

Sightsavers deworming programme Guinea

GiveWell schistosomiasis (SCH) and soil transmitted helminths (STH) project

Year four annual report: April 2020 – March 2021

Country: Guinea

Location:

- N'zérékoré, Lola, Yomou, 3 health districts (HDs), January 2017, Project Year 4;
- Fria, Coyah, Dubréka, Matoto, Ratoma, 5 urban and peri-urban health districts, January 2018, Project Year 3.
- Second round of STH MDA in Beyla, Guéckédou, Macenta, N'zérékoré (4HDs) planned start date April 2020, Project Year 1 (to be delivered¹)

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

Project summary

COVID-19 has greatly affected project activities in Year 4. Guinea's Ministry of Health suspended all health activities in response to the combined threats of COVID-19 and Ebola. In February 2021, the Government of Guinea declared an epidemic of Ebola virus disease in the N'Zérékoré district, sub-district of Gouecké region. The outbreak has now been controlled and it has been more than 35 days since the last case was found.

To date there have been 22,746 cases of COVID-19 in Guinea, 151 deaths and 51,187 people have been vaccinated. Additionally, there have been 14 confirmed Ebola cases with 10,081 people vaccinated.

In response to the COVID-19 pandemic, the MoH introduced several public health measures to minimise the transmission risk across the country. These include monitoring temperatures on entering buildings, handwashing and sanitization stations, mandatory mask wearing indoors and social distancing.

We are pleased to report, we were able to displace GiveWell funding in Year 4, in 3HDs in the Forest Region. Two separate factors enabled this; funding becoming available for one round of MDA from ESPEN for SCH/STH MDA for SAC in the N'Zerekore region; and there was the opportunity to incorporate adult SCH treatment into Ascend West's MDA campaign. The ESPEN funded MDA targeted 174,386 SAC for SCH/STH, the Ascend West funded MDA targeted 323, 686 adults for SCH treatment in these 3HDs.

The planned second round of the biannual STH MDA in the high prevalence districts (Beyla, Guéckédou, Macenta and N'Zérékoré) could not take place due to the COVID-19 pandemic, followed by the outbreak of Ebola. This MDA is now planned for December 2021/January 2022, six months after the Helen Keller supported first round of MDA in Beyla, Guéckédou, Macenta. ESPEN funded MDA for N'Zérékoré district last year, however we were unable to deliver the second round six

months after this MDA due to Ebola. Therefore, it is now scheduled for December 2021/January 2022.

Guinea has followed Sightsavers integrated RAMA tool for resuming SCH/STH MDA activities, and approval has been secured for the resumption of activities in Guinea.

Political instability and security issues have delayed the implementation of MDA in 5HDs in urban and peri-urban areas in Year 4. As a result of the presidential elections held on 18th October 2020, the president Alpha Condé won a third term and violent clashes between security forces and opposition supporters occurred following the elections. When security issues were resolved, another RAMA process was conducted in March 2021 to resume SCH/STH MDA in the 5 urban and peri-urban districts (5HDs). Discussions were held with MoH in April for MDA to start in the 5HDs (Fria, Coyah, Dubréka, Matoto, Ratoma) in June 2021. The SCH/STH MDA data will be shared with GiveWell when validated by the MOH.

Project output summary for 5 HDs (Urban and Peri-Urban)

Output	Indicator	Year 4 Target	Year 4 To date
Treat school aged children between 5-14 years for STH and SCH through Mass Drug Administration (MDA).	Number of school age children between 5-14 years treated for SCH	513,341	0
	Number of school age children between 5-14 years treated for STH	513,341	0

Total number of school aged children treated: 0

Activity Narrative

This project aimed to deliver treatment to 11 districts that are endemic to both SCH and STH, 3 in the Forest Region and 5 in urban and peri-urban areas and 4 districts for a second round of MDA². All activities including MDA and CES planned to take place from April 2020 to March 2021 were postponed due to COVID-19, the Ebola outbreak and political instability. The CES for the 2019 MDA could not be delivered due to COVID-19 constraints. All other CESs for MDA in 2020 are scheduled for 2021, both for MDA in the forest region, funded by ESPEN and for the urban and peri urban areas.

For the 5HDs in the urban and peri-urban districts, the Guinea Country Office completed the RAMA process on the 26th March 2021, having developed and presented the necessary documents to resume activities safely. These included a letter from the MoH supporting the resumption of activities, a security risk assessment, updated COVID-19 data, amended budget and new standard operating procedures (SOPs) to ensure delivery of COVID-19 safe project activities.

