Sightsavers deworming programme, Nigeria – seven states: Kebbi, Kogi, Kwara, Sokoto, Yobe, Benue and Taraba

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

Country: Nigeria
Location (region/districts): Kebbi state, Kogi state, Kwara state, Sokoto state, Yobe state, Taraba state and Benue state
Start date: Kebbi, Kogi, Kwara, Sokoto and Benue January 2017, Project Year 4; Yobe April 2018, Project year 3; Taraba April 2019, Project Year 2. All MDA delivered between November 2020 and January 2021.

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

Project summary

The project continued to provide SCH and STH treatments to school aged children (SAC) across Kebbi, Kogi, Kwara, Sokoto states for the fourth year, Yobe for the third year and Taraba for the second year. The GiveWell fund continued to provide preventive treatments for SCH and STH in endemic LGAs in Benue for the fourth year, while oncho and LF were no longer treated by GiveWell as their funding was displaced by Ascend West for one year.

Sightsavers continues to work through local NGO implementing partners Health and Development Support Programme (HANDS) and Mission to Save the Helpless (MITOSATH) in Yobe and Taraba states respectively. As these states often suffer from insecurity, working with local partners on the ground allows the project better access and coverage, especially during the COVID-19 pandemic and when travel from other states (where Sightsavers staff are based) is not advised. Sightsavers Nigeria staff work directly with the state MoH teams in the other 5 states.

Year 4 has been another successful year for our deworming project across the Nigeria programme, with initial data showing good coverage rates despite COVID-19 and security issues in some states.

The COVID-19 pandemic reached Nigeria in March 2020 and as of 25th May 2021 there have been 166,098 confirmed cases of COVID-19 in Nigeria. Of these, 156,528 have been discharged, 7,499 are active cases and 2,071 have died. Public health measures include isolation and testing campaigns.

In response to the pandemic, the Ministry of Health has implemented laws that include the compulsory wearing of face masks in public places, social distancing and frequent handwashing. Nigeria have begun distributing a vaccine with 1.93 million doses given as of 25th May. COVID-19 vaccination roll out has now commenced in all states with health workers being prioritised followed by vulnerable individuals i.e. those over 60 years of age or those with underlying health conditions.

Project activities have been adjusted in line with the RAMA-approved SOPs and more detail of these changes are detailed in the report.

Project output summary

Output	Indicator	Year 4 Target	Year 4 Actual
Treat school aged children between 5-15 years for SCH and STH	No. of school age children between 5-15 years treated for SCH	3,645,175	4,076,287
	No. of school age children between 5-15 years treated for STH	1,095,381	1,246,210

Total number of school aged children treated: 4,782,707

Activity Narrative

In March and April 2020, before COVID-19 restrictions were introduced in Taraba[1] and Kwara States, MDA was conducted in the Local Government Authority (LGA) areas of Sardauna, Ifelodun, Ilorin East, Ilorin West and Offa. As COVID-19 restrictions were implemented across Nigeria between April and June 2020, Sightsavers, our Nigeria Country Office and the Ministry of Health decided, as per WHO guidelines, to place all NTD activities on hold until safe to proceed. COVID-19 also impacted the drug procurement process and delivery. Activities in Kebbi, Benue, Kwara and Sokoto planned for this time were postponed.

Between July and September 2020, activities were still on hold across the country. Progress was made on the RAMA documentation and approval process through several virtual meetings. This included the development of COVID-19 adjusted SOPs, security risk assessments and the coordination with the Ministry of Health to provide a letter of support for the resumption of activities. During this time, the mebendazole and praziquantel procurement process was finalised to ensure drugs would be available in country for the resumption of MDA activities. As in previous years in Yobe state security meetings were held in 17 LGAs to discuss and mobilise security groups to provide support once MDA activities were to resume.

Following the procurement process, drugs began to arrive in country in November 2020.

All project activities that have resumed in Nigeria, across the 7 states, have followed the COVID-19 guidelines in the RAMA-approved SOPs. These guidelines include the compulsory wearing of facemasks during meetings and training sessions and the provision of hand sanitisers. Team members were provided with adequate PPE which increased costs.

