CÔTE D'IVOIRE
FY 2017

Control of Neglected Tropical Diseases

Annual Work Plan
1st October 2016 – 30th September 2017

Date: 29th August 2016

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Acronyms and Abbreviations

AE	Adverse Event
AFRO	WHO Regional Office for Africa
ALB	Albendazole
APOC	African Program for Onchocerciasis Control
BCC	Behavior Change Communication
CD	Community Distributor
CDTI	Community Directed Treatment with Ivermectin
CNTD	Center for Neglected Tropical Diseases
CSRS	Centre Suisse de Recherche Scientifique (Suisse Center for Scientific Research)
DFID	Department for International Development
DGS	Direction Générale de la Santé (Office of the Director General of Health)
DHMT	District Health Management Team
DOLF	Death to Onchocerciasis and Lymphatic Filariasis
DPML	Directorate of Pharmacies, Medicines and Laboratories
DPPEIS	Direction de la Prospective, de la Planification de l'Evaluation de l'Information Sanitaire (Directorate of Prospection, and Health Information Planning and Evaluation)
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
FHI360	Family Health International 360
FOG	Fixed Obligation Grant
FPSU	Filarial Program Support Unit
GoCI	Government of Cote d'Ivoire
GSK	Glaxo Smith Kline
GTMP	Global Trachoma Mapping Program
HD	Health District
HKI	Helen Keller International
ICRC	International Committee of the Red Cross
ICT	ImmunoChromatographic Test
IEC	Information, Education and Communication
ITI	International Trachoma Initiative
IU	Implementation Unit
IVM	Ivermectin
LF	Lymphatic Filariasis
LNSP	Laboratoire Nationale de la Santé Publique (National Public Health Laboratory)
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
M&E	Monitoring & Evaluation
MF	Microfilaremia
MRU	Mano River Union
MSHP	Ministère de la Santé et de l'Hygiene Publique (Ministry of Health and Public Hygiène)
NGO	Non-Governmental Organization
NPSP	Nouvelle Pharmacie de la Santé Publique (New Pharmacy for Public Health)
NTD	Neglected Tropical Disease
NTDP	Neglected Tropical Disease Program

OCP	The World Health Organization's West African-Based Onchocerciasis Control Program
Oncho	Onchocerciasis
PCT-NTD	Neglected Tropical Disease targeted through Preventive Chemotherapy
PHU	Peripheral Health Units
PNDAP	Programme National de Développement des Activités Pharmaceutiques (National Program for the Development of the Pharmaceutical Industry)
PNLSGF	Programme National de Lutte contre la Schistosomiase, les Géohelminthiases et la Filariose Lymphatique (National Program for the Control of Schistosomiasis, Soil Transmitted Helminthiasis and Lymphatic Filariasis)
PNSO-LO	Programme National de Santé Oculaire et de la Lutte contre l'Onchocercose (National Program for Eye Health and Onchocerciasis Control)
PZQ	Praziquantel
RGPH	Recensement General de la Population et de l'Habitat (General Population and Habitat Census)
SAC	School-Age Children
SAE	Severe Adverse Events
SAFE	Surgery, Antibiotics, Facial cleanliness and Environmental change
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SCM	Supply Chain Management
SOP	Standard Operating Procedure
STH	Soil-Transmitted Helminthiasis
TEC	Trachoma Expert Committee
TF	Trachomatous Inflammation Follicular
TIPAC	Tool for Integrated Planning and Costing
USAID	United States Agency for International Development
WAHO	West African Health Organization
WHO	World Health Organization

COUNTRY OVERVIEW

General background information on country structure

Cote d'Ivoire is located on the south central coast of West Africa, below the Equator between latitude 10° North and longitude 4° West, and is bordered by the Atlantic Ocean in the south, Ghana in the East, Liberia and Guinea in the West, and Burkina Faso and Mali in the North. Cote d'Ivoire is a member of the Mano River Union (MRU) that includes neighboring countries such as Liberia, Guinea and Sierra Leone that are all also endemic for neglected tropical diseases (NTDs) targeted through preventive chemotherapy (PCT NTDs).

It has a surface area of 322,463 km² of which 318,003 km² inland, and measures 600 km from North to South and 600 km from East to West. Côte d'Ivoire has a mild tropical climate with annual average temperatures between 26° C and 27° C and a high humidity of more than 70%. Equatorial and southern savanna types of climate prevail. North of approximately 8° N latitude, the southern savanna type of climate occurs, characterized by the parching wind known as the harmattan, which blows from the northeast beginning in December and ending in February. The dry season lasts from about November to March. The dry season is followed by a single rainy season from April to October that produces annual precipitation with totals ranging from around 45 inches (1,100 mm) in the northeast and center to approximately 60 inches (1,500 mm) in the northwest. The Cote d'Ivoire ground rises constantly as it recedes from the coast, and the northern half of the country consists of high savanna lying mostly 300 meters above sea level. Most of the western border with Liberia and Guinea is shaped by mountain ranges, whose highest point, Mount Nimba, is 1,752 meters high. Côte d'Ivoire's population is estimated at 22,671,331 inhabitants according to the General Population and Habitat Census of 2014 (Recensement General de la Population et de l'Habitat or RGPH).

For administrative purposes, Côte d'Ivoire is divided into 31 regions, 12 districts, 108 departments (prefectures in French), 510 sub-prefectures, 197 towns and 8,500 villages. It has two (2) autonomous districts (Abidjan, the economic capital and Yamoussoukro, the political capital). Yamoussoukro is located in the center of the country at 248 km from Abidjan the economic capital. In the field of health, Côte d'Ivoire is divided into 20 health regions and 82 health districts (HD). The HD is the operational unit of the health system, and is also the unit that plans and organizes the activities necessary for the optimal management of the populations' health problems, with the full participation of those populations.

Recent political and social crises have taken a heavy toll on the country's health system. During 2002-2010, most of the health centers were closed in the central and northern part of the country (over 52% of health centers nationally), and only Non-Governmental Organization (NGO) facilities remained open. Following the electoral crisis of 2011-2012, all health centers in the western part of the country and in the city of Abidjan (the communes of Yopougon and Abobo) were closed. Nationwide many hospitals and health centers were looted and still remain in dire shape. After the last post-electoral crisis, International partners have been supporting the country to restore basic health services, improve food security and foster social cohesion that benefit millions of Ivorians in the regions most affected by the crisis. Despite the country's steady recovery, gaps still remain in restoring basic services such as healthcare.

In Cote d'Ivoire there are many programs established for the control of NTDs including programs targeting PCT NTDs and programs targeting case management NTDs such as Buruli ulcer, yaws, and leprosy. There are currently two programs involved in the efforts to control PCT NTDs within the Ministry of Health and Public Hygiene (Ministère de la Santé et de l'Hygiene Publique or MSHP) in Cote d'Ivoire: the National Program for the Control of Schistosomiasis (SCH), Soil Transmitted Helminthiasis (STH) and Lymphatic Filariasis (Programme National de Lutte contre la Schistosomiase, les Géohelminthiases et la Filariose Lymphatique or PNLSGF) and the National Program for Eye Health and Onchocerciasis (oncho) Control (Programme National de Santé Oculaire et

de la Lutte contre l'Onchocercose or PNSO-LO). These 2 NTD programs have been receiving and will continue to receive financial and technical support from a number of NTD partners as detailed in table-1 below, key among which are the following:

- Schistosomiasis Control Initiative (SCI);
- the Filarial Program Support Unit (FPSU) that was previously known as the Center for Neglected Tropical Diseases (CNTD);
- the END Fund;
- Sightsavers;
- and Helen Keller International (HKI).

It is however worth noting that even with the support of the partners mentioned in Table 1 below, the geographic coverage for the 5 PCT NTDs was below 50% generally and 0% for trachoma before United States Agency for International Development (USAID) support started in FY2016. Funding from the USAID is expected to provide the opportunity for Cote d'Ivoire to complete all mapping (mapping for trachoma is yet to be completed); improve the quality of mass drug administration (MDA) to reach 100% geographical coverage and ⩾80% programmatic coverage; properly implement the required activities for monitoring and evaluation (M&E) including disease specific assessments (DSAs); and build local capacity for implementation of M&E activities, all in accordance with World Health Organization (WHO) guidelines.

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

Partner	Location (Regions/States)	Activities	Is USAID providing direct financial support to this partner? (Do not include FOG recipients)	List other donors supporting these partners/ activities
Ministry of Health and Public Hygiene (MSHP)	Central level, 20 health regions and 82 HDs for lymphatic filariasis (LF), Oncho, STH, and SCH	Supply of information technology (IT) and logistics equipment for the NTD programs (PNLSGF and PNSOLO)	No	None
		Reception of Ivermectin (IVM), Albendazole (ALB) and Praziquantel (PZQ) for MDAs for the different diseases-LF, Oncho, STH and SCH	Yes	Mectizan Donation Programme (MDP), WHO, GlaxoSmithKline (GSK), SCI, International Trachoma Initiative (ITI)
	Central level, 2 health regions and 4 HDs endemic to trachoma	Reception of Azithromycin (Zithromax) in different formats for MDAs	Yes	ITI PFIZER
END FUND / SIGHTSAVERS	20 HDs	Financial support for the implementation of LF baseline microfilaremia (MF) survey	No	None
	13 HDs	Financial and technical support for LF and Oncho MDA	No	None

MDP	Central level and 74 endemic HDs	Donation of sufficient quantity of IVM for LF and Oncho MDA	No	None
GSK	Central level/ 61 endemic HDs	Donation of sufficient quantity of ALB for MDAs	No	None
ITI/PFIZER	Central level and all trachoma endemic HDs	Donation of sufficient quantity of Zithromax for trachoma MDA	No	None
WHO Cote d'Ivoire	Central level/all NTD endemic HDs	Provides technical support for drugs control and serves as consignee for receipt of NTD related medicines (IVM, ALB, PZQ and Zithromax) and other medical logistics; and technical support for implementation of NTD activities	No	None
Death to Oncho and LF (DOLF) project of the Washington University of Saint-Louis & University of Philadelphia	Central level, HDs of Akoupé, Abengourou and Agboville	Supply of IT and logistics equipment; Support to Operational Research	No	None
	Central, regional and HDs of Akoupé and Abengourou	Financial and technical support for LF, oncho and STH MDA	No	*None*
SCI	Central level	Logistical support	No	None
	Central level, 20 health regions and 43 HDs	Technical and financial support for the implementation of information, education and communication (IEC)/behavior change communication (BCC) activities on SCH	No	None
	Central level, 20 health regions and 43 HDs	Financial and technical support for SCH MDA	No	None
	3 health regions 3 HDs	Post MDA coverage survey for SCH	No	None

National NTD Program Overview

FY2017 will be the second year of USAID support to the Neglected Tropical Disease Programs (NTDP) in Cote d'Ivoire and this support will be provided through the END in Africa project managed by FHI360. All activities planned for FY2017 will be implemented in line with the 2011-2015 NTD Master Plan of the country and strictly according to the most recent WHO guidelines, protocols and standard operating procedures (SOPs) on NTDs. All 5 PCT NTDs are endemic in Cote d'Ivoire and are targeted as follows: LF,

Trachoma and Oncho are targeted for elimination while SCH and STH are targeted for control because of the high reinfection rates noted and the predisposition of many communities to the two diseases due to poor environmental sanitation. Control/Elimination activities for the 5 PCT NTDs will be integrated as much as possible to maximise the limited resources and improve efficiency to achieve the greatest possible impact for any set of resources made available to the NTDP. Treatment of LF is with ALB and IVM tablets. ALB is also effective against STH and is one of the drugs used for STH control, while IVM is also used for treating Oncho. Therefore, MDA for LF and Oncho are integrated with added benefit for STH where these diseases are co-endemic. Schistosomiasis (SCH) treatment with PZQ is also integrated with STH treatment using ALB in HDs where both diseases are co-endemic because the targeted population for these 2 diseases is usually school-age children (SAC).