The recruitment of teachers, health workers and CDDs will ensure that no one falling within vulnerable groups, such as those over 60 years old, or with underlying health conditions, will be asked to deliver MDA. Training for MDA is currently underway and will be completed by early June. All participants will be required to wear masks and carry out frequent handwashing or sanitizing, allocations for these costs have been included in the budget. Other public health measures will be put in place these will include social distancing and outdoor sessions where possible.

² Due to high prevalence as previously described

Social mobilisation started this May and will be key to ensuring high MDA uptake particularly in the wake of the severe adverse events (SAEs) experienced in the urban and peri-urban districts during the previous round of MDA in 2019. For this purpose, a specific communication plan was developed to mitigate any treatment reluctance before MDA. The communication campaigns will also allow COVID-19 measures to be embedded into the MDA process to increase compliance and reduce opportunities for false information or rumours.

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	Number of Teachers trained on SCH/STH MDA	3,082	0
	Number of health workers trained on SCH/STH MDA	68	0
	Number of CDDs trained on SCH/STH MDA	377	0
	Number of schools training at least one classroom teacher on school MDA.	1,541	0
a) Treat school aged children between 5-15 years for STH and for SCH through Mass Drug Administration (MDA).	Number of school age children between 5-15 years treated for STH	513,341	0
	Number of school age children between 5-15 years treated for SCH	513,341	0
b) Treat adults for STH and for SCH through Mass Drug Administration (MDA) where prevalence rates dictate.	Number of adults treated for STH via MDA	0	0
	Number of adults treated for SCH via MDA	0	0
	Number of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	1	0
Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on SCH and STH.	Number of advocacy meetings conducted with stakeholders on SCH/STH Interventions.	2	0

The SCH/STH MDA and trainings data will be shared with GiveWell once they are validated by the MOH.

School vs community-based treatments

A hybrid school and community-based platform is being used to deliver SCH/STH treatments in the 5 urban and peri-urban health districts. School based MDA is delivered where possible and community-based treatment 'mops up' any non-enrolled 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

CESs for 2019 SCH/STH MDA were scheduled for 2020. They were to be integrated for all 5 NTDs and funded by Ascend. However, they could not go ahead due to COVID restrictions. The surveys have now been cancelled, because of the time limit of 6 months between MDA and survey to minimize recall bias among respondents.

With Year 4 GiveWell funded SCH/STH MDA scheduled for the end of June 2021, the CES is scheduled for within 6 months of completion and results will be shared with GiveWell once they are available.

Ongoing monitoring of SOPs will take place throughout MDA and CES activities. Trainees are to be supervised by Sightsavers via check-in calls with district facilitators and random assessment of trainees via phone/video. Supervisors will be provided with a safety measures and SOP checklist via the Open Data Kit (ODK) App for digital health, to ensure that all project activities are conducted effectively and following COVID-19 guidelines.

Community based monitoring of MDA/reporting will be anchored by frontline health facility staff, under safe COVID mitigation conditions. Monitoring by the MoH will be carried out at district rather than community level to avoid unnecessary travel and interactions. Where inter-regional supervisory visits are required, a negative COVID-19 test must be presented before travel.

A regional COVID-19 Committee was developed to monitor virtually, via remote meetings, providing a daily update on COVID-19 which will feed back into a national review process. COVID-19 data trends will be monitored post-MDA to determine the impact, if any, on COVID-19.

Treatment coverage rates

Outcome Indicator	Year 4 April 2020 – March 2021	
	Year 4 Milestone	Year 4 To date
% of all targeted school aged children among targeted health districts treated for SCH (ultimate threshold at least 75%).	75%	-
% of all targeted school aged children among targeted districts treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%).	75%	-
% of existing schools among targeted health districts participating in the school deworming programme.	95%	-

Key Successes

- The RAMA process was successfully completed and approval was given for the resumption of SCH/STH MDA in the urban and peri-urban districts and for CES implementation.
- New SOPs have been successfully developed, in unprecedented circumstances, with the support and input from stakeholders within the NTD programmes in Guinea. The SOPs were developed alongside the guidance from Sightsavers on the necessary COVID-19 mitigation actions.

