Results from coverage surveys from projects supported with GiveWell-directed funds

Published coverage surveys are hyperlinked in column A on this sheet. Unless otherwise stated, page numbers in cell notes refer to the corre[sponding] population

Country and survey year	Program year	Geographic area	Geographic area type	Diseases targeted by GiveWell-funded MDAs	Praziquantel coverage, from survey [1]	Albendazole/mebendazole coverage, from survey [2]	Represents what % of organization spending (all-time)	Average coverage for spending	Additional notes on results
Guinea (2017)	Year 1	N'Zérékoré	District	Schistosomiasis and STH	57.6% [3]	57.6% [4]	2%	57.6%	Reported coverage in this district was 103.7%, and 98.2% and 101.9% in Lola and Yomou, respectively (the other two districts in which this MDA took place). [5]
Guinea (2018)	Year 2	N'Zérékoré	District	Schistosomiasis and STH	77.4% [6]	82.4% [7]			
		Lola	District	Schistosomiasis and STH	87.1% [8]	85.7% [9]	3%	83.2%	
Guinea-Bissau (2018)	Year 1	Biombo	Region	STH	N/A	87.1% [10]			
		Farim	Region	Schistosomiasis	99.3% [11]	N/A	4%	93.2%	
Democratic Republic of Congo (2018)	Year 1	Angumu	Health zone	Schistosomiasis	84.5% [12]	N/A [13]			It is possible that true coverage of praziquantel among school-aged children was higher than reported, because it is likely that responses from under 5s (who should not have received treatment) were erroneously included in the survey results as school-aged children: "In Angumu, surveyors did not rec...
		Nyarambe	Health zone	Schistosomiasis	91.6% [14]	N/A [15]	1%	88.1%	
Nigeria (2018)	Year 1	Binji	Local government area	Schistosomiasis	97.4% [16]	N/A			
		Danko/Wasagu	Local government area	Schistosomiasis	80.6% [17]	N/A			
		Ekiti	Local government area	Schistosomiasis	93.5% [18]	N/A			
		Goronyo	Local government area	Schistosomiasis	96.1% [19]	N/A			
		Idah	Local government area	Schistosomiasis and STH	77.6% [20]	77.6% [21]			
		Ifelodun	Local government area	Schistosomiasis and STH	87.0% [22]	87.0% [23]			
		Kalgo	Local government area	Schistosomiasis	95.7% [24]	N/A			
		Ofu	Local government area	Schistosomiasis and STH	81.5% [25]	81.5% [26]	1%	86.9%	
Cameroon (2019)	Year 2	Bibemi	District	Schistosomiasis and STH	69.7% [27]	67.2% [28]			
		Foumbot	District	Schistosomiasis and STH	80.0% [29]	77.9% [30]			
		Guere	District	Schistosomiasis and STH	81.9% [31]	80.8% [32]			
		Malantouen	District	Schistosomiasis and STH	82.7% [33]	82.1% [34]			
		Poli	District	Schistosomiasis and STH	81.0% [35]	72.5% [36]			
		Tokombere	District	Schistosomiasis and STH	70.2% [37]	60.5% [38]	2%	75.5%	
Nigeria (2019)	Year 2	Gwer West	Local government area	Schistosomiasis and STH [39]	79.6%	76.2%			
		Oju	Local government area	Schistosomiasis [40]	75.9%	N/A			
		Vandeikya	Local government area	Schistosomiasis and STH [41]	66.6%	66.9%			
		Birnin Kebbi	Local government area	Schistosomiasis [42]	92.6%	N/A			
		Maiyama	Local government area	Schistosomiasis [43]	89.7%	N/A			
		Ngaski	Local government area	Schistosomiasis [44]	93.4%	N/A			
		Edu	Local government area	Schistosomiasis [45]	96.1%	N/A			
		Patigi	Local government area	Schistosomiasis [46]	86.0%	N/A			
		Illela	Local government area	Schistosomiasis [47]	56.4%	N/A			
		Tambuwal	Local government area	Schistosomiasis [48]	68.7%	N/A	4%	79.0%	
Guinea-Bissau (2019)	Year 2	Oio	Region	Schistosomiasis [49]	98.0%	N/A	1%	98.0%	
DRC (2019)	Year 2	Biringi	Health zone	Schistosomiasis [50]	71.8%	N/A			
		Nyarambe	Health zone	Schistosomiasis [51]	79.6%	N/A	1%	75.7%	
Cameroon (2020)	Year 3	Bertoua	Health district	Schistosomiasis and STH	67.7%	56.2%			
		Betare -Oya	Health district	Schistosomiasis and STH	35.9%	43.5%			
		Bibemi	Health district	Schistosomiasis and STH	80.9%	85.7%			
		Djohong	Health district	Schistosomiasis and STH	80.7%	70.3%			
		Hina	Health district	Schistosomiasis and STH	88.8%	85.5%			
		Kekem	Health district	Schistosomiasis and STH	83.2%	89.4%			
		Malantouen	Health district	Schistosomiasis and STH	85.5%	91.3%			
		Maroua -2	Health district	Schistosomiasis and STH	88.6%	88.2%			
		Ngaoundere Urban	Health district	Schistosomiasis and STH	74.4%	73.4%			
		Touboro	Health district	Schistosomiasis and STH	79.9%	84.9%	10%	78.7%	
Cameroon (2021) [52]	Year 4	Mogode (Far North)	Health district	Schistosomiasis and STH	82.70%	79.10%			
		Yagoua (Far North)	Health district	Schistosomiasis and STH	93.40%	93.20%			
		Figuil (North)	Health district	Schistosomiasis and STH	73.90%	94.80%			
		Rey Bouba (North)	Health district	Schistosomiasis and STH	79.20%	70.50%			
		Ngaoundal (Adamawa)	Health district	Schistosomiasis and STH	75.60%	76.10%			
		Bankim (Adamawa)	Health district	STH	N/A	89.30%			
		Abong-Mbang (East)	Health district	STH	N/A	85.50%			
		Nguelemendouka (East)	Health district	STH	N/A	91.40%			
		Edea (Littoral)	Health district	Schistosomiasis and STH	49.50%	55.10%			
		Loum (Littoral)	Health district	Schistosomiasis and STH	67.60%	66.60%			
		Ambam (South)	Health district	STH	N/A	68.30%			
		Djoum (South)	Health district	STH	N/A	89.50%			
		Bamendjou (West)	Health district	STH	N/A	79.10%			
		Galim (West)	Health district	Schistosomiasis and STH	61.30%	69.30%	12.02%	76.86%	
Nigeria (2021) [53]	Year 4	Kwande (Benue)	Local government area	Schistosomiasis	48.9% [54]	N/A			
		Tarka (Benue)	Local government area	Schistosomiasis	66.2% [55]	N/A			
		Bagudo (Kebbi)	Local government area	Schistosomiasis	68.0% [56]	N/A			
		Koko-Besse (Kebbi)	Local government area	Schistosomiasis	67.6% [57]	N/A			
		Kaiama (Kwara)	Local government area	Schistosomiasis	90.4% [58]	N/A			
		Pategi (Kwara)	Local government area	Schistosomiasis	89.4% [59]	N/A			
		Tambuwal (Sokoto)	Local government area	Schistosomiasis	66.3% [60]	N/A			
		Wamakko (Sokoto)	Local government area	Schistosomiasis	47.2% [61]	N/A			
		Dekina (Kogi)	Local government area	STH	N/A	83.1% [62]			
		Igalamela-Odulu (Kogi)	Local government area	STH	N/A	82.6% [63]			
		Donga (Taraba)	Local government area	Schistosomiasis	90.4% [64]	N/A			
		Gassol (Taraba)	Local government area	Schistosomiasis	82.0% [65]	N/A			
		Damaturu (Yobe)	Local government area	Schistosomiasis	71.1% [66]	N/A			
		Karasuwa (Yobe)	Local government area	Schistosomiasis	85.9% [67]	N/A	10%	74.2%	
Guinea (2021) [68]	Year 5	Fria	District	Schistosomiasis	82.4% [69]	N/A			
		Matoto	District	Schistosomiasis	27.7% [71]	N/A	4% [70]	55%	
Guinea-Bissau (2021) [72]	Year 5	Farim	Region	Schistosomiasis	93.9% [73]	N/A			
		Tombali	Region	STH	N/A	65.3% [74]	2%	79.6%	
DRC (Ituri Nord and Ituri Sud, 2021)	Year 5	Logo (Ituri Nord)	Health zone	Schistosomiasis	94.4% [75]	N/A			
		Mahagi (Ituri Nord)	Health zone	Schistosomiasis	84.1% [76]	N/A			
		Lita (Ituri Sud)	Health zone	Schistosomiasis	94.1% [77]	N/A			
		Tchomia (Ituri Sud)	Health zone	Schistosomiasis	89.9% [78]	N/A	2%	90.6%	
Cameroon (2021/2022) [79]	Year 5	Lolodorf (South)	Health district	STH	N/A	74.10% [80]			
		Mvangan (South)	Health district	STH	N/A	65.80%			
		Dibombari (Littoral)	Health district	STH	N/A	53.30%			
		Nkongsamba (Littoral)	Health district	STH	N/A	74.60%			
		Doume (East)	Health district	Schistosomiasis and STH	72.30%	58.90%			
		Belabo (East)	Health district	Schistosomiasis and STH	60.90%	73.30%			
		Kar Hay (Far North)	Health district	Schistosomiasis and STH	66.20%	89.70%			
		Maroua 2 (Far North)	Health district	Schistosomiasis and STH	80.00%	91.90%			
		Bibemi (North)	Health district	Schistosomiasis and STH	75.50%	75.80%			
		Garoua 2 (North)	Health district	Schistosomiasis and STH	82.30%	78.30%			
		Banyo (Adamaoua)	Health district	Schistosomiasis and STH	84.80%	83.00%			
		Ngaoundere Urbain (Adamaoua)	Health district	Schistosomiasis and STH	80.80%	80.50%			
		Malantouen (Malantouen)	Health district	Schistosomiasis and STH	96.60%	96.90%			
		Penka Michel (Malant...)	Health district	STH	N/A	92.70%	13%	79.05%	
Chad (2022) [81]	Year 5	Benemar	Health district	Schistosomiasis and STH	63.50% [82]	66.40% [83]			
		Besao	Health district	Schistosomiasis and STH	85.40%	81.00%			
		Bongor	Health district	Schistosomiasis and STH	94.30%	80.60%			
		Lere	Health district	Schistosomiasis and STH	71.30%	86.20%			
		Balimba	Health district	Schistosomiasis and STH	95.60%	95.60%			
		Lai	Health district	Schistosomiasis and STH	78.60%	70.70%	2.11%	80.77%	
Kogi State, Nigeria (2022) [84]	Year 5	Adavi	LGA	Schistosomiasis and STH	85.10% [85]	80.20%			
		Kogi	LGA	Schistosomiasis and STH	80.80%	77.80%	3%	80.98%	
Forest Region, Guinea (2022) [86]	Year 5	Yomou	Health district	SCH	84.80% [87]	N/A			
		Lola	Health district	Schistosomiasis and STH	91.50%	92.80%	2.53% [88]	89.70%	
Median					81.0%	80.5%			
Weighted average							80%	78.1% [89]	

Counts	<60% coverage	60-75% coverage	75%+ coverage	Total	% under 75%	% under 60%
Total SCH data points	7	20	62	89	30%	8%
Total STH data points	5	17	43	65	34%	8%
Total	12	37	105	154	32%	8%

Published coverage surveys are hyperlinked in column A on this sheet. Unless otherwise stated, page numbers in cell notes refer to the corresponding coverage survey.

Programs we have results for

Country	Program Geographic area	Program year	Survey period (months post-MDA)	Praziquantel results	Praziquantel, 95% confidence interval	Albendazole/me bendazole results	Albendazole/me bendazole, 95% confidence interval	Sample size	Risks of bias [90]
Guinea	N'Zérékoré		1 [91]	77.4% [92]	9.9% - 83.4% [93]	82.4% [94]	74.9 - 88.1% [95]	1,851 [96]	
	Lola			87.1% [97]	9.4% - 92.2% [98]	85.7% [99]	9.8 - 90.1% [100]	1,453 [101]	Self-report, no aud
Cameroon	Bibemi		1-4 [102]	69.7% [103]	1.0% - 77.9% [104]	67.2% [105]	3% - 76.4% [106]	1,942 [107]	
	Foumbot			80.0% [108]	1.6% - 85.1% [109]	77.9% [110]	7% - 83.7% [111]	2,032 [112]	
	Guere			81.9% [113]	3.6% - 88.0% [114]	80.8% [115]	8% - 87.5% [116]	1,863 [117]	
	Malantouen			82.7% [118]	7.6% - 87.4% [119]	82.1% [120]	2% - 97.4% [121]	1,697 [122]	
	Poli			81.0% [123]	2.5% - 87.3% [124]	72.5% [125]	6% - 81.8% [126]	1,293 [127]	
	Tokombere			70.2% [128]	1.8% - 78.2% [129]	60.5% [130]	3% - 69.1% [131]	1,901 [132]	Self-report, relative
Nigeria	Gwer West	Year 2	Up to 3 [133]	79.6% [134]	64.8% - 89.3%	76.2% [135]	61.4% - 86.6%	747 [136]	
	Oju			75.9% [137]	64.4% - 84.6%	N/A	N/A	725 [138]	
	Vandekya			66.6% [139]	56.3% - 75.6%	66.9% [140]	56.2% - 76.1%	708 [141]	
	Birnin Kebbi			92.6% [142]	85.1% - 96.5%	N/A	N/A	1,073 [143]	
	Maiyama			89.7% [144]	79.1% - 95.3%	N/A	N/A	994 [145]	
	Ngaski			93.4% [146]	84.4% - 97.4%	N/A	N/A	809 [147]	
	Edu			96.1% [148]	93.2% - 97.9%	N/A	N/A	990 [149]	
	Patigi			86.0% [150]	71.1% - 93.9%	N/A	N/A	709 [151]	
	Ilela			56.4% [152]	41.5% - 70.2%	N/A	N/A	624 [153]	
	Tambuwal			68.7% [154]	54.5% - 80.1%	N/A	N/A	525 [155]	Self-report, relative
Guinea-Bissau	Oio		1-2 [156]	97.95% [157]	4% - 98.71% [158]	N/A	N/A	1,752 [159]	Self-report, relatively long recall period, survey conducted only in one region, no auditing procedure
DRC	Biringi			71.81% [161]	9% - 82.46% [162]	N/A	N/A	1,105 [163]	
	Nyarambe		4-6 [160]	79.58% [164]	6% - 81.51% [165]	N/A	N/A	1,666 [166]	Self-report, relative

Programs we don't have results for

Country	Program State	Program year	Results expected	What we know about this program that may affect results
Nigeria	Yobe State	Year 2	No [167]	Coverage survey prevented due to security issues; we might expect coverage to be lower in insecure areas
	Kogi State		No [168]	We speculate that results may be similar to results from other areas in the Nigeria Four States project

Summary statistic name	Coverage
Numerator: wording of question	Unknown (we have not requested that Sightsavers share the questionnaire it used for this survey)
Numerator: responses to question which are counted in the summary statistic	Treated children
Denominator	Eligible children

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				Programs we have results for					
	Program								
Country	Geographic area	Program year	Survey period (months post-MDA)	Praziquantel results	Praziquantel, 95% confidence interval	Albendazole/me bendazole results	Albendazole/me bendazole, 95% confidence interval	Sample size	Risks of bias [169]
Cameroon	Bertoua	Year 3	3-5 [170]	67.7% [171]	1.0% - 74.3% [172]	56.2% [173]	3% - 65.3% [174]	1,911 [175]	
	Betare -Oya			35.9% [176]	1.9% - 44.8% [177]	43.5% [178]	5% - 54.5% [179]	1,643 [180]	
	Bibemi			80.9% [181]	1.0% - 86.8% [182]	85.7% [183]	8% - 91.9% [184]	2,111 [185]	
	Djohong			80.7% [186]	1.5% - 87.0% [187]	70.3% [188]	5% - 79.0% [189]	1,867 [190]	
	Hina			88.8% [191]	1.5% - 94.2% [192]	85.5% [193]	7% - 91.3% [194]	1,951 [195]	
	Kekem			83.2% [196]	1.5% - 91.0% [197]	89.4% [198]	4% - 94.5% [199]	1,531 [200]	
	Malantouen			85.5% [201]	1.4% - 91.7% [202]	91.3% [203]	7% - 97.0% [204]	1,867 [205]	
	Maroua -2			88.6% [206]	1.3% - 95.9% [207]	88.2% [208]	4% - 95.0% [209]	1,847 [210]	
	Ngaoundere Urban			74.4% [211]	7.9% - 80.8% [212]	73.4% [213]	1% - 80.7% [214]	1,780 [215]	
	Touboro			79.9% [216]	1.0% - 85.9% [217]	84.9% [218]	4% - 90.3% [219]	2,033 [220]	Self-report, relative

				Programs we don't have results for	
	Program				
Country	Geographic area	Program year	Results expected	What we know about this program that may affect results	
Nigeria	4 States	Year 3			
	Benue State				
	Taraba State				
	Yobe State		No [221]		
Guinea Bissau		Year 3	No [222]		
DRC		Year 3	No [223]	Our understanding is that these coverage surveys were canceled due to the Covid-19 pandemic, but that MDAs were completed prior to the program disruptions caused by the pandemic.	
Guinea		Year 3	No [224]		

Summary statistic name	Coverage
Numerator: wording of question	Unknown (we have not requested that Sightsavers share the questionnaire it used for this survey)
Numerator: responses to question which are counted in the summary statistic	Treated children
Denominator	Eligible children

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Programs we have results for

Country and survey year	Program Geographic area	Program year	Survey period (months post-MDA)	Praziquantel results	Praziquantel, 95% confidence interval	Albendazole/mebendazole results	Albendazole/mebendazole, 95% confidence interval	Sample size	Risks of bias [225]
Nigeria (2021) [226]	Kwande (Benue)	Year 4 [227]	5 months [228]	48.90% [229]	34%-64% [230]	N/A	N/A	1,155 [231]	
	Tarka (Benue)			66.2% [232]	50.4%-79.1% [233]	N/A	N/A	1,051 [234]	
	Bagudo (Kebbi)			68.0% [235]	51.4%-81% [236]	N/A	N/A	797 [237]	
	Koko-Besse (Kebbi)			67.6% [238]	53.5%-79% [239]	N/A	N/A	1,110 [240]	
	Kaiama (Kwara)			90.4% [241]	79.8%-95.8% [242]	N/A	N/A	1,004 [243]	
	Pategi (Kwara)			89.4% [244]	73.3%-96.3% [245]	N/A	N/A	1,128 [246]	
	Tambuwal (Sokoto)			66.3% [247]	50.4%-79.2% [248]	N/A	N/A	786 [249]	
	Wamakko (Sokoto)			47.2% [250]	31.1%-63.9% [251]	N/A	N/A	606 [252]	
	Dekina (Kogi)			N/A	N/A	83.10% [253]	3%-91.2% [254]	1,282 [255]	
	Igalamela-Odulu (Kogi)			N/A	N/A	82.60% [256]	3%-91.3% [257]	1,030 [258]	
	Donga (Taraba)			90.4% [259]	31.4%-95.3% [260]	N/A	N/A	1,148 [261]	
	Gassol (Taraba)			82.0% [262]	71.7%-89.1% [263]	N/A	N/A	1,042 [264]	
	Damaturu (Yobe)			71.1% [265]	58.6%-81% [266]	N/A	N/A	1,200 [267]	Self-report, relatively long recall period, no auditing procedure
	Karasuwa (Yobe)			85.90% [268]	72.9%-93.2% [269]	N/A	N/A	1,692 [270]	
Cameroon (2021) [271]	Mogode (Far North)	Year 4 [272]	6 months [273]	82.70% [274]	80.9%-84.3%	79.1	77.2%-80.9%	1,933 [275]	
	Yagoua (Far North)			93.40%	92.2%-94.4%	93.2	92%-94.3%	2,049	
	Figuil (North)			73.90%	71.7%-76%	94.8	93.6%-95.8%	1,642	
	Rey Bouba (North)			79.20%	76.4%-81.9%	70.5	67.4%-73.5%	872	
	Ngaoundal (Adamawa)			75.60%	73.7%-77.7%	76.1	74%-78%	1,759	
	Bankim (Adamawa)			N/A	N/A	89.3	87.7%-90.8%	1,560	
	Abong-Mbang (East)			N/A	N/A	85.5	83.9%-87.1%	1,937	
	Nguelemendouka (East)			N/A	N/A	91.4	90%-92.6%	1,835	
	Edea (Littoral)			49.50%	47.1%-51.9%	55.1	52.7%-57.4%	1,760	
	Loum (Littoral)			67.60%	65.5%-69.6%	66.6	64.5%-68.6%	2,077	
	Ambam (South)			N/A	N/A	68.3	66.1%-70.40%	1,882	
	Djoum (South)			N/A	N/A	89.5	88%-90.90%	1,625	
	Bamendjou (West)			N/A	N/A	79.1	77.1%-80.90%	1,795	Self-report, relatively long recall period, no auditing procedure
	Galim (West)			61.30%	59.0%-63.5%	69.3	67.1%-71.40%	1,849	

Programs we don't have results for

Country	Program Geographic area	Program year	Results expected	What we know about this program that may affect results
Guinea Bissau	-	Year 4	No	MDA pushed to Year 5 due to COVID [276]
DRC	-	Year 4	No	MDA pushed to Year 5 due to COVID [277]
Guinea	-	Year 4	No	MDA pushed to Year 5 due to COVID [278]

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Programs we have results for

Country and survey year	Geographic area	Program year	Survey period (months post-MDA)	Praziquantel results	Praziquantel, 95% confidence interval	Albendazole/mebendazole results	Albendazole/mebendazole, 95% confidence interval	Sample size	Risks of bias [279]
Guinea (2021)	Fria	Year 5 [280]	~3 months [281]	82.4% [282]	76.4%-87.1% [283]	N/A	N/A	1,358 [284]	
	Matoto			27.7% [285]	18.3%-39.5% [286]	N/A	N/A	1,398 [287]	Self-report, relatively long recall period, no auditing procedure
Guinea-Bissau (2021)	Farim	Year 5 [288]	5-6 months [289]	93.90% [290]	86.8%-100% [291]	N/A	N/A	2,979 [292]	
	Tombali			N/A	N/A	65.30% [293]	%-71.8%% [294]	1,481 [295]	Self-report, relatively long recall period, no auditing procedure
DRC (Ituri Nord and Ituri Sud, 2021) [296]	Logo (Ituri Nord)	Year 5 [297]		94.40% [299]	91.1%-97.6% [300]	N/A	N/A	1,181 [301]	
	Mahagi (Ituri Nord)			84.10% [302]	70.6%-89.5% [303]	N/A	N/A	1,143 [304]	
	Lita (Ituri Sud)	Year 5 [305]	5-6 months [298]	94.10% [306]	90.5%-97.7% [307]	N/A	N/A	1,074 [308]	
	Tchomia (Ituri Sud)			89.90% [309]	86.1%-93.3% [310]	N/A	N/A	958 [311]	Self-report, relatively long recall period, no auditing procedure
Cameroon (2022) [312]	Lolodorf (South)			N/A	N/A	74.10% [315]	72.2%-76.3%	1,915 [316]	
	Mvangan (South)			N/A	N/A	65.80% [317]	62.9%-87.8%	1,769	
	Dibombari (Littoral)			N/A	N/A	53.30% [318]	51.7%-55.5%	1,808	
	Nkongsamba (Littoral)			N/A	N/A	74.60% [319]	72.4%-76.9%	2,042	
	Doume (East)			72.30% [320]	70.7%-76.7%	88.90% [321]	84.7%-90.7%	2,362	
	Belabo (East)			60.90% [322]	58.9%-64.2%	73.30% [323]	70.1%-75.4%	1,988	
	Kar Hay (Far North)	Year 5 [313]		66.20% [324]	62.0%-69.3%	89.70% [325]	87.2%-92.4%	2,026	
	Maroua 2 (Far North)			80.00% [326]	76.5%-83.5%	91.90% [327]	90.2%-93.8%	2,112	
	Bibemi (North)			75.50% [328]	73.1%-78.9%	75.80% [329]	73.1%-77.2%	2,113	
	Garoua 2 (North)			82.30% [330]	79.5%-85.6%	78.30% [331]	76.2%-82.4%	2,022	
	Banyo (Adamaoua)			84.80% [332]	82.3%-86.5%	83.00% [333]	81.8%-85.3%	1,998	
	Ngaoundere Urbain (Adamaoua)			80.80% [334]	78.5%-82.6%	80.50% [335]	78.3%-82.4%	2,332	
	Malantouen (Malantouen)			96.80% [336]	93.0%-98.5%	96.90% [337]	93.8%-99.0%	1,952	
	Penka Michel (Malantouen)		2-6 months [314]	N/A	N/A	92.70% [338]	90.4%-94.9%	2,671	Self-report, relatively long recall period, no auditing procedure
Chad (2022) [339]	Moundou (purposive) [340]			66.00% [343]	55.6%-75.1%	67.40% [344]	56.8%-76.5%	1245 [345]	
	Benamar			63.50%	51.3%-74.2%	66.40%	56.5%-75.0%	549	
	Gore (purposive) [346]			86.90%	77.5%-92.7%	88.60%	79.5%-94.0%	753	
	Bessao			85.40%	78.5%-90.4%	81.00%	72.5%-88.1%	741	
	Youe (purposive) [347]			96.20%	93.3%-97.9%	95.50%	91.8%-97.6%	1009	
	Bongor			94.30%	89.7%-96.9%	80.60%	62.9%-91.1%	1467	
	Pala (purposive) [348]			87.10%	80.4%-91.7%	80.40%	64.8%-90.1%	943	
	Lere			71.30%	57.7%-81.8%	86.20%	80.7%-90.3%	766	
	Sahr (purposive) [349]			66.70%	53.7%-77.6%	69.10%	58.0%-78.3%	811	
	Balimba			95.60%	92.6%-97.4%	95.60%	91.7%-97.7%	797	Self-report, relatively long recall period, no auditing procedure, target sample size not reached in any district
	Kelo (purposive) [350]			59.00%	42.1%-74.0%	72.70%	60.1%-82.5%	1119	
	Lai	Year 5 [341]	6-7 months [342]	78.60%	68.3%-86.3%	70.70%	57.8%-81.0%	1223	**Exclude purposively selected districts from analysis**
Kogi State, Nigeria (2022) [351]	Adavi			85.10% [354]	73.4%-92.2%	80.20%	66.5%-89.2%	3,292 [355]	Self-report, relatively long recall period, no auditing procedure, skipped surveying areas with security risks
	Kogi			80.80%	63.8%-91.0%	77.80%	60.7%-88.8%	2,981	
	Lokoja (purposive)	Year 5 [352]	3-6 months [353]	85.00%	76.9%-90.6%	53.40%	44.3%-62.3%	1,701	**Exclude from analysis - purposively selected**
Forest Region, Guinea (2022)	Yomou			84.80% [358]	82.3%-87.1%	N/A	N/A	979 [359]	
	Lola	Year 5 [356]	5 months [357]	91.50%	89.4%-93.1%	92.80%	90.8%-94.3%	1231	Self-report, relatively long recall period, no auditing procedure

*(Purposive) indicates that the district was purposively selected. We exclude purposively selected districts from our analysis in favor of randomly selected districts.

Programs we don't have results for

Country	State	Program year	Results expected	What we know about this program that may affect results
Nigeria	All States but Kogi	Year 5	No	MDA pushed to Year 6 due to PZQ availability [360]

Published coverage surveys are hyperlinked in column A on this sheet. Unless otherwise stated, page numbers in cell notes refer to the corresponding coverage survey.

Programs we have results for

Country and survey year	State	Geographic area	Program year	Survey period (months post-MDA)	Praziquantel results	Praziquantel, 95% confidence interval	Albendazole/mebendazole results	Albendazole/mebendazole, 95% confidence interval	Sample size	State-level weighted average (PZQ) [361]	Previous year PZQ (if <75%)	State-level weighted average (ALB) [362]	Previous year ALB (if <75%)	Risks of bias [363]
						Program								
Nigeria (Kano, Niger, Taraba) (2023) [364]	Kano	Albasu			75.70% [366]	2.6-78.55% [367]	N/A	N/A	1,724 [368]					
		Bunkure			79.81%	76.77-82.5%	N/A	N/A	1,882	77.85%	N/A	N/A	N/A	
	Niger	Chanchaga			71.62% [369]	67.44-75.4%	N/A	N/A	1,318					
		Edati			98.94%	98.14-99.4%	N/A	N/A	1,888	87.71%	N/A	N/A	N/A	
		Ardokola			85.09%	82.24-87.5%	N/A	N/A	2,106					
	Taraba	Sardauna	Year 7	5-8 months [365]	96.14%	94.32-97.4%	N/A	N/A	1,582	89.83%	N/A	N/A	N/A	
Nigeria (Kaduna, Kwara, Sokoto) (2023) [370]	Kaduna	Chikun [371]			32.20% [373]	24.1-41.6% [374]	N/A	N/A	1704 [375]					
		Zaria			47.10% [376]	34.7-59.8%	N/A	N/A	1979	40.21%	Not available	N/A	N/A	
	Kwara	Edu			94.90%	89.9-97.5%	N/A	N/A	2118					
		Ilorin West			74.80%	61.5-84.7%	N/A	N/A	2048	85.02%	N/A	N/A	N/A	
		Silame			70.20%	59.9-78.8%	N/A	N/A	2059					
	Sokoto	Wamakko	Year 7	~2 months [372]	39.10%	29.2-49.9%	N/A	N/A	1845	55.50%	57.98% [377]	N/A	N/A	
Nigeria (Kebbi, Kwara) (2023) [378]	Kebbi	Aliero			65.85% [380]	2.17-69.34 [381]	N/A	N/A	1,823 [382]					
		Argungu			74.95%	71.55-78.07	N/A	N/A	2,083	70.70%	67.77% [383]	N/A	N/A	
		Irepodun			86.21%	82.52-88.53	N/A	N/A	1,816					
	Kwara	Pategi	Year 7	~3-4 months [379]	95.15%	93.42-96.45	N/A	N/A	2,300	91.21%	N/A	N/A	N/A	
Nigeria (Benue, Niger, Taraba) (2023) [384]	Benue	Gboko			70.70% [386]	52.8-83.9	N/A	N/A	1,430 [387]					
		Kwande		~2 months [385]	78.30%	64.6-87.8	N/A	N/A	1,690	74.82%	57.14% [388]	N/A	N/A	
	Niger	Agaie			69.20%	52.8-81.9	N/A	N/A	1,736					
		Gurara		~1 month [389]	68.70%	53.7-80.6	N/A	N/A	1,394	68.98%	Not available	N/A	N/A	
	Taraba	Kurmi			46.10%	34.0-58.7	N/A	N/A	1,599					
		Zing	Year 7	~2.5 months [390]	15.10%	8.0-26.6	N/A	N/A	1,642	30.39%	86.40% [391]	N/A	N/A	
Chad (2023) [392]	Logone Occident	Benoye			59.60% [396]	48.2-70%	N/A	N/A	1,583 [397]					
		Moundou			70.20%	58.9-79.5%	N/A	N/A	933	63.53%	65.23% [398]	N/A	N/A	
	Logone Oriental	Beboto			90.90%	80.5-96.1%	N/A	N/A	1,290					
		Doba			95.60%	92.5-98.6%	N/A	N/A	1,178	93.14%	N/A	N/A	N/A	
	Mondoul	Bedjondo			78.90%	72-84.5%	N/A	N/A	1,812	78.90%	N/A	N/A	N/A	
	Mayo-Kebbi Est	Bongor			96.70%	92.5-98.6%	N/A	N/A	1,737					
		Moulkou			95.80%	90.3-98.2%	N/A	N/A	1,489	96.28%	N/A	N/A	N/A	
	Mayo-Kebbi Oue	Lere			86.80%	75.7-93.3%	N/A	N/A	1,486					
		Torrok			90.10%	84.3-93.9%	N/A	N/A	1,679	88.55%	N/A	N/A	N/A	
	Moyen-Chari	Koumogo			89.10%	78.7-94.8%	N/A	N/A	2,077					
		Kyabe			95.00%	91.5-97.1%	N/A	N/A	1,775	91.82%	N/A	N/A	N/A	
	Tandjiile	Baktchoro			84.10%	77.9-88.8%	N/A	N/A	1,820					
		Kelo	Year 7 [394]	~2 months [395]	66.40%	55.2-76%	N/A	N/A	2,038	74.75%	69.24% [399]	N/A	N/A	
DRC (2024) [400]	Bas Uele	Bondo			88.20% [402]	79.2–93.6	90.90% [403]	81.4–95.8	1,421.00 [404]					
		Poko			90.60%	82.9–95.0	87.50%	79.7–92.6	1,116.00	89.26%	N/A	89.40%	N/A	
	Ituri Nord	Aru			95.60%	93.3–97.2	N/A	N/A	1443					
		Aungba			95.10%	92.2–96.9	61.50%	44.9–75.8	1535	95.34%	N/A	31.70%	Not available	
	Ituri Sud	Gethy			87.40%	73.2–94.6	N/A	N/A	1,345					
		Rethy			93.10%	88.2–95.9	N/A	N/A	1,644	90.54%	N/A	N/A	N/A	
	Katanga Sud	Kampemba			59.20%	41.7–74.6	N/A	N/A	1,014	59.20%	Not available	N/A	N/A	
		Katuba			N/A	N/A	85.30%	79.0–89.9	939	N/A	N/A	85.30%	N/A	
	Lomani	Kandakanda			85.00%	71.1-92.9	N/A	N/A	1,242					
		Tshofa	Year 7	~2 months [401]	N/A	N/A	93.40%	87.8–96.5	1,189	43.43%	Not availabe	45.68%	Not availabe	
Cameroon (2024) [405]	Adamaoua	Djohong [406]			88.90% [409]	85.4–91.8	91.10% [410]	87.6–93.7	2,214 [411]					
		Tignere [412]			91.40%	85.8–94.9	91.20%	85.8–94.7	1,688	89.98%	N/A	91.14%	N/A	
	East	Batouri [413]			N/A	N/A	80.10%	72.3–86.1	1,909					
		Lomie [414]			N/A	N/A	89.50%	85.7–92.4	1,800	N/A	N/A	84.66%	N/A	
	Littoral	Mbanga [415]			N/A	N/A	84.30%	79.8–87.9	1,797					
		Melong [416]			84.20%	79.4–87.9%	86.90%	82.1–90.6	1,743	41.46%	Not available	85.58%	N/A	
	South	Kribi [417]			N/A	N/A	77.60%	67.9–84.9	851					
		Zoetele			N/A	N/A	86.10%	78.7–91.2	771	N/A	N/A	81.64%	N/A	
	West	Foumbot [418]			95.50%	89.9–98.1	95.70%	90.3–98.1	1,496					
		Kouoptamo [419]			85.40%	75.6–91.7	92.00%	86.8–95.3	1,537	90.38%	N/A	93.82%	N/A	
	Far North	Guidiguis [420]			90.40%	83.9–94.5	93.30%	89.5–95.7	1,812					
		Meri [421]			91.40%	87.5–94.1	91.10%	87.3–93.9	1,936	90.92%	N/A	92.16%	N/A	
	North	Guider [422]			81.80%	71.9–88.7	78.90%	68.8–86.3	1,877					
		Mayo Oulo [423]	Year 7 [407]	~2 months [408]	84.30%	72.1–91.8	84.30%	72.2–91.8	2,212	83.15%	N/A	81.82%		
Chad (2024) [424]	Barh El Gazel	Moussoro			99.80% [427]	99,4-100,0	N/A [428]	N/A [429]	1811 [430]					
		Salal			100.00%	N/A [431]	N/A [432]	N/A [433]	1364	99.89%	N/A	N/A	N/A	
	Batha	Assinet			98.30%	93.6-99,0	N/A [434]	N/A [435]	762					
		Haraze Djambo			99.50%	99,0-99,9	N/A [436]	N/A [437]	1438	99.08%	N/A	N/A	N/A	
	Chari Baguirmi	Dourbali			75.20%	69,6-92,9	N/A [438]	N/A [439]	1723					
		Kouno			81.60%	71.1-92.7	N/A [440]	N/A [441]	1837	78.50%	N/A	N/A	N/A	
	Guéra	Bitkine			78.70%	67,0-91,5	N/A [442]	N/A [443]	1661					
		Chinguil			61.00%	55,2-82,7	N/A [444]	N/A [445]	1634	69.92%	Not available	N/A	N/A	
	Hadjer Lamis	Gama			97.20%	98,9-99,9	N/A [446]	N/A [447]	2109					
		Massaguet			74.90%	57,4-90,4	N/A [448]	N/A [449]	2103	86.07%	N/A	N/A	N/A	
	Ouaddaï	Abougoudam			64.00%	55,6-78,4	N/A [450]	N/A [451]	1604					
		Amdam			69.00%	49,5-82,9	58.95%	[44.8,71.7]	1513	66.43%	Not available	28.61%	Not available	
	Salamat	Amtiman			N/A [452]	N/A [453]	98.20%	[96.7,99,1]	2,719					
		Haraze Mangueir			93.10%	94,7-98,4	N/A [454]	N/A [455]	2,159	41.21%	Not available	54.74%	Not available	
	Sila	Abdi			82.70%	80,6-93,2	N/A [456]	N/A [457]	2,577					
		Gozbéïda			90.10%	86,6-94,6	N/A [458]	N/A [459]	2,632	86.44%	N/A	N/A	N/A	
	Wadi Fira	Iriba/Tine	Year 7 [425]	~2 months [426]	N/A [460]	N/A [461]	45.20%	[32.1,59.0]	2,223	N/A	N/A	45.20%	N/A	
Nigeria (2024) [462]	Kano	Garun Mallam			76.30% [465]	63.5–85.6	N/A [466]	N/A	2,050 [467]					
		Wudil			62.70%	49.8–73.9	N/A	N/A	1,991	69.60%	77.85% [468]	N/A	N/A	
	Adamawa	Demsa			64.70%	54.2-73.9	N/A	N/A	1214					
		Hong			59.60%	49.8-68.6	N/A	N/A	1174	59.60%	Not available	N/A	N/A	
	Katsina	Bindawa			79.70%	70.4-86.7	N/A	N/A	1721					
		Rimi			67.80%	58.6-75.8	N/A	N/A	1723	73.75%	Not available	N/A	N/A	
	Kebbi	Argungu			74.10%	64.1-82.1	N/A	N/A	1905					
		Jega			46.80%	32.4-61.6	N/A	N/A	2122	59.71%	Not available	N/A	N/A	
	Yobe	Bade			71.10%	59.4-80.6	N/A	N/A	1919					
		Damaturu			66.40%	54.1-76.9	N/A	N/A	1640	68.93%	Not available	N/A	N/A	
	Kogi	Dekina			N/A	N/A	59.10%	47.3-70.0	1367					
		Olamaboro	Year 7 [463]	~2-3 months [464]	N/A	N/A	65.10%	55.3-73.6	1287	N/A	N/A	62.01%	73.59% [469]	

