



16.1 Descriptions of current work on STH and schistosomiasis programs in each country of operation, including information about Sightsavers' partnerships with governments and NGOs and details about the distribution process (e.g., community-based or school-based, etc.).

Introduction

Sightsavers is pleased to present this document outlining descriptions of current 2016 work on STH and schistosomiasis within Sightsavers' programs. This includes mass drug administration programs in **Nigeria, Cameroon**, a **multi-country** school based deworming and vision screening program in partnership with the Partnership for Child Development supported by the World Bank, and a research program in **Ghana**. We have also included summary information on our mass drug administration program in the **DRC** which during 2015 and 2016 has incorporated mass drug administration support for STH and schistosomiasis.

Sightsavers is one of the world's leading non-profit organizations dedicated to combating avoidable blindness and promoting equal opportunities for people with disabilities in developing countries. We work with local partners in over 30 countries in Africa, Asia and the Caribbean, restoring sight through specialist treatment and eye care. We also support people who are irreversibly blind by providing education, counselling and training.

We have long been committed to the elimination of devastating neglected tropical diseases (NTDs). Sightsavers' earliest work was in Ghana in the 1950s, where our Founder Sir John Wilson, Dr Geoffrey Crisp and Dr Freddie Rodger initially led the first ever surveys into the extent and transmission of river blindness and the introduction of rehabilitation services for people who are irreversibly blind. Sightsavers has also been involved in the control of trachoma since 1952, working with partners in 35 countries.

We were recently nominated by a group of organizations with expertise in the fields of NTDs and water and sanitation to lead a global project to map trachoma. This was the largest infectious disease survey ever undertaken and the project came to a close in 2015 as the 29th country was mapped. **In 2015 alone, we supported the delivery of 140 million NTD treatments both through our lead on major coalition grants and independently.**

Frontline program delivery

Sightsavers has a strong in-country presence in each of the countries we work in. Sightsavers has country offices in 24 countries led by experienced Country Directors and supported by teams of expert staff. Where we do not have an established country office, Sightsavers' staff are embedded with the partner organization. Please see the map below detailing where we work.

Sightsavers has Memorandums of Understanding in place with Ministries of Health in the countries we work in and Sightsavers staff teams work in direct collaboration with Government ministry staff and partner organizations on all program activity. Sightsavers works closely with frontline service delivery teams and is in a unique position to influence and advocate effectively to Government partners.

Sightsavers' countries of operation are grouped into four regional management groups ECSA, West Africa, South Asia and India (which has its own board and CEO). As of 31 December 2015, Sightsavers had 463 employees globally.

Where we work



Sightsavers' Impact

In 2013 Sightsavers' supported 34 million ivermectin treatments representing 34% of over 100 million partial treatments administered in Africa. In the same year, we supported 44 million ivermectin and albendazole treatments representing 39% of the 114 million treatments administered in then-APOC supported countries.

Where we support NTD and deworming programs

As detailed in document 6.1, Sightsavers takes an integrated approach to NTD elimination, as it is the most cost-effective, efficient and sustainable approach. Sightsavers has well established programs supporting the elimination of river blindness, trachoma and lymphatic filariasis (LF), and is leading efforts to scale up integrated treatments where needed, and to integrate deworming where possible. We integrate deworming into programs where we are able to meet two key criteria:

1. That evidence from mapping on co-endemicity with other NTDS demonstrates that it is desirable and feasible to integrate deworming, thus improving quality of life and school attendance, as well as equitable access to medicines and the cost-effectiveness of the program.
2. That Sightsavers is able to source the funding required to integrate deworming into the program. Like many NGOs, Sightsavers' unrestricted income is under substantial pressure and is subject to competing priorities. We are therefore better able to integrate deworming activities into programs if we have restricted funding available for deworming activities. This is a key reason why the support of GiveWell would make a significant difference to our ability to deliver deworming activity on a larger scale.

The following pages outline current programs in Nigeria, Cameroon, DRC, Ghana, and a multi-country program supported by the World Bank.

1. Nigeria



Volunteer community drug distributors in Zamfara state, Nigeria. May 2016.

The control and elimination of NTDs in Nigeria will have significant impact on global disease prevalence given that one in five Africans are Nigerian. It is estimated that 27 million Nigerians need protection from river blindness, 22 million people are already infected with LF, 27 million need protection from trachoma, 26 million need protection from soil transmitted helminths (STH) and 42 million need protection from schistosomiasis.

