

Sightsavers Deworming Program – Nigeria Bauchi GiveWell Wishlist 3 Schistosomiasis (SCH) Project Narrative

Country: Nigeria

Location (region/districts): Bauchi state

Duration of project: 3 years

Start date: April 2019

Goal

Reduction in the prevalence and intensity of SCH amongst school age children.

Outcome

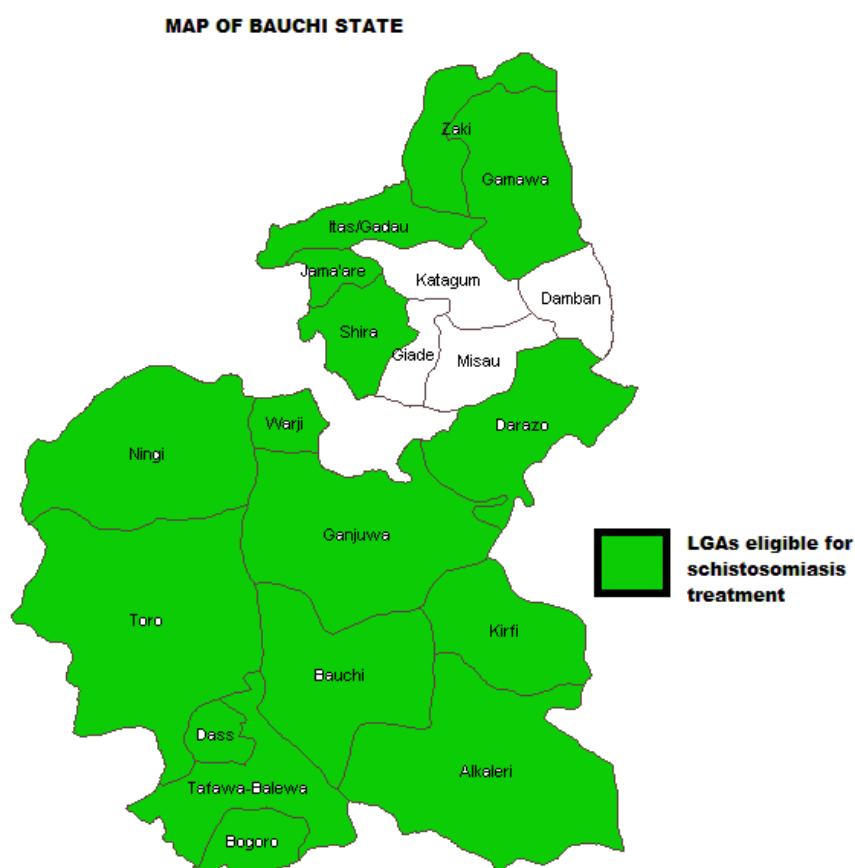
School aged children (SAC) between 5 -15 years¹, within the intervention zone are effectively treated with praziquantel as required.

Program implementation areas

Nigeria has 36 states, each state having an NGO supporting NTDs. There are seven states, including Bauchi that have received limited or no external funding. The National NTD Steering Committee and the Federal Ministry of Health have appealed to Sightsavers to expand our support to Bauchi.

GiveWell's support will enable SCH mass drug administration (MDA) in sixteen local government areas (LGAs) of Bauchi. There is no requirement for SCH MDA due to prevalence.

Figure1: Map of Bauchi LGAs showing SCH MDA requirements.



¹ and adults where prevalence dictates

Table to show prevalence and treatment schedule in program implementation areas

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Total population 2019 ²	Total SAC population ³
Alkali	15.6%	Annual	11.6%	Not required	454,115	127,152
Bauchi	12.9%	Annual	4.7%	Not required	680,723	190,602
Bogoro	26.4%	Annual	1.6%	Not required	116,092	32,506
Damban	0.4%	Not required	7.2%	Not required	208,047	-
Darazo	5.9%	Every 2 years	9.5%	Not required	346,829	97,112
Dass	10%	Annual	5.6%	Not required	123,987	34,716
Gamawa	23.2%	Annual	5.6%	Not required	394,789	110,541
Ganjuwa	18%	Annual	2.8%	Not required	386,628	108,256
Giade	0.8%	Not required	15.6%	Not required	216,384	-
Itas/Gadua	5.6%	Every 2 years	11.6%	Not required	317,052	88,775
Jama'are	13.6%	Annual	9.6%	Not required	162,504	45,501
Katagun	0.4%	Not required	19.3%	Not required	407,998	-
Kirfi	4%	Every 2 years	12.4%	Not required	203,493	56,978
Misau	0%	Not required	14.8%	Not required	363,220	-
Ningi	17.1%	Annual	13.6%	Not required	533,748	149,450
Shira	12%	Annual	16.8%	Not required	322,591	90,326
Tafawa-Balewa	27.9%	Annual	5.2%	Not required	303,255	84,912
Toro	2%	Every 2 years	5.2%	Not required	483,035	135,250
Warji	28%	Annual	15.6%	Not required	158,143	44,280
Zaki	30.8%	Annual	2.8%	Not required	263,925	73,899
				Total	6,446,559	1,470,255

Prevalence and treatment strategy

GiveWell's continued support will enable SCH MDA in accordance with the WHO-defined minimum thresholds for MDA eligibility.