*(Purposive) indicates that the district was purposively selected. We exclude purposively selected districts from our analysis in favor of randomly selected districts.

Additional source:		*WHO, Preven*	*Page numbers in notes refer to coverage survey reports unless otherwise stated.*									
Country	**Survey Year**	**Source**	**Diseases targeted**	**Length of time between MDA and survey**	**How geographic areas chosen**	**How villages chosen**	**How households chosen**	**Data quality control?**	**Don't knows counted as nos?**	**Verification questions asked? [470]**	**Parents answer for children? (applies to praziquantel MDA only)**	**Who conducted the survey? [471]**
Guinea	2017	Unpublished	Schistosomiasis and soil-transmitted helminths [472]	2 weeks [473]	Intentional selection of 1 of 3 districts (see note) [474]	Proportional probability sampling (random) [475]	Random [476]	Supervisors aggregated data and examined for accuracy; methodology unclear. [477]	Unclear	Unclear	Yes; if child is under five or if child is absent [478]	Surveyors were independent of MDA implementers. [479]
Guinea	2018	Coverage survey Guinea 2018	Schistosomiasis and soil-transmitted helminths [480]	1 month [481]	Random selection of 2 of 3 districts. [482]	Random [483]	Random [484]	Data automatically uploaded into a web-based database; otherwise unspecified. [485]	Yes [486]	No [487]	If the child is absent or unable (for example, if the child is ill). [488]	Not specified.
Guinea-Bissau	2018	Coverage survey Guinea-Bissau 2018	Schistosomiasis and soil-transmitted helminths [489]	6-8 weeks [490]	Random [491]	Random [492]	Random [493]	Data automatically uploaded into a web-based database; otherwise unspecified. [494]	Yes [495]	No [496]	If the child is absent or unable (for example, if the child is ill). [497]	The national NTD team of the Ministry of Health. Note that it is not clear whether this team were independent of the MDA implementers. [498]
Democratic Republic of Congo	2018	Coverage survey Democratic Republic of Congo 2018	Lymphatic filariasis, onchocerciasis, and schistosomiasis [499]	2-14 weeks [500]	Non-random (see note). [501]	Random [502]	Random [503]	Data automatically uploaded into a web-based database; otherwise unspecified. Unable to analyze data from 14% of households due to unexplained data entry errors. [504]	Yes [505]	No [506]	Proxy responses are accepted if the child is absent or if the child is "too young". See cell note for more detail. [507]	Not specified.
Nigeria	2018	Coverage survey Nigeria Four States project 2018	Lymphatic filariasis, onchocerciasis, trachoma, schistosomiasis and soil-transmitted helminths. [508]	Unspecified.	Random selection of 8 of 51 local government areas. [509]	Random [510]	Random [511]	Federal Ministry of Health personnel supervised enumerators' work to ensure data quality, and data was monitored online to detect and correct errors; unclear what this means in practice. [512]	Yes [513]	No [514]	If the child is absent or unable (for example, if the child is ill). [515]	Surveyors were independent of MDA implementers. [516]
Cameroon	2019	Coverage survey Cameroon 2019 (unpublished)	Schistosomiasis and soil-transmitted helminths [517]	3-15 weeks [518]	Random [519]	Random [520]	Random [521]	Data automatically uploaded into a web-based database. Some data cleaning and data monitoring, but details are unspecified. [522]	Unclear	Tablets were shown to respondents. It is unclear if they were used to verify answers. [523]	Proxy responses are accepted if the child is absent or if the child is "too young." [524]	Not specified. Collaboration with national and regional NTD teams; it is not clear what role these teams played or whether they were independent of the MDA implementers. [525]
Guinea Bissau	2019	Coverage survey Guinea Bissau 2019	Schistosomiasis and soil-transmitted helminths [526]	1-2 months [527]	Intentional selection of 1 district (see note) [528]	Random [529]	Random [530]	Data automatically uploaded using mobile phones into a survey software application. Some data cleaning occurred, but details not specified. Two team supervisors were mentioned, but their role in monitoring was not described. [531]	Unclear [532]	Tablets were shown to respondents. It is unclear if they were used to verify answers. [533]	Proxy responses accepted if unavailable or ill, and assistance given to ages 5-10. [534]	Surveyors were independent of MDA implementers. [535]
Cameroon	2020	Coverage survey Cameroon 2020	Schistosomiasis and soil-transmitted helminths [536]	3-5 months [537]	Random [538]	Random [539]	Random [540]	Data uploaded using mobile phones into a survey software application, and some challenges with getting internet connectivity for uploading; otherwise unspecified. [541]	Unclear [542]	Tablets were shown to respondents. It is unclear if they were used to verify answers. [543]	Proxy responses were accepted in certain cases (not directly specified). [544]	Not specified. It is not clear whether they were independent of MDA implementers. [545]
Cameroon	2021	Coverage survey Cameroon 2021	Schistosomiasis and soil-transmitted helminths [546]	5 months [547]	Random [548]	Random [549]	Random [550]	Data uploaded using mobile phones into a survey software application. Some data cleaning, but details are unspecified. No mention of supervision. [551]	Unclear [552]	Tablets were shown to respondents but not used to verify answers. [553]	Proxy responses are accepted if the child is absent or too young to express themselves [554]	Not specified.
Nigeria	2021	Coverage survey Nigeria 2021	Schistosomiasis and soil-transmitted helminths (dependent on health zone) [555]	5 months [556]	Random selection of 2 LGAs within each of 7 states [557]	Random [558]	Random [559]	Data uploaded using mobile phones into a survey software application. Some data cleaning, but details are unspecified. Monitoring of data collection conducted by supervisors and consultant, but methodology not detailed. [560]	Excluded from analysis [561]	Picture of drug shown to respondents but not used to verify answers. [562]	Proxy responses accepted from primary caregivers for children < 10 years or for absent children [563]	Surveyors were independent of MDA implementers. [564]
Guinea	2021	Coverage survey Guinea 2021	Schistosomiasis and soil-transmitted helminths (SCH only in the two surveyed districts: Fria and Matoto) [565]	~3 months [566]	Random selection of 2 of 5 districts [567]	Random [568]	Random [569]	Data uploaded using mobile phones into a survey software application. Some data cleaning, but details are unspecified. No mention of monitoring. [570]	Unclear [571]	Unclear. No measures mentioned in survey report and questionnaire not provided.	Proxy responses are accepted if the child is absent or if the child is "too young". [572]	Not specified whether independent of MDA implementers. Total of 24 surveyors (12 in each district) working in pairs. [573]
Guinea-Bissau	2021	Coverage survey Guinea-Bissau 2021	Schistosomiasis and soil-transmitted helminths (SCH only in Farim and STH only in Tombali) [574]	5-6 months [575]	Random selection of 2 districts [576]	Random [577]	Random [578]	Data automatically uploaded into a web-based database following submission on mobile phones. Some data cleaning, but unspecified. Two team supervisors are mentioned but monitoring role, if any, not specified. [579]	Unclear [580]	Tablets were shown to respondents but not used to verify answers. [581]	Proxy responses or assistance are accepted if child is absent, too sick to answer, or between ages 5-10. [582]	Surveyors were independent of MDA implementers. [583]
DRC (Ituri Nord and Ituri Sud)	2021	Coverage survey DRC 2021	Schistosomiasis and soil-transmitted helminths (however, SCH only in health zones randomly selected for CES) [584]	5-6 months [585]	Random selection of health zones [586]	Random [587]	Random [588]	Data automatically uploaded into a web-based database at end of day following submission on mobile phones. Some data cleaning, but details are unspecified. A survey coordinator appointed for quality control purposes is mentioned but monitoring role, if any, not specified. [589]	Unclear [590]	Tablets were shown to respondents but not used to verify answers. [591]	Proxy responses accepted for child if absent, unable to communicate, or around age 5. [592]	Surveyors were independent of MDA implementers. [593]
Cameroon	2022	Coverage survey Cameroon 2022	SCH and STH [594]	2-6 months [595]	Random selection of health districts [596]	Random [597]	Random [598]	Data uploaded using mobile phones into survey software application. Supervisors monitored data collection but it is unclear what steps were taken in instances of concerns with data quality. [599]	Yes [600]	Tablets were shown to respondents but not used to verify answers. [601]	Proxy responses accepted for child if absent or too young (ages 5-10), but children encouraged to answer for selves. [602]	Surveyors were independent of MDA implementers. [603]
Chad	2022	Coverage survey Chad 2022	SCH and STH [604]	6-7 months [605]	Random selection of one health district per region and purposeful selection of a second health district per region [606]	Random [607]	Random [608]	Data uploaded using mobile phones into survey software application. Supervisors monitored data collection but it is unclear what steps were taken in instances of concerns with data quality, such as implementers having trouble using the mobile phones. [609]	Unclear [610]	Tablets were shown to respondents but not used to verify answers. [611]	Proxy responses accepted for child if absent or too young (ages 5-10), but children encouraged to answer for selves. [612]	Surveyors were independent of MDA implementers. [613]
Kogi State, Nigeria	2022	Coverage survey Kogi State 2022	SCH and STH [614]	3-6 months [615]	Random selection of two health districts and purposeful selection of one health district within Kogi State [616]	Random [617]	Random [618]	Data uploaded using mobile phones into survey software application. Supervisors monitored data collection but it is unclear what steps were taken in instances of concerns with data quality. [619]	Unclear [620]	Pictures of tablets were shown to respondents but not used to verify answers. [621]	Proxy responses accepted for child if absent or too young (ages 5-10), or for unavailable household members. [622]	Surveyors were independent of MDA implementers. [623]
Guinea	2022	Coverage survey Guinea 2022	SCH and STH [624]	5 months [625]	Random selection of two health districts. [626]	Random [627]	Random [628]	Data uploaded using mobile phones into survey software application. Supervisors monitored data collection but it is unclear what steps were taken in instances of concerns with data quality. [629]	Unclear [630]	Tablets were shown to respondents but not used to verify answers. [631]	Proxy responses accepted for child if absent or too young (ages 5-10), but children encouraged to answer for selves. [632]	Surveyors were independent of MDA implementers. [633]
Nigeria (Kano Niger Taraba States)	2023	Sightsavers CES Report Nigeria (Kano Niger Taraba States) 2023	Schistosomiasis	5-8 months (MDA in Aug-Nov 2022 survey in April 2023) [634]	Purposeful selection of 6 LGAs with persistent MDA coverage issues [635]	30 villages selected per LGA using probability proportional to size sampling [636]	Systematic sampling using predetermined interval from numbered households in selected segments [637]	Electronic data collection via Commcare platform and remote monitoring via Power BI dashboard supervisors	Not specified	Yes - showed picture of praziquantel and package used during recent MDA to assist recall	Proxy responses allowed if child absent; multiple revisits attempted before accepting proxy response	Independent data collectors not involved in previous NTD program activities
Nigeria (Kaduna Kwara Sokoto States)	2023	Sightsavers CES Report Nigeria (Kaduna Kwara Sokoto States) 2023	Schistosomiasis	1-2 months (MDA in July-Aug 2023 survey in September 2023) [638]	Random selection of 6 LGAs from safe (security-wise) areas [639]	30 villages selected per LGA using probability proportional to size sampling [640]	Systematic sampling using predetermined interval from numbered households in selected segments [641]	Electronic data collection via Commcare platform and remote monitoring via dashboard. Three supervisors in daily field debrief meetings performed data cleaning and analysis	Not specified	Yes - showed picture of praziquantel and package used during recent MDA to assist recall	Proxy responses allowed if child absent; multiple revisits attempted before accepting proxy response	Independent data collectors not involved in previous NTD program activities
Nigeria (Kebbi Kwara States)	2023	Sightsavers CES Report Nigeria (Kebbi Kwara States) 2023	Schistosomiasis	3-4 months (MDA in Oct-Nov 2022 survey in February 2023) [642]	Random selection of 4 LGAs using Stata 16 statistical package [643]	30 villages selected per LGA using probability proportional to size sampling [644]	Systematic sampling using predetermined interval from numbered households in selected segments [645]	Electronic data collection via Commcare platform and remote monitoring via Power BI dashboard. Supervisors in field performed data cleaning and analysis	Not specified	Yes - showed picture of praziquantel and package used during recent MDA to assist recall	Proxy responses allowed if child absent; multiple revisits attempted before accepting proxy response	Independent data collectors not involved in previous NTD program activities

Summary of methodology of coverage surveys from projects supported with GiveWell-directed funds

Additional source: <u>WHO, Preven</u> *Page numbers in notes refer to coverage survey reports unless otherwise stated.*

Country	Survey Year	Source	Diseases targeted	Length of time between MDA and survey	How geographic areas chosen	How villages chosen	How households chosen	Data quality control?	Don't knows counted as nos?	Verification questions asked? [470]	Parents answer for children? (applies to praziquantel MDA only)	Who conducted the survey? [471]
Nigeria (Benue Niger Taraba States)	2023	Sightsavers CES Report Nigeria (Benue Niger Taraba States) 2023	Schistosomiasis	2-3 months (MDA in July-Sept 2023 survey in October 2023) [646]	Random selection of 6 LGAs from safe (security-wise) areas [647]	30 villages selected per LGA using probability proportional to size sampling [648]	Systematic sampling using predetermined interval from numbered households in selected segments [649]	Electronic data collection via Commcare platform and remote monitoring via Power BI dashboard. Supervisors in field performed data cleaning and analysis	Not specified	Yes - showed picture of praziquantel and package used during recent MDA to assist recall	Proxy responses allowed if child absent; multiple revisits attempted before accepting proxy response	Independent data collectors not involved in previous NTD program activities
Chad	2023	Sightsavers CES Report Chad 2023	Schistosomiasis	1 month (MDA in May 2023 survey in June-July 2023) [650]	Random selection of 13 health districts from 7 provinces [651]	30 villages selected per district using probability proportional to size sampling [652]	29 households per cluster using systematic sampling with pre-defined list after community segmentation [653]	Electronic data collection via Commcare platform and remote monitoring via Metabase dashboard. National level supervisors performed daily monitoring via WhatsApp groups	Not specified	Yes - showed samples of praziquantel tablets/boxes and referenced major events during MDA such as height measurement	Primary caregivers helped for children aged 5-10 years but children encouraged to answer directly when possible	Independent data collectors not involved in MDA campaign selected through testing and observation

					At or above 80% coverage of eligible population [861]	60-80% coverage of eligible population	Less than 60% coverage of eligible population	
Country	Year of survey	Geographic area	Geographic area type	Diseases targeted	Praziquantel therapeutic survey coverage of eligible population (targeting schistosomiasis)	Ivermectin (also known as Mectizan) therapeutic survey coverage of eligible population (targeting onchocerciasis)	Albendazole therapeutic survey coverage of eligible population (targeting lymphatic filariasis)	Zithromax therapeutic survey coverage of eligible population (targeting trachoma)	Additional notes on results
Benin	2015	Abomey	District	Onchocerciasis and lymphatic filariasis	-	40% [862]	40% [863]	-	On low coverage for ivermectin treatment: "Among the population that did not take ivermectin during the last treatment campaign, the primary reason was community distributors not going to their homes and village, particularly in the health district of Abomey (67.8%)." Pg 28
Togo	2015	Sotouboua	District	Onchocerciasis	-	79% [864]	-		
Cameroon	2015-16	Northwest	Region	Onchocerciasis and lymphatic filariasis	-	88% [865]	88% [866]	-	Results calculated using Figure 3 on pg 27. The results on pg 27 are reported as geographic coverage, but we believe this is a mistake and that these figures likely actually refer to therapeutic coverage, since the text ("Regarding the distribution of drugs, the results of Figure 3 show that overall, more than three- quarter of respondents (77.8%) reported having received bothdrugs namely Mectizan and Albendazole", pg 27) refers to the proportion of survey respondents that received drugs. Very high (~98-99%) therapeutic coverage rates are reported on page 37 -- we believe these figures may be reported swallowing ivermectin and/or albendazole given that they received it, but we are not confident in this interpretation.
		Southwest	Region	Onchocerciasis and lymphatic filariasis	-	78% [867]	81% [868]	-	
		West	Region	Onchocerciasis and lymphatic filariasis	-	73% [869]	75% [870]	-	
Nigeria	2014	Bungudu	Local government area	Schistosomiasis, onchocerciasis, and lymphatic filariasis	55% [871]	59% [872]	59% [873]	-	
		Shinkafi	Local government area	Schistosomiasis, onchocerciasis, lymphatic filariasis, and trachoma	88% [874]	90% [875]	90% [876]	77% [877]	
Malawi	2015	Nsanje	District	Trachoma	-	-	-	80% [878]	
		Zomba	District	Trachoma	-	-	-	82% [879]	
		Machinga	District	Trachoma	-	-	-	70% [880]	
		Mwanza	District	Trachoma	-	-	-	83% [881]	
		Neno	District	Trachoma	-	-	-	82% [882]	
		Ntcheu	District	Trachoma	-	-	-	84% [883]	
		Lilongwe West [884]	District	Trachoma	-	-	-	84% [885]	
		Dowa	District	Trachoma	-	-	-	72% [886]	
		Ntchisi	District	Trachoma	-	-	-	75% [887]	
Median				0.789					

Page numbers in comments refer to coverage survey reports unless otherwise stated.

Country	Year	Source	Diseases targeted	Length of time between MDA and survey	How geographic areas chosen	How villages chosen	How households chosen	Data quality control?	Don't knows counted as nos?	Verification questions asked?	Parents answer for children? (applies to praziquantel MDA only)	Other notes
Benin	2015	Coverage survey Benin and	Onchocerciasis and lymphatic filariasis	4-8 weeks [888]	Unclear [889]	Proportional probability sampling (random) [890]	Random [891]	Unclear [892]	Yes [893]	No [894]	N/A	
Togo	2015	Coverage survey Benin and	Onchocerciasis and lymphatic filariasis	4-8 weeks [895]	Unclear [896]	Proportional probability sampling (random) [897]	Random [898]	Unclear [899]	Yes [900]	No [901]	N/A	
Cameroon	2015-16	Coverage survey Cameroon	Onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminths	Unclear [902]	Intentional selection of health districts (details of process unclear) [903]	Proportional probability sampling (random) [904]	Proportional probability sampling (details unclear) [905]	Unclear [906]	Unclear [907]	Unclear [908]	N/A	
Nigeria	2014	DFID-UNITED Integrated Po	Schistosomiasis, soil-transmitted helminths, onchocerciasis, lymphatic filariasis, and trachoma [909]	2 weeks to 3 months [910]	Intentional selection of LGAs (details in comment) [911]	Proportional probability sampling (random) [912]	Reasonably close to random [913]	Data "vetted" by supervisors; details of process unclear [914]	Unclear [915]	Unclear [916]	Sometimes (frequency unclear) [917]	
Malawi	2015	Coverage survey Malawi 20	Trachoma	About 1-2 months (minimum of 2 weeks) [918]	Unclear [919]	Random [920]	Random [921]	Unclear [922]	Unclear	Unclear [923]	N/A	

How comprehensive is the coverage survey information we have seen?

Project name	Program Year [924]	Have we seen a coverage survey?	Spending on this project	% spending (all time)	% spending (within program year)
Nigeria - Four States	Year 1	Yes	$197,180	1%	14%
Nigeria - Benue State	Year 1	No [925]	$287,194	2%	20%
Guinea	Year 1	Yes	$234,222	2%	16%
Guinea-Bissau	Year 1	Yes	$613,216	4%	43%
DRC	Year 1	Yes	$94,825	1%	7%
Cameroon	Year 1	N/A [926]	$0 [927]	0%	0%
Nigeria - Four States	Year 2	Yes (three states	$438,031 [929]	3%	24%
Nigeria - Benue State	Year 2	Yes	$306,571 [930]	2%	17%
Guinea	Year 2	Yes	$396,837 [931]	3%	22%
Guinea-Bissau	Year 2	Yes	$173,825 [932]	1%	10%
DRC	Year 2	Yes	$71,806 [933]	1%	4%
Cameroon	Year 2	Yes	$329,423 [934]	2%	18%
Nigeria - Yobe State	Year 2	No [935]	$93,733 [936]	1%	5%
Nigeria - Four States	Year 3	No [937]	$531,712 [938]	4%	16%
Nigeria - Benue State	Year 3	No [939]	$307,543 [940]	2%	10%
Nigeria - Taraba State	Year 3	No [941]	$213,083 [942]	1%	7%
Nigeria - Yobe State	Year 3	No [943]	$95,226 [944]	1%	3%
Guinea Bissau	Year 3	No [945]	$112,140 [946]	1%	3%
Cameroon	Year 3	Yes	$1,466,585 [947]	10%	45%
DRC	Year 3	No [948]	$174,175 [949]	1%	5%
Guinea	Year 3	No [950]	$335,226 [951]	2%	10%
Nigeria - Four States	Year 4	Yes	$732,404 [952]	5%	22%
Nigeria - Benue State	Year 4	Yes	$287,008 [953]	2%	9%
Nigeria - Taraba State	Year 4	Yes	$190,764 [954]	1%	6%
Nigeria - Yobe State	Year 4	Yes	$231,948 [955]	2%	7%
Guinea Bissau	Year 4	No [956]	$81,205 [957]	1%	2%
Cameroon	Year 4	Yes	$1,723,497 [958]	12%	51%
DRC	Year 4	No [959]	$53,805 [960]	0%	2%
Guinea	Year 4	No [961]	$60,587 [962]	0%	2%
Nigeria - Four States [963]	Year 5	Yes [964]	$485,911 [965]	3%	11%
Nigeria - Benue State	Year 5	No [966]	$153,297 [967]	1%	3%
Nigeria - Taraba State	Year 5	No [968]	$40,213 [969]	0%	1%
Nigeria - Yobe State	Year 5	No [970]	$188,180 [971]	1%	4%
Nigeria - 6 states	Year 5	No [972]	$0 [973]	0%	0%
Guinea Bissau	Year 5	Yes [974]	$351,213 [975]	2%	8%

Cameroon	Year 5	Yes	$1,801,513 [976]	13%	40%
DRC	Year 5	Yes	$220,609 [977]	2%	5%
Guinea	Year 5	Yes	$966,628 [978]	7%	21%
Chad	Year 5	Yes	$302,533 [979]	2%	7%
% of Year 1, 2, 3, 4, 5 spending with available coverage surveys				80% [980]	
% of Year 1, 2, 3, 4, 5 spending without available coverage surveys				20%	

Comparison between the coverage rate reported after the MDA and the coverage rate found in the survey

Surveyed coverage more than 25% higher than reported coverage
Surveyed coverage more than 25% lower than reported coverage

Published coverage surveys are hyperlinked in column A on this sheet. Unless otherwise stated, page numbers in cell notes refer to the corresponding coverage survey.