Sightsavers partnership with the government

Sightsavers' Nigeria country office is based in Kaduna with 35 staff, led by Country Director Sunday Isiyaku. Sightsavers also has a small annex office in the capital city of Abuja. The Government of Nigeria is responsible for program implementation in Sightsavers-supported state programs. Training on mass drug administration (MDA) is cascaded, with the Federal Ministry of Health supporting the training of the State NTD Teams, who in turn train the local government area (LGA) NTD teams. The LGA teams train the frontline health facility workers who train the community directed drug distributors. Supply of drugs flows through the same levels. Similarly, monitoring of MDA follows through the same channels and cascaded monitoring is undertaken. Reporting flows from the community level up to the federal level. NGO staff in all states provide technical support and conduct targeted monitoring and supportive supervision.

Sightsavers supports the national and state NTD teams for better program coordination at various levels. Support is also provided to the National NTD Steering Committee which provides a forum for discussing the overall strategic direction for the national NTD program. At the local government area level Sightsavers has facilitated the establishment of NTD Task Force committees which has improved ownership of the program.

Details about the distribution process

Sightsavers' supported projects operate through Ministry of Health structures. STH and schistosomiasis program activities are focused upon morbidity control through distribution of preventative chemotherapy treatment including Praziquantel and Mebendazole, targeted at school aged children (aged 5 – 15 years) and other at risk populations. The Federal Ministry of Health orders drugs from drug donation programs, through the World Health Organisation,

with inputs on drug requirements from partners. On shipment, drugs are initially delivered to National Central Medical Stores in Lagos. Drugs are then distributed to Sightsavers-supported State Ministry of Health Central Medical Stores, and through the health system to local government area medical stores for delivery in Sightsavers' target areas. Programs use WHO treatment guidelines for drug distribution based on endemicity of each disease and areas are treated annually, biennially or every three years. Drugs are distributed to beneficiaries through the primary health care centers and schools servicing the communities.

Prior to mass drug distribution each state project holds planning meetings with stakeholders to plan treatment activities, advocacy and sensitization activities, training of health workers and teachers and monitoring and supervision. Sightsavers and the state NTD teams engage with the Ministry of Education and Qur'anic and Basic Education Boards to plan and deliver teacher training. Meetings are held with religious leaders to agree strategies for reaching Qur'anic schools and the distribution process. Training builds teachers and health workers capacity to administer the drugs, report treatments and treat or refer serious adverse events. Supervision of training is carried out at all levels to ensure that correct messages are given.

Both mass drug administration and behavioural change communication activities are carried out together as school based activities. In communities where school enrolment numbers are low, drugs are distributed to out-of-school children in the community and/or in non-formal schools, including Qur'anic schools. Awareness creation and community mobilization activities are carried out through the use of television and radio promotions, distribution of printed materials and community health education sessions.

Monitoring and supportive supervision of all activities are provided by health workers, state and LGA NTDs teams, staff of the Ministry of Education, Sightsavers and the Federal Ministry of Health to ensure quality. The state projects collaborate and engage with water, sanitation and hygiene (WASH) stakeholders to provide and sustain WASH facilities. During supervision, cases of severe adverse events (SAE) are reported to doctors who are on standby in some targeted areas to manage cases of SAE.

Descriptions of current work on STH and schistosomiasis

Sightsavers submitted detailed program information on our integrated NTD projects in Nigeria in our Phase 1 application to GiveWell in 2015, with a focus on scale up possibilities for STH and schistosomiasis in four states we currently operate in and one state we would like to scale up to in the future.

The following information provides a summary update on our integrated NTD work in Nigeria since our phase 1 proposal was submitted to GiveWell.

2015 outputs and expenditure on four state projects

The four projects Sightsavers submitted information on to GiveWell in May 2015, Kebbi state, Kogi state, Kwara state and Sokoto state, all took place as planned.

The projects all achieved close to target outputs:

State	2015 – Number of people treated for trachoma (via MDA)*	2015 – Number of people treated for oncho (via MDA)	2015 – Number of people treated for LF (via MDA)	2015 – Number of people treated for STH (via MDA)	2015 – Number of people treated for schisto (via MDA)
Kebbi	-	268,232	1,961,272	-	401,391
Kogi	-	3,922,502	2,910,196	417,593	197,036
Kwara	-	1,469,238	1,270,923	162,553	156,701
Sokoto	-	41,330	2,169,279	-	498,341

*Please note no trachoma treatments were recorded in 2015 in Kebbi and Sokoto as Sightsavers did not receive a donation of Zithromax required due to production delays.

