BURKINA FASO

FY2018

Control of Neglected Tropical Diseases

Annual Work Plan
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TABLE OF CONTENTS

Acronyms & Abbreviations

2IE	International Institute of Water and Environmental Engineering (Institut International d'Ingénierie de l'Eau et de l'Environnement in French)
ALB	Albendazole
BCC	Behavior Change Communication
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CFA	Circulating Filarial Antigen
CMFL	Community Microfilarial Load
CNTD-L	Centre for Neglected Tropical Diseases-Liverpool School of Tropical Medicine
CS	Control (Spot-Check) Site
CSM	Community Self-Monitoring
CSPS	Center for Health and Social Promotion (Centre de Santé et de Promotion Sociale in French)
DEC	Diethylcarbamazine
DfID	Department for International Development
DGPML	The Directorate General of Pharmacies, Medicines and Laboratories
DLM	Disease Control Directorate (Direction de la Lutte contre la Maladie in French)
DQA	Data Quality Assessment
DRS	Regional Health Directorate (Direction Régionale de la Santé in French)
DSA	Disease Specific Assessment
EU	Evaluation Unit
FHI360	Family Health International 360
FOG	Fixed Obligation Grant
FPSU-L	Filarial Programmes Support Unit-Liverpool School of Tropical Medicine
FTS	Filariasis Test Strip
FY	Fiscal Year
HAT	Human African Trypanosomiasis
HD	Health District
HKI	Helen Keller International
ICP	Integrated Communication Plan
ICT	Immunochromatographic test
INDB	Integrated NTD Database
IEC	Information, Education, Communication
IVM	Ivermectin
KAP	Knowledge, Attitude and Practice
LF	Lymphatic Filariasis
LSTM	Liverpool School of Tropical Medicine
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NTD	Neglected Tropical Disease

NTDP	National Neglected Tropical Diseases Program (Programme National de lutte contre les Maladies Tropicales Négligées in French)
OBCC	Ongoing Behavior Change Communications
Oncho	Onchocerciasis
PC NTDs	Preventive Chemotherapy NTDs
PNDS	National Health Development Plan (Plan National de Développement Sanitaire in French)
PSN	National Health Policy (Politique Sanitaire Nationale in French)
RTI	Research Triangle Institute International
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SCM	Supply Chain Management
SAE	Severe Adverse Event
SIA	Special Import Authorization
SOP	Standard Operating Procedures
SS	Sentinel Site
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAS	Transmission Assessment Survey
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation Follicular
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
TV	Television
UDs	Urban distributors
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization

I. COUNTRY OVERVIEW

1. General background information on country structure

Burkina Faso is a landlocked country of 272,967 km² located in the heart of West Africa. It shares a border with six countries: Mali to the west and north, Niger to the east, and Benin, Togo, Ghana and Côte d'Ivoire to the south. It has a tropical climate with two main seasons: a long dry season from October to May and a short rainy season from June to September. The country has three main rivers: the Mouhoun, the Nazinon and the Nakambé. Rainfall varies between 660 mm and 1,500 mm and is more plentiful in the west and the southwest. As of the 2006 census, the population was 14,017,262. With average annual population growth estimated at 3.1%, the population is estimated to be 20,244,079[1] in 2018. The official language is French, although more than 60 local languages are spoken in the country. The main languages are Mooré, Dioula, Fulfuldé, Groumantchéma and Bissa. The main ethnic groups are the Mossi, Bobo and Fula.

From an administrative standpoint, Burkina Faso is divided into 13 regions, 45 provinces, 70 districts, 350 departments, 351 communes (of which 49 are urban and 302 are rural), and 8,228 villages. The health system is divided into 13 Regional Health Directorates (in French, Direction Régionale de la Santé or DRS), which correspond to the 13 administrative regions. There are 70 health districts (HDs) and 1,904 Health and Social Promotion Centers (in French, Centre de Santé et de Promotion Sociale or CSPS)[2], which are the first line health providers at the community level and act as an interface between the populations and the health system.

The Burkina Faso National Health Policy (in French, Politique Sanitaire Nationale or PSN) is implemented via the intermediary of the National Health Development Plan (in French, Plan National de Development Sanitaire or PNDS), whose goal is to improve the general health of the population. The current PNDS covers the period from 2011 to 2020. Neglected Tropical Diseases (NTDs) are one of the priorities of this plan. The Burkina Faso Ministry of Health (MOH) implements activities to control NTDs with funds from a number of sources. The United States Agency for International Development (USAID) has contributed to the fight against NTDs in Burkina Faso since 2007. The MOH receives the funding via the END NTDs in Africa project, managed by Family Health International 360 (FHI 360), with technical and administrative support from Helen Keller International (HKI).

The government provides support for the implementation of activities to control NTDs through logistical support (vehicles and drug storage warehouses) and exemption from customs duties and import taxes on drugs and other items. The government also pays the salaries of NTD program staff and of health agents involved in the fight against NTDs.

The community contributes to NTD control efforts by participating in social mobilization and drug distribution during mass drug administration (MDA) campaigns. Health center management committees provide financial support to meet other expenses, contributing to the costs of reproducing the tools and fuel for supervision visits. In addition to the government and END in Africa, the following donors and partners also provide support to Burkina Faso's NTD program (NTDP):

[1] Data from the 2006 General Population and Housing Census (updated)
[2] Source: 2016 Ministry of Health statistical yearbook

- **Sightsavers** provides financial and technical support for activities to eliminate onchocerciasis and trachoma in the Cascades region (Mangodara and Banfora HDs). This support primarily involves Community-Directed Treatment with Ivermectin (CDTI), epidemiological and entomological surveys, and management of trachomatous trichiasis (TT) cases.

- The **Centre for Neglected Tropical Diseases (CNTD)** of the Liverpool School of Tropical Medicine (LSTM) (formerly the Filarial Program Support Unit or FPSU) provides financial support for Lymphatic Filariasis (LF) sentinel site (SS) and control site (CS) assessments, transmission assessment surveys (TAS) and post-MDA coverage surveys. Support is provided for the Sud-Ouest, Centre-Sud and Centre-Est (Zabré HD) regions. CNTD also supports the implementation of activities to manage LF morbidity in the Centre-Est, Centre-Ouest, Centre-Sud and Sud-Ouest regions.

- Together with the support of the University of Lausanne, **International Institute for Water and Environmental Engineering (2iE)** carries out NTDP research projects in the Centre-Est (Koupéla HD), Nord (Ouahigouya HD), and Hauts-Bassins (Dafra HD) regions. This research is based on a new, integrated approach that combines epidemiological, environmental, ecological and socioeconomic data to establish risk maps for schistosomiasis (SCH). These risk maps provide very detailed information about the periods of high mollusk infestation and high transmission of SCH. Experiments on this approach are being conducted in the three regions referred to above and could be extended to the country's 10 other regions by 2020.

- The **World Bank (WB)** has committed $121 million (USD) to support sub-regional activities to fight PCT NTDs and seasonal malaria in three countries (Burkina, Mali and Niger) from 2015 to 2019, with priority in the HDs along the borders of the three countries. The activities carried out in Burkina Faso include monitoring and evaluation (M&E), supervision, support for MDA implementation, case management, operational research and capacity building.

- The **Task Force for Global Health (TFGH)** provides financial and technical support to implement operational research activities. It intervenes in Burkina Faso's 13 regions, based on need.

- The **World Health Organization (WHO)** provides technical and financial support and facilitates the acquisition of drugs for the NTDP.

Table 1: NTD partners working in country, donor support and summarized activities

Partner	Location (Regions/States)	Activities	In FY17, was USAID providing direct financial support to this partner through PROJECT?	Other donors supporting these partners/ activities
2IE	Centre-Est region (Koupéla HD) Nord region (Ouahigouya) Hauts-Bassins region (Dafra)	Support for the implementation of Information, Education, Communication (IEC) and research activities for the prevention of SCH	No	None

USAID/FHI360/ HKI	13 health regions	Technical and financial support for MDA implementation	Yes	None
		Technical and financial support for M&E activities		
		Support to coordinate and provide technical assistance (TA) for capacity building		
		Technical and financial support for communications activities		
	Centre-Nord and Hauts-Bassins regions	Morbidity Management and Disability Prevention (MMDP) for LF and trachoma		None
CNTD-LSTM	Sud-Ouest and Centre-Sud regions	Technical and financial support to implement and conduct M&E activities	No	DFID
		Technical and financial support for LF IEC/behavior change communication (BCC) activities		
		Technical and financial support for MDA implementation		
		Hydrocele treatment and lymphedema management		
		Operational research		
Sightsavers	Cascades	Technical and financial support to implement the CDTI	No	DFID
		Technical and financial support for cross-border meetings and M&E activities		
		Financial support for NTD coordination		
		Technical and financial support for IEC/BCC activities for onchocerciasis and trachoma		
		Support for trichiasis surgery		
WB/ Support Program for Health Development (PADS)	National, with priority to the 22 HDs bordering Mali and Niger	Technical and financial support for MDA implementation	No	None
		Technical and financial support for M&E activities		
		Support to coordinate and provide TA for capacity building		
		Technical and financial support for specific studies		
		Technical and financial support for NTD IEC/BCC activities		
		Support for morbidity management activities and capacity building		
TFGH	13 health regions	Operational research	USAID support through COR-NTD	Bill and Melinda Gates Foundation
WHO	13 health regions	Technical and financial support and facilitation of drug purchases for the NTDP	No	None

2. National NTD Program Overview

Historically, several vertical programs were implemented between 1991 and 2004 to control the NTDs in Burkina Faso. The National Onchocerciasis Control Program was established in 1991; the National Program to Eliminate LF was founded in 2001; the National Blindness Prevention Program was included in 2002; and the National Schistosomiasis Control Program was established in 2004. Given the challenges to be met and the emergence of certain diseases, the inclusion of the programs for specific diseases in the National NTDP became a necessity, and the NTDP was instituted in 2007.

Burkina Faso gives priority in its national health policy to the fight against NTDs. The PNDS for 2011-2020 thus reaffirmed this commitment by incorporating these major endemic diseases in the third strategic guideline: “promoting health and fighting the disease.” The Disease Control Directorate, which reports to the General Directorate of Health, coordinates several programs, including the NTDP. The NTDP is currently composed of 11 units: trachoma; LF; onchocerciasis (oncho); SCH/soil-transmitted helminths (STH)/Guinea worm (GW); human African trypanosomiasis (HAT) and leprosy/Buruli ulcer/leishmaniosis, logistics, laboratory, communications, dengue and monitoring/evaluation. Each unit is directed by a unit manager. In addition, based on WHO recommendation, a Steering Committee and a Technical Committee were created in 2015 to strengthen coordination mechanisms for the fight against NTDs in the country.

At the intermediary level, the Regional Health Directorates (Direction Régionale de la Santé in French or DRS) ensure coordination of the activities implemented at the operational level by the HDs. The distribution of drugs to eligible populations is done by health agents and community drug distributors (CDDs). Management of serious adverse events is handled by the district hospitals.

USAID support

USAID support for NTD control activities in Burkina Faso began in 2007 via the intermediary of the USAID NTD Control Program which supported implementation of programs against LF, SCH, STH, trachoma and oncho. The project was managed by RTI International via the Schistosomiasis Control Initiative (SCI). Baseline trachoma mapping was conducted and geographic coverage of MDA was expanded to all endemic HDs for the five NTDs targeted. Funding also supported M&E activities.

Since 2011, USAID support for preventive chemotherapy (PC) for NTDs has been provided through the END in Africa project managed by FHI 360, with HKI as the in-country implementing partner. The project has enabled the NTDP to continue, expand and improve implementation of key activities, including: MDA for the five NTDs, M&E (e.g. trachoma impact assessments, LF pre-Transmission Assessment Survey (pre-TAS) and TAS), and capacity building at all levels via training and TA. TA has included review of the national SCH and LF strategies, logistics management, training on the Tool for Integrated Planning and Costing (TIPAC), and training on the Integrated NTD Database (INDB). In FY17, END in Africa supported LF MDA in 21 HDs, CDTI for oncho in four HDs, and SCH MDA in 28 HDs. To date, 45 of the 70 LF-endemic HDs have reached the criteria to stop MDA, and 29 of the 48 endemic HDs have stopped MDA for trachoma and the remaining 19 endemic HDs are currently awaiting trachoma impact survey.

Lymphatic filariasis

LF was found to be endemic in all 70 HDs based on the country-wide mapping completed in 2002. The prevalence of circulating filarial antigen (CFA) was very high, ranging from 2% to 74%. Based on these results, the MOH created a national LF elimination program in 2001. In 2013, it became the LF Elimination Unit within the NTDP. Baseline microfilarial prevalence obtained from sentinel sites were also high, reaching above 20% at sites in the Centre-Est, Est and Sud-Ouest regions.

