

GiveWell Global Annual Report

Year 4

April 2020 - March 2021



MDA in Edea, Littoral region in Cameroon, December 2020

<p>Name of grant holder:</p> <p>Sightsavers</p>	<p>Project title:</p> <p>Delivering schistosomiasis and soil transmitted helminths MDA in;</p> <p>DRC: Ituri Nord and Ituri Sud province</p> <p>Nigeria: Kebbi, Kogi, Kwara, Sokoto, Yobe, Taraba and Benue states.</p> <p>Cameroon: Far North, North, East, West, Adamaoua, Littoral and South regions.</p> <p>Guinea Bissau: Bafata, Cacheu, Farim, Gabu, Biombo and Tombali regions.</p> <p>Guinea: N'zérékoré, Lola, Yomou, Fria, Coyah, Dubréka, Matoto, Ratoma health districts. Second round of STH MDA in Beyla, Guéckédou, Macenta, N'zérékoré district.</p>
<p>Project activities Year 4 dates:</p> <p>April 2020 to March 2021</p>	<p>Reporting start date: April 2020</p> <p>Reporting end date: March 2021</p>

Summary of progress April 2020 to March 2021

In this period, GiveWell funded projects have supported the distribution of over 10.9 million deworming treatments to over 8.1 million school aged children across five countries.

In a year of unprecedented challenges, the Sightsavers NTD and in-country teams demonstrated a highly responsive, adaptable approach to project management. In a period of constant change, teams worked flexibly, adapting standard operating procedures to enable the safe delivery of a high number of SCH/STH treatments, within COVID-19 restrictions. This has enabled the delivery of 92% of the entire programme's annual target of 11.9 million treatments.

Year 4 treatment numbers are a significant achievement due to the multiple challenges faced, which included not only the COVID-19 pandemic and restrictions, but also security issues and Ebola in some regions. High levels of geographic coverage were also achieved during this challenging context.

In areas where MDA could not be completed before March 2021, due to COVID-19, MDA is now either underway or scheduled for June 2021. Year 4 Coverage Evaluation Surveys (CESs)¹ are also now scheduled for implementation within 6 months of MDA.

GiveWell recommended funding continues to make a huge impact on some of the poorest and most marginalised children in the world, improving their health, wellbeing and life chances.

Treatment summaries by country

Cameroon: In especially challenging circumstances treatment targets and treatment coverage rates were exceeded; with 3,361,900 SAC receiving at least one deworming treatment. A total of 5,609,305 SAC treatments were distributed, (3,353,135 for STH and 2,256,170 for SCH).

In addition, a limited number of adults were treated. Either in areas of high prevalence (as per WHO recommendation) where there was a haematuria outbreak in the West region, or in Adamaoua Region where a door to door campaign (due to COVID) treated 4,359 young people over the age of 15.

False rumours spread about the MDA and its links to COVID-19 were effectively dealt with via successful awareness raising campaigns. In Littoral and South regions, a quick adaption to community MDA, where parents were reluctant for treatment to be given in schools, enabled high levels of treatment uptake despite COVID misinformation.

DRC: Year 4 was greatly affected by insecurity and by COVID-19. The pandemic impacted on the delivery of praziquantel to DRC, and then onto the provinces, resulting in the delayed implementation of MDA.

Funding from ESPEN enabled the displacement of GiveWell recommended funds in 12 districts in Ituri Sud in Year 4, resulting in savings for the project. The MoH hopes to secure repeat funding for these 12 districts from ESPEN in Year 5.

¹ Previously known as TCSs

The remaining 11 districts in Ituri Sud continue to be funded with GiveWell 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.

GiveWell funded Year 4 MDA activities are scheduled to begin at the end of May 2021. The SCH/STH MDA data will be shared with GiveWell once validated by the MoH and this report will be updated accordingly.

Guinea Bissau: Year 4 was greatly impacted by COVID-19, political instability and issues within the MoH.

The delayed Year 4 MDA activities are expected to begin in June 2021, and our current plans are to deliver Year 5 MDA in Q1 2022. Following Year 4 MDA, the CES is scheduled for Q3, the data and narrative reports will be shared with GiveWell once available and this report will be updated accordingly.

Guinea: Year 4 MDA activity was affected by an Ebola outbreak, COVID-19 and unrest following the October 2020 election.

