

# GiveWell Global Annual Report

## Year 5

April 2021 – March 2022



Malappa, aged 13, from Littoral region, Cameroon, says, “I have been going to school since I was 3.

I’ve had worms. I was throwing up; I had a bad tummy ache, and I could not eat anymore. Just after taking it [the deworming tablets], my tummy was aching a bit for 5 minutes. I felt relieved...

My hope for the future is to become a doctor.”

<p><b>Name of grant holder:</b></p> <p>Sightsavers</p>	<p><b>Project title:</b>          Delivering schistosomiasis and soil transmitted helminths MDA in;  <b>DRC:</b> Ituri Nord and Ituri Sud province  <b>Nigeria:</b> Kebbi, Kogi, Kwara, Sokoto, Yobe, Taraba, Benue, Adamawa, Kaduna, Kano, Katsina, Niger and Zamfara.  <b>Cameroon:</b> Far North, North, East, West, Adamaoua, Littoral and South regions.  <b>Guinea Bissau:</b> Bafata, Cacheu, Farim, Gabu, Biombo and Tombali regions.  <b>Guinea:</b> N'zérékoré, Lola, Yomou, Fria, Coyah, Dubréka, Matoto, Ratoma health districts. Second round of STH MDA in Beyla, Guéckédou, Macenta, N'zérékoré district.  <b>Chad:</b> Logone Occidental, Logone Oriental, Mayo Kebbi Est, Mayo Kebbi Ouest, Moyen Chari and Tandjilé.</p>
<p><b>Year 5</b></p>	<p><b>Reporting start date:</b> April 2021</p> <p><b>Reporting end date:</b> March 2022</p>

## Summary of progress April 2021 to March 2022

**In this period, GiveWell funded projects have supported the distribution of over 6.5 million deworming treatments to over 5.6 million school aged children across six countries<sup>1</sup>.**

(With treatment data still pending from the three Northern regions of Cameroon, these treatment numbers are expected to increase substantially<sup>2</sup>).

Unprecedented changes to global PZQ allocation<sup>3</sup> and drug supply issues in Nigeria has delayed a significant amount of planned MDA. As a result, millions of school-aged children scheduled for treatment in Year 5 will now receive treatment in the next few weeks, instead of within the Year 5 reporting period.

Despite this, Year 5 treatment numbers are a significant achievement considering the current operating environment for deworming MDA. The complexities of operating within a global pandemic and the resulting COVID mitigation restrictions, security issues and Ebola outbreaks, were dealt with effectively by Sightsavers NTD teams and in-country teams. Learnings were implemented on reaching the maximum number of school-aged children safely, whilst adhering to COVID-19 mitigation protocols.

Issues harder to resolve within the reporting year were related to PZQ supplies. Global PZQ shortages and delays with PZQ shipments, compounded by clearance issues in the port in Nigeria, have meant only a fraction of scheduled treatments in the country were delivered in Year 5. However, we have just received very welcome news advising us that some of the PZQ supplies<sup>4</sup> needed have been released from the port within the last few days. Drugs have now been allocated to some<sup>5</sup> states and distribution to these states is underway. This means we are now aiming for MDA in 5 states in Nigeria awaiting treatment, to start in the next few weeks. These states have very high populations of school-aged children in endemic areas.

Despite multiple challenges in all GiveWell recommended project countries, high levels of geographic coverage were achieved. In many countries the WHO threshold of treating 75% of the school-aged population was exceeded. We always aim to treat the maximum number of eligible children, treating as many as drug availability, security and COVID restrictions allow.

Year 5 CESs have mostly been conducted with most reports now being in the process of data collation and verification. The remaining CESs are scheduled for implementation within 6 months of MDA.

GiveWell recommended funding continues to make impact at scale on the health of some of the poorest and most marginalized children in the world.

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<sup>1</sup> Both these figures do not include Cameroon Phase 2 treatment data (for 4 regions) This data will be shared when validated.