The following strategies were developed to achieve the objective of elimination of LF as a public health problem by 2020:

- Preventive chemotherapy through mass treatment to interrupt transmission, using the ivermectin (IVM) + albendazole (ALB) drug combination, administered to populations five years and above; and
- LF-related morbidity management and disability prevention (MMDP)

In addition to these two main strategies, support strategies (including IEC, vector control efforts, operational research, and epidemiological surveillance at sentinel and control sites) were developed to support implementation of MDA and MMDP activities. In terms of results, the program achieved 100% geographical coverage of the country's HDs as of 2005. By the end of FY16, 45 of the 70 HDs (64%) had stopped their annual MDA for LF after obtaining satisfactory results from the TAS for stopping MDA (TAS 1). Of the 45 HDs that have stopped MDA, 33 have subsequently passed the first post-MDA TAS (TAS 2) and 17 have passed the TAS 3 using immunochromatographic test (ICT) card, indicating that transmission has been stopped. In March 2016, pre-TAS was conducted using the thick smear technique in 21 HDs. Four HDs (Tenkodogo, Batie, Bogodogo and Gaoua) in the Centre, Centre-Est and Sud-Ouest regions showed

microfilarial prevalence (nocturnal microfilaremia) above the 1% threshold and required two additional rounds of MDA.

The FY17 MDAs are scheduled for July - August 2017 in the 25 HDs that are still endemic, which include the 15 HDs that will conduct TAS 1 in July 2017. Per the NTDP's national strategy, these 15 HDs will conduct MDA regardless of the outcome of the assessment.

The following Disease Specific Assessment (DSAs) are planned in FY18:

- Pre-TAS in 20 sentinel and control sites (9 with WB funding and 11 with funding from END in Africa) in six (6) HDs (three HDs with funding from END in Africa and three HDs with funding from WB).
- TAS 1 in two (2) Evaluation Units (EUs) – Koupéla and Diébougou HDs, funded by END in Africa.
- TAS 2 in four (4) EUs: Boucle du Mouhoun (Boromo-Dédougou), Leo-Sapouy, Dano and Zabré, funded by END in Africa.
- TAS 3 for 15 HDs in four (4) EUs: Centre-Nord, Centre-Ouest, Boucle de Mouhoun 1, and Boucle de Mouhoun 2, all funded by the WB.

Despite the conclusive results, efforts to fight LF have encountered problems, namely high population mobility within the country (to reach gold-mining sites, major urban centers and agricultural areas) and to neighboring countries, such as Côte d'Ivoire and Ghana, and sociocultural barriers, including failure to comply with directly-observed therapy and inadequate IEC. The NTD program developed the following complementary strategies to address these problems:

- Biannual treatment in the Sud-Ouest region, with CNTD-L supporting the second treatment round.
- Ongoing treatment, which consists of administering drugs as part of health centers' routine services, to those persons who were absent during MDA campaigns (recommended during the 2015 LF review).
- Strengthening IEC, including monitoring the impact of IEC messages during the MDA campaign through a rapid survey to make improvements in the current MDA campaign.

Onchocerciasis

A national program for onchocerciasis was created in 1991 under the coordination of the former Onchocerciasis Control Program in West Africa (OCP) of WHO that was closed in 2002. The program has since become the onchocerciasis elimination unit within the NTDP. The current goal of the program is to eliminate onchocerciasis by 2025 through implementation of CDTI, BCC, epidemiological and entomological monitoring, and capacity building. CDTI targets persons five years and above in the six endemic HDs of the Cascades and Sud-Ouest regions. CDTI is currently conducted twice a year in the two HDs of the Cascades region with Sightsavers support. Since 2013, the four HDs in the Sud-Ouest region also receive two rounds annually, with support from the END in Africa project for one round and from CNTD-L for the other. In addition to biannual CDTI, complementary strategies include BCC, community self-monitoring, epidemiological and entomological assessment and capacity building.

In 2016, results from epidemiological assessments conducted in the Cascades region showed crude mf prevalence above 5% in four of the 28 villages assessed. The epidemiological survey used the skin snip and the OV16 rapid diagnostic test (RDT). The entomological survey used black fly capture dissection.

With respect to the four endemic HDs in the Sud-Ouest, the results of the epidemiological assessment conducted in 2011 showed prevalence between 1.9% (Diébougou HD) and 9.7% (Batié HD). CDTI will

continue to ensure the 2025 elimination objective is met. Epidemiological and entomological impact assessments are planned for four HDs in the Sud-Ouest region in 2018, with support from the World Bank. Lastly, Burkina Faso has established an onchocerciasis elimination technical sub-committee. It held its first meeting in April 2016, during which the protocols for the planned epidemiological and entomological impact assessments were validated.

Schistosomiasis

The national program to combat SCH was established in 2002. Baseline mapping conducted between 2004 and 2005 showed all 70 HDs were SCH-endemic. In 2013, the program became a SCH and STH elimination unit. The national goal is to reduce SCH prevalence to less than 5% by 2020. The main strategy – preventive chemotherapy – is implemented via mass treatment campaigns using Praziquantel (PZQ) and targeting children ages 5-14 years and at-risk adults 15 years and above. During the national SCH program review meeting in 2013, a committee of experts decided on the national treatment strategy based on prevalence data and WHO guidelines, and considering local specificities (Table 1a). The national SCH treatment strategy was based on the country's classification into three endemic zones, taking into account the ecological and environmental context of each region. These endemic zones were divided according to environmental specificities at the regional level, not district level. According to this treatment strategy, which has been implemented since 2015, HDs receive MDA once per year, twice per year or once every two years. In addition to preventative chemotherapy, other support strategies include hygiene promotion, environmental sanitation efforts, BCC, monitoring and capacity-building.

Table 1a: Frequency of SCH treatments per health region

Region	Treatment frequency
Boucle De Mouhoun	MDA once a year for SAC and adults at risk (due to the specific nature of the area)
Cascades	MDA once every two years for SAC
Centre	MDA once every two years for SAC
Centre-Est	MDA twice a year for SAC and adults at risk
Centre-Nord	MDA once every two years for SAC
Centre-Ouest	MDA once every two years for SAC
Centre-Sud	MDA once every two years for SAC
East	MDA once every two years for SAC and adults at risk
Hauts-Bassins	MDA once every two years for SAC and adults at risk
North	MDA once every two years for SAC
Plateau Central	MDA once every two years for SAC
Sahel	MDA once a year for SAC and adults at risk
Sud-Ouest	MDA once every two years for SAC

In 2016, 21 sentinel site evaluations were conducted using urine filtration with support from USAID. The assessments showed that SCH prevalence was declining overall. However, prevalence remains high in the Centre-Nord regions (Tougouri site: 20%). Per the 2017 assessment of the three hyper-endemic regions, endemicity remains high in the Hauts Bassins, Sahel and Est regions (Panamaso: 25.92%; Dori B: 14.81%; and Nagbingou: 29.90%, respectively). In the Centre-Est region, biannual treatment appears to be having a significant impact. At the Lioulgou site, prevalence was 56.25% in 2013; the most recent surveys indicate that it is now less than 10%. As part of WB financing, assessments are scheduled for 2017 in 35 control sites, 13 of which are currently underway.

Soil-transmitted helminths

STH are endemic in all of Burkina Faso's 70 HDs. Preventive chemotherapy is the main strategy used to address this and is integrated with the LF and SCH MDA. The national goal is to reduce the prevalence of

STH to less than 1% by 2020. The national SCH/STH program was created in 2004 with financial support from SCI and began receiving USAID support in 2007. Control of STH has been integrated with the strategies already in place to eliminate LF and prevent SCH in Burkina Faso; i.e., efforts to combat STH do not receive specific financial support. Burkina Faso has carried out integrated TAS+STH surveys since 2016. These surveys will continue until 2018 with the goal of obtaining prevalence data that can guide control strategies in the transition phase.

Historically, STH treatment has primarily been integrated with LF (IVM + ALB). Given the progress achieved in eliminating LF, ALB was combined with PZQ during SCH MDAs to ensure continuity of STH treatment in the 45 HDs that have stopped MDA for LF. However, as shown in Table 1a above, many of these HDs do not treat annually for SCH (or by extension, STH). In FY18, STH treatment will be integrated with LF (IVM + ALB) in 10 HDs and with SCH (PZQ+ALB) in 53 HDs with support from END in Africa. STH MDA with ALB only in 7 HDs that are not conducting SCH MDA and have already stopped treatment for LF (Ouahigouya, Yako, Gourcy, Thiou, Seguenega, Titao, Dano) will be supported by the World Bank. It is important to note that all 7 of these HDs had a baseline prevalence of greater than 50% in 2004-2005, except for Dano HD, whose prevalence was between 20% and 50%. Although survey data from 2010, 2013 and 2016 indicates an overall decline in STH prevalence, continued treatment is needed to sustain gains and achieve STH control objectives, taking into consideration poor hygiene and sanitation conditions (it is worth noting that Seguenega, Titao and Yako HDs observed an increase in prevalence from 2.31% in 2010 to 5.63% in 2013).

Trachoma

The baseline trachoma mapping conducted between 2007 and 2010 showed that trachoma was endemic in 30 HDs (TF prevalence ≥ 10% among children ages 1-9 years). This led to implementation of interventions to eliminate trachoma by 2020. The main strategy is the SAFE strategy (Surgery, Antibiotics, Facial cleanliness and Environmental improvement), as well as monitoring/evaluation, BCC and capacity building.

Much progress has been made and at the end of 2015, 29/30 HDs that had originally been considered endemic had stopped MDA after reaching TF_{1-9} prevalence below 10% upon impact assessment. However, based on the new WHO standard operating procedures (SOPs), all HDs with a TF prevalence between 5% and 9.9% are also considered endemic and warrant one round of MDA, followed by impact assessment at least six months later. Thus, in 2016, 19 HDs (18 of which had an original prevalence between 5% and 9.9%) carried out a trachoma MDA and impact assessments are scheduled for July-August 2017 in all 19 HDs. These TIS will involve the first use of the Tropical Data application. The trachoma MDA scheduled in September 2017 will depend on the results of these impact assessments; if TF_{1-9} <5% prevalence in all 19 HDs, then the trachoma MDA can be stopped throughout the country.

Burkina Faso carried out trachoma surveillance surveys in seven HDs in FY17 (Zorgho, Ziniaré, Boussé, Bogodogo, Banfora, Lena and Do) and results confirmed TF prevalence <5% in all seven HDs.

3. *Current status of NTDs in the country*

Table 2: Snapshot of the expected status of the NTDP in COUNTRY as of September 30, 2017

		Columns C+D+E=B for each disease*			Columns F+G+H=C for each disease*			
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS
A	B	C	D	E	F	G	H	I
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic**	No. of districts classified as non-endemic**	No. of districts in need of initial mapping	No. of districts receiving MDA as of 30/09/17	No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 9/30/17	Expected No. of districts where criteria for stopping district-level MDA have been met as of 9/30/17	No. of districts requiring DSA as of 9/30/17
					USAID-funded / Others			
Lymphatic Filariasis	*70*	*70*	*0*	*0*	*6* / *4*[1]	*0*	60[2]	Pre-TAS: *0* TAS 1: 0 TAS 2: 0 *TAS 3: 0*
Onchocerciasis		*6*	*64*	*0*	*4*[3] / *2*[3]	*0*	*0*	*Coverage survey: 0* *Epi-entomo evaluation: 0*
Schistosomiasis		70	0	0	70[4] / 0	0	0	SS: 0 CS: 0
Soil-transmitted helminths		70	0	0	70[5] / 0	0	0	SS: 0 CS: 0 TAS/STH: 0
Trachoma		48	22	0	0 / 0	0	48[6]	Surveillance survey: 0

1. The 4 HDs in the Sud-Ouest region receive 2 rounds of MDA. The first round of MDA is supported by the End in Africa project and the second round is financed by CNTD. The WB will provide complementary support in all HDs.
2. Of these 60 HDs, 15 will conduct TAS 1 in June 2017 and we expect these 15 HDs will stop MDA for LF by the end of FY17.
3. The 4 HDs in Sud-Ouest region receive 2 rounds of CDTI, one supported by END in Africa and the other supported by CNTD. CDTI for Oncho in 2 HDs in the Cascades Region is supported by Sightsavers.
4. SCH: 11 HDs in the Sud-Ouest (Gaoua, Kampti, Batié, Dano, Diébougou) and Nord Regions (Ouahigouya, Yako, Gourcy, Thiou, Seguenega, Titao) will not treat for SCH in FY18 due to their treatment schedule (MDA once every two years).
5. STH: STH treatment is integrated with LF (IVM+ALB) and SCH (PZQ+ALB). In FY18, STH only treatment will be implemented in 7 HDs (Ouahigouya, Yako, Gourcy, Thiou, Seguenega, Titao, Dano) that are no longer treating for LF and will not treat for SCH in FY18 with funding from the World Bank.
6. Of these 48 HDs, 19 will conduct TIS in June 2017 and we expect these 19 HDs will stop MDA for trachoma by the end of FY17.

II. PLANNED ACTIVITIES

1. *NTD Program Capacity Strengthening*

The government of Burkina Faso recognizes the importance of health in achieving its sustainable development objectives and has made this sector a priority for government action. To that end, the country has drafted a National Health Policy and a National Health Development Plan, which includes NTD control in its priorities. In addition, it adopted a 2016-2020 NTD strategic plan. These documents are used in advocacy, resource mobilization and guidance in the fight against NTDs.

However, the State's capacity to mobilize funds for NTD efforts remains weak. A steering committee was thus set up in 2015 to support advocacy efforts for resource mobilization. A technical committee was created to set the direction.