Lymphatic Filariasis

In the beginning of FY2016, 61 of the 82 HDs in Cote d'Ivoire were already known to be LF endemic with 54 HDs cooendemic for oncho. However, during a WHO AFRO NTD Regional Peer Review Group (RPRG) meeting in Brazzaville, Republic of Congo, on 30th June – 4th July 2014, an analysis of the Cote d'Ivoire NTD data identified some discrepancies in the method used to map LF in some districts (less than 2 villages were surveyed per district and less than 100 participants were surveyed to determine non-endemicity). The RPRG then recommended remapping of 14 out of the 21 HDs reported as non-endemic. Through USAID Funding in FY16, the remapping of the 14 HDs using ImmunoChromatographic cards (ICT) showed that twelve (12) of them are now LF endemic with prevalence ranging from 2% (Dabou, M'bahiakro) to 56% (Danane). The number of LF endemic HDs rose to 73 with an at-risk population estimated at 20,479,536 people, which is about 83.74% of the general population of 2017. Among the 73 LF endemic HDs, 64 HDs are co-endemic for oncho.

It is also recommended to perform baseline LF survey on these 12 newly identified endemic districts before treatment is started in FY2017 to obtain information that will be useful to monitor impact of MDAs on these 12 newly LF endemic districts. A similar LF MF baseline survey was to have been conducted in the Bouna district in FY2016 but was not conducted due to insecurity concerns within the district. The LF baseline survey in FY2017 will now be conducted in 13 HDs including the 12 newly endemic districts and Bouna using Filaria Test Strips (FTS).

MDA for LF started in 2012 after a decade of conflict in the country with treatment of 4 HDs. No treatment was conducted in 2013 due to lack of funding. In 2014, the same 4 HDs were treated together with 25 other HDs. In 2015 only 26 HDs were treated. However, in FY2016 geographic coverage moved up to 100% for the then 61 LF endemic HDs with USAID funding covering 41 of the 61 HDs for LF treatment. Since the number of LF endemic districts have increased to 73 in FY2017, USAID funds will be used to support MDA is 56 LF endemic HDs to still maintain geographic coverage at 100% for LF. In FY2017, support from the USAID NTD program is expected for LF-Oncho MDA in 56 HDs with a target population of 13,189,199 people; baseline LF MF in 13 endemic HDs; and Data Quality Assessment (DQA) post-LF-Oncho-STH MDA.

Onchocerciasis

Oncho control in Cote d'Ivoire began in 1974 with the former WHO West African Oncho Control Program (OCP). Under the OCP, the country was divided into 3 strategic areas: (i) initial area (northern zone); (ii) southern extension zone; and (iii) forest area. From 1974 to 1998, the treatment strategy was based on vector control through aerial larviciding along river basins (Sassandra, Marahoué, Bandama, Comoé, and Black Volta) and their tributaries. From 1990 to 1996, OCP used mobile teams of health workers to distribute IVM in the southern extension area. There was then very little community participation and production costs to the health system were high. Since 1996 Community Directive Treatment with

Ivermectin (CDTI) is being implemented in the country's southern extension area. The CDTI strategy complemented the vector control activities of OCP, and contributed to the success of the OCP whose mandate ended in 2002.

Thus, at the closure of OCP in 2002, after more than twenty (20) years of control activities, the epidemiology of oncho in Côte d'Ivoire was described as follows: (i) Initial area**:** In this area the prevalence reduced from 60% with a blindness rate of 10% to a prevalence of 5% with zero blindness rate; (ii) southern extension zone: oncho prevalence was between 5% and 15%; (iii) forest area: the prevalence of the disease was around 60% in endemic villages. The political and military crisis that started in 2002 had a negative impact on achievements made in oncho control such as: (i) loss of the database and other resource materials; (ii) loss of logistics; (iii) deterioration of the epidemiological profile; (iv) withdrawal of control partners; (v) loss of skilled human resources; (vi) termination of epidemiological and entomological surveillance; (vii) interruption of mass treatment with IVM for 3 consecutive years between 2002 and 2004.

In 2005, oncho control activities were resumed in a difficult environment with the support of APOC, HKI, CARITAS of Man, and the International Committee of Red Cross (ICRC). Since then there has been irregular treatments for oncho due to lack of funding. Thus, between 2005 and 2013 the geographical coverage was between 22.32% and 46.5%, and therapeutic coverage was between 10.41% and 35.1%. Also, the different entomological and epidemiological surveillance activities conducted since then have indicated resurgence of oncho transmission across the country. Thus, in the northern zone of the country considered to be 'cleaned' at the closure of OCP in 2002, the Black Volta and Comoé at the border between Côte d'Ivoire, Burkina Faso and Ghana is noted to now have a prevalence of about 37% (Black Volta in the village of Posséo) and 19.4% (Comoé in the village of Kafolo). Furthermore, 2013 epidemiological assessments show that the situation is also deteriorating in the Marahoué and BIA regions with a prevalence of 15.83% and 35.4% respectively. In 2014, an epidemiological assessment in HDs that have never been covered also detected 8 HDs with prevalence ranging from 1.1% to 8% detected through skin snip, thus increasing to 67 the number of oncho-endemic HDs.

The FY2016 WorkPlan took into consideration the paradigm shift from oncho control to oncho elimination and so all HDs with prevalence higher than or equal to 1% using skin snip method were treated and will continue to be treated. With the closure of the WHO/African Program for Onchocerciasis Control (APOC) in December 2015 a total of 38 HDs received full support from USAID to conduct MDA and advocacy/social mobilization activities for Oncho. Epidemiological evaluation was also conducted in 40 villages of 4 HDs with funding from USAID. The rest of the oncho-endemic HDs were covered with financial support from END Fund and Sightsavers, and the geographic coverage was also 100% for oncho in FY2016.

In FY2016, there were 67 oncho endemic HDs and 61 LF endemic HDs among which 54 were coendemic for oncho and LF. This means that there were 54 oncho/LF coendemic HDs, 13 oncho-only HDs (67 less 54), and 7 LF-only HDs (61 less 54). A total of 74 out of 82 HDs had to be treated for oncho and LF and USAID supported 41 of the 74 HDs while END Fund/Sightsavers supported the remaining 33 HDs bringing the geographic coverage to 100% for both diseases. In FY2017 the situation has changed slightly as there are still 67 oncho endemic HDs while there are now 73 LF endemic HDs with 64 HDs coendemic for oncho and LF. This means that in FY2017 a total of 76 HDs have to be treated for LF and oncho: 64 coendemic HDs; 3 oncho only HDs (i.e. 67 less 64); and 9 LF only HDs (i.e. 73 less 64). USAID support will cover 56 HDs while END Fund and Sightsavers will cover the remaining 20 HDs.

Following the new WHO guidelines on oncho elimination, all districts receiving regular annual MDA will be subject to epidemiological evaluation every 3-5 years to determine the current oncho prevalence level and assess impact of MDAs on the oncho prevalence with time. The NTD Program has already identified 10 sentinel sites (communities) for each endemic HD within high-risk areas for oncho such as villages that are located near rivers that have breeding site for the black fly *Simulium damnosum,* the vector that transmit the disease. Six (6) of the 22 HDs that already had five annual treatment rounds with Epi coverage ranging from 79%-83% each year for oncho will be evaluated in FY2017.

Schistosomiasis[1]

Among the 82 HDs of Cote d'Ivoire, 22 were mapped for SCH in 2012, 16 in 2013 and 44 in 2014. Mapping results have shown that only 2 HDs (Nassian and Tanda) were found not to be endemic for SCH. According to the treatment strategy recommended by WHO for treatment of SCH, and adopted by Cote d' Ivoire, 3 HDs with a prevalence ⩾50% should be treated each year, 42 HDs with prevalence between 10% and 49% should be treated once every two years, and 35 HDs with a prevalence less than 10% should be treated once every three years. In FY2016, 39 HDs are to be treated for SCH through SCI support while treatment of the population above 15 years of age in 3 of these 39 HDs (i.e. with a prevalence ⩾50%) is being funded by USAID.

In 2017, MDA for SCH will also be conducted in 39 HDs targeting a total of 3,076,144 SAC. The 39 HDs will include the 3 HDs with a prevalence ⩾50% where the population ⩾15 years of age have to be treated, 24 HDs that have a prevalence between ⩾10-49%, while 12 HDs have a prevalence 1-<10%. MDA will be conducted among SAC only in 36 HDs and will be fully funded by SCI. In the 3 HDs with prevalence ⩾50%, MDA among SAC will be funded by SCI while MDA among adults will be funded by USAID targeting a population of 450,590 people and so treatment costs in these 3 HDs will be co-shared between SCI and USAID.

Soil-Transmitted Helminthiasis

Mapping of STH was integrated with SCH mapping as described above and it has been demonstrated that all 82 HDs are endemic for STH with prevalence ≥1%. According to WHO guidelines on treatment for STH, only 29 HDs have STH prevalence ≥20% and require MDA. The NTD program plans to integrate all treatment for STH with either treatment for LF or SCH in HDs where the diseases are co-endemic.

Among the 29 HDs with STH prevalence ≥20%, 22 are also LF endemic while 7 are also SCH endemic.
For FY2017, the 27 LF-STH co-endemic HDs will be treated during LF-Oncho-STH MDA and the 2 remaining HDs will be treated during the SCH MDA.

Trachoma

There were very few data available on the prevalence of trachoma and the distribution of endemic areas in Côte d'Ivoire. Furthermore, very few of the HDs have staff trained on eye care, especially in frontline health facilities. District health professionals are also not trained on trachoma screening. Consequently, not much attention was given to this disease within HDs. A study on trachoma was initiated by the West African Health Organization (WAHO) that was conducted in 2008 by the Swiss Centre for Scientific Research (Centre Suisse de Recherche Scientifique or CSRS) and the PNSO-LO (formerly known as Program National de Lutte contre la Cecite or National Program for Blindness Prevention-PNLC). This study was conducted as part of the drive to complete trachoma mapping in the West African Region, and involved

[1] SCH prevalence defined using laboratory methods

six departments (prefectures) of northern Cote d'Ivoire namely Odienne, Tengrela, Boundiali, Korhogo, Bouna and Ferkessédougou. These departments were chosen because they are close to Mali, Guinea Conakry and Burkina Faso, all countries affected by trachoma. The results of the survey conducted in 2008 showed that the prevalence of active trachoma among children 1-9 years was less than 10% in the HDs of Tengrela, Boundiali, Korhogo, Bouna and Ferkessédougou, except in two villages of the Departments of Odienne Bogoba (10.7%) and Tiolasso (24.5%). Unfortunately, no action was taken to address the situation due to the political crisis and the military division of the country into two zones that had damaged the country's health profile, depriving northern areas of all the relevant health services, and exacerbating the trachoma situation witnessed.

