# End Neglected Tropical Diseases in Africa

END in Africa

# Semi Annual Report

**October 2012 – March 2013**

*Submitted to:*

United States Agency for International Development (USAID)

*Submitted by:*

FHI 360

For further information, please contact:

Bolivar Pou
Project Director, END in Africa
1825 Connecticut Ave., NW
Washington, DC 20009-5721
Phone: 202.884.8000 ext. 12347
Email: bpou@fhi360.org

# End Neglected Tropical Diseases in Africa (END in Africa)

# Semi Annual Report

**October 2012 – March 2013**

## Table of Contents Page

## Acronyms and Abbreviations

| | |
|---|---|
| ADS | Automated Directives Systems |
| ALB | Albendazole |
| AOTR | Agreement Officer's Technical Representative |
| APOC | African Program for Onchocerciasis Control |
| CB | Capacity building |
| CBE | Capacity building event |
| CDD | Community Drugs Distributors |
| CERMES | Centre de Recherche Médicale et Sanitaire |
| CNTD | Center for Neglected Tropical Diseases |
| 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 |
| FM | Financial management |
| FOG | Fixed Obligation grant |
| GHS | Ghana Health Services (GHS) |
| GSK | GlaxoSmithKline |
| HD | Health districts |
| HDI | Health & Development International |
| HKI | Helen Keller International |
| HQ | Headquarters |
| IVM | Ivermectin |
| 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 |
| MDG | Millennium Development Goals |
| MIS | Management Information System |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |
| MRU | Mano River Union |
| MSP | Ministry of Public health in French |
| NTD | Neglected Tropical Diseases |
| NTDCP | NTD Control Program |
| OAA | Office of Agreements and Acquisitions |
| Oncho | Onchocerciasis |
| 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 |
| SAC | School-aged Children |
| SAR | Semi-Annual Report |
| SAT | Subaward Tracking |
| SCH | Schistosomiasis |
| SCM | Supply Chain Management |
| SFRS | Subawardee Financial Reports |
| SOP | Standard operating procedures |
| SOW | Scope of Work |
| STH | Soil transmitted helminthiasis |
| TA | Technical Assistance |
| TAS | Transmission assessment survey |
| TIPAC | Tool for integrated planning and costing |
| TOR | Terms of reference |
| TOT | Training of trainers |
| USAID | United States Agency for International Development |
| USG | United States Government |
| WA | Western Area |
| WHO | World Health Organization |

## Executive Summary

This semi-annual report outlines the progress made during the first and second quarters in Year Three (FY 2013) 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 partners undertook the anticipated activities outlined in the FY2013 work plan (October 2012 – September 2013). This included activities covering project management/implementation, technical assistance/capacity building, collaboration and coordination.

FHI360 worked with other partners in the END in Africa consortium to monitor and supervise the activities of all sub grantees and Neglected Tropical Diseases Control Programs (NTDCPs) within the Ministries of Health (MOHs) to ensure that all work plan activities are being executed according to USAID regulations and technical expectations. This included reviewing sub grantees' monthly progress reports, monitoring project expenditures and cost share contribution, project coordination, and addressing any issues that may arise.

Monitoring and evaluation (M&E) related activities were conducted with the aim of maximizing opportunities for learning NTD strategies and guidelines, generating program results, and coordinating requests for and planning provision of technical assistance in the countries. In addition, regular program monitoring through ad hoc phone calls and emails to follow up on progress and/or urgent M&E issues that arose during the reporting period was provided continuously. M&E activities carried out by LATH during the first half of FY 2013 included training NTDCPs on the newly introduced workbooks and coordinating efforts with RTI to review and streamline the quality of the data captured in the workbooks.

Due to the late arrival of praziquantel (PZQ) in four countries (Burkina Faso, Ghana, Niger and Sierra Leone) and albendazole (ALB) in Niger, several of the FY2012 MDAs were rescheduled and conducted between October and November 2012. MDA for schistosomiasis (SCH) was executed in this reporting period in Burkina Faso, Ghana, Niger, Sierra Leone and in one district in Togo because the target population was underestimated during the July 2012 MDA. In Niger, MDAs for lymphatic filariasis (LF)-soil transmitted helminthiasis (STH) and trachoma were also conducted during this reporting period because all MDAs for FY2012 were delayed due to late arrival of both PZQ and ALB. In Ghana, the second round MDA for highly endemic oncho districts was postponed due to delays in receiving funding from other partners but executed in this reporting period. In addition, Ghana treated 8 communities in 6 districts that have shown recrudescence of trachoma during the surveillance phase. Sierra Leone conducted MDA for LF in the two districts of Western Area.

Not all MDAs conducted in this reporting period were considered delayed MDAs. In Sierra Leone and Burkina Faso the first MDA planned for FY2013 targeting LF-onchocerciasis (oncho)-STH was conducted during this reporting period, while in Togo the program executed the first round MDA for FY2013 targeting the highly endemic STH and oncho districts with support from the government of Togo.

The results of the reported data indicate that preventive chemotherapy (PCT) was provided in this period as follows:

- **Burkina Faso**: 4 districts were treated for LF-oncho-STH with support from the Liverpool Center for Neglected tropical Diseases (CNTD) support and 21 districts were treated for SCH with USAID support, reaching over 598,000 and 2.3 million people respectively.
- **Sierra Leone**: 2 districts in the Western Area were treated for LF-STH reaching over 1.3 million people. 7 districts were treated for SCH reaching over 1.8 million people and 12 districts were recently (January-February 2013) treated for LF-oncho-STH. The results of the latter are being collated and should be submitted within ninety days upon completion to FHI360. Overall, 14 districts were treated for LF-STH, 12 districts were treated for oncho and 7 districts (with over 1.8 million people) were treated for SCH.
- **Togo**: The FY2013 MDAs targeted areas in which STH prevalence ≥50%, and oncho prevalence has been historically high. MDAs occurred in 11 districts for oncho and 4 districts for STH with support from the Government of Togo, and in 1 district for SCH with USAID support.
- **Ghana**: MDAs for oncho was conducted in 40 districts with support from Sightsavers, Government of Ghana, CNTD Liverpool and the African Program for Onchocerciasis Control (APOC), providing treatment to 494,697 people (partial results). MDA for SCH occurred in 126 districts with USAID funds, reaching nearly 2.7 million persons (partial results). MDA for trachoma was conducted with Sightsavers funds and partial results indicate that 1,825 people out of 6,053 have been treated.
- **Niger**: All MDAs were funded by USAID: 9.6 million people were treated for STH in 37 districts, 4.1 million for SCH, an estimated 9 million people in 30 districts were treated for LF and 5.2 million were treated in 16 districts for trachoma.

In order to measure the impact of MDAs on disease prevalence during this reporting period, the END in Africa program supported disease-specific impact assessments conducted by NTDCPs in Burkina Faso (midterm evaluation of LF through Night Blood Survey in sentinel sites in the provinces of Sahel and North); Niger (pre-transmission assessment survey (pre-TAS) for LF in 9 districts), Togo (Coverage validation survey for onchocerciasis) and Ghana (pre-TAS for LF in 23 districts), in line with WHO guidelines.

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

- Provided final supply chain and drug management input to draft country work plans for Niger and Sierra Leone developed by our implementing partners.
- Reviewed the draft NTD Master plan 2012- 2016 for Ghana and provided input on the supply chain management (SCM) component in the strategic document.
- Developed standard operating procedures (SOP) and complementary training materials in French and English to effectively manage NTD drugs and support the country programs in adapting them to their country-specific situation. The SOP identified include: reverse logistics, storing and inventory control, waste management, medicine handling during and after mass drug administration (MDAs) to maintain quality and ensure ability to track and consolidate supplies, physical inspection of drug packaging, distribution planning including reverse logistics and redistribution, forecasting, customs clearance, and documenting severe adverse effects (SAE).

Deloitte has focused on building on the successes and activities from FY2012, continuing to emphasize country ownership, collaboration, transparency, accountability and sustainability of NTD programs. The approach and strategy specifically builds on the findings from the financial sampling exercises, which identified specific challenges in the financial management system in each country that compromise the NTDCPs. Activities have included:

- Financial sampling to manage integrity of funds;
- Capacity building of NTDCPs and grantees in financial management;
- Improving management of US Government funds, helping organizations transition to the fixed obligation grant (FOG); and
- Improving costing, budgeting and planning of NTDCPs through the Tool for Integrated Planning and Costing (TIPAC).

Specifically, Deloitte has conducted a financial sampling in Togo, working with HDI to sample and observe USG financial compliance of the MDA event. In addition, Deloitte has continued to work with the Ghana Health Service/NTD Country Program (GHS/NTDCP) to help them implement the Action Plan that was developed at the capacity building workshop that occurred in FY 2012. Deloitte has also been leading trainings for grantees and country counterparts on the FOGs and will continue this work until all END in Africa countries have been reached.

Moreover, Deloitte is taking the lead within the project to support countries in implementing the NTD TIPAC in coordination with the Envision project and WHO. The TIPAC implementation has occurred in Ghana and will be rolled out to additional countries in the coming months.

In the next six months, FHI 360 and partners 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.

- Regular working sessions were held with USAID's Neglected Tropical Disease (NTD) team for coordinating project activities, discussing directions and defining actions for a smooth implementation in all countries.
- A partners meeting was held in December 2012 with RTI, FHI 360, and USAID to discuss the NTD portfolio, pending issues, and collaborate on how to address them.
- FHI 360 hired Joseph Koroma as the new NTD Technical Advisor to increase the level of technical guidance and support that the program offers to the Ministries of Health (MOHs) and sub grantees.
- The financial management specialist for Deloitte is sharing duties with the Ghana Finance Manager following the departure of the previous Grants Manager. This is in addition to the original mandate of Deloitte within the partnership.
- The LATH Monitoring and Evaluation (M&E) Specialist attended meetings in Zambia, to discuss the scaling up of the mapping of NTDs in Africa, and in Geneva to discuss progress made since the last WHO M&E meeting (February 2012) and the M&E roadmap for NTDs for the FY 2013.
- JSI, in consultation with the END In Africa Project Director, has decided to improve overall efficiency of the END in Africa project and reduce cost by terminating the position of the Regional Logistics Advisor who is based in Accra. Technical support provided by the Regional Logistics Advisor will be substituted with short term technical assistance, as required.

## 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

During the period under review, the FHI360 led team executed the following activities in support of sub-grantees and MOHs:

- Monitored all sub-agreements to review compliance with reporting, spending and cost-share requirements according to USAID regulations.
- Processed sub-grantee monthly financial reports and accruals.
- Reviewed budgets and fixed obligation grants (FOGs) submitted by sub-grantees for approval.

- Supported in the development of FY2013 work plans in all 5 countries prior to the approval by USAID though discussions for providing guidance and consultations with MOH and USAID.
- Country workplans were approved by USAID for Togo and Ghana in October and November 2012; Sierra Leone and Burkina Faso in December 2012, and Niger in January 2013 after completing two rounds of discussions with sub grantees and MOHs.
- Developed scopes of work (SOW) and budgets for extending the existing sub agreements in collaboration with sub-grantees and MOHs. The new budgets were structured according to the requirements of the FOGs mechanism to manage the second tier sub agreement between sub grantees and Neglected Tropical Diseases Control Programs (NTDCPs) of the MOH:
    - A request for extending the Helen Keller International (HKI) sub-agreement for Burkina Faso to 30th September 2013 was approved in December 2012. This request included additional funds to cover project execution and the FOG package that was signed with the MOH.
        - This increased the total funding amount to Burkina Faso to $4,837,450.
        - A total of 12 FOGs were individually reviewed and approved for a total of $971,606. With no FOG over the $500,000 threshold.
    - In Niger, a request for extension was approved in March 2013 to extend the execution of the existing sub agreement with HKI to July 2013.
    - Request for extending the existing sub agreement with Catholic Relief Services (CRS) for Ghana, HKI for Sierra Leone and Health and Development International (HDI) for Togo till 30th September 2013 was submitted and approved in October 2012, January 2013 and October 2012, respectively.

## Summary of Sub-grantees Activities by Country

Competitively selected sub grantees are currently supporting the NTDCPs in the MOHs of the 5 END in Africa countries. HKI is working in Burkina Faso, Niger and Sierra Leone; CRS in Ghana, and HDI in Togo.

### Burkina Faso

This reporting period (October 2012 – March 2013) focused primarily on planning of activities such as drug distribution and impact assessment studies, reporting, completing the databases (Workbooks), and M&E. With regard to the onchocerciasis (Oncho), lymphatic filariasis (LF) and soil-transmitted helminthiasis (STH) MDAs, treatments were administered in four of the 47 health districts (HD) with a total of 598,845 persons treated. LF and STH treatments in the 43

other HDs will be administered in May 2013. The schistosomiasis and trachoma campaigns are planned for April and May and will cover 19 and 8 HDs respectively.

- In November 2012, data-gathering materials/tools on NTD activities were revised, incorporating WHO and USAID requirements in accordance with the workbook items.
- The program received technical assistance to prepare the triennial trachoma elimination plan, with support from the International Trachoma Initiative (ITI) and a trachoma expert from Niger.
- Along with the planning and new USAID funding application procedures, 12 FOGs were validated and five FOG funding contracts were signed with the regions, the central office and three regional health districts (RHD) (Southwest, Sahel and Boude du Mouhoun/North).
- Early implementation of the FY2013 work plan will make it possible to carry out all of the MDA campaigns before the middle of winter.

In preparation for all of these major activities, three regular coordinating meetings with the national program were held to present the FY2013 work plan and annual budget, along with an operational planning meeting and a meeting to organize workshops on developing a trachoma action plan.

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

## Niger

The reporting period from October 2012 to March 2013 began with preparations for the second MDA campaign for 2012. This primarily involved the delivery and distribution of drugs, dose poles, and registers by the National Office of Pharmaceutical and Chemical Products (ONPPC in French) to 37 districts (with 2 districts having already finished the campaign in July–August 2012 and 35 served in October); and by HKI to the districts of N'Guigmi and Bilma, since the ONPCC did not have the logistics resources to go there. The MDA campaign consisted of treatments in 30 districts for lymphatic filariasis, 37 districts for schistosomiasis, 37 districts for soil-transmitted helminths (STHs), and 16 districts for trachoma. All eight regions were involved in this distribution campaign.

- The MDA campaign culminated in a national evaluation workshop which was held 6–8 February 2013 in Dosso.
- At this meeting, the new FOG funding mechanism was explained.
- In preparation for the national evaluation workshop, three planning meetings were held with program coordinators, the national NTD focal point, and the HKI NTD team.

- The ONPPC carried out the packing, delivery and distribution of drugs and tools in 35 health districts involved in the distribution. The delivery/distribution was completed in these health districts by the end of October 2012.
- A deputy coordinator was recruited in February 2013.
- Externally, the person who was assigned to the NTD focal point position was replaced by a temporary employee.

All regions that participated in the 2012 MDA campaign were present during the national evaluation workshop. In addition, the workshop was attended by the Under Secretary General (USG) of the Ministry of Public Health (MSP in French), the Governor of the region of Dosso, the MSP central directors, and supervisory staff from the Ministry of National Education and Promotion of National Languages. Participants reviewed the results by district and region, discussed problems, and identified lessons learned to improve future distribution campaigns.

Further details on Niger's activities are noted in *Country Program Summaries* in Appendix 2.

## Sierra Leone

During the period under review, training of community drug distributors (CDDs) was conducted in preparation for MDA for onchocerciasis, LF) and STH in 12 districts. Prior to MDA, village census data were brought up to date in the village register by the CDDs, checked by Peripheral Health Unit (PHU) staff, collated by the NTD focal point person by chiefdom and forwarded to the national NTDCP. Other materials such as dose poles, village registers, and pencils were also supplied to facilitate the MDA. Results of the MDA are currently being collated by the national NTDCP and will be made available to partners before the end of May 2013. Advocacy and social mobilization meetings to get the support and commitment of stakeholders for the LF campaign in the Western area (WA) were held in various communities in Rural and Urban WA.

- There is need for a continuous advocacy and social mobilization over the years to ensure community ownership of the program. Despite the challenges with the cholera outbreak and the general election in 2012, some of the District Health management teams (DHMTs) were proactive and allowed the peripheral health unit (PHU) staff to distribute NTD drugs along with free health care drugs (for pregnant women, lactating mothers and children under five) from the district to community level.
- The pre-transmission assessment survey (pre-TAS) scheduled for the second half of FY2013 will assist with policy decisions on the LF elimination program and the cessation/curtailment of MDA. The front line supervisors are the PHU staff, the majority of whom are female. Over the years, efforts have been made to recruit more female CDDs compared to males. However, the challenge of low literacy among the females at the village level has been the major impeding factor. To date, there are approximately 14,740 male CDDs compared to 7,260 female CDDs.

Two task force meetings were held early this year to discuss the progress of NTD activities implemented in the first half of FY2013 and the plans to host the next Mano River Union (MRU) NTD meeting scheduled to take place in October 2013 in Freetown, Sierra Leone. Subsequent planning meetings have taken place in March/April 2013 to finalize the protocol for Pre-TAS and the terms of reference (TOR) for the NTD MRU meeting. Presently, the budget and TOR for the MRU meeting are completed but more meetings will be organized to finalize the protocol for the pre-TAS that is scheduled to take place in August 2013.

Further details on Sierra Leone's activities are noted in *Country Program Summaries* in Appendix 2.

## Togo

During this period, the primary activities of the integrated NTD project included a MDA in areas with high onchocerciasis and STH prevalence, implementation of a coverage validation survey, and preparation for the nation-wide MDA in the Spring. With each successive six-month period, MDA logistics and data quality improve as HDI continues to build upon previous successes.

- All drugs and materials were delivered to the appropriate locations and no stock-outs were reported. Although the final numbers have not yet been calculated, coverage rates for the Fall MDA are expected to be good. Drug losses were well below 1%.
- Togo conducted its first integrated NTD MDA coverage validation survey in November 2012. TA in protocol development and samplings was provided prior to the coverage survey, which was implemented by Togo MOH staff members. The Togo MOH, in collaboration with HDI, will oversee data entry and conduct analysis of the data. Final reports will be available in April 2013.
- In addition to the regular integrated NTD organizational committee meetings, several other organizational meetings were organized in the past six months.
    - A financial sampling meeting was held with Deloitte in January 2013, during which the participants discussed the MOH sub-agreements and the performance work plan.
    - An outcome of that financial sampling was an accountant training session, held in March 2013. During the accountant training, district accountants were reminded about USAID requirements for managing cash distributions (for per diems, etc.).
    - A stakeholder meeting was also held in March 2013, during which the MOH discussed the successes and challenges of the integrated NTD program, as well as the future of the program, including the potential for integration of additional activities such as Vitamin A supplementation, albendazole distribution and vaccinations.

This six-month period was extremely productive for the Togolese Integrated NTD Program. During this period, HDI completed the analysis of the Spring 2012 MDA, planned, implemented, began analysis of the Fall 2012 MDA, and began preparing for the 2013 Spring MDA.

