

Sightsavers Deworming Program – Nigeria 6 States GiveWell Wishlist 5 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: Nigeria

Location (region/districts): Kebbi, Kogi, Kwara, Sokoto, Taraba and Benue States

Duration of project: 1 year

Start date: April 2022

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

Sightsavers began supporting SCH / STH mass drug administration (MDA) in 5 states of the country - Kebbi, Kogi, Kwara, Sokoto and Benue, with funding from Wishlist 1, while SCH, STH, onchocerciasis and LF MDA were also supported for Benue as an integrated program. The SCH/STH program was increased to 7 States, incorporating Taraba and Yobe states, with funding from Wishlist 2 and 3, until March 2020 for Yobe and March 2022 for the other 6 States. In Wishlist 4, deworming activities in Yobe were extended until March 2023.

As of Year 4 (April 2020 to March 2021), the GiveWell funded program in Benue state is no longer integrated as onchocerciasis and LF has been displaced by funding from Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (Ascend West)¹. For this reason, going forward we now present the Nigeria Narrative Report in Wishlist 5 for all 6 States - Kebbi, Kogi, Kwara, Sokoto, Taraba and Benue States, where funding for an additional year of preventative treatments for SCH and STH in endemic LGAs is requested.

GiveWell's support is currently enabling mass drug administration (MDA) in 102 local government areas (LGAs) for SCH and 22 LGAs for STH that are not LF co-endemic until March 2022.

Wishlist 5 looks to extend this support in existing implementation areas for an additional year. This will help control SCH and STH in compliance with the National NTD Program policies, bringing all GiveWell deworming activities in the country until March 2023.

We therefore request grant funding to continue implementation of the SCH/STH program in Kebbi, Kogi, Kwara, Sokoto, Taraba and Benue States from April 2022 – March 2023. Table 1 below shows the prevalence of SCH and STH and the treatment schedule in these 6 States.

¹ As of Year 4, the onchocerciasis and LF MDA in Benue State was re-allocated to Ascend for funding, and we have revised the projected budgets for Year 4 and Year 5 to reflect this change. We anticipate some savings will be made but due to the efficiencies made as part of an integrated program, our projected savings will not be substantial. Following a full year of implementation of a solely SCH/STH MDA GiveWell funded program in Benue State, we will have a more accurate budget for the new program design. It should be noted that we anticipate any savings made will be needed for the potential increased costs related to safely delivering MDA due to Covid -19.