Country and survey year	Geographic area	Geographic area type	Diseases targeted by GiveWell-funded MDAs	Praziquantel coverage, from survey [981]	Albendazole/mebendazole coverage, from survey [982]	Reported coverage (SCH)	Reported coverage (STH)	Adjustment factor (SCH)	Adjustment factor (STH)
Guinea (2017)	N'Zérékoré	District	Schistosomiasis and STH	57.6% [983]	57.6% [984]	103.7% [985]		0.56	
Guinea (2018)	N'Zérékoré	District	Schistosomiasis and STH	77.4% [986]	82.4% [987]	92.6% [988]		0.89	
	Lola	District	Schistosomiasis and STH	87.1% [989]	85.7% [990]	90.9% [991]		0.96	
Guinea-Bissau (2018)	Biombo	Region	STH	N/A	87.1% [992]		119.2% [993]		0.73
	Farim	Region	Schistosomiasis	99.3% [994]	N/A	138.3% [995]		0.72	
Democratic Republic of Congo (2018)	Angumu	Health zone	Schistosomiasis	84.5% [996]	N/A [997]	98.0% [998]		0.86	
	Nyarambe	Health zone	Schistosomiasis	91.6% [999]	N/A [1000]	85.7% [1001]		1.07	
Nigeria (2018)	Binji	Local government area	Schistosomiasis	97.4% [1002]	N/A	96.8% [1003]		1.01	
	Danko/Wasagu	Local government area	Schistosomiasis	80.6% [1004]	N/A	97.9% [1005]		0.82	
	Ekiti	Local government area	Schistosomiasis	93.5% [1006]	N/A	79.1% [1007]		1.18	
	Goronyo	Local government area	Schistosomiasis	96.1% [1008]	N/A	98.7% [1009]		0.97	
	Idah	Local government area	Schistosomiasis and STH	77.6% [1010]	77.6% [1011]	100.0% [1012]		0.78	
	Ifelodun	Local government area	Schistosomiasis and STH	87.0% [1013]	87.0% [1014]	87.0% [1015]		1.00	
	Kalgo	Local government area	Schistosomiasis	95.7% [1016]	N/A	94.5% [1017]		1.01	
	Ofu	Local government area	Schistosomiasis and STH	81.5% [1018]	81.5% [1019]	102.4% [1020]		0.80	
Cameroon (2019)	Bibemi	District	Schistosomiasis and STH	69.7% [1021]	67.2% [1022]	70.9% [1023]	70.9% [1024]	0.98	0.95
	Foumbot	District	Schistosomiasis and STH	80.0% [1025]	77.9% [1026]	95.4% [1027]	98.7% [1028]	0.84	0.79
	Guere	District	Schistosomiasis and STH	81.9% [1029]	80.8% [1030]	75.7% [1031]	75.9% [1032]	1.08	1.06
	Malantouen	District	Schistosomiasis and STH	82.7% [1033]	82.1% [1034]	99.5% [1035]	99.1% [1036]	0.83	0.83
	Poli	District	Schistosomiasis and STH	81.0% [1037]	72.5% [1038]	92.5% [1039]	86.0% [1040]	0.88	0.84
	Tokombere	District	Schistosomiasis and STH	70.2% [1041]	60.5% [1042]	70.7% [1043]	70.3% [1044]	0.99	0.86
Nigeria (2019)	Gwer West	Local government area	Schistosomiasis and STH [1...	79.6% [1046]	76.2% [1047]	76.9% [1048]	76.9% [1049]	1.04	0.99
	Oju	Local government area	Schistosomiasis [1050]	75.9% [1051]	N/A	76.9% [1052]	N/A	0.99	
	Vandeikya	Local government area	Schistosomiasis and STH [1...	66.6% [1054]	66.9% [1055]	76.8% [1056]	76.9% [1057]	0.87	0.87
	Birnin Kebbi	Local government area	Schistosomiasis [1059]	92.6% [1059]	N/A	76.1% [1060]	N/A	1.22	
	Maiyama	Local government area	Schistosomiasis [1061]	89.7% [1062]	N/A	68.2% [1063]	N/A	1.32	
	Ngaski	Local government area	Schistosomiasis [1064]	93.4% [1065]	N/A	56.2% [1066]	N/A	1.66	
	Edu	Local government area	Schistosomiasis [1067]	96.1% [1068]	N/A	76.8% [1069]	N/A	1.25	
	Patigi	Local government area	Schistosomiasis [1070]	86.0% [1071]	N/A	76.3% [1072]	N/A	1.13	
	Illela	Local government area	Schistosomiasis [1073]	56.4% [1074]	N/A	96.4% [1075]	N/A	0.59	
	Tambuwal	Local government area	Schistosomiasis [1076]	68.7% [1077]	N/A	59.9% [1078]	N/A	1.15	
Guinea-Bissau (2019)	Oio	Region	Schistosomiasis [1079]	97.95% [1080]	N/A	93.3% [1081]	N/A	1.05	
DRC (2019)	Biringi	Health zone	Schistosomiasis [1082]	71.81% [1083]	N/A	80.2% [1084]	N/A	0.87	
	Nyarambe	Health zone	Schistosomiasis [1085]	79.58% [1086]	N/A	91.1% [1087]	N/A		
Cameroon (2020)	Bertoua	Health district	Schistosomiasis and STH	67.7%	56.2%	77.1% [1088]	71.2% [1089]	0.88	0.79
	Betare -Oya	Health district	Schistosomiasis and STH	35.9%	43.5%	75.4% [1090]	75.2% [1091]	0.48	0.58
	Bibemi	Health district	Schistosomiasis and STH	80.9%	85.7%	75.3% [1092]	89.7% [1093]	1.07	0.96
	Djohong	Health district	Schistosomiasis and STH	80.7%	70.3%	90.2% [1094]	70.5% [1095]	0.90	1.00
	Hina	Health district	Schistosomiasis and STH	88.8%	85.5%	48.2% [1096]	89.4% [1097]	1.84	0.96
	Kekem	Health district	Schistosomiasis and STH	83.2%	89.4%	72.6% [1098]	89.4% [1099]	1.15	1.00
	Malantouen	Health district	Schistosomiasis and STH	85.5%	91.3%	80.3% [1100]	80.6% [1101]	1.07	1.13
	Maroua -2	Health district	Schistosomiasis and STH	88.6%	88.2%	69.3% [1102]	69.4% [1103]	1.28	1.27
	Ngaoundere Urban	Health district	Schistosomiasis and STH	74.4%	73.4%	88.5% [1104]	87.8% [1105]	0.84	0.84
	Touboro	Health district	Schistosomiasis and STH	79.9%	84.9%	73.6% [1106]	91.2% [1107]	1.09	0.93
Cameroon (2021)	Mogode (Far North)	Health district	Schistosomiasis and STH	82.70% [1108]	79.10%	86.10%	85.90%	0.96	0.92
	Yagoua (Far North)	Health district	Schistosomiasis and STH	93.40%	93.20%	80.90%	80.70%	1.15	1.15
	Figuil (North)	Health district	Schistosomiasis and STH	73.90%	94.80%	81.10%	81.10%	0.91	1.17
	Rey Bouba (North)	Health district	Schistosomiasis and STH	79.20%	70.50%	91.50%	89.60%	0.87	0.79
	Ngaoundal (Adamawa)	Health district	Schistosomiasis and STH	75.60%	76.10%	89.20%	89.20%	0.85	0.85
	Bankim (Adamawa)	Health district	STH	N/A	89.30%	N/A	91.50%		0.98
	Abomg-Mbang (East)	Health district	STH	N/A	85.50%	N/A	93.80%		0.91
	Nguelemendouka (Ea...	Health district	STH	N/A	91.40%	N/A	77.20%		1.18
	Edea (Littoral)	Health district	Schistosomiasis and STH	49.50%	55.10%	67.00%	68.10%	0.74	0.81
	Loum (Littoral)	Health district	Schistosomiasis and STH	67.60%	66.60%	84.20%	87.00%	0.80	0.77
	Ambam (South)	Health district	STH	N/A	68.30%	86.30%	92.90%		0.74
	Djoum (South)	Health district	STH	N/A	89.50%	N/A	84.20%		1.06
	Bamendjou (West)	Health district	STH	N/A	79.10%	N/A	82.20%		0.96
	Galim (West)	Health district	Schistosomiasis and STH	61.30%	69.30%	86.30%	85.40%	0.71	0.81
Guinea (2021)	Fria	District	Schistosomiasis	82.4% [1109]	N/A	93.70% [1110]	N/A	0.88	
	Matoto	District	Schistosomiasis	27.7% [1111]	N/A	79.40% [1112]	N/A	0.35	
Nigeria (2021)	Kwande (Benue)	Local government area	Schistosomiasis	48.90% [1113]	N/A	81.50% [1114]	N/A	0.60	
	Tarka (Benue)	Local government area	Schistosomiasis	66.2% [1115]	N/A	75.80% [1116]	N/A	0.87	
	Bagudo (Kebbi)	Local government area	Schistosomiasis	68.0% [1117]	N/A	75.50% [1118]	N/A	0.90	
	Koko-Besse (Kebbi)	Local government area	Schistosomiasis	67.6% [1119]	N/A	88.20% [1120]	N/A	0.77	
	Kaiama (Kwara)	Local government area	Schistosomiasis	90.4% [1121]	N/A	89.60% [1122]	N/A	1.01	
	Pategi (Kwara)	Local government area	Schistosomiasis	89.4% [1123]	N/A	87.70% [1124]	N/A	1.02	
	Tambuwal (Sokoto)	Local government area	Schistosomiasis	66.3% [1125]	N/A	96.80% [1126]	N/A	0.68	
	Wamakko (Sokoto)	Local government area	Schistosomiasis	47.2% [1127]	N/A	103.50% [1128]	N/A	0.46	
	Dekina (Kogi)	Local government area	STH	N/A	83.10% [1129]	N/A	94.70% [1130]		0.88
	Igalamela-Odulu (Kogi	Local government area	STH	N/A	82.60% [1131]	N/A	94.60% [1132]		0.87
	Donga (Taraba)	Local government area	Schistosomiasis	90.4% [1133]	N/A	97.40% [1134]	N/A	0.93	
	Gassol (Taraba)	Local government area	Schistosomiasis	82.0% [1135]	N/A	97.00% [1136]	N/A	0.85	
	Damaturu (Yobe)	Local government area	Schistosomiasis	71.1% [1137]	N/A	97.00% [1138]	N/A	0.73	
	Karasuwa (Yobe)	Local government area	Schistosomiasis	85.90% [1139]	N/A	77.00% [1140]	N/A	1.12	
Guinea-Bissau (2021)	Farim	Region	Schistosomiasis	93.90% [1141]	N/A	87% [1142]	N/A	1.08	
	Tombali	Region	STH	N/A	65.30% [1143]	N/A	92% [1144]		0.71
DRC (Ituri Nord and Ituri Sud, 2021)	Logo (Ituri Nord)	Health zone	Schistosomiasis	94.40% [1145]	N/A	99.40%	N/A	0.95	
	Mahagi (Ituri Nord)	Health zone	Schistosomiasis	84.10% [1146]	N/A	99.50%	N/A	0.85	
	Lita (Ituri Sud)	Health zone	Schistosomiasis	94.10% [1147]	N/A	98.00%	N/A	0.96	
	Tchomia (Ituri Sud)	Health zone	Schistosomiasis	89.90% [1148]	N/A	90.00%	N/A	1.00	
Cameroon (2021/2022)	Lolodorf (South)	Health district	STH	N/A	74.10%	N/A	73.60%		1.01
	Mvangan (South)	Health district	STH	N/A	65.80%	N/A	94.60%		0.70
	Dibombari (Littoral)	Health district	STH	N/A	53.30%	N/A	62.20%		0.86
	Nkongsamba (Littoral)	Health district	STH	N/A	74.60%	N/A	77.90%		0.96
	Doume (East)	Health district	Schistosomiasis and STH	72.30%	88.90%	49.10%	82.80%	1.47	1.07
	Belabo (East)	Health district	Schistosomiasis and STH	60.90%	73.30%	76.50%	91.10%	0.80	0.80
	Kar Hay (Far North)	Health district	Schistosomiasis and STH	66.20%	89.70%	39.90%	54.60%	1.66	1.64
	Maroua 2 (Far North)	Health district	Schistosomiasis and STH	80.00%	91.90%	84.10%	82.10%	0.95	1.12
	Bibemi (North)	Health district	Schistosomiasis and STH	75.50%	75.80%	75.40%	80.20%	1.00	0.95
	Garoua 2 (North)	Health district	Schistosomiasis and STH	82.30%	78.30%	41.40%	85.30%	1.99	0.92
	Banyo (Adamaoua)	Health district	Schistosomiasis and STH	84.80%	83.00%	87.00%	86.00%	0.97	0.97
	Ngaoundere Urbain (Adamaoua)	Health district	Schistosomiasis and STH	80.80%	80.50%	60.00%	68.10%	1.35	1.18
	Malantouen (Malantou...	Health district	Schistosomiasis and STH	96.60%	96.90%	49.10%	88.00%	1.97	1.10
	Penka Michel (Malant...	Health district	STH	N/A	92.70%	0.00%	65.00%		1.43
Chad (2022) [1149]	Benamar	Health district	Schistosomiasis and STH	63.50%	66.40%	92.00%	97.00%	0.69	0.68
	Besao	Health district	Schistosomiasis and STH	85.40%	81.00%	96.00%	97.00%	0.89	0.84
	Bongor	Health district	Schistosomiasis and STH	94.30%	80.60%	96.00%	96.00%	0.98	0.84
	Lere	Health district	Schistosomiasis and STH	71.30%	86.20%	78.00%	78.00%	0.91	1.11
	Balimba	Health district	Schistosomiasis and STH	95.60%	95.60%	94.00%	94.00%	1.02	1.02
	Lai	Health district	Schistosomiasis and STH	78.60%	70.70%	81.00%	80.00%	0.97	0.88
Kogi State, Nigeria (2022) [1150]	Adavi	LGA	Schistosomiasis and STH	85.10%	80.20%	81.00%	100.00%	1.05	0.80
	Kogi	LGA	Schistosomiasis and STH	80.80%	77.80%	85.00%	98.00%	0.95	0.79
	Yomou	Health district	SCH	84.80% [1151]	N/A	97%	N/A	0.87	

Forest Region, Guinea (2022)	Lola	Health district	Schistosomiasis and STH	91.50%	92.80%	98.00%	97.10%	0.93	0.96	

	Median	
Median adjustment factor:	0.95	
Median adjustment factor (excl. Guinea and Guinea-Bissau)	0.95	
Guinea	0.88	
Guinea-Bissau	0.73	
Nigeria	0.94	
Cameroon	0.96	
Chad	0.90	
DRC	0.95	

[1] All sources are noted on the relevant "Results, Year X" tabs if not noted here.

[2] All sources are noted on the relevant "Results, Year X" tabs if not noted here.

[3] "The results of this survey showed that coverage of MDA was 57.58% (95% CI:46.91 to 67.60) overall." Pg. 3.

Among children enrolled in school, 70% were treated:

"In our survey, considering the main target of treatment, which are the children in the schools, the results of the survey showed that 69.9% (95% CI: 58.0 to 80.0) of children enrolled were treated." Pg 3.

[4] "The results of this survey showed that coverage of MDA was 57.58% (95% CI:46.91 to 67.60) overall." Pg. 3.

Among children enrolled in school, 70% were treated:

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[5] Table 1: Reported coverage of mass treatment, Pg. 4.

[6] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - PZQ; 77.4 (69.9, 83.4)", Pg. 7.

[7] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - ALB; 82.4 (74.9, 88.1)", Pg. 7.

[8] "Table 4: Treatment Coverage by Individual Medication by District - Lola - PZQ; 87.1 (79.4, 92.2)", Pg. 7.

[9] "Table 4: Treatment Coverage by Individual Medication by District - Lola - ALB; 85.7 (79.8, 90.1)", Pg. 7.

[10] "Table 3: MDA Treatment Coverage by Region; Region - Biombo; Disease - STH; Coverage (%) - 87.1" Pg. 9.

[11] "Table 3: MDA Treatment Coverage by Region; Region - Farim; Disease - SCH; Coverage (%) - 99.3" Pg. 9.

[12] "Table 2: Survey Coverages by Medication and Health Zone; PZQ; Angumu % (95% CI); 84.5 (77.1, 89.8)" Pg. 7.

[13] Albendazole was delivered in Angumu as part of an MDA for lymphatic filariasis and onchocerciasis. We do not present a coverage rate here because the distribution was not supported by GiveWell-directed funds and because the report presents a combined coverage rate for albendazole and ivermectin, rather than a coverage rate for albendazole alone.

[14] "Table 2: Survey Coverages by Medication and Health Zone; PZQ; Nyarambe % (95% CI); 91.6 (83.0, 96.1)" Pg. 7.

[15] Albendazole was delivered in Nyarambe as part of an MDA for lymphatic filariasis and onchocerciasis. We do not present a coverage rate here because the distribution was not supported by GiveWell-directed funds and because the report presents a combined coverage rate for albendazole and ivermectin, rather than a coverage rate for albendazole alone.

[16] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95%

Confidence Interval)" of "97.4(95.1 - 98.6)", Pg. 6.

[17] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "80.6(57.6 - 92.7)", Pg. 6.

[18] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "93.5(87.8 - 96.6)", Pg. 6.

[19] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "96.1(91.8 - 98.2)", Pg. 6.

[20] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "
77.6(70.6 - 83.4)", Pg. 6.

[21] See "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA" showing "Survey Coverage (95% Confidence Interval)" of "77.6%[70.6-83.4]", Pg. 7.

[22] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "87.0(77.7 - 92.7)", Pg. 6.

[23] See "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA" showing "Survey Coverage (95% Confidence Interval)" of "87.0%[77.7-92.7]", Pg. 7.

[24] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "
95.7(91.4 - 97.9)", Pg. 6.

[25] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "81.5(69.5 - 89.5)", Pg. 6.

[26] See "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA" showing "Survey Coverage (95% Confidence Interval)" of "81.5%[69.5-89.5]", Pg. 7.

[27] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Bibemi % (95% CI); 69.7 (60.0, 77.9)," Pg. 10.

[28] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Bibemi % (95% CI); 67.2 (56.3, 76.4)," Pg. 10.

[29] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Foumbot % (95% CI); 80.0 (73.6, 85.1)," Pg. 10.

[30] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Foumbot % (95% CI); 77.9 (70.7, 83.7)," Pg. 10.

[31] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Guere % (95% CI); 81.9 (73.6, 88.0)," Pg. 10.

[32] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Guere % (95% CI); 80.8 (71.8, 87.5)," Pg. 10.

[33] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Malantouen % (95% CI); 82.7 (77.0, 87.4)," Pg. 10.

[34] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Malantouen % (95% CI); 82.1 (75.2, 97.4)," Pg. 10.

[35] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Poli % (95% CI); 81.0 (72.5, 87.3)," Pg. 10.

[36] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Poli % (95% CI); 72.5 (60.6, 81.8)," Pg. 10.

[37] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Tokombere % (95% CI); 70.2 (60.8, 78.2)," Pg. 10.

[38] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Tokombere % (95% CI); 60.5 (51.3, 69.1)," Pg. 10.

[39] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[40] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[41] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[42] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

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[44] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[45] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[46] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[47] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[48] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[49] "Table 1: Distribution of SCH/STH treatments by Region," Sightsavers, Coverage survey Guinea-Bissau 2019, Pgs. 3-4.

[50] "Table 1: NTD treatments delivered to health zones," Sightsavers, Coverage survey DRC 2019, Pgs. 3-4.

[51] "Table 1: NTD treatments delivered to health zones," Sightsavers, Coverage survey DRC 2019, Pgs. 3-4.

[52] All results for Cameroon are from Tables X and XI: SCH & STH Survey Coverage per Health District pp. 16-17.

[53] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[54] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

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[56] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[57] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[58] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

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[60] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[61] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[62] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[63] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[64] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[65] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[66] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[67] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[68] All results for Guinea (2021) are from Table 3, Pg. 9 of Coverage survey Guinea 2021

MDA was conducted in Guinea in Year 5 (April 2021-March 2022) in 3 districts in the Forest Region and in 5 urban and peri-urban districts. These were conducted separately, with separate CES for the Forest Region vs. for the urban and peri-urban districts. This row reports results for the CES in the urban and peri-urban districts (See Forest Region CES results below).

[69] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Fria % (95% CI); 82.4 (76.4, 87.1)," Pg. 9.

[70] MDAs were conducted in Year 5 in Guinea in 5 urban and peri-urban districts (associated CES conducted in 2021) and 3 districts in the Forest Region (associated CES conducted in 2022). Here we chose to attribute the spending proportionally to the number of health districts represented by the survey results.

[71] Table 3, Pg. 9 of Coverage survey Guinea 2021"

[72] Results for Guinea-Bissau (2021) are from Table 5: Comparison of reported and survey coverage estimates, p.14

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[74] Table 5: Comparison of reported and survey coverage estimates, p.14

[75] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[76] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[77] ""Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[78] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[79] All Cameroon Year 5 data from Table IIV: Reported vs surveyed coverages for SCH, STH, pg 11

[80] All Cameroon Year 5 data from Table IIV: Reported vs surveyed coverages for SCH, STH, pg 11

[81] Districts which were purposively selected have been excluded.

[82] All Chad (2022) Praziquantel coverage data from Table 3: Validation of Praziquantel coverage for SCH reported using CES, pg 8

[83] All Chad (2022) Albendazole coverage data from Table 4: Validation of Albendazole coverage for STH reported using CES, pg 9

[84] Purposively selected district excluded

[85] All Kogi State results are from Table 8: Validation of reported coverage using CES, pg 11

[86] MDA was conducted in Guinea in Year 5 (April 2021-March 2022) in 3 districts in the Forest Region and in 5 urban and peri-urban districts. These were conducted separately, with separate CES for the Forest Region vs. for the urban and peri-urban districts. This row reports results for the Forest Region CES (See urban and periurban districts' CES results above).

[87] All results from the Forest Region are from Table 5: Validation of reported coverage using CES, pg 12

[88] MDAs were conducted in Year 5 in Guinea in 5 urban and peri-urban districts (associated CES conducted in 2021) and 3 districts in the Forest Region (associated CES conducted in 2022). Here we chose to attribute the spending proportionally to the number of health districts represented by the survey results.

[89] The weighted average assumes even weighting across geographies within a given country, and does not distinguish between PZQ and ALB (calculation averages all data points for a given country in a given year and then weights the overall average based on % of spending)

[90] See details on risks of bias in "Methods from GW-supported projects (I)" and "Methods from GW-supported projects (II)" sheets.

[91] "Due to the Ramadan period that was fast approaching and the desire to limit recall bias, this survey was conducted very rapidly one month after completion of MDA, which in itself was organized quickly after late receipt of medication." Pg. 10

[92] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - PZQ; 77.4 (69.9, 83.4)", Pg. 7.

[93] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - PZQ; 77.4 (69.9, 83.4)", Pg. 7.

[94] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - ALB; 82.4 (74.9, 88.1)", Pg. 7.

[95] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - ALB; 82.4 (74.9, 88.1)", Pg. 7.

[96] "Table 1:Surveyed Individuals and Households by District," Sightsavers, Coverage survey Guinea 2018, Pg. 5.

[97] "Table 4: Treatment Coverage by Individual Medication by District - Lola - PZQ; 87.1 (79.4, 92.2)", Pg. 7.

[98] "Table 4: Treatment Coverage by Individual Medication by District - Lola - PZQ; 87.1 (79.4, 92.2)", Pg. 7.

[99] "Table 4: Treatment Coverage by Individual Medication by District - Lola - ALB; 85.7 (79.8, 90.1)", Pg. 7.

[100] "Table 4: Treatment Coverage by Individual Medication by District - Lola - ALB; 85.7 (79.8, 90.1)", Pg. 7.

[101] "Table 1:Surveyed Individuals and Households by District," Sightsavers, Coverage survey Guinea 2018, Pg. 5.

[102] "The treatments for the first year of the project was carried out in three regions of the country (Far North, North and West) from January to March 2019...The survey was conducted in six randomly selected districts of the three supported regions: West (Foumbot and Malantoue); Far North (Guere and Tokombere) and North (Bibemi and Poli). It was implemented at different times in the three respective regions beginning in the West region from March 20th-30th, 2019; Far North: 11th–20th April 2019 and North: 23rd April to 03rd May 2019." Pgs. 3-4.

[103] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Bibemi % (95% CI); 69.7 (60.0, 77.9)," Pg. 10.

[104] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Bibemi % (95% CI); 69.7 (60.0, 77.9)," Pg. 10.

[105] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Bibemi % (95% CI); 67.2 (56.3, 76.4)," Pg. 10.

[106] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Bibemi % (95% CI); 67.2 (56.3, 76.4)," Pg. 10.

[107] "Table 1: Surveyed Individuals and Households by District," column "Eligible Population for SCH/STH," Pg. 6.

[108] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Foumbot % (95% CI); 80.0 (73.6, 85.1)," Pg. 10.

[109] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Foumbot % (95% CI); 80.0 (73.6, 85.1)," Pg. 10.

[110] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Foumbot % (95% CI); 77.9 (70.7, 83.7)," Pg. 10.

[111] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Foumbot % (95% CI); 77.9 (70.7, 83.7)," Pg. 10.

[112] "Table 1: Surveyed Individuals and Households by District," column "Eligible Population for SCH/STH," Pg. 6.

[113] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Guere % (95% CI); 81.9 (73.6, 88.0)," Pg. 10.

[114] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Guere % (95% CI); 81.9 (73.6, 88.0)," Pg. 10.

[115] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Guere % (95% CI); 80.8 (71.8, 87.5)," Pg. 10.

[116] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Guere % (95% CI); 80.8 (71.8, 87.5)," Pg. 10.

[117] "Table 1: Surveyed Individuals and Households by District," column "Eligible Population for SCH/STH," Pg. 6.

[118] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Malantouen % (95% CI); 82.7 (77.0, 87.4)," Pg. 10.

[119] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Malantouen % (95% CI); 82.7 (77.0, 87.4)," Pg. 10.

[120] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Malantouen % (95% CI); 82.1 (75.2, 97.4)," Pg. 10.

[121] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Malantouen % (95% CI); 82.1 (75.2, 97.4)," Pg. 10.

[122] "Table 1: Surveyed Individuals and Households by District," column "Eligible Population for SCH/STH," Pg. 6.

[123] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Poli % (95% CI); 81.0 (72.5, 87.3)," Pg. 10.

[124] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Poli % (95% CI); 81.0 (72.5, 87.3)," Pg. 10.

[125] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Poli % (95% CI); 72.5 (60.6, 81.8)," Pg. 10.

[126] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Poli % (95% CI); 72.5 (60.6, 81.8)," Pg. 10.

[127] "Table 1: Surveyed Individuals and Households by District," column "Eligible Population for SCH/STH," Pg. 6.

[128] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Tokombere % (95% CI); 70.2 (60.8, 78.2)," Pg. 10.

[129] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Tokombere % (95% CI); 70.2 (60.8, 78.2)," Pg. 10.

[130] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Tokombere % (95% CI); 60.5 (51.3, 69.1)," Pg. 10.

[131] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Tokombere % (95% CI); 60.5 (51.3, 69.1)," Pg. 10.

[132] "Table 1: Surveyed Individuals and Households by District," column "Eligible Population for SCH/STH," Pg. 6.

[133] "To mitigate recall bias, LGAs were randomly selected from those that had completed MDA within three months of TCS." p.6

[134] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Gwer West, 79.6%, 95% Confidence Interval, [64.8 - 89.3]" p.15

[135] "Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Gwer West, 76.2%, 95% Confidence Interval, [61.4 - 86.6]" p.15.

The Table is labelled as "coverage of PZQ", but we would guess this was due to mislabelling since the table refers to MBD. See below.

"Two LGAs in Benue State conducted MDA for STH using MBD." p.14

"Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Popn that swallowed MBD" p.15.

[136] "Table 3: Number of household and children by LGA, # Children Interviewed, Gwer West: 747", p.12

[137] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Oju, 75.9%, 95% Confidence Interval, [64.4 - 84.6]" p.15

[138] "Table 3: Number of household and children by LGA, # Children Interviewed, Oju: 725", p.12

[139] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Vandeikya, 66.6%, 95% Confidence Interval, [56.3 - 75.6]" p.15

[140] "Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Vandeikya, 66.9%, 95% Confidence Interval, [56.2 - 76.1]" p.15.

The Table is labelled as "coverage of PZQ", but we would guess this was due to mislabelling. See below.

"Two LGAs in Benue State conducted MDA for STH using MBD. The reported coverage in Gwer West was validated by the survey report and the survey report was also above the minimum 75% WHO benchmark. Vandeikya LGA was not validated and the survey reported coverage was below the WHO benchmark (table

5)." p.14

"Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Popn that swallowed MBD" p.15

[141] "Table 3: Number of household and children by LGA, # Children Interviewed, Vandeikya: 708", p.12

[142] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Birnin Kebbi, 92.6%, 95% Confidence Interval, [85.1 - 96.5]" p.15

[143] "Table 3: Number of household and children by LGA, # Children Interviewed, Birnin Kebbi: 1073", p. 12

[144] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Maiyama, 89.7%, 95% Confidence Interval, [79.1 - 95.3]" p.15

[145] "Table 3: Number of household and children by LGA, # Children Interviewed, Maiyama: 994", p.12

[146] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Ngaski, 93.4%, 95% Confidence Interval, [84.4 - 97.4]" p.15

[147] "Table 3: Number of household and children by LGA, # Children Interviewed, Ngaski: 809", p.12

[148] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Edu, 96.1%, 95% Confidence Interval, [93.2 - 97.9]" p.15

[149] "Table 3: Number of household and children by LGA, # Children Interviewed, Edu: 990", p.12

[150] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Patigi, 86.0% 95% Confidence Interval, [71.1 - 93.9]" p.15

[151] "Table 3: Number of household and children by LGA, # Children Interviewed, Patigi: 709", p.12

[152] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Illela, 56.4% 95% Confidence Interval, [41.5 - 70.2]" p.15

[153] "Table 3: Number of household and children by LGA, # Children Interviewed, Ilela: 624", p.12

[154] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Tambuwal, 68.7%, 95% Confidence Interval, [54.5 - 80.1]" p.15

[155] "Table 3: Number of household and children by LGA, # Children Interviewed,Tambuwal: 525", p.12

[156] "Oio MDA was delivered in April and TCS conducted between May and June 2019." p. 3

[157] Table 4: Surveyed coverage by Region, p.12

[158] Table 4: Surveyed coverage by Region, p.12

[159] "Table 4: Surveyed coverage by Region, n. 1752" p.12

[160] "To validate reported coverages of the 2018 MDA campaign held from December 2018 to February 2019 for schistosomiasis." p.4

"The survey was conducted in June 2019 starting with a three-day training followed by field data collection" p.4

[161] "Table 4: Surveyed coverage per health zone. SCH, Biringi, PZQ: 71.81 (57.99, 82.46)", p.12

[162] "Table 4: Surveyed coverage per health zone. SCH, Biringi, PZQ: 71.81 (57.99, 82.46)", p.12

[163] "A total of 2,771 eligible individuals aged 5-14 years were sampled from 1,247 households during the survey.
Table 3: Surveyed households and individuals, Eligible Population (5-14 yrs), Biringi: 1,105" p.8

[164] "Table 4: Surveyed coverage per health zone. SCH, Nyarambe, PZQ: 79.58 (71.46, 81.51)", p.12

[165] "Table 4: Surveyed coverage per health zone. SCH, Nyarambe, PZQ: 79.58 (71.46, 81.51)", p.12

[166] "A total of 2,771 eligible individuals aged 5-14 years were sampled from 1,247 households during the survey.
Table 3: Surveyed households and individuals, Eligible Population (5-14 yrs), Nyarambe: 1,666" p.8

[167] "TCS was not conducted due to security issues," Sightsavers, GiveWell Global Annual Report Year 3 April 2019–March 2020, Pg. 4.

https://www.givewell.org/files/DWDA%202009/Sightsavers/Sightsavers_Global_Report_Year_3.pdf

[168] "TCS was not conducted in Kogi due to potential recall bias as it could not be completed within the recommended time frame." Sightsavers, GiveWell Global Annual Report Year 3 April 2019–March 2020, Pg. 4.

https://www.givewell.org/files/DWDA%202009/Sightsavers/Sightsavers_Global_Report_Year_3.pdf

[169] See details on risks of bias in "Methods from GW-supported projects (I)" and "Methods from GW-supported projects (II)" sheets.

[170] "The campaign effectively took place in September/October 2019 with sensitization and mobilization activities followed by MDA." p. 4

Coverage survey took place between mid January and early February. See p. 6, Table 2

[171] Table 6: SCH Survey Coverage, by District, p. 13

[172] Table 6: SCH Survey Coverage, by District, p. 13

[173] Table 7: STH Survey Coverage, by District, p. 14

[174] Table 7: STH Survey Coverage, by District, p. 14

[175] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[176] Table 6: SCH Survey Coverage, by District, p. 13

[177] Table 6: SCH Survey Coverage, by District, p. 13

[178] Table 7: STH Survey Coverage, by District, p. 14

[179] Table 7: STH Survey Coverage, by District, p. 14

[180] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[181] Table 6: SCH Survey Coverage, by District, p. 13

[182] Table 6: SCH Survey Coverage, by District, p. 13

[183] Table 7: STH Survey Coverage, by District, p. 14

[184] Table 7: STH Survey Coverage, by District, p. 14

[185] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[186] Table 6: SCH Survey Coverage, by District, p. 13

[187] Table 6: SCH Survey Coverage, by District, p. 13

[188] Table 7: STH Survey Coverage, by District, p. 14

[189] Table 7: STH Survey Coverage, by District, p. 14

[190] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[191] Table 6: SCH Survey Coverage, by District, p. 13

[192] Table 6: SCH Survey Coverage, by District, p. 13

[193] Table 7: STH Survey Coverage, by District, p. 14

[194] Table 7: STH Survey Coverage, by District, p. 14

[195] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[196] Table 6: SCH Survey Coverage, by District, p. 13

[197] Table 6: SCH Survey Coverage, by District, p. 13

[198] Table 7: STH Survey Coverage, by District, p. 14

[199] Table 7: STH Survey Coverage, by District, p. 14

[200] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[201] Table 6: SCH Survey Coverage, by District, p. 13

[202] Table 6: SCH Survey Coverage, by District, p. 13

[203] Table 7: STH Survey Coverage, by District, p. 14

[204] Table 7: STH Survey Coverage, by District, p. 14

[205] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[206] Table 6: SCH Survey Coverage, by District, p. 13

[207] Table 6: SCH Survey Coverage, by District, p. 13

[208] Table 7: STH Survey Coverage, by District, p. 14

[209] Table 7: STH Survey Coverage, by District, p. 14

[210] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[211] Table 6: SCH Survey Coverage, by District, p. 13

[212] Table 6: SCH Survey Coverage, by District, p. 13

[213] Table 7: STH Survey Coverage, by District, p. 14

[214] Table 7: STH Survey Coverage, by District, p. 14

[215] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[216] Table 6: SCH Survey Coverage, by District, p. 13

[217] Table 6: SCH Survey Coverage, by District, p. 13

[218] Table 7: STH Survey Coverage, by District, p. 14

[219] Table 7: STH Survey Coverage, by District, p. 14

[220] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

[221] This coverage survey was cancelled. See Sightsavers, Year 4 global report, 2020-2021, pgs. 9-10. https://files.givewell.org/files/DWDA%202009/Sightsavers/Sightsavers_Year_4_global_report_2020_2021. pdf

[222] This coverage survey was cancelled. See Sightsavers, Year 4 global report, 2020-2021, pgs. 9-10.

[223] This coverage survey was cancelled. See Sightsavers, Year 4 global report, 2020-2021, pgs. 9-10.

[224] This coverage survey was cancelled. See Sightsavers, Year 4 global report, 2020-2021, pgs. 9-10.

[225] See details on risks of bias in "Methods from GW-supported projects (I)" and "Methods from GW-supported projects (II)" sheets.

[226] All Results for Nigeria (2021) are from "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14, unless otherwise noted.

[227] MDA took place December 2020 - January 2021, according to Sightsavers Year 4 Global Report pg 12-13

[228] "The survey conducted in May 2021 which is within six months post MDA." pg 4

[229] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[230] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[231] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[232] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[233] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[234] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[235] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[236] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[237] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[238] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[239] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[240] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[241] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[242] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[243] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[244] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[245] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[246] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[247] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[248] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[249] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[250] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[251] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[252] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[253] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[254] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[255] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[256] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[257] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[258] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[259] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[260] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[261] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[262] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[263] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[264] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[265] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[266] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[267] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[268] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[269] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[270] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[271] All results for Cameroon are from Tables X and XI: SCH & STH Survey Coverage per Health District pp. 16-17.

[272] "At the end of the school-based MDA campaign – in December 2020 (Adamawa, Far North, North, South and Western Regions), in January 2021 (Littoral and East regions) – and oncho MDA campaign in the Western Region in January 2021, reported programme coverages were validated by conducting a coverage evaluation survey (CES) in 14 randomly selected health
7
districts (two per region) across all seven regions from 1st May to 18th of June." p. 6-7

[273] "At the end of the school-based MDA campaign – in December 2020 (Adamawa, Far North, North, South and Western Regions), in January 2021 (Littoral and East regions) – and oncho MDA campaign in the Western Region in January 2021, reported programme coverages were validated by conducting a coverage evaluation survey (CES) in 14 randomly selected health
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[274] All results for Cameroon are from Tables X and XI: SCH & STH Survey Coverage per Health District pp. 16-17.

[275] All sample sizes for Cameroon are from Table IV: Distribution of eligible population and households surveyed per health district and region, pp. 11-12.

[276] "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." Sightsavers Year 4 Global Report, p. 3

[277] "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. . . GiveWell funded Year 4 MDA activities are scheduled to begin at the end of May 2021. " Sightsavers, Year 4 Global Report, p. 2-3

[278] "Guinea: Year 4 MDA activity was affected by an Ebola outbreak, COVID-19 and unrest following the October 2020 election...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." p. 3

[279] See details on risks of bias in "Methods from GW-supported projects (I)" and "Methods from GW-supported projects (II)" sheets.

[280] "We conducted a two-stage randomized cluster coverage evaluation survey to validate the

reported coverage of Praziquantel in two of five districts in an urban and peri-urban region of Guinea, where Schistosomiasis (SCH) mass drug administration (MDA) was conducted in July 2021." pg 3

[281] "The survey was conducted from 31 October to 5 November 2021 in Fria and from 9 to 14 November 2021 in Matoto. These two districts were chosen after a random selection among five districts (Coyah, Dubreka, Fria, Matoto and Ratoma) where the July MDA was conducted." pg 4

[282] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Fria % (95% CI); 82.4 (76.4, 87.1)," Pg. 9.

[283] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Fria % (95% CI); 82.4 (76.4, 87.1)," Pg. 9.