To support the national program's efforts in the fight against NTDs, the NTDP's operational capacities will be strengthened through support for SCH/STH transition planning and a revised national STH treatment control strategy, support for multi-sectoral advocacy and the establishment of a national resource mobilization mechanism toward a sustainable national NTDP, and TA for dossier development. In addition, END in Africa support will be provided for: the NTD Secretariat, training and supportive supervision at all levels of the health system for MDA and DSAs, implementation of social mobilization activities, and capacity building in reverse supply chain logistics and procurement procedures.

Data will be collected and supervision will be carried out at all levels to ensure continued monitoring of capacity-building efforts and evaluation of progress. Table 3 summarizes the areas that will require capacity-building assistance from the END in Africa project.

Table 3: Project assistance for capacity strengthening

Project assistance area	Capacity strengthening interventions/activities	How these activities will help to correct needs identified in situation above
a. Strategic Planning	- Develop an SCH and STH transition plan - Revise the STH control strategy	- Ensure continuation of efforts to achieve the elimination of PC NTDs objectives even in the absence of USAID funding - Draft recommendations that will contribute to STH control by 2020
b. NTD Secretariat	Provide office supplies, internet access and data storage hardware	-Build and maintain the NTDP's operational capacities
c. Building Advocacy for a Sustainable National NTDP	TA to establish a national resource mobilization mechanism during the project's transition phase	-Increase the NTD program's resources and diversify funding sources for NTDs -Preserve the achievements of the fight against NTDs
d. Mapping	N/A	N/A
e. MDA Coverage	Support for MDAs in several HDs: - 10 HDs for LF; - 59 HDs for SCH; - 70 HDs for STH; - 6 HDs for oncho -Develop a strategy to reach individuals absent during the MDAs	-Contribute to achieving PC NTD elimination/control objective by 2020. -Improve MDAs treatment coverage
f. Social Mobilization to Enable NTDP Activities	-Hold advocacy meetings with administrative, traditional, and religious authorities -Carry out social mobilization activities (including radio and TV broadcasts, radio spots, town criers and posters) at all levels -Meet with media representatives	-Help to improve population participation in the MDAs to obtain good coverage levels
g. Training	-New/refresher training for staff involved in implementing the MDAs on the directives and good practices from lessons learned from prior campaigns -New/refresher training on M&E activities	-Help support high-quality implementation of activities to fight NTDs
h. Drug Supply and Commodity Management and Procurement	-Conduct post-MDA audits on logistics management of NTD drugs -Build the NTDP's capacities in reverse logistics	-Help improve NTD drug management -Ensure that unused drugs are returned to the HDs on time

	-Strengthen skills in procurement procedures and international customs restrictions (i.e., special import authorization) -Cover rental costs	-Strengthen the program's storage capacities
i. Supervision for MDA	-Provide cascade supportive supervision for actors involved in implementing MDA activities	-Ensure that the activities are well-organized and properly implemented
j. M&E	-Conduct impact surveys (LF, oncho, SCH, STH) -Conduct surveillance surveys (LF, trachoma) -Continue to update the integrated NTD database (funded by World Bank)	-Assess the MDA's impact on NTD prevalence and transmission -Build NTDP capacity to conduct post-MDA surveillance
k. Supervision for M&E and DSAs	Supervise the staff involved in implementing M&E and DSAs	-Ensure compliance with protocols, directives and standards
l. Dossier Development	Provide TA to train NTDP to prepare/write the trachoma and LF elimination dossier	-Ensure that the NTDP has the necessary skills to assemble the LF and trachoma elimination dossiers
m. Short-term technical assistance	- Support to develop an SCH/STH transition plan (before the end of March 2018)	-Ensure that SCH and STH MDAs continue even in the absence of USAID funding
	-Review the national STH strategy	-Draft recommendations that will help STH control by 2020
	- Establish a national resource mobilization mechanism during the project's transition phase	-Preserve the achievements of the fight against NTDs - Ensure continued efforts to achieve the PC NTD elimination objectives even without USAID financing

2. Project Assistance

The following sections outline USAID-supported NTD activities by category and activities funded by other partners in FY18. The proposed activities will be implemented by June 30, 2018.

The following work plan does not include specific projects for gender equality or greater involvement by women. However, during the MDA, many messages are addressed specifically to women, either because they suffer greater exposure to the disease (trachoma) or because they are primarily responsible for the children and are the main population at risk for the other diseases (SCH and STH). The program also plans to give priority to women in the selection of trainers, supervisors and CDDs.

a) Strategic Planning

1.	**Strategic Planning**			11,690,000	$ 19,983
8.1.a.	Quarterly Coordination Meetings		HKI	410,000	$ 701
8.1.b.	STH/SCH Transition Plan Workshop		HKI	5,640,000	$ 9,641
8.1.c.	STH/SCH strategic review		HKI	5,640,000	$ 9,641

The development of the FY18 work plan was based on Burkina Faso's 2016-2020 NTD strategic plan, which is organized around the following four strategic priorities:

- Bring to scale the interventions to fight NTDs, treatments and the program's capacity to provide services;
- Strengthen results-based planning, resource mobilization and sustainability of funding for activities to fight NTDs;
- Strengthen internal governance, advocacy, coordination and the partnership;
- Strengthen monitoring/evaluation, surveillance and operational research.

This plan will be implemented at all levels of the health system under the responsibility of the Disease Control Director via coordination by the NTD program. The strategic plan is evaluated every six months by the NTDP and partners.

The meetings of the national steering committee and the technical committee will provide an appropriate forum to discuss the direction of the interventions, including implementation of MDAs. The members of these committees will prepare recommendations to strengthen efforts to fight the targeted diseases. These committee meetings will be funded by the World Bank in FY18.

As in previous years, quarterly coordination meetings between the NTDP and partners are planned to ensure smooth implementation of activities. END in Africa support is requested to support two of these meetings in FY18.

In January 2014, NTDP staff participated in a TIPAC training organized by Deloitte. Following the training, the NTDP experienced major difficulties updating the TIPAC in 2014 and 2015 and ultimately decided to suspend use of the TIPAC in FY16. The NTDP does not plan to resume using TIPAC in FY18.

The NTDP also plans to develop a SCH/STH transition plan in FY18 to ensure that SCH and STH control objectives are met after LF MDA stops and in the absence of USAID funding. This plan will build off the transition plan developed in 2016 as part of the FY17 work planning process. To this end, a SCH/STH transition meeting is scheduled for FY18 and TA is requested for this purpose (please see STTA section). In addition, the NTDP will hold a strategic STH review meeting in May 2018 with support from END in Africa. The goal of this meeting will be to draft recommendations that will contribute to STH control in Burkina Faso by 2020 (please refer to STTA section).

b) NTD Secretariat

2.	**NTD Secretariat**		8,430,000	$	14,410
8.2.a.	Support to NTDs national programs operational costs	HKI	3,600,000	$	6,154
8.2.b.	Office Items and Equipment for the NTD Program	HKI	4,830,000	$	8,256

Burkina Faso's NTD coordination requests operational support from the END in Africa project in FY18 for:

- Financial support for internet access
- 40 internet connection keys, which will provide NTD program staff with an internet connection when they are away from the office.
- Office supplies, including paper, ink and other consumables needed to print documents.
- Two scanners to ensure the return of agreements and contracts signed with donors and partners and acknowledgements of receipts and signed authorized importation receipts for delivery of drugs, technical supplies and consumables
- One printer to generate documents related to drugs, initiating receipts and expense breakdowns
- Two external hard drives to store the logistics unit's data.

c) Building Advocacy for a Sustainable National NTD Program

3.	**Advocacy**		39,600,000	$	67,692
7.3.a.	Information sessions at regional and district level	DRS	39,600,000	$	67,692

Several obstacles still exist with regards to implementing the advocacy strategy for NTDs. Current administrative procedures do not allow the NTD program to take a leadership role in mobilizing local resources for NTD control activities. That is, national policies do not permit individual programs to mobilize resources, as this is the purview of the Ministry of Economy and Finance. The NTDP can be involved in the development of fundraising strategies but cannot directly engage in fundraising activities itself. The lack of financial resources available to the NTDP to implement a resource mobilization strategy is also an obstacle. In addition, stakeholders working in other sectors, especially the private sector, lack knowledge of NTDs and their impact on the population's wellbeing and economic productivity. In FY18, the NTDP intends to focus its efforts on resource mobilization from the private sector to garner new support for NTDs, extend visibility of the program, and diversify funding streams for NTDs within the country. To improve knowledge of NTDs within other sectors, communication and awareness-raising activities on NTDs will focus on engaging these new stakeholders.

As part of efforts to sustain the project's achievements, the following specific advocacy activities will be organized in FY18:

- Advocacy to MOH authorities to increase the budget line for NTD control and elimination efforts;
- The NTDP will hold advocacy meetings with stakeholders including local authorities and mobile telephone companies to identify and encourage new partners to take an interest in the issue of NTDs, especially in the private sector;
- Mobile phone companies will be asked to relay messages related to efforts to fight NTDs;
- Local councils of local authorities (municipal and regional) will be encouraged, via awareness-raising and advocacy actions, to incorporate certain components of efforts to fight NTDs in local development plans.

Success in implementing the advocacy strategy for FY18 will be measured per the following indicators:

- Increase in the NTD program budget line amount;
- Number of advocacy activities carried out by the NTD program with the targets;
- Number of local authorities that have taken on NTD initiatives; and,
- Number of local partners that have contributed to NTD control activities.

d) Mapping (Not Budgeted)

Total cost for activities in this section: $0

Burkina Faso has completed mapping for the PCT NTDs and new NTD mapping is not necessary.

e) MDA Coverage

7.	**MDA**		196,799,889	$	336,410
7.7.a.	Costs for the distribution of drugs by the CDDs	DRS	196,799,889	$	336,410

Achievement of the coverage objectives for the FY16 MDAs are satisfactory overall. For oncho, the results of the CDTI coverage survey in the Sud-Ouest confirm this. The four endemic HDs in the Sud-Ouest achieved the goal of 80% treatment coverage. For the Cascades region, supported by Sightsavers, the result of the CDTI/oncho coverage survey is 79.18%, for a reported coverage of 78.12%.

Table 4: USAID supported coverage results for FY2016

NTD	# Rounds of annual distribution	Treatment target (FY16) # DISTRICTS	# Districts not meeting epi coverage target in FY16*	# Districts not meeting program coverage target in FY16*	Treatment targets (FY16) # PERSONS	# persons treated (FY16)	Percentage of treatment target met (FY16) PERSONS
LF	01	21	0	0	4,560,588	4,498,093	98.63%
	02***	05	0	0	0	0	
Oncho	01	04	0	0	197,046	157,521	79.94%
SCH	01	52	0	0	9,180,034	8,889,883	96.84%
	02	07	0	0			
STH	01	59	0	0	4,804,847	3,784,791	78.77%
TRA	01	19	0	0	4,684,040	4,385,858	93.63%

**Epidemiological and programmatic coverages as defined in the workbooks.*
***All data are from the FY16 MDA because the complete FY17 MDA data are not yet available.*
****Second round LF MDA in FY16 was supported by CNTD.*

Despite good reported coverage, there are some HDs that have failed their recent pre-TAS surveys: Tenkodogo (Centre Est region), Batié and Gaoua (Sud-Ouest region), and Bogodogo (Centre region) failed pre-TAS in 2016 and Ouargaye and Bittou (Centre Est region) failed pre-TAS in 2017. Many of these areas experience constant population movement near borders with neighboring countries. Independent monitoring will be implemented in these HDs in FY18 in response to the unsatisfactory pre-TAS results. The NTDP is also interested in doing an operational research investigation in FY17, if funding permits, to better understand the factors that contribute to persistent high LF prevalence in these areas despite achieving the recommended rounds of MDA with good reported coverage results.

MDA plans for FY18

In FY18, the following drug packages will be distributed during the planned MDAs.

IVM + ALB distribution: LF MDA will be conducted in 10 HDs with funding from END in Africa, with a target population of 1,830,577 persons five years and above. Of these 10 HDs, four in the Sud-Ouest region will conduct a second round of LF MDA with financial support from CNTD-L.

Community distribution is done annually by community volunteers (community health agents or other persons in the community). Two distributors carry out the distribution at each site for at least six days. This period can be extended if the desired coverage is not reached. The drugs are given to the population, using door-to-door methods, in villages, sectors, health centers, barracks, schools and field-to-field in farming hamlets. Treatment will be provided to the residents of gold-mining sites and other gathering points. Awareness-raising sessions will be carried out to improve treatment coverage. In previous MDAs, it was noted that urban populations requested more information on MDA than CDDs were capable of providing. Thus, the PNMTN was obliged to recruit and train health agents (rather than CDDs) for drug distribution in urban areas. The health agents are better equipped to messages tailored to urban populations, which helps to reduce the number of refusals.

PZQ distribution: The mass treatment strategy for SCH is based on WHO standards and the recommendations of the program review of November 2013 in Ouagadougou. Per the current treatment plan, 53 HDs conduct MDA once every two years, 10 HDs receive annual treatment and 7 HDs receive twice annual treatment. The 53 HDs that conduct MDA every other year are divided into two alternating

groups: the first group of 11 HDs were treated in FY17 and do not need treatment in FY18; the second group of 42 HDs will be treated in FY18 (Table 4a).

