

## **Sightsavers Deworming Programme - Guinea GiveWell Schistosomiasis / STH Project Narrative**

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**Project Name:** Guinea GiveWell schistosomiasis and STH project

**Country:** Guinea

**Location:** Districts of N'zérékouré, Lola and Yomou.

**Duration:** Two years, in the first instance, January 2017 – December 2018

**Start date:** Jan 2017

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### **Project overview**

Eight neglected tropical diseases (NTDs) are endemic in Guinea. They are managed based on the world health organisation (WHO) recommended strategies for NTD control and elimination. Schistosomiasis, STH, Lymphatic Filariasis (LF), onchocerciasis and trachoma are managed through preventive chemotherapy, whilst Leprosy, Buruli Ulcer and Human African Trypanosomiasis are treated through case management strategy.

Sightsavers has supported NTDs in Guinea since 1993 through community directed treatment with ivermectin (CDTI) for onchocerciasis control, when it initiated a pilot project covering the sub-districts of Kègnèko, Saramoussaya and Ourékaba in the district of Mamou. Through 1996, 1997 and 1998, the project was extended to the health districts of Koubia, Tougué, Mali, Lelouma, Kindia, Forecariah, Gaoual, Koundara, Faranah, Dabola and Dinguiraye following a joint assessment with the WHO's Onchocerciasis Control Programme (OCP).

In more recent years Sightsavers has extended its work in Guinea to support trachoma and LF elimination activities in 23 Health Districts (15 districts for trachoma and 8 districts for LF). This narrative project plan presents how Sightsavers support will now expand to support mass drug distribution for schistosomiasis and STH in districts with high prevalence, with the explicit intention of helping the Guinea government effect disease control.

Soil-transmitted helminthiasis (STH) and schistosomiasis are endemic in 17 and 31 health districts respectively, and co-endemic in a further 15. Mass Drug Administration (MDA) for both diseases is largely supported by Helen Keller International / ENVISION. A gap exists in three health districts which have the highest prevalence in the country; N'Zérékoré, Lola and Yomou.<sup>1</sup>

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<sup>1</sup> Please note: An emerging gap for support in 2018 has been identified in the five districts of Ratoma, Matoto, Coyah, Dubréka and Fria. As soon as more information is available we will share this with GiveWell.

STH and schistosomiasis 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.

