

Sightsavers deworming programme, Democratic Republic of the Congo (DRC)

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project
Year four annual report: April 2020 – March 2021

Country: Democratic Republic of the Congo

Location: Ituri Nord and Ituri Sud, Ituri Province

Start date: Ituri Nord: January 2017; Ituri Sud: 2020

Project goal: The reduction in the prevalence and intensity of schistosomiasis (SCH) and soil-transmitted helminths (STH) in school age children.

Project summary

GiveWell funded deworming in DRC has entered into its fourth year, focusing on two targeted regions in Ituri province: Ituri Nord which began in 2017 and, for the first year, Ituri Sud.

Sightsavers continues to work with implementing partner United Front Against River Blindness (UFAR) for the GiveWell funded deworming work in DRC.

Year 4 was greatly affected by COVID-19 which forced all project activities to be suspended in March 2020, as per WHO guidance for NTD MDA. At this point, the government of DRC started to put restrictions on international travel, public transport, mass gatherings, and non-essential services and schools were closed. From July, the government began to ease restrictions, with schools, universities, and non-essential services reopening, as well as the resumption of interprovincial travel. DRC was affected by a second wave of the COVID-19 pandemic in December when a curfew from 9pm to 5am was established and schools were closed again. Schools reopened February 22nd 2021. Since the first confirmed case of the COVID-19 in DRC was reported on 10th March 2020, and as of April 25th 2021, there have been 28,956 COVID-19 confirmed cases, with 745 deaths in the country. Kinshasa is the most affected province in DRC, reporting nearly 75% of cases. The province of Ituri reported relatively few cases (0.1% of total cases in DRC).

COVID-19 and the late arrival of praziquantel in DRC followed by the delay in the delivery of drugs to the provincial level affected the resumption of activities in Y4.

In DRC, Sightsavers worked with UFAR to finalise and approve the RAMA tool documents needed for the resumption of activities by the end of April 2021 for activities to resume in May. Sightsavers SMT agreed DRC RAMA tools prior to the resumption of activities in Ituri. MDA activities are scheduled to begin before the end of May 2021. The SCH/STH MDA data will be shared with GiveWell once validated by the MoH.

Project output summary

Output	Indicator	Year 4* Target	Year 4 To date
Treat school-age children between 5-14 years for SCH and STH through MDA	No. of school-age children between 5-14 years treated for SCH	385,595	0
	No. of school-age children between 5-14 years treated for STH	140,742	0

*Original Year 4 targets for this GiveWell funded project were revised down from 716,070 for SCH and 205,401 for STH due to the ability of ESPEN to fund treatments in 12 districts of Ituri Sud (of which 10 were scheduled for MDA in Year 4).

Total number of school aged children treated: tbc

Activity Narrative

The project aimed to deliver treatment to 23 districts endemic with SCH/ STH in Ituri Sud and 8 districts in Ituri Nord. In 2020-21 (Year 4), 25 of these districts in Ituri Nord and Sud required treatment, 19 for SCH and 6 for STH.

However, ESPEN was able to displace GiveWell funding in 12 districts in Ituri Sud in Year 4, of which 10 were scheduled for MDA. Therefore, the scope of the GiveWell project was reduced and savings were made.

The remaining 11 districts in Ituri Sud continue to be funded with GW recommended funds, of which 7 are scheduled for MDA in Year 4. Ituri Nord was unable to benefit from ESPEN funding and the 8 districts in Ituri Nord remain part of the GiveWell funded scope of work for Year 4.

All activities, including MDA and coverage evaluation survey (CES), planned to take place in 2020-21 were postponed due to COVID-19. (The CES for the 2019 MDA planned for 2020 was postponed due to COVID-19 and has now been cancelled, because it could not be conducted within 6 months of MDA, the CES for 2021 MDA is scheduled for Q3 2021).

The second wave of COVID-19 has eased in DRC, though restrictions remain, including, limits on the number of people per vehicle for public transport, wearing of facemasks is mandatory in public and private transport and travellers moving between provinces must present a negative coronavirus test result.

The RAMA tools needed for the resumption of activities were approved by Sightsavers by the end of April 2021 for activities to resume in May. The RAMA process ensured safety for all through the use of PPE and alcoholised hand sanitizers for CDDs, health workers and teachers. As part of the RAMA process requirements, a security risk assessment with COVID-19 trends, an updated budget containing the additional spending for PPE and extra health messaging, and a letter of approval from the Ministry of Health were all produced. New SOPs¹ include a requirement for the MoH to commit to adherence to compliance with COVID-19 mitigation and prevention measures.