Table 4a. SCH treatment cycle according to national strategy

Treatment scheme	# HD		PZQ treatment (x=one round)		
			FY2016	FY2017	FY2018
Twice per year	7		xx	xx	xx
Annual	10		x	x	x
Every other year	53	11		x	
		42	x		x
Total number of HD needing treatment	**70**		**59**	**28**	**59**
(Therapeutic break)			**(11)**	**(42)**	**(11)**

In FY18, 59 HDs will conduct a SCH MDA, of which seven in the Centre-Est region will conduct two rounds. END in Africa will support the first SCH round and financial support from the World Bank is expected for the second round. The population treatment target for 5 years and above is 9,776,516, of which 5,136,068 are children ages 5-14 years. The distribution methods used will be door-to-door, field-to-field, in the communities, barracks, workplaces, markets, schools and farming hamlets. The World Bank will procure PZQ for adults, while PZQ for school-aged children has been requested from the WHO.

Health agents will distribute the tablets in the villages/sectors. These agents generally do not live in the communities they are treating and are therefore accompanied by community volunteers or community health agents who live in the areas targeted for treatment. The latter act as guides and awareness raisers and help to reach the largest possible number of people targeted for treatment. Because of the many side effects reported at the beginning of the program, it was decided to assign health professionals to PZQ distribution to have greater assurance that minor and major side effects would be diagnosed quickly and managed correctly. This will also ensure better acceptance of the MDA by the population.

Distribution of IVM for Oncho in the Cascades and of IVM+ALB for LF and Oncho in the Sud-Ouest region: Six HDs currently require MDA for oncho in oncho-endemic communities. Distribution takes place twice a year in all six HDs of two regions (Cascades and Sud-Ouest) using the CDTI strategy. The END in Africa project supports four HDs in the Sud-Ouest region and Sightsavers supports two HDs in the Cascades region. In FY18, the END in Africa treatment target is 164,511 persons in the Sud-Ouest region.

The distribution strategy used is door-to-door to the households in endemic villages and farming hamlets. Each CDD has an Oncho treatment register containing the identities of all community members in the CDDs' community; CDDs then mark which community members participated in the MDA.

Distribution of IVM+ALB, PZQ+ALB and ALB only for STH: All 70 HDs are STH-endemic and are typically treated either via LF MDAs (IVM+ALB) or the SCH MDAs (PZQ+ALB). In FY18, 70 HDs will receive treatment: 59 with financial support from END in Africa, four with funding from CNTD-L (Kombissiri, Manga, Pô and Saponé HDs in the Centre-Sud region), and 7 with funding from the World Bank. The END in Africa treatment target in the 59 HDs is 5,059,744 children ages 5-14 years. Seven HDs that have stopped MDA for LF and are not treating for SCH in FY18 will continue to conduct MDA for STH with ALB with support from the World Bank. These include six HDs in the Nord region (Ouahigouya, Titao, Thiou, Yako, Gourcy, Seguenega) that passed TAS 3 in 2016 and one HD in Sud-Ouest (Dano) that passed TAS 1 in 2016.

Azithromycin + tetracycline eye ointment 1% (TEO) distribution: No trachoma MDA is planned for FY18; however, this depends on the results of the 19 trachoma impact surveys that are planned for July-August 2017.

Table 5: USAID-supported districts and estimated target populations for MDA in FY18

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated in FY18	Total # of eligible people to be targeted in FY18
Lymphatic Filariasis	Entire population >5 years	1 time	MDA in the communities	10	1,830,577
Onchocerciasis	Population 5 years and above	1 time	CDTI in communities of endemic villages	04	164,511
Schistosomiasis	Population 5 years and above	1 time/year	MDA in the communities	10	9,776,516
		1 time every 2 years	MDA in the communities	42	
		2 times/year	MDA in the communities	07	
Soil-transmitted Helminths	Population age 5-14	1 time/year	MDA in the communities	59	5,059,744

f) Social mobilization to enable NTD Program activities

4.	**IEC/Community Mobilization**		50,867,200	$ 86,952
7.4.a.	Social mobilzation activities at central level	DGS	22,655,200	$ 38,727
7.4.b.	Community mobilization before MDAs	DRS	28,212,000	$ 48,226

The NTDP developed an integrated communication plan (ICP) in April 2017, which was recently validated during a workshop in Ouagadougou from July 6 – 7th, 2017. This ICP includes MDA implementation-related activities and disease assessments to ensure population compliance in activities to fight NTDs. Social mobilization activities will be carried out at the various levels – central, regional, HD, health center and community – before and during the campaigns to ensure that local populations readily participate in the MDA campaigns.

The central level implements activities that receive media coverage from national channels to increase the visibility of actions to fight NTDs nationally. The goal of these activities is to create awareness among civil society organizations, political and administrative authorities, and the population of efforts to fight NTDs. During 2018, a meeting will be held with media representatives in five regions (Hauts Bassins, Sahel, Est, Sud-Ouest and Centre-Est). The goal of these meetings is to increase knowledge of NTDs among these communications professionals so they can be involved in efforts to fight NTDs. This activity, which was conducted in 2015, provided the program a total or partial subsidy in the form of free or subsidized communications from certain community radio stations (broadcasts, files, information dissemination on NTDs during and after MDA campaigns). We believe a meeting with these stakeholders in 2018 will strengthen this collaboration.

Local media cover activities at the regional and district levels and target the populations, taking their specific characteristics into account (the population's Knowledge, Attitude and Practice (KAP), difficulties encountered in previous MDAs, etc.). The health center level conducts activities which specifically involve

villages within their health catchment area. The community level carries out local awareness-raising and grassroots communications activities.

Social mobilization for MDAs
The activities planned by each level for MDA implementation are as follows:

Central level
The following activities will be conducted in FY18 with USAID funding:

- Disseminate the NTD messages via audiovisual spots in French and the three main national languages to encourage the population to participate in the MDAs, thereby supporting campaign implementation. The spots will be broadcast to guide the populations during the MDAs. The messages will inform them about the campaign period, the areas involved, the disease for which the MDAs are being carried out and the implementation partners. The following number of broadcasts are planned:
    - For the LF MDA: 20 TV and 60 radio broadcasts in French and three national languages.
    - For the SCH MDA: 20 TV and 60 radio broadcasts in French and three national languages.
- Broadcast two movies about LF twice on the national station
- Broadcast three 15-minute radio micro-programs on LF, oncho and SCH four times in four languages. The micro-programs and movies will provide information about the disease, transmission methods and prevention measures.
- Hold five one-day NTD information sessions with media representatives in five regions (Hauts Bassins, Sahel, Est, Sud-Ouest and Centre-Est).

Regional level

- Develop a 30-minute radio program in French for each MDA in the region. The program will provide information about the disease for which the MDA is being carried out, transmission methods, the drugs used and the campaign process.

Health district level:

- Create one-minute spots: One in French and three in the three most-spoken languages in the HD about the NTDs covered by the MDA.
- Broadcast the one-minute spots 20 times for each MDA in each HD.
- Broadcast the 30-minute radio spot in French produced by the DRS one time.
- Create a program in French and the local language in the HD during each MDA. The message will cover identification of the disease, the transmission method, prevention measures and the drugs used for the campaign. Given the low education level of locals, the messages will be created in the most widely spoken local languages in the target community.
- Show movies on LF and Oncho in two villages with low coverage in each of the 10 HDs that will be treated for LF and the six HDs that will be treated for Oncho.
- The message will address the disease, its manifestations, socioeconomic impact and prevention measures.

Health center level:

- Head nurses will meet with local authorities (customary chiefs, imams, Catholic teachers and pastors), principals of local schools and other organizations to inform and raise awareness about the MDA. The goal is to obtain their support for implementation of the MDA, specifically from teachers for the treatment of children in the schools.

Community level

- Inform and raise the awareness of local populations via town criers and CDDs in each village by providing information before and during the MDA. During distribution, the CDDs will use brochures to continue to raise the awareness of people receiving the drugs and, particularly, of those who are reticent.

Disease assessment social mobilization

Social mobilization activities planned for the disease assessments include:

- Broadcast radio and TV messages to inform the population of TAS implementation and of the diseases that will be monitored. The messages will contain summary information regarding the surveys (objectives, methodologies, duration of the surveys and the diseases concerned). They will be broadcast via the regional media and the community radio stations of the HDs in question. Information broadcast on television does not always reach the village level, but relatives in towns who have been informed by TV or radio contribute to reassuring their relatives in the villages about the legitimacy of the activity.
- Provide media coverage during the pre-survey with the program managers, the surveyors and the local authorities to reassure the communities.
- Community awareness-raising with guides who also act as relays between the surveyors and the community during the surveys. The guides can also translate in the event of a language barrier.

In addition to these ad hoc activities, ongoing awareness-raising activities will be carried out with support from other partners. They include theater, forums, and information days in schools and villages with low treatment coverage. Advocacy activities directed at local governments will seek to involve them in implementing the actions to preserve the achievements of the SCH and STH MDAs. Support from the WHO for IEC materials on SCH and STH will be sought to implement awareness-raising activities.

Evaluation methodology

The NTD program has not yet evaluated the communication activities; however, coverage evaluations still include a KAP survey, which can confirm the effectiveness of communications activities. In 2017, the KAP surveys, paired with coverage surveys, helped to assess the population's knowledge and the channels used for information. They include questions which help to determine how most people obtain information about the MDAs and if social mobilization influenced their decision to take part in them. The suggestions received will enable the teams to improve communications targeting communities.

The results of the KAP survey, paired with the LF coverage survey in 2017 in the Centre-Est, Centre-Sud and Sud-Ouest regions, showed that town criers were the best source of information on MDA campaigns (60.37%), followed by health agents (23.04%) and the radio (6.91%). Although town criers were the main primary source of information on the MDA campaign in these particular districts, at a national scale there are multiple reasons why radio messages are still considered a very necessary communication channel. First, town criers cannot visit every village and radio messages have a much broader reach, especially in the most remote and inaccessible communities. Radio messages are pre-recorded and then disseminated, so that the accuracy of the message is maintained. The messages are driven by health professionals and are more comprehensive, including BCC and health education messages that town criers are not equipped to deliver. Town criers' role is mainly to reinforce the date and time of MDA. People see radio and television as a credible source of information.

In addition, a stakeholder evaluation is planned for 2017 and will be used to refocus communications efforts to fight NTDs.

Lastly, the NTDP will utilize printed materials, such as posters and printed handouts during the MDA and during the different evaluations. As in FY17, all printed materials will be paid for with World Bank funds in FY18.

Table 6: Social Mobilization/Communication Activities and Materials Checklist for NTD work planning

Category	Key Messages	Target Population	IEC Activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
MDA	Messages about the campaign period, the areas involved, the diseases for which the MDAs are being carried out.	Entire population	Broadcast audiovisual spots in French and the 3 main national languages Use of national TV stations	Before and during the campaign	1 time/year	During coverage surveys and quick polls
	Message on the disease, its manifestations, socioeconomic impact and prevention measures	Entire population	Broadcast movies on LF on the national channel Use of national TV channels	Before and during the campaign	1 time/year	During coverage surveys and quick polls
	Scenario with several voices highlighting the negative effects of refusing to participate in the MDA, but also benefits and drugs used	Entire population	Broadcast microprograms Use of national radio and TV channels	Before and during the campaign	1 time/year	During coverage surveys and quick polls
	Message on the disease, its manifestations, socioeconomic impact and prevention measures	Entire population	Show movies on LF and oncho Use of national radio and TV stations	Before and during the campaign	1 time/year	During coverage surveys and quick polls
	Presentation on NTDs, transmission methods, prevention measures and drugs distributed during the campaign The NTDP's difficulties in broadcasting the messages	Media representatives in the regions concerned	Information meetings on NTDs for media representatives	In five regions before the MDAs	1 time/year	While supervising the players during the MDA
	Message will address all the campaigns to be implemented, objectives, the expectations of MOH authorities vis-à-vis civil society, players from other ministerial sectors, authorities from the regions and HDs concerned, the populations,	Entire population Media coverage by national media Posters, brochures and banners	Organize the launch of the MDAs	Before the campaign in a region with a specific problem	1 time/year	During coverage surveys and quick polls

Category	Key Messages	Target Population	IEC Activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
	CDDs and community health agents					
	Presentation on the NTDs covered by the MDA in the region, review of past MDAs, problems encountered and expectations of the region's authorities in terms of support for the health agents in implementing the MDAs	Local authorities in the regions	Hold advocacy meetings with administrative, political, traditional and religious authorities Posters and brochures Movie showings	In endemic regions	1 time/year	While supervising the players during the MDA
	Broadcast will address the disease treated by the MDA, transmission methods, drugs used and the campaign process	Populations of the endemic regions	Produce a 30-minute French-language radio broadcast for each MDA in the region Use local media	In endemic regions	1 time/year	During coverage surveys and quick polls
	Broadcast will cover the disease treated by the MDA, transmission methods, drugs used and the campaign process	Populations of the endemic regions	Develop radio broadcasts Use of local media	In endemic HDs	1 time/year	During coverage surveys and quick polls
	Message will cover the disease, its manifestations, its socioeconomic impact and prevention measures	Populations of villages that recorded low coverages	Show movies on LF and oncho	In villages with low treatment coverage	1 time/year	During coverage surveys and quick polls
	The content of the messages will cover the period of the campaign and the disease concerned	Populations of the endemic regions	Town criers to inform the populations in the villages	In the villages	During the campaign	During coverage surveys and quick polls
Disease assessment	Summary information regarding the survey (objectives, methodologies, duration of the surveys and the diseases concerned)	Populations of the HDs	Broadcast radio and TV messages to inform the populations of implementation of the TASs and the diseases that will be monitored Use of national radio and TV stations	In HDs where TASs and/or NTD monitoring will be conducted	1 time	An evaluation mechanism has not yet been identified by the NTDP

Category	Key Messages	Target Population	IEC Activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
	Summary information regarding the survey (objectives, methodologies, duration of the surveys and the diseases concerned)	Populations of the region concerned	Ensure media coverage during the pre-survey Use of national radio and TV stations	In HDs where TASs and/or NTD monitoring will be conducted	1 time	An evaluation mechanism has not yet been identified by the NTDP
	Summary information regarding the survey (objectives, methodologies, duration of the surveys and the diseases concerned)	Populations of the villages	Raise awareness among the guides, who will also serve as intermediaries between the surveyors and communities during the surveys	In villages where TASs and/or NTD monitoring will be conducted	1 time	An evaluation mechanism has not yet been identified by the NTDP

g) Training

5.	Capacity Building/Training		192,055,289	$	328,300
7.5.a.	Training of Trainers at Central level	DGS	8,816,200	$	15,070
7.5.b.	Cascade Training	DRS	144,384,089	$	246,810
7.5.c.	Printing of training materials	DGS	545,000	$	932
7.5.d.	Training at the Central Level: Data Managers on DQA	DGS	10,937,200	$	18,696
7.5.e.	Training at the Central Level: Reverse Logistics	DGS	27,372,800	$	46,791

Several capacity-building and training sessions are needed to conduct the FY18 MDAs:

- **National level:** A training session for 52 regional trainers on campaign implementation will be held for the personnel of the 13 health regions implementing the MDAs. Participants will include 30 NTD program staff members who will supervise the different campaigns. The training topics will include MDA monitoring and supervision, drug management, implementation guidelines, management of side effects, community mobilization and data gathering and management. The regions' financial managers should also participate to facilitate the production and collection of deliverables at the end of the project.