We were able to displace GiveWell funding for Year 4, in 3 health districts in the Forest Region, resulting in savings for this project. ESPEN was able to fund the SAC MDA and there was the opportunity to incorporate adult SCH treatment into Ascend West's MDA campaign. Sightsavers country office supported the planning and coordination of the ESPEN funded MDA, and it was delivered by MoH.

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

Nigeria: 7 states - Kebbi, Kogi, Kwara, Sokoto, Yobe, Taraba and Benue. Despite challenging circumstances treatment targets have been hugely exceeded and treatment coverage rates were above target; with 4,782,707 SAC receiving at least one deworming treatment. A total of 5,322,497 SAC treatments were distributed, (1,246,210 for STH and 4,076,287 for SCH).

In addition, a limited number of adults in Sokoto, Taraba and Kebbi states were treated in areas of high prevalence (as per WHO recommendation), or in some cases, to help encourage uptake, teachers took the treatment to show parents it was safe for their children. In total across Nigeria, 507,167 adults were treated for SCH and 9,678 adults for STH.

School vs community MDA

Where possible, a hybrid school and community-based platform is used to deliver GiveWell funded SCH/STH treatments. This means the project aims to deliver the majority of treatments via a school-based platform, using a community-based platform to reach SAC unrolled in school and where the need arises. For example, during school closures due to COVID-19 or other factors, teacher strikes or in remote areas without schools.

Where required, the treatment of SAC either in school or in the community is differentiated by the marking of their index fingers with indelible ink, to mitigate double treatment. This project year, this was done in Cameroon, Guinea and DRC. In Guinea-Bissau each CDD is responsible

for treating the same 16 families so instead they use their records to ensure no double treatment. In Nigeria, whilst school-based MDA was being delivered there was no community-based MDA, meaning there would be no possibility of double treatments. Then whilst, schools were closed it was solely community-based MDA, so no overlap. In most areas, MDA was conducted by teachers or CDDs in the communities who had school records of (if any) MDA delivered during that campaign.

Cameroon: The majority of SAC were treated via a school-based platform, with 17% of SAC treated for STH and 20% for SCH through community-based MDA.

DRC: 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.

Guinea Bissau: Where possible, a hybrid school and community-based platform is used to deliver SCH/STH treatments in Guinea-Bissau. However, this year the project will deliver community MDA only, due to the delays caused by COVID-19, the prioritisation by the MoH of the resumption of oncho/LF MDA because these drugs were due to expire, and also due to issues within the MoH.

The RAMA and trainings (health staff and CDDs) will take several weeks before MDA can begin, by which time schools will be on vacation. Sightsavers will share community treatment rates with GiveWell once the Ministry of Health has validated the MDA data.

Guinea: In the 5 urban and peri-urban health districts, school-based MDA will be delivered where possible and community-based treatment will 'mop up' any non-enrolled SAC. We will share school and community treatment rates with GiveWell once MDA data is validated by the MoH.

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

Adaptations to enable safe MDA during the COVID-19 pandemic

Risk Assessment & Mitigating Action (RAMA) tool

In response to the challenges to deliver MDA during the COVID-19 pandemic, Sightsavers worked with various partners from countries across the world to develop a five-step rigorous review process known as RAMA (Risk Assessment and Mitigation Process) to determine whether it is safe and appropriate to resume NTD activities. This five-steps RAMA tool has

enabled us and government partners to mitigate the risk of spreading COVID-19 and restart treatment.

Sightsavers has designed the Risk Assessment & Mitigating Action (RAMA) tool in collaboration with donors and partners, adapting a WHO risk assessment tool for the context of NTDs for assessing the feasibility of resuming project activities safely. The RAMA tool has enabled us and government partners to mitigate the risk of spreading COVID-19 and restart treatment safely.

The multi-step process of the RAMA tool consists of seven key stages:

- 1) **Risk review**; to plan and assess the risks associated with resuming activities, develop the standard operating procedures (SOPs) to help mitigate these risks during activities to ensure the safety of health workers and beneficiaries. In addition, it is at this point where the Ministry of Health must provide a letter of approval authorising activities to resume.
- 2) **COVID-19 trends**; obtain and analyse data on coronavirus trends at national, regional and district level. This process will take place throughout planning and as a continual process post-approval to ensure timely responses to changing COVID-19 trends.
- 3) **Financial and security review**; reviewing the financial implications of COVID-19 and the additional spending required for mitigation activities such as PPE and extra health messaging. The Security Risk Assessment must also be completed, submitted and approved.
- 4) **Stage 4 meeting**; an online discussion regarding the information collected through stages 1-3 with the GiveWell Project Officer, GiveWell Programme Manager and/or Team Lead, the COVID-19 Adaptation Coordinator, the Technical Advisor for SCH/STH, and the country team.
- 5) **Stage 5 meeting**; the decision on whether or not to resume project activities is then referred to our NTD Senior Management Team (SMT).
- 6) **Stage 6**; implementation of activities as approved in previous stage.
- 7) **Stage 7**; post RAMA Evaluation, submission of data on coronavirus trends after the conclusion of activities and the results of the Monitoring and Evaluation COVID-19 SOPs Form.

RAMA has strengthened WASH/SBCC for communities at risk of SCH/STH transmission, as transmission of COVID-19 and SCH/STH are linked to personal and environmental hygiene practices.

The RAMA process has enabled the project to deliver CES, in contrast with the 2019 MDA where CESs could not be implemented because of COVID-19 constraints.

More details on the RAMA tool can be found in the 'Sightsavers COVID-19 Risk Assessment and Mitigation Action Guidance (V3)' attached to this Report.

Standard Operating Procedures adapted during the COVID-19 pandemic

Standard operating procedures (SOPs) on all GiveWell funded projects have been adapted for treatment distributions to optimise physical distancing and maximise safety for training participants, drug distributors and MDA participants. MDA plans now include criteria for limiting the size and number of attendees at trainings, maintaining physical distancing, infection

control, and criteria for cancellation of the MDA.-Vulnerable persons for example those with underlying health conditions and those over 60 years old will be excluded from the recruitment process for delivering MDA.

Planning Meetings and Training: Trainings and meetings are conducted virtually where possible. Where person-to-person trainings are required, the number of participants is limited and held outdoors (where possible), respect social distancing guidance and hand hygiene is performed frequently. Hand hygiene products are made available to all participants; hand sanitiser and rubs/gels (60-80% alcohol), tissues, or hand washing stations. Training organisers must provide a cleaning schedule to ensure the venues, vehicles, materials used during trainings and treatment distributions are clean and hygienic.

PPE: MDA organisers are required to have a supply plan for PPE supplies to help reduce transmission risk. PPEs as facemasks, soap and alcohol-based hand sanitizers are being provided to those participating in the trainings and in the SCH/STH MDA campaign.

Public health awareness of COVID-19 before and during MDA: COVID-19 public health advice is shared as part of training of all supervisors, community health workers, and all relevant stakeholders before and during the MDA. Information on the COVID-19 at-risk populations is provided to all supervisors, health workers, and personnel so they may make an informed decision on their attendance due to the personal risks. Engagement with community leaders is carried out so they can influence positive healthy and prevention behaviours and combat stigma, discrimination, and false information.

In addition, in GiveWell funded project locations² where Ascend operated, pre MDA communication plans have been developed to encourage COVID prevention activities and to combat misinformation that deworming treatments are for COVID-19.³ Community radio has been widely used. Information about COVID-19 was integrated into all country's social mobilization and sensitization activities, as described above.

COVID-19 detection and response: Measures are put in place to conduct daily health checks with health workers. Pre MDA, clear procedures are established for beneficiaries or CDDs with COVID-19 symptoms or for suspected cases.

During MDA the following measures are standard during the pandemic:

- **Physical distance;** schools, school teachers, community and local leaders are engaged to ensure physical distancing is followed when conducting school or house-to-house distribution in order to prevent transmission.
- **Physical contact;** measures in place to prevent touching and other forms of physical contact of teachers and SAC or CDDs and household members (especially shaking or touching hands) so that risk of transmission is reduced during the administration of medicine. Treatment is either distributed on a spoon or other implement and any tablets that need breaking are protected in a plastic bag or with gloves.
- **Venue;** the administration of treatment is conducted outdoors or in well ventilated areas.

² In Nigeria, DRC and Guinea Bissau Ascend West funded COVID awareness raising campaigns

³ This was an issue for other organisations working on polio health programs in Cameroon.

- **Supervision;** supervisory tools have been adapted to enhance remote supervision.

*Please note as part of pre and post COVID SOPs, pharmacovigilance⁴ is built into all SCH/STH projects, as well as in-process monitoring of severe adverse effects during MDA by frontline health facility staff.