In most states, advocacy visits took place in November to engage all stakeholders across the community. In Gudu LGA, Sokoto, these visits were unable to go ahead due to security issues.

Community meetings were held with key persons including traditional and religious leaders. Social mobilisation and awareness campaign organised jingles to be played in local languages on the radio.

[1] Year 4 MDA in the district of Sardauna, in Taraba, was completed before COVID restrictions, March - April 2020 as the drugs for this district were available. The other districts in Taraba conducted MDA in October-November 2020. (In Year 3, MDA was conducted in August 2019 in Sardauna, while the other LGAs in Taraba received MDA between December 2019 and January 2020).

Training of trainers at the State level took place in December and was embedded with COVID-19 information as per the RAMA-approved SOPs. These sessions were attended by independent monitors to verify that the training conducted met national standards and adhered to COVID-19 guidelines.

Once the trainers had been approved, teachers were then encouraged to attend MDA and Severe Adverse Event (SAE) training. In Kogi, low turnout at these sessions meant mop-up training took place in January 2021. In Yobe, non-enrolled SAC were mobilised to attend schools for treatment but the number of teachers trained per school was reduced because the number of teachers in schools has declined due to declining enrolment and retention rates at school, as a result of insecurity.

Health workers and CDDs were also trained following the same COVID-19 safety guidelines. In Kogi, CDD training was delayed due to the health worker strike that took place in December but has now been completed.

Drug distribution began in December 2020, with many districts resuming MDA in January 2021, after the festive season. In Kogi, community-based MDA took place with the support of health workers and CDDs during the school holidays to ensure all SAC were reached. Project activities were monitored in-person by state and LGA NTD teams whilst Sightsavers monitored remotely. This enabled Sightsavers to effectively assess, collect and provide feedback and set actions in real-time whilst minimising risk of COVID-19 transmission.

All MDA was delivered smoothly with just Benue reporting 16 very mild reactions ranging from stomach aches to vomiting and dizziness, which were all managed appropriately. Benue also delivered MDA to Internally Displaced Persons and those in refugee camps through the training of CDDs chosen by those communities.

An outbreak of SCH in Takum LGA in Taraba was reported in September 2020 after a spike in haematuria cases. This was likely due to increased contact with water from a dam which cuts across the LGA during the rainy season. In addition, the global lockdown may also have had an impact – with schools closed this would have increased children's engagement in outdoor activities, which potentially could enable SCH transmission, like swimming etc. Despite not being part of our treatment plan for the year, due to low prevalence, additional MDA was provided in this LGA for both SCH and STH to community members of all eligible ages in line with the national programme and WHO guidance and at the request of the MoH. The MoH also provided additional sensitisation activities aimed at fostering positive behaviour towards SCH/STH control and potential elimination within these affected communities.

After completion of MDA, state level technical and data review meetings were held (Jan-Mar21). The MDA data was validated to determine the treatment coverage rates, successes and leanings from Year 4 activities. For SCH, MDA was delivered in all targeted LGAs, except in Gudu LGA, in Sokoto state, due to security issues[2], while STH was conducted in all targeted areas except in 6 LGAs in Kogi state due to STH opportunistic treatment though LF MDA conducted by Ascend West for one year.

[2] When security issues are resolved we will conduct a risk assessment on the feasibility of delivering MDA

Project outputs

Output	Indicator	Year 4 Target	Year 4 Actual
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	**16,375 (TOTAL)** 2,818 (Kebbi) 1200 (Kwara) 3,017 (Kogi) 1,273 (Sokoto) 5,600 (Benue) 967 (Taraba) 1,500 (Yobe)	**15,135 (TOTAL)** 2,818 (Kebbi) 980 (Kwara)^ 3,017 (Kogi) 2,278 (Sokoto) 4,973 (Benue)^ 256 (Taraba)^ 813 (Yobe)*
	No. of health workers trained on SCH/STH MDA	**2,072 (TOTAL)** 708 (Kebbi) 90 (Kwara) 151 (Kogi) 265 (Sokoto) 277 (Benue) 347 (Taraba) 234 (Yobe)	**2,137 (TOTAL)** 708 (Kebbi) 99 (Kwara) 151 (Kogi) 552 (Sokoto) 218 (Benue)^^ 302 (Taraba) 107 (Yobe)^^
	No. of CDDs trained on SCH/STH MDA	**7,531 (TOTAL)** 4,810 (Kebbi)	**8,918 (TOTAL)** 4,810 (Kebbi)