- We were able to displace GiveWell funding for Year 4, in the Forest Region, resulting in savings for this project. Sightsavers country office supported the planning and coordination of the MDA, and it was delivered by MoH and funded by ESPEN.
- We have adapted well to COVID-19 restrictions limiting travel and community gatherings and face-to-face meetings, virtual meetings and calls, and developed new SOPs.
- COVID-19 messaging was useful in reposting misinformation and enabled the community to maintain trust in all health programmes, including NTDs. Trust in NTD programmes was also increased as a result of the Ebola vaccine trial on health programmes.
- Reduced travel has resulted in a significant cost savings which will be rolled over to Year 5 to help cover the increased project costs due to PPE and other COVID-19 mitigation measures.
- Despite the challenges of the elections and the related security issues, the national NTD programme was able to reschedule treatment for SAC in the targeted districts in urban and peri-urban for June 2021.

Key Challenges

- All health activities were postponed due to cases of Ebola in N'Zerekore region in February 2021. Cases are now under control and activities have resumed.
- Following cases of severe reactions in urban and peri-urban areas in 2019 and the subsequent mis information, increased social mobilisation has been necessary to raise awareness of the benefits of treatment and to displace false rumours in order to maximise treatment uptake.
- Some protests were seen in Conakry against the third term of the president in October 2020 and against the demolition of houses in the area. Protests were also seen in N'zerekore in April 2020 related to the parliament election. Political instability and security issues were monitored and caused delays in the resumption of deworming activities in urban and peri-urban areas in Year 4.
- COVID-19
 - Sightsavers office in the UK and Guinea were both closed for the majority of 2020. Measures have been taken to ensure staff can work from home with visits to the office only granted in critical circumstances and under strict COVID-19 guidelines. Both offices are beginning to reopen following COVID-19 guidelines.
 - COVID-19 mitigating actions such as the provision of PPE and additional community sensitization, whilst crucial to ensure safety, has increased project costs by 35%. Sightsavers has used the underspent budget from previous years to cover this additional cost.
- Working with new RAMA processes and new SOPs was time consuming and was a challenge which the project successfully managed

Lessons learned

- Relationships and coordination with other NTD partners and stakeholders in Guinea remain strong as demonstrated by the successful MDA delivery by ESPEN and Ascend in the 3HDs.
- It's important for the project to remain agile and flexible in order to meet changing funding landscapes.

Looking ahead to 2021

Guinea completed the RAMA process on 26th March 2021. The Country Office has now received approval for the resumption of project activities for both MDA and CES in the 5 HDs.

MDA activities in the 5 urban and peri-urban districts, rolled over from 2019 and 2020 are scheduled to take place by the end of June 2021. This will avoid clashing with school exams and Ramadan. Particular effort will be made in community sensitisation in response to the SAEs experienced in the regions during previous MDA in 2019. Data from the MDA will be shared with GiveWell once available, and this report will be updated accordingly.

Sightsavers will continue to use GiveWell Wishlist 3 funding to conduct MDA activities in Guinea up to March 2022.

With GiveWell recommended funds, we have delivered 3 rounds of MDA in the 3 HDs (from WL 1, 2 and 3). ESPEN has delivered 1 MDA for SAC in the 3HDs in the Forest Region in Year 4 (displacing GiveWell funding) and Ascend West funded SCH treatments for adults in Year 4. This leaves GiveWell funds available for another 2 rounds of MDA in the 3HDs in the Forest Region, in Years 5 and 6.

In the urban and peri-urban areas, we will complete 1 round of MDA in 2021 (with recommended funds from WL 2 and 3), leaving GiveWell funds available for another round of MDA. We are analysing the budget, prevalence data and funding gap to determine the plan for the remaining round of MDA.

For the second round of STH MDA for the Forest Region, we have been unable to deliver the 3 rounds of GiveWell funded MDA from WL3 due to COVID-19 and Ebola outbreaks. We aim to deliver at least two rounds of MDA in Years 5 and 6. We are analysing the budget, prevalence data and funding gap to determine the plan for the remaining round of MDA.

The CES will take place later in 2021, up to 6 months post-MDA in the urban and peri-urban districts. Once the data has been analysed a report will be submitted to GiveWell. CES activities will use the budget rolled over from allocated funds in Year 4 and will be included in Year 5 reports.

Going forward we will continue to monitor the COVID-19 and Ebola status in country, alongside the security issues related to the political situation. We will work with local authorities to mitigate its impact on our work and ensure the safety of all those involved.