- **Regional level:** 13 training and refresher courses on MDA campaign implementation will be held for 210 members of the districts' management teams and 52 members of the 13 regional teams. The training topics will include MDA monitoring and supervision, MDA guidelines, managing side effects, community mobilization and data management.

- **District level:** Training and refresher courses on MDA campaign implementation will be held for 2,100 head nurses[3]. The training topics will include MDA monitoring and supervision, MDA guidelines, the management of side effects, community mobilization and data management.

[3] The estimate of 2,101 participants is based on the health centers, clinics and isolated maternity units of medical centers and medical centers with a surgical wing with an estimated increase of two health centers per HD by year-end 2018.

- 56 head nurses in four HDs in the Sud-Ouest region will receive a second CDTI and Oncho training, which takes place before each of the six series. These nurses will be trained once during the LF MDA and a second time specifically on oncho CDTI. The first training will be conducted with USAID funding and the second will receive CNTD-L funding.

- **Health center level:** training and refresher courses will be held as follows:
  - A training/refresher course for 37,391 CDDs and health agents for the planned MDA campaigns (all funding sources combined), of which END in Africa support is requested for a total of 28,039 CDDs. The number of CDDs to be trained by disease are listed below.
    - LF: A total of 8,939 CDDs, including 335 urban distributors (UDs).
      - END in Africa will provide funding for 6,780 CDDs, including 200 UDs for the first round.
      - The 2,159 CDDs, including 115 UDs, will receive support from CNTD-L for the second round in the Sud-Ouest.
    - SCH: A total of 22040 (7836 health agents and 14,204 CDDs)
      - 19,614 (7,080 health agents and 12,534 CDDs) will receive support for the first round from END in Africa;
      - For the second round, 2,426 (756 health agents and 1,670 CDDs) will receive support from the World Bank
    - STH: A total of 2,096 CDDs for STH MDAs only in seven HDs (six HDs in the Nord DRS and Dano HD in the Sud-Ouest). These CDDs will receive support from World Bank.
    - Oncho: A total of 4,316 CDDs will receive training;
      - 1,645 CDDs will receive END in Africa support for the first round,
      - 1,645 CDDs will receive World Bank support for the second round
      - 1,026 CDDs will have Sightsavers support.

The MDA training sessions will cover standard operating procedures for administering medications (usage of dose poles, directly observed therapy, etc.), reporting, management of side effects and community mobilization. For Oncho, the trainings will address community self-monitoring and updating of village registers and census cards.

New and refresher M&E training for staff conducting DSAs will also be conducted, including:

- For the TAS + STH surveys in 10 EUs (two TAS 1 EUs, four TAS 2 EUs and four TAS 3 EUs): 243 people (including 160 surveyors and 83 national, regional and district supervisors involved in the activity), will be trained:
  - END in Africa will support 140 (94 surveyors and 46 central, regional and district supervisors) for TAS 1+STH and TAS 2+STH
  - World Bank will support training of 103 (66 surveyors and 37 central, regional and district supervisors) people for TAS 3 + STH.
- For the trachoma surveillance surveys, 15 supervisors and 24 surveyors will be trained, a total of 39 trainees.
- 31 staff will receive surveyor training on conducting epidemiological assessments, including 24 surveyors and seven supervisors with World Bank support.

With respect to the refresher courses, they are necessary given the low education level of local residents, but the data collection tools and directives also require regular updating. The actors involved in

implementing the activities are supervised and the reporting data is analyzed to assess application of the new skills.

Table 7: Training targets

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI) and what component(s) they are supporting
		New	Refresher	Total trainees			
Integrated training for central level trainers carrying out an MDA	MDA/CDTI implementation; MDA/CDTI monitoring and supervision Supply Chain Management (SCM) and SOP for MDA/CDTI drugs Management of side effects; social mobilization	0	82	82	3	Ouaga	None
Integrated training for DRS and HD level trainers carrying out an MDA		0	262	262	2	Regions	None
Integrated training for head nurses on MDA implementation	MDA guidelines; filling out data collection tools	0	2,100	2,100	2	HDs	None
Training for head nurses on carrying out MDAs	MDA guidelines; filling out data collection tools	0	56	56	2	Regions	CNTD-L (56 second round)
LF training for urban and rural distributors	Training on dose pole use; drug administration; identification of side effects; social mobilization; writing of MDA data collection tools	0	6,780	6,780	2	Health center	CNTD-L (2159)
SCH training for CDDs and health agents		0	19,614	19,614	2	Health center	WB (2,426)
Oncho training for CDDs and health agents		0	1,645	1,645	2	Health center	Sightsavers (1,026) WB (1,645)
STH training for CDDs and health agents		0	2,096	2,096	2	Health center	WB
TAS 1+STH* surveyor training	Survey methodology and organization and conducting a household census	0	46	46	1	Regions with TAS 1	None
TAS 2+STH* surveyor training	Survey methodology and organization and conducting a household census	0	94	94	1	Regions with TAS 2	None

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI) and what component(s) they are supporting
		New	Refresher	Total trainees			
TAS 3+STH* surveyor training	Survey methodology and organization and conducting a household census	0	0	0	1	Regions with TAS 3	WB (103)
Trachoma* surveillance surveyor training	Survey methodology and organization and conducting a household census	39	0	39	3	Region	None
Epi assessment surveyor training	Survey methodology and organization and conducting a household census	0	0	0	2	Sud-Ouest	WB (31)
Data Quality Assessment (DQA) training in two regions	DQA methodology	57	0	57	5	Regions	WB (54 additional trainees in 2 regions)
Reverse logistics training (central and regional levels) in four 4-day courses	Reverse logistics	153	0	153	4 days	Four regions; Ouagadougou	None

h) Drug and commodity supply management and procurement

8.	**Drug and Commodity Supply Management and Procurement**		11,346,600	$ 19,396
7.8.a.	Transport of materials and drugs for MDA to the health regions	DRS	11,346,600	$ 19,396

The logistics and pharmaceutical supply unit of NTDP coordination is responsible for managing drugs and the other related supplies for the prevention of NTDs. The program has a logistics procedures manual, which is used as the reference document for drug logistics management.

The main drug management difficulties reported in 2017 are:

- Insufficient storage space at the central level (NTDP)
- Inadequate inventory management at the DRS and HDs, which creates discrepancies between book inventory reported and physical inventory remaining from previous MDAs
- The stocks remaining at the end of each campaign are not always transported to the HDs/DRS and on to the NTDP.
- Non-funding of a request to conduct a 2016 post-MDA logistics audit.

As part of capacity building, the NTD program now has highly-qualified logistics and pharmaceutical supply personnel (one health logistics administrator and two public sector pharmacy technicians). However, despite their professionalism, the unit is not adequately equipped to follow international procurement procedures and, particularly, the restrictions and requirements imposed by international standards and customs regulation. This creates many problems with certain suppliers, including inconsistent documentation dealing with customs clearance and the entry of drugs into the country. It often leads to delays in processing Special Import Authorization (SIA) requests and in tracking shipments from donor countries.

Quantification of drugs takes place on an annual basis and is the responsibility of NTDP coordination. The logistics forecasts for the program are based on:

- NTDP's annual goals
- Number of target persons to be treated
- Average consumption/distribution data by drug
- Inventory available for use at the country level
- Delivery period

Joint requests

The WHO's joint drug request and reporting form is used for the program and is submitted six to eight months before product delivery. It is used to request IVM, ALB and praziquantel. In 2017, to improve the quality of the joint drug request form, a workshop focusing on that topic was held in early April 2017 with funding from HKI. The 2018 drug request was submitted before April 15, 2017 so that the program could receive the drugs by February 2018.

Drug transportation and storage in the country

The program receives funding from USAID for drug transportation from the central level to the regional directorates for all PC NTDs and from the regions to the HDs. Drug transportation and delivery is done using secure trucks and qualified personnel at the distribution sites. The steps are as follows:

- Validation of inventory data for remaining stocks from previous MDAs
- Preparation of expense breakdowns and drug delivery notes at the central, regional and district levels
- Drug and input distribution plans
- Development of the terms of reference to release funds to transport the MDA drugs
- The regions are supplied by NTD program coordination
- The HDs are supplied via the DRS
- The health centers are supplied via the HDs
- The distributors are supplied by the health centers

With respect to storage, the personnel responsible for NTD product logistics management were trained per the guidelines for proper health product storage. The guidelines apply to district, regional and central level warehouses. The main guidelines for transport and storage are:

- Avoid pushing products up against walls or putting them on the ground
- Avoid exposing drugs to sun or heat
- Protect the drugs against extreme temperatures during transport by truck
- Protect the drugs from water and rain
- Find a temporary storage area near the MDA location

- Store the drugs in secure, locked and guarded warehouses

In general, the country has low storage capacity (only 25% of health facilities have sufficient storage capacity).

Reverse logistics
Management of the program's drug inventories is based on a procedures manual which clearly defines the inventory management tools and roles and responsibilities of all players. Drug management is based on lots and on the principle of "first in, first out." Each health structure must do a physical inventory of remaining stocks at the end of each campaign and forward them to the next highest echelon. The stocks of peripheral health centers are sent to the HD administrative centers and the stocks remaining in the HDs are sent to the regional level where the post-MDA logistics audit takes place. The reverse logistics process is documented with return slips that ensure reverse logistics traceability. A logistics dashboard for remaining stocks is created at the national level. Supplies used for M&E activities are managed per the same procedures.

Weaknesses in inventory management are observed at the regional and district levels, creating discrepancies between book inventory reported and physical inventory remaining from previous MDAs. This is the result of the problems that regional- and district-level players experience in reverse logistics, which highlights the need to strengthen their skills.

The waste created by the MDAs is generally handled according to national guidelines and the procedures contained in the program's logistics procedures manual. The management of waste and expired products is included in the post-MDA logistics audit. Wastes are incinerated in the presence of administrative authorities (administration, safety and environmental).

Products that require refrigeration
The program receives heat-sensitive supplies and consumables every year. The most important are the ICT cards/FTS, which must be maintained at a temperature between 2^0 C and 8^0 C. The agency responsible for the program has a cold room where heat-sensitive supplies can be stored. The program also has access to the cold room maintained by the immunization services department (Direction de la Prévention par les Vaccinations or DPV in French), with which it has good working relationships.

Management of Serious Adverse Events (SAEs)
The NTD program has not received TA to date on managing adverse events. The Directorate General of Pharmacies, Medicines and Laboratories (DGPML) is responsible for managing drug-related adverse events in Burkina Faso. Its investigative team reviews all adverse events, including for MDAs.

One severe adverse event (SAE) was reported in the Ouahigouya HD during the FY17 schisto MDA. The district was notified the day the event occurred, followed by notification to the DRS. A joint team (NTD program, DGPML and HKI) conducted the investigation within two weeks of the event's occurrence. The team issued a pre-notification to the WHO while awaiting the results of the investigation report. The project provided free care to the individual affected and the family was encouraged to continue to accept MDA treatment. These same procedures will be followed in FY18 to ensure proper management of SAEs.

i) MDA supervision

9.	**Supervision**		163,994,667	$ 280,333
7.9.a.	MDA supervisions by central level's staff + data management	DGS	11,340,067	$ 19,385
7.9.b.	MDA supervisions at health region and health district levels	DRS	152,654,600	$ 260,948

Supervision occurs at all levels of the health system for all NTD activities (MDA and M&E). Each health system entity (central, regional, HD and health center) receives funds in accordance with the budget line approved in the FOG allocation. The resources include per diem for supervising health professionals and fuel for travel. Based on the needs expressed by the NTD program, rental vehicles will be provided at the central level to ensure staff can travel to the field to supervise the MDAs. In addition, the technical and financial partners will take part in supervising staff during the MDA campaigns and M&E activities. The primary objective of the supervisory visits is to guarantee the quality of campaign organization and implementation.

