



End Neglected Tropical Diseases in Africa

END in Africa

Semi Annual Report

April 2012 – September 2012

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

ADS	Automated Directives Systems
ALB	Albendazole
AOTR	Agreement Officer's Technical Representative
CDD	Community Drugs Distributors
CERMES	Centre de Recherche Médicale et Sanitaire
CPIRS	Commodity Procurement Information Requests
CRS	Catholic Relief Services
DHTMs	District Health Management Teams
EMMP	Environmental Management and Mitigation Plan
FGAT	Financial Gap Analysis Tool
GHS	Ghana Health Services (GHS)
GSK	GlaxoSmithKline
HDI	Health & Development International
HKI	Helen Keller International
HQ	Headquarters
IVM	Ivemerctin
ICCC	Intra Country Coordinating Committee
JSI	JSI Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates for Tropical Health
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
NTD	Neglected Tropical Diseases
NTDCP	NTD Control Program
OAA	Office of Agreements and Acquisitions
ONPPC	The National Office of Pharmaceutical and Chemical Products
PCT	Preventive Chemotherapy
PD	Program Description
PHU	Peripheral Health Unit
PZQ	Praziquantel
RFA	Request for Application
R4D	Results for Development
RISEAL	RISEAL
SAR	Semi-Annual Report
SAT	Subaward Tracking
SCM	Supply Chain Management
SFRS	Subawardee Financial Reports
SOW	Scope of Work

TA
USAID
USG
WHO

Technical Assistance
United States Agency for International Development
United States Government
World Health Organization

Executive Summary

This semi-annual report outlines the progress made during the third and fourth quarters in Year Two (FY 2012) of the five-year Cooperative Agreement No. AID-OAA-A-10-00050, “End Neglected Tropical Diseases in Africa”, or “END in Africa”. The five countries chosen by USAID for the operational portfolio include: Burkina Faso, Niger, Togo, Ghana, and Sierra Leone. These countries have remained in the portfolio with no changes during the period under review.

During this reporting period, FHI 360 and its consortium/partners achieved all major anticipated activities outlined in the preceding Semi-Annual Report (October – March 2012). This included:

- FHI 360 monitored all sub agreements to ensure compliance with reporting, spending, and cost share requirements according to USAID regulations.
- Oversee the execution of additional 2nd tier sub agreements with NGOs and MOHs according to terms of the deviation approved by USAID.
- Support all relevant MOHs on completing WHO surveys for their respective country’s M&E systems. LATH M&E Specialist also continue to monitor, receive and assess MDAs data from sub grantees, and provide TA as needed for improving countries M&E systems.
- Monitor and supervise the activities of all sub grantees to ensure that all work plan activities are being executed according to USAID regulations and technical expectations. This includes reviewing sub grantees’ monthly progress reports, monitoring project expenditures and cost share contribution, and addressing any issues that may arise.
- Compile and report to USAID indicators and data generated by the implementation of sub agreements.
- Continue to collaborate with USAID, RTI and other stakeholders, as necessary, on all project activities, outputs, and outcomes.
- Develop projections for drugs needs for FY2013, develop capacity building plan per country for improving SCM, provide TA as needed for improving SCM, support custom clearance for drug importation, and collaborate with ENVISION and other NTD partners to improve and enhance program performance.
- Analyze MDA data and further conduct data performance review to identify areas of successes and the challenges.

Over the past six months, John Snow, Inc. (JSI) has collaborated with FHI360 on procurement and supply chain management to support and strengthen the NTD programs.

For procurement, JSI provided input and monitored Missionpharma’s proposed procurement plan for praziquantel (PZQ) and albendazole (ALB) purchased by USAID through FHI360 for the 2012 MDAs. JSI maintained communication with the sub grantees about their countries’ consignments to ensure effective communication among all parties and smooth customs clearance. JSI also advised the sub grantees on PZQ and ALB forecasts for 2013 MDAs,

coordinated the countries' PZQ orders with USAID's Envision project, and supported the sub grantees and MOHs in developing ALB requests from WHO.

JSI also compiled the findings from the country-level supply chain assessments into a report, and proposed activities to strengthen in-country NTD supply chains and build capacity in supply chain management based on the assessment results. Countries incorporated the activities into their annual work plans during the annual planning meetings with technical support from the JSI Logistics Advisor. In Ghana, supply chain technical assistance was provided by the Logistics Advisor.

JSI advocated for improved SCM in NTD programs by contributing information and materials to USAID for the event on Capitol Hill, by briefing our colleagues at the International Trachoma Initiative on USAID's NTD portfolio, and by preparing a presentation on SCM for the WHO/AFRO NTD meeting in Ghana in collaboration with staff of the SPS project.

Deloitte carried out three major activities during the reporting period. They conducted training of GHS NTDCP personnel on US Government (USG) financial rules and regulations; conducted financial sampling of NTDCP MDA Expenditures for Ghana and Sierra Leone in keeping with their mandate under the 2nd tier sub agreements of those countries; and lastly, strengthened financial management systems of NTDCP through a financial performance and capacity assessment workshop for GHS. The outcome was a defined direction for the GHS/NTDCP with regards to financial management.

The focus of the M&E activities carried out by LATH Specialist during the second half of FY 2012 included supporting countries in the development of their respective work plans, training countries on newly introduced workbooks and coordinating efforts with RTI to edit and streamline the quality of the workbooks, maximizing opportunities for learning NTD strategies and guidelines, generating program results, and coordinating requests for and planning provision of technical assistance in the countries. Based on the results of the joint WHO/RTI/FHI360 situation analysis of the status of M&E for NTDs in the affected countries, WHO provided a robust M&E training to West African francophone countries between August 27 and September 1, 2012.

FHI360 sub grantees successfully conducted MDAs for all selected NTDs except - schistosomiasis in four countries funded under END in Africa. MDA for schistosomiasis was postponed as a result of the delay in the provision of praziquantel (PZQ).¹ MDA for schistosomiasis completed in Togo and should start in the remaining countries between September and November this year.

¹ MDA for schistosomiasis was delayed in four END in Africa countries due to manufacturing capacity constraints at the pharmaceutical company that was contracted to produce and supply praziquantel.

Data for MDA conducted between October and December 2011 in 12 out of 14 districts of Sierra Leone was submitted to FHI360/USAID in February 2012. The 2012 MDA for lymphatic filariasis (LF), onchocerciasis and soil transmitted helminthes (STH) in the remaining two districts-rural and urban Western Areas (WA)- in Sierra Leone is underway and MDA data should be submitted to USAID by the end of December of this year. MDA for all NTDs, except SCH, were conducted in the remaining 4 END in Africa countries (Burkina Faso, Ghana, Niger and Togo) in FY 2012. Ghana, Togo and Burkina Faso MDA data for FY 2012 has been submitted to FHI360/USAID. Niger MDA was postponed due to late arrival of PZQ and ALB but the 2012 campaign will start in November 2012. In addition to the 2012 MDA, Burkina Faso and Niger submitted data for MDAs conducted in FY 2011. The figures presented in this report represent MDA data from FY 2011 (Burkina Faso and Niger) and FY 2012 MDA data for Sierra Leone, Togo and Ghana. The results of the reported data indicate that preventive chemotherapy (PCT) for the selected five NTDs [lymphatic filariasis (LF), soil transmitted helminthes (STH), onchocerciasis, schistosomiasis and trachoma] was provided in a total of 243 districts. The numbers include: 35,225,024 treatments with ivermectin (IVM); 32,745,717 treatments with albendazole (ALB); 7,956,796 treatments with praziquantel (PZQ), and 13,248,702 treatments with azithromycin and tetracycline. Overall, more than 89.1 million treatments were provided to over 44.1 million persons for NTDs in Burkina Faso, Niger, Sierra Leone, Togo and Ghana. As stated above, additional MDA results will become available when each country submits reports for the rest of the 2012 campaigns.

In order to measure the impact of MDA on disease prevalence, the National Neglected Tropical Diseases Control Program (NTDCPs) supported disease-specific assessments in Burkina Faso, Niger, Sierra Leone, Togo and Ghana in line with WHO guidelines in the reporting period.

In the next six months, FHI 360 will continue to implement the END in Africa project activities as outlined in the FY2013 Annual Work Plan. FHI 360 and partners will work to support Helen Keller International (HKI), Health and Development International (HDI), and Catholic Relief Services (CRS) on the implementation of their projects in each country, including MDAs and 2nd tier sub agreements. Finally, FHI 360 will continue to ensure that all sub grantees and partners remain compliant with all approved sub agreements on financial, reporting, and project implementation activities.

Project Management

During the period under review, FHI 360 executed various activities to ensure the continued progress of the goals outlined in the END in Africa work plan. The following section outlines some of the key activities related to project management.

- As part of efforts to assure compliance with donor regulations and the sub grantees agreements, the END in Africa Grants Manager carried out a monitoring visit and monthly desk reviews of all FHI 360's implementation partner. No major adverse findings were reported.
- An END in Africa portfolio review was completed with the Accra team to analyze the status of each sub agreement with respect to spending and activity execution by the various partners.
- Regular working sessions were held with USAID's NTD team for coordinating project activities, discuss directions and define actions for a smooth implementation in all countries.
- The work planning process with sub grantees, MOH and other stakeholders was redesigned based on the lessons learned in the previous process. The Work Plan template was restructure for more clarity and new sessions were incorporated to address USAID information needs.
- A new guidance was issued by USAID Contract Office vacating the previously approved waivers for entering into 2nd tier sub agreements with the MOHs, and replacing with and authorization to enter into Fixed Obligations Grants. The new guidance also increases the limit of individual sub agreements to \$500 thousand.
- Representatives of End in Africa regional hub participated in the quarterly Health Partners' review meeting of the USAID Mission in Ghana for the first time in March 2012. Although the NTDCP is funded directly from Washington D.C., in the spirit of networking with other health programs, it was thought necessary to forge a relationship with the local USAID mission as well as its implementing partners in the health and development sector through participation in review meetings.
- FHI 360 hired a Knowledge Manager, Kathy Sanchez (hired through LATH) to manage the capture and dissemination of information on project outcomes, methods, strategies, guidelines, progress, success stories, lessons learned and best practices; and, for the management and content of the program's dedicated website that will allow the team, grantees and MOHs/NTDCPs to communicate and share best practices, documents, tools, guidelines and reports, as well as a calendar of scheduled managerial capacity-building workshops and trips.
- END in Africa initiated the process for recruiting a NTD Technical Advisor to increase the level of technical guidance and support that the program offers to the MOHs and sub grantees.

Project Implementation

This section details the major accomplishments in project implementation in the past six months. It highlights activities related to the issuance and management of grants, summaries of sub-grantee activities in each country, technical assistance/capacity building, collaboration and coordination, and M&E.

Issuance and Management of Grants

- FHI 360 worked to support the MOH-led process for developing FY2013 annual work plans for USAID-funded activities:
 - The Project Director and representatives from the Regional Hub in Ghana, USAID, and relevant sub-grantee organizations travelled to the following countries from June -August 2012 to complete work planning activities in collaboration with the respective country's MOH:
 - Ghana (CRS) - June 11-15
 - Sierra Leone (HKI) - June 18 -22
 - Burkina Faso (HKI) - July 16- 20
 - Niger (HKI) - July 30 – Aug 3
 - Togo (HDI) - August 13 - 17
 - FY 2013 work plans for each country's sub grantee were submitted in early Fall according to deadlines set in the work planning meetings. FHI 360 and USAID collaborated in a review process in order to ensure that all key requirements identified in the work planning meetings were met and included within the plans.
 - First drafts of FY2013 Work plans for Ghana, Sierra Leone, Niger, Burkina and Togo have been finalized and are been discussed with USAID and sub grantees.
 - In synergistic efforts with USAID, FHI360 and partners provided inputs and comments during the development of the FY2013 work plans in the five countries to ensure that the proposed activities were in line with WHO guidelines and were allowable under USAID's regulations and budget.
 - Additionally, FHI360 provided coaching to sub-grantees and MOH staff in each country vis-a-vis the indicators in the new program work books. Based on the discussions that arose during the training on the workbooks, FHI360 provided valuable inputs/comments that enabled RTI to correct or enhance tasks in the workbooks.
- FHI 360 worked in collaboration with JSI to complete quantification and procurement of drugs to be used in the FY2013 MDAs. More detailed information can be found on this deliverable under the "Procurement" section of this report.
 - Technical support was provided in-country and headquarters-based for the quantification of praziquantel (PZQ) needed for FY2013 MDAs that will be purchased for all five countries by USAID through the Envision Program. Dr. Pape Ndao

traveled to Burkina Faso and Niger to directly support the MOH and the sub-grantees in developing their forecasts, and he supported Ghana from his home base in Accra. Togo completed their quantification with limited remote support from JSI. JSI team provided substantial support for the development of the Sierra Leone forecast via email.

- Forecasts were validated by the MOHs and the sub-grantees, and reviewed by JSI before submission to the Envision Program. The estimated need for Burkina Faso, Niger, Sierra Leone and Togo will be ordered as submitted. In Ghana, we will review consumption and stock on hand data with the country program following the schistosomiasis MDA in October 2012 to determine if their estimate requires adjustment. Low coverage rates in the 2011 MDA in Ghana and the absence of stock on hand data when the forecast was developed could affect the FY2013 requirements.
 - In Niger, the original praziquantel estimate developed by the MOH and the in-country staff was replaced with a much higher estimate developed by the HKI regional and headquarters offices. The Nigerien MOH is currently reviewing their guidelines, and once finalized, the MOH will analyze and potentially adjust their estimated need based on the guidelines they adopt. TA through ENVISION has been provided on this regard.
 - In Togo, the multiplier used for buffer stock was increased from 2.5 to 3.0 for school age children due to near stock outs during the previous MDA. JSI will review Togo's consumption and stock on hand data with the country program in order to determine if the revised multiplier provides a more accurate estimate of need.
- Through JSI, the FHI360 led team completed the following additional tasks related to SCM:
 - Provided input on proposed supply chain-related activities for each country to consider including in their FY2013 annual work plans based on each country's SCM assessment findings.
 - Provided information, documentation, and support to the MOHs in Burkina Faso and Niger for their albendazole (ALB) forecasts and applications to the GlaxoSmithKline (GSK) donation program via WHO. Both applications were approved by WHO/Geneva.
 - Supported national NTD programs and implementing partners as they prepared to receive consignments of PZQ and ALB from FHI360's pharmaceutical supplier, Missionpharma. A contact list was created for each country to encourage the practice of notifying all relevant parties when a consignment is ready to be shipped by providing copies of the shipping documents. In practice, Missionpharma provided shipping details only to the consignee, FHI360, and JSI. The headquarters-based JSI staff then provided the shipping details to our sub grantee partners—per the END in

Africa communication protocol—who then shared the information with relevant in-country partners.