Adaptation to support remote training and monitoring

Various methods were applied for monitoring the implementation of SOPs during training, facility-based, community-based, or school-based activities. These included;

- Rapid semi-structured interviews with facilitators/ trainers/ technicians/ surgeons and a random selection of CDDs, trainees, or community leaders via phone/video calls during activity. To explore to what extent SOPs have been followed and identify any barriers and challenges to implementing the revised SOP, including safety and effectiveness of the activity
- As part of supervisory visits, mitigation checklists were introduced, to include key items from the SOPs to monitor.
- Where feasible, supervisors were assisted to optimize available electronic data capture (EDC) platforms to enhance support supervision on supervisory checklists, health facility assessments, and other feedback loops.
- Involvement of third-party monitors from within targeted Implementation Units (IUs), such as state or district officials to assist in the monitoring of activities.
- For trainings, the comparison of results of pre and post training tests to ensure comprehension of COVID-19 mitigation SOPs.

SOPs in some countries were monitored using the new CommCare app and other electronic data capture (EDC) platforms. These platforms were innovative and demonstrate how we used technology to adapt to COVID.

The 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. Another benefit of the app is that it also enables real-time data updates for the monitoring team so they can provide timely feedback were necessary.

To support monitoring of the COVID-19 SOPs including social distancing and PPE adherence, in some countries 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 projects 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 to SOPs.

We aim to use this app across all of our GiveWell funded MDA programs, though it will take time to roll it out.

Where CommCare is yet to be rolled out, other electronic capture platforms used included;

- The Covid-19 Response Monitoring Checklist app (ODK), which provides standardized questions that can be added to routine supervisory checklists and health facility

⁴ collection, detection, assessment, monitoring, and prevention of adverse effects with pharmaceutical products.

assessments to monitor implementation of SOPs during trainings, MDA, or surgical outreach. Includes the option of capturing photos.

- What's App, to create feedback loops amongst supervisory teams to allow sharing the results of supervisory visits and assist with coordination of activities.

Coverage Evaluation Surveys (CESs) during the COVID-19 pandemic

In October 2020, Sightsavers HQ promoted a workshop among all 5 GiveWell-funded Sightsavers country teams entitled "Coverage Evaluation Surveys: Outputs, Challenges and Recommendations". The aims of the workshop were:

- 1) to extract the lessons learned from previous surveys to better plan upcoming CES in 2020/21;
- 2) to share experiences about key success and common challenges;
- 3) an opportunity to evaluate our reporting and monitoring processes for SCH and STH under the GiveWell programme over the years.

During the 2021 CESs, a daily evaluation of data collected will be conducted by phone by each supervisor. Supervisors are responsible for the removal or replacement of any key participants (surveyors, health workers) who are suspected to have COVID-19. In addition, if anyone has underlying health conditions that would make them vulnerable to severe COVID-19 complications, then action will be taken to ensure their safety by removing them from the project delivery activities.

Please see below for our CES schedule below

Monitoring and Evaluation

Treatment Coverage Survey (TCS) Report Schedule on GiveWell (SCH/STH) Funded Projects - Year 3

Country / region	Project year	SCH/STH MDA	TCS status	Survey Date	TCS Report	TCS Report - Send to GiveWell
Cameroon						
East Region	Year 3 (2019-20)	Sep-19	TCS completed	Jan-20	Jun-20	Quarter 3 2020
Adamaoua		Sep-19		Feb-20		
Far North Region		Sep-19		Jan-20		
North Region		Sep-19		Feb-20		
West Region		Sep-19		Jan-20		
DRC						
Ituri Nord	Year 3 (2019-20)	Jan. and Feb/2020	TCS cancelled	TCS cancelled (more than 6 months from last MDA)		
Guinea						
3 districts - SAC	Year 3 (2019-20)	Jan-20	TCS cancelled	TCS cancelled (more than 6 months from last MDA)		
Guinea Bissau						
Guinea Bissau - Biombo	Year 3 (2019-20)	Jan-20	TCS cancelled	TCS cancelled (more than 6 months from last MDA)		
Nigeria, 4 States						
Kebbi	Year 3 (2019-20)	From Nov. to Dec/2019	TCS cancelled	TCS cancelled (more than 6 months from last MDA)		
Kogi	Year 3 (2019-20)	From Jun/2019 to Aug/2019	TCS cancelled	TCS cancelled (more than 6 months from last MDA)		

