

Sightsavers Behaviour Change Communication Programme Cameroon

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

Year 1 annual report: January 2017 – March 2018

Country: Cameroon

Location: South-West, North-West and West regions

Duration of project: Three years

Start date: January 2017

Project contact name: Serge Akongo, NTDs Programme Manager

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

Project summary

This project is working to build the evidence base for the WASH Social Behaviour Change Communication (SBCC) as a MDA synergy in control transmission of SCH and STH in the West, North-West and South-West Regions of Cameroon.

The SCH and STH impact survey protocol was finalised and signed off in February 2018. The implementation of WASH activities directly in schools will begin in the third quarter of 2018. However, in light of changes detailed below, funds may be reallocated to support essential MDA in 2018.

Overview of SCH and STH in Cameroon

Sightsavers is supporting MDA to tackle SCH and STH in the three regions of South West, North West and West Cameroon with funding from Helen Keller International (USAID).

With GiveWell's support, our project approach is to promote social behaviour change communication (SBCC) and water, sanitation and hygiene (WASH) activities that will complement and build upon the SCH and STH MDA control programme also supported by Sightsavers.

The six health districts for the SBCC project will be chosen after the impact survey results have been analysed. SBCC and WASH activities will be used to reduce transmission of SCH and STH in these six health districts.

School based MDA is nationally preferred for the deworming of school-aged children (5-14 years) because of the high school enrolment rates, which are above 80%. Non-enrolled children are encouraged to attend school on treatment days through targeted sensitization and mobilisation activities.

In April/May 2017 a round of MDA took place. A school teachers strike in the North-West and South-West regions meant that house to house MDA was used to ensure that children received treatment.

This resulted in good therapeutic and geographical coverage rates. During community MDA, volunteer CDDs were directly supervised by Chief of Centres (COCs) and indirectly by Health District teams. Health Districts, regional and national teams of the Ministry of Health collected and analysed MDA data after each distribution campaign.

During the school based MDA, teachers trained in MDA were supervised directly by inspectors of basic education and health personnel at the health area and district level. The regional teams and the NGO staff were indirect supervisors and verified the data.

Project location: The project focuses on six districts in the South West, North West and West regions of Cameroon where SCH and STH are co-endemic.

Activity Narrative

With GiveWell funding a participatory planning workshop was held in Yaoundé in early August during which the parameters of the SBCC research project approach, under the guidance of Sightsavers' WASH adviser, were agreed. Participants were drawn from relevant sectors within the three targeted regions, including local government, WASH and health professionals. A further output of the planning workshop was the finalisation of the project documentation.

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The SBCC / WASH preparatory process continued in line with the logframe (submitted to GiveWell) throughout 2017 into the first quarter of 2018. The SCH/STH impact survey protocol was finalised and signed off in February 2018.

Security issues in anglophone regions of Cameroon flared up at the end of September 2017, culminating in the government calling a state of emergency in October due to violent clashes and bombings.

As of March 2018, there have been sporadic confrontations between the military and the separatists in some villages of South-West and North-West regions that led to some deaths amongst the agitators. Movements in and out of these areas are strictly controlled by the military and Sightsavers has until further notice forbidden the movement of its staff in insecure areas of the two regions.

In March 2018, the impact survey was completed in the West region. Due to security issues, this was undertaken by local trainees, supervised on the ground by the national NTD team and remotely by Sightsavers staff. The survey is on-going North West and South West regions.

Original Project outcomes focused on WASH (these may now change to MDA outcomes)

Outcome Indicator	Year 1 Jan 2017 - Mar 2018	
	Revised milestone year one	Achievements to date
% of schools with soap and clean water at a hand/face washing station in or near toilet(s) and accessible to all students.	*5%	Moved to year 2 and 3 subject to results of impact survey
% of schools with soap and clean water at a hand/face washing facility where food is consumed and accessible to all students.	*5%	
% of students wearing basic foot wear at school on a daily basis.	*10%	
% of population in endemic area who have basic knowledge of hygiene practices-including shoes wearing (STH prevention) and risk of open water bathing (SCH prevention).	*10%	
% of people observed to be practicing the desired hygiene behaviour.	*10%	
% of household where compound is free of human faeces.	*20%	

*Cameroon SBCC outcome milestones have been revised in line with recent WASH reporting findings across the rest of the GiveWell funded projects, which indicate a current lack of evidence of WASH reporting at district level.

Looking ahead to 2018

Sightsavers was supporting MDA to tackle SCH and STH in the three regions of South West, North West and West Cameroon with funding from Helen Keller International (USAID) and Sightsavers unrestricted funds. However, this funding is no longer available due to the withdrawal of funding. Sightsavers is currently in negotiations with the Ministry of Health to establish how much of the MDA activity they can contribute to and how much of a funding gap there is.

As our planned WASH activities are aimed at complementing SCH/STH MDA, if there is insufficient funding for a national MDA programme, Sightsavers suggests reallocating the GiveWell budget and the quarterly payments to fill MDA funding gaps in the first instance and continuing to support complementary WASH and SBCC activities where possible.

This decision can only be made once the impact survey results have informed the Ministry of Health which regions require MDA and therefore what proportion of the overall MDA budget the Cameroonian government can financially support.

The impact survey was completed in in the West region in March 2018. Data is currently being analysed and treatment decisions will be taken based on the results in May.

MDA is expected to take place in required regions in October/November 2018.