		400 (Kwara) 302 (Kogi) 1,933 (Sokoto) 0 (Benue) 86 (Taraba) 0 (Yobe)	480 (Kwara) 302 (Kogi) 1,133 (Sokoto)^^^ 248 (Benue)^ 1,945 (Taraba)**^ 0 (Yobe)
	No. of schools training at least one classroom teacher on school MDA.	**13,447 (TOTAL)** 2,818 (Kebbi) 900 (Kwara) 3,017 (Kogi) 1,273 (Sokoto) 5,600 (Benue) 967 (Taraba) 750 (Yobe)	**10,321 (TOTAL)** 2,818 (Kebbi) 980 (Kwara) 3,017 (Kogi) 1200 (Sokoto) 4,973 (Benue)^ 256 (Taraba)^ 813 (Yobe)
a) Treat school aged children between 5-15 years for STH and for SCH through MDA b) Treat adults for STH and for SCH through MDA where prevalence rates dictate	No. of school age children between 5-15 years treated for STH	**1,095,381 (TOTAL)** 0 (Kebbi) 364,781 (Kwara) 359,095 (Kogi) 0 (Sokoto) 237,444 (Benue)	**1,246,210 (TOTAL)** 0 (Kebbi) 386,673 (Kwara) 456,621 (Kogi)+ 0 (Sokoto) 237,651 (Benue)

		134,061** (Taraba) 0 (Yobe)	165,265** (Taraba) 0 (Yobe)
	No. of school age children between 5-15 years treated for SCH	**3,645,175 (TOTAL)** 769,184 (Kebbi) 344,404 (Kwara) 214,027 (Kogi) 769,986 (Sokoto) 985,817 (Benue) 179,738** (Taraba) 382,020 (Yobe)	**4,076,287 (TOTAL)** 858,667 (Kebbi)*** 397,851 (Kwara)^ 271,958 (Kogi)+++ 885,705 (Sokoto)++ 1,011,351 (Benue)++ 229,895** (Taraba) 420,860 (Yobe)
	No. of adults treated for STH via MDA	**0 (TOTAL)** 0 (for all 7 states)	**9,678 (TOTAL)** 0 (Kebbi) 7,949 (Kwara)^ 1,729 (Kogi)+++ 0 (Sokoto) 0 (Benue) 0 (Taraba) 0 (Yobe)

	No. of adults treated for SCH via MDA	**309,803 (TOTAL)** 241,109 (Kebbi) 0 (Kwara) 0 (Kogi) 68,694 (Sokoto) 0 (Benue) 0 (Taraba) 0 (Yobe)	**507,167 (TOTAL)** 288,893 (Kebbi)*** 5,753 (Kwara)^ 1,661 (Kogi)+++ 111,964 (Sokoto)+++ 0 (Benue) 98,896 (Taraba)** 0 (Yobe)
	No. of treatment coverage surveys conducted with data disaggregated by age group and gender and school attendance.	**7 (TOTAL)** 1 (for all 7 states)	**7 (TOTAL) ***** 1 (for all 7 states)
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.	**16 (TOTAL)** 3 (Kebbi) 3 (Kwara) 3 (Kogi) 3 (Sokoto) 1 (Benue) 1 (Taraba) 2 (Yobe)	**92 (TOTAL)** 10 (Kebbi) 7 (Kwara) 18 (Kogi) 18 (Sokoto) 20 (Benue) 7 (Taraba) 12 (Yobe)

*Number of teachers reduced due to decreasing school enrolment.
** SAC SCH and STH targets revised and treatment numbers exceeded due to the addition of Takum district because of an SCH outbreak. The original SAC SCH and STH target in Taraba was 93,782 (2 LGAs) for each disease, but increased when Takum was added to our Y4 treatment plan for both SCH and STH. Takum LGA has a large population contributing to the increased no. of people reached. The district of Donga was also added in our Y4 treatment plan for SCH.