Table 1: Prevalence and treatment schedule in program implementation areas

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Total population 2022 ²	Total SAC ³ 2022
Kebbi State						
Aleiro	10.0%	Annual	4%	Not required	97,937	27,422
Arewa-Dandi	1.0%	Not required	10%	Not required	273,194	76,494
Argungu	50.0%	Annual + adult	6%	Not required	290,197	81,255
Augie	68.0%	Annual + adult	6%	Not required	174,113	48,752
Bagudo	20.0%	Annual	20%	Via LF MDA	353,041	98,851
Birnin Kebbi	10.0%	Annual	6%	Not required	398,471	111,572
Bunza	6.0%	-	11%	Not required	180,310	50,487
Dandi	21.0%	Annual	22%	Via LF MDA	214,174	59,969
Danko wasagu	13.6%	Annual	9%	Not required	393,695	110,235
Fakai	26.0%	Annual	10%	Not required	179,940	50,383
Gwandu	16.0%	Annual	5%	Not required	224,189	62,773
Jega	42.0%	Annual	11%	Not required	287,032	80,369
Kalgo	3.0%	-	8%	Not required	126,781	35,499
Koko/Besse	29.0%	Annual	4%	Not required	229,512	64,263
Maiyama	27.0%	Annual	12%	Not required	260,807	73,026
Ngaski	51.0%	Annual + adult	13%	Not required	185,216	51,860
Sakaba	5.0%	-	6%	Not required	133,512	37,383
Shanga	28.0%	Annual	8%	Not required	188,749	52,850
Suru	38.0%	Annual	6%	Not required	223,017	62,445
Yauri	20.0%	Annual	13%	Not required	148,120	41,473
Zuru	6.0%	-	12%	Not required	245,755	68,812
Kogi State						
Adavi	2.0%	Every 2 years	39%	Annual	300,158	84,044
Ajaokuta	1.0%	Not required	22%	Annual	181,586	50,844
Ankpa	1.0%	Not required	33%	Via LF MDA	396,887	111,128
Bassa	1.0%	Not required	39%	Annual	207,820	58,190
Dekina	0.0%	Not required	35%	Annual	386,435	108,202
Ibaji	11.0%	Annual	27%	Annual	190,208	53,258
Idah	4.0%	Every 2 years	27%	Via LF MDA	118,486	33,176
Igalamela-Odulu	0.0%	Not required	32%	Via LF MDA	219,737	61,526
Ijumu	0.0%	Not required	23%	Via LF MDA	178,035	49,850
Kabba/Bunu	1.0%	Not required	18%	Annual	215,915	60,456
Kogi	11.0%	Annual	31%	Via LF MDA	172,054	48,175
Lokoja	21.0%	Annual	37%	Via LF MDA	289,866	81,162
Mopa-Muro	0.0%	Not required	27%	Annual	65,373	18,304
Ofu	0.0%	Not required	27%	Via LF MDA	285,276	79,877
Ogori/Magongo	0.0%	Not required	29%	Via LF MDA	58,819	16,469
Okehi	2.0%	-	37%	Annual	296,900	83,132
Okene	1.0%	Not required	23%	Annual	475,428	133,120
Olamaboro	0.0%	Not required	27%	Via LF MDA	237,747	66,569
Omala	0.0%	Not required	21%	Via LF MDA	160,923	45,059
Yagba East	0.0%	Not required	19%	Not required	221,225	61,943
Yagba West	1.0%	-	16%	Annual	208,053	58,255
Kwara State						
Asa	4.0%	-	43%	Via LF MDA	187,693	52,554
Baruten	29.0%	Annual	26%	Via LF MDA	310,943	87,064
Edu	13.0%	Annual	9%	Not required	299,082	83,743
Ekitti	7.0%	-	29%	Via LF MDA	81,425	22,799
Ifelodun	3.0%	-	22%	Annual	305,871	85,644
Ilorin East	3.0%	-	27%	Annual	303,299	84,924

² Based on population projections

³ Based on estimated 28% of total population

Ilorin South	0.0%	Not required	20%	Via LF MDA	309,803	86,745
Ilorin West	13.0%	Annual	57%	Annual	541,349	151,578
Irepodun	10.0%	Annual	32%	Via LF MDA	220,612	61,771
Isin	5.0%	-	22%	Via LF MDA	88,681	24,831
Kaima	23.0%	Annual	23%	Via LF MDA	184,322	51,610
Moro	6.0%	-	21%	Via LF MDA	161,502	45,221
Offa	0.0%	Not required	29%	Annual	133,122	37,274
Oke-Ero	6.0%	-	19%	Not required	85,536	23,950
Oyun	7.0%	-	14%	Not required	139,919	39,177
Pategi	38.0%	Annual	8%	Not required	166,735	46,686
Sokoto State						
Binji	3.0%	Every 2 years	8%	Not required	155,913	43,656
Bodinga	6.0%	Every 2 years	18%	Not required	260,391	72,910
Dang Shuni	31.0%	Annual	17%	Not required	288,805	80,865
Gada	8.0%	Annual	11%	Not required	368,554	103,195
Goronyo	11.0%	Annual	27%	Not required	270,619	75,773
Gudu	10.0%	Annual	10%	Not required	141,836	39,714
Gwadabawa	14.0%	Annual	22%	Not required	343,452	96,167
Illela	17.0%	Annual	8%	Not required	223,402	62,552
Isa	8.0%	Every 2 years	3%	Not required	216,891	60,729
Kebbe	56.0%	Annual	20%	Not required	185,056	51,816
Kware	6.0%	Every 2 years	10%	Not required	198,774	55,657
Rabah	7.0%	Annual	16%	Not required	221,436	62,002
Sabon Brini	14.0%	Annual	7%	Not required	308,182	86,291
Shagari	44.0%	Annual	17%	Not required	232,196	65,015
Silame	15.0%	Annual	5%	Not required	154,950	43,386
Sokoto South	7.0%	Every 2 years	13%	Not required	345,661	96,785
Sokoto North	7.0%	Every 2 years	13%	Not required	289,351	81,018
Tambuwal	41.0%	Annual	18%	Not required	333,911	93,495
Tangaza	3.0%	Every 2 years	12%	Not required	169,015	47,324
Tureta	30.0%	Annual	21%	Not required	101,496	28,419
Wamakko	15.0%	Annual	14%	Not required	266,645	74,661
Wurno	41.0%	Annual	20%	Not required	240,946	67,465
Yabo	16.0%	Annual	19%	Not required	170,734	47,806
Benue State						
Ado	8.0%	-	23%	Via LF MDA	265,551	74,354
Agatu	6.0%	-	26%	Annual	171,495	48,018
Apa	12.0%	Annual	20%	Via LF MDA	143,648	40,221
Buruku	13.0%	Annual	23%	Annual	302,425	84,679
Gboko	13.0%	Annual	22%	Via LF MDA	532,843	149,196
Guma	24.0%	Annual	27%	Via LF MDA	284,430	79,640
Gwer East	16.0%	Annual	21%	Via LF MDA	242,935	68,022
Gwer West	23.0%	Annual	24%	Annual	181,325	50,771
Katsina-Ala	40.0%	Annual	18%	Not required	333,595	93,407
Konshisha	5.0%	-	37%	Via LF MDA	335,011	93,803
Kwande	48.0%	Annual	25%	Via LF MDA	369,192	103,374
Logo	1.0%	Every 2 years	13%	Not required	250,975	70,273
Makurdi	10.0%	Annual	12%	Not required	441,489	123,617
Obi	11.0%	Annual	26%	Via LF MDA	146,751	41,090
Ogbadibo	1.0%	-	22%	Annual	191,066	53,499
Ohimini	2.0%	-	23%	Via LF MDA	106,115	29,712
Oju	15.0%	Annual	22%	Via LF MDA	252,716	70,761
Okpokwu	0.0%	Not required	13%	Not required	262,233	73,425
Otorkpo	18.0%	Annual	14%	Not required	388,445	108,765
Tarka	15.0%	Annual	26%	Via LF MDA	118,009	33,043
Ukum	25.0%	Annual	27%	Via LF MDA	322,034	90,169
Ushongo	29.0%	Annual	19%	Via LF MDA	279,593	78,286
Vandeikya	18.0%	Annual	28%	Annual	341,614	95,652