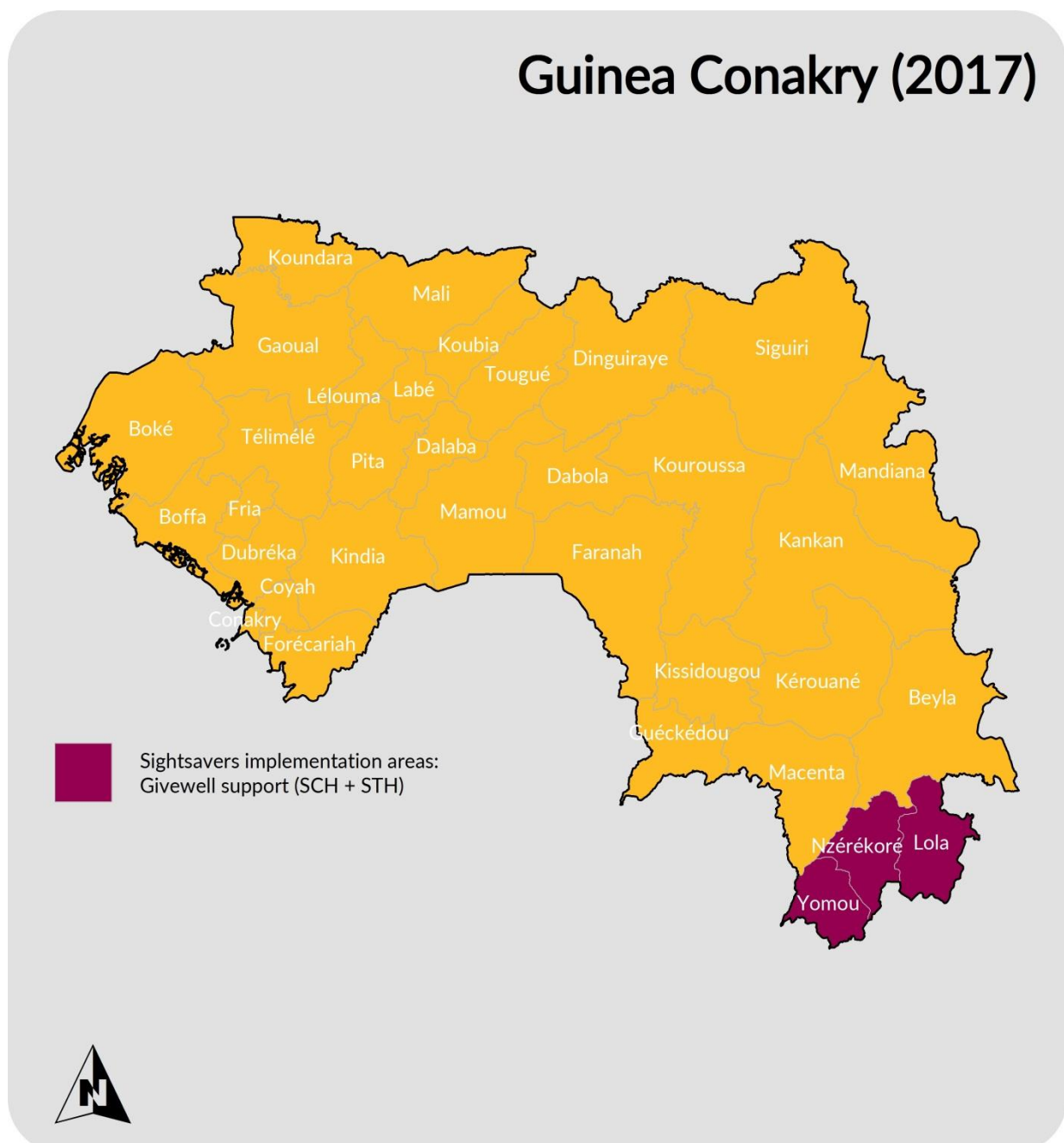
### Impact

Reduction in the prevalence and intensity of STH and schistosomiasis over time amongst school age children.

### Outcome

School aged children between 5-15 years in all schools and communities within the intervention zone are effectively treated with mebendazole/Albendazole and praziquantel yearly.

### Map of programme implementation areas



## Outputs

### Output 1

Train health staff, community members and teachers to deliver Schistosomiasis / STH MDA to schools and endemic communities.

#### Activities

- Training of trainers at regional and district levels by national team;
- Training of community drug distributors (CDDs);
- Training of health workers;
- Training of teachers.

### Output 2

Treat school aged children between 5-15 years for STH and for schistosomiasis through Mass Drug Administration (MDA).

#### Activities

- Drug transportation;
- Produce and distribute dose poles;
- Production of banners and T-shirt;
- Production of data reporting tools;
- Teachers and CDDs incentives;
- Supervision and monitoring and evaluation of MDA activities;
- Management of praziquantel side effects;
- District level review;
- Regional level review;
- Advocacy activities with religious and community leaders before MDA;
- Social mobilisation of community members; campaign launch, radio and town criers;
- Elaboration of protocol;
- Conduct post treatment coverage survey and dissemination of results.

### Output 3

Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on schistosomiasis and STH.

#### Activities

- Inception workshop;
- Hold coordination meetings;
- Develop advocacy, disability and gender inclusion plan;
- Monitoring visits by Sightsavers;
- Monitoring visits by Programme National de Lutte contre la Cécité/ Maladies Tropicale Négligée (NTDs) team;
- Quality Standards Assessment (QSAT).

### Output 4

Data on handwashing and latrine facilities in schools available at operational level.

#### Activities

- Identify specific health districts where indicators for WASH will be collected prioritising those with high schistosomiasis / STH endemicity;
- Revise school reporting forms to include information on availability and sanitary conditions of water points and latrines within school premises;
- Collect and report data on WASH in selected health districts;
- Develop country specific cross cutting plans on WASH activities.

### Risks and assumptions

Project risks and assumptions are clarified in the log frame document. Risks include:

- Strike or disruption by school teachers;
- Political instability;
- Disruption of drug supply in country.

Assumptions include the following:

- Community ownership will be established;
- Teacher commitment to and ownership of the programme;
- Communities will motivate volunteers;
- Health personnel will be supportive of and professionally supervise volunteers;
- Drugs will be available on time;
- Refusal and absenteeism to treatment can be addressed;
- There will be no conflict of interest.