*** Original target for Y4 was 511,975, but 6 targeted districts received LF opportunistic treatment conducted by Ascend West, while 4 other districts that were not originally targeted to be treated by GiveWell (as they were supposed to receive LF opportunistic treatment through Ascend) had to be included in our Y4 treatment plan since they could not be treated by Ascend West due to shortage of drugs. So, the revised target for Kobi is 359,095.
**** Report currently in development
+ STH MDA in some regions delivered by Ascend, more details below.
++Increased mobilisation and acceptance
+++ Teachers take drugs to show parents it is safe for their children to help encourage uptake, as per national guidance if adults have symptoms, they should be treated (ad hoc basis). In addition, in Sokoto there was also high prevalence
^ Increased community-based MDA
^^ Difficulties recruiting
^^^ Few CDDs trained as training of teachers and health workers exceeded the targets needed

Comments and explanations for the variances between targets and actuals achieved at the end of MDA are described below:

- Yobe treated higher numbers of SAC because of its successful sensitization of communities to send non enrolled SAC to join nearby schools for treatment. Yobe also ensured IDPs were treated in their respective camps. Insecurity in the area led to the reduction in the number of teachers being trained.
- Higher treatments were seen across Kwara for SAC as community-based MDA was used due to the schools being closed for the festive season. This meant CDDs and health workers were able to distribute the drugs to non-enrolled and enrolled SAC who would have been ordinarily missed when primarily conducting school-based MDA.
- In Sokoto, uptake and enrolment of teachers and health workers was much higher than expected. As a result, the target for CDDs was reduced as they were not needed.
- September saw a spike in haematuria cases in Takum LGA, Taraba, indicating an outbreak of SCH. Schools were closed for the festive season so community-based MDA was needed to distribute treatments. As a result, few teachers were trained than planned whilst additional CDDs were trained to distribute both SCH and STH MDA to SAC and adults in the area. This resulted in the targets for CDDs and SCH/STH treatments exceeding the targets for the state.
- In Kogi, targets were created for STH MDA in some regions (Ajaokuta, Bassa, Okehi, Okene, Olamaboro, Omala) but the MDA was instead opportunistic treatments which were delivered by Ascend West's LF MDA.
- In Benue, increased and improved community engagement, sensitisation, and mobilisation led to a greater acceptance of MDA in the region resulting in higher treatments delivered. This included engaging with new stakeholders including faith-based schools. Schools closing for the festive season meant increased community-based MDA was needed. Some health workers were unable to complete training due to working on other health projects. Overall, fewer teachers and health workers were trained but more CCDs were trained in response.

School vs community-based treatments

For six of the seven states, most SAC received school-based MDA. Notably Yobe, Sokoto and Benue who delivered 100%, 95% and 92% of their treatment in schools. In Kebbi, Kwara and Kogi, treatments via schools were still higher than community-based treatments but lower than previous years due to the schools closing for the festive season. This meant that community-based MDA was needed to ensure SAC did not miss out on treatment.

In Taraba, 100% of treatments for SCH were delivered in the community as part of the campaign delivered in response to the outbreak. For STH, this meant some treatments were delivered in schools and some at the community level.

Overall, 76% of SAC were treated during school-based MDA and 24% were treated within their communities.

Project monitoring and coverage survey activity

Restrictions on field visits and supervision were in place due to COVID-19. As a result, MDA activities conducted in Year 4[3] were monitored and supervised virtually using standard and approved monitoring checklists (community/school monitoring checklist and frontline monitoring checklist) by supporting partners, frontline staff and key line Ministries of Health and Education. To support monitoring of the COVID-19 SOPs including social distancing and PPE adherence, questions relating to adherence were embedded in the standard monitoring checklists and deployed on CommCare App. These were managed by independent monitors engaged by the programmes to reduce bias in reporting. The analysis of data emerging from the process indicated an above average compliance with SOPs. In instances where these were flouted, supervisors and monitors encouraged CDDs to adhere in alignment with SOPs. WhatsApp platforms were also used to keep the different teams engaged during implementation, including sharing evidence.