Kwara	Year 3 (2019-20)	Mar-20	TCS cancelled	TCS cancelled (more than 6 months from last MDA)
Sokoto	Year 3 (2019-20)	Dec-19	TCS cancelled	TCS cancelled (more than 6 months from last MDA)
Nigeria, Benue State				
Benue State	Year 3 (2019-20)	From Oct/2019 to Nov/2019	TCS cancelled	TCS cancelled (more than 6 months from last MDA)
Nigeria, Yobe State				
Yobe State	Year 2 (2019-20)	From Mar/2019 to Dec/2019	TCS cancelled	TCS cancelled (more than 6 months from last MDA)
Nigeria, Taraba State				
Taraba State	Year 1 (2019-20)	From May/2019 to Jan/2020	TCS cancelled	TCS cancelled (more than 6 months from last MDA)

Coverage Evaluation Survey (CES) Report Schedule for GiveWell (SCH/STH) Funded Projects - Year 4

Country / region	Insert districts with CES in 2021	Project year (GiveWell)	SCH/STH MDA	RAMA Status	CES Status			
					Survey Date	CES Report	CES Report - Send to GiveWell	
Cameroon								
East Region	Abong-Mbang	Year 3 (2020-21)	Dec -20/Jan-21	CES in Progress (RAMA approved April 2021)	May/Jun-2021	Q3 2021	Q4 2021	
	Ngule-Menduka		Dec -20/Jan-21		May/Jun-2021			
Adamaoua	Bankim		Nov/Dec-20		May/Jun-2021			
	Ngoundal		Nov/Dec-20		May/Jun-2021			
Far North Region	Magode		Nov/Dec-20		May/Jun-2021			
	Yagoua		Nov/Dec-20		May/Jun-2021			
North Region	Giguil		Nov/Dec-20		May/Jun-2021			
	Rey Buba		Nov/Dec-20		May/Jun-2021			
West Region	Galim		Sept/Nov/Dec-20		May/Jun-2021			
	Bamenjou		Nov/Dec-20		May/Jun-2021			
Littoral Region	Edea	Year 1 (2020-21)	Nov/Dec-20/Jan-21	May/Jun-2021				
	Loum		Nov/Dec-20/Jan-21	May/Jun-2021				
South Region	Ambam		Nov/Dec-20	May/Jun-2021				
	Djoum		Nov/Dec-20	May/Jun-2021				
DRC								
Ituri Nord	Districts TBC		Year 4 (2020-21)	May/Jun-21	CES Approved April 2021	Within 6 months of MDA (i.e. before Dec-21)	Q4 2021	Q1 2022
Ituri Sud	Districts TBC	Year 1 (2020-21)	May/Jun-21	Q4 2021			Q1 2022	

Guinea							
5 districts	Districts TBC	Year 4 (2020-21)	May/June-21	CES Approved March 2021	Within 6 months of MDA (i.e. before Dec-21)	Q4 2021	Q1 2022
Guinea Bissau							
Bafata	Districts TBC	Year 4 (2020-21)	Planned for May/June 2021 (Stage 5 RAMA TBC)	CES Planned (Stage 5 RAMA TBC)	Within 6 months of MDA (i.e. before Dec-21)	Q4 2021	Q1 2022
Biombo	Districts TBC						
Cacheu	Districts TBC						
Farim	Districts TBC						
Gabu	Districts TBC						
Tombali	Districts TBC						
Nigeria, 7 States							
Kebbi	Bagudo	Year 4 (2020-21)	Dec-20	CES in Progress (RAMA approved Apr- 21)	Apr/May-21	Q3 2021	Q4 2021
	Koko Besse	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
Kogi	Dekina	Year 4 (2020-21)	Dec-20/Jan-21		Apr/May-21	Q3 2021	Q4 2021
	Igalamela	Year 4 (2020-21)	Dec-20/Jan-21		Apr/May-21	Q3 2021	Q4 2021
Kwara	Kaiama	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
	Pategi	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
Sokoto	Tambuwal	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
	Wamako	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021

Benue	Kwande	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
	Tarka	Year 4 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
Taraba	Gassol	Year 2 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
	Ussa	Year 2 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
Yobe	Karasuwa	Year 3 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021
	Damaturu	Year 3 (2020-21)	Dec-20		Apr/May-21	Q3 2021	Q4 2021