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

### Ghana

During the reporting period, the program conducted training for GHS and Ghana Education Service (GES) School Health Education Program (SHEP) staff at the national level, as well as regional trainings for GHS, SHEP and school teachers for the implementation of a school and community based MDA. Following these trainings, the program conducted the school-based MDA for Schistosomiasis (SCH and STH in all 170 districts of Ghana (USAID funding was used for 122 districts). While results from the MDA are still coming in, reports have been received from 133 out of 170 districts, demonstrating that 2,583,856 school aged children have been treated to date, out of a target of 4,236,730.

- The Government of Ghana continues to own and lead the implementation of the country's NTD program through the provision of staff and office space logistics for the implementation of the program countrywide. Technical capacity and resources are also provided by the government to facilitate program delivery.
- Other donors that supported the MDA include Liverpool Centre for Neglected Tropical Diseases (CNTD), African Program for Onchocerciasis Control (APOC), Sightsavers Ghana and the Volta River Authority (VRA).

The main activities for the next six months include conducting two MDAs, one school-based in May/June 2013 and the other community-based in March/April 2013. The program will work with FHI360 to develop training materials to be used in MDA trainings to help improve supply chain management (SCM). Surveillance activities for LF and Trachoma will also be undertaken. Intra Country Coordinating Committee (ICCC) meetings are expected to be held during the next reporting period. Finally, six monthly and one semiannual report will be prepared and submitted in the next six months.

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

## Technical Assistance /Capacity Building

FHI360 as the lead partner in the END in Africa consortium was responsible for coordinating all technical and administrative support to sub-grantees and the NTDCPs for capacity building and took the lead in assistance related to compliance with USAID requirements; strengthened the NTDCP and sub-grantee capacity to manage projects, work planning, monitoring and evaluation, data management, supply chain management and quality assessment. Deloitte was the lead

partner in financial management systems and reporting, including budgeting. JSI provided technical assistance related to planning for procurement and supply chain management for essential NTD drugs. LATH supported M&E particularly MDA reporting and work planning as related to M&E. Technical assistance (TA) and capacity building (CB) assistance provided for M&E are included in the M&E section of this report.

Throughout the period under review, FHI360 and its partners assisted the MOHs in identifying their TA requirements in order to create plans for assessing situations and implementing a variety of CB activities. The main activities executed by the FHI360 –led team are outlined below by competence areas:

## Supply Chain Management

In line with FY2013 approved work plan JSI worked in coordination with the MOHs and sub-grantees in implementing the following tasks:

- Identified a discrepancy of 40,000 praziquantel tablets in Ghana's 2012 consignment through review and comparison of shipping documents with the proof of delivery and delivery confirmation at the central medical stores. Through the intervention of FHI360, the Ghana NTDCP received this remaining amount of their praziquantel (PZQ) consignment on February 12, 2013. This delivery was confirmed by Central Medicine Storage in Tema, and documentation was submitted to FHI360.
- Clarified the amount of PZQ needed in Niger for the 2013 MDA. The amount HKI requested was based on the new WHO standards, but the MOH will only be able to implement according to the revised standards in 2014. As a result, the order quantity was changed to the original amount requested by the Niger MOH.
- Re-examined Ghana's 2013 PZQ request following analysis of stock on hand remaining after the 2012 SCH MDA. Although there is stock on hand available in-country, the storage space at the Tema warehouse is sufficient to hold the full order quantity and therefore the order amount will not be revised.
- Monitored the 2014 albendazole orders submitted to GlaxoSmithKline via WHO. Burkina Faso and Niger expect to submit albendazole requests for 2014. Ghana obtains mebendazole from Children Without Worms for treatment of school-age children.
- Supported national NTD programs and implementing partners as they prepared to receive and clear consignments through customs. Documentation requirements were coordinated with ENVISION and as documents and information regarding the shipments became available, they were provided to implementing partners via email, who then shared the information with the national programs.
- ENVISION used the following suppliers for the 2013 PZQ consignments: Medpharm for Burkina Faso and Togo, and IDA for Ghana, Niger, and Sierra Leone.

- Most of the documents needed for the 2013 consignments have been transmitted to the country programs. At the time this report was prepared, Ghana and Sierra Leone had not received all the necessary documentation.
- Ghana and Sierra Leone were to receive their PZQ consignments by mid-March but there is no confirmation of that.
- Togo received its consignment of 5,542,000 tablets of Praziquantel on March 5, 2013.
- Burkina Faso received its consignment of 10,752,000 tablets of Praziquantel on January 18, 2013, which is currently stored at the Disease Control Directorate in Ouagadougou, Burkina Faso.
- Niger received its consignment of 4,577,500 tablets of Praziquantel on February, 13, 2013, which is currently stored at the Central Medical Store in Niamey, Niger (ONPPC).

- For the 2014 praziquantel forecasts, the country programs will submit orders to ENVISION via JSI according to the following schedule requested by ENVISION—
  - By February 28, country programs submit rough estimates to JSI for submission to ENVISION.
  - By March 29, order quantities submitted to JSI for review and discussion with country programs.
  - By April 15, final orders submitted by JSI to ENVISION.

Table 1: Preliminary 2014 PZQ order by country

| **COUNTRY** | **PRELIMINARY 2014 PZQ ORDER QUANTITY** (*As of February 28, 2013)* |
|---|---|
| Burkina Faso | 22,206,359 tablets * |
| Ghana | 12,301,057 tablets |
| Niger | 14,653,935 tablets * |
| Sierra Leone | 6,635,401 tablets |
| Togo | 5,485,803 tablets |

* *SCH and STH surveys are currently taking place and will not be completed until May (at the earliest). As a result, Burkina Faso and Niger will submit their final order quantities on a different schedule so that they can take the survey results into consideration when developing their forecasts.*

- JSI also developed generic supply chain and drug management SOPs for NTD programs in English. The SOPs include procedures required to effectively manage NTD medicines during and after MDAs. The SOPs have been well-received by colleagues in Ghana, Sierra Leone and Togo—the three countries currently focusing on this activity—for their clear and

uncomplicated language and formatting. The three MOHs and implementing partners are currently customizing the SOPs to their country-specific situations. We hope to work with Niger and Burkina Faso on this activity next year.

  - Sierra Leone has begun the SOP customization process and hopes to complete the process by early April 2013. Once the customization process is complete, JSI will develop complementary training materials prior to the MDA training of trainers (TOT) planned for early May. A JSI Organizational Strengthening Advisor will provide in-country support for the supply chain and drug management components of the training.
  - Ghana has completed the SOP customization process and complementary training materials are under development. JSI has provided support on supply chain and drug management during preparations for the MDA training that is planned for April through the Regional Logistics Advisor based in Accra.
  - Togo will begin the SOP customization process in mid-March. JSI will support the customization process and will help identify priority topics to be immediately incorporated into the training that is planned for early April. JSI will then develop complementary training materials and will support the delivery of the selected content for the April 2013 training.

These activities contribute to sustaining and institutionalizing the foundational work of developing and strengthening supply chain and drug management systems and accountability, which are essential for successful MDAs.

- JSI met with ENVISION Deputy Director of Operations, Amy Doherty to coordinate the training activities they are planning for NTD Program Managers in order to determine if there was potential overlap between END in Africa's country-specific SOP and training materials development activities and ENVISION's efforts focused on higher level NTD program management. We concluded that there was no overlap and both projects agreed to share materials as they are developed.
- JSI shared information regarding the "Early Warning System" used in Ghana with END in Africa management. This health innovation is used by health workers to alert decision-makers about potential stock-outs. It has potential applicability to NTD programs during MDAs.
- Met with HKI staff from Sierra Leone for a face-to-face general coordination and planning meeting while they were in Washington, DC.

Following the staff changes, JSI headquarters staff will continue to provide support for a range of activities including procurement-related services (e.g., planning and shipment coordination), tool development (e.g., SOPs and complementary training materials), and knowledge management materials (e.g., success stories and web-postings). Existing logistics technical advisors will fill JSI headquarters and field-based gaps as they arise. In the coming months David Paprocki—a seasoned organizational development specialist and the primary author of the

supply chain and drug management SOPs—will assist the NTDCP in Sierra Leone to develop complementary training materials for the SOPs and work with in-country staff to incorporate and deliver the material in upcoming TOTs. Likewise, David O'Brien, a senior technical advisor at JSI will provide similar support to our colleagues in Togo. This support has been provided by the regional logistics advisor to NTDCP in Ghana before his contract ended.

## Financial Management

**Strengthened program performance through financial management systems with GHS/NTDCP:** Deloitte continued to work with GHS/NTDCP to finalize and implement the Action Plan that was defined during the initial capacity building workshop. The first step was to work with the NTDCP to prioritize the gaps/interventions on which to focus in the near-term. The areas selected tried to triangulate: gaps/interventions that were most important to focus on first; gaps/interventions that would require minimal time with immediate pay-off; and gaps/interventions that were most feasible given the current context.

One of the priority activities that was selected by the NTDCP team, and with which they requested technical support was the development of an NTDCP Finance Strategy. The objectives of the strategy will be to link to the TIPAC the defined resources that are needed for NTDCP program implementation.

The following main activities were carried out to date:

- Identified an appropriate counterpart within the Finance Directorate of GHS with whom to work on the preparation/data collection for the NTDCP financing strategy/framework.
- Developed data collection templates and interview guides to support the GHS/NTDCP in its data collection needs. This will provide the context for developing the NTDCP financing strategy/framework and help to articulate the specific parameters of the NTD finance strategy.

**Tool for integrated planning and costing (TIPAC) implementation:**
Understanding the implementation costs of integrated NTD control activities enables countries and donors to better forecast the resources required to reach national goals, WHO NTD disease control and elimination goals, and Millennium Development Goals (MDGs). The END in Africa project is an instrumental player in rolling out the TIPAC in the project's focus countries. The initial country where this tool was implemented is Ghana, where a TIPAC data entry workshop was held January 15 – 18, 2013.

The workshop facilitated by Deloitte helped the GHS/NTDCP to:

- Facilitate identification of integration opportunities and annual planning of NTD control

programs in conjunction with national plans of action.

- Generate a projection of program costs and drug needs for up to five years.
- Estimate the cost of implementing activities related to the NTD program covering the period FY 2013-2017.
- Identify a working team that will facilitate the completion of the data entry, thereby helping with:
    - Quantifying existing resources from the government and other funders for NTD programs.
    - Identifying and quantifying the funding gaps in NTD programs.
    - Producing summarized tables and charts, which can be used for presentations and additional analysis.

A detailed report of the Ghana TIPAC implementation is a separate report furnished to USAID.

**Financial Sampling of NTDCP MDA Expenditures**

The objective of the financial sampling work is to ensure that proper processes are being employed to manage the USG funds related to the MDAs.

During the period under review, Deloitte conducted MDA sampling in the offices of the sub-grantee, HDI, in Togo. The observations and recommendations of the financial sampling exercise serve as good objective baseline information to be fed into subsequent capacity building work with the MOHs within the period of the project.

The full report and documentation of methods in the Financial Sampling report is contained in a separated report furnished to USAID.

**Refresher Finance Training for Managing FOGs**

Given the new USAID guidance to use FOGs for implementing 2$^{nd}$ tier sub agreements with the MOHs, it was necessary to reinforce partners' ability (both Ministries of Health and grantees) for developing, managing and implementing this new assistance instrument. The END in Africa Project conducted trainings specific to budgeting and costing around the FOG regulations and model in both Ghana and Togo.

The FOG working sessions covered topics such as the grants management process and USAID policy guidance; an overview of FOG; milestone-based budgeting; structuring payments; the FOG entity checklist and budget reviews.

The Ghana training was attended by four (4) staff from CRS/Ghana (made up of 1 NTD technical officer, 2 finance managers and 1 M&E Officer); 2 finance managers of GHS; and 7 technical officers from GHS/NTDCP. In Togo, we trained a total of eight (8) officers from both HDI/Togo (3 persons) and MOH/Togo 5 persons (1 female and 4 males).

## 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. The project director, Bolivar Pou, and USAID AOR, Emily Hillman traveled to Accra in January 2013 to provide guidance/priorities for FY 2013.

The December 2012 Partners meeting was held to improve communication and collaboration between FHI360, RTI, and USAID. Each partner shared program updates and future challenges ahead. In addition, a separate M&E meeting was held to compile workbook issues and agreed upon solutions. Training sessions on the new workbooks were held in February and March 2013 in each of the five END in Africa countries.

Our project sponsored the participation of a representative of our sub grantee in Togo to attend the annual meeting of the American Society for Tropical Medicine and Hygiene (ASTMH) conference in Atlanta, Georgia in November 2012. Additionally, the M&E specialist traveled to Geneva in February 2013 for the 4$^{th}$ WHO M&E meeting on NTDS to update participants on progress made since the last meeting and to plan the M&E roadmap for NTDS for the year 2013. In addition, he also attended the WHO/AFRO meeting in Zambia in November 2012 to discuss the final version of the coordinated mapping strategy.

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

Countries specific activities carried out by our sub grantees supported by END in Africa are summarized below:

### Burkina Faso

- Regular working sessions and consultations are being held with the national coordination team to address implementation.
- The national strategic plan for NTD control in Burkina Faso is in the validation and adoption phase.
- Discussions are underway with the Burkina Faso government to increase the budget for anti-NTD efforts through the Department of Health's Financial Affairs Director.
- Handicap International and Fondation pour le Developpement communautaire (FDC) are still working with HKI to monitor implementation of activities at the operational level;
- Meetings were held with Light for the World to discuss anti-blindness activities, particularly with regard to TT surgery.
- Discussions have been held with Sightsavers regarding their contribution to NTD efforts in the Cascades region.

## Niger

- The primary partner continues to be the MSP in French through its provision of human and material resources.
- The ONPPC provides its services through the delivery and distribution of drugs and tools at the district level.
- The Carter Center continues to be a key partner purchasing all the necessary 1% tetracycline ointment needed for each campaign, conducting trichiasis campaigns and promoting the F (facial cleanliness) and E (environmental improvements) components of the SAFE strategy.
- The End Fund, a new partner, will support the treatment of Malian refugees in 13 refugee camps in Niger in the coming 6 months.
- Opening up bidding from various printers allowed getting dose poles ranging in price from 120–179 francs per unit in FY 2012. (Last year prices ranged from 510–750 francs per unit.) As for the distribution registers, the price went from 1000 francs in FY 2011, to 370 francs per unit FY 2012.
- All the costs of clearing drugs this year were taken up by the MSP. Whereas in 2011, HKI spent 28,000 USD --no USAID funds were required this year.

## Sierra Leone

- Several coordination meetings took place at central level during the reporting period. Implementation of recommendations from these meetings has over the years contributed a lot to the success of NTD control in Sierra Leone. The annual MOH work plan includes NTDs. However, disbursement of funds to the program remains a challenge.
- Collaboration with CNTD improved during the reporting period. At the request of the CNTD, HKI in collaboration with NTDCP, will be developing a proposal on LF morbidity control for possible funding.
- A new partnership was formed with the Global Network for Neglected Tropical Diseases (GNNTD) at the local and global level. GNNTD in collaboration with HKI and MOH, jointly supervised the implementation of MDA for SCH in 7 districts. GNNTD used this experience to develop a documentary about NTD control in Sierra Leone that received global recognition.
- The Overseas Development Institute (ODI) is about to conduct research in Sierra Leone as part of the Development Progress Stories II Project (http://www.developmentprogress.org/progress-stories). The focus of the report is on NTDs. ODI has approached HKI about participating in this research. It is hoped this will be the start of collaboration and potential partnership with ODI.
- The NTDCP will continue to work with the National School and Adolescence Health Program (NSHAP) on the control of SCH and STH. The NSHAP WASH program is one of the areas identified for collaboration in the short term. Improving WASH in previously SCH and STH endemic districts is essential to maintain the gains already achieved.

- Planning meetings are ongoing for HKI to provide technical support to the World Food Program to conduct de-worming of school children as part of its school feeding program in some chiefdoms in selected districts.

## Togo

- The MOH has held numerous coordination meetings over the past six months to discuss the Fall 2012 MDA implementation and results, the coverage survey, and Spring 2013 MDA preparations. The MOH recently led preparations for the annual NTD Program Stakeholder Meeting, and is coordinating the Spring 2013 MDA.
- The MOH successfully negotiated with UNICEF for the donation of albendazole to treat women of childbearing age. Treatment of this population was part of the MOH NTD Strategic Plan and is recommended by the WHO, but albendazole for this population has not been available in the past.
- The Togo Integrated NTD Program has developed tools for the community distributors that can be reused every year (eg, dose poles and flip charts), and registers and training manuals that can be used for multiple years.
- Collaborative discussions will be held with UNICEF in order to determine the feasibility of integration with their preschool activities (Vitamin A supplementation, albendazole distribution, and vaccinations) within the next year. We hope to expand integration to include additional partners in the future.

## Ghana

- Coordination meetings at central and district levels: The NTD program is fully integrated into the GHS at all levels. At the national level, the NTDCP has been part of major initiatives by the GHS to improve reporting systems at the district level. NTD control forms part of district and regional plans and has been reported on and discussed at district and regional review meetings held in February 2013.
- Task force meetings: After the last ICCC meeting of the NTDCP in May 2012, terms of reference have been developed for its three sub committees (Advocacy and Communication, Resource Mobilization and Technical) and circulated to all members for review, and a meeting was held in March 2013.
- Monitoring of the school based MDA was done jointly by teams consisting of NTDCP, Ghana Education, and CRS staff.

## Monitoring and Evaluation (M&E)

NTD Track-2 countries are transitioning to the assessment of MDA impacts through the implementation of impact assessment surveys for NTDs in eligible implementation units. Consequently, both the routine monitoring of ongoing MDA activities and the implementation of impact assessment surveys as wells as post MDA surveillance activities are of great importance.

Key M&E activities undertaken within the last six months are classified into the following sub-sections:

- Support to grantees and MOHs to develop and implement quality M&E systems.
- Data management, documentation and dissemination of best practice.
- Data management training and routine program monitoring.
- Impact assessments.
- Representing END in Africa in-country technical workshops and appropriate international fora in coordination with USAID.
- Technical assistance and capacity building.

### Support to Sub Grantees and MoHs

The LATH M&E specialist provided the following technical support to sub grantees and NTDCPs:

- Supported Deloitte during the TIPAC training that was provided to the Ghanaian NTD country program. The M&E role in that training was to clarify the non-financial, technical aspects related to the WHO guidelines and other public health aspects of NTD control included in the TIPAC.
- Provided inputs and comments to enhance the quality of the workbooks in synergistic efforts with RTI.
- Reviewed and validated country workbooks in collaboration with USAID and RTI.
- Conducted workbook trainings targeting sub-grantees and country programs in order to minimize errors in the collection and reporting of MDA data.

### Data Management and Dissemination

END in Africa continues to support the selected five African countries (Burkina Faso, Ghana, Niger, Sierra Leone and Togo) to improve their respective M&E systems.