- Worked with Missionpharma and FHI360 to establish a procurement plan for all END in Africa countries to ensure the PZQ and ALB consignments procured through Missionpharma would arrive in country in time for the adjusted MDA dates. The plan provides for all consignments to be delivered by the end of September 2012.
 - **Burkina Faso:** 9 million tablets of PZQ have been delivered, cleared and are currently being stored at the Disease Control Directorate in Ouagadougou, Burkina Faso. A consignment of 484,500 tablets of ALB was originally ordered from Missionpharma, but was subsequently cancelled since the MOH was eligible to apply to a new donation program of GSK through WHO, and that consignment was delivered, cleared, and is currently stored at the Disease Control Directorate.
 - **Ghana:** A consignment of 12 million tablets of PZQ arrived in mid-September in time for the forthcoming MDA in October 2012. The consignment have been delivered, cleared and is currently stored at the GHS warehouse for distribution.
 - **Niger:** 3 million tablets of PZQ have been delivered, cleared and are currently being stored at the Central Medical Store in Niamey, Niger (ONPPC). A consignment of 1,025,000 tablets of ALB has been delivered and it has been cleared through customs. A final shipment of 8 million tablets of PZQ has been delivery to Niamey and is the process of clearing customs.
 - **Sierra Leone:** A consignment of 4,852,000 tablets of PZQ has been delivered, cleared, and is en route to the Makeni warehouse on September 6.
 - **Togo:** 3,963,000 tablets of PZQ have been delivered and were distributed during the May/June 2012 MDA.
- Validated MDA data for the FY2012 campaign for Ghana, Togo and Burkina Faso have been already submitted to ENVISION. Once we receive the rest of data for the FY2012 campaigns, FHI360 will conduct basic trend analysis to determine progress over time and any gap in drug delivery or consumption in comparison to the FY2011 campaign. The situation for the rest of the countries is as follows:
 - Sierra Leone conducted MDA for the 2012 campaign in 12 out of 14 districts and data for the 12 districts were submitted to USAID and RTI for inclusion in the master database in February 2012. MDA for the remaining two districts in western area is underway.
 - The 2012 MDA for Niger has been postponed due to delay in the delivery of ALB and PZQ. Nonetheless, MDA was conducted in two districts (Tessawa and Mirra) in Niger to allow the consumption of the Azythromycin which would otherwise expire.

- Based upon the outcomes of the M&E situation analysis led by WHO in collaboration with RTI and FHI360, WHO and partners (RTI, CNTD Liverpool, SCI, ITI and others) conducted an M&E training for NTDs between August 27 to 30.
 - The training targeted the NTD program managers and M&E officers at MoH in West Africa francophone countries and Burundi (Burundi will host a different meeting on NTDs when WHO will train countries in Central Africa) and M&E officers at FHI360, LATH and sub-grantees (HKI, HDI).
 - Each country (Burundi, Togo, Burkina Faso, Niger, Mali, and Senegal) was represented in that workshop by at least three participants from the MOH and at least one staff from the sub-grantee office. This training included ten modules that provided an overview of the M&E for NTDs specifically, an introduction to the 10 priority NTDs in Africa, mapping, monitoring of performance indicators (output, outcome and impact indicators) for NTDs, developing a M&E plan, population sampling during impact assessment or coverage surveys, and others, which altogether have strengthened the M&E skills in each country program.
- LATH M&E Specialist attended the two-day meeting that was held in Ouagadougou, Burkina Faso, in which experts in schistosomiasis gathered to discuss the better ways to align the current protocols for schistosomiasis in Niger and Burkina Faso with the current WHO guidelines and take the lessons learned to further assist other countries that would encounter similar situations.
 - As a background, Burkina Faso and Niger have been treating schistosomiasis for over 8 years. Current WHO guidelines for schistosomiasis recommend assessment of the prevalence after five years of treatment with PZQ; but prior to the assessment, school age children (SAC) and high-risk adults (HRA) living in hyper-endemic zones (prevalence equals or above 50%) should be treated once a year, SAC living in mesoendemic zones (prevalence of 10-49%) should be treated once every two years, and SAC living in hypoendemic zones (prevalence below 10%) should be treated twice during primary schooling.
 - Burkina Faso currently provides treatment once every two years to SAC and HRA in hyperendemic zones (prevalence above 30%), and to SAC only once every two years in hypoendemic zones (prevalence below 30%).
 - Niger currently provides treatment with PZQ every year in hyper endemic zones (communities along the Niger River) and once every two years in other endemic communities. WHO has recommended new guidelines after assessment of the prevalence in endemic districts and the WHO meeting in Ouagadougou aimed to re-align national strategies in these two countries with the WHO guidelines.

Summary of Sub-grantee Activities by Country

Competitively selected sub grantees are currently supporting the MOH's NTD Country Programs. HKI is working in Burkina Faso, Niger and Sierra Leone; CRS in Ghana, and HDI in Togo.

Burkina Faso

During the reporting period (April 1, 2012 – September 30, 2012) there were two major classes of activities which took place: mass drug distribution (MDA) campaigns and monitoring and evaluation (M&E). MDA for lymphatic filariasis (LF) occurred in 57 districts (39 with USAID support), trachoma in 8 districts, and part of the MDA for schistosomiasis in 18 districts. The MDA activities occurred later than planned due to the late arrival of praziquantel in-country. In preparation of the MDA activities, cascade trainings took place at all levels to ensure that the human resources in place were fully equipped to participate in the MDA. More than 61,000 people were trained.

- Transmission assessment surveys (TAS) were conducted for LF in 14 districts (9 with USAID funds), sentinel site assessments for LF in 3 sites, sentinel site assessments for schistosomiasis in 9 sites, and impact studies for trachoma in 11 districts.
- Schisto MDS began in 3 of the 4 health regions upon arrival of the first praziquantel shipment.
- Training sessions for the trainers, health agents, and community drug distributors (CDDs) for the FY'2012 MDA.
- During this reporting period, an appointment of the National Coordinator for the Prevention of Blindness Program (PNPC) was named. This position will lead the trachoma elimination efforts.
- Received technical support through ENVISION and facilitated the WHO AFRO/ENVISION review meeting of the national schistosomiasis strategy in Burkina Faso and Niger in Ouagadougou.

In preparation for all of these major activities, multiple planning and coordination activities took place between the national program and Helen Keller International (HKI). In July 2012, the work planning meeting for FY'2013 took place in Ouagadougou to finalize the work plan for the FY2013.

Further details on Burkina Faso activities are noted in *Country Program Summaries* in Appendix 2.

Niger

During the period from April to September 2012, the national NTD program in Niger organized many coordination and advocacy meetings with the partners within the Ministry of Public Health (MSP) and other key NTD partners. These meetings took place to better plan and

organize the next MDA campaign which will take place in October 2012, focusing mostly on the budgetary and financial needs of the districts.

- At the level of the MSP, a new focal point was appointed: Dr. Lado Abdoulaye. At the end of March 2012, Dr. Aichatou Alfari was hired by HKI to fill the role of the NTD Coordinator.
- From April 16-May 10 an evaluation mission to determine financial and logistical needs at the district-level was held, which led to the creation and validation of the district and regional level micro plans.
- In preparation for the FY2013 work plan, a team of representatives from the MSP, FHI360/JSI, USAID, HKI, and other partners such as the Ministry of Education and Carter Center attended a work planning meeting July 31 – August 2 in Niamey. During this meeting, a brief review of the FY2012 activities was presented and plans for FY2013 were discussed. Training was also provided to the team on the use of the new data capture workbooks.

The contract signed with the National Office of Pharmaceutical and Chemical Products (ONPPC) permitted the establishment of a set of procedures in drug management and logistics that are expected to be more cost-effective and efficient.

For further details on Niger activities are noted in *Country Program Summaries* in Appendix 2.

Sierra Leone

During the reporting period, work-planning sessions were held with participation from USAID, FHI360, HKI HQ, and NTDCP to develop a FY 2013 NTD work plan. The sessions provided clear understanding on the new FHI360 guidelines especially for disbursement of funds. The 25K maximum overhead per disbursement, which had posed great challenges, especially for implementing lymphatic filariasis (LF) activities in the Western Area (WA), was addressed and the option of Fixed Obligation Grant (FOG) was chosen.

- Advocacy and social mobilization meetings to get the support and commitment of stakeholders for the LF campaign in the WA were held in various communities in Rural and Urban WA.
- Training of trainers began for the LF/oncho/STH MDA in 12 districts began as well as training of supervisors for the SCH MDA in 7 districts.
- Advocacy meeting for the inclusion of NTDs into the health training curricula took place in both the Eastern and Northern polytechnic institutes.
- Two posters will be presented at the 61st ASTMH Annual Meeting.
- As a complementary and cost-efficient IEC strategy for social mobilization, the Community Radio Network “Talking Drums” that has networks with community radio stations throughout the country will continue to be utilized to disseminate tailored messages and edited FAQs which include people’s concerns, questions asked, and SMS sent during radio discussions and phone-in programs. The revised FAQs will be used as standard guidelines for

all future radio discussion programs and will also be disseminated during community meetings prior to and during MDA.

As part of plans to ensure sustainability of NTD control, and the development of human resources in the primary health care system, advocacy meetings for the inclusion of NTDs into health training institution curricula were held in Eastern and Northern Polytechnic Institutes.

For further details on Sierra Leone activities are noted in *Country Program Summaries* in Appendix 2.

Togo

During this period, the Togo Ministry of Health (MOH) along with HDI successfully implemented a nationwide mass drug administration (MDA), performed and reported on a lymphatic filariasis transmission assessment survey (TAS), developed a new Work Plan and submitted drug orders for the coming fiscal year, and developed plans for an MDA coverage survey. As the MOH gains more experience in managing the integrated NTD program, improvements in program logistics, cost-effectiveness, and training are expected to result in higher quality services and lower cost activities.

- A TAS was performed in May to determine whether six districts those were previously endemic for lymphatic filariasis have experienced recrudescence three years after the last lymphatic filariasis MDA was held. This TAS demonstrated that, three years after lymphatic filariasis was eliminated from Togo, endemic transmission has not begun again. Nationwide MDAs are occurring that involve both albendazole (to treat STH) and ivermectin (to treat onchocerciasis), which may contribute to the control of lymphatic filariasis in these populations.
- HDI produced a number of materials for the June 2012 MDA, including registers in which the community drug distributors document their drug distributions, training manuals and educational flip charts for the community drug distributors who did not receive them last year. At this point, all of the community drug distributors have dose poles and educational flip charts that can be reused every year.
- Togo received short-term technical assistance in designing the coverage survey from Dr. Boakye Boatın through ENVISION; and he is expected to implement the coverage survey in early October along with the LF Program Coordinator, Monique Dorkenoo.

The final number of individuals treated during the most recent MDA is expected in the Fall.

Further details on Togo activities are noted in *Country Program Summaries* in Appendix 2.

Ghana

During the reporting period, the program organized a work plan development workshop in June bringing together CRS, GHS, FHI360 and USAID to discuss and agree on key areas on which to

focus the FY2013 work plan. This session was followed by the development of a work plan for the project for the financial year 2013 by a collaborative effort of GHS and CRS. This work plan has been submitted FHI 360 for review and approval.

- The program also held several planning meetings with stakeholders towards the implementation of one successful community based Mass Drug Administration (MDA) for Lymphatic Filariasis (LF), Onchocerciasis (Oncho) and Soil Transmitted Helminthiasis (STH). A school based MDA with PZQ has been scheduled for October 2012.
- Trainings were held for over 15,728 people including health workers and community volunteers in preparation for the March/ April MDA. Finance Officers in all 170 districts in the country had a capacity building training to enhance their skill in managing donor funding with support from FHI 360 (Deloitte).
- Due in part to communications and advocacy activities undertaken by END partners, including regular meetings with MOH and other government officials and training sessions the Government of Ghana has shown a renewed commitment to the NTD agenda by supporting NTD activities and contributing one million dollars in support of the implementation of the 5 year NTD strategic plan.
- The 2nd Quarterly Ghana Intra Country Coordinating Committee (ICCC) for NTDs meeting was held on May 30, 2012. This involved the Director of Health Services representing the Government of Ghana (Chair), the NTD control program, and a large representation of stakeholders in NTD including WHO, UNICEF and several NGOs. The ICCC is an oversight body of stakeholders working towards elimination of NTDs in Ghana, who have agreed to have regular review meetings in order to guide and propel NTD intervention within the country.

The main activities for the next six months include holding two MDAs in October 2012, one school-based and one community based, and one community based MDA in January 2013. The program will work with FHI 360 to update the Tools for Implementation, Planning and Costing (TIPAC) for Ghana and develop Supply Chain Management (SCM) Standard Operating Procedure (SOP) training materials to be used in MDA trainings to help improve SCM. Surveillance activities for LF and Trachoma will also be undertaken. Two Intra Country Coordinating Committee (ICCC) meetings are also expected to be held over the next reporting period. Finally, monthly and semiannual reports will be prepared and submitted in the next six months.

Further details on Ghana activities are noted in *Country Program Summaries* in Appendix 2.

Technical Assistance /Capacity Building

Throughout the period under review, FHI360 and its partners assisted the MOHs in identifying their technical assistance requirements in order to create plans for assessing situations and implementing a variety of capacity-building activities.

Supply Chain Management

- JSI prepared a summary report that included findings from the five SCM country assessments, recommendations for capacity building in each country, and proposed technical assistance plans for each country program. The summary report was shared with FHI360, USAID, and our in-country implementing partners. Paula Nersesian presented the key findings to USAID at a meeting held at FHI360 on May 23.
- JSI provided technical assistance to the Ghana program focused on understanding the logistics procedures they employ to track NTD medicines after they're distributed to the district and sub-district levels, and identifying obstacles to effective logistics management at those levels of the supply chain. Dr. Pape Ndao observed the LF/onchocerciasis MDA and examined logistics systems in action through site visits to health facilities, storage facilities, and community based distribution sites during and after the MDA. Several recommendations were proposed to improve supply chain management: develop standard operating procedures and training materials for the supply chain procedures undertaken before, during, and after MDAs; involve public sector pharmacists in the management of NTD medicines; and track the NTD medicines that remain unused following the MDA and develop transportation systems to consolidate the stock on hand in a centralized location following the campaign to ensure the product's quality and availability for future campaigns.
- In preparation for delivery at a WHO/AFRO NTD meeting in Accra, Ghana, JSI staff developed a presentation on the results of the NTD supply chain management assessments conducted by JSI for the END in Africa program and by SPS/SIAPS Projects for the Envision Program in collaboration with the MSH staff who have been providing technical assistance to USAID's former Neglected Tropical Disease Control Program and the Envision Program. The AFRO meeting assembled NTD Program Managers from many African countries, including those within USAID's NTD portfolio, along with key stakeholders such as donors and technical partners. JSI's and SPS's joint NTD SCM presentation provided an opportunity to share the key findings and challenges faced by the country programs based on the SCM assessments, best practices observed in the countries, and recommendations to strengthen supply management systems. It was the first time SCM was on the agenda of this type of meeting.
- Subsequent to the WHO/AFRO meeting, JSI hosted a coordination meeting with SPS/SIAPS on July 31 to discuss the meeting, the delivery of our co-developed SCM presentation, and the status of a training course for NTD Program Managers and the module on supply chain and drug management that SPS/SIAPS contributed to WHO via the Envision Program. Our MSH colleagues did not have any information regarding the status of the training module or the course, although the Envision website indicates that a field test of the materials was held in Tanzania in July 9-15.

Financial Management

- Deloitte conducted training on US Government Financial Rules and Regulations to support MOH financial staff in Ghana and Togo (Burkina and Niger were completed the previous semester) to increase their understanding of USG financial management requirements and practices. The training reviewed the financial control systems, which not only assures that the MOHs and sub-recipients remain involved in the day-to-day decisions regarding the expenditure of funds in support of the implementation of END in Africa activities, but also improves the knowledge of NTDCP staff in financial management processes.
- Following the initial refresher training programs in the first half of operations, a request was received from the GHS/NTDCP in Ghana to extend the refresher platform to cover all personnel at the district levels. This was done in collaboration with CRS/Ghana, the implementing partner of the NTDCP in Ghana. Based on post-training assessment, the participants fully understood the implication of the approved USAID deviation as well as the specific requirements, procedures, roles & responsibilities under the approved deviation.
- By September 2012, Deloitte in partnership with CRS/Ghana has trained a total of 564 staff of MOH/NTDCP staff as a means of mitigating financial risk. This is made up of 214 Finance Officers and 350 Program Officers (Disease Control Officers and District Medical Directors).