Treatment data and unused medicines were retrieved across supported states except in places where curfews or insecurity prevented this from happening.

Where insecurity occurred, close follow-up meetings were held online or via phone with health workers to ensure coverage of all areas and targets were met. LGA and communities were also engaged and encouraged to carry out community self-monitoring.

In Kogi State, NTD managers, Sightsavers and Independent Monitors (IMs) conducted monitoring and supervision to the 10 endemic LGAs targeted in Year 4. A standard digital CommCare Checklist app was used to assess the trained teachers, health workers and CDDs. If any gaps in their knowledge or skills were identified, then on the job training was provided. The app also enabled real-time data updates for the monitoring team to provide timely feedback were necessary.

One-to-one interviews were carried out with randomly selected community members to further understand the level of SCH/STH awareness and to confirm treatment was provided under appropriate conditions.

LGA level data validation meetings were conducted in February 2021 with key stakeholders (coordinators and assistants, health education officers, area education officers/ward focal persons) to collate and review treatment data and address any identified gap.

The Nigeria country office received RAMA approval for the implementation of the coverage evaluation survey (CES)[4] in April 2021. CES teams were recruited from outside areas of

[3] In Yobe MDA was monitored in-person and virtually by project staff, State ministry, Federal ministry and LGA teams across the LGAs. In addition, a WhatsApp group was used to get daily reports of activities from the field. We limited the supervision in LGAs that have security challenges to the LGA teams based in those LGAs and we followed up with them via phone calls

[4] This refers to the new WHO terminology: CES, Coverage Evaluation Survey, previously referred to as the TCS

implementation with no connection to the MDA activities. During the recruitment of surveyors, those over 60 years old or those with underlying health conditions were excluded for their own safety.

The CES was conducted in April 2021, three months after MDA activities to avoid recall bias. The survey took place across 30 randomly selected communities in two randomly selected LGAs in each State out of the possible 80 that were treated. Random selection was achieved using the WHO methodology of probability sampling with segmentation[5]. Each data collection visit took just over a week. Data is currently being analysed and will be reported later in 2021. Once analysis is complete, a report will be shared with GiveWell, with the results feeding into future MDA planning.

Due to security risks in some areas mitigating actions were taken to ensure the safety of the team. These included journey planning with limited dark hour travel, daily check-ins with the project staff.

Treatment coverage rates

Outcome Indicator	Year 4 Apr 2020 – Mar 2021	
	Year 4 Milestone	Year 4 Actual
% of all targeted people among targeted local government areas (LGAs) treated with praziquantel for SCH (ultimate threshold at least 75%)	75%	86%
% of all targeted people among targeted local government areas (LGAs) treated with at least one round of albendazole/mebendazole against STH (ultimate threshold at least 75%)	75%	77%
% of existing schools among targeted LGAs participating in the school deworming programme	90%	81%*

* In some states, community-based MDA was carried out due to schools being closed for the festive period.

Key successes

- High treatment coverage rates for both SCH and STH MDA in all seven states where achievements exceeding the targets. All project LGAs in the seven states met and surpassed the minimum WHO therapeutic coverage of 75% for SCH and STH.
- Arrival of praziquantel in Nigeria occurred in November 2020, followed by the respective allocation to the 7 states, just on time for SCH/STH MDA.
- Proper planning and coordination helped to have the activities implemented within target deadlines. The NTDs programme was able to implement the MDA campaign in schools in Sokoto and Kebbi. In Kebbi this was due to MDA completion before schools closed for the festive season, and in Sokoto's case, because the schools didn't close for the festive season.
- The development and use of the RAMA tool has built capacity and confidence of project staff in engaging with management at country and global level and implementing MDAs within the context of a global pandemic.