[284] "Table 2: Surveyed Households and Individuals by District," column "Eligible Population (5-14 yrs), row Fria," Pg. 6.

[285] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Matoto % (95% CI); 17.6 (12.9, 23.6)," Pg. 9.

[286] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Matoto % (95% CI); 17.6 (12.9, 23.6)," Pg. 9.

[287] "Table 2: Surveyed Households and Individuals by District," column "Eligible Population (5-14 yrs), row Matoto," Pg. 6.

[288] "To validate the reported coverages of the SCH/STH MDA campaigns held from 21 June 2021 to 23 July 2021 in Tombali and Farim regions of Guinea Bissau." pg 5

[289] "To validate the reported coverages of the SCH/STH MDA campaigns held from 21 June 2021 to 23 July 2021 in Tombali and Farim regions of Guinea Bissau." pg 5

"The coverage evaluation survey was conducted from 9 to 18 December 2021" pg 6

"Given the fact that the duration between the MDA campaign and the CES was 6 months apart, which could introduce recall bias, future surveys should be conducted closer to the MDA, planned as an activity of the campaign." pg 19

[290] Table 5: Comparison of reported and survey coverage estimates, p.14

[291] Table 5: Comparison of reported and survey coverage estimates, p.14

[292] Table 4: Percentage age distribution in years by Health region, p.12

[293] Table 5: Comparison of reported and survey coverage estimates, p.14

[294] Table 5: Comparison of reported and survey coverage estimates, p.14

[295] Table 4: Percentage age distribution in years by Health region, p.12

[296] Results are from DRC 2021 Coverage Survey, pg 7, unless otherwise noted.

[297] "In 2021, as in other provinces of the DRC, Ituri districts proceeded with MDA to eligible communities, targeting SAC in both schools and communities, using teachers and CDDs." pg 7

"Since 2017, Sightsavers, in collaboration with United Front Against Riverblindness (UFAR)

(UFAR), has supported the Ministry of Health to provide mass drug distribution (MDA) against schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) in Ituri North" pg 9

[298] "The survey took place in December 2021 and focused on the 2021 MDA, held between June and July." pg 10

[299] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[300] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[301] "The gender distribution of the survey respondents (Lita: F=557, M=517, n=1,074; Logo: F=577, M=604, n=1,181, Mahagi: F=549, M=594, n=1,143 and Tchomia: F=452, M=506, n=958)" pg 14

[302] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[303] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[304] "The gender distribution of the survey respondents (Lita: F=557, M=517, n=1,074; Logo: F=577, M=604, n=1,181, Mahagi: F=549, M=594, n=1,143 and Tchomia: F=452, M=506, n=958)" pg 14

[305] "In 2019, Sightsavers' financial support was extended to Ituri South as well, but the occurrence of the COVID-19 pandemic that started in March 2020 was a major obstacle to timely service delivery. The actual implementation of activities in the latter could only take place in 2021 after WHO approval for the resumption of mass activities." pg 9

[306] ""Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[307] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[308] "The gender distribution of the survey respondents (Lita: F=557, M=517, n=1,074; Logo: F=577, M=604, n=1,181, Mahagi: F=549, M=594, n=1,143 and Tchomia: F=452, M=506, n=958)" pg 14

[309] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[310] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[311] "The gender distribution of the survey respondents (Lita: F=557, M=517, n=1,074; Logo: F=577, M=604, n=1,181, Mahagi: F=549, M=594, n=1,143 and Tchomia: F=452, M=506, n=958)" pg 14

[312] All data is from Cameroon (2022) Coverage Report Table IIV: Reported vs surveyed coverage for SCH, STH pg 11, unless otherwise noted.

[313] "The 2021 school deworming MDA was implemented in two phases due to the shortage of praziquantel tablets to support all seven GiveWell regions in Q4 of 2021. The first phase of the campaign was organized in four regions (East, Littoral, South and West) in Nov/Dec 2021 and was completed in March 2022 with regional appraisal meetings in the South and Littoral regions.
The second phase of the campaign was implemented in the three northern regions (Adamaoua, Far North and North) from February to May 2022. Following the change in the implementation plan, the coverage evaluation survey was implemented in two phases. Phase one in the first four regions in May 2022 and the second phase in the northern regions in July 2022." pg 2

[314] "The 2021 school deworming MDA was implemented in two phases due to the shortage of praziquantel tablets to support all seven GiveWell regions in Q4 of 2021. The first phase of the campaign was organized in four regions (East, Littoral, South and West) in Nov/Dec 2021 and was completed in March 2022 with regional appraisal meetings in the South and Littoral regions.
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[315] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[316] All Cameroon sample sizes come from Table VI: Surveyed number of individuals and households pg 14

[317] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[318] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

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[320] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[321] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[322] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[323] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[324] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[325] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[326] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[327] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[328] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[329] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

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[331] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[332] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[333] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[334] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[335] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[336] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[337] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[338] Table IIV: Reported vs surveyed coverage for SCH, STH pg 11

[339] All data is from Chad (2022) coverage survey pp. 7-9, unless otherwise noted.

[340] List of districts that were selected "purposively" was reported in Sightsavers, email to GiveWell, November 2022 (unpublished)

[341] "Fourteen (14) health districts, two per province in the seven provinces, were identified for the surveys.
The list of health districts is presented in the table below. This report is only focused on the results from

the Schistosomiasis and STH coverage aimed at school-age children (SAC). Table 1: List of Health Districts selected for the CES" p. 3 [2 districts were not supported with SCH/STH MDA so not included in results in the CES.]

[342] MDA was conducted in February 2022 and CES was conducted August-September 2022, pg 1

[343] All PZQ results for Chad are from Table 3: Validation of PZQ coverage for SCH reported using CES pg 8

[344] All ALB results for Chad are from Table 4: Validation of Albendazole coverage for STH reported using CES, pg 9

[345] All sample sizes are from Table 2: Individuals surveyed by EU, pg 7

[346] List of districts that were selected "purposively" was reported in Sightsavers, email to GiveWell, November 2022 (unpublished)

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[350] List of districts that were selected "purposively" was reported in Sightsavers, email to GiveWell, November 2022 (unpublished)

[351] All data is from Kogi State, Nigeria (2022) Coverage Survey, p. 10-11, unless otherwise noted.

[352] "The reported coverage in LGAs that conducted schistosomiasis treatments were similar
as such Adavi and Kogi were randomly selected, while Lokoja LGA was purposefully selected
because of previously low LF reported coverage and over-reporting of onchocerciasis treatment." p. 4

[353] "PZQ tablets were distributed in December 2021...Onchocerciasis, LF and STH treatments were conducted
in March 2022 using the community-based approach."

"Following the
training, the team commenced field data collection in Lokoja and proceeded to Kogi and Adavi
LGAs in that order between 5 – 18 June 2022." pg 4

[354] All Kogi State results are from Table 8: Validation of reported coverage using CES, pg 11.

[355] All sample sizes for Kogi State are from Table 5: Age distribution of respondents by IU, 5-14, pg 10.

[356] "The survey was conducted in Yomou (PZQ only) and Lola (PZQ and ALB). It was a cross
sectional population-based study in order aimed at determining the proportion of individuals
reporting taking the drug(s) during the most recent round of MDA, the determinants of being
offered, and swallowing the medications in those districts." p. 3

[357] "To validate reported coverage(s) of the March 2022 MDA campaign for SCH and STH in Lola
and Yomou HDs." pg 5

"The survey was conducted in Yomou (PZQ only) on 22nd August to 27th August 2022 and Lola

(PZQ and ALB) on 28 August to 2
nd September 2022." pg 5

[358] All results from the Forest Region are from Table 5: Validation of reported coverage using CES, pg 12

[359] All sample sizes from Forest Region are from Table 3: Surveyed households and individuals by EU, pg 10

[360] "In Nigeria, MDA was successfully delivered in Yobe and Kogi States. Unfortunately, MDA did not go ahead in the remaining 11 states due to delays in drug supplies as described in the country narrative report. This has meant that across all the states in Nigeria, 50% of the Year 5 budget was spent. Sightsavers continues to work together with the Federal Ministry of Health on solutions to resolve the drug supply issues. The uncompleted activities from the Year 5 budget will be rescheduled to Year 6 and an updated budget will be prepared as soon as possible in Year 6 as drug allocations are confirmed."
Year 5 Finanical Narrative, p. 1

[361] Calculated

[362] Calculated

[363] See details on risks of bias in "Methods from GW-supported projects (I)" and "Methods from GW-supported projects (II)" sheets.

[364] All data is from https://givewell.app.box.com/file/1594150030963

Program year 2023, CES performed April, 2023

[365] "The coverage survey evaluation (CES) conducted in April 2023 aimed at supporting the routine program monitoring by validating the reported coverages of the recent concluded MDAs in six Implementation Units (IU) across three states Kano, Niger and Taraba States" p1 "The last MDA was in October/November 2022 in Kano, November 2022 in Niger State and August to November 2022 in Taraba state." p5 - https://givewell.app.box.com/file/1594150030963

August 2022 - April 2023 = 8 months
November 2022 - April 2023 = 5 months

[366] For all results see Table 7 p13
https://givewell.app.box.com/file/1594150030963

[367] For all results see Table 7 p13
https://givewell.app.box.com/file/1594150030963

[368] For sample sizes, see Table 8, p13
https://givewell.app.box.com/file/1594150030963

[369] No results for previous year for this district/state.

[370] All data from https://givewell.app.box.com/file/1594157192645

Program year 2023, MDA May 2023, CES Jun-July 2023

[371] Source: Table 1 lists all evaluation units (LGAs): "Chikun, Zaria (Kaduna State); Edu, Ilorin West (Kwara State), Wamakko, Silame (Sokoto State)"

[372] MDA dates from p1 (July-August 2023) compared to survey dates: "data collection from 7th to 13th,

September, 2023"

[373] Source: Table 4: "Survey coverage" and "95%CI" columns (e.g., "Chikun pzq 32.2% (24.1-41.6)")
https://givewell.app.box.com/file/1594157192645

No results for previous year for this district/state.

[374] Source: Table 4: "Survey coverage" and "95%CI" columns (e.g., "Chikun pzq 32.2% (24.1-41.6)")
https://givewell.app.box.com/file/1594157192645

[375] For sample sizes, see Table 3
https://givewell.app.box.com/file/1594157192645

[376] No results for previous year for this district/state.

[377] From Year 4:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?
gid=323503023#gid=323503023&range=B17:B18

[378] All data from https://givewell.app.box.com/file/1594158150243

Program year 2023, MDA Oct-Nov 2022, CES Feb 2023

"The last MDA in Kebbi and Kwara states took place in October and November 2022 respectively."

"The coverage survey evaluation (CES) conducted in February 2023 aimed at supporting the
routine program monitoring by validating the reported coverages of the recent concluded MDAs
in four Implementation Units (IU) "

[379] All data from https://givewell.app.box.com/file/1594158150243

Program year 2023, MDA Oct-Nov 2022, CES Feb 2023

"The last MDA in Kebbi and Kwara states took place in October and November 2022 respectively."

"The coverage survey evaluation (CES) conducted in February 2023 aimed at supporting the
routine program monitoring by validating the reported coverages of the recent concluded MDAs
in four Implementation Units (IU) "

[380] Source: Table 4: "Survey coverage" and "95%CI" columns
https://givewell.app.box.com/file/1594157192645

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https://givewell.app.box.com/file/1594157192645

[382] For sample sizes, see Table 3
https://givewell.app.box.com/file/1594158150243

[383] From Year 4:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?
gid=323503023#gid=323503023&range=B13:B14

[384] All data from https://givewell.app.box.com/file/1594161611371

Program year 2023, MDA July-September 2023, CES October 2023

[385] Benue (Gboko, Kwande): Survey conducted in October 2023, MDA in August 2023 - "data collection from 7th to 13th, September, 2023" with Benue MDA dates of "14th-30th August 2023", giving approximately 2 months gap

[386] From Table 4 in both reports, labeled as "Survey coverage" and "95%CI" columns.

[387] From Table 3 in both reports, column "Individuals surveyed (consent)"

[388] From Year 4:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?gid=323503023#gid=323503023&range=B11:B12

[389] Niger (Agaie, Gurara): Survey in October 2023, MDA in September 2023 - "Niger State: 3rd-8th Sept 2023", giving approximately 1 month gap

[390] Taraba (Kurmi, Zing): Survey in October 2023, MDA in late July/early August - "Taraba State: 27th July-4th August 2023", giving approximately 2.5 months gap

[391] From Year 4:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?gid=323503023#gid=323503023&range=B21:B22

[392] All data from https://givewell.app.box.com/file/1594151944002

Program year 2023, MDA May 2023, CES Jun-July 2023

[393] See Table 1 p3 for locations
https://givewell.app.box.com/file/1594151944002

[394] "Over 3.8 million school aged children were treated in DRC in Year 7. With GiveWell funding, SCH/STH MDA was successfully implemented in 4 provinces, between April 2023 to March 2024"

[395] "Following training for health workers, teachers and CDDs in May 2023, MDA was implemented from May 22 to 25, 2023 in seven provinces (51 health districts), targeting 1,794,357 schoolage children (SAC) with Praziquantel (PZQ) for SCH." p1 "The coverage evaluation survey was conducted from 12 June to 08 July 2023, starting with a three-day training of recorders including practice followed by field data collection in the 13 health districts at different intervals (Table 1)." p3 - https://givewell.app.box.com/file/1594151944002

The data collection took place in late June/early July iwth a target of ~2 months post-MDA "To validate reported coverage, post-MDA evaluation surveys are expected within two months of each MDA, to ensure that monitoring and evaluation (M&E) standards are met during program implementation"

[396] All results from Table 5 p14
https://givewell.app.box.com/file/1594151944002

[397] Sample sizes can be found in table 3 p8
https://givewell.app.box.com/file/1594151944002

[398] From Year 5:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?gid=785145225#gid=785145225&range=B33:B34

[399] From Year 5:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?gid=785145225#gid=785145225&range=B43:B44

[400] All data is from Cameroon (program year 2023, CES performed Feb-May 2024)

Coverage reported here: https://givewell.app.box.com/file/1680882884734?
s=veu0galks0oelk68ftrcgow8bhd1lq39

[401] "The Year 7 MDA SCH Coverage Evaluation Survey (CES) was carried out in April 2024 and in 2 provinces were completed within the 2 months post MDA window. In the 2 other provinces SCH CESs fell a short period over this window, which we don't expect to have an impact on recall bias."

"MDA activities began between January and February 2024 depending on PZQ delivery date to the provinces. MDA in three provinces (Lomami, Bas-Uele and Haut Katanga) were completed by the end of March. Delays in the in-country transportation of PZQ to Ituri province resulted in MDA starting in March 2024, finishing in the first week of April."

https://givewell.app.box.com/file/1561106266854

[402] Results from '% of the total target population that ingested deworming tablets for SCH' column

[403] Results from 'CES: % of the total target population that ingested deworming tablets for STH' column

[404] All DRC sample sizes come from column E https://givewell.app.box.com/file/1680882884734?
s=veu0galks0oelk68ftrcgow8bhd1lq39

[405] All data is from Cameroon (program year 2023, CES performed Feb-May 2024)

Coverage reported here: https://givewell.app.box.com/file/1680882884734?
s=veu0galks0oelk68ftrcgow8bhd1lq39

[406] CES performed Feb/Mar 2024

[407] "MDA was split into two phases corresponding to the two batches of PZQ drug shipments received from WHO. Phase 1 was delivered in November/December 2023 for 5 regions, East, West, South, Adamaoua and Littoral, with Phase 2 MDA followed in March 2024 for the 2 remaining regions, North and Far North." p1 https://givewell.app.box.com/file/1561108451985

[408] "MDA was split into two phases corresponding to the two batches of PZQ drug shipments received from WHO. Phase 1 was delivered in November/December 2023 for 5 regions, East, West, South, Adamaoua and Littoral, with Phase 2 MDA followed in March 2024 for the 2 remaining regions, North and Far North. High and moderate prevalence areas were treated with GiveWell funds.
The coverage evaluation surveys (CES) for all 7 regions treated in Year 7 were completed within two months of MDA, in February for Phase 1 MDA and in April 2024 for Phase 2 MDA, bar the South region where the CES was implemented a few days over the two-month timeframe." p1 https://givewell.app.box.com/file/1561108451985

[409] Results from '% of the total target population that ingested deworming tablets for SCH' column

[410] Results from 'CES: % of the total target population that ingested deworming tablets for STH' column

[411] All Cameroon sample sizes come from column E https://givewell.app.box.com/file/1680882884734?
s=veu0galks0oelk68ftrcgow8bhd1lq39

[412] CES performed Feb/Mar 2024

[413] CES performed Feb/Mar 2024

[414] CES performed Feb/Mar 2024

[415] CES performed Feb/Mar 2024

[416] CES performed Feb/Mar 2024

[417] CES performed Feb/Mar 2024

[418] CES performed Feb/Mar 2024

[419] CES performed Feb/Mar 2024

[420] CES performed Apr/May 2024

[421] CES performed Apr/May 2024

[422] CES performed Apr/May 2024

[423] CES performed Apr/May 2024

[424] All data is from Chad (program year 2023, CES performed in Feb/Mar 2023)
Coverage survey: https://givewell.app.box.com/file/1680882884734?s=veu0galks0oelk68ftrcgow8bhd1lq39

[425] Over 3.3 million school aged children (SAC) across 16 regions were treated for SCH/STH in this project year, April 2023 to March 2024. SCH targets were exceeded in Year 7 and SCH treatment coverage was well above threshold. This achievement is especially notable given this was the first year of Sightsavers / GiveWell implementation in 10 new regions, most of which were praziquantel (PZQ) naïve (had not received PZQ through an MDA campaign before).

https://givewell.app.box.com/file/1561095159822

[426] Year 7 MDA was delivered in two phases; Phase 1 was delivered in 7 regions in May 2023 with the CES taking place in June 2023, within the 2-month window. Phase 2 MDA for 9 regions was completed in February 2024. The CESs for the 9 regions were completed in April 2024 within the 2-month window. In these 9 new regions, additional cascaded training was led by Sightsavers technical staff to address the issues that can arise when treating in PZQ naïve areas.

https://givewell.app.box.com/file/1561095159822

[427] All PZQ results for Chad are from Table 3: Validation of PZQ coverage for SCH reported using CES pg 8

[428] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[429] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[430] All sample sizes are from Table 2: Individuals surveyed by EU, pg 7

[431] 95%CI not reported
https://givewell.app.box.com/file/1680882884734

[432] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[433] Albendazole/STH results not reported for 2032 MDA

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[456] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[457] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[458] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[459] Albendazole/STH results not reported for 2032 MDA

https://givewell.app.box.com/file/1680882884734

[460] Coverage not reported
https://givewell.app.box.com/file/1680882884734

[461] Coverage not reported

https://givewell.app.box.com/file/1680882884734

[462] All data is from Nigeria (program year 2023, CES performed in Feb/Mar 2023)
Coverage survey: https://givewell.app.box.com/file/1680882884734?s=veu0galks0oelk68ftrcgow8bhd1lq39

[463] "Treating over 12.8 million school aged children (SAC), SCH/STH MDA was successfully delivered in all 13 targeted states in Year 7. Treatment targets were exceeded and uptake of treatment by local communities was high."

https://givewell.app.box.com/file/1561106319841

[464] "CESs for 12 of the 13 states were completed from September 2023 to April 2024 with 11 of those completed within the 2-month window and the remaining 1 within 3-months. The CES in Zamfara was unfortunately cancelled due to insecurity."

https://givewell.app.box.com/file/1561106319841

[465] Results from '% of the total target population that ingested deworming tablets for SCH' column

[466] Results from 'CES: % of the total target population that ingested deworming tablets for STH' column

[467] All sample sizes for Kogi State are from Table 5: Age distribution of respondents by IU, 5-14, pg 10.

[468] This link to the Kano result from 2023 in this sheet
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?gid=1734078091#gid=1734078091&range=K5:K6

[469] From Year 5 results:
https://docs.google.com/spreadsheets/d/1CKJ_0q8FNgr8T3FMq-rrZvImJZsBbpUqLYorklNksHw/edit?gid=785145225#gid=785145225&range=B45:B47

[470] Here we refer to questions designed to check whether a child is responding accurately, for example by asking "was the pill bitter?" for praziquantel, or showing the child a group of pills and asking them to identify which one they took.

[471] Sightsavers notes that: "In all countries the TCS is conducted independently. No TCS is conducted by the MoH. All MDA treatment coverage results are submitted by the MoH and analysed, before the TCS to ensure complete separation of data. All data collectors are recruited locally and following training, a sample of their data collection is checked." Sightsavers, comments on a draft, August 2018.

[472] "The control of schistosomiasis and STH through mass treatment with praziquantel and the Albendazole is effective only if the coverage targets recommended by WHO are reached," Pg 3.

[473] "This article reports the results of a coverage validation survey conducted in June 2017, two weeks after the MDA in the health district of N 'Zérékoré," Pg 3.

[474] "Three health districts received mass treatment in May 2017: N 'Zérékoré, Lola and Yomou. The coverage survey was conducted in the district of N 'Zérékoré due to constraints of time and logistics. The health district N'Zérékoré was chosen according to the following criteria:
☐ It has the largest number of health centers (16 in total);
☐ Its strategic position in the region of the same name;
☐ All the villages in this district have a school;
☐ Its population is cosmopolitan, made up of people from other districts of the region (Gueckedou, Macenta, Beyla, Lola and Yomou)." Pgs 4-5.

[475] "A two-stage cluster sample was used with the first stage being the village and second stage the household. By using administrative units used by the district for other health activities, clusters were defined as enumeration areas (EAs). All the villages in the district were listed with their population. 30 villages were selected according to a probability proportional to the size of each village." Pg 5.

[476] "In the second step, the household sampling was performed using segmentation. The investigation team divided the village segment following the natural boundaries or by defining itself with the help of a guide. A segment was randomly selected. All households in the selected segments were counted and the sampling interval was determined. The first household was chosen at random and the sampling interval was applied to find the other households." Pg 5.

[477] No data auditing or review procedures described in the report.
From discussion with Sightsavers in Guinea in October 2017: Ministry of Health has a monitoring system. There is a national level supervisor during the campaign. Supervisors aggregate data each day and check for accuracy.

[478] Presentation seen at meeting with Sightsavers.

We have not seen information on the proportion of responses provided by children themselves or parents.

[479] "Surveyors were not involved in the MDA."

Source: http://files.givewell.org/files/conversations/Sightsavers_Guinea_visit_notes_10-12-17_(public).pdf, p. 2.

[480] "We conducted a two-stage randomized cluster survey to validate the reported coverage of Schistosomiasis (SCH) and Soil-transmitted helminths (STH) interventions in two of three districts in the Forest Region of Guinea where mass drug administration was conducted in May 2018." Pg 3.

[481] "Due to the Ramadan period that was fast approaching and the desire to limit recall bias, this survey was conducted very rapidly one month after completion of MDA, which in itself was organized quickly after late receipt of medication." Pg. 10

[482] "The survey was conducted in two districts – N'Zérékoré and Lola from June 9-14, 2018. These two districts where MDA was conducted were randomly selected amongst three (N'Zérékoré, Yomou and Lola)." Pg. 4

[483] "The survey followed a two-stage cluster sampling methodology based on WHO recommended guidelines for coverage surveys. In Guinea, the district is the reporting unit; clusters were defined as villages (enumeration areas (EA)) in sous-prefectures. In the first stage 177 and 199 EA were listed in Lola and N'Zérékoré districts, respectively. Lola is considerably more rural than N'Zérékoré with an estimated total population of 184,216 and 630,563, respectively. Thirty EA were randomly selected utilizing the WHO Coverage Survey Sample Builder." Pg. 4

[484] "In the second stage sampling of the household was done using the segmentation method. The cluster was divided into segments of approximately 50 households each and one segment was randomly selected to include in the survey. All households in the segment were eligible to participate in the survey. If insufficient households were present to randomly select the target of 22, all households were selected. The head of every household was briefed on purpose and procedure of the survey and provided verbal consent to participate." Pg. 4.

[485] "Mobile phones were used to capture the responses for various questions responses in the questionnaire were automatically uploaded into a web-based database." Pg. 4

[486] "If the respondent did not know if they had taken the tablet it was recorded as 'Do not remember.' This is then recorded as the respondent not having taken the treatment."

See: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf

[487] "Children were asked standardized questions for treatment coverage surveys that mirror those noted in WHO documentation. Examples were provided for DRC, Guinea Bissau and Guinea Conakry. Nigeria follows the same model.

To summarize all the children are asked: if they were offered the SCH / STH tablets and they were asked if they swallowed the SCH /STH tablets."

See: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf

[488] "Treatment questions are addressed to the child directly. (Following the consent of the responsible adult present). Additional general questions about the household are posed to the responsible adult. Children who are present are encouraged to respond for themselves; however, if they are unable to, the parent or guardian responds on their behalf. Who responds to questions is noted in the questionnaire survey as self, absent or proxy because unable (for example if ill)."

We have not seen information on the proportion of responses provided by children themselves or parents.

See: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf

[489] "With financial and technical support from Sightsavers and GiveWell, the national NTD team of the Ministry of Health (MoH) has successfully conducted its first treatment coverage survey [for] schistosomiasis (SCH) and soil-transmitted helminths (STH) in Farim and Biombo respectively." Pg. 3.

[490] "The MDA campaign for SCH in Farim and STH in Biombo which were the two regions selected for the treatment coverage survey was conducted from April 10-13, 2018." Pg. 3 and "The survey was conducted in two regions in Guinea Bissau – Biombo and Farim – from May 25 to June 2, 2018." Pg. 4.

[491] "In Guinea Bissau the two regions chosen for the TCS were randomly selected." Sightsavers, comments on a draft of this review, August 2018.

[492] "The survey followed a two-stage cluster sampling methodology based on a modified approach to the standard WHO recommended guidelines for coverage surveys. In Guinea- Bissau, the region is the reporting unit; clusters were defined as neighborhoods in the health zones (EA) that comprise the region. In the first stage 131 and 247 EA were listed in Biombo and Sab regions, respectively. Given the uncertainty of population estimates and small cluster sizes, 40 EA (rather than 30) were systematically selected by calculating the sampling interval after choosing a random starting number." Pg. 4.

[493] "In the second stage sampling of the household was done using the segmentation method. The cluster was divided into segments of approximately 50 households each and one segment was randomly selected to include in the survey. All households in the segment were eligible to participate in the survey. If insufficient households were present to randomly select the target of 22, all households were selected." Pg. 4.

[494] "Mobile phones were used to capture the responses for various questions or each individual [sic] and were automatically uploaded into a web-based database." Pg. 4

[495] "If the respondent did not know if they had taken the tablet it was recorded as 'Do not remember.' This

is then recorded as the respondent not having taken the treatment."

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202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
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Ministry of Health (MoH) has successfully conducted its first treatment coverage survey schistosomiasis
(SCH) and soil-transmitted helminths (STH) in Farim and Biombo respectively." Pg. 3.

[499] "Treatment Coverage Survey for Mass Drug Administration for Lymphatic Filariasis, Onchocerciasis
and Schistosomiasis in the Health Zones of Angumu and Nyarambe, Ituri Nord, Democratic Republic of the
Congo", Pg. 1.

[500] "The treatments for second year in the three-year health zone health intervention project were carried
out from December 2017 to March 2018 after delays in receipt of drugs from WHO" and "The survey was
conducted in two health zones, Angumu and Nyarambe, from March 17-24, 2018." Pg. 3.

[501] "In DRC, the TCS areas were selected for co-endemicity and for security reasons." Sightsavers,
comments on a draft, August 2018.
"In Ituri Nord, Democratic Republic of the Congo (DRC), Sightsavers partners with United Front Against
River Blindness (UFAR) and the Ministry of Health (MoH), with funds donated by UKAID Match and
GiveWell, to support MDA in 13 health zones according to disease endemicity. ... The survey was
conducted in two health zones, Angumu and Nyarambe, from March 17-24, 2018." Pg. 3.

[502] "The survey followed a two-stage cluster sampling methodology based on WHO recommended
guidelines for coverage surveys. ... Details regarding the sampling and selection methodology are available
in the WHO manual. ... A total of 1,808 individuals was needed per health zone, which were divided across
30 villages (clusters)." Pg. 4.

[503] "Households were randomly selected at community level using segmentation." Pg. 4.

[504] "Mobile phones were used to capture the responses for various questions or each individual and were

automatically uploaded into a web-based database." Pg. 4.

"Table 1: Surveyed Individuals and Households by Health Zone … Total HH 1,626." Pg. 5.
"Data entry errors reduced the sample size by 226 households without clear justification." Pg. 5.
Calculation: 226/1626 = 0.139.

[505] "If the respondent did not know if they had taken the tablet it was recorded as 'Do not remember.' This is then recorded as the respondent not having taken the treatment."

See: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf

[506] "Children were asked standardized questions for treatment coverage surveys that mirror those noted in WHO documentation. Examples were provided for DRC, Guinea Bissau and Guinea Conakry. Nigeria follows the same model.

To summarize all the children are asked: if they were offered the SCH / STH tablets and they were asked if they swallowed the SCH /STH tablets."

See: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf

[507] "Figure 4: Survey respondents - Proxy Status" shows % of responses provided by "self", "proxy - absent", or "proxy - too young", Pg. 7.

The results were:
-In the Angumu health zone, 51% of survey respondents were children responding on their own behalf, 47% had a parent respond on their behalf because they were absent, and 2% had a parent respond on their behalf because they were too young.
-In the Nyarambe health zone, 70% of survey respondents were children responding on their own behalf, 22% had a parent respond on their behalf because they were absent, and 8% had a parent respond on their behalf because they were too young.

For information about the specific questions asked see: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf.

[508] "Treatment was provided for at least one of the five PCT NTDs which are schistosomiasis, soil transmitted helminthiasis (STH), onchocerciasis, lymphatic filariasis and trachoma in these LGAs." Pg. 3

[509] - "The coverage survey was conducted in eight randomly selected LGAs across four states." Pg. 1.
- "GiveWell's support is enabling school based drug distribution in a total of 51 local government areas (LGAs) across four states", https://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Country_narrative_report_Nigeria_four_states.pdf, Pg. 1.

[510] "A two- staged cluster sampling methodology with the community as the primary sampling unit and household as secondary sampling unit was used. The sample size was also calculated using a WHO developed Coverage Survey Builder (CSB) v2.5." Pg. 3.

[511] "A two- staged cluster sampling methodology with the community as the primary sampling unit and household as secondary sampling unit was used. The sample size was also calculated using a WHO developed Coverage Survey Builder (CSB) v2.5." Pg. 3.

[512] - "Independent enumerators administered the questionnaires using android phones while FMoH staff

supervised the implementation of this process." Pg. 3
- "Each team was made up of a supervisor and 10 enumerators per state who worked closely with local guides. The supervisor ensured the quality of the data collected and transmitted." Pg. 4.
- "Data was monitored online to check for errors and corrections made where errors were detected." Pg. 4.

[513] "If the respondent did not know if they had taken the tablet it was recorded as 'Do not remember.' This is then recorded as the respondent not having taken the treatment." See:

http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
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[514] "Children were asked standardized questions for treatment coverage surveys that mirror those noted in WHO documentation. Examples were provided for DRC, Guinea Bissau and Guinea Conakry. Nigeria follows the same model.

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[515] "Treatment questions are addressed to the child directly. (Following the consent of the responsible adult present). Additional general questions about the household are posed to the responsible adult. Children who are present are encouraged to respond for themselves; however, if they are unable to, the parent or guardian responds on their behalf. Who responds to questions is noted in the questionnaire survey as self, absent or proxy because unable (for example if ill)."

We have not seen information on the proportion of responses provided by children themselves or parents.

See: http://files.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Responses_to_GiveWell_questions_about_TCS_methodology_July_201
8.pdf

[516] "Personnel from FMOH and Sightsavers trained forty enumerators on the rationale for the coverage survey, the methodology, and survey implementation. The study teams were selected from individuals who were not involved in any of the MDA campaigns. Each team was made up of a supervisor and 10 enumerators per state who worked closely with local guides." Pg. 4.

[517] "The GiveWell Deworming Project is being implemented in the West, North and Far North regions of Cameroon. These projects provide support for deworming of school- age children for schistosomiasis (SCH) and soil-transmitted helminths (STH)." Pg. 3.

[518] "The treatments for the first year of the project was carried out in three regions of the country (Far North, North and West) from January to March 2019…It was implemented at different times in the three respective regions beginning in the West region from March 20th-30th, 2019; Far North: 11th–20th April 2019 and North: 23rd April to 03rd May 2019." Pgs. 3-4.

[519] "The survey was conducted in six randomly selected districts of the three supported regions: West (Foumbot and Malantoue); Far North (Guere and Tokombere) and North (Bibemi and Poli)." Pg. 4.

[520] "A total of 1,554 respondents were needed per district, which were divided across 30 villages (clusters) in 25 households per village…Households were randomly selected at community level using segmentation. Districts and villages selected were chosen randomly." Pg. 5.

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[522] "Mobile phones were used to capture the responses to various questions or each individual and were automatically uploaded into a web-based database…Data were cleaned and analyzed using Stata 15.1 (StataCorp, College Station, TX)." Pg. 5.

"The survey could not be monitored real time using the metabase platform (online application) because of the 24 hours synchronization time needed for it to update data sent by surveyors. This made it challenging to correct some errors encountered in the field." Pg. 18.

[523] "To mitigate recall bias, the survey team ensured the following: Samples of praziquantel and mebendazole tablets/boxes were shown to each surveyed participant during questionnaire administration." Pg. 4.

