

Sightsavers Deworming Program – Nigeria 4 States GiveWell Wishlist 3 Schistosomiasis (SCH) / Soil Transmitted Helminth (STH) Project Narrative

Country: Nigeria

Location (region/districts): Kebbi, Kogi, Kwara and Sokoto States

Duration of project: 2 years

Start date: April 2020

Goal

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

Outcome

School aged children (SAC) between 5-15 years, and adults where prevalence dictates, within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel as required.

Program implementation areas

GiveWell's support is currently enabling mass drug administration (MDA) in a total of sixty-four local government areas (LGAs) for SCH and twelve LGAs for STH. Wishlist 3 looks to extend this support in existing implementation areas for an additional two years. This will help control SCH and STH in compliance with the National NTD Program policies.

Table to show prevalence and treatment schedule in program implementation areas

District	SCH prevalence	SCH treatment schedule	STH prevalence	STH treatment schedule	Total population 2020 ¹	SAC ² 2020
Kebbi State						
Aleiro	10.0%	Annual	3.9%	Not required	93,218	26,101
Arewa-Dandi	0.8%	Not required	10.1%	Not required	260,030	72,808
Argungu	50.0%	Annual + adult	6.0%	Not required	276,214	77,340
Augie	68.3%	Annual + adult	6.1%	Not required	165,723	46,403
Bagudo	19.5%	Annual	20.3%	Via LF MDA	336,029	94,088
Birnin Kebbi	10.1%	Annual	6.0%	Not required	379,270	106,196
Bunza	6.2%	Every 2 years	11.3%	Not required	171,621	48,054
Dandi	20.8%	Annual	22.0%	Via LF MDA	203,854	57,079
Danko wasagu	13.6%	Annual	4.5%	Not required	171,269	47,955
Fakai	25.5%	Annual	10.5%	Not required	213,386	59,748
Gwandu	16.0%	Annual	8.5%	Not required	273,201	76,496
Jega	41.5%	Annual	3.8%	Not required	120,672	33,788
Kalgo	3.1%	Every 2 years	12.3%	Not required	218,453	61,167
Koko/Besse	28.9%	Annual	12.6%	Not required	248,240	69,507
Maiyama	26.8%	Annual	6.2%	Not required	176,291	49,362
Ngaski	51.0%	Annual + adult	8.3%	Not required	127,079	35,582
Sakaba	4.8%	Every 2 years	5.6%	Not required	179,654	50,303
Shanga	28.3%	Annual	9.3%	Not required	212,271	59,436
Suru	37.6%	Annual	10.4%	Not required	374,725	104,923
Yauri	20.3%	Annual	13.1%	Not required	140,982	39,475
Zuru	6.4%	Every 2 years	11.7%	Not required	233,914	65,496
Kogi State						
Adavi	1.6%	Every 2 years	38.9%	Every year	285,695	79,995

¹ Based on population projections

² Based on estimated 28% of total population

Ajaokuta	0.9%	Not required	22.2%	Via LF MDA	172,836	48,394
Ankpa	0.4%	Not required	33.5%	Via LF MDA	377,763	105,774
Bassa	0.8%	Not required	39.0%	Via LF MDA	197,806	55,386
Dekina	0.0%	Not required	34.5%	Every year	367,814	102,988
Ibaji	11.1%	Annual	27.1%	Every year	181,043	50,692
Idah	3.6%	Every 2 years	27.0%	Every year	112,777	31,577
Igalamela-Odulu	0.4%	Not required	31.9%	Every year	209,148	58,562
Ijumu	0.4%	Not required	23.0%	Via LF MDA	169,457	47,448
Kabba/Bunu	0.8%	Not required	18.3%	Not required	205,511	57,543
Kogi	11.2%	Annual	31.3%	Via LF MDA	163,764	45,854
Lokoja	21.4%	Annual	36.6%	Every year	275,899	77,252
Mopa-Muro	0.0%	Not required	26.7%	Via LF MDA	62,223	17,422
Ofu	0.4%	Not required	27.4%	Every year	271,530	76,028
Ogori/Magongo	0.0%	Not required	28.9%	Every year	55,985	15,676
Okehi	2.4%	Every 2 years	36.5%	Every year	282,593	79,126
Okene	0.8%	Not required	22.6%	Via LF MDA	452,519	126,705
Olamaboro	0.0%	Not required	27.5%	Via LF MDA	226,291	63,361
Omala	0.0%	Not required	20.5%	Via LF MDA	153,169	42,887
Yagba East	0.4%	Not required	19.5%	Not required	210,566	58,958
Yagba West	1.2%	Every 2 years	16.2%	Not required	198,028	55,448
Kwara State						
Asa	4.4%	Every 2 years	29.4%	Via LF MDA	178,649	50,022
Baruten	28.6%	Annual	15.8%	Not required	133,177	37,290
Edu	13.0%	Annual	5.2%	Not required	295,960	82,869
Ekitti	7.0%	Every 2 years	24.7%	Via LF MDA	284,670	79,708
Ifelodun	3.4%	Every 2 years	14.2%	Not required	77,502	21,700
Ilorin East	3.1%	Every 2 years	22.3%	Every year	291,132	81,517
Ilorin South	0.3%	Not required	11.3%	Not required	288,685	80,832
Ilorin West	13.0%	Annual	38.4%	Every year	294,875	82,565
Irepodun	10.2%	Annual	23.8%	Via LF MDA	515,264	144,274
Isin	5.1%	Every 2 years	18.3%	Not required	209,982	58,795
Kaima	22.9%	Annual	12.4%	Not required	84,408	23,634
Moro	6.3%	Every 2 years	10.7%	Not required	175,440	49,123
Offa	0.0%	Not required	28.9%	Every year	153,720	43,042
Oke-Ero	5.5%	Every 2 years	12.3%	Not required	126,707	35,478
Oyun	6.7%	Every 2 years	11.4%	Not required	81,414	22,796
Pategi	38.3%	Annual	0.0%	Not required	158,701	44,436
Sokoto State						
Binji	3.0%	Every 2 years	2.3%	Not required	148,400	41,552
Bodinga	5.8%	Every 2 years	9.2%	Not required	247,844	69,396
Dang Shuni	31.1%	Annual	9.8%	Not required	274,888	76,969
Gada	28.5%	Annual	3.7%	Not required	350,795	98,223
Goronyo	10.9%	Annual	15.2%	Not required	257,579	72,122
Gudu	10.2%	Annual	3.8%	Not required	135,001	37,800
Gwadabawa	13.6%	Annual	5.4%	Not required	326,903	91,533
Illela	17.3%	Annual	2.3%	Not required	212,637	59,538
Isa	8.4%	Every 2 years	1.7%	Not required	206,440	57,803
Kebbe	56.0%	Annual + adult	12.8%	Not required	176,138	49,319
Kware	6.4%	Every 2 years	5.2%	Not required	189,196	52,975
Rabah	25.5%	Annual	5.7%	Not required	210,766	59,015
Sabon Brini	14.4%	Annual	3.0%	Not required	293,332	82,133
Shagari	44.8%	Annual	12.1%	Not required	221,007	61,882
Silame	14.9%	Annual	2.1%	Not required	147,483	41,295
Sokoto South	6.8%	Every 2 years	2.7%	Not required	275,408	77,114
SokotoNorth	6.8%	Every 2 years	4.1%	Not required	329,005	92,121
Tambuwal	39.7%	Annual	10.0%	Not required	317,822	88,990
Tangaza	3.5%	Every 2 years	4.4%	Not required	160,871	45,044
Tureta	29.7%	Annual	15.0%	Not required	96,605	27,049
Wamakko	15.2%	Annual	5.4%	Not required	253,797	71,063
Wurno	40.3%	Annual	4.8%	Not required	229,336	64,214