Taking into account the decision of the international NTD community that all NTD endemic countries should complete NTDs mapping by end of 2015, NTD partners (Sightsavers and the Global Trachoma Mapping Program or GTMP) decided to support trachoma mapping in the country. To this end, a step-by-step mapping methodology was approved taking into account the fact that basic information about the disease is not available to identify any suspect HDs that should be mapped. Thus, 11 HDs at risk were initially selected for trachoma mapping. The results of Trachomatous Inflammation Follicular (TF) prevalence among children 1-9 years showed that 9 of the 11 HDs mapped have a prevalence equal to or above 5% thus endemic for trachoma and have to be treated at least once. The NTD program believes strongly that the remaining 71 HDs should be mapped for trachoma and was able to conduct a pre-mapping rapid assessment survey funded by USAID in 33 HDs located in the northern and central parts of the country. The results of the rapid assessment survey, which is based on identification of TF and trachomatous Trichiasis (TT) among those ≥15 years of age, indicate that 23 HDs are trachoma suspect HDs that should be mapped. The NTD program has decided to map 7 of the 23 trachoma suspect HDs in FY2017. New WHO standard operating procedures (SOPs) for trachoma require that HDs with TF prevalence between 5 and 10% have to be treated at least once and an impact assessment should be conducted after this first round of treatment. Thus, the Bouna HD having a prevalence of 8.6% and treated in FY2016 will therefore be subject to a trachoma impact survey in FY2017.

In FY2016, USAID supported the NTD program to treat 4 of the 9 trachoma endemic HDs using drugs (Zithromax syrup and tablets) that were donated through the ITI and tetracycline eye ointment (TEO) that was procured with USAID funds. In FY2017, the number of HDs treated will be increased to five (5). Although the donation of Zithromax tablets (for treatment of those ≥5 years) and Zithromax syrup (for treatment of children between 6 months and 59 months) will be requested through ITI and the Trachoma Expert Committee (TEC), USAID funding is needed to procure TEO for treatment of children below 6 months.

In all, the FY2017 country workplan will need USAID funding to (i) implement MDA for trachoma in 05 out of 9 HDs with a population at risk of 912,728 people, (ii) conduct a trachoma impact survey in the HD of Bouna, (iii) conduct mapping for Trachoma in 7 HDs, (iv) and conduct a DQA after trachoma MDA.

Table 2: Snapshot of the expected status of the NTD program in COUNTRY as of September 30, 2016

		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 09/30/16		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/16	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/16	No. of districts requiring DSA as of 09/30/16
					USAID funded	Others			
LF	82	*73*	*9*	*0*	*41*	*20*	*12*	*0*	*Baseline LF survey : 13*
Oncho		*67*	*15*	*0*	*41*	*26*	*0*	*0*	*Epi Eva: 6*
SCH		*80*	*2*	*0*	*3*[2]	*39*	*0*	*0*	
STH		*82*	*0*	*0*	*41*[3]	*20*	*0*	*0*	
Trachoma		*9*[4]	*02*	*71*	*4*	*0*	*5*	*0*	*Impact survey: 1*

PLANNED ACTIVITIES

NTD program Capacity Strengthening

Management of NTDs call for a wide range of technical competencies and knowledge. The NTDP personnel are expected to have their capacity strengthened on project management, monitoring and evaluation (M&E), research and data management to facilitate implementation and better management of the project. Indeed, a large number of epidemiological evaluations/studies are conducted annually as part of the epidemiological surveillance activity of these NTDs. To this end, the project must meet a number of standards and ethics to ensure accurate and quality data for decision-making. Therefore, strengthening the skills of investigators and data managers on these assessments is key.

To meet the requirements for protocol writing, development of abstracts and articles, the NTDP staff will receive some trainings and continuous support from a local institution and this will be supported with USAID funds. Through these capacity building efforts, the NDTP staff will be better prepared to conduct the following:

1. Implementation of baseline LF MF survey in 13 HD that have never gone through treatment;
2. Support trachoma impact survey in the health district of Bouna;
3. Support mapping for Trachoma in 7 trachoma suspect districts;
4. Support implementation of epidemiological evaluation of oncho in 6 HDs, which already went through five (5) rounds of uninterrupted MDA. The NTDP will use the most recent methodology being proposed for monitoring impact of MDA on oncho prevalence, i.e. the use of both skin snip methodology and OV16 Rapid Diagnostic Tests (OV16 RDTs).

[2] The 3 HDs are part of the 39 supported by SCI but has ≥50% SCH prevalence. USAID supports treatment among those ≥15 years of age in these 3 HDs while SCI supports treatment of SAC.
[3] Although only 29 of the 82 HDs have to be treated for STH according to WHO guidelines, the country considers all HDs with prevalence ≥1% as endemic and so treatment for LF is also considered treatment for STH.
[4] 5 of the 9 HDs have TF prevalence between 5 and 9.9%.

To expand the health professional network that have the capacity to perform some specific laboratory procedures necessary for the different evaluations, a greater number of actors will be trained and coached in the implementation of these procedures (skin snip, nodule palpation, microscopy for reading of slides, etc.).

Although there are no specific gender-focused activities planned in FY2016, the NTDP believes that having more women as community distributors (CDs) will improve coverage. The NTDP therefore will continue to advocate within communities for more women to be appointed as CDs because this decision is usually based on tradition and has to be made by communities themselves.

Project assistance

Project assistance planned for FY2017 is summarized below, with the detailed descriptions provided in the respective sub-sections:

USAID-funded activities:

- Conduct a 1-day national launch of MDA for PCT-NTDs in a HD with representation from central level (the Cabinet, the Office of the Director General of Health (Direction Générale de la Santé or DGS), NTD partners) and local level representatives (community leaders/chiefs, religious leaders, teachers and community members);
- Implement 4 MDAs with the following targets:
    - Integrated LF-Oncho MDA – 10,720,182 people/48 co-endemic HDs including 22 STH co-endemic HDs;
    - LF MDA – 2,469,020 people/8 HDs endemic for LF only;
    - Trachoma MDA – 912,728 people/5 HDs endemic for trachoma;
    - SCH MDA – 450,590 people (people ≥15 years of age)/3 HDs.
- Conduct epidemiology evaluation, surveys and mapping:
    - Oncho epidemiology evaluation in 6 HDs that already went through five (5) rounds of uninterrupted MDA;
    - Baseline LF MF survey (sentinel site) in 13 HDs**,** which have never gone through treatment;
    - Trachoma impact survey in Bouna Health District;
    - Mapping for Trachoma in 7HDs highly suspect for the disease.
- FHI 360 will provide assistance to the NTDP to conduct a workshop to develop tools to be used for the Trachoma MDA
    - Conduct workshop to develop tools for Trachoma MDA;
    - Organize capacity building sessions on different topics relating to PCT-NTDs;
    - Organize coordination meetings at all levels of the health pyramid for a better organization and implementation of NTD related activities;
    - Conduct sensitization and social mobilization activities targeting a large audience for the different MDAs; and
- Project funding will be used to support NTDP staff to attend international/regional meetings related to NTDs.

Activities supported by other partners:

- Integrated MDA for LF-Oncho in 16 HDs supported by Sightsavers/END Fund
- MDA for LF in one HD supported by Sightsavers/END Fund

- MDA for SCH in 39 HD supported by SCI
- MDA for Oncho in 3HDs supported by Sightsavers/END Fund
- Participation in MRU cross-border meeting supported by Sightsavers/END Fund.

Strategic Planning (Activities 3, 5, 28, 37, ODC; STTA by Deloitte)

Total cost for activities in this section: **$ 53,088**

Family Health International (FHI 360) manages the End Neglected Tropical Diseases in Africa (END in Africa) project in collaboration with Deloitte Consulting LLP (responsible for financial management and capacity building). The END in Africa project was extended in FY2016 to cover control/elimination of PCT NTDs in Cote D'Ivoire and the support is being provided directly through the FHI360 Country Office based in Abidjan. The support to the NTDP in Cote d'Ivoire is being provided in 3 ways: (1) through recruitment of FHI360/END in Africa project staff - a Program Manager, an M&E Officer, and a Finance/Grants Officer recruited in FY2016, and a driver that will be recruited in FY2017 - all of them will be working from the FHI 360 Office in Abidjan to support the NTDP directly on a day to day basis; (2) the END in Africa project regional hub in Accra has technical, M&E, finance and grants experts that will also support the NTDP in Cote d'Ivoire; (**3**) the END in Africa project will liaise and collaborate with other NTD partners when necessary to support the NTDP in Cote d'Ivoire especially when the technical assistance (TA) needed is not available within the project regional hub in Accra. To this effect, the project will collaborate with other NTD partners within the USAID portfolio to provide any needed TA and will recruit further expertise outside of the USAID portfolio when needed through the technical assistance facility (TAF). The 2 PCT NTD Programs (PNLSGF and PNSO-LO) implementing activities for control/elimination of the 5 PCT NTDs in Cote D'Ivoire are being supported currently to move into a more integrated approach for implementation. Meanwhile the NTDP has received and continue to receive TA from the END in Africa project for the development of country level annual work plan including the FY2017 work plan and fixed obligation grant (FOG) packages that will be submitted to USAID for approval.

The main objective of the END in Africa project for Cote d'Ivoire in FY2017 is to maintain 100% geographic coverage for MDAs in HDs in need of treatment and improve the quality of MDAs to maintain programmatic coverage ≥80%. To achieve this objective, the END in Africa project has to support the NTDP to complete mapping for all 5 targeted PCT NTDs. Mapping of LF was completed in FY2016 and so only trachoma mapping is yet to be completed. In FY2017 the NTDP will be supported to continue mapping for Trachoma in 7 HDs to determine the areas that need treatment against the disease. The project will implement all activities of the FY2017 NTD work plan in accordance with WHO guideline, protocols and SOPs; and will support the NTDP in planning and developing the next annual plan and budget for FY2018. The project will collaborate with all NTD partners that are involved in the efforts to control/eliminate PCT NTDs in Cote d'Ivoire through joint planning and coordination meetings. The project will also maintain continuous contact with all NTD partners operating in Cote d'Ivoire to ensure that there is no duplication of funding and to maximize the use of funding for better implementation of the NTD program

Update TIPAC for FY2017 (covered in STTA by Deloitte)

The NTDP will be supported by the END in Africa project (under the supervision of the Deloitte Technical Advisor for financial management and capacity building) to update the Tool for Integrated Planning and Costing (TIPAC) in FY2017. This tool is expected to help the NTDP identify funding and resource gaps that will be used for future planning and future advocacy and resource mobilization efforts. During FY2016, NTDP staff received training on the TIPAC followed by a workshop that allowed data entry to build the workplan for the coming year. This exercise was an opportunity to assess the level of funding and deficit,

identify districts or partners involved in the fight against PCT NTDs and to have a better understanding of the budgeted workplan. Unfortunately, during the training sessions, some major topics were not addressed. The NTDP seeks support from USAID for capacity building in TIPAC data analysis for decision-making to better prepare for resource mobilization exercises and upcoming workplanning sessions.