Refresher Training on USAID Financial Management Regulations: District Level					
Region	Date	Total	Finance Officers	Disease Control Officers and Directors	
Ashanti Region	10-May-12	78	31		47
Volta Region	17-May-12	56	19		37
Central Region	22-May-12	53	18		35
upper west	24-May-12	33	11		22
Western Region	25-May-12	42	19		23
Brong Ahafo	28-May-12	66	30		36
Greater Accra	26-Jun-12	60	17		43
Eastern Region	17-Jul-12	80	30		50
Upper East	22-May-12	31	13		18
Northern Region	23-May-12	65	26		39
		564	214		350

- Deloitte also conducted a workshop for 16 participants (including GHS/NTDCP managers and staff) to strengthen financial management systems of NTDCP. The output of the workshop was a defined direction for the GHS/NTDCP with regards to financial management. This included defined performance targets, current challenges to achieving their targets; and a roadmap to achieve their targets.

- During the period under review, Deloitte also conducted MDA sampling in the offices of the sub-grantee in two countries - HKI/Sierra Leone and CRS/Ghana. Financial sampling in Sierra Leone was conducted between July 2 and 5, 2012; financial sampling in Ghana was conducted between July 9 and 13, 2012.

In **Ghana**, notable recommendations included:

- GHS should execute budgets aligned to agreed-upon budget line items rather than BMCs working over and under these line items at their discretion.
- Standardization and proper completion of forms, including dates, activity descriptions, and purpose of payments are necessary in order to improve recording and reporting mechanisms of GHS.
- MOH officials need guidance regarding the preparation of a final utilization report at the completion of MDA activities.

In **Sierra Leone**, notable recommendations included:

- One standard format should be used for sub-agreements for all districts, and all stated annexes should be included with the sub-agreement.
- HKI should consider designating a deputy with authority to sign administrative documentation such as bank reconciliations to prevent delays.
- More careful and consistent treatment of fuel voucher documentation may prevent improper treatment of funds and misclassification of transportation allowances and fuel.
- Standardization and proper completion of forms, including dates, activity descriptions, purpose of payments and signatures are necessary in order to improve recording and reporting mechanisms of MOHS.
- MOHS officials need guidance regarding the preparation of a final utilization report at the completion of MDA activities.

The recommendations and suggestions offered based on the observations of the sub-agreement and financial sampling in Ghana and Sierra Leone are contained in the full report submitted to USAID and shared with the sub grantees.

Deviation

In compliance with the terms of the previously issued deviation for END in Africa, Deloitte completed the following activities:

- Conducted training on US Government financial rules and regulations to a total of 62 persons; made up of 41 program staff and 21 finance staff in four of the five focused

countries. Deloitte's training program in End in Africa Project is implemented within the context of refreshing both financial and program staff of sub-grantees and MOH/NTDCPs of USAID financial management regulations, as well as discussing the deviation allowing for a second tier arrangement with the government;

- Conducted financial sampling of MDA expenditures in Sierra Leone, Ghana, Niger, and Burkina Faso, which helped to ensure the integrity of resources, identified opportunities for financial-systems improvement, and increased visibility and importance of the financial processes within the Ministries of Health.

As a result of the recent revisions in ADS 303(revised on May 4, 2012) the previously obtained waivers for the "END in Africa" are no longer required.

In response to the Agency's procurement reform the revised ADS 303.3.21(b) allows for recipients to enter into sub-agreements with host country governmental organizations. ADS 303.3.25 and the additional help document "Awarding Fixed Obligation Grants to Non-Governmental Organizations" provide new guidance for the provision of FOGs to Non-US Government Organizations and should be utilized. The new guidance indicates that upon the approval of the AO, sub grantees as allow entering into 2nd tier sub agreements with the host government using FOG. The ceiling of such sub agreements has been increased to \$500 thousand.

Collaboration and Coordination

END in Africa- General

FHI 360 continued to coordinate with USAID, the MOHs for each country, and existing USG funded NTD programs to ensure an effective program execution. Project Director, Bolivar Pou, representatives from the regional hub and members of USAID visited all five countries to support them through the FY 2013 work planning process as well as strengthen networks with the stakeholders.

END in Africa collaborated with WHO and provided inputs used to develop a training program on M&E of NTDs, which was held in Ouagadougou in August 2012, and 6 training sessions on the disease- and program- workbooks indicators, held between June and August 2012 in each of the five END in Africa countries. Country program managers and M&E staff attended the WHO workshop to plan the roadmap for NTDs in the AFRO region.

Our project sponsored the participation of representatives of our sub grantees in the WHO/AFRO regional meeting for NTD Control Programs in Africa. Additionally, M&E specialists of our Francophone countries were invited and sponsored by END in Africa to the WHO training in Burkina.

END in Africa has been coordinating actively with ENVISION Technical Assistance Facility for the provision of approved TA for our countries.

Countries specific activities carried out by our sub grantees are summarized below:

Burkina Faso

- Received technical support through ENVISION and facilitated the WHO AFRO/ENVISION review meeting of the national schistosomiasis strategies in Burkina (and Niger) in Ouagadougou.
- Regular planning meetings were held between HKI and the national program to prepare for all FY'2012 MDA and M&E activities.
- A meeting was held (July 17 – 20) with the regional directors of health and key NTD partners to present the draft of the FY'2013 plan.
- Support was provided to the national program to coordinate with other partners such as CNTD Liverpool and the CDC.

Niger

- Since March 2012, a committee composed of the program coordinators, the national NTD focal point, and HKI has met regularly to prepare for the upcoming campaign. For managing the implementation of drugs in the health districts, multiple meetings took place with the ONPPC, the national program, and HKI resulting in the signing of a contract between the ONPPC, the national program, and HKI. All of these coordination meetings allowed for careful program planning throughout the reporting period.
- At the level of the MSP, separate harmonization and advocacy meetings were held with the Minister of Public Health and the Director of Disease Control, including the NTD focal point and the disease coordinators to discuss and address the following issues:
 - The Minister of Public Health had prohibited the regions and districts from signing contracts with partners. However, after the meetings, a waiver was granted allowing contracts to be signed for the October 2012 campaigns with the regions and districts.
 - An inventory taken after the previous campaign signaled the pending expiration of Zithromax which allowed a campaign to be set up very quickly in two districts to ensure that the drugs were used before the end of August. The importance of taking a physical inventory and having the findings quickly sent to the central level were discussed.
- As mentioned above, a new partnership was formed with the MSP and HKI signing a tri-party contract with the ONPPC to handle the management of drugs once they arrive in-country. HKI and the Carter Center continued their efforts to provide support to the PNLCC for trichiasis surgeries, radio broadcasts to promote messages about the full SAFE strategy, and implementation of a school health curriculum; this was marked by a joint supervision visit to several regions of the country in April.

Sierra Leone

- A quarterly NTD partners meeting was held in June with participation of key NTD partners in the country including NTDCP, HKI and Sightsavers. WHO was unable to attend due to conflicting responsibilities. These meetings have been developed to bring partners together on a quarterly basis to improve coordination of NTD control. Two members of the Sierra Leone NTD Task Force and the National NTDCP Program Manager attended the AFRO Regional Stakeholders' Consultative Meeting on Neglected Tropical Diseases and Regional NTD Managers meeting held in June in Accra, Ghana.
- In past years, integrated training manuals and IEC materials have been revised, but no new manual and material have been developed. The use of the media has been increased as opposed to print materials, which tend to be more expensive. There has been more use of interactive radio programs, offering more flexibility and less cost to tailor communications and social mobilization. Collaboration with the Community Radio Network "Talking Drums" to air jingles and discussions for distribution nation-wide has been strengthened.

Togo

- The Togo Integrated NTD Program has always relied on broad partnerships to accomplish goals, and continues to encourage active participation by a variety of partners. For example, the Onchocerciasis Program, World Health Organization (WHO), and Plan Togo directly participated in the June MDA. We hope to continue to expand these partnerships in the future. In addition to direct involvement in the MDA, other organizations are active in trachoma elimination (Sight Savers, CBM) and STH prevention in preschool-aged children (UNICEF).
- The Togo Integrated NTD Program is always looking for opportunities to increase the cost-effectiveness of the program, and as such has developed tools for the community distributors that can be reused every year (dose poles and flip charts). We have developed integrated reporting tools and implemented integrated trainings and drug delivery. Plans are underway to integrate MDA for NTDs with the activities performed by UNICEF (vitamin A, albendazole distribution) in pre-school aged children in the future, with the goal in increasing cost-savings.
- The Togo National Organizing Committee meets regularly to coordinate and evaluate activities like Stakeholder Meetings and MDAs and seeks out opportunities to expand partnerships or increase cost-efficiencies

Ghana

- Partnerships have been enhanced with the formation of the ICCC. During the reporting period, the ICCC met once on 30th May 2012 at the Ministry of Health. This was the second

ICCC meeting of the year. At this meeting three sub committees were formed to support the NTD program in the areas of resources mobilization, advocacy and communication and technical issues. Stakeholders have shown enthusiasm in participating in this committee and working together to support the NTD program.

- A new partnership has been courted with Partnership for Child Development (PCD) in the area of school deworming. The program has held several meetings and work plan development sessions with PCD to help meet the gap in school deworming for the country program.
- During the reporting period, the program received support from Sight savers for Oncho surveillance activities including impact assessments, coverage study in oncho communities, entomological surveys and epidemiological surveys. A total of 123,895 USD was received. Sight savers also pre-financed the travel, on behalf of Handicap International, of two officers from the program to attend an international conference on LF Disability prevention and management in Montpellier, France, from 28-30 June, 2012. The World Health Organization (WHO) supported the attendance of two officers from the program at an international workshop in Geneva on joint drug application and reporting tools from 19- 20 July 2012. The program also collaborated with the West Africa Morbidity Project to train surgeons in Hydrocelectomy in June 2012. In all, six surgeons were trained and 20 operations were performed.

Monitoring and Evaluation (M&E)

M&E Planning

The Senior Technical officer in the regional hub in Ghana liaised with the M&E Officers in each country and, to the extent possible, the focal persons and data managers, to ensure adequate follow-up of in-country M&E systems for NTD Control Programs. The main accomplishments for this reporting period are as follows:

- LATH M&E Specialist attended the M&E training for the TIPAC (Tool for integrated planning and costing) in the second half of March 2012, in Washington, DC. TIPAC should be rolled out in FY2013.
- FHI360 provided valuable inputs to country work plans, and developed activities for the FY2013 work plan for FHI360

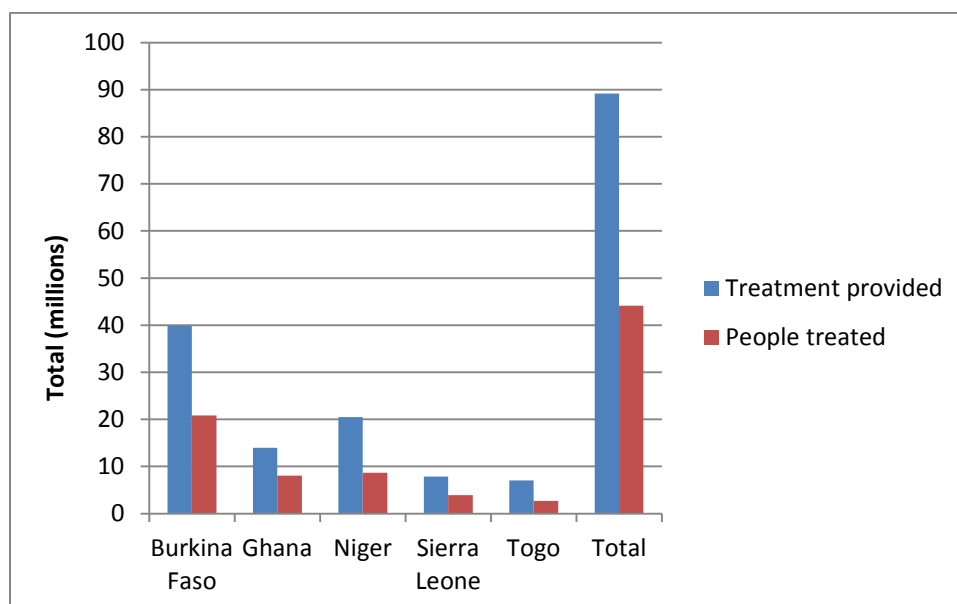
Data Management and Dissemination

END in Africa continues to support the selected five African countries (Burkina Faso, Ghana, Niger, Sierra Leone and Togo) in improving their respective Monitoring and Evaluation systems.

Validation of MDA data for the 2012 campaign for Ghana, Togo and Burkina Faso has been completed and workbooks submitted to RTI. Niger MDA was postponed following the delay in the delivery of albendazole and praziquantel, but MDA should resume in October of this year. MDA for schistosomiasis has started in Burkina Faso, Ghana, Niger and Sierra Leone. MDA for LF/Oncho/STH in the urban and rural districts in Western Areas, Sierra Leone, is underway.

Overall, over 89.1 million treatments have been provided to more than 44.1 million persons since the inception of END in Africa.

Figure 1. END in Africa, MDA data reports since the inception of the program in 2011, by country



The overall program coverage was above 80% for all drug packages except in Niger, where program coverage for azithromycin and tetracycline was 72.3%. Specific low program coverage was noted in some districts for the reporting period: In Ghana, we had low program coverage (below 80%) for LF and onchocerciasis in, 30 out of 70, and 22 out of 61 districts respectively. Probable reasons for the lower coverage in Ghana are under investigation. We also noted program coverage above 100% in many districts. This should not be considered at first glance as

data issue. In fact, the denominator (target population) used to determine program coverage is in many times an estimate (80%) of the total at-risk population which in turn is also an estimate (projection of census data). Anyway, this did not prevent us from investigating to identify outliers.

FHI360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. For this reporting period, LATH conducted the following activities:

- Provided training to staff at MOH (NTDCP) and M&E officers in sub-grantees' offices regarding the use of program and disease workbooks. Discussions and comments that arose in these trainings allowed LATH and RTI to enhance the features and indicators/benchmarks in the workbooks.
- Continuously captured first-hand, real-time MDA information from subgrantees and facilitated prompt decision making and adjustment of program activities, when needed.
- Produce descriptive analyses of program accomplishments based on MDA data reported in the course of FY2012. Longitudinal analysis was not possible, as FY2012 is our first year reporting MDA data and we are still awaiting numbers from many countries. RTI manages the global NTD database for USAID and should be able to report on the trends.
- Provide data for and begin development of the new END in Africa website.

Impact Assessment

FHI360 worked collaboratively with country programs to ensure that planned impact assessments occur as expected. Several different disease assessments took place during the reporting period, including Pre-TAS in 3 sentinel sites in Burkina Faso, TAS in 14 districts in Burkina Faso and 7 districts in Togo, SCH sentinel site assessments in 9 districts in Burkina Faso and trachoma impact assessment in 11 districts in Burkina Faso.

The numbers of assessments conducted since the inception of END in Africa are presented in table 3 in appendix 1.