The projects incurred expenditure broadly in line with plans:

State	2015 - budget plan (USD)	2015 actual expenditure (USD)
Kebbi	\$160,733	\$174,646
Kogi	\$112,427	\$157,439
Kwara	\$91,511	\$97,660
Sokoto	\$138,935	\$160,732

2016 plans and budgets on four state projects

Looking forward, 2016 budget expenditure for the onchocerciasis and LF elements of these four state programs is now expanded due to securing a new grant through the UKAID match program run by the UK government's Department for International Development. This funding is for three years, 1 April 2016 – 30 March 2019, and will support the scale up of onchocerciasis and LF activities specifically in the four states¹.

This is particularly good news for our onchocerciasis work in these areas as the African Programme for Onchocerciasis Control (APOC), who supported river blindness elimination in Nigeria, closed on 31 December 2015, creating a need for further resources in the final push for river blindness elimination. Please see the separate note on page 6 on the closure of APOC.

Output targets for 2016:

State	2016 – Number of people targeted for trachoma treatment (via MDA)	2016 – Number of people targeted for oncho treatment (via MDA)	2016 – Number of people targeted for LF treatment (via MDA)	2016 – Number of people targeted for STH treatment (via MDA)	2016 – Number of people targeted for schisto treatment (via MDA)
Kebbi	494,570	1,028,657	2,639,823	-	659,589
Kogi	-	2,710,483	1,596,935	1,111,034	420,020
Kwara	-	1,959,229	1,085,772	674,054	162,526
Sokoto	2,115,644	47,278	2,620,212	-	952,940

Budget plans for 2016:

State	2016 budget in total	2016 budget supported by Aid Match	2016 Budget supported by other donors	2016 budget remaining to fund
Kebbi	£237,479	£185,044	£28,999	£23,436
Kogi	£178,764	£133,718	£23,238	£21,808
Kwara	£162,939	£131,124	£0	£31,815
Sokoto	£289,627	£185,645	£74,154	£29,828

Please note:

1) budget figures for four state projects are presented as planned on 23 June 2016, and are subject to change.

2) 2016 budget supported by Aid Match is contributing to costs of oncho and LF program activity.

¹ Further Aid Match funds are also supporting onchocerciasis and LF program activity in Uganda, Guinea Bissau and the DRC.

New funding partner for Sokoto state

- We secured further new funding for the Sokoto State integrated NTD program from the Jersey Overseas Aid Commission, who will support the programme with a grant over three years from January 2016.
- The Sokoto state project was featured in the Guardian newspaper online on 10 June 2016, with a focus on the trachoma aspect of the project:
<http://www.theguardian.com/global-development/gallery/2016/jun/10/nigeria-trachoma-project-helping-prevent-blindness-in-pictures>

UNITED project – 2015 activities

The Sightsavers led-UNITED consortium is a four year program aiming to control NTDs in five states in Northern Nigeria, including blinding trachoma, schistosomiasis, lymphatic filariasis (LF), onchocerciasis and soil transmitted helminths (hookworm, whipworm and roundworm). Fully funded by the UK Government DFID, the UNITED program is making concerted efforts to ensure women participate actively in all program activities through the mobilization of women's groups and involvement of women in capacity building activities. Treatment data collection tools are disaggregated by gender to ensure treatments are delivered in a targeted manner.

Sightsavers leads the program and partners include CBM, Helen Keller International and MITOSATH. The program has scaled up its reach from one to five states in Nigeria, and has undertaken successful mobilization in the five states of Zamfara, Kaduna, Niger, Kano and Katsina. This covers 20% of Nigeria's entire population. Sightsavers is directly supporting implementation in Zamfara and Kaduna.

This geographic expansion over the last 12 months demonstrates the depth of UNITED's integration with the Federal and State Ministries of Health. The consortium is delivering a high level of integration and partners are working extremely well with State Ministries of Health to support sensitization and set-up/delivery in new states.

In 2015 two Local Government Areas in Zamfara State achieved specific NTD criteria for stopping treatment for trachoma, demonstrating program effectiveness and clear progress towards elimination. UNITED carried out impact assessments which revealed a significant reduction in the prevalence level for trachoma and both LGAs have since moved to surveillance status and MDA has stopped.