The following planned activities will help to identify and solve any issues related to MDA implementation:

- Supervision will help to assess the performance of the players involved in implementing the MDAs and to resolve the problems identified at all levels;
- Periodic data monitoring during MDA implementation will help to identify any bottlenecks and to take corrective measures;
- A status meeting during the campaign will provide an opportunity to take decisions about corrective measures;
- The results of previous supervisory activities and the lessons learned will help to anticipate solutions to the problems encountered during the campaigns;
- Social mobilization activities: during supervision, supervisors will have a checklist that includes all aspects of MDA implementation, including social mobilization. The health centers' communication plan is evaluated as part of that process, as are the dates of the public criers' visits to the communities. Message content is also evaluated.

The following actions are planned for data gathering so that collection and recording comply with guidelines:

- Training on MDA guidelines for players at all levels (central, regional, HD and health center) provides an opportunity to present all the data collection tools and ensure they are understood properly;
- Data collection tools will be provided in accordance with MDA implementation guidelines at all levels;
- Cascade supervision from the central level to the health center level will help ensure the implementation guidelines and the data collection tool instructions for use are available and implemented at all levels during the MDA;
- The support of NTDP coordination teams at the training sessions will help to ensure the training content complies with NTDP guidelines;
- The involvement of the END in Africa project teams in training sessions and monitoring activities will contribute to ensuring the quality of the data collected;
- Data validation sessions will be held at the district and central levels to harmonize the MDA data;
- An update of the CDTI registers is planned in the region of the Sud-Ouest; support through END in Africa is needed for this activity;
- Implementation of the corrective measures generated by the DQA evaluation results will significantly improve the quality of MDA data collection.

j) M&E

11.	Monitoring and Evaluation		301,141,600	$ 514,772
7.11.a.	Data Collection in Sentinel Sites FL	DGS	14,680,600	$ 25,095
7.11.b.	Trachoma impact surveys	DGS	115,641,910	$ 197,678
7.11.c.	Stop MDA survey (TAS1, TAS 2)	DGS	71,937,800	$ 122,971
7.11.d.	Support for the annual post-MDA review meeting + Post Onch	DGS	13,288,000	$ 22,715
7.11.e.	Sites sentinelles schisto(14 SC+3SS)	DGS	12,710,200	$ 21,727
8.11.a.	Conduct follow-up of the implementation of MDA	HKI	15,642,320	$ 26,739
8.11.b.	Conduct follow-up of the implementation of M&E (TAS, impact	HKI	11,678,320	$ 19,963
8.11.c.	Vehicle Rental	HKI	37,170,000	$ 63,538
8.11.d.	Investigations of the Severe Adverse Effects (SAEs)	HKI	967,450	$ 1,654
8.11.e.	Medical and lab materials for the nocturnal filaremia evaluatio	HKI	975,000	$ 1,667
8.11.f.	Medical and lab materials for the Enquête de surveillance Tra	HKI	4,500,000	$ 7,692
8.11.g.	Materials and Supplies for Post stopping MDA surveys (LF) TA	HKI	1,950,000	$ 3,333

The quality of MDA data will be validated at the district level with the health centers' head nurses following each round. The results of the MDA data validation will be discussed during regional review meetings. An annual review of the data will be carried out with the data managers of the health regions. This data validation will allow errors to be corrected and ensure the consistency of MDA data at all levels (regional, district and health center). The validated data will be entered into the databases of the program (INDB, national database). The World Bank will be asked to support the data validation activities and END in Africa will support the review meetings at district, regional and national level.

The INDB as well as the WHO forms (Joint Application Package (JAP)), will be used in FY18. The central level was trained and received the computer equipment needed to enter MDA data into the INDB. Two INDB update workshops will be held during FY18. They will be funded by the World Bank. Regional-level data managers will receive training on the INDB in FY17. Monitoring/supervision will be provided in FY18 to gauge the level of use of the INDB at the regional level.

No changes are planned to the M&E strategy based on activities from FY17. M&E activities planned in FY18 are outlined below by disease.

Post-LF and SCH MDA coverage survey

The NTD program will carry out post-LF and post-SCH MDA coverage evaluations in FY18. They will be conducted three weeks after each MDA, primarily in the border HDs that have held MDAs. The results will be used to compare coverages reported and those obtained after the surveys. Corrective measures will be taken if necessary. Financial support will be requested from the World Bank.

Lymphatic Filariasis

The NTDP follows WHO guidelines and RPRG recommendations for LF M&E activities. Pre-TAS, TAS 1, TAS 2, TAS 3, and integrated TAS+STH surveys are all planned for FY18.

Pre-TAS: assessment of nocturnal microfilaremia in sentinel and control sites

In line with WHO guidelines for the elimination of LF, pre-TAS surveys will be conducted in six HDs in four regions. The results of these pre-TAS surveys will determine if the HDs are eligible for an LF TAS 1.

A total of 20 control sites will be assessed:

- Sud-Ouest DRS (Batié: 3 CS; Gaoua: 3 CS, Kampti: 3 CS)
- Centre-Est DRS (Tenkodogo: 4 CS)
- Centre DRS (Bogodogo: 3 CS)

- Est DRS (Fada: 4 CS)

Financial support from CNTD-L will be requested to implement the pre-TAS in the Sud-Ouest region, for a total of nine control sites. Financial support from the END in Africa project is requested to conduct pre-TAS in 11 other control sites in the Bogodogo, Fada and Tenkodogo HDs.

Transmission Assessment Survey (TAS 1)
If the results of the 2017 pre-TAS are satisfactory, TAS 1 will be carried out in two EUs (three HDs) with the support of END in Africa. The results of these pre-TAS surveys will determine if the HDs are eligible to stop MDA. The EUs are:

- Koupéla
- Diébougou

Transmission Assessment Survey (TAS 2)
In accordance with WHO guidelines, post-MDA surveillance surveys are required in the HDs which passed TAS 1 in 2016 to confirm the continued interruption of LF transmission and to take any measures required. TAS 2 surveys will be carried out in 2018 in the following four EUs (six HDs), all with END in Africa support:

- Zabré
- Léo-Sapouy
- Dano
- Boromo-Dédougou

Transmission Assessment Survey (TAS 3)
A TAS 3 will be carried out in four EUs covering 15 HDs. They are:

- Boucle du Mouhoun 1 (2 Nouna-Solenzo HDs)
- Boucle du Mouhoun 2 (2 Tougan-Toma HDs)
- Centre-Nord (6 HDs: Barsalogho, Boussouma, Boulsa, Kaya, Kongoussi, Tougouri)
- Centre-Ouest (5 HDs: Koudougou, Nanoro, Réo, Sabou, Tenado)

All the TAS 3 EUs will receive funding from the World Bank.

Passive surveillance
Passive surveillance will be conducted in the 45 HDs that have stopped LF MDA. These activities will involve training for laboratory personnel, laboratory supplies and reagents, orientation meetings, supervision and organization of review meetings. Financial support will be requested from the World Bank.

STH + TAS
As was done in FY17 in 8 EUs, STH assessments will be integrated with the TAS (TAS 1, TAS 2, TAS 3) in 10 EUs (23 HDs) in accordance with WHO guidelines. Financial support will be requested from the END in Africa project for all the STH assessments included in the LF TAS (TAS 1 and TAS 2). Funding for the TAS 3-STH assessments will be provided by the World Bank.

In the 10 EUs to be supported by END in Africa, the last STH assessment was conducted two years prior. There is no STH baseline data for Burkina Faso. The data available for these EUs is from previous SCH/STH sentinel site evaluations. In Burkina Faso, STH evaluations were previously integrated into SCH sentinel site surveys. As SCH sentinel sites were selected according to the SCH endemicity, the STH results were a

by-product of the SCH survey, which may not represent the true STH situation. This was reflected in the first TAS+STH trial in comparison with SCH sentinel site survey in Burkina Faso. The integrated TAS+STH survey detected STH infection with much better geographical reach than SCH sentinel sites. Therefore, the national NTD program prefers to evaluate STH through TAS. It is important to note that STH evaluations do not cover the same geographical areas from year-to-year. The TAS EUs are representative of STH heterogeneous ecological zones. Results from the STH+TAS evaluations will be reviewed during the expert review meeting of the national STH strategy, planned for May 2018 with END in Africa support, to help determine the STH treatment strategy moving forward given the success of Burkina Faso's LF elimination program.

Schistosomiasis

SCH impact assessments at sentinel/control sites

Assessments at sentinel sites and control sites will be planned for FY18. The main goal is to assess the impact of MDAs, in accordance with WHO guidelines and the recommendations of the SCH program review held in Ouagadougou in 2013. In 2016, the impact assessment at the sentinel sites showed high prevalence in certain sites in the Centre-Nord, Est and Sahel regions. A reevaluation of the situation was required after two rounds of MDA.

In addition, control sites will be identified and assessed in certain HDs. The results will be compared with the prevalence recorded at the sentinel sites to implement the disease elimination strategy. These assessments will provide certain regions, such as the Plateau Central and the Centre, with the most recent data.

During FY18, a total of 32 sites will be evaluated, including seven sentinel sites and 25 control sites in 31 HDs in five regions:

- Cascades DRS: Banfora 1 CS, Mangodara 1 CS site, Sindou 1 SS
- Centre DRS: Bogodogo 1 CS, Boulmiougou 1 CS, Nongre-Massom 1 CC
- Centre-Est DRS: Ouargaye 1 CS, Zabré 1 CS, Bittou 1 SS, Koupéla 1 SS
- Centre-Ouest DRS: Réo 1 CS, Sapouy 1 CS
- Centre-Nord DRS: Barsalogho 1 CS, Kaya 1 CS and Kongoussi 1 CS, Tougouri 1 SS, Boulsa 1 CS
- Est DRS: Bogandé 1 CS, Fada 1 CS, Gayéri 1 CS, Manni 1 SS, Pama 1 CS
- Plateau Central DRS: Boussé 1 CS, Ziniaré 1CS, Zorgho 1 CS
- Hauts-Bassins DRS: N'dorola 1 CS, Orodara 1 CS
- Sahel DRS: Dori 2 SS, Djibo 1 CS, Gorom-Gorom 1 CS, Sebba 1 CS

USAID support is requested for sites in the Centre, Centre-Est, Centre-Ouest, Centre-Nord and Plateau Central regions, for a total of 17 sites (3 SS and 14 CS) in 17 HDs. World Bank support will be requested for sites in the Cascades, Est, Hauts Bassins and Sahel regions, for a total of 15 sites (4 SS and 11 CS) in 14 HDs.

Trachoma

In FY17, the NTD program will carry out trachoma impact assessments (TIS) in 19 HDs. MDA for trachoma will be stopped in all endemic HDs if the HDs achieve the results for stopping MDA as recommended by WHO.

In FY18, the NTDP plans to conduct trachoma surveillance surveys (TSS) in 26 HDs using Tropical Data:

- Koudougou, Sabou and Sapouy (Centre-Ouest region)
- Signoghin (Centre region)
- Bittou, Garango, Koupela, Pouytenga, Tenkodogo and Ouargaye (Centre-Est region)
- Kombissiri, Manga, and Saponé (Centre-Sud region)
- Bogandé (Est region)
- Dafra, Dandé and Karangasso Vigué (Hauts Bassins region)
- Titao (Nord region)
- Djibo (Sahel region)
- Gaoua, Kampti and Batié (Sud-Ouest region)

Four of the 26 HDs that will conduct TSS had a baseline prevalence of <5% TF in 2007 and have not received MDA intervention; however, all four HDs had TF prevalence very close to 5% (ranging from 4.69% - 4.83%). These HDs include:

- Toma (Boucle du Mouhoun region)
- Boulsa and Tougouri (Centre-Nord region)
- Bogodogo (Centre region)

Financial support from END in Africa is requested to carry out these evaluations in 18 HDs, which comprise 28 EUs: Centre (2 HDs), Centre-Est (6 HDs), Centre-Ouest (3 HDs), Centre-Sud (3 HDs), Est (1 HD), Hauts Bassins (3 HDs). Financial support from the World Bank will be requested to carry out these evaluations in 8 HDs: Boucle du Mouhoun (1 HD), Centre-Nord (2 HDs), Nord (1 HDs), Sahel (1 HD), Sud-Ouest (3 HDs). These assessments will be carried out using the Tropical Data application.

Onchocerciasis

Community self-monitoring (CSM)

CSM will be conducted in FY18 as part of CDTI implementation activities in six HDs in two regions (Cascades and Sud-Ouest). Financial assistance will be requested from the World Bank to carry out this activity in four HDs in the Sud-Ouest region. Financial assistance will be requested from Sightsavers to implement this activity in the Cascades region (2 HDs).

Epidemiological and entomological assessments

Epidemiological and entomological assessments will be conducted in FY18 in the Sud-Ouest region (four HDs) with financial support from the World Bank. Pending WHO guidelines, these surveys will follow the recommendations of the Oncho technical sub-committee. The survey methodology will entail skin snip and OV16 RDT.

