standards Assessment Tool (QSAT), used to appraise a program's performance, took place in December 2017, the recommendations of which are currently being implemented in a 2-year action plan. The next QSAT is scheduled for 2019. It will monitor progress in implementation of previous QSAT and TCS recommendations and their impact on the quality of MDA implementation.

Follow up parasitological surveys (surveys at sentinel sites / surveys for the reassessment of baseline prevalence levels) will be supported as relevant, in accordance with guidance from WHO / expert groups. These surveys will a) assess progress towards the control of morbidity / elimination of SCH and STH as a public health problem; b) reassess treatment strategies.

Inputs from key partners, governments and other stakeholders

Partner	History of work with Sightsavers	Role in the program
Ministry of Health	Partnership with Sightsavers' since 1991	Coordination Implementing partner
Ministry of Education	Partnership with Sightsavers' program since 2011	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH since 1993	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH and STH)	Donor
HKI	Sightsavers and HKI have been NTDs Stakeholders in Guinea since 2011, in the steering committee meetings	Implementing partners LF and SCH in Nzérékoré region
Communities	CDDs support MDA. Community led sensitization since 2008	Volunteer support Beneficiaries

Other funding opportunities/fungibility

Sightsavers current approach for funding integrated NTD programs is to identify and support outstanding MDA needs for LF, SCH and STH in areas where we are already supporting trachoma or onchocerciasis MDA.

As Sightsavers is not running an integrated NTD program in Guinea it is highly unlikely we would be able to identify and secure funding from another donor to cover solely the deworming program if GiveWell did not fund it.

Other INGOs in the area implementing NTD programs are focused on delivering LF MDA, as such they are not planning on expanding their deworming programs.