Taraba State						
Ardo-Kola	8.7%	-	26.8%	Via LF MDA	129,035	36,130
Bali	4.8%	-	11.6%	Not required	310,165	86,846
Donga	10.5%	-	18.5%	Not required	199,089	55,745
Gashaka	3.3%	-	30.9%	Via LF MDA	130,311	36,487
Gassol	10.8%	Annual	6.8%	Not required	363,331	101,733
Ibi	1.0%	-	18.7%	Not required	124,779	34,938
Jalingo	3.3%	-	27.9%	Via LF MDA	207,601	58,128
Karim-Lamido	6.0%	-	1.6%	Not required	290,732	81,405
Kurmi	18.9%	Annual	31.3%	Via LF MDA	135,878	38,046
Lau	11.2%	-	11.9%	Not required	143,388	40,149
Sardauna	1.7%	-	31.6%	Annual	333,178	93,290
Takum	3.8%	-	19.0%	Annual	200,926	56,259
Ussa	3.6%	-	22.3%	Annual	136,600	38,248
Wukari	3.6%	-	23.8%	Via LF MDA	358,576	100,401
Yorro	2.4%	-	2.0%	Not required	132,730	37,164
Zing	6.8%	-	2.0%	Not required	189,071	52,940
Total					28,331,683	7,932,870

Grey highlighted lines are for districts scheduled for MDA in Year 6 as part of Wishlist 5

Impact Assessment Surveys for SCH/STH:

According to WHO (2020)⁴, it is recommended to strengthen the capacity of NTD programs to deliver parasitological monitoring through impact assessment. This will guide monitoring and evaluation and also track progress towards the achievement of 2030 elimination goals. Nigeria to date has delivered 3 MDA rounds for 4 States and Benue, 2 rounds for Yobe and 1 for Taraba, and an impact assessment is required in 7 states to guide program adaptation to new epidemiological status of each eligible LGA within the 7 states for assessment.

We therefore request grant funding to conduct Impact Assessment Surveys for SCH/STH program in Kebbi, Kogi, Kwara, Sokoto, Taraba, Benue and Yobe States along the years of 2021, 2022 and 2023. Urine Filtration and Kato-Katz are the diagnostic techniques considered for this Impact Assessment Survey in Nigeria.