Post-CDTI coverage surveys

Post-CDTI coverage surveys will be carried out after each campaign to enable the NTD program to validate the coverage data reported by the health centers. They will be conducted in the Southwest and Cascades health regions. Financial support from the World Bank will be requested to implement this activity in the Sud-Ouest region (4 HDs) and from Sightsavers for the Cascades region (2 HDs).

Data Quality Assessments

DQAs were carried out in the Centre-Sud and Sud-Ouest during FY17. The results of this DQA were used to improve the content of the MDA implementation guidelines for all levels of the health system. These

results also led to changes in data collection tools and, particularly, a revision of the timeframe for submitting MDA reports to improve data completeness and timeliness.

Given the importance of the DQA, the NTD program will continue to implement it by extending it to other regions. DQA implementation in FY18 will involve the following activities:

- training for players in the nine health regions, or approximately 111 people in four sessions;
- national DQA in four health regions;
- regional DQA in four health regions; and
- supervision of DQA implementation at the regional level.

The World Bank will provide support for this training (54 people) and DQA implementation in two health regions to be chosen randomly from the following regions: Sahel, Boucle du Mouhoun, Nord and Hauts Bassins. The World Bank will support the regional DQA and supervision in the Centre-Est, Centre-Sud, Est and Sud-Ouest regions.

Financial support is requested from END in Africa for training (57 people) and DQA implementation in two health regions to be chosen randomly from among the following regions: Plateau Central, Centre-Nord, Centre-Ouest, Centre and Cascades. DQA results will be discussed in a national-level report-back meeting (funded by Work Bank). Implementation of action plans based on DQA results will help improve the quality of both data and the reporting system.

M&E challenges

The main M&E challenges for the NTD program are:

- The persistent transmission of LF and SCH in certain HDs despite multiple MDA rounds. One of the causes of this persistence could be the high number of people absent during the MDAs. To address this, the NTD program proposes to develop a strategy to reach those people. Implementation of the strategy must be evaluated in FY18. However, a study of the evaluation of the determinants of the persistence of *Wuchereria bancrofti* microfilaremia planned for FY17 will identify causes. Further, improved supervision of drug administration during the MDA and CDTI implementation in certain HDs would provide other solutions.
- Extension of DQA into other regions is an additional challenge for the NTD program.
- The shortage of retro information on NTDs means that NTD issues are not taken into consideration in health activities at all levels.
- The population data represent a constraint for all the interventions carried out by the MOH.

To address these challenges, retro information actions and actions to promote the visibility of NTD program activities should be conducted. The following actions will thus be carried out:

- Participation in meetings/conferences on NTDs
- Implementation of synchronized MDAs in cross-border HDs
- Participation in meetings of learned societies
- Publication of the program's research results
- Preparation of information and retro information bulletins every six months for the various players
- M&E capacity building for the coordination and DRS teams.

Table 9: Reporting of DSA supported with USAID funds that did not meet critical cutoff thresholds as of September 30, 2017

NTD	Number of remaining endemic districts (same as Table2)	Type of DSA carried out (add extra rows as needed for each type)	Number of DSAs conducted with USAID support	Number of EU that did not meet critical cutoff thresholds	Why did the EU not "pass" the DSA?	Post-DSA failure activities (be specific about timeframes)
Lymphatic Filariasis	10	Pre-TAS	12	NA	NA	
		TAS 1	9 EU	NA	NA	
		TAS 3	3 EU	NA	NA	
Onchocerciasis	04	None				
		None				
Soil-transmitted helminths	70	STH - TAS	3 EU	NA	NA	
Schistosomiasis	70	None				
Trachoma	0	Impact survey	19	NA	NA	

Table 10: Planned Disease-specific Assessments for FY18 by Disease

Disease	No. of endemic districts	No. of Evaluation Units	No. of Evaluation Units planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, FTS, etc)
Lymphatic Filariasis	70 (10 under MDA in FY18)	20 SS/CS	20[1]	SS/CS	Mf
		2 EU	2	TAS 1	FTS
		4 EU	4	TAS 2	FTS
		4 EU	4[2]	TAS 3	FTS
Schistosomiasis	70	32 SS/CS	32[3]	SS/CS	Kato Katz kit
Soil-transmitted helminths	70	32 SS/CS	32[4]	SS/CS	Kato Katz kit
		10 EU	2	TAS 1+STH	Kato Katz Kit,
			4	TAS 2+STH	Kato Katz Kit,
			4[5]	TAS 3+STH	Kato Katz kit, FTS
Oncho	06	1	1[6]	Epidemiological assessment	OV -16 RDT, Skin Snip
		1	1[7]	Entomological assessment	Fly dissection and microscopy
Trachoma	0	26 HDs	26[8]	Surveillance	Clinical examination

1. 11 SS/SC will be supported by END in Africa and the WB will support 9 SS/SC.
2. All 4 EUs for TAS3 will be supported by the WB.
3. 17 SS/SC will be supported by END in Africa and the WB will support 15 SS/SC.
4. 17 SS/SC will be supported by END in Africa and the WB will support 15 SS/SC.
5. All 4 EUs will be supported by the WB for the integrated TAS 3 + STH surveys.
6. WB and Sightsavers will support oncho epidemiological assessments in 6 HDs.
7. WB and Sightsavers will support oncho entomological assessments in 6 HDs.
8. END in Africa will support trachoma surveillance surveys in 18 HDs (28 EUs per Tropical Data recommendations) and the WB will support 8 HDs.

k) M&E and DSA supervision

Total cost for activities in this section: **$0**

To ensure compliance with WHO protocols and guidelines, the NTD program will supervise all the evaluations planned for each NTD during FY18. The DRS and HD players and the partners will be involved in supervising these activities. Apart from the evaluations at the sentinel sites, the players will receive training before each survey begins.

l) Creating the dossiers

Total cost for activities in this section: **$0** (see STTA and M&E sections)

The fight against NTDs has had important successes, with the commitment of the State and support from USAID via the END NTDs in Africa project and other partners. The most notable progress is as follows:

- LF: Disease transmission has been interrupted in 45/70 endemic HDs
- Trachoma: The 29 endemic HDs have reached the stop-MDA threshold (TF <5% in children ages 1-9 years). FY17 impact surveys will determine whether to stop treatment in the remaining 19 endemic HDs.

In addition, Burkina Faso has implemented more than 21 rounds of oncho MDA in the Sud-Ouest region and 16 rounds in the Cascades region in the fight against onchocerciasis, and the disease is targeted for elimination by 2025.

As Burkina Faso continues to advance toward the elimination of LF and trachoma as public health problems, the capacity of the NTDP needs to be strengthened with respect to the preparation of the elimination dossiers. As such, technical assistance will also be provided to the NTD program coordination and partners on preparing the trachoma and LF elimination dossiers in FY18 (see STTA section below). This assistance will build NTDP capacity to ensure they are well versed in the content and preparation of the elimination dossier.

Additionally, regular data validation sessions and the extension of the DQA into all HDs are essential to improve data quality and strengthen the reporting systems with these available tools. The NTD program also has databases (i.e., the INDB) that include treatment data and impact and surveillance assessments that can provide the information needed to prepare the elimination dossier. Toward this end, the INDB will be updated in FY18 with support from the World Bank following a training of regional-level data managers on the INDB that is planned for FY17.

m) Short-Term Technical Assistance

Total cost for activities in this section: **$0 (included in other sections of the budget)**

An expert review of Burkina Faso's national STH strategy is needed to redirect actions to control STH by 2020. Since 2014, Burkina Faso has consolidated STH data via the TAS-STH surveys and the assessments in sentinel sites and control sites. The data from these assessments will provide the experts with a basis for strategic decision making around STH control in the country.

To define a transition strategy for SCH and STH in 2018, the NTDP will propose an alternative platform in which to integrate STH MDAs. Technical assistance will be essential to develop this new platform to preserve the achievements and obtain long-term financing.

Lastly, in the context of insufficient resources and the lack of sustainable local financing for NTDs, it is essential to build the NTDP's capacity to mobilize resources locally. As a part of ensuring sustainability,

the NTDP will also explore the possibility of integrating certain activities into existing platforms, for example, the integration of coverage surveys for NTDs with those of other health interventions that are a priority for the MOH.

Table 11: Technical Assistance request from PROJECT

Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, RTI/HQ, etc))	Number of Days required and anticipated quarter	Funding source (e.g., country budget, overall budget, CDC funding)
Internal support (e.g., RTI/HQ, USAID, CDC)				
Support to develop an SCH/STH transition plan	Preserve the achievements of the fight against NTDs	Expertise in SCH/STH (WHO, USAID/FHI 360, HKI)	6 days 2nd quarter	USAID
TA to set up a national resource mobilization mechanism during the project's transition phase	Ensure continued efforts to achieve PC NTD elimination objectives even without USAID financing	Expertise in mobilizing financial resources (Deloitte)	6 days 2nd quarter	USAID
Review the strategy to fight STH	Draft recommendations that will contribute to STH control by 2020	Expertise in STH (WHO, USAID/FHI 360, HKI, SCI)	5 days 3rd quarter	USAID
TA to train players to document and prepare/draft the trachoma and LF elimination dossiers	Ensure that the national NTDP players have the necessary skills to draft the LF and trachoma elimination dossiers	Expertise in preparing elimination dossiers (FHI 360, WHO)	5 days	USAID
External support (e.g., hired consultants)				

3. Planned FOGs to local organizations and/or governments

Table 12: Planned FOG recipients

FOG recipient (broken down by type of recipient)	No. of FOGs	Activities	Target date to USAID
General Health Directorate	2	• Central level social mobilization (radio/TV spots for LF, SCH; microprograms on LF, SCH, meeting with media representatives, broadcast movies on the national channel) • Training of trainers for MDA • Training on DQA implementation • DQA implementation • Reverse logistics training for NTD program players • Training for NTD program players on procurement procedures and international customs restrictions (SIA) • Post-MDA logistics audit of NTD drugs • Drug logistics (LF, SCH) • Central-level MDA supervision (SCH, LF, oncho, STH)	Oct 2017

		• Supervision of the regional teams and HDs implementing MDA campaigns • Pre-TAS • Trachoma surveillance survey • TAS 1 • TAS 2 • STH evaluations integrated with TAS 1 and 2 • Review meetings, post-MDA meetings	
DRS	13	• Information sessions at regional and district levels with authorities (oncho, LF, SCH MDA) • Regional and district-level community mobilization (radio spots, radio programs, town criers, movie showings prior to LF, oncho & SCH MDA) • Integrated training of MDA supervisors (regional and district levels) CDD/health worker MDA training (LF, STH, oncho and SCH) • Updating of CDTI/Oncho registers • MDA distribution (costs for CDDs and health workers to distribute drugs) for LF, oncho and SCH MDAs • Drug logistics (districts to health centers) for SCH and LF • Supervision and the regional, district and health center level (SCH, LF and oncho MDAs) • Post-MDA and post-CDTI review at regional level	Oct 2017

4. Cross-Portfolio requests for support

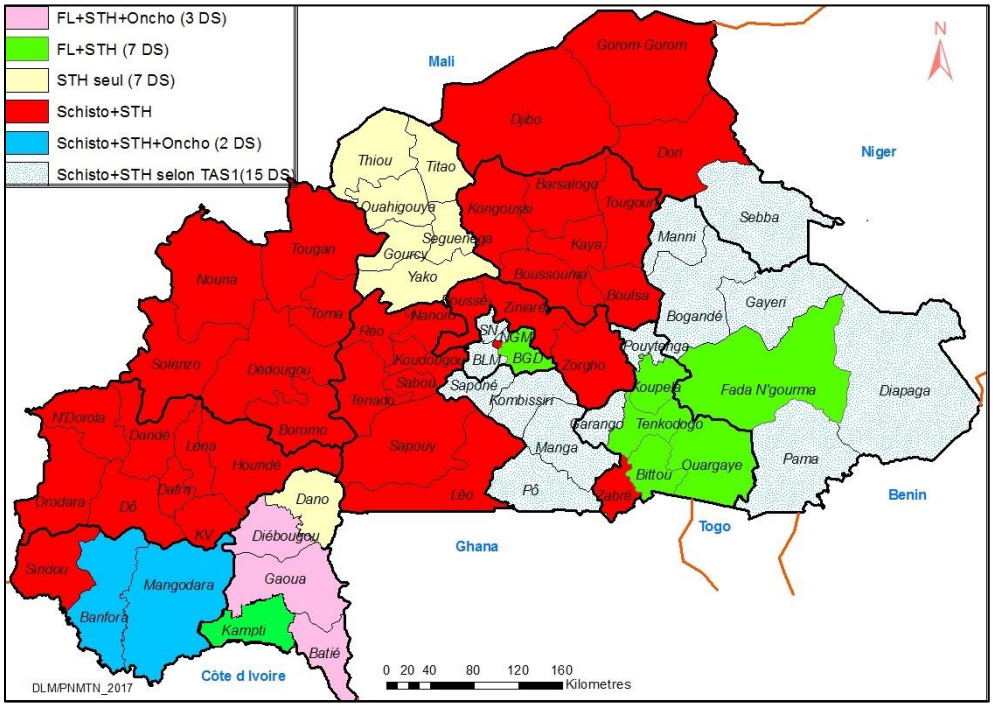
Improved hygiene and sanitation activities are essential to sustaining the gains that have been achieved to date for trachoma, LF, and onchocerciasis elimination and SCH and STH control in Burkina Faso.