Technical Assistance and Capacity Building on M&E

FHI 360 and partners continued to support the selected 5 countries in developing sustainable M&E systems for NTD Country Programs. Technical assistance (TA) comprises routine activities and ad hoc activities that are requested based upon country needs. For this reporting period, TA was provided in the following areas:

- Review of in-country reports, such as the FY 2013 work plans and semi-annual reports, prior to their submission to USAID.
- Validation of the Ghanaian MDA data and assessment of its accuracy and consistency prior to submission to USAID.

- Communicate regularly with NTD Country Programs regarding needs for TA.
- Support the country program managers and M&E staff who attended the regional annual meeting of Neglected Tropical Disease program managers in Accra, Ghana on June 25-30.
- Between June 11-August 1, train NTD program managers in five countries and sub-grantee M&E officers on MDA data reporting in the new disease and program workbooks developed by ENVISION/USAID .
 - LATH provided input on improvements to the workbooks.

Please refer to Appendix 1 for M&E reporting on MDAs, mapping, coverage, and additional data.

Knowledge Management

Major activities completed during the semester are:

- Hired Kathy Sanchez (LATH) at the end of May 2012 as the END in Africa Knowledge Manager; she was immediately seconded to FHI360.
- Shipped complete sets of WHO guidelines for NTD control to the NTD programs in each END in Africa country in September 2012, to ensure that each NTDCP has ready access to the most updated and reliable guidance and reduce reliance on uncertain Internet connections.
- Coordinated with Deloitte to produce a report on the pilot financial management performance monitoring and planning meeting held in New Abirem, Ghana on June 18-21, 2012. The July 2012 report documents the performance monitoring and planning methodology and meeting result. It also provides next steps required for expanding the pilot, and outlines best practices and lessons learned.
- Designed and wrote the first END in Africa semi-annual newsletter, which contains a summary of the program's achievements and progress, several articles on success stories or other specific aspects of the program, and a summary of peer-reviewed literature that has come out of the program. It will be disseminated to USAID and appropriate US government agencies, NTDCP staff in the END in Africa countries, donors, END in Africa sub grantees and partners, international agencies, and in public for as such as the END in Africa website.
- Produced a redesigned template for the new, more robust END in Africa website and is working with FHI360 to build the new site, which is expected to become operational in the next quarter. LATH also assumed responsibility for maintaining the current END in Africa website while the new site is being built.
- Administered the SharePoint intranet site (responsibility shifted to LATH), although FHI360 and the END in Africa partners continue to have rights to add and share content in that site.
- Provided editorial and quality control services to END in Africa partners and sub grantees on various END in Africa publications to ensure compliance with USAID publication guidelines and the END in Africa Branding and Marking Plan.

Lessons Learned

SCM

- **Customs Clearance:** In some countries, the customs clearance process moves slowly and results in delays in moving product from customs to its destination. Mapping the customs clearance process in each country would help identify the required documentation, steps, and procedures, as well as the amount of time needed to complete each, so that the process of moving donated products through customs is smooth and efficient.
- **Quantification:** Forecasting is constrained when the current MDA has not yet occurred, since stock on hand data is not available. This was seen in Ghana and as a result, the forecast will need to be revisited and possibly modified once stock on hand data is available from the FY 2012 MDA. Lack of involvement of the MOH in the forecasting procedures undermines its authority in NTD implementation. Implementing partners should plan a meeting with MOH colleagues to prepare the NTD forecasts in order to avoid misunderstanding and ineffective planning. In HKI-managed countries, the regional NTD advisors should also be included.
- **Collaboration:** Use of a Memorandum of Understanding (MOU) in Niger to guide collaboration among the national central medical store (ONPPC), the NTDCP and HKI, proved to be an effective way to address challenges related to storage and distribution. Burkina Faso and Togo have been encouraged to consider pursuing partnerships with their respective central medical stores. Observing the collaboration in Niger will inform whether an MOU will be useful in all of our countries.

Financial Management

The capacity building workshop for the Ghana MOH staff was a pilot for the END in Africa project. Therefore, careful attention was paid to the process by which the workshop was organized and implemented. Many lessons were learned that will inform future capacity building workshops using the performance-improvement methodology.

- Key to the success of the workshop was the early involvement of the GHS/NTDCP Acting Deputy Director of Finance. Future workshops should continue to seek management involvement at similar levels, and securing this involvement should be adopted as a best practice in future END program capacity building workshops. Securing high-level managerial involvement in the workshop contributed to the workshop's success in several regards:
 - Mobilizing the appropriate staff to attend the workshop.
 - Motivating staff to actively participate and contribute ideas during the workshop.
 - Increasing the level of managerial buy-in for the newly created Performance Achievement Action Plan (PAAP), which is essential for the assignment of appropriate resources to carry out the plan.

- Obtaining managerial commitment for the PAAP, increasing the likelihood that the GHS/NTDCP will continue to implement and follow through on the work plan in the coming months and improving prospects for the creation of sustainable program efficiencies.
- Overwhelmingly, the feedback from the workshop was very positive. In particular, participants valued the open dialogue, and team-building focus approach and methodology. The capacity building methodology brought people together and started the relationship-building process between people in a number of different areas within GHS, many of whom did not necessarily work together much previously, but who need to do so in the future. Collaborating to make lasting change is critical. The capacity building approach facilitated this and enabled participants to instigate change.
- Ensuring that participants understand the methodology and are able to conceptualize how it would help improve the financial management system were essential to the workshop's success, from both a motivational and enabling perspective. Explaining the methodology and its benefits motivated the participants to spend time and effort to create the best possible Performance Achievement Action Plan for the NTDCP, and to commit to implementing it in the subsequent months. Future workshops should continue to devote sufficient time for this purpose.
- As mentioned above, once the workshop was underway, the group decided that Step 1, setting performance targets, should occur after Step 2, conducting the analysis with a maturity model. While this was not recommended, it ended up working out well. Explaining the maturity model early on in the workshop gave the participants a clearer understanding of the methodology and process, which was cemented by using the model right away to analyze the current state of the NTDCP. Once the team went through the maturity model, they appeared to have a much stronger vested interest in defining the performance targets, and they were eager to think about defining “success” of the GHS/NTDCP financial management system. Future capacity building workshops may also benefit from reversing the order of steps 1 and 2, at least for the initial workshop.
- Encouraging the team to think in advance about the capacity building approach and capacity issues may help in making the workshop more efficient. It would also ensure participants are familiar with the topics, which are going to be discussed, and help them feel comfortable sharing their opinions. Distributing a set of questions to the participants in advance of the meeting, and asking participants to bring their ideas/responses with them to the event could prompt discussion and enable the group to think more deeply about current processes and areas for improvement.

The capacity building workshop produced lessons learned for future activities, a baseline to measure future improvements of the GHS/NTDCP, and an actionable work plan. With continued support from the END in Africa program, GHS/NTDCP will be able to achieve its objectives and ultimately independently implement the national NTD program.

M&E

- Participation in expert panels is strongly recommended, as this allows us to better understand country NTD programs and the rationale for existing gaps between national guidance and WHO guidelines.
- Workbooks are very useful tools that bring transparency to the management of country NTD data.
- Involving all partners in early discussions of the work plan leads to a better initial work plan draft and reduces back and forth queries among partners.

Major Activities Planned for the Next Six Months

- Continue to monitor, receive and assess MDA data from sub grantees, and will provide TA as needed for improving countries M&E systems. Specifically, it will review FY 2012 MDA data for:
 - LF and onchocerciasis in two districts in western areas and schistosomiasis in seven districts in Sierra Leone.
 - Schistosomiasis in Ghana
 - LF, schistosomiasis, trachoma and STH in Niger (except two districts)
 - LF, onchocerciasis, schistosomiasis, STH and Trachoma in Burkina Faso
 - Onchocerciasis, schistosomiasis, and STH in Togo.
- Follow up on the status of work plans that countries will submit to USAID through FHI360.
- Analyze MDA data and further conduct data performance reviews to identify successes and challenges.
- Work with sub-grantees to ensure that NTDCP guidelines have been updated according to the new WHO guidelines for NTDs. WHO guidelines are the cornerstone for the planning and implementation of NTD control programs.
- Develop a quick aid/procedure for checking MDA data to avoid the inconsistencies observed during the validation of current MDA data. This aid/procedure will detail common data errors identified during MDA data validation and provide guidance for data collection and clean-up to minimize data inconsistencies.
- Provide NTD Country Programs with training on the TIPAC.
- Follow up on the disease impact assessments that occur in the next 6 months.
- Follow up on data quality and late reporting of MDA in Ghana.
- Respond to ad hoc issues that may arise in regards to the new workbooks.
- Follow up on the status of country requests for TA and/or TA outcomes.
- Liaise with sub-grantees to identify gaps/needs (if any) in M&E systems for NTD Control programs, using the WHO M&E training in Ouagadougou.
- Follow up with Ghana, Niger, and Togo regarding possible adjustments to their FY2013 praziquantel forecasts and coordinate any changes with Envision.
- Support national NTD programs and implementing partners as they prepare the necessary documentation to receive consignments of praziquantel from Envision's supplier.

- Provide forecasting and/or application support to countries applying for albendazole from GSK via WHO, and obtaining drugs through other drug donation programs, as needed.
- Provide capacity building and technical support to national NTD programs and implementing partners, as requested based on their workplans and the jointly developed supply chain management capacity building and technical assistance plans.
- Develop standard operating procedures and complementary training materials in French and English for procedures required to effectively manage NTD medicines, and support the country programs in adapting them to country-specific situations. This may be accomplished through a workshop, particularly in the Francophone countries, or on a country-by-country basis, which may work well in Ghana and Sierra Leone.
- Continue to support the inclusion of SCM indicators in the standard basket of NTD indicators, and develop or revise reports to monitor SCM performance by implementing partners and MOHs.
- Collaborate with Envision and other NTD partners in efforts to improve and enhance program performance.

Work Plan Execution Timeline

Main Activities	April	May	June	July	Aug	Sep	Status
Issuance and Management of Grants							
Enter into first-tier sub agreements with CRS, HDI and HKI to support project implementation in Ghana, Togo and Sierra Leone, respectively.							Completed
Support the MOH-led process for developing USAID-funded activities in Annual Work Plans			X	X	X		Completed
Complete quantification and procurement of the NTD drugs for FY 2012.	X	X	X		X		Completed
Coordinate commodity donation program inputs with procurements and MDA plans, including scale-up.	X	X		X			Completed
Report validated NTD data to USAID.		X	X				Completed
Conduct basic data analysis to report on program performance, including longitudinal analysis to depict trends over time.			X	X			Completed
Foster the adoption of management instruments that that meet existing USAID regulations.	X	X	X	X	X	X	Completed/Ongoing
Complete rapid situation appraisal in order to support the MOHs in identifying their capacity building and technical assistance needs during the development of country work plans.	X		X			X	Completed
Oversight of execution of the 1 st and 2 nd tier sub agreements with NGOs and MOHs, according to the terms of the deviation approved by USAID.		X			X		Completed
Monitor compliance with the project environmental management and mitigation plan (EMMP)		X			X	X	Completed
Conduct semi-annual performance and reporting reviews with sub grantees and USAID.					X		Completed
Coordination of Technical Assistance and Capacity Building							
Develop USAID Approved Tools			X	X	X	X	New workbooks updated under RTI
Supply chain management. Conduct country specific rapid situation appraisals. JSI logistics specialist will identify the SCM strengths and weaknesses	X	X	X	X	X		Completed
Monitoring and Evaluation. Establish and implement capacity-building plans for M&E if requested by the MOHs.		X		X			Completed
Financial Management. Build financial management capacity within the MOH/NTDCP according to the terms of the 2 nd tier sub agreements with the MOHs.	X	X	X	X	X	X	Ongoing

Main Activities	April	May	June	July	Aug	Sep	Status
Issuance and Management of Grants							
Support MOH financial staff and improve their understanding of financial management systems and practices consistent with the financial management and reporting requirements of programs funded by the U.S. government.	X	X	X	X	X	X	Completed; Ongoing
Data Management, Documentation and Dissemination of Best Practices							
Develop and maintain a website for End in Africa and End in Asia	X	X	X	X	X	X	Maintenance ongoing, redesign ongoing
Establish and maintain the project's knowledge management and marking standards and processes.	X	X	X	X	X	X	Completed
Coordinate with MOH project staff to attend appropriate international forums	X			X			Ongoing
Maximize opportunities to capture, produce and disseminate knowledge / documentation relating to the NTD control programs, project outcomes, methods, strategies guidelines, progress, lessons learned and best practices, both internally and externally			X	X	X	X	Ongoing
Coordinate field activities with sub grantees to capture images in real time during MDA activities and document success stories				X			Completed; ongoing
Promote low-cost, accessible ways of sharing information among sub-grantees, selected country NTDCPs and other stakeholders.	X	X	X	X	X	X	Completed; ongoing
Collaboration and Coordination							
Coordinate with USAID, the MOHs and existing USG-funded NTD programs to ensure an efficient transition	X	X	X	X	X	X	Ongoing
Participate in introductory and work planning meetings			X	X	X		Completed
Strengthen NTD coordinating bodies in focus countries			X			X	Completed; ongoing
Coordinate drugs needs with existing drug donation programs, when appropriate.	X	X	X				Completed
Support the MOH in establishing NTD coordinating committees	X	X	X	X	X	X	Ongoing/follow up to ascertain functionality

Travel Plans for Next Six Months

Traveler	From	To	# Trips	Duration	Month	Purpose
Bolivar Pou, Project Director	W/DC	Niger Burkina Togo SLeone Ghana	5	1 week each	TBD	FY2014 Country work planning sessions with key stakeholders.
Paula Nersesian, Senior SCM Advisor	W/DC	Atlanta	2	2 days	October 2012, Spring 2013	Coordinate project activities with commodity donation program staff, identify areas of collaboration, and in later part of Y3 hold follow-up meeting.
Pape Ndao, Logistics Advisor	Ghana	Burkina Faso, Niger	2	One week in each country	Burkina Faso: May (following March-April MDA) Niger: June (following April-May MDA)	Support quantification (forecasting and procurement planning) for NTD drugs, especially PZQ, with MOH, HKI regional NTD Advisor and other stakeholders. (Pape will support Ghana from home-base in Accra, and Pape and Paula will support Togo and Sierra Leone via email).
Mposo Ntumbansondo, M&E Specialist	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD M&E technical resource in country work plan.
NTD Technical Advisor TBD	Ghana	Burkina Niger Togo SLeone	4	1 week	TBD	Participate as NTD technical resource in country work plan.
Paula Nersesian, Senior SCM Advisor	W/DC	Sierra Leone	1	One week in country	TBD	Participate in SOP consensus meeting with MOH (NTDCP and Central Medical Stores), and UNICEF. Develop training materials based on agreed-upon SOPs.
Bolivar Pou, Project Director	W/DC	Ghana	1	2 weeks	April 2013	Project performance mid-term review. Project semiannual report.
Kingsley Frimpong -Financial Management (Deloitte)	Ghana	Burkina Niger Togo SLeone	4	1 week each	TBD According to MDA schedule	Capacity building on USAID FOG regulations and compliance. Sampling of 2 nd tier sub agreements in Togo (Deviation)
Kingsley Frimpong	Ghana	Burkina	4	1 week	TBD	TIPAC implementation.