In this reporting period, countries mostly reported data for the MDAs that were delayed in 2012. These were full MDAs for LF-oncho-STH and SCH in Niger, and total or partial MDAs for SCH in Burkina, Ghana, Sierra Leone and Togo using USAID funds. In addition, Ghana conducted MDA for oncho with funds from APOC, Sightsavers, CNTD Liverpool and the government of Ghana. For the FY2013, Togo and Burkina Faso conducted MDAs for oncho in the highly endemic zones using CNTD funding and Sierra Leone conducted MDAs for LF-oncho-STH in 12 districts with USAID funds.

The number of treatment provided and the number of people treated as a result of the delays in FY2012 MDAs is depicted as follows:

**Table 2: Number of treatments and number of people treated 1st half FY2013 with USAID funds.**

| Country | Treatments | People treated |
|---|---|---|
| Burkina Faso | 2,539,148 | 2,190,448 |
| Ghana | 5,464,097 | 2,781,650 |
| Niger | 28,004,829 | 10,226,100 |
| Sierra Leone | 4,490,678 | 3,156,806 |
| Togo | 34,029 | 34,029 |
| **Total** | **40,532,781** | **18,389,033** |

For the entire FY2012, END in Africa provided 33,790,983 treatments with ivermectin (IVM); 33,346,836 treatments with albendazole (ALB); 14,091,740 treatments with PZQ, and 7,731,989 treatments with azithromycin and tetracycline reaching more than 29.1million people for LF, 11.7 million for oncho, nearly 14.1 million for SCH, 32.9 million for STH and 7.7 million for trachoma.

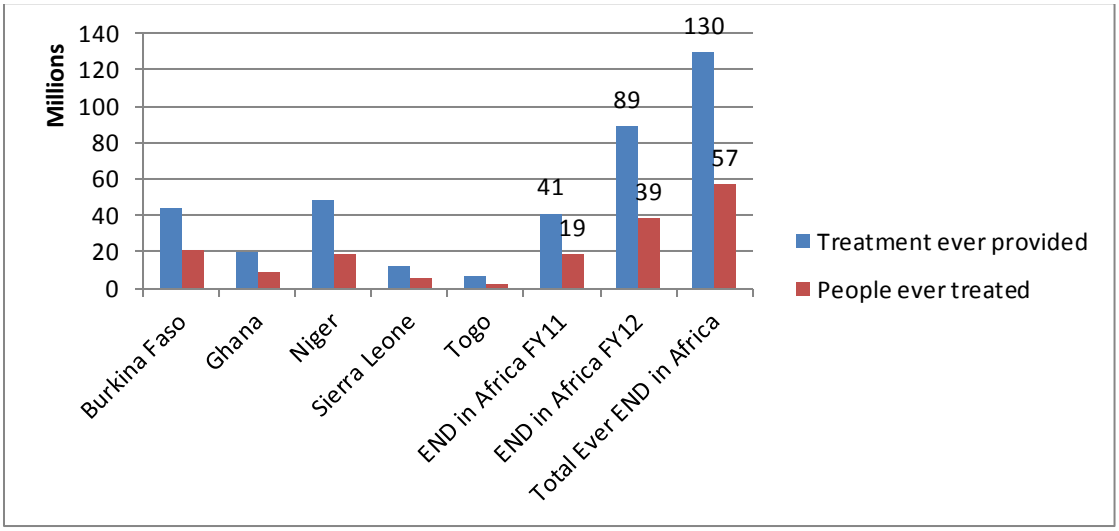
Overall, 88,959,723 treatments were provided to 38,619,177 people treated for at least one NTD in FY2012 as shown in the table below.

**Table 3: Treatment provided and people treated through END in Africa by country, FY2012**

| Country | Treatment | People treated |
|---|---|---|
| Burkina Faso | 23,754,190 | 11,425,882 |
| Ghana | 19,403,146 | 8,932,210 |
| Niger | 28,004,829 | 10,226,100 |
| Sierra Leone | 12,307,726 | 5,242,394 |
| Togo | 5,491,657 | 2,792,591 |
| **Total** | **88,961,548** | **38,619,177** |

This brings the total population treated through the END in Africa program to-date to 57,245,325 with a total of 130,116,366 accumulative treatments provided.

**Figure 1: Treatment provided (accumulative) by country and through END in Africa**




Program coverage rates in FY2012 were relatively good with few outliers.

In Burkina Faso, the average program coverage rates for LF, SCH, STH and trachoma in the entire FY2012 were 101.6%, 102%, 99.4%, and 101%, respectively. Migration of populations in border areas and/or over or under-estimation of the population at risk due to the projections may explain the percentages slightly above 100%.

In Ghana, the program coverage rates for LF, oncho, SCH and STH were estimated at 87.9%, 90.4%, 73.9% and 70.4% respectively. Program coverage rates for LF were low (47%, 43% and 63.6%) in three districts (Ahanta, Nanumba North and Suhum Kraboa, respectively). Program coverage rates were on average good for oncho. It is premature to comment on the program coverage for SCH because 26 districts reported partial data and 16 districts haven't submitted data yet. FHI360 is following the coverage rates closely to make sure that the SAE that ended up in the sudden death of a young girl following the ingestion of PZQ and ALB in the district of Nkoronga South does not affect the program in a negative way. Unfortunately, FHI360 has not

received the results of the SCH in Nkoronga South as well. Coverage rates for trachoma seem good as well. 3 out of 6 districts (8 communities) that were treated have reported coverage rates of 78.8%, 89.1% and 80.7%.

In Niger, the program coverage rates were 88.5% for LF, 73.1% for SCH, 89.1% for STH and 75.4% for trachoma. The very low coverage rate for SCH may be related to erroneous projections of the district target populations. The target population in the districts of Zinder, Tanout and Dakoro was nearly two-third of the population treated in each district reaching coverage around 150%. Conversely, 16 districts (out of 30) had program coverage rates below 75%. These low coverage rates may be largely attributed to an overestimation of the target population. Target populations for SCH are based upon JSI estimates for PZQ. The target population reported in the workbooks is based on Census data. FHI360 will work with HKI and NTDCP in Niger to determine the best data source for the SCH target population.

In Sierra Leone, program coverage rates for the entire FY2012 were very good, respectively 98%, 96.5%, 96.3% and 97.6% for LF, oncho, SCH and STH.

The program coverage for FY2012 MDA was also good in Togo reaching 96.1% for oncho, 95.1% for SCH and 98.9% for STH.

## Data Management Training and Routine Program Monitoring

FHI360 recognizes the importance of implementing a sound data management system to ensure continuous performance improvement. For this reporting period, FHI360 conducted workbook training in all five countries. The major outcomes of these training sessions have been detailed in appendix 1.

**Routine Program Monitoring**

The major activities conducted in this reporting period are:

- Training for the implementation of MDA- overall, 49,295 people were trained in this reporting period. Details about the categories that were trained are depicted in the table 13 appendix 1.
- Catch-up MDAs that were conducted as a result of the delays that occurred in FY2012.
- Monitoring of MDA activities: The major MDAs conducted in this reporting period are catch-up MDAs that resulted from the delays that occurred in FY2012. Only Sierra Leone conducted the first MDA for FY2013 using USAID funds.

Two countries (Niger and Sierra Leone) submitted data disaggregated by Gender. Data reported in either country did not pinpoint gender issues in the distribution of NTD drugs in FY2012. The demographic estimates (Census data) for the female population in Sierra Leone and in Niger are

51.94% and 50.1%, respectively. The population of female treated in Sierra Leone represented nearly 51% for LF and STH, 52.4% for oncho and 50.3% for SCH. In Niger, the population of female treated in FY2012 represented 50.9% of the total number of people treated for LF, 50.4% of those treated for SCH, 50.8 % of those treated for STH and 51.0% of those treated for trachoma. The remaining three countries (Burkina Faso, Ghana and Togo) will report the requested data by gender in the second half of FY2013.

Late reporting continues to be problematic specifically in Ghana and Niger. The M&E Specialist will continue to liaise with the sub-grantees and the NTD focal person in countries to seek appropriate ways for the improvement of the reporting system.

## Impact Assessment

FHI360 worked collaboratively with country programs to ensure that planned impact assessments occurred as expected. Several disease assessments took place during the reporting period, including Pre-TAS in 23, 7 and 9 sentinel sites in Ghana, Burkina Faso and Niger respectively. In Burkina Faso, the NTDCP also conducted sentinel site surveys for SCH in the provinces of Sahel and North (4 districts), as well as trachoma impact surveys in 11 health districts. Only one district (the district of Po) reported TF prevalence above 10%.

Togo conducted an integrated NTD coverage survey mainly to improve the quality of oncho data, due to the assessment of high oncho prevalence in three communities that have been on preventive chemotherapy (PCT) for over 15 years.

The numbers of assessments conducted since the inception of END in Africa are presented in table 10 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. 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:

### Workbook training

Last year, there was a lot of back and forth between USAID-RTI-FHI360- sub-grantees and country NTD program regarding the quality of data submitted to ENVISION through RTI. Based on feedback from the stakeholders, RTI revised the workbooks and FHI360 provided training on the revised workbook in the five END in Africa supported countries.

Before the training, the M&E Specialist compiled the common errors identified during the 2012 reporting periods. He also summarized the workbook instructions in a PPT and highlighted changes that had been introduced in the new version of the workbooks.

The focus during that training was: 1) discussion on the commons errors, 2) the clarification of the definition for each NTD indicator, and 3) whether the certain key indicators (at risk population, population requiring PCT, and target population) were captured (on the ground) according to the instructions in the workbooks.

In addition, data sources were collected for the indicators 'at-risk population,' 'population requiring PCT.' and 'target population.' Indeed, it was noted in the last review process that data sources varied across countries. One country changed the data source for the indicator “number of persons targeted” when the coverage rates appeared very high. Since then, FHI360 decided to agree with countries on the source data for each key indicator. During the workbook training, the M&E Specialist asked country programs to specify the data sources for the aforementioned indicators.

The key outcomes from that training are depicted in Appendix 1 and can be summarized as follows:

Common issues across countries:

- Misperceptions about the definition of some indicators
- Different data sources for population at risk, population requiring PCT and the target population by NTD
- Lack of uniformity regarding the link between the disease code and treatment strategy for each NTD, as well as the frequency of MDAs as per WHO guidelines and national protocols
- Lack of clarity about program and epidemiological coverage rates
- Uncertainty about the at-risk population and population requiring PCT for SCH and STH.
- Lack of appropriate data sources for historical data
- Delays in MDA: where to report data from MDAs implemented in FY2013 following the delay that occurred in FY2012.
- Population migration: likely to affect the at-risk population and thus, the coverage rates and stock of drugs.
- Uncertainty regarding the disease code to use for STH for districts with low prevalence that receive PCT as per national strategy or for treating LF
- Country specific issues are depicted in Appendix 1.

### Data source

In general, national census data was the data source captured in most countries for the indicator “at-risk population” and other related indicators "population requiring PC" and "target

population." However, CDD census data was used in some districts in Ghana and Sierra Leone. After discussion, program managers in Ghana agreed to drop CDD census data because they are not reliable. In Sierra Leone, "at-risk population" is updated every year at the district level. Unfortunately, that indicator does not capture SAC who do not attend school. We recommended that the NTDCP fix the baseline population and use the new baseline to make projections in the following years. The challenge in regard to this recommendation is that the MOH requires the NTDCP to estimate district populations on basis of estimates coming from those districts.

### Data collection for the indicator "number of persons treated" by gender (status by country)

In general, countries are ready to report the number of people treated by gender in 2013. Sierra Leone, Niger and Togo are ready to report data disaggregated by gender, but Ghana and Burkina Faso may require additional funding to provide this information. Progress in the collection of data (# treated) by gender is shown in table 16 appendix 1.

### Technical Assistance to Countries

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

**Togo**: FHI360 is working with the sub-grantee (HDI) to finalize the country request for TA for oncho. Togo has been on PC for oncho for over 15 years. Although the overall prevalence of oncho has decreased to an acceptable, very low level, it is still very high in three communities. The aim of this TA is to determine possible reasons why the prevalence of oncho remains high in those three communities. Prior to the oncho assessment, the country programme conducted a coverage survey to determine whether there is a glaring discrepancy between reported and measured coverage, which may contribute to the high prevalence in those areas. In this reporting period, TA was provided to Togo (through ENVISION) in protocol development, sampling and statistical analysis. Besides, the M&E Specialist provided workbook training on February 27 and 28.

**Burkina Faso**: First, the Trachoma Action Plan and Post-Endemic Surveillance workshop was held in Ouagadougou 21st – 25th January 2013. This workshop aimed to determine strategies for scaling down PC for trachoma from the district level to the sub-district level. Second, the workbook training was provided on March 4 and 5.

**Ghana**: NTD Country Program Managers attended the WHO M&E training for Anglophone countries in Ouagadougou and the workbook training was provided on February 25-26.

**Sierra Leone**: Workbook training was provided on February 14-15. Sierra Leone did not participate in the WHO M&E training for Anglophone countries in Ouagadougou, due to the short notice that was given by WHO/ AFRO. The M&E Specialist is liaising with WHO/AFRO to determine the most cost-effective way to handle this training for Sierra Leone only.

**Niger**: Workbook training was provided on March 6-7.

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

Below is a list of technical assistance requests by country:

| Table 4: TECHNICAL ASSISTANCE REQUESTS FOR FY2013 | | | | |
|---|---|---|---|---|
| **Country** | **TA requested** | **Status** | **Suggested source** | **Comments** |
| **Burkina Faso** | WHO training on M&E of NTDs (Francophone countries) | Provided | - | - |
| | Review of SCH program | Provided | - | - |
| | Post endemic TAP | Provided | | |
| | Workbook training | Provided | - | - |
| | STOP MDA for Trachoma (Impact survey) | Not needed!! | Similar survey conducted in 2012, same team will continue. | Survey in 4 HDs will start mid-March 2013 |
| | TIPAC | Pending | FHI360 | WHO is planning to have several workshops on TIPAC. Our trainings on TIPAC will be synchronized with these workshops and will take place after them. We will keep you informed on this. |
| | Training new staff on diagnosis of LF; diagnosis of SCH | Pending | FHI360 | END TA can cover this. Assistance will depend on scope of work (SOW). HKI needs to develop an SOW in consultation with the MOH. |
| | | | | |
| **Niger** | Review of SCH program | Provided | - | - |
| | WHO training on M&E of NTDs (Francophone countries) | Provided | - | - |
| | Workbook training | Provided | - | - |
| | TIPAC | Pending | FHI360 | WHO is planning to have several workshops on TIPAC. Our trainings on TIPAC will be synchronized with these workshops and will take place after them. We will keep you informed on this. |
| | Development of a survey protocol and implementation of pre-TAS and TAS for LF | Pending | | Assistance will depend on scope of work (SOW). HKI needs to develop an SOW in consultation with the NTDCP/MOH Niger |
| | | | | |
| **Sierra Leone** | WHO training on M&E (Anglophone countries) | Pending | WHO/FHI360 | Sierra Leone is among the few countries that did not participate in the WHO M&E workshop. FHI360 can cover cost of the training if WHO provides a trainer to go to the country. Decision will depend on the SOW developed by HKI and the NTDCP/MOH Sierra Leone |
| | TIPAC | Pending | FHI360 | - WHO is planning to have several workshops on TIPAC. Our trainings on TIPAC will be synchronized with these workshops and will take place after |

| Table 4: TECHNICAL ASSISTANCE REQUESTS FOR FY2013 | | | | |
|---|---|---|---|---|
| **Country** | **TA requested** | **Status** | **Suggested source** | **Comments** |
| | | | | them. We will keep you informed on this. |
| | SOP for drugs management | Pending | FHI360 | SOP already developed and the TA is scheduled to take place in April |
| | Workbook training | Provided | - | - |
| | | | | |
| **Ghana** | Implementing communication and advocacy strategies for NTDs | Pending | FHI360 | SOW to be prepared |
| | Training lab tech on NTDs | Pending | FHI360 | Level of training required unknown; this could be a very long training for LF, Oncho and SCH/STH. SOW to be prepared |
| | Review SCH/STH program and advise on Ghana program strategy | Pending | ENVISION (TAF-under RTI) | SOW to be prepared |
| | SOP for drugs management | On going | FHI360 | SOW not needed |
| | | | | |
| **Togo** | Oncho data review to confirm and identify geographic areas of persistent elevated prevalence | Pending | FHI360 | NTD Technical Advisor can cover this. Need to schedule based on the survey results. SOW to be prepared. |
| | WHO training on M&E of NTDs (Francophone countries) | Provided | - | -<br>- |
| | Coverage validation survey for Oncho | Provided | - | -<br>- |
| | Peer-review publications | Pending | FHI360 | FHI360 TA can cover this. This is in line with publications planned. |
| | TIPAC | Pending | FHI360 | WHO is planning to have several workshops on TIPAC. Our trainings on TIPAC will be synchronized with these workshops and will take place after them. We will keep you informed on this. |
| | SOP for drugs management | Pending | FHI360 | TA already scheduled for May. |
| | EMMR | Pending | - | Included SOP for drugs management as solid waste management. |
| | Workbook training | Provided | - | - |

## Knowledge Management

Major activities completed during the semester are:

- Launched, maintained and updated new results-focused END in Africa website. The new site was created to showcase the project's progress, results, success stories, lessons learned and impact. The new site features an upgraded, modern visual interface, as well as a number of new content-rich sections. The new progress section allows visitors to stay abreast of news and events relevant to the project as they happen. This section also includes up-to-day, detailed information on every aspect of the project's activities. The new impact section lets provides concrete information showing the magnitude of the project's impact on reducing disease prevalence in the countries it serves. It also showcases the project's success stories and shares information about how it accomplished all that it has and how it plans to move forward. In addition, all the content from the previous website was updated and incorporated into the new site with the exception of the grants section (which is no longer relevant). The new site is accessible at: http://www.endinafrica.org.

- Created and began utilizing an END in Africa Twitter account to disseminate project news, events and impact.

- Worked with USAID staff to revise and publish the first END in Africa semi-annual newsletter. The newsletter can be viewed online at: http://endinafrica.org/wp-content/uploads/2013/04/Fall-2012-Newsletter_final.pdf

- Worked with FHI360 Corporate Communications staff to update, launch and disseminate the *Partnering for Progress: Eliminating NTDs* video. These promotion efforts led to the selection of this video as USAID's Video of the Week in its Impact Blog in February 2013 (see http://blog.usaid.gov/2013/02/video-of-the-week-partnering-for-progress-eliminating-neglected-tropical-diseases-globally/).

- Collaborated with MOH staff, sub-grantees, partners, USAID's NTD and FrontLines staff to produce several articles on progress against NTDS in several END in Africa countries for USAID's FrontLines publication.

- Updated the END in Africa factsheet and provided content on the project for the new FHI360 corporate website at the request of FHI360's GHPN management.

- Administered the SharePoint intranet site to warehouse final project documents.

- Collaborate frequently with partners and sub-grantees to obtain publication-quality photos as well as input and data for articles and content for the website.

