

Sightsavers deworming programme Guinea Conakry

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project

Year 1 annual report: January 2017 – March 2018

Country: Guinea

Location: Districts of N'zérékoré, Lola and Yomou, South East Guinea

Duration: Two years, January 2017 – December 2018

Start date: January 2017

Project contact names: Midiaou Bah, Alpha Bah

Project goal: The reduction in the prevalence and intensity of schistosomiasis (SCH) and soil transmitted helminths (STH) in school age children.

Project summary

The project has treated over 170,000 children for soil transmitted helminths and for schistosomiasis since January 2017. We have hugely exceeded project targets both for the number of treatments delivered and for the number of participating schools.

The delivery of this project in an area traumatised by the aftermath of Ebola was a huge challenge that was successfully overcome by highly skilled project staff. Extensive advocacy and education activities resulted in the engagement and participation of key stakeholders from the Ministries of Health and Education and to teachers and parents.

Project output summary

Output	Indicator	Year one target	Year one to date
Treat school aged children between 5-15 years for STH and SCH through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	145,810	*174,288
	Number of school age children between 5-15 years treated for SCH	145,810	174,288

* Includes 29,151 school aged children treated in Yomou. Yomou had a prevalence rate of just under 20%, however the Ministry of Health felt strongly it was important to treat this district.

Overview of SCH and STH in Guinea

SCH and STH are endemic in 31 and 17 Health Districts respectively, and co-endemic in a further 15. MDA for both diseases is largely supported by Helen Keller International (HKI) / ENVISION. However, an MDA gap existed in three Health Districts; N'Zérékoré, Lola and Yomou, which have the highest prevalence in the country. The prevalence in these districts for SCH is; N'Zérékoré 77.7%, Lola 79.2%, Yomou 70%, and for STH Nzerekore 54.7%, Lola 28.8% and Yomou 17.2%.

In 2017, funds from GiveWell supported MDA for SCH and STH in these three districts. The Ministry of Health made the decision to treat Yomou for STH despite being just under the recommended prevalence threshold of 20%.

SCH and STH primarily affect school age children (SAC). If collective efforts are not put in place, NTDs will continue to be a socio-economic burden that leads to under-development and persistent poverty.

Activity Narrative

MDA for SCH and STH was successfully completed in Guinea Conakry in May 2017.

Project staff kept to a tight schedule to implement MDA before the start of Ramadan (as treatment must be taken on a full stomach) and the closure of schools for the summer break. Despite time constraints, the team's meticulous planning resulted in the successful completion of project activities.

The school health unit data was used as a baseline for the number of schools in indicator 1.4 in our project logframe during the planning stage. During implementation in the field, this figure was found to be an underestimate and more schools were reached. Hence the target achieved being more than double what was expected.

The Ministry of Health felt strongly it was important to treat Yomou for STH despite being just under the recommended prevalence threshold of 20%. We have included this area outputs in the project's treatment numbers.

To validate the MDA data a Treatment Coverage Survey (TCS) was conducted. It included questions on whether treatment was taken, where, sensitization activity, and knowledge about SCH and STH. Data was collected on Android mobile devices.

Education activities on the benefits of MDA ensured strong buy in from parents and communities. The launch ceremony of the mass drug distribution activity at district level was the first successful promotion of MDA, followed by radio spots, town criers, the mobilisation of religious leaders and mobile sound system announcements. (Optimal treatment coverage above the World Health Organisation recommended minimum standard of 75% will only be achieved if people understand the benefits of MDA).

Results against targets to date (January 2017 – March 2018)

Output	Indicator	Year 1 target	Year 1 to date
Train health staff, community members and teachers to deliver SCH/STH MDA to schools and endemic communities	Number of teachers trained on SCH/STH MDA	673	670
	Number of health workers trained on SCH/STH MDA	64	64
	Number of CDDs trained on SCH/STH MDA	365	368
	Number of schools training at least one classroom teacher on school MDA.	252	559
Treat school aged children between 5-15 years for STH and SCH through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	145,810	*174,288
	Number of school age children between 5-15 years treated for SCH	145,810	174,288
	Number of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	1	1
Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH.	Number of advocacy meetings conducted with stakeholders on SCH/STH Interventions.	2	2
Data on hand washing and latrine facilities in schools available at operational level.	Proportion of LGAs reporting on government collected indicators on hand washing and latrine facilities in schools.	33%	**0%

* Includes 29,151 school aged children treated in Yomou. Yomou had a prevalence rate of just under 20%, however the Ministry of Health felt strongly it was important to treat this district.