Our ideal scenario would be to carry out impact assessments in all countries, however, we recognise to do this in all countries would be expensive. As Nigeria MDA is highly cost effective, (and it will continue to be the most cost-effective country even with the inclusion of the impact assessment), we believe Nigeria will particularly benefit. The learnings from the results will help us improve the design and efficient delivery of project activities in Nigeria and potentially other GiveWell funded countries.

Prevalence and treatment strategy

GiveWell's continued support will enable SCH and STH MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility. Adult treatment, which is recommended by WHO in areas of high SCH prevalence (>50%), is required as part of this program.

In the case of SCH, we will implement MDA activities by meeting, or where the MoH deem it necessary, by intensifying the WHO-defined treatment strategies. In the case of Nigeria, please see the table below.

⁴ Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Geneva: World Health Organization; 2020.

SCH endemicity	Nigeria FMOH ⁵ requirements	WHO strategy ⁶
High risk (≥50%)	Treat SAC every year	Treat SAC every year
Moderate (≥10 but <50%)	Treat SAC every year	Treat SAC once every two years
Low (≥0 but < 10%)	Treat SAC once every two years	Treat SAC twice during their primary schooling years (every three years)

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 5', for the full prevalence detail and treatment targets by district

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 through SCH/STH MDA.

Output 2b: Treat adults for SCH 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 6
	Apr'22 – Mar'23
No. of teachers trained on SCH/STH MDA	20,462
No. of health workers trained on SCH/STH MDA	2,947
No. of CDDs trained on SCH/STH MDA	11,398
No. of school aged children between 5-15 years treated for STH	1,128,046
No. of school aged children between 5-15 years treated for SCH	3,563,112
No. of adults treated for STH	-
No. of adults treated for SCH	471,631

Summary of planned budget

	Year 5	Year 6	Year 7	Total
SCH/STH MDA SAC	-	\$1,479,482	-	\$1,479,482
Impact Assessment Survey	\$439,527	\$215,958	\$145,669	\$801,153
Total	\$439,527	\$1,695,439	\$145,669	\$2,280,635

The planned budgets for the Impact Assessment Survey will not represent a substantial increase in the total budgets and in the cost per treatment/cost per SAC that have already been approved for deworming activities for Nigeria. For Year 5⁷, there will be an increase of 30% in GiveWell budgets and cost per treatment/cost per child, and 13% in Year 6⁸. (The 30% and 13% include the budgets for Impact Assessment Survey).

Please see attached 'Wishlist 5 budget' for more detail.

⁵ 6.1 SOP for NTDs in Nigeria doc.pdf provided Year 1 Interim Report August 2017

⁶ [Helminth control in school age children: a guide for managers of control programmes, Second edition](#), 2011, page 74-75

⁷ GiveWell funding from Wishlist 3 and 4.

⁸ GiveWell funding from Wishlist 4 and this Wishlist 5.

Implementation

Implementation of SCH/STH MDA in Kebbi, Kogi, Kwara, Sokoto, Benue and Taraba states will continue to be carried out through Sightsavers' program staff and in collaboration with the MoH and other partners. 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.

At the end of this one-year grant, a total number of 4,301,171 SAC are expected to be treated; 1,128,046 SAC against STH and 3,563,112 SAC against SCH. Adult treatment, which is recommended by WHO in areas of high SCH prevalence (> 50%), is required as part of this program. In 3 LGAs (Argungu, Augie and Ngaski) approximately 471,631 adults will be targeted for SCH through MDA.

Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA.

Inputs from key partners, governments and other stakeholders

Partner	History of work with Sightsavers	Role in the program
Ministry of Health, including the 6 States Ministry of Health	Partnership since 1995.	Coordination Implementing partner
Ministry of Primary Education	Sightsavers has been working with the Ministry of Primary Education through the MoH since 2015.	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH since 1995.	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH and STH)	Donor
Mission to Save the Helpless (MITOSATH)	Worked in collaboration as partners in the United program in other countries since 2013.	Local NGO Implementation partner in Taraba State
Communities	CDDs support MDA. Community led sensitization since 1995	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.

Sightsavers continues to work closely with State level MoH and LGAs and encourages their continued commitment to NTD programs. An example of this would be the financial contributions made towards State NTD units. These financial contributions support the planned MDA activities by strengthening health systems and by building human recourse capacity.

We are waiting to find out the results of an Ascend funded TAS (Transmission assessment survey) to find out if LF MDA is still needed in some LGAs in GiveWell funded states and other states. If LF MDA is halted there may be a future need for STH MDA beyond the lifetime of the Ascend program.