Planning and Technical Meetings (ODC)

Since there are 2 NTD programs covering the PCT NTDs in Cote d'Ivoire, the END in Africa project has been and will still continue advocating for one focal point for PCT NTDs in Cote d'Ivoire. It will also support the NTDP in Cote d'Ivoire to establish an NTD Task Force that can meet quarterly to review program progress with the participation of NTD partners, other MSHP representatives and representatives of the University of Cote d'Ivoire. The NTDP in Cote d'Ivoire is expected to maintain the 100% geographic coverage reached in FY2016 through USAID support and maintain the minimum 80% programmatic coverage during MDAs in FY2017 with USAID support. One way of ensuring that this objective is achieved is to support the NTDP in strategic planning and organize a series of meetings for intermittent review of program activities and for planning NTD activities. Beside NTD partners, these meetings will involve regional and district health authorities, the 2 PCT NTD programs, other related programs of the MSHP such as the School Health Programs that are usually involved in MDAs for SCH and STH, and other directorates of the MSHP that are involved in the management of PCT NTD drugs and other logistics. The opportunity offered by this meeting will be to plan the implementation of activities, examine the possible shortcomings and challenges, and propose solutions.

In FY2017, the NTDP will conduct the meetings below:

1. **Quarterly NTDP Technical Review Meeting: (ODC)**

The END in Africa project through the FHI360 Office in Abidjan and the END in Africa project team under the leadership of the Program Manager will support the NTDP in Cote d'Ivoire to conduct quarterly technical and supply chain management (SCM) review meetings. For two of the four meetings, program implementation will be discussed against planned activities. This way progress can be determined and/or measured. The quality of implementation of project activities in the country will also be assessed. Since these meetings will involve mainly personnel of the current 2 programs targeting PCT NTDs and END in Africa project staff, they will be hosted at the conference room of the FHI360 office in Abidjan to save costs. The other 2 meetings will be organized for SCM review and planning as discussed in the section on 'Coordination for forecasting and Review of drug distribution performance'. NTDP has signed a memorandum with the New Pharmacy for Public Health (Nouvelle Pharmacie de la Santé Publique or NPSP) to handle storage of MDA drugs in their warehouses and their dispatch to the regions and HDs. Two technical meetings will be held with this institution and all partners involved in the management of NTD drugs using USAID funding.

2. **Workshop for preparation of draft-0 of the FY18 work plan:** (**Activity-3; FOG-1**)

The END in Africa team in Cote d'Ivoire will support the NTDP to develop a draft FY2018 work plan package (work plan narrative, budget and budget narrative, workbooks and other appendices). This document will be shared with the multiple NTD partners and reviewed during the final work plan meeting to be held by June/July 2017 before it is submitted to the USAID NTD program for approval. The END in Africa team in Cote d'Ivoire will bring together key staff from the NTDP to collaborate on the development of draft-0 of the FY2018 work plan that will be shared with partners and reviewed during the final work planning meeting in June/July 2017.

3. **Annual NTDP Work Plan Validation Meeting/Abidjan:** (**ODC)**

The FHI360 office in Abidjan will support the NTDP in Cote d'Ivoire to conduct a work planning session for the review and finalization of the FY2018 work plan package. The NTDP will hold this session in Abidjan. All NTD partners will participate in this meeting including USAID and END in Africa project representatives from Washington. The final FY2018 work plan package will be submitted 2 weeks after this meeting for final review before submission to the USAID NTD Program for approval.

4. **National workshop for post-campaign performance evaluation:** (**Activities 05, FOG-1**)

The annual NTD review meeting will bring together NTDP personnel, regional and district health authorities from all 20 regions of the country and NTD partners to evaluate program performance in the whole year and address challenges encountered at the regional and district levels. The review will look at both community-based and school-based MDAs conducted over the year, and DSA activities and their results for the year. The NTDP will be supported to conduct this meeting once in FY2017 in a venue to be determined later in Abidjan or in another regional headquarter town.

Coordination for forecasting and Review of drug distribution performance (Activity 28)

For an effective management of drugs and supplies relating to NTDs, a national committee is being set up within the MSHP to coordinate SCM of essential NTD medicines and other NTD medical logistics that will bring together the PCT NTD programs, the Directorate of Pharmacy and Medicines Laboratories (Direction de la Pharmacie, du Medicament et Laboratoires or DPML), the National Program for the Development of the Pharmaceutical Industry (PNDAP), and the National Warehouse (NPSP. This committee will organize two annual meetings to: (i) develop and implement the annual SCM plan for PCT NTD medicines and logistics; (ii) monitor the plan on a quarterly basis; (iii) implement an information feedback system at all levels of the supply chain; and (iv) conduct critical analysis (strengths and weaknesses) of the supply chain system. USAID Funds will serve to support these technical meetings of the drug committee. These meetings will also serve as a good forum to discuss and make projections and submit applications for all drugs needed in FY2018. The WHO report and joint application form will be used to request for ALB, IVM and PZQ, while the ITI request form will be used for requesting Zithromax. It is proposed that USAID funds be used to procure PZQ tablets for SCH treatment of people ≥15 years in 3 category A HDs and also TEO for treatment of children <6 months old in five trachoma-endemic HDs.

Planning of cross-border activities in the framework of NTD control (ODC)

Treatment of border populations in West Africa is challenging because there is always movement of people between countries from one side of the border to another with little control of movements. This means that there could be duplication of treatment when some people receive treatment several times because they are located in different countries when MDA is performed. In the same context, some populations are missed entirely when some people are located in another country while treatment is performed in their country of origin. The response to this has been a strong effort by countries to organize cross-border meetings of PCT NTD programs to try and establish synchronized MDA for PCT NTDs within neighboring countries. Such meetings also provide an opportunity for countries to share experiences on NTD control/elimination strategies. The NTDP in Cote d'Ivoire has in the past received support from Sightsavers to conduct or participate in cross-border meetings with the NTDP of Burkina Faso for synchronized oncho MDA and coverage survey. Furthermore, Cote d'Ivoire has been taking part in MRU cross-border meetings with support from Sightsavers and CNTD Liverpool Since 2011. The MRU meetings provide opportunities for synchronization of NTD MDAs in Cote d'Ivoire with NTD MDAs conducted in Liberia and Guinea Conakry. To date, no cross-border activities have been conducted with the NTDP in Ghana and MDAs of both countries are not yet synchronized. In the FY2017 Work Plan, Cote d'Ivoire is seeking USAID support to strengthen Cote d'Ivoire/Burkina Faso and Cote d'Ivoire/Ghana cross-border activities, and also for the PCT NTD programs to be represented in the MRU cross-border meetings.

Planning for resource mobilization activities (covered by STTA/Deloitte)
In the Cote d'Ivoire NTD Master Plan (2016-2020), the NTDP hopes to strengthen resource mobilization strategies and sustainability of funds to continue the fight against NTDs. An advocacy meeting with the Department of Administrative and Financial Affairs, the Department of Health and the Ministry of Economy and Finance will be held to facilitate the creation of a line-budget for NTDP field activities and increase the budgets of the PCT-NTD program. Also, a meeting will be held with local private businesses, local elected officials (Mayors, districts and regional council representatives) to develop a public-private partnership against PCT-NTD. A resource mobilization plan will also be developed and validated.

NTD Secretariat (Planning budget – NTDP office expenses)
Total cost for activities in this section: **$32,068**

Although currently there are 2 PCT-NTD programs working together in the national efforts to control/eliminate PCT NTDs in Cote d'Ivoire (PNSO-LO and PNLSGF), the END in Africa project has already started and will continue to advocate with the DGS for a focal point for PCT NTDs to be officially appointed in Cote d'Ivoire.

Beside technical support, the END in Africa project will support the NTDP secretariat with office equipment (2 laptops, 2 printers, 2 power point projectors and 2 photocopiers), office sundry expenses (courier, photocopying, and printing), equipment maintenance and repairs (A/C repairs, Printers), communications expenses (telephone, internet, other electronic services), generator running expenses (fuel + maintenance), office stationery and IT maintenance services by outsourced service providers.

Advocacy for Building a Sustainable National NTD Program (Activities: 1 and 23)
Total cost for activities in this section: **$ 36,642**

USAID support to NTDP is in its second year of implementation and success of planned activities will depend on a good advocacy for greater attention to NTD activities from the national health authorities (the cabinet of Madame the Minister of Health, the DGS and other lined departments within the MSHP that collaborate with the PCT NTD programs). NTDP in collaboration with the END in Africa team will conduct special meetings to brief members of the MSHP hierarchy on NTDP activities and to request for support and participation of the MSHP hierarchy in some major NTD activities.

This advocacy will also be extended to the Ministry of Education as the NTDP has to collaborate with the Ministry of Education for all school based MDAs. Advocacy within the MSHP and Ministry of Education will be conducted not only at central level but also at the regional and district levels. Special meetings will be organized at the beginning of the year to brief relevant authorities at the different levels on the NTDP in Cote d'Ivoire and get them to understand how they can support the processes involved.

The NTDP will conduct a national launch of the MDAs before the MDAs start to get media attention and give visibility to the PCT NTD programs in Cote d'Ivoire. This launch will also be used to officially announce the MDA cycle. Launching of PCT NTD MDA will be a solemn ceremony performed by the Minister of Health and Public Hygiene or her representative.

The WHO recommend the setting up of a national steering committee for the PCT-NTDs and a committee of experts that will guide the country policy towards elimination and control of the PCT-NTDs. Thus, a plea will be made to the highest authorities of the MSHP for their establishment.

The lack of funding from the Government of Cote d'Ivoire (GoCI) to the NTDPs for field activities is a very big constraint for the programs and a challenge to sustainability of the fight against these PCT NTDs in Cote d'Ivoire. Since donor funding may be limited in time, the GoCI should be in a position to allocate some funds for implementation of PCT-NTD activities when and if current donor support ends. Advocacy will therefore be conducted within the MSHP and the Ministry of Economy and Finance hierarchy for a budget allocation to be made by the GoCI that will allow the NTDP to perform major field activities for PCT-NTD control/elimination. The PCT-NTD programs will also work in consultation with Deloitte Consulting LLP to develop an advocacy and resource mobilization document.

Social Mobilization to Enable NTD Program Activities (Activities: 1, 7, 8, 9, 20, 21, 22, 23, and 34)
Total cost for activities in this section: **$ 217,564**

The NTDP has identified poor social mobilization and absence of IEC materials as key challenges for MDA. The NTDP proposes to develop outdoor billboards, flip charts, posters, leaflets and T-shirts for CDs all bearing messages on PCT-NTDs for social mobilization conducted before, during and after MDAs.

A series of activities will be conducted to design and develop the materials and tools concerning communication around NTDs in the country. These tools will be pre-tested to make sure they meet goals to deliver appropriate message in an understandable way. Once pre-tested, a workshop with a larger audience will be organized to validate the materials. The NTDP will work with other health programs to have a consensus around the materials developed. Once these materials are developed, they are duplicated for wide distribution in the communities where MDAs will occur.

For a better understanding of NTDs and greater engagement of the populations, a short video carrying messages about the NTDs will be produced by local comedians and displayed throughout the year to inform on these diseases. TV spots will be developed to provide information on the dates, areas to be covered and target populations for treatment prior to, during and just after the planned MDAs. During that period, public criers will also be contracted to make street announcements.