Some funds from Ascend West² were 'flexed' in DRC to support the COVID-19 response, including handwashing kits, sensitisation on COVID-19 prevention, development, and dissemination of COVID-19 awareness messages through local media (radio & television), posters and tarpaulin displays on

¹ Standard Operating Procedures

²FCDO funded Integrated NTD programme in West Africa

COVID-19 for public places and health facilities. These COVID-19 response activities conducted by Ascend West were also implemented in Ituri Nord and Ituri Sud.

PPE and handwashing kits were also provided to health facilities in both Ituri Nord and Sud, from other partners, such as End Fund and UNICEF. This was of benefit to this project and allowed the cost increases for working within COVID-19 to be limited. Though this project still needed to buy masks and sanitiser, the contributions of other actors in DRC kept the impact on this project's budget to a minimum.

Despite the delays, the drugs for MDA have arrived in the DRC and were transported to the target province, Ituri, at the end of April 2021. UFAR expects activities to begin in May with the CES taking place within six months following the end of MDA.

Staff, CDDs and teachers will all receive COVID-19 mitigation and safety training before MDA activities take place. The training sessions will take place outside but where more detailed data validation meetings are needed, meetings are permitted indoors in well-ventilated, disinfected rooms with handwashing stations. This will include ensuring social distancing and hygiene measures during school-based MDA. Any community-based MDA will be done door-to-door to avoid mass gatherings and will be conducted outside.

As in the previous years, social mobilization and community sensitization, focused on both the necessity of giving deworming treatment to children and good hygienic practices, and will be held prior to the MDA. This year, an integrated MDA and trainings for SCH and STH will be conducted in Ituri Sud and Ituri Nord in May. The sensitisation materials will also address the COVID-19 measures needed to keep communities safe such as social distancing, hygiene and handwashing behaviour and to ensure that all drug distributors wear masks. The materials are also an opportunity to address any rumours or false information spreading as seen in other countries.

Project outputs

Output	Indicator	Year 4* Target	Year 4** To date
Train health staff, community members and teachers to deliver SCH/STH MDA to schools and endemic communities	No. of teachers trained on SCH/STH MDA	2,718	0
	No. of health workers trained on SCH/STH MDA	436	0
	No. of CDDs trained on SCH/STH MDA	6,497	0
	No. of schools training at least one classroom teacher on school MDA.	2,718	0
Treat school-age children between 5-14 years for STH and SCH through MDA	No. of school-age children between 5-14 years treated for STH	140,742	0
	No. of school-age children between 5-14 years treated for SCH	385,595	0
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance	2	0

Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH	No. of advocacy meetings conducted with stakeholders on SCH/STH Interventions	41	0
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*As previously explained, original Year 4 targets for this GiveWell funded project were revised down due to the ability of ESPEN to fund treatments in 12 districts of Ituri Sud (of which 10 were scheduled for MDA in Year 4).

** Treatment numbers and training numbers will be shared with GiveWell as soon as possible, and we would ask for GiveWell to consider these treatments as part of Year 4.

School vs community-based treatments

A hybrid school and community-based platform is being used to deliver SCH/STH treatments in Ituri Sud and Ituri Nord in Year 4. In DRC we expect the majority of treatments to be in school, with community-based treatments implemented to reach unenrolled SAC. We will share school and community treatment rates with GiveWell once MDA data is validated by the MoH.

Project monitoring and coverage survey activity

Ongoing monitoring of SOPs will take place throughout MDA and CES³ activities. Various methods were used in DRC to monitor the implementation of SOPs:

- Semi-structured interviews (CDD is interviewed on barrier measure observance)
- COVID -19 Response monitoring checklist app (ODK) was used by supervisors, as well as by the provincial COVID taskforce.
- Use of WhatsApp, district staff and Provincial Health Department shared information through WhatsApp groups/platform
- Pre and Post training tests for health workers and teachers, where COVID mitigation adherence questions were included.

The Provincial COVID-19 Committee monitors the pandemic situation daily and will continue to review MDA activities. Additional meetings are held at the district level weekly to inform and review data at the district level to feed back into a national review process. COVID-19 data will be submitted biweekly and four weeks after MDA to determine the impact, if any, of MDA activities on COVID-19.

Field visits for supervisors must follow the COVID-19 guidelines as outlined by the MoH. These include presenting a negative test result taken within three days of any inter-provincial travel, reduced numbers of people per car or public transport and for those travelling masks must be worn.

With MDA taking place in May, the CES is scheduled for within 6 months and the results will be shared with GiveWell once they are available.