2015 (January – December) output figures

State	2015 – Number of people treated for trachoma (via MDA)	2015 – Number of people treated for oncho (via MDA)	2015 – Number of people treated for LF (via MDA)	2015 – Number of people treated for STH (via MDA)	2015 – Number of people treated for schisto (via MDA)
Kaduna (program activity supported by Sightsavers)	-	2,143,246	3,080,283	991,200	659,900
Zamfara (program activity supported by Sightsavers)	44,026	256,902	3,060,517	-	-
Niger, Kano and Katsina (program activity delivered by partner NGOs)	-	3,812,612	15,177,920	2,213,544	2,186,657

Conclusion of CIFF-funded mapping program for STH and Schistosomiasis

With the support of the Children's Investment Fund Foundation (CIFF), DFID and USAID, 19 states and the federal capital territory were mapped for schistosomiasis and STH from November 2013 to May 2015. CIFF provided funding to map 14 states and the remaining states were supported by the DFID funded Global Trachoma Mapping Project, RTI/ENVISION project and Sightsavers. Findings from the survey showed that all 19 States and the federal capital territory are endemic for schistosomiasis or STH and in some cases both. This provides vital evidence for improved strategic planning for schistosomiasis and STHs integrated disease control and elimination in Nigeria.

This innovative project transitioned from the use of paper-based questionnaires to electronic data collection tools, using android-based smart phones and a cloud server platform. This enhanced data collection, enabled timely data submission and improved reporting as well as security. All six states where Sightsavers supports project interventions have been surveyed for schistosomiasis and STH and this valuable data is now being used for the planning and scale up of treatment in endemic LGAs - 102 LGAs were found to qualify for schistosomiasis treatment and 50 for STH treatment:

State	No. of local government areas with endemicity for schistosomiasis	No. of local government areas with endemicity for STH
Kaduna	23	15
Kebbi	21	2
Kogi	7	18
Kwara	15	12
Sokoto	22	3
Zamfara	14	0

Closure of African Programme for Onchocerciasis Control (APOC)

APOC was set up in 1995 to coordinate efforts to control onchocerciasis. It was decided APOC would close on 31 December 2015 because its mandate had been successfully achieved as we are now looking one step further, to elimination. APOC was largely responsible for providing technical and financial assistance for regular surveys to determine river blindness prevalence. Sightsavers now needs to scale up surveillance and monitoring activities in our river blindness programmes. The successor to APOC was launched by the WHO in May 2016, named ESPEN: The Expanded Special Project for Elimination of Neglected Tropical Diseases <http://www.afro.who.int/espen>. The new entity will promote an integrated approach to tackling five NTDs; river blindness, LF, trachoma, schistosomiasis and STH.

2. Cameroon



Community directed drug distributor Paul Mbang distributes Mectizan[®] to little Boris Ndangsi as part of Sightsavers' integrated NTDs program in Bamenda, North West region, Cameroon.

Cameroon extends from an area of tropical rainforest along the West African coast, through savannah to semi-desert in the north. Economic growth is hampered by poor infrastructure and an unstable business environment, and as such, poverty rates remain high at 37.5%. One percent of the population are estimated to be blind with little access to limited health care services. All five NTDs supported by Sightsavers are prevalent in Cameroon, including onchocerciasis, LF, trachoma, schistosomiasis and STH.

NTD mapping was completed in Cameroon in 2012, and goals are established to eliminate trachoma and LF by 2020, and to eliminate river blindness by 2025. Of Cameroon's 181 health districts, LF is endemic in 158 districts, river blindness is endemic in 111 districts, trachoma is endemic in 47 districts, schistosomiasis is endemic in 134 districts and STH is present in all 10 regions.

About our integrated NTD program in Cameroon

Sightsavers' country office is based in Yaoundé with 11 staff, led by Country Director Joseph Oye. Sightsavers has supported school based mass drug administration as part of integrated NTD programs in three regions of Cameroon since 2011, South-West, North West and West. This activity is currently funded by USAID through the NGO Helen Keller International. Sightsavers' integrated NTD program work is organized into four projects, South-West 1, South-West 2², North West and West. Our aim with all projects is to eliminate

² Please note our work in the South West region is divided into two projects as historically they have been taking place for different periods of time. Rapid epidemiological mapping of onchocerciasis was conducted in 10 out of 18 health districts of the South West from 1998-1999 to create the South West 1 project. Following this, due to hyper endemicity of onchocerciasis and Loasis, a separate Rapid epidemiological mapping of onchocerciasis took place in 1999-2000 in the remaining 8 districts and the South West project was created. This has continued to ensure better coordination of project activities even after the establishment of the integrated NTDs Program in 2011. The oncho, STH and LF map of South West region is designed to cover 18 health districts partitioned into two projects.

four NTDs, onchocerciasis, lymphatic filariasis, schistosomiasis and STH, as public health problems in targeted health districts.