In FY2017, mobilization and awareness campaigns will be conducted in the framework of 2017 MDAs at all levels of the health system. Before commencement of MDAs, social mobilization will be conducted at central level using national TV and Radio to discuss the MDAs and their importance. Members of the PCT-NTD programs will pay for sessions at the national TV and radio station and during which PCT NTDs will be discussed highlighting the role of communities and the importance of community compliance to treatment. The NTDP will pay for the broadcast on local TV of a short film on PCT-NTDs. In the health regions and districts, local radio stations will be involved in disseminating messages about the PCT NTDs in French and local languages such as Baoulé, Dioula, Bété, Agni and Ebrié. At Community level, mobilization and awareness campaigns will be conducted by the frontline health facility staff using leaflets and posters and by town criers. Town criers will be recruited to announce days for MDAs and the distribution method to be used (fixed point, or door-to-door).

Table 3 Social Mobilization/Communication Activities and Materials Checklist for NTD work planning

Category	Key Messages	Target Population	IEC Strategy (materials, medium, activity etc.)	Where/when will they be distributed	Frequency	Is there an indicator/ mechanism to track this material/activity? If yes, what?	Other Comments

MDA Participation	MDA will take place at x location on x day	Community members	Posters	Hung in health facilities and open places two (2) weeks in advance of Oncho/LF MDA campaign	Hung two weeks before the MDA campaign	% of audience who recall seeing the poster and message – in coverage survey, or at point of MDA	
Sensitization	Fight Against LF, Oncho and STH	Community members	Posters, Flyers	Hung in health facilities and open places two (2) weeks in advance of Oncho/LF MDA campaign	Hung two weeks before the MDA campaign	% of audience who recall seeing the poster and messages – in coverage survey, or at point of MDA	
MDA participation	MDA will take place at x location on x day	Community members	TV	Local station X. 2 weeks in advance of Oncho/LF MDA campaign	Messages play 10 times per week during the hours of 12H00 and 20H00	# % of persons who report having heard about the MDA on the radio (rapid assessment during MDA supervision)	
MDA participation			Radio broadcast	Different radio stations weeks in advance of LF-Oncho MDA campaign	Messages played 20 times per week during the hours of 6H00 - 22H00	% of audience who recall messages-coverage survey, local/national survey	

Training: (Activities: 2, 10, 11, 12, 13, 14, 15, 16, 31, 32, 39, and 43)
Total cost for activities in this section: **$523,192**

Both programs in charge of PCT NTDs in Cote d'Ivoire have identified the need for further training / refresher training of all the actors involved in the MDA each year to achieve better performance in terms of program coverage. The NTDP believes that training and refresher training of all categories of staff that are involved in MDAs each year will maintain quality of the service they provide and also motivate them to continue providing this service. Trainings for MDAs will be held at all levels in a cascaded manner to ensure that all the people involved in the MDA have received some training relevant to the MDA for the year. The trainings will focus on three cadres of staff. These are health (MSHP) and education (Ministry of Education) staff at the regional, HD and health facility levels; teachers at the HD level; and community volunteers at the community level. Trainings will focus on the following specific areas: endemicity status of the 5 PCT NTDs, social mobilization for MDA, MDA implementation, MDA supervision and monitoring, SCM and SOPs for MDA drug management, management of adverse events during MDAs, and record keeping and reporting after MDA.

Managers and Pharmacists from health regions and HDs will have their capacities strengthened each year for them to be up-to-date on new knowledge for SCM relating to NTD drugs and ability to manage the supply chain during MDAs. Training on this framework will focus on specific areas such as management of

MDA drugs, management of adverse events (AEs) and serious adverse events (SAEs), record keeping and reporting after MDA.

During the introduction of the integrated NTD database in the country in FY2016, 12 district data managers and 3 health region managers were trained on use of this new tool in February 2016. In FY2017, the NTDP will expand the training on the NTD database to 9 other HDs and 2 Health regions (Gbeke and Belier). The NTDP has identified some key challenges with data management such as the use of outdated and malfunctioning laptops by data managers. The NTDP is therefore requesting USAID support to purchase 26 laptops for a total of 21 district data managers and 5 regional data managers to improve data management for NTD elimination/control in Cote d'Ivoire.

The implementation of Data Quality Assessment (DQA) in Cote d'Ivoire for PCT-NTDs will help the NTDP to identify challenges with data management. Efforts will be made afterwards based on the findings of the DQA to strengthen the capacity of M&E officers at the different levels of implementation (central, region, district and community) to ensure reporting of more reliable data for PCT NTDs.

Table 4: Training targets

Training groups	Training topics	Number of staff to be trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresher training	Total Trained			
NTD Focal points and district technical advisors	Basic knowledge of PCT NTDs MDA implementation Managing adverse events MDA Supervision SCM for MDAs Advocacy and Social mobilization for MDAs Data reporting tools and reporting after MDAs	74	94	168	3	Regional administrative centers	Sightsavers/ END FUND
Regional Health Directorates and District Health Directorates		2,838 LF/Oncho; 1,362 SCH; 147 Trachoma	0	2,838 FL Oncho; 1,362 SCH; 147 Trachoma	1	HDs	Sightsavers/ END FUND SCI
Community Distributors (CDs)		35,400 LF/Oncho; 13,315 SCH; 1,825 Trachoma	0	35,400 LF/Oncho; 13,315 SCH; 1,825 Trachoma	1	Health Centers/Peripheral health Units (PHU)	Sightsavers/ END FUND/SCI
School Teachers		8,759 teachers	0	8759 teachers	1	HDs	SCI
Data Managers from health regions and districts		0	94	94	2	Regional administrative centers	Sightsavers/ END FUND
Pharmacists, other Officers in-charge of health facilities		0	94	94	3	Regional administrative centers	SS/END FUND
M&E officers from health regions and districts	NTD database Training	11	15	26	5	Grand Lahou	MSHP

Mapping (Activity: 46)
Total cost for activities in this section: **$ 119,213**

Mapping for LF, oncho, SCH and STH is now completed after the confirmation mapping conducted for LF in 14 HDs in FY2016. Mapping is yet to be completed for Trachoma. Currently only 11 out of the 82 HDs are mapped for Trachoma among which 9 were determined to be endemic for LF. Among the remaining 71 HDs, rapid assessment was conducted in 33 HDs in FY2016 to identify HDs that are suspect for trachoma and should be mapped. Twenty-three of the 33 HDs were determined to be highly suspect for trachoma. However, due to limited resources only 7 out of the 23 HDs will be mapped in FY2017. Subsequent actions to be taken (further mapping of other HDs and further rapid assessment in the remaining 38 HDS) will depend on the results of the mapping to be conducted in FY2017 and analysis of the results of the rapid assessment in the 33 HDs in FY2016.

MDA Coverage and Challenges (Activities: 24, 25, and 35
Total cost for activities in this section: **$ 621,192**

The main objective of the END in Africa project for Cote d'Ivoire is to extend treatment coverage to 100% geographic and ≥80% programmatic coverage. This means that all HDs that are known to be endemic for PCT NTDs have to be treated in FY2017. While it is still possible that more endemic HDs will be added when the mapping for trachoma is completed, the PCT NTD programs plan to conduct 3 MDAs in FY2017: LF-Oncho-STH MDA in 76 HDs, SCH-STH MDA in 39 HDs and Trachoma MDA in 5 HDs.

LF, Oncho and STH MDA (Activity 24 – FOG 1)

In the LF endemic districts, the drugs used for treatment are IVM and ALB in population ≥5 years of age. Bedridden sick people, children under 5 years of age, pregnant women and lactating mothers in the first 2 weeks are not eligible for this treatment. This treatment strategy is used in all districts co-endemic for LF, oncho and STH with the same target population. In HDs endemic only for oncho, IVM alone is administered to the same target group. Albendazole is used as monotherapy in HDs endemic only for STH. Through USAID funding, the NTDP will be supported in FY2017 to administer IVM and ALB in 56 HDs as follows: in 48 HDs co-endemic for LF and oncho with a target population of 10,720,182 people; and in 8 HDs endemic only for LF with a target population of 2,469,020 people. This integrated MDA for LF and onchocerciasis also covers 27 of the 29 STH endemic districts that are still of public health concern. Treatment of the other 16 HDs co-endemic for LF and Oncho, 1 other HD endemic only for KF and the 3 HDs endemic only for oncho will be funded by Sightsavers/END FUND. Details of the population covered are shown in table 5 below.

The integrated MDA will be community-based using both the door-to-door and fixed point (village square, hospital, public place, market,) distribution according to the realities of each health area. The decision on the distribution method to be used is left with the CDs and will depend on their judgement of what works best to achieve the highest possible coverage. The MDA can start with fixed point distribution and end with door-to-door if the coverage is poor.

MDA for SCH-STH (Activity 25 – FOG 2)

Among the 82 HDs of Cote d'Ivoire, 80 HDs are endemic for SCH. According to the treatment strategy recommended by WHO for treatment of SCH, and adopted by Cote d'Ivoire, 3 HDs with a prevalence ≥50% should be treated each year, 42 HDs with prevalence between 10% and 49% should be treated once every two years, and 35 HDs with a prevalence less than 10% should be treated once every three years. For schistosomiasis, treatment of children 5 to 14 years of age with **PZQ** tablets is required in HDs where the prevalence is less than 50%. In districts with prevalence above 50%, treatment is extended to people ≥15

years of age and SAC are treated in schools while the rest of the community receives treatment from CDs. At the Community level, drugs will be distributed either at a fixed point (schools, hospital, public place, market) and/or using door-to-door method according to realities of each district and community. For FY2017, MDA for SAC will be held in 39 HDs targeting a population of 2,526,447 children all supported by SCI. In the3 category A HDs (prevalence of SCH ≥50%) all those ≥15 years, estimated at 450,590 people, will be treated. In these 3 HDs, the support will be provided through a cost-sharing process between SCI and USAID.

Trachoma (Activity 35 – FOG 6)

Trachoma endemic districts are treated according to the WHO recommended SAFE (S for surgery, A for antibiotic therapy, F for facial cleanliness and E for environmental change) strategy. Treatment involves the entire population: infants from 0 to <6 months are treated with TEO; children 6 months to 59 months are treated with Zithromax syrup; and all those 5 years (60 months) and above are treated with Zithromax tablets. In addition to mass drug distribution, surgery will be performed on all those with TT in the HDs that have a backlog of TT. At community level, the medicines will be distributed at a fixed point (village square, hospital, public place, market) and/or from door to door according to the realities of each health area.

For FY2017, the country plans to conduct MDA for trachoma in 5 HDs with a population at risk of 992,728 people. Also, the support of USAID is sought for the purchase of 75,258 20g tubes TEO to be used in treatment of children under 6 months. Donation of Zithromax tablets will be use to treat people above 5years of age and Zithromax syrup will be given to children between 6 months and 5 years of age.

Table 5: USAID supported coverage results for FY15/16 ** and targets for FY2017

NTD	# Rounds of annual distribution	Treatment target (FY15/16) # DISTRICTS	# Districts not meeting epi coverage target in FY15/16*	# Districts not meeting program coverage target in FY15/16*	Treatment targets (FY15/16) # PERSONS	# persons treated (FY15/16)	% of treatment target met (FY15/16) PERSONS	FY2017 treatment targets # DISTRICTS	FY2017 treatment targets # PERSONS
LF	1	41	0	0	10,296,946	9,351,761	90.82	56	13,189,199
OV	1	41	0	0	10,296,946	9,351,761	90.82	48	10,720,182
SCH	1	3	0	0	439,210	363,869	82.85	3	450,590
STH	1	15	0	0	594,832	532,399	89.50	22	4,355,742
TRA	1	4	0	0	617,993	Ongoing	Ongoing	5	992,728

*Epi and Program coverage as defined in the workbooks

** USAID would like to see the most recent data for the country, so please include FY15 data and any complete district data available for FY16. Please footnote the number of districts out of the total reported for which FY16 data is included.