- Established and maintained contacts with organizations in the broader NTD and knowledge management communities, and shared and exchanged information, publications, data, photos and other knowledge products with the same. Presented and shared KM-related project information at HIPNET's "Knowledge Café" event in January 2013 and USAID's NTD team meeting in December 2012.

- Provided editorial and quality control services to END in Africa partners and sub grantees on various END in Africa publications to improve product quality and ensure compliance with USAID publication guidelines and the END in Africa Branding and Marking Plan.

- Developed and maintained END in Africa contact and information dissemination database.

- Supported the development of an END in Africa artide publication schedule and tracking tool. After two years of successful implementation in the beneficiary countries, the project team has intensified its efforts to share its success stories, lessons learned and best practices with the countries, its partners and colleagues in the NTD community, current and potential donors, the broader global health network and the general public. As such, it intends to submit four peer-reviewed articles for publication each fiscal year until the close of the project. In addition, it will publish twelve technical articles or blog posts focusing on project successes, lessons learned, best practices and challenges that require community collaboration. The project team is using the new tool to identify, schedule and track the progress of articles as they move from the conception stage to final publication; it is particularly useful for ensuring the integrity and accuracy of articles and publications requiring input, collaboration and approval from multiple parties. By sharing information regularly and using multiple formats, the team hopes to achieve advancements on several fronts: 1) inform countries, partners, donors and colleagues in the NTD community about the project's progress and impact to date; 2) create or contribute to dialogue among the NTD community on shared challenges, issues and concerns; 3) highlight cost efficiencies, improved equity in healthcare and public health impact achieved through supporting NTD control efforts and advocate for the expansion of partnerships and funding for such efforts; 4) multiply the project's impact by informing NTD control efforts in non-END in Africa countries that are still struggling to control NTD transmission; and 5) improve awareness about NTDs among global health professionals and the general public.

  See below for the publication schedule.

**Table 5: List of possible publications for FY2013 and FY2014**

| S. No. | Suggested Title | Summary | Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B) | | | Time frame |
|---|---|---|---|---|---|---|
| | | | PRP | A | B | |
| 1. | Effect of cross border transmission for the control of the PCT NTDs | This topic is becoming increasingly more important as our countries reach post MDA surveillance for different diseases. Surveillance of possible cross border transmission might have to be considered for countries that border others with high prevalence of specific diseases. | No | Yes | Yes | Mar 2013 |
| 2. | Use of SMS/texting for reporting MDA data and social mobilization as an example of public private partnership | We will use the examples of Ghana and Sierra Leone to show public private partnership for NTD control. | No | Yes | Yes | April 2013 |
| 3. | Targeting hard to reach populations for NTD control: example of Sierra Leone | The way Sierra Leone is handling hard to reach areas could be an example for other countries. | No | Yes | Yes | May 2013 |
| 4. | Elimination of onchocerciasis in post war Sierra Leone: impact of 3 good rounds of MDA in CDTI areas | This is a review of the oncho program in Sierra Leone before 2010 when assessment was done. The focus will be on best practices as well as lessons other countries can learn. | No | Yes | Yes | June 2013 |
| 5. | SCM assessment in the 5 countries | Several possible articles, Pape will discuss with Paula and get back to us on this. | No | No | Yes | July 2013 |
| 6. | Assessment of the END in Africa project: achievements, challenges, lessons learnt and way forward | This will be a sort of self-assessment documenting achievement, challenges, possible failures, lessons learnt and how we see continuation of the project. | No | No | Yes | Aug 2013 |
| 7. | Financial sampling of MDA expenditures on NTD program implementation: lessons learnt and best practices for financial management | Sampling conducted for all 5 countries. We will try to document the results and the recommendations made for program improvement. | Yes | Yes | Yes | Sept2013 |
| 8. | Sustainability of post MDA surveillance of PCT NTDs | Sustainability of surveillance in the long term will be discussed and recommendations will be made to countries on possibility of using HMIS and other national surveillance systems. | Yes | Yes | Yes | Oct 2013 |
| 9. | Post MDA surveillance for trachoma in END in Africa countries | There is no clear cut guideline on post MDA surveillance for trachoma. Presently, Ghana has set up a surveillance system and ITI has recommended another to Burkina Faso based on what Mali is doing (presentation by Prof. Bamani at the last ASTMH). We are hoping that this paper will raise the issue of the absence of specific guidelines on post MDA surveillance and stimulate response from the international NTD community. | Yes | Yes | Yes | Nov 2013 |
| 10. | Progress towards elimination of trachoma in END in Africa countries: best practices and lessons learnt | This will be a situational analysis on trachoma interventions. Results of studies will be presented to demonstrate achievements. We will also try to capture best practices and lessons learnt. | Yes | Yes | Yes | Dec 2013 |

| S. No. | Suggested Title | Summary | Type of publication (Peer reviewed paper-PRP; Article-A; Blog-B) | | | Time frame |
|---|---|---|---|---|---|---|
| 11. | Progress towards elimination of onchocerciasis in END in Africa implementing countries | Review will capture best practices and lessons other countries can learn for the 4 countries. | Yes | Yes | Yes | Mar 2014 |
| 12. | Progress towards LF elimination in END in Africa countries | This will be a review of the LF programme in the 5 countries and will look at best practices as well as lessons other countries can learn. | Yes | Yes | Yes | April 2014 |

## Lessons Learned

### SCM

- It is necessary to obtain both the proof of delivery and the warehouse delivery confirmation to ensure the full consignment is received at the destination warehouse. In Ghana, JSI identified a discrepancy of 40,000 praziquantel tablets in the 2012 consignment through the review and comparison of shipping documents with the proof of delivery and delivery confirmation at the central medical stores.

### Financial Management

Deloitte's capacity building approach was evaluated by the GHS/NTDCP participants and demonstrated many successes consistent with USAID Forward and program sustainability objectives:

- **Political will and leadership engagement for NTD process improvements**: Dr. Nana-Kwadwo Biritwum, NTDCP Program Manager, and Ben. Kekyi-Saakwa, Head of Finance of the NTD Program, were key participants in the event who committed themselves to advancing the Action Plan. Their participation demonstrated leadership buy-in to the larger group.
- **Team-building**: Bringing different NTDCP stakeholders together enabled vibrant discussion and problem-solving to strengthen performance of NTD program implementation.
- **Staff motivation and mobilization**: Staff that participated in the capacity building event (CBE) were motivated to execute the Action Plan, due to the participatory nature of Action Plan development, the observed political will and leadership engagement, and personal investment in the outcomes of the Action Plan.
- **Country-ownership and stewardship**: In-country participants drove the process, owning the discussion and designing the Action Plan. They verbalized and demonstrated post-CBE commitment, engagement and action

Lessons learned regarding the **capacity building** work are as follows:

- Bringing NTDCP technical and finance leaders and field staff to the same table early in the process, enabled essential buy-in and adoption of the process and results.
- Building in agency theory, information asymmetry, change management, and performance management approaches enables country ownership and stewardship, and facilitates engagement and follow-through. The incorporation of these concepts in the CYPRESS approach incentivized key stakeholders to initiate the necessary changes to improve the performance of the NTD programs through the Action Plan.
- Financial sampling helps to substantiate the findings and perspectives of the maturity model discussion.

- Having adequate time to cover broad topic areas would have allowed further understanding and commitment. The amount of time allotted for the CBE was three days. However, evaluations revealed that numerous participants requested additional time.

The **NTD-TIPAC** workshop in Ghana was the very first implementation 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 TIPAC implementation roll-outs:

- Having a combination of both Finance and NTD-technical experts as facilitators ensures smooth delivery of knowledge transfer, especially under training conditions.
- It is imperative that we develop an institutionalization program that ensures appropriate leadership and skills to lead the NTDCP through this exercise in the future. This will also enable appropriate use of financial data for NTD planning purposes.
- Reserve sufficient time for TIPAC Completion: Standard practice for TIPAC implementation is 5-10 days, depending on the amount of data that has been collected previously, the complexity of the national plan, the level of detail entered into the TIPAC, as well as the availability of the required participants.
- To make the data entry of TIPAC more efficient, it is beneficial to collect appropriate data before implementation.
- Re-organize the Master Budget to align with TIPAC's Layout/Format: Ghana's Master Plan budget is based on WHO guidelines. However, the TIPAC layout and format does not align to this. WHO is aware of this difference and the implications at the country level. Therefore, they are developing guidelines for the NTDCPs on how to annualize the 5-year Master Plan as well as transfer data to the TIPAC.
- Best practice for NTD-TIPAC roll out is that before any implementation, the NTDCP should ensure that there exists a finalized Master Plan/Budget.
- Rational estimates should be used and real-time cost summaries provided to help track progress and minimize data entry errors.

Deloitte has successfully completed **financial sampling** in all five of the countries. Some key observations and lessons learned include:

- Countries lack SOPs for fund management: guidelines and SOPs on allowable costs, invoicing, reporting and monitoring do not exist, especially at the district level.
- Countries lack standardized procedures and capacity for analyzing budget outlays versus actual costs.
- Developing simple templates for governments and sub-grantees would ease financial reporting, making it easier for technical teams to focus on program implementation.

### M&E

- Two-day training on the workbook is good but not sufficient. We did not have time to fill out the workbooks with the country programs. Many participants agreed that this training was the first one involving in-depth discussion and understanding of the key NTD indicators. They said they did not have enough time to practice and thus, to make sure the next reports will not bear many errors
- Country program managers attended the training, but said that they do not have time to fill out the workbooks as they are usually on the ground to implement activities. It is the data managers or sub-grantee program advisors who fill out the workbooks. FHI360 will check whether those who missed the training have been updated by colleagues who attended it.
- Country program managers are knowledgeable about each NTD, but data managers may not have sufficient background on NTDs. Notions like at-risk population, population requiring MDAs, and target population can become confusing when trainers discuss multiple NTDs. In general, very few people have in-depth knowledge about all five NTDs. However, this training has been a good starting point for country program data management.
- The workbooks are useful to the countries as many countries did not have safe databases in the past. Almost all countries struggle to fill out historical data. However, participants complained about the fact that each partner is pushing for its own data reporting tool.
- Supervision is very important during MDAs. In Niger, the supervisors did not accompany the CDDs during the MDA for FY2012. As a result, we noticed huge discrepancies between initial reports from CDDs and the final data after the review by the supervisors.

## Major Activities Planned for the Next Six Months

**FHI 360**

- Publish one new article, blog or newsletter per month.
- Submit at least 4 manuscripts for publication in peer-reviewed journals in 2013.
- Continue working with sub grantees and the RTI ENVISION project to coordinate TA requests within the TAF and ensure that approved TAs are provided in the 5 END in Africa countries.
- Continue to provide technical advice/direction and supervision of the technical assistance provided on M&E, financial management (FM) and supply chain management (SCM) and ensure they comply with NTD guidelines and protocol and contribute to best practices.
- If accepted, host a symposium during the next meeting of the ASTMH in November 2013 in Washington DC.

**SCM**

- Follow up with Ghana, Sierra Leone, and Togo regarding the delivery of the 2013 PZQ consignments to obtain all proof of delivery and delivery confirmation documents.

- Support the countries with their PZQ forecasts and submission of 2014 orders to ENVISION.
- Assist countries, if requested, with their albendazole forecasts and/or applications to GlaxoSmithKline via WHO.
- Provide assistance to Ghana as it finalizes its supply chain and drug management SOPs and incorporates training materials into the existing training curriculum.
- Assist Sierra-Leone with customization of the SOPs.
- Work with MOH and HDI staff in Togo to customize the supply chain and drug management SOPs and develop complementary training materials.
- Introduce the supply chain and drug management SOPs to MOH staff in Burkina Faso and Niger through HKI.
- Serve as a technical resource for waste management for all country programs, as needed.
- Develop and implement transportation and distribution plans for the MDAs.
- Ensure that pharmacists are involved in the management and monitoring of NTD drugs.

**M&E**

- Continue to monitor the implementation of MDAs in FY2013, including the data validation and reporting processes.
- Analyze MDA data and further conduct data performance reviews to identify successes and challenges.
- Follow up on the alignment of Burkina Faso and Niger's SCH programs with WHO guidelines
- 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.
- Follow up on the disease impact assessments that will occur in the next 6 months.
- Assess data quality and follow up after the workbook trainings.
- Develop a database for tracking M&E activities.
- Situation analysis to assess the status of M&E for SAEs in the countries.

**Financial Management**

- Continue working with Ghana's NTDCP on to help them strengthen their financial systems and management related to the NTDCP.
- Work with GHS/NTDCP to develop the Health Financing Strategy.
- Support the individual country teams (Togo, Burkina Faso, Niger and Sierra Leone) in the review and completion of the TIPAC modules: base data, activity costing, drug acquisitions, funders, and outputs.
- Provide continuous follow-up to facilitate the execution of financial sampling recommendations.
- Provide follow-up support to the countries to develop Action Plans to mitigate the financial risks that were observed during financial sampling exercises.

- Contribute to the project's efforts to document lessons learned and implications for NTD country programs.

## Table 6: Work Plan Execution Timeline

| Main Activities | O | N | D | J | F | M | Current Status (Completed or Ongoing) |
|---|---|---|---|---|---|---|---|
| **Issuance and Management of Grants** | | | | | | | |
| Support MOHs and subgrantees in the implementation of FY2013 work plans in all countries. | X | X | X | X | X | X | Ongoing |
| Develop in a collaborative fashion with the subgrantees and MOH, revised scopes of work and budgets for extending the existing sub agreements up to the life of the project for End in Africa. | | | | | X | X | Ongoing |
| Support the MOH-led process for developing the USAID funded Annual Work Plans with the participation of the subgrantees, USAID and FHI360. | X | X | | | | | Completed for FY 2013 |
| Facilitate provision of required documentation for customs clearance such as certificates of donation and drug registration waivers for FY2013 consignments. | X | X | X | X | X | X | Completed for Burkina Faso, Niger and Togo.<br><br>Ongoing for Ghana and Sierra Leone. |
| Complete quantification and procurement for the NTD drugs for FY2014. | | | | | X | X | Ongoing. Rough estimates for all countries were sent to Envision at the end of February. Final orders will be submitted to Envision by April 15 for Ghana, Sierra Leone and Togo. Burkina Faso and Niger will submit their final orders at a later date (TBD) once the SCH and STH survey results are available (mid-July). |
| Support MOH and subgrantees in forecasting and submitting FY2014 orders for other donated commodities such as albendazole donations from GlaxoSmithKline facilitated by WHO. | | | | | X | X | Ongoing |
| Report validated NTD data to USAID. | | | | | | X | Validation process is ongoing |
| Conduct basic data analysis to report on program performances including longitudinal analysis to depict trends over time. | | | | | | X | Data review and analysis prior to the submission at USAID |

| Main Activities | O | N | D | J | F | M | Current Status (Completed or Ongoing) |
|---|---|---|---|---|---|---|---|
| Follow-up with ENVISION and sub-grantees to ensure that TA requested are provided | | | X | X | | X | Ongoing. New procedures were outlined and SoW are been developed with sub grantees and MOH collaboration. |
| Foster the adoption of management instruments that that meets existing USAID regulations. | | | X | X | X | | FOGs adoption by sub grantees has been supported by END in Africa. Training has been provided to Ghana, Togo and Sierra Leone. |
| Support sub grantees and MOHs in the development and implementation of FOG for managing 2nd tier sub agreements | X | X | X | X | X | X | Ongoing (Ghana and Togo outstanding) |
| Oversee the execution of 1st sub agreements with NGOs and 2nd tier sub agreements through FOGs with MOHs according to terms of the guidance provided by USAID. | X | X | X | X | X | X | Ongoing (Ghana and Togo outstanding) |
| Conduct a mid-term performance review with sub grantees and USAID. | | | | | | | Scheduled for April 2013. |
| Monitor compliance with the project environmental management and mitigation plan (EMMP) | X | X | | | | | Countries Environmental Management and Monitoring Reports were submitted to USAID. |
| **Coordination of Technical Assistance and Capacity Building** | | | | | | | |
| Supply chain management: Develop SOPs and provide TA to countries according to their work plans. | | | X | X | X | X | Completed development of generic SOPs in English and French.<br><br>Ongoing TA for SOP customization and development of complementary training materials for Ghana, Sierra Leone and Togo. |
| Monitoring and Evaluation: TA on work books, work plans and TIPAC. TA specific by country according to their work plans. | X | X | X | X | X | X | TIPAC is on-going. Togo, Niger, Sierra Leone and Burkina Faso remaining countries. Workbook training provided in the five countries. Ongoing systematic workbook review. Review of the country |

| Main Activities | O | N | D | J | F | M | Current Status (Completed or Ongoing) |
|---|---|---|---|---|---|---|---|
| | | | | | | | work plans prior to the submission at USAID |
| Financial Management: build financial management capacity within the MOH/NTDCP within the terms of the 2nd tier sub agreements with the MOHs. | X | X | X | X | X | X | On-going process |
| Support MOH financial staff to increase 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 | On-going process |
| **Data Management, Documentation and Dissemination of Best Practices** | | | | | | | |
| Develop and maintain a new END in Africa website | X | X | X | X | X | X | Website completed, approved and launched. |
| Maintain and update the new END in Africa website and social media content | | | | | X | X | Ongoing |
| Produce and disseminate two semi-annual END in Africa newsletters | X | X | X | X | X | X | First newsletter disseminated in Jan/Feb 2013. Work has begun on 2nd newsletter. |
| Develop, write, produce and disseminate fact sheets and other printed materials (as needed) showcasing the END in Africa program. | | X | X | | X | X | Produced, customized and updated fact sheet for several meetings and events. |
| Research, document, write and disseminate success stories and other artides on various unique and noteworthy elements of the END in Africa program | X | X | X | X | X | X | Collaborated with MOHs, partners, sub-grantees on producing & disseminating articles for Frontlines and video for Impact blog (which was featured there as a video of the week in February 2013) |
| Develop and administer the END in Africa newsletter distribution and contact lists | X | X | X | X | X | X | Ongoing |
| Provide editorial and quality control services to FHI360, END in Africa partners and sub grantees on various END in Africa reports and publications | X | X | X | X | X | X | Ongoing |
| Develop and implement a schedule of peer-reviewed articles, other technical articles and publications, as well as a tracking mechanism for the same | | | | | X | X | Ongoing |

| Main Activities | O | N | D | J | F | M | Current Status (Completed or Ongoing) |
|---|---|---|---|---|---|---|---|
| Develop and administer a repository of END program photos (to be received from the photographers hired in the END in Africa countries), following FHI360 usage guidelines | | | X | X | X | X | Ongoing |
| **Collaboration and Coordination** | | | | | | | |
| Participate in introductory meetings and work planning meetings | | | | | | | Work planning meetings scheduled for April and May 2013 |
| Strengthen NTD coordinating bodies in focus countries | | | | | | | To be discussed in detail during the planned work planning meetings scheduled for April and May 2013 |
| Support the MOH in establishing NTD coordinating committees | | | | | | | To be discussed in detail during the planned work planning meetings scheduled for April and May 2013 |