Other regions of Cameroon are supported by other NGOs who we work in partnership with including Helen Keller International in four regions (Centre, East, North and Far North regions), the International Eye Foundation in two regions (Adamaoua and South regions), and Perspective (a local NGO) in one region (Littoral region). Please note that Helen Keller International is the main grantee for USAID funds supporting mass drug administration activity in all regions of Cameroon.³

Sightsavers partnership with the Government of Cameroon

Sightsavers Cameroon has partnered with the Ministry of Public Health (MoH) since 1996, with our early work focused on the fight against onchocerciasis in Cameroon. This work comprised of a community-based onchocerciasis control project in Haute Sanaga Division, Centre Region. Following the advent of the African Programme for Onchocerciasis Control (APOC) and the Community Directed Treatment with Ivermectin (CDTI) strategy, Sightsavers expanded program activities to the South West and North West regions in 1998 and 2003 respectively. In 2003, in order to ensure that NGOs had a regional focus, the Haute Sanaga Project was ceded to Helen Keller International.

With the strategic orientation taken by the MoH to eliminate the five preventative chemotherapy treatment NTDs (onchocerciasis, LF, schistosomiasis, STH and trachoma), Sightsavers signed a new framework agreement with the MoH in 2010 in order to ensure full support to integrated NTD projects. In 2013, the West region project was handed over to Sightsavers after The Carter Center ceased activity in the region. Today, Sightsavers continues to support the MoH integrated NTD control activities in South West, North West and West regions, touching the lives of a total population of more than 4,500,000 in 57 health districts.

On an annual basis, a fixed obligation grant agreement is signed with Helen Keller International (USAID grantee) for implementation of regional program activities with USAID funds. Agreements are also signed with regional delegation teams to ensure fulfilment of annual obligations. The MoH plays the lead role coordinating NTD control activities nationwide. The staff, infrastructure and institutions involved in program implementation belong to the MoH. The director of disease control within the MoPH coordinates NTD program activities with a sub-department for NTDs, located within the Department of Diseases, Epidemics and Pandemic Control.

Ownership and integration of Sightsavers-supported projects by Government ministries both at central and local levels is vital to their success and sustainability, and Government ministries have been actively involved in the projects since their design and inception. Sightsavers' training activities are focused on training of government health personnel, who are employed as civil servants and carry out project activities

Program staff are supported to develop competences and skills through trainings and workshops. Experts within the MoH and other partner government institutions, including the University of Buea and University of Yaounde are actively involved in operational research and impact/transmission assessment studies.

Details about the distribution process

The Government of Cameroon is strongly engaged in the fight against NTDs. A national Master Plan for integrated control of NTDs was launched in October 2012 with specific elimination targets⁴. There is currently high momentum and commitment to move from

³ Funds do not support all activities, for example advocacy, community sensitization and post treatment surveys are not included.

⁴ Targets include the elimination of LF and trachoma by 2020 and the elimination of river blindness by 2025.

control to the elimination of STH in Cameroon and to move forward the fight against schistosomiasis. To achieve this, the national approach is inclusive and involves a wide range of stakeholders from Government sectors (Ministry of Health, Ministry of Basic Education, Ministry of Secondary Education), non-governmental organizations and communities.

Mass drug administration of Mebendazole and Praziquantel (in schistosomiasis endemic areas) takes place nationwide through schools and training institutions once a year. This is spearheaded by a large-scale sensitization and mobilization campaign during which all stakeholders are mobilized. Drugs are distributed to school aged children (5-15 years old) by school teachers, who have been previously trained by health staff. Supervision and monitoring are ensured by national and regional NTD coordination teams and NGO staff.

Disease prevalence

Please see the table below for the number of health districts endemic for each NTD in each Sightsavers-supported region:

Regions	Oncho	LF	STH	Schistosomiasis	Trachoma
North West (19 health districts)	19	19	19	3	0
South West (18 health districts)	18	16	18	5	0
West (20 health districts)	20	16	20	3	0
Total	57	51	57	11	0

Highlights and outputs of our work in 2015

Our goals are the same for all four regional projects:

1. To treat at least 80% of the total population and 100% of endemic communities with Mectizan[®] and albendazole, as well as school aged children (5-15 years) with mebendazole and praziquantel annually.
2. To enforce positive behavioural attitudes towards NTD control and elimination.
3. To continuously improve the knowledge and capacity of health workers and Community Directed Distributors in all targeted health districts in each region.
4. To ensure effective participation and ownership of the implementation of key activities by the communities involved in the program.