The following challenges have been identified as obstacles to achieving the prerequisite coverage for effective control of PCT NTDs over the years:

1. The demographic data that was being used as denominator for calculating coverage has been projections from previous census conducted and at some point became unrealistic and difficult to use. Fortunately, a new census was conducted recently in 2014 and it is hoped that the numbers available for use as denominators for calculation of district coverage will now be relatively more accurate.
2. The PCT NTD programs have so far not been able to conduct planning sessions involving the health regions and HDs and to also review program performance together with them. As a solution for this, the FY2017 work plan includes microplanning meeting and review meeting for which financial support will be needed from USAID through the END in Africa project.
3. Poor sensitization and social mobilization has also been identified as an obstacle to achieving good coverage as compliance to treatment within targeted communities has been relatively poor because people are either not aware of the MDAs conducted or are not motivated enough to feel they have to participate in the MDA. As a solution, personnel of the communication unit of the MSHP will be requested to participate in PCT NTD activities including the development of a communication campaign plan. USAID support will be requested to finance development of the proposed communication campaign plan. Furthermore, USAID financial support will be needed to develop and disseminate documentary films on PCT NTDs that will also be aired on national TV before and during MDA campaigns as national TV provides a wide coverage and access to the entire population of Cote d'Ivoire. Radio and television spots will also be broadcast before and during the entire period of MDA. All the local radio and community radio stations will be involved in disseminating information in local languages. Leaflets, posters and flyers will be reproduced and distributed to health centers and to CDs for sensitization and social mobilization within communities.
4. Poor involvement of political leaders (at department-prefecture and sub-prefecture levels), community leaders (village chiefs and elders), religious leaders, youth and women's organizations was identified as another obstacle to the achievement of good treatment coverage. USAID will be requested to support public awareness meetings and community mobilization campaigns that will target these groups before and during MDA campaigns.

Drug & Commodity Supply Management and Procurement (Activities: 18, 19, 29, 30, 37, and 45)
Total cost for activities in this section: **$ 204,814**

Drug forecasting and quantification is usually based on the target population determined in advance by the NTDPs. Request for NTD drugs is usually submitted at least 6 months and sometimes up to one year in advance so that they can be available in country at least 2 months before the start of MDA. The 2-month timeframe allows for distribution of the drugs from national level to the regions, districts and communities before start of MDA campaigns. NTD drugs requested are either donated by pharmaceutical companies or bought when the medicines involved are not donated. For FY2017, requests for IVM, ALB and PZQ were submitted through WHO and MDP and are expected anytime from now in country. WHO usually acts as consignee on these shipments. Zithromax tablets and suspension are currently being requested through ITI and TEC. PZQ tablets needed for SCH treatment of adults and TEOs for treatment of children <6 months for trachoma are not donated and so USAID will be requested to procure these medicines for the PCT NTD program in Cote d'Ivoire. The WHO Country Office in Cote d'Ivoire will also be requested to act as consignee for drugs donated through ITI and also for those that will be purchased by the partners.

Upon arrival at the airport, all PCT NTD drugs and supplies are cleared by WHO (usually using local private clearing agencies that has to be paid for service provided) and delivered to the NTDP designated warehouse. In 2016, the NTDP up-scaled geographic coverage for these NTDs to 100% when USAID fund support 50% of all HDs. Therefore, the capacity of the NTDP office to provide storage is now inadequate. With support from USAID, a Memorandum will be signed between the NTDP and the National warehouse (NPSP) to perform management and also distribution to the regions and districts of some NTD drugs. The NPSP therefore performs storage, handling and delivery of PCT NTD medicines and supplies from the capital to the district medical stores. The PCT NTD programs will work with the NPSP to track drug inventories and ensure proper management of drugs at all levels from the airport to the districts. The NPSP has the necessary software needed for inventory management for drugs that are located in their stores. They will provide stock levels on a regular basis (quarterly) for each of the items in their possession.

Distribution of drugs and medical supplies from the district level to the health facilities and communities is achieve through training sessions conducted within HDs. PHU staff collect supplies for their catchment areas when they attend the district level MDA training. Using the same approach, the CDDs also collect supplies for their communities when they come to the PHU for training on MDA strategy, drug handling and data collection.

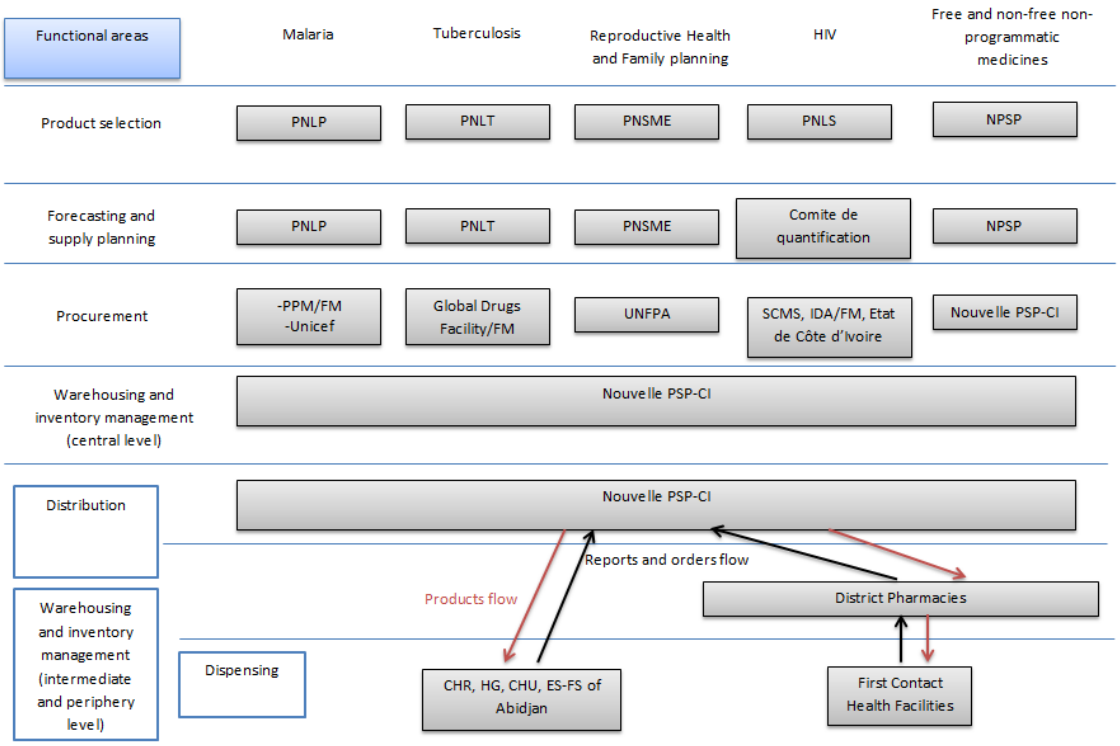
To coordinate a system of having two warehouses to store NTDP drugs, one private (high capacity) and one free (low capacity), a committee is brought together with members from the different drug management entities of the MHSP and FHI360. The reverse flow for NTD drugs up to the HD is used for drugs not used during the MDA in communities as follows: the health facility staff collects unused drugs from the CDDs and returns them to the district health authorities. This information is used for forecasting future needs for NTD drugs. Post MDA meetings are organized at district level in addition to the supervisions to perform data validation and also ensure the return of drugs distributed in the different districts and regions. A higher level post MDA review is performed by the NTDP to evaluate the MDAs.

The Districts Pharmacist will provide information on the remaining drugs to the District Manager who will share this information with the NTDP. With this information, the NTDP deducts this amount of drugs from what is needed for the next forecasting exercise. After each MDA, a team from the central level will perform a randomized evaluation on some districts to ensure effective return of medicines in HDs for storage. This practice will be enhanced when it comes to Zithromax as all districts conducting MDA shall be visited to ensure the proper management of returned drugs.

Regarding the equipment used during MDAs, the measuring polls are very important because it determines the number of tablets for each person. Each year this equipment needs to be developed for community drug distributors and an inventory performed on such equipment. For trachoma, this tool has never been developed for the implementation of the MDA in the country. USAID support is therefore needed to procure these tools for trachoma MDA.

During MDAs people presenting with side effects are taken care of first in the PHU. If the side-effects persist, the person is sent to the referral hospital. Side effects are reported using case finding sheets developed by the NTDP. PHU staff are responsible for reporting cases of side effects. The reporting forms drafted for PHU level reporting has some basic information that includes the nature of the side-effects, the number of cases and the treatment provided to the patient. The NTDP works with all actors at the different levels to ensure that all cases of side-effects or adverse events due to MDA drugs are reported and followed through by the districts. At the end, the information is reported to the central level (NTDPs) where cases are also tracked and filed.

Figure 1: NTDP Supply Chain Management system for drugs and supplies



Supervision (Activities: 26, 27, 33, and 36)
Total cost for activities in this section: **$ 308,740**

Supervision of MDAs will be conducted at different levels of the health system and so will be conducted at the national, regional, HD and sub HD levels. FHI360 has 3 permanent staff working from the FHI360 office in Abidjan who will work with the national NTD office and be part of the national level supervisory team. Supervision of MDA will be expanded to include members of the top management team of the MSHP including the director general of health and his deputy. This way regional and district health authorities will understand the importance of the project and will be motivated to give project activities the necessary attention when they are to be implemented in their regions and districts. The central level NTD teams will also conduct supervision at the different levels to ensure proper implementation of MDAs and the quality of supervision conducted by this level. During these supervisions, debriefings are organized and important issues are identified, discussed and recommendations made.

Supervision during FY2017 will concern:

- **Training**: Region and district management staff trained in the previous year will receive refresher training again in MDA management for FY2017. Also all the other actors (district health advisors, data managers, pharmacists, nurses, midwifes and school doctors) will still receive training in this second year of program implementation for better management of tools and the MDA strategy. These training sessions will be supervised by central level staff. The staff from the two NTDPs (PNSLGF and PNSOLO) will train district managers, district health advisors, data managers, NTD focal persons and pharmacists. These people will organize and organize training session of

Peripheral Health Units (PHU) staff. Finally, the PHU staff will in return be supervising capacity building sessions of community drug distributors on MDA implementation strategy.

- **MDA**: to ensure appropriate MDA organization and implementation, supervisions are organized from all levels of the health pyramid. Supervision forms are designed and made available to supervisors. Coordination meetings are carried out before, during and after the MDA in the health districts and regions to provide recommendations. The feedback provided will allow orientation of the ongoing activity. The school-doctors/nurses will supervise the distribution of drugs in all private and public schools of the health district. The communication focal point in the districts will be responsible for supervising mass sensitization and social mobilization campaign around MDAs for NTDs which are held in the district (local radio passage, social mobilization meetings).

- **Drugs Management**: Concerning drugs and other medical supplies, staff of the NPSP and regional/district pharmacists will be involved in the supervision process to ensure the availability, delivery, proper storage and distribution of drugs to the targeted communities. All the steps involved from receiving drugs from the NPSP to the distribution in the villages will be supervised by central level NTD personnel. Regional Pharmacists will supervise drug storage and distribution in the HDs. HD Pharmacists will perform the supervision of drug management within PHUs and during MDAs in communities.