## Table 7: Travel Plans for Next Six Months

| Traveler | From | To | # Trips | Duration | Month | Purpose |
|---|---|---|---|---|---|---|
| Bolivar Pou, Project Director | W/DC | Niger<br>Burkina<br>Togo<br>SLeone<br>Ghana | 5 | 1 week each | May and June 2013 | FY2014 Country work planning sessions with key stakeholders. |
| Mposo Ntumbansondo, M&E Specialist | Ghana | Burkina<br>Niger<br>Togo<br>SLeone | 4 | 1 week | May and June 2013 | Participate as NTD M&E technical resource in the development of country work plans. |
| Joseph Koroma, NTD Technical Advisor | Ghana | Burkina<br>Niger<br>Togo<br>SLeone | 4 | 1 week | May and June 2013 | Participate as NTD technical resource in the development of country work plans. |
| Bolivar Pou, Project Director<br><br>Nosheen Ahmad Program Officer | W/DC | Ghana | 2 | 2 weeks | April 2013 | Project performance mid-term review.<br>Project semiannual report. |
| Kingsley Frimpong Financial Management Deloitte | Ghana | Burkina<br>Niger<br>Togo<br>SLeone | 4 | 1 week | TBD | TIPAC implementation.<br>We work according to the respective work plans. |
| Bolivar Pou, Project Director | W/DC | Ghana | 1 | 2 weeks | September 2013 | END in Africa Work plan 2014 |
| TBD<br>Ghana-based Short term technical assistance | Ghana | TBD | 10 | TDB | TBD | Short-term technical assistance according to specific countries needs per MOH requests.<br>This is a place holder for a pool of trips for STTA in response to country requests. |
| David O'Brien | W/DC | Togo | 1 | 1 week | April 2013 | Support the customization of the SOPs and development of the complementary training materials with the MOH and the implementing partner. |
| David Paprocki | W/DC | Sierra Leone | 1 | 1 week | May 2013 | Support training on the customized SOPs by participating in two TOTs at the district level. Also provide on-the-job training for the central warehouse manager in Makeni. |
| Joseph Koroma,NTD Technical Advisor | Ghana | W/DC<br>Niger<br>Burkina<br>Togo | 10 | TBD | TBD | Provide technical support for projects implementation.<br>Technical meetings in Washington, DC. |

| Traveler | From | To | # Trips | Duration | Month | Purpose |
|---|---|---|---|---|---|---|
| | | SLeone | | | | International NTD events in coordination with USAID. |
| NTD Focal Points<br>TBD/Ghana hub Specialists | Ghana<br>Burkina<br>Niger<br>Togo<br>S Leone | TBD | 10 | TBD | TBD | Sponsor NTD focal points in WHO AFRO meetings, trainings, International conferences, technical meetings, and workshops as agreed upon with USAID. |

# Appendices

# Appendix 1: MDA Reporting of Integrated NTD Control

### Overview

For this reporting period, END in Africa received the results of MDA for all endemic NTDs in Niger (LF-SCH-STH and trachoma); and MDA for SCH for Ghana, Burkina Faso, Sierra Leone and partially for Togo. Burkina Faso also conducted the second round of MDA for LF-oncho-STH in January-February 2013. These MDA are reported in the FY2012 workbooks. In addition, Sierra Leone conducted MDA for LF-oncho-STH in 12 districts and Burkina Faso and Togo conducted the first round of MDA for oncho in the very endemic zones with funding from CNTD Liverpool. These MDA are reported in the FY2013 workbooks.

### Changes in MDA Strategy

Eight communities from six districts in Ghana have resumed MDA for trachoma. The districts that comprised these communities were declared "achieved UID-A" at sub-district level. During the surveillance phase, the prevalence of TF in the 8 communities was determined slightly above 5%. These communities have been back to PCT as per the WHO guideline.

### Coverage of mass drug administration

A total of 88,961,548 treatments were provided to treat almost 38,619,177 persons with USAID support in FY2012. 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, Togo and Ghana.

**Table 8. Treatments delivered and program and geographical coverage during the first half of FY2013**

| Country | Drugs delivered* | # districts treated | # persons treated (millions) | # treatments delivered (millions) | Funding source |
|---|---|---|---|---|---|
| Burkina Faso | PZQ/PZQ+ALB* | 21 | 2,190,448 | 2,539,148 | USAID |
| | IVM+ALB* | 4 | 598,845 | - | CNTD Liverpool |
| Ghana** | PZQ+ALB* | 126 | 2,583,856 | 5,167,712 | USAID |
| | IVM* | 40 | 494,697 (partial results from 12 districts) | - | Sightsavers and APOC |
| Niger* | IVM+ALB | 30 | 8,926,674 | 17,853,348 | USAID |
| | PZQ/PZQ+ALB/ALB | 30 | 4,180,202 | 4,904,540 | |
| | PZQ | 6 (SCORE) | - | - | |
| | Azithromycin-tetracycline | 16 | 5,246,942 | 5,246,942 | |
| Sierra Leone | IVM+ALB (WA)* | 2 | 1,333,870 | 2,667,740 | USAID |
| | PZQ* | 7 | 1,822,938 | 1,822,938 | |
| | IVM+ALB | 12 | Data being | | USAID |

| Country | Drugs delivered* | # districts treated | # persons treated (millions) | # treatments delivered (millions) | Funding source |
|---|---|---|---|---|---|
| | | | collated | | |
| Togo | IVM+ALB (high oncho zones | 11 | - | - | Government of Togo |
| | PZQ (9HPUs )* | 1 | 34,029 | 34,029 | USAID |

* Delayed MDA
** No data received from 16 districts and incomplete data from 26 districts.

**Table 9: Program and epidemiological coverage by NTD and by country, first half FY2013**

| NTD | Burkina Faso | | Ghana | | Niger | | Sierra Leone | | Togo | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Prog. Cov. (%) | Epi cov. (%) | Prog. Cov. (%) | Epi cov. (%) | Prog. Cov. (%) | Epi cov. (%) | Prog. Cov. (%) | Epi cov. (%) | Prog. Cov. (%) | Epi cov. (%) |
| LF | 101.6 | 80.9 | 87.9 | 70.3 | 81 | 64.45 | 98 | 79.4 | NA | NA |
| Oncho | - | - | 90.4 | 81 | NA | NA | 96.5 | 80 | 96.1 | 81.9 |
| SCH | 102 | 32.3 | 73.9 | 65.4 | 75.71 | 64.77 | 96.3 | 54.5 | 95.1 | 47.1 |
| STH | 99.4 | 73.1 | 72.6 | 65.5 | 91.2 | 318.04 | 97.6 | 79.4 | 98.9 | 29.3 |
| Trachoma | 101 | 97.6 | 82.8 | 82.8 | 78.5 | 63.5 | NA | NA | NA | NA |

**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. No district stopped MDA during the reporting period.

**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.

**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 table 10. Pre-TAS was conducted 9 sentinel sites in Ghana and is being conducted in 7 sentinel sites in Burkina Faso. Burkina Faso also conducted SCH assessment in 4 sentinel sites in the provinces of Sahel and North regions.

**Table 10: 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 | 7 (pre-TAS) | * | 0 | - | 0 | - | 4 | - | - |
| Ghana | 23 (pre-TAS) | * | 0 | - | 0 | - | 0 | - | - |
| Niger | 9 | 8 | 0 | - | | | | | |
| Sierra | 0 | - | 0 | - | 0 | - | 0 | - | - |
| Togo | 0 | - | 0 | - | 0 | - | 0 | - | - |

*Awaiting results

**Table 11: Number of endemic districts and districts where treatment stopped by disease and country**

| Country (# districts) | Known endemic districts by 2009 And # Stopped treatment* | | | | |
|---|---|---|---|---|---|
| | LF | Oncho | SCH | STH | Trachoma |
| B. Faso | 63<br>16* | 6 | 63 | 63 | 30<br>17* |
| Ghana | 74<br>4* | 73 | 170 | 170 | 29<br>29* |
| Niger | 30 | 0 | 42 | 42 | 33 |
| Sierra Leone | 14 | 12 | 7 | 14 | 0 |
| Togo | 7<br>7* | 28 | 30 | 24 | 0 |

There was no change in MDA strategies in this reporting period. The figures presented in the table below are the same as in FY2012

**Table 12: PCT updates on populations treated through USAID funds by disease, age groups, gender and country**

**a. Burkina Faso**

| NTD | Total treated | SAC | HRA | Female | Male |
|---|---|---|---|---|---|
| LF | 9,101,018 | - | - | - | - |
| Oncho* | | | | | |
| SCH | 3,774,925 | 3,774,925 | 0 | 1,940,621 | 1,834,304 |
| STH | 8,395,025 | 2,346,128 | - | - | - |
| Trachoma | 2,483,222 | - | - | - | - |

* Treated with non-USAID funds

**b. Ghana**

| NTD | Total treated | SAC | HRA | Female | Male |
|---|---|---|---|---|---|
| LF | 5,906,933 | 1,612,593 | - | - | - |
| Oncho | 2,629,659 | - | - | - | - |
| SCH | 2,680,622 | 2,680,622 | 0 | - | - |
| STH | 8,624,010 | 5,248,160 | 3,266,534 | - | - |
| Trachoma | 1,825 | - | - | - | - |

**c. Niger**

| NTD | Total treated | SAC | HRA | Female | Male |
|---|---|---|---|---|---|
| LF | 8,926,674 | 2,678,002 | - | 4,545,724 | 4,380,950 |
| Oncho | | | | | |
| SCH | 4,180,202 | 1,708,436 | 2,471,766 | 2,106,103 | 2,074,100 |
| STH | 9,651,011 | 2,926,524 | | 4,905,867 | 4,745,145 |
| Trachoma | 5,246,942 | - | - | 2,676,254 | 2,570,688 |

**d. Sierra Leone**

| NTD | Total treated | SAC | HRA | Female | Male |
|---|---|---|---|---|---|
| LF | 5,242,394 | 1,415,446 | | 2,671,974 | 2,570,420 |
| Oncho | 2,446,658 | - | - | 1,281,566 | 1,165,092 |
| SCH | 1,822,938 | 399,120 | 1,306,174 | 916,272 | 906,666 |
| STH | 5,242,394 | 1,415,446 | 3,826,948 | 2,671,974 | 2,570,420 |
| Trachoma | NA | NA | NA | NA | NA |

**e. Togo**

| NTD | Total treated | SAC | HRA | Female | Male |
|---|---|---|---|---|---|
| LF | NA | NA | NA | NA | NA |
| Oncho | 2,488,781 | - | - | - | - |
| SCH | 1,633,053 | 864,159 | 768,894 | - | - |
| STH | 1,369,823 | 1,369,823 | - | - | - |
| Trachoma | NA | NA | NA | NA | NA |

**Table 13: Training during the reporting period**

| Trainees' cadre | Total Trained |
|---|---|
| MoH employees at central level | 15 |
| Trainers (Training of trainers) | 298 |
| Supervisors | 952 |
| Community Drug Distributors | 47,948 |
| Others | 83 |
| Total | 49,295 |

**Table 14: Country specific issues during workbook training**

| Country | Issue | Recommendation |
|---|---|---|
| **Burkina Faso** | LF treated twice a year in South-West province. Cascades has just stopped LF treatment but will continue PC twice a year for oncho (IVM will continue twice a year in cascades) | Strategy was implemented by GAELF and thus should continue |
| | SCH: SAC not treated in hypo-endemic areas | Are treated once every three year. Program should follow WHO recommendations |
| | 22 Sentinel sites to be assessed for re-alignment with WHO guidelines | Good |
| | Trachoma: plan re-evaluation of districts that were not eligible to treatment although prevalence around but below 10% | Consider ITI recommendations during the trachoma workshop. ITI asked geographic coordinates for the concerned districts as well as the endemicity in the neighboring districts. |
| | | |
| **Ghana** | LF/oncho: target population captured as 15-20% of the population at risk. Sometimes CDD Census data presented | Participants agreed on 20% of the population at risk. CDD census not reliable |
| | SCH: district is the Administrative Unit (AU) but communities are the Implementing Units (IU). | We agreed to consider sub-district as the AU |
| | SCH: HRA are the communities living close to water sources. Consequently, targeted HRA is not 80% of the total population of adults who are at risk | According the workbook instructions, we are interested in actual figures to determine the target population, not 80% of at-risk population. Comment is required for clarification and better if you apply strategy to all districts |
| | SCH: in meso-endemic zones, only SAC | Adults should be treated as well, every other |

| Country | Issue | Recommendation |
|---|---|---|
| | are treated not adults | year. |
| | Total districts treated for SCH: 2012 MDA: 121 districts treated under USAID funds instead of 113 as previously reported | Please review the workbooks to add the missing districts |
| | Greater Accra: hard to identify HRA. PCT limited only in suburbs | Agree |
| | Trachoma: 8 communities in 6 districts that previously stopped PC for trachoma are now on treatment (by Sightsavers) due to increase in prevalence rates above 5% | Change disease code to 1 (above treatment threshold) instead of 100 (stopped MDA) |
| | If disease code for a district was 100 (achieved UIG-A) but surveillance shows recrudescence of prevalence to levels slightly above 5%. Would we say that the district achieved UIG-A | Yes, but the population living in areas achieved UIG-A will include only population in areas where surveillance shows prevalence below 5% (not receiving PC ) |
| | | |
| **Niger** | SCH: mapping of LF in Bilma and Arlit hasn't started yet. HKI asked NTDCP to update the application to HKI which was perceived by NTDCP as a request to restart a new application to USAID. | NTDCP learned that funding was available but HKI wanted an update of the application as this funding is no longer in FY2012 but FY2013 |
| | SCH: list of endemic villages updated every year because endemicity can increase quickly in some zones | Noted |
| | Historical data: what is the meaning of consecutive MDA? | Occurring at regular interval as per the guidelines (every year, every 2 years or every 3 years as per the guidelines) |
| | Trachoma: Districts "achieve UIG-A at sub-district level" if prevalence at district level equals or below 5%. According to WHO guidelines, if prevalence at district level below 10% then country program will identify sub-districts with prevalence above 10% or between 5-10% | After discussion with Yaobi and Chad, we acknowledged the practice in countries. |
| | | |
| **Sierra Leone** | CDD census does not collect figures for SAC who do not attend schools. Therefore, at risk population and target population are underestimated inflating the coverage rates. Also, data source for indicators "at-risk population" and "target population" varies across districts. | Fix the data once and on that basis, keep making projections every year based.<br>Challenge: MoH requests NTDCP not to do own figures but work with districts. |
| | | |
| **Togo** | Oncho: CDDs not transmitting data for the second round oncho (in 11 districts) including data collected in | To be discussed during micro planning workshop |

| Country | Issue | Recommendation |
|---|---|---|
| | districts funded through USAID (4 districts for STH and 1 for oncho). Similarly, oncho evaluators ask NTDCP to delay MDA for oncho in districts expecting evaluation in the course of the year. CDDs conduct MDA after epidemiologic assessment but data never transmitted to NTDCP | |
| | Oncho is the main NTD program in Togo but staff did not attend the training (The data manager has retired) | Possibly, HDI will provide a training |
| | Different communities in the same district may use different drug packages (drug packages varying across communities). Question: which drug to include in the workbook (indicator type of drug package)? | Enter the widely used package but insert comment about the remaining packages. |

**Table 15: Data source for the indicators at-risk population and the corollaries "population requiring PC" and "target population"**

| Country | Source | |
|---|---|---|
| Burkina Faso | Census | Noted |
| Ghana | Census and CDD census | It was agreed that CDD Census is not reliable. Census should be the unique source |
| Niger | INS (Census underway) is the only source | Noted |
| Sierra Leone | CDDs in some areas and Census in others. At-risk population assessed every year based on either source. Issue: SAC who do not attend school not included in the denominator (at-risk population) | Please fix your baseline at-risk population and make projections in the following years. (issue: NTDCP required by MoH to determine district population in collaboration with district) |
| Togo | DISER (Directorate of information, Statistics, studies and research) is the only source | Noted |

* In general, PC for oncho is based upon CDDs registers

**Table 16: Progress in data collection for the indicator "number persons treated" by gender**

| Country | Status |
|---|---|
| Sierra Leone | Available |
| Ghana | Collected by CDDs but CDDs have no time for the compilation. May require involvement of additional people |
| Togo | Available |
| Burkina Faso | Taken into account. Will require additional funds. We insisted that this work should completed and indicator number persons treated in FY2013 reported by gender |
| Niger | Available |

## Appendix 2: Country Program Summaries

# Burkina Faso

This reporting period (October 2012 – March 2013) focused primarily on planning of activities such as drug distribution and studies, reporting, completing the databases (Workbooks), and monitoring/evaluation. Certain program activities are currently underway, so final results are not yet available. This is related to the FOG application process, which requires multiple steps prior to their implementation. Four mass drug administration (MDA) campaigns were planned for the preventive chemotherapy component. With regard to the onchocerciasis, lymphatic filariasis (LF) and soil-transmitted helminthiasis (STH) MDAs, treatments were administered at four of the 47 health districts (HD), for a total of 598,845 persons treated. LF and STH treatments in the 43 other HDs will be administered in May. The schistosomiasis and trachoma campaigns are planned, respectively, for April and May and will cover 19 and 8 health districts (HDs) respectively.

All monitoring and evaluation activities for FY13 are currently ongoing except for the LF transmission assessment survey (TAS) in seven HDs which will begin in April (although planning has begun). Those studies that are now being implemented include: schistosomiasis impact surveys in 22 sentinel sites, including four already conducted and 18 to be carried out; trachoma impact surveys in four HDs now in the planning phase and to be completed in April 2013; and, the pre-TAS in seven LF sentinel sites. All of these activities will be covered in study reports (to be submitted) and will be used to make decisions based on the diseases targeted. In addition to these activities during the reporting period, the program received technical assistance to prepare the triennial trachoma elimination plan, with support from the International Trachoma Initiative and a trachoma expert from Niger.

Along with the planning and new USAID funding application procedures, 12 FOGs were validated and five FOG funding contracts were signed with the regions, the central office and three regional health districts (RHD) (Southwest, Sahel and Boucle du Mouhoun/North). Seven others will be signed over time, based on approvals obtained from FHI360. After the FOGs were signed, discussions were held with the beneficiaries to explain the FOG content and operating method. In general, we note early implementation of the FY 13 work plan, which will make it possible to carry out all of the campaigns before the middle of winter. .

**1. MDA Assessments**

The workbook has been updated with all available data from FY 13.

**2. Changes in MDA Strategy**

There was no change in the treatment strategy for all NTDs in the country.