<sup>2</sup> We will share updated treatment numbers for Cameroon and as a result globally as soon as possible

<sup>3</sup> As previously discussed with GiveWell

<sup>4</sup> 3.8million tablets (approx. 1.5 million treatments)

<sup>5</sup> Initial report indicate to 5 states

## Treatment summaries by country

### Cameroon:

Due to the delivery of 50% fewer PZQ tablets from WHO than expected, it was necessary to deliver MDA in two phases. Phase 1 was conducted in December 2021 and January 2022 across four regions, the East, West, South and Littoral regions. The Health Districts were first prioritized based on high and moderate prevalence and a revised treatment plan was developed to ensure the reduced number of drugs were put to best use.

Phase 2 was completed in March and April 2022 across the remaining three regions, the North, Far North and Adamaoua. Whilst MDA was successfully completed, the data has not yet been validated at the time of reporting (May 2022). Sightsavers will share this data with GiveWell when available.

**Total number of school aged children treated: 1,971,740\***  
(to be updated with treatment numbers from the 3 Northern regions)

### DRC:

SCH and STH MDA was successfully delivered in Ituri Nord and Sud; SCH MDA in 10 districts and STH MDA in 4 districts

Funding from ESPEN enabled the displacement of GiveWell recommended funds in 12 districts in Ituri Sud in Year 5, resulting in project savings.

The Sentinel Site Survey (as proposed in Wishlist 4) was completed in April 2022. The results of this survey will provide up to date prevalence and intensity data to inform the development of a more focalised treatment plan in line with the WHO's shift towards sub-district analysis. The sub-district analysis will also be used to inform the PZQ drug orders for GiveWell Year 7 (April 2023 – March 2024).

**Total number of school-aged children treated: 654,014**

### Guinea Bissau:

SCH MDA has been completed in Gabu, Farim and Bafata. SCH MDA in Cacheu was delayed due to insufficient PZQ supplies, but is now going this May. STH MDA in Tombali was successfully completed but MDA in Biombo is on hold awaiting the completion of LF confirmatory mapping. There are two reasons for this; the LF treatment plan could impact the STH treatment plan, and treatment for STH in advance of the LF confirmatory mapping could skew the LF survey results.

Sightsavers aims to complete the remaining GiveWell funded Year 5 MDAs by the end of 2022 and we will GiveWell update on the final treatment numbers.

**Total number of school aged children treated: 180,908**  
(to be updated with treatment numbers Biombo region)

## Guinea:

SCH/STH MDA in the 3 Forest Health Districts went ahead integrated with oncho/LF MDA with Hellen Keller International. As a result, trainings and therefore costs were shared and saved.

The second round of the biannual STH MDA will take place in four health districts (Beyla, Guéckédou, Macenta and N'Zérékoré) in the Forest region in Q4 2022.

In GiveWell Year 6, we will deliver the final round of GiveWell-supported MDA in Guinea.

**Total number of school-aged children treated: 817,136**

## Nigeria:

As previously communicated to GiveWell, PZQ shortages and delays with PZQ shipments meant planned MDA could not be delivered in 11 out of the 13 project states, within this reporting year.

However, we have just received fantastic news which means MDA in some states awaiting treatment, can go ahead in the next few weeks. PZQ supplies for 5 states were cleared through the port in the last couple of days and are now in the process of being distributed.

Depending on PZQ supplies it may be possible to deliver another round of MDA at the end of Year 6, enabling some states to remain on track with annual treatment cycles.

In Year 5, SCH MDA was successfully delivered in 8 Local Government Areas (LGAs) in Yobe and across Kogi. MDA in these two states utilised the remaining PZQ stock in-country before it expired.

**Total number of school-aged children treated: 334,430**

(Treatment from 11 states will be reported in Year 6, as agreed in consultation with GiveWell)

## Chad:

The start-up of this newly GiveWell funded project in six regions of Chad was highly successful and treatment targets were significantly exceeded. Drugs were ordered in good time and the project faced no delays in drug delivery.