- **Data Management**: To ensure accuracy and quality of data reported at the PHU level and timeliness in gathering MDA information, data collection will be supervised by the regional and district data managers. CDs use tally sheets to count down the number of people who receive the drugs. They report on daily basis using a reporting form the number of people receiving treatment. The compilation of the different tally sheets is done at PHU level. And compilation of all PHU data is performed at district level.

Short-Term Technical Assistance (Activities: 5, 45, 46, and STTA by Deloitte)
Total cost for activities in this section: **$ 132,416**

For FY2017, the NTDP will need short-term technical assistance in the following domains:

- **Data Quality Audit**: In FY2016 the NTDP conducted a training of regional and district staff on DQA and implemented a DQA in some HDs. The results from DQAs implemented in FY2016 will be used to strengthen the national reporting, feedback, and data management system in FY2017. To guarantee that FY2017 MDA data is of high quality, the NTDP will conduct a series of post-MDA DQAs for LF-Oncho and Post-MDA for Trachoma. It is believed that the DQA is one of the best ways to ensure good quality of data transmitted and the strategy will be implemented through USAID funds in FY2017.

- **Update of TIPAC**: In FY2016 NTDP staff received training on the TIPAC followed by a workshop that allowed data entry to build the workplan for the coming year. This exercise was an opportunity to assess the level of funding and deficit, identify districts or partners involved in the fight against NTDs and also provided an opportunity to have a better understanding of the

budgeted workplan. Time did not allow for further analysis of the results obtained with the TIPAC and so the NTDP is requesting the support of USAID for capacity building on TIPAC data analysis to better prepare for resource mobilization exercises and upcoming workplan sessions.

- **Methodology of research**: many epidemiological evaluations are performed in the PCT NTD elimination and control process and some articles could be drafted to inform national and international audience about the activities being performed in the country on these diseases. However, to reach that level, one need to respect some major research standards, practices and procedures. Unfortunately, the NTDP lacks the capacity to prepare manuscripts for publication in peer reviewed journals and through USAID funding will receive adequate training to build their capacity on writing scientific papers.

- **Resource mobilization**: For sustainability of the NTD activities, the NTDP shall be trained on how to seek for local funding from the private sector basing their arguments on corporate social responsibilities of the local private companies. The NTDP personnel will be trained to be able to develop resource mobilization strategies and a defined approach that could guarantee success when proposals for funding are submitted. Short term TA is requested for this purpose.

Table 6: Technical Assistance request from END in Africa

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
Training of NTDP personnel on the TIPAC for strategic planning	The TIPAC has to be introduced to the NTDP in Ivory Coast to strengthen strategic planning skills	Expertise on TIPAC (Deloitte)	2 weeks	END in Africa
Capacity building on research methodology and development of articles and abstracts for publication	There is a need for strengthening capacity of NTDP on research methodology and development of articles and abstracts	Expertise on research methodology and development of articles and abstracts (University of Ivory Coast, local research Institution and CDC)	1 week	END in Africa
TA on local resource mobilization	There is a need to start planning for sustainability of NTDP activities	Expertise on local resource mobilization (Deloitte)	1 week	END in Africa
Implementation of Data Quality Audit (DQA)	This is the second year of activities and DQA is needed to find ways of improving quality of data submitted on NTDs	Expertise on the DQAs	2 weeks	END in Africa

Monitoring & Evaluation (Activities: 4, 38, 39, 40, 41, 42, 43, 44, 45, and 46)
Total cost for activities in this section: **$ 302,560**

MDA data in FY2017 will be reported through the Disease and Program Workbooks every 6 months. The main objective of M&E in this project is to develop a system that will provide prompt information needed

to measure program performance in terms of results, effects and impact on the target population. This will include building capacity of the technical team through trainings to enable them better understand the indicators, better manage the collection, analysis and interpretation of data for making programmatic decisions. In order to carry out M&E activities at various sites of the program, based on budget availability, M&E officers within the HDs will be equipped with computers and data compilation software. The END in Africa project will ensure that the required data collection tools are available and adequate for the implementation of MDAs and DSAs.

To **carry out NTDP monitoring and evaluation activities**, depending on resources available, district M&E officers will be equipped with laptops and the necessary software to conduct basic data analysis on validated MDA data. To ensure high quality data of all disease specific evaluation activities, district M&E officers will be participating in supervision activities during survey implementation. Moreover, it will be important to ensure that data collection sheets are updated and there is no shortage of forms throughout the project, particularly during MDAs.

Data collection procedures, analysis and feedback: Data will be collected by the CDs who will compile the data by village/community. These compiled data will then be forwarded to the PHU manager who will compile data from different CDs they supervise and transfer the data to the district M&E officer after verification. Following that, a report is developed and transmitted to the district and then regional data manager in a defined timeline. The last step of MDA data management will be the compilation of all data collected by district and region data managers in the form of a report to be transmitted to the NTDP at central level. Finally, the NTDP will share the MDA data with FHI 360. For evaluation activities, a DQA will be conducted using a designed questionnaire and a validated standard methodology to identify weakness in the M&E system based on which improvements can be made in the future.

Procedures and data dissemination: The dissemination of data collected will be made through the NTDP and a report shared with USAID. Also, an annual review meeting will be organized to present the results of all NTDP activities. Moreover, NTDP departments in charge of M&E of activities will organize and provide feedback to health region and districts.

Monitoring activities: monitoring these activities will enable the NTDP make adjustments when needed for better outcome during program implementation. Monitoring will be conducted using supervision check lists by field actors and supervisors. Furthermore, regular meetings will be held by the NTDP and NTD partners to discuss the progress of NTD activities and challenges. Similarly, the NTDP will hold monthly meetings with the FHI360 Country project team to discuss project implementation and ensure that solutions can be found for challengers identified as early as possible.

For data quality control, several methods such as data verification and data quality audits are used:
Data verification: The data collected by CDs in the field can be verified by performing desk review of the collected data to seek for mismatches. This activity is performed on the spot every evening during MDAs by CDs. This will be followed by providing a report on the mismatches to the first supervisory level. In this regard, the validated DQA tool (Data Quality Assessment) will be used.
Data validation process at lower level allows different players to compare the available data produced throughout the system and produce a single report which is shared at the next level. A workshop will be organized to validate the data with the regions and districts M&E officers and the NTDP.

Analysis and Data Quality Audit: To maximize data quality, information will be provided to CDs on the basics strategies to gather high quality data at this first level data entry point. Also, the focus will be on

training of CDs to perform first level data review. To guarantee that data is of high quality, the country will conduct a series of DQAs post-MDA for LF-Oncho and Post-MDA for Trachoma. The DQA is one of the best ways to ensure good quality of data transmitted and strategy will be implemented through USAID funds in FY2017.

Table 7: Reporting of DSA supported with USAID funds that did not meet critical cutoff thresholds*

NTD	Number of endemic districts	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
Lymphatic filariasis				
Onchocerciasis				
Trachoma				

* Include FY15 data plus any districts for which FY16 data is complete. Footnote the number of districts (of the total) for which FY16 data is included.

Some disease surveillance and control activities related to PCT-NTDs will be performed. These activities will allow the NTDP to gather information through various assessments of the impact of MDA interventions on the prevalence of the NTDs. To ease the implementation of these epidemiological assessment activities a larger pool of technicians will be trained. Thus, the NTDP will have a more reasonable number of people who will be able to collect, prepare samples and perform reading of slides as required for the different diseases.

All these evaluations will generate a large number of information that shall be translated into data to be compiled and analyzed to support decision-making. Given the large number of forms and data produced, the NTD team will develop a database to compile data for the different survey. Administrative support will be requested to perform data entry in the database developed. The NTDP and the END in Africa project will collaborate and participate in data analysis for decision-making. However, the different disease surveillance assessments (DSA) activities to be supported through FY2017 funding are as follow:

- **Epidemiology evaluation for monitoring MDA impact on Onchocerciasis in 6 HDs (Activities 43, 44, 45; FOG-7)**

According to WHO, epidemiological evaluation of onchocerciasis is to be performed during the first phase of the fight against this disease every 3-5 years to determine the level of infection with *O. volvulus* in endemic communities after a number of years of treatment. The results obtained will be compared with the results of previous evaluations conducted at baseline in the same villages. This was the NTDP can assess the trend toward critical thresholds needed to reach elimination.

In the methodology, about 10 control communities will be chosen from high-risk communities that are located near rivers with vector breeding sites, especially in areas where prevalence levels were highest at baseline. In FY2017, 6 HDs that were regularly treated over 5 years with therapeutic coverage between 80 and 85% will be selected to undergo this evaluation through USAID support. A pool of epidemiological technicians will be trained to conduct this survey in 2 groups of 2 HDs initially and another group of 4 HDs.

- **Trachoma impact survey (Activities 38, 39; FOG-7)**

Bouna, a HD located in the North East of the country had a Trachoma prevalence of 8.6% from the mapping performed. Through USAID Funding the HD will be receiving one round of MDA for Trachoma in FY2016 and according to new WHO guidelines on trachoma the HD will therefore undergo a trachoma impact assessment, which will be performed through USAID funding in FY2017.

❖ **Epidemiological surveillance survey (sentinel site survey) for LF on 13 HDs (Activity 40; FOG-5)**

Among the 14 HDs mapped in FY2016 12 are endemic for LF bringing the total number of HDs endemic for LF to 73 (up 12 from 61 HDs). Through USAID funding in FY2017, these districts will undergo LF MF baseline (sentinel site) survey before the first round of MDA. The NTDP will therefore have baseline data on MF prevalence and intensity that can be used to monitor the effect of MDA on prevalence of the disease throughout the years. In addition, the Bouna district which was not surveyed last year due to social protests will undergo this same survey through FY2017 funding. In total, **13 HDs** will undergo LF MF baseline survey.

❖ **Mapping of Trachoma in 7 HD to identify districts to treat (Activity 46; FOG-7)**

In FY2016, rapid assessment was conducted in 33 HDs to identify HDs that have not yet been mapped for trachoma but if determined to be highly suspected for Trachoma can undergo the complete mapping process and determine their endemicity for trachoma. After analysis of the results of the rapid assessment conducted in the 33 HDs in FY2016, 23 HDs were identified to be suspect for trachoma. However, priority is given to 7 highly suspect HDs to conduct mapping for trachoma in FY2017.

Table 8: Planned Disease-specific Assessments for FY2017 by Disease.

Disease	No. of endemic districts	No. of districts planned for DSA	Type of assessment	Diagnostic method (Indicator: Mf, ICT, hematuria, etc.)
Filariose Lymphatique	73	13	Baseline MF survey	FTS, Mf
Onchocerciasis	67	6	Epidemiological evaluation using Skin snip and OV16 RDTs	Mf, Ag
Trachoma	9	07	Mapping	TF and TT
		1	Impact survey	TF and TT

Planned FOGs to local organizations and/or governments

Table 9: Planned FOG recipients—include for all sub-partners as well.

