



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

Country: Cameroon

Location (region/districts): South-West, North-West, West, Far North, North, Littoral, East, Adamaoua

Duration of project: 3 years

Start date: April 2019

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 is supporting SCH / STH mass drug administration (MDA) in three regions of South West, North West and West Cameroon in 2018 with funding from GiveWell's quarterly payments.

Wishlist 3 will extend this support in existing implementation areas for an additional two years to help control SCH and STH in compliance with the National NTD Program policies.

We have divided the Wishlist 3 funding request into three priorities that constitute a nationwide program. Sightsavers will only expand cumulatively, i.e. each consecutive priority builds upon the ask of the previous priority.

Priority 1: SCH/STH MDA in our existing operational regions of West, North-West, and South-West.

Our current approach of using GiveWell's quarterly allocations is not sustainable. The funding available through quarterly allocations varies. To enable a well-planned program we need secured funding to ensure resources are allocated appropriately. We therefore request grant funding to continue implementation of the SCH/STH program in the West, North-West and South-West regions from April 2019 – Mar 2022.

Priority 2: SCH/STH MDA in North and Far North regions

The two northern regions are the second priority because Sightsavers' staff on the ground work in collaboration with HKI to support the MoH in the implementation of the trachoma programme (SAFE activities). Sightsavers' presence in these regions and our existing relationship with HKI means implementation of SCH/STH MDA would be feasible.

Priority 3: SCH/STH MDA in Adamaoua, East and Littoral (the remaining three regions requiring funding).

Funding these three regions would complete the nationwide program. Sightsavers does not currently work in these regions, but could coordinate a national-scale program through the NGO coordination group¹ of which we are a member. Sightsavers would then work in synergy with members of this group, key NTD policy makers and the national NTD control program.

Table to show prevalence and treatment schedule in program implementation areas

Region / District	SCH prevalence*	SCH treatment schedule	STH prevalence*	STH treatment schedule	Total population 2019 ²	Total SAC ³
North-West						
Ako	86.00%	Annual + adult	14.00%	Not required	48,312	12,078
Bafut	2.00%	Every 3 years	68.00%	Annual	53,524	13,381
Bali	0.00%	Not required	12.00%	Not required	27,376	6,844
Bamenda	2.00%	Every 3 years	6.00%	Not required	290,344	72,586
Batibo	0.00%	Not required	82.00%	Annual	82,230	20,558
Benakuma	4.00%	Every 3 years	22.40%	Annual	53,411	13,353
Fundong	0.00%	Not required	22.00%	Annual	123,785	30,946
Kumbo East	12.00%	Annual	12.20%	Not required	134,932	33,733
Kumbo West	0.00%	Not required	40.00%	Annual	93,372	23,343
Mbengwi	0.00%	Not required	12.50%	Not required	46,203	11,551
Ndop	0.00%	Not required	84.00%	Annual	207,200	51,800
Ndu	10.00%	Annual	8.20%	Not required	88,615	22,154
Njikwa	0.00%	Not required	10.00%	Not required	23,284	5,821
Nkambe	2.00%	Every 3 years	58.00%	Annual	119,463	29,866
Nwa	0.00%	Not required	58.00%	Annual	69,521	17,380
Oku	0.00%	Not required	40.00%	Annual	85,515	21,379
Santa	2.00%	Every 3 years	50.00%	Annual	88,008	22,002
Tubah	0.00%	Not required	4.10%	Not required	52,515	13,129
Wum	6.00%	Every 3 years	64.00%	Annual	110,956	27,739
South-West						
Akwaya	0.00%	Not required	48.89%	Annual via LF	63,995	15,999
Bakassi	0.00%	Not required	59.20%	Annual	7,016	1,754
Bangem	0.00%	Not required	16.00%	Not required	22,518	5,630
Buea	38.00%	Annual	41.70%	Annual	98,704	24,676
Ekondo Titi	82.00%	Annual + adult	94.00%	Annual	67,192	16,798
Eyumbojock	2.00%	Every 3 years	42.20%	Annual	42,156	10,539
Fontem	0.00%	Not required	84.00%	Annual	74,027	18,507
Konye	8.30%	Every 3 years	83.30%	Annual	66,554	16,639
Kumba	47.50%	Annual	73.90%	Annual	307,625	76,906
Limbe	0.00%	Not required	47.90%	Annual	148,039	37,010
Mamfe	0.00%	Not required	56.00%	Annual	82,579	20,645
Mbongue	82.00%	Annual + adult	22.00%	Annual	81,917	20,479
Mundemba	0.00%	Not required	35.30%	Annual	21,527	5,382
Muyuka	78.00%	Annual + adult	16.00%	Not required	94,391	23,598