Traveler	From	To	# Trips	Duration	Month	Purpose
Financial Management Deloitte		Niger Togo SLeone				
TBD Ghana-based Short term technical assistance	Ghana	TBD	10	TDB	TBD	Short-term technical assistance according to specific countries needs per MOH requests.
Pape Ndao, Logistics Advisor	Ghana	Togo, Niger Burkina	3	One week in each country	Togo: April Niger: TBD Burkina: TBD	Co-facilitate workshop on SOP and training materials development.
US-based STTA provider	W/DC	Togo, Niger Burkina	3	One week in each country	Togo: April Niger: TBD Burkina: TBD	Co-facilitate workshop on SOP and training materials development. Deloitte's ROI methodology technical expert.
Paula Nersesian, Senior SCM Advisor	W/DC	Ghana	1	One week in country	TBD	Co-facilitate workshop on SOP and training materials development with Pape Ndao (no travel needed for Pape).
NTD Technical Advisor TBD	Ghana	W/DC Niger Burkina Togo SLeone	10	TBD	TBD	Provide technical support for projects implementation. Technical meetings in Washington, DC. International NTD events in coordination with USAID.
NTD Focal Points TBD/Ghana hub Specialists	Ghana Burkina Niger Togo S Leone	TBD	10	TBD	TBD	Sponsor NTD focal points in international conferences, technical meetings, workshops as agreed upon with USAID.

Appendices

Appendix 1: MDA Reporting of Integrated NTD Control

Overview

END in Africa provided support for integrated NTD control programs in the following countries during FY2012: Burkina Faso, Ghana, Niger, Sierra Leone and Togo. Highlights of Year 6 achievements are summarized below. For this reporting period, END in Africa received the results of MDA from Ghana and Burkina Faso. Togo will submit results of the FY 2012 campaign by mid- October. MDA was delayed in Niger due to late arrival of ALB and PZQ. Only two districts have conducted MDA in Niger. The results of the FY 2012 campaign in Niger should be available by the end of December 2012. MDA for LF and onchocerciasis in the two districts in the Western Area of Sierra Leone is underway.

Coverage of mass drug administration

Two country program submitted data during the reporting period (Burkina Faso and Ghana). A total of 33.1 million treatments were provided to treat almost 18.9 million persons in both countries with USAID support. Table 1 shows the cumulative number of persons who have received PCT through END in Africa and the total number of treatment reported in FY2012 in Burkina Faso, in Niger, Sierra Leone and Ghana.

Table 1: Partial results of USAID-Supported MDA in FY2011-2012

Country	Drugs Delivered	# Districts Treated	# Persons Treated (millions)	# Treatments Delivered (millions)	Program Coverage % (Range)
Burkina Faso (2011-2012)	IVM, ALB, PZQ, Zithro, Tetra	45	20.8	39.9**	81-107
Niger (2011)	IVM, ALB, PZQ, Zithro, Tetra	35	8.6	20.4***	72-95
Sierra Leone (2012)	IVM, ALB	12	3.9	7.8	97.7
Ghana (2012)	IVM, ALB	121	8.0	13.9	56.5-92.9
Togo (2012)	IVM, ALB, PZQ	30	2.7	7.0	51-99.8

Country	Drugs Delivered	# Districts Treated	# Persons Treated (millions)	# Treatments Delivered (millions)	Program Coverage % (Range)
Total	IVM,ALB, PZQ, Zithro, Tetra	243	44.4	89.1	NA

* Figures may not add due to rounding.

** 2012 MDA for SCH not included

*** TMDA data for Togo, and the two districts in WA in Sierra Leone will follow by the end of December 2012.

Five districts in Ghana received PCT for LF through Liverpool, treating 1,743,950 persons. Similarly, CNTD Liverpool and the Government of Burkina Faso supported LF treatment in 10 and 8 districts and treating 1,653,262 and 1,703,533 persons respectively

Reasons for low coverage in the Ghanaian FY 2012 campaign is under investigation. The worst program coverage was associated with LF MDA in the district of Suhum- Kraboa- Coaltar in Eastern region (56.51%).

Overall, 30 out of 70 districts for LF and 22 out of 61 for onchocerciasis in Ghana reported coverage below the WHO threshold program coverage of 80%, respectively. Among districts supported by END in Africa in Burkina Faso, 32 districts reported LF program coverage above 90% against 1 program coverage between 80-89%. The results of Oncho PCT shows program coverage between 80-89% in two districts and program coverage between 70-79% in the remaining two districts.

Figure 2: Ghana FY 2012 MDA campaign: Number of districts by NTD (LF/Oncho) and program coverage

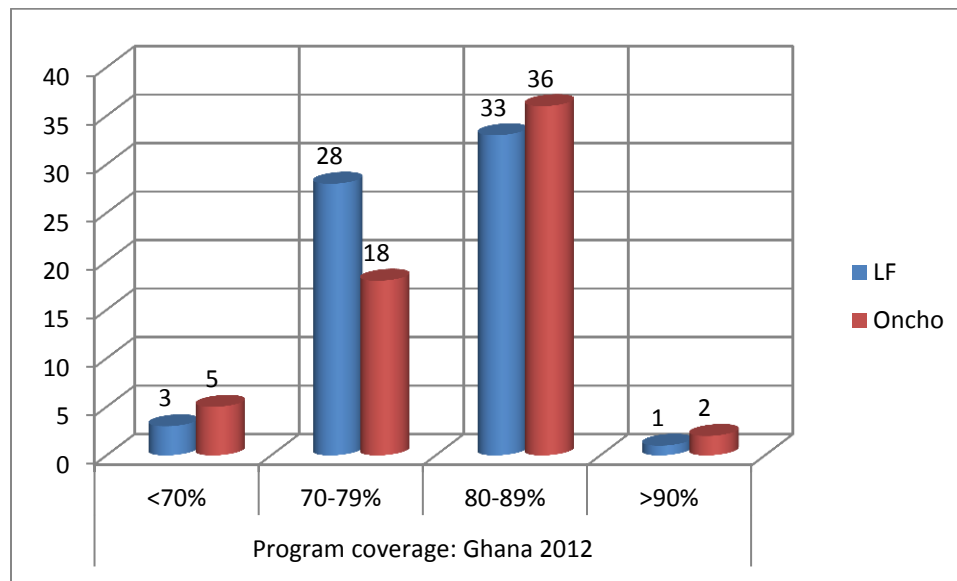


Figure 3: Burkina Faso MDA campaign: Number of districts by NTD (LF/Oncho) by program coverage

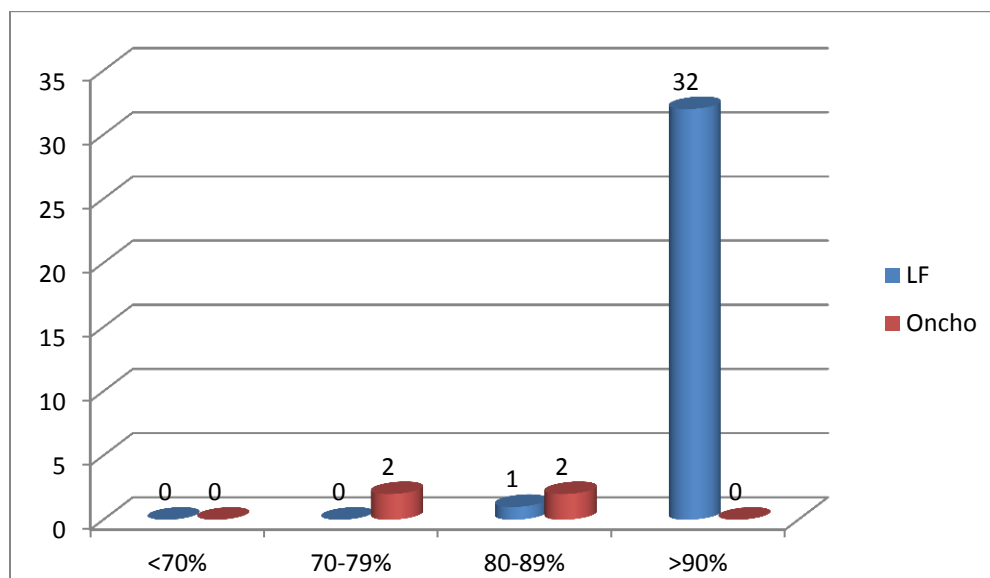
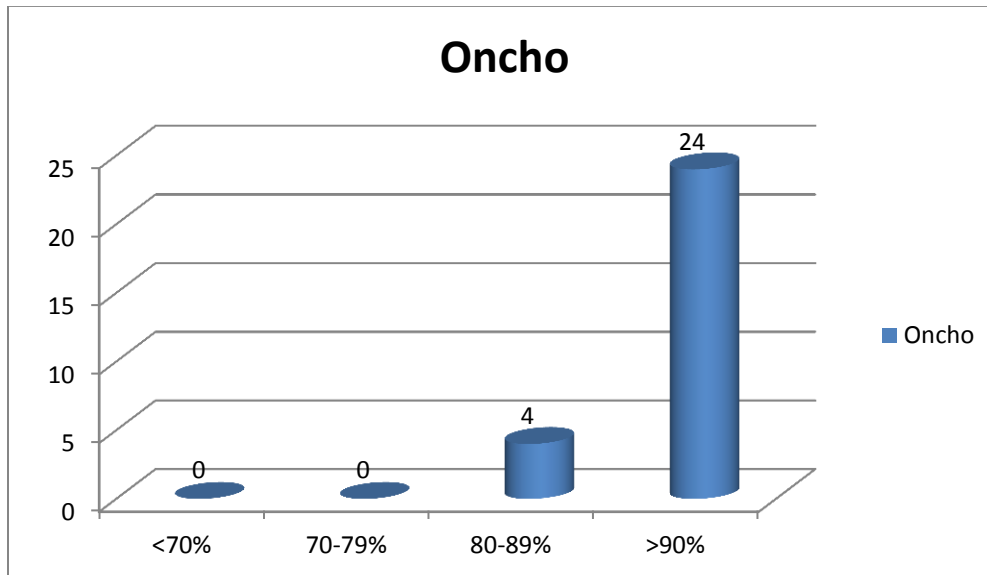


Figure 4: Togo MDA campaign: Number of districts as per Oncho program coverage*



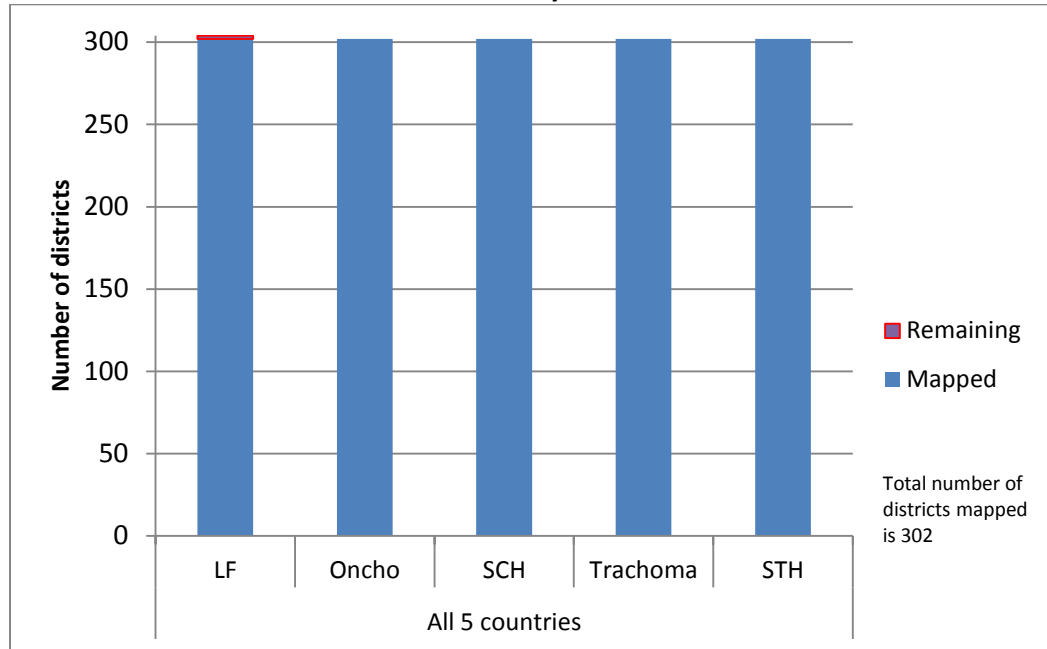
Attrition: As the program matures, many districts will stop MDA. Therefore, the number of treatments provided and the number of persons treated may be decreasing. This would be measured in terms of districts stopping PCT at district or sub-district levels (when applicable).

In this reporting period, 899,863 more people were treated (Not including SCH treatments) in Burkina Faso as compared to FY2011. Ghana reported MDA data for the first time to END in Africa providing additional treatments to 8,032,116 persons.

Table 3 provides attrition in regard to impact assessments.

Mapping: No mapping was conducted in this reporting period. The remaining two districts that need mapping, Bilma and Arlit in Niger, will be mapped in 2013 for LF.

Figure 4: Number of districts mapped coupled with districts requiring mapping as of FY2012 by NTDs



Disease-Specific Assessments

In order to measure the impact of MDA on disease prevalence, the NTD Control Program supports disease-specific assessments at defined intervals in line with WHO guidelines. The status of disease-specific assessments is depicted by countries in the tables below:

Table 2: Status of NTD impact assessments by country, as of August 2012

a. Niger

LF	Oncho	Trachoma	SCH/STH
Pre-TAS to be conducted in 9 health districts (HD) in 2012 (country awaiting TA from WHO in oct'12)	NA	14/34 DS have stopped MDA	4 districts will be assessed in 2012
Pre-TAS in 9 HDs in FY 2013		Impact study was carried out in 3 HD in 2012 (prev >10% in 2 HD and between 5-10% in 1 HD). Country awaiting whether the HD with prevalence between 5-10% will conduct	21 districts will be assessed in FY 2013

LF	Oncho	Trachoma	SCH/STH
		sub-district MDA	
TAS to be conducted in FY 2013 amongst the 9 HD that have success pre-TAS in 2012			TA/workshop with experts on SCH was held August 2012 to think of the way Niger should align SCH with current WHO guidelines
30 HD will be treated in FY 2013	NA	20/34 HD will be treated in FY2013	11 hyper-endemic districts (along Niger river) to be treated in FY2013

b. Sierra Leone

LF	Oncho	Trachoma	SCH/STH
Mid-term assessment: prev. < 1% in all districts except one, Bombali (1.5% , it was 6.5% at baseline)	2010: Assessment was conducted under APOC following 5 rounds of PCT : a) 5 districts had prevalence below treatment threshold b) 3 out of 41 Sites were hyperendemic c) 7 out 41 sites were considered mesoendemic with prevalence slightly above 20% d) Remaining sites have prevalence below 20%	NA	- Mid-term assessment aafter 3 rounds of MDA has shown reduction of prevalence by 66% for SCH. - - STH is no longer a public health problem in Sierra Leone
Pre-TAS to be conducted in 12/14 HD in FY 2013	Entomologic survey under APOC in 2011 (awaiting the results)		
All 14 districts will be treated in FY 2013	All endemic districts will be treated in FY 2013		a) No assessment in FY 2013 b) All 7 HDs to be treated for SCH in FY 2013: treatment at sub-district level in 3 out of 7 districts

c. Ghana

LF	Oncho	Trachoma	SCH/STH
4 out of 74 HD have stopped MDA since 2011	No Assessment conducted	- Trachoma considered no longer public health problem since 2009. - Surveillance ongoing in the 29 HD	Awaiting TA to realign treatment strategies after years of treatment
Pre-TAS to be conducted in 5 HD in 2013			
TAS dans 8 DS en 2013			
70 HD to be treated in FY 2013	61 HD will be treated in FY 2013		All districts considered endemic for SCH and STH

d. Burkina Faso

LF	Oncho	Trachoma	SCH/STH
6 out of 63 HD stopped MDA in 2011	Treatment program ongoing	7 HD have stopped providing treatment at district level since 2011. Treatment current provided at sub-district level	Assessment in 3 sentinel sites in 2012
TAS was conducted in 14 HD in 2012. Based on the results of that TAS, 10 out of the 14 HD have stopped MDA in 2012		Impacts study conducted in 11 HD in FY 2012	- TA session with experts was held August 2012 to think of the way Burkina Faso should align SCH with current WHO guidelines - Assessment to be carried out in 22sentinel sites in 2013
Pre TAS to be conducted in 9 HD in 2013			
6 HD will carry out TAS in 2013			
47 out of 63 endemic HD at baseline will be treated in 2013	Treatment ongoing	12 out of 30 HD will have PCT in FY 2013 (Treatment in 4 HD	19 HD considered hyperendemic (prevalence equals or above 30%) will