[524] "Questions were asked to all eligible respondents (SAC 5-14 years old) and guardians in all households visited." Pg. 5.

"Figure 5: Survey respondents - Proxy Status" shows % of responses provided by "self", "proxy - absent", or "proxy - too young." Pg. 9.

"Regarding who responded to the inquiries about treatment, 80% of all responses were self-provided though this differed by district." Pg. 8.

[525] "Each region had two days of training for surveyors, with field exercise on the last day. Data was collected for seven days using smart phones. Briefing of the National NTD team took place in Yaounde on March 19th, 2019. The survey calendar was shared early enough with the Regional NTDs teams to ensure effective planning and informing dissemination to health districts and health areas concerned." Pg. 4.

[526] "In Guinea Bissau, the GiveWell Deworming Project is being implemented in Farim, Oio, Cacheu, Bafata, Gabu, Biombo and Tombali health regions. The project providessupport for deworming of school-age children for schistosomiasis (SCH) and soil-transmitted helminths (STH). " p.3

[527] "Oio MDA was delivered in April and TCS conducted between May and June 2019." p. 3

[528] "As mentioned above, contrary to Sightsavers preferred approach to randomly select health districts during coverage surveys, Oio was purposefully selected due to operational challenges, which were partly due to prolonged strikes within the civils service and Sightsavers' desire to mitigate recall bias." p.5

[529] "For this protocol, 30 subunits should be randomly selected from among all those within the survey area. Subunits should be administrative areas for which population figures are available. The ideal subunits are census enumeration areas (EAs), although villages, wards, localities or any other small administrative unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"In the selected region of Oio, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household." p.5

"A minimum of 1,808 individuals had to be sampled. These were to be divided across 30 clusters (communities). In each cluster, 25 households were sampled according to the disease specific sampling interval of every 2nd household." p.6

[530] "Households were selected after community segmentation according to a random, pre-defined list." p. 6

[531] "A questionnaire form was completed for each household selected and administered on Android phones using the CommCare survey platform. The platform was automatically uploaded into the CommCare system. The data downloaded by Sightsavers, cleaned and analyzed." p.8

" Two (2) team supervisors – 1 male and 1 female were selected from the pool of surveyors and were assigned to each health area team. The team supervisors were selected based on their leadership skills." pg 7

[532] No mention anywhere in report of "do not know" or "do not remember" responses or how they were handled

[533] "Sample tablets of the drugs and the packages used during the recent MDA were shown to the household member to assist their recall." p.5

[534] "When a person was not available or very sick and could not answer questions, another household member or caregiver was able to provide answers on their behalf. Primary caregivers assisted children aged 5-10 years old to provide responses, but children were encouraged to respond directly." p.5

[535] "The study team was selected from individuals who were not part of the MDA campaign." p.7

[536] "The GiveWell Wishlist 3 deworming project was implemented in five regions of the country (Adamaoua, East, Far North, North and West). This involved the deworming of school-aged children (5-14 yrs) for schistosomiasis (SCH) and soil-transmitted helminths (STH) using Mebendazole and Praziquantel tablets." p. 4

[537] "The campaign effectively took place in September/October 2019 with sensitization and mobilization activities followed by MDA." p. 4

Coverage survey took place between mid January and early February. See p. 6, Table 2

[538] "Districts and villages selected were chosen randomly." p. 7

[539] "Districts and villages selected were chosen randomly." p. 7

[540] "Households were randomly selected at community level using segmentation and list A or B generated by the coverage survey builder." p. 7

[541] "English or French questionnaire forms were completed for each household selected and administered on Android phones using the CommCare survey platform depending on which language the household was comfortable with. Data was downloaded by Sightsavers, cleaned and analyzed." p. 7

"Intermittent telephone network coverage in most of the rural communities sampled. Network coverage was a challenge as some communities in Betare-Oya (East), Djohong (Adamaoua), Touboro (North) and Hina (Far North) had very limited network coverage. In some instances, the CommCare application could not be launched because of the absence of internet. Teams had to locate network coverage before launching the application and ensured they synchronization was done once they were within network coverage." p. 29-30

[542] No mention anywhere in report of "do not know" or "do not remember" responses or how they were handled

[543] "Recall bias was mitigated by: •Showing samples of praziquantel and mebendazole tablets/boxes to each survey respondent during questionnaire administration; •Guiding respondents on major events that occurred during MDA to enhance their recall of when MDA was delivered. •Participants were recorded as treated when they admitted swallowing the drugs in the presence of a teacher or community distributor." p. 6

[544] "Regarding who responded to the inquiries about treatment, at least 70% of all responses were self-provided with the highest being Djohong (98.82%) and Ngaoundere Urbain (99.21%) health districts in the Adamaoua region and the lowest being Bibemi (14.83%) in the North Region where the majority of respondents were caretakers because of absence of self respondent." pg 12

[545] "The survey was eventually conducted by 100 surveyors (20 surveyors for each region and 10 per health district), working in pairs." p. 6

[546] "We provided both technical and financial support to the deworming of school-age children for SCH and STH." pg 6

[547] The MDA was conducted December 2020-January 2021 and the CES was conducted May-June 2021. pg 1

[548] "The survey was conducted in 14 randomly selected districts from the seven GiveWell supported regions" pg 7

[549] "The survey methodology was based on WHO recommended guidelines, i.e. a two-stage sampling methodology, with the primary sampling unit (PSU) namely the community or village and the secondary sampling unit referring to the household." pg 9

"Details of the sampling and selection methodology are available in the WHO manual (see sampling parameters, annex 4 of the protocol). Between 1281 and 1808 individuals were to be sampled in 14 health districts. They were divided into 30 clusters (communities, see 10 annex 2 of the protocol). In each cluster, between 21 and 27 households were sampled with an average sampling interval of 2 persons per household. Households were selected after community segmentation according to a random and predefined list (appendix 2 of the survey protocol)." pg 9-10

[550] "The survey methodology was based on WHO recommended guidelines, i.e. a two-stage sampling methodology, with the primary sampling unit (PSU) namely the community or village and the secondary sampling unit referring to the household." pg 9

"Details of the sampling and selection methodology are available in the WHO manual (see sampling parameters, annex 4 of the protocol). Between 1281 and 1808 individuals were to be sampled in 14 health districts. They were divided into 30 clusters (communities, see 10 annex 2 of the protocol). In each cluster, between 21 and 27 households were sampled with an average sampling interval of 2 persons per household. Households were selected after community segmentation according to a random and predefined list (appendix 2 of the survey protocol)." pg 9-10

[551] "The questionnaires were administered on Android phones using the CommCare survey platform for both the quantitative and qualitative data collected. The platform was automatically uploaded into the CommCare system. The data was downloaded by Sightsavers, cleaned, and analysed. " pg 10

[552] No mention anywhere in report of "do not know" or "do not remember" responses or how they were handled

[553] "To mitigate recall bias, the survey team ensured that the following was in place:
• Samples of praziquantel and mebendazole tablets and/or boxes were presented to each survey respondent while administering them questionnaire. The survey in the West Region was integrated, with the administration of mectizan tablets.
• Major events that happened in the course of the MDA were used to guide respondents, to help collect accurate information." pg 8

[554] "80.6% of individuals responded themselves, with the highest proportions recorded in the health districts of Bamendjou in the West (86.8%), Ambam in the South (87.8%) and Loum in the Littoral (87.2%) and the lowest ones in the health districts of Rey-bouba in the North (38.6%). 12.2% answered on behalf of absentees whereas 7.1% answered on behalf of the younger ones who could not express themselves." pg 15

[555] Table 1: Randomly Selected Survey LGAs pg 4 indicates that some health zones treated for SCH and others treated for STH, p. 4

[556] "The survey conducted in May 2021 which is within six months post MDA." pg 4

According to the Sightsavers Year 4 Global Report, the MDA was conducted December 2020-January 2021.

[557] "Of the 73 LGAs
(implementing units) in the seven states where MDA was conducted (Annex 1), 14 LGAs were randomly selected (Table 1) using STATA 16.1 statistical software; two LGAs in each state." pg 4

[558] "Coverage Survey Builder (CSB v2.11) was used for the selection of villages in the selected LGAs." pg 4

"Communities to be surveyed were randomly selected using the CSB v2.11 in conformity to probability proportionate to estimated size (PPES) sampling. Community listing was obtained from the NTD data base (Annex 2) and to achieve geographical proximity, the list of communities was arranged by frontline health facilities. Names of the communities, population and household size were entered into the CSB. Any community with fewer than 25 households was merged with the next community on the list. Similarly, communities with greater than 400 households were divided and listed on separate rows in the CSB. The CSB systematically selected 30 subunits/villages from the LGA." pg 5

[559] "The CSB based on the number of households inputted generated the number of segments in each selected community (Annex 3). The survey team worked with the community leaders and community guide or CDDs and grouped the households to the number of segments given by the survey builder. These segments are assigned numbers, written on a piece of paper, folded, and placed on a plate. The community leader or any member of the community assigned by the community leader picked any of the folded papers. The segment picked was sampled. Household were selected as follows:
1. The survey team worked with the community leaders and local guides to list all the households in the selected segment(s) and numbered each household with a chalk.
2. The survey team with a local guide identified a walking route that passed by every house in the segment and determined households that served as the initial households. In this survey, a household is defined as a group of individuals who reside in the same compound and eat from the same pot.
3. A coin was tossed to determine which list whether List A or List B as generated by the CSB would be used.
4. The team followed the route through the segment and surveyed households according

to the selected list. Starting with the initial household, the team surveyed all households that corresponded to a number on the selected list and interviewed all school aged children living in the household. Children that were not resident in the community for more than three months were excluded.
5. If members of the entire household were absent at the time of the survey, the interviewer returned later, and the household was included in the survey. If they are still absent after multiple visits (at least two), the household was recorded as absent.
6. If everyone in the household refused to participate in the survey, the interviewer tried to encourage participation. If they still refused, the household was exempted and recorded as not consented. " pg 6

[560] "The questionnaires were configured on Android phones and the data collected electronically on the phones using the CommCare survey platform. The data was downloaded by Sightsavers, and a cleaned de-identified data report was shared with the consultant for further analysis." pg 7

"For quality control purposes, there was a designated survey coordinator (consultant) with the overall responsibility for the conduct of the enumerators and team supervisors and each state was assigned a supervisor. The supervisors and consultant spent time in the communities with each team to ensure the quality of the data being collected was standard." pg 7

[561] "The children that did not remember taking or not taking the drugs and those that declined to response were excluded from the analysis." pg 9

[562] "A picture of Praziquantel and/or Mebendazole/Albendazole were shown to the household member/respondent to assist their recall, visitors who joined the household after the MDA were excluded." pg 7

[563] "Information for young children (<10 years) who are not able to respond themselves were 7 collected from their primary caregivers." pg 6

"The study revealed that most targeted individuals responded themselves (59%) compared to those who either refused (0.5%) or had somebody respond for them either because they were young (14%) or absent (26%)." pg 28

[564] "The survey team members were selected from individuals who were not involved in the MDA campaign. Ten enumerators with one supervisor constituted a state team. The representatives from State and LGAs Ministry of health did not partake in the survey, rather they were available as observers. For quality control purposes, there was a designated survey coordinator (consultant) with the overall responsibility for the conduct of the enumerators and team supervisors and each state was assigned a supervisor. The supervisors and consultant spent time in the communities with each team to ensure the quality of the data being collected was standard." pg 7

[565] "In July 2021 the deworming project for SCH and STH supported by Sightsavers and GiveWell was implemented by the Ministry of Health in five health districts namely Fria, Dubréka, Coyah, Matoto and Ratoma. The project aims to reduce the prevalence and intensity of these two neglected tropical diseases (NTDs) through MDA with Praziquantel (PZQ) and Albendazole (ALB). Only SCH MDA was conducted in Fria and Matoto." pg 4

[566] "The survey was conducted from 31 October to 5 November 2021 in Fria and from 9 to 14 November 2021 in Matoto. These two districts were chosen after a random selection among five districts (Coyah, Dubreka, Fria, Matoto and Ratoma) where the July MDA was conducted." pg 4

[567] "These two districts were chosen after a random selection among five districts (Coyah, Dubreka, Fria, Matoto and Ratoma) where the July MDA was conducted." pg 4

[568] "Thirty villages were randomly
selected per Health District, probability proportional to size, utilizing the WHO Coverage
Survey Sample Builder. Due to the methodology used, the design effect was set at 4 and nonresponse at
10%. An estimated sample size of 1310 individuals per district was calculated.
Based on an estimated household size, two persons of survey ages 5 to 14 years old, a total of
29 households were necessary to sample per cluster." pg 5

[569] "In the second stage sampling of the household was done using the compact segmentation
method. The cluster was divided into segments of approximately 50 households each and one
segment was randomly selected to include in the survey. All households in the segment were
eligible to participate in the survey and the exact households were selected using a predefined (random)
sampling list. If insufficient households were present to randomly select the
target of 29, all households were selected." pg 5

[570] "A questionnaire (in the appendix) was uploaded onto the Commcare survey software application and
administered to each household in French or appropriate local language. Mobile phones were used to
capture the responses for various questions responses in the questionnaire...Data were cleaned and
analyzed using Stata (StataCorp, College Station, TX)." Pg. 5.

[571] "Tab 6: Percentage of persons offered drugs by district, column 'Don't know'" shows % responding
'don't know'. pg 12 - appear to be counted separately but unclear if counted as nos in final analysis or
excluded from analysis entirely

[572] "Figure 4-'Proxy status of survey respondent' shows % of responses provided by "self", "proxy -
absent", or "proxy - too young." Pg. 8.

"More survey responses in Fria (74.7%) were self-provided compared to Matoto (35.8%),
though this differed by district. This could be explained by the fact that the survey was
conducted in Fria in the afternoon while children were at home and for Matoto in the morning
while children were at school." Pg. 8.

[573] "In order to equip the interviewers properly, a three-day training, including two theoretical
days and one practical day in the field, was given to them before the deployment. In total, 24
interviewers were trained, including 12 in each district." pg. 4

"A total of 24 surveyors collected data, working in pairs." pg. 5

[574] "Based on endemicity profile, SCH only MDA was
delivered in Farim, and STH treatments were exclusively conducted in Tombali region." pg 5

[575] "To validate the reported coverages of the SCH/STH MDA campaigns held from 21
June 2021 to 23 July 2021 in Tombali and Farim regions of Guinea Bissau." pg 5

"The coverage evaluation survey was conducted from 9 to 18 December 2021" pg 6

"Given the fact that the duration between the MDA campaign and the CES was 6 months
apart, which could introduce recall bias, future surveys should be conducted closer to the
MDA, planned as an activity of the campaign." pg 19

[576] "The GiveWell Deworming Project I Guinea Bissau is being implemented in Farim,
Cacheu, Bafata, Gabu, Biombo and Tombali health regions...For this survey, Farim and Tombali were
randomly selected amongst 4 regions which
had completed MDA in 2021." pg 5

[577] "The survey methodology was based on WHO recommended guidelines. Within the
selected regions, the survey followed a two-stage cluster sampling methodology,

with the primary sampling unit (PSU), being the community/village and the
secondary cluster, the household." pg 7

[578] "The survey methodology was based on WHO recommended guidelines. Within the
selected regions, the survey followed a two-stage cluster sampling methodology,
with the primary sampling unit (PSU), being the community/village and the
secondary cluster, the household." pg 7

"Households were selected after community segmentation according to
a random, pre-defined sampling list." pg 8

[579] "The
questionnaires were administered on Android phones using the CommCare survey
10
platform. The platform was automatically uploaded into the CommCare system. A
consultant was contracted by Sightsavers who downloaded, cleaned and analysed
the data." pg 9-10

"Two (2) team supervisors – 1 male and 1 female
were selected from the surveyors and they supervised each health region team. " pg 9

[580] Per pg 21, the survey included "Do not remember" responses where applicable but it is not confirmed
whether these were counted as nos in the final analysis.

[581] "Sample
tablets of the drugs and the packages used during the recent MDA were shown to
the household member to assist their recall." pg 7

Per pg 21, surveyor is only instructed to show tablets when asking "Did you swallow the drugs for
schistosomiasis/intestinal worms given to you in the recent MDA round?"

[582] "When a person was not
available or very sick and could not answer questions, another household member or
caregiver answered on their behalf. Primary caregivers assisted on behalf of children
aged 5-10 years old, but children were encouraged to respond directly. " pg 7

[583] "The criteria to select study teams was based on individuals who were not involved in
the mass drugs administration campaign." pg 9

[584] "For this survey, four (4) implementation units from the two (2) Ituri North
and South offices were randomly selected to assess performance. This survey focused on
SCH only, as the randomly selected health zones are not endemic to STH." pg 9

[585] "The survey took place in December 2021 and focused on the 2021 MDA, held between June
and July" pg 10

[586] "The
selection of the health zones was done randomly among those that organized the
SCH/MDA in 2021. Villages were selected by systematic random selection using the WHO
Coverage Survey Builder (CSB), and in each village, a group of households was selected after
segmentation." pg 7

[587] "The
selection of the health zones was done randomly among those that organized the
SCH/MDA in 2021. Villages were selected by systematic random selection using the WHO
Coverage Survey Builder (CSB), and in each village, a group of households was selected after

segmentation." pg 7

[588] "The
selection of the health zones was done randomly among those that organized the
SCH/MDA in 2021. Villages were selected by systematic random selection using the WHO
Coverage Survey Builder (CSB), and in each village, a group of households was selected after
segmentation." pg 7

"Village maps were obtained in advance. The teams subdivided the communities into a
predetermined number of segments of about 50 households. Segments were selected by
a simple random draw. In the selected segment, for each household listed that corresponds to a number in
the
selection list (A/B list), the questionnaire was applied to all members of the survey
population present in the household at the time of the MDA. Households that were absent
or refused to participate were not replaced." pg 11

[589] "The data was collected on smartphones using the CommCare application and uploaded
automatically to a central server at the end of each day." pg 12

"Data were cleaned and analyzed using Stata 14.0 MP (StataCorp, College Station, TX).
Estimates were adjusted for the number of clusters to account for the survey
methodology." pg 12

"For quality control purposes, a survey coordinator was appointed with global responsibility
of the survey and the team of supervisors. Two national and two provincial supervisors
were mobilized for each coordination." pg 11

[590] No mention anywhere in report of "do not know" or "do not remember" responses or how they were
handled

[591] "To facilitate understanding and minimize recall bias, questions were asked in local
languages, and respondents were shown the packaging of the medicines and samples of
the tablets that were given during the MDA." pg 12

[592] "Each participant was encouraged to respond individually, but a household member could
respond in place of those unable to communicate, absentees, and children around the age
of five." pg 12

[593] "The staff of the survey teams was selected from people who had not participated in the
MDA campaign. For each of the Coordination, 2 teams of 10 interviewers each were
formed, with one team of 5 pairs per HZ. The teams referred to local guides to help them
find selected villages and carry out the segmentation.
For quality control purposes, a survey coordinator was appointed with global responsibility
of the survey and the team of supervisors. Two national and two provincial supervisors
were mobilized for each coordination." pg 11

[594] "General objective: To validate the reported coverages of the 2021 MDA campaigns delivered
between
November 2021 to May 2022 for schistosomiasis, soil transmitted helminthiasis and
onchocerciasis." pg 4

[595] "The 2021 school deworming MDA was implemented in two phases due to the shortage
of praziquantel tablets to support all seven GiveWell regions in Q4 of 2021. The first
phase of the campaign was organized in four regions (East, Littoral, South and West)
in Nov/Dec 2021 and was completed in March 2022 with regional appraisal meetings
in the South and Littoral regions.

The second phase of the campaign was implemented in the three northern regions (Adamaoua, Far North and North) from February to May 2022. Following the change in the implementation plan, the coverage evaluation survey was implemented in two phases. Phase one in the first four regions in May 2022 and the second phase in the northern regions in July 2022." pg 3

[596] "It was necessary to validate reported programme coverages by conducting the coverage evaluation survey (CES) in 14 randomly selected health districts (two per region) across all seven regions " pg 4

[597] "Survey methodology was based on WHO recommended guidelines. Within the selected regions, the survey was following a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household." pg 6

"Based on the following parameters a minimum sample size of 1,435 SAC per health district (evaluation unit) were to be sampled from 32 households per cluster...These individuals were sampled across the 30 clusters (segments from communities) that were selected probability proportional to size using the sample survey builder in each health district" pg 7

[598] "On arrival in the selected village, the teams found a local guide who helped them draw a sketch of the village including the main external boundaries, places of interest and internal boundaries - tracks or roads. The team confirmed the number of households in the community before it was segmented based on the number of predetermined segments (of approximately 50 HH). One segment was randomly selected by a community member. In the selected segment, the teams used the household list A or B (randomly selected) to identify the households to be selected for interview. " pg 8

"If the entire household was absent at the time of the survey, the interviewer returned later, and the household was included in the survey. If a household was absent or refused to participate, they were not replaced." pg 8

[599] "The responses to the questions were recorded using the CommCare app installed in the smartphones." pg 7

"National level supervisors from MoH and Sightsavers were designated to each region, to provide oversight of quality assurance of the survey, co-ordination, and troubleshooting. This was further supported by virtual support supervision of the survey teams by Sightsavers global support staff, who monitored data collected and survey team movements." pg 9

[600] "Don't knows" characterized separately from "Yes" and "No", so not included in coverage estimate - see Table VIIIX: Distribution of respondents by drug offered and not offered per district

[601] "Samples of praziquantel and mebendazole tablets/boxes were shown to each survey respondent during questionnaire administration...Major events that occurred during MDA such as use of dose pole to measure heights was used to guide respondents, while permitting collection of accurate information The survey team conducted the interviews in the afternoon when the school-age children had returned from school (from 1pm). " pg 7

[602] "When a person was unavailable or very ill and could not answer the questions, another household member or caregiver could answer on their behalf. The

primary caregivers helped on behalf of children aged 5 to 10 years, but children were encouraged to answer directly" pg 7

[603] "Five teams (two people each) worked in each health district. The study teams included individuals who had not been involved in the MDA campaign. National level supervisors from MoH and Sightsavers were designated to each region, to provide oversight of quality assurance of the survey, co-ordination, and troubleshooting. This was further supported by virtual support supervision of the survey teams by Sightsavers global support staff, who monitored data collected and survey team movements." pg 9

[604] See Table 1: List of health districts selected for the CES, pg 3

"This report is only focused on the results from the Schistosomiasis and STH coverage aimed at school-age children (SAC)" pg 3

[605] The MDA was conducted in February 2022 and the CES was conducted in August-September 2022, pg 1.

[606] "Two health districts were selected per province, one randomly and one purposively selected on the basis of previous poor coverage (ARISE funding), with the exception of Mandoul where both were randomly selected. The surveys were conducted at different times, due to the availability of equipment and logistics." pg 4

[607] "The survey methodology is based on the guidelines recommended by WHO. In the selected areas, the survey follows a two-stage cluster sampling methodology, with the primary sampling unit (PSU) being the community/village and the secondary cluster being the household." pg 4

[608] "The survey methodology is based on the guidelines recommended by WHO. In the selected areas, the survey follows a two-stage cluster sampling methodology, with the primary sampling unit (PSU) being the community/village and the secondary cluster being the household." pg 4

[609] ""For quality control, two consultants were recruited to facilitate the survey in collaboration with the national program and the OPC. In each province, there is a national supervisor and a provincial supervisor, with overall responsibility for supervising the interviewers. As the survey was done on the basis of the COMMCARE application, remote supervision was facilitated through the database. However, it should be noted that despite the three days of training, it was difficult for the interviewers to master the use of the telephone. This may partially explain the discrepancy between the data entered on the smartphone and those on the solid media." pg 5-6

[610] No mention anywhere in report of "do not know" or "do not remember" responses or how they were handled

[611] "Sample tablets of the medicines and packaging used in the recent MDA (both STH/Schisto and Oncho/LF) are shown to the household member to facilitate their recall." pg 4

[612] ""When a person is unavailable or very ill and cannot answer the questions, another member of the household answered in their place. Older parents help children aged 5-10 years, but children were always encouraged to answer directly." pg 4

[613] "Study teams are selected from people who did not participate in the MDA campaign. Five teams are formed per health district. Each team consists of two interviewers working in pairs, each with a telephone

and a solid form. The teams hire local field guides to help them find villages and work with village leaders to carry out segmentation." pg 5

[614] "PZQ tablets were distributed in December 2021 for
the treatment of schistosomiasis to children aged 5-14 years in schools in low endemic wards.
In moderate endemic wards, 20% of adults and all pupils aged 5-14 years received the drugs
and in high endemic wards, all persons 5 years and above received the drugs, as part of
compliance with the new ward level WHO treatment regimen. Treatment of children was
majorly carried out in schools. Mectizan was distributed for the treatment of onchocerciasis to
persons 5 years and above using the community-based approach. In LGAs where STH is coendemic with
onchocerciasis, A tablet of Mebendazole table was added to Mectizan for children
5-14 years while in LF and onchocerciasis co-endemic LGAs Mectizan and Albendazole were
administered to all eligible population. Onchocerciasis, LF and STH treatments were conducted
in March 2022 using the community-based approach." pg 3

[615] "PZQ tablets were distributed in December 2021...Onchocerciasis, LF and STH treatments were conducted
in March 2022 using the community-based approach."

"Following the
training, the team commenced field data collection in Lokoja and proceeded to Kogi and Adavi
LGAs in that order between 5 – 18 June 2022." pg 4

[616] " For this survey, the survey area were communities where
Schistosomiasis and/or Oncho and LF treatments were conducted. Both the random and
purposeful selection method for selection of LGAs recommended by WHO was adopted for this
survey. The reported coverage in LGAs that conducted schistosomiasis treatments were similar
as such Adavi and Kogi were randomly selected, while Lokoja LGA was purposefully selected
because of previously low LF reported coverage and over-reporting of onchocerciasis treatment." pg 4

[617] "A cross-sectional population-based survey was conducted. The survey used a two-stage cluster
sampling with the villages (villages sub-divided into segments of approximately 50HH) as the
primary sampling unit (PSU) and household, the secondary cluster." pg 5

"The list of villages to be visited were generated by the CSB and where there are more than one
segment in the subunit (village), the segments were assigned numbers and written out on pieces
of papers and using a deep and pick process, the segments where survey was conducted were
randomly selected. Once segments had been chosen among the sampled subunits, households
in the segment were selected using a previously established sampling interval; lists A and B
generated by the CSB (Annex 2- List A and B sheet 3)." pg 6

[618] "Where the whole household was absent at the time of the survey, the interviewer
returned later, and the household was included in the survey. Where they were
still absent after multiple visits (at least two), the household was not replaced.
The survey design included a non-response correction factor." pg 7

"A total of 5,844 households comprising of Adavi (2,376), Kogi (2,142) and Lokoja (1,326) were
sampled, while 25,932 participants giving 10,439, 9,714 and 5,778 consented for Adavi, Kogi
and Lokoja LGAs. The participants that that refused and absent were 45 and 52, 39 and 24 and
68 and 11 for Adavi, Kogi and Lokoja LGAs respectively. The total segments and drugs
administered were 53 with PZQ/IVM/MBD for Adavi, 51 with PZQ/IVM/MBD and 54 with
PZQ/IVM/ALB for Kogi and Lokoja LGAs (Table 3)." pg 9

Table 3: Surveyed households and individuals by IU. "Although a total of 180 segments (60 for each IU)

were planned, those not visited were due to
security concerns." pg 9

[619] "Commcare android-based mobile data collection platform was used for recording and uploading
every data collected in the field. The survey questionnaire was designed to collect information
from village, households, and individuals. Each individual information was linked to its
corresponding household using unique ID's and coordinates for each household data collected.
At the end of the field data collection, data cleaning and analysis was carried out after
downloading from the data collection platform." pg 7

"The
teams consisted of local guides identified from the community, supervisors and 15 enumerators
who worked in one LGA per time.
Two consultants were engaged and coordinated field activities, working closely with the State
NTD and LGA coordinators to oversee and support the team during field activities." pg 7

[620] No mention anywhere in report of "do not know" or "do not remember" responses or how they were
handled

[621] "A picture of all the drugs and the
packages used during the recent MDA were shown to the household member to assist their
recall." pg 5

[622] "Where possible, the eligible individual was asked directly if they participated in the MDA
campaign and if they swallowed the drug. When that person is not available, another household
member or caregiver answered on his or her behalf, but this was recorded on the questionnaire
as this can potentially introduce errors due to recall and response bias. Primary caregivers
responded on behalf of persons who were not able to respond. A picture of all the drugs and the
packages used during the recent MDA were shown to the household member to assist their
recall." pg 5

[623] "Interviewers were independent persons that had not been involved in any previous activities
related to the NTD programme, specifically the MDA, to ensure that they remain unbiased. The
teams consisted of local guides identified from the community, supervisors and 15 enumerators
who worked in one LGA per time.
Two consultants were engaged and coordinated field activities, working closely with the State
NTD and LGA coordinators to oversee and support the team during field activities." pg 7

[624] "The survey was conducted in Yomou (PZQ only) and Lola (PZQ and ALB)." pg 3

[625] "To validate reported coverage(s) of the March 2022 MDA campaign for SCH and STH in Lola
and Yomou HDs." pg 5

"The survey was conducted in Yomou (PZQ only) on 22nd August to 27th August 2022 and Lola
(PZQ and ALB) on 28 August to 2
nd September 2022." pg 5

[626] "The survey was conducted in Lola and Yomou health districts (HDs). Those districts were
randomly selected from the list of three health districts of N'zerekore region. " pg 4

[627] "The survey methodology is based on WHO recommended guidelines. Within the selected
regions, the survey followed a two-stage cluster sampling methodology, with the primary
sampling unit (PSU), being the community/village and the secondary cluster, the household
selected using a compact segment sampling methodology. " pg 5-6

"A minimum of 986 individuals needed to be sampled per EU. These was divided across 30 clusters (segments within communities)." pg 7

[628] "The survey methodology is based on WHO recommended guidelines. Within the selected regions, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household selected using a compact segment sampling methodology. " pg 5-6

"Selected communities were sub-divided into segments of 50HH using compact segment sampling approach. The number of segments expected per community had already been predetermined through the CSB. A segment (or more than one if indicated through the CSB) was then randomly selected for inclusion into the survey.
In each segment, a total of 17 households was sampled, selected within the cluster using the sampling interval of 3 households, guided by a pre-defined list." pg 7

[629] "The questionnaires were administered on Android phones using the CommCare survey platform. The platform was automatically uploaded into the CommCare system. The data was downloaded by Sightsavers, cleaned, and analyzed." pg 8

"For quality control purposes, there was a designated survey coordinator from the prefectural health directorate, with overall responsibility for the conduct of the surveyors and team supervisors. The ground supervision was conducted by Sightsavers and health district staff in each EU. They were also responsible for remote supervision using the dashboard. The issues identified during the supervision were notified to the survey team to rectify." pg 8

[630] Questionnaire response options include "Do not remember" but report does not indicate how these were treated in the analysis. See pg 20, Question 33.