**Total number of school-aged children treated: 2,217,948**

## Adaptations to enable safe MDA during the COVID-19 pandemic

Since the introduction of the Risk Assessment and Mitigation Action (RAMA) process by Sightsavers, COVID-19 risk mitigations have been successfully integrated into our deworming programs. Recognising this change, the RAMA process has been updated and is more streamlined with country teams. It no longer requires activity-by-activity approval by Sightsavers Senior Management team.

The RAMA process has resulted in the safe resumption of deworming activities despite the persisting risks of COVID-19. The effectiveness of its application is testament to the leadership and motivation of national NTD programs.

### Sub district analysis

Sightsavers is fully engaged with the WHO's drive towards sub district mapping for SCH MDA. As previously discussed with GiveWell, the exact implication of this on treatment plans is not yet clear. Our initial impression from comprehensive communication with all major stakeholders, including the WHO and Ministries of Health across the countries where we deliver deworming work, is that new treatment plans will be needed.

We currently anticipate a long-term reduction in treatment numbers as accurate sub district treatment plans become feasible in more regions. However, implementation units to be targeted for treatment will be areas of high and moderate SCH prevalence, thereby ensuring MDA is highly impactful. Due to the focal nature of SCH endemicity, this approach means those most in need of treatment will continue to be reached.

Once the full treatment data is collected and collated for Cameroon, we should have an early indication of how sub district targeting will impact treatment numbers. However, as sub district targeting is still in the process of being carried out in the country (by Sightsavers, MoH and ESPEN) the full impact will not be clear until this work is completed.

Sightsavers will inform GiveWell of any potential impact of the analysis in Cameroon and we will continue to keep GiveWell updated on the implications for SCH MDA globally, as new information becomes available.

### School vs community MDA

Where possible, a hybrid school and community-based platform is used to deliver GiveWell funded SCH/STH treatments. This means the project aims to deliver the majority of treatments via a school-based platform, using a community-based platform to reach SAC unrolled in school and where the need arises. For example, during school closures due to COVID-19 or other factors, teacher strikes or in remote areas without schools.

The treatment of SAC either in school or in the community will be differentiated by the marking of their index fingers with indelible ink, to mitigate double treatment.

#### Cameroon:

In Phase 1, for MDA in East, West, South and Littoral regions, over 95% of treatments were delivered in schools, with community-based treatments implemented to reach unenrolled school-aged children.

When data is available from Phase 2 MDA in the three Northern regions, we can then provide school and community treatment ratios.

### **DRC:**

In Ituri Nord, 62% of treatments were delivered in schools, with community-based treatments implemented to reach unenrolled school-aged children.

In Ituri Sud, most treatments were delivered in communities, due to being delivered when the schools were closed for holidays.

### **Guinea Bissau:**

Due to school closures because of COVID-19 restrictions, followed by an overlap with summer holidays at the time of MDA and strikes by school teachers, it was necessary for the project to deliver the majority of MDA in the community. In addition, in Guinea Bissau, school enrolment numbers are low and there is a high proportion of children out of school.

For the three regions completing MDA earlier in the project year, 21% of SAC were treated in schools and 79% in the community. We have yet to disaggregate the data for the MDA in Bafata which took place March 2022.

### **Guinea:**

School based MDA was delivered where possible and community-based treatment 'moped up' any non-enrolled SAC. Community based treatment ensured all children could be reached, as project staff noted that some parents do not accept school-based treatment as they prefer to be present when their children are being treated. Unfortunately, disaggregated data on the ratio of school to community distributed is not available this year in Guinea.

### **Nigeria:**

In Kogi, 56% of the SCH MDA was delivered in schools. Where MDA overlapped with school holidays MDA was community based to ensure SAC did not miss treatment. STH MDA in Kogi was delivered in the community due to integration with oncho/LF MDA.

In Yobe, 82% of MDA was delivered in schools, with mop up MDA in communities for unenrolled SAC.