FOG recipient (split by type of recipient)	No. of FOGs	Activities		Target Date to USAID
MSHP / NTDP (PNSLGF – National program against Schisto, STH and LF)		**FOG 1**		
		M1	TOR for coordination meeting	
		M2	Coordination meeting of Local Administrative Authorities (Governor) and Development of FY2017 workplan	
		M3	Implementation LF-ONCHO MDA in 28 HDs	
		M4	Annual review meeting 2017 for LF - ONCHO / Yamoussoukro	
		FOG 2		
		M1	Development of notes for procurement request	

	5	M2	Purchase, Duplication and Transportation of LF - ONCHO MDA materials and tools	
		M3	Capacity Building of CDDs and Implementation of Schistosomiasis **MDA**	
		M4	Inventory of LF - ONCHO MDA drugs and materials	
		FOG 3		
		M1	TOR for capacity building	
		M2	Capacity Building Pharmacists and Data Managers in 5 Pools	
		M3	Capacity Building of LF-ONCHO Supervisors and CDDs	
		M4	Implementation of LF-ONCHO DQA	
		FOG 4		
		M1	TOR for development of Social Mobilization and Sensitization materials	
		M2	Workshop for development of Social Mobilization and Sensitization materials, Testing and Validation of Tools	
		M3	Capacity building of District Technical Advisors and Supervision of Capacity building sessions and MDA for LF - ONCHO	
		M4	Meeting on post-MDA Data Validation for LF - ONCHO	
		FOG 5		
		M1	TOR for Sentinel site survey in 13HDs	
		M2	Sentinel site survey + Training on NTD database and Development of Sensitization movie + Media Plan for LF-ONCHO Sensitization	
		M3	Launch of MDA and social Mobilization for LF-ONCHO MDA + Implementation LF-ONCHO MDA in 28 HDs	
		M4	Implementation of NTD Database and Debriefing of LF-ONCHO DQA results	
FOG recipient (split by type of recipient)	**No. of FOGs**	**Activities**		**Target Date to USAID**
MSHP / NTDP (PNSOLO – National Program for Oncho and Trachoma)	**2**	**FOG 6**		
		M1	Development of notes for procurement request	
		M2	Purchase and Transportation of TRACHOMA MDA drugs and supplies	
		M3	Implementation of TRACHOMA MDA (production of training reports, supervision reports, MDA report and social mobilization / Sensitization reports)	
		M4	Post-TRACHOMA MDA activities	
		FOG 7		
		M1	TOR for Training and Implementation of Epidemiological Surveillance Survey for ONCHO in 6 HDs	
		M2	Training and Implementation of Epidemiological Surveillance Survey for Oncho in 06 HDs	
		M3	Mapping for Trachoma in 07 HDs	
		M4	Impact Survey in BOUNA district	

Cross-Portfolio Requests for Support

No cross-portfolio request is being made for Cote d'Ivoire in FY2017.

Table 10: Cross-Portfolio Requests for Support

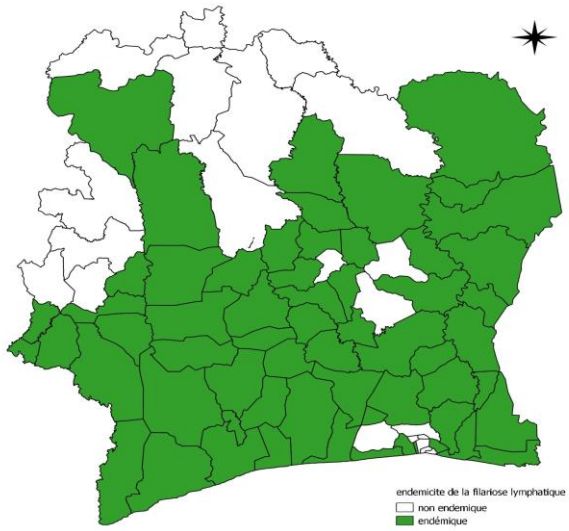
Identified Issue/Activity for which support is requested.	Which USAID partner would likely be best positioned to provide this support?	Estimated time needed to address activity
Methodology of research: many epidemiological evaluations are performed in the PCT NTD elimination and control process and some articles could be drafted to inform national and international audience about the activities being performed in the country on these diseases. However, to reach that level, one need to respect some major research standards, practices and procedures. Unfortunately, the NTDP lacks the capacity to prepare manuscripts, abstracts and articles for publication in peer reviewed journals.	CDC / NTD Task Force / Pasteur Institute Cote d'Ivoire	1 year

Maps

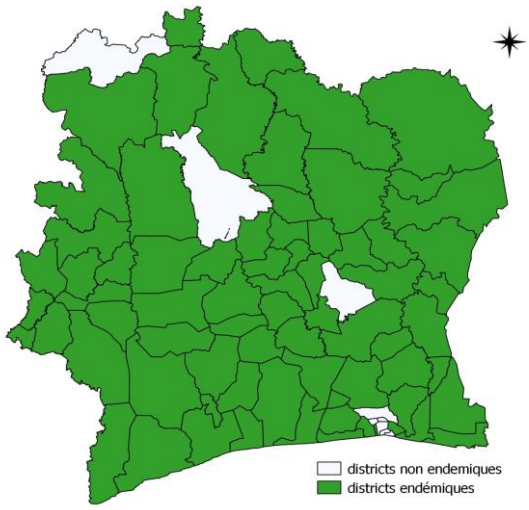
Each of the 20 health regions and all 82 HDs of Cote d'Ivoire are endemic for at least one PCT NTD. In FY2017, USAID funding will either directly or indirectly support PCT NTD activities in all health regions and all HDs as USAID funding is being requested not only for disease specific activities in a large proportion of the 82 HDs but also for general PCT NTD program management including SCM that will cover all health regions and HDs.

The maps below show the current endemicity of the 82 HDs for the 5 PCT NTDs (LF, oncho, SCH, STH and trachoma) and will be updated further when mapping for trachoma is completed.

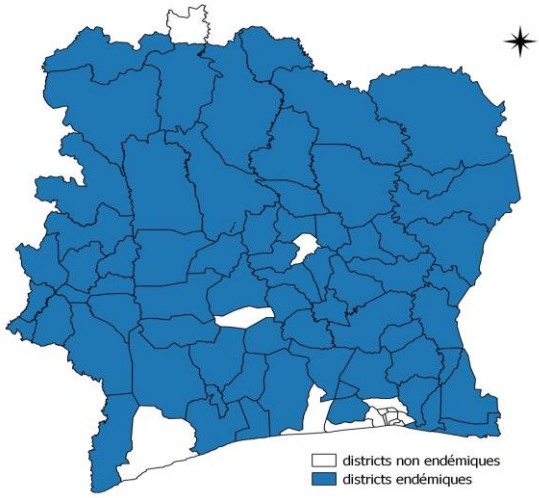
Districts endemic for Lymphatic Filariasis (2015) (61 out of 82 HDs)



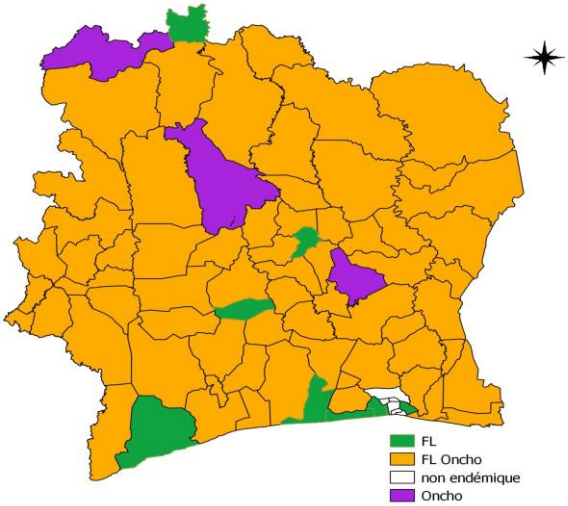
Districts endemic for Lymphatic (2016) (73 out of 82)



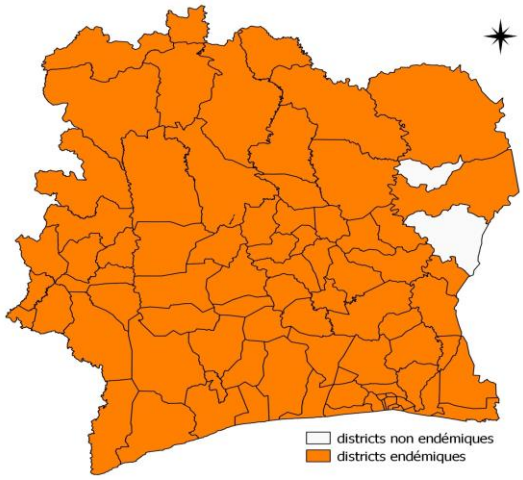
Districts endemic for Onchocerciasis (2016) (67 out of 82 HDs)



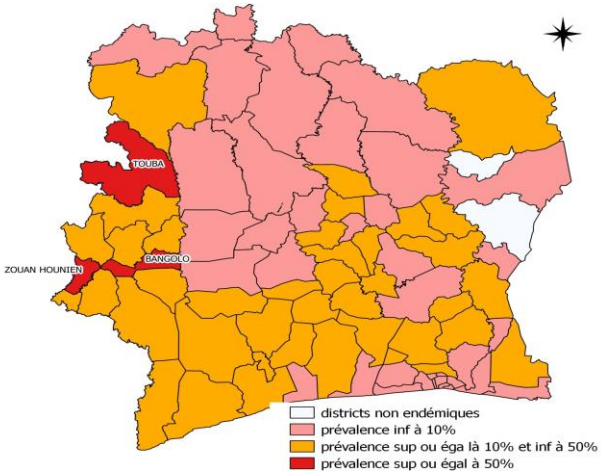
Map on LF-Oncho co-endemicity (64 oncho/LF co-endemic; 3 oncho-only and 9 LF-only)



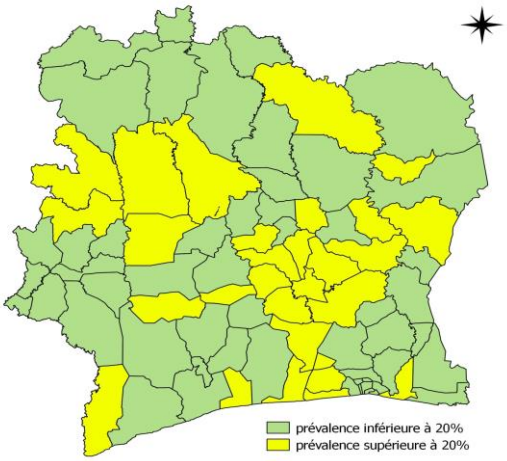
Districts endemic for schistosomiasis



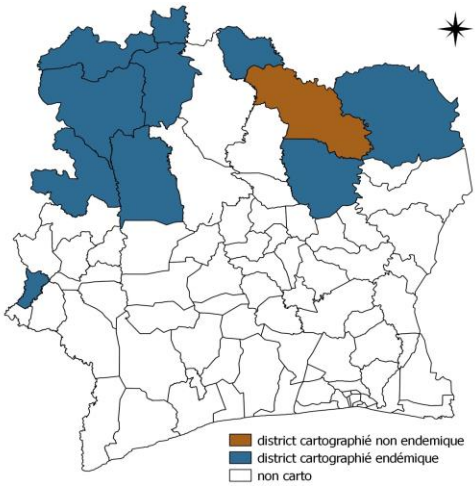
Schistosomiasis map by prevalence



District endemic for Soil transmitted Helminthiasis



Districts endemic for Trachoma



APPENDICES

1. Country staffing/partner org chart
2. Work plan timeline
3. Work plan deliverables
4. Table of USAID-supported provinces/states and districts
5. Program Workbook
6. Disease Workbook
7. Country budget
8. Travel Plans