Please note Sightsavers also supports trachoma activities as separate projects, in the North and Far North regions of Cameroon

- School based mass drug administration was organized in all regions in May 2015:

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
No. of school aged children treated for schistosomiasis (1)	83,570	159,227	86,717	12,548
No. of school aged children treated for STH	1,789,512	2,100,320	986,110	351,948
No. of schools reached with mebendazole	2,675	2,554	822	755
Therapeutic coverage (2)	94% (49.3% of children treated girls)	98.6% (49.5% of children treated girls)	95.7% (50.3% of children treated were girls)	97.2% (49.5% of children treated were girls)

- Sightsavers has targeted the distribution of praziquantel in 12 health districts which require it (out of the 57 health districts we support in total):
 South-West 1: Buea, Kumba and Mbonge health districts
 South-West 2: Ekondo-Titi health district
 North-West: Ndu, AKO and Kumbo East health districts
 West: Fouban, Foubot, Galim, Kooouptamo and Malentouen health districts
- Sustained treatment coverage of above 90% has been reported for the past five years for school based MDA.

Please note: In North West region, the number of school aged children treated was exceeded as intensified sensitization and mobilization at community level enabled us to reach children not enrolled in school.

- We supported a fully integrated program with community based mass drug administration for onchocerciasis and LF:

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
No. of people treated for oncho via MDA	1,255,236	1,701,152	790,493	297,605
No. of people treated for LF via MDA	1,255,236	1,399,105	790,493	251,397
Treatment coverage for community MDA	82.4%	82.4%	80.1%	82.2%
Geographical coverage	100%	100%	100%	100%

- Training of health workers and volunteer community directed drug distributors took place in all regions:

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
No. of CDDs trained on how to conduct census, MDA, community sensitization and mobilization.	7,200	8,967	2,847	1,690
Capacity building of district staff and front line health facility nurses on mhealth and routine aspects of NTD control	38 district staff 246 front line health facility nurses	40 district staff 325 front line health facility nurses	20 district staff 99 front line health facility nurses	16 district staff 52 front line health facility nurses

- The overall refusal rate dropped year on year in all regions:

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
Refusal rate decline from previous year	54.6%	11.4%	48%	5.1%

- We supported a wide program of community awareness activities to encourage communities to accept treatment. Activities included trainings and community meetings:

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
No. of community meetings that took place	227	238	74	42

- Mhealth has been piloted in two regions and was used to monitor census and drug distribution, enabling quality campaign monitoring and timely data transmission. (Please see Sightsavers document submission 4.1 for a detailed description of our Mhealth activity).

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
No. of health districts Mhealth used in	227	n/a	74	42

Please note: Mhealth is not implemented currently in the West region project.

- Community participation is observed at every stage of program implementation. Community representatives took part in planning meetings at national, regional and district level. At health area level, community meetings were held before the campaign began. This led to increased community awareness and ownership of the program so communities understood their roles and responsibilities during MDA.

Looking ahead 2016 output targets include:

Description	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
People treated for oncho/LF with Mectizan [®] /albendazole	1,000,000 <i>(target population 1,238,525)</i>	1,000,000 <i>(target population 1,597,221)</i>	500,000 <i>(target population 804,672)</i>	250,000 <i>(target population 288,696)</i>
Children treated for schistosomiasis with praziquantel	80,000 <i>(target population 86,366)</i>	130,000 <i>(target population 84,656)</i>	60,000 <i>(target population 88,971)</i>	10,000 <i>(target population 12,873)</i>
Children treated for STH with mebendazole	500,000 <i>(target population 540,000)</i>	600,000 <i>(target population 510,181)</i>	160,000 <i>(target population 200,702)</i>	90,000 <i>(target population 103,165)</i>
Number of communities treated with Mectizan [®] and albendazole	1,240	2,700	792	575
Health personnel trained	260	234	106	50
CDDs trained	6,000	10,500	3,000	2,000
Community chairmen trained	245	234	84	48

2016 project budgets:

	North-West region (19 health districts)	West region (20 health districts)	South-West 1 (10 health districts)	South West 2 (8 health districts)
2016 budget	\$184,427 (£120,936)	\$202,947 (£133,080)	\$122,300 (£80,197)	\$78,979 (£51,790)

Coverage surveys

A coverage survey took place in January 2016 focused upon oncho and LF drug distribution. Results were broadly in line with those reported during the campaign in the North West and West regions. However, differences were identified in two out of 20 health districts in the West region. The survey investigated the causes and in-depth and provided recommendations which are now being implemented. Looking ahead, we plan to undertake one further post treatment coverage survey in 2016 on MDA community coverage for onchocerciasis and LF. Further ahead we hope to implement a comprehensive survey for school based MDA for STH and Schistosomiasis in Sightsavers-supported regions in 2017 in liaison with the national program.

Future need

As noted above, all the regions in Cameroon receive support for school based mass drug administration. STH and schistosomiasis activities in Sightsavers targeted regions are

benefiting from the extensive experience gained by Sightsavers staff in its work in Cameroon since 1996. Supervision and monitoring visits have enabled us to identify that although distribution of praziquantel is very well organized in the targeted areas, attitudes and behaviour favouring transmission of schistosomiasis are still present. There is therefore a need to also give further priority to promoting behaviour change communication and activities. A further challenge faced by the national program is the lack of resources for project evaluation and impact surveys, which are now needed.

3. DRC



Volunteer Community Drug Distributors in Katanga Sud region

About our integrated NTD program in the DRC

Sightsavers has been supporting an onchocerciasis elimination project in the Democratic Republic of the Congo (DRC) since 2011, supporting the community directed distribution of Ivermectin (CDTI). Our project operates in three areas of Lubutu Nord in Maniema province, Ituri Nord in Oriental province and Katanga Sud in Katanga province. Sightsavers provides support for this work through the United Front Against Riverblindness (UFAR) – a US-based non-profit organization established in 2004, which has been involved since 2006 in the control and elimination of onchocerciasis in DRC. Through established agreements Sightsavers has been providing support to UFAR to support the CDTI projects of Lubutu and Ituri Nord since 2011 and the CDTI project of Katanga Sud since 2013. All three projects are targeted for the elimination of onchocerciasis by 2025.

During 2015, we were additionally able to support 17,317 treatments for STH and schistosomiasis in the Ferekeni area of Lubutu, in partnership with Schistosomiasis Control Initiative (SCI). Sightsavers will support this mass drug administration for one final year in 2016.

Context

Onchocerciasis is endemic in all 11 provinces of the DRC, with an estimated 32 million people (45% of the population) living in disease endemic areas. The DRC's national river blindness control program supports work in 21 areas and forms part of the DRC national NTD program which is preparing to extend its activities from treatment for river blindness alone, to treatment for other NTDs. Donor support is of heightened importance as current projections for reducing global prevalence of river blindness show that by 2020 DRC may be one of only a few countries still requiring treatment. Sightsavers is committed to continuing support beyond 2015 to achieve disease elimination in the DRC by 2025.

Our partners in the DRC include:

Ministry of Health, United Front Against River Blindness (UFAR), SCI, RTI USAID Envision Project, and academic partners – including Imperial College London, Filariasis Programme Support Unit – Liverpool School of Tropical Medicine, Integrated Control of Schistosomiasis in Sub Saharan Africa (ICOSA)

Program in 2015

- In 2015 Sightsavers supported the distribution of 1,581,078 treatments for onchocerciasis in three districts.
- We were also able to expand our support to include integrated drug distribution for LF, distributing 290,184 treatments in Katanga Sud.
- We supported the distribution of 17,317 treatments for STH and schistosomiasis in the Ferekeni area of Lubutu.
- During 2015 we have secured funding from through the UK Government DFID Aid Match grant to continue and scale up our onchocerciasis and LF work in two project regions: Orientale – Ituri Nord (10 districts for onchocerciasis / 5 districts for LF); Katanga Sud (7 districts for onchocerciasis / 5 districts for LF).

Looking ahead

2016 budget expenditure in the DRC for Sightsavers' onchocerciasis and LF program will be expanded due to the securing of a new grant through the UKAID match program run by the UK government's Department for International Development. This funding is for three years, beginning 1 April 2016 – 30 March 2019.