LF	Oncho	Trachoma	SCH/STH
		is contingent to the implementation of CHANCE strategy in these districts)	be treated in FY 2013. The 44 mesoendemic districts to be treated in FY 2014

e. Togo

LF	Oncho	Trachoma	SCH/STH
Eliminated 2009	Treatment ongoing in 7 HD	NA	
TAS was conducted in FY 2012 Results revealed prevalence below treatment threshold.	Prevalence determined to be low except in 3 Foci that show higher prevalence		
TAS will be conducted in 2014			
Togo is seeking WHO certification of elimination of LF	All 28 districts will be treated in FY 2013	NA	28 districts targeted for SCH and 24 for STH

Table 3: Assessments conducted in the reporting period by country, types of assessment and by disease

Country	LF				Trachoma		SCH		
	Sentinel Site (a)/Pre-TAS		TAS		District level Impact assessment		Sentinel site assessment		
	# Districts Assessed	# districts prevalence below 1%	# Districts Assessed	# districts prevalence below 1%	# Districts Assessed	# districts prevalence below 10%	# Districts Assessed	Median Prev. Baseline (%)	Actual Median prevalence (%)
Burkina Faso	3	3	14**	14	11	11	9 (4 rounds treatment)	29 (11.7-45.3)	21 (3-54)
Ghana	0	0	4***	4	NA	NA	0	NA	NA
Niger	9 (a)	Analysis underway	0	0	2	0	0	NA	NA
Sierra	0	0	0	0	NA	NA	0	NA	NA
Togo	NA	NA	7***	7	NA	NA	0	0	0

*Oncho and STH not included

** 9 with USAID funds

*** Post MDA surveillance

Table 4: PCT updates by treatment provided by country during the reporting period*

Drug	Burkina Faso	Ghana	Niger**	Sierra** Leone	Togo***
IVM	9,101,018	5,906,933	0	Data not available	2,488,781
ALB	6,553,346	5,906,933	0	Data not available	2,139,149
PZQ	1,409,639****	Delayed	0	Delayed	2,389,375
Azy-Tetra	2,182,211	2,125,183	NA	NA	NA
Total	19,246,214	13,939,049	0	NA	7,017,305

*SCH not included

**MDA postponed in October-November 2012 but conducted in 2 districts (data not available)

***MDA conducted in 2 districts in Western Area region (data not available)

****MDA conducted in all eligible endemic districts including SCH

****Partial data

Table 5: PCT updates by disease

a. Burkina Faso

NTD	# of districts targeted during the year	# of districts treated during the six month period		# people treated (all funding sources) during the six month period		School-age children treated during the six month period (USAID funding)
		All funds	USAID funds	All funds	USAID funds	
LF	57	57	39	12,457,821	9,101,018	1,844,794
Oncho	6	6	6	176,501	139,672	Unknown
SCH	44*	18	18**	1,409,639	1,409,639	1,409,639
STH	63	51	29	11,056,279	6,553,346	Unknown
Trachoma	23***	8	8****	2,182,211	2,182,211	Unknown

* Mesoendemic (Prevalence <30%) districts

**MDA delayed for the remaining districts due to late arrival of PZQ

*** 11 districts were awaiting results of impact assessment and thus were not treated. 4 districts awaiting implementation of remaining components of SAFE strategy before getting drugs from ITI

**** Data not available for one district

b. Ghana

NTD	# of districts targeted during the year	# of districts treated during the six month period		# people treated (all funding sources) during the six month period		School-age children treated during the six month period (USAID funding)
		All funds	USAID funds	All funds	USAID funds	
LF	70	70	65	7,650,883	5,906,933	1,612,593
Oncho	73	73	61	3,074,793	2,629,659	Data not disaggregated
SCH*	120	0	0	0	0	0
STH	170	70	65	7,650,883	5,906,933	1,612,593
Trachoma	NA	NA	NA	NA	NA	NA

* MDA delayed for the remaining districts due to late arrival of PZQ

c. Niger*

NTD	# of districts targeted during the year	# of districts treated during the six month period		# people treated (all funding sources) during the six month period		School-age children treated during the six month period (USAID funding)
		All funds	USAID funds	All funds	USAID funds	
LF	30	0	0	0	0	0
Oncho	NA	NA	NA	NA	NA	NA
SCH	30	0	0	0	0	0
STH	38	0	0	0	0	0
Trachoma	17	0	0	0	0	0

* MDA delayed due to late arrival of PZQ and ALB. However, two districts were treated but results not reported

d. Sierra Leone

NTD	# of districts targeted during the year	# of districts treated during the six month period		# people treated (all funding sources) during the six month period		School-age children treated during the six month period (USAID funding)
		All funds	USAID funds	All funds	USAID funds	
LF*	14	12	12	3,908,514	3,908,514	1,055,299
Oncho	12	12	12	2,446,658	2,446,658	Not collected
SCH	7	0	0	0	0	0
STH	0	0	0	0	0	0
Trachoma	NA	NA	NA	NA	NA	NA

* MDA currently ongoing in two districts in Western Area region

e. Togo*

NTD	# of districts targeted during the year	# of districts treated during the six month period		# people treated (all funding sources) during the six month period		School-age children treated during the six month period (USAID funding)
		All funds	USAID funds	All funds	USAID funds	
LF	NA	NA	NA	NA	NA	NA
Oncho	28	28	Not reported	2,488,781	2,488,781	Not reported
SCH	25	25	25	2,389,375	2,389,375	830,130
STH	24	24	24	2,139,149	2,139,149	1,369,823
Trachoma	NA	NA	NA	NA	NA	NA

* MDA completed for every endemic NTD but data not reported yet

Table 6: Training during the reporting period

Trainees' cadre	Total Trained
MoH employees at central level	66
Trainers (Training of trainers)	431
Supervisors	2,717
Community Drug Distributors	68,414
Others	71
Total	71,699

Training sessions were cascaded and organized mainly for the MDA activities. Many districts did not disaggregated training data by gender. FHI360 will ensure that this happens next year in all districts

Table 7: Program- and Epidemic-Coverage by country and NTD FY2012

Country	NTDs	Program coverage (%)	Epi Coverage (%)
Burkina Faso	LF	101.21	80.9
	Oncho	79.8	29.1*
	SCH**	103.9	33.6
	STH	83.7	67.1
	Trachoma	88.7	85.4
Ghana	LF	79.6	70.3
	Oncho	93.8	80.8
	SCH	Delayed	Delayed
	STH	79.61	70.3
	Trachoma	NA	NA
Niger	LF	MDA delayed	MDA delayed
	Oncho	NA	NA
	SCH	MDA delayed	MDA delayed
	STH	MDA delayed	MDA delayed
	Trachoma	MDA delayed	MDA delayed
Sierra Leone	LF	97.2	80.3
	Oncho	98.2	80.2
	SCH	MDA Delayed	MDA delayed
	STH	Data not reported	96.2
	Trachoma	NA	NA
Togo	LF	NA	NA
	Oncho	96.14	81.97
	SCH	95.12	47.12
	STH	98.97	29.39
	Trachoma	NA	NA

* The population at-risk for Oncho was overestimated, up to 7 times the target population

** Only 18 districts treated

Appendix 2: Country Program Summaries

Burkina Faso

During the reporting period (April 1, 2012 – September 30, 2012) there were two major classes of activities which took place: mass drug distribution (MDA) campaigns and monitoring and evaluation (M&E). MDA for lymphatic filariasis (LF) occurred in 57 districts (39 with USAID support), trachoma in 8 districts, and part of the MDA for schistosomiasis in 18 districts. The MDA activities occurred later than planned due to the late arrival of praziquantel in-country. In preparation of the MDA activities, cascade trainings took place at all levels to ensure that the human resources in place were fully equipped to participate in the MDA. Before the MDA, transmission assessment surveys (TAS) were conducted for LF in 14 districts (9 with USAID funds), sentinel site assessments for LF in 3 sites, sentinel site assessments for schistosomiasis in 9 sites, and impact studies for trachoma in 11 districts. The results of the impact assessments helped to inform the FY2013 work plan: the TAS indicated that there are 10 districts where MDA can be stopped, the LF sentinel site studies showed that some districts are eligible for the TAS, the results of the schistosomiasis sentinel sites aided in revising the treatment strategy for Manni district, and the results from the trachoma impact assessments are still being analyzed but will help the program determine if district-level MDA should be stopped.

In preparation for all of these major activities, multiple planning and coordination activities took place between the national program and Helen Keller International (HKI). In July 2012, the work planning meeting for FY'2013 took place in Ouagadougou to finalize the work plan for the next project year.

1. MDA Assessments

Several different disease assessments took place during the reporting period, including the TAS for LF in 14 districts (9 with USAID funds), sentinel site assessments for LF in 3 sites, sentinel site assessments for schistosomiasis in 9 sites, and impact studies for trachoma in 11 districts.

2. Transition and Post-Elimination Strategy

As noted above, the results of the TAS conducted in 2011-2012 have established that 16 health districts can stop MDA for LF. Additionally, in the urban districts of the Centre region, 4 health districts will not be treated for LF. In the 6 districts of the Hauts Bassins, post-endemic surveillance will continue based on the guidelines of WHO after 2 years of MDA having been stopped.

For trachoma, impact studies conducted in 7 health districts in 2009 show district level prevalence of TF <5%, therefore district-level MDA has stopped. Results are expected momentarily on the impact studies in the 11 districts which began in July 2013. Technical assistance will be provided to the national program in FY'2013 to establish a national post-endemic surveillance strategy for trachoma.

For schistosomiasis, technical assistance was provided during the reporting period to help align the treatment strategy with that of WHO.

3. Training

Training sessions were organized mainly for the MDA activities took place at all levels of the health system. These training sessions were held in a cascade fashion beginning at the central level and finishing with the community drug distributors from March – August 2012. It is important to note that although forms have been created to capture data by sex, the majority of trainers do not use these forms during the training. In FY'2013 we will ensure that such data are captured.

Three members of the national NTD program and one member of HKI participated in the M&E training workshop led by WHO AFRO hosted in Ouagadougou in late August 2012. This session reinforced the capacity of staff to create a monitoring and evaluation plan aligned by the guidelines of WHO and to serve as trainers in monitoring and evaluation principles to key health teams at the regional and district level.

4. Drug management

The program suffered from the late arrival of almost all NTD drugs during the reporting period, which pushed back the start date of the campaign.

We have the following to report in steps made in drug management during the reporting period:

- In May 2012, JSI provided support to the program in the quantification of praziquantel and albendazole for FY 2013.
- Training of the drug logistics managers (or at least a pharmacist or related professional) at the health district and regional level. This training was integrated with the cascade trainings for other health professionals in the regions and districts.
- We have found that the customs and transit procedures were well facilitated and that the stocks of drugs and consumables did not experience difficulties that affected the timing of program activities. The supply chain logistics run smoothly when the Ministry of Health is identified as the recipient of shipments.
- Drug order process was improved this year due to the spread of information consistently to all stakeholders at all levels of the process from information surrounding the drug applications to the receipt of drugs
- No unjustified loss or destruction of drugs were found during the reporting period

After this MDA, it is clear that some difficulties remain, such as the lack of a central store for the proper storage of drugs and consumables, the lack of precise information on the remaining stock, and the low involvement in CAMEG in the management of NTD drugs.

The quantities of remaining stock, etc will be reported after all of the campaigns have been completed.

5. Government Involvement

The government effort in the fight against NTDs has continued with the appointment of a national NTD coordinator and the increased engagement of the Director of Disease Control in the monitoring of operational activities and regular communication with the NTD team regarding planning and execution of activities. Although the establishment of a committee or a team to oversee the NTD framework has not been conducted, this has not delayed the program in reaching its objectives. During the reporting period, several high level technical meetings were led by the national program with HKI in attendance to plan for the NTD and M&E activities.

6. Short-Term Technical Assistance

Assistance received during the reporting period consisted of:

- Support from FHI360/JSI in the quantification of praziquantel needs for FY 2013 and the evaluation of the drug management and logistics
- A meeting convened by ENVISION with WHO and international experts took place in Ouagadougou August 30-31 to review the national schistosomiasis strategy of Burkina Faso and provide recommendations based on WHO guidelines. The report of the meeting is being prepared by the rapporteur from WHO HQ. One of the main recommendations was that the country should establish an schistosomiasis elimination committee to work with WHO, schisto experts and partners to decide the next phase of the program.

7. Lessons Learned/Challenges

One major challenge during the reporting period was dealing with the late arrival of drugs and having to delay all of the MDA campaigns. Minor challenges included:

- Reaching adequate epidemiological coverage for the trachoma program; this can be improved through heightened supervision during MAD in the areas that have performed weakly in the past.
- Increasing coverage of the SAFE strategy which is necessary for the country to eliminate the disease. This has been addressed through targeted advocacy to bring more partners to support SAFE in Burkina Faso. Have TA for establishing a post-endemic surveillance strategy for Burkina Faso will also help support this advocacy effort.

The following lessons were learned during the reporting period:

- Advocacy for greater involvement of the Central Purchaser of the Essential Generic Medicines (CAMEG) is necessary for the proper management of NTD drugs.
- Advocacy for increased funding for morbidity management is essential
- The development of effective national coordination for NTD control can be achieved through the involvement of key stakeholders such as the Ministry of Education, NGOs, and other Ministry departments.

8. Major Activities for the next six months

Main activities planned for next six months are:

- Organize the implementation of the MDA campaign for schistosomiasis in 5 regions (21 districts); ensure that supervision takes place during this campaign

- Analyze the data and finalize the report for the trachoma impact studies in 11 districts
- Organize the 2nd campaign with ivermectin and albendazole in the 4 health districts of the South West region; ensure that supervision takes place during this campaign
- Support the validation of the 5-year NTD Strategic Plan (2012-2016) of Burkina Faso
- Implement the technical assistance requests made to ENVISION : training of biomedical technicians and the elaboration of the post-endemic trachoma plan
- Hold the NTD steering committee meeting
- Hold the central coordination meeting between the DLM and all key partners involved in the organization of the NTD campaigns
- Organize the study tour to Ghana to learn more about trachoma elimination activities
- Organize and participate in all disease-specific assessments for LF And schistosomiasis

Niger

During the period from March to September 2012, the national NTD program in Niger organized many coordination and advocacy meetings with the partners within the Ministry of Public Health (MSP) and other key NTD partners. These meetings took place to better plan and organize the next MDA campaign which will take place in October 2012, focusing mostly on the budgetary and financial needs of the districts.