[5] For more details regarding the sampling method, please see: https://apps.who.int/iris/bitstream/handle/10665/329376/9789241516464-eng.pdf?ua=1

- In Benue, MDA was delivered to Internally Displaced Persons and those in refugee camps in the state ensuring all eligible SAC were reached.
- The use of virtual platforms such as WhatsApp, Zoom, CommCare, Microsoft teams has made working during the COVID-19 pandemic effective whilst also increasing collaboration within teams. As a result, the implementation of some key pre-MDA activities was feasible in all the states.
- Through the development of a COVID-19 mitigation action plan in collaboration with state NTD teams, the Ministry of Health and the COVID-19 task teams the implementation of COVID-19-safe SCH/STH field interventions across the country were completed smoothly and effectively.
- Engagement of Education secretaries in Kogi State who coordinated the implementation of SCH/STH at the community level in place of the health workers who were on strike. The project was able to reach out to pupils despite the strike and the COVID-19 pandemic.
- The number trained for teachers and health workers in Sokoto state exceeded the targets by 1,005 and 286 respectively. The additional people trained was at no extra cost to the project but an outcome of successful advocacy activities that preceded the MDA.
- Acceptance of treatment in Taraba during the outbreak in Tarkum LGA was high and the project reported full engagement by the community. This greater acceptance of NTD treatments has had a positive impact with oncho/LF work, carried out afterwards, reporting increased engagement from the community.
- Community sensitisation and understanding of the need for children to eat before treatment lowered the occurrences of adverse reactions. Fewer occurrences of adverse reactions helped increase uptake of treatment and improves SCH coverage.
- The training of personnel on COVID-19 protocols, the provision of hand washing facilities to some schools and health facilities and the use of radio jingles and announcements to create more awareness all helped increase demand for treatment. As a result, for the first time, both Yobe and Benue achieved over coverage of targets.
- In Benue, the engagement with faith-based schools helped contribute to an increase in the number of SAC reached.
- This project benefitted from the flexing of Ascend West funds to support COVID-19 mitigation messaging, which included; messaging via media platforms such as radio and tv, community level engagement, training CDDs to share messaging on COVID and to encourage handwashing.

Key challenges

- Pockets of insurgent attacks in some of the LGAs in Yobe state (Geidam, Tarmua, Gulani and Gujba) and some reported cases of kidnapping and banditry attacks in some LGAs and communities in Sokoto. In particular, Gudu which had a high level of insecurity and prevented SCH/STH MDA for the year. In Yobe implementation was solely monitored by the state team and followed learnings from previous years which meant activities were implemented quickly and efficiently to avoid disruption.
- In September and October 2020, some communities in Yobe state (Jakusko, Nangare, Potiskum, Bade and Karasuwa) experienced severe flooding, which, combined with COVID-19, meant MDA activities were delayed.

- Some communities in Kebbi state were inaccessible due to insecurity. Drugs were delivered to some of these communities with assistance from local community security while monitoring and supervision was done remotely using the WhatsApp platform and calls.
- Strike action by health workers in Kogi state between October and December 2020 meant delays to their training for community-based MDA delivery and management of SAEs. As a result, MDA activities were also delayed in this state. Once resolved in December 2020, the health workers were trained and commenced treatment in 6 LGAs, which was concluded in January 2021.
- Some NTD staff in Taraba retired creating a large gap in the team. A new state coordinator has recently been recruited and is currently advocating to secure resources to address any gaps within the team.
- Gender disparity occurred in Yobe during the training of teachers. The work force in the region is male dominated, including educators. As a result, fewer females were trained. In response, the project will continue to advocate for the inclusion of women to achieve fair representation.
- COVID-19
    - COVID-19 led to the suspension of all field activities in April 2020. This caused a major delay in MDA activities planned for Q2. The project made efforts to co-implement activities as soon as drugs arrived in the country/states and some activities were merged.
    - School closures during the second wave of COVID-19 (November 2020 to January 2021) in some states with closures for the festive holidays in others. These areas were marked and were revisited for MDA delivery in January 2021.
    - Data validation and review meeting for the SCH MDA treatment report from Year 3 was delayed due to the closure of schools in Kwara State. This outstanding data has already been shared with GiveWell as soon as the COVID-19 restrictions were lifted in the state.
    - Some children did not have food available to take alongside their MDA and as a result were not treated in school. Community-based MDA then took place with the support for trained health workers and CDDs to ensure all children were reached.
    - Between October and December 2020, some states showed initial resistance to complying with COVID-19-mitigation measures due to false information and rumours, particularly in Yobe where many denied COVID was present. The project continued to educate these communities and there was an improvement with compliance.
    - COVID-19 restrictions in Benue state included a ban on motorcycles and a dusk to dawn curfew. As a result, staff movement within the communities was limited during supportive supervision and report collection. Staff had to work remotely in 3 of the 23 LGAs with LNTDs coordinators and other stakeholders to retrieve treatment reports in these areas. Remote working was initially challenging but has worked well overall.
    - In Kogi state, during monitoring, it was rumoured that treatment with praziquantel was a COVID-19 vaccine, resulting in refused treatments especially in Lokoja metropolis. This delayed commencement of treatment in schools. The state and LGA team members had to engage with Parents Teachers Associations to reassure them that it was the annual deworming tablets and not a vaccine.
    - Benie – 1 LGA some children refused treatment with praziquantel as they thought they were COVD drugs – increased awareness raising including radio jingles and sensitisation worked encouraged more uptake of treatment.