**The project gathered data on the number of districts reporting WASH indicators, none as yet are doing so. Our future work in this area will continue to encourage cross-sectoral coordination and advocate for a complementary approach.

Treatment coverage rates

The immediate post MDA reported coverage rate of 102% was found to be artificially high. This was because the project's treatment target was underestimated due to the use of inaccurate population estimates as a baseline. The TCS results, of 58% coverage from community based MDA, and 70% coverage from school based MDA, are more likely to accurately reflect the project achievements.

Outcome Indicator	Year 1 Jan 2017 - Mar 2018		
	Milestone Y1	Achievements to Date	Comments
% of all targeted school aged children treated with praziquantel for SCH (ultimate threshold at least 75%).	50%	102%	The target was underestimated due to the use of inaccurate population estimates as a baseline. *
% of all targeted (a) school aged children treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%).	50%	102%	The target was underestimated due to the use of inaccurate population estimates as a baseline.*
% of existing schools among targeted health districts participating in the school deworming programme.	100%	166%	336 schools was primarily identified. The MDA figures found 550 schools.

* The population denominators come from the 2014 general census by the Ministry of Planning, to which the annual rate of increase has been applied.

Key successes:

- The sensitisation activities successfully engaged local communities in MDA and treatments were accepted by parents and children; during the Ebola crisis there was a huge mistrust of health workers. For example; in Guinea's South Eastern forest region some terrified villagers shut off their communities to medical workers, even blocking roads and downing bridges. Project staff have worked hard to overcome this culture of mistrust and the project's high uptake of treatments is testament to the quality of the sensitisation activities.
- Exceeding SCH treatment targets by 28,478 school aged children.
- Sightsavers project staff successfully advocated for the inclusion of the SCH and STH deworming project for the three districts in the national integrated plan. This raises the profile of deworming work and ensures nationwide efforts are coordinated.
- The integration of neglected tropical disease MDA activities over the entire country considerably reduced the project cost in terms of training, community and school education and supervision. As a result the project is showing increased value for money.
- The occurrence of side effects was reduced due to the successful school education activities promoting the importance of taking treatment after food.

Key challenges:

- There was some difficulty in differentiating data for children treated at school and in the community. In 2018, data collection tools will clearly define separate targets for enrolled and non-enrolled school aged children
- The immediate post MDA reported coverage rate of 102% was found to be artificially high. This was because the project's treatment target was underestimated due to the use of inaccurate population estimates as a baseline.
- As recommended by the government, health programs use denominators from the 2014 general census by the Ministry of Planning, to which the annual rate of increase has been applied. To minimize this problem for the 2018 MDA, the target for 2018 will be based on the number of people treated in 2017.

Project monitoring and coverage survey activity

- The treatment coverage survey was conducted in N'Zérékoré district in June. 30 villages were randomly selected proportional to their population and segmented. 778 children aged 5-14 years were surveyed in 322 households.
- Results from the TCS were equivocal and did not allow the program to validate the reported administrative coverage. The TCS found 58% of all targeted school aged children were treated but when stratified by whether a surveyed child was enrolled in school, this rate increased to approximately 70%. In both cases we have exceeded our Y 1 milestone of 50% coverage rates. We are now working to improve data collection tools to ensure a better quality TCS survey following 2018 mass drug administration.
- The full TCS report has been published (and shared with GiveWell) and includes recommendations for the improvement of MDA in 2018.
- A QSAT (Quality Standard Assessment Tool) was conducted in December 2017.

Lessons learned

Better understanding of the baseline population estimates and the early identification of the correct number of schools to include in MDA planning, have been recognised as crucial for accurate target setting.

Plans to address the project's key challenges and QSAT recommendations have already been put in place. These improvements will increase the impact of a successful project even further in 2018.

Looking ahead to 2018

As per our project plan, we will expand SCH MDA activities in 2018 to include five additional health districts in need of treatment; Fria, Coyah, Dubreka, Matoto and Ratoma. Two of these districts are urban. MDA in urban areas is new for Sightsavers in Guinea and different delivery methods are needed. For example, more education is needed in urban areas as people request more detailed information before agreeing to accept treatment.

In the urban areas, school based treatments should proceed well, due to high enrolment rates in urban areas, but house to house delivery can be challenging due to people not working near their residence.

In 2018, utilising GiveWell funding for year 2, we will continue to support SCH and STH treatments in N'Zérékoré, Lola and Yomou, as well as, support SCH treatments in the additional five health districts.