### **Chad:**

School-based MDAs have been carried out as planned in all endemic districts. In communities without school-based facilities, or high numbers of unenrolled children, CDDs were trained to provide treatment in communities. Approximately, 80% of treatment was school based.

## Year 4 and 5 CES Schedule

Coverage Evaluation Survey (CES) Report Schedule on GiveWell (SCH/STH) Funded Projects - Year 4 & rollover into Year 5 (1st April 2021 - 31st March 2022)

Country / region	Insert districts with CES in 2021	Project year (GiveWell)	SCH/STH MDA	RAMA Status	CES Status	
					Survey Date	CES finalized with MoH
<b>Cameroon</b>						
East Region	Abong-Mbang	Year 3 (2020-21)	Dec -20/Jan-21	CES in Progress (RAMA approved April 2021)	29th April - 4th May	Q3 2022
	Ngule-Menduka		Dec -20/Jan-21			
Adamaoua	Bankim		Nov/Dec-20			
	Ngoundal		Nov/Dec-20			
Far North Region	Magode		Nov/Dec-20			
	Yagoua		Nov/Dec-20			
North Region	Giguil		Nov/Dec-20			
	Rey Buba		Nov/Dec-20			
West Region	Galim		Sept/Nov/Dec-20			
	Bamenjou		Nov/Dec-20			
Littoral Region	Edea	Year 1 (2020-21)	Nov/Dec-20/Jan-21			
	Loum		Nov/Dec-20/Jan-21			
South Region	Ambam		Nov/Dec-20			
	Djoum		Nov/Dec-20			

DRC						
Ituri Nord	Districts TBC	Year 4 (2020-21)	Ongoing (July/August-21)	CES Approved April 2021	CES completed	Q3 2022
Ituri Sud	Districts TBC	Year 1 (2020-21)	Ongoing (July/August-21)			Q3 2023
Guinea						
5 districts	Districts TBC	Year 4 (2020-21)	Jul-21	CES Approved March 2021	Within 6 months of MDA (i.e. before Dec-21)	Q3 2022
Forest Regions	Districts TBC	Year 4	Mar-22	CES Approved	Within 6 months of MDA; rolled to year 6	
Guinea Bissau						
Bafata	Districts TBC	Year 4 (2020-21)	Mar-22	No further CES needed in Y5		
Biombo	Districts TBC		Delayed - awaiting LF confirmatory mapping	CES Approved Feb 2023	TBC in Year 6	
Cacheu	Districts TBC		Delayed Q2 - PZQ stock shortfall			
Farim	Districts TBC		Jul-21	CES Approved	CES Completed	Q2-Q3 2022
Gabu	Districts TBC		Jul-21			
Tombali	Districts TBC		Jul-21			



Nigeria, 7 States						
Kebbi	Bagudo	Year 4 (2020-21)	Dec-20	CES Approved (RAMA Apr-21)	CES Complete	Attached with this report
	Koko Besse	Year 4 (2020-21)	Dec-20			
Kogi	Dekina	Year 4 (2020-21)	Dec-20/Jan-21			
	Igalamela	Year 4 (2020-21)	Dec-20/Jan-21			
Kwara	Kaiama	Year 4 (2020-21)	Dec-20			
	Pategi	Year 4 (2020-21)	Dec-20			
Sokoto	Tambuwal	Year 4 (2020-21)	Dec-20			
	Wamako	Year 4 (2020-21)	Dec-20			
Benue	Kwande	Year 4 (2020-21)	Dec-20			
	Tarka	Year 4 (2020-21)	Dec-20			
Taraba	Gassol	Year 2 (2020-21)	Dec-20			
	Donga	Year 2 (2020-21)	Dec-20			
Yobe	Karasuwa	Year 3 (2020-21)	Dec-20			
	Damaturu	Year 3 (2020-21)	Dec-20			

## Year 6 CES schedule

Coverage Evaluation Survey (CES) Report Schedule on GiveWell (SCH/STH) Funded Projects - Year 5 and rollover into Year 6 (Apr 2021 - Mar 2022)