Lessons Learned

- Adaptation and implementation of project activities in the context of COVID-19. This has included working with states for updates on COVID-19 trends, using monitoring tools to ensure people are using COVID mitigation measures, handwashing and reducing the number of people attending MDA etc. Going forward these adaptations are now built into the project implementation ensuring the project is well placed to respond to re-emerging cases during the pandemic.
- In the face of increasing security threats across several project LGAs, embedding Community Self-Monitoring through targeted mobilisation and capacity building initiatives is vital. Working closely with key community members helps create important, strong links to the communities and project.
- Virtual platforms such as the use of WhatsApp, Zoom, Microsoft teams made working in the COVID-19 pandemic effective and improved collaboration within teams despite the COVID-19 related restrictions. This has made implementation of some key pre-MDA activities feasible in all the states.
- The engagement and inclusion of Area Educational officers during planning and supportive supervision proved effective, specifically in Kwara where they played a key role in mobilising and supervising private schools that were hesitant in accepting the drugs.
- The Command-and-control room has provided a means to bridging communication gaps between the Country office and field officers in place of physical monitoring visits. Based in Sightsavers country office this provided ongoing monitoring and weekly meetings. The team was able to receive feedback on work in the field, understand challenges, provide solutions and share cross learnings.
- Daily communication with communities pre-visit helped provide timely insight on the security status of the area.
- The use of COMM Care App during monitoring and supportive supervision in Benue, Kogi, Kebbi, Kwara and Sokoto states enhanced adherence to standard checklist to guide the monitoring process. This also made it possible for supervisors to access real time data and provided timely feedback where necessary following review from the Metabase platform. Due to the success of the app usage this year, Sightsavers are introducing CommCare to our partners in Yobe and Taraba for use in 2021.
- During the health workers strike collaboration with Health and Education stakeholders to deliver MDA to SAC in schools and communities enabled two Ministries in Kogi state to work together to deliver the treatment within a given period and ensured no child was left behind.
- The promotion and integration of WASH activities during the COVID-19 pandemic provided new opportunities to learn how to collaborate and work better with WASH partners.
- Re-engaging CDDs who participated in the COVID-19 response project in Sokoto state, meant they were more enthusiastic, engaged and committed to conducting MDA.
- Similarly to Kogi, Benue held micro-planning sessions in smaller zones to limit the number of attendees at any one session. Facilitators noticed however, that the smaller groups increased engagement.

Looking ahead to 2021

Sightsavers will continue to monitor the COVID-19 and security situation and ensure all activities are adapted and monitored to ensure the safety of all staff and beneficiaries.

The next round of MDA will commence in Q4 2021 onwards, with sensitisation of communities taking place at least 4 weeks before. We will continue to implement SCH/STH MDA in 7 states as included in Wishlist 3 and 4, while funding from Wishlist 5 will be used to extend MDA treatments across the 6 states up to 2023.