Yabo	17.3%	Annual	10.9%	Not required	162,508	45,502
				Total	17,782,562	4,979,117

Prevalence and treatment strategy

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

In the case of SCH, we will implement 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 ³	WHO strategy ⁴
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

Outputs

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

Output 2a: Treat school aged children between 5-15 years through SCH/STH MDA.

Output 2b: Treat adults for SCH through MDA where prevalence rates dictate.

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

Key output indicator targets

	Year 4	Year 5
	Apr'20 – Mar'21	Apr'21 – Mar'22
No. of teachers trained on SCH/STH MDA	11,225	13,628
No. of health workers trained on SCH/STH MDA	1,310	1,621
No. of CDDs trained on SCH/STH MDA	7,325	8,973
No. of school aged children between 5-15 years treated for STH	554,533	568,396
No. of school aged children between 5-15 years treated for SCH	2,010,669	3,003,347
Number of adults treated for STH	-	-
Number of adults treated for SCH	309,803	317,548

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

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

⁴ [Helminth control in school age children: a guide for managers of control programmes, Second edition](#), 2011, page 74-75

Summary of planned budget

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

Implementation

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

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

Adult treatment, which is recommended by WHO in areas of high SCH prevalence (> 50%), is required as part of this program. In 4 LGAs (Argungu, Augie, Ngaski and Kebbe) approx. 630,000 adults will be targeted for SCH through MDA.

Monitoring and evaluation

Treatment coverage surveys (TCS), used to indicate the success of MDA, will occur after each GiveWell funded MDA. The Year 1 Nigeria 4 States TCS was submitted to GiveWell July 19, 2018

A Quality Standards Assessment Tool, (QSAT), used to appraise a program's performance, took place in February 2018, the recommendations of which are currently being implemented in a 2 year action plan. The next QSAT is scheduled for 2020. It will monitor progress in implementation of previous QSAT and TCS recommendations and their impact on the quality of MDA implementation.

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 1995.	Coordination Implementing partner
Ministry of Primary Education	Sightsavers has been working with the Ministry of Primary Education through the MoH since 2015.	Implementing partner
Pharmaceutical companies	Pharmaceutical companies have been donating drugs to the MoH since 1995.	Will supply the quantity of drug requested by the MoH on time.

GiveWell	Supported program since 2017 (SCH and STH)	Donor
Department for International Development UK (DFID)	Long-term partner in Nigeria. Supported 4 States project since 2017 (oncho and LF)	Donor (current funding ends March 2019)
Communities	CDDs support MDA. Community led sensitization since 1995	Volunteer support Beneficiaries

Other 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.

As advised in our Year 1 reporting, Sightsavers was in the process of preparing a funding application to a large institutional donor, which we hoped would include SCH and STH MDA activities within an extension of their existing integrated onchocerciasis and LF program. However, as we progress with the application it has become apparent that SCH and STH are not a priority for this donor. As a result of this development, we have now decided to include Nigeria 4 States in Wishlist 3.

[REDACTED]

Sightsavers continues to work closely with State level MoH and LGAs and encourages their continued commitment to NTD programs. An example of this would be the financial contributions made towards State NTD units. These financial contributions support the planned MDA activities by strengthening health systems and by building human recourse capacity.

Sightsavers currently has support from smaller donors such as AG Leventis Foundation and Jersey Overseas Aid (JOA) for our integrated NTD work within 4 States, Nigeria. With this support ending in December 2018 we aim to request future funding support based on the commitment both donors have shown to our work in Nigeria and their interest in tackling NTDs.