Country / region	Insert districts with CES in 2021	Project year (GiveWell)	SCH/STH MDA	RAMA Status	CES Status	
					Survey Date	CES finalized with MoH
<b>Cameroon</b>						
East Region	TBC	Year 4 (2021-22)	Jan-22	Approved	Phase 1 - Q2 2022	
	TBC		Jan-22			
Adamaoua	TBC		Mar-22		Phase 2 - Q2/3 2022	
	TBC		Mar-22			
Far North Region	TBC		Mar-22		Phase 2 - Q2/3 2022	
	TBC		Mar-22			
North Region	TBC		Mar-22		Phase 2 - Q2/3 2022	
	TBC		Mar-22			
West Region	TBC		Jan-22		Phase 1 - Q2 2022	
	TBC		Jan-22			
Littoral Region	TBC	Year 2 (2021-22)	Jan-22	Phase 1 - Q2 2022		
	TBC		Jan-22			
South Region	TBC		Jan-22		Phase 1 - Q2 2022	
	TBC		Jan-22			

Chad						
Logone Oriental	TBC	Year 1 (2021-22)	Feb-22	Approved	Q2 2022	
	TBC		Feb-22			
Logone Occidental	TBC		Feb-22			
	TBC		Feb-22			
Mayo Kebbi Est	TBC		Feb-22			
	TBC		Feb-22			
Mayo Kebbu Ouest	TBC		Feb-22			
	TBC		Feb-22			
Moyan Chari	TBC		Feb-22			
	TBC		Feb-22			
Tandjile	TBC	Feb-22				
	TBC	Feb-22				
DRC						
Ituri Nord	Districts TBC	Year 5 (2021-22)	Apr-22	Approved	Q3 2022 (TBC)	
Ituri Sud	Districts TBC	Year 2 (2021-22)	Apr-22			
Guinea						
Forest Regions (3 HDs; STH only) - Y5	Districts TBC		Mar-22	Approved	TBC	
Forest Regions (3 HDs; STH only) - Y6	Districts TBC		Q4 2021			

2nd round STH (4 HDs)	Districts TBC		Q4 2022			
<b>Guinea Bissau</b>						
Bafata	Districts TBC	No Funding Available post Y5 MDA	Year 5 Rollover completed Mar-22	No further CES needed for Y5		
Biombo	Districts TBC		Rollover; LF Survey	TBC	TBC	
Cacheu	Districts TBC		May-22	Approved		
Farim	Districts TBC					
Gabu	Districts TBC					
Tombali	Districts TBC					
<b>Nigeria, 13 States</b>						
Kebbi	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability	CES Approved (RAMA Jan-22)		
	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
Kogi	TBC	Year 5 (2021-22)	SCH completed in Q2 2021		May-22	
	TBC	Year 5 (2021-22)				

Kwara	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
Sokoto	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
Benue	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
Taraba	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 5 (2021-22)	Delayed due to PZQ Availability			
Yobe	TBC	Year 5 (2021-22)	Partially completed in Q2/3 2021			
	TBC	Year 5 (2021-22)				
Kaduna	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability	CES Approved (RAMA Jan-22)		
	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
Kano	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
Katsina	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			

	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
Niger	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
Zamfara	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
Adamawa	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			
	TBC	Year 1 (2021-22)	Delayed due to PZQ Availability			

## Scoping Exercise Updates

Following GiveWell's suggestion that Sightsavers scope potential deworming MDA in DRC, Cote d'Ivoire and Sudan, we hired local expert consultants for DRC and Cote d'Ivoire at the end of March. The Cote d'Ivoire consultant's report is due early-June and the DRC consultant's report is due mid-July. Once the reports are received, we will share initial findings with GiveWell and discuss next steps. The report findings will be used to decide what deworming interventions might be appropriate.

A consultant for Sudan has not yet been engaged as there is currently no funding gap for SAC treatments until 2025. We will be looking to start this consultancy shortly, in order to get a better picture of prevalence in case the funding landscape changes.