¹ This consortium of NGOs emerged 1996 to enhance collaboration with the government in coordinating NTDs activities.

² Based on population projections

³ Based on estimated 25% of population

Nguti	18.00%	Annual	26.00%	Annual	34,741	8,685
Tiko	0.00%	Not required	21.30%	Annual	126,224	31,556
Tombel	0.00%	Not required	64.00%	Annual	64,420	16,105
Wabane	0.00%	Not required	84.00%	Annual	49,223	12,306
West						
Bafang	2.00%	Every 3 years	30.00%	Annual	107,992	26,998
Baham	1.00%	Every 3 years	18.00%	Not required	57,874	14,469
Bamendjou	0.00%	Not required	0.00%	Not required	49,345	12,336
Bandja	1.00%	Every 3 years	20.40%	Annual	37,444	9,361
Bandjoun	0.00%	Not required	18.40%	Not required	125,323	31,331
Bangangte	1.00%	Every 3 years	22.40%	Annual	102,036	25,509
Bangourain	1.00%	Every 3 years	16.00%	Not required	40,335	10,084
Batcham	1.00%	Every 3 years	14.60%	Not required	93,255	23,314
Dschang	0.00%	Not required	26.50%	Annual	238,987	59,747
Foumban	10.00%	Annual	4.00%	Not required	193,060	48,265
Foumbot	30.00%	Annual	8.00%	Not required	94,872	23,718
Galim	29%	Annual	14.00%	Not required	58,494	14,624
Kekem	7.00%	Every 3 years	42.90%	Annual	42,886	10,722
Kouoptamo	41.00%	Annual	2.00%	Not required	81,439	20,360
Malentouen	96.00%	Annual + adult	20.50%	Annual	171,886	42,972
Massangam	5.00%	Every 3 years	9.30%	Not required	50,766	12,692
Mbouda	1.00%	Every 3 years	14.90%	Not required	194,700	48,675
Mifi	1.00%	Every 3 years	13.80%	Not required	342,499	85,625
Penka Michel	1.00%	Every 3 years	34.80%	Annual	90,802	22,701
Santchou	0.00%	Not required	22.00%	Annual	31,746	7,937
				Total	5,457,155	1,352,219

* An impact survey undertaken during 2018 reassessed the prevalence of SCH and STH in the South-West, North-West and West. Project implementation will be based on these updated prevalence figures and their associated treatment schedule.

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.

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 Cameroon, please see the table below.

SCH endemicity	Cameroon MoH	WHO strategy ⁴
High risk ($\geq 50\%$)	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 three years	Treat SAC twice during their primary schooling years (every three years)

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

⁴ [Helminth control in school age children: a guide for managers of control programmes, Second edition, 2011, page 74-75](#)

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 3', 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 for SCH/STH 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 2⁵	Year 3	Year 4
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
Number of teachers trained on SCH/STH MDA	8,546	6,016	6,072
Number of health workers trained on SCH/STH MDA	983	983	983
Number of CDDs trained on SCH/STH MDA	1,548	1,548	1,548
Number of children aged children between 5-15 years treated for STH	596,758	612,273	628,193
Number of children aged children between 5-15 years treated for SCH	663,972	299,370	307,154
Number of adults treated for STH	-	-	-
Number of adults treated for SCH	154,566	158,586	162,708