We do note that all four health districts in the Southwest region receive two annual treatments with ivermectin and albendazole. This was because of the persistently high LF microfilaraemia despite the ten treatments received, and was instituted in 2010. Because onchocerciasis and LF

are co-endemic in the region, therefore two rounds of MDA are counted for both LF and onchocerciasis. Post-treatment data are collected by disease. The number of people treated for onchocerciasis is determined for the oncho villages. The number of people treated for LF is also determined for all the villages. A thorough population census in the oncho villages is planned for March 2013 to ensure effective implementation of the CDTI in the Southwest region, as in the Cascades region.,

**3. Training**

Refresher training sessions for those involved in the onchocerciasis, lymphatic filariasis and intestinal worms mass treatment were held at the regional level, health districts and during health trainings on MDA. The activity report received recently from the Southwest region provides the following results:

15 MOH employees at central level, 164 health workers, 2,911 CDDs.

**4. Community Mobilization, IEC materials, Registers, Publications and Presentations**

The following activities were implemented to improve adherence to the mass treatment campaigns in the Southwest region:

- An advocacy day with traditional, administrative, religious and local authorities in the regional administrative center and in all four health districts; and,
- Media campaigns, using radio messages that were developed and broadcast on various local radio stations.

With the campaign reports and deliverables (cf. FOG), we will be able to provide copies of the different materials used.

**5. Supervision**

All the activities conducted during the period were supervised by the teams involved.

The mass treatment campaign against onchocerciasis, LF and STH was reviewed at multiple levels - from the central level to peripheral areas, with the support of HKI teams. WHO directives were implemented because the regional level used the directives developed by the central level, which focused on the WHO protocol. The supervision reports refer to persistent treatment refusal/reluctance in three health districts, an inadequate number of supervisors for the HD and RHD management teams, and notifications from community distributors (CD) of many absences within the families. The report of the assessment meeting on the campaign at the regional level will set out the recommendations to be presented to the national NTD coordinators.

Data gathering by central-level teams at the sentinel sites was monitored/supervised to ensure that the impact surveys were conducted in accordance with the protocol submitted and that the methodology met the WHO standard on NTD impact assessment. Data-gathering support

activities showed that the process went smoothly and that teachers cooperated in the activity within the schools. The sample size (164 students) was met at all the targeted schools.

**6. Supply Chain Management**

- 10,752,000 praziquantel tablets were supplied for the FY 13 program mass administration
- Implementing the FOG procedures led to in a slight delay in transporting the drugs to the regions that receive treatment
- The program did not encounter any problems in clearing drugs from the Customs
- Specific supply chain problems include the on-going lack of storage facilities and supply trucks. These shortages continue to be addressed through advance planning for the areas to receive drugs. However, given the simultaneous arrival of two drugs, it is difficult for the Center for Disease Control to provide centralized storage facilities prior to transporting the drugs to the regions
- There is increased monitoring of drugs – particularly the quantities remaining after the campaigns – as noted in the table below
- The quantity of praziquantel needed for the FY 14 administration campaign has been estimated and will be confirmed after the results of the FY 13 NTD campaign.

**7. Program Monitoring and Evaluation**

Pending receipt of the survey reports that the national program is preparing, the "Monitoring and Evaluation of the 'Semi-Annual Workbook' File" sheet summarizes the program's results. It was updated with all the data available.

The monitoring activities conducted include:

- Impact surveys to reclassify the schistosomiasis-endemic districts are underway at 22 of the program's schistosomiasis sentinel sites. They will be used to assess the impact of the praziquantel treatment campaigns in all Burkina Faso health districts after at least four months of treatment. Four sentinel sites (two in the Sahel region + two in the Northern region) have already been surveyed. These surveys will be completed by May 2013 and data from the final survey report, which will be available by July 2013, will be entered into the database.
- The pre-TAS is being conducted at seven sentinel and control sites in the Boucle du Mouhoun and Center-East;
- TAS planning in two units (Central Plateau RHD and Sahel RHD) is underway and the ICT cards have been ordered;
- Data-gathering for the trachoma treatment impact surveys in four HD (Gaoua, Batié, Zabré and Ouargaye) is underway and the preliminary results will be available in May 2013.

**8. Transition and Post-Elimination Strategy**

The strategies and activities are included in the national strategic plan to control NTDs in Burkina Faso.

In addition to the national strategic plan awaiting the Minister of Health's signature, the triennial trachoma elimination plan, when developed, will help achieve the trachoma elimination goals. This trachoma plan, which has been developed, identified the activities and specified the resources needed for post-endemic surveillance.

In conjunction with this process, the National Lymphatic Filariasis Elimination Program (PNEFL) has held training sessions with health professionals on surveillance measures in health facilities that have reached the LF treatment cessation threshold.

**9. Short-Term Technical Assistance**

In keeping with the FY 13 work plan, three requests for short-term technical assistance are included and two other activities to be implemented by the NTD program require external support. We note:

- The program received technical assistance from the ITI and Dr. Kadri (Niger) to prepare the trachoma elimination plan and post-endemic surveillance plan in Burkina Faso; this was supported by ITI and HKI. The workshop report is still in final editing and will be submitted with the triennial trachoma elimination plan (HKI has not received the report from the national program);
- The biomedical training/refresher session for dsitrict techinicians on schistosomiasis and intestinal worms diagnosis is being developed and will involve 35 participants;
- The biomedical training/refresher session for district technicians on LF diagnosis is scheduled for May 2013. In addition to support from national facilitators, assistance has also been requested from WHO experts via the Liverpool CNTD or Accra; and,
- Regarding the other two requests: FHI360 and HKI are discussing how to schedule training sessions over the next six months for beneficiaries on managing USAID funds and for project and program coordinators on using the TIPCA tool.

**10. Government Involvement**

With regard to national-level commitments to control NTDs;

- The national strategic plan for NTD control in Burkina Faso is in the validation and adoption phase;
- Regular working sessions and consultations are being held with the national coordination team to address implementation;
- Efforts to fight NTDs are being incorporated into health facilities' action plans at the national level; and,
- Discussions are underway with the Burkina Faso government to increase the budget for anti-NTD efforts through the Department of Health's Financial Affairs Director.

**11. Proposed Plans for Additional Support to National NTD Program**

After the workshop on developing a trachoma elimination plan, and prior to the stakeholders' meeting on efforts to combat NTDs, meetings were held with school officials from DAMSE (Direction de l'Allocation des Moyens Spécifiques aux Ecoles) and with the NGO, WSA, on ways to collaborate on efforts to combat trachoma and STH. This process will be validated in May 2013 at the stakeholders' meeting and the project steering committee meeting.

With regard to NTD morbidity management, the trichiasis surgery component will launch two projects (Sightsavers and HKI, respectively) in three Cascades health districts and three more in the Eastern and West Central health districts (respectively, Fada and Gayeri in the East and Koudougou in West Central).
A second trichiasis surgery support project (third round of surgical camps) will begin in April 2013 in Sapouy health district with support from the Fondation l'Occitane.

**12. Lessons Learned/Challenges**

The FY 13 plan is currently in the initial implementation stage. During the second half-year, efforts will focus on improving the assessment of activities, capitalizing on experiences and redirecting the strategies, if necessary.

FOG implementation in connection with the first campaign in the Southwest region received a positive assessment, in contrast to the concerns expressed initially. Implementation was improved after explanations and presentations on the FOGs were provided to the regional health districts. All campaign deliverables were transmitted. The amount of time spent implementing and finalizing a mass drug administration has already decreased by at least one month.

**13. Major Activities for the next six months**

Preventive chemotherapy activities:

- April 2013: Implementation of the schistosomiasis MDA campaign in 19 health districts in four health regions,
- April 2013: trachoma MDA in six health districts
- May 2013: lymphatic filariasis MDA in 47 health districts

Monitoring and evaluation activities

- April 2013: Begin TAS surveys in the Sahel and Central Plateau health districts
- April 2013: Complete the trachoma impact studies in four health districts
- April – May 2013: Data collection in 14 schistosomiasis sentinel sites in nine health regions

Planning/coordination activities

- May 2013: 2013 activities assessment workshop and development of FY 2014 work plan
- June 2013: Workshop on developing national strategies to manage lymphedema and treating trachoma cases

Planning/coordination activities

- June 2013: Provide training to statistics, information and epidemiological monitoring managers in health regions and districts on NTD program monitoring and evaluation

Other plan activities

- April 2013 : Creation of 4451 dose poles for the MDA
- April 2013: Revision and copying of treatment files and register

# Niger

This reporting period began with preparations for the second mass drug administration (MDA) campaign for 2012. This primarily involved the delivery and distribution of drugs, dose poles, and registers by the National Office of Pharmaceutical and Chemical Products (ONPPC in French) to 37 districts (with 2 districts having already finished the campaign in July–August 2012 and 35 served in October) and by HKI for the districts of N'Guigmi and Bilma, where the ONPCC did not have the logistics resources to go there. This was followed by the actual campaign in 30 districts for lymphatic filariasis, 37 districts for schistosomiasis, 37 districts for soil-transmitted helminths (STHs), and 16 districts for trachoma. All eight regions were involved in this distribution campaign.

In total, 33,755 dose poles, 35,925 registers, 26,106,000 tablets of ivermectin, 13,369,602 tablets of praziquantel, 11,871,600 tablets of albendazole, 14,299,260 tablets of Zithromax, 310,126 vials of Zithromax syrup, and 156,725 tubes of 1% tetracycline ointment were packed and delivered to 37 health districts.

This mass drug distribution campaign culminated in a national evaluation workshop which was held 6–8 February 2013 in Dosso. In summing up the results of the workshop: a total of 787 CSI managers and 23,037 CDDs were trained treating 8,926 674 treated persons for LF with a therapeutic coverage rate of 90%; 4,180 202 for schistosomiasis with a therapeutic coverage of 76% ; 9651011persons for soil-transmitted helminthes with a therapeutic coverage of 89%; and 5,246 942 treated for trachoma, for a therapeutic coverage of 74%.

In addition to this, the Pre-TAS was conducted in nine districts: three were in Tillabéri (Say: 0.82%, Téra: 0%, and Kollo: 0.20%) and six were in Tahoua (Tchinta: 1.2%, Bouza: 0.6%, Keita: 0.3%, Illéla: 0.50%, Tahoua: 0%, and Konni: 0%).

Also at this meeting the new financial mechanism for funding the government, Fixed Obligation Grant (FOG), was explained. This performance-based funding is requested once agreed-upon milestones have been reached or achieved; otherwise the process requires no other financial justification.

**1. MDA Assessment**

See workbook

**2. Changes in MDA**

No changes were made to the strategy over the last six months.

**3. Training**

We do not have the results by sex because the districts were unable to give them to us at the time. Nevertheless, we are in the process of gradually collecting them using the provided supporting documents. Data by sex will be available as soon as all documents are submitted from districts. We will ensure that this is immediately available next year. Total year targets for the trainness' cadre were met: 12 for MOH employees, 277 ToT, 787 Supervisors, 23,037 CDDs.

**4. Community Mobilization, IEC materials, Registers, Publications and Presentations**

The radio materials for social mobilization were delivered to each district along with the drugs. Within a week prior to the distribution the messages were disseminated to the local populations. In addition to the radio messaging, 766 town criers were mobilized to announce the distribution and encourage their communities to participate. At a higher level, 37 district advocacy meetings were held for decision-makers to enlist their assistance in mobilizing their constituents.

For IEC materials, there were 37 preparatory meetings at the district level, 766 town criers, 2 banners for national workshops, 1 media coverage (opening the workshop), 83 cassettes and CDs provided.

**5. Supervision**

Three supervision teams were set up based on three components. These teams are composed of program coordinators, their staff, and the national NTD focal point. The teams received financial support (per diems to cover lodging, fuel, communication costs, and tolls). All districts that participated in the distribution were supervised.

Supervision checklists were developed and used during supervisions. The supervisors observed whether the dose pole and quantity of tablets and/or data collected by distributors complied with WHO guidelines. In addition, filled-out registers were verified.

Uneven drug distribution, for example in the region of Tahoua, led to disparities between districts. Some districts did not receive enough Zithromax tablets, while in other districts quantities were overestimated. Faced with this problem, the supervisors were able to re-deploy drugs for areas receiving a surplus to those where it was needed.

In some places, dose poles had to be made out of wood due to delayed delivery of dose poles and registers.

One of the supervision goals is to verify that supervision teams properly fill out their required documents (checklists, reports, etc). It was noted that CSI managers did not monitor on a daily basis, even though that makes it possible to see if goals were reached and drugs were managed properly from day to day. The importance of monitoring was explained, and this should be emphasized during training sessions so that monitoring is routine, as during National Vaccination Days (JNVs) or measles campaigns.

**6. Supply Chain Management**

For the 2012 campaign, a contract was signed between the MSP, HKI, and ONPCC to carry out the packing and routing of drugs and tools to districts involved in the MDA. Then, documents including the quantities of drugs by district, based on the specific key calculations for each drug, were duly signed by the coordinators and sent to the ONPPC. Calculation errors in drug quantities by the national program, particularly for Zithromax, disrupted the delivery and distribution schedule set by the ONPPC.

This year there were no problems with customs. When the drugs arrived, the programs hired the MSP transit company UNITRAV to handle clearing them through customs.

The delayed arrival of drugs and the lack of information about their arrival to the ONPPC caused problems for the ONPPC, resulting in the need to make storage arrangements. No stock outs resulted, however.

**7. Program Monitoring and Evaluation**

One of the lessons learned was that supervision of community distributers did not last long enough to allow CSI managers to ensure high-quality data collection. The program will consider extending the supervision from 2 days to 3 or 4 per drug package. A supervision grid was designed for each level which helped enormously to standardize the methods including the tasks each supervisor needed to complete and the activities to observe. These checklists will be revisited to determine where they may be further improved. There is much more to do to ensure quality data and consideration is being given to the need to have a specialist in Monitoring et Evaluation or data management to make an audit of all the systems to recommend how the national program can improve at all levels.

**8. Short Term Technical Assistance**

No technical assistance was requested during this six-month period. For the next six-month period, technical assistance will be provided from an END-In-Africa logistics advisor for quantification of praziquentel for the 2014 campaign. A training session on the workbook will be held 7–8 March, led by a member from the FHI 360 M&E Department.

**9. Government Involvement**

During the reporting period, the following meetings were held:

Planning the MDA (2 meetings) which included setting the dates of MDA, determining the availability of the key players, determine needs for the various materials.

To prepare for drug delivery and distribution (2 meetings); primarily to evaluate to level of preparedness at the district levels and having the needed drugs and support materials such as dose poles. During these meetings, the supervision teams were formed and tasked with their assignments.

To prepare for the evaluation workshop (3 meetings).

The NTD focal point who was appointed only lasted a few months. The staff only worked with him for a few weeks; he left the position to take on a consultancy with WHO in Congo and during this time, the position remained vacant. Upon his return, the former NTD focal point temporarily replaced him while simultaneously filling the coordinator position for the control of non-communicable diseases.

**10. Proposed Plans for Additional Support to National NTD Program**

A survey of NTD coverage coupled with vitamin A coverage is underway in the regions of Niamey, Tahoua, and Diffa. Once these survey results are available, we can assess the results obtained during the national evaluation of the 2012 MDA.

End Fund declined a funding request for hydrocele surgery; however, the request for funding to treat Malian refugees was granted.

## 11. Lessons Learned

The evaluation of the 2012 mass campaign highlighted that insufficient resources have been allocated to supervision at the central as well as the regional and district levels. Specifically, it became apparent that support by program staff and supervision by coordinators should be restored at the central level and that greater resources were needed to deliver quality supervision at the regional and district levels.

Other lessons learned were most notably: The need for a creation of a national coordination body for NTD control. Such a body would assist to avoid some of the problems encountered and could more effectively advocate for such aspects as a full-time NTD focal point.

- Greater efforts need to improve the quality and completeness of data in order to more quickly report and to be able to follow up in a timely fashion. Training will be reviewed and revised as needed to address this.
- Similarly the timely transmission of supporting documents and activity reports need to be addressed through improved training
- As reported earlier, the coverage rates are still for the most part below optimal thresholds indicating that the social mobilization may need to be refined

## 12. Major Activities for the next six months

- Training on drug supply chain management
- Physical inventory of drugs
- Micro-planning
- Mapping of FL (Arlit and Bilma)
- Mapping of SCH/STH (Bilma)
- Mapping of trachoma (Tillabéri sub-district)
- TAS surveys (Say, Kollo, Téra, Illéla, Konni, Tahoua, Keita, and Bouza)
- SCH/STH surveys (8 districts in the region of Tahoua and the districts of Tchirozérine and Agadèz)
- Trachoma surveys (Diffa and N'Guigmi)
- Pre-TAS surveys (region of Maradi: Aguié, Dakoro, Guidan Roumdji, Madarounfa, Mayayi, and Tessaoua health districts; region of Dosso: Boboye health district; region of Tahoua: Madaoua health district; and region of Tillabéri: Tillabéri health district)
- Orders for dose poles and registers,
- Quantification of PZQ 2014,
- Training of national trainers,
- Training of regional trainers,
- Delivery and distribution of drugs and tools,
- Advocacy meetings at the targeted districts
- Training of CSI managers
- Training of community distributers
- Mass Drug Distribution
- District-level evaluations
- Regional evaluations
- National evaluations,
- Training on the FOG

- raining 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 Tillaberi
- Schistosomiasis mapping in Bilma
- Impact assessment for schistosomiasis in Tahoua region and the districts of Tchirozérine and Agadez

# Sierra Leone

During the period under review, training of community drug distributors (CDDs) was conducted in preparation for mass drug administration (MDA) for onchocerciasis, lymphatic filariasis (LF) and soil transmitted helminthes (STH) in 12 districts. Prior to MDA, village census data were brought up to date in the village register by the CDDs, checked by Peripheral Health Unit Staff (PHU) staff, collated by the NTD focal point person by chiefdom and forwarded to the national neglected tropical diseases control program (NTDP). Supply of other materials such as dose poles, village registers, and pencils were also supplied to facilitate the MDA. Results of the MDA are currently being collated by the national NTDP and will be made available to partners by end March 2013.

The MDA LF –Oncho-STH 12 districts was supervised at the national, district and community level. At national level, staff from the NTDP supervised the MDA whilst at district and community levels District Health Management Teams (DHMTs) and community leaders also supervised the MDA. In addition to supportive supervision, independent monitors selected from the Sierra Leone Pharmacy Board, Statistics Sierra Leone, Njala University, University of Sierra Leone were trained by HKI to monitor the MDA–LF-Oncho in 12 districts (both the headquarter towns and a random sample of the rural areas). The process was divided into three phases: two in-process and one end-process monitoring phase. The in-process monitoring was used as guides to the DHMTs to increase support to areas of low coverage. The results of the end-process monitoring will be used to verify the NTDP reported coverage and to recommend ways to achieve improved coverage in the next round of MDA.

This independent monitoring is crucial to the success of the overall MDA-LF-Oncho in 12 districts especially with the slight delays in the activities. Although the results from the NTDP have not been compiled, the final results of the Independent monitoring recorded overall program coverage of the eligible population of 69%. Five out of 12 districts recorded coverage >80%, two districts are almost at 80% and five districts below 80%. In- and out- migration between districts is partly responsible for low coverage.

There is need for a continuous advocacy and social mobilization over the years to ensure community ownership of the program. Despite the challenges with cholera outbreak and the general election in 2012 some of the DHMTs were proactive and allowed the distribution to PHU staff of NTD drugs integrated with free health care drugs (for pregnant women, lactating mothers and children under five) from the district to community level.