Table 13: Cross-Portfolio Requests for Support

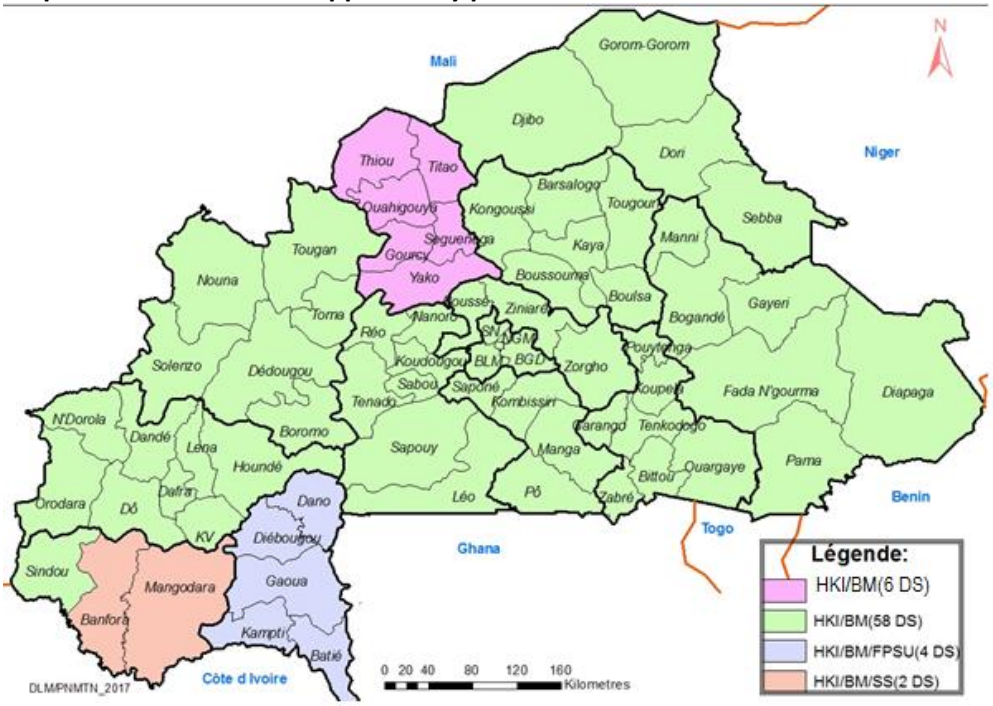
Identified Issue/Activity for which support is requested.	Which USAID partner would likely be best positioned to provide this support?	Estimated time needed to address activity
Support for the implementation of hygiene and sanitation promotion activities (i.e., WASH) to sustain gains in NTD control and elimination	Unknown	This activity would commence as soon as possible lasting a duration of at least 3 – 6 months.

5. Maps

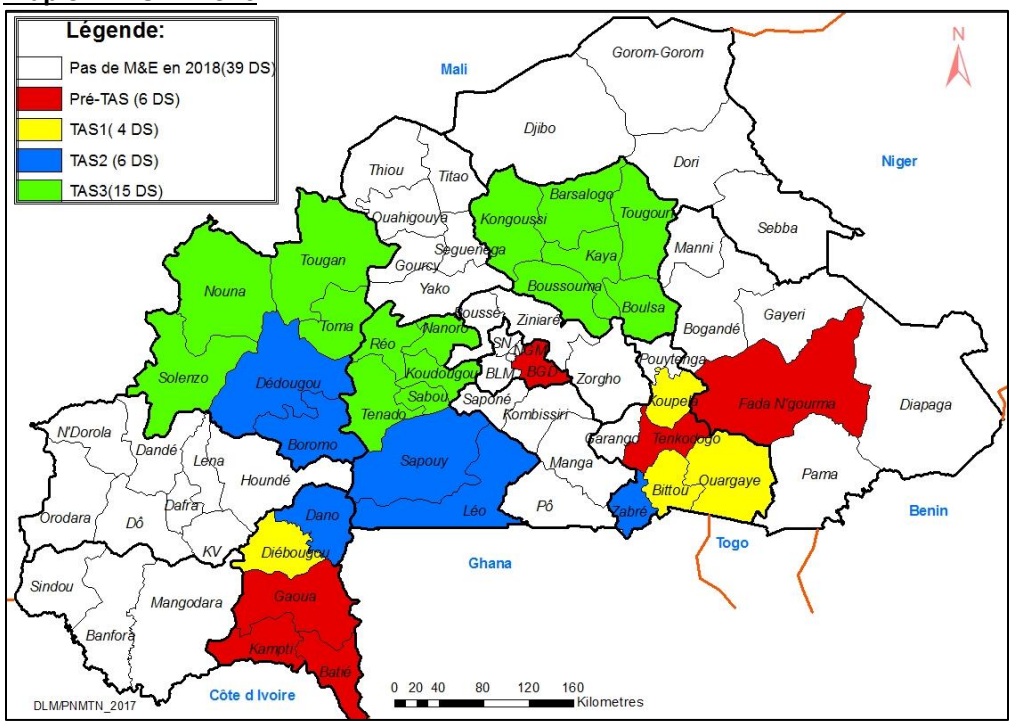
Map of FY18 NTD MDAs



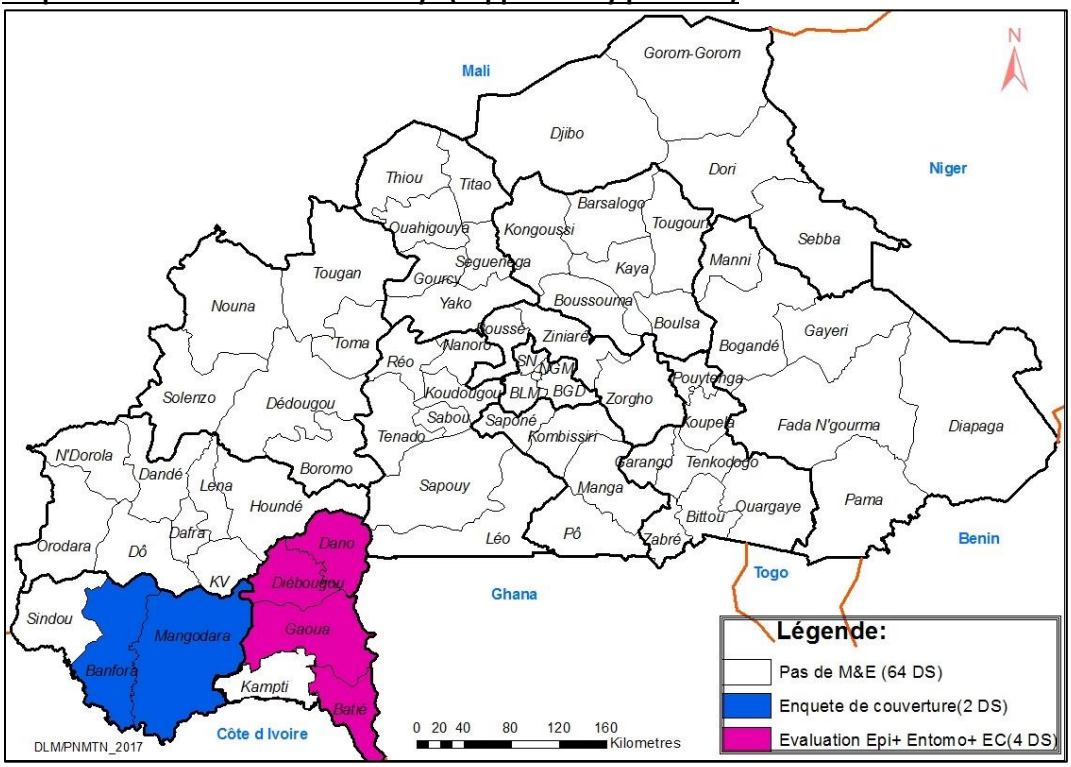
Map of FY18 NTD MDAs supported by partner



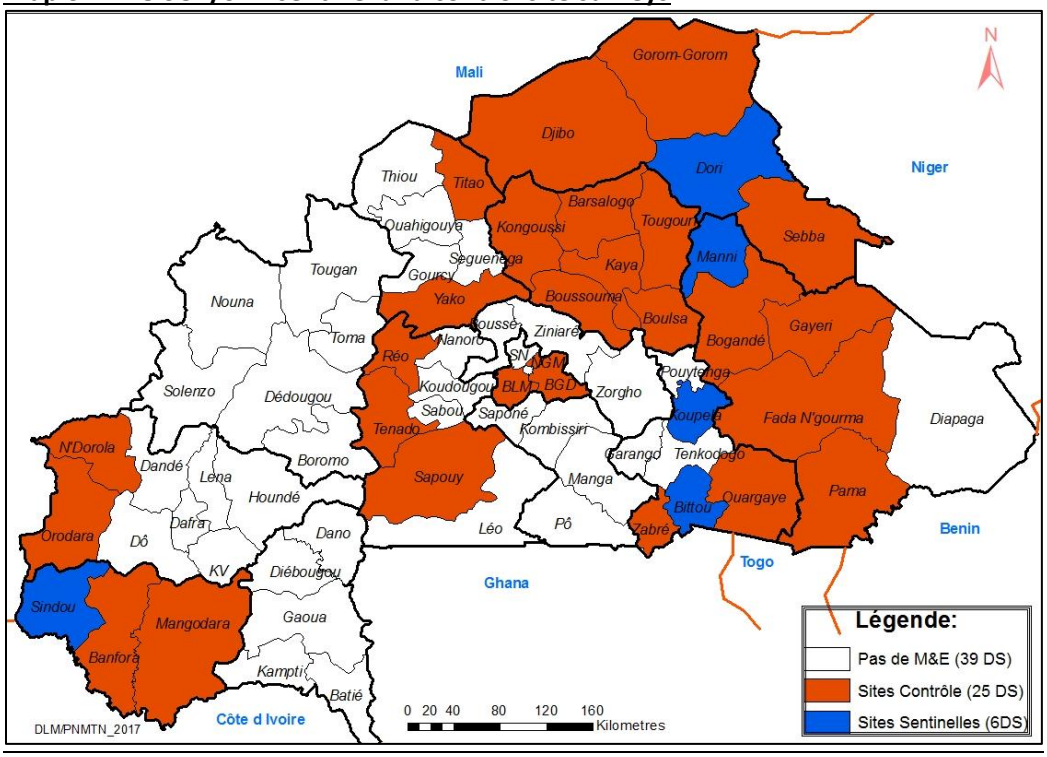
Map of FY18 LF DSAs



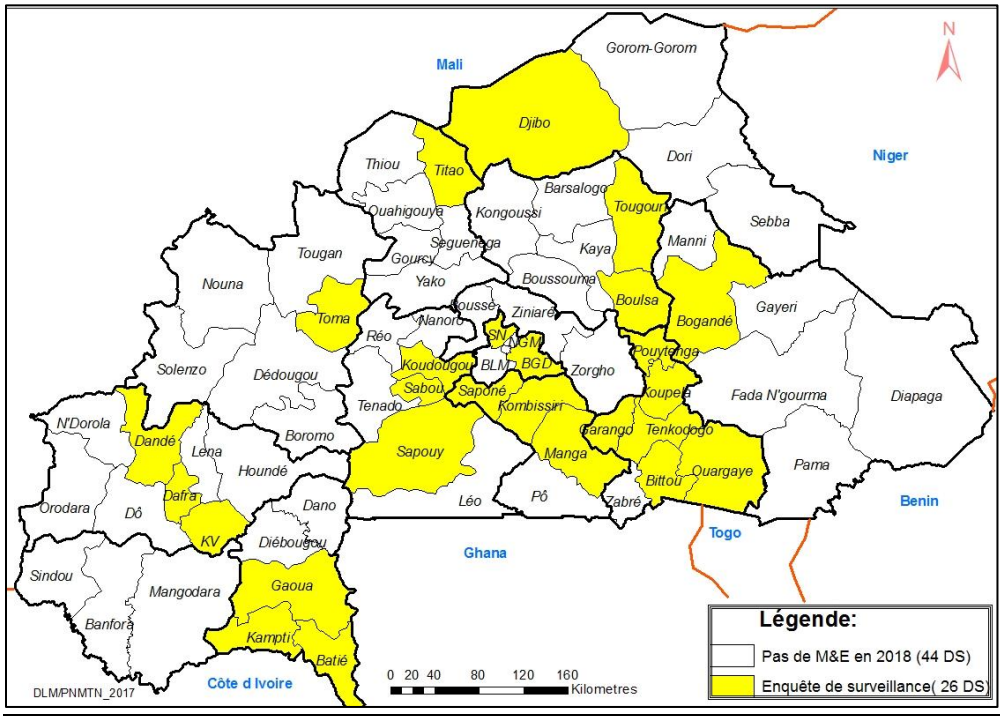
Map of FY18 Onchocerciasis surveys (supported by partners)



Map of FY18 SCH/STH sentinel and control site surveys



Map of FY18 trachoma surveillance surveys



APPENDICES

1a. HKI Country staffing chart
1b. Burkina Faso NTDP Organogram
2. Work plan timeline
3. Work plan deliverables
4. Table of USAID-supported provinces/states and districts
5. FY17 SAR1 (Q1 & Q2)
6. FY18 Program Workbook
7. FY18 Disease Workbook
8. Country budget