[631] "Sample tablets of the drugs and the packages used during the recent MDA were shown to the household members to assist their recall." pg 6

[632] "When a person is not available or very
sick and cannot answer questions, another household member or caregiver answered on their behalf. Primary caregivers assisted on behalf of children aged 5-10 years old, but children were encouraged to respond directly. In case of absence or refusals of the household member, the household was not replaced." pg 6

[633] "The survey teams were selected from individuals who were not involved in the MDA campaign. Six teams were constituted for the survey per health district. Each team was made up of two surveyors working in pairs each with one phone." pg 7-8

"For quality control purposes, there was a designated survey coordinator from the prefectural health directorate, with overall responsibility for the conduct of the surveyors and team supervisors. The ground supervision was conducted by Sightsavers and health district staff in each EU. They were also responsible for remote supervision using the dashboard. The issues identified during the supervision were notified to the survey team to rectify." pg 8

[634] "The coverage survey evaluation (CES) conducted in April 2023 aimed at supporting the routine program monitoring by validating the reported coverages of the recent concluded MDAs in six Implementation Units (IU) across three states Kano, Niger and Taraba States." p3

"e last MDA was in October/November
2022 in Kano, November 2022 in Niger State and August to November 2022 in Taraba state. In compliance to WHO treatment regimen, PZQ tablets are distributed to children aged 5-14 years in schools and also in

communities. The distribution at community level was targeted at children who are not enrolled in schools in the MDA campaign" p4

[635] "The LGAs were purposefully
selected because they have had persistent MDA coverage issues. The LGA reported coverage are shown in table " p4

[636] "The CSB
systematically selected 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households" p7

[637] "The CSB
systematically selected 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households" p7

[638] "DATES OF MDA:
1. Kaduna State: 17th – 26th July, 2023
2. Kwara State: 24th – 29th July, 2023
3. Sokoto State: 29th July – 5th August, 2023" p1

[639] "Kaduna and Sokoto states are both located in North western Nigeria with each of the states having 23 local government areas (LGAs). However, the MDA was conducted in only 21 LGAs where endemicity is either medium or high risk. Kwara state on the other hand is located in North central Nigeria and has a total of 16 LGAs. However, the MDA was carried in only 11 LGAs in the State with either medium or high risk endemicity for schisto. The evaluation units (EUs) i.e the LGAs were randomly selected from a list of safe (in terms of security) LGAs in each of the aforementioned states." p4

[640] "CSB used
systematically sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to selected 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households." p6

[641] "CSB used
systematically sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to selected 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households." p6

[642] "The coverage survey evaluation (CES) conducted in February 2023 aimed at supporting the routine program monitoring by validating the reported coverages of the recent concluded MDAs in four Implementation Units (IU) in Kebbi and Kwara States" p3

"The MDA for the States were conducted as follows: Kebbi – November 2022 and Kwara – October/November 2022. The training of the survey team was held for two days (3rd and 4th

February 2023), while field data collection was for seven days (6th – 13th February 2023" p5

[643] "For this survey, the survey area were communities where
Schistosomiasis treatments were conducted. Selection for the LGAs was done using the random method using Stata® 16 statistical package. The LGA reported coverage are shown in table 1." p4

[644] "The number of segments in each community was automatically calculated. The CSB used systematically sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to select 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households" p7

[645] "The CSB used
systematically sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to select 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households" p7

[646] "DATES OF MDA:
1. Benue State: 14th-30th August 2023
2. Niger State: 3rd-8th Sept 2023 (1st phase)
3. Taraba State: 27th July-4th August 2023" p1

"This coverage evaluation survey (CES) aimed at validating treatment data of the 2023 MDA campaign using Praziquantel (PZQ) which is the choice drug for schistosomiasis. The survey was conducted in October 2023 in six enumeration units (EU) namely: Gboko and Kwande of Benue State, Agaie and Gurara of Niger State as well as Kurmi and Zing of Taraba State" p3

[647] "Benue and Niger states are both located in North central Nigeria with each of the states having 23 and 25 local government areas (LGAs) respectively. Taraba state on the other hand is in North east Nigeria and has a total of 16 LGAs. The evaluation units (EUs) i.e. the LGAs were randomly selected from a list of safe (in terms of security) LGAs in each of the states." p4

[648] "The names of the communities, population and household size of each LGA were entered in the CSB. The number of segments in each community was automatically calculated. The CSB used systematic sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to select 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households" p6

[649] "The names of the communities, population and household size of each LGA were entered in the CSB. The number of segments in each community was automatically calculated. The CSB used systematic sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to select 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2). List of all villages/subunits in the LGAs and their estimated size arranged by geographical proximity and number of households" p6

[650] "Following training for health workers, teachers and CDDs in May 2023, MDA was implemented

from May 22 to 25, 2023 in seven provinces (51 health districts), targeting 1,794,357 school-age children (SAC) with Praziquantel (PZQ) for SCH" p2

"The coverage evaluation survey was conducted from 12 June to 08 July 2023, starting with a three-day training of recorders including practice followed by field data collection in the 13 health districts at different intervals (Table 1)" p3

[651] "The survey was powered to determine coverage at the health districts for the target group of 5-14 years for SCH. The sample size was determined using the WHO Coverage Survey Builder, version 2.11. Details regarding the sampling and selection methodology are available in the WHO manual. A minimum of 1736 individuals were sampled across the 13 health districts from the 30 randomly selected clusters (communities)" p6

[652] "The survey was powered to determine coverage at the health districts for the target group of 5-14 years for SCH. The sample size was determined using the WHO Coverage Survey Builder, version 2.11. Details regarding the sampling and selection methodology are available in the WHO manual. A minimum of 1736 individuals were sampled across the 13 health districts from the 30 randomly selected clusters (communities)"

[653] "In each cluster, 29 households were sampled following a mean sampling interval of 2 SAC per household. Households were pre-selected after community segmentation according to a random, pre-defined list" p6

[654] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[655] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[656] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[657] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[658] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[659] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[660] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[661] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[662] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[663] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[664] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[665] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[666] Guidance on risk levels: https://docs.google.com/document/d/17cGTJRVnrL3D30HUtPhT-BORH-znU_2n5LqBx9IaroU/edit#heading=h.iebb39wuszb7

[667] For example, all households registered to receive LLINs in two regions; all school-aged children nationally

[668] "In 2019, Sightsavers with funding from GiveWell, in collaboration with the Federal Ministry of Health (FMoH) supported four State Ministries of Health (SMoH) to provide treatment for Schistosomiasis and Soil transmitted helminthiasis in Nigeria. These states are Benue, Kebbi, Kwara and Sokoto. Mass drug administration (MDA) with Praziquantel (PZQ) and Mebendazole (MEB) was conducted between January and March 2019 in 80 endemic Local Government Areas (LGAs) across these states, with over five million school age children at risk of these diseases." Pg. 3.

"The survey was powered to determine coverage at the LGA level, for the target group of 5-14 years for SCH/STH." Pg. 7.

[669] "In Guinea Bissau, the GiveWell Deworming Project is being implemented in Farim, Oio, Cacheu, Bafata, Gabu, Biombo and Tombali health regions. The project providessupport for deworming of school-age children for schistosomiasis (SCH) and soil-transmitted helminths (STH). The distribution strategy follows WHO recommended guidelines for mass drug administration (MDA). Praziquantel and albendazole are provided to all people aged 5 years to 14 years in schools and in the communities for those that are not enrolled" p.3

[670] "Sightsavers' Deworming Project is being implemented in Ituri Nord, of the Democratic Republic of the Congo in partnership with the United Front Against River Blindness (UFAR) and the Ministry of Health (MoH). This projects provides support for the control of schistosomiasis (SCH) and soil (STH through yearly deworming of school-age children (SAC) aged 5- 14 years with Praziquantel and Albendazole respectively." p.3

[671] "The GiveWell Wishlist 3 deworming project was implemented in five regions of the country (Adamaoua, East, Far North, North and West). This involved the deworming of school-aged children (5-14 yrs) for schistosomiasis (SCH) and soil-transmitted helminths (STH) using Mebendazole and Praziquantel tablets." p. 4

"Sixty-four (64) health districts (HDs) were involve in the deworming campaign; Adamaoua (9 HDs), East (14 HDs), Far North (24 HDs), North (12 HDs) and West (5 HDs)." p. 4

[672] "The World Health Assembly resolution 54.19 urges all member States to regularly treat at least 75% of all school age children who are at risk of morbidity from Schistosomiasis and STH with Praziquantel (PZQ) and Albendazole or Mebendazole (ALB or MBD), respectively" pg 3

"Of the 73 LGAs
(implementing units) in the seven states where MDA was conducted (Annex 1), 14 LGAs were randomly selected (Table 1) using STATA 16.1 statistical software" pg 4

[673] "In July 2021 the deworming project for SCH and STH supported by Sightsavers and GiveWell was implemented by the Ministry of Health in five health districts namely Fria, Dubréka, Coyah, Matoto and Ratoma." pg 4

"2,756 eligible individuals aged 5-14 years were sampled from 837 households during the survey." pg 6

[674] "The GiveWell Deworming Project I Guinea Bissau is being implemented in Farim,

Cacheu, Bafata, Gabu, Biombo and Tombali health regions. This project provided
support for deworming of school-age children for schistosomiasis (SCH) and soiltransmitted helminths
(STH). The distribution strategy followed WHO recommended
guidelines for mass drug administration (MDA). Praziquantel and Albendazole were
provided to all people aged 5 years to 14 years in schools and in communities for
those that are not enrolled." pg 5

[675] "Sightsavers' deworming project is being implemented in Ituri province, Democratic
Republic of Congo, in partnership with the United Front Against Riverblindness (UFAR) and
the Ministry of Health (MoH). This project provides support for the control of
schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) as public health problems,
through the annual deworming of school-aged children (SAC), aged 5-14 years with
praziquantel and Albendazole respectively in endemic communities." pg 7

[676] "This involved the deworming of school aged children (5-14 years) in the Adamawa, East,
Far North, Littoral, North, South and Western Regions using both school and community
approaches to compensate for the low school enrolment rates in the Northern regions of the
country and ensuring no one is left behind." pg 6

[677] "This involved the deworming of school aged children (5-
14 years) in Adamaoua, East, Far North, Littoral, North, South and West regions using
both school and community approaches to compensate for the low school enrolment
rates in the Northern regions of the country and ensure the leave no behind strategy is
fully embedded in our interventions." pg 3

[678] "Following the training of health workers and community distributors in December 2021, the last Mass
Drug Distribution (MDA) were implemented in February 2022 in 56 health districts (50 ONCHO, 37 FL,
48 SCH and 2 STH) in the seven provinces targeting 1,256,539 school-age children with praziquantel
(PZQ) for SCH and mebendazole for STH" pg 2

Per "Table 1: List of health districts selected for the CES, one province did not have SCH/STH treatment",
pg 3

[679] "PZQ tablets were distributed in December 2021 for
the treatment of schistosomiasis to children aged 5-14 years in schools in low endemic wards.
In moderate endemic wards, 20% of adults and all pupils aged 5-14 years received the drugs
and in high endemic wards, all persons 5 years and above received the drugs, as part of
compliance with the new ward level WHO treatment regimen. Treatment of children was
majorly carried out in schools. Mectizan was distributed for the treatment of onchocerciasis to
persons 5 years and above using the community-based approach. In LGAs where STH is coendemic with
onchocerciasis, A tablet of Mebendazole table was added to Mectizan for children
5-14 years while in LF and onchocerciasis co-endemic LGAs Mectizan and Albendazole were
administered to all eligible population. Onchocerciasis, LF and STH treatments were conducted
in March 2022 using the community-based approach." pg 3

[680] "The
Schistosomiasis (SCH) and Guinea Soil-transmitted helminthiasis (STH) Deworming Project is
being implemented in 3 health districts namely N'Zérékoré, Lola and Yomou in the forest region.
The project aims to reduce the prevalence and intensity of two neglected tropical diseases
(NTDs) through mass drug administration (MDA) with praziquantel (PZQ) and albendazole
(ALB)." pg 3

In Lola district, 979 eligible school-aged children (SAC), aged 5-14 years, were sampled from
509 households during the survey while in Yomou 1,231 SAC from 508 households were
included in the survey. " pg 3

[681] 'In compliance to WHO treatment regimen, PZQ tablets are distributed to children aged 5-14 years in schools and also in communities.'

[682] "The last MDA in the three states used PZQ tablets which were distributed to all school-aged children (SAC) aged 5-14 years in both moderate and high endemic wards'"

[683] "PZQ tablets were distributed to children aged 5-14 years in schools in low endemic wards. In moderate endemic wards, 20% of adults and all pupils aged 5-14 years received the drugs and in high endemic wards, all persons 5 years and above received the drugs'"

[684] "The last MDA in the three states used PZQ tablets which were distributed to all school-aged children (SAC) aged 5-14 years in both moderate and high endemic wards'"

[685] "Praziquantel was provided to school-age children (SAC) aged 5 to 14 years in schools and communities.'"

[686] "To mitigate recall bias, LGAs were randomly selected from those that had completed MDA within three months of TCS. Randomization of LGAs was done using Stata, a statistical software. Ten LGAs were selected from four states. Two LGAs each in Sokoto (Illela and Tambuwal) and Kwara (Edu and Patigi) States and three LGAs each in Kebbi (Birnin Kebbi, (Maiyama and Ngaski) and Benue (Gwer West, Oju and Vandeikya) States." p.6

[687] "As mentioned above, contrary to Sightsavers preferred approach to randomly select health districts during coverage surveys, Oio was purposefully selected due to operational challenges, which were partly due to prolonged strikes within the civils service and Sightsavers' desire to mitigate recall bias." p.5

[688] "Sightsavers' Deworming Project is being implemented in Ituri Nord, of the Democratic Republic of the Congo in partnership with the United Front Against River Blindness (UFAR) and the Ministry of Health (MoH). This projects provides support for the control of schistosomiasis (SCH) and soil (STH through yearly deworming of school-age children (SAC) aged 5- 14 years with Praziquantel and Albendazole respectively." p.3

"Although Ituri North is also endemic to Oncho and LF, the current survey aimed to validate reported coverage for SCH MDA, with focus on two endemic health zones randomly selected during sampling" p.3

[689] "1.1 General objective: To validate reported coverage of the recently ended deworming MDA campaign against SCH/STH in two randomly selected health districts of five regions (Adamaoua, East, Far North, North and West)." p. 5

"TCS was implemented in ten randomly selected health districts of five regions at different intervals." p. 6

"2.6 Data analysis ... No weights were provided as the sample selection was considered self-weighting." p. 7-8

[690] "Of the 73 LGAs
(implementing units) in the seven states where MDA was conducted (Annex 1), 14 LGAs were
randomly selected (Table 1) using STATA 16.1 statistical software; two LGAs in each state. " pg 4

[691] "These two districts were chosen after a random selection among
five districts (Coyah, Dubreka, Fria, Matoto and Ratoma) where the July MDA was conducted." pg 4

[692] "For this survey, Farim and Tombali were randomly selected amongst 4 regions which
had completed MDA in 2021." pg 5

[693] "Health districts were selected randomly from all eligible for treatment. Inclusion criteria were SCH or STH endemic and having participated in 2021 MDA, as well as the availability of detailed treatment data per village." pg 11

[694] "The survey was conducted in 14 randomly selected districts from the seven GiveWell supported regions" pg 7

[695] "It was necessary to validate reported programme coverages by conducting the coverage evaluation survey (CES) in 14 randomly selected health districts (two per region) across all seven regions " pg 4

[696] "The surveys were conducted in 12 selected health districts in the six provinces supported by GiveWell and ARISE. Two health districts were selected per province, one randomly and one purposively selected on the basis of previous poor coverage (ARISE funding), with the exception of Mandoul where both were randomly selected. The surveys were conducted at different times, due to the availability of equipment and logistics." pg 4

[697] " For this survey, the survey area were communities where Schistosomiasis and/or Oncho and LF treatments were conducted. Both the random and purposeful selection method for selection of LGAs recommended by WHO was adopted for this survey. The reported coverage in LGAs that conducted schistosomiasis treatments were similar as such Adavi and Kogi were randomly selected, while Lokoja LGA was purposefully selected because of previously low LF reported coverage and over-reporting of onchocerciasis treatment." pg 4

[698] "The survey was conducted in Lola and Yomou health districts (HDs). Those districts were randomly selected from the list of three health districts of N'zerekore region. " pg 4

[699] "'The LGAs were purposefully selected because they have had persistent MDA coverage issues.'

[700] "The evaluation units (EUs) i.e the LGAs were randomly selected from a list of safe (in terms of security) LGAs in each of the aforementioned states.'"

[701] "Selection for the LGAs was done using the random method using Stata® 16 statistical package.'"

[702] "The evaluation units (EUs) i.e. the LGAs were randomly selected from a list of safe (in terms of security) LGAs in each of the states.'"

[703] "For this survey 13 districts (IUs) of the 7 provinces are selected at random to evaluate performance.'"

[704] "For this protocol, 30 subunits should be randomly selected from among all those within the survey area. Subunits should be administrative areas for which population figures are available. The ideal subunits are census enumeration areas (EAs), although villages, wards, localities or any other small administrative unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Within the selected LGAs, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household." p.6

"The survey was planned to be conducted in 300 clusters of 10 LGAs in four states. However, 28 clusters

were not visited due to insecurity in Benue (6) State and inaccessibility due to flooding in Kebbi (5), Kwara (10) and Sokoto (7) states." p.11

[705] "For this protocol, 30 subunits should be randomly selected from among all those within the survey area. Subunits should be administrative areas for which population figures are available. The ideal subunits are census enumeration areas (EAs), although villages, wards, localities or any other small administrative unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"In the selected region of Oio, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household." p.5

"A minimum of 1,808 individuals had to be sampled. These were to be divided across 30 clusters (communities). In each cluster, 25 households were sampled according to the disease specific sampling interval of every 2nd household." p.6

[706] "For this protocol, 30 subunits should be randomly selected from among all those within the survey area. Subunits should be administrative areas for which population figures are available. The ideal subunits are census enumeration areas (EAs), although villages, wards, localities or any other small administrative unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"A minimum of 1736 individuals were required per health zone. These will be divided across 30 clusters (communities). In each cluster, 22 households were sampled according to the disease specific sampling interval of every 2nd household. Households were selected after community segmentation according to a random, pre-defined list." p.6

[707] "For this protocol, 30 subunits should be randomly selected from among all those within the survey area. Subunits should be administrative areas for which population figures are available. The ideal subunits are census enumeration areas (EAs), although villages, wards, localities or any other small administrative unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"The survey followed a two-stage cluster sampling methodology based on WHO recommended guidelines for coverage surveys." p. 7

"A total of 1,574 respondents were needed per district, divided across 30 villages (clusters) in 25 households per village." p. 7

"Districts and villages selected were chosen randomly." p. 7

"Due to insecurity in some of the pre-selected communities, new areas were selected to implement the survey. This was the case with Malewa Kadey (a community bordering Central African Republic) in Betare-Oya health district was replaced by Gounte. Yayoue community could not be located on the GPS because it was created by Nomads who are always migratory (this was not associated with the functionality of the phone or Commcare platform). However, the district team

and locals confirmed the name of the community." p. 29

[708] "The survey used a two-stage
cluster sampling approach, with the communities as the primary sampling unit (PSU) and
household the secondary cluster" pg 5

"Communities to be surveyed were randomly selected using the CSB v2.11 in conformity to
probability proportionate to estimated size (PPES) sampling. Community listing was obtained
from the NTD data base (Annex 2) and to achieve geographical proximity, the list of
communities was arranged by frontline health facilities. Names of the communities, population
and household size were entered into the CSB. Any community with fewer than 25 households
was merged with the next community on the list. Similarly, communities with greater than 400
households were divided and listed on separate rows in the CSB. The CSB systematically
selected 30 subunits/villages from the LGA." pg 5

[709] "Thirty villages were randomly
selected per Health District, probability proportional to size, utilizing the WHO Coverage
Survey Sample Builder. Due to the methodology used, the design effect was set at 4 and nonresponse at
10%. An estimated sample size of 1310 individuals per district was calculated.
Based on an estimated household size, two persons of survey ages 5 to 14 years old, a total of
29 households were necessary to sample per cluster." pg 5

[710] "For this protocol, 30 subunits should be randomly selected from among all those within the survey
area. Subunits should be administrative areas for which population figures are available. The ideal subunits
are census enumeration areas (EAs), although villages, wards, localities or any other small administrative
unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data
and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools
for improving the quality of reported data and information, pg. 12.

"The survey methodology was based on WHO recommended guidelines. Within the
selected regions, the survey followed a two-stage cluster sampling methodology,
with the primary sampling unit (PSU), being the community/village and the
secondary cluster, the household." p.7

"A minimum of 1,808 individuals had to be sampled per region. These were divided
across 30 clusters (communities). In each cluster, the following number of
households were sampled according to the disease specific sampling interval of 24
households. Households were selected after community segmentation according to
a random, pre-defined sampling list." p.8

[711] "In the selected districts, two-stage cluster sampling
was applied, with the primary sampling unit (PSU) being the community/village and the
secondary cluster (SSU) being the household. Villages were selected by systematic random
selection using the CSB." pg 11

[712] "The survey methodology was based on WHO recommended guidelines, i.e. a two-stage
sampling methodology, with the primary sampling unit (PSU) namely the community or village
and the secondary sampling unit referring to the household." pg 9

"Details of the sampling and selection methodology are available in the WHO
manual (see sampling parameters, annex 4 of the protocol). Between 1281 and 1808 individuals
were to be sampled in 14 health districts. They were divided into 30 clusters (communities, see

annex 2 of the protocol). In each cluster, between 21 and 27 households were sampled with an average sampling interval of 2 persons per household. Households were selected after community segmentation according to a random and predefined list (appendix 2 of the survey protocol)." pg 9-10

[713] "Survey methodology was based on WHO recommended guidelines. Within the selected regions, the survey was following a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household." pg 6

"Based on the following parameters a minimum sample size of 1,435 SAC per health district (evaluation unit) were to be sampled from 32 households per cluster...These individuals were sampled across the 30 clusters (segments from communities) that were selected probability proportional to size using the sample survey builder in each health district" pg 7

[714] "The survey methodology is based on the guidelines recommended by WHO. In the selected areas, the survey follows a two-stage cluster sampling methodology, with the primary sampling unit (PSU) being the community/village and the secondary cluster being the household." pg 4

"Over 1800 SAC were targeted in each of the evaluation units (health districts). A total of 30 clusters (segments in a community of 50 HH) were sampled per EU, with 30 HH sampled per cluster. Households were determined after community segmentation according to a predefined random A and B list." pg 5

[715] "A cross-sectional population-based survey was conducted. The survey used a two-stage cluster sampling with the villages (villages sub-divided into segments of approximately 50HH) as the primary sampling unit (PSU) and household, the secondary cluster." pg 5

"The CSB systematically selected 30 subunits/villages (Annex 2) from the LGA with probability proportional to the estimated number of segments they contained when the sample size parameters were inputted (Table 2)" pg 6

[716] "The survey methodology is based on WHO recommended guidelines. Within the selected regions, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household selected using a compact segment sampling methodology. " pg 5-6

"A minimum of 986 individuals needed to be sampled per EU. These was divided across 30 clusters (segments within communities)." pg 7

[717] "'The CSB systematically selected 30 subunits/villages from the LGA with probability proportional to the estimated number of segments they contained'"

[718] "The CSB used systematically sampling (selects a random starting point from the population then a sample is taken from regular fixed intervals of the population depending on its size) to selected 30 subunits/villages from the LGA'"

[719] "The CSB used systematically sampling (selects a random starting point from the population, then a sample is taken from regular fixed intervals of the population depending on its size) to select 30 subunits/villages from the LGA'"

[720] "The CSB used systematic sampling (selects a random starting point from the population then a sample is taken from regular fixed intervals of the population depending on its size) to select 30

subunits/villages from the LGA'"

[721] "A minimum of 1736 individuals were sampled across the 13 health districts from the 30 randomly selected clusters (communities).'"

[722] "A segment is the area to be surveyed within each selected subunit. Segments refer to groups of households and are used to reduce the time and work required for sampling in the field. Only households within the selected segment need to be enumerated. On average, the number of households in each segment is expected to be roughly the target segment size (Box 1.3 shows the method used to calculate this figure). For most surveys the target segment size will be 50 households. A total of 30 segments will be chosen from the subunits selected (at least one segment in each selected subunit) via PPES (see section 1.5)." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 15.

"Once segments have been chosen among the sampled subunits, households will be selected within each sampled segment for inclusion in the coverage survey. A previously established sampling interval, automatically applied by the CSB, is used to determine which households in the segment are to be sampled in order to reach the expected sample size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 22.

"In each cluster, 21 households were sampled. Households were selected after community segmentation according to a random, pre-defined list." p. 7

[723] "A segment is the area to be surveyed within each selected subunit. Segments refer to groups of households and are used to reduce the time and work required for sampling in the field. Only households within the selected segment need to be enumerated. On average, the number of households in each segment is expected to be roughly the target segment size (Box 1.3 shows the method used to calculate this figure). For most surveys the target segment size will be 50 households. A total of 30 segments will be chosen from the subunits selected (at least one segment in each selected subunit) via PPES (see section 1.5)." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 15.

"Once segments have been chosen among the sampled subunits, households will be selected within each sampled segment for inclusion in the coverage survey. A previously established sampling interval, automatically applied by the CSB, is used to determine which households in the segment are to be sampled in order to reach the expected sample size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 22.

"In the selected region of Oio, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household. The head of every household randomly selected was explained the purpose and procedure of the survey and, if they agreed to proceed, they provided verbal consent for their household to participate." p.5

"Households were selected after community segmentation according to a random, pre-defined list." p.6

[724] "A segment is the area to be surveyed within each selected subunit. Segments refer to groups of households and are used to reduce the time and work required for sampling in the field. Only households within the selected segment need to be enumerated. On average, the number of households in each segment is expected to be roughly the target segment size (Box 1.3 shows the method used to calculate this figure). For most surveys the target segment size will be 50 households. A total of 30 segments will be chosen from the subunits selected (at least one segment in each selected subunit) via PPES (see section 1.5)." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 15.

"Once segments have been chosen among the sampled subunits, households will be selected within each

sampled segment for inclusion in the coverage survey. A previously established sampling interval, automatically applied by the CSB, is used to determine which households in the segment are to be sampled in order to reach the expected sample size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 22.

"A minimum of 1736 individuals were required per health zone. These will be divided across 30 clusters (communities). In each cluster, 22 households were sampled according to the disease specific sampling interval of every 2nd household. Households were selected after community segmentation according to a random, pre-defined list." p.6

[725] "A segment is the area to be surveyed within each selected subunit. Segments refer to groups of households and are used to reduce the time and work required for sampling in the field. Only households within the selected segment need to be enumerated. On average, the number of households in each segment is expected to be roughly the target segment size (Box 1.3 shows the method used to calculate this figure). For most surveys the target segment size will be 50 households. A total of 30 segments will be chosen from the subunits selected (at least one segment in each selected subunit) via PPES (see section 1.5)." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 15.

"Once segments have been chosen among the sampled subunits, households will be selected within each sampled segment for inclusion in the coverage survey. A previously established sampling interval, automatically applied by the CSB, is used to determine which households in the segment are to be sampled in order to reach the expected sample size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 22.

"A total of 1,574 respondents were needed per district, divided across 30 villages (clusters) in 25 households per village." p. 7

"Households were randomly selected at community level using segmentation and list A or B generated by the coverage survey builder." p. 7

"Questions were asked to all eligible respondents (SAC 5-14 years old) and guardians in all households visited." p. 7

"The required 25 households could not be sampled in some of the selected communities. In Ngaoundere Urbain health district; Hore-Rep community (a nomad community) from Beka Hossere health area had just 12 households. The remaining households were completed in Toumbouroum a neighbouring community. Bondjon community of Yves Plumey health area also had a similar issue with just 17 households present. This gap was completed in Komaa neighbouring community." p. 29

[726] "The survey used a two-stage
cluster sampling approach, with the communities as the primary sampling unit (PSU) and
household the secondary cluster" pg 5

"The CSB based on the number of households inputted generated the number of segments in
each selected community (Annex 3). The survey team worked with the community leaders and
community guide or CDDs and grouped the households to the number of segments given by
the survey builder. These segments are assigned numbers, written on a piece of paper, folded,
and placed on a plate. The community leader or any member of the community assigned by the
community leader picked any of the folded papers. The segment picked was sampled.
Household were selected as follows:
1. The survey team worked with the community leaders and local guides to list all the
households in the selected segment(s) and numbered each household with a chalk.
2. The survey team with a local guide identified a walking route that passed by every house
in the segment and determined households that served as the initial households. In this

survey, a household is defined as a group of individuals who reside in the same compound and eat from the same pot.
3. A coin was tossed to determine which list whether List A or List B as generated by the CSB would be used.
4. The team followed the route through the segment and surveyed households according to the selected list. Starting with the initial household, the team surveyed all households that corresponded to a number on the selected list and interviewed all school aged children living in the household. Children that were not resident in the community for more than three months were excluded.
5. If members of the entire household were absent at the time of the survey, the interviewer returned later, and the household was included in the survey. If they are still absent after multiple visits (at least two), the household was recorded as absent.
6. If everyone in the household refused to participate in the survey, the interviewer tried to encourage participation. If they still refused, the household was exempted and recorded as not consented. " pg 6

[727] "In the second stage sampling of the household was done using the compact segmentation method. The cluster was divided into segments of approximately 50 households each and one segment was randomly selected to include in the survey. All households in the segment were eligible to participate in the survey and the exact households were selected using a predefined (random) sampling list. If insufficient households were present to randomly select the target of 29, all households were selected." pg 5

[728] "For this protocol, 30 subunits should be randomly selected from among all those within the survey area. Subunits should be administrative areas for which population figures are available. The ideal subunits are census enumeration areas (EAs), although villages, wards, localities or any other small administrative unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data and information, pg. 12.

"The survey methodology was based on WHO recommended guidelines. Within the selected regions, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household." p.7

"A minimum of 1,808 individuals had to be sampled per region. These were divided across 30 clusters (communities). In each cluster, the following number of households were sampled according to the disease specific sampling interval of 24 households. Households were selected after community segmentation according to a random, pre-defined sampling list." p.8

"When teams arrived in each selected village, they contacted the head of the health region who supported them to identify local guides. These guides helped in drawing sketch maps of the villages. This included major outer boundaries, places of interest, e.g., schools, shops, and internal boundaries, e.g., paths or roads. The team determined the number of households in the community using a village roster list, or other source, or count the number of households. The team walked around the village to verify and become familiar with the area. The teams then divided the community into the pre-determined number of segments on the sample frame, which is 50 households each.
Each segment was numbered, and each number written onto a piece of paper and a community member randomly picked one number. This was the segment that was surveyed. Starting with the initial household, the team enumerated households as

they follow a predetermined route through the segment (ignoring any structures that
are not households)." pg 9

[729] "For this protocol, 30 subunits should be randomly selected from among all those within the survey
area. Subunits should be administrative areas for which population figures are available. The ideal subunits
are census enumeration areas (EAs), although villages, wards, localities or any other small administrative
unit may also be used." WHO, Preventive Chemotherapy, Tools for improving the quality of reported data
and information, pg. 12.

"Enumeration area: Relatively consistent, small population size." WHO, Preventive Chemotherapy, Tools
for improving the quality of reported data and information, pg. 12.

"The sample size was determined using the WHO Coverage Survey Builder (CSB), version 2.11.
Details of the sampling and selection methodology are available in the WHO manual." pg 11

"Village maps were obtained in advance. The teams subdivided the communities into a
predetermined number of segments of about 50 households. Segments were selected by
a simple random draw." pg 11

[730] "The survey methodology was based on WHO recommended guidelines, i.e. a two-stage
sampling methodology, with the primary sampling unit (PSU) namely the community or village
and the secondary sampling unit referring to the household." pg 9

"Details of the sampling and selection methodology are available in the WHO
manual (see sampling parameters, annex 4 of the protocol). Between 1281 and 1808 individuals
were to be sampled in 14 health districts. They were divided into 30 clusters (communities, see
10
annex 2 of the protocol). In each cluster, between 21 and 27 households were sampled with an
average sampling interval of 2 persons per household. Households were selected after
community segmentation according to a random and predefined list (appendix 2 of the survey
protocol)." pg 9-10

[731] "On arrival in the selected village, the teams found a local guide who helped them draw
a sketch of the village including the main external boundaries, places of interest and
internal boundaries - tracks or roads. The team confirmed the number of households
in the community before it was segmented based on the number of predetermined
segments (of approximately 50 HH). One segment was randomly selected by a
community member. In the selected segment, the teams used the household list A or
B (randomly selected) to identify the households to be selected for interview. " pg 8

"If the entire household was absent at the time of the survey, the interviewer returned
later, and the household was included in the survey. If a household was absent or
refused to participate, they were not replaced." pg 8

[732] "It was necessary to train all team members on the rationale for the coverage survey,
the methodology to be used, filling in the questionnaire using mobile phones, quality
control of the survey, ethics, and guidelines for conducting a survey in the community.
Sufficient time had to be given to train the team members on the methodology related
to this survey, in particular the use of the segmentation method to select households.
Sightsavers ensured that protection against Covid19 were in place during these
trainings." pg 10

[733] "The survey methodology is based on the guidelines recommended by WHO. In the selected areas,
the
survey follows a two-stage cluster sampling methodology, with the primary sampling unit (PSU) being

the community/village and the secondary cluster being the household." pg 4

"Over 1800 SAC were targeted in each of the evaluation units (health districts). A total of 30 clusters (segments in a community of 50 HH) were sampled per EU, with 30 HH sampled per cluster. Households were determined after community segmentation according to a predefined random A and B list." pg 5

"If, after sampling all households in the selected segment, the required number of households has not been reached, then a third number is selected, and the team visits the corresponding segment and continues to sample households until they reach the required number." pg 5

[734] "A cross-sectional population-based survey was conducted. The survey used a two-stage cluster sampling with the villages (villages sub-divided into segments of approximately 50HH) as the primary sampling unit (PSU) and household, the secondary cluster." pg 5

"The list of villages to be visited were generated by the CSB and where there are more than one segment in the subunit (village), the segments were assigned numbers and written out on pieces of papers and using a deep and pick process, the segments where survey was conducted were randomly selected. Once segments had been chosen among the sampled subunits, households in the segment were selected using a previously established sampling interval; lists A and B generated by the CSB (Annex 2- List A and B sheet 3)." pg 6

[735] "Adequate time was given to training on methodology especially use of segmentation method to select households." pg 9

[736] "The survey methodology is based on WHO recommended guidelines. Within the selected regions, the survey followed a two-stage cluster sampling methodology, with the primary sampling unit (PSU), being the community/village and the secondary cluster, the household selected using a compact segment sampling methodology. " pg 5-6

"Selected communities were sub-divided into segments of 50HH using compact segment sampling approach. The number of segments expected per community had already been predetermined through the CSB. A segment (or more than one if indicated through the CSB) was then randomly selected for inclusion into the survey.
In each segment, a total of 17 households was sampled, selected within the cluster using the sampling interval of 3 households, guided by a pre-defined list." pg 7

[737] "Adequate time was allocated to train the team members on the survey methodology especially use of segment method to select households." pg 8

[738] "'The survey team worked with the local guide to identify a walking route that was passed by every house in the segment and determined which household served as the initial household...Deep and pick was used to decide if List A or List B was used.'"

[739] "The survey team worked with the local leadership and local guide to list all the HHs in the selected segment(s) and numbered each HH with chalk... Deep and pick was used to decide if List A or List B was used.'"

[740] "The survey team worked with the local leadership and local guide to list all the HHs in the selected segment(s) and numbered each HH with chalk... Deep and pick was used to decide if List A or List B was used.'"

[741] "The survey team worked with the local leadership and local guide to list all the HHs in the selected segment(s) and numbered each HH with chalk... Deep and pick was used to decide if List A or List B was used.'"

[742] "In each cluster 29 households were sampled following a mean sampling interval of 2 SAC per household. Households were pre-selected after community segmentation according to a random pre-defined list.'"