The front line supervisors are the PHU staff, majority of who are female. Over the years, efforts have been made to recruit more female CDDs compared to the male. However the challenge of

low literacy among the females at the village level has been the major impeding factor. To date there are approximately 14,740 male CDDs compared to 7,260 female CDDs.

The MDA LF-STH Western Area (WA) and MDA schistosomiasis (SCH) seven districts started in the second half of FY12 (September 2012) and completed in the first half of FY13 (October 2013.). During the MDA LF WA 1.3 million people were treated with an epidemiological coverage of 79.1%. Following the MDA SCH seven districts 399,120 school aged children (SAC) and 1.4 million special at risk adults were treated recording program coverage of 82.2%.% and 81.4% respectively.

Attachment E (Supplemental Initial Environmental Examination) of the grant agreement which deals with issues of the environmental protection has been extensively discussed with NTDP and DHMTs. Steps are being taken to ensure a minimum use of polythene bags as carriers for drugs especially by CDDs from PHU to communities. The empty cups following the MDA are in very high demand and are normally re-used for especially domestic purposes such as for storage of palm oil for cooking, storage of salt, drinking of palm wine (big cups) etc. They empty cups are never enough to be wasted or littered around.

All funds received from different sources for NTDs control are integrated into one funding basket and is used effectively and efficiently to maximize benefit. Partners are informed as to how much each partner contributes to NTDP.

Johnson and Johnson continue to support some aspect of morbidity management. During the reporting period 17 hydrocele surgeries and one scrotal lymphedema surgery were conducted. It is hoped that other partners including Liverpool CNTD will support the surgeries of hydrocele backlog following the submission of a proposal in the second half of Y13.

Progress towards the control/elimination of NTDs in Sierra Leone is well on track. The results from impact assessment of LF conducted in July-August 2011, the results of transmission assessment for onchocerciasis, and impact assessment for schistosomiasis show a remarkable reduction in the prevalence of the three diseases. The pre-transmission assessment survey scheduled for the second half of Y13 will assist with policy decision on the elimination program of LF and the cessation/curtailment of MDA. The greatest challenge however remains the availability of funds for implementation of activities. More funds FY 14 should be available for sentinel site surveillance and monitoring and evaluation activities.

**1. MDA Assessments**

No MDA assessment was conducted during the period under review.

**2. Changes in MDA Strategy**

There has been no change in MDA strategy based on disease-specific assessments. All treatments are currently based on the baseline data.

**3. Training**

In October, 22,000 CDDs were trained for MDA Oncho-LF & STH in 12 districts. Also in October, December 2012 and in February 2013 a total of 20 independent monitors were given training and refresher training for MDA Schistosomiasis in 7 districts and MDA Oncho-LF &STH12 districts.

In February, five Pharmacists from Sierra Leone Pharmacy board were trained as trainers on media presentation and planning skills. A refresher training of trainers was also given to three Pharmacy board staff to help them track adverse events more effectively.

**4. Community Mobilization, IEC Materials, Registers, Publications and Presentations**

A monthly radio discussion program on NTDs continued to be held on Star Radio, FM 103.5 that broadcast throughout the country. During the discussions listeners have the opportunity to phone-in questions and SMS messages which are responded to by the panelists. The Panelist include representative of NTDP staff, HKI NTD staff and a guest who is often persons suffering from one of the NTDs or their advocates such as Sierra Leone Association for the Blind.

Panel Presentation: Uniting to combat NTDs. Translating the London Declaration into Action, Reaching the Unreached, 7th Meeting of the Global Alliance to Eliminate Lymphatic filariasis, Poster presentation at the 61st ASTMH Annual Meeting.
Publication: Hodges MH, Sonnie M, Turay H, Conteh A, MacCarthy F, Sesay SS. Maintaining effective mass drug administration for lymphatic filariasis through in-process monitoring in Sierra Leone Parasites & Vectors 2012 5:232.

**5. Supervision**

During the reporting period, funds were made available to the national NTDP which made regular maintenance of their vehicles possible and enhanced their capability to supervise activities at all levels. At district level, the cost of hiring of motorcydes and providing fuel was also included in the district budget to aid the NTD focal person's effective supervision. At PHU level, the cost of transportation for PHU staff to cover her/his catchment communitiess also included in the budget, including during CDDs training and MDA.

In adherence with WHO guidelines and MoHS regulations HKI held regular meetings with NTDP, developed integrated training manual and social mobilization guidelines. Besides refresher training of CDDs and independent monitors, a refresher training of trainers was also given to three Pharmacy board staff to help them track adverse events more effectively. HKI in the second of half FY12 assisted in the training of trainers and training of supervisors to make sure that consistent information in line with WHO standards were followed.

During the reporting period MDA was supervised at national, district and community level. At national level, NTDP staff and HKI supervise the MDA, whilst at district and community levels, DHMTs and community leaders also supervise the MDA. In addition to supportive supervision, independent monitors, selected largely from the Sierra Leone Pharmacy Board, Statistics Sierra Leone, Njala University and HKI, conducted both in-process and end-process monitoring of MDA. The in-process monitoring was used to monitor the progress of the drug administration as it happens, and the findings from that were used as guides for the DHMTs to increase support to areas that required more support for improved coverage. The results of the end-process monitoring were used to verify the reported MDA coverage and also to recommend ways to achieve improved coverage in the next round of MDA. The independent monitoring was very effective in achieving MDA targets and improving coverage. The supportive supervision and the in-process independent monitoring conducted during the course of the MDA helped to identify any shortcomings such as drug shortages, delay in distribution etc. During supportive supervision hard to reach communities were selected and supervised during MDA. The monitors also went to pre-selected communities and monitored the MDA. During each exercise daily feed backs were sent to the DHMT or the PHU in-charges and the reported problem were quickly addressed.

Following the refresher training, the CDDs conducted a census of the village population and kept it in the village registers. The data from each village register was collated by the PHU In-charge, verified by NTD focal person and then forwarded to NTDP at national level. The results of the eligible village census data will be used to request the quantity of drugs needed for MDA FY14. During MDA, the CDDs administered the drug based on the census data, but added new members to the register who were not present during the period of the census and administered the drugs to them as well.

**6. Supply Chain Management**

The supply chain management (SCM) activities that were implemented during the period under review includes: distribution of logistics, materials and drugs for MDA LF, oncho and STH in 12 provincial districts.

The ivermectin and albendazole for MDA LF, Oncho and STH in 12 districts arrived in country in the second half of FY12 and were stored at the NTD warehouse in Makeni. These drugs were supplied to the various DHMTs based on the district CDDs census data. The DHMTs in-turn supplied the various PHUs based on the PHU CDDs census data and the PHUs to the CDDs in the various communities based on their eligible village census data.

Following MDA, the remaining drugs were quantified and returned to the NTD warehouse in Makeni through the various DHMTs. Other logistics such as the dose poles (for semi urban and

urban settings), pencils, pens, and polythene bags were distributed to the various DHMTs and onwards to the community based on the CDDs population census and needs.

Technical assistance requested from JSI on supply chain management (SCM) in FY12 has been rescheduled in the second half of FY13 (May 2013).

The major challenge this year was the Presidential and Parliamentary Elections in November 2012 if district hadn't distributed their drugs before this occurred for whatever internal reasons then additional delays occurred whilst the election took place and electoral results were awaited. The other challenge was with the FOGs. As one FOG has to be completely implemented before the other FOG is approved, the FOG for MDA LF-Oncho-STH 12 districts was not submitted until October 2012 and was approved on November 6th.

**7. Program Monitoring and Evaluation**

In addition to, both in process and end process independent monitoring conducted, M&E tools including questionnaires were administered to PHU staff and community leaders to assess the level and extent of the NTD activities completed.

To further improve on the M&E a new method of evaluation has been adapted based on the WHO immunization coverage cluster survey strategy. Monitoring was done in both household and community settings. In households, monitors interviewed all eligible people present. In communities, a pre-selected number of individuals were be interviewed. During first and second in-process, 34 and 36 sites were purposefully selected from areas where there have been problems in the past or where coverage is expected to be low from a wide geographic area. During the end-process 36 sites were randomly selected to give overall coverage estimates, probability proportionate to estimate size sampling was used.

**8. Transition and Post-Elimination Strategy**

The NTDP in Sierra Leone is implemented by the MoHS through the NTDP and the role of the sub-grantee remains the provision of funds and technical support where necessary for successful implementation. In one of the task force meetings during the period under review the main agenda item was how to achieve a quality Pre-TAS in the second half of FY13. The result of the Pre-TAS will help with policy decision for the conduct of a TAS which will determine whether MDA should be stopped.

Impact assessment for Schistosomiasis and STH was conducted in the first quarter of FY12 and but there are currently no plans for another assessment in FY13.

A national advocacy meeting was proposed in the first half of FY13 to sustain the commitment of the MoHS and other stakeholders to NTD control in Sierra Leone and to ensure continued commitment, support of human resource development and integration of NTDs into the primary

healthcare system and national health curricula in FY13 and beyond. However, this did not happen largely due to the national elections but there are plans for this meeting to be Included in the FY13 work plan.

A national advocacy meeting was proposed in the first half of FY13 to sustain the commitment of the MoHS and other stakeholders to NTD control in Sierra Leone and to ensure continued commitment, support of human resource development and integration of NTDs into the primary healthcare system and national health curricula in FY13 and beyond. However, this did not happen largely due to the national elections but there are plans for this meeting to be Included in the FY13 work plan.

As part of MoHS plan for sustaining NTD achievements, efforts are being made to include NTD surveillance in all MoHS surveillance systems. In a bid to meet elimination targets, especially in future disease control coordination efforts, representatives of the NTDP in Sierra Leone, including HKI-Sierra Leone staff, MoHS personnel, and Sightsavers staff attended a meeting in Ivory Coast with other MRU leaders and NTD control stakeholders in October 2012 to discuss the risk of cross border recrudescence of diseases and essential components of the post-elimination strategy.

**9. Short Term Technical**

The only technical assistance received during the period under review was the refresher training of HKI NTD staff and the NTDP M&E staff on disease and program workbooks by Dr. Ntumbanzondo of LATH/FHI and from HKI Regional NTD Advisor Dr. Yaobi Zhang. This TA was not actually requested in FY13 work plan but came as a need to overcome the challenges of completing workbooks. The training provided opportunity for both HKI and NTDP staff to have full understanding the workbooks. The TAs requested in FY13 work plan included training on SCM on NTD Drugs and SOPs, training of field personnel to conduct the pre-TAS, training on fixed obligation grant mechanism and training NTD finance and technical staff on TIPAC. Except the training on SCM management and SOPs that have been rescheduled to second half of FY13 no dates have been fixed for the implementation of other TAs.

**10. Government Involvement**

During the period under review, two coordination (NTD task force) meetings were held. Whilst the meetings discussed the progress and challenges in the implementation of NTD activities in first year of FY13 it also discussed the preparation of the hosting of the next MRU NTD meeting in Sierra Leone. The meeting was attended by the key task force members from MoHS (chair), HKI, WHO and Sightsavers.

Several other coordination meetings also at center level took place during the reporting period. Implementation of recommendations from these meetings has over the years contributed a lot to the success in NTD control in Sierra Leone. The annual work plan of MoHS includes NTDs

however, disbursement of funds to the program remain a challenge. Of course there was no increase of Government budget line to NTDP and the previous budget line was not disbursed. No new staff was hired or appointed to NTDP.

**11. Proposed Plans for Additional Support to National NTD Program**

The NTDP will continue to work with the National school and adolescence health program (NSHAP) on the control of SCH and STH. As we move towards the control of SCH and STH, the NASHP WASH program is one of the areas identified for collaboration in the short term. Improving WASH in previously SCH and STH endemic districts is essential to maintain the gains already achieved. The NTDCP and NSAHP with support from UNICEF will work together to integrate messages on SCH and STH control and water and sanitation and hygiene (WASH).

Planning meetings are ongoing for HKI to provide technical support to World Food Program to conduct de-worming of school children as part of their school feeding program in some chiefdoms in selected districts.

With funds from Johnson and Johnson 17 hydrocele surgeries and one scrotal lymphedema surgery were conducted during the reporting period. The current backlog of hydrocele patients requiring surgery is estimated 3,600 costing about 265,787. It is hoped that CNTD will support these backlog hydrocele surgeries following the submission of a successful proposal in the second half of FY13.

**12. Lessons Learned/Challenges**

The October – November timeline for MDA is still the most convenient timeframe for CDDs to volunteer their services. However, this timeframe was slightly altered last year due to the national election and therefore the CDDs spent more time than usual to 'catch up'. The provision of T-shirts to CDDs served as good motivation and helps the PHU staff and the communities to benefit from their cooperation.

The outbreak of cholera nation-wide led to the declaration of public health emergency by the President of Sierra Leone and was a huge challenge to the entire health system in the country. The situation left the DHMTs stretched and as a result other public health systems were challenged. This could be one of the reasons of the low coverage as reported by the Independent monitors.

**13. Major Activities for the next six months**

The objective for the next six months is to conduct MDA-SCH in 7 Districts in June and MDA LF-WA in September 2013 and to conduct training, advocacy and social mobilization for MDA LF-STH I n the WA and MDA LF-Oncho-STH in 12 districts

The activities will include:

- Annual Review Meeting for MDA-LF, Oncho, STH and SCH – April

- FY14 work planning - May
- Training
    - MDA schistosomiasis-STH in 7 districts for supervisors, DHMT staff and PHU staff – June
    - MDA LF- WA for supervisors, PHU staff and Community Health worker – September
    - MDA LF-Oncho in 12 districts for DHMT staff, PHU staff and CDDs – July and September
- Advocacy meetings and social mobilization
    - MDA for schistosomiasis-STH in 7 districts - June
    - MDA for LF- WA – August
    - MDA for LF-Oncho in 12 districts – August
- MDA-SCH in 7 Districts – June
- MDA- LF-WA – September

# Togo

During this six-month period, the primary activities of the integrated neglected tropical diseases (NTD) project included a mass drug administration (MDA) in areas with high onchocerciasis and soil-transmitted helminthes (STH) prevalence, implementation of a coverage survey, and preparation for the nation-wide MDA in the spring. With each successive six-month period, MDA logistics and data quality improve as we continue to build upon previous successes.

The Fall MDA targeted those areas in which STH prevalence was >50% and in which onchocerciasis prevalence has historically been high. In addition to the distribution of albendazole and ivermectin, praziquantel was also delivered to 9 public health units (PHU) in one district where praziquantel distribution did not occur as scheduled in the spring 2012 MDA. All drugs and materials were delivered to the appropriate locations and no stock outs were reported. Although the final numbers have not yet been calculated, we expect that coverage rates for the Fall MDA will be good. Drug losses were well below 1%.

Togo conducted its first integrated NTD MDA coverage survey in November 2012. TA in protocol development and samplings was provided prior to the coverage survey, which was implemented by Togo MOH staff members. The Togo MOH, in collaboration with HDI, will oversee data entry and analyze the data. Final reports will be available in April 2013.

Currently, the NTD organizing committee is busy preparing for the spring nationwide MDA. The Togo MOH revised the registers, training manuals, and data collection forms in order to comply with the WHO request for gender-disaggregated data collection. These revised materials are being printed and will be available for the trainings that begin in late March. All drugs have been delivered to Togo, including albendazole for women of child-bearing age, which is being donated by UNICEF. Once all of the training manuals and registers are printed, the printed materials and drugs will be delivered to the districts for distribution to the community drug distributors.

In addition to the regular integrated NTD organizational committee meetings, several other organizational meetings have been organized in the past six months. A financial sampling meeting was held with Deloitte in January, during which the participants discussed the MOH subagreements and the performance work plan. An outcome of that financial sampling was an accountant training session that was held in March. During the accountant training, district accountants were reminded about USAID requirements for managing cash distributions (for per diems, motivations, etc.). A stakeholder meeting was also held in March, during which the MOH discussed the successes and challenges of the integrated NTD program, as well as the future of the program, including the potential for integration of additional activities.

Overall, the Togo integrated NTD program continues to improve the quality and cost-effectiveness of its activities. Although there are some challenges associated with the

coordination and management of integrated activities, the Togo MOH remains committed to the integrated process.

**1. MDA Assessments**

All workbooks have been updated with the most recent information.

**2. Changes in MDS Strategy**

Treatment was expanded to include treatment of school-age children in low prevalence areas twice during primary school for SCH for all districts. For STH for all districts, there was the addition of women of child-bearing age to target groups, with albendazole donation from UNICEF. For Yoto, Est Mono, Oti, Tandjoare districts for STH, there was the addition of a second round of treatment in highest prevalence districts.

**3. Training**

In October 2012, 15 men were trained as interviewers for the coverage survey. An accountant training was held in March that involved 35 men and 7 women. In addition, a workbook training was held for the MOH and HDI staff, which involved 4 men and 2 women. One addition to the previous six-month period is LF trainings that occurred in September 2012. During those morbidity management trainings, 34 men and 5 women were trained in lymphedema morbidity management.

**4. Community Mobilization, IEC materials, Registers, Publications and Presentations**

During the Fall 2012 MDA, town criers were used to publicize the campaigns. Due to the new WHO requirements for gender-disaggregated data, we revised our registers and data collection instruments substantially. We are currently starting to reprint these documents for the Spring 2013 MDA.

**5. Supervision**

The Togolese NTD Program conducts training and supervision using a cascade approach. Each level trains and supervises the next lower level, from central to regional, district, and finally to the community. During MDA activities, drugs are delivered to each level, and ultimately reach the community drug distributors. After the MDA is complete, community drug distributors return the left-over drugs along with treatment records to their local nurse supervisor, who then collates the drugs and data and returns them to his / her district supervisor. Problems in implementation of the integrated MDA are identified during field supervisory visits, during post-MDA reviews when drugs and data are returned to the nurses and district supervisors, and at a central level after data are analyzed. If implementation problems are identified in a particular

geographic area, more attention is paid to that area during future MDAs by the central supervisors in order to resolve the issues.

## 6. Supply Chain Management

Supply chain management continues to be a strength of the Togolese program. Drug requests are calculated and submitted in a timely fashion. All drugs for the Spring 2013 MDA have been received and are in storage in Lomé. In advance of the Spring 2013 MDA, we will deliver drugs to the regions according to a drug distribution plan that is generated by HDI and MOH. Once in the regions, the drugs are then distributed to the districts and public health units. At each step of the process, the number of drugs being distributed is documented and inventory forms are signed. Once the MDA is complete, the remaining drugs, as well as the reporting forms, flow back up the chain from community drug distributor to public health unit, district, region, and ultimately back to Lomé. At each step, drug distribution records are checked against the number of drugs received, and any losses are documented. During the Fall MDA, losses and wastage were minimal (<1%).

In October, HDI worked with JSI to determine the best practices for PZQ delivery. A conference call was held in January to discuss potential SCM technical assistance and draft English SOPs were shared with HDI in February. HDI will review these SOPs and identify important SOPs to customize and implement in Togo in the near future. SCM will be discussed during a trip HDI and JSI will take to Togo in late March / early April.