Treatment coverage rates

Outcome Indicator	Year 4 April 2020 - Mar 2021	
	Year 4 Milestone	Year 4 To date
% of all targeted people in targeted health zones treated with praziquantel for SCH (ultimate threshold at least 75%).	75%	-
% of all targeted people in targeted health zones treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%)	75%	-

³ Previously referred to as TCSs

% of existing schools in targeted health zones participating in the school deworming programme	100%	-
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The treatment coverage rates for SCH and STH MDA will be shared with GiveWell once they are validated by the MoH.

Key successes

- UFAR and Sightsavers, in coordination with the MoH, successfully completed the RAMA process to resume activities safely in Ituri Sud and Ituri Nord. Sightsavers NTDs Senior Management Team (SMT) approved Stages 4 and 5 in April for activities to safely resume in May 2021.
- Funding from ESPEN enabled the displacement of GiveWell recommended funds in 12 districts in Ituri Sud in Year 4, resulting in savings. The MoH hopes to secure repeat funding for these 12 districts from ESPEN in Year 5.
- This project benefitted from the COVID-19 awareness raising activities funded and delivered by other health programmes in DRC.

Key Challenges

- As in Year 3, the late delivery of praziquantel to DRC resulted in the delayed implementation of SCH MDA in Ituri Nord and Ituri Sud. The drugs arrived in-country in January 2021, but then had to be transferred to the provinces before MDA could begin in May 2021. This year, internal transport from Kisangani to the project locations, was delayed due COVID-19 travel restrictions and security issues. The drugs arrived in Ituri Sud and were then flown to Ituri Nord by airfreight due to security issues.

This year, we provided additional transportation support to speed up the delivery of drugs from Kisangani to project locations. In a usual year we would anticipate this would have had a greater impact. However, in Year 4 the unprecedented COVID-19 pandemic meant COVID-19 travel restrictions added in extra complications.

- Intertribal clashes and militias incursions have affected security in Ituri. A state of siege/martial law has been declared in Ituri due to the recent rates of violence. The province was administered by the army and police for over a month. All activities will be implemented as planned, though preventive measures will be reinforced prior to any travel to the districts, from Aru or Bunia. Security issues in Ituri are expected to improve in the near future.

Internal displaced people remain in Ituri, as well as South Sudanese people in some areas bordering Uganda and South Sudan. Our local partner, UFAR plans to hire local community members and combine both school and community settings to minimize the risk of attrition during the MDA. Advocacy meetings will be held with the community leaders to allow CDDs to provide treatment to those eligible.

- The COVID-19 pandemic has impacted the country with travel restrictions and the closure of businesses. The government, WHO and other partners are making productive efforts to minimise the impact of the pandemic.
- A UFAR staff member in charge of SCH and STH left his position. His position has now been filled by Dr Dieudonné Zangamoyo, a skilled and competent professional, who previously worked for several years in strengthening the DRC health system.

Lessons learned

- As in Year 3, delays in drug shipments to DRC continue to be an obstacle to timely implementation of MDA. Despite the additional support given in Year 4 in response to learnings from Year 3, shipment delays still occurred, in part due to COVID-19 travel restrictions.

In Year 5 we need to increase this level of support further still and make it more specific to the project locations, linking up transport between the project locations and initial drug in-country landing points. We believe this can be done without additional costs.

- Multiple learnings were made about how to manage MDA in a pandemic; in DRC learnings particularly related to monitoring the number of COVID cases and ensuring our work does not contribute to the spread of the virus in the communities we work in.

Looking ahead to 2021

Data from the ongoing MDA will be shared with GiveWell once available and this report will be updated accordingly.

Sightsavers will continue to monitor the COVID-19, Ebola and the intertribal situation on the ground and continuously assess our project activities to ensure the safety of all those involved.

Sightsavers will continue to use GiveWell Wishlist 4 funding to conduct MDA activities in Ituri Sud up to March 2023, and funding from Wishlist 5 extending SCH/STH MDA in Ituri Nord for a further two years, also up to March 2023.

The delayed Year 4 MDA is being delivered in May 2021, and our current plans are to deliver Year 5 MDA in Q1 2022, in both Ituri Nord and Ituri Sud. Following Year 4 MDA, Year 4 CESs are expected to take place in the next 6 months and we will share the report with GiveWell as soon as it is validated by the MoH.

The postponed health system strengthening training that was scheduled for July 2020 will be rescheduled to 2021, Sightsavers will work with UFAR to coordinate this with relevant stakeholders.

As mentioned above, we will continue to discuss MDA funding in Ituri with ESPEN, with the goal of displacing GiveWell recommended funds in as many districts as possible, in Year 5.