[743] See "Table 3: Number of household and children by LGA," Pg. 12

"A total of 2,888 households were visited in the 272 clusters. The survey team administered questionnaires in 2,738 households excluding 150 households from the total household visited. The households excluded are, 20 that did not consent to participate, 42 were absent at the time of the visit and 88 households had no school age children. Although data were collected from these 150 households, the data were excluded from the analysis. The survey team interviewed 7,905 of the 7,952 school age children encountered during the survey as 48 children did not assent to participate in the survey (Table 3)." p.11

[744] Table 3, p.9

[745] Table 3, p.8

[746] Table 5: Summary of surveyed individuals and households by District and Region, p. 8

"A total of 18,541 eligible individuals were enumerated in 7,701 households with 5-14 year old residents. However, there were 494 households without survey target age and 24 households refused to participate. An additional 161 households were marked as absent. Therefore, the total number of households included in the analysis was 7,022 (7701-161-24-494)."

[747] "A total of 420 (30 clusters/LGA) clusters were planned to be visited, but 397 were visited and 23 could not be visited due to security concerns, these 23 clusters were excluded from the analysis." pg 9

"A total of 8,832 household were visited and 8,298 households consented to participate in the survey. The total number of children interviewed were 15,256 from the 14 LGAs across the seven states." pg 9

[748] "A total of 2,756 school-aged children were enumerated in 837 households. The distribution by district is presented in Table 1. Among respondents, 795 household gave their consent and 35 were absent." pg 6

"An estimated sample size of 1310 individuals per district was calculated.
Based on an estimated household size, two persons of survey ages 5 to 14 years old, a total of 29 households were necessary to sample per cluster." pg 5

[749] "A total of 4,460 individuals in 1,830 households were enumerated by the survey teams in both regions." pg 3

The distribution
by district of those absent, refusing, or without school age children is presented in Table 2 and 3. pg 11

[750] "Globally 2,512 households were selected for the survey, 102 households (4.06%) refused to participate and 193 households (7.68%) were absent. This represents a combined number of 295 households. Thus, of the 2,512 households that were contacted, 2,217 consented. This corresponds to a positive response rate (with consent) of 88.26%." pg 14

"Most of the children interviewed (3,768 or 86.5% of them) are in school." pg 15

[751] "A total of 24 775 SAC eligible for Soil transmitted helminthiasis and schistosomiasis treatment were enumerated in 11 389 households. However, 57 of those households had no school-age children and 25 households refused to participate in the survey (Table V)." pg 11

Table IV: Distribution of eligible population and households surveyed per health district and region. pg 11

[752] "Based on the following parameters a minimum sample size of 1,435 SAC per health district (evaluation unit) were to be sampled from 32 households per cluster." pg 7

Table VI: Surveyed number of individuals and households, pg 14

[753] "Over 1800 SAC were targeted in each of the evaluation units (health districts)." pg 5

"If, after sampling all households in the selected segment, the required number of households has not been reached, then a third number is selected, and the team visits the corresponding segment and continues to sample households until they reach the required number." pg 5

"There were some issues in achieving the target sample size in some evaluation units (EU), table 2" pg 7

Table 2: Individuals surveyed by EU, pg 7

[754] "Where the whole household was absent at the time of the survey, the interviewer returned later, and the household was included in the survey. Where they were still absent after multiple visits (at least two), the household was not replaced. The survey design included a non-response correction factor." pg 7

"A total of 5,844 households comprising of Adavi (2,376), Kogi (2,142) and Lokoja (1,326) were sampled, while 25,932 participants giving 10,439, 9,714 and 5,778 consented for Adavi, Kogi and Lokoja LGAs. The participants that that refused and absent were 45 and 52, 39 and 24 and 68 and 11 for Adavi, Kogi and Lokoja LGAs respectively. The total segments and drugs administered were 53 with PZQ/IVM/MBD for Adavi, 51 with PZQ/IVM/MBD and 54 with PZQ/IVM/ALB for Kogi and Lokoja LGAs (Table 3)." pg 9

Table 3: Surveyed households and individuals by IU. "Although a total of 180 segments (60 for each IU) were planned, those not visited were due to security concerns." pg 9

[755] "The survey was powered to determine coverage at the HDs for the target group of 5-14 years for SCH and STH. The sample size has been determined using the WHO Coverage Survey Builder, version 2.11...A minimum of 986 individuals needed to be sampled per EU. These was divided across 30 clusters (segments within communities)." pg 6-7

"If, after sampling all households in the selected segment, the required number of households had not been surveyed, then a second segment was randomly selected, and the team would continue to sample households until they get the required number." pg 7

"In Lola district, 979 eligible children aged 5-14 years were sampled from 509 households during the survey while in Yomou 1231 individuals aged from 5-14 years from 508 households were included in the survey, Table 3." pg 9

[756] "'The proportion of households that gave consent for interview of SAC ranged from 82.38% in Chanchaga to 95.67% in Ardokola. Chanchaga had the highest proportion of households (HHs) that refused to give consent (4.84%), while Sardauna recorded the lowest (0.43%).'"

[757] "Between 1070 (Wamakko) and 1125 (Silame) households were sampled of which the vast majority (>86% in every evaluation unit) consented to participate'"

[758] "A total of eight thousand two hundred and seventy-four individuals pooled from three thousand five

hundred and fifty households were enrolled for the survey... Total HH sampled: 3,550, Total HH that consented: 3,500, Refused: 15, Absent: 35'"

[759] "The number of households sampled varied across the different EUs this ranged between 926 (Kurmi) and 1138 (Kwande) households of which the vast majority (>61% in every evaluation unit) consented to participate'"

[760] "A total of 11072 households were visited of which 10775 provided consent... 160 absent 137 refused'"

[761] "The person responding to each question was recorded. When a person was not available or sick and could not answer questions, another household member or caregiver answered on their behalf. Primary caregivers assisted on behalf of children aged 5-10 years old, but children were encouraged to respond directly. Sample tablets of the drugs and the packages used during the recent MDA was shown to the household member to assist their recall. Only school age children were asked whether they took either SCH or STH treatment." p.7

"The survey found 59.2% responses were self-provided and 40.8% was by proxy (28.7% were absent and 12.1% were too young to respond by themselves)." p.22

"To mitigate recall bias, LGAs were randomly selected from those that had completed MDA within three months of TCS. Randomization of LGAs was done using Stata, a statistical software." p.6

"Sample tablets of the drugs and the packages used during the recent MDA was shown to the household member to assist their recall." p.7

[762] "When a person was not available or very sick and could not answer questions, another household member or caregiver was able to provide answers on their behalf. Primary caregivers assisted children aged 5-10 years old to provide responses, but children were encouraged to respond directly." p.5

Figure 5, p.11

"Oio MDA was delivered in April and TCS conducted between May and June 2019." p. 3

"Sample tablets of the drugs and the packages used during the recent MDA were shown to the household member to assist their recall." p.5

[763] "Fig 5: Proxy status of survey respondents, Biringui: Proxy - Self: 28.20%; Proxy - Absent: 34.00%; Proxy - Too Young: 37.80%; Nyarambe: Proxy - Self: 57.30%; Proxy - Absent: 15.60%; Proxy - Too Young: 27.10%" p.11

"To validate reported coverages of the 2018 MDA campaign held from December 2018 to February 2019 for schistosomiasis." p.4

"The survey was conducted in June 2019 starting with a three-day training followed by field data collection" p.4

"Sample tablets of the drugs and the packages used during the recent MDA were shown to the household member to assist their recall." p.5

[764] "The campaign effectively took place in September/October 2019 with sensitization and mobilization activities followed by MDA." p. 4

Coverage survey took place between mid January and early February. See p. 6, Table 2

"Recall bias was mitigated by: •Showing samples of praziquantel and mebendazole tablets/boxes to each survey respondent during questionnaire administration; •Guiding respondents on major events that occurred during MDA to enhance their recall of when MDA was delivered. •Participants were recorded as treated when they admitted swallowing the drugs in the presence of a teacher or community distributor." p. 6

"Regarding who responded to the inquiries about treatment, at least 70% of all responses were self-provided with the highest being Djohong (98.82%) and Ngaoundere Urbain (99.21%) health districts in the Adamaoua region and the lowest being Bibemi (14.83%) in the North Region where the majority of respondents were caretakers because of absence of self-respondent." p. 12

[765] "Concerns over response bias were minimal and the likelihood of taking treatment was associated with self-reporting. At least 77% of all responses were self-provided except in Bibemi health district where 83% of responses were given by caretakers" p. 28

[766] "The survey conducted in May 2021 which is within six months post MDA." pg 4

According to the Sightsavers Year 4 Global Report, the MDA was conducted December 2020-January 2021.

"The children that did not remember taking or not taking the drugs and those that declined to response were excluded from the analysis.
pg 9

A total of 9,022 (59%) of the children responded to the interviewer by themselves, 76 (0.5%) declined to be interviewed, while 2,715 (14%) and 3,983 (26%) were too young and absent respectively, as such someone responded on their behalf (Table 5)" pg 10

[767] "In July 2021 the deworming project for SCH and STH supported by Sightsavers and GiveWell was implemented by the Ministry of Health in five health districts namely Fria, Dubréka, Coyah, Matoto and Ratoma." pg 4

"The survey was conducted from 31 October to 5 November 2021 in Fria and from 9 to 14 November 2021 in Matoto." pg 4

""More survey responses in Fria (74.7%) were self-provided compared to Matoto (35.8%), though this differed by district. This could be explained by the fact that the survey was conducted in Fria in the afternoon while children were at home and for Matoto in the morning while children were at school." pg 8

"The survey results also demonstrated that 86% of children were treated in home settings in Fria and 99% in Matoto." pg 3

[768] "Aim
To validate the reported coverages of the SCH/STH MDA campaigns held from 21 June 2021 to 23 July 2021 in Tombali and Farim regions of Guinea Bissau." pg 5

"Timing of survey
The coverage evaluation survey was conducted from 9 to 18 December 2021" pg 6

"When a person was not
available or very sick and could not answer questions, another household member or caregiver answered on their behalf. Primary caregivers assisted on behalf of children aged 5-10 years old, but children were encouraged to respond directly. Sample tablets of the drugs and the packages used during the recent MDA were shown to

the household member to assist their recall." pg 7

Figure 3 show "Survey Respondent Proxy Status by Health Regions" pg 13

[769] "The survey took place in December 2021 and focused on the 2021 MDA, held between June and July." pg 10

"Children who received praziquantel were divided according to the location where the drug was received. Graph 8 summarises the findings." pg 18

"Each participant was encouraged to respond individually, but a household member could respond in place of those unable to communicate, absentees, and children around the age of five. To facilitate understanding and minimize recall bias, questions were asked in local languages, and respondents were shown the packaging of the medicines and samples of the tablets that were given during the MDA." pg 12

"As
shown in Figure 4 below, most of the respondents answered by themselves. This category accounted for more than three-quarters of the respondents for the whole sample.
Figure 4 shows the status of respondents by HZ. " pg 16

[770] The MDA was conducted December 2020-January 2021 and the CES was conducted May-June 2021. (cover page)

"To mitigate recall bias, the survey team ensured that the following was in place:
• Samples of praziquantel and mebendazole tablets and/or boxes were presented to each survey respondent while administering them questionnaire. The survey in the West Region was integrated, with the administration of mectizan tablets.
• Major events that happened in the course of the MDA were used to guide respondents, to help collect accurate information." pg 8

"Primary caregivers answered on behalf of 5-10 years. In order to facilitate recall, samples of the medicines and packaging used in the recent MDA (for both STH/Schisto and Onchocerciasis in the Western Region) were shown to household members that were subjected to the survey." pg 9

"80.6% of individuals responded themselves, with the highest proportions recorded in the health districts of Bamendjou in the West (86.8%), Ambam in the South (87.8%) and Loum in the Littoral (87.2%) and the lowest ones in the health districts of Rey-bouba in the North (38.6%).
12.2% answered on behalf of absentees whereas 7.1% answered on behalf of the younger ones who could not express themselves." pg 15

[771] "The 2021 school deworming MDA was implemented in two phases due to the shortage of praziquantel tablets to support all seven GiveWell regions in Q4 of 2021. The first phase of the campaign was organized in four regions (East, Littoral, South and West) in Nov/Dec 2021 and was completed in March 2022 with regional appraisal meetings in the South and Littoral regions.
The second phase of the campaign was implemented in the three northern regions (Adamaoua, Far North and North) from February to May 2022. Following the change in the implementation plan, the coverage evaluation survey was implemented in two phases. Phase one in the first four regions in May 2022 and the second phase in the northern regions in July 2022." pg 3

"Samples of praziquantel and mebendazole tablets/boxes were shown to each survey respondent during questionnaire administration...Major events that occurred during MDA such as

use of dose pole to measure heights
was used to guide respondents, while permitting collection of accurate information
The survey team conducted the interviews in the afternoon when the school-age
children had returned from school (from 1pm). " pg 7

"79.3% of individuals responded themselves, with the highest proportions
recorded in the health districts of Ngaundere urbain (94,90%) in Adamaoua and
Malantouen (94,52%) in the West and the lowest one in the health district of Bibemi
(46,52%) in the North (46,52%). 12% answered on behalf of absentees whereas 8.3%
answered on behalf of the younger ones who could not express themselves." pg 18

[772] The MDA was conducted in February 2022 and the CES was conducted in August-September 2022,
pg 1.

"When a person is unavailable or very ill and cannot
answer the questions, another member of the household answered in their place. Older parents help
children aged 5-10 years, but children were always encouraged to answer directly. Sample tablets of the
medicines and packaging used in the recent MDA (both STH/Schisto and Oncho/LF) are shown to the
household member to facilitate their recall." pg 4

Self response rates were reported in Sightsavers, email to GiveWell, November 2022 (unpublished).

[773] "PZQ tablets were distributed in December 2021...Onchocerciasis, LF and STH treatments were
conducted
in March 2022 using the community-based approach."

"Following the
training, the team commenced field data collection in Lokoja and proceeded to Kogi and Adavi
LGAs in that order between 5 – 18 June 2022." pg 4

"Where possible, the eligible individual was asked directly if they participated in the MDA
campaign and if they swallowed the drug. When that person is not available, another household
member or caregiver answered on his or her behalf, but this was recorded on the questionnaire
as this can potentially introduce errors due to recall and response bias. Primary caregivers
responded on behalf of persons who were not able to respond. A picture of all the drugs and the
packages used during the recent MDA were shown to the household member to assist their
recall." pg 5

"The total number of participants including under five years old that responded Themselves,
Absent and Too young for the IUs were 7624 (73%), 1480 (14%) and 1354 (13%) for Adavi,
7065 (73%), 986 (10%) and 1658 (17%0 and 3780 (66%), 1092 (19%) and 887 (15%) (Table
7)." pg 10

[774] "PZQ tablets were distributed in December 2021 for
the treatment of schistosomiasis ..." pg 3

"To validate reported coverage(s) of the March 2022 MDA campaign for SCH and STH in Lola
and Yomou HDs." pg 5

"The survey was conducted in Yomou (PZQ only) on 22nd August to 27th August 2022 and Lola
(PZQ and ALB) on 28 August to 2
nd September 2022." pg 5

"When a person is not available or very
sick and cannot answer questions, another household member or caregiver answered on their

behalf. Primary caregivers assisted on behalf of children aged 5-10 years old, but children were encouraged to respond directly. In case of absence or refusals of the household member, the household was not replaced." pg 6

"Sample tablets of the drugs and the packages used during the recent MDA were shown to the household members to assist their recall." pg 6

[775] "'The last MDA was in October/November 2022 in Kano, November 2022 in Niger State and August to November 2022 in Taraba state. The survey began on 14th April 2023...A picture of praziquantel and the package used during the recent MDA was shown to the child/household member to assist their recall.'"

[776] "The survey commenced on the 5th of September 2023... 45% of children were responding themselves with the remainder having a parent or guardian responding on their behalf... A picture of praziquantel and the package used during the recent MDA was shown to the child/household member to assist their recall.'"

[777] "The MDA for the States were conducted as follows: Kebbi – November 2022 and Kwara – October/November 2022. The training of the survey team was held for... February 2023... Majority of the respondents answered the survey questions by themselves across all LGAs with Aliero (72.6%) and Irepodun (70.54%) recording the highest proportions'"

[778] "30.9% to 43.9% of children were responding themselves with the remainder having a parent or guardian respond on their behalf... The survey commenced on the 19th of October 2023... A picture of praziquantel and the package used during the recent MDA was shown to the child/household member to assist their recall.'"

[779] "Approximately three quarters (n=15551 74.4% 95%CI 73.8–75.0) were self-respondents... The coverage evaluation survey was conducted from 12 June to 08 July 2023... Samples of praziquantel tablets/boxes were shown to each survey respondent during questionnaire administration'"

[780] Appendix 1: Questionnaire, pp 20-23

[781] See pg 19-22

[782] "'The Commcare android-based mobile data collection platform was used for recording and uploading data collected in the field. The survey questionnaire was designed to collect information from villages, households, and individuals.'"

[783] "The Commcare android-based mobile data collection platform was used for recording and uploading data collected in the field. The survey questionnaire was designed to collect information from community household and individuals.'"

[784] "The Commcare android-based mobile data collection platform was used for recording and uploading data collected in the field. The survey questionnaire was designed to collect information from villages, households, and individuals.'"

[785] "The Commcare android-based mobile data collection platform was used for recording and uploading data collected in the field. The survey questionnaire was designed to collect information from community household and individuals.'"

[786] "Each province had two days of theoretical training and one day of field practice. Pre post-test and direct observation were used to select the 30 enumerators retained for the survey.'"

[787] "Ten enumerators with one supervisor constituted a state team. The representatives

from State and LGAs Ministry of health did not partake in the survey, rather they were available as observers. For quality control purposes, there was a designated survey coordinator (consultant) with the overall responsibility for the conduct of the enumerators and team supervisors and each state was assigned a supervisor. The supervisors and consultant spent time in the communities with each team to ensure the quality of the data being collected was standard." pg 7

[788] "It is unclear if the reported survey coverage in Matoto was a reflection of the true MDA coverage, or related to an issue with the survey implementation, or a reflection of both. As a result of this finding, it is recommended that stronger support supervision of the survey teams be in place for future surveys and the timing of the survey be implemented within 2 months of the MDA campaign with stronger efforts to directly ask children the survey questionnaire. " pg 3

[789] "Each team was made up of two surveyors working in pairs each with one phone. Local guides supported the teams in finding villages and work with village leaders to conduct segmentation. Two (2) team supervisors – 1 male and 1 female were selected from the surveyors and they supervised each health region team." pg 9

[790] "For quality control purposes, a survey coordinator was appointed with global responsibility of the survey and the team of supervisors. Two national and two provincial supervisors were mobilized for each coordination." pg 11

[791] "For quality control purposes, a survey coordinator was appointed with global responsibility of the survey and the team of supervisors. Two national and two provincial supervisors were mobilized for each coordination." pg 11

[792] "For quality control, two consultants were recruited to facilitate the survey in collaboration with the national program and the OPC. In each province, there is a national supervisor and a provincial supervisor, with overall responsibility for supervising the interviewers. As the survey was done on the basis of the COMMCARE application, remote supervision was facilitated through the database. However, it should be noted that despite the three days of training, it was difficult for the interviewers to master the use of the telephone. This may partially explain the discrepancy between the data entered on the smartphone and those on the solid media." pg 5-6

[793] ""Interviewers were independent persons that had not been involved in any previous activities related to the NTD programme, specifically the MDA, to ensure that they remain unbiased. The teams consisted of local guides identified from the community, supervisors and 15 enumerators who worked in one LGA per time.
Two consultants were engaged and coordinated field activities, working closely with the State NTD and LGA coordinators to oversee and support the team during field activities." pg 7

[794] "For quality control purposes, there was a designated survey coordinator from the prefectural health directorate, with overall responsibility for the conduct of the surveyors and team supervisors. The ground supervision was conducted by Sightsavers and health district staff in each EU. They were also responsible for remote supervision using the dashboard. The issues identified during the supervision were notified to the survey team to rectify." pg 8

[795] "'Remote monitoring of the dashboard was done using power BI with the support of the Sightsavers technical team and MEL Manager. This was used to check for completeness of number of households visited, tracking of sample size and coordinates of the locations visited per village and enumerator.'"

[796] "Remote supervision was done with the aid of the dashboard where anomalies identified were flagged with the consultants and supervisors and sorted out immediately.'"

[797] "Remote monitoring of the dashboard was done using power BI... Each team had a supervisor who spent time in the communities with each team to ensure the quality of the data being collected. They also

participated in interviews... Some of the issues identified includes – not reaching the number of households required for each village, this was immediately followed up'"

[798] "Remote supervision was done with the aid of the dashboard where anomalies identified were flagged with the consultant and supervisors and sorted out immediately. Issues of insecurity and inaccessibility were flagged and these led to changes in some of the communities.'"

[799] "National level supervisors from MoH and OPC were designated to each region to provide oversight of quality assurance of the survey co-ordination and troubleshooting. This was further supported by virtual support supervision of the survey teams by Sightsavers global support staff who monitored data collected and survey team movements in the Metabase online dashboard.'"

[800] "The study team was selected from individuals who were not involved in the MDA campaign." p.8

[801] "The study team was selected from individuals who were not part of the MDA campaign." p.7

[802] "The study team was selected from individuals who were not part of the MDA campaign."p.7

[803] "The survey was eventually conducted by 100 surveyors (20 surveyors for each region and 10 per health district), working in pairs." p. 6

[804] "The survey team members were selected from individuals who were not involved in the MDA campaign." pg 7

[805] "The criteria to select study teams was based on individuals who were not involved in the mass drugs administration campaign." pg 9

[806] "The staff of the survey teams was selected from people who had not participated in the MDA campaign. For each of the Coordination, 2 teams of 10 interviewers each were formed, with one team of 5 pairs per HZ. The teams referred to local guides to help them find selected villages and carry out the segmentation.
For quality control purposes, a survey coordinator was appointed with global responsibility of the survey and the team of supervisors. Two national and two provincial supervisors were mobilized for each coordination. " pg 11

[807] "Five teams (two people each) worked in each health district. The study teams included individuals who had not been involved in the MDA campaign. National level supervisors from MoH and Sightsavers were designated to each region, to provide oversight of quality assurance of the survey, co-ordination, and troubleshooting. This was further supported by virtual support supervision of the survey teams by Sightsavers global support staff, who monitored data collected and survey team movements." pg 9

[808] "Study teams are selected from people who did not participate in the MDA campaign. Five teams are formed per health district. Each team consists of two interviewers working in pairs, each with a telephone and a solid form. The teams hire local field guides to help them find villages and work with village leaders to carry out segmentation." pg 5

[809] "Interviewers were independent persons that had not been involved in any previous activities related to the NTD programme, specifically the MDA, to ensure that they remain unbiased. The teams consisted of local guides identified from the community, supervisors and 15 enumerators who worked in one LGA per time.
Two consultants were engaged and coordinated field activities, working closely with the State NTD and LGA coordinators to oversee and support the team during field activities." pg 7

[810] "The survey teams were selected from individuals who were not involved in the MDA campaign. Six teams were constituted for the survey per health district. Each team was made up of two surveyors working in pairs each with one phone." pg 7-8

"For quality control purposes, there was a designated survey coordinator from the prefectural health directorate, with overall responsibility for the conduct of the surveyors and team supervisors. The ground supervision was conducted by Sightsavers and health district staff in each EU. They were also responsible for remote supervision using the dashboard. The issues identified during the supervision were notified to the survey team to rectify." pg 8

[811] "'Data collectors were independent persons that had not been involved in any previous activities related to the NTD programme, specifically the MDA, to ensure that they remained unbiased.'"

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[814] "Data collectors were independent persons that had not been involved in any previous activities related to the NTD programme specifically the MDA to ensure that they remained unbiased.'"

[815] "The study teams included individuals who had not been involved in the MDA campaign. National level supervisors from MoH and OPC were designated to each region'"

[816] "Experienced electronic data collectors were prioritized over new ones for accuracy and timeliness as regards survey duration. Consideration was given to age restriction of survey team, a cut off age of 60 years was adopted because of age vulnerability to COVID-19; persons with pre-existing health conditions were excluded from the team. Data collectors were trained on the rationale of the coverage survey, sampling methodology and logistics, ethics, and guidelines of conducting a survey in the community, filling in the questionnaire using mobile phones, interview techniques, electronic data collection and adherence to Covid-19 mitigations." pg 8

[817] "In order to equip the interviewers properly, a three-day training, including two theoretical days and one practical day in the field, was given to them before the deployment. In total, 24 interviewers were trained, including 12 in each district." pg 4

[818] "Based on the MoH's experience in conducting CES's in the past, the training was conducted for two days including practical sessions. All the team members received training on the rationale of the coverage survey, overview of SCH/STH, the methodology to be used, community segmentation process, surveyors' behaviour during data collection, filling in the questionnaire using mobile phones, quality control of the survey and ethics and guidelines of conducting community-based surveys." pg 10

[819] "The data collection was preceded by a 3-day training of the surveyors for anyone involved in the activity." pg 12

"Team members were trained on: the purpose of the coverage survey, methodology, filling in the questionnaire using mobile phones, survey quality control, and ethics/guidelines for conducting community surveys." pg 13

[820] "Each region benefited from a three-day session, two days being devoted to the theoretical training of the interviewers and one to the practical phase in the field." pg 8

"It was necessary to train all team members on the rationale for the coverage survey, the methodology to be used, filling in the questionnaire using mobile phones, quality control of the

survey, ethics, and guidelines for conducting a survey in a community. Enough time had to be given to train team members on the methodology related to this survey, in particular the use of the segment method to select households and on how to record." pg 10-11

[821] "Each region had two training days for surveyors." pg 5

"It was necessary to train all team members on the rationale for the coverage survey, the methodology to be used, filling in the questionnaire using mobile phones, quality control of the survey, ethics, and guidelines for conducting a survey in the community. Sufficient time had to be given to train the team members on the methodology related to this survey, in particular the use of the segmentation method to select households. Sightsavers ensured that protection against Covid19 were in place during these trainings." pg 10

[822] "The activities started with a training of trainers session for staff of the Ministry of Public Health and the
OPC at central level from 29 to 31 August 2022. The 3-day field team training took place in each province. Field data collection lasts 7 days per province." pg 4

"The training of team members focuses on the objectives of the coverage survey, methodology, filling in the questionnaire using mobile phones, quality control of the survey and ethics/guidelines for conducting community surveys, followed by a mock field deployment to test understanding.
This pilot survey is conducted outside the villages/communities chosen for the evaluation." pg 6

[823] "The survey began with a two-day training held in Lokoja on from 3- 4 June 2022." pg 4

"All team members were trained by consultants on the rationale for the coverage survey, the methodology, eliciting responses using the questionnaire deployed on the mobile phones, quality control of the survey and ethics and guidelines of conducting a survey in the community. �
This was to enhance skills and learning of participants at different levels. Adequate time was given to training on methodology especially use of segmentation method to select households. A session on safeguarding was given by the Sightsavers safeguarding lead to ensure enumerators conducted themselves appropriately in the field." pg 8-9

[824] "Prior to roll out training of surveyors was centrally held in both districts for three days during which a day was set aside for field exercise." pg 5

"It has been necessary to train all team members on the rationale of the coverage survey, the methodology, filling in the questionnaire using mobile phones, quality control of the survey and ethics and guidelines of conducting a survey in the community. Adequate time was allocated to train the team members on the survey methodology especially use of segment method to select households. Teams had a day in the training for a practical run through of the sampling and test data entry of the phones in a nearby village, followed by a feedback and problem-shooting discussion before the roll out proper." pg 8

[825] "Prior to roll out training of surveyors was centrally held in both districts for three days during which a day was set aside for field exercise." pg 5

"It has been necessary to train all team members on the rationale of the coverage survey, the methodology, filling in the questionnaire using mobile phones, quality control of the survey and ethics and guidelines of conducting a survey in the community. Adequate time was allocated to train the team members on the survey methodology especially use of segment method to select households. Teams had a day in the training for a practical run through of the sampling and test data entry of the phones in a nearby village, followed by a feedback and problem-shooting

discussion before the roll out proper." pg 8

[826] "Pre post-test and direct observation were used to select the 30 enumerators retained for the survey.'"

[827] "It was necessary to train all team members on the rationale of the coverage survey, the methodology, filling in the questionnaire using mobile phones, quality control of the survey and ethics and guidelines of conducting a survey in the community.
All enumerators and supervisors attended a training organized by Sightsavers. Topics covered included the following: purpose of the survey, sampling methodology, ethical considerations, questionnaire administration and safeguarding." p.9

[828] "The survey was conducted between May 24th and June 2nd, 2019 starting with a three-day training followed by field data collection" p.4

[829] "The survey was conducted in June 2019 starting with a three-day training followed by field data collection. Data collection took place for 7 days." p.4

[830] "Training of surveyors and regional supervisors took place at the Regional Delegations of Public Health inthe fiveregions (Adamaoua, East, Far North, North and West) and was facilitated by both Sightsavers-CCO and MOH staff. The trainings lasted for three days from January 16th–18th 2020, for the first three regions (East, Far North and West) and January 28th–30th 2020 in the two remaining regions (Adamaoua and North). These trainings were followed immediately by field data collection that was concluded on February 7th, 2020 as shown in table 2 below. One hundred and twenty five (125) surveyors were trained for a period of 3 days but twenty five were eliminated because they fell short of meeting the training expectations after failing the screening interview and pre-test at the close of day one of the training." p. 6

[831] "The training of team members focuses on the objectives of the coverage survey, methodology, filling in
the questionnaire using mobile phones, quality control of the survey and ethics/guidelines for conducting community surveys, followed by a mock field deployment to test understanding.
This pilot survey is conducted outside the villages/communities chosen for the evaluation." pg 6

[832] "Teams had a day in the training for a practical run through of the sampling and test
data entry of the phones in a nearby village, followed by a feedback and problem-shooting
discussion before the roll out proper." pg 8

[833] "'All team members were trained by consultants with support from FMOH/Sightsavers' Technical Team. The training module included the rationale for the coverage survey, the methodology, eliciting responses using the questionnaire deployed on the mobile phones, quality control of the survey, ethics, and guidelines'"

[834] "Training was centrally conducted for all data enumerators at the Sightsavers' Kaduna State office and it lasted for two days. Training was focused on explaining the rationale for the coverage survey the methodology review of the questionnaire and its appropriate administration'"

[835] "'All team members were trained by consultants with support from FMOH/Sightsavers' Technical Team. The training module included the rationale for the coverage survey, the methodology, eliciting responses using the questionnaire... Adequate time was given to training on methodology especially the use of segmentation method'"

[836] "Training was centrally conducted for all data enumerators at the Sightsavers' Kaduna State office and it lasted for two days. Training was focused on explaining the rationale for the coverage survey the methodology review of the questionnaire and its appropriate administration'"

[837] "Each province had two days of theoretical training and one day of field practice. Pre post-test and

direct observation were used to select the 30 enumerators retained for the survey.'"

[838] "A questionnaire form was completed for each household selected. The questionnaires were administered on Android phones using the CommCare survey application. Data from the app was automatically uploaded into the CommCare system. The de-identified data was downloaded and shared with the consultant for cleaning and analysis." p.9

[839] "A questionnaire form was completed for each household selected and administered on Android phones using the CommCare survey platform. The platform was automatically uploaded into the CommCare system. The data downloaded by Sightsavers, cleaned and analyzed." p.8

[840] "A questionnaire form was completed for each household selected and administered on Android phones using the CommCare survey platform. The platform was automatically uploaded into the CommCare system. The data downloaded by Sightsavers, cleaned and analyzed" p.7

[841] "English or French questionnaire forms were completed for each household selected and administered on Android phones using the CommCare survey platform depending on which language the household was comfortable with. Data was downloaded by Sightsavers, cleaned and analyzed." p. 7

"Intermittent telephone network coverage in most of the rural communities sampled. Network coverage was a challenge as some communities in Betare-Oya (East), Djohong (Adamaoua), Touboro (North) and Hina (Far North) had very limited network coverage. In some instances, the CommCare application could not be launched because of the absence of internet. Teams had to locate network coverage before launching the application and ensured they synchronization was done once they were within network coverage." p. 29-30

[842] "The questionnaires were configured on Android phones and the data collected electronically on the phones using the CommCare survey platform. The data was downloaded by Sightsavers, and a cleaned de-identified data report was shared with the consultant for further analysis." pg 7

[843] "A questionnaire (in the appendix) was uploaded onto the Commcare survey software application and administered to each household in French or appropriate local language. Mobile phones were used to capture the responses for various questions responses in the questionnaire. A total of 24 surveyors collected data, working in pairs. " pg 5

[844] "The questionnaires were administered on Android phones using the CommCare survey platform. The platform was automatically uploaded into the CommCare system. A consultant was contracted by Sightsavers who downloaded, cleaned and analysed the data." pp 9-10

[845] "The data was collected on smartphones using the CommCare application and uploaded automatically to a central server at the end of each day." pg 12

[846] "The questionnaires were administered on Android phones using the CommCare survey platform for both the quantitative and qualitative data collected. The platform was automatically uploaded into the CommCare system. The data was downloaded by Sightsavers, cleaned, and analysed. " pg 10

Sightsavers told us via email of data loss in one district while trying to upload the data to the server.