The MDA activities planned for May 2012 were postponed until October due to the delayed receipt of praziquantel, however to avoid expiration of a small quantity of Zithromax, MDA did take place in two districts in August (Tessaoua and Mirriah). Impact studies for trachoma took place in two districts and pre-TAS sentinel and spot check sites for districts that have completed 5 rounds of treatment began in 9 districts.

The contract signed with the National Office of Pharmaceutical and Chemical Products (ONPPC) permitted the establishment of a set of procedures in drug management and logistics that will prove to be cost-effective and efficient.

1. PCT treatment

The MDA campaigns took place in Tessaoua and Mirriah (July/Aug) during the reporting period due to the risk of the expiration of Zithromax, however all three drug packages were distributed here. The data from these districts will be submitted along with the national coverage data after the remainder of the campaign takes place in October.

The two main issues that were noted during the campaign were:

- Non-mastery of calculating the population and coverage rates
- Lack of involvement of the district management teams during the MDA activities (not including the NTD focal point)

Very strong involvement in the MDA campaign was seen at the level of the community drug distributor.

2. Changes in MDA Treatment Strategy since beginning of the program

No changes were made during this reporting period.

3. Transition and Post-Elimination Strategy

Niger's post-endemic surveillance system is being scaled up for trachoma, with the continuation of impact studies in eligible districts and the introduction of sub-district level surveillance in districts where the prevalence of TF is less than 10%. In districts that have stopped antibiotic distribution, HKI and the Carter Center are continuing their support of the PNLCC to conduct surgeries to prevent blinding trachoma, promote face washing, and enhance environmental improvement to help Niger reach their trachoma elimination target of 2015. For LF, sentinel site and spot check sites will be assessed in 9 districts to determine if they are eligible for the stop MDA impact survey.

For the moment, the national strategy for schistosomiasis is not elimination, but control. However, in FY 2013, impact assessments will be carried out in many of the districts to acquire district-level data and realign the strategy in Niger so that it is based on WHO guidelines.

Onchocerciasis remains in the surveillance phase with assessments currently ongoing at select sites in Say.

4. Drug Management

April 23-25, TA was provided to the national program in forecasting FY2013 drug needs and providing insight to the supply chain.

Our one major challenge during the reporting period in drug management was the issue surrounding the pending expiration of Zithromax. In order to have an accurate understanding of the quantities of drugs available, ONPPC performed an inventory of several warehouses in Niamey to gather the materials and send to the ONPPC warehouses. Following pieces of information warning the program of the risk of Zithromax expiration in some of the districts, a physical inventory was conducted in Tessaoua, Douthi, Diffa, Matamaye, Mirriah, Zinder Commune, and Zinder town. Zithromax discovered at risk of expiring in these areas was shipped to Tessaoua and Mirriah along with other drug stocks (see table below) and the campaign took place there in July and August.

A complete analysis of all drug stocks will be reported on after the October MDA is completed.

5. Government Involvement

Just as in the previous period, the involvement of the MSP through program coordinators and the NTD focal point was very strong during the reporting period. We have the support from the government but there are still issues to be improved upon, such as the compilation and availability of data. We have also observed that the government now supports transit charges for the drugs through a company with which it has an agreement.

6. Short Term Technical Assistance

In April 2012, END IN AFRICA sent a consultant to the Niger NTD program to work with the team on issues related to schistosomiasis and specifically in identifying target population, needs assessment for capacity building, and supply chain management. All program requirements in praziquantel for FY 2013 were articulated and the consultant left with signed purchase orders for ALB and PZQ needed by the PNLBG in FY 2013. Additionally, from August 27-31, the M&E manager at HKI and the national program attended a training workshop on M&E in Ouagadougou, organized by WHO AFRO. During this time, the PNLBG attended a review of the schistosomiasis programs in Burkina Faso and Niger with international experts and WHO in attendance.

7. Lessons Learned/Challenges

It is absolutely necessary moving forward that a physical stock of drugs is taken after the MDA, so that realistic stock data can be used to help the country plan for their needs in drugs and also to fully understand exactly where the drug quantities are being stored and when they expire.

8. Major Activities for the next six months

- Training of the finance managers of the districts and NTD focal points on budgeting and allocation of funds
- MDA for LF, STH, SCH, and trachoma across Niger
- Pre-TAS (9 districts) and TAS (9 districts)
- Trachoma impact study in N'guigmi and Diffa districts
- Sub-district level mapping in the district of Tillabéri
- Schistosomiasis mapping in Bilma
- Impact assessment for schistosomiasis in Tahoua region and the districts of Tchirozérine and Agadez

Sierra Leone

During the reporting period, work-planning sessions were held with participation from USAID, FHI360, HKI HQ, and NTDCP to develop a FY 13 NTD work plan. The sessions provided clear understanding on the new FHI360 guidelines especially for disbursement of funds. The 25K maximum overhead per disbursement, which had posed great difficulty to activity implementation especially for lymphatic filariasis (LF) in the Western Area (WA) was dealt with and the option of Fixed Obligation Grant (FOG) was chosen.

Advocacy and social mobilization meetings to get the support and commitment of stakeholders for the LF campaign in the WA were held in various communities in Rural and Urban WA. The participants included, amongst others, council chairmen, ward councilors, religious and traditional leaders, leaders of market women associations, the teachers union, the Motor Cycle riders, the Security group, and Youth and Women's organizations.

MDA refresher training sessions were conducted for 110 district health management team (DHMT) members as supervisors, 2,250 community health workers (CHWs) to ensure effective MDA is appropriately performed for approximately 1.6 million people in the WA.

MDA refresher training sessions have begun for 37 district health management team (DHMT) members for 4.2 million individuals for LF and soil-transmitted helminthiasis (STH) in 12 health districts (HDs), 2.6 million for onchocerciasis (Oncho) in 12 HDs, and 1.9 million people for schistosomiasis in 64 highly or moderately endemic chiefdoms in seven HDs. More refresher trainings for Peripheral Health Unit (PHUs) and Community Directed Distributors (CDDs) will be conducted in the next six months, which will be covered in the next semi-annual report.

With 100% funding from the World Bank- Fast Track Initiative through the Ministry of Education Science and Technology with a subcontract to HKI, the second STH treatment was provided for 1,053, 865 children out of 1,109,825 enrolled primary school children with a further 119,095 non-enrolled school aged children. This provided 95% program coverage. Independent monitoring was also conducted for the same activity and the coverage was 85%.

MDA for LF targeting 1.6 million people will be repeated in rural and urban WA from 13-17 September 2012 using the National Immunization Day (NID) Strategy approach with community-based and fixed distribution points. Results from the LF campaign in the WA will be reported 60 days after data are available.

As part of plans to ensure sustainability of NTD control, and the development of human resources in the primary health care system, advocacy meetings for the inclusion of NTDs into

health training institution curricula were held in Eastern and Northern Polytechnic Institutes. This aimed to increase knowledge of NTDs among the health workers. To facilitate this exercise, an integrated training manual was developed for LF, oncho, schistosomiasis, and STH. During the reporting period, as another advocacy initiative, the national program began the development of social mobilization guidelines to help tailor the messages being given to communities during community meetings.

1. MDA Assessments

These assessments did not take place during the reporting period (they took place in 2011), but have not yet been reported to FHI360.

The number of MDA rounds and impact assessment surveys has been completed in the workbook.

2. PCT treatment

No MDA was done during the reporting period. However, the second STH treatment was conducted for school-aged children with funds from the World Bank Fast Track Initiative fund through the Ministry of Education, Science and Technology and the data have been included in the disease work book.

3. Changes in MDA treatment Strategy since beginning of the Program

There has been no change in overall, district-level MDA strategy based on disease-specific assessments, though, some chiefdoms within Bo, Tonkolili, and Bombali will be treated less frequently for SCH, as their prevalence has dropped (see program workbook).

4. Transition and Post-Elimination Strategy

As part of the elimination strategy a Pre Transmission assessment survey (Pre TAS) for LF has been included in the work plan for FY13 for the 12 rural districts. The results of this survey will help to determine whether a transmission assessment survey (TAS) should be conducted to assist a policy decision about cessation of MDA and commencement of disease surveillance. It is hoped that the CNTD M&E training proposed in the work plan for both HKI and NTDCP M&E officials will further improve the quality of the Pre TAS.

As part of plans to ensure government ownership and sustainability of the commitment of the MOHS and other stakeholders to NTD control in Sierra Leone, several advocacy meetings have been held with stakeholders to ensure continued commitment to support human resource development, and integration of NTDs into the primary healthcare system and national health curricula of all health training institutions in Sierra Leone. The main issues discussed during these advocacy meetings included the budget line for NTD and practical disbursement of those funds. However, this has not been achieved. Even the budget line that has been created for the

administrative costs of the NTDCP are sometimes not disbursed or are disbursed very late. The next step is to continue to advocate with more assistance from donors. Hopefully, this will yield better results.

5. Training

Training conducted during the reporting period has been updated in the work book.

6. Drug management

There were little supply chain management activities that happened during the reporting period. IVM and ALB for MDA LF, Oncho and STH in 12 districts and the WA arrived in country and were cleared from the port of entry and stored at the NTD warehouse in Makeni. From the NTD store in Makeni, drugs were supplied to the DHMT WA based on the estimated population of the WA. The DHMTs, in-turn, supplied the various PHUs with drugs based on the PHU estimated census data and the PHUs supplied drugs to the CHWs in the various communities based on their estimated eligible community census data. Following MDA, the remaining drugs will be quantified and returned to the NTD warehouse in Makeni through the DHMT WA.

PZQ for MDA SCH in 7 districts also arrived in September 2012 and was cleared from the airport and stored in the NTD warehouse in Makeni. The drugs will be distributed to the various DHMTs and the PHUs prior to the MDA at the end of September 2012.

7. Government Involvement

Over the years, strategic advocacy efforts have been planned and executed to mobilize Government of Sierra Leone (GOSL) political and financial support to the NTDCP. These advocacy and social mobilization efforts have targeted stakeholders at all levels: at the national level targeting the policy makers (parliamentarians, councilors), at the district level targeting mayors, district councils, heads of paramount chiefs, and at the community level targeting community leaders, religious leaders, chiefs and youth groups. These efforts have yielded results, as demonstrated by the attendance of senior level MOHS staff at NTD meetings, including the NTD stakeholders meeting, which is chaired by the Director of Disease Prevention and Control. The program manager of Environmental Health and Sanitation and a member of the MOHS senior management team participated in the development of the five-year NTD Master plan.

Although the GOSL continues to meet its obligation to pay NTD staff salaries and other administrative expenditures the government has yet to disburse funds for implementation of NTD activities.

As indicated above, a quarterly NTD partners meeting was held with participation of key NTD partners to discuss the success of the NTD control and the challenges to improve coverage.

8. Short Term Technical Assistance

No technical assistance was requested during the reporting period.

9. Lessons Learned/Challenges

The best period for MDA SCH is June prior to the closure of schools for the rainy seasons. The late implementation of the PCT-SCH in 7 districts in September as opposed to June is due to the late arrival of PZQ in the country and has posed many constraints, particularly to the DHMTs who will have to cope with multiple programs in a very short time frame. This delay will also have a profound effect on MDA Oncho-LF-STH in October – November, as this happens to be the optimum time frame for CDDs to volunteer their services.

The next two months will be very crucial, as Sierra Leone will be holding both Presidential and Parliamentary elections. To ensure the smooth implementation of MDA in 12 districts, plans are underway to conduct all necessary trainings well before the elections. We also anticipate distributing all drugs and logistics to the communities before the elections to avoid any potential interruption of the MDA by the election process.

No NTDs activities were combined with other activities during the reporting period and there are no plans to integrate the upcoming MDAs into other programs.

10. Major Activities for the next six months

The objective for the next six months is to conduct MDA- LF-WA and MDA-SCH in 7 Districts in September 2012, MDA-Oncho-LF & STH in 12 districts October 2012- January 2013.

The activities will include:

- Training
 - MDA for SCH in 7 districts for PHU staff – September
 - MDA for LF-Oncho & STH in 12 districts for PHU staff and CDDs –September
- Advocacy meetings and social mobilization
 - MDA for SCH in 7 districts -September
 - MDA for LF-Oncho & STH in 12 districts – September
- MDA- LF-WA – September
- MDA-SCH in 7 Districts – September
- MDA for LF-Oncho & STH in 12 districts – October-January 2013
- Independent monitoring for SCH in 7 districts, LF-Oncho in 12 districts and the Western Area
- Participation in MRU meeting in Cote d'Ivoire, October 2012
- Pre TAS for LF in the 12 districts, March 2013
- Collection, analysis, reporting for Oncho, LF, STH, and Schisto, December 2012 and June 2013 respectively.

- NTD review meeting with DHMTs and partners, March 2012

Togo

During this period, the Togo Ministry of Health (MOH) along with HDI Inc successfully implemented a nationwide mass drug administration (MDA), performed and reported on a lymphatic filariasis transmission assessment survey (TAS), developed a new Work Plan and submitted drug orders for the coming fiscal year, and developed plans for an MDA coverage survey. As the MOH gains more experience in managing the integrated NTD program, improvements are made regarding logistics, cost-effectiveness, and training that result in higher quality and lower cost activities.

In June 2012, an integrated MDA was implemented nationwide for the second year in a row. The timing of the MDA was delayed somewhat due to a late shipment of praziquantel; however, the other aspects of the MDA (e.g., preparations, trainings, drug distribution, and data collection) all proceeded on the revised timeline and no further delays were experienced. Building on previous experience, revisions were made to the training in order to underscore the responsibility each level of supervision must take when reviewing drug quantities and reported distribution, hopefully decreasing the number of questions afterwards about the number of drugs returned from the field. In addition, all of the reusable dose poles and educational materials have now been produced, increasing future cost-effectiveness.

A TAS was performed in May to determine whether six districts that were previously endemic for lymphatic filariasis has experienced recrudescence three years after the last lymphatic filariasis MDA was held. Blood samples were tested from 6-7 year old children who had lived in the sampled areas for at least one year using ICT tests, and among those who were ICT positive, an additional night-time microfilaria test was performed. Thirteen of the 4,830 6-7 year old children tested were ICT positive (0.26%), and none of those children were microfilaria positive, indicating that they are not likely to be currently infected and transmitting lymphatic filariasis. This TAS demonstrated that, three years after lymphatic filariasis was eliminated from Togo, endemic transmission has not begun again. Nationwide MDAs are occurring that involve both albendazole (to treat STH) and ivermectin (to treat onchocerciasis), which may contribute to the control of lymphatic filariasis in these populations.

Many of the other activities we participated in during this period were planning activities. A highly successful Work Plan meeting was held in August. Two days of small-group meetings between MOH personnel, USAID, FHI, and HDI were held to discuss the proposed activities for FY 2012/13, after which a larger group was convened to discuss the draft Work Plan. The partners in attendance at these meetings provided useful feedback and ideas, and improved the quality and feasibility of the Work Plan immensely. It was also a good opportunity to strengthen ties with key stakeholders and discuss future collaboration and integration. In addition, drug orders were placed for albendazole and praziquantel, and plans were laid for the MDA coverage survey to be implemented in October, and the November MDA.

Overall, this has been a highly successful six-month period. As a team, we are continuously striving to maximize both coverage and cost-effectiveness. With each passing year, this integrated program becomes stronger and more sustainable. Although the final numbers of

individuals treated during the most recent MDA have not been calculated yet, it is safe to say that we made a difference in the lives of many during this period.

1. MDA Assessments

TAS reports are included in the Semi-Annual Report package.