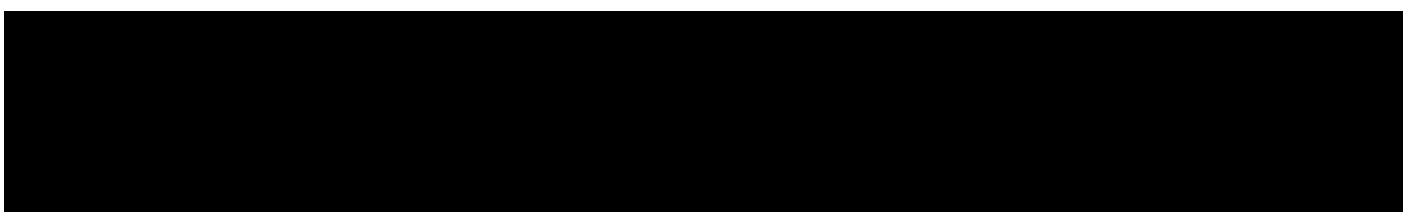
Priority 2: additional to priority 1	Year 2	Year 3	Year 4
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
Number of teachers trained on SCH/STH MDA	7,964	5,069	5,069
Number of health workers trained on SCH/STH MDA	1,512	1,512	1,512
Number of CDDs trained on SCH/STH MDA	-	-	-
Number of children aged children between 5-15 years treated for STH	1,088,713	1,117,020	1,146,062
Number of children aged children between 5-15 years treated for SCH	1,035,008	231,319	237,333
Number of adults treated for STH	-	-	-
Number of adults treated for SCH	-	-	-

⁵ Year 1 considered to be 2018 MDA funded by GiveWell quarterly grants

Priority 3: additional to priorities 1 & 2	Year 2	Year 3	Year 4
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
Number of teachers trained on SCH/STH MDA	6,171	3,604	3,604
Number of health workers trained on SCH/STH MDA	710	710	710
Number of CDDs trained on SCH/STH MDA	869	869	869
Number of children aged children between 5-15 years treated for STH	376,273	386,056	376,273
Number of children aged children between 5-15 years treated for SCH	883,256	334,230	342,920
Number of adults treated for STH	-	-	-
Number of adults treated for SCH	86,838	89,096	91,413

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. In recent years, teacher strikes and insecurity caused a heavier reliance on community based MDA than might normally be anticipated.

Monitoring and evaluation

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

A Quality Standards Assessment Tool, (QSAT), used to appraise a program's performance, will be scheduled to take place in 2019

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 Public Health	Partnership since 1996	Coordination Implementing partner
Ministry of Basic Education	Partnership since 2011	Coordination Implementing partner
Ministry of Secondary Education	Partnership since 2011	Coordination Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH	Will supply the quantity of drug requested by the MoH on time.
GiveWell	Supported program since 2017 (SCH and STH)	Donor
Communities	CDDs support MDA. Community led sensitization since 2011	Volunteer support Beneficiaries
Helen Keller International (HKI)	NGO partner since 1996	Implementing partner (Priority 2)
International Eye Foundation (IEF)	NGO partner since 1996	Implementing partner (Priority 2 and 3)
Perspectives	NGO partner since 1996	Implementing partner (Priority 2 and 3)

Other funding opportunities/fungibility

At the end of 2017, the USAID deworming funding was discontinued, leaving a large funding gap.

This drop in funding came at a time when the National NTDs program and other stakeholders had reoriented their strategic plan towards the control and elimination of SCH.

Of the SCH/STH endemic regions in Cameroon, only one (Centre) has been able to find funding to continue the deworming program.

Sightsavers continues to encourage the MoH to allocate funding to deworming; however, any additional support from the MoH will have limited geographic scope.