In the past, the MOH has faced problems with drugs clearing customs, but since WHO has agreed to act as the consignee for the shipments, the drugs have been received with little delay. Forecasting continues to be more precise as our population estimates improve. There was a small problem with the PZQ distribution during the Spring 2012 MDA as a result of poor management on the part of one District Director. He was absent at the time of the MDA and did not give his staff the appropriate drug distribution plans. The nurses and community drug distributors distributed drugs according to the previous year's plan, which did not include PZQ for areas with moderate or low prevalence of schistosomiasis. In order to correct this mistake, PZQ was delivered to these areas during the Fall 2012 MDA. In preparation for the Spring 2013 MDA, HDI and the MOH will pay particular attention to the training given to this District's supervisors in order to ensure proper compliance during this MDA. The HDI program manager will be present at the Regional training and will discuss the importance of appropriate supervision at that time.

## 7. Program Monitoring and Evaluation

We have updated the workbooks with the most recent information. The Togo MOH is continuing to use the existing M&E framework and tools supplied by FHI 360. We have updated all of our registers and reporting forms to allow for gender-disaggregated data and this will be

demonstrated in our Spring 2013 MDA numbers. In addition, we implemented our first Coverage Survey in November 2012; analysis is underway and the final report is expected in April. We will use the Coverage Survey results to identify areas of the country where training and / or supervision could be improved.

**8. Transition and Post-Elimination Strategy**

The MOH is demonstrating commitment to the integrated NTD project in a number of important ways. The Togo MOH has had an NTD five year plan in place for several years, and is taking on additional responsibility for data management and analysis of the Integrated NTD Program. Since the NTD program has not had the albendazole to treat women of child-bearing age for STH as recommended by the WHO, the Togo MOH successfully identified UNICEF as a donor of albendazole for these women. In addition, the MOH led the charge to revise the registers and reporting forms to provide WHO with gender-disaggregated data.

Regarding sustaining activities, LF surveillance is ongoing and Togo hopes to reconfirm LF elimination with a final Transmission Assessment Survey in 2015. TA has been requested to conduct a situation analysis of onchocerciasis control in Togo; this is important to determine how and when to transition from control to surveillance activities. The Onchocerciasis Program continues to perform skin-snip surveys, funded by SightSavers.

**9. Short-Term Technical Assistance**

Technical assistance was provided in two ways to the MOH in Togo during this period.

Togo conducted its first Integrated MDA Coverage Survey in November 2012. TA was provided by a consultant, arranged through Envision, for development of the protocol. The initial TA request focused primarily on assistance with protocol development and sampling, as well as post-survey activities: data analysis, report writing, and recommendation for future MDAs based on the results. However, due to issues of timing, in which the survey was delayed and the consultant was no longer available, the consultant was able only to provide a draft of the protocol. Study implementation was overseen by Togo MOH personnel, and data entry, analysis, and report writing will be performed by the Togo MOH and HDI. Additional biostatistics TA related to sampling and analysis was provided by a statistician at RTI. TA received was helpful, but the TA received through Envision was hindered by scheduling issues, and additionally the consultant's skills tended to overlap with, rather than complement, existing skills at HDI and the Togo MOH. For additional TA requests HDI will engage more directly with people at Envision to ensure a better match in terms of timing and skills.

TA in financial management was provided by Deloitte during a financial sampling visit in January 2013. A main outcome of the Deloitte visit was the addition of an accountant training, organized

and led by the MOH and HDI, in advance of the Spring MDA in order to ensure appropriate documentation of expenses during the MDA.

We have begun discussing SCM TA with JSI and hope to identify the most useful areas for training shortly. JSI has shared drafts of their SCM Standard Operating Procedures (SOPs) with HDI, and we have begun to review these drafts and to identify those that would be most useful to modify and incorporate into the Integrated NTD Program. JSI would like to visit Togo soon in order to help with tailoring the SOPs to Togo's specific SCM process.

Other TA requests that were included in the Work Plan for this year include TIPAC, M&E, and Environmental Mitigation and Management Training, as well as assistance with an Onchocerciasis Program Review.

**10. Government Involvement**

The Togolese government continues to be strongly supportive of the Integrated NTD Control Program. The MOH has held numerous coordination meetings over the past six months to discuss the Fall 2012 MDA implementation and results, the Coverage Survey, and Spring 2013 MDA preparations. The MOH recently led preparations for the annual NTD Program Stakeholder Meeting, and is coordinating the Spring 2013 MDA. As part of this planning, the MOH translated and revised the WHO forms in order to better comply with international requests for gender-disaggregated data. In addition, the MOH revised the training manuals to reflect the new register and forms in time for the Spring 2013 MDA. The Togo MOH is also developing their data management and analytical capabilities; management and analysis of MDA data were conducted entirely by the MOH (with HDI providing only a critical review of the process and results) and the MOH is playing a significant role in the analysis of the Coverage Survey data.

We have received short-term technical assistance in designing the coverage survey from Dr. Boakye Boatin, 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

**11. Proposed Plans for Additional Support**

The Togo Integrated NTD Program has relied on broad partnerships to accomplish goals and continues to encourage active participation by a variety of partners. For example, we continue

to work with the Onchocerciasis Program and the WHO to successfully obtain drugs and implement MDAs. Collaborative discussions will be held with UNICEF in order to determine the feasibility of integration with their preschool activities (Vitamin A supplementation, albendazole distribution, and vaccinations) within the next year. We hope to expand integration to include additional partners in the future.

We were grateful to receive funding for lymphedema morbidity management in Togo this year. We will use this money to implement 16 training sessions led by the LF Program Manager. She will train over 500 individuals to implement morbidity management activities in their geographic areas. Although LF has been eliminated throughout Togo, the long-term burden of lymphedema remains a problem throughout the country. The benefits of morbidity management have been widely recognized and will be implemented on a large scale with the generous support of USAID. This not only benefits those with lymphedema, but also supports the Integrated NTD Program overall by providing comprehensive NTD services, not simply medication. It also helps the MOH achieve the morbidity management goals set forth in their NTD Strategic Plan. Additional resources are needed to provide surgery for hydrocele patients.

**12. Lessons Learned/ Challenges**

The Togo Integrated NTD Program has continued to improve over the years, both in terms of implementation quality and cost-efficiency. The registers, reporting forms, training manuals, and drug management forms have been refined several times over the years to improve data quality as well as enhance drug management and supervision. Tools are intended to be used for multiple years, and therefore keep the cost of implementation low.

We review performance at each public health unit and identify underperforming areas in order to provide enhanced supervision and training. There were some problematic areas in one district during the Spring 2012 MDA that required revisits to administer praziquantel in the Fall 2012 MDA. We investigated the problem and found that a District supervisor was not present in the District at the time of the MDA and had not provided updated distribution plans to his staff members to be used in his absence. Since they did not receive updated distribution plans, the nurses implemented the same drug distribution plan that they had used the previous year, which did not include praziquantel for areas with moderate or low prevalence of schistosomiasis. The District supervisor who was responsible for this oversight was transferred and a new District supervisor has been hired. The MOH and HDI will stress the importance of the District supervisor's role during the Regional Supervisor Training and hopefully we can prevent this sort of problem in the future.

A major challenge of integrated programs is maintaining integration among different organizations in the face of logistical and financial issues. It is challenging enough for an organization to manage their own deliveries and time lines, and integration adds complexity and increases the likelihood of delays. For example, last year the integrated MDA was postponed

because of a late delivery of praziquantel. Delayed drug deliveries strain integrated relationships, and although we believe that integrated delivery of these drugs is worth the additional challenges, it must be recognized that using an integrated approach has its costs.

**13. Major Activities for the next six months**

- Spring 2012 MDA:
    - Print revised registers, training manuals, and reporting forms,
    - Hold cascade trainings at the Regional, District, and local levels,
    - Deliver drugs and printed materials to the Districts,
    - Mobilize the community in anticipation of the MDA,
    - Implement the MDA in May, and
    - Enter and analyze MDA data, and develop an MDA report.
- Organize and host a Work Planning Meeting in May that will include representation from the MOH, HDI, USAID, and FHI 360, as well as a number of other partners.
- Finalize the Coverage Survey analysis and report.
- Onchocerciasis Program Review.

# 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 first half year of FY 2013, which spans October 2012 to March 2013.

During the reporting period, the program conducted training for GHS and Ghana Education Service (GES) School Health Education Program (SHEP) staff at the national level, as well as regional trainings for GHS, SHEP and school teachers for the implementation of a school and community based Mass Drug Administration (MDA). Following these trainings, the program conducted the school-based MDA for Schistosomiasis (Schisto) and Soil Transmitted Helminthiasis (STH) in all 170 districts of Ghana (USAID funding was used for 122 districts). While results from the MDA are still coming in, 133 out of 170 district reports have been received, demonstrating that 2,583,856 school aged children have so far been treated out of a target of 4,236,730.

There has been no change in disease distribution over the reporting period since no new mapping exercises were undertaken.

Capacity building activities held during the reporting period include an orientation of the program team on the Tool for Integrated Planning and Costing (TIPAC) and using the tool to cost the Ghana NTD Five Year Strategic Plan. The Program was also supported under the JSI contract with End in Africa to develop and customize Standard Operating Procedures (SOPs) for NTD logistics.

The Government of Ghana continues to own and lead the implementation of the country's NTD program through the provision of staff and office space logistics for the implementation of the program countrywide. Technical capacity and resources are also provided by the government to facilitate program delivery.

Other donors that supported the MDA include Liverpool Centre for Neglected Tropical Diseases (CNTD), African Program for Onchocerchiasis Control (APOC), Sightsavers Ghana and the Volta River Authority (VRA).

The main activities for the next six months include conducting two MDAs, one school-based in May/June 2013 and the other community-based in March/April 2013. The program will work with fhi360 to develop training materials to be used in MDA trainings to help improve supply chain management (SCM). Surveillance activities for LF and Trachoma will also be undertaken. Intra Country Coordinating Committee (ICCC) meetings are also expected to be undertaken over the next reporting period. Finally, six monthly and one semiannual report will be prepared and submitted in the next six months.

**1. MDA Assessments**

MDA was carried out in 122 districts for Schisto,STH and Oncho cerchiasis. The disease workbook for 2012 has been updated accordingly since these MDAs were part of the 2012 work plan but were delayed due to delays with Praziquantel supply to Ghana. The Oncho second round MDA for forty districts was delayed due to funding delays from other partners. Three thousand, two hundred and sixty two (3,262) communities were targeted but two thousand and seventy (2,070) have so far sent in reports.

**2. Changes in MDA Treatment Strategy since beginning of the Program**

Four LF districts have stopped MDAs due to the demonstration break in transmission according to the TAS.

Sixteen districts in Northern region and seven in Upper West have demonstrated a break in active Trachoma transmission and have therefore stopped district-wide MDA. Eight communities from six districts still undertake MDAs because TF rate was above 5% in those communities.

The workbooks have been updated accordingly.

**3. Training**

Regional and district reports were silent on numbers of teachers trained and this needs to be corrected in subsequent MDAs.

**4. Community Mobilization, IEC materials, Registers, Publications and Presentations**

The program recognises the importance of community ownership and participation in MDAs to achieve the goals of the program and therefore continuously engages communities in all NTD activities. During the reporting period the following were done in community mobilization and IEC.

Communications Support:

GHS has identified the need for support with communication and advocacy on the program activities. Whilst a full time communication person has not been hired to assist the program, a CRS fellow has been assigned the role and is assisting the program in the implementation of its advocacy strategy.

Reproduction of IEC Materials:

IEC materials have been developed by the program for use at school and community levels. These materials were reproduced for use in the reporting period.

**5. Supervision**

The national NTD Program convened five teams of supervisors who were part of the national level staff trained to supervise the ten regions. Each team was responsible for monitoring the

MDA in two regions. These teams monitored regional level trainings as well as monitored actual drug distribution.

Teams used a program-designed standardized monitoring checklist to ensure that all activities required for conducting a successful MDA were done. Tools for data collection were modified to reflect sex disaggregation for children treated. These tools were shared with all districts at the training with national supervisors stressing the importance of their use for reporting.

**6. Supply Chain Management**

The program under the reporting period conducted a physical inventory of NTD drugs at the Central Medical Stores and put in place a system to ensure that monthly reports on stocks on hand was reported to the Program Manager.

Quantification of NTD drugs for 2014 was done using the new WHO approved drug request tool. Training on the use of this tool was carried out for the national NTD program by a team of facilitators that attended a WHO M&E workshop in Geneva in June 2012.

The program has also reviewed the generic Standard Operating Procedures (SOP) for NTD logistics manual and customized it for the Ghana program. This customized SOP document will be used to develop training materials to be used as part of the MDA training at all levels.

Challenges with NTD supply chain is with reverse logistics[1]. Once MDAs are completed, left over medicines remain with community volunteers or at the sub district and district level making it difficult to estimate the quantity of reusable drugs in country. The program intends to reintegrate the management of NTD logistics into the mainstream GHS logistics management. As a first step, regional and district pharmacists will take part in the MDA training that will include topics on SCM.

**7. Program Monitoring and Evaluation**

The Disease and Program Workbooks that are attached to this report have been updated to reflect the MDA for Schisto, STH and Oncho with reports received so far.

To address delays in reporting post MDA, CRS decided to explore the possibility of using simple mobile phones to collect MDA data. By this method, key components of the data collected at the community/school level will be sent by text directly to the NTD national secretariat to enhance timely report generation on project performance. Data Senders in selected districts in one region were trained as part of the MDA training to use SMS technology in reporting on data collected in their schools after the MDA.

[1] Movement of NTD medicines from the point of consumption (communities) to the point of origin (regions) for the purpose of storage or proper disposal.

This pilot project encountered a challenge as Datawinners, managers of the platform that was used, lost the data on the schools registered as well as data on the Data Senders. CRS worked with Datawinners to re-register all the schools. School identification codes generated after the re-registration of schools were sent to all data senders. This delay affected responses since the codes were sent weeks after the MDA had been completed. Upon receiving the new codes and a text message to forward in their school deworming data, Data Senders started texting in summaries of their school deworming data as per the designed questionnaire. Data sent in by Data Senders was of good quality and we are encouraged to strategize on deploying this innovation in all districts during the community based MDA. We expect that this will positively enhance early reporting after MDA.

**8. Transition and Post-Elimination Strategy**

The Ghana program is implemented by the government with management support from CRS Ghana. MDA planning and implementation, as well as impact surveys to determine disease elimination are owned by the Ghana NTD Program. During the reporting period, CRS worked with FHI360 to further transition the program to GHS by training the program staff on filling the updated Disease and Program Workbooks. Training was also held on the TIPAC involving all members of the national program team.

The national program team will be fully engaged in developing the annual work plan for 2014 and take a lead role in determining priority activities and timelines for application of funds.

The Ministry of Health continues to engage all other partners in NTD through the Intra Country Coordinating Committee (ICCC) to harmonize support for the national NTD program. During the reporting period however no ICCC meeting was held but a meeting has been scheduled for 14 March 2013.

Night blood surveys (Pre TAS) have been held twenty three districts to determine their eligibility for TAS. The results will help to determine where to conduct TAS in the coming year in pursuance of the LF exit plan for elimination.

**9. Short Tem Technical Assistance**

Short term technical assistance was requested for four tasks for the year. The status of each of this assistance is as follows:

Supply Chain Management Strengthening: A request was made for expertise in organisational strengthening for supply chain management including development of SOPs and training materials. This assistance was provided by JSI's END in Africa sub agreement. The generic SOPs were developed based on supply chain issues identified from studying our NTD supply chain, among that of other countries, were customised by the Ghana NTD team to reflect the program specific procedures and reporting formats. Currently training materials are being developed based on the SOPs to be used in the training for the upcoming community based MDA. This is a

good resource that will hopefully standardise the management of NTD logistics across the country.

TIPAC: A group comprising the NTD national team, CRS and FHI360 was put together to cost the country's Five Year Strategic Plan using the Tool for Integrated Planning and Costing (TIPAC). While a useful tool, there were concerns identified with using the tool that the Ghana NTD team raised for follow up. Support for this work was provided through Deloitte's END in Africa sub agreement.

Capacity Building in Financial Management: This short term technical assistance involved the implementation of NTD Program Capacity building work plan developed in June 2012, among other financial management strengthening events. The assistance was to be provided through Deloitte's END in Africa sub agreement but is outstanding and will be focused on in the next six months.

Training for Laboratory Technicians: Short term technical assistance was requested to build the capacity of laboratory staff in specimen collection, preparation and reading for LF and Oncho assessment surveys. A clear plan for the capacity building activities needs to be worked out including clear objectives, training content, the identification of facilitators and the period for the training. This will be done in the next six months.

Review of Schisto/STH Program: Technical expertise to review and advise on Ghana SCH/ STH program strategy. This will be requested in the next six months.

**10. Government Involvement**

The Government of Ghana, through the MOH and the GHS has continued to demonstrate ownership of the NTD program. The national NTD Program Manager leads in the implementation of the five year NTD Strategic Plan which is an expanded NTD program that include Buruli Ulcer, Guinea Worm, Leprosy, Human African Tripanosomiasis (HAT) and Yaws with support from the World Health Organization (WHO).

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. NTDs form part of district and regional plans and have been reported on and discussed at district and regional review meetings held in February 2013.

•Task force meetings: The NTD Intra Country Coordinating Committee (ICCC) has been unable to meet since its last meeting in May 2012. This has been due to scheduling challenges from the GHS; However terms of reference have been developed for its three sub committees (Advocacy

and Communication, Resource mobilization and Technical) and circulated to all members for review. A meeting has been scheduled for mid-

**11. Proposed Plans for Additional Support**

Morbidity control for NTDs has not received much attention under this project however there are opportunities in the health service that can be explored. With an appreciable coverage of Ghana's National Health Insurance Scheme, and the fact that some services such as Hydrocoelectomy are covered under the scheme, the program can explore the possibility of the NHIS paying for TT surgeries and lymphedema management. These can be negotiated within the Ministry of Health, however there is the need to build the capacity of health staff to provide these services and this will need to be covered by the program and its partners.

**12. Lessons Learned/Challenges**

A key lesson learnt with the last MDA is that there are innovative ways of making reporting easier through the use of ICT. While there are other platforms that require the use of internet services, simple technology like the use of SMS can be applied to greatly enhance the timeliness and quality of reporting. This lesson from piloting of the use of SMS in reporting from the field will be used in the next MDA to enhance reporting.

During the reporting period, there was only one MDA held and because it was a school based activity involving mainly teachers, it was not integrated with any other health activities. While there may be some cost efficiencies in integrating MDA training with other trainings at the regional and district level, our experience is that this makes trainings less effective.

**13. Major Activities for the next six months**

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

- Carry out a Community based MDA for LF, Oncho and STH in March/April 2013.
- Hold two ICCC meetings.
- Carry out a School and Community based MDA for SCH and STH in May/June 2013.
- Develop Annual Work plan for 2014.
- Carry out Transmission Assessment Surveys in 8 districts.
- Hold National MDA Review meeting.
- Compile and submit monthly and semiannual reports.