### Inputs from Sightsavers, partners and Government

Stakeholder	Inputs to be provided
<b>Sightsavers</b>	<ul style="list-style-type: none"> <li>• Provide technical, financial and human resources throughout the project cycle.</li> <li>• Logistical support.</li> <li>• Ensuring that donor requirements are met.</li> </ul>
<b>Ministry of Health</b>	<ul style="list-style-type: none"> <li>• Management systems and community development processes;</li> <li>• Taking ownership of the programme by ensuring that government partners are fully involved;</li> <li>• Human resources - MoH to ensure that health personnel participate.</li> </ul>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Coordinated approach towards NTDs elimination;</li> <li>• Harmonised logistics;</li> <li>• Share ideas and learnings.</li> </ul>

### Target beneficiaries

The direct project beneficiaries are school aged children in the health region of N'zérékoré, specifically the health districts of N'zérékoré, Yomou and Lola. Indirect beneficiaries are teachers, parents, health workers, community volunteers who will benefit from the project through the acquisition of knowledge and skills related to MDA and hygiene practices.

### **Specific measures to address the barriers of people with disabilities.**

- Implement Sightsavers equity, gender and social inclusion plan;
- Persons with disabilities identified using the Washington Group Questions (WGQ) and assured access to project services;
- Mitigate barriers that prevent access to and uptake of services.

### **Gender barriers and marginalised groups:**

Male dominance over women and children is prevalent in Guinea. In line with Sightsavers policies, efforts will be made for the inclusion of girls, persons with disabilities and other marginalised communities. Gender disaggregated data collection tools will be utilised.

### **Patient Feedback**

The project implementation strategy will ensure that beneficiary feedback is collected in the field through direct interviews, radio telephone calls during radio sensitization programmes, and community meetings. Information gathered will be documented and included in the status report and used for both learning and decision-making purposes.

## **Partnership**

### **Potential resources available from partners:**

Health workers and community drug distributors are resources to be drawn from the MoH and local communities that will support the implementation process.

### **Feedback from partners:**

There is a NTD steering committee and periodic NTDs partner meetings. Both offer opportunities for partners to give updates on their activities. This information is documented then shared with partners and ultimately used to strengthen project design, implementation and monitoring.

## **Research and learning**

Although specific research will not be undertaken learning is integral to the project management cycle.

## **Monitoring and evaluation**

### **Baseline data**

The STH and schistosomiasis mapping data of Guinea from 2011, 2010, 2009 and 1995 mapping activities will be used as a baseline.

### **Project monitoring:**

The project will be monitored through treatment coverage surveys and disease surveillance through epidemiological surveys (i.e. parasitological studies).

Regional health directorates will be the main implementing partners through their District Health Directorates. They will be responsible for organizing local training,

drug administration, supervision of community health agents and Community Drugs Distributors including teachers (CDD).

Financial and narrative reports and data will be submitted to Sightsavers quarterly. Reports from other partners, including the Regional Directorate of Education, Regional Directorate of Environment and Regional Directorate of social welfare will be collected and submitted to Sightsavers by the Regional Health Directorates.

Sightsavers' Guinea Country Office will be responsible for project supervision. A committee will be established to undertake quarterly meetings to monitor project activities and will include representatives of Sightsavers, Helen Keller International, the Programme National de Lutte contre la Cécité and Regional Health Directors. An annual planning forum will design the annual operational plan. Outcomes and challenges will be discussed during Regional Committee of Health and CTPS District Committee of Health meetings.

## **Project Evaluation**

### **Key impact indicators:**

- Prevalence of STH at sentinel sites;
- Prevalence of SCH at sentinel sites;
- Percentage of sentinel schools / sites with < 1% heavy / moderate intensity of STH infections;
- Percentage of sentinel schools / sites with <5% heavy intensity of SCH infections.

The recent quality standard assessment tool (QSAT) report and recommendations will be applied to ensure the highest standards of implementation. A further QSAT will be held in 2018 with Programme Development Advisor support.

## **Sustainability**

Sustainability of the project's results will be based on institutional and capacity building of the Programme National de Lutte contre la Cécité / Maladies Tropicales Négligées (NTDs) team, the Regional Health Directorate and the District Health Directorate.

- The strategy is based on the use of community members including school teachers, CDDs and community volunteers to enhance ownership;
- Community stakeholders will lead all activities;
- Sightsavers will undertake advocacy to encourage Government to support funding;
- Inclusion of NTDs in districts and rural council operational plans;
- A full project sustainability plan will be prepared in 2017 (year one).

## **Exit Strategy**

Sightsavers Guinea country office team's approach to project exit includes;

- Enhancing government and community ownership;
- Building institutional capacity;

- Advocating for government financial support;
- Institutionalisation of disease surveillance within the Ministry of Health;
- Implementation of the project sustainability plan.

### Sightsavers' added value and comparative advantages

Sightsavers' added value in the project will be in the area of technical and financial support to the partner and other stakeholders. This will be achieved through:

- Capacity building of partners;
- Supporting scale-up of STH and schistosomiasis treatment;
- Provision of technical assistance;
- Supporting advocacy for resource mobilization;
- Project cycle management;
- Disease surveillance/evaluation.