[847] "The responses to the questions were recorded using the CommCare app installed in the smartphones." pg 7

[848] "The questionnaires are administered on
Android phones using the CommCare survey platform. The platform is automatically uploaded into the
CommCare system. The data is downloaded by Sightsavers, cleaned, and analysed." pg 6

[849] "Commcare android-based mobile data collection platform was used for recording and uploading
every data collected in the field. The survey questionnaire was designed to collect information
from village, households, and individuals. Each individual information was linked to its
corresponding household using unique ID's and coordinates for each household data collected.
At the end of the field data collection, data cleaning and analysis was carried out after
downloading from the data collection platform." pg 7

[850] "The questionnaires were administered on Android phones using the CommCare survey
platform. The platform was automatically uploaded into the CommCare system. The data was
downloaded by Sightsavers, cleaned, and analyzed." pg 8

"In Lola district, 979 eligible children aged 5-14 years were sampled from 509 households during
the survey while in Yomou 1231 individuals aged from 5-14 years from 508 households were
included in the survey, Table 3." pg 9

[851] "'Enumerators were trained on how to use the mobile phones to collect and upload all data collected
for each day while coordinator and Sightsavers technical team monitored data online to check for errors
and any possible correction made.'"

[852] "Enumerators used mobile phones to collect and upload data daily while Sightsavers technical team
monitored data online to check for errors and provide feedback to the teams.'"

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for each day while coordinator and Sightsavers technical team monitored data online to check for errors
and any possible correction made.'"

[854] "Enumerators used mobile phones to collect and upload data daily while Sightsavers technical team
monitored data online to check for errors and provide real-time feedback to the teams.'"

[855] "Data was collected for a period of 6-12 days using smartphones... Enumerators used mobile phones
to collect and upload data daily while Sightsavers technical team monitored data online to check for errors
and provide real-time feedback to the teams.'"

[856] "'The Commcare android-based mobile data collection platform was used for recording and uploading
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[861] 80% coverage appears to be the target for Ivermectin (Mectizan) distributions and Zithromax
distributions in Sightsavers supported MDA programs in South Sudan and Malawi, respectively:

"The study show that the Mectizan treatment coverage in Western Equatoria State (43.3%) is below the

threshold (80%) needed to interrupt transmission (WHO/APOC, 2010)." Sightsavers South Sudan coverage survey 2015, pg 14

"For Mass Drug administration(MDA), whereas it is recommended that at-least 85% coverage in a district is the optimal figure that needs to be reached for an MDA to be consider successful, standard trachoma drug coverage surveys only require 80%, as the cut off line to determine whether MDA was adequately done." Sightsavers Malawi coverage survey 2015, pg 1.

We are uncertain whether the 80% coverage target is used for all Sightsavers-supported MDA programs, but think it is a reasonable cutoff for assessing whether a program was generally successful or not.

[862] We are uncertain whether this figure refers to coverage rates among surveyed individuals eligible for treatment, or among all surveyed individuals.

"This evaluation covers (1) 1,599 persons of which 1,441 were eligible for ivermectin treatment in 300 households in Benin, and (2) 1,694 persons of which 1,433 were eligible for ivermectin treatment in 300 households in Togo. The results of this independent evaluation enabled the estimation of the treatment coverage rate of ivermectin to be 40% for the district of Abomey and 78.9% for the district of Sotouboua, with a confidence interval of 95% that is between 37.6% to 42.5% for the district of Abomey, and 76.8% to 80.8% for the district of Sotouboua." Pg 8.

[863] We are uncertain whether this figure refers to coverage rates among surveyed individuals eligible for treatment, or among all surveyed individuals.

"For albendazole, during the last treatment, the coverage rate was 40.1% for the district of Abomey with a confidence interval of 95% that is between 37.7% to 42.5%." Pg 8.

[864] We are uncertain whether this figure refers to coverage rates among surveyed individuals eligible for treatment, or coverage among all surveyed individuals.

"This evaluation covers (1) 1,599 persons of which 1,441 were eligible for ivermectin treatment in 300 households in Benin, and (2) 1,694 persons of which 1,433 were eligible for ivermectin treatment in 300 households in Togo. The results of this independent evaluation enabled the estimation of the treatment coverage rate of ivermectin to be 40% for the district of Abomey and 78.9% for the district of Sotouboua, with a confidence interval of 95% that is between 37.6% to 42.5% for the district of Abomey, and 76.8% to 80.8% for the district of Sotouboua." Pg 8.

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[869] We are uncertain whether this figure refers to coverage rates among surveyed individuals eligible for treatment, or coverage among all surveyed individuals.

[870] We are uncertain whether this figure refers to coverage rates among surveyed individuals eligible for treatment, or coverage among all surveyed individuals.

[871] "From table 7, it is observed that the overall treatment coverage was 68.4% of the children eligible for

treatment (ie ages 5-15 years) were treated. When data was analysed by LGA, Shinkafi and Bungudu LGAs recorded 88.4% and 54.7% respectively (Table 7)" (Pg 20).

Note that if some ineligible children were treated, the reported treatment coverage would be an overestimate.

[872] "When specific patterns between Bungudu and Shinkafi LGAs was taken into consideration, a higher proportion (90.2%) of the eligible population in Shinkafi LGA swallowed the drugs. Out of the 16 clusters visited in the LGA, 9 clusters (Kware, Kayaye, Kuursasa, Sabon Gari, Shiyar Dangaladima, Shiyar Mazai, Saulawa, Tabbani and Tungar Kado) recorded therapeutic coverages ranging from 75.6% to 95.8% (Figure 1); therefore attaining the minimum APOC minimum threshold of 75%. In Bungudu LGA where only 58.7% had received treatment as against WHO/APOC threshold standard of 75%, treatment coverage ranged from as low as 1.8% in Yar 15 Labe to 98.6% in Hommawa community (Figure 2)." Pgs. 14-15.

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[877] "Zithromax in its varied forms was only distributed in Shinkafi through MDA because trachoma as earlier mentioned is not an endemic disease in Bungudu LGA. 77% of the respondents in Shinkafi reported that they swallowed the drugs (Table 9)." Pg. 22.

We are uncertain whether this figure refers to coverage rates among surveyed individuals eligible for treatment, or among all surveyed individuals.

[878] Table 2: Drug coverage, Pg. 4.

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[880] Table 2: Drug coverage, Pg. 4.

[881] Table 2: Drug coverage, Pg. 4.

[882] Table 2: Drug coverage, Pg. 4.

[883] Table 2: Drug coverage, Pg. 4.

[884] Note: The coverage survey document refers inconsistently to whether a coverage survey took place in Lilongwe West or Lilongwe East. Based on the number times each claim is made in the document, we believe that the coverage survey took place in Lilongwe West, despite the claim in bold on page 1 that a coverage survey did not take place there.

[885] Table 2: Drug coverage, Pg. 4.

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[888] We are not fully certain of the length of time between the MDA and the survey in this case, but Sightsavers told us that it generally is between 4 and 8 weeks.

"In order to avoid recall bias among participants, all of Sightsavers' coverage
surveys are conducted within 4-8 weeks after the MDA." Notes from a site visit to Sightsavers' program in Accra, Ghana, August 14, 2016. Pg. 6.

Source: http://files.givewell.org/files/conversations/Sightsavers_Ghana_site_visit_notes_08-14-16_(public).pdf

[889] The report does not discuss how Abomey district was chosen in Benin.

"On the basis of this manual, Sightsavers in collaboration with MURAZ Centre conducted an independent evaluation to assess the ivermectin treatment coverage and populations' attitudes, knowledge and practices related to
onchocerciasis CDTI projects in the health districts of Abomey (Benin) and Sotouboua (Togo). This independent evaluation also assessed the albendazole treatment coverage rate in Abomey district." Pg 12.

[890] "Initially, 30 villages were selected through proportional probability sampling to the size of each village treated in the intervention zones of the CDTI projects of Benin and Togo." Pg 14.

[891] "For the second time, in each of 30 villages selected, after exhaustive listing of all the concessions habited, 10 concessions were selected systematically using systematic equal probability. Ultimately, in each concession selected, one household is selected through a draw after registering all households in a concession. In each household selected all the eligible people were surveyed face to face for the estimation of therapeutic coverage." Pg 14.

Our best guess is that "concession" in this context refers to an administrative unit smaller than a village and larger than a household (possibly similar to a compound).

[892] No data auditing or review procedures described in the report.

[893] "In the final coverage calculations, participants who do not know whether or not they took the treatment are considered as not having taken it." GiveWell's notes from its 2016 site visit to Ghana. Pg. 7.

Source: http://files.givewell.org/files/conversations/Sightsavers_Ghana_site_visit_notes_08-14-16_(public).pdf

[894] No verification questions in the survey questions on pg 35.

[895] We are not fully certain of the length of time between the MDA and the survey in this case, but Sightsavers told us that it generally is between 4 and 8 weeks.

"In order to avoid recall bias among participants, all of Sightsavers' coverage
surveys are conducted within 4-8 weeks after the MDA." Notes from a site visit to Sightsavers' program in Accra, Ghana, August 14, 2016. Pg. 6.

Source: http://files.givewell.org/files/conversations/Sightsavers_Ghana_site_visit_notes_08-14-16_(public).pdf

[896] The report does not discuss how Sotouboua district was chosen in Togo.

"On the basis of this manual, Sightsavers in collaboration with MURAZ Centre conducted an independent evaluation to assess the ivermectin treatment coverage and populations' attitudes, knowledge and practices related to
onchocerciasis CDTI projects in the health districts of Abomey (Benin) and Sotouboua (Togo). This independent evaluation also assessed the albendazole treatment coverage rate in Abomey district." Pg 12.

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Our best guess is that "concession" in this context refers to an administrative unit smaller than a village and larger than a household (possibly similar to a compound).

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http://files.givewell.org/files/conversations/Sightsavers_Ghana_site_visit_notes_08-14-16_(public).pdf

[901] No verification questions in the survey questions on pg 35.

[902] "Technical preparation, data collection / analysis and report writing were carried out from December 10th 2015 to January 31th, 2016) according to the chronogram." Pg 11

The report does not state when the MDA occurred.

[903] "The primary clusters (the health district) were purposely selected taking in to account the therapeutic coverage." Pg 11.

We are not sure how to interpret this.

[904] "The second and the third cluster (community and the household) were determined following calculation of sample size through the probability proportional to size method." Pg 11.

[905] "The second and the third cluster (community and the household) were determined following calculation of sample size through the probability proportional to size method." Pg 11.

We are uncertain how proportional probability sampling would have been used at the household level, unless data on the numbers of members in each household was available.

[906] No data audits or supervision reported.

[907] "Don't know" not listed as an option on survey question sheet; unclear how surveyors would record a "don't know" answer. Pg 87.

[908] "Received the drugs in recent MDA round (show tablets)?" Pg 87. Unclear if the respondent had to correctly identify the tablets in order to be recorded as "Yes."

[909] "The broad aim of the survey was to validate the reported coverage of recent MDA campaigns (2014) for Onchocerciasis, Lymphatic Filariasis (LF), Schistosomiasis, Soil-transmitted Helminths (STH) and Trachoma in Zamfara State." Pg. 7.

[910] "The drug supplies were received in April 2014 and actual distribution of the drugs commenced in July 2014 in a staggered manner to avoid cross reaction between drugs. The last set of drugs that was distributed was in September; with Zithromax. Two weeks after the distribution of the last set of drugs, the Sightsavers International-lead partner of the UNITED consortium in collaboration with Zamfara State Ministry of Health initiated conducted a post MDA coverage survey principally to validate the reported coverage. This activity which took place from 15 th to 30th October 2014 was sponsored by the UNITED consortium." Pg 4.

[911] "The survey was conducted in Bungudu and Shinkafi Local Government areas (LGAs). These LGAs were purposefully selected because the available post MDA records showed all the MDA drugs (Mectizan, Albendazole, Praziquantel and Zithromax) are distributed in Shinkafi LGAs while Bungudu LGA which is endemic for onchocerciasis, lymphatic filariasis and schistosomiasis had Mectizan, Albendazole, and Praziquantel drug distributions." Pg 8

[912] "The sampling frame for the survey was all communities in the LGA, therefore all the communities in the LGA were listed in no particular order. Selection was according to probability proportional to size (PPS), as outlined in Annex 2. It is to state that 2 communities had to be replaced due to insecurity." Pg 10.

[913] "The households were approximately marked on the sketch and then divided into four segments. Each segment was given a number and two segments randomly picked through balloting. Balloting was done by the community leader order to explain the basis of selection of households to avoid misinterpretation of the team's selective approach in administration of the questionnaires. In each of the selected segment, seven households were randomly visited using the 'Spin the bottle method 'and surveyed; giving a total of 14 households per cluster." Pg 11.

[914] "One questionnaire form was completed for each household selected and as soon as data were collected in the field, they were vetted by team supervisors. Enumerators did not code responses but rather wrote responses in full to avoid errors. Team supervisors subsequently coded data for entry into a predesigned database in SPSS version 16. Data entry was done by three data clerks." Pg 12

[915] For trachoma, 2.8% of respondents said they "don't know" whether they received treatment. Table 9, Pg. 22.

For onchocerciasis and lymphatic filariasis, no respondents said they "don't know" whether they received treatment. Table 6, Pg 20. This raises the possibility of a methodological issue in the survey implementation. For example, it is possible that the surveyors asked questions in a way that generated "Yes" or "No" answers (even when the respondent may have been uncertain) or did not properly record answers that were uncertain.

It is unclear what percentage of respondents, if any, responded that they "don't know" whether they

received treatment for schistosomiasis.

[916] Unclear if the respondent had to correctly identify the tablets in order to be recorded as "Yes."

"Therefore, the period between the survey and the distribution of
the first set of drugs (for Onchocerciasis and Lymphatic Filariasis) was about
3 months, which was significantly longer than for Trachoma. The implications this might have on
recall was an important consideration and so, in order to reduce errors introduced through recall
bias, the survey team ensured drug samples (and the packaging of the drugs were given in
packages) of the different drugs distributed were shown to each respondent during discussions. All
individuals listed in the household were asked about each drug in question. If they are not eligible
this was recorded on the questionnaire sheet either as not eligible or in cases where the intervention
was not applicable (e.g Praziquantel was only administered to school) to the individual it was
recorded as not applicable." Pg 11

[917] "Where possible the eligible individuals were asked if they swallowed the drug and the person was not
available, another household member or caregiver gave information on their behalf. Primary caregivers
responded on behalf of children aged 1-10 years old, except where drugs were given in a school based
distribution. In this case the children themselves were asked if they received the drugs at school." Pg 11.

[918] "The MDA took place between October and November 2015 in all the districts.... Blantyre Institute
for Community Ophthalmology (BICO) conducted coverage surveys in these 8 districts from 10th
November to 18th December 2015, done at least two weeks after MOH declared the 2015 MDA exercise
over and reported its coverages," Pg 1.

[919] Possibly districts that were implementing a trachoma MDA for the first time, with the addition of one
other district.
"Coverage surveys were conducted between November and December 2015 in 9 of the 13 districts
(Nsanje, Zomba, Machinga, Mwanza, Neno, Ntcheu, Lilongwe East, Dowa and Ntchisi) that implemented
MDA in 2015.... The surveys took place in Zomba, Machinga, Ntcheu, Mwanza, Neno, Ntchisi, Lilongwe
West ad Dowa districts which all had a TF prevalence of between 5.0 and 9.9% and needed one
round of MDA.Underthis arrangement, it is desirable that districts achieve a higher coverage of
at least 80%. Nsanje was added even though it was implementing MDA for the third year." Pg 1.

[920] "30 clusters (villages) were sampled randomly in each of the 8 districts," Pg 2.

[921] "The clusters were then segmented depending on the number of households in a cluster. The
segments were made in such a way that there were at least 50 households in each segment
which would allow at least 7 households being surveyed in a segment. In each cluster a single
segment was surveyed with a house ratio of 1:7," Pg 2.

[922] "An MOH representative and a Sightsavers representative was available as supervisors
throughout the survey period," Pg 3. It is unclear what role supervisors played.

[923] Participants were asked "Did you take the drug?", "Which drug?", and "How much?", Pg 3. We are
unsure how the second question was asked and how, if at all, the results were used to inform coverage
rates.

[924] Year 1 runs from January 2017 to March 2018 and Year 2 from April 2018 to March 2019.

[925] "Due to the security situation in Benue, we have not been able to access the Year 1 MDA locations.
We prefer not to run a TCS more than 3 months after MDA as there is an increased chance of poor recall
and confusion. Therefore, we have decided not to run the Year 1 TCS in Benue." Email from Amanda
Jordan, Sightsavers Trusts Manager, July 20, 2018.

[926] There was no coverage survey because GiveWell-directed funds were not used for mass drug

administration. "The [GiveWell-funded Cameroon] project has three key outcomes:
1) To complete sub-district level population-based SCH/STH prevalence surveys
2) To develop a Behaviour Change Communications (BCC) plan and evaluation strategy based on the use of environmental cues ('nudges') which engage unconscious decision-making processes to prompt behavior change (see recent research of Dreibelbis et al. 2015).
3) To train field actors (health professionals, community members) and teachers to undertake BCC activities in schools and communities where the prevalence of schistosomiasis or STH is determined to still be >50%* after five effective rounds of MDA (>75% coverage of school-aged children)."

https://www.givewell.org/files/DWDA%
202009/Sightsavers/Sightsavers_Givewell_2017_questions_answers.xlsx, Sheet "Cameroon project," Cell C6.

[927] We exclude Cameroon Year 1 costs because GiveWell-directed funds were not used for mass drug administration.

[928] "TCS was not conducted in Kogi due to potential recall bias as it could not be completed within the recommended time frame." Sightsavers, Global Report Year 3, pg. 4.

[929] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell H14.

[930] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell L14.

[931] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell AG14.

[932] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell U14.

[933] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell AC14.

[934] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell Y14.

[935] "TCS was not conducted due to security issues." Sightsavers, Global Report Year 3, pg. 4.

[936] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds," cell Q14.

[937] This coverage survey was cancelled. See Sightsavers, Year 4 global report, 2020-2021, pgs. 9-10.

[938] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds"

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[940] See https://docs.google.
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[942] See https://docs.google.
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[947] See https://docs.google.
com/spreadsheets/d/1IwVMJjloACDs5s_n0A0AdXjEh1Fv6bTixWXPJdL9sJ8/edit#gid=413787421, sheet "2017-2020 spending of GW-directed funds"

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[952] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421, sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[953] See https://docs.google.
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[954] See https://docs.google.
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[955] See https://docs.google.
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[956] "Due to various reasons described in the country narrative report, including the COVID-19 pandemic, the activities planned in year 4 in Guinea Bissau were not able to take place. As a result, the only costs

reported in year 4 were the staff and office running costs" Sightsavers Year 4 Financial Narrative Report pg 2

Sightsavers also confirmed via email that the Year 4 MDA in Guinea Bissau was delayed to Year 5 due to COVID

[957] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
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[958] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[959] "Activities in 12 districts in Ituri Sud were displaced by funds from other funders as described in the country narrative report. Activities in the other regions could not take place due to the COVID-19 pandemic. As a result, the only costs reported in year 4 were staff, office running costs and some equipment purchases" Sightsavers Year 4 Financial Narrative Report pg 3

Sightsavers also confirmed via email that the Year 4 MDA in DRC was delayed to Year 5 due to COVID

[960] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[961] "In Guinea, activities in 3 HDs in the Forest Region were displaced by funds from other funders as described in the country narrative report. Activities in the other regions could not take place due to the COVID-19 pandemic, followed by an outbreak of Ebola. As a result, the only costs reported in year 4 were the staff and office running costs" Sightsavers Year 4 Financial Report pg 3

[962] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[963] "In Nigeria, MDA was successfully delivered in Yobe and Kogi States. Unfortunately, MDA did not go ahead in the remaining 11 states due to delays in drug supplies as described in the country narrative report." Sightsavers Year 5 Financial Narrative Report pg 1

[964] GiveWell has only seen a coverage survey for Kogi State.

[965] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[966] "In Nigeria, MDA was successfully delivered in Yobe and Kogi States. Unfortunately, MDA did not go ahead in the remaining 11 states due to delays in drug supplies as described in the country narrative report." Sightsavers Year 5 Financial Narrative Report pg 1

[967] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
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report." Sightsavers Year 5 Financial Narrative Report pg 1

[969] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
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[971] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
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[973] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[974] "In Year 5, the activities from Year 4, which were postponed due to COVID-19,resumed in Guinea
Bissau and were completed in 4 out of 6 of the Guinea Bissau regions." Sightsavers Year 5 Financial
Narrative Report

The CES provided covered these 4 districts for which MDAs occurred in Year 5.

[975] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[976] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[977] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[978] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[979] See https://docs.google.
com/spreadsheets/d/18g5O4uqqKQSHC05HbV6R3TOVpFpwxf1UiGvuafM2EzQ/edit#gid=413787421,
sheet "Jan 2017 - March 2022 spending of GW-directed funds"

[980] We assume an even split in budget among the states in the "Nigeria - Four States" project

[981] All sources are noted on the relevant "Results, Year X" tabs if not noted here.

[982] All sources are noted on the relevant "Results, Year X" tabs if not noted here.

[983] "The results of this survey showed that coverage of MDA was 57.58% (95% CI:46.91 to 67.60) overall." Pg. 3.

Among children enrolled in school, 70% were treated.

"In our survey, considering the main target of treatment, which are the children in the schools, the results of the survey showed that 69.9% (95% CI: 58.0 to 80.0) of children enrolled were treated." Pg 3.

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[985] "The administrative coverage reported by the Ministry of Health was 103.7%." Pg. 3.

[986] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - PZQ; 77.4 (69.9, 83.4)", Pg. 7.

[987] "Table 4: Treatment Coverage by Individual Medication by District - N'Zérékoré - ALB; 82.4 (74.9, 88.1)", Pg. 7.

[988] "The reported coverage declared by the program was 90.9% in Lola and 92.6% in N'Zérékoré, while the treatment coverage survey results were 80.1% for Lola and 76.3% for N'Zérékoré." Pg. 3.

[989] "Table 4: Treatment Coverage by Individual Medication by District - Lola - PZQ; 87.1 (79.4, 92.2)", Pg. 7.

[990] "Table 4: Treatment Coverage by Individual Medication by District - Lola - ALB; 85.7 (79.8, 90.1)", Pg. 7.

[991] "The reported coverage declared by the program was 90.9% in Lola and 92.6% in N'Zérékoré, while the treatment coverage survey results were 80.1% for Lola and 76.3% for N'Zérékoré." Pg. 3.

[992] "Table 3: MDA Treatment Coverage by Region; Region - Biombo; Disease - STH; Coverage (%) - 87.1" Pg. 9.

[993] See "Appendix One: Reported Coverages for Surveyed Areas", Pgs. 10-11.

[994] "Table 3: MDA Treatment Coverage by Region; Region - Farim; Disease - SCH; Coverage (%) - 99.3" Pg. 9.

[995] See "Appendix One: Reported Coverages for Surveyed Areas", Pgs. 10-11.

[996] "Table 2: Survey Coverages by Medication and Health Zone; PZQ; Angumu % (95% CI); 84.5 (77.1, 89.8)" Pg. 7.

[997] Albendazole was delivered in Angumu as part of an MDA for lymphatic filariasis and onchocerciasis. We do not present a coverage rate here because the distribution was not supported by GiveWell-directed funds and because the report presents a combined coverage rate for albendazole and ivermectin, rather than a coverage rate for albendazole alone.

[998] "In Angumu, reported coverage (98.0%) exceeded survey coverage (84.7%) and was not validated by the survey." Pg. 14.

[999] "Table 2: Survey Coverages by Medication and Health Zone; PZQ; Nyarambe % (95% CI); 91.6 (83.0, 96.1)" Pg. 7.

[1000] Albendazole was delivered in Nyarambe as part of an MDA for lymphatic filariasis and onchocerciasis. We do not present a coverage rate here because the distribution was not supported by GiveWell-directed funds and because the report presents a combined coverage rate for albendazole and ivermectin, rather than a coverage rate for albendazole alone.

[1001] "In Nyarambe, the survey results (91.6%) were greater than the reported coverage (85.7%), after correcting a reporting error in the national program worksheets, and is considered validated by the survey." Pg. 14.

[1002] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "97.4(95.1 - 98.6)", Pg. 6.

[1003] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA", Pg. 6.

[1004] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "80.6(57.6 - 92.7)", Pg. 6.

[1005] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA", Pg. 6.

[1006] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "93.5(87.8 - 96.6)", Pg. 6.

[1007] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA", Pg. 6.

[1008] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "96.1(91.8 - 98.2)", Pg. 6.

[1009] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA", Pg. 6.

[1010] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "
77.6(70.6 - 83.4)", Pg. 6.

[1011] See "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA" showing "Survey Coverage (95% Confidence Interval)" of "77.6%[70.6-83.4]", Pg. 7.

[1012] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA" and in "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA", Pgs. 6-7.

[1013] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "87.0(77.7 - 92.7)", Pg. 6.

[1014] See "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA" showing "Survey Coverage (95% Confidence Interval)" of "87.0%[77.7-92.7]", Pg. 7.

[1015] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA" and in "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA", Pgs. 6-7.

[1016] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "
95.7(91.4 - 97.9)", Pg. 6.

[1017] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA", Pg. 6.

[1018] See "Table 2: Survey and Reported Coverage of PZQ by LGA" showing "Survey Coverage (95% Confidence Interval)" of "81.5(69.5 - 89.5)", Pg. 6.

[1019] See "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA" showing "Survey Coverage (95% Confidence Interval)" of "81.5%[69.5-89.5]", Pg. 7.

[1020] This figure is the average of the "Reported Coverage (%) by projected popn" and "Reported Coverage (%) by CDDs' registers" presented in "Table 2: Survey and Reported Coverage of PZQ by LGA" and in "Table 4: Survey and Reported Treatment Coverage of MBD for SAC by LGA", Pgs. 6-7.

[1021] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Bibemi % (95% CI); 69.7 (60.0, 77.9)," Pg. 10.

[1022] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Bibemi % (95% CI); 67.2 (56.3, 76.4)," Pg. 10.

[1023] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "SCH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1024] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "STH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1025] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Foumbot % (95% CI); 80.0 (73.6, 85.1)," Pg. 10.

[1026] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Foumbot % (95% CI); 77.9 (70.7, 83.7)," Pg. 10.

[1027] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "SCH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1028] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "STH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1029] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Guere % (95% CI); 81.9 (73.6, 88.0)," Pg. 10.

[1030] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Guere % (95% CI); 80.8 (71.8, 87.5)," Pg. 10.

[1031] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "SCH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1032] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH

treatments. See column "STH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1033] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Malantouen % (95% CI); 82.7 (77.0, 87.4)," Pg. 10.

[1034] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Malantouen % (95% CI); 82.1 (75.2, 97.4)," Pg. 10.

[1035] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "SCH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1036] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "STH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1037] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Poli % (95% CI); 81.0 (72.5, 87.3)," Pg. 10.

[1038] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Poli % (95% CI); 72.5 (60.6, 81.8)," Pg. 10.

[1039] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "SCH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1040] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "STH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1041] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Tokombere % (95% CI); 70.2 (60.8, 78.2)," Pg. 10.

[1042] "Table 4: Survey Coverage for Soil-Transmitted Helminths by District; MBZ/ALB; Tokombere % (95% CI); 60.5 (51.3, 69.1)," Pg. 10.

[1043] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "SCH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1044] The Cameroon (2018) report provides separate reported coverage figures for SCH and STH treatments. See column "STH Coverage" in "Table 1: Summary of Reported Coverages by District," Pg. 3.

[1045] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1046] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Gwer West, 79.6%, 95% Confidence Interval, [64.8 - 89.3]" p.15

[1047] "Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Gwer West, 76.2%, 95% Confidence Interval, [61.4 - 86.6]" p.15.

The Table is labelled as "coverage of PZQ", but we would guess this was due to mislabelling since the table refers to MBD. See below.

"Two LGAs in Benue State conducted MDA for STH using MBD." p.14

"Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Popn that swallowed MBD" p.15

[1048] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage

survey Nigeria 2019, Pg. 6.

[1049] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1050] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1051] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Oju, 75.9%, 95% Confidence Interval, [64.4 - 84.6]" p.15

[1052] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1053] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1054] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Vandeikya, 66.6%, 95% Confidence Interval, [56.3 - 75.6]" p.15

[1055] "Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Vandeikya, 66.9%, 95% Confidence Interval, [56.2 - 76.1]" p.15.

The Table is labelled as "coverage of PZQ", but we would guess this was due to mislabelling. See below.

"Two LGAs in Benue State conducted MDA for STH using MBD. The reported coverage in Gwer West was validated by the survey report and the survey report was also above the minimum 75% WHO benchmark. Vandeikya LGA was not validated and the survey reported coverage was below the WHO benchmark (table 5)." p.14

"Table 5: Validated and Reported Programme Coverage of PZQ by LGA, Popn that swallowed MBD" p.15

[1056] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1057] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1058] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1059] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Birnin Kebbi, 92.6%, 95% Confidence Interval, [85.1 - 96.5]" p.15

[1060] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1061] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1062] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Maiyama, 89.7%, 95% Confidence Interval, [79.1 - 95.3]" p.15

[1063] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1064] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1065] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Ngaski, 93.4%, 95% Confidence Interval, [84.4 - 97.4]" p.15

[1066] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1067] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1068] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Edu, 96.1%, 95% Confidence Interval, [93.2 - 97.9]" p.15

[1069] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1070] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1071] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Patigi, 86.0% 95% Confidence Interval, [71.1 - 93.9]" p.15

[1072] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1073] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1074] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Illela, 56.4% 95% Confidence Interval, [41.5 - 70.2]" p.15

[1075] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1076] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1077] "Table 4: Validated and Reported Programme Coverage of PZQ by LGA, Survey Coverage, Tambuwal, 68.7%, 95% Confidence Interval, [54.5 - 80.1]" p.15

[1078] "Table 1: Programme coverage rate of selected LGAs by intervention," Sightsavers, Coverage survey Nigeria 2019, Pg. 6.

[1079] "Table 1: Distribution of SCH/STH treatments by Region," Sightsavers, Coverage survey Guinea-Bissau 2019, Pgs. 3-4.

[1080] Table 4: Surveyed coverage by Region, p.12

[1081] "Table 2: Reported coverage," Sightsavers, Coverage survey Guinea-Bissau 2019, Pg. 4.

[1082] "Table 1: NTD treatments delivered to health zones," Sightsavers, Coverage survey DRC 2019, Pgs. 3-4.

[1083] "Table 4: Surveyed coverage per health zone. SCH, Biringi, PZQ: 71.81 (57.99, 82.46)", p.12

[1084] "Table 2: Reported coverage per health zone sampled," Sightsavers, Coverage survey DRC 2019, Pg. 4.

[1085] "Table 1: NTD treatments delivered to health zones," Sightsavers, Coverage survey DRC 2019, Pgs. 3-4.

[1086] "Table 4: Surveyed coverage per health zone. SCH, Nyarambe, PZQ: 79.58 (71.46, 81.51)", p.12

[1087] "Table 2: Reported coverage per health zone sampled," Sightsavers, Coverage survey DRC 2019, Pg. 4.

[1088] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1089] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1090] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1091] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1092] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1093] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1094] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1095] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1096] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1097] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1098] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1099] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1100] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1101] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1102] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1103] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey

Cameroon 2020, p. 20

[1104] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1105] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1106] Table 9: Reported versus Surveyed Program Coverage -SCH, Sightsavers, Coverage survey Cameroon 2020, p. 19

[1107] Table 10: Reported versus Surveyed Program Coverage -STH, Sightsavers, Coverage survey Cameroon 2020, p. 20

[1108] All results for Cameroon are from Tables X and XI: SCH & STH Survey Coverage per Health District pp. 16-17.

[1109] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Fria % (95% CI); 82.4 (76.4, 87.1)," Pg. 9.

[1110] Table 1 presents the reported coverages for the project in the urban and peri urban district. Pg 4

[1111] "Table 3: Survey Coverage for Schistosomiasis by District; PZQ; Matoto % (95% CI); 17.6 (12.9, 23.6)," Pg. 9.

[1112] Table 1 presents the reported coverages for the project in the urban and peri urban district. Pg 4

[1113] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1114] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1115] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1116] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1117] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1118] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1119] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1120] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1121] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1122] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1123] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1124] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1125] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1126] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1127] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1128] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1129] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[1130] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[1131] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[1132] Table 8: Validation of reported coverage by survey coverage of MBD by LGA, pg 17

[1133] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1134] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1135] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1136] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1137] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1138] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1139] "Table 6: Validation of reported coverage by survey coverage of PZQ by LGA" pg 14

[1140] Table 6: Validation of reported coverage by survey coverage of PZQ by LGA, pg 14

[1141] Table 5: Comparison of reported and survey coverage estimates, p.14

[1142] Table 5: Comparison of reported and survey coverage estimates, pg 14

[1143] Table 5: Comparison of reported and survey coverage estimates, p.14

[1144] Table 5: Comparison of reported and survey coverage estimates, pg 14

[1145] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[1146] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[1147] ""Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[1148] "Praziquantel (PZQ) for schistosomiasis (SCH) coverage amongst SAC (5-14 years) was 94.1 [CI95% (90.5 - 97.7)] in Lita, 94.4% [CI95% (91.08 - 97.61)] in Logo, 84.1% [CI95% (70.6 - 89.53)] in Mahagi, and 89.9% [CI95% (86.07 - 93.33)] in Tchomia. A significant difference was observed in Mahagi compared to the reported coverage of 99.5%. The survey validated treatment data in one out of four health zones (25%) for SCH (Tchomia health zone). However, all of the districts have reached the WHO recommended threshold for the control of SCH as a public health problem (above 75% coverage in SAC)." pg 7

[1149] Purposively selected districts excluded

[1150] Purposively selected district excluded

[1151] All results from the Forest Region are from Table 5: Validation of reported coverage using CES, pg 12