We will implement SCH MDA activities by meeting, or where the MoH deem it necessary, by intensifying the WHO-defined treatment strategies. In the case of Nigeria, please see the table below.

SCH endemicity	Nigeria FMOH strategy ⁴	WHO strategy ⁵
High risk ($\geq 50\%$)	Treat SAC every year	Treat SAC every year
Moderate (≥ 10 but $< 50\%$)	Treat SAC every year	Treat SAC once every two years
Low (≥ 0 but $< 10\%$)	Treat SAC once every two years	Treat SAC twice during their primary schooling years (every three years)

Please see the attached spreadsheet, 'Prevalence and treatments Wishlist 3', for the full prevalence detail and treatment targets by district

² Based on population projections

³ Based on estimated 28% of population

⁴ 6.1 SOP for NTDs in Nigeria doc.pdf provided Year 1 Interim Report August 2017

⁵ [Helminth control in school age children: a guide for managers of control programmes, Second edition](#), 2011, page 74-75

Outputs

Output 1: Train health workers, teachers and community members to deliver SCH MDA to schools and endemic communities.

Output 2: Treat school aged children between 5-15 years through SCH MDA

Output 3: Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH.

Key output indicator targets

	Year 1	Year 2	Year 3
	Apr'19 – Mar'20	Apr'20 – Mar'21	Apr'21 – Mar'22
No. of teachers trained on SCH/STH MDA	-	-	-
No. of health workers trained on SCH/STH MDA	1,702	1,442	1,702
No. of CDDs trained on SCH/STH MDA	3,676	2,799	3,770
No. of school aged children between 5-15 years treated for STH	-	-	-
No. school aged children between 5-15 years treated for SCH	1,102,691	839,583	1,158,515
No. of adults treated for SCH	-	-	-

Please see attached 'Combined Wishlist 3 logframe' for full outputs, outcomes, impact and associated risks and assumptions.

Summary of planned budget



Please see attached 'Wishlist 3 budget' for more detail.

Implementation

Since SCH/STH mapping, only one LGA, Ningi, has received treatment for SCH (one round in 2014). Treatment was only school based and focussed on the enrolled children. Treatment was not extended to non-enrolled children in the communities due to a halt in the intervention caused by severe adverse effects. Since then no SCH interventions have taken place.

Working with MITOSATH, a local NGO and our preferred implementing partner we aim to comprehensively extend their current support to NTDs in Bauchi to include SCH.

Through Sightsavers and MITOSATH program staff, in collaboration with the MoH, health workers and community drug distributors (CDDs) will be trained to deliver SCH MDA.

Supervised by trained health workers, school based treatment will be distributed by health workers and CDDs to ensure optimal coverage. Non-enrolled or absent children will be treated through community based MDA by CDDs.

The Bauchi State MoH has requested teachers not be used as drug distributors during the MDA, due to concerns following the severe side effects seen in Ningi in 2014. The MoH feel health workers and CDDs working on existing health interventions are more knowledgeable and better suited to carry out an SCH MDA. Teachers will help coordinate school based MDA, which will still be the main focus of the program, but will not be involved directly in drug distribution.

Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA.

A Quality Standards Assessment Tool, (QSAT), used to appraise a program's performance and our implementing partner, will be scheduled to take place in 2019.

Follow up parasitological surveys (surveys at sentinel sites / surveys for the reassessment of baseline prevalence levels) will be supported as relevant, in accordance with guidance from WHO / expert groups. These surveys will a) assess progress towards the control of morbidity / elimination of SCH and STH as a public health problem; b) reassess treatment strategies.

Inputs from key partners, governments and other stakeholders

Partner	History of work with Sightsavers	Role in the program
Ministry of Health	Partnership since 2013	Coordination Implementing partner
Ministry of Primary Education	MITOSATH has been working with the Ministry of Primary Education through the MoH since 2014.	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH since 199.	Will supply the quantity of drug requested by the MoH on time.
Communities	CDDs support MDA. Community led sensitization since 2000.	Volunteer support Beneficiaries
MITOSATH	Partner with trachoma and mapping projects	Implementing partner

Funding opportunities/fungibility

Sightsavers current approach for funding integrated NTD programs is to identify and support outstanding MDA needs for LF, SCH and STH in areas where we are already supporting trachoma or onchocerciasis MDA.

Sightsavers is currently treating trachoma via trichiasis surgery in Bauchi; trachoma MDA is not required due to low prevalence. This funding is from The Queen Elizabeth Diamond Jubilee Trust and is restricted to trachoma.

[REDACTED]

We currently have no other identified sources for funding deworming work within Bauchi. MITOSATH themselves have been unable to secure funding for deworming work from other sources. With no treatments in the state since 2014, we are eager to begin treating SAC in Bauchi.