2. PCT treatment

The historical calendar sheet in the Program workbook does not include the number of people treated in the June 2012 MDA because the data have not been fully cleaned and analyzed yet. We expect to have those treatment numbers at the end of October 2012.

3. Transition and Post-Elimination Strategy

During the second half of FY2012, the Togo National Organizing Committee continued to meet and plan for the integrated June and November 2012 MDAs. The Ministry of Health played a key role in organizing the August 2012 Work Plan meeting and will continue to coordinate integrated NTD activities.

- An integrated MDA took place in June 2012, and much of the implementation of the MDA was performed as a subgrant to the MOH. The MOH was responsible for budgeting, implementing, and accounting for much of the training, supervision and implementation of the integrated activities.
- The MOH is taking a leadership role in the calculation of the target populations and determining the drug packages that will be distributed to the different peripheral health units (the PHU is the implementation unit in Togo). The MOH is also leading the collection, entry and analysis of the MDA data.
- LF has been eliminated from Togo and is no longer a target disease for MDA. HDI will support the MOH in its ongoing surveillance program for LF. A transmission assessment survey (TAS) for lymphatic filariasis was performed in May 2012 wholly by the MOH, led by the LF Program Coordinator. The TAS confirmed that endemic lymphatic filariasis transmission has not rebounded in six districts in Togo three years after the last lymphatic filariasis MDA.
- The prevalence of active trachoma in Togo is less than 1%. While trachoma is no longer a target disease for MDA, the MOH will continue to support information, education and communication (IEC) on the importance of facial hygiene. Togo is developing its own strategic plan and timeline to eliminate trachoma.
- TA has been requested to conduct a situation analysis of onchocerciasis control in Togo; this is the necessary first step in determining whether Togo is near elimination of onchocerciasis and where and when Togo should change from control activities to primarily surveillance activities.

4. Training

The number of Community Drug Distributors was decreased substantially (from 16,500 to 8,176) by the MOH in order to make the activities more cost-efficient.

5. Drug management

The drugs are stored in a secure MOH building and a physical inventory is performed at least twice per year, prior to the MDA during preparation for shipment and after the MDA when drugs are returned from the field. In general, the Togo MOH is able to manage and distribute the medications successfully. In the past, we have faced difficulties in getting the medications released from customs but enlisting the World Health Organization (WHO) as the consignee has improved the process considerably. We have noticed minor inconsistencies in the past between the forms submitted and the number of drugs returned. This year, we have more clearly instructed the supervisors to match up the number of returned drugs with the quantity of drugs given to the community drug distributors and the doses documented on the report forms. We hope this year the data will be more consistent with the drug quantities. Finally, we have consistently found that one type of medication has been delivered later than anticipated, leading to uncertainty about the timing of the MDA and sometimes delaying the MDA altogether. It is vital, particularly with an integrated program, to have all of the medications in place and ready to go at least several weeks in advance of the MDA. We have already placed the drug orders for next year; therefore, we are optimistic about the timing of those deliveries.

6. Government Involvement

Togo is strongly committed to integrated NTD control and we are currently in the second year of a comprehensive five-year Strategic Plan for NTD control. Building on the momentum of having successfully eliminated lymphatic filariasis in Togo, the MOH was an early adopter of the integrated model. In 2011, the MOH coordinated a highly integrated nationwide campaign involving not only NTDs, but also vitamin A and albendazole distribution to children less than five years of age and bed net distribution. The MDA in June 2012 was similarly integrated, with distribution of albendazole, ivermectin, and praziquantel according to disease prevalence, integrated with malaria rapid testing for febrile children and treatment of infected children with lumefantrine-artesunate. The Togo National Organizing Committee meets regularly to coordinate and evaluate activities like Stakeholder Meetings and MDAs and seeks out opportunities to expand partnerships or increase cost-efficiencies. For example, the NTD Focal Point is currently investigating options for albendazole donation for women of child-bearing age, as is recommended by WHO. Although we have yet to identify a donor for these drugs, we are hopeful that one can be identified for this important population.

7. Short-Term Technical Assistance

We have received short-term technical assistance in designing the coverage survey from Dr. Boakye Boatın, and he is expected to implement the coverage survey in early October along with the LF Program Coordinator, Monique Dorkenoo.

During the next six months, we anticipate receiving short-term technical assistance regarding the following activities:

- Onchocerciasis program review and evaluation
- Training on the TIPAC (how to complete it, use it, and interpret it)
- Monitoring and evaluation training for MOH personnel
- Supply chain management
- Environmental mitigation and management

8. Lessons Learned/ Challenges

The integrated NTD activities coordinated by the MOH appear to be improving in quality and cost-effectiveness with each passing year. Many of the training materials and data collection tools have been improved over several years of implementation and feedback, and most of the reusable materials (dose poles and educational flip charts) had been produced previously. This year marked our second year of nation-wide MDAs; therefore, each level of the training cascade had previously participated in this activity. We were able to identify geographic areas that have performed poorly in the past and provided additional training and supervision to those areas in order to improve overall performance. Finally, the Togo MOH is working with a new data manager who has been taking on additional responsibility in estimating populations, generating treatment projections and drug distribution plans, and organizing data entry, cleaning and analysis, and we have observed vast improvements in the local capacity.

One of the primary challenges we faced during this MDA was the late shipment of praziquantel. We were originally expecting the praziquantel in mid-February for a May MDA, but it was not received until mid-May, resulting in a delayed MDA. It is extraordinarily challenging to maintain integrated activities at the best of times; reinforcing integrated activities when the activities of all partners are disrupted when shipments are delayed for one of the activities makes integration that much more challenging. If all drugs do not arrive on time in FY 2013, the delaying component risks jeopardizing the entire integrated control of NTDs effort in Togo, because after two years of delays, some groups within the program will go it alone if the others are not ready.

In addition, the MOH made a last-minute decision to conduct malaria testing and treatment in the June 2012 MDA. While this additional activity was added for good reason, it was added the week before the MDA began, without any of the months of preparation that was conducted for the rest of the activities, and this resulted in some confusion in the field, particularly among supervisors, that may have negatively affected the overall effort. The negative impact of this last minute decision was discussed candidly with members of the Minister of Health's cabinet at the Work Planning meeting in August, and the cabinet members reassured NTD program personnel that the effect of this late decision to add malaria testing would be conveyed to the minister and every effort would be made to avoid last minute changes of plan in future MDAs. In the future, additions to the integrated activities need to be carefully planned, well in advance of the planned activity date, and with the approval of all partners.

Although we experienced some minor challenges, we expect that the June 2012 MDA will demonstrate improvements in coverage and supply chain management over last year overall. In addition, we anticipate future improvements as we build upon the momentum accumulated after several years of highly successful large-scale integrated MDAs.

9. Major Activities for the next six months

- October 2012 – Coverage survey implementation; Produce report of June 2012 MDA
- November 2012 – Coverage survey analysis; MDA in high-STH-burden areas
- February 2013 –Produce training materials for MDA; March 2013 – Continue preparations for May MDA
- April 1, 2013 – MDA

Ghana

Catholic Relief Service (CRS) as sub grantee for FHI 360 is supporting the Neglected Tropical Disease (NTD) program of the Ghana Health Service (GHS) in implementation of the “End in Africa” Ghana Project funded by USAID. The project started in November 2011 and will end in September 2013. This report captures the activities implemented by the project for the second half year of year one which spans March 2012 to August 2012.

During the reporting period, the program organized a work plan development workshop in June bringing together CRS, GHS, FHI360 and USAID to discuss and agree on key areas on which to focus the FY 2013 work plan. This session was followed by the development of a work plan for the project for the financial year 2013 by a collaborative effort of GHS and CRS. This work plan has been submitted to fhi360 for review and approval. The program also held several planning meetings with stakeholders towards the implementation of one successful community based Mass Drug Administration (MDA) for Lymphatic Filariasis (LF), Onchocerciasis (Oncho) and Soil Transmitted Helminthiasis (STH). A school based MDA that was scheduled for May/June 2012 had to be postponed until October 2012 since praziquantel meant for this distribution was delayed due to production challenges.

There has been no change in disease distribution over the reporting period since no new mapping exercises were undertaken. However one MDA was conducted covering seventy (65) districts for LF and STH reaching 5,906,933 persons as well as sixty one (51) districts for Oncho reaching a total of 2,743,558 people with funding from USAID. For this MDA there were no reported severe adverse events (SAE) despite adequate monitoring by volunteers and supervisors. In the last six months there have been no changes in treatment strategy.

Trainings were held for over 15,728 people including health workers and community volunteers in preparation for the March/ April MDA. Finance Officers in all 170 districts in the country had a capacity building training to enhance their skill in managing donor funding with support from FHI 360 (Deloitte).

The Government of Ghana has shown a renewed commitment to the NTD agenda by supporting NTD activities and contributing one million dollars in support of the implementation of the 5 year NTD strategic plan.

Other donors provided support to the program. These are, Sight savers who provided 123,895.00 USD for Oncho surveillance activities and pre-financed two program officers to attend the international conference on disability management and World Health Organization (WHO) which funded two officers to attend a joint drug application and reporting tools workshop. Atlanta LF Support Centre (LFSS) funded a second Transmission Assessment Surveys (TAS) in the 4 districts that have stopped MDAs in the Central Region.

The main activities for the next six months include holding two MDAs, one school and community based, in October 2012 and one community based in January 2013. The program will work with fhi360 to update the Tools for Implementation, Planning and Costing (TIPAC) for Ghana and develop Supply Chain Management (SCM) Standard Operating Procedure (SOP) training materials to be used in MDA trainings to help improve SCM. Surveillance activities for LF and Trachoma will also be undertaken. Two Intra Country Coordinating Committee (ICCC) meetings are also expected to be held over the next reporting period. Finally, monthly and a semiannual report will be prepared and submitted in the next six months.

1. MDA Assessments

TAS for LF is ongoing in four districts. In January 2010, four districts were assessed with Transmission Assessment Surveys (TAS) and were found to have broken transmission of LF and have thus stopped MDA. These districts had a second TAS completed in March 2012 to confirm their status. The results of the second TAS confirmed that there was no active transmission of LF in children in these districts. This second TAS was supported by the Atlanta LFSS.

2. PCT treatment

There was one community based MDA from the last week of March through April 2012 for LF, Oncho and STH. 70 districts were targeted for LF and STH treatment and 61 districts targeted for Oncho-only treatment (10 districts are endemic for LF and Oncho). All these targeted districts were treated.

A school and community-based MDA for Schistosomiasis (SCH) and STH were planned for May/June 2012. A drug application for Praziquantel for this exercise was submitted in October 2011 to FHI 360 with the expectation that supplies would be received in time for the MDA. However, in May 2012 it became obvious that there were going to be challenges in receiving drug supplies in time for the MDA. In consultation with the GHS and FHI 360, the MDA was rescheduled to October 2012 in time for the beginning of the new academic year.

3. Changes in MDA Treatment Strategy since beginning of the Program

The main changes in treatment strategy since the beginning of the program are:

- Stopping district wide MDA in all 29 districts endemic for trachoma in 2010 due to a break in transmission and continuing post-MDA surveillance with treatment of communities identified with prevalence of more than 5%.
- Stopping MDA in four districts for LF due to a break in transmission in those districts and continuing post-MDA transmission surveillance.

4. Transition and Post-Elimination Strategy

Lymphatic Filariasis: The program has stopped MDA in four districts in the Central Region of Ghana as a result of a transmission assessment survey (TAS) done in 2010, which showed that

transmission has been interrupted. According to the WHO protocol, a TAS is to be repeated after two years. This second TAS was completed in March 2012 and confirmed that there was no active transmission of LF in children in those districts.

With support from USAID and the Liverpool Center for Neglected Tropical Diseases (CNTD), twenty eight (28) districts were surveyed in 2011. Results from these surveys indicate that twenty four (24) out of these districts qualify for TAS.

The four districts that did not pass for TAS are all in the Northern region and their MF prevalence ranged from 0-15% for communities surveyed.

5. Training

Trainings for MDA Campaign: During the reporting period, trainings were conducted for district health staff and volunteers for the MDA. Finance officers at the district level were also trained with funding from Deloitte as part of capacity building for GHS finance managers. These trainings were a step down training from the training of trainers (TOT) held at the end of the first half year in February.

6. Drug management

During the period under review, CRS worked with FHI 360 to support the NTD program to undertake the following activities:

- **Preparation of application for Praziquantel:** An application for praziquantel was prepared and submitted to fhi360 in August 2012 for the May 2013 school based MDA. The program is still expecting the approved Praziquantel for the FY 2012 school based MDA which has now been scheduled for October 2012. Applications have also been submitted and approved for Ivermectin and Albendazole for LF and STH treatment.
- **Conducted a supply chain capacity building needs assessment:** The program worked with FHI 360 to conduct a supply chain needs assessment of the NTD program. This has necessitated the development of standard operating procedures (SOPs) for the program that will be incorporated in the MDA trainings in FY 2013.

During the last MDA, there were no stock outs reported to the national level from any of the districts. Regions were able to manage drug distribution and redistributions to ensure that drugs were adequate for all districts that were part of the MDA.

7. Government Involvement

The Government of Ghana, through its Ministry of Health, has continued to show commitment to the NTD program at the highest level. This is reflected in the renewed commitment by the Ministry of Health through the Ghana Health Service in forming the ICCC and holding two meetings for the year.

The GHS has also spearheaded the completion and distribution of a 5 year strategic plan for an expanded NTD program that included Buruli Ulcer, Guinea Worm and Yaws with support from the World Health Organization (WHO). The MOH has subsequently committed one million USD to support the expanded NTD program.

Other government activities:

- **Coordination meetings at central and district levels:** The NTD program is fully integrated into the GHS at all levels. At the national level, NTD has been part of major initiatives by the GHS to improve reporting systems at the district level. NTD took part in a sensitization meeting to implement the Ghana District Health Management System (DHIMS). Through this system, the program is working to be able to receive district reports in real time as they are uploaded onto the DHIMS platform.
- **Task force meetings:** The ICCC held its second meeting for the year on 30th May 2012. The meeting brought together all stakeholders in country working on NTD. As a direct result of the meeting, three sub committees were formed namely:
 - Advocacy and Communication
 - Resources mobilization
 - TechnicalThese sub committees are to assist the NTD secretariat to implement the program in a more coordinated manner.
- One deworming taskforce meeting was also held during the reporting period where taskforce members were briefed on the last school aged deworming exercise (MDA) and plans for the next school aged deworming outlined.

8. Short-term Technical Assistance

Technical assistance was received from FHI 360 for financial management training and developing financial management information system for the GHS.

9. Lessons Learned/Challenges

The training for GHS finance managers lead to an improved timeliness in financial returns following an MDA. As this is the first MDA following the training, it is expected that subsequent financial returns following MDA will improve.

District level staffs implementing NTD activities are still challenged with other program activities that have to be implemented at the same time as MDAs. CRS and the NTD program will continue to work with the GHS to plan MDAs and lobby for a period to be blocked for MDAs as is done for National Immunization Days (NIDs) and other campaigns.

10. Major Activities for the next six months

Major activities planned for the next six months are listed below:

- Carry out community based MDA for LF, STH and Oncho
- Carry out a school and community based MDA for SCH and STH in October 2012.
- TIPAC.

- Compile and submit monthly and semiannual reports.
- Develop SCM SOP training materials.
- Carry out a community based MDA for LF, Oncho and STH in October 2012.
- Continue support for Trachoma Surveillance System.
- Hold two ICCC meetings.