Sightsavers' unique advantage to deliver this project in Guinea is based on:

- Our strong and productive relationship with the Ministry of Health
- Our provision of globally recognised technical assistance;
- Our skilled and competent Guinea based field team;
- Our advocacy, communication and social inclusion expertise.

### Planning for additional funding

Sightsavers project in Guinea is currently design for three years with two years of dedicated donor funding from GiveWell confirmed. A third year is already envisaged. With additional funding the project could be re-designed to extent fully to WHO requirement for control and potentially elimination.

### Transparency and Accountability

The following measures will be taken by the country office to ensure transparency and accountability throughout the project period:

Before beginning the project an inception workshop approach will be used to fully brief all key actors on the project concept/approach. A funding agreement will be signed between Sightsavers and the Ministry of Health. Financial reports will be in line with implementation reports. Annual review meetings will be held to brief all stakeholders on the implementation progress and financial status of the project. Status reports will be shared with all stakeholders.

#### **Responsibility for performance:**

Sightsavers has a technically sound NTDs team in Guinea supported by exceptional financial and support service units. In addition, there is a Sightsavers team of three NTD technical advisors appropriately qualified working alongside a project director who will systematically track progress.

#### **Transparency of activities and finance:**

All Sightsavers management systems will be adhered to including:

- Project planning process;

- Due diligence;
- Monitoring and evaluation framework;
- Programme implementation manual;
- Financial management framework ;

Data will be systematically managed through;

- Status reports;
- Sightsavers' online financial system (CLAIMS);
- Programme portal;
- Strategy implementation manual

## Value for Money

Value for money is “the optimal use of resources to achieve the intended outcome”. In this context, school aged children between 5-15 years in all schools and communities within the intervention zone in Guinea will be effectively treated with mebendazole/Albendazole and praziquantel yearly. The outputs to support this outcome are priced and narrated in the budget and logical framework alongside indicators, their corresponding means of verification and assumptions. Thus, we are able to build a strong evidence base and explicitly state it.

Value for money is about maximising economy, efficiency and effectiveness for each intervention. When we make judgements on the effectiveness we will consider issues of equity, making sure that we target the poorest and include sufficient targeting of women and girls.

Strategic approach:

### Effectiveness

The effectiveness of interventions will be enhanced by:

- Contributing to and working within the National NTD Master Plan, NTD Committee, and Onchocerciasis Elimination Expert Advisory Committee;
- Aligning interventions with the WHO Roadmap for Accelerating Work to Overcome the Impact of NTDs (2011);
- Working in partnership with MOH, WHO/ESPEN, UNICEF, UNDP, the private sector and NGOs;
- Advocating for increased resource allocation for NTDs.

### Efficiency

The efficiency of interventions will be enhanced by our planning, approach, accountability and M&E. We will:

- Support the Ministry of Health annual work plans that align with the National NTD Master Plan and GiveWell project plan (these documents);
- Inform organisational development plans and support efforts to enhance partner organisation capacities through due diligence.

Approach – we will:

- Use accepted standards and operational guidelines: a) community directed interventions (CDI) approach; b) WHO Guidelines; c) drugs, supplies;



- Improve on inventory management, reporting and timely supply of drugs to from the Central Medical Stores to the State Stores;
- Strengthen supportive supervision of MDA at all levels of services delivery;
- Implement recommendations from post treatment coverage surveys so that MDA coverage thresholds are consistently met;
- Implement strategies to reach marginalised and vulnerable groups;
- Train community volunteers at the community level to reduce transport costs and enhance participation.

#### Financial accountability:

- Financial management will be in line with Sightsavers' financial framework, ensuring promotion of strategic and effective use of resources;
- Partner financial guidelines will be adopted when they meet the minimum standards laid out in Sightsavers' financial framework.

#### Monitoring and Evaluation – we will:

- Roll out Sightsavers' monitoring and evaluation framework;
  - Conduct post treatment coverage surveys;
  - Identify sentinel sites and implement sentinel surveillance;
  - Conduct quarterly partner monitoring visits (programmatic and financial);
  - Conduct annual review and planning meetings;
- Carry out end of project evaluation to assess achievements against the impact and outcome.

#### **Economy**

The economy of interventions will be enhanced by:

- The procurement of supplies and inputs conforming to Sightsavers procurement policy and procedures. We will ensure that goods and services procured are of high quality at the best available prices, meet the needs of end users and are in the right place at the right time. We will ensure accountability and internal controls at all levels is maintained, and procurement is in compliance with relevant laws and regulations;
- The development and implementation of an annual procurement plan.