4. School Health Integrated Programming Project



A school girl receiving a visual acuity test by a teacher in Cambodia. Image courtesy of Cai Heath, PCD

Project overview

The World Bank, Imperial College London's Partnership for Child Development (PCD) and Sightsavers have teamed up to support governments in Africa and Asia to strengthen their national school health and nutrition programs. The initiative is supported and funded by the Global Partnership for Education.

This new initiative aims to catalyse a greater understanding of how governments can mainstream school health and nutrition interventions into national education sector plans. The initiative is focused on two cornerstones of school health and nutrition: deworming and vision screening. These two simple interventions can be used as a platform for other interventions.

In the first instance the initiative will support governments in Cambodia, Ethiopia, Ghana and Senegal, to distribute treatments for intestinal worms and screen the eyes of 40,000 school children, giving glasses to those who need them, during 2016.

“Successfully integrating vision screening and deworming programmes in school systems can significantly reduce absenteeism, drop-out rates and improve learning outcomes and cognition for children. This will create a platform by which other health initiatives can be integrated and delivered in a cost-effective manner,” Dr. Imran A. Khan, Strategic Director of the programme and Chief Global Technical Lead at Sightsavers.

Similar to worm infection, refractive error - the need for eyeglasses - also limits many children's opportunities in school. Around 10 percent of schoolchildren in low-income countries have refractive errors and in almost all cases this can be corrected with appropriately fitted eyeglasses. However, the majority of children in low-income countries do not have eyeglasses due to a lack of awareness, unavailability of optometrists, and the high cost of eyeglasses.

This approach has already been successfully piloted in partnership with the Cambodian government in 2012. Over 13,000 children were screened and treated and over 100 teachers and government staff were trained in the methodology.

The partnership is working with experts in the field to develop guidance materials to allow governments to re-create similar programs on a wider scale.

A feature on Sightsavers' website is available here; <http://www.sightsavers.org/ship/>

5. Research in Ghana

Sightsavers is working in partnership with the Centre for Disease Control (CDC), Ghana Health Services, Noguchi Memorial Institute for Medical Research at the University of Ghana and FHI 360 to conduct a research study in Northern Ghana aimed at validating the elimination of blinding trachoma from the country. There is much discussion over the need to integrate surveillance platforms for NTDs but currently there are few examples of how this can be done successfully. We are therefore utilising the trachoma surveillance platform to determine the feasibility of integrating serological surveillance for multiple NTDs including onchocerciasis, LF, Strongyloides (an STH), and schistosomiasis at the same time by using the same dried blood spot from children.

The project began in late 2015 and data collection was completed in March 2016. Data is currently now being analysed in partnership with the CDC. We anticipate results will be available at the end of the year, and will be utilised to determine what progress Ghana is making in regards to the control and elimination of other NTDs and also the utility and feasibility of an integrated surveillance approach.

Conclusion - Now is the time to say goodbye to NTDs

"Sightsavers has big, but achievable, aspirations. We want to see the elimination of NTDs in the countries we work in and continue to build our role as a leading NGO in elimination programs.

Our programs are working towards the achievement of the WHO's Road Map for NTDs as outlined in 'Accelerating Work to Overcome the Global Impact of NTDs –A Roadmap for Implementation'. This in turn links up with various World Health Assembly resolutions on the specific diseases. We are a NTD leader globally in terms of treatments provided and project management of large grants/contracts from donors. We are recognised for our strengths in advocacy, policy, influencing, resource mobilization, grant/contract management, and coalition management. However, there is still much more we can do.

We want to continue to grow our integrated NTD program models and continue to support operational research which enhances NTD program delivery. Where disease mapping and national plans indicate co-endemicity, vertical approaches to disease control and elimination need to change to coordinated and integrated approaches with other NTDs. To achieve and sustain elimination we must promote multi-sectorial integration and proactively develop strategic partnerships in all areas of work, for example building STH support as part of

school health programs which also include eye health. This is outlined in our document “Now is the time to say goodbye to NTDs”.

We are working to ensure that NTD programs promote gender equity and are inclusive of people with disabilities to ensure that no-one is left behind. We support health systems strengthening, and deliver value for money, endeavouring to maximise the impact of each dollar spent to improve people's lives. We strive to reach the poorest people who live in places that have little or no access to medical care and through our country office network we are able to monitor the performance of all our programs to ensure that targets are met.

With the support of GiveWell Sightsavers would be able to grow and expand our integrated NTD programs with a focus on deworming, maximising Sightsavers' contribution towards global elimination goals.”

Simon Bush, Director of Neglected Tropical Diseases, Sightsavers